HOMELESS & HOUSING RESOURCE CENTER

Methamphetamine and the Transition to Housing: Strategies to Support People to Thrive in Permanent Housing

April 20, 2022

3:00-4:30pm ET

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer

The **Homeless and Housing Resource Center** is a program operated by Policy Research, Inc. and developed under grant 1H79SM083003-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Interviews, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

PRI
POLICY RESEARCH, INC.

SAMHSA
Substance Abuse and Mental Health Services Administration

ASL Interpretation and Transcription

- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
  - **Justin Anderson**
  - **Meagan Thorp**
- Live transcription is available
  - Click Live Transcript CC and then select Show Subtitle
  - Subtitles can be moved within the window and re-sized
- If you are experiencing technical difficulties, please contact info@hhrctraining.org

SAMHSA
Substance Abuse and Mental Health Services Administration

Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Slides**: Available now on HHRC website: https://hhrctraining.org/events-webinars
- **Recording**: Will be available on the HHRC website in 1 week
- **Questions**: Please submit your questions using the Q&A feature
- **Evaluation**: Browser will redirect following the webinar
- **Certificate of Participation** (no CEUs are offered): Provided after evaluation is completed

Panelists

- **Courtney Pladsen**, DNP, FNP-BC, RN, Director of Clinical & Quality Improvement, National Health Care for the Homeless Council, Portland, Maine
- **Kate Gleason-Bachman**, MPH, BSN, RN, Clinical and Quality Improvement Nurse Manager, National Health Care for the Homeless Council, Philadelphia, Pennsylvania
- **Christopher Lee Thomas** (He/Him), A.A, C.R.S.S, Training and Education Manager, Sonoran Prevention Works, Phoenix, Arizona
- **Chloe Cekada** (She/Her), BA, Director of Freedom Place, Amistad, Portland, Maine
- **Jeffrey Jackson** (He/Him), MA, Assistant Director of Housing, Pathways to Housing PA, Philadelphia, Pennsylvania

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Methamphetamine and the Transition to Housing: Strategies to Support People to Thrive in Permanent Housing

April 20, 2022

Courtney Pladsen, DNP, FNP-BC, RN
Kate Gleason-Bachman, MPH, BSN, RN

Who We Are

- Since 1986, we have brought together thousands of **health care professionals**, **medical respite care providers**, **people with lived experience of homelessness**, and advocates. Our 200+ Organizational Members include **Health Care for the Homeless** programs, respite programs, and housing and social service organizations across the country.

What We Do

- We work to improve homeless health care through **training and technical assistance**, **researching** and sharing best practices, **advocating** for real solutions to end homelessness, and **uplifting voices** of people experiencing homelessness.

