



Substance Use Services and Supportive Housing

Every supportive housing sponsor will find it necessary to address issues of alcohol and possibly illegal drug use among the tenancy. Although alcohol and substance use can cause difficult and complicated challenges, supportive housing provides opportunities for innovative approaches for working with people who have substance use problems. This chapter discusses various approaches and strategies for addressing substance use issues in supportive housing.

Addiction and Recovery

People use mind- and mood-altering substances (drugs and/or alcohol) for a variety of reasons. Substances are taken, for example, to heighten good times and to manage boredom and stress. Though they may realize substance use is problematic and unhealthy, people often have difficulty exercising control over drug use and drinking. For some, substances become a way of life. Feeling that they are unable to live without alcohol and/or drugs, substance users often feel trapped and, in many cases, remain actively addicted for years.

The development of a dependency on substances is a process that occurs in stages over time. It progresses from social or recreational drug use, to increased use, to extended and uncontrollable use, which frequently leads to problems in social, occupational, and/or interpersonal functioning. The effects and consequences of substance use are different for each person, and an individual may fluctuate in levels of use regardless of whether he/she receives treatment. Determining distinctions between use and dependency are generally based on the amounts used, the amount of control over use, and the severity of impairments that occur.

Recovery from substance dependence also occurs in stages. Adapting to a life without substances usually requires filling vast amounts of time, altering daily routines, and finding new social groups and activities. Resisting the temptation to use substances is a struggle that requires substantial energy and commitment. During the initial period of abstinence, feelings of great loss can override any sense of freedom from addiction. The experience is often compared to losing a best friend. Many who are in recovery see themselves as constantly vulnerable and at risk of relapse. People often remain involved for decades in Alcoholics Anonymous (AA), for example. Some people still have dreams about drinking or drugging after many years of abstinence. Helping people deal with their addictions to substances is a major challenge, posing the possibilities for both enormous reward and great frustration for tenants and staff.

Approaches to Substance Use in Supportive Housing

Traditionally, substance use treatment is made available to people once they have made the decision to stop. In recent years, however, the development of alternative interventions has helped to expand

Note: This document is included within the *Supportive Services* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from CSH's publication *Developing the "Support" in Supportive Housing*, which is available at www.csh.org/publications.

the range of available options. Substance use issues and addictions are increasingly viewed as chronic, relapsing problems that require long-term intervention. One model, the Stages of Change, identifies interventions that can be effective in helping individuals reach the decision to reduce or stop use as well as to address relapse. Other approaches emphasize “harm reduction” and focus on helping individuals reduce the consequences of substance use and better manage their lives and health (e.g., working, paying rent, meeting family obligations, and avoiding illness).

Supportive housing presents a unique opportunity to help people with substance use problems. Staff members are in the position to provide support over an extended period of time and work with people where they live. In other settings, individuals who need help with a substance problem must find support and services outside of their living environment; in other words, help is not likely to come to them. In fact, if substance use becomes a danger or threat to other tenants, the supportive services program usually has to intervene.

In recent years, there has been an expansion of the range of housing options available to people who are at various stages of use, dependency, and recovery. Supportive housing projects that are not specifically designed as substance treatment programs have become integral components in the continuum of available options, blending various approaches and models of service delivery. (See [Link to Models of Substance Abuse, Addiction, and Recovery](#).) Following are discussions and examples of various types of housing and approaches to addressing substance use. In many instances, the goals and features of the housing types overlap.

Core Program Components

There are specific considerations for working with individuals who have substance use issues. These include establishing expectations for behavior, using interventions that help people to change, ensuring coordination and continuity between on-site and community-based services, promoting community building and peer support strategies, offering relapse prevention services, addressing issues of dual-diagnoses, and supervisory and staff training issues.

Establishing Expectations for Behavior

Policies, procedures, and rules provide direction to staff and tenants and clarify expectations for behavior. To be effective, policies and rules must be clearly understood and enforceable. (See [Link to, Substance Use Policy and Program Development Guide](#).)

Rules about Use of Alcohol and Substances On-Site:

Housing sponsors should be aware of relevant legal issues prior to determining rules about alcohol and substance use on-site. Where tenants hold statutory leases, for instance, alcohol use cannot usually be prohibited, and eviction of tenants for using illegal substances may require court approval. Prohibition of the use of alcohol or any other substance in common spaces, however, is widely practiced among supportive housing sponsors. In housing intended to be “dry,” sponsors should establish that they can legally ban alcohol in private units. Transitional housing programs generally have more latitude. If house rules restrict or forbid use, it should be determined how use will be detected, who will detect it, and how infractions will be handled. Sponsors should also ensure that policies can and will be consistently and equitably enforced.

