

Abstract

Objective: Substance abuse is recognized as a major health problem among the homeless. People who enter or exit the homelessness cycle usually enter or exit the drug abuse cycle at the same time. The relationship between substance abuse and homelessness requires the simultaneous examination of the two phenomena together not the independent examination of them. The development of interventionist tools as well as the prevention of the rise in the number of homeless substance users requires the conduct of further research in this area. In this regard, the aim of this study is to describe the lived experience of homeless substance abusers in order to better understand the effective factors in the treatment of this phenomenon.

Method: This paper has been conducted based on grounded theory. The data were collected through the conduct of in-depth interviews with 20 homeless substance users who had participated in the Norooz project pertinent to the rehabilitation of substance users (2014). Then, the interviews were analyzed using theoretical coding method.

Results: The following categories emerged from the data analysis: rejection, traumatic experience, negative feelings and emotions, formation of negative capitals, social isolation, social apathy, and the lack of welfare-educational infrastructures. **Conclusion:** Homeless substance users' lived experiences suggest that the treatment of this group of drug users is very different from that of the addicts living with family due to the consequences of living on the street.

Keywords: lived experience, addiction, homelessness, social rejection

Reflections of Homeless Substance Users' Living Experience: Qualitative Study

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Introduction

In the early twenty-first century, homelessness was raised as a social problem in public health (Caton, Anderson, & Wilkins, 2001). Homeless people are generally considered to be one of the most vulnerable and marginalized groups in society with little ability to organize their lives. Their special conditions of life eliminate all opportunities for participation in social life and place them outside the social connecting networks. This phenomenon is relatively new in Iran. This is likely for this reason that this phenomenon has not been much studied and only media reports and news are available in this regard. There are no accurate statistics on the number of homeless people in Iran, but one can safely claim that their number is on the rise. To understand the phenomenon of homelessness, it is important to recognize the dynamics of entering this form of life (Sedigh Sarvestani, & Nasr Esfahani, 2010). Recent research has identified alcohol and drug use as the strongest predictor of homelessness (Edens, Kaspro, Tsai, & Rosenheck, 2011; Early, 2005; Folsom, Hawthorne, & Lindamer et al., 2005). There is a wealth of evidence suggesting a link between homelessness and substance abuse (O'Toole et al., 2004). The individuals who enter or exit the homeless cycle often enter or exit the substance abuse cycle. It is estimated that between 50% to 80% of homeless people are substance users, as well (Hawthorne et al., 2012). As a result of the relationship between homelessness and drug abuse, these two phenomena should be investigated as comorbid phenomena rather than as independent phenomena (Lowe, & Gibson, 2011).

With the loss of social, economic, family, etc. functions, especially when they are rejected by the most important people in their lives, a number of drug users abandon their home, family, and even their cities. The loss of occupational, social, and, consequently, losing the source of income for men is an obstacle to the provision of shelter. Even the individuals who have the ability to pay rent for a home will be driven out of the homes they have already rented because of the social stigma of drug use and their involvement in criminal activities; therefore, they will be forced to live on the streets or shelters in a short time. Apart from the factors leading to addiction, other factors, such as the weakness in social skills, the weakness of internal control, parental contradictions, household patterns of substance consumption, emotional distances with parents, physical abuse (Zahedi-Asl & Pilehvari, 2015; Pilehvari, 2016), the consequences of drug abuse, criminal activities, psychiatric disorders, suicide attempts, physical abuse, etc. (McCarthy & Hagan, 1992) have also been associated with homelessness and its consequences. Hence, the effective interventions required for homeless users are different from the interventions that are merely constructed for drug users. Meanwhile, in our country, the current therapeutic package available to be administered to this group, i.e. group matrix training or participation in twelve-step groups- is the same package that is offered to other users.

