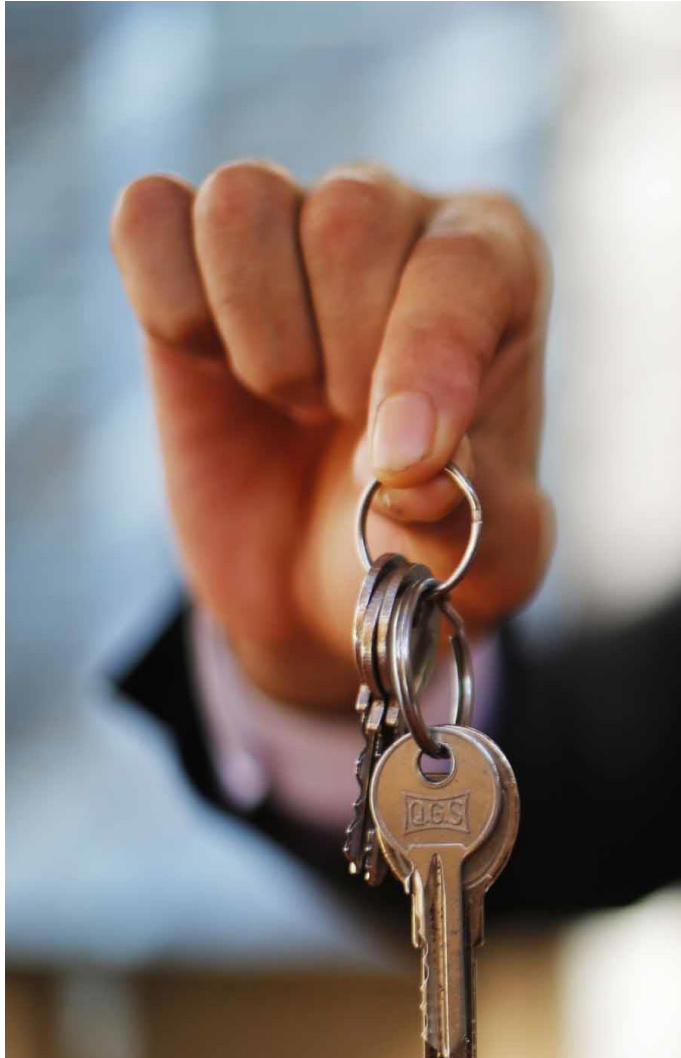


FEANTSA research conference



Addictions in french HF program: first results

Dr. Aurélie Tinland, Dr. Sandrine Loubière, Mohamed Boucekine, Julien Fernandez, Pr. Pascal Auquier
EA3279 – France

Plan

- HF in France
- Co-occurring disorders : few points
- Results of HF in France
- Comparison between with or without addiction
- Pattern of use between inclusion and M24
- Discussion
- Highlights

French HF program

- Four metropolitan cities : Paris (119), Marseille (199), Toulouse (200) and Lille (185)
- DIHAL : interministerial department
- Budget : Ministry of health: 2,5 M€
Ministry of housing : 3 M€
- 382 apartments - 11.5% in the public sector

French research protocol

- Two methods : **Quantitative** and Qualitative
- The randomized controlled trial
 - Population : “Homeless with severe mental illness” in HF studies > “Homeless with schizophrenia or bipolar disorders” in France
 - HF (fidelity scale) VS Treatment As Usual
 - Primary evaluation criterion : days of hospitalization
 - Secondary outcomes and measures: QoL, recovery measures

Co-occurring disorders / dual diagnosis

- Complex diagnosis
 - Substance induced
 - Pre-existing ?
- Complex challenges +++
 - Relapses
 - Hospitalizations
 - Needs
 - Homelessness...



Prevalence in western countries

- 29 studies
- 7 countries
- 5684
homeless

(Fazel, 2008)

	Prevalence in homeless population (Min-Max)	Prevalence in general population (Min-Max)
Head injury	8-53%	1%
Psychosis	3-42%	1%
Depression	0-49%	2-7%
Personality disorder	2-71%	5-10%
Alcohol dependance	8-52%	4-16%
Drug dependance	5-54%	2-6%
Dual diagnosis	58-65%	<1%
PTSD	38-53%	2-3%

