Best Practice Guidance for Post-Overdose Outreach

WEDNESDAY, MARCH 15, 2023
NOON-1:30PM EASTERN
Speakers
- No pharmaceutical or other commercial relationships – see funding at www.prontopostoverdose.org

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Deputy Director, COBRE on Opioids and Overdose at Rhode Island Hospital

Mary Wheeler
Program Director of Healthy Streets Outreach Program
Health Innovations, Inc

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Assistant Professor of Medicine, and Health Services, Policy, and Practice, Brown University
Research Scientist, COBRE on Opioids and Overdose at Rhode Island Hospital
## Agenda

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<td>Breakout Room Discussions</td>
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*Expert facilitators will host breakout room discussions that focus on specific topics relating to post-overdose outreach. If you would like to participate in those smaller discussions, please choose a topic when registering for the webinar.*
Opioid-Related Overdose Deaths, All Intents
Massachusetts Residents: 2000 - 2021

August 31, 2022

Increases in overdose deaths since 2019, especially among Black, Hispanic, and American Indian people
Racial and Ethnic Disparities During COVID-19

Han et al. JAMA Netw Open. 2022
Rationale for Post-Overdose Outreach

**Issue**
- Opioid-Related Overdose Deaths

**Opportunity**
- Opportunity to Engage with Overdose Survivors and Social Network

**Need / Gap**
- Hidden and Under-Served Populations
  - Some refuse transport to emergency department (ED)
  - ED not always best venue for prevention
  - CAVEAT: Systemic stigmatization, particularly of Native, Black, and Latino people, can challenge engagement

**Intervention**
- Home or Location-Based Outreach
  - Following up survivor and/or family, friends in person or by phone at residence or location of overdose event

**Description**
- Individuals who survive an overdose are at elevated risk for fatal and repeat non-fatal overdose.
- Days following non-fatal overdose are an opportunity to connect and offer evidence-based interventions (naloxone, medication for opioid use disorder, service linkage).
- Need / Gap:
  - Some refuse transport to emergency department (ED)
  - ED not always best venue for prevention
  - CAVEAT: Systemic stigmatization, particularly of Native, Black, and Latino people, can challenge engagement.
- Intervention:
  - Following up survivor and/or family, friends in person or by phone at residence or location of overdose event.
Post-overdose outreach programs

How widespread are post-overdose outreach programs?
Statewide Screening Survey (Aim 1)

How are post-overdose outreach programs structured and what are their characteristics?
Comprehensive Survey of Active Programs (Aim 1)

How do programs operate (best practices, barriers, facilitators, unintended consequences)?
Interviews with Program Staff, Overdose Survivors, and Social Network Members (Aim 2)

Do post-overdose outreach programs save lives?
Interrupted Time Series Analysis (Aim 3)

What are the best practices and guidance?
Modified Delphi Process (Aim 4)
Post-overdose outreach programs are spreading

January 2016
23 municipalities

July 2019
157 municipalities

July 2022
245 municipalities
Multi-site Interrupted Time Series: Implementation associated with 6% lower annual opioid overdose death rates

Among 93 municipalities in MA: 2013 – 2019

• Compared slopes of quarterly opioid fatality rates of implementing to non-implementing municipalities
• Poisson segmented regression of multiple time series with generalized estimating equations

• Adjusted for municipal-level:
  • Population size and demographics
  • Education and housing vacancy
  • Naloxone distributed, MOUD and residential treatment
  • Drug court/jail diversion, corrections release, drug arrests
  • Drug prevention coalitions
  • Fentanyl-involved death rates
Features of post-overdose outreach in Massachusetts

Public Safety-Public Health Team:
- Often police officers (86%); recovery coaches (65%)
- Sometimes harm reductionist, social service, addiction provider, firefighters, EMTs, clergy

Outreach within days:
- 75% within 1-3 days

Tele-Outreach First:
- 51% called prior to in-person visit

Persistence:
- Teams averaged 3 outreach attempts

Work with families:
- 99% work with family and social networks

Cross community collaboration:
- 86% link survivors to resources in other communities
- 83% in regional program network
- 50% outreach with staff from other communities

Funded:
- 76% rely on external grant funding

Plain clothes:
- 52% did not wear professional uniforms

Unmarked vehicles:
- 87% did not use marked police vehicles

Coercion:
- 81% assist with involuntary commitment
- 57% conduct pre-visit warrant checks

Formica SW et al. Characteristics of post-overdose public health-public safety outreach in Massachusetts. DAD 2021
Role of law enforcement: Police Paradox

On the one hand....
- In many communities, law enforcement has taken the lead in developing programs
  - Access to 911 call data
  - Access to federal and state funding
  - Void in public health infrastructure or capacity to respond
- For many, this is the next step after responding to overdoses with naloxone

On the other hand...
- Much of law enforcement’s work is drug criminalization which systemically stigmatizes drug use and people who use drugs
  - Black, Latino, Hispanic, and Native people have been disproportionately arrested, incarcerated, and killed by law enforcement
- Thus, law enforcement involvement may limit engagement of people with greatest overdose risk
Team make-up in post-overdose varies

<table>
<thead>
<tr>
<th>Program</th>
<th>Outreach Team Composition</th>
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<tr>
<td>Franklin County, Ohio RREACT</td>
<td>• Substance use clinician</td>
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<td>• Paramedic</td>
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<tr>
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<td>• Plain clothes police</td>
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<tr>
<td>West Virginia Quick Response Teams (QRT) – 33 counties</td>
<td>• Peer recovery specialist</td>
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<tr>
<td></td>
<td>• Police, fire or EMS</td>
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<tr>
<td>Houston, Texas HEROES Outreach program</td>
<td>• Paramedic</td>
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<tr>
<td></td>
<td>• Peer recovery coach</td>
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<td>Tacoma, Washington Fire Department CARES - Community Assistance Referral</td>
<td>• Firefighter</td>
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<td>• Nurse</td>
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<td>• Case manager</td>
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Aim: To create evidence-informed best practice guidance for post-overdose outreach programs useful to agencies that create, lead, manage, or fund post-overdose outreach programs nationwide with the goal of reducing the risks of subsequent overdose.

