Life stories of homelessness and substance abuse: The role of the community, relationships and life events

Emma Littlewood
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**ABSTRACT**

The following research explores the role of the community, relationships and life events in relation to the causes and experiences of substance abuse and homelessness. Previous research has often ignored the views of those in such circumstances and has maintained a quantitative stance; this research therefore challenging such traditions by incorporating a qualitative methodology involving 5 narrative, semi-structured interviews with 4 individuals suffering from homelessness and/or substance abuse. Interviews lasted between 30 and 60 minutes and were subsequently transcribed for a thematic analysis based on the principles outlined in Braun & Clarke (2006). The analysis uncovered 6 themes: Discrimination, stigmatisation & labelling, Failed services, Benign neglect & damaging relationships, Supportive personal relationships, Mental and physical abuse and Criminal behaviour. The interconnection of each theme allows for a comprehensive insight into the life stories of these individuals. Analysis pointed to the significance of traumatic life events and ineffective services, whilst interpretations can be made to suggest that stereotypes among societies are ever present and that a look into the lives of the homeless and substance abusers is required before dismissing their circumstances as unworthy and self inflicted.

**KEY WORDS:** HOMELESS, SUBSTANCE ABUSE, INTERVIEW, QUALITATIVE, THEMES
Introduction

Each year, 2 – 3 three million people in America experience an episode of homelessness (Caton et al., 2005). According to Quilgars, Johnsen & Pleace (2008), it is estimated that at least 75,000 young people experienced homelessness in the UK in 2006–07; including 43,075 young people (aged 16–24) who were accepted as statutorily homeless. However, such figures are often inaccurate and unreliable due to the episodic and transient nature of homelessness making it difficult to estimate its prevalence exactly. This does not disguise the fact that homelessness is a major issue worldwide, requiring in depth research and drastic societal changes to eliminate homelessness.

Defining homelessness causes controversy in the professional domain. Disagreement exists among policymakers, government officials and social scientists, over conditions that constitute homelessness, and by extension, who “is” or “is not” considered to be homeless (Toro & Warren, 1999). As there are no fixed definitions of homelessness it is useful to think of homelessness as a continuum, ranging from ‘rooflessness’ or sleeping rough, to living in bed and breakfast accommodation and hostels, to an inability to leave unsatisfactory housing conditions (Rugg, 2000). For the purpose of this report, the term ‘homelessness’ is used to describe those accessing homeless shelters and/or sleeping rough.

A vast amount of literature has been conducted into the links between homelessness and substance abuse. The Advisory Council on the Misuse of Drugs (1998) defined substance abuse as any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her own use of drugs or other chemical substances; and anyone whose drug misuse involves, or may lead to, the sharing of injecting equipment. With this in mind, researchers have looked into the links between homelessness and substance abuse; some studies indicating that substance abuse is a risk factor for homelessness, whereas others suggest that homelessness induces drug use (Neale, 2001). This is commonly known as the debate about substance abuse as either a cause or consequence of homelessness (Culhane, 2005), and has since encouraged debates over whether there are alternative factors causing the link, how society views these individuals and how these problems can be overcome; all of which will be discussed within this report.

The social selection model sights substance abuse as one of a number of causes of homelessness; the key proposition being that homelessness represents the end point in a process characterised by the gradual depletion of an individual’s economic and social resources (Johnson & Chamberlain, 2008). As people’s substance abuse increases, their financial materials are depleted as they sustain 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 (2002) found that 63% of their sample of homeless people in Britain cited drug or alcohol use as a reason for first becoming homeless. Similarly, in a survey of 993 people in Melbourne, 91% identified substance abuse as the primary cause of homelessness (Hanover Welfare Services, 2006).
Alternatively, the social adaptation model concentrates on substance abuse as a consequence of homelessness, and that social behaviour is best understood by exploring the social context in which it occurs (Johnson & Chamberlain, 2008). Newly homeless people encounter an environment where substance use is widely accepted; for some, the use of drugs stems from their initiation or socialisation into the homeless subculture (Johnson, Gronda, & Coutts, 2008). For others, their drug use emerges as a means of coping with the uncertainty, insecurity and chaotic conditions that symbolize their day-to-day lives (Teesson, Hodder, & Buhrich, 2003). Although individuals react in ways that make sense to them, the power of this argument is that the behaviour of the homeless is best understood as an ‘adaptation to environmental exigencies’ (Snow & Anderson, 1993). Both the aforementioned models present ideas that will be utilised throughout this report and applied to the ways in which community, relationships, and life events influence the development and maintenance of homelessness and substance abuse.

