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Homelessness and Substance Abuse: Which Comes First?

Guy Johnson *; Chris Chamberlain *
* RMIT University, Victoria, Australia

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Homelessness and Substance Abuse: Which Comes First?

Guy Johnson & Chris Chamberlain
RMIT University, Victoria, Australia

Abstract
The present paper uses a social selection and social adaptation framework to investigate whether problematic substance use normally precedes or follows homelessness. Clarifying temporal order is important for policy and program design. The paper uses information from a large dataset (N = 4,291) gathered at two services in Melbourne, supplemented by 65 indepth interviews. We found that 43% of the sample had substance abuse problems. Of these people, one-third had substance abuse problems before they became homeless and two-thirds developed these problems after they became homeless. We also found that young people were more at risk of developing substance abuse problems after becoming homeless than older people and that most people with substance abuse issues remain homeless for 12 months or longer. The paper concludes with three policy recommendations.

Keywords: Homelessness; Substance Abuse; Housing And Support

There is a common perception that substance abuse and homelessness are linked, but there is considerable contention about the direction of the relationship (Kemp, Neale, & Robertson, 2006; Mallett, Rosenthal, & Keys, 2005; Neale, 2001; Snow & Anderson, 1993). Does substance abuse typically precede or follow homelessness? In the present paper, we distinguish between recreational substance use and problematic substance use, or substance abuse. First, we review the literature; then, we explain how we operationalised the terms “problematic substance use” and “substance abuse” in our research.

Some studies indicate that substance abuse is a risk factor for homelessness, whereas others suggest that homelessness “induces drug use” (Neale, 2001, p. 354). This is commonly known as the debate about substance abuse as either a cause or
consequence of homelessness (Culhane, 2005; Hartwell, 2003; Morrell-Bellai, Goering, & Boydell, 2000; Neale, 2001; Neil & Fopp, 1993; Victorian Homelessness Strategy, 2002). We also refer to this debate as the argument about temporal order, or what comes first.

Johnson, Freels, Parsons, and Vangeest (1997) also referred to the argument about cause and consequence, but they frame the debate using the ideas of social selection and social adaptation. The social selection model views substance abuse as just one of a number of causes or triggers of homelessness. Some studies suggest that substance abuse is the major reason for homelessness (Baum & Burnes, 1993), whereas others suggest that it is just one of many contributing factors (Neale, 1997; Snow & Anderson, 1993; Timmer, Eitzen, & Talley, 1994).

The key proposition underpinning the social selection model is that homelessness represents the end point in a process characterised by the gradual depletion of an individual’s economic and social resources. As people’s substance use increases, so their financial reserves are exhausted as they maintain an increasingly expensive “habit”. They either fall into rent arrears, which leads to eviction (Bessant et al., 2002), or family relationships break down, leading to homelessness (Coumans & Spreen, 2003). Fountain and Howes found that 63% of their sample of homeless people in Britain cited drug or alcohol use as a reason for first becoming homeless. They concluded that “Drug use is traditionally seen as one of the major routes into homelessness, and this was borne out by our survey” (Fountain & Howes, 2002, p. 10).

Media commentaries in Australia imply that problematic drug use is a major cause of homelessness (Zufferey & Chung, 2006) and people in the wider community apparently endorse this position. In a recent survey of 993 people in Melbourne, 91% identified substance abuse as the primary cause of homelessness (Hanover Welfare Services, 2006).

The social adaptation model focuses on substance abuse as a consequence of homelessness. It draws upon the long established sociological argument that social behaviour can be best understood by examining the social context in which it occurs. Newly homeless people encounter an environment where substance use is an accepted social practice. For some people, involvement with drugs stems from their initiation or socialisation into the homeless subculture (Auerswald & Eyre, 2002; Ginzler, Cochran, Domenech-Rodriguez, Cauce, & Whitbeck, 2003; Hartwell, 2003; Johnson, Freels, Parsons, & Vangeest, 1997; Johnson, Gronda, & Coutts, 2008; Rice, Milburn, Rotheram-Borus, Mallett, & Rosenthal, 2005). For other people, drug use emerges as a means of coping with the uncertainty, instability, and chaotic conditions that characterise their day-to-day lives (Neale, 2001; Rowe, 2002; Teesson, Hodder, & Buhrich, 2003). Although individuals respond in ways that make sense to them, the thrust of this argument is that the behaviour of the homeless is best understood as an “adaptation to environmental exigencies” (Snow & Anderson, 1993, p. 38).

