

# Leveraging Innovation & Technology to Care for People Who Use Drugs: Strategies from the Field

Tuesday, January 25 from 1:00 – 2:30pm ET

# Housekeeping

- You will be muted automatically upon entry and for the duration of the webinar.
- This webinar is being recorded and will be archived for future viewing on the National Council's website.
- Please submit your questions using the Q&A box at the bottom of the screen.

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# Today's Presenters



**Shannon Mace**  
Senior Advisor  
National Council for Mental Wellbeing



**Shoshana Aronowitz**  
Clinician  
Ophelia



**Shaun August**  
California State Director  
NEXT Harm Reduction/NEXT Distro



**Mike Brown**  
Founder  
Never Use Alone

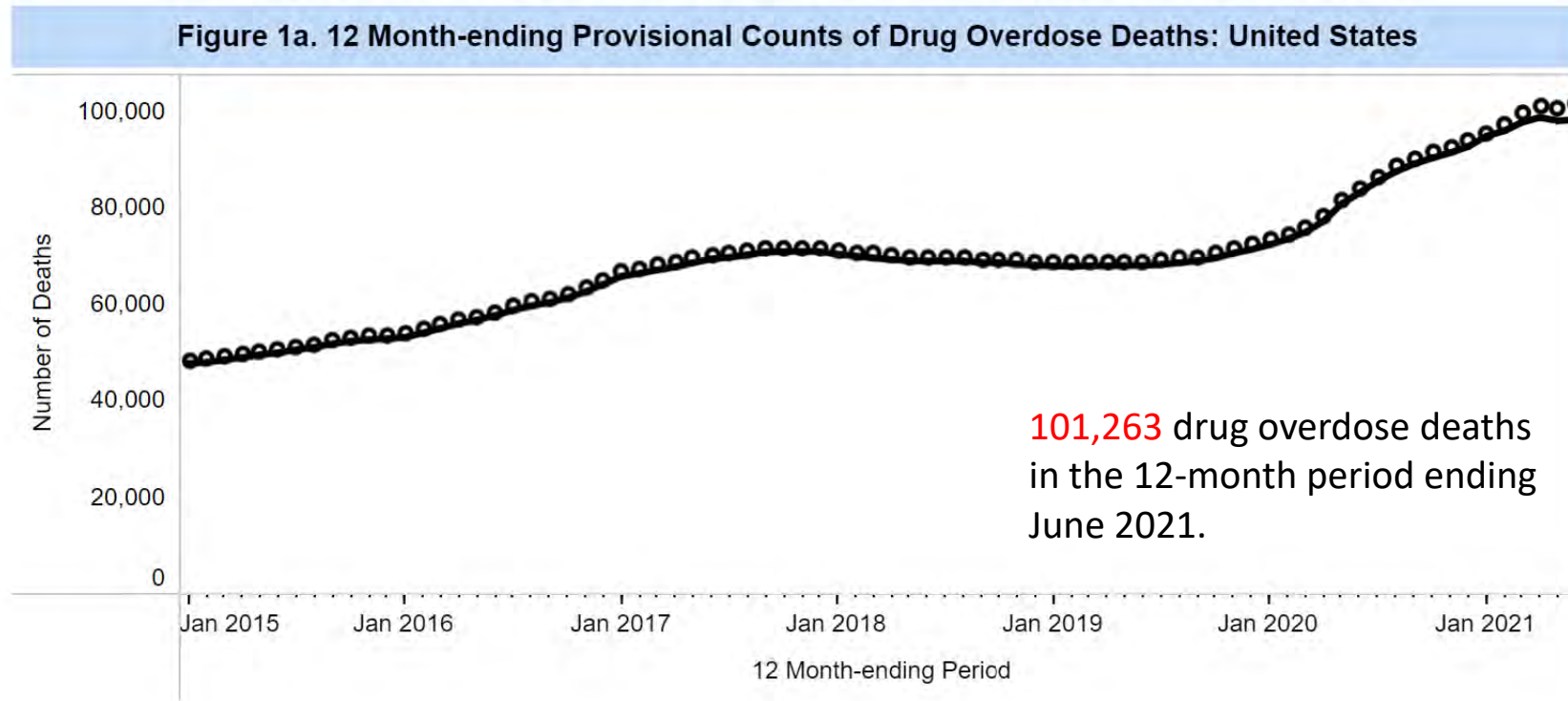


# Agenda

- Introduction to Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide
- Strategies from the Field:
  - NEXT Harm Reduction/NEXT Distro
  - Ophelia
  - Never Use Alone
- Q&A



