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ORIGINAL PAPER

Housing for People with Substance Use Disorders: One Size Does Not Fit All Tenants—Assessment of 16 Housing Services and Suggestions for Improvement Based on Real World Experience

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Abstract
Housing is an important factor for individuals addressing substance use disorders (SUD). This work compared aims and outcomes for new housing services and made suggestions for improvement. 16 new services were assessed over 6 months activity against factors identified as important. Services defined expected standards including (1) engagement with treatment for SUD, (2) restrictions on continuing substance use by tenants. After 6 months, 9 (56%) housing projects did not achieve planned standards and lowered criteria for inclusion. When setting up housing for people with SUD it is important to define clearly the nature of the intended service. Different types of housing programs in a network are needed to meet the evolving behaviour of tenants. One size does not fit all. Stable housing is important for people addressing SUD and these suggestions may increase the chance of providing a suitable foundation for people in need.

Keywords Housing · Substance use disorders · Recovery · Real world experience

Introduction

Substance use disorder (SUD) is a complex health problem, requiring long-term interventions and social support, relapse is common (National Institue on Drug Abuse 2014). Access to stable housing improves treatment outcomes, including drug and alcohol use (Jason and Ferrari 2010; Paquette et al. 2013; Polcin et al. 2010; Reif et al. 2014; Rogers and Review 2009; Somers et al. 2007), employment (Jason and Ferrari 2010; Paquette et al. 2013; Reif et al. 2014), psychiatric symptoms (Jason and Ferrari 2010; Polcin et al. 2010; Rogers and Review 2009; Somers et al. 2007) and recidivism (Jason and Ferrari 2010; Paquette et al. 2013; Polcin et al. 2010; Reif et al. 2014) in people with a history of SUD. Suitable housing is an important foundation for people aiming to address SUD (Kemp et al. 2006; Milby et al. 2010).

People with SUD often have varied housing careers (Kesia et al. 2009). They face many barriers in accessing suitable housing, especially for those recently released from prison (Binswanger et al. 2012). Prospective tenants with a history of drug use, criminal records and rent arrears are often excluded from tenancy by providers (Gojkovic et al. 2012; Polcin et al. 2010; Shelter 2007). Restricted access to housing reduces the chance of successful re-integration into the community.

For those without access to suitable housing, accommodation includes hostels, bed and breakfast hotels, unlawfully occupying uninhabited buildings or "squatting", living in other persons' accommodation or "sofa surfing" and living on the streets or "urban camping". People living without stable accommodation are exposed to illness, poor mental health, and drug and alcohol problems; 60% of people living in squats, 53% of people sleeping rough and 40% of people sofa surfing use drugs (Homeless Link 2014). Exposure to a social network that does not support recovery from SUD reduces the chance of positive outcomes (Linton et al. 2013).

Awareness about the role of supportive housing in addressing SUD is growing (The Source for Housing Solutions Policy Brief 2015), although the exact nature of this relationship is yet to be defined. Debate surrounding set up of housing service organisation and how to define what works for whom is ongoing (Kertesz et al. 2009). Practical research needs to be continued (Groton 2013; Wittman

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et al. 2017), with the goal of defining how effective housing can deliver successful outcomes for people with different needs aiming to address SUD.

NHS England supported a program set up to provide housing services for persons with a history of SUD, including those recently released from prison in North West England. The program included the set up of 16 special housing services, each adopting various approaches to housing, tenant selection and interventions for SUD. This work reviewed experience in setting up housing projects for people with SUD with the aim of developing insights on important principles for such programs, including expectations of tenants' engagement with treatment and rules on ongoing substance use.

Methods

Important factors for successful housing projects for people addressing SUD were identified in a structured review of relevant literature and from the insights identified from housing or SUD treatment experts. Evidence from relevant literature was identified by a search of PubMED using key search terms including: housing, accommodation, SUD, recovery, outcomes, intervention, tenant, selection, goal, plan. Potentially relevant sources were reviewed by two independent analysts familiar with structured approach to search and SUD topics. Insights were collected from experts with direct experience in housing programs, SUD treatment or criminal justice.

Initial plans for housing service type (according to tenant selection and interventions for SUD) were defined by online survey prior to operation. After 6 months of activity, those responsible for housing service management completed an online survey to record the type of housing service achieved and whether they successfully implemented factors identified as important. Conclusions were validated with a group of persons responsible for management of the housing services under assessment.

Results

Important factors in housing programs were described and validated by 20 experts, all with > 3 years direct real world, work experience in provision of tenancy services for people with SUD history, SUD treatment or criminal justice resettlement programs. 85% of the experts were responsible for managing housing programs assessed.

