

Homelessness and substance use: which comes first?¹

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Abstract

There is a debate about whether problematic substance use normally precedes or follows homelessness. This paper focuses on three issues. First, it investigates the prevalence of problematic substance use in a sample of homeless people. Second, we use Johnson, Freels, Parsons and Vangeest's (1997) 'social selection' and 'social adaptation' framework to establish which comes first. Third, the paper examines which homeless people were more 'at risk' of developing substance use problems after they became homeless. This paper uses information from a large administrative dataset (N=4,291) gathered at two high volume homeless services that work in inner Melbourne, supplemented with 65 in-depth interviews. We found that 43 per cent of the sample had substance use problems. Of these people, one-third had substance use problems before they became homeless and two-thirds developed these problems after they became homeless. We also found out that young people were most 'at risk' of developing substance use problems after becoming homeless. The data challenge the contention that substance use is a primary cause of homelessness. The paper concludes with five policy recommendations.

Key terms: homelessness; substance abuse; social selection; adaptation; policy

Introduction

There is a common perception that substance use and homelessness are linked but there is considerable contention about the direction of the relationship (Snow & Anderson 1993; Neale 2001; Mallett, Rosenthal & Keys 2005; Kemp, Neale & Robertson 2006). Some studies indicate that substance abuse is a risk factor for homelessness, while other studies suggest that homelessness 'induces drug use' (Neale 2001:354). This is commonly known as the debate about substance use as either a 'cause' or 'consequence' of homelessness (Neil & Fopp 1993; Morrell-Bellai, Goering & Boydell 2000; Neale 2001; Victorian Homelessness Strategy 2002; Hartwell 2003; Culhane 2005). We also refer to this debate as the argument about temporal order, or 'what comes first'.

Johnson et al. (1997) also refer 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 use as just one of a number of 'causes' or 'triggers' of homelessness. Some studies suggest it is the major 'reason' (Baum & Burnes 1993), while other studies suggest substance abuse is one of many factors that cause homelessness (Snow & Anderson 1993; Timmer, Eitzen & Talley 1994; Neale 1997). 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 social and economic resources. Social and economic marginalisation increases as substance use becomes more pronounced, putting people at risk of homelessness (Coumans & Spreen 2003).

The social adaptation model focuses on substance abuse as a consequence of homelessness. It draws from the long established sociological argument that social behaviour can best be 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 (Johnson et al. 1997; Auerswald & Eyre 2002; Ginzler, Cochran, Domenech-Rodriguez, Cauce & Whitbeck 2003; Hartwell 2003; Rice, Milburn, Rotheram-Borus, Mallett & Rosenthal 2005; Johnson 2006). 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 2002b; Teesson, Hodder & Buhrich 2003). While 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: 38).

Many studies ask whether substance use normally precedes or follows homelessness but few examine the relationship in any depth (Kemp et al. 2006:320). According to Culhane (2005:19) there is little direct evidence of whether drug use is more common among 'people who become homeless' or 'only among those who remain homeless'. Clarifying temporal order with regard to substance use and homelessness is important because it provides a more robust basis for policy and program design (Piliavin, Soisin, Westerfelt & Matsueda 1993).

In Australia two studies have provided some insight into the temporal ordering of substance abuse and homelessness, but their findings were contradictory. In a longitudinal study of 302 homeless young people Mallett, Rosenthal and Keys (2005) presented data to support both the selection and adaptation thesis, but the social selection model was the better fit. They found that three-quarters of the young people who had substance use problems had them prior to becoming homeless.

In contrast Johnson's (2006) longitudinal study of 103 homeless people provided stronger support for the adaptation model. Johnson found that 55 per cent of the sample reported that they had substance use problems, but that two-thirds (66 per cent) developed these problems after they became homeless. Johnson argues that substance use follows homelessness because substance use is a common recreational activity in the homeless subculture.

However, in the wider community most people endorse the social selection model. In a recent survey of 993 people in Melbourne, 91 per cent identified substance abuse as the primary cause of homelessness (Hanover Welfare Services 2006). Media commentaries often imply that homeless people are responsible for their circumstances and that drug use is a major cause of homelessness (Buck, Toro & Ramos 2004). This paper draws on a large sample of homeless people (N=4,291) to investigate whether the community's judgement is well founded. The paper concludes with five policy recommendations.