The implementation of the "Drug Users' Rehabilitation" project in Norooz 2014 with the emphasis on social approach for the first time by the rebirth charity community motivated the authors of this study, as the agents of the executive branch, to identify the therapeutic needs of homeless users as a significant stratum of users in this project (about 54%) with the aim of the further improvement of the results of this project in the future. In this project, 1,200 drug users, as notorious addicts, were collected from the city and were held at an addiction treatment center within a three-month interval. Social workers were responsible for improving these people's quality of life in their residential centers in terms of physical, mental, health, nutritional, etc. domains as well as their reunion with family. Since the implementation of such a project with a social approach was conducted for the first time in the country, the organizers of this project were certainly faced with many problems and requirements for the implementation of this plan, including the wide range of services needed to work with homeless users, low financial resources pertaining to the welfare policies of the country, a lack of inter-organizational coordination, unwillingness of the group for treatment, etc. Therefore, the fulfillment of effective activities in this area requires the exact identification of this group, its problems, and its needs apart from the necessity of solving structural problems. To do end, nothing is more contributory than listening to the narratives of the lives of these people. The achievement of such an understanding can lead to the inclusion of better services in social programs that are designed to help these people.

Few studies have been conducted on homeless drug users and this limited number of studies have reported that homeless users have experienced poverty, chronic unemployment, poor family support, judicial incarceration, poor coping skills, and abuse. The existing documentation also suggests that the aforementioned conditions can be both an introduction to and a consequence of homelessness and addiction, and similar risk factors cause their occurrence (Lowe, & Gibson, 2011). Some theoretical and empirical attempts made in the area of addiction and homelessness are as follows:

Sedigh Sarvestani, & Nasr Esfahani (2010) have investigated the causes and roots of homelessness in Tehran. The data of their research has been obtained from an interview with 32 homeless persons in Tehran and have been analyzed using the field theory method. It shows that three important factors facilitating the entry of people into homelessness, as follows: 1. Drug addiction, 2. Physical and mental disabilities, and 3. Failure to comply with the environment after migration. Corazon & Patricia conducted a study on the lived experience of homeless men in 1995 where they used Bahr's theory of social discontinuity and interviewed 10 homeless men to identify the reasons for their homelessness, their feelings about their lifestyles, and the resources they need to access for living on the street?. Rejection, uncertainty, and social isolation were three main themes obtained from the interviews. It was also revealed that most of the participants in the study experienced disappointment, sense of homelessness, fear, and

vulnerability. They often felt that they had no control over their lives and had many concerns about their health. In a study, Morrell-Bellai, Goering, & Boydell (2000) explored the reasons for the homelessness of individuals and the reason for their long-term stay in this cycle. They interviewed 29 homeless youths. Their findings showed that the people who become homeless and remain in this cycle are involved with a combination of macro-social factors (such as poverty, unemployment, lack of housing) and micro factors (such as mental illnesses, poor support networks, criminal behaviors, domestic violence, backgrounds of neglect, and childhood abuse). Most of the participants reported experiencing trauma in their childhood and attributed their homelessness to substance abuse problems.

Sosin & Bruni (2000) also believe that research findings reflect three attitudes related to failure in the treatment of homeless substance users, which include: 1) the discontinuity of these individuals with the community and the family, which indicates the homeless people's willingness to remain away from social events; 2) Isolation, which entails the lack of social affiliation for these individuals; 3) Financial disability, which significantly reduces motivation and the ability to use existing therapies. Minnery & Greenhalgh (2007) also believe that a chain of individual and structural factors results in homelessness. According to them, the breakdown of relations, deprivation, and poverty are among the most significant factors in this regard. Taylor-Seehafer, Jacobvitz, & Steiker (2008) also believe that traumatic experiences in childhood and the presence of inefficient families are the sources of substance abuse and, consequently, homelessness. In a study conducted by Safiri & Khadem (2013), the loss of supportive authorities, loneliness, social exclusion, frustration due to the lack of financial resources and income, and, consequently, the loss of a lot of vulnerabilities and aberrations, having no plans for the future and no serious concern to meet the basic needs are among the characteristics of female homeless drug users.