This paper draws on a large sample of homeless people (N = 4,291) to investigate whether substance abuse normally precedes or follows homelessness. This is a
complicated issue because there is considerable variation between individual cases and homelessness is rarely caused by one factor operating independently. We show that both approaches help to understand the relationship between homelessness and problematic substance use. Nonetheless, we argue that it is more common for substance abuse to follow homelessness rather than to precede it. We also show that young people are particularly vulnerable to developing problematic substance abuse in the homeless population, and that people who have substance abuse problems usually remain homeless for 12 months or longer. Finally, we make three policy recommendations.

Methodology

We collected information at two high-volume services in inner Melbourne. Both agencies work with people who are at risk of homelessness, as well as those who are actually homeless. On average, each agency works with 6,000–7,000 households each year. A case file is created for every household that presents to each service and we obtained permission to read these case files from both agencies and our university ethics committee.

At one agency, the protocol was that clients must give written consent for us to examine their case file. At the other agency the protocol was that clients could opt out of the research by signing a form. The case files could not be de-identified because they were currently in use by staff at both services, but clients’ names were not recorded and each record was allocated a number for identification purposes. Many files contained a great deal of retrospective information about people’s housing histories and we could follow people’s experiences of homelessness over many months or years.

First, we discuss the definition of homelessness used in the research and the representativeness of our sample. Then we explain how we operationalised the terms problematic substance use and substance abuse. Finally, we explain how we used qualitative data to supplement the quantitative database.

Homelessness

The number of homeless people in our sample depends on the definition of homelessness that is used. In Australia, there has been debate about the definition of homelessness, with disagreement about many fundamental issues (Chamberlain & Johnson, 2001; Crane & Brannock, 1996; Neil & Fopp, 1993). In the present paper, we use an approach known as the “cultural definition of homelessness”, which the Australian Bureau of Statistics uses to enumerate the homeless population (Chamberlain, 1999; Chamberlain & Mackenzie, 2003).

The core idea underpinning the cultural definition of homelessness is that there are shared community standards about the minimum accommodation that people can expect to achieve in contemporary society (Chamberlain & MacKenzie, 1992). The minimum for a single person (or couple) is a small rental flat with a bedroom, living
room, kitchen, and bathroom, as well as an element of security of tenure provided by a lease. This has led to the identification of “primary”, “secondary”, and “tertiary” homelessness.

Primary homelessness includes all people without conventional accommodation, such as people living on the streets or using cars or railway carriages for temporary shelter. Secondary homelessness includes people who move frequently from one form of temporary shelter to another, including emergency accommodation. Tertiary homelessness refers to people staying in boarding houses on a medium- to long-term basis, defined as 13 weeks or longer. These people are homeless because their accommodation does not have the characteristics identified in the minimum community standard.

We examined a total of 5,526 cases over the period January 2005–June 2006 and coded each file on 30 variables, including whether the household was “homeless” or “at risk”. We identified 334 cases in which people had been coded at both agencies and these duplicates cases were removed from the database, along with six cases that contained insufficient information. This reduced the database to 5,186 households. In the present paper, we are only interested in the homeless population and we had information on 4,291 homeless households.

There is no sampling frame of homeless people in Australia and this makes it difficult to assess the typicality of our sample. Nonetheless, we suspect that the sample is representative of the inner city homeless for two reasons. First, we drew our data from the two principal high-volume services in the inner city. Second, when we compared the demographic characteristics of the sample (e.g. age, household type, gender) with the characteristics of the population using the services, the two profiles were similar.

