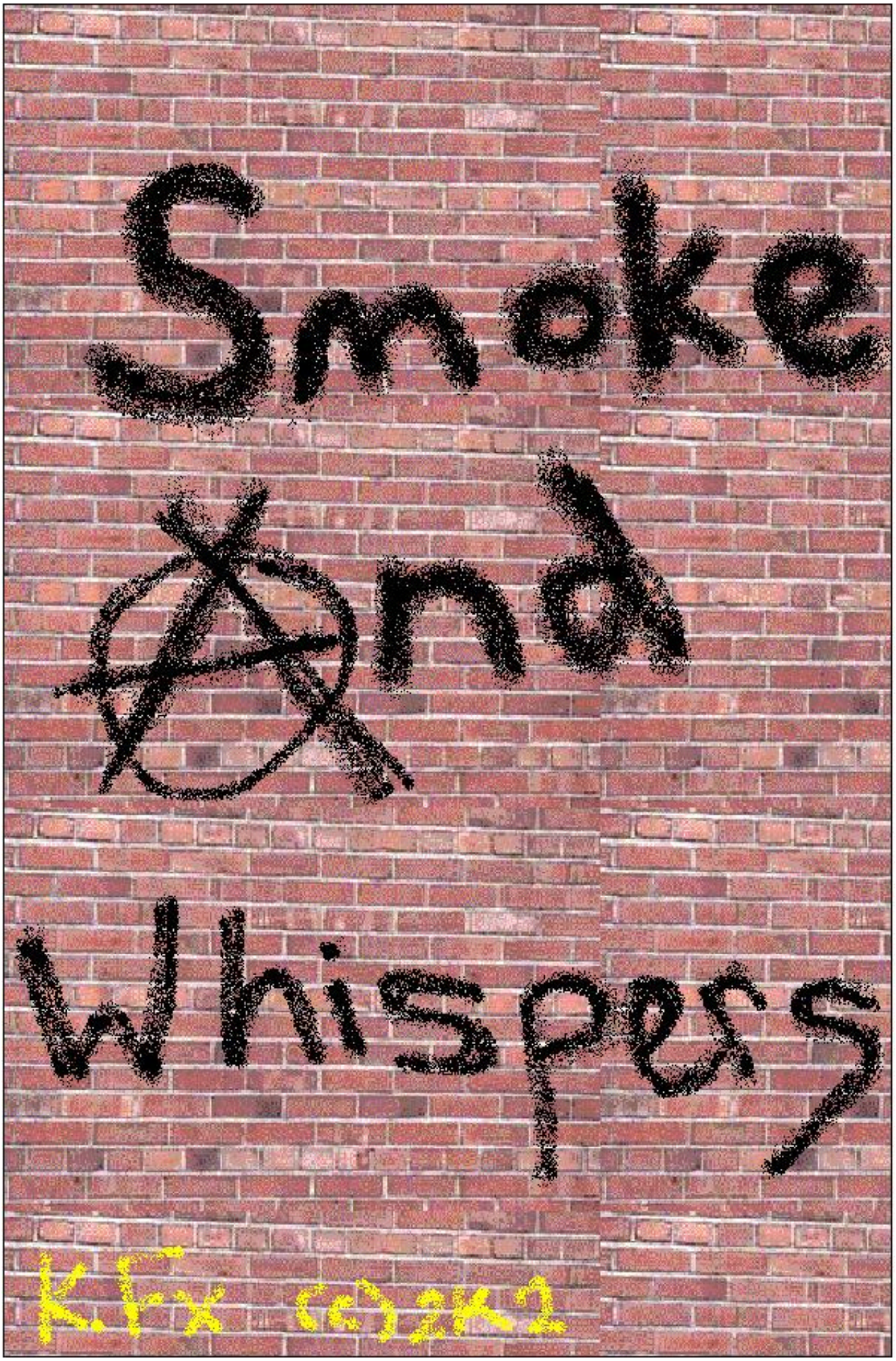

Smoke
Whisper
K.Fox (c)2k2

Drugs and Youth Homelessness In Central London

Acknowledgements:

1997 Edition:

Researched and Written by:
Kevin Flemen

Edited by
Jean Pender

With Thanks to:

Westminster City Council and an anonymous donor for funding this project,

Rupert Chandler from the Resource Information Service for editorial advice

I am also hugely grateful to the young people whose experiences and voices contributed so much to this report.

1996 edition published by the Hungerford Drug Project.

2002 Edition:

I would have liked to have reformatted the entire document, changed the font and added some bits that were deleted. But constraints on time mean that it is easier to present it as it is. Sorry.

This document is dedicated to the following people, without whom:

Niamh Cullen, Shivali Fifield, Caroline Lamont, Jon Standing, Phillipa Troutman, Cockney Chris and Geordie Chris (RIP), Ian Robinson, Ruth Wyner, John Brock, Sarah Clark and to the many others, thank you all.

Preface written by Kevin Flemen
Released by KFx

There was London, whose population may have increased eight-fold between 1500 and 1650. London was for the sixteenth century vagabond what the greenwood was for the medieval outlaw – an anonymous refuge. There was more casual labour in London than anywhere else, there was more charity, and there were better prospects for earning a dishonest living.

The World Turned Upside Down: Christopher Hill: Peregrine: 1975

Introduction to the 2002 Reissue:

About the report:

In 1996 I wrote "Smoke and Whispers" while employed by the Hungerford Drug Project. The report was intended to be an exploration of the linked issues of drugs and homelessness as experienced by young people who were homeless in Central London.

To this day I'm not entirely sure what the Hungerford expected as a report. But I still feel that Smoke and Whispers remains a fair representation of the situation at the time in Central London, and the issues that it raised then remain pertinent today.

Smoke and Whispers was significant because it was one of the first studies to highlight the high levels of drug use amongst this population. Previously, studies had tended to look at hostel populations who had a vested interest in downplaying the level of their drug use, or where the drug users had (theoretically) already been excluded.

Smoke and Whispers looked at the housed and non-housed populations and demonstrated that the levels of drug use were incredibly high, and that this group were also not accessing services.

Beyond the issues of drugs and homelessness, Smoke and Whispers also looked at the wider social setting for the street homeless population. It looked at the push and pull factors that precipitated people in to housing need. It looked at some of the aspects of homeless life, and how drugs fitted into this.

After leaving the Hungerford, I continued to work in the drugs and housing field. While Smoke and Whispers looked at the situation for homeless drug users, it had a limited impact in creating change. In part this was because some aspects of the work were ill-informed and based on positions of ignorance.

For example, at the time of writing, we were undertaking satellite work in a variety of hostels and day-centres. Within this role we undertook ring-fenced confidential work and would not share information with staff in hostels or day-centres. This was based in part on the recognition that these organisations had poor drug policies and that, had they known the nature and level of drug use, residents and service users would have been evicted.

In retrospect this was the wrong way to work and we would have served clients and organisations better by a process of policy review leading to joint working practices.

Our approach was in part based on our own ignorance, for example of legislation. When I joined the Hungerford, the organisation were advocating approaches such as coloured light-bulbs in toilets to prevent injecting. Again in retrospect these measures were ill-conceived, ill-advised and not required by law.

Just before I left the Hungerford, two clients that I had worked with, Chris Crowther and Chris Readman, were murdered on the streets of Soho. They had been homeless and used drugs for several years and though both were intelligent, articulate, non-violent and relatively sorted, they had been bounced from service to service, and in and out of housing for too long.

This failure of services to successfully support their transition from homeless to stable housing ultimately led to their deaths and those of a number of other young people on the streets of Central London. This fuelled my determination to make a lasting change to the way that young people who were homeless and used drugs were treated by services.

There have been a number of substantial changes since Smoke and Whispers was first released. Some of these have improved the situation immeasurably for people who were homeless and using drugs. Other changes have reversed some of these benefits, leaving homeless drug users, if anything worse off.

The most obvious change was the establishment of the Rough Sleepers Unit. Certainly, the RSU has had a substantial impact on the number of people sleeping rough. Effective coordinated outreach and assessment combined with increased bed-space has allowed more people to be housed. The development of tenancy sustainment team saw more people retained in housing.

The RSU initially downplayed the extent of drug use amongst people who were homeless, and rapidly revised this position as they became more aware of the nature and extent of the problem.

The RSU funded innovative provision in Central London such as the Soho Rapid Access to Treatment clinic. This dedicated provision ensured that people who were sleeping rough and had drug problems could gain access to treatment more rapidly.

Specialist provision and dedicated drugs workers were allocated within hostels and radical provision including in-house needle exchanges was developed. All these developments have been beneficial in addressing the needs of homeless drug users.

However all this good work needs to be balanced against legal developments including the notorious Wintercomfort trial and later ammendments to the Misuse of Drugs Act 1971.These two factors have hampered the work of agencies seeking to house and support ongoing drug users and, despite extensive lobbying by agencies across the UK, have not yet been addressed by Government.
When the proposed ammendment to Section 8 of the Misuse of Drugs Act comes into force we can expect to see the numbers of homeless drug users to escalate to above their pre-RSU levels.

Another important change has been the upsurge in crack use amongst people who are homeless. While Smoke and Whispers noted a level of drug use far in excess of the housed population, this has risen further since the report was written.

Only 5% of the 1996 sample were recorded using cocaine or crack, This figure has increased dramatically since this study and is very probably on a par with, or exceeding the levels of opiate use. In turn that has brought with it increased levels of chaotic behaviour, mental health issues and offending behaviour.

Since the report was written, there has been further research produced on this subject and the bibliography has been amended to reflect these important new publications. They have all supported the findings of the original study. I would suggest that this demonstrates the value of fast and "dirty" research typified by Smoke and Whispers. It's content has been validated by more rigorous "academic" studies.

Smoke and Whispers was a starting point and a number of texts that I have written since, most notably "Room for Drugs" follow on from this study. The work is in no way complete, but this document is a useful starting point.

Kevin Flemen
London

2002

PREFACE

Anybody living or working in - or visiting - London cannot help but notice the extent of youth homelessness on the streets of the Capital. In doorways, alleys and makeshift shelters, the visible signs of homelessness abound.

The easiest response to this is to blame lack of available housing, and persevere in the belief that a roof is enough to stop a homeless person being homeless. This response, though well-meaning, is, in itself, inadequate. The physical manifestation of homelessness is one symptom of a myriad of other social, cultural and economic issues, which for some people result in homelessness.

To address the full extent and variety of these issues would require a far longer report than the present one. This report is primarily concerned with two key issues: young homeless people and drugs. Having said that, even this narrower focus still touches on a huge number of issues. This report cannot do justice to all of them. It is to be hoped that future studies will develop and explore these issues further.

If there is one single, clear conclusion that can be drawn from this study, it is that there is no easy answer to the issue of young people and homelessness. By allowing that precept to inform our work, it is possible to undertake work with young homeless people that is flexible, imaginative and appropriate.

The report broadly falls into two parts. The first part examines the work of THE HUNGERFORD DRUG PROJECT, homelessness, some background about drug use in general, and drug use amongst young homeless people in London. The second part examines, in more detail, how young people experience homelessness, primarily in relation to their drug use. This includes considerations of the financial, legal, social, health, and accommodation implications of homelessness and drug use.

The intention of the report is not to highlight the 'plight' of young homeless people. Rather, it is to cast light on problems and issues within homelessness.

It is intended to inform the practice of those working with young homeless people. Young homeless people do not generally want pity or sympathy. Rather they want appropriate solutions. I hope this report is a step in that direction.

KEVIN FLEMEN MARCH 1995

PART ONE:

DRUG USE AND HOMELESSNESS

CHAPTER I :BACKGROUND TO THIS REPORT

1.1 THE HUNGERFORD DRUG PROJECT

THE HUNGERFORD DRUG PROJECT is a 'front-line' drug service. Located between Picadilly Circus and Leicester Square, the Project is in a prime position to meet the needs of people with drug-related problems, not just from within its own Borough, the City of Westminster, but from across London.

Over the 25 years of its existence, THE HUNGERFORD DRUG PROJECT has been constantly developing the content and method of its services.

