



# HR4Homelessness

Integrating Harm Reduction in Homeless Services

## Resource Hub & Good Practice Collection

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## 1. Content, objectives, and target groups

The HR4Homelessness *Resource Hub & Good Practice Collection* is one of the four key outputs of the HR4Homelessness project, alongside the Country Reports, the European Report, and the Key Principles of Harm Reduction in Homeless Settings (all outputs are accessible on the [project website](#)).

The main goal of the *Resource Hub & Good Practice Collection* is to support homeless and other support services, who work with people in situations of homelessness who use drugs and/or alcohol in a non-recreational way, to improve drug use related and Harm Reduction based support provision. The *Resource Hub* provides a comprehensive collection of relevant publications, including scientific literature, practice-oriented guidelines and manuals, tools for staff and service users as well as educational videos and advocacy-oriented documents in one single place. The resources aim at covering related aspects of non-recreational substance and alcohol use and homelessness as broadly as possible. This includes safer drug use and safe injection techniques, trends and developments of Harm Reduction based service provision, including drug consumption rooms and managed alcohol programmes, drug use in public spaces, drug use and sex work, self-support of for service users and related tools, screening and testing of infectious diseases including community-based testing, needs of specific group of people who use drugs or alcohol (such as young and older drug users, women, LGBTIQ users) as well as the human rights aspect of drug and alcohol use. The resources presented in the *Resource Hub* were collected by all project partners who have very diverse backgrounds (homeless as well as drug and alcohol specialist services, including organisations with a strong mental health expertise).

The objective of the *Good Practice Collection* is to support the further establishment of Harm Reduction based services in Europe, especially for people who use drugs and/or alcohol in situations of homelessness. The *Good Practice Collection* aims at inspiring services to provide better support by describing existing good practice. The Collection addresses service managers and coordinators as well as frontline and second-tier support staff. Each *Good Practice Portrait* provides a link to the organization's website and details of the respective contact person for further information.

## 2. Background and rationale of the Resource Hub & Good Practice Collection

The *Resource Hub & Good Practice Collection* want to support the improvement of service provision for people in situations of homelessness who use drugs and/or alcohol in a non-recreational, i.e. problematic and harmful way. The term 'situations of homelessness' refers to people who sleep rough (on the streets), in emergency or temporary accommodation, i.e. to all situations which do not imply a secured permanent home. People Who Use Drugs (PWUDs) and/or alcohol in situations of homelessness users face higher health risks than PWUD who do not / have not experienced homelessness. This has diverse reasons: As a particularly marginalized group, PWUDs or alcohol in situations of homelessness more often lack access to sterile injection paraphernalia, use them improperly or get infected with infectious diseases like Hepatitis C or HIV. The *Resource Hub & Good Practice Collection* provide practical guidance on how to efficiently provide Harm Reduction (HR) services for people in homelessness, a highly vulnerable but still underserved group of PWUD/alcohol. Although research has been evidencing the correlation between harmful drug/alcohol use and homelessness, many homeless services struggle with providing effective HR services. Collaboration with specialist drug and alcohol services can hence be a successful strategy to improve HR provision

for people in situations of homelessness, however, it is also necessary to improve the first response of homeless services to support the take-up of existing drug/alcohol use specialist support. The *Good Practice Collection* and particularly the *Resource Hub* wants to improve the knowledge and know-how about safer drug and alcohol use among social service staff, primarily homeless service staff. Many of the selected good practice examples show the strong positive impact collaboration among homeless, drug/alcohol specialist and other health services can have for people who use drugs/alcohol in situations of homelessness. Homeless services can act as low-threshold services and ‘first point of contact’ services for PWUD or alcohol in homelessness who might be hesitant to contact relevant drug / alcohol use services. Research and evidence from practice have repeatedly shown that PWUD or alcohol in situations of homelessness face significant barriers to accessing health care, drug treatment and support towards recovery, which further hinders their chances to being housed. Homeless services can hence play a key role in ensuring PWUD or alcohol get in touch with mainstream health care and drug use related services in order to support the access of PWUDs to permanent housing (the main barriers are discussed, for instance, in the [FEANTSA Good Practice Guidance for Working with People Who are Homeless and Use Drugs](#)). Furthermore, homeless services can promote PWUDs’ active involvement in the design and provision of services as well as in establishing more user-friendly integrated care paths for PWUDs or alcohol.

