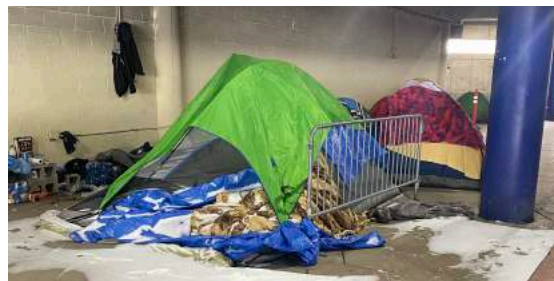


Expanding Access to Harm Reduction Services and Medical Care for People Who Use Drugs and Are Unstably Housed

Lianna D. Foster-Bey, MPH
Albert Schweitzer Fellowship Final Report
April 2022



Street Medicine is the practice of “going to the people” to provide person-centered care to people who are unstably housed. Often this means going under bridges, to local homeless encampments, in alleyways, soup kitchens, and homeless shelters to provide medical care.

Street Medicine affords health care providers and allied health professionals the opportunity to attempt to rebuild bridges with underserved, marginalized, and stigmatized populations.

Through Street Medicine we are directly able to address some of the barriers to accessing care that people experiencing homelessness face. Harm reduction is a practice that focuses on reducing harms and negative health consequences of drug use on a person- and community-level. Harm reduction can also be thought of as a social justice



movement based on the belief of treating everyone, including those who use substances, with respect. Similar to Street Medicine, this often plays out as going to the people; however, in the harm reduction realm this is through outreach or creating mobile syringe service program (SSP) or needle exchange programs (NEPs) – providing clean syringes and safe drug use supplies, being a listening ear and providing unconditional support, and helping facilitate access to treatment for drug use when requests arise. I believe that at the heart of both Street Medicine and Harm Reduction is a belief similar to Albert Schweitzer’s philosophy of “reverence for life.”

Over the past few years while helping to provide medical care through Street Medicine,



many of our patients have requested clean syringes. Though the Street Medicine teams in Detroit are certainly not opposed to providing clean syringes, this was not necessarily something we were fully equipped to provide on a consistent basis. During the height of the COVID-19 pandemic the landscape for both homeless services and substance use services changed drastically and quickly. Amidst these changes, I remember hearing about the worsening opioid epidemic and the rising death toll related to drug use and overdoses. From the culmination of these experiences, the idea of utilizing Street

Medicine as a tool to expand access to harm reduction services for people experiencing homelessness came about. While I set out with a plan and initial goals for this project, the final project evolved to meet the needs and fit the current landscape of Street Medicine in Detroit and Harm Reduction services in the area.

When I initially proposed my Albert Schweitzer Fellowship project the main goal was to create and distribute harm reduction kits to people who are unstably housed with a focus on longitudinal follow up and kit disbursement. A secondary goal I had was to provide education about behaviors and practices to mitigate risks associated with drug use, help participants

recognize and respond to overdose, and facilitate connections to treatment programs for those interested.

I started this fellowship with the idea of creating a Syringe Service Program (SSP) in partnership with Street Medicine Detroit because I thought this would allow for the most sustainable and feasible access to harm reduction supplies for our patients who use drugs and are experiencing homelessness. However, early on I learned that this required approval for a Syringe Service Program license through the Detroit Department of Health. Months of my fellowship were spent drafting a needle exchange proposal and applying for the SSP license and the various certifications necessary for license approval. After numerous correspondence with the Department of Health officials and multiple rounds of edits on the needle exchange proposal, I submitted my final SSP license application and felt great about the prospects. Thus, when I heard back from the Department of Health stating they were not approving my application for an SSP I was shocked.



