

# ATODA Policy Position Statement

## Better Health through Housing

### Preamble

Reducing the harms experienced by people who use alcohol, tobacco and other drugs (ATOD) in the Australian Capital Territory (ACT) can be facilitated by improving access to safe and secure housing. Poor access to stable housing can result in a range of harms and can significantly exacerbate underlying ATOD harms and co-occurring conditions. As per the *ACT Drug Strategy Action Plan 2022-2026*<sup>1</sup>, reducing the harms experienced by people who use ATOD requires a person-centred approach to healthcare that considers the broad range of social determinants of health and wellbeing. Providing housing is a harm reduction strategy for those experiencing homelessness and ATOD use simultaneously, as access to secure long-term housing can help people attain better health outcomes.

It is important to note at the outset that data referring to housing, homelessness and use of ATOD is drawn from datasets maintained by government or community services (e.g. specialist housing services; ATOD treatment services) and is likely an under-estimation of true need within the community. Recent data demonstrates that improving access to secure housing is particularly necessary in the ACT, where specialist homelessness services (SHS) in 2022-23 supported 567 people using ATOD in the ACT and the number of ACT SHS clients per 10,000 using ATOD was higher than the national average (12.4 compared to 9.0).<sup>2,3</sup> The most common harms experienced in the context of homelessness or insecure housing include poor physical and mental health; violence and victimisation; long-term unemployment; lack of quality social relationships; and increased interaction with the criminal justice system. Homelessness or insecure housing can make it prohibitively difficult for people to change their ATOD use, and can increase the likelihood of recurrent ATOD harms.<sup>4</sup> Without providing assistance to the subset of the ACT population experiencing homelessness, achieving lasting population-level improvements to health and wellbeing in the context of ATOD use is unlikely.<sup>4</sup>

Utilising a Housing First approach is essential to reducing the harms experienced by people who use ATOD. Priority populations in SHS include people who use ATOD, and other populations that intersect with the ATOD sector at relatively higher rates than the general population. This includes, but is not limited to, people with mental health conditions, people with disability, and people leaving custodial settings. Therefore, barriers to accessing safe and secure housing are necessarily a concern for those working in the ATOD sector, particularly in the context of the stigma and discrimination experienced by people who need secure housing and who have lived experience of ATOD use, who have used ATOD services, or who use ATOD. Improving the pathways to housing access through a multi-agency community sector approach is of great importance to reducing ATOD harms.

### Key recommendations

ATODA recommends that:

1. The ACT Government implement a Housing First approach to address homelessness in the ACT by delivering sustained measurable outcomes for people experiencing or at risk of experiencing homelessness and using ATOD.
2. The ACT Government urgently increases access to safe, secure, and stable housing for priority populations, particularly via consultation with disproportionately affected priority groups.
3. The ACT Government, along with other housing providers, ensures the allocation of safe and secure housing that actively reduces barriers for people using ATOD to improve their health outcomes.
4. The ACT ATOD, housing, and community sectors work collaboratively to identify and mitigate risks at both individual and systemic levels for those seeking secure housing and using ATOD, including action on stigma and discrimination.

## Explanatory notes

The Australian Bureau of Statistics (ABS) defines homelessness, as the lack of one or more elements that represent 'home', including if a person is in a dwelling that is inadequate; has no tenure, or if their initial tenure is short and not extendable; or is in a housing situation that does not allow them to have control of, and access to space for social relations.<sup>5</sup> The Australian Institute of Health and Welfare (AIHW) also considers a person to be experiencing homelessness if they are living in short term emergency accommodation (such as temporarily living with friends or family), or if a person is living in non-conventional accommodation (such as living on the street).<sup>6</sup>

For the purpose of this paper, ATODA considers people to be experiencing or at risk of experiencing homelessness according to the above definitions. There are various social, economic, intersectional and health-related factors that can result in homelessness, such as low educational attainment, experiences of family and domestic violence, ill health (including health harms associated with ATOD use), lack of social supports, and trauma—and some marginalised sub-populations in the community can be more greatly affected than others by these factors. Structural factors such as limited access to secure housing and inadequate income also place some people at higher risk of experiencing homelessness.<sup>7</sup>

Housing insecurity is defined as an inadequate access to the core housing characteristics that are known to support health. Characteristics that result in insecurity include instability, lack of affordability, housing quality defects and safety hazards, and neighbourhood opportunity.<sup>8</sup> This statement defines housing security as being in a stable, affordable, high-quality and safe home situated with sufficient surrounding neighbourhood opportunity.

