

## Massachusetts Teams Continue to Provide Post-Overdose Support in Time of COVID

What does post-overdose support look like in the midst of a pandemic?

When the Massachusetts Department of Public Health decided to restrict in-person contact to reduce the spread of COVID-19, many service providers wondered how they would be able to continue to meet the needs of their clients.

Among them were the Commonwealth's nine Post Overdose Support Teams (POST), funded to visit overdose survivors and their families in the days or weeks following the overdose event. During these visits, teams of community-based professionals—comprising a public safety representative (police/fire) and harm reduction specialist—provide access to [the overdose reversal medication Naloxone, referrals to mental health counseling, and information about treatment and recovery services. These efforts have been shown to be effective in reducing the likelihood that the overdose survivor will experience a second, fatal overdose.

“The cornerstone of the teams’ work has always been in-person contact and relationship-building,” says Meghan Hynes, a technical assistance provider and harm reduction specialist with Prevention Solutions@EDC (PS@EDC). “We knew we needed to support teams’ creative approaches that allowed them to continue their work in a COVID environment.”

In the four months since the Massachusetts restrictions were put in place, the POST Teams have risen to the challenge, finding innovative ways to continue to support overdose survivors and their families. In addition to respecting physical distancing guidelines, they’ve had to address staffing shortages, competing priorities—particularly in communities hit hard by the pandemic—heightened concerns about the growing presence of fentanyl in the drug supply and increased use of stimulants such as crystal meth, and the ever-present fear that physical distancing will lead more people to use alone, which in itself is a risk factor for fatal overdose.

“Client needs were more acute than ever, but staff were being pulled in a million directions” says Hynes. “Effective outreach was going to require a lot of adaptation and ‘out of the box’ thinking.”

In a recent webinar hosted by PS@EDC, team members shared some of the ways they successfully adapted their service models under these challenging conditions.

- When COVID forced harm reduction drop-in centers in New Bedford, MA to temporarily close its doors to reduce virus spread, the New Bedford POST team stepped in and began creating and distributing safer drug-use kits—alcohol swabs, naloxone, syringe supplies, snacks, and much-needed information on community resources such as recovery meetings, food pantries, soup kitchens, and treatment centers. The team distributed these kits in open public spaces, including homeless encampments, porches, sidewalks, and backyards. The Cambridge-based ACCESS Drug User POST team engaged in similar outreach activities—heading out in vans, on bicycles, and on foot to ensure that clients had the supplies they needed to stay safe.
- As public safety partners were pulled away to address escalating demands for their services, their harm reduction partners filled the gap by conducting much of the pre- and post-outreach work previously done as a team. Having worked together for many months, partners felt comfortable expanding their roles during this period.
- To reduce in-person contact with clients, several POST sites began implementing virtual alternatives, including calling ahead to overdose survivors to collect details and data over the phone rather than during in-person visits, and conducting post-outreach debriefing meetings by telephone or video conference. Some sites also conducted virtual outreach when test results need to be communicated in a timely manner, or to facilitate appointments for medication assisted treatment.
- Many POST teams shifted from facilitating in-person overdose prevention and naloxone trainings to social media platforms such as Zoom. These virtual trainings and meetings were especially important for people experiencing stress or social isolation due to COVID, as these individuals are at increased risk of using substances to cope with their anxiety, which can in turn can lead to relapse and heightened risk of overdose.
- To address basic logistical concerns—such as how to safely travel to and from outreach visits and/or transport interested clients to treatment programs—the PS@EDC training team assembled a list of best practices for outreach during COVID-19. Team members are encouraged to travel in separate vehicles and, when transporting a client, to wear appropriate PPE, remain in the vehicle no longer than necessary, and thoroughly disinfect the vehicle at the end of the trip.

In addition to these adaptations, the POST teams also play an important public health role in continuing to educate and update their clients, many of whom are living in conditions that place them at a higher risk of contracting COVID-19. POST materials now include information on how the virus is spread, how to avoid infection, and the inherent risks of substance use—including the risk of using alone.

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As the pandemic continues to evolve, teams will continue to adapt and evolve as well. “What makes them successful is their commitment, as well as their passion and compassion for those who are struggling,” says Hynes. “They have embraced the theory that necessity is the catalyst for innovation and will continue to find ways to thrive, respond, and improve the work they do during difficult times.”

*To learn more about the POST program, contact POST TA Center Facilitator Noreen Burke at [nburke@edc.org](mailto:nburke@edc.org).*