



Lifeline Project

Substance Misuse and Homelessness in Greater Manchester

An Analysis of National Drug Treatment Monitoring System (NDTMS) Data



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VERSION 2

Introduction

People who are homeless and misusing drugs and/or alcohol are amongst the most vulnerable within our society. These are people suffering from the severe disadvantage that comes with both a lack of stable and secure accommodation, and the poor quality health, wellbeing and risk of violence they are more susceptible to. Homeless Link (2014) found that 'many people become homeless because of existing health needs. The longer people remain without a stable and safe place to live, the more these problems multiply and the harder they are to overcome'.

Having previously analysed the extent of official homelessness in Greater Manchester ('Homelessness in Greater Glasgow and Greater Manchester', September 2016) Lifeline's Data Analysis Unit has now turned our focus on to a specific section of the conurbation's homeless population: those with a drug and/or alcohol problem using substance misuse treatment services.

The links between substance misuse and homelessness are widely acknowledged, and in the majority of research and critical thinking around homelessness, the association with drugs and alcohol is presented as an established fact. However, there is actually little in-depth data analysis available that looks specifically at these issues together; in 2002 Crisis acknowledged that 'only a handful of studies have been conducted in the UK looking at homelessness and drugs'. Fourteen years later and this is still very much the case; substance misuse tends to be mentioned within wider studies of homelessness, such as health audits, but is very rarely singled out for individual attention.

There are exceptions to this analysis shortage and they have been utilised wherever possible throughout this Report. For example, the Scottish Government's comprehensive 2008 report on effective services for substance misuse and homelessness, which looked at service delivery responses on an international scale. They present one potential explanation for the lack of individual attention homelessness and substance misuse have received, principally that these issues do not occur in a vacuum:

'Substance misuse among homeless people is strongly associated with economic marginalisation, social isolation, alienation and, in particular, mental health problems. It is also argued that substance misuse is more closely linked with some groups of homeless people than others. The balance of evidence is that homelessness and substance misuse are mutually reinforcing. However, substance misuse, in itself, is generally not a necessary or sufficient condition for homelessness to occur, as other factors also appear to be involved.' (Pleace, 2008)

Homelessness is a highly complex issue and the scale of complexity is exacerbated by the lack of data around those experiencing it. Homelessness data tends to be collected in silos of particular services or government departments, meaning establishing a clear understanding of the demographics of the homeless population, particularly the most vulnerable within it, is difficult. Shelter (2006) highlighted that

'It's not easy to assess the extent of housing need among drugs users, or the extent of drug use among those in housing need. There is no single, substantive, national data set that cross-correlates drug use and housing need.'

The lack of a single, substantive, national data set on the quantity of people who are homeless with a substance misuse issue means that the scale of the problem cannot be fully realised. The Scottish Drugs Forum (2010) argued that 'people affected by homelessness and substance misuse are one of the most challenging groups to provide effective services to; for both the housing and substance misuse sector'. The scale of the challenge is severe for organisations within both sectors, and providers are also trying to function effectively in an environment of ever-stringent funding cuts. Therefore, an awareness of the scale of the problem is essential if an understanding of how to alleviate it is to ever be reached.

The aim of this report, therefore, is to illuminate the scale of need in Greater Manchester by analysing one of the few datasets that does collate information relating to both homelessness and substance misuse: the National Drug Monitoring System (NDTMS).

The Data

All providers of structured treatment for drug and/or alcohol users (termed 'substance misuse services' throughout the remainder of this report) submit data to NDTMS regarding the people who use their services, including key demographic information, substances used and service outcomes. This information is analysed by the National Drug Evidence Centre who produce key statistics online and Public Health England who produce annual reports.

According to the official guidance, NDTMS statistics are 'used by national and local government to monitor the availability and effectiveness of alcohol and drug treatment in England. The information is collected from approximately 1,500 treatment services on a monthly basis'.

As a national provider of drug and alcohol services, Lifeline Project submits data to NDTMS in line with our service delivery. Lifeline delivers services in a number of Greater Manchester localities so consequently has access to these specific datasets. We would like to thank NDTMS North West and the Greater Manchester local authority commissioners for consenting to us publishing the data within this report. This data is published without comment on the nature and/or quality of the services delivered; our expressed, singular intention is to explore the extent of homelessness amongst people entering substance misuse treatment services.

This Report uses all available data published by NDTMS that references the housing circumstances of people in substance misuse treatment. The specific datasets from NDTMS that form the centre of this analysis are:

- Adult Activity data that records 'accommodation need' at client journey start.
- Treatment Outcomes Profile (TOP) data for clients stating 'acute housing risk' and 'eviction risk' at the start and end of their treatment journey.
- Young People's Supplementary Partnership data for the wider housing vulnerabilities of young people in treatment.

Each of the above datasets shall be explained in the individual sections of this report.

As stated, data concerning substance misuse and homelessness is limited. The use of NDTMS data regarding the housing circumstances of people in treatment is a window in which it is possible to view a section of what could be a much wider population. The people present within this dataset are only visible because they are in structured treatment. We acknowledge that our analysis is limited to this section of the population only and that there may be a large number of 'hidden' homeless people with substance misuse issues who are not in treatment or known to services. Similarly there is no guarantee that the data within this report is fully representative of the total in treatment population. NDTMS have robust reporting standards but the data is still contingent on the effectiveness of the reporting mechanisms undertaken by specific services; the data is for **reported activity only**. However, even with these caveats, we strongly believe that this data is a vital contributor to an understanding of this population, their circumstances and their needs.

All data is for 2015/16 only, unless otherwise stated; in line with NDTMS guidance, no data beyond 2015/16 has been included. To preserve confidentiality, any data concerning less than 5 clients has been suppressed.

Definitions

Homelessness can be wide-ranging and not merely limited to the endemic idea of a rough sleeper in a doorway. Each of the datasets utilised in this report provide their own categorisation of homelessness and housing need, these will be set out at the beginning of each section, prior to the analysis.

Greater Manchester is comprised of ten local authorities in the North West of England: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.

NDTMS data categorises clients by the substance for which they are in treatment, these are defined by Public Health England as:

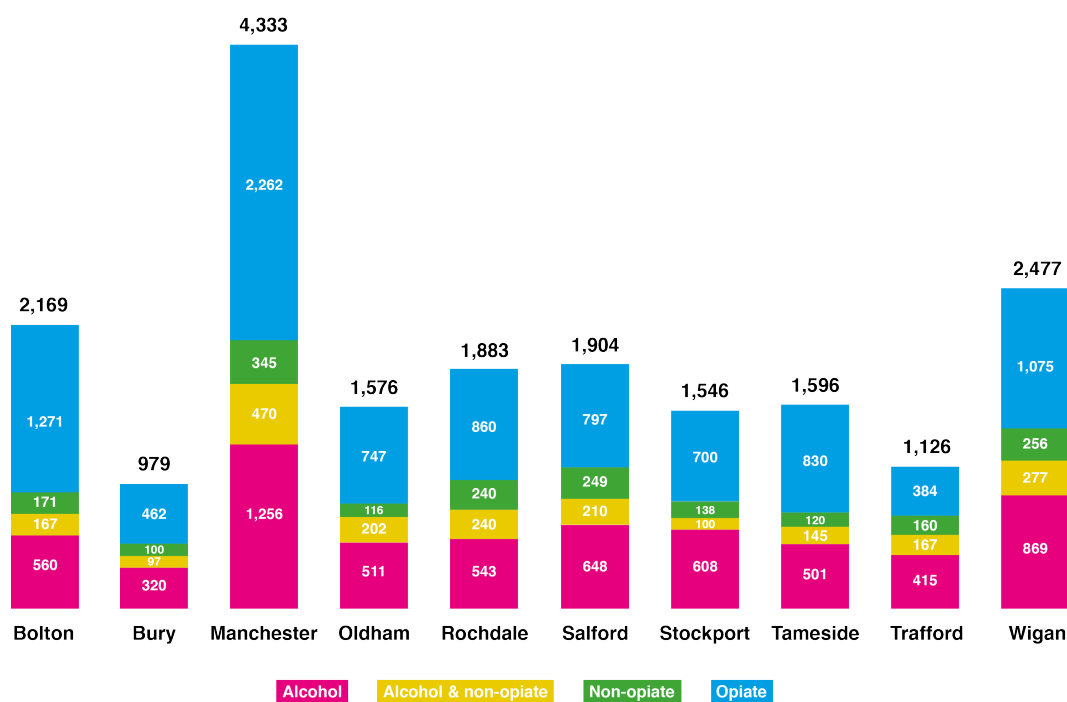
- **Opiate** – any mention of opiate use in any episode results in the client being categorised as an opiate client, irrespective of what other substances are cited
- **Non-opiate** – clients who present with non-opiate substances (and not opiates or alcohol)
- **Non-opiate and alcohol** – clients who present with a non-opiate substance and alcohol (but not opiates) recorded in any drug in any episode of their treatment journey
- **Alcohol** – clients who present with alcohol and no other substance.

