

Understanding best practices: A look into homelessness related alcoholism

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ABSTRACT

Comorbidity of substance use disorders and homelessness is an ever present issue in the United States. Determining the best course of treatment for these individuals remains challenging. In this narrative review we highlight dominant models and theories explaining the relationships between substance abuse (specifically alcoholism) and homelessness, considering how they can and should inform strategies in the treatment of individuals facing homelessness and alcoholism. We describe several models that have been developed to guide intervention strategies, from the traditional 12 steps to managed alcohol programs within low income communities to choice based programming within homeless shelters and rehab facilities. Data suggest that the best strategy continues to be programs that enhance individuals' community support through peer based interactions. Though the perfect treatment within this isolated population is yet to be determined, future research should help to identify viable candidates.

Introduction

A headline in *The Seattle Times* proclaimed, "Our homelessness crisis is urgent, tragic--and completely solvable" (Jayapal & Yentel, 2020). Indeed, the Department of Housing and Urban Development (HUD) estimated that, in 2019, there were more than 560,000 homeless people in the United States, with just under two-thirds (63%) of those relying heavily on resources provided by homeless shelters (Henry et al., 2019). Much of the tragedy of homelessness comes from its psychological consequences, making homelessness not just an economic crisis, but a crisis of public health. Early research into the prevalence of mental illness in the homeless population has found approximately 30 to 50% of all homeless people have diagnosed mental disorders with an additional 20% evincing comorbid substance abuse (Scott, 1993). Later reviews have found that 21% of the homeless population suffers from psychosis (Ayano et al., 2019). Here, we will explore a small subset of the mental health challenges posed by homelessness, specifically considering alcohol abuse among this population and evidence-based tactics for addressing the problem. In this narrative review, we provide an overview of themes and strategies that appear to emerge from the literature on alcoholism and homelessness. While our review is not meant to be entirely comprehensive, it does subsume the dominant theories and techniques for intervening with this population, as they appear in a literature search using keywords that include "homelessness," "alcoholism," and "intervention." We hope that our analysis can provide a roadmap for future empirical investigations of the issue and efforts at curbing alcoholism in this group.

To qualify as *homeless* a person must 1) lack adequate shelter and 2) be disaffiliated with people who have an intact social structure (Fischer & Breakey, 1985). The definition of "adequate shelter" can vary across regions and cultures, so our analysis should only be applied to homeless populations in Western, technologically-developed societies. However, even within Western society, rates of homelessness vary considerably across demographic groups. HUD reported that the American homeless population was 48% white, 40% African American, and 22% Hispanic or Latino with a little over 60% of the total homeless population consisting of men (Henry et al., 2019). These recent data collected by HUD point to an equally pressing issue. The United States Census Bureau indicates that there are almost six times as many White than African American individuals currently living in the United States (76.5% White;

13.4% Black or African American; United States Census Bureau, 2018). Thus, African American individuals are disproportionately impacted by homelessness.

Alcoholism or alcohol use disorder is the state of being physiologically and psychologically dependent on alcohol. The incidence of alcohol use disorder among the homeless community has been a subject of study from newly homeless individuals to the chronically homeless (Fischer & Breakey, 1985). Castaneda et al. (1993) found that 23-37% of the homeless population suffers from alcohol use disorder and their drinking patterns are much more detrimental than those of non-homeless alcoholics. More recent studies have suggested 10-50% of homeless individuals report misusing substances (Manning & Greenwood, 2019). The problem of alcoholism in the homeless community is difficult to address because it is impacted by myriad factors that are difficult to combat through a single intervention strategy.

Theories and Models of Alcoholism in the Homeless Population

There is no singular explanation for why individuals end up both dependent on alcohol and homeless. From exploration of the social structure of communities to genetic analyses, differing fields of study have tried to make sense of alcoholism among the homeless. Given that the most effective interventions for alcoholism involve social manipulations (Humphreys et al., 1997), we will focus primarily on social theories of homeless alcoholism, including the *social selection model*, *social adaptation theory*, and *marginalization and social isolation*.

Social Selection Model

Also known as “downward drift”, the social selection model suggests that individuals become homeless due to a gradual depletion of their economic and social resources (Johnson & Chamberlain, 2008; Johnson et al., 1997). The social selection model posits that substance abuse is the cause of homelessness, and substances such as alcohol come with a steep price (but see Vangeest & Johnson, 2002). As alcohol is a product that is differentially taxed (usually at a higher rate) compared to other goods, a growing dependence on alcohol can lead to myriad economic problems for an individual (Johnson & Chamberlain, 2008; Wagenaar et al., 2010).

