



The Community Perspectives Series



Towards Effective Strategies for Harm Reduction Housing

Fred Victor Centre and Jim Ward Associates

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The Community Perspectives Series:

Recent community based research from our enabling grants program

The Wellesley Institute is a non-profit research and policy institute advancing urban health through research, policy, community engagement and social innovation. Our focus is on developing research and community-based policy solutions to the problems of urban health particularly in housing and homelessness, healthcare reform, immigrant health and social innovation through health equity lens.

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Table of Contents

Executive Summary	2
Annotated Bibliography	8
Introduction and Background	16
Methodology	18
Key Informants' Interviews	19
Interviews with FVC Tenants	27
The Focus Groups with FVC Tenants	30
The Focus Group with FVC Staff	32
The Journals	34
Findings and Recommendations.....	36
Building Design/Physical Plant	36
Tenant Supports	37
Shared Accommodation Model.....	38
Substance Use & Acquisition.....	39
Landlord Obligations.....	41
Community Development.....	42
Housing First Models	43
Appendix 1 – Journal Questions	44
Appendix 2 – Tenant Interview Questions and Numerical Results.....	46
Appendix 3 – Key Informants Questions	54



Executive Summary

Housing is a critical element for improving the health of homeless people dealing with complex issues, including mental health and/or substance use issues. In the past, homeless people dealing with such issues were often required to receive treatment before being placed in permanent housing. Today, Housing First models have taken hold. Programs working in a Housing First framework place people in housing with minimal pre-conditions, understanding that once a person is housed, support workers can spend time getting to know the individual and making well-founded referrals to appropriate community supports to meet the individual's needs.

Project Purpose

Housing First models have tended to be discussed in relation to support-providing programs that place homeless individuals into housing at sites scattered throughout a particular city. There has been very little investigation into the relative effectiveness of housing facilities operating within a Housing First framework.

This project represents a first attempt to fill that gap. The project undertook an investigation of Fred Victor Centre's large, shared accommodation housing program in order to surface the strengths and weaknesses of housing programs that are mandated to house individuals who are using substances.

The project purpose was to identify promising practices for successfully housing people who are using substances, where a harm reduction approach¹ is used. This was accomplished through an investigation of Fred Victor Centre's shared accommodation housing program, a literature review and interviews with other housing providers.

The information in this report will be valuable both to Fred Victor Centre to continue improving its housing program as well to any other organization which is providing housing to individuals who are using substances.

¹ A concise and useful definition of harm reduction is that used by Tina Podymow et al in their 2006 report on a shelter-based alcohol administration program in Ottawa. "Harm reduction is a policy to decrease the adverse consequences of substance abuse without requiring abstinence."

About Fred Victor Centre

Fred Victor Centre Housing (FVCH) has a total of 194 rental units located within shared apartments. The majority of the shared apartments contain six units. The program has been in operation since 1990, and the program has maintained a mandate to house people who have experienced homelessness and who are dealing with mental health and/or substance use issues since its inception. The program is a pre-cursor to today's Housing First models in that there are very few barriers for people to access the housing; in particular, the program does not require people dealing with substance use issues to attend treatment prior to being housed.

Furthermore, FVHC approaches substance use by applicants and tenants from a harm reduction perspective, which acknowledges that substance use is a part of all communities, and holds that requiring abstinence of applicants will be a barrier to accessing housing, and requiring abstinence of tenants will be a barrier to maintaining housing. Rather, the program works with applicants and tenants based on their behaviour: If an applicant or tenant demonstrates behaviour that is likely to be disruptive in a shared accommodation setting, then the program will support the applicant or tenant to change the behaviour to address the disruptiveness. Tenants are supported to cease or reduce using substances, or to continue using, but in a safer manner, based on their individual goals.

In addition to believing that the harm reduction approach is more respectful of clients than alternative approaches, Fred Victor Centre also believes that this approach is the only legal approach: Landlords under the Residential Tenancies Act, Ontario, cannot evict tenants for using alcohol or other substances in the privacy of their accommodation unless the tenants are engaged in disruptive, illegal, or violent behaviour. Under the law, it is the behaviour, not the substance use that can lead to eviction. Therefore, this research may be of value both for providers with a similar mandate to Fred Victor Centre as well as for providers that are not intentionally housing people with complex needs but are nonetheless finding that many of their tenants are using substances and are struggling with how to manage their facilities.

Through a literature review, interviews with key informants, interviews of and journal-writing by FVCH tenants, and focus groups with FVCH tenants and staff, this research project has arrived at findings in the following areas: building design/physical plant; tenant supports; shared accommodation model; substance use and acquisition; landlord obligations; and Housing First models. Although much of the inquiry was focused on FVCH, the recommendations have broad applicability, as they point toward promising practices for all providers which house people who are using substances, and the recommendations directed toward government bodies apply to all funders of social housing.

Key Findings

Building Design/Physical Plant

- All aspects of the physical plant, including the size of the building, density, size of units, amount of sharing, mechanical systems, and building access will impact the housing experience of tenants.
- Analysis of the ideal building density and staff to tenant ratios for harm reduction housing programs must occur prior to developing new projects. FVCH has too high a population density for the type of project given the pervasiveness of substance use and mental health issues.
- Buildings which house high proportions of people who are using substances experience tremendous damage and wear and tear due to behaviour related to substance use and concurrent disorders.

Tenant Supports

- Housing projects which house people who are using substances require intensive and specialized support services.
- 24/7 supports are vital in housing projects with high proportions of people using substances and those with other complex issues due to issues of conflict/safety/support which require the availability of staff supports at all times.

Shared Accommodation Model

- Shared housing is frequently viewed as an obstacle to success in harm reduction housing environments. Yet, it often provides conditions for quality of life improvement through neighbour support and social interaction.
- The shared accommodation model can be effective if tenants are placed in appropriate shared units and receive support from staff regarding sharing space, life skills, and conflict resolution.

Substance Use & Acquisition

- What is unique about providers like FVC is the frequent, multi-drug use among tenants and the prevalence of concurrent disorders.
- The use of illegal substances by tenants in housing programs using a harm reduction model presents challenges for the housing provider. These include maintaining a relationship with police to intervene in disruptive behaviours in order to maintain a safe environment for tenants.
- Laws, police policies and practices, and building rules regarding drugs put people using illegal substances at higher risk of violence than those who use legal substances.
- Most FVC tenants who are using substances acquire their drugs on the street or in the FVC buildings. The majority of these individuals feel the acquisition of drugs places them in a dangerous situation. Many mentioned their fear of getting robbed or arrested in the process of drug acquisition.

Landlord Obligations

- Landlord-tenant relationships are governed by the Residential Tenancies Act. The Act's eviction process is problematic in cases where a tenant in shared accommodation has substantially interfered with the reasonable enjoyment of others.
- The eviction process requires landlords to provide witnesses to the disruption; however, co-tenants in shared accommodation tend to be reluctant to testify against apartment mates, fearing reprisal.
- The issue is compounded by the length of the eviction process, as impacted tenants must continue sharing the apartment with the disruptive tenant for several months while the process runs its course.



Community Development

- Increased tenant involvement in governance, policy development, and program development and delivery is likely to lead to a stronger sense of community and ownership among tenants and would ensure that programs are responsive to the needs of the community.

Housing First Models

- The “housing first” approach – i.e. getting homeless and at-risk people into stable housing - is a *sine qua non* for making any kind of progress with substance use issues possible.
- The existing research on Housing First models has its basis in scatter-site models in which tenants are placed in buildings throughout a city and mobile support is provided. The relative strengths and weaknesses of the scatter-site and single-site models for supporting people dealing with substance use issues requires further investigation.

