Medications for opioid use disorder in the unhoused population

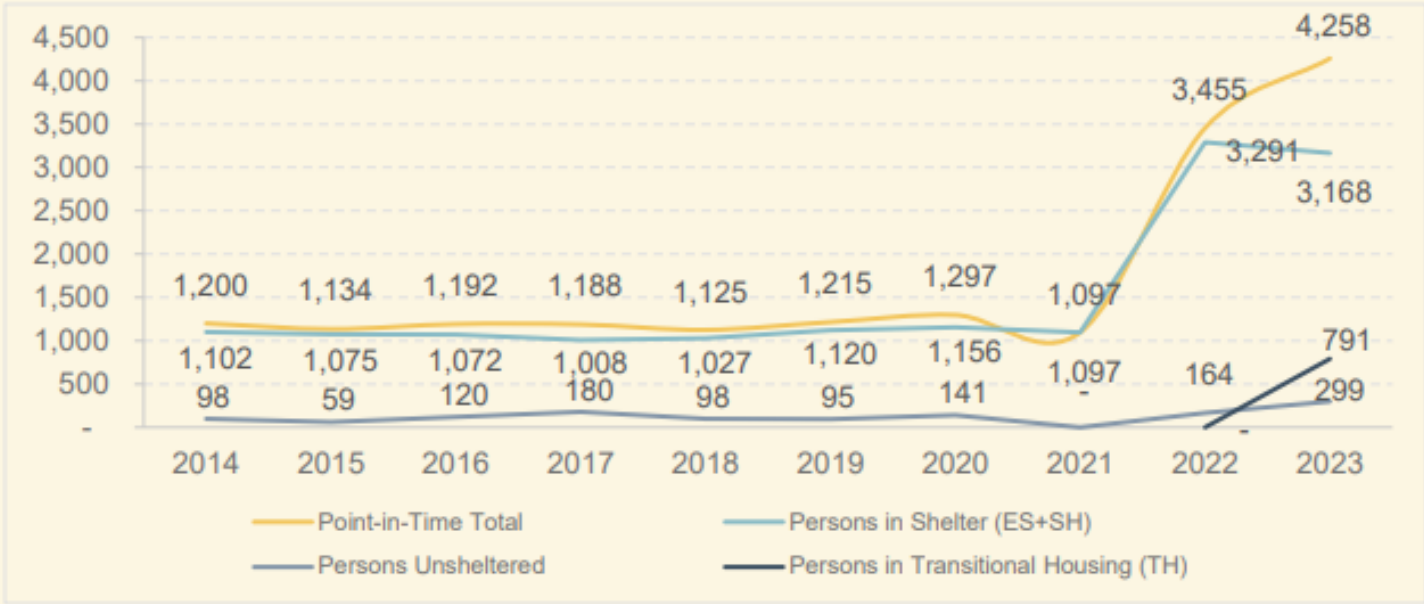
Amy West, FNP-C, CARNAP

Disclosures

I have no disclosures

Homelessness in Maine

4,258 people experienced homelessness in Maine on January 24, 2023

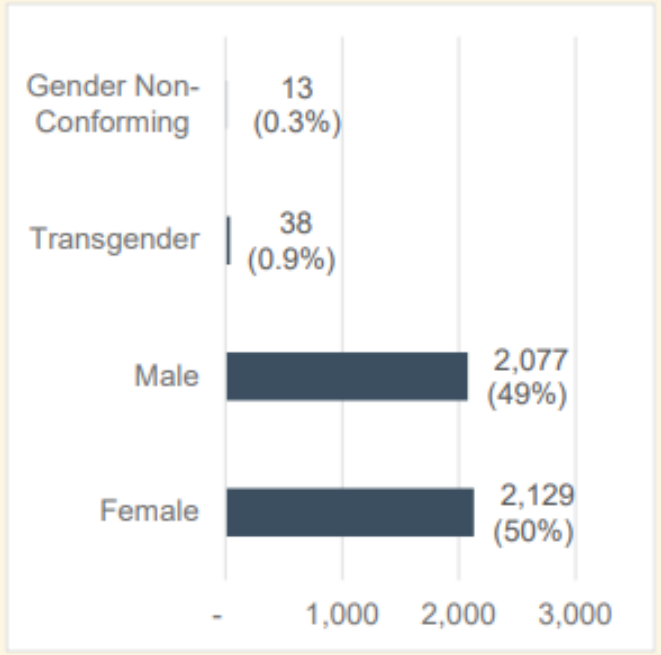


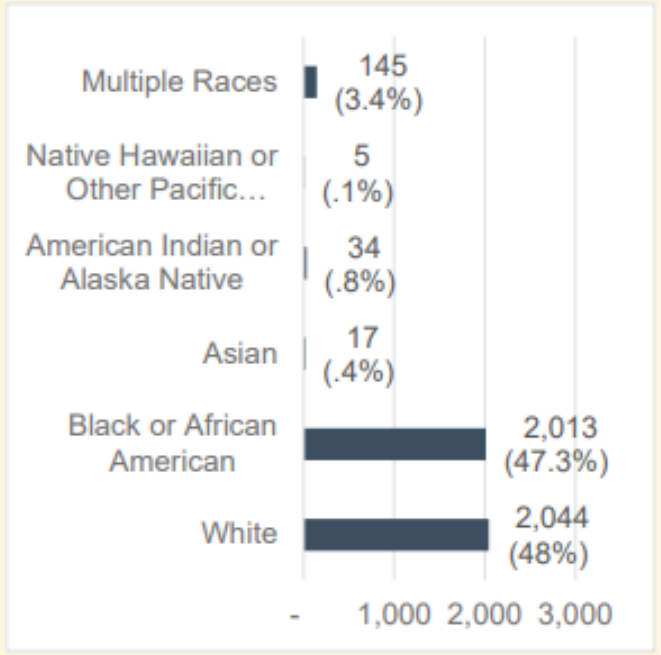
As in 2022, the 2023 count includes individuals staying in hotels funded by General Assistance and the Emergency Rental Assistance Program as well as the remaining Federal Emergency Management Agency hotel shelters that were funded under the national state of emergency, which ends May 11th. **Starting in 2023, the total also includes 791 individuals in Transitional Housing reported to the U.S. Department of Housing and Urban Development (HUD).**

2023-point-in-time.pdf (mainehousing.org)

