



Frontline agencies in partnership

**Policy Briefing:**

# **Drugs and Alcohol**

**April 2009**



Homeless Link  
10-13 Rushworth Street  
London  
SE1 0RB

© April 2009

## Introduction

Homeless Link is the national membership organisation for frontline homelessness agencies in England. Our mission is to be a catalyst that will help to bring an end to homelessness. Our two goals are to:

- Raise standards in the services that support homeless people and tackle homelessness
- Influence the development of policy, strategy and investment at all levels of government

The policy briefings have been developed to:

- Establish our policy lines on key issues affecting homeless people so that we can continue to discuss these with our members
- Provide members with information on a range of relevant subjects to help them influence decision making in their local areas.

Homeless Link policy work is guided by the frontline experience of our member agencies. This information is collected in a number of ways including through the National Advisory Council (NAC), a quarterly forum comprised of two member representatives from each of the nine English regions. Member agencies are encouraged to contact NAC representatives or Homeless Link staff to feed in their thoughts on current policy issues. For full details of the NAC please see:

<http://www.homeless.org.uk/aboutus/advisorycouncil>

Increasingly, policy decisions are being taken at a local level. These policy briefings therefore also aim to support members in developing their positions on a range of issues so that they can effectively lobby for changes that will help end homelessness in their local areas.

Each policy briefing has 4 sections. These provide information on:

- Background, facts and figures
- An overview of responsible bodies
- Latest government policy developments
- A selection of key issues and policy lines

This briefing is on drugs and alcohol. Also in the series are briefings on mental health; social housing; criminal justice, and; engagement, education, training and employment.

We look forward to receiving your feedback on these documents so that we can continue to develop our evidence base and policy lines in consultation with member organisations. If you have any comments on this briefing please contact [esther.sample@homelesslink.org.uk](mailto:esther.sample@homelesslink.org.uk)

## 1. Background, facts and figures

There are well established links between drug and alcohol use and homelessness, which suggest that substance misuse is a contributing factor to homelessness. Conversely, the adverse conditions associated with rough sleeping can lead people to develop a substance misuse problem after becoming homeless.

This briefing focuses on how the services and government policies around substance misuse and homelessness interrelate, and how coordination could be improved. Other areas such as the criminal justice and mental health systems will also be explored in relation to this topic, but are covered more comprehensively in other policy briefings.

### Substance misuse can lead to homelessness

- Three quarters of single homeless people have a history of problematic substance misuse<sup>1</sup>(rising to more than 4/5 of rough sleepers)<sup>2</sup>
- Drug users are seven times more likely to be homeless than the general population<sup>3</sup>

### Homelessness can lead to increased substance misuse

- Two thirds of individuals report increasing problem substance misuse after becoming homeless<sup>4</sup>

### Many homeless people have substance misuse issues

- Homeless Link's Survey of Needs and Provision suggests that 42% of clients in an average homelessness project have drug problems, and 39% have alcohol support needs.<sup>5</sup>
- One estimate of the prevalence of problematic substance misuse amongst single homeless people living in hostels was as high as 80%.<sup>6</sup>
- The Audit Commission has reported that one in ten drug users starting treatment has no fixed address and that as many as one in three are in some form of housing need.<sup>7</sup>
- In one of the case study boroughs in Homeless Link's Clean Break research report, just under a third of no fixed abode (NFA) clients

---

<sup>1</sup> Homelessness Directorate (2002) Drug Services for Homeless People Office of the Deputy Prime Minister

<sup>2</sup> Fountain J and Howes S (2001) 'Rough Sleeping, substance misuse and service provision in London' National Addiction Centre, London

<sup>3</sup> Kemp P et al (2006) 'Homelessness amongst problem drug users: prevalence, risk factors and trigger events' Health and Social Care in the Community 14 (4), 319-328

<sup>4</sup> Fountain J et al (2002) 'Who uses services for homeless people? An investigation amongst people sleeping rough in London'. Journal of Community and Applied Social Psychology, 12:71-75.

