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)*

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence in homeless population (Min-Max)</th>
<th>Prevalence in general population (Min-Max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head injury</td>
<td>8-53%</td>
<td>1%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>3-42%</td>
<td>1%</td>
</tr>
<tr>
<td>Depression</td>
<td>0-49%</td>
<td>2-7%</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>2-71%</td>
<td>5-10%</td>
</tr>
<tr>
<td>Alcohol dependance</td>
<td>8-52%</td>
<td>4-16%</td>
</tr>
<tr>
<td>Drug dependance</td>
<td>5-54%</td>
<td>2-6%</td>
</tr>
<tr>
<td>Dual diagnosis</td>
<td>58-65%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>PTSD</td>
<td>38-53%</td>
<td>2-3%</td>
</tr>
</tbody>
</table>
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CO-OCCURRING DISORDERS

- Multiple risk factor theory
- Dysphoria theory
- Self medication theory
- Supersensitivity theory

Causality
Flow chart

Inclusions (n=350)
- M0 documented (n = 324)
- M0 not documented (n = 7)
- Withdrawal after random (n=19)

Inclusions (n=353)
- M0 documented (n = 348)
- M0 non renseigné (n = 3)
- Withdrawal after random (n=2)

Cumulative withdrawals
M0-M12 (n=27)
Cumulative deaths
M0-M12 (n=8)

M12
- Documented (n=226)
- Not documented (n=89)

M12
- Documented (n=264)
- Not documented (n=68)

Cumulative withdrawals
M0-M24 (n=28)
Cumulative deaths
M0-M24 (n=10)

Cumulative withdrawals
M0-M24 (n=8)
Cumulative deaths
M0-M24 (n=24)

Follow-up
71.5%

M24
-Documented (n=197)
-Not documented (n=115)

M24
-Documented (n=255)
-Not documented (n=66)
## Characteristics of study participants

<table>
<thead>
<tr>
<th>Characteristics of the study participants</th>
<th>All sites</th>
<th>Lille</th>
<th>Marseille</th>
<th>Paris</th>
<th>Toulouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: male</td>
<td>82,80%</td>
<td>86,50%</td>
<td>80,90%</td>
<td>78,20%</td>
<td>84%</td>
</tr>
<tr>
<td>Age, in years</td>
<td>38,8 ± 10</td>
<td>9,7</td>
<td>10</td>
<td>9,8</td>
<td>9,4</td>
</tr>
<tr>
<td>Nationality: French</td>
<td>85,80%</td>
<td>89,30%</td>
<td>85%</td>
<td>79,80%</td>
<td>87%</td>
</tr>
<tr>
<td>Education: bachelor's degree and more</td>
<td>27,50%</td>
<td>18,70%</td>
<td>26,20%</td>
<td>31,80%</td>
<td>30,20%</td>
</tr>
<tr>
<td>Marital status: single</td>
<td>77,80%</td>
<td>78,30%</td>
<td>70,50%</td>
<td>81,40%</td>
<td>83,20%</td>
</tr>
<tr>
<td>Had children</td>
<td>37,40%</td>
<td>37,70%</td>
<td>44%</td>
<td>26,50%</td>
<td>37,50%</td>
</tr>
<tr>
<td>Voluntarily committed military</td>
<td>7,10%</td>
<td>3,30%</td>
<td>14%</td>
<td>0,90%</td>
<td>7,10%</td>
</tr>
<tr>
<td>Incarceration 2 years before the inclusion</td>
<td>22,90%</td>
<td>24,70%</td>
<td>22,60%</td>
<td>12,90%</td>
<td>27,40%</td>
</tr>
</tbody>
</table>

### 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,    | 8,5 ± 7,8 | 8 ± 7,6| 9,3 ± 8,2| 8,2    | 7,2 ± 7,1|
| entire life, in years                  | 4,3 ± 5,7 | 4,5   | 5,8       | 7 ± 7,4| 3,9 ± 5  |
Results M24 Recovery

- M0
- M6
- M12
- M18
- M24

- UCS
- HF
- TAU

European Research Conference
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Results M24
Quality of life