In the early seventies, the Project operated a day-centre for older drug-users, offering shelter, food, creative activities and support in a safe environment. Within a few years, however, the Project had to re-evaluate: due to changes in legislation and prescribing policy, the client group had shifted from one of relative stability to become increasingly chaotic. In response to these changes, new services were developed. Detached work emerged as a way of maintaining contact with clients who had previously attended the day-centre. This left the premises free to operate as an informal advice, information, counselling and referral service for drug-users who were seeking assistance with their drug use.

Thus, the structure of the Project-based service as it exists today was established. A team of drugs workers offers advice, information, support and counselling for clients to make contact by phone, by personal visit to the Project upon appointment, or by visiting the Drop-In which operates each weekday afternoon. Shiatsu, a holistic therapy akin to acupressure is also offered at the Project, twice weekly by an external practitioner.

The detached service has evolved substantially since its original inception. During the early '80s, streetwork was undertaken on a sporadic basis, as and

when other commitments allowed. A Detached Youth Work Post was established in 1985, a further two posts were added in 1989, and a fourth in 1994. Over the past decade, detached youth work has become a permanent, and increasingly significant element of the Project's activity. Now, the Detached Team employs various forms of non-centre based work including street-work, work in schools and satellite work at other agencies, such as hostels and youth centres, as well as the more 'traditional' street work.

1.2 The Report

The eclectic approach used by THE HUNGERFORD in its detached youth work has ensured that the workers reach a large number and wide range of young people. This has important ramifications for this report. Through the variety of locations in which the Detached Team work, it has been possible to randomly select a large cross-section of the London homeless-youth population.

There have been several excellent studies carried out which consider numerous aspects of Youth Homelessness. Many of these are listed in the bibliography (see *Appendix 1)* and represent essential reading for anyone studying the issue of homelessness. However, each report has tended to focus on Youth Homelessness in a particular setting, such as short-stay hostels, or drug agencies. The study undertaken by THE HUNGERFORD has, to an extent, been able to overcome this distortion. This has been possible as the Detached Team at THE HUNGERFORD works in a number of different venues. The rationale for this work is that THE HUNGERFORD PROJECT is able to take its specialist service (or part thereof, namely drug advice and information), and disseminate it within organisations which do not have drugs specialist input, such as hostels and day centres. This type of service has been termed *'satellite work'* and has enabled the Detached Team to work with a wider range of young people including typically "hard to reach" groups.[1]

Over the period during which this report was compiled, the Detached Team worked in the following settings:

[1] Flemen:1995.

CENTREPOINT BERWICK STREET is used by a young client group, many of whom are newly homeless in London. Young people are restricted to three fortnight-stays at the shelter. HUNGERFORD workers conducting sessions at the Shelter meet many young people who are new to London, or have not lived away from home before.

At the **CENTREPOINT OFF THE STREETS** hostel on Dean Street, the situation is reversed. The hostel is aimed at more long-term young homeless people, and offers a short stay once per month. The client group is older than that at BERWICK STREET, and includes people who have been homeless in London for several years.

By conducting satellite sessions at both the above hostels, THE HUNGERFORD has been able to maintain contact both with newly homeless young people, and those who have been homeless for longer.
Not all young people can or will use hostels. However, some of those who don't, do use day centres, such as **THE LONDON CONNECTION**, or **NEW HORIZON**. Such centres offer a variety of services, including advice, information, recreation, cheap food, and shower and laundry facilities. Thus, young people in a variety of housing situations - street-homeless, long-stay hostels, bed-and-breakfast, and squats - use these centres. Satellite provision in these centres therefore allows contact to be made with a range of homeless young people in addition to those staying in hostels.

Finally, 'streetwork' provides contact with young people who do not use any statutory or voluntary services. Streetwork has been successfully used for many years, again in a variety of settings. As the name implies, workers literally walk the streets, meeting young homeless people in doorways, subways and on street corners, offering a range of services, including basic advice and information on drugs, safer drug use, information about drugs and primary health care services available to them and the provision of clean injecting equipment. Many of the people met through streetwork, as a result of sleeping rough and being or feeling excluded from other services, are

under-represented in studies of Youth Homelessness. Streetwork, in combination with the other work methods outlined above, has enabled THE HUNGERFORD to draw a more complete picture of the homeless situation than has previously been possible.

Empirical data for this study stems from on-going monitoring as it is routinely conducted by THE HUNGERFORD. This yields a profile of the young-homeless population, an insight into the extent and nature of their drug use, and a record of their housing situation at point of contact.

Alongside these empirical findings stand the observations and comments made by young people. These are as important as, if not indeed more important than, the numbers. Whilst it is not possible to say how statistically representative these comments and observations are, they are very real and true for the young people who experience them. It is important to understand the extent of homelessness; it is also important to understand the nature of it, and how young people experience it.

The young people who made observations and statements were informed of the use to which they would be put, and agreed to this. The anonymity of individuals was, of course, assured, and this report consequently does not identify any of its sources where they are homeless young people or clients of THE HUNGERFORD DRUG PROJECT or any of the agencies we work with.

CHAPTER II

HOMELESSNESS

2.1 A Synopsis of London Youth Homelessness

2.1.a HISTORY OF HOMELESSNESS IN THE UK

Homelessness is sometimes regarded as a modern aspect of Urban life. This is, however, not the case. It is important to remember that homelessness

- ? is not a new phenomenon
- ? is a cross-cultural, cross-gender phenomenon
- ? affects people across a wide age-range
- ? is not restricted to London or other conurbations

Homelessness has been an ever-present aspect of British society for several centuries. For a collection of reasons - financial, social and political - people have been compelled, or have chosen, to leave 'home' and seek accommodation effectively on the margins of society.

The extent of homelessness generally can only ever be guessed at. Studies have indicated the following:

- each night, approximately 8000 people sleep rough[2]
- between 50,000 and 80,000 people are squatting[3]
- 760,00 households have to share with friends or relatives[4]

These figures are, however, likely to underestimate the true extent of homelessness. Many people exist as 'hidden homeless'. For instance women, people from ethnic minority groups, young people, and lesbians and gay men

[2]Shelter:1992

[3]A.S.S.:1994

[4]Sources: Shelter [1992]; A.S.S: [1994].

tend to under-use hostel accomodation for reasons ranging from being uncomfortable in places where they feel marginalised to facing actual hostility in settings which may not have implemented egalitarian service delivery

policies catering for all client groups. In addition, they are less likely to sleep rough due to the greater risks involved, such as sexual or racial abuse, homophobic violence ('queerbashing') etc. Consequently, whilst being homeless, such populations remain hidden, staying with friends, relatives or partners, and thus fail to be represented in studies or research considering the extent of homelessness.

Whilst the spectre of homelessness has been ever-present, the past few years have seen an escalation in the number of homeless young people. SHELTER, the national charity working with homeless people, has estimated that, at present, around 156,000 young people are homeless each year.[5]

This increase in Youth Homelessness has not been restricted to big cities or areas of high unemployment, but has permeated the whole country: smaller towns, rural communities and coastal towns have also witnessed a rise in homelessness figures. A 1990 report observed that:

> *"homelessness has been growing faster outside London than in it for the past twenty-five years."*[6]

Figures from the Census, cited by SHELTER, indicate that 60% of people recorded as sleeping rough are outside Central London. Similarly, 60% of households accepted as homeless were identified outside London and the South East, and 41% of acceptances were based in non-metropolitan parts of England.[7]

2.1.b THE NATURE AND EXTENT OF HOMELESSNESS IN LONDON

[5] ibid.

[6] The Times:14th March 1990.

[7] Shelter:1992.

Whilst recognising that homelessness is a national problem, there remain a large number of homeless people in London. At present there are estimated to be:

- 2,000 - 3,000 people sleeping rough in London each night
- 30,000 people living in squats in London
- 6,440 families living in Bed & Breakfast accommodation.[8]

In addition, there are many thousand more people staying in temporary hostels, staying with friends, relatives or partners, or living on traveller sites in the London area. These, the 'hidden homeless' hugely increase the total number of homeless people in London, to a level which, precisely because they are hidden, cannot be accurately quantified. However, applying the proportions of the national study by SHELTER quoted earlier to London, they may increase the totals identified above tenfold.

Young people do represent a sizeable proportion of the London Homeless Population. Randall offers the following figures as estimates of the extent of homelessness amongst 16-19 year olds in 'temporary accommodation':

Hostels	1000
In board and lodgings	1800
Squatting	2000[9]
In shortlife properties	900
Staying in other households, wanting own home	45,300
Total	51,000[10]

[8]Sources: Shelter 1992.

[9]SQUASH:1994

[10]Randall:1988

These figures are compiled from a variety of different sources and, as Randall observes, are again liable to under-estimate the extent of the problem.

CHAPTER III

CAUSES OF HOMELESSNESS - SOCIETAL

3.1 Overview

The psychological processes of leaving home are extremely complex. The processes by which young people become homeless are equally complicated. There may be factors that first prompt a person to leave home, and other factors that may cause and maintain homelessness.

3.1.a SOCIAL CHANGES

There have been some fundamental changes in the social structure of Britain which have had profound effects on young people, home, and the point at which young people seek to leave home. Leaving home and moving into rented accommodation has become an acceptable part of a young person's development at a far earlier point than was typical only two decades ago. It is no longer expected for young people to remain at home until marriage, or shortly after. Indeed, marriage is not seen as a prerequisite to co-habitation, and the rates of divorce and of children being born outside marriage have each increased to levels where they begin to parallel the erstwhile 'norm'.

The above factors do not, in themselves, cause homelessness. They do, however, create the framework for a society in which on the one hand young people do not expect to remain at home indefinitely, but instead envisage leaving home much earlier, and on the other the traditional support systems and sense of 'home and belonging' have ceased to exist.

3.1.b UNEMPLOYMENT

The social trends described above have been accompanied by rising levels of unemployment and changes in traditional employment bases. Young people from all over the UK and Eire perceive themselves as having little

prospect of obtaining work in their own localities, and so migrate in search of work.

This process represents a more fundamental shift than simply 'individuals looking for jobs elsewhere'. Rather, it has resulted in demographic changes which have radically altered swathes of Britain. Areas such as the North of England and Wales have seen the erosion and ultimate collapse of traditional industry and thus sources of employment and income. The drift of young school-leavers away from such communities has consequently increased, and is now often commonplace in these areas. This in turn reduces the chances of a natural rejuvenation of locally-based commerce and with it the incentives for further generations of young people to stay.

3.1.c CHANGES TO SOCIAL SECURITY AND HOUSING POLICY

A further collection of factors has resulted in young people becoming homeless following the decision to leave home. These include changes to the benefit system and changes regarding the construction, distribution, management and allocation of state-controlled housing stock.

The changes involving benefit and housing policy are complex and interweaved. It is not the intention of the present report to examine them in detail. However, some of the key factors include:

- Social Security Changes:
    - removal of benefit payments to people under the age of eighteen
    - cuts in housing benefit entitlement
    - cuts in entitlement to board and lodgings
    - introduction of the Social Fund, and the resulting loss of lump sum payments for deposits or rent in advance

- lower levels of benefit paid to those under 25, regardless of parity of circumstances
- restrictions on benefit payable to people leaving home to look for work.

- Housing Policy Changes:

  - the ending of Fair Rents set by Rent Officers, and the introduction of Market Rents, as set by landlords. This combined with changes in Housing Law has enabled landlords to charge higher rents and evict tenants more easily.
  - The curtailment of Local Authority house building. In 1975, in London, construction of new council houses stood at 20,100 units. In 1985/86, this figure had dropped to 1200.[11]
  - The reduction in available Local Authority housing caused by the above has been exacerbated by the sale of council houses - 91,000 since 1981.[12]
  - Cuts in Central Government funding to Housing Associations has resulted in a drastic curtailment of Association activities.
  - Legislation contained in the Criminal Justice Act criminalising squatting will increase the number of homeless people.[13]

[11] Randall:1988:p43.

[12] ibid.