Substance Abuse

The number of people identified with substance abuse problems depends on the definition of problematic substance use that is used. Defining substance abuse tends to follow either clinical or operational approaches, both of which have limitations (for a useful summary, see Snow, Anderson, & Koegel, 1994).

In the present paper, we distinguish between “recreational” substance use and “problematic” substance use or substance “abuse”. We operationalise problematic substance use or substance abuse following the work of Mallett, Edwards, Keys, Myers, and Rosenthal (2003). Problematic substance use is when drug use dominates a person’s life at the expense of other activities and has negative mental and/or physical side effects. We classified people as having a substance abuse problem if they met at least one of the following criteria:

- the individual had approached the agency for a referral to a drug treatment service;
- the individual was currently in, or had been in, a detoxification or rehabilitation centre; or
- the case notes identified substance abuse as an issue.
Problematic substance abuse was often self-reported, but sometimes it was based on an assessment made by staff.

Clarifying the chronological sequence of homelessness and substance abuse is difficult and, in itself, insufficient to establish causal linkages (Johnson et al., 1997). Nevertheless, at both agencies, staff endeavoured to make a broad-based assessment of the issues that resulted in the person becoming homeless. Housing and support workers know that problematic substance use is often an issue for presenting clients and they are used to asking questions to ascertain whether this is relevant. Problematic substance use is routinely recorded on the case file with brief details. We used information from the initial assessment, often combined with information from other parts of the case history, to assess whether substance abuse preceded or followed homelessness.

Our findings provide an indicator of the extent of problematic substance use among the inner city homeless, although it may be an underestimate because some people may not have disclosed this information. Similarly, our findings provide an indicator of whether substance abuse precedes or follows homelessness, but relevant information may have been missing from some case histories.

Qualitative Data

There are limitations in determining how processes unfold when using quantitative data. Therefore, we supplement our analysis with information from 65 indepth interviews. The use of multiple techniques is known as “triangulation” and this is a standard approach in the social sciences: “triangular techniques ... attempt to map out, or explain more fully the richness and complexity of human behaviour by studying it ... using a variety of methods, even combining qualitative and quantitative methods” (Burns, 1994, p. 272).

The 65 respondents were recruited from the participating agencies. Agency staff recruited people who were or had been homeless and were willing to participate in the study. Approval was obtained from our university ethics committee. A cross-section of homeless people using the agencies was interviewed and they matched the main sample in terms of basic social characteristics, such as age, gender, and household type. Half the respondents had substance abuse issues, and some interviews elicited a great deal of information about substance abuse and the process of becoming homeless. On average, the interviews lasted an hour.

The interviews were tape recorded and transcribed for qualitative analysis. We used narrative analysis to organise information according to temporal sequence (Labov, 1997), paying particular attention to pathways into and out of homelessness, engagement with the homeless subculture, and whether substance abuse preceded or followed homelessness. We use the qualitative data to illustrate what happens when substance abuse precedes homelessness and what happens when substance abuse follows homelessness. People’s names and various personal details have been changed to ensure confidentiality.
Prevalence of Substance Abuse

The first task was to establish how many people in the sample had substance abuse problems. Studies that focus on the number of people with substance abuse problems are referred to as prevalence studies. A common finding is that homeless people have higher rates of problematic substance use than people in the general community (Teesson, Hodder, & Buhrich, 2003). In their recent study of 210 homeless people in Sydney, Teesson et al. (2003, p. 467) found that “homeless people were six times more likely to have a drug use disorder and 33 times more likely to have an opiate use disorder than the Australian general population”. One welfare service in Melbourne reported that the prevalence rate of heroin use among its clients was “10 times greater than in the general community” (Horn, 2001, p. 8).

Although the empirical link between substance abuse and homelessness is well established, reported rates of problematic drug use among the homeless vary, with estimates ranging from 25% to 70% (Hirst, 1989; Jordon, 1995; Victorian Homelessness Strategy, 2002). Estimates vary because of different sampling procedures, as well as different definitions of problematic drug use and homelessness.

