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Ending homelessness
Rebuilding lives

Knocked Back:

Failing to support people sleeping rough with drug and alcohol problems is costing lives

Rory Weal, Senior Policy and Public Affairs Officer

A public health crisis on the streets

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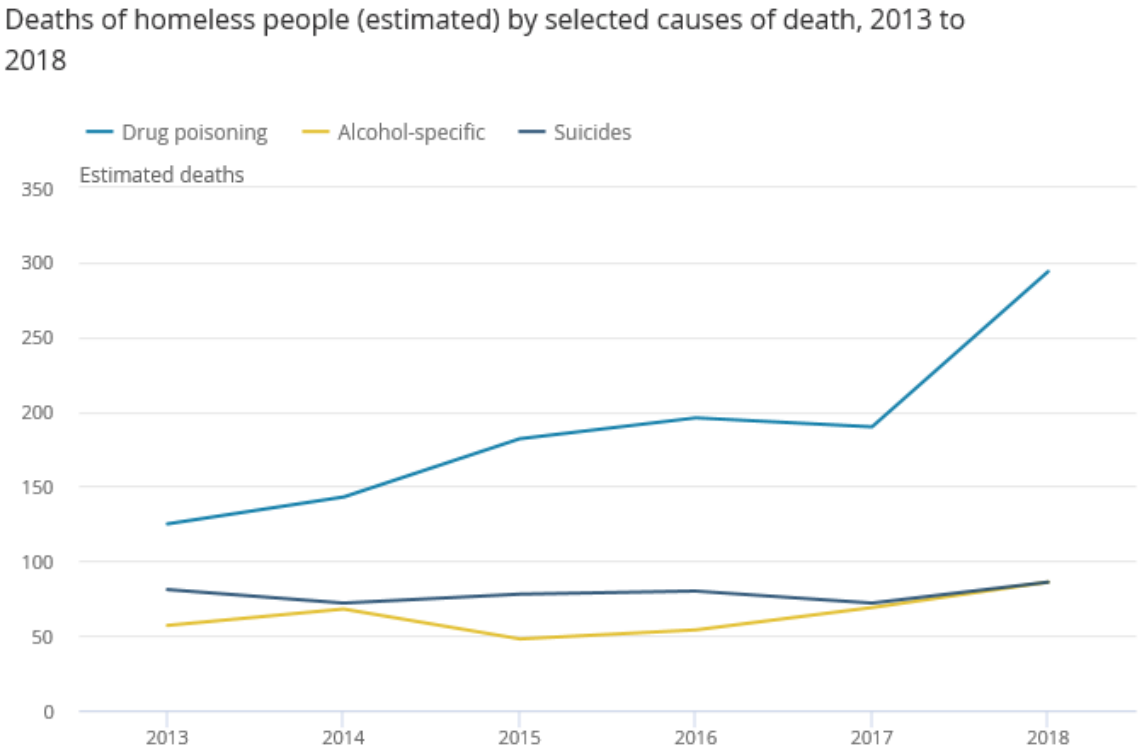
- Drug related-deaths of people who were homeless increased by 55% in one year alone.



Source: Office for National Statistics – Death registrations

Background

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- Reports from our outreach teams that it was becoming harder to access treatment.
- Concerns about future funding for drug and alcohol treatment services.
- Myths, misconceptions and stigma.

"They just think you're the scum of the earth, and we're not, because it could happen to anybody" – female hostel resident, previously slept rough

Approach to the research

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- Involving the drug and alcohol and complex needs sectors in research design.
- Analysing existing drug treatment data and rough sleeping statistics.
- Survey of drug and alcohol service managers in areas with highest levels of rough sleeping.
- Interviews in three areas including people with lived experience – Bournemouth, Lambeth and Stoke-on-Trent (supported by Expert Citizens CIC).

