



“Every time I stand up
I get knocked back down
and I'm tired”

Homelessness and Substance Use in New Jersey

December 2020

Acknowledgements

Deepest gratitude to our teachers in this project: 41 individuals who experience homelessness and substance use in New Jersey, and 12 staff members, including case managers and outreach workers, who work with them. They generously provided their personal experiences, perspectives, and insights with the hope of improving situations for others. Their willingness to share struggles and open wounds gives us a chance to do better. For this, we are immensely grateful.

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Executive Summary

In Spring 2019, the New Jersey Department of Health’s Center for Healthcare Quality and Informatics in the Office of Population Health conducted a needs assessment to better understand and respond to the intersection between substance use and homelessness, as part of the Center for Disease Control and Prevention’s Data-Driven Prevention Initiative. Semi-structured, in-depth interviews were conducted with 41 individuals experiencing homelessness and 12 staff members who work with individuals experiencing homelessness. Most also had personal experience with substance use – either their own or through close family or friends.

Participants shared painful and traumatic histories, describing the variety of paths that led them to this point. They described the cyclical nature - the relationship – between homelessness and substance use, the likelihood of one resulting in the other. Respondents were open and honest about their experiences and felt that more compassionate care was needed as they navigated recovery, relapse, and homelessness. They provided recommendations on how to best support them in their journey, including increased mental health and social support, responsive substance use treatment, compassionate, trauma-informed care, assistance with navigating systems, and housing.

Introduction

Background

Beginning in Spring 2019, the New Jersey Department of Health (NJDOH)'s Center for Healthcare Quality and Informatics (HCQI) in the Office of Population Health conducted a substance use treatment and recovery needs assessment of and for persons experiencing homelessness, as part of the Center for Disease Control and Prevention (CDC)'s Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI). The DDPI helped states advance and evaluate their actions to address opioid use and overdose; develop strategies that impact behaviors driving prescription opioid dependence; and strengthen communities' capacity to effectively utilize data to develop more comprehensive opioid overdose prevention programs.

The purpose of this project was to better understand the needs of individuals experiencing homelessness in New Jersey that use opioids and/or other related substances, in order to provide recommendations for improving policies, services, treatment programs and recovery supports. The assessment was comprised of interviews with both sheltered and unsheltered individuals, as well as staff that work with them.

Objectives

1. Assess the health impacts of the opioid crisis on individuals experiencing homelessness.
2. Better understand the relationship between social determinants such as housing, income, and social support on substance use among individuals experiencing homelessness.
3. Assess the experiences of individuals experiencing homelessness with substance use treatment, recovery and social services, to identify barriers, strengths and challenges of existing programs and opportunities for improvement.

4. Provide the State with recommendations for improving policies, services and programs which may facilitate treatment and recovery for individuals experiencing homelessness in New Jersey.

Research Questions

1. What is the relationship between homelessness and opioids/other substance use?
 - a) How does homelessness impact opioids or other substance use?
 - b) How do opioids or other substance use impact homelessness?
2. What are individuals experiencing homelessness' experiences with services and/or programs intended to facilitate substance use treatment and/or recovery?
3. What factors influence the likelihood that individuals experiencing homelessness receive, participate in and sustain treatment and/or recovery services?
4. What improvements in policies, services and programs can be made to increase the likelihood that individuals experiencing homelessness will receive and sustain effective substance use treatment and recovery services?

Methods

Data Collection

Semi-structured, in-depth interviews were conducted with individuals experiencing homelessness in New Jersey and staff who work with them. Interviews were conducted in person and lasted 45-90 minutes each. The same interviewer conducted all interviews. Interview participants were recruited by shelter and street outreach staff. Each participant received a \$30 cash value gift card upon completion of the interview.

Interview questions with individuals experiencing homelessness covered domains including: background experiences of homelessness and substance use; experiences with and perceptions of treatment and recovery services; experiences with and perceptions of homeless services and other government services; the relationship between homelessness and substance use and recovery; and, recommendations for improvement in services. The full interview guide may be found in Appendix A.

Interview questions with staff who work with individuals experiencing homelessness included the following domains: experiences working in homeless services; perceptions of individuals experiencing homelessness and/or substance use; perceptions and experiences with providing treatment and recovery services or connections to such services; and, recommendations about services. The full interview guide may be found in Appendix B.

All interviews were audio-recorded and transcribed verbatim by an approved third-party vendor. Identifying information was removed from the transcripts to maintain confidentiality and anonymity.

The Institutional Review Board at Rowan University approved all study procedures.

Analysis

Two Masters-level analysts with extensive experience in qualitative methods reviewed transcripts and developed a codebook for organizing the data. Codes were developed based on a content analysis, matching questions and domains to codes. Definitions were assigned to codes in order to maintain a standardized coding schema across coders. The two analysts met frequently with the Principal Investigator during codebook development. The Principal Investigator conducted the interviews and provided valuable feedback on the analysis and amendments to the codebook were made accordingly. The two analysts then applied the codebook to transcript excerpts independently in order to ensure consistent application of codes. Results were discussed among the team and a second application test was performed. The resulting level of agreement between coders was acceptable to the team and the remainder of the transcripts were coded. The final codebook applied to the data is provided in Appendix C. The team met to discuss coding patterns and themes that emerged among and between the codes. The results of the content analysis, as well as particularly poignant quotes, are presented below. Coding and organization of the data was facilitated by Dedoose software.

Results

Demographics

Forty-one individuals experiencing homelessness in Newark, Paterson, Trenton, Camden, Atlantic City and Jersey City were interviewed. Twelve staff members at agencies serving individuals experiencing homelessness in the same cities were also interviewed.

The interviewer collected write-in, self-identified demographic information from each interview participant willing to share their information. Thirty-nine participants experiencing homelessness and eleven staff members provided demographic information. Detailed demographics may be found in Appendix D.

Content areas

Experiences of homelessness

Overwhelmingly, experiences of homelessness were described by interviewees as painful, traumatic, and enduring. Interviewees were asked about their history with homelessness, including the seminal story of how they had found themselves without a home or living on the street. Responses ranged from days to decades of experiencing homelessness and the reasons and stories behind those experiences were varied. Participants described factors including substance use, death of a loved one, justice system involvement, domestic violence, divorce, and bankruptcy. Each participant's experience with homelessness and its precipitating events is unique; below we share a select few participants' stories, in their own words, about how they began to experience homelessness.

“Three years ago maybe because it was in 2016. I was living with my wife and the next thing I know I was using heroin. I was getting into more heroin, not paying the bills, not paying the rent. We got evicted. So my wife went to Florida. She stayed out there, I stayed out here and I lived in the street. You know.”

INTERVIEWER: How was that?

PARTICIPANT: Very bad. Living in abandoned buildings, sleeping in abandoned buildings. Don't know where to live, but then you find money for drugs. You did things that you didn't want to do like, you know, steal to support your habit. And it wasn't a good thing.

But when the doctors give you these things, they don't tell you you're going to be addicted to them.”

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“Because I grew up from house to house, from DYFS¹. I was in the DYFS system since I was 13. Yeah, from house to house, from house to house. I had to sneak into people's windows. I had to sneak up there at certain times just to run from the DYFS system ... We got – I had foster families who took my money, my check. They claimed that they never got a check from the State for me. Whatever it is. So I had to fend for myself. Like I never got next to none or nothing. I had to stick until you got in, just go. And like – so I had to just fend for myself. And I did that running the streets homeless for – so I was homeless, what, from 13 to the age of 18.

INTERVIEWER: What was the hardest part about that?

PARTICIPANT: Thinking of where I was going to sleep and thinking about what's my next move. Could I ask my family for money? Couldn't even do that. But as a matter of fact, if I would have messed with my family, they would have sent me right into DYFS. So that was like a no go. So at the age of, what, about the age of 17, I just started going – so I was just living the street life. I started messing with older dudes until I was like, what, late teen, early 20s – I believe 17. It was enough for me. It lasted a long time until I got locked up.”

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“I was laid off in August. I worked for a call center for -- it would have been five years in October. So I was promoted very quickly. I started out just an agent, promoted to shift lead, then supervisor, then virtual supervisor while supervising the remote agents. Then I was quality assurance, doing the training all of that. So I was finally put in charge of pretty much my own department and we were told that we were doing a special project. We called 305 agents and we were just training them. There was a group of about 30 individuals from Honduras. So they told us we were just training them and you know we're thinking about bringing them on. So about two weeks before the layoff, they brought us down. We had a catered lunch and they basically just told us they are moving the entire call center over to Honduras. So the agent said -- it was top secret. So they did it as myself and there were two other

¹ Division of Youth and Family Services (DYFS). DYFS' name was changed to the Division of Children Protection and Permanency (DCP&P) in 2012.

managers for this top secret job and we each had between you know 20 or 30 agents and ultimately we were training our replacements.

INTERVIEWER: That's horrible.

PARTICIPANT: Yes, horrible. So you know they gave us this beautiful catered lunch, awesome food, all of that good stuff and they just laid it on us. In two weeks, they will be phasing out. Our eastern operations are moving down to Honduras. We were getting all of this positive feedback. You are doing great. You are doing wonderful. We are feeling great about it as we were doing the training. We have taken people who -- and I get it it's a third world country. It's horrible for these people out there. Some of them shared stories and it's like you know I understand. We want to get, get globalization. I understand the world economy but come on. So basically they replaced us. They did give me some severance pay but because I had taken family leave and a few other leaves or whatever, my severance pay wasn't a huge payout. And it was like almost 6000, which my rent was 1700, then I have PSE&G² that came to about 2 a month, phone bills. I have four kids. You know just anything. I have two in pampers. I was pregnant at that time and they basically laid us off. They gave us the check so we would be okay. The check pretty much covered me up until about November, December. And then after that, I had nothing. The baby was born, January 6. During the time, I was still going on interviews. My stomach of course was out here. Some people are looking at me like you are very qualified. You are a wonderful person but you look like you're going to be gone for a little while. I am like, yeah, I will be right back. I am trying my best to sell myself. But no, I mean reality is reality and business is business. You can't bring somebody on board, train them, get them fully engaged and then they are out for two or three months. It's just business. So I couldn't find another job of course. I had a baby on January 6. At that point, my landlord had filed for an eviction because I didn't pay. I owed him half of November, all of December and at that point in January. So we got court papers in the middle of January. I was honest with them. I said I have no way to pay. I don't know what to do.

I went to all of these places. Because I had gotten the severance pay, unemployment wasn't really -- it's like well, you got that money, so you can't expect this money. Welfare was kind of giving a hard time. So it was what it was. I mean I was basically forced to leave. I did go and stay with my girl's dad's family but that was a horrible experience. So I was there for a month. I mean they are first generation Jamaican. Their culture is very different. So it's a lot of things that they do, a lot of ways they speak to their children that I just don't allow. They are very harsh. They are very homophobic. There are different things that I am just not comfortable with and I am not comfortable raising my children in an environment like that. So at that point about mid March finally, Welfare had come through and they said if I were to put the girl's father onto my grant because he had an injury toward his patellar tendon and Achilles. So it was a serious injury. He was awaiting SSD, SSI and

² Electric Bill

they basically said since he has a pending, that would open up the door for you to receive cash as well as emergency assistance. So I am like, oh okay, finally, something is coming through. It turns out he had missed the window to appeal. They had given him a decision about early January when the baby was born. He only had a 30 to 60-day window, something of that nature, to appeal the decision. He missed it and they are like, oh you have to reopen the claim.

So Welfare on the day of that -- I got a storage to put my things and I am like, they told me, we will put you into transitional housing and from there you will be able to get some of the programs. We have TRA³. Unfortunately, because the SSI⁴ was no more, SSDI⁵ was no more, that was off the table. So I was like literally dooms day. I told these people I am leaving, whatever, I had a big spiel. And then it's like, psych. Yeah. So I started calling around places. I found this place on one of the resource packets that they had given me and the Director is like, 'Yeah, we have space, you know come here.' And so we came. She informed me that unfortunately the other location, which is [street name] where they have men and women, you know families that was filled up. So it would either be me and the kids or none of us. So of course you know, me and the kids are here. Their dad has basically been sleeping in his car and that's just that. So we have been here since then."

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"1981. Up in the '81...Mm-hmm. It was just the drinking, the drugging. Yeah, so -- things just gets out of hand.

INTERVIEWER: Things get out of hand. Yeah. How did the drinking or drugging -- how did that lead to the homelessness?

PARTICIPANT: You don't want to do nothing but drink or, you know what I'm saying, hang out. You know what I'm saying? You don't want to do responsible things at times"

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"I've been battling homelessness for about 10 years now -- because of my addiction.

INTERVIEWER: Do you remember how that started?

PARTICIPANT: I got prescribed -- I had a C-section and I got prescribed pain pills and that's how it started. I just -- I liked them. I liked to be numb. I like the way it made me feel. And who knew that such a tiny pill was going to control my whole life. It was like taking me to a dark place. And because I was getting it from the pharmacist, I didn't think there nothing was wrong with me. Then I had ovarian cancer and then I was getting it from there. So I really never

³ Temporary Relief Assistance

⁴ Supplemental Security Income

⁵ Social Security Disability Insurance

thought nothing was wrong with me because I wasn't on heroin or I wasn't on crack. Mine's was coming specifically from my doctor, but then I start going to all of these different doctors, getting it. My life just became so unmanageable. But in my head, I still said I wasn't like everybody else."

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"I've been homeless since '82 when my mom died...Yeah. And the reason I say that is because, you know, yeah, I have family and stuff like that, but I wasn't working. You know what I'm saying? And I didn't have my own place. So living under somebody else's roof is still considered being homeless, because it's not yours. And at any given time you can be thrown out of there. And then the part of keep going back and forth to prison. So it didn't feel like being homeless because I was locked up. But every time I came home, I was homeless because I didn't have nowhere to go and I had no job or anything."

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"Young, successful, I'm married, moved to Europe. Drinking has always been a problem for me. I've been drinking since I was 15, but it was never really an issue. It was part of who I am. You walk I-beams three floors up with no security. You do that after lunch, after you've had a couple of bottles and you're working with dangerous stuff, glass, handling sheets of glass that if God forbid, they should break, you can see what happens sometimes when there're accidents. Very risky hard work. I work hard. I play hard. I drink hard. Moved to France after I got married, I married a French girl and moved to France. Learned the language, I went to college there. Owned a house, cars, had a son. Drinking, always away from work, there was a lot of -- my job would keep me away for months at a time and then I would be home for a short period of time and then I'd be back away at work, so build, we're always paid. But when I was home, it'd be like I'm there, I'm disrupting the household. I'm screwing up their routine thing. I was a stranger in my own home. So even when I was home, I wasn't home. I would do what I had to do and then fishing pole, shotgun and tent, disappear for the weekend, whatever.

Separation, divorce, I came back here. Divorce was very hard for me. There was an attempted suicide. Drinking hard. Tried to put back what I had here, was somewhat successful, but in the back of my mind, there's now all the regrets. And what could have-beens, and should have-beens, and everything, and missing my son, and drinking and drinking, and wind up doing prison time. Did something stupid, I tried to steal food from a delivery guy. And it's a stupid thing, ordered food and the guy showed up, just wanted to take the food without paying for it. And they got me a robbery charge and they tried to put me in prison for 15 years for that, for \$18 worth of food. And it took me a year, but I got it down and I wound up getting a five-year sentence with three years parole. I did the five years. While I was on parole, got caught drinking and wound up doing a parole, back in prison so I did almost eight years. And all the time, every time like when I get out of -- when I first got out, I had a job. I had an apartment. I was working. Drinking, get locked up, lose my job. I got

back out. Get another job. I keep losing the jobs. I started staying with my niece. Every time I stayed with my niece because she needed me to do this, that or the other thing, and I get established with her and then when she didn't need me anymore, kicked me out and send me here and I'd lose whatever fucking work I had going on out there because I have to apply to these regulations here. You got the curfew and everything and it just makes it impossible while you're here to hold any freaking job. And just every time I tried to get myself back up, I'm not saying it's anybody's fault, but my own because I'm drinking.

But every time I stand up, I get knocked back down. Every time I stand up, I get knocked back down and I'm tired. And I just -- I'm tired of doing it, I'm tired of trying to do it because at this point, it's like, I mean I've had sober times. And I know this like, I know how hard it is to get the sober time. I know the work that I have to -- and it got to the point where why do I even bother doing that because I know I'm going to wind up drinking again, I get knocked back down again. So every time I tried to stand up, it seems like I'm getting knocked back down either by my own device or somebody else's. So I have no hope. My health is failing now, doesn't help. So the things that I used to be able to do, I can't do anymore. The standard that I used to have, I don't have anymore. I have the knowledge. I have the knowledge. I can still -- I just -- I'm not going to say it seems hopeless. It's just like it's hopeless. It's just hopeless sometimes."

When reflecting on their history of homelessness, interviewees expressed feelings of pain and suffering; those emotions were still present when discussing the current experiences of homelessness.

"Honestly, I survived it just by the lord up there. You know, it's just like, it's hard, you know, to explain that because I've just lived day by day, you know, lately, you know, being there I'm - from this coldness. I just let things, you know, happen, but it has been very rough for me. Honestly, this has been the worst winter -- the worst time of my life. This past let's say six, seven months...Yeah, it has been the worst ever, ever. Oh my God...Being on the street. I've never been out. I always had a place to stay and live. I never considered myself being in this situation, being homeless. So this has been the hardest for me. Oh my gosh, sometimes I just, you know, just stay and cry on my own, you know, because it's painful. Right now I'm talking to you and I feel like, you know, tears coming in my eyes because it hurts."

Experiencing homelessness often caused participants to feel isolated and a sense of abandonment by friends and family.

"I was staying with friends. We've been doing a lot of drugs and everything. I lost my mind. They accused me of stealing and stuff. Just asked me to let it go, they asked me to leave. And I had nowhere to go. It was a bad night, rainy night. You know, kind of no clothes -- no jacket or nothing. It's really bad. That you have -- that you thought who are your friends, you know, it hurts."

There was a sentiment of disbelief for some participants about their current experiences without a home.

"It's very difficult dealing with this. This is my first time dealing with homelessness of this nature. I have stayed with a family member before a short period of time like almost two months and that I thought was rough. But no, it gets worse. So I am just like all over the place. Right now, I have been here [agency] for a couple of months. So I am a little more accepting, but it's still very difficult -- difficult to accept that, you know, this is life."

Participants discussed feeling trapped in homelessness, with one circumstance leading to another, making it difficult to find stability, save money, or move to a more stable living situation. It was also noted to be especially difficult to navigate government assistance programs during this time.

"I found a job. I started working April 8. You know that's a pretty good thing but it wasn't -- it's not nearly as much as I was - I am used to getting paid and then there is two in diapers now and then here sometimes the food is not the greatest because we rely on donations. So the kids won't eat and I am ordering and then you know so it's difficult to save money. You know we don't get like pampers donated to us or toilet paper. You know things you don't really think about but it adds up. So you know I am saving little by little. I have managed to save a little measly 1600 and I am just hoping one of these programs comes through that would assist with something. The TRA is not on the table for me because you have to be receiving cash assistance. So because I work, I don't qualify for that. And then if you don't work, there is like stipulation, you have to be in some type of state mandated activity or things of that nature -- -- which is cool. I don't have any harsh feelings toward that. It's just -- was not for me. There was like, you have to wait for a lot of these services and that's what I have learned since I have been here. I was just talking about Saturday like I said with one of my former colleagues and I said, you know, I went to a school for social sciences. I didn't finish my degree but I have always been passionate about helping, it's me the crusader and to actually be in the position. It gives you a whole different outlook because it's like you think that when you are at a low place, there is all these things in place, people in place and it's just help, help, help. And that's not how it goes. You know, it just, Wait. You got to meet ABCD to qualify. You got to go through XYZ to qualify and it's like sheesh, there are so many that just fall through the cracks."

One staff member also explained their perception of homelessness as a disease wreaking havoc on communities.

“It just feels like the cards stacked against them, I mean, they just got home from jail, they're released as homeless, they can't get a job, they can't go get general assistance, because most of them have a distribution charge, the distribution, by definition is so, I don't know... it's an old definition of distribution, drug distribution. So it affects the entire population. So here we have an entire group of men with absolutely no access to resources, the only access being re-entry, which unfortunately was a giant failure, because they were, in that, they weren't preparing these men for the reality of what was to come. And it was great, you know, in terms of the transition, but once the transition was over, you're left alone.

