NATIONAL HEALTH CARE for the HOMELESS COUNCIL

SPOT

SUPPORTIVE PLACE FOR OBSERVATION AND TREATMENT

# Boston's New Harm Reduction Program for Opioid Users Forges New Ground

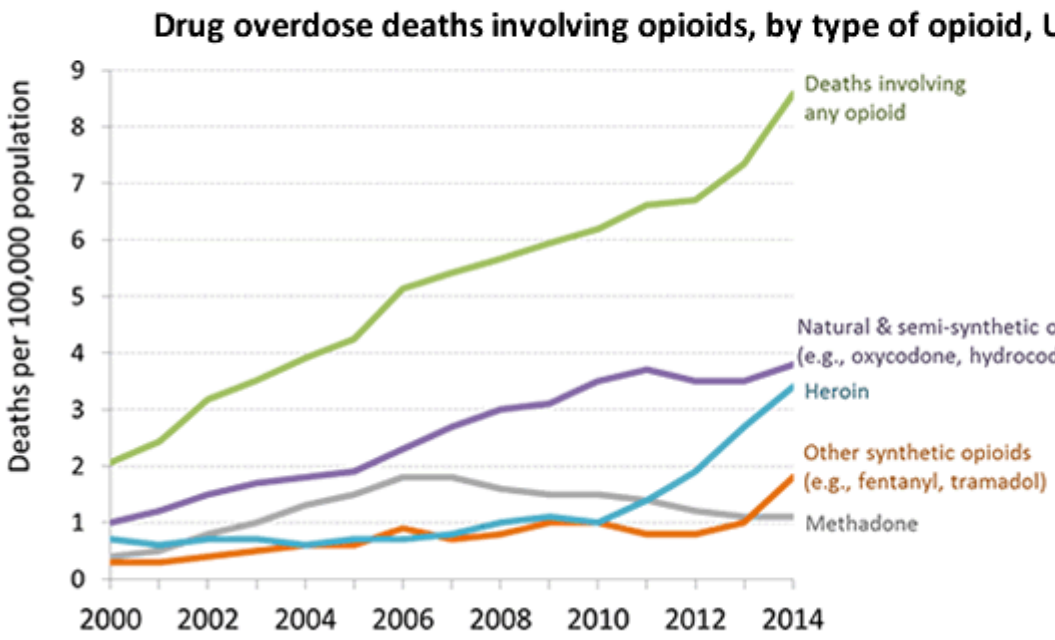
July 28, 2016

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

# WHY THIS ISSUE?

## Opioid overdoses driving increase in drug overdoses overall




SOURCE:
Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths – United States, 2000 to 2014. MMWR 2015.
www.cdc.gov/drugoverdose

# SPEAKERS TODAY

- Boston HCH Program (BHCHP):
  - → **Jessie Gaeta,** MD, Chief Medical Officer
  - → **Joanne Guarino,** Chair, Consumer Advisory Board and Member, Board of Directors
  - → **Barry Bock,** Chief Executive Officer
- Boston Public Health Commission:
  - → **Sarah Mackin,** MPH, Director, AHOPE Needle Exchange and Harm Reduction Services

# NEED

- In Boston between 2014 and 2015, deaths from opioid overdose increased by more than 50%
- Overdose is the leading cause of death among BHCHP patients
- BHCHP is located at the corner of Mass Ave. and Albany Street in Boston's South End —the center of the crisis
- Overdoses are frequently happening in our building
- We're not effectively engaging some high risk people with SUD, despite significant existing addictions programming

# NEED

- Recognize the need to expand access to all types of addiction treatment, as well as housing opportunities, etc.
- Also recognize a **parallel need to reduce the harms associated with drug use** for people who do not seek treatment or cannot access treatment currently

# GOALS

- By providing a safe alternative to the street for people who are over-sedated from drug use, we hope to:
  - → Reduce the health and societal problems associated with drug use
  - → Prevent fatal overdose
  - → Connect people more effectively to addiction treatment and medical care

# DESIGN

- What SPOT **is:**
  - → Drop-in facility for people who are over-sedated
  - → Medical care if overdose occurs
  - → Referral resource to addictions treatment, primary care, and mental health services
  - → Harm reduction and education
- What SPOT **is not:**
  - → SPOT is *not* a *supervised injection facility*. People are not allowed to inject substances inside the building.
  - → SPOT is *not a needle exchange*. Needle exchange is available next door at AHOPE.

