EDITORIAL

Addiction and the American debate about homelessness

On any given night in the United States, something like 500 000 people sleep in public and private shelters, or in doorways, parks, under bridges, or in other invented or appropriated makeshifts. During the course of a year, perhaps upwards of two million Americans find themselves in such circumstances. If we extend the definition of homelessness to include people doubled up with friends or relatives, these figures grow prodigiously. Defining and counting the homeless is a controversial business full of acrimony and name-calling,[1,2] but if the debate about the size of the American homeless population is a nasty one, it is mere prologue. The really heavy hitting concerns the character of homeless people, particularly their civility, self-discipline and willingness to persevere. At bottom, the debate about homelessness, like the kindred debate about the 'underclass', is a morality play of great public importance; and public morality writ large is political economy.

On the American Right, proponents of a leaner welfare state have labored diligently to minimize the extent of homelessness by defining it quite literally, and by characterizing it as an essentially personal and familial problem. Following this logic, homelessness can be contained within a strictly limited matrix of health and social services which explicitly buttress the 'work ethic' (i.e. market discipline) and 'family' (i.e. female) responsibility for caretaking. Robert C. Ellickson, a distinguished professor of Property and Urban Law at Yale, captured the conservative nightmare in a paragraph worth quoting in full:

It is easy to imagine circumstances under which the opening of a new emergency shelter would draw in individuals who otherwise would live in housing. Suppose, for example, that [an] alcoholic had been staying with a friend or relative who had increasingly found him to be difficult company. Upon learning that a new shelter had opened, the primary tenant might become more willing to tell the roomer that he had overstayed his welcome. Or suppose that a worker with a low-wage job and a cocaine addiction were living alone in a rented room. If a tolerable shelter were to open, this worker might consider moving from the rented room in order to free up funds for drugs. Conversely, a jobless person who had been staying for months in a round-the-clock, full-service shelter might see little cause to find a job that would enable him to rent a room. (p. 50)[3]

In the conservative imagination, social provision actually produces an illegitimate literal homelessness. The Poor Law debate we have always with us.

By contrast, those on the multiform American Left define homelessness quite broadly, representing it as a continuum of housing inadequacy and insecurity linked, in the US, to the precipitous decline in the purchasing power of the poor since the mid 1970s.[4,5] Just as there is literal and relative poverty, there is literal and relative homelessness. The United Nations definition is also of this sort.[6]

Viewed this way, the threat of homelessness is ubiquitous and is at bottom a product of inequity, a problem to be remedied by active state intervention in resource distribution. The Left sees homelessness as a symptom of larger evils. *Realpolitik* notwithstanding, the Left issues brave proposals for: pay equity for female workers; state-supported child care and health insurance; adequate public assistance, massive public training and employment schemes; subsidized housing; and the subordination of exclusionary local housing plans to regional policies of balanced development enforced by federal authority.[7]

To its detriment, the Left has tended to ignore or

to trivialize psychopathology or harmful behavior among the homeless. In the continuing debate, sharpened avidly by such august cultural watchdogs as the *New York Times*[8] and *The Public Interest*,[3,9] the Right has scored heavily by seizing on the significant and well-documented prevalence of mental illness, alcoholism, and drug addiction in shelter and street populations, a prevalence that may run to 65% when all sufferers are combined.[10] The Right has emphasized the public threat that these groups represent, and after the fashion of Mr Ellickson[3] has pointed to the subsidy of alcohol and drug purchases made possible by free housing and unsupervised welfare payments. The Right has proffered a simple, resonant image of incompetence, indolence and viciousness fostered if not bred by a permissive state. Even nominal liberals have embraced this construction as they have grown weary of being accosted on a regular basis by eccentric or unsavory panhandlers. 'Enough's enough', wrote Ellen Goodman in a column nationally syndicated through the *Boston Globe*.[11] We must 'define a new balance between the rights of the drug abusers, mentally ill and impoverished persons who have claimed our streets, and the rights of the rest of us', David Marston, a former US attorney, opined in the *Philadelphia Inquirer*.[12]

As deviance among the homeless has become a political liability, advocates for the homeless have taken greater interest in the issue. Most now agree, I believe, that the task at hand is to explain in proper context the psychopathology and harmful behavior among the homeless, and to grapple with appropriate policies and programs.

