



Housing services referrals

RECOMMENDED BEST PRACTICE POLICIES to increase access to housing services for people who use drugs:

- Educate clients about housing service options
- Refer clients to housing services in the community
- Establish and maintain relationships with a variety of agencies providing housing services, in particular those with experience working with people who use drugs
- Evaluate and publish any referral initiatives undertaken

Key messages

Needle and syringe programs (NSPs) and other harm reduction programs can play a role in helping clients to access housing services. Housing models based on harm reduction principles, designed to meet the needs of people who use drugs, are considered by many to be best practice. The extent to which NSPs and other programs throughout Canada refer clients to housing services is unclear and there is a lack of literature that specifically evaluates these kinds of referral relationships. A useful resource containing information about homelessness, particularly in the Canadian context, is www.homelesshub.ca.

Housing status can change over short and long periods of time. Housing status varies from stable (e.g., home ownership or rental), to numerous forms of insecure or unstable housing (e.g., temporary shelters, single-room occupancy hotels, “couch surfing”), to absolute homelessness (e.g., living/sleeping outdoors, in cars, in stairwells, and unauthorized buildings). For people who use drugs, being homeless or unstably housed is associated with increased risk of death, suicide, HIV and hepatitis C risk behaviours and infection,

re-initiation of injection drug use, sexual risk behaviours, physical injuries, visits to hospitals and emergency departments, and mental health issues. Many people who inject drugs in Canada report living in unstable housing; this subpopulation is likely to report using drugs in public and/or unhygienic locations and to rush their injecting to avoid being caught by police or victimized by others.

Housing First is a recovery- and rights-oriented approach based on a commitment to providing people with housing first and then following up with services for physical and mental health, substance use, education, employment, and other areas as needed. One of the core principles of Housing First is immediate housing access without requiring people to first show that they are “ready” for housing. Based on this model, people who use drugs do not have to demonstrate, for example, that they are interested in abstinence, “recovered,” or treatment-compliant in order to obtain and maintain housing. This stands in contrast to more traditional housing and shelter models that require clients to show that they are abstinent or treatment-compliant to be selected for housing – models that also sometimes discharge clients from housing if they use drugs or alcohol. Housing First principles have been applied in different ways across Canada and elsewhere with use of varied models and types of support. The “At Home/Chez Soi” project (see www.homelesshub.ca/solutions/housing-first/homechez-soi) was a randomized controlled trial that for two years followed participants (a majority of whom reported substance use and/or mental health problems) recruited from shelters or the streets in five Canadian cities. A key finding is that those who received Housing First obtained and retained housing at much higher rates than a comparison group.