Tenants extra

The perception that drug users come hand in hand with criminality and social exclusion has made them the bete noire of the housing sector. **Chloe Stothart** on the thorny issue of housing current and former drug users.

Gauging the scale of the housing problem amongst drug users with any accuracy is difficult because, as surveys have shown, there are many homeless people who do not appear on official statistics.

Often they have not used the kinds of services where homelessness is recorded – such as applying for housing or going through drug treatment – and tend to drop into day centres for homeless people or needle exchanges where their status is less likely to be systematically recorded. They spend a lot of time in squats or derelict houses, where they remain off the radar.

But it can be hard to house even those drug users who appear on the radar. Attitudes to drug users across the housing sector vary enormously. Some council housing departments take a zero tolerance approach where they refuse to house anyone convicted of a drugs supply or anti social behaviour offence, others will only house those who have started treatment while others have come together with local housing organisations and drugs agencies to design services tailored to the needs of groups of drug users.

"No housing providers would ever say 'drug users are bad and we won't house them'; they would say they have to be engaged in treatment," says Kevin Flemen of drug consultancy KFx. "Some of this is prejudice and some is lack of skills and resources." Services for users with high levels of need can be expensive and these services are often competing for funding with schemes for other vulnerable groups, like older people, who might be seen as more of a vote winner.

Flemen adds that some in the housing world misunderstand that drug treatment is not necessarily straightforward with users sometimes making progress and at other times losing ground. The government needs to give out a more positive message about housing drug users, he adds, as it tends to praise authorities which take a tough line on anti social behaviour which does not encourage other councils to help those with the most difficult drug problems.

Many working with homeless drug users say there is a shortage of accommodation which is particularly acute for certain groups, such as those in need of large amounts of support who are still using drugs and whose behaviour is difficult. This is partly down to the nervousness of some providers about allowing residents to use drugs on the premises. Some are very quick to evict people for fairly minor drug-related behaviour, says Flemen.

"Organisations misunderstand the legislation and write policies that are exclusionary," he says. "I have worked with an award winning agency that lists symptoms of drug use that include having citric acid and 'flu like symptoms. They could get booted out for that but they are legally allowed to possess it." The spectre of the Wintercomfort case still looms over the housing sector. "Everyone puts the blame on housing providers but they are in an impossible position because they get a mixed message from the law on what they can put up with," he says.

However others think the misunderstanding of the law is used as an excuse for inaction. "I think housing providers being uncertain about what drug-related behaviour is allowed is given as a reason but the law is clear. If people had the will they could do it but often easier not to," says Caroline Lamont, regional service and business development manager at Single Homeless Project, where some the projects allow drug use on the premises.

And at the other end of the drug-taking spectrum there's also a shortage of genuinely drug-free projects for people leaving rehab. Lamont says people will leave treatment to go to a project that is supposedly drug-free and end up in a room next to someone who is "clearly using" which could jeopardise their recovery.

There is also a severe lack of ordinary social housing for those who are ready for it. These homes are being competed for by almost everyone on a long council waiting list. The competition is of course even hotter for homes in areas without drug problems. Instead of relying on social housing, agencies in areas with a big social housing shortage focus on getting their clients to a stage where they can live in privately rented housing with visits from support workers.

With improvements in medical care, there's a new group of users set to face housing problems in the near future: older drug users. While they still tend to die younger than average, improved wound care, treatment of blood-born diseases and better nutrition means they may make it through middle age but possibly with serious health problems, such as amputated limbs, incontinence or mental illness that require the high levels of care usually found in nursing homes for old people. Although there are a few schemes that take people in this category, they would be unable to meet demand should survival rates improve. "It is a problem waiting to happen," says Lamont. "They are people who are old before their time, but far too young to be in services for people normally considered old."

If things are going to improve, especially for drug users with the most difficult needs, funders and agencies need to be realistic about how long it will take for drug users to tackle their condition. For example the Supporting People funding scheme, which pays for the 'support' element of housing schemes and is funded by the government via local

