

## Background

- Since 2014, Boston has grappled with significant challenges related to the visibility of substance use and homelessness.
- The city created 6 harm reduction housing (HRH) for 200 people, that are low threshold, Housing First models where sobriety is not a barrier to entry and harm reduction supplies and services are co-located.
- Since their inception, HRH sites have worked to swiftly re-house people who use drugs (PWUD) experiencing homelessness.

## Study Aims

- Identify essential components of HRH sites which support the well-being of PWUD.
- Identify core HRH principles that build on Housing First principle and theory.

## Methods

- We examined 6 different HRH sites through:
  - Ethnographic observations
  - Photographs
  - Interviews with HRH Staff
- Data collected across interviews and observations were synthesized and abstracted into larger HRH categories that informed the creation of inventory items

## Results

HR Model Principles	Description	Corresponding Staff Quote	Corresponding inventory Items
Harm Reduction Supply Accessibility	Consistent access to a variety of harm reduction supplies to residents on-site.	<i>"All of our guests can pick up a kit, either from our counselors or downstairs when they would like to use and go outside. So, it has syringes, cookers, alcohol wipes, all of those, you know, a safe use kit. Just consistently low barriers and expectations to try and meet our guys where they're at."</i> — Site 6	<ul style="list-style-type: none"> <li>•HR Supplies available 24/7</li> <li>•Sterile Syringes</li> <li>•Safe smoking materials</li> <li>•Narcan/naloxone accessibility</li> </ul>
Co-Located Medical Services	Key medical services are either on-site or easily accessible (including MOUD).	<i>"My first thing is just making sure everybody's breathing, they're alive. And then beyond that, just trying to go a little bit further into care, addressing any wounds, abscesses, infections, be monitoring for that, to look for any signs of people starting to get sick, any psychological decompensation, just on trying to keep, track of everybody's health really."</i> — Site 3	<ul style="list-style-type: none"> <li>•Medication for opioid use disorder on site or nearby location</li> <li>•Medical staff on site 24/7</li> <li>•Wound care services and supplies</li> <li>•HIV testing provided on site</li> <li>•HIV prevention (Prep, condoms)</li> <li>•Medication Delivery</li> <li>•Mental Health Care</li> </ul>
Resident Autonomy and Privacy	Policies maximize resident autonomy, flexibility, and privacy, including in relation to substance use.	<i>"So, we were very flexible, and again just had supportive guiding conversations with people if we found people with- there with drugs on them, we would talk with them. We would say "You need to put that in your lock box. Let's go do that. Do you need to go out and use right now? We'll take you down so that you can go out. So basically, just redirecting so that it was manageable."</i> — Site 5	<ul style="list-style-type: none"> <li>•Absence policy</li> <li>•Prosocial/Pro-couple policies</li> <li>•Lockers</li> <li>•Substance use tolerance on site</li> <li>•Substance use tolerance in rooms</li> <li>•Space for smoking or consuming other substances</li> </ul>
Resident Safety and Security	Sites ensure resident physical safety and safety from drug related harm such as overdose.	<i>"We have security 24/7. We require that it's a female security staff in case they do need to intervene and use physical touch. But that doesn't really happen. We try to avoid that at all costs."</i> — Site 5	<ul style="list-style-type: none"> <li>•Security Guards</li> <li>•Metal Detectors</li> <li>•Wellness/room checks</li> <li>•Staff has narcan on person</li> <li>•Behavioral policies</li> <li>•Women centered and gender aware services</li> </ul>
Community Promotion	Development of supportive staff and peer communities.	<i>"I think we really have established a community. We do things to bring the guests and the staff closer, like I will always use the example of we have barbecues a lot like so we, and it's just a very informal way to engage with people. ...You know, we asked the guests for feedback. You know they can fill out a grievance if they're upset about something like."</i> - Site 1	<ul style="list-style-type: none"> <li>•Recovery groups</li> <li>•Peer recovery coaches</li> <li>•Community meetings</li> <li>•Community room</li> </ul>
Transitional Supports	Basic living needs are met as a transitional support environment.	<i>"It is really awesome to see people coming in off the streets and just always trying to survive, a little bit of that is taken off their shoulders and they can kind of settle in and their personalities start to come out a little more because you're not defending for your life all the time. Because you have housing, you have stability you have food. And to see them move on and be housed is really incredible."</i> - Site 1	<ul style="list-style-type: none"> <li>•Housekeeping</li> <li>•Daily Meals</li> <li>•Transportation support</li> <li>•Case management</li> </ul>

Inventory components informed a tool for residents and staff to assess HRH implementation.

## Conclusions

- Cataloging HRH components is essential to understand the supports needed to safely provide housing for PWUD.
- HRH is a novel model that works to clarify and further Housing First and Harm Reduction policies.
- Future studies will examine the ongoing implementation of HRH to identify best practices across the HRH sites and to estimate the aspects of HRH that are most salient to residents.



HRH Site 3 (Source: GBH News)



HRH Site 1 (Source: Boston Herald)

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