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## Substance Users' Perspectives on Harm Reduction Strategies in Housing First Programs

Tammy Montague  
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# Walden University

College of Psychology and Community Services

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Tammy Montague

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Walden University  
2024

Abstract

Substance Users' Perspectives on Harm Reduction Strategies in Housing First Programs

by

Tammy Montague

MSW, Morgan State University, 2018

BSW, Morgan State University, 2017

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

May 2024

## Abstract

The social problem of housing instability for individuals with substance use issues is well known. Researchers have found that 50% of homeless individuals have a substance use disorder with a reduction in life expectancy compared to the general population. With 1% of the U.S. population experiencing homelessness, Housing First with its core component of harm reduction has been embraced by U.S. policymakers as a strategic solution towards ending homelessness through low-barrier permanent supportive housing. This generic qualitative study explored the perspectives of individuals with substance use experience about harm reduction strategies accessed that helped them to overcome system related barriers. The systems theoretical framework was used to allow the conceptualization of multiple systems (e.g., individuals, providers, housing services) and a diversity of stakeholders working together towards a shared goal of housing stability by using the principles of Housing First. Data were collected from 10 participants through in-depth semistructured interviews and analyzed using a reflective thematic analysis. Six themes emerged from the data: housing preference and affordability, assertive case management and supportive services, readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups. The study's findings indicate that housing stability for participants was achieved through the accessibility of useful harm reduction strategies. The findings may provide government and community entities with a better understanding of the system barriers associated with housing individuals with substance use issues and the way harm reduction approaches are useful in achieving housing stability.

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## Dedication

This dissertation is dedicated in loving memory to my brother, Walter Marlowe Morris. He was a gentle soul that served in the U.S. Navy and inspired me to get into the “helping people business”.

## Acknowledgments

I want to thank my four children Terrance, Tasha, Tyrell, and Tyler for being everything I ever needed during this dissertation. Their patience, kindness, and love have given me the strength and courage to continue through to the end of this journey to obtain my Ph.D. I can't thank them enough for being beautiful people. I also want to thank my sister and nephews for coming along for the ride. A special thanks to my chair and mentor, Dr. Hickman, who helped in my academic growth in more ways than he could ever know. Thanks to Dr. Moran for his assistance and support. Much Love to my Diss Family. Thank you Diss Fam for your encouragement and support.

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## Chapter 1: Introduction to the Study

The United States Department of Housing and Urban Development (HUD; 2021) stated that there are 580,466 people on any given night experiencing homelessness. The permanency of homelessness is something that individuals, families, communities, and governments have combated for years (Fowler et al., 2019). However, in recent years approximately 1% of the U.S. population has experienced homelessness (Spinelli et al., 2017). Most public health professionals and policymakers have agreed that housing instability is a precursor to homelessness (Priester et al., 2017). In addition, the potential risk of homelessness for those who use illicit drugs is well known (Greenwood et al., 2020). It is also considered by public health professionals that the difficulties for people experiencing homelessness when living on the street and the high stress of being away from family can lead to adverse health outcomes (Pawha et al., 2019). Homelessness and drug use often overlap, requiring intensive, well-coordinated, and comprehensive services (Collins et al., 2015).

Researchers have found that 50% of homeless individuals have co-occurring mental health and substance use disorders, with a reduction in life expectancy of up to 30 years when compared to the general population (Ayano, 2019; Fleury et al., 2021; Liu et al., 2020). Historically, traditional housing programs have used a linear, step-by-step, and time-required approach in delivering permanent housing services to this vulnerable population (Chen, 2019; Kertesz & Johnson, 2017). This includes staying in a shelter or transitional housing program, abstinence from drug use with toxicity screening, and adherence to rules, including participation in individual and group activities before the

transition into permanent independent housing (Tinland et al., 2020). Service providers who are integrating harm reduction within Housing First programs in an effort to end homelessness is a paradigm-shifting idea with the possibility of significantly improving policy and programs that create safer environments (Gallagher et al, 2019; Kalk, 2018; Watson et al., 2017; Wittman et al., 2017).

In 2010, President Obama's administration embraced Housing First as a federal initiative and strategic solution towards ending homelessness through permanent supportive housing (Chen, 2019). Housing First uses a harm reduction approach in providing quick housing with basically no barriers, skill requirements, or participation in program activities (Fleury et al., 2021; Gaboardi et al., 2019; Watson et al., 2017; Worton, 2020; Urbanoski et al., 2019). In 1992, Tsemberis introduced the original Housing First approach called "Pathways to Housing," which was based on five key principles: (a) housing the homelessness quickly without preconditions, (b) free choice of where and how individuals live, (c) use of a harm reduction approach with the understanding that housing was separate from treatment, (d) having support services available, and (e) having community integration included (Gaboardi et al., 2019). Housing First offers recovery-oriented support teams that promote social change through harm reduction strategies and are committed to client autonomy and social integration (Greenwood et al., 2020). The use of harm reduction within a Housing First program postulates that housing stability, on its own, may be the motivator for decreasing substance use while promoting healthier outcomes in individuals with homeless experience(s) (Boland et al., 2018).



## **Background**

Housing instability has been linked to individuals experiencing physical, mental, and substance use problems (Worton, 2020). Researchers have found that individuals who are homeless and have a substance use disorder can be extremely hard to reach in delivering services to get them off the streets (Kirst et al., 2015; Sheridan et al., 2018). Researchers have also found homelessness to be associated with substance abuse, mental illness, and HIV, amongst other health problems (Dickson-Gomez et al., 2017; Polcin, 2016). The ability for substance users to retain housing is contingent upon the availability of resources but most importantly their willingness to access them (Schick et al., 2019).

Housing First programs have been found to improve housing stability for individuals with substance use problems without requirements for them to accept substance abuse treatment (Andvig et al., 2018). Housing First embraces harm reduction as an essential component when working with individuals with substance use issues (Watson et al., 2017). Harm reduction is an evidenced-based intervention that has been incorporated in substance abuse treatment and is considered a part of the Housing First approach in housing people with substance use problems (Andvig et al., 2018). Substance users are to be actively engaged by Housing First program providers using harm reduction strategies to assist them in achieving housing stability and their desired recovery goals (Watson et al., 2017).

The misconception of harm reduction within a Housing First program may be grounded in the way service providers and residents relate and communicate as part of the housing program (Tiderington et al., 2013). Researchers have found that harm

reduction is not always conveyed or implemented as part of Housing First programs, although Housing First is considered part of a harm reduction philosophy to ending homelessness (Watson et al., 2017). Thereby, there are variance in the way Housing First programs utilizes its core principle of harm reduction to be effective in promoting housing stability and positive health outcomes for people with substance use problems (Dickson-Gomez et al., 2017; Pauly et al., 2018).

### **Problem Statement**

In 2016, the point-in-time count reported that over a half million people were homeless, with over two-thirds of this population living in shelters (Collins et al., 2019). The unbroken cycle of homelessness in the United States has experienced significant struggles, and there are difficult challenges for communities in finding a solution. To add weight to this problem, researchers have found that people who use or misuse drugs are among those with a greater chance of becoming homeless (Kirst et al., 2015). The social problem of housing instability and its potential risk of homelessness, especially for those who use drugs, is a public health concern worth further exploration. Housing stability is a measurable and important objective that federal and local entities can use in addressing the dual public health concern of chronic homelessness and addictions in the United States (Katz et al., 2017).

The achievement of housing stability for people with experiences in substance use and homelessness is considered a beneficial element for helping to address other health problems, including substance abuse, mental illness, and HIV (Dickson-Gomez et al., 2017). While people who were previously homeless have expressed housing as a primary

life goal with an extension of other goals of health and financial stability to follow (Wenzel et al., 2018), the perspectives from substance users on what systems barriers were necessary to overcome in order to achieve housing stability is lacking in research. Some researchers have said that the disconnect between needs and services among homeless individuals lies within the barriers of accessibility within their local communities (Nourazari et al., 2021).

Although the aforementioned research regarding the use of harm reduction within Housing First programs has illuminated important findings, I have not found research that has examined the perspectives of individuals with substance use experience on the use of harm reduction strategies in housing first programs. Given such, further research is needed in examining harm reduction in housing first programs in an effort to address the documented comorbid problem of substance abuse and housing instability (Gallagher et al., 2019; Kirst et al., 2015).

### **Purpose of the Study**

The purpose of this study was to explore the perceptions of individuals with substance use and homeless experience, identified as being stably housed and living in Baltimore city, Maryland. The study used a generic qualitative design to explore and examine the perspectives from individuals with substance use experience on how harm reduction strategies helped them overcome system barriers to achieve housing stability within a Housing First program. This research was conducted to gain a better understanding of addiction challenges for substance users with previous homeless

experience and their preferred harm reduction strategy(s) that can be beneficial for achieving housing stability.

### **Research Question**

What are the perspectives of individuals with substance use experience about harm reduction strategies for overcoming system related barriers within Housing First programs?

### **Theoretical/Conceptual Framework**

This study was guided by the theoretical framework of systems theory. The systems theory is used to explore how individuals with substance use and homeless experiences perceive the interactions and effectiveness of harm reduction strategies used by Housing First providers. The self-determination theory, choice theory, Maslow's hierarchy of needs, and ecological theory are a few of the theories used within the existing literature on Housing First, which helped in my decision to use systems theory to guide this study. These theoretical considerations are discussed in Chapter 2. Systems theory was developed from von Bertalanffy's general systems theory, wherein each part of a system interacts to make a whole. Systems theory is concerned with the interrelationship along with the interdependent nature of how problems relate to structures, relationships, and human interdependence (Ludwig, 2015). This theory was appropriate in identifying systems-related barriers by exploring the interactions between individuals with substance use experience and Housing First providers who are working together to achieve housing stability and positive social change.

Systems theory is based upon the belief that individuals are influenced and made products of their physical and social environment through the interactions made between them (Teater, 2015). Systems theory suggests that the problem of substance abuse, for instance, cannot be used as an isolated component in understanding the problem of housing instability ; hence, a holistic viewpoint is required to understand this social problem. All parts of a system, including the individual, family, community, organization, or society, relate and can cause change to one another along with causing changes within the main system (Teater, 2015). The interactions and characteristics associated with systems theory are explained further in Chapter 2.

According to Marshall and Bibby (2020), social problems are a sign of a system failure that can happen if the feedback channel of communication has stopped or if there is a declination to change in accordance with the adaptation cycle. In order for the system to maintain a stable state, it relies on feedback. For example, if the harm reduction strategies used in a Housing First program are ineffective in increasing housing stability, the feedback from the stakeholders and the consumers will force the housing program to change its strategy in order to continue its services. I used data collection from in-depth semistructured interviews to explore perspectives and behaviors of study participants in a generic qualitative research design. The systems theory was used to help with the analytical process.

### **Nature of the Study**

To explore the complex problem of housing instability among substance users, I used a generic qualitative design. The participants in this study included individual adults

active in a Baltimore city Housing First program who had substance use and homeless experience. Using a qualitative methodology approach allows the individual perspectives of participants' world view to be described through a subjective lens (Bradshaw et al., 2017; Brown, 2019). This generic qualitative study extends and add strength to previous research towards understanding the complex issue of housing instability among substance users through rich detailed descriptive analysis of systematic constructs that influence participants' perspectives on substance use and service usage. I employed multiple data sources to examine housing stability and system involvement from first-person perspectives (see Collins et al., 2019). This generic qualitative approach can yield insightful meanings toward the explanation of harm reduction preferences that affect housing stability.

I met with various Housing First staff managers in the urban community of Baltimore to find a viable Housing First program that was willing to assist in this study. In-depth semistructured interviews and observations of 15 research participants were conducted at various public community libraries and over the telephone. Informed consent was given by each participant before the start of each interview. The semistructured interview focused on provisions of harm reduction as an influence for changes in substance use and housing instability (see Johnston et al., 2018). Each question in the semistructured interview included some unstructured exploration in the form of probes to elicit a deeper description of experiences by the participants (see Sylvestre et al., 2018). A semistructured interview guide was used in providing precise instructions for the researcher to promote reliable qualitative data. I audio-recorded all

interviews as well as took notes during the interview. The interviews were scheduled for 60-minute time slots and were conducted in person or over the telephone based on the participant's preference. At the end of the interview, the participants were debriefed, and an interview summary was sent to them. The interview summary form is where the participants were able to note issues and themes that afterward were discussed with me as a reflective process to ensure accurate responses (see Sylvestre et al., 2018). Participants were thanked for their participation. The interviews were transcribed verbatim for analysis.

