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Coverage

Glasgow

Theme

Health and Care

Health and well-being among homeless people in Glasgow

A quarter of homeless people in Glasgow showed evidence of drug dependence, with 18 per cent dependent on heroin, according to the report of a survey* published today by National Statistics.

Based on interviews with over 200 homeless people, the survey provided 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 (see Background Notes for definitions of disorders and the way they are measured). The survey was 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.

Key findings from the survey show:

- Of the total sample, 86 per cent of respondents were men and 14 per cent women. More than one-third (34 per cent) of the sample were aged 55 years and over and 18 per cent were aged between 16 and 24 years.
- Almost two-thirds of the sample (63 per cent) reported having no educational qualifications and only 18 per cent were educated to SCE O-grade or above.
- Almost one-fifth (19 per cent) of the respondents had spent time in local authority care as a child and 22 per cent had, at some point in their lives, spent time in an institution such as a young offenders unit or children's home.

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- More than half the interviewees were classified as having a hazardous pattern of drinking (an established pattern of drinking carrying with it a high health risk). The extent of such drinking increased with age, rising from 37 per cent of the 16 to 24 year olds to 63 per cent of those aged 55 and over. Men were much more likely to report hazardous drinking behaviour (60 per cent) than women (16 per cent).
- 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.
- Two-thirds of all respondents reported being dependent on drugs or having a hazardous pattern of drinking or both. This was so for well over three-quarters (84 per cent) of those aged 25 to 34 years.
- On the basis of the information on symptoms and medication that respondents gave, 6 per cent were considered likely to have a psychotic disorder, such as schizophrenia, and 44 per cent were assessed as having at least one of the other psychological disorders (anxiety and depressive disorders, panic, phobias and other neurotic disorders) measured in the survey.
- Nearly a third (29 per cent) of those interviewed had attempted suicide in their lifetime and almost a fifth (18 per cent) had deliberately harmed themselves without the intention of suicide. Forty per cent of those aged 16 to 24 years had attempted suicide at some time in their lives.
- Levels of intellectual functioning, particularly for older respondents, were low compared with those of the general population samples.
- More than a quarter rated their current general health to be bad or very bad and almost two-thirds reported a long-standing physical or mental illness.



- A large proportion of respondents had received some form of health care since the previous New Year (a period of approximately six months). For example, almost two-thirds of respondents reported having seen a General Practitioner.
- A third of those aged 25 to 34 years, the group with the highest proportion of drug users, had used a needle exchange scheme and over a quarter had seen a drugs counsellor.
- Forty per cent of respondents were on some form of medication which acts on the central nervous system. Almost a fifth (19 per cent) were taking some form of analgesic medication (painkillers), 12 per cent were taking hypnotic or anxiolytic medication (sedatives), 8 per cent anti-depressants and 8 per cent medication for substance misuse (for example methadone).
- Almost a fifth (19 per cent) of respondents had eaten food only once in the day prior to interview and 5 per cent had not consumed any food at all. Fifteen per cent of respondents did not consume any hot food (excluding drinks) in the day prior to interview.
- Hostels and drop-in centres were the most important sources of food for respondents with 78 per cent eating at least one item provided by them.
- When asked what three main things they would change about their lives, more than half (56 per cent) of respondents said that they would like to change their accommodation arrangements. Almost a third (29 per cent) wanted to see more of their family and a quarter wanted a job.
- Of those with hazardous drinking behaviour, almost one-quarter (23 per cent) suggested that one of the three things they would change in their life would be to give up drinking. Of those with a drug dependence, one-third (33 per cent) said that one of the three things they would change would be to stop taking drugs.



BACKGROUND NOTES

1. First results from the survey were published by the ONS in a First Release on 9 March 2000.
2. 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.
3. 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.
4. **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.
5. **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.
6. **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 functional psychosis and those without, using an algorithm



developed for the ONS survey of psychiatric morbidity among prisoners (*OPCS Surveys of Psychiatric Morbidity in Great Britain, Report 7: Psychiatric morbidity among homeless people*, HMSO: London.). The factors from the interview identified as predictive of functional 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)
7. 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.
 8. A lengthy and detailed assessment of the **intellectual functioning** of the homeless was not within the scope of this survey. However, it was felt that some measure of the mental capacity of homeless people was desirable since alcoholism can lead to dementia. In order to measure intellectual functioning a standard test, known as the TICS-m was used. This test uses a series of questions which include naming the month, day and year, the Prime Minister and the Queen. The test also asks respondents to remember and recite a list of ten words, as well as including simple numerical exercises such as subtraction and counting down from twenty to zero.
 9. Details of the National Statistics policy governing the release of new data are available from the press office.
 10. National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. © Crown copyright 2000.

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