The Changing Pattern of Homeless Drug Use in Edinburgh and Sheffield

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pathway Healthcare for homeless people

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Background – Funding and Support

Funded by the Oak Foundation and co-ordinated through I-SPHERE at Heriot-Watt University in Edinburgh (research overseen by Prof Suzanne Fitzpatrick and Dr Beth Watts).

Research conducted between April 2019 and September 2019.

Final report is complete and will be released very shortly.

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Background – Drugs and Homelessness

In **Scotland 1,187 people died of drug poisoning in 2018**, this is an **increase of 27%** and an **increase in the region of 400% compared to 20 years ago** (National Records Scotland, 2019). Deaths from drug poisoning in Scotland are now the **highest in Western Europe.**

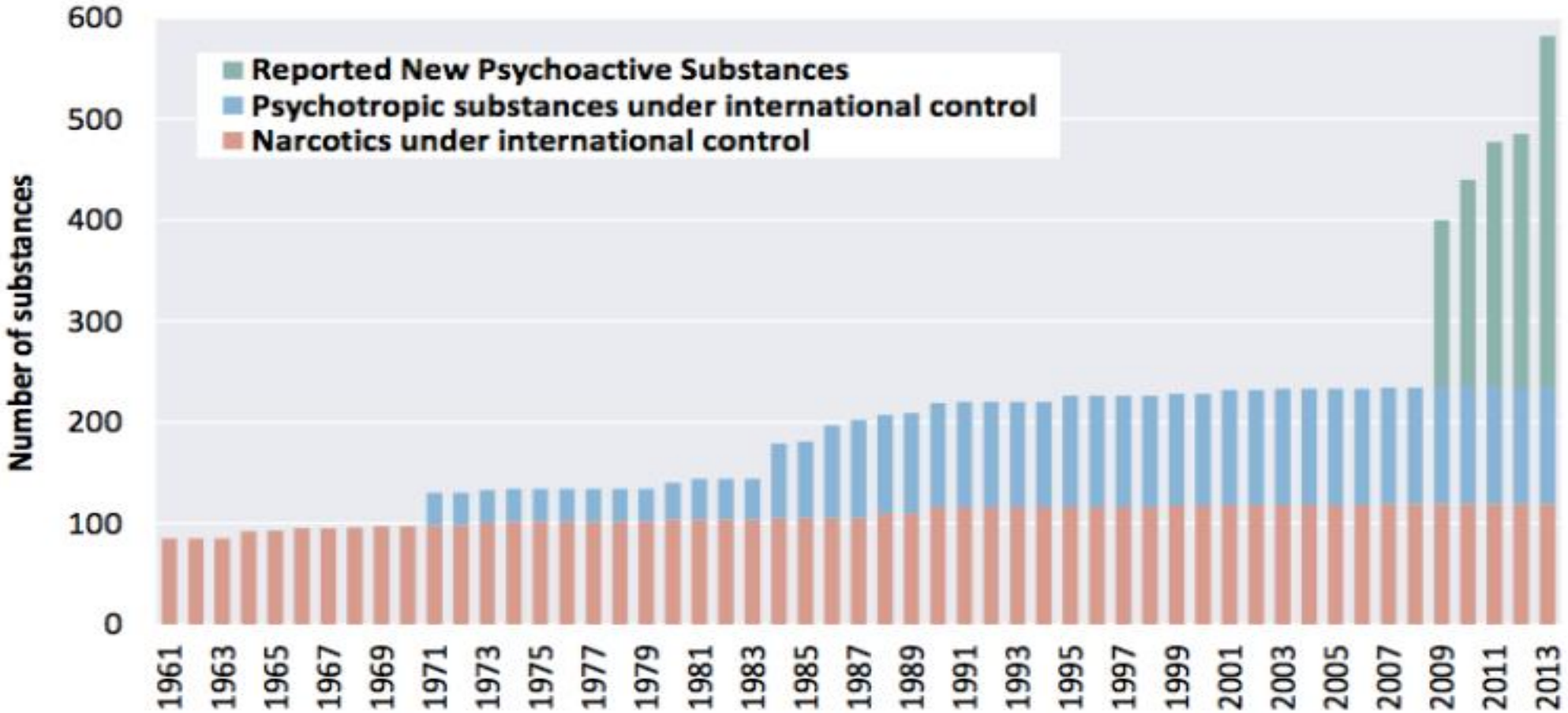
The drugs with the highest number of attributable deaths are the those commonly synonymous with the homeless populations – namely **Opioids** (Parks et al, 2015; Strang, 2015).