Definitions

The number of homeless people with substance use problems depends on the definitions of homelessness and problem drug use that are employed. In Australia, there has been a long debate about how to define homelessness, with little agreement on many fundamental issues (Neil & Fopp 1993; Crane & Brannock 1996; Chamberlain & Johnson 2001). In this 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 is that there are shared community standards about the minimum accommodation that people can expect to achieve in contemporary society (Chamberlain and MacKenzie 1992). The minimum for a single person (or couple) is a small rental flat with a bedroom, living room, kitchen and bathroom and 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 (shelters). Tertiary homelessness refers to people staying in boarding houses² on a medium to long-term basis, defined as 13 weeks or longer. They are homeless because their accommodation does not have the characteristics identified in the minimum community standard.

The term substance abuse is also problematic. Defining substance abuse tends to follow a clinical or operational approach, both of which have limitations (For a useful summary see Snow, Anderson & Koegel 1994). We opted for an operational definition and classified people as having a substance abuse problem if they met at least one of the following criteria:

- ◆ individuals had approached the agency for a referral to a drug treatment service;
- ◆ individuals were currently in, or had been in a detoxification or rehabilitation centre;
- ◆ case notes identified substance abuse as an issue.

This approach is likely to underestimate the extent of problematic substance use due to non-disclosure and other subjective factors, but we are confident that it provides a general indication of the extent of substance abuse among the inner city homeless.

Data Collection

The information for this paper is drawn from two high volume services that work in inner Melbourne, Australia's second largest city. 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

² Similar to SRO's in the U.S

household that presents to each service. These case files contain a great deal of retrospective information about people's housing histories. It was possible to follow people's experiences of homelessness over many months or years.

We examined a total of 5,526 cases over the period January 2005 to June 2006. We identified 334 cases where people had been coded at both agencies and these duplicate cases were removed from the database, along with six cases that contained insufficient information. This reduced the database to 5,186 households. This included both 'at risk' and homeless households. In this paper we are only interested in the homeless population and we had information on 4,291 homeless households.

Qualitative data was drawn from 65 in-depth interviews. On average these interviews lasted for an hour. They were tape recorded and transcribed for qualitative analysis. The transcriptions were coded with the Nvivo software program. Where we use qualitative information we have changed the names of those concerned to ensure confidentiality.

The Prevalence of Substance Use

The first task was to establish how many people in the sample had substance use problems. Studies which focus on the number of people with substance use 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 et al. 2003). In their recent study of 210 homeless people in Sydney, Teesson et al. (2003:467) 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).

Although the empirical link between substance use and homelessness is well established, reported rates of problematic drug use among the homeless vary, with estimates ranging from 25 per cent to 70 per cent (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 per cent of the sample had substance use problems. The most common drug was heroin, but a minority identified alcohol or other prescription drugs. This is consistent with recent findings indicating that drugs have displaced alcohol as the most abused substance among the homeless, particularly among the young (Johnson et al. 1997; Glasser & Zywiak 2003).

Substance Use as 'Cause'

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

We found that 656 people had substance use problems prior to becoming homeless for the first time. Table 1 shows that they accounted for 15 per cent of the sample. This draws attention to a critical point. In the public domain substance abuse is regularly seen as the main cause of homelessness, yet for 85 per cent of our sample other factors resulted in them becoming homeless.

TABLE 1 Substance use identified or not identified before homelessness

| | N | Per cent |
|--------------------------|--------------|-----------------|
| Substance use identified | 656 | 15 |
| Not identified | 3,635 | 85 |
| TOTAL | 4,291 | 100 |

The data indicate that the role of substance abuse in ‘causing’ homelessness is often overstated. This 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 use as a causal factor, individuals are commonly blamed for the situation, diverting attention away from the structural factors that contribute to homelessness.