Finally, since drug use has witnessed an increasing trend in our country and substance abuse is an introduction to and a consequence of homelessness, a growing number of homeless individuals is expected in the coming years. However, a limited number of studies have been conducted on homeless drug users. Since planning and policy-making in the field of social issues requires the study and scientific recognition of such phenomena, conducting this study seems essential and imperative. This research focuses on the entry into the world of homeless drug users and the recognition of their lived experience. Of course, in light of this goal, we also explore the reason for their reluctance to return to their families, which is important because family in our country is still considered as the most important supporting element of its members. Due to the stereotypical thinking in the minds of the authorities and their persistence on bringing this group back to the family and family members' resistance to the acceptance of the drug user and even vice versa can lead to a significant gap in therapeutic plans of this group. In this article, we seek to respond to the following questions: How

do homeless drug users understand, define, interpret, and represent their experience? What conditions have shaped these meanings? What strategies do these groups consider based on these mental meanings? What are the consequences of the adoption of these strategies?

Method

Population, sample, and sampling method

The qualitative method is better suited for this study since it provides the possibility of demonstrating the specific nature of homeless drug users' experiences, thereby, it is possible to better understand the therapeutic needs of this group. Using this method, the researcher analyzes the subjects in their existing context and status, and provides the possibility of understanding the social processes and subjective nature of individuals (Strauss & Corbin, 1998; as cited in Mohammadpoor, 2010). Regarding the selection of ground theory as a method of data analysis, theoretical sampling was used in this research. The selection of sample units continued until data saturation. Theoretical saturation occurs when the researcher feels that the new data simply repeats the previous results and no new category emerges. In this study, 20 interviews were conducted. The subjects studied in this research were the homeless individuals who had been gathered in the Norooz Rehabilitation Project for the Homeless in 2014 and had undergone addiction treatment for three months in the treatment centers.

Procedure

After referring to the centers and sampling the subjects, the interviewer developed the interview guide by using several exploratory interviews and reviewing the records' accordingly, he arranged the key questions. He then asked the participants to express their views and narratives freely. Interviews lasted between 45 and 70 minutes and were fully recorded and then implemented by the participants' leave?. The recorded data of the interviews was coded based on the three-stage method of ground theory. In the initial coding (open), 45 codes were extracted from the interviews. Subsequently, these concepts were categorized conceptually and abstractly in terms of content (axial coding). The final step was selective coding, which was accomplished by comparing the axial categories. In the Grounded Theory, the sub-categories in the series of relationships are linked to a category, called the core category, which is an expression of the causative conditions, the phenomenon of the ground, the mediating conditions, the strategies of action and interaction, and the consequences. Eventually, the answer to the research questions was provided through this process.

Results

In this study, none of the participants (20) had a strong connection with their family. The number of participants were not married at the time of the

investigation was 15 (75%), and none of them had worked in any governmental or private organization before becoming homeless. Most of the participants had experienced unsuccessful marriages (95%). Drug use has also been reported as the cause of failure in their marital relationships. About one-third (35%) of the participants had experienced self-harm behaviors, such as self-mutilation and suicide attempts. Most of them (85%) were reluctant to reunite with their family, relatives, and friends, and were reluctant to rejoin them. At the first stage of open coding, 45 codes were extracted in this research. The codes were reduced to 7 major categories in the axial coding. These categories included the following: rejection, traumatic experience, negative feelings and emotions, formation of negative capitals, social isolation, social apathy, and the lack of welfare-educational infrastructures. These categories were abstracted into a core category, called "marginalization". In the following, the seven categories are described.

