

## Housing as a Social Determinant of Addiction

On August 31, 2022, AIR presented *Housing as a Social Determinant of Addiction*, the fifth webinar in an AIR CARES webinar series focusing on the social determinants of addiction. This brief provides a summary of the framing discussion and panelist remarks. Additional information and references can be found within the webinar presentation. Watch the recording here: <https://www.air.org/webinar-series-social-determinants-addiction#web5>



### **Framing the Conversation: Amanda Latimore, PhD**

*Director, AIR CARES*

People who use drugs often experience housing instability that can be associated with risky drug use and that can impede service and treatment access. On International Overdose Awareness Day, which occurs annually on August 31, it is important to recognize that the astronomical overdose figures we have seen in recent years are not just statistics, but people and loved ones lost over the course of the “War on Drugs.” Qualitative research has documented the experiences of people who use drugs and the compounding challenges that result from punitive housing and drug policies. In one study from Russell and colleagues (2021),<sup>1</sup> one man described the challenges of seeking treatment without permanent housing: “There needs to be more money put into funding places that doesn’t [sic] have an end date, right? You’re there to heal yourself. [Healing] doesn’t happen in 90 days, 60 days, 30 days. It’s something that you continue to work on. If the government could realize that and give a little bit more funding, you’re gonna fix a lot of addiction.”

Housing instability is both a driver and a consequence of drug use. Individuals with a substance use disorder (SUD) are more likely to experience housing discrimination and homelessness, and they are more likely to be homeless at an early age and for a longer duration than those without an SUD. Housing stability is associated with reduced substance use, reduced incarceration, increased treatment retention, and improved employment outcomes. The relationship between housing and addiction is shaped by structural conditions that facilitate or restrict access to resources and affect individual health outcomes. Race frequently drives how

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<sup>1</sup> Russell, C., Ali, F., Nafeh, F., LeBlanc, S., Imtiaz, S., Elton-Marshall, T., & Rehm, J. (2021). A qualitative examination of substance use service needs among people who use drugs (PWUD) with treatment and service experience in Ontario, Canada. *BMC Public Health*, 21(1), 1–14.

structural conditions influence individual health outcomes, as communities of color experience historical and present-day residential segregation as well as high rates of poverty, overcrowding, and police surveillance that limit access to housing.

Punitive drug and housing policies also compound these problems. More than half of citizens returning from incarceration report that it impacted their efforts to secure housing. In addition, collateral consequences of incarceration, such as eviction or loss of housing benefits, affect the families of those incarcerated. Punitive housing policies that restrict access to public housing based on a person's criminal record or drug use make it difficult for people, particularly communities of color who have been overpoliced and oversurveilled, to secure and maintain housing. To improve health outcomes for people who use drugs, governments must invest in social determinants of health and move toward housing policies that support rather than punish people who use drugs.



### **Policy and Program: Anna Bailey, JD, MA**

*Senior Policy Analyst, Center on Budget and Policy Priorities (CBPP)*

Stable housing is critical to health, especially for people with an SUD. For people who use drugs, it can be difficult—and, in some cases, impossible—to engage in services or navigate the health system if they are sleeping on someone's couch, staying in a shelter, or worried about whether or not they will be able to keep their home.

### **Housing instability is associated with poor health outcomes.**

- People worried about housing costs are more likely to defer healthcare due to concerns about cost, report poor overall health, and experience multiple chronic conditions than those who are not worried about housing costs.
- Housing instability has risen in recent decades as median rent increased 15% from 2001 to 2019, while median renter household income increased by only 3.4% during the same period. This issue disproportionately impacts people of color who are overrepresented among those with severe rent burdens because of systemic issues and racist housing policies.

### **States and localities are increasingly criminalizing homelessness.**

- Unsheltered homelessness has risen dramatically in recent years, climbing more than 30% between 2015 and 2020. People experiencing unsheltered homelessness report significant health concerns; 75% report a substance use condition.
- As unsheltered homelessness rises, states and localities are increasingly criminalizing homelessness through laws that prohibit camping in public spaces, loitering, and vagrancy.

These laws fail to address the issue of access to affordable housing, and instead contribute to a cycle of arrest, incarceration, and homelessness.

