

## **Summary Report**

### **Safe as Houses:**

### **An inclusive approach for housing drug users**

#### **Summary**

The housing needs of drug users are currently attracting a great deal of interest across different disciplines. Whilst supporting such formal acknowledgement and the need for improved joint working across strategy areas, this report by the Shelter Street Homeless Project argues that a number of important issues need to be addressed if all drug users are to benefit from this focus.

Drug use and homelessness are often seen as almost inextricably linked, but despite widespread acknowledgement of this many drug users continue to have difficulty in accessing appropriate housing and support. Whilst some would argue that many drug users are directly or indirectly excluded from much housing provision, others believe that it is illegal to house continuing drug users and that some problematic drug users are 'too difficult to assist'.

This report looks at the validity of these perceptions. It argues that only by providing a range of accommodation and support that can house continuing drug users as well as abstinence based or drug free environments can the needs of drug users with different patterns and levels of use be met.

Despite practical and legal implications of housing and providing support to continuing, problematic drug users the report provides information on seven innovative projects. These work within a harm reduction approach, to house continuing drug users whilst acknowledging and managing the risks, including drug use on site.

These projects demonstrate that when this approach is properly managed and underpinned by key principles of good practice it is legal, safe and effective.

### **Linkage and Needs**

Government guidance suggests that 1 in 3 drug users coming into treatment are in housing need and research into rough sleeping has indicated drug use by up to 80% of rough sleepers in some areas. In other areas the needs may be even higher when more “hidden” populations (those only engaging with lower threshold services such as needle exchanges or day centres) are taken into account.

A survey of street outreach teams and North West day centres working with homeless people, compiled for this report, reinforced these findings.

A Crisis report in 2002 highlighted the interaction between the two issues, studying homeless people in London. The study reinforced previous findings that drug use can be a trigger factor for homelessness but went on to conclude that homelessness was an even bigger trigger for drug use, with many drug users starting or escalating their use as a means of coping with homelessness. Taken together these two issues can present a ‘revolving door’ that many drug users find hard to escape.

Such high degree of linkage and needs has major implications to various strategy areas:

- Housing and Homelessness
- Drug Treatment and Health
- Supporting People
- Criminal Justice

There is a need for effective planning and joint working across all of these strategy areas in assessing need and providing services to meet it.

### **Provision**

A good practice guide published by the ODPM in 2002 reinforced the need for a range of accommodation that provides for **continuing drug users as well as those who wish to live in a drug-free environment.**

There is a whole array of accommodation that could be used for drug users including night shelters, hostels, shared houses and independent tenancies, although not all of these options are available in all areas.

Support can also be provided in a number of ways including in-house specialist workers, generic workers with training, peripatetic services, floating support or links to community based specialist services.

Such variety, with all its permutations, could go a long way to meet the differing needs of drug users with different patterns and levels of use. Yet many drug users find themselves with access to only the most insecure housing or excluded from

most, if not all, provision in their area.

### **Barriers to Housing and Support**

Certainly there is an issue with demand generally exceeding supply for single homeless people with support needs, and this is likely to be ongoing given the reductions in Supporting People funding - the principle funding stream for housing related support. This problem is particularly acute in smaller localities with no direct access provision and sometimes as few as one or two projects to cater for all the housing and support needs across their area.

However even where services are provided, there are still more hurdles to get over:

- Some housing projects exclude drug users altogether
- Others will only consider drug users who are already engaged in structured treatment or can demonstrate a commitment to change
- Virtually all housing projects incorporate admission criteria stating that drugs or drug use will not be tolerated on the premises, with the ultimate sanction being eviction.

On the face of it, many people may feel such criteria are perfectly reasonable. Housing providers need to facilitate a safe and supportive environment for all their service users and, above all, work within the law.

These criteria present major barriers to problematic and continuing users and raise a number of fundamental questions:

- What can be done for these people?
- Are they “too difficult” to assist?
- Should they stay homeless until they are ready and able to address their drug use?
- What happens in the meantime?
- Where do those “in recovery” or “drug free” go if they relapse?

Even the most explicit of conditions excluding drug users do not mean drug use won't occur. All housing providers should plan for this, and deal with it safely and effectively when it does.

The admission criteria cited above may also have the unfortunate side effect of discouraging drug users from open discussion and engagement with housing and support services regarding their drug use.

Many drug users may minimise or deny their problem in order to get into housing projects and then continue illicit use. This situation creates immense risks for

themselves, other residents and staff. This can also displace drug use away from the project, into less safe or hygienic and more public places.

Other drug users will self-exclude, feeling the service may be unable to provide for their needs with the inevitability of eviction, and they become part of the “hidden” unmet needs.

Some projects, to avoid continual evictions of residents for drug use, operate informal procedures that practically amount to ‘turning a blind eye’ to the problem.

None of these situations are satisfactory and none fully manage the risks involved. We are also left in a situation where drug use can be a trigger for homelessness, homelessness can trigger an escalation of drug use, but the drug use itself can be a barrier to getting housing and support. For some, the revolving door becomes an indefinite trap. This is even more frustrating given that appropriate housing and support can be powerful motivators in helping people to address their drug use.