We found that 43% of our sample had substance abuse problems. The most common drug was heroin, but a minority identified alcohol or prescription drugs. Our findings are consistent with recent studies indicating that drugs have displaced alcohol as the most abused substance among the homeless, particularly among the young (Glasser & Zywiak, 2003; Johnson et al., 1997).

Substance Abuse as a Precursor to Homelessness

The first model we examine is the social selection approach. We start by identifying how many people in our sample had substance abuse issues prior to becoming homeless. Then, we identify three typical stages leading to homelessness for those with problematic drug use.

We found that 15% of the sample had substance abuse problems prior to becoming homeless for the first time. In the public domain, substance abuse is regularly seen as the main cause of homelessness, yet for most people in our sample other factors resulted in them becoming homeless. This finding is important for two reasons. First, when attributions of cause are incorrect, it can lead to inappropriate policy and program design. Second, by focusing on substance abuse as a causal factor, individuals are commonly blamed for the situation, diverting attention away from the structural factors that contribute to homelessness.

Many people in Australia use drugs for recreational purposes (Marks 1989; McAllister & Makkai, 2001), but here we describe the substance abuse pathway into homelessness. Studies of homeless pathways commonly point to a series of ruptures with mainstream life (Hartwell, 2003; Johnson et al., 2008; Keys, Mallett, & Rosenthal, 2006). We identify three stages in the substance abuse pathway. First, there is a break with the mainstream labour market; second, there is the loss of
support from family and friends; and, finally, there is the acquisition of new social networks.

The first stage is characterised by people’s changing relationship with the labour market. Substance abuse often starts to interfere with people’s ability to work, commonly leading to job loss (Bessant et al., 2002; Zlotnick, Robertson, & Tam, 2002). For example, Cynthia¹ was a hairdresser working in a regional city. After dabbling in drugs for a number of years, she was introduced to heroin by her boyfriend. Over time her heroin use became more frequent and she started “working extra hours” to support her habit. Slowly her “habit” burgeoned out of control and her work “started to get messy”. Cynthia left before she was sacked but, in a country town, rumours spread quickly and she was unable to find alternative employment.

Andrew, a storeman, had a similar experience. As his heroin use escalated, he started to miss work more frequently, citing a range of illnesses and problems at home to explain his repeated absences. Eventually, he ended up “having to leave that job”. He got another job, but “they suspected I was using” and he was sacked.

When people lose their jobs, it is the loss of income that has the biggest impact. People start to look for alternative sources of income to support their habit, what Rowe (2002) called the “business of raising money”. This “business” has a significant influence on people’s day-to-day lives, because the cost of illicit drugs is high and people on low incomes have to devote large amounts of time to securing money. Everything else tends to fall by the wayside besides raising money and “scoring”. People use a range of strategies to raise money but, initially, the most common strategies are the use of credit cards and borrowing money from friends and relatives.

This signals the start of the second stage of the substance abuse pathway, which is characterised by changes to existing social networks. Snow and Anderson (1993) argued that the erosion of support networks, particularly friends and family, is:

> Regarded as particularly critical in the determination of homelessness. A person does not become homeless ... simply because he or she is an alcoholic, but because these disabilities exhaust the patience or resources otherwise available in our social networks. (Snow & Anderson, 1993, p. 256)

People who lose these vital social supports, or do not have them to start with, are acutely vulnerable to homelessness.

Respondents told us that borrowing money strained friendships to breaking point. Tony’s best friend tried to help but, eventually, “He said to me ... I only see you when you want money. And it was true. I always made up lies to borrow money. Eventually he stopped lending me money.”

When existing friends would no longer assist, other friends and acquaintances were approached. Tony said, “I tried everyone I could think of but no-one would lend me money”. Gradually, his friends stopped coming to see him as a result of his continuing demands.

¹ Names and extraneous details have been changed to preserve anonymity.
Many substance abusers still relied on their families for support. Families typically try to assist their children, but when children break promises it puts acute pressure on many parents. Toby said that he “burnt my bridges with my family. I did some really shitty things.” Bert said, “One night when I was ‘off my face’ I fell over in the laundry. I reached out for the sink and I ended up pulling the boiler over. That was it. My father said ‘get out’.”

