



**Center for Addiction Research  
and Effective Solutions**

## **BIG IDEAS—The Social Determinants of Addiction: Policies to Address Homelessness and Housing Instability**

**Housing is a basic human need** that can provide stability and support to people with substance use disorders (SUD). Living without housing has been shown to exacerbate symptoms of SUD (Doran et al., 2018). There is an increasing understanding of the important role that housing can play in a person's recovery, yet barriers to housing remain for people with histories of drug use. These barriers are compounded by an increasingly unaffordable housing market. For the first time, median rents in the United States have risen above \$2,000 (Ellis, 2022), and research shows that current hourly wages put rental prices out of reach for most households (National Low Income Housing Coalition, 2022). Furthermore, 22% of people with SUD have a history of incarceration (Tsai & Gu, 2019), making access to housing, SUD treatment, and health care even more challenging. This increased involvement with the criminal legal system contributes to a seven-times-greater risk of homelessness among people with histories of incarceration (Couloute, 2018).

The 1948 Universal Declaration of Human Rights recognized the human right to safe, stable, affordable housing (Fallon, 2021). In the United States, the Fair Housing Act of 1968 prohibits housing discrimination on the basis of a disability (U.S. Department of Housing and Urban Development [HUD], n.d.) including SUD (U.S. Department of Justice [DOJ], 2022a). However, people who are currently using drugs or who have been convicted of manufacturing or distributing controlled substances are not protected under the Fair Housing Act (DOJ, 2022a). It is also unlawful to knowingly open, lease, rent, use, or maintain any place for the purpose of using a controlled substance (21 U.S.C. § 856).

The Substance Abuse and Mental Health Services Administration (SAMHSA) includes access to a stable and safe place to live as one of four major dimensions of recovery (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022b). Evidence-based opportunities to provide housing support to people who use drugs and people with SUD include a continuum of affordable housing approaches—Permanent Supportive Housing, Housing First, and recovery housing with SUD (SAMHSA, 2021).

- ◆ Permanent Supportive Housing (PSH): Community-based housing provided to individuals and households that meet income criteria and have a serious, long-term disability (SAMHSA, 2021)
- ◆ Housing First: An approach that provides permanent housing, without contingencies, to individuals who are living unhoused, which is then followed by supportive services (National Alliance to End Homelessness, 2016)
- ◆ Recovery housing: Alcohol-and-drug-free living settings that provide peer and recovery support for individuals with SUD (National Association of Recovery Residences [NARR], 2012; SAMHSA, 2021)

## Sustaining recovery through housing and support services

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Not all people who use drugs experience housing instability, and not all people experiencing housing instability use drugs. But when drug use and housing instability do overlap, housing is an important tool for sustaining recovery. Results from a systematic review indicate homelessness is associated with an increased likelihood of substance use, SUD, and overdose death (Austin et al., 2021). Research also shows that often, housing instability precedes problematic drug use, especially among younger populations (Johnson & Chamberlain, 2008). When people experience homelessness, they have been shown to have higher rates and greater severity of alcohol and drug use (Doran et al., 2018).

In contrast, recovery housing has been shown to decrease rates of substance use and incarceration and increase rates of employment (SAMHSA, 2021). When compared with traditional treatment-first approaches, Housing First shows significantly lower rates of substance use, and shows indications that the approach can better promote recovery (Padgett et al., 2011). Research on fidelity to the Housing First model found that greater fidelity increased housing retention and improved substance use outcomes among individual with histories of using drugs while living unhoused (Davidson et al., 2014).

## Identifying and eliminating the collateral consequences of drug use that reduce housing access

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People who use drugs and people with SUD often face structural barriers to housing. There is a high correlation between drug use and incarceration (National Institute on Drug Abuse, 2020), and a subsequent correlation between incarceration and homelessness (Couloute, 2018; Greenberg & Rosenheck, 2008; Ferguson et al., 2012). While people with SUD are protected from housing discrimination under the Fair Housing Act (DOJ, 2022a), collateral consequences of past history of drug use can include lifetime bans from public housing authorities (National Low Income Housing Coalition, 2020), being screened out from housing applications, and evicted for using drugs (HUD, 2022). This presents significant affordable housing barriers to people with SUD who have criminal legal involvement. Recognizing the impact that incarceration has on housing access, the U.S. Department of Housing and Urban Development (HUD) issued a memo indicating an agency-wide review of programs and procedures. As part of this review, HUD will seek to identify and implement inclusive housing opportunities for individuals with criminal histories and their families (HUD, 2022).

## Housing as a social determinant of addiction: Measuring what matters

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The Point-in-Time (PIT) count is conducted on one night in January each year (HUD, 2022). The PIT count surveys the number of individuals experiencing sheltered and unsheltered homelessness in a region and is used to determine need and inform strategies for funding distribution within communities (HUD, 2022; SAMHSA, 2022a). COVID-19 greatly affected the 2021 PIT count, and not every community conducted a count of individuals experiencing unsheltered homelessness in that year (U.S. Interagency Council on Homelessness, 2022). According to the 2020 PIT Count, there were 580,000 people experiencing homelessness in the United States (National Alliance to End Homelessness, n.d.).