<sup>5</sup> Homeless Link (2009) 'Survey of Needs and Provision', Homeless Link, London  
<http://www.homeless.org.uk/policyandinfo/research/mapping/SNAP2>

<sup>6</sup> Letter to DATs from Director of NTA, December 2002

<sup>7</sup> Audit Commission (2004) Drug Misuse 2004 - reducing the local impact, Audit Commission, London

accessing treatment were in residential rehab, the majority were treated within the community.<sup>8</sup>

### Lack of stable housing can prevent substance misuse treatment from being successful

- 40% of drug users state that a lack of stable housing is the main barrier to them achieving their treatment goals<sup>9</sup>

## 2. Responsible bodies

The Department of Health has overall responsibility for the standards set for drug and alcohol treatment services.<sup>10</sup>

The National Treatment Agency (NTA) is a special health authority set up to improve the availability, capacity and effectiveness of treatment for substance misuse in England.<sup>11</sup> It mainly focuses on drug misuse. Drugscope<sup>12</sup> is the national membership agency for the drugs field and Alcohol Concern<sup>13</sup> is the national voluntary sector agency on alcohol misuse.

Locally, substance misuse treatment services are co-ordinated by Drug (and Alcohol) Action Team partnerships (D(A)ATs). These are bodies made up of key partners - police, probation services, prison services, statutory agencies (housing and education) and statutory providers (National Health Service-based providers), which work together to address local treatment needs.<sup>14</sup> D(A)ATs report to the Government Offices for the Regions and the National Treatment Agency (NTA) who in turn report to the Home Office and the Department of Health respectively.

Drug Treatment is predominantly funded by the Pooled Treatment Budget (PTB). The PTB is combined funding from the Home Office and The Department of Health, allocated to the D(A)ATS, who use this alongside other local funding (for example, from PCTs and probation services) to commission NHS, voluntary sector and private sector treatment services.

Individuals who are experiencing homelessness and have drug or alcohol misuse problems can potentially access support in a variety of different ways. This may be through outreach workers, day centres, hostels or through referral to specialist drug services. Some homelessness projects have their own drug support workers and others have specialists from external drug agencies who come in to provide support. Where in-house services are

---

<sup>8</sup> Homeless Link (2007) 'Clean Break, Integrated housing and care pathways for homeless drug users', Homeless Link, London

<sup>9</sup> Stephenson M (2005) National Aftercare Survey - Year 3, Addaction, London

<sup>10</sup> <http://drugs.homeoffice.gov.uk/drug-strategy/uk-government/department-of-health>

<sup>11</sup> <http://drugs.homeoffice.gov.uk/treatment/strategy/nta/>

<sup>12</sup> <http://www.drugscope.org.uk/>

<sup>13</sup> <http://www.alcoholconcern.org.uk/servlets/home>

<sup>14</sup> <http://drugs.homeoffice.gov.uk/dat/>

available in homelessness projects, harm reduction services are more common than structured treatments.<sup>15</sup>

Drug and alcohol services are classified on 4 tiers:

**Tier 1 - Non specific general services:** This may include advice and information or screening from general practitioners, probation, housing providers or helplines.

**Tier 2 - Open access services:** This may include advice and information, harm reduction services (such as needle exchange), referral to structured drug treatment and short term counselling. These services can be provided in house by homelessness projects or through specialist drug services, drop in clinics or pharmacies.

**Tier 3 - Community services:** For example, community drug teams, drug dependency units or day treatment. 21% of homelessness projects surveyed in our Survey of Needs and Provision 2009 suggested that they provide structured day programmes in-house, and 84% said they could refer clients to an external service.<sup>16</sup> Day programmes are designed to offer clear programmes of defined activities for a fixed period of time with specified attendance criteria. Activities can include psychotherapeutic interventions and structured counselling, motivational interventions, methadone maintenance programmes (prescribed by GP or specialist drugs project), community detoxification, or day care provided either as a drug-and alcohol-free programme or as an adjunct to methadone treatment.