[13] SQUASH:1994

CHAPTER IV

CAUSES OF HOMELESSNESS - INDIVIDUAL

4.1 'Push' and 'Pull' Factors:

Changes in demography, housing policy and social policy form underlying factors which have boosted the number of people who become homeless. These changes function within a wider social context. On a personal level, there may be specific issues which cause individuals to leave home, and which influence their subsequent direction having left home. The factors which prompt the decision to leave home can be considered '***push factors***'. The considerations that influence the choice of destination can be considered '***pull factors***'.

4.1.a PUSH FACTORS

There are numerous push factors that cause, or help cause, people to leave home. One, or several factors may act in concert with pull factors. The list which follows is not exhaustive; other factors may come into play, or those on the present list may be absent. However, these are some of the more common push factors observed:

i) *Family Factors:*
Commonly cited reasons for leaving home involve some disruption to the family unit. This includes parental separation, a parent remarrying or having a new partner, irreconcilable arguments with parents, or parents telling young people to leave the family home.

ii) *Leaving Care:*
Studies have indicated that 41% of young homeless people using the CENTREPOINT hostel in London have been in care. This figure suggests that leavers of care are 68 times more likely to become

homeless than non-care leavers.[14] Suggested reasons for this over-representation of young care-leavers amongst homeless populations have included:

- the failure of the care system to prepare young people for leaving care
- the disruption that being in care causes to young people during important developmental years
- the incidence of physical and/or emotional abuse experienced by young people whilst in care.

A leaver of care explains as follows:

"Years in care reduce self-esteem; [it] reduces control, increases feelings of rootlessness, creates learned helplessness and friendlessness. When we are offered independent accommodation, young people like us are unlikely to be able to establish systems of support or articulate concerns because of these experiences. What is more likely to happen is that we will abandon tenancies rather than stay and experience the isolation."[15]

iii) *Abuse:*

The extent to which abuse forces young people to leave home (or care) is only recently coming to light. Different organisations have indicated that between 30% and 80% of young homeless women suggest that abuse was a cause of leaving home.[16] The extent to which young men leave home due to abuse has been less well documented.

[14]Young Homeless Group:1991:p7.

[15]Young Homeless Group:1991:p9.

[16]4 in 10:CHAR:1992:Pxvi.

Randall[17], conducting research at the CENTREPOINT nightshelter in London, indicated 'violence' was a cause of leaving home for 3% of young people. However, this figure was not broken down by gender, so it is unclear how many young men left home due to violence. Similarly, this assumes that abuse was included in violence (no separate figure is given for abuse). Consequently, this figure is liable to under-estimate the number of young men who leave home due to abuse.

iv) *Financial Factors:*

People may be forced out of housing due to a variety of financial factors. These include rent arrears and other debt-related issues, reduction or termination of board-and-lodging payments, mortgage repossession, loss of job, or inability to afford deposits. A financial factor specific to young people is the pressure that

[17] Randall:1989:p12.

some of them experience to either leave home or find work in order to assist their family financially.

v) *Housing Factors:*

Housing factors may be straightforward issues such as eviction, end of tenancies, or lack of suitable accommodation. Other housing-related factors include: sharing overcrowded or poor-quality housing, living in areas or situations that are not appropriate.

vi) *Other Factors:*

Whilst the above represent some common push factors, there are a host of other reasons that cause individuals to leave home including:

- issues around drugs, drug-use, or selling drugs
- legal problems, such as warrants
- issues related to sexuality

- pregnancy
- depression, or other mental health problems.

4.1.b PULL FACTORS

These are factors that influence the choice of destination. The following pull factors apply to London, and to many other big cities, and, for many young people, represent the reason for coming to London:

i) *Jobs:*

The extent to which young people leave home in search of work should not be under-estimated. The migration in search of work follows patterns laid down since the Industrial Revolution, and is manifested by a drift, first to big cities, and then towards the South-East and London. Whilst it is possible to dismiss such drifts towards London as part of the Dick Whittington 'streets paved with gold' fantasy, such dismissal disguises the true nature of regional unemployment. Randall[18] points out the following: in Scotland, through 1987, there were 57.3 unemployed school-leavers for each vacancy; in London there were 1.1 leavers for each vacancy. Or, as Randall demonstrates:

"a young unemployed person has over 50 times greater chance of finding a job in London than in Scotland."[19]

ii) *Support:*

London offers a clear sub-culture of young homeless people which offers support to newcomers. This support ranges from practical help with where to sleep and get food, through to friendship, trust and love. For many young people leaving care or dysfunctional home situations this support is an important aspect of the London

[18]Randall:1988:p17

homeless sub-culture. Other people may come to London seeking specific communities; many young gay and lesbian people come to London, having experienced homophobia or isolation in their home towns. Involvement in a large, established scene such as that offered by London, may represent the first opportunity for many young people to feel and act confidently about their sexuality.

iii) *Anonymity:*

London, like any other big city, affords young people the opportunity to be anonymous, or to redefine themselves. Every aspect of a young person's life, from their name onwards, can be changed. People can arrive with whatever history they choose. Young people attempting to leave aspects of their past behind may be able to do so better in the anonymity of a big city.

iv) *'The Eternal Magnet':*

London, apart from the more tangible 'advantages' it offers, also has a less clearly definable appeal to young people: It is famous, big, the Capital. It acts like a magnet, drawing young people to itself. It can appear glamorous, rebellious, prosperous, and romantic. Standing under the bright lights of the West End on a summer's night, it is easy to see the appeal London exercises on young people from across Europe. Perhaps this age-old fascination, as much as any other pull factors, influences young people's decision to try to move to London.

[1] Ibid.

CHAPTER V

DRUGS

5.1 Background and Terminology

Drug use, like homelessness, is a long-established aspect of society. Since the dawn of recorded time, human beings appear to have been distorting their mental and physical states by consuming plants, inhaling vapours, or eating fungi.

Despite this, drug-use is still a greatly misunderstood and misrepresented phenomenon. Before considering drug-use and related issues, it may be useful to explore some of the terms that are frequently employed when talking about drugs.

5.1.a WHAT IS A 'DRUG'?

In a broad scientific sense, a *drug* is a substance, natural or artificial, that by its chemical nature, alters structure or function in a living organism.[20]

The term 'drug'[21] encompasses a wide range of substances, from commonly available ones such as caffeine, alcohol and nicotine, through medicines available with or without prescription (from Aspirin to Zovirax), to substances controlled under the Misuse of Drugs Act, such as cannabis, LSD, cocaine, amphetamines, Ecstasy and heroin.[22]

It is this last group of drugs - those that are illegal - which is most commonly thought of as 'drugs'. On the other hand, substances such as nicotine,

[20] DRUG INDICATORS PROJECT: Drug Problems; Assessing Local Needs: 1985: p 183.

[21] The term 'drug' is used here to encompass all psychoactive substances, i.e. any substance that affects the central nervous system. Consequently, substances such as solvents are incorporated within this term.

[22] For more information about these, and other illicit substances, refer to the bibliography.

alcohol and caffeine come in the guise of marketable commodities like cigarettes, beer or tea, and are therefore frequently not perceived as drugs, while others again are thought of as medicines or remedies. This report is primarily concerned with the following drugs: those controlled under the Misuse of Drugs Act, commonly misused pharmaceutical drugs, volatile substances, and alcohol in the context of problematic use.

5.1.b DRUG ADDICTION, DEPENDENCE AND PROBLEMS

Another commonly misused term is *'addiction'*. Very few drugs are in fact *addictive*. However, it is possible to become dependent on a range of drugs. In this report, the term 'drug dependency'[23] is used in place of the terms 'addiction' or 'habituation.'

The final term that requires clarification is *'drug problem*'. The term was for a long time associated with the stereotype of addiction. This has been revised to include:

> "*...any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his own use of drugs and/or other chemical substances."* [ACMD,1983][24]

This definition includes people who experience financial, housing or relationship problems through their drug use, and so is an appropriate definition to use in the context of this report.

5.2 **Background to London Drug Use**

As an affluent capital city, and as a busy port, London has always provided a focus for the (illicit) drug trade. It was the first place in Britain to try tobacco, and was also the first place to have a large number of opiate users. Amongst the gentry in Victorian London, there was a fashion for ether and nitrous oxide-sniffing parties.

Half a century later, London became the focus for youth sub-cultures, and their encumbent drug scene. It has been observed that:

---

[23] *A state, psychic and sometimes physical, resulting from taking a drug, characterized by behaviourial and other responses that always include a compulsion to take the drug, on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug.[W.H.O.:1969.]*

[24] Drug Indicators Project:1985:p185

"The geographical area around Piccadilly and Soho in London has been an established market for illicit drugs since the early 1960's."[25]

Whilst Piccadilly Circus may have been the Hub of the British Empire, it was also the hub of a very different culture. From the Mods, Rockers, through Punk, and into the Nineties, the 'Dilly' has provided an easy access point to the subculture of illicit substance use.

As fashions and trends have changed, so of course has illicit substance use. Whilst drugs such as heroin are still readily available, other once-popular drugs have fallen from fashion or have become unobtainable. Barbiturates such as Tuinal and Seconal, popular throughout the Seventies, are less readily available now. Similarly, prescribed stimulants such as Dexedrine turn up much less frequently on the street; amphetamine users rely more heavily on illegally manufactured products, rather than leakage from legitimate outlets.

Whilst some drugs ceased to be available, for other drugs the reverse has been the case: Ecstasy, LSD, and cannabis for instance are all readily available, and have become increasingly popular.

[25]Turning Point:1985:p17.

5.3 **Working With Young Drug Users**

5.3.a DRUG USERS AS A 'HARD TO REACH' GROUP

A number of factors act as powerful disincentives for young people to make use of drug-related service provision. These factors are primarily of a social and cultural nature. Certain groups, especially women, ethnic minorities, and young people have therefore become identified as 'hard to reach' groups. The following factors contribute to this:

? People may be reluctant to identify themselves as drug users because drug use is socially stigmatised, illegal and/or covert.

? Within both the drug using and non-using populations, an inability to cope with drug-use is frowned upon: people who use drugs are expected to be able to cope with their substance use, and failure to do so may incur peer disapproval. Examples of this include:

- the social pressure to drink, paired with the difficulty of admitting that one has a drink problem
- peer pressure amongst young people to use drugs recreationally, and the perception of some drugs such as cannabis, Ecstasy and amphetamines ('speed') as harmless fun
- peer pressure amongst young people to use drugs as a 'social prerogative', eg solvent use amongst adolescents, and the ostracism faced through refusing to take part in it
- the pervasive concept that inability to cope with drug use is a sign of weakness and failure.

5.3.a. i) *Barriers to Service Use - Women*[26]

[26] A discussion of issues appertaining to female drug use and service provision can be found in *WOMEN'S NEEDS ASSESSMENT'* by Jane Walker, see Bibliography in Appendix 1.

Women have traditionally experienced stronger societal pressure to conform to certain patterns of behaviour than men, which in turn has helped to obstruct their access to drugs provision. Some examples include:

- Drug use by women, whether excessive drinking, or illicit substance use, is condemned by society. Such behaviour is considered 'unlady-like' and meets with disapproval.

- Much female drug use emerges from indirect social pressure, and manifests itself as covert drug use. The pressure to appear slim, for instance, may encourage the use of amphetamines, slimming tablets, or smoking. The pressures of unwaged labour, such as house-work, may result in women being prescribed, and subsequently becoming dependent on, tranquillizers.

- Drug agencies have traditionally been the preserve of older male opiate users. This environment is often perceived by women as threatening and unsafe to enter, reducing the access women have to services.

5.3.a. ii) *Barriers to Service - Ethnic Minorities*

Utilisation of drug-related services by people from ethnic minority groups is also typically very low. Social and cultural factors combine to create barriers between ethnic minority groups and services:

- Much drug-related provision is based on Western understandings of drugs and drug use. Such models are inappropriate when working with ethnic minority groups. Consequently, these groups may consider drug agencies and information inappropriate and irrelevant to their needs.

- Workers from ethnic groups tend to be under-represented within the drugs field. This reinforces the image that drug projects are run by white workers, for white clients.

- Some drug use, especially intravenous use and opiate use, can be seen as typically 'white' drug use, and heavily stigmatised within Black communities. Consequently, it is harder for users of these drugs from ethnic minority groups to admit to their drug use, and seek advice or assistance.