## Housing First Approach

There are particular models of care that have been implemented to specifically address the complex service needs of people experiencing or at risk of experiencing homelessness. The Housing First approach connects people experiencing homelessness to long-term housing without preconditions, such as having to prove they have abstinence-based goals from illicit drug use or alcohol.<sup>9,10</sup> This model is based on the philosophy that having stable, long-term adequate housing is a human right and is essential to improving health and quality of life.<sup>11</sup> In contrast to the 'continuum of care' or 'treatment compliance' approach, participants are given access to independent tenancy and are not required to access or complete treatment. In a Housing First approach, support should be flexible, social and community inclusion should be ensured, and supporting services should be person-centred and practice harm reduction.<sup>12</sup> Evidence indicates that the Housing First approach results in improved housing outcomes for people experiencing homelessness.<sup>13</sup> However, it is worth noting that there is a lack of high-quality evidence regarding the impact of a Housing First approach on substance use outcomes.<sup>13</sup>

A Housing First approach is utilised across a range of jurisdictions and have proven to reduce ATOD use and harms within a range of program and service contexts. These include Toronto, Canada (Housing First intervention for people receiving ATOD treatment);<sup>14</sup> Sydney, NSW (Long-term Housing First project, MISHA);<sup>15, 16</sup> and Melbourne, Victoria (Substance Treatment and Recovery program).<sup>17</sup>

Housing First initiatives have demonstrated success in providing a stable accommodation to people who use ATOD and facilitating access to ATOD treatment services, and other supports. This ensures that people are able to address their ATOD use while they are provided with stable housing options, reducing their risk of experiencing adverse harms.<sup>15-17</sup> For instance, people who are leaving institutional settings—such as, prison, hospital, residential rehabilitation—require stable housing to continue to support their health and social wellbeing.

It is of high importance that people who obtain access to safe housing can remain in it, to reap the long-term harm reduction benefits of secure housing. While many short-term research studies have identified positive results for harm reduction of ATOD use through a Housing First approach, the findings have yet to be put into practice through policy measures. Housing First approaches need to be implemented to identify the range of long-term positive effects that housing could have for population health, including a reduction in ATOD-related harms.<sup>14</sup>

Utilising a housing first approach will help to address homelessness and reduce the long-term costs associated with homelessness, including interaction with health, justice and other publicly funded services.

### Housing for priority populations

The priority populations for specialist housing services, as per the AIHW data were Aboriginal and Torres Strait Islander people, young people (aged 15-24), older people (55 and over), people who experience family and domestic violence, people with disability, people with mental health conditions, people in contact with the justice system, people leaving care, children on protection orders, and people who use alcohol, tobacco and other drugs.<sup>18</sup> Other populations of concern include people accessing ATOD treatment services, people who experience insecure housing conditions, people who are sleeping rough, and people with co-occurring and complex needs. Of the ACT population surveyed in 2022-23, co-occurring issues for SHS clients include mental health concerns and ATOD use (45.7 percent), family and domestic violence with mental health concerns and ATOD use (36.7 percent), and ATOD use only (12.9 percent).<sup>3</sup>

In Australia in 2022-23, approximately 105 people per 10,000 of the population were experiencing homelessness.<sup>19</sup> While the ACT population of people experiencing homelessness was lower than the national average in 2022-23, with 86 people per 10,000 of the ACT population,<sup>2</sup> this was often due to housing affordability stress or the housing crisis.<sup>2</sup> More can be done to decrease rates of homelessness and improve health and wellbeing outcomes in the ACT. Support for people at risk of homelessness and interacting with the housing sector is a priority issue for the ATOD sector, particularly as the 2023 *Service Users' Satisfaction and Outcomes Survey (SUSOSE)* estimated that of people accessing ACT specialist ATOD treatment support services, 39.3 percent were experiencing homelessness, or were at risk of experiencing homelessness.<sup>20</sup> This has increased from 2018, where 30.1 percent of ATOD service users reported experiencing homelessness or being at risk of experiencing homelessness.<sup>21</sup>

In addition to being particularly vulnerable to experiencing unstable housing or homelessness, the population of people who use ATOD are also overlooked in research.<sup>3, 1, 4</sup> In recent decades there has been increased attention on the need to include consumers in relevant decision-making processes, and this has been particularly prevalent in relation to health policies and programs.<sup>22</sup> The importance of involving people who use drugs is recognised and valued in other areas of policy.<sup>23</sup> The population of people who use ATOD are able to help identify their specific needs, and assist in the development of population appropriate approaches to addressing homelessness. Ensuring the unconditional provision of secure housing for those experiencing co-occurring ATOD use and homelessness will promote a safer ACT.