Recommendations

Target for Action	Recommendation
City of Toronto	Fund providers which house people dealing with mental health and/or substance use issues to adequately support tenants.
Province of Ontario	Consult with shared housing providers to develop regulations under the Residential Tenancies Act to deal with disruptive behaviour in shared accommodation.
Service providers, policy makers and/or research institutes	Conduct further research on Housing First models, with a focus on the relative strengths of the scatter-site and single-site models for supporting people dealing with substance use issues.
Federal Government and/or Province of Ontario and/or City of Toronto	Provide enhanced capital funding to providers which house people dealing with mental health and/or substance use issues in order to modify their facilities to meet the physical design recommendations of this report.

Housing providers	Partner with health and mental health agencies to better serve tenants who are using substances through provision of on-site support services.
Community Agencies	Community agencies providing harm reduction programs must advocate for a review of public policies regarding illegal drugs given their detrimental impact on the health of individuals who are using substances, including in the areas of safety, criminalization, economic opportunity, and housing.

Conclusions

This project represents an important first step in understanding the relative strengths and weaknesses of shared accommodation housing programs for individuals who are using substances. The project concludes that service providers, policy makers and/or research institutes should conduct further research on Housing First models, with a focus on the relative strengths of the scatter-site and single-site models for supporting people dealing with substance use issues.

Report Format

The format of this report is as follows:

- 1) The findings from the literature review, key informant interviews, tenant interviews, tenant focus groups, tenant journals and staff focus groups are presented thematically, illustrating the main issues.
- 2) Recommendations pertaining to each issue are made for the relevant stakeholders.
- 3) Appendices detailing the structure of the various interview methodologies are provided.

Annotated Bibliography

Available Literature on the Topic

Although there is a wealth of material on the topic of harm reduction, there is relatively little on the topic of harm reduction and housing. There is even less when it comes to looking at the provision of harm reduction based housing that is provided in a mixed context, i.e. where some residents have substance use issues and others do not.

Harm Reduction and Housing

This sub section reviews literature that looks specifically at harm reduction and housing although, as previously stated, there is very little available that looks at the issue in terms of harm reduction and housing, particularly in a 'mixed' context.

Deborah Kraus, et al (2005) *Homelessness, Housing and Harm Reduction: Stable Housing for People with Substance Abuse Issues*. Ottawa: CMHC

This is a comprehensive study of the provision of emergency and longer term housing in a harm reduction context. The most relevant points for our purposes are as follows:

- Stable housing provides the safety and security that make it possible for people to begin to reduce their substance use.
- Having an ongoing place to live
 - provides a base from which friendships and community connections can be formed.
 - provides realistic opportunities to become involved in education, skills training and employment.
 - makes it possible for clients to be involved in flexible and intensive case management.
- A high level of support is essential to success.
- Inter-agency collaboration provides a variety of opportunities, support and a stable context for clients.

The key finding of the Krause et al (2005) study was that a "housing first" approach is essential for a successful harm reduction strategy aimed at homeless people. It should be noted that this

report *does* review several programs that “serve a mix of tenants (e.g. scattered sites)” but the specific issues related to this are not discussed in the report.

Deborah Krause et al (2006) *Housing and Services For People with Substance Use and Mental Health Issues*. Vancouver: The Social Planning and Research Council of BC

This report brings together the findings of the CMHC report, reviewed above, and another report recently completed by same group of authors. This second report is on housing for people with concurrent disorders. The findings that are relevant to our study are:

- Clients should be integrally involved in setting goals.
- A range of options should be available – the notion is this will come out of client involvement in goal setting, so that clients can then select the approach that will work for them.
- Transitional housing approaches should be replaced by permanent housing.
- There is a need for more education (general public, sector workers, etc.) re what a harm reduction approach actually comprises.
- The need to recognize that abstinence-based and harm-reduction-based programs can successfully meet the needs of different clients with substance use issues.

Sam Tsemberis et al (2004) ‘Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with Dual Diagnosis’ *American Journal of Public Health* 94:4 pp 651-656

This article argues that the ‘continuum of care’ notion is experienced by homeless people as a series of hurdles to be jumped. A New York City agency – Pathways to Housing -uses a ‘housing first’ model, together with a harm reduction approach. It is argued that such an approach naturally grows out of the principles of consumer choice. The study compares the housing retention experience of those who are involved in a housing first-harm reduction program to those involved in the continuum of care model. The authors conclude that the provision of housing motivates previously homeless people to address their addictions, particularly when the housing is provided in a harm reduction context.

Harm to Others

One of the key aspects of the current project is to look into ways for providing harm reduction-based supportive housing in mixed environments where the *harm to others* is minimized, even though definitions of harm reduction either implicitly or explicitly extend beyond the individual substance user to others ‘close by’. It appears that little research has been done on harm to others. However, some limited attention was paid to this issue in a recent Health Canada addictions survey.

Health Canada (2005) *Canadian Addiction Survey (CAS): A national survey of Canadians’ use of alcohol and other drugs – Prevalence of Use and Related Harms*

An interesting feature of this cross-Canada survey report² is that one of the “harms” identified is that of harms to others, i.e. those people who are non-substance users living their lives in close connection with chronic substance users. The kinds of harms identified most frequently by respondents were:

- Negative verbal interaction (22% said they were insulted and humiliated; 16% said they had serious arguments or quarrels; 16% reported verbal abuse; 11% said they were pushed or shoved; 3% said they were physically assaulted).
- Rates of harm appear to decrease with age.

Such research has considerable relevance for FVC.

On Harm Reduction Generally

The Toronto Drug Strategy (2005) City of Toronto

As with many municipal drug strategies, Toronto’s incorporates four components: (i) prevention; (ii) harm reduction; (iii) treatment; (iv) enforcement.

The Toronto strategy defines Harm Reduction as follows:

² The sample size was 13,328, drawn from adults (18 years and older) from the 10 provinces.



“...interventions that seek to reduce the harms associated with substance use for individuals, families and communities. It can include, but does not require, abstinence. The focus is on the individual’s behaviour, not on the substance use itself. Effective harm reduction approaches are pro-active, offer a comprehensive range of co-ordinated, user friendly, client-centred and flexible programs and services and provide a supportive, non-judgmental environment. Examples of harm reduction include needle and condom distribution and maximum blood-alcohol limits for driving.”

Stimson, Gerry (2007) “Harm Reduction – Coming of Age: A local movement with global impact”
The International Journal of Drug Policy Vol.18: 2 pp 67-69

In his introductory remarks to a special issue of *The International Journal of Drug Policy* on harm reduction, Gerry Stimson (2007) notes that this approach to dealing with substance use issues first began in the early 1980s, with the Netherlands taking the lead. The first needle exchange on record was initiated by drug users in Holland in 1984 as a response to a hepatitis B epidemic. It was the new threat of HIV in the mid 1980s that gave the approach its major impetus. Stimson (2007) writes:

“Over the next two decades harm reduction was increasingly accepted by many governments and the international community. This was matched by substantial evidence for the effectiveness of outreach, sterile needle and syringe programmes, substitution treatment and other interventions...”

Stimson (2007) goes on to note that the harm reduction approach has two main pillars: (i) it is driven by public health approaches that emphasize the need for identifying specific harms – “the need for interventions to be evidence based and targeted, and the need to adopt realistic goals and, thereby, have the ability to apply specific and effective interventions; (ii) a human rights thrust argues for the rights of substance users/abusers to life, security, health protection, access to medical treatment and protection against harm from the state and the community. Stimson (2007) states that these two pillars of harm reduction:

“... share an ethos that is facilitative, non-coercive, non-punitive, and cooperative. In particular, harm reduction is associated with a new relationship between drug users on the one hand and service providers and policy makers on the other.”