# Overdose in the U.S.

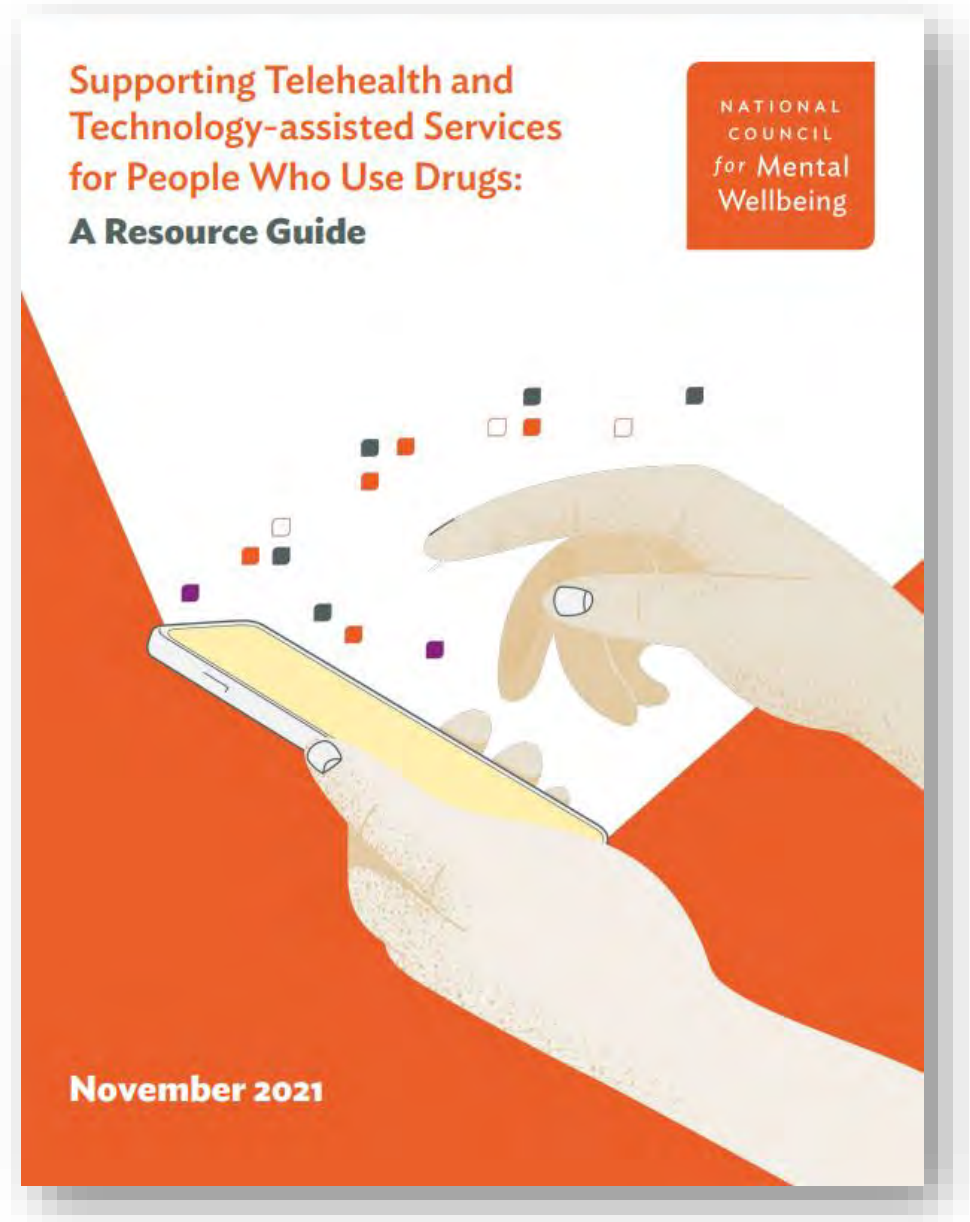


Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

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Informed by a mixed-methods review, including:

