

OVERVIEW OF RESEARCH ON DRUG MISUSE AMONG THE HOMELESS IN IRELAND

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Paper presented at the conference on “Homelessness and Problem Drug Use”

Merchants Quay Ireland 18th July 2002

Measuring the extent of homelessness

Over the last decade a distinct change in the nature and extent of homelessness has occurred in Ireland and elsewhere. As a result, the traditional image of the homeless person as the older, male, heavy drinker is no longer as accurate as it once was. Greater numbers of people are now homeless and the population is younger and includes more females and families.

Since the enactment of the Housing Act (1988), local authorities are obliged to carry out assessments of homelessness in their area every three years. However, assessing the level of homelessness in an area is problematic mainly due to the hidden and shifting nature of this phenomenon i.e. that people move in and out of homelessness and can experience more than one episode of homelessness in their lifetime. In this respect, O’Sullivan’s (1996) definition of homelessness was aimed at capturing this range of elements by setting out a continuum of homelessness which spanned three broad categories:

- 1) *Visible homelessness* i.e. people sleeping rough or in designated homeless hostels or B&Bs.
- 2) *Hidden homelessness* i.e. people staying with relatives, friends, illegally squatting etc. in temporary and uncertain arrangements because of lack of alternative accommodation or in grossly inadequate housing conditions.

- 3) People who are *at risk of homelessness* i.e. housed at present but likely to become homeless due to economic difficulties, insecure tenure or relationship difficulties.

In assessing levels of homelessness, the definition of homelessness used will influence the outcome of the assessment. In this respect, the first extensive assessment of homelessness was carried out in 1999, by the Homeless Initiative (now the Homeless Agency), in conjunction with the ESRI and homeless service providers of people who were homeless in the Eastern Health Board Area during the last week of March 1999 (Williams and O'Connor, 1999). For the purposes of this study people were defined as homeless if they were staying in a hostel, women's refuge, Bed & Breakfast, sleeping rough or staying with friends or family because they had nowhere else to stay.

Using this definition, the survey found a total of 2,900 homeless people in the area, of whom 95% were found in Dublin city. Two distinct groups roughly equal in size were identified. One group were those on a local authority homeless list but not using homeless services (tended to be women with children staying with friends and family) (n=1550), the other group used homeless services such as hostels and food centres (generally single men, the majority of whom stayed in hostels) (n=1350). Almost half (47%) of this latter group - the *visible homeless* - were aged under 35 years. In addition, the survey found 275 people sleeping rough; one in five of whom were under twenty years old.

The Homeless Initiative/ESRI assessment was repeated in March 2002, however, results are not yet available. Nonetheless, all evidence points to a continued increase in the homeless population. A sense of this increase is evident in the increased demand for emergency accommodation. For example, in 1990 five homeless households were placed in Bed & Breakfast accommodation. By 1999, this figure had risen to 1202 households (which consisted of 2,780 people – 1,518 adults and 1,262 children). (Houghton and Hickey 2000).

In addition, the Rough Sleeper Counts conducted by Dublin Simon and Focus Ireland found 202 persons sleeping rough in Central Dublin during one week in October 2000, of which 81% (n=163) were male. This represented an increase of 60% on the street

count of December 1997 (which found 125 persons were sleeping rough) and a 36% increase on the street count of June 1998 (which found 149 persons were sleeping rough). Over this period, the number of female rough sleepers had increased by approximately 70%.

The link between drug use and homelessness

Factors contributing to homelessness now involve a complex interrelationship of social and economic factors (Dept H&C 2001). In this sense, homelessness may be seen to have as much to do with social exclusion as with bricks and mortar (Condon 2001). For example, the range of social and structural factors identified in Irish research studies as contributing to homelessness include unemployment, poverty, housing shortages, anti-social behaviour, poor health, mental illness, alcohol and drug dependency, relationship breakdown and previous experience of institutional care (e.g. prison, psychiatric hospital). (Williams and O'Connor 1999; Houghton and Hickey 2000; Feeney *et al* 2000; Smith *et al* 2001.)

