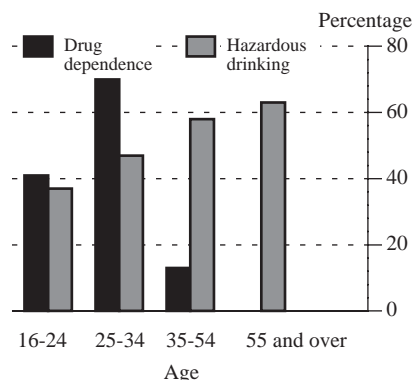


Substance misuse and mental disorder among homeless people in Glasgow

A large proportion of homeless people in Glasgow are dependent on drugs, misuse alcohol or have some other type of mental health problem, according to a survey carried out in 1999 by the Office for National Statistics (ONS) on behalf of a multi-agency group chaired by the Greater Glasgow Health Board.

Drug dependence and hazardous drinking by age



The survey, based on interviews with over 200 homeless people, provides information on the prevalence of a number of mental disorders and the use of drugs and alcohol. It also looked at physical health problems, deliberate self-harm, diet and social functioning. A full report of the findings of the survey will be published later in the year. Definitions of disorders and the way they are measured are given in the Background Notes.

Some key findings from the survey are:

- Overall, one-quarter of those interviewed showed evidence of some form of drug dependence with 18 per cent heroin dependent.
- Drug use was especially widespread among the younger age groups and in particular those aged 25 to 34 years. In this age group, 70 per cent reported some drug dependence; just over half (51 per cent) were heroin dependent while about a third (34 per cent) indicated that they had injected drugs in the past month. None of those aged 55 and over were dependent on drugs.
- Hazardous alcohol consumption - an established pattern of drinking carrying with it a high health risk - was common in all age groups. Overall, 54 per cent of the sample reported hazardous drinking. It was particularly widespread among the older age groups with almost two-thirds (63 per cent) of those aged 55 and over reporting hazardous drinking behaviour.

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- Men were more likely to show a hazardous pattern of drinking than women - 60 per cent compared with 16 per cent of women.
- Cigarette smoking was widespread across the whole sample – 83 per cent said they were smokers, compared with only 27 per cent of respondents in the 1998 General Household Survey.
- On the basis of the information on symptoms and medication that respondents gave, six per cent were considered likely to have a psychotic disorder, such as schizophrenia.
- A relatively high proportion of respondents (44 per cent) were assessed as having at least one of the other psychological disorders assessed in the survey, compared with 14 per cent of people in a national survey of adults in private households in Great Britain. For about 1 in 4 of those interviewed, these disorders (anxiety and depressive disorders, panic and phobias and other neurotic disorders) were at a level severe enough to suggest a need for treatment.
- About 1 in 4 of those interviewed rated their current general health to be bad or very bad, and the survey showed that many had long-standing health problems. Overall, 65 per cent of the sample reported a long-standing physical or mental illness; 43 per cent reported only a physical illness, 15 per cent a mental illness and seven per cent both.

BACKGROUND NOTES

1. A complete list of hostels and drop-in centres providing services for single homeless people in Glasgow was divided into four groups on the basis of size; small hostels (less than 10 places), and drop-in centres; small-medium hostels (20 to 49 places); large-medium hostels (50 to 99 places); and large hostels (100 or more places). Drop-in centres were grouped with small hostels. Within each group, the hostels were further grouped on the basis of level of support and then by managing agency. A systematic random sample of hostels and drop-in centres was then drawn from within each group.
2. The overall response rate was 78 per cent, yielding 225 interviews of which four were partial interviews. The major part of the non-response (nearly two thirds) was a result of non-contacts rather than refusals. Interviewers were advised not to see only three of the sampled individuals.
3. **Drug dependence** in the year prior to interview was measured by asking all those who had used drugs in the past year a series of five questions. These covered: daily use of the drug for two weeks or more; feelings of dependence; inability to cut down; need for increasing quantities; withdrawal symptoms. For a person to be considered cannabis dependent, positive responses to at least two of these questions were required. For the other drugs (heroin, methadone, amphetamines, crack and cocaine) one positive response was taken to indicate a measure of dependence.
4. **Hazardous alcohol use** is a pattern of drinking carrying with it a high risk of damage to health in the future. The prevalence of alcohol misuse in the previous year was assessed using the Alcohol Use Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates likely hazardous alcohol use.
5. **Psychoses** are disorders that produce disturbances in thinking and perception that are severe enough to distort the person's perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia and Alzheimer's disease, and functional psychoses, which mainly cover schizophrenia and manic depression. There was no opportunity in this survey for a clinical assessment to diagnose psychotic disorder. However, data from the interviews were used to categorise the sample into those with probable psychosis and those without, using an algorithm developed for the ONS survey of psychiatric morbidity

among prisoners (*Psychiatric Morbidity among Prisoners in England & Wales*, TSO: London.). The factors from the interview identified as predictive of psychosis are any two of the following:

- A positive response to item 5(a) of the Psychosis Screening Questionnaire (hearing voices)
 - Self-reported diagnosis of psychotic disorder or psychotic symptoms
 - Current antipsychotic medication
 - History of severe mental illness (admission to a mental hospital)
6. The **other psychological disorders** measured in this survey were neurotic disorders, or depression and anxiety disorders. These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which are present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms in the week prior to interview was assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms while a score of 18 or more indicates symptoms of a level likely to require treatment.
 7. Details of the policy governing the release of new data, including a description of the release categories featured on the front page of ONS releases, are available from the press office.
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 9. The Office for National Statistics works in partnership with others in the Government Statistical Service to provide Parliament, government and the wider community with the statistical information, analysis and advice needed to improve decision-making, stimulate research and inform debate. It also administers the registration of key life-events. It aims to provide an authoritative and impartial picture of society and a window on the work and performance of government, allowing the impact of government policies and actions to be assessed.

Table 1 : Substance use by age and sex

	Age (grouped)				Sex		All
	16-24	25-34	35-54	55 and over	Male	Female	
	%	%	%	%	%	%	%
Current cigarette smoking status							
Non-smoker	14	10	21	21	16	26	17
Smoker	86	90	79	79	84	74	83
<i>Base</i>	37	44	63	77	188	33	221
Alcohol misuse (AUDIT scores)							
Hazardous drinking (8+)	37	47	58	63	60	16	54
No hazardous drinking (0-7)	63	53	42	37	40	84	46
<i>Base</i>	36	44	62	77	186	33	219
<i>Percentage reporting dependence on each drug</i>							
Drug dependence							
Cannabis	19	19	6	-	9	6	9
Heroin	27	51	10	-	17	22	18
Methadone	6	7	2	-	3	-	3
Amphetamine	13	21	3	-	9	-	7
Crack	3	3	-	-	1	-	1
Cocaine	3	11	-	-	3	-	3
Primary dependence on cannabis only	8	5	2	-	3	3	3
Primary dependence on stimulants only*	5	14	2	-	5	-	4
Dependent on opiates and stimulants*	10	19	2	-	7	-	6
Primary dependence on opiates only*	18	33	8	-	10	22	12
Any drug dependence	41	70	13	-	25	25	25
<i>Base</i>	37	44	63	77	188	33	221
<i>Percentage reporting each behaviour</i>							
Injecting behaviour							
Ever injected drugs	29	60	10	-	18	28	19
Regularly injected drugs	21	58	8	-	16	22	17
Injected in the last month	16	34	5	-	10	14	11
Never injected drugs	71	40	90	100	82	72	81
<i>Base</i>	37	44	63	77	188	33	221

* with or without associated cannabis dependence

Table 2 : Mental disorder by age and sex

	Age (grouped)				Sex		All
	16-24	25-34	35-54	55 and over	Male	Female	
	%	%	%	%	%	%	
Psychotic disorder							
Probable psychotic disorder	7	5	8	3	5	9	6
No psychotic disorder	93	95	92	97	95	91	94
Neurotic disorders							
Mixed anxiety/depressive disorder	19	21	12	6	14	7	13
Generalised anxiety disorder	11	26	36	12	22	16	21
Depressive episode	13	22	11	4	10	15	11
Phobias	-	-	-	-	-	-	-
Obsessive-compulsive disorder	8	7	13	1	8	0	7
Panic disorder	8	11	5	0	3	16	5
Any neurotic disorder	49	67	55	21	43	48	44
No neurotic disorder	51	33	45	79	57	52	56
CIS-R Scores							
0 to 11	51	40	52	84	62	55	61
12 to 17	20	21	17	8	14	19	15
18+	29	38	31	8	24	26	24

Table 3: Self-reported physical and mental health by age and sex

	Age (grouped)				Sex		All
	16-24	25-34	35-54	55 and over	Male	Female	
	%	%	%	%	%	%	
General health							
Very good	20	9	8	8	11	6	10
Good	51	23	22	28	28	44	30
Fair	20	37	36	37	35	25	33
Bad	10	21	23	20	19	19	19
Very bad	-	9	11	8	8	6	8
Longstanding illness							
No longstanding illness	41	38	37	30	38	23	35
Physical illness only	38	33	34	58	42	48	43
Mental illness only	21	19	18	5	14	19	15
Physical and mental illness	-	10	11	7	6	10	7
<i>Base</i>	37	44	65	79	192	33	225