



The hostel program

Recovery oriented care for people with long term drug addiction,
within housing facilities and ambulatory care

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Introduction - History

Lister - Utrecht - The Netherlands

App. 350.000 citizens, in the center of the Netherlands

Emergency crisis inside “The Tunnel” until 2001 → 1250 homeless
severe drug and alcohol addicted citizens of the city - country

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Start

Collaboration arose because of the crisis between local government - healthcare and police.

Slogan: "Hard but social"

An alternative for the tunnel was made in the hostels (240 sheltered places in over 10 locations spread over the city)

Main goal → harm reduction for population of the tunnel AND reduction of burden for the rest of society.

Government = provide means

Healthcare = run de hostels

Police = Zero tolerance on the streets, but with a good (hostel) alternative

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For who? (And for whom not?)

Every hostel resident has experienced years / decades of mental illness, exclusion, trauma and/or rejection because of the illness OR the addiction

For every hostel resident *years* of treatment, help or guidance has been tried but didn't lead to recovery - only more failures, excluding or trauma

Substance abuse is the way of coping with life for hostel residents

So: Substance use is allowed inside the hostels and every resident is severely addicted and an active user

Main lesson we have learned: Severe addiction, substance abuse do not exclude recovery

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A residents perspective

<https://www.youtube.com/watch?v=2jIYe0Uvisk&feature=youtu.be>

<https://we.tl/t-Q7vHyu20OV>

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How?

Provide a safe haven where addiction and substance abuse is no reason for exclusion but is seen as a part of the person

Unconditional acceptance - of the person AND behavior. It is all about the relationship (!)

The main understanding is that: For the resident, the addiction isn't just a problem, but the only way of coping with life. He or she is surviving because of the abuse.

Together we are searching for underlying meaning of the addiction, stabilize use and shape recovery in all areas of life (with user and his network)

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How? (2)

Hostels are inside the city → to run a hostel facility is also to run the surroundings, neighbors, in cooperation with the local government, police and other stakeholders

Side by side with treatment programs but always with protection of the safe living environment the hostels should be

Peer support in each hostel

Work - daily activities as a way to regain skills, bear responsibility, but also as a way to contribute to society (and to make money)

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Effects

- Hope and perspective has been restored for residents of “the tunnel”
- Basic needs as primary care, food, shelter, company and a safe haven has been restored for the residents
- Quality of life and life expectancy of the residents has risen
- After a year of hostel care the average substance use dropped by 70% to 80%. The substance use stabilises, focus shifts from addiction to the whole person perspective
- Society benefits from the reduction of burden from the residents
- Crime on the streets of Utrecht has dropped in a way that 8 fewer agents were needed per day
- We learned that for every 1 euro spend on care, 2.50 euro of other costs were saved (for example reduction of police or reduction or admission to ER rooms)

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Evolution

- 2001 Closing Tunnel and opening hostels as housing facilities (240 places 24 hr care)
- untill today 140 hostel beds have been replaced for ambulatory care inside the city. Residents have in someway control on their (mostly still active) substance use and are able to live a *normal* life
- > 2019 Continue to build on the whole life approach, continue reforming to ambulatory care. A small group will stay and need long term hostel care, BUT at least half of our challenge lies in society

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