Poverty: Homelessness, Opioid Epidemic And Effect On Health

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**Introduction**

America is facing an opioid epidemic that has significantly impacted the lives of homeless people. It was declared as a health emergency in consequence to death of 142 Americans. Homeless people have a greater risk of poor health condition and substance use disorder which contributes to increased morbidity. Health care barriers also restrict homeless people from availing proper medical treatment (Wheeler, Jones, Gilbert, & Davidson, 2015). The Obama administration in 2016 initiated the 21st Century Cures Act, which was executed by The Health Resources and Services Administration (HRSA) within the U.S health division. It was a comprehensive program focusing on the complex needs of homeless individuals earning below the federal poverty level (Clark, Wilder, & Winstanley, 2014). It was an important legislative initiative for safeguarding the homeless population to cover the vast majority of people by covering their health concerns as well as permanent housing stability.

**History**

The legislature move was a result of increasing death trolls due to opioid, thus, homeless people were enrolled in Medicaid and people were provided information about health insurance and Medicaid options.

**Events Initiated the Legislative Movement**

1. Heroin overdoses reached epidemic levels.
2. A large quantity of prescription of opioids for pain.
3. 4.5 million people were using opioids without any prescription.
4. Increase in death incidents.
5. Drug usage has increased hospitalizations.
6. The drug overdose resulted in accessive car accidents and firearms.
7. The addictions were causing prolonged homelessness.
8. Inability to engage in treatment.
9. Mental illness and chronic physical health problems were increasing.
10. Decreasing life expectancies (Davis & Carr, 2015).

**Individuals Benefited from the legislation**

1. All the individual diagnosed with an opioid.
2. People living below the poverty line.
3. Homeless individuals.
4. Individuals addicted to drugs.
5. Individuals having a severe mental illness
6. Individuals having physical disabilities

**The objective of the Legislation**

1. This act approved many harm-reduction strategies.
2. It increased access to the medical facilities for opioid crises.
3. It also provided individuals overdose reversal drug naloxone.
4. It will further improve the prescription for drug monitoring programs.
5. It enables treatment programs more accessible.
6. It also trained healthcare professionals for addiction treatment.
7. It provided the best effective approaches to prevent dependency.
8. Utilizing available limited resources for treatment.
9. The approach was characterized by persistent engagement.
10. The act emphasis on low-barrier access to services.
11. The activities focuses on all medical and psychological services.
12. To develop a trustworthy relationship;
13. Harm reduction such as suicide and death incidents.
14. Solution-focused approach.
15. Complexities diagnoses.
16. Patient readiness of the treatment.
17. Relapse and prevention.
18. Not everyone is interested in faith-based programs
19. Strong instructions for program eligibility.
20. Maintaining housing (Hedegaard, Chen, & Warner, 2015).

**The outcome of the legislation**

* 1. The programs under the act were more streamlined.
  2. The programs had an efficient higher capacity to achieve outcomes.
  3. More staff was added to the team.
  4. It was based on the refined eligibility process to be selected for the treatment.
  5. Increased resources (personnel and funding).
  6. Collaboration with community partners.
  7. Mental health care services
  8. Safe houses
  9. Case management
  10. Inclusive communication

**Conclusion**

Opioid addiction has reached crisis levels with the person being homeless was at a higher risk in the country. However, with the help of proper policies and treat opioid addiction was treated and people were recovered. The legislation improves people health and benefitted them to recover from chronic situations. Access to public health was easily available and solutions made it easy for people to recover along with insurance plans.

**References**

Clark, A. K., Wilder, C. M., & Winstanley, E. L. (2014). A systematic review of community opioid overdose prevention and naloxone distribution programs. *Journal of Addiction Medicine*, *8*(3), 153–163.

Davis, C. S., & Carr, D. (2015). Legal changes to increase access to naloxone for opioid overdose reversal in the United States. *Drug and Alcohol Dependence*, *157*, 112–120.

Hedegaard, H., Chen, L.-H., & Warner, M. (2015). Drug-poisoning deaths involving heroin: the United States, 2000–2013.

Wheeler, E., Jones, T. S., Gilbert, M. K., & Davidson, P. J. (2015). Opioid overdose prevention programs providing naloxone to laypersons—the United States, 2014. *MMWR. Morbidity and Mortality Weekly Report*, *64*(23), 631.