There are many reasons why people start to use drugs, but here we describe the substance use pathway into homelessness. Studies of homeless pathways commonly point to a series of ruptures with mainstream life (Hartwell 2003; Johnson 2006; Keys, Mallett & Rosenthal 2006). We identify three stages in the substance use 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 use often starts to interfere with people’s ability to work and it commonly leads to job loss (Zlotnick, Robertson & Tam 2002). Cynthia 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 which has the biggest impact. People start to look for alternative sources of income to support their habit, what Rowe calls the ‘business of raising money’ (Rowe 2002b). 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 employ a range of strategies to raise money but, initially, the most common strategies are the use of credit cards, then borrowing money from friends and relatives.

This signals the start of the second stage of the substance use pathway which is characterised by changes to existing social networks. Snow and Anderson (1993:256) argue 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.

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

Respondents told us that frequently 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 (Tony, 38, male, couple).

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.

Many substance users still relied on their families for support. Families typically tried to assist children. Nonetheless, broken promises and deception put acute pressure on many families. Toby said:

I burnt my bridges with my family. I did some really shitty things (Toby, 24, single male).

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' (Bert, early 30s, male).

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

As established social networks collapsed, new networks started to form. This signals the third stage of the substance use 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 (John, 27, single male).

Once support of family and friends had collapsed, most people who had substance use problems were at acute risk of homelessness. Toby 'just wasn't getting the bills paid' because of his habit, while 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 (Tan, mid 40s, male, couple)

Most people who are 'at risk' of homelessness report high levels of anxiety and psychological distress at the prospect of losing their accommodation (Wong & Piliavin 2001; Wong 2002; van Doorn 2005), but people with substance use problems tended to 'slide' into homelessness. This reflects the fact that many are already connected to the 'drug scene' and for most 'feeding' their habit is 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 use as 'adaptation'

Recently, more researchers have focused on the process of 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.

We identified that 1,940 people, or 43 per cent of the sample, had substance use issues. Table 2 shows that two-thirds (66 per cent) of them developed substance use problems after they became homeless. Our data confirm that substance use is common among the homeless population, but for most people drug use follows homelessness. Drug use is an adaptive response to an unpleasant and stressful environment and drug use creates new problems for many people.

TABLE 2 Substance use identified before or after homelessness

| | N | Per cent |
|-----------------------------------|--------------|-----------------|
| Substance use before homelessness | 656 | 34 |
| Substance use after homelessness | 1,284 | 66 |
| TOTAL | 1,940 | 100 |

There are two common explanations why people become involved in 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). Jason said:

The only way I could deal with that place (a run down boarding house) was to use drugs - and I used heaps of them (Jason, 27, couple).

Andrew 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 don't have to deal with anything ... The one thing on your mind each day is how to score.

The second reason for substance use stems from increasing involvement in the homeless sub-culture where drug use is a common and accepted social practice. Drug use is commonly a form of initiation into the homeless subculture (Fitzpatrick 2000; Auerswald & Eyre 2002). Tess said she started to use heroin:

Because everybody around me was using smack. I was surrounded by people using it (Tess, 25, single female).

Jenny was more explicit about the influence of her homeless peers:

I suppose I started using because of peer pressure. Everybody around me was using smack. I wanted to fit in (Jenny, 36, single parent).

Many homeless people strive for a sense of 'belonging somewhere', particularly those who experience homelessness when they are young. As Goffman (1961:280) notes:

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 1993:173). By mixing with other homeless people, some find a measure of support and security.

Involvement in the homeless sub-culture 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 sub-culture is often accompanied by initiation into substance use.

Table 3 shows that that 60 per cent of our sample who had their first experience of homelessness when they were 18 or younger had subsequently become involved in substance use. In contrast, only 14 per cent of those who had first experienced homelessness when they were 19 or older had subsequently developed substance use problems.

TABLE 3 Proportion of respondents developing substance use issues following homelessness; by age first homeless (per cent)

| Age first homeless | 18 or younger (N=1,689) | 19 or older (N=1,946) | TOTAL (N=3,635*) |
|--------------------------------------|------------------------------------|----------------------------------|-----------------------------|
| Substance use following homelessness | 60 | 14 | 35 |

*Excludes 656 people who had substance abuse issues before they became homeless

Involvement with the homeless subculture is a 'double edged sword'. 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, Baumann, Gregorich & Roberts-Grey 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 (Alexis, single mother, early 30s).

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 (Palik, single male, 39).