Causality

Multiple risk factor theory

Dysphoria theory

CO-OCCURRING DISORDERS

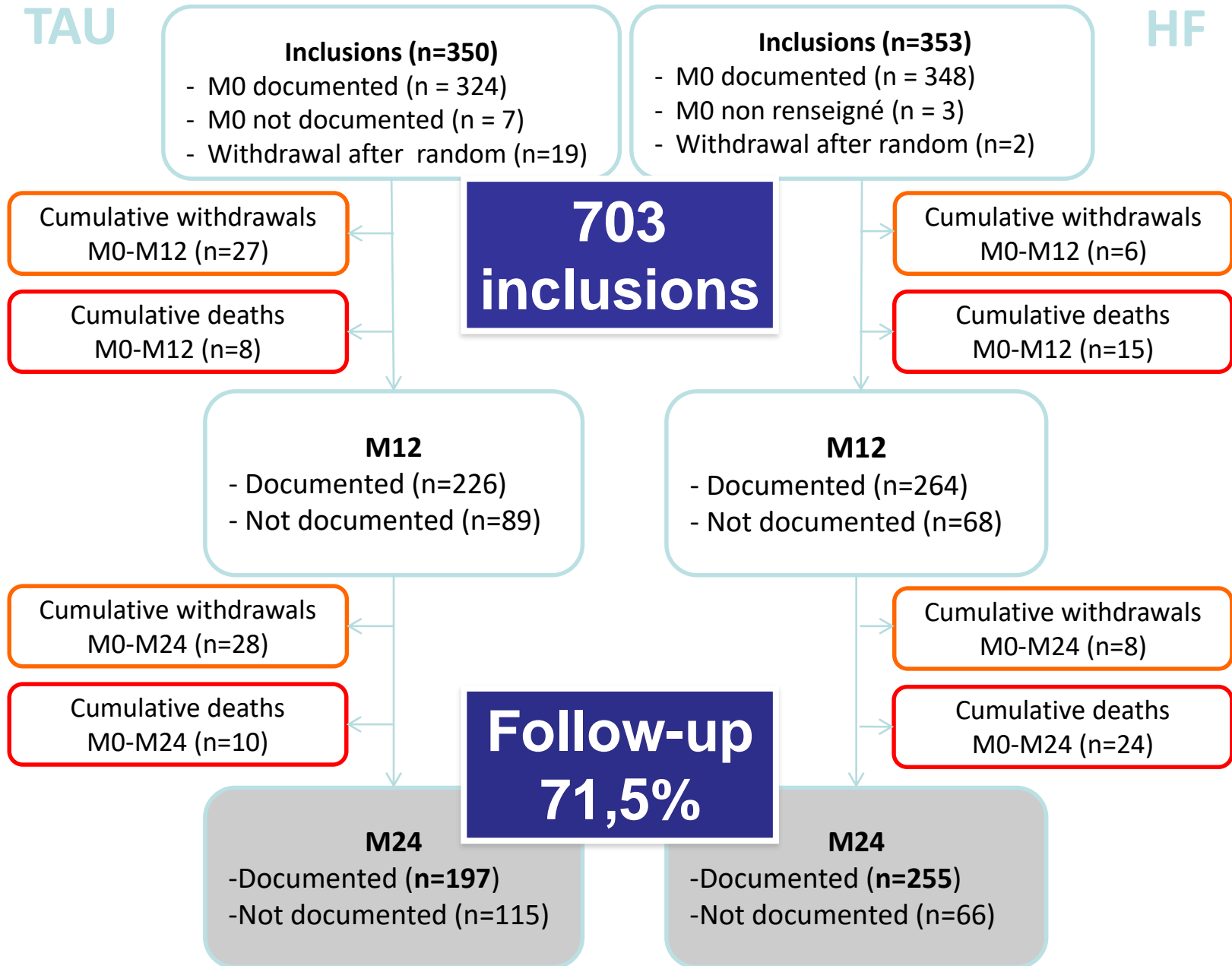
Self medication theory

Supersensitivity theory

Flow chart

TAU

HF



Characteristics of study participants

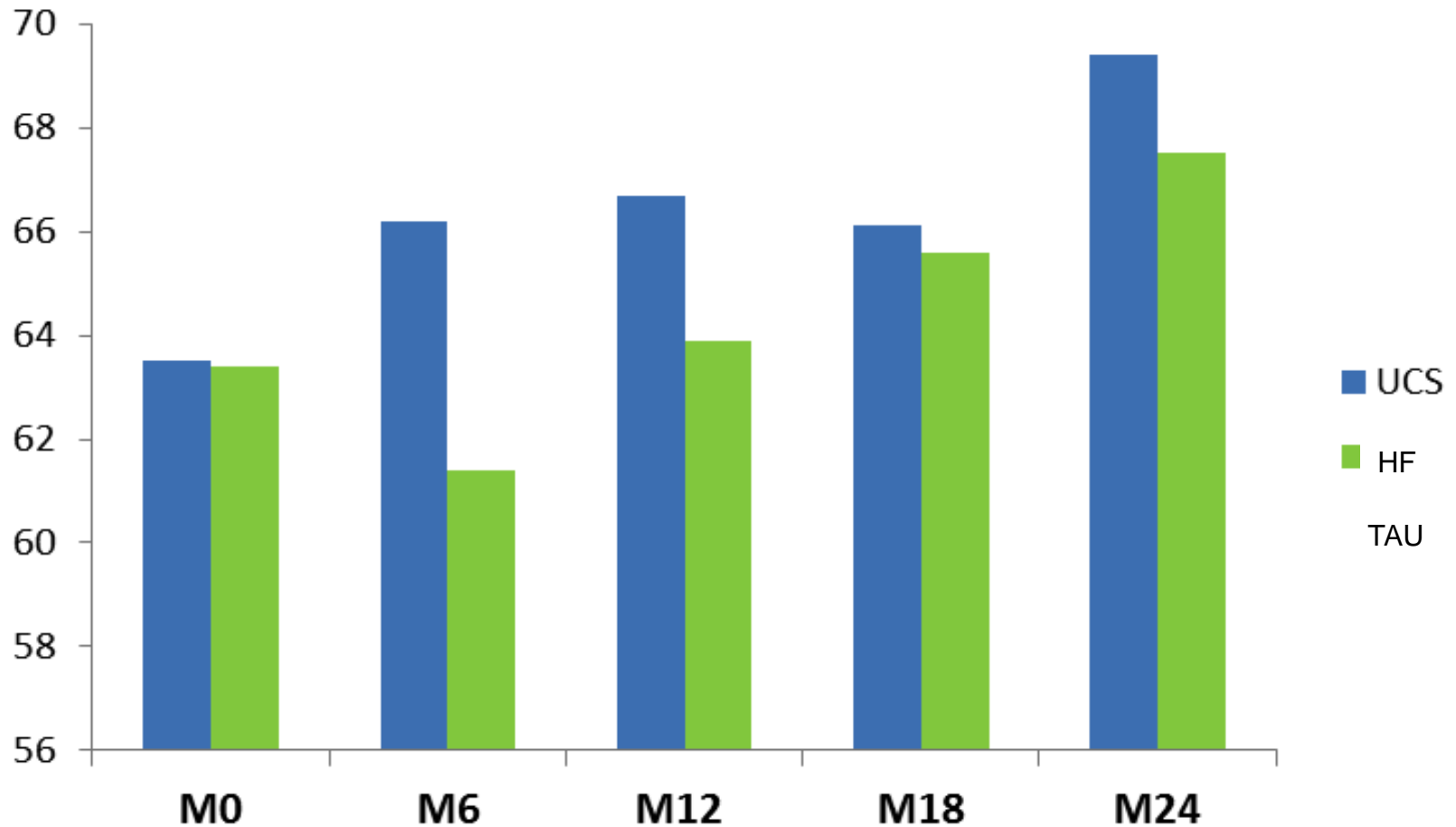
	All sites	Lille	Marseille	Paris	Toulouse
Characteristics of the study participants					
Sex: male	82,80%	86,50%	80,90%	78,20%	84%
Age, in years	38,8 ± 10	38,9 ± 9,7	40,1 ± 10	42,1 ± 9,8	35,3 ± 9,4
Nationality: French	85,80%	89,30%	85%	79,80%	87%
Education: bachelor's degree and more	27,50%	18,70%	26,20%	31,80%	30,20%
Marital status: single	77,80%	78,30%	70,50%	81,40%	83,20%
Had children	37,40%	37,70%	44%	26,50%	37,50%
Voluntarily committed military	7,10%	3,30%	14%	0,90%	7,10%
Incarceration 2 years before the inclusion	22,90%	24,70%	22,60%	12,90%	27,40%
Disease					
Diagnostic: schizophrenia	69,30%	84,90%	70,40%	67,20%	55%
Severity: ICG	4,6 ± 1,3	4,6 ± 1,3	4,8 ± 1,2	4,6 ± 1,2	4,4 ± 1,4
Dual diagnosis / abuse or dependance	78,90%	75,30%	73,30%	85,50%	83,80%
Homelessness history					
"Absolute homelessness" at inclusion	66%	67%	70,40%	54,60%	67,70%
Total time of being without a home, entire life, in years	8,5 ± 7,8	8 ± 7,6	9,3 ± 8,2	10,2 ± 8,2	7,2 ± 7,1
Total time in streets or public space, entire life, in years	4,3 ± 5,7	3,3 ± 4,5	4,7 ± 5,8	7 ± 7,4	3,9 ± 5