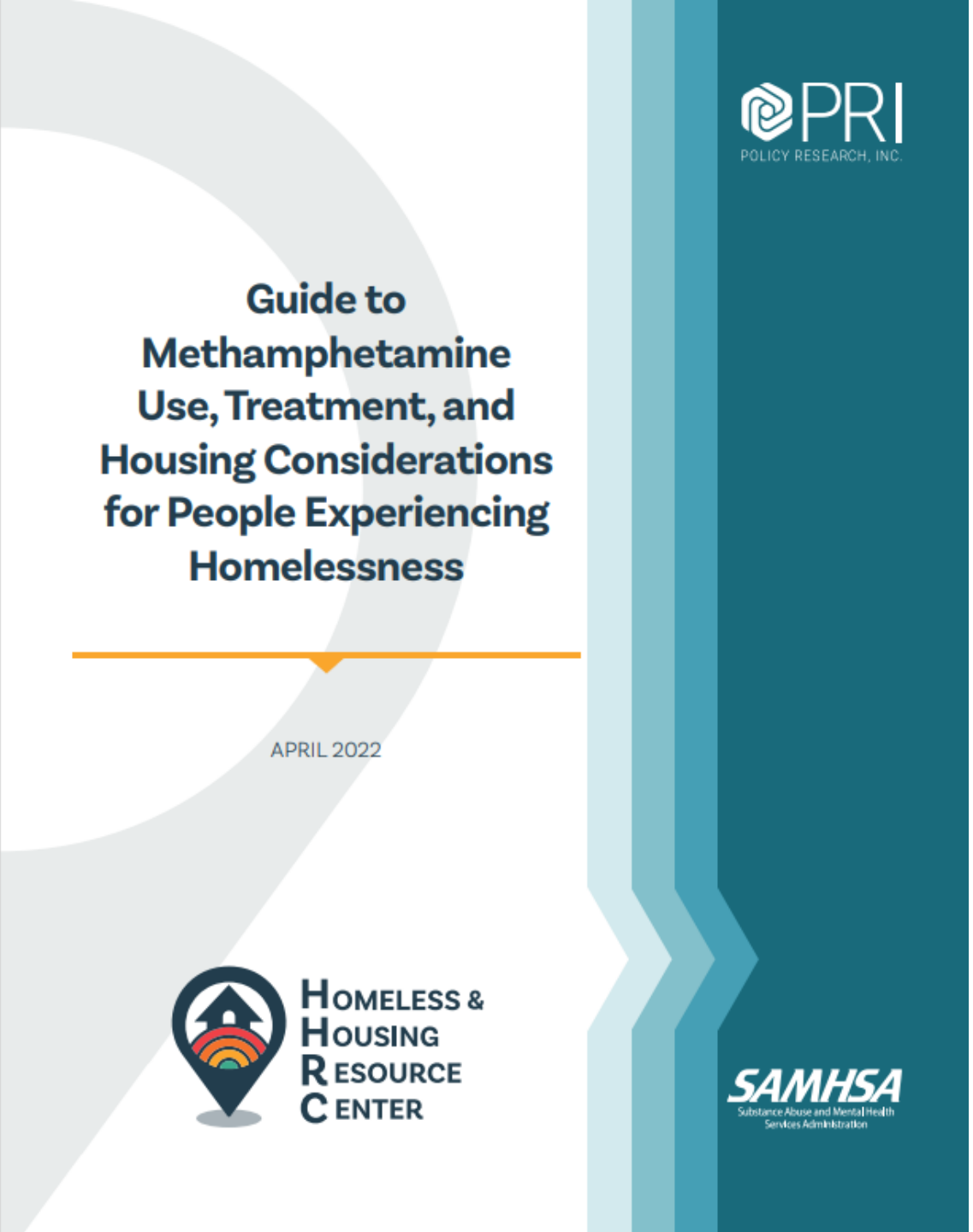
What You Can Do

- **Learn more about how you can help support our mission.**

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Self-care

- These are difficult topics as they intersect with our personal and professional experiences.
- In this webinar we discuss substance use, harm reduction, and mental health. These topics may feel uncomfortable and what is discussed may be different than your personal beliefs and that is ok!
- Your personal journey is your own.



Content

- Methamphetamine Basics
  - Methamphetamine Use in the United States
  - How Methamphetamine Is Used
- Drivers of Methamphetamine Use
  - Adverse Childhood Experiences
  - Depression
  - Survival Needs
  - The Impact of Methamphetamine on the Body, the Brain, and Behavior
- Housing Considerations for People Who Use Methamphetamine
  - Setting Expectations and Promoting Boundaries
- Treatment and Management Approaches for People Using Methamphetamine
  - Addressing Acute Symptoms of Methamphetamine Use
  - Treatment for Methamphetamine Use Disorder

Conversation Framing

We are hearing across the country that our communities are struggling

1. Lack of low barrier, harm reduction-based housing
2. Poisoned drug supply
3. Lack of treatment options
4. Rising evictions among PWUD, specifically those who use MA
5. Increased mental health distress
6. Community scrutiny

