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50. Characteristics of toxicological exposures among unhoused individuals compared to patients with secured housing

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Background: Housing status is a critically important social determinant of health. Between 2020 and 2022, there was a 16% increase of unhoused individuals within the United States. In 2012, suicide rates were estimated to be 10 times higher for those that are unhoused. Drug overdose is a risk factor within the unhoused community, but the extent of its association within the United States has been difficult to trend in prior studies due to the lack of housing status in most data sources. This analysis sought to examine exposure characteristics and demographics by housing status among patients seen by medical toxicologists.

Methods: Since 2021, the ToxIC Core Registry has collected data on housing status. Housing status was assessed by the medical toxicologist and could include the following options: secured housing (home or stable living situation), undomiciled (unhoused, unsecured housing including shelter or hotel), rehabilitation or psychiatric treatment facility group, nursing home, or other supervised facility), or correctional related facility. This abstract sought to examine demographics and exposure characteristics of those who are unhoused compared to those who are in secured housing. Bivariate statistical tests were conducted to compare differences in percentages and means between the two groups. All analyses were conducted in R 4.4.0.

Results: Since 2021, a total of 23,155 cases were included in the ToxIC Core Registry. 19,646 cases were classified as either being unhoused (6%) or having secured housing (94%). The percentage of cases classified as unhoused remained relatively stable across 2021–2023. Site variation in the percentage of cases classified as unhoused ranged from 0%-15%. The mean age of individuals classified as unhoused was slightly older (42 years; range: 2–89) compared to those in secured housing (35 years; range: 3–78; $p < 0.001$). Among encounters for intentional exposures ($n = 9310$), those with secured housing had a higher percentage of analgesic, antidepressant, and anticholinergic/antihistamine exposures, whereas unhoused individuals had a higher percentage of opioid, sympathomimetic, and toxic alcohol exposures. Unhoused individuals were also more likely to be classified as “intentional – misuse” for their exposures compared to those with stable housing (18 vs. 11%; $p < 0.001$), while those with secured housing were more likely to be classified as “intentional- self-harm” compared to unhoused individuals (30 vs. 17%; $p < 0.001$). Compared to those with secured housing, unhoused individuals also had a higher percentage of encounters for opioid withdrawal and addiction medicine evaluations.

Conclusion: Unhoused individuals were more likely to have opi- oid and sympathomimetic exposures compared to those with secured housing. Prescription or over-the-counter drugs were more common among individuals with secured housing, which may reflect differences in medications and drug access.