European Research Conference

CHANGING PROFILES OF HOMELESSNESS: IMPLICATIONS FOR SERVICES.

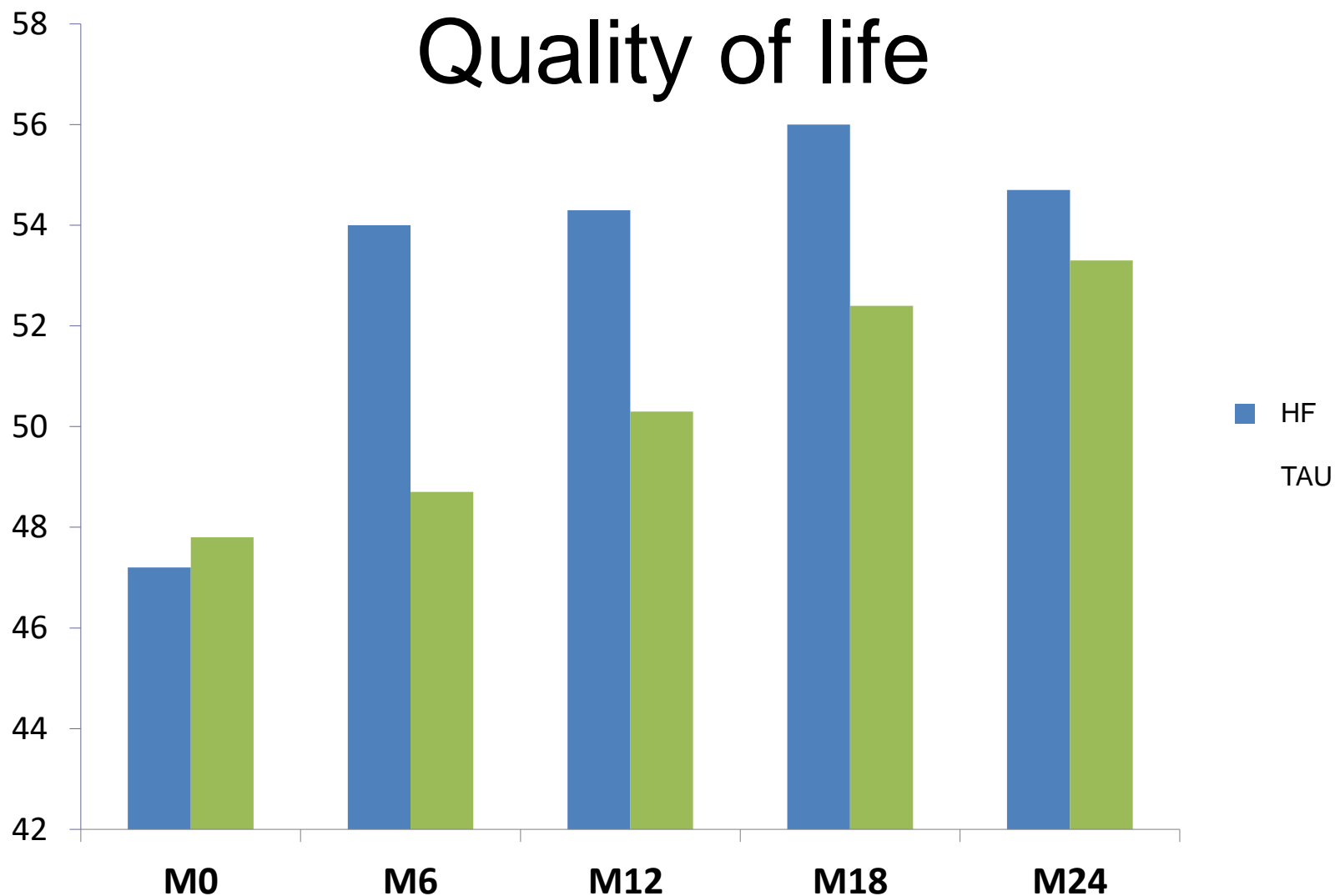
BARCELONA, September 22nd, 2017

Results M24 Recovery



