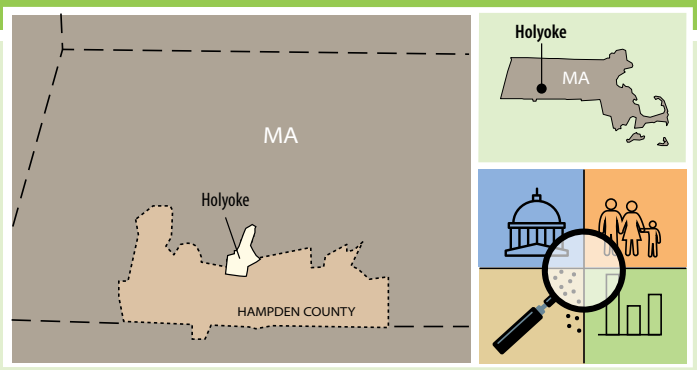


STORIES FROM THE FIELD

Providing cash stipends to peers (people with active drug use) to distribute naloxone and provide harm-reduction services within their social networks

HOLYOKE, MASSACHUSETTS

Holyoke, Massachusetts

Holyoke is a small urban community in Western Massachusetts with an ethnically diverse population of about 38,000. The largest ethnic group in Holyoke is Hispanic (52.25%), including those who identify as White (Hispanic) (38.9%), two or more race categories (Hispanic) (8.24%), and Other (Hispanic) (5.11%). This is followed by White (non-Hispanic) (41.1%) and Black or African American (non-Hispanic) (2.4%). A majority of people who identify as Hispanic are of Puerto Rican descent. In fact, Holyoke has the largest number of Puerto Rican residents per capita in the continental United States. However, only 5.8% of Holyoke's population is foreign born.

As of 2020, 78.4% of Holyoke residents were high school graduates or greater, 54.7% were employed in the civilian workforce, and 96.4% had health insurance coverage. The median income is $45,045, with 26.5% of residents living at or below the poverty level.

Author: Erin Gibson, MPH, Associate Director of Research Operations, MA-HCS

RATE OF FATAL OPIOID OVERDOSES

From 2018 to 2021, the rate of fatal opioid overdose among Holyoke residents aged 18 or older increased 71.5%, from 45.6 to 78.2 per 100,000 residents. However, the change in the overdose death rate in Holyoke varied by race and ethnicity. Among Hispanic/Latino residents 18 years or older, the opioid overdose death rate increased 249.8%, from 27.3 to 95.5 deaths per 100,000 residents. Meanwhile, both the non-Hispanic Black and non-Hispanic White populations' rates remained the same at 225.5 deaths per 100,000 residents and 54.9 deaths per 100,000 residents, respectively.

HOLYOKE COMMUNITY COALITION

Our coalition in Holyoke engaged in a data-driven decision-making process to assess existing resources and gaps in regard to reducing opioid-related overdose, including community naloxone distribution.

Challenge: How to increase naloxone distribution to people who use drugs (PWUD) not reached by current street outreach efforts

As a result of this approach, our priority was to increase naloxone distribution to PWUD—specifically to people who do not tend to access services at Tapestry Health, the community's brick-and-mortar Syringe Service Program (SSP), and were not being reached by the existing street outreach efforts. This included people who do not use opioids and might not see themselves as at risk for overdose. However, with the increasing presence of fentanyl and other illicit substances, the coalition made expanding harm-reduction outreach the priority.

Our coalition proposed a peer-based outreach strategy to reach people who

do not access services, especially those who live and use drugs in homeless encampments and who tend to avoid services because of fear and mistrust. The strategy provided weekly cash stipends to peers who were identified as people who use drugs and have access to these hard-to-reach individuals as part of their social network. In Holyoke, the peers included people experiencing homelessness, who did not speak English, or who identified as engaging in transactional sex. The coalition emphasized the importance of providing stipends in the form of cash to fairly compensate peers without stigmatizing constraints (e.g., lack of a bank account and/or identification to be able to cash a check) and to avoid formal contracting, disclosure of a social security number, or criminal offender record information.

Because of its trusted reputation and long history of providing harm-reduction services to the Holyoke community, we selected Tapestry Health to coordinate the program. Tapestry is a state-funded Overdose Education and Naloxone Distribution (OEND) program that receives funding and naloxone at no cost through the Bureau of Substance Addiction Services (BSAS) at the Massachusetts Department of Public Health.

Strategy Approach:
Coalition-driven, peer-based outreach

Tapestry Health invited interested peers to meet one on one with the Harm Reduction Specialist at the brick-and-mortar service location. During this meeting, the Harm Reduction Specialist provided an overview of the program and assessed peers' commitment to the goal of expanding naloxone distribution to people who are at risk and who otherwise might not have access. Originally, peers signed up to distribute naloxone for a 4-week period. However, peer feedback recommended a shift to a 1-week commitment at a time.

