



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE)
AMENDMENT BILL 2021

Mr Peter Cain MLA (Chair), Dr Marisa Paterson MLA (Deputy Chair),
Mr Johnathan Davis MLA

Submission Cover Sheet

Inquiry into the Drugs of Dependence
(Personal Use) Amendment Bill 2021

Submission Number: 58

Date Authorised for Publication: 28 July 2021

From: [Herschel Baker](#)
To: [LA Select Committee DDAB2021](#)
Subject: Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021
Date: Tuesday, 30 March 2021 12:57:26 PM
Attachments: [Lessons from the US on decriminalizing drugs.pdf](#)

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March 30 2021

Select Committee on the Drugs of Dependence (Personal Use)
Amendment Bill 2021
ACT Legislative Assembly
GPO Box 1020, Canberra ACT 2601

RE: B) the health, criminal justice and social impacts of current policy and legislation approaches to drug use in the ACT (including the ACT government's ACT Drug Strategy Action Plan 2018-2021

Please find attached what can happen in the ACT.

Please see attached evidence regarding **The Lessons of Drug Decriminalization in Two U.S. Cities San Francisco and Seattle.**

Homelessness has increased San Francisco.

Open Drug Use Has Exploded In San Francisco.

Pushing The City's Liberal Image To The Limit.

The San Francisco Mess Proves Decriminalizing Drugs Doesn't Work,

Overdose deaths far outpace COVID-19 deaths in San Francisco.

Seattle, no national model, enables addiction and ignores public safety.

Drug dependency is predictive of homelessness Denmark.

Drug use found to be associated with homelessness in emergency department treatment data New York.

2019- Portugal has a higher rate of high-risk opioid use than Norway.

Homelessness in Portugal has continued to grow over the years, (a 44% increase from 2001 to 2017)while the census for the total population of residents has remained level.

1. Legalized Cannabis in Colorado Emergency Departments: A Cautionary Review of Negative Health and Safety Effects

Brad A. Roberts, MD

Section Editor: Mark I. Langdorf, MD, MHPE

Submission history: Submitted July 20, 2018; Revision received April 2, 2019; Accepted April 8, 2019

Electronically published June 3, 2019

Full text available through open access at

http://escholarship.org/uc/uciem_westjem

DOI: 10.5811/westjem.2019.4.39935

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6625695/>

CONCLUSION

Cannabis legalization has led to significant health consequences, particularly to EDs and hospitals in Colorado. The most concerning include psychosis, suicide, and other substance abuse. There are deleterious effects on the brain and some of these may not be reversible with abstinence. Other significant health effects include increases in fatal motor vehicle collisions, adverse effects on cardiovascular and pulmonary systems, inadvertent pediatric exposures, cannabis contaminants exposing users to infectious agents, heavy metals, and pesticides, and hash-oil burn injuries due to preparation of concentrates. Finally, cannabis dispensary workers not trained in medicine are giving medical advice that could be harmful to patients.

2. Contribution of Marijuana Legalization to the **U.S. Opioid Mortality Epidemic**: Individual and Combined Experience of 27 States and District of Columbia

ARCHIE BLEYER, MD a

BRIAN BARNES, CSWA, MAC, CADC III b

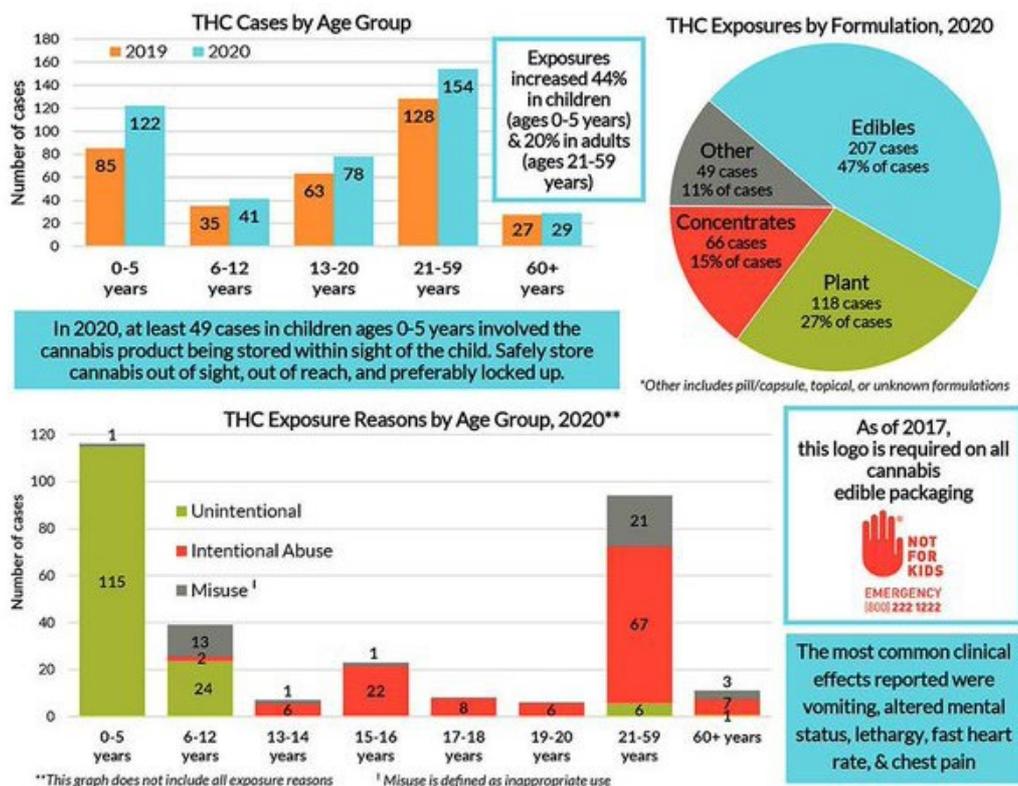
<https://www.medrxiv.org/content/10.1101/19007393v2.full>

Results Of 23 individually evaluable legalizing jurisdictions, 78% had evidence for a statistically-significant acceleration of opioid death rates after medicinal or recreational legalization implementation at greater rates than their pre-legalization rate or the concurrent composite rate in non-legalizing states. All four jurisdictions evaluable for recreational legalization had evidence ($p < 0.05$) for subsequent opioid death rate increases, one had a distinct acceleration, and one a reversal of prior decline. Since 2009-2012, when the cumulative-aggregate opioid death rate in the legalizing jurisdictions was the same as in the non-legalizing group, the legalizing group's rate accelerated increasingly faster ($p = 0.009$). By 2017 it was 67% greater than in the non-legalizing group ($p < < 0.05$).

Conclusions The marijuana protection hypothesis is not supported by recent U.S. data on opioid mortality trends. Instead, legalizing marijuana appears to have contributed to the nation's opioid mortality epidemic. . CC-BY-NC 4.0 International license It is made available under a is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. **not peer-reviewed**) (which was The copyright holder for this preprint . <http://dx.doi.org/10.1101/19007393> doi: medRxiv preprint first posted online Sep. 27, 2019.

