Rapid Review #7: July 2009

Rapid Response Service

Housing and Harm Reduction

Question

What literature exists that explores how housing and harm reduction approaches intersect, and how harm reduction practices differ depending on different jurisdictions and types of housing providers in the area of shelter based harm reduction?

Key Take-Home Messages

- "Some of the issues that revolve around housing readiness and access to housing being offered illustrate the "grey zones" that appear in a harm reduction approach. Thus some projects did have expectations of behavior and participation… , benefiting from the supports offered…, refusing services offered… and agreeing to a psychiatric report. While some of the harm reduction approaches have a certain number of expectations, behavioral issues that might jeopardize a client's tenancy are addressed through support and building open, non-judgmental relationship with each resident. Motivational interviewing is used to help clients develop the desire to make positive changes through the process of articulating and pursuing their own personal goals." (6)
- There is increasing awareness of the concept of harm reduction, but it is not widely understood. There is a need for greater education on harm reduction and methods on how it can work in different settings. (6) Similarly, while many communities have progressed towards adopting housing first approaches and introducing initiatives to respond to homelessness, community leadership is essential to raise awareness and foster cooperation among major stakeholders." (1)
- Assuming a client-centered approach and focusing on individual goal setting may be the most flexible and responsive program to client needs and help to end the cycle whereby people enter programs,

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EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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leave when they relapse, and try again. A client centered approach, however, does not negate the possibility of abstinence or reduction of substance use. (7) “A client-centered approach requires access to a range of housing options – that is, wet and dry, scattered and dedicated – as well as a variety of service options for the residents. This allows clients to decide what is best for themselves, effectively reducing the chances of relapse.” (2)

- Housing pilots and programs with harm reduction approaches require solid governance frameworks and organizational structures to ensure cohesive approaches to housing and service delivery, including ongoing review and monitoring efforts to ensure effectiveness and accountability to users, funders and the general public. (1)
- Policy makers need to move away from an either/or approach (abstinence based or harm reduction) and acknowledge that both types of initiatives can meet the needs of different clientele. (7)

The Issue and Why It’s Important

Every night, tens of thousands of Canadians sleep in homeless shelters, on the street, or in other temporary accommodation with friends or relatives because they have no home of their own. The homeless population in Canada represents a diverse range of individuals, including street youths between the ages of 15 and 24 years, single adult men and women, and families with children. (3) Statistics show that most homeless people are forced to use shelters for several weeks to several months at a time before they are able to find and secure housing in the community, but many shelter residents in Canada remain chronically homeless. These individuals find themselves sleeping in shelters as their semi-permanent homes and suffer from high rates of alcoholism, drug addiction and other substance use issues. (3) These same individuals also tend to have a higher likelihood to suffer from serious chronic health conditions, including concurrent mental health and substance use problems, and be at higher risk of infection for serious diseases including HIV and TB. Other common hazards to homeless people on the street include injuries, assaults, cold exposure, and skin problems. (4)

Reaching Canada’s homeless population through housing and harm reduction programming is critical to protecting and improving their health related quality of life (both mental and physical) and to lowering mortality rates among this high risk group. Shelter-based harm reduction strategies among homeless people are important in this respect because they are developed to not only get people off the street and into stable housing arrangements, but are also “intended to complement, rather than replace, more traditional means of [addiction and psychiatric] treatment”. (3) The purpose of this review is to examine research that explores how housing and harm reduction approaches intersect, and how harm reduction practices differ depending on different jurisdictions and types of housing providers in the area of shelter based harm reduction. Because it is beyond the scope of this review, this analysis does not assess or compare the effectiveness or success of different types of housing and harm reduction practices and policies.