Expectations for Behavior:

Clearly, substance abuse can result in very disruptive behaviors. Although use of illegal drugs or other criminal activity is usually prohibited in the lease or occupancy agreement, it is common to specifically identify related behaviors that are not acceptable (e.g., yelling, violence, destruction of property, stealing, etc.). Additionally, if allowable under local law, policies regarding visitors can specify that tenants are responsible for their visitors and the circumstances in which visitors may be barred from the building (e.g., if they are intoxicated). In short, many supportive housing projects have found it effective to concentrate on behaviors rather than focus on detecting alcohol and substance use. It is important to establish which behaviors will not be tolerated and what the consequences for violations will be. Once expectations are established, tenants should be held responsible for their behaviors.

Focusing on Behavior:

One supportive housing site described a tenant who was screaming obscenities late at night in the hallways and waking neighbors. The supportive services staff was unsure if this was a symptom of mental illness or substance use, and they spent the large part of two staff meetings disagreeing with property management staff about the root cause of the disruptions. Meanwhile, tenants organized and called a meeting to complain about the noise. They insisted that the staff address the situation. It became clear that the immediate priority was to respond to the noise problem and disturbance to neighbors, regardless of the cause. Consequently, staff concentrated on stopping the noise, and it ultimately turned out that the tenant was in need of assistance with both mental health and substance use issues.

Relapse:

Relapse can take many forms and may involve an isolated incident of use or repeated use accompanied by difficulty regaining sobriety. Frequently, tenants benefit most from services during relapse or troubled times, and withholding services and support when the tenant most needs help serves little purpose. Ideally, relapse should be viewed as an opportunity for the individual to learn more about his/her recovery and how to live without using. Interventions that result in tenants feeling bad can have the adverse effect of increasing use to manage the negative feelings, particularly when there are other real consequences, such as loss of job, housing, friends, or family support. When a recovering person begins using again, a natural starting point for intervention is to identify and discuss what triggered the relapse, develop a plan to regain abstinence, and manage the trigger in the future.

Rule Violations:

Once policies and guidelines have been established, responses to drinking and/or drug use should be consistent. Responses to violations of house rules often include a written notice from property management regarding the violation. The role of support service staff in these cases is to ensure that the tenant understands the reason for the violation and to help plan how to avoid additional violations. Coordination between supportive services and property management staffs is critical in this process. Sometimes, for example, the threat of eviction will cause individuals to seek treatment. Sometimes, repeat violations due to drug use and/or drug dealing can be so severe and disruptive that eviction must be pursued. The decision to pursue eviction must be considered in the context of local landlord-tenant law. For example, some states and localities require substantial documentation to meet the legal requirements for eviction. In others, state law permits rapid eviction with minimal evidence that the tenant has violated the Drug-Free Housing Agreement attached to his/her lease.

Addressing Drug Dealing

Providers must be vigilant about monitoring drug dealing because of its impact on the housing community and the potentially disruptive problems that can occur. Typical problems resulting from drug dealing include visitors who steal and instigate relapse among people in recovery. Similarly, drug dealing engenders loan-sharking, violence, prostitution, and an overall decrease in tenant morale and commitment to the goals of the larger community.

The Stages of Change

Prochaska, DiClemente, and Norcross identified a series of predictable stages that people pass through before they actually achieve sobriety.¹ Their work resulted in the Stages of Change model, which describes the experiences that individuals using substances undergo before achieving sobriety. The Stages of Change suggest ways of working with individuals at each point in the process. Sometimes, the frustration experienced by staff working with substance users is due to a mismatch between a substance user's actual stage of change and the specific interventions being applied by staff. The Stages of Change model emphasizes that change takes time, movement can be back and forth, and interventions must be tailored to an individual's particular place in the five-stage process.

The Stages of Change are:

- *Precontemplation:* An individual is “in denial” and unaware that a problem exists. Precontemplation is the stage of unawareness or underawareness of problems related to drinking and/or drug use. There is no intention to change behavior in the foreseeable future. Many defensive behaviors are evidenced, including denial, externalization, and minimizing. (“I don’t have a problem...it’s your problem.”) At this stage, the staff focuses on engaging the person and working to learn more about the individual’s interests, concerns, and goals. The issue of substance use is raised as it affects the individual’s ability to address these concerns and goals.
- *Contemplation:* Contemplation is the stage in which the person is aware that a substance use problem exists and begins to think seriously about overcoming it. However, a commitment to take action has not yet been made. It is sometimes called the “yes, but...” stage. Helping people to clearly examine how drug use is creating negative consequences and interfering with personal goals is important. People usually weigh the positive effects of substance use and getting high against the considerable effort, discomfort, and loss of not using. In the contemplation stage, the staff can help the individual envision how to replace old counterproductive behaviors with behaviors that support independence, stability, and health.
- *Preparation:* An individual is thinking about the steps to be taken to make change. Preparation is a decision-making stage and combines intent with a real plan. (“This is what I will and will not do.”) Some reductions in problem behaviors may have been made—such as no longer drinking in the mornings—but the desired outcome, such as abstinence, has not yet been reached. At this stage, a tenant may say he/she does not want to drink at all. Staff should help tenants develop plans for the action phase.