Last but not least, the *Resource Hub & Good Practice Collection* aim at supporting the implementation of the *Key Principles of Harm Reduction in Homeless Settings*, another key output of the HR4homelessness project. The *Key Principles* provide guidance for establishing high-quality HR base services. For each of the seven *Key Principles*, specific resources and good practices are indicated which allows the reader to quickly identify the relevant resources for a specific topic.

### 3. Resource Hub – content and how to use

The [Resource Hub Content List](#) allows users to search for a specific type of resource via **the filter function**. The filter allows to search for

- specific **types of resources** such as guidelines and manuals for service staff and for people who use alcohol and/or drugs, reports and peer reviewed scientific articles, as well as videos, apps, presentations, books, and advocacy-oriented documents;
- author(s), title, and year of publication;
- specific **key words** (such as drug use, safer drug use, injecting technique, Drug Consumption Rooms, Managed Alcohol Programmes, infectious disease testing, community testing, HR trends/developments, quality of services etc.). Most resources have at least 2 key words which allows for a targeted search on specific topics.
- **Language-wise search**: most resources are provided in English language to make the Hub most useful for the European audience, however, some resources are also provided in another language than English (e.g. Portuguese, Danish, French);
- **scope**: For each resource, the geographical scope is indicated- whether it refers to a country-specific content, to the European context, which represents the biggest share of resources, or a global context.

Furthermore, a **short summary** in English is provided for each of the 68 resources as well as the **link** to the respective document/video/app.

## 4. Good Practice Collection

### a. Selection criteria

The selection of the here presented good practices followed a strict and well-defined set of selection criteria to ensure only relevant good practices are included. In the following, the interested reader can learn about the selection criteria and along which specific characteristics each selection criterion was assessed:

<b>Selection criterion</b>	<b>Specific characteristics of service</b>
Harm Reduction based	<p>Provision of any service related to drug and alcohol consumption, including drug use paraphernalia provision, drug consumption rooms, overdose prevention, services accessible under influence of drugs/alcohol, supported alcohol consumption / managed alcohol programmes.</p> <p>Particular positive assessment if service is accessible under the influence of drugs/alcohol, if supported alcohol consumption or Drug Consumption Room are provided or naloxone-based overdose prevention is provided.</p>
Service is serving the needs of service users, service(s) is/are adaptable to user needs.	<p>Respects the choice of issues the service user (SU) wants to work on and according to SU's pace; provision of community-based services and mobile services; gender-informed approach / gender-specific services, spaces which are safe for women, trans, nonbinary, intersex persons; sensitive to cultural and faith related backgrounds, ensures physical accessibility for all SUs; opening hours according to the needs of SUs; free of charge.</p>
Provision of housing	<p>Provision of emergency and temporary shelter, transitional housing. Extra points were given for long-term and permanent housing and Housing First<sup>1</sup> based projects.</p>
Integrated approach and/or collaborates with other services through network / care cascade	<p>The service supports access to different forms of drug treatment, access to voluntary and anonymous Hepatitis C and HIV testing and treatment. Social support and counselling are ensured as well as mental health care and psychiatric care. A continuum of care is ensured for those entering or leaving institutional settings (prison, psychiatric hospitals, state care, youth care etc.).</p> <p>Extra points are given if services are part of a cascade of care, including informal collaboration structure, for collaboration with mental care services, and for support towards voluntary and anonymous Hepatitis C and HIV testing.</p>
User-led service, ensures user participation, peer involvement	<p>Users regularly evaluate the service(s), the feedback informs improvement, i.e. has an impact. Ideally, users decide on service portfolio and set-up and are involved strategical planning. Specific pathways exist which allow people with lived experience to become peer workers (extra point if training to become peer worker is provided). Extra points are given if formal structures exist which ensure regular assessment by service users which inform changes in service design/delivery.</p>
Engages local stakeholders such as neighbors, shopkeepers, the police	<p>Engagement is ensured through regular meetings or other mechanisms of regular involvement. Extra points are awarded for collaborations with local residents who keep track of service users (example 'caring citizens networks') and inform support service is person's situation deteriorates, for running trainings and/or workshops with shopkeepers or other stakeholders to mediate conflicts with people who use drugs/alcohol in situations of homelessness, for training relevant professionals such as security personnel, public transport staff, medical staff, and generalist social</p>