INTERVIEWER: And then what happens when you're left alone?

STAFF MEMBER: They come to us and they tell us they're homeless and they need a job and that nobody will hire them.

INTERVIEWER: Nobody hires them just because of their previous--

STAFF MEMBER: Yes, lots of different reasons. You know, just it's almost like, you know, The Scarlet Letter where you have a big 'S', you know, these guys have a big 'F', they were big 'H', 'F' for felon, 'H' for homeless 'B' for black, everything stacked against them and how do you help somebody who is hopeless?”

Despite the sadness and helplessness that interviewees often expressed over their current situation, some participants felt connected to homeless services and grateful for the assistance provided. While finding permanent housing was a cause of anxiety for participants, the temporary shelter and services they were experiencing were seen as helpful.

“PARTICIPANT: I'm, you know, a little stressed but I'm okay.

INTERVIEWER: A little stressed. Where is the stress coming from?

PARTICIPANT: Well, housing.

INTERVIEWER: Housing.

PARTICIPANT: Well, you know, [agency] provided me with that right now, but once I got to leave I got to find a place to go.

INTERVIEWER: Why are you going to have to leave?

PARTICIPANT: Well, you know, eventually.

INTERVIEWER: Eventually.

PARTICIPANT: Because you can't stay here forever.

INTERVIEWER: You can't stay here forever?

PARTICIPANT: No.

INTERVIEWER: Why not?

PARTICIPANT: This is just a place where they can help you -- like, one thing about [agency] is they help you out with a lot of things. Yeah. You know, they guide you in the right direction, you know, to get the necessary help that you need. So I'm grateful for that. Before I came here, I didn't know a lot of stuff and they helped me out a lot. They've been an eye-opener like with all the help that they give you.

INTERVIEWER: Yeah. Like, what kind of help do they give you?

PARTICIPANT: I mean, they provide you with a lot, man. And there's still stuff here about [agency] that I didn't even know that they do.

INTERVIEWER: Uh-huh. Like, can you give me some examples of specific things they do?

PARTICIPANT: Well, if you don't like know about welfare and stuff like that, they will, you know, give you a letter that you take it there. They also give you a letter when you, you know, to see if they can help you out. A lot of us can't get help at housing like TRA and stuff like that. I can't get that."

Experiences of substance use

Participants discussed the various paths that led them to become involved with substance use, including recreationally with friends as a young person, to being prescribed opioids for pain management, to family and friends who struggled with addiction introducing them to substances.

"The heroin started when I turned 19.

INTERVIEWER: When you turned 19. Was that the first drug you used?

PARTICIPANT: I was smoking PCP⁶ before I started using heroin.

INTERVIEWER: Okay. How did you start with the PCP?

PARTICIPANT: Just hanging out with friends...The basic drugs that we used were PCP, marijuana, coke. We were not smoking crack then. We were sniffing coke and mescalines. But PCP was the main drug that we probably smoked. We smoked, like, Friday and Saturday when we go out to clubs. And I liked it. So I will work and every day I will send my friend to New York to buy it for me while I was at work. He will come and bring it to me, and for lunch break I'll go smoke one and come back and continue working. So it was crazy. I mean, like I had a crazy life. I also had extensive getting locked up. And then I had no education because I was in special ed."

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"Marijuana is my vice like -- it really -- it had me out there early. Like that was my first drug and I -- it was off to the races with that one.

INTERVIEWER: That, like how old were you?

PARTICIPANT: I was 13 when I first tried it."

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"Well, it started years ago. I was selling drugs -- for a long time. And actually how -- and I was like famous, you know -- hood famous if you want to call it. And we were making up some -- we were trying to like curb the competition. So along with the bag of heroin, we would put a bag of cocaine on the bag, take them to the bag. It was called a special. So this particular time, I'm in a family member's house that I trust. I trusted her. That was like my real dog. And I'm bagging up the cocaine. So she asked me -- actually crack. So she says, you never tried that before? And I'm like, no. I don't do -- yeah. No. I don't -- she said, no. Try one time. We ain't going to tell nobody. Little did I know, you know, once you started on that, it was like -- you know, she pulled the cup out with aluminum foil, you know, what you doing? Don't people do something else with that, you know, doing a pipe or some shit. No, no. I ain't got all that. Put, taped it, made the holes, put the ashes. And once I took that first one, I did the whole week sat and did seven grams. And I couldn't believe it. I was like, wow, but I realized, you know, tomorrow's another day. I got to get it together. I have to go outside to sell more drugs, to buy, to replace what I -- so nobody wouldn't know.

So that started like a double life, for me being a big-time drug dealer, but at night, I was creeping, getting high. And as time went on, it gradually -- at the beginning, you have morals, you don't want to buy it, you know, but as time goes on, you start to, I don't care. I don't care who sees. Even in the midst of that, I still didn't want certain people like my aunt to see me. So I would try to

⁶ Phencyclidine

stay low key, but I had a lot of cousins that were drug dealers, so they were a lot in my neighbors because I can get along because I was funny and I could do things, you know, and you know, it didn't matter. Oh, you're fun, then just give it to me. So when I did hit my bottom, it was like they always -- like they didn't like me like that but they knew I was still an asset even in that condition. Because I knew how to find money, get money -- and bring people and -- So it went on for a long time.

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"Good Lord, actually, I guess it all started like when I was like 19. I was hit by a drunk driver and got put on pain killers. And I think I was 20. And they had me on it for like five years. And then all of a sudden, they just took them away. I had three surgeries on my right knee. My husband was in the Army, so he was away. So it was me and a brand-new baby by myself in a second story loft, coming up and downstairs on a newly-operated knee, and couldn't handle the pain. I didn't realize how many I was taking until somebody else realized.

And when they took them away, I started buying Percocet on the street. And then, I had no idea what withdrawal was, no clue. I was never without them, I always had them. And one day, I guess I didn't get them, and I always had trouble sleeping, so my doctor had me on sleep medication. And I was into anxiety pills and antidepressants, and all kinds of stuff.

And that night, I remember taking two Ativan and two Ambien, and I woke up through two Ambien and two Ativan, coming through withdrawal. I had no idea what I was feeling and why I was feeling that way. And the guy I was dating at the time was like, "Well, I can't find any oxys but I can get you dope." "No, no, no, no, no, no, no, no. No, no, no, no, no." At 2:00 in the morning. 4:00 in the morning, I was finally like, "Alright, fine. Call him." And he went out and came back. And I was like, "But wait, what's this going to do? What's it going to make me feel?" He said, "Well, you're going to sniff it." And it was like the smallest little known powder, and I am like, "There's no way this is going to make me feel better. No way." And he's like, "You're going to sniff it, it's going to burn. Also you're going to get warm all over, and you're going to go sleep."

So I sniffed it and it burned like all hell, and then I got warm from the top of my head to the tips of my toes, and my sleeping pills kicked back in. I was good. And then it was like, "Whoa, \$30 for a pill, \$5 for a bag." And so I started sniffing dope, and I was doing construction work for a friend of mine, my boyfriend actually and his father. And it wasn't that I wasn't making enough money because I was making plenty of money. But I guess after that first withdrawal experience, I never wanted to feel like that again, so I got scared. I started doing stupid things like selling all my jewelry just to have extra money to buy extra stuff that he didn't know I had, that I would put away. And it just progressively got worse and I stopped paying my rent, and I had a 5-year-old daughter and we lost our place. And we bounced around for a little while and ended up in a hotel. It took another two years -- no, another year. So I got another place, ended up in [location]. I got an apartment for my

daughter's birthday, it was perfect. Sweet, that was her birthday present, she said. And everything was fine again, and I started doing oxys again. Why? I don't know. I didn't even know how I stopped but I just did. And my boyfriend at the time, new boyfriend, he was on them too.

Well, he started doing stupid stuff at work and taking things that he shouldn't have taken, abusing his time and abusing the work van. He got in trouble and got fired. And then we found out that I was pregnant. Then Hurricane Sandy hit and took my house in [location], along with everything I had accumulated over the last nine years, including my daughter's baby book, and stuff I'll never be able to replace. And we're back at a hotel. I gave birth to my son, and he tested positive for opiates."

When participants discussed beginning their experiences with substance use via prescription, they often discussed an inevitable route from prescriptions to heroin or fentanyl.

"I started with pain medicine, you know, just played basketball in college. First time I went to college and high school and I played basketball in middle school in South Carolina, and I tore my ACL during practice. And I got prescribed some hydrocodone medication. And, you know, I liked it. I liked the way it made me feel. And, you know, I got used to it and I wanted to keep feeling that way. So I just -- when the prescription ran out and he wouldn't write anymore, I knew somebody that had them and I started buying them. And then over the years, you know, I just can't -- I never stopped, it just got worse. So when heroin came around and it was cheaper, it was easier to get, and, you know, I started doing that. And then now it's, you know, just an epidemic and it's everywhere and it's a lot worse now. So it's a lot easier to get."

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"You see how I started was, taking pills.

INTERVIEWER: Taking pills?

PARTICIPANT: Yeah. Percocet's...Because of my back injury and all that stuff. Then when they cut me off, I started using heroin, you know. It became one bag, two bags and then 10 bags."

--"Through friends or whatnot. And the way I got it on the -- the way I got hooked on heroin was a supplier of mine -- drug supplier that was supplying me the pills. I called him one day and he goes, 'Oh, I don't have any pills.' But he goes, 'Stop by anyways. I have something for you.' And I stopped by his house and he goes, 'It's just the same thing. Instead of it being 25 -- \$25, it's only \$5.' So I was like, 'All right, I'll take, you know, 20 of them.'"

Participants noted that substance use started to take away many aspects of their life.

"It didn't matter about where you slept, it didn't matter about what you ate, it didn't matter about what you have to do with this old guy, the drug came first. It always came first."

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"I can't maintain a job or whatever, paying bills -- like it just consumes everything. Like my job is getting high and finding a way to get high. So that's how I lost my apartment. Lost a job."

Descriptions of addiction and substance use were powerful across participants and often involved a sense of powerlessness and helplessness, similar to their descriptions of their experiences of homelessness.

"It's not about love. It's not like I love the drug. It's just you are a slave to it."

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"I never thought I would -- never, not in a million years. Nobody ever grows up, like growing up, and says, "I want to be a junkie whore when I grow up." Yeah. I watched my sister do it, and I was like, "How could she do that?" And then it all like goes hand in hand because it's like there was no way you can do something like that, like sell yourself and not want to be numb while you're doing it. It just gradually went to feeling like I was dying a little more every time I did it. I got beat up a couple of times, raped a couple of times. Things started to get worse and worse. I tried to go away, I couldn't. Bargained, and did the five-day detox. I would come home and go right back to this -- right where I left off, like the same spot -- the same people. Like I jumped right back into it every time. And I tried to do long-term programs, and I'd make it two days in a row, until the most recent one."

INTERVIEWER: Okay. And so what happened this time? Why was this different?

PARTICIPANT: I'm sick and tired of being sick and tired. I want my life back. I deserve my life back. My kids deserve their mother."

One participant explained the health consequences of heroin and how they interpreted them:

"Other than overdoses, heroin is not really bad for your health, like your general health. You know, like meth just like moils you down until -- but like heroin, it doesn't -- I mean it makes your lifestyle messed up because it becomes your number one goal, like directly, like affecting your health, like other than my abscesses and overdoses, I never really experienced anything"

like adverse health effects. I never lost a lot of weight or have heart conditions or, you know what I mean? It doesn't really do that to you. Yeah. It just makes you, you know, it just makes your lifestyle not good for your health, because it's all you think about."

Participants explained that substance use and addiction clouded their sense of daily life and became a sole focus.

"Now, I'm sober, life shows up. Life shows up, basically, you know. People are dying. This thing going on all the while, this is how life works. But I don't see it because I keep myself numb. Life shows up, bills got to be paid, people got to be buried, you know. The water bill's got to be paid, the car insurance, kids got to go to school, you know, you got to wake up, brush your teeth, comb your hair, you know, go see the doctor. These things are – this is how life works. You don't do that when you're in your addiction. You wake up and look for the next one. Alright, whose purse am I going for this time? See if my wife got any money. Then she goes in the shower. Crazy. Just – it's just out of control, out of control."

A staff member who worked at a homeless shelter and is also in recovery explained,

"Drug addicts, when you're sick, you're not worried about the consequences of anything. And that seems to have not changed."

Interviewees sometimes brought up the use of substances as a coping mechanism for dealing with mental health issues, trauma, or instability such as experiences of homelessness.

"My son's mom -- we separated. I moved to Atlantic City and I started doing -- I started drinking heavy here, and then I started using drugs. And that's what led to my homelessness here. It was depression, it was depression. I remember it was depression from being separated from my -- because my son was only a year old."

--"So I've been sad ever since. My family -- my sister lives in Florida, my son lives in the north. I'm just about the only one in Jersey here. My -- they are married, I don't know what to do. But I have a little drinking problem since my mother -- I lost my mother. When she passed and my brother went, I started drinking alcohol and things like that. No drugs, like, but alcohol is a drug, but any other stuff, no. All I do is drink."

--"But yeah, marijuana, they say -- I believe it is a gateway drug because it just brought me into different drugs for sure but it's the only one that makes me feel calm and without even -- like even though I felt like I have a medication now that has leveled me out, I still think that I'm going to try to get a

marijuana card because I don't see anything wrong with it. It makes me happy. I don't feel depressed when I'm high off of marijuana, I'm more outgoing, I'm overall just happy."

Staff members who work with individuals experiencing homelessness also witnessed the use of substances as an escape from experiencing pain, loneliness or mental illness.

"I don't know what else would help them, but I feel like it's the culture of living in these kinds of areas where you don't talk about your problems and you don't talk about why. In some of these – the residence in [city], it's okay to do drugs. That's your getaway. That's your way out to escaping from whatever pain or problem because here, you see it. You see why they feel the way they do. In the shelter, they have no support. They have no family. So a lot of them are used to just drifting off to drugs and alcohol...It's just like a – I don't know how to say it. It's normal for them. It's considered normal."

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"It's, again, it's endemic. And it's really, two and two coincide, not necessarily correlated, but they are, you know, because I think there's a deeper reason for the substance abuse, not just homelessness, I think homelessness is the symptom of the deeper problem, you know, lack of mental health, you know, resources, agencies. The mental health portion of it is huge, because I think people self-medicate and they do so with substances and as a result substances take over, and then you lose your home, because even some, even there, I know, there are users that are able to sustain somewhat of a job, and I've seen them here, they can sustain in a job, but anything else that involves that's money taking away from their substance they can't hold on to. So they'll have a job, you know, but all that money goes into their substance. And then, but when you sit and you talk to them, there's something more underneath the substance abuse that led them to the substance abuse, to begin with. So I don't think substance abuse is the core issue. I think mental health and trauma is the core issue, you know, poverty, the trauma of it, and then you do get PTSD from poverty because -- and some people just self-medicate, you know, and then begin a whole new chapter of, you know, abuse, addiction, and everything that goes along with it."

Mental health issues were mentioned by participants as both an antecedent for substance use and also a result of it. Participants also discussed how homelessness and substance use contribute to mental health issues.

"Because then you're depressed and coming down to yourself, and you want to be numb...I haven't cried for years, like I'm not even joking. I legitimately have not cried for years. When I went to rehab and realized I had the feelings, I

was like, 'Oh god, what are these things? Where have they been? It's horrible,' and like I cried...Like I lost it."

Some participants mentioned depression, anxiety, and trauma, and few were receiving therapeutic services. One participant explained reluctance to receive treatment for mental health or substance use, as well as the implications of navigating a struggle with substance use without supportive services:

"That's one thing I wanted to tell you. People don't really think like – especially in a black community, nobody believes that black people get counseling. Like black people don't feel like counseling – that's for other races and rich people with problems but people in the black community in the lower-class community think, "oh, counseling's not for me." So nobody's going to go through the treatment. They're going to try to stop on their own. But they just want to keep going. And once they stop on their own, it's like, I don't know how to explain it. Some people die from stopping on their own."

Relationship between homelessness and substance use

Interviewees felt that homelessness and substance abuse often went *"hand in hand,"* in a *"chain reaction."*

"INTERVIEWER: how would you describe the relationship between substance use and homelessness? How do they impact each other?"

PARTICIPANT: Well, it's a marriage. [Laughs]

INTERVIEWER: It's a marriage?"

PARTICIPANT: Yeah, they go together."

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"You're doing a good job. And next thing you know, you're using that money instead of paying your bills, your rent; now you're working for the drugs. Now, you said to yourself, "I don't have a problem." Here comes another month. Now you own two months of rent. Now you owe bills and all that. Now you're trying to catch up, but you can't catch up. Before you know it, three-month comes, you get evicted."

--"Because in the beginning, it's like -- you feel like you're still better than because you're functioning. You know, even when I see functioning addicts, they don't know the all the way downside because eventually, it progresses."

INTERVIEWER: Eventually, it progresses when?

PARTICIPANT: Yes. It's -- you might be high at first but then -- now, don't get me wrong, not everybody -- some people can function for a long time but most people that I know and see over the years, eventually, it progresses where that's the only thing that's important to you. To heck with bills, with the kids, you know, you're arguing with the girl because you're taking her money until a point where you're here. In a homeless shelter.

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INTERVIEWER: You're here in the homeless shelter?

PARTICIPANT: Yeah, because you burnt all the bridges.

INTERVIEWER: You burnt all the bridges.

PARTICIPANT: You know, nobody can trust you, nobody want -- don't want you to stay with them, you know, they got to keep an eye on you"

Many staff members who worked with individuals experiencing homelessness agreed with this sentiment.

"Oh, they go neck-to-neck because eventually you doing drugs is going to lead you up to homelessness.

INTERVIEWER: How so?

PARTICIPANT: You can't function with doing day-to-day activities. If you pay rent somewhere, once the disease and everything get higher and higher, you're not going to be able to do that which is going to lead to either someone like you go out their house and then if they let you go out their house and you got no place to stay, where do you think it's going to go?...So, it keeps growing, it keeps growing, it keeps growing. So, it can go neck-to-neck if there's nothing done about it."

When asked about the relationship between homelessness and substance abuse, participants noted that substance abuse often leads to and perpetuates homelessness, specifically saying "you can't have one without the other." Many participants felt their homelessness and substance use were inextricably linked.

"I started drinking heavy here, and then I started using drugs. And that's what led to my homelessness here."

One participant shares the story of their homelessness and substance use, demonstrating the intertwining nature of homelessness, substance use, the dangerous drug environment, mental health issues and trauma:

“Well, I've been on Methadone for five years. I'm originally from North New Jersey. I moved from my mother's to New York to try to get myself together to get away from the drugs there. And I wound up doing drugs in New Jersey also. Like I brought my ways with me. Thinking that I can leave that behind but I brought it with me. So I got on a couple of residential programs up there and I got out. I started doing drugs again. I met my wife up there. I was with my wife for 12 and a half years. I met here in the program -- the residential program. And she was clean. My wife was clean for about 15 years. Then she relapsed. She had bought some dope off one of her friends, you know, and the dope had Fentanyl in it and my wife died.

I was right there. I was trying to bring my wife back. I'm pumping on her and trying to bring her back and stuff but I couldn't bring her back. You know, I had the ambulance. The 911 on the phone, they're telling me what to do and all that. I basically knew what to do, you know, as far as that because my mother is a nurse but she's a retired nurse and she taught me a lot. I just couldn't bring my wife back. The ambulance came and everything and took my wife away. I was at the hospital with her for a while and I was so sick. And I didn't take my methadone that morning. So I had to leave the hospital and hurry up and go get my methadone then come back to the hospital. I was so stressed out and I started getting high again. I was really stressed out.

They took the apartment away because my wife was the lead of the house. It was on her name. Because it was me and my wife and her two youngest step kids. One was 19, the girl. And the boy was, at that time, was about 10. So her kids went back to her family. And they threw me out of the apartment. So I became homeless. I became homeless. I went to the shelter. Before I even went to the shelter, I was just getting high and getting high. Running around and getting high. I didn't know how to take my wife's death because it's never happened to me.