McMaster, Samuel A. (2004) "Harm Reduction: A New Perspective on Substance Abuse Services" *Social Work* Vol. 9:3

MacMaster (2004) sees the harm reduction approach as making the five following assumptions:

- 1) Substance use is and will continue to be a part of our world.
- 2) Abstinence from substances can be effective at reducing substance-related harm, but it is only one of many possibilities.
- 3) Substance use inherently causes harm but many of the most harmful consequences can be eliminated without complete abstinence.
- 4) Services to substance users must be relevant and user-friendly if they are to be effective in helping people minimize their substance-related harm.
- 5) Substance use must be understood from a broad perspective and not solely as an individual act.

Patt Denning (2004) *Practicing HARM REDUCTION Psychotherapy* New York: The Guildford Press

Denning's book is primarily about psychotherapeutic modes of treatment that include a harm reduction philosophy and is aimed at treatment practitioners. It does offer some useful insights that are relevant to our project. In particular, these relate to Denning's review of several housing projects that use a harm reduction approach. These insights include:

- Harm reduction and abstinence approaches are not in opposition to each other.
- One cannot really be against harm reduction *per se* it is what people do all the time.
- Often there is an irrational fear among staff at agencies implementing harm reduction approaches that it results in the tyranny of the individual.
- Disruptive or disrespectful *behaviours* rather than substance use should become the focus for rules and interventions.³
- Whenever possible the rules should come from resident concerns as well as staff issues.
- When some residents feel threatened and/or worried about returning to drug use if others are using, this issue must be aggressively addressed if all residents are going to feel safe and comfortable.
- A clearly understood intervention strategy must be developed and maintained and shared with all.

³ She gives the example: "A resident banging on the door at 3:00 a.m. looking for matches to light his crack pipe is a typical example of disruptive behaviour..." She argues it's the door-banging that's the problem that has to be addressed here not the drug use.

- It must be understood that complaints will not lead to loss of housing.
- Staff should be trained in the skills of conflict resolution, de-escalation and mediation.

She writes: (p179):

“When programs focus on disruptive behaviours, residents’ rights to make choices about their drug use are respected, and at the same time, any harm to the community is minimized.”

Other Items of Interest

CAMH (2004-06) *Housing Guide: A Comprehensive Guide for People with Mental Health and Substance Use Concerns* (Provides information on whether or not a particular housing provider has a harm reduction philosophy)

Peter Clare (2006) “The commodity and exchange value of housing in the domestic economy of drug users” *Drugs, Education, Prevention & Policy* 13:5

J. Dickson-Gomez et al (2007) “Unofficial policy: access to housing, housing information and social services among homeless drug users in Hartford, Connecticut” *Substance Abuse and Treatment, Prevention and Policy* 2:8

Liz Evans and Steffanie Strathdee (2006) “A roof is not enough: Unstable housing, vulnerability to HIV infection and the plight of the SRO” *International Journal of Drug Policy* 17:2

Paul Gray and Penny Fraser (2005) “Housing and heroin use: The role of floating support” *Drugs, Education, Prevention & Policy* 12:4

Hwang, Stephen W. (2006) “Homelessness and Harm Reduction” *Canadian Medical Association Journal* 174:1

Mats Blid and Arne Gerdner (2006) “Socially excluding housing supports to homeless substance misusers: Two Swedish case studies of special category housing” *International Journal of Social Welfare* 15:2

Jesse Milby et al (2005) "To House or Not to House: The Effects of Providing Housing to Homeless Substance Abusers in Treatment" *American Journal of Public Health* 95:7

Deborah K. Padgett et al (2006) "Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse" *Research on Social Work Practice* 16:1

Other Relevant Materials/Projects

Princess Rooms, a rooming house serving as transitional housing for at-risk and homeless people in Vancouver's Downtown East Side, recently (2005) carried out an evaluation to "measure the project's goal of breaking the cycle of homelessness for individuals with challenging behaviours and complex health needs." Although harm reduction is not explicit in the project's approach, the report seems to imply a high tolerance of substance use in this setting.

Seattle's 1181 Eastlake project is a Seattle "Housing First" program that provides on-site supportive services for 75 homeless men and women with chronic alcohol addiction. The program provides treatment for addictions on site.

Ottawa's Shelter-Based managed alcohol program (MAP) provides alcohol in a safe shelter setting to a number of alcohol-addicted homeless people with the goal of reducing their level of use of local hospital emergency department services and other costly health services. A recent evaluation of the effectiveness of the program indicates that this harm reduction approach reduces emergency department visits and police encounters. (See Tina Podymow et al "Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol" *Canadian Medical Association Journal* (2006) 174:1)

Incorporating Behaviour Change Models

An approach to reducing harm from substance use that can be embedded within a harm reduction model is that of encouraging behaviour change, i.e. from harmful to less harmful behaviours. There are several potential models that could be used in this context including that of *Self-Directed Behaviour* as outlined in Watson and Tharp's (2002) book *Self-Directed Behaviour* and the transtheoretical model of behaviour change as developed by Velicer et al (1998) in their discussion of an approach to health behaviour change. Behavioural change



models such as these provide gradual, step-by-step guidelines by which individuals prone to behaviours that are harmful to their health can make gradual changes that will improve their quality of life significantly. These approaches require significant dedicated staff resources. (See: Velicer, W.F., Prochaska, J.O., Fava, J.L., Norman, G.J. & Redding, C.A. (1998) "Applications of the Transtheoretical Model of behaviour change" *Homeostasis* 38, 216-33).

Introduction and Background

This project comprises a joint effort between Fred Victor Centre (FVC) and Jim Ward Associates. The former organization is a non-profit, multi-service, community agency, providing services to economically marginalized people in downtown Toronto. The latter organization is a small research company, specializing in work in areas of social research and community development. The project was funded as a Community-Based Research Enabling Grant by the Wellesley Institute, a Toronto-based organization that provides support and encouragement to initiatives that advance urban health.

The project was guided by a Project Steering Committee comprising staff from agencies working on housing, substance use, harm reduction and homelessness issues. Members of the Steering Committee were:⁴

Mark Aston (Fred Victor Centre)
Jayne Caldwell (Toronto Drug Strategy)
Leslie Gash (Toronto Community Housing Corporation)
Mary Kay MacVicar (Street Health Community Nursing Foundation)
Robin Masterson (Fred Victor Centre)
Gautam Mukherjee (Fred Victor Centre)
Laurel Raine (City of Toronto, Shelter Support and Housing)
Nicole Winston (Fred Victor Centre)

The project purpose was to identify promising practices for successfully housing people who are using substances, where a harm reduction approach⁵ is used. This was accomplished through an investigation of Fred Victor Centre's shared accommodation housing program, a literature review and interviews with other housing providers.

⁴ Four Fred Victor Centre tenants were also recruited to join the Steering Committee but – due to competing commitments – were unable to attend the meetings.

⁵ A concise and useful definition of harm reduction is that used by Tina Podymow et al in their 2006 report on a shelter-based alcohol administration program in Ottawa. "Harm reduction is a policy to decrease the adverse consequences of substance abuse without requiring abstinence."



The information in this report will be valuable both to FVC to continue improving its housing program as well to any other organization which is providing housing to individuals who are using substances.

