



Providers  
Clinical Support  
System

# Prevention of Opioid Use Disorder: The HOME

(Housing, Opportunities, Motivation and Engagement)  
Randomized Trial

**NATASHA SLESNICK, PhD**

EHE Distinguished Professor

Associate Dean for Research

College of Education and Human Ecology

The Ohio State University

April 11, 2023



Providers  
Clinical Support  
System

# How to Participate in Q&A

**\*\*Use the “Q&A” area of the attendee control panel\*\***



**\*\*We will reserve 10 – 15 minutes for Q&A after the presentation\*\***

# Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

# Webinar Faculty



**NATASHA SLESNICK, PhD**  
EHE Distinguished Professor  
Associate Dean for Research  
College of Education and Human  
Ecology  
The Ohio State University  
April 11, 2023



Providers  
Clinical Support  
System

# Disclosures

- This research was supported by the National Institute on Drug Abuse HEAL Initiative under award number 3UH3DA050174.
- Dr. Natasha Slesnick, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

# Educational Objectives

- At the conclusion of this activity participants should be able to:
  - **Identify** the unique risks and struggles, including opioid and other drug use, experienced by youth experiencing homeless (YEH).
  - **Discuss** barriers and successes for prevention interventions in considering what would work in your practice or health system.
  - **Explain** the unique prevention intervention seeking to prevention opioid use disorder and other risk behaviors through housing and other risk prevention services.

# Study Team

## MPI

### **Dr. Kelly Kelleher**

ADS/Chlapaty Endowed Chair for Innovation in Pediatric Practice, OSU  
Vice President for Community Health and Community Health Services Research, NCH

## Co-Investigators

- **Dr. Xin Feng** (Child Development)
- **Dr. Jodi Ford** (Nursing)
- **Dr. Tansel Yilmazer** (Economics)

## Study Team

- **Dr. Laura Chavez**, Research Scientist
- **Dr. Ruri Famelia**, Post-doctoral Researcher
- **Dr. Eugene Holowacz**, Lead Research Associate
- **Soren Jaderlund**, Research Associate
- **Kelly Stewart**, Program Manager
- **Alexis Pizzulo, Caleb Cuthbertson, Ellison Luthy**, Graduate Research Assistants

# Rationale for Study

- Youth experiencing homelessness (YEH) have extremely high rates of substance use and other risks.
- The opioid epidemic has disproportionately affected YEH; 79% of samples report opioid use, including injection heroin use with 52% reporting an overdose.





# Rationale for Study


Many YEH (79%) report trying to quit but report few treatment options. Reported barriers include:

- Stigma/peer pressure
- Lack of housing and financial means to access treatment
- Limited treatment options
- Lack of motivation
- Easy access to heroin
- Withdrawal symptoms and stress


Also, 71% report knowledge of take-home naloxone and 23% report ever having one.

# Rationale for Study (cont)

**2-5 million YEH in the US** (not rare), likely bearing the greatest burden from the epidemic



**Replicable, evidence-based preventive interventions** that comprehensively address these youth's range of needs **are not established.**



While shelters are often the 'front door' or first contact for service provision among homeless populations (Martin & Howe, 2016), **most of those under 24 years do not reach the shelter system.**

# Rationale for Study (cont)

- In order to prevent opioid use disorder (OUD) and other risk behaviors associated with living on the streets, **Housing First interventions may be necessary, as well as linkage to a range of services.**
- Housing First is the name given to the philosophical approach that housing is a basic human right, and housing before or concurrent with other interventions makes those interventions more effective.

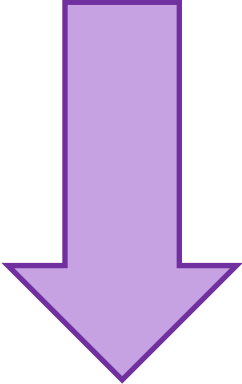


# Healthcare Team

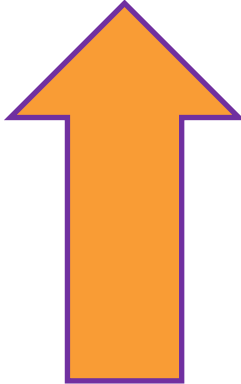
- 👥 Multiple, complex struggles require multiple intervention types and team members, such as:
- Substance Use/Mental Health Counselors
  - Outreach Workers/Advocates
  - Health and Dental Care Providers
  - Employment Training



# Prior Prevention Work



Traditional housing services often require that youth with mental disorders or drug use demonstrate a period of sustained treatment or abstinence before receiving supportive housing assistance.