- Peer-reviewed, white, and grey literature
- 10 key informant interviews with a diverse range of harm reduction providers





# Elements of the Resource Guide

- Links to policy and regulatory guidance
- Free training resources
- Sample policies and protocols
- Examples from the field
- Planning and implementation checklists
- Key considerations and quick tips

The image shows three overlapping callout boxes from the Resource Guide. The top box, titled 'Help Participants Prepare for Virtual Visits' with a lightbulb icon, describes providing step-by-step guidance. The middle box, titled 'Resources to Support Participants' Social Connections' with a document icon, lists the 'NEXT Distro Resource Library' and 'Virtual Recovery Resources'. The bottom box, titled 'Key Considerations for Developing Operational Guidelines and Protocols' with a key icon, lists three questions about staff contact attempts, voicemail, and disconnected phone lines.

**Help Participants Prepare for Virtual Visits**

To increase participants' comfort with using technology to engage in care, harm reduction and SUD treatment providers can offer step-by-step guidance from a care coordinator or other team member prior to a visit with a client. This can include providing educational information and telehealth resources. Examples of materials include:

- **NEXT Distro Resource Library** (A comprehensive catalog of services and supports available for PWUD, including technology-assisted services)
- **Virtual Recovery Resources** (A list of virtual recovery resources and tips for providers and participants)

**Resources to Support Participants' Social Connections**

- **NEXT Distro Resource Library** (A comprehensive catalog of services and supports available for PWUD, including technology-assisted services)
- **Virtual Recovery Resources** (A list of virtual recovery resources and tips for providers and participants)

**Key Considerations for Developing Operational Guidelines and Protocols**

- How many times should staff attempt to contact participants?
- What information should staff leave on a voicemail, if any?
- What should happen if a participant's phone line is disconnected?



# Key Planning and Implementation Strategies

This resource guide identifies **five** key strategies to better support organizations providing telehealth and technology-assisted services, informed by experts from the field:

1. Improve participant access to technology.
2. Increase participant knowledge of and comfort with telehealth and technology-assisted supports.
3. Increase staff knowledge and comfort using telehealth and technology-assisted services.
4. Develop partnerships to strengthen care coordination and team-based care.
5. Finance and sustain telehealth and technology-assisted services.





# Examples from the Field



## Example from the Field: Harm Reduction and Bridges to Care Clinic



## Example from the Field: Hennepin Healthcare

When the COVID-19 pandemic began, Hennepin Healthcare administrators in Minneapolis knew that most patients had access to technology based on their community needs assessment; however, it became apparent that many did not know how to use their technology to engage in telehealth services. To overcome language and literacy barriers to telehealth, Hennepin Healthcare staff updated their translated materials to make sure the language they were using would resonate with patients. They also created toolkits for patients, including a toolkit for patients with limited English proficiency.



## Example from the Field: Homeless Healthcare Los Angeles Center for Harm Reduction

Providing MOUD for participants of a Los Angeles SSP became possible through a “coordinated pharmacy” model at Homeless Healthcare Los Angeles Center for Harm Reduction.<sup>138</sup> Previously, Homeless Healthcare was able to directly dispense buprenorphine to its participants, but when the COVID-19 pandemic made in-person appointments impossible, medication dispensing had to take a different form. Partnering with pharmacies within a five-block radius of the clinic, the Center for Harm Reduction created processes to ensure their patients efficiently and successfully received their buprenorphine, including workarounds to address issues of patients who lack identification cards or insurance.





## **NEXT Harm Reduction**

Integrating Harm Reduction Ethics  
with Tech-Based Service Delivery

hello!

I am

Shaun  
August  
(he/him)

California State Director of NEXT Harm Reduction/NEXT Distro



[illegible]

An online and mail-based **harm reduction service** designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs.

# Services by Mail, Telephone, Online

Depending on state...

