HARM REDUCTION IN HOUSING: STRATEGIES FOR STABILITY, SAFETY & EQUITY

Anya Callahan
Harm Reduction Coordinator
Jefferson County Public Health

Viola Ware
Director of Housing & Community Development, OlyCAP
Coordinated Entry Lead, Jefferson & Clallam Counties

By the end of this session, participants will be able to:

1. Describe the connection between harm reduction and housing stability.

2. Identify policies and practices that can exclude people who use drugs.

3. Apply a harm-reduction approach to a housing safety scenario and identify one change to implement.

OPENING REFLECTION

Imagine two residents who both struggle to follow program expectations.

A

Resident A is consistently employed, attends appointments, follows staff recommendations, and does not disclose substance use.

B

Resident B experiences recurring crises, sometimes uses substances, misses appointments, and struggles to communicate with staff.

Both need safe, stable housing.

- Which resident do we find easier to support?
- What assumptions might we make about Resident B?
- Are our housing decisions based on actual safety risks and program requirements, or on how comfortable we feel with a resident?

WHEN THE NEED FOR HOUSING CONFLICTS WITH THE CONDITIONS FOR GETTING HOUSED

For people who use drugs, the path to housing can come with competing expectations.

WHAT PEOPLE NEED:	WHAT CAN BECOME A BARRIER
• Safety, shelter & stability • Privacy and a place to rest • Connection to care and support • Time and space to work toward personal goals	• Abstinence or mandatory treatment • Rigid rules and discharge policies • Expectations that don't account for individual circumstances • Limited flexibility when challenges arise

How can we protect safety and support housing stability without making abstinence a prerequisite for having a place to live?



WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

– National Harm Reduction Coalition

HARM REDUCTION PRINCIPLES

- Meet people where they are, start with their circumstances, not an idealized starting point.
- Practice compassion without judgment.
- Respect individual choice and autonomy.
- Recognize incremental change.
- Value safety and progress, even when change is not linear.

Traditional question:

“Will this person be successful in housing?”

Harm reduction question:

“What can we change about the environment, our policies, or our approach to help this person remain housed and safe?”

What question(s) do you tend to ask when a resident is struggling?

Housing is a harm-reduction intervention

Housing provides:

- Physical safety and protection from weather.
- Sleep, privacy, hygiene, and secure storage.
- Reduced exposure to violence and environmental dangers.
- A consistent location for healthcare and service connections.
- Space to recover, stabilize, and make decisions about one's own goals.



People do not need to be abstinent or “ready for recovery” to benefit from safe, stable housing. Housing is a foundation for stability, not a reward for demonstrating readiness.

WHAT HARM REDUCTION MEANS IN HOUSING

A harm reduction approach can help someone access and retain housing:

- Reduce unnecessary barriers to entry.
- Make it safer to ask for help before a crisis.
- Build overdose prevention into routine housing operations.
- Respond to rule violations with proportionate, problem-solving approaches.

Address the risk. Preserve the housing. Maintain the connection.

WHAT THE EVIDENCE TELLS US

Housing First, housing stability, and overdose prevention

88%

Less homelessness

Relative reduction in homelessness compared with Treatment First in a systematic review.

41%

Greater housing stability

Median relative improvement compared with Treatment First across six studies.

In many U.S. communities, drug and alcohol overdose is the leading cause of death among people experiencing homelessness

- **Prioritize retention:** Do not make abstinence or treatment participation a prerequisite for housing when the housing model does not require it.
- **Build safety into operations:** Train staff and residents, maintain accessible naloxone, and establish clear overdose-response procedures.
- **Respond to risks, not assumptions:** Address specific hazards and behaviors with practical, proportionate interventions.

Sources: Peng et al., Journal of Public Health Management and Practice (2020); Olding et al., International Journal of Drug Policy (2023).

Whose Recovery Stories Do We Hear?

Survivorship bias in substance use and recovery

Survivorship bias occurs when we focus on the people who "made it" while overlooking those who were excluded, harmed, disconnected, or died.

The stories we often hear:

- "Rock bottom" transformations
- Abstinence as the only measure of success
- Punishment or incarceration credited with recovery
- "Tough love" framed as necessary

The stories we may miss:

- People who died from overdose
- People pushed out of treatment after returning to use
- People excluded from abstinence-based housing
- People who improved their health and stability without abstinence

What does this mean for housing?