<sup>1</sup> Housing First is an approach which focuses on providing the person in situation of homelessness with permanent housing without precondition. Support services are provided but there is no obligation for take-up. More information about the Housing First approach is available here: <https://housingfirsteurope.eu/guide/what-is-housing-first/>

	workers on how to adapt their work practice for people who use drugs/alcohol in situations of homelessness.
Evaluation and monitoring	Services ensures evaluation and monitoring are carried out internally or externally (extra points for external evaluation). Evaluation/monitoring particularly assess to what extent the needs of service users are met (extra point awarded).
Provides professional psychological and emotional support to service users	Psychological support is provided by qualified staff who is familiar with homelessness and drug / alcohol use as underlying problems of service users and the related specific support needs: support is provided in a non-judgmental, empowering, strength-based and gender-informed way. Cultural and faith related backgrounds are taken into account.
Ensures professional psychological and emotional support for staff	Service ensures staff and peer workers can regularly access supervision, both internally and externally, provision of training on drug and alcohol use and related topics, including ensuring good relationships and communication with service users, stress and conflict management etc..
Services offers activities which service users can join / offers possibility for service users to organize activities	Activities are low-threshold, at least partly organised ad-hoc (or possible for service users to organise themselves activities ad-hoc); activities follow the interests and skills of service users. Extra points if activities are organized by service users (or at least mainly by them).
Engaged in advocacy work and awareness raising	Services engage in advocacy activities to explain the relationship between drug/alcohol use and homelessness and support the (further) establishment of Harm Reduction services; services contribute to a better understanding of HR as effective response to drug/alcohol use and combat misconceptions about drug/alcohol use and homelessness. Extra points awarded for regular advocacy activities, if advocacy is even part of the organisation's core activities, and if service provides training for specific professional groups who are regularly in touch with people in homelessness (such as police officers and public transport staff).

The selection of the good practices followed a strict set of criteria to ensure only GPs which are relevant for the scope of the project are included, i.e. services and organisations which address non-recreational drug and alcohol use in situations of homelessness. Only services which reached 50% of the maximum attainable score plus one point were selected as good practices. Altogether, eleven services were included in the Good Practice Selection:

- APDES- Agência Piaget para o Desenvolvimento (Piaget Development Agency), Saber Comprender, and CASO- Consumidores Associados Sobrevivem Organizados (Associated Consumers' Survival Organisation) in Portugal;
- Depaul Dublin, Ana Liffey Drug Project, and the Cork Region Housing First Partnership in Ireland;
- Hepatitbus Brugernes Akademi (Hepatitbus / Users Academy Copenhagen) and Community Street Nurses in Denmark;
- Mainline, Hostel Pannekoekedijk (Tactus), and Woodstock (Parnassia Groep) in the Netherlands.

The eleven selected good practice services are located in four countries, namely Denmark, Ireland, the Netherlands, and Portugal. As said before, decisive for the selection were the scores attained for each selection criterion, as described in the table above, to ensure the most relevant services are included to improve current service provision for people who use drugs / alcohol in situations a homelessness. Geographical balance was not part of the selection criteria.

The Good Practice Collection provides a description of the selected service, the type of support provided and the underlying approach and methodology. It also explains what exactly makes the service a good practice and provides a related link and contact person.

