Positioning Paper

Heroin users, housing and social participation: attacking social exclusion through better housing

authored by

Judith Bessant, Heidi Coupland, Tony Dalton, Lisa Maher, James Rowe and Rob Watts

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EXECUTIVE SUMMARY

Introduction

Heroin use arguably sits at the centre of one of the most serious social problems facing contemporary society. A considerable body of research has been compiled, in respect of both the aetiology of heroin addiction and the policy options for the control of illicit drugs. However, little if any research has sought to analyse the social experience, relationships and practices of heroin users. This research analyses the social experience of heroin users in regard to housing as a prelude to establishing what housing policies might assist heroin users in the community. Certainly there is a prima facie case, given the costs associated with housing provision and heroin use, for explaining the relationship between housing and heroin use.

Project Aims

In seeking to understand the connections between drug use, housing and social experience, this research project aims to answer three primary research questions:

- In what ways if any, do accommodation options affect the wellbeing and social experience of young heroin users?
- In what ways does current service provision for long-term heroin users address their housing needs?
- What changes in current service provision and housing policies would improve the social opportunities of heroin users?

Policy Context

The policy context for this research has four elements:

1. A dramatic recent increase in heroin use. The federal and state government responses to this increased use have been extensive, especially within the public health and criminal justice portfolios.
2. In recent years, policy research and advocacy has begun to direct policy attention to broader 'environmental factors' in the lives of heroin users. The growing number of heroin users within the crisis accommodation service system has brought the issue of housing into particular focus.
3. At the same time as there has been an increased focus on homelessness and possible housing responses as access to affordable housing has declined.
4. Illicit drug use is an issue that is stimulating an interest in 'whole of government' type responses. Government agencies, at both state and federal levels, are playing a significant role in supporting policy research and debate.

Literature Review

We observe through the literature review that few research studies have paid specific attention to the impact different accommodation options have upon patterns of drug use. However, we are able to draw upon a range of disparate studies to show how the nature of accommodation available to drug users has a clear capacity to influence their patterns of drug use. In particular, some of the research has suggested that the less stable the housing environment, the greater the capacity for problematic drug use patterns to develop and we want to establish how credible this is.

While researchers documented higher rates of problematic drug use amongst the homeless, it would be inadequate to simply provide the most accessible form of shelter. The availability of drugs on public housing estates and within rooming houses means that the only low-income housing available may be inappropriate for those with problematic patterns of drug use, an obvious issue in need of address. The review reported an acknowledged necessity for drug services and housing services to be closer linked to provide a holistic solution to these problems. There is a need to engage in qualitative research in order to ascertain how this might best be achieved.

Methodology

This project will be undertaken in three stages:

1. A comprehensive descriptive and critical literature review;
2. A triangulated approach designed to establish a profile of the social experience of young long-term heroin users using a combination of (i) an ethnographic approach based on in-depth interviews with 45 young people who are heroin users and (ii) a survey questionnaire (a statistically significant sample in the order of 150 heroin users, budget dependent) across three study areas;
3. A series of focus group discussions will be conducted with service providers to ascertain their views of the effectiveness of the various kinds of housing programs available to heroin users.

Research will be conducted in three separate locations:

- Inner City Melbourne – Fitzroy and Collingwood;
- Geelong;
- South Western Sydney – Cabramatta / Fairfield.

The rationale for these three locations is to relate the experience of illicit drug use to inner city, suburban and provincial centre service systems and housing markets. Each of these areas has a documented drug abuse problem and associated issues and a range of government and non-government organisations active in attempting to address the problems.

1. INTRODUCTION

Heroin use has become central to some contemporary social problems. Heroin use per se has certainly been one of the most publicly discussed and researched forms of social activity (Lennings 1996; Premier's Drug Advisory Council, 1996; Drugs and Crime Prevention Committee, 1997; Drug Policy Expert Committee 2000). A considerable body of research has been undertaken, in respect of both the aetiology of heroin addiction and heroin use and the policy options for the control of illicit drugs. However, little if any research has sought to analyse the patterns of social experience of heroin users. The idea of social experience here relies on models of social capital (Cox 1995) and social exclusion (Peace, 2000; Percy-Smith, 2000). Cox (1995: 2) refers to social capital as:

> The processes between people which establish networks, norms, social trust and facilitate coordination and cooperation for mutual benefit.

How social researchers and policy makers frame the experience of heroin use and, more generally, 'social problems' depends often on larger metaphors (Schan, 1993). Through the 1990s, policy makers and social researchers alike, have used framing metaphors like 'social capital' (Cox, 1995) and 'social exclusion' (Room, 1995; Levitas, 1998; Peace, 2000; Percy-Smith, 2000). While these metaphors are contested (Peace, 2000), they have provided the policy-making community with ways of understanding problems that may also be less than effective in addressing the actual problem. Our research, while acknowledging the use made of metaphors like 'social capital' and 'social exclusion', will seek to test the efficacy of core features of the 'social capital' – 'social exclusion' paradigm.[1]

Our research seeks to provide a better basis for policy development that has the capacity to enhance the personal wellbeing and social opportunities of heroin users. We will do this by focusing on the way in which dependent heroin users gain access to affordable and secure housing.

Peace (2000) refers to 'accentuating factors' that intensify the conditions of social disadvantage under which some people live. One such factor is a lack of 'fair recognition.' This may take the form of social discrimination, prejudice in the wider community, hostility and stigmatism (Peace, 1998). In undertaking this research project, we could not but help be aware that heroin users are one of the most stimatised groups in Australia. Similarly, we could not but help note that this is largely a consequence of the misinformation and prejudice that characterises the discussion of illicit drugs (Rowe, 1999). Given this context, our study is conscious of what Percy-Smith (2000:19) calls the 'moral agenda' that seems to underpin many contemporary policy interventions. She notes:

> The intolerant attitudes towards and punitive treatment of those who are considered to be deviant and non-conforming … There is a strand [of] thinking which suggests that such voluntary self-exclusion itself constitutes a social problem and as such is the legitimate target for possibly punitive action (Percy-Smith, 2000: 20).

The researchers of this project do not make moral judgements, nor do we seek to address the problems of drug users by including them *forcibly* in mainstream social networks. Rather,

[1] A lot of this literature (Jones & Smythe, 1999; Cox, 2000; Putnam, 2000) refers to the question of people's networks and the prevalence of trust. Rather than assuming that low income or deprived people either lack networks or cannot form trust-based relationships, we will seek to establish the extent to which this is so – or not amongst the community of heroin users. It is also clearly a problem to assume that 'social exclusion' means literally that certain people do not participate in 'the society' or 'the community' just as an unthinking use of this assumption may deflect attention away from the way particular legal or policy based practices by governments or community based agencies can stigmatise, hurt or deny access to valued social resources like justice, jobs or housing. Much of the literature developed around the metaphor of 'social exclusion' has emphasised the way a wide range of factors can coincide to perpetuate multiple and mutually reinforcing experiences of social disadvantage, economic deprivation and social stigma (Room, 1995). Foster (2000: 317) has pointed to a range of factors which can contribute to people experiencing social disadvantage which include not only unemployment and inadequate income, but housing conditions, levels of education, health care and legal discrimination. Our research is best read as a critical addendum to the existing 'social exclusion' paradigm which seeks to identify the role played by housing in the experience of personal well-being and access to valued social resources like stable, adequate income, health care, legal representation and leisure opportunities on the part of people who use heroin.

we will determine whether an improvement in housing environment allows for improvement of personal wellbeing. Such an improvement could be expected to enhance the wellbeing by evaluating the capacity for appropriate housing policies and service provision to counter those factors in their housing environment that accentuate their social deprivation. These factors, referred to be Peace (2000) as 'spatial intensifiers' of social deprivation, include the lack of adequate shelter, social and geographical isolation, and loneliness.

Improving the wellbeing of heroin users, as well as enhancing their access to social resources like jobs, will contribute to major health benefits and broader cost benefits to government. As detailed in the following literature review, higher rates of problematic drug use have been consistently documented among homeless populations. This has been linked to higher rates of acquisitive crime (Baron, 2001). The demands such crime places on the criminal justice system are considerable. In 1997-98, the national cost of imprisonment was $52,049 per prisoner per year (Carcach & Grant, 1999). Additionally, the loss of an individual to a cycle of crime and drug use deprives the community of a potentially productive member. Problematic drug use has also been linked to unsafe sex practices and unsafe injecting techniques (Rogers, 1992; Walsh, 1998; Tyler et.al., 2000). There are obvious implications for public health in respect to these practices.

A strong stimulus for researching the housing circumstances of dependent heroin users is found in homelessness research that points to an apparent relationship between the poverty and depression that often accompanies the transient lifestyle of homeless individuals and increasing levels of heroin abuse. The Burdekin Report *Our Homeless Children* first identified the link between illicit drug use and housing in 1989 when it discussed the increase in youth homelessness (Human Rights and Equal Opportunity Commission, 1989). More recently, policy research and advocacy from within the public health field has focussed attention on broader environmental and structural factors. Housing has consistently been included as one of the factors. This includes the Victorian Government's Ministerial Advisory Committee on Homelessness (2001), the Australian National Council on Drugs (2000) and the Alcohol and other Drugs Council of Australia (2000).

Although this type of policy research focuses on the characteristics of drug users and/or homeless people it has not investigated the housing histories and recent housing circumstances of dependent heroin users. Consequently, policy-makers lack the evidence necessary to develop linked policy and program responses, especially ones relating the health and housing needs of heroin users. The primary aim of this study is to address this lacuna.

Particular attention is being paid in this research to the capacity for appropriate housing policies to enhance the wellbeing and social opportunities available to heroin users. One aspect of our research focus will be issues stemming from extensive drug dealing and use on public housing estates.[2] This is leading to public housing in some areas being increasingly unpopular with tenants, including tenants who are drug users, and public housing applicants. Public housing managers are also struggling to find ways in which the amenity and liveability of these estates can be re-established. In sum, drug dealing and use in some areas is undermining the usefulness and viability of a very important housing resource provided to and sought by low-income households.

In seeking to understand the connections between drug use, housing and social opportunity, our research project aims to answer three primary research questions:

- In what ways if any, do accommodation options affect the well being and social experience of young heroin users, taking into account such factors as age, gender and mental health?
- In what ways does current service provision for long-term heroin users address their housing needs?
- What changes in current service provision and housing policies would improve the personal wellbeing and social opportunities of heroin users?

[2] It is important to note that drug use and drug dealing can not be considered separately. Drug dealing is an intrinsic part of drug use for many who supplement the cost of their own drug use by buying heroin in bulk and then on-selling small amounts to other users.

In order to answer these primary research questions our research will:

- Establish the kinds of social and economic resources (identified in terms of income levels, employment characteristics, quality of housing and well-being) characterising long-term heroin users who either reside in three separate study areas or who use services in those areas. The three areas of study will be inner-city Melbourne, south-western suburban Sydney and Geelong. The rationale for these locations is to relate the experience of illicit drug use to inner-city, suburban and provincial housing markets. The selection of these sites is discussed further in Section 4.2;
- Establish an account of the housing histories and housing market experiences of long-term heroin users and assess how these histories and market experiences relate to their experience of other aspects of social and economic life including employment, access to education and training services, health and welfare services, and recreation;
- Establish an account of long-term heroin users' experiences about the quality and degree of alignment between a variety of human service agencies and programs, especially with housing services and programs and the impact of that social provision on the quality of their lives;
- Establish an account drawn from service providers about the degree to which integrated service provision is available to the long-term heroin using population, and the extent to which the degree of integration impacts on their social opportunities;
- Identify current gaps and possible new program linkages to better meet the housing needs of long-term drug users, including current housing options and housing assistance available to long-term heroin users.

This Positioning Paper is the first in a series of papers that will be prepared throughout the course of the project. It examines the links between housing access and heroin use, with particular emphasis on those who are stigmatised and disadvantaged through their illicit drug use and their access to housing. The paper first places the study into its policy context. Second, the paper presents a literature review of the association between housing access and drug use. Third, this Positioning Paper presents an overview of the study's methodology. Fourth, because this methodology relies heavily on ethnographic research a fuller discussion of ethnography in drug-related research is included in Appendix 1.

