

Harm Reduction Housing for Older People with Experiences of Homelessness (HR HOPEH)



Local + International Examples of Housing-Based Harm Reduction Interventions for Older Adults



Harm Reduction is a philosophy of care that aims to improve public health and reduce the harms of substance use through programs, policies, and practices that target structural and environmental risk factors, rather than relying on individuals to stop or reduce their use¹. Harm Reduction services and supports tend to be made available in community service settings. This includes needle exchange, supervised consumption services and the rights-based, consumer choice-driven “Housing First” housing which does not require abstinence from substance use or proof of “housing readiness”². For older adults with addiction and mental health challenges, complex mental and physical health conditions may pose barriers to accessing services independently, in the community³⁻⁴. Congregate housing with integrated, on-site, health and harm reduction supports is one solution; however, there is little in the way of research and evaluation of housing-based harm reduction interventions for older adults⁴⁻⁶.

Local Examples of Housing-Based Harm Reduction for Older People

Permanent Supportive Housing: Trinity Place Foundation of Alberta’s Peter Coyle Place (Calgary, Alberta, Canada)*

- 68-bed congregate, permanent supportive housing for adults aged 55 and over with histories of housing instability, including those with mental health and substance use-related challenges.
- Meals and housekeeping are provided to all residents, and there are visiting on-site medical supports from HomeCare and an outreach team of Primary Care providers. It is staffed 24/7 by Personal Support Workers.
- Harm reduction services include a voluntary managed alcohol program where residents procure their own alcohol which is distributed by Social Workers or Personal Support Workers. Alcohol can be consumed in private bedrooms, not common spaces. Managed tobacco services are similarly offered to those aiming to limit tobacco use for financial or other reasons. There is an indoor heated smoking room available to residents. Smoking cannabis is not permitted indoors.
- Illicit substance use is not officially sanctioned; however, sterile supplies for consumption and disposal are available on-site, as well as Naloxone. Staff are regularly trained and refreshed in administration of Naloxone.



* Peter Coyle Place is the location of the HR HOPEH Project: www.hrhopeh.com

Long Term Care: Carewest Rouleau Manor (Calgary, Alberta, Canada)



- Rouleau Manor is a Long-Term Care facility for individuals aged 45 with mental illness and cognitive impairment. It has designated 17 beds for residents with complex mental health and addiction-related challenges⁵⁻⁶. For residents diagnosed with acute alcohol use disorders, it offers a Managed Alcohol Program where alcohol is distributed in controlled quantities based on the recommendations of their medical team. It also offers an indoor smoking area for resident use.
- Primary care and psychiatric supports are available on-site, as well as meal services and housekeeping.

International Research on Housing-Based Harm Reduction for Older Adults

Varied Approaches to Substance Use

- A 2020 qualitative exploratory study⁷ interviewing management and staff from 5 Scandinavian eldercare/nursing home facilities permitting alcohol use (and, in some ‘unofficial’ cases illicit substance use) observed the following approaches:
 - **Looking Away:** not asking residents to disclose substance use; permitting substance use in private areas.
 - **Intervention and Prohibition:** prohibiting use at certain times/spaces, restricting residents’ activities when intoxicated. It is still accepted that residents actively use substances outside of prohibited times/spaces.
 - **Intervention and Distribution:** distribution of alcohol in controlled quantities by staff.
- Interviewees commonly framed their (varying levels) of tolerance of substance use as a ‘last resort’ opportunity to keep individuals with repeated interactions with ‘the system’ stably housed with respect for their dignity and wellbeing.

Benefits of Permanent Harm Reduction Housing for Older People

- A 2017 qualitative study of 2 ‘wet’ care homes (in Norway and England) involving interviews and focus groups with residents and staff⁸ found:
 - Residents reported **safer** and **more secure** than in previous housing arrangements.
 - Staff observed that the on-site primary care provision led to **increased willingness to receive medical care**– which is significant in a population often distrustful of healthcare providers.
 - Residents and staff perceived a **decrease in ‘risky’ drinking**. This could mean a decrease in use, drinking in quantities spread out throughout the day, switching to beverages with lower alcohol concentrations, and having ‘dry days’. In some cases, similar trends were noticed with tobacco.
- The authors speak to the importance of measuring the health and social outcomes for residents residing in these care environments, and provide a list of suggested outcomes and measurement tools.

A Validated Model

- An Australian harm reduction model of care for older people with alcohol acquired brain injuries was established in recognition of the contrasting care needs of this group. It included managed alcohol and tobacco services, along with
- This model was developed and trialed in the late 2000’s and evaluated over 4 years using mixed-methods⁹.
- On average, participants’ rates of anxiety, depression, high-risk substance use behaviours, and alcohol and tobacco use decreased. Life satisfaction also increased.
- Some select key learnings from the pilot:
 - Calculated cost savings to government, despite service establishment/initiation costs and complex client needs.
 - A significant number of clients were able to successfully transition to less intensive mainstream specialist care.
 - Structured recreation programming demonstrated positive impacts on participant wellbeing.

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