Expert Citizens CIC

Findings – national data analysis

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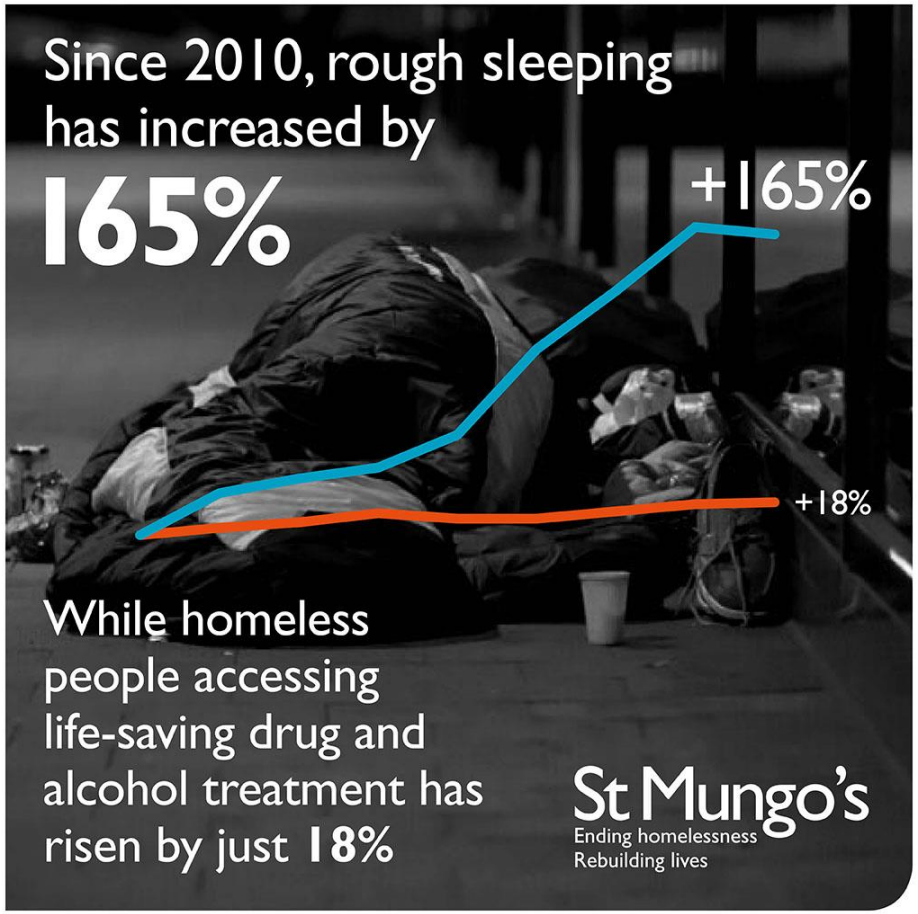
- **12,000** fewer people accessing treatment in 2018-19, than would have done with 2010-11 levels of treatment access.
- Problem particularly pronounced in areas with highest levels of rough sleeping.



Changing needs: the picture in London

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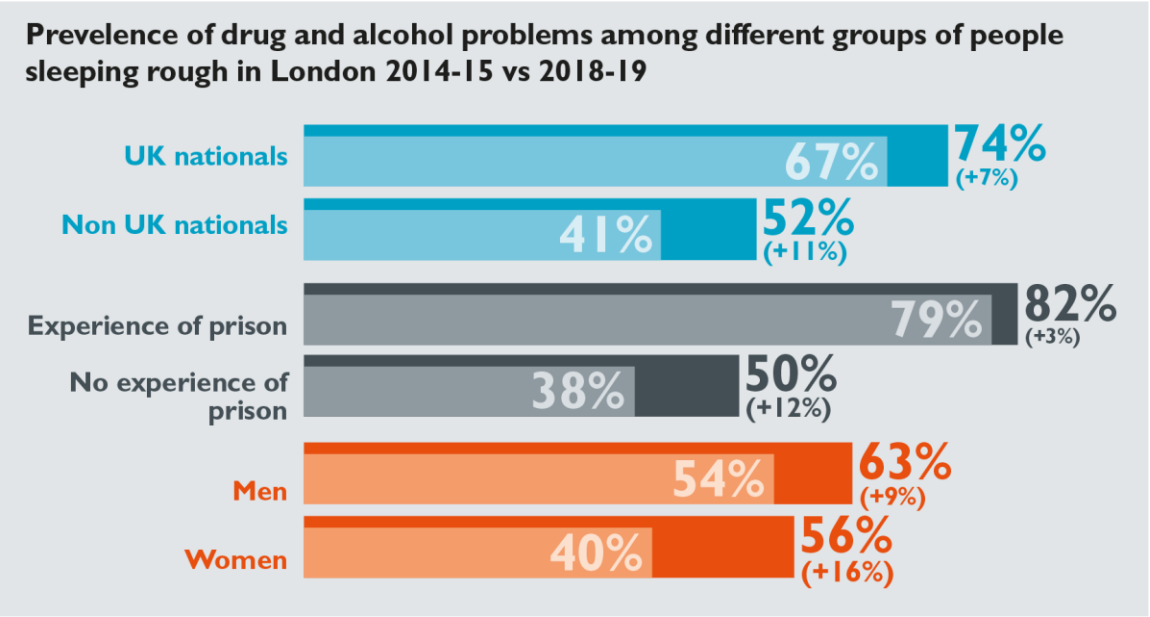
- Prevalence up: **6 in 10** people sleeping rough have a drug or alcohol problem, up from 5 in 10 people in 2014-15.

