CTN-0107
Peer Intervention to Link Overdose Survivors to Treatment

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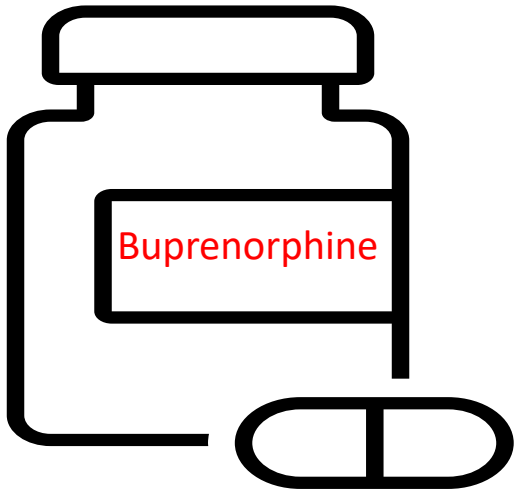
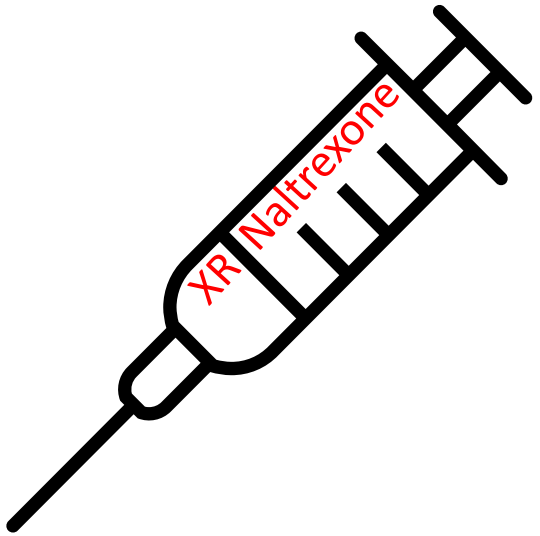
Study Rationale and Overview

Study Rationale

- Nation's multi-pronged response to the opioid crisis
- One major emphasis = Improving access to care for Medications for Opioid Use Disorder (MOUD) across treatment settings





Study Rationale

Development of on-demand treatment for OUD in the ED~2015

Increased MOUD access *for those interested in MOUD*

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence

A Randomized Clinical Trial

Gail D'Onofrio, MD, MS, Patrick G. O'Connor, MD, MPH, [...], and David A. Fiellin, MD

RESULTS

Seventy-eight percent of patients in the buprenorphine group (89 of 114 [95% CI, 70%-85%]) vs 37% in the referral group (38 of 102 [95% CI, 28%-47%]) and 45% in the brief intervention group (50 of 111 [95% CI, 36%-54%]) were engaged in addiction treatment on the 30th day after randomization ($P < .001$). The buprenorphine group reduced the number of days of illicit opioid use per week from 5.4 days (95% CI, 5.1-5.7) to 0.9

JAMA. 2015 Apr 28; 313(16): 1636–1644. Author manuscript.

Randomized Controlled Trial > J Subst Abuse Treat. 2020 Mar;112S:73-78.
doi: 10.1016/j.jsat.2020.02.007.

Implementation of emergency department-initiated buprenorphine for opioid use disorder in a rural southern state

Carolyn Bogan [1], Lindsey Jennings [2], Louise Haynes [3], Kelly Barth [4], Angela Moreland [5], Marla Oros [6], Sara Goldsby [7], Suzanne Lane [8], Chanda Funcell [9], Kathleen Brady [10]

Conclusion: With adequate resources and institutional support, implementation of evidence-based quality improvement initiatives focused on OUDs are feasible and enhance linkage to evidence-based treatment in a rural Southern state. Lessons learned from this implementation study can be used to guide future CTN studies focused on ED settings.

Lessons Learned

Overdose survivors in the ED:

- Don't all have OUD
- Have just experienced precipitated withdrawal
- Aren't all ready for treatment
- Are less likely to engage in the ED
- Are less likely to be interested in ED MOUD treatment
- Are highest risk for OD in the next month-year

Evolution of Peer Recovery Movement – focus on ENGAGEMENT

Randomized Controlled Trial > Drug Alcohol Depend. 2020 Oct 1;215:108234.
doi: 10.1016/j.drugalcdep.2020.108234. Epub 2020 Aug 23.

