

Review of Alcohol and Drug Free Housing for People in Recovery from Substance Use

Executive Summary

**Prepared for
Vancouver Coastal Health**

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Introduction

This report presents an overview of seven initiatives that provide alcohol and drug free supported housing. Three of the initiatives are from Canada, two are from the U.S., one is from the U.K., and one is from Australia. A summary of the initiatives is in Table 1.

Method

In determining which examples of alcohol and drug free supported housing should be profiled, selection criteria included programs where the housing:

- Is provided to individuals following a treatment or supportive recovery program;
- Is a place to live rather than a place to receive treatment (e.g. treatment programs are not provided on site);
- Supports the recovery process and some support is available to the residents/tenants;
- Has some connection to treatment services; and
- Is available to the residents/tenants for longer than most treatment programs (e.g. 1-2 years).

Summary of findings

The seven housing initiatives profiled in this report show that while not all clients are able to maintain abstinence while in alcohol and drug free housing, these programs can result in positive outcomes for many participants. These include better health, reintegration into the community, increased income through employment, and ability to access and maintain permanent housing.

Housing

Agencies providing alcohol and drug free supported housing believe the safe environment provided by this housing is key to helping people move on with their lives. They also believe that housing quality matters. Good quality housing lets tenants live in dignity and helps them make positive changes in their lives. It sends a message that the landlord cares not only about the building but also about the tenants - and if the landlord cares, the tenants will care.

Transitional and permanent housing

The seven initiatives provide both transitional and permanent housing. Some of the benefits identified with transitional housing are that:

- It can provide a safe place for people after detox or while they are in treatment, where they can receive an intensive level of support, after which they will be ready to move on;
- Because the housing is conditional upon abstinence, this might provide an incentive for residents to avoid the use of drugs or alcohol;
- From a housing provider's point of view, providing transitional housing may make it possible to evict a resident quickly, if necessary; and
- In programs where "graduates" may remain in their units on a permanent basis, the fact that the housing is transitional ensures that only those who have achieved program goals will be able to remain in their units.

Some of the disadvantages to residents in transitional housing may be the stress involved with moving out at the end of the program and the fact that it can be difficult to locate safe and affordable permanent housing. For individuals who are ready to leave transitional or permanent supportive alcohol and drug free housing, it can be very difficult to find another place to live. The lack of safe and affordable housing options can prevent clients from “moving on”.

Agencies that provide permanent housing believe it is necessary to provide a safe place where people can live after treatment. They believe this form of housing promotes ongoing recovery and helps people with their personal growth. From a landlord’s point of view, one of the difficulties is being able to maintain an alcohol and drug free environment and terminate a tenancy if a tenant is unable to remain abstinent. This was noted as an issue in jurisdictions where the landlord and tenant legislation does not specifically provide for alcohol and drug free housing (i.e. use of drugs or alcohol is not grounds for eviction under the legislation).

The distinction between transitional and permanent housing is not straightforward. Regardless of whether housing is transitional or permanent, one of the objectives is for staff to work with the tenants to help them “move on” and achieve their personal goals. The only difference is that with permanent housing, there is no maximum length of stay. It is up to each tenant to decide if/when they wish to move to other housing. Some programs have elements of being both transitional and permanent - the support is transitional, while the housing is permanent.

Dedicated and scattered units

Both dedicated buildings and scattered site units have advantages and disadvantages. Studies have shown that some individuals prefer the anonymity that occurs with scattered site housing, while others prefer the camaraderie, group activities and support that can occur in dedicated buildings.¹

In dedicated buildings that are alcohol and drug free, agency key informants stated that the relationships among the residents and peer support can help residents with their recovery. In addition, some individuals who become abstinent do not want to live with others who consume. They may want to live in a dedicated alcohol and drug free building - or scattered site housing where alcohol and drug use is not apparent. In dedicated housing, it is particularly important to address a tenant’s relapse right away to avoid triggering others in the building and to keep the building alcohol and drug free.

Scattered site housing can help achieve community integration and avoids community opposition – since this approach does not involve the development of new housing devoted to the target population.² However, in scattered site housing (where buildings are not alcohol and drug free), it can be difficult for program participants if others around them are using. Learning how to remain abstinent in an environment (and world) that is not abstinent needs to be part of the program. In addition, some housing providers may be reluctant to house people in recovery in their buildings, which can make it difficult to locate available units for program participants.

¹ Kraus, Deborah, Luba Serge, Michael Goldberg, and the Social Planning and Research Council of BC. 2006. *Housing and Services for People with Substance Use and Mental Health Issues*. Ottawa: Housing and Homelessness Branch, Human Resources and Social Development Canada.

