

POST-OVERDOSE OUTREACH PROGRAMS IN MASSACHUSETTS: LESSONS LEARNED, IMPACT AND BEST PRACTICE GUIDANCE

Walley AY¹, Formica SW², Carroll JJ^{3,4}, Xuan Z⁵, Green TC⁶

¹Grayken Center for Addiction, Boston Medical Center and Boston University School of Medicine, Boston, MA, USA, ²Social Science Research and Evaluation, Inc, Reading, MA, USA, ³North Carolina State University, Durham, NC, USA, ⁴Warren Alpert School of Medicine, Brown University, Providence, RI, USA, ⁵Department of Community Health Sciences, Boston University School of Public Health, Boston, MA, USA, ⁶Opioid Policy Research Collaborative, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA, USA

Background:

Surviving an overdose is a strong risk factor for subsequent fatal overdose. In the midst of surging overdoses from a fentanyl-contaminated drug supply, many United States communities have deployed post-overdose outreach programs. Programs, staffed as public safety-public health partnerships, offer survivors overdose prevention and treatment.

Description of model of care/intervention:

We used mixed methods to: (1) describe characteristics of emerging programs via a program survey across the state of Massachusetts; (2) qualitatively explore best practices, unintended consequences, and implementation barriers and facilitators via 52 interviews with staff, survivors, and social network members; (3) examine impact on overdose deaths via an interrupted time-series analysis; and (4) generate best practice guidance via a modified Delphi expert panel.

Effectiveness:

Forty-four percent (156/351) of Massachusetts municipalities reported programs in 2019. Most (86%, 118/138) included police during outreach and deployed coercive tools, including pre-visit arrest warrant queries (57 %, 79/138). Many programs (81 %, 112/138) assisted families with involuntary commitment to treatment – although typically as an option of last resort. Many (66 %, 90/136) provided naloxone at the outreach visit. In interrupted time series analyses, we detected a 6% annual decrease in the opioid fatality rate time trend, (adjusted beta = -0.015, 1.5% reduction per quarter, $p < 0.01$), compared to before program implementation. Among active programs, referring survivors to housing, education, food, and transportation services was associated with improved overdose fatality. The Delphi guidance calls for staffing, training, services, visit procedures, and privacy protections, that focus on the public health goals of overdose prevention and engagement, and minimize coercion.

Conclusion and next steps:

Implementation of post-overdose outreach programs was associated with a relative decrease in municipal opioid overdose rates. There was substantial variability in program structure and operations. Law enforcement facilitated the emergence of these programs, yet coercive practices likely limit engagement of high-risk populations. Ongoing research is needed to develop evidence for post-overdose outreach.

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