**Tier 4a - residential drug and alcohol misuse specific services:** These include inpatient drug and alcohol detoxification or stabilisation services; drug and alcohol residential rehabilitation units; and residential drug crisis intervention centres. Homelessness projects can refer clients to these services; however, they often require residents to be drug-free on admission and are less readily available than community services. In recent years substitute prescribing (such as methadone) has risen steadily, while residential rehab levels have remained stable.<sup>17</sup>

**Tier 4b - Highly specialist services provided in hospitals such as liver units and forensic services.**<sup>18</sup>

---

<sup>15</sup> Homeless Link (2009) Survey of Needs and Provision, Homeless Link, London, <http://www.homeless.org.uk/policyandinfo/research/mapping/SNAP2>

<sup>16</sup> Homeless Link (2009) Survey of Needs and Provision, Homeless Link, London, <http://www.homeless.org.uk/policyandinfo/research/mapping/SNAP2>

<sup>17</sup> Drugscope (2009) Drug Treatment at the Crossroads, Drugscope, London

<http://www.drugscope.org.uk/ourwork/Policy-and-public-affairs/topics-and-campaigns/key-topics/drug-treatment.htm>

<sup>18</sup> National Treatment Agency (NTA) (2002) Models of care for the treatment of drug misusers, NTA, London [http://www.nta.nhs.uk/publications/documents/nta\\_modelsofcare2\\_2002\\_moc2.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare2_2002_moc2.pdf)

## **Substance misuse, homelessness and criminal justice**

There are other drug and alcohol bodies linked to the criminal justice sector.

The Home Office Drug Interventions Programme (DIP) aims to get adult drug-misusing offenders out of crime and into treatment and other support. It is driven by a central policy team in the Offender-based Interventions Unit (OIU). This sits within the Police and Crime Standards Directorate (PCSD) of the Home Office.

The DIP is delivered at local level, via D(A)ATs supported by regional Government Office leads, NTA regional teams and Criminal Justice Integrated Teams (CJITs).

Within prisons, Counseling, Assessment, Referral, Advice and Throughcare (CARAT) teams work with offenders through drug treatment in prisons. The newly expanded Integrated Drug Treatment Services (IDTS) aim to improve the volume and quality of drug treatments available to prisoners and the continuity of care from the community into the prison, between prisons, and on release into the community. Many prisons also have specialist housing support staff.

Since April 2008, all Crime and Disorder Reduction Partnerships (CDRPs) - comprising the police, local authorities, police authorities, fire and rescue authorities, primary care trusts in England, and civil society organisations - are required by law to have a strategy in place to tackle crime, disorder and substance misuse in their area. This should include specific actions to address the issues surrounding homeless people engaged in these activities.

### **3. Government policy**

This section examines recent government policy relating to substance misuse and homelessness, which includes both drug and alcohol misuse. Some areas of government policy such as Public Service Agreement 25, focus on 'substance misuse' in general, and the common impacts that drug and alcohol misuse can have on society.

However, because drug use is illegal and the consumption of alcohol is not, and because there are obvious differences in the treatment services necessary for different forms of addictive substances, government strategies tend to be specific to either drugs or alcohol.

#### **Public Service Agreement Targets**

The new substance misuse Public Service Agreement (PSA 25) sets reducing the harms caused by alcohol and drugs as a key cross-government priority.

The PSA Delivery Agreement took effect from April 2008 and is a joint alcohol and drugs PSA Delivery Agreement reflecting the fact that problem drug use and harmful alcohol use are public health and social issues and that they also have a significant impact on society, particularly deprived communities and vulnerable people. The agreement focuses on reducing harms caused to:

- The development, achievement and well being of young people and families
- The health and well being of drug users and those using alcohol in harmful ways
- The community as a result of associated crime, disorder and anti-social behaviour

### Local Area Agreements

There are five national indicators relating to substance misuse (PSA 25) in the list of 198 national performance indicators set by central government.

Local authorities and their partners have chosen up to 35 indicators that they see as a priority for their area from this list, to form their Local Area Agreement (LAA). Analysis of which indicators have been picked across the country shows that around half of LAAs include indicators around drug-users in effective treatment, or hospital admissions due to alcohol related harm. However, very few authorities chose the indicators around drug-related offending or public perceptions of drug use/drug dealing, or drunk or rowdy behaviour as a problem. The breakdown is as follows:

#### Drugs

- 20 authorities (13%) have chosen NI 38 *Drug-related (Class A) offending rate*
- 5 authorities (3%) have chosen NI 42 *Perceptions of drug use or drug dealing as a problem*
- 74 authorities (49%) have chosen NI 40 *Number of drug users recorded as being in effective treatment*

#### Alcohol

- 75 authorities (50%) have chosen NI 39 *Rate of Hospital Admissions per 100,000 for Alcohol Related Harm*
- 8 authorities (5%) have chosen NI 41 *Perceptions of drunk or rowdy behaviour as a problem*

### Drugs Policy

#### The Misuse of Drugs Act 1971

This legislation set out the laws and regulations that surround drug-use.

