

Sobering Facts:

The Impact of Drugs and Alcohol on England's Homeless Population

A report by the Conservative Homelessness Foundation

December 2009

Key Findings

- Every three hours a homeless person in England is admitted to hospital for problems related to drugs or alcohol.
- A total of 13,872 people classified as having no fixed abode were admitted to hospital over the last five years for drug or alcohol misuse.
- Total drug and alcohol related admissions of homeless people have risen by 117 per cent since 2004.
- 6 out of 10 hospital trusts have seen drug and alcohol-related admissions amongst homeless people rise in the last five years.
- More than 10 per cent of these patients were *young people* – much higher than the estimated percentage of homeless people who are in this age group.
- In some areas up to 40 per cent of those admitted were aged under 25
- Five trusts have admitted more than 500 patients of no fixed abode over the last five years for drug or alcohol misuse.

Homelessness Foundation

In May 2008, Conservative Leader David Cameron and Shadow Housing Minister Grant Shapps launched the Conservative Homelessness Foundation at the Crisis Headquarters in London. The Foundation is chaired by Chief Executive of Homeless Link, Jenny Edwards and is designed to act as a link between the voluntary sector and those with political influence, to build relationships with organisations that will help foster innovative and supportive policy solutions.

The Foundation is also intended to examine the issue of homelessness and produce research into its causes, effects and wider impact on society. An Advisory Panel, made up of the leading homelessness organisation has been working with the Conservative Homelessness Foundation to uncover the true extent of homelessness in the UK, and to map out policy solutions.

Background

Drug and alcohol dependency has long been recognised as a problem amongst homeless people. In a recent survey of clients of homelessness services in England 39% had issues with alcohol and 42% had issues with drugs.¹ In London, 49% of rough sleepers have an alcohol problem and 40% have a drug problem.²

Despite these figures, needs of homeless drug and alcohol abusers are not being met. In their Survey of Needs and Provision (SNAP) 2009, Homeless Link reported that 45% of those interviewed told of problems when trying to access alcohol and drug treatment programmes.³

The Salvation Army considers that Government's alcohol policy is failing the homeless, as it focuses on binge drinking, rather than aiming to address the underlying health problems caused by alcohol.⁴

¹ Homeless Link (2009) *Survey of Needs and Provision (SNAP)* p.64

<http://www.homeless.org.uk/policyandinfo/SNAP2download/policyandinfo/research/mapping/SNAP2report>

² Broadway (2009) *Street to Home, Annual Report for London, 1st April 2008 to 31st March 2009* p.37

Can be accessed at <http://www.broadwaylondon.org/CHAIN/NewsletterandReports>

³ Homeless Link (2009) *Survey of Needs and Provision* p.42

⁴ p.2

[http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/55796A412DF8400D8025707E0056704A/\\$file/AHomeForAll-ExecSummary.pdf](http://www1.salvationarmy.org.uk/uki/www_uki.nsf/0/55796A412DF8400D8025707E0056704A/$file/AHomeForAll-ExecSummary.pdf)

Introduction

This report will demonstrate the extent of the problems caused by drug and alcohol abuse amongst homeless people.

The findings of this report are based on a survey carried out amongst NHS Trusts using the Freedom of Information Act into the number of hospital admissions of patients classified as homeless for reasons relating to drug and alcohol abuse over the previous five years. The survey was conducted between September and November 2009. 173 hospital trusts provided information this period, a 75% response rate to the Freedom of Information requests.

The prevalence of alcohol and drug abuse needs amongst the homeless needs to be addressed, as it compounds the already complex social problems they face. A 2009 survey by the Salvation Army found that more than 1 in 5 respondents attributed their homelessness to drug addiction while 1 in 6 said their homelessness could be linked directly to their alcohol dependency.

Despite the impact of drugs and alcohol on the homeless community, there has been limited investigation into this area, and consequently, there is little official data regarding this matter available. This report therefore seeks to provide further accurate data on the impact of drugs and alcohol on the health of the homeless.

Methodology

Over the September to November 2009 period during which the Freedom of Information survey took place, responses were received from 173 NHS Trusts.