- M0
- M6
- M12
- M18
- M24
Results M24
Annual costs

Annual costs M12  Annual costs M24

Costs of the program
Costs in TAU group
Costs in HF group
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RESULT M24 - HOUSING

Housing First

TAU

- HOSPITAL
- JAIL
- HOME
- ETHOS 8 (squat, temporarily hosted)
- ETHOS 7 (longer-term support)
- ETHOS 3 (transitional)
- ETHOS 2 (emergency)
- ETHOS 1 (public space)
Impact of co-occurring disorders on results
Number of nights spent in different living places.
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Number of nights spent in different living places

HF (without addiction)

HF (with addiction)
## Longitudinal analysis (GEE)

<table>
<thead>
<tr>
<th>Recovery score (RAS)</th>
<th>IC 95</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing First</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without dependance</td>
<td>0.9</td>
<td>(-1.9; -3.7)</td>
</tr>
<tr>
<td></td>
<td><em>With dependance</em></td>
<td><em>Ref</em></td>
</tr>
<tr>
<td><strong>TAU</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without dependance</td>
<td>0.6</td>
<td>(-2.8; 4.0)</td>
</tr>
<tr>
<td></td>
<td><em>With dependance</em></td>
<td><em>Ref</em></td>
</tr>
</tbody>
</table>
### Longitudinal analysis (GEE)

<table>
<thead>
<tr>
<th>Quality of life (SQOL-18)</th>
<th>IC 95</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing First</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without dependance</td>
<td>0.1</td>
<td>(-3.4 ; 3.4)</td>
</tr>
<tr>
<td>With dependance</td>
<td>Ref</td>
<td></td>
</tr>
<tr>
<td><strong>TAU</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without dependance</td>
<td>1.5</td>
<td>(-2.4 ; 5.4)</td>
</tr>
<tr>
<td>With dependance</td>
<td>Ref</td>
<td></td>
</tr>
</tbody>
</table>
Substance use pattern of the study participants between M0 and M24

- **No substance dependance**
  - HF: 45.5%
  - TAU: 56.2%

- **Substance dependance**
  - HF: 50.5%
  - TAU: 43.8%

- **Substance dependance**
  - HF: 14.5%
  - TAU: 10.1%

- **No substance dependance**
  - HF: 85.5%
  - TAU: 89.9%
Alcohol use pattern of the study participants between M0 and M24

HF    50.0%
TAU   60.4 %

HF    50.0%
TAU   39.6 %

HF    12.9 %
TAU   14.2 %

Alcohol dependance

No alcohol dependance

HF    87.1%
TAU   85.8 %
Consumption of Alcohol

<table>
<thead>
<tr>
<th>AUDIT score</th>
<th>(n)</th>
<th>M0</th>
<th>(n)</th>
<th>M12</th>
<th>(n)</th>
<th>M24</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF</td>
<td>(254)</td>
<td>14,3 ± 11,7</td>
<td>(231)</td>
<td>9,6 ± 11,5</td>
<td>(129)</td>
<td>13,1 ± 11,6</td>
</tr>
<tr>
<td>TAU</td>
<td>(231)</td>
<td>15,3 ± 12,0</td>
<td>(198)</td>
<td>7,8 ± 10,1</td>
<td>(107)</td>
<td>9,8 ± 10,1</td>
</tr>
</tbody>
</table>

\[ p = 0,48 \] \[ p = 0,08 \] \[ p = 0,02 \]

<table>
<thead>
<tr>
<th>AUDIT Schizophrenia</th>
<th>(n)</th>
<th>M0</th>
<th>(n)</th>
<th>M12</th>
<th>(n)</th>
<th>M24</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF</td>
<td>(94)</td>
<td>12,3 ± 11,6</td>
<td>(164)</td>
<td>8,2 ± 10,7</td>
<td>(86)</td>
<td>11,5 ± 11,7</td>
</tr>
<tr>
<td>TAU</td>
<td>(83)</td>
<td>13,3 ± 11,3</td>
<td>(143)</td>
<td>6,7 ± 9,5</td>
<td>(74)</td>
<td>8,8 ± 9,7</td>
</tr>
</tbody>
</table>

\[ p = 0,56 \] \[ p = 0,18 \] \[ p = 0,11 \]
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

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Thank you!