

# THE INTERSECTION OF SUBSTANCE USE AND HOUSING

## Eradicating Stigma

Eradicating stigma is essential for offering trauma-informed and healing-centered services.

These questions can be used for individual reflection as well as team discussions (Zapata-Alma, 2020):

- What experiences have influenced my views on substance use and people who use substances?
- How do these views show up in my advocacy?
- How does stigma show up in our policies and practices?
- How does stigma impact survivors' safety and access to stable housing?
- What happens to survivors and their children if they are turned away or exited due to substance use?
- How could we enhance safety and equity for survivors who have substance use histories?

## The intersection of human trafficking & substance use

Human trafficking survivors in need of housing may also be using substances. The intersection of substance use and housing may show up in some of the following ways:

- Substances are commonly used by traffickers to entrap survivors
- Many survivors have shared that traffickers forced or coerced them to use substances as a form of control
- Substances can be a way to cope with the traumatic effects of trafficking as well as other lifetime trauma

## What does the intersection of human trafficking and substance use mean for service providers?

It is essential for human trafficking organizations (and any helping professional who may encounter a survivor of human trafficking) to offer trauma-informed support in response to substance use.

## Stigma

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. Survivors often face overlapping stigmas, including items such as:

- substance use
  - even greater for women as well as people who are pregnant and/or parenting
- human trafficking
- trauma and/or mental health
- legal system involvement
- housing instability and/or poverty

## Structural violence and systemic discrimination

Structural violence and systemic discrimination create barriers to resources that aid in safety and stability while also increasing the risk of experiencing punitive system responses. For example, research has found that Black and Latinx individuals have reduced access to effective and affirming treatment while at the same time being disproportionately criminalized by legal systems which in turn drives health disparities (Schmidt et al., 2006; Iguchi et al., 2005).

Bias and stigma reinforce one another. Wherever there is unchecked bias, there also exists the likelihood of a more stigmatizing response. Wherever there is stigma, it is more likely that it will be used against someone who already experiences marginalization.

## Housing First

Housing First is an evidence-based model that prioritizes housing access and retention without preconditions (such as employment, sobriety, treatment participation, etc.) and provides individualized support and resources based on the person's self-defined goals and preferences.

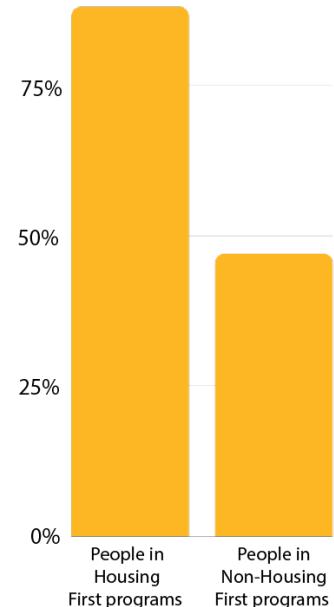
### Housing First, Voluntary Services, and Substance Use

Housing First is a model that is aligned with a voluntary services approach. This means that:

- Housing is based on need and people are *screened in* to the program.
- People are not required to engage in any kind of service(s) as a condition of housing entry or retention.
- People define their own goals, needs, and preferences
- Services are individualized and meet them where they are.

Does that really work? Research has found that...

- Looking at 5-year outcomes: 88% of people housed in Housing First programs maintained safe and stable housing (compared to only 47% of people in non-Housing First programs). Housing First's positive impact on housing stability was found to be so strong that the housing model was a better predictor of housing stability than whether or not the person had a substance use and/or mental health diagnosis (Tsemberis & Eisenberg, 2000 – see graph for visual representation).
- Looking at 2-year outcomes: people in Housing First programs were more likely to engage in substance use disorder treatment and did not use more substances (compared to people housed in programs that had sobriety or treatment requirements) (Padgett et al., 2006).
- Looking at 1-year outcomes: people were more likely to remain stably housed and stop using opioids and stimulants when housing first approaches were utilized (Davidson et al., 2014).



**Housing Retention Graph**

## Provider Tips

- Use person-centered and nonjudgmental approaches (see further examples on the follow pages).
- Individualize services to person's self-identified needs and goals.
- Do not require substance use treatment.
- Provide information and resources on minimizing adverse consequences of substance use.
- Actively engage people and foster open communication about substance use.



## Tips for Building a Safe and Supportive Environment

Focus on building safety for survivors to discuss their situation rather than focusing on collecting information.

- Modify program policies or practices that make it difficult for survivors to openly discuss their substance use and get support.
- Guard against judgements and assumptions.
- Recognize the connections between substance use, trafficking, and trauma.
- Minimize invasive practices.
- Create opportunities to discuss substance use in ways that are neutral and center a survivor's experiences, goals, and preferences.
- Increase access to information on substance use, how to mitigate harms related to substance use, and a range of substance use support resources without requiring self-disclosure.