INTERVIEWER: I could imagine. And she was in your arms.

PARTICIPANT: Yeah. Basically, she was in my arms. And I'm still going through it now because it's only been two years.

INTERVIEWER: It's been two years.

PARTICIPANT: You know, so it's still fresh.

INTERVIEWER: I'm sure it feels like yesterday.

PARTICIPANT: It's hard for me to sleep because I'm constantly seeing her face. I'm just laying there with her. And I want to try to kill myself a couple of times. I was in the psych hospital in New York. I was in there for about five or six months. I didn't even get to go to my wife's funeral because I was in the psych hospital. And I was very, very messed up. I was messed up. I was really trying to kill myself. Like, I was almost on the point of dead. You know, I wasn't eating. I was just out there getting high everyday. Everyday, getting high. I didn't care about nothing. I didn't care about washing up or dressing, cutting my hair, none of that. Everything that I used to do I just stopped. I didn't care no more. I want to be with my wife. That's how I was feeling at the time. And the hospital saved me. Really, it saved me.

INTERVIEWER: The hospital saved you?

PARTICIPANT: Yeah. The psych hospital, it saved me, you know. Because if I wasn't -- what happened was, I was walking and my feet was so hurting so bad for me just walking around New York. And the ambulance was by the store. One of the guys was going in to get something to eat and I just walked up to the ambulance and I said, "Please, I'm ready to kill myself," you know, and they took me in. They took me in. That's how I went to the psych hospital. Then after that, I was in the shelter in New York. I'm in the shelter for a while. I was trying to get myself back together. I was getting myself back together and then it hit me again. I started getting high again. I'm still on the Methadone Clinic but I'm still getting high. I'm still getting high. I was smoking crack cocaine. And I was trying to kill myself due to crack cocaine. It's like I had a pacemaker in my heart. So I wasn't supposed to be smoking cigarettes or nothing anyway. But I was smoking cigarettes like crazy and smoking crack like crazy. I'm not caring about this. I'm not caring about living anyway. Then I talked to my father. I didn't tell my father what was going on. My father lived right around the corner from here. I talked to him that I decided to come here to try to get my life together. He said, "Okay. Come here. And we're going to go through this together. You know, I'm going to help you or whatever, you know." I get all the way here and now he's saying I can't live with him because he lives with a woman and her 13-year-old son. And it's not really his apartment. It's in her name. So they don't want me staying there. So that's how I got here."

Some interviewees described being prescribed their first opioids from doctors; others described selling drugs as the only accessible way for them to earn income during their youth, which led to their own substance use. Some received illicit drugs from family members or loved ones, while others discussed more socially-motivated substance use with friends that eventually took over their lives. Regardless of the path that preceded their

current experience with substance use and homelessness, participants noted that both experiences became the center of their lives.

“Every tangible thing in your life is going to go away because it’s all committed to a new goal and that is to buy this thing everyday, everyday, forever. And this, you know, there’s no other choice than to become homeless.”

Most participants talked about how substance use and homelessness alienated them from any existing support system that they once had, isolating them and often perpetuating their experiences of homelessness and substance use.

“One way or the other, you're going to end up -- if you keep using, you're going to lose your family, you're going to lose your money, you're going to lose your home that you are in because you don't got no money to pay for it.”

One participant describes their path of substance use into homelessness:

“Because heroin, the nature of heroin is that when your body becomes reliant on it, I mean your body needs it to feel normal then your homelessness, you know, there is no other option than homelessness, eventually. Because whatever resources you have pooled up, whatever -- whether you’re a 19-year-old girl who lives at home with mom and dad, you got a clock that’s going to start ticking because all those resources, all that goodwill that you have built up with mom and dad, those are resources. Whatever money you have in your bank account, those are resources. Whatever car you have, that’s your resources. And all of those are going to start kicking down. And so if you start, like me, if I go, like I start using, I got nothing so I’m homeless immediately.”

Participants discussed the cycle of loss and consequences, due to their addiction.

“I personally went to prison due to my addiction. My health, my teeth, my whole physical, all addiction, nothing but addiction, you know. I’m here [homeless] because of my addiction.”

On the other hand, some participants brought up the use of substances as a coping mechanism for dealing with experiences of homelessness.

“When you do – when you are homeless and your place has so many shelters, when you’re homeless and you’re not getting any help? I want to say in my defense, it makes me want to do drugs but it made me want to have a drink just to – yeah, it makes me want to start, like get drunk just to fight my pain

and a lot of pain. Just to not feel like I'm going here, like this place makes you want to drink."

Some participants felt that the experiences of homelessness triggered or intensified their substance use.

"Homelessness is the main reason that causes drug use."

Feeling isolated and helpless while homeless contributed to the cyclical nature of this phenomenon.

"You know, it is just like, it is something that releases whatever stress you have. It is just like a stress reliever, you know, alcohol just makes you not want to think of a bunch of problems. You know, that's what it is. It helps me a lot too."

Regardless of the direction or nature of the cycle, participants noted the experiences to be very draining, both emotionally and physically. The combination of endlessly searching for substances as well as a place to sleep at night was all-consuming and often led to other consequences, such as justice system involvement.

"And then, you know, we have a couple of cars, a couple of stolen cars that we were sleeping in, you know. We had a tent for a while that we were putting up in different places. We take it and put it up. I mean, you just do whatever you can, just a few, you know, to warm or cool or, you know, just to get by...you know, there's a freedom to that kind of life. You know what I mean? You don't have any responsibilities. You don't have to be anywhere in a certain time. You want something to eat, you just go in the store and take it. You walk out, you don't have to pay for anything, you know...And then you -- I would say there's a lot of, you know, good times but then there's a lot of, you know, you wake up and you're dopesick even it's, you know, 11 o'clock and the sun is beaming down and you got, you know, you got to walk two or three miles to get somewhere to commit a crime, to get some money, to catch a bus to cross-town to get to the guy to buy stuff, you know, and just do it all over again. It's exhausting sometimes."

Staff members also discussed how the relationship between homelessness and substance use was cyclical, sometimes due to government services and related restrictions.

"So, you know, they wind up getting out in the shelter for a few months, maybe a year or two and then and once they go back to the substance abuse and sometimes that causes them to come right back to the shelter. Or be right

back on the streets, because you have emergency assistance they give you, I think like 12 to 14 months, TRA and stuff like that. So see if the person was here for about three to four months and then they got a place and housing. TRA will pay for them for I think about for another 10 months or something like that before they are now -- when the TRA stop paying, are you ready to pick up this time with TRA. And some of them don't -- not able to pick up the slack. So then, they use the emergency assistance, so they can't come back to the shelter or they don't -- they feel like they can't even though welfare are -- right now, they're on the process of like giving people extensions and stuff, but before that I mean the welfare telling we can't house you, we can't see into the shelter. So now -- they're stuck on the streets."

Interviewees also noted that once you are addicted to substances, finding a place to live and all other things become secondary.

"But it took for me to lose everything to hit -- they say you've got to hit rock bottom, you know. And you have to get to that point where you're tired and I -- when I read that, I was to that point where I felt like I wanted to die. I didn't have the -- I couldn't -- I didn't have the courage to commit suicide, but I was already done on this side because my spirit was broken. I was dead. My spirit was gone. And nothing in the world mattered every day but getting up, getting that next one. My life revolved around getting and using drugs. I didn't even care about my kids. Everything became secondary."

Staff similarly expressed that substance use can perpetuate homelessness.

"But homelessness continues with addiction. Most of the people that are out there on the streets, nine times out of 10 is probably drug addiction."

One participant explained the exhaustion of the cycle of homelessness and substance use:

"I'll put it like this. I kind of say like, you know, you squeeze a rug out and you try to get that last drop out. And then when you let it go and shake it, it's all wrinkled and beat up a little bit until it dries out, that's when I'm done. You can hang me up. There's nothing left. There's nothing left in there."

Justice System Involvement

A recurrent theme among interviewees was their interactions or involvement in the justice system. Participants described their interactions while incarcerated, interactions with law

enforcement while on the street and also with the court system. Interviewees had varying opinions on the utility and the helpfulness of law enforcement. Staff agreed that many individuals they serve were involved in the justice system, and sometimes that system had made things worse for individuals.

“But most of them, I’ll say about 60% of them substance abuse or people coming home from jail who don’t have nowhere to go -- nowhere else to go, been locked up for three, four years and a lot of them come to the shelter. But I would say at least about 60% of our people that are here, substance abuse.”

Some participants mentioned that a criminal record prevented them from being able to obtain housing, as some housing services will not allow an individual with a criminal record to utilize their services, further lengthening time on the street and increasing chances of using or selling substances.

“They also give you a letter when you, you know, to see if they can help you out. A lot of us can’t get help at housing like TRA and stuff like that. I can’t get that.

INTERVIEWER: Why not?

PARTICIPANT: Well, my extensive criminal history, they won’t help me with that.

INTERVIEWER: What’s your criminal history?

PARTICIPANT: I sold a lot of drugs --when I was younger. So to me I felt like, okay, I did the time for the crime. So I mean, by me doing the time for the crime should have -- you know, the penalty for the crime should have been paid for, but it’s not. It’s still horseshit. Once you’re not doing anything more, you moved on, you’re trying to -- you know, now, I’m trying to live by society rules. They hold that over your head. Well, you got extensive criminal background, so we can’t give you housing.

INTERVIEWER: So it’s like you’re still doing your time even after you’ve been let out.

PARTICIPANT: Yeah. You know, you did the time. You paid for the crime that you did. And it’s still -- you know, they’re holding it still against you. I’ve said nothing, but they’re still looking at the person in the past instead of looking at the person in the future. This person is no longer doing that anymore. But they

still hold that over your head and making it difficult for people like us to get rooms and stuff like that.

INTERVIEWER: Uh-huh. Yeah. I really hear that. I really hear that. I mean, that sounds so hard to kind of be out and think that you've served your punishment and--

PARTICIPANT: And you're still being punished for it. You know what you did in the past."

Many participants also spoke about their interactions with the justice system in relation to their homelessness and addiction. Participants mentioned experiences ranging from minor interactions with police in public spaces to their exposure to the justice system while incarcerated. While drug court was discussed favorably, interactions with law enforcement were not overly positive.

"You know, I worry about some transit cops -- the transit cops is a pain in the ass...I'm on the bus terminal and some transit cops, they come there and see me like, "You got to go." You cross, being there is, "you got a bus ticket?" I got to say, "I got a bus ticket." I got seven bus tickets. You know what I'm saying? I know freaking time. You know what I'm saying? Now, he ain't tell one person that, right? But no one tell me that. You know what I'm saying? 'You can't be here. You got to go.' I'm like, 'Man, why are you -- 'alright. Okay."

However, not all interactions with law enforcement were seen as negative. When asked about interactions with law enforcement, one participant said:

PARTICIPANT: "They helped out. They helped out.

INTERVIEWER: Oh, really?

PARTICIPANT: Yeah.

INTERVIEWER: Like you've had positive interactions with law enforcement?

PARTICIPANT: Yeah. Yeah."

A couple of participants discussed receiving or not being able to receive MAT in prison and how justice system officers responded to the programs.

"After I have my son, three months later, I got pregnant with my daughter. And I was living here [in shelter]. And I'm on methadone, in and out obviously

while I was pregnant, but my daughter was only five pounds when she was born. I am put on probation for something I don't remember what right now. But because they are being so small and then her withdrawing off the methadone, they have to give her morphine at the hospital, and I gave up the only place I did have to live, to be at the hospital with her and stop shaking at my probation officer because I didn't want to leave her side, ended up being locked up. At the jail, I withdrew off 119 milligrams of methadone, cold turkey. That was hell. I thought coming off heroin was bad, no. Coming off methadone is a million times worse.

INTERVIEWER: Really. And they didn't give you methadone at the --

PARTICIPANT: Back then, they didn't do it."

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"Yeah, it's fine. I mean the cops don't really like it so much.

INTERVIEWER: Why not?

PARTICIPANT: The whole Suboxone thing. You know, it's like for years it was like a drug that inmates were smuggling in to abuse and then it's like they would have to run around and do all the stuff to prevent it, and now they're giving it to us. Like, there's like they talk a lot of junk about it. They don't understand. I, you know, tend to ignore when they get like that but, you know, it sucks, man. Like you got -- it's always going to be like that. There's nothing going to be me like just easy, you know, so.

INTERVIEWER: Yeah. Did they -- did the folks in the prison, did they ever acknowledge anything positive about it? Like you said that they were kind of against it --

PARTICIPANT: I mean the doctor would basically be the only one that really like supported the whole thing. Like that would be it. Like nobody else.

INTERVIEWER: Oh, okay, okay. Would it have been helpful if the cops or other folks at the prison were more supportive?

PARTICIPANT: Probably, yeah. I mean --

INTERVIEWER: How so?

PARTICIPANT: I mean people wouldn't be discouraged about getting on the program. You know?

INTERVIEWER: Got it. Got it. Can you give me an example of like something that a cop would say that would discourage people from being on the program?

PARTICIPANT: Oh, like, oh look at all these junkies, like they have come down here and get their lifesavers. That's what they used to call it, lifesavers, or

you're not going to be able to live. Like stupid shit like that. That's, really, come on. Like stupid, like come on, that's ridiculous.

INTERVIEWER: Why is it ridiculous?

PARTICIPANT: Oh, they were trying to say that their tax dollars paid for our Suboxones. Anything like, well, even if that's true, whatever, man, like this is something that's trying to help us from going out there and dying. Like they don't -- they didn't understand the whole situation. They don't understand the Suboxone like, when you're on it for period of time, it doesn't mess you up. It stops you from getting the urge to want to do heroin. And they didn't understand that.

INTERVIEWER: They didn't understand that.

PARTICIPANT: No, no not at all."

Participants also discussed their experiences in mandated drug court and their preference for programs like that over prison.

"I go to court every week. The judge sees me. My urine is clean. I go to my PO. I see him. And the program does work. A lot of people say it's a setup, but it's not. It does work if you want it to work. The judge is real good. My probation officer is really good. [Deidentified] is a great counselor, I mean very good. He tells you how it is."

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"Just stop locking people up for BS, man, whether like stupid charges that were like drugs and stuff and just locking them and put them away for years. That's stupid. It's not helping.

INTERVIEWER: It's not helping.

PARTICIPANT: No, not at all. It's making it worse. Like, I can understand if they're doing it in violent crimes and stuff like that, okay. But when it's just like simple possession, like they got issues, man. They need to like -- even if they make a program, and so they put them into a program or something like that, yeah, that's what I think should take place, not locking people up, man. That's crazy to me, man. I don't understand it.

INTERVIEWER: You don't understand why they're locking people up?

PARTICIPANT: Yeah. Like I understood -- I don't know, man. It just took a lot of my life away in the beginning because of that.

INTERVIEWER: And what do you wish they would have done instead?

PARTICIPANT: Put me in a program

INTERVIEWER: Put you in a program.

PARTICIPANT: Offer me help, not to send me in prison.”

Overall, participants had varying interactions with the justice system. While a few participants felt law enforcement was helpful in their recovery, others felt victimized by those who did not treat them with respect or compassion and a system that criminalized their addiction.

Drug environment

Many interviewees noted being around some sort of drug environment during their lifetime, whether it be a current living situation or from their upbringing, their environment has some exposure to drug use and/or sale and distribution of drugs. Some participants noted having to live or work in a drug environment impacting their ability to be productive, get enough sleep, etc.

“Coke, crack, dope, whatever, pills. You can't go two blocks in any direction and not have somebody offer you something, especially with my facade. I don't know what makes me look like I do drugs, but constantly being offered, and asked, and I don't particularly care for it.”

Another participant noted as a direct result of being exposed to a drug environment:

“I mean I had a good job, a good family, but I end up in the street.

One participant explained how being in the drug environment caused them to relapse and overdose.

“I'm struggling with it for a long time and I just -- I find even when I went away this time, like, yeah, man, I'm done with this, you know. Like look what it does to me every time, you know. And I even came out and slipped up like it sucks, it really does. I wish I was nowhere around here. Like I wish I could just go somewhere and not know where you can get drugs, you know what I mean? I don't know if that makes any sense. It's just, you know, it's like every time I walk down the street, it's like right there. Like I have to walk by, like -- you know it's such a trigger for me, man. It really is -- like I don't know what to say, that's my weak thing. That's what really gets me going, so...And, you know, when I have money and it's over there and that's it, I'm going to get high, you

know. Like it's very rare that I don't want to. And I don't understand it. I don't know why my body and my brain works that way. It just sucks, man. I wish I could -- I wish I could stop. I don't know, man. I really don't.

INTERVIEWER: Yeah, yeah, really -- I really hear that. In New Jersey and I think kind of in general, like it seems -- like we're seeing a change in heroin, you know, more fentanyl, heroin getting stronger, stuff like that. Is that something that you felt also? That you've witnessed?

PARTICIPANT: I mean, I'd see that it really changed. It looks like it's just all fentanyl and morphine and no heroin. Because, I mean, from doing drugs for a long period of time, I know when you mix heroin up, it turns brown. The stuff turns clear. Like, it's not even -- it's not even heroin no more, it's just a bunch of BS that they're mixing up together and that's why people are dying so more rapidly than they were before because they don't know what these people in [place], they don't know what they're doing. Do you know what I mean? So --

INTERVIEWER: Right. Right. Has that affected you at all? Kind of the way that the drug environment has changed?

PARTICIPANT: Yeah. I've overdosed already since I've been home. So, I mean, yeah.

INTERVIEWER: Like in the last month?

PARTICIPANT: Yes."

Many other participants mentioned the change in the drug environment over time and how the landscape, type, and potency of drugs have changed over time.

"I see a whole lot of homelessness. I see a lot of people who are turning to that because of being out there. You can tell they have been out there for a pretty long time. So yeah when I look outside, I see a lot of substance abuse. I see a lot of people in the drug -- I see a lot of people just -- I see people selling, I see people go and find the stuff but like I said when I look at them, I could tell -- you could tell they have been out there for a pretty long time."

Staff agreed that the drug environment has changed and gotten more dangerous.

"I've seen that it's more the dope, heroin, than the prescriptions. As well as now, the new thing is the spice, K2, and putting fentanyl in it. Fentanyl has been put in everything now and this was causing all the overdoses, fentanyl. They get the little spices and they put in the fentanyl in it and it's having the same effect that heroin is going to have, even worse because of using straight fentanyl. You don't know how much to put in. So they're experimenting and that's when people body start dropping."

Part of the reason the drug environment was perceived as more dangerous was because of the cheap availability of lethal fentanyl, as one participant explains.

“Cheap, I mean, our -- back then, when I sold it, it was \$20 for one bag. A short while ago it was maybe \$17, \$18. That was it. Now, it's like you can get one for \$3 or \$4.”

Participants commented on the vast availability of different types of substances and what it was like to live in a neighborhood where substances were ever-present.

“I've heard now that pills born on the street, the Xanax, that was born on the street, the Percocets, the 5's and the 10's that are born on the street. People have a pill press and they're making more fentanyl on that. That's scary. Pill presses, they get fentanyl pills. Take one when we go. That's crazy. That's crazy. Xanax and Percocet is what you got. That's what's on the street now. Not only with heroin, but now it's with the pills. And some people talk about they're starting to lace marijuana with it too.”

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“People walk around with bottles in their pocket. People crack pipes all up and down the street, smoking a K2. Heroin bags dropped all over the bath – the floor in the bathroom, just stuff like that. It's – it's around you.”

Participants also said that substances are easily attainable on the street, particularly fentanyl and prescription opioids. Participants also noted that it was difficult to stay clean if living in an environment where substances were ubiquitous, since the temptation is all around. It was also said that shelters and recovery centers may also be environments laden with substances, despite policies forbidding substances on the premises.

“You know, they still -- drugs is killing people because -- look at this. You've got people here that sells drugs, right here in the recovery center, and it's wrong.”

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“Where I am homeless, it's crazy down here, man. It's just drug central. And that's --that's my weak point, you know. So, it's hard to like stray away from it, you know? It's everywhere. It's just like -- when it comes to drugs, it's like I'm so weak, you know, like I have like hardly any will power, you know. So it sucks.”

Several participants commented on why individuals may find themselves in a drug environment and/or addicted to substances.