² Ibid

Ability to keep a building alcohol and drug free

One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment. Agency key informants for all the initiatives (except the ADFC Housing program in Portland, Oregon) reported that the lack of legislative support makes it difficult and time-consuming to remove tenants who do not control their drug use. This can place other tenants in a dedicated building at risk, as one person's relapse can trigger others. Some potential solutions identified in this report include:

- Amending the landlord/tenant legislation to specifically provide for alcohol and drug free buildings, as was done in the U.S. state of Oregon;
- Working with tenants who relapse and don't wish to resume their program of abstinence to negotiate a voluntary move-out as quickly as possible and to help them find another place to live that is tolerant of use;
- Increasing the supply of supportive housing that is tolerant of use so that individuals with substance use issues who are not abstinent do not become homeless; and
- Creating short-term respite facilities where tenants can go in the event of a relapse.

In B.C., some agencies use short-term leases and transitional housing so they can terminate a housing arrangement as quickly as possible, when necessary.

Support

Support was identified as critical in helping program participants make the changes they want for themselves. Key informants identified a need for sufficient funding to be able to provide enough support. Caseloads need to be small enough so staff can get to know their clients, be able to meet their needs, and keep a close watch on them. In alcohol and drug free housing, it is particularly important that staff are able to respond quickly in the event of a relapse - to offer help, and hopefully get the person back on track with their recovery.

Key informants noted that in addition to support offered through the program, it is essential that clients are able to access additional services in the community. One way to accomplish this is to establish and maintain a good working relationship with community agencies and health services. It was also noted that organizations that offer a continuum of services have an advantage in being able to facilitate access to their services so their clients can access them as needed.

Staffing

Key informants discussed the importance of staff and pointed out that the relationship between staff and program participants can be crucial to long-term housing success. Some of the factors that lead to success include staff who are well trained and knowledgeable about addictions and the challenges of recovery, who have experience working with the target population, and who have real-life experience. This could include individuals who are themselves in recovery. Staff continuity (i.e. having staff who can stay with the program for many years) is also beneficial. This helps to build rapport with the clients – many of whom will be involved with the program for many years – and creates stability for the organization.

Housing and support

The relationship between housing and service providers has also been identified as a factor for success. Both parties need to be committed to working together to address any issues that arise with a tenant. Housing providers need to know that they can count on support staff for assistance. Support staff need to know that the landlord will contact them right away in case of a problem so they can work with the client to remedy the situation and preserve the tenancy.

Client motivation and peer support

Client motivation has also been noted as a critical factor for success. The clients must be ready, willing and committed to make changes in their lives and remain abstinent. It was noted that respect for the sponsor organization and the fact that the building is alcohol and drug free can be a motivating factor for tenants to remain abstinent. Furthermore, relationships among the residents themselves and peer support can help program participants with their recovery.

Conclusion

Alcohol and drug free supported housing is a necessary option for people who are in recovery and committed to an abstinent lifestyle. Factors for success include good quality housing in either dedicated buildings or scattered site units, and sufficient support. Staffing is also critical. Caseloads need to be small enough so staff can provide the level of service needed for each client, and staff need to have the qualifications, experience, ability and dedication to be able to work with the target population. At the same time, the motivation of clients to address their substance use also needs to be recognized as a factor for success. One of the key challenges in alcohol and drug free supported housing is being able to maintain an alcohol and drug free environment.