- But this obscures the changes within different groups.



Cause or consequence?

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- Most people had problems with drugs and alcohol prior to their first night sleeping rough, often used to self-medicate the effects of trauma and exclusion.

- People who arrive on the streets with drug and alcohol problems are more likely to stay stuck sleeping rough.

- The longer someone sleeps rough, the more likely they are to develop drug and alcohol problems, or for existing problems to worsen.

People's experience of services

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"The cycle of constantly scoring and drug use, and missing appointments... this is something that needs to be addressed. At the moment, there are so many users waiting for such a limited service, that if you don't attend one appointment, you get **knocked back** to the beginning.

"You are made to jump through hoops to prove you're ready… I must have gone to maybe 20-25 appointments in the last two months.... I've got nothing to show for any of it, because I can't stick to appointments… My God, I don't have an alarm clock, I don't have a diary, I don't have a phone, I don't have any way to even know what day it is some days..."

Greg, currently sleeping rough

What did people value in services?

- Flexibility
- Person-centred
- Managed expectations
- Focus on risk
- Specialist workforce

People's experience of services

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- Outreach has an essential role – but these 'resource heavy' services increasingly rare.
- Rapid scripting is highly valued by many people sleeping rough and in homelessness services, but there are challenges with managing risk.
- Lack of a fixed address makes accessing detox and rehab particularly difficult.
- Particular barriers faced by: non-UK nationals, women, those without a local connection.

The view of providers

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- Survey of drug and alcohol providers in 50 areas with highest levels of rough sleeping.
- Lots of challenges, but gems of good practice visible.

Half of these services required a local connection for access to multiple kinds of treatment.

Half of these services require an individual to wait at least a week to get access to a substitute prescription (e.g. methadone).

Half of these services expect it to get harder to support people sleeping rough to 'complete' treatment over the next two years.

The view of providers

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- Drivers of poor practice: pressure on wider services (particularly housing and MH), funding cuts, balancing risk, commissioning frameworks.

- Drivers of good practice: using wider range of outcome measures, effective co-location between different services, longer contracts, and using co-production to design services.

> *"We've had funding cuts here, lots. … I've worked in substance misuse for a lot of years, more than ten years, fifteen years, and the services are completely different now to what they used to be. The resources are so stripped back."* **Drug and alcohol service manager**

Recommendations – central government

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1. Cross-government strategy.
2. Public health funding.
3. Rough sleeping and substance use personalised fund.
4. Commitment to ending deaths on the streets.
5. Central oversight and support for drug and alcohol services.

Recommendations – local government

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1. Recognising trauma in services and commissioning.
2. Recognising care and support needs.
3. Integrating health, care and housing.
4. Commissioning and measuring outcomes differently.
5. Investing in specialist services.

Final thoughts - Maz's story

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- Experienced serious childhood trauma
- Became homeless and turned to drugs and alcohol when she couldn't cope
- But with the right support, treatment and housing has turned her life around.
- We know what works. With someone dying while homeless every 12 hours, when do we say enough is enough?

"I'm just thankful to be alive, and sober, with a home and friends. I'd say to anyone else – get help. I have, and it's changing my life."

Get in touch to find out more

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- Pick up a copy of our report from me today.
- Email any questions or to request a copy at rory.weal@mungos.org.