



Rapid Literature Review on Homelessness and Substance Use

Version 1.0

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Summary: This rapid literature review was conducted to assess the connection and association between homelessness and substance use among youth and adults in the United States and specifically in the state of Hawai'i. Overall, the findings point to a strong connection between the two where both substance abuse can lead to homelessness, and homelessness can lead to substance use. Many youth and young adults face homelessness in the United States, as well as the state of Hawai'i. Hawai'i typically has higher rates than the entire nation, with the majority of the state's homeless population living on Oahu. Additionally, LGBTQ+, victims of sexual trafficking or exploitation, Native Hawaiian youth, Micronesian or COFA youth, college/university students, and military families have higher risk of becoming homeless than the rest of the population.

Background

Homelessness and substance abuse are often discussed as important indicators. However, the connection between them and the direction of causation are rarely discussed. The purpose of this rapid review of literature is to assess the evidence of these variables co-occurring and impacting each other, in the United States and specifically in the state of Hawai'i.

Methodology and Search Terms

This rapid review was conducted between 5/12/21 to 5/19/21 [at the request of the Hawai'i Department of Health Alcohol and Drug Abuse Division]. Google, Google Scholar and PubMed databases were searched with the following terms: "homelessness" + "youth" + "substance use" + "drinking" + "hawaii" + "alcohol use". All articles including news articles were included for review.

Results

Overall, the findings point to a strong connection between the two where both substance

abuse can lead to homelessness, and homelessness can lead to substance use. Many youth and young adults face homelessness in the United States, as well as the state of Hawai'i. Hawai'i typically has higher rates than the entire nation, with the majority of the state's homeless population living on Oahu. Additionally, LGBTQ+, victims of sexual trafficking or exploitation, Native Hawaiian youth, Micronesian or COFA youth, college/university students, and military families have higher risk of becoming homeless than the rest of the population.

Evidence from Hawai'i

Youth

Youth homelessness is an issue facing many in Hawai'i. The *O'ahu Coordinated Community Plan to End Youth Homelessness* defines the categories of homelessness for understanding this population. Youth are considered "literally homeless" if they are in a shelter, transitional housing, hotels or motels paid for by the government or charity, or other places not meant for human habitation (unsheltered). This category also includes youth who are exiting from an institution (e.g, jail, hospital, juvenile detention) where they

were a resident for 90 days or less, and the youth resided in emergency shelter or place not meant for human habitation immediately prior to entering that institution.

Youth are considered to be “imminently at risk of homelessness” if they will lose housing within the next 14 days with no other safe place to stay and no money or other resources for housing. This includes youth who “couch surf”, moving from one home to another, and cannot stay in their current home. To be in this category, they must have no safe alternative housing, resources or support networks to maintain or obtain permanent housing.

The final category they define is youth “fleeing dangerous or life-threatening situations.” This is youth fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house (trading sex for housing, trafficking, physical abuse, emotional abuse, family conflict causing youth to feel unsafe, financial abuse, violence due to sexual orientation or gender identity, active drug/illegal substance use in home, gang or neighborhood violence, other illegal activity in household).

This report also mentions special populations that may be at higher risk. These are: LGBTQ+, victims of sexual trafficking or exploitation, Native Hawaiian youth, Micronesian or COFA youth, college/university students, and military families.

The 2017 point in time (PIT) count found 319 unaccompanied youth, 82% of whom were living unsheltered, 92% were in the transitional age range of 18-24, 44.4% were Hawaiian or part Hawaiian, 58.9% were male, 17.2% were LGBTQ, and nearly a quarter (24.7%) had dropped out of school.

In a 2019 PIT count, 38% of all homeless people reported a substance use issue. A 2018 Street Youth Study Report found that 88.1% of

homeless youth used substances in the past 30 days before being surveyed, and 32.5% had been admitted to a drug treatment program.

Homeless youth face challenges and dangers more so than their housed peers. The Youth Outreach Drop-in Center in Waikiki encounters up to 600 children and young adults in an average year. Over half of the kids had parents who were homeless, in the prison system, and/or had substance abuse problems. Most cases of child homelessness involve abuse.

Blair (2020) reports that 151 homeless and runaway youth between the ages of 12-24 were surveyed in the Street Youth Study. They lived in Waikiki, Downtown Honolulu, or the Waianae Boat Harbor. More than half surveyed were from Hawaii or born in Hawaii and returned. Around 40% experienced some sort of physical violence on the street, with 13% admitting to having used “survival sex” for food, shelter, money, or safety.

Mangieri (2020) reported that there has been an increasing trend of missing children in the County of Hawai‘i reported on social media. Police report frequent repeat runaways, often youth in foster or interim care. Runaway youth are more likely than housed youth to become involved in drug use or trading sex for food or housing.

