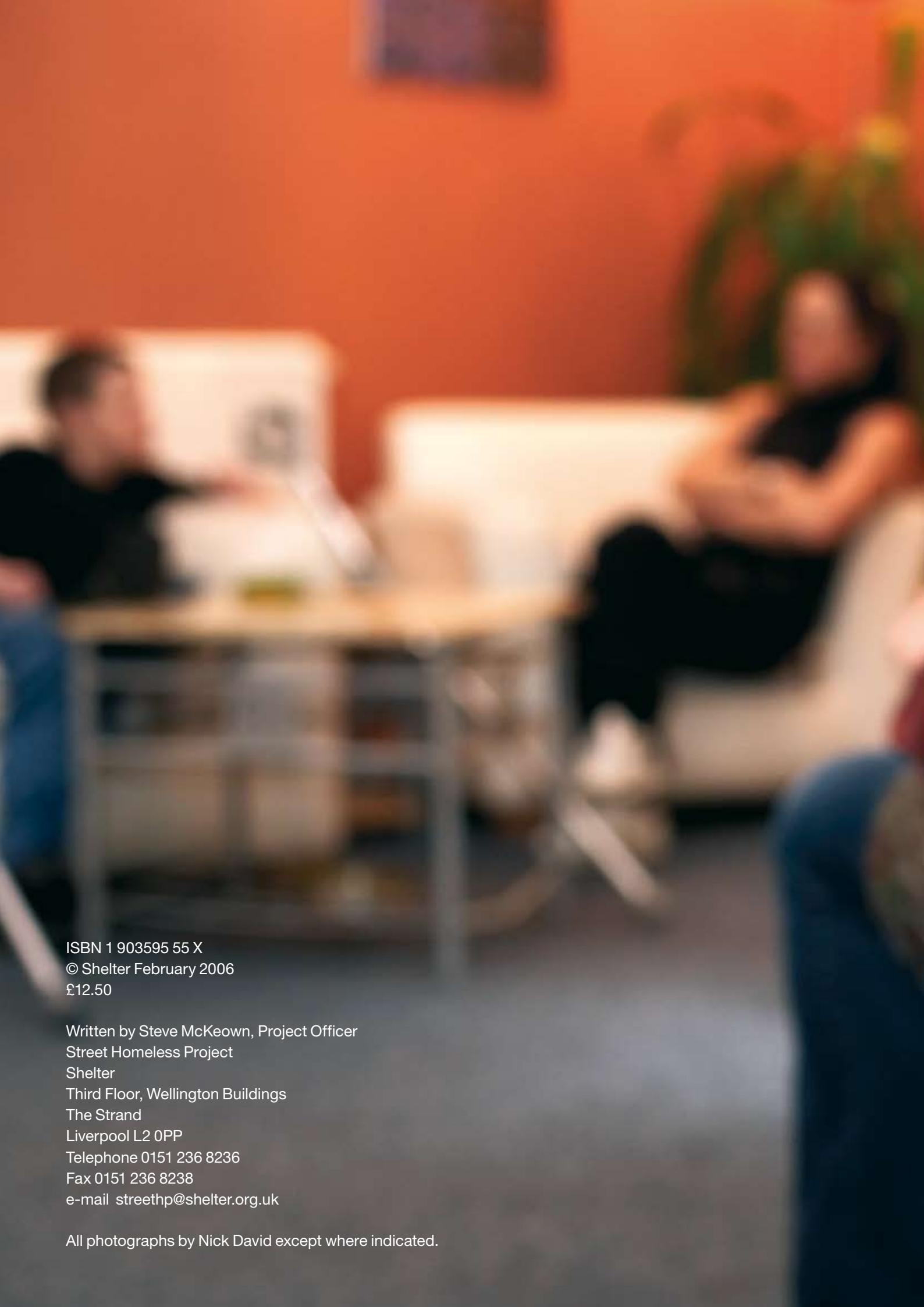


Safe as houses

An inclusive approach for housing drug users



Shelter



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‘They don’t
judge you, just
help you sort
yourself out.’

Service user, innovative project

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Kevin Flemen has extensive experience supporting homeless drug users. From 1992 to 1997 he worked for Turning Point at the Hungerford Drug Project, as an outreach worker for young homeless people. While there he wrote *Smoke and Whispers*, one of the first studies to explore the relationship between homelessness and drug use. Towards the end of this period, two of his clients were murdered while on the streets, prompting Kevin's continuing efforts to improve the way homeless drug users are treated, and the availability of accessible housing for them.

In 1998 Kevin joined Release and eventually headed up their Inclusion Project. He produced *Room for Drugs*, which quickly became the essential text for accommodation projects, exploring the scope for working with homeless drug users within the law. This was followed by workshops around the country to assist organisations struggling with the implications of the Wintercomfort case. He also co-wrote *Tackling Drugs in Rented Accommodation*.

After leaving Release in 2002 Kevin established the consultancy KFx, where he has continued these areas of work and was instrumental in the repeal of much-feared legislation extending the scope of Section 8 of the Misuse of Drugs Act.

Kevin has helped change the way housing providers respond to the needs of homeless drug users. This has only been possible thanks to the courageous and forward-thinking projects that have implemented his work with their service users, several of which are represented in this report.

KFx provides an array of information and resources, together with extensive DANOS-mapped training and consultancy services. More information can be found at www.ixion.demon.co.uk

We also gratefully acknowledge the following innovative projects for their help in the production of this report:

- Leeds Housing Concern
- The Wallich Clifford Community
- Brighton & Hove City Council
- Single Homeless Project
- Manchester Methodist Housing Group
- St Mungo's
- Julian Housing
- Tony (case study).

Finally we would also like to thank all the outreach teams and day centres that provided information for the survey, and the various individuals, departments, and agencies who contributed information, discussion, and advice.

Abbreviations used

ASBO	Anti-social Behaviour Order
CDRP	Crime and Disorder Reduction Partnership
DANOS	Drugs and Alcohol National Occupational Standards
DAT	Drug Action Team
DIP	Drug Intervention Programme
MDA	Misuse of Drugs Act (1971)
NTA	National Treatment Agency for Substance Misuse
ODPM	Office of the Deputy Prime Minister
SP	Supporting People
YOT	Youth Offending Team

Foreword

Drug use is endemic in homeless hostels and shelters. It is the same in any place where drug users gather, whether the rules are draconian or lackadaisical, from prisons to nightclubs. But no one knows how to make it go away.

This fresh, carefully researched national report reveals the vital importance of an intelligent and well co-ordinated policy of tolerance towards homeless drug users, providing them with decent accommodation, without condemnation, irrespective of whether the person plans immediately to come off drugs or not. Stability and understanding, rather than threats and lectures, are better at encouraging substance users to join treatment programmes of their own accord – and to stay on such programmes – and therefore considerably lessen the damage drug use causes to society in general.