Inpatient link to peer recovery coaching: Results from a pilot randomized control trial

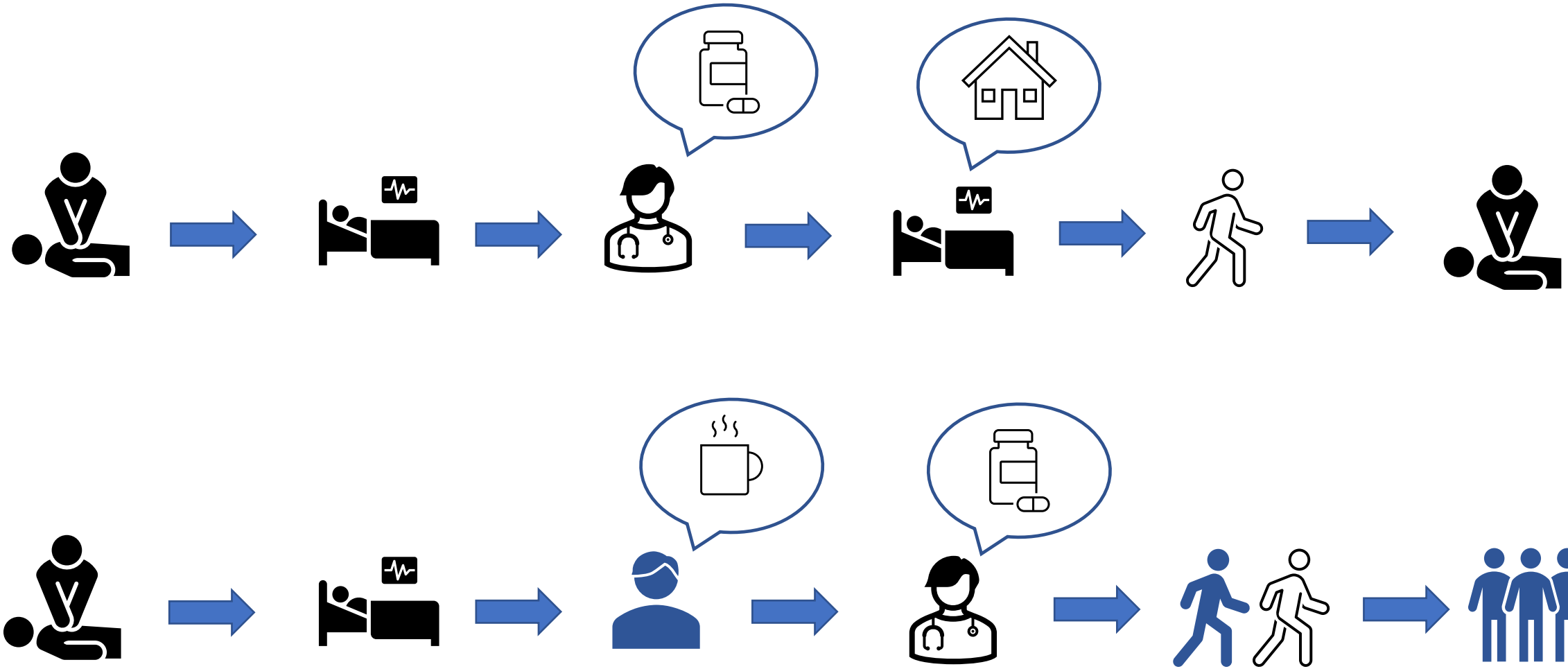
Kaileigh A Byrne [1], Prerana J Roth [2], Krupa Merchant [3], Bryana Baginski [3], Katie Robinson [3], Katy Dumas [3], James Collie [3], Benjamin Ramsey [3], Jen Cull [3], Leah Cooper [3], Matthew Churitch [3], Lior Rennert [4], Moonseong Heo [4], Richard Jones [5]

Results: Engagement rate over the six-month post-discharge time period was higher for participants in the recovery coaching intervention (84 %, 95 % CI: 78%-91%) compared to the standard of care control condition (34 %, 95 % CI: 25 %-44 %), log OR = 28.59, p < .001. No overall group differences in substance use frequency (p = .80), self-reported physical (p = .69) or mental (p = .89) health were observed.