- Studies indicate that drug users from ethnic groups are more likely to turn to friends and relatives than to drug agencies.[27]

Further consideration of the issues facing black drug users is offered by the 1993 study undertaken by THE HUNGERFORD DRUG PROJECT in collaboration with the CENTRE FOR RESEARCH ON DRUGS AND HEALTH BEHAVIOUR, entitled *"Assessing the Needs of Black Drug Users in North Westminster"* (See *Appendix 1, Bibliography).*

5.3.a. *iii) Other Hard-to-Reach Groups:*

For other groups, such as lesbians and gay men, disabled people, and people who are homeless, other barriers to services exist. These may relate to fears of stigmatisation, problems of access, or lack of awareness within agencies of the specific needs of these groups[28].

5.3.b RESPONSES

The net result of these impediments has been to reduce the extent to which specific groups choose to use drug-related provision. It increases the likelihood that 'hard-to-reach' groups will only avail themselves of services at times of crisis (if at all). Consequently, there would appear to be a need for

[27] Perera, J. et al: 1993.

[28] A more comprehensive examination of factors preventing 'hard-to-reach' groups from taking up drugs services offered can be found in *Making Contact,* a study of satellite work undertaken by THE HUNGERFORD DRUG PROEJCT. See *Appendix 1, Bibliography.*

work models that allow workers to contact 'hard-to-reach' groups at an earlier point, interceding with advice and information before such crises occur.

A combination of non-centre based initiatives has emerged as the most effective way of reaching such groups. These initiatives are satellite work (undertaking specialist work within a non-specialist organisation) and detached work in street-settings. These approaches have successfully been used to overcome many of the obstacles that made the target group ‘hard to reach’ with other methods of work.

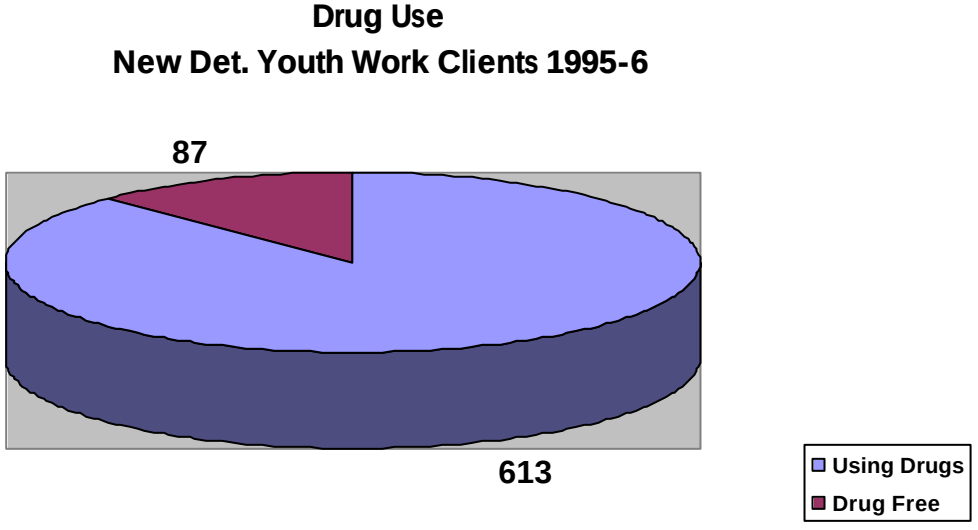
CHAPTER VI

THE EXTENT OF DRUG USE AMONGST YOUNG HOMELESS PEOPLE IN LONDON

Drug use is recorded on a routine basis amongst clients coming into contact with the Project. Drug use is recorded in terms of all drugs currently used by the client, a main drug if one is identified/ or that the client was a multi-substance user (i.e. using three or more
drugs on a regular basis.)

On an initial contact, many clients are understandably reluctant to disclose information about their personal drug use; this is recorded as information "not known" or rarely not recorded on the monitoring forms. For the purpose of clarity when examining the prevalence of drug use amongst clients contacted/ the following figures are based on clients where drug information is known.

In the period April 1995 to March 1996, the Detached Youth Work Team made 1000 new contacts/ young people met through satellite work and street work. Of these, information was recorded about drug use for 700 individuals. Amongst these clients, the incidence of
drug use was as follow:



These figures indicate that, where information about drug use is known, at least 88% of new contacts were using at least one drug. Only 12% of clients indicated that they had not recently used a drug (typically within the last month.)

By comparison, Tyier (1995) records that:

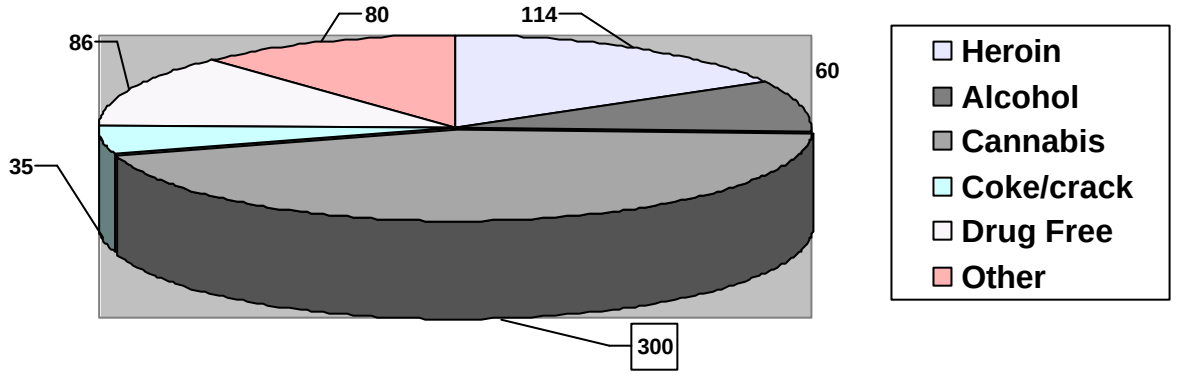
of people living in inner cities, 42% of sixteen to 19 year olds and 44% of twenty to twenty-four year olds have taken drugs at some time.

It seems that the prevalence of drug use amongst young homeless people in Central London is at least twice that of their non-homeless peers in inner cities.

It is also worth examining the drugs being used by the Project's young client group. This table is based on the main drug being used if and when one was recorded:(n = 675)

Main Drug Used

New Det. Youth Work Contacts 1995-96



In the above chart, the category marked 'other' includes amphetamines, tranquillisers, solvents, ecstasy, LSD, steroids, and 'OTCs' (over-the-counter) medicines. As the proportion of clients identifying these as their main drugs is very low, the proportions have been combined for the sake of clarity.

These figures relate to the main drug that a contact uses. For many people however, two or more drugs may be used. Thus, many people might identify cannabis as their main drug, but use Ecstasy, amphetamines or other drugs, in addition. Recreational drug use,
such as use of LSD, Ecstasy, or amphetamines, is therefore under-represented in the figures obtained for 'main drug used.' Such drugs are typically used on a weekly or irregular basis, rather than every day, whilst often being accompanied by regular cannabis use,
which is consequently recorded as the main drug. Alcohol use is only registered

as “drug use” if it is perceived by the client as problematic.

Tyier (1995) records that 24% of young people aged between 16 and 29 reported long-term cannabis use, whilst, in inner cities, 2% of sixteen to twenty-five year olds had sampled heroin.

In the sample recorded at the Hungerford, 44% identified using cannabis regularly, and 17% identified using heroin.

Again, the proportion of young people using cannabis is almost twice that of the general population; the proportion of young people using heroin amongst young homeless people is at least eight times higher than amongst non-homeless young people.

This startling over-representation of young heroin users is even more stark when one examines the extent of heroin use amongst clients met during street work. Here, 35% of clients identified as using Heroin or other opiates, some 18 times higher than in the non-homeless sample described by Tyier.

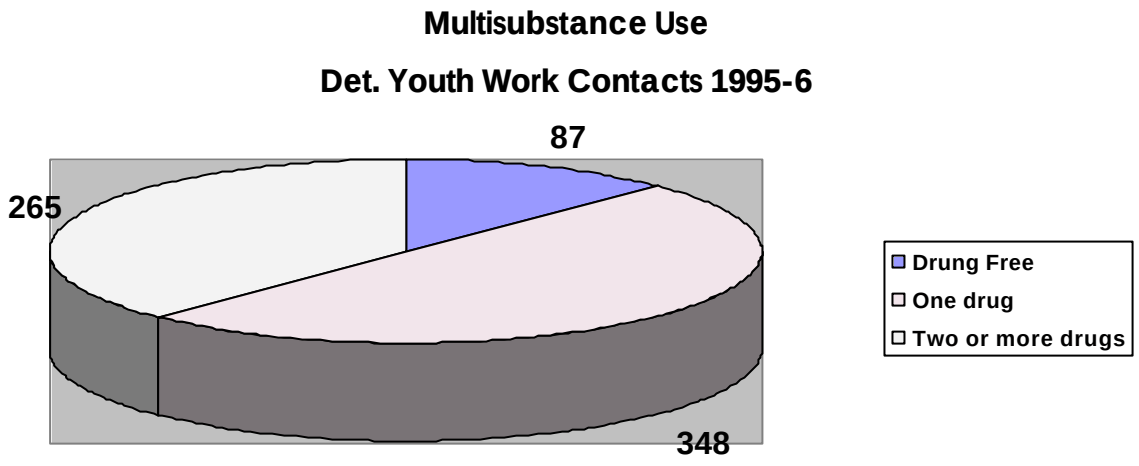
It could be suggested that, because the Hungerford is a drug project, people in touch with the service would report a higher incidence of drug use than the general population.
Whilst this is true of sections of the service which clients access by self-referral (e.g. the drop in or the telephone help line) this is emphatically not true of Detached Services (i.e. Street work and satellite work.) When working in these environments, workers 'cold
contact (initiate contact with a person unknown to the service) people, and will work with them whether or not they are using drugs. There is no assumption that young people will be using drugs, and all contacts, whether using or not, are recorded for monitoring purposes. Thus, these contacts represent a cross section of hostel and day-centre users, and people who are contacted on the street.

Multi-substance use:

As mentioned above, many clients present as using more than one drug. Often this takes the form of several "recreational" drugs being used together, e.g.: " / smoke cannabis and drink nearly every day, and use E's and Acid once or twice a month."

In other settings, clients report using one drug to reinforce or counter the effects of anotherdrug, e.g: "I've been using crack for ages, but can't cope with coming down without using a bit of Heroin. And sometimes, when I'm really bad I'll take some tranx to help me
sleep."

The extent of multi-substance use recorded was as follows:



Whilst 49% of young people were recorded as using one drug, a significantly high 38% identified as using two or more drugs.

Intravenous Drug Use

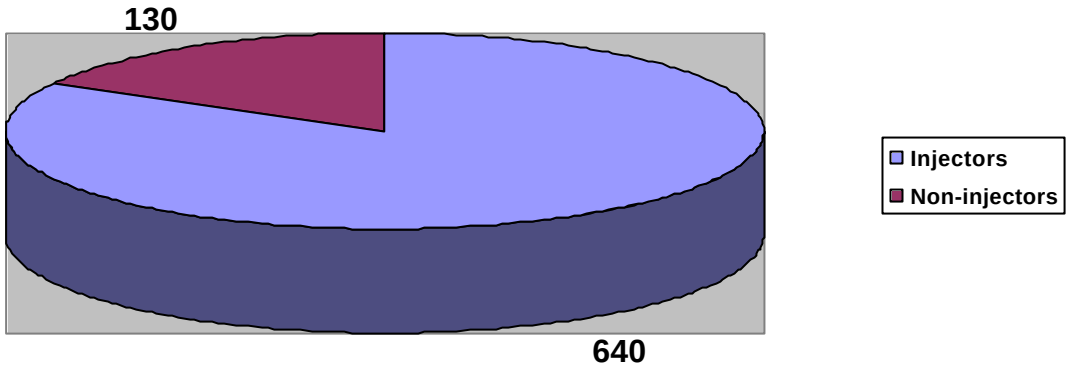
Young people who use drugs intravenously face a range of health problems. The heightened risks of HIV and hepatitis infection, blood poisoning and overdose make injecting a dangerous practice. In addition, intravenous users face injecting-related complications such as abscesses, thromboses, ulcers, collapsed veins, and septicaemia.

