A transactional model of homelessness and alcoholism: Developing solutions for complex problems

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Homelessness and alcoholism are complex and interrelated issues representing major public health concerns. Within the context of structural or macro-level factors (e.g., poverty, unemployment, housing affordability), persons become and remain homelessness due to the contribution of individual-level vulnerabilities. Alcoholism is one of the most prevalent and impactful individual-level factors contributing to the experience, maintenance and exacerbation of homelessness. A transactional model is proposed demonstrating that alcoholism is a predisposing and precipitating cause of homelessness, that it interferes with mitigating factors, and that it exacerbates other issues contributing to homelessness. This paper discusses opportunities for prevention and intervention efforts related to this transactional perspective of the relationships between homelessness and alcoholism.

As national leaders including the President and the Secretary of the Department of Veteran Affairs renew their commitment to ending homelessness, policy makers and researchers are re-examining what we know about the factors causing and maintaining homelessness. Homelessness can be said to be the result of both structural and individual factors. Sclar's[1] early editorial described this as a game of musical chairs, the chairs being the structural factors such as availability of affordable housing and the players "winning" chairs based on their individual vulnerabilities. As a result the most vulnerable (e.g., those with personal disabilities) are left without housing. Alcoholism is a truly pervasive and insidious vulnerability whose role has not been emphasized or adequately addressed in many policy and service efforts. To truly address one public health issue – homelessness –it is important to understand another – alcoholism – and the complex ways they transact to perpetuate this devastating community health issue.

There is little question that without structural or macro-level factors, such as poverty and lack of affordable housing, homelessness would virtually cease to exist. There are increasing levels of agreement that people become and remain homeless due to a combination of structural or macro-level factors and personal vulnerabilities[2,3] (See Table 1). The identification of vulnerabilities is vital for preventing homelessness, ending chronic homelessness, and optimally allocating homelessness resources. Personal vulnerabilities such as substance abuse undermine one's abilities to negotiate with the labor and housing markets, use the welfare system, or obtain support from family and friends. Alcoholism is a common characteristic among those who are chronically homeless and has a deteriorating course over time. Without intervention homelessness associated with alcohol-related pathology runs the risk of becoming intractable.

[Insert Table 1 here]

Prevalence of alcoholism among homeless populations

Fischer and Breakey's[4] review of homelessness research with sound methodologies in the 1980s estimated that alcohol disorders are prevalent in 66% of homeless individuals. Other studies have found similar prevalence rates including: 1) a meta-analysis of 18 studies that estimated the prevalence of alcohol use disorders among homeless populations to be 43 – 52% [5]; 2) in-depth interviews with 2, 938 adult homeless clients where 72% reported drinking alcohol regularly[6]; and 3) a study of newly homeless men and women showing that 53% had a lifetime diagnosis of substance use disorder, with alcohol use disorders the most common[7]. One study found an astounding 78.3% of homeless respondents met *DSMIII-R* criteria for substance abuse or dependence for alcohol and/or drugs[8]. These prevalence estimates among homeless persons stand in dramatic comparison to housed samples. For instance, the National Comorbidity Survey[9] found lifetime prevalence rates of 9.4% for alcohol abuse and 14.1% for alcohol dependence among adults housed in the community.

Concerning family and gender status single men have been found to have the highest rates of current alcoholism diagnosis and the highest rates of being continuously homeless[10]. Homeless men, as with men in the population at large[11], are more likely to have substance abuse disorders, to have been treated for them, and to request substance abuse treatment services[4, 12 - 17]. Consistently, homeless parents report substance abuse more frequently than parents in housed poor families, but far less often than homeless single individuals[18].

Transactional model

While the prevalence of alcohol use disorders among homeless populations is established, the causal relationships and pathways of impact are more complex. Sosin and Bruni[19]

hypothesized that homelessness among alcohol dependent people results from the interaction of four individual factors that increase vulnerability: 1) deficient personal resources—education, social and job skills; 2) deficient social network —homeless people don't have the social support to avoid destitution; 3) disaffiliation—alcohol misuse is associated with an inability to retain or regain helpful connections, isolation, and withdrawal from society beyond the effects of the social network; and 4) mental health—those with alcohol-related problems are particularly at risk when further disabled by mental health problems. There is increasing agreement among researchers that complex behavioral relationships are best studied within a multi-causal, transactional paradigm[20-22]. Transactionalism examines multiple interacting variables in understanding or predicting a phenomenon over time. Transaction can be distinguished from interaction by feedback loops, reciprocal causation, and mutual influence. Homelessness at one point in time may be considered a consequence of the transaction of structural and individual variables, while at another point in time it is antecedent to structural and individual changes[23].