3. Please find evidence regarding medical Marijuana and driving attached, a link to video called *The Problem of Driving Under the Influence of Drugs: The Views of Four Former "Drug Czars."* the Heritage Foundation were delighted to be joined by former drug czars with collective experience in five administrations. As they shared, driving under the influence of **drugs isn't a bipartisan issue; it's a nonpartisan issue** that requires our attention. [Click here to watch the recorded video.](#)
 Kids 0-5

There was a 25% increase in Washington Poison Center calls related to THC from 2019 to 2020, including a 44% **increase in kids 0-5** (and a 20% increase in adults 21-59). [#marijuana](#) [#addiction](#) [#peopleoverprofits](#) [#prevention](#) [#poisoncontrol](#)
buff.ly/3fd0T6M



Kind Regards
 Herschel Baker
 International Liaison Director,
 Queensland Director
 Drug Free Australia

Prevent.
Don't Promote Drug Use.
www.drugfree.org.au

REASONS FOR NORWAY TO AVOID DECRIMINALIZING DRUGS: LESSONS FROM THE UNITED STATES AND ELSEWHERE

Christine L. Miller, Ph.D., 6508 Beverly Rd, Idlewylde, MD, USA 21239 CMiller@millerbio.com; Neuroscientist and Author: "The Impact of Marijuana on Mental Health, in: Contemporary Health Issues on Marijuana, Oxford University Press, 2018" and "Marijuana and Suicide: Case-control Studies, Population Data, and Potential Neurochemical Mechanisms, in: Cannabis in Medicine. An Evidence Based Approach, Springer Press, 2020"

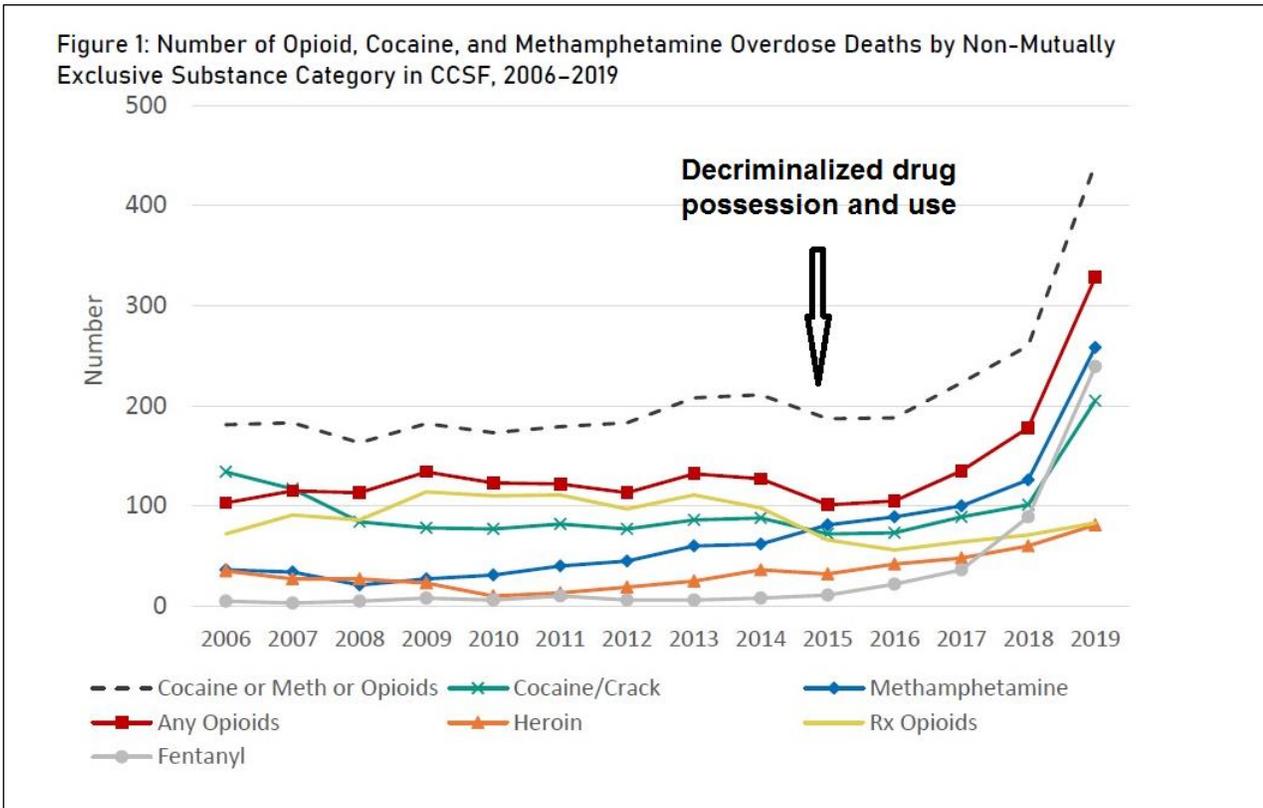
- San Francisco and Seattle decriminalized drugs in 2015
- Rates of homelessness and drug overdose deaths increased in a temporally-related manner (data p. 2-4; news reports p. 5-11)
- Academic research has shown a clear link between drug dependence disorders and the probability of becoming homeless (p. 12-14)
- Academic research has also shown that surveys of drug use (as opposed to recording drug overdose deaths) generally miss the homeless population, and may be forced to make error-prone estimates:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4897110/pdf/ISRN2014-923290.pdf>
- Data on drugs used by a relatively low percentage of the population (close in value to the % who are homeless) are more likely to be significantly in error if the surveys do not include the homeless
- In Portugal, some categories of drug use are higher than in Norway and are trending upwards (p. 15-17), for example metrics of drug use that don't rely on surveys (concentrations of drugs in wastewater) or that specifically investigate "problematic drug use"
- Portugal experienced a significant increase in homelessness after decriminalization in 2000 (p. 18-19), raising the possibility that drug use did increase but many drug users subsequently became homeless and that population was not covered by surveys of drug use