Background – Drugs and Homelessness

In England and Wales in 2018 **726 homeless people died as a result of drug use, 294 of which were from drug poisoning**. In England and Wales the data shows that **the number of homeless people dying from drug poisoning increased by 55%** (Office for National Statistics, 2018).

Many substances are not screened during the autopsy process – toxicology tests to determine the potential presence of Gabapentin, Pregabalin and 'street Benzodiazepine' are expensive and not deemed to be of value for money to the taxpayer (Public Health England, 2014).

Fig. 3: Number of new psychoactive substances not under international control and substances controlled under the international drug conventions, 1961-2013



United Nations Office on Drugs and Crime chart.

Legislation against New Psychoactive Substances

What is it?: The Psychoactive Substances Act (PSA) comes into force on 26th May 2016.[1] The Act makes it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects and regardless of its potential for harm. The only exemption to the PSA are those substances already controlled by the Misuse of Drugs Act, nicotine, alcohol, caffeine and medicinal products. The main intention of the PSA is to shut down shops and websites that currently trade in 'legal highs'. Put simply any substance is illegal to produce or supply if it is likely to be used to get high.

Has the legislation made a difference?

Mentor UK (2019) cited data from the British Crime Survey and argued that the new legislation has **'made a measurable difference in reducing harms'.** Ralphs et al (2017) and Campbell (2019) argued that the law has created a set of **more complex challenges** including **supply being moved from 'head shops' to dealers** and the legislation having **no impact upon use in prisons**.

Research Questions

- What is the temporal ordering of drug use (including alcohol) and experiences of homelessness in the life histories of people using ‘new drugs’?

- Has the nature of drug use and amongst homeless people changed over time, and what, if any, impact has the emergence of the ‘new drugs’ had on this?

- How, if at all, can service providers and policy makers better respond to the needs of those homeless drug users?

Limitations

- **Sample sizes** are inevitably restricted**.**
- Due to language difficulties and the absence of a translator the research **only pertains to the experiences of English-speaking participants.**
- Some 'Spice' users in Sheffield could not be interviewed due to intoxication at the time of the fieldwork – this may mean that **the experiences of some service users with the most severe addictions are not reflected in the study.**

(Sociological approach, not epidemiological or public health)

Methodology

The research utilised a qualitative methodology, focusing upon the narratives of:

i) **Nine** key informants (five in Edinburgh and four in Sheffield),

ii) **Three** frontline workers (one in Edinburgh and two in Sheffield), and

iii) **Ten** homeless service users with experience of using a range of substances (five in each city).

It was hoped that a holistic approach will provide a nuanced understanding issues posed by contemporary drug use from the perspectives of all parties.

Methodology – Key Informants

Organisations responsible for **medical support, the allocation of resources, street outreach to rough sleepers and day centres.**

A topic guide was developed to aid the discussion, covering the themes of;

i) the **prevalence of certain drugs** and historical/current patterns of drug use,

ii) the **relationship** between homelessness and drug consumption,

iii) determining how the **organisations responds to such challenges.**

Methodology – Service User Interviews (1/2)

Semi-structured interviews were conducted with **ten service users** (five in Edinburgh and five in Sheffield) at two comparable day centres.