This led me to pivot my goals towards partnership with a focus on finding creative ways



to provide access to clean drug use supplies to people experiencing homelessness and use drugs. We then began a partnership with Safe Point, a syringe exchange program, through Wayne Health. Safe Point has a mobile vehicle that they park at Team Wellness East Clinic and Eastern Market Clinic two times per week – Wednesdays for the former and Thursdays for the latter. During this time the primary SSP participants that they interface with are patients with

mental illness and comorbid substance use, many of whom are unstably housed. While working with Safe Point I noticed that during every outreach run numerous participants would ask for medical care or medical supplies, which the Safe Point team was not equipped to provide. Thus, this led to the formulation of a partnership with the Detroit Street Medicine teams (Detroit Street Care and Street Medicine Detroit). Once a month we began having a partnered harm reduction run at Team Wellness East Clinic where Safe Point provided safe drug use supplies and Street Medicine teams provided medical care.



Through these partnered outreach runs with Safe Point, Street Medicine teams provided care for multiple patients. Some examples of the care we provided follow. Street Medicine was able to provide foot care for five patients, respond to concerns about a growth on a patient’s neck (the growth ended up being a lipoma, a benign growth), treat a patient’s urinary tract infection, perform blood pressure checks and provide treatment for hypertension, educate on appropriate inhaler use technique, connect three patients with primary care services – one of whom was Spanish-speaking and looking for a clinic with a Spanish-speaking clinician, and provide a referral to a clinic for a gynecological concern.

Currently, once per month we have a partnered harm reduction/medical run with the



Syringe Service Program through Safe Point and Street Medicine Outreach through Detroit Street Medicine teams – Detroit Street Care and Street Medicine Detroit. Additionally, weekly throughout the month a Street Medicine medical student is present at Safe Point outreach at Team Wellness East Clinic. During this time the medical student is available for wound care, follow up with those previously seen for medical complaints, and assist with primary care clinic referrals and specialty clinic referrals. Although, this was not one of my

initial goals when I formulated my project through direct interface with harm reduction outreach team members and patients at the SSP sites, I found that directly providing medical care at SSP sites and increasing access to care was quite necessary and is a great way to help meet a community need.

At present, we are also working with another SSP in Detroit who has requested a partnership to provide medical care to their participants. We will start off by partnering for their community HIV testing events to provide medical care onsite and will also build up to providing medical care once per month during an allotted SSP outreach run. If there is a large demand for medical services we will work to expand from there.

As mentioned, one of my initial goals was to increase access to harm reduction services to people who use drugs and are experiencing homelessness. Though attaining an SSP license seemed like the primary way to accomplish this goal, we were able to meet this need through partnership with Safe Point and ACCESS Point. Both ACCESS and Safe Point have provided sustainable access to clean syringes and safe use kits that we can now provide to our patients. Pictures of the kits and a harm reduction outreach bag can be seen below.





Pictured above are safe use kits for cocaine, crack, meth, and injection drug use and a wound care kit. The Street Medicine teams harm reduction supplies and the Street Medicine harm reduction bag. Not pictured but also available are Narcan, syringes, and fentanyl test strips.

Our partnership with Safe Point, has also provided an opportunity to increase access and availability to medication assisted treatment (MAT) for people who use drugs and are experiencing homelessness. When I started this project, I did not understand the complex landscape of treatment for substance use disorders. Plus, my interaction with treatment for individuals with substance use disorders was limited to inpatient settings and acute emergent settings where patients tended to be in the contemplation or preparation stages of change.

This is not typically the case during harm reduction outreach and street medicine runs. Further,



because a tenant of harm reduction is meeting people where they, I have noticed that there is some hesitancy with bringing up treatment for substance use disorders because you do not want to be perceived as pushing treatment in a non-trauma informed manner. This is something that we have been working to sensitively navigate through our partnership with Safe Point. At present, we are in the process of creating a streamlined process to increase access to medication assisted treatment for our patients who use drugs and are experiencing homelessness. This process has been difficult to

formalize as we must consider the myriad barriers that our patients face – transportation, missing identification documents, uninsured or underinsured, lack of housing, limited medical literacy, inability to pay for medications, and competing priorities, to name a few. However, we are working to create a simple workflow to allow for increased access to treatment.

