A HARM REDUCTION MODEL FOR AIDS HOUSING

Center for Housing & Health

AIDS Housing Summit Learning Institute – Montreal – September 2013

Arturo V. Bendixen
Presentation

• What is Harm Reduction
• Harm reduction housing
• Why it is needed
• It is a human right
• Dialogue and comments
What is HarmReduction?

• Set of practical strategies and ideas
• Reducing negative consequences associated with high-risk behaviors
What is HarmReduction?

Applied to a variety of issues:
- drug or alcohol use
- mental health
- physical health
- domestic violence
- housing.....
NEEDLE EXCHANGE IS HARM REDUCTION

NALOXONE SAVED MY LIFE
What is Harm Reduction?

• Meets people “where they’re at”
• Respectful of personhood
• Individualized interventions
• Reducing negative risk
Support for ‘Readiness’ to Change

• People are at various stages of willingness to change
• Identifies what stage of change
• Participants will institute change with support
Support for ‘Readiness’ to Change

People unlikely to make changes until –

1. WANT to change (importance to their lives)
   AND
2. ABLE to change (confidence in their ability)
Stages of Change Theory

- **Pre-contemplation**: Considers change and may reject it.
- **Maintains the positive change**: Takes steps to make changes.
- **Considers change and may reject it**: Makes a decision to make change.
A HARM REDUCTION MODEL OF AIDS HOUSING
Guiding Principles for Harm Reduction - AIDS Housing

• Substance use accepted and addressed, not ignored
• All tenants abide by their lease agreement
• Success measured by quality of life, not sobriety
Guiding Principles for Harm Reduction - AIDS Housing

• As tenants change, so do options
• Tenants are more than their drug or alcohol use
• Use of supportive services in tenant’s hands
WHY IS IT NEEDED
Carlos
Homeless: $233,000

After 9 months of
- supportive housing: $147,000
- after 20 months: $86,000
- after 32 months: $69,000
## Top Medical Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th># of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Diseases</td>
<td>24</td>
<td>50%</td>
</tr>
<tr>
<td>HIV</td>
<td>24</td>
<td>50%</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>23</td>
<td>48%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>11</td>
<td>23%</td>
</tr>
</tbody>
</table>
HHS Mantra for the ACA

1) Increase access to care
2) Increase quality and outcomes
3) Decrease costs
Chicago 
Housing for Health Partnership

• CHHP
• 4 year research project - RCT
• September 2003 – December 2007
• 405 participants
• JAMA published outcomes in June 2008
Hospital Days

Intervention Group: 2.7 fewer days than the Usual Care Group
Nursing Home Days

Intervention Group: 37%
Usual Care Group: 63%
Emergency Room Visits

Intervention Group: 1.2 fewer visits than the Usual Care Group
Survival with Intact Immunity

<table>
<thead>
<tr>
<th>Survival with CD4&gt;200 and VL&lt;100K</th>
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<tbody>
<tr>
<td>60%</td>
</tr>
<tr>
<td>50%</td>
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<tr>
<td>40%</td>
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<tr>
<td>30%</td>
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<tr>
<td>20%</td>
</tr>
<tr>
<td>10%</td>
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<tr>
<td>0%</td>
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</tbody>
</table>

- **Intervention**: 55%
- **Usual Care**: 34%

*P* = 0.04
Every 100 chronically homeless individuals housed,

SAVES $1 million in public funds
**NAME**  
Don Beiwzik  

**ADDRESS**  

**ZIP**  

**AGE**  

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**Rx**  
1 supportive housing unit  

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**LABEL AS SUCH**  
refill 0 1 2 3  
(PLEASE CIRCLE)  
as directed  

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**J. Bamberger**  
M.D.  

Joshua Bamberger  
License No.  
DEA #
CHARITY / JUSTICE?

If housing and health care are rights, their availability are not a matter of charity but of justice...
Housing and Health Care: Human Rights

• Tenants are more than their drug use...
• Stigma and oppressive stereotypes interfere with reducing harm
• Housing reduces the effect of oppression and stigma
To contact the Midwest Harm-Reduction Institute: Contact Valery Shuman, Associate Director. Vshuman@heartlandalliance.org, 773-334-7117 ext. 1021, Heartlandalliance.org.