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## **Social Workers' Philosophical Attitudes Towards Harm Reduction Services in Housing First Organizations**

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral study by

John Woolley

has been found to be complete and satisfactory in all respects,  
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Walden University

2023

Abstract

Social Workers' Philosophical Attitudes Towards Harm Reduction Services in Housing

First Organizations

by

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MSW, Florida International University, 1998

BS, State University Of New York College at Old Westbury, 1993

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2023

## Abstract

Over the past three decades, harm reduction has gradually become more prevalent among social workers and is now viewed as an instrumental approach in treating people with drug and alcohol problems. Although there have been several studies that described how harm reduction approaches were applied in Housing First (HF) settings, there are few studies that have described social workers' perspectives of their philosophical attitudes regarding harm reduction in HF settings. The purpose of this study was to understand social workers' perspectives of their philosophical attitudes toward harm reduction services and how those attitudes were apparent in their interactions with substance-using HF clients. A generic qualitative research design was employed with a purposive sample of six social workers with work experience in HF settings. Data were collected through individual, semistructured interviews comprised of 10 interview questions. Thematic analysis revealed three emergent themes in the data set: support of HF and a positive philosophical attitude about harm reduction in HF settings, programmatic challenges exist in HF settings, and HF programs align with the concept of social justice. The findings from this study support positive social change by identifying micro, mezzo, and macro implications that could be used to support the provision of harm reduction services to clients living in HF programs.

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## Dedication

This work is dedicated to my wife, Lystra, who has accompanied me through this journey from start to finish. Her time, patience, and encouragement proved to be instrumental to my success and the completion of this study. I also dedicate this work to my late father, Wineck Beavens Woolley Sr., who always valued the importance of education as a measure of life success. Finally, a special dedication to the participants of this study and all practitioners working to improve the lives of substance abusing clients in HF settings living in NYC.

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## Section 1: Foundation of the Study and Literature Review

### **Introduction**

Despite the benefits of the harm reduction approach, some providers are reluctant to use it due to their philosophical attitudes that harm reduction is enabling and to some extent condones the use of substances (Fillmore & Hohman, 2015). The dichotomy between either the abstinence-based or harm reduction approach as the focus of interventions is problematic and can limit the accessibility of services if the service provider requires total abstinence to receive services (Gallagher et al., 2019). The dominant care model of abstinence-only treatment impacts the provision of services for many chronic substance users who are left with no other alternative treatment modality (Davis & Rosenberg, 2013).

In this study, I sought to provide insight into how social workers' philosophical attitudes in Housing First (HF) programs affected harm reduction services in those programs. The potential positive social change implications of this study include providing information on how the philosophical attitudes of individual service providers affect and impact service provision.

I begin Section 1 with a problem statement that outlines the specific social work problem as the focus of the study and a purpose statement. The section also includes a discussion of the nature of the doctoral study, in which the specific rationale for the research method and design are explained as is the alignment with the purpose statement and research questions. When establishing the significance of the study, I describe the potential contributions of this study to social work practice. The section also contains a

discussion of the theoretical framework, which was the theoretical lens that informed this study. In the Values and Ethics subsection, I present the values and principles of the National Association of Social Workers (NASW; 2021) Code of Ethics that were used to delineate how this study aligned with specific core values of the social work profession. Section 1 also includes a thorough review of the professional literature on the topic and relevant related literature. The section concludes with a summary and a transition to the following section.

Section 2 will include a discussion of the research design, methodology, data analysis, and ethical procedures. In Section 3, I will present the findings of the study, and in Section 4, I will describe this study's applications to professional practice and the implications of this study for social change.

### **Problem Statement**

Few studies have examined the general views of social work practitioners towards harm reduction, and even fewer have studied the philosophical attitudes of social workers in HF programs, which indicates a gap in the literature surrounding social workers and their philosophical attitudes about harm reduction. The social work practice problem created by this gap in knowledge is that if social workers are not committed to the principles of harm reduction, it may have a negative impact on client care (see Wittman et al., 2017). This social work practice problem lies in the notion that a positive philosophical attitude toward the principles of harm reduction is necessary for improved outcomes for clients and social workers' fidelity to the harm reduction model (Kriefel et al., 2016). Fillmore and Hohman (2015) found that social work students were more likely

to endorse traditional abstinence-based approaches over harm reduction in the treatment of substance use disorders (SUDs); however, they did not discuss the philosophical attitudes of social work practitioners.

Harm reduction approaches have been used in the United States, Canada, Europe, and other countries around the world. Traditional treatments for substance misuse/abuse have provided abstinence-only interventions that required complete abstinence from drugs and/or alcohol (Lee, 2015). The harm reduction philosophy is based on the notion that people with SUDs will continue to use drugs or alcohol regardless of the harm and negative impact on their lives (DeBoer et al., 2016). The harm reduction paradigm incorporates a nonjudgmental approach to the treatment of substance abuse by providing services to clients regardless of whether they are actively using drugs and/or alcohol in the hopes that harms can be reduced and better outcomes can be achieved (Hall et al., 2018). Harm reduction policy practice and research footprints date back to the historical situational events surrounding HIV and hepatitis C virus and the development of syringe exchange programs and safe sex practices (Souleymanov & Allman, 2016). The harm reduction approach is important because it provides clients with an alternative treatment option that does not require total abstinence and promotes positive health outcomes for people with SUDs (Miller-Archie et al., 2019). Harm reduction approaches have been used in clinical settings, such as in individual and group psychotherapy, through the harm reduction therapy (HRT) model, which addresses the needs of clients with SUDs without the requirement of total abstinence from drug use as the criteria for obtaining and maintaining services (Vakharia & Little, 2016). The HRT model has been effective in

improving the lives of substance users across many countries and territories worldwide (Vakharia & Little, 2016).

The overall goal of harm reduction is to lessen the use of drugs and to promote healthy and safe behaviors (Fenster & Monti, 2016). It is also important to note that harm reduction approaches are not necessarily at odds with abstinence-based approaches because abstinence can be a goal with harm reduction. For instance, Lee (2015) indicated that the abstinence-only model in substance use treatment was favored over harm reduction approaches by most service providers because it reinforced long-held beliefs that people with SUDs cannot be helped without total abstinence from substance use. The abstinence-only model, therefore, helped to reinforce the negative consequences and stigmatization of people who use substances. Davis and Hawk (2015) also described how non-abstinence-based interventions, including motivational interviewing; harm reduction practices; and medically approved treatments, such as methadone maintenance and suboxone for opioid addiction; were underutilized by service providers in the United States due to health care professionals' philosophical beliefs that they were ineffective and problematic. The philosophical attitudes of social workers toward harm reduction in HF programs was a topic worth exploring because there were few if any studies conducted on the topic.

### **Purpose Statement and Research Questions**

The purpose of this generic qualitative study was to understand social workers' philosophical attitudes toward harm reduction services and how those attitudes were

apparent in their interactions with substance-using HF clients. The following research questions guided this study:

Research Question (RQ) 1: How do social workers in HF settings in New York City (NYC) describe their philosophical attitudes toward the implementation of harm reduction services as applied within a system of fairness and equity despite negative dominant narratives related to people who use drugs?

RQ 2: How do social workers in HF programs in New York City describe the impact of their attitudes about harm reduction on their work with substance-using HF clients in keeping with the concept of social justice?

The social work practice problem was related specifically to providing a platform to share knowledge that can lead to improved treatment outcomes for substance-using clients in HF settings. Knowledge gained from this generic qualitative study can be shared with social workers, stakeholders, and other helping professionals working in HF settings in an effort to facilitate improved client care for substance-abusing clients. This study served as an original contribution that will advance professional practice in HF settings through gathering data from social workers who have experience with providing harm reduction services in HF settings. To be participants in this study, social workers had to have a master's in social work (MSW) degree and provide qualitative data in the form of completing demographic questionnaire and interview. Social workers served as units of analysis in this study in that units of analysis serve to provide systematic data in qualitative studies (see Royse et al., 2016).



## Definitions of Key Terms and Concepts

Harm reduction and HF are terms that are often used interchangeably in the literature (Watson et al., 2016). In this basic qualitative study, I examined how the philosophical attitudes of social workers regarding harm reduction impacted their treatment of clients living in HF settings in NYC and collected data using in-depth interviews.

*Evidence-based practice:* Using the best available clinical, experiential, ethical, cultural, and client-centered research to inform how treatment and services are delivered (NASW, 2021).

*Harm reduction interventions:* An approach that addresses the needs of clients with SUDs with the goal of minimizing the harmful effects of continued drug use (Vakharia & Little, 2016).

