

# Housing for seniors with substance use needs: What are the options?

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**Abstract:** There is a growing number of older adults experiencing homelessness and substance use disorder. However, most addiction and homelessness services are currently geared towards a younger population. This project explores what housing options are available for an aging population with substance use needs. This Kelowna based project included interviews with staff from Senior Living Communities, Supportive Recovery Assisted Living and Supportive Housing. This also included an interview with two residents of Supportive Housing older than 55 years of age. Substance use can be a disqualifying factor to accessing Senior Living Communities. At the same time, Supportive Housing facilities lack the supports to accommodate geriatric needs. The residents themselves thought Supportive Housing with supplemented supports provides the best environment. This project highlights some of the gaps in our system that make it difficult for seniors to transition from homelessness to an environment where their needs are met.

**Keywords:** homeless, seniors, substance use

## Background

Homelessness is a growing concern in British Columbia.[1] The number of individuals experiencing homelessness increased by 11.5% between the 2018 and 2020-21 BC Point in Time Count.[2] With an aging population, the number of older individuals experiencing homelessness can also be expected to increase.[1] In the 2020-21 BC Point in Time Count one in five were over 55 years of age.[2]

In the context of a homeless population, “senior” can refer to a range of age brackets, sometimes as low as 50 years and older.[3] This is because people who experience homelessness are exposed to harsh social and physical environments that exacerbate geriatric conditions such as mobility and cognitive decline.[4]

Substance use is common among homeless populations, with 67% identifying addiction as a health concern in BC.[2] While substance use tends to be more prevalent among younger individuals, it also affects seniors.[5,6] In BC, the number of illicit drug toxicity deaths among people aged 50 and older have seen a steady increase during the past 10 years, going from 76 in 2012 to 872 in 2021.[7] As the baby boomer generation ages, the prevalence of substance use disorder among older adults is expected to rise.[8,9] However, addiction and homelessness services are typically

geared towards a younger population potentially overlooking the unique needs of an aging population.

In this project, we explore housing options that can accommodate both the care needs of aging individuals while supporting their substance use goals.

## **Methods**

This project focused on Kelowna, a medium size city in British Columbia where Hawkins conducted interviews with staff from two Supportive Recovery class Assisted Living facilities, two Seniors and Persons with Disability class Assisted Living facilities, and one Supportive Housing facility. In addition, Hawkins interviewed two residents older than 55 years of age living at the Supportive Housing site.

All interviews were in person and included a tour of the facilities. A total of seven staff and two residents of Supportive Housing were interviewed for this project. An honorarium of \$50 was provided to each of the Supportive Housing residents in accordance with Interior Health policy.

Hawkins developed the interview questions with support and advice from the second author, Dr. Mema, Deputy Chief Medical Health Officer, the project supervisor and a researcher with the Kelowna Homelessness Research Centre (KHRC).

Ethics review was not required given minimal risk on A Project Ethics Community Consensus Initiative (ARECCI) screening.[10] The project was approved by the Interior Health Authority.

## **Results**

### Interviews with staff

Surveys were conducted at two Senior Living Communities. These facilities co-located Independent Living, Assisted Living and Long Term Care units on the same site which accommodate seniors according to the level of care required. Before accepting someone as a resident, an assessment is required to determine if that person meets certain eligibility criteria.

Long Term Care provides 24-hour professional supervision and care to address individuals with complex care needs primarily due to aging. Assisted Living units on the other hand accommodate seniors who can live independently but require some assistance with activities of daily living such as dressing, bathing, and assistance with managing medications. Independent Living is the least involved of the three options and provides basic hospitality services such as meals and housekeeping.

Legislation does not provide admission restrictions for residents with substance use, but rather leave this to the discretion of the operator of a residence to create policy regarding substance use and expectations of abstinence. Staff interviewed acknowledged the gap for housing for older adults who have substance use needs. Interview highlights are shown in Table 1.

Another potential housing alternative for seniors experiencing homelessness and substance use is Supportive Recovery Assisted Living facilities, which provides temporary housing for adults recovering from addiction. This type of housing is available to clients for up to two years and typically require residents to have completed withdrawal prior to admission.

Services include a continuum of substance use supports including substance use and mental health counselling, life skills training, and psychosocial supports to allow recovery and ultimately independence. While staff reported their facilities embraced harm reduction principles, clients were expected not to use substances while living at the site. Table 1 summarizes interview highlights.

The third and last housing option explored was Supportive Housing, which is intended for low-income adults who are homeless or at risk of homelessness and require support to achieve successful tenancy. Selection criteria for tenants varies depending on the operator and whether that housing site can accommodate a person's needs and goals.

Staff interviewed reported that the facility operates a Managed Alcohol Program and provides injection and inhalation overdose prevention site. This allows for the accommodation of residents with a variety of substance use treatment goals. Other supports offered include life-skills training, case worker support and connections to community substance use and mental health resources.

Staff acknowledged that the demand for Supportive Housing services in Kelowna is very high, and therefore their goal was to transition residents to market housing within two years to allow for new residents to come in. This is not always feasible, and some residents stay much longer. Interview highlights are summarized in Table 1.

#### Interviews with residents of Supportive Housing

Two residents of Supportive Housing were interviewed for their perspective and preference on their living situation and what they need for supports. Both residents were over 55 years of age and agreed that first and foremost there was a pressing need for more availability of housing in Kelowna. They shared their experience of being homelessness for a long time and had been on the waitlist for housing for years.