2. HOUSING AND HEALTH: SEEKING A WHOLE OF GOVERNMENT POLICY RESPONSE

The policy context for this research has four elements which are discussed in this section. First, there has been an increase in illicit drug use, especially heroin use, in the past two decades. The federal and state government responses to this increased use have been extensive, especially within the public health and criminal justice portfolios. Second, in recent years policy research and advocacy in the health portfolio areas has begun to direct policy attention to broader 'environmental factors' in the lives of heroin users. Largely because a growing number of heroin users are using the homeless persons service system the access of heroin users to secure and affordable housing has become a particular focus. Third, at the same time as there is an increasing focus on homelessness and possible housing responses access by low-income households to affordable housing has been declining. The response by governments to this change in housing market has been described as constituting a 'policy vacuum'. Fourth, illicit drug use is an issue that is stimulating an interest in 'whole of government' type responses. At both state and federal levels of government central agencies and committees auspiced by the Prime Minister and premiers are playing a significant role in supporting policy research and debate.

2.1 Heroin Use and Health Policy

Since the National Advisory Committee on AIDS (NACAIDS) sponsored benchmark research on drug injection by young Australians in 1988, the last decade has seen a marked increase in illicit drug use, especially in heroin use among younger Australians (NACAIDS 1988; Australian Institute of Health and Welfare 1999). Current research suggests that the number of Australians who have used heroin increased by 50% between 1995 and 1998 (Australian Bureau of Criminal Intelligence 1999). It is estimated that approximately 112,000 Australians used heroin in the past 12 months (Australian Institute of Health and Welfare, 1999). This is likely to be a significant underestimation of the total number, as there is likely to be an unwillingness to disclose this information. Approximately 15 000 teenagers used heroin in the past twelve months, compared with 60,500 people aged 20-29. This means that about 0.7% of the Australian population used heroin in the 12 months prior to the 1998 National Household Survey. This is a significant increase on the figure of 0.4% from 1995. The proportion of teenagers using heroin in the past 12 months rose from 0.6% to 1.0% and the proportion of people aged 20-29 using heroin rose from 1.4% to 2.1%. This data suggests that there were almost twice as many male (74 000) as female (39 000) heroin users in 1998. Nationally, the numbers of heroin-related arrests increased by 38% between 1997-98 and 1998-99 (Australian Bureau of Criminal Intelligence 1999). In 1998-99, there were 14,241 heroin-related consumer and provider arrests. A record amount of heroin was seized in 1998–99, almost twice as much as any other year (The Age 3 March 2000). Heroin users have a mortality rate 13 times that of their non-using peers. Overdose deaths in Australia increased from six in 1964 to 958 in 1999 (Ministerial Council on Drug Strategy, 2001). Although exact figures are not yet available, there is evidence that heroin related deaths dropped dramatically following a 'drought' after December 2000 (Miller et.al., 2001) In 1964, overdose deaths represented 0.1% of all deaths in the 15 to 44 year age group. By 1998, almost 10% or one in ten deaths among Australians aged 15 to 44 were attributed to heroin overdose (Hall, Degenhardt & Lynskey (1999)). Estimates indicate between 12,000 – 21,000 non-fatal overdoses occur in Australia every year. Non-fatal opioid overdose can result in significant permanent morbidity, such as brain damage (Ministerial Council on Drug Strategy, 2001).

As levels of illicit drug use have increased, so too have levels of expenditure within the health system. In 1996-97, the Victorian Government spent $23,665,100 on drug treatment services (DHS, undated). It has been estimated that this expenditure on treatment services has more than trebled over the past five years as services have struggled to meet demand (Standing Committee on Family and Community Affairs, 2001). There is also significant demand for the expansion of additional public health programs such as needle and syringe exchange and methadone maintenance treatment. In 1990, the Victorian Needle and Syringe Exchange program distributed less than 500,000 needles. By 1996, this number had escalated well

beyond 2,000,000 (PDAC, 1996). In April 1999, the Council of Australian Governments approved a package of measures that included $30.6 million in funds (over four years) for the support of needle exchange programs (Standing Committee on Family and Community Affairs, 2001). The methadone program in Victoria has grown at a rate of approximately 15 per cent per annum since its introduction (DEPEC, 2000). However, the DEPEC has recently drawn attention to the need for further urgent expansion, citing the need for an additional 5,600 places over the next three years (DEPC, 2000). The Commonwealth Government supplies methadone to the states at a cost of $3.9 million (1999-2000) (Standing Committee on Family and Community Affairs, 2001).

Much of the research into drug use has tended to be done by disciplines and professions including psychiatry, psychology and drug and alcohol rehabilitation counsellors (eg. Hunter 1996; Tressider et al 1997), or by academics in disciplines like criminology and police studies linked to the criminal justice system (eg. Sutton & James 1996). The research has therefore focused either on the *aetiology* of addictive behaviours; policy strategies designed to manage the health and legal problems associated directly with heroin use; evaluation of programs designed to reduce the transmission of infectious diseases like HIV or hepatitis C; and to assist drug users to stop using drugs (Gerstein & Harwood 1990; Ogilvie et al 1999).

Likewise the policy debates to date have focussed on issues about the best approach to the heroin problem (abolitionist versus regulatory approaches) or the value of various therapeutic, detoxification or harm minimisation models (eg. methadone programs, safe injection rooms, or needle exchange programs) (Wodak 1993; Lennings & Kerr 1996; Lambert & Marsh 1999).

2.2 Heroin Use and the Physical Environment

In recent years the policy discussion of heroin use has increasingly recognised other areas of policy and in particular housing Australian National Council on Drugs 2000; Alcohol and Other Drugs Council of Australia 2000). This has developed through the broadening of the analysis used by public health professionals and as service providers in other service systems, most notably homeless accommodation, prisons and public housing, have sought to adjust to new and complex demands placed on these systems by long-term heroin users.

The public health analysis

The increasing use of illicit drugs, and heroin use in particular, has become a major focus of inquiry for health ministers and departments and has been the subject of a number of inquiries by both state and federal governments since the mid 1990s. These inquiries have increasingly provided a forum for discussion of broader contextual factors that may lead to or reinforce illicit drug use. Thus there has been an extension of the policy focus beyond the initial one on the behaviours of users to other issues faced by users including their access to a range of service systems.

The Victorian Government Drug Expert Policy Committee (2000) in its report *Heroin: facing the issues* directs attention to the broader context, associated risk factors and protective factors. The committee states 'environments also play a critical role in shaping adolescent behaviour, as shown by risk and protective research'. Amongst these they identify risks associated with 'transition and mobility', 'low neighbourhood attachment' and 'poverty' all of which are closely associated with the operation of housing markets.

The Australian National Council on Drugs (2000) in its submission to the House of Representatives Standing Committee on Family and Community Services Inquiry into Substance Abuse also focuses attention on the 'environment'. It argues for:

> … a better understanding of the structural determinants, that is housing, employment, education, socio-economic status, etc for drug use, and approaching the issue as a whole. Synonymous with treating both the symptoms and the cause, the Council believes that better, longer term, improvements can be attained by taking a holistic approach.

The national peak organisation in the field, The Alcohol and other Drugs Council of Australia (ADCA), is also advocating this approach. ADCA in its policy statement, *Drug Policy 2000: A New Agenda for Harm Reduction*, advocates 'primary prevention ' and identifying the 'risk factors' and 'protective factors' that contribute to misuse of drugs. The factors they identify 'include housing, employment and family environment'. They argue on the basis of this analysis that:

> State and Federal Government programs that target employment, housing, income support and family services are key players in primary prevention and should be recognised in the National Drug Strategic Framework (ADCA 2000:147).

In sum, it is clear that public health policy makers are suggesting closer attention be given to a broader range of factors in the lives of illicit drug users and a full range of service systems. It is also clear that housing is seen as a key element in these broader service systems.

Heroin use and homeless persons services

Perhaps the most important stimulus encouraging policy makers to consider other factors in the lives of illicit drug users is their increasing demand on homeless persons services. The description of this demand began with the Burdekin Report on youth homelessness (see Human Rights Commission 1989; see also Howard 1991; Coleman et al 1995). Since then the possibility that increasing youth homelessness (Chamberlain & Mackenzie 1998) is somehow linked to increased illicit drug use cannot be ignored. Evidence of such an association is discussed further in the literature review below. Also in the context of the long-term increase in the population of heroin users (Australian Bureau of Criminal Intelligence 1999), it seems clear that the profiles of those using heroin are changing, with a strong trend towards users who are younger. This lies behind evidence that a significant number of younger heroin users (eg. Horn 1998; Lambert & Marsh 1999) fall into the most severe of the three categories of homelessness identified by Chamberlain (1999).

It is clear that the increasing use of illicit drugs, including heroin, is a factor in increasing levels of homelessness. The Ministerial Advisory Committee, Victorian Homelessness Strategy (2000:3) identifies illicit drug use of as one of five factors behind increasing levels of homelessness. 'It has been conservatively estimated that people who experience homelessness and use homelessness services have prevalence rates of illicit drug use ten times greater than that of the broader community'. A consequence has been the changing nature of demand on services.

> Working with people with high levels of drug use is now core business for homeless person services. However, the capacity of homeless services to provide effective pathways out of homelessness for active drug users is being challenged by the complexity of their needs (ibid: 13).

The direction for policy is it seems not entirely clear… 'there appears to be a need for better coordinated responses' and three questions are posed (ibid: 14).

- What range of additional homelessness responses is required beyond the inner city for people who are homeless and have mental health and substance abuse issues?
- What initiatives are required to provide pathways out of homelessness for people who have substance-related needs? What current arrangements are working well?
- What types of organisations are best equipped to deliver responses and how should they be located around the state?

Drug use and prisons

Illicit drug users also make demands, albeit enforced, on the criminal justice system and its accommodation provision. A recent study of Indo-Chinese heroin users in Sydney and Melbourne (n=184) found high levels of residential instability, with almost one third (29%) having lived in three or more places during the last twelve months. A lack of suitable post-release accommodation for ex-prisoners may also promote homelessness. Almost half the sample (46%) reported imprisonment during their lifetime, with Sydney-based participants significantly more likely to have ever been incarcerated than their Melbourne counterparts (78% vs. 31%) (Maher et al. submitted). This research presented a profile of a group that is

socially isolated, economically disadvantaged and at increased risk of blood-borne viral infections. However, it is also a group who have little contact with service providers and who face considerable barriers to accessing existing services and programs other than the criminal justice system. It also constitutes the core of the homeless population in the Cabramatta-Fairfield area (Swift et al. 1999; Maher et al. 2000).

Illicit drug users and public housing

Illicit drug use and associated dealing has become a pressing issue for public housing managers. Whilst there is a limited amount of research into the impact of illicit drug use of public housing residents (Digney, 1999; Guiness, 2000), there is no published material on this issue from the perspective of housing managers. The considerable anecdotal evidence that exists suggests that public housing managers are constantly facing issues associated with illicit drug use and trafficking on public housing estates. Indeed, this has been one of the issues driving the Victorian Office of Housing to integrate housing assistance with human service delivery more broadly. This integration is evident in the development of the Housing and Support Program, specialised community housing programs and the move of SAAP services into the Office of Housing.

It seems reasonable to assume that extreme homelessness prima facie impacts heavily on a wide range of other social factors affecting the heroin user's health, well being and access to social and economic resources.[3] There are some good arguments for broadening the focus of drug policy-related research to understand better the factors which either enhance the wellbeing of heroin users or which (alternatively) promote social disadvantage and deprivation, and the role of appropriate housing in supporting people's wellbeing and capacity to access these resources.

2.3 Housing provision as a policy context

In urban Australia the good life has traditionally been associated with owner occupation. In the post war period, mass housing provision centred on young households forming in the private rental market and then moving into owner occupation (Berry 1999; Dalton 1999). Citizenship and all the associated elements of social and economic opportunity had a tenure dimension (Winter 1995; Greig 1995; Murphy 2000). In this context private rental housing came to be understood as a transitional tenure. Public housing up until the 1970s was also of a transitional tenure as a consequence of a mass sales program and relatively high rates of social mobility. In this context, workforce participation, educational levels, access to health and welfare services, and active engagement in political activity was associated with new households beginning their housing careers in the private rental market and moving through to purchase and outright ownership (Davison & Davison 1995).