*HF:* Supportive housing programming that utilize the harm reduction model and guarantees housing to clients without the requirement of total sobriety to receive housing and support services (Dickson-Gomez et al., 2016).

*Managed alcohol programs:* Housing provided to homeless, chronic alcohol users within the context of harm reduction by providing a safe environment where clients can consume alcoholic beverages in a supervised setting (Stockwell & Pauly, 2018).

*Recovery housing (or sober living residences):* Housing that promotes recovery and abstinence from drug use with transitional support from staff to encourage sobriety (Paquette & Winn, 2016).

The practice problem in this study related to gaining a better understanding of how social workers' philosophical attitudes toward harm reduction impacted their treatment of clients who continued to use substances. Knowledge gained from this study can be shared with social workers and other helping professionals in the hopes of gaining a better understanding of how social workers' philosophical attitudes toward the harm reduction approach impedes or facilitates client-centered services in HF settings. Rhoades et al. (2018) found that total abstinence from drug use is not required for housing and interventions with the focus on minimizing consequences associated with the substance use. HF is focused on providing housing and promoting empowerment and self-determination using a client-centered approach to community integration and service provision without the requirement of total abstinence from drug use (Kriegel et al., 2016). It would stand to reason by this that the philosophical attitudes of social workers have some impact on the provision of harm reduction services in HF settings.

### **Nature of the Doctoral Project**

In this study, I used a generic qualitative research design to help identify the philosophical views of social workers and how those views aligned with the provision of harm reduction services in HF settings. The generic qualitative design consists of an analysis of participants' experiences explored through interviews and analyzed through open coding to develop themes and subthemes (Ravitch & Carl, 2016). The design's focus on the analysis of participants' experiences made it an appropriate choice for the current study.

I used a purposive sample of social workers to recruit participants for this study. Social work practitioners working in HF organizations were contacted via email or telephone to discuss participation in the study. I conducted qualitative interviews lasting approximately 60 minutes with the participants of the study. The interviews were transcribed and then coded to determine common themes or differences in the participants' responses to the interview questions.

### **Significance of the Study**

Harm reduction interventions incorporate evidence-based interventions using motivational interviewing (MI), cognitive behavioral therapy, and medication-assisted treatment as well as a nonjudgmental approach to the treatment of substance abuse (Polcin et al., 2016). The harm reduction approach is important because it provides clients with an alternative treatment option that is less punitive than abstinence-based programs. Fenster and Monti (2016) indicated that there were few studies that examined health care workers' attitudes toward harm reduction and that managers' attitudes favored abstinence-based approaches over harm reduction.

Through this research study, I sought to advance social work practice knowledge by examining the impact of social workers' philosophical attitudes on the provision of harm reduction services in HF settings. This is significant because the philosophical attitudes of social workers can affect the provision of harm reduction services and can potentially influence social work practice research and policy regarding harm reduction. For instance, if social workers do not have a positive philosophical attitude regarding harm reduction, they may not be vested in proper implementation of harm reduction

approaches, which may negate positive outcomes. HF organizations promote the harm reduction approach as a viable evidence-based practice (Vakharia & Little, 2017). What is unclear is whether social workers agree with the philosophical belief that harm reduction works in HF settings, and answering this question can have implications for positive social change by further legitimizing the benefits of the harm reduction approach from a philosophical standpoint.

### **Theoretical/Conceptual Framework**

In this study, I used critical systems theory to help me understand how existing social and political paradoxes form and perpetuate injustices based on complex socio-systemic and institutionalized conceptual practices (see Fischer-Lescano, 2012). Seminal works related to critical systems theory included those of Marx and the theoretical concepts of the Frankfurt School, which based rationalization as a central concept referred to the socio-cultural closure of capitalism and the proliferation of instrumental rationality at the expense of political reason and fairness in society (Overwijk, 2021). Critical systems theory may present itself as critical if it states its commitment to emancipation and the basic human rights principles of liberal democracy (Bachur, 2014). The key concepts of critical systems theory include:

*Critical theory*: A central concept that refers to the socio-cultural closure of capitalism due to the proliferation of technical rationality at the expense of some form of political reason (Overwijk, 2021).

*Dominant narratives:* An existing social order that defines certain subjective attributes to activities, such as drug use, to be inherently negative and undeserving of housing or other services without total abstinence from drug use (Lee, 2015).

*Social justice:* Actions that encourage addressing structures and systems of access and opportunity through action and advocacy (Richardson & Crabtree, 2020).

*Social systems:* The legal, political, and economic systems within society and the institutional features that are inherent in society (Bachur, 2014).

*Systems theory:* A theory that implies that rationalization exhibits a logic of closure in sociotechnical systems; however, this closure also produces historical and technical avenues of progress (Overwijk, 2021).

Use of critical systems theory involves taking a reflexive approach to social research that endeavors to illuminate dominant narratives that perpetuate injustice and inequality (Ravitch & Carl, 2016). I used a critical systems theoretical lens to focus on understanding the philosophical attitudes of social workers working in HF settings and how these philosophical attitudes related to dominant narratives of the harm reduction paradigm as well as how those narratives affected their philosophical attitudes toward harm reduction interventions.

### **Values and Ethics**

In this study, I applied the ethical values of service, social justice, and dignity and worth of the person to the social work problem under study (see NASW, 2021). The NASW (2021) Code of Ethics guides clinical social work practice with marginalized and vulnerable populations such as those represented in this study. Social workers have

mandates related to ethical principles to help individuals in need to address social problems, challenge social injustice, and respect the dignity and worth of all persons (NASW, 2021). Providing housing to marginalized, homeless individuals with SUDs in HF settings represents one example of these social work values. This study supports the values and principles of social work in that providing support and services to individuals regardless of their drug use promotes clients' right to self-determination and aligns with the ethical principles of the social work profession regarding the dignity and worth of all people (see NASW, 2021).

## **Review of the Professional and Academic Literature**

### **Strategy for Literature Review**

To locate relevant literature for this study, I searched Google Scholar and the following databases accessed through the Walden University Library: PsycINFO, Social Work Abstracts, and Thoreau Multi-Database Search. I specifically targeted peer-reviewed literature published within the past 5 years that were relevant to my topic. Some searches were conducted outside of this 5-year publication range to provide context to the harm reduction philosophy and the philosophical views of social workers in HF programs. I used the following keyword terms in searches for relevant articles: *harm reduction, harm reduction strategy, housing first, social workers attitudes toward harm reduction, housing first programs, supported housing programs, abstinence-based housing programs, homelessness, substance use disorders, housing first programs in New York City, social workers perspectives on harm reduction interventions, and social workers perspectives on housing first programs.*

The results of my search yielded over 1,500 articles with only 85 being published within the targeted 5-year literature review period. I found very few articles that addressed social workers' perspectives on harm reduction or HF programs and no articles that specifically addressed social workers' philosophical views on harm reduction in HF programs, thus supporting the need for more research in this area. The objective of this literature review was to provide a synthesis of empirical studies that addressed harm reduction interventions, abstinence-based housing, and an overview of HF programming.

### **Homelessness and Substance Use in New York**

Homelessness and substance use pose significant challenges for social workers in New York, having an impact on many sectors and communities. According to the U.S. Interagency Council on Homelessness (2020), New York has the second highest rate of homelessness and substance misuse in the United States. Addressing this problem is tantamount to the success of HF organizations. Women and children also face significant challenges in regard to housing and substance misuse, specifically in NYC ("HPD Joins WIN and Harlem Leaders," 2018).

### **HF with Families and Young Adults**

Bai et al. (2019) indicated that housing stability is an essential first step in establishing the permanency for children involved in the child welfare system to provide a foundation upon which families can address their various issues, including substance use issues. It is important to examine factors that facilitate and impede productive collaboration among workers serving families who experienced risks of homelessness

and/or substance abuse and have children involved in the child welfare system to understand the impact of the therapeutic relationship in HF settings (Bai et al., 2019). Collins et al. (2019) examined the effectiveness of the HF approach when it was applied to families and young adults. They found that there were several challenges to client stability related to the identification of those who lacked basic independent living skills, high staff turnover, and clients' inability to maintain their housing. Clients were also found to not have cleaning supplies to maintain a clean and safe living environment (Collins et al., 2019). More research is needed to understand client perspectives on the HF approach because client perspectives would add significant data to the findings in this study as well as future studies. Furthermore, practitioners using the HF approach for single adults, families, and young adults should have awareness that there were differences between the populations who presented with various developmental needs and lent to challenges in the practice context, including case managers' lack of experience in working with clients that had living skills deficiencies and parenting challenges (Collins et al., 2019).

