

**EVALUERINGSRAPPORT FOR
SUNDHEDSPROJEKTET,
KONTAKTSTEDET MÆNDENES HJEM
OG KONTAKTSTEDET FORCHAMMERSVEJ**



Københavns Kommune
Familie- og Arbejdsmarkedsforvaltningen

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**English extract of the
Evaluation report concerning
The "Health Project" and "Street talk
teams", Copenhagen City 2000 - 2003**

The report described in this extract, is a 200 page evaluation and description of 3 street-based projects initiated in 2001 with the objective to improve out-reach to the most marginalized and socially excluded substance misusers in Copenhagen Community.

Beside a sociological evaluation of the different teams and their function in the already existing Copenhagen homelessness system - a structured interview (N=122) and a medical examination (N= 75) of a sub-population of a larger group (N= 521), was conducted.

The projects were (and are) characterized by a systematic contact to the target group, and a systematic combination of social- and health measures.

3 projects were enrolled in this evaluation

- "Street talk team" - social outreach from inner city shelter
- "Street talk team" - social outreach for non-Copenhagen citizens
- The Healthproject – a mixed health- and social-worker out-reach team covering 3 areas in Copenhagen.

The two "Street-talk team" -initiatives was financed by Copenhagen City and the Health project was a 3-year research project jointly financed by the Ministry of Social affairs and the Ministry of Interior and Health

The project's aims was to search, motivate and help, primarily substance misusers which, for more than a limited period, sleeps rough in the streets, with contact to existing health- and social institutions.

Beside that, it was been underlined that all the projects had to be able to serve other marginalized which was met in daily work

Both social- and health personnel have been part of the projects, including social-workers, nurses and medical doctor.

Organization and primary focus on target group

The Health project, with 5 employees, was based on the century-old institution for homelessness, Sundholm, near central Copenhagen. The main focus of this project was substance misusers with complex psychiatric- and health problems.

Street Talk team (STT) – inner city was based in a private shelter and did street out-reach as a part of this shelters´ general focus on street homeless and drug abusers in a relatively small area surrounding the central station. The area is characterized by a high prevalence of substance abusers and widespread drug sale, attracting substance users from nearby areas and the rest of the country. The area includes the country's largest open drug scene.

STT for the non-Copenhagen citizens was based in a much more quiet area of Copenhagen and the STT was not working in the surrounding area but seeking contact with foreign and non-Copenhagen drug users and homeless all over the city. The main goal for this team was to seek to repatriate foreign homeless and during that process help them with basic needs such as health care, shelter and food.

Objectives

The daily work of the project teams consisted of 3 simultaneous processes:

Contact, Motivation and Referral

Contact was mainly established in day-centres, night-shelters and nurse-clinics, which was known in advance to be the places where most of the target group would pass through over a given period.

Beside these fixed places, the social-workers made out-reach at different street locations, looking for homeless potentially in need or they tried to get in contact with homeless who had earlier been contacted by other social-workers but not wished to receive help.

Motivational work started from a point which was primarily defined by the needs and problems formulated by each single homeless. The methods used to motivate was quite diverse, stretching from long-term confidence-building, gradually leading to new treatment or better social integration, to methods defined by clear limits in both time, form and content.

Referral to the surrounding social- and health-systems was ranging from quite simple direct contact with local social secretaries to complex processes including 2 or more different help-systems at the same time.

Deciding which way to motivate and refer was based on an ad hoc over-all evaluation of the homeless drug user, his possibility to receive and perceive the possibilities presented to him and to take part in the motivational processes.

Main conclusions and recommendations

1. Health-, social, and substance abuse problems

2/3 of the homeless we encountered did not at any time have legal residence in Copenhagen. About half came from Denmark outside Copenhagen and 15% were foreign, mainly from Norway and Sweden.

That such a large proportion of homeless were from outside Copenhagen, underlines the necessity for the out-reach worker to be able to deal with the special problems it causes to live as homeless in another country or another part of the same country.

General aspects of health:

Both the self-evaluated health questionnaire and medical examination documents multiple and severe health problems in the group we have examined.

