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Research paper

Housing First or no housing? Housing and homelessness at the end of alcohol and drug treatment

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ABSTRACT

Background: The rate of alcohol and drug dependency is high among homeless persons in Norway as well as in other Western societies. National homeless surveys also show a certain correlation between discharge from institutions and homelessness. However, the rate of homelessness versus the rate with fixed abode at the end of specialised alcohol and drug treatment has not been examined using quantitative methods.

Methods: A cross-sectional survey was conducted in alcohol and drug treatment units in the national health services and private clinics. The survey investigates the housing outcome at the end of treatment compared to the situation at the start of treatment using an individual questionnaire for patients ending treatment in a specific time window. Housing outcome is measured by the odds ratio of having a fixed abode at the end of treatment in relation to main intoxicating substance, type of treatment (in- and outpatient), completing versus cutting short the treatment, housing situation at the start of treatment, socioeconomic capital, mental health problems, individual plan, medical assisted treatment, and a set of background variables.

Results: The housing versus homeless situation hardly changes during the treatment period. In both a bivariate analysis and a simple multivariate model, principal intoxicating substance is the strongest predictor of having a fixed abode both before and after treatment. However, a more sophisticated analysis indicates that socioeconomic resources and social capital play along with the preferred intoxicating substance as predictors of having permanent housing.

Conclusion: After more than a decade of a housing-led national homeless policy, and wide embracement of Housing First approaches in the European Union, homeless persons entering specialised alcohol and drug treatment are likely to return to the streets and hostels at the end of treatment. Access to housing after treatment is very limited for those lacking resources to solve their housing problem without assistance.

Introduction

The existence of a strong connection between heavy use of intoxicating substances and homelessness is well established from both research and the experiences of service providers. The majority of people using substances are not homeless; they have a home, a job and a social network. In work and business contexts and many social gatherings, alcohol is considered a natural and often compulsory ingredient. What alcohol a person drinks and in which contexts is closely connected to the social and cultural capital in different social classes. The codes concerning alcohol consumption may function both as including and excluding mechanisms in work life and social settings (Järvinen, Ellergaard, & Larsen, 2014). Consumption of alcohol has during the last decade increased in all layers of the population in Scandinavia. Although younger men continue to top the statistics, and thus are at greatest risk of developing addiction and alcohol-related health problems (Halkjelsvik & Storvoll, 2015), the increase in consumption is highest among women and the elderly (Kelfve, Agahi, Mattsson, & Lennartsson, 2014; Mathiesen, Nome, Richter, & Eisemann, 2013).

Extensive use of illegal intoxicating substances, like opiates and amphetamine, is connected to a stigmatisation (Ahern, Stuber, & Galea, 2007; Lloyd, 2010) that exceeds the extent of damages caused on individual and societal level by these drugs. While not underestimating the health and social damages from heavy drug use, it is an uncontested fact that alcohol-related injuries, including societal costs, far exceed the problems caused by illegal drugs. 0.6% of the world's population is estimated to have a problematic use of illegal drugs (UNODC, 2012), while 5.1% of the global burdens of

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illness and injuries is related to alcohol (WHO, 2014). In the public sphere, addiction and misuse is often identified with a group of strongly marginalised persons operating on what is called the open drug scene in larger cities and towns. The focus on this group by mass media, politicians and the general public is among other things explained with preventive motives, based on an assumption that reference to the group will discourage young people at risk from taking heavier drugs. There is little evidence of the preventive effects of the open drug scene (Palamar, Halkitis, & Kiang, 2013); young people experimenting with drugs do not see their future selves in this situation (Sandberg & Pedersen, 2007). The intersection between accepted use and a problematic use of substances and addiction is far from unambiguous. One example is the discussion about the increased acceptance and normalisation of cannabis use (Asbridge, Duff, March, & Erickson, 2014; Pedersen, 2009), but also other substances used for recreational purposes (Parker, 2007). With reference to a changing perception of cannabis use, Adrian (2015) argues for the need for a renewed view within research and treatment of the understanding of intoxicating substances and addiction.

Only a small minority of the population with an extensive consumption of substances is homeless. The prevalence of addiction and multiple problems in the homeless population shows considerable variation between European countries. The Nordic welfare states with a comparatively small inequality gap, low unemployment rate and relatively comprehensive welfare arrangements, have a low homelessness rate in a European context (Stephens, Fitzpatrick, Elsinga, van Steen, & Chzen, 2010). The population is dominated by persons with heavy substance misuse, mental illness and with multiple needs of care and assistance (Benjaminsen & Lauritzen, 2015; Dyb & Johannessen, 2013).

