



HARM REDUCTION HOUSING STUDY

Harm reduction housing (HRH) is a low threshold transitional housing model that does not require sobriety prior to entrance, while also incorporating explicit harm reduction strategies to prevent overdose deaths and other substance related harms. This study aimed to explore how HRH models addressed co-occurring risks and experiences of substance use and homelessness.

WHAT DID THE STUDY DO?

From 2023 to 2025, we conducted surveys, qualitative interviews, and photoethnography to explore HRH in Boston, Massachusetts.

- First, we generated an inventory of harm reduction services offered and accessible to residents to measure HRH uptake.
- Next, we invited residents into an observational cohort, following 107 HRH residents at two time points over a 12-month period.
- A subset of 28 cohort members were also invited to participate in repeated, longitudinal one-on-one interviews to gain deeper insight into their experiences.
- Photos were taken of resident spaces with their consent and analyzed for how people were influence by and shaped identity there.

WHY FOCUS ON HOUSING?

Effectively addressing homelessness and substance use requires a coordinated public health response that prioritizes stable and accessible housing. While harm reduction services are known to save lives and support treatment uptake among people who are unhoused and use drugs, little is known about how these services function within transitional housing environments. This study examines the role of HRH in mitigating the impacts of mass relocation (in particular, encampment clearings, sweeps) and explores how residents engage with on-site services. It aims to generate new insights into drug use patterns, collective efficacy, and health outcomes among individuals residing in HRH.

Planning for the transition out of temporary housing is a key factor for participants. For the transition to independent, permanent housing, participants would benefit from ongoing support. While many successfully move from HRH into permanent supportive housing, access to resources is limited and dependent on broader system availability.



The Cottages at Shattuck, 170 Morton St, Jamaica Plain



WHO PARTICIPATED?

107 HRH residents were surveyed across 6 different sites who met eligibility criteria

Table 1. Harm reduction housing (HRH) baseline survey descriptives (N=107)

Variable	n(%)
SOCIODEMOGRAPHICS	
Gender	
Men	62(57.9)
Women	43(40.2)
Other genders ¹	2(1.9)
Age category	
18-35	17(15.9)
36-45	42(39.3)
46+	48(44.9)
Racial-ethnic composition	
White, non-Hispanic	44(41.1)
Black/African American, non-Hispanic	24(22.4)
Hispanic ²	20(18.7)
Two races and/or ethnicities	16(15.0)
More than two races and/or ethnicities	3(2.8)

¹ Other genders includes one participant who identified as a transgender man and one participant who identified as gender non-conforming/non-binary. ²



Roundhouse Hotel, 891 Mass Ave, Boston

"It is really awesome to see people coming in off the streets...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 fending 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. Especially knowing how long some of these folks have been out on the street."

- HRH staff

KEY FINDINGS

KEY COMPONENTS OF HRH

- We created an inventory tool to measure core components of HRH that assesses residents' awareness, perceived utility, and helpfulness of harm reduction services and supports at each site.
- Core inventory components include: *harm reduction supply accessibility, co-located medical services, autonomy & privacy, safety & security, community promotion, and transitional supports.*

MEDICATION ACCESS SUCCESS

- HRH can improve uptake and continued use of medications for opioid use disorder (MOUD) by facilitating access or coordinating medication provision onsite, thereby removing stressors related to homelessness.
- Strategies included mobile health unit access, optimizing hospital "72-hour rule" for methadone, prescribers on-site, and pharmacy delivery.
- Conversely, offsite (as opposed to onsite) access became a barrier for some due to transportation and other logistical concerns.
- Accessing MOUD at HRH positively shaped substance use, health, and quality-of-life.

RESIDENT PLACEMAKING

- Residents engaged in placemaking-- the process by which individuals and communities, shape and claim space to assert identity and belonging against displacement and exclusion through a variety of pathways, including creating security systems, building privacy, self-care, personalization, and resistance.
- These practices allowed residents to claim temporary spaces and begin reshaping their identities as they engaged in therapeutic experiences and prepared for more permanent housing.

EMPOWERMENT THROUGH DRUG CHECKING

- We piloted on-site, real-time drug checking at HRH. This was desirable to residents, feasible to implement, and may shape drug use behaviors.
- Offering drug checking services on-site also engaged groups that might not have otherwise done so in other settings.
- In the wake of encampment clearings, increased police presence, and the subsequent disruption of local drug supplies, drug checking services may mitigate negative outcomes and provide PWUD with an increased sense of autonomy over their supply.

HEALTH & LIFESTYLE CHANGES

SHIFTS IN DRUG-RELATED BEHAVIORS & SLEEP

Since relocating to HRH, the 107 residents reported:

- **Reductions in use** of crack/powder cocaine (70.3%), meth (71.4%), and opioids (72.7%)
- **Obtaining drugs from fewer dealers** (37.3%; many dealers=overdose risk)
- **Decreased public drug use** (57.7%)
- Having both **longer periods of and higher quality sleep** (71.7%), linked to quality of life and less drug use
- **Overdose response** by staff (72.7%), fellow residents (22.7%), or both (4.5%)

IMPROVING MEDICAL CARE & PREVENTION

- About a quarter of residents (26.4%) received **primary healthcare** at HRH or initiated care nearby
- 21.0% reported most recently being **tested for HIV** at their HRH site
- All 8 HIV+ residents started or continued **HIV care**, with **undetectable viral loads**
- 17 (17.5%) HIV- residents **took PrEP** since moving to HRH
- Among 65 residents who injected drugs, nearly half (44.6%) named their HRH site as the **main source of sterile syringes**
- Of the 85 residents smoking drugs, 34.1% sourced **safer smoking supplies** from HRH sites

"I really, really love this program and that I'm so happy that they have harm reduction programs like this 'cause if it wasn't for a program like this, I'd still be in the streets, you know? ... I've changed and I've changed without people forcing me to, just being, just having the tools and being safe and being able to do it on my own, with a little bit of help and push, you know what I mean? It's been so much better and I've been using for over 20 years and I've never got this far. So, it feels good." - HRH resident

NEXT STEPS

HRH is a valuable approach for low threshold transitional housing. It impacts resident health, drug use risks, care connections, and quality of life, which improves the chances of future stable housing placement success. Uniquely, HRH transitional housing fosters a sense of community and camaraderie to prepare people for permanent housing through:

- Resident ability to influence programming and make the program work for them
- Opportunities to shape identity, community connection, and build positive resident /staff relationships
- Co-located medical services and harm reduction supplies

This low-threshold transitional model **warrants future and sustained funding**; both sites pictured were closed due to funding not being sustained. HRH is especially conducive to urban settings struggling with large unhoused populations and complex challenges posed by a toxic drug supply.