Substance Use Services and Supportive Housing

Organizations working in supportive housing will find it necessary to address issues of alcohol and 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.

Developing a substance dependency occurs in stages. 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 taking drugs after many years of abstinence. Helping people deal with their addictions is a major challenge, posing 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 expanded 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 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).

Key Components of Substance Use Services

There are specific considerations for working with individuals who have substance use issues. These include focusing on behavior, using interventions that help people to change, offering relapse prevention services, addressing issues of dual-diagnoses, and supervisory and staff training issues.

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 whether 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 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. 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 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.

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

The authors 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

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

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 under-awareness of problems related to drinking and/or drug use. There is no intention to change behavior in the foreseeable future. Many defensive behaviors exist, 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.
- *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.

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 also can 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
- A person's place 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 in which 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 also can 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.

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 service providers in supportive housing 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 Alcoholics Anonymous, Narcotics Anonymous 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.

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

Creating Services for People with Dual Diagnoses
Many supportive housing projects serve people who are dually diagnosed with mental illness and substance use disorders. Addressing mental health and addiction problems simultaneously is the preferred approach. Substance use can increase psychiatric symptoms (e.g., hallucinations, severe anxiety, depression) and also can 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.

Staff Expertise, Expectations and Training

Supportive housing staff frequently reports that dealing with substance use 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 organizations hire people in recovery because of the natural alliance that they are able to build with other people working to remain clean.

It is important to delineate staff roles and responsibilities for addressing substance use issues, in order to ensure 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, harm reduction, and relapse prevention.