

**Submission Id: 5282**

## **Title**

*Pharmacist and Homeless Outreach Engagement and Non-medical Independent prescribing Rx (PHOENIx) Trial - Preliminary Results*

## **Priority 1 (Research Category)**

Clinical trial

## **Presenters**

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## **Abstract**

Context: Half of all deaths in people experiencing homelessness (PEH) are caused by street drug overdose. Complex interventions by healthcare professionals or Housing First (unconditional permanent housing with variable levels of health input) are unproven as a means of reducing overdose risk. PHOENIx (Pharmacy Homeless Outreach Engagement Non-medical Independent prescribing Rx) is a Pharmacist and Third sector homelessness worker intervention offering weekly health and social care outreach to PEH with recent overdose. PHOENIx offers immediate assessment and medical and social prescribing and referral, welfare benefits assessment and safer accommodation, integrated with usual care. Findings from previous qualitative and feasibility studies of PHOENIx are favourable. Objective: To assess whether pilot randomised controlled trial (RCT) progression criteria are met, enabling progress to a definitive RCT. Study Design and Analysis: Multicentre pilot randomised controlled trial recruited 128 people experiencing homelessness with at least one street drug overdose in the preceding 6 months. 62 allocated to PHOENIx and 66 to Usual Care (UC) in Scotland, UK. Primary outcomes: recruitment ( $\geq 100$  participants within 4 months); retention ( $\geq 60\%$  at 6 and 9 months);  $\geq 80\%$  with data collected (baseline, 6 and 9 months); intervention adherence ( $\geq 60\%$  receiving intervention weekly). Secondary outcomes: time to overdose; emergency department (ED) visits; hospitalisations; quality of life (QoL). Results: All progression criteria were achieved. 62 participants randomised to PHOENIx; 66 UC. 60 received PHOENIx outreach at least once, of whom 46(77%) received PHOENIx visits at least weekly over 10 months. PHOENIx prescribed medicines for physical and mental health problems, dressed wounds, supplied naloxone/clean injecting equipment, referred to multiple services, helped participants move out of unsupported temporary accommodation, applied for benefits, and socially prescribed. In PHOENIx compared with UC: 32(59%) vs. 32(54%) overdosed; 46(85%) vs. 41(70%) attended ED; and 33(61%) vs. 30(51%) had at least one hospitalisation. Differences in days until first overdose: 61(IQR 21.5, 113.0) vs. 36(12.0, 70.0); ED: 34(12.2, 76.8) vs. 26(6, 51.5); and hospitalisation: 122(62.2, 156.5) vs. 109(74.0, 163.5). 6 month QoL: 50(SD 24.5) vs. 42(SD 25.0). Conclusions: Successful pilot RCT signalled positive outcomes, meriting definitive RCT to assess impact on overdose.

