Homelessness and Addiction – what can we learn?

Dr Jenny Drife
AVERAGE AGE OF DEATH FOR PEOPLE SLEEPING ROUGH

Men 45.9; Women 43.1

Source: ons.gov.uk (2020)
Numbers of Rough Sleepers

- Snapshot figure from street count carried out each November
- Counts those seen bedded down or preparing to bed down
- Numbers usually generate debate
- NB 2020 figure still higher than 2010

Deaths in Homeless People

• Cause of death
  • 37% drug poisoning (mostly opiate)
  • 14% suicide (30% increase since 2018)
  • 9% alcohol specific

Source: Office of National Statistics
> 60% history of substance misuse

70% reach criteria for personality disorder
25-50% dual diagnosis
Psychotic disorders 15x higher

>80% at least 1 health problem,
20% > 3 health problems
Hepatitis C – 50 x higher
TB – 34 x higher
Heart disease 6x higher
Stroke 5x higher
Epilepsy 12x higher

High rates of multimorbidity and early onset frailty
Frailty

• Hostel study of 33 former rough sleepers
• Average age 55
• High prevalence geriatric conditions
  > 50% : Falls, Mobility problems, Low grip strength & Visual problems
  Cognitive impairment 45%, Malnutrition 39%  and Urinary Incontinence in 30%
• Level of frailty equivalent to 89 year olds in general population
• High level of multimorbidity
• Degree of vulnerability should be considered similar to nursing home residents

When sorrows come, they come not single spies, but in battalions...
<table>
<thead>
<tr>
<th>Experience</th>
<th>Percent</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used Solvents, gas or glue</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Left Local Authority care</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Thrown out by parents/carers</td>
<td>36</td>
<td>17</td>
</tr>
<tr>
<td>Had sex/engaged in sex in exchange for money/food etc</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Involved in street drinking</td>
<td>53</td>
<td>18</td>
</tr>
<tr>
<td>Used hard drugs</td>
<td>44</td>
<td>19</td>
</tr>
<tr>
<td>Stayed with friends/relatives because no home of own</td>
<td>77</td>
<td>20</td>
</tr>
<tr>
<td>Went to prison</td>
<td>46</td>
<td>21</td>
</tr>
<tr>
<td>Had a period of life where very anxious/depressed</td>
<td>79</td>
<td>22</td>
</tr>
<tr>
<td>Injected drugs</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>Slept rough</td>
<td>77</td>
<td>26</td>
</tr>
<tr>
<td>Admitted to hospital because of mental health issue</td>
<td>29</td>
<td>26</td>
</tr>
</tbody>
</table>

Housing policies, strategies and plans across the UK should specifically address the needs of people who use drugs.

Services at a local level must be tailored to meet the specific needs of substance users who are currently experiencing, or have recently experienced, homelessness [...] and consider people who are experiencing multiple and complex needs.

Substance use, mental health and homelessness services to use evidence-based approaches.

Service providers should be aware of the levels of stigma experienced.

The workforce in substance use and other services which have contact with the homeless need to have skills in dealing with complexity and in retaining homeless drug users in treatment.

COVID
Everybody In

• March 2020:
  • MHCLG asked councils to accommodate all rough sleepers by the end of the week
  • c15,000 people accommodated (thought to be 90% of rough sleepers)
  • 37,000 accommodated by January 2021
  • Multiagency working with health professionals, housing associations, voluntary sector
  • Estimated to have prevented 21092 infections, 1164 hospital admissions, and 266 deaths

1. COVID-19 among people experiencing homelessness in England: a modelling study
Lewer, Dan et al.
The Lancet Respiratory Medicine,
Opportunities

• Unique opportunity to engage a group who are often excluded

• Allowed joined up work between MH/substance misuse/physical health services

• Allowed widespread testing for Hepatitis C and some to be started on treatment

HDAS

- In London, Pan-London Homeless Hotel Drug and Alcohol Service provided:
  - Pan-London “cross-provider principles”, clinical protocols for substance withdrawal, and a central point of coordination
  - Telephone and email advice
  - Training for hotel staff
  - Support into local services
  - Harm reduction packs (naloxone, lock boxes, NX packs +tobacco reduction packs)

- “This has been a unique project, bringing the majority of London’s SM providers who normally compete (reflecting the nature of commissioning) together to deliver a multiagency, multi-disciplinary service”

What next?

• Everybody In hotels closing – but will there be another wave?

• Brexit and NRPF

• Increased interest and funding for “dual diagnosis” teams – from NHSE and PHE
Lambeth team

• Started 2020 as pilot, funded by NHSE
• Prescribing nurse from drug service seconded to START Team
• Outreach to local hostels
• Initial results are positive eg fall in HONOS scores
• Difficult and time consuming work
So what can we learn

• There’s a lot of work to be done to reverse trends
• Vulnerable group with high death rates & trimobrbidity
• Need for trauma informed services
• Treatment needs to be joined up
  • Between providers
  • With mental health services, physical health care and housing providers
• We should be striving for prevention