Elevating Voices of Overdose Survivors Living on the Street

A Boston Overdose Linkage to Treatment Study (BOLTS) Sub-Analysis Focusing on Mass. and Cass Area Community Members

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Prepared by the Boston Public Health Commission (BPHC), Institute for Community Health (ICH), Boston Medical Center (BMC), Boston University School of Public Health (BUSPH), and University of California San Diego (UCSD)

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Study team

BPHC

- Dan Dooley
- Mark Kennedy
- Shannon O'Malley
- Sunday Taylor

BMC

- Sim Kimmel
- Al Nurani

ICH

- Jeff Desmarais
- Andres Hoyos-Cespedes
- Sofia Ladner
- Ranjani Paradise

BUSPH and UCSD

- Angela Bazzi

DD, SO, ST, JD, AH-C, RP, SK, AN, and AB contributed to study design; MK, SO, JD, AH-C, RP, and AN contributed to data collection; SO, ST, JD, AH-C, and RP contributed to data analysis; DD, SO, ST, JD, AH-C, AN, and RP contributed to the preparation of this report

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Background: BOLTS

- Boston Overdose Linkage to Treatment Study (BOLTS)
- Qualitative research study examining racial/ethnic inequities in access to treatment for people who recently experienced an opioid overdose in Boston
- Motivated by a 2018-2019 analysis that found Black and Latinx Boston residents were less likely than White residents to receive treatment within 30 days of an overdose[1]
- Collaboration among BPHC, ICH, BMC, and BUSPH

[1]Dooley et al., Boston Public Health Commission, 2019

Original BOLTS research questions

- What are barriers and facilitators to accessing substance use disorder (SUD) treatment for Boston residents who have experienced an opioid overdose?
- What factors contribute to racial inequities in receipt of SUD treatment post-overdose?
- How can Boston systems address barriers to improve access to SUD treatment and improve health equity?

BOLTS participants

- 28 key informants from a range of sectors who have professional or community leadership roles working with people who have survived opioid overdoses
- 59 Boston residents who had recently survived an opioid overdose
  - Interviews with overdose survivors were conducted from January to September 2021
  - Most interviews were conducted on-site at the Engagement Center in the Mass. And Cass area
  - About half of participants (29, 49%) were living on the street
  - An additional quarter (15, 25%) were staying at an emergency homeless shelter

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BOLTS data collection tools

Overdose survivors:

- Survey: demographic and drug use characteristics
- Qualitative interview guide: drug use history, experience with most recent overdose; experiences with and perspectives on treatment and services; impact of COVID-19, recommendations

Key informants:

- Qualitative interview guide: perspectives on treatment and services, decision-making about treatment, and barriers/facilitators to access; impact of COVID-19; recommendations

BOLTS sub-analysis

- Data from BOLTS are highly relevant to the ongoing crisis of homelessness and substance use disorder that has become concentrated in the Mass. and Cass area
- Although BOLTS was not designed with homelessness as a core focus of inquiry, many participants raised this in their comments about experiences with substance use disorder and access to treatment and other services

BOLTS sub-analysis

- The BOLTS research team conducted a targeted and expedited sub-analysis of data for the 29 opioid overdose survivor interview participants who were **living on the street at the time of the interview** and recruited in the Mass. and Cass area
- *Note: the full BOLTS analysis (currently in process) will further build upon this work with a more central focus on racial/ethnic equity*

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Sub-analysis goals

- Elevate community member perspectives on topics including Mass. and Cass, housing, and the Engagement Center
- Share community member recommendations for improving the local SUD treatment system overall.
- Inform development of policies and practices that are responsive to the complex needs of people experiencing homelessness who have substance use disorders

Findings: participant characteristics

- In addition to having experienced an opioid overdose and living on the streets, many participants had other characteristics that contribute to marginalization or social vulnerability:
  - History of incarceration (79%)
  - Unemployment (63% out of work; 31% unable to work)
  - Black (35%) or Hispanic/Latinx (35%) racial/ethnic identities

Data from survey

Findings: drug use

- Almost all participants reported polysubstance use, most of which included stimulant use
- About one-third of participants had experienced 3-5 opioid overdoses in the last year, and about a quarter had experienced 6-9 overdoses
- Most participants reported that they started using opioids when they were young adults (18-29 years old) or in their mid-late teens (15-17 years old)