¹ Prochaska J. O., C. C. DiClemente, and J. C. Norcross. “In Search of How People Change: Applications to Addictive Behaviors.” *American Psychologist* 47, no. 9 (1992): 1102–1114.

- *Action:* An individual is now changing his/her behavior and/or environment to address use issues. Abstinence requires a considerable commitment of time and energy. Moving into action following relapse is difficult, but the reminder that it has been accomplished in the past is encouraging. Prior relapses are used as an opportunity for learning about triggers for use and how to live without using. The staff assists tenants in the action phase by helping them talk about and plan how they will remain abstinent, avoid triggers, and deal with urges.
- *Maintenance:* An individual has maintained the change in behavior for six months or longer. Maintenance is the stage in which people work to prevent relapse and consolidate the gains attained during action. For most people, maintenance lasts a lifetime, and ongoing relapse prevention is critical. The Stages of Change model recognizes that many people have false starts and that relapse is a part of the recovery process. Relapse occurs if the person resumes the problem behavior and returns to one of the first three stages. In theory, an individual could go through detoxification and join AA (action), quit drinking for ten years (maintenance), start drinking again for three years (relapse), and begin to think about stopping again (contemplation). A person could cycle through all or part of the process numerous times.

The Stages of Change approach has been incorporated into programs where abstinence is a goal and where it is not. In the latter, action is not necessarily defined as sobriety but a change in behavior, such as not drinking during the week. The Stages of Change can also be used in conjunction with other models of addiction and recovery.

Individual Counseling and Support

Supportive housing provides a unique opportunity for staff to establish one-on-one relationships with tenants. The one-on-one relationship between a worker and tenant is often a key factor in promoting or maintaining change when substance use issues exist. Having faith in the individual's ability to improve his/her life and providing support through missteps and setbacks are very important, regardless of other variables. High levels of trust, acceptance, empathy, and a nonjudgmental stance characterize these relationships. Maintaining good relationships with chronic substance users can be difficult and complicated. Repeated alcohol and/or substance use without real change can be very frustrating, and strong negative reactions in response to the consequences of use can also occur, particularly when harm to others is involved. In this regard, the staff needs forums and supervision to discuss their own feelings and frustrations as well as guidance about maintaining these relationships and remaining helpful. Counseling should not become the support that "enables" a tenant to continue to use but rather enables the individual to honestly evaluate the impacts of substance use.

Specifically, staff members can work with tenants to discuss and evaluate any of the following:

- Current needs and goals
- How substance use fits into one's life
- Where a person is at in the "stages of change"
- The pros and cons of changing substance use patterns
- The costs and benefits of change (reducing or stopping use)

Some of the primary goals for staff include:

- To listen and understand the relevance of substance use for the individual

- To understand individual readiness or efforts to change and to match interventions accordingly
- To help identify meaningful reasons for stopping or reducing use
- To raise awareness by pointing out instances where use interferes with the individual's ability to achieve self-identified goals

Sometimes, staff members approach substance use issues by encouraging and pressuring tenants to stop using. Unfortunately, this usually sets up push-pull scenarios, with tenants trying to avoid staff and staff looking to “land the tenant.” In some cases, individuals may want to stop using but cannot sustain sobriety and may find the staff to be just another hassle. Even though it may seem obvious that substance use is a primary cause of problems for some tenants, “hitting them on the head” with it is usually ineffective. Similarly, some people may not know “why” they drink or use substances, and it is not necessarily helpful or practical to focus on this. Instead, in an effort to build motivation for change, it is important to focus on the discrepancies between what a person wants and what that person has.

Since substance use can interfere with functioning in a variety of ways, it is often helpful to address substance use as it impacts an individual's goals such as employment, reunification with family, or staying housed. The reasons to reduce or stop use may begin to outweigh the reasons to continue. The fact is, however, that substance users ultimately face giving up something that provides them with comfort in exchange for the pain of withdrawal and the loss of a familiar lifestyle.

