Homelessness:

Treatment Programs for the Opioid Addicted Homeless Population

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**Abstract**

The purpose of this study is to explore some of the different treatment programs available to the homeless population in the United States of America and determine what kind of treatment program would be most efficient and effective in preventing the rising number of opioid-related deaths in the homeless population. This study seeks to answer why current programs are failing to help persons experiencing homelessness (PEH) who are suffering from opioid use disorders (OUDs) on a patient, provider, and system level. In all, the goal of this study is to determine how to help treatment programs become more productive and successful in helping the homeless population overcome this deadly opioid epidemic. We will dive into how education, collaboration, and accessibility to the proper office-based opioid treatments are essential in helping the homeless population overcome this scary opioid epidemic in the United States of America.

**Keywords:** homelessness, opioid use disorders, opioid epidemic, buprenorphine, office-based treatment, treatment programs.

Most Americans today do not know the full extent of the opioid issue in the United States of America today. In particular, very few Americans today understand how drastically the homeless population is being affected by this epidemic. According to the Family Team at the Boston Health Care for the Homeless Program, the number 1 cause of death for persons experiencing homeless (PEH) in America is overdose- with a high proportion being overdoses from opioids (Chatterjee et el, 2017). Although many studies have been done that show just how deadly and enormous this issue is, not a ton of studies have been done that research how this problem got so out of hand and how this problem can be solved within the high-risk homeless population.

Therefore, this study is going to dive deep into what may be causing the homeless population in the United States of America to be at such high risk of developing an opioid addiction disorder and what may be causing current treatment programs from being successful in solving this issue. In addition to examining treatment programs in America today, we will also determine which treatment methods and programs would be most efficient and effective in solving this problem.

**Review of Literature**

While Jamie Carter, Barry Zevin, and Paula J. Lum agree that continuous treatment plans focused on abstinence may have positive outcomes for patients, sporadic treatment using buprenorphine while focusing on decreasing users' intake of opioids as the main goal is more effective overall in decreasing harmful consequences from opioids. After piloting a low barrier buprenorphine program, the San Francisco Street Medical Team concluded the following: “to decrease the OUD treatment gap and engage marginalized populations, buprenorphine treatment programs should consider how traditional treatment models can be disrupted to increase exposure to effective medication, reduce any amount of opioid use, and eliminate barriers to more accessible care” (Carter, Lum, & Zevin, 2019).

A group of medical doctors from Santa Clara Valley Medical Center, Standford Medical Center, and Albert Einstein College of Medicine and Montefiore Medical Center also suggest that using buprenorphine as a treatment method is the most effective treatment option for homeless people suffering with opioid addiction disorders. Much of the homeless population suffer from mental health disorders, and the medical doctors conducting this medical record review have taken this into account when determining what treatment method would be most effective. According to the group of medical doctors’ study published by the National Institutes of Health, “to best address the complex needs of homeless persons, an integrated and patient centered approach is often utilized to address patients’ physical health, mental health, substance use and social services needs concurrently. For homeless persons with opioid use disorders, office-based buprenorphine treatment using shared medical appointments is one novel strategy to provide integrated, whole person care” (Doorley et el, 2017). Office-based opioid treatment, or OBOT, is a form of treatment that includes outpatient treatment services issued by medical doctors.

In their recent work, clinical pharmacist Seth Gomez and psychiatrist and site director Jeffrey Seal have offered a plan that offers a flexible yet reliable treatment option for the homeless population that is addicted to opioids. Jeffrey Seal agrees with The American Public Health Association’s report of barriers along with agreeing to their more laid-back, independent treatment approach as he states “with limited resources and with the way our patients tend to use the health care system... it’s not always reasonable for them to be in our clinic every day of the week to engage in that observed-dosing model” (Thompson, 2016). A huge part of why this treatment model has worked in Massachusetts is because of its collaborative aspect.

The American Public Health Association reports of the “patient-level (e.g., stigma, competing priorities), provider-level (e.g., the small number of licensed buprenorphine prescribers), and system-level (e.g., restrictions on how many patients physicians can treat) barriers” that prevent the homeless population from accessing office-based opioid treatment (Chatterjee et el, 2017).

As you can see, office-based opioid treatment with the drug buprenorphine is proven to be the most effective and efficient treatment method according to medical professionals at the San Francisco Street Medicine Team, studies published by the National Institutes of Health, the Family Team at the Boston Health Care for the Homeless Program, and the medical professionals at the Trust Health Center. If we know what kind of treatment is best, what is getting in the way of the homeless population in need from receiving this treatment? According to a report published by the American Public Health Association, the “patient-level (e.g., stigma, competing priorities), provider-level (e.g., the small number of licensed buprenorphine prescribers), and system-level (e.g., restrictions on how many patients physicians can treat) barriers” that prevent the homeless population from accessing office-based opioid treatment (Chatterjee et el, 2017). Although these obstacles are complicated, these obstacles can be overcome with hard work and determination.

Education is key in ending stigmas related to homelessness and opioid addictive disorders among the patients themselves along with their friends and families. Many homeless people that self-medicate with opioids experience feelings of worthlessness, shame, and guilt. Sadly, many feel as if they are disappointments to their families. Facing their opioid addiction disorder may make these individuals feel as if they are even more of a burden to their friends and families. Raising awareness about the facts of the opioid addiction crisis can help the homeless individual understand that they are not alone and that it is okay to ask for help.

In addition, educating the families and friends about how addictive opioids can be, how this addiction can happen to anyone, and what causes one to self-medicate can help them have a better understanding of what their loved one may be going through and how to help their loved one overcome their addiction. Medical professionals, social workers, and speakers can help educate the individuals, their friends, and their families by working with homeless shelters. Speakers who have overcame opioid addiction disorders can come into these homeless shelters to give presentations about their inspirational, personal recovery story, educating about drug addiction, and providing the correct information to those who would like to find out how they can receive treatment. Social workers would also be beneficial to have at homeless shelters to help the homeless population addicted to opioids receive group therapy sessions along with access to motivating support groups and helpful resources.

Obviously, collaboration between the opioid addicted homeless population and medical professionals is key in tackling this huge issue, but collaboration with social workers and speakers is also key in overcoming this problem. Without social workers and speakers, how will these individuals feel supported and become motivated to change?

On a provider-level, there needs to be an increased number of licensed buprenorphine prescribers to help buprenorphine treatment become more accessible. More awareness should be made on this lack of providers in order to encourage more medical professionals to recognize the urgency of this issue and want to become licensed prescribers of buprenorphine to help. Ways to become a licensed buprenorphine prescriber should become more accessible to those who would like to do so. All medical doctors should be required on a national and state level to become buprenorphine prescribers.

On a system-level, restrictions on the number of patients medical doctors can treat must be less strict. Doctors are required to help those in need, so why are there restrictions in place that stop them from doing so? If a doctor feels as if he truly cannot take on more patients, he or she can refer them to another doctor that feels more comfortable taking on more patients at the moment. Doctors know what their limits are and what they can handle. Simply turning away patients in need because of restrictions is unethical and illogical. Across my research, I have discovered that education, collaboration, and accessibility to the proper office-based opioid treatments are essential in ending this deadly, horrific epidemic of homeless people passing away from opioid addiction disorders in the United States of America.

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