All participants were recruited using a purposeful sampling strategy based on having at least 1 year of housing stability, being linked to supportive and clinical services, and having a history of substance use and or abuse. The Housing First staff manager was asked to assist in identifying and connecting me with potential participants in their Housing First program who met the eligibility. The purposeful sampling strategy was intended to achieve a depth of understanding by identifying and selecting individuals who had knowledge and experience about the phenomenon being studied (see Palinkas et al., 2015). Potential participants were invited through flyer invitations located at the partnering agency site as well as mailing of invitation flyers and telephone calls.

There was a sampling size of 10 research participants for this study. The sampling size was based on the literature review of qualitative study designs. Qualitative researchers tend to use small sample sizes based on the depth of case-oriented analysis (Vasileiou et al., 2018), and they do not anticipate their findings to be generalizable (Bradshaw et al., 2017). Researchers have used sample sizes ranging from 16 to 33 in

similar studies on Housing First (Brown et al., 2015; Collins et al., 2015; Huffman, 2018). A thematic analysis for analyzing the semistructured interview responses was conducted to identify themes within the interview data. The interviews were transcribed verbatim for analysis.

### **Definitions**

The following definitions are terms used in this study.

*Harm reduction:* A pragmatic approach of intervening with people unable or unwilling to stop using drugs by focusing on the prevention of harms associated with their drug use rather than the prevention of merely their use of drugs (Andvig et al., 2018).

*Homelessness:* A form of housing insecurity affecting vulnerable populations exhibited by individuals and families lacking permanent residence and/or sleeping in places not fit for human habitation (Padgett, 2020).

*Housing First:* A philosophy and housing program intervention based on consumer choice of permanent subsidized housing and separate support services (Nelson et al., 2018). Housing First is considered an alternative approach to ending homelessness through reducing barriers to services and achieving housing stability for people who are homeless or at risk of homelessness (Carey, 2020).

*Housing instability:* Individuals or families experiencing homelessness and/or living with family or friends out of economic or financial necessity (Glendening & Shinn, 2017).



*Housing stability:* Individuals and families who have continuously lived in affordable housing that is considered customary, safe, and adequate for them to perform personal needs and social activities (Frederick et al., 2014).

### **Assumptions**

This study was based on the following assumptions. The first assumption was that there are variances in the way that Housing First programs use harm reduction strategies within the delivery of services to clients with substance use issues. The extent of provider training and communication on the importance of utilizing harm reduction strategies within Housing First programs may impact the “means” of housing stability to the approach to ending homelessness (Watson et al., 2017). It is also important to mention that this study was conducted in the context of community cooperation. I assumed that the participants in the study would be able to communicate effectively and would respond honestly. I also assumed that the research participants would understand the questions being asked. In addition, I assumed that the participants were aware of the problem of homelessness and substance use and therefore were willing to contribute to the success of this research project. Lastly, although demographic information may not have been controlled for, I assumed that the influence and impact of system barriers were disproportionate based on race and thereby harm reduction preferences may fluctuate across participants.

### **Scope and Delimitations**

The scope of this study is limited to the perceptions of substance users who participate in harm reduction interventions that are offered through a Housing First

program. The availability of specific harm reduction interventions in the Housing First program are limited by grant funding and resource availability. The participants were limited to stably housed individuals with substance use experience receiving a rental subsidy from a Housing First program in the city of Baltimore, Maryland.

### **Limitations**

As with most research, this study is not without challenges and limitations. This generic qualitative approach involved gaining access to a target population that is inherently hard to reach (see Sheridan et al., 2018). As such, there were difficulties in persuading a Housing First program to participate in the study due to privacy and confidentiality concerns. Also, the expectation of participants to give up valuable time added to the challenge of finding enough participants who were suitable and willing to participate in the study (see Devotta et al., 2016). In addition, there was a possibility for large volumes of data from multiple sources to be produced in this study. It may be a challenge to store large amounts of information comprehensively and systematically, requiring the novice researcher to be familiar with other software tools like NVivo (Ponelis, 2015). Moreover, the quality of the data collected is improved with an experienced interviewer. However, the flexibility of the semistructured interview promotes the conversational nature of this method, which allows rapport to be established between the researcher and participant to enhance the quality of data being collected (Ponelis, 2015).

A potential limitation to the study was using a purposeful sampling method. I relied on a single Housing First program to identify individuals with substance use

experiences. I was assisted by the Housing First staff manager with identifying potential participants from the program. It is possible that there were residents who met inclusion criteria who were not known to have substance use issues and thus missed the opportunity to be included in the study. In addition, participants with comorbid substance use and mental illness included in the study may have unique harm reduction preferences associated with barriers related to their comorbidity. Lastly, the study's subpopulation of substance users in Housing First programs in an urban community may limit its transferability to other populations and settings.

### **Significance**

Housing stability among substance users is an important objective for federal and local entities in addressing the homeless crisis in the United States. Federal policy has prioritized Housing First as a solution for addressing chronic homelessness in the United States (Katz et al., 2017). Local governments seeking federal support can find that housing stability is a successful measure of addressing chronic homelessness. In addition, the research can inform the Food and Drug Administration and other regulatory agencies on harm reduction intervention practices that enhance non-abstinence-based addiction treatments, which could be a precursor to alternative modalities that can be implemented in community outpatient treatment centers. Lastly, previously homeless individuals have expressed housing to be their primary life goal, but once housed, other goals surrounding health and financial stability become more prevalent (Wenzel et al., 2018). Thus, integrating substance user-preferred harm reduction strategies into Housing First programs is a step toward improving self-efficacy and motivation for change.

## Summary

This generic qualitative approach focused on the perspectives and lived experiences regarding harm reduction strategies used to tackle specific barriers in achieving housing stability for individuals in a Housing First program who have substance use issues. Chapter 1 provided an introduction and framework for this generic qualitative research study. A systems theory approach was the foundational framework for examining and providing an explanation of the complexities and barriers of systems that influence housing stability and healthier outcomes among substance users. I anticipate delivering an understanding of what sustainable harm reduction interventions support housing stability as informed by individuals' experiences living and thriving in permanent independent housing. In this research project, I explored the integration of harm reduction strategies within Housing First programs that promote housing stability for substance users with homeless experience, which can illuminate important findings that may have a significant impact on the improvement of social policy in ending the homeless crisis.

Chapter 2 encompasses a literature review of the systems theory, housing instability, Housing First, and harm reduction, along with an analysis of prior research that explored the effectiveness of the Housing First philosophy and various theories on the social problem of homelessness and housing instability. Chapter 3 provides the methodological approach used in collecting the research data.

## Chapter 2: Literature Review

### **Introduction**

In the United States, there are 580,466 people experiencing homelessness on any single night (U.S. HUD, 2021). Also, one-third of people experiencing homelessness are estimated to have problematic substance use/misuse (Cherner et al., 2017). In this, the dynamics of today's homeless problem need to be highlighted. The persistent problem of homelessness in the United States has been a significant and longtime struggle for communities to find solutions (Nourazari et al., 2021). Consequently, the decline in health is seen as a potential precursor to homelessness, and health decline worsens as an outcome of homelessness (Sylvestre et al., 2018). Some consider that the lack of affordable housing, inner-city gentrification, increase in unemployment, deinstitutionalization, and deep budget cuts have influenced the intensity and complexity of homelessness, and only 24% of eligible households receive any type of federal housing support (Kang, 2019). Whereas substance abuse is absent from this conundrum, substance abuse is considered more common among homeless Americans than in the general population (Cherner et al., 2017).

Researchers have found that single homeless adults are more likely to be male and have a significantly higher incidence of mental illness and addiction than homeless families or youths (Padget et al., 2015). However, youth under the age of 24 have been found to account for approximately one-third of the homeless population, with the majority having substance use issues (Smith et al., 2017). Consequently, Greeno et al. (2018) suggested an increased risk of housing instability and substance use for youth in

foster care. Although less often living on the streets, women have increasingly grown in the homeless population, with 51% reporting an unmet need for treatment for substance use (Upshur et al., 2018).

Because the problem of housing instability is not homogenous to substance users, various populations should be considered when implementing interventions to address this social problem. For example, homelessness for veterans has declined in recent years; however, their complex vulnerabilities continue to intersect with system barriers that may lead to housing instability (Cusak et al., 2020). Further, in a study on veterans, Carter et al. (2019) found it to be nearly 3 times more likely for transgender people to experience housing instability than cisgender people. Also, on the rise is homelessness for people living with HIV, which has proven to have negative health outcomes (Rajabiun et al., 2018). In addition, concerns for homeless survivors of intimate partner violence (IPV) have broadened housing service needs (Gezinski & Gonzalez-Pons, 2019), and many shelter options are not a viable option for individuals experiencing IPV (Thomas et al., 2020).

Researchers have found that there is no way of predicting who will achieve housing stability and who will not (Volk et al., 2016). Therefore, a qualitative exploration was appropriate for this study. Traditional housing programs require sobriety and participation in a treatment program in order to be considered “housing ready” and to be given access to independent housing (Kirst et al., 2015). These traditional housing ready approaches have been criticized for their controlling nature of residential substance use treatment (Padgett et al., 2016), which seem to assume that individuals with homeless and

substance use experience have a predictable set of needs and require a prescriptive process toward stable housing. While substance abuse in itself is a barrier to housing (Upshur, 2018), unemployment, poverty, loss of support networks, and health problems are other barriers to consider that can impact a person's housing stability (Ashford et al., 2018). These destabilizing experiences can limit housing options and cause housing instability, especially for people living in poverty who have substance use issues. Hence, homelessness and substance abuse are an interconnected public health problem that is worth qualitative exploration.

### **Literature Search Strategy**

I began researching Housing First and its effects on housing stability amongst individuals with substance use and homeless experience through access to the Walden Library. After searching through multiple databases in the Walden Library, I contacted the Walden librarian to help refine and increase my search criteria. I eventually focused on keywords in a combination of qualitative, quantitative, and mixed method designs in articles, covering the years 2017 to present, within the following databases: EBSCO, ProQuest Central, Sage Publications, and Google Scholar. I used the following keywords: *Housing First, harm reduction, housing stability, housing instability, systems theory, substance abuse, substance abuse and homelessness, and barriers and housing*. I used approximately 90% of the more than 100 articles accessed.

### **Systems Theory**

Systems theory, developed from general systems theory, is concerned with how problems relate to structures, relationships, and human interdependence (Ludwig, 2015).

A systems theory approach describes human behavior through open systems while the interactions between each system and their environment create a complex system (Vanderstraeten, 2019). These systems have interdependent relationships. The characteristics of a complex system include emergence – unpredictability, feedback – input/output, and adaptation – changes in behavior (Marshall & Bibby, 2020). There is a hierarchical order within the relationships between open systems. They also include feedback loops and adaptation.

It was in the 1920s that von Bertalanffy first explained the existence of individual parts of structures that contribute to an entire system (Cory, 2019). Von Bertalanffy was a biologist with an interest in biological processes that maintain its complex structure through interactions with the environment (Van Assche et al., 2019). He believed that variables within complex systems had causal relationships in a circular process versus linear that react via feedback loops either to reinforce or create new processes (Tramonti et al., 2019). This transdisciplinary idea of open systems created a framework for exploring the ability for systems to affect and be affected through exchanges of information, energy, or material that over time adapt based upon understandings of itself within the environment (Van Assche et al., 2019). The systems theory allows researchers to conceptualize the organization of multiple systems and a diversity of stakeholders working together towards a shared goal of housing stability by using the principles of Housing First.

According to Nelson et al. (2019), a systems perspective approach is used when examining Housing First and its role in creating system change. Contrastingly, Sample



and Ferguson (2020) found that most homeless service systems address environmental factors versus structural and systematic issues. Nevertheless, systems theory has a holistic focus on individuals within their environment and can be used to examine the environmental, structural, systematic, and other barriers that need to be addressed to create social change. Housing First is being recognized more fully as a systems-level framework to ending homelessness (United States Interagency Council on Homelessness [USICH], 2019). Conversely, Nelson et al. (2019) challenged Housing First as involving multiple systems (e.g., health and homeless systems) with multiple services (e.g., housing and support), which interactions have proven uncertain overtime. Therefore, it was important that each system in this study be defined on micro, mezzo, and macro levels to gain a clearer understanding of the relationship between each system as it relates to the entire system.