Conclusion: An inpatient linkage to recovery coaching services improves engagement rates and can feasibly be implemented in a single-center inpatient service. This intervention is promising for

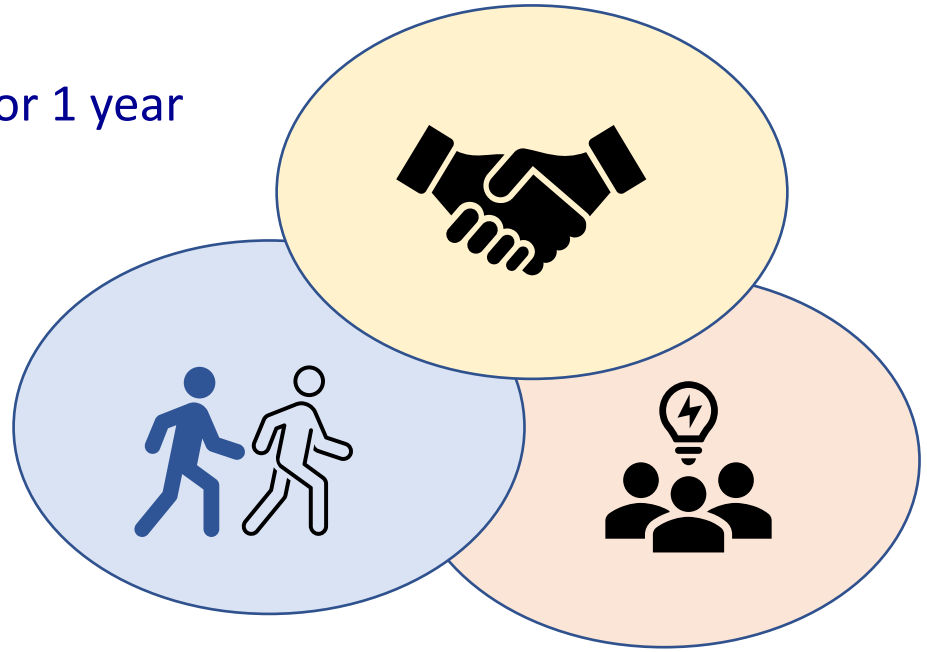
CTN-0107 PILOT

Realization: We need to do something different for OD survivors



Study Rationale

- FAVOR Greenville translated the inpatient model to a peer-based intervention focused on OD survivors in ED
  - Simultaneously with other programs around the country
  - Peer Specialist met with OD survivors in the ED + followed for 1 year



Philosophy:

- Engagement-oriented
- Participant-directed
- Supervision-supported

- Results: Favorable acceptability and engagement outcomes
- Research Questions: Does “engagement” with Peer Recovery Specialist eventually lead to treatment, recovery, reduced OD risk?

What is the PILOT Intervention?

- Manualized adaptation of FAVOR Greenville's ED-OD Program
- Peer Support Specialists trained in overdose – meet OD survivor in ED & follow in community for 6 months

3 Key Components

Assertive Engagement

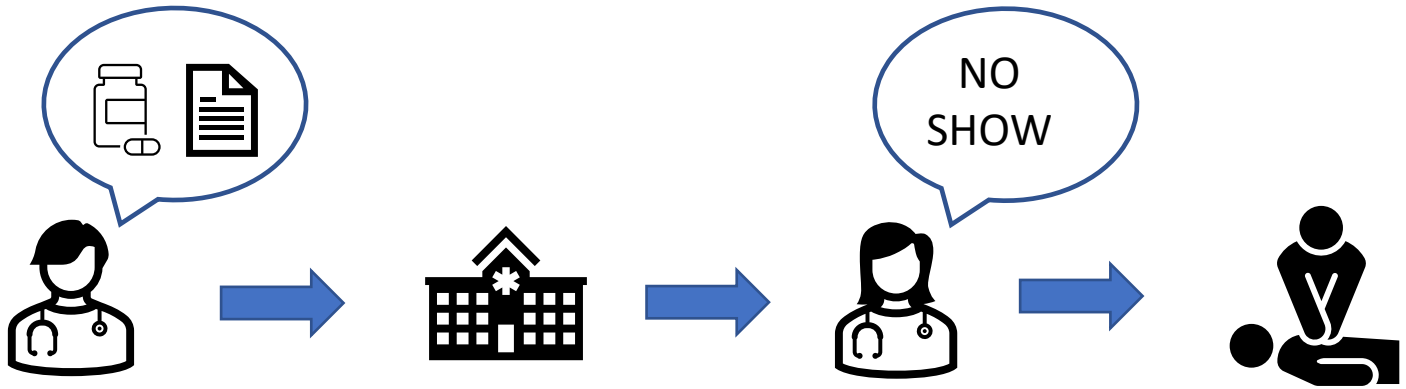
Participant-Directed Approach

Active Supervision

PILOT

Key Component 1: Assertive Engagement

- Traditional SUD treatment models:
  - Refer individual with risky substance use/SUD to treatment
  - Wait for them to arrive
  - Engagement is contingent upon coming to treatment