The Lessons of Drug Decriminalization in Two U.S. Cities

➤ *San Francisco* enacted decriminalization of drugs in 2015

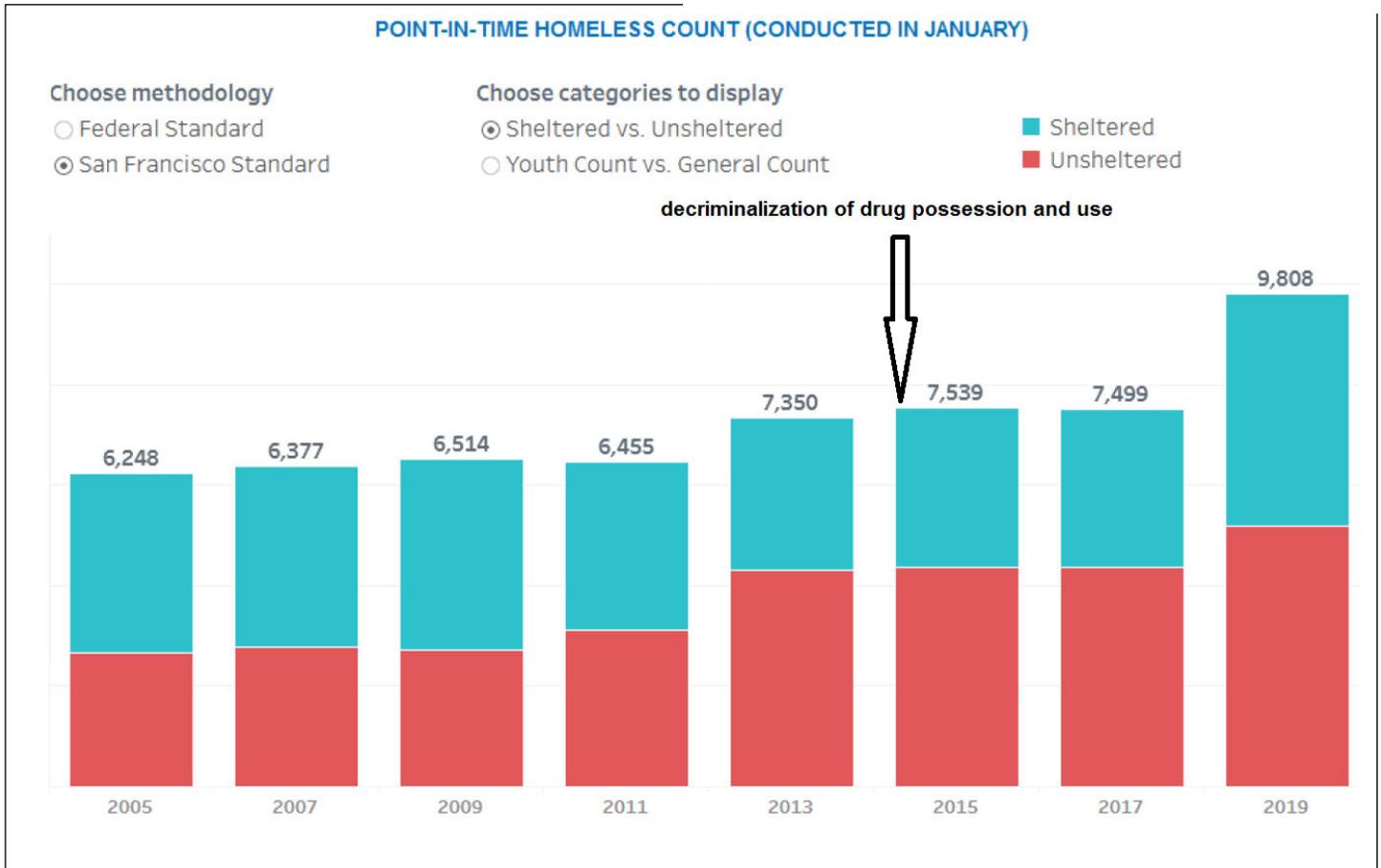
1. Drug overdose rates climbed

<https://www.csuhf.org/substance-use-trends-san-francisco>



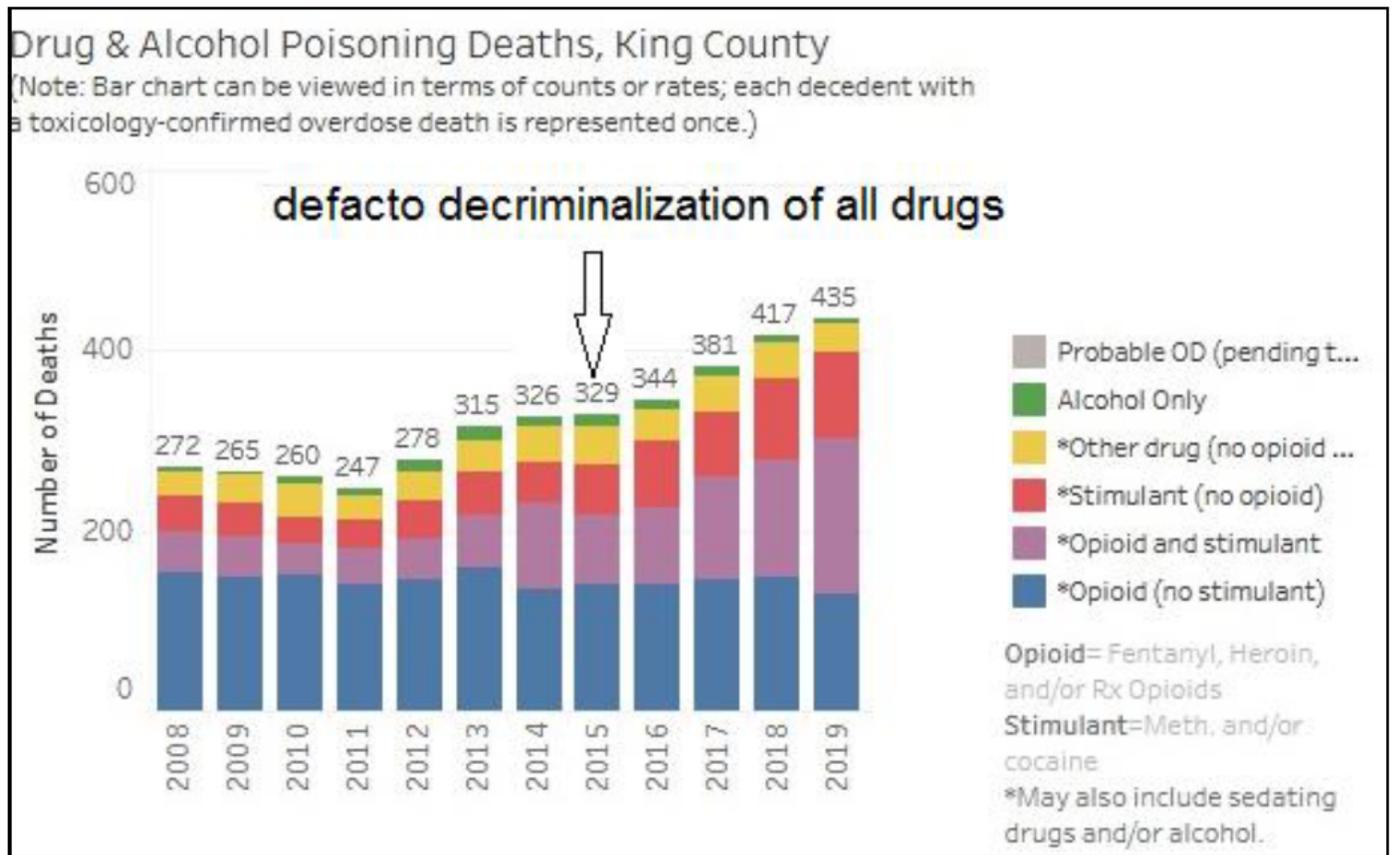
2. Homelessness has increased

<https://sfgov.org/scorecards/safety-net/homeless-population>



➤ *Seattle* instituted de facto decriminalization mid-2015 (police dept. policy)

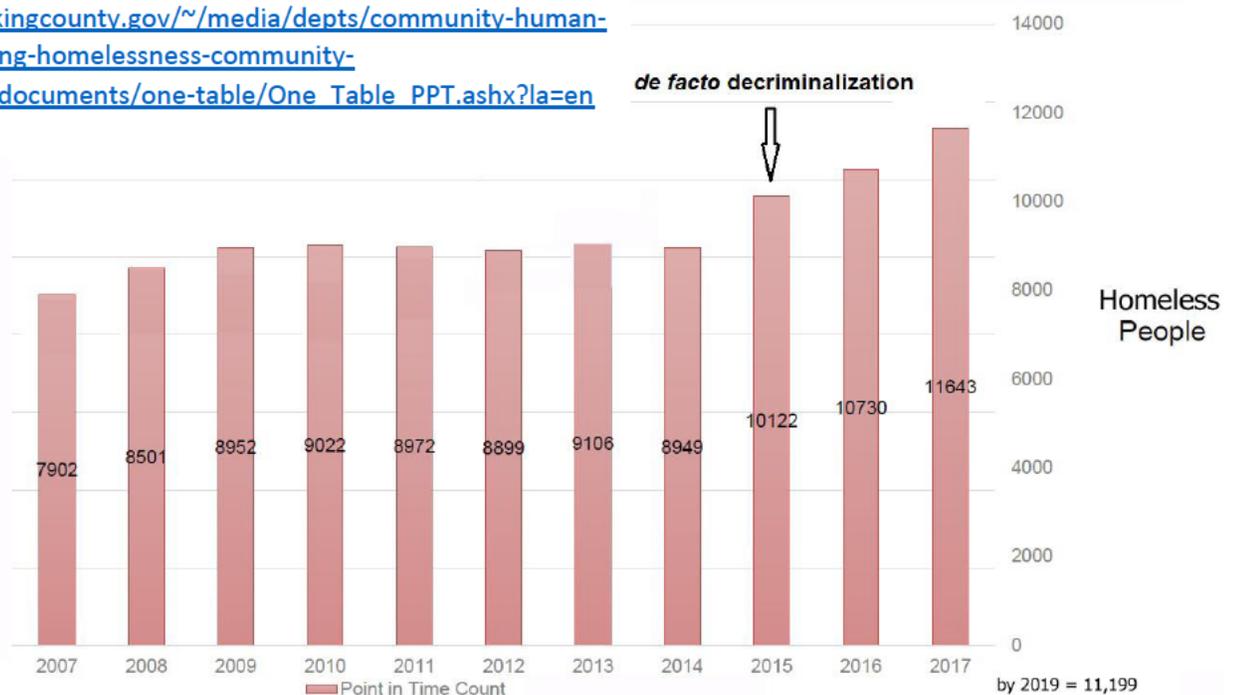
1. Drug overdose rates climbed <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>