In another study, Berkley (2020) used an ecological systems theory framework in his exploration of social systems and provider perceptions of how to care for HIV clients supported through harm reduction and Housing First. While the environment is the base of system maintenance, it maintains interactions in an openness functionality where survival depends on adaptation through process change concepts known as input, output, and feedback loops (Vanderstraeten, 2019). Systems are also dynamic and autonomous whereas they function between their inner operations and their external events (Van Assche et al., 2019). As such, in this study, I used a systems framework, whereas harm reduction was an independent system that could be viewed as a compliment to the Housing First system. These systems work together to create a holistic system that creates

a social change atmosphere by assisting an individual system population of people with homelessness and substance use experiences to combat the problem of housing instability.

Systems theory has the capability of describing social phenomena through the behavior of complex systems (Vanderstraeten, 2019). As shown in Miller-Archie et al. (2019), there are a broad spectrum of micro, meso, and macro system-level determinants for substance users at risk for housing instability. I touched on micro – what are the systems that underpin housing instability, meso – what are the existing models that complement interventions designed to address the problem of housing instability, and macro – what COVID-19 necessitated housing policies can prevent the return to homelessness for substance users (see Miller-Archie et al., 2019). Calls for system-level changes through Housing First implementations may require collaboration and coordination across a multitude of stakeholders in a varying group of private and government entities. Systems work best when they are working together (Nourazari et al., 2021).

Systems are such that they do not need to remain static but make sensible adjustments to survive in that environment (Van Assche et al., 2019). When systems are not integrated or fail to exchange information, then a gap in services can lead to deterioration and ultimately fail (Nourazari et al., 2021). Housing First is considered a philosophy as well as a program intervention with a strategic application across the homeless-serving system that makes a significant impact on homelessness (Turner, 2014). Therefore, Housing First is a whole system approach that segues into system

changes that are systemic and not just programmatic (Padgett et al., 2016). There are also other conceptual models and theoretical frameworks used in existing literature on Housing First that influence social change towards the problem of housing instability.

### **Theoretical Considerations in Housing First**

#### **Self-Determination Theory**

Consumers are considered the experts of their own lives, and the service provider assumes the role of educator and an expert at resources. Researchers have found self-determination to be an element in housing options that contributes to participants' ability to remain stably housed (Stahl et al., 2016). Inasmuch, the lack of self-determination has also been identified as a barrier at times in successfully transitioning from a traditional housing program to permanent housing (Brott et al., 2019). It could be the heavy expectation of completing the requirements of some housing programs that leads to optimistic thoughts of achieving housing stability.

The self-determination theory supports three basic needs of autonomy, competence, and relatedness toward psychological growth (Krabbenborg et al., 2017). Autonomy refers to endorsing one's activities and having a choice. Competence is perceiving the results of one's actions as intentional. Relatedness refers to having a sense of belonging and feeling connected to others. Having these three needs promotes psychological well-being, especially when individuals have safe and stable housing whereas blocks in self-determination from lack of safe housing can cause significant psychological disadvantages (Krabbenborg et al., 2017). Having the ability and autonomy to participate in and control activities in one's life without fear of arrest or eviction is a

key element that makes Housing First stand out from other types of housing programs (Stahl et al., 2016). Additionally, determination as well as resilience are strengths that should be considered when developing and integrating culturally appropriate services for this population (Smith et al., 2017). Service providers using harm reduction practices are more effective when they have the flexibility of providing services based primarily on consumer choice versus service provision contracts (Andvig et al., 2018). While the self-determination theory focuses on individual growth and change through an emphasis on autonomy, a systems theoretical approach considers individual system changes and how they impact the whole system (Tucker et al., 2021).

### **Choice Theory**

The linkage of consumer choice and self-determination is a well-established predictor for substance use recovery and positive health outcomes (Greenwood et al., 2019). Glasser developed the choice theory in 1998, which posits that people choose, and people are responsible for their behavior instead of some external factor being the reason they behave in a certain manner. When individuals are applying the choice theory, they enter an intrinsic transformation of empowerment that reduces negative behaviors, strengthens relationships, and increases life satisfaction (Greenwood et al., 2019). The core principles in implementing a Housing First approach are as follows: (a) Consumer choice is always sought towards housing and services; (b) there is a separation of housing and clinical services; (c) a recovery-oriented approach is used; and (d) there is an element of community collaboration and integration (Aubry et al., 2015). Instead of attempting to restrict consumer choice, Housing First providers are tasked with using harm reduction

interventions like motivational interviewing and increasing engagement to help consumers with behavioral changes (Greenwood & Manning, 2016).

Consumer choice is the driver and core value in Housing First, which empowers the consumer with selecting the type of housing and the intensity of program services that are desired. In recent times, harm reduction has significantly broadened in how it is applied through the inclusion of choice, values, and the needs of substance users (Boucher et al., 2017). The choice of housing type (e.g., single site, scattered site) seems not to matter in ensuring housing stability as long as the program follows Housing First principles (Chen, 2019). By using an empowerment vision that recognizes that people recover at different stages, consumers' right to make life decision choices without risking housing or supportive services becomes an easily endorsed strategic harm reduction component that promotes housing stability while reducing substance use (Martins et al., 2016). Even if some choices reflect a less than desired outcome, gains in learning through making mistakes can be beneficial for both consumer and provider.

The misconception of client choice involving treatment and services in a Housing First program is related to its notion that treatment is not required or mandatory (Smelson et al., 2016). Inasmuch, there is clinical evidence that the benefit of consumer choice extends towards psychological stability, mastery, and decreased psychiatric symptoms, which suggests other pathways toward increasing housing stability (Stahl et al., 2016). A client-centered and client-driven approach to housing delivery systems that is dependent on client preferences and needs may be a reason for variations and differences in Housing First programs (Chen, 2019).

### **Maslow's Hierarchy of Needs**

Housing First is aligned with the consumers' stance that housing is most important, and it builds upon the psychological need for mastery, housing stability, and motivation to seek treatment (Aubry et al., 2015). Maslow's (1943) hierarchy of needs lists human needs in a hierarchical form of progression once a need is achieved, beginning with basic, needs to be met, before subsequent needs of safety, love and belonging, self-esteem, and self-actualization are reached. In Maslow's first tier of basic needs, researchers have found housing to be the most important need for homeless individuals followed by food and clothing (Fleury et al., 2021). While Maslow's theory posits the necessity of housing, the complex problem of housing instability requires a systems-level solution (Andvig et al., 2018, Padgett, 2020). Even the most straightforward service delivery system incorporates a variety of participants where the various system components are working in harmony (Bland & DeRobertis, 2017).

### **Ecological Theory**

The ecological theory points to the interdependence of personal, community, and structural elements and how they cause and extend human problems, (Sample & Ferguson, 2019). When looking at housing instability through an ecological lens, substance abuse falls within the individual level of risk factors along with education and mental illness (Priester et al, 2017). Inasmuch, the ecological theory is identified in the study by Brocious et al. (2022) as a way of understanding adjustments needed in Housing First to combat housing instability. Contrastingly, Hambrick-McClain (2021), used an ecological framework in exploring lived experiences in a transitional housing program

which found both positive and negative intersectional outcomes in the form of stressors and supports as influencers of behavior as a result of interactions with the environment.

An ecological viewpoint of the Housing First program is a way of uncovering microsystemic, mesosystemic, and macrosystemic barriers relative to lived experiences of housing instability (Sample & Ferguson, 2019). At the micro-level housing instability poses the risk of school dropout, community instability, and dense areas of poverty. Mesosystem-level risk factors have a more relational risk as family members are considered primary social and financial support (Priester et al., 2017). A macrosystem risk can be seen in the access to housing. For instance, due to a severe shortage of affordable housing and insufficiency of federal funding, low-income households face the problem of housing instability (Kang, 2019). The ecological theory is a part of the systems thinking framework that is explained as not just complex as in systems theory, but also adaptive through its interaction with the environment (Preiser et al., 2018). However, the systems theory will be used as a relevant framework to explore the complexities of housing instability.

## **Housing Instability**

### **Defining Housing Instability**

For many people with homeless experience, housing instability is a more appropriate term when describing their housing situation as it seems more like being ‘homeless and housed’ as opposed to being ‘homeless or housed’ (Sylvestre et al., 2018). Consequently, a homeless state has been found to occur for some individuals who have housing instability (Aubry et al., 2016; Taylor, 2018). Glendening and Shinn (2017),

define housing instability as persons experiencing homelessness and/or living with family or friends out of economic or financial necessity. Moreover, Cox et al. (2019) using the term housing insecurity subscribes for a common language in understanding the many domains of people with housing hardships. As such, housing instability is considered a dimension of housing insecurity where individuals and families do not have the ability to stay in a house of their own choosing for as long as they want without disruption (Cox et al., 2019). Likewise, Boland et al. (2018) used the term tenancy sustainment interchangeably with housing stability which can refer to prevention measures to help clients remain in their homes for a set period ranging from 30 days to 6 months. Definitions are varied when describing housing instability and there is no validated standard measurement tool for assessing housing instability (Boland et al., 2018; Cox et al., 2019). This may cause difficulty when analyzing and synthesizing other studies (Boland et al., 2018).

### **Outcomes/Consequences of Housing Instability**

Boland et al. (2018) are considered the first to focus on the social problem of housing instability as associated with other determinants of homelessness. Homeless individuals are more inclined to have poorer physical and mental health with less accessibility to help them than the general population (HUD, 2020; Miller-Archie et al., 2019). A person('s) inability to maintain adequate housing over a period of time can have detrimental consequences if not addressed (Boland et al., 2018). Those with housing instability have been found to develop feelings of disconnect, instability, and loss of ability to sustain relationships (Sylvestre et al. 2018). Additionally, homeless youth are



far more likely to have co-occurring mental health and substance use disorders, and there is evidence of behaviors in criminal activity as a survival response (Smith et al., 2017).

There are also adverse effects of housing instability which transcend through adverse health outcomes among substance users such as HIV and Hepatitis C transmissions (Nyamathi & Salem, 2021). Researchers have studied the influence of housing instability on the social determinants of health and have found housing instability to be linked to higher death rates and poor health outcomes (Aldridge et al., 2019; Chhabra et al., 2019; Nyamathi & Salem, 2017). Housing instability can also manifest into housing problems involving safety, quality, affordability, instability, and homelessness (PD&R Edge, 2018).

Researchers have found that resources that target removing structural barriers that lead to homelessness would better serve vulnerable families nearing housing instability (Glendening & Shinn, 2017). For those unsubsidized renters, the struggles to maintain housing has resulted in precarious housing conditions where they have very little control of their housing environment resulting in housing cost burdens and overcrowding (Kang, 2019). While substance use makes it difficult to afford housing with most of the money spent on buying substances, it is also difficult to address the substance use disorder when there is a lack of basic survival needs such as food and shelter (Fleury et al., 2021). Moving from homelessness to housing can improve one's sense of safety and well-being, even for those hitting structural barriers that 'blame the victim' for their situation (Padgett, 2020).

## **The Heterogeneity of Housing Instability**

Despite the increased need for healthcare and social services, youths, and individuals under the age of 24 who experience housing instability frequently encounter barriers (Sylvestre et al., 2018). Furthermore, earlier studies on homelessness among younger individuals have found them to be far more likely to have co-occurring mental health and substance use disorders (Smith et al., 2017). Correspondingly, Boland et al. (2018) found individual determinants including things like age and mental health; interpersonal determinants like social supports; community factors like neighborhood attributes that enhance a positive identity; and structural factors like state-funded supportive housing programs to be contributors to housing stability.

Discrimination has also contributed to housing instability for certain ethnoracial groups by limiting their housing options (Adams et al., 2019). While the extant body of knowledge on housing instability focus primarily on causal factors, structural barriers such as discrimination have been overlooked as an intersectional impact (Priester et al., 2017). Additionally, the inequity and inequality of affordable rental housing options for blacks have been exacerbated by the Coronavirus pandemic (Lake, 2020). In addition, anti-homeless laws like banning encampments, restricting sleeping in public places or cars, and limiting food-sharing in public have allowed marginalized and disenfranchised people to be targeted by law enforcement (Lake, 2020). The racial and socioeconomic disparities due to structural inequalities associated with marginalization, unemployment, and lack of affordable housing remain constrained and threaten housing stability (Fowler et al., 2019). Likewise, New York's statutory "right to shelter" has extended the problem

of housing instability through its legal rationale of building more shelters for those who are homeless versus permanent housing (Wusinich et al., 2019). Findings by Priester et al. (2017) give insight into the importance of identifying targeted populations when implementing housing interventions and policies.

