

A Culture of Blame: The Relationship between Housing Policy, Housing Status and HIV Risk among Active Drug Users in Hartford, CT

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Background: The "Housing Status/Stability and HIV Risk among Drug Users," project investigated the links between official and unofficial housing policies, variations in housing status and housing options, and HIV risk for drug users in Hartford, CT.

Study Objectives

- > To identify and examine housing policies that impact active drug users' access to housing.
- > To explore the relation between housing status/stability and HIV risk of drug users.
- > To explore personal factors related to homelessness and housing stability among active drug users over time.

Methods

- > Longitudinal in-depth interviews with active users of cocaine or heroin at baseline, 3 and 6 months.
- > Purposive sampling to recruit drug users with a variety of housing statuses.
- > Key informant interviews with 13 service providers.

Housing Status

Type of Housing (n)	Intake(65)	3 Month(50)	6 Month(44)
Shelter	14%	22%	12%
Homeless on street	4%	4%	4%
Double Up	26%	18%	23%
Hotel (SRO)	4%	0%	0%
Supportive Program	4%	4%	15%
Subsidized (Section 8)	26%	30%	27%
Non-subsidized	18%	18%	12%
Multiple Sites	4%	4%	7%

Sample Characteristics

- > Recruited 65 participants at baseline; 50 returned for 3-month; 44 returned for 6-month
- > 46% African American, 46% Puerto Rican, 8% White, 46% Women
- > Mean age 43 years
- > 63% earned less than \$500 in the last 30 days, 94% earned less than \$1000
- > 54% smoked crack at a mean of 39 times in the last 30 days
- > 30% injected heroin at a mean of 32 times in the last 30 days
- > 74% of the sample had been arrested and served a sentence prior to the baseline interview
- > 40% of the sample moved at least once during the study period, 12% had moved 4 or more times

Key Concepts

- > **Official policy:** federal state and local mandates that affect drug users' access to housing, e.g. eligibility requirements for housing subsidies and welfare benefits, state and federal sentencing laws for drug offenders.
- > **Unofficial policy:** ways official policy is implemented or enforced, or not; operating policies of organizations or individuals.
- > **Housing status:** supportive housing, (subsidized housing with supportive services), subsidized housing or non-subsidized housing, (owned or rented), "doubling up", (sharing housing with relatives or friends), homeless sheltered, or on the street (sleeping on the streets or in places not meant for sleeping).
- > **Perceived and actual housing stability.** Perceived: participants' feelings of stability/safety. Actual: number of months at same address.

Drug Use Patterns

Housing Type at 3 Month (n)	Mean Times Used Crack*(SD)	Mean times Injected Heroin*(SD)
Shelter (14)	16 (27.4)	10 (32)
Homeless on Street (4)	71.3 (52.5)	38.4 (74.5)
Double Up (11)	12.8 (20.5)	6.3 (17.9)
Subsidized/Supportive (11)	13 (19.32)	8.3 (27.1)
Non-subsidized (10)	27.7 (51.2)	3.4 (5.6)

*in last 30 days

Subsidies and Stability

Housing Status At Baseline	Mean Number of Moves in 6 months (SD)	Number of Participants
Supportive Housing	0.0 (0.0)	2
Subsidized Housing	0.13 (.35)	8
Unsubsidized Housing	0.67 (.82)	6
Double Up with Family	1.22 (2.22)	9
Shelter	2.57 (1.9)	7
Hotel (SRO)	3.0 (1.41)	2
Double Up with Friends	Continuously Moving	3



Factors Leading to Housing Instability

Personal Characteristics:

- > Arrest
- > Eviction
- > Lack of Housing Subsidies
- > Lack of Social Support
- > Changes in Relationships
- > Escalating Drug Use

Arrest and Official Policy:

- > Individuals lose housing subsidies after arrest
- > Ineligibility for future housing subsidies due to arrest record
- > Disruption of personal relationships due to arrest
- > Rental applications and criminal background checks
- > Loss of apartment due to non-payment of rent and eviction while incarcerated

Unofficial Policy: Rationing of Limited Resources

- > Limited outreach to homeless not residing in shelters
- > Increasing the costs of applying for services
- > Service provider discretion
- > Service provider priorities: "Creaming" versus "Sitting"

Caseworker Priorities:

"**Creaming**" (Caseworker interview, 2005) "We have applications for different programs. If we don't, we get on the phone and ask them to send us a referral form. We do the screening here. If we know a person that is really actively using, as far as housing is concerned, we try to get them on track. If they get into that apartment and they are actively using, they are going to lose it. So we try not to set people up if they are."