Since the 1980s housing career patterns have been changing (Yates 1997, 1998, 1999; Winter & Stone 1999). The purchaser rate has fallen for all age groups and for all income groups but is most pronounced for low-to-middle income households. In the private rental market the length of time in the rental market has been increasing, as has the age of people moving into the private rental market. This has led to a faster rate of growth of households in the private rental market. These trends have placed additional demands on the private rental market that have not been met by a commensurate growth in supply. The lowest income households have experienced the resulting shortage in supply disproportionately. Their problems are compounded by the short-term nature of leases and discrimination by landlords or their agents. Public housing, which is in short supply, has become a tenure for very low income households, a large proportion of whom experience multiple disadvantages (Wulff & Newton 1994). Associated with these housing market changes there has been a growth in homelessness (Chamberlain 1999).

Much of the overseas policy research indicates that housing tenure in combination with other factors (including employment status, income, education level and health status) come together to perpetuate social disadvantage and economic deprivation (Marsh & Mullins 1998). Existing research suggests that the inability to access secure, affordable and stable housing plays a central role in perpetuating poverty and disadvantage (Musterd & Ostendorf 1998;

[3] See the following literature review for an extensive discussion of how homelessness impacts upon a range of other factors affecting the heroin users life.

Berry, 2000). Given that there is some evidence to suggest that long-term heroin users are likely to have insecure housing tenures, inadequate incomes and unstable employment (White, 1997) this would further suggest that more research is needed into the ways in which housing options affect the wellbeing of long-term heroin users.

This proposed research provides an opportunity to overcome this lacuna by documenting users current housing circumstances and housing histories through questions about such factors as their use of the family home, private rental accommodation and public housing, living with friends and relatives, squatting and use of crisis accommodation services.

What is the housing policy development context for considering the housing issues of long-term heroin users? The answer to this question has two parts.

First, there is now a body of recent research that provides a good understanding of the changes taking place in housing markets. Some contributions to this research were referred to above and further research, principally through the AHURI research program, is underway. Therefore it is possible to research the housing issues faced by long-term heroin users and relate the results to housing policy research more broadly. In particular it will be possible to relate the findings to broader social and economic changes in Australian housing markets and research about the outcomes of existing policy and program interventions in these markets.

Second, there is an unpromising housing policy environment. Although low and moderate-income households have experienced declining housing affordability, so far policy responses have been limited. Burke (2001) describes the present policy context in the housing field as a 'policy vacuum'. He notes how public discussion of housing issues is limited to approving commentary on house price increases; grants for home buyers and their efficacy in maintaining demand for the housing industry; and conflict around medium density development in existing urban areas. He states 'There is little policy debate around housing, and even less leadership'. Possibly this will change. In 2002 an intergovernmental policy development process is scheduled to consider the future of the Commonwealth State Housing Agreement. Further there is the research and the policy proposals of the Affordable Housing National Research Consortium (2001), a broadly based consortium of professional, industry and community peak organisations, put before both federal and state housing ministers and officials.

2.4 Policy Relevance – A Whole of Government Response

The discussion above demonstrates that policy makers in both the housing and public health sectors are recognising the existence of interconnections. In the housing sector policy makers are considering how to respond to the relationship between illicit drug use and homelessness and new complex demands on public housing managers. In the public health sector policy makers who have traditionally focussed on health and behavioural issues associated with illicit drug use are increasingly considering environmental issues including housing. This research will provide an opportunity to establish a shared analytical framework to inform policy development across these two sectors. This will be a first step in linking housing and health policies and programs with the now general strategy of harm minimisation accepted by federal and state governments.

Beyond these developing portfolio connections it is also important to note the role of central agencies in drugs policy. At the state level these are premiers departments and nationally it is the Department of Prime Minister and Cabinet.

In Victoria this has been evident since the development of the *Turning the Tide* drug strategy in 1996 auspiced and led by the Premiers Department and the subsequent development of working relationships across the law enforcement, health and education and training sectors. This work is continuing under the guidance of advisory bodies such as the Drug Experts Policy Committee (DEPC). Indeed, as the DEPC has noted:

> The significant and growing impact of illicit drug use in our community provides a major challenge to organisations responding to the problem and to the Government in providing common and consistent support for those services (2000: 13).

The Drug Experts Policy Committee has also noted the challenge this cross-sectoral approach presents for future policy development. This committee has also stressed the importance of cross-sectoral and cross-government coordination required for the management of the diverse range of programs necessary to reduce drug use and harm.

These inquiries into illicit drugs are also reporting directly to government leaders. In Victoria a cabinet sub-committee directed the *Turning the Tide* strategy. The priority and resources afforded subsequent bodies such as the Drug Expert Policy Committee ensures their access to the highest levels of government. Within central government the Prime Minister during the period of the Labor Government and now the Coalition Government has had a direct role in developing government strategies. Currently the Australian National Council on Drugs (ANCD), established by the Prime Minister in 1998, is the peak advisory body to government on drug policy and programs.

3. LAYING THE FOUNDATION: RESEARCH INTO LINKS BETWEEN DRUG USE AND HOUSING ENVIRONMENT

3.1 Introduction

The social context of drug use has been increasingly prioritised in the field of drug-related research. In recognition of the potential public health threat posed by the transmission of blood-borne viruses via intravenous drug use, the field has moved beyond its initial preoccupation with individual pathology and has prioritised epidemiological concerns such as health promotion and harm prevention. The subsequent study of broad populations, and of the manner in which different groups use different drugs in different ways, has served to emphasise the importance of social context as an influence upon drug-using behaviour. Consequently, attention has also turned to broader social and economic factors that shape the lives of users(Spooner et.al., 2001). For example, researchers have identified increased levels of drug use within areas of 'social deprivation', defined as areas characterised by any or all of high levels of crime, poverty, unemployment, educational disadvantage and / or inadequate housing (Stimson 1992; Smart et.al., 1994; Williams, et.al., 1997; Bell, et.al., 1998; Davies, 1998; Lloyd, 1998; Venkatesh, 1999; Foster 2000). However, these researchers are not claiming that heroin use is strictly the province of low income and disadvantaged people. Indeed, drug use is a 'classless' phenomenon. Rather, these researchers are seeking to understand the relationship of drug use and the experience of 'social deprivation' in their research. This research contributes to this endeavour through its particular focus on the social deprivation experienced by drug users who have poor access to secure and affordable housing.

The following literature review outlines what is already known about the way in which broader social and economic factors shape the wellbeing and capacity for accessing social resources by drug users. It will do so by referring to three primary research questions:

- In what ways, if any, do accommodation options affect the wellbeing and social experience of heroin users taking into account such factors as age, gender and mental health status?;
- In what ways does current service provision for long-term heroin users address their housing needs?;
- What changes in current service provision and housing policies would improve the personal wellbeing and access to social opportunities of heroin users?

In order to establish what is known the review draws upon research conducted in this area to date by examining the extent to which relationships have been found to exist between housing environment, illicit drug use and access to valued social resources.

3.2 In what ways do accommodation options affect the wellbeing and social experience of heroin users?

Despite growing research interest in the influence of physical environment as a determinant of drug use, few studies have paid specific attention to the impact different housing and accommodation options have upon patterns of drug use. Instead most research into the influence of environmental factors has focused, more generally, on the area of 'social deprivation.' Writing in 1984 Nurco noted:

> Although there is widespread agreement among social scientists that drug abuse is merely a symptom of a more general syndrome of social malaise, relatively few investigations have sought to answer this question directly. Exceptions to this statement include the pioneering research of Chein, Gerard, Lee, and Rosenfeld (1964) and the more recent study by Nurco (1972). Both investigations, despite differences in location scope, and methodology, concluded that narcotic addiction is most prevalent in those geographic areas characterised by deprivation and crime as well as by other indices of social and personal upheaval (1984: 442).

In a bid to map the 'social ecology' of heroin use, Chien et.al., (1964) completed a study of young heroin users that compared census data of sociodemographic indicators with drug use rates. Those census tracts with the greatest amount of drug use were found to be those with the highest proportions of minority groups, the highest poverty rates and the most crowded dwellings. Nurco (1972) employed similar means in documenting the greater prevalence of heroin addiction in areas of extreme deprivation. In 1984 Nurco again employed census tract data of 12 indices of 'social pathology' observing moderate to high intercorrelations among all indices.[4] However, Nurco also emphasised the limitations of the research methodology, concluding that it could only establish a correlation between census tract aggregates and that individual or personal questions concerning the causes of drug use could not be answered on the basis of the data collected (Nurco, et.al. 1984: 442). This restricted the researcher's ability to appreciate the interrelationships between an individual, the social determinants of their physical environment and related drug use. Indeed, as Williams et.al. (1997: 84) rightly acknowledge, if poverty and its associated factors were sufficient condition for drug abuse, then all young people living in impoverished economic conditions would be drug dependent. Despite its limitations, the comparison of 'social variables' has remained a much employed analytical tool. Farrell, Danish and Howard (1992), for example, reported that environmental variables were some of the strongest predictors of drug use in a study of inner-city, economically disadvantaged youth. More recently, Spooner, Hall and Lynskey (2001: x) noted, 'A range of inter-related economic, social and physical aspects of the macro-environment have been found to influence developmental health within a community.' However, they went on to concede that, 'specific research identifying the *specific influences* of these environmental factors on drug use *was not always found*' (Spooner et'al, 2001: x).

This project seeks to narrow the research focus by identifying the specific influence of housing environment. In doing so, it will draw upon the few research reports that have sought to establish links between marginal or inadequate housing and patterns of problematic drug use. It will also make use of the significant and growing body of research documenting the relationship between the *absence* of accommodation (i.e. homelessness and drug use (i.e. Adlaf et.al., 1996; Diaz et.al., 1997; Klee et'al., 1998; Morse, et.al., 1998). This is done under the headings of 'private accommodation', public housing, rooming houses and homelessness.

Private Accommodation

It is important to recognise that although the use of heroin is a 'classless' phenomenon it may be more visible in different contexts. Indeed, neither large and small-scale studies have shown disparities in the incidence of drug use on the basis of ethnicity, socio-economic status or population density (Saxe, et.al., 2001). This also appears to be the case in a number of epidemiological studies in Australia that have reported on heroin use among middle and upper 'class' professionals (DCPC, 1997). The 1997 'Fitpack' study of injecting drug users conducted by Curtin University in Western Australia found that seventy percent of respondents were employed, most in full-time positions. Fifty-three per cent of respondents earned an annual income in excess of $20,000 and 29 per cent earned more than $30,000 (Middleton, 1997). However, middle-class substance use is more easily concealed. The privacy and security afforded by such drug users simply means that their illicit activities occur behind closed doors and are, consequently, less likely to be embodied in images of 'deviant' behaviour or attract the attention of authorities. This does not, however, indicate that drug use is less prevalent among the financially secure. Indeed, ethnographic studies in the United States uniformly report that middle class whites venture into poor African American neighbourhoods to buy drugs (Williams, 1992; Riley, 1997).

Heroin users in owner occupied and stable private and public rental housing are unlikely to experience stigma or lack of access to social resources like income, jobs or educational opportunity that follows provided their illicit activities remains hidden and their dependency remains manageable. However, if their drug use becomes public knowledge they may face detection and prosecution, which may, in turn, have consequences for their housing. Sudden loss of employment income could result in forced sale by a purchaser and eviction by a private landlord. Also, if drug use patterns become problematic, then private accommodation may become unaffordable and there may be less opportunity to conceal illicit activities.

[4] The 12 indices used by Nurco were: Narcotic arrests; non-narcotic drug arrests; percent unmarried; percent non-White; aid to families with dependent children; general public assistance; food stamps; non-drug-related arrests; illegitimate births, homicides; veneral disease and percent of dwellings with average number of persons per room (Nurco, 1984: 445)

Public Housing

> Residents had learned to tolerate a certain level of drug use. However their tolerance levels have been far exceeded and there is widespread concern about drug use and dealing … Dealers are active all over the flats. If residents move to other public housing to escape the drug scene, they face the same problem. (Guinness 2000: 16).

Recent research reports have documented the increase in heroin use and selling on government subsidised public housing estates in Australia (Heinrichs, 1995; Digney, 1999; Guiness, 2000). There is evidence that, following saturation policing on a visible street-level drug trade in inner-Melbourne in mid-1998, the City's heroin trade has become further entrenched in the less visible confines of the estates (Fitzgerald et.al., 1999). Digney's (1999) study of the North Richmond Housing estate found, the use and sale of heroin within the estate was a highly visible activity on the estate. Residents spoke of dealers living on the estate, of drug users injecting in stairwells, lifts and laundries, of drug use and dealing inside a nearby public school, and of children being offered drugs and being asked to carry drugs for dealers (Digney 1999: 28-29).