### **Barriers Associated With Housing Instability**

Although there are considerable system and institutional barriers relative to housing instability, there is also a lack of descriptive information from individuals with homeless experience on the impact of various barriers they encounter when attempting to exit homelessness (Sample & Ferguson, 2019). Barriers can revolve around inaccessibility and lack of collaboration between systems and service sectors (Smith et al., 2017). For instance, when there is a lack of community integration in housing service systems, individuals tend to experience barriers to maintaining sobriety due to social isolation and an increased risk of living in dangerous neighborhoods (Ecker & Aubry, 2017; Sylvestre et al., 2018). Homeless families also experience similar barriers such as a lack of community resources, substance abuse and misuse, mental health issues, domestic violence, and lessened opportunities for higher education (Brott et al., 2019). For youths, barriers to obtaining stable housing include employment challenges, police discrimination, hot temperatures, transportation, and legal issues (Sample & Ferguson, 2019). In addition, survivors of IPV report barriers attributing to housing instability to include cost, landlord discrimination, and lack of documents with heightened barriers for immigrants and indigenous survivors (Gezinski & Gonzalez-Pons, 2019). Further, Wusinick et al. (2019) found that difficulty obtaining documentation, lack of

accessibility, lack of pet friendly options, and establishing homeless eligibility history as barriers. In a similar study by Kerman et al. (2019), barriers like ineligibility for services and lack of documentation produced avoidance of homeless services in outreach service efforts.

It was found early during the Coronavirus pandemic that populations consisting of homeless and substance users were particularly vulnerable (O'Carroll et al., 2021). For those experiencing homelessness and/or poverty, the directives from public health and government officials to shelter in place to disrupt COVID-19's spread have added to the social problem of housing instability (Romero et al., 2020). Conversely, the Coronavirus pandemic seems to have been a catalyst to already needed changes in dispensing harm reduction measures to people with homelessness and substance use experience (O'Carroll et al., 2021). System barriers must be broken and interrupted through a collaborative effort of interventions and policies that can produce a change in the way communities assist people with substance use issues.

### **Importance of Housing Stability**

Anthony Giddens (1984), a sociologist and theorist, spoke of the importance of housing stability to one's ontological security when moving from homelessness to housing (Padgett, 2020). This is further supported in Maslow's hierarchy which points to the sense of safety needed to be met before meeting other higher order of needs (Padgett, 2020). Findings from Glendening and Shinn (2017); Greer et al. (2016), suggest that the experiences of housing stability in the past will predict housing stability in the future. However, the way one will determine that an individual or family has achieved housing

stability may be difficult in developing programs, policies, and strategic directions of communities in preventing the problem of housing instability (Chhabra et al., 2019).

### **Government Actions**

Local governments and state authorities initially dealt with the problem of housing instability and homelessness without federal government intervention (NLIHC, 2020). It was not until the 1930s and what is known as the Great Depression that the federal government intervened with the National Act of 1934 after 1 million people became homeless (Griffin, 2015).

The Coronavirus pandemic has increased the difficulties and challenges associated with housing instability (Romero et al., 2020). On March 27, 2020, President Donald Trump signed the Cares Act of 2020 which aided in addressing housing stability and homelessness as a response to the Coronavirus (NLIHC, 2020). During the Coronavirus pandemic, evictions were suspended for 120 days starting March 27, 2020, for those living in a HUD funded property (U.S.HUD, 2020). Additionally, President Joe Biden signed an economic stimulus package in 2021 called the American Rescue Act to promote housing stability through immediate and direct funding relief (U.S.HUD, 2021). While the USICH (2019) considered housing stability as an essential component in communities that allows its members to work towards their goals by addressing barriers, the continuous social problem of housing instability is the central theme for exploring this co-occurring public health concern.

### **Substance Use and Housing Instability**

It is estimated that 1 in 5 homeless individuals in the United States have a substance use problem (Famutimi & Thompson, 2018). In addition, there is a higher prevalence of substance use, mental illness, poor oral hygiene, infectious disease, and chronic diseases in homeless populations (Aldridge et al, 2019; Wood et al., 2018). In retrospect, Housing First has had its challenges with its success in housing stability for individuals with a substance use disorder. Consequently, as the rate of overdose in the United States reaches epidemic proportions, Housing First's success in housing stability for individuals with substance use problems has shown no changes in the reduction of substance use behavior (Urbanoski et al., 2017). This is a potential gap that needs to be further explored.

#### **A Complex Problem**

Concerning the nature of cause and consequence, it is important that when exploring and researching this problem an understanding of how the complexity of the relationship between homelessness and substance abuse produces bi-directional implications (Famutimi & Thompson, 2018). For instance, the challenge that individuals face in addressing substance use without a safe place to live may result in participation in drug use to cope with the stress of being homeless. Housing instability can also be associated with service providers fostering stigmatization and discrimination towards this population (Kerman et al., 2019). Researchers have found that providing housing regardless of substance use is an effective way to prevent and reduce homelessness for substance users (Van Straaten et al., 2019). Thus, service delivery designs and policies in

meeting this public health demand will need to follow an integrated, interconnected, and interprofessional collaborative effort in addressing it.

Since the problem of housing instability has existed for a long time, one can assume that the demographic, geographical, and social characteristics of those experiencing housing instability have changed and evolved as well. For instance, homeless women who have expressed a willingness to actively participate in substance abuse treatment are noted to have experienced barriers associated with depression causing accessibility difficulties (Upshur et al., 2018). Subsequently, there is an indication that abstinence is the desired goal for substance treatment providers, and there is evidence of improved treatment outcomes for individuals in treatment who take on these abstinence-only goals (Collins et al., 2015). Contrastingly, a Canadian study by Cherner et al. (2017) claims Housing First had successful outcomes across variables of alcohol use, drug use, physical health, mental health, and community functioning at 24 months of housing stability compared to comparison groups. Inasmuch, the risk of overdose was linked to the lack of housing, poverty, and public injection of drugs (Vallance et al., 2018).

### **Solving a Complex Problem**

Integrative approaches and specialized recovery services like Housing First and Harm Reduction may be beneficial in addressing housing needs while addressing substance use issues (Smelson et al., 2016). A recovery approach to housing services specifies that an individual's ability to choose which services and housing accommodations they desire results in housing satisfaction, housing stability, and a

number of other important outcomes (Greenwood & Manning, 2016). Housing First prevents access barriers through low-barrier services and harm reduction supports (Kernan et al., 2019). There are also multiple studies on Housing First where authors claim that substance users can achieve housing stability through supportive housing (Miller-Archie et al., 2019). The support offered through Housing First may require stronger and more flexible harm reduction strategies when addressing substance use and mental health problems while still respecting autonomy and client choice (Cherner et al., 2017; Smelson et al., 2016).

## **Housing First**

### **Defining Housing First**

In 1992, Dr. Sam Tsemberis developed Housing First through a new program he founded called Pathways to Housing (Padgett et al., 2016). According to Tsemberis (2014), Housing First is an effective recovery supportive housing model that “demonstrates respect for consumer choice and that conveys acceptance and hope” (p. 277). Housing First assumes that a good foundation on which a person can start the process of recovery is through stable housing. According to the recovery approach, individuals in homeless programs can recover housing stability by gaining insight between their behavior and consequences when having an opportunity to make their own choices (Greenwood & Manning, 2016). Thereby, choice is an important element in combating housing instability.



## **Housing First as an Intervention**

Housing First is considered an evidence-based intervention that has been successful in resolving housing instability while also reducing reliance on acute service delivery systems and burdens on institutional systems (Kerman et al., 2019).

Consequently, Housing First is a platform from which people can grow and thrive in their communities through acquiring permanent housing. Housing First assumes that adequate housing is a basic right, and that right is not contingent upon a person's sobriety or willingness to accept substance abuse treatment (Andvig et al., 2018). Some individuals that become housed after homelessness recover a sense of home which is a driving force in achieving housing stability (Stahl et al., 2016; Woodhall-Melnik et al., 2017). In contrast, Sylvestre et al. (2018) found that sheltered individuals that find housing on their own will continue to struggle with housing instability due to low quality housing and disconnect from support services.

Yet, housing stability is still well established in Housing First programs. A systematic review indicates that Housing First is more effective in reducing homeless and improving housing instability (Peng et al., 2020). The strongest evidence of Housing First as a successful intervention in service delivery comes from reductions in hospitalizations and emergency room visits (Brown et al., 2015). According to Peng et al. (2020), Housing First achieved housing stability while reducing hospitalization and emergency room visits which resulted in a better quality of life. This provides proof in the notion that 'housing is healthcare'. More closely, Miller-Archie et al. (2019) found that one of the improved health outcomes of supportive housing can be found in the reduction of 'drug-

related' hospitalizations and an increase in outpatient substance abuse treatment. The cyclical and intertwining of homelessness and hospitalization requires a linking of Housing First service systems with medical health systems (Wood et al., 2018). Therefore, Housing First can be seen in reducing costs when compared to traditional approaches of "street to shelter to housing" (Wusinick et al., 2019; USICH, 2019).

### **Housing First Promoting Health**

Researchers have also found that stable housing has a branching effect in promoting stability in other areas of life because it offers an opportunity of rebuilding or starting over which supports the theoretical notion within Housing First (Woodhall-Melnik et al., 2018). This stability can generate a healthy pressure to create a new life by making fundamental changes (Stahl et al., 2016). Housing approaches like Housing First also provide support for the development of homeless youth through community integration that challenges stigma and biases about homeless youths as deviants who choose a homeless lifestyle (Sample & Ferguson, 2019). Nevertheless, although researchers have found Housing First programs to ensure housing stability without increasing substance use, the short-term health benefits of Housing First are inconclusive and there is no evidence of long-term health benefits (Baxter et al., 2019). In addition, there is little evidence of system changes as a result of implementing Housing First programs (Nelson et al., 2019).

### **Targets of Housing First**

Housing First targets chronically homeless people who have housing instability and/or long periods of homelessness combined with complex health issues (Collins &

Stout, 2021). Those who are chronically homeless that cycle between the streets and the emergency rooms are arguably the most vulnerable and marginalized group in society (Wood et al, 2018). Consequently, the prioritization of housing for the most vulnerable has a potential systemic barrier within Housing First programs because it has the possibility of unequal expectations on what constitutes the most vulnerable person based on characteristics of what one looks or acts like (Osbourne, 2019). Contrastingly, there is a detrimental intersection of IPV and housing stability that requires Housing First programs to extend beyond its current repertoire to meet the needs of other populations (Thomas et al., 2021). Inasmuch, the unique needs of survivors of IPV are addressed through the tailoring of Housing First in its trauma-informed approach to homelessness (Gezinski & Gonzalez, 2019; Sullivan & Olsen, 2016). Recognition should also be made for persons mandated by the criminal justice system to participate in treatment and maintain sobriety as part of their housing through Housing First approach-funded pathways (Polcin, 2016). Urbanoski et al. (2017) found Housing First to produce no changes in substance use behavior, however, his research supports previous studies of the effectiveness of Housing First for individuals with substance use problems. Conversely, critics argue that Housing First's lack of incentive to encourage substance users to make the upfront commitment to abstinence before housing may result in negative outcomes (Baxter et al., 2019).

### **Studies on Housing First**

Researchers that conducted a randomized controlled trial of the 'At Home/Chez Soi project' in Canada assigned participants to either a Housing First or traditional housing

and found that individuals receiving Housing First services achieved stable housing at 73% at 1 year follow up (Volk et al., 2015). In another study called the Vancouver At Home study, there were two randomized controlled trials of Housing First in examining the relationship between substance abuse and housing stability whereas there was no significant association between substance use and housing stability (Palepu et al., 2013). Other Canadian Housing First programs have been found to be effective in engaging and housing people with substance use problems (Urbanoski et al., 2017). The results of these studies support an integrative approach of housing and supportive services to assist individuals with homeless experience and have substance use issues. This is consistent with previous research that reports on average 80-85% of participants achieved housing stability (Appel et al., 2012; Pearson et al., 2009; Tsemberis et al., 2012).

Tsemberis et al., (2012) reported a 97% rate of housing stability of Housing First clients, and Appel et al. (2012) reported an 81% rate of housing stability for opioid addicted Housing First clients. Similarly, Pearson et al. (2009) conducted a longitudinal study that reported an 84% rate of housing stability in several Housing First programs in three cities. Urbanoski et al. (2017), studied the effectiveness of Housing First on individuals with substance use disorder and found it to be reasonably successful at housing stability regardless of an individual's substance use activity. Correspondingly, Collins et al. (2019) examination of data from a pilot Housing First program to explore program functioning and client service use patterns found that staff efforts in providing case management to overcome client barriers to self-sufficiency had limited success. In another study by Latimer et al. (2020), the analysis shows a significant cost offset when

implementing Housing First programs as an interventional solution to ending homelessness. In a more recent study, Tinland et al. (2020), found that Housing First was effective in increasing housing stability while decreasing emergency room visits and inpatient hospital stays.