When working with people who are preparing to change, staff should help in planning to manage these losses and to avoid triggers that can lead to relapse. Individualized recovery plans are important. A recovery plan delineates the strategies an individual has decided to use to maintain abstinence as well as plans to manage urges and anticipated triggers. The plan addresses matters such as friends and support, routines and rituals, filling time, and managing feelings. This process can also be conceptualized as a “use reduction plan” for those still actively using, focusing on reducing some of the consequences of use such as disruptive behavior and poor health. See link to Harm Reduction

Combining On-site Services with Community Linkages

Supportive housing programs have to evaluate which services will be provided on-site and which will be provided through community linkages. The usefulness of community-based services is dependent upon the quality of services available and the fit with tenants' needs. Preferably, supportive housing staff members are able to coordinate their efforts with a community-based support program that specializes in substance use services. Housing programs should determine the range and type of services that are available in the community; optimally, there are detoxification programs and outpatient substance use counseling services. Meetings between the staff of supportive housing and community-based programs can lead to better coordination and enhance the quality of service being provided. Even with extensive community-based supports, however, supportive housing service programs should be prepared to get involved directly with substance use issues because some tenants may not get engaged in treatment or may create substance-related problems in the housing.

Recovery Planning and Relapse Prevention Services

Once a person has made a decision to commit to abstinence or reduced use, there are a variety of interventions that supportive housing programs can provide to assist in recovery planning and relapse prevention. Following are examples of supports that can be offered individually or in groups:

- *Education:* Teaching about managing the withdrawal process, urges, cravings, addiction patterns, and hurdles to recovery. This can occur via presentations, discussion groups, reading materials, and the Internet.
- *Exploring positive and meaningful alternatives for spending time:* Looking at how to manage time when substance use is not the organizing force by engaging in new activities, such as education and other pursuits.
- *Developing new relationships and a support network:* Making new friends and learning how to live without substances. Attending AA, NA, and other self-help meetings. Identifying a sponsor and/or others in recovery who can provide support and guidance.
- *Identifying triggers:* Looking at people, places, and things associated with addictive behavior. One group activity, “the clock,” identifies times of the day most associated with use. Another, “treasure hunt,” identifies and examines triggers in the neighborhood.
- *Developing coping strategies for high-risk situations:* Using rehearsals, role plays, and discussion to prepare for difficult encounters such as; meeting the “active” friend, telling family about recovery needs, or attending a social function. Learning stress and anger management techniques is also important.
- *Recording thoughts, emotions, and behaviors:* Using a personal journal to record situations that provoke thoughts and emotions and how these can lead to relapse or continued sobriety.
- *Documenting solutions and rewarding success:* Reviewing high-risk situations and identifying coping strategies that were particularly useful. Integrating successful strategies into future recovery planning efforts, identifying rewards for success, and celebrating accomplishments.
- *Learning from relapses:* Normalizing the experience by listing the circumstances that preceded the last relapse. Identifying the changes in thinking, behavior, and emotion that precipitated the act of “picking up.” Helping the person to identify his/her own particular warning signs and making connections between use and the consequences of use.
- *Employment and vocational supports:* Engaging in employment and vocational services can be key. Not only does work fill time, it can provide meaning and life-changing opportunities. In models using harm reduction approaches, work may be a motivator and strategy to use substances less.

Common Relapse Triggers

Though relapse triggers can be profoundly different for each person, the following ten triggers are common.

- Being exposed to alcohol and other drugs, active substance users, and places where the individual used to buy or use substances
- Boredom, feelings of emptiness
- Negative feelings including anger, sadness, envy, loneliness, guilt, and shame
- Positive feelings that are associated with celebrating
- Having a taste, such as having a drink or feeling high from prescription drugs
- Experiencing a loss, setback, or grief reaction
- Attempting to test the ability to use only on a “recreational” basis
- Physical pain
- Suddenly having a lot of cash
- Romanticizing getting high

Fostering a Supportive Community, Leadership, and Self-Help Strategies

A hallmark of supportive housing is a focus on fostering community among people who live in the housing, promoting connections to the community outside the housing, and otherwise assisting in the development of tenants' support networks. Efforts that bring people together and promote socialization and healthy living help to build community and provide alternatives to using substances. Providers can engage in a variety of interventions with tenants, including educational and support groups, recreational activities, socialization opportunities, and classes to learn new skills and information. Celebrations of holidays, anniversaries (such as sobriety periods), and other gatherings can offer people opportunities to socialize without substances. Educational sessions on a wide variety of subjects from anger management strategies to job searches to yoga can engage people in new pursuits and teach new coping strategies. Cultivating leadership among tenants who have histories of recovery can be helpful to those who are still struggling with substance use problems. These individuals can become role models and mentors for others and take on proactive roles within the housing. Some, as part of Alcoholics Anonymous or Narcotics Anonymous, may become official "sponsors". These individuals can be particularly helpful when working with people who may be more responsive to peers than staff members.