Key Component 1: "Assertive" Engagement

- Leverages the ability of **peer specialists** (with lived SUD experience)
  - To **meaningfully connect** using empathy, concern, & unconditional positive regard
  - To be **genuine and authentic** – "real is better than perfect"
  - To be **pragmatic and practical** in understanding an individual's priorities
  - To engender **hope and respect** for individuals with SUD/OD

Key Component 1: "Assertive" Engagement

- Meets people where they are
  - Literally
    - persistently reaching out to engage individual (while respecting privacy and boundaries)
    - meeting with individual in community
    - knowing a wide range of available community resources
  - Figuratively
    - engagement on their "journey" regardless of treatment readiness
    - no "treatment agenda" or agenda other than connection/engagement
    - understanding that many paths lead to engagement and recovery
    - recognizing and "checking" own bias and judgement
    - prioritizing what is the most important to individual for their well-being

Key Component 1: "Assertive" Engagement

- Acknowledges high risk of death from repeat overdose
  - Incorporates harm reduction and overdose prevention
  - Peer Specialists with a high level of knowledge of and engagement in community resources, able to provide "warm hand-offs"

Key Component 2: Participant-Directed

- PILOT
  - is infused with the “Spirit” of Motivational Interviewing
  - identifies areas of Value, Importance, Priority, and Strength (VIPS) within the individual
  - is pragmatic and useful in respecting participants’ priorities and goals, acknowledging “Maslow’s Hierarchy of Needs”
  - is not conditional on treatment entry or cessation of substance use
  - is respectful of worldviews, culturally responsive, and trauma-informed

Key Component 3: Supervision-Supported

- PILOT Peers engage individuals at **high risk for opioid overdose death**
  - who may be active in substance use
- The PILOT intervention is designed to be **flexible**
  - to meet the needs of individuals with varied substance use patterns, priorities and goals
  - every engagement will be different
- **Supervision is key**
  - to support Peer Specialists
    - Client-based challenges; Environment-based barriers; Personal Recovery; Grief and loss
    - Balance flexibility with structure/guardrails/boundaries
  - to learn with and from other Peer Specialists in a supportive learning community

Study Aims – Primary

- Compare the Effectiveness of PILOT vs. “Treatment As Usual” (TAU)
  - ~150 individuals admitted to an ED after an OD involving opioids
  - Primary Outcome Measure: Overdose risk behavior frequency
  - Hypothesis: Those assigned to PILOT will have a greater reduction in overdose risk behaviors compared with those assigned to TAU