What We Found

The literature highlighted a clear distinction between two opposite approaches to housing provision/services for (chronically) homeless clients with substance use issues and/or addictive disorders:

'**Housing first'** model – developed by Pathways to Housing for "the direct provision of permanent, independent housing to people who are homeless. Central to this idea is that clients will receive whatever individual services and assistance they need and want to maintain their housing choice. The housing is viewed primarily as a place to live, not to receive treatment."(13) Clients with addictions are not required to complete substance abuse or psychiatric problem treatment and sometimes provide proof of sobriety in order to access housing or housing-related support services. Clients are provided immediately with services including: screening and needs assessment, housing assistance, varied levels of support services, case management, and/or onsite mental/medical health care. (5) The Housing First approach is premised on the notion that stable housing will enable individuals to better address their barriers to employment, addictions, and poor health. (1) Housing first programs tend to emphasize client centered services, consumer choice and the adoption of a **harm reduction** approach ("an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviors, for the person, the community and society as a whole, without requiring abstinence" (13); and recognizes that consumers can be at different stages of recovery and theorizes that effective interventions should be tailored to each consumer's stage. (12) Consumers in this type of **"Assertive Community Treatment"** program are allowed to choose whether to use alcohol or not, whether to take medication or not, etc, are not treated adversely regardless of their choices, and their housing and access to support services are not threatened if they continue to use substances. (12)

'Abstinence-based', 'linear' or **Continuum of Care** model– This approach assumes a more traditional rehabilitative (i.e. linear) recovery intervention. Clients with addictions are required to complete substance abuse or psychiatric problem treatment and often proof of sobriety is required as a measure of treatment in order to be considered "housing ready" and allowed to access housing or housing-related support services. (5) This program begins with outreach and includes treatment and transitional housing, and ends with referring the client to permanent supportive housing. (12) This approach assumes that people with severe psychiatric disabilities cannot maintain independent housing before stabilizing their clinical status. This model also presumes that the client needs to learn skills for independent living while being placed in transitional congregate living arrangements. (12)

Alternative housing and harm reduction approaches reviewed in the literature, include:

Voucher programs – U.S. based projects include programs that "expedite the provision of federally subsidized rental vouchers for severely mentally ill individuals". These programs provide middle ground between Housing First and Linear approaches, whereby "Voucher recipients must initially offer to participate in rehabilitation, but the vouchers are rarely taken away from persons who do not participate." (5)

Primary Resources

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13. Zamprelli, J. (2005). Homelessness, housing, and harm reduction: Stable housing for homeless people with substance (Research Highlight: Socio-economic Series 05-027). Prepared for Canada Housing and Mortgage Corporation. www03.cmhc-schl.gc.ca/b2c/b2c/mimes/pdf/64031.pdf

Secondary Resources

1. Canadian AIDS Society/The Canadian Harm Reduction Network. Learning from Each Other: Enhancing Community-based Harm Reduction Programs and Practices in Canada (2008).
2. City of Hamilton Public Health Department, Hospital-Shelters Working Group. (2005) Toolkit for Staff Working with Patients Who are Homeless. Adapted from Toronto District Health Council.
3. Coady, M., Latka, M., Thiede, H., Golub, E., Ouellet, L., Hudson, S., Kapadia, F., Garfein, R. (2007) "Housing status and associated differences in HIV risk behaviors among young injection drug users (IDUs)", AIDS Behavior 11: 854-863.
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5. Duffin, M. (2007) "Supporting the housing needs of drug and alcohol users", Housing, Care and Support, 10:2.
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Therapeutic community programs – These US-based programs "offer a form of social treatment to drug abuse clients in a residential setting…. an organized effort to resocialize the client, with the community as an agent of personal change." (5; 4)

Managed Alcohol Project– a shelter-based model for a 'safe drinking site' developed by the Annex Harm Reduction Program in Canada, an in-shelter drinking program (9; 11). The program was created to provide shelter for homeless men ("skid row alcoholics" or refractory alcoholics) who had repeatedly been barred from and/or avoided other shelters because of difficult behaviours related to their alcohol use, severe mental illness, etc. Two shelter based programs in Canada have adopted the model to manage alcohol use (in Ottawa and Hamilton, Ontario) and serve alcohol up to 11 hourly drinks per day as an alternative to homeless clients drinking on the streets where their risks are higher. The drinking programs are part of a larger comprehensive program to provide multi-disciplinary healthcare, social work, shelter, meals and other support services to clients in need. (11) Seaton House in Toronto also implemented an alcohol management program. (11)

