

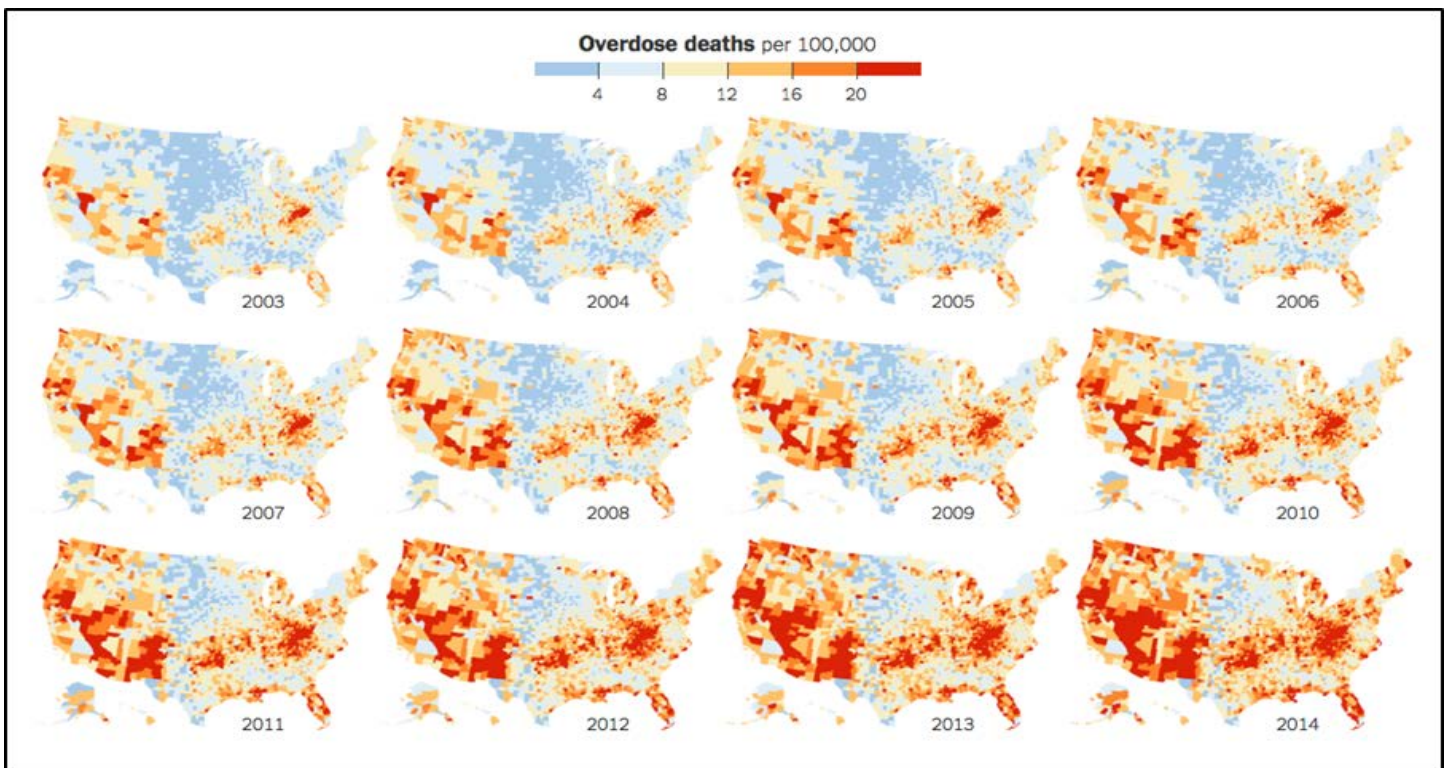
Addressing the Opioid Epidemic

How the Opioid Crisis Affects Homeless Populations

National Health Care for the Homeless Council
Fact Sheet | August 2017

The Opioid Epidemic

America is facing an opioid epidemic that has reached nationally recognized crisis levels. Currently the Center for Disease Control and Prevention cites that 142 Americans die from opioid overdose every day. Since 2000, deaths due to drug overdose in general have been steadily increasing. The heat map below indicates deaths from drug overdose have increased in nearly every county across the United States, largely due to the explosion in prescription painkiller and heroin addiction^{1,2}.