Each service user was provided with a £20 High Street Voucher. These participants were purposively selected due to **their histories of various forms of homelessness** (rough sleeping, couch surfing, temporary accommodation) and **experience of using a range of substances**.

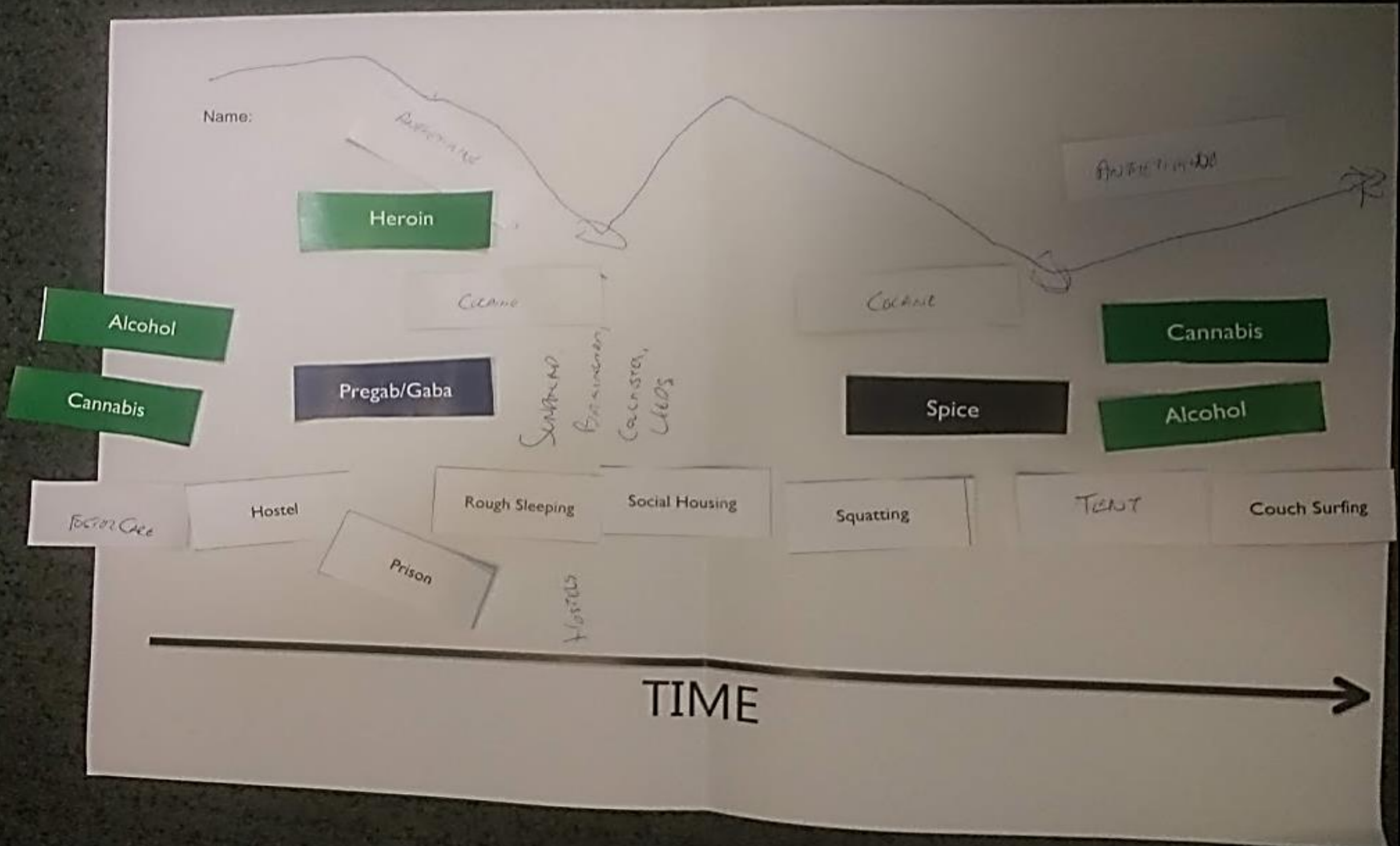
Methodology – Service User Interviews (2/2)

Service user interviews utilised visual methods to develop a **timeline of their housing histories** since their first experience of homelessness.