“Sometimes you just hang out with the wrong crowd and get hooked on a certain thing that you didn’t want to be in.”

--“It’s – in the beginning it started unintentionally and it still is for some people. But I’ve talked to some addicts like, ‘Yeah, I want that fentanyl shit, man. I want that. I want that.’ I’m like, ‘What? That’s what you want?’ And, you know, and then I’ve heard commercials, I’ve heard people how much a pea size would do to kill a person. I’m like, ‘Jesus’ you know.”

One participant explained that the drug environment in the New Jersey and Philadelphia area is what attracted them and has perpetuated their addiction.

“You know, part of the reason when we came north, she might not have known this, part of my reasoning for bringing a stolen car north because I knew that this is where all the good cheap heroin was. You know what I mean, like it drove me to come up here. When we stole the car, it was like we’re going on like New Jersey, Philadelphia. Because that’s where all the heroin is.

INTERVIEWER: And when you say that’s where all the heroin is, are you talking about, like you mean availability, price, quality?

PARTICIPANT: It’s availability. Yeah, everything. I mean you can get -- like I can get heroin in five different places within two miles up here. And so I like that, something I like. You know what I mean? You go to Philly, you can go to Kensington. And that one like, you know, about the badlands of Kensington, North Philly but like, it’s like an open-air drug market. There’s like, in the space from there to there on the sidewalk, you would see six bags and two or three needles. You know what I mean? Like, it’s just insane. I’ve never seen anything like it in my life. That’s where we came to when we got up here. That’s the first place we came to when we got to Philly. Because I had Google on my phone where to buy heroin in Philadelphia and all these articles came up about Kensington. And so that’s where we went. And it was like a whole other world for me. It was like Disney World for an addict. You know what I mean? It’s cheap, it’s everywhere, it’s strong. You know what I mean? Everybody around here is on it, so you don’t feel like kind of social stigma or anything about, you know, cops are not chasing users, they’re just trying, they’re just keeping you from dying basically. So you don’t have to worry about cops. And it’s a whole other world up there and I knew that from reading online and stuff.

INTERVIEWER: Wow, okay. And, you know, in terms of what you knew about New Jersey, was that -- or Philadelphia, was that, I mean do you think that was like a fairly new thing or it’s always been like that?

PARTICIPANT: I don't know. I guess I didn't know that. I mean I know that heroin has been up north in urban areas of big cities since the '70s...But this research, and so this is, you know, fentanyl/heroin epidemic, you know that's also centered up here too and it's spreading out, you know, to the heartland down south, you know. But I knew that it was here. And I knew that it had been here for a while. I kind of -- I mean I know, I've read a lot, I read a lot online about the things. I knew that New York kind of been kind of, you know, washed over, you know what I mean? Like it's not like New York in the '80s, you know, where you get killed walking down the street, you know, it was different. And that really wasn't the place to go anymore for, you know, kind of a drug scene. And I wanted to see if it was lying when heroin being the, you know, motivating force in my life every morning when I woke up, you know, you could say that I'm a fan of heroin. You know what I mean? Like people are a fan of sports team or something. I'm interested in heroin. This is what I think about. So coming from that mindset, I'm going to go and try to experience it in the best way possible, you know? You know what I mean? I'm a thinking person, you know what I mean? Like I actualize things and I'm an intellectual and that, you know. I'm not going to sit in South Carolina and do shitty heroin. If I love heroin, I'm going to go and see it live in concert. You know what I mean? Like I don't want -- I'm not going to sit in South Carolina and listen to an old cassette player, you know? And that's the way I felt about it. So I wanted to see what it was like and it was not a good decision.

INTERVIEWER: Yeah. Why wasn't a good decision?

PARTICIPANT: It's just too -- it's too strong. The power of it, it's, you know, I got up here and it was so easy to get in, so good and so strong. And you know I found all that I had to do was get -- go to the grocery store and stuff and get items like Crest Whitestrips, Similac, Tide Pods, Advil, and take them to these little corner bodega stores and that they would buy them for cash. So all I had to do was basically just go shoplift everyday. You know, I didn't have to get gift cards, and I didn't have to get receipts, I just got the stuff and took it there. So when I learned that it was, you know, in my mind, it just says, well, all you have to do is just get the stuff everyday and you can have heroin everyday. So all I need is shoplifting, like really got hard shoplifting, like non-stop. So, you know, it just got too intense, just got a little too much.

INTERVIEWER: It got to be too much. But, like, when you say too much, too much what?

PARTICIPANT: It just and we just, you know, whenever you're -- whenever you're, you know, back home when you're a guy who doesn't have anything and you're picking in Momma's house out in the country and it's 7 o'clock at night, your mind forgets about it, because there's no way that you're getting anything. You know what I mean? So you put it out of your mind. But here, if it is 7 o'clock at night, you know, and I'm here in [NJ city] there's still people selling heroin right there around the corner. So all I have to do is come up with a little bit of money. And that's like, for an addict, that's the signal in my brain

is like come up with \$10, come up with \$10, you know? Whereas back home, it's like you can't get anything right now just cut it off in your mind."

Treatment experiences and treatment services

Participants discussed engaging in and knowledge of various treatment services, including: residential programs (such as detox or rehabilitation centers, transitional housing, etc.), off-site groups (such as Alcoholics Anonymous and Narcotics Anonymous) and medication-assisted treatment (such as Methadone and Suboxone). Often participants discussed engaging in these treatment services concurrently (i.e. attending AA/NA groups while also participating in MAT).

"Yeah, I do both. I do like, the program here. And then it's like right next door to it. Literally, like two buildings away. I go there, and, like, I dose, and then I have to make a couple of groups a week. And I do that. So, yeah. And I get the both -- I get like the -- I'd say I get the best of both worlds. Going to get the recovery stuff. Going to get, you know, the faith stuff here. So, you know— nothing but tools."

Some participants also discussed engaging in treatment programs multiple times.

"It's like a 30-day program. But I went there like three different times. But every time I was there, I learned something different. I had a different counselor every time. You know what I mean? I learned new, like, coping skills or whatever...Just like -- little things. Like, I didn't know that I -- I never knew until I went to rehab that I like to read. Now, like you know, I'm always reading a book, if I'm not like working or whatever. Like I never knew. And that helps sometimes. If I'm having a craving like, you know, I'll just read a book. Next thing you know, 15-30 minutes go by, and that craving's gone. So like, you know, something -- as simple as that. Like I learn something new every time."

Treatment was noted to be a difficult experience, one participant explains, because of the nature of substance use:

"And it's frustrating. It's so frustrating but I tell that myself and I have to keep reminding myself that I'm not. Just because I'm clean now, it doesn't mean everybody has to forgive me and everything is all better. It doesn't work like that. That's hard for me. I mean, that's difficult for any addict because we're

used to instant gratification. Like that's the lifestyle we've become accustomed to, like that's --And it's not how it is in recovery."

A couple of participants explained the fear of entering treatment because of the pain of physical withdrawal symptoms.

"But I think that the main reason why nobody wants to go into treatment is because of that initial detox, you know what I mean? Like it's scary and it's bad. And it makes you feel bad and it hurts and you poop all over yourself and you don't feel good at all. And, you know, you've got to start over and you lose everything and it's scary. And, you know, there is Suboxone and methadone and stuff like that. But, you know, Suboxone, you can't start until a few days after you've stopped using. You're still going to have to go to that period of being kind of sick. And methadone, you don't have to do that but I don't know of any clinics that detox you through methadone, you know what I mean? Like I don't really know if that eases you into like a detox or a treatment type situation. And it's just that, you know, that sicken, that initial like deep, like it was the thing that keeps me from going, you know, because all the times that I've ever like gotten clean has been from jail or from the one time like when I was forced to do. Maybe one time that I voluntarily went but then every other time I was forced by jail, you know. So, like it's not -- it's really hard to get somebody to see that it's going to be better for them if they stop, you know what I mean? Because they -- because initially, it's not going to be better. It's going to be worse because you're going to be sick. I mean it's hard, it can make your brain look passed out, you know?"

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"Well, to me -- I mean, no drug is worse than the other but heroin, heroin from what I understand, from selling to the same people on it, heroin wakes you up in the morning. If you don't have it, it does something to your body where you start, you know, the vomiting, the diarrhea, the aching bones where you have to get up and go get -- cocaine is a mind thing. Cocaine, you can eventually battle that with the mind if you get your mind right. You ain't going to wake up sick because you didn't have a bag of crack. But the heroin, that's totally different. Whatever is in it that's in it, it gets you addicted and it has -- it tears your body -- where your body now wants it and you're going to suffer if you don't get it. So that pushes a person, you know -- but even cocaine do it too when you're high, cocaine will get you to do some crazy stuff but eventually, when you calm down enough and long enough, it's over. Heroin is totally different."

The most positive descriptions of recovery and treatment services were ones where participants felt the approach was well rounded, compassionate, and included multiple aspects of care.

"I walked in the door and got a couple of days sober. And what's different about that is you go in there and they set you up for success. They take all your old clothes from you. They give you all new clothes. They give you all new toiletries. They'll let you sleep for a couple of days. That – you actually work for them. They pay you to work there and live there. They feed you. The food was great. I mean the place in – that [treatment facility] in [city] looks like a Hilton. I mean it's beautiful, beautiful. And they – everyone there is an ex-addict and all the employees there are ex-addicts with like, you know, 30 years sobriety if not more. So they all know like how it is. So when you come in there and you're three or four days sober and you're hurting, they understand. They get it and they don't look at you like, "Oh, you're just another dope fiend." So it's, you know, a lot of these facilities you go to, there's just nurses and doctors, they just know what they're reading out of a book. They don't know. You know what I mean? Like I went to [treatment facility] one time and they wouldn't put me on Suboxone because I was, you know, I was seven days clean. And the doctor goes, he goes, "Oh, you shouldn't be detoxing still." ...I go, "I am, I'm still feeling pain." He goes, "Well, you shouldn't be. It says in the books. That's what the books says." But if you tell, you know, when I went to [treatment facility] and I told them, "You know, I'm still hurt," you know, I was – you know the first week was rough. And everyone was like, "Yeah, we get it, man. The first week is really rough, you know. We get it, we totally get where you're coming from." Because they understand, they're addicts, you know. You know. So, you know, a lot of these doctors, they're only as good as what they're reading. That's why some of the best counselors in some of these places are addicts.

INTERVIEWER: Yeah. Like they're in recovery themselves.

PARTICIPANT: They're in recovery themselves. Those are the best ones because they get it. So that's like a big thing I think like, you know, in New Jersey, like, you shouldn't have to be an addict to be like a drug counselor. Not reading it out, you can't learn this, you can't learn this disease, you know what I mean? You know, it's not like – it's just – yeah it's –

INTERVIEWER: Like you have to feel it in your body.

PARTICIPANT: You have to feel it in your body to get it, you know what I mean? It's not like cancer where you're like you can learn how to cure and learn, you know what I mean? You got to learn how to cope with this disease. Yeah, it's not – you know what I mean? It's totally different. Totally different.

INTERVIEWER: Yeah. And so you feel like that [treatment facility], they were able to communicate that they really understood?

PARTICIPANT: Because they understood. They got it. They're all addicts."

As demonstrated by the above quote, participants often felt better cared for and connected to treatment programs that featured staff or counselors who were in recovery themselves.

“If you’ve been in a struggle, you’ve wasted your paycheck, you stole from your parents, you went to jail, you went to prison, if you’ve lived that life and came out of the bricks, I want to hear from you. How did you – what made you? It may not work for me, but I want to hear it because it might trigger something that I know. What made you come from that graveyard back to living again?”

A staff member who was in recovery echoed this sentiment, stating that they felt well prepared to provide outreach and recovery services.

“I was a heroin addict at 14. So I did a lot of time in prison, all that all related to my drugs and lifestyle surrounding it. So I am -- and that was the work I do and I've been doing for years even while I was in prison. I'm very happy to see that there's an effort being made to try to help this problem, that contagion.”

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“Particularly because of my background, I have like, some notoriety with me which is bad. But for a lot of guys on the street and the women, it's good because I have a good reputation from there -- they could trust me. So I could be a bridge, it's much easier for me to be a bridge to individuals and programs that are trying to help them...I'm very engaged with people who are doing the drugs and talked to them. I will share my story, you know, very brief. You know, like what I did in terms of the drugs, using about my imprisonment and all. And I don't ever tell anybody what to do ever. I just share -- I might make a suggestion, you know. We have something that you might want to look at and tell them we might want talk to, help you to the best of my ability.”

While receiving services from people who had also experienced addiction was seen as a positive aspect of treatment programs, being able to provide support and serve as speakers themselves was also an opportunity participants appreciated; they expressed wanting to give back to the treatment milieu with their own experiences of addiction just as they witnessed their counselors and staff doing.

“Yeah, we learned a lot. Like, what do you call it, you can become a speaker to your experiences.”

Building that community and lending their own experiences to others helped participants feel better.

I'm getting along with everybody here. A lot of guys, they like me. They enjoy my company and what not. Yeah. Yeah, a lot of guys, they listen to me, you know, when I talk, they listen.

INTERVIEWER: Yeah. How does that feel?

PARTICIPANT: It feels good to talk to people, to give them positive stuff to go on. And they really think about it. A lot of guys come back to me, like, "Hey, you was right. You was right. And we do this, you know." And it feels good.

These sentiments of sharing, listening and learning from each other were important aspects to recovery for interviewees. Some felt that focusing on what had happened to participants in the past and how they were feeling was just as important as looking towards their future of recovery.

On the other hand, participants expressed that treatment services provided by staff without appropriate compassion or understanding of addiction could seriously hinder their treatment experience.

"I mean, but then they generally, you know, in their recovery world, they assume everybody is stupid. They're all dumb and we're all street urchins and we can't comprehend anything more than six letters long, so there's no reason to explain things."

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"But in the chapel services or something, you know, you're preaching compassion and love one another and here, you go an employee that's screaming and yelling, 'I don't care. Put him on 30 days, no services'."

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"I still don't think people get it that it doesn't matter where you came from or where you're at, or who your parents are, or what your connections are, you can still lose everything, you can still end up homeless. You can still end up addicted to crack, addicted to meth, addicted to heroin. It doesn't matter, like that line that separates you and me is so thin. It just takes one little thing to alter all reality and you know where it's going to be."

The daunting and cyclical nature of this work naturally leads to compassion fatigue from staff, and this inevitably is felt by the people they serve.

“A lot of them [participants] are using, they either previously used or they're currently using. And a lot of them have mental health needs, a lot of them. And a lot of times it's co-occurring, and they've got both, because they don't have any solid coping mechanisms in places so they're using to try to fill in some sort of gap. And they don't have a whole lot of support networks. Like either the agencies they've been to, they've exhausted all resources, or I'll get a lot of the agencies they've been to, they have complaints about, they didn't like how they were treated. Because you get -- after being in social work for a long time, you lose compassion -- I'm assuming you lose compassion. Hopefully that does not happen. But I know that a lot of agencies they'll get frustrated or it's the same client like over and over.”

Participants also noted that recovery environments had to be holistic in terms of meeting all of the participants' needs. Having to worry about other basic needs while in treatment for substance use was discussed as having detrimental effects on the recovery process.

“I just wish that there was maybe like a program or something that they could put like a recovery house around here or something that could stick me in. I don't know. And not have to worry about next week not having a big dinner, like that's another stressful -- like if I'm going to welfare today and then they'll give me referral, I have nowhere to sleep tonight. So it's like, you know what, you know what I mean I just came home from prison. Like, I know it's been a month. Like that's what -- I wish they were more focused into like housing at the same time like helping people, you know, in that aspect.”

Similarly, staff members recounted how having basic needs secured can assist in recovery.

“That was what broke the cycle for them. Getting in a house and they -- I'm sure they did some follow up stuff like getting into -- I mean recovery and stuff like that, but they haven't been out there anymore. And people saying that they're out there doing really good. I mean they're not out there on [highway] no more. And so it was a success story for a lot of people that knows them. A lot of people inside of the program who knows them was like, you know, it's a big win for them.”

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“Everything falls into place after that. If you think about it, when you have housing, you've got somewhere to lay your head at night, you're not worried about the little tiny things that can get you down, basic hygiene stuff. Like you don't think about it day in and day out, you take your shower, you brush your

teeth. But that can really alter your perspective on life, when you're unclean, you don't know where you're sleeping each night, you lose the motivation to get the services that you actually need, like substance abuse."

When the environment was built as therapeutic, including building a supportive community and access to therapeutic services like groups were provided, participants felt positively about treatment and recovery.

"We had meetings on site and off, in-house meetings and, you know, outside meetings. It was good though. It was like a good little community and, you know, we have a brotherhood there."

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"The women there, they were very good. We still keep in contact through Facebook...Because a lot of the girls there, they have -- may not be the exact same story but when you're dealing with drugs, you all have some type of connection. Just one way or the other, you're connected."

The elements of building community, leaning on others, and having social support were most prevalent for participants when discussing what they liked or "what worked" about treatment. This was true not only in residential settings, but also beyond residential treatment.

"So I started going to NA meetings. You know what I mean? I got myself a sponsor. I worked with him. Me and him was like best friends now. We go to the same church. We sing on the same choir."

Participants also often spoke of individuals who provided support for them to initiate or stay in treatment; these social supports were noted by participants as motivation for sobriety and treatment.

"I got two support teams. I got one in my sister, one with my brothers. You know what I mean? My background, like we all used the drug before. You know what I mean? Like all moving and turning, like you're doing good. Like that gave me the -- how would you say that here? The push. And I've just been praying to God that I just have enough strength each day to just make it through another day so I could live closer to my dream of finally being independent and being able to take care of myself and prove that I can do it. Because I'm not just living for myself, I have my daughter. And I want to be able to have her back in my life 24/7 because like I said before, that's my weak spot. Whenever I think about her or you know, have a conversation, I tend to

feel like I'm not being there like I should be but they say that the mother's sacrifice is the best thing that you can give for your child. Even though she's not with me, I make sure that she's with somebody that loves her and takes care of her like they were her own which is my sister. She does anything and everything for that girl and I appreciate her so much because if it wasn't for her, I probably still be out ripping and running."

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"Yeah, yeah, but it's worth it. My little sister just celebrated two years and I'm so proud of her. Our clean date is actually one day apart."

Sometimes the motivation for seeking treatment was reuniting with family or friends, and also avoiding further negative consequences such as justice system involvement.

"If you don't come and go through treatment, you're just going to go out there and do it again. You're going to end up in jail. What, you want to do five years in jail? My focus is, like I said, move straight forward and I want to be with my family once again." She would call and check on me every once in a while and say, "I would just like to make sure you're not dead." And we were best friends growing up, so I just want my sister back. I want my best friend back. Just like I know if she's in there, please, it's like I know it sounds cliched, but life is so much better on the other side.

INTERVIEWER: *On the other side?*

PARTICIPANT: *The sobriety."*

Sometimes the act of being in recovery helped to develop new support systems. Embracing a treatment modality and routine was noted as a way to build a supportive community.

"I was just freaking doing a marathon of meetings. Week after week after week, year after year after year, you know. I enjoyed the meetings. I enjoyed my friends in the meetings. And, you know, I did make friends. I really did make friends in those meetings. As far as I know I did — there's people that would stand up on me and say, "Yes, I have [participant's] back."

Some participants emphasized the importance of one-on-one therapy and meeting with counselors. *"Just having a one-on-one session with my counselor."* Participants discussed this therapy as important for dealing with trauma or underlying issues.

"Just being able to talk to somebody. And start dealing – pulling back the layers and to finding out why I liked getting high. See, I had a lot of traumatic stuff happening to me as a child. I went through a lot as a kid. Like I had to get to the bottom core issues and find out what was I trying to suppress. Like what was going on with my life that I needed to feel like I wanted to be numb at all

times. I had to deal with them issues. Like a lot of resentments that I had for my mom. A lot of resentment – stuff that went on in my childhood. I had a lot of stuff going on.”

When talking about one-on-one therapy, participants described the connection they felt with their counselors.

“I had my counselor. I was comfortable. Well, actually, I had three different counselors by the time I got out of there but there was one, her name was [name] and she was the best one that was able to get -- pull stuff out of me that I wouldn't dare.