Opioids are opium derivatives and related synthetic substances that suppress pain, produce euphoria, and are employed to treat neurological and behavioral disorders resulting from opioid misuse, according to the [guidelines](#) as outlined by the Health Care for the Homeless (HCH) Clinician's Network³. Classes of opioids can be broken down into types of street drugs, opiates, methadone, fentanyl, and heroin. Alternatively, health care providers code the use of opioids using ICD-10 taxonomy as: 1) natural (morphine, codeine); 2) semisynthetic (oxycodone, hydrocodone, hydromorphone, and oxycodone); 3) synthetic (fentanyl, methadone); and 4) illicit or illegal opioid (heroin).

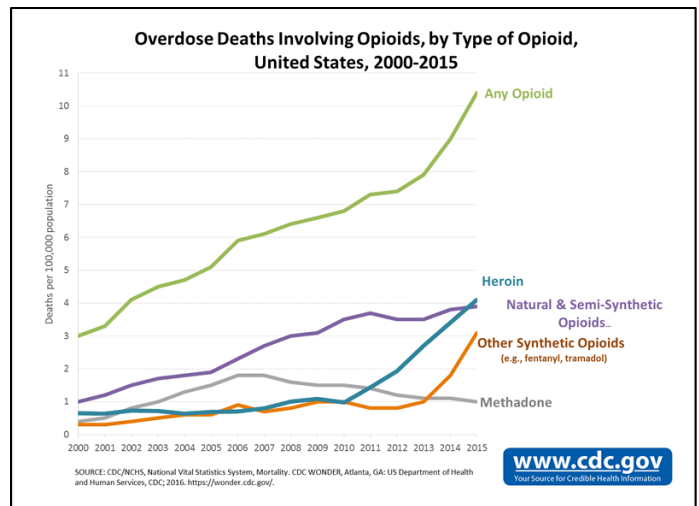
Morbidity on a National Scale

According to the CDC, of the 47,055 deaths caused by drug overdose in 2014, nearly 29,000 (or 61%) involved opioids, the highest number of deaths ever reported since this measure has been recorded². From 2013 to 2014, death by opioid overdose increased by 14 percent. Compared to 2013, this represents a 6.5% increase relative to total deaths by drug overdose. According to the [2016 policy brief](#) released by the Council on medication-assisted treatment, persons experiencing homelessness have even higher rates of substance abuse disorders, poorer health, and higher mortality rates by opioid overdose than national averages⁴.

National death rates by opioid type from 2013 to 2014 increased by: 9% prescription opioid or pain reliever, 26% heroin, and 80% synthetic opioids (fentanyl and opioids other than methadone). The figure to the right indicates the overall increase in deaths by overdose involving opioids by type from 2000-2015².

Social Determinants of Health: Increased Prevalence and Morbidity in Homeless Populations

Housing is a major social determinant of health, and lack of housing has been shown to negatively impact physical and behavioral health among individuals experiencing homelessness. Addiction can cause and prolong homelessness, and the experience of homelessness complicates one's ability to engage in treatment.



Comorbidity Factors

Individuals experiencing homelessness rarely have substance use disorders alone. The association of mental illness with substance-related disorders is well established. In a national sample, 75% of patients experiencing homelessness with a past-year substance use disorder also had a comorbid nonsubstance-related mental illness⁵. In addition to substance use disorders and serious mental illnesses, many people experiencing homelessness have acute and chronic physical health problems, and histories of trauma³. These factors combined translate into persons experiencing homelessness having higher rates of substance abuse disorders, poorer health, and greater risk of mortality.