1. Negative emotions and feelings: A: The feeling of shame: The feeling of shame and guilt arising from substance use was one of the predominant emotions among the participants in the study. This feeling was observed among them, especially when they considered family care as one of their duties; for example, when the drug user was the eldest son of his family, and parents or at least the father of the family were not alive. "I do not want my family to know where I am. Why do they know it ... they have to get me out of the camp and the streets. Instead of taking care of my older mother and my younger brother, ". The drug users' fathers has often experienced such an emotion because of their parental lack of irresponsibility. "My children, after their mother's death, wrote me a letter that they intended to live with their maternal aunt, they would not be able to take it anymore... Many times, I ask myself how they do they feel there? these days, who takes care of his sister-in-law's children? So my daughters aunt's husband never does it either.. But I don't know how to face them, how can I go to them ... I was not a good father to my daughter ... " Male users were reluctant to return to their families when they believed their families have struggled to cure them and have suffered great hardships this way, but they have not managed to cure them. Therefore, they showed a lot of reluctance for the reunion to the family because they were embarrassed. This issue was so important in some of their views that they regarded their families' ignorance as their status as a grateful condition.? They often considered themselves a disgrace for their family, and constantly emphasized that there is not even a smoker among their relatives. This group of participants had felt a greater sense of shame than those who had patterns of consumption in their families. "I have not had any communications with my family for about 7 years, and we went to our neighborhood a few times. But I couldn't take another step. I haven't been home Since my brother got married. I did not want my brother's wife to see me like this ... I did not want to embarrass my brother, if I could go to my family, they would die for me, they loved me so much, they made a lot of efforts to help me quit using, but ...".

To be liberated from this feeling, most users turn to substances more than ever (Rivaux, Sohn, Armour & Bell, 2008). It seems that, among the participants of this study, such negative feelings also caused drugs to become more of a "good friend" to them that gives them a sense of comfort and satisfaction. "during my abstinence period, I would go to see my sister, I felt ashamed to be the extra person in my son-in-law's house. My sister always talked sarcastically to me... their sarcasm would not affect me when I was under the influence, "My absence in the family is a painful ... but my presence is a lot more pain... I do not want my mother to listen to the sarcasm about me from my relatives... I do not want to go back to my city looking like this ... I went home once During these years of homelessness; it was my niece's wedding ... I could not hug her ... so I cried until I arrived back to Tehran ... I greeted my niece who was so dear to me like a stranger ... I did not like to go up to her ..."

A significant percentage of the male participants in this study believed that they often regretted abandoning their families, but the feeling of shame was a big obstacle to their reintegration into the family. In fact, this feeling made them stay away from the family in spite of being interested in being with family members; therefore, they would become more dependent on their addicted friends and partners.

B: Hopelessness: Hopelessness is another theme obtained from the analysis of the interviews in this research. To understand the concept of hopelessness, it is necessary to define hopefulness (Snyder, 2003). Hopefulness is defined as a state in which one knows what goal s/he has set, how to reach the goal in different ways (agency thinking), and should regard him/herself effective in reaching that goal (pathways thinking) (Atik, & Kemer, 2009). On the contrary, hopelessness is a system of negative schemas that a person has toward both him/herself and his/her future (Ipek, 2010) and damages his/her self-concept as well as his/her social adequacy (Dube, 2005). Most of the participants in the current study did not expect to cure their illness; for example, Ismail said: "We, addicts, can take some days off, but we have no clearance.?" Or Majid mentioned: "I abstained for a long time, but my pride made me turn to drug use again, I thought that I would not be heading for it anymore. But now I know that every day I am away from drugs, I must thank God, and should not get conceited at all and should not think that tomorrow I will stay clean". One of the reasons for addicts' hopelessness towards treatment is the type of training of narcotics anonymous; in twelve-step groups, it is stated that "We have not found any cure for addiction, we only provide a proven program for daily improvement ... our goal is just to stay clean today ... "(Narcotics Anonymous, 2004). Such teachings do not see the possibility to extricate from the addiction trap forever. However, frequent relapses of patients in the course of successive withdrawals bring them frustration and disappointment. Apart from frustration towards treatment, the participants of this research, especially those not accepted by their families or refused to establish relations with their families, were very disenchanted with

their future. "What fate is waiting for a user like me? I die one day on the street, or in jail. If I am lucky, and God helps me, I'll die in camps.... These substances have allowed me to bear such conditions. So I take drugs to avoid thinking of my dreams, my regrets, my loneliness, the things that I did not get, and the things that I had but I didn't value". The existence of such feelings is a major obstacle to the change of these individuals; hence, if these factors are not addressed, it can contribute to the relapse of addiction.

