HIGH RATES OF UNSTABLE HOUSING ASSOCIATED WITH DEPRESSION AND OVERDOSE IN PEOPLE WITH OPIOID USE DISORDER

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Background:
Unstable housing and Opioid Use Disorder (OUD) are often at-risk factors for diseases like HCV and HIV, mental illness, and overdose. We aim to assess the associations between housing stability and mental health, drug use, and sexual behavior in individuals with OUD.

Methods:
LOOP is a prospective cohort study of individuals with OUD within 3 years in Washington, DC and Baltimore, MD. Participants complete surveys assessing demographics and behaviors, including OUD DSM-V, PHQ-9, and GAD-7. Stable housing was defined as renting or owning a house or apartment. Fisher’s exact test and unpaired t-test were used for statistical analysis.

Results:
The 122 participants are predominantly male (84,67.2%), middle-aged (median 57 years), Black (105, 84.7%), used drugs in the past 6 months (87, 69.6%), and on medication for OUD (111, 89.5%). Fifty-three (43.1%) are unstably housed. 105 (86.1%) have history of HCV, and 13 (10.7%) are HIV-positive, with no association to housing status.

When comparing people with and without stable housing, there was no significant difference in drug use frequency, injecting drug use, or type of drug used (p>0.05). However, unstably housed individuals had higher mean OUD scores (6.0 vs 4.5; p=0.04), were more likely to have experienced overdose (75% vs 55% p=0.04), and to live with someone who misuses non-prescribed drugs (22.6% vs 7.2%; p=0.02).

Unstably housed individuals were more likely to meet criteria for depression (46.2% vs 27.5%; p=0.04) and report being screamed or cursed at (p=0.04). Meeting criteria for anxiety and suicidality were not associated with housing status (38.5% vs 33.3% and 21.5% vs 8.7% respectively; p>0.05).

Having sex in the past six months, frequency of sex, number of sexual partners, condom use and engaging in transactional sex were not associated with housing stability (p>0.05).

Conclusion:
We identified high rates of housing instability in people with OUD, which was associated with higher rates of depression, overdose, and OUD severity. Improving housing stability may be a critical intervention to improve health and safety among people with OUD.

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