Opioid overdose prevention  
training for individuals

Naloxone/Narcan  
distribution

Syringes and safer  
injection/safer use supplies

Education + Resources + Linkage





# Syringe Services Are More Than Supplies...

## ATTRIBUTES OF HARM REDUX

- ▶ Personal connection
  - Autonomy + choice making
  - Primary service provider + trusted linkage
- ▶ Empowerment
- ▶ Privacy + Anonymity

## ATTRIBUTES OF TECH

- ▶ Automation
- ▶ Suggested purchases, ad tracking
- ▶ “Efficiency” + Speed
- ▶ Actions are tracked, and connected to your identity

**Harm Reduction + Technology =**  
Not *necessarily* congruent frameworks  
*but* we’re doing it, ***successfully***



# NEXT's Tech Infrastructure

- ▶ What is “good” about tech is not necessarily good for harm reduction, vice versa
- ▶ The safer and more secure the tech is, the more challenging it is for staff and participants to use the platform

## *Previously at NEXT ...*

- ▶ Hardware based (one physical machine)
- ▶ Never connected to the internet
- ▶ Purpose: store and decrypt client info
- ▶ Broke in early 2020 as COVID hit, had to rebuild tech infrastructure while seeing unprecedented requests for home delivery

## *Moving forward ...*

- ▶ End-to-end encrypted software based web-based application
- ▶ Ensures participant privacy
- ▶ Allows for integrated data management
- ▶ Reduces administrative burden
- ▶ Easily used by individuals with low tech skills

# Integrating Harm Redux Ethics On a Tech-Based Platform

- ▶ **No automation**
  - Made-to-order
  - Not an online store,  
*a full service program*
- ▶ **Meaningful, personalized connection**
  - Hand written notes, individual follow ups
  - Many opportunities for engagement
  - Humanized design
- ▶ **Connection to in-person services**
  - Linkage whenever possible
- ▶ **Consistency, reliability**
  - 24-48 hr turnaround
  - Privacy
  - Transparency





# Successes, Challenges, Myths

## 5,328 overdose reversals formally reported nationally since 2019

- ▶ Massively underreported total impact due to distance-based challenges in collecting reversal data
- ▶ Still catching up on 2021 data!



# Successes, Challenges, Myths

## 63% of NEXT's enrolled SSP participants in California report being homeless or unstably housed

- ▶ Tech-based harm reduction *is accessible* to those who are experiencing housing precariousness or homelessness. It takes:
  - Adaptability on our end
  - Ease of contact/ordering: online, text message, phone-based
- ▶ No Address?
  - USPS General Delivery
  - Partnerships with other service providers
  - Secondary distribution
    - 82% of participants in CA report secondary exchange
    - Seeds mini-SSPs in rural communities





Questions?  
[shaun@nextdistro.org](mailto:shaun@nextdistro.org)

# Opioid use disorder treatment with buprenorphine via telehealth

Shoshana Aronowitz, PhD, MSHP, FNP-BC  
University of Pennsylvania  
Ophelia Health



# My background

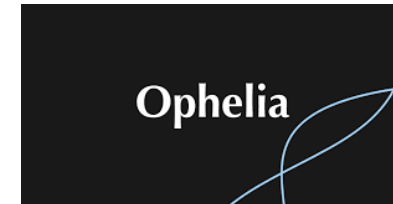
Assistant Professor, University of Pennsylvania



Family nurse practitioner & nurse researcher



X-waivered opioid use disorder treatment provider,  
previously: methadone clinic RN