Rather than identifying the cause of homelessness, the transactional paradigm outlines predisposing and precipitating causes, as well as mutual influences of mitigating and exacerbating factors. Homelessness in turn influences alcohol-related pathology, producing a self-maintaining feedback loop.

Alcoholism as a primary cause of homelessness

Research suggests that alcohol use disorders precede episodes of homelessness in as much as 80% of the cases[24, 25]. North[25] found that on average dependence symptoms occurred 9.8 years before the first homelessness episode for alcohol and 5.8 years for drug dependence. Issues

such as mental health symptoms and lack of social support have been shown to predict homelessness among participants after leaving substance abuse treatment programs[26, 27]. Homeless individuals often mention alcohol or drug use as a major reason for their becoming homeless[8, 25].

Alcoholism as a distal factor in homelessness

There is also evidence that alcoholism precipitates other factors that lead to homelessness, and interrupts protective factors. Poverty is one of the strongest single determinants of homelessness, and employment is one of the strongest buffers[28]. Early onset of alcohol use disorder in men appears to lead to a reduction in personal resources resulting in financial instability and the inability to pay rent and maintain housing[25, 29]. Homeless males perceive that the major cause of their current episode of homelessness to be due to loss of employment and loss of income caused by substance abuse problems[30]. Further, men with serious substance abuse problems may have a transient lifestyle and sporadic work records that hamper their ability to find work[3, 31].

Alcoholism also precipitates the interruption of other protective factors related to the experience of homelessness. Substance abuse diminishes the protective benefits of support from a social network, for example, particularly among men[32]. Regardless of the size of the social network, homeless people with alcohol problems receive less help from others[19]. Adverse childhood experiences are theorized to lead to early onset of alcohol use and personal resource problems such as poor job skills, poor social skills, and inadequate education, which increase vulnerability to homelessness[18, 33-38].

Alcoholism and other comorbidities

Alcoholism and other substance use disorders often co-occur with other risk factors for homelessness, exacerbating their impact and serving to: 1) quicken the entrance into homelessness; 2) augment negative consequences experienced; and 3) delay the exit from homelessness[39]. Among those with severe and persistent mental illness, for example, even a moderate level of substance use can worsen psychiatric symptoms sufficiently to lead to the loss of a domicile[40-43].

As with mental health disorders, using alcohol increases the chances of using other drugs and increases the risk of homelessness associated with the use of other drugs[44]. As with other risk factors, there are transactional relationships. Compared to groups of homeless individuals characterized as dependent upon alcohol, drugs, or neither, research suggests that individuals with polysubstance dependence are significantly younger at first episode of homelessness, are more likely to have experienced physical and mental health problems, and have more childhood and adolescent risk factors for homelessness including out of home placement, family and housing instability, and caretaker disability[35]. Both alcohol and homelessness have shown to be risk factors for mortality in a sample of opiate drug users[45].

An unfortunate synergy is formed by the combination of alcoholism and homelessness resulting in increased physical health problems. Chronic infections, traumatic injuries, malnutrition, diabetes, and liver diseases are associated with homelessness and alcoholism[4]. Homeless individuals with alcohol-related disorders are many times more likely than those without to have liver disease, serious trauma, seizure, other neurological disorders and nutritional deficiencies. Those misusing alcohol tend to engage in high-risk, health endangering behaviors resulting in head injuries, fights, traffic accidents, and prostitution, thereby increasing the risk of sexually transmitted diseases[46]. Increased severity of physical problems has been linked to an

increase in the severity of drinking problems[4, 35, 47]. There is some evidence that homeless adults screening positive for problem alcohol use are less likely than those without alcohol use problems to have access to care when needed[48].

Alcoholism exacerbating and maintaining homelessness

Homeless individuals who have not been dependent on alcohol appear to have a different and more optimistic course with fewer and shorter episodes of homelessness[33, 35]. There is a strong relationship between long-term homelessness and chronic alcoholism[49, 50]. People who have been chronically homeless often attribute their continued homelessness to a substance abuse problem[3], perhaps in part because of propensities to disengage from society[51]. The median duration of homelessness tends to be longer among those with a lifetime history of substance abuse treatment, a proxy for a history of substance use disorders[7].