### **Harm Reduction Within Housing First**

Conversely, Housing First environments that have residents actively using drugs may not be an ideal referral source for potential homeless residents who work to stay sober and avoid relapse (Polcin, 2016). This is especially important to consider when social support systems are absent, and Housing First environments become a primary recovery tool. Housing First uses a harm reduction philosophy that works along a spectrum (e.g., safely using, managing use, and abstinence) (National Harm Reduction Coalition, 2020). Thus, harm reduction interventions and supportive services offered through the Housing First program may not equate to improvements in substance use when emphasizing the central focus of consumer choice without preconditions (Cherner et al., 2017).

Kang (2019) found that economic security, automobile ownership, shared living arrangements, and personal vulnerabilities are primary mechanisms contributing to housing stability. Inasmuch, housing may be more of a motivator for maintaining recovery than achieving abstinence. In the study by Pruitt et al. (2018), clients in a Housing First program reported a sense of more agency as they were able to choose their housing unit, develop their recovery plans, and have power over their lives which strengthened their connection to community. Individuals have more agency in tailoring

their supports by selecting the supportive services they need and want based on their own unique situation. Therefore, behavioral changes that promote housing stability may require a more tailored harm reduction approach when engaging residents.

## **Harm Reduction**

### **Defining Harm Reduction**

Brunt (2017) claimed that drug use is an ongoing health, political, legal, and economic problem. As such, harm reduction considers drug use as a common characteristic of life experience (Ponka et al., 2020), while Boucher et al. (2017) found that substance users are intentional in practicing harm reduction daily. Harm reduction was defined by Harm Reduction International (2020) as

policies, programs, and practices that aim to minimize negative health, social, and legal impacts associated with drug use, drug policies, and drug laws. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

Harm reduction recognizes that drug use is to be expected in our society, and a nonjudgmental approach at reducing drug-related harm behaviors is a more practical option than the elimination of drug use or abstinence. Harm reduction approaches to problematic substance use have been framed as a public health response that can be applied to a variety of areas including housing, substance use, and mental health (Boucher et al., 2017). While harm reduction strategies have grown in popularity for promoting housing stability, case management interventions were shown to improve housing stability when targeting complex populations (Ponka et al., 2020).

## **History of Harm Reduction**

The terminology of harm reduction had its beginnings in Europe and gradually became a world-wide health prevention approach to support substance users while decreasing problematic behaviors of the unintentional harm of injecting drugs (Vakharia & Little, 2017). The beginnings of harm reduction started in the 1980s from the emergence and widespread of HIV/AIDS (Drunker and Crofts, 2017), which later grew from its political and social linkage to substance users who inject drugs (Boucher et al., 2017). Around the year 1984, the Netherlands opened the first needle exchange program as a harm reduction strategy due to an outbreak of Hepatitis B (Drucker & Crofts, 2017). Harm reduction was on its way as an interventional approach. Harm reduction grew more widely as a practice after drug policies acknowledging the continued use of illegal substances despite their law enforcement efforts and moved towards a more pragmatic solution (Brunt, 2017).

## **Theory in Harm Reduction**

Harm reduction is rooted in Prochaska and DiClemente's transtheoretical model of change (Prochaska & DiClemente, 1992). The transtheoretical model of change, also known as stages of change, works with individuals along a continuum of decreasing personal risk and toward the ideal of sobriety. Harm reduction helps clients take small steps toward desired goals while maintaining a positive attitude and direction. Once public health officials acknowledged the transmission of HIV through drug injection use, the CDC sent a strong message urging for a cease in needle sharing (Drunker and Crofts, 2017). While socio-structural barriers discourage the benefits of agency, self-care, and

community brought on through substance users practice in harm reduction (Boucher et al., 2017), harm reduction is an appropriate way to address the critical and difficult problems that don't have an immediate solution (Drucker & Crofts, 2017). The dignity and rights of the substance user are respected, and services being delivered endeavor to be user friendly in the way they operate.

Harm reduction approaches also recognize that, for many, dependent drug use is long-term requiring responses that accept the drug use behavior. In accordance with the self-determination theory (Deci & Ryan, 1985), motivation, autonomous self-regulation, and mastery is important in promoting healthy behavior that is sustainable through enhancing one's motivation and engagement with services (Chen et al., 2019). When applying the self-determination theory, relationship building is important between providers and substance users so that services are offered with autonomy, acceptance, and positive warm regard (Chen et al., 2019). In this, harm reduction seems to help the individual with extreme health risks to manage their behaviors.

### **Harm Reduction as an Intervention**

Hedrich and Harnoll (2021) stress that the scientific evidence on harm reduction used in various social contexts proves that single harm reduction interventions are more effective when joined as a broad system of facilitating public policy, healthy lives, and safer social environments. Boucher et al. (2021) found that substance users most often use harm reduction practices such as moderation, cognitive skills, and community engagement. Service providers are also tasked with encouraging Housing First clients to be self-initiating versus being pressured to make better decisions. Harm reduction



strategies have a social interventional foundation that allows changes within environments of behavioral risk in various domains (Boucher et al., 2017). Politics, economics, health, and social justice are only a few. In that harm reduction is used in various forms and ways to improve specific individualized life circumstances for substance users, harm reduction can be considered a ‘means to an end’.

### **Integrating Housing First and Harm Reduction**

There are still challenges for homeless delivery service providers in managing homeless services, whereas the belief that poor choices are the reason for housing instability can result in consumer choice restrictions (Greenwood & Manning, 2016). The seemingly wavering of Housing First approaches produces inconsistencies and ineffectiveness in some homeless programs that claim to follow a Housing First approach. Although there may be varying by subpopulation, Housing First residents are not only housed quicker but tend to remain in the housing program for a longer period of time which is associated with high success in housing stability (Woodhall-Melnik et al., 2018). Therefore, there is a great need for scholars, service providers, and policymakers to advance effective intervention and implement into policy evidence-based strategies to smash the status quo and create social change.

The implementation of harm reduction into Housing First programs has been promoted as an effective integrational strategy when assisting individuals with substance use disorder (Mancini et al., 2008). Individuals with substance use problems who are housed tend to continue to need professional support in connecting them to services to ensure improved health and well-being (Sylvestre et al., 2018). There is evidence

supporting Housing First and certain harm reduction strategies as a housing option that permits varying degrees of substance use activity (Pauly et al., 2018). In addition, the Veteran Administration (VA) continues to effectively see reductions in veteran homelessness through homeless prevention strategies of supportive housing services and resources (Cusack et al., 2020). Studies on homeless approaches like Housing First, harm reduction, and supportive housing have emphasized the importance of housing stability as the platform for measuring its success (Boland, 2018).

### **Summary and Conclusions**

Housing First promotes not only housing stability but also client choice, and community partnership (Somers et al., 2015). It is also important to note that Housing First policy interventions are more successful if implemented at an early stage (Kang, 2019). Housing First demonstrates the security of private stable housing as an alternative to the instability and safety concerns of shelter living (Wusinich et al., 2019). Sylvestre et al. (2018), found that individuals that are stably housed show signs of emotional well-being through feelings of security and develop a sense of pride and identity. Consumer choice is a core principle in Housing First and an important element of the harm reduction approach.

Harm reduction interventions like case management and motivational interviewing provide support to Housing First residents that can enhance substance users' motivation to change their substance use behaviors and promote housing stability (Kennedy et al., 2018). The expectations of recovery from addiction within traditional housing programs can introduce additional obstacles for substance users and create

barriers to exiting the cycle of homelessness (Brott et al., 2019). Motivational interviewing can address the most pressing issues like substance abuse. According to Henwood and Tiderington (2017), using motivational interviewing as a harm reduction strategy while engaging clients in a Housing First model is necessary for achieving housing goals. However, despite harm reduction being an essential component of Housing First it is often overlooked during program implementation (Watson et al., 2017).

While the provision of housing can change the path of individuals facing multiple disadvantages, intersectional discrimination may increase housing instability (Beltran et al., 2019). According to Lake (2020), there is a long history of racial discrimination against blacks within the rental housing market that has caused housing instability for the black population. In addition, ethnic minorities that experience housing instability are at greater odds to have experienced poverty, discrimination, and victimization (Beltran et al., 2020). The success of housing prevention and retention strategies will partly depend on understanding what characteristics are prevalent to those at risk of housing instability (Priester et al., 2017). Likewise, it will be important for harm reduction strategies to be relative and respectful towards cultural, racial, behavioral, and sexual social identities. Boucher et al. (2017) believed that the perception of substance users by those in positions of authority leads to the requirement for harm reduction to be conceptualized through the lens of substance users themselves.

Conversely, the voices of individuals with lived substance use experience are often left out of the implementation of harm reduction interventions within programs

(Boucher et al., 2017). As such, affected individuals and communities are excluded from adding meaningful experiences that may help housing programs be more effective in their service delivery. Consequently, there has emerged a false narrative indicating homeless individuals to be “resistance to services” and deemed “hard to reach” (Wusinich et al., 2019). This service resistance narrative does not consider the system barriers which can deter those who would normally accept housing services based on preference and needs (Black et al., 2018). Inasmuch, a harm reduction philosophy does not prohibit substance use, and Housing First case managers will not intervene unless the substance use issue leads to behavior problems or the potential for housing instability (Dickson-Gomez et al., 2017). This client-driven approach to care for substance users seems to effectively engage those that leave doors open, and for clients that may be ready to participate in treatment services at a later time. Harm reduction is based on key principles of targeting risks through incremental improvements while its effectiveness points to its controversial focus on preventing harm rather than preventing substance use.

Since the philosophical change from housing-ready to using a Housing First approach in ending homelessness, people experiencing homelessness have decreased (Priester et al., 2017). The interrelationships of various systems may provide opportunities for improvements in housing stability through community supportive services. To target the lack of accessibility for youths, consistent and appropriate screening measures are suggested at health and social service systems entry points to positively impact younger individuals who have mental health or substance abuse issues (Smith et al., 2017). Pahwa et al. (2019) explored the nature and quality of family system

social ties in the recovery of individuals with serious mental illness and substance abuse and how these ties relate to experiences of community. Researchers have also found that social support provides a shield of protection and a vital resource for families by connecting them with childcare, transportation, and other needed resources that can break down barriers that lead to housing instability (Brott et al., 2019). In addition, Miller-Archie et al. (2019) found that stable housing resulted in a decrease in ER and hospitalizations over 2 years with an emphasis on substance users who were not in treatment for their substance use. Integrating a system change theory in the early stages of Housing First implementation has also been found to enhance housing stability for individuals with comorbid mental illness and substance use problems (Worton, 2020). With movements towards Housing First as a philosophical approach to ending homelessness, more research is needed in exploring components like harm reduction when providing housing services as part of the inclusion and exclusion of various subpopulations of homeless people in informing both theory and practice. Nevertheless, by using a systems theory framework, Housing First can be seen as a complete systems-level orientation that can address the needs of substance users and/or any other level of housing assistance and services for other populations in need.

## Chapter 3: Research Method

### **Introduction**

The purpose of this generic qualitative study was to explore the perceptions and experiences of individuals with substance use and homeless experience who have achieved housing stability at a Housing First program. The Housing First program under study is located in the city of Baltimore, Maryland. The research question explored the perceptions of individuals with substance use and homeless experiences on how harm reduction interventions helped them to overcome system barriers and achieve housing stability. In Chapter 2, I discussed the prevalence, definitions, heterogeneity, influential factors, and disparities within the complexities of housing instability. Also in Chapter 2, I brought to light the lack of research on substance users' lived experiences relating to the evidence of housing stability for Housing First program participants based on their perceptions of harm reduction.

In this chapter, I outline the qualitative research methodology associated with this study. I highlight the qualitative design and rationale and my role as the researcher. I also cover anticipated sampling procedures, such as participant recruitment and selection, instrumentation, sample size, data collection, and analysis. This chapter outlines the research methods and processes used to assist in the understanding of systemic barriers associated with the problem of housing instability for substance users and how the integration of Housing First and harm reduction affects this vulnerable population.

### **Research Design and Rationale**

For this study, I chose a generic qualitative study design. A qualitative study approach is important in allowing the gathering and exploration of perspectives, barriers, and worldviews from individuals with substance use and homeless experiences on their ability to remain stably housed (Brown, 2019). Harm reduction used within Housing First was the focus and critical element for invoking social change. This was an appropriate research design to gain in-depth meaningful knowledge that can extend previous research on Housing First and its harm reduction philosophy useful in achieving housing stability. First-person perspectives have also been used effectively in examining housing stability and system involvement through employing multiple data sources (Collins et al., 2019). This was key in dealing with an extremely vulnerable population involving what could be deemed sensitive information.