### **Abstinence-Based Versus Harm Reduction Housing Programs**

There was a 70% increase in the number of available HF beds between the years of 2007 and 2015 (U.S. Department of Housing and Urban Development, 2015). Wittman et al. (2017) identified distinct consumer choices within homeless housing organizations and considered recommendations to improve those choices based on architecture and community planning efforts. They conducted a comparative analysis of HF and sober living housing organizations, contrasting different approaches to serving homeless



substance users were both insightful and informative. They considered HF and sober living housing models in the United States and made recommendations for practice that were based on an approach to architectural planning and agency operational alignment (Wittman et al., 2017).

Polcin et al. (2016) explored the role of the organizational hierarchy in understanding that research is often theory based and hypothesis driven. Longitudinal data on substance abusing and recovering populations are useful sources of literature. For instance, Polcin et al. identified transient and unsafe housing situations, difficulty in maintaining stable and accurate contact information from government and public databases, and a lack of follow up with individuals as problematic. This was based on a collection of objective data on operations and outcomes with highlights on the utility and effectiveness of the recovery residence as a substance abuse service that can address the goal of sustaining long-term recovery. The concept of recovery housing is synonymous with sober homes and sober living residences and represents an approach that extends the acute care treatment model supporting long-term recovery (Pannella et al., 2016). There are some barriers and processes that expand or restrict recovery housing based on the perspectives of a variety of stakeholders, including collaborations between different program sites; the need for added support from legislators; and funding restrictions at the federal, state, and local levels, leading to the belief that state policy and system changes were needed to increase utilization of recovery housing into the full range of housing options (Pannella et al., 2016).

## **Harm Reduction Interventions in Practice**

Harm reduction interventions in HF organizations have been used increasingly over the past few decades (U.S. Department of Housing and Urban Development, 2015). Harm reduction interventions began gaining more acceptance as an evidence-based practice during and after the crises surrounding HIV and hepatitis C virus, resulting in the development of syringe exchange programs and safe sex practices (Souleymanov & Allman, 2016). Since that time, harm reduction has been the focus of several research studies. Harm reduction interventions have gained widespread acceptance as an evidence-based practice and effective treatment modality for chronic drug and alcohol users (Tederington et al., 2013). Harm reduction interventions continue to gain acceptance in scholarly literature and social work practice.

Research has shown that harm reduction interventions have been used with some success with chronic alcohol users. For instance, Stockwell and Pauly (2018) provided commentary and research on substance use policy and provided harm reduction services to formerly homeless individuals via a Managed Alcohol Program (MAP). The authors provided qualitative insights for the implementation of MAP services to hospitalized clients to ensure better care in the hospital setting and their transition to housing and community-based care. Managing the consumption of alcohol by people with severe alcohol dependence presents complex challenges for inpatient treatment of serious comorbid illnesses (Stockwell & Pauly, 2018). Room (2018) conducted a quantitative comparison study with chronic alcohol users not in MAPs to research the main effect of entering a MAP and its relationship to alcohol drinking behavior. The findings indicated

that longer-term residents in MAPs drink basically the same amount on a day-to-day basis and that nonparticipants drink on fewer days but larger amounts on a given drinking day (Room, 2018). There is growing evidence that MAPs may be successful in reducing acute alcohol-related harms, such as violent criminal activity, alcohol poisoning, and environmental hazards associated with alcohol use (Room, 2018). What is still unclear is whether MAPs are as effective as programs that use approaches that require total abstinence from alcohol.

The success of harm reduction interventions can be said to be needs based. For example, Schiff et al. (2019) supported the notion that housing and other physiological needs must be met before more complex needs can be addressed and implemented in a harm reduction setting. These conceptual arguments are related to Maslow's hierarchy of needs and have been used to develop interventions related to persons experiencing chronic alcohol abuse and homelessness, specifically focusing on MAPs as interventions for these challenges and comparing MAP characteristics with the principles and values of harm reduction (Maslow & Lewis, 1987). Using harm reduction interventions with clients that suffer from food insecurity and homelessness is also a challenging endeavor for social work practice.

There has been some success using MI in HF settings. For instance, Kennedy et al. (2018) tested the efficacy of personalized, visual, social network feedback using MI with clients in harm reduction settings. Participants were residents of HF programs in the Los Angeles County area. The authors also conducted in-depth, qualitative interviews with staff to assess the needs of their respective programs using MI techniques and

provided support for the MI intervention's effect on increasing readiness to change alcohol or drug use as well as decreasing alcohol or drug use and increasing overall abstinence self-efficacy among the participants. Kennedy et al. also provided findings on how HF case managers rather than external intervention facilitators can improve outcomes for formerly homeless substance users in HF programs. In another study, Collins et al. (2019) conducted a three-phase, community-based, participatory research project to evaluate and assess the feasibility, acceptability, and smoking outcomes using a new treatment, electronic nicotine delivery systems, for smokers who experienced chronic homelessness. They hypothesized that harm-reduction treatment for smoking would be acceptable and likely effective for cigarette smokers to continue their use of safer nicotine delivery systems. These studies provide some evidence that harm reduction interventions can be used with individuals with different types of SUDs. There is also some evidence that harm reduction interventions can benefit individuals as well as families living with substance use issues (Collins et al., 2019). Greenwood and Manning (2017) explored the importance of consumer choice, mastery to residential stability, and psychiatric functioning for adults with a SUD and psychiatric instability using longitudinal data from five long-term homeless services programs. Their study provided research on the use of harm reduction with clients with comorbid psychiatric and SUDs.

### **Harm Reduction Interventions in HF Settings**

In an empirical, mixed-method, systemic review, Watson et al. (2017) used housing programming data for homeless individuals residing in HF programs in the United States and Canada. There is support for the notion that scholarly literature should

accurately explain the role of harm reduction when it is discussed in the context of HF programming (Watson et al., 2017). Rhoades et al. (2018) used observational and longitudinal data to assess substance use changes and affiliations with social network characteristics and individual drug or alcohol use among residents of permanent supportive housing with findings indicating that substance use did not significantly change among participants in their first year of residing in permanent supportive housing; however, illicit substance use decreased somewhat after the first 6 months and marijuana use increased somewhat after 12 months. These findings provides evidence of the efficacy of harm reduction in HF settings.

Ellen et al. (2018) explored, described, and interpreted the implementation of the harm reduction approach in a Norwegian HF project that focused on two conceptual themes: the holistic implementation of harm reduction and the collaboration of clients and their housing providers. Ellen et al. provided three main themes in their analysis: allowing the service provider to be in control, nonadherence to service provision contracts, and allowing the service provider to collaborate with the local community. They found that harm reduction practice should also be focused on sociopolitical and economic factors that related to users' everyday lives.

Other studies used sociopolitical and economic factors to guide their research. Johnston et al. (2018) conducted a cost benefit analysis that indicated that health care costs were driven by the costs of services for a very small number of individuals, although the specific individuals were incurring extremely high costs. They investigated the effects of Alaska's inaugural HF project-based programs on local service usage, costs,

and participants' quality of life through a mixed-methods study design that consisted of both survey and interview data. They provided insights into clients' life experiences before admission to HF facilities and assessed how their daily life changed after admission into those facilities, finding that there were positive changes in the service needs for chronic substance abusing, homeless individuals when they were admitted into permanent supportive housing.

### **Social Workers' Philosophical Views Regarding Harm Reduction**

Burke and Clapp (1997) provided insight into the concept of ideologies of care, which are based on a specific set of beliefs about the nature of client problems and that best practices or strategies were central to the alleviation of such problems. They used ideologies of client care in the substance abuse arena, specifically related to the disease/abstinence, psychosocial, ecological, and harm-reduction models, to examine managers' beliefs about substance abuse programs to determine if there were similarities and/or differences between those who had a background in the field of social work and those who did not. Although Burke and Clapp were published several years ago, they provided a historical context to ideology and its relation to social workers' philosophical views, which were important to provide a basis for the current study. Further research is needed to understand the significance of why social work managers' beliefs were important to the overall effectiveness of substance abuse treatment. There is a continued commitment to the role of social work professionals in substance abuse practice and understanding how their beliefs engender support for involvement by other types of professionals (Burke & Clapp, 1997).

Levin and Teichman (2017) examined retention in substance abuse treatment based on organizational research using organizational aspects and the principles of field theory. Although organizational climate was not necessarily connected to retention rates, they found positive correlations revealing aspects of organizational climate and retention rates may have had a reciprocal relationship. Elias and McTighe (2021) postulated that narrative theory falls under the general umbrella of social constructionism and a dominant narrative acknowledged the role of subjectivity with limitations of time and history to determine what humans conceived as truth. Over the past 4 decades, the social work field has learned a lot about substance misuse that contrasted with the dominant criminality narrative of violence associated with drug users in general. A shift from this negative dominant narrative may yield social and governmental policies that are more socially just and aligned with the core values of social work practice (Elias & McTighe, 2021).