AA (Alcoholics Anonymous) and NA (Narcotics Anonymous)

Many supportive housing projects host AA and/or NA meetings. The motivation for starting on-site meetings often comes from the tenants as part of their recovery processes. AA and NA are extremely effective in promoting and supporting sobriety, and providers routinely rely on these and other self-help groups as part of their supportive services program plan. The vast majority of groups are started and run by members, and listings of local meetings are readily available. On-site AA or NA meetings that are open to the public are a way to provide a service to the tenants and the community at large. On the other hand, many decide to attend AA and NA meetings off-site because they feel more comfortable discussing personal matters outside the housing setting. Some housing sites offer meetings onsite and publicize meetings in the community as well. One distinct advantage of on-site meetings is that they are convenient, and some people may attend who otherwise might not make the effort.

Creating Services for People with Dual Diagnoses

Many supportive housing programs serve people who are dually diagnosed with mental illness and chemical addiction (MICA). Addressing mental health and addiction problems simultaneously is the preferred approach. Substance use can increase psychiatric symptoms (e.g., hallucinations, severe anxiety, depression) and can also mute these same symptoms. When people stop using or reduce consumption of alcohol and other substances, symptoms can increase or decrease.

There is evidence that treating both severe and moderate mental disorders with appropriate medications, such as anti-depressants, can reduce substance use. In these cases, staff should monitor symptoms and side effects and coordinate closely with the psychiatrist prescribing medication. Matching interventions to the individual's "stage of change" is particularly important for dually diagnosed people, since confrontational strategies can be more stressful and disorganizing for those with fragile defenses. Some supportive housing projects offer Double Trouble groups for tenants who are mentally ill and chemically addicted. (Double Trouble groups use an adaptation of the AA/NA twelve-step model that is particularly sensitive to mental health issues.) One advantage to having these groups is that people can share their experiences with others who have similar

backgrounds. Ideally, tenants should have access to Double Trouble groups as well as other substance use and relapse prevention groups.

Staff Expertise, Expectations, and Training

Staff who work in supportive housing frequently report that dealing with substance use issues is the most difficult part of their work. It can help to hire people who have prior experience working with substance users, although those who have worked in treatment or transitional settings sometimes find permanent housing to be very different due to a lack of leverage in requiring sobriety. Some programs hire people in recovery because of the natural alliance that they are able to build with other people working to remain clean. Staff burnout increases when there are unrealistic expectations regarding the outcomes of their work. It can be very frustrating to put out a great deal of effort and time and feel like nothing is working. Similarly, it can be difficult to maintain a clear perspective within the one-on-one relationship, where the steps may be small and substantial change can feel completely out of reach. A staff person can also feel undue responsibility for an individual's inability to change, particularly if the person's behavior is causing problems for other tenants. The supervisor's role is to help staff members set reasonable expectations for their work and provide support and guidance. Additionally, the staff needs maximum clarity regarding the program goals, philosophy, and rules regarding substance use.

Some supportive housing programs have substance abuse specialists. Specialists can be effective in planning intervention strategies for particularly difficult cases and providing extra support to them. These positions can also be particularly helpful in gathering and sharing resource information about service options and conducting training for staff. In most cases, however, it is important that the specialist not be viewed or defined as the sole person responsible for working with substance users, which can cause other staff members to become detached once the specialist gets involved. For obvious reasons, the design of the service program should avoid setting up the specialist to be the end of the line for tenants who have substance use problems. Therefore, many programs weave substance use services into overall staff responsibilities. In designing a staffing pattern, it is important to delineate roles and responsibilities for addressing substance use issues to ensure that mechanisms are in place for coordination between different staff functions.

Staff members should have the necessary skills to deliver the services that are expected. Preferably, they should have training in the following areas: counseling techniques and motivational interviewing; commonly used street drugs and their effects; the symptoms of overdose and withdrawal; and a primer in addiction and recovery, the stages of change model, and relapse prevention.

Note: CSH's *Toolkit for Developing and Operating Supportive Housing* includes additional information regarding housing people with substance use issues in both the *Housing Operations* section (available at www.csh.org/toolkit2operations) and the *Supportive Services* section (available at www.csh.org/toolkit2services.)