Barriers to support for people experiencing problem substance use and homelessness

ISSUP webinar – 24th February 2022
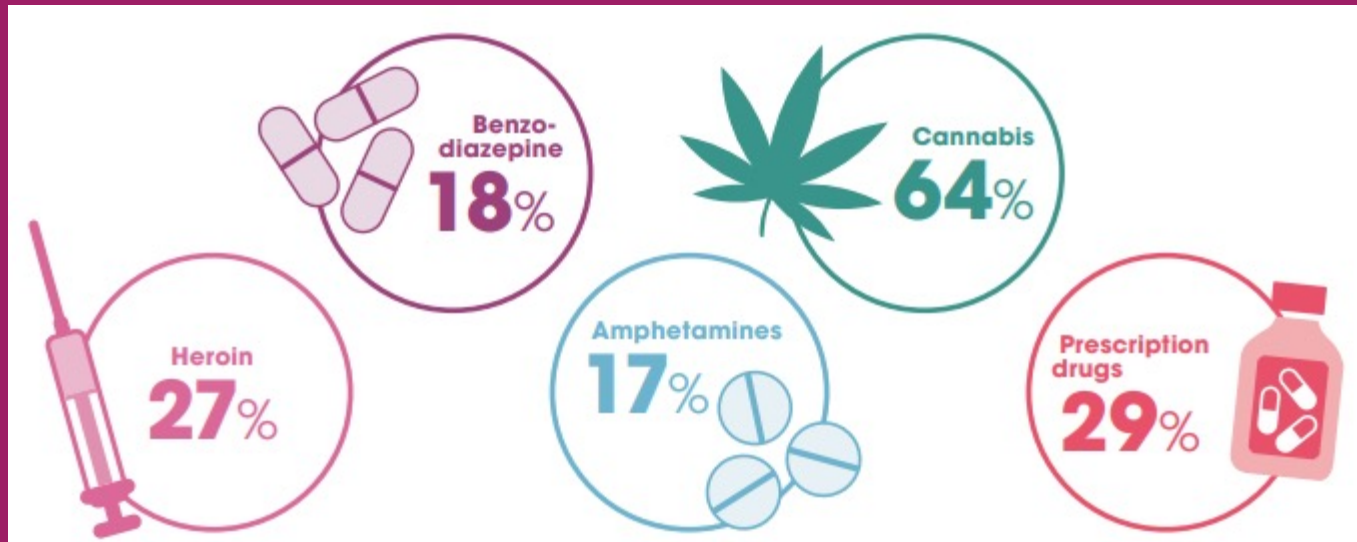
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Homelessness and health

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Homelessness and substance use

Benzo-diazepine **18**%

Cannabis **64**%

Heroin **27**%

Amphetamines **17**%

Prescription drugs **29**%

How often do you have an alcoholic drink?	All	Men	Women
% of respondents N = 2385			
Frequency	All	Men	Women
Every day	15.6%	17.6%	10.9%
2-3 times per week	5.2%	6.0%	units 3.5%
4-6 times per week	13.7%	15.3%	10.3%
2-4 times per month	15.8%	22.7%	29.1%
Monthly or less	24.8%	15.7%	16.6%
Never	24.9%	22.8%	29.7%
Total	100%	100%	100%

Source: Homeless Link (2014)

Problem substance use treatment

Abstinence ←——————→ Harm reduction

Types of interventions

- Substance use: OST, needle and syringe provision, safe consumption facilities, naloxone, managed alcohol programmes, contingency management, case management.

- Healthcare: BBV screening/treatment, specialist primary care.

- Housing: Housing First, harm reduction oriented housing, permanent supportive housing.

- Peer support/peer delivered interventions.

Source: Luchenski et al. (2018)

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Why might people experience barriers?

Overview of the evidence

Systematic reviews

- Drawing on findings from three reviews: qualitative, mixed methods and 'state of the art'.

Primary research

- Drawing on the findings from four primary studies (one qualitative, three mixed methods).

Barriers – lack of appropriate services

- Challenges of abstinence based treatment

- Tensions between abstinence and harm reduction in housing settings

- Lack of alcohol harm reduction services

Source: Carver et al. (2020, 2021)

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Barriers – service environment

- Uninviting service environments

- Lack of trust

- Poorly trained staff

- Judgemental staff

- High staff turnover

Source: Carver et al. (2020)

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Barriers – length of treatment

- Short-term treatment

- Lack of aftercare

- Lack of evidence re. optimal duration

Source: Carver et al. (2020), Miler et al. (2021)

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Barriers – COVID-19

- Concerns about housing

- Lack of suitable services

- Closed/changed services

- Challenges re. accessing online support

- Challenging circumstances

Source: Parkes et al. (2021b,c,d)

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Barriers – Others

- Healthcare costs

- Appointment times

- Complex administrative processes

- Mistrust of services

Source: Chambers et al. (2013), Fazel et al. (2014), Hewett & Halligan (2010), Keogh et al. (2015), O'Carroll & Wainwright (2019), O'Toole et al. (2008), Wise & Phillips (2013)

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How can we help people to overcome these barriers?

- Facilitative service environments

- Compassionate and non-judgemental support

- Importance of time

- Having choices regarding type of treatment

- Opportunities to (re)learn how to live

Source: Carver et al. (2020)

Services/interventions to meet people's needs

- Harm reduction

- Managed alcohol programmes

- Abstinence based services

- Case management

- Housing

Source: Carver et al. (2020, 2021), Miler et al. (2021), Parkes et al. (2021a,d)

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Integrated care/partnership working

- Need for integrated services (i.e. problem substance use and mental health)

- Partnership working between services and across sectors

- Challenging established norms

Source: Miler et al. (2021), Parkes et al. (2021b,c)

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Peer support/peer-delivered interventions

- Benefits of peer delivered interventions on range of outcomes (substance use, housing, health etc)

- Importance of lived experience

Source: Miler et al. (2020, 2021), Parkes et al. (2021b,c, 2022)

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COVID-19 related service changes

- Service adaptation:
  - Enhanced harm reduction
  - Changes to naloxone provision
  - Enhanced OST provision

- Multidisciplinary health clinic

- Online support

Source: Parkes et al. (2021b,c,d)

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Recommendations for policy, practice and research

- Services can become more psychologically/trauma informed by improving the service environment, through flexible drop-ins, improved kitchen and dining facilities, notice boards, lighting, décor and furniture.

- Services and interventions should meet people's needs and be flexible, holistic and of long enough duration for people. Research is needed to determine how long effective treatment should last.

- More investment/focus needed for alcohol compared to drugs, including around harm reduction.

- Better partnership working and integrated services may help reduce barriers and should be encouraged/facilitated/funded.

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Recommendations for policy, practice and research

- Peer support can help people engage with treatment and continue to stay engaged and therefore should be embedded into services. Peers also benefit from providing support but they should be properly compensated/valued.

- Some of the beneficial service changes that occurred as a result of the COVID-19 pandemic should continue.

- More research is needed with underserved groups, who are likely to experience even more problems with accessing treatment.

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Conclusions

- People experiencing homelessness and problem substance use experience a wide range of barriers, influenced by several factors.

- There are many ways in which services can reduce barriers and facilitate engagement in treatment.

- Services need to meet people's needs, be flexible and non-judgemental and provide a range of options.

- More research is needed in some key areas e.g., treatment duration, more marginalised populations etc.

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