Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review

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Introduction

A Rapid Evidence Assessment of international literature on effective substance misuse services for homeless people was conducted for the Scottish Government by the Centre for Housing Policy at the University of York to review best practice in other countries and determine if there were any lessons for Scotland.

Main findings

■ The relationship between substance misuse and homelessness appears quite complex. There is strong evidence of a mutually reinforcing relationship between these two social problems. An experience of homelessness increases the risk of substance misuse among previously abstinent people, while entering into substance misuse also increases the risk that someone will become homeless. There is evidence that when someone is homeless and involved in substance misuse each problem compounds the other.

■ In Scotland, there is evidence that young homeless people, people with experience of sleeping rough and lone homeless people are characterised by higher rates of substance misuse than are found in the general population. There is evidence that parents and children in homeless families are either only a little more likely, or no more likely, to be involved in substance misuse than parents and children in the general population. The same pattern exists in England and in North America.

■ There is a strong association between the presence of mental health problems or severe mental illness among homeless people with substance misuse problems in Scotland. The same pattern exists in England, the EU, North America and Japan.

■ Services that are aimed solely at promoting abstinence among homeless people with a substance misuse problem tend to meet with quite limited success. There is evidence that many homeless people with a substance misuse problem either cease contact with these services before treatment or rehabilitation is complete or avoid such services to begin with. Attempts to use short stay detoxification services with homeless people have proven particularly unsuccessful.

■ When services pursue harm reduction or harm minimisation policies, rather than insisting on total abstinence, there is evidence that they are able to engage with homeless people with a substance misuse problem more effectively. In particular, there is evidence that harm reduction based floating support models used in the United States are able to promote and sustain stable living arrangements and ensure contact with services.
■ Homeless people with substance misuse problems have a range of needs that can include support with daily living skills, a requirement for mental health services and a requirement for support in managing substance misuse. Their needs are often complex and services that focus on any one element of their need, be it substance misuse, mental health or housing related support, meet with less success than services that are designed to support all their needs.

■ There are three main models of resettlement for homeless people with a substance misuse problem. The first, the Continuum of Care or ‘Staircase’ approach, uses a series of shared supported housing settings that are intended to slowly progress service users towards independent living and abstinence. The evidence is that this model meets with limited success. The second, which is referred to in the US as the ‘Pathways’ Housing First model, uses intensive floating support to ordinary accommodation, with a strong focus on service user choice and a harm reduction approach to substance misuse. There is evidence that this is more successful and cost effective than the first model. The final model is a package of floating support provided through case management and joint working, which is the standard practice across Scotland. The evidence base on this approach is less developed than for some other models, though it follows the logic of both the flexible packages of support and harm reduction methods used by the more successful services.

■ There is no strong evidence on the effectiveness of preventative services to counteract potential homelessness among people with a history of substance misuse. Most models of prevention are generic, i.e. they are intended to counteract the risk of homelessness across many groups, including people with a history of substance misuse, rather than being particularly focused on one group.

■ The evidence base on alcohol misuse by homeless and potentially homeless people was very rich until the early 1980s when street drugs started to become much more widespread among street homeless and other homeless populations. Most research since that date has tended to focus on all forms of substance misuse, rather than dealing solely with alcohol, with the result that there is little recent evidence on services for homeless people that focus only on alcohol misuse. There is some evidence of older street homeless and hostel dwelling populations (people over 50) being more likely to be misusing alcohol and less likely to be using street drugs. However, among younger homeless people, the evidence is of use of alcohol alongside street drugs and other substances.

Review methods

The review focused on effective services for homeless people with a substance misuse problem and looked at evidence from countries that are broadly comparable to Scotland, including the EU, England, Wales, North America and Australasia. Academic research, policy research and policy documents were searched using a range of databases. The review included documents that were not published in English.