International research also documents higher rates of drug use in public housing estates when compared to the broader general community. Inner-urban housing estates in the US, for example, are notorious for a thriving and violent drug trade (Venkatesh, 1999; Vergara, 1992). Data from the US Department of Housing and Urban Development indicates that, although public housing communities in the US represent less than 5-10 per cent of an area's resident population, they will have twice the share of the relevant locality's substance abuse problems (Held, 1998). Similarly, studies of housing estates in the United Kingdom report endemic illegal drug activity (Foster 2000; Davies, 1998). One study in Glasgow revealed that drug-related emergency admissions were 30 times higher for people from the most deprived estates as compared to those from the most affluent areas of Glasgow (Foster 2000: 70). In Canada, the largest number of alcohol and drug problems have been found in areas characterised by low-cost, substandard or government subsidised housing (Smart, et.al., 1994)

Why is government subsidised housing so susceptible to illicit drug activity? Public housing estates, particularly those in the US and the UK, have been identified as 'catchment areas' for low-income residents beset by crime and poverty (Williams, et.al., 1997; Davies, 1998; Venkatesh, 1999). Writing about the Blandon housing estate in England's north, Foster (2000: 318) documented:

> Drug abuse and crime combined with a debilitating range of other social problems, high levels of truancy, poor health and pervasive unemployment … Housing staff felt under siege, reticent and sometimes fearful of encountering difficult and potentially volatile tenants … exclusion and desperation were very much in evidence.

Although Williams et.al. (1997) acknowledge that few studies have examined whether these conditions affect 'drug abuse risk status', they do cite studies (McLloyd, 1995; Hawkins, Catalano & Miller, 1992) that suggest public housing residents are at increased risk of 'poor behavioural outcomes'.

Researchers have documented comparative levels of disadvantage on Australian public housing estates. A 1993 study by McDonald and Brownlee found that, compared to the 'average' Australian suburban family, those in public 'high-rise' accommodation experienced 'a high concentration of disadvantage' (McDonald & Brownlee 1993: 15). In Digney's study of the North Richmond estate in inner-Melbourne, just 13 per cent of residents reported a private income, the greater majority being reliant on government benefits for their survival (1999: 11). Eligibility requirements for public housing and the increasing use of priority allocation systems which give applicants experiencing disadvantages in addition to low income a fast track into public housing make this an inevitability.

For many residents cultural issues they experience as members of minority ethnic groups compounded the difficulties of relative poverty. Digney (1999: 10-11) found that just 22 per cent of residents in North Richmond spoke English. She noted that many of those unable to

speak English were excluded from, or unaware of, available public social services (Digney 1999: 15-17). Recent ethnographic studies of young migrant people has confirmed the existence of minority 'enclaves' existing within, but effectively outside, the broader community (Crofts & Louie, 1996; Thomas, 1998; Maher, Ho 1998; Maher 2000; Maher et.al., 2000; Higgs et.al., 2001). These young migrant people face numerous barriers to accessing social resources. Problems such as conflicts between parental expectations and child behaviours, absence of parents, unemployment, illiteracy, poor self-esteem racism and the social and emotional disruption linked to resettlement into a new cultural environment and language difficulties all impact on peoples' wellbeing (Higgs et.al., 2001).

Housing-estate residents endure the widespread perceptions of their housing environment as 'drug ghettos'. Indeed, residents themselves complain of the vandalism, graffiti and litter that compromises any sense of community ownership of empowerment (Digney, 1999: 18). The stigmatisation of public housing estates as centres of crime, poverty and drug use further compunds the problems faced by the occupants of the estates. For example:

> The filthy Collingwood, Fitzroy, North Richmond and Carlton tower blocks are littered with syringes and house dozens of drug users, dealers and prostitutes. Terrified residents say they are too scared to report the myriad crimes committed on the estates. They fear cooperating with police will bring violent retribution from the criminal gangs flourishing in and around the blocks ('High Rise Hell' *Herald Sun* February 4, 2002).

As one long-term resident noted of much of the media reporting:

> People out there have their minds made up about the flats. They have an impression, and it's normally a wrong impression, because all they see on the TV and in the newspapers are the bad things that happen – the violence, the drugs, and the people that jumped off. It's not a totally wrong impression, but it's wrong a lot of the time. You never see any of the good things that happen (Marriner & Marriner, 1991: 309).

One consequence of the drug trade and the stigmatisation that accompanies it is that public housing, the only form of low-income housing in places such as inner-Melbourne, is becoming a wasted resource as those in need of housing are refusing vacancies out of fear (de Kretser, 2002).

For some groups of young people, the decision to connect with other young drug users is less about rebellion and more about a need for a satisfying group identity (Ethnic Youth Issues Network; Victorian Council of Churches Youth Outreach Program, 1998). For some, the drug economy and culture provides a source of income and a collective source of status and purpose to their lives (Ethnic Youth Issues Network; Victorian Council of Churches Youth Outreach Program, 1998). Participation in drug use and dealing is embedded in a street culture which provides a source of status, feelings of respect and a haven from the hostility they experienc (Ethnic Youth Issues Network; Victorian Council of Churches Youth Outreach Program, 1998). The concentration of deprivation and drugs within a confined housing environment obviously increases the risks of drug use and indicates the intertwining of problematic drug use and selling within the broader context of access to adequate housing. This emphasises the fact that the simple provision of shelter is not a means of enhancing social opportunity of itself. Placing a heroin user within an environment in which drugs are readily accessible and highly visible is not a solution, something with which the non-drug-using residents of public housing would doubtless agree (Digney, 1999; Guinness, 2000).

Rooming Houses

Those unable to obtain permanent accommodation are often forced to take temporary residence in private rooming houses. Such accommodation is often less than ideal, given the lack of professional support and management that problematic drug users may require. A number of lower income rooming houses have been found to be unsafe and unhygienic (Jope, 2000). Many residents have special needs, including but not restricted to mental health care, disability and drug dependency (Jope, 2000). They are also frequently the only available accommodation for recently released prisoners (Jope, 2000).

Klein-Breteler et.al (1998) reported that rooming house managers are often both overwhelmed by the demands placed upon them by a resident population with increasing substance abuse issues and unaware of the services available to drug-using residents. Jope (2000) noted that some proprietors of rooming houses felt responsible for the care of residents with high health and social needs. However, some managers have difficulty being responsible for the welfare of drug users because of their desire to prevent illegal activities taking place on their premises (Walsh, 1998). Many hostels were found to exclude identified drug users, resulting in vulnerable applicants either being denied accommodation or, alternatively, denying their drug problems (increasing the likelihood of later eviction) (Klien-Breteler, et.al., 1998; Seddon, 1998).

There is also evidence of a declining availability in rooming house accommodation. In the City of Yarra in inner-Melbourne, once home to a concentration of rooming houses, the demand for single, affordable accommodation was found to far outweigh demand (Jope, 2000). In the 12 month period from July 1998 to June 1999, 3,527 individuals sought housing with Yarra Community Housing. Of these only 8.9 per cent were able to be accommodated (Jope, 2000: 23). This increases the danger of homelessness for those without the resources needed to secure stable accommodation. As Maher et.al. (1997: 68) noted:

> Loss of boarding and rooming house accommodation leads to increased demand for night shelter and emergency accommodation. Persons displaced from boarding houses tend to end up homeless, on the street or in informal arrangements, which may be overcrowded and insecure.

The potentially negative impact of the rooming house environment on dependent drug users is quite apparent, even from the limited research review above. The tendency for such housing to accommodate other drug users and the lack of drug specific support services suggests that heroin users may have difficulty managing patterns of drug use in this form of accommodation. In any case, the diminishing availability of rooming houses suggests that they will become an increasingly unavailable form of accommodation.

Homelessness

Homelessness is a broad term and one that lacks an agreed definition in the literature. Popular perceptions are often dictated by personal observation of those 'sleeping rough' whilst the reality is that a far greater number of people are being housed by friends, temporary shelters and refuges. In 1989, the Australian Human Rights and Equal Opportunity Commission used an appropriately broad definition:

> Homelessness describes a lifestyle which includes insecurity and transience of shelter. It is not confined to a total lack of shelter. For many young people and children, it signifies a state of detachment from family and vulnerability to dangers, including exploitation and abuse broadly defined, from which the family normally protects the child. (House of Representatives Standing Committee on Community Affairs, 1995: 22)

Chamberlain and Johnson (in House of Representatives Standing Committee on Community Affairs, 1995) added further to the breadth of this description by describing three levels of homelessness:

- **Primary homelessness** - People without conventional accommodation, such as people living on the streets, sleeping in parks, squatting in derelict buildings, or using cars for temporary shelter;
- **Secondary homelessness** - People who move frequently from one temporary shelter to another. Those experiencing such a degree of homelessness would include hostels and night shelters, refuges, and those staying temporarily with friends or family, or those using boarding houses on an intermittent basis;

  Tertiary homelessness - People who live in boarding houses on a medium to long-term basis. Such residents are often without kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have the security of tenure provided by a lease.

It is this broad understanding of homelessness that informs this study.

For *some* individuals, drug dependency may be a precursor to homelessness, causing irreconcilable tension between household members or consuming resources needed for accommodation costs. This has been referred to as 'social selection' or the 'drift down hypothesis', holding that substance abuse is one of a number of conditions that can contribute to a state of homelessness, this being the end result of an extended process during which resources are gradually depleted (Johnson et.al., 1997). Of course, this is far from an adequate representation of the relationship between homelessness and substance abuse. There is rarely a 'unitary' cause of homelessness, but substance abuse certainly increases the likelihood of residential instability, consuming monetary resources and damaging relationships (Stahler and Cohen, 1995). It was increasingly hypothesised in the US through the 1990s, for example, that crack cocaine use had been a significant factor in increasing rates on homelessness in the inner-cities (Johnson, et.al., 1997: 438; Lam, Jekel, Thompson, 1995) In Melbourne, housing advocacy organisations, have reported significant numbers of drug dependent persons seeking subsidised public housing given their inability to afford private accommodation. Bedford Street Outreach Services (BSOS), for example, reported that, from a study group of 271 clients who requested and secured public housing between 1991 and 1998, 22.1 per cent were identified as clients with drug addictions (BSOS, 1999a).

For others, drug use may be initiated as a means of coping with the negative experience of homelessness. This is referred to as 'social adaptation' (Johnson, et.al, 1997). It follows from this theory that the more oppressive the physical environment in which one finds themselves, the greater the level of drug use Adlaf, et.al., 1996; Johnson et.al., 1997).[5] The behaviour of young people cannot be divorced from the environment within which they live. Boredom, frustration, anxiety, depression and alienation are all motives commonly ascribed to drug use (Hunter, 1996). They are also inevitable consequences of homelessness, the long-term effects of which include poverty, hunger, chronic health problems, unstable relationships and difficulty accessing and maintaining employment (Baron, 2001). Furthermore, as Klee and Reid (1998) note, the potential isolation, lack of privacy and the attitudes of the general public can be particularly damaging to the psychological health of homeless persons. In such situations, desperation can take hold of an individual's life. The Australian Human Rights and Equal Opportunity Commission (Burdekin Report) reported in 1989:

> Many young homeless people survive on the margins of society, begging, prostituting themselves, stealing and dealing drugs (Quoted in Rogers, 1992: 24)

In addition, young women and some young men can be at risk of living in exploitative domestic arrangements in return for shelter (NYCH, 1997). For *some*, their circumstances may increase the attraction of drug use may as a form of self-medication through which to cope with oppressive life conditions. A study of 200 young homeless drug users by Klee and Reid (1998) found 71 per cent had self-medicated with drugs for depression, 23 per cent for aches and pains and 15 per cent for insomnia. In fact, Kipke et.al., (1997) suggest that the use of drugs in this way mitigates against homeless youth seeking treatment, preferring the use of drugs to the cold reality of life on the street.[6]

A further *potential* link between homelessness and drug use is that drugs may offer a form of socialisation into homeless peer groups (Horn 1999). On the street, homeless youths will be more likely to encounter peers who can initiate them into drug use (Baron, 1999; Klee & Reid, 1998). The presence of drug-using peers then provides users with the prospect of negotiating street networks to find support for their choices, attitudes and roles. Baron notes that drug use on the street is often shared in the company of others, and that, consequently, homeless youths increase their commitment to their current lifestyle by limiting contacts to other drug users, (isolating them further from the influences of conventional culture) (1999). Hogan (2001: 15) notes:

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[5] Again, this is not to suggest that drug use is solely the province of the poor and disadvantaged. Rather it demonstrates how deprivation may be *one* influence upon the drug using patterns of different individuals.