We interviewed 122 homeless rough sleeping drug users, using a structured questionnaire, focusing on social problems, health-issues, drug misuse problems and experience with contact to social- and health institutions.

A sub-sample of 75 were thoroughly medically examined and screened for hepatitis, HIV and other somatic diseases. Description of life-time drug and alcohol use were made, and accessible hospital records were assessed. Screening for anxiety and depression was done using the ICD 10 core symptoms. National registers of somatic and psychiatric hospital admissions and diagnoses, death registers and drug treatment registers were related to the group as a whole. The ICD 10 was used as diagnostic tool.

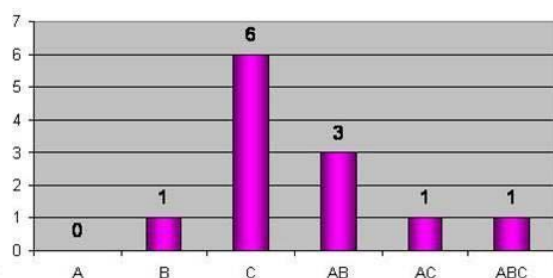
We found an average of 6.5 somatic and 1.7 psychiatric disorders. On top of these comes an average of 5.5 substance-related disorders. The number of drugs used is smaller in the group who primarily uses alcohol but the general health profile does not differ except on a few items.

Considering the high morbidity in homeless drug-users, it is important, not only to address the substance use- and social problems but also the general health problems. Some work is already done in that respect but a more structured initiative is called for.

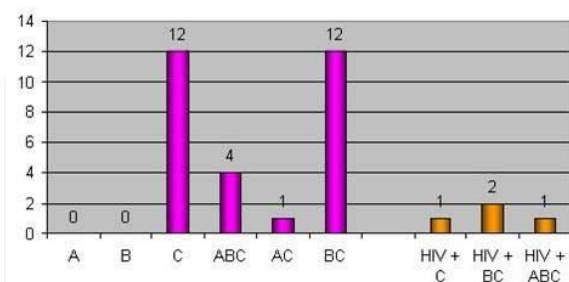
Somatic diseases

A large part of diseases found in this study can be attribute to excessive alcohol intake. Alcoholic liver damage has been found in 56% and alcohol-related nervous system damage in 44%.

Infectious liver disease was found widespread. 52% of all and 85% of injecting drug users were tested positive for hepatitis C. An earlier study in Denmark¹ has shown a prevalence of 75% among intravenous drug users in a Copenhagen methadone maintenance clinic.



No. of hepatitis cases among alcohol users.



No of hepatitis and HIV among intravenous drug-Users.

The high incidence of chronic liver disease underlines the fact that disease prevention not has been sufficient until now. There seems to be a massive need for a preventional initiative, including injection-hygiene, specially directed against young first-time intravenous drug users in connection with the syringe exchange system in Copenhagen.

All intravenous drug users should regularly be checked for hepatitis and receive preventional education concerning safe injection techniques. Based on the widespread infection rate it is recommended that syringe exchange is spread to as many low-threshold institutions as possible and that the syringe exchange system also includes sterile water.

The most predominant somatic problems beside the above named, are severe dental problems in 60%, lung diseases including COLDS in 30%, and chronic sequelae after accidents and violence in 30%.

Psychiatric diseases

As earlier shown by Danish psychiatrist Merete Nordentoft², psychiatric disorders are widespread among alcohol- and drug users in Copenhagen shelters.

The group investigated in this report is most likely to be somewhat more marginalized than the group investigated by Nordentoft. We did not carry through a thorough psychiatric interview since the scope of this investigation was to focus on somatic rather than psychiatric health but screening for anxiety and depression was done using a semi-structured interview. Other psychiatric diagnoses were drawn from medical records obtained from somatic and psychiatric wards.

