

Alcohol, poverty and social exclusion: Alcohol consumption among the homeless and those at risk of social exclusion in Madrid

Alcohol, pobreza y exclusión social: Consumo de alcohol entre personas sin hogar y en riesgo de exclusión en Madrid

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Abstract

The work analyzes different aspects related to alcohol consumption among homeless people and people at risk of social exclusion. The data was gathered from a representative sample of homeless people in Madrid (n = 188) and a sample of people at risk of social exclusion (n = 164) matched in sex, age, and origin (Spaniards vs. foreigners). The results showed that homeless people present a greater consumption of alcohol and have experienced more problems derived from its consumption than people at risk of social exclusion. Most of the homeless people who had alcohol-related problems had had them prior to their homelessness, and they stated they had poorer health and had experienced a greater number of homelessness episodes. Despite the relevance of problems related to alcohol among our sample, only a small percentage of the sample had participated in treatment programs for alcohol consumption.

Keywords: Alcohol; Homeless; Poverty; Social exclusion.

Resumen

El trabajo analiza diferentes aspectos relativos al consumo de alcohol entre personas en situación de pobreza y/o exclusión social. La información se recogió a partir de una muestra representativa de las personas sin hogar en Madrid (n = 188) y una muestra de personas en riesgo de exclusión social (n = 164) equiparada en sexo, edad y procedencia (españoles vs. extranjeros). Los resultados obtenidos indican que las personas sin hogar presentan un mayor consumo de alcohol y han padecido más problemas derivados de dicho consumo que las personas en riesgo de exclusión. La mayoría de personas sin hogar que tuvieron problemas con el alcohol padecieron estos de forma previa a encontrarse en la situación sin hogar, manifestaron tener peor salud y haberse encontrado en un mayor número de ocasiones en la situación sin hogar. Pese al importante problema que supone el consumo de alcohol entre los entrevistados, tan sólo un pequeño porcentaje había accedido a programas de tratamiento para problemas derivados del consumo de esta sustancia.

Palabras clave: Alcohol; Personas sin hogar; Pobreza; Exclusión social.

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The scientific literature has identified multiple personal and social variables involved in the genesis and maintenance of homelessness (Panadero, Guillén & Vázquez, 2015). Among these variables, alcohol abuse has been considered as one of the most relevant risk factors (Caton et al., 2005; Panadero & Vázquez, 2012). A survey of 29 developed countries estimated that the prevalence of alcohol dependence among homeless people was around 37.9% (Fazel, Khosla, Doll & Geddes, 2008). The prevalence of alcohol dependence is even higher among people who are chronically homeless (Kuhn & Culhane, 1998), with the resulting negative impact and neurocognitive deterioration (Soler González, Balcells Oliveró & Gual Solé, 2014).

In Spain, research on homeless people reveals different percentages of alcohol consumption, such that whereas various studies have reported a higher than 40% rate of alcohol dependence or abuse (Muñoz, Vázquez & Cruzado, 1995), the Instituto Nacional de Estadística (INE [National Institute of Statistics], 2012) indicated that 9.5% of homeless people admitted moderate alcohol consumption, and only 4.1% reported high or excessive consumption. Muñoz, Vázquez, and Vázquez (2003) noted that 43.1% of the homeless in Madrid and 23.5% of a risk group reported having drunk excessively at some time in their lives. In addition, most of the homeless people had prior problems with alcohol before they became homeless.

Table 1. Differences in Sociodemographic Characteristics, Homelessness Chronicity, and Health Status between Homeless People who had drunk excessively at some time of their Lives and those who had not

	Has drunk excessively at some time of his/her life		t/x ²
	Yes (n = 83)	No (n = 100)	
Sex			7.751**
Male	59.1%	40.9%	
Female	31.0%	69.0%	
Age Mean years (SD)	46.74 (9.614)	48.23 (14.822)	0.788
Nationality			1.475
Spanish	56.6%	43.4%	
Foreign	50.9%	49.1%	
Completed studies			4.698
No studies or incomplete primary education	65.2%	34.8%	
Primary studies	65.1%	34.9%	
Secondary studies	49.5%	50.5%	
University studies	45.5%	54.5%	
Number of times he/she was homeless in his/her life			12.147**
1 time	44.7%	55.3%	
Between 1 and 5 times	66.7%	33.3%	
More than 5 times	76.9%	23.1%	
Time of homelessness, adding all the periods during which he/she was homeless			
Mean months (SD)	89.15 (104.381)	78.34 (99.919)	-0.700
Perceived general health status			11.680*
Very good	35.0%	65.0%	
Good	50.0%	50.0%	
Regular	68.9%	31.1%	
Bad	62.5%	37.5%	
Very bad	63.6%	36.4%	
Suffering from a medically recognized severe or chronic disease	64.0%	36.0%	4.190*

Note. *p ≤ .05; **p ≤ .01; ***p ≤ .001

The study aims to analyze different issues about alcohol consumption among homeless people and people who, although they still retain their home, were at risk of sliding into homelessness.

Method

The research was carried out using the data provided by persons belonging to two groups (Panadero et al., 2015):

Homeless people: a representative sample of the homeless in Madrid ($n = 188$). Of them, 84% were men and 16% women, with a mean age of 47.57 years ($SD = 12.172$), 71.6% were Spanish and 28.3% were of foreign origin.

People at risk of exclusion: a sample of people who retained their home but were in need of services oriented to the homeless ($n = 164$). This group was matched with the group of homeless people in sex (81.8% men, 18.9% women), age (mean age = 45.54 years, $SD = 10.818$) and origin (62.2% Spanish, 37.8% foreign).