### **Research Question**

The focus of this generic qualitative study was to identify first-hand perspectives from substance users on how harm reduction helped towards Housing First goals of housing stability. The primary purpose of this study was to answer the following research question: What are the perspectives of individuals with substance use experience about harm reduction strategies for overcoming system related barriers within Housing First programs?

### **Role as Researcher**

For this qualitative study, I took on the role as the primary instrument for collecting data. This included interviewing study participants through a semistructured

interviewing approach, audio recording of all interviews, making observations, taking field notes, as well as coding and analyzing of the collected data. As the primary researcher, I legitimized my role by lending focus as an equal partner in improving the problem of housing instability by showing unconditional positive regard so that the participants could feel an equal balance of learning and discovery. As an interviewer, I conducted the in-depth semi-structured interviews in an intentionally objective and comprehensive way. A reflective stance was taken to manage research bias as there are housing instability and substance use experiences in my personal and family history. I practiced self-awareness and considered curtailing my own values and beliefs. According to Elmir et al. (2011), building trust and a level of rapport can start with recruitment, and telephone calls and/or emails could be beneficial before the official interview. As the data collector, I collected data through audio recording, observations, note-taking, coding, and analyzing interview data gathered from the interviews.

## **Methodology**

### **Sampling Procedure**

All participants were recruited using a purposeful sampling strategy. Purposeful sampling refers to an intentional effort to identify individuals whose perspectives can help to extend and guide the study (Hamilton & Finley, 2020). I initially sent out requests to leadership at various Housing First programs for permission of participation in this study and to assist in the recruitment process. The eligibility criteria for participant selection were based on Housing First program residency, 1 year of housing stability, substance use experience, and connection to supportive and clinical services. A sampling



size of 10 participants was used. According to Malterud et al. (2016), a formal qualitative study design that has a narrow aim of study, highly specific participants, strong interview questions, and a supported and established theory will have between 15 and 20 research participants.

The Housing First program was asked to assist with the recruitment process by posting the invitational flyer and providing a list of potential participants who met the eligibility qualifications for the study. According to Moses and Korstjens (2018), in a purposeful sampling strategy, the researcher uses their judgment in selecting potential participants based on who will be most informative. The Housing First program that had adequacy in line with this study (e.g., a sufficient number of potential participants, satisfactorily meets eligibility criteria) was chosen, and an invitational flyer was sent out to the potential participants. It was noted on the invitational flyer that interested participants to contact me via telephone and/or email. The purposeful sampling strategy can be considered a way of ensuring that the selected research participants are especially informative and produce rich data (Palinkas et al., 2015). Informative power is a concept used in qualitative methods that proposes that there is a need for fewer participants when the sample can produce more relevant information (Malterud et al., 2016).

### **Data Collection**

Data were collected through semistructured interviews and were audio recorded. Along with interviews, I conducted observations and note taking. The preparation and solidity of the interview guide could significantly impact the data collected (Hamilton & Pinley, 2020). All interview questions were included in the interview guide; however,

room was left for unstructured exploration in the form of probes to elicit rich descriptive data from the participants. The interviews were scheduled for 60-minute time slots. I used a targeted approach when conducting the interview whereas there was a narrowing of sampling size along with a limited number of semistructured questions, found in Appendix A. A debriefing for research participants was done following the interview, found in Appendix B.

### **Data Analysis**

A thematic analysis for analyzing the semistructured interview responses was conducted to identify themes within the interview data. The emerging themes can produce rich descriptions of the strengths of different strategies used in achieving housing stability (Dickson-Gomez et al., 2017). The thematic analysis, as documented by Braun and Clarke (2006), was conducted as a six-phased method. In accordance with Nowell et al. (2017), the researcher is to (a) spend an extensive time period reading and reviewing the interview data so that they are familiar and spark ideas, (b) generate initial codes through identifying important sections of text in the data and attaching labels to them, (c) use an inductive approach to obtain the most rich data descriptions, by searching and identifying patterns and themes in the codes, (d) review and refine the themes from the extracted coded data to ensure the themes reflect accurate meanings across the interviews, (e) define and name the themes, and (f) produce a clear and concise report of what was done. Of particular interest were themes related to participant experiences and preference for specific harm reduction strategies that helped them to stay housed. Thematic analysis provides a useful approach for novice researchers in examining

perspectives and unexpected information that can be organized and summarized in a well-structured final report (Nowell et al., 2017).

### **Credibility**

For this study, credibility was gained by identifying and addressing the perceptions of the research participants. I sought data triangulation by using multiple data sources to cross-check and carefully merge field notes and resident interview data to produce a rich and thick qualitative data set to provide dependability to this study. Credibility was also increased through member checks and allowing participants to discuss with me the data gathered from the interview and to give feedback on whether they fairly represented their views and experiences. Triangulation and member checks are techniques used to establish trustworthiness and support data credibility (Collins et al., 2019). The selected Housing First program had scattered-site resident locations. To provide transferability, participants did not live in the same housing complex or street location and covered stably housed individuals across the various neighborhoods of Baltimore city. According to Korstjens and Moser (2018), gathering data from different persons housed at different sites and on different days assists in maintaining credibility (Korstjens & Moser, 2018). Using this purposive sampling strategy can enhance transferability because of its nonaggregate nature of the data being collected to be related to the research question and in the context of the study's purpose. I kept detailed records, including field notes and journal writings with my subjectivity during interviews and observations. To enhance dependability and confirmability, the research project was documented and followed so that it can be tracked and replicated.

**Ethical Considerations**

I was granted IRB approval from Walden University to begin conducting this research on August 12, 2022 (no. 08-12-22-1014384). Institutional guidelines were followed throughout the study. I kept an attitude of respect, sensitivity, and delicacy toward all of the participants throughout the study with respect to ethical considerations. I did not collect any personal or sensitive information about the participants to ensure anonymity and to reduce exposure to the risk of harm. All participants were provided with a debriefing to discuss the specifics of the research study (see Appendix B). I practiced reflexivity throughout the study to reduce researcher bias when the participants were being studied, questions were being asked, data were being collected, and results were interpreted (see Berger, 2015). I was mindful of the perceived power imbalance between the researcher and the participant. I considered the importance of a conducive environment of trust and transparency. A high level of trust is required when conducting the semistructured interview due to sensitive and personal information that is revealed directly to the researcher (DeJonckheere & Vaughn, 2018). I needed to ensure that the participation in the study and answers from participants did not influence the services they received from the housing program nor impact their housing stability. Therefore, interview data, audio files, and field notes are kept in a secure location, and are only accessible to me; they will be appropriately discarded within the guidelines of the university.

## Summary

This qualitative methodology was designed to answer how and why questions relative to this research strategy for implementation. The study used a generic qualitative design approach to explore the perspectives and barriers that substance users overcame through harm reduction efforts to achieve housing stability. The purposeful sampling strategy was an intentional means of obtaining the most informative participants who gave this research project the best edge for producing useful data to extend current research. The systems theory was used as the framework for exploring how substance users make behavioral changes based on clinical and supportive harm reduction services provided through the Housing First program. The study used a narrowly targeted approach to collecting data, which was beneficial in producing reliable data that are analyzed in Chapter 4. I believe it to be well-suited for discerning systemic barriers as well as a way to explain the harm reduction practices useful in Housing First programs to foster individual behavioral and social change through policies and communities.

## Chapter 4: Results

### **Introduction**

The purpose of this generic qualitative study was to explore the perceptions and experiences of individuals with homelessness and substance use experiences who have achieved housing stability in a housing-first program in the urban city of Baltimore, Maryland. In this qualitative study, I sought to gain an understanding of this hard-to-reach population through the systems theoretical framework. The research question for this study was as follows: What are the perspectives of individuals with substance use experience about harm reduction strategies for overcoming system related barriers within Housing First programs? In this chapter, I provide the results of this study and include the setting of interviews, demographics, data collection, data analysis components, and evidence of trustworthiness.

### **Setting**

At the time of the study, the COVID pandemic had made a resurgence, and boosters were encouraged. Participants were given the option of telephone or face-to-face interviews at a local branch public library. The face-to-face interviews were held in quiet and private rooms with doors to minimize interruptions and to be able to obtain a clear audible recording. I made sure that I was in a secure private room when conducting and audio-recording telephone interviews. I also asked the participants who were having interviews over the telephone if they were in the privacy of their homes, and if they were not, I suggested that they find a secure and private space in their homes to conduct the

interview. Some telephone interviews were mutually agreed upon to be rescheduled to ensure privacy.

### **Demographics**

Participants of this study were stably housed at a housing first program called Homeward Bound and living in scattered site locations in the urban neighborhoods of the city of Baltimore, Maryland. The partnering agency provided me with the names, telephone numbers, gender preferences, and email addresses of potential participants. I was personally contacted by the participants to volunteer for the study via telephone/email after they received the research invitation flyer. The research flyers were posted at the partnering agency and sent out via mail/email. Demographic information is captured in Table 1. There was limited personal data provided from the 10 research participants. Data captured included name, email, phone number, and gender identity/pronouns if given. Including research participants' gender identity and pronouns was a respectful way to allow space for inclusion and additional comfort.

During the interview process, each participant was associated with a pseudonym, which prevented the need to track interview results based on their name. Each participant was associated with the letter P for the participant and the ordered number, 1 to 10, of the interview. In the study, participants will be referenced as P1 to P10.

**Table 1***Demographics*

Participant	Face- to- face / Telephone	Gender identity/pronouns
P-1	Telephone	Male
P-2	Face-to-face	Male/he him his
P-3	Telephone	Female/she her hers
P-4	Face-to-face	Male
P-5	Face-to-face	Trans female/she her hers
P-6	Face-to-face	Female
P-7	Face-to-face	Male
P-8	Face-to-face	Male
P-9	Face-to-face	Trans/they them theirs
P-10	Telephone	Male

**Data Collection**

Ten participants were interviewed for this generic qualitative study. The participants were scheduled for interviews in person or over the telephone. They selected their preference for in-person versus telephone interviews. There were collaboration efforts between myself and the participant in scheduling telephone interviews as well as choosing library location dates and times for in-person interviews. Participants were first provided with information about the study before the face-to-face or telephone interview started. All interviews were audio recorded using a digital audio recorder and lasted



between 30 and 60 minutes. The semi-structured interview was conducted individually and followed the research design that was directly linked to the research question. The digital recordings were transcribed verbatim and put in a Word document. All data were collected and stored on a password-protected laptop that I personally own.

### **Data Analysis**

I manually transcribed the responses from the audio-only recorded device I used when conducting the semi-structured interviews. Multiple replays of the audio-recorded interviews were done to ensure transcription of data was accurate. The initial plan to use NVivo software was changed after problems with software platform use and acquisition were encountered. A reflective thematic analysis approach was used in analyzing the data. I first familiarized myself with the data in two ways. The first way was during the transcription process where multiple replays of the recordings were done to ensure data accuracy. The second way was intentionally immersing myself in the data by reading them repeatedly. The manually transcribed responses were typed into a Word document. I next performed a coding action of highlighting data passages with a variety of different marking colors that were relevant to the research question. The data passages were then labeled via codes. Next, general themes were generated from the codes. Further analysis of the data involved themes being reviewed, modified, and/or discarded based on their relatedness to answering the research question.

All participants were asked seven general open-ended questions that may be followed up with probing questions to explore deeper thoughts and responses. Through the thematic process of analyzing data, six themes emerged (Table 2). The themes were

housing preference and affordability, assertive case management and supportive services, readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups.

**Table 2***Themes Emerging From Interviews*

Theme	Codes	# of times coded	Question#
Housing preference and affordability	Housing	8	1,2,3,4,5,6,7
	Diversity	2	
	Neighborhood	3	
	Preference	6	
	Housing subsidy	4	
Assertive case management and supportive services	Caseworker/manager	15	1,2,3,4,5,6,7
	Bill pay	20	
	Health care	4	
	Furniture	2	
	Budgeting/Finances	5	
	Visits	3	
	Resources	9	
	Food	6	
	Transportation	8	
Readily available behavioral health sessions and groups	Therapy	14	1,4,5,6,7
	Treatment programs	2	
Ontological security	Security	7	2,3,4,5,6,7
Family and community engagement	Other people	10	1,2,3,4,5,6,7
	Friends	3	
	Support	3	
	Talking	2	
	Family	4	
	Neighbors	6	
	Community activities	3	
Outside self- help groups	AA/NA	4	4

## **Evidence of Trustworthiness**

### **Credibility**

To promote credibility, peer debriefing was implemented through discussions with a peer throughout the analysis process. Peer debriefs involve a deductive reasoning approach so that the peer can look at the data from the themes in order to determine whether the themes are supported by the data and whether enough data were collected. In addition, all 10 participants were offered a space where I shared with them their transcripts of the interview to give them an opportunity to hear, reflect, discount, or make any changes if needed. All 10 participants took me up on the offer; however, this process resulted in no adding, changing, or deleting of information.