INTERVIEWER: Yeah. What made her so effective?

PARTICIPANT: I think that she is just so down to earth. And she was just very understanding and she -- even though in like -- I want to say a lot of people seem like they just -- they fake it, like they care. But I don't care about that, like if I -- as long as you got -- as long as you have a ear that you're willing to give me so I can talk, I don't care what you think about me, as long as I can release this frustration, the constant flashbacks and the racing thoughts that goes on in my head. As long as I can get that out, I'm good -- until the next session.”

One participant described their ideal counselor:

“Nice and intelligent, you know. Someone who I can talk to, right, not just spit mottos at me, you know. Somebody who's going to listen to where I'm coming from, who knows about different, you know, ideologies and, you know, ways of thinking. You know, someone who is tolerant and understanding. Caring or at least can give the impression of being that while I'm in the room. You know, just listen to me and just care and actually hear to care. That's all.”

Whether explicitly mentioned or eluded to, participants discussed that not every treatment modality works well for every person, every time. Treatment and recovery are iterative processes and what may work well for a person at a point in time might not work well again or work well for the next person who walks through the door.

“I mean every program or whatever has its own little way of helping you. But, I mean, it's just, personally for me, it's just, you know, some of them -- I mean I don't know, it just didn't click, you know. But I'm not saying it wouldn't help for other people, you know.”

Along the same lines, staff and participants alike discussed limited access to long-term treatment options. Participants and staff noted how treatment and recovery were long-term processes that required ongoing support, and inpatient programs were often too short to provide this. One staff member explained:

“Someone who's dealing with recovery needs, needs at least about six months to really like to get structured. I mean because it's not easy to deal with the substance abuse. I mean I've gone to AA groups and NA groups and talked to people and the struggles that they're going through and they blows 17, 18 months of sobriety because of their addiction. So it's something where I know they need to want the help. But also if you were -- if you're looking for housing then we need you to do this before we get you in. And some people who really who want -- who need housing would probably do the six months.

And yes, some of them will relapse maybe, possibly. But I think it would be more success stories after six months, maybe a year of just dealing with sobriety. But a week? No. A month? No. You know what I mean? Because all they're doing is like, oh I'm going to be out a month again and I'm going to go right back to the one I'm doing. If you give them a time period at least six months, at least six months, I mean staying in the -- staying and then going into a sober house maybe after that and I mean make it stipulations for you to stay here, you have to be clean and we'll be checking you -- -- on a periodic basis, stuff like that, you know. I think that would definitely help a lot of folks. And just to bring them in -- I mean just -- because when you bring them -- even when we bring them here to do and take and stuff like that, sometimes it's not a rehab open for them to go into. And then the winner is, like I said, it's not like extensive rehab, you know. They have something extensive where that's going to pay for you. I mean you live in there for the six months, we want to see how you've been -- see how you act through broader social service or whatever it was, fund them or whatever and see if we can put you into housing.

INTERVIEWER: And do you find that those programs are accessible?

STAFF MEMBER: No. I mean, I don't know of any long-term inpatient program in this area.”

Another staff member described how a long-term treatment program with connections to permanent housing would be an “ideal program”

“So you detox from a place, but then on the other side of the building, in a perfect world, there's long term treatment right there. I'm not going really far, like I don't need to worry about transportation back home, and then trying to figure out my intake appointment for the next one. So a facility that would have the long term treatment inside of it, I'm literally walking next door. But that also sets me up for permanent housing.”

This need for varying treatment modalities was exemplified in many ways during interviews, especially when people discussed the treatment modalities of group versus one-on-one therapy. Some participants felt strongly that groups and the building of community through group therapy was very important to their recovery process. One participant described their positive group experience,

“But as [counselor] always says, it's not -- you know, addiction is not, I was using and now clean. It's okay I am always an addict and I am just currently not using and that's because I choose myself. So yeah and I believe in her. I think she is going to be one of the ones to like make changes and stuff and hopefully bring other people out of that. How I describe it is like a dark hole like a black hole. Like you are just sucked in and everything crumbles and you are like trying to find your way and it's like nothing there but the drug.

They hold on the drug and the drug is there -- and the drug is available and you know if you take him in the back, you can get the drug and you know if you still like the story, you go get the drug. That's the same turbulence. But they are strong. A lot of them are very strong. I think they will be good. You know lot of us -- it's only like three of us that are just there for like we just sit and we are like, you know and it's just you've taken all in and you just have to respect where they come from and respect that path that they are awful because that sounds like hell. I don't know if I will be strong enough to come back from that. I don't know -- I hope I would if I ever got. It just sounds like how do you break that chain. You know, you need people. You need that support. You need people to be like, hey, look at this mirror, this is you, the drug is not you. And eventually they get it.”

Meanwhile, other participants described how a group setting was not beneficial to their recovery process. One participant described how it's difficult to connect with a counselor in a group format:

“And I've tried so often because they're all about groups. Now, everything is about money and everything like that. And its groups and it's so hard to get one on one with anybody now. And they might spend five minutes talking to you, 10 minutes talking to you, but to sit down and -- and like I say, even in groups, the groups are 15, 20 people, sometimes larger. And you have your counselor there and they're -- so it's hard for them to -- and you're in a group for an hour, hour and a half and you're spending what, 5, 10, 15 minutes with each person again and it goes around and then there are those that just sit there. They're stoic, they don't say anything and sometimes you hear the people that really need to talk and then there's always the three or four people

in the group that have nothing better to do than just talk, and talk, and talk, and talk, and talk. So it's difficult to get."

Another participant described the danger of groups as sometimes triggering:

"Groups just aren't for me...Because I just feel like, you know, just -- I don't like listening to stories."

Another participant explains that the group format and rules did not align with their personality and emotions.

"I didn't get anything out of it. The groups were like way too weird. I mean, you know, way too like weird. I mean, there was this one group where this girl is like bawling her eyes out in the middle of the floor. I mean, whenever anyone was like crying, I like go, you know, I'd go, I don't know why. And I go running out to the door trying to console her and they go, "[Participant], back off." Yeah, they said that. They said that to me. They said, "[Participant], back off." And I'm like, "Why? She's bawling her eyes out. I'm empathetic. Don't you get it?" You know, I just back off. You know."

The ultimate need for trauma-informed care in treatment can be seen here, both in terms of requiring individualized treatment that acknowledges everyone's experiences and works for each person, as well as the need to be sensitive to what doesn't work and could be triggering and upsetting for some individuals while trying to navigate their own recovery. A staff member explains this well:

"To each his own is what I'll start with. I will say that from personal experience, the AA meetings can sometimes be a hindrance, because you're going and you're all reliving your own problems over and over and over again every week. And I don't see a whole lot of people move forward through AA, because they're rehashing their problems in a group where everybody else has experienced some form of the same problem. So it becomes like a venting session instead of a session where we're working on. But that's personal experience that I've seen through that. But some people love groups, they like the camaraderie, they like having a place to go at night and that's great."

This same dichotomy between treatment styles was demonstrated in interviews by the discussion of religious aspects of programs. Some participants responded very positively to religious teachings and components of recovery programs.

“And I've got God in my life now, so I'm focusing on that. Even though I know that NA and AA is good. NA is good, but for me, the bible is the best thing. I know it's the best for me.”

Another participant explains that they appreciate the opportunity to learn more religious teachings as a part of their recovery process.

“Well, the program is a good program, and they teach you about the bible and stuff. They're good...The religious -- yeah, and it helps out a whole lot.”

However, other participants describe how the religious components of some treatment services turned them away from participation.

“What doesn't work for me is the God aspect of AA, the 12-Step program. I have a hard time with that...I'm a Darwinist. I just I don't -- there is nothing there for me...The God aspect, yeah, that's what pisses me off is because if they -- I mean, if they could take that aspect out, if they could take that idea out where that things were ordained and that somebody is controlling something, then I might be able to work with it.”

These different responses reinforce the need for varying treatment modalities, as participants clearly respond very differently to treatment components.

Relapse was also mentioned as part of the treatment process by many participants. Sometimes it was discussed as inevitable and sometimes it was a result of barriers to treatment.

PARTICIPANT: It's been good the many times that I've been [in treatment].

INTERVIEWER: Yeah. It's been helpful?

PARTICIPANT: Yeah, really helpful. I got it. I was on methadone one time for almost three years. That was really helpful. Like it worked and I held a job and I did everything I was supposed to do and it was good.

INTERVIEWER: What happened?

PARTICIPANT: My car broke down and I went on public transit like, you know, there were peers. So car broke down and I couldn't get to the clinic anymore. So I just have to start by opiates again.

INTERVIEWER: You couldn't get to the clinic because you didn't have a car, then you do public transportation it seems --

PARTICIPANT: Yeah, I live in --

INTERVIEWER: -- so you're taking opiates again?

PARTICIPANT: I live in like a rural area.

INTERVIEWER: Got it.

PARTICIPANT: And the clinic was in the city."

Overdose

The majority of participants recounted instances of family members, friends, and acquaintances experiencing overdose, with some dying as a result.

"I buried people that I love."

One participant noted several instances of witnessing overdose:

"[my friend] overdosed three times. I saved him twice, my mother-in-law, saved twice. But I have never of this. I've not had the experience."

There were also several participants who experienced overdose themselves and survived.

"I've overdosed probably about 10 times in my life. And, you know, it just seems like that. I always come back for no reason, you know. I think I've been - I never go all the way out until I'm dead, so."

A staff member also recounted witnessing overdoses as a regular occurrence in their work:

"And we have -- a lot of prescription drugs, which I had a participant recently passed away for overdosing on prescription drugs, which is not super rare, that's my second in this year."

INTERVIEWER: I'm sorry.

STAFF MEMBER: That's okay. It comes with the field, and I know that I've done everything that I could to try to get those people where they needed to be. But there's a lot of obstacles and substance abuse is like, insane."

Stories surrounding overdose were often coupled with anecdotes of the person who overdosed trying to get help in recovery, going to mandated drug court, or engaging in other treatment services prior to the overdose event.

Overdose was also mentioned by staff who work with individuals experiencing homelessness and/or substance use, and it was a difficult thing for them to process.

"We have overdoses in here on a number of occasions what we had. And when I was working over there I used to deal with it on a regular basis. Like people in the bathroom purple, purple...."

INTERVIEWER: *Were you -- like, carrying around like Naloxone?*

PARTICIPANT: *We, when I was working over there, maybe, earlier in my time here they didn't have the Narcan. So we would come in and see them in -- just beating them on their chest, rub them on their chest, because they will, you know -- actually I gave mouth-to-mouth to one person. And the EMTs, they probably saved his life, but it was -- I was panicked at first and I then went back to our training on CPR and I was -- it was the point where he was breathing real shallow and then stop breathing, then I will go mouth-to-mouth. And then all of a sudden, huh-huh-huh and then I won't do it anymore until that point where he's like real shallow breathing. So I took the ambulance maybe about -- between like five to seven minutes to get there and I was watching him doing that. But that was scary to watch somebody like that. Almost like the borderline of death.*

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"So, I saw one firsthand my first time was the, I think maybe August or September. So I was riding along an outreach, I was passenger, so passenger you're like looking, scanning, and trying to see. And I see this woman...and she is sprawled out on the stairs, her legs are wide open, and she is enormously pregnant, ridiculously pregnant. So we spin around, I get out. I can't touch her, from trying to wake her up, like yelling, screaming, whatever.

INTERVIEWER: *You can't touch her because those are your rules around outreach.*

STAFF MEMBER: *Right, we're hands off. So like it's not like I'm like, trying to get her up. So I'm like yelling and somebody had come out of like an alleyway around the corner, and I guess that they have recognized her, so they were like trying to shake her, try to wake her up. But I ended up calling and getting somebody to come out. Like, "I have an overdose!" It was a really weird moment for me because she's enormously pregnant. She needs to cover up, like she's like very exposed where she's at. And she's like, clearly her eyes are rolling around, and her head like she'll come to for a second and then she would just collapse back down. So of course when the fire trucks and EMS come, everybody that was helping us, that was like a friend, just scattered everywhere. Which is an incredible example of the support that you have when you're like, I'm using drugs, I know that you're detoxing on drugs, but I'm not going to ruin my high because you're overdosing. Like I'm not going to stay here and make sure that you're okay, I'm going to go continue to get high. I*

think that was a good example of that. They were able to finally rouse her and she ended up walking away, like declining any services, refused to get into the ambulance. And that was jarring to be like face to face with -- I mean, I can hear all of the stories when they come in for detox, but I've never seen somebody so vulnerable out in the middle of nowhere, cars driving pass, nobody's pulling over and stopping. Nobody wants to make sure that she's okay. When she finally does wake up everybody's gone. It was crazy."

However some staff felt that participating in services was protective against overdose, since staff could be responsible for resuscitation.

"I mean this have to be the best place, but there's people here that if you overdose, we should might be able to save your life...If you overdose, if we place you in housing by yourself, if you have the overdose, there's no one there to save you. So they don't want to take that risk in putting someone like that into housing, someone that's going to be by themselves."

Fentanyl was mentioned many times in the context of overdose during these interviews by participants and staff.

"You know, well, I'm telling you, that fentanyl is killing."

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"INTERVIEWER: Are you seeing a lot of fentanyl lately?"

STAFF MEMBER: Yes. An enormous amount of it. Which is terrifying, because you only need the littlest bit to overdose on it."

Interviewees seemed to understand the effects of fentanyl, but not always have the comprehension of what it may look like. One participant explained, "[you] just don't know what you're going to get." One participant noted that it was hard to distinguish Fentanyl without a test kit, which many people don't have access to.

"Unless you have a test kit, you don't know if it's Fentanyl. You might have an idea, you might lose, you might have some knowledge that that one was different than the other one but you would really know with the test kit."

While some participants did not know how to identify fentanyl, some participants were very educated and understood the severity of the drug. Fentanyl was described as dangerous and as having effects unlike anything else.

"We do some fentanyl and just we talk and the next thing you wake up later it just -- you never even know you went out."

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"It's like a horse tranquilizer or something like that or elephant tranquilizer. You know what I'm saying? If you do fentanyl, you just drop."

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"Like you're just here with the fellows and you're always doing some heroin and you come back and say, you know, I remember something, but the fentanyl just -- you just go. We do some fentanyl and just we talk and the next thing you wake up later it just -- you never even know you went out. It just happened like that, bam, you just gone. Man, you could be walking down the street and then you just go. You just go. And I remember we're on this particular street, the guys had to sit and this woman had money and she was buying the cocaine. So afterwards, her money got plenty and coming to an end, so she decided to get a bag of dope at the end. They close it up that she thought it was dope and she got a bag of fentanyl. Way to cross and where they were selling and she died. She died. I guess just figuring she can handle it. But had it been heroin, I don't think she would have died. I don't think she would have died."

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"Fentanyl hits you immediately. And it's -- you can't, like when it starts rolling, like you can't stop it. Like, it's like when it hits you, you're like, oh, that's pretty good. And then you wake up on the ground with your leg bent up underneath to your arm bent up, and you're like, "What happened?" You're like, you don't even know why you're lying on the ground. And like, your body is contorted in some weird way because you just fell onto it. That was like scary. And a few times that's happened to me. Well, after you get up like imagining myself going down like that, it was like, god, what just happened in the last 10 minutes to me? If I had a camera on me watching myself go down slowly like that, because it's scared to be out of control of yourself for a minute like that. But, you know, it's like a higher rush, the Fentanyl is. So you get to where -- a lot of people prefer it, you know. Because heroin is like slower. It's, you know, it's not as intense and lasts longer and can keep you from being sick longer. But other than that, you know, Fentanyl is stronger."

Some participants expressed recognition of fentanyl by its physical appearance:

“Fentanyl? I think that they know enough to know when something ain't the normal that they have, but first one I'm looking, they could be suspicious because they know fentanyl is like white, right? And heroin got the beige in this too, so if they don't -- you know what I mean, stop and think before they do it, I think that they just don't care.”

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“Well, it's becoming more readily available. And it's getting instead of \$10 bags, now they probably moved down to \$5 bags. They started to push the \$10 people out and they're trying to catch up on mixing what heroin they can get with fentanyl to make the money back. And everybody is trying to get on the heroin, fentanyl kick to keep making a couple dollars. Everybody. And one thing about fentanyl, it's white. It's white. White like that paper. It's white. Now, heroin going to be like the color of that (points at brown object). And you can tell that from that. So, what I say people realize when they buy the bag, look at it first. And then if you're not sure, you can take a sterling and take a little pinch of it, just do a sterling and not do the whole bag. And then the next thing you know, they're putting you in the ground. You can save your own life, take a little pinch and you could taste the difference. Yeah, but these other things where I'm not trying to teach people how to, in a way, to do drugs but in a way I am -- if you're going to do it. But I'm just kind of give you some insights to save your life.”

When asked about the increasing number of overdoses in the state of New Jersey, one participant said:

“Understand like, everybody's actually overdosing because it's like most of these prescriptions has been tampered with like with Fentanyl and all that stuff. Like there's two people I know, a close friend overdosed and my cousin overdosed. My cousin overdosed two weeks ago. My close friend, he overdosed a month and a half ago. And then I know three girls actually who was like one of the -- like best friends, two of them died last year from overdose. And it's like, it's scary because most of these guys got kids that they're leaving behind.”

Additionally, some participants had experience saving the lives of someone experiencing an overdose. A few recalled administering naloxone to friends while others have performed CPR until emergency medical services arrived.

“They give you Narcan and they give you instructions on how to use it, which is really, really good. Because, you know, a lot of people come home from prison, body's clean, they can go back to the way they used to do and die.”

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PARTICIPANT: And I've learned a lot. Where your body can become conditioned to heroin, you'll get used to it and you get to know it. It's a slow drug and it doesn't get you high. It calms you, smooth you out. So you never -- I never know anybody to date, anybody over heroin. But cocaine is different because it fills you energetically. "Wow, wow." But heroin will smooth you out. Now fentanyl, you can do a bag of heroin and get smooth, take a little bit and be smooth, but you don't fall out. Somebody give you some fentanyl, you don't know it, you just go straight up. You just out and don't move you out and you go out and you're like in a night you just go out. Keep straight out.

INTERVIEWER: So why are people using it? Why do you think people are using fentanyl then?

PARTICIPANT: First thing they don't know they're getting it.

INTERVIEWER: They don't know they're getting it?

PARTICIPANT: Yeah. At first thing they don't know they're getting it. They go buy a bag of dope and some might sell you that and you think you're getting dope, but you're getting fentanyl.

INTERVIEWER: Okay. And how much does it cost?

PARTICIPANT: For \$10, you can get five other bags and it's a little fatter because they could put something in a bag but fentanyl is a killer.

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PARTICIPANT: And I've seen people say, I love it. I love fentanyl. And I said you love fentanyl? And I've also remember when this woman had shot two bags of fentanyl and then when I called the homeless and all that and she came out it, she came back and she was angry. I said, what's the matter with you? And she said, they took all my drugs out of me. And I said, they took all your drugs out of you? She said, yeah. I did a two-bag hit because I know you were there.

INTERVIEWER: Yeah.

PARTICIPANT: You know, she knew I was there and that I would save her.

INTERVIEWER: Yeah.

PARTICIPANT: I said, you can't be doing that. What if I had -- without you and without me knowing, that and I went to store or, you hear me, went and had a beer and stood there and talk to the fellow for a while before I came back and you did shot two bags of fentanyl and dead when I get back?

INTERVIEWER: Yeah.

PARTICIPANT: It just happened. And one time she shots some fentanyl and I had the Narcan.

INTERVIEWER: Yeah.

PARTICIPANT: I had the Narcan trying to get to it and put it in --

INTERVIEWER: You had it?

PARTICIPANT: Yeah, I had it. But because I'm -- I had done some heroin but I was alright and I'm watching TV and drinking my beer. And I'm trying to hold her down to give the Narcan, but I couldn't get a hold of her. She kept on like gagging and I come saying down to -- the best I could do is just to keep eye on her and wait there for once she do calm down to try to get hold of her and give it to her.

INTERVIEWER: To give her the Narcan?

PARTICIPANT: Yeah. The best I could do or, well, that was the best I could do. Other than that, if anything, if I had a chance I would call the people.

