

PEOPLE FIRST: ADDRESSING HOMELESSNESS, DRUG-RELATED HARMS AND HIV THROUGH ENABLING QUALITY INTEGRATED SERVICE ACCESS AND PROVISION – A REVIEW OF MODELS.

Thomson N¹, Scheibe A^{2,3}, Roberts T⁴, Stackpool-Moore L⁴

¹ University of Melbourne, ² TB HIV Care, Cape Town South Africa, ³ University of Pretoria, ⁴ International AIDS Society

Background:

For people who use drugs, being homeless amplifies high-risk drug use, HIV, viral hepatitis and overdose. Early identification of people at risk of homelessness and substance use, integrating housing, harm reduction and HIV/HCV services are required to save lives. Combining a review of the literature, with key informant discussions, we reviewed models of care that integrate responses to intersecting factors and identify key components contributing to their effectiveness.

Description of model of care/intervention:

A range of effective, rights-affirming and person centric approaches have been implemented to enhance the health and HIV outcomes of people experiencing homelessness. Models that combine consultation and co-design with experts-by-experience, underpinned by partnerships between housing, harm reduction and health service providers are central to successful models of care. Trauma informed, harm reduction-based programs create flexibility and increase service access. Peer navigators are a key component of effective models, linking people across housing, health, substance use and social support systems. Case management is effective when the case load is kept low. Whole of government policy initiatives that prioritise housing increases access to affordable housing and improve substance use and HIV-related outcomes.

Effectiveness:

Models highlight that the provision of housing improves retention in HIV care and can reduce viral load. Engagements with people experiencing homelessness and who use substances have highlighted preference for harm-reduction approaches over abstinence. There is no evidence that linking access to social services - including housing – based on demonstrated abstinence from drugs reduces the use of drugs or engagement in risk behaviours.

Conclusion and next steps:

People and their health and social needs must be the center of policy and program design. Global and local policy makers, programme implementers and advocates should meaningfully engage experts-by-experience and commit to adopting person-centered approaches that integrate housing, HIV, harm reduction and related services into policy and practice.

Disclosure of Interest Statement:

Funding for this review and the development of a policy brief was made available to the International AIDS Society from the National Institute of Drug Abuse, National Institute of Health, US Government.