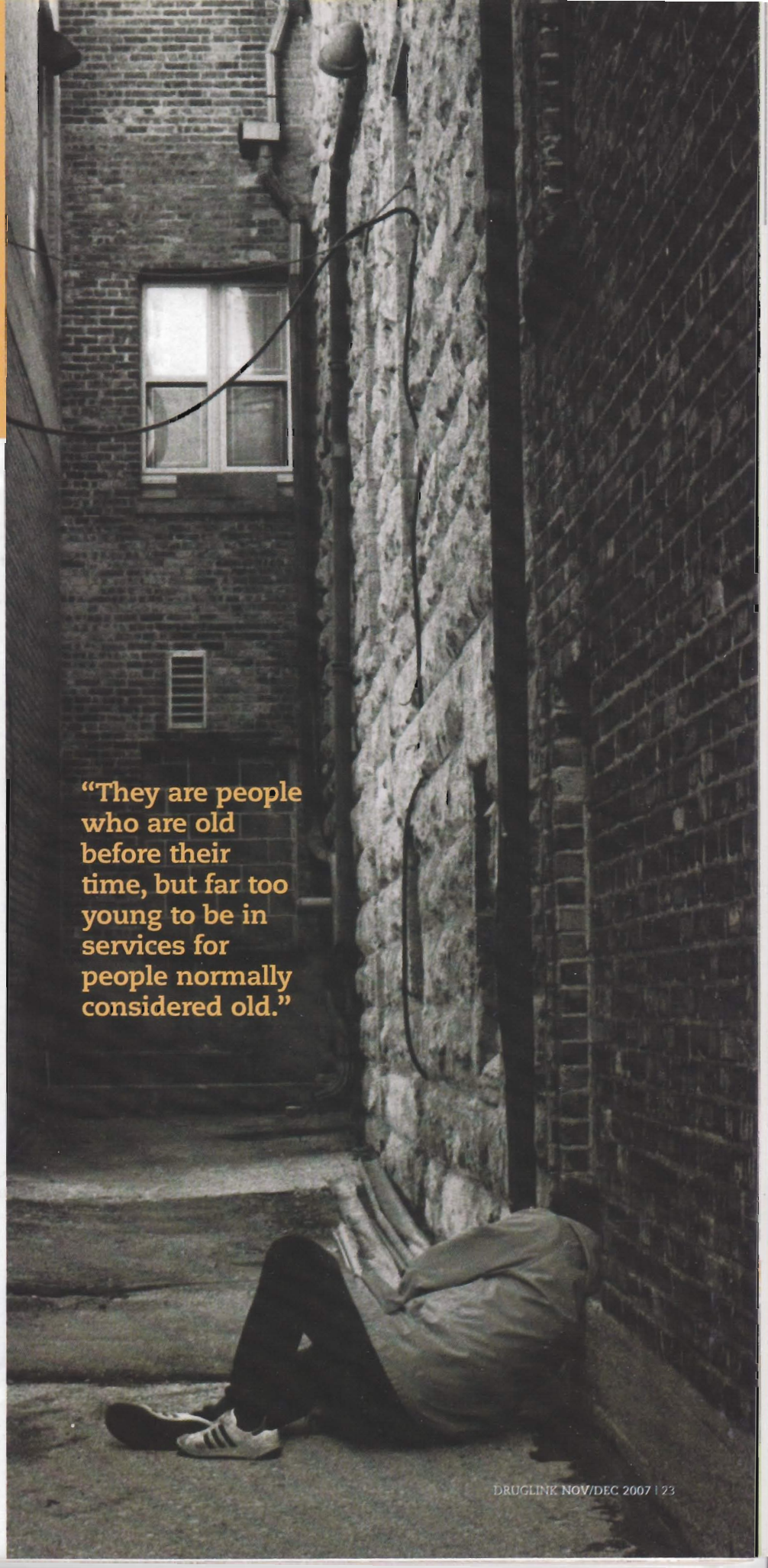
authorities, tends to expect people to be ready to move on from a project within two years. "This is quite unrealistic for people with high level drug habits," says Lamont. "I think there is a need for longer term services that recognise change is slow and make a virtue of the fact people are maintaining a tenure."

There's also a need for a range of linked accommodation aimed at people at different stages of treatment. Some of the larger housing organisations already offer this so drug users can be moved to accommodation with more intensive support if they relapse rather than being evicted. They could also transfer to a scheme with lower support levels as they get their habit under control. It also means that those who are clean do not have to live alongside people who are heavy drug users.

Steve McKeown, senior development officer at Shelter, is in favour of organisations coming together to see their schemes as part of a wider spectrum so that residents could transfer between projects. But providing lots of different sorts of accommodation can be harder outside cities where there are smaller numbers of drug users, adds Lamont.

Cash, as ever, is part of the problem. Services with the high levels of staffing needed to succeed in working with difficult behaviour are expensive. "Local authorities have to be prepared to pay and some say they won't do that," says Lamont. "They are in a way complicit with people who say they evict because they do not have the staff." Trying to run such services without proper investment can result in staff burnout or higher levels of eviction of residents. "It does not come cheap but the cost of not doing things for this group is high as well," she adds. "People will get sick, lose their lives, beg, steal and there's impact of drug use on the street on local communities. There are a lot of costs."

Chloe Stothart is a freelance journalist



"They are people who are old before their time, but far too young to be in services for people normally considered old."