# DESIGN

## Physical Space

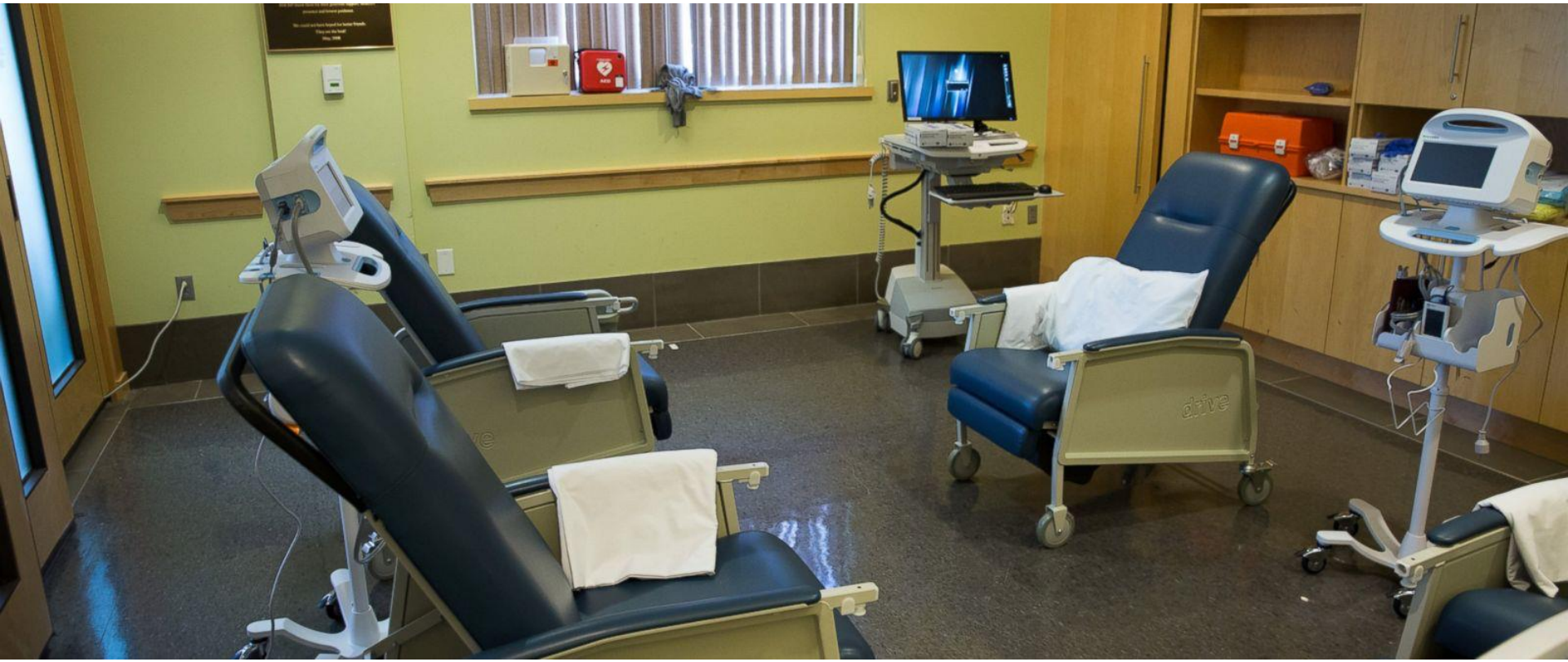
- **Dedicated room** located on the first floor of BHCHP's facility
- 8-10 medical **reclining chairs**
- Medical **monitoring equipment**