Table 1. Summary of Initiatives and outcomes

Initiative	Description	Target group	Tenure/Length of stay	Number of units	Dedicated Integrated Scattered	Outcomes
Canada						
1. McCready Residence: Sponsored by the Salvation Army Vancouver Harbour Light Addictions and Rehabilitation Centre, Vancouver BC	Provides permanent housing in a dedicated building where adults with low incomes can live with dignity and independently in an alcohol and drug free environment.	Men and women	Permanent rental housing	44	Dedicated building	<ul style="list-style-type: none"> A huge metamorphosis in tenants who have come from the Treatment Centre. They gain weight, begin to look strong and healthy, and appear happy. Over the past 10 years, tenants have remained at the McCready Residence an average of 5 years. In 2004-2005, only 5 tenants (out of 44) were evicted because of substance use. Increased income through employment.
2. Addiction Recovery Program: Sponsored by Vancouver Coastal Health and BC Housing, Lower Mainland BC	Provides transitional housing scattered throughout BC Housing's portfolio. The goal is to help participants maintain recovery following initial addictions treatment services through the provision of safe, secure and affordable housing linked with ongoing treatment and support services.	Men and women. Also serves couples and single parents	Transitional (18 months) Participants who graduate and meet BC Housing criteria may become permanent tenants of units they have been occupying	52	Scattered throughout BC Housing's portfolio	Of 39 participants who have exited the program, 69% have successfully reintegrated into the community. Some of them have relapsed since leaving.
3. Supportive Housing Program: Sponsored by Street Haven Toronto, Ontario	Provides supportive alcohol and drug free housing for women. The goal is to provide a safe place where women can live and get the support they need to set and achieve personal goals.	Single women	Permanent rental housing (supportive)	33	Dedicated and Integrated	Once a woman is housed in their program, they make remarkable progress getting their lives back together. The combination of safe and affordable housing with support is key to helping the women meet and achieve their goals. Often their health improves and they are able to find work. In the previous year, all but one woman remained abstinent.
U.S.						
4. Alcohol and Drug Free Community (ADFC) Housing: Sponsored by Central City Concern, Portland, Oregon	Provides 936 units of alcohol and drug free housing. Of these, 389 are transitional and 547 are permanent. The goals are to help residents gain housing stability, provide an environment that promotes abstinence, encourage active participation in an ongoing program of recovery, and permit growth of a positive support network.	Single adults and families	Transitional (length of stay depends on need – average of 7 months) and Permanent	389 transitional 547 permanent	Dedicated buildings Dedicated	<ul style="list-style-type: none"> When the Portland Alternative Health Center (PAHC) combined outpatient treatment with ADFC housing, nearly 88% of its clients completed treatment. The successful program completion rate for those not receiving ADFC housing was 25%.³ ADFC housing has resulted in the dramatic reduction in recidivism in CCC's detox facility. Prior to CCC's focus on housing, about 95% of people who used the Hooper Detox Center were repeat visitors. Now, repeat visitors are down to around 10%. Data for 2004-05 found that out of 327 individuals who exited the ADFC housing program, 194 (59%) were successful – i.e. were alcohol and drug free

³PAHC, (formerly known as the Portland Addictions Acupuncture Center), provides “traditional social model outpatient alcohol and drug (A&D) treatment that is augmented by alternative health improvement interventions including acupuncture, herbal therapy, exercise, and meditation.” Acupuncture was one of the key elements of treatment along with traditional cognitive-behavioural individual and group counselling and traditional Eastern practices including herbal treatments and meditation.

Initiative	Description	Target group	Tenure/Length of stay	Number of units	Dedicated Integrated Scattered	Outcomes
						<p>and continuing to work on their recovery.</p> <ul style="list-style-type: none"> • 158 of the 327 individuals (48%) who exited the program increased their income by employment or entitlement benefits. • 153 of the 327 (47%) transitioned into HUD defined permanent housing.
5. Transitional Residential Living Program: Sponsored by Open Hearth Association Inc., Hartford, Connecticut	Provides transitional housing for men who must be able-bodied and willing to work. The goal is to house homeless men who are willing to be completely abstinent from drugs and alcohol.	Single men	Transitional (3 months – 2 years)	85	Dedicated	<ul style="list-style-type: none"> • 75% of residents who left the transitional housing program accessed permanent housing. • The number of program graduates who have remained abstinent is not tracked, but Open Hearth believes that a substantial percentage of clients have remained abstinent. As well, the health of residents improved and in a recent 6 month period, 61% had found full time employment and 84% had reached benchmarks for educational and vocational goals.
U.K.						
6. HASTE Project: A partnership between New Leaf Supporting Independence Limited and other organizations, Milton Keynes	Can serve 21 individuals at any one time – 15 in housing and 6 who are waiting for housing. The housing is transitional but can become permanent when clients complete the program. The goal is to support single people with or recovering from substance misuse to maintain a stable tenancy.	Single adults	<p>Transitional during the program (up to 2 years)</p> <p>Participants who complete the program may become permanent tenants of units they have been occupying</p>	15	Scattered sites	Information from 2005 shows that 10 clients have moved on to regular tenancies and 7 of those have been successful.
Australia						
7. Windana Supported Accommodation Program: Sponsored by Windana Drug and Alcohol Recovery, Melbourne	<p>Provides short-term accommodation to alcohol and drug service clients in scattered properties. The clients include people who have undergone a drug withdrawal program or who require assistance in controlling their drug use.</p> <p>The program also incorporates an initial stage of intensive support (5 weeks), where clients stay in one 4 bedroom house before moving into the transitional housing. This phase provides an opportunity to better assess clients and develop their treatment plans.</p>	Adults, youth and families	Transitional (12 months but residents may stay 2-3 years due to a lack of permanent housing options)	34 properties/ 60 beds	Scattered sites	An evaluation of the program in 1999 found that on average, one third of the people in the program accomplish their goals and are able to move on to permanent housing. Some are employed, some attend school, and others do volunteer work in the community and live stably in the community. Another third finds the program does not offer enough support and will move on to a residential treatment program somewhere. The remainder do not maintain their drug free status, go back to using, or leave the program.