

Good descriptive epidemiology: homeless intravenous drug users research paper exa...

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Introduction

In developed countries, homeless people have various problems which predispose them to infectious diseases. Homeless intravenous drug abusers face a heightened risk of contracting HIV/AIDS as well as hepatitis B and C type of infections. Homeless people are at risk of infections as a result of their lack of hygiene and poor physical state. Prevalence of intravenous drug users is considerably higher in the homeless population than in the general population. The result of this is weakened immunity as well as a host of other biological abnormalities. According to Raoult, Foucault and Brouqui (2002), homeless people are mainly male (60-95%). However, adolescents and children are occasionally reported as being homeless in the U. S.

Homelessness is usually associated with mental disease such as psychosis and substance abuse. This research paper provides a descriptive epidemiology on homeless intravenous drug users and makes a case for the need to address this problem.

The problem of intravenous drug use among homeless people may be examined in terms of person, place and time. In terms of “ person,” The Substance abuse Medical Health Services Administration (SAMSA) defined homeless people as people who do not have regular and customary access to a conventional residence or dwelling. Incidence is defined as the number of new cases of a symptom, condition, injury or death that arise within a given time period while prevalence is the proportion of the population that has a symptom or disease (Fos, 2011). For example, in 2011, in the U. S, approximately 407, 966 people were homeless. 62% of these people were male while 38% were female (prevalence). Blacks make up 83. 65%. Out of

this lot, 21.8% were under 18 years; 23.5% between 18 and 30 years; 37% between 31 and 50 years; 14.9% between 51 and 61 years while 2.8% were older than 62 years. According to the National Coalition for the Homeless (2009), it is difficult to obtain accurate and recent counts but SAMHSA estimates that 26% of homeless people abused drugs other than alcohol. 41.6% were non-Hispanic whites, 9.7% are Hispanic whites; 37% are African-Americans; 4.5% are other races while 7.2% are multiple races. A research done by Gelberg, Robertson, Arangua et al (2012) indicate that 26.7% of the homeless population in the United States tested positive for Hepatitis C infection while 4% were HIV positive. These infections were predominantly contracted through intravenous injections. Homeless women are more likely to contract HIV from IDU than their male counterparts. This is because some of them practice prostitution and share needles amongst themselves. In terms of place, the spread of intravenous drug use (IDU) by homeless people is not uniform in the United States. Some cities are more hit than others. The metropolitan regions with the highest rates of IDU among homeless people are New Orleans, Tampa, Fresno, Honolulu, Los Angeles, Seattle, San Jose and Las Vegas. This distribution is highly dependent on factors that homelessness such as housing prices and cost of living. A comparison of different geographical regions reveals that 4% of homeless youths in Montreal were IDUs. This is compared to 16% in New York. The deficiency in data regarding homeless IDUs limits any comparison between prevalence rates at local, state, national level.

In terms of time, there has been a marked variation in the level of IDU among homeless people in the United States. However, figures provided in

various sources may not be accurate because of the difficulty involved in determining the number of homeless people at any given time. IDU among homeless individuals should be mitigated because it leads to contraction of life-threatening diseases such as Hepatitis C and HIV/AIDS. This may be achieved through intensive campaigns to reach out to homeless people and exchange fresh needles for old ones. This will help to reduce the spread of these dangerous diseases. Additionally, those who are infected should be rehabilitated and treated accordingly with medications such as anti-retroviral drugs. The homeless people should also be discouraged to refrain from drug use.

There are objectives of the Healthy People 2020 which are related to this case. This is in substance abuse, where the objective is to reduce the level of substance abuse while protecting the health, quality and safety of all. This objective is related to that of combating infections in Hepatitis and HIV among homeless IDUs. The problem of substance abuse is significant to the point that it justifies expenditure in resources. This is because of the extent of the problem in the US. In 2005, about 22 million Americans had a drug-related problem. Effects of drug use include teenage pregnancy, motor-vehicle accidents, suicide, crime, child abuse, sexually transmitted diseases etc.

Conclusion

Homeless people face problems which predispose them to infectious diseases. IDUs face a heightened risk of contracting HIV/AIDS as well as hepatitis B and C type of infections. Because of the magnitude and

prevalence of homeless IDUs, measures should be taken to reduce IDU, provide sterile needles for IDUs and sensitize them on the dangers of sharing hypodermic needles. Those infected should be treated and rehabilitated accordingly

References

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