Injecting drug use also attracts a higher level of social stigma than other forms of illicit substance use. This is as true amongst the young homeless community as it is amongst the wider general population. Use of cannabis, and to a lesser extent recreational use of LSD, Ecstasy, and amphetamines is condoned, if not actually approved by young homeless people. Non-intravenous use of other drugs, such as cocaine or heroin, receives less approval, whilst the use of crack or intravenous drug use is stigmatised. The prevailing societal image of "dirty junkies" with needles buried in scabby arms extends, to so some degree, through

to some elements of the homeless community.

Of the 1000 new contacts recorded in the period 1995-96 information relating to injecting behaviour was recorded for 670 contacts. The extent of intravenous drug use was recorded as follows:

Injecting Drug Use
Det. Youth Work- New Contacts 1995-6



The extent of IV drug use amongst people contacted by the Detached Youth Work Team stands at 19%, almost a fifth of all young people contacted. As a proportion of young people contacted through street work, the extent of injecting drug use is still more pronounced. Where method of use was recorded, 49% of respondents indicated that they were currently injecting. Given the concerns mentioned above regarding the increased health risks facing young people who are sleeping rough, the high proportion who are also injecting are especially at risk of damaging their health.

In an effort to increase the contact that young homeless injectors have with agencies the Hungerford joined the 'Pharmacy Exchange Scheme', and started carrying Needle Packs These were primarily intended for 'emergency' situations, e.g. times when needle exchanges were closed. Increasingly, however, workers have been coming into contact with young people who have failed to access existing services, relying on friends or other outlets not only for clean injecting equipment, but also for advice about how to inject.
The extent of injecting injuries and related problems amongst these clients is alarming but also preventable.

CHAPTER VII

REASONS FOR DRUG USE

7.1 Experimental and Recreational Drug Use

Young people use drugs for a variety of reasons. The majority of drug use emerges from experimental and recreational drug use. Young people may use drugs because having tried a drug they find that they enjoy the effects of the drug, and so use them again.

Going to a club, going out with friends, or simply sitting in a park in the summer may provide an environment for drug use. Drug use in such settings may, for the user, heighten the enjoyment or appreciation of the situation. Various drugs may make the user feel more relaxed, more alert, less inhibited, more introspective or more talkative. Some drugs enhance perception of sound and colour. Others may give the user the energy to stay out all night.

Young people try a variety of drugs to obtain the effects that they want:

> *I just like to giggle when I take drugs. I tried heroin and found it did the opposite and I didn't like it. I'd like to try an E, but I think that Trips are wicked.*[29]
>
> [Woman, 19, homeless 18 months.]

Drugs are widely available in the West End, promoting experimental and recreational use. Young people frequently say to workers *"I tried Acid* [or Ecstasy, amphetamines] *for the first time last night."* Some people find after this first experiment that they do not want to use the substance again:

---

[29] E: Ecstasy, Methylenedioxymethamphetamine, MDMA.
Trips: LSD, Lysergic Acid Diethylamide, Acid.

> *I had some Acid last night and it was really bad; it was really strong and I got really scared and thought I was*

dying and then I gotreally paranoid. I've been feeling like shit all day; I'm not going to try it again.

[Woman, 18, recently homeless.]

Others enjoy the experience, continue to use, and maybe try other drugs. Such use may become problematic later:

I want to try something different; Es are shit. I don't want to start on speed[30] again 'cos I'll end up back on coke.[31] So what else can I take to give me a buzz ?

[Man, 21, homeless 1 year.]

For others, the desire to experiment can lead the young person into contact with drugs that they have not previously tried, or are unsure how to use safely:

Someone offered me a gramme of MDMA powder for £50. If I got it how much should I take at once - half of it? Will I get a buzz off it?

[Man, 20, homeless 2 years.]

7.2 Peer Pressure

Experimental use, and much recreational use, is attributed by young people to peer pressure. For a young person entering the West End, there is a great deal of social pressure to use drugs. This ranges from the casual offer to share a spliff,

7.3 Boredom

Another important contributory factor that may stimulate drug use is boredom. Many young people use drugs to escape the monotony of homelessness, of unemployment, and of lack of recreational alternatives. Whether staying in a hostel, or sleeping on the streets, young homeless people have a great deal of time with little or nothing to do.

[30]Speed: Amphetamine Sulphate; illegally produced stimulant.

[31]coke: cocaine.

through to the pressure to take LSD or amphetamines at a club. Drug use is a part of belonging to the sub-culture of the West End. The desire to be part of this friendship group can become a major incentive to take drugs:

> *It was really cool last night. We were all down the Subway, and we'd got a bit of money together. So we got some cans in, and a bit of draw[32] and then someone gave us some trips so we took those. So we were all up all night talking and laughing. It was brilliant, like really good buzz. And all these other people kept coming by and joining us and giving us spliffs[33]... It was a totally pukka night out with all my mates.*
>
> [Woman, 17, homeless 1 year.]

[32]Draw: cannabis, usually cannabis resin.

[33]spliffs: home-rolled cigarettes containing cannabis.

Young people usually have to leave short-stay hostels early in the morning. While some people may have appointments regarding housing or jobs, others have little to do except begging, or using facilities in day centres, until the hostel reopens in the evening. For people sleeping on the streets, the void of inaction can stretch for 24 hours, broken only by the need to generate money, get food, and maybe use shower and laundry facilities.

Drug use represents a way of distorting time, so that the day is not so long, or is bearable. *"What else is there to do?"* is a frequent response to the question 'why take drugs?' This type of drug use is closely linked to *'self-medication*' and *'escapism*'. Here, rather than taking a drug for general recreation, the drug is taken to achieve a certain purpose, such as avoidance of one's situation or feelings.

7.4 **Self-Medication and Escapism**

Some young people try to escape the emotions brought on by homelessness through drug use:

I feel loads better when I'm stoned. I don't worry about money, or getting to a hostel. I feel alright and can sit begging for ages without getting bored or feeling self-conscious. I think I'd get really depressed if I didn't stay out of it so much. When I don't use I start getting down about my situation. So I have a smoke or a drink and I feel OK again.

[Man, 23, homeless 2 years.]

Other young people attempt to block other feelings through their drug use. A man who had been abused by his family explained:

I want to stop using, but when I do, I start having bad dreams; then it all comes back and I start getting panic attacks, and get really depressed. I can't cope with myself when I'm straight, because there's too much in my head. So I stay out of it, and then I'm OK.

[Man, 17, homeless 15 months.]

In addition to blocking traumatic memories, young people may self-medicate to avoid physical discomfort or to help them sleep:

It's so cold on the streets in winter; it hurts so much that you can't sleep; so I have a hit, and then I can sleep, get away from the cold. Just get a glow round you and don't feel the cold or the pavement. Nothing else is going to take the cold away like smack.[34]

[Man, 24, homeless 2 years].

[34]Smack: heroin.

Others use drugs to obtain a degree of stability in their lives:

I get really hyper if I don't use, really stressed and I get into fights. I used to get prescribed valium, but can't get a script[35] *here so I buy DF's, temazies*[36] *or methadone on the street and they calm me down. But I'd like a script so I don't have to beg for money.*

[35]Script: prescription from G.P. for controlled drug.

[36]DF's: DF118; Dyhydrocodeinol; opiate based, prescription drug.
Temazies: Temazepam; prescription tranquillizer.

[Man, 22: homeless 14 months.]

The self-medicating use of drugs can easily develop into dependency:

> *I used solvents and hash[37] because I got on with people better when I was stoned. Now I drink all the time. I beg up some money, and blow it all on booze - then I get too drunk to beg. I feel like I can't talk to people unless I've been drinking.*
>
> [Man, 24, homeless for over two years.]

Sometimes, attempting to escape one problem can create others, and this reinforces dependency:

> *I came to London to get away from drugs but hadn't left [emotional] problems behind so I carried on using and now can't stop because of my housing situation and staying in hostels.*
> [Woman, 22, homeless for 10 months.]

With some drugs, such as opiates and tranquillizers, physical dependence can develop. A 23 year old man, who had been using heroin and cocaine intravenously, had come to London and successfully stopped injecting. However, he had continued to use cocaine, and found this harder to leave. He had been prescribed Valium to help him withdraw. He said:

[37] hash: cannabis.

> *I stopped using coke, so my GP stopped my Valium script. I hadn't used coke for a while, but couldn't sleep and kept getting panic attacks. The GP tried me on some tranx but nothing worked, so I started buying Temazies andthey worked. But I can't get a script for them and can't stop using them because I feel really stressed when I can't get any.*
>
> [Man, 23, homeless 8 months.]

7.5 Subculture as a Survival System

The clearest way to understand (some) drug use amongst homeless young people is to view it as one element of a sub-culture. In turn, it is possible to view the entire sub-culture as a survival system. This model was espoused by Fiddle (1967), with reference to 'addicts.' Whilst Fiddle's terms of reference may now be obsolete, the model he proposes remains relevant. In considering subculture as a 'survival-system,' he proposed that:

> *"...not only are there patterns of interaction that make it possible for the addict to obtain drugs, but there is also the transmission of skills and information that make it possible to live as an addict, and an ideology that provides a justification for the way of life. The skills and information may be about how to cope with the police, how to make a living without working, where to find a place to sleep for the night, or how to talk to doctors for the maximum effect."*[38]

A similar analysis can be applied to young people who are homeless in London. Codes of behaviour, language and ideology exist. They exist because they have to, if young people are to survive in a homeless state. So begging and shop-lifting are condoned within the subculture, whilst theft from other homeless people is frowned upon. Drug use is accepted, and is normalised. People are expected to share resources such as cigarettes, money, and drugs. There is an expectation that people should look after each other to an extent, and this manifests itself by small groups of people sleeping in the streets together, for mutual safety.

None of this occurs by design, but rather by necessity. A homeless existence in London is potentially dangerous, cold and uncomfortable. Money and food arrive irregularly. Consequently, young people are compelled to cooperate and to replace societal norms with sub-cultural norms: to use drugs, beg, steal, shoplift and fight.

When young people talk about the homeless 'community' or 'family,' they are referring to this sub-culture. And it is, on the whole, supportive, mutual, and welcoming. However, the point must be reiterated that it exists through

[38] Stimson,G:1973:p19.

necessity, not choice. Indeed, many young people who are homeless and using drugs see little prospect - or point - in stopping their use while homeless. One young person explained:

> *What's the point in stopping. I can sit in a doorway, take some speed or some acid, and smile, feel OK, talk to everyone, and not feel like shit and worthless and think about being homeless all the time. And if I stop using, I'll still be here, except I'll feel the cold and be hungry, and know that everyone thinks I'm a dirty scrounging tramp. So why should I stop using ?*
>
> [Woman, 17, homeless for 9 months.]

Drug use is part of the sub-culture. It can help make homelessness bearable. It can make homelessness fun. Drug use can mask past unhappiness or fears about the future, allowing young people to endure, more easily, their current situations.

PART TWO:

ISSUES AND PROBLEMS FACING YOUNG HOMELESS DRUG USERS

The second part of this report examines in more detail some of the key problems faced by young people who use drugs. Where appropriate, these problems are examined in relation to homelessness.

There are six key problem areas. One or more of the problems may be present, or none at all. If no problems are present, then the drug use can be considered non-problematic.

The key issues are:

- **accommodation**
- **legal problems**
- **financial problems**
- **health problems (including HIV/AIDS)**
- **social problems**
- **family problems**

The following chapters look at each of these specific problem areas in greater detail, and conclude by offering some proposals to tackle them.

CHAPTER VIII

ACCOMMODATION

For a number of young people, there is a relationship between drug use, and homelessness. Initially the relationship may take the form of:

- drug use as a push factor, or
- drug use as a pull factor.

8.1 Drug Use As Push Factor

Young people may be compelled to leave their home or home area because of drug use or drug-related issues. A number of young people have said that they became homeless due to their drug use or a drug-related problem which prompted them to turn away rather than admit it to their parents:

> *I had to leave home; I owed this dealer money and I'd sold all my records and stuff, and some things from the house. But I couldn't tell my parents 'cos they'd kill me. So I came to London.*
>
> [Woman, 16, homeless for 2 weeks.]