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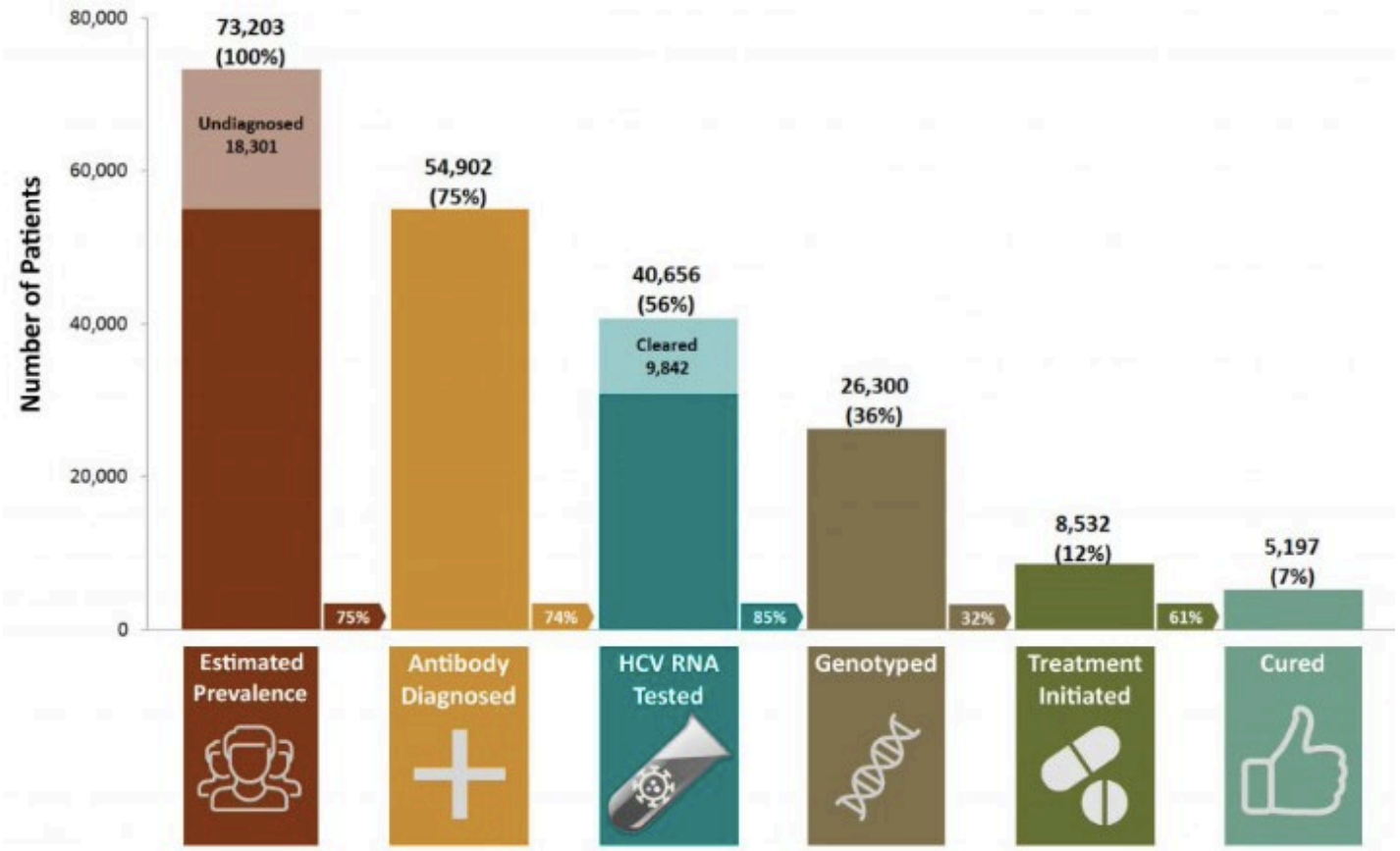
Study Aims – Secondary

Based on a modified **Cascade of Care** for SUD

Cascade of Care concept comes from other chronic diseases such as HCV and HIV

Example of HCV Cascade of Care



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Study Aims – Secondary

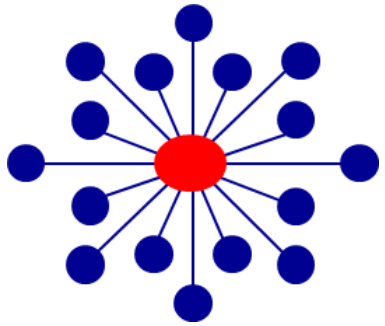
Number of steps achieved on a modified SUD Cascade of Care

at 180 days (6 months) after ED admission

CASCADE	OD Identification & Harm Reduction	Engagement in Care		MOUD Initiation	MOUD Retention			Treatment Response & Remission (6 month)		
STEPS	1 ↑ Harm Reduction	2 Any Care	3 Regular Care	4 Any MOUD	5 MOUD X 1 mo	6 MOUD X 3 mo	7 MOUD X 6 mo	8 ↓ SUD Severity	9 Early Remission	10 ↑ Recovery Score
MEASURE	Harm Reduction Checklist	Step 2-7 Assessment Form (SAF 2-7)		SAF 2-7	SAF 2-7 AND MOUD Confirmation Form			DSM 5 Checklist Toxicology screen		Assessment of Recovery Capital Scale

Study Aims – Secondary

- Engagement with the study and PILOT intervention
  - Number of patients approached/number willing to be enrolled
  - Length of engagement/enrollment in PILOT
  - Exit survey for those who decline study participation
    - Better define OD survivor population



Additional Research Questions/Needs

- Need to better describe Peer Specialists
  - What are the different functions/roles/characteristics in different settings/sites
  - Which functions/roles/characteristics predict or are necessary for improved outcomes?

- Need to better describe overdose survivors
  - How many identify as having an SUD? OUD?
  - How to assist those with accidental vs intentional fentanyl exposure
  - How to assist those with SUD other than OUD
  - Narcan reversal and MOUD induction for regular fentanyl users (may be more difficult)

- Operationalization of Peers in Medical Settings
  - Roles (varied roles across sites re: navigation, peer support, case mgmt)
  - Training/certification variability

Thank you!

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