The residents valued having their own place to live in and maintaining their independence. They had little interest in seniors' facilities like Assisted Living and Long Term Care and expressed concerns about the potential loss of independence in those settings. For example, both reported daily alcohol use which may not be allowed in a seniors setting. One of the residents was enrolled in the on-site Managed Alcohol Program, which has helped them stop binge drinking and reduce their total daily intake of Alcohol.

Underlying health issues have resulted in challenges in mobility and activities of daily living. One of the residents reported that worsening balance has made showering, cooking, and cleaning difficult for them, and felt that the support worker coming in for a few hours each week was not enough. The other resident also faced mobility challenges but felt their health needs were being met and felt comfortable asking for help with cooking or cleaning from site staff.

While they recognized their need for housing that is accessible for mobility challenges, they also acknowledged that the Supportive Housing community had been very beneficial for their mental health and felt that there was a whole team of people supporting them. Their preference was to have supports attached to their home, and valued being part of a community that shares lived experience and understands their unique challenges.

## Conclusions

Improving the conditions of individuals experiencing homelessness and substance use requires stable housing that can accommodate the needs of people regardless of their age. Senior Living Communities tend to lack substance use supports and have abstinence-based requirements for admission.[3,11,12] At the same time, Supportive Housing facilities appropriate for those with substance use needs are typically not equipped to accommodate geriatric needs.[11,13,14]

When it comes to housing older adults who experience homelessness, housing eligibility criteria are harsher than for other groups due to the discrepancy between the need for safe accessible housing and the lack of availability of these spaces.[15] Abstinence-based eligibility criteria for seniors can be a barrier to securing housing, and an unrealistic goal for individuals who have been consuming drugs and alcohol lifelong.[15]

Stigma towards people who use substances continues to pose a barrier for people to access services including housing. Efforts should be made to ensure that Senior Living Communities increase their tolerance towards people who use substances. Operators of Senior Living Communities create their own policies surrounding substance use tolerance.[16,17,18] Importantly, the Community Care and Assisted Living Act outline the rights of residents, including the right to make their own decisions as capable adults.[19]

Given that substance use can be a disqualifying factor to accessing Senior Living Communities, low barrier housing, such as Supportive Housing becomes the only option for seniors who are not able or willing to embrace abstinence. In fact, those interviewed agreed that Supportive Housing provides the preferred environment but that it should be supplemented with supports specifically targeted towards seniors.

Supportive Housing is typically set up to provide transitional housing. Providers feel ill equipped to accommodate the needs of seniors but are open to collaboration with other sectors to develop a model to transition residents to permanent housing. Staff identified the opportunity to improve their collaboration with health services including the hospital and Home Health. As new models such as Complex Care housing for homelessness are discussed locally, planning should include appropriate consideration of this intersection of substance use and aging.[20]

This project confirmed that appropriately housing seniors with substance use needs in Kelowna is challenging and highlights a number of gaps in the system that makes it difficult for seniors to transition from homelessness to an environment where their needs are addressed.

First, attaining Supportive Housing can be a long process for individuals experiencing homelessness. Second, once Supportive Housing is achieved, this typically does not have the supports in place to accommodate geriatric needs. Third, housing facilities geared towards seniors are generally not accepting of individuals with substance use needs and do not have the clinical or community supports to make those struggling with addiction feel at home.

While this project was limited in scope to a small number of participants in one community, it broadens the understanding of challenges facing seniors, which are likely similar in other medium size communities in our province. Future work should focus on enhancing collaboration among providers and reducing stigma to close the gaps and address the need for stable housing for older adults who experience homelessness and substance use.

**Table 1. Highlights of the interviews with Staff**

<p><b>Senior Living Communities</b></p> <ul style="list-style-type: none"> <li>• <i>Neither of the sites for seniors offer substance use supports or treatment</i></li> <li>• <i>Substance use disorder typically disqualifies clients for placement as sites have zero tolerance requirements and a lack of treatment supports</i></li> <li>• <i>One of the facilities Assisted Living site allows alcohol use and holds a daily happy hour. The other facility had zero tolerance towards substance use, including alcohol</i></li> <li>• <i>None of the sites had experience with accepting clients from Supportive Housing or seniors with a history of homelessness</i></li> </ul>
<p><b>Supportive Recovery</b></p> <ul style="list-style-type: none"> <li>• <i>Independence in activities of daily living is an admission requirement</i></li> <li>• <i>Despite the above, staff shared multiple examples of accommodating seniors who had higher care needs and who would otherwise have nowhere to go. In one of the sites, roughly 10% of their total participants over a 3.5-year period were 55+</i></li> <li>• <i>Staff acknowledged that residents with a history of homelessness and substance use can have higher care needs and age sooner than the general population</i></li> <li>• <i>Stigma of addiction is felt to be a barrier to accessing Home Health services, or transitioning aging clients to more suitable housing</i></li> <li>• <i>It was emphasized by staff that a vital part of recovery is being surrounded by a community of peers and having psychosocial supports, which is not typically available at Senior Living Communities</i></li> </ul>
<p><b>Supportive Housing</b></p> <ul style="list-style-type: none"> <li>• <i>Residents are expected to be independent in their activities of daily living. However, the facility has accommodated rapidly declining residents' needs outside the supports they are equipped to provide</i></li> <li>• <i>Keeping residents in housing that does not meet their needs has resulted in multiple admissions to the hospital</i></li> <li>• <i>Active substance use is the main barrier to transitioning aging residents to facilities such as Assisted Living and Long Term Care</i></li> <li>• <i>Staff reported that discharge plans from the hospital should involve the housing providers. This would allow Supportive Housing staff to better understand the medical needs of their residents</i></li> </ul>

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