Homelessness NSW

NSW Special Commission of Inquiry into the Drug 'Ice'
GPO Box 5341
SYDNEY NSW 2001

Via: inquiry@iceinquiry.nsw.gov.au

Friday, 3 May 2019

Attention: NSW Special Commission of Inquiry into the Drug 'Ice'

Submission responding to the Special Commission of Inquiry into the Drug 'Ice' Issues Paper

Homelessness NSW welcomes the opportunity to provide comment on the Special Commission of Inquiry into the Drug 'Ice' Issues Paper.

As you may be aware, Homelessness NSW is a peak, not-for-profit organisation that works with its members to prevent and reduce homelessness across New South Wales (NSW). Our members are Specialist Homelessness Services (SHSs). These include small, locally based community organisations, multiservice agencies with a regional reach and large State-wide service providers all of which provide services and support to people at risk of or experiencing homelessness.

This submission responds specifically to the material and consultation questions presented in *Issues Paper 3: Health and Community* (pages 18 and 19), related to housing and homelessness, as these are of particular relevance to our members. We have not commented on the full range of consultation questions.

- *3.2.14: What evidence is there of a correlation between inadequate housing and homelessness and amphetamine-type stimulants (ATS) use?*

There is a problem with limited evidence in this area. The main sources of data related to homelessness, which capture when homelessness is correlated with problematic substance use, are:

  - Australian Institute of Health and Welfare (AIHW) SHS program data (collected annually)
  - Data from the *Inner City Sydney Registry Week: 2015 Report*[1] (A registry week is a survey of people sleeping rough that collects a range of information about these people, including information on health needs, trauma experience and homelessness history.).

[1] Homelessness NSW, *Inner City Sydney Registry Week: 2015 Report*, Sydney, February 2016.

While these sources provide data on problematic drug use generally, they do not break this data down to provide specific figures on ATS use.

The annual, AIHW data examines clients who sought assistance from SHS services because they were homeless or at risk of homelessness. In the 2017-18 year, the AIHW data indicates that 'problematic drug or substance use' (not including 'problematic alcohol use', which is a separate category) was a reason for seeking assistance for 7.5% (n=5355) of SHS clients in NSW. It is unclear what proportion of these clients were using ATS.

The data presented in the *Inner City Sydney Registry Week Report*[2] was obtained from surveying 516 people experiencing homelessness, who were either rough sleeping or in crisis accommodation, boarding houses or Temporary Accommodation. The survey was conducted between 30 November and 2 December 2015. The report presents some data about alcohol and drug use (though, again, not ATS use specifically). Of the people experiencing homelessness surveyed, the report notes that:

- 36% reported using intravenous drugs (n=185)
- 37% report using alcohol daily for 30 days straight (n=193)
- 72% reported substance abuse (n=372).

The AIHW publication, 'Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014'[3] (Attachment 1 to this submission), although now five years' old, is still a useful source of evidence. It notes: 'There is a wealth of research that shows a strong link between alcohol and other drug misuse, and homelessness. Indeed, those people facing both challenges are often found to have the most persistent and challenging circumstances…'. The research literature not only shows a correlation between substance use and homelessness but also that many people experiencing homelessness with a substance use problem have a co-morbid psychiatric disorder.[4]

In addition to the evidence that drug use contributes to homelessness, there is evidence that it can begin or increase in response to being homeless, since it may be a coping mechanism for dealing with the challenges of homelessness.[5] Therefore, to reduce substance misuse, it is important to prevent homelessness, as well as to provide supportive housing to people who are already homeless.

3.2.15: Do the housing needs of ATS users vary for specific populations, such as Indigenous people and those coming out of custody or within particular geographical areas?

We support a Housing First approach to all specific populations. As the Australian Housing and Urban Research Institute (AHURI) notes[6], the Housing First model involves making the provision of safe and permanent housing the first priority for people experiencing homelessness. Once housing is secured, a multidisciplinary team of support workers can address complex needs, such as drug and alcohol use (including ATS use) and mental

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[2] Homelessness NSW, *Inner City Sydney Registry Week: 2015 Report*, Sydney, February 2016.
[3] AIHW, *Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014*, Canberra, 2016.
[4] Nielssen, O., Stone, W. Jones, N., Challis, S., Nielssen, A., Elliott, G., Burns, N., Rogoz, A., Cooper, L. & Large, M., 'Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels', 208(4) *Medical Journal of Australia* 169, March 2018, at p.169. See also the other research studies cited in this journal article.
[5] *ibid*., at p.172.
[6] AHURI, 'What is the Housing First model and how does it help those experiencing homelessness?', <https://www.ahuri.edu.au/policy/ahuri-briefs/what-is-the-housing-first-model> (accessed 3 May 2019).

health problems. The guiding principle of the Housing First model is that safe and secure housing should be provided quickly and not be made conditional upon addressing other health and wellbeing issues. In contrast, other models make housing provision conditional by, for example, requiring individuals to abstain from alcohol or drug use or to comply with mental health programs to qualify for housing. Such approaches can make it hard for people experiencing homelessness to become well enough to qualify for housing.