As an employee at the Wintercomfort centre in 1999 I had first-hand experience of the difficulties faced by services in working constructively and compassionately with homeless drug users. The arrest and subsequent imprisonment of Ruth Wyner and John Brock resulted in fear, anger, and confusion around the law. Thankfully some improvements to the law have been made since then.

People's reasons for taking drugs and the incentives that will help them to put a stop to it are as various as the number of people on earth. An approach that is helpful to one person can send another to their grave as, to their horror, many who work with homeless people have seen.

A flexible, tolerant approach demands intelligence, courage, and expertise. They are worth the effort. The evidence presented here shows clearly that such an approach, when managed according to clear guidelines and in the hands of well-trained staff, is markedly more effective at saving lives and sustaining communities.

In moving away from simplistic, intolerant policies, the innovative projects presented in this document deserve the gratitude of everyone for the remarkable and brave work they have done.

Alexander Masters

January 2006

Alexander Masters worked at the Wintercomfort centre in 1999 and chaired the campaign against the imprisonment of John Brock and Ruth Wyner under Section 8 of the Misuse of Drugs Act. He is also the author of *Stuart – A Life Backwards*, a biography of a homeless drug user in Cambridge published by Fourth Estate, which was shortlisted for the Whitbread Biography Award and won this year's Guardian First Book Award.



Summary

Problematic substance use is often inextricably linked with housing need. There is an overwhelming need to address the use of illegal drugs among people who are homeless and vulnerably housed, and equally to address the housing problems of drug users.

If the needs of homeless drug users are to be met, it is imperative that a range of housing and support provision is available in all areas of the country.

Drug dependence is commonly characterised as a chronically relapsing condition, and housing and support provision needs to be able to cater for drug users across a wide spectrum of patterns and levels of use.

Secure, appropriate housing is an essential base from which other support can be accessed. However, many drug users have access to only the most insecure housing or lack the support they need to maintain their accommodation, and are therefore excluded from provision.

Many housing projects have certain access requirements, such as abstinence from illicit use or engagement in treatment programmes. Such approaches can be effective for those motivated to address their drug use, and there is increasing demand for such provision.

But for many street homeless drug users, compliance with treatment and support interventions is unlikely.

Despite acknowledgements of the need for a variety of housing and support, from drug-free accommodation to harm reduction programmes for continuing users, the latter are rarely available. This has a direct impact on street homelessness.

Strategies to house and support homeless drug users have been hampered by a number of factors, most notably legal concerns. But these do not preclude safe and effective provision.

Much-feared changes to the relevant legislation were repealed in 2005, ending a period of great uncertainty. This report reviews the existing need of homeless drug users and the provision that has grown up to meet it.

Innovative provision has emerged that manages to engage and house problematic drug users safely in appropriate accommodation, while working within the law.

Where such provision is available, projects report considerable effectiveness.

- Demand and access are high, particularly among drug users who have experienced difficulty accessing or remaining in other accommodation.
- Increased openness and engagement with drug users facilitates improvements in health, treatment access, retention, and outcome, along with greater stability and progress in various areas of their lives.

'I had loads of family stuff to deal with before I could think about the drugs. The project helped me to deal with lots of other things without pressuring me to stop using.'

Service user, innovative project

Safe, successful provision will not merely operate within the law. As the organisations included in this report demonstrate, consideration needs to be given to the good practice that underpins such provision.

Central to such provision is:

- A harm reduction model that provides for continuing drug users. This focuses on improving the safety of the drug user, staff, and the wider community, while encouraging the user to access primary health care and treatment.
- A clarity of the aims, objectives, policy, and practice of the provision. This involves an inclusive drugs policy and its acknowledgement by staff, service users, and key stakeholders, including the police and local authorities.
- An holistic, multi-agency approach to meet the varying needs of homeless drug users, with a balance between generic and specialist, in-house and external support.
- In-house staff supported with training and development opportunities, and a clear supervision and management structure.
- Integration with other provision for those seeking to remain drug-free, or those engaged in structured treatment programmes.

This report demonstrates a strong need for increased development and availability of such provision.



Introduction

There is a clear relationship between homelessness and drug use. Reviews of homelessness among single people have identified a number of risk or trigger factors for their homelessness, including drug use.¹ Other studies indicate the experience of homelessness may in itself precipitate increased drug use.²

In the context of this report the area of primary concern is 'problematic substance use', ie use that results in physical or mental health problems or offending behaviour. Such problematic substance use is more likely to be dependent, and associated with Class A drugs such as heroin and cocaine.

'I don't like being out there [on the street], so I just stayed off my face.'

Homeless drug user

Historically, services for homeless people and drug users have developed independently of each other. More recently, strategies seeking to tackle social exclusion, homelessness, drugs, and offending have indicated the need for increased integration and planning across a broad range of services and departments.

This report highlights issues relating to the needs of homeless drug users, especially those for whom drug use is problematic. Its aim is to demonstrate the need for housing provision and support services that can meet the varied needs of drug users, and to consider the strategic implications of this approach.

Much existing housing and support requires drug users to show their

1. Fitzpatrick, S. *Young Homeless People* Macmillan, Basingstoke, Hampshire, 2000

2. Fountain, J and Howes, S. *Home and Dry? Homelessness and Substance Abuse Crisis*, London, 2002

motivation to cease illicit use and engage in treatment programmes. For many, this is an approach that works well, and there is a need to increase such provision to meet demand.

There are, however, many drug users who do not feel ready or able to comply with such conditions. These people either remain homeless, or hide their drug use in order to access housing, and then continue illicit use, presenting dangers to themselves and others.

What is to be done about people in this situation?

- Do we expect them to remain homeless until they are motivated to address their drug use?
- Should staff in housing projects repeatedly evict people for drug use – or feel obliged to turn a blind eye to it?

Shelter believes there is another option – an approach that acknowledges that compliance with treatment and support is unlikely while people are street homeless or living in accommodation where they feel they have to hide their drug use.

This model seeks to provide housing to an excluded population, and to support improvements in physical and mental health, and in emotional well-being, through a range of interventions.

It does not conflict with the overall aim of drug treatment strategy in working towards ending problematic and dependent drug use. Indeed the provision of appropriate and supportive housing with trained staff can be a powerful impetus to this.

The model does, however, avoid setting this aim as a requirement for admission, thus creating the potential for exclusion or eviction. Instead it would require that service users consider and address the risks to themselves and others, and to respect the legal and behavioural requirements of the organisation.

This is not a *laissez faire* approach. This model opposes the notion of doing nothing.

Rather, it accepts that drug use is inevitable in most homeless projects but seeks to manage it and reduce associated harm.

Such an approach, as this report will show, is safer than not acknowledging drug use.

