Post Overdose Follow-ups

Working with first responders, taking care of self and doing it all with harm reduction.

Mary Wheeler
Health Innovations Healthy Streets Outreach Program

Healthy Streets Outreach Program

- Started in 1991 by a group of Lynn, MA activists, harm reductionists, PLWHA and PWUDs
- 1995 syringe exchange became legal in MA, 4 opened but not a “legal” site in Lynn, MA until 2017.
- Healthy Streets, over these 28 years, has had the privilege to expand services to include:
  - 4 syringe service sites (Salem, Lynn, Lowell, Chelsea)
  - Naloxone distribution in 9+ cities/towns
  - Post overdose follow program with 5 cities/towns
  - Drop-in site opened 5 days a week for PWUDs/Sex Workers
  - HIV/STI/HCV testing at SSP and SU TX facilities
  - Same day MAT access (Local methadone clinics do same day dosing and we will help with early AM transportation, at the SSP we only have direct access to Buprenorphine and Naltrexone)
  - And more...

Massachusetts

- We are so unbelievably grateful and excited to be here!
- This is our experience.
- Our state is different than many others.
- We understand that working with law enforcement and other first responders can and does create stress and tension for us as harm reductionists.
- We don’t know what works best, we are not experts, we are just moving through this and trying to do the best we can.

History

- Injectable Naloxone distribution and documented reversals started in 1999 through New England Prevention Alliance (NEPA) with support from Dan Bigg at Chicago Recovery Alliance.
- Nasal Naloxone distribution with the help of NEPA data collection was able to start a Naloxone pilot project in 2006 which then expanded beyond Boston in 2007 to 8 other programs including Healthy Streets.
- 2007 Healthy Streets begins mailing overdose prevention materials to addresses supplied from Lynn PD where overdoses had occurred. No names used only “RESIDENT”
- This did not yield any results.
- 2010 Revere FD and Quincy PD begin carrying Naloxone.
- 2015 Revere Fire Captain begins the “door knock” program in Revere, MA with Gary Langis a long-time harm reduction BOSS.
- 2016 Healthy Street agrees to work on a grant with Department of Mental Health and the Salem Police Department to provide harm reduction services, Naloxone distribution, overdose follow-ups and harm reduction case management in the city.

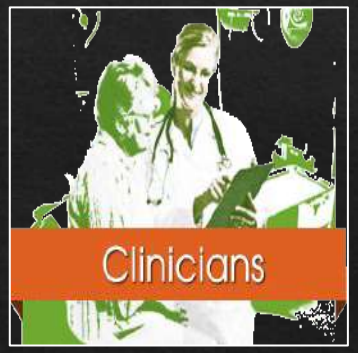
- 2017 Massachusetts secures SAMSHA State Targeted Opioid Response (STR/SOR) funding for overdose follow-up programs. The funds provided
- Between 2016 and 2019 Healthy Streets has expanded the program to include:
  - Salem Police Department – DMH funded
  - Peabody Fire Department – initially unfunded, coordinated the follow-ups into regular programming. Now program operates fully funded by STR/SOR MDPH/BSAS/SAMSHA Funds
  - Saugus Police and Saugus Fire Department - STR/SOR MDPH/BSAS/SAMSHA Funds
  - Chelsea Police Department - initially unfunded, coordinated the follow-ups into regular programming. Now program operates fully funded by STR/SOR MDPH/BSAS/SAMSHA Funds
  - Beverly Police Department - funded by STR/SOR MDPH/BSAS/SAMSHA Funds

Harm Reduction Required

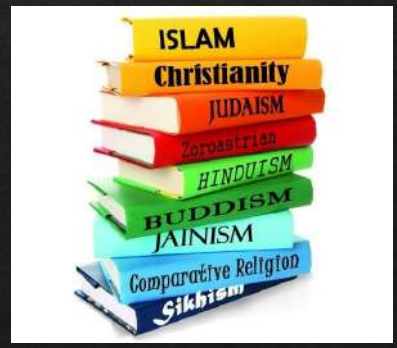
STR/SOR Funding

- Grant was specifically written to put funding in the hands of harm reduction programs that distribute Naloxone.
- First responder partners could sign on if they chose to.
- Grants included training and support money for first responder partners.
- Partners had to agree to following a harm reduction framework in order to collaborate.
- Harm reduction workers take the lead on the who, what, where, when, why and how of the project.