## b. Good Practice Examples



### APDES- Agência Piaget para o Desenvolvimento ('Piaget Development Agency')

#### *Description of service / organization*

APDES provides support to people who use legal and illegal psychoactive substances as well as alcohol, including sex workers, youth at risk, and marginalised communities, based on a strongly inclusive, non-judgmental and outreach centred approach. APDES involves service users (SUs) as much as possible from where they are, in their 'natural' context, and provides social and health and mental support, including Opioid Substitution Therapy, antiretroviral and tuberculostatic treatment and screening. An 'open appointment day' is organised in the local hospital especially for SUs who are supported by the multidisciplinary outreach teams to facilitate access to the hospital. Furthermore, APDES support SUs into permanent housing.

APDES' work responds to a tendency which can be observed in many cities: the displacement of drug and alcohol use away from in public spaces, especially from touristic and other 'high-key' city areas. APDES involves community stakeholders to design and implement better services and solutions which respond effectively to stakeholders' needs and life contexts.

#### *What makes this good practice?*

Core of APDES' work are their peer education methodology, which was also acknowledged as 'Good Practice' example by the WHO. The methodology includes involving former service users as peer workers which also have a say in all important decision concerning support provision. APDES has also been encouraging and supporting the foundation of local drug users' rights movements.

Another key element of APDES' approach are the multidisciplinary outreach teams which, apart from social and peer workers, also include anthropologists and criminologists. The multidisciplinary approach allows for a more complex analysis of drug and alcohol use situations and helps to identify how to best support SUs. The teams provide low-threshold services including psycho-social support, case management, and support SUs into permanent housing which is particularly important for the target group of the HR4homelessness project- people who use drugs and alcohol in situations of homelessness. As parts of its analytical work and efforts to create a better understanding of alcohol and drug use and their interrelatedness, APDES founded an action-research group which has been involving users in the development of better alcohol use related interventions within harm reduction support services.

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**Country:** Portugal



## Depaul Dublin

### *Description of service / organization*

Depaul Dublin provides extensive long-term and permanent housing, the latter based on the Housing First model, alongside with addiction-related, health, and social support. Depaul particularly supports women and men who, at some point in their lives, were in a situation of homelessness and have developed alcohol misuse issues. Depaul runs specific services for women who were homeless repeated times or over long periods of time. Depaul Dublin also provides support to keep tenancies and accompanying social wrap-around support to families living in family hostels as well as outreach support services for homeless persons who live on the street.

Rehoused persons receive support to keep new tenancies and are supported by a personal key worker. Support provision includes Harm Reduction services, psychological and social support, health support through a 24/7 nurse clinic.

### *What makes this good practice?*

Depaul Dublin established a specific Housing First project for people with an alcohol issue and experience of long-term homelessness and rough sleeping which assigns a key worker to each resident. Key workers ensure that social, psychological and any other support needs are covered. Support services also do homelessness prevention and supports tenants in keeping their tenancy and mediates neighbourhood conflicts.

Depaul provides services for specific target groups: Women who experienced homelessness and had a drugs / alcohol issue can access a women-only recovery house after having completed a residential drug treatment program of 8-10 weeks. Individuals and families with migrant background and experience of homelessness are supported through a specific re-housing service. Depaul Dublin runs a specific resettlement support service for all service users who have previously engaged with any Depaul service.

To support the social inclusion of tenants, Depaul established a community befriending programme. Tenants and volunteers meet during one-to-one weekly meet-ups. Volunteers also help organizing spare time activities such as monthly tenant group meetings, day trips etc.

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**Country:** Ireland



## *Out of the C / Hepatitbus, Users' Academy Copenhagen (Brugernes Akademi)*

### *Description of service / organization*

The *Users Academy* (UA) is a user and peer-driven organization which was founded as an activist Facebook Group which aimed at providing both direct support for the drug users community through peer work and also worked as a national advocacy group.

Until today, the support provision has been focusing on educating vulnerable people who use drugs to improve coping and health skills, help creating a supportive community among drug users, and support the development of opportunities for meaningful social interaction. The UA also aims at

increasing users' cooperation with the public support services. Furthermore, the UA has been training professionals and authorities on users' experiences, perspectives, and needs.