- It is safer for the drug user whose use can be managed to minimise harm.
- It is safer for staff who receive appropriate training and work to a clear internal drugs policy.
- It is safer for other residents whose safety can be protected by staff.
- It is safer for the community because illicit public use can be reduced.

Traditionally this approach has been fraught with legal and operational problems. However, this report presents a number of examples of projects that use such an approach, and the implications of these methods of working.

Central to such projects are links to drug treatment in its broadest sense, from needle exchanges and wound care, to substitute prescribing programmes and relapse prevention strategies for those who are drug-free. The projects presented here have high levels of access and retention, and have achieved positive outcomes.

Such services should be integrated into, and complement existing approaches that require users to engage in structured treatment programmes and cease illicit use.

The direct or indirect exclusion from housing for problematic drug users is likely to have serious negative consequences for users themselves and the wider community.

Acknowledging the problem and taking appropriate measures is by far the better option. It is safer and greatly improves the prospects of access, retention, and positive outcome for drug treatment.

Shelter hopes that this report can inform developments in strategy, policy, and practice among those involved in the planning and provision of housing and support for drug users.

Housing issues among drug users: extent of need

It is not easy to assess the extent of housing need among drug users, or the extent of drug use among those in housing need.

There is no single, substantive, national data set that cross-correlates drug use and housing need. The most extensive data for drug users is the National Drug Treatment Monitoring System. Although this is currently seeking to provide information on the housing status of drug users coming into contact with treatment services, at the time of producing this report, the data was not available.

The situation is hampered by the lack of consistency across disciplines in the way that data is gathered, recorded, and assessed, together with the definitions of terms such as 'homeless', 'NFA', 'rough sleeper' and 'drug user'.

Where data is reported, it demonstrates a high degree of need. The Audit Commission in 2004 stated: 'Recent government guidance suggests that one in three drug users presenting for treatment is in housing need, and some local research has found even higher rates of need.'³

However, such data reflects only the circumstances of people coming into contact with structured treatment services. Many drug users may be unknown to such services, and low-threshold services such as needle exchanges or drop-ins may not ask or record service users' housing status.

'For many homeless drug users the only housing options are ones they have been through before and haven't worked for them. The expectations are too great and users walk out or get evicted.'

Street homeless outreach team member

Efforts to obtain accurate figures for the proportion of single homeless people who use drugs encounter similar problems. Information relating to drug use may not be requested when assessing housing need and drug users may withhold

information about their drug use for fear of exclusion or eviction from housing.

Research into specific target groups, most notably rough sleepers, who are commonly characterised as presenting varied and multiple needs, shows evidence of high levels of drug use.

A review of research in 1998⁴ reported that one in five rough sleepers had drug problems, rising to about one in three among those under 26 years old. However, within two to three years many studies were indicating a large increase in the use of heroin, crack cocaine and poly-drug use among rough sleepers, with reports of drug use by 50–80 per cent of rough sleepers in some areas.⁵

'Access to accommodation (both temporary and permanent) is particularly problematic for poly-drug/substance users who are more likely to be multiply excluded.'

Homeless day centre

A Crisis report on homeless substance users in London found that 83 per cent of the sample had used a drug – excluding alcohol – in the last month, and almost half of these had injected. Although more than 90 per cent of the sample had used a drug service in the last year, this was confined almost exclusively to needle exchanges. The report further stated: 'Drug use may well be a trigger for homelessness then, but homelessness is clearly a stronger trigger for drug use.'⁶

In compiling this report, a survey was carried out of national street outreach teams for rough sleepers, and day centres for homeless people in the north west. Overall, they estimated that 61–70 per cent of their service users use drugs, with a minimum report of 31–40 per cent and a maximum of 91–100 per cent.

On an ascending scale from one to five, the majority of services rated problems with access to accommodation for service

3. Audit Commission *Drug Misuse 2004: Reducing the local impact* Audit Commission, 2004

4. Randall, G. *Rough sleeping: A review of research*, DETR, 1998

5. Randall, G and Brown, S. *Helping rough sleepers off the streets: a report to the homelessness directorate*, ODPM, London, 2002

6. Fountain, J and Howes, S. *Home and Dry? Homelessness and Substance Abuse Crisis*, London, 2002

users as four. This rose to five for access to accommodation for drug users, the range of accommodation available to drug users, and maintaining accommodation for drug users.

Additional comments indicated particular difficulties for drug users with complex needs, particularly mental health problems, and for female sex workers. Some services highlighted providers' reluctance to house Class A drug users, lack of understanding of the law around drugs and premises, and the need for harm reduction units within hostels.⁷

The high degree of housing need among drug users presents significant problems in a variety of strategy areas:

1. Housing and homelessness strategy

The Homelessness Act 2002 introduced new duties on local authorities to carry out a review of homelessness in their area, and to develop a strategy that addresses prevention and identifies relevant support services.

Many local strategies identify key target groups, including drug users and rough sleepers, as does the national strategy for homelessness.⁸

Local authorities should consult with relevant organisations such as Drug Action Teams (DATs), Primary Care Trusts, Crime and Disorder Reduction Partnerships, and individuals, to better understand homeless people's experiences and inform integrated provision.

The Act also identified new vulnerability groups for priority need in homelessness presentations.⁹ Although these include people leaving care and prison, where drug use may be common,

drug use in itself is unlikely to result in single homeless people being treated as being in priority need.

2. Drug treatment and health

The increased health needs of homeless people and drug users are well documented. Homeless people also find it harder to access primary health care.

A study of poly-drug users who injected in public places found that a high proportion was homeless.¹⁰ It also noted the public health implications of discarded needles and syringes in public places, and the drug-related and sexual risk behaviour of the sample group.

The Government's strategic approach to drug use was mapped out in its 10-year drug strategy¹¹ as updated in 2002.¹² In acknowledging the links between homelessness and drug use, the update included a target to increase supported accommodation available for drug users.

The target has now been modified to an expectation 'ensuring the availability of supported housing'.¹³ The Drug Strategy Directorate has also produced toolkits to support homeless drug users, available from its website.¹⁴

These toolkits highlight a number of problems for drug users in accessing and keeping accommodation, including being excluded by eligibility criteria. The toolkits reinforce the need for strategic collaboration.

In 2002 a good practice guide was produced by the ODPM and the National Treatment Agency for Substance Misuse (NTA).¹⁵ The guide was sent to DATs with a statement requesting a full range of accommodation

7. Questionnaires were sent to 27 national street outreach teams and 13 day centres for homeless people in the north west. Responses were received from 13 outreach teams (48 per cent) and nine day centres (69 per cent).

