

Opioid Use Among Homeless Individuals

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Community Housing of Maine

Community Housing of Maine (CHOM) develops, owns, and maintains high-quality affordable housing for working families and older Mainers. CHOM believes that housing, together with support services, provides stability, fosters dignity and respect, and transforms lives. CHOM is the largest housing provider for homeless populations in Maine.

Opioid Use Disorder (OUD) & Homelessness

Background & Statistics:

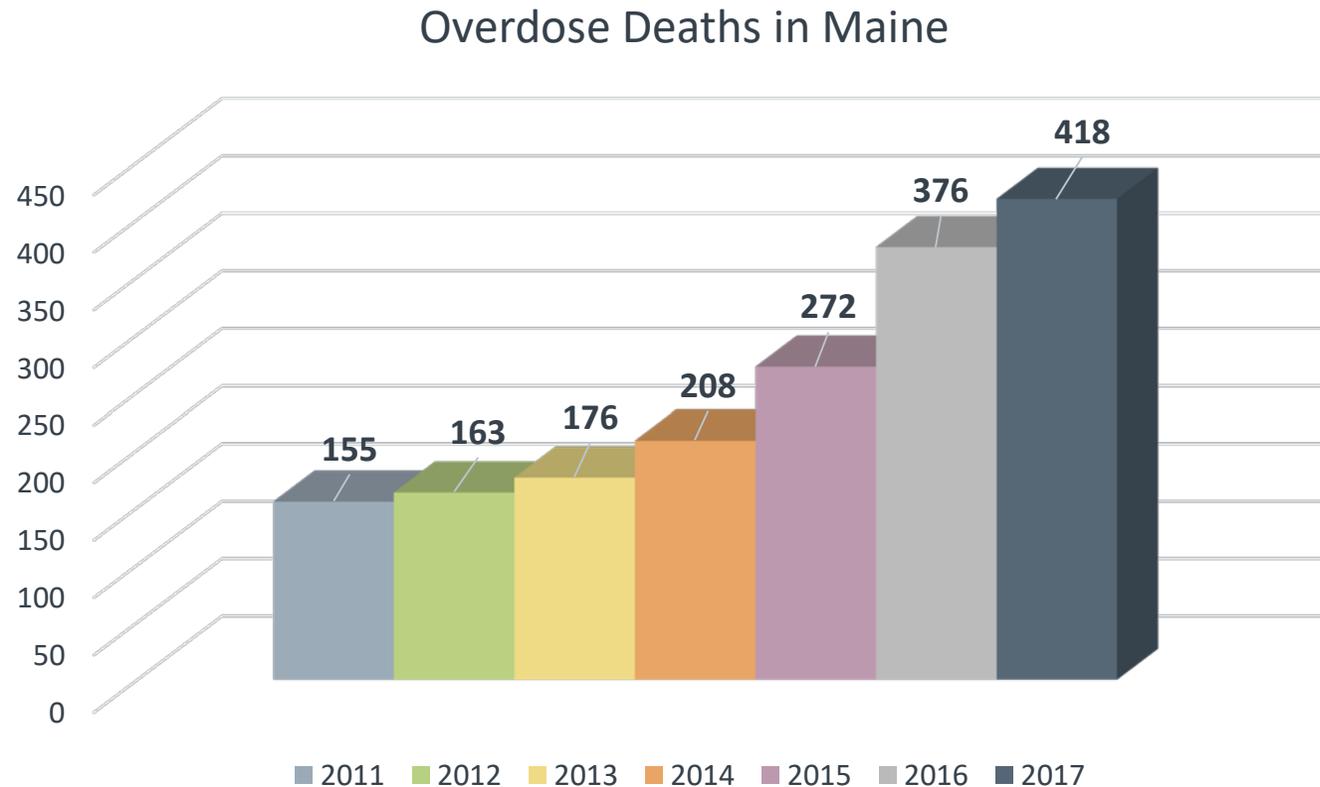
- › Substance Use Disorder (SUD) can be an underlying cause of (or prolong) homelessness, and engaging in recovery is far more difficult while experiencing homelessness¹.
- › People experiencing long-term or chronic homelessness have higher rates of SUD and mental health issues, including suicidal ideations, than the general population (43% versus 10%)³.
- › People experiencing homelessness are more prone to SUD, health issues, and fatal opioid overdoses than the general population².
- › Studies have shown that adults experiencing homelessness (ages 24-44) are **nine times more likely to die from a lethal overdose than the general population**².
- › One 2013 study in Boston found that overdoses account for 17% of deaths of people experiencing homelessness – of which 81% were due to opioids². **This data pre-dates the opioid crisis – these figures are likely higher today.*