Data from survey and interviews

Findings: drug use

- The most common reasons participants starting using were exposure to drugs through friends or family members and to cope with stress or mental health issues
- Additionally, several participants said they started using opioids to deal with a physical injury or pain
- A few participants also shared other traumatic or stressful experiences that led them to start using opioids, including military service, family conflict, and being incarcerated

Data from interviews

Findings: drug use

"Cuz then my uncles were selling, you know, I was around it for a while. […] So, like, I seen it, you know, I ended up, you know, I wanted to – I wanted to be curious to see how it was, you know? And my cousin introduced me to it and it was just then I got hooked on it, off and on, you know?"

- Overdose survivor

"I was in jail locked up. I did three years, a sensitive three years. All my life, basically I've been alone; I never grow up with mom and dad or nothing. I grew up with my grandma to certain age and I went to foster homes, going to foster homes, jumping around house and house and things. And I end up doing a three-year sentence and that's where I chose to do drugs."

- Overdose survivor

Data from interviews

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Findings: drug use

- Drugs used most often:
  - Almost all said they use heroin frequently, the majority use cocaine frequently, and several said they use meth frequently
- Drugs that cause the most problems for participants:
  - The most common answer was heroin and/or fentanyl, and a few reported cocaine or meth
  - Issues caused by drugs: overdoses, experiences of withdrawal, mental and physical health impacts, strained relationships, financial burden of addiction

Data from interviews

Findings: drug use

- Motivations for continued drug use:
  - To deal with trauma, stress, and other psychological issues
  - Physical addiction to opioids
  - Coping with pain from physical injuries

"But I'm not going to sit here and give you an excuse. I don't think it's - I get sad because people be like, "you just do it to get high". I don't do it to get high. […] I really be feeling like shit."

- Overdose survivor

"Just because [heroin and fentanyl] is so physically addicting that, like, I need it. And it, and or to not have it, it's like, physically, like hard. […] Like impossible to live like a normal functioning – functioning life without it."

- Overdose survivor

Data from interviews

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Findings: how people came to Boston

- More than a third of the participants in this sample were born and raised in Boston, with a few more individuals sharing that they had moved to Boston at some point during childhood
- Reasons for moving to Boston:
  - Family and relationships: for example, to be with romantic partners, to be closer to other family members, or moving due to the loss of relationships or connections (death, divorce, breakups)
  - Access to services and resources around healthcare and other areas, including treatment for substance use disorder

Data from interviews

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Findings: history of homelessness

- Several participants reported that they had been kicked out, or otherwise had to leave their last housing situation
- Some became homeless after leaving a treatment program, correctional facility, or medical care
- A few participants reported being kicked out or leaving homes they lived in with family members or spouses, highlighting the ways in which relationship issues can contribute to homelessness

Data from interviews; note that we did not specifically inquire about how participants become homeless, but some chose to share this information during the interview

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Findings: sources of support

- Most people had at least one person/place they go to for support
  - Family (including spouse/partner)
  - Program or medical staff
  - Friends
  - One participant said church
- Five participants said that there was no one they go to for support, although one of these participants said that they turn to God
- Many participants said that their support people understand or encourage using medications for opioid use disorder (MOUD) treatment; however, a few shared that their family or friends do not support using MOUD

Data from interviews

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Findings: sources of support

"They (family and partner) have always been very supportive of me, in my corner."

- Overdose survivor

"I go to God. I don't really have anybody. So, I don't really have any support. Even my family, my mom's an addict. I don't have anybody."

- Overdose survivor

"[People who I go to for support] judge me in a negative way [for using MOUD]. It's not their life. It's my life and I want to do what's best for me. I'm 35, I've got [two children]. Who need me to straighten up, man and support her and I'm talking emotionally, mentally, every which way really, on top of financially, man. Be a dad, be a father."

- Overdose survivor

"Like always family is very supportive [of MOUD], any way that I decide to walk away from these choices, they will support me."