2: A. Family exclusion: Exclusion is one of the major themes in the data, and includes two sub-themes, namely family exclusion and society exclusion. Many families lose hope for treatment after a lot of clashes with users about the issue of addiction and repeated abortive actions to treat the addiction. Social stigma arising from drug use, the unawareness of drug addiction in families, and many injuries that the addicted member brings to the family cause conflict between them and the family members. Over time, these issues lead to the rejection of the addicted members on part of their family. Sadegh, one of the individuals with a 20-year experience of homelessness has said: "My family sued me, I was imprisoned. After I was released, I went home. As much as I rang the doorbell, no one opened the door..., I secretly watched the house for one week, but I did not see any of my family members; they had sold the house, and they had told all the acquaintances not give me their new address." Another male participant said: "My brother and mother live together, my brother drove me out of the house, and told me that he would kill me if he saw me one more time." The high demand for the use of substances causes the drug user to commit all kinds of illegal acts. Users have sold their home appliances in many cases, have robbed family members, and have offered family documents, even family members' IDs as security. They have beaten up their wives or parents to get the money for their drugs, and... . All these issues have made their behaviors intolerable to the family members of the family and, as a result, family members refuse to accept them even after treatment. For example, the family members of one of the participants, known as Azim, did not even speak to him after two years of ignorance? of him, when about three months had passed from his withdrawal. Meanwhile, Azim's wife was still living with Azim's family. In this regard, Azim says: "In our house, there was no copper appliances or a precious object, I had sold everything ..., my wife was working on agricultural lands, I beat her... I took her money and spent it on drugs. To threaten my wife, I sometimes beat my children too ..." The majority of the participants in this research had not returned to their city of residence after being rejected by the family.

B: Society rejection: In addition to exclusion by family, homeless drug users are also basically confronted with exclusion by the community. The inappropriate appearance of these people, the labels associated with addiction, etc. basically lead the people of the community to abandon them. Social exclusion, along with rejection by family members, leads to "marginalization" of this group of people in society. "I live like an animal; no one comes near me.

in the eyes of people, we are parasite... When I go to the bakery, no matter how crowded it is, they give me the bread quicker than other people. In the supermarket if the salesperson does not drive you out, the customers go out until you buy and leave.. I was taking a taxi once, passengers told the driver that they would pay the fare providing that I was not allowed in". Another participant in this domain said: "Once upon a time, some people were standing on the bus, when I arrived, they started mimicking addicts. All people get away lest my breath reaches them! I always try not to get on the bus or taxi as much as possible. I try to walk where I want to go ..." Ahmed also said about his own experience: "I once asked for some water from a house, when I drank the water, the owner said that his glass would belong to you. I said, no lady, I just wanted water, the owner broke the glass in front of me.

3. Formation of negative social capitals: Desplicable and rejecting behaviors of family and community members provide the grounds for the establishment of a stronger link between drug users and their similar groups. As such, the network of addicted friends replaces family members. These networks of friendship help the drug user in times of crisis and share their most livable capital of life, i.e. drugs. This is so while the family and society have rejected these people. These friendship groups are the only acquaintances who accept the consumer despite all his/her abusive behaviors and abnormalities. The members of these groups often sit and hangout together, listen to each other, use drugs together, steal together, tell each other about their daily life events, and the like. Such topics lead them to find a sense of belonging to the hangouts and other drug users. Such negative capitals, along with the lack of family and social support, cause the deeper involvement of these individuals with harmful networks and increases the likelihood of relapse. "When you get access to drugs in the hangout, the rich individuals invite the poor ones. It's not like leaving one another alone." Despite the problems of living on the streets, homeless drug users have sweet memories of attending hangouts, stay up all night and group criminal activities, apart from the pleasure of group usage of drugs among their friends. Mandatory maintenance of these addicts is doomed to failure, even if it can eliminate the craving for drug use in these individuals, this maintenance can provide pleasurable alternatives to these gatherings. Of course, based on the experience gained from the author's presence in the hangouts and gatherings, these supports are not exchanged in the hangouts without any expectations and the supporters ask for the return of their favor after a while from those who have been supported by them. The feeling of insecurity about the future, fear of deprivation symptoms such as intemperance, fear of loneliness, etc. are among the reasons for these types of supports. It can be said that the interpersonal trust among the members of these groups is completely dependent on the situation. Nevertheless, the only social asset of these people-at least based on their own way of thinking-is these groups. "What is the meaning of sleep here? You cannot sleep, sometimes you do not sleep for a week, which is partly due to the consumption of crystal. But

