



ASAM
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The Overdose Crisis Among People Experiencing Homelessness



Disclosure Information

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- No disclosures.

Session Outline

- 01 | Vignette/Picture of a Practice: Boston Health Care for the Homeless Program
- 02 | Expanding Access to Medications for Opioid Use Disorder
- 03 | Harm reduction in Shelters
- 04 | Conclusions

Annals of Internal Medicine

Overdose, Out Front

Overdose! Out front!" the shelter staff member yelled through the door of our shelter-based clinic.

We grabbed the oxygen tank and code box and sprinted out of the building to the large cluster of people who were hanging out on the corner across the street from the shelter. The stretch of street from the shelter to the two nearby methadone programs—with its crumbling storefronts and sidewalks, litter, and spotty streetlights—is known pejoratively as "methadone mile." People struggling with addiction and seeking recovery services populate the area day and night, and overdoses are common.

The crowd encircled the blue, unbreathing body. We took the last few steps gingerly, avoiding the needles strewn about.

"He just got out of prison! That's why he overdosed," offered someone.

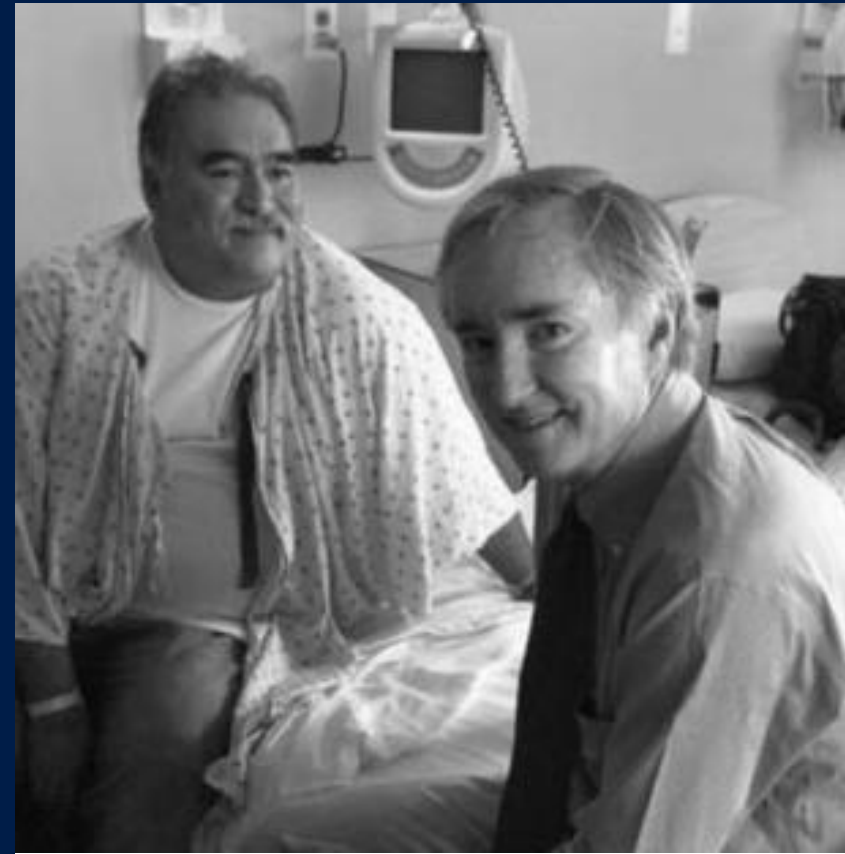
"I just gave him a dose of Narcan about a minute ago," said another bystander.

"Do you know anything about his medical history?" I asked her.

"No, I don't know him. I just saw him passed out and knew what to do."

Boston Health Care for the Homeless Program

- Founded in 1985 by Dr. Jim O'Connell with funding from the Robert Wood Johnson Foundation and Pew Charitable Trusts
- One of the largest health care for the homeless programs in the nation (~11,000 unique patients a year)
- To ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community