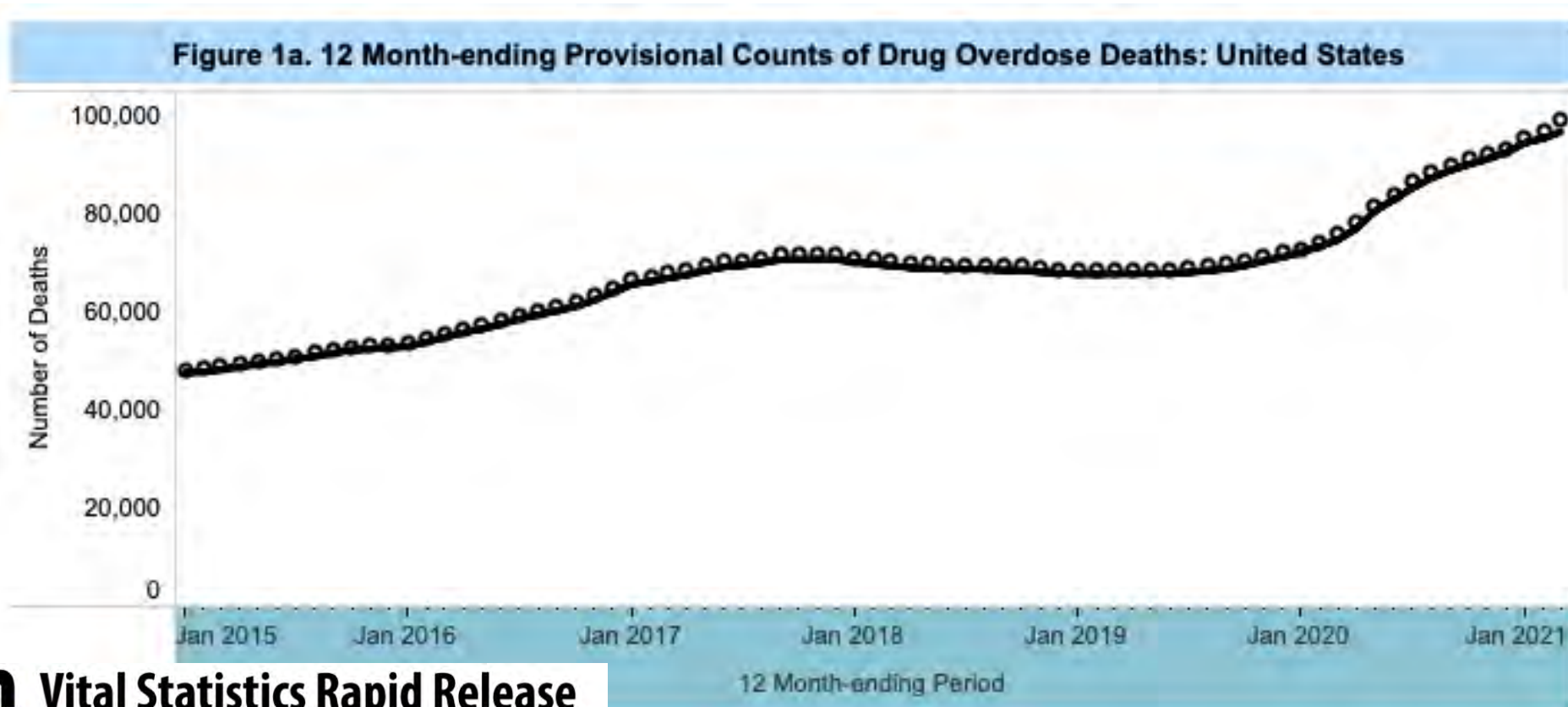


Harm reduction community organizer



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**Vital Statistics Rapid Release**  
**Provisional Drug Overdose Death Counts**

**Percent Change for  
United States**

**28.5**



National Center for Health Statistics

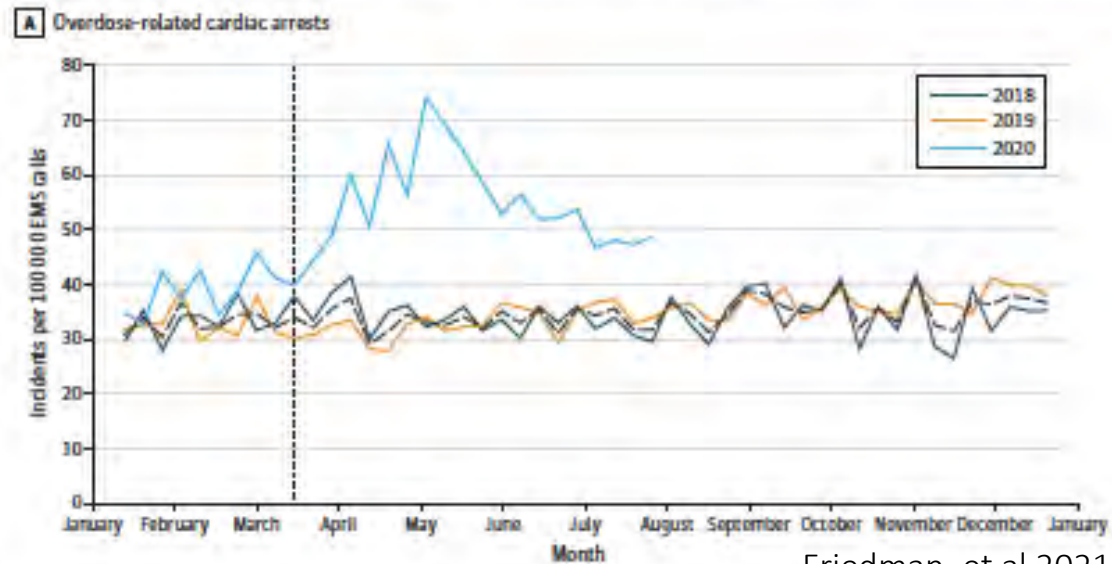
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# COVID-19 worsened the existing crisis

