Alcohol Use Disorders in Homeless Populations

NIAAA Social Work Education Module 10 D

(revised 3/04)
Outline

- Background Information about Homelessness
- Relationship of Alcohol Use Disorders and Homelessness
- Treatment of Alcohol Use Disorders among Homeless Populations
Definitions

Literal homelessness:
• No access to conventional dwelling
  - Cars
  - Emergency shelters
  - Abandoned buildings
  - Parks
  - Out-of-doors encampment

(Source: Rossi et al., 1987)
Definitions (continued)

Precariously or marginally housed:

- Tenuous or very temporary claims to dwelling
  - Doubling up with others
  - Single room occupancy

(Source: Rossi et al., 1987)
Adequate housing:
• Protection from the elements
• Access to potable water
• Provision for removal of human/animal waste
• Protection from intruders
• Freedom from sudden removal/eviction

(Source: Conroy, 1987)
Lack of shelter
• Roofless = India
• Sin techo (without roof) = Latin America
• SDF (sans domicile fixe, without fixed address) = United Nations

(Source: Glasser, 1994)
Squatter settlements, spontaneous settlements:

- bidonvilles (tin cities) = Francophone Africa
- pueblos jóvenes (young towns) = Lima, Peru
- kampung (village) = Indonesia
Cut off from household or other people:
• clochard (tramp) = France
• pennebruder (prison brothers) = Germany
• furosha (floating people) = Japan
• puliukko (elderly male alcoholic) = Finland
• itinérants = Quebec
Global Conceptualizations (cont.)

Homeless street children:
• gamino (gamin) = Columbia
• pixote (from the movie Pixote) = Brazil
• khate (rag picker) = Nepal
Homelessness results from the interplay between:

• Personal problems
  - mental health
  - alcohol/drug
• Structural problems
  - urban renewal
  - gentrification
  - welfare changes
  - deinstitutionalization
  - prison release
Alcohol and Homelessness

- Relationship between alcohol and homelessness is interactive, iterative
- Alcohol use problems are both a cause and effect of homelessness
- A portion of homeless individuals with alcohol problems also experience mental health problems
<table>
<thead>
<tr>
<th>Study Details</th>
<th>Rate of Alcohol Problems</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S., random sample, comparison group</td>
<td>7.41% met DSM-IV criteria</td>
<td>NIAA_NLAES</td>
</tr>
<tr>
<td>U.S., homeless men, women, mothers</td>
<td>58-68% men, 30% women, 10% mothers</td>
<td>Fisher &amp; Breakey(1991)</td>
</tr>
<tr>
<td>U.S., homeless men, women, mothers</td>
<td>38% current, 46% past year, 62% life</td>
<td>Urban Institute (1999)</td>
</tr>
</tbody>
</table>
### Alcohol and Homelessness (cont.)

<table>
<thead>
<tr>
<th>Study Details</th>
<th>Rate of Alcohol Problems</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>California, homeless youth</td>
<td>48.4% alcohol users or dependent</td>
<td>Roberton, et al., (1989)</td>
</tr>
<tr>
<td>NYC; soup kitchen; 5+ drinks/day</td>
<td>43% men 19% women</td>
<td>Magura et al. (2000)</td>
</tr>
<tr>
<td>Rhode Island, sheltered homeless</td>
<td>29.3% lifetime Abuse or dependence</td>
<td>Glasser &amp; Zywiak (2001)</td>
</tr>
</tbody>
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Elements for Success

- Integrate substance abuse and mental health services
- Easy access, avoid transition disruptions
- Provide intensive case management

- Provide secure, affordable housing at the end of treatment
- Use retention enhancement strategies
- Respect the culture created by homeless communities (see following slide)
Culture of the Homeless

Mutual aid, influential central figures emerge (indigenous leadership)
Sense of pride in resourcefulness, independence, fear of being confined (low demand, laissez-faire services)
Need for social contact

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Treatment Approaches

- Outreach and engagement
- Motivational interviewing
- Intensive case management
- Stabilization & therapeutic communities in shelters
- Transitional and supportive housing
- Confronting barriers
1. Outreach and Engagement

• Make contact within homeless milieu
• Relate to person in a holistic manner
• Offer food and other necessities
• Be prepared for advocacy role
• Actively make referrals
2. Motivational Interviewing (MI)

- Increase individual’s motivation to change alcohol use/abuse
- MI is ideal in settings and critical moments associated with laissez-faire, low demand agencies

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

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3. **Intensive Case Management**

- Array of activities, coordinated and delivered on regular basis, wherever clients are:

  - Assessment
  - Continuous service planning
    - Advocacy
    - Benefits acquisition
  - Service linkage
  - Monitoring
4. Stabilization and Therapeutic Community Programs

- Stabilization:
  Create substance-free zones within shelter environments

- Therapeutic Community:
  Others in recovery become major support network, create therapeutic milieu
5. Transitional/Supportive Housing

• Transitional housing:
  - Approximately two years of services with housing for successful transition from shelter to permanence
  - Both are made affordable through grants and subsidies
5. Transitional/Supportive Housing (cont.)

Supportive housing:

• Bring services into homes
  - social work intervention
  - referral
  - recreation

• Appropriate expectations for involvement and participation
  - tenant organizations
Barriers for homeless persons may include:

- Prejudice against them
- Lack of money, insurance, financial assistance
- Difficulty of locating, finding itinerant client
Confronting Barriers (continued)

Individual and system-wide advocacy may include:

- Accompanying individual to appointments
- Convincing treatment programs to accept individual
- Improved diagnosis would extend the scope of services
- Address issues such as lack of health care coverage for indigent individuals without program benefits
- Work with coalitions and collaborative efforts to influence politics and policy (e.g., state-wide coalitions for homeless)
Summary

• Range of treatment approaches is needed: outreach to formal treatment in shelter settings to transitions out of homelessness
• Must be offered in a variety of settings (soup kitchens, shelters, day programs, transitional or supportive housing)
Summary (continued)

• Intervention goals must be flexible
  - harm reduction approaches
  - respite and “safe” zones improved
  - improved screening, assessment, and diagnosis
• Homeless individuals must have a say in priorities and program form and function