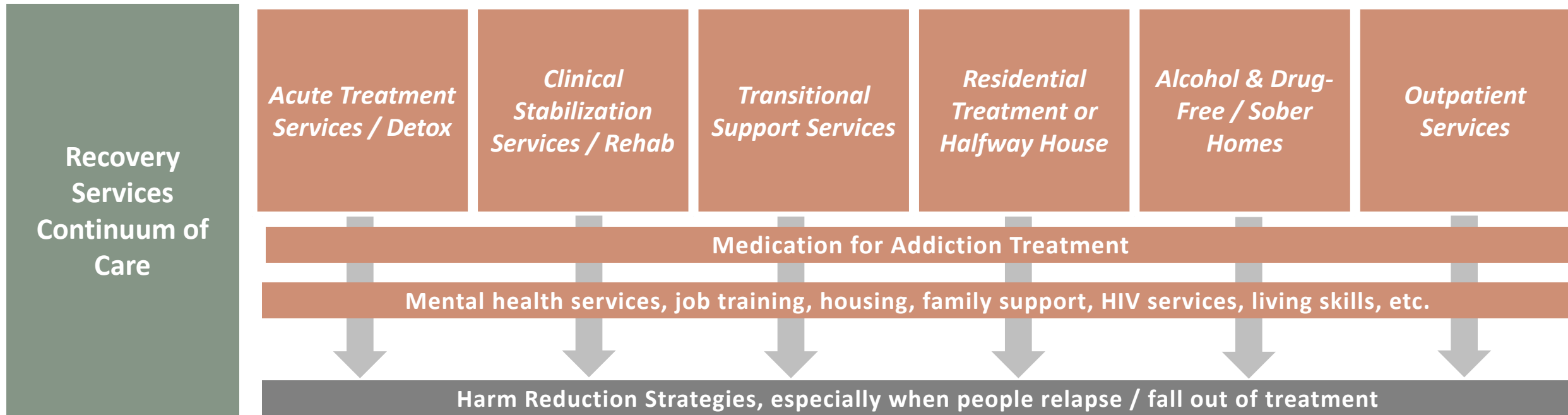
Mortality Among Homeless Adults in Boston

Shifts in Causes of Death Over a 15-Year Period

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O'Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths

Harm Reduction: A Critical Tool for Healthy Communities



A hand is shown writing on a prescription form with a pen. In the background, there is a pill bottle with a label that includes the text "Prescription", "TAKE ONE TAB", and "MOUTH EVERY". The entire image has a blue tint.

| Expanding Medication Access

Methadone & Buprenorphine are Associated with Reduced Mortality After Nonfatal Opioid Overdose

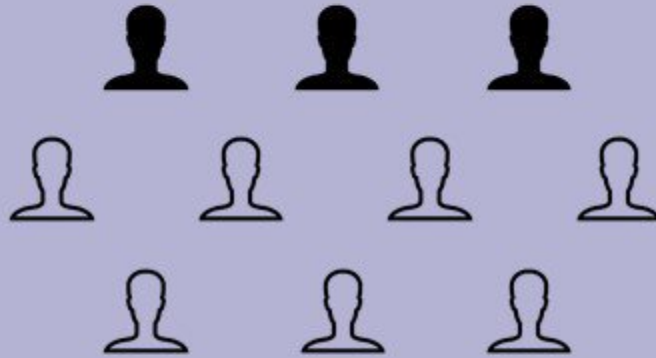
RETROSPECTIVE COHORT, MASSACHUSETTS PUBLIC HEALTH DATASET, 2012-2014

17,568 opioid overdose survivors

with ambulance or hospital encounter



Only 3 in 10 receive MOUD*
over 12 months of follow-up



*Medication for Opioid Use Disorder

Mortality at 12 months:
4.7 deaths / 100 person-yr

Association of MOUD* with mortality:

Methadone	↓ 53%
Buprenorphine	↓ 37%
Naltrexone**	↔

** limited by small sample

Larochelle et al. *Annals of Internal Medicine*. 2018.

Impact of Medicaid expansion on inclusion of medications for opioid use disorder in homeless adults' treatment plans[☆]

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Table 1

Admissions characteristics among adults entering treatment programs for opioid use in the United States before and after ACA Medicaid expansion: treatment episodes data set, 2006–2018.

	Expansion states ^a				Non-expansion states ^b			
	Homeless		Housed		Homeless		Housed	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Total admissions No.	438,967	448,573	2,570,120	2,468,843	54,179	45,704	538,679	312,979
MOUD inclusion %	16.31	26.53	33.82	44.56	7.56	10.87	17.19	15.17
Outpatient treatment %	23.05	31.13	55.00	63.21	21.85	25.08	57.29	58.01
Medicaid enrollees %	41.37	68.20	31.55	65.68	16.29	17.50	27.29	25.52

^a Data from AK, AZ, AR, CA, CO, CT, DE, DC, HI, IL, IN, IA, KY, LA, MD, MA, ME, MI, MN, NV, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VA, VT, WA, WV.

^b Data from AL, FL, GA, ID, KS, MS, MO, NE, NC, OK, SC, SD, TN, TX, UT, WI, WY.

What are the Barriers to OUD Treatment Among PEH?



