

Treating OUD in Persons Experiencing Homelessness

Presented By:

Lynda Bascelli, MD

Carley Schaffer, MS, LCADC, CCTP

Clement Chen, PharmD

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Disclosures

Lynda Bascelli – none

Carley Schaffer – none

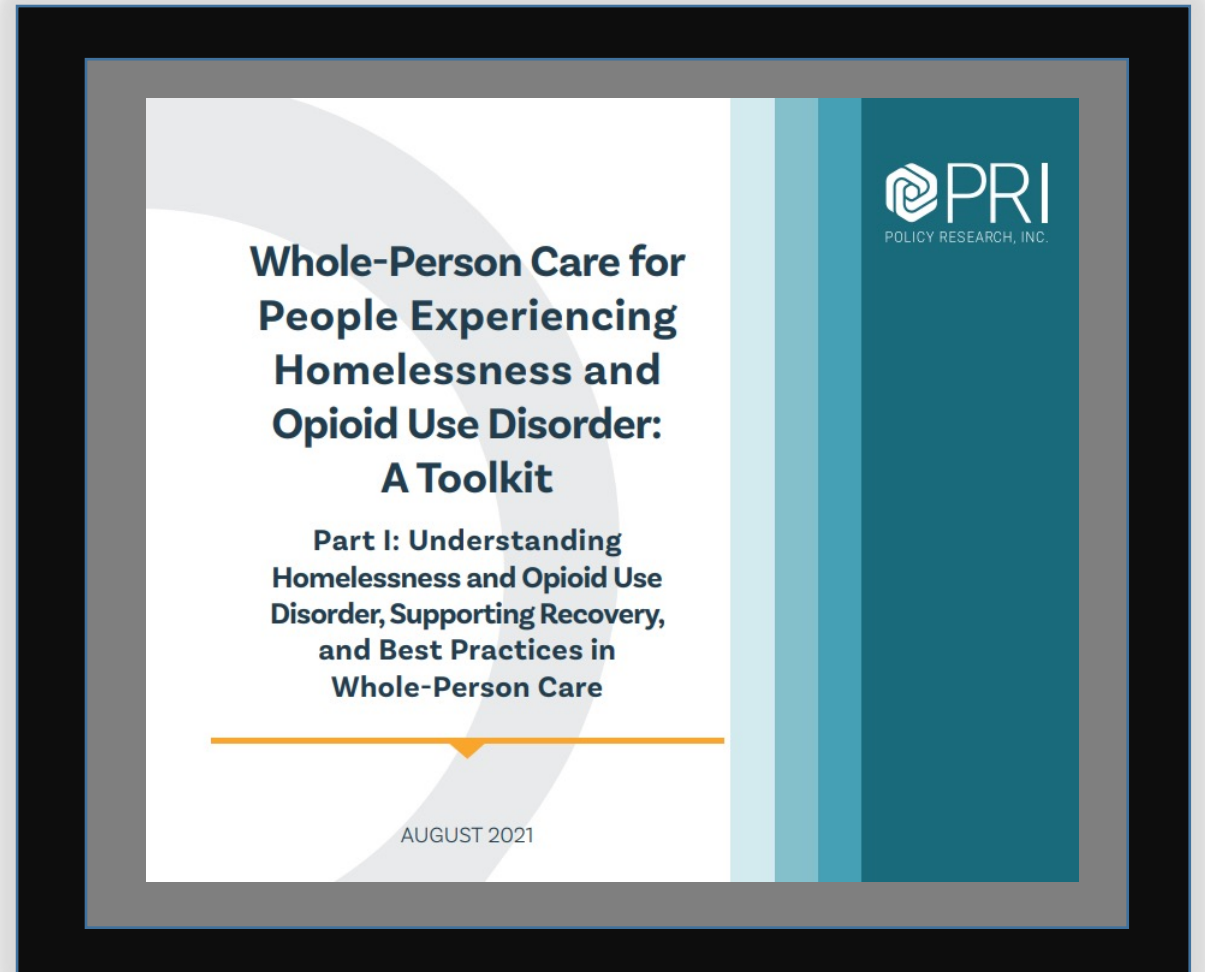
Clement Chen – none

Learning Objectives

Upon completion of this session, participants will:

01. Identify the core elements of Whole-Person Care
02. Describe the intersection between homelessness and opioid use disorder
03. Name 3 practices that can reduce the burden of stigma on those we serve

SAMHSA Resource



Whole-Person Care: Core Elements



Person-centered

Trauma-informed and healing-centered



Recovery-oriented

Racially equitable



Non-stigmatizing

Housing-focused

Homelessness and OUD

Persons experiencing homelessness

Opioid use disorder

Racial inequities

Whole-Person Care: Best Practices

01. Use person-first language
02. Practice cultural humility
03. Understand and reduce stigma
04. Be trauma-informed and healing-centered
05. Take a whole person approach to outreach and screening
06. Support harm reduction
07. Understand how people change
08. Maintain healthy boundaries

Types of Stigma

Stigma Type	Definition
Micro or internalized self-stigma	The judgments and negative opinions people who are the recipients of public or societal stigma hold about themselves. People internalize the stigma they encounter and receive and begin to believe they are true, developing the structures of shame and guilt that can cause isolation, loss of will, and feelings of hopelessness and worthlessness.
Public interpersonal and community stigma	The attitudes and feelings expressed by many in the public toward people with OUD. These include family and community ties, relationships with peers and, in some cases, those who provide treatment and care. Public stigma involves three processes: <ul style="list-style-type: none">• Identifying differences• Connecting those differences to stereotypes• Separating <i>us</i> from <i>them</i>, ensuring that the stigmatized individual or group experiences a marked loss in social status
Macro or structural institutional and societal stigma	The laws, policies, protocols, and practices that produce and maintain stigma at local, regional, and national levels—and within institutions and organizations such as in healthcare and legal settings. This stigma can result in reduced resources, exclusion from decision-making bodies, and diminishing rights to privacy and self-determination.

Practices to Reduce Stigma

Practice Area	Questions and Considerations
The building and entrance	<input type="checkbox"/> Is the reception area or entryway welcoming and inviting? <input type="checkbox"/> Is it a place you want to be? <input type="checkbox"/> Is the building accessible? <input type="checkbox"/> Are there comfortable places to sit?
Warm welcome	<input type="checkbox"/> How are people received when they enter the building? <input type="checkbox"/> Are they greeted with dignity, kindness, and respect? <input type="checkbox"/> Are they given clear directions?
Messaging and language	<input type="checkbox"/> Are you using science-based, non-stigmatizing language to describe OUD? <input type="checkbox"/> Is the available literature non-stigmatizing? <input type="checkbox"/> Do posters and decorations deliver positive and affirming messages? (Or do they broadcast punitive attitudes, such as <i>Drink and Drive and You're Going to Jail</i>)? <input type="checkbox"/> Do your mission statement, policies, brochures, and participant forms communicate respect, affirmation, and positive regard for individuals with OUD? Consider reviewing these materials for stigmatizing language and replacing them with more inclusive language.
Sessions	<input type="checkbox"/> When meeting with people, do you slow down and be present for their experience, meeting them where they are? <input type="checkbox"/> Do you attune to the experiences of the person you are serving, taking into consideration that they may be having a trauma response, experiencing withdrawal, or processing the side effects of these experiences? <input type="checkbox"/> Are you talking about OUD, treatment, and recovery with science-based strategies?
Peer involvement	<input type="checkbox"/> Is peer support part of your program? <input type="checkbox"/> Do you share sources of hope or models of possibility where feasible with those you are serving?
Multiple pathways	<input type="checkbox"/> Does the person you are serving know their treatment options (such as MAT, harm reduction, or 12-step programs)? <input type="checkbox"/> Are options presented in an unbiased manner? <input type="checkbox"/> How are you empowering people to make their own decisions?

Questions & Discussion



Thank you to
everyone who joined
and participated
today!