Preventive services are most often delivered in home and school settings which challenge preventive interventions for youth experiencing homelessness

# Prior Prevention Work (cont)

The odds of recent hard drug use among homeless HIV positive adults were four times higher when they remained homeless.

Those who obtained housing were half as likely to use hard drugs and needles, to share needles, and engage in unprotected sex (Aidala et al., 2005).

# Engagement Challenges

Services available but youth cannot or will not access them.

**NO  
ACCESS**

Youth often feel betrayed by the system and its representatives.

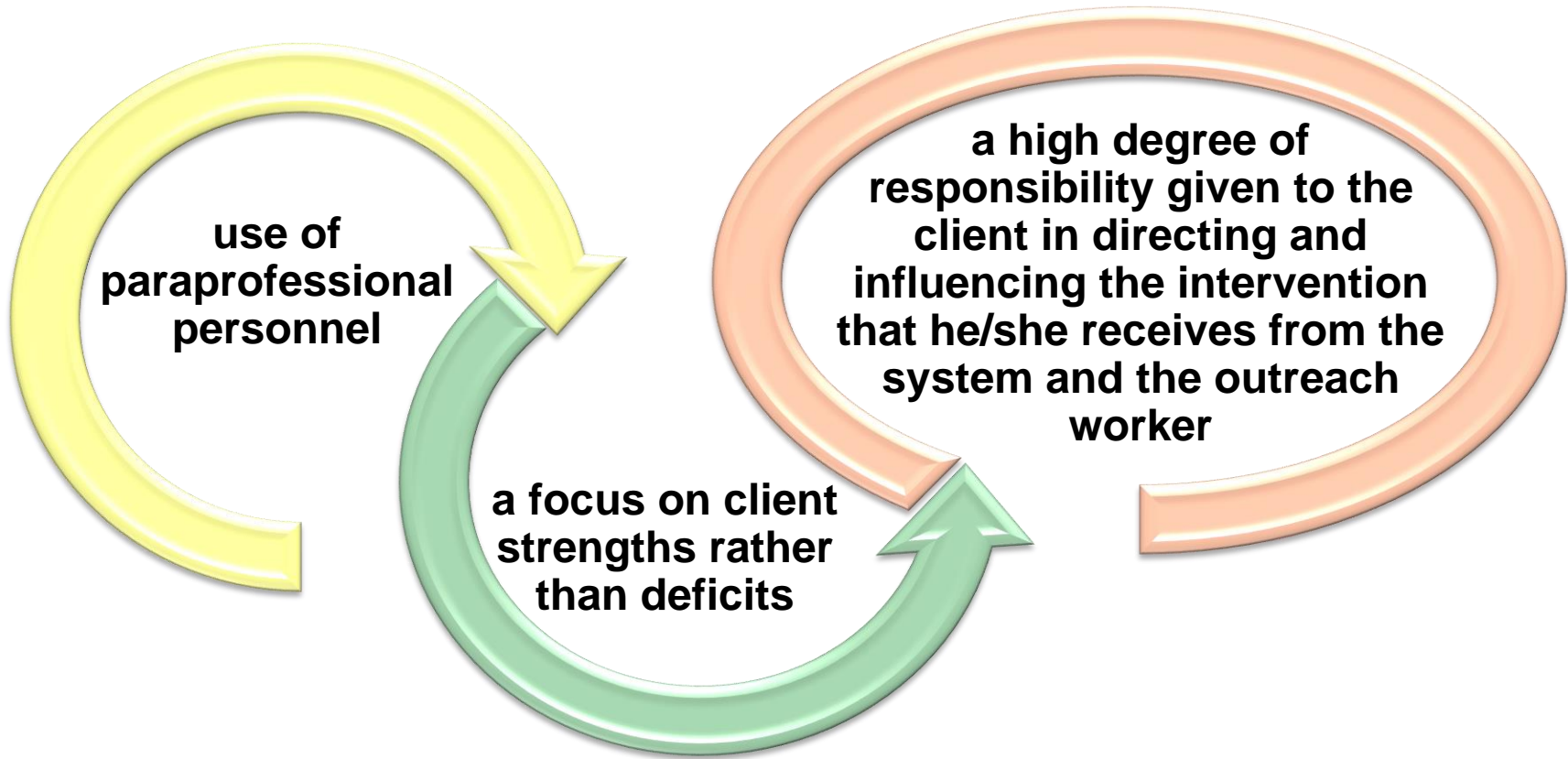
**Trust  
BROKEN**

Unless there's active outreach and meeting youth where they at, youth trying to live day to day will not take advantage of prevention services.