Individual factors



Institutional factors



Policy factors

RESEARCH ARTICLE | VOLUME 138, 108752, JULY 2022

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“Sick and tired of being sick and tired”: Exploring initiation of medications for opioid use disorder among people experiencing homelessness

Natalie Swartz   • Tatheer Adnan • Flavia Peréa • Travis P. Baggett • Avik Chatterjee

Published: February 22, 2022 • DOI: <https://doi.org/10.1016/j.jsat.2022.108752> •

 Check for updates

BHCHP Response: Expand Access to MOUD

AJPH PRACTICE

Shelter-Based Opioid Treatment: Increasing Access to Addiction Treatment in a Family Shelter

In 2015, the Family Team at a three-month threshold because Families experiencing home-

physicians prescribing buprenorphine on-site alleviated transportation and child-care barriers, intensive case management helped families deal with competing priorities such as finding work, and therapy helped patients address comorbid mental health conditions without having

TABLE 3—Early Treatment Outcomes Among 10 Patients Enrolled in the Boston Health Care for the Homeless Program’s Shelter-Based Opioid Treatment Program: Massachusetts, 2015–2016

Outcome	Before Treatment	3rd Month of Treatment
Opioid use according to UDT test, no.	2	1
Unexpected UDT results, %	77 ^a	51
Employed, no.	1	3
Overdose, no.	4	0

Note. UDT = urine drug test.

^aAmong UDTs collected in the first month of treatment.

"It was convenient, it's literally down the hall. But they were also very helpful, too. They could kind of recognize when things were tough, and always were supportive for that, and let you know that they were there. They never made you feel like you were any less of a person because of that."

"It supports [my role in my family], because without the treatment, you really wouldn't be there for your kids, you know, you'd be out on the street trying to get your next fix."

"Well, I don't have to take mad buses and trains and be secluded around crazy people and other people that I don't wanna be around and don't wanna see."

Original Investigation | Substance Use and Addiction

March 4, 2021

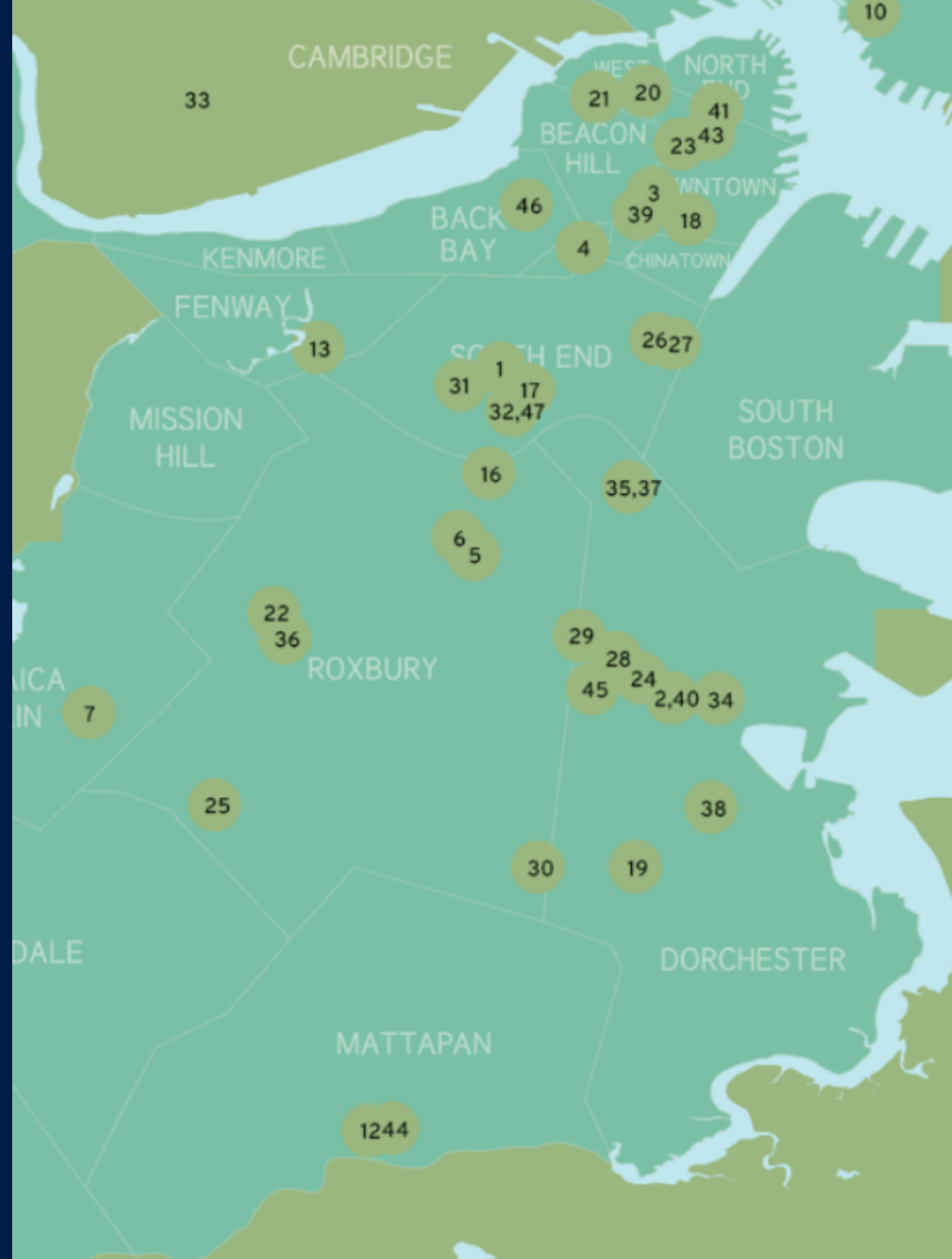
Office-Based Addiction Treatment Retention and Mortality Among People Experiencing Homelessness

