



## RECOVERY AND MENTAL HEALTH ADVOCATES ARE HOUSING ADVOCATES

There is a complex connection between access to housing and having a substance use disorder or a mental health condition, which are often co-occurring conditions. As [NAMI](#) describes, “Access to affordable housing is a critical social determinant of health, and a person’s access to housing can affect — and is affected by — mental health.”

### **Access to safe and affordable housing is an essential component of recovery for individuals with substance use disorders (SUDs) and/or mental health conditions.**

- The Substance Abuse and Mental Health Services Administration (SAMHSA) designates having a stable home as one of four “dimensions” of recovery from substance use ([SAMHSA, 2024](#)). Similarly, the National Alliance on Mental Illness (NAMI) has expressed that “the lack of safe and affordable housing is one of the most powerful barriers to recovery” for people with mental health conditions ([NAMI](#)).
- Housing insecurity is linked to a decline in mental health, increased rates of substance use and many other negative health and social outcomes, including reduced engagement with medical care, higher risk of incarceration, and a lack of employment ([NAMI 2022](#), [Beck et al, 2023](#); [Roux et al, 2014](#); [Damian et al, 2017](#); [Roy et al, 2014](#); [Greenberg et al, 2008](#)).
- Compared to those who are housing secure, individuals with a history of opioid use who are unhoused are at a significantly higher risk of opioid overdose ([Fine, Dickins, Adams, et al, 2021](#)). Unhoused individuals face major barriers to accessing treatment and support services while transitioning to life without opioids, such as limited access to transportation, and not having a secure place to store their medications for opioid use disorder (MOUD) ([Hsu, Michael et al, 2024](#)).
- Housing stability decreases chronic stressors and insecurities, improving recovery engagement, retention, and health outcomes among individuals accessing SUD and mental health care treatment ([Bright Futures Treatment Center](#); [Mericle et al, 2023](#)).

### **Yet people with mental health conditions and those who have or had a substance use disorder face systemic barriers to safe and affordable housing.**

- People with mental health conditions or substance use disorders (SUDs) face significant systemic barriers to obtaining safe, affordable housing. People with mental health conditions or SUDs frequently encounter discrimination based solely on their health conditions ([SAMHSA, 2022](#)) and are disproportionately represented in the criminal legal system—often due to limited access to treatment ([SAMHSA, 2024](#)) and the criminalization of homelessness. As a result, many have criminal records, which further restrict their access to housing, health care, treatment, and other basic necessities.

- Housing providers commonly use criminal history as a reason to deny applicants. Because people with mental health conditions, SUDs, and people who use(d) drugs (PWUD) are more likely to have criminal records, this practice disproportionately harms them. Some jurisdictions have enacted protections for people with conviction histories to improve access to housing (e.g., [NYC, NJ; Urban Institute, 2025](#)).
- In many cases, criminal record-based denials serve as a pretext for discrimination, potentially violating state or local fair housing laws. Such practices have a disparate impact on people with unmet mental health or substance use needs and, in some cases, may also violate the Fair Housing Act ([Justice in Aging, 2023](#)).
- Housing providers may also cite an applicant’s mental health condition or SUD as the basis for denial. The federal Fair Housing Act prohibits discrimination based on disability—including mental health disabilities and SUDs—but it does not protect individuals currently engaged in illegal drug use. This gap underscores the importance of housing first programs that prioritize providing people shelter first and foremost without predicated housing on treatment engagement or sobriety status.

**We need more affordable housing and investments in various forms of supportive housing models that prioritize immediately placing people in housing without requiring abstinence or treatment.**

- Evidence from a systematic review of 26 studies indicates that, compared with programs that require rigid treatment engagement or complete abstinence to retain housing, housing first programs that house people without forcing them into treatment programs decreased homelessness by 88% and improved housing stability by 41% ([Yinan Peng et al, 2020](#)). Two examples of such programs are rapid re-housing and permanent supportive housing.
- In a review of 18 separate studies, the expected success rate for participants transitioning from a rapid re-housing program into permanent housing was found to range between 71% to 84% ([HUD, 2018](#)).
- Providing people with permanent supportive housing is associated with a reduction in substance use crises, reduced homelessness, increased housing retention, and decreased emergency room visits and hospitalization ([Corporation for Supportive Housing, 2025](#)).
- In a study comparing permanent supportive housing programs to those that required people to enter treatment first, tenants in supportive housing were 3.4 times less likely to use drugs or misuse alcohol during the first year than participants in rigid treatment engagement programs ([Padgett et al, 2010](#)).

**By strengthening the full housing continuum and ensuring that individuals have the resources they need to remain stably housed, policymakers and communities can promote recovery, improve quality of life, and build a more equitable system of care. Mental health and recovery advocates can and should all play a critical role in helping unhoused and housing insecure people obtain the housing they need and deserve.**

**For more information, please visit [opportunityhome.org](https://opportunityhome.org).**

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