Context

Greater Manchester is the focus of this report due to Lifeline's continuing interest in devolution and the potential it has to result in real change to the health and wellbeing of the population. Devolution in Greater Manchester has been hailed as a ground-breaking opportunity to develop new governance, commissioning and delivery structures that could work effectively to address inequality, poverty, deprivation and poor health and wellbeing. It is vital that the scale of the challenge and of need throughout the area is fully understood, so that services and policy makers are able to fulfil the potential devolution has to help them achieve substantial improvements in the lives of the most vulnerable in Greater Manchester.

In 2015/16 there were 19,589 adult clients in substance misuse treatment in Greater Manchester, the main substance for which they were in treatment and the local authority where the treatment was provided, was highly variable, as set out in Figure 1:

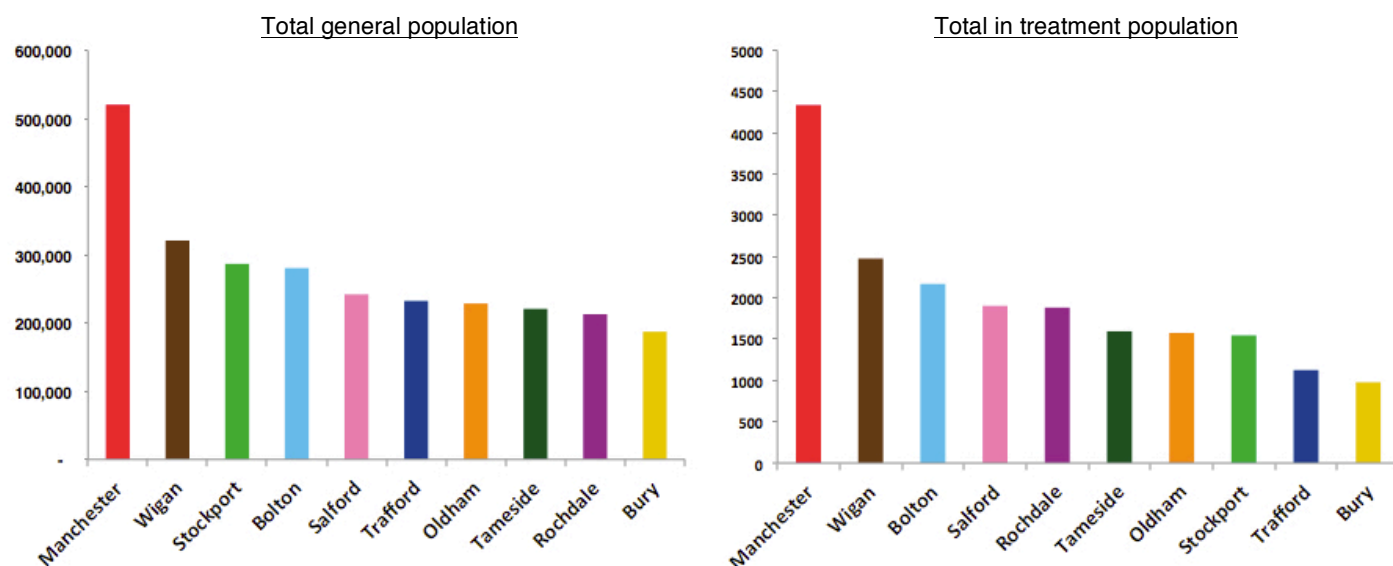
Figure 1: All clients in treatment in 2015/16 by Greater Manchester local authority and substance



Opiates were the most prevalent substance in nine out of ten Greater Manchester local authorities; Trafford is the only area where the biggest client group were in treatment for alcohol use. In Bolton, Manchester and Tameside, over 50% of clients were in treatment for opiates.

Manchester contained the highest number of clients in overall treatment throughout Greater Manchester, containing almost double the amount located in every other local authority, apart from Wigan. Manchester contained 22% of all Greater Manchester clients, and Wigan contained 11%. Bury had the lowest number of clients accounting for only 5% of the Greater Manchester in treatment population. These figures correlate strongly with the general share of the overall population of Greater Manchester (Figure 2 overleaf):

Figure 2: Hierarchical breakdown of local authority total and in-treatment population (NB: different scale of y-axis)



The above reveals that at the top and bottom end of the hierarchy, the general population to treatment population share correlates strongly in Manchester, Wigan and Bury; there is slight variation across the other 7 local authorities with Bolton, Salford, Tameside and Rochdale containing a slightly higher proportion of the conurbations in-treatment population than they do general population, with the reverse true for Stockport and Trafford.

Figures 1 and 2 have been presented to contextualise the preceding data and analysis, which is structured as below:

Structure

- Accommodation need..... 5 – 9
- Treatment outcomes: housing..... 10 – 14
- Young People with housing problems..... 15 – 16
- Concluding comments..... 17

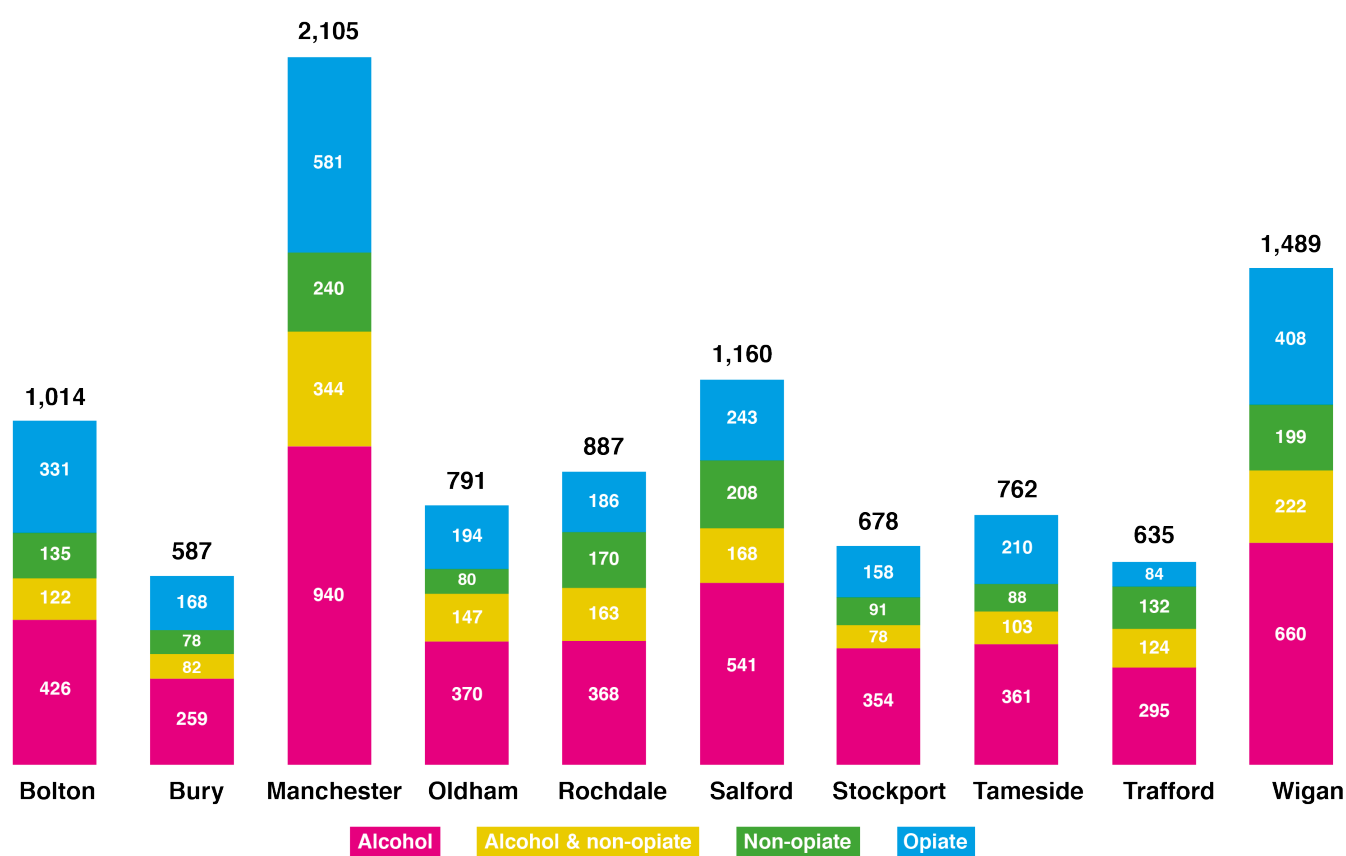
Accommodation Need

When a person first enters a substance misuse treatment service they are recorded as a 'new presentation' and asked a series of questions, including in regards to their accommodation needs. Accommodation need is then recorded within the NDTMS Adult Partnership Report within the following four categories:

- **No Fixed Abode (NFA)** – urgent housing need
 - Lives on the streets
 - Use night hostels (night-by-night basis)
 - Sleeps on a different friend's floor each night
- **Housing Problem**
 - Staying with friends/family as a short term guest
 - Night winter shelter
 - Direct access to short stay hostel
 - Short term B&B or other hotel
 - Squatting
- **No housing problem**
- **No answer/other**

Data for accommodation need is collected at 'client journey start', which means either the earliest intervention start date, or triage start date if this is missing. In 2015/16 there were 10,108 new presentations in Greater Manchester, Figure 3 presents the local authority and substance for which these new presentations occurred:

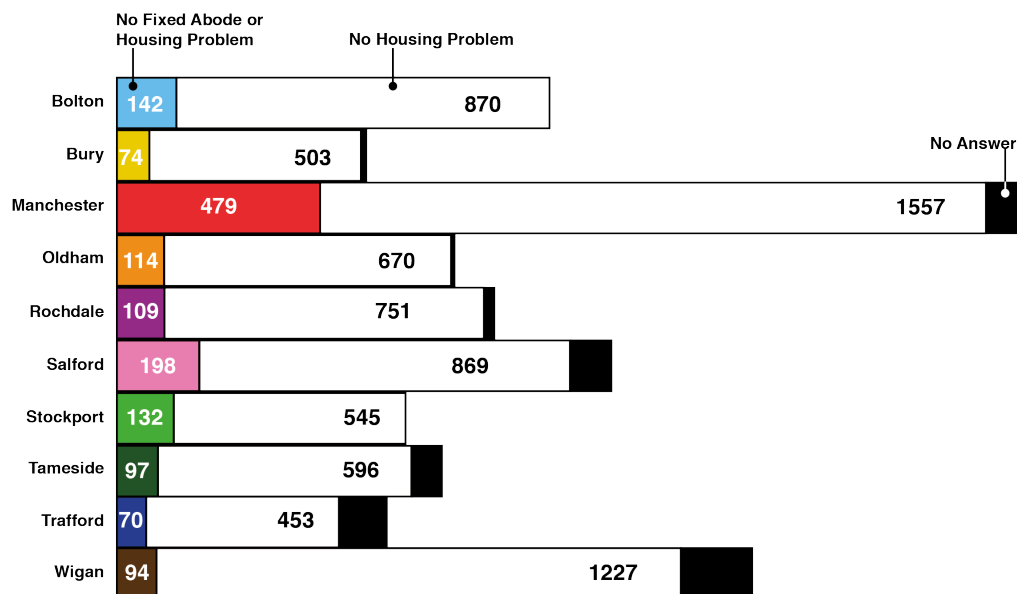
Figure 3: New presentations in Greater Manchester in 2015/16 by local authority and substance



Manchester, Wigan and Salford recorded the largest number of new presentations, and Bury, Trafford and Stockport the smallest; these figures correlate with the data for total in treatment presented in the previous section in Figure 1. Alcohol was the most recorded substance for which people were entering treatment, followed to a lesser extent, by Opiates which differs from the total in-treatment population data (Figure 1) where opiate was the most commonly cited substance.

All new presentation clients were asked about their accommodation need and Figure 4 presents the answers provided:

Figure 4: Accommodation need at client journey start – client quantity breakdown

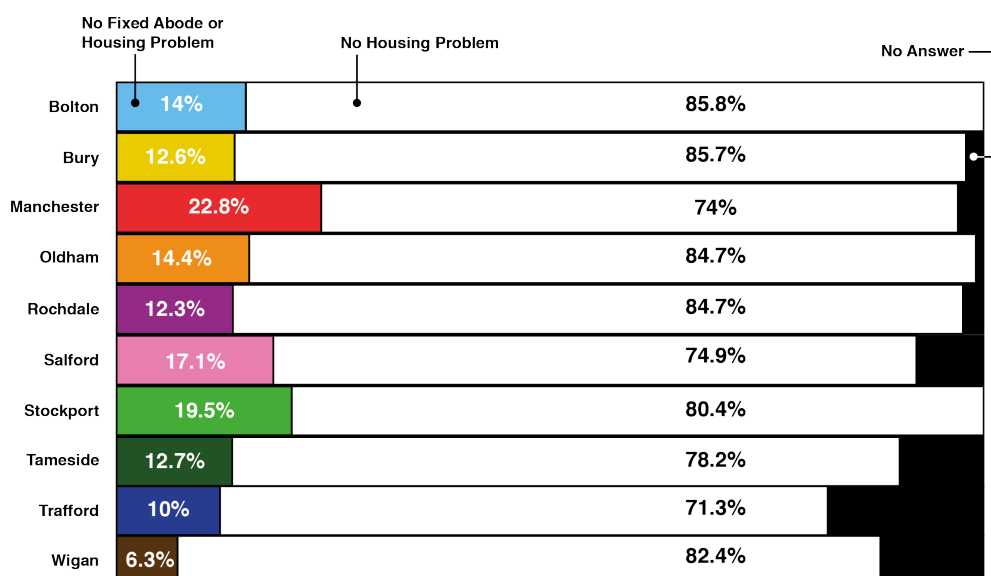


The above reveals that there were a total of 1,509 clients in Greater Manchester who had either a housing problem or no fixed abode (NFA) when they first entered treatment in 2015/16; this equates to 15% of all new presentations.

The largest quantity of clients in housing need were recorded in Manchester, which contained over 6 times as many new presentations in housing need than in Trafford, which contained the fewest. Salford recorded the second highest number of new presentations in housing need, but this figure was still less than half the number recorded in Manchester. The scale of new presentations in housing need in Manchester is undoubtedly a reflection of its size; it is the largest local authority and the urban centre of Greater Manchester.

Figure 5 presents the percentage breakdown of an areas 'accommodation need' responses, and highlights the caution required when analysing data of this type, as very different conclusions can be drawn based on how the data is presented. For example, Stockport has a relatively low overall number of new presentations in housing need (132), but these account for almost 20% of those for whom data was recorded; conversely, Bolton has the third highest recorded quantity of clients in housing need but these account for only 14% of this areas total new presentations.

Figure 5: Accommodation need at client journey start – total client percentage breakdown

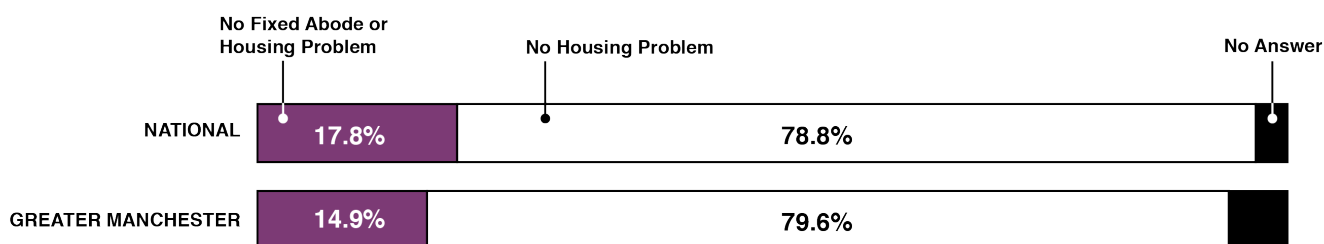


Figures 4 and 5 also appear to highlight the unexpectedly small scale of housing need amongst new presentations in Wigan. Wigan has the second highest quantity of clients and overall general population in Greater Manchester, but has recorded only 94 clients as having either a housing problem or NFA when they start their treatment journey; at 6.3% of Wigan's total new presentations, this is the lowest rate in Greater Manchester. However, Wigan also recorded

a high percentage (11.3%) of 'no answer' responses meaning that the level of need in this area could be much higher than the available data would indicate. Trafford, Tameside and Salford also contain a significant percentage of 'no answer' responses, conversely, Stockport recorded only 0.1% 'no answers'. As stated in the introduction, NDTMS could be susceptible to misinterpretation due to the highly variable reporting practices of individual services. The lack of reporting conformity across services and the prevalence of 'missing' data means that caution is required when analysing NDTMS, as a large number of people in any one particularly area may remain 'hidden' – it also impedes any attempt to compare areas or services based on this data alone.