even those who take drugs are scared to sleep, they are scared of being robbed." "A girl was kidnapped in the bright day light. She screamed so much but nobody helped, even her boyfriend didn't help her." Such a negative group coherence among these individuals will increase the possibility of engaging in illegal activities and marginalization. In the same vein, the weakness of positive social ties, no space belonging, isolation, and the breakdown of social networks and supports together limit the opportunities for the recovery of the homeless drug users.

4. Traumatic experience: Some believe that drug use is somehow a coping strategy; people seek to compensate for or forget about their past and present events through substance use (Stump & Smith, 2008). The painful events of life lead to cognitive changes, such as a particular perspective on self-worth, change in attitudes toward others (less trust and intimacy), and the development of vulnerable thoughts (Goodman & Dutton, 1996). With regard to homelessness, the existing literature shows that these people have experienced stressful life experiences during and after their homelessness (Huey & Berndt, 2008; Huey & Quirouette, 2010). In this article, trauma is referred to as a set of emotional, unusual, and uncontrollable responses to the life events that have been accumulated in the mind of the individual and often cannot be described by the involved person (Flemke, 2009). Traumatic experience in many participants in this study is a factor for the high level of harm and homelessness. In this regard, Hamed said: "I went home one day, and I saw that my mother had gathered her items and wanted to leave.... After my parents' separation, I lived with my father for a while and did not see my mother any longer. My father's wife annoyed us a lot, I left home, and rented a house with the help of my employer. Then, for a while, my brother left the house too, we lived together ... my brother had an accident ... he passed away on my arms. From then on, in order to forget about the sadness of his loss, I took refuge in drugs. After a while, I was driven out of the house we had rented. From then on, I slept on the streets." In this regard, Mohsen says: "I was sulking with my wife for three days, I decided to go home and apologize to her. I went out of the house and saw two people doing crack in Khazaneh Park, I sat next to them, and I never got back to the house again." Esfandiar says: "It was two days left to my wedding. I had to work too much. One person told me that I could receive much more energy if I took crystal. With my wife, I was walking to buy a bridal dress and I felt a truck was heading straight to me, I turned off the road, and my wife died. Thereafter, for the first time, I used drugs ... I could not stay in our town, since then I have been using drugs every day and then ... Now, I use drugs not to obtain energy, but to forget my pains." It is noteworthy that homelessness itself also has a traumatic experience for these people. Ahmad says: "Some time ago, I was at my brother's home, my brother's wife had spread the mattress at my bed, but I put the mattress away and slept on the floor. In the morning I saw my brother crying above my

head, saying why you didn't sleep on the mattress. I said I should not sleep on it, I will get used to, comfortable places that have not been made for me ... ".

5. Social isolation: Social isolation is a negative state of loneliness and can cause problems in people's health and the way they react to life events (Corazon & Patricia, 1995). Participants in this study all participated in the theme of social isolation. The experience of social isolation leads to one's disconnection with the family, friends, and other people in the community. Loneliness, the feeling of being isolated from other people, the need for others' support, and the absence of supportive networks are characteristics of the experience of social isolation. Parents' divorce or death was one of the main causes of social isolation for the participants in the study. Drug users -with high impact losses- especially if they have lost their parents will lose their base in the original family after divorce. Of course, in a number of cases, despite the presence of parents, they were too ashamed to return to the family.

