

## Substance Abuse and Homelessness

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A common stereotype of the homeless population is that they are all alcoholics or drug abusers. The truth is that a high percentage of homeless people do struggle with substance abuse, but addictions should be viewed as illnesses and require a great deal of treatment, counseling, and support to overcome. Substance abuse is both a cause and a result of homelessness, often arising after people lose their housing.

### PREVALENCE

Although obtaining an accurate, recent count is difficult, the Substance Abuse and Mental Health Services Administration (2003) estimates, 38% of homeless people were dependent on alcohol and 26% abused other drugs. Alcohol abuse is more common in older generations, while drug abuse is more common in homeless youth and young adults (Didenko and Pankratz, 2007). Substance abuse is much more common among homeless people than in the general population. According to the 2006 National Household Survey on Drug Use and Health (NSDUH), 15% of people above the age of 12 reported using drugs within the past year and only 8% reported using drugs within the past month.

### RELATIONSHIP TO HOMELESSNESS

Substance abuse is often a cause of homelessness. Addictive disorders disrupt relationships with family and friends and often cause people to lose their jobs. For people who are already struggling to pay their bills, the onset or exacerbation of an addiction may cause them to lose their housing. A 2008 survey by the United States Conference of Mayors asked 25 cities for their top three causes of homelessness. Substance abuse was the single largest cause of homelessness for single adults (reported by 68% of cities). Substance abuse was also mentioned by 12% of cities as one of the top three causes of homelessness for families. According to Didenko and Pankratz (2007), two-thirds of homeless people report that drugs and/or alcohol were a major reason for their becoming homeless.

In many situations, however, substance abuse is a result of homelessness rather than a cause. People who are homeless often turn to drugs and alcohol to cope with their situations. They use substances in an attempt to attain temporary relief from their problems. In reality, however, substance dependence only exacerbates their problems and decreases their ability to achieve employment stability and get off the streets. Additionally, some people may view drug and alcohol use as necessary to be accepted among the homeless community (Didenko and Pankratz, 2007).

Breaking an addiction is difficult for anyone, especially for substance abusers who are homeless. To begin with, motivation to stop using substances may be poor. For many homeless people, survival is more important than personal growth and development, and finding food and shelter take a higher priority than drug counseling. Many homeless people have also become estranged from their families and friends. Without a social support network, recovering from a substance addiction is very difficult. Even if they do

break their addictions, homeless people may have difficulty remaining sober while living on the streets where substances are so widely used (Fisher and Roget, 2009). Unfortunately, many treatment programs focus on abstinence only programming, which is less effective than harm-reduction strategies and does not address the possibility of relapse (National Health Care for the Homeless Council, 2007).

For many homeless people, substance abuse co-occurs with mental illness. Often, people with untreated mental illnesses use street drugs as an inappropriate form of self-medication. Homeless people with both substance disorders and mental illness experience additional obstacles to recovery, such as increased risk for violence and victimization and frequent cycling between the streets, jails, and emergency rooms (Fisher and Roget, 2009). Sadly, these people are often unable to find treatment facilities that will help them. Many programs for homeless people with mental illnesses do not accept people with substance abuse disorders, and many programs for homeless substance abusers do not treat people with mental illnesses.

## **POLICY ISSUES**

According to the United States Conference of Mayors (2008), additional substance abuse services were reported by 28% of cities surveyed as one of the top three items needed to combat homelessness. Many Americans with substance abuse dependencies, both housed and homeless, do not receive the treatment they need. In fact, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) estimated that in 2005, over 19.3 million people needed, but did not receive, addiction treatment services. The largest factors that prevented people from being treated were the high costs and lack of insurance (NASADAD). Since many homeless people do not have health insurance, substance abuse treatment may be unattainable. Other barriers to services include long waiting lists, lack of transportation, and lack of documentation. Furthermore, few federal substance abuse treatment and prevention programs target funds specifically to the homeless population. Substance abusers who are homeless have different needs than those who are housed, and programs need to be created that address these needs. Those programs that already exist need to be strengthened. Finally, much of public policy has favored a punitive approach to substance abuse, even though medical and public health experts agree that treatment and prevention are more effective.

Since substance abuse is both a cause and a result of homelessness, both issues need to be addressed simultaneously. According to Didenko and Pankratz (2007), stable housing during and after treatment decreases the risk of relapse. Substance abuse on its own is inadequate and needs to be combined with supported housing opportunities. In addition to housing, supported housing programs offer services such as mental health treatment, physical health care, education and employment opportunities, peer support, and daily living and money management skills training. Successful supported housing programs include outreach and engagement workers, a variety of flexible treatment options to choose from, and services to help people reintegrate into their communities (National Mental Health Association, 2006). Supported housing programs that include substance abuse services would help homeless people treat their addictions and re-establish residential stability.

## REFERENCES AND ADDITIONAL RESOURCES

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