Throughout Greater Manchester, 5.5% provided 'no answer' in regards to accommodation need, this is higher than the national rate of 3.4%. The available data does reveal that, overall, Greater Manchester has a lower rate of new presentations in housing need than is recorded for England as a whole, as highlighted in Figure 6 below. Only Manchester (22.8% in housing need) and Stockport (19.5%) exceeded the national figure of 17.8%, with every other Greater Manchester local authority containing a lower proportion of reported housing need:

Figure 6: Accommodation need at client journey start – total client percentage breakdown in Greater Manchester and Nationally



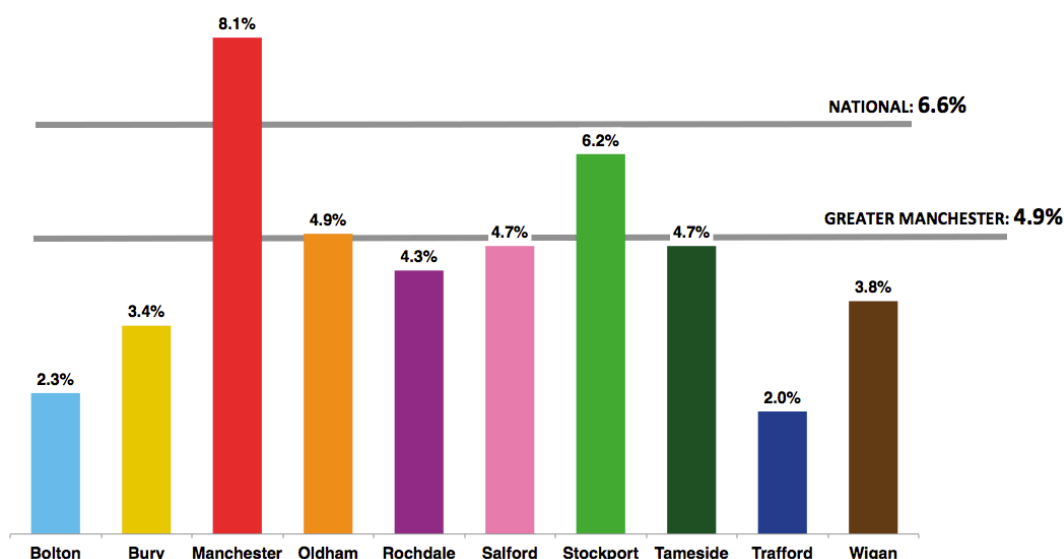
No Fixed Abode

Data regarding new presentations that have cited 'No Fixed Abode' (NFA) at treatment start are worthy of additional, individual analysis due to the prominence of this group of people in the wider substance misuse and homelessness research and critical thinking. Rough sleepers and the street homeless are what people generally identify when they think of homeless drug and/or alcohol users. They are the focus of academic, third sector and political attention as they are generally the most visible form of homelessness and the most vulnerable.

The quantity of new presentations citing NFA at treatment start are relatively low, out of 10,108 new presentations in Greater Manchester, only 492 (or 4.9%) stated they had nowhere to live when they entered treatment. However, despite the low numbers, these are the most vulnerable clients with the highest needs. Homeless Link (2014), in their study of the health needs of homeless people, found that 'reported incidents of physical ill health, depression and substance misuse issues are far higher amongst individuals who are either sleeping rough or living in precarious accommodation, like squats'. People in these circumstances use substances as a means of survival, CRESR (2009) found that 'problematic drinkers tended to refer to the warming qualities of alcohol, while drug (heroin) users described the benefits of 'losing time' and numbing depression'.

The rate of NFA varied across local authorities in 2015/16, Figure 7 presents the percentage of each local authority's total new presentations that cited NFA:

Figure 7: Percentage of new presentations citing NFA at treatment start for each local authority



The data once again affirms the level of recorded need in Manchester, which contains the highest proportion of NFA within its new treatment population at 8.1%; overall 35% of Greater Manchester's total reported new treatment population with NFA were in Manchester.

In general, the rate of NFA per local authority is lower than the national rate of 6.6% with only Manchester exceeding this. In terms of overall quantity of people in NFA, this ranges between 13 (Trafford) and 170 (Manchester) throughout all ten local authorities, with the average authority containing 49 (or 36 if Manchester is removed from the equation). The main substances for which clients entered treatment for, who had NFA in 2015/16 amongst the new presentation population, were:

Figure 8: Main substance used for new presentations with No Fixed Abode by local authority

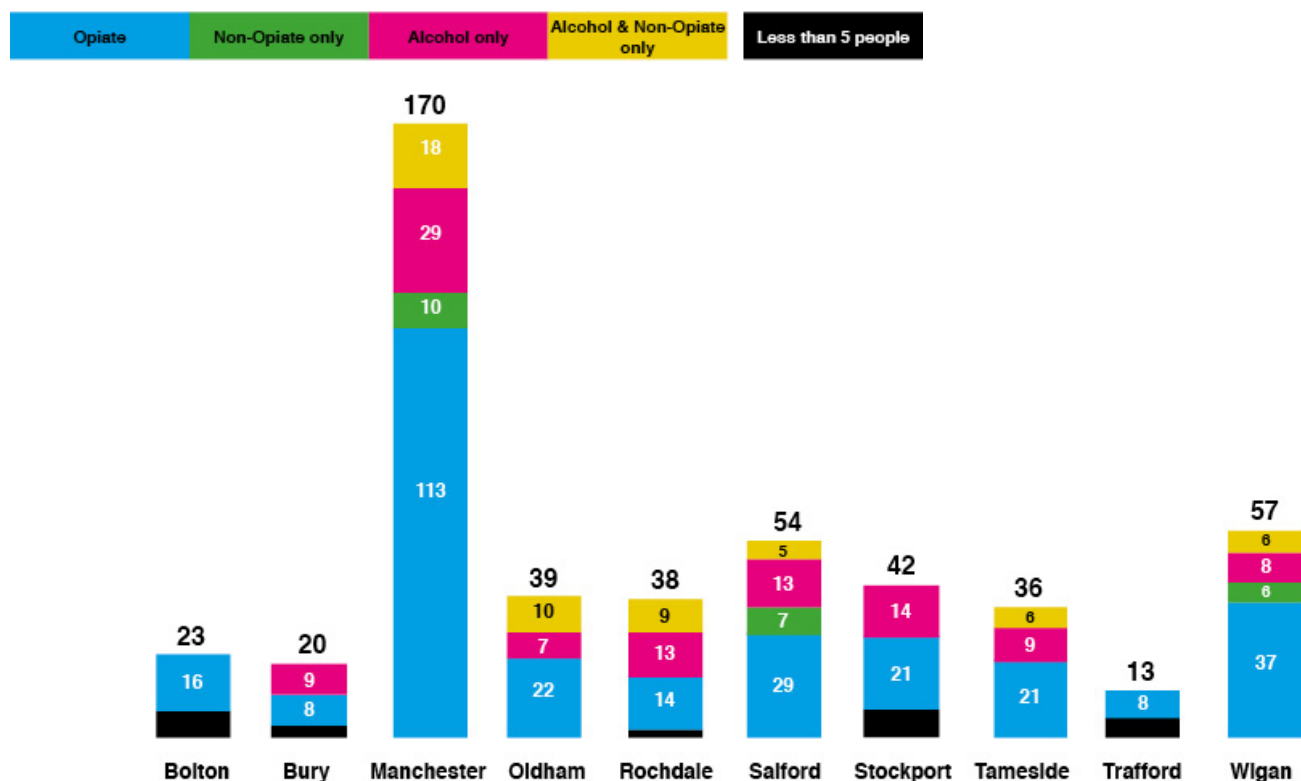


Figure 8 illustrates that in the majority of Greater Manchester local authorities, new presentations for treatment for opiate use are the most likely client group to have NFA. In 8 out of the 10 local authorities, opiate clients accounted for 50% or more of NFA clients, this is relatively consistent with the national rate where 61% of new presentations with NFA in England are in treatment for opiates. In Greater Manchester, the percentage of NFA presentations using opiates ranged between 37% in Rochdale to 70% in Bolton.

Rochdale contains the highest variety of substances amongst NFA clients, with opiate, alcohol and non-opiate & alcohol clients accounting for between 24% and 37%. In Trafford, Oldham and Tameside there were 0 NFA clients presenting to treatment for non-opiate use; non-opiate use accounted for the smallest quantity of NFA clients throughout Greater Manchester, ranging between 0 and 11%.

Data regarding new presentations with NFA highlights that clients in these circumstances are most likely to be in treatment in Manchester for opiate use; this exactly mirrors the image conjured in Figure 1 for the total Greater Manchester in-treatment population, indicating that the treatment needs of NFA clients reflect, to an extent, the wider in-treatment population.