8. *Sustainable communities: settled homes; changing lives: a strategy for tackling homelessness*, ODPM, London, 2005

9. The Homelessness (Priority Need for Accommodation) (England) Order 2002.

10. Klee, H and Morris, J. *Factors that characterise street injectors*. *Addiction* 90 (6), 837-842, 1995

11. *Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drug Misuse*, Great Britain Cabinet Office, 1998

12. Home Office Drug Strategy Directorate, Updated Drug Strategy 2002.

13. Home Office Drug Strategy Directorate, National Drug Strategy, Performance Management Framework 2003.

14. www.drugs.gov.uk

15. ODPM, Homelessness Directorate and Home Office Drug Strategy Directorate. *Drug Services for homeless people*, ODPM, London, 2002

and support needs should be met locally for homeless people as a basis to successful treatment.

Although the programme is subject to a reduction in national funding, this does not detract from its overall aims.

3. Supporting People

Supporting People (SP) is the integrated funding stream for housing-related support. It aims to promote independent living, social inclusion, and joined-up working across services. Homeless people are one of its main client groups.

Local authorities were required to produce strategies by March 2005, outlining their allocation of SP monies to assessed needs in their area. Many such strategies identify priority areas of single homelessness and drugs, and the Drug Strategy Directorate has produced a model to help SP teams assess the level of drug-related need for supported housing, incorporating weightings to provide for people not known to treatment services.¹⁶

Further guidance from the ODPM and Home Office¹⁷ recommends a variety of options to meet the varied needs of substance users: 'In some cases the appropriate support package may be one that recognises that substance misuse might not end and the role of support may focus on reducing harm, nuisance, debt or other factors that result in the loss of accommodation.'

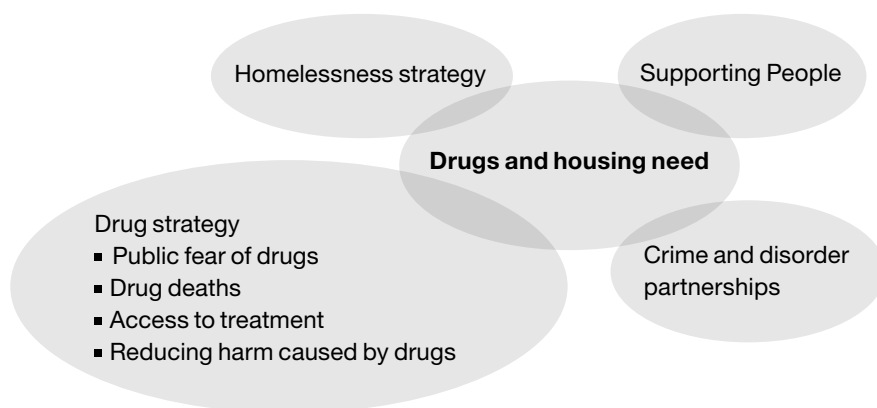
4. Criminal justice

The Drug Intervention Programme (DIP) is an initiative within the Updated Drug Strategy to reduce drug-related crime. It provides a pathway of treatment access for drug users coming into contact with the criminal justice system, many of whom may have been unknown to services by other access routes.

The programme commenced in 2003, focusing on areas with high acquisitive crime rates related to drug use. Interventions for treatment access begin on arrest and continue until release from custody. The ODPM and Home office have produced a guide¹⁸ detailing housing and support options for offenders, and a briefing relating to the housing needs of DIP clients.¹⁹

Housing is a key element of effective interventions to reduce crime. Secure, appropriate housing increases access to, and maintenance in, treatment for drug users involved in offending.

It is important that there is substantial liaison and joint planning across all the above strategies, backed by extensive assessment of local needs.



16. *Assessing the level of expected drug related need for supported housing: a guide for DAT/CDRP partnerships and Supporting People teams*, Home Office, 2004
 17. *Housing Support Options for People Who Misuse Substances*, ODPM and Home Office Drug Strategy Directorate, 2005
 18. *Guide to housing and housing-related support options for offenders and people at risk of offending*, ODPM and Home Office, 2005
 19. *Providing for the Housing Needs of Drug Interventions Programme Clients: a briefing for those involved in the provision of throughcare and aftercare services for drugs and housing need*, ODPM and Home Office, 2004

Provision of housing and support for drug users

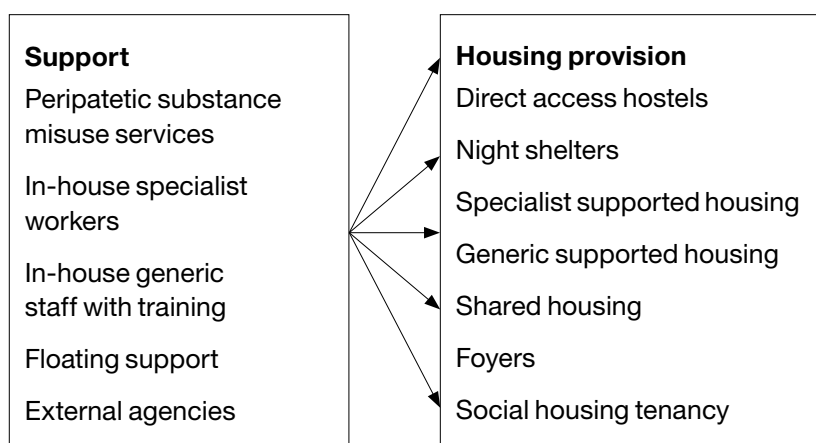
'Organisations who work with people in housing need also work, by default, with people who use controlled drugs or use alcohol.'

Kevin Flemen, 1999

A variety of accommodation could be accessed by single homeless drug users. This includes residential treatment (detoxification and rehabilitation), direct access hostels, night shelters, specialist and generic supported and shared housing, foyers, and independent tenancies.

Support can be provided in a number of ways including in-house specialist workers, generic trained staff, peripatetic substance misuse services, floating support, and external agencies.

The interaction between the type of housing and the support depends upon the specific remit of the scheme and how it is commissioned, and upon identified need. The specific needs of individual drug users must be matched with provision. While some drug users, particularly those with complex needs such as mental ill-health, may require specialist, high-level support, others are able to live independently with little or no support.



Although there is a clear need for a variety of housing provision to meet the needs of homeless drug users, some provision excludes drug users altogether.

Even where such direct exclusion does not take place, admission criteria demanding engagement in structured treatment programmes and an end to illicit use will exclude many drug users. Such projects may be attractive to, and effective with, those engaged in or who have completed treatment programmes, or those who have stabilised illicit use and are seeking to prevent a relapse. But difficulties will arise if a person does relapse into illicit use. This may lead to eviction from a project, a return to homelessness, and disengagement from treatment.

ODPM guidance²⁰ reinforces 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.

'Most provision is aimed at people willing and able to engage with hostels/processes. Therefore, we have a high number of rough sleeping individuals with complex needs.'