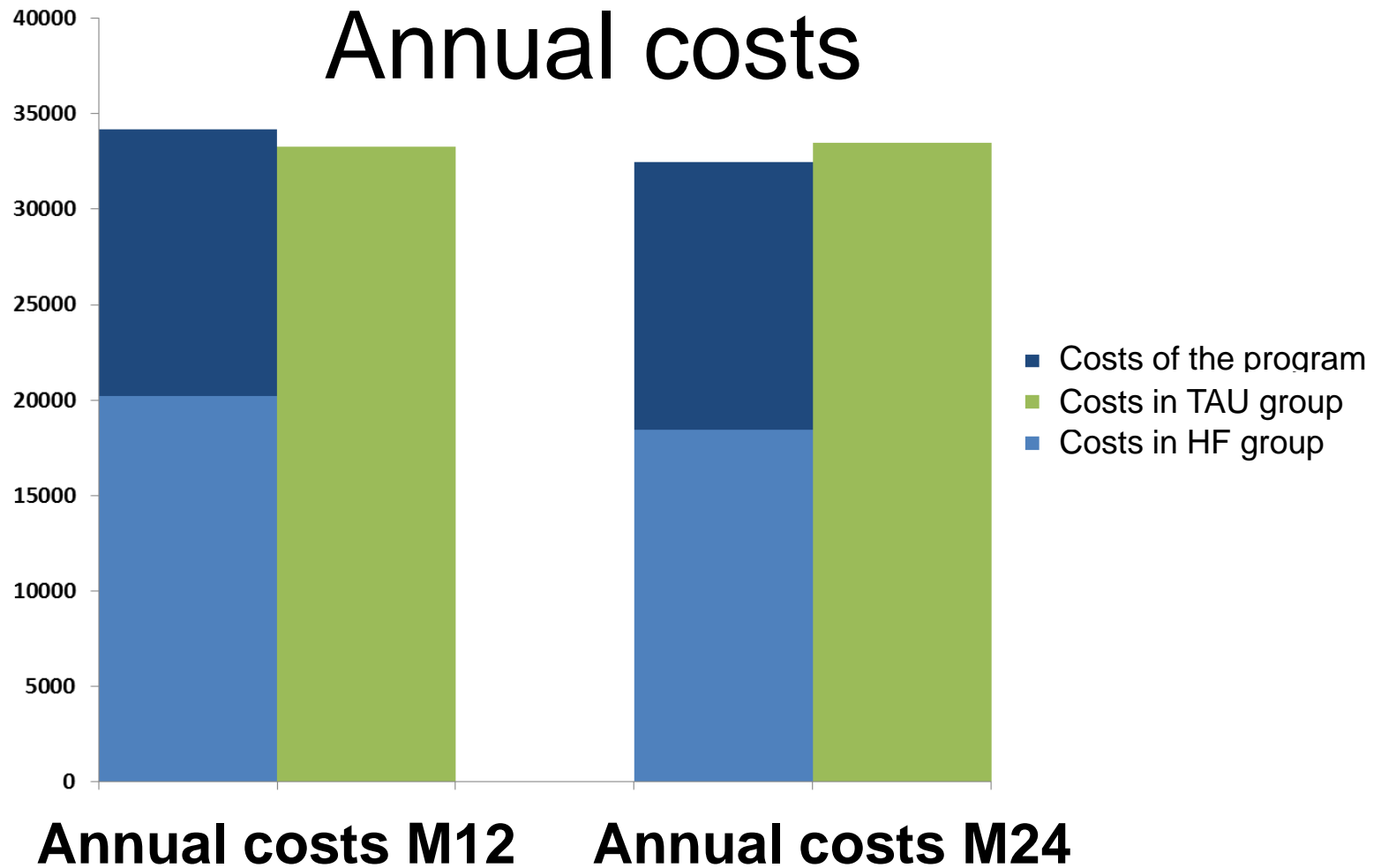
Results M24

Quality of life



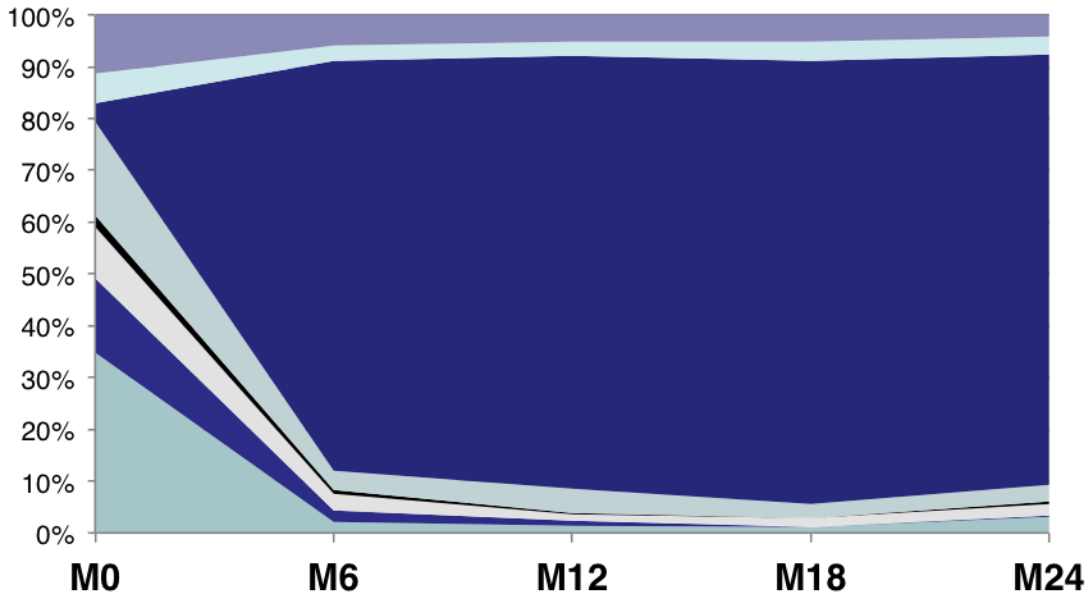
Results M24

Annual costs

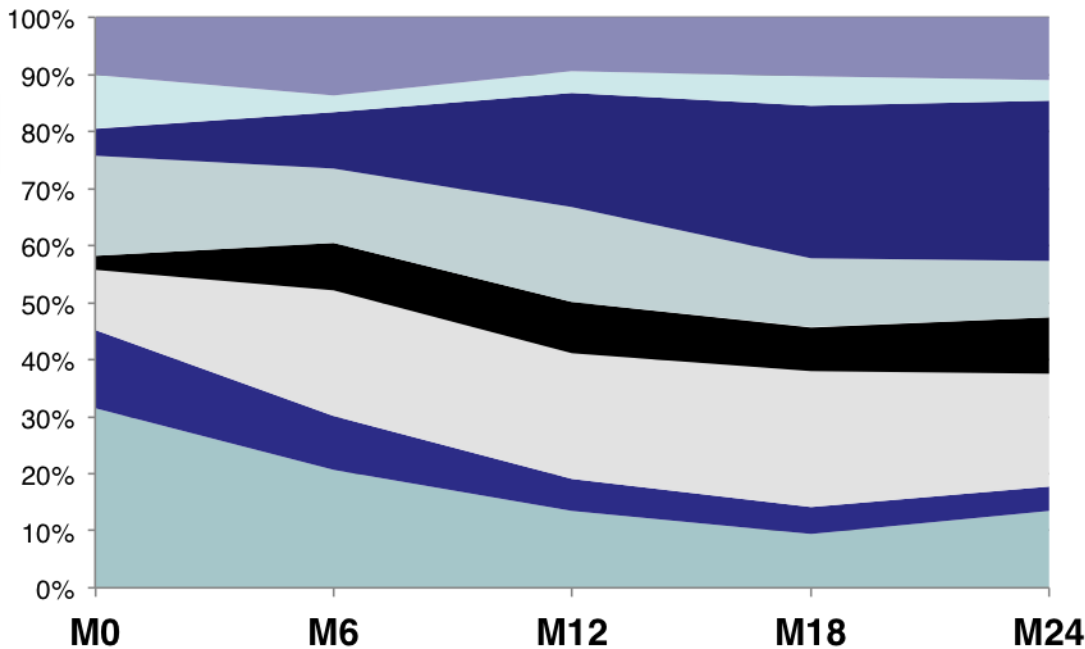