### **Transferability**

Transferability is enhanced when detailed inclusion and exclusion criteria are specified in the study (Campbell et al., 2020). The participants in my study were all recipients of supportive housing from the Housing First program called Homeward Bound. These participants had homeless, and substance use experience and were stably housed in scattered site housing within the urban city of Baltimore, Maryland. Only stably housed individuals who were receiving services through the Housing First program were interviewed. The descriptive details included in the study can help readers obtain a clearer picture and enhance their ability to compare this study to other similar contexts and settings.

**Dependability**

To ensure dependability, the research method as well as the research questions were approved by the university's IRB. According to Johnson et al. (2020), proper research practices must be reported in detail so that the study can be repeated. I followed the research design as outlined in Chapter 3 and ensured integrity through the secure keeping of interview recordings, transcripts, and researcher notes. Details were provided in a manner to allow for replication of this study by future researchers.

**Confirmability**

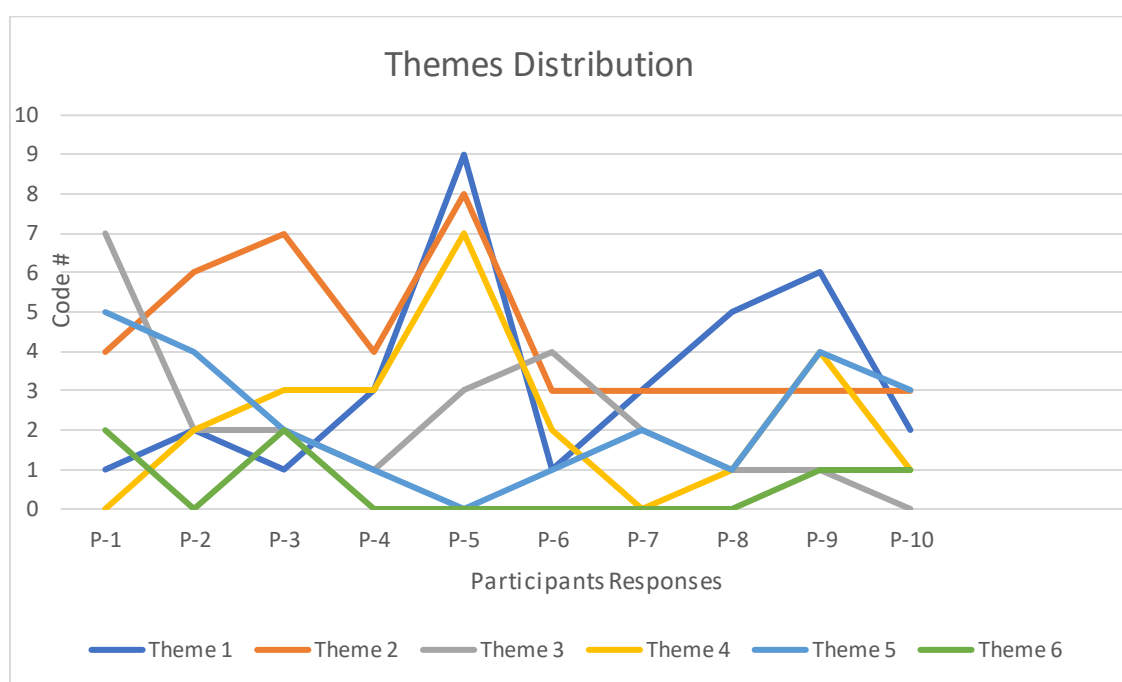
To address confirmability, I considered the collection of data as well as the data analysis with an unbiased mind. I continually used a posture of reflexivity as I have lived experiences related to this study. To maintain an atmosphere of neutrality, general questions were the starting point of the interview before more specific and sensitive questions were asked of the participant. I paid attention to any researcher bias and ensured that preexisting assumptions about the study were not in play.

The research question was as follows: What are the perspectives of individuals with substance use experience about harm reduction strategies for overcoming system related barriers within Housing First programs? Systems theory was used as the theoretical framework for this study. Systems theory sends a message regarding the inability to explain behavior within complex systems just through analysis of its individual parts (Nourazari et al., 2021). The theoretical framework of systems theory allowed for the exploration of the complexities of individuals with substance use in achieving housing stability without fixating on isolated elements. Figure 1 displays how

the dissemination of participant responses corresponded to each emerging theme. Figure 1 also indicates the themes assertive case management and supportive services and housing preference and affordability as being significantly considered in the participants' responses to the interview questions.

**Figure 1**

*Theme Distribution*



### Thematic Results

#### Theme 1: Housing Preference and Affordability

Housing preference and affordability were one of the two themes that emerged from all the participants in the transcripts. According to the interview responses in the transcripts, the type of housing and voucher subsidy played an important part in their housing stability. Participant P-4 said,

They got the voucher. They helped me find my house. They are doing a good job. I got a ramp and a front porch. I got animals around until you a mile down the road. I'm away from everyone. Most of them are dead anyway.

Participant P-4 lived at a similar housing location as other participants, which was secluded from others. In contrast, Participant P-2 responded to his housing preference by saying,

I am living on North Ave. I have a one-bedroom apartment. And Um I like it. Like I am in a building with about 40 different apartments. Um, there is a mix of people. Um, different culture and ethnic groups.

The Homeward Bound Housing First program provides subsidized housing according to the federally funded HUD requirement. In that, they have provided flexibility towards rental payments, which are usually 30% of the tenant's income.

## **Theme 2: Assertive Case Management and Supportive Services**

Assertive case management and supportive services was the other theme that emerged from the responses from every participant in the study. Not only did this theme emerge from all participants but the theme came about as a result of the most relative codes. Assertive case management and supportive services are considered the things associated with case managers and other providers of supportive services in helping the tenants acquire resources to sustain their housing. These include financial help for rent and utilities, food resources, transportation assistance, escort to appointments, housing search, referral processing, and other navigational means of paperwork. These forms of advocacy supportive services were meant to aid individuals in overcoming system

barriers and achieve housing stability. Participant P-1 said, “I got a good case worker.... She makes sure all my bills are paid.” P-1 followed by saying, “I always get help for things that I need. Like my furniture, they helped me get a voucher for my furniture when I first moved in the house, and they help me when I need help.” Participant P-3 also reflected in her satisfaction with the case manager and social worker, particularly on the services they provided at the Housing First program. She said,

Trying to communicate directly to the landlord was a little challenging for me. But I got help from my case worker; my social worker – she helped me out with that too. She came with me to discuss if something was broken; also, she made sure he got his payment on time. She was there to help me figure that all out, so it made my living there a lot more easier. It made me feel I wasn’t alone because I hadn’t had that. I have lived a rough life so having somebody like her was like um pretty great.

### **Theme 3: Readily Available Behavioral Health Sessions and Groups**

While individuals are not required to receive treatment for substance use disorders when enrolled in Housing First programs, behavioral health services continue to be offered as a service provision (Substance Abuse and Mental Health Services Administration, 2023). The Homeward Bound program in this study used a central person who managed caseloads known as therapist case managers. These staff members are licensed social workers with the ability to perform a holistic delivery of supportive housing services including psychotherapy, intensive case management, and supportive services. Most participants talked about their participation in behavioral services.



Participant P-9 reflected upon this in this way: “So I am supposed to see my therapist, but my poor therapist has to be my PRP and my counselor, and my therapist, and my pastor. There is a lot of people wearing many hats.” P-9 talked about issues with funding Housing First programs and the potential burn-out of staff because of them having too many roles with a heavy caseload. Participant P-6 reflected upon the sometimes ambivalence and environmental challenges of stopping the usage of drugs. She said,

I went into a program for 6 months and I was good to go. All that I have to do now is stop smoking weed. I just can't seem to stop. I want to stop. I really want to. Cause it ain't doing nothing but costing me more money. That I don't got. Yes, and that scares me too. I don't know. With the man downstairs. That's all he do is smoke weed.

#### **Theme 4: Ontological Security**

The emerging theme of ontological security came from the sense of safety participants felt as part of their permanent supportive housing attainment. Participant P-4 made a profound statement. He said, “I don't have to worry about nobody burning my tent down.” Participant P-5 talked about the negative side of not accessing needed services relative to safety and security. She said,

So, I need my vehicle and that is something I can't access from them. Like I still get traumatized in public spaces. I just don't know who's around me and cause I still have BGF members you know that will eventually going to cause me harm. They still. Whatever way the situation I am in; it makes me nervous and it makes

me not want to be out in public but at the same time I got to make some ways for ends to meet.

### **Theme 5: Family and Community Engagement**

The emerging theme of family and community engagement was evident from the responses participants gave regarding their ability to get things they need outside of the Housing First program. Interview question #4 asks: Can you tell me about your recovery supports? Participant P-10 answered this question :

I didn't do this by myself. Even though I was still drinking. I was in church. But the Lord took that taste out of my mouth and my life had got better. I really don't be around people. Really, I lean on God and I have my kids. Me and my daughter. We have a good relationship. It wasn't always like that. My sisters and them, the ones that are still here, and my nieces, nephews, and my daughter. I get the upmost respect from them.

Similarly, Participant P-7 said,

I met good friends. I was able to establish myself with my family which was a big thing. See that they are not worried that I am out on the streets and I have an established place especially my daughter which has been really great.

P-7 also mentioned his ability to join service providers in the community. He said,

Changing people places and things have been the biggest part. Changing Lives is a program that I started going to that has been pretty good and like I said just not hanging around that bad vibes. This place has helped me a whole lot. Plus having

bills to pay now. You know not paying your bills can mean you are going to be out that door.

### **Theme 6: Outside Self-Help Groups**

The theme of outside self-help groups also emerged when participants responded to interview question #4 – Can you tell me about your recovery supports? It was disclosed by some participants that 12-step recovery programs like AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) were prominent in their recovery.

Participant P-3 said,

My support around my recovery is my homegroup; I stick to my program, I go to meetings every day; Yeah. I would say the whole process is pretty positive but what I enjoy most about the NA meetings itself is that everybody is sharing their stuff and it shows that you are not alone. And it's just a comforting feeling. Cause I feel I use most when I feel isolated and alone and it causes depression. So, like when I have a bunch of people that is just like you, it's a positive reinforcement in your recovery.

Participant P-9 expanded in the area of outside self-help groups. They said,

My recovery support at the house we get some spiritual people to be able to come to the building – to be supportive before the building opened and we also have some people in the art room that were down for like NA or AA and us being able to have a couple of concerts and some sessions. Those people are able to come.

### **Summary of Findings**

In this chapter, I presented the procedure for collecting the data, the process of analysis, and the results. I used a generic qualitative approach to research to gain a deeper understanding of the perspectives shared by the 10 participants. There were 6 themes that emerged from the thematic analysis of the data. The six themes were housing preference and affordability, assertive case management and supportive services, readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups. The responses from the semi-structured interview questions were used to explore housing first programs' use of harm reduction for people with substance use experience. These harm reduction services are separate from the attainment of housing in the Housing First program. However, it was important to show the services that are used by the participants that may produce housing stability for previously chronically homeless individuals. In Chapter 5, I will present the interpretation of the findings, limitations of the study, recommendations for future research, and implications for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this generic qualitative study was to gain insight into the perceptions of individuals with homelessness and substance use experiences who have achieved housing stability through harm reduction strategies in a Housing First program in the urban city of Baltimore, Maryland. The intention was to explore what harm reduction provided services in a specific Housing First program were accessible and useful to individuals with substance use experiences in achieving housing stability. It is estimated that 1 in 5 homeless individuals in the United States have a substance use problem (Famutimi & Thompson, 2018). In addition, those experiencing homelessness and substance use are at a higher risk of harm and premature death than the general population (Miler et al., 2021). Harm reduction in housing settings like Housing First programs has been promoted as an effective integrational strategy when assisting homeless individuals with substance use disorder (NASTAD, 2023).

