

## Alcohol Use Disorders in Homeless Populations

### NIAAA Social Work Education Module 10 D

(revised 3/04)



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



#### 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)



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## Definitions (continued)

### 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)



# Global Conceptualizations

#### 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

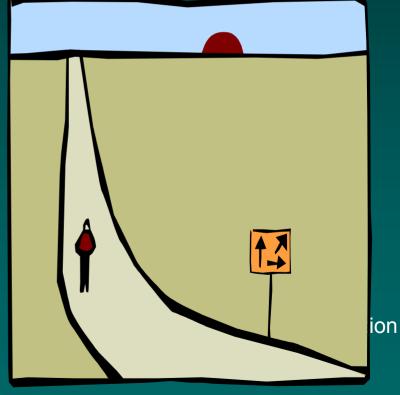
#### Homeless street children:

- gamino (gamin) = Columbia
- pixote (from the movie Pixote) = Brazil
- khate (rag picker) = Nepal



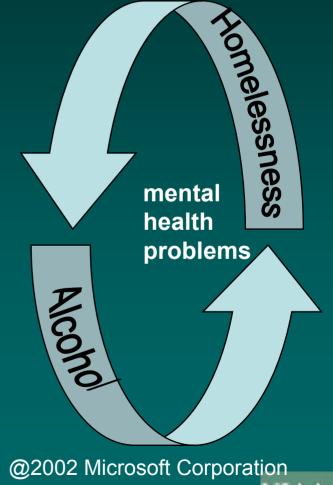
Homelessness results from the interplay between:

- 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 and effect of homelessness
- A portion of homeless individuals with alcohol problems also experience mental health problems



### Aleohol and Homelessness (cont.)

Study Details	Rate of Alcohol Problems	Authors
U.S, random sample, comparison group	7.41% met DSM-IV criteria	NIAA_NLAES
U.S, homeless men, women, mothers	58-68% men 30% women 10% mothers	Fisher & Breakey(1991)
U.S., homeless men, women, mothers	38% current 46% past year 62% life	Urban Institute (1999)

### Aleohol and Homelessness (cont.)

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

## 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



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### 2. Motivational Interviewing (MI)

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



## 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



## Confronting Barriers to Service

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)



- 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