This was done via prompt cards of the common forms of homelessness as well as social housing, hospital, prison and 'other'.

When the housing timeline was complete, it was overlaid with the **participants' histories of drug use** – these were prompt cards grouped into 'new drugs and 'traditional drugs'.

Once the housing and drug-use timeline was completed the interviewee was asked a range of questions guided by a topic guide covering the following themes and gaining insights into the interplay between drug-use and homelessness.


Name:
Heroin
Alcohol
Cannabis
Pregab/Gaba
Cannabis
Spice
Alcohol
Hostel
Rough Sleeping
Social Housing
Squatting
Couch Surfing
Prison
TIME

City	Gender	Age	Physical/Mental Health	Housing history	Drug Use
Edinburgh	Female	40-44	Anxiety and depression after the death of two babies.	Social housing after being homeless.	Started taking **Cannabis** and **Valium** (prescribed) in teenage years due to childhood trauma. Currently taking **Heroin**, **Crack**, **Cannabis**, **Gabapentin**, **Pregabalin, Valium and Hydrocodone.**
Edinburgh	Male	35-49	Depression, anxiety and back pain.	Sleeping rough. Was previously in prison	Prescribed **Hydrocodone** and **Diazepam** after back injury. He then became addicted to them and switched to Heroin. Currently taking **Heroin** and **Valium**.
Edinburgh	Male	40 - 44	Post-Traumatic Stress Disorder, Attention Deficit Disorder and Hepatitis C.	Prison followed by sleeping rough, now a Bed and Breakfast.	**Methadone**, having previously taken **Heroin, Xanax and Valium**.
Edinburgh	Male	35 - 39	Depression. Anxiety (panic attacks).	Prison, then sleeping rough.	**Diazepam** (prescribed for anxiety), **Valium** (for depression), **Crack** and **Heroin**.
Edinburgh	Male	45 - 49	Epilepsy.	Social housing after sleeping rough.	**Cannabis, Crack, Heroin and Valium.**

City	Gender	Age	Physical/Mental Health	Housing history	Drug Use
Sheffield	Female	35 - 39	Severe back pain.	Women's refuge then couch surfing, now in social housing	**Morphine, Xanax and Crack.**
Sheffield	Female	30 - 34	Depression and anxiety.	Sofa surfing, now in social housing.	**Prozac and Beta-blockers** (prescribed). **Alcohol**, **Amphetamine**, **Pregabalin** (was first prescribed, but now illicit), **Cannabis**, **Cocaine** and **Heroin**.
Sheffield	Male	18 - 24	ADHD, autism and foetal alcohol syndrome.	Hostel, was previously sleeping rough.	**Valium, Gabapentin, Cocaine, Cannabis, Spice, Heroin and Amphetamine.**
Sheffield	Male	30 - 34	Borderline personality disorder, emotionally unstable personality disorder, anxiety, depression and skeletal injury.	Squatting.	**Alcohol, Cannabis, Crack Cocaine, Amphetamine, Pregabalin, Gabapentin, Codeine, Dihydrocodeine and Tramadol.**
Sheffield	Male	55 - 57	Trauma – death of child and relationship breakdown.	Homeless, hospital, then to housing association.	**Methamphetamine, Crack, alcohol, cannabis and spice.**

Findings – Prescription Drugs

In both cities it was noted that an increasing number of service users were misusing prescription drugs, namely **Gabapentin, Pregabalin, Valium, Xanax and a range of Benzodiazepines**.

The issue first emerged as a result of individuals being **over-prescribed these medications** to alleviate pain.

Individuals frequently **sold their surplus tablets** to others within the homeless population, creating a market from the medication.

