

Homelessness in America: An Overview

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KEY TAKEAWAYS

Policymakers must understand that homelessness is primarily a human problem, not a housing problem.

The dominant policy in progressive cities—“Housing First” combined with “harm reduction”—has failed to reduce homelessness.

The solution to homelessness is to enforce public order and provide high-quality services that target root causes such as addiction and mental illness.

Although homelessness decreased 10 percent nationwide from 2009 to 2019,¹ it is a growing problem in some neighborhoods of such U.S. cities as San Francisco, Seattle, and Los Angeles, where the streets are lined with tents,² homelessness-related crime has exploded,³ and residents are exasperated by persistent public disorder. Since 2011, these cities have spent billions on homelessness, yet the number of homeless has increased 15 percent in Los Angeles, 24 percent in San Francisco, and 25 percent in Seattle.⁴

Local leaders have the primary responsibility for homelessness policy. Those in cities who have failed to solve the problem have failed because they have failed to understand the problem—with perilous consequences not only for average citizens, but also for the homeless themselves, who have been left in the streets where they suffer from addiction, mental illness, and threats of violence and in many case pass away.

This paper, in its entirety, can be found at <http://report.heritage.org/ib6046>

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A Human Problem, Not a Housing Problem

While it is tempting to think of homelessness in terms of housing—it is embedded in the very term “homeless”—this conceptualization obscures important dynamics. For most of the homeless, lack of housing is the result of a series of misfortunes, including job loss, domestic violence, family crisis, and health emergencies.⁵

Furthermore, despite the political rhetoric that attempts to avoid it, two of the primary drivers of homelessness are drug addiction and mental illness. According to the latest data, approximately three-quarters of the unsheltered homeless—people living in cars, tents, and on the streets—suffer from serious mental illness and drug addiction.⁶ Ultimately, as we have known since the 1990s when street homelessness first became prevalent in major cities, homelessness is the result of the loss of human relationships, including those with family and community.⁷

Currently, the dominant policy prescription in many progressive cities is “Housing First” combined with “harm reduction.” Housing First, which has become the default policy in hundreds of American cities and is widely subsidized by the federal government,⁸ is the idea of providing permanent housing to the homeless with no requirement for sobriety or participation in addiction and mental health services. This model assumes that many, if not most, of the homeless will never be able to overcome their addictions and that programs should therefore focus on “harm reduction,” which means preventing overdose deaths and managing the most negative aspects of addiction, not promoting drug recovery or abstinence. Unfortunately, neither Housing First nor harm reduction has lived up to its promises.

Housing First programs, which have cost the local, state, and federal governments billions of dollars over the past decade, have failed even to keep pace with homelessness.⁹ Some projects have cost up to \$700,000 for a simple apartment unit,¹⁰ and taxpayers in Los Angeles voted for a \$1.2 billion bond that will likely provide fewer than 5,000 Housing First units for a total homeless population of 59,000.¹¹ Moreover, as a large body of evidence demonstrates, Housing First programs generally do not reduce substance abuse, psychiatric symptoms, and (in some studies) even the rate of death—the very human factors that are central to the experience of homelessness.¹² Many Housing First programs simply transfer the dysfunction of the street to subsidized apartment complexes.

Seattle, Philadelphia, San Francisco, Denver, and other cities¹³ have argued recently that policymakers should move further in the direction of “harm reduction” and follow the model of Vancouver, Canada, which has adopted

the most progressive homelessness and addiction policies in North America. Fifteen years ago, Vancouver opened a series of “safe injection sites” in which predominantly homeless addicts can inject heroin, methamphetamine, and other drugs under the supervision of support workers, who can administer overdose-reversal drugs if necessary. Although no one has overdosed within these facilities, the surrounding neighborhood has seen more overdose deaths than ever.¹⁴ Even worse, the injection sites have created a neighborhood-wide haven for drug dealers, drug users, and criminal gangs, which has led to increased rates of overdose deaths, crime, and violence.

Despite these negative outcomes, political leaders have continued to centralize services, including safe injection sites, in the neighborhood, which only compounds the social dysfunction.¹⁵ In other words, the policy that seeks to reduce harm ends up enabling it.

Another policy is needed. The approach of progressive West Coast cities has not succeeded in reducing homelessness, but there are other models in the United States that show the potential for positive results.

Balancing Services with Enforcement to Reduce Homelessness Successfully

Houston, Texas, is the untold homelessness success story. Democratic mayor Sylvester Turner has argued that the city must balance the provision of services with enforcement of the law against street camping—a combination he refers to as “tough love.”¹⁶

This approach has paid dividends. Between 2011 and 2019, the city reduced homelessness by a remarkable 54 percent as it continued to skyrocket in cities like Los Angeles, San Francisco, and Seattle.¹⁷ The mayor consistently enforced the law against camping and drug consumption, even fighting and winning a lawsuit against the American Civil Liberties Union, which had attempted to hamstring enforcement efforts.¹⁸

Mayor Turner demonstrated an important lesson: City governments cannot and should not tolerate rampant street disorder, which is common in the major West Coast cities. This only incentivizes more homelessness and disorder, including large numbers of transient homeless who migrate to permissive jurisdictions. This so-called magnet effect can profoundly impact the composition of a city or county’s homeless population: In Los Angeles County, for example, 35 percent of the homeless migrated to the county after becoming homeless outside the county;¹⁹ in King County, which is home to Seattle, 23 percent of the homeless migrated to the county after becoming homeless in another state.²⁰

Next, in order to address the human challenges associated with homelessness, particularly addiction and mental illness, cities must provide effective services and treatment programs. Fortunately, gold standard “Treatment First” programs have demonstrated robust results. The University of Alabama at Birmingham has run a multi-decade study on intensive housing and treatment programs for the homeless that get people off the streets, into recovery, connected with employment, and eventually on to independent living.²¹ In one of the program’s most successful cohorts, 44 percent of men were stably housed and 53 percent were stably employed after 12 months—an incredible outcome, given the severe social, psychological, and medical challenges of this population.

Conclusion

As American policymakers grapple with rising homelessness, they should first recognize that current approaches are not working. Housing First and harm reduction made outsized promises but failed to deliver commensurate results. Cities must recognize that a new approach is needed to address the full nature of human challenges facing the homeless.

First, policymakers must ensure a baseline of public order—in short, enforce the laws against public camping, drug consumption, and homelessness-related property crimes—which is a prerequisite for any successful intervention. Next, cities must shift funds from failing Housing First programs into so-called Treatment First programs that address the human problems of addiction and mental illness and create a series of incentives to move the homeless from the streets into treatment programs and, ultimately, to self-sufficiency.²² Compassionate leadership, combined with a proper sense of limits and public order, can make all the difference.

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