Supportive Place for Observation and Treatment (SPOT):
New Harm Reduction Programming at BHCHP

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Outline

• Picture of a practice: BHCHP and its patient population
  • Mortality
  • Response
• Harm reduction
• SPOT
  • Goals and design
  • Media
  • Community relationships
  • What we’re learning
• What else is needed?
  • Supervised injection facilities?
• Discussion
Picture of a Practice

• Overdose is the leading cause of death among BHCHP patients
• Main site located 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
Mortality Among Homeless Adults in Boston
Shifts in Causes of Death Over a 15-Year Period

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O’Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths

Follow up study using same cohort

Estimated proportion of deaths attributed to substances using population-attributable fractions

Over half of all deaths attributable to substances

Age-Stratified Substance Attributable Rates

Baggett T, et al. AJPH 2015
Age-Stratified Substance Attributable Rates

Baggett T, et al. AJPH 2015
Convention for the unconventional: It’s Trump’s party now.

By David M. Shulman

A convention is a unique opportunity for politicians to demonstrate the power of their ideas and rally support for their cause. But the Republican Party’s convention in Cleveland last week was a departure from the usual format, with Donald Trump and his team taking charge.

Revolution of 2016 is full of echoes from another season of GOP tumult

He took his father’s path, but paved it with gold. Fred Trump earned a quiet success. His son wanted more, and still does.

By Matt Viger

Fred Trump couldn’t understand it. His son Don was building a new Manhattan skyscraper, and the architect was demanding gold on the ceiling, which was made of stone, and he felt that it was too much. Fred’s son was able to convince him that the gold would add value to the building.

LIFE AND LOSS ON METHADONE MILE

Story by Nektar Ramaz and Evan Allen, photos by Keith Bedford | Globe Staff

Last night’s results line the sidewalks of South End. It’s a quiet neighborhood, where elderly residents and friends gather to enjoy the evening. The streets are particularly lively, with a mix of bars, restaurants, and homes.

Where Southampton Street and Mass. Ave. meet, hope and the lack of it also intersect. Shelters and clinics cluster here, the streets thick with people who need them, or will. It is the city’s grim hub for those seeking to beat addiction and those not ready for that brave step.

The scene is one of struggle and resilience. Some residents have found solace in methadone treatment programs, while others continue to battle drug addiction. The community is united in its support of those in need, offering a beacon of hope in a challenging time.
LIFE AND LOSS ON METHADONE MILE

Even as a rising death toll stokes compassion and anger, the city’s controversial treatment program continues to fuel a debate over its effectiveness and role in the ongoing opioid crisis.

BY MARY NICKERSON

A woman stands in front of the Cumberland Community House, a city-run harm reduction center in Portland, Maine. She is holding a Halcion pillbox, a small plastic container used to hold prescription drugs. The pillbox is filled with tiny white pills, which are believed to be fentanyl.

The first time I ever did it, I fell in love...”

The woman is a 32-year-old woman named Mary. She is standing outside the building, her face tired and hollow. She has been coming to the center for five years, using drugs for most of her life. She is wearing a black T-shirt and blue jeans, and her hair is pulled back in a ponytail. Her eyes are red and puffy, her voice is soft and weak.

“...and I started using more and more. I was taking a little bit of this and a little bit of that, and it was just a matter of time before I was completely addicted to it.”

Mary’s story is not unique. The Cumberland Community House is one of several similar facilities in the city, providing a safe space for people to inject drugs in a controlled environment. The program has been in place for more than a decade, and it has helped many people get off the street and out of danger.

But the program is controversial. Critics argue that it’s only a Band-Aid solution to a much larger problem, and that it’s too easy for people to get addicted to the drugs they receive. Proponents argue that it’s a necessary part of the larger solution, and that it’s helped save many lives.

In the end, Mary says, the center is changing her life. “I’m in love with the program,” she says. “I’m in love with the people here, and I’m in love with the fact that I’m alive.”
And visit a recovery center without commuting at all to the city. And service providers here, many say, show the kind of respect they rarely find elsewhere.