Many studies reinforce the idea underlying these models; that homeless individuals often turn to drugs due to being within an accepting drugs culture and as a means of coping with their circumstances, or that their drug habit has forced them to become homeless. A study by The Big Issue (1998) undertook an audit of their vendors in Manchester, Liverpool and Leeds. It reported that many of their vendors experienced a vast amount of significant, chronic health problems, many reporting substance abuse. A large amount (70%) were using non-prescribed drugs, with 53% using heroin, 47% using cannabis, 28% using crack cocaine, 23% using valium, and 21% using temazepam. However, only 15% were described as having an alcohol problem, whilst 43% said they abstained completely from alcohol; a finding which challenges common views towards the homeless population. Many reported psychological problems, such as aggression, paranoia and self-harm, it was also found that the longer an individual is homeless, the more frequently psychological problems are reported.

Further research identified that these mental, physical and social problems have a significant effect on the likelihood of homeless individuals obtaining shelter. Studies in Birmingham conducted by Carter (1999) looked at the problems homeless individuals face when seeking shelter in hostels, the exclusion they experience and how this causes more people to have no choice but to sleep on the streets. Findings showed 1,800 instances of people being excluded from hostels, predominantly due to mental health problems, alcohol and drugs. This reflects the problems that hostels can have when attempting to deal with complicated health and social issues. Such findings indicate that, despite numerous services being available for the homeless, many are presented with barriers preventing a large amount of the homeless population from attending such shelters and services, due to the problems they have as a result of becoming homeless. This vicious circle is one that needs to be broken by research and direct contact with those affected most. In doing this it may be possible to cite reasons for these problems and to make advances into how they can be changed, allowing more accessible and accurate care.

As a link has clearly been established between homelessness and substance abuse, we can identify that the causes of such issues are rarely down to laziness, lack of effort or ‘bad people’, and have underlying causes requiring a non-judgemental stance, thorough research and appropriate interventions. However, stereotypical
views still remain strong within many communities. Judgemental opinions towards homelessness and substance abuse escalate the problem, creating yet further difficulties seek effective help. It is far too easy to dismiss the crises and difficulties faced by substance abusers as ’self-inflicted wounds’; people often believe that there are many more deserving causes with a call on our sympathy and consideration, but the impact of drug and alcohol abuse on the communities in which it occurs cannot be ignored (Yates et al., 2001). Yates et al (2001) argued that the drain upon community resources, health and law enforcement services can be vast and more importantly, is the impact upon the morale and emotional resilience of a community. Substance abuse cannot be dismissed simply as a form of ‘vicious self-indulgence’; previous studies indicate that those suffering from substance abuse also have histories of neglect and childhood abuse: of rape and sexual exploitation or mental health difficulties as adults: of pain and suffering to which drug or alcohol use has become a partial solution (Yates et al., 2001). These factors have strongly driven this research to be undertaken; making one of its core aims to be able to demonstrate that many substance abusers and homeless individuals are not to blame. Their circumstances are often a result of poor upbringing, negative role models, unsatisfactory living environments, damaging life events, failed support networks, all resulting in realistic and expected coping strategies. By being able to show this research to the wider population via broad dissemination strategies and raising awareness; typical, negative stereotypes can be challenged and a non-judgemental stance can be introduced; that these people need and deserve help. It is apparent here that my own values are evident within this research. Experiences with individuals living with issues of substance abuse and homelessness, combined with my interest and participation within community psychology, has driven this research and allowed my values to be presented throughout. Not only has this aided my research, but has also influenced the use of an ecological approach to the research and methodology.