General

According to data from Hawai‘i Health Matters as of July 2020, the homelessness rate in Hawai‘i was 45.5 per 100,000, up from 45.1 per 100,000. This is higher than the rate for the overall U.S. of 17.3 per 100,000 in 2019.

The Honolulu Mayor’s Office of Housing provides definitions for the categorizations used for homeless individuals in their area. The four categories are: unsheltered, sheltered, at-risk, and chronically homeless.

Unsheltered homeless includes families or individuals with a primary nighttime residence that is a public or private place not designed for regular

sleeping accommodation for human beings. This includes beaches, parks, automobiles, and streets.

Sheltered homeless are families or individuals who lack a fixed, regular, and adequate nighttime residence and have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (e.g. emergency or transitional shelters, churches, etc.), or that is an institution that provides temporary housing for individuals intended to be institutionalized.

Those who are considered to be at-risk homeless are families or individuals who are being evicted within 45 days from a private dwelling or discharged from institutions where they had been a resident for more than 30 consecutive days. They also have no subsequent residences identified and lack resources and support networks needed to obtain housing.

The final category of chronic homelessness has a few requirements for individuals to be classified as such. This includes individuals who are homeless and live in a place not meant for human habitations, a safe haven, or in an emergency shelter and have been living in one of these places for at least one year or on at least 4 separate occasions in the last 3 years. Often these individuals are diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Chronically homeless also includes those who have been residing in an institutional care facility (including jail), substance abuse or mental health treatment facility, a hospital, or other similar facility for fewer than 90 days and met the criteria in the prior paragraph before entering the facility.

This category includes families with the head of household that meets the above criteria, including families whose composition has

fluctuated while the head of household has been homeless.

The 2020 Homeless Point in Time (PIT) Count surveyed a sample of the homeless population across the state. On Oahu, 4,448 people experienced homelessness, with the number who were sheltered rose by 4% and unsheltered decreased by 2%. A total of 881 (24%) adults were chronically homeless and 51% identified as or partly as Native Hawaiian or Pacific Islander (NHPI), overrepresenting the population by 210%. An estimated 1 in 4 homeless adults reported at least one mental health problem, and 1 in 10 were veterans.

The same PIT count found 2,010 people experienced homelessness on neighbor islands (Maui, Hawai'i, and Kaua'i). The sheltered population declined by 7%, and unsheltered rose by 5%. A total of 709 (35%) were chronically homeless and 66% of homeless people were households without children under 18. Hawai'i island saw a 16% increase in homelessness, while Kaua'i and Maui saw decreases by 4% and 8%, respectively. There was a 9% increase in homeless veterans, with 132 individuals reporting as such. This is the first increase in veteran homelessness since 2016.

Pruitt & Barile (2020) report on the situation of homelessness in Honolulu and policy recommendations using PIT datasets from 2017-2020 and the Homeless Management Information System (HMIS). The PIT counts surveyed 7,496 unique individuals counted as unsheltered since 2017, with 533 of them being children, 19% repeaters (counted in more than one PIT), and 42% with existing records in HMIS.

The report shows that 36% surveyed had mental health issues, 31% had substance use issues, 36% had physical or developmental disabilities, and 32% were survivors of domestic violence. They found that individuals with repeat appearances in PIT counts were more likely to be NHPI, Asian, and multiracial, as well as report

mental health and physical or developmental disabilities. Repeaters were also less likely to have substance abuse issues or domestic violence survivors.

Their report concludes that the unsheltered population of Honolulu is largely due to a steady influx of newly homeless individuals - new individuals fall into homelessness as quickly as service providers house people. They find that island-wide efforts to house individuals have been successful, but policies fail to prevent people from falling into homelessness.

The report offers some service and policy suggestions to address the lapses in service. The first policy proposal is to integrate antipoverty and homelessness services and bring these into high-risk neighborhoods. They suggest prevention measures such as providing flexible cash grants and continuing eviction prevention measures (e.g. meditation, rental assistance). To further develop policy, the state ought to invest in research models to predict the most at-risk individuals for falling into homelessness to target those populations. They suggest enforcing legislation prohibiting landlord discrimination based on income or race, as well as alternate tools for entry assessments that may suffer from these same biases.

Knopf (2020) discusses homelessness, mental illness, COVID-19, and substance use disorders (SUD). The state's Behavioral Health Administration (BHA) has a central initiative of a coordinated entry system providing treatment and other services as a "one-stop shop."