[6] For further discussion of this issue, see Norden (2001) 'Heroin use as a form of self-medication' in *Pathways: Causes and Consequences: Problematic drug use and homelessness* 14(8)

> For many homeless young people, dependent use of drugs like heroin can provide a sort of erratic order to life. The routine involved in supporting one's drug use provides structure and purpose for the day.

While theories of social adaptation and social selection are not mutually exclusive, nor necessarily adequate to explain the complex relationship between substance abuse and homelessness, they do highlight the fact that substance abuse and homelessness may be interdependent (Johnson, et.al., 1997). Regardless of which factor predated the other, research in a variety of international contexts has consistently found the proportion of homeless young people who use illicit drugs to be significantly higher than that of the general population (Howard & Zibert 1990; Brown 1991; Doyle, 1993; Groenhout, 1994; Forst, 1994; Stahler & Cohen 1995; Kipke, et.al., 1997; Horn, 1999; Morse et.al., 1998; Slesnick, et.al., 2000; Nicholson, 2001). In April 1996, a survey by Hanover Welfare Services of its client group reported that people experiencing homelessness were 7.5 times more likely to be heroin dependent than the general community in Victoria (Horn, 1999). A 1999 Hanover study found that the extent of heroin use amongst the homeless had increased substantially. In 1996, 49 per cent of Hanover's clients with a *self-reported* drug problem were using heroin. In 1999, 69 per cent were using heroin (Horn, 1999: 8-9). The increasing availability and falling price of heroin between 1995 and 1999 was doubtless a factor in these increases (Tomaszewski & Edwards, 2001). Hanover CEO Tony Nicholson noted:

> In the past three years, heroin addiction amongst Hanover's clients has increased by 40 per cent to the point that they now have a prevalence rate of heroin addiction 10 times greater than that in the general community (Hanover Welfare Services, 1999).

Most recently, the Department of Human Services in Victoria reported:

> Consistent anecdotal evidence from providers of supported and emergency accommodation and evidence from official statistics points to the significant proportion of young people in the homeless sevice system, and a cross-over between homelessness and drug use, particularly intravenous drug use (Tomaszewski & Edwards, 2001: 39).

Homelessness represents an extreme form of social disadvantage in the sense that the lack of a fixed address often prevents individuals from accessing health and welfare services, employment and many services thought central to an expected standard of living (Seddon, 1998). Obviously this can greatly complicate the circumstances of those who are also problematic heroin users. Indeed, several studies have found that the lifestyle associated with homelessness has greatly exacerbated problems associated with drug use, pushing individuals further towards into deprivation (Rogers, 1992; Groenhout 1994). As Doyle noted:

> Heavy illicit substance use can take over one's life. Making money, whether from property crime, muggings or prostitution, can be a full-time occupation. Homeless young people can be further marginalised by what they (must) do to obtain their drugs of choice … (1993: 8)

Groenhout's survey reported sex work as a source of income for 39 per cent of female respondents and 7 per cent of male respondents. Crime was reported as a source of income for 52 per cent and 22 per cent of these groups respectively (Groenhout, 1994: 5). One study of 'street youth' in the US found that the average respondent reported more than 1,600 offences in the prior twelve months, numbers reported to be comparable to earlier studies of urban street youth (Baron, 2001). The sale of illegal drugs made up the bulk of these offences. As each homelessness and drug use can be seen to be risk factors for each other, so too can drug use and crime. Baron and Kennedy (1998) have suggested that the use of drugs can neutralise or alter an individual's calculations of risk, making crime a more attractive proposition than might otherwise be the case.

In addition, the poor self-image and the problems in living that often accompany a transient lifestyle increase the tendency towards drug-using behaviour that puts individuals at risk of disease and / or sickness. As Matthews et.al. (1990) note, given the orientation to the

present, when one's bottom line is survival, homeless youth may find it difficult to focus on potential health problems which may not kill them for years to come. Needle sharing, for example, may occur among injectors who lack the ability or motivation to plan ahead, who are unable to keep quantities of sterile injecting equipment in a safe, secure place, who fear arrest and/or harassment if found carrying injecting equipment, or who are so low in self-esteem, they don't care what happens to them (Rogers, 1992: 24). A 1990 study of homeless youth reported that 35.7 per cent of intravenous drug using females and 64 per cent of males reported occasional needle sharing (Howard & Zibert, 1990: 249). In the same year, Matthews et.al. (1990: 23) described homeless youth as 'an endangered and ignorant population'. Despite years of intensive education about the dangers of such activity, a 1998 study of 900 young homeless persons, found that 20 per cent had shared needles at some stage (Walsh, 1998). In spite of such alarming figures, the situation could, conceivably, be worse. In the United States where needle exchange programmes remain illegal in many states, one study found that 76 per cent of 'street youth' reported using non-sterile needles as a consequence of not having access to clean needles (Kipke et.al., 1996: 1178).

The likelihood of transmitting blood borne diseases contracted through injecting drug use is heightened by unsafe sexual practices amongst homeless youth. In some instances, these practices have resulted from 'survival strategies', such as bartering sex for money, food, drugs or shelter (Tyler, et.al., 2000; Harrison & Dempsey, 1998). This increases the vulnerability of homeless youth to exploitation and decreases the likelihood of safe sex practices. Groenhout's survey of homeless youth found that the majority did not practice safe sex regularly and that 45 per cent had *never* practiced safe sex (1994). Walsh's 1998 survey of homeless youth reported that 70 per cent of respondents 'sometimes' used condoms. They were reported to initiate sexual contact at a younger age (14.5 years as compared to 16), to have had more sexual partners, and to have engaged in dangerous sexual practices. Twenty per cent had never used a condom for vaginal sex and 32 per cent had never used a condom for anal sex. 11 per cent of respondents reported a sexually transmitted disease, as compared to 2.4 per cent of the general population (Walsh, 1998: 6).

The impact a lack of accommodation can have on the heroin user is sizeable. Not only is the homeless individual more susceptible to problematic drug use, but they are susceptible to chaotic and dangerous drug using practices. The next section of the literature review examines the response of service providers to the accommodation needs of heroin users.

3.3 In what ways does current service provision for heroin users address their housing needs?

There are no services, beyond specialist clinical services, provided exclusively for heroin users. Instead, a number of services exist for illicit drug users. VIVAIDS, the Victorian drug user group, and similar organisations in other states, act as advocacy groups for drug users, particularly in respect of legal issues. Others such as Turning Point Alcohol and Drug Centre, incorporate a range of services that include outreach and advocacy to assist drug users to address a range of drug-related problems (Turning Point, 2001). Tomaszewski and Edwards (2001: 44) recently outlined a number of planned programs in Victoria by which the government will seek to address 'the underlying personal, social and structural factors which may lead to or exacerbate drug use'. Such a statement indicates the increasing recognition of the need for holistic responses to illicit drug issues that integrate mainstream health, welfare and justice activities. Despite such initiatives, there remain few initiatives that specifically address the housing needs of heroin and other illicit drug users.

A drug dependency further complicates the already precarious position of an individual in need of accommodation. On the basis of past research, the task of obtaining housing for a drug dependent person in Australia is a daunting one. As far back as 1991, Brown reported that short-term housing was difficult to obtain, and longer term housing practically impossible for drug users (Brown, 1991). Research indicates that these problems have persisted. The Victorian Homeless Strategy Project Team recently noted that refuge accommodation is increasingly challenged in its ability to work with people with drug-related issues (VHSPT, 2001: 37). The following is a brief review of research literature to date, with special emphasis given to Australian studies.

In 1989, Hirst's study of 200 young Melbourne persons residing in squats, rooming houses and other crisis accommodation reported that 40 per cent had been asked to leave emergency accommodation at some time because of drug and alcohol problems (Hirst, 1989: 40) The findings of the study indicated a *minimum* 50 per cent shortfall between the availability of refuge accommodation and current demand (Hirst, 1989: 40). Brown (1991) estimated that between half to two-thirds of young people seeking shelter at government funded agencies in Victoria could not be accommodated. Although by this time, there had been increases in funding through the Youth Housing Program (YHP) (accommodating approximately 461 young people), it was estimated that for each homeless person granted accommodation, four were being denied access due to a lack of availability (Brown, 1991: 65).

In addition to a general shortage of available accommodation, refuges were found to be ill equipped to cope with drug and alcohol problems (Hirst, 1989). Brown (1991: 65) reported:

> Concerning drug users specifically, a recent State Government report found that many housing workers tended to exclude young people from such accommodation in accord with what was perceived as a 'realistic appraisal of the limited support that could be offered to tenants in YHP accommodation.' … Workers interviewed noted that YHP coordinators were extremely reluctant to accept any young person with a drug-related problem, citing concerns about the practical difficulties involved in supervising their behaviour.

Brown noted that the 'highest priority' regarding services was for secure housing for young homeless drug users. Such housing needed to be available in a low-pressure setting and with rules that took note of a young person's experience, their social and domestic skills and needs for emotional and other support. 'It is often', he noted, 'after a period of accommodation has elapsed that a young person will seek advice and assistance' (1991: 66).

There is little evidence that this priority was met in the years following Brown's study. In 1992, Rogers found that even those on methadone or straight out of residential drug programs were not considered suitable for placement in accommodation services. 'It would appear,' she concluded, 'that many accommodation support workers share the same attitude as many health practitioners, that intravenous drug users are mad, bad or dangerous to know' (Rogers, 1992: 26). In 1993, Doyle reported that many Youth Housing Programs continued to enforce exclusion policies concerning drug use. Others could overlook lapses but could not tolerate heavier usage that created flow-on problems such as difficulties paying rent and committing to support programs (Doyle, 1993: 9). Information referral workers consequently felt there was little they could offer homeless young people with drug issues by way of accommodation. Groenhout's (1994) survey of 82 homeless youth in Melbourne reported that 38 per cent had been evicted from refuge accommodation as a direct consequence of their drug use. In 1995, Pritchard reported the continued reluctance of accommodation services to accept people with alcohol and drug problems on the basis that the demand for services was high and that drug users were the most problematic clients to deal with (Pritchard, 1995: 35; Doyle, 1993: 23). Hunter (1996) noted that young people were often denied accommodation or evicted from the State Government administered Supported Accommodation Assistance Program (SAAP) because of drug use and drug-related behavioural issues (Hunter, 1996: 11). A 1999 survey of Melbourne's inner city crisis accommodation services found that 65 per cent of people approaching these services were not able to be assisted (VHS, 2001).

More recently, the issue of accommodation for drug dependent persons has received attention as a consequence of programs such as the *Victorian Homelessness Strategy* and the increasing recognition of connections between an unstable housing environment and problematic drug use (VHSPT, 2001). Victoria's Drug Policy Expert Committee (2000) identified a number of risk factors related to problematic drug use. Among them, risk factors such as unemployment and poverty intertwine resonate with homelessness. Although some residential programs continue to restrict services to those 'prepared to learn how to live without the need for drugs' other, previously abstinence-based, accommodation services are modifying their approach. Some, such as the Salvation Army's crisis accommodation

services in Victoria, have adopted a policy of 'no prejudice' when assessing potential clients.[7] Such is the prevalence of illicit drug use amongst the young and homeless, that some have suggested that the continued refusal of accommodation would leave crisis housing providers struggling to fill available beds and, consequently, struggling to attract Government funding.[8] Of 100 emergency accommodation services that responded to an agency survey in Australia, 92 per cent reported working with homeless young people with problematic substance use issues (Szirom, 2001). The Bedford Street Outreach Service is indicative of this pragmatism, its operations guide stating:

> The service does not require clients to be sober or straight. However, a client will be asked to leave if he or she is too drunk or drugged to do any business or is being a nuisance. Often the person will be told to come back the next day when he or she is (more) sober. Workers try to deal with hostility or drunkenness without making the client feel that he or she is unwanted or unwelcome forever. (BSOS, 1999: 8).