Currently, we have one patient and her partner who recently lost their home in a fire who are interested in medication assisted treatment. They are without insurance, ID, and transportation so we are working to navigate these barriers and have plans to connect her with



a health care provider who can start her on buprenorphine (a medication used to treat opioid use disorder) when she is ready. Additionally, during a recent street medicine run we transported a patient with a substance use disorder to the Emergency Room, she was admitted and underwent emergent surgery. We have been in close contact since her admission to the hospital and she recently expressed interest in treatment for her

substance use disorder. She has a long road prior to discharge from the hospital but we will help facilitate access to residential treatment prior to her discharge from the hospital, along with other coordinated services since she will be in need of prosthesis for her lower extremities and transportation to follow up medical appointments.

Through partnership with Safe Point, we have also been able to provide a large-scale training to all members of the Street Medicine Detroit and Detroit Street Care boards (30+ medical students). While we do learn about various illicit drugs, their effects on the body, and treatment for substance use disorders – we do not learn about the tenets of harm reduction nor what services are available. Thus, this training was imperative for our Street Medicine teams to understand harm reduction, the



importance of providing access to safe use supplies, and combating stigma associated with substance use. This training lasted 30 minutes and will be available annually for new board members, as our board transitions occur every year.



An additional initial goal of my project was to help increase access to Narcan, an overdose reversal agent, and provide training on how to use it. We received Narcan from ACCESS Point and will be receiving additional Narcan from Safe Point. We frequently distribute Narcan during street medicine runs and have heard on numerous occasions that folks have used it to reverse an overdose. Whenever we provide Narcan, we also provide quick training on what to look for when assessing if an overdose has occurred and education on how to use Narcan.

Another partnership that developed and evolved through my project was our work with Street Outreach Teams, a Street Medicine team in Detroit that focuses on providing medical care to people who use drugs, victims of human trafficking, women in the commercial sex industry, and homeless veterans. While there are overlapping risk factors in these populations, they also all have their own specific needs and health concerns. During my time with Street Outreach Teams we were noticed an increase in positive rapid syphilis tests. This increasing prevalence of syphilis that we saw on the street was recently confirmed by the MDHHS – when they released a bulletin shedding light on a syphilis outbreak in Michigan. With the competing needs of our patients and numerous barriers to care – particularly those faced by women in the commercial sex industry and people who use drugs – it was difficult for these patients that tested positive for syphilis on a rapid test to get into clinic for a confirmatory blood test and then subsequently follow up in clinic for treatment.

Through partnership with both the Popoff Family Health Center and the Department of Health, we have been able to create streamlined workflows that allow point-of-care blood



draws on the street, the ability to drop off the blood to run confirmatory labs through the clinic lab partner, and then our Street Medicine team relays the results to patients and provides treatment, if needed out on the street. This partnership has also allowed us to jump start the referral process to a primary care clinic that provides medication assisted treatment for substance use disorders. For patients who are uninsured, we are working directly with the Authority Health Medicaid Coordinator to facilitate insurance enrollment without delaying any necessary labs or treatment.

Feedback

We had a lot of positive feedback and excitement from the students who were involved in the training, such as those who said, “This is amazing, we really needed this” and board leadership stating “We are so excited, there is a lot of interest to help.”

We have also received immense gratitude from patients as we have provided wound care, foot care, treatment for acute and chronic complaints, and access to clean syringes and safe use supplies. The following remarks are paraphrased from numerous patients:

“I am so glad you guys found me. I was worried I was going to die down here alone. I have not eaten in days and have not been out of this spot in five days.” – said by the patient that we urgently transported to the Emergency Department. A picture of her feet when we found her can be seen below.



“Thank you so much. I am so grateful that you all come out here and see us. I really want to stop using drugs. If you don’t see me next week it’s because I went into treatment.” – said by a patient with a large injection drug use-related abscess on his hand after we drained the abscess, wrapped the wound, and started him on antibiotics.

“Thank you. I am so grateful you guys are here to help. I have been feeling so sick but I do not want to go to the hospital, I have had terrible experiences there.” – said by a patient who appeared to have an infection near the wires of his pacemaker, we encouraged transport to the hospital but he refused due to previous negative treatment he received while admitted at a hospital. He allowed us to clean the wound and redress it and provide him with food and water. On follow-up, he was much improved.