### **We have a strong understanding of what works to end homelessness, but underfunding remains an issue.**

- Housing vouchers help reduce overcrowding and provide families with stability. These vouchers also reduce intimate partner violence, food security, and drug dependence.
- However, more than 75% of people who need federal rental assistance—roughly 16 million people—do not receive it due to funding limits. Many public housing agencies also deny rental assistance because of current substance use, evictions due to drug-related activity, or other criminal histories.
- Reducing punitive policies that restrict access to housing, funding rental assistance, and increasing the availability of affordable housing and low-barrier recovery housing offer opportunities for progress.



#### **People and Practice: Courtney Pladsen, DNP, FNP-BC, RN**

*Director of Clinical and Quality Improvement, National Health Care for the Homeless Council (NHCHC)*

In the context of International Overdose Awareness Day, it is important to reflect on the countless people who have lost their lives to overdose over the years. Through public health approaches that recognize housing as a social determinant of substance use, we can take action to prevent this needless loss of life and move the needle to address housing instability among people who use drugs.

### **We are hearing across the country that our communities are struggling.**

- As overdoses proliferate due to a drug supply poisoned by fentanyl and xylazine, communities are suffering from limited treatment options and a lack of low-barrier, harm reduction-based housing. At the same time, increased polysubstance and methamphetamine use, which may contribute to more outwardly visible symptoms of an SUD, are contributing to rising evictions.
- Recovery from an SUD while experiencing homelessness—especially unsheltered homelessness—is exceptionally difficult. Forced displacement of unsheltered homelessness decreases access to harm reduction services, increases overdose and arrest, and fails to address the root causes of homelessness.

## Trauma-informed approaches and harm reduction-based housing help clients feel safe and work toward wellness.

- Many people with an SUD have four or more adverse childhood experiences (ACEs). This relationship highlights the importance of a trauma-informed approach in healthcare and housing support that addresses the impact of past traumatic experiences and fosters healing.
- Harm reduction-based housing helps meet clients where they are along the continuum of substance use. This approach improves relationships and communication and helps to address client needs through shared problem solving.
- At present, the housing system is siloed, and there are no options for transitioning between sober housing and harm reduction-based housing, both of which may have merits and reflect client preferences depending on their needs and stage in recovery. Working to create new pathways between different housing models may help reduce the likelihood of people who use drugs falling back into homelessness during recovery.

## Positioning people with lived experience as experts is a foundational principle for caring and supporting people who use drugs.

- In the spirit of community governance, NHCHC has convened a National Consumer Advisory Board that informs its strategic direction and guides its programs. The board manual can be viewed [here](#).
- When engaging people with lived expertise, it is essential to pay them for their years of experience. At NHCHC, consumer experts are paid at a rate equivalent to that of a national subject-matter expert.



### Panelist Questions and Answers

In the final portion of the webinar, the panelists answered questions from the audience.

### Q. Is Medicaid tenancy support limited to Medicaid expansion states?

- Ms. Bailey shared that any state Medicaid program can decide whether or not to cover tenancy support services in their state plan and determine who is eligible for those kinds of services. However, access to the benefit may be more restricted in non-expansion states, where people with low incomes and those experiencing homelessness—especially single adults who have an SUD or a disability—have a harder time getting enrolled.

## Q. Could you talk more about the role of peer workers in supporting housing stability?

- Ms. Pladsen shared that the value of peer support cannot be overstated. Peer support workers walk alongside people in their recovery journey and help address fears and problems that may arise.
- Ms. Bailey shared that Medicaid could cover peer support services as well, so Medicaid can be a sustainable source of funding to pay people for their time and to support that work. Building capacity to deliver those services also means investing at the state and local levels.

## Q. Have there been changes to federal laws about public housing eligibility in cases where a person with a recent drug conviction has engaged in drug treatment?

- Ms. Bailey shared that these laws are complicated, but that there have been no recent changes to federal statutes that govern eligibility criteria for federal housing assistance. If someone can demonstrate rehabilitation, it may be possible to waive bans based on eviction from federally assisted housing for a drug-related reason. However, public housing agencies still exercise a great deal of discretion in screening people with drug-related criminal records.
- Ms. Pladsen shared that asking a medical provider to write a letter verifying treatment engagement can be a powerful advocacy tool in securing housing. The effectiveness of this approach highlights the importance of collaboration between community health providers and partners who might be assisting with housing placement.