

Recovery from Homelessness & Substance Use Disorder: A Qualitative Examination

Dr. Branagh O'Shaughnessy

Dr. Paula Mayock

School of Social Work and Social Policy

Trinity College Dublin

Overview

- Background
- Research question
- Method
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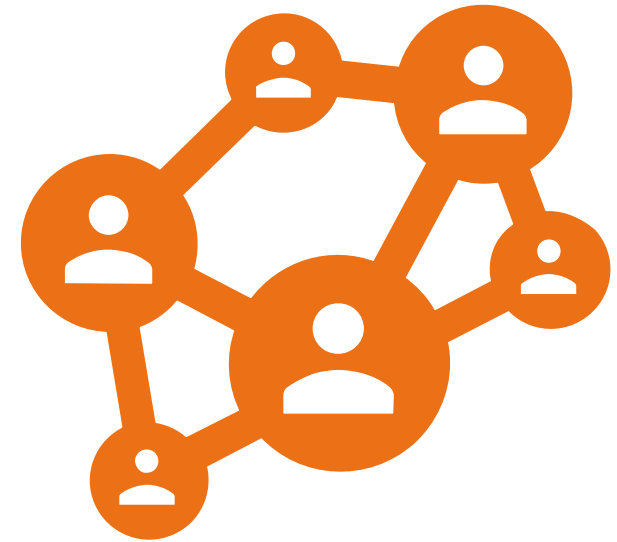


Prevalence of Substance Use in Homeless Populations

- Estimates vary depending on the sub-population in question and the severity of substance use or substance use dependence.
- Considerations: How is prevalence measured? How is homelessness and substance (ab)use / SUD defined?
- Available estimates suggest that substance use disorders (SUDs) are far more prevalent – about three times higher – in adults experiencing homelessness than in the general population (Fazel et al., 2008; Shelton et al., 2009).
- Prevalence of substance use and SUD among different sub-populations differ (e.g. ‘single’ homeless individuals Vs homeless families).

Homelessness and Substance Use

- Two prominent frameworks have sought to explain the relationship between homelessness and substance use:
 - Social selection
 - Social adaptation
- There is support in the existing research base for substance use as both a cause and consequence of homelessness.
- Strong evidence that homelessness is a ‘risk environment’ for increased substance use and/or the transition to more risky drug use practices.
- Also evidence that homelessness and substance perpetuate one another.



Moving Beyond Cause and Effect

- Strong focus in the literature on establishing the direction of the relationship homelessness and substance use.
- This preoccupation with the temporal ordering of homelessness and substance use greatly underplays the complexity of the lived realities of people experiencing homelessness (Johnson & Chamberlain, 2008).
- Research has only narrowly captured the complex relationship between homelessness and SUD and, in particular, the *intersection of trauma with both homelessness and SUD*.
- ***Little is currently known about the recovery journeys of adults with histories of SUD and homelessness.***

Complex Recovery

- Complex recovery goes beyond the notion of recovery solely from substance abuse or mental illness to “capture the kaleidoscope of disadvantage and life adversity” typically experienced by individuals with experience of homelessness and SUD (Padgett et al., 2016: 3).
- Viewed as the product of *cumulative adversity*, “complex recovery is the dynamic process of overcoming multiple forms of adversity as one pursues a ‘recovered life’” (Padgett et al., 2016: 3).
- Emphasis is placed on the need to “go earlier” – to look to earlier life experiences and to “go broader” – to examine structural factors that can support or, alternatively, inhibit recovery.



Recovery: Conceptual approach

Recovery as a long-term continuous process, defined subjectively by the individual, and involving improvements in interdependent life domains such as housing, relationships & meaningful roles (Deegan, 1988; Ralph, 2000; Rogers et al., 2005; Spaniol et al., 2003).



Research questions

1. How do adults experiencing homelessness manage SUD and related mental health issues in different homeless services?
2. What aspects of homelessness services facilitate or, alternatively, constrain service users with SUDs as they define & pursue their recovery goals?
3. How do homeless service users describe and understand the interlinking experiences of homelessness and substance use?

Method: Recruitment

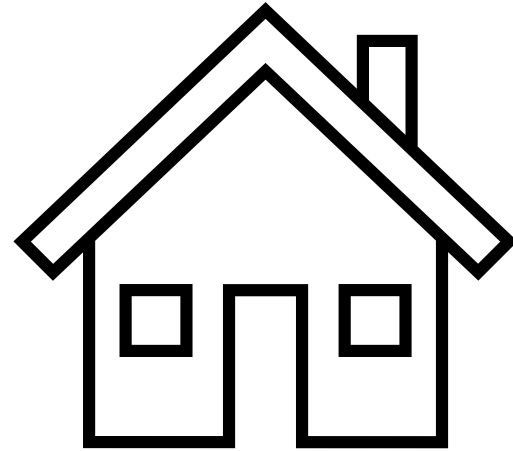
RECRUITMENT &
EXCHANGE VIA
ADVISORY
COMMITTEE

CONVENIENCE
SAMPLING

	Emergency	Transitional	Housed
Target	25	20	20
Final	25	15	20

Recruitment: Eligibility

- 1) Aged over 18 years old and using either emergency or transitional accommodation, or housing with supports (HF/TSS);
- 2) Current or lifetime substance use issue;
- 3) English language ability



Procedure

Semi-structured Interview Schedule

The Complex Recovery Experiences of Homeless Service Users with Drug/Alcohol Use Disorders: A Qualitative Longitudinal Examination