> ***All of a sudden the Heroin users started going to the Doctors complaining of bad backs*** *and asking for Pregab's and Gaba's.*
> (Street Outreach Worker, Edinburgh)

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Findings – Prescription Drugs

Male: *Most people, when **they do get it through their doctors, they just sell it…** Some will keep a couple of tablets to themselves and sell the rest. They'll get a script for 40 tablets, they'll keep five or six and sell the rest, because they sell for £3 each… **It's £120 if you sold the actual lot.***

CD: *If you want spice, then it makes it…*

Male: … ***£120 worth of spice, yes, that's about a month.***
(Male Service User, 55 – 59, Edinburgh)

Findings – Prescription Drugs

In both cities the availability of the 'real' prescription drugs is limited. Subsequently **imitation versions of these substances are available.**

Service providers state that it is impossible to tell the difference.

Drug users state that it is very easy to tell the difference.

These 'fake' tablets can contain a range of substances, some of which react very badly with Opioids.

Findings - The impact of legislation (NPS Act, 2016)

When Spice became illegal and then it wasn't sold in head shops any more ***it moved into the hands of dealers.***

(Commissioner, Sheffield)

'the use of spice is (now) clustered in a vulnerable group *but it is nowhere near the levels of heroin use. It's just how it plays out in the public consciousness.*

(Service Manager, Sheffield)

In Edinburgh and Sheffield the inadvertent impact of the drug seizures was for the **street dealers to reduce the price of Heroin whilst also increasing the purity to lure back their customers.**

Findings - The impact of legislation (Operation Redwall in Edinburgh, 2014)

In 2014 'Operation Redwall' a coordinated series of NPS seizures by Trading Standards in Scotland removed the substances from retailers. Overall, these measures were successful as the drugs did not reappear in large qualities through street dealers (Gillies, 2015):

> *… after Operation Redwall seized NPS from head shops and newsagents* ***we saw a marked drop in the use of the drugs***.
>
> (Service Manager, Edinburgh)

The general consensus from Edinburgh was that this intervention was incredibly successful in getting NPS off the streets.

Findings - The use of Spice

Spice has always been in Edinburgh, but it's kind of levelled out, and ***it's not the drug of choice of the street population.***

(Service Manager, Edinburgh)

A lot of them do spice but I'd suggest predominantly ***their drug of choice is crack or heroin or alcohol***

(Street Outreach Manager, Sheffield)

'Spice' is described as being a moderately popular substance in Sheffield, with two key informants estimating the number of regular users to be around **200 in comparison to around 4,000 regular users of Heroin.**

Findings - The use of Spice

The unfortunate thing with it was, is that people were taking spice like you take cannabis, so when they were buying it, they were using as much as you would in a spliff. However, with how potent it is, ***you literally need like the top of a needle for it to be the same strength as a normal spliff*** *and I think they learnt that, and I don't know if that's also had an impact on the reduction.*

(Street Outreach Worker, Sheffield)

We've noticed that… three people can share a spliff (containing Spice) but only one of them might be knocked out because of the distribution of the chemical. ***It wasn't like that when it could be brought in shops.***

(CEO of homeless charity, Sheffield)

Findings - Drug Combinations

The service users describe how they use prescription drugs merely to **supplement** 'traditional drugs' **and rarely as standalone substances**. This strongly suggests that the increased demand for prescription drugs amongst homeless groups does not reduce the demand or desire for more 'traditional drugs', but instead highlights a more complex picture around illicit drugs use.

