



FEANTSA

February 2009

Briefing paper

Homelessness and Alcohol

FEANTSA, the European Federation of National Organisations Working with the Homeless is an umbrella of not-for-profit organisations which participate in or contribute to the fight against homelessness in Europe. It is the only major European network that focuses on homelessness at the European level.

■ European Federation of National Associations Working with the Homeless AISBL

Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abris AISBL

194 Chaussée de Louvain ■ 1210 Brussels ■ Belgium ■ Tel.: +32 2 538 66 69 ■ Fax: +32 2 539 41 74 ■ office@feantsa.org ■ www.feantsa.org



Introduction

As part of its commitment in the framework of the [European Alcohol and Health Forum](#), FEANTSA has gathered relevant information relating to homelessness¹ and alcohol addiction. The present document and the online resource page² aim at raising awareness on the scope and nature of the problem and at providing policy makers, homeless services personnel and other stakeholders with useful resources.

This briefing paper gives an overview of the main issues, which should be taken into account when addressing alcohol addiction and homelessness. It is based on the input of FEANTSA's working group on health and social protection. Information relating to substance abuse and homelessness can also be found in FEANTSA's European report of 2006 devoted to the right to health and other papers³.

Overview of the scope and nature of the problem

There are generally high levels of substance misuse among homeless people and alcoholism appears to be a chronic problem among people experiencing homelessness. A great proportion of the rough sleeper population is alcohol reliant or has alcohol abuse problems, and they are more likely to die from unnatural causes, such as drugs or alcohol poisoning, than the general population.

Aside from the problem of dependency itself, alcohol abuse brings a range of serious secondary illnesses, such as hepatitis, alcoholic cirrhosis, pancreatitis or diabetes. Long-term abuse carries a significant risk of developing mental health problems, while existing mental health problems may be aggravated⁴.

When addressing alcohol addiction amongst people who are homeless, the following should be borne in mind:

- Homelessness and housing exclusion are complex and multifaceted realities, which are usually the result of a combination of factors. Factors of vulnerability include housing related problems, unstable employment, family status, ethnic status, relationship breakdown, addictions, etc. Causes may be of structural, institutional, relationship-related or of personal nature.
- Understanding why and how people become homeless is key to designing and implementing policies, which will ensure access to services and rights, and prevent them from experiencing homelessness.
- There is a high proportion of homeless people affected by alcohol related harm compared to the general population.

¹ FEANTSA believes that homelessness does not limit itself to rough sleeping. Homelessness and housing exclusion are complex and multifaceted realities. See ETHOS – [European Typology on Homelessness and Housing Exclusion](#).

² See FEANTSA resource page on alcohol addiction and homelessness: <http://feantsa.horus.be/code/EN/pg.asp?Page=1122>.

³ See FEANTSA's web page devoted to health and social protection: <http://www.feantsa.org/code/en/theme.asp?ID=2>;

FEANTSA Annual European Report "The Right to Health is a Human Right: Ensuring Access to Health for People who are Homeless" available on the web page devoted to the 2006 annual theme: <http://feantsa.horus.be/code/EN/theme.asp?ID=35>; the European Observatory on Homelessness web page: <http://www.feantsaresearch.org/code/en/hp.asp>; and FEANTSA policy statement devoted to alcohol of September 2006:

[http://www.feantsa.org/files/Health%20and%20Social%20Protection/Policy%20Statements/Final_EU_paper_on_alcohol\[1\].doc](http://www.feantsa.org/files/Health%20and%20Social%20Protection/Policy%20Statements/Final_EU_paper_on_alcohol[1].doc)

⁴ Drinking patterns according to the definition used by the PHEPA project are: 1 hazardous drinking: a level of alcohol consumption or pattern of drinking that is likely to result in harm should present drinking habit persist; 2 harmful drinking: a pattern of drinking that causes damage to health, either physical or mental. In contrast with risky drinking, the diagnosis of harmful drinking requires that damage has been caused to the user; alcohol dependence: a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had a great value. See: <http://www.gencat.cat/salut/phepa/units/phepa/html/en/Du9/index.html>.



- Harmful alcohol consumption can be one of the trigger factors leading to homelessness. An increase in alcohol use can be correlated with a worsening of the housing situation, while spending time on the street, including with other homeless people, may actually perpetuate such a pattern.
- Harmful drinking contributes to the generally poor health of homeless people. Often medical problems become chronic and more complicated to treat by the time that people experiencing homelessness look for care.
- Heavy drinking may be considered by people who are homeless as a way to minimising the perception of unmet health needs, for instance among people faced with mental health issues.
- In general, access to health care for people who are homeless is problematic for a number of reasons, which include administrative and financial barriers, and the fact that multiple needs usually constitute a challenge to the traditional health system.
- Access to services appears to be even more problematic when suffering from alcohol related problems. Usually, there is a lack or inadequate development of alcohol services that people who are homeless have particular need of. In addition, affordability and long waiting list related problems worsen their situation.