# Strengths-Based Outreach and Advocacy (SBOA)

The strengths-based outreach approach includes the following features:





# Motivational Interviewing (MI)

MI



Strong record of prevention in alcohol and drug problems.

Demands much less of a hard-to-reach population

Several studies have shown positive impact of MI on drug use among runaway and homeless youth (Baer et al., 2004; Slesnick et al. 2013)

# Housing and Opioid and Other Risk Prevention Service

## Housing:



Using a housing first philosophy

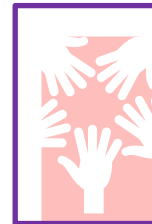


6 mos. of rent (up to \$600/month)



utility assistance

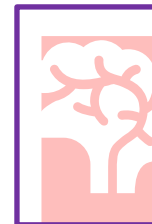
## OUD and other risk prevention services:



6 mos. SBOA

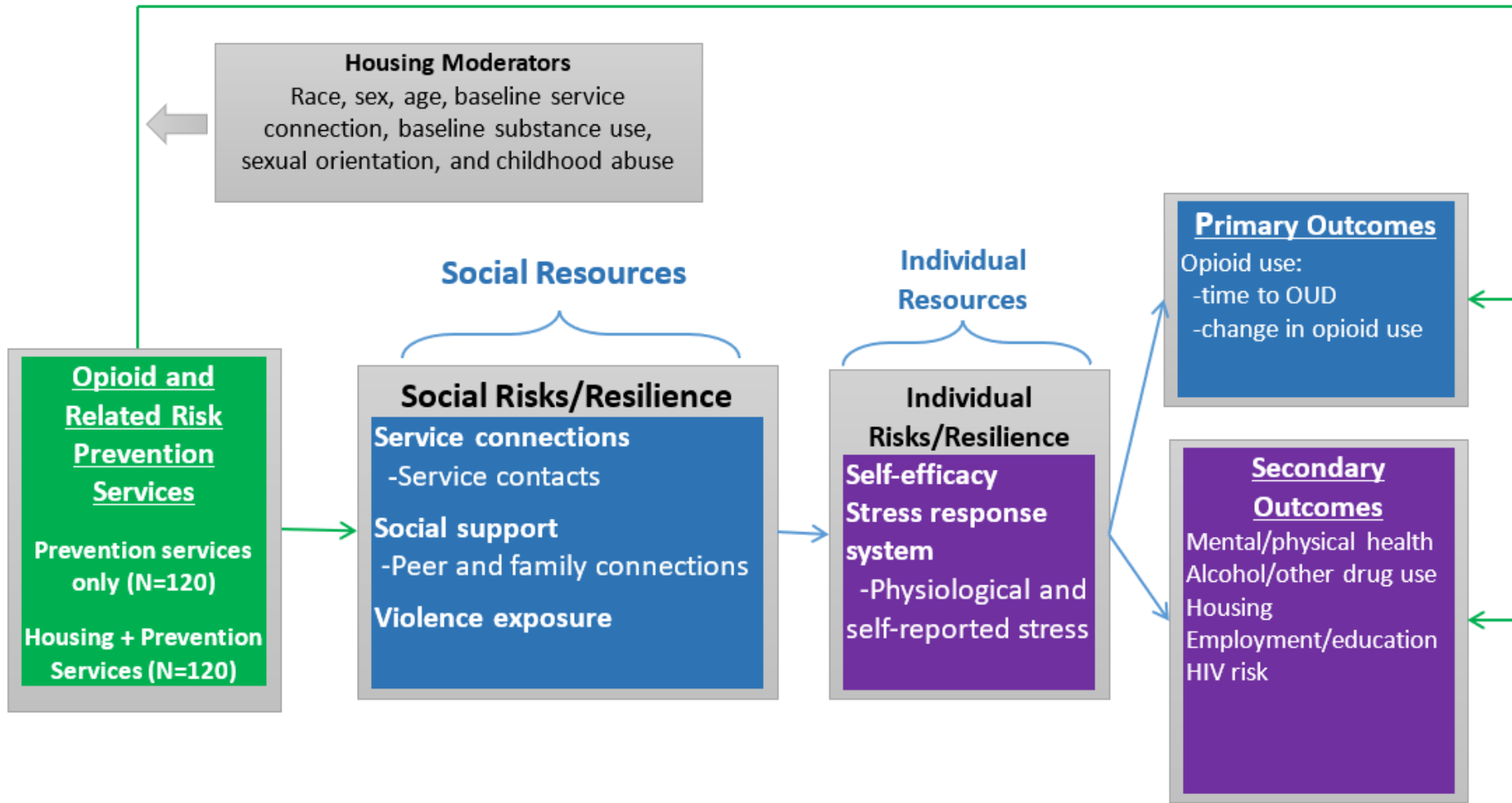


2 MI and HIV prevention sessions



10 Cognitive Therapy for Suicide Prevention sessions

# Conceptual Model

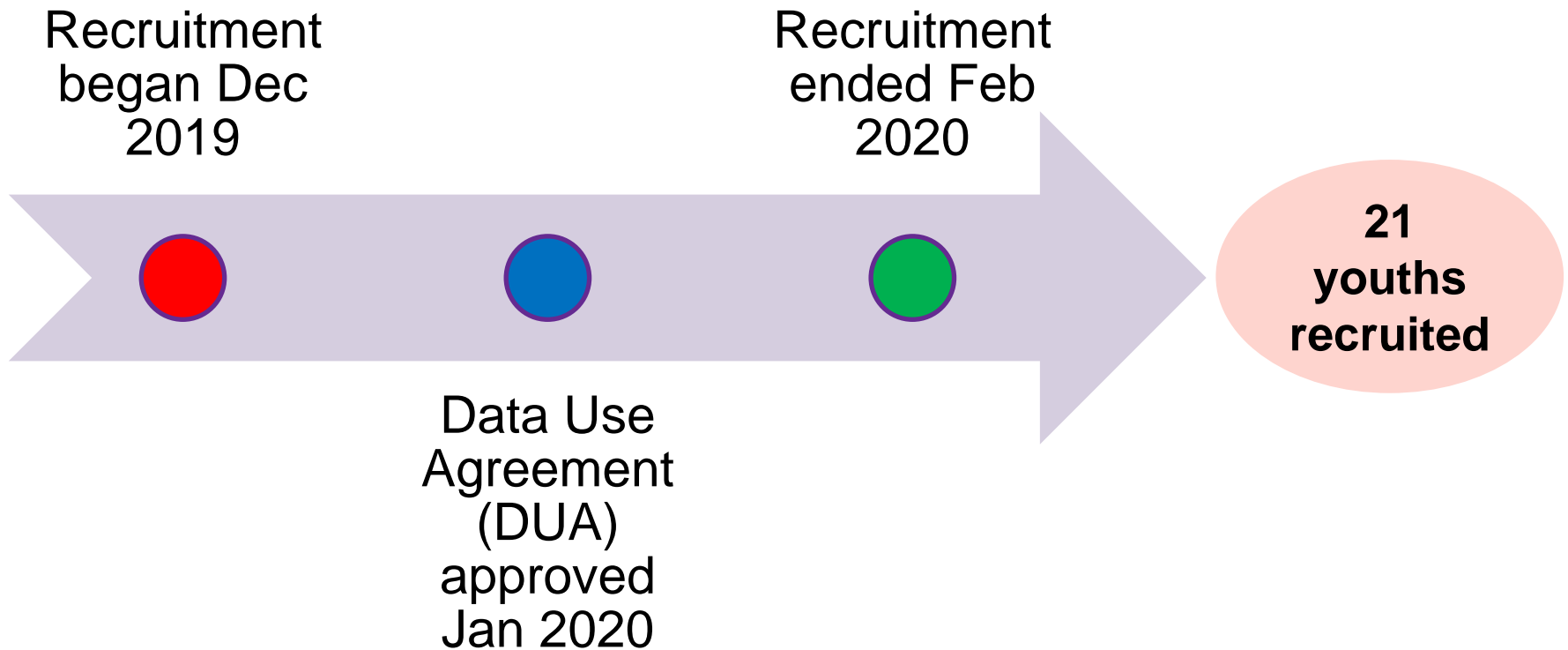


# Eligibility

- 18-24 years.
- Youth experiences homelessness.
- Youth fails to meet DSM-5-TR criteria for Opioid Use Disorder.