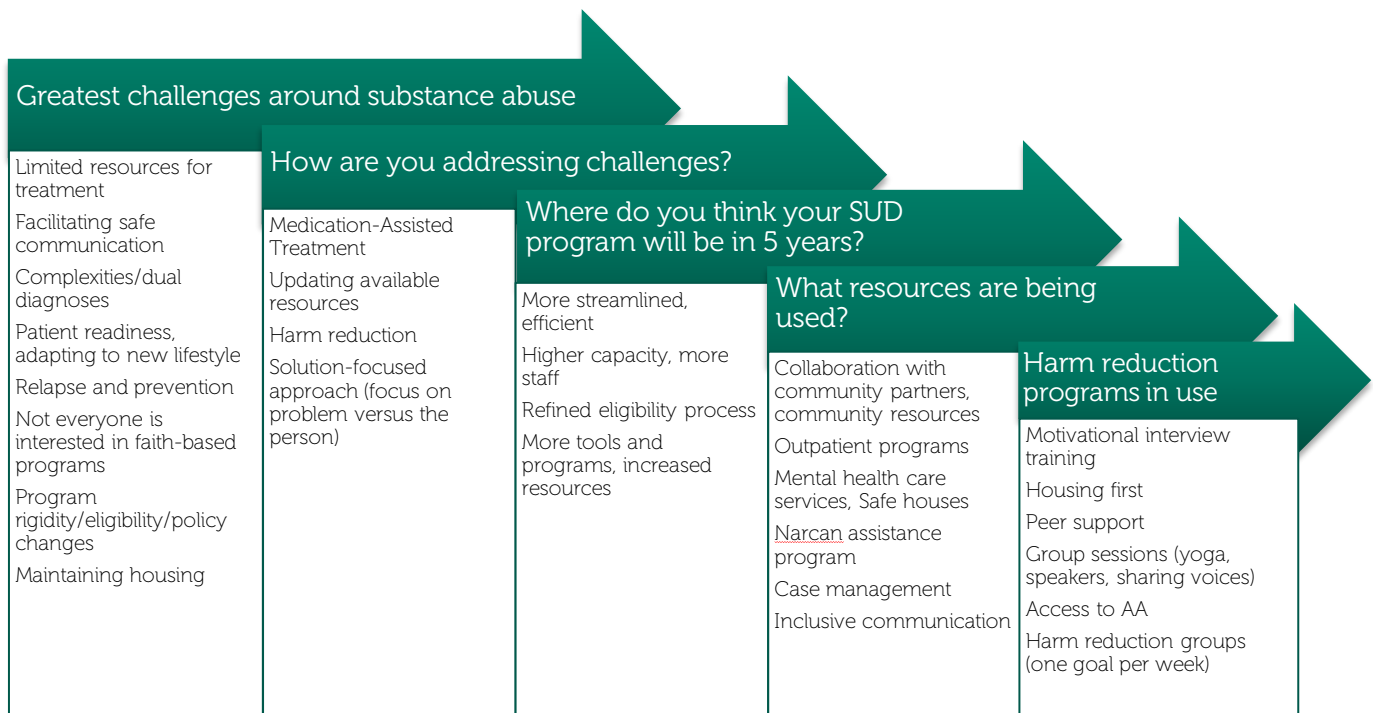
A study in Boston of individuals living on the street and in shelters reports one-quarter to one-third have alcohol use problems, while around half have used or abused illegal drugs⁶. Furthermore, opioid overdose is one of the major causes of death among people experiencing homelessness. Individuals experiencing homelessness in the study were nine times more likely to die from an overdose than those who were stably housed. Compared to 61% nationally, 81% of overdose deaths were caused by opioids among those experiencing homelessness (13% heroin, 31% opioid analgesics).

Reporting Among HCH-Funded Programs

In accordance with 330 funding requirements by the Health Resources and Service Administration (HRSA), health center grantees must report data annually to the Uniform Data System (UDS) for tracking and measurement purposes. Based on data in the UDS provided by HRSA in 2015, 840,130 patients experiencing homelessness were served by 295 HCH health centers. Of the total number of patients at the 295 HCH health centers, the total number of patients diagnosed with substance abuse disorder (excluding tobacco use disorders) was 40,591 (or 4.8%). Additionally, 117,043 patients received substance abuse services provided by HCH health centers in 2015.

Application and Treatment Outcomes

In 2016, the National HCH Council facilitated a provider-engaged discussion during its Fall Regional Training to address the opioid crisis. Participants answered questions on the greatest challenges they see for patients in reaching recovery, and discussed best practices and programs they use to connect patients with care. Below is a summary of common barriers, successes, and resources identified by the participating health care providers.