2. Homelessness has increased

Seattle/King County Homeless PIT Count

<https://www.kingcounty.gov/~media/depts/community-human-services/housing-homelessness-community-development/documents/one-table/One Table PPT.ashx?la=en>

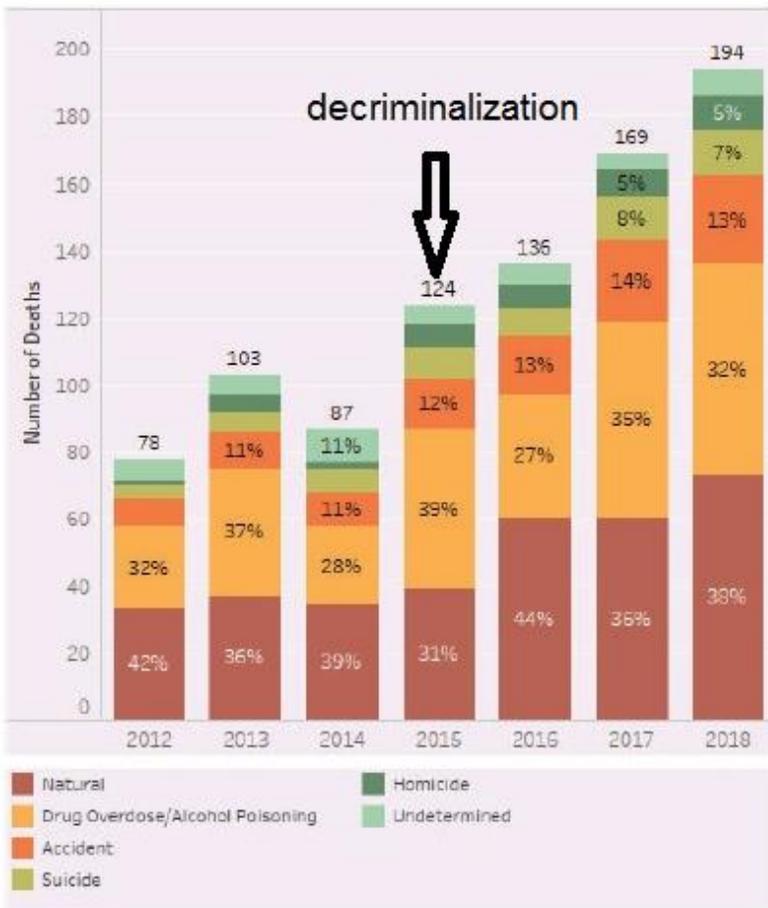


3. Homeless deaths in Seattle/King County have continued to rise

<https://www.kingcounty.gov/depts/health/examiner/annual-report/~media/depts/health/medical-examiner/documents/2018-annual-summary-homeless-deaths.ashx>

Trends in the Number and Causes of MEO-Investigated Deaths that Occurred among Persons Presumed Homeless

Primary Cause of Death, 2012-Present



NEWS REPORTS, SAN FRANCISCO

<https://www.buzzfeednews.com/article/jimdalyrpleii/public-drug-use-san-francisco>

Open Drug Use Has Exploded In San Francisco, Pushing The City's Liberal Image To The Limit

"They're doing it more blatantly now. They know they're not going to get in trouble or get arrested."



[Jim Dalrymple II BuzzFeed News Reporter](#)



[Blake Montgomery BuzzFeed News Reporter](#)

May 9, 2018, at 9:01 a.m. ET



"Mark Farrell had just stepped off a train and was walking through San Francisco's Civic Center Plaza when he felt something strange under his foot. He looked down and discovered in horror a discarded syringe stuck to the sole of his shoe." "It poked the sole of my shoe," said Farrell, who is now the city's interim mayor. "I had a moment of, obviously, a huge scare."

"To his relief, the needle hadn't pierced through his shoe — which could have exposed him to a variety of serious diseases — but it was nonetheless a jarring experience."

"Open drug use has exploded in San Francisco in recent years, enraging residents who complain of having to step over people injecting heroin in train stations and to traverse a seemingly unending series of tent villages on sidewalks and bike paths. The problem has ballooned into a public health crisis, officials say, leaving elected leaders scrambling for solutions as discarded needles pile up in the streets."

"Public drug use in San Francisco was thrust into the spotlight last week when a series of shocking videos uploaded to YouTube showed dozens of drug users, seemingly unaware that they were being filmed, sprawled out in a Bay Area Rapid Transit station and openly injecting drugs as commuters walked past. Others appeared to be unconscious, lying next to a pool of vomit.....The videos, recorded at the Civic Center station in the heart of San Francisco — not far from where Farrell stepped on a syringe last year — highlight how dealing with drug use and needles has become a daily routine for many of the city's residents."

"According to the San Francisco Department of Public Health, **there are about 22,000 intravenous drug users in the city, or about 470 per square mile.** Most of those people are using heroin and prescription opioids, but the use of methamphetamines is on the rise, said Rachael Kagan, a health department spokesperson."

"Complaints related to drug use in San Francisco have skyrocketed as well. Between 2009 and 2017, the number of reports of needles and other medical waste on the streets grew from 290 to 6,363 — an increase of 2,194% — according to the city's database of non-emergency calls....Complaints about human waste on the streets have also spiked, from 5,771 in 2009, to 20,960 in 2017, a jump of 363%. Since 2014, the number of reports has doubled. And complaints about encampments of homeless people have risen from 586 in 2009 to 42,208 in 2017 — a surge of almost 7,200%.....Last week, the union representing employees of the California Department of Transportation filed a grievance over what it described as hazardous conditions cleaning up waste from encampments. One union member [told the Sacramento Bee](#) that he had been exposed to blood, needles, and feces...."San Francisco will continue to be a compassionate city," Farrell said when asked about pushback to clearing encampments. "But our city also should be safe for visitors, for families, for children."

NEWS REPORTS, SAN FRANCISCO

<https://www.city-journal.org/san-francisco-drugs-harm-reduction>

Harm Production in San Francisco

The City by the Bay has embraced a new religion: drug normalization.

Erica Sandberg

February 14, 2019

"Drugs are destroying San Francisco's most densely populated and desirable neighborhoods, as more and more addicts, many of them homeless, fill the streets. Politicians and activists are pushing "[harm reduction](#)," which, in a clinical sense, means a "set of practical strategies and ideas aimed at reducing negative consequences associated with drug use," such as overdose or the transmission of disease. But in a contemporary context, it also means "a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."

