

Evelyn Dyb and Arne Holm (2015)

***Rus og bolig: Kartlegging av boligsituasjonen til personer med rusmiddelproblemer***  
**[Substance Use and Housing: Survey of Housing for People with Substance Abuse Problems]**

NIBR

## Background

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*Substance Use and Housing* is a report based on a study of the housing situation of people with substance abuse problems in Norway. The main purpose of the study is to determine the housing status of two groups: in- and outpatients receiving treatment in a specialized multidisciplinary substance abuse programme (*tverrfaglig spesialisert rusbehandling*, TSB for short)<sup>1</sup>. In addition, there is a similar mapping of clients in low-threshold substance abuse programmes that are managed by the municipalities, and a description of the local authorities' approach in dealing with housing for all three groups. The central question is whether the housing situations of persons with substance abuse problems are adequate.

Since the 1980s, there has been a deinstitutionalisation of health care services in Norway and in Europe in general. The deinstitutionalisation means that a number of service providers have a shared responsibility for the patient; this creates the need for services at both local and national level to coordinate and cooperate. Evaluations of service provision and cooperation between service providers, at the local level, show a great variation between municipalities, and delays for treatment, rehabilitation and aftercare has increased. Several reforms and strategies, previous and ongoing, have targeted the issue of coordination between service providers.

By law, the municipalities are responsible for assisting households that cannot provide for themselves in the housing market. Substance abuse is defined as a health problem in Norway, but in public documents and reforms, relatively little attention has been given to the housing situations of persons with substance abuse problems. There are few overview studies of the housing situation of this group in

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<sup>1</sup> European Monitoring Centre for Drugs and Drug Addiction, Drug Treatment Overview for Norway [on-line] available from: <http://www.emcdda.europa.eu/data/treatment-overviews/Norway> [5.10.2015].

Norway, but we know through the mapping of homelessness (Dyb and Johannessen, 2012) that a significant group are experiencing homelessness or are in danger of losing their dwelling.

## **Method and Profile of Population Studied**

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The respondents in this study are the public and private institutions that offer TSB-programmes, and municipalities offering low-threshold programmes. The survey is cross-sectional and the municipalities are studied as case analyses; there are interviews with persons playing key roles in providing services and treatment, and with recipients of services offered by the municipalities.

Within the three groups studied, men are dominant. They are mostly single and 30-40 years old. Women make up approximately 30 percent of those in the groups. Users of the municipal low-threshold programmes are older than the TSB-patients; all groups have lower education levels than the population in general, and they have weak ties to the workforce. Almost 90 percent were born in Norway. One or several types of illegal drugs dominate as primarily/preferred drug; a majority has had a substance abuse problem for several years. Mental illness is common in all groups. 15 percent of patients in TSB-programmes have income from work; among users of low-threshold services this is only 2 percent. Pensions and other welfare benefits are the main source of income in all groups.

## **How is the Housing Situation?**

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Sixty percent of the patients in the TSB-programme and 52 percent of low-threshold users have an adequate housing situation. 50 percent of people in all groups experience homelessness, and two out of five inpatients experience homelessness when they end treatment. Approximately one fourth of TSB-patients own their dwelling; an even larger proportion are renters in the private market. Among users of low-threshold treatments and services, living in municipal housing is common; homeowners are rare. Among the inpatients in TSB-treatments, those that use alcohol primarily have more stable housing situations than other substance users.

An important finding is that the housing situation does not change considerably during treatment for either alcohol- or other substance users; the ones that have an unstable housing situation when they start treatment – both in- and outpatients – continue to have an unstable housing situation when they end it.

Dyb and Holm conclude that differences in the housing situations of TSB-patients depend mainly on the type of drug that is primarily used – alcohol versus any kind of illegal drug – rather than on the type of treatment (in- or outpatient). Compared to users of low-threshold-services, TSB-patients have more stable housing situations. Among users of low-threshold services, persons that have a multi-drug problem, using a mix of between four and six substances, seem to have the least stable or least adequate housing situations. Fifty-eight percent of people in this group experience homelessness.

In all three groups, there are persons that are receiving opioid maintenance treatment (OMT). Two thirds of OMT-patients in all three groups have their own dwelling, meaning that one third has not; these experience homelessness.

Length of treatment only affects the housing situation on a very low scale. There is a small decline in the numbers of those with a stable housing situation among patients that receive short-term treatment; among those receiving long-term treatment, the housing situation is more stable. Patients who end their treatment as planned have a higher occurrence of stable housing than patients who end treatment abruptly.

Based on multivariate analyses, it appears that socio-economic background is closely connected to whether a patient has a stable housing situation or experiences homelessness when treatment is ended. Education level, work-related income, civil status and housing situation at the beginning of treatment affect the chances of having a stable housing situation following treatment.