The opiate data for Figure 8 further emphasises the extent to which the level of recorded need in Manchester contrasts with the rest of the conurbation. The below graphs take the opiate data only from Figure 3 (total opiate new presentations) and Figure 8 (opiate presentations with NFA):

Figure 9: Opiate presentation hierarchy (NB: graphs are to a different scale)

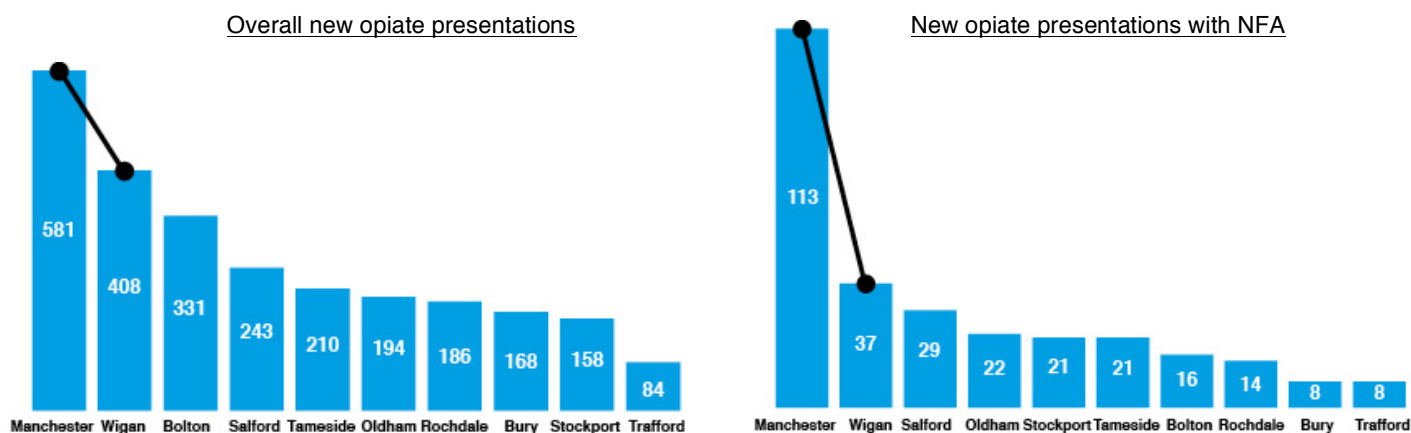


Figure 9 visualises how Manchester’s new opiate presentation population differs with the rest of the conurbation for both the overall new presentations and those with NFA.

There were 289 total new opiate presentations with NFA in Greater Manchester, 113 (39%) of which were recorded in Manchester. Manchester contained over 3 times as many new opiate presentations with NFA than the second highest local authority, Wigan, which recorded only 37 (equating to 13% of the Greater Manchester total).

The NFA opiate rate contrasts sharply with the overall new opiate presentation rate, of which 2,563 were recorded in Greater Manchester and only 22% came from Manchester, this is still a significant amount, but pales in comparison to Manchester’s share of the NFA opiate population.

Treatment Outcomes: Housing

Official guidance from Public Health England (PHE) describes the Treatment Outcomes Profile (TOP) as:

‘A clinical tool that enables clinicians and key workers to keep track of the progress of individuals through their treatment journeys. It consists of 20 questions focusing on substance misuse, injecting risk behaviour, housing, employment, crime and health and quality of life’

It is the results of the ‘housing’ outcome that is of concern to this Report, specifically, whether the number of clients categorised as having an ‘acute housing risk’ or ‘eviction risk’ at the start of their treatment journey, increases or decreases by treatment exit.

TOPs data was collected for 3,828 clients in Greater Manchester in 2015/16, and the quantity recorded varies by local authority as below:

Figure 10: Number of clients for whom TOPs data was recorded, by local authority

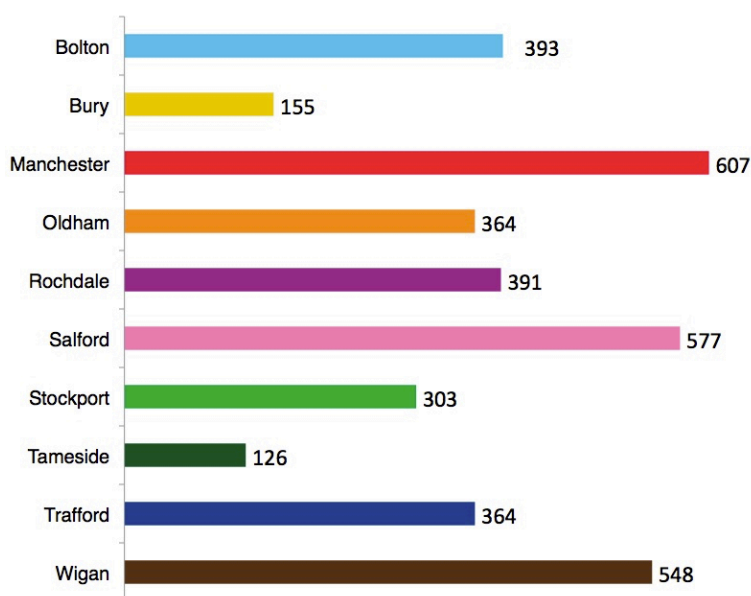


Figure 10 provides important context to the proceeding analysis within this section, which is necessary in order to avoid making incorrect comparisons between areas. For example, the high response rate in Wigan may overemphasise the scale of need compared to Tameside, which, with its low response rate, may still contain a largely ‘hidden’ vulnerably housed population. However, the purpose of this report is not to compare localities (to determine one is ‘worse’ than another), but to try and identify the overall level of need throughout the conurbation.

Throughout Greater Manchester, 9% of all clients (for whom outcomes were recorded) reported either an ‘acute housing risk’ or ‘eviction risk’ at the start of their treatment journey, this fell to 3% of all clients at the end of treatment. These rates varied at individual local authority level as below:

Figure 11: Percentage of all clients for whom TOPs data recorded who reported ‘eviction risk’ or ‘acute housing risk’ at treatment start and exit, by local authority

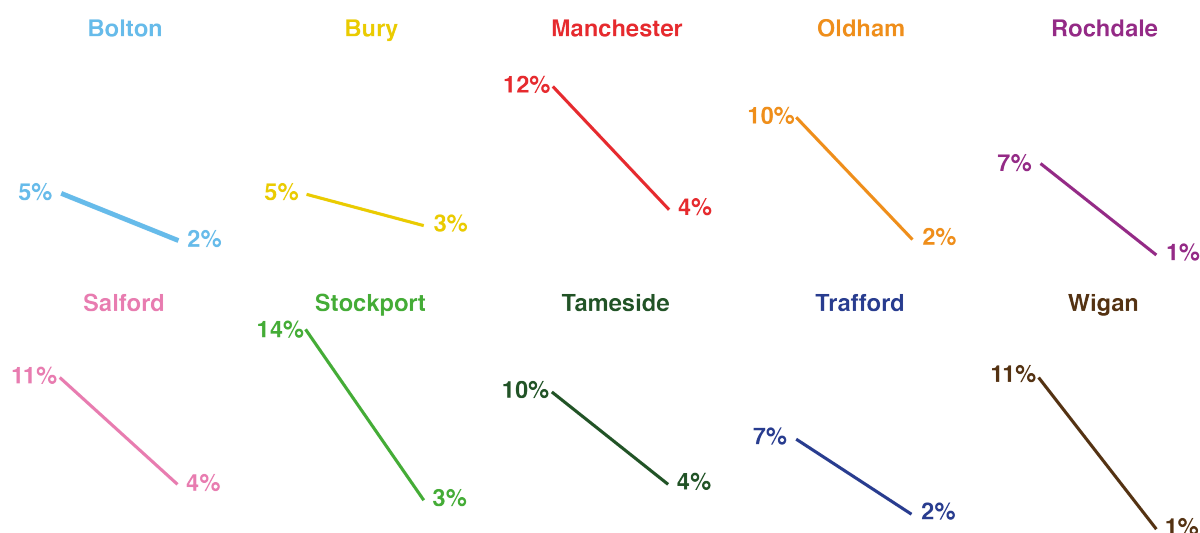
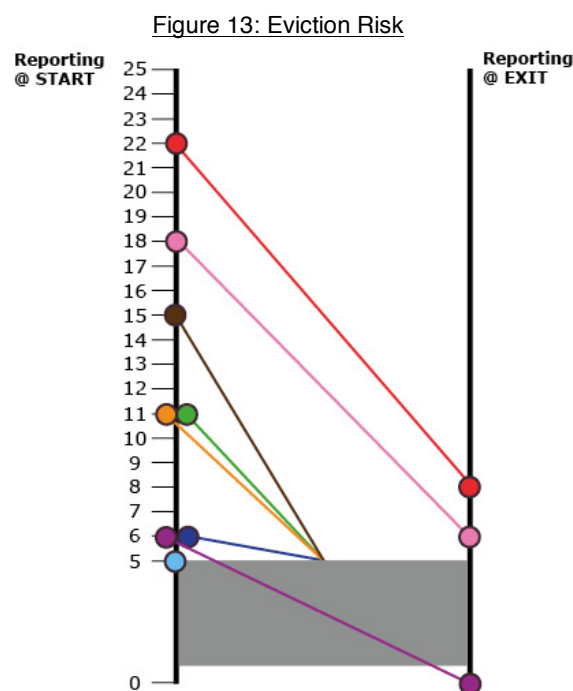
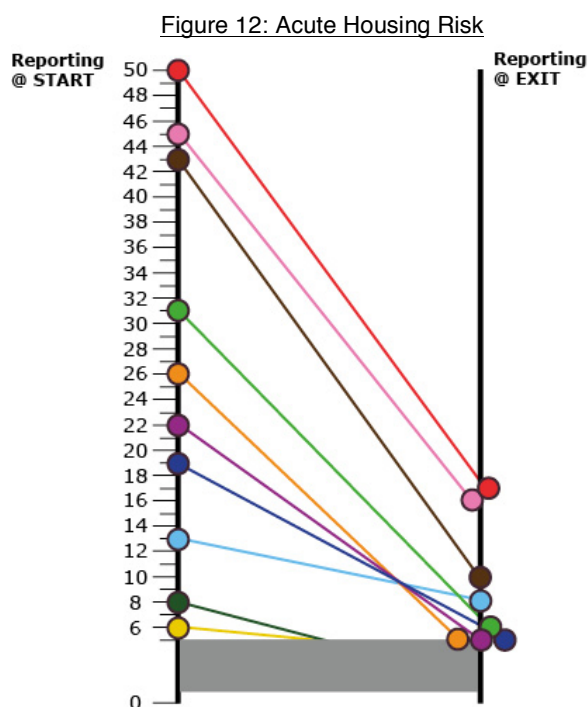