Methodology

A range of methodologies were used in the project. Important aspects of the methodologies used were that they were modified as the project progressed, largely in response to discussions that took place among the members of the Project Steering Committee. Key aspects of the methodology were:

- A review of the literature on harm reduction and on harm reduction approaches in affordable housing settings.
- Interviews with key individuals working in the areas of harm reduction and the provision of affordable housing.
- The hiring of six Peer Researchers trained in the Street Health Community Nursing Foundation program (i.e. people with personal experience of drug and/or alcohol addiction and homelessness), to carry out consultations with tenants living at FVCH, utilizing the following approaches.
 - One-on-one interviews with a random sample of 40 FVCH tenants.
 - Daily journal-keeping by 11 FVCH tenants.
 - Focus group discussions with 20 FVCH tenants.
 - A focus group discussion with FVCH staff.

Key Informants' Interviews

Seventeen people with expertise/experience in the areas of harm reduction and housing were interviewed as part of the research. The key informants were:

Louise Carruthers – Dixon Hall
Laura Cowan – Street Health
Brian Davis – Toronto Community Housing Corporation
Angie Haines – Ecuhome
Stephen Hwang – St. Michael's Hospital Centre for Research on Inner City Health
Heather MacDonald and Kay Roesslein – LOFT Community Services
Tammy Mackenzie – Jean Tweed Centre
Art Manuel – Seaton House Annex Harm Reduction Program
M. Mwarigha - Toronto Community Housing Corporation
Deena Nelson – Homes First Society
Dion Oxford – Salvation Army Gateway
David Reycraft – Dixon Hall
Boris Rosolak – Seaton House
Diane Smiley – Jean Tweed Centre
Wayne Skinner – Centre for Addiction and Mental Health
Mark Townsend – Portland Hotel Society, Vancouver, BC

The structure used to conduct the interviews is attached as Appendix 3.

Interviewees' Own Harm Reduction Experience

When key person interviewees were asked about their experience in providing services in a harm reduction environment, they noted the following as being important factors:

- Importance of the physical environment, i.e. small-scale, safe neighbourhood, having one's own private space.
- Importance of educating others regarding what harm reduction actually is.
- The real challenge is to get chronic users to act responsibly as tenants.
- Even given the challenges, it is important to “keep the door open” and have a non-judgmental approach. It can take a lot of time and patience but it can also pay off in the end.

“By its nature, a harm reduction approach keeps the door open. If we had an abstinence approach, we would hardly ever see anyone.”

The main challenges inherent in a harm reduction approach were seen by key person interviewees as being:

- Sometimes you can see it back-firing on high functioning people and having them going back to harmful lifestyles.
- It’s difficult to get people involved in any ‘improvement’ programs, since they may find it difficult to keep appointments, etc.

Main Challenges in Providing Housing in a Harm Reduction Environment

When respondents were asked what they see as the main challenges facing an agency attempting to provide affordable housing in a harm reduction environment, the majority of them agreed that these include:

- The fact that it is highly resource intensive, particularly in terms of support needs.
- Others taking advantage of vulnerable people – e.g. dealers, prostitutes. Chronic users find it difficult to choose their guests wisely.
- It’s much more difficult when going beyond the one-on-one approach to working with numerous people – different people are at different levels.
- It is particularly difficult when working with people with multiple challenges – e.g. mental illness, addictions, and poverty.
- Getting all involved to understand what harm reduction is and what it is not.
- Close monitoring – e.g. if someone is soon going to die, if no changes are made, then it’s important to work at convincing the individual that those changes are necessary.
- It’s important to stay informed on what is going on in people’s lives.
- You’re fighting to keep the street outside.

“If it’s better to be housed than homeless, then harm reduction is the better approach to take. The real challenge is that those who use in an abusive way are likely to become disruptive in a housing environment. So you have to balance the rights of others and the right to use.”

“People are vulnerable and in trouble. For a lot of them, crack is a cheap vacation, so it’s very tempting. To make it work, you’d have to have a lot of supports in place.”

“If you’re a chronic user, it’s very hard to control who your guests are – you can’t ask security to kick them out of your apartment – it is the residents’ responsibility. They’re pretty vulnerable.”

When respondents were asked how these challenges can be dealt with effectively, the overwhelming response was a lot of staff support time, preferably using case management approaches, and the need to involve program users in community building activities such as house meetings and various committees.

Some key observations about dealing with the challenges were:

- Controlled entry to buildings and the overall importance of building security
- Involvement of tenants in building their own community through involvement in governance, running the building, etc.
- An empathetic and highly approachable staff
- Good relations with the police
- The projects that work have a lot of staff support

“As much as possible, you’ve got to group people with similar outlooks and approaches together”.

“I think we need to be able to get people to the point where they can continue to use and keep a job. It’s enormously challenging to do that but it’s a worthwhile goal.”

“You have to have a constant conversation about what a community is and what kind of community people want – engage, engage, engage. Talk about the people in the community that they care about and how their behaviour affects them.”

The Special Challenge of Illegal Substances

“The real challenge is in dealing with the illegal stuff.”

A particular challenge regarding the provision of a harm reduction environment in housing is that many of the substances of choice are also illegal. Therefore, the challenge becomes that of not appearing to condemn the use of illegal substances whilst, at the same time, staying – as a landlord – on the right side of the law. Evictions for the use of illegal drugs are likely to be counter to a harm reduction housing philosophy.

When respondents were asked how this issue could be dealt with, a range of answers were given. Several respondents noted that this issue is closely associated with the retailer of the substances – the dealer. Having dealers in-house raises the issue that the landlord is turning a blind eye to an illegal activity. Having non-resident dealers plying their wares both close by the house and – when they can gain entry – within the house tends to be highly disruptive. It also puts the most vulnerable residents at risk of being enticed into using more than they may without the sales pressure. Finally, the practice tends to be resented by non-users in the building. Several respondents also noted that they keep a close eye on such activities and try to keep the disruptions to a minimum.

One respondent noted that, if any illegal activity comes to light, be it perpetrated by a resident or visitor, the police are called immediately.⁶ Another said they discouraged use of illegal drugs on site. Another stated strongly:

“The bare minimum should be no drug dealing, no sex trade, on site or close by. You can’t expect some of those who are addicted to act rationally. A lot of them probably have mental health problems and they can wreak a lot of havoc. There has to be some sense of safety.”

A less vehement response was:

“Part of harm reduction education is on how to limit exposure to the legal system, especially through managing behaviours. We have a few minor issues with the law. In one recent case, I phoned the police and they came and were very

⁶ In this particular case, the landlord welcomes arrested wrongdoers back into the house, once they have served their time for the crime. “When you come back we still like you.”

relaxed and joking. The police don't park their cars out the front. We're not seen as the enemy by the police."

One respondent noted the importance of having off-the-record agreements with the police.

"I think the cops usually know. It becomes a relationship between the agency and the police – turning a blind eye. Everyone would agree that the formal criminal justice approach doesn't work."

Some Substances Are More Problematic than Others

When respondents were asked if they felt particular substances were more problematic than others in terms of developing successful harm reduction strategies, crack cocaine was seen as the substance with the most challenges by the majority of respondents.

"Crack is a particular problem, it's different. All the problems with crack tend to be nastier. The behaviour is nastier. We spent about \$30,000 on security on one of our houses because of crack."

"It's really hard to get crack users to modify their behaviour. They usually have a multitude of issues and nothing really to live for."

Methamphetamine was seen by several to be the second most problematic substance currently.

One particularly insightful response noted the importance of alcohol as well as crack and the different behaviours actually caused by some substances being legal and some not, rather than because of the intrinsic nature of the substance.