We estimated 68% to have periodic depressive episodes and 57% to have periodic anxiety- and phobia-problems. We did not find any significant difference between homeless attending the addiction treatment system and those who were not. These "psychiatria minor" – problems are in the general population most often attended by general physicians but the marginalized homeless does not seek the GP and these problems therefore most often goes unattended in this group. Anxiety and depression are closely related to substance and especially alcohol-misuse and the high prevalence is therefore not a surprise but nevertheless attributing greatly to the poor general psychiatric- and emotional health status.

Chronic psychotic diseases were found in 8% which is less than found by other researchers². The reason for this is probably mainly that diagnoses were extracted from other medical records and on top of that, that an unknown percentage of chronic schizophrenic in this group most probably never seeks psychiatric help.

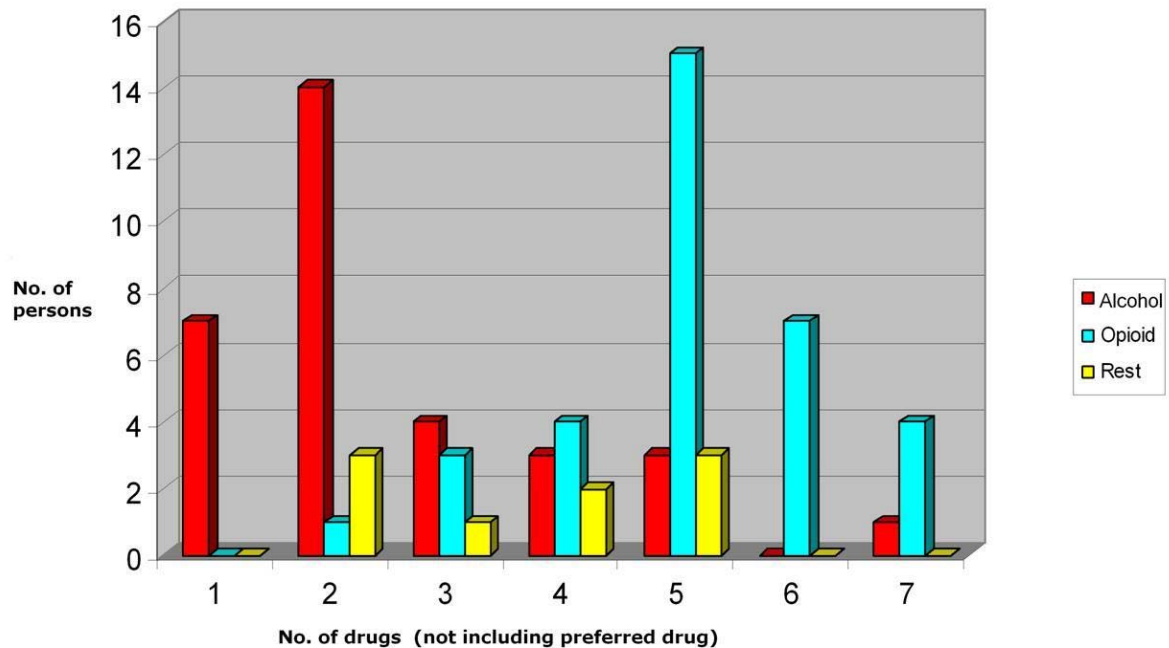
Our recommendations concerning psychiatric disorders is that it should be given greater concern in the existing treatment system, both addiction treatment and psychiatry, especially the new outreach- psychiatry being implemented in Copenhagen. We further recommend a strengthened cooperation between Copenhagen City homeless institutions and psychiatry.

Substance use

Though poly-substance use was the most prevalent it seemed possible to divide the group into alcohol- and opioid users based on the use or non-use of opioid.

Tobacco was the most used substance; only one person was not a current smoker but had been so up until a year before medical examination. Most users seen for medical examination were using more than one drug. There was a general trend in substance use between those who were primarily using alcohol (N=32) and those primarily using opioids (N=34).