Results M24 - Housing

Housing First



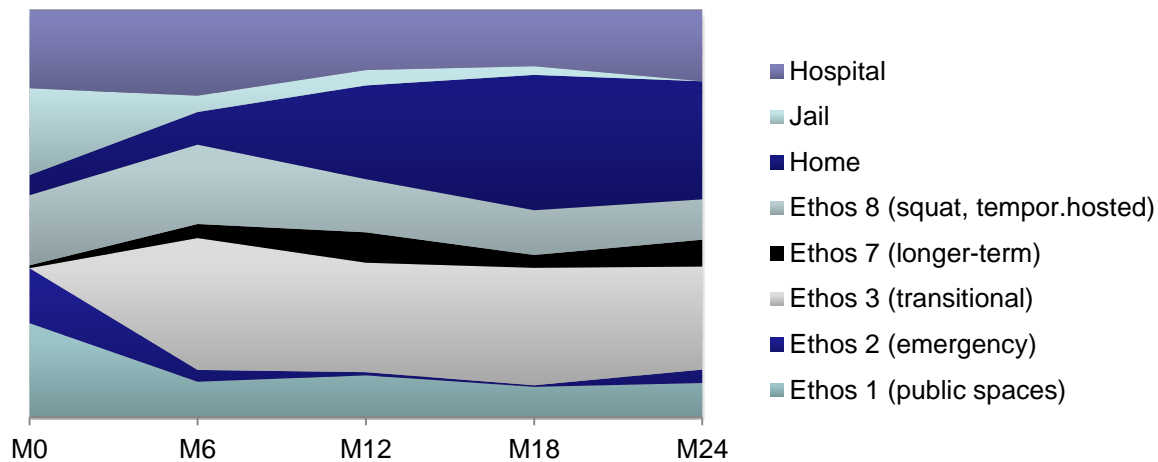
TAU



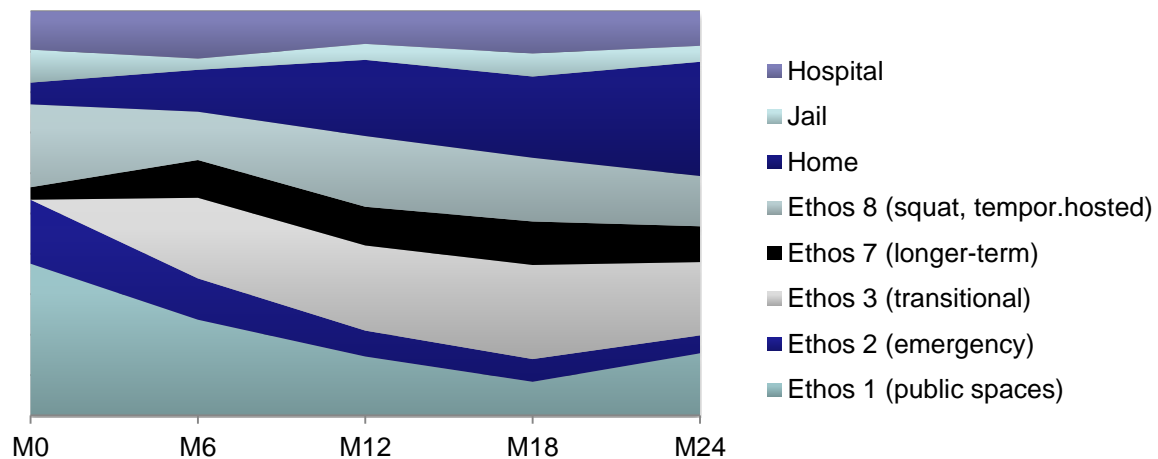
Impact of co-occurring disorders on results