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 4 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 4 shows that 82 per cent of people who had substance use issues had been homeless for 12 months or longer. In contrast, only 50 per cent of those who had no substance use issues had been homeless for that long.

TABLE 4 Duration of homelessness by experience of substance use (per cent)

| | No substance use (N=2,351) | Substance use (N=1,940) | TOTAL (N=4,291) |
|---------------------------------|-------------------------------|----------------------------|--------------------|
| Short-term (less than 3 months) | 31 | 7 | 20 |
| Medium-term (3-11 months) | 19 | 11 | 16 |
| Long-term (12 months or longer) | 50 | 82 | 64 |
| TOTAL | 100 | 100 | 100 |

When people have substance use problems this maintains their exposure to the homeless subculture where drug use is common. Over time marginalisation from mainstream institutions becomes chronic and getting out of homelessness is difficult.

Implications

This paper set out to investigate whether most people become homeless because of substance use problems or whether substance abuse occurs later. We applied Johnson et al (1997) social selection and social adaptation framework and found that both approaches provide an insight into the nature and direction of the relationship between homelessness and substance use. However, we found that the adaptation account was a better fit overall.

We found that 43 per cent of our sample had substance use issues, but two-thirds of them developed these problems after they became homeless. Many of those who developed substance use problems had their first experience of homelessness when they were teenagers. For some homeless teenagers substance use is a way of coping with the boredom, anxiety and frustration that characterise their day to day lives. For other young people, substance use is part of the process of socialisation into the homeless subculture. Irrespective of temporal order, homeless people with substance use problems tend to stay in the population for long periods.

We focus on five policy implications of these findings. In the case of young people the first issue is how to prevent them from engaging with the homeless subculture where they encounter substance use. Most teenagers have their first experience of homelessness while they are still at school (O'Connor 1989; Crane & Brannock 1996). Chamberlain and Mackenzie (1998) argue 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. In this context 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 drug use is a common 'rite of passage' (Hartwell 2003:484). When this happens many teenagers develop substance use problems and end up caught in the homeless population for long periods of time.

While fewer people who first became homeless as adults develop substance use problems, early intervention strategies could still assist this group. As most homeless

people in Australia are on government benefits, it would be logical to establish early intervention services at Centrelink³ offices where people lodge their claims.

It is more difficult to provide assistance to those who have made the transition to long-term homelessness. This draws attention to the second issue. There must be adequate detoxification facilities and they have to be available on demand. It is a critical moment when homeless people seek to enter a detoxification unit and most people want this to happen immediately. Access to treatment should be guaranteed within a reasonable timeframe such as 24 hours.

Third, when people leave detoxification facilities they must have stable accommodation. Many people exit detoxification facilities into various forms of emergency accommodation where they are required to share with others who have substance use problems. This is not a good idea as it maintains peoples exposure to drugs (Anderson, Shannon, Schyb & Goldstein 2002; Johnson 2006). Others exit into boarding houses where drug use is common and the facilities are poor. When people in recovery exit to these forms of accommodation, it increases the possibility that they will relapse. People leaving detoxification units should be assisted directly in to permanent housing (Milby, Schumacher, Wallace, Freedman & Vuchinich 2005).

The impact of stable housing can be undermined however, if it is inappropriately located. Often people in recovery are housed in neighbourhoods where illegal drug activity is high and this makes it more difficult for them to maintain abstinence (Anderson et al. 2002; Johnson 2006). 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 2002b: 6).

The fourth policy issues relates to the importance of having long term supports in place. 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 (2003:498) notes, most people do not change within 'three, six, or nine months of substance use treatment'. In Australia the flagship government response to homelessness is the Support Accommodation Assistance Program (SAAP). It assumes that most homeless people will need an average of 13 weeks support. A more realistic approach to the provision of long-term support is necessary. Unless governments fund ongoing support to help formerly homeless people with substance use problems to remain housed, it is clear that some people will experience further episodes of homelessness. When this happens, the costs to the individual and to the community are high.