Trusts were asked to provide the numbers of admissions of homeless patients for drug or alcohol related problems over the previous five years, and to give a break down of how many of these admissions were of people aged 25 or under. They were also asked to clarify how they defined patients as 'homeless'.

Findings

From the responses received, it was calculated that over the past 5 years, 13,872 admissions of homeless people for drug or alcohol related problems were made in England.

This amounts to 8 people being admitted to hospital every day, or one person every three hours.

Unsurprisingly, admissions were mainly concentrated in large urban areas, particularly London, Liverpool and Leeds, as can be seen from the table below.

Trusts with the most admissions in the past 5 years

Trust	Admissions
Guys and St Thomas	1115
Liverpool and Broadgreen	972
Barts and the London	742
Leeds Teaching Hospital	598
Imperial College	532
Derby Hospitals	496
St Helens and Knowsley	407
Hillingdon	378
Ealing	360
East Sussex	333

A growing problem

Due to the discrepancies in the way some Trusts answered the question it is difficult to provide a nationwide picture of change over the full five year period. For those that did however, it can be seen that several trusts had seen staggering increases in recent years in the number of homeless patients they had admitted for problems related to drugs or alcohol over the previous five years.

The admissions for Imperial College Healthcare Trust have increased year on year between 2005 and 2008, rising from 13 in 2005 to 195 in 2008. This represents an increase in admissions of 1400% over three years.

Large rises were also seen by Royal Liverpool and Broadgreen Trust (107% increase over the last 5 years) and Bedford Hospital Trust (increase of 186% over the last five years.)

In total, of the trusts which responded giving an annual breakdown of their admissions, 61 per cent reported an increase in annual admissions of homeless people for drug and alcohol related problems between 2004 and 2009.

In total, among those Trusts with annual breakdowns, there was a 117% rise in the total number of admissions over the last five years.

There was also some variety in the definition of a homeless patient. The majority of trusts included in their responses only those who were clearly homeless; i.e. only those who stated that they had no fixed abode, or gave the address of a hostel.

However, a few Trusts included in their definition those patients who had refused to give an address, or excluded those who gave Salvation Army or hostel addresses. This marked inconsistency across the country obscures the true picture of hospital admissions of the homeless. To be able to effectively tackle the problem of homelessness, we need to be able to build up a precise idea of the extent of the problem, which is not entirely possible whilst the inconsistencies in the way patients are classified continue.

Drugs, Alcohol and Young Homeless People

No official figures are currently available giving a breakdown for the national proportion of homeless people aged 25 or under. According to CHAIN, the database of all rough sleepers contacted by outreach workers or other homeless services, 7% of rough sleepers in London in 2008/2009 were aged under 25.⁵ The users of the services of St Mungo's in London present a similar picture, with 5% being aged between 18 and 24.⁶

Given these results, it can be estimated that people aged 25 and under comprise around 6 or 7% of the homeless population of England.

However, the survey conducted for this report revealed that in many areas the proportion of people aged under 25 who were admitted to hospital for reasons related to drugs and alcohol was far greater this. This tallies with a recent Home Office paper, which reported that of a sample of 160 young homeless people, 95% had used drugs.⁷

⁵ <http://www.crisis.org.uk/pages/rough-sleeping.html>

⁶ St Mungo's Annual Report, p.21, can be accessed at http://www.mungos.org/homelessness/publications/annual_review_and_business_plan/

⁷ Youth homelessness and substance abuse: report to the drugs and alcohol research unit, p.2, can be accessed at <http://www.homeoffice.gov.uk/rds/pdfs2/r191.pdf>

Not all Trusts categorised patients by age but of the 90 (52%) that did, 1,439 total admissions of those under 25 were reported for the period.

Admissions of people aged 25 and under comprised 10.34% of the total admissions of homeless patients over the last five years. Of the 90 trusts which provided age admissions data, only 28 reported a proportion lower than 7%.

Areas with the highest proportions of admissions of homeless people aged 25 or under for drugs or alcohol related problems

NHS trust	Percentage of admissions aged 25 or under
James Paget University Hospitals, East Anglia	81%
Barnsley Hospital*	43%
Imperial College Healthcare, London	40%
North Lincolnshire	33%
Royal Bournemouth and Christchurch Hospitals	30.4%
Wexham Park Hospital, Berkshire	26.4%
Scarborough and North East Yorkshire Healthcare	26%
East Cheshire	25.8%
Chesterfield Royal Hospital	25%
North Devon Healthcare	24%

*Based on total admissions of less than 10

Conclusion

The results from this survey will serve to illustrate the shocking realities for England's homeless population.