In this regard, Daniel says: "After my wife divorced me, my situation got worse ... How can a-45-year-old man come back to his mother's house again? My mother's children were fond of me, but I did not like to add to their pains at this age." Confusion in family relations was the cause of social isolation for some other participants in the study. In this regard, Ali says: "My parents were always fighting, my father beat my mother when he was drunk. My mother remarried after his death, my mother's husband did not like me to be in his house; thus, I grew up with my grandmother and grandfather ... I was always alone. I was alone, but when my grandmother died, I can say that I did not have anyone anymore, she was my only support ... " Of course, this feeling was not limited to these individuals' family members and relatives, but they had also experienced social isolation in relation to people in the community. "I am going to the mountains and plains in order not to face people. I'm not in town as much as possible unless I have to... ".

6. Lack of welfare-educational infrastructures: One of the remarkable issues in this group of participants was their unfamiliarity with vulnerability reduction centers and night shelters. In this group, only one person had the experience of involvement in harm reduction centers. Meanwhile, the lack of supportive resources makes homeless drug users more dependent on night shelters. In this regard, Ali says, "I was three years old when my dad died, I lived with my mother. My mother died four years ago, I could not rent a house. From that time on, I was living in Khavaran dormitory. When I leave this drug addiction camp, I'll go to the dormitory, there is no other remedy left ... I have nobody." The absence of shelter, the lack of support from important people, the lack of facilities, and after care programs and shelters were among other issues that this group of participants faced. Even when the participants in this study felt they could stay away from drugs, they were afraid of returning to society because they lacked any emotional and financial backing. In this regard, Sa'eed says: "as I am getting closer to completing my course, I'm more stressed, how do I live

after leaving here, I want to be healthy, I do not want to use drugs, I want to work, but I do not have any place, I have nobody." Or Baham said: "I have to toss a coin to choose what direction to take after leaving here".

7) Social apathy: Social apathy is the product and consequence of the experiences of homeless drug users. Affection and difference are rooted in emotional attachment and association (Mohseni Tabrizi, & Sedaghatfard, 2011). Meanwhile, most participants in this study had lost their emotional connections and affiliations. Social apathy represents social indifference, reluctance and, in other words, a kind of social depression. Participants in this study experienced this feeling after years of homelessness and drug use. The flow of life and the gradual experiences of these people on the streets have brought them a sort of depression, frustration, and distress. In this regard, Behzad says: "I do not care about what's going on around the world. Even when I'm taking money out of charity boxes and people walk by, I'm not ashamed at all." Ali also said: "The first days that I slept in the park, I felt ashamed when people walked by me and talked about me in a way that I could hear them. But, now, I do not care about it, I'm not embarrassed by their words..., I'm not ashamed that I'm scavenging food from garbage".

Discussion and Conclusion

Addiction was the main cause of homelessness in the present study, and all participants in the study have become homeless after addiction. Therefore, there should be services to treat these addicts to solve the problem of homelessness. The experience of living on the street makes this group of substance users suffer from double damage. They experience extreme problems in terms of legal, physical, psychological, and social affairs. Meanwhile, this group is deprived of the support networks that other drug users are more or less making use of; therefore, the difficulty of working with these people is twofold. In this article, it was attempted to study the experiences of these people and identify their needs for accurate and effective planning. Based on the concepts and categories obtained and the relationship among them, the following factors are among the most important factors in the marginalization of this group of drug users: traumatic experience - at the time of consumption and even before the onset of consumption-, stigma and taboo arising from addiction, frequent relapses of drug users, non-awareness of families about addiction, and, subsequently, the inappropriate behavior of family in dealing with the drug users. In this course, disappointment with change and the feeling of guilt and shame that these people experience because of their failure in the fulfillment of their duties towards the family make drugs more likely to act as a safe haven to escape negative emotions.