'Out of the C' is an outreach project, a mobile clinic bus which offers anonymous and voluntary testing, assessment and patient support for people who are at risk of having Hepatitis C. The mobile clinic is parked in the vicinity of the open drug scene of Copenhagen and has one weekly opening day at that check point. Beside that the mobile clinic is engaged in local activities all over the capital region and occasionally other parts of Denmark, often in cooperation with other local NGOs, drug treatment, and homeless services as well as shelters.

#### *What makes this a good practice?*

The *Users' Academy* is a fully user-driven service, including management. The 'Out of the C' / mobile clinic service conspires essential to hire staff who have undergone themselves Hepatitis C treatment.

The mobile clinic provides the best available medical testing service for Hepatitis C, including PCR-testing, which is the ultimate test for active Hepatitis C, and also provides fibroscan which tests the severity of this liver disease. To support take-up of local health care services, the UA established cooperation agreements with the local infectious disease departments. The agreements allow to refer users directly into treatment, thereby skipping several outpatient visits before treatment can start. The UA's network among people who have used or are using drugs allows to reach out to a large number of potential Hepatitis C infected persons and to support their access to testing (and treatment).

The mobile clinic aims to connect users, especially positively tested persons, with local healthcare systems to provide a chain of healthcare delivery. This has become increasingly relevant in the last 4-5 years as 12 week single-drug treatment has become available for active drug users.

**Video** (part on Hepatitbus starts at minute 1:39)

**Website:** <https://brugernesakademi.dk/>

**E-mail:** [info@brugernesakademi.dk](mailto:info@brugernesakademi.dk)

**Country:** Denmark



### Community Street Nurses Denmark

#### *Description of service / organization*

Street Nurses are employed by public organizations or NGOs in many communities across Denmark. They provide medical and social support to vulnerable and marginalised people who have little or no contact to the mainstream health system. They ensure people access to medical treatment, accompany them to hospitals and other outpatient appointments.

Street Nurses also support people under influence of drugs and alcohol and provide treatment right on the street. The nurses provide drug use paraphernalia and are trained in overdose prevention. In relation to druguse they offer practical guidance and training in safe injection strategies. The street nurses provide physical and mental care, including support for people with dual diagnosis, and counsel on alcohol and drug use.

Furthermore, Street Nurses aim at supporting access to screening for infectious diseases such as HIV, Hepatitis, Tuberculosis etc. for vulnerable and marginalised people. One of the main objectives are to

provide a continuum of treatment, to ensure users that treatment initiated at the hospital or by a GP are being followed up - by the street nurse and/or by the GP.

*What makes this a good practice?*

Street nurses work according to a community based, mobile and very low-threshold approach. The target group of the Street Nurses are the most vulnerable and marginalised people of who many are hesitant to get in touch with the mainstream health system such as hospitals, GPs, drug and alcohol use related services. To reduce barriers as much as possible, the Street Nurses meet service users where they are.

Users can be referred from a variety of services, including soup kitchens, shelters and other outreach social services, but also from friends and family. Users can themselves contact the Street Nurses without referral, either when the Nurses are present in the streets or by phone call.

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**Country:** Denmark



## Mainline

### *Description of service / organization*

Mainline provides harm reduction services and support across the Netherlands. Mainline provides all people who use drugs, including people in situations of homelessness, men having sex with men, and people who use drugs with mental health support needs.

Among other projects, the organisation runs a mobile bus service with stops in several regions and cities, providing basic drug using paraphernalia, counselling and information, as well as referral to other relevant organizations. Building upon these activities, Mainline has been taking on a signalling function (i.e., collects and monitors developments) in the drug use field which is shared with other organizations, as well as with governmental bodies. As part of its outreach work, Mainline maintains regular contact with the police, policy makers and other stakeholders, and contributes to improving access and quality of care through capacity building and training of professionals in the field of homelessness.

*What makes this good practice?*

Mainline has developed a wide network of collaboration partners, including municipal social and health services and other specialist services. An example of good practices is the Hepatitis C community-based campaigns that Mainline has co-organized in homeless shelters, ensuring follow-up treatment for positively tested persons in the respective community.