- Treatment providers closed
- Harm reduction services decreased their capacity
- Instability in drug supply
- Isolation & financial hardship

Figure. Changes in Emergency Medical Services (EMS)-Observed Overdose Incidents, Cardiac Arrests, and Mobility During the US Coronavirus Disease 2019 (COVID-19) Epidemic



Friedman, et al 2021





# We need multi-modal approaches!

## *Nation's First Supervised Drug-Injection Sites Open in New York*

During the first official day in operation at the two Manhattan facilities, trained staff reversed two overdoses, officials said.



**The New York Times**

By Jeffery C. Mays and Andy Newman

Nov. 30, 2021

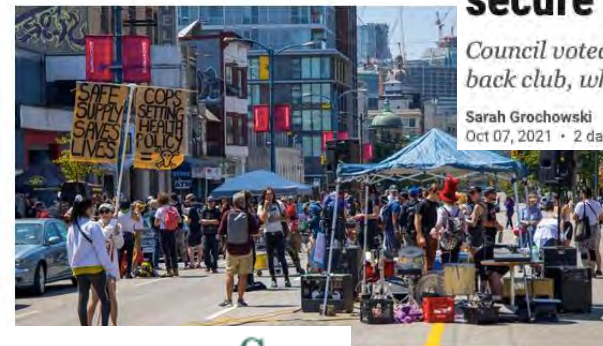


## **Cocaine, heroin and meth buyers' club gets Vancouver's approval to secure a safe supply**

*Council voted unanimously in favour of amended motion to back club, which is seeking federal approval*

Sarah Grochowski

Oct 07, 2021 • 2 days ago • 3 minute read • 110 Comments



**VANCOUVER SUN**

Vancouver Area Network of Drug Users hand community. (Francis Georgian / Postmedia)

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# Buprenorphine & methadone are effective

- Reduction of overdose by 76% at 3 months and 59% at 12 months
- Detoxification, inpatient treatment, intensive outpatient (IOP) and naltrexone not associated with decrease in overdose risk
- Less than 20% of people with OUD receive buprenorphine or methadone



Wakeman, et al., JAMA 2020



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# Barriers to access

- “High-threshold, low-tolerance” programs
  - Complete abstinence expected
  - Frequent follow up visits
  - Competing responsibilities (work, childcare)
  - Counseling and group requirements
- Geographic & transportation factors
- Lack of knowledge about what is available
- Cost
- Stigma
- Fear of precipitated withdrawal
- Methadone: onerous federal and state regulations





# Telehealth for OUD care

- Ryan Haight Act 2008: requirement for in-person evaluation before clinicians could prescribe controlled substances
- **COVID-19 Public Health Emergency**
  - March 16<sup>th</sup>, 2020: DEA allows for telehealth for buprenorphine rx'ing
  - March 31<sup>st</sup>, 2020: Guidance clarified, video or audio-only allowed
  - These waivers are not yet permanent (in PA: set to expire 3/2022)



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# Plethora of models

**Original Investigation** | Substance Use and Addiction

August 27, 2021

## Mobile Telemedicine for Buprenorphine Treatment in Rural Populations With Opioid Use Disorder

Eric Weintraub, MD<sup>1</sup>; Chamindi Seneviratne, MD<sup>1</sup>; Jessica Anane, MPH<sup>1</sup>; [et al](#)

VENTURE

## More Startups Founders Are Tackling Addiction: Here's Where The Money Is Going

Joanna Glasner June 25, 2021

Drug and Alcohol Dependence

Volume 230, 1 January 2022, 109187

## Utilizing telemedicine during COVID-19 pandemic for a low-threshold, street-based buprenorphine program

Robert Harris <sup>a, b, ✉</sup>, Amanda Rosecrans <sup>a, b</sup>, Meredith Zoltick <sup>a, b</sup>, Catherine Willman <sup>a, b</sup>, Ronald Saxton <sup>a</sup>, Margaret Cotterell <sup>a, b</sup>, Joy Bell <sup>a, b</sup>, Ingrid Blackwell <sup>a, b</sup>, Kathleen R. Page <sup>a</sup>