Relevant issues to be addressed

Additional elements, which are specific to the situation faced by severely excluded and homeless people, and which are of relevance when trying to tackle their health problems, including alcoholism, are:

- When accessing a health service, alcohol is usually not the priority for treatment. In this context, a holistic approach to health should be preferred to the sole treatment of acute conditions. This is even more the case as alcoholism is a condition affecting various areas of people's life and should therefore be treated in a comprehensive way. In the long run, a holistic approach appears to be more effective and of benefit for both users and service providers.
- Homeless and health service staff have not always a clear understanding of hazardous and harmful alcohol consumption among homeless users. It is also important that they are aware of available tools to support them as well as of available treatment opportunities. A training course aimed at front line staff including a basic definition of the problem and possible steps to be adopted is usually of help.
- Stigmatisation of people who are alcohol dependant and homeless sometimes constitutes an additional barrier to access to care. It is therefore important that alcohol awareness raising campaigns refer also to severe exclusion and homelessness and target relevant professionals too.
- Alcohol appears to be in many cases a reason for exclusion from services, including alcohol services, be it as a direct result of substance misuse or of the violence that it often brings in its wake. There are ongoing reflections across Europe on how far should alcohol use be allowed in day centres, shelters and other services (referred to as low threshold or so called "wet provision"). Being alcohol free should not be a condition of access to services, as there is a risk of further excluding people from health and social care, while they are already in a very vulnerable position. What would then be the alternative for them? The availability of specialised services targeting homeless people with alcohol dependency would allow for filling the existing gap.
- Co-morbidity occurs frequently among the homeless population, but services rarely tackle it. There is a high incidence of mental illness in association with alcohol and substance



misuse among homeless people (dual diagnose). However, health services which treat specific and specialist needs are not always willing to address mental health and substance misuse problems simultaneously. As a result, users are denied care.

- Diagnosis does not always appear as being immediate when assessing the health needs of people who are homeless. Health professionals should not be urged to diagnose and treat the most evident condition, as there is a risk of overlooking other problems. Although this solution might appear as more efficient in the short run, it might jeopardise the health outcome in the long run.
- Services providing for alcohol treatment are usually overstretched and witness long waiting lists. Also, the treatment is usually quite long and general practitioners may be reluctant to refer homeless people. Apart from a lack of specialist alcohol rehabilitation services, in some countries, healthcare services such as detoxification and rehabilitation are gate kept by social services under budgetary pressure to assess people as “not needing” a service. This could be overcome by specific homeless facilities, while another approach would be to make the mainstream system more accessible.
- In general, not having a home is a major cause of vulnerability and a barrier to reintegration. This is even more the case when users are discharged from residential settings, as during the period following the treatment, and remain particularly vulnerable to alcohol consumption.
- The availability of cheap alcohol is problematic for people suffering from alcohol addiction. This could be addressed by specific measures.

Possible approaches

In this context, there are a number of approaches, which are already being implemented across Europe, usually on a punctual basis, and that would gain in being adopted in a more generalised way:

- Prevention: campaigns and education on harmful consumption of alcohol aiming at the general population and raise awareness in schools, at work places, etc. can help changing perceptions and attitudes. It can also help people understand when alcohol drinking becomes problematic. Campaigns should always provide information on relevant contact points.
- Early identification of problematic alcohol consumption by primary health care providers can contribute to diminishing the impact of alcohol as a trigger factor to homelessness.
- Although useful and necessary, prevention measures are not sufficient. Greater consideration should be given to those already suffering the consequences of alcoholism in their daily lives, in particular as there usually appears to be a lack of measures and programmes proposed to improve access to health care and treatment options for alcohol related illnesses. In this context, a possible approach is harm reduction, which aims at the provision of the best possible treatment, including through outreach work.
- Integrated approach: as homelessness affects different dimensions and spheres of people's life, it is important to adopt an integrated approach which takes into account the different elements and includes both health and social aspects.
- Targeted approach: considering the difficulties in accessing health care and treatment, homeless and severely excluded people should be targeted by specific programmes and focused efforts, if they are to be reached.

A combination of different approaches appears as being an effective way to tackle alcohol addiction among homeless people.



Recommendations

Possible recommendations to relevant stakeholders, who are in a position of designing and implementing alcohol related measures, in order for them to better take into account the specific needs of people who are homeless, are:

- There is a general need for appropriate training for first line staff and GPs, including on mental health, alcohol and drugs related issues, so that they are better prepared to work with people faced with multiple needs;
- The complex health needs of homeless people are often inadequately understood and met within the health system. There is a need for inter-agency work and cross sectoral cooperation, which should involve police officers, housing staff, drugs and alcohol workers, psychiatric nurses, social workers, reach out workers, GPs, etc.
- Service providers, NGOs, or patient's organisations in the field of public health have valuable work experience concerning the special needs of marginalised groups with alcohol related health problems that should be taken into account when formulating and implementing policies;
- The experience of rehabilitated alcoholics should be seen as an added value, including in outreach work;
- The lack of services for treatment of alcohol addiction, the inadequacy of alcohol services and long waiting times for people who are homeless should be addressed in a targeted way;
- There is a need for more low-threshold services, where there is more flexibility and a harm reduction strategy. In these services users should be given the opportunity and necessary motivation to start the relevant treatment;
- There is a need for multidisciplinary partnerships among different health care and social providers, which will support the coordination of treatment processes and also provide spaces for recuperation. Follow-up in terms of formal or informal counselling following discharge is important too;
- There is a need for better information and for services such as one-stop shops, where users can receive relevant treatment and information;
- There is a general need for appropriate resources and funding for programmes providing integrated treatment of alcohol misuse, somatic and psychiatric conditions.

Targeted body of research

FEANTSA Resource Page on Homelessness and Alcohol Addiction is available online and contains relevant research in different languages: <http://feantsa.horus.be/code/EN/pg.asp?Page=1122>. The list will be reviewed and updated on a regular basis.

For more details, visit FEANTSA web site or contact Stefania.delzotto@feantsa.org.



FEANTSA is supported financially by the European Commission. The views expressed herein are those of the authors and the Commission is not responsible for any use that may be made of the information contained herein.