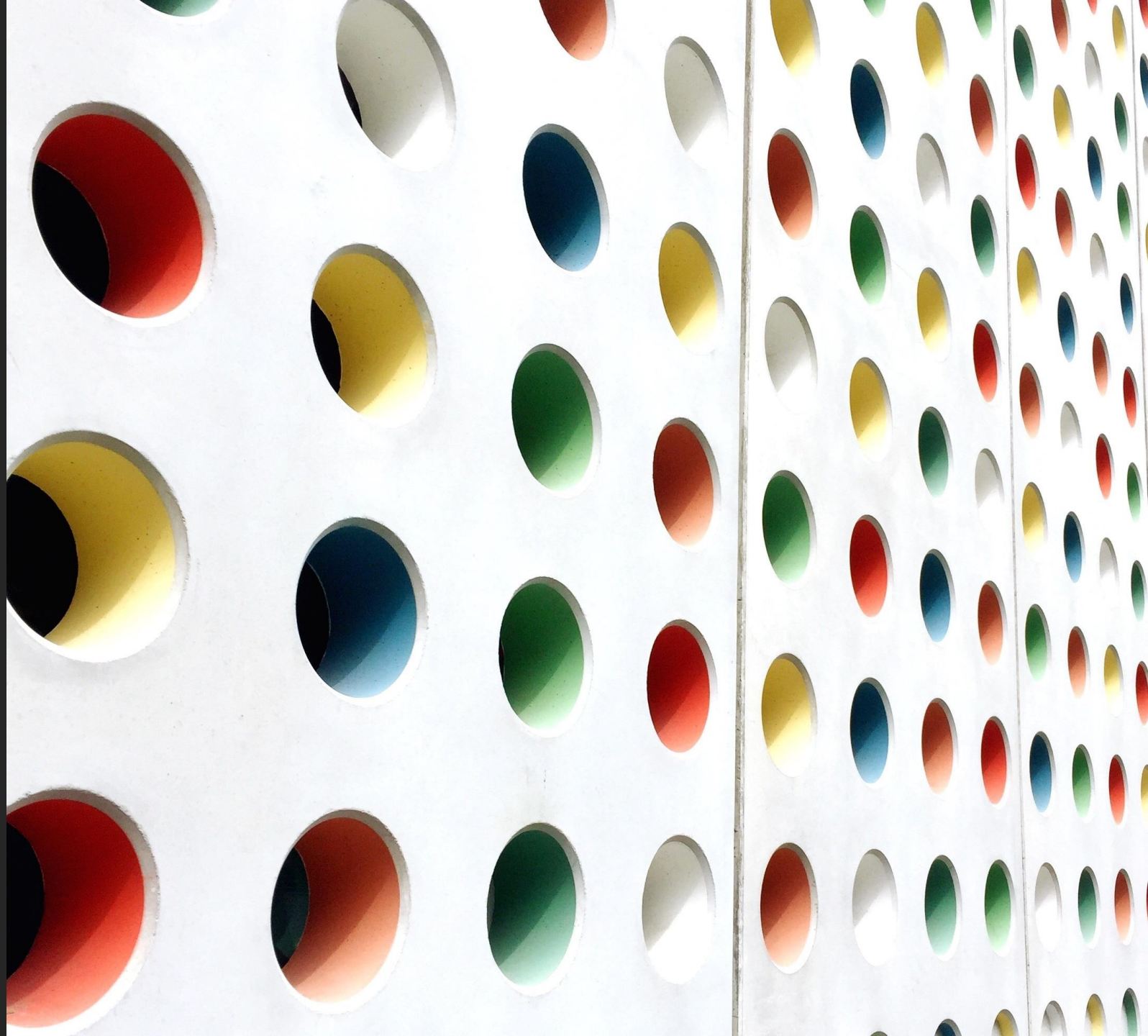


Harm Reduction in Homeless Accommodation

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Who we are and what we do?

NGO

WORKING ACROSS A NUMBER OF
CARE GROUPS

MCN: HOMELESSNESS, ALCOHOL
AND OTHER DRUGS, JUSTICE
(LD AND FORENSIC)

1200 STAFF

WORKING WITH 3000 HOMELESS
PEOPLE EVERY DAY



Question

HOW TO MAKE TEMPORARY AND LONGER-
TERM ACCOMMODATION MORE FOCUSED
ON HARM REDUCTION

Homelessness:-

35k homeless
presentations a
year

National transition
to HF (shift away
from sheltered
accommodation)

Drug Deaths:-

1200 Approx
(2019)

Worse in Europe

Scottish Context

TURNING POINT SCOTLAND

Service Models (with a dual focus)

Interventions which accept people in crisis, but there is an expectation that you will adhere to a treatment programme.

Direct access services for homeless people with alcohol dependencies (detox). Although we try and engender recovery capital. We accept that some people only need three weeks and will then leave and start drinking. Sometimes this is an opportunity! Group work, smart recovery, fellowship,

GDCS - ORT

STABILISATION: stabilising people who have benzo dependency

Moving on service: no real medical intervention.
Opportunity for groups

Longer term accommodation

HF working with 250 people

Our first HF service was a response to high level of drugs in Glasgow back in 2011. Specifically aimed at IV drug users. No need to show housing readiness or engage with drug treatments. Employed peer support workers with lived experience, contagion of hope. Only expectation was no drug paraphernalia lying out when we come into your house.

Pilot showed about half of all service users had an improvement in relation to dependency of alcohol or other drug use. However, about a quarter had no change.

Service users identified Peer Worker as being key within their recovery

Augmenting mainstream provision

Every worker carries Naloxone. We are currently charting how many times Naloxone has been used.

Sinbins in every area of accommodation

Access to groups

Using TPS connects

Overdose Recovery Team; works across a number of supported accommodation services, responding to near fatal overdoses. Joined up shared information. This has been very challenging in relation to some partners sharing information.

Traveling needle exchange and wound care van

Conclusion

Scotland has a significant problem with homelessness and drug deaths

TPS has a range of dedicated provision

Giving people a house regardless of drug use

Accepting that people will lapse but taking the opportunity to implement change and build recovery capital.

Using Naloxone as a crisis response, giving people alternatives to street drugs

Making good use of peers

Campaigning for consumption facilities