# Phase I: Non-Randomized Pilot



# Phase I: Non-Randomized Pilot

- ✓ Males: 11 (52.4%); LGBT: 10 (47.6%);
- ✓ Age: 21.8 (SD 1.9).
- ✓ Black/African-American: 9 (42.9%);  
Multiracial: 10 (47.6%); African: 2 (9.5%)

**21 youths  
recruited**

All youth were housed and received OUD and other risk prevention services for 6 months

**Housing and  
Prevention  
Services**

- ✓ Assessments at baseline, 3, and 6 months
- ✓ In-depth interviews with landlords and youth at 6 months

**Assessments**

# Baseline Substance Use

**Marijuana**

**n = 21**

- Average 59.1 days of use in last 90 days
- Range 1-90 days

**Alcohol**

**n = 17**

- Average 12.1 days of use in last 90 days
- Range 1-51 days

**Opioids**

**n = 0**

3 youth with lifetime use

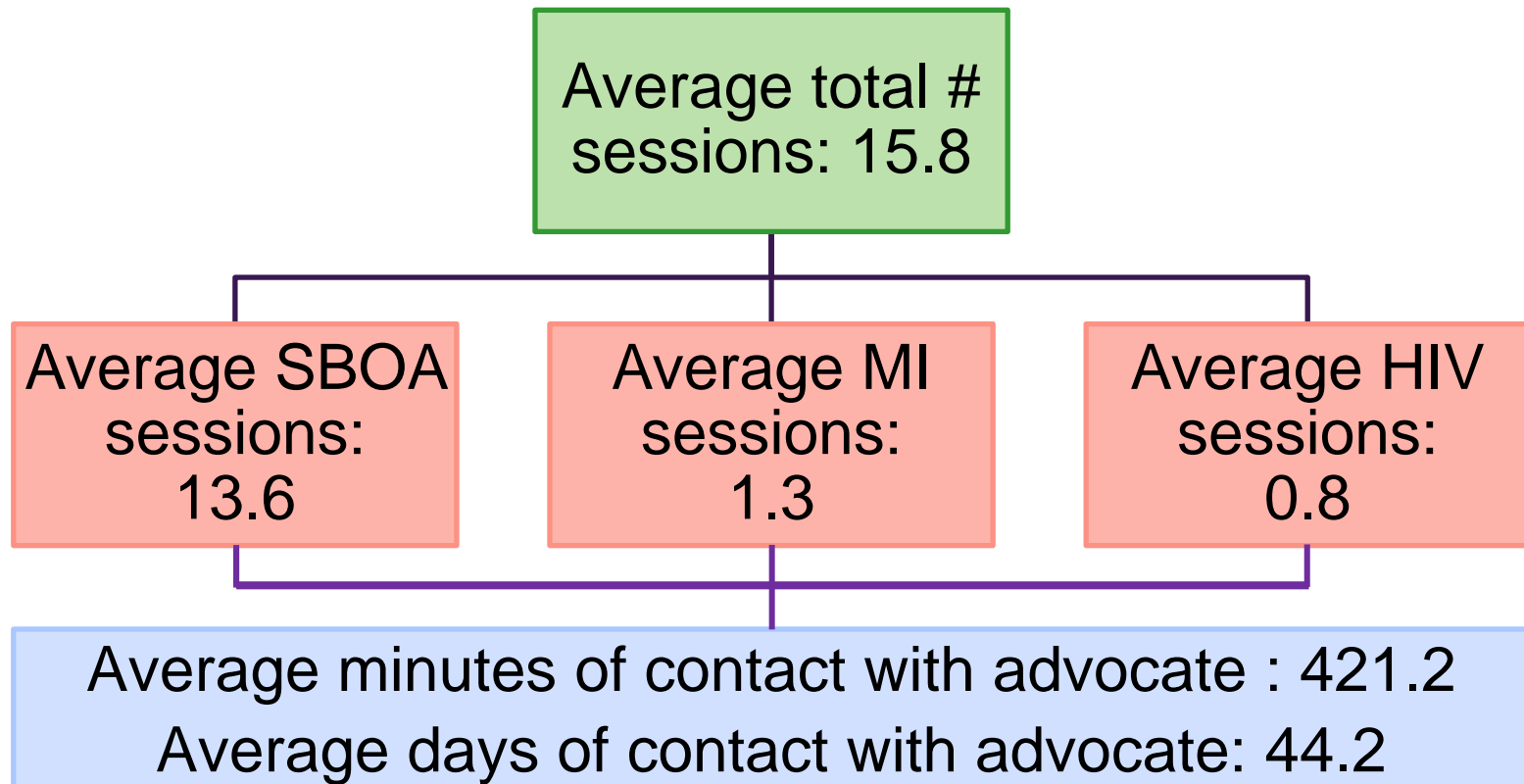
0 2 4 6 8 10 12 14 16 18 20 22 24

# Sample Description

	<b>Mean</b>	<b>Range</b>	<b>n</b>	<b>%</b>
Days homeless in past year	334.3	90-365		
Years at school	11.3	9-12		
Foster care involvement			9	42.9
Currently employed			9	42.9



# Advocacy Meetings



# Phase I: Findings

- Drug use (primarily marijuana use), **showed a 35% reduction in frequency of use.**
  - While statistical significance cannot be expected with a small sample, we found statistically significant improvement in drug use consequences, support network affiliations, and cognitive distortions.
- No youth began opioid use during the project.
- Youth received a high number of advocacy sessions (M = 14 sessions).