The key area in terms of homelessness is Section 8. This states that those concerned in the management of premises have a duty to intervene to ensure that the production, sale or distribution of a controlled substance does not occur on their premises. It is also incumbent upon those concerned in the management of premises to ensure that cannabis is not smoked on the premises nor is opium to be prepared or smoked.

This legislation has implications in terms of homeless people with substance misuse issues who live in hostels but receive treatment within the community. External drug treatment agencies need to coordinate with hostel staff in terms of a client's drug use and be aware of the legal restrictions to which hostel staff are subject. The law does not prevent housing providers from housing active drug users. Detailed guidance on management of these issues is available on Homeless Link's website.<sup>19</sup>

### **National Drug Strategy, 2002**

The National Drug Strategy 2002 focused on the most dangerous drugs, damaged communities and problematic drug users and aimed to reduce the supply and use of illegal drugs, and reduce levels of drug-related crime.<sup>20</sup> There was little focus on the social-reintegration or housing need of drug users within this strategy.

### **Drugs: protecting families and communities, 2008**

In 2008 a new drugs strategy was published by Government. The 2008 ten-year drug strategy, *Drugs: protecting families and communities*<sup>21</sup>, has a wider focus than the previous strategy, and looks at protecting families and strengthening communities, including a new focus on preventing harm to children, young people and families affected by drug misuse and delivering new approaches to drug treatment and social re-integration, including housing and employment.

Published alongside this strategy is the first of a series of three-year action plans that coincide with the Spending Review cycles: 'Action Plan 2008-2011'.

Key actions relevant to homelessness featured in the new strategy include:

- Improving prison treatment programmes
- Focusing on families where parents misuse drugs, intervening early to prevent harm to children, prioritising parents' access to treatment where children are at risk, providing intensive parenting guidance and supporting family members, such as grandparents, who take on caring responsibilities

---

<sup>19</sup> <http://handbooks.homeless.org.uk/hostels/risks/drugs>

<sup>20</sup> <http://www.crimereduction.homeoffice.gov.uk/toolkits/dr0102.htm>

<sup>21</sup> <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>

- Developing a package of support to help people in drug treatment to complete treatment and to re-establish their lives, including ensuring local arrangements are in place to refer people to sources of employment, housing advice and advocacy and appropriate support
- Using opportunities presented by the benefits system to support people in re-integrating into communities and gaining employment, whilst also exploring the case for introducing a new regime for drug users that provides more tailored support for people; and, in return putting the responsibility on claimants to move successfully through treatment and into employment
- Piloting new approaches which allow more flexible and effective use of resources, including individual budgets to meet treatment and wider support needs.

Implementation of the 2008 drugs strategy is being led by the Department of Health via the Drug Strategy Delivery Group. The reintegration aspects of the strategy are overseen by a sub group and there is an accommodation strand being developed with links to the following practice paper.

### **Improving Practice in Housing for Drug Users, 2008**

A cross-governmental partnership project between The Home Office Drug Interventions Programme (DIP), Communities and Local Government (CLG), the Ministry of Justice National Offender Management Service (NOMS), the Homes and Communities Agency, the Department of Health's (DH) and the National Treatment Agency (NTA) for Substance Misuse released a practice report in 2008, 'Improving Practice in Housing for Drug Users'<sup>22</sup>.

This report builds on Homeless Link's 2007 Clean Break report<sup>23</sup> and looks at the spectrum of needs of drug users and the necessary flexibility required within housing and related support to be able to respond to those needs.

The 13 case studies within the report look at how housing, drug and mental health services have worked together to find sustainable and successful housing solutions for drug users, including good practice for service user involvement, policy and procedures for service delivery, and strategic planning and commissioning.