Street homeless outreach team member

However, in many areas, there are few, if any, residential projects prepared to give access to continuing drug users. Even where accommodation is available, conditions of stay often include 'no drugs/drug use on premises'. This may displace drug use into less safe, less hygienic and more public places. It can also discourage drug users from engaging with services for fear of sanctions if they admit to drug use.

Drug users may self-exclude from provision if they feel that they are unlikely to receive a sympathetic and non-judgemental response. Alternatively they may deny continuing use to gain access and avoid eviction.

'I can only get in somewhere if I lie about my drug use, but then when I'm in I can't get the support workers to help me, so I end up getting evicted and I'm back on the streets.'

Homeless drug user

20. ODPM, Homelessness Directorate and Home Office Drug Strategy Directorate. *Drug Services for homeless people*, ODPM, London, 2002

When drug users are housed in accommodation where use is not acknowledged, despite being suspected or even known, engagement between staff and service users may be hindered. This is exacerbated by a lack of knowledge of the risks associated with drugs, such as overdose and wound care. Failure to acknowledge drug use invariably leads to a lack of clarity about the project's drug policy and practice for staff and service users.

Harm reduction

A model of harm reduction for substance users in accommodation is more established in work with alcohol users, where 'wet' housing (where users are not required to address their alcohol use) is more widely available.

Such provision has been successful in accommodating people previously seen as too difficult to accommodate²¹ and projects often report improvements to physical and emotional health, diet and, in some cases, a reduction in alcohol use.²²

An extensive study of seven United States communities reported that harm reduction models of housing and support appear to be the most effective for long-term street homeless people with drug and alcohol problems.²³

Such models set out to reduce the negative consequences of drug use at first by promoting safer use, then managed use, and on to abstinence if this is required, achievable and desired by the service user.

'They don't judge you, just help you sort yourself out.'

Service user, innovative project

Housing provision that works within a harm reduction model seeks to acknowledge and manage drug use and not encourage, condone or promote it. Although there is growing evidence that these models can be effective, such provision remains controversial, particularly in relation to the legal implications.

These implications are addressed in the next section.

To meet the needs of homeless drug users, a range of provision for continuing users needs to be available in all areas. This can range from abstinence-based and drug-free accommodation, to accommodation that adopts a harm reduction approach.

Safe, successful provision will not merely operate within the law. As the projects in this report demonstrate, consideration also needs to be given to the good practice that will underpin such provision.

'It often seems that the people with the highest support needs end up in the worst private rented or bed and breakfast accommodation with no support because of their drug use. Accommodation projects often want drug users to be in treatment and stable on methadone before they will house them, but this is very difficult for people to achieve while they are on the streets.'

Manager, homeless day centre

21. Morrish, P. *Living in the Shadows: The Accommodation Needs & Preferences of Homeless Heavy Drinkers: A Summary*, Leeds Accommodation Forum, 1993

22. Information provided by Manchester Methodist Housing Group (Heavy Drinkers Project), Leeds Housing Concern (Carr Beck) and Horton Housing Association (Oakmount Residential Care Home), Bradford

23. US Department of Housing and Urban Development *Strategies for Reducing Chronic Street Homelessness*, Office of Policy Development and Research, 2004







‘I had loads of family stuff to deal with before I could think about the drugs. The project helped me to deal with lots of other things without pressuring me to stop using.’

Service user, innovative project



GATE
Key
MAIN
LOCK

FIRE
ALARMS
CABINET

TOP LOCKED
GAS
KEY

KEY

Legal framework

'Accommodation is difficult to maintain for active drug users due to poor policy, fear, and lack of knowledge about Section 8 of the Misuse of Drugs Act.'

Street homeless outreach team member

The main pieces of legislation for consideration by providers housing drug users are Section 8 of the Misuse of Drugs Act (1971) and Section 1 of the Anti-social Behaviour Act (2003).

The former came dramatically to the attention of homelessness services in 2000 following the imprisonment of Ruth Wyner and John Brock, from the Wintercomfort drop-in centre in Cambridge, for 'knowingly permitting or suffering' the supply of drugs on site.

The fears for homelessness services in the light of this case almost certainly led to restrictions in access to housing for homeless drug users. However, it also prompted the need to clarify legal obligations and the principles of good practice in housing and support services for drug users.

Extensive guidance on Section 8 of the Misuse of Drugs Act is provided in the 1999 Release publication *Room For Drugs*,²⁴ and up-to-date commentary and guidance on this and Section 1 of the Anti-social Behaviour Act is available on the KFx (Learning of Substance) website: www.ixion.demon.co.uk

The key implications are summarised below.

The Misuse of Drugs Act (MDA) 1971: Section 8

This places legal obligations on occupiers, workers, managers, directors ('concerned in the management') of premises, to act where specified drug activities are taking place. The obligations apply in specific circumstances stated in the Act, where persons knowingly permit or suffer:

- production or attempted production of a controlled drug

- supply, attempts to supply or offers to supply any controlled drug to another
- preparation of opium for smoking
- smoking of cannabis, cannabis resin or prepared opium.

It should be noted that the Act does not place legal obligations on organisations to stop the use of any substances other than cannabis or opium on their premises. Permitting the use of other substances such as heroin or cocaine, including through injection, on premises, is not illegal. Nor does it require the exclusion of service users in possession of controlled substances or those who have used substances (including cannabis) elsewhere.

The Government proposed amending Section 8(d) of the MDA by Section 38 of the Criminal Justice and Police Act (2001), extending the legal obligations on organisations concerning the use of cannabis and opium on premises, to all illegally held controlled substances. But Section 38 never came into force and in 2005, following concerns from various agencies, including homelessness services, it was repealed, leaving the 1971 Act unchanged.

The Anti-social Behaviour Act (2003): Section 1

Section 1 presents the police with powers to close and seal premises where there is reasonable evidence that:

- the property is associated with the production, use or supply of Class A drugs

and

- the property is associated with disorder or serious nuisance.

The legislation is very different from Section 8, above, in that it does not impose any legal obligations on occupiers or managers compelling them to take action to prevent the production, supply, or use of Class A drugs.

24. Flemen, K. *Room For Drugs. Drug Use on Premises: Guidelines for Direct Access Services*, Release, 1999

If both of the conditions apply, the police can issue a Closure Notice, having first consulted with the local authority and attempted to identify the owner of the premises. The police would then seek a Closure Order in the Magistrates' Court. If granted, this would allow the premises to be secured for up to three months in the first instance. Anyone seeking to remain or re-enter the premises without authority could be prosecuted.

While the Anti-social Behaviour Act does present some challenges to housing and support services working with Class A drug users, it reinforces the need to develop provision addressing antisocial behaviour that could impact on the community, and also the need for effective liaison with the police and local authorities.