Most families tried hard to help children who were in trouble, but when parents were pushed too far many withdrew their support.

As established social networks collapsed, new networks started to form. This signals the third stage of the substance abuse pathway. These networks were dominated by others with substance abuse problems (Rice et al., 2005). Danny said this “new crowd” were no longer “dabblers” (an occasional user) but were a “very different crowd from those I met at drug parties”. John’s remark illustrates the highly opportunistic nature of these friendships: “They were your friends, but really they’re not your friends, because they’ve smacked money off you. If they were your real friends, they wouldn’t give you that stuff.”

Once the support of family and friends had collapsed, most people who had substance abuse problems were at acute risk of homelessness. Toby “just wasn’t getting the bills paid” because of his habit, whereas Tan’s worsening habit meant that his housing hung by a slender thread: “Sometimes you will only pay your board, you know . . . and if you don’t pay your board, you get kicked out, and that’s what happens sometimes”.

Most people who are at risk of homelessness report high levels of anxiety and psychological distress at the prospect of losing their accommodation (van Doorn, 2005; Wong & Piliavin, 2001; Wong, 2002), but people with substance abuse problems tended to “slide” into homelessness. This reflects the fact that many were already connected to the drug scene and for most “feeding their habit” was the priority. After losing his accommodation, John said, “I didn’t care . . . It didn’t bother me . . . You know, I was already walking around with nowhere to go. I didn’t realise I was one of them.”

### Substance Abuse as an Adaptation to Homelessness

Recently, more researchers have focused on substance abuse as adaptation. When people are homeless, they adapt in order to survive. Although responses may vary from person to person, using drugs is a common form of adaptation.

In the present study, 43% of the sample had substance abuse issues. Table 1 shows that two-thirds (66%) developed problematic substance use after they became homeless. Our data confirm that substance abuse is common among the homeless population, but, for many people, substance abuse follows homelessness. Drug use is an adaptive response to an unpleasant and stressful environment and drug use creates new problems for many people.
There are two common explanations as to why people become involved in problematic substance use after they become homeless. First, some people take drugs as a way to cope with or escape the harsh, oppressive environment that confronts them (Neale, 2001). Toby said: “The only way I could deal with that place (a run down boarding house) was to use drugs and I did use them”. David said that using heroin helped him to forget about his troubles: “Using smack was a way for me to hide ... You just hide away from everything ... You take your mind off everything else because the one thing you’ve got to do each day is make sure you get your hit.”

For Cameron, the situation was similar. Cameron had tried a range of drugs before he became homeless, describing himself as an “on and off again” user. However, once homeless, Cameron’s drug use worsened considerably as he tried to deal with his new circumstances. It soon got to the point where substance abuse was a major issue in Cameron’s life: “I didn’t realise how bad my drug use had got ... my habit was climbing and climbing. Everything was pretty much out of control at that point.”

The second reason for problematic substance use stems from increasing involvement in the homeless subculture, where drug use is a common and accepted social practice. Drug use is commonly a form of initiation into the homeless subculture (Auerswald & Eyre, 2002; Fitzpatrick, 2000). Tess said she started to use heroin “because everybody around me was using smack”. Joan was more explicit about the influence of her homeless peers: “Just peer pressure, I suppose. People around me were doing it and I wanted to fit in.”

Many homeless people strive for a sense of “belonging somewhere”, particularly those who experience homelessness when they are young. As Goffman (1961, p. 280) noted, “Without something to belong to, we have no stable self ... Our sense of being a person can come from being drawn into a wider social unit.”

Through interaction with other people in similar situations, the homeless subculture provides “an essentially non-stigmatising reference group and a source of interpersonal validation” (Snow & Anderson, 1993, p. 173). By mixing with other homeless people, some find a measure of support and security.