## **Alcohol Policy**

### **Alcohol Harm Reduction Strategy for England, 2004**

The first cross-government statement on the harm caused by alcohol was published in 2004<sup>24</sup>. This included a shared analysis of the problem and a programme of action to respond.

<sup>22</sup> <http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/PracticeInHousingPracticePaper/>

<sup>23</sup> Homeless Link (2007) 'Clean Break, Integrated housing and care pathways for homeless drug users', Homeless Link, London

<sup>24</sup> [http://www.cabinetoffice.gov.uk/strategy/work\\_areas/alcohol\\_misuse.aspx](http://www.cabinetoffice.gov.uk/strategy/work_areas/alcohol_misuse.aspx)

Key actions relevant to homelessness include:

- Tackling alcohol-related disorder in town and city centres through the use of new enforcement powers in the Licensing Act 2003 and the Violent Crime Reduction Act 2006
- Improving treatment and support for people with alcohol problems through the first national assessment of the need for and availability of alcohol treatment
- Launching trailblazer projects to identify and advise people whose drinking habits are likely to lead to ill health in the future

#### **Safe. Sensible. Social. The next steps in the National Alcohol Strategy, 2007**

In June 2007, the Department of Health and the Home Office jointly launched an updated government alcohol strategy, *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*<sup>25</sup>. This set out goals and actions to promote sensible drinking and reduce the harm that alcohol can cause.

Key actions relevant to homelessness include:

- Points of intervention for drunken behaviour will be introduced following arrest and offenders will be offered advice, support and treatment where appropriate.
- A review of NHS alcohol spending
- More help for people who want to drink less including telephone helplines, interactive websites and support groups.
- Guidance for parents and young people
- Local alcohol strategies.

## **4. Issues and Policy Lines**

This section covers a selection of key policy issues relevant to drug and alcohol misuse and homelessness.

### **Variation in theories of 'recovery'**

There are conflicts between different agencies, individuals and policies in the drug and alcohol treatment field as to what is meant by recovery and whether this should equate to abstinence.

One recent theory of recovery in the drug and alcohol field suggests that: 'The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and

---

<sup>25</sup> <http://www.homeoffice.gov.uk/documents/alcohol-strategy-2007>

wellbeing and participation in the rights, roles and responsibilities of society.<sup>26</sup>

If recovery is seen in this way, outcomes for treatment need to be measured appropriately. For example, recognition of reduction of drug use or stabilisation on a methadone script could be seen as positive outcomes as well as abstinence. Outcome measurement tools for homelessness services such as the 'Outcomes Star' support this approach.<sup>27</sup>

It should be recognised that individuals will address their substance misuse in different ways. Individuals should be empowered to adopt the approach to recovery that is right for them and local services should offer harm reduction, voluntary-sustained usage reduction and abstinence based approaches.

### Clear local pathways of treatment and accommodation

Homeless Link's Clean Break report<sup>28</sup> found that current accommodation provision for homeless people with substance misuse issues can often involve clients at different stages of treatment living together and holding back each others' progress. In addition, alcohol users and drug users were sometimes housed together inappropriately. During the research service users stated that being with others at a similar stage on the 'treatment pathway' was very important to recovery. Several local authorities, including Westminster, are using the Clean Break Toolkit to improve the treatment and accommodation pathways in their area.<sup>29</sup>

Homeless Link believes that:

- There is a need for a range of drug treatment and accommodation services in every local area to accommodate people who are at different stages of the treatment pathway.
- Strategic reviews should be undertaken locally to establish: a pathway of services with clear routes between them; strong partnerships between housing and treatment services; and plans to remodel services where required.
- Clear referral routes to treatment and accommodation should support the pathway and allow flexibility in case of relapse. These referral routes should be well understood by all staff working with drug users, and make services accessible to those in need.
- Housing providers, commissioners and other agencies should work together in a mutually supportive way to deliver the flexible range of services needed by drug users.