### **Summary**

Fillmore and Hohman (2015) and Fenster and Monti (2017) explored the views of social work students regarding the harm reduction paradigm as an alternative to traditional abstinence-based approaches. Lee (2015) provided insight on the ethical dilemmas inherent in an abstinence-only based social service delivery system. Miller-Archie et al. (2019), Hall et al. (2018) as well as Quinn et al. (2018) provided insights on harm reduction approaches in relation to HF programs in large urban settings. Traditional treatment for substance misuse/abuse has placed much emphasis on abstinence only

interventions (Lee, 2015). Quinn et al. (2018) indicated that providers using harm reduction practices were more likely to have educational backgrounds in social work.

The harm reduction philosophy is based on the idea that people with SUDs will continue to use drugs and/or alcohol regardless of the detrimental effects that continued use has on their everyday lives. The harm reduction approach allows social workers to provide services to clients regardless of whether they are actively using drugs and/or alcohol. The HRT model has been used with some success in clinical settings with individual and group psychotherapy (Vakharia & Little, 2016).

The primary goal of harm reduction is to promote safe and healthy behavioral outcomes for clients who are actively using drugs and/or alcohol (Fenster & Monti, 2016). Fillmore and Hohman (2015) described the reluctance of some providers to use the harm reduction approach due to philosophical attitudes that it condones the use of substances and enables clients to continue drug use without consequences. The care model of abstinence-only treatment can be problematic because it limits access to services for many chronic substance abusers (Gallagher et al., 2019). Social workers play a central role in the implementation of the harm reduction approach and there is a possibility that some may be reluctant to embrace harm reduction if they do not believe that it is worthwhile (Fenster & Monti, 2017).

Social workers may be better suited to address ethical considerations by considering harm reduction as an option that is more flexible and supports clients' self-determination (Lee, 2015). Fillmore and Hohman (2015) noted that more qualitative studies are needed to further investigate the attitudes of social workers towards harm



reduction. In one Chicago study, researchers found that supportive housing for the chronically homeless had unique challenges however did not investigate the impact of drug use and the utilization of harm reduction approaches to support clients in those programs (Quinn et al., 2018). More research is needed in the addictions field and social work practice related to harm reduction in supportive housing programs.

The review of the literature identifies significant gaps in identifying what social workers' philosophical attitudes toward harm reduction are in HF settings. Although there are several settings where harm reduction approaches have been identified as providing positive outcomes, the same can be said for traditional abstinence-based programs. The data collection involved in this study will help to identify the philosophical attitudes of social workers toward the harm reduction paradigm in HF settings. In the following section of this capstone study, I will describe the methodology and data collection for this study.

## Section 2: Research Design and Data Collection

### **Introduction**

The purpose of this research study was to determine social workers' perspectives on their philosophical attitudes toward harm reduction in HF programs in NYC. The practice problem was that there were few studies that examined the general views of social work practitioners towards harm reduction, and even fewer that studied the philosophical attitudes of social workers in HF programs, which indicated a gap in the literature regarding social workers and their philosophical attitudes about harm reduction. The social work practice problem created by this gap in knowledge is that if social workers were not committed to the principles of harm reduction, it may have a negative impact on client care (see Wittman et al., 2017). In Section 2, I discuss the research design, methodology, participants, instrumentation, data analysis, and ethical procedures before concluding with a summary.

### **Research Design**

The nature of this study and the data collected from the participants were geared toward informing and enriching the current body of knowledge regarding social workers' perspectives on their philosophical attitudes toward harm reduction in NYC HF programs. In this study, I collected qualitative data on social workers' perspectives of harm reduction to address the following research questions:

RQ 1: How do social workers in HF settings in NYC describe their philosophical attitudes toward the implementation of harm reduction services as applied within

a system of fairness and equity despite negative dominant narratives related to people who use drugs?

RQ 2: How do social workers in HF programs in NYC describe the impact of their attitudes about harm reduction on their work with substance-using HF clients in keeping with the concept of social justice?

Generic qualitative designs offer researchers the opportunity to analyze people's reports of their subjective experiences in a given social environment (Percy et al., 2015). Kahlke (2014) agreed, indicating that generic qualitative designs provide a mechanism by which researchers can analyze and interpret information about peoples' subjective experiences. Using a generic qualitative research design helped to provide rich texture and insight into the harm reduction approach and social workers' philosophical attitudes toward harm reduction, specifically in HF settings in New York City.

Through semistructured, qualitative interviews, I gathered data in the form of social workers' perspectives regarding their philosophical attitudes toward harm reduction in HF settings. The semi-structured, qualitative interview enables the interviewer to develop a reciprocal discourse with the participant, allowing the researcher to improvise by asking follow-up and probing questions to increase the rigor and trustworthiness of the study (Kallio et al., 2016). The participants in this study were social workers with MSW degrees. Their interview responses helped me to identify common themes or differences based on their subjective reality.

## **Methodology**

The participants of this study were MSW-level social workers who had experience working in HF organizations in the five boroughs of NYC. I conducted individual, in-depth, qualitative interviews with probes to further understand the participants' responses. According to Ravitch and Carl, (2016) qualitative interviews are used to discover and explore narrative reports of how people describe the meaning of their actions in their own words. The in-depth, qualitative interview provides opportunities for the researcher to ask probing questions to gain a better understanding of the participants' responses (Galletta, 2013). In this study, I examined social workers' perspectives on their philosophical attitudes regarding harm reduction and how they describe the impact that those perspectives have on clients in HF programs.

The sample size for studies employing semistructured, qualitative interviews varies. The sample size for this study was initially proposed to be no less than five participants and no more than 12. Guetterman (2015) indicated that while sample sizes vary among researchers and studies, a minimum of 12 participants was common among most qualitative research studies. However, an adequate sample size is reached once common themes and responses arise within the data being collected, which refers to reaching saturation (Galletta, 2013; Gutterman, 2015). If saturation is reached in this study before 12 interviews, data collection will conclude as long as the minimum six interviews have been completed.

## **Participants**

The inclusion criteria for participants in this study were (a) social workers with an MSW degree, (b) actively or previously employed in an HF organization in the five boroughs of NYC, (c) English speaking, (d) had the ability to participate in one qualitative interview lasting a minimum of 60 minutes, (e) agreed to sign a voluntary consent and confidentiality statement, and (f) agreed to be audio recorded for the entire interview. I employed a purposive sampling strategy. Purposive sampling involves a nonprobability technique where participants are purposefully chosen based on their expertise and knowledge regarding a subject or phenomena (Ravitch & Carl, 2016). After working in the field of HF for the past 20 years in several HF settings, I developed a pool of potential participants from my professional contacts with other social workers in the field and referrals from those contacts for additional potential candidates. All communication with potential participants prior to the interviews was made via email. I also sent copies of the informed consent form and a background questionnaire via email to the participants selected for the study.

## **Instrumentation**

I used a self-designed, semistructured, qualitative interview questionnaire instrument that included 10 open-ended questions that directly related to the research questions. The questions were developed based on a cross section of the theoretical framework, results of the literature review, and the research questions. After working in this field for the past 20+ years in both direct care and managerial positions, I have had personal and professional contact with individuals and families living in HF settings. The

development of the interview questions was based on a genuine desire to understand the philosophical attitudes of social workers in HF settings and the impact of those attitudes toward harm reduction practice.

### **Data Analysis**

I collected qualitative data from participants in a verbatim manner, and audio recorded their interview responses via the Zoom platform. The interviews were then transcribed, so I could code, analyze, and interpret the data.

Thematic analysis was used to develop themes to answer the research questions in this study (see Ravitch & Carl, 2016). The data were coded and categorized to help identify themes and then mapping was used to explore the information gathered. I coded the data using computer-assisted software for qualitative data analysis (CAQDAS). CAQDAS uses an audio transcription of the data collected from the individual, semistructured interviews with the participants to assist in coding and analyzing themes in the data (Saldana, 2016). I used pseudonyms to identify each participant during the coding, interpretation, analysis, and presentation of the data. Data are presented, along with visual representations of the findings in tables, in Section 3.