A few participants who were familiar with Narcan explained how beneficial and important they thought it was.

"I think Narcan should be in everybody's medicine cabinet in their house. It should be. It should be accessible like that because this fentanyl shit is killing people."

One participant recalled a disparity in where Narcan was available for those who need it:

"See, down here it's different. Because down here, like I said, the police come, the ambulance comes, the fire truck comes. All of them got Narcan. You know what I'm saying? Up there, they probably got so much of that shit going on. And they sell you two bags of fentanyl for \$5, they probably got ODs every 15 minutes. So therefore, they can't all have -- they probably run out of it. So he caught a bad break because the mother fuckers up there, when they came for him, they didn't have a Narcan. You know what I'm saying? They took him to the hospital but he never made it to the hospital. He was probably already dead by the time they got him to the hospital."

Recommendations and implications for practice

While exploratory in nature, these interviews with people experiencing homelessness and/or substance use, as well as with staff who work with these individuals serve to provide useful recommendations and prompts for improvements in future practice and service. Recommendations below were cultivated directly from interviews, and a chart aligning supportive quotes to each distilled recommendation may be found in Appendix E.

Seminal stories of homelessness and substance use were often fraught with the loss of one's social network and support. Many participants expressed feeling alone. *"I don't have any family or any real close friends to ask to help me. That's been long gone, that's over. So I was just like, I have to start from the bottom here, man, and it's hard, man. It really is."* Many participants talked about how substance use and homelessness alienated them from any existing support system, isolating them and often perpetuating their experiences of homelessness and substance use. **(Recommendation #1 – the importance of social support and community)**

Participants frequently mentioned interaction with the criminal justice system though unprompted to do so. Experiences ranged from extensive time in prison to brief interactions with nighttime bus terminal police. Often justice system experiences affected participants' perceptions of themselves and their ability to seek help. Participants mentioned not being treated with compassion both in prison and on the street, and many felt that their time in prison often worsened their addiction and ability to get housing. **(Recommendation #2 – fix punitive measures for addiction; Recommendation #3 – remove barriers to care/housing imposed by criminal record)**

Interviewees felt that it would be most helpful to receive recovery and treatment services from those who have personal experience with substance use recovery. Staff with previous substance use experiences echoed that they felt uniquely positioned to assist participants with recovery. Participants felt that others with their own history of substance use would

know intimately -- physically, emotionally, mentally -- what it is like to struggle with addiction and be more likely to be empathetic, compassionate, and helpful.

Conversely, participants sometimes resented assistance (medical care, mental health care, housing assistance, etc.) from people who seemed to only have experience with homelessness and/or substance use from their professional training or education and have not experienced it themselves. Recovery, treatment and all other services for individuals who are homeless and/or struggling with substance use must, they argued, be delivered compassionately. Interviewees expressed the need to be treated with dignity in order for them to feel comfortable accepting assistance. Much of this discussion centered on being treated poorly by counselors, doctors, nurses, homeless services staff, and other government services staff. It was important to interviewees that assumptions not be made about the type of person they are or why they are in the situation they find themselves in. Interviewees felt that they deserved non-judgmental and competent care, regardless of the problem they were exhibiting and their ability to pay for services. Fear of being judged by professionals may deter people who are experiencing homelessness and substance use from seeking treatment and services, emphasizing the importance of approaching this population with understanding and compassion.

Staff who were interviewed emphasized how difficult it was for them to do this work, day in and day out. *"I think you come into a field like this, I was not expecting anything like this...and it's also hard at the end of the day. You know, sometimes the 40-minute car rides home are all crying, which is not good. But, I mean, it toughens you up, and this is the reality of it, like you can sit and ignore it, it's going to get worse."* Staff discussed compassion fatigue as it related to themselves and their colleagues, and they mentioned their own emotional difficulties in processing the work they do. While compassion for participants is a vital recommendation, it's also important to recognize that staff require compassion from leadership and each other in order to keep doing the work they do.

(Recommendation #4 – increase compassionate, trauma-informed care training for all disciplines who interact with this population)

Participants also mentioned the need for people who are offering services, as well as those creating programs and policies that impact homeless individuals, to spend time with them to better understand their experience. Participants discussed the need to build trust before accepting services, and for them to feel as though they are cared for by those creating/offering services aimed at aiding. In order for services and policies to be appropriately targeted, it is critical for policymakers and practitioners to build a better understanding of the lived experiences of substance use and homelessness for themselves. Hearing from individuals about their experiences underscores the importance of hands-on outreach and active listening in order to effectively assist this population.

(Recommendation #5 – hands-on outreach, assistance and policy-making)

Perhaps due to the omnipresence and free availability of the AA/NA model, it was prominently discussed. A lot of discussions around this treatment model centered on abstaining from substance use and a sense of failure in relapse. Interviewees did note that treatment should not have a one-size-fits-all approach. People, they argued, respond differently to different things. For example, some participants did mention exposure to MAT, including Suboxone, while others were adamant about not using any substances during recovery. Staff members were also not uniform in their opinions on the use of MAT to maintain recovery.

Many participants shared that they blamed themselves for their situation, a jarring acceptance of guilt given their accompanying accounts of trauma, displacement and abuse, often from early age. Faith-based models of recovery that rely entirely on prayer and religious study were mentioned a great deal. Despite the well-rounded nature of these and many treatment and recovery offerings available to this population, many interviewees focused on singular aspects of programs (such as a surrender to a higher power, or

abstinence), but did not acknowledge additional and potentially helpful services such as social support or harm reduction services.

Medication assisted treatment or other treatment modalities that don't involve complete abstinence and a subsuming focus on will-power and a higher being were not as present in discussions, suggesting either that treatment types and services perceived by the public health community as evidence-based have not yet reached this population, or, that they are not yet resonating in a meaningful way. Tailoring services around the intention to reduce harm, as opposed to achieving abstinence, may improve health and quality of life for individuals living with both homelessness and substance use. Further examination on this topic may be important. **(Recommendation #6 – better promotion and awareness of different treatment modalities, including MAT)**

In terms of therapeutic treatment, some participants expressed their enjoyment of groups or AA/NA meetings, while others preferred a one-on-one approach. Relapse was mentioned by some as an important step in recovery. The stigma of relapse has to be reduced in order to better assist people in their recovery. Interviewees expressed feeling like a failure when they relapse, and that punitive measures often taken against them for relapsing exacerbate this feeling. They also noted that it might make them less likely to seek help in the future, which could have fatal consequences. One participant explains this, *“But, you know, a lot of times people hide it whenever they do relapse and then they’re hiding it, they overdose and die by themselves and nobody knew that they were using because there’s such a stigma with relapsing.”* **(Recommendation #7- reducing stigma around relapse and broadening models of care)**

Interviewees brought up the use of substances as a coping mechanism for dealing with homelessness, which contributed to the cyclical nature of substance use and homelessness. Mental health issues were overwhelmingly mentioned by participants as both an antecedent for substance use and also a result of it. Many participants mentioned

depression, anxiety, and trauma, and few were receiving therapeutic services. Moreover, the presence of a traumatic history and the effects of trauma biologically and socio-emotionally may be negatively impacting the ability of this population to receive and benefit from well-rounded recovery programs, especially if recovery programs are not trauma-informed. A lack of choice and access around treatment opportunities may further contribute to the trauma narrative experienced by many people interviewed.

(Recommendation #8 – improved access to trauma-informed mental health care)

Another recommendation from participants was that treatment services provide connections to housing. Participants explained that if they did not have housing after leaving detox or rehab or prison, they were likely to go back to the street and using substances. *“But every time I came home [from prison], I was homeless because I didn't have nowhere to go and I had no job or anything.”* Some interviewees mentioned the need for more shelters, others mentioned the need for transitional housing, and others discussed the need for more affordable housing and Section 8 acceptance. Ultimately, not having stable housing was detrimental to people’s lives in many ways, and it negatively affected their ability to recover from substance use.

“And then – and the facilities came in where I was, you know, living on the streets and I would go in and out of facilities just to get off the streets, I would go in and out of psych wards. And go in there and just lie and say “I’m suicidal,” you know, I’m coming off of heroin. Just to get off the streets for a few days. And then, of course, they’d send you to rehabs, they refer you to rehabs. So I did the whole rehab jumping from rehab to rehab for 30 days or 28 days, whatever the insurance covers. And then getting out of the rehab and not having stable living and going right back to the same thing all over again. So, it’s like a vicious circle. That’s like one of the biggest – one of the biggest – I feel like it’s like one of the biggest obstacles is when they get – when they put you in a rehab and whatnot, they don’t set you up with a housing. So like you know, you’re doomed for failure, you get back out there and you’re homeless, you’re going to – if you’re on the street, you’re going to use. And it’s a double negative. You can’t find work if you don’t have somewhere to live.”

Or, as another participant described: “Like you don't think about it day in and day out, you take your shower, you brush your teeth. But that can really alter your perspective on life, when you're unclean, you don't know where you're sleeping each night, you lose the motivation to get the services that you actually need, like substance abuse.”

(Recommendation #9 – more housing)

Many interviewees also discussed the need for more information, both as it related to services and to substances. Some participants talked about wanting to see more public awareness campaigns about the dangers of drugs and what they do to your body and mind. A few people referenced the popular campaign “this is your brain on drugs” as a memorable tactic for informing the public about the dangers and consequences of substance use. While the campaign did not necessarily deter substance use, it clearly stuck with people. The memory of this campaign demonstrates both the potential and the limitations of public awareness campaigns that focus on individual responsibility. Perhaps with updated messaging centered around harm-reduction and evidence-based practices, a campaign could be more impactful. There was a sense from some people that they did not know how casual substance use would take hold of them and become an addiction, and there was even more confusion surrounding substances that they were prescribed being addictive and harmful. “*And who knew that such a tiny pill was going to control my whole life.*” **(Recommendation #10 – better public awareness of addiction and opioids; Recommendation #11 – curb dangerous prescribing practices).**

Some interviewees also requested more information about resources for recovery. Interviewees discussed that billboards with people’s faces on them would be relatable. Some felt television campaigns might help spread the word while others discussed pamphlets or flyers as a possible vehicle for information on available recovery services. In conjunction with more help navigating homeless services and other social services, participants felt that options for recovery services had to be very accessible and consistently offered. In addition to providing more information about recovery services,

some interviewees felt that there were not enough services offered, recounting times they wanted to go to rehab or detox and were not able to. Staff members also wanted more information readily available about recovery, one staff member noting: *“I need to be able to call the hotline, the hospital... We definitely need more information about some hospitals, what services they’re providing... And definitely we need more substance abuse programs, more awareness.”* (Recommendation #12 – more information about recovery services. Recommendation #13 - more recovery service availability)

Conclusion

Several recommendations arise based on these conversations with individuals experiencing homelessness and substance use. Improving coordination and accessibility of services provided to this population can, participants suggested, reduce the physical, mental and emotional harms of homelessness and substance use. Participants often had lapses in services or found it daunting to navigate the system on their own. It would be most helpful to have those who have personal experience with homelessness or substance use assist in navigating services since they have been through the system and would be able to build a rapport with this population.

More therapeutic services are also needed for this population, including providing compassionate, trauma-informed care during non-therapeutic interactions (such as medical or government service appointments). Many participants revealed a history of trauma, which could be at the root of their eventual homelessness and/or substance use, as well as stymieing their perceived self-efficacy and abilities. Some participants mentioned that in order to be appropriately served during treatment, providers really had to listen to them and understand their stories. These participants often felt that sharing their personal history and trauma was an integral part to their recovery, and if providers didn't take the time to listen to them, their recovery would suffer. Having providers take a trauma-informed, therapeutic approach would foster better outcomes and make individuals more likely to seek out services.

While some participants did not know about the harmful and deadly effects of fentanyl, others noted its lethality with great caution and fear. Participants discussed the catch-22 fentanyl posed, being a highly accessible and cheap substance, but with deadly consequences. Fentanyl was largely discussed with predatory tones; its presence in the drug market seemingly takes advantage of people who are already experiencing vulnerability with it comes to addiction and housing.

It is also clear that at least some services as well as messaging intended to reach the homeless population are not always or systemically reaching them. Some participants did not receive meaningful interactions with social services agencies while hospitalized for an overdose and lacked an understanding on how to navigate housing and treatment services, even when these services were technically available. Navigating these complex systems while homeless, sleep deprived, hungry, and potentially experiencing addiction is virtually impossible. Additional support for staff that work with persons experiencing homelessness, too, is critical step in increasing outreach, education, access, and care.

These powerful stories from individuals experiencing homelessness and/or substance use and individuals working with them daily provide invaluable insights and recommendations for policy and practice adjustments that can improve the services provided and ultimately, the lives of those affected by homelessness and substance use in New Jersey.

Appendix A: Interview Guide for Individuals Experiencing Homelessness

The following interview guide includes questions for semi-structured interviews with sheltered and unsheltered homeless individuals. Interviews will address four sections:

- A. The “Background” section will aim to elicit information about the patterns of substance use among the homeless, as well the interactions between homelessness and substance use.
- B. The “Treatment and Recovery” section will include questions about participants’ experience with programs and services aimed at reducing or alleviating harmful substance use.
- C. The “Recommendations” section will seek to elicit recommendations regarding how New Jersey can improve its prevention, treatment and recovery services for the homeless population.
- D. The Demographic information section includes four multiple-choice questions including age group, gender identify, ethnicity and race.

Interview Guide

A. Background:

In this first section, we will discuss your experience with substance use and homelessness, as well as the relationship between substance use and homelessness, either in your experience or among people you know, such as family, friends and other acquaintances.

A	QUESTIONS	PROBES
A1	How are you?	Where does this interview meet you? What is your relationship with the place we’re in? How did you get here?
A2	What can you tell me about your experience with homelessness?	When did it begin for you? Whereabouts do you spend most of your time during the day? What about at night?
A3	How would you characterize the role that homelessness plays in your life?	What aspects do you find most challenging? What aspects do you feel like are more manageable? How do you navigate the challenges? Who are your most important allies – when in need, who do you rely on?
A4A	<i>Interviews in Shelters:</i> How does [this shelter] help you navigate some of these challenges?	What are the specific needs that the shelter fulfills? <i>Probe for whether it provides a roof/bed/food, community, health and other social services, etc.</i>
A4B	<i>Street Outreach Interviews:</i> How would you describe life on the street?	How does [this organization] help you navigate some of these challenges? Have you ever used a shelter? Why yes? Why not?
A5	What can you tell me about your experience or the experience of people you know with substance use?	Which substances? (<i>Probe for specifics: alcohol, heroin, prescription medication, marijuana, tobacco, etc.</i>). Are there factors

		that impact your [substance] use or the use of people you know? Is [substance] accessible? How so?
A6	State data and personal accounts suggest that we are in the midst of a pretty intense opioid epidemic in New Jersey. This includes prescription drugs, heroin and fentanyl. Is this something you've witnessed? How so?	Have you noticed an increase in opioids use? <i>Probe for specifics, such as prescription opioids, heroin or fentanyl.</i> What has that looked like? How has this epidemic impacted you or people you know? <i>Probe for specific practices, such as naloxone administration.</i>
A7	How would you characterize the role that [substance] plays in your life or your acquaintances' lives?	<i>Probe for roles of different substances, including opioids. Probe for positives and negatives – Social? Emotional? Physical? (If substance use is ongoing), why continue to use substances? How does it affect different types of people?</i>
A8	Are there health implications of [substance] which you are aware of or which you have experienced either yourself or witnessed in others?	<i>Probe for both positive and negative health implications. Have you ever felt the need for more information about the health implications of [substance]? Who can you turn to for information about [substance]?</i>
A9	Have you or others you know experienced an overdose?	<i>What was the cause of the overdose? What was it like? What happened? How did others respond? How many times has this happened?</i>

B. Treatment and Recovery

In this next section, I will inquire about your experience or the experiences of people you know with substance use treatment and recovery services.

B	QUESTIONS	PROBES
B1	Has anyone ever tried to prevent you or others you know from using [substance]? What have these prevention efforts looked like?	Who was behind these efforts? <i>Probe for specifics: Friends/family? State? Community? Church/Mosque/Temple? Shelter? Hospital?</i> What was their message or method? How did you interpret these efforts?
B2	Have you ever tried to seek treatment or thought about seeking treatment? Why yes/Why not?	<i>If yes:</i> What steps did you take? How did it go? Did you tell anyone? How was it received? <i>If not:</i> What were the barriers to entering a treatment program? (<i>Probe for cost, logistic, transportation, bureaucratic, childcare, employment and/or psychological barriers</i>)
B3	Have you ever been in treatment for any effects of [substance]? Can you describe what that experience was like? Are you currently in treatment or recovery? What is that like?	How/why did you initiate treatment? Whose choice was it? For how long have you been in (and out) of treatment/recovery? What types of programs have you experienced? Which ones stick out in your memory? Do you feel

		like you've found the right treatment program for you/people you know? How so? How accessible is that program to you or others you know?
B4	What aspects of the treatment process worked for you? Why?	<i>Probe for components: Clinical approach, social support, specific individuals?</i>
B5	What aspects of the treatment process did not work for you? Why?	<i>Probe for components: Clinical approach, lack of social support, specific individuals?</i>
B6	Can you describe any interactions you've had with government services, both in general and specific to substance use?	Are you able to specify the government office you were in touch with? <i>Probe: Social Services? Law Enforcement? Housing Authorities?</i>

C. Recommendations

This final section relies on your input to advise the State in improving the way we support individuals that are navigating both homelessness and substance use.

C	QUESTIONS	PROBES
C1	To summarize, how would you describe the relationship between substance use and homelessness?	What are the factors that impact the relationship between substance use and homelessness? What are the most effective ways of addressing substance use, homelessness or both?
C2	What factors must be in place for a homeless individual to successfully address their substance use?	<i>Probe for factors such as housing, health services, employment, income, food security, community/social support, etc.</i>
C3	Would you recommend substance use treatment for others?	Why "Yes"/Why "No"? Should housing status impact that decision?
C4	If you were to design a support system for people struggling with both homelessness and substance use, what would that look like? If you could create the ideal program, what would it be like?	<i>Probe for components: Prevention/treatment/recovery, housing/social support</i> What would effective prevention look like? In your most hopeful vision, what kinds of supports would we have for keeping people in treatment/recovery programs?
C5	Thinking about the existing services and programs in the State, what would you change? What would your recommendations be, specifically, in terms of getting from where we are now to where we need to be in terms of supporting people struggling with both homelessness and substance use?	<i>Probe for specifics, referring to responses to previous questions, including challenges, critiques, examples of successful programs/positive services.</i> If I need to take home three insights from this interview – three improvements the State should make – what should they be?

D. Demographic Information

The following four multiple choice questions inquire about your age, gender identify, ethnicity and race.

D1. What is your age?

A. < 18

- B. 18-24
- C. 25-34
- D. 35-44
- E. 45-54
- F. 55-64
- G. > 65

D2. What gender do you identify with?

- A. Male
- B. Female
- C. Other: _____

D3. Do you consider yourself to be Hispanic, Latino, or of Spanish origin?

- A. Yes
- B. No

D4. With what race do you most identify yourself?

- A. White
- B. Black or African American
- C. Asian
- D. American Indian or Alaska Native
- E. Pacific Islander
- F. Other: _____

Appendix B: Interview Guide for Shelter and Street Outreach Staff

The following interview guide includes questions for semi-structured interviews with homeless shelter and street outreach staff. Interviews will address four sections:

- A. The “Background” section aims to elicit information about the patterns of substance use among the homeless, as well the interactions between homelessness and substance use, with added emphasis on whether/how the current opioid crisis has impacted the homeless.
- B. The “Treatment and Recovery” section includes questions about staff members’ experiences with and perceptions of existing substance use treatment and recovery policies, programs and services.
- C. The “Recommendations” section will give participants the opportunity to share insights for how New Jersey can improve substance use treatment and recovery services for the homeless population.
- D. The Demographic information section includes four multiple-choice questions including age group, gender identify, ethnicity and race.

A. Background:

In this first section, we will discuss your experience working with homeless individuals that use harmful substances, as well as your understanding of the interactions between homelessness and substance use.