Several young people have said that they left home to try and leave drug-related problems behind. Sometimes, the reasons for leaving are negative:

> *I was dealing crack for this bloke on my Estate. I was using a little and selling the rest. But I started using more and selling less, till I owed the bloke loads and wasn't selling any. So I had to get out of the area cos this bloke was really heavy - into guns and shit like that.*
>
> [Man, 21, homeless for 4 months.]

Other young people hope that leaving home will make a positive difference to their drug use:

I was bored; there was nothing to do and no prospects of anything to do. I used to do gas[39], cos there was nothing else to do. I had a nervous breakdown, was in hospital for a while, and when I came out, thought I'd better leave the area cos I'd just do it all over again if I didn't go somewhere else.

[Man, 19, homeless one week.]

Several young people said that they had left home to try and escape the drug scene.

We'd been living in Brighton, and been using really heavily there. We came to London to try and get off using. The Brighton scene is too heavy and we had to get away from it. We wanted to come here and get a script from a London DDU[40]. There's no way we could stick with it while we were in Brighton.

[Man & woman, early 20's, homeless in London 1 month.]

The above example is typical of numerous other young people who have said that they left home for similar reasons. All that changes is the name of the town, and the drugs used.

8.2 **Drug Use As A Pull Factor**

Conversely, some young people come to London because they believe that drugs are more freely available. One young person explained:

I'd lived in Germany for a while and started cranking[41] smack[42]. Then I came back to England and was living with my Mum. But she lived way out in the country and there

[39]gas: Butane gas; sniffing this is a from of solvent use.

[40]DDU: Drug Dependency Unit.

[41]Cranking: injecting drugs.

[42]smack: street-name for Heroin.

was no-one to score off so I was ripping off Ketamine[43] and stuff so I moved to London cos I didn't want to stop using.

[Man, 21, homeless six months.]

Others come because their drug use is likely to be tolerated, supported or at least overlooked in London.

[43]Ketamine: anaesthetic, primarily used by vets. Sometimes mixed with other drugs and sold as Ecstasy, or Special K.

I want to use drugs; its my choice, my body; no-one should be able to say that I can't do this. At least here people don't tell me what I can and can't do, should or shouldn't take. I get really pissed off with all these people who say that it's stupid or dangerous. That just makes me want to use more.

[Woman, 18, homeless 4 months.]

8.3 Drug Use and Homelessness: The Vicious Circle

People may have left home due to drug-related problems, or come to London, believing that it will have a positive effect on their drug use. However, drug use can have a detrimental effect on a young person's prospects of being housed. On an immediate level, young people may be evicted from hostels and day centres for drug-use on the premises. Most hostels and day-centres have policies restricting drug-use on the premises. Young people often break these restrictions, smoking cannabis in hostel rooms, arriving intoxicated, or using other drugs on the premises. Occasionally, young people are evicted for dealing drugs in hostels and day centres.

Such drug use firstly maintains people in a street-homeless situation, and secondly prevents young people from using services that try to assist with housing, and other issues.

More extensive drug use may conspire to maintain young people in a homeless state. For example, young people may spend large amounts of money on drugs, and so have too little money to put towards deposits, or paying rent.

CHAPTER IX

LEGAL PROBLEMS

Young homeless people interact with crime on two primary levels. Crime may have acted as a push factor that contributed towards initial homelessness. Other young people are later criminalised through their experience of homelessness. Some of this initial, or subsequent criminalisation may be drug-related.

9.1 Crime As Push Factor

Young people may have left their home environment due to crime related factors. Amongst the most common of these are young people who have

- jumped bail
- arrest warrants
- unpaid fines outstanding

In such situations, some young people may choose to leave their home area and come to a big city such as London.

Common offences that young people have been charged with prior to coming to London include:

- possession and/or supply of controlled substances
- theft/burglary/shoplifting
- taking and driving away
- assault

Other young people have been released from Young Offenders Institutes, prison, or remand. On release, they may have been unable to return home, and consequently became homeless.

Young homeless people who have come to London to avoid legal problems face some specific problems. Compelled to exist under aliases, such young people cannot get any state benefits. In turn they are unable to use hostels, and so often have no option but to beg for money and sleep rough.

9.2 Criminalisation While Homeless

A homeless existence invariably brings young people into conflict with the police. Legal issues that recur for homeless people include drug offences, begging, shoplifting and vagrancy. These are the offences for which young homeless people are most frequently prosecuted. Less frequent offences include obstruction, assault, and burglary.

Other young people develop subsequent legal problems relating to non-payment of fines, or breach of bail/probation conditions. Generally, young people receive cautions or fines for the above offences. However, due to the financial situation experienced by young homeless people, they are unable to pay fines, and so may receive custodial sentences. Some people find themselves in worse trouble due to receiving fines:

> *I've just had a day inside; I got nicked for begging, and they gave me a fine. So I was trying to beg enough money to pay it, and got nicked again. But 'cos I had this outstanding fine they said I'd have to do a day inside. Which seems stupid; I mean what's the point of fining me when I've got no money anyway. I wouldn't be begging if I had money, would I?!*
>
> [Man, 22, homeless 9 months.]

For some young people, offences committed whilst homeless represent their first legal transgressions:

> *I've never been in trouble with the police before. And I never thought I would be. But they just seem to hassle you. I'm sitting there, and they say 'if we see you there again, we'll nick you.' So I move somewhere else and they say the*

same thing. So where am I meant to go? They think you can just go home, but I can't. So I've got to sleep out and I've got to beg.

[Woman, 19, homeless eight months.]

Other people are released from the penal system, and find themselves back on the streets. Some of these people have no desire to commit further offences, or breach parole conditions, but find it difficult to achieve this. Such problems may be exacerbated by their drug use:

I got let out two weeks ago, from [a London prison]. I came to the West End, because I knew people here and needed to beg enough money to pay for my drugs. But my Probation Officer is in [a North London Borough]. They give me money to pay for my fares, but I keep spending it on drugs. I don't want to go back inside, but I think it's going to be inevitable. I can't tell my probation officer why I spent the money, so they just think that I don't want to meet their conditions.

[Man, aged 29, homeless 2 weeks.]

Homeless culture breeds a degree of criminality. Young people, who feel dispossessed by society, perceive themselves to have little choice but to beg, steal, and sleep out on the streets. In turn, the police must undertake to uphold the Law. This inevitably creates a conflict between the two parties. The consequence of this is that young people, who may not have had any previous problems with the Law, are criminalised whilst homeless. This criminalisation further dis-advantages young homeless people. It may make it more difficult for young people to secure employment, accommodation, or reconciliation with parents. And more fundamentally, it reinforces the extent to which young people are alienated by society.

9.3 Young People, Drugs and The Law

Young people may be arrested for possession or supply. They may be cautioned, fined or imprisoned. For young homeless people, paying fines may be impossible.

Drug-related convictions may have an adverse impact on a young person's attempts to find accommodation or work. Some may become involved in non-drug related criminal activity, such as burglary or theft, to finance their drug use. Such activity increases the extent to which young drug users may encounter legal problems as a result of their drug use.

CHAPTER X

FINANCIAL PROBLEMS AND THE HOMELESS ECONOMY

The majority of young people who are homeless in the West End are unemployed. Some obtain work on a casual basis, or are working within initiatives such as the *Big Issue*. Others go on to obtain permanent work. Without a secure address or presentable clothes, however, most do not stand much chance of obtaining work while homeless. The rest still need to generate money. Most people claim money through the DSS. However, not all young people choose to claim. Some, who have run away from bail or arrest warrants, fear that they will be traced if they start signing on. Others are under-age, and are not entitled to benefit. Some choose not to sign on because they want nothing to do with *'The System'*.

For those who do sign on, 'the giro' is frequently insufficient. Shortage of money is inevitable if any sort of drug dependence is to be sustained. For those who do not claim benefit, and those who need more money than is provided by income support, there are a number of ways of generating money.

10.1 **Making Money**

10.1.a SHOPLIFTING

Young people who are homeless mostly have the same aspirations as young people who are in more stable accommodation. They want to look smart, attractive to their peers, and clean. When homeless and on benefit, this is not easy. Showers and laundry facilities are readily available in day centres, but clothes, footwear, and other accessories are not. One way of obtaining such goods is to steal them:

> *I've got no new clothes. I don't want to go around in this messed-up gear. People stare at you, think you're dirt, won't talk to you. I may be homeless but I've got pride. I'm not an animal. So I have to go and tax things from shops, like these trousers and my jacket. So now I've got some*

respect, some dignity. I can go out in the evening, go to a pub or the cinema, and people won't think I'm some dirty tramp.

[Man, 19, homeless 5 months.]

Shoplifting also provides an opportunity to get money. There is a ready market for stolen clothes and other consumer goods which are then sold on in a variety of settings in the West End.

10.1.b BEGGING

Contrary to popular belief, the majority of young people begging in the West End do not make hundreds of pounds a week. Certainly in winter, and especially during the run up to Christmas, young people make more money. But at other times, a day's begging may yield little more than £15. Sometimes, a young person will have a handful of small change after several hours of begging.

Many young people are not proud that they have to beg:

I hate begging; sitting there watching all these people walking by, pretending not to notice you. Some say 'Why don't you get a job', and the rest just ignore you. I'd rather be working; it's humiliating to beg for money off people. But I have to make money somehow and this is one way. There are easier ways, like mugging people, but I'm not into that. Even if I only make a tenner a day I'd rather do that than mug someone.

[Man, 21, homeless one year.]

10.1.c MUGGING AND 'TAXING'

Some people do not share the sentiments of the young man above. Though it is less common, some young people do resort to demanding money with menaces.

Mugging and 'taxing' are the commonest forms of violent crime for money. 'Taxing' involves groups of young people demanding money off other homeless people, often money that was made through begging. Taxing occurs periodically, more frequently in the summer.

10.1.d DEALING

Some homeless people sell drugs. Younger people tend to deal small amounts of cannabis, Ecstasy, amphetamines and LSD. They sell mainly to friends and peers. Older homeless drug-users tend to sell more heroin, methadone, and tranquillizers.

Amongst homeless young people, it is primarily those who use drugs themselves who deal. Sale of drugs does not represent a primary source of income amongst young people. Out of all the contacts made by THE HUNGERFORD's Detached Youth Work Team, not one indicated that their main source of income was from dealing.

10.1.e THE SEX INDUSTRY

Involvement in the sex industry appears to be minimal amongst the young homeless people encountered by the Detached Youth Work Team. A number of young people have said that they were approached by people attempting to recruit them into prostitution. Others have had offers made by potential 'punters'. However, young people have been involved in the sex industry. One young man arrived in London, and a week later started selling sex as *"partly business, partly pleasure"*. Other young people have said that they contemplated working in the sex-industry, but only as a last resort, if they could not get money any other way.

A more common alternative is 'clipping': offering sex-for-money, taking the money, and then running away. Some people undertake this regularly, others periodically. One young man recounted his experience of clipping:

I tried clipping a punter; but he caught up with me and I got into a fight. I don't want to do it again, because I want to get into the Gay Scene here, and I might run into punters I've clipped.

[Man, 19, homeless 3 weeks.]

10.3 **Spending Money**

The primary high-cost/high-demand items in the 'homeless economy' are licit and illicit drugs. A great deal of money is spent on drugs, alcohol and cigarettes:

- Alcohol is usually bought, but may also be stolen.
- Cigarettes are either bought, begged for, or shared. The ubiquitous phrase 'two's up on your fag' bears testimony to how far one cigarette will go.
- Other drugs are shared, but usually have to be paid for. They therefore are a high-cost item.