To collect the data, we used a structured hetero-applied interview, made up of standardized instruments and questions designed by the authors, which allowed us to address a broad array of issues: socio-demographic characteristics, housing location, economic situation, employment status, social support, history of homelessness, substance consumption, health, use of resources, victimization and suffering from stressful life events, citizen participation, causal attributions of homelessness, stereotypes and meta-stereotypes of homelessness, and access to new technologies (Vázquez, Panadero, Martín, & Díaz-Pescador, 2015). Sample selection was carried out through stratified random sampling with proportional affixation. The sample selection strategy prevented the rejection rate, around 30%, from generating bias in the sample. The interviews were carried out anonymously, preserving at all times the respondents' privacy.

Results

Data on alcohol abuse (collected through the question "Have you drunk too much at any time of your life?") indicated that 54.6% ($n = 100$) of the homeless and 32.5% ($n = 57$) of the people at risk of exclusion ($\chi^2 = 13.122$, $p = .000$) reported having consumed excessive alcohol at some time of their lives. The mean age at which they admitted having consumed excessive alcohol was around 25.31 years ($SD = 10.998$) among the homeless and 24.98 years ($SD = 9.821$) among the people at risk. There were no statistically significant differences between the two groups. Among the homeless who admitted having drunk excessively at some time of their lives, 75.0% ($n = 72$) reported having done so before becoming homeless. Table 1 presents some differences observed between homeless people who had consumed excessive alcohol at some point in their lives and homeless people who had not.

As shown in Table 1, among the men, those who had been homeless more frequently, those who considered that their general health status was worse, and those who suffered a serious or chronic illness admitted having drunk excessively at some time of their lives.

As regards daily alcohol consumption during the month prior to the interview, the homeless drank, on average, the equivalent of 5.66 glasses per day ($SD = 11.667$), compared to the 2.51 glasses ($SD = 4.520$) of people at risk ($t = 3.287$, $p = .001$). The homeless people who mainly slept in the street during the month prior to the interview ($n = 42$) consumed significantly more alcohol than those who had mainly slept in a shelter ($n = 131$): the former reported having consumed an average equivalent to 10.88 glasses of alcohol per day ($SD = 9.486$) compared to the 3.98 glasses ($SD = 15.775$) of the latter ($t = 2.682$, $p = .010$).

There were differences between the homeless and the people at risk in the frequency of alcohol consumption. Of the homeless, 30.6% ($n = 56$) reported drinking four or more times a week, compared to the 9.4% times ($n = 15$) of persons at risk ($\chi^2 = 24.465$, $p = .000$). Moreover, 17.6% ($n = 32$) of the homeless and 13.8% ($n = 22$) of the people at risk had received treatment for alcohol-related problems at some time, and 7.1% ($n = 13$) of the homeless people and 3.8% ($n = 6$) of the people at risk participated in some program aimed at quitting alcohol consumption at the time of the interview. There were no statistically significant differences between the two groups in these issues.

Conclusions and discussion

More than half of the homeless admitted having consumed excessive alcohol at some point in their lives, a percentage reaching 59% in the homeless males. Undoubtedly, excessive consumption of alcohol is a problem for this group. The majority of homeless people who had alcohol-related problems had had them before becoming homeless. This allows us to infer a frequent probable causal relationship in the genesis of homelessness. Unfortunately, the percentage of the homeless and of people at risk who consume excessive alcohol is higher than that observed a decade ago by Muñoz et al. (2003), which leads us to assume that this circumstance, far from decreasing, has become more severe over the past decade.

The homeless people interviewed reported drinking a daily average equivalent to five glasses of alcohol, and one in three stated they drank four or more times a week. These data relatively coincide with those obtained in similar studies carried out in Spain (Muñoz et al., 2003) and elsewhere in the world (Fazel et al., 2008). The people at risk reported drinking daily one half of the alcohol consumed by homeless people, and only one out of ten consumed alcohol four or more times per week. The data collected suggest that the high consumption of alcohol among the homeless is a major obstacle to their processes of normalization. The high con-

sumption of alcohol was especially marked among homeless people who slept in the streets, as they reported consuming the equivalent of ten glasses of alcohol per day. The difficulty of drinking alcohol in most of the housing facilities may influence heavier consumers to remain in the streets, and not go to the care facilities, with the health problems that this entails.

Homeless people who had experienced problems derived from alcohol consumption had been homeless more frequently. Although excessive alcohol consumption does not seem to clearly affect the chronicity of homelessness, it does seem to lead more frequently to repeatedly sliding into homelessness. Thus, not only alcohol consumption is a factor of vulnerability to slide into homelessness, but it also appears as a major handicap in the processes of overcoming this situation.

Excessive alcohol consumption, as well as negatively influencing the processes of normalization in the homeless, also appears to be related to their health status, such that a greater percentage of those who considered they had a worse health status also reported having drunk excessively at some point in their lives. Despite the major problem posed by the excessive consumption of alcohol among persons in situations of social difficulty and, especially among the homeless, these groups' access to treatment is clearly insufficient. In fact, despite the fact that more than half of the homeless and one third of the group at risk reported having consumed excessive alcohol, not even one fifth had had access to programs to alleviate the problems arising from alcohol consumption. Doubtless, the access of the homeless and of people at risk to treatment for alcohol consumption is much lower than required and, despite the relevance of this issue, at least for the last decade, no effective intervention strategies seem to have been developed to mitigate the problem. Thus, it is necessary to design and implement new intervention programs that are especially accessible to homeless people, a group that tends to present special difficulties to access services.

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Conflict of interest

None of the authors has any conflict of interest.

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