It is paramount to establish trustworthiness in a qualitative study because trustworthiness is part of the validity and reliability process. Thematic analysis provides a framework to establish rigor in a qualitative study to support the establishment of credibility, transferability, confirmability, and dependability (Roberts et al., 2019). I established credibility in this qualitative study through use of an audit trail and member checking. An audit trail is a research strategy that involves the maintenance of an audit of

all key stages of the research process, including theoretical, methodological, and analytical decision making by the researcher (Carcary, 2020). An audit trail was carried out in this study by careful documentation of all notes, audio recordings, and drafts included in the research process. Member checks involve having the participants review their responses to ensure that the responses are accurately documented and authentic (Motulsky, 2021). I conducted member checks in this study by providing participants with a copy of their individual transcripts and then asking them for any feedback to assist in providing more accuracy in their responses. Confirmability and dependability were established through the review of the qualitative interview questions by assigned committee members to ensure that possible biases were mitigated. To address transferability, the data gathered in this study were presented using descriptive methods to help demonstrate that the findings can be applied to other contexts. Finally, authenticity was maintained through audio recording the participants' responses verbatim, allowing for further accuracy of the findings (see Herry, 2017).

### **Ethical Procedures**

I conducted this study to identify social workers' perspectives regarding their philosophical attitudes toward harm reduction services in HF settings in NYC. Prior to conducting their individual interviews, the participants of this study were given information on the study and asked to agree to and sign a consent form. The informed consent form included a statement of confidentiality. Data collection and contact with the final participants did not commence until Walden University Institutional Review Board

(IRB) approval was granted. All participants were treated with professional integrity and respect.

Each participant was assigned an alphanumeric ID code to further protect their confidentiality. I am the only person with identifying information; therefore, it was my ethical responsibility to safeguard the participants' confidentiality. Participants were advised verbally and in writing that their answers to the questionnaire would remain confidential. No names or identifying information were used in the study or its findings. I conducted the interviews via teleconference only after obtaining IRB approval to conduct the study. Participants were given an opportunity to ask questions via email or verbally prior to the qualitative interview. The data were kept in a locked file cabinet in my home and on a secure, password-protected laptop of which I am the only person with the password. The data will remain saved in a secured computer file and destroyed/shredded/deleted after 5 years, per Walden University standards.

### **Summary**

I employed a generic qualitative research design to identify social workers' perspectives regarding their philosophical attitudes about harm reduction in HF settings. In-depth, qualitative interviews provided data that were analyzed and coded to show differences and/or similarities in the participants' responses to the open-ended questions (see Ravitch & Carl, 2016). The goal of this study was to understand the perspectives of social workers and their philosophical attitudes toward harm reduction services in HF settings and how those attitudes influence service provision. I analyzed the data



thematically to identify codes, categories, and themes relevant to the research questions.

In the following section, I will describe the data analysis process and present my findings.

### Section 3: Presentation of the Findings

The purpose of this study was to understand social workers' perspectives of their philosophical attitudes toward harm reduction in HF settings. The following research questions guided this study:

RQ 1: How do social workers in HF settings in NYC describe their philosophical attitudes toward the implementation of harm reduction services as applied within a system of fairness and equity despite negative dominant narratives related to people who use drugs?

RQ 2: How do social workers in HF programs in NYC describe the impact of their attitudes about harm reduction on their work with substance-using HF clients in keeping with the concept of social justice?

I employed a generic qualitative research methodology in the data collection process via conducting in-depth, qualitative interviews with six purposefully selected, MSW-level social workers experienced with working in HF settings in NYC. Purposive sampling is based on nonprobability techniques used in qualitative research with the purpose of the identification and selection of individuals that have expertise in the phenomena being studied (Gutterman, 2015). Thematic analysis was used to examine and identify patterns and themes within and across the data set. I used Zoom software to audio record and transcribe the qualitative interviews and then uploaded each interview into CAQDAS software created by Delve Inc. for use in qualitative research.

In Section 3, the data collection and analysis procedures and techniques are described. In this section, I also discuss the themes that developed from the data and provide a summary of the findings.

### **Data Analysis Techniques**

After receiving approval from the Walden University IRB (Approval No. 09-14-22-0740236) in September of 2022, I began the recruitment of participants. The inclusion criteria were social workers with a minimum of a master's degree in social work and 2 years of work experience in an HF program in NYC. Purposive sampling was used to determine who I would attempt to recruit, and I initially invited nine social workers to participate in the study via email. The nine potential participants were gleaned from my past work experiences working in HF settings in NYC. All nine met the minimum criteria for participation; however, only six agreed to be interviewed.

The semistructured interviews were held during the months of September and October 2022. I emailed each of the final participants a copy of the background questionnaire (Appendix A) and the informed consent form prior to their interview. All six participants replied with a completed background questionnaire and their consent by writing, "I Agree," in response to the initial recruitment email. The semistructured interviews lasted approximately 60 minutes each. Each participant was given an alphanumeric code to protect their anonymity as well as to allow for the data collection and analysis. All six of the participants had MSW degrees, and two were licensed master social workers with experience ranging from 2 to 17 years employed in supported housing/HF settings in the five boroughs of NYC.

Prior to commencing the audio recording of each interview, I reviewed the informed consent form with the participant and inquired as to if there were any questions before starting the recording and at the end of each interview. None of the study participants had any questions. All study participants agreed to begin the recording once prompted.

I asked the participants to speak freely and honestly, and all of the interview questions were open ended. Open-ended questions in qualitative research elicit an explanatory response that is specific and culturally significant to the research subject (Kahlke, 2014). During the interviews, I engaged in active listening and paraphrased some responses to ensure accuracy and clarity to each respondent's answer. There was no sense that any participant was uncomfortable or that their responses were not honest and sincere.

During each interview, I took notes and used a digital timer to ensure sufficient time was given for each question within the timeframe of 60 minutes. After each interview was concluded, I asked the participant if they had any questions and advised that I would send them a transcript of the interview. I thanked each participant and forwarded a \$10.00 gift card via email as a token of appreciation.

I used thematic analysis to analyze the collected data. Thematic analysis includes a process where the researcher familiarizes themselves with the data; generates codes; and develops, reviews, defines, and names themes to produce a final report (Saldana, 2016). To familiarize myself with the data I read each interview transcript four times, listened to

the Zoom audio recordings twice, and then checked and rechecked the transcripts for accuracy.

After familiarizing myself with the data set, I began to formulate initial codes using the CAQDAS software. Precoding is a method where researchers actively review the data and highlight significant quotes that are worthy of analysis and attention (Saldana, 2016). Analyzing specific words and/or phrases helps researchers identify potentially significant information to explore the meaning of the collected data (Manning, 2017). I employed both of these precoding practices. Codes assist researchers to identify labels for key aspects of the data that are relevant to the research questions in a descriptive and interpretive way (Saldana, 2016). I highlighted codes from the transcripts to ensure that they were systematically inclusive and thorough.

My analysis of the data involved the review of potential themes and comparing them to the overall data set. The review of potential themes is a recursive process that is used to ensure that the coded data are fully developed (Braun & Clarke, 2013). I reviewed the themes in relation to the overall data set to ensure that the most relevant and important themes were captured and analyzed to see where they potentially answered the research questions.

For a good thematic analysis to occur, the data should be summarized in a few words that are related, but not overlapping, resulting in a direct connection to the research question (Braun & Clarke, 2013). During this phase, I read and re-read the transcripts several times to connect them to any themes. Three themes arose during this process: (a) 5 of 6 respondents were supportive of HF and had a positive philosophical attitude about

harm reduction in HF settings, (b) all respondents agreed that there are programmatic challenges in HF settings, and (c) 5 of 6 respondents agreed that HF programs align with the concept of social justice.

I used member checking to validate my interpretation of the data. Each participant was provided with a copy of their transcript and asked for any feedback regarding the accuracy of their responses. There were no responses; however, this step was necessary in validating that participants' answers were accurate and represented their actual, unedited statements.

### **Limitations**

Qualitative research methodology is appropriate when a researcher seeks an understanding of an issue that is prevalent in society (Guetterman, 2015). In this study, I focused on social workers' perspectives regarding their philosophical attitudes toward harm reduction in HF settings in NYC. Data collection was accomplished through semistructured interviews, which are commonly used in qualitative research (see Ravitch & Carl, 2016). The sample size for this study consisted of six social workers with MSW degrees from Council on Social Work Education accredited programs. Despite the geographic limitation and the limited sample size, it is my hope this study could prompt further research to support a broader understanding of this subject matter.

### **Findings**

NYC has one of the largest populations of homeless individuals with SUDs in the United States (Lee et al., 2018). Through this study, I sought to understand the philosophical attitudes of social workers regarding harm reduction in HF settings.

Overall, the responses of participants indicated a positive attitude toward harm reduction in HF settings. Participants also indicated that there are programmatic challenges to HF as well as concerns regarding funding and resources for HF programs.

