

Drug Use Among the Homeless Population in Ireland (2005)

Research conducted by:

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Aim:

To assess the nature, extent and context of drug use among people who are homeless in Ireland; to assess the relationship between homelessness and drug use with emphasis on the extent to which drug use contributes to homelessness and the extent to which homelessness contributes to, and exacerbates drug use.

Method:

A survey of homeless (355) people across Ireland was undertaken combined with 14 focus groups in which 64 homeless and drug service providers participated.

Key Findings:

- Whilst drug use is not the primary reason for people becoming homeless, it is a key reason for them remaining homeless. The majority of those surveyed (61%) had experienced homelessness for over five years.
- The most common reasons for becoming homeless are: 1) family conflict (24%), 2) drug use (19%) and 3) alcohol abuse (13%).
- Other reasons for remaining homeless include access to housing, money problems, family conflict and continuing alcohol use.
- The prevalence of drug use within the homeless population was high with lifetime (74%), recent (64%) and current (52%) rates substantially higher than those found in the general population (19%, 6% and 3% respectively);
- Alcohol remains the primary drug of choice among the homeless population (70%).
- Over half (52%) of the homeless population surveyed are currently drug users; 36% of those surveyed were problematic drug users; 19% of the study population were currently injecting drugs, of these 1-in-2 injected in public spaces; many are polydrug users.
- The majority (87%) first used drugs prior to homelessness; over two thirds (68%) of current users were less than 16 years when they first used drugs and cannabis was the first drug used (76%).
- 30% of the study population had been diagnosed with a psychiatric illness and 55% had been in prison.
- Over a third of respondents reported the age of first becoming homeless as 19 years or less (38%) while 11% became homeless before the age of 15.

NACD Recommendations to Government:

- All homeless services and drug services should develop written policies that aim to positively include homeless drug users in their services. Representatives from drug services and/or drug task forces should be included in each Homeless Forum across the country, in order to facilitate greater interagency co-operation. Homeless services representatives should be included in Regional and Local Drug Task Forces.
- In relation to treatment, implementation of the key worker model as set out in Action 47 of the National Drugs Strategy is required. This would facilitate improved access to primary health care. Improvement in access to drug treatment services is also required. The special needs of homeless families with drug problems and their living environment must be taken into consideration in the provision of a range of service options to homeless drug users.
- Expansion of harm reduction services is needed, in particular, out-of-hours services, provision of paraphernalia and public health information.
- Access to an adequate supply of appropriate and flexible emergency accommodation, tenancy support service and adequate social and voluntary housing should be ensured to support rehabilitation and social reintegration. Transition from prison will need to be better supported.