Homelessness exacerbating and maintaining alcoholism

To further illustrate the transactional nature of the relationship, homelessness may either increase alcoholism[52] or exacerbate its negative consequences[29]. There is also evidence that homeless alcohol-dependent persons experience more severe forms of alcoholism than those that are housed[4]. Homeless persons with alcohol dependence appear to have more problematic drinking patterns including duration, regularity, frequency, amount, and symptoms. They also have a higher prevalence of mental health, social, and vocational problems than alcohol dependent domiciled persons[4].

To summarize, studies indicate that alcohol problems are prevalent among a large proportion of the homeless[5]; however, the relationship between the homelessness and alcoholism is not straightforward, especially given the heterogeneity of the homeless population[15]. Figure 1

presents a model of the transactional relationship between alcoholism and homelessness in the development of chronic homelessness. Within the structural context, the transaction of alcoholism and homelessness is hypothesized to facilitate impairment in cognitive and personal functioning and to increase disaffiliation. Impairment and disaffiliation then mitigate protective personal and social resources. It is hypothesized that the final common pathway of this transaction is chronic homelessness.

[Insert Figure 1 here]

Transactions among systems

Individuals with alcohol use disorders and histories of homelessness are often involved with multiple service systems like the community support, behavioral healthcare, and criminal justice systems. To design effective interventions it is important to understand destructive transactions, especially when they involve multiple complex systems. Several large-scale epidemiological studies have documented significant associations between alcohol use disorders and homelessness among those in the criminal justice system[53, 54, 55]. Substance abuse is significantly associated with criminal justice involvement. Among homeless persons experiencing an arrest, one in two arrests are directly attributable to alcohol and drug use, with nearly one in four indirectly relating to substance abuse[8]. For those with co-occurring mental illnesses this association is especially strong[56, 57].

The prevalence of homelessness is also much greater among incarcerated populations when compared to the general population[54, 55]. Criminal justice involvement often precedes homelessness among those experiencing long-term incarceration[53], and prior criminal justice involvement is associated with longer durations of homelessness[7]. Incarcerated persons who are

homeless are significantly more likely to experience multiple episodes of incarceration compared to others who have been arrested or incarcerated and are not homeless[58].

Public health policy responses to the issue

The prevalence figures alone emphasize the central role of alcoholism in the homeless population and the need to attend to alcohol problems in preventing, shortening, and ending homelessness episodes[59]. Using the transactional perspective to guide interventions, certain principles are suggested. The overarching principle of integrating services to address homeless individuals' and families' behavioral health, housing, and economic needs is supported[60]. This approach also highlights the need to address comorbidities. For example, programs designed to prevent homelessness among people with mental illnesses need to address substance abuse issues[60].

Despite the fact that alcoholism is very common among homeless persons, many traditional housing programs require individuals to be sober for a period of time before they can participate. Often homeless individuals do not qualify for such programs because they either cannot meet or do not choose to comply with such sobriety requirements. This situation perpetuates the negative transactional consequences of alcoholism, preventing an exit from homelessness. Interventions that break the vicious transactional cycle appear to be the most effective. An emerging body of research has examined "low demand" programs that are more tolerant to alcohol use. One such low demand program is the Housing First[61] model. The Housing First framework is more lenient towards alcohol use, and its highest priority is to house individuals regardless of their sobriety or mental health status.

Research on Housing First programs indicates that residents who drink alcohol exhibit comparable outcomes to their sober counterparts[62]. Another national, multi-site housing found

that for those with substance use disorders, individuals in a Housing First group performed comparably to those who received prior residential and transitional services[63]. Thus there was no benefit to providing the additional services before community placement, and the additional services have cost implications. One analysis found that, among chronically homeless individuals with high service utilization, a Housing First approach was associated with decreased costs[64].

Additional important efforts include the United States Department of Veterans Affairs' emphasis on considering both alcohol abuse and homelessness in discharging veterans from health care services[65, 66]. Other interventions designed to break the criminal justice, homelessness, and alcoholism transactions include those that divert vulnerable individuals from jail[67] and those that serve at risk individuals as they re-enter the community from incarceration[68].

Understanding more about the role of substance abuse in a homeless person's life, as well as the extent to which it has undermined other resources and the severity of its impact on their life, can guide providers and service systems in the determining the extent of services needed[69,70]. Homelessness can be considered a risk factor for substance abuse[71] and alcoholism a risk factor for homelessness. Therefore interventions addressing one can be considered interventions or preventions of the other. As homelessness and behavioral healthcare services at the federal and local levels tend to be fragmented and in "silos", a more holistic public health perspective can serve an important role in combating these social problems and informing social policy and legislation.

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