

Does Substance Use Change Following Provision Of Stable Housing In Homeless People?

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Introduction

New approaches to chronic homelessness have emerged over the past twenty-five years, particularly in the USA, in response to the failure of existing methods to significantly improve the homelessness prevalence. Prior methods can be grouped under the term 'linear' or 'continuum' models, whereby clients enter accommodation via emergency shelters/refuges, later move to transitional accommodation or residential 'rehab', and then on to permanent public or community housing. The new model, known as 'Housing First' (HF), posits that stable housing is a prerequisite to progress in other spheres of the person's life, that housing is a basic human right, and that if homeless people with comorbidities can survive on the streets, then they can manage an apartment. Whilst Assertive Community Treatment (ACT) is provided, participation is voluntary, as client choice is respected as a core value.

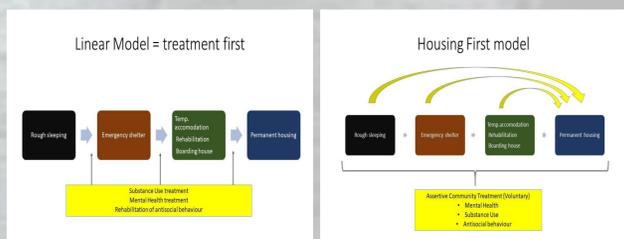


Diagram 1 Represents differences between a 'treatment first' and a 'housing first' model

Homeless clients, particularly the chronic and the rough sleepers, may have complex needs which make housing not a straightforward issue; these include chronic mental & physical health problems, Substance Use Disorders (SUD), forensic background, Personality Disorder, dysfunctional relationship patterns, domestic violence (DV) history, personal trauma history, poverty etc. This suggests that Australian planners must consider ongoing SU in HF type projects, as impacting such factors as shared environment liveability, rental sustainability, harm minimization measures, and safety.

In 2009 the Newcastle Assertive Outreach Service (NAOS), was established using the HF model. NAOS funded as a part of the NSW Regional Homelessness Action Plan 2010–2014. NAOS provided assertive outreach to chronically homeless rough sleepers with complex needs, fast tracking clients into long-term stable accommodation, integrated provision of generalist/medical/legal support, wrap-around case management, and outreach support.

The purpose of this study was to help understand the applicability of the HF approach in the Australian context. As such, SU following housing was considered an important factor contributing to housing sustainability.

Aim

The primary aim of the study was to quantify SU amongst newly housed SUD clients who had been homeless, at baseline and over 12 months; the secondary outcomes included the tenancy establishment and retention rates, the main causes for failure of either, and the time taken to house.

Method

An observational study with 'before-and-after' measures was performed; participants included all homeless adult people with comorbid SUDs accepted for service at NAOS during the study period July 2010 to July 2013. Clients housed were studied for SU over the following 12 months; all clients were studied for reasons contributing to failure to establish or retain tenancy. Primary outcome measures of SU were extracted retrospectively by reviewing clinical notes and extracting data on the severity of SU for each substance, based on self-report; clinical records of SU severity was collected at baseline and ad-hoc by NAOS staff, therefore data is semi-quantitative, and reliant on ancillary sources such as hospital and community health notes, urine screens and interpolation between clinical encounters.

Results

152 homeless clients with SUD were accepted for services by NAOS, with 52 (34%) ultimately being housed. A small but statistically significant reduction in composite substance use over the 12 months post housing was found, driven mainly by reductions in self reported cannabis use over the 12 months and amphetamine type substances at 3 months. Alcohol and benzodiazepine use did not significantly change from pre-housing levels.

Median days-of-use-per-month at intervals 3, 6 & 12 months using Wilcoxon Signed Ranks Test										
Table 1	Time intervals of SU measurement									
	Baseline		Baseline to 3 mths			Baseline to 6 mths			Baseline to 12 mths	
Substance examined	Median days SU per month	Median days SU per month	3 minus B W+, (N)	Wilcoxon SR Test Signif.**	Median days SU per month	6 minus B W+, (N)	Wilcoxon SR Test Signif.**	Median days SU per month	12 minus B W+, (N)	Wilcoxon SR Test Signif.**
Comp. days/mth*	15.0	14.7	6 (11)	p<0.01	14.0	29 (16)	p<0.025	14.0	33.5 (17)	p<0.025
ALC days/mth	16.0	15.0	2 (5)	p>0.05	16.0	3.5 (4)	NA	16.0	3 (3)	NA
ATS days/mth	7.5	4.0	1.5 (6)	p<0.05	7.5	12 (6)	p>0.05	7.0	13 (8)	p>0.05
BZD days/mth	28.0	28.0	0 (1)	NA	28.0	0 (2)	NA	28.0	0 (1)	NA
THC days/mth	28.0	28.0	0 (5)	p<0.05	26.0	9.5 (10)	p<0.05	20.0	11 (11)	p=0.025

Table 1 – Shows the median days of a given substance use per month at baseline and at study intervals post housing

Results (cont'd)

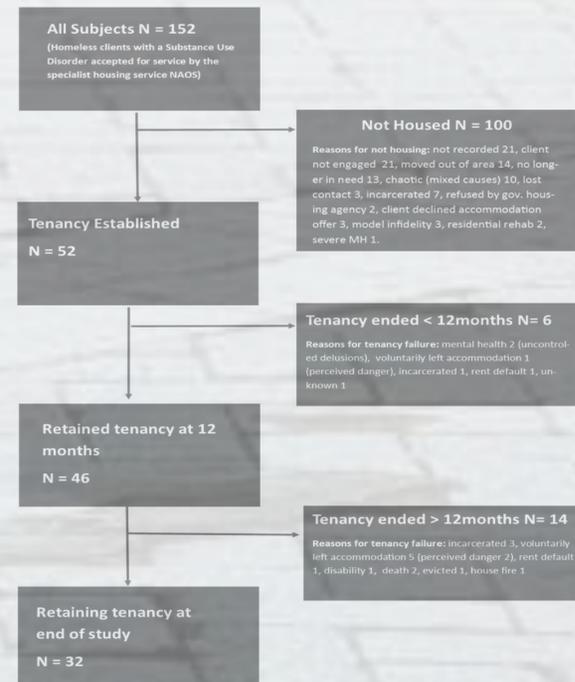


Diagram 2 shows the path followed by all subjects examined in the secondary outcomes study, in relation to tenancy status and the identified main reasons for failure to establish or retain tenancy

The majority of those not housed were due to client withdrawal from the service, partly due to delays in housing; however a small group of 12 clients were considered too difficult to house given the available resources.

Conclusion

A small but statistically significant reduction in some substance use categories was found post housing.

Tenancy retention rates during the first 12 months after housing were equivalent to published HF rates in North America and to Australian public housing clients requiring urgent housing.

A service gap exists for highly complex homeless with challenging behaviours.

Rent default was not a common cause of tenancy failure.

References

A full version of this paper with references is available from the author.

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