Convened a panel of 13 national policy and program experts to develop recommended guidance for post-overdose outreach programs, informed by current literature and new research findings. The multi-round modified Delphi Process included 4 rounds of review by the expert panel.

Visit: prontopostoverdose.org
## PRONTO Guidance Development Group

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<tr>
<th>Name</th>
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<td>Ricky Bluthenthal</td>
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<td>Michael Botticelli</td>
<td>Former Director, White House Office of National Drug Control Policy, Obama Administration</td>
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<td>Corey Davis</td>
<td>Harm Reduction Legal Project, Network for Public Health Law</td>
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<td>Alexandra Duncan</td>
<td>The Pew Charitable Trusts</td>
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<td>Kathryn Hawk</td>
<td>Yale University Department of Emergency Medicine</td>
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<td>Haner Hernández</td>
<td>New England Addiction Technology Transfer Center at Brown University</td>
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<td>Ayana Jordan</td>
<td>New York University Grossman School of Medicine</td>
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<td>Tara Kunkel</td>
<td>Rulo Strategies</td>
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<td>University of New Haven Henry C. Lee College of Criminal Justice and Forensic Sciences</td>
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<td>Sasha Mital</td>
<td>Centers for Disease Control and Prevention</td>
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<td>Joanne Peterson</td>
<td>Learn to Cope</td>
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<tr>
<td>Daniel Raymond</td>
<td>National Viral Hepatitis Roundtable</td>
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<td>Sharon Stancliff</td>
<td>AIDS Institute, New York State Department of Health</td>
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PRONTO Best Practice Guidance for Post-Overdose Outreach

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JANUARY 2023

Visit: www.prontopostoverdose.org
PRONTO Best Practice Guidance for Post-Overdose Outreach

Orientation: Overdose is a public health issue. Therefore, post-overdose outreach should be led and driven by public health principles.

Program goals: The primary goals of post-overdose outreach programs should be to:

1. Prevent fatal overdose
2. Connect survivors with harm reduction resources, evidence-based treatment for substance use disorder, and recovery supports
3. Engage people at high risk for overdose who are not otherwise receiving services or practicing overdose prevention

In order to optimize engagement, it is important to minimize criminal-legal consequences for the overdose survivor and/or others present at the post-overdose visit.
PRONTO Best Practice Guidance for Post-Overdose Outreach

Program staffing
- Familiarity with local resources
- Evidence-based care prioritized
- Lived experience can be a strength
- Trauma support needed
- Overdose survivors should advise program staffing

Training and supervision
- Local resources, rights, and informed consent for survivors
- Topics: overdose prevention, substance use disorders, treatment systems, harm reduction, trauma-informed care, bias and stigma, data safety, self-care
PRONTO Best Practice Guidance for Post-Overdose Outreach

Role of law enforcement personnel – Program Staffing
- Consider community relations when formalizing the role of law enforcement
- Minimize actual or perceived coercion by law enforcement staff
- Prioritize public health staff contact during outreach
- Train staff in behavioral health de-escalation and crisis response
PRONTO Best Practice Guidance for Post-Overdose Outreach

Role of law enforcement personnel – Visit Procedures

- Use unmarked vehicles, soft uniforms or plain clothes to protect privacy
- Introduce law enforcement personnel and explain their role to overdose survivors
- Avoid carrying firearms
- Establish clear policies on how drug possession and paraphernalia will be handled
- Acting on warrants should be handled outside of the outreach visit, by personnel not involved in outreach
  - Provide guidance for overdose survivors requesting assistance with warrants
PRONTO Best Practice Guidance for Post-Overdose Outreach

Data collection, use and sharing
- Focus on protecting the privacy of overdose survivors
- Treat overdose survivor information as protected health information
- Collect the minimum amount of data needed
- Consent survivors for data sharing
- Develop explicit data sharing guidelines
Visit Procedures

◦ Services and material should include naloxone, safer drug use supplies, linkage to treatment, harm reduction, recovery and social support services

◦ Contact survivors before in-person visit, ask for permission to visit

◦ Debrief after in-person visits

◦ Warrants and involuntary civil commitment should not be used to coerce survivors
Areas for Further Development and Research

- Make post-overdose outreach programs work for American Indian, Alaskan Native, Black, Hispanic and Latino, youth, gender minorities, and people involved in sex work
- Establish public health-centered, evidence-focused training and technical assistance
- Minimize stigmatization by medical, addiction treatment and social service systems
- Sustainable and equitable funding
- Integration and coordination of post-overdose programming with other efforts
  - Such as the 988 call line for mental health emergencies and virtual spotting services
- Interaction between the COVID pandemic and crisis response
- Adaptation of post-overdose to overdose survivors from cocaine, methamphetamine and other non-opioid substances
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Funded by the Centers for Disease Control and Prevention (R01CE003052 – Walley, PI)
Expert Discussants

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