The narrative method of semi-structured interviews used within this research has been successfully applied to previous studies (McAdams, 2012; Nelson et al., 2005), and has been proven to provide an alternative method of research compared to the usual systematic methods of studying psychological phenomena, instead allowing researchers to analyse problems from the point of view of those experiencing such problems. It is clear that in recent years, researchers have increasingly turned their attention to the psychological themes that animate life stories; life-narrative studies have enriched psychological science by providing a treasure trove of material for generating new theories and hypotheses (Mc Adams, 2012). It is apparent that exploring lives via life story narratives tells us much about individual experience and, without experiencing substance abuse or homelessness ourselves, we are able to come as close as possible to understanding such issues and their causes, whilst adopting our own psychological knowledge to develop prevention and treatment techniques.

Methodology

A qualitative method was undertaken involving narrative life stories via semi-structured interviews with homeless individuals and substance abusers, gaining a personal insight into their lives, looking at the reasons they believe have caused their situation, and discovering potential ways of solving such problems.
It is firstly important to ask; why qualitative at all? A qualitative methodology of semi-structured, narrative interviews was chosen to avoid restraints caused by quantitative research. Broad, inaccurate, invalid statistics are used too often to determine personal, emotional and specific problems. Frost (2011) stated; a qualitative methodology allows the researcher to gain as much insight as possible to individual experience, to include participants in the research process, to find news ways of looking at a previously researched phenomenon, to highlight lack of research or to use personal experiences to gain insight to others’ experiences. These benefits of qualitative methods are paramount to research involving individuals with problems that are likely to have been caused by personal life events, and would be poorly understood if researched using quantitative methods due to its inability to focus on emotions, intentions and behaviours.

A narrative design of life stories has been employed to gain a greater understanding of homelessness and substance abuse; how these issues arise and how the community views them. The narrative/life story interviews do not have a standardised format, however this lack of structure is intentional; instead of asking participants a set of questions, they were asked to illustrate personal life stories, experiences and events. This design is successful in research such as Nelson et al (2005) which consists of narrative interviews with 20+ stakeholders and 100+ homeless people achieving a broad perspective of homelessness, addressing the issue and enlightening psychological knowledge. This method is effective as it tells us about individual life events and how the individuals interpret these events from their own experience. This therefore indicates how such a method is value based; common to community psychology, involving challenging traditional modes of scientific research and practice and instead, enhancing social justice, stewardship and community (Hanlin et al., 2008).

Participants were obtained during volunteer mentoring work for the Wellspring; a homeless shelter in Stockport, as well as engaging in a drugs referral drop in service within the shelter that I have personally developed. Its aim is to provide a service where substance abusers can seek confidential support and advice on drug related issues and can be referred to Stockport Access – Treatment to Recovery Team (START). I have also made valuable contacts for my research during my part time career in a pharmacy which dispenses methadone as a heroin substitute and offering a needle exchange service.

Participants were approached to partake in my research with a consent form (Appendix 1) to gain a full understanding of the aims and processes of the research before taking part, and to ensure that they were aware of their rights to withdraw and obtain the final report. Each interview was recorded with the use of a Dictaphone, allowing each interview to be transcribed for analysis. To conduct the interview I used a brief outline of the areas I intended to cover (Appendix 2), whilst maintaining a natural flow of conversation and avoiding a rigid set of questions.

Each interview lasted 30-60 minutes and 4 participants took part allowing for detailed accounts of their experiences. For the purpose of confidentiality, pseudonyms have been applied; this is outlined in Appendix 3, as well as translation of terms and symbols. The participants included; Warren (37), Paul (39), Tim (47) and Sara (29).
Warren was born into a family of drug users; he was taken into care where he experienced violent, sexual abuse for a number of years before running away and becoming homeless. He started using heroin and being in and out of prison until he has recently become clean and started college. Paul went into prison at 22 for fighting; where he developed a heroin addiction which continued after his release, causing a period of homelessness and further crimes. Tim experienced homelessness after a separation with his partner, and has had many troubles with housing services. Sara was born into a violent family and left home at 16; she had troubles with homophobic stereotyping and entered an abusive relationship involving drug use. She has had many experiences of homelessness and criminal behaviour.

