



Full length article

## Social networks and substance use after transitioning into permanent supportive housing



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### ABSTRACT

**Background:** Substance use disorders are common among persons experiencing homelessness, and research has identified social networks as important correlates of substance use in this population. Permanent supportive housing (PSH), particularly Housing First, which uses a harm reduction model not requiring substance abstinence, is a key solution for ending homelessness. However, conflicting evidence exists regarding the associations between moving into PSH and changes in substance use, and there is limited understanding of how networks may influence such changes.

**Methods:** Using observational, longitudinal data from 421 persons before they moved in and over their first year in PSH (collected as part of a HIV-risk study), this paper assesses substance use change (alcohol, marijuana, and illicit drugs) and associations between perceived network characteristics and individual substance use.

**Results:** Substance use remained relatively stable among participants over their first year living in PSH, although illicit substance use reduced somewhat at six months compared to baseline levels (from 18.5%–14.5%) and marijuana use increased slightly at 12 months (from 26.6% at baseline to 32.9%). Substance use among social network members was consistently associated with individual-level substance use, both cross-sectionally and longitudinally. Specific network substance use characteristics, such as proximity, location met, and social support, had differential relationships with particular substance types.

**Conclusions:** These findings provide longitudinal evidence that changes within substance-using social networks are associated with subsequent changes in individual use and underscore the importance of interventions aimed at promoting positive social relationships for formerly homeless persons and improving PSH's social environments.

### 1. Introduction

Substance use disorders are the most common mental health conditions among persons experiencing homelessness (Fazel et al., 2008), and engaging in substance use is associated with worse outcomes for this population, including chronic homelessness (Fichter and Quadflieg, 2006; Kuhn and Culhane, 1998; Lipton et al., 2000), morbidity (Shannon et al., 2006), and mortality (Beijer et al., 2011). Permanent supportive housing (PSH), which combines stable housing with health and other supportive services, is an evidence-based, long-term solution for ending chronic homelessness (Byrne et al., 2014; Rog et al., 2014; Smelson et al., 2016). PSH programs typically follow a Housing First (HF) model, using a harm reduction approach to substance use, wherein

abstinence is not required for housing and interventions, and emphasis is on minimizing consequences associated with substance use (Tidderington et al., 2013; Tsemberis et al., 2004; Watson et al., 2013). Whereas foundational research on the HF model has identified increased uptake of substance abuse treatment among those in HF (Tsemberis et al., 2004) and success in keeping those with substance use disorders housed (Cherner et al., 2017; Tsai et al., 2014; Urbanoski et al., 2018), there is conflicting evidence about how transitioning to PSH impacts substance use among persons with experiences of homelessness.

Studies of substance use among formerly homeless adult populations have explored substance use in relation to housing retention (Collins et al., 2013; Edens et al., 2011; Lipton et al., 2000; Palepu

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et al., 2013; Pearson et al., 2009) or attainment (North et al., 2010), examined the association of particular housing types with substance use (e.g., community-based *scatter-site* vs. single-site buildings specifically for persons with former experiences of homelessness) (Whittaker and Burns, 2015), and identified HF as equally effective for those with and without substance use disorders (Cherner et al., 2017; Tsai et al., 2014; Urbanoski et al., 2018). North et al.'s (2010) findings on housing attainment suggest that housing outcomes may vary based on the type of substance being used. For instance, cocaine use was associated with a lower likelihood of maintaining stable housing, whereas alcohol dependence was not associated with housing outcomes (North et al., 2010). Research focused specifically on whether moving from homelessness into housing is associated with changes in individual substance use has found mixed results, including findings of differential relationships between housing and substance use depending on the type of substance. Kirst et al. (2015) identified reductions in alcohol problems over time among HF residents (as compared with those receiving treatment as usual) but found no relationship between housing and illicit substance use. Several studies found that substance use did not change significantly when persons moved into PSH (Hwang et al., 2011; Mares and Rosenheck, 2011; O'Campo et al., 2016; Somers et al., 2015; Tsemberis et al., 2004), whereas others have identified decreases in substance use during this time (Larimer et al., 2009; Padgett et al., 2011; Tsai et al., 2012). Given these inconsistent findings, there is a need for additional research on how PSH is associated with changes in or sustenance of substance use over time.