"Alcohol is still the number one addiction in the country. Crack is the second most important issue. Crack use does bring about different problems for example, more aggressive behaviour. And, when something is illegal, your mind is in a different place than if you're drinking. You're always hiding, dodging, buying from a dealer. It's a whole different world. So a whole new level of survival behaviours kicks in and brings you to a new level of subterfuges. "

Reducing Harm to Others

As argued above, in the context of the literature review, reducing harm to others is a worthwhile extension of the notion of harm reduction and a necessary one if one of the goals is to create and maintain a housing environment that is hospitable for most residents. With this in mind, respondents were asked how they felt this could be addressed.

One respondent argued that a key is to be able to identify, as soon as possible, when things have gone awry and to deal with it immediately. Given the reality that those who can manage best are also those who are least vulnerable (e.g. they are least likely to have dealers move into their space), it makes sense to concentrate on the most vulnerable.

“I don’t think anyone is doing it well, as yet. But I think some of us are gradually getting there.”

“It’s a case for case management, for lots of staff support so that issues can be recognized and dealt with immediately, rather than being allowed to fester for a long time.”

Again, several respondents noted the need for building a sense of community among residents, through regular housing meetings, etc. and involvement in the way the building is run and services are delivered.

“It helps a lot if you put time into building a sense of community.”

“We’ll be aware if John’s dog dies and that he’s having a bad time and we’ll be ready to support him through that. At the outset people might say, ‘John’s a pain in the ass, we have to evict him.’ Now people empathize with John as a human being.”

Overall, the tendency among interviewees regarding the best way of reducing harm to others was to advocate for the community building aspects of the approach. And again, community building in this context means providing encouragement and opportunities for residents to be involved in the decision-making process at the unit and building levels. As one respondent suggested:

“Engage people as much as possible with some kinds of supports and community discussions. What’s happening on your floor? Have people think through what kind of community they would like.”

On Becoming a Good Neighbour

Essentially, reducing harm to others seems to relate to the individual’s ability to be a good neighbour, which includes being able to recognize that certain behaviours may impact negatively on another’s, particularly a close neighbour’s, quality of life. In this regard, one of the respondents who works closely with a group people who are substance users, talked of how they get members of the group to talk of how their behaviour may have negatively affected the quality of life of another group member and that, doing this on a regular basis, appears to increase the level of awareness of the effect on others.

Focusing on Behaviours

Interviewees were asked whether or not they agreed with Pat Denning’s (2004) contention that disruptive or disrespectful behaviours rather than substance use should become the focus for rules and interventions. Most agreed with this sentiment and several followed this up with strongly-worded statements:

“This is my mantra. It’s the behaviours, not the drug use. The only problem is that you can end up being heavy on those with disruptive behaviours.”

“We don’t talk about individuals’ use unless they come to us. We may chat about this in groups. We bring together a group of people interested in making changes. We talk about other people’s issues and their own.”

One respondent who provides supports to shelter and housing residents noted how important it is to not approach the individual during the episode of disruptive behaviour but to speak with them afterwards in a private setting. Her strategy is to have a non-judgmental, one-on-one discussion about the behaviour and to do this on an ongoing basis. Her experience has been that, over time, the episodes of disruptive behaviour decrease. She states:



“When I see them making appointments and talking to Ontario Works, then I know there’s been a huge change.”

Several respondents, however, felt that it is necessary to discuss the substance use itself also.

“I think you do talk about addictions issues in terms such as, we’ll help you deal with them. You need to ask, what are your goals in getting high. You could say, I know you smoke crack. I have to ask you not to smoke it in the public areas because you put me – the landlord – in danger of being arrested. We never worry about how a guy spends his money. We’ve had many concurrent disorder people here for years. Why has it worked for them? Some are saying these guys need to be housed independently but they would not have the same level of supports they have here. A 10 by 10 environment (e.g. a room in a rooming house) can become very small and lonely.”

Interviews with FVC Tenants

40 FVCH tenants were interviewed, using an interview questionnaire to structure the discussion (see Appendix 2). The tenants were interviewed by four Street Health Peer Researchers.

The 40 tenant interviewees were picked for interviews using a random sampling approach. The main relevant points from the data are provided.

Substances Used by Tenant Interviewees

Interviewees were asked what kinds of substances they had used over the past year.

Almost three quarters of the respondents had used alcohol over the past year and over half had used marijuana, whilst almost half had used crack cocaine. These three substances account for an overwhelming proportion of substances used. Six of those interviewed stated that they do not use any substances. The frequency with which people used substances ranged from three times a day to once a month, and the majority of respondents (60%) reported usage between once a week and daily.

Many respondents reported use of more than one substance. This was most often the case with alcohol, where 58% of respondents reported using alcohol along with one or more other substances.

Identification of Substance Use as a Problem

Respondents were asked how strongly they agreed with the statement: *My use of drugs and/or alcohol is a problem in my life.*

Of those that answered, 55% either agreed or strongly agreed with the statement and 32% either disagreed or strongly disagreed with the statement.

Acquiring Substances

A key aspect of creating and maintaining an effective harm reduction environment is knowing that the substance of choice can be acquired with minimum danger. Therefore, we asked how respondents acquired their substances.

Of those respondents who reported using alcohol, 85% reported getting their alcohol at the LCBO or The Beer Store, 44% from a bar, and 15% from the street. (Note: the categories are not mutually exclusive so that several respondents acquire their alcohol from several outlets).

Of those respondents who reported using drugs 73% reported getting their drugs on the street and 35% in the building.

To get a sense of how safe people feel when acquiring their alcohol or drugs we asked them how strongly they agreed with the statements: *I have concerns about my safety when acquiring my alcohol* and *I have concerns for my safety when acquiring my drugs*.

85% of respondents who reported using alcohol disagreed or strongly disagreed with the statement. On the other hand, 59% of respondents who reported using drugs either agreed or strongly agreed that they have concerns for their safety when acquiring drugs.

Influence of Other Residents' Substance Use

An important aspect of effective harm reduction in housing is the extent to which the substance use of others affects the individual resident's quality of life. In order to get a sense of how important this was as a factor at FVC, we asked several questions relating to others' use.

Respondents were asked whether their quality of life at FVC had been negatively affected by the alcohol or drug use of other tenants. Tenants were evenly split in how they reported being impacted by the substance use of others.

Closely related to the ways in which people see the influence of others' use on their quality of life is the issue of the ways in which the use by others directly affects one's own use. We

attempted to get at this by asking how strongly respondents agreed to the following statement:
Alcohol use by other tenants at Fred Victor Centre has an effect on my own use.

24% of respondents agreed or strongly agreed with the statement and 70% disagreed or strongly disagreed.

Similarly, in relation to drug use we asked how strongly respondents agreed with the statement:
Drug use by other tenants at Fred Victor Centre has an effect on my own use.

31% of respondents agreed or strongly agreed with the statement and 63% disagreed or strongly disagreed.

Individual tenants' use of substances does not seem to be significantly impacted by the use of others.

Support Needs

In order to get a sense of the support needs that tenants require, we asked respondents several questions regarding their perception of these needs. Tenants were asked what practical suggestions they may have on how FVC could better support tenants who use substances.

Better security and anonymous support groups were the most common answers.

Other suggestions included:

“Minimalizing outside people from coming in and getting their drugs and leaving.”

“Have alcohol on hand like they do at Seaton House.”

“Maybe some kind of therapy groups. Films about people who want to get off drugs. But that’s more of a rehab situation and this building is not a rehab place”.

The Focus Groups with FVC Tenants

Two focus group discussions were held; one group comprised five tenants who stated that they were not using substances, and the other groups comprised 15 tenants who stated they were using substances. The responses made in relation to each of the questions are synthesized under the specific questions.

Focus Group for those who are not using substances

Tenants tended to express fairly negative feelings about drug and/or alcohol activity in the building and complained of being approached for money, of being tempted to use substances on occasions when they felt it was better for them not to, and of the continual presence of substance dealers in the buildings. Some also felt the “dealers” acted as if they were the building owners.