Jennifer Tracey, head of the city’s Office of Recovery Services, says there is “probably nowhere else in New England where you have this degree of services, support, and recovery.”

While some residents dismiss the city as a place of “cracks and cracks,” they often add that they also feel a sense of community and caring here. One of the city’s most important resources is its workforce of service providers, many of whom have been in recovery themselves.

“People feel like they’re not alone,” says Tracey. “They feel like they’re part of something bigger.”

The city’s approach to recovery is based on a philosophy of “nothing works alone,” which means that all services, from treatment to housing, are provided in one place. This approach has led to a decrease in homelessness and an increase in recovery rates.

But despite these successes, many residents say they still face challenges. “It’s not a perfect solution,” says Tracey. “But it’s a step in the right direction.”

The city’s efforts are backed by a strong commitment from the mayor and city council, who have made recovery a top priority.

“Recovery is not just about making people feel better,” says Tracey. “It’s about changing lives.”

The city’s approach to recovery is one that can be applied to other cities, she says. “It’s about collaboration, and it’s about finding solutions that work for everyone.”

The city’s success story is a testament to the power of collaboration and the importance of finding solutions that work for everyone.
Need

- Recognize the need to expand access to all types of addiction treatment, as well as housing opportunities
  - Expansion of medication for addiction treatment: methadone, buprenorphine, naltrexone
  - Expansion of psychosocial treatments: MI, MET, CBT, self help groups, etc.
  - Critical examination of opioid prescribing practice at BHCHP
  - Peer support groups
- 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
  - Broad naloxone distribution
  - Needle exchange
  - Medical monitoring during intoxication
SPOT: Goals

1. Prevent fatal overdose
2. More effectively connect highest-risk individuals with treatment
3. Address the impact of SUD on our patients, our program, and our community
4. Tackle stigma
SPOT: Design

• What SPOT is:
  • Drop-in facility for people who are over-sedated
  • Medical care if overdose occurs
  • Referral resource to addiction 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.
### SPOT: 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 addiction 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 for immediate consultation
SPOT: Consumer Involvement

- Participation in weekly planning meetings
- Perspectives sought in survey conducted at needle exchange program before opening
- Interviewed harm reduction applicants
- Presence in the room
- Patient experience survey
SPOT: 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

**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
SPOT: 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?
SPOT: Regulatory

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

Boston Nonprofit Plans To Open A Room For Supervised Heroin Highs

Massachusetts needs safe injection sites

SPOT-ing Overdoses and Fighting the Opiate Epidemic in the South End

In A Safe Space, Medical Professionals Monitor What’s Really Happening During A Drug High

Casey Leon of Boston Health Care for the Homeless Program used a flashlight to search for discarded syringes in a garage.

Safe Space for Opioid Users Reveals Changing Views on Addiction

Four innovative ideas for fixing the opioid crisis

Leonard Campanello, CeltiCare, MGH, and Jessie Gaeta are combatting the addiction problem with smarts and compassion.
SPOT: Community Engagement

• Intense interest from community members and neighborhood associations, elected officials

• Engaged in months of meetings to explain need and seek feedback
SPOT: Policy Lessons Learned

• Consumer outreach and ongoing input is needed
• Engage policy officials as early as possible
• Leverage partnerships with harm reduction programs
• (Try to) manage the media message
WHAT WE’RE LEARNING in SPOT (SUPPORTIVE PLACE FOR OBSERVATION & TREATMENT)

• 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
SPOT STATS

We've been collecting data in SPOT since it opened in April 2016. Here's what we've found in the first 9 months:

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounters</td>
<td>2,679</td>
</tr>
<tr>
<td>Unique visitors</td>
<td>400</td>
</tr>
<tr>
<td>% of visitors who are women</td>
<td>32</td>
</tr>
<tr>
<td>% of visitors gave no name</td>
<td>24</td>
</tr>
<tr>
<td>Average visit, in hours</td>
<td>3.8</td>
</tr>
<tr>
<td>Naloxone administrations</td>
<td>~30</td>
</tr>
<tr>
<td>ED avoidances</td>
<td>~800</td>
</tr>
<tr>
<td>% of visitors connected directly to treatment</td>
<td>8.6*</td>
</tr>
<tr>
<td>% visitors connected to health care</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Data collected between SPOT opening (April 2016) and January 17, 2017.