Although homelessness often precedes alcoholism (Johnson & Chamberlain, 2008), society often assumes the opposite pattern (that alcoholism leads to homelessness). This erroneous assumption can lead to detrimental biases against homeless in need of support (Johnson & Chamberlain, 2008). While alcoholism may be the cause of much homelessness, most homeless people do not identify it as such. Johnson and Chamberlain (2008) found that only one-third of their participants identified substance use as the cause of their homeless episode. However, in support of the relationship, a substantial increase in alcohol price does result in a slight reduction of alcohol consumption (Wagenaar et al., 2010). Although an increase in alcohol prices may decrease the rate of their purchase, as individuals become dependent, they may turn to more affordable options or even non-beverage options such as rubbing alcohol which come with their own set of problems (Erickson et al., 2018).

Social Adaptation Theory

Whereas the Social Selection model identifies alcoholism as the cause of homelessness, Social Adaptation Theory focuses on substance abuse as a symptom of homelessness and looks to the social context of the homeless episode for its cause (Johnson & Chamberlain, 2008). Due to the high prevalence of substance use among the homeless, the substance use is seen as a form of socialization or adaptation to their new surroundings. Newly homeless individuals have become disassociated from previously stable social structures. In addition, the stigmatization surrounding substance use or abuse is less prevalent (or even absent) within the homeless population, thus reducing social barriers to addiction.

New stressors associated with homelessness can also increase the odds of substance use in this group (Johnson et al., 1997). Silverman et al. (1987) found that individuals who reported high levels of stress were more likely to consume more alcohol. Housing and societal stressors experienced by newly homeless individuals leave them vulnerable and in need of additional social support. Adaptation to a subculture of substance use becomes not only a form of social inclusivity, but a way to cope with the increasing stress surrounding the homeless experience (Johnson & Chamberlain, 2008; Johnson et al., 1997; Silverman et al., 1987).

Marginalization and Social Isolation

Socialization is a core necessity of the human experience and there is a fine line that may be crossed during the homeless experience when stress and negative social environments are introduced (Kreek, 2011). Marginalization is the treatment of a group as insignificant (Coumans & Spreen, 2003). Whether substance use is the result or the cause of the homeless experience, drug users who are marginalized are more likely to experience homelessness (Coumans & Spreen, 2003). The prevalence of homeless individuals with comorbid mental health disorders such as depression, anxiety and substance use can also be linked to the extreme marginalization of the populations who have these disorders (Kreek, 2011).

As the disregard for populations with substance use disorders, mental health disorders, and homelessness continues, individuals begin to feel isolated. In a 1978 study on the effect of social isolation on rats, Alexander et al. gave the rats a choice between a water bottle of plain water or a water bottle laced with morphine. They found that when socially isolated, the rats were much more likely to drink from the morphine bottle, occasionally to fatal doses, than their socialized counterparts. These results suggested that the drug seeking behavior of the rats was dependent on their environmental condition.

Following the work of Alexander et al. (1978), rodent models for alcohol use disorder and anxiety disorders can provide rich insights on human conditions. Butler et al. (2016) noted that when rats are socially isolated during adolescence, they become vulnerable to behavioral and neurological patterns similar to those of individuals with alcohol use disorder or anxiety disorder. Individuals diagnosed with major affective disorders such as anxiety or depression are more likely to have 12-months to a lifetime prevalence of alcohol use disorder (Butler et al., 2016). As marginalization of these groups is considerably high (Kreek, 2011), their isolation from society may be the factor that leads individuals down the path to homelessness.

Services Available to the Alcohol Dependent Homeless Population

Although the societal stigmatization of the homeless population may not be gone (Phelan et al., 1997), the services provided to this group have expanded significantly over the past decades. Many of these services have specifically targeted the substance use problems experienced by the homeless community. Traditional treatments for alcoholism (e.g., 12-step programs) have encountered difficulties within this unique population (Zerger, 2002). As homeless individuals commonly deal with insecure location stability and many recovery programs are not traditionally geared towards the homeless, researchers have begun to devise new and exciting strategies for rehabilitating homeless individuals.

12-Step Programs

12-step programs such as Alcoholics Anonymous have been around for nearly a century in one form or another (White & Kurtz, 2008). Over the years 12-step programs have continuously provided individuals, homeless or not, with community and support throughout the 12-steps to recovery. Zerger (2002) noted that although recovery is achieved by homeless people through the use of this treatment, the rate of relapse is much higher than their non-homeless peers.

12-step programs have begun to fall out of favor within homeless populations due to requirements such as placing sobriety above all other problems within their lives. As housing, employment, and even meals are among the challenges facing homeless people, this prioritization within the 12-step program is not inviting or reasonable.