The number of people who are experiencing homelessness who also use drugs or meet criteria for a substance use disorder remains unclear. The National Survey on Drug Use and Health (NSDUH), the annual survey measuring the use of drugs, rates of SUD, and substance use treatment excludes individuals experiencing unsheltered homelessness (SAMHSA, n.d.a). Admissions data from the Treatment Episode Data Set (TEDS) provide demographic and drug use history information on individuals who are entering treatment and include data on individuals who are experiencing homelessness (SAMHSA, n.d.b). A study analyzing county-level substance use treatment and discharge records in Utah found that 55% of people who exited treatment to homelessness did not enter treatment experiencing homelessness (Moxley et al., 2020). This research highlights a gap within our treatment system: housing may not currently be prioritized as a social determinant of addiction.



## Strategies Toward Housing as a Social Determinant of Addiction



**Health Care Financing for Housing Supportive Services** | New funding mechanisms are increasingly available to support housing. The Centers for Medicare & Medicaid Services (CMS) recognizes services within supportive housing programs as eligible Home and Community Based Services (HCBS) (Corporation for Supportive Housing [CSH], 2022). The Corporation for Supportive Housing recently published a map detailing specific state actions and replicable best practice to implement these healthcare-financed housing supports (CSH, 2022). Building on this, California recently received CMS approval for waivers to pay for recovery supports and housing using Medicaid funding (Department of Health Care Services, 2022).



**Housing Is Health Care** | There is growing recognition that housing is not just about ending homelessness—it can make a real impact on a person’s health and wellness. UnitedHealth Group, the largest insurer in the United States, is committed to housing as health care (UnitedHealth Group, 2022), and has invested in affordable housing opportunities across the nation (Lagasse, 2022). A new pilot project between Healthcare Anchor Network, Community Solutions, and the Institute of Healthcare Improvement is embracing another role that health care organizations can play in ending homelessness through systems-level data tracking and linking people with housing (Smith, 2022).



**Prioritizing Housing for Justice-Involved Persons** | Research has shown that providing supportive housing for people with a history of incarceration not only affirms housing stability, but also reduces the number of days a person may spend in jail in the future. These Returning Home Initiatives, launched by CSH in 2006, have been implemented in communities across the United States, and their successful outcomes highlight the important role of housing for people with SUD who have histories of criminal legal involvement (CSH, 2011).



**Right to Counsel in Housing Court** | Providing individuals with the right to counsel in housing court has increased legal representation, improved retention in housing, ensured due process for housing court procedures, and reduced the number of eviction filings (Mironova, 2022).



**Disability Protections in Long-Term Care Facilities** | Recent guidance published by the U.S. Department of Justice affirms protections under the Americans with Disabilities Act (ADA) for individuals living in long-term care facilities who are prescribed medications for opioid use disorder (MOUD) (DOJ, 2022b).



**The Right to Medications Within Recovery Housing** | The National Association of Recovery Residences (NARR) established national quality standards and certification programs for recovery housing (NARR, 2012, 2018). NARR supports MOUD as an important component of quality recovery housing (NARR, n.d.). However, not all recovery residences are NARR-affiliated (Polcin et al., 2010); some recovery housing options may not reflect best practices (H.R. 4684), and some exclude individuals who are prescribed MOUD (Legal Action Center, n.d.). The Fair Housing Act, jointly overseen by HUD and the U.S. Department of Justice (HUD & DOJ, 2016), and the ADA can be leveraged to provide protections to individuals living in recovery housing who are prescribed MOUD (ADA National Network, 2021; DOJ, 2022a; HUD, n.d.).

**Figure 1. Strategies Toward Housing as a Social Determinant of Addiction**





**PSH Integration Within SUD Treatment** | States can provide PSH to individuals who are at risk of homelessness upon leaving rehabilitative programs. Innovative models include the New York State Office of Addiction Services and Supports (OASAS) Medicaid Redesign Team PSH program (OASAS, 2020).



**Interagency Federal Support** | The Restoring Hope for Mental Health and Well-Being Act (2022), a bipartisan reauthorization bill that recently passed the House, establishes an interagency working group focused on the promotion of housing for people with SUD who are experiencing homelessness. This bill also clarifies SAMHSA's role in promoting the availability of high-quality recovery housing and includes the development and implementation of state guidelines for minimum operating standards, including model laws (Restoring Hope for Mental Health and Well-Being Act, 2022).

## Conclusion

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Housing is an important social determinant throughout the continuum of addiction: prevention, harm reduction, treatment, and recovery. Ensuring access to barrier-free, evidence-based, and affordable housing through innovative policies and programs that target the unique needs of people who are living unhoused or unstably housed have shown improved health, housing, and recovery outcomes.



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