Spending on other items is often as follows:

- Basic items of clothing, such as socks, underwear and shirts are available from various agencies, as are sleeping bags and blankets.
- Toiletries such as toothpaste, soap and shampoo are also available from various agencies.
- More money is spent on other items of clothing; these may be bought from shops, or stolen and sold on by other people.
- Some money is spent on food; some hostels provide luncheon vouchers. However, many restaurants provide food for 'regular' homeless people. Other free food is distributed by charities in the West End, and there are other places that offer cheap or free food.
- Very little money is spent on entertainments. Some agencies run trips to the cinema, or day-trips out of London. However, the cost of eating out or drinking out in London is, for most young people, prohibitively high. The one exception is the London club scene, which is often well attended by young homeless people. This represents a

relatively cheap night out, with the only expenses being the price of admission and a couple of tabs of LSD.

Drug dependency can cause major financial problems. Resolving or reducing this problem creates new opportunities for young people. One young person, who had been using heroin for seven years, finally got a prescription for methadone, and so had surplus money for the first time in ages:

> *It's going to be really nice to be able to go out, go to the pictures, buy some new clothes, maybe start saving for a holiday. I've really missed those things - I know it sounds really boring. But I used to love going to the cinema and the theatre, and I can start doing it again now.*
>
> [Man, 21, homeless 3 years.]

Generally, young people do not have great expectations regarding money and their personal situation. As one young woman poignantly explains:

> *I'm really looking forward to drinking and smoking hash socially, by choice, not because there was nothing else to do and because we were down.*
>
> [Woman, 17, homeless 8 months.]

CHAPTER XI

DRUGS, HEALTH AND HOMELESSNESS

Drug use can have a detrimental effect on a user's health for numerous reasons. Physical health can be affected through:

- poor nutrition
- self-harm whilst intoxicated
- side effects such as nausea or constipation
- interaction with other drugs
- disturbed sleep
- infection from injecting, eg HIV, hepatitis, abscesses

Mental health can be affected by drugs through:

- psychosis (eg amphetamine psychosis)
- anxiety attacks and paranoia
- depression
- loss of self-esteem

These are some of the health risks inherent in drug use. They may, however, be exacerbated by homelessness. The following factors may interact, and have a more serious impact on the health of young homeless drug users:

11.1 **Diet**

Young people who are homeless are liable to have poor diets. Many have only one cooked meal a day and subsist on snacks, sandwiches and chips in the mean time. This in itself causes malnutrition and associated health problems which are likely to be aggravated by drug use.

If a young person is dependent on a drug, then they are likely to spend money on the drug first, rather than on food. This will exacerbate any nutritional deficiencies that the person may have.

11.2 Sleeping Out

Sleeping on the streets causes a number of health problems. Rough sleepers are liable to experience disrupted sleep, and rarely get a full night's sleep. Sleeping on the streets may cause back, and other muscular problems. In cold or damp conditions, rough sleepers are liable to develop respiratory infections, muscular problems, circulatory problems, and in severe cases frost-bite or even death. These problems tend to be exacerbated through drug use. Use of drugs may alter a user's perception of temperature, and leave them vulnerable to hypothermia; it may impair the immune system, leaving rough sleepers at greater risk of contracting respiratory and other infections. Once a drug-using rough sleeper has contracted an infection, their housing situation and drug use may adversely affect their rate and/or chances of recovery.

Injecting users who sleep rough have less access to clean environments in which to inject, and so increase the likelihood of infection brought about my non-sterile injecting practices.

These factors all increase the risk of ill-health. They are compounded by young homeless people's diminished access to GPs, dentists and other health services. Health problems may be well developed before a young person seeks medical assistance. This lack of access may be further hampered if the person is also using drugs. Drug use may make it harder to make an appointment, follow up on an appointment, and see through a prescribed course of treatment.

There is also sometimes a lack of understanding of the situation faced by young homeless people, and well-meaning medical advice can seem unthinkingly cruel:

> *I've got asthma anyway. But I'd been sleeping out in the rain and got 'flu. So I went to the doctor and he gave me a prescription for penicillin. He said 'drink lots of liquids, stay off solid food, stay in and stay warm'. What a great idea; I'd love to. Except that I'm either sleeping out or staying in hostels where I've got to be out by 8 am.*

[Woman, 17, homeless 4 months.]

11.3 Mental Health

Young people may experience depression through being homeless. Others have mental health problems already, which may be worsened by becoming homeless. Drug use can exacerbate existing mental health problems, and problems such as depression can be worsened through use of some drugs.

As before, a young person who may need access to psychiatric services is disadvantaged through homelessness. And as before, drug use may constitute a further barrier to gaining access to services.

11.4 Injecting Drug Users

Drug users who inject face some specific health risks. These include:

- risk of HIV infection, Hepatitis, and blood poisoning
- abscesses
- damage to veins, arteries, skin
- increased risk of overdose
- gangrene

These health problems are preventable, or treatable. But effective treatment requires early detection and intervention. Homeless intravenous drug users frequently do not seek help until a minor problem has become more serious. One young woman came close to losing her arm:

> *I had an abscess, and was going to go to the doctor. But I had to score[44] first, and after I'd got the money, I'd missed the doctor. It didn't hurt so much the next day so I left it. Then my arm swelled up really badly, so I went to the hospital. They wanted me to stay, but I hadn't got any*

[44] Score: buy drugs.

gear[45] so I had started feeling really shit and tried to leave. They put a dressing on it, but it came off in my sleeping bag. Then it got badly infected, and I had a big hit[46] to stop the pain. Then the police found me and called an ambulance. They operated on it and managed to save my arm. They said that another day and I'd have lost it.

[Woman, aged 20, homeless 16 months.]

At present, attempts are being made to increase the availability of clean injecting equipment. At the same time, injecting drug users are being encouraged to make use of primary health care services. However, it is difficult to make services accessible. The need to take a drug is frequently more pressing than the need to contact a needle exchange or similar agency:

So I run out of works at 11; what do I do? Wait until tomorrow morning so I can pop down to the Exchange? Get real; I'm going to get that bag[47] into my arm anyway I can cos otherwise I'm going to be up all night sweating, with cramps, feeling sick.

[Man, 23, homeless 3 years.]

---

[45]Gear: street-heroin.

[46]hit: slang for injection.

[47]works: injecting equipment;
bag: standard street-deal of Heroin, often a £10 bag.

Despite the best intentions, it can be very difficult to reduce the incidence of self-harm amongst injecting drug users. Even when contacts have received clean needles and syringes and safer-injecting advice, all notions of harm reduction may still be abandoned when injecting actually happens. A young man explained that he believed he had blocked a vein, following unsafe injecting practices the night before. Detached workers from the Project had supplied the client with advice and equipment the evening before. He explained:

I hadn't been able to score any smack, so I bought some Temgesics[48], ground them up through a green needle [large bore needle]. So I think I've damaged the vein. I wouldn't have done it if I could have got some heroin. But I needed something.

[Man, 24, homeless 3 years.]

11.5 **Conclusions**

Drugs and homelessness can have a very serious effect on the health of homeless people. When the two factors combine, the health of young people is very likely to deteriorate. In the case of people who are also HIV-positive, combined homelessness and drug use is likely to accelerate the demise of the immune system.

A SHELTER report observed:

> *"Recent research suggests that the average age of death of people sleeping rough is only 47 years, compared with an average life expectancy of 73 for men and 79 for women."*[49]

This reduction in life-expectancy is liable to be exacerbated by drug-use.

[48]Temgesics: opiate-based pharmaceutical preparation.

[49]Shelter:1992.

CHAPTER XII

RELATIONSHIPS, SEX AND HIV

Young homeless people exist in quite an unreal situation. Removed from any typical domestic environment, their setting is one where normal patterns of behaviour have little or no bearing. On the other hand, there may be an intense need to feel wanted, and to form relationships. This happens outside normal parental and social guidance. Consequently relationships break and form rapidly, and young people are frequently in and out of relationships.

At the same time, young homeless people exist in isolation except for their peer group - other homeless people. Homelessness is the only common factor in a community from a variety of social, economic, cultural and geographical backgrounds. Given the lack of material anchor points, such as money and accommodation, belonging to this community acquires enormous significance. The result of these combined factors is that young homeless people are firmly tied into the parameters of their peer group: friendships and relationships take place within this community.

The readiness exhibited by young homeless people to form relationships is not itself without problems. The transitory nature of the young homeless community is not conducive to forming relationships. One young person explained:

> *I know I'll be moving and changing my situation lots. I really shouldn't go out with anyone. I don't want to stay around here. But it happens all the time in hostels, and it's hard not to; and really there's no real commitment there. Cos she could move away tomorrow as well.*
>
> [Man, 17, homeless 3 months.]

Other young people are less phlegmatic about this state of affairs. A young woman had just explained to her partner that she was intending to move back to her home town:

He didn't give a toss. I thought he cared, but he didn't seem at all bothered. He just said 'alright, see you later' and started chatting to someone else. I guess I cared about it all a lot more than him.

[Woman, 18, homeless 7 months.]

12.1 **Co-dependency**

A recurring element within relationships amongst young people is a degree of co-dependency. Young people, needing each other for mutual support or help, find themselves in relationships due to personal circumstances or problems, rather than through choice:

I get really bad panic attacks; I can't breathe and get really scared. But [my partner] can always calm me down. No-one else can. I don't think I'd have lasted this long on the streets otherwise. But neither would he; he drinks enough shit. So then he gets into fights or blacks out, or falls over. And I'll look after him, carry him to find somewhere to sleep, stop him getting nicked. He'd be inside or dead by now.

[Woman, 19, homeless one year.]

At other times, the dependency may be only one-sided:

I don't know what I'd do if he leaves. He's all I've got; no family, no home, no money; ... I put my baby up for adoption... so what else have I got? What am I going to do if it all ends? I'm really scared...

[Woman, 16, homeless 6 months.]

The trauma of such relationships coming to an end may be severe; the young woman above went through an extensive period of poly-drug[50] use when her relationship broke up, which abated only when she and her partner were back together again.

[50] poly-drug use: use of a number of substances, usually at least three.

12.2 Sex, Sexual Health, Pregnancy and HIV

The potential damage of rapidly forming and reforming relationships of the London homeless subculture does not end with emotional trauma and upset. There are also a range of physical issues with which to contend. These include sexually transmitted diseases (STDs), HIV, and pregnancy.

Young people are sexually active, and young homeless people are no different in this respect. However, young homeless people exist in the unusual social situation described earlier, and so are at greater risk of contracting STDs or HIV. Incidents of unprotected heterosexual sex may also result in unplanned pregnancy.
Whilst sexually active, young homeless people are also distanced from sexual health and family planning services, just as they are distanced from other services such as GPs. This increases the risk of STDs or pregnancy.

In response to these risks, THE HUNGERFORD, and other West End agencies have attempted to make HIV and sexual health-related services more accessible. Initiatives have included setting up satellite clinics and undertaking street work. For THE HUNGERFORD, these initiatives have focused on promoting safer sex, the use of barriers to infection, such as condoms, dental dams and gloves, and alternatives to penetrative intercourse. Other agencies undertake more work around contraception and sexually transmitted diseases.

12.3 Attitudes

Despite being sexually active, levels of ignorance about HIV, safer sex, and contraception are high amongst this client group. Many young people appear not to know about methods of transmission of HIV, how to use a condom, or the idea of safer sex. Whilst workers are now more frequently approached for condoms and advice, resistance to condom use is still high especially amongst young men. However, for each young man who wheels out the cliché *"it's like*

having a bath with your socks on", there are another three who say *"you can't take chances"*. Some young people are very committed to condom use:

> *If a woman told me not to use condoms I'd walk out of the door.*
>
> [Man, 17, homeless 3 months.]
>
> *If some bloke don't want to use a condom, he can go fuck himself. I know I'm clean 'cos I had a test after a condom split. So I don't want to catch nothing, no clap, no Aids, or with a baby. I got enough shit without some wanker screwing it all up any more.*
>
> [Woman, 21, homeless 2 years.]

Young people also discuss HIV tests. People are prompted to go for tests for a variety of reasons:

> *I want a test. I don't think I've got it, but it probably wouldn't make much difference either way. I'd just like to know, so I could stop thinking 'what if'.*
>
> [Man, 19, homeless 7 months.]
>
> *I've got a kid now. I went for the test cos I didn't want to take any chances. Like if they cut themselves, I could treat it without worrying. I don't think I've got it but you can't tell. And it's not just me any more.*
>
> [Man, 24, now in own flat.]