Figure 11 reveals that the level of housing risk (acute and eviction), as a percentage of the entire client population for whom TOPs were recorded, fell in every local authority in Greater Manchester. Stockport's treatment population contained the highest recorded proportion of clients with a housing risk (14%), whilst Bolton and Bury contained the lowest, with only 5% of clients reporting this at the start of treatment.

In terms of the actual quantity of clients recording a housing risk, Figures 12 and 13 below show the recorded adult TOPs start and exit outcomes in each Greater Manchester local authority (please note the different scales):



[Grey area covers the suppressed data, where only 1-4 clients were recorded]

In terms of acute housing risk (Figure 12) for all Greater Manchester, 263 clients recorded this at the beginning of their treatment journey and only 77 recorded this at the exit, a decrease of 70.7%; a decrease occurred in every local authority. Manchester and Salford, in line with the quantity of outcomes recorded in these areas (Figure 10) had the highest number of clients recording acute housing risk at treatment start. Oldham achieved an 80.8% decrease in clients reporting acute housing risk, from 26 clients to 5; this was the highest in Greater Manchester, but still below the national reduction rate for 2015/16 of 86.6%. Bolton saw the lowest decrease in acute housing risk, but this is reflective of the very low numbers (6 clients) reporting acute housing risk at treatment start.

The quantity of clients recording an eviction risk (Figure 13) was much lower, occurring amongst only 99 clients at the beginning of their treatment journey, reducing to 29 at exit; the reduction rate was identical to the acute housing risk reduction rate of 70.7%. As with acute housing risk, the highest numbers of clients recording an eviction risk at treatment start were recorded in Manchester and Salford. The majority of local authorities saw a decrease in recorded eviction risk, the highest of which occurred in Rochdale at 100%, with a drop from 6 clients to 0 by treatment exit.

NDTMS also present housing outcomes data broken down by the 4 substance categories:

- Alcohol
- Alcohol & non-opiate
- Non-opiate
- Opiate

Figure 14, overleaf, presents the quantity of clients who recorded either an acute housing or eviction risk at the start and end of their treatment journey, broken down by substance:

Figure 14: Recorded Acute Housing and Eviction Risk in Greater Manchester, by substance category

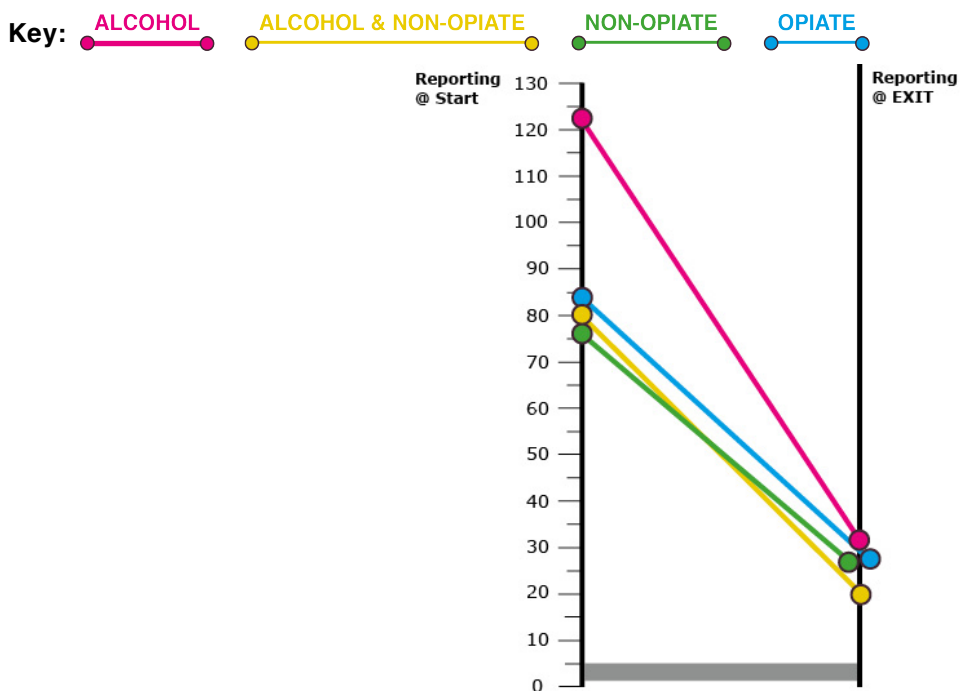


Figure 14 reveals that reported housing risk is most evident amongst clients in alcohol treatment in Greater Manchester, and least evident in clients in alcohol & non-opiate treatment. There is general consistency in terms of the percentage decrease rate with both alcohol and alcohol & non-opiate achieving a 75% decrease in the quantity of clients in housing risk; for opiate the decrease was 66% and for non-opiate it was 65%.

Figures 15 and 16 (please note the different scales) display a further breakdown of housing risk by substance in Greater Manchester, presenting the two recorded forms of housing risk (acute housing and eviction) separately. The key difference when presenting this data separately is in Figure 16, which reveals that at treatment exit there are more non-opiate clients in housing risk than any other substance category, including alcohol. In both data breakdowns, alcohol & non-opiate clients accounted for the smallest client group in housing risk at treatment exit:

Figure 15: Acute Housing Risk

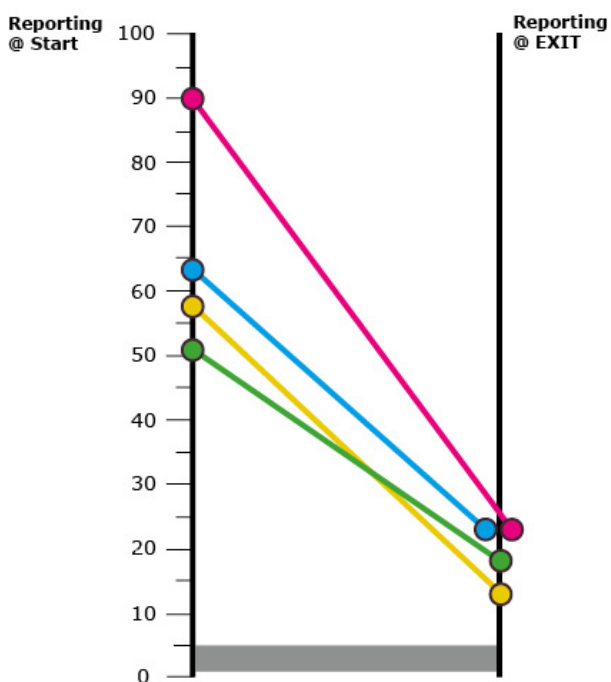


Figure 16: Eviction Risk

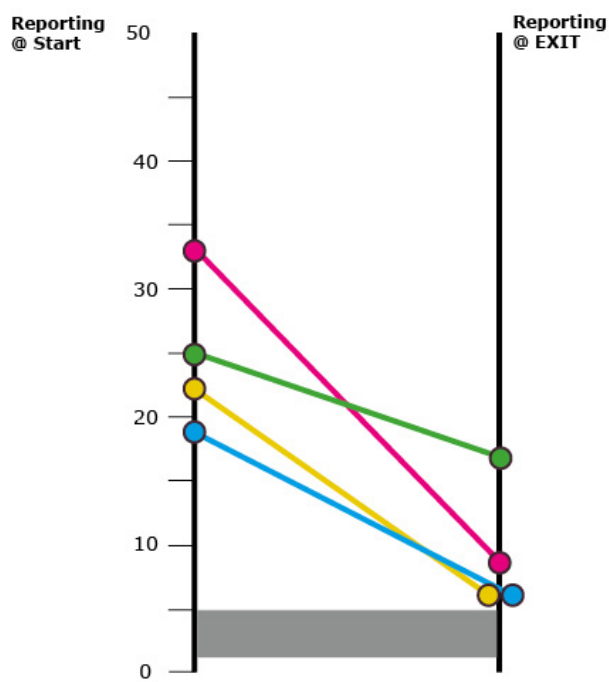
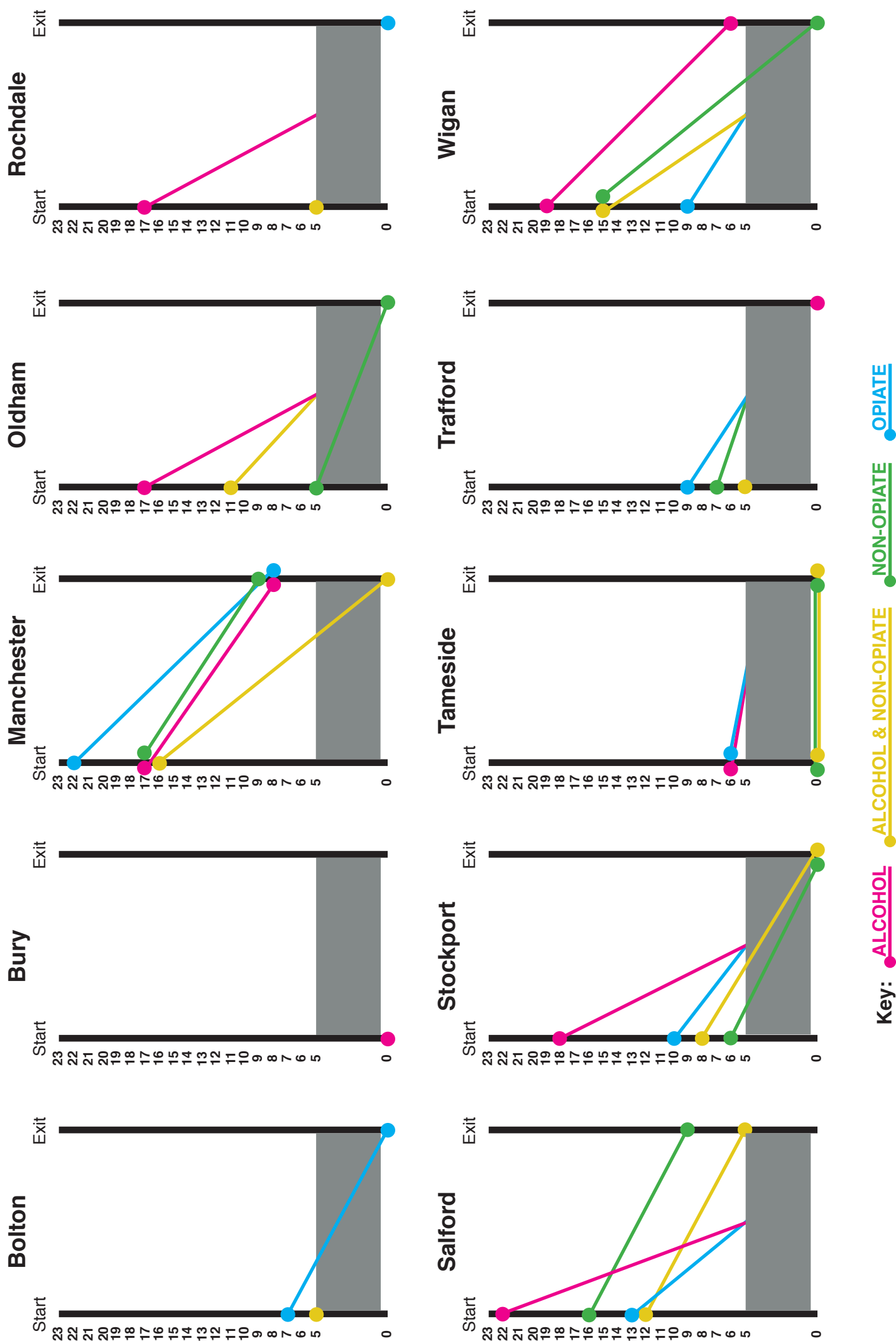


Figure 17, overleaf, presents a full breakdown of housing risk for individual Greater Manchester local authorities by substance.

Figure 17: Combined acute housing risk and eviction risk outcomes data by substance for Greater Manchester local authorities



Whilst maintaining an awareness that the proceeding figures in this section were for reported need only, and that the variable response rates across local authorities impedes any direct comparison between these areas, Figure 17 does illustrate that, of the outcomes recorded:

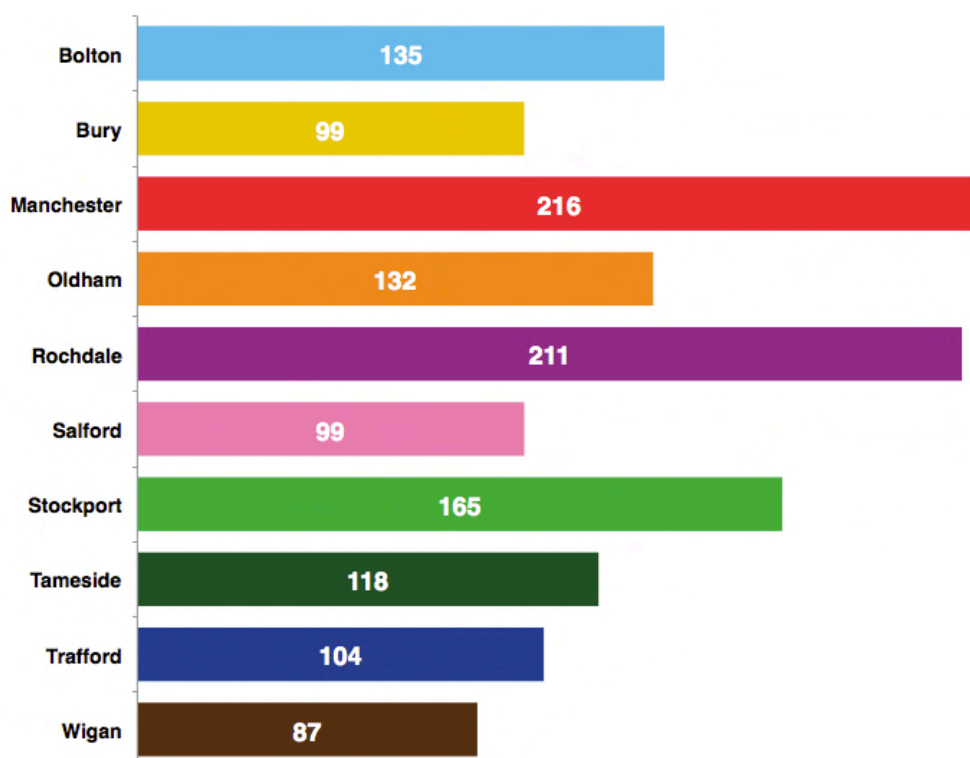
- Bolton, Bury and Tameside had the lowest quantity of clients in housing need overall, Manchester and Salford had the highest
- Every local authority and every substance client group experienced a decrease in housing risk apart from alcohol clients in two authorities, however, these increases involved less than 5 clients in both areas
- In Bolton, less than 5 clients were recorded for each substance category which is why the Bolton section of Figure 18 is completely grey
- Non-opiate and alcohol & non-opiate clients in Tameside are the only client group in the whole of Greater Manchester who had no recorded clients in housing risk
- Alcohol clients had the highest recorded housing risk out of the four substance groups in Oldham, Rochdale, Salford, Stockport and Wigan
- Manchester and Stockport, although having a high rate of people enter treatment in housing need, are achieving significant decreases in this need by treatment exit.

Young People with Housing Problems

Data regarding insecure housing for young people (YP) in Greater Manchester is available for 2014/15; a year earlier than the other data presented in this Report. The data in this section is for YP aged under 18 only.

In 2014/15 there were 1,366 YP in treatment in Greater Manchester, who were located throughout the conurbation as below:

Figure 18: Total young people in treatment by local authority



In addition to the 'total in treatment' statistics, data is also collected for 'new presentations': the number of clients residing in Greater Manchester who presented for a new episode of treatment on or after 1 April 2014. In 2014/15 there were 901 new YP presentations in Greater Manchester, these again varied by local authority from 62 in Bury, up to 145 in Rochdale.