Methamphetamine Basics

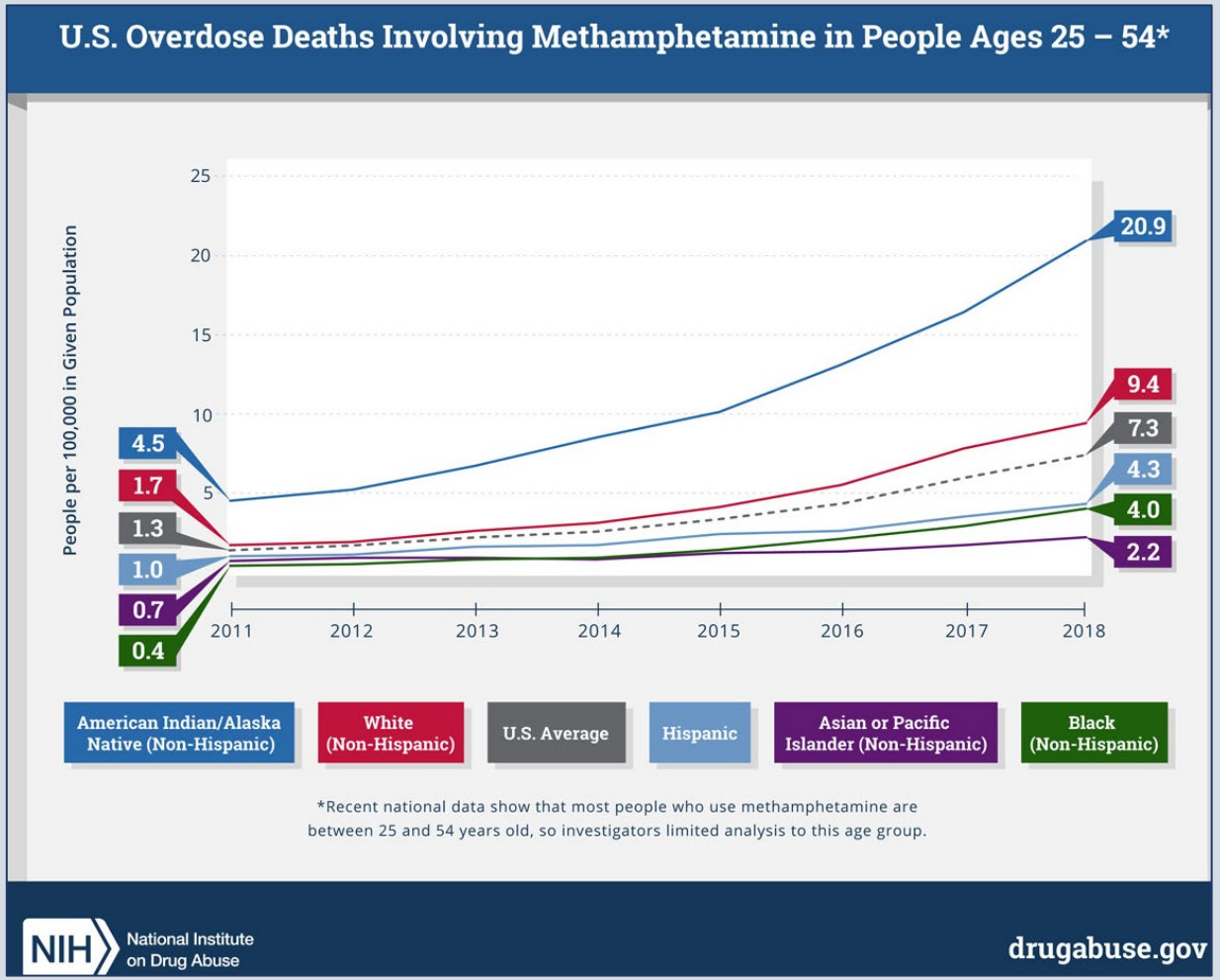
Methamphetamine (MA) is a powerful central nervous system stimulant that people use to induce many different effects. MA increases the release of dopamine in the brain and, as such, acts as a potent antidepressant and causes high levels of euphoria, which can be a driver of addiction to this substance. In addition to euphoria, MA use causes the following:

- increased wakefulness and physical activity
- insomnia
- talkativeness
- decreased appetite
- racing heart
- sweating
- increased blood pressure and body temperature

It can also cause other symptoms, including anxiety, paranoia, hallucinations, and psychosis. It is a synthetic, easily dissolved, odorless, crystalline powder or crystal "rock" that can be ingested orally, smoked, inhaled/ snorted, or injected.