- Overdose survivor

Data from interviews

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Findings: impact of COVID-19 on support systems

- Several people said that the pandemic did not impact how they received support
- Others spoke about not being able to access programs and other resources due to closures and restrictions, and not being able to see those they receive support from
  - Some specifically referenced group meetings as a type of support that was impacted by the pandemic

Data from interviews

Findings: impact of COVID-19 on support systems

"Impacted everything. Right now, I got this problem, my food stamp card. I can't even get it because I can't get my card. Every time I call over there, they send you to this machine, record, whatever talking and all, office is close. I can't get my card. I can't do nothing like this COVID thing has shut down many places. You can't get things done. Things are limited by hours, certain days or certain things. It's bad, it's bad."

- Overdose survivor

"You know how it was a ghost town (at the beginning of COVID-19). Nobody didn't know what to, you know we were all lost in the pandemic. But things are slowly starting to come back which is good. I can't wait till they start, you know like I said, I'd rather go to an AA meeting, an NA meeting and talk about it, than be like on TV you know?"

- Overdose survivor, referring to Zoom/remote meetings

Data from interviews

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Findings: perspectives on the Engagement Center (EC)

- The Engagement Center (EC) is perceived as a safe and supportive place with important resources for people experiencing homelessness and people who use drugs
- Most participants think highly of the staff at the EC and feel safe knowing that an overdose can be reversed there
- Participant suggestions for improving the EC:
  - Art or murals to brighten the atmosphere
  - A gym and space for activities such as games or art
  - Staff could be more persistent in offering services rather than waiting for guests to ask.
- A few people expressed a desire for more programs like the EC

Data from interviews; note that many of the participant interviews occurred at the EC, reflecting a potential positive bias resulting from sampling those actively seeking out EC services and space

Findings: perspectives on the Engagement Center (EC)

"...this place really is – it's amazing. People think it's like – people that don't know anything about it, they look at it from the outside and they think it's like, a negative – negative thing, but these people are amazing. They help you get to detox. They support with food, places – a safe place for you to go. For instance, they – there's been zero people who have died out here. And you imagine how many people that would have died if these nurses weren't running around and Narcanning people and people weren't using in a safe environment and watching each other's backs? I could only imagine how crazy spike in numbers there would be, you know? [...] So if there were more places like this around it'd be – it'd be a good thing."

- Overdose survivor

"Yeah, because the staff is great. It's safe. I feel safe here. I get to take a good sleep because I'm up all night. I sleep really good here."

- Overdose survivor

Data from interviews

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Findings: perspectives on the Mass. and Cass area

- Feelings about the concentration of drug use in the area
  - A few participants said that this is appropriate because it keeps drug use away from the broader community
  - Others described feeling uncomfortable with the high level of open drug use in the area
    - Some felt that this make it difficult for those who are trying to stop using, and a few expressed that there should be consequences for using drugs in public

Data from interviews

Findings: perspectives on the Mass. and Cass area

- Safety
  - Even though there was some discomfort with public drug use, several participants felt that it was important to have a safe place for people to use drugs
  - Some described feeling safe in the Mass. and Cass area because of the proximity to staff who can reverse an overdose
  - One person shared that they feel a certain sense of safety knowing that they are unlikely to get arrested, even though there is still a high risk of being robbed in the area

Data from interviews

Findings: perspectives on the Mass. and Cass area

"I wouldn't want them to come to Mass Ave man, because once they come to the Ave, whatever you've done to be sober, it's going to be a harder fight to maintain sober over the year."

- Overdose survivor

"You know what I mean, this is not okay for people to be getting high like they're doing around here, because it's not doing nothing but making people more homeless, and I'm noticing more and more people are coming."

- Overdose survivor

"And that's what I respect about Mass Ave. It's safe for me, because I know that can happen, and I know the odds that you know, me getting robbed is high. I know the odds of me getting arrested is slim, and I know that me dying is here or there, you know. I know what's going on over here and that's what makes it safe."

- Overdose survivor

Data from interviews

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Findings: perspectives on the Mass. and Cass area

- Programs & services
  - Many participants stated that there are plenty of programs and services available in the Mass. and Cass area for people who want to get treatment or other support
    - Some specifically referenced the resources available at the EC
  - While some indicated that access to services is easy, two people noted that it can be hard to get a bed in a program during the winter when many homeless people are seeking services

Data from interviews

Findings: perspectives on the Mass. and Cass area

"And it takes a little while, but once you've been out here long enough, you know that there's a lot worse places to be homeless. And Boston, in particular has so many resources that it is ridiculous."

- Overdose survivor

"You can't just call and expect to get a bed when it's three degrees out and then there's three million homeless people out that are trying to get treatment."