A	QUESTIONS	PROBES
A1	Can you please describe your work here at/with [name of shelter/street outreach organization]	How would you describe [name of shelter/street outreach org.]? What does your day-to-day look like? What does a good day look like? What does a harder day look like? Who are your main colleagues and partners, both from your organization and others?
A2A	<i>Shelter Staff:</i> How would you describe the population [name of shelter] serves?	How many people do you serve on a given day? Where do they come from? How do they end up there? Why? For how long do they stay? How often do they come back? Are they there alone? With family? What are their most immediate needs? How do they attempt to meet them?
A2B	<i>Street Outreach Staff:</i> How would you describe the population [name of organization] serves?	How many people do you serve on a given day? Where do they come from? How do they end up in this situation? Do they use shelters in the area? Why yes/Why not? How would you describe their life on the street? What are their most immediate needs? How do they attempt to meet these needs? <i>Probe for whether they tend to be alone or if they have family, and whether/among whom they have a community.</i>

A3	How would you characterize the role that homelessness plays in the lives of the people you serve?	What aspects do they find most challenging? What aspects do they feel like are more manageable? How do you help them navigate the challenges? Who are your most important allies – when in need, who do you rely on?
A4	What can you tell me about substance use among the homeless?	Which substances are they currently using? (<i>Probe for specifics: alcohol, heroin, prescription medication, marijuana, tobacco</i>) How do they access them? What factors impact their [substance] use? How often do you see an overdose? What do you or your colleagues do in the case of an overdose? What's that like?
A5	How would you characterize the role that these substances play in the lives of the homeless individuals you work with?	<i>Probe for positives and negatives – Social? Emotional? Physical? (If substance use is ongoing), why do they continue to use? How does it affect different people?</i>
A6	Have you witnessed any health or other implications of substance use among the people you work with?	Probe for both positive and negative health implications. Have you ever felt the need for more information about the health implications of [substance]? Who do the homeless turn to for health-related information about [substance]?
A7	State data and personal accounts suggest that we are in the midst of a pretty intense opioid epidemic. Is this something you've witnessed? How so?	Have you noticed an increase in opioids use? <i>Probe for specifics, such as prescription opioids, heroin, fentanyl, etc.</i> What has that looked like? How has this epidemic impacted people struggling with homelessness? <i>Probe for specific practices, such as naloxone administration.</i>

B. Treatment and Recovery

In this next section, I will inquire about your experience with or perception of policies, services and programs intended to address homeless individuals' substance use.

B	QUESTIONS	PROBES
B1	How do you or others at [shelter/street outreach org] approach their substance use?	Why do you approach substance use in this way? Can you give me some examples of what this approach looks like? What kinds of outcomes are you hoping for? How do things usually turn out?
B2	What kinds of substance use prevention, treatment or recovery services or programs are accessible to homeless individuals?	Who is behind these efforts? <i>Probe for specifics: Friends/family? Community? Faith-based organization? Shelter? Hospital?</i> What was their message or method? <i>Probe for specific methods, such as medication assisted treatment (MAT), NA/AA, peer</i>

		<p><i>support. What do you think about these efforts? How do they impact people?</i></p>
B3	How would you describe your interactions with state officials, both in general and regarding substance use, specifically?	<p>How would you describe your organization's relationship with the State? <i>Probe for whether they see the State as an ally or more of an adversary/obstacle).</i> Which state agencies do you interact with most? <i>Probe: Social Services? Law enforcement? Housing authorities?</i> How do these interactions unfold? In what ways does the State approach substance use? How do interactions with the State or state-sponsored programs impact the homeless? How are they accessed? What kinds of barriers exist? How do people navigate these barriers? (<i>Probe for cost, logistic, transportation, bureaucratic, childcare, employment and/or psychological barriers).</i> What are homeless individuals' incentives for accepting treatment services? What are their incentives for staying in programs? (<i>Probe for health reasons, family, impact on employment or housing, etc.)</i></p>
B4	How accessible are existing services?	<p>How/why do they initiate treatment? Whose choice is it? For how long do they seem to be in (and out) of treatment/recovery?</p>
B5	Are people you work with currently in substance use treatment or recovery programs?	<p>How does their perception play out in actions? What steps do they take either to receive or avoid services? Have you seen people change their mind over time? How so?</p>
B6	How do the people you work with perceive these services/policies/programs? Do they actively seek them out?	<p><i>Probe for components: Clinical approach, social support, specific individuals? Probe for examples.</i></p>
B7	What aspects of the treatment process seem to work for people? Why?	<p><i>Probe for components: Clinical approach, lack of social support, etc.? Probe for examples.</i></p>
B8	What aspects of the treatment process do not seem to work for people? Why?	

C. Recommendations

This final section relies on interviewees to advise the State in improving the way we support individuals that are navigating both homelessness and substance use.

C	QUESTIONS	PROBES
C1	To summarize, how would you describe the relationship between substance use and homelessness in New Jersey?	What common factors do you perceive among homeless individuals that use harmful substances? What influences the relationship between substance use and

		homelessness? What are the most effective ways of addressing substance use, homelessness or both?
C2	Would you recommend substance use treatment for homeless individuals?	Why "Yes"/Why "No"? Should housing status impact that decision? Are there other variables to consider? What services or programs, in particular, would you recommend?
C3	If you were to design a support system for people struggling with both homelessness and substance use, what would that look like? If you could create the ideal treatment, what would it be like? (Type, length, staffing)	<i>Probe for components: Prevention/treatment/recovery, housing/social support</i> What would effective prevention, treatment and/or recovery look like? In your most hopeful vision, what kinds of supports would we have for keeping people in treatment/recovery programs?
C4	Thinking about the existing services and programs in the State, what would you change? What would your recommendations be, specifically, in terms of getting from where we are now to where we need to be in terms of supporting people struggling with both homelessness and substance use?	<i>Probe for specifics, referring to responses to previous questions, including challenges, critiques, examples of successful programs/positive services.</i> If I need to take home three insights from this interview – three improvements the State should make – what should they be?

D. Demographic Information

The following four multiple choice questions inquire about your age, gender identify, ethnicity and race.

D1. What is your age?

- H. < 18
- I. 18-24
- J. 25-34
- K. 35-44
- L. 45-54
- M. 55-64
- N. > 65

D2. What gender do you identify with?

- D. Male
- E. Female
- F. Other: _____

D3. Do you consider yourself to be Hispanic, Latino, or of Spanish origin?

- C. Yes
- D. No

D4. With what race do you most identify yourself?

- G. White

- H. Black or African American
- I. Asian
- J. American Indian or Alaska Native
- K. Pacific Islander
- L. Other: _____

Appendix C: Codebook applied to interviews with individuals experiencing homelessness

Code	Child Code	Definition
1	Difficulties of recovery	When people talk about how hard it is to be sober, stay sober, or get sober. Perceptions of other people’s ability to stay sober, or their own “will power” etc. Discussions of relapse go here as well.
2	Perceptions of treatment	Participants discussion of substance abuse treatment, specifically impressions of seeking treatment or experiences being encouraged to seek treatment. DO NOT CODE TREATMENT EXPERIENCES HERE.
3	Treatment services	Description of the type of services a participant engages in, for example Alcoholics Anonymous, one-on-one therapy, rehabilitation centers etc.
	Suboxone	When people mention Suboxone put it here
	Buprenorphine	When people mention buprenorphine put it here
	Methadone	When people mention methadone treatment, put it here.
4	Treatment experiences	Discussion of actual experiences with treatment that a participant experiences/d. DO NOT CODE THOUGHTS ABOUT TREATMENT OR CONJECTURE ABOUT OTHERS TREATMENT HERE.
	Successes in treatment	Positive aspects of treatment or things that worked, including systematic supports
	Challenges in treatment	Negative aspects or things that did not work or were challenging about treatment, including systematic gaps or failures

		Staff	Discussions of staff in treatment facilities and how they affected treatment (could be positive or negative)
5	Areas for improvement		Ideas about improving existing services or experiences. Thoughts about WHAT needs to be improved
6	Recommendations		Specific recommendations for HOW things need to change or improve with regard to services or experiences
7	Needs		When people discuss what they need. Often money, housing, social support, community, ID, etc. This is different from recommendations because there isn't necessarily an idea of how to provide those things.
8	History of homelessness		Discussion of the history of a person's housing situations and how they became homeless
9	History of substance use		Discussion of the history of a person's substance use, specifically how or when they first engaged in substance use
10	Experiences with homelessness		Discussions of current or past experiences with homelessness. Overarching code about the experience of homelessness
11	Experiences with substance use		Discussions of current or past experiences with substance use. Overarching code about the experience of substance use.
12	Relationship to homeless services		Participant discusses their experiences or relationship with services for people who are homeless, including shelters, day programs, and other homeless agency specific discussions
13	Overdose		Descriptions of overdose experiences, whether witnessing, experiencing or general knowledge of the issue. Include descriptions of Narcan/Nalaxone rescue in this code.
14	Other government services		Discussion of other services experiences or known about by participants. DO NOT CODE TREATMENT SERVICES OR HOMELESS SERVICES HERE.
15	Survival tactics		Things people do to keep operating daily, tactics for survival, how people who are homeless make it from day to day.

			Includes ways in which people survive things that happen to them, as well as active things they do to survive.
16	Demographic info		Put demographic questions here for later quantitative coding
17	Relationship between homelessness and substance use		When participants describe the relationship between homelessness and substance use. Could be triggered by the question or participants may discuss how one caused the other, for example, during the course of the interview.
18	Experiences with the justice system		Discussions of interactions or experiences with police, authority figures on the street, being incarcerated, time in prison etc.
19	Mental health		Discussions of mental health issues in addition or because of substance use and/or homelessness
20	Hopes		Participants discussion of hopes for themselves
21	Connections to care		Discussions of attempts (or missed opportunities for attempts) between service providers to connect participants with additional care. Could be in the medical, mental health, justice or homeless services systems, for example.
22	Drug environment		Perceptions of the environment in which drugs are found, why the crisis is so bad, why its spreading etc.. This includes a discussion of buying and selling drugs, and general drug atmosphere/consequences on the street (including crime related to buying/selling drugs).
23	General history		Participants explaining their upbringing or other history
24	Social support		Discussions of social support or community perceived by participants. Others in shelter or AA etc. who are relatable, helping them, etc. DO NOT CODE THE NEED FOR SOCIAL SUPPORT HERE

25	Self-blame		When participants discuss blaming themselves, or express guilt, shame, and personal responsibility about their addictions, homelessness, or anything about their situation.
26	Harm reduction		Code when harm reduction tactics are mentioned, including needle exchanges, safe injection sites, etc.
27	Peer specialist		Code when peer specialists are mentioned, including the use of peer counselors for addiction services or other assistance from people who have lived experiences similar to the participants
28	Trauma		Descriptions of trauma experienced by participants, including but not limited to loss, abuse, assault, property damage, etc.
29	Health		Any mention of how substance use is related to participants' health, their knowledge of the health implications for substance use, etc.
30	Good quotes or interesting		Code really exemplary quotes here or interesting selections for review, use or annotation later

Appendix D: Demographic information

Forty-one individuals experiencing homelessness in Newark, Paterson, Trenton, Camden, Atlantic City and Jersey City, New Jersey were interviewed. Demographic data were recorded from 39 individuals. A majority of the participants identified as male (56%), Black/African American (49%), and Non-Hispanic (56%)(Figures1-2). The median age of participants was 45 years old (range 24-73 years). All data were provided as write-in and self-identified.

Twelve staff members at agencies serving individuals experiencing homelessness were interviewed. Eleven staff members provided demographic information. The median age of staff members was 49 (range 24-81). Six staff members identified as male and five identified as female. Seven staff members identified their race as Black/African American, two staff members identified their race as White, and two staff members identified their race as other. Seven staff members identified their ethnicity as Non-Hispanic, one staff member identified their ethnicity as Hispanic and three staff members identified their ethnicity as other.

Figure 1. Self-identified gender of participants experiencing homelessness

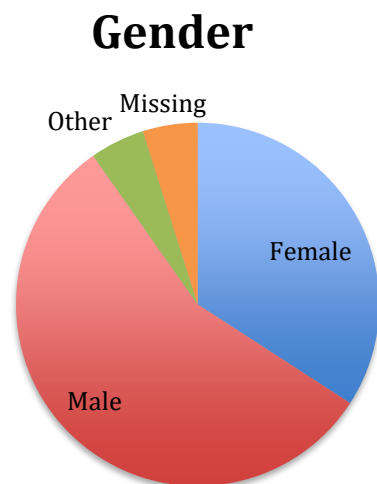
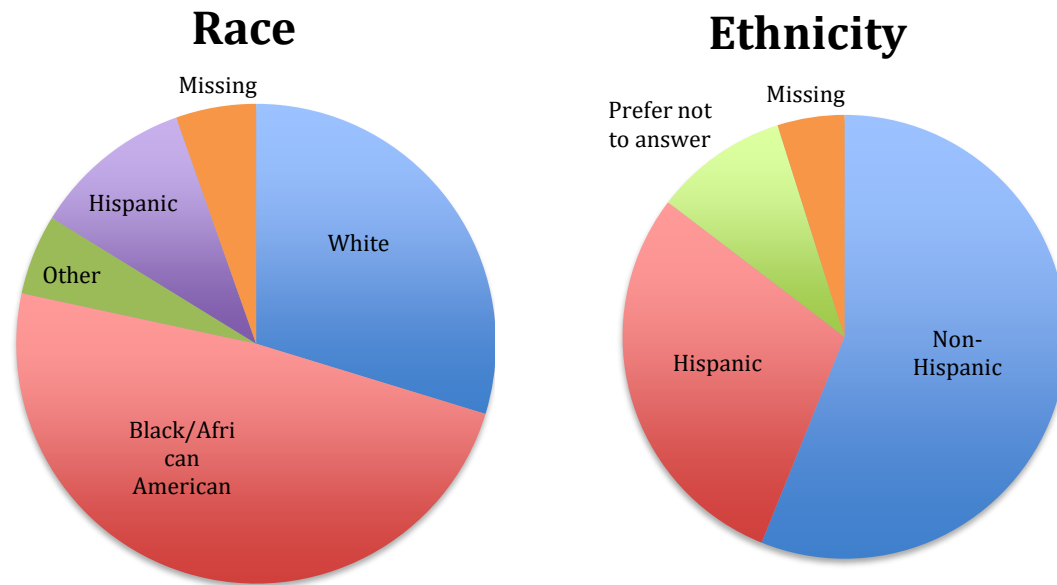


Figure 2. Self-identified race and ethnicity of participants experiencing homelessness



Appendix E: Recommendations aligned with supportive quotes

#	Recommendation	Supportive Quote
1	Importance of social support and sense of community	<p><i>“You need a support team...to cheer you on. They don’t look at your bad sides. They know what you’re going through. They don’t judge you. They don’t think they’re better than you. They actually try to help you. Like they want to see you progress. They give you motivation, like ways to give you motivations even if it’s just a little – a good cheer like, “Oh, you’re doing great today. You look great today. I feel like you could do better for yourself.” Just great speeches, like somebody who will actually like – for me, I mean, for my kids’ father is a great motivation for me. He is.”</i></p> <p><i>“More groups. More interaction. More things to do in the community. Bring communities together. You know, everybody. I know you can’t because I know you hadn’t. But, if you start small, it’s going to grow bigger. It is just like a disease. It grows. Because after a while you will have one hell of a party going on, you know?”</i></p> <p><i>(STAFF) “Yeah. I mean, we have people come in here that have children, and are losing their children because they can't stop using. Or their family won't take them back anymore because they can't stop using. So it's a lot of burning all of the bridges around you”</i></p> <p><i>“The hardest is that you don't have your family members backing you up...And you miss them, but then the drug takes over. You don't care. And like I said, my sister was helping me and then she goes, “I'm not helping you no more, because what I'm doing is giving you the money and I'm helping you killing yourself.” She goes, “Don't call me no more, don't bug me no more until you clean yourself.” Now I'm getting all my family back.”</i></p> <p><i>“And I feel like sometimes that, you know, I wasted a lot of my life. But it’s never too late because I’m going to take whatever I have left on this earth and do good with it. I have to. I have no choice because I’m so – I am so hurt by the people I hurt. My ex-wife told me, she came</i></p>

to visit me in jail one time, and she said, "You think you're just in here." She said, "But you don't know that when you go behind that door, you hurt the people that love you too." And the tears rolled down her eyes. She just – she couldn't take it. She said, "I'm so hurt that you're in here." It killed her to see me behind that wall. And I never looked at it like that. I never looked at it like that. It was a lot – there's so much going on in my life and it's a lot of hurt, pain, anger, you know, but I use that as a motivator. It's a motivation not to go back."

"Because heroin, the nature of heroin is that when your body becomes reliant on it, I mean your body needs it to feel normal then your homelessness, you know, there is no other option in homelessness, eventually. Because whatever resources you have pulled up, whatever -- whether you're a 19-year-old girl who lives at home with mom and dad, you got to come off if its to start ticking because all those resources, all that goodwill that you have built up with mom and dad, those are resources. Whatever money you have in your bank account, those are resources. Whatever car you have, that's your resources. And all of those are going to start kicking down. And so if you start, like me, if I go, like I start using, I got nothing so I'm homeless immediately. But a girl like that when she does that, let's thank God, because a girl has other resources that they can always use to have a place to stay. There's a 19-year-old guy live with mom and dad. Eventually, mom and dad are going to get fed up and they put him out. He's going to wreck that car or it's going to break down because he can't maintain it because he's buying heroin with all of his money, or it's going to get stolen or gone. He's going to put himself in a situation when that car can't get going. Bank account is going to get empty. The job, whatever job, you're going to not go one morning because you're sick and they're going to fire you, and you've got no job anymore. Everything is going to go away. Every tangible thing in your life is going to go away because it's all committed to a new goal and that is to buy this thing everyday, everyday, forever. And this, you know, there's no other choice than to become homeless. So until the heroin use is stopped, then there's no other option of homelessness. INTERVIEWER: Yeah, yeah. From what -- yeah. I do. And why do you think more people didn't stop the heroin use?"

