

# Applying Harm Reduction in Housing Settings

**?** What harm reduction strategies can be used in different housing settings?

**?** How well do those strategies work?

**This four-page overview offers evidence-based guidance for harm reduction in four areas of housing:**

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# Harm Reduction within Housing Programs

- “**Housing First**” means that housing is a human right that should not require abstinence or substance use treatment.<sup>1,2</sup>
- Many studies have found Housing First approaches to be effective at providing housing and reducing substance use compared to Treatment First or continuum-based programs.<sup>3-5</sup>
- Moreover, the U.S and Canada have endorsed Housing First in plans to reduce homelessness.<sup>6-9</sup>
- However, harm reduction—which is central to Housing First approaches—is rarely implemented and is often met with community misunderstanding and opposition.
- *Here we summarize why housing is key to safer drug use and how harm reduction can be integrated into housing settings.*

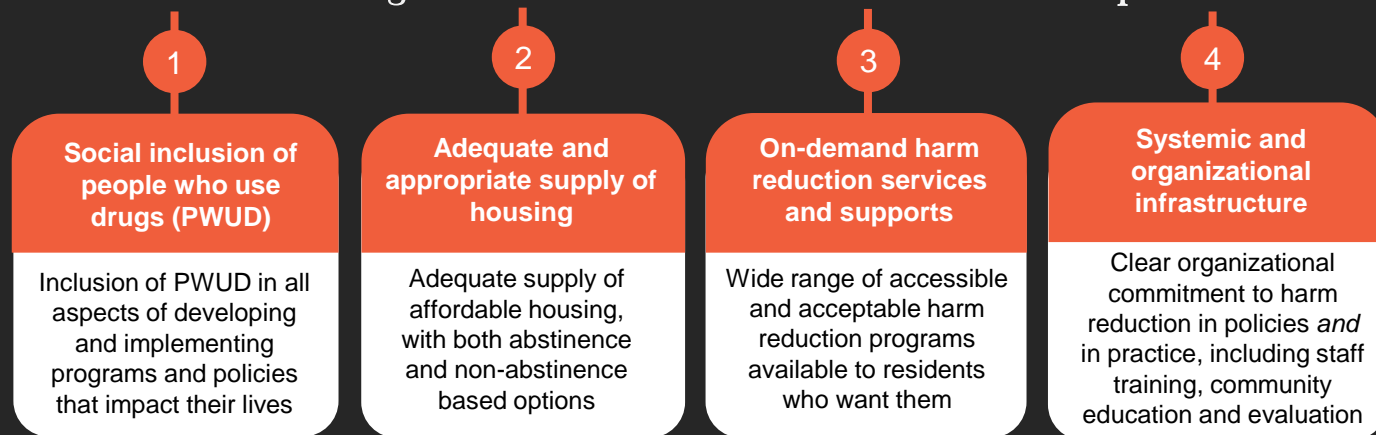
## How does housing stability impact drug use?



Evictions can make drug use less safe by disrupting<sup>10</sup>:

- **Who people buy drugs from:** When people must move around frequently to find a safe place to sleep, this increases contact with unfamiliar drug sellers. This makes accidental overdose and soft tissue infections more likely due to inconsistent drug supply.
- **Where drugs are used:** Without housing, drugs are more likely to have to be used in public locations, increasing rushed and unsanitary conditions of use.
- **Why drugs are used:** When living on the street, people who use drugs may be more likely to use drugs like methamphetamine as a survival mechanism to stay awake and alert.

## What is needed to integrate harm reduction into homelessness responses?<sup>11</sup>



## Examples of harm reduction in Housing First settings

### Older Adults in Supportive Housing (Western Canada)<sup>12</sup>

**Context:** A supportive housing facility for older adults applied a harm reduction by offering an optional managed tobacco/alcohol program and on-site opioid agonist treatment.

**Key Learning:**

- The program fostered respectful and trusting staff-resident interactions and relationships.
- The program offers insights into effective Housing First approaches for older and aging adults, given that this population has unique housing and harm reduction needs.