Methamphetamine Use in the United States

- There was a 43 percent increase in reported MA use between 2015 and 2019, with 2 million Americans reporting MA use in 2019.
- Rates of methamphetamine use disorder (MAUD) also increased, as did polysubstance use with cocaine and opioids, reports of daily MA use, and reports of injecting MA (over other methods of use).



ACMT American College of Medical Toxicology

ToxIC Toxicology Investigators Consortium

cfsre The Center for Forensic Science Research & Education

NPS DISCOVERY

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Opioid Overdoses from the Toxicology Investigators Consortium (ToxIC) Fentalog Study Group: Q4 2021

Methamphetamine Use Among People Experiencing Homelessness

- Overdose is already a leading cause of death among people experiencing homelessness, and MA use can increase that risk, which, in turn, impacts health, functional status, safety, and housing stability.
- MA can be a survival tool
- Poverty and homelessness are what drive use and disproportionate burden of negative symptoms related to MA
- People across all socioeconomic levels use mind altering substances, some are more socially acceptable than others, but those who are experiencing poverty and homelessness disproportionately experience worse outcomes: increased incarceration, seizure of property, eviction, and mental distress.

Cessation of MA without a plan can cause profound suffering

Adverse Childhood Experiences & MA

- ACEs are associated with increased incidence of MA use and MAUD.
- Large-scale studies demonstrate a positive relationship between ACEs and stimulant use disorders: as the number of reported ACEs increases, so does the prevalence of reported stimulant use.
- This relationship highlights the importance of a trauma-informed approach in health care and housing support, one that acknowledges and addresses the impact of past traumatic experiences and fosters healing.
- By recognizing the role of trauma in substance use behaviors, service providers and clinicians can better support people who want to decrease or stop their MA use by planning for potential mental health challenges and the need for additional supports with cessation of use.

Treatment for Methamphetamine Use Disorder

Philosophical Approach

Client Driven: "Treatment" should always be decided when and how by the individual and their goals

Harm Reduction Based: cessation of MA is not in conflict with harm reduction

Treatment Interventions

Psychosocial-based interventions: contingency management and the Community Reinforcement Approach are the most effective treatment options

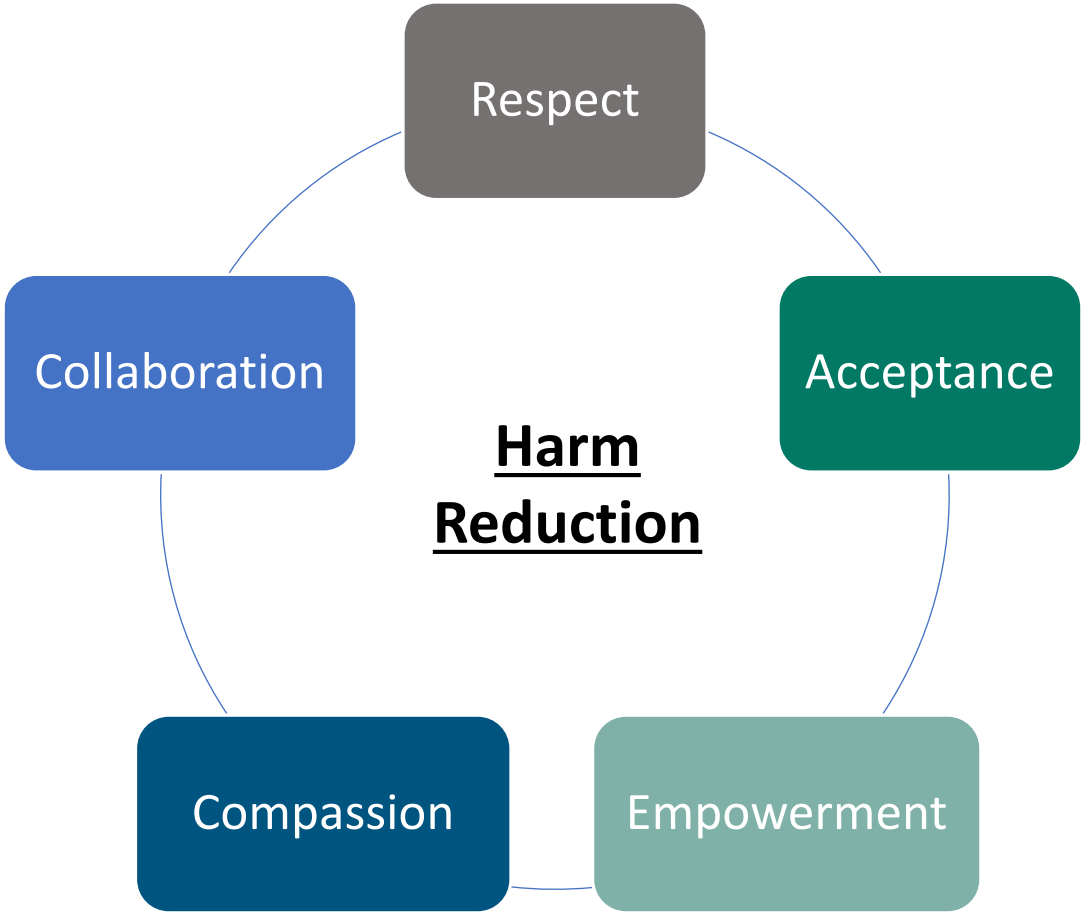
Medications have demonstrated some positive results in reducing cravings, but the observed treatment effects have not been large, and no FDA-approved medications for the treatment of MAUD currently exist.