### Demographics

There were six participants. I gave each participant an alphanumeric code to protect their identity. The participant demographics are presented in Table 1. It is interesting to note that the study participants have a combined total of 74 years of experience.

**Table 1**

*Participant Demographics*

Participant	Race	Gender	Years of experience in HF	Current role	Licensure
AB1	Asian American	Female	12	Outreach director	No
CD2	African American	Female	15	Mental health program specialist	Yes
EF3	European American	Female	17	Program manager	No
GH4	African American	Female	17	Clinical director	No
IJ5	European American	Male	11	Clinical supervisor	Yes
KL6	European American	Female	2	Program supervisor	No

## Themes

Three emergent themes arose from data analysis: (a) support of HF and a positive philosophical attitude about harm reduction in HF settings, (b) programmatic challenges exist in HF settings, and (c) HF programs align with the concept of social justice. These themes are directly related to the research questions for this study. Both the data collected and the literature review that was completed prior to the study supported a further understanding of social workers' philosophical attitudes toward harm reduction in NYC HF settings. I discussed the emergent themes in greater detail in the following subsections. Participant responses are denoted as support for each identified theme. Some minor editorial corrections were necessary to facilitate readability.

### **Theme 1: Support of HF and a Positive Philosophical Attitude About Harm Reduction in HF Settings**

Five of the six respondents reported an overall positive attitude toward harm reduction in HF settings. The five respondents who reported a positive attitude toward harm reduction in HF settings cited agreement that people who used drugs were not inherently bad and believed that certain life circumstances contributed to illicit drug use. There were four subthemes that emerged from this main theme: (a) traumatic life events were common among clients who abused substances, (b) clients' involvement with the criminal justice system, (c) lack of adequate physical and mental health services, and (d) illicit drug use and the ability to function. Only one participant reported a negative philosophical attitude toward harm reduction in HF settings. AB1 stated,



I think the largest, most predominant factor is that HF allows individuals to make their own choices. There are no barriers to participate in services in order to receive or to maintain housing. Clients, I feel are able to be treated with dignity. And they're just like anybody else, you know, you pay your rent, and you continue living there. I feel that the services are more effective. In general, services are more effective if people are allowed to choose what they wanted to do.

Participants cited their views on circumstances that had an impact on clients' drug use, such as trauma and lack of support and guidance. CD2 commented on the need for trauma-informed care with substance-abusing clients, stating,

My perspective is that these folks are broken. They are suffering from some sort of trauma or traumas in their lifetime that they haven't addressed. I look upon them as broken individuals who need some guidance. Since I've been in the social work field, the whole trauma-informed care model has really opened my eyes to people who abuse drugs continuously, who struggle with that.

Participants described the need for clients to feel safe and secure in their housing. Schiff et al. (2019) supported the notion that housing and other physiological needs must be met before more complex needs can be addressed and implemented in a harm reduction setting. There is no doubt that having a secure place to call home is important for the continued well-being of clients. EF3 stated, "HF allows for a sense of security for formerly homeless people who use drugs. Oftentimes, clients are struggling. They're

often transient or in and out of institutions and shelters, where there's absolutely no stability."

The subtheme of criminal justice involvement evolved from the data analysis. Participants agreed that criminal justice system involvement was common among clients living in HF settings. The importance of understanding the impact of criminal activity as related to drug use was a notion that participants shared. EF3 went on to state the following:

You can have individuals that are out on the street you know, they're maybe utilizing drugs, committing crimes like petty crimes to try to get by, getting reincarcerated, coming out, going to the shelter and then, you know, it's basically just repeating the same cycle over and over. Providing them with housing and that stability that they haven't had, they may choose to, you know, do something different with that, where they don't have to worry about being out on the street or going to a shelter, or finding a place to live.

Clients' access to adequate medical and mental health services was another subtheme that arose. Access to proper medical and mental health care was identified as an important component in HF programs. GH4 stated,

HF allows providers to address clients' medical, mental health or substance abuse, which is great because if somebody is homeless, they're not thinking about how to remain clean, or taking the HIV medications, or their mental health medications. They are not thinking about being in stable housing, but you know

they need to be housed to address their needs. HF allows the client a starting point to begin to take care of some of their essential needs.

Illicit drug use and the ability to function was noted and identified as another subtheme. All participants cited that some clients used illicit drugs with minimal negative consequences. IJ5 remarked, “I’ve seen clients that use cocaine and can function. They hold down a job, pay their rent and their bills despite their drug use.” In contrast to the five respondents that had a positive philosophical attitude regarding harm reduction in NYC HF settings, KL6 disagreed with the principles of harm reduction in HF settings, stating the following:

So, in HF, many of the clients are independent, and they can choose whether or not they want to use substances. So, in my opinion, I don’t think harm reduction theory works. In my opinion the harm reduction as a model is ineffective. I believe that people who use substances, most of them have an addictive personality. And if you have addictive personalities, I believe that no matter what you do, no matter what your drug of choice is that it comes down through the genes. I don’t think the learned behavior is as strong as the biological.

Although not all participants responded with support for HF and a positive philosophical attitude toward harm reduction, there was unanimous agreement that there are programmatic challenges that exist in HF settings. This second theme emerged in the data analysis as participants described the challenges that exist in HF programs in NYC and how those challenges affect those programs.

**Theme 2: Programmatic Challenges Exist in HF Settings**

Participants discussed the pros and cons of HF programs and shared their views on how HF programs can be improved. Although there was general agreement that HF programs were beneficial, participants felt that there were some factors that mitigated overall effectiveness. Participants spoke freely on how they viewed HF in context to how the harm reduction model has evolved over time. Participants also discussed programmatic challenges, socioeconomic factors, and fiscal/insurance barriers that negatively affected the overall effectiveness of HF programs in NYC. AB1 commented,

A major challenge is the process of filling out the necessary documents to admit a client into the program, gathering all of the documents, for some people who may have been on the streets for a while or have moved multiple times, they may not have documentation of their social security cards, they may not have proof of identification, they may not have a birth certificate.

Participants revealed their understanding of the evolution of the harm reduction model. CD2 stated, “I tolerate it more now, as opposed to before, you know, years ago, it was like, oh my God, they're using so we got to kick them out of the program.” Compliance with treatment and clients’ not cooperating with HF staff evolved from this theme. EF3 went on to state the following:

Another major challenge is getting them to meet with and engage with staff or their treatment provider. Yeah, I think that's a huge thing. Like I said, I have a few clients that are unwilling or outright refusing to cooperate with staff. Yeah, it's

basically almost like they just, they just go to the apartment to sleep and get up and go do whatever they do during the day.

Concerns regarding issues related to socioeconomic status and fiscal/insurance barriers evolved as subthemes as well. All participants verbalized that clients in HF settings are commonly from a lower socioeconomic class, many of whom are destitute. Participants agreed that the socioeconomic barriers need to be acknowledged and addressed. KL6 went on to state in more detail:

I think a major obstacle goes back to socioeconomic status, and we're trying to help people who feel that they have been oppressed in their lives or lived in an environment that was oppressive. We should be helping people who we feel have been oppressed in their lives but overcoming the socioeconomic factors are the biggest challenge in my opinion.

A final subtheme of fiscal/insurance barriers was described by participants as having an adverse effect on the effectiveness of HF. GH4 stated the following:

What's challenging now is that the insurance company is not doing long term drug treatment anymore, unless it is mandated by the court. So, it's basically connecting them to that detox and inpatient, which insurance maxed out at 28 days. And hopefully, they get a good counselor that can advocate to the insurance company so that they can get a longer stay in treatment.

The third theme that arose from the data analysis was that HF programs aligned with the concept of social justice. Five of the six participants agreed that the concept of social justice was prevalent in their work with substance abusing clients living in HF

settings. Participants expressed their thoughts and beliefs that HF programs aligned with the concept of social justice.

### **Theme 3: HF Programs Align With the Concept of Social Justice**

This theme relates to my second research question about how social workers in HF programs in NYC describe the impact of their attitudes about harm reduction on their work with substance using HF clients in keeping with the concept of social justice. Five of the six respondents readily agreed that HF programs aligned with the concept of social justice. These five respondents cited how HF programs were a safety net for formerly homeless substance abusers. There were several comments related to how HF programs were created to address inequality and unfair treatment of substance abusers, key concerns related to social justice. The respondents provided insight on how their work within HF programs provided disenfranchised and vulnerable clients with a sense of self-worth and dignity. AB1 stated the following:

Harm reduction is kind of a movement for lack of a better word, towards social justice, and equality for people because it is based on the on the belief that everyone, including people who use drugs should be respected and treated with dignity. And I see that supportive housing is a social justice safety net for people who use drugs and or alcohol, whatever the drug is.