Important factors determined from evidence review and expert insight include: provision of interventions for SUD, appropriate quality of housing, expert specialist tenancy management services, clear plans for special groups and integrated social services (Table 1). Special groups included: persons prescribed with opioid medications for dependence, persons continuing to use illegal drugs and for less common characteristics such as persons with complex offending histories and risk, such as history of arson.

Activity and General Assessment

16 housing projects were assessed before commencing and after a period of 6 months activity providing tenancy services for relevant populations.

All 16 housing projects recorded their activity over the 6-month period. The 16 housing services offered 254 units (a unit is accommodation for 1 person) of accommodation; 217 places were used; average occupancy was 86%. Tenants seeking housing on release from prison made up 86% of service users; 31% had mental health problems. Many housing services (44%, 7 of 16) housed only tenants released from prison. In 25% [4 of 16] of the services, 50% of the tenants had mental health problems. Tenants were excluded by 38% of housing services; 63% experienced problems with tenants.

Outcome of Housing Services Based on Important Factors

After 6 months, the progress of the housing services was reviewed in Table 1; "Interventions or treatment for SUD problems" were set up for tenants in 81% [13 of 16] of

Table 1 Important factors in housing programs determined by evidence review and expert insight, and the number of housing services offering service component after 6 months of activity

Components of housing service identified as important	Number of housing services offering component, N (%)
Interventions for SUD (for example, including mutual aid) are offered	13 (81)
Housing units of appropriate quality are available	15 (94)
Expert, specialist tenancy management services are in place	12 (75)
Planning for special groups exists (on OST, using illegal drugs, increased risk, such as history of arson)	10 (63)
Integrated social services are offered (including activity programs/training)	9 (56)

housing services. All but one service, 94% [15 of 16], achieved "Housing units of appropriate quality" available. The majority, 75% [12 of 16], of housing services provided "Integrated social services (including activity programs/training)". Not all housing services set up "Expert, specialist tenancy management services" [10 of 16, 63%] or ensured that "A clear plan exists for special groups (on opioid substitution therapy (OST), using illegal drugs, increased risk such as arson)" [9 of 16, 56%].

Outcome of Housing Service Type

Providers defined what type of housing service they aimed to achieve in a survey prior to 6 months of activity. The housing services set up were of different types as defined by both planned treatments or interventions for SUD and standards for continuing substance use as a means of tenant selection (Fig. 1).

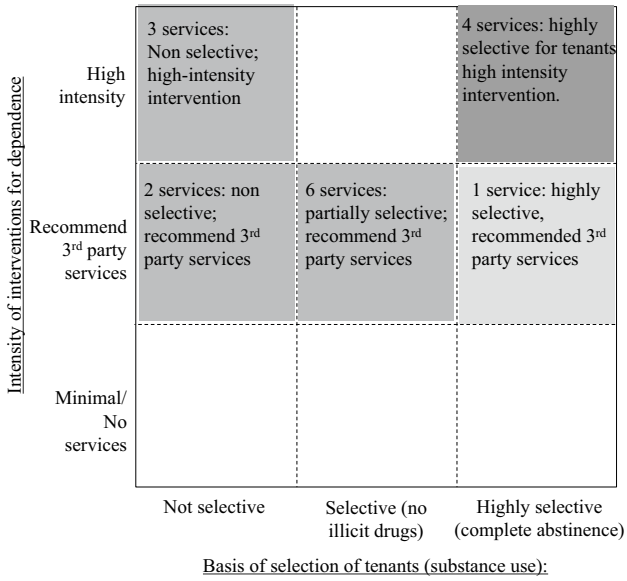

Fig. 1 Distribution of 16 housing services set up prior to 6 months of operation based on interventions for SUD and approach to substance use (tenant selection)

The type of housing service achieved was compared to original stated aims after 6 months of activity. Not all housing services were able to provide the service type as originally planned (Table 2).

High intensity SUD intervention was provided by 19% [3 of 16] of housing services, even though 44% [7 of 16] of services planned to this level of service. High intensity, housing-based intervention was typically a mutual aid, 12-step type facilitation program. Out of all services, 56% [9 of 16] planned to encourage the use of 3rd party intervention, 50% [8 of 16] were able to do so in a real-life setting. No services planned to provide a low-level service with no intervention in initial interview, in reality 31% [5 of 16] of housing services delivered this service. Low intensity interventions included basic lifestyle skills and community integration facilitation. Housing services that planned to deliver a high intensity service were least likely to deliver this service in real life; only 3 of the 7 housing services that planned to deliver this type of service were able to.

Approach to tenant selection by housing services is summarised in (Table 2). Housing services differed in the approach to the level of substance use they planned to accept: 38% [6 of 16] initially aimed to demand abstinence from illicit or street drugs but permitted prescribed medication for SUD, 25% [4 of 16] were able to achieve this; 31% [5 of 16] planned for total abstinence—all delivered this in real-life setting; 44% % [7 of 16] of services were non-selective for their tenants, even though 31% [5 of 16] initially planned not to enforce any rules on drug use/abstinence. Additional rules for selecting tenants was implemented in 31% [5 of 16] of housing services; mainly 80% [4 of 5] not offering tenancy to those convicted of offences against children. More housing services enforced no rules on drug use/abstinence than originally planned.