“I’ve saved multiple people with this. I’ll take some more, it’s good to have.” – said by a patient who received multiple boxes of Narcan (naloxone).

“Do you have to come out here? Like is this a requirement for school?...I can’t believe that you guys come out here to see us and provide care and supplies.” – said by a patient on our first encounter with him, he stayed in an abandoned house with multiple other people and took multiple boxes of Narcan and clean syringes to distribute to those with whom he stayed.

“I’ve had a terrible day but thank you so much for taking the time to come out here and see me. It’s amazing that you guys come out here like this.” – said by a tearful patient after receiving empiric treatment for sexually transmitted infections due to recent occupational exposure.

“I’m so grateful you guys are here, I have been so worried about my leg and wasn’t sure what to do.” – said by a patient who received wound care and antibiotics for an abscess from injection drug use.

Final Thoughts

Navigating the rapidly changing homeless services and substance use services landscapes has certainly led to difficulties, particularly amidst the COVID-19 pandemic. However, there have been numerous lessons learned and myriad accomplishments through the establishment of partnerships amongst Street medicine teams, local harm reduction services, the health department, and local primary care clinics. I am so grateful to have been afforded this opportunity to provide medical care and harm reduction services directly to people who use drugs and are unstably housed and other marginalized groups and assist in expanding access to services through strengthening partnerships in the Detroit area. Below is a brief list of lessons, as well as some of the accomplishments and works that are in progress.

Lessons Learned and Other Reflections:

- Start with a needs assessment.
- Learn about the services that are already available.
- If possible, establish a partnership.

- Understand the stakeholders and their beliefs, philosophies, and mission. Then look for common ground.
- Building relationships is imperative, particularly for those who have been stigmatized and marginalized by our conventional healthcare system.
- When the opportunity presents, always provide wound care and redress a wound (it can help build trust).
- Foot care is essential, for many people experiencing homelessness walking is their primary means of transportation. Carry clean socks to offer to folks.
- Meet people where they are. Not everyone will be ready for treatment for substance use disorder during your encounters. Regardless, they still deserve access to clean supplies, wound care, and medical care.
- Substance use and housing status are sensitive topics, inquire gently and without judgement. Even though we have safe use supplies, we need to help people feel comfortable receiving them.
- Don't miss an opportunity to talk about safe sex, provide condoms, and offer testing.
- Care for every patient and person with respect, dignity, and humility – remember Albert Schweitzer's statement of "reverence for life".

Accomplishments and Works in Progress:

- Street Medicine Detroit and Detroit Street Care partnerships with Safe Point, ACCESS Point, Detroit Recovery Project, Street Outreach Teams, and secondary exchangers.
- Medical care provision during Syringe Service Program outreach
- Access to harm reduction supplies (Narcan, condoms, clean syringes, safe use kits, fentanyl test strips) for Street Medicine teams
- Large scale board training on harm reduction for Street Medicine Detroit and Detroit Street Care
- Recorded harm reduction training available for annual training of new board members
- Sustainability of partnerships and harm reduction supply management through creation of a new Street Medicine Detroit board position – Harm Reduction Coordinator
- Narcan distribution and training to multiple patients experiencing homelessness
- Clean syringe and safe drug use kits for multiple patients experiencing homelessness
- Advocacy efforts to the Department of Health resulting in creation of a workflow to allow for point-of-care blood draws for people experiencing homelessness to test for syphilis, HIV, and Hepatitis C virus at a Wayne Health clinic site
- Partnership with Popoff Family Health Center which resulted in creation of a workflow for point-of-care blood draws for people experiencing homelessness to test for syphilis, HIV, and Hepatitis C virus
- Ability to treat for syphilis on the street once results have been confirmed via one of the aforementioned workflows
- Partnership with Medicaid Navigator to allow for assistance with enrollment into Medicaid for people experiencing homelessness
- Creation of streamlined process for improved access to medication assisted treatment (MAT) for people experiencing homelessness