Choosing a Partner(s)...



RECOVERY COACH



Partner(s) continued...

- Pros and cons to each partner.
- Who is available and willing to work with your program.
- Are there politics involved in who you must choose to work with.
- Are partners amenable to sharing information but not being part of the follow-up outreach team.
- Are partners concerned about safety in a way that will hinder outreach efforts.
- What is the relationship between the community (i.e. people who use drugs and their families/friends/partners) and the partners you choose.
- Are all providers able to agree on the definition of “success”.

Healthy Streets Follow-ups

Training

- Our training is brief and fluid.
- There is a lot of experience in the room with the partners you choose, and we must respect that.
- We ask each partner why they as an individual are interested in this project.
- Harm reduction 101 and what we will be offering in each town/city.
- Overview of SUDs, MAT and available resources in the area.
- Explanation of why harm reduction workers take the lead on the follow-ups.
- Experiences from the field – good, bad and weird.
- Explanation of funding and data collection.
- Explanation of post follow-up harm reduction case management and service provision.

Training Continued...

- We make it clear that any and all aftercare is done by the harm reduction agency unless otherwise requested by the person/people we are following up with.
- It is clear that the harm reduction program may revisit locations during their own outreach shift(s) without their partners as part of regular service.
- Create guidelines around certain circumstances (i.e. drugs on scene, children present, trafficking, DOA, overdose on outreach, warrants etc.) these will vary depending on your partner.
- This will not work for anyone if people get arrested during follow-ups and this may in fact put people, programs and providers in danger.
- Involuntary treatment commitment will not be utilized as a part of this intervention.
- The focus of these follow-ups are the people who are using the substances.
- The rest you must learn as you go!

Our Teams

Denny and Barry – Salem, MA - RIP B.

- 2 or 3 people only
- No uniforms for first responders
- ID Badges for outreach staff
- Outreach bag with supplies, paperwork, pens, program information etc.
- Narcan kits
- Unmarked cars when possible if working with first responders.
- Harm reduction person knocks on the door.

Not Just Overdose Follow-ups

- Needle sweeps, needle pick-up
- Walking route to see people who may need non-SUD related services
- Business outreach (bathroom safety education, offer Narcan kits, sharps container distribution)
- Visits to shelters, soup kitchens, camp sites
- Bring supplies, food, blankets etc. to people staying outside.
- Follow-ups to people who have requested them not necessarily overdose related.
- Hospital or treatment transport.

Working with First Responders

Our experience.

Fire Department

- Experienced with medical care, EMTs and paramedics
- Most have seen many overdoses which can either help or hinder depending on the attitude and burn out of the FF. Attitude should be addressed during training and if harm reduction staff feels like someone is not a good fit, they should be gently dismissed from the program by the fire chief.
- People love firefighters...most of the time.
- The FFs we work with have all been male.
- The FFs carry a medical bag in the car and a radio, turned down, in case of emergency.
- Plain clothes or a shirt with their fire department emblem on it.
- More access to unmarked vehicles.
- Seem to have less useful information/narrative about overdose scenes.

Police

- Officers must be open to practicing harm reduction.
- The program and outreach officers are sometimes made fun of by non-participating officers.
- Tend to have more information than other branches of first responders.
- Can be extremely intimidating to outreach workers and people we outreach to, this must be taken seriously and managed with a lot of care for outreach workers and people we encounter.
- Officers we work with are open to learning, admitting they don't know everything and allow us to take the lead. This does not extend to entire departments.
- Difficult to change the mentality of us vs. them if the individual officer is not already in that frame of mind.
- We work with police because they have much to learn about addiction, harm reduction and relationship building and repairing.
- The departments we work with came to us knowing and understanding that we offer SSP, Naloxone and other harm reduction services.