YP newly presenting to treatment have their 'wider vulnerabilities' recorded; this is their status at treatment entry during which clients are asked about 12 separate issues, including mental health problem, self-harm, domestic abuse and, of key interest to this report, housing problems. Housing problems refers to either 'no fixed abode' or 'unsettled' at the start of treatment. 22 YP newly presenting to treatment cited a 'housing problem' throughout Greater Manchester, this equates to 2.4% of all new YP presentations throughout the conurbation; this is slightly higher than the national rate of 2%. Manchester contained the highest quantity of new YP presentations with housing problems with 6; every other local authority recorded less than 5.

Data for new YP presentations is also collected for the substances being used; multiple substances can be selected for each new YP presentation, and in Greater Manchester in 2014/15, there were 1,627 substances cited by the 901 YP entering treatment. For those YP newly presenting with housing problems, 46 substances were cited, indicating a high rate of poly-drug use amongst all YP.

Figure 20 (overleaf) shows the percentage breakdown of substances recorded for new YP presentations and for new YP presentations with housing problems, in order to examine whether there are any further discernable differences between these populations:

Figure 19: Breakdown of substances cited by new YP presentation and new YP presentations with housing problems

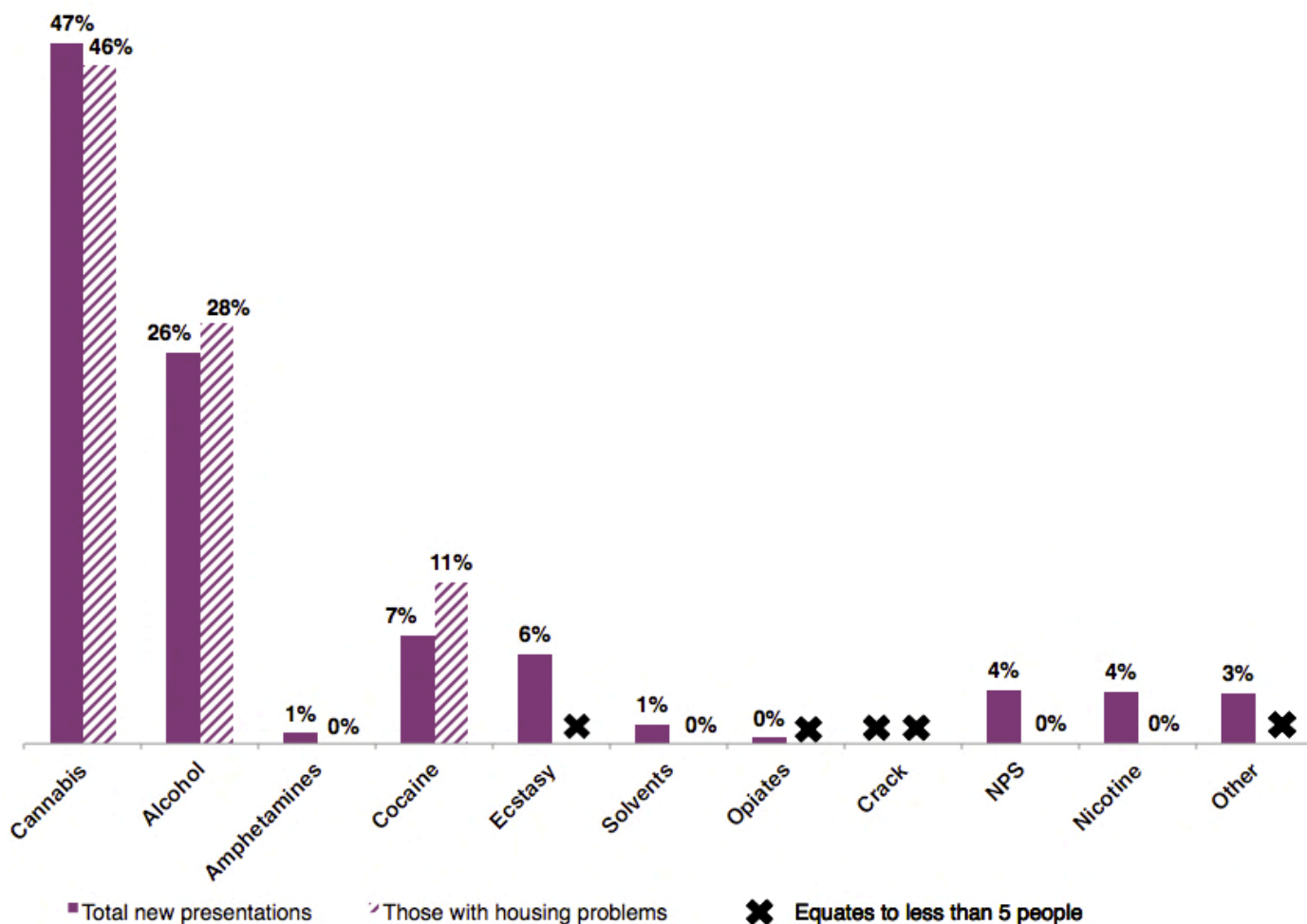


Figure 19 reveals that those newly presenting with housing problems are using similar substances to the wider new YP presentation population, with cannabis and alcohol the most prevalent. There are, however, some differences: none of those with housing problems stated they were using solvents, nicotine, amphetamines or NPS, but a higher percentage were using cocaine and alcohol than the wider new YP presentation population.

The data for substances used by Greater Manchester's new YP presentation population with housing problems, matched the national figures for this same group in terms of the dominance of cannabis (46% GM to 39% nationally) and alcohol (28% GM to 24% nationally), but there was a much lower use of amphetamines (0 GM to 8% nationally), NPS (0 GM to 4% nationally) and Nicotine (0 GM to 5% nationally).

Concluding Comments

This Report has sought to illuminate the level of housing need amongst those in substance misuse treatment in Greater Manchester. As outlined in the Introduction, there is no definitive national data set on homelessness and drug use; these are two issues that are often monitored in isolation from each other, despite the well-established links. Consequently, this Report has analysed NDTMS data that specifically looks at housing need for those in treatment, whilst recognising that this is probably only a small proportion of the actual homeless substance misusing population.

The data presented in this report has highlighted that:

- 15% of all new presentations to treatment in Greater Manchester had a housing need – the rate varied between 6.3% (Wigan) to 22.8% (Manchester) – but overall was lower than the national rate of 17.8%.
- In terms of the rate of 'no fixed abode', Greater Manchester also performed better than the national rate at 4.9% compared to 6.6%.
- Amongst the adult treatment population, the familiar hierarchy¹ of local authority need was present with Manchester (high need) and Trafford (low need) at the opposite end of the scales – this is in keeping with wider Greater Manchester statistics on health, poverty and inequality.
- Throughout Greater Manchester overall, there was a 70% decrease in the number of people citing a housing or eviction risk between the start and end of treatment.
- Only 2.4% of all young people aged under-18 entering treatment recorded housing problems as part of their wider vulnerabilities in Greater Manchester.

One of the key aims of this report was to identify the number of people homeless with a substance misuse issue throughout Greater Manchester using the data available. As stated, the information presented throughout has been for reported activity only and must be viewed with an awareness of the constraints of the data; a large number of people may still remain 'hidden' from the findings presented.

In terms of what can actually be done to help alleviate these issues in Greater Manchester, this Report would add to the recommendations set out in Lifeline's earlier Report ('Homelessness in Greater Glasgow and Greater Manchester') by further emphasising the potential devolution has to change the form of homelessness and substance misuse services in the conurbation. Two key quotes from major homelessness organisations, made 14 years apart, encapsulate one of the key barriers:

1. *'Despite housing being a recognised determinant of health, only 4% of homelessness services receive any investment from the health sector'*
(Homeless Link, 2014)
2. *'With the majority of funding in the homelessness sector channelled through housing providers, drug services often feel that they do not have access to the finances necessary to provide the services that are needed'*
(Crisis, 2002)

Devolution and health and social care integration in Greater Manchester has the espoused potential to be at the forefront of innovative service delivery and new effective commissioning practices that can address entrenched, highly complex problems. Although not everyone who is homeless uses drugs and alcohol, and not everyone who uses alcohol and drugs is homeless, the level of complex need amongst those that do is such that the issue cannot be ignored or effectively tackled independently; devolution could be the catalyst to allow service providers in the health and social care sector to take an inclusive approach to helping those most in need.

¹ For further details on the 'hierarchy' of health and inequality in Greater Manchester, please see the Lifeline Project Greater Manchester Infographics.

Sources

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Data

Adult Partnership Activity Report – 2015/16

TOP Adult Exit Outcomes Report (Partnership) – Quarter 4 2015/16

Supplementary Young People's Partnership – Wider Vulnerabilities – 2014/15