Systemic Barriers to Access and Success in Recovery for Individuals without Homes

Limited treatment options and fragmented health care delivery systems present significant obstacles to the access and utilization of health care services for people without homes with substance use disorders⁷. Several system-level barriers may hinder patient recovery and lead to lower success rates, and were echoed in the qualitative summary of the provider discussion. These barriers include:

- **Strict criteria for grant-funded substance abuse programs:** Often, policy changes or rigidity of programs could mean that patients are recommended or referred to programs that they are ineligible for, diminishing hopes for opportunities for recovery.
- **Lack of available resources or programs:** Once a patient has met all requirements; space in the programs may not be there, leading to loss of hope and distrust in the system.
- **Lack of enabling services:** These may include transportation services, lack of flexibility around work schedules, and childcare.
- **Cost of treatment:** Associated costs of treatment (i.e. copays/premiums), as well as potential loss of coverage can all present challenges to deliver care.
- **Reduced access or provision of doctor-supervised prescriptions:** Reduced dispensing of pills to treat chronic pain may also increase self-medication, or use of street drugs (i.e. heroin) for some individuals who are homeless.

Promising Practices: Access and Treatment Effectiveness

Providers also discussed common best practices and methods to address most reported barriers. All include making resources available to patients seeking recovery, maintaining access to those resources, and approaching recovery with what is best and most realistic for the patient in mind. Potential solutions to the identified barriers are listed and will require system-level changes (i.e. prescribing practices, parity laws, etc.).

- **Program requirements:** Enhanced response to crisis and support for parity laws are reasonable ways to overcome barriers related to strict eligibility criteria. It is important that there is a shift from program-first to person-first ideology, such that it is not whether the individual meets requirements,

but rather when the individual is ready, makes the decision, or self-initiates to enter a program, that it is readily accessible without inhibitions.

- **Maintaining housing and utilizing resources:** Finding or remaining in stable housing while actively using can be challenging for many individuals. The Housing First approach to establish stability is known to greatly affect health and success of recovery. Some recovery housing works with patients driving the decision-making process or living among peers. Utilizing housing case managers or continuums of care programs can help identify these types of local resources.
- **Abstinence-based vs. harm reduction treatment:** It is important to provide choice on recovery paths, and a “one size fits all” approach may introduce challenges and unsuccessful recoveries. When offering substance use programs, principles of patient centeredness, flexibility, and building trust are crucial. Programs that treat the whole person using integrated care and offer harm reduction approaches can be effective methods. When housing is unstable and abstinence may be too drastic of a lifestyle change, harm-reduction practices are an alternative option for success at recovery while living on the street. Medication-Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of opioid use disorders⁸. MAT is an evidence-based treatment model that helps individuals recover from addiction and improve health and stability. MAT also provides treatment to persons experiencing homelessness that is patient centered, integrated, and takes a harm reduction approach.

Homeless service providers are encouraged to review the following resources to gain a better understanding of the opioid epidemic affecting people without homes. Tools and strategies to address the Opioid Epidemic in the health care setting are also provided.

Resources

- Federal resources particularly through [grants available to states](#) because of the 21st Century Cures Act.
- The United States Interagency Council on Homelessness has compiled key resources, programs, and evidence-based practices into a [quick guide](#) based on key strategies.
- Decisions in Recovery: Treatment for Opioid Use Disorder. SAMHSA. <http://archive.samhsa.gov/MAT-Decisions-in-Recovery/>
- SAMHSA App to Help Treat Opioid Use Disorder: MATx. <https://newsletter.samhsa.gov/2016/11/07/matx-app-to-help-treat-opioid-use-disorder/>
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Suggested Citation for this Fact Sheet: National Health Care for the Homeless Council. (May 2017.) Addressing the Opioid Epidemic: How the opioid crisis affects homeless populations. (Authors: Brett Poe, Research Associate, and Alaina Boyer, Director of Research.) Available at: www.nhchc.org/opioidcrisis

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This project is supported by the Health Resources and Services Administrators (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09746, National Training and Technical Assistance Cooperative Agreement, for this budget year's total cooperative agreement award of \$1,625,741.00, and 0% of this total NCA project financed with nonfederal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.