Research, however, suggests that such an approach is often far from problematic. Allowing drug use to take place upon the premises of government funded or run accommodation services can leave service providers open to misguided but damaging claims of sanctioning drug use by vulnerable members of the community.[9]

Other emergency accommodation services, such as Ozanam House, in inner-Melbourne, offer alcohol and drug counselling and support services (Hall, 2001). Government funded supported accommodation services are increasingly providing drug support services to clients (AIHW, 2000). In this sense, accommodation service providers are beginning to address the needs of drug users. Conversely, drug treatment services have sought to address the problematic drug use of homeless individuals by providing a stable environment in which users are able to more effectively address their drug-using behaviour.

Homeless individuals attempting to address drug problems face several obstacles. Existing models of alcohol and drug treatment services are not designed or equipped to meet the particular needs of homeless people attempting drug withdrawal and little research has been conducted into treatment effectiveness with this population (Hogan, 2001; Slesnick et.al., 2000). Henkel (1999: 3) has gone so far as to claim that controlling or reducing the drug use of a homeless individual is 100 times more difficult than when they are safely housed. The homeless do not have a place to stay while on waiting lists for treatment of any sort. They do not have contact addresses or phones and, consequently, cannot make the daily calls needed to reserve one's place on waiting lists (Henkel, 1999: 3). A transient lifestyle is not conducive to keeping counselling appointments when individuals do not know where they'll be from day-to-day. Even drug substitution programs place barriers in the way of the homeless, most commonly through cost or travel requirements. A methadone program, for example, would consume $56 per week, or 41 per cent of the Young Homeless Allowance, already starvation level income (Henkel, 1999: 4). A number of studies have attempted to evaluate the effectiveness of outreach interventions for this segment of the population (i.e. Fors & Jarvis, 1995; Kipke et.al., 1997). However, whilst such interventions were found to make valuable contributions, these were largely restricted to risk reduction (i.e. safer injecting practices, syringe distribution) as opposed to reducing drug use.

Indeed, research has documented the necessity of secure and affordable accommodation for those seeking to rid themselves of a drug dependency (McCarty, et.al., 1993). As early as 1967, Dole and Nyswander noted that the most urgent problem for the discharged, detoxed heroin addict was housing (Dole & Nyswander 1967). Without a period of interim support and shelter that allows an individual to begin to establish a new life, they argued, the recovering party will simply return to an environment without support and a peer network where drug use

[7] Fiona Rogers, (Banyule Street Accommodation Service) personal communication
[8] Michael Horn, (Hanover Welfare Services) personal communication
[9] Recent debates in January 2002 concerning the 'supervised' use of volatile solvents on the premises of emergency accommodation provider 'Berry St' is a useful case in point.

is an accepted practice. A number of more recent studies have reached similar conclusions (McCarty, et.al., 1993; Green, 1999). Weinberg (2000), for example, concluded that a therapeutic setting possessed medicinal force in itself, removing an individual from an environment, 'out there', where the deeply nuanced social organization of homeless peer groups and their drug use are so influential.

Research has found that housing assistance, even for a short-term period, has contributed to a reduction in drug use, to fewer physical and mental health problems and to better social function (McLellan, et.al., 1998; Milby et.al., 1996; Stahler, 1995). McLellan et.al. (1998) conducted a controlled field study of two groups of supported outpatient addiction treatment programs. Controlled programs provided standard regular counselling sessions whilst 'enhanced' programs also provided housing assistance, parenting classes and employment assistance (McLellan et.al., 1998). The Addiction Severity Index was used to record the nature and severity of patient problems in seven areas at treatment admission and at 6, 12 and 26 month follow-ups. Whilst the specific influence of the different social services is not discussed the study's authors noted that, 'on virtually all outcome measures, the group of patients that received the most services showed the best outcomes (McLellan, et.al., 1998: 1497). As they concluded:

> The logic underlying the study was that the complexity and severity of the associated medical, employment, family and legal problems of these public sector patients were significant impediments to sustained reductions in substance use, and important public health concerns in their own right (McLellan et.al., 1998: 1497).

As Green (1999) has noted, without the shelter and support needed to address such problems, the vacuum that accompanies the removal of an all-consuming drug dependency would make the return to an 'accepting' group of drug users a strong attraction indeed.

Milby and colleagues added a coercive element to the provision of housing as part of an enhanced addiction treatment program. Their 1997 University of Alabama study employed a 'contingency management' program in which access to housing and employment was provided contingent upon an individual remaining drug free (ascertained on the basis of urine tests) (Milby, et.al., 1996; Swan, 1997). Although such a coercive approach fails to fully consider the complexities of drug dependency and the propensity for relapse, follow up analysis found that those receiving contingency management had 18 per cent fewer positive drug tests than did conventional patients after six months. The authors stressed that addiction-focused efforts targeted at reducing alcohol and drug use and support social services for the related problems of these patients are *both* necessary for effective rehabilitation (Milby et.al., 1996). A requirement of abstinence is often common for those seeking post-detoxification housing. Indeed, McCarty et.al. (1993) argue that it should be a necessity in a group-living situation is relapse is to be avoided. As they note:

> A resident who drinks or uses drugs threatens the sobriety of all residents. Developers and landlords, too, are concerned that strategies and mechanisms are in place to protect investments as well as residents … [Consequently] all sober residences benefit from clear rules that prohibit alcohol and drug use, agreements that that eviction is mandatory, and procedures that specify the steps necessary to remove the relapsing individual from the residence (McCarty, et.al., 1993: 529).

Others, however, might argue that the 18 per cent variation reported by the University of Alabama study, despite the promise of housing and paid employment for remaining abstinent, proves just how strong a drug dependency can be. There is also evidence that such programs effectively drive people away, particularly adolescent substance abusers whose lack of motivation to access treatment is well-documented (Slesnick, et.al., 2000). As one Australian study noted:

> Attempts to couple supervised accommodation with immediate, obtrusive and mandatory in-house programs are, according to the experiences of workers, more likely to induce young people to leave prematurely than to win confidence and engage residents in programmatic activities … (Brown, 1991: 66).

As each accommodation services and drug treatment services struggle to address the housing and health needs of dependent drug users without secure accommodation, it becomes increasingly obvious that a holistic policy approach that bridges both accommodation and health needs is required. Too often the focus has been upon one area as concern. As Szirom (2001:29) argues:

> The service systems for responding to homelessness and drug and alcohol issues for young people have been developed over time to provide a single-issue response. When SAAP agencies seek the assistance of D&A or vice versa, the referrals between systems have been highly problematic due to waiting lists or a lack of immediate capacity to provide accommodation or treatment contributing to inappropriate, inefficient and ineffective referrals.

As Milby et.al. noted above, the approach of service provision needs to change to allow both drug use and additional social needs to be addressed.

3.4 What changes in current service provision and housing policies would improve the social opportunities of heroin users?

Current service provision is clearly not adequate to address the needs of problematic heroin users lacking of secure and affordable accommodation. Jope (2000: 42) argues that problems of accommodation would be best addressed by direct investment in the development of housing for those on low incomes. This includes both community and public housing. However, before public and community housing can be considered an appropriate accommodation option for heroin users further consideration must be given to how public and community housing provision relates to drug dealing. There is now enough evidence to demonstrate that the quiet enjoyment of public and community housing by all tenants, whether they are users or non-users, can be undermined by the presence of drug dealers and the social and economic relations that are associated with their trade. In Victoria, the State Government is committing $56 million to improve security of high-rise public housing estates (Frenkel, 2002). Measures that have been suggested include a 24-hour police station on estate grounds and a swipe card system for residents to gain access. However, as Housing Minister Bronwyn Pike has noted, the issue of addressing the problem of crime on the estates has as much to do with the living environment as with security:

> Any crime prevention expert will tell you that you can put 100 police there in battle fatigues, hanging from the rafters, and that won't be as effective as good lighting, an attractive and safe environment and neighbours that watch out for each other (quoted in Frenkel, 2002: 7).

Few would, however, suggest that the problem is easily solved. In the United States, President George Bush recently scrapped a US$309 million Drug Elimination Program for public housing residents. He argued: 'regulatory tools such as eviction are more effective at reducing drug activity in public housing' (quoted in Alcoholism & Drug Abuse Weekly, 2001: 5).

As complex as the issue of public housing is the need to link accommodation and drug treatment services in a more effective manner. To this end, new research and trial programs continue to be initiated. The three major providers of crisis accommodation in inner Melbourne – Hanover Welfare Services, the Salvation Army and St Vincent De Paul, in collaboration with the Victorian Government, are undertaking a trial to build pathways out of homelessness and drug dependency and towards secure accommodation and stable lifestyles (Nicholson 2001: 7). One component of the trial will be seeking to establish clear links between crisis accommodation services and forms of drug treatment and support services. This would include access to drug treatment services appropriate to the particular needs of people who are homeless as well as strategies to build self-esteem and provide access to employment and training (Nicholson, 2001).

In addition to funding the above trial, the Victoria State Government is pursuing the establishment of further measures such as Youth Alcohol and Drug Supported Accommodation Services (Tomaszewski & Edwards, 2000). These services are currently being developed in the northern and western parts of metropolitan Melbourne and will provide short-term support in a safe, *drug-free* environment. A 24 hour, 15-bed statewide residential program will complement these services, offering a range of interventions for young people whose established use of drugs is causing significant harm (Tomaszewski & Edwards, 2000).

Despite these initiatives, there is still the need for additional services. As Horn (2000: 10) stated:

> Whilst over the past three years, the Victorian Government's redevelopment of Drug and Alcohol Services has been successful in making detoxification and rehabilitation programs more accessible and responsive to those who are homeles, it has not matched the 60% increase in people who are experiencing homelessness andd attempting to gain access to such services, leaving, according to Hanover's data, at least a third are missing out.

In April 2000, the Victorian Government's Drug Policy Expert Committee (DPEC) expressed similar sentiments:

> The Committee notes that there is considerable demand for treatment which cannot be met by existing services. Drug users also require a range of health and other support services. Initiatives to supplement the treatment system should be developed and resources provided to enable prevention and treatment research and development initiatives … (DPEC, 2000a: 50)

It is not, however, enough to simply provide more spaces in the current context. Hanover Welfare Services in Melbourne have noted that there is a lack of knowledge about illicit drug issues amongst housing service providers (Horn, 2000). A survey of 100 emergency accommodation providers found that 82 per cent identified referral to other services as their main approach to clients presenting drug use issues. This was because of either a lack of expertise and / or a lack of resources or facilities (Szirom, 2001). Consequently, Hanover called for adequate resourcing to:

- Improve expertise of existing staff on drug related matters so that they can more confidently pursue the primary purpose of their work;
- Provide a specialist 'in-house' assessment and counseling capacity that would have direct links to drug and alcohol services appropriate for the homeless;
- Provide a medical capacity to oversight injecting and post injecting behaviour of residents to minimise potential harm (Horn, 2000).

DPEC has also recommended that the allocation of additional government funds. However, DPEC called for these to be directed towards research on prevention strategies and treatment reform, with particular attention paid to those involved in, *or at risk of involvement in,* heavy street usage. The DPEC recommendations highlight the need for greater research in these areas (DPEC, 2000a). While there is agreement regarding the need for the different sectors to work together, there is a need for further information as to how this is to be achieved.

The complex interrelations between drug use, accommodation and service provision cannot be explained by simple theories of cause and effect such as 'social selection' or 'social adaptation'. The association is not straightforward – environmental, societal and personal factors each play a part. While theories of cause and effect highlight the fact that substance abuse and homelessness interact with each other, they do more to highlight the fact that the research evidence they rest upon is partial at best. There have been few studies examining the specific relationship between the impact of different forms of accommodation upon patterns of drug using behaviour. If policy-makers are to be properly informed then it is important to know more about these issues.

Australian studies of drug use have primarily concentrated on measuring the prevalence of drug use through research instruments such as epidemiological surveys. Although the quantification of drug use provides policy-makers with vital information, it cannot reflect personal motivations, nor examine the manner in which individuals interact with the social context in which they live. Furthermore, as Dwyer (2001) notes, the very nature of this research means that those in insecure and unstable housing are often ignored when estimates of drug use are compiled. Consequently, policy-makers all too often lack the information needed to properly address links between problematic drug use and unstable housing. In addition, research is often 'stuck in the moment', assessing that which has already taken place. The unpredictable nature of the transient lifestyle, of drug availability, and, indeed, of the availability of accommodation, underlines the need for research which accepts that the relationship between problematic drug use and social context is likely to be a moving picture. There is a need to shed light on the *development* of drug careers and, in respect of homelessness, on the role which access to, or absence of, adequate housing has played a role in these careers. As Lloyd (1998: 226) elaborates:

> We need more research evidence which focuses more carefully on the temporal order of the development of drug use and indicators of social deprivation. It should be pointed out that the relationship between problem use and deprivation is likely to be a moving picture: deprivation has at times and in different localities been associated with problematic use of particular drugs … such associations change quickly over time.