Involvement in the homeless subculture is particularly important for young people who often lack a sense of belonging somewhere following the breakdown in their family relationships. This involvement in the subculture is often accompanied by initiation into substance use.

Table 2 shows that that 60% of our sample who had their first experience of homelessness when they were 18 years of age or younger (teenagers) had subsequently become involved in problematic substance use. In contrast, only 14%
of those who had first experienced homelessness when they were 19 years or older (adults) had subsequently developed substance abuse problems.

Involvement with the homeless subculture is a “double-edged sword” (Grigsby, Baumann, Gregorich, & Roberts-Grey, 1990). On the one hand, associating with other homeless people can provide a “refuge from the exclusion they suffer” (Rice et al., 2005) and can suppress the insecurity typically associated with being homeless. On the other hand, participation in the homeless subculture can lead to entrenchment in the homeless population. This happens because many of the social practices people learn in order to survive homelessness make it difficult for them to get out of homelessness (Grigsby et al., 1990). Alexis had never injected drugs prior to becoming homeless but she soon learnt: “I bought the smack from a girl who showed me how to hit up... she just gave it to me in bits... That’s how I learned to inject myself.”

People who are long-term homeless often use boarding houses or squats. These are dangerous places and drug use is sometimes the only link between residents. Palik told us about an inner city boarding house:

I was more frightened in there than when I was on the streets. I was trembling because there were all these big dudes... There was nothing I could talk to them about apart from drugs. The only thing we had in common was heroin.

Boarding houses provide easy access to drugs. Palik’s dealer lived in the same boarding house.

Regardless of whether substance abuse precedes or follows homelessness, it typically locks people into the homeless population. Table 3 uses three temporal classifications (short-term, medium-term, and long-term homelessness) to demonstrate that homeless people with substance abuse issues are more likely to get stuck in the homeless population. Table 3 shows that 82% of people who had substance abuse issues had been homeless for 12 months or longer. In contrast, only 50% of those who had no substance abuse issues had been homeless for that long. When people have substance abuse problems they become marginalised from mainstream institutions and getting out of homelessness becomes more difficult.

Not only do people with substance abuse problems face barriers to getting out of homelessness, but they also have difficulties remaining housed. Table 4 shows that
76% of those who were substance abusers had experienced two or more periods of homelessness. These people had attempted to return to secure accommodation, but had become homeless again. Unless homeless people with substance abuse issues have access to ongoing assistance, they often relapse and return to problematic substance use (Milby, Schumacher, Wallace, Freedman, & Vuchinich, 2005) and subsequently lose their accommodation.

**Discussion**

This paper set out to investigate whether most people become homeless because of problematic substance use problems or whether substance abuse typically occurs later. We applied the social selection and social adaptation framework of Johnson et al. (1997) and found that both approaches helped us understand the relationship between substance abuse and homelessness. However, we found that the social adaptation account was a better fit overall. Nearly 45% of our sample had substance abuse issues, but two-thirds developed these problems after they had become homeless. Next, we comment on three policy implications of these findings.

First, the data indicate that people who first experience homelessness when they are 18 years of age or under are more likely to develop substance abuse issues than people who become homeless when aged 19 years or older. Of those who had become homeless as teenagers, 60% had developed substance abuse issues. In contrast, of those who had become homeless as adults, only 14% had become substance abusers. For some homeless teenagers, substance use is a way of coping with the boredom and

<table>
<thead>
<tr>
<th>Duration of Homelessness</th>
<th>No substance abuse</th>
<th>Substance abuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term (&lt; 3 months)</td>
<td>31</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Medium term (3–11 months)</td>
<td>19</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Long term (= 12 months or longer)</td>
<td>50</td>
<td>82</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 3 Duration of Homelessness According to Experience of Substance Abuse**

<table>
<thead>
<tr>
<th>% Respondents with two or more episodes of homelessness</th>
<th>No substance abuse</th>
<th>Substance abuse</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>48</td>
<td>76</td>
<td>61</td>
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**Table 4 Proportion of Respondents who had two or more Episodes of Homelessness According to Experience of Substance Abuse**
frustration of their daily lives. For other young people, substance use is part of the process of socialisation into the homeless subculture. The first policy challenge is how to prevent young homeless people from engaging with the homeless subculture where substance abuse often begins.