# Phase I: Findings

- As a pilot study, this study **confirms the viability of identifying at-risk youth experiencing homelessness** through drop-in centers and engaging them in opioid prevention and other supportive services.
- To our knowledge this is the first study to engage at risk youth experiencing homelessness into a **holistic opioid prevention program**.
- This study provides **a foundation for continuing work to prevent opioid use disorder (OUD)** in a high-risk group of youth for whom rates of drug overdose and OUD are very high.




# Qualitative Interviews: Youth

17 participants were interviewed



Questions:

what **they liked/disliked about the intervention** and how/if they noticed **any changes in their lives** following the intervention.



Overall participants reported:  
**noticing positive changes in their lives** from the intervention  
they had **nothing about the project they disliked.**

# Qualitative Interviews: Youth

5 landlords were interviewed

Questions:  
what **they liked/disliked about the intervention**

Generally **positive experiences** with the project.  
**Willing to rent to future** participants as well.

Liked:

- consistent rent payments
- opportunity to help others

Disliked:

- 6-month lease (prefer full year)
- problematic tenant (one landlord)

# Phase I: Summary



## Lessons Learned:

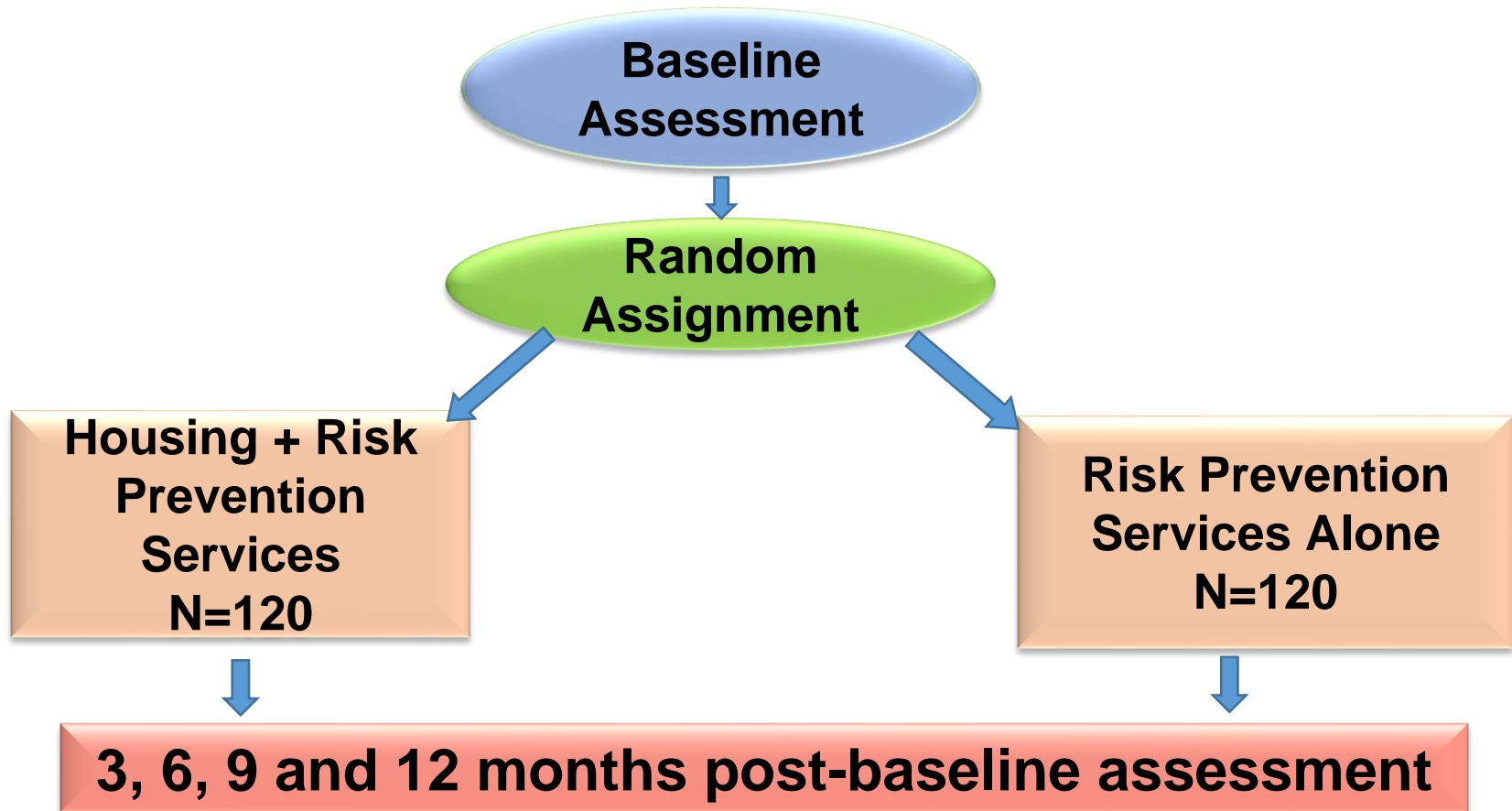
- Youth very engaged, even using remote strategies
- HIV session attendance poor
- Landlord and youth experiences very good
- Housing barriers/unmet service system needs/structural barriers



