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**THE ROLE OF EMERGENCY HOSTELS  
AND NIGHT SHELTERS IN  
SUPPORTING HOMELESS DRUG USERS:**

**KEY FINDINGS**



## **Background**

Emergency hostels and night shelters accommodate and support some of the most vulnerable individuals in society. In recent years, improving the quality of hostel provision has become a key public service priority area. Nonetheless, many hostels still have limited facilities and resources.

## **Study aim**

This study seeks to increase our understanding of the support needs of homeless drug users who stay in emergency hostels and shelters in order to improve policy and practice.

## **Methods**

Qualitative interviews were undertaken with 40 homeless drug users (29 men and 11 women). All participants had recently stayed in emergency hostels or shelters in London and South Central England.

## Findings

### ***Q1. How does staying in an emergency hostel/ shelter affect drug use?***

Staying in an emergency hostel or night shelter mostly had a very negative impact on levels of drug use. Residents reported increasing drug use, initiation to new drugs, relapsing, and difficulties reducing or giving up drugs whilst living in a hostel.

Participants' reasons for their high levels of drug use included:

- Drugs, drug-related activities and drug paraphernalia are very common in hostels. Dealers also target hostels, approaching vulnerable individuals or those who have just collected their benefits. The temptation to use drugs is consequently very high.
- Drug using networks in hostels are close knit and there is peer pressure to buy and use drugs together.
- Hostel living is frequently depressing which increases the inclination to use drugs.
- Hostels are so noisy that people drink or use drugs in order to get some sleep at night.
- Some residents don't want others to get clean so it is difficult to break away from drug use and relapse is common.

Participants also reported engaging in high risk drug and sexual behaviours whilst living in hostels. These included, sharing equipment (needles, syringes, water, spoons, filters, crack pipes), groin injection and unsafe sex. Overdosing was also very common.

Explanations for high risk behaviours included:

- There is an expectation that people will 'help each other out' by sharing drugs and equipment (including used equipment).
- Residents don't have privacy within their rooms. This increases their tendency to use drugs quickly - bypassing hygiene and safe injecting practices and increasing the risk of vein damage, infections and overdosing. There is little awareness of the dangers of sharing crack pipes.
- Some hostels prohibit possession of drug paraphernalia thereby discouraging residents from carrying or storing clean injecting equipment.
- A high male to female ratio amongst residents can lead to sexual harassment and exploitative sexual relationships.
- Some residents carry out sex work within the hostel setting. Sex workers sometimes do not use condoms in order to receive extra money from clients.

The impact of hostel living on drug consumption is not, however, always negative or straightforward:

- Those living in a dry hostel or a dry part of a hostel can reduce and stop their drug use, if they stay away from active users.
- Some hostel residents are able to reduce their drug use, especially if they are able to access opioid substitution treatment.
- Seeing other users in pain and/or intoxicated can encourage some to realise that they don't personally want to be like that and therefore need to cut back.
- Hostel living and routines can help some individuals to break the constant cycle of getting up, making money, and using drugs.
- For some, hostel accommodation provides a safer and cleaner place to inject than on the streets. For others, drug taking around other hostel residents is unsafe and therefore they prefer to use outside the hostel in carparks and other public spaces.
- Rules and regulations can prevent drug use getting out of control and help some to restrict or cease drug use. For others, feeling that one is not allowed to use drugs simply increases their desire to use.

***Q2. What are the drug treatment needs and experiences of homeless drug users using emergency hostels/ shelters?***

Although a small number of individuals said that they did not need help with their drug use, most participants reported a very broad range of drug-related service needs. This included:

- Residential detoxification and rehabilitation
- Opioid substitution treatment (and help in coming off methadone)
- Counselling and psychological support
- Help in not 'replacing one addiction with another' (e.g. advice on how to avoid alcohol and crack escalation once stabilised on opioid substitution)
- Group work
- Harm reduction interventions (e.g. advice and information relating to safer injecting, groin injecting and crack pipe use)
- Training in relation to overdose, BBVs and using naloxone
- Drug-related information and leaflets and
- Activities and interests to keep them occupied and distracted from drugs.

In particular, participants noted that some forms of support (such as NA or AA or harm reduction or abstinence) were important, but not for them personally. Consequently, many said that what they really needed was individually tailored packages of support.

***Q3. How well are the drug-related support needs of homeless drug users staying in emergency hostels/ shelters being met?***

The amount of drug-related support that participants received from hostels varied greatly. Some hostels provided a diverse range of treatment and harm reduction services (including opioid prescribing, needle exchange, sharps bins, key-worker support, group work, overdose prevention, and advice on groin injection). Others provided little drug treatment and support in house but worked closely with external specialist addiction services (including mobile needle exchanges) or criminal justice services to ensure that residents received the drug-related support they needed. Some hostels, however, seemed to provide no drug-related support at all. Individuals living in these services either sought help with their drug use independently or accessed no assistance.

When hostels did provide drug-related support, this was usually accepted and appreciated. In particular, individuals liked having key workers to whom they could talk openly and honestly about their drug use and other problems, and they especially liked key workers who were themselves ex users and so understood their lives and problems. When drug-related support was not offered, residents usually felt that it meant that staff did not care about them. Some also expressed concern that they had to hide or deny their drug use within the hostel because staff would watch and monitor them rather than try to help them.

Informal support was noted as important. Maintaining relationships with friends, partners and family had a positive effect in controlling drug use. When hostels appeared to create barriers to these relationships, residents felt frustrated and resentful towards staff.