Clinicians

- More helpful as someone to do a “warm hand-off” to if a person we meet is requesting mental health services.
- Clinicians that work closely with the team tend to have an easier time getting people quick or immediate access to mental health care (inpatient, outpatient and psychopharm).
- Sometimes struggle with harm reduction especially as it pertains to active substance use.
- May dismiss non-clinical perspective which can cause friction on the team.
- Generally not very experienced in “front-line” street-based work.
- Not used to meeting people in an “uncontrolled” space.
- May not be able/willing to work with someone until they are abstinent from substances.

Recovery Coaches

- One person on our team is a certified recovery coach but works on our team as a harm reduction specialist.
- Our vision of the role of RC as it pertains to harm reduction focused follow-ups is to have them available to make referrals to as people are looking for recovery services.
- Harm reduction programs can manage the follow-ups and harm reduction aftercare.
- The role of RCs in Massachusetts is not always clearly defined making it difficult to know who and how to refer people.
- RC training in Massachusetts does not offer harm reduction training in the 40 hours of training.

Clergy, EMS and Others

- We do not utilize any religious entities during our follow-ups.
- Should a person we meet request religious or spiritual resources we will provide a referral.
- Currently we do not work directly with any EMS companies.
- We currently do not specifically bring anyone who identifies as “family of” someone with a SUD. (i.e. mothers with children who use substances). Our staff may have this experience, but we do not present on the follow-up as such.
- We do not use volunteers currently for follow-ups.

The Good and The Bad

There is always some weird too...

Good Stuff

- Not arresting a woman on a warrant so harm reduction staff could get her much needed medical care, syringe services, sex work support and eventual Suboxone maintenance and safe housing.
- Witnessing police officers practice harm reduction including do syringe exchanges, train people on Naloxone, bringing food, blankets and supplies to people living outside.
- Seeing people feel less alone when we show up at the house.
- Making new connections to people and houses we may never have been able to access.
- Seeing and hearing positive experiences from people who use drugs when first responders arrive for an overdose after these programs have started.
- Knocking on the door and hearing someone say, “Hi! I knew you guys were coming!” Because the first responders on scene had told them we would be back to check on them.
- Reminding people they are worth it and allowing outside entities to watch harm reduction workers do their thing!

Bad Stuff

- When someone is involuntarily committed post overdose, and this is kept “secret” from the harm reduction program, so we don’t intervene and offer voluntary treatment.
- Showing up for syringe exchange post drug raid and the detectives did not inform the community officers of the raid or our SSP staff.
- Arriving for a follow-up and the person is on scene deceased.
- Being patronized or bullied. Watching your first responder partners be patronized or bullied.
- When harm reduction workers do not get the credit and respect we deserve because we may not have degrees or certifications.
- Being shamed by other harm reduction workers for having a working relationship with certain law enforcement officers.

Taking Care of the Crew

Encourage Honesty

- If someone on your team can't work with certain people (police, clergy etc.,) that is acceptable. Respect it.
- I encourage the staff to speak open and honestly with me, among themselves and directly to officers about our apprehension, experiences, fear and trauma regarding working with police.
- Responding to inappropriate actions the staff brings to you even though it can be uncomfortable to confront first responders.
- Be realistic and honest about whether a partnership will hurt more than help.
- Find a way to constructively call your partners on their attitudes and actions in the moment.

It’s not always a love affair.

- There are people you will not like going out with.
- There are people you wish you could only go out with.
- Partners will say things that make you cringe.
- We will do things that make our partners cringe.
- We educate people and partners because someday they may be in charge and if they don’t have realistic information, they will make the same mistakes.
- Sometimes our partners only care about the over time.
- Sometimes we don’t want to partner but we need their information and so we make it work.
- If it isn’t working, change it, cancel it or find a new partner.
- Find the ones who get it. Find the ones who care and who are willing to learn. They are out there.

We hope this was helpful.

With love.

Healthy Streets Outreach Program

Lynn, MA

Thanks to our funders!