Number of nights spent in different living places

TAU (without addiction)

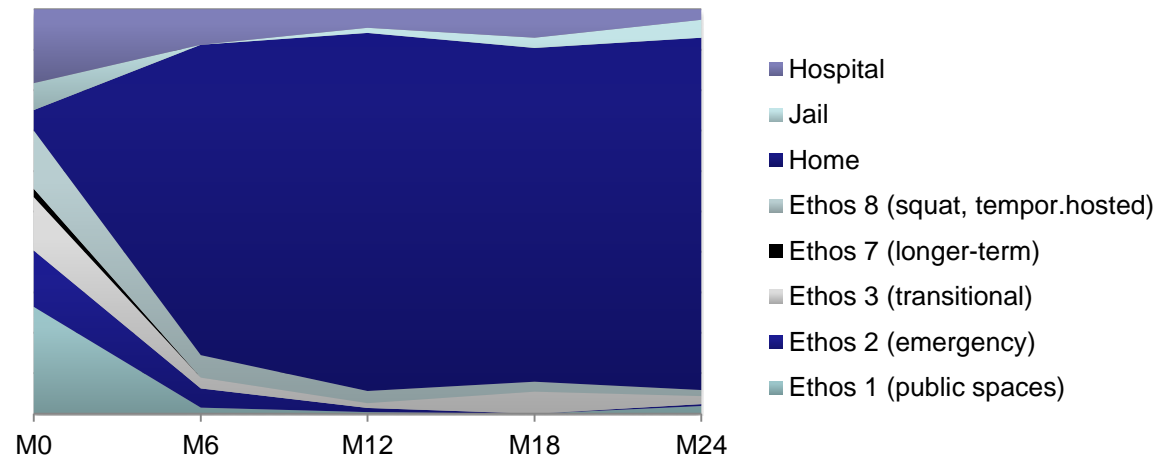


TAU (with addiction)

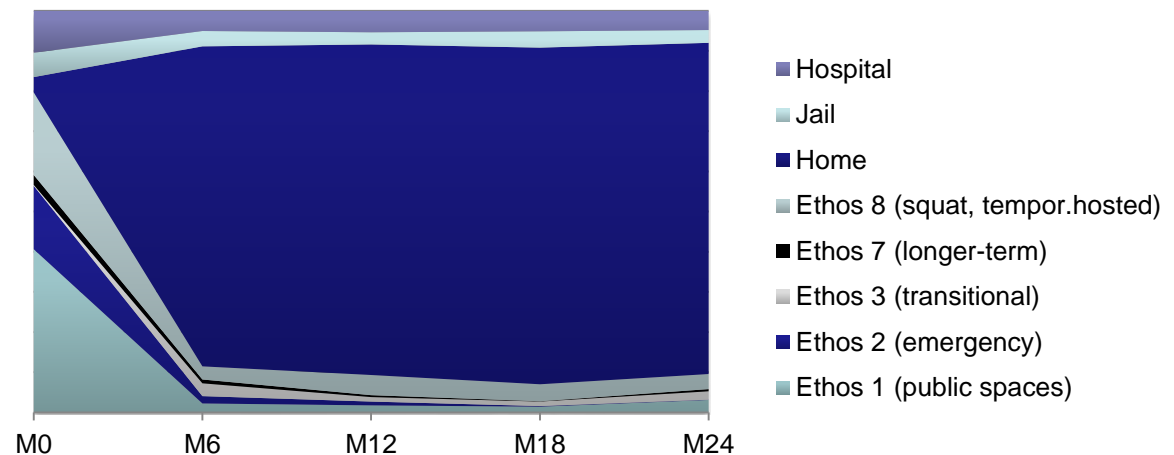


Number of nights spent in different living places

HF (without addiction)



HF (with addiction)