In addition, a number of specific structural factors have been identified as contributing to homelessness among the drug using population such as the impact of the Housing (Miscellaneous Provisions) Act 1997, which gave new powers to Local Authorities to evict tenants on the grounds of anti-social behaviour; and the reluctance of Local Authorities and resident committees to house families and individuals associated with drug misuse. (Cox and Lawless 1999; Costello and Howley 2001)

The extent of drug misuse among the homeless population

While, the correlation between drug misuse and homelessness has been noted in a number of research studies there is little specific evidence as to the extent of drug misuse among the homeless population in Ireland. The empirical studies on homelessness, which have been conducted to date, focus on the physical and mental health needs of this population and vary in the extent to which questions on drug misuse are included. In addition, all of the studies relate to homelessness in the Dublin area and our knowledge of homelessness and drug misuse in other areas is very limited. Nonetheless, evidence can be extrapolated from these Dublin studies which indicates

high, albeit varied, levels of drug misuse and drug related risk behaviour among this population.

In reviewing these studies it is useful to note that the reported prevalence of drug use among the homeless will vary depending on the sampling strategy (in particular how the sample is stratified by age and gender), the locations where the research population is accessed (rough sleepers, hostels, B&Bs etc.), the definitions of drug use and homelessness used, and the research methodology employed.

Holohan (1997)

Holohan's study on the *Health Status, Health Service Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin* clearly demonstrated for the first time in Ireland the extent of health problems among homeless people. The study sampled 502 (85% male and 15% female) homeless people aged over 18. 42% of the sample were aged under 35. Over three quarters of the sample were resident in hostels (77%) with the remainder in Bed & Breakfast accommodation (17%) and sleeping rough (6%). This sample was seen to reflect the estimated homeless population at that time.

Holohan's study covered two issues in relation to drug misuse. Firstly, "substance/alcohol abuse" was the most frequent reason given for homelessness (24%), particularly among young people. Secondly, the study found a lifetime prevalence of illicit drug use for over a quarter (27%) of the sample. In his report, Holohan commented that the prevalence of drug use (and alcohol use) was lower than might be expected and opined that this could be explained by the respondents' fear that their use could lead to expulsion from the service.

Feeney *et al* (2000)

Feeney *et al*'s study of the *Health of Hostel-Dwelling Men in Dublin* focused in detail on the health status and health care needs of 171 homeless men recruited in three south inner city hostels (Iveagh, Back Lane and York Street). Over half of the respondents were in the 35-54 year age group.

The study found half of the research population to be alcohol dependent, with over a quarter (29%) having a severe alcohol dependence. 18% (n=30) cited addiction problems as the primary reason for originally becoming homeless. And, despite only a quarter (26%) of the sample being under 35 years of age (the age group seen as being most at risk of problem drug use), the study found high levels of illicit drug use.

Lifetime prevalence

More than half the respondents (55%*) reported ever having misused drugs. However, when the figures for lifetime prevalence are broken down by age, much higher levels are apparent in the younger age group. Over 80%* of the 18-34 year age group; 55%* of the 35-54 year olds and 12%* in 55+ age category reported ever having used illicit drugs. The most common drug of use was cannabis (51%) followed by benzodiazepines (20%), cocaine (20%) [unusually high], and heroin (18%). Unfortunately these latter figures are not available by the age group of the users.

Current use (defined as in last 12 months)

More than one third of the overall sample were current illicit drug users. An estimated three quarters* of the 18-34 age group were current users.

Dependent use (defined as using every day for two weeks or more in last 12 months)

Overall, almost a quarter of the overall sample (24%*) were categorised as having a drug problem and approximately half* in the 18-34 age group were dependent drug users. Almost one fifth of the sample had ever used heroin and almost two thirds of these were dependent users.

Risk Behaviour

12% (n=21) of the homeless men reported ever having used intravenous drugs. Of these, over two thirds (67%)(n=14) said they had shared needles in the past. In the previous month, 8 (5%) respondents had used intravenous drugs and 3 (2%) had shared needles.

* Precise figure not given in research study so approximated.

Houghton and Hickey (2000)

Houghton and Hickey's study *Focussing on B&Bs: the unacceptable growth of emergency B&B placement in Dublin* surveyed households placed in emergency Bed & Breakfast accommodation during 1999 by the Homeless Persons Unit (HPU). The study covered 1,202 households (2,780 people – 1,518 adults and 1,262 children), almost a third of the households (32%) were single adults the majority between the ages of 18 and 25.