Although more time-consuming and expensive, there is an urgent research requirement for studies that shed light on the development of drug careers and the role different factors, such as housing environment, play in these careers (Lloyd, 1998). The narrative testimony of heroin users is one means by which their experiences might be documented.[10] Until research of this nature is conducted, the interrelationships between social exclusion, housing and drug use will remain as complex as at present, misunderstood by policy makers and the source of contradictory and ineffective policies.

The nature of accommodation available to drug users has a clear capacity to influence their patterns of drug use. Consequently, the provision of suitable accommodation has the potential to improve the wellbeing of heroin users and enhance their capacity to make choices about social opportunities. The less stable the housing environment, the greater capacity for problematic drug use patterns to develop. Whilst researchers have documented higher rates of problematic drug use amongst homeless populations, it is inadequate to simply provide shelter. The availability of drugs on public housing estates and within rooming houses means that the only forms of low-income housing available are inappropriate, an obvious issue in need of address. There is an acknowledged necessity for drug services and housing services to be integrated to provide a holistic solution to these problems. The manner in which this can be best achieved is the question driving many ongoing research projects, including the project informed by this literature review.

[10] For a brief description of the benefits of qualitative and ethnographic research methods in drug-related research see Appendix 1.

4. INVESTIGATING HEROIN USE AND HOUSNG

4.1 Research Design

This research project will use a number of methods to answer the key research questions and is organised into three stages.

Stage 1

A comprehensive descriptive and critical literature review surveying the international and national research is presented above in section 3 of this paper. This review is framed around the three primary research questions that are at the centre of this research project.

Stage 2

In the second stage the focus is on collecting evidence from heroin users. This is done using a triangulated approach designed to establish a profile of the social experience of young long-term heroin users in three geographic locations using a combination of (i) an ethnographic approach based on in-depth interviews with 45 young people who are heroin dependent and (ii) a survey questionnaire (a statistically significant sample in the order of 150 heroin users, budget dependent) across the three study areas. Together the two methods will elicit a range of narrative and quantitative measures of social experience and the role played by housing.

Qualitative ethnographic research using one-on-one interviews with a group of 45 long term drug users, including 16-19 and 20+ year old users, is designed to elicit a narrative account of their housing histories and current experience and how they relate their housing, in private and public rental, to other aspects of their social experience (Reisman 1993). A set of headings and a range of possible questions will guide the narrative elicited through these interviews. The headings proposed are ‘drug using career ’, ‘housing career’, ‘drug use and marginalisation’, ‘income’, ‘treatment’, ‘friend and family networks’ and ‘education and training’. Under the ‘housing career’ heading the following type of questions will be drawn upon.

Can you tell us about your housing history in terms of where you have lived over the past few years, what was the cost, who was your landlord, have you owned a house, how secure was your housing, what was its standard, where was it? What was your experience of housing while you were growing up? What type of housing did your parents have and what do you think of it? Have members of your family helped you with your housing since you left home and in what ways? Have you used emergency or transitional housing? Have you squatted? What has happened after you have left these forms of housing? What would you change about your current housing situation to make your life easier?

This type of interviewing will make the narrative of users presenting accounts of everyday life a central feature of the data collection. Together the interview narrative will provide a basis to develop more comprehensive ways of theorising the relationship between housing, social experience and drug dependence by bringing together concepts used widely in narrative theory (Riessman 1993; Freeman 1993) and qualitative methods which use stories or vignettes (Gubrium et al 1995; Finch 1987). The significance of language/narratives in framing the individual’s choices and social actions, particularly in relation to housing markets, is crucial to the aim of understanding the way they understand their social experiences and manage themselves in a time of considerable stress.

Following an initial analysis of the narratives a survey instrument will be designed and used to further understand social experience especially in relation to private and public rental housing, squatting, crisis accommodation, and sharing with friends. This survey will be given to a sample of 150 long-term drug users. The survey instrument will elicit data on housing histories and the various elements of social experience and further explore the relationships between the degree and duration of heroin use and experiences of different forms of housing and homelessness.

We will access interviewees and subjects for the survey instrument through the ‘snowballing’ approach and via professional networks and agency contacts. Therefore the study will not be presenting data and research findings drawn from a ‘random sample’ of heroin users. Instead the study will present data and findings drawn from users who are in contact with services and are members of user networks in each of the three study locations and are

willing to be interviewed and surveyed. Even here the researchers will not make the claim that those interviewed and surveyed will represent a 'random sample' of this population group. This positivist concept, or physical science approach to social research, provides no guidance to researchers recruiting participants who use services with organisational histories and cultures that are in turn shaped by broader policy and program governance arrangements.

Consideration has however been given to the most useful and relevant participant profile based on preliminary discussion with agencies and the literature analysis. This has led to a view that the recruitment of participants for the one-on-one interviews and the survey will focus on users in their twenties and older. The reason for this is that the late teens in the life of young peoples life is often a period of experimentation and high levels of mobility. Service providers sometimes describe this type of lifestyle as 'chaotic' and note that drug use is often an element in the 'chaos'. However, both the literature and service providers suggest that users entering into adulthood, like the broader population, establish more routinised ways of life and in this context become more focussed in their efforts to find secure and affordable housing. Because this study is primarily a housing study the participants recruited for interviews and survey purposes will be in their twenties and older. Beyond the age variable the researchers will recruit participants in a way that reflects service provider judgements about the gender profile of user populations in the three areas. It is important to recognise gender as an important variable because the literature suggests that gender power relations are a factor in housing affordability and access especially for women (Watson 1988; Cass 1991). Likewise an effort will be made to ensure that the profile of interviewees reflects the ethnic mix of people using service. How the experiences of these ethnic groups are understood will be guided by the literature discussed above in the literature review (Crofts & Louie, 1996; Thomas, 1998; Maher, Ho 1998; Maher 2000; Maher et.al., 2000; Higgs et.al., 2001).

Stage 3

Finally we will carry out a small series of focus group discussions with four groups of service providers in both states to ascertain their views of the effectiveness of the various kinds of housing programs available to heroin users in the area. It is proposed to construct these around the categories of public housing managers; private rental market managers; crisis accommodation and housing advice service workers; and health service providers.

The approach to data analysis gathered for this research and used to answer the central research questions will use a variety of qualitative research methods of analysis and interpretation. Central to this analysis will be a focus on (1) the narratives of explanation and aspiration in individual biography which Fairclough (1992) has analysed in terms of temporal narrative and (2) the use of distinctive metaphors which are used heuristically by people when constructing their autobiographical narratives. Both approaches will be applied to the 45 transcripts of heroin users to reveal the distinctive patterns of sense-making and the explanations offered by the users to represent their understanding of connections between life-chances, housing options and heroin use. It should also be added that the analysis will be tested with broader audiences. Members of the team have now had six offers for conference papers accepted for two conferences in May.

4.2 Research locations

The research will be undertaken in three locations: inner city Melbourne, Geelong a Victorian provincial city and Fairfield in the south-western suburbs of Sydney. The rationale for these three locations is to relate the experience of illicit drug use to inner city, suburban and provincial centre housing markets which are very different. Inner Melbourne is an area of very expensive private housing reflected in very high house prices and rents and low affordability. The only low-income housing is found in public housing most of which is in readily identifiable estates of high rise towers and walk-up flats. In Geelong house prices are much lower resulting in more affordable owner occupation and private rents. Low income renters in Geelong have an effective choice between private and public rental housing. Housing in Fairfield on the affordability scale is between the inner city of Melbourne and Geelong. Each of these areas has a documented drug abuse problem and associated issues and a range of government and non-government organisations active in attempting to address the problems.

Inner City Melbourne – Fitzroy and Collingwood

The inner city areas of Fitzroy and Collingwood are adjacent to Melbourne's Central Business District. It is a gentrifying area with a substantial private rental market and public housing supply in which high levels of social and economic disadvantage are evident. Indicators demonstrating this are high levels of mobility; a high proportion of households on low incomes; a low rate of home purchase; high rate of unemployment and underemployment; a lower than average proportion of Australian born in the population; a higher than average proportion speaking a language other than English; and a significant number of people in group households. In this area the only affordable housing for low and moderate income households is public housing concentrated in a small number of highly visible estates (Hartley and. Anderson 2000).

This area has a large number of human service agencies including emergency housing (10), services to Aboriginal peoples (7), children's, family and youth services (64), employment and ethnic services (43), legal services (2), and generalist health and welfare agencies (31). As an area with a major drug problem it is also not surprising that these agencies are having to accommodate people seeking to access their services many of whom are also long term heroin users (Hartley and Anderson 2000). Given the large number of agencies which are currently providing a wide range of support services to the residents of Fitzroy and Collingwood, it would be useful to establish if the quality of their service delivery to clients who are using heroin on a long-term basis could be improved if more was known about the linkages between housing provision and heroin use.

Geelong

The City of Greater Geelong is 75 kilometres south-west of Melbourne and is the second largest population centre in Victoria with a population of 146,000 in the urban area. The City includes the hinterland areas of Lara and the Bellarine Peninsula where there are a further 29,000 people, making a total of 175,000. The population increases to 265,000 at peak holiday times, with a number of coastal townships doubling in population. Overall the population is projected to continue growing at between 0.5% and 1% per year. The population is relatively young with 71% of the population under 50; 36% of the population is in the 15-39 age group. The majority of needle exchange users are in this age group. The unemployment rate in the area is 7.9%. Youth unemployment rates are at least double this figure and the area has a lower than average apparent Year 12 retention rate of 67%. The index score for participation in higher education is well below the Victorian average (KPMG Consulting 2000, Department of Human Services 2002, City of Greater Geelong 2002, Miller 2000).

The City comprises almost 79,000 dwellings with an average occupancy of 2.6 residents. 74% of residents own or are buying their home. Three per cent of households live in public housing while 18 per cent live in the private rental market (KPMG Consulting 2000) A good reason for choosing Geelong as a location for this research is that it has a private rental market where low and moderate income households can find affordable housing. It is considered to have a 'functioning' private rental market. This will provide an opportunity to explore what difference available and affordable rental housing might make in the lives of heroin users and their capacity for making choices about social opportunities.

The Human Services infrastructure is quite complex, with a number of funded and private service providers. There are 23 major funded providers. Thirteen of these agencies provide a mix of services, some providing services to the larger sub-region or region. Within the Geelong region, the majority of drug treatment services are provided by Barwon Drug Treatment Services. In addition to this, there are a number of community-based organisations that provide treatment for heroin users (such as the Salvation Army and Crossroads) (Miller 2000).

In response to community concern, the City of Greater Geelong has adopted a Drug Action Plan in partnership with a range of community agencies and interest groups. Following the adoption of the plan the Geelong Advisory Drug Committee was established with responsibility for advising on the implementation of the plan through developing agency networks and new projects. It has done this through such initiatives as a services directory, an interagency protocol and training on environmental design issues (Human and Cultural Services 2001)

Cabramatta/Fairfield, South Western Sydney

Cabramatta is a large, ethnically heterogeneous suburban centre in South Western Sydney. It is part of the Fairfield Local Government Area (LGA), which has the second highest concentration of young people (aged 12-24) in New South Wales. Fairfield LGA also has the highest number of overseas migrants of any local government area in Australia, and the most diverse ethnic community. Sixty-one percent of young people in the area speak a language other than English and almost half (46%) were born overseas (compared to the state average of 16.7%). While unemployment in the area is generally higher than the state average, it is endemic amongst some groups - notably young people and the Vietnamese, Lebanese, Cambodian, Chinese, and Aboriginal and Torres Strait Islander communities (Maher et al. 1998; Berryman and Finch 1999).