Our fifth point is that policy makers and service providers focus almost exclusively on changing the behaviour of individuals. This is done with little attention to social context or individual biography. Although 'fixing' the individual resonates with the broader individualistic ideology that is dominant in western countries, what has been missed is the importance of changing the social networks of homeless substance users. The social adaptation account highlights how difficult it is 'to change the behaviours of an individual if his or her networks remains filled with opportunities for risk taking' (Rice et al. 2005:1119). Similarly Rowe (2002:11) argues that without the 'support of a non-drug using network' relapse will happen in many cases. These studies draw attention to the importance of changing the composition of social networks, not just individual behaviour. A key element in the process of helping homeless substance users to remain housed is to facilitate

³ Centrelink is an Australian Government agency that delivers a range of services to the community. A primary service is providing income support to the unemployed, people with disabilities, low income families and people over 65 years of age.

positive social influences and to provide meaningful social activities. This draws attention to the importance of helping formerly homeless people establish new networks.

The relationship between problematic substance use and homelessness is complex. According to Hartwell (2003) the question of cause and consequence is 'inherently misleading' (2003:476). We take a different view. Understanding temporal order provides useful information on the role of substance use as a trigger for homelessness and as an adaptation to homelessness. This research confirms that a substantial minority of the homeless population have substance use issues but it challenges the view that substance abuse is a primary cause of homelessness. For young people, homelessness is often the pathway to problematic substance use. Early intervention strategies are the best way to prevent this from happening.

References

- Anderson, T., C. Shannon, I. Schyb and P. Goldstein (2002) 'Welfare Reform and Housing: Assessing the Impact to Substance Abusers', *Journal of Drug Issues*, 32 (1): 265-296.
- Auerswald, C. and S. Eyre (2002) 'Youth Homelessness in San Francisco: A life cycle approach', *Social Science and Medicine*, 54: 1497-1512.
- Baum, A. and D. Burnes (1993) 'Facing the facts about homelessness', *Public Welfare*, 51 (2).
- Chamberlain, C. (1999) *Counting the Homeless: Implications for Policy Development*, Canberra: Australian Bureau of Statistics.
- Chamberlain, C. and G. Johnson (2001) 'The Debate about Homelessness', *Australian Journal Of Social Issues*, 36 (1): 35-50.
- Chamberlain, C. and D. Mackenzie (2003) *Counting the Homeless 2001*, Canberra: Australian Bureau of Statistics.
- Coumans, M. and M. Spreen (2003) 'Drug Use and the Role of Homeless in the Process of Marginalization', *Substance Use & Misuse*, 38 (3-6): 311-338.
- Crane, P. and J. Brannock (1996) *Homelessness among young people in Australia: Early Intervention and Prevention. A Report to the National Youth Affairs Research Scheme*, Hobart: National Clearing Housing for Youth Studies.
- Culhane, D. (2005) 'Translating Research into Homelessness Policy and Practice: One Perspective from the United States', *Parity*, 18 (10): 19.
- Fitzpatrick, S. (2000) *Young homeless people*, Basingstoke: MacMillan.
- Ginzler, J., B. Cochran, M. Domenech-Rodriguez, A. Cauce and L. Whitbeck (2003) 'Sequential Progression of Substance Use Among Homeless Youth: An Empirical Investigation of the Gateway Theory', *Substance Use & Misuse*, 38 (3-6): 725-758.
- Glasser, I. and W. Zywiak (2003) 'Homelessness and Substance Misuse: A Tale of Two Cities', *Substance Use & Misuse*, 38 (3-6): 551-576.
- Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, Harmondsworth: Penguin.
- Grigsby, C., D. Baumann, S. Gregorich and C. Roberts-Grey (1990) 'Disaffiliation to Entrenchment: A Model for Understanding Homelessness', *Journal of Social Issues*, 46 (4): 141-156.
- Hanover Welfare Services (2006) *Public perceptions*, Melbourne: Hanover Welfare Services.
- Hartwell, S. (2003) 'Deviance over the Life Course: The Case of Homeless Substance Abusers', *Substance Use & Misuse*, 38 (3-6): 475-502.
- Hirst, C. (1989) *Forced Exit: A Profile of the Young and Homeless in Inner Urban Melbourne*, Melbourne: Salvation Army.
- Horn, M. (2001) 'Homelessness and Drugs - Links between Experiences', *Parity*, 14 (8): 8-12.
- Johnson, G. 2006, 'On the Move: A Longitudinal study of pathways in and out of homelessness', PhD, Melbourne: RMIT University
- Johnson, T., S. Freels, J. Parsons and J. Vangeest (1997) 'Substance abuse and homelessness: social selection or social adaptation', *Addiction*, 92 (4): 437-445.
- Jordon, A. (1995) 'An Historical Overview of Homelessness', *Parity*, 8 (7).
- Kemp, P., J. Neale and M. Robertson (2006) 'Homelessness among problems drug users: prevalence, risk factors and triggers events', *Health and Social care in the Community*, 14 (4): 319-328.
- Keys, D., S. Mallett and D. Rosenthal (2006) 'Giving up on drugs: homeless young people and self-reported problematic drug use', *Contemporary drug problems*, 33 (Spring).
- Mallett, S., D. Rosenthal and D. Keys (2005) 'Young people, drug use and family conflict: Pathways into homelessness', *Journal of Adolescence*, 28: 185-199.
- Milby, J., J. Schumacher, D. Wallace, M. Freedman and R. Vuchinich (2005) 'To House or Not to House: The Effects of Providing Housing to homeless Substance Users in Treatment', *American Journal of Public Health*, 95 (7): 1259-1265.
- Morrell-Bellai, T., P. Goering and K. Boydell (2000) 'Becoming and Remaining Homeless: A Qualitative Investigation', *Issues in Mental Health Nursing*, 21: 581-604.
- Neale, J. (1997) 'Homelessness and Theory Reconsidered', *Housing Studies*, 12 (1): 47 -61.
- Neale, J. (2001) 'Homelessness amongst drug users: A double jeopardy explored', *The International Journal of Drug Policy*, 12: 353-369.
- Neil, C. and R. Fopp (1993) *Homelessness in Australia: Causes and Consequences*: CSIRO: Victorian Ministerial Advisory Committee on Homelessness and Housing.
- O'Connor, I. (1989) *Our Homeless Children: Their Experiences*, Sydney: Human Rights and Equal Opportunity Commission.

