

## **DOES SUBSTANCE USE CHANGE FOLLOWING PROVISION OF STABLE HOUSING IN HOMELESS PEOPLE?**

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### **Background:**

The focus of this study was to describe substance use in homeless clients with Substance Use Disorders, for the 12-month period following housing through a specialist homelessness intervention, Newcastle Assertive Outreach Service (NAOS), modelled on the Housing First concept. Additionally, semi-quantitative analyses were performed on rates of tenancy establishment and retention, and the main reasons for failure of same from the case-workers' perspective.

### **Approach:**

The study used a before and after design, the data was collected through retrospective audit of health records and quantified using a sub-section of the ATOP tool. Analysis of changes in substance use was performed using the Wilcoxon Signed Ranks Test.

### **Outcomes:**

152 homeless clients with SUD were accepted for services by NAOS, with 52 (34%) ultimately finding housing.

A small but statistically significant reduction in composite substance use over the 12 months after housing was found, driven mainly by reductions in self-reported cannabis use over the 12 months and Amphetamine Type Substances use at 3 months. There were also trends towards reduction in self-reported alcohol or benzodiazepine use from pre-housing levels, however this did not reach statistical significance.

The tenancy retention rate amongst all clients housed was 88.5% at 12 months, consistent with North American experience of HF in complex clients, and this fell to 61.5% during the remainder of the 4-year study period. Of the 20 tenancy failures, 5 failures were possibly preventable with greater mental health support; rent default caused 2 cases.

The majority of those not housed were due to client withdrawal from the service (partly due to delays in housing availability); however, a small group of 12 clients were considered too difficult to house given the available resources; these cases demonstrated a gap in provision for highly complex homeless people with challenging behaviour.

### **Conclusions:**

Substance use did not change significantly following provision of stable housing, and retention rates in the presence of Assertive Community Treatment was comparable to other public housing clients in need of urgent housing; this is consistent with North American experience. Rent default was not a major contributor to failures of tenancy.

Some substance-using homeless clients were considered too difficult to house due to challenging behavior; of these, some end up in boarding houses by default, which places other clients at high risk.

Complex substance-using homeless people with co-morbidities can be housed successfully with a supportive housing model, particularly if support is on-going. A sub-group with severe challenging behaviour may not succeed with this model, and further research is warranted to reduce public risk.

### **Disclosure of Interest Statement:**

DO declares no conflict of interest in relation to this work.