We cannot judge an approach only by the success stories of those who survived it. People should not have to hit rock bottom to deserve safety, support, or housing.

PROGRESS CAN INCLUDE

Housing stability
Remaining housed, avoiding eviction, establishing routines.

Improved safety
Access to naloxone, reducing overdose risks, seeking medical care.

Connection and trust
Asking for help, disclosing a concern, building relationships.

Self-directed change
Exploring treatment, changing use patterns, or pursuing abstinence when desired.

Recovery goals belong to the individual. Housing providers can support safety, stability, and connection without requiring residents to follow one prescribed pathway.

BARRIERS AND EVERYDAY PRACTICE

Type of barrier	Examples
Policy: What do our rules require?	Abstinence requirements, rigid discharge rules, unnecessary screening or documentation
Relationship: How do residents experience our responses?	Stigma, judgment, fear of disclosure, fear of eviction or losing services
System: What resources & partnerships are available?	Rural transportation, limited treatment access, staffing constraints, fragmented communication

Addressing Policy Barriers

1. Review eligibility rules. Is abstinence or treatment participation genuinely necessary for this housing model?
2. Separate use from risk. Address specific safety issues rather than assuming substance use alone establishes danger.
3. Use proportionate responses. Clarify expectations, offer support, and pursue problem-solving before discharge when feasible.
4. Protect access and dignity. Make referrals and treatment opportunities available without making participation a condition of respect or support.

Addressing Relationship Barriers

1. Build trust through consistent, respectful interactions.
2. Listen first and incorporate resident perspectives.
3. Communicate expectations clearly and transparently.
4. Recognize the impact of trauma and past experiences.

Instead of: “If you keep doing this, you will be evicted.”
Try: “I'm concerned about the smoke reported in the hallway. Can we talk about what's happening and how to address the safety concern while helping you remain housed?”

Addressing System Barriers

1. Bring services closer: mobile outreach, transportation vouchers, and coordinated appointments.
2. Expand low-barrier housing: options that do not make abstinence a prerequisite.
3. Build referral pathways: clear connections among housing, public health, healthcare, and behavioral health.
4. Invest in capacity: cross-training, peer support, and adequate staffing.
5. Coordinate responsibly: named points of contact, warm handoffs, and privacy-respecting information sharing.

Make Naloxone a Routine Part of Housing Safety

Naloxone should be as familiar and accessible as other essential safety resources, not treated as an exceptional intervention.

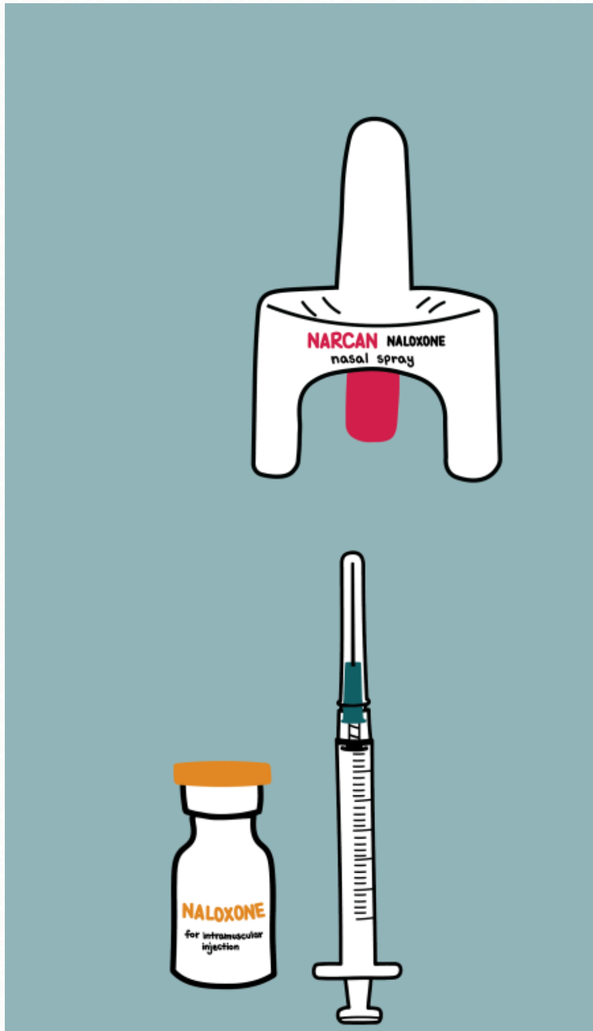
Build overdose preparedness into everyday operations:

- Prepare: train staff and residents.
- Equip: make naloxone accessible and maintain supplies.
- Respond: establish clear overdose protocols and follow-up procedures.