While this study did not cover drug misuse among the research population, it provides useful information as to the perceived role drug misuse played in people becoming homeless. In the study, HPU staff were asked to identify the principal factor which led to each household becoming homeless. Overall, this research found that drug addiction was the principal reason for 16% of households becoming homeless and a secondary reason for 11% of homeless – i.e. it was a contributory factor in over a quarter (28% n=336) of households becoming homeless. However, for the single adult households (n=391) well over a third (38%) of 18-25 year olds and over a quarter (26%) of 26-40 year olds cited drug addiction and drug related problems as the primary reason for their homelessness.

The study noted a significant change from earlier studies which had examined reasons for homelessness. Drug problems had not been mentioned in the Moore (1994) report; and had only accounted for 12% of homelessness in the Fahey and Watson report (1995).

Condon et al. (2001)

Condon's in-depth study of the *Health and Dental Needs of Homeless People in Dublin* provided clinical data about the physical, mental and dental health of the homeless through self-reports and screening for respiratory illnesses, TB, Hepatitis, mental health and alcoholism.

The research sample covered 234 homeless people. Almost all (92%, n=216) were located in hostels in the inner city while 8% (18) were rough sleepers. Almost three

quarters of the sample (73%, n=170) were over the age of 35 and 90% of them were male. The mean age of leaving school was 14.9 years.

While the research population (predominantly older, male, hostel dwellers) was of a group not usually associated with illicit drug use, a high level of drug use was found in the population. Nearly two fifths of the sample (38%, n=88) reported ever having taken illicit drugs during their lifetime, of whom sixty two (70%) had done so in the previous year. Almost a quarter of the population (24%, n=55) admitted to having injected drugs and of these well over half (58%) said they had shared needles with others.

Three (1%) of the total sample reported having HIV/AIDS and fourteen (7%) of the total sample reported having Hepatitis C. However, of the 189 people who underwent screening, 35 (18%) tested positive for Hepatitis C. Screening positive for Hepatitis C was significantly associated with lifetime use of IV drugs and being a rough sleeper.

Smith *et al* (2001)

Smith's study of *One hundred homeless women: health status and health service use of homeless women and their children in Dublin* focused on women availing of emergency accommodation through the Homeless Persons Unit of the Northern Area Health Board in hostels and B&Bs. The study explored lifestyle factors (including smoking, alcohol and drug use) as well as issues relating to health care access, service use; routes into homelessness and experience of physical and sexual abuse etc. The average school leaving age was 15 years, 35% had left school before then, 56% had completed primary school only

Of the 100 women interviewed, 67 were living in Bed & Breakfast accommodation and 33 in hostels. Almost three quarters of the women were in the 18-34 age category. 11% of the women specified addiction problems as the reason for becoming homeless and a further 4% specified eviction for anti-social behaviour, often related to drug use by a member of the family.

Lifetime prevalence

Almost two-thirds (64%) of the women reported ever having used illicit drugs. Lifetime prevalence was higher among younger women, 83% of 18-34 year olds and 16% of the 35-54 year olds. The main illicit drug used was cannabis (41%).

Current Use (last 12 months)

More than one third of respondents (41%) reported having engaged in illicit drug in the last year – with cannabis the most frequently used illicit drug.

Dependent use ((defined as using every day for two weeks or more in last 12 months)

Almost 45% of the respondents classified as dependent – all were opiate dependent and all but one was involved in a treatment programme. A higher percentage of hostel living women (67%) were found to be dependent than those in B&B accommodation (37%). Four of the women had recently completed a detoxification programme, five were currently in a detoxification programme and 35 were on a methadone maintenance programme: one woman was using street physeptone.

There was a high level of misuse of prescribed medications i.e. using more than the prescribed dose. Of those for whom anti-depressants were prescribed, 20% were found to be misusing them; 32% were misusing the sleeping tablets prescribed to them and 39% were misusing other benzodiazepines (mainly valium) which had been prescribed to them.

Risk Behaviour

Almost half of the women had ever used heroin (47%), of these 83% (n=39) reported that they had ever injected themselves with illicit drugs, 33% (n=13) of these had shared injecting equipment. A quarter of the women reported that they had tested positive for Hepatitis C (2% for HIV), most of these (80%) had not been treated.