Danielle R. Fine, MD, MSc^{1,2}; Elizabeth Lewis, MBA^{3,4}; Karen Weinstock, BS¹; [et al](#)[» Author Affiliations](#) | [Article Information](#)*JAMA Netw Open.* 2021;4(3):e210477. doi:10.1001/jamanetworkopen.2021.0477

sociated with increased hazard of all-cause mortality. Literal homelessness at baseline (aHR, 0.73; 95% CI, 0.54-0.98) having a first OBAT encounter at a shelter or outreach site (aHR, 0.58; 95% CI, 0.36-0.93), and past-month OBAT program attendance (aHR, 0.34; 95% CI, 0.21-0.55) were independently associated with a decreased hazard of all-cause mortality ([Table 3](#)). All variables met the proportional hazards assumption with the excep-

Expansion of SBOT Across Program

- All Family Team sites besides ones where partner organizations do not permit it
- Transition visits/Telehealth
- Adult sites as well—starting a year after FT rollout; most recently this year at Pine Street Inn



Additional Efforts to Increase MOUD Access

- Extended-release buprenorphine (Sublocade)
- Methadone: Same day starts at harm reduction housing (72-hour rule)

> [Drug Alcohol Depend.](#) 2022 Jul 1;236:109497. doi: 10.1016/j.drugalcdep.2022.109497.
Epub 2022 May 14.

Bridge clinic implementation of "72-hour rule" methadone for opioid withdrawal management: Impact on opioid treatment program linkage and retention in care

Jessica L Taylor ¹, Jordana Laks ², Paul J Christine ², Jessica Kehoe ³, James Evans ³,
Theresa W Kim ², Natalija M Farrell ⁴, Cedric S White ⁵, Zoe M Weinstein ², Alexander Y Walley ²



| Harm Reduction



Naloxone
Distribution



Needle
Exchange
Programs



Peer Support & Community
Mobilization

Harm Reduction

Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help.¹

+

Existing Interventions



Medical Observation/ Drop-
In Spaces



Supervised
Injection Facilities



Legal Support & Policy
Reform

What is the Current State of Harm Reduction in Shelters?

Can You Be Turned Away from a Shelter for Drug Use?

What to do if substance use disorder is keeping you from getting the help you need

By Shelley Flannery Jul 15, 2020

 Print Article



Harm Reduction: Guest/Staff Perspective



Sampling & Recruitment

- All interviews took place at the 4 different shelter sites (Boston, Salem, Lowell, Worcester)
- Convenience (facility-based and snowball) and purposive sampling
- 55 total participants (40 guests and 15 staff)

Prohibitory Policies

Prohibitory policies
contribute to chaotic
substance use
patterns.

“I had a friend overdose... We were in south bay, there's these stairs you can go up the parking lot levels and it's open all night. [The security guard] was like 'don't come back again,' and when he was over my friend did his shot first, quick, and his head was going down... and we're halfway up a flight of stairs, and before you know it, he dropped straight down, and his head was cracked open. He wasn't breathing. I didn't have Narcan, so I briefly searched through his bag underneath him. I couldn't get to it.”

– KI 16, Guest

Reduction Strategies

Even when harm reduction strategies are being implemented, communication about them may be inadequate

“Q: can you tell me about the harm reduction supplies that are available here?

A: In the shelter?... I don't think there is any.

Q: Do they give out Narcan here?

A: Nahhh, no.”