"Harm reduction, originally a controversial public-health measure, has become a religion among advocates, even as fears that the practice would normalize drug use have been borne out. Organizations like the San Francisco Drug Users Union [demand](#) "a safe environment where people can use & enjoy drugs" and a "positive image of drug users to engender respect within our community and from outside our community." True believers dominate City Hall as well as a network of affiliated, politicized nonprofits that operate in the city with little oversight or accountability. In this environment, questioning harm reduction or its effects borders on heresy. But are the programs actually helping impoverished addicts? And what is the impact on the community?"

"Visit city neighborhoods ranging from the iconic Union Square and the Financial District to historically troubled areas such as the Tenderloin, Civic Center, and South of Market, and the unintended consequences of harm reduction become hard to ignore. The advocates have certainly succeeded in reducing stigma—it's easy to find people openly injecting into their arms, legs, toes, and necks. Their exposed flesh shows infected sores; they stumble, fall, and pass out. There seem to be more of them, and in worse condition, every day. Addicts congregate on sidewalks, in parks, [subway stations](#), and outside businesses. They [die in school doorways](#)."

"As for the needles, addicts are encouraged to take as many as they want. The city program does not involve needle exchange, so it offers no incentive properly to dispose of used needles. San Francisco's streets and [transportation system](#) are littered with discarded syringes. After massive public outcry (and streams of embarrassing media reports) about the proliferation of hazardous medical waste on the streets and sidewalks, the city contracted with the San Francisco AIDS Foundation, [at approximately \\$1 million per year](#), to hire a cleanup crew. Roughly 60 percent of the needles now get collected."

"Meantime, quality of life in the city continues to erode. [Tourism is threatened](#), [retailers close](#), and families leave. Yet harm-reduction zealots remain adamant in their views. During public discussions about safe-injection sites, they dismiss legitimate concerns about [increased drug-dealing, burglaries, violence, and vagrancy](#). In community meetings, Department of Public Health representatives disregard residents' misgivings. Typical complaints—"Why are you doing this? Bloody needles are everywhere, people are injecting in front of my kid's preschool, I'm afraid to take my dog for a walk"—are met with responses that usually begin, "This is harm reduction." In San Francisco's brave new world, there is no room for the skeptic."

NEWS REPORTS, SAN FRANCISCO

<https://thefederalist.com/2020/01/21/the-san-francisco-mess-proves-decriminalizing-drugs-doesnt-work/>

The San Francisco Mess Proves Decriminalizing Drugs Doesn't Work

January 21, 2020

"In 2014, California voters approved Proposition 47, which dramatically reduced penalties for many criminal offenses. Co-written by Gascon, Prop 47 reduced small-quantity drug possession and use to a misdemeanor. Because San Francisco cops don't bother booking people on such minor infractions, our junkies pose, poking veins, for the tourist iPhones. The San Francisco Police Department has been demoralized and lax about drug possession for decades, and why public deprivation became commonplace only in recent years is a bit of a mystery."

"We are not talking of unsanctioned marijuana here: that kind of dealing is also [ignored](#) these days. The vast majority of the arrests involve the sale of [crack, heroin, and meth](#). If decriminalization of use can be justified on civil libertarian grounds — hey, it's the addict's body, and he can put whatever poison in it he wants — we can't extend this logic to the sale of the harmful and potentially lethal substances to others. Yet that precise policy has been legislated from the bench in the Golden Gate City."

"In place of robust law enforcement, city leadership is sponsoring *harm-reduction* programs, the most visible feature of which are the syringes littering the streets. We frequently hear that the City Hall supplies police officers with Narcan, and non-profits educate addicts about how to watch out for each other to avoid overdose deaths."

"City-sponsored rehabs are required to teach harm reduction. For an example, the website of the Center for Harm Reduction Therapy, a service partially funded by San Francisco Department of Public Health, describes their [approach](#) the following way: "Non-dogmatic: We do not ask that our clients adopt labels such as 'alcoholic or addict,' or to believe that they have a disease, in order to change or quit substance use.....Although the organization insists that their practices are evidence-based, they link to no studies. Instead, they offer testimonials, [including](#): "You can take care of yourself AND use substances."

Drug User: Harm Reduction Only Enabled Me

"Recovering drug addicts themselves often call harm reduction a different word: enabling. Here is what Wolf shared.... My opinion on harm reduction is that for me it would've and would continue to be a total failure. Harm reduction by nature is a way to enable or rationalize someone continuing to use drugs and remain in addiction. I knew a few people out there that would go to harm reduction meetings and within a couple days were completely binging on crack. In my opinion it is a weak response justified by protecting civil liberties when in reality all it does is make the person pushing the harm reduction model and those who support it feel better about themselves. The only way I was able to arrest my addiction was through faith and the 12 steps of AA and that program (which has worked for millions of addicts and alcoholics) demands complete abstinence from all mind altering chemicals.....Wolf told me he was finally able to summon the will to sober up when arrested. **Locking up addicts to help them to get clean might be worth trying. The State of Rhode Island created a program for prison-based opiate treatment that has been demonstrated to be successful. In one population-wide study, the state saw a 61 percent decline in overdose deaths in former prisoners, and 12 percent decline in overdose deaths among general population once the program was implemented** (<https://www.brown.edu/news/2018-02-14/opioids>).

NEWS REPORTS, SAN FRANCISCO

<https://abcnews.go.com/Health/wireStory/overdose-deaths-outpace-covid-19-deaths-san-francisco-74823530>

Overdose deaths far outpace COVID-19 deaths in San Francisco

By Associated Press
December 19, 2020

"SAN FRANCISCO -- A record 621 people died of drug overdoses in San Francisco so far this year, a staggering number that far outpaces the 173 deaths from COVID-19 the city has seen thus far.

The crisis fueled by the powerful painkiller fentanyl **could have been far worse if it wasn't for the nearly 3,000 times Narcan was used from January to the beginning of November to save someone from the brink of death**, the San Francisco Chronicle reported Saturday."



Used needles are collected and exchanged for clean ones by the Tenderloin AIDS Resource Center in San Francisco.

"While nearly 40% of the deaths occurred in the Tenderloin and South of Market neighborhoods near downtown, city data showed the epidemic has touched every part of the city. Many people overdosed in low-income apartment buildings and in city-funded hotel rooms for the homeless. Others died on sidewalks, in alleyways and parks around the city."

Decriminalization of Drugs in Seattle

Public Safety

No charges for personal drug possession: Seattle's bold gamble to bring 'peace' after the war on drugs



Seattle police officer Felix Rojas, left, and Washington Department of Corrections Officer Zachary Vaders speak to a man suspected of drug paraphernalia possession's last month. (Daniel Berman for The Washington Post)

By Justin Jouvenal

June 11, 2019 at 7:02 p.m. EDT

SEATTLE — Police officers sprang from a black patrol van on a recent day, surrounding two men smoking crack on a gritty downtown block. The officers asked for ID and confiscated a homemade pipe fashioned from glass and surgical hose.

June 11, 2019

June, 2019

https://www.washingtonpost.com/local/public-safety/no-charges-for-personal-drug-possession-seattles-bold-gamble-to-bring-peace-after-the-war-on-drugs/2019/06/11/69a7bb46-7285-11e9-9f06-5fc2ee80027a_story.html

Impact on the City



<https://www.northpointwashington.com/blog/is-seattle-dying-from-addiction/>

Aug, 2019

What's Happening in Seattle?

To give you some insight into why we feel it is so important to publish this article, here are some fast facts that might put the situation into perspective:

- Addiction, homelessness, and relaxed law enforcement policies have created the perfect storm. The city has been overrun with crime, unfavorable living conditions, homeless encampments, and public drug use.
- Homelessness is at an all-time high. There are currently at least 12,000 people without adequate shelter in Seattle. People are sleeping in the streets in front of prominent local businesses and retail locations. Tent cities are everywhere.
- Addiction is overrunning the city. There was a record number of overdose deaths in 2018. As a result, Seattle now has a commonly known nickname – “Junkie Town.”
- Crime is being committed in record numbers. Property crime is now two-and-a-half times higher than Los Angeles and four times higher than New York City. The city continues to experience regular burglaries, car jackings, business break-ins and other property losses due to theft.