Five participants shared how their work in HF settings addresses racial inequality as it relates to people who use drugs. The issue of redressing social inequality, another component of social justice, was a common element in statements from these five participants. CD2 shared in more detail,

Making allowances for people who have suffered from racial discrimination and housing discrimination is important. So how do you make up for that? How do you make up for the fact that Johnny was sexually assaulted in the 5 years that he was in the group home, because his mom was on heroin, or his mom was on crack? Life has dealt these folks a bad hand so to speak, and you got to make up for it somehow. Because if you don't, you're, you're not acknowledging what they went through. HF programs help build those individuals back up, meeting them where they're at, and building them up. You have to look at the fact that these are mostly black and brown people out there homeless. A lot of the social policies that were in place were not equal, so yeah, you got to make up for all of those injustices and HF is in my opinion, allowing us the opportunity to address social injustice.

EF3 also commented, "I think HF equates to social justice on the micro scale. Because people that struggle with addictions are entitled to the same social justice as people who don't." Five of six participants described how their positive views on harm reduction in HF settings contributed to a social justice approach. In response to this theme, GH4 replied,

I feel that HF programs are social justice oriented. For example, they have the needle exchange programs that I am not a big fan of, but they do reduce the risk of passing on HIV or other diseases, so I can understand why we need HF programs to address the inequality that exists when it comes to people with SUDs. We support them despite their behaviors and provide places they can use safely.

Um, I would say that helps. It reduces the risk, not only for the clients that are using and sharing with each other, but also for me as a staff member.

Socioeconomic status was also revealed as having an impact on the treatment of clients in HF programs. Participants described how their views of harm reduction in HF positively addressed the oppression of people with SUDs. KL6 stated the following:

I think it comes back to socio economic status, and we're trying to help people who we feel have been oppressed in their lives or lived in an environment that was oppressive. HF helps alleviate some of those stressors and elevates suffering individuals. To help them help themselves we have programs like HF giving them more fair access to housing and other services. I think that it's fantastic and I think that we should be helping people who we feel have been oppressed in their lives.

Only one respondent felt that their work within HF programs and the programs themselves were not aligned with the concept of social justice, citing that HF programs do not address the systemic inequality that exists in capitalist society. IJ5, who disagreed that HF programs aligned with the concept of social justice stated:

Being a White person living in America I have had many advantages. I'm also male, so there are certain privileges that you acquire, and you are given just because of the color of your skin and your gender. Even though I come from a poor background I still have a very privileged perspective, because I have not experienced the same injustices as black people or Latinos. If I was a drug user or dealer the possibilities of me getting arrested, with a felony, are less likely than if I were a person of color. I do not believe that HF programs are fair and equal. I



think it's a humane way to treat drug addiction. But is it really aligned with social justice? I don't think so, because I don't think that clients are really treated equal.

Five of six participants described how their views on harm reduction and HF programs are beneficial to clients' overall well-being. A genuine desire to provide fair and equal services to clients was commonly shared among the participants that agreed with the alignment of HF programs to the concept of social justice. Additionally, the participants expressed the sentiment that they were engaged in providing fair and equal treatment to clients in HF settings. This sentiment was tantamount to the participants perspective with regard to the success of HF settings in NYC.

### **Unexpected Findings**

NYC has the second highest rate of homelessness and substance misuse in the U.S. (U.S. Interagency Council on Homelessness, 2020). The six participants in this study had varied opinions on their philosophical attitudes toward harm reduction in HF settings. It is interesting to note that five of the six participants had more than 10 years of experience working in NYC HF settings while one participant had only 2 years of work experience. It was surprising to find that the one participant with the least experience did not have a positive philosophical attitude toward harm reduction in HF settings. It was also unexpected to find that the one participant who reported a belief that HF was not aligned with the concept of social justice reported a positive philosophical attitude toward harm reduction in HF settings.

Another unexpected finding was that participants reported the need for trauma informed care, acknowledgement of criminal justice involvement, and familiarity with

the impact of racial discrimination to support clients in HF settings. Participants also reported concern that HF programs did not have sufficient funding and resources for clients and staffing.

### **Summary**

The purpose of this study was to understand social workers' philosophical attitudes toward harm reduction services and how those attitudes were apparent in their interactions with substance using HF clients. The participants openly discussed their views on harm reduction and their experiences working in HF settings. The themes that emerged answered the research questions by exploring how social workers in HF settings in NYC describe their philosophical attitudes toward the implementation of harm reduction services in NYC HF settings in keeping with the concept of social justice. Five of the six participants reported that they had a positive philosophical attitude toward harm reduction in HF settings in NYC. All six participants verbalized their agreement that there were specific programmatic challenges in HF settings. Five of the six participants agreed that HF aligned with the concept of social justice. These themes emerged in the data collection and analysis process. Participants also agreed that there are programmatic challenges in HF settings that need to be addressed. In Section 4 I will outline the application of professional ethics in social work practice, implications for social change, recommendations for social work practice, and a summary of this research study.

#### Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this research study was to understand social workers' perspectives of their philosophical attitudes toward harm reduction services and how those attitudes presented in their interactions with substance-using HF clients living in NYC. To conduct this study, I used a generic qualitative design with a purposive sampling of six social workers employed in NYC HF settings for a minimum of 2 years. The qualitative interviews provided data on social workers' subjective perceptions regarding their philosophical attitudes toward harm reduction in NYC HF settings. I used critical systems theory as a framework to guide the data collection and analysis.

The social workers in this study had significant experience working in HF settings and understand the benefits and challenges of harm reduction approaches. According to the findings, these social workers' philosophical attitudes in HF programs impact the effective implementation of harm reduction services in those programs. Exploring the experiences of social workers in these settings provided insight into the provision of harm reduction services in HF settings.

I also explored the roles of social workers in HF settings and their views on the harm reduction philosophy. Support of the principles of harm reduction was an overarching finding. A generally positive attitude toward harm reduction and HF was revealed.

The findings inform social work practice regarding how harm reduction interventions are implemented in HF settings. These findings can support a better understanding of harm reduction as an evidence-based intervention. The findings can also

inform social work practice as it relates to the programmatic challenges that exist in HF settings.

In this section, I present the key findings that were identified through the themes and subthemes that developed based on the participant responses. Possible applications of the findings for professional ethics in social work practice are also discussed. I also present my recommendations for social work practice and describe the implications of the study for social change. Furthermore, in this section, I highlight important aspects of social work practice in HF settings in NYC that can improve outcomes for clients who are challenged with overcoming substance abuse. The section ends with a general synopsis of the conclusions.

### **Application for Professional Ethics in Social Work Practice**

The NASW (2021) Code of Ethics is based on the main principle of helping people in need regardless of their beliefs and/or their individual backgrounds. This research study supports the NASW Code of Ethics in promoting advocacy, better practices, and the sharing of knowledge with peers with the purpose of improving client care. The practice problem in this study related to the following values and principles in the NASW Code of Ethics: helping people in need, improving clients' dignity and self-worth, providing direct service to clients, professional competence, and respect for diversity. These principles and values are closely related to harm reduction as demonstrated in the following specific examples.

The study participants shared their many experiences working in HF settings where they provided harm reduction services to clients living in those settings. The

findings related to those experiences may be used to help to increase the knowledge base for social workers who are involved in the provision of services to clients with SUDs living in HF settings and, in doing so, support building the professional competence of social workers in these settings. Additionally, findings from this study may provide opportunities for social workers to learn more about the fundamental and essential knowledge base of social work practice in HF settings, with the anticipated outcome of increasing the professional competence of social workers and the effectiveness of direct services within the harm reduction realm.

The shift from abstinence-based to harm reduction-based services has resulted in governmental policies that are more socially just and aligned with the core values of social work practice (Elias & McTighe, 2021). Harm reduction is known to social workers to be strengths based and client centered, meeting the client where they are (Vakharia & Little, 2016). Findings from this study may be used to illuminate the usefulness of harm reduction in supporting the dignity and worth of clients and respect for diversity through highlighting the perspectives and challenges of social workers who have experience working in harm reduction settings.

Participants in this study shared their perspectives on their philosophical attitudes toward harm reduction in NYC HF settings. Their responses indicated a generally positive outlook on harm reduction and its effectiveness in HF programs. Participants also shared their perspectives on the unique challenges that are common in HF programs, such as socioeconomic factors, fiscal/insurance barriers, compliance with treatment, and noncooperation with staff. Participants agreed that HF aligned with the overall concept of

social justice. The professional ethics in social work practice is tethered to the use of evidence-based practice and professional accountability (NASW, 2021) . Harm reduction was clearly identified as an evidence-based practice in the participants' responses as they shared their unique perspectives on harm reduction and their work in HF settings.