Since 1975, approximately 180,000 thousand former residents of Vietnam, Laos and Cambodia have made Australia their home. Cabramatta is an important nucleus of commercial and cultural life for these groups. However, the suburb also has the dubious distinction of being Australia's "heroin capital" and, despite sustained and intensive policing efforts, continues to host a vibrant street-level heroin market. During the last five years, heroin use has emerged as a major health and social problem in the area (Maher et al 1998).

The expansion of the heroin market has been accompanied by an increase in associated harms, including crime, street prostitution, disease and homelessness (Coupland et al. 2001). Earlier this year, a group (Accommodation for Drug Users) was formed to advocate for housing for homeless heroin users in the area. Comprised of representatives from the NGO/community sector and government departments, the group has enlisted the support of local council and the NSW Premier's Department (Maher, Dixon, Hall and Lynskey (1998)).

Housing provision in the City of Fairfield in terms of tenure is, like Geelong, close to the national averages with 65 per cent in owner occupied housing, 22 per cent in private rental and 8 per cent in public housing. The public housing in this municipality is in the main provided in large suburban estates. There is very little public housing in the Cabramatta area. Most of the rental housing in this area is provided in the form of one and two bedroom flats which replaced detached suburban houses on large blocks of land in the period of the late 1960s and 1970s (Berryman & Finch 1999).

5. CONCLUSION

There are good arguments for broadening the focus of drug-related policy research to better understand the factors that either enhance the capacity of heroin users to enhance their wellbeing and their access to important social resources or which (alternatively) push them into deprivation and disadvantage. In this respect, this study will examine the impact of housing environment, (or lack of housing environment) or the experiences of heroin users.

The links between homelessness and illicit drug use are the subject of a significant body of research. Similarly, the connections between exclusion and drug use have been documented in some depth. However, while numerous studies have sought to explain and analyse the theories upon which these links are based, there appears to have been little *qualitative* work in this area, particularly in an Australian context.

The strength of this study will be its addition to existing research by documenting the experiences of heroin users who are homeless or at risk of homelessness. It will employ ethnographic interviewing techniques in an examination of how changes in living environment correlate with drugs in the pattern and extent of drug use. Issues that are raised in the course of these interviews will be raised in focus groups with professionals engaged in the areas of housing, drug use and law enforcement. This will enable an appreciation of the efficacy of existing policies in these areas. By focussing this research methodology in three distinct localities, the study will be able to account for the influence of the housing markets and housing policies on the circumstances and experiences of the individual drug user.

The findings of this study will be of value to policy-makers seeking to implement a whole of government approach to the issue of illicit drug use. It will do so by addressing current gaps in both research knowledge and in the research methodology that has led to these gaps. By identifying areas of concern in respect of existing policy approaches, the study will set directions for future policy making.

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APPENDIX 1: ETHNOGRAPHY AS DRUG RESEARCH METHODOLOGY: HIDDEN OPPORTUNITIES AND HIDDEN POPULATIONS

Ethnographic research is particularly useful when there is a need to describe and analyse the activities of groups or communities that are 'hidden' within the mainstream community. These are often areas of social life where little is known about the phenomena of interest. Ethnographers who want to discover what is going on then use one or a number of techniques including, observation, participant observation, formal and informal interviews and the use of visual images to provide 'thick description' of groups and cultures. In this respect, ethnography is theory generating, developing new propositions to account for material that the old propositions do not explain (Agar, 1997). This is a very different approach to research than that used in quantitative research where researchers are testing the strength of hypothesised relationships between variables which they have confidently defined and have gathered data.

In the drug field ethnography offers opportunities to discover 'realities' hidden beneath widely accepted (mis)understandings by building 'thick description' of the lives of users. This is important in an area where so little is known about the social experience of users in the housing system, especially the public housing system and the private rental market, and community service provision more broadly, including the emergency and crisis accommodation system. This appendix briefly reviews the literature presenting ethnographic studies of drug users. It should also be noted that researchers have used ethnographic methods to study the way in which people use housing and the meanings they generate about their housing and surrounding urban space. These researchers have produced rich and complex accounts of Australian urban social life (Winter 1995; Dovey 1992, 1994; Johnson 1993; Richards 1990). In the UK ethnographers have presented accounts of the social construction of public housing management (Franklin & Clapham 1997; Kemp 1995; Walker 2000). However, this literature is not reviewed in this appendix. The methods used by ethnographers studying drug users are considerably more relevant to this study because the starting point for the study is first and foremost the lives of drug users.

Perhaps the first to apply ethnography to the study of Australian drug users was David Moore (1990a, 1990b, 1992a, 1992b, 1993a, 1993b, 1993c) In his research of recreational drug users, Moore demonstrated the potential contribution of ethnography to the policy making arena, documenting the use of sanctions and rituals as social controls through which drug users reduced drug-related harm (Moore, 1993c). Not all drug use constitutes abuse and informal social controls have probably done more to reduce the harm of drug use than repressive laws. Consequently, Moore was able to recommend that policy makers build upon these largely unrecognised controls by providing support for low-risk practices and ideologies that ethnographers have found to exist within drug using populations (Moore, 1993c). Moore's most important work has been to demonstrate the limitations of current drug research trends in Australia and to convincingly argue the importance of including ethnography to overcome these limitations.

Epidemiological research is limited by several factors, a number of which stem from the use of surveys. Whilst these may quantify the use and distribution of drug use, they are not able to explore the underlying motives and nature of drug use. If the researcher is to discover how the culturally and socially constructed meanings attached to drug use translate into actions then these must be viewed in the social context in which they occur (Moore 1990b). This is the key to understanding elements of drug use that are ignored or missed by quantitative researchers. For one, it presents an alternative criterion for the definition of 'problematic' drug use, given the presence of functional drug users whose frequency of use would define them as 'problematic' in epidemiological surveys (Moore 1990b: 335). This, in itself, renders survey results inaccurate and often results in all drug *use* being equated with drug *abuse*. The social context of drug use is also the key to understanding socially defined cultural boundaries (such as gender and ethnicity) that may influence drug-using behaviour. Given its preference for aggregate level analysis of populations (age, sex, socio-economic status) epidemiology is too 'unnatural' to discern such boundaries (Moore 1990b) One study of female cocaine users

(Sterk et.al., 1999) found epidemiological data on the male/female drug use ratio to be inaccurate. What the latter failed to account for were cultural and gender issues that brought female users to the notice of police more so than males resulting in higher arrest rates giving the impression, statistically, of higher rates of drug use (Sterk et.al., 1999).

Surveys are also flawed for a number of practical reasons. They are unlikely to reach 'hidden' elements of the population, including the most active drug users and those most likely to suffer from a broad range of health problems (Hopkins & Frank, 1991; Jacobs & Miller, 1998). In the unlikely event that they succeed in doing so, it would be naïve to expect to generate valid data by the use of means that require the self-reporting of socially stigmatised behaviour (Bourgois et.al., 1997). Surveys convey what respondents *say* about their drug use, and not what they actually *do* in the social context.

The limitations of psychology in drug research extend from the disproportionate emphasis it places upon individual pathology. Pathology plays an important role for policy makers, particularly in the design of educational programs for young people. This extends from the premise that an individual who chooses to use drugs must lack social skills, be low in self-esteem and possess inadequate information about the risks involved (Moore 1990b). Such research may determine factors that may predispose an individual to the use of drugs, but, again, it ignores the social context. Educational programs based on the assumption that long-term rewards (i.e. health) are more valued than short-term social rewards, and that those at risk of drug use lack decision-making skills, are misguided. As Moore notes (Moore 1990b) some, if not all drug use, is motivated by factors other than individual failings. He notes that an individual might regard their drug use as enjoyable, as vital to the establishment of group boundaries and identity, as a valid means of self-exploration, and as a conscious, informed decision to experiment with various lifestyles. Until educational programs are prepared to address such factors, their effectiveness will continue to be compromised.

By observing and participating in the social context in which drugs are used, the ethnographer is able to move beyond the constraints noted above to gain inside knowledge of 'hidden' groups of drug users. This allows a unique level of analysis and explanation through which to inform policy makers. While epidemiological research might provide a statistical figure of 'drug dependent' persons in Australia (on the basis of self-reporting), Moore's ethnography of recreational drug users found that individuals moved through periods of dependence and non-dependence. Patterns of drug use were found to be influenced by personal and environmental circumstances such as employment, financial situation and fluid friendship networks (Moore 1992b). Far from lacking in decision-making skills and self-control, the protagonists in Moore's study, whilst displaying the psychological characteristics of dependence,[11] did so for periods of their own choosing, their decisions being based on the social context in which their lives unfolded (Moore, 1993a). A study of one young women's drug using career followed her through a number of social scenes, meeting new friends and allowing other relationships to lapse, changing employment and housing location (Moore 1993a). These endless shifts were found to have a direct influence upon her patterns of drug use.

One of the most important features of ethnography is its immediacy. Research strategies such as surveys often lag months and even years behind actual events (Hopkins & Frank 1991). By contrast, ethnographers are ideally placed to explain short-term or abrupt changes in the behaviour of drug users in specific locales, the ability to do so providing a potential early warning of what may become more widespread (Power, 1989; Hopkins & Frank, 1991). Ethnography also offers insights valuable insights as a result of its specificity. As noted above, there may be cultural and social boundaries that influence an individual's decisions about drugs. In Dixon and Maher's (1999) ethnography of Cabramatta, it was noted that the locality was very different from other areas of Australia. An ethnically heterogeneous suburb

[11] Edwards and Gross outline seven diagnostic criteria for alcohol dependence: narrowing of behavioural repertoire, salience of alcohol use, increased tolerance, repeated withdrawal symptoms, relief of withdrawal symptoms through repeated alcohol use, subjective awareness of a compulsion to drink, and reinstatement after abstinence. (Edwards, G., Gross, M., 'Alcohol dependence: provisional description of a clinical syndrome' *British Medical Journal* 1 (1976) 1058-1061.

with the highest number of young people in the State of New South Wales, where 61 per cent of young people speak a language other than English and where almost half were born overseas (Dixon & Maher 1999). Understanding the role these factors play in the initiation and maintenance of drug use could provide the information needed to develop locally based interventions of the type needed to target specific groups with specific drug use practices.

It is the specific nature of ethnography that often provokes criticism of ethnography. How can research data based on as few as six persons (Moore, 1992a, 1993b) be a significant enough sample to reflect even the specific population the researcher is targeting? A number of methods are employed to allow researchers to extrapolate the data from a small sample size to a wide population group. In Maher and Dixon's (1999) ethnography of the street scene of Cabramatta, for example, a targeted sampling plan was employed using a time-by-location methodology. First, mapping data was collected through direct observation, systematic 'walk-throughs' and the coding of locations. Following this, researchers sought to establish a differentiation of potential participants by location and time so as to achieve representation of all major segments of the street-level, drug-using population (Maher & Dixon, 1999). Within this general 'frame', efforts were made to secure appropriate age, gender and ethnic representation. In this respect, ethnographic mapping to inform targeted sampling was thought to actually ensure a more accurate representative sample than survey research with its reliance upon self-selected or opportunistic sample (Maher & Dixon, 1999).

To expand the criticisms of specificity from sample size to population group, critics may ask how research concerning the habits of homeless, heroin-using men in San Francisco could be considered a means of understanding a national heroin problem. On this point, it is important to note the absence of any argument for ethnography to replace other research paradigms. Power (1989) argues that ethnography should never be viewed in isolation, but that the gathering of qualitative material should be seen as an essential element of a comprehensive approach to data collection, including that of quantifiable indicators. Epidemiological studies are able to provide information about factors such as the distribution of drug use, whilst ethnographic data can provide detailed information about different actors in specific social settings within this broader distribution, allowing important gaps in our knowledge and understanding to be filled. This is the greatest benefit of utilising multiple methods in the study of illicit drugs, the highlighting of issues and areas that would not be addressed were only one methodology employed. Doing so provides convergent validity across the methods, increasing confidence in drug research information and enabling more informed policy (Hando et.al., 1998).

If public policy is to address problematic drug use in an effective manner, it must do so with an understanding of why and how drugs are used. The broad strokes of epidemiology, and the individualistic pathology of psychology, need to be complemented by an understanding of the social context of drug use. Theorising about the greater majority of drug users existing outside of institutional or clinical environments is an inadequate means of dealing with the many questions posed by drug use in the community. Ethnography offers the means of addressing such questions, via the intent to learn of other perspectives and other ways of living, as opposed to simply testing previously derived hypotheses (Agar, 1997).

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