¹ National Health Care for the Homeless Council. (2017). Addressing the Opioid Epidemic Home the Opioid Crisis Affects Homeless Populations. <https://www.nhchc.org/wp-content/uploads/2017/08/nhchc-opioid-fact-sheet-august-2017.pdf>

² National Health Care for the Homeless Council. (2016). Medication-assisted treatment: Buprenorphine in the HCH Community. <https://www.nhchc.org/policy-advocacy/reform/nhchc-health-reform-materials/>

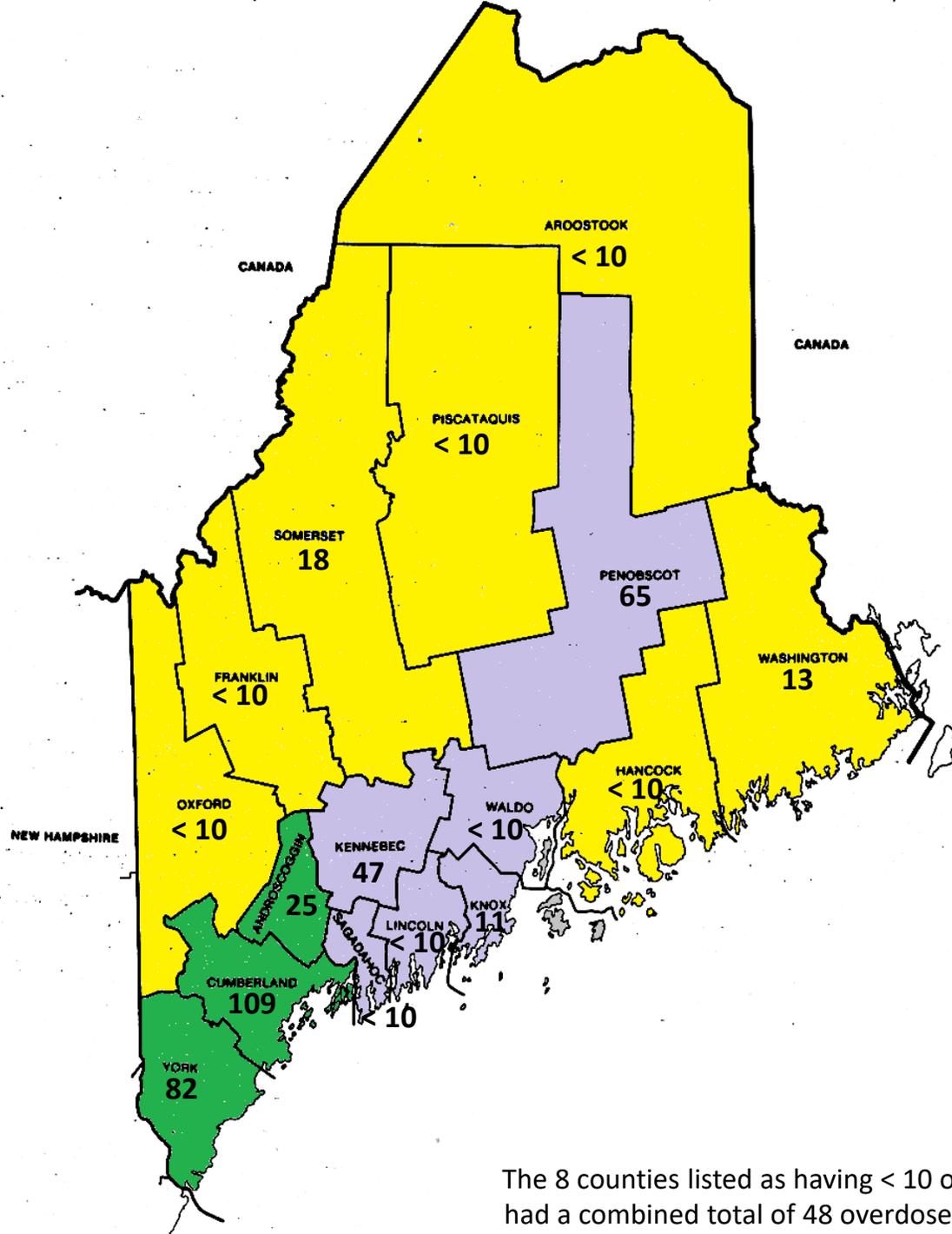
³ D. Trilling. (2016). Chronic homelessness and the Housing First program: Research review of how programs have worked <https://journalistsresource.org/studies/society/housing/chronic-homeless-housing-first-research/>