## Services Offered

- **Medical monitoring** of sedation
- Overdose prevention and intervention
- **Harm reduction** and education
- **Connection** to primary care, behavioral health services, and addictions treatment
- Peer **support and advocacy**

## Staffing Model

- **Registered nurse** specializing in addiction
- **Harm reduction specialist** builds relationships, provides education, and links people to treatment and other services when they are willing
- **Peers** who are in recovery offer support
- **Rapid response clinician (MD/NP/PA)** available by phone or overhead provides immediate consultation



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# CLINICAL GUIDELINE

- Continuous monitoring of vital signs
- Sedation assessment using an adaptation of the ISS
- Rapid response clinician available
- Consideration of
  - Supplemental oxygen
  - IV fluids
  - Naloxone use
    - Sedation plus hypoxia unresponsive to O2

ADAPTED INOVA SEDATION SCALE

S1: Alert, not sedated
S2: Calm, cooperative
S3: Drowsy, responds to verbal stimuli
S4: Sleeping, easy to arouse
S5: Difficult to arouse
S6: Unable to arouse

# UTILIZATION IN FIRST 13 WEEKS

- Encounters = 856
- Unique individuals = 182
- ED avoidances = About 1 in 3
- Naloxone used = 5 times

# OBSERVATIONS & OUTCOMES

- Cohort using the program is extremely high risk
- Substance use is layered with "cocktail"
  - → Opioid
  - → Benzodiazepine
  - → Clonidine
  - → Gabapentin
  - → Phenergan
- Overdose "syndrome" is complex and different from pure opioid OD: bradycardia and hypotension often out of proportion to respiratory depression
- Very different relationship with participants

# OBSERVATIONS & OUTCOMES

- Ongoing research:
  - → Public orderliness in the neighborhood
  - → Community perspectives
  - → Case series of "Overdose Syndrome"
  - → Retrospective case control study to determine impact on ambulance/ED use
  - → Prospective cohort of people who inject drugs

# CONSUMER INVOLVEMENT

- Consumer participation in weekly planning meetings
- Consumer perspectives sought in survey conducted at needle exchange program before opening
- Consumer interviewed harm reduction applicants
- Consumer presence in the room
- Patient satisfaction survey starting soon

# CONSUMER SURVEY

- It was unknown if those at greatest risk of OD would use SPOT
- We conducted a cross-sectional survey of consumers who self-identified as injection drug users
  - 237 surveys were collected at AHOPE needle exchange
- This study evaluated:
  - Proportion of drug users willing to use SPOT
  - Factors associated with willingness to use SPOT
  - Perspectives on the design of SPOT

# CONSUMER SURVEY

| Consumer Survey | Yes N | % |
|---|---|---|
| Ever sought SUD treatment (N=229) | 219 | **95.6** |
| Ever use alone (N=231) | 208 | **90.0** |
| Ever had an OD (N=222) | 168 | **75.7** |
| OD within one month | 117 | **49.4** |
| Would like Tx now (N=123) | 101 | **82.1** |
| Willing to use SPOT (N=231) | 216 | **93.5** |
| Willing to use SIF (N=232) | 232 | **91.4** |

# EVOLUTION OF COMMUNITY ENGAGEMENT

- Intense interest from community members and neighborhood associations, elected officials
- Engaged in months of meetings to explain need and seek feedback