<sup>26</sup> <http://www.ukdpc.org.uk/resources/A%20Vision%20of%20Recovery.pdf>

<sup>27</sup> [http://www.homelessoutcomes.org.uk/The\\_Outcomes\\_Star.aspx](http://www.homelessoutcomes.org.uk/The_Outcomes_Star.aspx)

<sup>28</sup> Homeless Link (2007) 'Clean Break, Integrated housing and care pathways for homeless drug users', Homeless Link, London

<sup>29</sup> <http://www.homeless.org.uk/policyandinfo/research/archive/cleanbreak/westminstercb>

## Employment

The recent Welfare Reform White Paper, *No one is written off: reforming welfare to reward responsibility*<sup>30</sup> sets out the Government's intention to refer benefit claimants with problematic drug use to treatment, introduce a Treatment Allowance to be paid in place of their benefit for this period, and to have the power to sanction people who did not engage.

Although many people who are stable and undertaking treatment are able to work, there is still stigma in terms of employers taking them on, which may hinder access to the labour market.

Homeless Link believes that to successfully implement the reforms proposed in the White Paper the Government will need to ensure:

- A substantial investment in ensuring that drug treatment services are available to deal with demand, and the ability to link those accessing treatment to suitable accommodation.
- That Jobcentre Plus (JCP) monitor attendance at treatment in partnership with treatment providers and ensures that attendance does not become a 'tick-box' exercise for those claiming benefit, while at the same time overwhelming drug treatment services to the detriment of other substance misusers.
- That JCP lead advisors for drug using claimants in each Jobcentre take clear responsibility for ensuring effective working relationships with drug treatment providers, homelessness support services and housing colleagues in their area.
- That an active case management approach to vulnerable drug users is adopted in every area. This should include safeguards and flexibility so that drug users do not receive benefit sanctions if it may mean a risk of homelessness or a move away from an otherwise positive trajectory of personal change.

### Building new or re-establishing pre-substance misuse social links

People who are homeless and engaging in substance misuse often form close friendships or alliances with others in their situation. This can be a positive source of support, but it can also be a negative influence when an individual is trying to reduce their drug or alcohol use and others around them are not.

Some groups of individuals engaged in substance misuse within hostels claim their benefits on different days and form arrangements where they give their money to others within the group to buy drugs or alcohol (often called 'giro-clubbing' or 'drinking schools'). This means that they are permanently in a state of debt to others within the group and are financially trapped.

Another issue is that residential detox or rehabilitation services can often be a long distance from where an individual is based. This can cause difficulties

<sup>30</sup> <http://www.dwp.gov.uk/welfarereform/noonewrittenoff/>

in terms of transportation but may also lead to much needed space away from others who are still using. Due to local connection criteria for most housing providers and services, on completion of treatment many people have no choice but to go back to the area where they were previously living.

Building new or re-establishing pre-substance misuse social links when moving on from drug treatment is essential for successful treatment outcomes. Homeless Link welcomes the focus in the new Drug Strategy on helping those completing treatment to re-establish their lives and hopes that this will include links to community groups or family mediation services.

Homeless Link would encourage housing providers to create more flexibility within their local connection criteria for those who have completed substance misuse treatment and do not wish to return to their home area. This could include specific cross-authority agreements to facilitate this kind of move

### **Lack of treatment services**

Many homelessness providers state that residential detox or rehabilitation services have very long waiting lists. Clients in hostels who are ready to move on to these services are often made to wait, and in the process may relapse back into drug or alcohol misuse.

In addition, the national budget for spending on alcohol treatment is much smaller than for drug treatment. Although alcohol can be just as harmful as drugs, there is limited investment in alcohol treatment, perhaps because consumption of alcohol is not illegal. Alcohol services are often limited to self-help groups rather than the harm-minimisation or other detox services that may be needed by very heavy users.

Half of all local authorities have chosen the improvement indicator around 'drug-users in effective treatment' in their LAAs. Homeless Link hopes this will be reflected by increased investment and easier access to residential detox and rehabilitation for homeless people, as well as improvements to community based treatment services.

The review of NHS spending set out in the new alcohol strategy is welcome. It is hoped that the need for more specific detox services and accommodation for those with alcohol misuse problems is acknowledged.

**Case study:  
Equinox - Hopkinson House<sup>31</sup>**

Hopkinson House is a thirty six bedspace hostel located in London. They provide high support accommodation, harm reduction / detox and life-skills training / resettlement for people with long term alcohol and homelessness problems.