- Overdose survivor

Data from interviews

Findings: perspectives on the Mass. and Cass area

- A few participants described how they contribute to the community by doing things like cleaning up around the area

> *"I will sweep. I will work an entire day from sunrise to sundown sweeping and cleaning anything I can as long as we have a little unity. Me and four or five guys we will clean this whole place and the entire Mass Ave strip upside down spotless, but that only is going last 12 hours. As soon as nighttime comes and all homeless pile up on that highway that cleanliness is gone and it is trashed blatantly and it hurts me and it makes me furious, but it's like, honestly, I don't blame them."*
>
> - Overdose survivor

Data from interviews

Findings: perspectives on housing

- Many participants expressed that they need stable housing and want to get off the streets, and how housing security is critical to being able to stop using and prioritize SUD recovery
- A few shared that it has been difficult for them to prioritize getting housing, for various reasons:
  - Mental energy required for housing search
  - Difficulty completing housing applications when addiction has a hold over their life
  - Being unable to find housing close to the city
- A few participants also spoke about how hard it is to get housed and how with so many people in need, the wait time can be very long

Data from interviews

Findings: perspectives on housing

"I know people that have been on the streets and they've died out here waiting for housing, like, I don't want to be one of those people that are waiting at 50 years old still"

- Overdose survivor

"I think that's the most important thing to recovery is knowing you have a safe place to go every night."

- Overdose survivor

"It's just gotten to the point where I really don't care anymore. I'm so used to this. That being homeless isn't really that big of a deal to me."

- Overdose survivor who turned down an SRO placement due to its location

"I know how to stay clean, I need to, I need to put the things in place to allow me to stay clean, being on the street is not going to make me or help me to stay clean like that's for real"

- Overdose survivor

Data from interviews

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Findings: perspectives on local shelters

- Many participants spoke of shelters in negative terms:
  - Rudeness and disrespect from staff
  - Dissatisfaction with facilities (participants used words such as “grimy”, “disgusting”, “gross”)
  - Lack of privacy or freedom
  - Two people compared shelters to jail, and two described feeling unsafe there
- Although most people were critical of shelters, two said that they have good relationships with shelter staff, one noting that they go to a particular staff member for support because this person is in recovery

Data from interviews; this report intentionally focuses on the sample of study participants who were living on the street and choosing not to utilize local sheltering options. As such, their views constitute a likely biased subset of those who have utilized the sheltering system.

Findings: perspectives on local shelters

"I don't stay in the shelters cuz they're grimy. I'd rather sleep outside. Make my own shelter, you know?"

- Overdose survivor

"Oh, they treat you like you're an animal, or like you're in jail."

- Overdose survivor

"I'd rather be out here than in the shelter dealing with the staff members any day. [...] Very rude, like name calling, you know, like junkie, like, it's bad enough for homeless and we're addicts, we don't need somebody that's supposed to be helping us have a safe, warm place to sleep and have something to eat, put us down"

- Overdose survivor

"Because I need to be fully on my toes when I go there, people steal and do all bad stuff."

- Overdose survivor

Data from interviews

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Findings: key informant perspectives

- In addition to the perspectives shared by overdose survivors living in the Mass. and Cass area, this report includes findings from key informant interviews
- Key informants include a wide range of individuals who have deep knowledge of and/or experience supporting the SUD treatment and related systems of care
- Most of the key informants interviewed spoke about housing and homelessness and how this intersects with substance use in Boston

Findings: key informant perspectives

- Stress and trauma of homelessness and life on the streets intersects with drug use and treatment
- People living on the street are focused on their immediate survival needs and safety, making it difficult to prioritize or have mental space for longer-term goals like recovery
- Housing and substance use have to be addressed together - If one is addressed without support for the other, it is unlikely to be successful in the long term

Data from key informant interviews

Findings: key informant perspectives

- Drug use is a mechanism for coping with the traumas of daily life – and it is unreasonable to expect that a person will want to eliminate this coping mechanism if their broader life circumstances are unlikely to change

> *"And I think that with the populations I work with, that are the ones that are in the most desperate need people are using because they're homeless, and they have the untreated mental health issues. People are using because they're on the street. People are using because there's no jobs."*
>
> - Key informant