# FUNDING

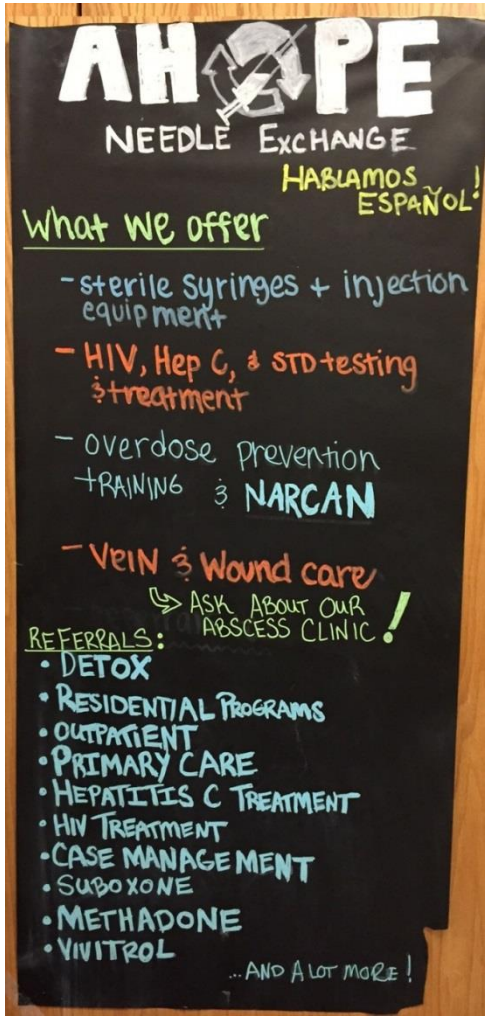
- Sought private and foundation support to get off the ground
  - → Different concept in eyes of traditional donors
  - → Plan appeal to "millennial mobilizers" through social media campaign
- Plan to bill Medicaid FFS for medically necessary encounters, or build into alternative payment methodologies moving forward on basis of cost savings
  - → Tracking ED visits avoided

# REGULATORY

- Licensure – viewed as an extension of our clinic license
- Involvement of Department of Public Health
- Clinical guideline

# LESSONS LEARNED

- Engage community including elected officials and community groups before talking to media
- Relationship with community groups has strengthened through this process
- Key for BHCHP to be seen as helpful partner
- Control messaging when possible, prep for media interviews




# AHOPE NEEDLE EXCHANGE

- First NEP in the state, circa 1993
- First Narcan pilot site in MA
- Serves 5,000-7,000 individuals per year
- 106% syringe return rate
- > 3,200 Narcan kits (6,400 doses) FY16
- 800 **reversals** reported by participants
- > 400 SUD treatment referrals

# PUBLIC HEALTH PERSPECTIVE

- AHOPE (like all NEPs and most social service agencies) has 'monitored' over-sedated participants for many years but we're limited in the tools we have on hand: Narcan, verbal/physical stimulus (sternal rub) to assess participants who may be overdosing
- In Boston, there has always been a culture of polysubstance use among opioid users: (clonidine, benzos, fenergan, gabapentin etc) which makes response to a potential OD more complicated in a non-medical setting
- Technical assistance in design of SPOT: AHOPE/BHCHP collaboration key

# WHAT DOES HARM REDUCTION LOOK LIKE?

- The "Three A's"
  - → **Anonymity:** participants should have an expectation of anonymity wherever possible
  - → **Access to Services:** harm reduction programs ensure that participants have easy and open access to services. Access is accomplished by extensive street outreach, community-based 'brick and mortar' locations with flexible operating hours
  - → **Attitudes of Staff:** harm reductionists provide services in a respectful, non-judgmental and participant-centered manner

# QUESTIONS?

- Boston HCH Program (BHCHP):
  - → **Jessie Gaeta,** MD, Chief Medical Officer
    - Contact: jgaeta@bhchp.org
  - → **Joanne Guarino,** Chair, Consumer Advisory Board and Member, Board of Directors
  - → **Barry Bock,** Chief Executive Officer
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# UPCOMING RELATED WEBINAR

- Treating Opioid Addiction in Homeless Populations: Challenges & Opportunities
- **Thursday, August 18, 3:00-4:00 ET**
- Complements recent opioid policy brief
- Speakers include primary care & behavioral health providers at HCH projects in Baltimore, MD and Portland, OR
- Register at: https://www.nhchc.org/2016/07/upcoming-webinar-treating-opioid-addiction-in-homeless-populations-challenges-and-opportunities-providing-medication-assisted-treatment-buprenorphine/