## **Municipal Strategies**

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The four municipalities studied have implemented their housing strategies in several municipal documents, in which goals and working methods are described.

All four municipalities consider lack of dwellings that fit the need of the individual – especially for persons that have ended treatment and need a ‘fresh start’ – to be the most severe challenge in providing adequate housing. Often there are units available, but they do not meet the requirements of the person in need of housing. The predisposed housing stock of the municipality is small and there are long waiting lists.

All four municipalities have some form of shared housing aimed at persons with substance abuse issues. Experiences of this kind of housing vary; one challenge is to find a good mix of people. The main impression is that all four municipalities have a good supply of housing for persons who use daily, but several of the informants see a need for 'hard use housing': dwellings that are made for rough use. There is also a lack of temporary housing in all four municipalities.

The private rental market is hard to access for persons with substance abuse problems. The market is limited, and in most cases these persons do not have positive housing references when meeting private renters.

## Housing and Services?

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An adequate housing situation in many cases also depends on the offer of relevant services. Within the four municipalities, there are different kinds of strategies for providing services in the home of the recipient. Examples of models and strategies that involve both housing and services are Housing First, 'housing schools' and Assertive community treatment (ACT) / Flexible ACT (FACT)- teams. 'Individual plans'<sup>2</sup> are a tool to ensure continuity in all services involving a person; municipalities are obliged to offer an individual plan when a person is in need of long-term, coordinated services.

There are routines and agreements between the municipalities and the treatment institutions for considering transitions between treatment and independent living in the municipality. Still, this is a challenge and things do not always work out well or as planned. The overall impression is that treatment institutions consider adequate housing as extremely important – a necessity for treatment to have an impact and a continued positive development in the life situation of the patient. The institutions actively try to ensure an adequate housing situation at the end of treatment. Still, Dyb and Holm identify the delay between treatment and a proper housing situation as a pitfall in the housing chain. The lack of available housing when treatment ends represents an obstacle to refraining from substance use.

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<sup>2</sup> An individual plan is a form of individual case management regulated by law.

## The Voice of the Substance User

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Eleven informants with a substance use problem are interviewed in this study. They differ in many ways: age, type of drug preferred, length of substance use and more. Those that use heavy (illegal) drugs on a daily basis find it hard to focus on the housing situation; to make a good housing situation takes effort and prioritizing. Still, the dream is a 'normal' housing situation; this is valued as a motivating factor in itself.

The ones that are in a period of changing their life situation are clear about their preferences and needs with regard to a dwelling; it should be located at a safe distance from drug-dominated environments and provide a safe 'shelter' from people they know through this type of environment. Some consider municipal housing as stigmatising and wish to find housing in the private market.

Still, several of the participants that wish to change their situation – even one that receives OMT-treatment – live in shared housing with persons that use substances on a daily basis. Two of the informants have a stable housing situation; they moved directly from a treatment institution into a dwelling that fulfilled their needs. They considered this the crucial element of why their lives are qualitatively better, with less or no substance use. A safe housing situation also facilitates the possibility of daily activities, establishing a network and so on.

## Critical Reflection

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This study of the housing situation of persons with substance abuse problems is greatly welcomed; up until now we have had little knowledge of this in Norway. An important finding is that persons that experience homelessness when they start treatment are likely to stay homeless, in spite of efforts by the treatment institutions to plan for a stable housing situation at the end of the treatment. These persons also have a low score on socio-economic variables.

Dyb and Holm reflect on possible explanations of why some persons are denied access to an adequate housing situation, which include: a small private rental market with a lack of professional property owners and a limited municipal housing stock; this makes it hard to secure adequate housing for persons with substance abuse problems. But why is it that those who fail to get access to an adequate housing situation are from a similar socio-economic background? Is it persons who need services in order to live well and securely in their own home that do not achieve adequate housing? Informants in the municipalities highlight the lack of housing customisation for different groups and needs; maybe it's that the services

have to fit, while regular housing is adequate? When substance users themselves are asked, they prefer what they term 'normal housing' – not dwellings specialised for substance abusers.

The study is financed by the Norwegian Directorate of Health and it is part of a knowledge base for future and ongoing strategies in the field of housing and substance use. The report is highly detailed; this will be useful for strategies but makes the report as a whole less interesting outside the Norwegian context. Still, there are findings of interest for the wider European discussion on homelessness among persons with substance abuse problems – in particular that homelessness seems to prevail within a certain group of substance abusers.

#### › Reference

Dyb, E. and Johannessen, K. (2012) *Bostedsløse i Norge 2012- En Kartlegging* [Homelessness in Norway 2012 – A Survey] (Oslo: NIBR-rapport 2013: 5).

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