22% of the alcohol using population was using only alcohol and tobacco and nothing else, while 44% were using alcohol, tobacco and another drug (primarily cannabis). In the opioid group none were using only tobacco, one were using opioid, tobacco and one more drug. The largest group of opioid users (44%) was using opioid, tobacco and 4 more drugs. The opioid using group had a more diverse and a more chaotic use of heroin, cocaine, alcohol and methadone. There was no difference in substance use or way of using for the subgroup attending methadone maintenance compared to the group not attending. This group seems to coincide with those who do not profit from methadone maintenance in other studies.



Alcohol abuse is a large contributor to disease in the opioid group. More than half of the group is daily drinking a significant and damaging amount of alcohol. There does not in the Copenhagen substance abuse treatment system seem to be a focus on the damaging effect of this heavy alcohol abuse, for those affiliated with the treatment system. If there is, it does not mirror itself in the health profiles. We therefore recommend that alcohol abuse treatment is extended to and formed to attend the special problems characterizing this group. We further recommend that inpatient substance abuse treatment is widened to be able to treat this group, including the possibility to stabilise substitution treatment while detoxifying from other drugs.

In the light of the poor health results in the group attending methadone substitution it could be relevant to discuss if substitution therapy always is the best option for this group of poly-substance users even if opioids are part of the drug repertoire. For those that are found suitable for maintenance therapy it seems appropriate to discuss if buprenorphine is a better alternative, partly because of a lower toxicity and partly because it is easier to discontinue if treatment should be without effect or have adverse effects. Another reason for choosing buprenorphine in the future for this group could be a larger array of dispensation formulas, including once-a-week administration. Under all circumstances substitution treatment needs to be accompanied by intensive psycho-social- medical treatment if any effect is to be expected.

2. Co-operation with external partners

Co-operation with external partners constituted a large part of the daily work in the evaluated street projects. The crucial elements in making cooperation work is according to both the health and social workers in the projects, the external partners attitude to working with homeless drug users and the rules and regulations these external partners have to work inside. The latter naturally also being a way to show attitude towards the group.

Inside the street projects it is evaluated as crucial that the employees have both health- and social professional knowledge. They will then be able to supplement each other internally in the street out-reach work and in the contact with other systems because there always is someone who knows the professional language, procedures and regulations in the system that is approached.

For instance it has been shown to be very rewarding and effective with out-reach health professionals when contact is established with the health-system.

A nurse, for instance, can with her knowledge of how a hospital system is structured, be more goal-oriented and clear in her work with the client. In direct contact with the health system she can function as a spokesperson for the client towards the health system and on the other hand "translate" the answers from the system to the client, thereby minimizing misunderstanding in both directions. In the longer "case-management care" a health professional can continue the treatment instituted by the specialized health-system and in time optimize and trim treatment to always reflect the actual situation.

The direct lesson learned from these street projects is that a combination of social- and health professional competencies is having a synergistic effect on the treatment offers

Another important element in working with external partners is the formation of formal and especially informal networking.

It is largely expressed in the fact that the professionals in the projects used the institutions and professionals inside these institutions, which they knew from earlier contact, when sending their client to treatment or other kinds of interaction with the surrounding system.

Networking is, in the opinion of the project-workers the best way to secure the best outcome for further treatment and contact, because the external partners then almost always have a more positive attitude from the beginning of treatment and on top of that are more prone to be positive and flexible towards ideas that are a bit outside the official limits and regulations.

The evaluation of the projects shows that a network-based working method is more effective because cooperation with a positive partner is a better starting point when working with severely marginalized.

It is therefore seen as a necessary strengthening of the street projects that the professionals are active in network creation, which among other things may include dialog forums and information.

3. The homeless ´ use of the health- and social sectors

Results from evaluation of the street-projects indicate that the homeless to a rather large degree has had contact with the established low-threshold social- and other help systems and that they were able to use the system close to them for immediate needs.

Concerning the health system the homeless largely uses emergency rooms, which is in trend with the fact that data from national registers of somatic and psychiatric hospital admissions and diagnoses, indicated that most treatment given to this group was for acute problems and very seldom for some of the many chronic diseases found at the structured medical examination.