# COVID

- Services youth typically relied upon closed or hours became restricted.
- Youth could not shelter in place.
- High turnover in intervention workers, not wanting in-person contact.
- Combined in-person contacts with texting and facetime. This created more difficult engagement.

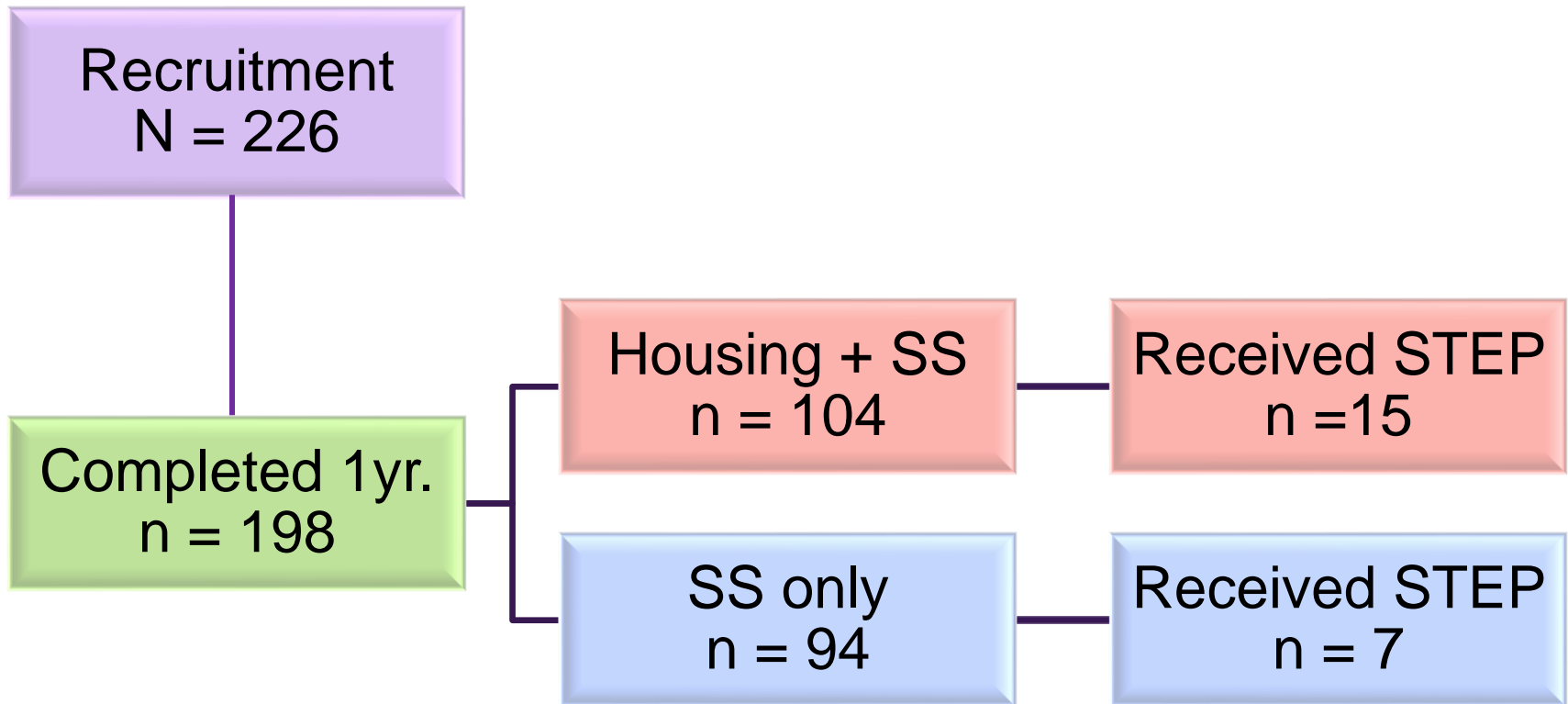
# Phase II





# Phase II

## Recruitment by the end of January 2023



# Phase II

## Sample Characterization (N=198)

	Mean (SD)	n	%
Age	20.99 (1.84)		
Ethnicity:			
• Black		116	58.6
• White		44	22.2
• Multiracial		23	11.6
• Other		15	7.6
Male		99	50.0
LGBT		55	27.8
Ever tried to harm yourself, commit suicide, or placed yourself in life-threatening situations		71	35.9
• Number of suicide attempts	5.4 (8.9)		

# Phase II

## Sample Substance Use and Homelessness History (N=198)

	Mean (SE)	Range	n	%
<b>Opioids:</b>				
• Ever tried			34	17.2
• Single use within 3 months of baseline			10	5.1
<b>% days of substance use within 3 months of baseline</b>				
• Marijuana	53.1 (3.4)	0.0 – 100.0	157	79.3
• Cocaine	3.8 (1.7)	1.1 – 17.8	12	6.1
• Stimulants	13.6 (7.8)	0.9 – 100.0	14	7.1
• Hallucinogens	2.3 (0.9)	0.6 – 6.7	7	3.5
• Opioids	8.1 (4.2)	1.1 – 35.6	10	5.1
• Alcohol	6.9 (1.3)	0.0 – 100.0	112	56.6
Longest days being homeless	834.9 (63.0)	1 - 7956		

# Phase II

## Sample Victimization Experiences (N=198)

	Mean (SD)	n	%
Childhood abuse experiences*		188	94.9
• Physical	2.7 (2.8)	109	55.1
• Sexual	0.9 (1.6)	68	34.3
• Emotional	3.3 (2.9)	117	59.1
• Neglect	1.8 (2.6)	70	35.4
Ever experienced intimate partner violence*		94	47.5
• Physical	1.61 (2.4)	70	35.4
• Sexual	0.28 (0.8)	32	16.2
• Emotional	1.73 (2.3)	89	44.9
Ever experienced street victimization**	2.5 (1.8)	162	81.8

Note: \* Range of score was 0 – 6; \*\* Range of score was 0 - 7

# Phase II Preliminary Findings?

- Primary Outcome = OUD. No youth diagnosed with OUD at follow-up to date.
- Depressive symptoms and suicidal ideation decreased.
- Housing:

	<b>Housing+SBOA (n)</b>	<b>SBOA (n)</b>
<b>9 months</b>	29 (out of 36 entered cases) – 80%	12 (out of 32 entered cases) – 38%
