

AN ECOSYSTEM OF SUPPORT SPACES IN RHODE ISLAND

Beyond the Harm Reduction Center, where can people go? We propose creating an ecosystem of safe and supportive place-based & housing interventions for the Rhode Island community.

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An Ecosystem of Safety

Our group stepped back from the opioids crisis and targeted a broader issue that underlies a lot of crises in general — the housing crisis that we have in our state and across the country. We looked at the current landscape to explore how we can do better to support the basic right of every human being to have access to safe housing.

Current State in Rhode Island

People use drugs. The reality is that it is safer to use drugs in a controlled environment, in a home. People often use drugs in their homes, unless:

- They have no home.
- It's unsafe to use at home.
- They aren't allowed to use drugs in a home.

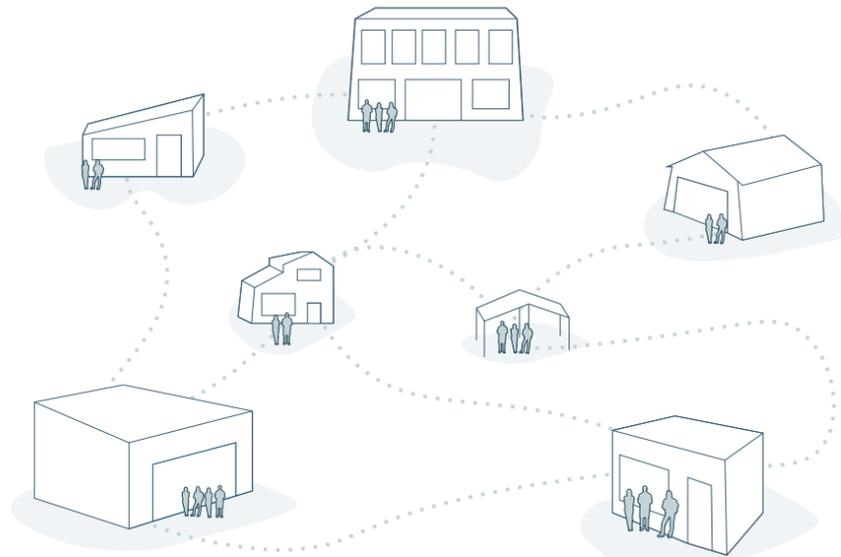
For anyone, being unhoused or unstably housed is dangerous, costly, and sometimes fatal. Homelessness increased risks of death 10-fold.¹ It's not all overdose related, but using drugs and the related health conditions when you don't have a safe place to stay really increases your risks.

Our housing system currently fails those who use drugs. There are options out there for folks who don't want to use drugs anymore. There are options out there for people who want treatment. But things are not designed to support people who want to use drugs.

We looked at this through the lens of our belief in the basic human rights of all people, whether they use drugs or not. We looked at this through the lens of empowering folks to have dignity while accessing basic community engagement. We need to provide the type of environment where people can participate in community, which is how we all function and grow. We need places where people can gather without consequence. There are very few places that you can simply be without spending money or without attracting the attention of law enforcement. We need to have 24/7 access. We don't know when people are going to get into crisis mode or have a need to immediately access a safer place.

No strings attached; a true housing first model. How do we set up a continuum of housing, that ensures that anyone who wants a safe place to stay, gets a safe place to stay? No criteria, no reason for denial, everyone has the opportunity for safe shelter and permanent shelter.

¹ Roncarati JS, Baggett TP, O'Connell JJ, et al. Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009. JAMA Internal Medicine. Published online 2018. doi:10.1001/jamainternmed.2018.2924



We want to have a ‘support don’t punish’ overarching principle that guides the work of ensuring housing for all. We took a restorative and transformative justice lens to this. What if there’s a problem? What if something bad happens? We are trying to get away from our current system, which is punitive and not at all effective. We are leading with the idea that no one is turned away. It should be ‘which is the right setting for you’, not ‘we don’t have a setting for you.’

We conceptualized various types of housing along the considered continuum, recognizing that different places will have different goals.

RI needs an uncompromising vision for housing:

- No one gets turned away.
- Everyone gets a place to stay.

Overall Guiding Principles

- Basic human rights and dignity
- Access to care and community
- Gather without consequence
- Support don’t punish

Places Guiding Principles

- Open 24/7
- No time limits
- Safe for all
- Different spaces for different goals

People Guiding Principles

- Co-created with lived/living experience (past and present)
- Restorative and transformative justice-led
- No one turned away

Who does the system need to design for:

Three buckets of people:

- Use drugs and homeless
- Not using and homeless
- Using and not homeless (but can’t be at home)

With some additional factors to consider:

AGE

- -Adults (18+)
- -Youth (< 18)