The report describes how using the Hawai'i Cares system, the BHA was able to aid the state in their COVID-19 response, particularly for homeless people. About 40% of the people who were in the quarantine and isolation center had an SUD or co-occurring SUD and mental health disorder. About 85% of people who have been in the isolation and quarantine sites stated that they moved to a better situation than where they came from, particularly

among the chronically homeless. Many behavioral health providers (especially residential) do not want any patients with COVID-19.

Nakamoto-White (2019) reports that the number of unsheltered people dying on the streets is increasing, according to Dr. Christopher Happy, then Honolulu Medical Examiner. A third of these deaths were listed as substance abuse, suicide, or homicide. Compared to Oahu's general population, those who are homeless have a higher rate of death from drug abuse, infectious diseases, and homicide. The average age of death in this population was 52.6 years, compared to the life expectancy in Hawai'i of 80 years.

Blair (2019) reports that drugs and alcohol are the leading cause of death for Oahu's unsheltered population. A total of 374 unsheltered homeless people died over the past five years, with half being linked to effects of drug use. Some experts believe it is due to lack of availability of drug treatment.

Evidence from Outside Hawai'i

Youth

According to Youth.Gov, an estimated 500,000 to 2.8 million youth are homeless in the United States each year. They found youth homelessness is often associated with juvenile justice or child welfare systems, abuse, neglect, abandonment, and severe family conflict. Additionally, runaway and homeless youth have high rates of involvement in the juvenile justice system, are more likely to engage in substance use and delinquent behavior, be teenage parents, drop out of school, suffer from sexually transmitted diseases, and are prone to mental illness. They also report that unaccompanied homeless youth have different experiences than youth who are homeless with their families, who have experiences closer to youths living in poverty.

Santa Maria et. al. (2018) finds that in a study focused in Houston, Texas, homeless youth

have a higher prevalence of substance use than the general population. The sample consisted of mostly African American, male youth, with one quarter identifying as LGBQ and one third having used alcohol or marijuana in the past month. The substance use prevalence was lower than similar studies about homeless youth, but still higher than housed youth. They found that stress and higher adverse childhood experience (ACE) scores were associated with alcohol use. Street dwelling youth were found to have higher marijuana use than sheltered youth. About 29% of the sample used stimulants (12% in the month prior to the survey), with White youth having the highest rates.

General

The Substance Abuse and Mental Health Services Administration found that in 2003, 38% of homeless people were dependent on alcohol and 26% abused other drugs. Older adults tended to use alcohol, while homeless youth and young adults used more drugs. The National Coalition for the Homeless's 2009 report states that 68% of cities listed substance abuse as the single largest cause of homelessness for single adults, and 12% of cities included substance abuse as a top three cause for homeless families. They found that two-thirds of homeless people report that drugs and/or alcohol were a major reason for them becoming homeless.

The report also highlights that substance abuse is a result of homelessness rather than the cause in many situations. Many treatment programs focus on abstinence only programming, which is less effective than harm-reduction strategies and does not address relapse. For many homeless people, substance abuse co-occurs with mental illness. People with untreated mental illnesses often use street drugs as an inappropriate form of self-medication. Stable housing during and after treatment, regardless of sobriety at entry, reduces the risk of relapse.

Murray & Hampton (2021) discusses the connection between homelessness and addiction. They report that 38% of homeless people are alcohol dependent, 26% are dependent on other harmful chemicals, and 33% battle mental illness. Homeless individuals suffering mental conditions are more likely to be victims of assault, which may further their want for harmful substances for comfort. Homeless women suffer higher rates of mental and emotional disturbances at 50-60%, many of which had conditions predating their homelessness. One-third of homeless women abused heroin or crack cocaine.

The report also finds that youths aged 12-17 are at greater risk of homelessness than adults, with many of these youths having been victims of severe abuse. The LGBTQ community also has a higher risk of homelessness, 120% higher than the general population. They are more likely to face depression, PTSD, anxiety and suicidal ideation, and self-medicate with substances when homeless. Homeless lesbian women report higher rates of alcohol abuse due to internalized disorders and minority stress. Members of this community are more likely to be subject to violence and assault compared to their heterosexual counterparts. The transgender community struggles even more so with homelessness in part due to job discrimination.

The Yale Program in Addiction Medicine, Global Health Justice Partnership, and Crackdown released guidance for individuals that use substances during the COVID-19 pandemic. Substance users may have increased risk of becoming seriously ill or dying as COVID-19 can worsen breathing impacts of opioids, benzos, and alcohol. Opioid withdrawal can also worsen breathing difficulties, as well as smoking (e.g. crack cocaine or methamphetamines). They recommend stock piling, but not bingeing, drugs as involuntary withdrawal may occur if dealer or drug supply becomes sick or disrupted.

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