Most teenagers have their first experience of homelessness while they are still at school (Crane & Brannock, 1996; O’Connor, 1989). It is widely recognised that schools are sites for early intervention because it is easier to help homeless young people when they are still at school and located in their local community (Chamberlain & Mackenzie, 1998; Department of Family and Community Services, 2003; House of Representatives, 1995). Early intervention involves strategies that assist homeless teenagers to reunite with their family or make the transition to independent living. It is only when homeless students drop out of school and leave behind their local ties that they are likely to get involved with the homeless subculture where substance abuse is common (Hartwell, 2003, p. 484).

Second, we found that irrespective of whether substance use preceded or followed homelessness, people with substance abuse problems tended to stay in the homeless population longer than other homeless people. When this happens, these people’s social networks start to change and include mainly homeless people (Rice et al., 2005). Recent research suggests that “the removal of oneself from a lifestyle centred on drug use, and the ability to adjust to a new lifestyle, is integral to recovery from problematic drug use” (Rowe, 2002, p. 6). However, people who received assistance for their drug problems often returned to emergency accommodation or boarding houses where they were in contact with others who had substance abuse problems. This maintains people’s exposure to drugs and increases the possibility that they will relapse (Anderson, Shannon, Schyb, & Goldstein, 2002; Johnson et al., 2008).

Other people in recovery were rehoused in neighbourhoods where illegal drug activity was high and this made it difficult for them to maintain abstinence (Anderson et al., 2002). Policy makers and service providers have long recognised that the desirable policy option is that people should be assisted into permanent housing in communities where drug use is low (Milby et al., 2005). This may not be possible at the present time because substance abuse is widespread in public housing estates (Bessant et al., 2002) and there is also an acute shortage of public housing in most cities. Given the constraints in the housing market are unlikely to change in the foreseeable future, one policy alternative is to foster better links between state and community housing providers and specialist clinical services. Research has shown that a more integrated, holistic approach can reduce the prospect of relapse (Milby et al., 2005; Padgett, Gulcur, & Tsemberis, 2006) and help fill the vacuum that often “accompanies the removal from an all consuming drug dependency” (Bessant et al., 2002).

This highlights the third policy issue that relates to long-term support for people who are rehoused. As we have seen, 76% of people with problematic substance use issues had returned to conventional housing, but these tenancies had subsequently failed (Table 4). Housing provides a stable base that is necessary to start the process of
recovery but, on its own, the provision of housing is rarely sufficient. People in recovery typically have a range of problems to resolve. Long-term homelessness and substance abuse can have a devastating impact on people’s physical and psychological health and their connectedness to mainstream society. For young people in recovery, it often takes time to come to terms with the traumatic events that led to their homelessness and substance abuse, and it is unrealistic to think that their recovery will be achieved quickly. As Hartwell (2003, p. 498) noted, most people do not change within “three, six, or nine months of substance use treatment”. Unless governments fund ongoing support to help formerly homeless people with substance abuse problems to remain housed, it is clear that some people will experience further episodes of homelessness. When this happens, the costs to the individual, as well as to the community, are high.

The relationship between problematic substance use and homelessness is complex and there is a great deal of variation between individual cases. We have also pointed to various limitations of our database and that relevant information may have been missing from some case files.

According to Hartwell (2003, p. 476), the question of cause and consequence is “inherently misleading”. We agree that framing the debate in terms of cause is problematic and underplays the complexity of people’s situation. However, a focus on temporal sequence provides useful information on the role of substance abuse as a trigger for homelessness and as an adaptation to homelessness. This research confirms that a substantial minority of the homeless population have substance abuse issues, but it challenges the view that substance abuse is the primary cause of homelessness. For young people, homelessness often leads to substance abuse. Early intervention strategies are the best way to prevent this from happening.

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