It seems to me that the substantial presence of alcoholics, addicts and the mentally ill found in studies of shelter and street populations, and the recurrent and enduring nature of their homelessness, does result from a shakeout going on in the larger population of hard-put Americans. De-industrialization, the insufficiency of welfare grants and medical insurance, threadbare provisions for the addicted and mentally ill, gender and racial disparities in wages, a floundering child welfare system, and most importantly, the hyper-inflation of housing costs, have all in some measure pushed shocking numbers of people toward calamity. However, the fierce competition for low-income housing—the seller's market that enables landlords to shun or evict the troublesome and disreputable in favor of more tractable immigrants, poor students and the like—has put predictable groups at serious disadvantage. While millions scrape by or sleep in the vestibule of the shelter system, doubled up with friends and family, hundreds of thousands of the most marginal—alcoholics, addicts, the mentally ill and sometimes their children—have drifted into the open and remained there.

This process of marginalization and drift is nothing new, of course. Today, however, the low-end housing market has been straitened because the traditional resorts of the disreputable dispossessed—the flophouse, the single-room occupancy hotel, the rooming house and the state mental hospital—have been lost to safety code enforcement, Chamber of Commerce-style urban renewal and de-institutionalization (by which I also mean what is sometimes called non-institutionalization). In many places they have been succeeded by cavernous, dehumanizing shelters that have become long-term encampments of the very poor. Like the huge American prison system that 'houses' over one million citizens (with 1650 being added each week),[13] these institutions have produced the violence and paralysing despair that Edwin Sutherland and Harvey Locke warned of during the Great Depression.[14] They are hardly the attractive housing alternatives that haunt the conservative imagination. Indeed, the public shelters in New York City are so miserable that perhaps thousands of Manhattan's homeless favor the city's subways and steam tunnels.

We should not create more bad shelters or return to the era of verminous cubicles and promiscuous hospitalization. The challenge is to combine widely available, hospitable housing with treatment, and to provide humane and flexible environments in which to house, support and control, if necessary, the mentally ill and those who continue to abuse alcohol and other drugs. To resist calls for massive re-institutionalization, we must find ways to manage difficult people in the community and to minimize their displacement.

This is a formidable task. It will be expensive. It will challenge treatment orthodoxy, parochial understandings of professionalism and it will strain local tolerance. However, it will be necessary: we are fast approaching a crisis in community care and social control.

To its credit, the US National Institute on Alcohol Abuse and Alcoholism recently has sponsored four conferences that have dealt wholly or in part with the intersection of housing and treatment.[15-17] These have promoted awareness of useful local initiatives and have brought scholars, professional policy analysts, advocates for the homeless

and clinicians into constructive discussion. However, this is battlefield medicine. The structural sources of American homelessness remain virtually unaddressed and the political climate is discouraging, particularly as the latest recession uncoils and the so-called Peace Dividend bleeds away in the Middle East.

If misery appears to have a rosy future in the United States, what of homelessness elsewhere in the more or less developed world? In the UK the problem is bad and the debate about it certainly seems familiar to an American reader.[18] Germany has a serious housing shortage,[19,20] and there appear to be large and refractory groups of squatters in Berlin. While these German homeless currently are castigated as 'anarchists' rather than as crazies, drunks and addicts, in the future the burden of Eastern dependency may be characterized in less overtly political terms. The Soviet Union and Eastern European countries have steadfastly denied that homelessness is a problem for them. However, there have been recent rumours of protests by the homeless in front of the Kremlin, and such events may become commonplace as Eastern Europe plunges headlong into market-based development and more stringent state provisions. Of course, Soviet mental hospitals and 'narcology centers', and their Polish counterparts, may continue to institutionalize the mentally ill, alcoholics, and addicts as quickly as they hit the street.[21] Indeed, we may expect that both the characteristics of the homeless and the socio-political construction of the problem will vary with the degree of de-institutionalization present in a society.

In any event, all of this bears watching. The lesson in the American debate about homelessness is that mental illness, and in particular, alcoholism and drug addiction, readily become focal concerns in the political containment of poverty. It seems to me that the proper response is not to ignore or to deflate such problems, but to address them in proper political-economic context. Above all, it is to insist that community-based treatment, whatever forms it ultimately takes, must have an adequate material base or it will fail altogether.

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