

# Baseline quality of life and needs of older people in harm reduction housing - implications for service planning



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## HARM REDUCTION SAVES LIVES

### 1 Why Harm Reduction (HR) Housing for Older People?

Older people experiencing homelessness and substance use challenges represent a growing population. For younger people, HR housing offers a means to stabilise and support people with challenging substance use. To date, few seniors housing options integrate HR care. This is even more challenging for older people given medical co-morbidities.

### 3 Method

Using participatory action research, residents and researchers co-designed a 68-item questionnaire, comprised of 6 sections:

- Participant demographics
- Self-reported health status
- Quality of Life<sup>1-2</sup>
- Service use
- Substance use<sup>3,4</sup>
- Housing history

**Participants:** n=34 (50% response); 25 men and 9 women, mean age 66 years old. In the previous month 14 had stayed in transition housing or hospital.



### 5 What did we find?

**Substance use:** 28 (82%) participants smoked  
12 (35%) participants had problematic alcohol use  
5 (14%) participants used drugs other than alcohol

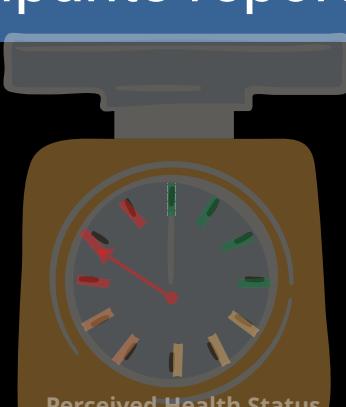


### Resident Quality of Life:

- 16 (47%) participants reported moderate-extreme depression or anxiety
- 17 (50%) participants reported loneliness several times a month or more
- 20 (59%) participants dissatisfied with how they spent their time
- 21 (62%) participants reported moderate-extreme pain
- 22 (65%) participants reported mobility issues

### 6 What can we do?

HR for older people needs to integrate care for addiction with good clinical care, with particular attention to mobility, mental health, pain management and social activities. Co-designing services with older people helps address their health-care priorities.



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