– KI 6, Guest



Wants and Needs

Tension between
wants/needs of
PWUD and people
who do not.

“That's what a lot of people do. They go for a walk and then come back, and they're all messed up. I stay in my room a lot because now I'm in a room with all people that don't use.”

- KI 34, Guest

Toolkit Preview

 Practices already established and used regularly	 Practices that are partially or inconsistently implemented	 Aspirational practices to be implemented in the future
Naloxone available to staff and guests with training in its use	Wound care supplies specifically geared toward skin & soft tissue infections (SSTIs)	Complete offerings of safe use equipment including syringes, works, pipes, etc. to promote drug user health
Reverse-motion detectors in bathrooms, or when not available, bathroom checking plans	Safe use supplies: syringes and/or bleach kits, fentanyl test strips, informational pamphlets for drug user health and safe ingestion practices	Safer spaces to use (whether in the shelter or not)
First aid supplies (not specific to wound care)	A “bad date list” (i.e. a list of individuals who may pose a threat to those impacted by the sex trade)	Drug testing kits to test for drug purity, presence of research chemicals, or contaminants (e.g., xylazine and fentanyl test kits)
Safer sex supplies (e.g. condoms and lubricant) available	Full naloxone emergency response kits with supplies for rescue breathing	
Additional beds during severe weather events, or an amnesty policy allowing previously barred individuals to stay during such events	No curfew policy – allow guests to enter and exit the program throughout the day and night	
	“No questions asked” locker policy	
	Policies encouraging guests to “take breaks” rather than barring them	
	Alternatives to confiscating people’s drugs if they are found onsite	

Closing Vignette

HealthAffairs

Topics

Journals

Forefront

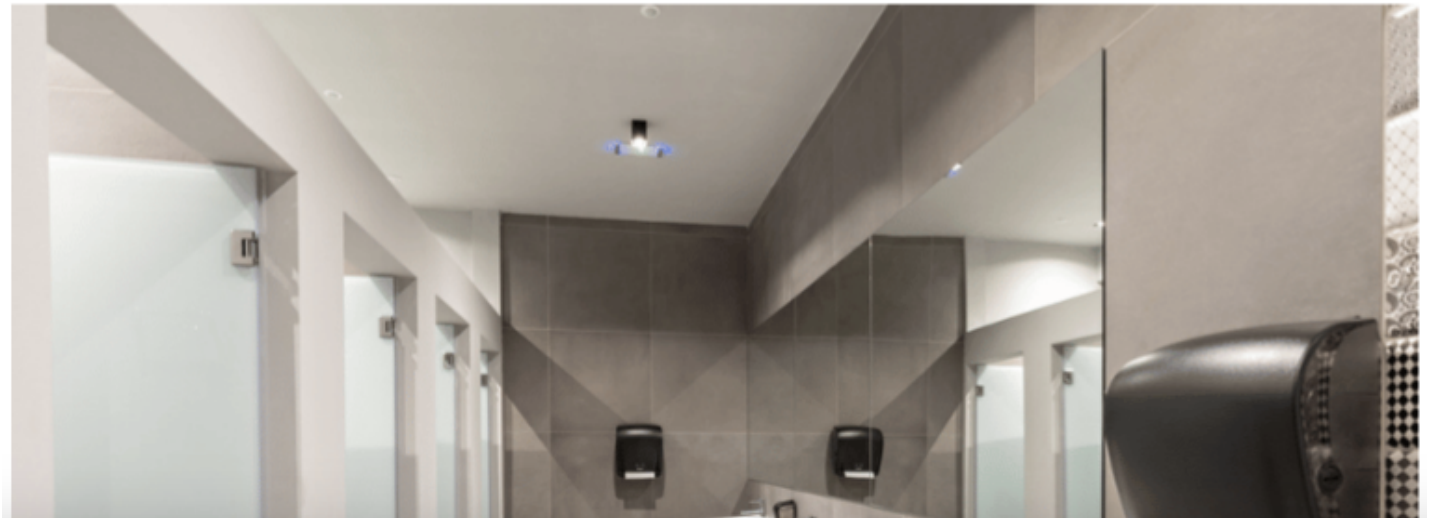
Podcasts

To Prevent Drug Overdose Deaths, Install Anti-Motion Sensors In Public Restrooms

[Suhanee Mitragotri](#), [Kevan Shah](#)

MARCH 14, 2025

10.1377/forefront.20250310.195252



In Summary

- MOUD and Harm reduction service expansion play a crucial and complementary role in SUD treatment continuum.
- Building trusting relationships with people who inject drugs can lead to the discovery or development of highly impactful interventions.