*Journal of General Internal Medicine* (2022)

## Buprenorphine Telehealth Treatment Initiation and Follow-Up During COVID-19

[Elizabeth A. Samuels MD, MPH, MHS](#) ✉, [Utsha G. Khatri MD, MSHP](#), [Hannah Snyder MD](#), [Rachel S. Wightman MD](#), [Babak Tofighi MD, MSc](#) & [Noa Krawczyk PhD](#)

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# Growing body of evidence

- Telehealth can help expand access to care by addressing barriers (Clark et al, 2021; Aronowitz et al, 2021; Fiaco et al, 2021)
- Retention in care rates similar to or better than in-person models (Tofighi et al, 2021; Vakkalanka et al., 2021; Harris et al., 2022)
- From the perspective of those receiving it: ease of access and privacy are benefits, but some individuals may feel isolated (Moore et al., 2021)
- There are likely racial, socioeconomic, and age disparities in who is accessing telehealth (Lin et al, 2022; Barsky et al, 2022)
- Providers may be more hesitant to offer telehealth options/increased flexibility with treatment to individuals deemed “unstable” (Aronowitz et al, 2021; Levander)



# The questions that remain

- Who will benefit from telehealth approaches?
- What types of models will be most effective?
- What about pharmacy-level access to buprenorphine?
- What about methadone?



# Experiences from the field



"Thank you for not making this super weird like rehab. This program is literally amazing."



"The people I've got to speak with have been so understanding, patient, and calming that it makes me feel not alone."



"You guys truly saved me and continue to save my life. I'm starting to feel important – not just to others, but to myself."



"I cannot stress how awesome I feel, from when I wake up until bedtime."





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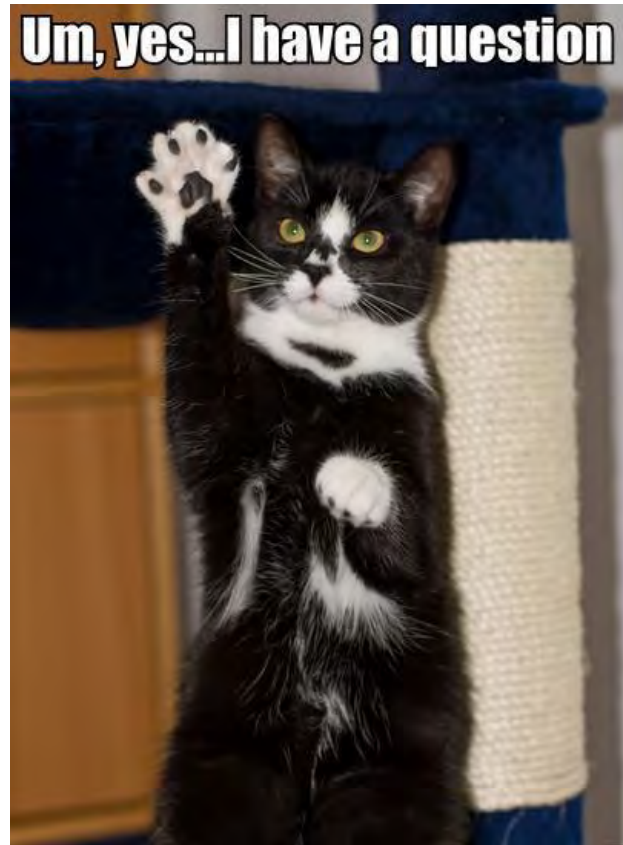






Mike Brown  
Founder  
Never Use Alone

# Questions?



# National Council Resources

- [COVID-19 Impact on Harm Reduction Services: An Environmental Scan](#)
- [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#)
- [Tools for Overdose Prevention](#)
- [Overdose Response and Linkage to Care: A Roadmap for Health Departments](#)
- [Deflection and Pre-arrest Diversion to Prevent Opioid Overdose](#)
- Implementing Peer Support Services for Overdose Response: A Toolkit for Health Departments – **coming soon!**





# Thank You!

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