## Consent Matters: Ask Permission

Consent is fundamental for building safety and empowerment.

Ensure choice in services and honor people's decisions. Utilizing a voluntary services approach affirms that survivors are giving consent and choice in all areas of support, including their substance use.

- "Would it be alright if we took a moment to talk a little more about substance use right now?"
- "I have some information you might find useful, would it be alright to go over it together?"
- If a person declines, graciously welcome them to bring it up in the future to collaborate on safety strategies and resources.
- If in person, ask questions that focus on consent in their physical environment "Would it be okay if we meet here" "Would it be okay if I close the door while we are meeting."

## Validate and Affirm

Validate all of the survival strategies a person has used to make it to today, including substance use. Circumstances and experiences shift a person's situation and the ways in which they have survived.

Affirm that a person always has the right to safety and dignity.

Affirm that those previous choices do not define their worth or needs they have now.

## Create Opportunities for Discussion and Support

Here are some survivor-centered conversation starters (Warshaw & Tinnon, 2018):

- "Many people have shared with us that they were pressured to use substances or use in ways that they didn't want to. I wonder if this is something you've experienced?"
- "Many people have shared with us that they were coerced into doing something illegal or other things they felt uncomfortable with in order to get alcohol or other drugs. This is a way that substances can be used as a tactic of control. If this is something you've been through, know it isn't your fault and we're here to support you."
- "Substance use can be a common way to deal with emotional or physical pain. If this is something you're experiencing, know that you're not alone and we're here to support you."

### Supporting Self-Defined Well-Being and Recovery

There are many ways to envision and move towards greater well-being in the context of substance use.

For some people, even the term ‘recovery’ may not feel relevant. There is no single way to experience or describe this process.

Support people in pursuing what works for them, as they define it. Some of the common pathways of recovery include:

- Peer support
- Family-based
- Substance Use Disorder treatment
- Trauma treatment
- Harm reduction
- Recovery Community
- Cultural healing
- Faith-based
- Medication assisted
- Body-based
- Fitness
- Tech-based

Source: *Facing Addiction with NCADD, 2018*

### Support Self-Defined Safety and Desired Resources

Self identified safety centers each survivor and their individual priorities and perspectives. Comprehensive planning that the survivor leads as well as access to resources is crucial in creating safer options.

- “Would it be helpful to talk about safety strategies and any resources you might find relevant?”

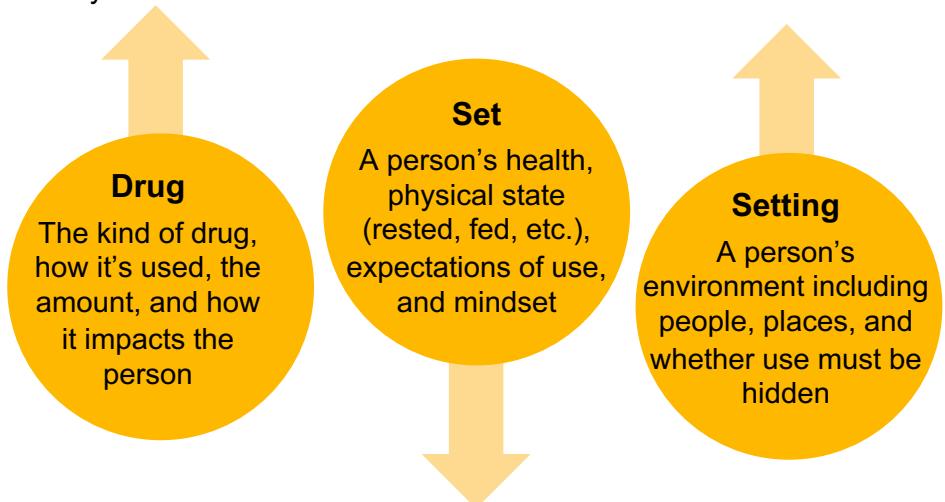
### Build Safety for Survivors to Discuss Substance Use

People can only access safety resources and support when they can discuss their situation without fear of judgment or punishment.

Building a safety plan that offers a safer environment is determined by the survivor identifying what their priority is regarding their substance use.