Homelessness in Maine

Gender & Race

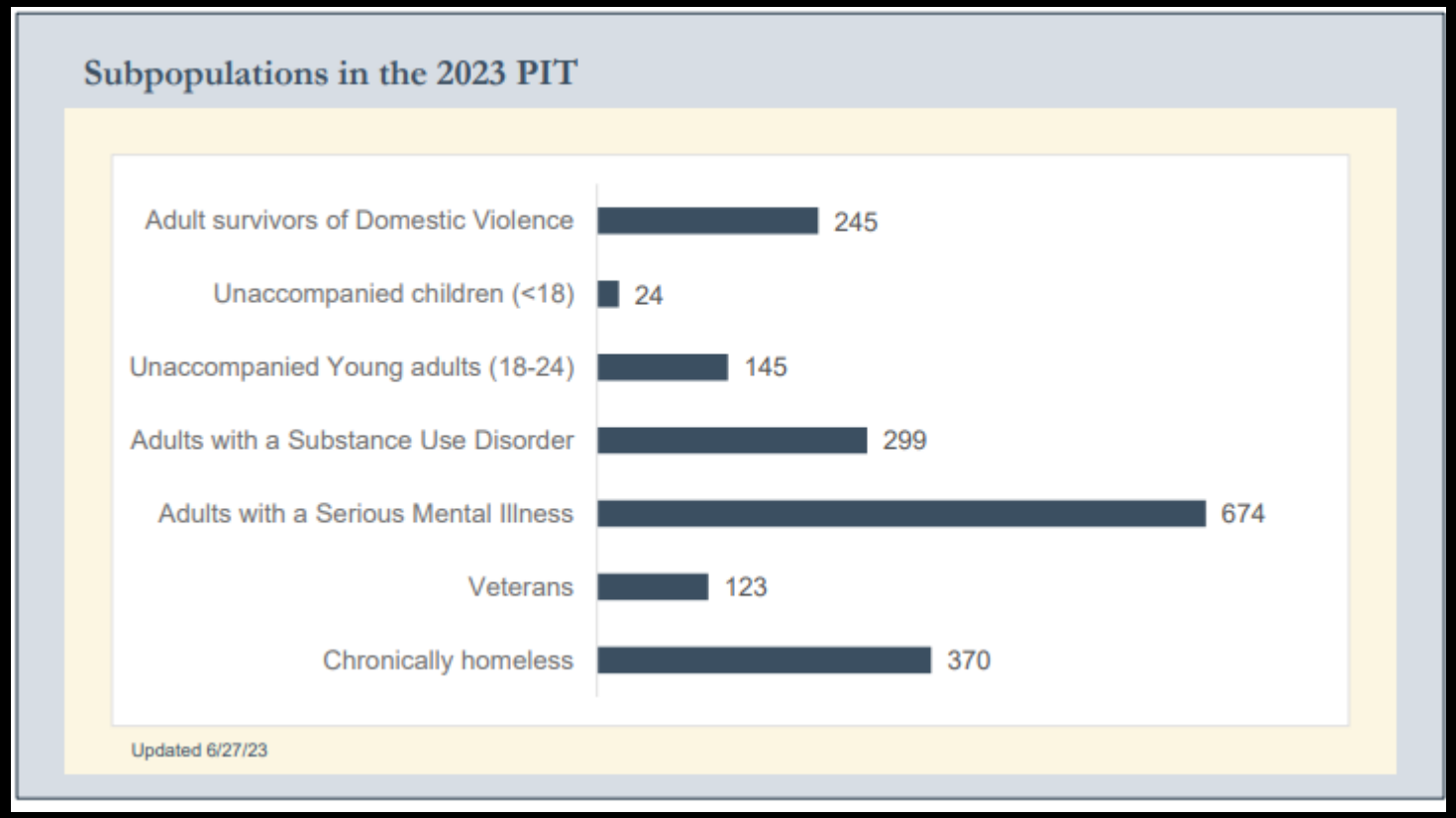




Survey respondents were more likely to be non-white as compared to Maine's population, which is 93% white. The 2023 PIT was comprised of 50% females (vs. 42% in 2022) and 52% racial minorities (vs. 40% in 2022) with Black or African American making up 47% of the PIT.

2023-point-in-time.pdf (mainehousing.org)

Homelessness in Maine



2023-point-in-time.pdf (mainehousing.org)

Homelessness in Maine: Rural Populations

- Less available housing
- Fewer treatment centers
- Harder to find job opportunities
- Fewer shelters
- Further distance between health services
- Limited or more poorly funded social programs
- This population is typically less visible
    - More couch surfing
- Outreach and engagement may look different in rural populations

Substance Abuse and Mental Health Services Administration. (2021). *Behavioral health services for people who are homeless*. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf

Social History

Housing status	**Housed, couch surfing, homeless**
Transportation Status	In need of bus tickets? Medical Transportation assistance?
Food Status	Food insecure, Electronic Benefits Transfer status (food stamps)
Domestic Violence	Current or at risk
Family status	Other SUD in the home? Children in the home? DHHS involvement? Marital status?
Legal involvement	Probation, drug court, family court, suspended license, bail
Cell Phone	Have one? Doesn't have one? Have one but no minutes? Difficult to keep one and keep one on.

Social history does (and should) impact the way we deliver care

People experiencing homelessness have higher rates of:

- Chronic health conditions
- Co-occurring health conditions
- Mental health disorders
- Substance use disorders
- More likely to experience trauma
  - this impacts the way the patient accesses care

All time greater mortality risk:

1.5 - 11.5 times greater than the general population

Substance Abuse and Mental Health Services Administration. (2021). *Behavioral health services for people who are homeless*. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf

SUD and Homelessness

- Unhoused individuals with a SUD are at an increased risk of overdose for illicit drug use
  - 1.8% risk vs 0.3% low income with housing

- Individuals experiencing homelessness over the age of 65 are more likely to have unmet needs for substance use and mental health treatment

Substance Abuse and Mental Health Services Administration. (2021). *Behavioral health services for people who are homeless*. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf

What to do

"Clinicians must know how to help individuals access federal or local benefits to improve housing stability"

- This feels like an impossible task

Address unmet social needs

- Be aware of resources in your community
  - Take a few minutes together in a visit to research together!