Continued.....

Suit suggests drug abuse, not pricey housing at root of Seattle's homeless problem

<https://komonews.com/news/project-seattle/suit-suggests-drug-abuse-not-pricey-housing-at-root-of-seattles-homeless-problem>

by Matt Markovich | KOMO News | Thursday, September 26th 2019

AA



Seattle homeless (KOMO image)



Sept. 2019

Menu The Seattle Times

Opinion

Seattle, no national model, enables addiction and ignores public safety

Sep. 10, 2019 at 2:59 pm | Updated Sep. 10, 2019 at 5:07 pm



Volunteers use grabbers to pick up needles and dispose of them in sharps containers in Seattle's Montlake neighborhood. (Bettina Hansen / The Seattle Times, File)

Sept. 2019

<https://www.seattletimes.com/opinion/seattle-no-national-model-enables-addiction-and-ignores-public-safety/>

Continued.....

Seattle considers excusing misdemeanors, including assault, for homeless, drug addicts

December, 2020

Homicides and violent crime rates are up in the city

As record-setting homicides continue, the [Seattle Police Department](#) is facing a critical shortage both in officers and [funding](#).

Another 33 officers left the force over the past two months, according to [reporting from KTTX Radio host Jason Rantz](#).

In a Friday interview on "[America's Newsroom](#)," Rantz told host Trace Gallagher that it's important to focus on the "greater context" of "what's happening in Seattle."

"We have this culture of lawlessness. We have a prolific offender problem where pretty much the same 100 or so individuals keep breaking the [law](#), not seeing any punishment, and then doing the same thing over and over and over again," he explained. "And so, all you're doing is making it easier for those people to continue that behavior."

<https://www.foxnews.com/politics/seattle-considers-excusing-misdemeanors-including-assault-for-homeless-drug-addicts>



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COMMUNITY NEWS FOR ALL THE HILL



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Prev: [Email threats against Sawant from city account...](#) (01/21/21) | Next: [CHS on Converge: Inauguration Day protests...](#) (01/21/21)

Amid record spike in overdoses and with money to spend, Seattle and county still working on plan for 'supervised consumption'

Posted on [Thursday, January 21, 2021 - 7:03 am](#) by [Jako Goldstein-Street](#)

Supervised drug consumption sites have been a bone of contention in the city for years, but could Seattle see progress this year?

The **Seattle City Council** included in its 2021 budget [\\$1.12 million](#) specifically for health services for drug users after approving funding earmarked for facilities meant to give space to use opioids or other drugs with medical supervision multiple times in recent years, but that was never spent.



<https://www.capitolhillseattle.com/2021/01/amid-record-spike-in-overdoses-and-with-money-to-spend-seattle-and-county-still-working-on-plan-for-supervised-consumption/>

January, 2021



Individual-Level Predictors for Becoming Homeless and Exiting Homelessness: a Systematic Review and Meta-analysis

Sandra Feodor Nilsson · Merete Nordentoft · Carsten Hjorthøj 

Published online: 6 August 2019
© The New York Academy of Medicine 2019

Abstract Homelessness remains a societal problem. Compiled evidence of predictors for becoming homeless and exiting homelessness might be used to inform policy-makers and practitioners in their work to reduce homeless-related problems. We examined individual-level predictors for becoming homeless and exiting homelessness by searching PubMed, EMBASE, PsycINFO, and Web of Science up to January 2018. Becoming homeless and exiting homelessness were the outcomes. Observational studies with comparison groups from high-income countries

were included. The Newcastle Ottawa Quality Assessment Scale was used for bias assessment. Random effects models were used to calculate pooled odds ratios (ORs) with 95% confidence intervals (CIs). We included 116 independent studies of risk factors for becoming homeless and 18 for exiting homelessness. We found evidence of adverse life events as risk factors for homelessness, e.g., physical abuse (OR 2.9, 95% CI 1.8–4.4) and foster care experiences (3.7, 1.9–7.3). History of incarceration (3.6, 1.3–10.4), suicide attempt (3.6, 2.1–6.3), and psychiatric problems, especially drug use problems (2.9, 1.5–5.1), were associated with increased risk of homelessness. The heterogeneity was substantial in most analyses ($I^2 > 90\%$). Female sex (1.5, 1.1–1.9; $I^2 = 69\%$) and having a partner (1.7, 1.3–2.1; $I^2 = 40\%$) predicted higher chances whereas relationship problems (0.6, 0.5–0.8), psychotic disorders (0.4, 0.2–0.8; $I^2 = 0\%$), and drug use problems (0.7, 0.6–0.9; $I^2 = 0\%$) reduced the chances for exiting homelessness. In conclusion, sociodemographic factors, adverse life events, criminal behaviour, and psychiatric problems were individual-level predictors for becoming homeless and/or exiting homelessness. Focus on individual-level vulnerabilities and early intervention is needed. PROSPERO registration number: [CRD42014013119](https://www.crd42014013119).

Electronic supplementary material The online version of this article (<https://doi.org/10.1007/s11524-019-00377-x>) contains supplementary material, which is available to authorized users.

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iPSYCH – The Lundbeck Foundation Initiative for Integrated Psychiatric Research, Aarhus, Denmark

C. Hjorthøj
Department of Public Health, Section of Epidemiology, University of Copenhagen, Copenhagen, Denmark

Keywords Homeless persons · Predictors · Housing · Psychiatry · Meta-analysis · Social marginalization

Risk Factors for Homelessness: Evidence From a Population-Based Study

Katherine H. Shelton, Ph.D.

Pamela J. Taylor, M.D.

Adrian Bonner, Ph.D.

Marianne van den Bree, Ph.D.

Objective: This study examined factors associated with lifetime experience of homelessness among young adults. **Methods:** Data were analyzed for 14,888 young adults (mean±SD age 21.97±1.77; 7,037 men and 7,851 women) who participated in the National Longitudinal Study of Adolescent Health (Add Health), a U.S. nationally representative, population-based sample. Data were collected from young adults through computer-assisted interviews six years after they had enrolled in the study as adolescents. Variables that have been associated with lifetime homelessness in at least one service sample were mapped to Add Health survey items. Data were analyzed by logistic regression. **Results:** A total of 682 respondents (4.6%) were classified as ever being homeless. Several factors related to childhood experiences of poor family functioning, socioeconomic disadvantage, and separation from parents or caregivers were independently associated with ever being homeless. Other significant independent factors included current socioeconomic difficulty, mental health problems, and addiction problems. Indicators of involvement in crime and addiction problems with gambling and alcohol were not independently associated with homelessness. **Conclusions:** The findings underscore the relationship between specific indicators of adversity in childhood and risk of homelessness and point to the importance of early intervention efforts. Consistent with the extant research literature, mental health problems also appear to be associated with homelessness, highlighting the potentially complex service needs of this population. (*Psychiatric Services* 60:465–472, 2009)

One of the most pressing social issues facing the United States and other Western countries is the high rate of homelessness (1–3). It is estimated that 3.5 million Americans in any given year experience homelessness (1). It is important to understand the causes of homelessness because poorly informed service delivery for homeless

populations may be ineffective or, worse, counterproductive (3,4).