Frankland and Bloor (1999) argue that piloting provides the qualitative researcher with a clear definition of the focus of the study, helping the researcher to concentrate data collection on a narrow spectrum of participants and topics. A pilot interview was conducted to address potential flaws within the interview. Warren, agreed to take part in the pilot interview following the exact format of the proposed interviews. To make improvements I requested feedback in terms of how the interview went. After listening back to a few minutes of the interview it became apparent that the sound quality was poor due to background noise. Warren also stated that he felt he would be able to provide more information if we were to structurally move our way through the topic guide rather than an informal style chat. Despite this, the pilot study provided noteworthy data which has been included for analysis. In response to the pilot interview; all interviews were conducted in a small room to ensure reduced background noise, and in a structured manner regarding the topic guide.

A thematic analysis has been conducted as a method of data analysis involving the recorded interviews being transcribed and analysed by identifying and outlining common themes mentioned throughout the interviews. This approach is based upon ideas that; people naturally construct and internalise personal stories to make sense of their lives, that these stories have enough psychological meaning to be told as narrative accounts, and that when these narrative accounts are told to psychological researchers, they can be analysed for content themes (McAdams, 2012). Studying narrative interviews can be split into the context of discovery or the context of justification. This research focuses on the context of discovery whereby open-ended narrative accounts are explored for themes, patterns, and qualitative characterisations to producing new theories about lives (McAdams, 2012). Discovery research tends to proceed in ways linking with what Strauss and Corbin (1990) described as a grounded theory methodology in which themes derived from research are grounded in the data of the texts.

The lives of homeless people and substance abusers have been analysed through the use of grounded thematic analysis as a method of context discovery. Thematic analysis is a method for identifying, analysing, and reporting patterns and themes within data, as well as organising and describing the data set in rich detail (Braun & Clarke, 2006). Through its theoretical freedom, thematic analysis generates flexible and useful research methods, which potentially provide rich, detailed and complex accounts of data (Braun & Clarke, 2006).

To conduct a thematic analysis on the narrative interviews, patterns must be identified from the transcribed interviews, for example; failed services, mental and
physical abuse, criminal behaviour, this can come from direct quotes or paraphrasing common ideas. The next step is to identify all data that relate to the patterns, the patterns are then expanded upon and all of the talk is placed with the corresponding pattern. For example; a theme of ‘mental and physical abuse’ has been found, therefore; an analysis has been conducted for patterns of ‘mental and physical abuse’ which have affected the participant’s susceptibility to homelessness and/or substance abuse. This has then been discussed in relation to previous literature, links with homelessness and substance abuse, and potential methods of prevention.

The British Psychological Society (2009) adheres by a code of ethics which all psychological research is required to comply with. My research abides by all ethical considerations as demonstrated in the Ethics Check Form (ECF) (Appendix 4) and the Application for Ethics Approval Form (AEAF) (Appendix 5). An invasion of privacy occurs within my research as the interview requires discussion of personal issues/events, for approximately 40 minutes. All participants have experiences of homelessness and/or substance abuse, it is therefore likely that they will disclose personal and traumatic experiences. To remain within the BPS code of ethics and conduct, I advised participants that they are under no pressure to disclose information they do not feel comfortable talking about. If participants experienced discomfort; I was able to offer them support, or advise a number of professional support networks within the Wellspring; where the interviews took place.