The Opioid Crisis in Maine



Maine was the 6th worst state in the country for the increase in overdose deaths between 2016 and 2017. Complete data from 2018 is not yet available, however based on partial-year data, it appears the number of overdose deaths in Maine in 2018 will remain at or near 2017's record number of 418.

2017 Overdose Deaths in Maine by County



The 8 counties listed as having < 10 overdose deaths had a combined total of 48 overdose deaths in 2017

The Opioid Crisis in Maine

- › **Maine lacks detoxification options** to meet the need.
 - There are only two non-hospital based detox facilities in Maine, Milestone Recovery which offers 16 beds, and Pine Tree Recovery which has 22 beds. Both are in Portland, and the second one does not accept Medicaid.
 - North of Augusta, there are very few options for inpatient detox.
- › Access to healthcare has been restricted; **people experiencing homelessness can't afford treatment.**
 - Even with the implementation of the Affordable Care Act, the number of Mainers without health insurance has held steady at 15 percent, according to a 2015 report by the Maine Health Access Foundation.
 - Maine is an extremely late adopter of Medicaid expansion – only going into effect this past month.
 - The previous Legislature and Administration made further cuts to Medicaid eligibility which left some 70,000 Mainers without health insurance. Many people experiencing homelessness fall squarely in this gap of coverage. Our previous Governor was widely cutting programs.
 - Options for outpatient care and counseling after detox are limited. **Programs that previously offered free care have closed**, and few programs accept people without health insurance.

The Opioid Crisis in Maine

- › Shelters in service-center areas report using Naloxone to reverse overdoses at least weekly, if not more frequently.
 - The Oxford Street Shelter in Portland, the state's largest emergency shelter and the largest shelter north of Boston, at times have reported reversing overdoses on a daily basis.
- › In more rural areas of the state access to Naloxone is more limited.
- › Things are changing fast: On February 6th, the new Governor signed an Executive Order opening up access to Naloxone across the state. And there are numerous bills in the Legislature designed to combat the opioid crisis.

Opioid Use Disorder (OUD) & Homelessness

- › Not all people with Substance Use Disorder (SUD) experience homelessness. Not all people experiencing homelessness suffer SUD.
- › No one is in a good position to solve their SUD and move into recovery if they lack stable housing, so homelessness dramatically complicates SUD recovery.
- › Look for untreated SPMI as a potential root cause with use of substances as an effort to self-medicate - substituting drugs and/or alcohol for psychotropic medications with poor results.
- › Alcohol remains the most commonly used substance, but opioids are a close second, and crystal methamphetamine has moved into third place in Maine.
 - Complicating factors:
 - › Opioids can obviously include a higher risk of lethal overdose vs. other substances.
 - › MAT has proven successful with opioids but will not help with meth.

OUD & Homelessness – Stress, Stigma, & Self-esteem

- › Homelessness is a very **stressful experience**. Symptoms of SPMI are exacerbated with stress and are often predominant and acute while the person is in the emergency of homelessness.
- › Nobody feels good when they're homeless; OUD is a recipe for **negative feelings** as well. The two go hand-in-hand and complicate treatment and recovery.
- › The stigmas associated with homelessness and with OUD can deepen that sense of **shame** and create **resistance** to change. Homelessness can also prevent someone struggling with OUD from seeking treatment even when they're ready to do so.
- › Homelessness and the stigmas around it also enhance **isolation and distrust** amongst people experiencing it, which can obviously exacerbate certain forms of SPMI such as paranoid schizophrenia.
- › People experiencing homelessness and in the throes of OUD are commonly not treated with dignity and respect in our communities and are instead stigmatized, exacerbating symptoms and furthering a sense of shame and **negative self-esteem**.

