

HOUSING DRUG USERS

Drug users are more likely to relapse and re-offend if they become homeless. The Drug Interventions Programme (DIP) is working with a range of partners on a joined-up housing strategy to provide vulnerable users with the support they need to maintain tenancies and stay in treatment.

Lack of stable housing was cited by 40% of drug users as the main barrier to them achieving their treatment goals. Long-term drug users reported a series of tenancies lost because of their chaotic lifestyle and offending.

HOUSING IS KEY TO REHABILITATION

In the chaotic life of a problem drug user, housing can often be the only stability there is. Stable accommodation can be the difference between staying in treatment and returning to crime and anti-social behaviour.

In particular, evidence shows that those leaving drug treatment or custody without their housing needs being assessed and met are more likely to relapse and re-offend. Even those who are housed are likely to lose their accommodation if they do not receive the right support to sustain their tenancy.

Statistics from the Audit Commission clearly establish the link between homelessness and drug misuse.

- Three-quarters of single homeless people have a history of problematic substance misuse (rising to more than 80% of rough sleepers).
- More than 40% of single homeless people cite drug use as the main reason for homelessness, while two-thirds report increasing problem substance misuse after becoming homeless.
- Extensive research by Addaction (2005) found that 83% of substance misusers felt that stable housing was one of the most important support services required to help them stay clean.

JOINED-UP THINKING

It is clear that stable housing can help to reduce re-offending rates and anti-social behaviour, as well as meeting drug treatment targets. It can also improve the employment

prospects of the service user and reduce health inequalities.

But it is equally apparent that any housing strategy will be ineffective without a range of housing and related support services needed to sustain service users in their tenancies. These may include anything from practical help with cooking and paying bills to mental health services and life skills development.

Meeting these complex needs demands a joined-up approach to service provision. Agencies responsible for preventing homelessness, delivering the drug strategy, reducing re-offending and improving health must work closely together, along with housing service providers – and users – to deliver the right level of support.

HOW THIS CAN WORK

For example, housing providers can help by planning the management of drug issues in their accommodation and bringing users into treatment. Likewise, by providing treatment at home, drug service workers can help service users maintain their housing, thus reducing the incidence of anti-social behaviour and the need for evictions.

In order to build a full picture of need and develop workable solutions, the Programme joined with a range of partners, including:

- Communities and Local Government (CLG);
- Ministry of Justice National Offender Management Service (NOMS);
- Housing Corporation;

- Department of Health's Care Services Improvement Partnership (CSIP); and
- National Treatment Agency (NTA) for Substance Misuse.

Together they have worked with a national stakeholder group from the housing and drugs fields on a programme of research looking at existing projects and partnerships to identify best practice and solutions.

BECAUSE ONE SIZE DOES NOT FIT ALL...

This work, which took place between September 2007 and January 2008, centred on 13 case studies of cross-functional drug and housing projects across England. Crucially, the views of service users were included from the planning stage, and their needs were taken as the starting point for developing solutions.

What the results showed was that the best outcomes come from services that are flexible enough to meet individual needs.

Drug users live in all types of housing and present with a variety of complex issues. Their needs also change with time. At different stages of treatment and recovery they may need different services, from managing their drug use to managing debt or rebuilding relationships with families and friends.

Housing and related support services must be flexible enough to respond to any or all of these needs.

TRANSLATING WORDS INTO ACTION

The case studies identified several common drivers, which can trigger change and help bring about joined-up service delivery. These included:

- local 'champions' – people or organisations who take ownership of issues around housing for drug users;
- needs-led assessment, a comprehensive review of local provision to identify where needs are not being met;
- service user involvement, to identify the changing needs of individual drug users; and
- local structures and delivery groups, to take practice forward and bring key agencies together.

Also highlighted were effective methods for assessing the wide spectrum of needs and how they can be met. These included mapping what housing and housing support services are available, carrying out gap analysis to identify

where user needs are not being met, and reviewing other sources of advice, care and support available locally.

INTEGRATED APPROACH

However, there is currently no common structure which brings housing and drugs together at a local level to meet the varying and complex needs of drug users. It has remained for local areas to decide how they address this, for example through adoption or adaptation of existing partnerships.

The key focus for DIP's housing strategy is therefore to ensure that all the services and agencies responsible for planning, commissioning and service delivery embed housing and related support for drug users within their respective plans.

COMPREHENSIVE RENT DEPOSIT MODEL

One approach which highlights the importance of joined-up working is the rent deposit scheme. This involves paying a deposit or advance on rent on behalf of service users, or a bond guaranteeing the housing provider against damage. In 2005 the Programme funded 13 Drug Action Teams to develop a Comprehensive Rent Deposit Model appropriate for drug users.

Initial findings showed that, as well as the financial element, a successful scheme requires a high level of contact and engagement from drug service workers, especially for those leaving treatment or prison. Specialist assessment of housing needs was also identified as an important factor, as was ongoing tenancy management.

Existing rent deposit schemes also highlighted the importance of practical help with issues such as negotiating the tenancy, the housing benefit application, connection of gas and electricity, and getting to know the local area.

FOR MORE INFORMATION

To read more information on how DIP is working with partners and stakeholders to improve housing for drug users, follow these links:

For an overview:

<http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/HousingandHomelessness/>

For more on the Practice Paper on Housing for Drug Users:

<http://drugs.homeoffice.gov.uk/publication-search/dip/improving-practice-housing/>

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