

## **Ireland's innovative approach to supporting homeless and drug using populations during COVID-19 saved lives**

Dublin has outperformed even best-case scenarios for COVID-19 mortality among homeless and drug using populations, according to a new report released today (Wednesday 1 July) from the London School of Economics (LSE) and the Ana Liffey Drug Project.

The paper - *Saving Lives in the time of COVID-19 – Case Study of Harm Reduction, Homelessness and Drug Use Dublin, Ireland* – reveals that a pragmatic and well-coordinated government response alongside housing provision and the expansion of harm reduction services, saved lives and ensured the protection of a vulnerable group.

As a result of quick decisive action from all sectors, only 63 homeless people in Dublin were diagnosed with COVID-19 and there was one COVID related death, a fraction of what had been predicted.

Once it was recognised that one of the main deterrents to compliance with isolation and shielding was substance use, harm reduction services were quickly expanded in Dublin. These included improved access to methadone treatment; improved access to naloxone; and the home delivery of prescription drugs. The report finds the extension of these services was significant in protecting homeless people from COVID-19.

The authors note that prior to the outbreak of the virus, these services were limited by regulatory obstacles which were rapidly removed in response to coronavirus. They suggest COVID-19 acted as a catalyst for change in the delivery of harm reduction measures, with decisions that would normally take months or years effected within days and weeks.

For example, prior to the COVID-19 crisis, GMQ Medical (a primary care service for homeless people in Dublin) had a treatment waiting time of 12-14 weeks due to a cap on the number of patients/hostels it could recruit.

However, in response to the virus, national contingency guidelines were issued allowing for the expansion of service leading to reduced waiting times for access to treatment. Other drug treatment clinics also agreed to take on homeless patients resident in hostels in their catchment areas. As a result, waiting times dropped overnight from 12-14 weeks to 2-3 days.

The authors applaud this action and strongly recommend these practices continue in the future.

**Commenting, paper co-author and Executive Director of the International Drug Policy Unit at LSE, Dr John Collins said:** “Ireland has shown itself as a policy innovator during the COVID-19 crisis and has outperformed even best case scenarios for mortality among homeless and drug using populations in Dublin. As some countries tentatively emerge from the first wave of COVID-19, it is important to take stock of lessons learned.

“This report highlights how Dublin’s success emerged from a variety of factors including a sense of national emergency, pragmatic and well-coordinated government policy, the provision of housing, the expansion of harm reduction services and the bravery of front line service providers. These policies are replicable across the world and in many cases merely represent a reduction in barriers to service provision, rather than a radical departure from existing approaches.

“Secondly, this report highlights some long term policy lessons from COVID-19. It is clear that innovations, made under emergency conditions, should not be allowed to roll back as and when the virus recedes. COVID-19 has meant that policy barriers in Ireland that may have taken years to reduce have been pushed aside in a matter of weeks. If these gains are kept in place, aside from the lives saved during the COVID-19 pandemic, they will more than likely continue to save lives long into the future.”

**Dr Austin O’Carroll, Clinical Lead for Homelessness in Dublin said:** “As the COVID pandemic approached there was a palpable fear amongst the homeless population and those who provided services to them. Homeless people, who have the worst health indices in the Western World and who either sleep rough or live in shared accommodation, found themselves in a precipitously dangerous and vulnerable situation.

“If action was not taken immediately, we envisioned the epidemic sweeping across the sector causing multiple hospitalizations and a high death rate. The housing, homeless health and harm reduction agencies came together under the combined leadership of the health and housing public agencies. Their response was swift, highly co-ordinated and extremely effective. It responded to a public health emergency by addressing all the social determinants of health including accommodation, physical and mental health service provision, psychological support and addiction treatment.

“The sector was very happily surprised by not only the low rate of infection and negligible death rate, but also by the noticeable improvement in general health and wellbeing in the homeless population. This served as a timely reminder that there are inextricable links and vicious circles between housing and health, housing and substance use and health and substance use.”

**Tony Duffin, CEO of Ana Liffey Drug Project said:** “Thanks to the determined effort of all those involved, during the first wave of COVID-19 in Ireland, the number of COVID infections amongst people who use drugs and are who homeless in Dublin was lower than had been anticipated.

“As highlighted by this paper, a Harm Reduction approach has been, and will continue to be, an important element of the public health response to COVID-19 for this cohort; it is crucial to help stop the spread of the virus and to reduce drug-related harm.”

*Saving Lives in the time of COVID-19 – Case Study of Harm Reduction, Homelessness and Drug Use Dublin, Ireland* was authored by Dr Austin O’Carroll, Clinical Lead for Homelessness in Dublin; Tony Duffin, CEO of Ana Liffey Drug Project; and Dr John Collins, Executive Director of LSE’s International Drug Policy Unit.

For a copy of the report, please visit: <http://www.lse.ac.uk/united-states/Assets/Documents/Harm-Reduction-in-the-time-of-COVID19.pdf>

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