I interviewed 10 participants using a semistructured interviewing method. A participating agency assisted in finding a purposive pool of potential participants. All participants met eligibility criteria, including 18 years of age or older, Housing First program residency, 1 year of housing stability, and substance use experience(s). The study's findings indicated that housing stability for participants was achieved through the accessibility of useful harm reduction strategies offered as a part of a specific Housing First program. In this chapter, I provide an in-depth interpretation of Chapter 4 results. In

addition, I provide the limitations of this research study and recommendations for future research. Lastly, implications for social change are presented.

### **Interpretation of Findings**

The results of this study indicate similar findings in previous research that a variety or range of interventions instead of a one-size-fits-all approach is more effective in helping people with experiences in homelessness and substance use (see Miler et al., 2021). These findings are interpreted in relation to the literature presented in Chapter 2, the research question, and the data collected. Six themes emerged from the data: housing preference and affordability, assertive case management and supportive services, readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups. Nelson et al. (2019) challenged Housing First as involving multiple systems (e.g., health and homeless systems) with multiple services (e.g., housing and support) whose interactions have proven uncertain over time. To bridge this gap, this study was conducted.

Harm reduction interventions like case management and motivational interviewing provide support to Housing First residents that can enhance substance users' motivation to change their substance use behaviors and promote housing stability (Kennedy et al., 2018). Assertive case management and supportive services emerged as a significant theme in this study. Every participant provided insight into the accessibility and usefulness relative to this theme. According to Ponka et al. (2020), while harm reduction strategies have grown in popularity for promoting housing stability, case management interventions were shown to improve housing stability when targeting

complex populations. By using an empowerment vision that recognizes that people recover at different stages, consumers' right to make life decision choices without risking housing or supportive services becomes an easily endorsed strategic harm reduction component that promotes housing stability while reducing substance use (Martins et al., 2016).

Housing preference and affordability also emerged as a top theme according to the interview responses. The responses by participants to the interview questions indicated that affordable housing in a place of their choosing was important in staying stably housed. Kang (2019) considered the lack of affordable housing, inner-city gentrification, increase in unemployment, deinstitutionalization, and deep budget cuts as influencing the intensity and complexity of homelessness. According to Fowler et al. (2019), there are racial and socioeconomic disparities due to structural inequalities associated with marginalization, unemployment, and lack of affordable housing that threaten housing stability. It was also important to this study that the participants were housed in various scattered site locations. According to Korstjens and Moser (2018), gathering data from different persons housed at different sites and on different days assists in maintaining credibility.

The other four themes that emerged included readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups. Systems theory suggests that the problem of substance abuse, for instance, cannot be used as an isolated component in understanding the problem of housing instability. All parts of a system, including the individual, family, community,

organization, or society, relate and can cause change to one another along with causing changes within the main system (Teater, 2015). Family and community engagement was a theme that was also mentioned by every participant. Mesosystem-level risk factors have a more relational risk as family members are considered primary social and financial support (Priester et al., 2017). The results of the study indicate that most individuals who achieved housing stability were able to reunite with family on some level. Researchers have found that when there is a lack of community integration in housing service systems, individuals tend to experience barriers to maintaining sobriety due to social isolation and an increased risk of living in dangerous neighborhoods (Ecker & Aubry, 2017; Sylvestre et al., 2018). Giddens (1984), a sociologist and theorist, spoke of the importance of housing stability to one's ontological security when moving from homelessness to housing (as cited in Padgett, 2020). The study indicated that a house brought feelings of safety and achievement to some who thought they would never achieve this goal. Housing First is a platform from which people can grow and thrive in their communities through acquiring permanent housing. Housing First assumes that adequate housing is a basic right, and that right is not contingent upon a person's sobriety or willingness to accept substance abuse treatment (Andvig et al., 2018).

### **Limitations of Study**

There are limitations in this study. A generic qualitative study design was used to gain deep, contextualized, and interesting insights. However, the use of a nonrandomized sample size may mean that the findings may not be generalizable to a larger population, which may not be representative of the small group of people in my study. While using a



purposive sampling method had its advantages of collecting useful information, selecting participants based on specific criteria can limit the generalizability of the findings.

Another limitation was the limited scope of the study. Although understanding drug use behavior is worthy of exploring, it was not done in this study due to time constraints and narrowly defined goals. Urbanoski et al. (2017), found that Housing First showed no changes in the reduction of substance use behavior. In my study, current drug use behaviors of participants were excluded, and participants were not questioned respective to their last use, what they used, or how much they used. It was also considered risky to ask questions that could be sensitive and potentially harmful for participants to talk about, especially by a novice researcher.

Lastly, as acknowledged in Chapter 3, I have personal experience with substance use and homelessness, which indicates a potential limitation of researcher bias. To minimize researcher bias, I made an intentional point of mentioning this before the collection, analysis, and interpretation of the results. I also followed clear procedures set out in advance and used Braun and Clarke's (2006) contemporary approach to reflexive thematic analysis.

### **Recommendations**

I used a generic qualitative study design to explore the perspectives of stably housed residents who receive housing-first services through the Homeward Bound program in the urban city of Baltimore, Maryland. In this study, the social problem of housing instability was explored. There was a focus on the implementation of harm reduction strategies within a housing-first program by providers that may reduce system

barriers so that previously homeless individuals with substance use experience could remain stably housed. Future studies using a quantitative design could provide more generalizable and replicable results. Quantitative statistical evidence is also attractive for policy decision makers relative to future funding to end homelessness. Using a mixed methods approach could add meaning to this research topic through its ability to explore and confirm various aspects of this research topic.

Additionally, I recommend extending the scope of this study. I initially wanted to incorporate the Two-Item Conjoint Screening Test (TICS) to screen for substance use experience with a positive result moving them to the research participant pool. According to Brown et al. (2001), TICS provides a quick way to effectively screen for drug use in adults with approximately 80% accuracy. This could add confirmability to the research pool and provide additional evidence of the trustworthiness of the study. However, I did not use TICS in this study due to the potential risks of harm to participants through discussing sensitive information. TICS could be included in future studies and has been considered by some to reduce sensitivity through a low range of specificity, with only two questions directed at substance use activity (see Miller, 2001).

### **Implications**

The findings in this generic qualitative study add to the existing limited scholarly works related to harm reduction and its impact on the social problem of housing instability for individuals with substance use experience(s). Understanding the perspectives related to achieving housing stability may provide government and community entities with a better understanding of the system barriers encountered by

individuals with homelessness and substance use experience(s). Federal policy has prioritized Housing First as a solution for addressing chronic homelessness in the United States (Katz et al., 2017). This study may lead governments and communities to further support Housing First and harm reduction as a primary strategic solution to ending homelessness through policy and funding. There are differences in the way harm reduction is used in Housing First programs (Dickson-Gomez et al., 2017; Pauly et al., 2018). Inasmuch, the findings may spawn an interest in the fidelity of housing programs that are receiving government HUD funding and proclaiming to follow a Housing First topology that includes a harm reduction approach to delivering homeless services.

Researchers have found that individuals with homelessness and substance use disorder can be extremely hard to reach in delivering services to get them off the streets (Kirst et al., 2015; Sheridan et al., 2018). The findings may change the dynamic where homeless individuals with substance use disorder are more likely to believe that they have access to housing services through broader nets of education and outreach. It can help to erase this false narrative, which indicates that homeless individuals are resistant and hard to reach (Wusinich et al., 2019). The findings confirm the evidence-based intervention of harm reduction as a part of the Housing First approach in housing people with substance use problems (see Andvig et al., 2018). Table 3 shows how the six themes that came out of this study aligned with the five tenets of Housing First originally found in the first Housing First program by Sam Tsemberis in 1992.

**Table 3***Alignment of Themes to the Principles of Housing First*

Themes	Housing First principle	Explanation
Housing preference and affordability	Choice	According to Tsemberis (2014), Housing First is an effective recovery supportive housing model that “demonstrates respect for consumer choice and that conveys acceptance and hope” (p. 277).
Assertive case management and supportive services	Support services are available	Housing First is a philosophy and housing program intervention based on consumer choice of permanent subsidized housing and separate support services (Nelson et al., 2018).
Readily available behavioral health sessions and groups	Harm reduction	Service providers using harm reduction practices are more effective when they have the flexibility of providing services based primarily on consumer choice versus service provision contracts (Andvig et al., 2018).
Ontological security	House quickly w/o preconditions	Housing First uses a harm reduction approach in providing quick housing with basically no barriers, skill requirements, or participation in program activities (Fleury et al., 2021; Gaboardi et al., 2019; Watson et al., 2017; Worton, 2020; Urbanoski et al., 2019).
Family and community engagement	Community integration	Researchers have found that when there is a lack of community integration in housing service systems, individuals tend to experience barriers to maintaining sobriety due to social isolation and an increased risk of living in dangerous neighborhoods (Ecker & Aubry, 2017; Sylvestre et al., 2018)
Outside self-help groups	Community integration	(see above)

### Conclusion

This study was developed to explore the gap in the literature about the social problem of housing stability for people with substance use experience(s). The results of this study indicate similar findings in previous research that a variety or range of interventions instead of a one size fits all approach is more effective in helping people with experiences in homelessness and substance use (see Miler et al., 2021). The study

used a generic qualitative design with semistructured interviews. The six themes that emerged from the data were housing preference and affordability, assertive case management and supportive services, readily available behavioral health sessions and groups, ontological security, family and community engagement, and outside self-help groups.

The use of harm reduction within a Housing First program postulates that housing stability, on its own, may be the motivator for decreasing substance use while promoting healthier outcomes in individuals with homeless experience(s) (Boland et al., 2018). Because drug use behavior was excluded from this study, the consideration of substance use behavior to be included in similar future research is deemed worthy. It can be said that the house, by itself, cannot be used as the basic component in the complexity of delivering appropriate services to those that are homeless. It may be that a radical rethinking of the way the problem of housing instability is conceptualized is needed. This can lead to a more effective means of understanding inherited fails of ending homelessness and promote evidenced-based multidisciplinary approaches to delivering services to this vulnerable population.

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## Appendix A: Interview Guide/Questions

### Introduction

Hello, thank you for meeting with me today. My name is Tammy Montague, and I am a doctoral student in Human Services at Walden University. In this interview, I am going to ask you a number of questions about your experiences living and receiving services in your housing program. The purpose of this interview is to get a better understanding of how the received services offered through this housing first program has helped you stay in your home this long and achieve housing stability. This interview should take approximately 45 minutes to complete. Your responses are especially important to advancing knowledge in housing first programs. Your responses will be recorded unless you ask that they not be recorded, in which case I will note down your comments by pen and paper. Do you have any questions before we begin?

### General questions:

- Can you tell me about your current living situation?
  - a. What is your experience like in this living situation?
- Can you tell me about positive living situations that you have had?
  - a. What made them positive?
- Can you describe any difficult living situations that you have had?
  - a. What made them difficult?

### Substance use recovery efforts

- Can you tell me about your recovery supports?

- a. Can you describe any positive experience you have with this support?
- b. Can you describe any difficult experience you have with this support?

Housing satisfaction & access to these services

- Can you tell me about helpful ways in staying in your home that this housing first program provides?
  - a. What is your experience with obtaining these helpful services?
- What types of services have you accessed at this housing first program?
  - a. Has there been any services you could not access?
  - b. What types of services helped?
    - i. Can you explain your experience?
  - c. What types of services did not help?
    - i. Can you explain your experience?
  - d. What types of services can you identify as needing?
- Is there anything else you want to add about your experience at this housing program before we finish this interview?

Thank you for allowing me the opportunity to listen and learn more about you and your housing experience. Do you have any questions for me? If you think of something or want to talk further, please feel free to contact me. Thank you again.

## Appendix B: Debriefing

Thank you for your participation in this study! I greatly appreciate your participation.

You were previously informed that the purpose of the study was to explore how the services from the housing program helped you to achieve housing stability. The goal of this research is to understand harm reduction strategies that have been successful in helping individuals with homeless and substance use experience achieve housing stability.

If you decide that you do not want your interview data to be used in this research. Please acknowledge your decision to have your data removed from the study and permanently deleted at the indicated spot at the bottom of this form.

Please do not disclose research procedures and/or research questions to anyone who might participate in this study in the future as this could affect the results of the study. If you would like to receive a copy of the findings of the final report of this study when it has been completed, please feel free to contact me at [XXX@waldenu.edu](mailto:XXX@waldenu.edu).

If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance, please dial 2-1-1 or dial [1-800-492-0618](tel:1-800-492-0618).

\*\*\*Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!\*\*\*

\_\_\_\_\_ I have decided not to participate in this study. \_\_\_\_\_

(check)

(research identification number)