The physical and mental health of people who are homeless is considerably worse than that of the general population (5–7). The prevalence of mental disorders is three to four times higher among the homeless population, with rates of affective and anxiety disorders and drug and alco-

hol abuse particularly elevated (8–12). Rates of *DSM* diagnoses among the homeless are almost double those among persons who have never been homeless, whereas the rate of alcohol use disorder co-occurring with one or more psychiatric disorders has been identified as five times greater (13). Homelessness is also associated with a high risk of suicide attempts (14).

Previous research has shown that so-called biographical risk factors are important to understanding the pathways into homelessness (8,15). Specifically, a disproportionate number of homeless people report experiences of childhood adversity, including poor relationships with parents, neglect, physical and sexual abuse, and being forced or placed out of the home (15–17). One study indicated that up to 50% of homeless and runaway adolescents may have experienced physical abuse; almost one-third reported sexual abuse (18). These experiences may contribute to the risk of mental health problems both concurrently and later in life (19–21).

Other factors that have been reported to contribute to risk of homelessness are school expulsion and lack of academic qualifications, poor social networks, and antisocial and offending behavior (including experiences in prison) (5,22,23). With important exceptions (13,24), however, most of the research on the etiology of homelessness has been conducted in service settings, including shelters and rehabilitation centers, or with psychiatric patients (current or with a history of admission to a psychiatric hospital) (25–27). These samples are likely

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HHS Public Access

Author manuscript

Drug Alcohol Depend. Author manuscript; available in PMC 2019 July 01.

Published in final edited form as:

Drug Alcohol Depend. 2018 July 01; 188: 328–333. doi:10.1016/j.drugalcdep.2018.04.021.

Substance use and homelessness among emergency department patients*

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Abstract

Background: Homelessness and substance use often coexist, resulting in high morbidity. Emergency department (ED) patients have disproportionate rates of both homelessness and substance use, yet little research has examined the overlap of these issues in the ED setting. We aimed to characterize alcohol and drug use in a sample of homeless vs. non-homeless ED patients.

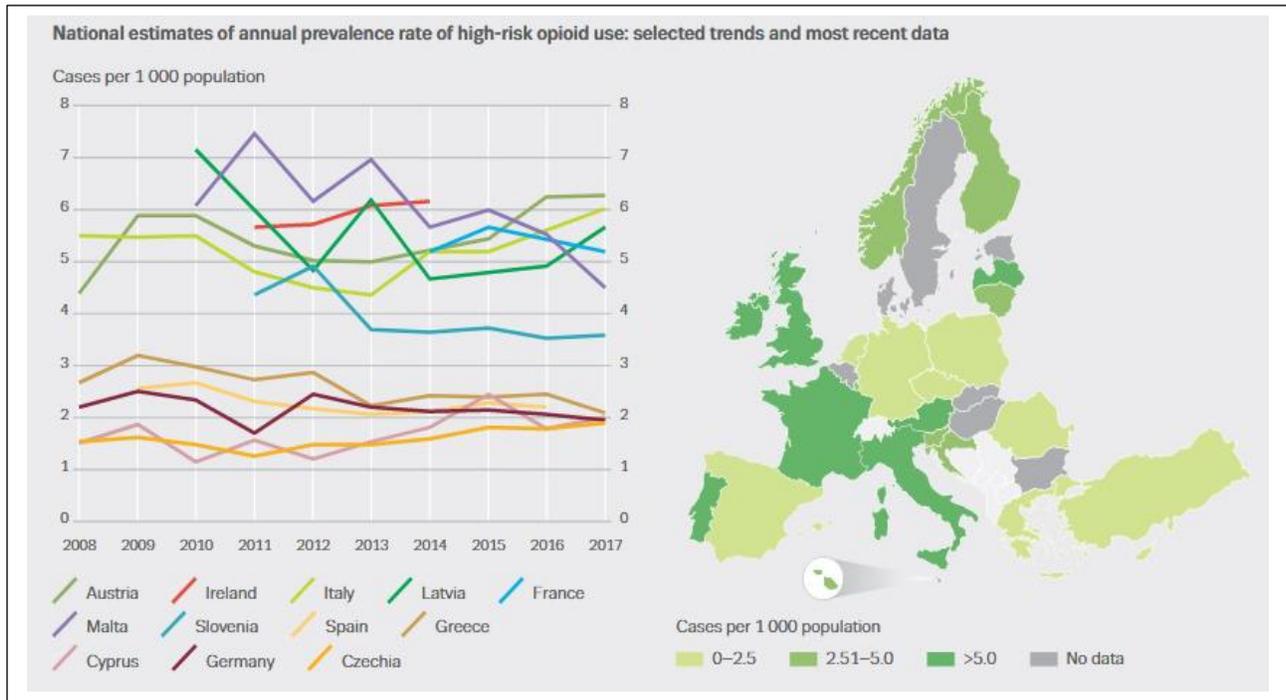
Methods: A random sample of urban hospital ED patients were invited to complete an interview regarding housing, substance use, and other health and social factors. We compared substance use characteristics among patients who did vs. did not report current literal (streets/shelter) homelessness. Additional analyses were performed using a broader definition of homelessness in the past 12-months.

Results: Patients who were currently homeless (n=316, 13.7%) versus non-homeless (n= 1,993, 86.3%) had higher rates of past year unhealthy alcohol use (44.4% vs. 30.5%, p<.0001), any drug use (40.8% vs. 18.8%, p<.0001), heroin use (16.7% vs. 3.8%, p<.0001), prescription opioid use (12.5% vs. 4.4%, p<.0001), and lifetime opioid overdose (15.8% vs. 3.7%, p<.0001). In multivariable analyses, current homelessness remained significantly associated with unhealthy alcohol use, AUDIT scores among unhealthy alcohol users, any drug use, heroin use, and opioid overdose; past 12-month homelessness was additionally associated with DAST-10 scores among drug users and prescription opioid use.

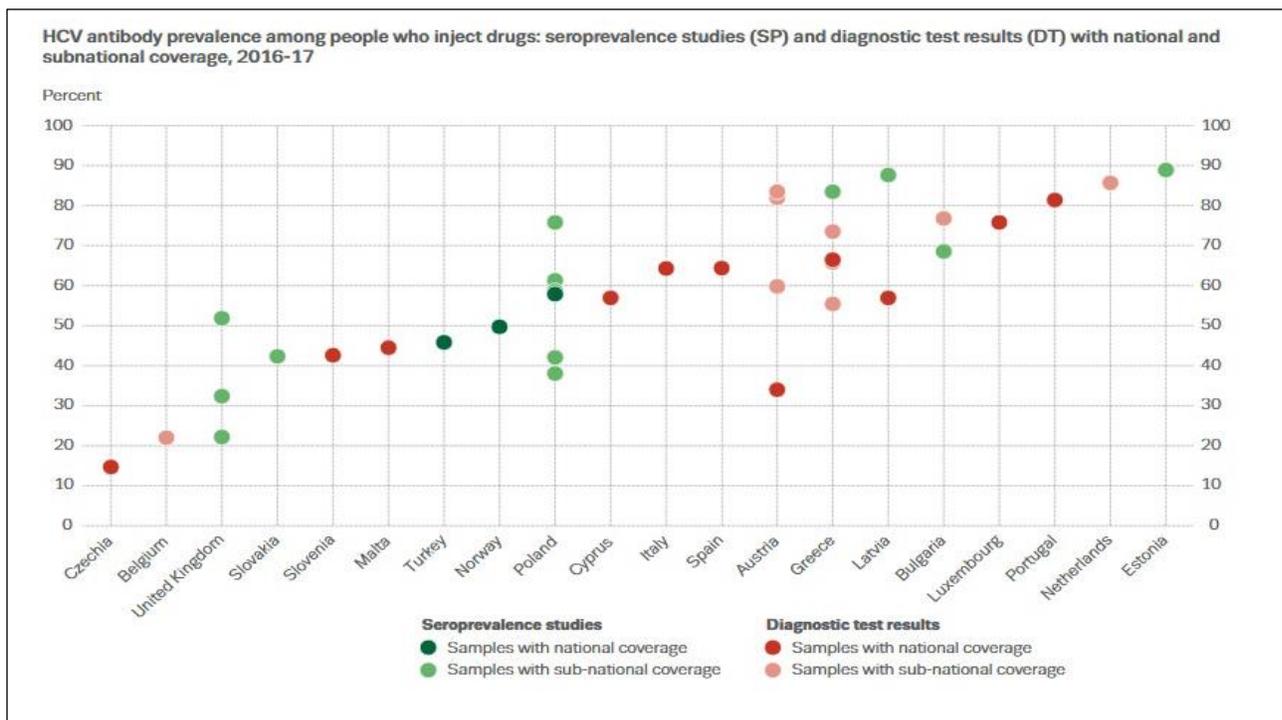
Conclusions: Patients experiencing homelessness have higher rates and greater severity of alcohol and drug use than other ED patients across a range of measures. These findings have implications for planning services for patients with concurrent substance use and housing problems.