Other types: Case management; (4); Post-detoxification stabilization program; (4); Intensive residential treatment program (4)

A 2006 report prepared by the Social Planning and Research Council of BC (SPARC BC) for the Housing and Homelessness Branch of Human Resources and Social Development Canada on *Housing and services for people with substance abuse and mental health issues* (6) highlighted key findings from two key reports (7 and 13 - see below and Table 1 for full descriptions) that were completed for the Government of Canada to explore the type and effectiveness of housing programs for people who are homeless or at risk of homelessness and use substances to help them access and maintain stable housing.

- The report on Services to homeless people with concurrent disorders: Moving towards innovative approaches (7) examined 3 projects that adhered to an abstinence-based philosophy and provided time-limited housing exclusively for clients with concurrent disorders under the premise that clients would be ready to move to other housing in the community once they received services/treatment to become stable or abstinent (Westview – treatment facility, Mainstay Residence, and the planned 5616 Fraser Street project).
- The other report prepared for Canada Housing and Mortgage Corporation in 2006 on Homelessness, housing, and harm reduction: Stable housing for homeless people with substance use issues (13) focused entirely on harm reduction projects with a general population of homeless clientele with various mental health and substance use issues. Eighteen of the twenty-one initiatives listed in Table 1 below adhered to a harm reduction philosophy, whereby the agencies offer permanent, transitional or emergency housing with no maximum length of stay while they work with their clients to reduce the risks and harmful effects of substance abuse without requiring clients to become abstinent. The primary goal of 14 of the 16 agencies following a harm reduction approach was to provide stable housing or to end homelessness for clients and to provide support for clients to maintain housing.

A 2008 report prepared for the Nanaimo Working Group on Homelessness and the Safer Nanaimo Committee on *A Response to Homelessness in Nanaimo: A Housing First Approach, Relevant Best Practices* outlined 10 initiatives that promote access to and the maintenance of table housing using approaches that are consistent with harm reduction objectives. These examples and best practices of initiatives in Canada and the United States can be found in Table 2. (1)

Factors that May Impact Local Applicability

The key studies reviewed here demonstrated a number of limitations, including the following:

- "The scope of the studies did not allow for in-depth analysis of the initiatives... the level and type of information varied from one organization to another, making comparison between initiatives very difficult." (6)
- "Because the process [to identify and contact informants] was not systematic or exhaustive it is difficult to conclude whether these are representative of service approaches being used" (6)
- It remains unclear whether it is possible to offer housing with full tenant rights in an abstinence-based project because none of the profiled projects under review provided such support. (6)
- The scope of the studies did not allow for much in-depth exploration of the evolution and rationale for interventions with homeless persons who use substances. (6)
- Studies analyzed in this review focused on projects primary based in Canada and the United States, and a limited number of projects based in the United Kingdom.

What We Did

We located the references used in this summary through electronic database searches of PubMed and Proquest by combining harm reduction with four different terms – housing, homelessness, shelter and home – and through online Google search engines, and reviewed the results for relevant studies and resource kits. Searches run on housing combined with search terms including substance abuse, injection drug use, etc., resulted in research studies on at risk population groups with notes/recommendations rather than suggested methods or practices to mainstream housing into substance use and addictions programs or, vice versa, to mainstream substance abuse and addictions services into supportive housing programs, some of which are cited below as secondary references. The secondary sources listed below also make less reference to taking a "harm reduction" approach. Additional Ontario-based resources and agencies which merit further consultation include WoodGreen Community Services, the Canadian Harm Reduction Project (http://www.canadianharmreduction.com/project/) and the Homeless Individuals and Families Information System Initiative of the Government of Canada (http://www.hifis.ca/resources/hifis/support_e.asp).

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