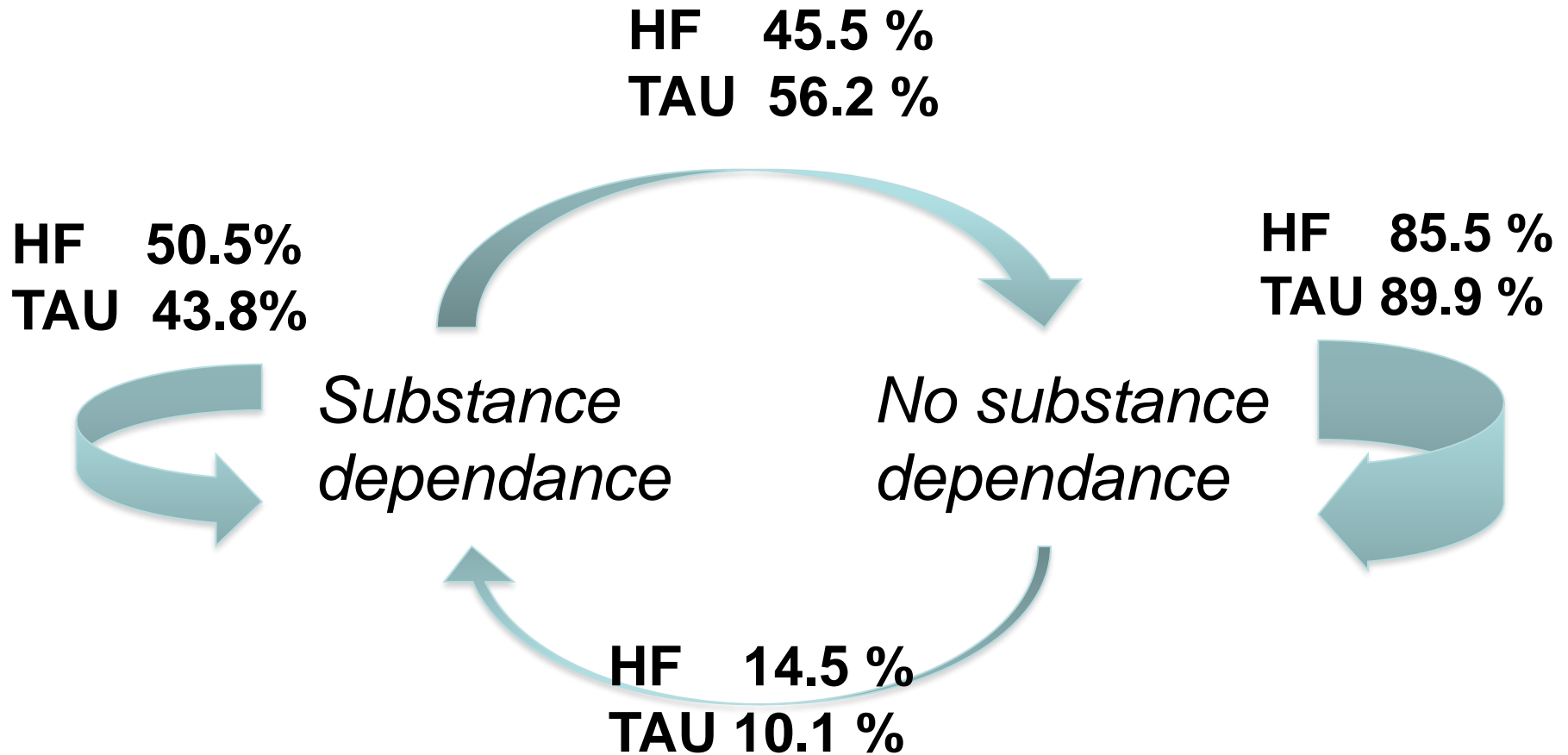
Longitudinal analysis (GEE)

Recovery score (RAS)		b	IC 95	p
Housing First	Without dependance	0.9	(-1.9 ; -3.7)	0.523
	<i>With dependance</i>	<i>Ref</i>		
TAU	Without dependance	0.6	(-2.8; 4.0)	0.729
	<i>With dependance</i>	<i>Ref</i>		

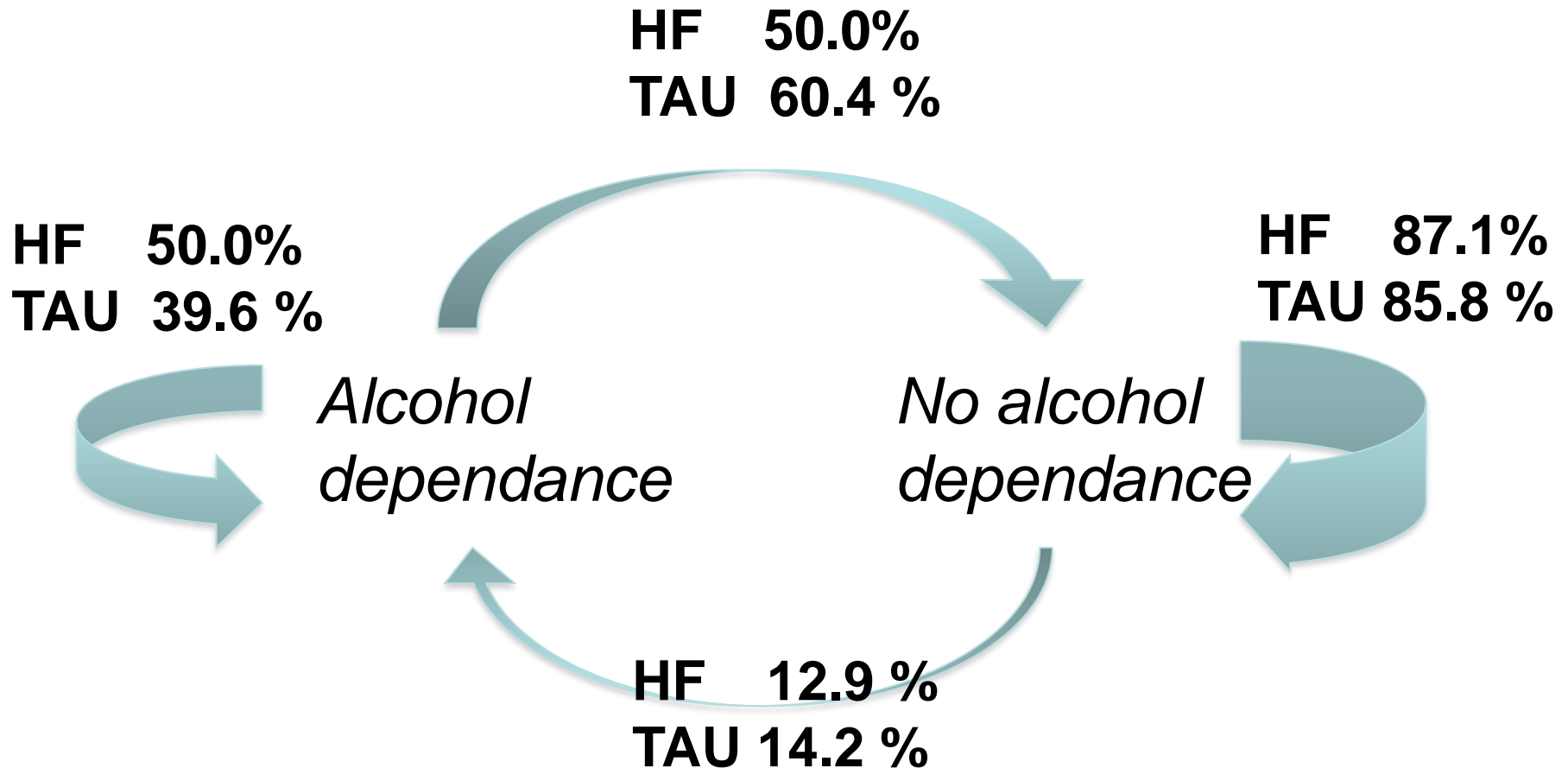
Longitudinal analysis (GEE)