OUD & Homelessness – Stress, Stigma, & Self-esteem

Antidotes:

- › The key to providing services to this population is **treating people with dignity and respect**.
- › Programs that provide **structure and accountability, along with continuity**, are particularly important for success.
- › **Patient, steady engagement and outreach**, and achieving success with complicated systems can allow a person to access **stable, affordable housing – vital to wellness and recovery**.

The many obstacles

- › **People ricochet through our most expensive emergency systems** without an effective continuum of care, rather than getting on a track towards recovery and stability.
- › **Our system is fragmented**, and sometimes there is no continuum of care:
 - Typical pathway: Detox. No Tx. Homelessness. Relapse. Repeat. ←(big gap)→ Stable housing.
 - › Treatment can be out of reach for people experiencing homelessness, and housing way out of reach.
 - Needed pathway: Detox, treatment/housing, stable housing, all with continuity.
- › **OUD-related criminal convictions create barriers to housing.**
 - The combination of SUD and lack of housing is a recipe for misdemeanors or felonies. Criminal records make accessing any housing a challenge. Landlords will circumnavigate this population, producing shame and hopelessness – each are huge triggers for relapse.
- › **Our system is siloed:**
 - Many community agencies have traditionally worked in silos. This won't work well for homeless SUD populations. Broad collaboration is necessary for success – silos must be overcome.

OUD & Homelessness

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Victimization

- › It is important to note that **people experiencing homelessness and OUD are easy prey and often victimized.**
- › Opioids are particularly available near areas providing homeless services, as **exploitative entrepreneurs serve to prey on the population** by sustaining their opioid use for financial gain.
- › This means that the very places where people go to get help with their homelessness are ripe with people wanting to sustain their use to create **human trafficking** opportunities and other monetary gains; **people are taken advantage of during their affliction.**
- › Result: **Furthered shame and undermined self-esteem, and obvious danger** to the victims.

What works

- › Primary antidote: **A seamless continuum of care and collaboration.**
- › Communities who have had success have done so by **treating the whole person** and addressing the issues underlying both homelessness and OUD, and through an effective and accessible continuum of care from homelessness to stable housing.
- › **Linkage to the criminal justice system** so OUD-related offenses **can create opportunities for structure and accountability rather than hopelessness.**
- › **Engagement and outreach** are critical tools
 - It takes significant relationship work, such that someone is there at the right time so that when a person is ready to stop using they can immediately access detoxification and an uninterrupted pathway to housing and recovery.
- › **Housing is foundational.** Chances of success without housing are very slim. Housing has to be at every step of every part of the solution. No one will get well without housing, and no one will be successful in recovery without housing and sufficient support. Models:
 - Recovery Residences (with & without MAT), PSH, TSH, Housing First/Harm Reduction models

The Power of Homeostasis

- › **Recovery happens in community.** Unfortunately, **so does homelessness** and **so does OUD** in its active phase among homeless populations.
- › Once the individual has found a pathway to recovery and stable housing, often **very loyal bonds of survival among peers** during use can immediately **haunt and undermine success**. The person in recovery may seek to cure their own sense of isolation by reconnecting with these former colleagues/friends. The symbiotic relationship begins: **Friends come to crash with the person in the new home, sabotaging both recovery and the housing placement.** These friends are going to be well attuned to how to manipulate and guilt the person in recovery to get their own needs met.
- › And **past offenses** with the criminal justice system may **catch up** to the person now that they are housed and locatable – serving time with actively using peers can mean two steps backwards.
- › Criminal records then create **obstacles to being hired.**
- › All of these factors add to the **precariousness and jeopardy of the housing and the recovery, and work against success in recovery, making it easier to return to active use than refraining and navigating the array of obstacles** to recovery.