Table 2 Review of housing service type according to tenant selection and interventions for SUD before and after 6 months of activity

	Goal N (%)	Real world performance (%)
1. Approach in housing service to selection of tenants (substance use)		
Complete abstinence from substance use required	5 (31)	5 (31)
Limited to prescribed medications for SUD	6 (38)	4 (25)
No specific limitation	5 (31)	7 (44)
2. Interventions for SUD provided or demanded by housing service		
High intensity services such as mutual aid provided, obligatory participation by tenants	7 (44)	3 (19)
Structure in place for referral to third party providers; tenants expected to engage	9 (56)	8 (50)
No formal arrangement for provision, or referral to, intervention services in place	–	5 (31)

In practice, many housing services were unable to sustain the operating model they planned: 9 of 16 changed/reduced selection criteria or waived limits on engaging with interventions for SUD. The following reasons for lower than expected performance ratings: inability to plan pre-release from prison, abstinence from drugs and alcohol and refusal by tenants to engage with interventions for SUD, difficulty working with some SUD services and difficulty for tenants to move on once initial SUD treatment goals met.

Discussion

Access to housing is an important part of integrated treatment programs which aim to help people address SUD. The assessment of 16 new housing services identifies insights for those planning, commissioning and providing such accommodation.

It is encouraging that these 16 housing projects were able to provide housing of appropriate quality and with planned treatment or interventions for SUD; experience highlights that this is often not the case. The relatively lower level of "specialist tenancy management" skills and approach, in the housing programs assessed here, is of concern. The skills of experienced tenancy managers are key to long-term success especially when problems related to non-adherence with standards of behavior arise. These include the effective management of unacceptable behavior and actions such as exclusion in the event of more serious problems. Specialist tenancy management skills can often prevent problems escalating and avoid tenant exclusion if experienced interventions can be made early when problems are developing. Housing services should ensure that they are able to manage tenancy effectively and recognize that this is a special skillset they should acquire or have access to. A large number of released offenders were in the group of individuals who used services. One-third of the group also had mental health problems; this influenced the needs housing services must respond to and defines the type of service they need to consider.

This assessment of 16 housing services in North West England highlights an important challenge in providing housing services for people with SUD. It was often not possible for housing services to maintain the type of service that they initially aimed for in terms of tenancy selection and interventions for SUD. In many cases, providers adjusted the nature of the housing service that they delivered based on various factors they observed including the ability to provide interventions, to manage the behavior of tenants and also, to find tenants willing to accept the specific housing set up in a particular program.

When planning for housing services in the future, providers should define their approach to tenancy selection and interventions for SUD and plan for occupancy on that basis. Providers need also to consider that one type of housing service does not fit all tenants; individuals' housing needs may vary over time. Providers, collectively, should aim to provide access to a network of housing options—progressive, directive and supportive—that meets the variable housing needs of individuals with SUD. Progressive programs—which can deliver stable housing and an environment to enable intervention for SUD—provide a key platform for people with SUD to make progress towards recovery in the experience of the experts managing these housing programs. Progressive programs may find difficulty in identifying a large enough group of tenants to reach sustainable levels of occupancy. They may elect to manage this lack of demand with programs that are directly linked to local mutual help networks or prison services focused on housing. Services permitting medication for SUD and encouraging tenants to engage with third party services for SUD treatment are described as "directive"; services without selection for substance use and offering no or low level of interventions are described as "supportive". Less stringent restrictions on tenant selection and expectations for participation in interventions for SUD may increase occupancy and economic sustainability but may compromise chance of some tenants achieving meaningful progress in addressing SUD.

Providing access to a network of housing options will allow tenants to choose, or be guided towards, the housing service most suited to their needs as an individual. Stable housing is important for people addressing SUD and these suggestions may increase the chance of providing a suitable foundation for people in need. If the needs of individuals and requirements of housing services are better aligned, this will also help prevent housing services from not fulfilling their planned service type and provide sufficient utilization across the network for economic stability.

This work is based on experience of 16 housing services providing 217 people housing in North West England and is limited in that respect; it is likely that housing services in other areas face similar challenges and the results and learning can be applied more widely. Future research to describe further role of networks in providing a range of housing options and approaches to tenants is advised.

Conclusion

Finding suitable housing for those aiming to address SUD is key to their success. This work captures insights for successful housing services and also identifies important challenges for organisations aiming to provide these services. Providers and commissioners of housing services should plan with specific goals in mind and guide potential tenants to the most suitable accommodation based on a network of options.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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