IDENTITY

- Trans/LGBTQ++
- Disabled

TRANSITIONS

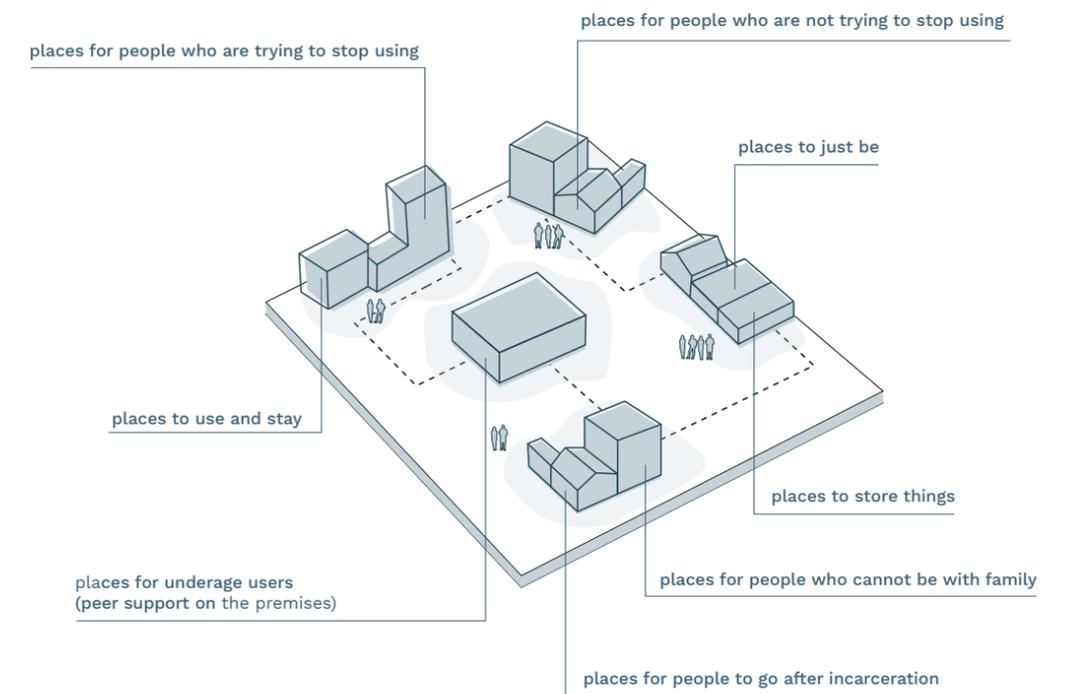
- Recently incarcerated people
- People leaving the ED / medical setting
- People who visit harm reduction center
- People unstably housed

FAMILIES

- People who are pregnant or have young children
- Parents/caregivers and children/adults

What kinds of places need to exist in RI?

Ecosystem of Places Diagram



Considerations

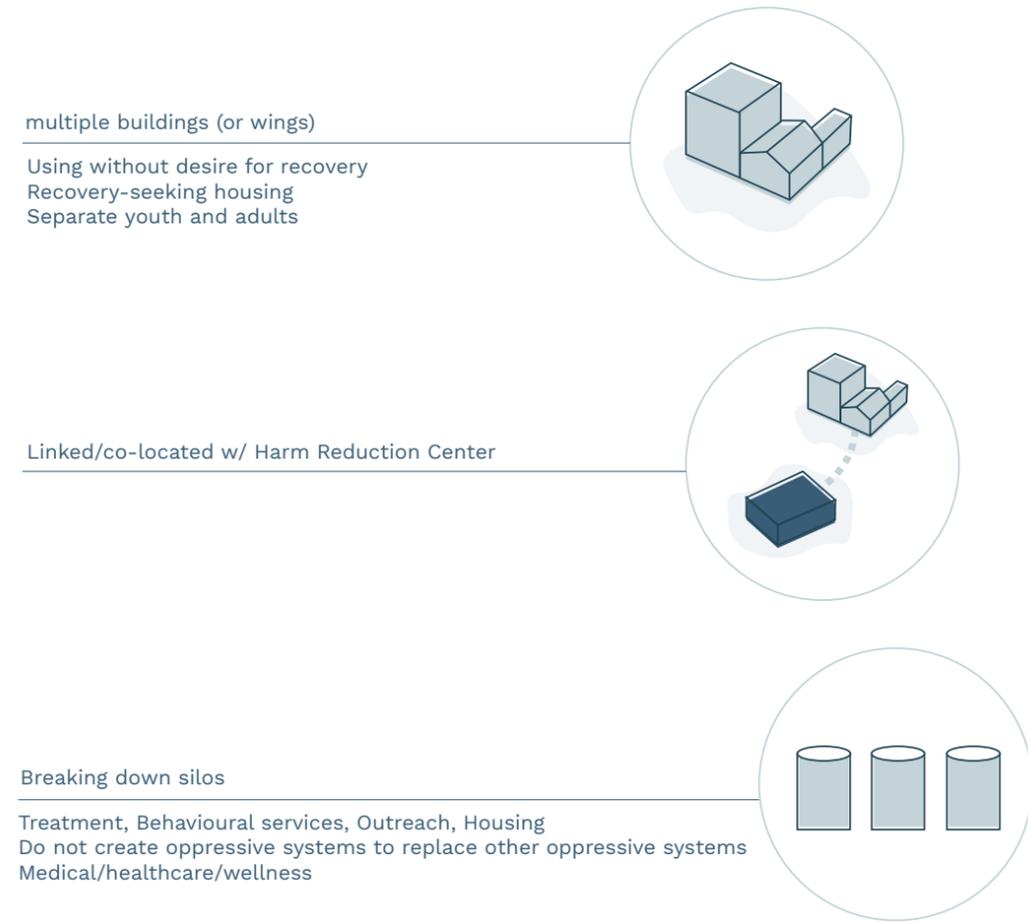
1. Multiple spaces designed for a range of people
2. Spaces that are linked to the Harm Reduction Center
3. A collaborative network that works together
4. Not a one-stop-shop but a one-stop-network
5. Breaking down silos between medical, wellness, and health care
6. Keeping families together

