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Predictors of substance abuse treatment participation among homeless adults

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ABSTRACT

The current study focuses on the relationships among a trauma history, a substance use history, chronic homelessness, and the mediating role of recent emotional distress in predicting drug treatment participation among adult homeless people. We explored the predictors of participation in substance abuse treatment because enrolling and retaining clients in substance abuse treatment programs is always a challenge particularly among homeless people. Participants were 853 homeless adults from Los Angeles, California. Using structural equation models, findings indicated that trauma history, substance use history and chronicity of homelessness were associated, and were significant predictors of greater recent emotional distress. The most notable result was that recent emotional distress predicted less participation in current substance abuse treatment (both formal and self-help) whereas a substance use history alone predicted significantly more participation in treatment. Implications concerning treatment engagement and difficulties in obtaining appropriate dual-diagnosis services for homeless mentally distressed individuals are discussed.

1. Introduction

Homelessness is linked to a host of psychological, economic, and childhood trauma factors (Caton, Wilkins, & Anderson, 2007) as well as drug and alcohol use (Des Jarlais, Braine, & Friedmann, 2007; Winkley, Rockhill, Jatulis, & Fortmann, 1992). More than 67% of homeless people in Los Angeles County are substance abusers (Los Angeles Homeless Services Authority, 2004). Homeless people are usually classified as chronic, episodic or transitional. Chronic homeless persons are homeless for at least 6 months or more; episodic homeless persons are those who shuttle in and out of homelessness, and transitional homeless persons enter the shelter system for one short-term period (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010). In the United States, persons who are chronically homeless are estimated to constitute 0.3% of the overall population (Caton et al., 2007). Chronically homeless persons evidence more addiction, mental illness, and physical health problems than other homeless populations (Kertesz et al., 2005; Morrison, 2009; Stein, Grella, Conner, & Gelberg, 2012).

1.1. Childhood abuse

A childhood abuse history is a common precursor to homelessness. Wu, Schairer, Dellor, and Grella (2010) found a higher prevalence of exposure to childhood traumatic events among a clinic sample of adult with comorbid substance use disorders and mental health problems than among adults in a health problems sample (primary health care setting); exposure to more numerous traumatic events was also significantly associated with a greater likelihood of homelessness. Other studies have confirmed an association between maltreatment in childhood and adolescence and homelessness and substance abuse (Ferguson, 2009; Gwadz, Nish, Leonard, & Strauss, 2007; Hamburger, Leeb, & Swahn, 2008). In addition, Stein, Leslie, and Nyamathi (2002) found that early abuse experiences in homeless women were strongly predictive of adverse psychosocial and behavioral consequences, including increased victimization and poor mental health in adulthood.

1.2. Substance use

Substance abuse or dependence is disproportionately prevalent among homeless individuals, especially among those who are chronically homeless (Caton et al., 2007; Eyrich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008; SAMHSA, 2010). In 2007, although 9% of the U.S. population reported a substance use disorder (SAMHSA, 2008), among a sheltered population of newly homeless people, 53% had a lifetime diagnosis of substance use disorder, and 44% of the overall

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sample had received treatment for a substance use disorder (Caton et al., 2005). People with intermittent periods of homelessness report substantial amounts of substance abuse problems (40% of episodic, 28% of transitional), but among the chronically homeless, lifetime rates of substance abuse problems have been reported to be as high as 80% (SAMHSA, 2010). In a large sample of homeless adults, Stein, Dixon, and Nyamathi (2008) found that chronic and severe homelessness was associated with more alcohol use and injection drug use.

Substance abuse and homelessness are also mutual risk factors (Des Jarlais et al., 2007). Problems related to the use of substances have been pointed out as a key factor precipitating and exacerbating drifting down, homelessness, and marginality (McNaughton, 2008; Salomonsen-Sautel et al., 2008); greater substance abuse could be an outcome of the stressors and social environment associated with homelessness (Shelton, Taylor, Bonner, & van den Bree, 2009). Temporal precedence may not be readily evident, but clearly there is synergy between homelessness, substance abuse problems, and co-occurring mental disorders and emotional distress.

1.3. Mental health

In addition to the direct deleterious consequences of substance use, homeless people who use substances are more likely to have concomitant mental health problems, such as depression and anxiety, and to engage in other high risk behaviors (Nyamathi et al., 2010). A study using a nationally representative sample found that the most prominent risk factor for a history of homelessness in the general population is a behavioral health disorder (e.g., substance abuse or dependence, mood disorder or impulse control disorder), with these disorders generally increasing the odds of homelessness by 2–3 times (Greenberg & Rosenheck, 2010). The relationship between homelessness and mental health could also be bidirectional, although normally problems like mental problems appear to precede the first episode of homelessness (Muñoz, Vázquez, Koegel, Sanz, & Burnam, 1998; Muñoz, Koegel, Vázquez, Sanz, & Burnam, 2002). Homelessness increases the risk of poor physical and mental health, and physical illness and deteriorating mental health can also contribute to a person or family becoming homeless (Frieden & Gibbs, 2005).