Studies examining social contexts among persons experiencing homelessness suggest that network characteristics, such as the proportion of network members who use substances, locations where participants met network members, and social support, are important correlates of individual-level substance use (Rhoades et al., 2011; Song and Wenzel, 2015; Wenzel et al., 2009). For example, previous research with samples of adults experiencing homelessness showed that the presence of substance users within networks and the locations where network members were met (e.g., on the street, at bars, etc.) influenced alcohol, marijuana, and illicit substance use (Rhoades et al., 2011; Song and Wenzel, 2015; Wenzel et al., 2009). Conversely, social support, including tangible, informational, and emotional closeness, has been associated with decreased rates of substance use in this population (Song and Wenzel, 2015; Wenzel et al., 2009). Moving into PSH represents a time of network change for many formerly homeless persons, with the potential for loss and/or gain of social relationships (e.g., ties may be lost if housing limits visitors or is located away from areas where homelessness was experienced, or ties may be gained if family reunification occurs after attaining housing). This network disruption may also create opportunities to develop new neighborhood- and building-based social relationships. Existing findings about the importance of social network composition among persons experiencing homelessness (cited above) suggest that substance use after moving into PSH may be contingent on network change during this time, including whether an individual continues to affiliate with street-based substance-using ties and whether social network members living nearby or within an individual's PSH placement are substance users.

To our knowledge, previous research has not examined how longitudinal changes in social networks among persons experiencing homelessness or formerly homeless persons in PSH may be associated with changes in individual-level substance use behavior. However, extant research examining longitudinal social network changes and personal substance use in other populations suggests that there is a potentially causal relationship wherein changes in substance use within social networks impacts subsequent individual-level substance use. Rosenquist et al. (2010) demonstrated that increased alcohol consumption among social contacts was associated with subsequent increases in individual-level alcohol use. Likewise, Bullers et al. (2001) found that the relationship between social network alcohol use and individual use was comprised of both social selection (i.e., choosing

social networks who have similar substance use characteristics) and social influence (i.e., changes in drinking behaviors among social networks influencing changes in individual alcohol consumption) effects. A similar longitudinal relationship was identified for both alcohol and illicit substance use among men recently released from jail, wherein increases or decreases in substance use among social network members was associated with subsequent increases or decreases individual use (Owens and McCrady, 2014).

The existing literature demonstrates the importance of social network characteristics as correlates of individual-level substance use among persons who have experienced homelessness and has identified conflicting evidence about the relationship between substance use and PSH. Because moving into PSH may be a time of network upheaval, this critical transition provides an opportunity to understand how changes in social relationships relate to substance use, particularly as literature from other populations suggests that there is a social influence relationship between social networks and individual substance use. Within this context, the current study adds to the literature by examining the following: 1) how use of alcohol, marijuana, and illicit substances changes over time when persons move from homelessness into PSH; 2) how substance use within social networks changes during this time, particularly among network members who live nearby or are persistent street-based ties; and 3) the relationship between individual-level substance use and substance use within social networks in this population (including whether this relationship varies based on the proximity and characteristics of network members).

## 2. Material and methods

### 2.1. Study

This observational study involved participants initially enrolled as part of a study that focused on HIV risk among persons in PSH. These participants encompassed adults experiencing homelessness moving into PSH in the Los Angeles (LA) area between August 2014 and January 2016. Researchers partnered with 26 housing providers in Los Angeles County to recruit participants moving into housing via agency referrals and direct recruitment at lease-up events. Adults experiencing chronic homelessness are generally placed in PSH in LA County through agencies using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), which prioritizes the most vulnerable based on VI-SPDAT score and housing voucher type. Clients have higher VI-SPDAT scores if they report a chronic health condition, physical or mental disability, HIV-positive status, or substance abuse (United Way of Greater Los Angeles, 2016).

Participants were initially screened for study eligibility via phone or in person and were eligible if they were moving into PSH with one of the partner agencies, 39 years old or older, spoke English or Spanish, and were not actively parenting minor children. As part of the larger HIV-based focus of this study, the age and non-parenting requirements were implemented to maximize detection of changes in HIV-risk outcomes without the influence of life stages or parenting status. Participants recruited for this study (N = 421) represented the same baseline characteristics as other individuals aged 39 or older without dependent children entered into the Los Angeles County Homeless Management Information System (HMIS; LA Continuum of Care) during the same period as study recruitment. Age and race/ethnicity distributions of both samples were nearly identical (no statistically significant differences between the groups), save for a smaller proportion of women (27.8%) in the study sample compared to the percentage listed within the HMIS (33.4%) (Los Angeles Homeless Services Authority, 2016).

All participants provided written informed consent and were interviewed before or within five days of PSH move-in and at three, six, and 12 months after moving in. Each interview was administered by a trained study interviewer and lasted for one to 1.5 h. Several study

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