- Each Monday, Tapestry Health assigned peer naloxone distribution spots to the first two approved peers to arrive at Tapestry to pick up their five naloxone kits
- At the end of the week, the peers returned to Tapestry to report on their activities and receive the cash stipend of $5 per kit distributed ($25 maximum)
- Tapestry requested that peers report the number of naloxone kits distributed by week, general descriptions of where distribution occurred, and specific information for BSAS reporting

- Peers submitted this information weekly via a paper form prior to receiving their stipend payment
- Peers also shared their observed insights on the successes and challenges, and ideas to expand distribution

To provide multiple peers the opportunity to participate in this program, each peer was limited to 4 consecutive weeks of naloxone distribution, at which point they would give their spot to another peer. However, peers were welcome to reenroll with Tapestry and wait their turn to participate in the program again.

> *It is easier for the peer distributor to engage with a PWUD.*
>
> —Erika Hensel, Harm Reduction Specialist & Peer Naloxone Distribution Program Coordinator at Tapestry Health

PROGRAM COMPONENT	DETAILS
Hosting Syringe Service Program	Tapestry Health
Duration of program funding	March 2021–June 2022 (15 months)
Program Manager	Harm Reduction Specialist
Identification of peers	Preapproved list based on peer interest
Duration of peer participation	4 consecutive weeks, with option to reenroll
Cash compensation per week	Up to $25 cash per peer per week ($5 per naloxone kit distributed)
Supplies distributed	Naloxone kits
Average program cost per month	$219
Total program cost	$3,510

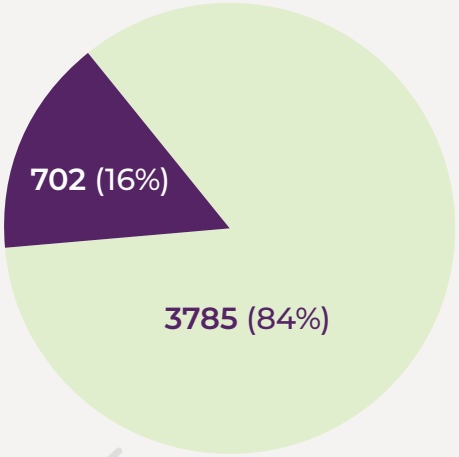
OUTCOMES AND OTHER BENEFITS

Despite staffing and operational challenges posed by COVID-19, Tapestry Health's program to invite peers to distribute naloxone to hard-to-reach individuals who were at high risk engaged an average of five peers per month. The peers' efforts resulted in 702 naloxone kits distributed over 15 months (March 2021–June 2022), equaling 16% of the agency's total naloxone distribution.

Monthly counts of naloxone kit distribution ranged from 10 to 85 kits during this time, with an average of 44 kits per month. Past research in Massachusetts has shown that annual OEND training of >100 potential overdose bystanders per 100,000 residents was associated with a 46% reduction in the opioid overdose death rate compared to communities that did not implement OEND training strategies.

This program achieved a naloxone distribution rate of 109 kits per 100,000 residents, indicating a potential to achieve clinically meaningful reductions in opioid overdose deaths.

Holyoke's Naloxone Distribution, March 2021–June 2022



> *Ninety-five percent of the peer distributors are homeless and I did not want to create further barriers for them. Also, I believe that people should be paid cash for their work, and they did not want a gift card where their earned money was limited.*
>
> —Erika Hensel, Harm Reduction Specialist & Peer Naloxone Distribution Program Coordinator at Tapestry Health

TIPS FOR YOUR COMMUNITY

- **Engaging and providing a stipend for peers** to distribute naloxone and provide other harm reduction services to hard-to-reach populations at high risk in their social network is a feasible, effective, and low-cost approach.
- PWUD have a long history of caring for each other. Given the opportunity, they are willing and uniquely effective at reaching and providing **harm-reduction materials** to their peers at high risk.
- **Cash stipends** provide an accessible, equitably available form of compensation that shows respect for peers' autonomy and unique expertise.
- **Securing long-term funding** for novel naloxone distribution models can be challenging.
- Coalitions seeking funding support for naloxone may **consider collaborating** with local agencies, with OEND programs, and other state funding, such as departments of public health.

Local artwork in Holyoke honoring Tim Purington, public health advocate and a driving force behind harm reduction programs for drug users, such as the first needle exchange program in Western Massachusetts. The mural represents the Holyoke community's strong commitment to harm reduction and care for people who use drugs.