In addition to the wide range of publications and trainings offered to professionals working with people who use drugs and other related marginalized and underserved communities, Mainline has recently developed a manual and training programme to support people experiencing homeless with double diagnosis, i.e. people use substances and have mental health support needs. The manual strongly contributes to better support provision for a chronically underserved group (people with double diagnosis often fail to get the right support as their mental health problems are entirely blamed on the drug use).

Furthermore, Mainline's services are strongly informed by a gender and culturally sensitive approach. Service and staff are culturally responsive to experiences and realities others than those centred in the Netherlands. Last but not least, Mainline is involved in advocacy work and policy making at local and national levels.

**Website:** <https://english.mainline.nl/page/home>

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**Country:** Netherlands



### Hostel Pannekoekedijk (Tactus)

#### *Description of service / organization*

Hostel Pannekoekendijk, a service specialised in supporting people in situations of homelessness who also use substances, as well as a drop-in day center. The Hostel counts with three drug consumption rooms and a wide range of wrap-around social, psychological, and health support. Hostel Pannekoekendijk runs one consumption room for alcohol use, one for smoking heroin and cocaine, and another one for injecting drug users. The service provides drug use paraphernalia and does needle exchange, further beyond, also offers Opioid Substitution Therapy and offers on-site support for users who wish to end drug use and rehabilitation services.

Tactus follows a community-based approach which involves regular meetings with neighbours, the police, and shopkeepers through regular.

The Hostel aims at creating a sense of community and ownership of the place among service users. As part of these efforts, users are expected to cooperate with the provision of food in the Hostel and actively take part in the monthly evaluation meetings. Last but not least, Hostel Pannekoekendijk offers users the opportunity to engage in day activities (for instance the very successful wood workshop).

#### *What makes this good practice?*

Hostel Pannekoekendijk covers an extensive range of drug use related services, including consumption rooms for different substances (alcohol) and forms of drug use (injecting and smoking), collaborates with other national HR service providers while being fully integrated with the regional health and social services of the city of Zwolle, where it is located. For instance, the on-site support in the Hostel is provided by the Zwolle Municipal Health Service, composed of nurses, social workers, and psychologists. Specific support is provided for women as well as for sex workers by two nurses who are specialized on Sexually Transmitted Infections.

Furthermore, Hostel Pannekoekedijk addresses the housing problem of many its users by providing assisted housing in 27 apartments, assistance is provided by a specialist team (different team from the one working in the day drop-in centre). People can stay as long as they wish or need to. For instance, currently (spring 2021), some residents have been making use of the housing service for 15 years.

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**E-mail:** [info@verslavingskundenederland.nl](mailto:info@verslavingskundenederland.nl)

**Country:** Netherlands



## Woodstock (Parnassia Groep)

### *Description of service / organization*

The housing service 'Woodstock' was founded in 2008 as a response to the growing need to provide a permanent housing solution for people in situations of homelessness who use drugs and who were not 'rehabilitating' and who were growing older. Woodstock supports people into assisted living while providing specific medical support which responds to their long-term drug use and experience of homelessness. Woodstock covers a wide range of social, psychological and psychiatric, health and mental health support needs for people who 'do not fit' into regular substance use or psychiatric services, due to somatic problems, or into nursing / assisted living houses due to their psychiatric/substance background.

The Woodstock service focuses on providing a safe living environment while providing Harm Reduction based drug use services on-site, including Opioid Substitution Therapy. Drug use is tolerated in the tenants' own rooms and sharing amongst tenants is allowed.

Flats feature a living room/kitchen area and separate bedroom as well as standard household appliances. There are specific rooms suitable for people experiencing disabilities.

### *What makes this good practice?*

Woodstock was created as a service that specifically supports people over the age of 45 years who have been living in situations of homelessness recurrently and/or over longer period of times and who have been using drugs. Currently, this is the only service that provides this type of setting in Netherlands what is even more remarkable given that the Netherlands are a country with a widespread network of services for people who use drugs.

Counselling is strongly person-centred and focuses on personal goal setting, daily personal care, personal financial management and supports tenants in identifying daily activities they esteem useful. The multidisciplinary support team consist of nurses, medical doctors, psychiatrists, and social workers. Woodstock is well connected to other health and social services for further support.