"**Sitting**" (Caseworker interview, 2005) "Our goal has been 'Let's look at the people who have the worst histories that nobody else will ever house,' and that's the approach we take. You know we don't rule people out. We also feel strongly, and this is again the Housing First model, that you don't fix people first. They don't need to be fixed. They just need to be housed and then you work from there and you work with intensive support."

For rent: WEST END Apt. 2 bedroom, H/HW included. 2 month security, first/last month dep., App. must pass and pay for criminal background/credit check. No pets. No Drugs. \$750 860-555-4158.

Housing Status and HIV Risk

Exchanging Sex for Housing

Ethnographer: Have you ever had to exchange sex for drugs, money or a place to stay? Ever hustle for a place to stay?
Jerry (African American, age 45): Well it depends. Somebody would always let me stay the night, you know, if I needed to. I'd go to my friends or I just stay in the shelter...It was just sexual favors for money or whatever, you know?

Ethnographer: Do you still do that or was that more when you were out in the street homeless?

Jerry: That's when I didn't care, that's because I was homeless. That's the reason why I was using, to medicate myself. I was worried about ever obtaining an apartment. Which seemed like it was so far out of reach, so I gave up?

Dry Shelters: Banning residents from Carrying Their own Drug Using Equipment

Juan (Puerto Rican, 42): I used to do that [hide syringes in abandoned buildings]. I used to have certain spots... that no one touches in case people will find it. And I put it back...I usually mark it mine...and wherever I put it, I look around good nobody's looking. I hide it and I put something behind it so that stays hidden. If I come back and its been moved. They used it.

Ethnographer: And what would you do in that situation?

Juan: Throw it away or try to exchange it.

Ethnographer: Before you used it?

Juan: Right. I'm very precautious. I had a lot of my buddies pass away on me already. The reason why I caught the Hepatitis C was that day I was aggravated, I couldn't find my needle and I used my buddy's needle and he told me "well you know I have the Hepatitis C." A month later I get tested. I caught it off of him.

Double Up: Housing Insecurity

Ethnographer: So generally speaking, how much would you say you've moved around in your life?

Sally (African American, 42): Wow, a lot. A lot.

Ethnographer: What do you think you've moved so much?

Sally: Staying with people is difficult you know. That 's their house, you are just renting the room and you can't do what you want to do. You can't get comfortable especially if they are a substance user as as myself. If stuff is going on, they want to put you out. I've been put out in the pouring down rain after I gave them \$150. Because I came in the house one night and I didn't have enough drugs to share... she got mad and she said, "Get out of my house." And I said, "Give me back my money." "You can have your money." She never gave it to me.



Summary of Findings

- > Drug users' access to housing is determined by political rhetoric that shapes official and unofficial policy.
- > Arrest and the criminalization of drug use can lead to homelessness, the loss of rental subsidies and ineligibility for housing subsidies.
- > Staying in shelters or on the street makes avoiding drug use and HIV risk difficult because of rules against carrying paraphernalia in shelters.
- > Whether or not doubling up increases or decreases drug use and HIV risk depends on the relationships with apartment lessee's and whether they are drug users.
- > Stable housing decreases drug use and HIV risk particularly if the housing is subsidized and/or has attached supportive services.
- > Housing subsidies, particularly those with supportive services, increased housing stability.

Recommendations

- > Places to store or exchange syringes within dry shelters
- > Outreach to homeless on the street
- > Explore the doubled up living situations in order to assess risk and find ways to minimize risk
- > Increase eviction prevention programs
- > More programs to help for those released from jail obtain housing and subsidies could their rates of homelessness
- > Increase funding for low-income, subsidized and unsubsidized housing
- > More programs that use the **Housing First** model