Quality of life (SQOL-18)		b	IC 95	p
Housing First	Without dependance	0.1	(-3.4 ; 3.4)	0.991
	With dependance	<i>Ref</i>		
TAU	Without dependance	1.5	(-2.4 ; 5.4)	0.456
	With dependance	<i>Ref</i>		

Substance use pattern of the study participants between M0 and M24



Alcohol use pattern of the study participants between M0 and M24



Consumption of Alcohol

AUDIT score	(n)	M0	(n)	M12	(n)	M24
HF	(254)	14,3 ± 11,7	(231)	9,6 ± 11,5	(129)	13,1 ± 11,6
TAU	(231)	15,3 ± 12,0	(198)	7,8 ± 10,1	(107)	9,8 ± 10,1
<i>p</i>		0,48		0,08		0,02

AUDIT Schizophrenia	(n)	M0	(n)	M12	(n)	M24
HF	(94)	12,3 ± 11,6	(164)	8,2 ± 10,7	(86)	11,5 ± 11,6
TAU	(83)	13,3 ± 11,3	(143)	6,7 ± 9,5	(74)	8,8 ± 9,7
<i>p</i>		0,56		0,18		0,11

AUDIT Bipolar disorders	(n)	M0	(n)	M12	(n)	M24
HF	(85)	17,4 ± 11,2	(67)	13,0 ± 12,6	(43)	16,2 ± 10,9
TAU	(72)	18,8 ± 12,7	(55)	10,6 ± 11,3	(33)	12,0 ± 10,8
<i>p</i>		0,57		0,28		0,10

Discussion

- Prohibition of alcohol in shelters in TAU group
 - Role of personal motivation in long term outcomes +++
 - Respect of choices in recovery-oriented practices and difficulties to manage risk and choices
- Perceived risk of consumption, being observed by others
 - On the streets / at home

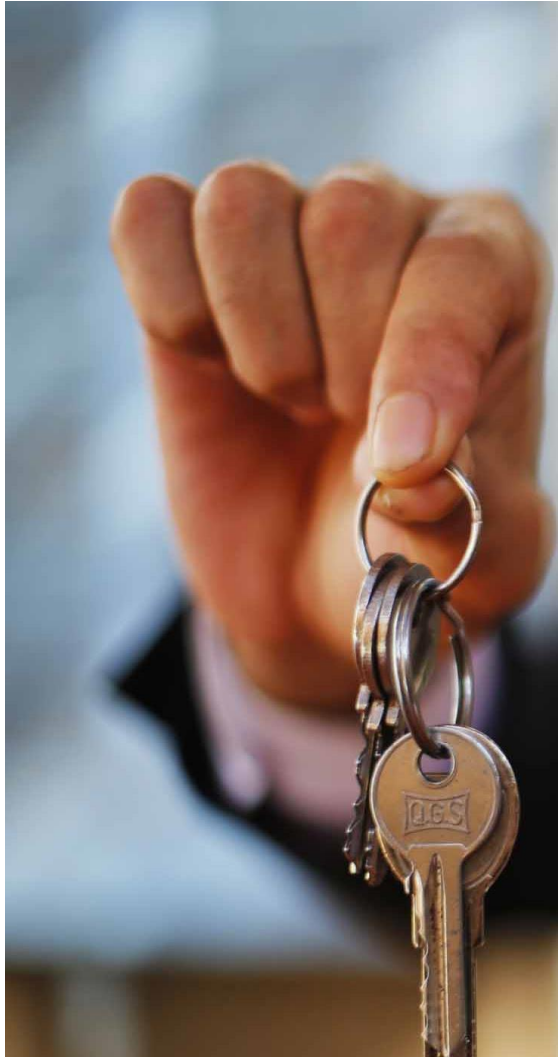
Impacts of this results

- Political level :
 - Addictologists must be recruited in each actual and future team (DIHAL)
- Research level :
 - Need for further research (Aproche, IRESP)

Highlights

- Co-occurring disorders : complex challenges
- No differences between persons with or without dual diagnosis on the housing criteria or subjective measures +++
- In France, HF is associated with an increase of the consumptions
 - Further research is needed
 - Harm reduction is really important : poor culture in France

Addiction in french HF program : first results



Researchers EA 3279:

**Pascal Auquier,
Vincent Girard, Christian Laval,
Aurélie Tinland, Sandrine Loubière , Pauline Rhunter, Laurent
Boyer,
Anderson Loundou, Elhad Mohamed, Mohamed Boucekine
Jean Mantovani, Delphine Moreau, Tim Greacen,
Christophe Lançon, Thémis Apostolidis, Bruno Falissard,
Karine Baumstark, Christina Psarra,
Cécile Fortanier**

Interviewers:

**Aurélien Troisoeufs, Emilie Labeyrie,
Guillaume Suderie, Amandine Albisson
Maxime Lefèbvre, Juliette Dupont, David Sauze, Bastien
Vincent, Antoine Simon,
Achille Djena, Géraldine Guetière, Fanny Olive, Elodie Requier**



Thank you!

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