The NASW (2021) Code of Ethics also indicated that social workers should have respect for the dignity of their clients. This involves having respect for the significant social and economic barriers that are common with clients in HF settings. Social workers are also obliged to respect and support self-determination as well as empower clients through helping them resolve challenges and attain their individual goals. In this study, respect for the dignity of the client population was present through the provision of housing and other services found in HF settings. By providing shelter and safety to clients while embracing a harm reduction philosophy, social workers can give clients opportunities for growth, goal attainment, and life fulfillment.

### **Recommendations for Social Work Practice**

The findings in this study provided evidence that participants (i.e., social workers in NYC) support HF and the principles of harm reduction. This information benefits social workers in the field of addictions by offering them with the added assurance that colleagues see HF as a worthwhile endeavor. The subjective experiences of social workers in this study highlight the usefulness of harm reduction services and the positive impact that it has on clients and staff.

Five of the six respondents shared that they had a positive attitude toward harm reduction in HF settings. The five respondents also agreed that people who use drugs are

not inherently bad and that there were other factors that contributed to clients' drug use. The study findings also acknowledge the importance of understanding the concept of person-in-environment when attempting to provide services to clients with SUDs.

The study participants were all master-level social workers with a minimum of 2 years of experience working in HF settings in NYC. This findings from this study may be used to provide social workers with an opportunity to learn about the efficacy of harm reduction services and the outcomes of HF programs in NYC. It is important to note that this study benefits social work practice by providing research that offers a practitioner perspective on the evidence-based practice of harm reduction and HF to enhance service provision to clients with SUDs.

### **Recommendations for Future Research**

Based on the findings of this study, I recommend further research on the topic of harm reduction as an evidence-based practice. While this study provides useful information on the utilization of harm reduction services, the perspectives of social workers, and the philosophical support of some social workers in the HF community, more research is needed on this topic. Social work practice could benefit from more studies that examine harm reduction as an evidence-based practice, specifically related to people with SUDs. Additionally, there is a need for more studies that explore harm reduction services in HF settings.

The findings from this study identified that programmatic challenges exist in HF settings, including inequitable socioeconomic factors, equity in access to treatment and insurance, and financial resources. Social work practice would benefit from more

research to explore these identified challenge areas. Because it would result in social work practitioners working in HF settings who are better informed on the merits of harm reduction interventions to their clients.

I also identified the presence of trauma in the histories of clients served by participants in this study. Therefore, a recommendation for future research is the topic of trauma-informed care as it relates to harm reduction and HF. There is a significant gap in the literature surrounding this topic, and social work practice would benefit from more advanced studies that identify best practices for social workers in this field of expertise.

### **Limitations of the Study**

There were some limitations to this study. The first limitation was the small sample size ( $N = 6$ ). As a result, the study is not generalizable to all social workers in the field. Readers can review the details about participant demographics to determine how the findings could be transferable beyond the specific setting of this study. Another limitation was that all the study participants were MSW-level social workers working in settings where there were other types of credentialed workers. This study did not include paraprofessionals or non-MSW-level participants, which limited its applicability to all service providers in the field. A final limitation was the locality of the study. HF is a national initiative that encompasses many states in the United States (U.S. Interagency Council on Homelessness, 2020). This study was specific to NYC and, therefore, is not generalizable to the perspectives and experiences of social workers in other states.



### **Dissemination of the Research**

I will share the findings from this study with the participants of this study with the aspiration that it will promote positive social change through their specific social work practice. The study findings will also be shared with HF organizations, and I will encourage its use for the training of social workers in those organizations. I will also attempt to publish the results of this research in social work journals. Finally, I will actively promote continued academic and professional discussion of the outcomes of this study and its contribution to the field of addictions and social work practice.

### **Implications for Social Change**

In this study, I collected data from social workers who had significant experience in providing harm reduction services to clients in need of housing and other support services. This study has promise as a positive contribution to social work practice, research, and policy on the micro, mezzo, and macro levels based on the importance and significance of the rich data that were obtained.

At the micro level, participants acknowledged the use of harm reduction principles to better the lives of the clients they served. The participants shared their individual perspectives as change agents by sharing their honest opinions regarding client care and treatment. The participants also acknowledged their continued desire to provide services to clients regardless of their individual backgrounds or histories. The positive social change that results from a commitment to serve clients in need, regardless of the backgrounds or histories, is a micro-level goal that should guide social work practice in

addictions and help develop better practices for social workers (see Dickson-Gomez et al., 2017).

At the mezzo level, positive social change is possible through the dissemination of this study to local HF organizations and local government. Social workers who assist families and communities can use these findings to help them navigate the intricate and complex system of housing and resources for their clients. Mezzo-level change can also be accomplished through actively seeking a more just system for clients that have SUDs, providing locality development, and promoting equal access to services and benefits (see Bai et al., 2019). It is important to ensure that social workers are equipped with the best and most current information so they can assist clients with complicated needs by linking them to community resources that can address those needs (Purkey & MacKenzie, 2019).

At the macro level, this study can lead to increased awareness of the needs of clients with SUDs and how to address those needs through programs such as HF. The findings from this study could also provide evidence of the need for more government funding for programs that provide housing and other support services to clients, which was a recommendation of the participants. I have worked in this field for over 20 years and have experienced the evolution of harm reduction and HF programs and the benefits they provide to clients. This study denotes a reasonable argument for the continued development of government policies that address the needs of the homeless and people with SUDs. Social workers have a responsibility to advocate for clients through advocacy (Quinn et al., 2018). This study can serve as an impetus for the development of better

policies at the governmental level to address the needs of this population and provide social and financial safety nets for clients.

### **Summary**

In this research study, I sought to understand social workers' philosophical attitudes toward harm reduction services and how those attitudes were manifested in their interactions with substance-using HF clients. The participants shared their knowledge and competencies in the treatment of clients living in HF settings. They verbalized support for HF and a positive attitude toward harm reduction in HF settings. They also shared their appreciation for harm reduction as a tool to address the problems of homelessness and drug addiction.

The six social workers in this study possessed MSW degrees and had 74 years of combined experience working in harm reduction HF settings in NYC. They highlighted the positive impact that harm reduction has had over the years that they were employed in HF organizations. Participants described their shared commitment to being helping professionals despite the many challenges of working with this population.

The themes that emerged from data analysis provided answers to the research questions. Five of the six participants reported that they had a positive philosophical attitude toward the implementation of harm reduction in HF settings. All six participants agreed that specific programmatic challenges exist in HF settings. Five of the six participants shared that HF settings employing harm reduction strategies are in keeping with the concept of social justice. These themes emerged naturally in the data analysis stage of this research study.

The findings in this study show that participants support HF and the principles of harm reduction. This information benefits social workers in the field of addictions and social work by providing evidence that social workers favor harm reduction in HF settings. The findings in this study also highlight the usefulness of harm reduction interventions to clients, especially those who are being safely housed. Participants discussed their views on drug addiction as it relates to the clients they served, sharing a sense of accomplishment and pride while recounting some of the successes they have seen when harm reduction interventions were implemented effectively with clients.

Participants verbalized the programmatic challenges of working in HF settings and providing services to clients that were very challenging to work with. Participants agreed that the programmatic challenges of HF clients were tied to some program requirements and insurance barriers. The significance of having supportive staff and committed workers was also noted as a positive feature of HF. Participants agreed that people who use drugs are not inherently bad and that there were certain life experiences that impacted clients' drug use behaviors. In conclusion, the divergent but unified perspectives collected from participants in the current study can contribute to the current knowledge base for this population in social work practice and in the field of addiction treatment.

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### Appendix: Individual Semistructured Qualitative Interview Questions

The following questions are related to your perspectives on your philosophical attitude toward harm reduction services in housing first programs in NYC. Your responses are being recorded and will be transcribed after this interview. If you feel uncomfortable with the open-ended questions and any subsequent probes being asked, please let the researcher know. All information gathered will be kept strictly confidential.

1. Please describe your experience working in a housing first setting.
2. What are some of the factors that you see playing a significant role in the success of housing first programs?
3. What are some client-related challenges that you face working in a housing first setting?
4. What is your perspective on people who use drugs?
5. How do you feel about providing housing and other services to drug users who continue destructive drug use?
6. How do social workers implement harm reduction interventions with individuals who continue drug use behaviors?
7. What is your perspective in relation to your philosophical attitude toward harm reduction?
8. How do you define your philosophical attitude toward harm reduction interventions in HF settings?
9. What is your perspective on how your philosophical attitudes regarding harm reduction impact your work with clients?

10. How do you view harm reduction as applied to the concept of social justice?