Both the Misuse of Drugs Act and the Anti-social Behaviour Act have implications for the housing and support of drug users. However, neither precludes services developing effective and proactive harm reduction practices that accommodate continuing users and manage drug use on-site.

Other factors

The law is not the only reason commonly given for access criteria that disqualify continuing drug users. Projects often cite perceived objections from the local community. This again indicates the need for projects to engage effectively at local level, involving key stakeholders such as the police and the local authority, to break down prejudice and emphasise the benefits of overcoming the risks involved.

Some housing providers may also exclude drug users because they fear behavioural problems among tenants and difficulties in managing this. Social housing should not operate blanket exclusions, and, in the supported sector, strategic planning should address exclusion in the commissioning of services to meet identified need in high priority areas.

Although the Wintercomfort case created substantial fears among housing providers and greater exclusion for drug users, a number of projects attempted to clarify the legal issues and develop safe and inclusive housing and support for continuing drug users. These projects sought not only to work within the law, but to develop services and policy around key principles of good practice and innovation. A model of harm reduction that provides access to drug users while managing risks (including on-site drug use) to the service user and others, is central to this approach. The following section details a number of such projects.



Innovative projects

Leeds Housing Concern – Sinclair Project

Leeds Housing Concern (LHC) provides a range of housing and support services for single homeless people. The Sinclair Project is available to men and women aged over 16 who are experiencing housing problems because of their drug use. It comprises 33 bed spaces in 23 well-maintained properties, with on-site support and floating support for a small number of service users. Two four-bedroom properties are exclusively for Leeds Drug Interventions Programme (DIP) clients, and two one-bedroom flats for Youth Offenders. Residents hold six-month assured shorthold tenancies, renewable following review, and receive support for up to two years and assistance with a move to permanent housing. The

project has received 187 referrals in the past year and has a waiting list of 150.

The service is underpinned by a harm reduction drugs policy. This works with drug users to reduce risks to health and to promote responsibility to community safety. While it acknowledges the benefits of ending drug use, the policy recognises the likelihood of illicit drug use on premises and seeks to manage this without recourse to exclusion. The policy was updated in 2004, making it adaptable for a range of LHC services, and was adopted by all services in 2005. Service users are made aware of the policy on reception and drug issues are identified on individual support plans.

The service has strong links with drug services, probation, the Youth Offending Team, police, housing and the local crime

prevention forum. All LHC staff undertake training related to drug use and housing, and Sinclair workers adhere to the Drugs and Alcohol National Occupational Standards (DANOS) in providing a key-worker service to residents.

The project benefits from an integrated, strategic approach at local level. The importance of harm reduction and abstinence based provision will be endorsed by Leeds SP strategy (due for publication in December 2005), developed in consultation with the DAT, and informed by assessment of local need carried out by the SP team. The strategy will encourage services primarily providing for other client groups to work effectively with drug users, and will recommend substance use training for all supported housing staff.

Sinclair reports significant stabilisation of drug use, with 90 per cent of residents reducing illicit drug use considerably within two months. Benefits of this include a reduction in rent arrears, antisocial behaviour, abandonment and evictions, along with less damage to properties and improved treatment outcomes.

'Sinclair (Project) gave me my life back.'

Service user, Sinclair Project

The Wallich Clifford Community – Cardiff projects

The Wallich Clifford Community (WCC) provides services to homeless people across 11 local authority areas in Wales. All work with drug users. In Cardiff, services include:

- a direct access hostel
- eight community houses for people with a dual diagnosis
- the Shoreline Project (long-term accommodation for street drinkers)
- the Riverside Project (for ex-offenders)
- a night shelter.

A Rough Sleepers' Intervention Team has daily contact with rough sleepers around

the city centre and can refer into the night shelter and primary health services.

This service has noted high levels of intravenous drug use (70–80 per cent of clients contacted) over the last four years, including high-risk behaviours. In 2000 there was almost zero tolerance of injecting drugs across the city's hostels, although the Chief Executive of the WCC had long been arguing that this client group should not be excluded simply because it was comprised of injecting drug users.

In 2001, 48 injecting drug users who had moved on into other accommodation were returned to the night shelter because they had been evicted for actual or suspected injection on premises. Staff at WCC premises were unsure of the legal status of on-site use, resulting in non-engagement with drug use, or in clients hiding their use. Staff also felt ill-equipped to give advice on issues such as safer injecting. There were three overdose deaths in two years.

A review of WCC drug policy resulted in the introduction of a new policy in 2001. The policy ties in to national strategies and provides explanations of legal status, the WCC approach, health and safety, recording, exclusions, staff training and support, and managerial responsibilities.

With the exception of the night shelter, the policy provides a rationale for permitting use on premises and the distribution of paraphernalia. The Cardiff Community Safety Partnership has endorsed both of these policy features.

WCC maintains excellent support from local treatment services, and all staff receive basic training in substance use, overdose awareness, and safer injecting techniques. At least one member per team develops substance use as an area of expertise.

Reported benefits of this approach include:

- no overdose-related deaths since the policy was implemented
- no evictions for drug use
- no instances of drug dealing

- increased openness about drug use with staff
- reduction in sores and abscesses.

In the last 18 months, 64 per cent of clients have entered treatment.

Brighton & Hove City Council – New Steine Mews Hostel, Brighton

This is a 20-bed hostel for single homeless people who have recently been sleeping rough. Referrals are through the Rough Sleepers Outreach Team or from other hostels in the city.

The drugs policy does not condone the use of drugs but takes a harm reduction approach, acknowledging that compliance with treatment and support is unlikely while people are street homeless. The project seeks to begin the process of change when drug users enter accommodation, while working within the law.

Support is based around Prochaska and DiClemente's cycle of change (1983), which involves five stages: pre-contemplation; contemplation; readiness for action; action; maintenance. Residents in pre-contemplative stage (not addressing their substance use) are treated using a harm reduction approach, and are encouraged to attend the local needle exchange for clean needles, wound care and to make informal links with treatment services.

For those wishing to address their substance use there is a Preparation Area and an Action Area, each with its own locked entrance and specific Licence Agreement. Preparation Area residents should be in contemplation stage and prepared to explore issues of ambivalence and motivation, together with the prescription of heroin substitutes such as methadone and subutex. The Preparation Area gives service users time to look at substance use before deciding on an action plan, and feeds into the Action Area. Here residents are expected to abstain from illicit use and attend day care or other structured support. Move-on

options include in-patient or residential detoxification and rehabilitation services.

The drugs policy has been developed over time, involving the police and legal professionals. Key partnerships are maintained with rough sleeper and treatment services, and project staff receive training in group-work; both the Preparation and Action Areas have a dedicated member of staff with substance misuse work experience. Weekly room checks emphasise safety, and warnings are issued to residents not fulfilling their responsibilities.

