

Drug Use and Overdose Risk Among Unstably Housed Individuals in Washington Heights Receiving Medication Assisted Treatment for Opioid Use Disorder

Max McGredy, Vagelos College of Physicians and Surgeons, Class of 2023
 Mentor: Dr. Silvia Cunto-Amesty, MD, MPH, MSEd

Research Question: What are the demographics, drug use patterns, overdose risk behaviors, and rates of naloxone usage among individuals on medication assisted treatment in Washington Heights?

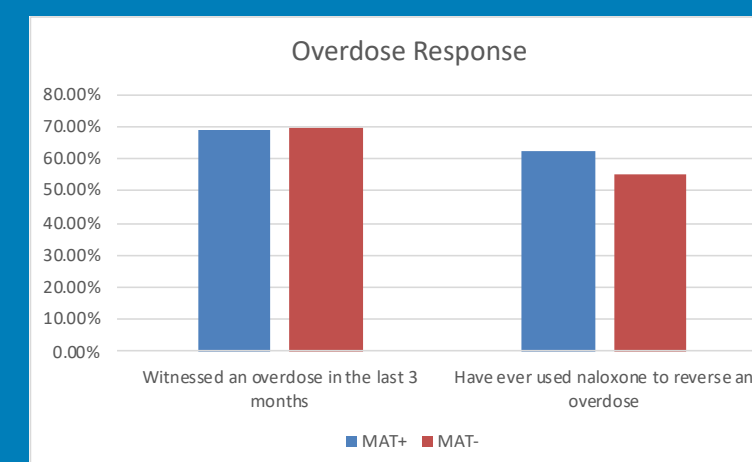
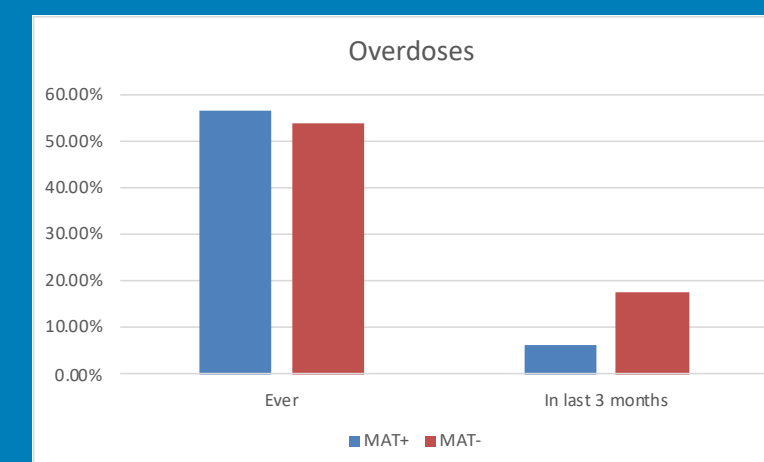
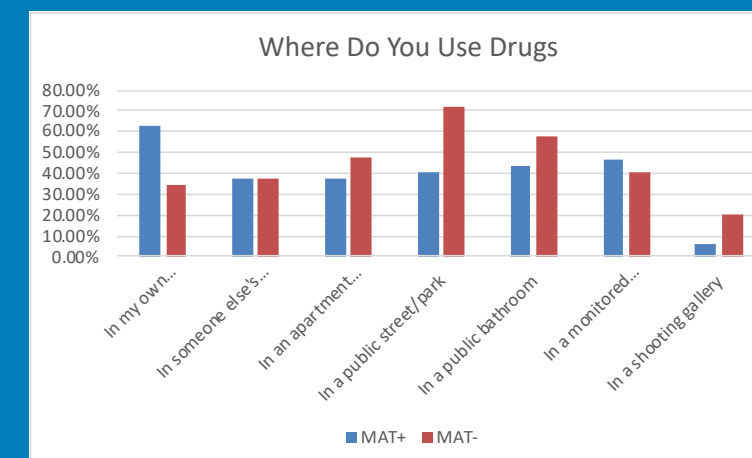
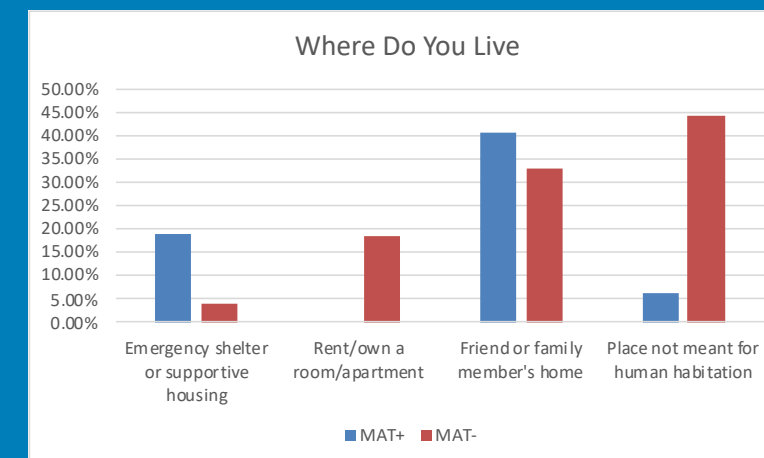
BACKGROUND

Unintentional drug overdose is the leading cause of death among homeless individuals in the US. People with opioid use disorder may receive medication assisted treatment (MAT) in the form of methadone or buprenorphine but may continue to use opioids including heroin. Little is known about drug use patterns, overdose risk behaviors, rates of naloxone training and usage, and associated variables among unstably housed individuals receiving MAT and using heroin.

DESCRIPTION OF ORGANIZATION

This study was conducted in conjunction with the Washington Heights CORNER Project, a community-based harm reduction organization. Community health workers and peers provide syringe exchange, rapid HIV/Hep C testing, naloxone training, safer sex supplies, and harm reduction education out of a mobile outreach vehicle at several locations in Washington Heights.

TABLES



METHODS

We conducted a cross-sectional survey (N=102) among participants seeking harm reduction services who reported heroin use in the last three months. Frequency testing was performed in excel for factors related to heroin use while receiving MAT (MAT+) vs not receiving MAT (MAT-).

The sample was predominantly male (72%), unstably housed (42% homeless), Hispanic-identifying (62%), and using heroin daily (77%). MAT+ individuals were more likely to rent/own an apartment and to use drugs in their own home. MAT- individuals were more likely to live in a place "not meant for human habitation" and to use drugs in a public place. MAT+ individuals were less likely to overdose in the last 3 months (6.25%) than MAT- individuals (17.39%), despite similar levels of daily heroin usage.

DISCUSSION

Findings suggest MAT protects against overdose, despite daily heroin use. Further research should investigate whether stable housing promotes access to MAT or whether treatment engages individuals in social services. Since MAT+ individuals were equally likely to observe overdoses, participants at methadone/buprenorphine programs should be equipped with naloxone kits.

REFERENCES

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