Analysis

After transcribing all interviews, a thematic analysis was conducted, involving in-depth analysis discovering relevant and meaningful themes, each of which have been labelled representative of their context. Themes capture something important about the data relating to the research question, and represent a patterned response within the data (Braun & Clarke, 2006). Qualitative approaches such as narrative life stories are incredibly diverse and complex (Holloway & Todres, 2003), therefore thematic analysis is a foundational method for qualitative analysis (Braun & Clarke, 2006). The data gathered generates a rich insight, and although varying, experiences draw enlightenment on the lifestyles of homelessness and substance abuse. The following section is divided into 6 themes identified from 5 interviews. As the role of the community, relationships and life events have been identified as key areas in the research title; themes have been adapted accordingly as demonstrated in Appendix 6. Furthermore, Appendix 7 highlights all excerpts related to each theme that have not been included here.

Discrimination, Stigmatisation & Labelling:

All of those interviewed felt discriminated against by community members and/or professionals due to their circumstances. Many experienced problems with housing, rehabilitation and hospital treatment, as well as abusive behaviour from the general public, all as a result of unfair stigmatisation and stereotypical views of homelessness and substance abuse. This is evident within the following examples:

Warren (pilot): 108-110
“Sleeping under doorways you know you wake up with people stamping on your head, kicking you, people coming pissing on you”
Sara: 368-374
“The way they were treating her in hospital just because she was a user, of heroin and that... they were like ‘oh you should be used to it, stop moaning’... that’s how you get treated if they find out that you use drugs like that”

Warren (pilot): 35-38 [Talking about childhood in care]
“My social worker, er, told them what was going on [sexual abuse], I was disbelieved. Sat down and had a meeting and they made out as if they were respectable members of the public, I was just some young tearaway who was attention seeking”

Such comments reveal the ways in which these individuals have been unfairly treated by society due to their position, as a result, such experiences may negatively affect an individual’s self worth and respect as indicated here:

Warren: 35-37
“You can see from all the people in here … you try and help them and they just get it into their head that much that they are not worth nothing”

This indicates that a vicious cycle is present; as individuals have negative experiences of being stereotyped by the community, they are consequently less likely to seek help from community services, forcing them to remain in their current situation.

Failed Services:

It is apparent throughout all interviews that many public services have failed these individuals during difficult times, consequently, negatively influencing their circumstances. Predominant areas demonstrating failed services are doctors providing rehabilitation services, housing associations and prison services, all of which are repeatedly mentioned during interviews in terms of their lack of support, poor quality care and negative impacts upon situations they should be amending. This is demonstrated in the following excerpts:

Warren (pilot): 178-180
“Dr Gould, he’s as bad as a drug dealer, he is. Like I can go in there, and he’ll say to me ‘Warren, stop taking the heroin and I’ll give you as much methadone as you want’”

Warren (pilot): 216-218
“I would rather smoke 10 bags of heroin a day for a year and come off that … than taking methadone for 3 months and doing a withdrawal off the methadone”

Warren (pilot): 243-246
“Prison educates you, it educates you criminally-wise, you go in as a shoplifter and you’ll come out as a house burglar … you learn it from people that are in there.”
As demonstrated here, one apparent problem area is the use of methadone as a form of rehabilitation; not only does the substance provide numerous difficulties including high tolerance and extreme withdrawal symptoms, the method of prescribing is flawed as it is possible that this doctor views methadone as a long term process rather than progressive withdrawal resulting in complete abstinence. Furthermore, although prison services offer educational programmes, these may lose their value as prisoners may also obtain an equal amount of information regarding crime, substance abuse and surviving homelessness.

**Benign Neglect & Damaging Relationships:**

This theme demonstrates how an absence of care can significantly impact the experiences and causes of substance abuse and homelessness. Family relationships have been analysed in terms of negative upbringing, poor role models and encouragement of damaging behaviours. Many relationships have been mentally and physically abusive; unsurprisingly affecting the susceptibility towards homelessness and substance abuse, however, an independent theme of mental and physical abuse will arise later. Much evidence for the influence of benign neglect lies in parental absence of care:

Warren (pilot): 12-17
“I've come from a bit of a bad family background, erm, my granddad was a major drug dealer in Stockport. So as a kid I seen it, come home from school, see people lay on the floor who've been injecting drugs, and so it was normal for me to come home, having to climb over people, you know because people were off their heads on my mum and dads floor, so I seen it from a really young age."