The project reports an increased atmosphere of honesty, with residents speaking openly to staff about their drug use. Key working and move-on are more effective: six of the eight leavers from the Action Area have moved on to lower-support accommodation since April.

Single Homeless Project (SHP) – King's Cross projects

SHP provides London-wide support for vulnerable people in hostels and shared housing, and also floating support. It operates no blanket exclusions and all its projects will accept drug users, subject to assessments of need and risk, and the project's ability to meet them. The King's Cross Hostels are specifically for people whose primary need relates to ongoing substance use. Most clients have histories of rough sleeping and exclusion from other projects, together with drug use, primarily heroin and crack cocaine but often poly-drug use and alcohol.

One hostel is catered and has a high staff-to-client ratio; the second is self-catering. The projects have access to shared and supported one-bedroom flats on one of the sites, which are used as stepping stones towards independence. The staff work a 24/7 rota so that clients have equal access to support day and night. The projects maintain close links with the Street Services Team, Crime Reduction Initiatives (including ASBO Targeting and Taskforce meetings), Community Police

and British Transport Police. Referrals come through the local authority and the Street Services Team. The projects also work closely with local drug and primary care services, which provide needle exchange, specialist drug workers and primary health care sessions on site.

SHP formulated its drug policy in 2000, in consultation with external experts and professionals. This was supported and ratified by SHP's Board of Management. While it doesn't condone drug use, the policy makes explicit the organisation's willingness to work with continuing users to minimise harm.

Staff are encouraged to provide support in a flexible and creative way. They are supported by training, and there is a clear line on the consequences of policy breaches. The policy framework, which is explained clearly to residents, has allowed for openness and honesty, a reduction in harm for users, and improved health and safety in and around the projects.

Manchester Methodist Housing Group (MMHG) – In Partnership Project, Blackburn

Re-opened in 2003, the project provides high-quality housing and support to 16- to 25-year-old women in housing need who have substance use problems. Residents often have multiple and complex needs and include care leavers, offenders, sex workers, and survivors of abuse. Many have experience of homelessness and rough sleeping, evictions, exclusions, and insufficient support in other projects. Prior to re-opening, the project engaged in an extensive planning exercise to enable safe and effective provision for continuing drug users, both within the organisation and in consultation with key external stakeholders.

The project comprises 17 self-contained flats, to reduce the risks associated with drug use in communal areas. Sharps bins are provided in each. Referrals come from sources including probation, DIP, YOT, and the police. Extensive support includes an on-site drugs worker, a

structured day programme (involving social, educational, occupational, and life skills), complementary therapies, and leisure and diversionary activities. Each resident develops a personal programme of group and individual sessions. Residents work at their own pace to improve self-confidence and awareness.

The approach is underpinned by a harm reduction drugs policy, developed in conjunction with key stakeholders, that allows staff and residents to manage proactively the risks involved. Effective liaison is maintained with various external agencies and strategy teams, including treatment services, DAT, Connexions, Youth Service, SP, the police and local community members. All staff undergo training in drug use on premises and two project officers specialise in health and safety.

The project reports a number of benefits to this approach including:

- increased staff confidence and experience
- a safer environment
- residents being more open to discussing their drug use and other support needs
- no illicit drug overdoses
- increased engagement with primary health care and treatment
- reduction in high-risk behaviours
- improvements in health, well-being, and self-confidence
- effective strategic partnerships, particularly with SP, the DAT, and the police.

St Mungo's – various projects, London

St Mungo's manages 1,434 bed spaces in 72 projects across 11 London boroughs. These include: eight hostels; specialist alcohol, elderly persons' and mental health projects; 51 semi-independent housing projects; and two rolling shelters.

Provision also incorporates high-support projects, registered care, tenancy support, prison housing advice and street outreach services. The majority of residents have backgrounds of rough sleeping and various needs beyond their homelessness; substance use features highly (80 per cent of residents in first stage hostels).

In response to the increasing number of drug users referred to the projects, St Mungo's developed a drugs policy for the entire organisation in 2000. The policy incorporated clear aims to ensure access for drug users within robust legal practice and procedure, but also to minimise harm to self and others, and work proactively to support change. The policy was well received internally and externally, including by local and national government, and has been central to building local relationships with statutory service providers and the police. St Mungo's also created an in-house substance use team, to provide a consistent service to residents across the projects and support to generic staff.

Many residents were continuing to use drugs dangerously and were unable or unwilling to engage with existing services. The team has developed triage and comprehensive assessment procedures in line with Models of Care, information-sharing protocols, in-house needle exchange and prescribing facilities (the latter in partnership with local statutory services), shared care contracts with GPs, a group work programme, internal and external training (DANOS mapped), and wide access to auricular acupuncture across projects. The team is supported by a clear organisational support structure, and by strong external partnerships.

The approach has facilitated the housing of significant numbers of continuing drug users and has resulted in an increase in access to treatment services and more positive outcomes. The needle exchanges provided over 1,000 contacts in the year to August 2005, one service achieving the highest completion rate for hepatitis B vaccination of any satellite in the borough.

Over the past year, 124 St Mungo's residents moved into detoxification and rehabilitation services. The in-house prescribing services have retention rates that far exceed mainstream statutory services, and a reduction in frequency of injection and amount of heroin used is reported among service users. Proposed developments include improving access for sex workers and black and minority ethnic groups, and meaningful user involvement.

Julian Housing – various services, Norfolk

Julian Housing provides various housing and support services for people experiencing mental ill-health, including outreach, floating support, and supported housing. Although drug users are not the services' primary client group, the organisation acknowledged the likelihood of drug use, and developed inclusive policies and protocols for staff, service users, and key stakeholders.

The substance use policies were developed to reflect the ethos of the organisation, and the differing nature of residential and outreach services. The main policy was set up to cover residential projects, and a cannabis guidance document was added, given the special status of cannabis use within the Misuse of Drugs Act 1971. Norfolk Constabulary has endorsed the policies.

Julian Housing also developed protocols to cover joint working arrangements for substance use with other housing providers, where outreach staff visit service users in their own tenancy. The protocols improve information exchange and are backed up by an inclusive strategy for the management of risk to the service user and others.

Training around the law and the policies has been given to all Julian Housing staff, and staff are encouraged to 'own' the policy and procedures, and to reflect on problems that arise.



Case study: Tony

Tony was born in Blackpool in 1962. At 12, following his parents' separation, he went into care. He has been using drugs, including heroin and crack cocaine, since his early teens, and has had several spells in borstal and prison.

In 1999 he moved into a St Mungo's hostel. Having previously experienced exclusion from housing and day-centre services because of his drug use and associated behaviour, Tony recalls a very different and open approach at St Mungo's. He felt able to discuss his drug use without fear of eviction and this broke down barriers, giving better access to health services and information about safer drug use. St Mungo's developed in-house needle exchange and, later, prescribing services for drug substitutes. During a

hospital admission, Tony was prescribed methadone, and on returning to St Mungo's Substance Misuse Unit, this was continued.