Sections

Introduction: Living arrangements and service use.....	2
Homeless history	3
Drug/alcohol use history	3
Mental Health.....	4
Drug treatment history.....	4
Recovery	5
Family and peer relationships.....	5
Meaningful activities and personal development	6
Harm reduction.....	7
Accommodation and housing.....	7
Closing questions.....	8



Findings: Participants



	<i>n(%) / M(SD)</i>
Gender: male	38 (63.3)
Age	41.82 (9.69)
Duration at service	
1-2 months	9 (15)
3-6 months	8 (13.3)
6-12 months	19 (31.7)
Over 12 months	20 (33.3)
Age at first homelessness episode (years)	30.53 (12.75)
Duration lifetime homelessness (months)	113.83 (104.59)

Ranged 6 - 480 (40 yrs)

Substance use profiles

Emergency

	<i>n</i> (%)
Polysubstance: current	11 (44%)
Opiate use	
Current	3 (12%)
Lifetime	10 (40%)
MMT	
Current	10 (40%)
Lifetime	1 (4%)
Alcohol	
Current	8 (32%)
Lifetime	1 (4%)
Abstinence/sobriety	5 (20%)
Co-occurring MH disorder	13 (52%)

Transitional

	<i>n</i> (%)
Polysubstance: current	1 (6.6%)
Opiate use	
Current	-
Lifetime	6 (40%)
MMT	
Current	-
Lifetime	4 (26.6%)
Alcohol	
Current	1 (6.6%)
Lifetime	12 (80%)
Abstinence/sobriety	14 (93.3%)
Co-occurring MH disorder	8 (53.3%)

Housed

	<i>n</i> (%)
Polysubstance: current	2 (10%)
Opiate	
Current	1 (5%)
Lifetime	12 (60%)
MMT	
Current	11 (55%)
Lifetime	-
Alcohol	
Current	5 (25%)
Lifetime	8 (40%)
Abstinence/sobriety	12 (60%)
Co-occurring MH disorder	13 (65%)

Theme: Recovery signifiers & supports

Balance of professional/
peer support

I'd rather go see a therapist
who's been through something
that I've been through rather
than going through theory and
testimony of other clients...
(transitional, male, 56)

I think we're more spiritual
than we are religious [...] like
there's too many, things
have happened in my life.
To say that there's nothing
there. (transitional, male, 40)

Making meaning of
adverse events

Contradictory nature of
recovery

I'm able to stop, but
staying stopping, that's
the problem. (emergency,
male, 45)

A broken homelessness service system

I thought that the only way that I was going to get help, was to actually meet my aftercare worker, like, so completely out of it that she'd be worried that I was going to die. (housed, female, 22)

Acts of desperation to get help

Destabilised by housing setbacks

I went off the rails altogether when I found out that I wasn't going to be housed. (transitional, male, 49)

I asked them not to put me in here because this is where addiction is, any corner...
(emergency, female, 42)

Placed in unsuitable locations

Relationships: Fuel & challenges for recovery

Ambivalent connections with family

After treatment, I went home to my Mam and then soon realized that she was drinking an awful lot. (emergency, female, 44)

I couldn't have my family looking like that. My days are gone from all that. My family sees something different now, different clean environment around. (housed, female, 47)

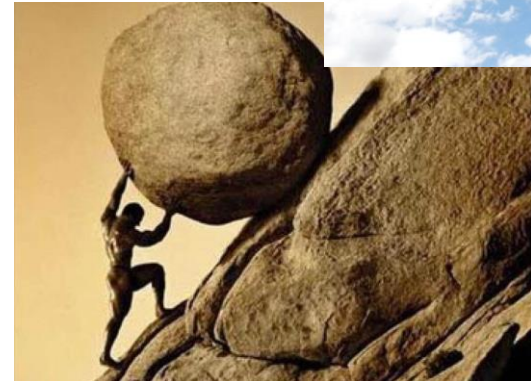
Family reunification

Romantic relationships entangled with substance use

I met a girl who's a heavy drinker and I drank every day (transitional, male, 49)

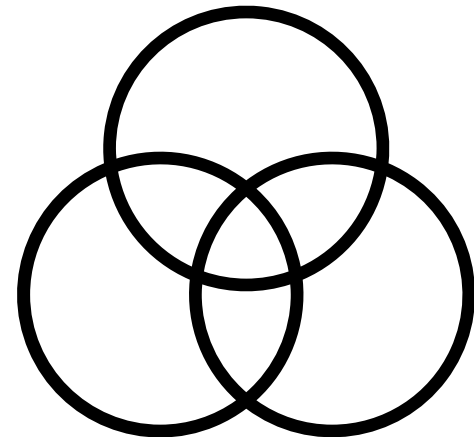
Summary

- Recovery was gaining an understanding of what works
 - Professional/peer supports (i.e. therapy or peer counselling)
 - Appropriate medical interventions
 - Making meaning from stressful life events
- Fragmented yet self-perpetuating systems kept service users stuck
- Relationships were both fuelling and taxing for recovery



Implications & conclusion

- Homelessness services trauma-informed but encompassing housing, health, criminal justice and social service systems are not
- To avoid further entrenchment and re-traumatisation, fragmented systems must be properly repaired and integrated
 - Housing
 - Treatment
 - Health



Thank you

Any questions?

Contact

Branagh O'Shaughnessy



Branaghos@outlook.ie



[@Branaghos](https://twitter.com/Branaghos)

Paula Mayock



PMayock@tcd.ie

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