***Q4. What are the broader non-drug support needs of homeless drug users living in emergency hostels/ shelters?***

Aside from direct assistance with their drug use, individuals identified a wide range of other support needs. These related to:

- Housing and storage – e.g. needing a roof in a safe and comfortable environment, somewhere to store their belongings (including injecting equipment), help with housing benefit, assistance with move-on to independent living.
- Education, training and employment - e.g. accessing education and training opportunities, help with job searching.
- Mental health problems - e.g. assistance with or treatment for mental health problems, including counselling or psychotherapy.
- Physical health problems – e.g. wound care, HCV.
- Emotional needs – e.g. privacy, stability, feeling safe, secure, respected.
- Social and family issues – e.g. friendship, companionship, support in seeing children.
- Practical and financial needs – e.g. debt advice, money management, paying bills, budgeting, form filling.

- Legal problems – e.g. legal and criminal justice advice.
- Basic needs – e.g. food, access to bathing facilities, clean clothes, a place to sleep and rest.

***Q5. How well are the broader support needs of homeless drug users staying in emergency hostels/ shelters being met?***

Residents also said that hostels varied widely in terms of the nature and quality of non-drug related assistance they offered. For example, some provided new or well-maintained buildings and facilities and well-lit, nicely furnished rooms, with homely touches such as plants and pictures. Many also had warm, friendly and caring staff who were respectful and always happy to listen to what residents wanted to say. Collectively, this produced a welcoming atmosphere that helped residents to feel relaxed and settled.

In contrast, other hostels were described as prison-like, dirty, poorly maintained, noisy, depressing and frightening places, where violence, bullying, theft, sexual harassment and intimidation routinely occurred. Some hostels only provided communal sleeping spaces without proper beds or bedding and some served poor quality food that residents said was of low nutritional value. Sometimes all visitors, including residents' established partners, were barred and strict curfews and early morning wake-up calls regulated the day. Residents also reported that staff in some hostels were thoughtless and even engaged in unprofessional behaviours, such as drug taking, drug dealing, buying stolen goods, and having sexual relationships with service users.

Some participants said that they preferred to sleep on the streets rather than in hostels as they felt safer, could sleep better, and were able to be with partners and pets. Others, however, felt that hostels were always safer than sleeping on the streets. Generally, residents were grateful for, and appreciated, any form of non-drug related support that hostels gave them – even if this was simply shelter and regular food.

***Q6. How might the drug-related and broader support needs of homeless drug users be better met by emergency hostels/shelters?***

Residents suggested many ways of improving hostels to better meet their needs. These included:

- More drug-related support (treatment, harm reduction and relapse prevention) within hostels and greater efforts to refer residents onto external specialist drug services whenever their needs could not be met in house.
- More training for hostel staff so that those working in hostels understand and can better help those who have problems with drugs and alcohol.
- Less use of low paid agency staff who often don't have the commitment to working with residents.
- Greater efforts to ensure that hostel staff treat drug users with respect and dignity, listen to their problems and behave professionally towards them.

- Individually tailored packages of support for residents whenever possible.
- Improvements to the cleanliness, maintenance and décor of hostel buildings.
- Better quality food with healthier options and more variety.
- Increased efforts to control violence, bullying, intimidation and criminal behaviours within hostel services.
- Less regulation around when people have to get up, go to bed, eat, enter and leave the building.
- Decreased noise and disruption inside the hostel so that people feel safe and can sleep.
- Opportunities for established couples and individuals with pets to live together within hostels and for guests to visit.
- Greater resident privacy and control over their own personal spaces – for example, staff should knock on doors and avoid unnecessary intrusive searches of rooms, property and persons.
- Caution before evicting people too hastily and permission for those who have to be evicted to return for their belongings.
- Opportunities for residents to make decisions about trips and activities that would interest them, provide structure to their days, and reduce boredom and the temptation to use drugs.

## **Conclusions**

Emergency hostels and shelters can offer security, help with drug problems, access to other support services, and a route back into a more stabilised way of life. However, they are also often dangerous, insecure places where drug taking and risky drug-related behaviours can escalate. Whilst it might be tempting to blame particular hostels and shelters for poor service provision and failing their clients, the reasons why residents fare badly usually relates to a range of interacting factors. These include poor building infrastructure, poorly resourced services, inadequately trained staff (including low paid agency workers), and residents' high support needs. Compounding this, hostel relationships and cultures are complex and poorly understood. When, for example, are residents' relationships with other residents, staff, and people external to the hostel supportive and when are they detrimental? How can helpful relationships be encouraged and harmful and abusive relationships be discouraged?

Better understanding of how individual hostels operate as mini social worlds might enable more informed decisions to be made around when rules and regulations are useful and when they are counterproductive. It might also enable hostel staff to see how their attitudes and behaviours affect residents' sense of security, dignity, respect, and privacy. Findings from the research show that homeless drug users actually want and value any support they are offered, however basic. Nonetheless, what they often want and value most is open, honest and trusting relationships with their key workers and other hostel staff. By investing time and effort in developing positive hostel relationships and a warm and

welcoming atmosphere, hostel staff might find that they can bring about some fundamental, yet relatively inexpensive, improvements to hostel living. This is not to deny the difficult behaviours and complex needs of many residents, the problems of under resourced services or even the need for a fundamental rethink of the use of emergency hostels and shelters. It is rather a way of attempting to break the violence, insecurity and substance misuse that all-too-often currently dominates hostel life.

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## **Advisory Group**

A virtual advisory group - comprising a diverse range of professional and service user stakeholders - helped to inform project design, fieldwork, and analyses.

## **Research Team**

The research team comprised: Dr Caral Stevenson (Oxford Brookes University), Professor Joanne Neale (Oxford Brookes University), and Dr Nat Wright (University of Leeds).

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