Data from key informant interviews

Findings: key informant perspectives

- Key informants emphasized that housing status affects the type of treatment that will work for someone
- Outpatient treatment and treatment involving medication can be challenging to maintain for people experiencing homelessness
  - Lack of safe places to store medications or IDs
  - Some standard processes like having to wait for a call back or keeping appointments are difficult to manage for people who are dealing with multiple stressors
  - People experiencing homelessness face disproportionate barriers to accessing care via telemedicine - this population is less likely to have access to phones/smartphones and/or have safe places to store devices

Data from key informant interviews

Findings: key informant perspectives

"But if people who have severe trauma - which all of them do either before they started using drugs or after they start using drugs or both - severe mental illness, and no social supports, and no housing and all this shit going on. How do you expect them to use the same sort of coping mechanisms and skills that someone who doesn't have to deal with all of those burdens and then navigate the system accordingly? It just doesn't work that way."

- Key informant

Data from key informant interviews

Findings: key informant perspectives

- Residential treatment
  - Some people go to residential treatment programs with the primary motivation of having a safe place to stay for a while and having a break from the stresses of life on the streets
  - One key informant shared that some people do not want the loss of freedom that comes with residential programs and may prefer outpatient
  - There are gaps in the residential treatment continuum of care because patients often cannot get placed immediately into the next program
    - This leaves people without a place to stay while they wait for a treatment bed
    - Gaps are points when people are likely to relapse
    - Some people may not want to start a program in the first place knowing that this might happen

Data from key informant interviews

Findings: key informant perspectives

"You know, you're asking them to – they just were in treatment, they were just trying to get stable, and now you're asking them to be homeless again, to try to figure out where they're gonna sleep every night because yes, we have shelters, but the reality is if that – not all of our clients like to go to the shelter. Some of them may have trauma from the shelter. Some of them may not be able to go there because they got barred or some of them just don't feel safe there or some of them have too much possessions that they don't want to let go of so they're not gonna go seek a shelter where they're gonna be told, "Oh, you can't bring all of that in here." So, now they're back into survival mode. And survival mode, you know, can mean a lot of different things and looks differently for people."

- Key informant

Data from key informant interviews

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Recommendations from key informants

- Developing a more connected/coordinated residential treatment system where people can go from one step to the next without interruption
- Models that include housing combined with substance use disorder treatment and comprehensive wraparound supports (including linkages to mental health care, job support services, etc.) - such as housing first/supportive housing models paired with outpatient treatment and case management, or longer-term residential programs that include pathways for people to get housed by the end
- Having secure storage areas for unhoused people to keep their belongings

Recommendations from key informants

"Any kind of case management services is useful to people, and people have various needs. I mean, I think comprehensive approach to case management where you try to meet people's needs and support. The problem is that we have - this fucking town has a thousand housing case managers and one apartment."

- Key informant

"I think the thing that BSAS could fund would be longer term residential treatment with more aggressive pathways into housing. So, that I can really say to people, "If you go to this program, you'll eventually find yourself in housing." I can't say that to people now."

- Key informant

Data from key informant interviews

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Recommendations from overdose survivors

- Overdose survivors shared a wide range of experiences and individual needs and priorities
- Long-term sustainable solutions will require different sectors to work together to create multiple accessible pathways to recovery that address complex and intertwined challenges
- While there is no one-size-fits-all solution, overdose survivors shared many suggestions that could make a difference for them

Data from interviews

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Recommendations from overdose survivors

- More staff with shared lived experience of addiction and/or homelessness
- Service planning that is more centered on the priorities and goals of people who use drugs
- Reducing stigma around homelessness and addiction
  - Significant stigma remains in the treatment, medical, and other related support systems
  - Participants spoke about receiving poorer quality care because of their addiction and housing status, and felt that they are looked down upon by staff at some programs.
  - Participants expressed that it is important to be treated with respect

Data from interviews

Recommendations from overdose survivors

"Yes. Some more conditioning needs to happen with the staff, and re-training for purpose, principle, and moral belief. We aren't robots, we can change and we will change, you know what I mean? And so we just have to help the helpers learn how to help us. A lot of them around here blind to the fact they're sending a lot of people to help us without the proper direction, information and instruction or guidance, you know quick scenario like the helpers that are out here right now they never struggled in their lifetime the way any of us struggled you know they're coming from a A and B class honors student environment."