Warren (pilot): 327-328
“It was my mum that got me into crime when I was 9 years of age, making me burgle the next doors house”

Sara: 48-53
“My mum was always like that when we was kids and basically she put my brother who’s only a few years older than us … in charge of two of us cos… there was no father support there … and the way my mum disciplined us all was through violence.”

As evidenced here, some very traumatic experiences during childhood and adolescence are present, in addition to the parental reinforcement of negative behaviours such as crime, drug use and violence, all of which are closely associated with homelessness and substance abuse.

**Supportive Personal Relationships:**

Whilst focusing on factors that contribute to homelessness and substance abuse, it is worthwhile to note aspects that influence positive change. This theme demonstrates how supportive relationships have impacted each individual's motivation and action to positively change their lifestyle. By recognising this theme and discovering the key factors and relationships participants cite to have encouraged change, inferences can
be made to develop effective services for the homeless and substance abusers. Several mention the role of their immediate family:

Warren: 557-563
“My son came into prison and said to me ‘Dad I thought you weren’t coming back to work in here’ and that for me was my wake up call … I thought if I don’t make it up with my son then I have let them down and I knew if I put my mind to it I could do it.”

Sara: 347-348
“We’re helping each other come off it … because we care about each other, you know, we’re in love, and love conquers all.”

Evidently, close bonds are vital in determining a turning point or wake up call. It is important to note that many engage with support services for homelessness and substance abuse, yet the dominant factors influencing positive change are those involving supportive relationships, encouragement and parental bonds. In terms of developing effective services, it may be of interest to incorporate close family or friends into services to provide extra motivation, peer education and encouragement that may not be achievable otherwise.

**Mental and Physical Abuse:**

This theme includes a range of abusive behaviour including sexual, domestic, child and homophobic abuse. Many have experienced extremely traumatic events; either directly or indirectly influencing their experiences of homelessness and substance abuse. This is one of the key themes to focus on when uncovering reasons behind homelessness and substance abuse, as evidenced here:

Warren (pilot): 75-80 [Talking about childhood in care]
“My trigger like I said, was over my [sexual] abuse, so as a way of managing it, when I first started taking heroin that was my answer, because I stopped thinking about my abuse … I was doing myself more harm than good, I knew that, but to me it was my answer to deal with my abuse, to block it out.”

Sara: 79
“I can't live there [home] with the abuse and everything.”

In terms of substance abuse, it is apparent that drugs are used as a coping strategy for traumatic experiences; to ‘block out’ negative thoughts. This is unsurprising as many have been brought up with drug use as a common coping strategy. Furthermore, in terms of becoming homeless; many individuals saw homelessness as an improved lifestyle compared to the abuse they were suffering in their own home. This indicates the major impacts abuse has on the susceptibility to homelessness and substance abuse.

**Criminal Behaviour:**

This theme is slightly smaller in comparison to previous themes as it was apparent that participants were uncomfortable mentioning criminal behaviours. However, its
significance remains as it is evident that certain crimes are committed as a means of survival during times of homelessness and drug addiction; an area which is focused on closely within this theme. Examples include:

Sara: 191-194
"Use amphetamine to keep me awake all night and go skip raiding, erm, like you know the charity shops, the stuff they throw out ... so I was starting to make a living out of doing this skip diving."

Wayne (pilot): 256-262
"I know people that, just before Christmas and things like that, they go out, commit a crime ... so they can go into prison, get a tele, get 3 meals a day ... you're not getting abuse off anyone in the street and you're actually getting a Christmas dinner."

In situations of poverty and homelessness, crime is often a means to an end. Almost all crimes mentioned throughout involved theft, suggesting that such behaviour is a last resort at obtaining resources to enhance their financial situation, thus enhancing survival. In addition, it was mentioned that such criminal behaviour was often a means of funding drug addiction, consequently; without the effective services to eliminate substance abuse, the vicious circle of homelessness, substance abuse and crime will remain.

