



# NO ROOM AT THE INN?

Progress made over the last decade on bringing homeless drug users off the streets and out of risk is being jeopardised by budget cuts and poor strategy, warns Kevin Flemen



**A** little over 13 years ago, I was a street outreach worker in central London. At the end of June 1997 two young men I worked with were murdered in Soho as they slept rough. Their deaths represented the catalyst that led me to develop policy and practice responses that would help create accessible housing for homeless drug users.

The last 13 years have seen some amazing developments. There are now a growing number of housing providers who have moved from 'zero tolerance' or 'blind eye' models of housing drug users to 'eyes wide open models' where drug use is acknowledged and fully engaged with. These models have meant that homeless drug users have been able to access housing which in turn has helped reduce harm and risk, and improved access to treatment. A journey to sustainable recovery is often a long one, and without a starting point of somewhere to live, it is an even harder one.

Tragically, there is now a real risk that the gains of the last decade or so will be reversed. Indeed my fear is that we will end up in a worse position than the mid-nineties. And rather than being a single policy decision that will destroy the fragile progress made in housing drug users, it is a series of related changes, the consequences of which have not been properly considered. This failure in joined-up thinking will have devastating consequences.

The first significant change is that single people under 35 will be paid a shared room rate rather than a rate for a full flat. At present this restriction only applies to single people up to the age of 25, but the government has proposed extending this from 2012.

While this will have implications for all people in housing need within this age group, vulnerable groups such as dependent drug users will be disproportionately affected. Models of housing which work successfully with ongoing use can't translate well to shared house environments. Patterns of behaviour which can be accommodated and worked with in single-person accommodation can be tolerated less easily within shared housing situations. It is relatively feasible, for example, to house and support a single person in a flat where they can possess, prepare and use drugs without exposing others to risk and without creating tension with other people.

However, to try and replicate such a model in shared housing situations is much more difficult. Trying to accommodate (for example) a person who is an injecting drug user with non-injectors, non-users or ex-users is more problematic. The odds are that it will result in more evictions and exclusions.

So what housing will be available for dependent drug users who would have been well suited to independent living with floating support? The next best option would be a well run, well managed hostel with full access to harm reduction and treatment pathways. The hostel needs to be one with a suitable drugs policy that allows it to engage openly with ongoing drug use.

While a number of such hostels do exist and have successfully housed dependent drug users, retained them in housing, reduced drug-related deaths and supported movement to long-term recovery, such hostel provision is, currently, not the norm.

This is where the second set of changes is going to have a significant impact. Cuts in the Supporting People (SP) budget are going to substantially curtail the provision of high support housing, which will have a massive impact on drug users in housing need.

Even before the cuts announced in the Comprehensive Spending Review take effect, we are already starting to see cuts to SP budgets directly affecting hostel provision. In London for example, one of the few hostels specifically working with 18 to 25-year-old drug users is to close down, due, primarily, to reduction in SP budgets.

Across the UK, this pattern is likely to be replicated. The SP budget isn't ring-fenced and so is an easier target for cash-strapped authorities. Such cuts won't invariably result in closure – elsewhere staffing levels may be reduced – but experience says this is a recipe for disaster. In order to provide hostel accommodation for active, dependent drug users, relatively small provision with high staff levels works best and provides the safest model.

Doing this 'on the cheap' results in a less safe, more chaotic environment. Some people die from overdoses. Others choose to sleep on the streets rather than remain in unsafe hostels. Remaining staff become demoralised and engage less well.

And what of our displaced drug users who cannot be housed in single flats or

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appropriate hostels? Some will be housed in bed and breakfast accommodation – the least cost effective, least therapeutic and least safe housing option. Others will inevitably become homeless and end up on the streets.

We haven't had an accurate picture of street homelessness in the UK for a number of years. Creative approaches to counting rough sleepers were introduced by the Rough Sleepers Unit to massage down the figures, and so we don't have a good baseline figure to start with. But I fully expect to see the numbers start to climb, slowly at first and then more sharply from next spring.

The patterns and distribution of homelessness will, however, change – with larger swathes of many inner cities privately managed and policed, and powers such as ASBOs, the newly indigent population of drug users will need to stay more hidden. So no return to cardboard box city. Instead, more skipping down in derelict buildings, in parks, and in the night shelters that will need to spring up in church halls as the last safety net.

Once homeless, all the evidence shows that drug use escalates, mental health worsens, risk-taking behaviour increases, health deteriorates and life expectancy shortens. Access to services, including drug treatment, worsens. And people die.

The last part of this strategic jigsaw will be changes to the benefit system, and proposed cuts and sanctions which will affect drug users. The roll-out of reassessment of Incapacity Benefit (IB) will see some dependent drug users move from IB to the Jobseeker's Allowance or on to Employment and Support Allowance. Some of the latter will be expected to find work within 12 months and are likely to see benefits further reduced.

The net outcome of these changes to dependent drug users could be profound. Some people will undoubtedly benefit from the changes, moving back in to work or training. But for others, an increasingly hostile benefit system will see more people dropping out of it. Insecure housing, lack of access to support and lack of advocacy will see the most vulnerable drop out of the safety nets of the welfare system.

Back when I first started working in central London, the support agencies and day centres all too frequently had to start work with people when they were wholly cast adrift from society. Helping people to get their ID sorted so they could get a claim started, then begin to secure proper housing and access other services – these represented the first essential steps on the long road home.

The combination of changes that are coming together have the potential to reverse all the gains that have been made over the past 13 years. This isn't going to be 'all in it together' or 'sharing the pain'. It's certainly not going to be 'fair'. People will die on the streets, and it will be the result of these ill thought through strategies. I'll be damned if I let it happen without a fight.

*Kevin Flemen works independently in the drugs field and runs the KFx website – recently updated and improved, at [www.kfx.org.uk](http://www.kfx.org.uk) – and the linked Drugs and Housing website, [www.drugsandhousing.co.uk](http://www.drugsandhousing.co.uk). Email Kevin at [Kevin@kfx.org.uk](mailto:Kevin@kfx.org.uk)*

*Kevin will be working collaboratively with Homeless Link to jointly develop the work of Homeless Link's Evictions and Abandonment Project, <http://www.homeless.org.uk/evictions-research>*