Homelessness, Rough Sleeping and Substance Use

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Strength of research and data

- Published research outdated; 2003, 2015 etc.
- Different methodologies in assessing data creates comparative challenges
- Indications of significant deviation across nations and nationally- types of drugs used, prevalence of use, how used, regularity etc.
- Data utilised to manage and monitor services doesn’t have level of texture to make confident assertions around specificity of presentation and prevalence
- Challenges in making claims about entirety of homeless populations due to engagement

Drug use amongst homeless populations

- Prevalence of drug use amongst homeless populations is higher than general population
- Estimates from 2010/2011 suggest that around half of all homeless people engage in harmful substance use (‘substance misuse’, https://assets.publishing.service.gov.uk/media/5d0a566eed915d0936ba5fb6/Drug-related_harms_in_homeless_populations.pdf)
- General population drug use estimated at 1 in 11 individuals - regular drug use is estimated at 2.6% of general population)16-59)

    https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingjune2022

- Estimated 21% of individuals in general population drink alcohol at levels which increase harm (above 14 units per week)

    https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#estimated-weekly-alcohol-consumption-by-sex-and-age

Drug use across different homeless populations (England)

- Research suggests that differing homeless populations do not use substances to similar levels
  - Statutory homeless individuals (in TA) estimated:
    - 3% harmful alcohol use
    - 7% any drug use
    - 1% for a drug other than cannabis
  - Hostel residents
    - 16% harmful alcohol use/alcohol dependent
  - Night shelter residents
    - 44% alcohol dependent (31% more severely)
    - 29% drug dependence
  - Rough sleepers
    - Approximately half of rough sleepers alcohol dependent (36% dependent to a more significant degree)
    - 83% of rough sleepers with ‘recent’ (within one month of survey) drug use http://drugsandhousing.co.uk/homeanddrycrisis.pdf

Drug and Alcohol issues as cause of homelessness

- Commonly held belief that appx 2/3rds homeless people attribute drug or alcohol use as one of the reasons for homelessness
- http://drugsandhousing.co.uk/homeanddrycrisis.pdf
- Study is from early 2000s, reasons were ‘double counted’ - as such drug use a potential contributory factor
- Challenging to find any recent data- gap in knowledge

London level ‘CHAIN’ data

- 22/23 annual data
- 10,053 individuals seen rough sleeping
- 58% individuals seen once
- Assessment challenges, challenges in relation to support offers
- Drugs not an attributable reason for losing accommodation- no data
- Substance use/support needs assessment- 7178 individuals
- 9% individuals alcohol as sole support need, 6% drugs sole support need, 3% alcohol drugs combination, 13% drugs and mental health combination, 10% alcohol/drugs/mh combination
- Equates to 31% individuals having problematic alcohol use and 32% with drug use as a support need (double counting)

ACMD paper on rough sleeping a drug use

- Instigated in response to drug strategy 2017 and 2018 ‘vulnerability and drug use’ report
- Key findings
  - Higher instance of drug use/drug risks amongst homeless populations,
  - Increased rate of drug related deaths,
  - Increased rate of infections amongst injecting populations,
  - Higher degree of co-morbidity
  - High proportion of homeless individuals who have substance use issues with adverse childhood experiences
  - Mainstream approaches to healthcare do not meet the needs of homeless individuals
  - Challenging to assess extent of drug use- but evidence is strong in suggesting links
  - Drug use varies widely regionally

ACMD recommendations

1. Housing policies, strategies and plans across the UK should specifically address the needs of people who use drugs and are experiencing homelessness by: recommending evidence-based housing provisions, such as Housing First; enabling collaboration across departments and agencies to ensure these interventions have a chance to succeed.
2. Services at a local level must be tailored to meet the specific needs of substance users who are currently experiencing, or have recently experienced, homelessness – including evidence-based and effective harm reduction and substance use treatment approaches with the capacity, resource and flexibility to reach them. Services need to consider people who are experiencing multiple and complex needs and adopt psychologically-informed approaches.
3. Substance use, mental health and homelessness services to use evidence based approaches such as integrated and targeted services, outreach, and peer mentors to engage and retain homeless people in proven treatments such as opiate substitution treatment.
4. Service providers should be aware of the levels of stigma experienced by people who are homeless and are engaged in substance use treatment or who choose not to engage due to the experiences of stigma and oppression they have had. Respect, choice, dignity and the uniqueness of the person should be at the core of the design and delivery of the service provision in respect of substance use and homelessness services.
5. The workforce in substance use and other services which have contact with the homeless need to have skills in dealing with complexity and in retaining homeless drug users in treatment.

Central Government response

- Rough Sleeping Drug and Alcohol Treatment grant - funding to tailor services to needs of rough sleeping and vulnerably housed populations
- Integrated ACMD views into 2021 drug strategy
- Current advocacy for developing services (OHID) focussing on meeting needs of local populations- culturally sensitive, peripatetic
- Combating Drugs Unit- central government interdepartmental approach to understanding drug and alcohol related harms and driving system development

Discussion

Further comments/questions/queries please contact:

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