### Emergency Warming Centre (Inuvik, Canada)<sup>13</sup>

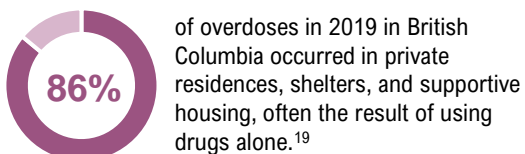
**Context:** The seasonal Centre provided a safe and warm place to sleep and eat during the winter months, regardless of whether guests were under the influence of alcohol or drugs.

**Key Learning:**

- Alcohol and drug consumption declined with attendance, while social functioning improved.
- No guests died while using the Centre.
- Jail admissions and criminal charges declined among guests.

## Overdose Prevention within Supportive Housing Settings

- Overdose remains an ongoing risk, especially among people in “**supportive housing**”, where housing is integrated with social and other support services.<sup>11,14-17</sup>
- In particular, supportive housing environments may mean that residents are **more likely to use drugs alone**—which is a major risk factor for fatal overdose.<sup>16,18</sup>



A 2019 study found that the rate of death among single room occupancy (SRO) residents in San Francisco was **19.3 times higher than that of non-SRO residents**.<sup>14</sup>

*Here we explore why overdose risk is high in supportive housing settings and review strategies and barriers to preventing overdose in these settings.*



### Why might people use drugs alone in supportive housing settings?<sup>14-16, 18</sup>

- Private living spaces may remove people who use drugs from friends, family, and other bystanders who could intervene during an overdose.
- Anticipated stigma from using drugs in front of others may lead people to use drugs in isolated spaces.
- Fear of eviction may lead people to use drugs in private spaces to avoid detection.



### What strategies might prevent overdose in supportive housing?<sup>9</sup>

#### The TORO Program (Vancouver, Canada)<sup>15</sup>:

- The Tenant Overdose Response Organizers (TORO) pilot program took place in 12 SROs with the highest overdose rates.
- A public health nurse trained peers to use naloxone and distributed naloxone to tenants.
- 1-2 tenants per building served as organizers and overdose contacts. They recruited other tenants to participate in training on overdose response.

#### Outcomes:

- Increased knowledge and skills, including overdose response, communication, interpersonal skills
- Improved self-esteem and sense of empowerment
- Improved feelings of mutual support and community among residents
- Effective engagement of socially isolated tenants

#### Promising new technologies



The free, 24-hour, national “Never Use Alone” telephone hotline (<https://neverusealone.com>) offers crisis response and reversal lifeline services.



The Brave smartphone application (<https://www.brave.coop>) connects people who use drugs to remote support when using, and can be tailored for public health organizations.



Future devices (not yet developed) could detect physiological signals of overdose and then call for help and/or automatically inject naloxone.<sup>20</sup>



### What challenges do we face in overdose prevention in supportive housing?<sup>9,15</sup>

- **Environmental factors**, such as community misunderstanding or opposition, a lack of acceptance of harm reduction measures from building management, or the perceived threat of eviction.
- **Political will**, which creates funding and legal barriers, as well as a more challenging implementation context.

# 3 Managed Alcohol Programs (MAPs) and Wet Housing

- Programs that require alcohol abstinence have *not* been effective at improving health and reducing alcohol consumption among people experiencing homelessness who have alcohol use disorder.<sup>21</sup>
- In contrast, **MAPs**—which offer managed consumption of alcohol, along with supportive services<sup>23</sup>—have been shown to reduce non-beverage alcohol consumption, alcohol withdrawal seizures, emergency department visits, and police encounters, while boosting perceived quality of life and safety in this population.<sup>24-32</sup>
- Similarly, **“Wet Housing”**—supportive housing that offers or allows alcohol on-site<sup>22,23</sup>—is a promising harm reduction approach in this population.
- *Here we highlight 4 examples of housing programs that have integrated harm reduction for alcohol use.*

## Examples of Housing Programs that Offer Harm Reduction for Alcohol Use



### City of Juneau, Alaska<sup>24</sup>

**Program:** MAP for people experiencing homelessness with serious alcohol use disorders. Launched during the COVID-19 pandemic to prevent virus spread and reduce hospitalization for alcohol withdrawal during COVID-19 surges.

**Outcomes:** No quarantined MAP residents required hospitalization for alcohol withdrawal or COVID-19 symptoms, and no one left the site while still contagious with COVID-19. Community support for the MAP was higher than anticipated.