*This figure underestimates the total number of visitors who are connected to treatment, as it only includes those connected directly from a SPOT visit, and excludes those connected in the window following a SPOT visit.
“I think what's struck me the most is the **gratitude**—just to get out of that environment, even for a little while, to get off the street and be cared for. I mean, so many of our participants don't have anyone who's caring for them.”

Source: April Donahue, RN at BHCHP, as interviewed by WBUR (June 2016): “In A Safe Space, Medical Professionals Monitor What's Really Happening During A Drug High”
SPOT: Research

- Consumer survey: cross sectional
- Public order in the neighborhood
- Community perspectives
- Case series of “Overdose Syndrome”
- Retrospective case control study to determine impact on ambulance/ED use
What else is needed?
WHAT IS A SIF?

A legally sanctioned facility where people who use injection drugs can inject pre-obtained drugs under medical supervision

a.k.a. supervised injection sites (SIS), drug consumption facilities (DCF), medically supervised injection centers (MSIC)

Staffing:

- Medical Director & Nurses
- Public health advocates
- Peer supporters
- Security
**SIF SERVICE MODEL**

**Main Components:**

1. **Assessment & Intake**
   - Determine eligibility
   - Obtain info (recent & planned drug use)
   - Provide info on risk
   - Provide hygienic equipment
   - Determine individual needs

2. **Supervised Consumption Area**
   - Ensure lower-risk, more hygienic drug consumption, out of public view
   - Supervise, ensure compliance with rules (e.g., no drug sharing or dealing)
   - Provide safer use advice
   - Emergency care

3. **Other Service Areas**
   - Monitor patients coming through
   - Primary medical care; abscess and wound clinic
   - Drinks, food, clothing, showers
   - Crisis interventions
   - Safe needle program; naloxone
   - Other services (shelter, case management, counseling)

4. **Referrals**
   - Info about treatment options
   - Motivate clients to seek treatment
   - Refer clients to further services

**Outcome Objectives:**

- Establish contact with hard to reach population
- Identify & refer clients needing medical care
- Reduce immediate risks related to drug consumption
- Reduce morbidity & mortality
- Stabilize and promote clients' health
- Reduce public disorder
- Increase client awareness of treatment options, and promote access
- Increase chances that client will accept a referral to treatment

**Survival + Increased Social Integration**

*Adapted from: European Monitoring Centre for Drugs and Drug Addiction, Updated June 2015*
People are dying on the streets in record numbers. SIFs have been shown to be effective in decreasing overdose deaths.

**Methods:** Population-based overdose mortality rates were examined in the 500m surrounding the SIF before and after its opening and compared with before and after rates in the rest of the city of Vancouver.

**Results:** In the area around the SIF overdose mortality decreased 35%, compared with a 9.3% reduction in the rest of the city.

**Methods:** Injection-related public order metrics were measured during 6 weeks before and 12 weeks following the opening of the SIF in Vancouver.

**Metrics of public order:**
- Number of people injecting in public
- Publicly discarded syringes and injection-related litter

**Results:** After the opening of the SIF there was:
- **Reduced** injecting in public
- **Reduced** publicly discarded syringes
- **Reduced** injection related litter

Methods: A random sample of 1,090 participants of the Vancouver SIF prospective cohort study were analyzed to examine factors associated with the time to the cessation of injecting for a minimum of six months.