Alcohol and drug dependency is, in many cases, what has led people to the streets but it also creates a vicious circle which makes the process of finding accommodation that much more difficult. The side-effects, both medical and non-medical that come with regular abuse of drugs and alcohol makes it virtually impossible for these most vulnerable of people to seek help. Appointments are missed, the lack of an address makes registering for help difficult and turning towards crime becomes ever more likely.

First and foremost, it is important that policy-makers are aware of the extent of the problem. The recent change to the method of counting rough sleepers appears to be slanted rather more towards political objectives rather than the reality reported by homeless organisations.

In 2009, a new system has replaced the old, equally flawed methodology for determining the number of people sleeping rough. The new system is even more dishonest with most local authorities not even required to supply an estimate of the problem in their area.⁸

In order to ascertain the true extent of the problem, Conservatives have pledged to follow the early work carried out by the Mayor of London's administration and establish a more honest approach.

It is vital that policy-makers recognise the need for a more cross-governmental approach to tackling homelessness. Because the causes and consequences of homelessness are many and varied, a number of ministers and government departments have a responsibility to think about the ways in which their policies affect homeless people. This was the focus of the *Conservative Blueprint to Tackle Homelessness*, published in December 2008.⁹

To help tackle the problem of alcohol dependency amongst homeless people, it is essential that the over-availability of cheap alcohol is addressed. In this regard, it is important that supermarkets accept their corporate and social responsibilities. If not, the Government should be prepared to legislate in order to prevent retailers from selling alcoholic drinks at below cost whilst considering a rebalancing of alcohol duty levels to make higher drinks like super-strength ciders and lagers more expensive.

⁸ A full list of local authorities that did not supply a figure can be seen in answer to Parliamentary Questions by Grant Shapps MP (*Hansard*, 12 November 2009, col. 892-897)

⁹ http://www.shapps.com/reports/Conservative_Blueprint_For_Tackling_Homelessness.pdf

Increased localism in the NHS will allow Trusts that identify a problem in their area greater flexibility in funding services. It is expected that some Trusts will benefit from partnering homelessness organisations and supporting their public health work.

By utilising the 'on-the-ground' knowledge of homelessness charities and tapping into their many successful delivery mechanisms, the NHS will be better placed to contact some of the most hard to reach people in society. Organisations like Shelter, St Mungo's and Crisis are more aware of the particular problems facing the homeless population and will be able to ensure that publicly-funded health services are targeted precisely where they are required. Government could also take a more active role in encouraging the development of a common system for sharing information amongst providers of services for homeless people. This would provide more information on what is effective and better identify successful outcomes.

By ensuring that local GP services are linked with homeless organisations and charities in the area, homeless people will have better access to primary care without being forced to go straight to A & E departments. A blueprint for this 'joined-up' approach can be seen in the relationships developed in London between Thames Reach and the London Ambulance Service.

This will allow those suffering from the early symptoms of alcohol or drug abuse to receive help as early as possible. In cases where individuals suffer with an addiction, early treatment can be much less difficult and cost-efficient than dealing with the problem at a later date. Increasing access for homeless people to day-to-day healthcare will help prevent problems growing out of control.

Prevention is always preferable to trying to find a cure. In recent years the inflexibility of the new Housing Benefit system in the form of the new Local Housing Allowance (LHA) has had a detrimental impact on the number of homes available to Housing Benefit claimants.

In October Grant Shapps announced that a future Conservative government will allow households in receipt of Housing Benefit to have their benefit paid directly to their landlord. Under the current regime, many landlords have refused to let their properties to LHA recipients. This has reduced the available stock for some of the most vulnerable tenants and ultimately led to families being made homeless. Such difficulties in budgeting are particularly likely to affect those with addictions.

Absolutely eradicating homelessness is an almost impossible objective to achieve but any future Government must work harder to limit the number of people without roofs over their heads whilst making life easier and increasing the opportunities for those who find themselves without a home.