Background

- Americans are now more likely to die from an opioid overdose than a car crash (National Safety Council, 2017).
- Homeless individuals are particularly vulnerable to overdose and death from opiate-related causes.
- Those deaths could be prevented through medication-assisted treatment (MAT) such as buprenorphine.
- Office-based buprenorphine treatment presents multiple barriers for homeless individuals.
- Street psychiatry may be a promising approach to addressing substance use in homeless populations.
- Evaluation of street psychiatry programs to increasing access to MAT among homeless populations is nascent.

Methods

Study Design:
- Descriptive pilot study examining patient characteristics and preliminary outcomes for patients assessed for buprenorphine.

Participants:
- Participants were drawn from the patient population served by the Street Psychiatry program.
- 19 patients in the Street Psychiatry program were given a prescription for buprenorphine and included in analyses.

Measures/Data:
- All data was collected via self-report or Controlled Substance Utilization Review and Evaluation System (CURES) from November 2018 – April 2019.
- Demographic & clinical differences between groups.
- Filled prescription vs. never filled prescription.
- Of those who filled the prescription, received buprenorphine at the clinic vs. received in field.
- Adverse events: precipitated withdrawal and overdose while on buprenorphine.
- Substance use outcomes: heroin/other substance use and medication non-adherence.
- Harm-reduction outcomes: soft tissue infections, mode of drug use, and overdose reversals.
- Health-promotion benefits: hospitalizations, overdoses, emergency room visits, and linkage to primary care.

Table 1. Patient Demographics and Clinical Characteristics

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Sample (N = 19)</th>
<th>Filled prescription (n = 14)</th>
<th>Never filled prescription (n = 5)</th>
<th>p-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>58% (11)</td>
<td>57% (8)</td>
<td>60% (3)</td>
<td>0.91</td>
</tr>
<tr>
<td>White</td>
<td>26% (5)</td>
<td>29% (4)</td>
<td>20% (1)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16% (3)</td>
<td>14% (2)</td>
<td>20% (1)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>79% (15)</td>
<td>71% (10)</td>
<td>100% (5)</td>
<td>0.18</td>
</tr>
<tr>
<td>Female</td>
<td>21% (4)</td>
<td>29% (4)</td>
<td>0% (0)</td>
<td></td>
</tr>
</tbody>
</table>

Average Age (years):
- Buprenorphine history: 43.7 (29 – 60) vs. 43.3 (31 – 60) vs. 44.8 (29 – 58).
- MAT History:
  - Methadone history: 66% (11) vs. 54% (7) vs. 60% (4).
  - Methadone history: 17% (3) vs. 23% (3) vs. 0% (0).
  - History of both: 11% (2) vs. 15% (2) vs. 0% (0).
  - No MAT history: 61% (11) vs. 6% (1) vs. 20% (1).

Hepatitis C Status:
- Negative 64% (9) vs. 54% (7) vs. 67% (2) vs. 0.00.
- Positive 36% (5) vs. 36% (4) vs. 33% (1) vs.

Discussion

- No differences in demographics (age, race, gender, route of heroin use, or years homeless) between those that filled the prescription or those that transitioned to getting buprenorphine at the clinic, and those that did not.

Results

- Adverse events: No overdoses documented while taking buprenorphine.
- 1 patient experienced precipitated withdrawal.

Future directions:
- Focus group and qualitative analysis as the Street Psychiatry program continues to develop its street-based buprenorphine model.
- Examines the motivations and barriers for patients to go to the clinic for buprenorphine.
- Understand characteristics of those who do or do not fill the prescription.
- Experience with street buprenorphine, discrimination at pharmacies, stage of change, etc.