A new lifeline for addiction treatment

The coronavirus has sparked innovations in care that many hope will outlast the pandemic.

Site coordinator Josh Ledesma and outreach specialist Rachel Bolton posed outside the Access: Drug User Health Program drop-in center in Cambridge. The pair deliver safe injection supplies and hygiene kits to people with addiction.

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By Felice J. Freyer, Globe Staff

Recently Dr. Jessica Taylor wrote a prescription for a patient she had never met, an act that would have been illegal a few days earlier.

The patient, homeless and addicted to opioids, had been approached by an outreach worker with a cellphone. And standing on a street somewhere in Boston, the patient used FaceTime to talk with Taylor about wanting to get back on the anti-addiction drug buprenorphine.

Such encounters, now permitted under regulations newly loosened for the coronavirus crisis, have become routine for Taylor, as the pandemic transforms addiction care in ways never seen before.

In a matter of days — in some cases literally overnight — services for people with addiction in Massachusetts have morphed from office visits to phone calls, from meeting rooms to laptops, from drop-in centers to street outreach.

The pandemic is potentially a disaster for people with addiction, whether in recovery or still actively using, because limitations on face-to-face interactions can sever them from essential services and social support. And the crisis exploded amid an already troubling situation — the unremitting high rate of overdose deaths throughout the state and an ongoing outbreak of HIV among drug users in Boston.

But the need to respond to the peril, along with the temporary easing of federal and state regulations, has led to innovations that make addiction care more accessible.

For Taylor, the medical director of Boston Medical Center's Faster Paths to Treatment program, collaborating with outreach workers (employed by the hospital and the city) has connected her with patients who would be reluctant to visit a clinic or hospital. "It's been a very exciting change for us," Taylor said.

With restrictions on telehealth lifted, outpatient treatment programs throughout the state have switched to phone calls or videoconferencing for many, if not most, patient encounters.

"I don't think anyone's ever dealt with anything like this before. We're all a little overwhelmed, but we just kind of kicked it into high gear really fast," said Colleen LaBelle, director of Boston Medical Center's Office-Based Addiction Treatment program, which serves some 800 patients.

For LaBelle's program, that meant rapidly transitioning some 90 percent of its patients from office visits to phone calls and texts, buying cheap phones for those who didn't have them.

But even amid such efforts, many may be slipping away.

Patrick Doyle, a self-described "family addiction coach" who helps people navigate addiction care and recovery, says families he's worked with for years are no longer returning his calls. And when he offered on Twitter to provide his services for free during the crisis, he got few takers.

"They're struggling on a good day," Doyle said of people coping with addiction. "All of a sudden, the stress on them is intensifying. They don't have the tools yet to cope with increased stress."

With so many aspects of society closed down, some routes into treatment are blocked.

The Gavin Foundation, a Boston addiction treatment provider, often gets referrals from the courts for people picked up for trouble-making related to addiction. But with the courts shut down, and people staying home, many may be foundering on their own, said John McGahan,

the foundation's president and chief executive. "The number of interventions we do through the courts is dramatically dropped," he said.

Similarly, High Point Treatment Center, whose services include programs for people ordered into treatment by the courts, has seen only a trickle of these so-called Section 35 patients since the virus hit. Overall, High Point is operating at 70 percent capacity, down from its usual 90 percent. Payments for services, most from the state's Medicaid program, have dropped by 20 to 25 percent, said chief executive Daniel Mumbauer.

Meanwhile, both the Gavin Foundation and High Point are finding that patients aren't leaving residential programs because they feel safe there and lack prospects for a job or apartment in a crashing economy.

The sudden disappearance of job opportunities has stymied people seeking independence while living in sober homes — private residences for people newly in recovery. Christine Driscoll O'Neill, executive director of One Life at a Time, a Weymouth job-training program for people with addiction, was in tears on a recent phone call. People can't pay the rent to the sober homes where they live and often can't even afford food, she said.

One Life has been delivering food to sober homes, and O'Neill said she paid a client's rent with her own money. "These people are still suffering, and no one is there for them right now," she said.

No one is more worried about losing track of people in need than those who serve the most vulnerable of all — those who are still using drugs, many without stable homes.

That's why every morning Rachel Bolton fills her backpack with clean syringes, alcohol wipes, antibiotic ointments, and other supplies that can prevent infections when people inject drugs, along with the overdose-reversing drug Narcan. Then the 25-year-old hops on her bicycle to search the streets of Cambridge for people who need her goods.

Keeping the mandatory physical distance, sometimes Bolton tosses a bag of supplies to a client or places it on the ground and backs away. Sometimes she even makes home deliveries ordered by text, dropping her parcel on a doorstep.

Bolton is an outreach worker for Access: Drug User Health Program, and those items used to be available at its drop-in center in Central Square, where people could also have a warm, safe place to socialize and have a hot drink. Such gatherings can't happen during the pandemic, and the drop-in center closed down.

Instead, the program went totally mobile, searching out clients on foot, by van, and on bicycle — and also distributing fliers with employees' cellphone numbers.

“We’re able to reach a lot of people,” Bolton said. “We’re getting supplies out in the world.”

Still, a number of regular drop-in clients are nowhere to be found, possibly having migrated to Boston or elsewhere in search of food and shelter.

Tapestry Health, a similar harm reduction program in Western Massachusetts, has also expanded its mobile services. “They’re reaching a lot more people than when they were just inside,” said director Liz Whynott.

But even with the success of mobile outreach, Sarah Mackin, director of harm reduction services with the Boston Public Health Commission, whose needle exchange program is now outdoors under a tent, says there are “some things you can’t replace.”

“I want to hug them, hold their hands,” Mackin said. “The inability to do that is so heartbreaking.”

Even amid such struggles, many addiction treatment providers are heartened by the fast pace of innovation — and its implications for the future of addiction care.

Emergency regulations have enabled many methadone patients to take doses home instead of visiting a clinic daily. People can now start on buprenorphine, another medication to treat opioid addiction, without an in-person doctor visit. And many places are forgoing the traditional urine tests to detect which drugs a patient has taken, a process some providers consider degrading and unnecessary.

Many see a silver lining in the pandemic: Suspending regulations, they say, provides an opportunity to show that the old rules may have served little purpose.

“It’s going to help normalize addiction care,” said LaBelle, of Boston Medical Center. “We’re treating people with respect, like [with] other diseases.”

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