The goal is **not to create oppressive systems, but to replace oppressive systems.**

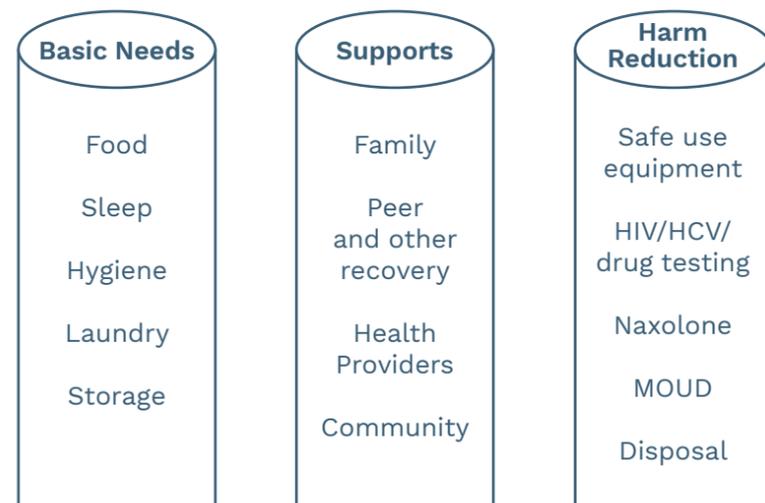
What’s at stake if the status quo continues?

Without harm reduction housing, many resources remain siloed.

Having spaces for people to go and for people to refer people to addresses the gaps and reduces the harm that everyone experiences in the system. This includes nurses and doctors, people who use drugs, family members etc.



Without Harm Reduction Housing, many resources remain siloed



Challenges and Barriers

There are many challenges and barriers. The one set of barriers that seems to feed into all of these is the philosophical. It's the attitudes and beliefs surrounding substance use disorder. Who is worthy of dignity, respect, compassion? Who is worthy to be cared about, not cared for? It is the philosophical barriers that stand in the way, feeding into the community, logistical, and legal actions. Addressing these particular gaps and harms through an ecosystem of safe places can help to change the attitudes and beliefs in the community about people that are dealing with substance use disorder. It will not eliminate all tension, but it can help shift attitudes and beliefs as people get to know one another as people.

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| <p>Community</p> <ul style="list-style-type: none"> · Zoning/NIMBY · Living/lived experience viewpoint · Public vs. Private Property · Number/Size of Locations | <p>Logistical</p> <ul style="list-style-type: none"> · Sustainable funding · Short vs. long-term needs · Transportation · Availability/priority/capacity · Marketing |
| <p>Philosophical</p> <ul style="list-style-type: none"> · Anti-science · American exceptionalism · Loss of social contract | <p>Legal</p> <ul style="list-style-type: none"> · Minors/DCYF · Law enforcement · Sex offenders · Licensing |

Discussion and Insights

- We need to treat people with dignity and respect, but our systems are not set up around those priorities. It sounds like what we're proposing is to work entirely outside of the systems. I don't see how our current systems accommodate this...
- We don't want to replicate the punish and alienate system that we have. We need to think about 'how does the person who is harmed become whole again?' How does the community that has been harmed become whole again? How do we bring people back into the fold to repair and prevent future harm? This is not at all how our current systems are functioning.
- The problem is when we do things small and incrementally, we stay at pilot level, and fear going big. There is a scale that needs to be considered for these ideas to work. Are we willing to scale things up so it has the necessary impact?
- Our mistake is thinking we need to have everything figured out before we start implementing, but what we do know is that the current system is not working, so even if we don't have it all perfectly worked out or know how it's going to play out in 20 years, by taking these first steps we're going to be a lot closer.
- How do we get started? This is philosophical so how will this manifest? We are facing NIMBYism. This signals that what we need to be doing is building community. How do we build a community that really engages folks in these discussions? How do we build community to accept that we all deserve human dignity?
- We have to create a harm reduction system.
- This work is not simple but we can have a simple philosophy "our current oppressive systems do not work. Unhoused or unstably housed people leads to death, and housing people means reduced substance use, pathways to treatment and living."
- Similar project precedent: <https://www.housingworks.org/locations/positive-health-project>