The hostel provides supported accommodation to service users who continue to drink and works within a harm reduction framework, supporting clients to reduce or stop their alcohol use, limit the incidences of street drinking, improve their health, access other services, develop their social skills and, where possible, move on to lower support accommodation. The project receives funding from Supporting People, the local DAAT and Communities and Local Government.

**Dual Diagnosis**

Many homeless people with substance misuse problems can also have mental health problems. This causes difficulties in terms of accessing appropriate treatment and services and is an issue for both drug and alcohol users.

Lack of staff training and insufficient coordination between accommodation, treatment, mental health and social services can mean that individuals with both substance misuse and mental health issues can have their support needs overlooked.

The most recent government guidance papers on dual diagnosis are aimed at Criminal Justice Integrated Teams (CJIT) or those working in prisons; however, their focus on the importance of recognising and referring clients with these problems to appropriate care is relevant to all sectors.<sup>32</sup>

Greater co-ordination is needed between accommodation, treatment, mental health and social services around dual diagnosis. This should be recognised at a strategic / commissioning level in all areas and protocols put in place to ensure that individuals do not fall between services.

Joint training is necessary so workers can recognise when a client has both mental health and substance misuse issues and provide or refer them to appropriate support. Increased government investment is needed for specialist dual diagnosis workers / trainers.

<sup>31</sup> <http://www.equinoxcare.org.uk/service.asp?divisionid=3&id=20>

<sup>32</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_097695](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097695) and [http://drugs.homeoffice.gov.uk/publication-search/dip/AC\\_Mental\\_Health\\_SCAN\\_paper?view=Standard&pubID=569208](http://drugs.homeoffice.gov.uk/publication-search/dip/AC_Mental_Health_SCAN_paper?view=Standard&pubID=569208)

## Central and Eastern Europeans

The majority of migrants from Central and Eastern Europe successfully obtain employment and accommodation in the UK. However, restrictions on entitlements mean that options are very limited for the significant minority who find themselves homeless. Central and Eastern Europeans that are living, but not working, in the UK may have no entitlement to homelessness assistance or housing benefit and there are restrictions on access to secondary healthcare, which some areas determine to include drug detox or rehabilitation services. For more information on entitlements to healthcare see our Central and Eastern Europeans web page.<sup>33</sup>

Homeless Link believes that healthcare should be accessible to all who need it and that there is no evidence of 'health tourism' among this group of economic migrants. The provision of inadequate healthcare could potentially be seen as a breach of article 3 of the Human Rights Act 'degrading treatment through failure to provide services' or in extreme circumstances a breach of article 2 'the right to life'.

## Drug consumption rooms

Rates of drug-related deaths caused by Blood-Borne Virus infections among injecting drug users have recently increased, together with the rates of sharing injecting equipment. Homeless people who inject heroin and crack have higher rates of infection from HIV.<sup>34</sup>

In 2006 The Joseph Rowntree Foundation produced a report from an independent working group on drug consumption rooms (DCRs). It concludes that DCRs offer a unique and promising way to work with the most problematic users - to reduce the risk of overdose, improve their health and lessen the costs to society.<sup>35</sup>

Kings College London has an ongoing research project that looks at the effectiveness and cost-effectiveness of treatment with injected opioids (methadone and heroin) for patients who are dependent on heroin but do not respond to conventional methadone substitution treatment. The results from this study could support the need for supervised drug consumption rooms for some heroin users.<sup>36</sup>

---

<sup>33</sup> <http://www.homeless.org.uk/policyandinfo/issues/EU10s/entitlements>

<sup>34</sup> [http://www.healthcarecommission.org.uk/db/documents/Improving\\_services\\_for\\_substance\\_misuse\\_May\\_2008.pdf](http://www.healthcarecommission.org.uk/db/documents/Improving_services_for_substance_misuse_May_2008.pdf)

<sup>35</sup> Joseph Rowntree Foundation (2006) The Report of the Independent Working Group on Drug Consumption Rooms <http://www.jrf.org.uk/bookshop/details.asp?pubID=785>

<sup>36</sup> <http://www.iop.kcl.ac.uk/projects/?id=10114>

Joint homelessness / substance misuse sector training on safer injecting and the risks of overdosing should be available to all staff and clients in accommodation projects. Further research and pilot projects should be set up to evaluate the effectiveness of drug consumption rooms in specialist accommodation projects to decrease the health risks to homeless people who are injecting drugs.