Substance Abuse and Mental Health Services Administration. (2021). *Behavioral health services for people who ar*Substance Abuse and Mental Health Services Administration. (2021). *Behavioral health services for people who are homeless*. https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf

Example Resource Guide

- Support Services
  - Penquis CAP
    - Emergency Rent Relief (COVID rent relief)
    - Bus Tickets
    - Heating assistance
    - Home Repair assistance
    - Family Law assistance
  - Maine State Housing Authority
    - Section 8 Housing Voucher application
    - List of affordable housing options by county
  - DHHS – online or in-person
    - Food Stamps/ SNAP/EBT
      - https://apps1.web.maine.gov/benefits/account/login.html
    - Childcare Subsidy
    - Unemployment Benefits
    - TANF
    - FedCap
  - General Assistance – Bangor (must be done in the town in which they live)
    - All adults in the household must apply in the office at 103 Texas Ave Bangor
    - Shelter Plus Care
    - Healthy Homes program
  - WIC – women who are pregnant, breastfeeding or had a baby in the last 6 months. Also eligible for children under the age of 5 including foster/adopted children
    - Food assistance
    - Nutrition education
    - Breastfeeding support
- Food Pantry
  - There are lists in each exam room
  - Salvation Army Hot Lunch: 11:45 am to 1 pm
  - Together Place serves hot lunch at noon
  - https://www.gsfb.org/covid-19-partner-agency-updates/
- Resource Hub
  - https://www.accessmaine.org
  - Shaw House for adolescent needs
- Shelters
  - Hope House
  - Bangor Area Homeless Shelter
  - Next Step
  - Emmaus
  - Shaw house (adolescent)
  - Home Inc. – shelter diversion
- Domestic Violence resources
  - Courage Lives 207-282-3351
  - Partners for Peace 207-945-5102
    - 24 hour help line 1-800-863-9909

What to do

- Concurrently treat unmanaged mental health, acute and chronic medical needs
  - Meet often to accomplish this – a little goes a long way
- Be person centered and trauma-informed
  - What are the *patient's* goals – it may not be total sobriety first

What to do

"I'm not going to work harder for their recovery than they are"

- Up to 80% of people who are homeless show signs of cognitive impairment
- People with a stimulant use disorder have worse executive functioning than those who do not misuse stimulants

What to do

Reframe your goal to retention and engagement

- This requires short-term, realistic treatment goals for that *individual*
  - This should be created collaboratively with the patient
  - Include specific milestones within a timeframe with clear rewards
    - Think contingency management (without the money)
      - Ex: Longer prescriptions

Diversion

- It may not be diversion
- People experiencing homelessness have a high risk for meds to be stolen
- People experiencing homelessness have a high risk for trafficking
- Is it for financial gain alone? Probably not
  - Check the confirmation testing

How to keep meds safe

- Frequent visits / Short prescriptions
- Patients can pick up meds daily at the pharmacy
- Long-acting injectable buprenorphine
- If true concern for diversion (adulteration is present) but they are also using illicit opioids consider witnessed daily dosing or telehealth witnessed daily dosing

Pill Counts – Do they work?

- Frequently utilized
- In the research “pill count” is poorly defined and rarely studied as a stand-alone intervention
- In one meta-analysis the authors were unable to find any studies that studied pill counts as a singular means of monitoring for diversion
  - When studies identified pill counts as valuable, they did not provide any actual supportive data
  - Studies that discussed pill counts as a component of monitoring did not produce any data or citations specific to pill counts
- There are many potential causes of inaccurate or missed pill counts that have nothing to do with diversion
  - One can be a question of if this is ethical to employ this alone given the impact on life-saving treatment and the lack of evidence to support its value

Gill B, Obayashi K, Soto VB, Schatman ME, Abd-Elsayed A. Pill Counting as an Intervention to Enhance Compliance and Reduce Adverse Outcomes with Analgesics Prescribed for Chronic Pain Conditions: A Systematic Review. Curr Pain Headache Rep. 2022 Dec;26(12):883-887. doi: 10.1007/s11916-022-01091-1. Epub 2022 Dec 2. PMID: 36459370; PMCID: PMC9716148.

Practice Evaluation

Does your practice have policies that create barriers to care that disproportionately effect unhoused patients?

What is your practice's no show/ late arrivals policy	• Phones are easily lost or stolen and require charging. The are often our calendar and clock
Required Med counts	• What does the law state vs what the research shows
Is your practice realistic with responses to diversion?	• Would the patient be able to adhere to a treatment plan change? • Are they given choices?
Does your practice require counseling?	• Consider appointment burden, transportation, etc. Especially with someone trying to find work

Questions

Amy West

Amy.west@pchc.com

207-322-7797