The FVC on-site restaurant was seen as a valuable asset by two of the participants. Other things that participants stated that they like about living at FVC included the on-site clothing store, the helpfulness of FVC staff, access to free cable television, FVC outings and other activities such as karaoke nights, movie nights and, the craft workshops.

Major dislikes identified included excessive use of substances by some of the tenants, the frequent presence of drug dealers on the premises, violence perpetrated by other tenants and what was considered a tardy approach to building maintenance.

Suggested ways of improving things that respondents did not like included encouraging tenants to abide by tenant-landlord guidelines, an increase in the FVC staff complement and a stricter visitor policy.

Further suggestions for improvement included provision of individual (rather than shared) units, being stricter about tenant admissions and the possibility of separating people who use substances and those who do not.

Focus Group for those who are using substances

Regarding their feelings about drug/alcohol activity in the building, of the 15 participants, five expressed concerns about the need for better safety and security in the building and four felt there was too much human traffic in and out of the building, particularly in that the flow is not effectively monitored. The other major concerns were related to what several saw as excessive use of substances.

The most frequently identified thing that focus group participants stated that they liked about living at FVC was the affordable rent. Participants also liked the convenient location, the FVC program activities and the on-site FVC restaurant.

The aspect of life at FVC that participants most often identified as something they disliked was the large number of non-residents coming in and out of the building, particularly when they pestered residents with offers of drugs, etc. Other dislikes identified included there being no tenants on the FVC Board of Directors, poor communications with staff, poor security and living with inconsiderate people.

The main suggestion for improvements related to increased involvement of tenants in decision-making that affected the quality of life in the building, such as consultation with tenants regarding security matters and strategies, regular unit meetings, greater tenant involvement in the selection of individuals applying to fill unit vacancies, and increased opportunities for staff-tenant interactions.

Further practical suggestions included: the opportunity to live in single-person units; industrial workshops; increased presence of security personnel, particularly inside the building; and increased presence of staff throughout the building.

When asked if they thought it was a good idea to have a harm reduction approach at FVC, 14 of the 15 answered “yes”.

The Focus Group with FVC Staff

A focus group discussion with eight FVC housing staff members was held. The points made in relation to each of the questions are synthesized in this section.

When asked what is working in terms of providing housing in a harm reduction environment the main factors identified related to the informal environment at FVC. The feeling is the environment leads to a better understanding of tenants' need, through honest dialogue where substance use can be discussed frankly, than would be the case in more formal settings. The view was expressed that such honest dialogue becomes valuable learning experiences for both staff and tenants. And the fact that staff are on site 24 hours a day, seven days a week increases the opportunity for such discussions.

Although shared accommodation is often seen as a negative factor, several staff members noted that such a situation often provides greater opportunities for mutual support among tenants as well as providing good communication links between staff and tenants who may be aware that fellow tenants are in need of extra support.

When asked what could be done to more effectively reduce harm at FVC staff members expressed the view that the Residential Tenancies Act often makes it difficult to move disruptive tenants out of the buildings. There is a sense that harm reduction housing projects need to operate under different legislation so that this problem can be overcome. Related to this is the thought that there need to be other sanctions – beyond the threat of eviction – that can be applied to those whose behaviour threatens the safety of other tenants.

As with tenants, some staff felt there should be stricter control regarding the access of non-residents to the building. One suggestion was that safety and security and tenant-staff communications would be much improved by installing intercom communications between all units and the housing office, another was to install a concierge in the building.

Also in agreement with tenants is the staff feeling that tenants should be more involved in decision making, through increased attendance at unit meetings and all-tenant meetings and, ideally, as members of the FVC Board of Directors. One participant expressed the view that all-tenant meetings should also provide a forum for discussions between users and non-users.



Staff expressed concern regarding the lack of sufficient funding for building maintenance. The need for better funded, more rapid and effective approaches to maintenance issues was put forth, which included the need for more funding for pest control.

Staff also stated that they recognized the importance of relationships between community agencies in order to better support tenants (e.g. health services and mental health services).

Several staff members expressed the view that smaller is better, advocating for multiple, smaller FVC housing sites.

The Journals

Eleven FVC tenants were recruited to keep a journal over a two-week period. The purpose of the journal was to gain further insights into life at FVC, this time through a fairly informal method. It was also seen as adding depth to the descriptions of life as a tenant at FVC. A Street Health Peer Researcher assisted in selecting journalers and in monitoring the process. The 11 journalers attended a training session and were provided with notebooks to keep a record of seven days of life at FVC over the two week period. Ten of the 11 journalers completed the task. Of these ten journalers, six identified themselves as substance users and four as non-users. A selection of the journal entries which support the research findings are provided below:

“The conditions are not very good. You can’t get peace and quiet after 11 p.m. The guy next door has been a pain in the butt for about three months. I’m glad he’s leaving at the end of this month. I usually have to go elsewhere to get a good night’s sleep.”

“At first, I wasn’t impressed at six people living in one unit. However, everything has worked out okay. It is just we have to find different times to use the common area where the stove and fridge are. We all get along pretty well. The tenant with whom I share the bathroom doesn’t help me to keep it clean. They promised us a new stove with an oven in January but we still haven’t received it. I would like to have an oven to use as there have been many products on sale that I would love to have cooked in an oven.”

“I don’t mind that others are doing whatever they do in their own rooms but shared spaces should be user-free because it may bother the non-user who shares the space. Everyone should have the equal right to enjoy their home.”

“What people do in the privacy of their own rooms is their business. But my addict room mate doesn’t do that. I cannot take one step out of my room without crossing the front of his and, since he has his door wide open from the minute he comes in that means I cannot even go to the toilet without having to face a bunch of drug smoking people (guests). It’s the same thing going to the kitchen or leaving the unit, since my roommate is a big time attention-needer. As long as he is home, he is smoking drugs and never alone”.



“The person next door has people shouting up to his window, sometimes for hours. It’s very nerve wracking. He uses his and my washroom for hookers to make their money or for drug dealers to make up their dope. I often find rigs in the bathroom. It’s dangerous to walk barefoot in my unit, as there are often rigs on the floor.”

“I used to live in a crack unit. It doesn’t bother me as long as they keep to themselves and don’t bother me, then they can do their own thing.”

Findings and Recommendations

Based on the data collected through the various methodologies (interviews, focus groups, journals) several main themes emerged. This section details the thematic conclusions, presenting key data to illuminate the findings. Recommendations for the various stakeholders (housing providers, community agencies, government bodies, funders, etc.) are presented based on these findings.

Building Design/Physical Plant

- All aspects of the physical plant, including the size of the building, density, size of units, amount of sharing, mechanical systems, and building access will impact the housing experience of tenants.
- Analysis of the ideal building density and staff to tenant ratios for harm reduction housing programs must occur prior to developing new projects. FVCH has too high a population density for the type of project given the pervasiveness of substance use and mental health issues.
- All projects should be designed in a way that optimizes security. Critical features include controlled access, security cameras, and location of staff offices.
- Buildings which house high proportions of people who are using substances experience tremendous damage and wear and tear due to behaviour related to substance use and concurrent disorders.
- Maintaining the building at a higher standard will promote greater pride in the building among tenants and is likely to reduce the amount of property damage.

Recommendations

- Community agencies and funding bodies should consider how density impacts the success and viability of the housing project.

- Those who fund housing should provide funding for building security, including building access control/concierge.
- Those who fund housing must provide adequate funding to support a high standard of building maintenance.