**Recommendation 2.1.** The ACT Government and housing services implement measures to improve health and housing outcomes for the priority populations that are disproportionately impacted by homelessness and ATOD-related harms.

**Recommendation 2.2.** The ACT housing and homelessness sector, the ACT ATOD sector and the ACT Government work with priority populations, including people who use ATOD, in the development of population-specific approaches to addressing housing and homelessness in the ACT.

### Barriers for and within social housing for people using alcohol and drugs

Allocation of safe and secure housing, with reduced barriers and without preconditions, will improve health outcomes and reduce rates of homelessness for people who use ATOD, as well as reduce cost to health services.

ATODA notes from discussion with ATOD treatment service providers that there can be several barriers for people who use ATOD to acquire housing. These barriers include:

- A long waiting list to receive social housing, extensive paperwork, the pressure to acquire support letters to progress on the waiting list, and requirements for proof of identification;
- The requirement to obtain multiple support letters, from practitioners and other support workers to assist them in moving up as a matter of priority;

- The lack of personal connections between social housing services and ATOD treatment workers that would facilitate providing people with the help they need;
- Limited communication between housing services, ATOD treatment services, and people using ATOD, such that physical and mental health can worsen in the time waiting for housing; and
- Technological requirements which can limit some people who use ATOD from accessing necessary forms.

People who use ATOD and people who use ATOD treatment services note that individual health and safety concerns could be taken into greater consideration when housing is allocated, with particular and appropriate consideration of people with complex and co-occurring needs. Where people request that health and safety concerns be considered in the allocation of housing, this should not compromise their place on a priority list for housing allocation or be considered as a refusal of housing. Furthermore, poor communication while in social housing affects the mental health of service users, service users who remain in temporary housing for long periods are affected financially and socially, and poorly maintained homes affect peoples' health and wellbeing. Social housing should be resourced and maintained to facilitate equitable living conditions across the population. Secure and healthy housing should be implemented to prevent increased morbidity from infectious diseases, chronic illness, injuries, poor nutrition, and mental health concerns. Territory and national guidelines should stipulate codes for health-affecting conditions such as ventilation, moisture, carpeting, moulds, injury hazards, privacy, and more,<sup>24</sup> such that the role that housing plays in advancing public health is appropriately acknowledged.

**Recommendation 3.1.** Housing providers work with the ATOD sector and community sector to ensure that housing is readily accessible to people from diverse backgrounds and supports the health needs of the whole community, including people who use ATOD.

**Recommendation 3.2.** Housing providers work with the ATOD sector and community sector for a multi-agency approach to ensure social housing conditions across the community are maintained to align with healthy housing principles.

### Improving Pathways to Housing

Given the high rates of homelessness in the ACT, particularly among people who use ATOD, it is imperative that long-term housing options are made available. People without a permanent place to live at some time in their life are more likely to have had a "12-month substance use disorder than people who had not (8.2 percent compared with 2.9 percent)".<sup>25</sup> A significant proportion of people who have an ATOD dependency also access homelessness services.<sup>21, 26, 27</sup> While there is evidence to suggest that ATOD dependence can lead to homelessness, there is also evidence suggesting that the longer a person is homeless the more likely they are to engage in risky ATOD use.<sup>27</sup> It was found that people who received both a service from a SHS and a publicly-funded ATOD treatment service were more likely to be returning clients compared to other client groups, more likely to present with complex service needs, and received longer periods of support and treatment.<sup>19</sup> In Australia, for people who use ATOD, long-term housing was the least provided service, where of the 59 percent requiring this service, only 6.7 percent receive access to it.<sup>19</sup>

The lack of affordable housing, rates of unemployment, the rising cost of living, increasing mental health concerns, and increasing reports of domestic and family violence have resulted in increased cases of homelessness throughout the ACT.<sup>28, 29</sup> In 2022-23, the ACT reported a higher proportion of people that required accommodation (approximately 71 percent) than the National average (approximately 60 percent).<sup>18</sup> In Canberra, almost a third of low-income households experience housing stress.<sup>30</sup> Additionally, the ACT is experiencing a lack of affordable housing options.<sup>28, 31</sup> In 2022, approximately 5,400 households in the ACT (14 percent lone person; 20 percent couple and groups; 53 percent families; and 13 percent experiencing homelessness) were not having their housing needs met.<sup>32</sup>

The ATOD sector can play an important role in assisting with risk identification and mitigation where there are concerns that certain people present too high of a risk to property or other people to be placed in housing because of their ATOD use. The ATOD sector has also developed strong, trusted relationships with marginalised

population groups. This was successfully demonstrated by the ATOD sector's involvement in the multi-agency, multi-disciplinary models of care, the 'Ragusa Model', that supported the Canberra community during the COVID-19 pandemic.<sup>33</sup> Therefore, people who attend ATOD services should be viewed favourably in housing applications, where therapeutic assistance within ATOD services mitigates individual-level risks for housing providers.