Discussion

In line with the foundations of community psychology, it may be useful to view the factors affecting homelessness and substance abuse via Bronfenbrenner’s (1979) ecological nested systems (Appendix 8), as people are not passive recipients of things that happen in their environments, but are actively affected by these environments, thus there is a reciprocal relationship (Kagan et al., 2011). This is indicated in the complex interconnection between themes, in that each theme is affected by, or has an effect on another theme; an idea that will be returned to later in this discussion.

It is evident that, whilst acknowledging the importance of all themes, specific themes have provided considerable evidence for the causes of homelessness and substance abuse, requiring detailed discussion. As indicated by theme 1, stigmatisation and stereotypical assumptions are ever present among communities regarding homelessness and substance abuse. Such presumptions maintain the pervasive ignorance of society whilst directly oppressing these individuals further and discrediting the severity of their situation. Goffman (1963) characterises stigma as an attribute that is socially defined as deeply discrediting, spoiling ones identity and disqualifying one from full social acceptance. As a result of this stigmatisation, individuals are likely to feel shame, isolation and fear that society is unwilling to help. As evidenced in the analysis, this leads to a self fulfilling prophecy (Rosenthal & Jacobson 1968); that individuals believe they are unworthy of help, forcing them further into the homeless and substance abuse subculture.

One of the most astonishing findings is presented in the participants’ views and experiences of methadone as a heroin substitute. Flaws are evident in almost every
aspect of its use as evidenced in the interviews; individuals are able to use heroin on top of methadone, sell methadone to buy heroin, are able to receive prescriptions for any desired amount (within reason) and are rarely subject to drugs tests to ensure maintenance. Not only this, but it has been expressed that withdrawal from heroin is much preferred over withdrawal from methadone due to its severe withdrawal symptoms. To support; many studies have noted that among heroin users methadone has a bad reputation for greater addictiveness, side effects and overdose risk than heroin (Beschner and Walters, 1985; Rosenblum et al, 1991). Furthermore, it was expressed that methadone exerts control over an individual's life, in terms of employment; it is difficult to maintain a full time job if you are required to collect a daily prescription; often a situation unfairly forcing individuals to chose between rehabilitation or employment, which then reinforces the vicious cycle of homelessness and substance abuse. Supporting evidence for this is demonstrated by Fischer (2002) and Bertschy (1995). It is evident here that methadone treatment not only fails at effectively rehabilitating individuals, but often progressively worsens their situation. Although some areas of research have indicated positive factors of methadone such as the reduced rates of criminal behaviour, injecting behaviour and HIV risk behaviour (Gronbladh et al, 1990; Pottieger et al, 1992), the evidence presented in this report suggests that the negative aspects of such treatment greatly outweigh these factors as they are rarely experienced and are of minimal importance in comparison to the damaging lifestyles often caused or worsened by methadone.

Another area of significance is the mental and physical abuse experienced, and the impact it has upon the susceptibility towards homelessness and substance abuse. Much literature establishes child abuse and time in care as strong triggers (Ravenhill, 2008), which is aptly demonstrated here:

Warren (pilot): 75-77

“My trigger like I said, was over my abuse, so as a way of managing it, when I first started taking heroin that was my answer, because I stopped thinking about my abuse.”

This indicates the importance of returning to an individuals’ childhood to establish core determinants for their situation, and to focus on these primary issues causing such damaging coping strategies. Further implications can be made to suggest that current methods of attempting to address the problems of substance abuse and homelessness such as tougher drug laws and changes to benefits are inadequate as root problems still remain. Without placing more effort on addressing child abuse, benign neglect and sexual abuse the problems of homelessness and substance abuse may never cease. This is not to say that other factors play an insignificant part as it is also vital to focus on the vast array of problems existing in the prison service, rehabilitation services and housing associations, however, to begin the focus on childhood trauma would hopefully mean that less individuals would be engaged with such services, making future developments within these services more manageable and effective.