1.4. Participation in substance abuse treatment

Apart from physical and psychological health problems, homeless individuals frequently have trouble negotiating the health care system. Seeking health care often is not a main concern for homeless individuals due to other exigent needs such as finding food and shelter (Nyamathi, Leake, Keenan, & Gelberg, 2000; Stein, Andersen, & Gelberg, 2007). Low rates of engagement and retention in substance abuse outpatient treatment are also typical (Caton et al., 2007).

Engagement is the first step in treatment, and an individual's resistance to treatment is often related to the length of time he or she has been homeless (National Institute of Health, NIH, 2001). This is often due to the instability in their lives (e.g., Herndon, Asch, & Kilbourne, 2003); comorbidity between substance abuse and mental health disorders may make continuity of participation in drug abuse treatment problematic (Mangrum, 2009). The literature offers some concrete strategies for engaging homeless individuals, or subgroups of the homeless population; these include methods such as outreach, housing, a safe environment, motivational strategies and peer leadership (Zerger, 2002). The length of time spent in treatment has been associated with positive client outcomes (Zerger, 2002). After engagement, retaining clients in substance abuse treatment programs remains an important challenge, especially when the target population is homeless people.

1.5. Study hypotheses

Psychosocial models have gained importance in homelessness research as they attempt to integrate and explain associations among psychological factors and environmental factors. This study is based on the Comprehensive Health Seeking and Coping Paradigm (CHSCP; Nyamathi, 1989). The model postulates that a number of psychosocial factors play an influential role in health outcomes and behaviors in vulnerable populations. It has been used in numerous studies examining varied outcomes, including substance use and abuse among homeless people (e.g., Nyamathi, Stein, Dixon, Longshore, & Galaif, 2003; Stein et al., 2002; Stein et al., 2008). In this current study, which examines drug treatment utilization, key predictive variables from the model include situational (trauma and homelessness history), behavioral (use of depressants, hallucinogens and stimulants), and sociodemographic (gender, age, and ethnicity) factors as antecedents of the mediating personal factor of current emotional distress. Associations among past and current drug treatment participation with recent emotional distress are then examined.

The rates of substance abuse are considerably high among homeless individuals (50 % or more), and those who are dependent on alcohol or drugs are less likely to be out of homelessness. For many homeless people, substance abuse co-occurs with mental illness, and they have additional risk for violence or victimization. Although there is important empirical evidence about the factors (child abuse, drug abuse and mental health) that increase the probability of becoming homeless, there are few studies that have attempted to integrate these factors into a model, explain the relations among these factors, and to analyze their associations with treatment engagement and current participation in substance abuse. Rates of engagement and retention in substance abuse treatment are low for homeless people (Caton et al., 2007). Thus, the major innovative aspect of this research is the application of an integrated model of vulnerability factors associated with homelessness as predictors of substance abuse treatment participation, using structural equation modeling. This type of statistical analysis helps to elucidate the directional relationships among a large set of variables, and represents an improvement over the multiple regression techniques more commonly used in the substance abuse treatment research.

Thus the main goal of this study was to use mediational structural equation models (SEM) to assess the roles of the main risk factors of homelessness as predictors of substance treatment participation using an integrated model of vulnerability factors associated with homelessness (O'Toole, Pollini, Ford, & Bigelow, 2008). It was focused on the relationships among trauma history, substance use history, chronicity of homelessness, demographics and the mediating role of recent emotional distress and past substance abuse treatment in predicting current substance treatment participation among adult homeless people. Moreover, an innovative aspect of this study is that trauma history includes abuse of homeless persons during adulthood because previous studies have primarily focused on child abuse. It is hypothesized that traumatic experiences in childhood and/or adulthood will be highly associated with a history of substance use, and more severe homelessness. We naturally expected a large association between prior and current substance treatment participation due to stability across time. Moreover, we explore the predictors of alcohol/drug treatment participation; the challenge is intensified when the target population is homeless and has other dysfunctional problems. Because our data are cross-sectional, we also test an alternative model in which recent participation is used as a predictor of current emotional distress and past drug treatment. Substance abuse treatment has been associated with later improvements in distress among dually diagnosed substance abusers (Grella & Stein, 2006).