Tony stayed at the hostel for three years. He went through detoxification and intended to move into rehab but plans were disrupted and he returned to the streets for a short time. Fortunately he accessed a similar project managed by Look Ahead, where he has stayed for two years. Tony has re-established contact with his mother and sister, and reduced his prescribed medication by more than half. He is currently a National Homeless Representative for the National Users Advisory Service, reporting to the NTA, and he actively promotes service-user perspectives.

Good practice implications

The projects cited demonstrate a diverse range of accommodation and support provision and this is particularly important in avoiding a 'one size fits all' approach. There are, however, key themes across all the projects.

Projects have clear aims and objectives

These acknowledge a commitment to work effectively and safely with drug users within the law and also to address antisocial behaviour that could affect the community. The objectives are backed by policy and procedure and disseminated to people at all levels of the organisation, together with service users and external stakeholders.

The development of a comprehensive, balanced, and flexible drugs policy has been central to successful projects. A policy identifies legal obligations but also the approach the provision should take. A clear policy ensures staff are aware of their obligations, and creates an environment that encourages openness. Such policies incorporate external expertise and are important to effective liaison with the police and local authorities. The harm reduction approach does not encourage drug use, and policies make clear what should be done when service users' behaviour contravenes what is expected of them (disposing of sharps unsafely, for example).

Provision is informed by local need

This can be through commissioned research, multi-agency monitoring, information from other provision or strategy areas, or based on monitoring and assessment from the provision itself. Such need is integrated into cross-strategy planning to enable more effective commissioning and use of resources. It can involve a wide range of sources, including low-threshold services such as day centres and needle exchanges, and service users themselves. This can supplement data from established sources to identify unmet need.

The physical environment is managed proactively

This ensures minimal risk to staff and service users. Provision will prohibit drug use in communal spaces, given the increased risk to others, and will make clear the consequences for contravention. Sharps boxes in residents' rooms, bathrooms or toilets, and information about local needle exchanges (unless available on-site) is also important. Some projects seek to avoid mixing drug users who have different patterns or levels of use, risk or vulnerabilities, by planning allocation of units/bed-spaces or by having separate provision for them within the project.

The management of the neighbourhood is also necessary. There should be clear responses to difficulties arising, and effective liaison with the police, the local authority and local residents.

Projects take an holistic approach to housing and support

This is underpinned by extensive assessment of service users' needs, and a planned approach to meeting them. Service users are fully involved and work is undertaken at their own pace, with the acknowledgement of qualitative or 'softer' targets. Although the benefits of ending drug use are acknowledged, services accept that this may not be achievable at that time, and support may focus on reduction of risk and improvement in health, diet, emotional well-being, and financial situation.

There is appropriate staff training, support, and supervision

The staff approach must also be appropriate to the aims and objectives of the project. All projects cited in this report ensure staff receive basic or specialist drugs training, and many facilitate increased specialism either on-site or through peripatetic services. Each project has a clear and inclusive structure for support and supervision. Policy and practice also provide staff with a clear framework in which to operate.

Provision is supported by effective multi-agency working and liaison

Engagement with a variety of support agencies is imperative to meet the varied needs of homeless drug users. Projects may signpost these services or facilitate satellite services on-site. Such liaison may involve service level agreements or protocols, and clarifies the aims, objectives, and practice of services.

Liaison with the police and local authorities is particularly important. Backed by a clear understanding of the aims, objectives, policy, and practice of the provision, all cited projects report a supportive and effective association with the police, including more positive relationships between service users and the police in some cases.

Links with appropriate move-on accommodation are established

If the accommodation is temporary, planned and supported moves to more permanent housing are important. This enables continuation of progress, particularly where service users may have stabilised or reduced their drug use and may be seeking drug-free accommodation.

Effective liaison with providers of permanent housing (local authorities or registered social landlords) is crucial to ensure that progress made is not undone. This may also require the identification of continuing support, such as tenancy support or support from local agencies, if required.

Ongoing development is central to the approach

All projects reported a process of continuing development and improvement of their provision, incorporating service-user involvement.

'There is a lot of pressure for workers. You want to help get someone off the street but know that if you mention current drug use, projects are likely to say no. You can feel compromised to refer to projects where they don't ask too many questions.'

Street homeless outreach team member

Application of these key principles has resulted in safe, inclusive, and effective provision of housing and support to drug users. It is imperative that such approaches are available in all areas and integrated strategically with a variety of provision that provides drug-free environments and support. This presents a number of challenges, particularly where areas have limited provision.

Projects may feel that the approaches outlined above are too distant from their existing provision. It is, however, an ongoing process, and relatively short-term investments such as improved liaison with local drug services and the commissioning of staff training can increase confidence and promote inclusive practice.

Even in projects and services where drug use is not a prominent issue, clear policy and practice, backed by staff training and support (an approach demonstrated by Julian Housing in Norfolk) enables proactive work with service users.

Conclusion

Shelter believes everyone has a right to a home and access to appropriate support in order to maintain it.

Available evidence indicates that many drug users experience acute housing need. This is reinforced by direct or indirect exclusion from accommodation available for single homeless people.

The common requirement for drug users to cease illicit use before being given access to the safety and stability of appropriate housing, and support is neither achievable nor desirable for many. Although conditions in such projects may prohibit drug use and possession on site, drug use invariably occurs and, in many cases, results in eviction and a return to homelessness.

While such an approach is necessary for those motivated to address their drug use, many problematic drug users may be unwilling or unable to commit to such regimes. They may remain homeless, deny their drug use in order to be housed, or access accommodation where drug use is not acknowledged. This situation creates a number of dangers to the user themselves, to staff in projects, and to the wider community.

The provision of housing and support in itself may assist in the process of managing, stabilising, or reducing drug use. This is supported by the experience of a number of innovative projects that operate a harm reduction approach. Benefits to drug users and the wider community such as safer practice, and reduced offending and antisocial behaviour, are also reported.

Such provision operates within the law and with reference to key principles of good practice. It complements existing provision that seeks to maintain drug-free environments.

Evidence suggests the need for an increase in all forms of housing and support for drug users, from abstinence-based projects to those that operate a harm reduction approach. The latter is rarely available in most localities.

Shelter believes such provision should be expanded and developed within strategic approaches for homeless drug users.





- PERSAN
- PINOT GRIS
- ROLE
- SYRAH
- TANNAT
- TERRET BLANC
- TOKAY

- GAMAY
- GRINGET
- MACCABEU
- MAUZAC
- MERLOT
- MONDEUSE
- MUSCARDIN

- ABOURIOU
- AUBUN
- CAMARALET
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- DURAS

French
Grapes





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