### Supporting Self-Defined Safety

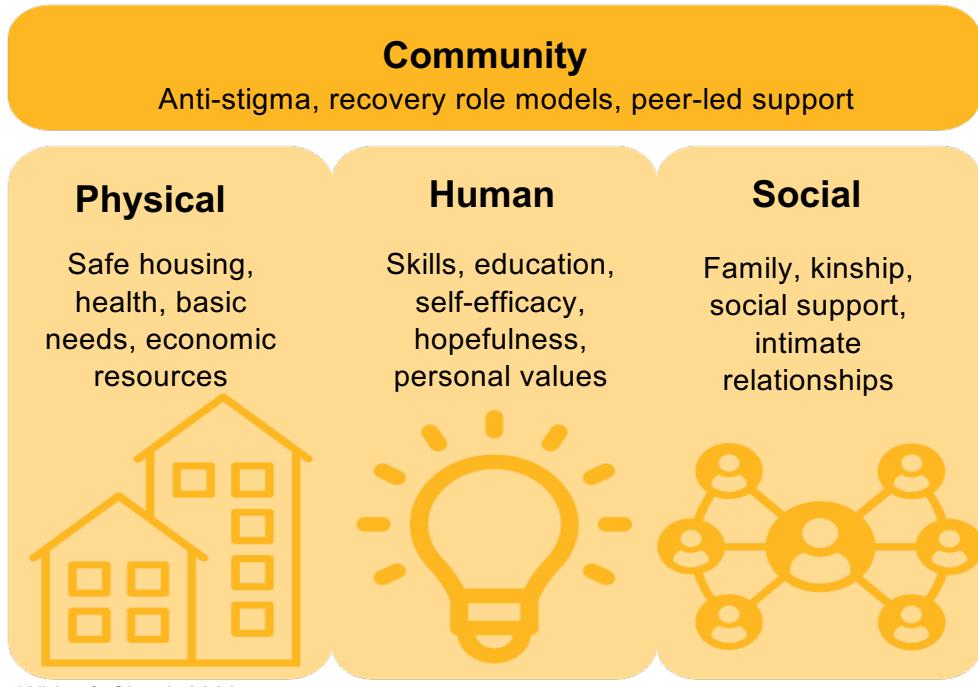
Safety planning is a collaborative and individualized process that encourages and honors survivor-led strategies for self-defined safety. The Drug-Set-Setting framework (Zinberg, 1984) is a useful tool for supporting survivors in unpacking different aspects of their substance use and strategizing for safety.



### Supporting Recovery Capital

While each person’s path towards well-being is unique, recovery capital illustrates the internal and external resources that people often find useful in their journey (White & Cloud, 2008). Our role is to support a person’s access to recovery capital while also supporting their self-defined needs, preferences, and goals.

## Forms of Recovery Capital



White & Cloud, 2008

## General Best Practices

- Recognize that housing is a basic need that should be offered to all persons regardless of their substance use history. Some programs may have specific requirements based on funding that may impact their screening and eligibility criteria for any person in need of housing.
- Screen in to housing based on need for services (and do not screen out due to substance use or other factors). Build screening practices that are minimal and simple for both survivors in need of services and program staff supporting the screening process.
- Prior to housing, only request the information needed to establish eligibility, reserving more in-depth goal planning questions for after the person is safely housed.
- Focus on offering trustworthy services based in relationships that are respectful, caring, supportive, and empowering.
- Have minimal program guidelines that are rooted in safety and that are clear, concise and approached as a survivors rights and responsibilities Do not apply negative consequences in response to substance use - approach substance use without judgment.
- If problems arise, address with support, creativity, flexibility, and collaborative solution-making; one way to challenge stigma is to consider how the program would approach the same situation if there was no substance use.

## Program Policies Surrounding Substance Use

Program policies surrounding substance use work best when they are simple, survivor-defined, and realistic.

**Simple** means that program policies are straightforward, easy to remember, and clearly relate to safety.

Sample policy for congregate housing: “All medications and other substances are to be stored in an individual’s personal lockbox.”

**Survivor-Defined** means that program policies foster an environment of empowerment and self-determination.

For example, survivors are not asked to submit to toxicology screening (i.e. drug testing, breathalyzers) or other invasive practices, like room searches.

**Realistic** means that program policies are practical and set people up for success.

For example, people are asked to smoke outside in designated areas (rather than told to quit smoking).

## Congregate Housing

- Take steps to increase physical and emotional safety in the physical environment, such as issuing personal lock boxes and having standardized access to naloxone (an overdose recovery medication) and naloxone education.
  - For more information on naloxone and its uses, please visit SAMHSA’s informational page [here](#).
- Embrace a low barrier program that avoids multiple rules and invasive practices.
- Foster an environment of peer-support while also responding to individualized needs and goals.

## Scattered-Site Housing

- Be transparent about lease requirements and strive for the best fit within a survivor’s self-defined needs and preferences.
- Advocate for survivors’ rights to stable housing and privacy while also supporting survivors in maintaining lease terms.
- Recognize the potential for social isolation and encourage social connectedness and community integration.
- Maintain active partnerships with landlords to assist in any potential on-going housing advocacy that may need to take place.
- If someone is open about their substance use, discussing how they plan to use in their home may be a beneficial step. By doing this you take a harm reduction approach to their substance use while they work on maintaining their housing. This may be particularly beneficial if the survivor has children or is living with children.



# References and Resources

Corporation for Supportive Housing's free recorded webinar "Avoiding Crisis - Managing Landlord and Tenant Relations": <https://cshtrainingcenter.thinkific.com/courses/avoiding-crisis-video>

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