Creating an effective 12-step program within this unique population may be of the highest priority. Although the traditional framework of this treatment may not be ideal for homeless people looking to recover, changes made to better suit the population are achievable. Through the integration of recovery, community support, and effective case worker intervention, 12-step programs could be used to motivate homeless individuals to sustain sobriety and work toward gaining stable housing (Zerger, 2002).

Managed Alcohol Programs

When alcohol becomes unaffordable for individuals who have become dependent on the substance, they will begin to use non-beverage forms of alcohol such as mouthwash, hairspray, and rubbing alcohol as substitutes (Erickson et al., 2018). The use of these substitutions becomes more of a hazard than the alcohol itself and can lead to individuals also turning to other illicit activities such as stealing liquor or using prescription medications. To combat this rise in harmful coping strategies within communities with low income or unstable housing, Canadian researchers utilized a *Managed Alcohol Program* (MAP) to aid at-risk individuals in creating healthy coping strategies and less harmful patterns of alcohol consumption (Erickson et al., 2018). Although the research into MAPs is sparse, there is promise in its efficacy as a future treatment for both homeless and low-income populations.

As Erickson et al. (2018) explained, MAP works by administering controlled doses of alcohol to participants throughout the day to substitute non-beverage alcohol consumption while supporting clients with meals, access to health care, and some shelter or accommodation. MAP is an implementation of principles from the social selection theory that avoids demonizing or marginalizing the group in need. It facilitates healthier drinking habits for the individuals it helps rather than demanding abstinence.

Erickson et al. (2018) also looked at the strategies used by the individuals involved within the MAP to develop more responsible drinking habits. They found that participants used strategies involving reducing alcohol consumption and re-budgeting of funds, while also frequently avoiding alcohol instead of engaging in illegal activities or using non-beverage alcohol.

In another Canadian MAP trial with a small sample of Aboriginal participants and control participants from a neighboring homeless shelter, researchers observed that while MAP participants reported consuming alcohol more frequently than control participants, control participants were more likely to consume non-beverage alcohol (Vallance et al., 2016). Participants in a MAP also spent less time in police custody than control participants. These early investigations suggest that MAPs are a promising avenue toward reduction of alcoholism among the homeless thanks in part to their built-in social and economic supports.

Choice Based Program

Manning and Greenwood (2019) posited that recovery results from symptom reduction and positive personal and interpersonal change. This can also be experienced as a rebuilding of health, family relationships, and employment. They found that homelessness is a major barrier to achieving recovery. Research on the achievement of recovery within homeless populations highlights the importance of regaining control over one's life through informed, responsible decision-making (Manning & Greenwood, 2019). This basis of understanding comes from the self-determination theory (Deci & Ryan, 2012).

Unlike traditional homeless shelters, using a model of choice based intervention allows the individual to make decisions about their unique recovery trajectory, create plans for the future, and regain control over their life (control that has seemingly been taken away by either the substance or economic instability; Manning & Greenwood, 2019). With a focus on self determination theory, Manning and Greenwood (2019) found that there was a significant

shift in participants' prioritization from alcohol use to physical health and community integration. This led them to recommend that homeless services should provide residents with more choice-based freedom by reducing restrictions on services such as mealtime and recovery planning (Manning & Greenwood, 2019).

Conclusions and best practices

Although theories of alcoholism and substance use within homelessness are beneficial for treatment synthesis, there is a central theme that emerged from our review of successful interventions: social support. From well-known interventions such as 12-step programs which include Alcoholics Anonymous to more recent MAP programs, social and community support is prevalent throughout. In a meta-analysis on the efficacy of health services provided to homeless people, Wright and Tompkins (2006) found that alcohol use recovery programs were most effective when they included personal motivation and a support group intervention. This was also applicable to recovery programs for illicit drug users and homeless individuals coping with mental health disorders. Further investigating the best way to apply these findings, Barker et al. (2017) identified four commonalities within successful interventions: peer interaction, role modelling, increased participation, and social support enhanced quality of life while reducing unhealthy behavior.

Recovery for a homeless person could mean the difference between being removed from their shelter due to rule violations and finding a job that could help them become eligible for permanent housing opportunities. Barker et al. (2017) commented on the unique nature of research into recovery programs within the homeless population. Future strategies should look to 12-step programs, MAP's, and choice-based interventions to enhance their efficacy. Wittman et al. (2017) proposed an alliance between programs like housing first and sober living housing within the United States. When these services are combined, homeless individuals struggling with addiction would be able to make the choice to live within the sober housing, moving forward with recovery, or take the time they need to gather the strength to take that step with social support and encouragement. By removing the daily fear of shelter security, the homeless person would be able to finally focus on their recovery as the most important next step.

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