Neighbours and the police have been involved in the project as of the very start which has been contributing to a high acceptance for Woodstock among local stakeholders.

**Website:** <https://www.parnassia.nl/onze-locaties/woodstock-den-haag>

**E-mail:** [informatie@parnassiagroep.nl](mailto:informatie@parnassiagroep.nl)

**Country:** Netherlands



## Ana Liffey Drug Project

### *Description of service / organization*

Based in Dublin and the Midwest of Ireland, Ana Liffey Drug Project provides Low Threshold – Harm Reduction services to people who use drugs and who have complex and multiple needs e.g. poly-drug use; mental health issues; physical health issues; homelessness; etc.

Ana Liffey provides a number of services including Assertive Outreach; Needle & Syringe Programme; Medical Services; Group Work; Key Working and Case Management; Prison in-reach; Community Detox; etc. For more information visit [aldp.ie/services/](http://aldp.ie/services/).

Ana Liffey works in partnership to provide a seamless continuum of care through its outreach and on-site services; regularly making referrals to other health and social services. Below is one example of an innovative partnership delivered by Ana Liffey in Dublin - the Assertive Case Management Team:

#### Assertive Case Management

The Assertive Case Management Team is a multi-agency project, stemming from the 'Better City for All' report which was published in October 2012 by key stakeholders in Dublin City Centre; who had been tasked by the Lord Mayor to investigate issues of public drug use and perceived anti-social behaviour in Dublin. The project was established in September 2014 based on a Memorandum of Understanding between: the Health Service Executive; Dublin City Council; An Garda Síochána; and Ana Liffey Drug Project. The parties work together to provide a multi-agency approach focused on addressing the needs of a cohort of people with complex and multiple needs in Dublin City Centre. Ana Liffey provide intensive case management support to people identified as members of the target cohort. For more information, please visit <https://www.aldp.ie/resources/downloads/>.

#### *What makes this good practice?*

Ana Liffey provides evidenced informed services; and, over the years, have actively engaged with independent reviews and evaluations of their services. Ana Liffey also champions evidenced informed drug policy.

Ana Liffey supports the roll out of the National Drug Strategy "Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025".

Ana Liffey have advocated for the establishment of Low-Threshold Residential Stabilisation Services; and they support the implementation of the Irish Governments health led approach to the possession of drugs for personal use - which is a policy choice informed by Civil Society.

In recent years, Ana Liffey successfully advocated for, and contributed to, legislation that allows for the introduction of supervised injecting facilities in Ireland. The implementation of which is now an Action in the National Drug Strategy.

#### [Short Video on ALDP's mobile outreach service](#)

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**Country:** Ireland



#### Saber Comprender ('Knowing to understand')

##### *Description of service / organization*

'Saber Comprender' explicitly addresses people who live in situations of homelessness and people who use drugs as well as people who use drugs during a situation of homelessness (which accounts for a big share as in Portugal approx. 80% of people who live in situations of homelessness refer to drug use as main cause of becoming homeless).

'Saber Comprender' provides social, psychosocial and support for community integration, furthermore, it provides health education and harm minimization training for people who use drugs (PWUDs) to reduce drug use related risk and harm.

'Saber Comprender' is also integral part of the Homelessness Strategy Network and the local 'NPISA do Porto – Planning and Intervention Center for People in Homelessness Porto' which allows the NGP to be very involved with other relevant social and health NGOs in Portugal. Furthermore, 'Saber Comprender' has a strong community orientation, working in continuous collaboration with local stakeholders and communities.

*What makes this good practice?*

'Saber Comprender' has a strong peer work focus. Peer workers do not only intervene in the mobile outreach teams but are also members of the board what ensures their active involvement in the service design and strategic decision making of the NGO. All staff members, i.e. non-peer workers and peer workers have a weekly meeting to assess service provision and adapt whenever necessary. This goes hand in hand with the organisation's highly sensitive approach towards users' needs.

