

Addressing the 'risk environment': changes in substance use patterns amongst people living in an HIV-specific housing facility in Vancouver, Canada

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Background

The links between housing and the health of people living with HIV (PLHIV) have been well established. Housing stability has been shown to decrease substance use, improve mental health outcomes, and improve HIV-related health outcomes for PLHIV who use drugs.

While research has highlighted the positive impacts of low-barrier housing, such as housing that does not require sobriety, little is known about how HIV-specific housing impacts substance use. As such, we examined factors associated with changes in drug use amongst a cohort of PLHIV after entry into an HIV-specific housing facility in Vancouver, Canada.

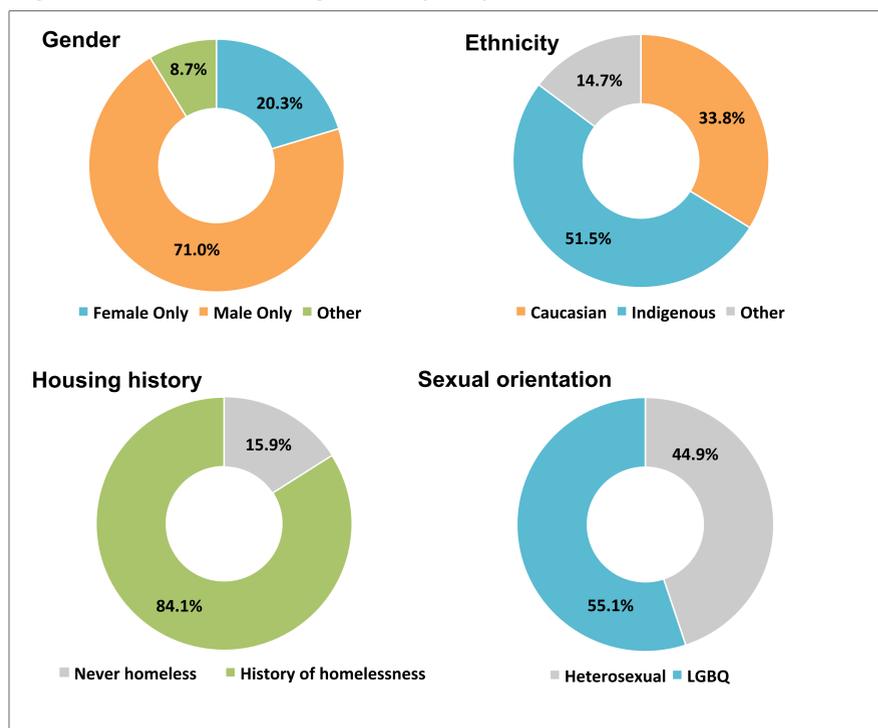
This analysis was informed by Rhodes' 'risk environment framework.' This multi-level framework highlights the impact of social, structural, and environmental factors on producing and reducing drug- and health-related harms.

Understanding the forces operating within the risk environments of PLHIV who use drugs is critical to understanding factors shaping drug use patterns and potential drug-related harms.

Methods

- The study sample consisted of **PLHIV ≥18 years of age** who were enrolled in a longitudinal cohort of PLHIV living in an **HIV-specific housing facility in Vancouver**.
- Peer-administered surveys** collecting demographic and socio-behavioural data were conducted with participants at baseline (after admission to housing facility) and 12-18 month follow-up from March 2015 to October 2016.
- Changes in drug use between baseline and follow-up interviews were evaluated.
- Bivariate analysis** compared socio-demographic and drug use patterns between participants who reported a decrease in drug use versus those without a decrease in drug use at follow-up.
- Fisher's exact test was used for categorical values and Wilcoxon rank sum test was used for continuous variables.

