

# Supporting people experiencing homelessness in the UK

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# Inverse Care Law – Hart (1971)

- Those with the most significant healthcare needs are the least likely to have them met
- In the context of drug treatment this law explains why those with the most problematic relationships with drugs aren't in treatment
- We must do the things we used to do well before recovery mania took hold and treatment budgets were slashed



# So where are these folks?

- Prisons
- Hostels/HMOs
- Streets

“I don’t want your poxy 50mls of methadone!”

# The Common People and their common issues



POVERTY



TRAUMA

# DRDs and the 'aging cohort'

- Doesn't account for the different rates of DRD in the UK compared to other European countries with similar levels of drug use – 'inequality on stilts'?
- Chronological age bears no resemblance to the age of the body which has accumulated multiple health problems by 40
- But in NI it's the 25–34-year-olds age group who are dying – 'the ceasefire babies' – why?

# The blame game



Failure to engage?  
Or a failure to be engaging?



Failure to benefit?  
Or a failure to provide beneficial options?

# Into the void.....

- DEMO 'Dynamic-Evolving Model of Outreach' in Sandwell:
  - Boots on the ground
  - Mapping the area
  - Finding the people
- Nurse-led has advantages e.g. same day non-medical prescribing, and assessment of a range of conditions
- Housing issues, OST and severe (sometimes life-threatening) health problems (e.g. sepsis)
- No expectation to engage with the wider service

# The quantum leap

'From the bushes to the van.'



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# Tolerated use in Supported Accommodation

- Misuse of Drugs Act (1971) – opium & cannabis
- Wintercomfort Case 1999-2001 – supply
- Criminal Law Act NI (1967) – in theory
- Deaths in Belfast hostel plummeted, successfully reversed ODs jumped – despite 18+ months waiting list for OST at one point!
- Wearable tech



# Emerging concerns

- Nitazenes
- Xylazine – wounds & overdoses

# Nitazenes threat

We're not taking it seriously enough until every worker in every treatment service have and keep 2 thoughts in mind every time they see someone.....



# Thought 1

- How can I be sure this person will come back to see me?


## Thought 2




- How can I ensure that they remain alive to come back to see me?

# Stayin' Alive





## USING DRUGS?

To reduce your risk of an overdose, please take **extra precautions** when using any type of drug

Drugs are changing  Overdoses are rising

-  **Assume it's something else**  
Any drug could be something else
-  **Reduce risk of OD**  
Test dose  
Go low and slow  
Stagger dosing among your mates
-  **Make a rescue plan**  
How would anyone know if I overdosed? How would anyone find me?  
Carry Naloxone  
If you have a smartphone, use BuddyUp app

YOU are important

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Carry Naloxone  
Use BuddyUp app

Ask "how would anyone know if I overdosed?  
How would anyone find me?"  
**YOU ARE IMPORTANT**

My Stayin' Alive Plan

- 1.
- 2.
- 3.