There is increasing evidence to support the effectiveness of the Housing First model.[7] In US research, Kertesz et al found: 'According to reviews of comparative trials and case series reports, Housing First reports document excellent housing retention, despite the limited amount of data pertaining to homeless clients with active and severe addiction.'[8] In Canada, McNaughton[9] notes that:

> 'The national At Home/Chez Soi study showed that the Housing First program can successfully address homelessness for people with mental health and addictions problems. The study was run in five sites: Vancouver, Winnipeg, Toronto, Montreal and Moncton. Results showed that, compared to study participants in the "treatment as usual" group, Housing First participants had superior outcomes on measures of housing stability, community functioning and quality of life. In terms of cost-effectiveness, Housing First is also a better strategy to support participants who are "high users" of resources (such as emergency departments and inpatient services for addictions or mental health treatment).'

Housing First requires wrap-around case management support to individuals with complex needs once they are housed. This gives services the ability to address the needs of specific populations through the type of case management supports provided. For example, in addressing the particular needs of Aboriginal people, it would be essential to ensure that case management supports are both culturally-appropriate and trauma-informed.

The needs of specific populations should also be considered in determining the type of housing provided. This is fundamental to any client-centred approach.

- *3.2.16: Is there sufficient cooperation between housing services and other support services available to ATS users?*

No, there is insufficient cooperation. The service system is siloed with housing services and other support services having a limited understanding of each other's roles and skills.

- *3.2.17: Are mainstream housing services able to recognise and respond to the particular needs of ATS users?*

No, we consider that mainstream housing and homelessness services are not properly equipped to recognise and respond to the particular needs of ATS users. An ongoing issue for our members is that SHSs are supporting ATS users but are not adequately equipped to do so, either in their physical layout or in the skills of their support workers. This is especially a problem in rural and remote areas, where less specialist drug-related services are available and people often have to travel very long distances to access such a service.

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[7] *ibid*.

[8] Kertesz S, Crouch K, Milby J., Cusimano, R & Schumacher, J, 'Housing First for Homeless Persons with Active Addiction: Are We Overreaching?', 87(2) *The Milbank Quarterly* 495, at p.495.

[9] Macnaughton, E., 'How Does Housing First Contribute to Recovery for People Who Have Been Homeless? Qualitative Research from the At Home/Chez Soi Study' (2017), 12(3) *Visions* 25, at p.25.

In these areas, SHSs have become catch-all services for all people experiencing homelessness or at risk of homelessness, regardless of whether these people have complex needs beyond the expertise of SHS workers. To address this issue, there needs to be far more investment in specialised services for drug users and also training for workers in mainstream services to equip them with the skills to work effectively with ATS and other drug use. The rise in ATS use amongst Aboriginal and Torres Strait Islander people has also resulted in a need for more culturally-appropriate rehabilitation services with the necessary skills to work with this population.

- *3.2.18: Are there SHSs with a particular focus on ATS users (in terms of both capacity and geographic coverage)?*

SHSs are currently funded as mainstream homelessness services and, therefore, they generally do not have a particular focus or expertise in ATS use. For this reason, there is a need for more funding for specialist drug-related services and for training for SHS workers to develop skills in working with ATS users, as noted in our response to 3.2.17 above.

The Haymarket Foundation is one of few SHSs across Australia that has specific expertise in dealing with problematic drug use. As Flatau et al[10] noted in 2010:

> 'The joint focus on homelessness, mental health and drug and alcohol issues at the Haymarket reflects the origins of the Haymarket Clinic in the 1970s as a clinic for Sydney's homeless and socially disadvantaged people provided by volunteers from Sydney Hospital.
>
> The co-location of both homelessness-focused and mental health and drug and alcohol services within the one agency makes The Haymarket Foundation one of the few examples in Australia of an agency providing integrated service delivery across the homelessness, mental health and drug and alcohol domains. It relies more so than most agencies supporting homeless people on funding from health sources.'

However, subsequently, the Haymarket Foundation lost its annual, federal funding of $900,000, which led to the closure of the Haymarket Clinic.[11] This clinic was one of the most important elements of the tailored support the Haymarket Foundation provided to people experiencing homelessness who were also dealing with problematic drug use.

- *3.2.19: What models exist outside NSW for holistic, coordinated case management of ATS users, including to meet their housing needs?*

Health Care for the Homeless is a US approach that provides an integrated model of care and wrap-around services to address the full range of health needs of people experiencing homelessness.[12] It involves the co-location of medical, behavioural and social services and interdisciplinary care.[13]

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[10] Flatau P., Conroy E., Clear A. & Burns L., 'The integration of homelessness, mental health and drug and alcohol services in Australia', AHURI Positioning Paper No. 132, August 2010, at p.31.

[11] Siobhan Fogarty, 'Haymarket health clinic for Sydney's homeless set to close after funding cut', ABC News, updated 19 Mar 2016 <https://www.abc.net.au/news/2016-03-19/haymarket-health-clinic-for-sydney-homeless-set-to-close-funding/7259860> (accessed 3 May 2019).

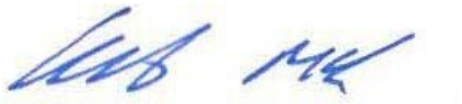
[12] National Health Care for the Homeless Council, 'Demonstrating Value: Measuring the Value and Impact of the Health Care for the Homeless Grantees', August 2017. <https://www.nhchc.org/wp-content/uploads/2017/08/hch-value-paper.pdf> (accessed 3 May 2019).

[13] *ibid*.

Conclusion

We would be pleased to discuss any aspect of our submission. Please contact me on 02 8354 7605.

Regards,



Katherine McKernan
CEO
Homelessness NSW