Results:
Factors independently associated with drug use cessation included:
- Use of methadone maintenance therapy
- Other addiction treatment

Factors independently associated with the initiation of addiction treatment included:
- Regular SIF use at baseline
- Having contact with the addiction counselor within the SIF
- Aboriginal ancestry

Figure 1. Factors associated with time to enrolment in addiction treatment among clients of Vancouver’s supervised injection facility. Notes: ‘Regular SIF Attendance’ was measured at baseline and defined as visiting the SIF at least once per week vs. visiting the SIF less than once per week; ‘Contact with Counsellors’ refers to meeting with an addictions counselor at the SIF and was measured through data linkage to the SIF administrative database; ‘History of Any Treatment’ was defined as any history of engaging in any type of addiction treatment programs.

4. SIFs increase access to substance use disorder treatment

In multivariate analyses, an average of at least weekly use of the SIF and any contact with the facility’s addictions counselor were both independently associated with more rapid entry into a detoxification program.

Vancouver, Canada – SEOSI cohort study

### SIF MYTHS

It’s understandable to think that a SIF might increase local drug trafficking or make people less likely to quit.

But in countries where SIFs exist, research has actually shown otherwise.

<table>
<thead>
<tr>
<th>SIFs DON’T:</th>
<th>Further Reading</th>
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<tbody>
<tr>
<td>Encourage people to initiate injection drug use</td>
<td>Kerr 2007 examined length of injecting career and circumstances surrounding initiation into injection drug use among 1065 SIF users and found that the median years of injection drug use was 15.9 years, and that only 1 individual reported performing a first injection at the SIF. These findings indicate that the SIF’s benefits have not been offset by a rise in initiation into injection drug use.</td>
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<tr>
<td>Act as a barrier for attendees to seek employment</td>
<td>Richardson 2008 surveyed 1090 SIF users and found in a multivariate analysis of factors associated with employment, using the SIF for ≥ 25% of injections (versus &lt; 25% of injections) was not statistically significant, suggesting that use of the SIF is not having an adverse impact on efforts to seek employment.</td>
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<tr>
<td>Attract drug dealers to the area</td>
<td>Wood 2006 used Vancouver Police Department data to examine the effect of a SIF on crime rates before and after opening and no increases were seen with respect to drug trafficking (124 vs. 116) or assaults/robbery(174 vs. 180), although a decline in vehicle break-ins/vehicle theft was observed (302 vs. 227). The SIF was not associated with increased drug trafficking or crimes commonly linked to drug use.</td>
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<tr>
<td>Increase relapse rates or decrease rate of stopping injection drug use</td>
<td>Kerr 2006 performed an analysis of periods before and after the facility’s opening that showed no substantial increase in the rate of relapse into injected drug use (17% v 20%) and no substantial decrease in the rate of stopping injected drug use (17% v 15%).</td>
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<tr>
<td>Increase the likelihood of overdose</td>
<td>Milloy 2009 surveyed injection drug users and found at baseline, 638 (58.53%) reported a history of non-fatal overdose and 97 (8.90%) reported at least one non-fatal overdose in the last six months. In the analysis, factors associated with recent non-fatal overdose included: sex-trade involvement and public drug use. Using the SIF for ≥75% of injections was not associated with recent non-fatal overdose in univariate or multivariate analyses.</td>
</tr>
</tbody>
</table>
- New York City, NY: Funded feasibility study ($100k), strong advocacy orgs
- Ithaca, NY: SIF proposal actively under discussion
- California: Legislation to support SIF establishment has been introduced
- Seattle, WA: SIF proposal actively under discussion
- New Mexico: Adopted proposal to study SIF feasibility in state
- Maryland: Legislation to support SIF establishment has been introduced
This will be an uphill battle—but that’s what we’re good at

Will need to confront stigma associated with drug use, as we’ve done with homelessness
Conclusions

• Disproportionate effect of epidemic among Boston’s homeless population
• Treatment options are not accessible enough
• Harm reduction services play a crucial role
• Provocative programming on the horizon – SIFs?