The report indicates that by supplementing the social case-management model with a professional health team it is to a much larger extent possible to coordinate and secure the long-term treatment of chronic diseases and in collaboration with the health system help this system to treat and secure continuity in treatment for severely marginalized people with complicated needs.

Both the qualitative and quantitative part of this clinical research project shows that the professionals in the projects has managed to have a broad look upon substance abuse, health- and social problems and that it to a great extent has been possible to refer the homeless to relevant institutions and treatment. This is among other things seen in a greater readiness among the professionals to react positively when the client accepts contact, treatment or whatever the objective is - and in the readiness to individualize both social- and health work to accommodate individual problems and needs.

The research also shows that the combination of health- and social- professions has brought up a basic change in the way street work is performed and has made it easier to motivate, refer and keep the client in the relevant social institution or housing or keep somatic or psychiatric treatment ongoing.

It is seen as clear strengthening of street work for the most marginalized if it is organized as a self-learning and network-based structure.

A final recommendation is therefore to carry the described initiatives beyond the project phase and make it an integrated part of the system for homelessness in Copenhagen³.

References:

1. Fuglsang, T. "Udbredelsen af HIV og hepatitis B og C blandt københavnske stofmisbrugere. Ugeskr. for Læger, Vol.162, nr. 27, 2000, 3860-64

Summary:

Thomas Fuglsang, Jan R. Fouchard & Peter P. Ege: Prevalence of HIV, hepatitis B and C among drug users in the City of Copenhagen. Ugeskr Læger 2000; 162: 3860-4.

Blood samples were drawn from 291 drug users attending methadone clinics throughout 1997 and interviews performed about associated risk factors for seroconversion. The overall prevalence of HIV was 3.4%. Sixty-four percent tested positive for HBV and 75% for HCV. Almost all with a ten year history of drug use acquired one or more of the infections, including those who reported not to have injected. Among the sexually active 54% never used a condom and 14% of the injectors had shared needles within the last six months.

Prevention measures contributing to the low prevalence of HIV had apparently no effect on transmission of hepatitis B and C. The findings call for more focus on hepatitis prevention including information, counselling, testing and vaccination.

(http://www.ugeskriftet.dk/lf/UFL/uf199_00/1999_2000/uf12027/v_p/ind_vp.htm - click "originale meddelelser")

2. 10 year follow up study of mortality among users of hostels for homeless people in Copenhagen, M. Nordentoft, N. Wandall-Holm, BMJ; 327; 81, 2003, 1873-78

Abstract:

Objectives To investigate mortality among users of hostels for homeless people in Copenhagen, and to identify predictors of death such as conditions during upbringing, mental illness, and misuse of alcohol and drugs.

Design Register based follow up study.

Setting Two hostels for homeless people in Copenhagen, Denmark

Participants 579 people who stayed in one hostel in Copenhagen in 1991, and a representative sample of 185 people who stayed in the original hostel and one other in Copenhagen.

Main outcome measure Cause specific mortality.

Results The age and sex standardised mortality ratio for both sexes was 3.8 (95% confidence interval 3.5 to 4.1); 2.8 (2.6 to 3.1) for men and 5.6 (4.3 to 6.9) for women. The age and sex standardised mortality ratio for suicide for both sexes was 6.0 (3.9 to 8.1), for death from natural causes 2.6 (2.3 to 2.9), for unintentional injuries 14.6 (11.4 to 17.8), and for unknown cause of death 62.9 (52.7 to 73.2). Mortality was comparatively higher in the younger age groups. It was also significantly higher among homeless people who had stayed in a hostel more than once and stayed fewer than 11 days, compared with the rest of the study group. Risk factors for early death were premature death of the father and misuse of alcohol and sedatives.

Conclusion Homeless people staying in hostels, particularly young women, are more likely to die early than the general population. Other predictors of early death include adverse experiences in childhood, such as death of the father, and misuse of alcohol and sedatives.

[Link to BMJ article](#)

3. The Healthproject continued, after a short break, in 2005 as Copenhagen Community HealthTeam. The team-website is:

<http://www.hjemlosesundhed.dk/?English>



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