Tenant Supports

- Housing projects which house people who are using substances require intensive and specialized support services.
- Tenants in these housing programs should be involved in setting individual goals and, wherever possible, the goals should incorporate a range of options.
- It is critical that staff in harm reduction housing projects utilize a non-judgmental approach when working with tenants.
- 24/7 supports are vital in housing projects with high proportions of people using substances and those with other complex issues due to issues of conflict/safety/support which require the availability of staff support at all times.
- On-site support groups are identified as important by those who are using substances.
- Individuals with complex issues are as particular as other people regarding housing selection. What tenants like most about living at FVC are: (i) the location; (ii) the food; (iii) the staff.

Recommendations

- The City of Toronto should fund providers which house people who are dealing with mental health and/or substance use issues to adequately support tenants.

- Agencies must attempt to access various funding streams, such as Homelessness Partnership Initiative, Homeless Initiatives Fund, or funding through the LHINs to enhance supports for tenants with substance use and mental health issues.
- Housing providers and community agencies working with individuals using substances should support clients to gain wider access to food (e.g. food banks, meal programs).

Shared Accommodation Model

- Shared housing is frequently viewed as an obstacle to success in harm reduction housing environments. Yet, it often provides conditions for quality of life improvement through neighbour support and social interaction.
- The shared accommodation model can be effective if tenants are placed in appropriate shared units and receive support from staff regarding sharing space, life skills, and conflict resolution.

Recommendations

- Agencies should give consideration to the balance between shared and private accommodation reflective of their particular client population's needs.
- Housing providers developing shared accommodation must give careful consideration of what spaces will be shared (e.g. bathrooms, kitchens, common rooms) because it is the shared spaces that are often the source of most conflict.
- Agencies providing shared accommodation should develop programming aimed at fostering compatible relationships among tenants to reduce tenant conflicts related to sharing space.

Substance Use & Acquisition

- Substance use does and will occur in all communities and therefore working with tenants to reduce individual and community harms should be a concern for all housing providers.
- What is unique about providers like FVC is the frequent, multi-drug use among tenants and the prevalence of concurrent disorders.
- The use of illegal substances by tenants in housing programs using a harm reduction model presents challenges for the housing provider. These include maintaining a relationship with police to intervene in disruptive behaviours in order to maintain a safe environment for tenants.
- Laws, police policies and practices, and building rules regarding drugs put people using illegal substances at higher risk of violence than those who use legal substances.
- Most FVC tenants who are using substances acquire their drugs on the street or in the FVC buildings. The majority of these individuals feel the acquisition of drugs places them in a dangerous situation. Many mentioned their fear of getting robbed or arrested in the process of drug acquisition.
- The areas in which tenants' day-to-day lives are most affected by drug and alcohol use at FVC are in daily living activities, such as getting a good night's sleep; entering or leaving the building; getting and eating meals and having a shower or bath.
- In this study, the majority of people using substances (55%) see their substance use as causing a problem in their lives related to health and/or mental health.
- Tenants who are attempting to stop or decrease their substance use and are worried about returning to drug use because others around them are using should be provided with referrals to addiction service providers and/or moved to a more appropriate unit.
- The project was unable to conclude whether or not substance users and non-users should live in separate areas.

Recommendations

- A range of support options are needed for tenants in harm reduction housing projects.
- Providers that house people using substances should focus decisions about evictions on disruptive behaviour such as violence, threats, intimidation, noise, and guest traffic activity which affects others' enjoyment of their apartments, rather than on the use itself.
- Funders of providers that house people with substance use issues should tolerate higher vacancy rates for these providers. This will give these providers the flexibility to move tenants within a building to minimize disruptive behaviour, address conflicts among tenants, and better support tenants who are attempting to stop or decrease use.
- Providers that house people using substances should partner with withdrawal management centres and other community agencies to provide respite options for tenants who are attempting to stop or decrease use.
- Providers that house people who are using illegal substances need to develop partnerships and maintain an open dialogue with Police so that the Police will work collaboratively and cooperatively with the provider to address disruptive behaviours.
- Housing providers should work with Public Health and other community agencies to provide training to staff on issues related to substance use, and also on the distribution and collection of safer use supplies.
- Housing providers should partner with health and mental health agencies to better serve tenants who are using substances through provision of on-site support services.
- Community agencies providing harm reduction programs must advocate for a review of public policies regarding illegal drugs given their detrimental impact on the health of individuals who are using substances, including in the areas of safety, criminalization, economic opportunity and housing.

Landlord Obligations

- Landlord-tenant relationships are governed by the Residential Tenancies Act. The Act's eviction process is problematic in cases where a tenant in shared accommodation has substantially interfered with the reasonable enjoyment of others.
- The eviction process requires landlords to provide witnesses to the disruption; however, co-tenants in shared accommodation tend to be reluctant to testify against apartment mates, fearing reprisal.
- The issue is compounded by the length of the eviction process, as impacted tenants must continue sharing the apartment with the disruptive tenant for several months while the process runs its course.
- Buildings, such as FVC, with heavy guest traffic, large numbers of people sharing space, and higher proportions of individuals with substance use and mental health issues experience significant physical damage and general wear and tear.
- Good and speedy physical plant maintenance and upkeep is an essential factor in building and upholding a strong sense of pride, community and ownership among tenants – the same holds true in non-harm reduction buildings.

Recommendations

- The Province of Ontario should consult with shared housing providers to develop regulations under the Residential Tenancies Act to deal with disruptive behaviour in shared accommodation.
- Those who fund housing must provide adequate funding to support a high standard of building maintenance.
- Housing providers should develop policies that clearly articulate what types of behaviours will lead to eviction and must enforce these policies.



- Housing providers should leverage capital resources and apply for any capital funding opportunities for maintenance and other capital costs.
- The Province of Ontario, federal government, and The City of Toronto should provide enhanced capital funding to providers which house people dealing with mental health and/or substance use issues in order to modify their facilities to meet the physical design recommendations of this report.

Community Development

- Increased tenant involvement in governance, policy development, and program development and delivery is likely to lead to a stronger sense of community and ownership among tenants and would ensure that programs are responsive to the needs of the community.
- Tenants identified the importance of having opportunities to participate in recreational and social activities both in and out of the building.

Recommendations

- Housing providers should seek out and encourage tenants to become actively involved in governance, policy development, and program development and delivery.
- Housing providers should provide, and partner with other community agencies to provide regular activities and programming for tenants.

Housing First Models

- The “housing first” approach – i.e. getting homeless and at-risk people into stable housing - is a *sine qua non* for making any kind of progress with substance use issues possible.
- The existing research on Housing First models has its basis in scatter-site models in which tenants are placed in buildings throughout a city and mobile support is provided. The relative strengths and weaknesses of the scatter-site and single-site models for supporting people dealing with substance use issues requires further investigation.

Recommendations

- Service providers, policy makers and/or research institutes should conduct further research on Housing First models, with a focus on the relative strengths of the scatter-site and single-site models for supporting people dealing with substance use issues.

Appendix 1 – Journal Questions

How did you come to live at Fred Victor Centre? Please explain in as much detail as possible what events or decisions led you to live at Fred Victor Centre.

Describe your life right now living here at Fred Victor Centre. How do you feel about your living conditions at Fred Victor Centre?

What are the most important aspects of your life right now? How do you spend most of your time?

Do you use any mood altering substances such as alcohol, marijuana, crack, cocaine, heroin, etc? Please detail which substances you use if any.

MY THOUGHTS... Please use this page to write some things about your day today ... maybe what you did, how you felt and any other thoughts that you would like to express about your experiences at Fred Victor Centre today.

If you use any kind of substances, please describe your drug use.

Do you consider yourself to be a heavy user, light user, non-user?

