Substance Abuse and Homelessness

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Background

Many people stereotype the homeless population as all alcoholics or drug abusers. Although a high percentage of homeless people do struggle with substance abuse, addictions should be viewed as illnesses and require treatment, counseling and support to overcome. Substance abuse can cause homelessness, but it often arises after people lose their housing.

Prevalence

Stare at Narrowing down accurate and recent numbers on the prevalence of substance abuse is extremely difficult. Yet, most statistics prove that substance abuse is much more common among homeless people than in the general population.

- HUD's 2013 Annual Homelessness Assessment Report states approximately 257,000 homeless people have a severe mental illness or a chronic substance abuse issue
- The Substance Abuse and Mental Health Services Administration (2003) estimates, 38% of homeless people were dependent on alcohol and 26% abused other drugs.
- According to the 2015 National Household Survey on Drug Use and Health (NSDUH), only 10.1% of people above the age of 12 reported using drugs within the past month.
- The Substance Abuse and Mental Health Services Administration (SAMSA) found that 8.4% of adults had a substance abuse issue within the last year.
- Alcohol abuse is more common in older generations, while drug abuse is more common in homeless youth and young adults (Didenko and Pankratz, 2007).

Relation to Homelessness

Substance abuse often leads to homelessness. Addictive disorders disrupt relationships with family and friends and can cause job loss. For people struggling to pay their bills, the onset or exacerbation of an addiction may cause them to lose their housing.

 A 2014 survey by the United States Conference of Mayors asked 25 cities for their top three causes of homelessness and substance abuse and the lack of needed services was cited by 43% of cities, making it tied for the third leading cause.

Policies

Millions of Americans with substance abuse dependences, both housed and homeless, do not receive the treatment they need. Since many homeless people do not have health insurance, substance abuse treatment may be especially 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.

In order for those with substance abuse issues and mental illness to live independently in their communities, they often require a variety of services and support (Kleinman et. al). 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 result of homelessness, both issues need to be addressed simultaneously. According to Didenko and Pankratz (2007), stable housing during and after treatment decreased the risk of relapse. Substance abuse treatment on its own is inadequate and needs to be combined with supporting housing opportunities. A report from the Office of the Assistant Secretary for Planning and Evaluation used data from four states to show the benefits of coordinating housing services with behavioral health services: overall, this approach is more likely to garner progress (Kleinman et. al).

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. Supportive housing programs that include substance abuse services would help homeless people treat their addiction and re-establish residential stability.

• Substance abuse was also mentioned by 13% of cities as one of the top three causes for families.

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.

- Motivation to stop using substance may be low. 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 extremely difficult.
- Even if they do break their addictions, homeless people face the difficulty of resisting widely accessible substances in very near proximity (Fishet 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).

Substance abuse often occurs simultaneously with mental illness. People with untreated mental illnesses frequently use street drugs as a 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). Unfortunately, these people are often unable to find treatment facilities that will help them.

Resources

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