- Rice, E., N. Milburn, M. J. Rotheram-Borus, S. Mallett and D. Rosenthal (2005) 'The Effects of Peer Group Network Properties on Drug Use Among Homeless Youth', *American Behavioral Scientist*, 48 (8): 1102-1123.
- Rowe, J. (2002b). 'Survival Strategies of the Homeless and Drug Dependent', in *Housing, Crime and Stronger Communities Conference*, Melbourne. Australian Institute of Criminology and Australian Housing and Urban Research Institute.
- Snow, D. and L. Anderson (1993) *Down on their luck: A study of street homeless people*, Berkeley: University of California Press.
- Snow, D., L. Anderson and P. Koegel (1994) 'Distorting tendencies in research on the homeless', *American Behavioral Scientist*, 37 (4): 461-476.
- Teesson, M., T. Hodder and N. Buhrich (2003) 'Alcohol and Other Drug Use Disorders Among Homeless People In Australia', *Substance Use & Misuse*, 38 (3-6): 463-474.
- Timmer, D., D. Eitzen and K. Talley (1994) *Paths to Homelessness: Extreme Poverty and the Urban Housing Crisis*, Boulder: Westview Press.
- van Doorn, L. (2005) 'Phases in the development of homelessness - a basis for better targeted service interventions', *Homeless in Europe*, Winter.
- Victorian Homelessness Strategy (2002) *Action Plan and Strategic Framework: Directions for Change - A collaborative approach to improving our response to homelessness*, Melbourne: Department of Human Services.
- Wong, I. (2002) 'Tracking Change in Psychological Distress among Homeless Adults: An Examination of the Effect of Housing Status', *Health and Social Work*, 27 (4): 262-273.
- Wong, I. and I. Piliavin (2001) 'Stressors, resources and distress among homeless persons: a longitudinal analysis', *Social Science and Medicine*, 52: 1029-1042.
- Zlotnick, C., M. Robertson and T. Tam (2002) 'Substance Use and Labor Force Participation among Homeless Adults', *American Journal of Drug and Alcohol Abuse*, 28 (1): 37-53.