Do you use alone or with others?

Do you use in your unit or elsewhere?

Do you consider your use to be manageable or is it a problem in your life? Please explain in detail why you gave the answer that you gave.

What happens generally when you use? How does it affect you and your relationship with others?

How has your substance use affected your life?

How do you feel about the fact that other residents use drugs in their rooms or shared spaces?

Does the drug use of others have an impact on your life? Please explain in detail in what ways this may or may not be affecting you.

Do you feel that drug users should be placed in separate units together (away from non-users) or is it not a problem to have people who use living with people who don't use?

If you had three wishes come true, what three wishes would you make?

5 years from now what type of housing would you like to be living in? Please describe in as much detail as possible what your ideal home would look like.

How do you feel about the services and supports available to you both at Fred Victor Centre and in the community?

Do you have any advice on how these programs could improve to better assist you?

Do you have any ideas on how staff at Fred Victor Centre could better support you in making your time here a more positive experience?

Please list things you would like to change about Fred Victor Centre right now.

If you could change only one thing out of this list, which would you choose?

Please explain how this thing affects your life as it is now and why you want it to change.

How would things be different for you if this issue was changed? How would it affect your life?

Appendix 2 – Tenant Interview Questions and Numerical Results

Age and Gender

Age	18-24	25-39	40-59	60+	ND
Male (22)	1	2	11	8	
Female (17)	1	0	8	6	2
Trans (1)				1	

Length of Stay

Length of Stay	< 1year	1-3 years	> 3 yrs
Number	12	15	13

Substances Used Over Past Year

Substance	Number Using	Percent
Alcohol	29	72.5
Marijuana	21	52.5
Crack Cocaine	18	45.0
Cocaine (powder)	12	30.0
Valium	6	15.0
Morphine	4	10.0
Oxycontin	3	7.5



Heroin	2	5.0
Percocet	2	5.0
Methadone	1	2.5
Hash/hash oil	1	2.5
Non-users	6	15.0

“My Use of Drugs and/or Alcohol is A Problem in My Life”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
9	8	4	7	3	9	0

“How do you acquire the alcohol you use?”

LCBO	Bar	Street	Building	Beer Store	NA
21	12	4	5	2	13

“How do you acquire the drugs that you use?”

Street	Building	Other*	NR	NA
19	9	3	1	13

* “Connections”, medical outlet.

“I have concerns about my safety when acquiring my alcohol”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
2	1	1	16	7	13	0

“I have concerns for my safety when acquiring my drugs.”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
5	11	1	7	3	13	0

“I feel my quality of life at FVC has been negatively affected by the alcohol use of other tenants”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
5	10	5	18	2	0	0

“I feel my quality of life at FVC has been negatively affected by the drug use of other tenants”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
8	12	1	15	3	0	1

“Alcohol use at FVC makes me feel unsafe”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
2	12	3	15	8	0	0

“Drug use at FVC makes me feel unsafe”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
2	15	5	14	4	0	0

“Alcohol use by other tenants at FVC has an effect on my own use”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
2	6	2	19	5	6	0

“Drug use by other tenants at FVC has an effect on my own use”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
4	7	2	18	4	5	0



Areas in Which Drug and/or Alcohol Use is Seen to Affect Day-to-Day Life

Areas of Life	Number	Percent
Getting a good night's sleep	24	60.0
Entering the building	14	35.0
Getting your meals	13	32.5
Having a shower/bath	13	32.5
Eating your meals	11	27.5
Leaving the building	10	25.0
Meeting with your worker	9	22.5
Going to the washroom	9	22.5
Social activities	9	22.5
Recreational activities	8	20.0
Paying your rent	5	12.5
Access to the housing office	5	12.5

"My tenancy at FVC has been jeopardized by my drug and/or alcohol use"

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
4	8	2	11	10	5	0

“Have you ever received an eviction notice at FVC”

Yes	No
15	25

Reason for Eviction Notice

Reason for Notice	Number	Percent
Non-payment of rent	6	40%
Property damage	3	20%
Illegal activities	3	20%
Behaviour	2	13.3%
Mistake	1	6.7%

“My eviction notice was closely related to my use of drugs and/or alcohol”

Strongly Agree	Agree	No opinion	Disagree	Strongly disagree	NA	NR
3	6	1	2	3	0	0

Suggestions regarding supports to tenants who use drugs and/or alcohol

Suggestion	Number	Percent
Better security	9	22.5
Anon. groups	8	20.0
Fine as it is	6	15.0



Don't Know	4	10.0
More soc./rec activities	3	7.5
Don't mix users/non-users	3	7.5
Stricter staff/rules	2	5.0
More staff support	2	5.0
Make alcohol on site	1	2.5
Legalize all drugs	1	2.5
Staff be more lenient	1	2.5

Suggestions regarding support to tenants who do not use drugs and/or alcohol

Suggestion	Number	Percent
Don't mix users and non-users	14	35.0
Move to another building	9	22.5
Don't have any suggestions	8	20.0
More soc/rec activities	4	10.0
Better management	3	7.5
Better security	1	2.5
A Natives-only dry unit	1	2.5

Positive features of FVC

Feature	Number	Percent
The location	13	32.5
Affordable rents	11	27.5
The food	9	22.5
The staff	8	20.0
The security	3	7.5
My friends	3	7.5
My privacy	3	7.5
The girls	2	5.0
The restaurant	1	2.5
The computer room	1	2.5
The programs	1	2.5
The resources	1	2.5
The drop in	1	2.5

Appendix 3 – Key Informants Questions

1. Are you aware of the FVCH?
 - 1.1 If 'yes', what are your impressions of FVCH?
2. Could you describe the kind of experience you have had in providing services within a harm reduction environment?
 - 2.1 What do you consider to be the main advantages of taking a harm reduction approach?
 - 2.2 What are the main challenges you have had to address in taking a harm reduction approach?
3. What would you see as the main challenges facing an organization/agency attempting to provide housing with a harm reduction approach, particularly when the population is 'mixed', i.e. there are some residents that don't use substances, there are some that are functional users and there are some with substance use issues that prefer to abide by an abstinence model?
 - 3.1 How do you feel these challenges can be most effectively addressed?
4. One of the key challenges in providing harm reduction oriented housing in a 'mixed' setting is reducing the harm to others – e.g. behaviour that makes it difficult for roommates and other residents. Have you any thoughts on methods by which this challenge can be addressed?
5. A further key challenge is that many of the substances of choice used by residents in a harm reduction setting may be illegal. This places the housing provider in a particularly difficult situation. Do you have thoughts on how this issue can be dealt with?
6. In her book *Practicing Harm Reduction Therapy*, Patt Denning states that disruptive or disrespectful *behaviours* rather than substance use should become the focus for rules and interventions.

Do you agree with this?
7. However, beyond the legality issue, do you feel there are particular challenges raised by particular substances of choice?
 - 7.1 If 'yes', what are these substances and what are the particular challenges?



8. Are you aware of any harm reduction-housing models that you would consider successful?
 - 8.1 If 'yes', please name them.
9. Are you aware of any harm reduction-housing models that do not work?
 - 9.1 If 'yes', what are they and why do you think they don't work?
10. Are you aware of any reports/articles, etc. that describe harm reduction-housing approaches?
 - 10.1 If 'yes', please name them.
11. Do you know of other people we should be talking to?
 - 11.1. If 'yes', please name them
12. Further Comments?

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45 Charles St. E. Suite 101
Toronto, ON, M4Y 1S2
416-972-1010
contact@wellesleyinstitute.com
www.wellesleyinstitute.com

The Wellesley Institute advances the social determinants of health through community-based research, community engagement, and the informing of public policy.



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