

## Examining barriers and facilitators in the use of long-acting injectable opioid use disorder medication in street health

### Background

- Safe and effective medication treatments for opioid use disorder (OUD) are available but underutilized<sup>1,2</sup>
- High prevalence of drug-related overdose deaths among unhoused people
- Sublocade, a long-acting injectable (LAI) form of buprenorphine, could improve care for hard-to-reach populations
- Limited studies about Sublocade provision among people experiencing homelessness and OUD<sup>3,4,5</sup>

### Goals

- Determine what is most important to unhoused OUD patients in making Sublocade treatment decisions
- Identify barriers and facilitators in clinic workflow and processes according to providers and mental health experts, regarding implementing and sustaining an LAI street health program
- Develop recommendations to improve the delivery and quality of specialized OUD treatment for this historically marginalized patient population

### Setting

- Street outreach and engagement are critical components to respond to the homeless crisis in our community.
- ACHCH Street Health services seeks to address the health disparities experienced by homeless residents of Alameda County.
- ACHCH Street Health teams directly provides street psychiatry and substance use recovery services to unsheltered people sleeping on the streets in the Oakland area, linking many people to the Trust Health Center.

### What we did

- Semi-structured interviews with providers (N=5), leadership (N=5), and patients (N=2)
- Summary of each interview coded by Dr. Arnold and research assistant; arbitrated by research supervisor. Project team developed themes and summarized recommendations for the ACHCH Street Health team.
- Identified 5 themes: **Patients, Providers, Pharmacy, Clinic Processes and Policy**

	CATEGORY	QUOTES
Patients	<i>Barrier:</i> Lack of patient-centered care	Pt: "providers trying to control us"
	<i>Solution:</i> Patient Education	Pr: "assess their readiness to change while setting expectations regarding stopping use when you don't have shelter" Pt: "the best way to reach people is to bring more information to the street; you need to bring the information to them"
	<i>Solution:</i> Peer Facilitation	Pr: "focus on formalizing the role of recovery support counselors into our primary care structure" Pt: "talking to people who have gotten the shot [sublocade], it's the only way to reach them" Ld: "there's been a lack of accompaniment through addiction and treatment stability, so need to incorporate a support counselor initiative"
Providers	<i>Barrier:</i> Lack of provider education	Pr: "lack of residency training and medical school training on MOUD" Ld: "people getting advanced in their careers without this particular skill set" Ld: " people were x waived, and they still didn't feel comfortable with prescribing"
	<i>Solution:</i> MOUD in GME	Ld: " teach people how to do it in school" Pr: "we need to teach people how to do it in school, and they will learn it like they learn all other medications"
	<i>Solution:</i> Provider Mentoring	Ld: "you need to have an expert somewhere within the organization to improve comfort" Pr: "some of the mentoring programs have been effective in improving comfort"
Processes	<i>Barrier:</i> Limited MOUD LAI administration hours at clinic	Ld/Pr: "patients...lack the hours that mirror the clinic" which contrasts with "a drug dealer works 24 hours a day and will go to the patient"
	<i>Solution:</i> Pharmacy administration of MOUD	Ld/Pr: "contract with a pharmacy...helpful for administration of LAI; pharmacies have longer hours at than at clinic (the clinic hours of 8-4)"
	<i>Solution:</i> Flexible appointments	Ld/Pr: "decreasing some of the barriers with walk in slots"

### Next Steps

- Present information to Trust Clinic
- Present information to Eleanor Health Clinic in Metairie, LA
- Write up data collected from project and submit to Academic journal for street health

1. Shulman, M., Wai, J. M., & Nunes, E. V. (2019). Buprenorphine Treatment for Opioid Use Disorder: An Overview. *CNS drugs*, 33(6), 567–580. <https://doi.org/10.1007/s40263-019-00637-z>.

2. Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/>.

3. Bauer, L. K., Brody, J. K., León, C., & Baggett, T. P. (2016). Characteristics of Homeless Adults Who Died of Drug Overdose: A Retrospective Record Review. *Journal of health care for the poor and underserved*, 27(2), 846–859. <https://doi.org/10.1353/hpu.2016.0075>.

4. Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., Singer, D. E., & Rigotti, N. A. (2013). Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. *JAMA internal medicine*, 173(3), 189–195. <https://doi.org/10.1001/jamainternmed.2013.1604>.

5. Baggett, T. P., Chang, Y., Singer, D. E., Porneala, B. C., Gaeta, J. M., O'Connell, J. J., & Rigotti, N. A. (2015). Tobacco-, alcohol-, and drug-attributable deaths and their contribution to mortality disparities in a cohort of homeless adults in Boston. *American journal of public health*, 105(6), 1189–1197. <https://doi.org/10.2105/AJPH.2014.302248>.