- Overdose survivor

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Recommendations from overdose survivors

"My reasons of not going to treatment is, because when you go to treatment, you're forced to do them groups. You shouldn't force people to do them groups it's not right... because some people don't want to talk about in front of 12 different people, men and women sometimes, because I don't feel comfortable doing that. But if they did one-on-ones, I'd be more prone to go to a program or even a detox. That's not how they do it, they make you go to them groups and if not, you leave."

- Overdose survivor

Recommendations from overdose survivors

- More outreach to connect with people who use drugs
- Expand existing programs in various ways:
  - Having more treatment programs and beds
  - Increasing the number of nurses, case managers and other staff
  - Increasing the length of a detox stay
  - Expanding drop-in program hours to include weekends
  - Having additional harm reduction programs similar to the EC
- More safe places to use drugs
  - Some participants felt that it was important to have safe spaces for people who use drugs to do so, but others felt that these spaces impede recovery

Data from interviews

Recommendations from overdose survivors

- Many participants shared ideas related to social determinants of health
  - Improving access to housing, educational opportunities, employment, and other basic needs are related to improving access to treatment
  - Some expressed that addressing their basic social needs and working towards non-treatment goals are critical for them, and sometimes more important than getting into a treatment program and reducing or stopping drug use

Data from interviews

Recommendations from overdose survivors

- Recommendations related to social determinants of health:
  - Housing: Expand access to long-term stable housing and improve quality of existing shelters
  - Employment: Provide pathways to employment for people who have substance use disorders
  - Other needs:
    - Provide educational opportunities such as GED or college classes for people in the Mass. and Cass area
    - Increase access to transportation, gyms, clothing resources, food resources, and bathrooms

Data from interviews

Recommendations from overdose survivors

"I know, a lot of addicts out here lose their shit gets stolen. Like, I don't know, this is probably farfetched. But if there could ever be an opportunity to get a bag with like, you know, essentials like underwear, bra if someone is going to go to rehab so that they don't have to… You know what I mean?"

- Overdose survivor

Regarding public bathrooms for homeless people to use: *"Why they don't do that type of stuff in Boston it baffles me, but then they want to bring on the news every day about how people are selling their condos away, because of all, the human poop, but come on, man you're treating us like animals where are we supposed to poop?"*

- Overdose survivor

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Recommendations from overdose survivors

- It is important to note that about a quarter of the participants said that on some level the current treatment systems does not need to be changed or improved
- A few participants said that they don't think anything needs to be changed at all, and a few others offered some suggestions but also noted that while improvements can be made, success at the end of the day is up to the individuals being "ready" to go to treatment

Data from interviews

Conclusion

- Elevating Mass. and Cass area homeless community member voices offers an opportunity to learn directly about their needs and recommendations for potential system enhancements
- The authors of this report hope these insights enrich the policy discussions and decisions impacting people's lives
- While an immediate short-term goal is to help those living on the streets secure healthier housing options, longer-term success for these community members will require coordination of sustained services and a care delivery system that addresses the complexities of their needs on an individual basis

For more information

Ranjani Paradise
Director of Evaluation
Institute for Community Health
rparadise@icommunityhealth.org

Dan Dooley
Director, Research and Evaluation Office, Boston Public Health Commission
ddooley@bphc.org

Appendix 1: participant inclusion criteria

- Overdose survivor inclusion criteria for overall BOLTS study:
  - 18 years of age or older
  - Spent the majority of the last 30 nights in Boston
  - Experienced an opioid overdose in the past three months
  - Identifies as Black, White, or Hispanic/Latinx
  - Able to converse in English or Spanish
- Purposive sampling to recruit approximately equal numbers of participants across racial/ethnic groups (Black, White, Hispanic/Latinx)

Appendix 1: participant inclusion criteria

- Key informant inclusion criteria for overall BOLTS study:
  - 18 years of age or older
  - Having experience working with Boston residents who have opioid use disorder
- Purposive sampling to recruit participants across a range of organizations and roles
  - Organizations included Boston Fire Department, City of Boston, community health centers, drug user organizations, emergency services, harm reduction programs, homeless shelters, hospitals, and substance use disorder treatment programs
  - Roles included advocates/activists, MDs, first responders, leaders/policy makers, licensed and unlicensed service providers (front line and managers)