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Methamphetamine and Housing

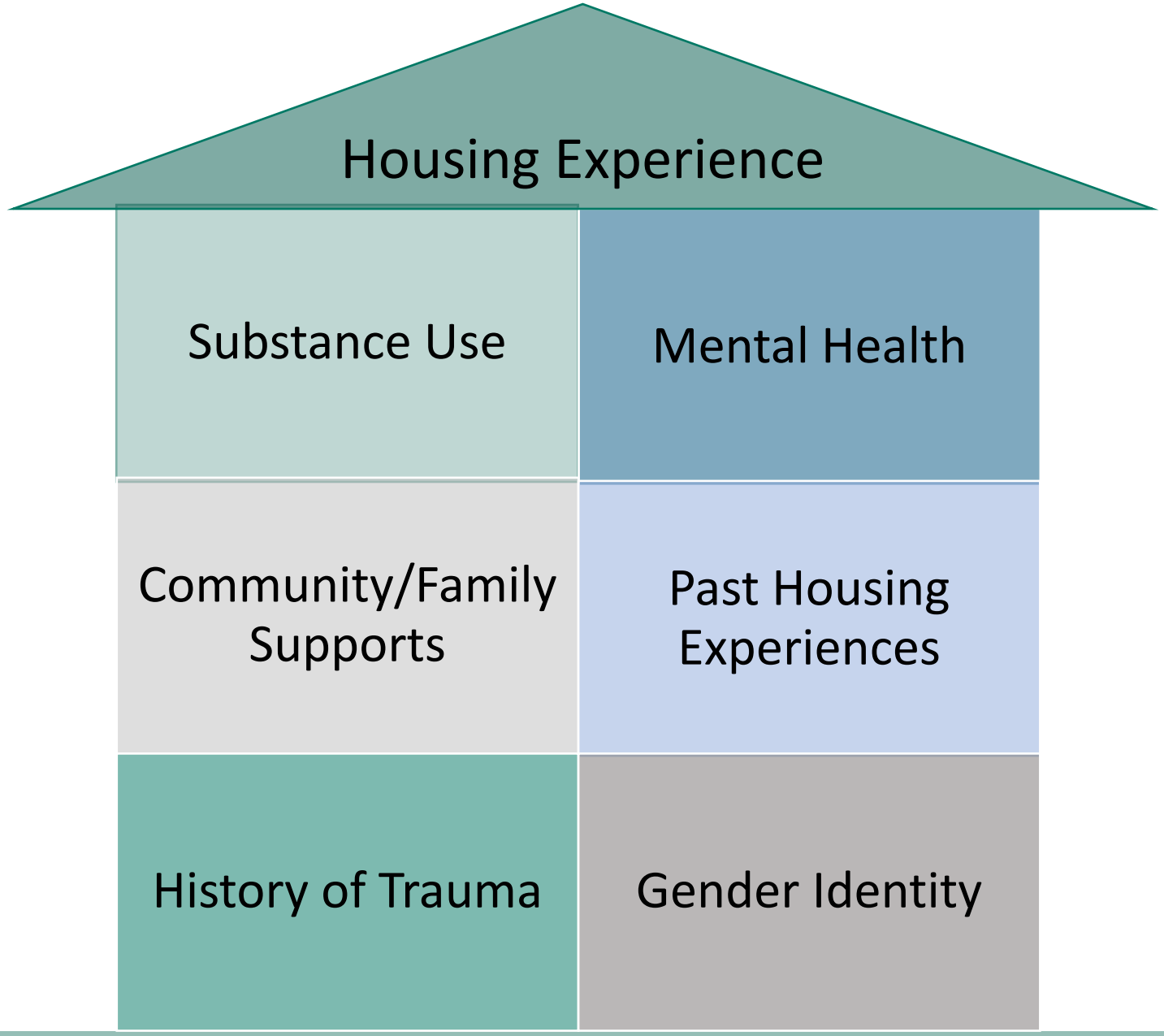
Setting up for Success:

- Harm reduction approach
- Tenant as a partner in planning and problem solving
- Setting expectations and supporting boundaries
  - The lease in practice
  - Available supports
  - Identifying and communicating boundaries



Challenges in Housing:

- Increased use
- Health concerns
- Unit take over/abandonment
- Community integration
- Property damage
- Overdose risk
- Conflict with neighbors or landlord
- Traffic in unit
- Frequent lock-outs



Before Move-In

What will substance use look like?

- ✓Any goals related to their use?
- ✓Plan to use in unit, community, both?
- ✓Who can use in the unit and how can they control this?
- ✓Safety plan for overdose
- ✓Safety plan for if they experience symptoms of over-amping

Before Move-In: Additional Supports

- Identify how to call-in supports
- Assess baseline functional status
- Orient to the community and local resources
- Consider a lock box if lockouts are a concern
- Connect to primary care, behavioral health care, or substance use treatment
- Review boundaries, lease

Safety Plans

Safer Use:

- Plan to use with others?
- Use of test dose/fentanyl test strips
- Availability of naloxone
- Sharps management
- Access to a phone

Plan for Over-amping:

- Identify potential supports
- What actions could help – e.g. hydration, food, change of scene
- What steps could make them/the unit feel safer?

Prevention of Acute Symptoms

Safety Plan	Create a safety plan at move-in that addresses substance use, including goals and self-management strategies, as well as potential supports in times of crisis.
Communication	Explicitly name potential challenges related to MA use and housing; keep an open dialogue, especially if use and/ or external stressors are increasing.
Crisis Follow-up	Following any incident related to MA use (e.g., agitation, emergency room visit, or damage to the apartment), debrief with the tenant and plan for prevention/ management should symptoms recur

Management of Acute Symptoms

- **Bring up the individual's safety plan** and prompt them to use self-management strategies and offer to communicate/link them with pre-identified supports.
- **Support nutrition and hydration needs**: people using MA over several days and in crisis have often not eaten or consumed liquids.
- **Assess for sleep**: help the person problem-solve how they might pause use and attempt to sleep or rest.
- **Facilitate reasonable measures to increase a sense of safety**, e.g., closing curtains, supporting the tenant in asking guests to leave, decreasing external stimuli (traffic in and out of unit, TV/ radio), or demonstrating that their door lock functions.