**Key Point:** MAPs can intersect with other public health issues (such as COVID-19). By supporting people experiencing homelessness with alcohol use disorders, this can benefit both residents and the broader community.

### 1811 Eastlake<sup>2,22,30-32</sup>

**Program:** A MAP in Seattle that allows alcohol and provides optional managed alcohol services for residents. Offers supportive services for nutrition, substance use, and medical care.

#### Outcomes:

- Consistent decreases in alcohol use and alcohol-related problems in two-year follow-up
- Reductions in costs (\$13,440 annually to house each participant, compared to \$42,964 in participant service costs in the year prior)

**Key Point:** MAPs can reduce systems costs and alcohol consumption among formerly homeless adults with an alcohol use disorder.



### San Francisco and Alameda County Health Departments<sup>33</sup>

**Program:** During COVID-19, temporary MAPs were launched as an emergency response to support COVID-19 isolation and quarantine (I&Q) for people experiencing homelessness with an alcohol use disorder.

**Outcomes:** 76% of I&Q clients completed isolation. No adverse events, such as intoxication-related events and emergency department transfers, occurred.

**Key Point:** Temporary MAPs supported isolation and quarantine among people who otherwise would not have been able to do so during the COVID-19 pandemic.

### Anishinabe Wakiagun<sup>34</sup>

**Program:** Permanent supportive wet housing for American Indian people with a chronic alcohol use disorder. Emphasizes culturally appropriate services and reducing the negative consequences of drinking (especially emergency services use).

#### Outcomes:

- Significant decline in detox admissions and jail bookings
- Non-significant decline in alcohol and injury related emergency room visits and overall emergency room usage

**Key Point:** Wet housing programs may reduce some types of emergency services use among people with alcohol use disorders.

## Harm Reduction in Temporary Shelters

- Harm reduction programs are rooted in trust and relationships, which are harder to build in temporary settings.
- Three innovative approaches that can quickly build relationships and apply harm reduction in temporary housing settings include:



Peer Witness Injection Programs



Emergency Safer Use Spaces



Targeted Buprenorphine Outreach

- *Read along to see the evidence for each of these approaches.*



### Peer Witness Injection Programs

**Key Point:** Involving peers in harm reduction programming can improve overdose response.

#### How do we know?<sup>35</sup>

- A seasonal emergency shelter in Vancouver trained peer staff in overdose response and allowed residents to use drugs in front of peer staff.
- Shelter residents felt trust and safety among peer staff, and preferred peer staff to non-peer staff.
- Peers also supported overdose response informally in their social networks.



### Emergency Safer Use Spaces (SUS)

**Key Point:** Emergency Safer Use Spaces (SUS) where visitors can use substances in a safe environment, have potential to reduce non-fatal overdose in shelter settings.

#### How do we know?<sup>36</sup>

- During the COVID-19 pandemic, an abstinence-based shelter began offering (a) a shelter-embedded space for observed use of a prescribed safer supply (hydromorphone tablets), (b) opioid agonist treatment, (c) harm reduction supplies (safer injection supplies, safe inhalation supplies, condoms), and (d) increased overdose response (naloxone kits, oxygen, overdose training).
- Compared to 20 non-fatal overdoses in the month preceding the program, zero overdoses occurred in the SUS and only three non-fatal overdoses occurred in the shelter during the 26 days of program operation.



### Targeted Buprenorphine Outreach

**Key Point:** Targeted buprenorphine outreach, such as working with a dedicated “street medicine” team to offer buprenorphine initiation for people transitioning out of homelessness, may be promising for temporary shelter environments.

#### How do we know?

- Targeted buprenorphine outreach has been implemented for people experiencing homelessness who are staying at homeless navigation centers or other temporary housing structures in San Francisco.<sup>37</sup>
- In a one-year period from 2016-2017, 95 patients received at least one buprenorphine prescription. More than 1 out of 3 people was still using buprenorphine one month later, and 22% of the 23 people who were available for follow-up at one year were still using buprenorphine one year after initiation.<sup>38</sup>

**Note:** Many of the approaches shared for potential use in permanent supportive housing settings ([see section 2](#)) may also be promising for temporary settings.

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