Furthermore, **the use of prescription drugs clearly contributes to a more dangerous pattern of drug use with greater risks of overdose and in the most severe circumstances, premature death.**

Findings - Drug Combinations

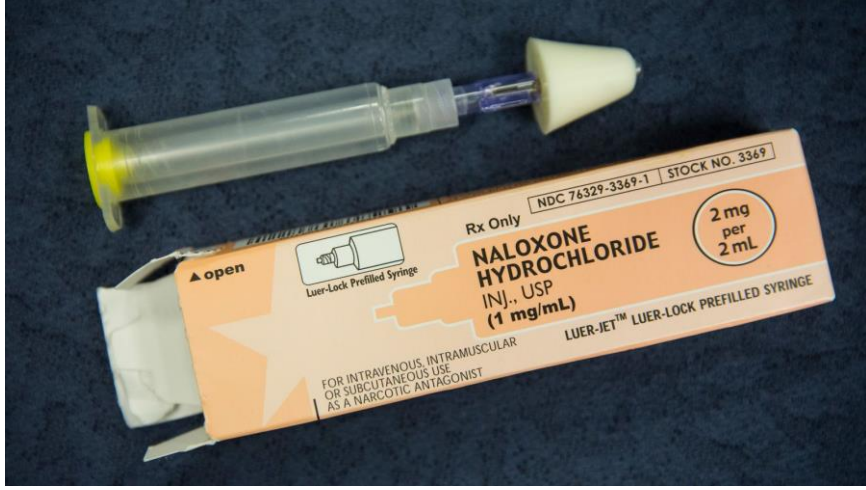
See, when you take the pregaba and the crack and that, they enhance it, ***that's an enhancer,*** *whatever you take, the pregaba will enhance it so if you take a pipe,* ***it enhances the gaba****...* ***I'll tell you what you're going to die with, methadone and gaba you're going to die with. Anything with methadone, any mixture except with Valium, heroin.*** *There's no point in taking heroin if you're on methadone, crack is fine, but see if you take the gaba and the spice, that's where you'll die with the methadone.*

(Female Service User, 40 - 44, Edinburgh)

I used to like... crack and heroin in one needle; it's called a snowball. It was good! Yes, but ***you would take Xanax as well to come down off crack.***

(Male Service User, 40 - 44, Edinburgh)

Findings - Treating Overdoses



The traditional treatment to overdoses is Naloxone, however this doesn't work as well when patients have taken a range of substances on top of Opioids.

people take an overdose of heroin, they get Naloxone and they can come back round again. People who've got spice and if you don't know what the makeup of that is, how do you actually treat that?

(Hostel Manager, Sheffield)

*In the '**good old days**' if we had a service user who had overdosed we could safely assume that the issue was Heroin and give them Naloxone.* ***Now it could be anything. It's a lot harder now.***

(Hostel Manager, Edinburgh)

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Findings - Are the new patterns of drug use causing Increased homelessness?

Short Answer:
No. The structural issues are the greatest concern.

Long Answer:
Evidence from this study suggests that **the use of prescription drugs alongside 'traditional drugs' has created more complex addictions which may inhibit or restrict the possibility of 'moving-on' from homelessness**, although further research is required to empirically demonstrate causation.

Findings – What are the 'drugs of choice'?

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Conclusion

- The NPS Act (2016) does not appear to be successful in limiting the supply of NPS. However, 'Operation Redwall' (**Trading Standards**) seems to have been incredibly effective.
- NPS are only used by a small, but vulnerable group of homeless individuals. The **'drugs of choice' are still Heroin and Crack Cocaine**.
- The significant health challenge for practitioners is **the use of 'fake' prescription drugs and their strategic use in conjunction with 'traditional' drugs.**
- Overall, whilst drug use may be more problematic, I conclude that **these changes have not necessarily contributed to greater levels of homelessness.**

Recommendations

- Co-ordinated intelligence sharing amongst organisations which provide homeless services to raise awareness and warn of harmful batches of ‘fake’ prescription drugs.
- Investment to seek an alternative to Naloxone which can treat complex drug interactions.
- Screening for a wider range of substances at autopsy.
- Greater use of drug testing kits to help drug users establish the ingredients of illicit prescription drugs.
- Use of timelines to gather information on service user drug and housing histories.

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Any Questions?

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