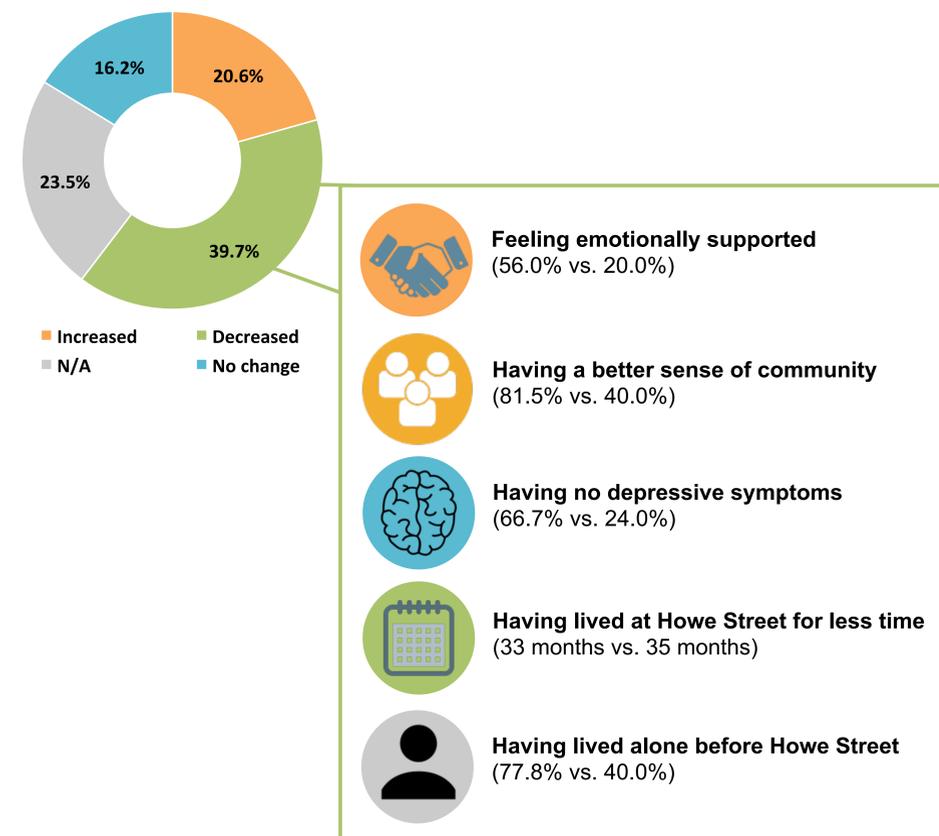
Figure 1. Participant demographics (n=69)



Results

- This analysis only includes participants who completed both baseline and follow-up interviews (n=69). Participants averaged 53 years of age at follow-up, with an average of 34 months living at Howe Street.
- Among our sample, 27 (39.7%) reported a decrease in drug use at follow-up, 25 (36.8%) reported either an increase in drug use or no change since moving, and 16 (23.5%) responded not applicable.
- Comparatively, those reporting a decrease in drug use at follow-up (n=27) were more likely to have been **living at the housing facility for fewer months** (median 33 vs. 35, $p=0.019$) and **lived alone before entry into the facility** (77.8% vs. 40.0%, $p=0.010$).
- Feeling **emotionally supported** (56.0% vs. 20.0%, $p=0.034$), having a better **sense of community** (81.5% vs. 40.0%, $p=0.004$), and having **no depressive symptoms** (66.7% vs. 24.0%, $p=0.003$) were also more likely among those reporting a decrease in drug use at follow-up.

Figure 2. Changes in drug consumption at follow-up (n=69)



Discussion

Despite nearly 40% of our sample reporting a decrease in drug use after entry into supportive housing, a significant proportion reported an increase in drug use or no impact at all. This suggests that while the housing facility may influence changes in drug use, social and physical aspects of housing must be considered as determinants of health.

Government funders and supportive housing operators must work to ensure that adequate financial and staffing resources are available to address the complex and interrelated challenges faced by this population within their immediate risk environments.

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Conflict of Interest Disclosure:
We have no conflicts of interest.

