

## Safe As Houses: *An inclusive approach for housing drug users*

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## Background

- **Drug use and housing need linked**  
Audit Commission – 1 in 3 drug users in housing need  
Rough sleepers – 50-80% use drugs
- **Many problematic drug users excluded or evicted from housing provision**
- **Illegal to house continuing users?**
- **Many 'too difficult to assist'?**

## Questions

1. Should drug users remain homeless until they are motivated to address their drug use?
2. Can problematic drug users be safely and effectively housed and supported?

If YES; NO: what happens – personal and public harms?

## Good Practice – (NO;YES)

- Sinclair Project – Leeds
- Wallich Clifford Community – Cardiff
- New Steine Mews – Brighton
- Single Homeless Project – London
- In Partnership Project – Blackburn
- St Mungo's – London
- Julian Housing – Norfolk

Varied provision: direct access hostels; first and second stage hostels; shared housing and floating support in independent tenancies

# Shelter

## Benefits

- Reduced homelessness for drug users
- BUT ALSO:
- Increased openness in managing risks
  - Safer practice and improvements in health: wound care, overdose prevention/management, ~ DRDs
  - Positive engagement, retention and treatment outcomes

# Shelter

## Wallich Clifford Community, Cardiff

- DRDs and evictions for drug use → devpt. of harm reduction policy and practice in 2001
- Work with continuing drug use, manage use on site, distribute paraphernalia
- All staff trained
- 1 DRD since practice adopted in 11 projects

## In Partnership Project, Blackburn

- 44 bed hostel for homeless women
- High levels of drug use and high risk behaviours – environment difficult to manage
- Closed and redeveloped (May-Oct 2003)  
22 independent flats – less communal areas  
training for all staff and residents (O/D etc)  
intensive support: individual and group work  
clean works, condoms, screening on site
- No DRDs since re-opening

## Single Homeless Project (SHP), London

- 2 projects specifically for current drug users
- Harm reduction drugs policy developed 2000
- High staffing levels 24 hours a day
- All staff trained to work with drug users  
Nearly all first aid trained  
Specialist drug and alcohol worker posts
- Needle exchange, visiting drug worker and primary health care sessions on site
- No DRDs  
May 05-July 06: 19 non-fatal overdoses

## St. Mungo's, London

- 72 projects across 11 London boroughs
  - Drugs policy for entire organisation in 2000
  - In-house substance misuse team:
    - Specialist input to service users, support generic staff
    - In-house needle exchange
    - On-site prescribing facilities
    - Internal and external training (DANOS)
- 2005: 1,000 contacts n/x; highest satellite completion rate for Hep B vacc., retention rates for prescribing service > statutory service

## Effectiveness in Reducing DRDs

- High quality housing and support can reduce DRDs
- But hard to evidence:
- No great consistency in recording of fatal/non-fatal O/D, suicide etc. for providers or for commissioners e.g. SP

## Strategy implications

- Housing and homelessness strategy
- Drug treatment and health
- Supporting People
- Criminal justice

Joint planning and integration across all  
Quality standards to underpin good  
practice

More information, resources, forum:

**[www.drugsandhousing.co.uk](http://www.drugsandhousing.co.uk)**