Pre- and post- test counselling is essential regardless of the results of the test:

> *I had the test, and it was negative. But they were saying 'Why did you feel you needed a test', and I said it was because I'd slept with this bloke without a condom. And they said 'so you know you put yourself at risk' and I sort of realised that I knew it was risky, and I was really scared about the test, and I wouldn't do it again. This was like a warning, a second chance.*

[Woman, 19, homeless 9 months.]

12.4 HIV, Drug Use, and Sex

The HIV risks associated with intravenous drug use have been well documented. Sharing injecting equipment is a high-risk activity, and has resulted in a comparatively high incidence of HIV infection amongst injecting drug users.

Yet not all the HIV-risks of drug-use stem from injecting. Many drugs increase risk-taking behaviour. The comparison with drunk-drivers who believe they drive better when drunk extends to other drug-use and safer-sex. The reduction of inhibition, increased self-esteem, and diminishment of responsibility create a high-risk arena for unsafe sexual practice. This is especially true for alcohol, and perhaps other substances such as cannabis and speed. The case for Ecstasy is blurred, as various sources suggest that the drug actually inhibits male erection. However, many drugs blur perception and alter normal behaviour to the extent that safer-sex messages are abandoned. Consequently, non-intravenous drug users are at risk of unsafe sexual practices, and hence of HIV infection or transmission.

Finally, although only a proportion of drug-using clients use intravenously, current and ex-injecting drug users remain an integral group within the young homeless population. Thus, people who represent a high-risk group may form sexual relationships with non-injecting users, and so the heightened risks are shared by both partners.

Drug use and homelessness can have a negative impact on the immune system, as discussed earlier. For people whose immune system has been compromised by HIV, further damage to the immune system due to drug-use or due to homelessness is liable to have very grave health consequences.

12.5 Pregnancy

There appear to be a large number of pregnancies amongst young homeless women. Some of these are planned, and others are unplanned. It is not the

intention of this report to examine the reasons behind this large number of pregnancies. The subject would provide material for an entire report itself. However, homelessness and drug use both have an impact on pregnancy. There are women in touch with workers from THE HUNGERFORD who have had no money for food whilst pregnant. Others have been sleeping rough during their pregnancies.

One woman, who had been rehoused, had no adequate furniture in her flat. As a consequence she had back-ache and abdominal pains throughout her pregnancy. As she had previously miscarried, she was very worried about this.

The stress of being homeless and having no money can have a damaging effect on pregnant women. Drug-use can have a damaging effect both on a pregnant user, and the foetus. The following demonstrates some of the issues facing homeless young women who are pregnant:

> *I had a test and it confirmed the pregnancy. But they're not sure that its developing properly. I had a miscarriage three months ago so I'm really anxious about it. The father is really violent, and wanted to kill the baby, so I had to leave my flat. I need to get a new flat sorted out. It's all just loads of stress, when I know I should be relaxed and eating properly. I really want this to be a smooth pregnancy.*
>
> [Woman, 21, homeless 2 months.]

Women under-use existing services for homeless people; pregnant women, especially those using drugs, have still less access to services. The compounded result is to increase the risk of physical and mental ill-health during and after pregnancy.

12.6 **Conclusion**

Friends, relationships, sex, and sexuality are an integral aspect of young people's lives. They can be traumatic, risky, exciting and fulfilling. But, like other aspects of

young people's lives, these are areas that often require support, advice, information and resources.

This is especially true when the young people in question are homeless. Providing emotional support and advice is often as important as providing information about drugs, safer sex and HIV, or as trying to obtain secure accommodation for a young person.

CHAPTER XIII

FRIENDS AND FAMILY

Young people may be stigmatised for their drug use. They may be cut off from family and friends, and have few people to whom they can turn for help or support.

13.1 Family

Some young people describe how they were compelled to leave home when their drug-use was detected. Not only did this result in the immediate problem of homelessness, but also stigmatisation and rejection:

> *My Mum found out that I was using speed and E's and so she kicked me out. At first she wouldn't let me out at all and wouldn't let my friends come round. But then she found a wrap [of amphetamines] in my room and so she said she didn't want a fucking junkie in the house. So I had to go. She said I'd shamed her and the family and she didn't want me coming back.*
>
> [Woman, 17, homeless 6 months.]

13.2 Friends

Young people may feel pressured by peers who use drugs, and start using themselves. The fear of being isolated for not using is very strong for some young people. For young people experiencing rejection, isolation or alienation, the need to belong is often paramount.

A 21 year old woman had said she wanted to get out of London. This was mainly, she said, because she feared she would start using drugs quite heavily, as everyone around her was. Three months later, she said the following:

> *I'm feeling very ill cos I had loads of Acid last night. I went to a club with [A] and she kept offering me her trips. I*

didn't really want them, but she wanted me to. I've fallen out with [B] because of her gas use, and if I fall out with [A] I'm not really close to anyone else. But now she's spent all her money on Trips, and she wants me to lend her some, but she'll just spend it on more drugs.

[Woman,21, homeless 9 months.]

Again, young people who are homeless in the West End are ensnared in a vicious circle. In order to 'survive' the West End, they are obliged to become part of the homeless scene. But within this subculture exists the peer pressure to use drugs. The result can be that young people, already marginalised and vulnerable, find their situation worsened, as they are shunned by family or relatives.

CHAPTER XIV

YOUNG PEOPLE, SERVICES, HOMELESSNESS

As discussed in Chapter V, young people under-use certain key services, such as Drug, HIV, sexual health, legal and medical services. To such services, young people represent a hard-to-reach group. Because of this under-utilisation of specific services, young homeless people become divorced from statutory services.

Some services are well-used such as hostels and day centres, as are the generic advice facilities offered within such locations.

14.1 Non-Centre-Based Initiatives

An increasingly popular method of increasing the accessibility of the above services is to locate them within well-used services such as hostels or day-centres. Such a method of delivery is known as peripatetic or 'satellite' work. These approaches appear to have increased access to services for young homeless people, and hard-to-reach groups within the homeless community, such as women and ethnic minorities.

Routine monitoring at the project during 1994 indicated the following proportions of women, and young people from ethnic minorities amongst new contacts made through non-centre based work (ie satellite and street-work):

Breakdown of Gender and Ethnic Groups Among Young People Contacted Through Non-Centre Based Work (ie Satellite and Street Work) 1994:

ETHNIC GROUP	MALE	FEMALE	TOTAL
AFRICAN	31	31	62
ASIAN	14	12	26
BLACK BRITISH	98	69	167
CARIBBEAN	3	4	7
EUROPEAN	14	18	32
IRISH	21	12	33
WHITE BRITISH	344	130	474
NOT KNOWN	8	2	10
OTHER	12	14	26
TOTAL	545	292	837

However, some young people get banned from using services, due to breaking rules or for their behaviour. While this is unavoidable, it is often the very people who are excluded from provision who have the greatest need of assistance. As such young people drift further from existing provision, it becomes increasingly difficult to integrate them back into services. A young man explained why he could no longer use hostels:

> *I don't use hostels; I'm barred from most of them anyway. But I don't really care. Cos I can't cope with all the rules, like get up at this time, go to bed at that time, in the building by eight, here's your food, no smoking in your room. It just does my nut in. So I'm better off sleeping out, cos then its all up to me.*
>
> [Man, 21, homeless 18 months.]

14.2 Centralisation of Services in The West End

For some other young people, the existence and location of services in the West End creates problems of its own. Both services and young people are concentrated in the West End. This can have the negative effect of reinforcing the concentration of young people in the West End, and holding young people there.

One young person described the experience as follows:

> *All the hostels and day-centres in the West End, they're really useful. But at the same time they are a real bind. They keep you coming back, again and again, because you know you've got somewhere to go. Friends, a place to sleep for a few nights, food, showers. If all the hostels weren't there, I'd stay out of the West End.*
>
> [Woman, 21, homeless 18 months.]

Other young people have confirmed this perception that often the very services that seek to help young homeless people also attract young people to the West End. A young man came to London because his brother had previously been homeless in the West End. He commented that:

> *It was all easier, because I knew the ropes. My brother came back from London, and told us how to get food, where to sleep, how to go begging. So it wasn't too bad really.*
>
> [Man, 17, homeless 2 months.]

Other young people return home after first coming to London. However the homeless sub-culture and related agencies can act as an incentive to return to the West End:

> *I'd run away to London before, but I went home again. Then I came back again. [This time] I felt a real 'sense of place', like I was more in control and like I was more*

powerful than all the kids who'd just arrived, cos they didn't know where everything was.

[Man, 17, homeless for 1 month this time.]

In this respect, the existing system benefits young people who have been homeless in London the longest, and disadvantages the newly-homeless, who do not know the system so well.

This is another element of the survival system/subculture of youth-homelessness. The knowledge of where to get free food, accommodation, travel-passes or clothes is as essential as how to get benefit from the DSS, where to buy drugs, or the best places to go begging. Its all part of the required knowledge for young people homeless in the West End.

CHAPTER XV

CONCLUSIONS AND RECOMMENDATIONS

It would be misleading to consider the problem of homelessness solely in terms of housing people. Homelessness has three key components:

- the cause of the homelessness
- the actuality of being homeless, and
- problems that may develop as a result of homelessness.

Consequently, initiatives tackling homelessness need to reflect this, and agencies working with homeless people need to be aware of the tripartite nature of homelessness, and work with young homeless people accordingly. In order to satisfactorily assist a young homeless person, the causes, the need for accommodation, and any subsequent problems need to be tackled. Otherwise, the remaining elements are liable to catapult the young person back into a homeless setting.

15.1 Foundations

Some fundamental changes are needed to enable young people to achieve secure housing. These include:

- ? reform of the benefit system
- ? affordable private housing stock
- ? building of public sector housing.

15.2 Education

Leaving home is a complex process; teachers and youth and community workers have a role in preparing young people for the transition to independent living. Non-judgmental and accurate information, support and advice should be provided and should include:

- ? support and advice around family issues
- ? options when leaving home
- ? drugs, safer-sex, medical, and family planning advice
- ? housing, legal, and money advice
- ? advice, support and information for disadvantaged groups
- ? life skills, eg budgeting, nutrition etc.

This advice and education should be accessible. It needs to reach young people before crisis points develop, by making effective interventions earlier.

15.3 Hostels and Other Interim Housing Options

Some young people will still find themselves homeless. There will, then, be an on-going need for provision such as hostels. The structure and implementation of short-term housing options needs to be re-evaluated. Young people can be disempowered and institutionalised by endless tours of short-stay hostels. Extensive waiting times for hostels, rehabilitation units, or similar services can create disillusionment and despondency amongst young people seeking assistance. .....

15.4 Support and Resettlement

It needs to be recognised that issues affecting young homeless people are not necessarily going to be resolved by providing secure accommodation. There is a need to develop and expand follow-up work undertaken with young people after resettlement. This work may include:

- ? more extensive resettlement work
- ? more supportive housing

15.5 Services for Homeless Young People

It is essential that, while young people are homeless, they continue to have access to advice, information, and services such as health care and family planning.

Towards achieving this end, a range of agencies need to work in cooperation to meet the various needs of homeless people. Mental and physical health related services need to work alongside housing services and youth agencies. Drugs, family-planning and legal agencies all need to be able to deliver coordinated and accessible services to young homeless people.

Some existing services may need restructuring to make them more accessible; this can partially be achieved through more extensive use of non-centre based initiatives such as satellite and detached work.

15.6 Decentralisation

The appeal of the West End, and the concentration of young homeless people within the West End needs to be examined. The extent to which young people become dependent on agencies in the West End needs to be tackled. This could be achieved by decentralising services, both locally and nationally.

15.7 Further Studies

Further studies need to be undertaken. Studies need to move away from considering the 'visible' homeless and examine homelessness as it affects hidden groups, such as young gay men, women, lesbians, and ethnic minority groups.

This report makes, as previously stated, no claim on being exhaustive. Each chapter, and each issue, could generate material for a complete report in its own right.

However, it is hoped that some of the observations made here, and some of the issues they reveal, will help to inform future work with young homeless people.

APPENDIX 1: BIBLIOGRAPHY AND FURTHER READING

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