

# Addressing Homelessness and Addiction in Tucson & Pima County

*A Policy and Recovery Framework (2026)*

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## I. Current Situation in Tucson & Pima County

According to the **January 2025 Point-in-Time (PIT) count**, approximately **2,218 individuals** are experiencing homelessness in **Tucson and Pima County**, living in shelters, transitional housing, or unsheltered locations.

The PIT count provides a one-night snapshot and may undercount the total number of individuals experiencing homelessness throughout the year.

### Financial Investment

Estimates from the **Tucson Pima Collaboration to End Homelessness (TPCH)** indicate that approximately **\$50 million to \$70 million annually** is spent addressing homelessness in Pima County. These funds come from federal, state, local, and philanthropic sources and support:

- Emergency shelter
- Transitional and supportive housing
- Outreach services
- Case management
- Behavioral health programs

Policy analysis from the **Goldwater Institute** has raised concerns about long-term outcomes relative to total spending.

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## II. Emergency Shelter Costs

Homeless sleeping pods and emergency cabins typically cost:

- **\$2,000 – \$20,000 per unit** (purchase and installation)
- Many city-run programs average **\$16,000–\$16,500 per unit**
- Refurbished or basic models may cost less

While these units can provide temporary safety and stabilization, they do not independently resolve addiction, mental illness, or long-term housing instability.

<https://www.alibaba.com/showroom/sleeping-capsule-pods-with-lock.html>

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## III. Understanding Addiction

Addiction is a **chronic brain disorder**, not merely a behavioral failure. It involves:

- Dopamine dysregulation (reward pathway disruption)
- Trauma-conditioned stress responses
- Impaired impulse control
- Frequent co-occurring mental illness (depression, PTSD, bipolar disorder)

Addiction is strongly associated with:

- Childhood trauma
- Foster care involvement
- Domestic violence
- Untreated psychiatric illness
- Economic instability
- Social isolation

Providing shelter without addressing addiction rarely produces durable recovery outcomes.

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## IV. What Works for Individuals

### **1** Evidence-Based Treatment

#### **Medication-Assisted Treatment (MAT)**

Medications such as:

- Buprenorphine
- Methadone
- Naltrexone

MAT has been shown to:

- Reduce opioid overdose deaths by 50% or more
- Improve housing stability
- Increase employment outcomes
- Lower criminal justice involvement

MAT should be integrated with counseling and case management.

***US Says, Marijuana As Healing Alternative:***

<https://www.sciencedirect.com/science/article/pii/S2772724624000416>

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## **2 Trauma-Informed Therapy**

Addiction frequently masks unresolved trauma.

Effective therapies include:

- EMDR
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)

Without trauma treatment, relapse risk remains significantly higher.

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## **3 Structured Transitional Housing**

Effective recovery housing is more than a sleeping pod. It includes:

- Sobriety expectations
- Case management
- Daily structure
- Peer accountability
- Employment or vocational programs

Structure + Support + Accountability consistently produce better outcomes than shelter alone.

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## **4 Community and Purpose**

Recovery improves when individuals:

- Obtain employment

- Volunteer
- Participate in peer or faith communities
- Rebuild family relationships

Isolation fuels relapse. Purpose strengthens resilience.

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## V. What Does Not Work Alone

The following approaches, when used independently, tend to stabilize rather than solve addiction:

- Short-term shelter without treatment services
- Cash-only assistance without accountability
- Incarceration without rehabilitation
- Housing-first models without behavioral health follow-up
- Harm reduction without recovery pathways

Harm reduction saves lives. However, without structured recovery transitions, long-term addiction rates remain high.

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## VI. What Works at the City Level

For communities investing **\$50–70 million annually**, an integrated strategy is essential.

### A. Integrated Service Model

Housing + addiction treatment + employment services must operate together, not in silos.

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### B. Expanded Detox and Inpatient Capacity

Long waitlists increase overdose risk. Increasing short-term stabilization beds and residential treatment slots reduces emergency response strain.

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### C. Accountability-Based Transitional Villages

Structured but humane environments including:

- Curfews
- Sobriety monitoring
- Mandatory counseling
- Job training requirements

These models are structured recovery ecosystems.

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## **D. Prevention Investments**

Long-term cost reduction depends on:

- Early childhood trauma intervention
- School-based counseling programs
- Foster youth stabilization
- Family preservation services

Prevention is significantly less expensive than emergency response.

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## **VII. Financial Perspective**

If even a modest portion of annual homelessness funding were redirected toward:

- Expanded MAT access
- Trauma therapy expansion
- Transitional recovery housing
- Workforce reintegration programs

The long-term public costs of:

- Emergency medical care
- Law enforcement
- Jail stays
- Repeated shelter cycling

could decline over time.

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## VIII. The Hard Truth

Addiction cannot be solved by:

- Ignoring it
- Enabling it
- Criminalizing it alone
- Housing it alone

Addiction recovery requires:

-  Treatment
-  Stability
-  Community
-  Purpose
-  Boundaries

All working together.

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## IX. Realistic Expectations

Addiction recovery:

- Is nonlinear
- Often involves relapse
- Requires sustained support
- Typically takes 1–3 years of consistent intervention

But recovery is possible.

Communities that combine compassion with structure — and services with accountability — achieve the strongest long-term outcomes.

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### Conclusion

Tucson and Pima County face a measurable homelessness challenge involving over 2,200 individuals and tens of millions of dollars in annual expenditures. Addressing addiction as a core driver — through integrated, evidence-based, and structured recovery systems — offers the most viable path toward sustainable improvement.

A shelter is a starting point.  
Recovery requires a system.