Evidence suggests that increased collaboration between services for this cohort results in better outcomes for people interacting with both the housing and ATOD sectors.<sup>13</sup> Implementation of measures such as combined outreach from the housing and ATOD sectors could provide information to people unaware of how to receive help, or support the integration of specialist workers in ATOD treatment services to advise people on the relevant process to be placed in housing. Evidence indicates that the inclusion of harm reduction approaches in supporting people who are experiencing homelessness can lead to decreases in drug-related risk behaviour, decreases in fatal overdoses, and that peer support interventions for this cohort can result in positive housing outcomes.<sup>13</sup> The evidence clearly demonstrates the importance of responsiveness, flexibility, and person-centred care for people who are experiencing homelessness and seeking ATOD treatment.<sup>13</sup> Increased trust and relationship-building between the two sectors can ensure that people who use drugs are given the opportunity to access and maintain safe and secure housing.

**Recommendation 4.1.** ATOD treatment services are consulted to identify and mitigate risks for individuals and housing providers.

**Recommendation 4.2.** There are continuing, strengthened relationships between ATOD treatment services, housing providers and other community and health services to ensure the safety and health of people that use ATOD that are seeking housing.

**Recommendation 4.3.** There are increased interactions and capacity building between the ACT housing and homelessness sectors and the Specialist ACT ATOD services to improve cross-sector communication, collaboration, and referrals.

People who have lived experience of ATOD use, who have used ATOD services, and who use ATOD commonly face persistent stigma and discrimination, which can act as a barrier to help-seeking behaviours.<sup>20</sup> Stigma and discrimination can be exacerbated for people who are at risk of or currently experiencing homelessness and are experiencing ATOD dependence.<sup>34</sup> This can create a further barrier when accessing both housing and ATOD treatment services.<sup>13</sup> Anecdotally, there have been concerns raised by ATOD services that there is often insufficient housing for people who use ATOD, and thus more work is required to reduce this experience of stigma and discrimination. ATOD services should be trusted by housing providers as health-focussed professionals who do important therapeutic work with people who use ATOD.

It is important to remain flexible to the needs of people experiencing homelessness, such that ATOD and housing services work collaboratively to provide outreach. This also reduces associated stigma and discrimination, and transportation barriers that many people who use ATOD experience. Some current models in the ACT have housing services in-reach to ATOD services on a regular basis to ensure that people who use ATOD can meet with a housing case worker with the support from their ATOD service provider. Similarly, ATOD services can provide in-reach to housing services for a comprehensive approach to care. Supporting these models throughout all ATOD and housing services would allow people at risk of experiencing homelessness, people who use ATOD, and people experiencing co-occurring conditions to gain support in advancing their housing applications, understanding the range of requirements, and speaking directly to a case manager without having to attend the service in person. In adopting such a model, it is important that people from housing services are appropriately educated on stigma and discrimination, to ensure that person-centred language and approaches are utilised to ensure people who use ATOD feel able to seek support.<sup>35</sup>

**Recommendation 4.4.** The ACT ATOD sector actively engages with the housing sector to create and share education and resources that aim to reduce stigma and discrimination within housing pathways.

## **Note**

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

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## **Acknowledgment**

ATODA recognises Aboriginal and Torres Strait Islander peoples as the first custodians of the lands and waterways of Australia. We pay our respects to elders past and present.

ATODA acknowledges the Ngunnawal people as traditional custodians of the land we work on and recognises any other people of families with connection to the lands of the ACT and region. ATODA acknowledges and respects the continuing culture and the contribution traditional custodians make to the life of this city and this region. ATODA recognises and continues to learn from the contributions of Aboriginal and Torres Strait Islander peoples to the alcohol, tobacco and other drug sector.

**Artwork:** Unspoken History, Map of Pain by Sharon (2020). To learn more, go to:

<https://www.atoda.org.au/featured-artwork/>

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