Management of Acute Symptoms: Multidisciplinary Team Approach

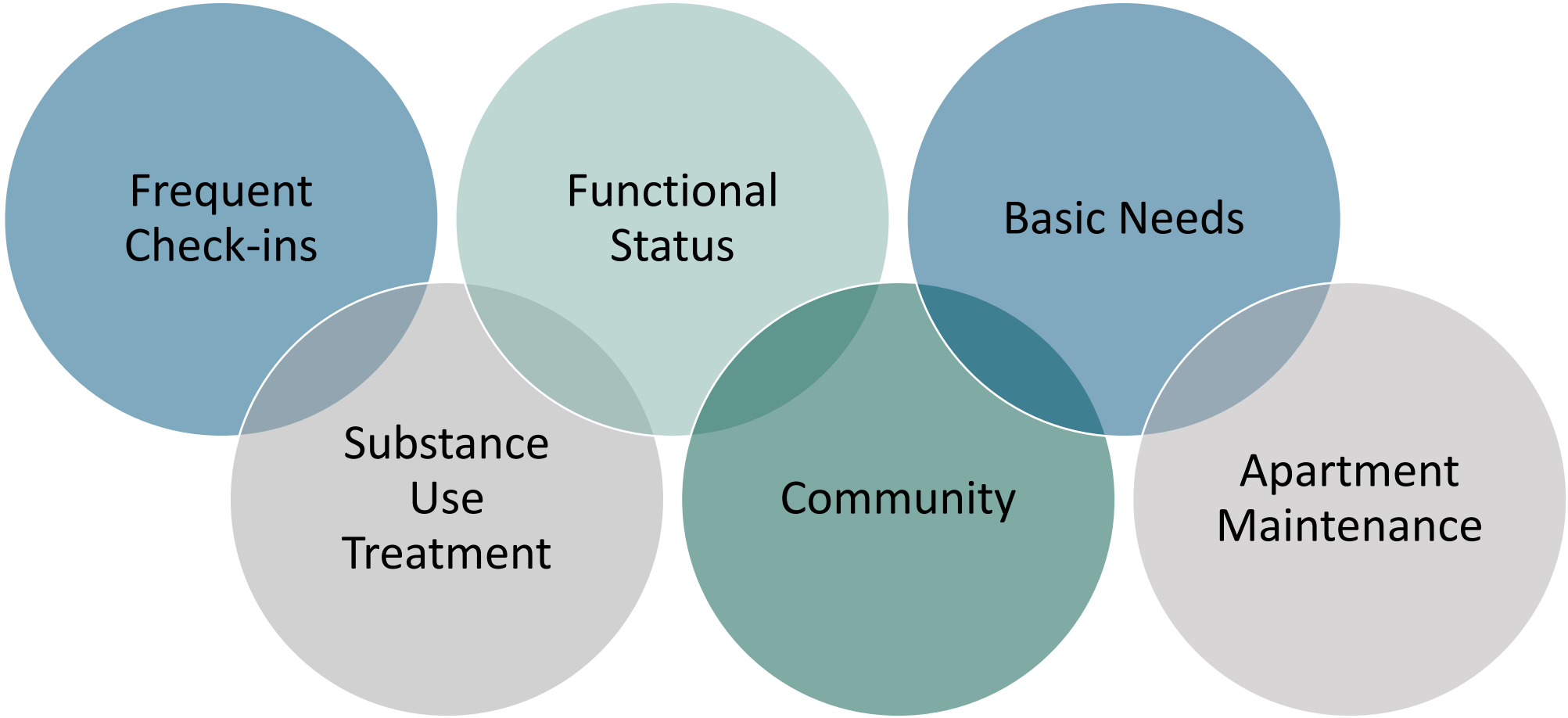
Safety plan and phone access to team

Work with multidisciplinary team to meet specific needs

Coordinate with emergency services

Make a specific follow-up plan with client and team

Ongoing Support



Panelists

- **CHRISTOPHER LEE THOMAS** (HE/HIM), A.A, C.R.S.S
  Training and Education Manager, Sonoran Prevention Works, Phoenix, Arizona

- **CHLOE CEKADA** (SHE/THEY), BA
  Resident Support of Freedom Place, Amistad, Portland, Maine

- **KARI LOFGREN** (SHE/HER)
  Advocate, Portland, Maine

- **JEFFREY JACKSON** (HE/HIM), MA
  Assistant Director of Housing, Pathways to Housing PA, Philadelphia, Pennsylvania

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Questions?

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Follow us on social media!

National Health Care for the Homeless Council

National Institute for Medical Respite Care

Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

http://hhrctraining.org/ | info@hhrctraining.org | 518-439-7415x4

HOMELESS & HOUSING RESOURCE CENTER

PRI POLICY RESEARCH, INC.

SAMHSA Substance Abuse and Mental Health Services Administration