### Coordination with the criminal justice system

Police actions such as dispersal, cautions, arrests and applying to the courts for Anti-Social Behaviour Orders are common in combating alcohol or drug related offending. Alcohol Disorder Zones are used as a last resort to enable local authorities and the police to tackle high levels of alcohol-related nuisance or disorder in a specified area.

Drug Treatment and Testing Orders (DTTOs), now called Community Orders with a Drug Rehabilitation Requirement (DRR), are the primary intervention for addressing drug misuse for offenders aged over 18. A Community Order can also include an alcohol treatment requirement (ATR).

The UK Drug Policy Commission's report on 'Reducing drug use reducing reoffending' reviewed the evidence base behind policies such as DTTOs. The report shows that although the completion rate of DTTOs has increased, 82% of individuals are still reconvicted within two years.<sup>37</sup>

Homeless Link encourages the police to work with street outreach teams to refer rough sleepers using drugs or alcohol on to accommodation and appropriate treatment services in agreement with the individual.<sup>38</sup> Further research is required into the effectiveness of DRR and ATRs and other forms of mandatory substance misuse treatment.

### Continuity of treatment on release from prison

Findings from the Homeless Link Survey of Needs and Provision<sup>39</sup> showed that many people become homeless after leaving prisons. Those with substance misuse issues in particular get caught in a cycle between the streets and prison. Research suggests that stable accommodation can reduce reconviction rates by over 20%<sup>40</sup>

<sup>37</sup> UK Drugs Policy Commission, (2008), Reducing Drug Use, Reducing Reoffending. Are programmes for problem drug-using offenders in the UK supported by the evidence? <http://www.ukdpc.org.uk/publications.shtml>

<sup>38</sup> <http://handbooks.homeless.org.uk/streetoutreach>

<sup>39</sup> Homeless Link (2009) 'Survey of Needs and Provision', Homeless Link, London  
<http://www.homeless.org.uk/policyandinfo/research/mapping/SNAP2>

<sup>40</sup> Home Office (2004) Reducing re-offending: a national action plan, <http://www.noms.homeoffice.gov.uk/news-publications-events/publications/strategy/reducing-reoffending-action-plan>

The lack of continuity of drug treatment for offenders leaving prison can cause substance misuse issues to worsen and increases the likelihood of offenders becoming homeless and re-offending. Those with no accommodation on release from prison may stay with friends who are still engaging in substance misuse. There is a high risk of overdosing if someone comes off a methadone script on release for example, and then takes other drugs to compensate for this.

Many prisons have specialist housing support staff, however these staff are often not able to provide the level of support needed by individuals due to huge caseloads, and they can have limited coordination with Counseling, Assessment, Referral, Advice and Throughcare (CARAT) teams who support offenders around drug treatment in prisons.<sup>41</sup> The lack of housing support on release is often a particular issue for those serving sentences of less than 12 months. See the Criminal Justice briefing for more information on this issue.

CARAT teams must liaise with Criminal Justice Integrated Teams (CJITs) and local treatment providers to ensure consistency of drug treatment provision following release. They should also coordinate with the housing advice workers in the prisons and externally to ensure appropriate accommodation is available.

---

<sup>41</sup>Yvette Hartfree, Chris Dearden and Elspeth Pound (2008) High hopes: Supporting ex-prisoners in their lives after prison, <http://www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep509.pdf>



**Homeless Link is the national membership organisation for frontline homelessness agencies in England. Our mission is to be a catalyst that will help to bring an end to homelessness.**

**Our two goals are to:**

- Raise standards in the services that support homeless people and tackle homelessness
- Influence the development of policy, strategy and investment at all levels of government.

Homeless Link  
First Floor  
10-13 Rushworth Street  
London SE1 0RB  
Tel: 020 7960 3010  
Fax: 020 7960 3011  
Website: [www.homeless.org.uk](http://www.homeless.org.uk)  
End homelessness: [www.endhomelessness.org.uk](http://www.endhomelessness.org.uk)

© April 2009

Charity no. 1089173  
Company no. 4313826