How housing conditions shape overdose risk

People may continue using substances while facing barriers to reducing risk.

- Fear of eviction can discourage disclosure and help-seeking.
- Lack of privacy, secure storage, and stability can make risk reduction harder.
- Limited access to supplies, healthcare, and transportation can leave people without support.

A safer environment makes it easier to seek help and reduce risk.

Safety concerns deserve a response. Does that response have to be eviction?

Overdose concern:
Train staff, provide accessible naloxone, and establish clear emergency procedures.

Smoking or fire concern:
Assess the specific hazard, communicate expectations, and develop a safer plan consistent with applicable rules.

Conflict with other residents:
Take complaints seriously, protect residents' safety, and address the specific behavior rather than relying on assumptions about substance use.

Repeated challenges or setbacks:
Reassess support needs and available accommodations, and use proportionate responses before considering housing loss where feasible.

CASE STUDY:
A RESIDENT, SUBSTANCE USE, AND A SAFETY CONCERN

A resident is suspected of using opioids in their room. Another resident reports smoke in the hallway. Staff are concerned about overdose, fire safety, and the impact on neighbors. The resident has a history of homelessness and has not disclosed their substance use.

What do we know, what do we still need to learn, and what must be addressed immediately?

Response A: Punitive

Staff issue an immediate warning and threaten discharge because they suspect drug use.

Response B: Harm reduction

Staff assess immediate danger, investigate the smoke report, speak respectfully with the resident, and develop a safety plan consistent with program requirements.

What might each response accomplish?

What risks might it create?

What information is still needed?

BUILD A SAFETY PLAN

Groups identify three immediate actions, one conversation with the resident, and one longer-term prevention measure.



A Practical Path to Safety & Housing Stability

- **Assess immediate danger:** Is there an overdose, active fire risk, or other urgent threat?
- **Establish the facts:** What actually happened, and what is still uncertain?
- **Engage and problem-solve:** Speak respectfully with the resident, identify needs, and agree on practical next steps.
- **Create a proportional safety plan:** Address the specific concern, involve relevant supports, and preserve housing whenever possible and consistent with safety, law, and program obligations.



QUESTIONS HOUSING PROVIDERS ASK

"If we don't require abstinence, aren't we enabling drug use?"
Housing provides safety and stability; it does not require a person to use substances or prevent them from pursuing treatment or abstinence.

"What about other residents who feel unsafe?"
Take reports seriously, assess specific behaviors and hazards, protect privacy, and respond consistently.

"What if someone overdoses in their room?"
Establish naloxone access, staff and resident training, emergency protocols, and follow-up procedures.

"What if the resident keeps breaking rules?"
Assess the behavior, its impact, barriers to compliance, available supports, and applicable program requirements. Use proportionate responses.

"We don't have enough staff or treatment resources."
Prioritize feasible safety practices, clarify referral pathways, and build partnerships rather than assuming housing staff must provide every service.

Housing providers do not have to solve substance use to make a meaningful difference. We can create safer environments, build trust, respond consistently to actual risks, and avoid turning every setback into a housing crisis.

Reflections & Actions

1. WHAT IS ONE POLICY OR PRACTICE IN YOUR ORGANIZATION THAT MAY UNINTENTIONALLY INCREASE HOUSING INSTABILITY?

2. WHAT IS ONE CHANGE YOU COULD MAKE IN THE NEXT 30 DAYS?

3. WHAT PARTNERSHIP OR RESOURCE WOULD HELP YOU IMPLEMENT IT?


Q & A

CONTACT

Anya Callahan
acallahan@co.jefferson.wa.us

Viola Ware
vware@olycap.org