As the significance of individual themes has been established it is important to note the role of their interconnection as it is often the lifetime accumulation of complex triggers that increase peoples' vulnerability to homelessness and substance abuse. The research presented here and in other literature alike suggests the presence of a
vicious circle, amplifying problem after problem to which homelessness or substance abuse appears an answer to, as Ravenhill (2008) suggests that in fact, rooflessness and substance abuse appear to be solutions to existing problems rather than the problem. If an individual is to suffer at the hand of abuse and neglect from birth, to witness regular drug use as conventional coping strategies, to experience instability, loneliness and further abuse and drug use, it is no wonder that they themselves seek an escape, whether that be a physical escape into homelessness, or a mental escape through drug use. Yet this only introduces further problems, as subsequent engagement with rehabilitation services and housing associations creates further exclusion and stigmatisation as demonstrated by Ravenhill (2008) who argues that the current systems for tackling homelessness and substance abuse can actually be a cause of these problems as systems inadvertently discourage and prevent people from leaving these circumstances and becoming fully reintegrated back into society. Therefore, resentment and lack of faith in society as a whole encourages individuals to remain in their situation of homelessness or substance abuse which then enforces criminal behaviour as a means of surviving such conditions, often causing imprisonment; providing an opportunity to learn further criminal behaviours and network with drug dealers, enhancing recidivism, and consequently reinforcing this way of life.

With this in mind it is astonishing to think that one of the most prevalent opinions within our society is that these individuals are to blame for their situation; that it is self inflicted and they are undeserving of sympathy. It is this ignorance that perpetuates such problems, making positive and effective change almost an impossibility. If there is to be an attempt at ending homelessness and substance abuse it may be useful to focus on a shift of strategies towards the root of the problem; looking at early family interventions and challenging national stereotypes by raising awareness. It will then be worthwhile to focus on the effectiveness of already present services and introduce improvements based on the knowledge of the complexity of such issues, requiring client centred, flexible support.

**Reflexivity**

Reflexivity is considered essential, potentially facilitating understanding of both the phenomenon under study and the research process itself (Watt, 2007). It is therefore important to take a reflective stance towards my own research enabling personal critique.

I entered this research with embedded preconceptions of homelessness and substance abuse due to a vested interest in this increasing subculture. My values remained throughout the research as I maintain a strong belief that we are a nation in denial, unfairly dismissing the problems of homelessness and substance abuse far too easily. This may have affected the subjectivity of this research as I also feel that bonds were created during some interviews, possibly encouraging me to interpret the interviews in ways that reaffirm my own personal views. However, these bonds helped to develop a rapport between myself and the interviewees, thus enhancing trust and willingness to express personal events and emotions. Additionally, with such personal views towards these individuals comes an interest in community psychology which I feel to have empowered this research in terms of its ecological methodology and discussion.
Whilst taking into account the pre-imposed time constraints and word limits, I believe that the research could be improved by initially gaining data based on each participant’s background, as it became apparent that much of the interviews were taken up by establishing core personal information, as opposed to relevant life events. With this in mind I would subsequently use a slightly more structured interview to address specific issues as the informal style chat often meant that we would divert from the purpose of the interviews.

As this research has focused on how and where problems of homelessness and substance abuse begin, I feel it is important for future research to focus on preventative techniques and how to improve services. It is important to not only analyse the problems at hand, but to look at how to prevent these circumstances from reoccurring. Research may now seek to focus on early interventions with children entering violent, drug ridden households as well as the effectiveness of current interventions such as methadone programmes.

I thoroughly enjoyed having the opportunity to engage with such interesting individuals. I feel I have learnt a great deal more than what I may have learnt had I conducted quantitative research as I felt much empathy and understanding during each interview. This research has encouraged my interest in working with such individuals and has enhanced my knowledge in terms of the genuine lifestyles lead by those in positions of homelessness and substance abuse.

References