The review used a definition of substance misuse provided by the Scottish Drugs Forum to determine the range of issues it would examine. This definition was as follows: “Use of, and/or dependency on, psychoactive drugs that causes demonstrable harm, either for the individual or society, in terms of negative health, social or economic effects and would usually apply to such use of illegal drugs, prescription drugs or alcohol.” The definition of homelessness used for this review is that developed by the Homelessness Task Force. This includes people defined in current legislation as homeless persons and persons threatened with homelessness, people sleeping rough and other insecurely or inappropriately accommodated households.

Measuring Effectiveness

The review also explored how the effectiveness of different service models for homeless people with a history of substance misuse was measured. Success for these services was defined in their own terms; for example if a service aimed to promote abstinence and independent living, achieving that was a successful outcome and not achieving it was a failure. The evidence base on the success of some service models is much stronger than for others.

There is a general lack of information about the extent to which successful service outcomes are maintained over time. For example, it is not always clear if a homeless person who has been resettled and whose substance misuse is either more controlled, or has ceased, at the point at which a service stops working with them has been able to sustain that position without the service's support. Only in the United States is there a tradition of longitudinal or ‘tracking’ research that looks at service outcomes over time and compares the outcomes of services by using Randomised Control Trials. This evidence, gathered in large, robust studies that take years to complete, is one of the drivers behind the adoption of flexible, comprehensive
services that encompass greater user choice and harm reduction approaches in the US. The same methods raised questions about the efficacy of detoxification and rehabilitation services that did not offer housing related support, access to accommodation or help with mental health problems to homeless people. While joint working in service provision in Scotland follows many of the principles adopted by more successful services in the US, there is not a good evidence base on whether the positive outcomes achieved by services are sustained over time.

Evidence on service success needs to be treated with a degree of caution because what is seen as ‘success’ is determined by a service’s own goals. Thus, while flexible, comprehensive services with a harm reduction focus are more ‘successful’ than services aiming for abstinence in the US, their goals are less ambitious.

Recommendations
The research has a series of broad recommendations. These recommendations encompass both service design and the assessment of service effectiveness. In summary, these recommendations are:

- realistic service outcomes need to be set, these will be higher for some service users than others;
- harm reduction/harm minimisation models appear to meet with more success, though it needs to be borne in mind that their goals are more limited;
- the evidence base suggests a need for a mixture of services;
- longitudinal monitoring of service outcomes should be undertaken where possible;
- the evidence base suggests that service interventions may need to go on for some time, creating a need for a secure funding base;
- modification of generic services may be the best option in areas where numbers of homeless people with a history of substance misuse are low.

One of the messages from the review is that the pursuit of abstinence, independent living and paid work for all homeless people with a history of substance misuse may not be a realistic goal. Some individuals are highly vulnerable and have ongoing health, personal care and other support needs which may mean that they need long term service interventions and may not be able to live independently or have secure paid work. It is also evident that harm reduction and harm minimisation models are more effective at retaining engagement with homeless people with a substance misuse problem than services that insist on abstinence. However, there is also evidence that services that pursue abstinence do succeed with at least a minority of homeless people. This suggests a need for a mixture of services, or a flexible service model, that can accept when harm reduction and semi-independent living are the only realistic goals, but that also has the capacity to pursue abstinence and independent living as appropriate.

Service effectiveness cannot really be judged without some form of long term monitoring to see if positive outcomes are sustained, or whether people relapse into substance misuse and/or re-enter homelessness once support is withdrawn. There is also evidence that services themselves often need to be long term, which means that they may require quite long, securely funded contracts, in order to pursue sustainable success. It may not always be practical to develop specialist services for homeless people with a substance misuse problem in every area of Scotland, because the numbers of people in this group are relatively low in some rural areas. One option may be to develop wide-area services that cover several more rural authorities, another option is to modify practice in general homelessness and substance misuse services, as well as examine joint working where appropriate, to try to ensure that there is awareness of the needs among homeless people with a substance misuse problem.
This document, along with “Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review” the full research report of the project and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Social Research website at: www.scotland.gov.uk/socialresearch. If you have any further queries about social research, please contact us at socialresearch@scotland.gsi.gov.uk or telephone 0131 244 7560.