A simple linear development from increased substance use, misuse and dependency, to loss of work, of family ties and other networks and loss of housing as the final point has up to quite recently been a prominent explanation for homelessness among people dependent on alcohol and drugs. Subsequently a dominating approach to homelessness has been, and to some degree still is, the so-called treatment-first: the homeless person should prove abstinence from substances in order to qualify for independent living. Another approach deriving from this understanding of the causes of homelessness is the staircase of transition, whereby qualification for moving up a new step on the housing ladder is measured by behaviour and ability of abstinence (Hansen Löfstrand, 2010; Sahlin, 2005).

Increased focus and research on homelessness has nuanced the former simplistic view of the connection between intoxicating substance abuse and homelessness (e.g. Blid, Gerdner, & Bergmark, 2008; Fitzpatrick, Bramley, & Johnson, 2013; Piat et al., 2014). It has become evident that quite a few homeless persons never had a stable life before starting on a pathway of drug use and living on the streets. The use of substances may occur both before and after homelessness, but it is likely to escalate when living on the streets and in hostels (Cheng, Wood, Nguyen, Kerr, & DeBeck, 2014; Didenko & Pankratz, 2007). In situations with long-term homelessness it may also "lock the person into the homeless population" (Johnson & Chamberlain, 2008) and strengthen affiliation to a network where substance use is a dominating part of the lifestyle and activity (Kristiansen, 2000, Chapter 3). The more complex connections between homelessness and substance misuse can often trace their origins back to a childhood with institutional care, abuse, neglect or/and poverty (Neal, 2001; Shelton, Taylor, Bonner, & van den Bree, 2009).

There is reason to suggest that a more nuanced research-based view on explanations for homelessness has prepared the way for the acceptance of Housing First and a housing-led approach to alleviate homelessness. Although the very first and rather limited national scheme to alleviate homelessness in Norway (2001–2004) was initially based on a staircase of transition model, the programme changed towards a housing-led approach during the programme period. The basic idea of the first comprehensive national strategy to end homelessness in Norway, "The Pathway to a Permanent Home 2005–2007" was that housing should be provided to homeless people without demanding abstinence or changes in lifestyle (Dyb, Helgesen, & Johannessen, 2008). One out of five overall objectives of the strategy was that no one should be discharged from an institution without a proper place to live. At present Norway is implementing a comprehensive national scheme "Housing for Welfare" (2014–2020), which also maintains the focus on assisting people discharged from institutions to find housing (p. 18).

From around 2005 and throughout the subsequent decade several Northern Europe countries launched homeless strategies based on a housing-led approach (Benjaminsen, Dyb, & O'sullivan, 2009). Housing First, a model whereby housing and support should be provided regardless of substance use and mental illness and on the basis of the consumer's choice (Tsemberis, Gulcur, & Nakae, 2004), came from the US to Europe around a decade ago and spread rapidly among service providers, governments and researchers. Implementation of the Housing First model has taken different forms, and it is questionable whether all the projects flagged as Housing First are faithful to the original idea, are more general housing-led approaches or, in their implementation, have preserved characteristics from a staircase of transition approach (Busch-Geertsema, 2013; Hansen Löfstrand, 2012; Pleace, 2011). This is not to say that the implementation has been unsuccessful, but rather that it has triggered off a specific European discourse around these issues (e.g. Atherton & McNaughton Nicholls, 2008; Busch-Geertsema, 2012; Busch-Geertsema, 2013; Hansen Löfstrand, 2012; Hansen Löfstrand & Juhila, 2012; Houard, 2011; Johnsen, 2012; Knutagård & Kristiansen, 2013; Pleace, 2011; Pleace & Bretherton, 2013; Raitakari & Juhila, 2015; Tsai & Rosenhech, 2012).

Research questions

The research questions in this study are set within the European discourse of housing-led and Housing First approaches to homeless people with alcohol and drug addiction and the national homeless policy. The general research question in this article is whether patients in specialised national alcohol and drug addiction treatment have a fixed abode or are discharged to homelessness after ending the treatment. With reference to the housing-led national schemes to alleviate and end homelessness, which address prevention of homelessness on discharge from institutions, it is pertinent to question whether treatment leads to access to housing. Does the housing situation change or remain stable during the treatment? Does the housing situation improve, meaning a larger proportion is housed, or does it deteriorate, leaving a larger proportion homeless, compared to the before-treatment status? These questions have not been systematically investigated earlier using quantitative methods, and thus an inductive research design was assessed as the most appropriate. By investigating these questions, the study is also filling a knowledge gap.

The study includes patients completing the treatment and patients cutting short the treatment before the planned discharge. Is there a difference in housing status between these two groups? The study further searches for a correlation between housing and the main type of substance the patient uses. As discussed in the first section, consumption of alcohol is largely socially accepted, whereas illegal drugs increase the risk of stigmatisation and involvement in illegal activity. A connection between serious