

Statement for the Interagency Commission on Homelessness

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Good afternoon.

My name is Larry Simmons and I am one of the co vice-chairs for the Alcohol and Other Drug Abuse Advisory Council, abbreviated as AODAAC. I am grateful for the opportunity to speak with you today on behalf of AODAAC. Our Council is one of over 88 Advisory Boards, Committees, and Commissions for Montgomery County. We advise the County Council and the County Executive on issues involving alcohol and drug prevention and treatment in the County. I am here today to speak to you about the correlation between homelessness and drug and alcohol abuse.

According to the Addiction Center, there were approximately 554,000 homeless people in the US in 2017. This population is increasing yearly, particularly in younger age groups. Additionally, the research consistently shows that over a third of individuals who are homeless experience alcohol and drug problems (e.g., Gillis, Dickerson, & Hanson, 2010) and up to two-thirds have a lifetime history of an alcohol or drug use disorder (Robertson, Zlotnick, & Westerfelt, 1997). The National Coalition for the Homeless has found that 38% of homeless people are alcohol-dependent, and 26% are dependent on other harmful chemicals.

The relationship between homelessness and substance abuse is complex. It is often a vicious cycle, with studies suggesting that substance use can be both a cause and consequence of homelessness (National Coalition for the Homeless, 2009). In other words, homelessness and addiction often go together. Substance abuse often contributes to homelessness in the first place, and once homeless, many individuals turn to substance abuse as a coping mechanism.

I commend both the County and the Interagency Commission on Homelessness for their efforts to reduce homelessness in Montgomery County. However, more work is necessary to prevent those with alcohol and substance use disorders from becoming homeless and to ensure that those who are homeless receive adequate alcohol and drug treatment.

Often, the issues of alcohol and drug use and of homelessness are siloed from one another. For example, certain organizations exist to help combat the problems of addiction while others exist to address the needs of the homeless population. We look forward to our two organizations working together in a collective and coordinated approach to address both issues in our community.

For our community to be free of drug and alcohol abuse, we must work to both treat those who are addicted to these substances and to prevent others from becoming addicted. By doing so, we believe we can effectively decrease the rates of both alcohol and drug abuse and of homelessness in our County.

Often, people believe the only solution to this issue is to throw money at it. However, as all of us here today know, funding is only part of the solution. It also requires both County officials and every-day citizens to work together in a coordinated effort that examines these issues with a wide lens. We need to become more aggressive and active in our approach to treat alcohol and drug problems among those who are homeless, but also work to prevent both addiction and homelessness before it happens.

There are several models in the research for addressing the co-occurrences of homelessness, addiction, and mental health challenges. I am not here today to advocate for a specific model or to make a recommendation for a specific course of action. However, I urge the Interagency Commission on Homelessness to be proactive in both preventing and treating issues of alcohol and drug use and abuse among the homeless population. The Alcohol and Other Drug Abuse Advisory Council welcomes further discussion on these topics and has open meetings on the second Thursday of every month. We look forward to collaborating with the Interagency Commission on Homelessness in the future.

Thank you.