The inability to pay for drugs, the disconnection of healthy links with support networks, and their membership in colonies of harm and damage are among the consequences that result in more family and community abandonment. This

group of users is easily attracted to individuals and groups, albeit destructive, that accept and support them in order to pay for the substances and to escape loneliness, blame, and humiliation that they are faced with in this direction. The inadequacy of welfare and educational infrastructures to attract and support this group increases the process of attracting users to damage colonies like a catalyst. Over time, these colonies will be the only social assets of homeless drug users. Shared memories, spending considerable time with members of these groups, the high acceptance of these groups, etc. all contribute to the sense of belonging of homeless drug users to these colonies. In other words, drug use is not the only factor that connects drug users to hangouts; therefore, it cannot be hoped to alter these people through abstention from drug use. Drug consumption may be an effective factor in the membership of individuals in these groups, but there is no doubt that the breakdown of drug users' connections with these hangouts is not only achievable by the cessation of drug use. Of course, it should not be forgotten that any effective action in this area depends on the existing context and policies in the realm of social, legal, informational, educational, economic, emotional, and medical support of the families involved with addiction. The availability of shelters for the treated homeless drug users, provision of job opportunities by looking at their skill levels, training and appropriate support of their families for re-acceptance of these people, insurance support, harm reduction services such as mobile centers, and the increase and improvement of the services of night shelters and harm reduction centers are among the measures that need further attention. The pictorial model obtained from the data on the lived experience of the homeless drug users is presented in Figure 1.

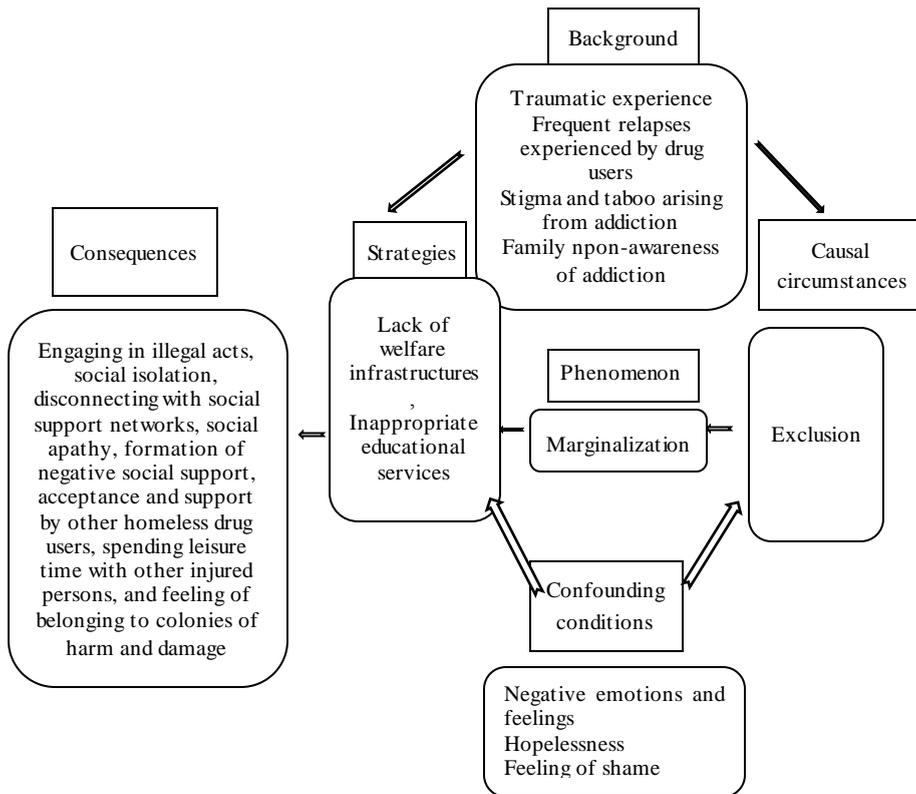


Fig. 1: The pictorial model derived from data on the experience of homeless drug users

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