		<i>PARTICIPANT: Because it doesn't become a -- it doesn't become a -- It didn't become like a logical evaluation in their mind like, oh, well, I should just stop doing heroin so I won't be homeless anymore. Because when we start doing heroin, the demon is going to come in the morning and he's going to punch you in the stomach and you're going to diarrhea all over yourself. You know, if you stop doing the heroin, you're going to want to die for the next week and we just can't do that, can we? No, we can't do that. We got to go get money, let's go. You know, and that's the way your mind works. And it sucks."</i>
2	Fix punitive measures for addiction	<p><i>"You're there because you have to be there or they'll going to lock you in a cage. And that makes a difference, a big difference. So when nobody is like voluntarily seeking recovery, then it creates an atmosphere of like us versus them, you know, like you're still under authority. I mean they try to make it look all good and everything. They hired the right people and they have a clinician and they have -- you know, but they're just doing it. You know, they're just doing it so that they can check all the boxes or they have to check for the government to see that they're doing what they're supposed to do in order to get their grants, you know."</i></p> <p><i>"Did something stupid, I tried to steal food from a delivery guy. And it's a stupid thing, ordered food and the guy showed up, just wanted to take the food without paying for it. And they got me a robbery charge and they tried to put me in prison for 15 years for that, for \$18 worth of food. And it took me a year, but I got it down and I wound up getting a five-year sentence with three years parole. I did the five years. While I was on parole, got caught drinking and wound up doing a parole, back in prison so I did almost eight years. And all the time, every time like when I get out of -- when I first got out, I had a job. I had an apartment. I was working. Drinking, get locked up, lose my job. I got back out. Get another job. I keep losing the jobs."</i></p>
3	Remove barriers to care/housing imposed by criminal record	<i>"You know, you did the time. You paid for the crime that you did. And it's still -- you know, they're holding it still against you. I've said nothing, but they're still looking at the person in the past instead of looking at the person in the future. This person is no longer doing that anymore. But they still hold that over your head and making it difficult for people like us to get rooms and stuff like that."</i>

		<p><i>(Staff) "So stuff like that or the fact that the, you know, my guys from reentry can't get food stamps because they have a possessions charge, but they're now 46 years old. And that happened when they were 21... You can't even go apply for low-income housing, section eight, nothing."</i></p> <p><i>"But every time I came home [from prison], I was homeless because I didn't have nowhere to go and I had no job or anything. "</i></p> <p><i>" But weed is the main issue right now and that's the reason why I left my -- well, I didn't leave voluntary. I got kicked out of my sister's house because I -- she found out that I smoked some weed and she's very against all drugs and stuff like that, so she said I need to find some place to go and sure, it was like grace of God that I got into [shelter/program]. "</i></p>
4	<p>Increase compassionate, trauma-informed care training</p>	<p><i>"You want the help, but, you know, it's back to the saying, "It's not what you say, it's how you say it." Some people would be like, "Well, you can go here, you can go here. There's no reason for you to be like that" you know. But a lot of people don't understand the disease of addiction. I don't ask people I talk to whether they were addicts or not, but I know from my past experience that one thing that helps me and I've seen that helps a lot of people, those people that used before and are clean can relate more than those that are textbook, learn or study to talk to clients, you know. If you've been in a struggle, you've wasted your paycheck, you stole from your parents, you went to jail, you went to prison, if you've lived that life and came out of the bricks, I want to hear from you. How did you – what made you? It may not work for me, but I want to hear it because it might trigger something that I know. What made you come from that graveyard back to living again? You know what I mean? And I found a few people because me, myself, I personally went to prison due to my addiction. My health, my teeth, my whole physical, all addiction, nothing but addiction, you know. I'm here because of my addiction."</i></p>

		<p><i>"And that's what it is, a lot of programs. A lot of government agencies really don't care, because they haven't been through it. The workers, they haven't been through it. But if you get counselors like [worker names] that have been through it, like they've been so for 20 years, people will talk to them. "Hey, I've been in your shoes, I know what you're talking about", you know. I know what I did to survive, to steal."</i></p> <p><i>(Staff) "Intake workers that don't answer the phones, so I'm leaving messages. Which I don't know when you're going to call back. It's not like my homeless client, I can tell them when to come back. And they don't want to sit here for hours on end waiting for an intake worker to call them back. That's my biggest problem, right now. The other people not being very nice on the phone. I know that that sounds ridiculous. But I had clients, they're on the phone, they're doing an intake, and they'll just hand me the phone back. I don't like what they said about this or I don't -- and it has nothing to do with the treatment plan, it's their tone of voice towards them. Why would I want to go to a facility when I'm trying to better myself where you're patronizing me or making me feel lesser than what I am?"</i></p> <p><i>"First of all, you got to know the person. You got to hear where the person is coming from. And where he's trying to go to. So then when you can put them too in different categories, then you're going to find out who that person is. You understand? Just because that man is homeless, they're on crack, don't mean he's not a good man."</i></p> <p><i>"So the ideal program would be, you know, they have like addicts treating addicts, kind of like a residential NA program."</i></p> <p><i>"I just feel like if people had more people around them that were -- that know where they're going -- know where they're coming from and can guide them to a better place, then it would be a lot easier to help people. It -- because like you know how they say like kids are more comfortable around kids? Well, a drug addict is more comfortable around another drug addict even if that drug addict is recovering and are able to show them, well, I've been through what</i></p>
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		<p><i>you've been through but look how I can -- look how I come out to be, look how I can change my life. Give them some type of visual in physical form."</i></p> <p><i>"I mean, but then they generally, you know, in their recovery world, they assume everybody is stupid. They're all dumb and we're all street urchins and we can't comprehend anything more than six letters long, so there's no reason to explain things."</i></p>
5	<p>Provide hands-on outreach and assistance</p>	<p><i>"I guess, people that are struggling with addiction, they're going to lie to you at first, and that's because like if you go to a person and say we're offering treatment, you know, we're offering to come to this place, they're going to say they're not an addict first of all, on the street. Because they don't trust you."</i></p> <p><i>"So you got to establish trust somehow with these people. It can't be somebody at a table pass out flyers. It can't be -- if you got to put up, you know what I mean, like you got to be out there in needle exchange programs, you got to be out there with, you know, observes the injection sites. You know, like you've got to be in the game. You can't sit out there at a table passing out flyers like come and get treatment. They can say okay, yeah, great and then keep walking. But if you're out there in the mix and you're helping people until they're ready, you know, that things like you can't go there and say, are you ready? Because they always going to say no. What you want to do is you want to be a part, like you want to be integrated into that at a community. And think about it something like they do in Kensington. Thinking about the way is over there because there are some troopers out there who pass out burgers and water and they know that they're giving it to people that are using the water to go shoot up with it around the corner. But they're just there until the moment that somebody says, you know, I need you. You know what I mean? Like I want to give it a shot. And it's not going to happen one Saturday afternoon or Sunday after church. Let's say, we all go and help the drug addicts. You know what I mean? Like you've got to be there and you gotta be part of it and you're going to be a face that they see that they can trust, like it's going to be a fulltime commitment."</i></p>

"It's just a word of asking people to find out where you needed to go. Because I didn't even know how to get to the shelter and I wound up asking my cousin because she works at one of the facilities. And she put me in contact with 211. So it's all about asking about the - You have to be willing to come out and just ask and figure out what you need for yourself."

"Like more people putting the word out there, you know, or more ways to find the resources. You know, like for instance, I asked everybody everything. So, where are the churches where I can eat, where can I get food, at what times? If we had more resources that give us ways into resources, you understand, then that would be more helpful. Yes, like how to get into them because we all want to find help. But it's where we're at, at the time that we want help. You know what I mean? And what's here on the streets, nobody is offering that kind of information on the street and that's where we need it. You know, like I said, those guys, "Hey, come on down," you know, and then they did. We'll see that's a lot of time too, but, you know what I mean? They were just word of mouth at the right time and I was that where on that everyday panhandling, you know what I mean? So, and they came and they picked me up there."

"And if you like come by in a van and say, "Look, we're giving out food. Walk up to the van," I say, "Listen, if you need to go to a detox - if there are people who are there who really care and say, "Here, would you like to come to a detox? We can medicate you, we put you in a program, and we can get you housing. Slowly but surely, just come. Just visit us."

(STAFF) "So, you know, that's some things that we -- we're helping with. The hard thing about it is getting those people off the streets. You know, they've been there for -- there's a lot of people who've been on the streets for a very long time. So sometimes we're -- I mean we have a hard time getting them off the streets. So what we're doing is like when we go out and do our outreaches, we never forget the people who -- who've been there for a while, who ---- who we know where their spots are and still trying to bring them in. And if they're still not ready to come in, we still go out and we bring -- we take like sandwiches and something to drink. Maybe

		<p><i>a cake or something, some sweet for them. And we do this like every morning. We go out hitting the same spots, finding new spots, trying to bring people in. I mean the frustrating thing about it is that you look at them and you're like, I want to get you something out really bad. And they're like, no I'm good where I'm at. Because they're stuff in their addiction right now and, you know, they don't want to come off the streets. They rather live in tents. They rather live behind -- underneath the 676 Bridge, you know what I mean, because it's easier for them to access their drugs, go to their spots and do what they're -- I mean do what they want to do. So that part is frustrating about it. But doing a good thing is when you do finally get that person that's been out there on the corner for about five or six years and few months whatever may be and they're like alright, I'm going to come in. And they actually come in and they actually turn themselves around. Those are the highs, you know."</i></p>
6	<p>Better promotion and awareness of different treatment modalities, including medication assisted treatment (MAT)</p>	<p><i>"People want have to -- they've got to know what they're going to get when they come there. They got to know what exactly is going to happen. If they come to some site that you're offering, you know what I mean? You have to be honest and open with them, the good and bad parts of it. You know what I mean?...Just, I mean, I just -- I guess through a pamphlet or something. If there was a handout, you know, if you were out there and you were passing, you know, doing meal or exchanging stuff, and you had your paper and they said you want a treatment? Here is, you know, what we have. We do have a place here. Just have it listed on there, you know, where you medically observe detox with medications like so and so, so and so. The drug addicts know what the medications are. You can put them on the paper. You know what I mean? You never see medications written on a paper like that. You know what I mean? Like you never see a flyer just come to our treatment place, we will give you methadone, Trazodone, Tramadol, Suboxone, whatever you need. You know, you never seen it written out there because they're afraid that they actually comes there and they don't get them because they've got some medical problem then they'll be sued. You told me you were giving methadone if I came here. Well, we did an evaluation on you and you're not -- you can't take methadone because you've got this treatment. You got this condition. Oh, okay, I want to sue you guys. That's why they don't do stuff like that. But being open and letting people know</i></p>

		<p><i>what's going to happen to them when they come to a place like that is like really important. So, you may have to be vague about it. You may have to say medically supervised with medications. But, you know, just let the people know what. Well, generally we use methadone to detox people or we use this to detox people. But, you know, just being like open with what's going to happen to them when they get there, exactly what's going to happen. From day one to day seven, they have questions."</i></p>
7	<p>Reducing stigma around relapse and broadening models of care</p>	<p><i>"a lot of times people when they relapse and stuff, they feel like ashamed. You know, like they don't want anybody to know and they don't want to admit to it and that keeps them out there for like a longer time. So, I don't know. I don't even know if that's part of the first two, but just, you know, letting people -- not making people feel bad for relapse...I don't know. It's always just felt like a punitive thing? You know what I mean? Like if you get high, you're out of here, you what I mean? Like maybe it doesn't have to be like that. Maybe it's like, see, they're scared if they say, really, yeah, if you get high you can still stay here but we're going to have to do this and people like, I'm just going to get high because there's no punishment. But, you know, a lot of times people hide it whenever they do relapse and then they're hiding it, they overdose and die by themselves and nobody knew that they were using because such a stigma with relapsing. I don't know, just somehow lowering the stigma of relapse."</i></p> <p><i>"And I just -- I'm tired of doing it, I'm tired of trying to do it because at this point, it's like, I mean I've had sober times. And I know this like, I know how hard it is to get the sober time. I know the work that I have to -- and it got to the point where why do I even bother doing that because I know I'm going to wind up drinking again, I get knocked back down again. So every time I tried to stand up, it seems like I'm getting knocked back down either by my own device or somebody else's. So I have no hope. My health is failing now, doesn't help. So the things that I used to be able to do, I can't do anymore. The standard that I used to have, I don't have anymore. I have the knowledge. I have the knowledge. I can still -- I just -- I'm not going to say it seems hopeless. It's just like it's hopeless. It's just hopeless sometimes."</i></p>

		<p><i>“Yeah. And you have to – unfortunately, you have to relapse a couple – from my experience, anyone that I know whoever’s gotten cleaned stay clean, they’ve relapsed a couple of times. You have to go through that pain to learn.”</i></p> <p><i>“and I've tried so often because they're all about groups. Now, everything is about money and everything like that. And its groups and it's so hard to get one on one with anybody now. And they might spend five minutes talking to you, 10 minutes talking to you, but to sit down and -- and like I say, even in groups, the groups are 15, 20 people, sometimes larger. And you have your counselor there and they're -- so it's hard for them to -- and you're in a group for an hour, hour and a half and you're spending what, 5, 10, 15 minutes with each person again and it goes around and then there are those that just sit there. They're stoic, they don't say anything and sometimes you hear the people that really need to talk and then there's always the three or four people in the group that have nothing better to do than just talk, and talk, and talk, and talk, and talk. So it's difficult to get.”</i></p> <p><i>“But there’s other routes you can take. It may not be the routes that you need. You know what I mean? Just go sit in a meeting. Maybe somebody can help you raise your hand. Nobody is going to do that, you know. I was told, “Why don’t you raise your hand and say you just came home from detox?” “Yeah, right. I’m not doing that.” Nobody is going to do that. “Raise your hand, tell people you want help.” “Okay, call me.” I’d rather go out to the liquor store, give the man a few dollars, get a bottle, and walk away. I don’t want to sit on the phone and tell you, “Well, I want a drink. Can you come get me and take me to a meeting?” That’s not going to work.”</i></p> <p><i>“I mean, I don't know, just once I -- I mean, I like more focus one-on-one. Like more and more, you know, with the counselor, not a group setting. I know it's hard. There's -- psychology people are doing repetitions so they try to keep it in a group. But, I mean, I liked it when it's more on one-on-one thing.”</i></p>
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		<p><i>"Sit down with you and just talk, how you feel, are you okay, something like that and -- something like how I feel like, you know, when you talk with somebody, you feel more better. That's one, like another one is like in anger management, how do you call it?"</i></p>
8	Improved access to trauma-informed mental health care	<p><i>"They feel like this is just a getaway. You know, it is just like, it is something that releases whatever stress you have. it is just like a stress reliever, you know, alcohol just makes you not want to think of bunch of problems. You know, that's what it is. It helps me a lot too."</i></p> <p><i>"When you do – when you are homeless and your place has so many shelters, when you're homeless and you're not getting any help? I want to say in my defense, it makes me want to do drugs but it made me want to have a drink just to – yeah, it makes me want to start, like get drunk just to fight my pain and a lot of pain. Just to not feel like I'm going here, like this place makes you want to drink."</i></p>
9	More housing	<p><i>"Or you know help get them into Section 8 or something like that. Because to me, it's not really preventing homelessness if you are leaving and you are going back to the street as most people leave shelter and they're back on street again."</i></p> <p><i>"Them helping you get housing. Just like that type of service. Yeah, just the support. Just even if it's just temporary.. It's like a – it's a boost, a kick stand."</i></p> <p><i>"Yeah, it's like it's not enough money because, you know, most people that are addicted have no money, like the homeless. They're people that have no money, you know. They're poor. Okay, we're going to put you in this program, where they don't have no insurance, you know. There's not enough, you know. [County name] doesn't provide that much funding. We used enough for this month. We can't – we don't have any more. You know, although the bed space is available, who's going to pay for it, you know? There's no funding for that, you know. There's nothing there. And most people that are trying to get in have no insurance. And if they do have</i></p>

		<p><i>insurance, it's not the kind that they take, you know. If you want help, you can't get it sometimes."</i></p> <p><i>[STAFF]"Everything falls into place after that. If you think about it, when you have housing, you've got somewhere to lay your head at night, you're not worried about the little tiny things that can get you down, basic hygiene stuff. Like you don't think about it day in and day out, you take your shower, you brush your teeth. But that can really alter your perspective on life, when you're unclean, you don't know where you're sleeping each night, you lose the motivation to get the services that you actually need, like substance abuse."</i></p>
10	<p>Better public awareness of addiction and opioid use</p>	<p><i>"It's hard, you know. If I could save the world, I would. Just let the people know how I feel. If I could be on TV and let people know, I would do it. I really would. That's coming from the heart. God knows. I would let them know. Please. I wouldn't wish this on my worst enemy. Never ever in my life. If I had a choice to be anything but an addict, I would do it. It's hideous."</i></p> <p><i>"Like giving people the pros and cons of drug use versus -- well, actually, there's no pros in drug use but giving people insight on what drugs really do to you mentally, physically, emotionally, what else is there?"</i></p> <p><i>"It should be public. It should be on TV. You know what I mean? Remember the commercial, here's your brain on drugs? They should do that with K2, they should do it with heroin, they should do it with coke, crack cocaine. They should inform, a public information. Let people know, put it on signs. Here's the apple with the worm coming out, here's your brain, smoke coming out. That hole doesn't go away. It's not going to grow close. It's done. Let them know. I would. It's not out there for people to know. Some people could care less. So what? And didn't -- the other people, "What? I didn't know that shit does that." And then, you know, give them more information on how you can get help and the long-term effects of it, you know. If you use this for a certain amount of time, this is what happens, boom. Give the information even on pamphlets, flyers, you know. Any means, anything."</i></p>

11	Curb dangerous prescribing practices	<p><i>"But when the doctors give you these things, they don't tell you you're going to be addicted to them."</i></p> <p><i>"I got prescribed – I had a C-section and I got prescribed pain pills and that's how it started. I just – I liked them. I liked to be numb. I like the way it made me feel. And who knew that such a tiny pill was going to control my whole life. It was like taking me to a dark place. And because I was getting it from the pharmacist, I didn't think there nothing was wrong with me. Then I had ovarian cancer and then I was getting it from there. So I really never thought nothing was wrong with me because I wasn't on heroin or I wasn't on crack. Mine's was coming specifically from my doctor, but then I start going all of these different doctors, getting it. My life just became so unmanageable. But in my head, I still said I wasn't like everybody else."</i></p>
12	More information about recovery services	<p><i>"And the programs are here. It's just that there's not too much advertising on it. You understand? And people -- a lot of people don't know it. See, but if you put it out there and they're like in the health centers, you come right up, "We got this here. We can help you with this. We can help you with that." "You know, you got the substitute abuse problem or whatever." And people that -- they are afraid to ask for help because -- they'll come and say, they're not going to help me. They don't care. But if they do that, the government does that, agencies, they will ask for help. And I know a lot of people that are looking for help. And I'll tell them, "Go here, ask here, come here." I mean all I can tell you is that I can't help you, because I'm helping myself now. So you know, I send them to places. But you've got to give them all, you know, flyers and all that stuff and say, "Yo, we're here to help you to get into a program." "And these are the programs," you know."</i></p> <p><i>(Staff) "I have a binder of everything I've learned since day one. So I'm a little different just because I want to be as resourceful as I can. So that if I do end up leaving at any point, I can hand that binder to somebody else and they have everything in the entire world that they ever needed from the detox centers is a big thing. I want to know who's going to connect with services after detox. I know that I keep going back to that. So that is my biggest hurdle right now. Like I want to know who's -- who accepts what insurance, which I can find online. Like that is easy enough"</i></p>

		<p><i>for me. But I want to know that you're going to follow through with services or who you refer to, or what specifically you detox from. Instead of calling and saying, "Hey, do you detox from whatever?" And they're like, "No." Just a waste of time. Then I just wait right on the waiting line"</i></p> <p><i>"Like I don't know, like it feels -- I mean, you'll go somewhere and you'll see a sign, like a poster up, and addiction problems, call dah, dah, dah, dah, dah. You can get help. Like something needs to be added that says, "Don't be afraid. If you have nowhere to go, we can help you."</i></p>
13	<p>More recovery service availability</p>	<p><i>"But if you could offer me a service where I can come, get medicated from dope, so have a place to sleep, learn, stay, maybe 5 days in detox, another 28 days here, even longer, and then place you like in long-term, like 6 months – 180 days."</i></p> <p><i>"What I think is we need more rehabilitations around here."</i></p> <p><i>[STAFF] "Getting into detox fast enough is a big one for us, which is why we push the Medicaid thing so much. Because you don't decide when you're going to go to detox, it kind of happens all at once. Like you start to get clean, you realize that you want to make some changes, something happens. And then you come in here, we try to get you into detox. But every place I'm calling that you're in -- they don't have a bed for another 10 days, they don't have a bed for another week. And now we're having a discussion of what are you going to do in that timeframe to keep yourself from falling under all over again?"</i></p> <p><i>INTERVIEWER: How do you bridge that gap?</i></p> <p><i>STAFF MEMBER: That's tough. Obviously insurance opens up a huge door for them, because then they have a lot of variation sending them out of state is sometimes an option. So we'll try to contact like a Philadelphia Salvation Army, someplace that we know is long term, will house them not. That's not going to keep them out on the streets as soon as they're done detox. And working off of that, going into a detox program that we know is not going to kick them out on the last day, that's going to set them up with long term care so that we're not back in the cycle over again."</i></p>

		<p><i>"It's just, you know, the availability of the help is not there. There's nobody out there saying, you know, "You can come in, get a free meal, get a place to sleep, and that's it." Yeah, we can offer you the whole –we have services from here to Ying-Yang. We can give you every help. I can talk to my boss. We can even get you in wherever you want to go."</i></p> <p><i>"I feel like most people just want -- you know, they think, oh, if I had a house, I would stop using. But it doesn't work like that. You know what I mean? You need -- you really need -- somehow, you need that treatment really where you can learn about your addiction. Learn about – you know, get some coping skills, see what makes you -- you know, learn about yourself."</i></p> <p><i>"You know, like everywhere, there needs to be more detoxes. And I feel like instead of them throwing people in jail, it should be mandatory there somebody goes to get help. Because a lot of people that – most drug addicts that are in jail are only trying to feed their habit, you know. And I feel like that the halfway houses and stuff need to be longer. It's hard to just stop something that you've been doing for so long for six months."</i></p>