'Saber Comprender' especially aims at establishing a support relationship with people in homelessness who use drugs who have not yet been followed up by any services, i.e. the most vulnerable and underserved groups within the drug user communities. An understanding, accepting attitude is essential to the efforts of 'Saber Comprender' who sees itself as a social movement actor which aims at contributing to deconstruct and eliminate all forms of discrimination and violence against all persons, including persons who face discrimination due to drug use and homelessness as specific social forms of extreme vulnerability and marginalisation.

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### CASO- Consumidores Associados Sobrevivem Organizados (Associated Consumers' Survival Organisation)

*Description of service / organization*

CASO has a strong advocacy orientation and focuses on the promotion of the rights, health, and dignity of people who use drugs, particularly those who inject them. Since its establishment in 2010, CASO works in strong collaboration with users and former users in opiate substitution programmes, other local services in the health and social inclusion sector. CASO provides a space for people who use drugs (PWUD) and their experiences. CASO takes a critical stance towards existing drug service practice and strategies and aims at a stronger involvement of PWUDs in the decision making processes when it comes to the design and delivery of drug use related support services, also through a stronger and more sustained cooperation with local and national policy and decision makers.

*What makes this good practice?*

CASO was the first association of former drug users created in Portugal. The involvement of peers, i.e. people with lived experience of drug use, has been central to the organisation. Peers have been on the board of CASO's, ensuring strategies are informed by the experiences and perspective of people with lived experience. Homelessness and drug use are strongly related with about 80% of people who live in situations of homelessness referring to drug use as main cause of becoming homeless.

CASO has been strongly supporting the involvement of people who have used or are using drugs in terms of a meaningful involvement and participation in the definition of public policies which directly or indirectly affect the lives of people who use drugs.

Furthermore, CASO was strongly involved in the establishment of Porto's first protected space of consumption, ensuring strategies and policies are informed by the lived experience of PWUDs.

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## Cork Region Housing First Partnership (Simon Communities Cork and other organisations)

### *Description of service / organization*

The Simon Communities of Cork are the lead organisation of the Cork Region Housing First Partnership (CRHF) which also includes Focus Ireland, the national health service HSE and the Cork City Council. Formal referral and assessment procedures are in place. Multidisciplinary teams involve clinical nurses, psychiatrists, psychologists, occupational therapists, and personal key workers who ensure the often complex needs of service users, related to their experiences of homelessness and drug use, are met.

The Simon Communities of Cork support long term homeless people with complex needs, including people who use drugs. Key element of the support provision is housing according to the Housing First (HF) model, i.e. access to housing without preconditions while providing wrap-around social, psychological health support, including overdose prevention. As part of the Harm Reduction support, which is part of the HF model, rehoused people are supported into gaining (more) control over their consumption. Care and case management are based on a cocreation approach in which service users and support staff develop together an individual support plan, according to the user's personal goals and priorities.

The context in which the CRHF operates is broadly positive with a National Framework for Housing First services in place and a Harm Reduction based National Drugs and Alcohol Strategy.

### *What makes this good practice?*

What makes the CRHF a good practice solution for people who experienced homelessness and use drugs is the provision of permanent housing through the HF model, together with the provision of person-centred, wrap-around support through multidisciplinary support teams.

Additionally to Cork Simon's on-site services, support teams visit rehoused persons to provide specific support. This strongly contributes to increasing safety, especially for women and trans/ nonbinary and intersex persons who are more vulnerable to experiencing violence in traditional on-site congregate homeless services. Key workers also 'broker' access to services outside of the Simon Communities, including to mainstream health care services, psychologists, public health nursing, occupational therapy, and, if service users wish, to training and employment services. However, being followed up by an external service (outside the Simon Communities) is offered to service users and there is no requirement on them to access services unless they wish to do so, respecting the pace and prioritisation of the service user.

Support staff is trained in trauma awareness. Comprehensive training is provided on drug use and related topics, mental health, suicide prevention, cultural sensitivity, and conflict management. Furthermore, all staff have access to supervision and to external counselling support.

There is a formal evaluation process, which is part of the National Housing First rollout, for CRHF. engages with staff and rehoused persons. A second evaluation by University College Cork is planned and will ensure feedback of service users will improve service design and delivery.



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