



A Primer on Supportive Housing & Harm Reduction



Supportive Housing:

Supportive housing is a combination of affordable housing and supportive services. It is designed to serve those with a long history of homelessness or stays in institutions. These individuals face one or more persistent obstacles to maintaining housing such as serious mental illness, substance use disorders or chronic medical problems. Though services help tenants maintain stability, being housed is an essential first step in addressing conditions that often have gone untreated for many years. The combination of housing and supportive services creates a synergy that allows tenants to take steps toward recovery and independence.¹

Harm Reduction:

Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping use. The harm reduction approach provides an option for users to engage with peers, medical and social services in a non-judgmental way that will 'meet them where they are'. This allows for a health oriented response to substance use, and it has been proven that those who engage in harm reduction services are more likely to engage in ongoing treatment as a result of accessing these services.²

READ: Substance Use Harm Reduction 101

Click [here](#) to view a series of 'NIMBY' factsheets created by:  **Build Homes Not Barriers**

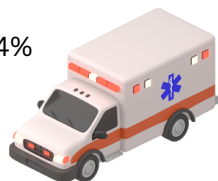
Supportive Housing Generates Significant Cost Savings to Public Systems

Supportive housing leads to cost savings across health care, social service and justice systems. Evidence shows that building and providing supportive housing leads to individual benefits, economic spinoff and, most notably, cost savings for the taxpayer.

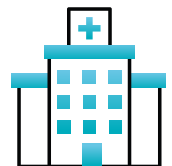


A 2019 B.C. study linking data for more than 450 individuals in BC Housing-funded **supportive housing** and **emergency shelters** found:

Supportive housing residents were 64% less likely than shelter clients to use ambulance services.



The average hospital stay for supportive housing residents was 50% less than for shelter clients.

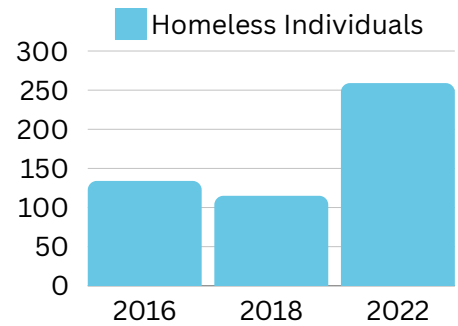




Why Supportive/Harm Reduction Housing in CBRM?

CBRM PiT Homelessness Counts

Point-in-Time (PiT) Counts are a measure of the number of homeless people on a specific day. The December 2022 PiT Count for CBRM area total was **259**. These are the highest PiT Count numbers we have ever seen in the CBRM. With the 2018 PiT Count, the total was **115**. For 2016, the PiT Count was **137**.



Barriers to Affordable, Appropriate Housing

Several key barriers to accessing and keeping appropriate, stable, and permanent housing were identified. People often experience multiple barriers.

Top five barriers reported:

- Lack of appropriate housing availability
- Addictions/substance use
- Mental illness
- Low-income earner
- Poor housing options

In the last [Service-Based Homelessness Count](#) (Nov 2021) **substance use and mental illness** were two of the most commonly reported barriers to securing housing.

Based on [CMHC data](#), the CBRM vacancy rate in the fall of 2022 was **1.5%**. This is drastically lower than in the fall 2021 at **6.1%**



In 2022, the Ally Centre of Cape Breton provided harm reduction services for substance use to over **500** people. Community members accessing harm reduction services ranged in age from 19 to over 70 years old, and includes people across ethnicities, gender identities, and housing status.



In 2022, Cape Breton Community Housing Association (CBCHA) assisted over 700 individuals experiencing, or at risk of, homelessness including 314 who utilized the Community Homeless Shelter. CBCHA staff found housing for 291 individuals and helped maintain over 300 more in housing options that are supported. There are nearly **300** individuals on a wait list for their services.

Sources:

1. Understanding Supportive Housing - CSH
2. Harm Reduction (cmha.ca)