Beacon House – Greater Portland Addiction Collaborative’s first Recovery Residence

- › CHOM opened Beacon House, in partnership with GPAC and one key service provider partner, in November of 2017.
- › Beacon House is a Recovery Residence that offers **low barrier rapid access to entry, off-site MAT, affordable weekly rent, and structure and accountability.**
- › Beacon House serves a portion of the female population that goes largely **unnoticed and underserved** due to the nature of their homelessness, which exists primarily outside the shelter and social service systems and plays out in a myriad of ways including trading sexual acts for a place to stay, sleeping in cars, being trapped in domestic violence, and human trafficking situations.
- › Beacon House’s low barrier accessible approach – that requires **no background check, no set amount of time homeless, no specific diagnosis or financial or insurance based requirements** – is what allows it to be an option for these women, and with the help of numerous community partners these women have a pathway to sorely needed recovery resources and safe, affordable sober housing.
- › **Affordable weekly rent and collaboration with community providers** allows women who would otherwise be unable to afford a sober living environment along with the resources aligned with the house.
- › This has created a **new pathway to recovery that was previously unavailable** to the community, and it is working.

One Beacon House Resident's Story

- › I never imagined that you could take someone from active use in homelessness to a congregate living recovery residence, to having that person become peer support for others in their recovery efforts. But this is exactly what happened with a woman in our first recovery residence:
 - One year ago almost exactly, a woman, who had been homeless for five years straight after decades of polysubstance use and in the throes of OUD, became a resident at our first recovery residence, Beacon House.
 - Due to the stability that housing provides, as well as the structure and accountability fundamental to a successful recovery residence, this woman was able to thrive.
 - While at Beacon House she was a mentor for people in early recovery. Now, she works for the agency we have partnered with to deliver services and peer support, and is the live-in Peer Support Specialist for our second recovery residence, which opened just prior to Christmas.
 - This has been a miraculous transformation – and is just one of many success stories.

More Beacon House Success Stories

- › Another woman came to Beacon House upon discharge from the county jail. Prior to that she had experienced years of homelessness. She came to the recovery residence with her newborn son and worked very hard on her recovery – recently celebrating one year of sobriety. She has moved into a leadership role at Beacon House, supporting other women in their sobriety.
- › Another Beacon House resident returned to the workforce, after more than a decade of being unable to maintain a job due to OUD and periods of homelessness. She was thrilled to be back at work.
- › Two other residents started hosting a recovery circle for other women with similar experiences, which occurs each Monday. They planned, organized, and advertised the group all on their own, eager to support their peers in a new and exciting way.

Huston Commons – 30-unit Site-Based Housing First in Portland

- › Huston Commons is a 30-unit site-based Housing First program in Portland.
- › Huston Commons has on-site 24-hour support services, a medical care room to accommodate regular practitioner hours and telemedicine services for tenants, all of whom have experienced chronic homelessness.
- › Like other Housing-First models, Huston Commons uses the harm-reduction approach for people with SUD, including people using opioids.

MAT...

- › **MAT may be extremely helpful for many in recovery**, but it is not the be-all, end-all for recovery.
- › Since the 1930's, the **traditional 12-step program has been a successful strategy for recovery**, including recovery from opioid use.
- › In recent years, funding has been available for models which incorporate MAT due to studies that showed its efficacy.
- › However, more recent research suggests that these previous studies were in-part funded by entities which may benefit from the prevalence of MAT.
- › **MAT is not the panacea – structure and accountability is.**
- › **But MAT can be an extremely useful tool given the lack of seamless continuum of care.**

Takeaways

- 1 Treat people with dignity and respect while they're on their path to recovery.
- 2 Treat the whole person & address the issues underlying homelessness & OUD, including SPMI.
- 3 Be aware of and sensitive to the increased risk of victimization & exploitation for people experiencing homelessness & OUD.
- 4 Use collaboration to combat silos. Create a seamless continuum of care.
- 5 Recovery happens in community & with safe, stable, appropriate housing.
- 6 Opioid use and homelessness take a dramatic toll on self-esteem – it has to be rebuilt very carefully. Along the way, respect the power of homeostasis.



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