<b>12 months</b>	18 (out of 25 entered cases) – 72%	6 (out of 14 entered cases) – 43%

# Conclusions & Summary

- Even though these youth are at high risk for OUD and overdose death and are considered difficult to engage, they can be engaged in multi-session interventions using SBOA.
- Youths' relationship to the advocate appeared essential to uptake of project-delivered and community-based services. Many times, the advocates accompanied youth to medical and other appointments.
- Housing alone likely insufficient to prevent OUD and other SUD. YEH need to be identified and engaged in non-traditional settings, using holistic interventions.
- Limited affordable housing. Youths' prior evictions, criminal records and poor credit history created housing challenges. Working closely with landlords reduced some of those challenges.

# Questions?

**\*\*Use the “Q&A” area of the attendee control panel\*\***



# QUESTIONS?



# References

- Aidala, A., Cross, J. E., Stall, R., Harre, D., & Sumartojo, E. (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, 9(3), 251-265.
- Martin, J. K., & Howe, T. R. (2016). Attitudes toward mental health services among homeless and matched housed youth. *Child & Youth Services*, 37(1), 49-64.

# PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

**For more information visit:**

**<https://pcssNOW.org/mentoring/>**

# PCSS Discussion Forum

## Have a clinical question?

### Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>



Providers  
Clinical Support  
System

**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

<b>Addiction Technology Transfer Center</b>	<b>American Society of Addiction Medicine</b>
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



Providers  
Clinical Support  
System

## Educate. Train. Mentor



[@PCSSProjects](https://twitter.com/PCSSProjects)



[www.facebook.com/pcssprojects/](https://www.facebook.com/pcssprojects/)

[www.pcssNOW.org](http://www.pcssNOW.org)

[pcss@aaap.org](mailto:pcss@aaap.org)

*Funding for this initiative was made possible (in part) by grant no. 6H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*