Summary of research

Overall these research studies indicate the high prevalence of drug misuse among the homeless population. However, the different definitions of homelessness used in the

studies and the different sampling strategies do not allow for an easy comparison of trends across the studies, or a generalisation from the research findings (See Table 1, page 10). For example, lifetime prevalence rates vary significantly across the studies which may be influenced by the sampling, the methodology, or the locations and context in which the interviews were conducted.

It is arguable that a research study specifically dealing with drug misuse among the homeless would provide a more valid estimation of the extent of the problem within this population and the interconnectedness between drug misuse and homelessness. For example, a recent prevalence study of drug misuse among rough sleepers (n=389) in London found 83% of the sample had used a drug excluding alcohol and almost half the sample (47%, n=184) had used heroin, 70% of them daily or near daily. The same proportion (47%, n=182) had used crack cocaine, 46% of them daily or near daily. While 157 (40%) respondents had ever injected a drug. (Fountain. and Howes 2001)

In addition, almost two-thirds of the sample reported that their drug or alcohol use was one of the reasons they first became homeless. However, until they became homeless, almost three-quarters had not used crack cocaine or pharmaceutical drugs, and over half had not used heroin. Drug and alcohol use, and injecting, was seen to have increased with the length of time respondents had been homeless. Furthermore, over a third (39%) of the sample had been excluded from one or more service for homeless people. Those dependent on drugs and alcohol were more likely to have been excluded than those not dependent.

The London report indicates that drug misuse among the Irish homeless population might be more prevalent than estimated by the Irish studies examined above. In addition, findings from the Irish studies indicate high levels of drug related risk behaviour particularly in the young homeless population. These findings fit in with information from other research studies where homeless drug users were seen to engage in high levels of risk behaviour such as sharing of injecting equipment, poly drug use, and unsafe sexual behaviour. (Cox and Lawless 1999, Costello and Howley 2001).

Issues and implications for service providers

The level of drug misuse and drug related risk behaviour among the homeless population raises a number of issues for service providers in both the homeless and drug treatment sectors. Both these phenomenon indicate the need for empirical data on the extent, nature and context of drug misuse within this population so that sufficient and appropriate resources can be targeted to meet the needs identified. The following information, in particular, is required:

- information on the capacity of homeless and drug treatment service providers to deal with homeless drug users;
- a more complete understanding of the relationship between homelessness and drug use (the extent to which drug use contributes to homelessness and the extent to which homelessness contributes to and exacerbates drug use) in order to inform appropriate homeless and drugs prevention strategies;
- more in-depth information on illicit drug use in the homeless population in different areas of Ireland, in particular the type of drugs used by age, gender and accommodation situation of the user (e.g. rough sleeper, hostel dweller etc.) to inform appropriately targeted service provision in both the homeless and drug treatment fields;
- more adequate information on the drug related risk behaviour of the homeless population in order to inform effective harm reduction measures; and
- information on the needs of homeless drug users and the barriers they encounter in accessing homeless and drug treatment services.

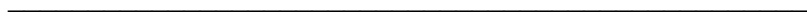


Table 1: Comparison of research findings on illicit drug use among the homeless

Author	<u>Holohan</u>	<i>Feeney et al</i>	<i>Condon et al</i>	<i>Smith et al</i>	<i>Fountain and Howes</i>
Year conducted	1997	1999	1999/00	2000	2000 (UK)
Sample size	502	171	234	100	389
Gender of Sample	M (85%) F (15%)	Males (100%)	M (90%) F (10%)	Females (100%)	M (81%) F (19%)
Age of Sample	18+ 18-34 (42%)	18-55+ 18-34 (26%)	18-55+ 18-34 (27%)	<18-55+ 18-34 (74%)	17-72 17-35 (74%)
Location	Hostels (77%) B&Bs (17%) Rough sleepers (6%)	Hostels (100%)	Hostels (92%) Rough sleepers (8%)	B&Bs (67%) Hostels (33%)	Rough Sleepers
Lifetime prevalence of illicit drug use	29%	55%* ———— 84%* 18-34	38%	64% ———— 83% 18-34	94%
Current use (past year)	—	35%* 75%* 18-34	26%	41%	83%
Dependent use	—	24%* 50%* 18-34	—	45%	66%
Lifetime prevalence of heroin	—	18%	—	47%	67%
Lifetime prevalence of intravenous drug use	—	12% (67% of whom have ever shared)	24% (58% of whom have ever shared)	39% (33% of whom have ever shared)	40% (in last month)

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