### **Innovative Projects**

The *Safe As Houses* report identifies a number of housing projects which provide an alternative to many of the problems above and an approach that can complement, in an integrated way, more traditional housing and support services working with those engaged in treatment or requiring drug free environments:

- **Sinclair Project, Leeds**  
Managed by Leeds Housing Concern, the project provides housing and support for single homeless drug users. It has 33 bed spaces in 23 well-maintained, dispersed properties. Support is accommodation based with floating support also available to a small number of service users.
- **Wallich Clifford Community, Cardiff**  
Provision includes a night shelter, direct access hostel, community houses for people with a dual diagnosis, a street drinkers project and a project for ex-offenders. With the exception of the night shelter, all projects will work with on-site drug use and will distribute paraphernalia.
- **New Steine Mews, Brighton**  
This is a 20-bed hostel for people who have recently been sleeping rough. The project has 3 distinct areas: a harm reduction area for users in pre-contemplation; a preparation area for those beginning to address their drug use; and an action area for those engaged in structured treatment.
- **Single Homeless Project, King’s Cross**  
SHP provides hostels, shared houses and floating support across London. All projects will accept drug users, with the King’s Cross hostels specifically for people whose primary need relates to ongoing drug use. Service users

often have histories of rough sleeping and exclusion from other projects. Drug use is primarily heroin and cocaine but also often poly-drug use and alcohol.

- **In Partnership Project, Blackburn**

Managed by Manchester Methodist Housing Group, this project provides high-quality housing and support to 16-25 year old women in housing need who have ongoing substance use problems. Residents often have multiple and complex needs and include care leavers, offenders, sex workers and survivors of abuse.

- **St. Mungo's projects, London**

St Mungo's manages 1,434 bed spaces in 72 generic and specialist projects across 11 London Boroughs. They have a specialist in-house substance use team providing support to residents and generic staff across the projects. The team has developed triage and comprehensive assessment procedures together with in-house needle exchange and prescribing facilities.

- **Julian Housing, Norfolk**

Julian Housing provides various housing and support services for people experiencing mental ill-health, including outreach, floating support and supported housing. They have developed protocols to cover joint working arrangements with other housing providers, where outreach staff visit service users in their own tenancies.

All the projects above will give access to problematic and continuing users and use a harm reduction approach to acknowledge and safely and effectively manage risks, including drug use on site, whilst encouraging engagement with treatment.

The report shows that such an approach can be safer than many of the alternatives:

- **For the drug user**, whose use is acknowledged and managed to minimise the risks
- **For staff**, who receive training and work to clear internal policy and practice
- **For other residents**, whose safety can be protected by competent and confident staff
- **For the community**, as this approach can facilitate a reduction in illicit public use

The seven projects incorporate different forms of housing provision, from hostels and dispersed houses to floating support in independent tenancies, showing the adaptability of the approach and challenging the notion of "one size fits all".

### **Legal implications**

The "*Wintercomfort case*" that resulted in the imprisonment of John Brock and Ruth

Wyner from a Cambridge day centre under Section 8 of the Misuse of Drugs Act (1971) had a marked effect on the homelessness sector.

Fear and misinterpretations have hampered developments in this area, however neither Section 8, nor the more recent Section 1 of the Antisocial Behaviour Act (2003) prevents the development of services such as those above.

The seven projects' very existence, together with their endorsement by the police and local authorities, should instil confidence in providers that this can be done. The major proviso is that it needs to be done properly.

### **Good Practice**

Building on the work done by the Release Inclusion Project, all of these projects have developed comprehensive, balanced and adaptable drug policies together with practices which underpin them. These are spelled out to service users and staff, and disseminated across the organisation and to stakeholders, particularly the police and local authorities.

The projects actively manage the physical environment, prohibiting drug use in communal areas and with sharps bins available in bedrooms, bathrooms or toilets. Some projects will even plan allocations of bed-spaces to avoid mixing drug users with different patterns and levels of use, different risks or vulnerabilities.

Great emphasis is placed on staff training, support and supervision, together with a holistic approach to support which values qualitative and softer targets, particularly for those with multiple and complex needs.

Effective links are also established and maintained with a broad range of other agencies and specialisms.

### **Benefits**

The benefits of this approach are clear to see, particularly in housing drug users who would otherwise be excluded.

- Projects report increased openness, allowing better management of risks and safer practice.
- Access to health care is increased with better wound care and prevention and management of overdose.

- Although the projects do not set a requirement for users to engage in structured treatment in order to be housed, treatment access, retention and outcome rates are considerable.

## **Conclusion**

Available evidence suggests that drug users experience acute housing need and this is reinforced by direct or indirect exclusion from much of the housing and support available for single homeless people.

If the needs of all drug users are to be met it is imperative that a broad range of housing and support, that can provide for continuing users as well as those engaged in structured treatment or seeking drug-free environments, is available in all areas.

Despite many of the perceptions attached to it, a harm reduction approach to housing and support for ongoing, problematic drug users can be a legal, safe and effective way of enabling access to drug users who may otherwise remain homeless or be evicted from other provision. This is evidenced by the experience of seven innovative projects.

Shelter believes that everyone should have a home and access to appropriate support in order to maintain it. If this is to be achieved then the issues raised within this report need to be addressed within both individual and cross-strategy planning and provision.