https://www.emcdda.europa.eu/edr2019_en

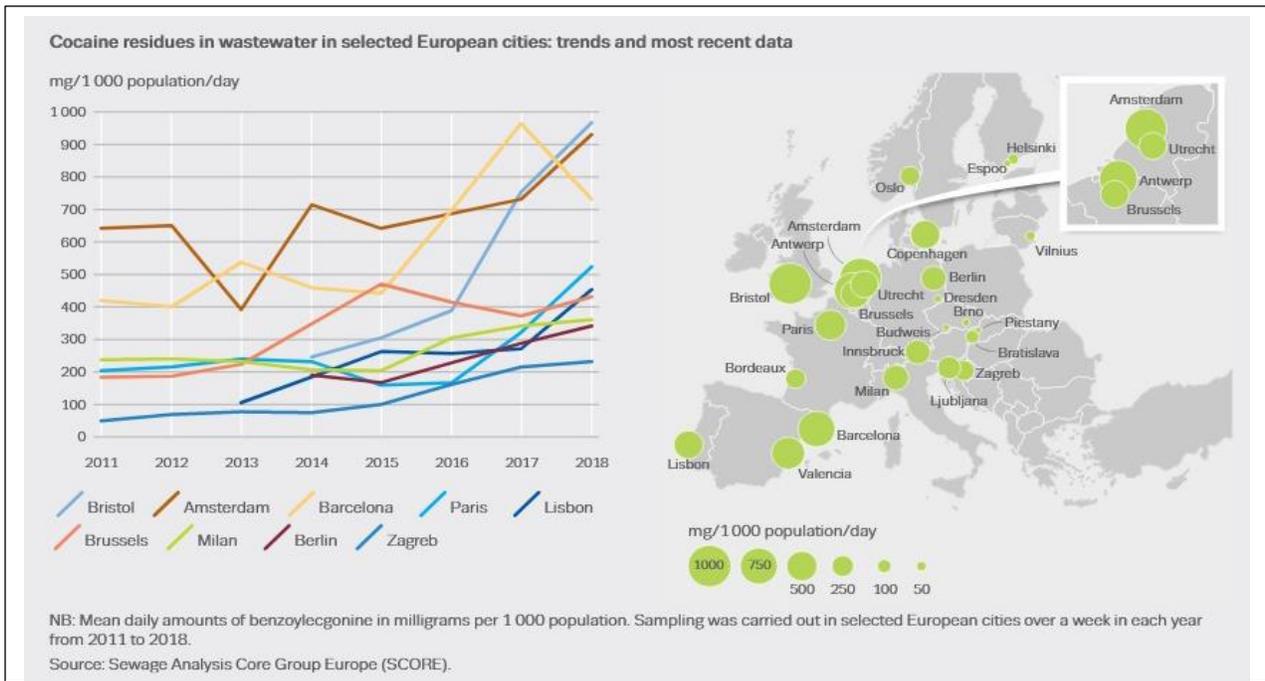
2019- Portugal has a higher rate of high-risk opioid use than Norway



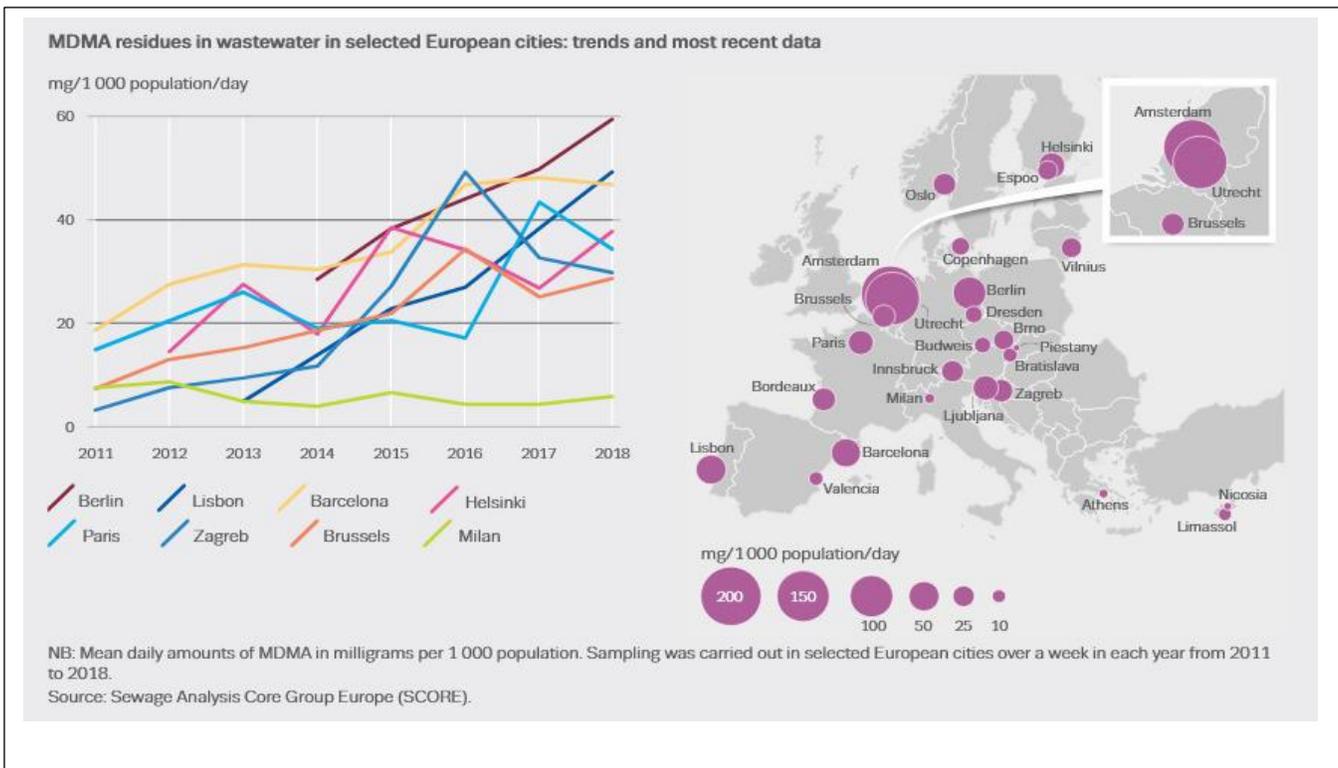
2019- As compared to Norway, Portugal appears to have a higher rate of HCV prevalence in those who inject drugs.



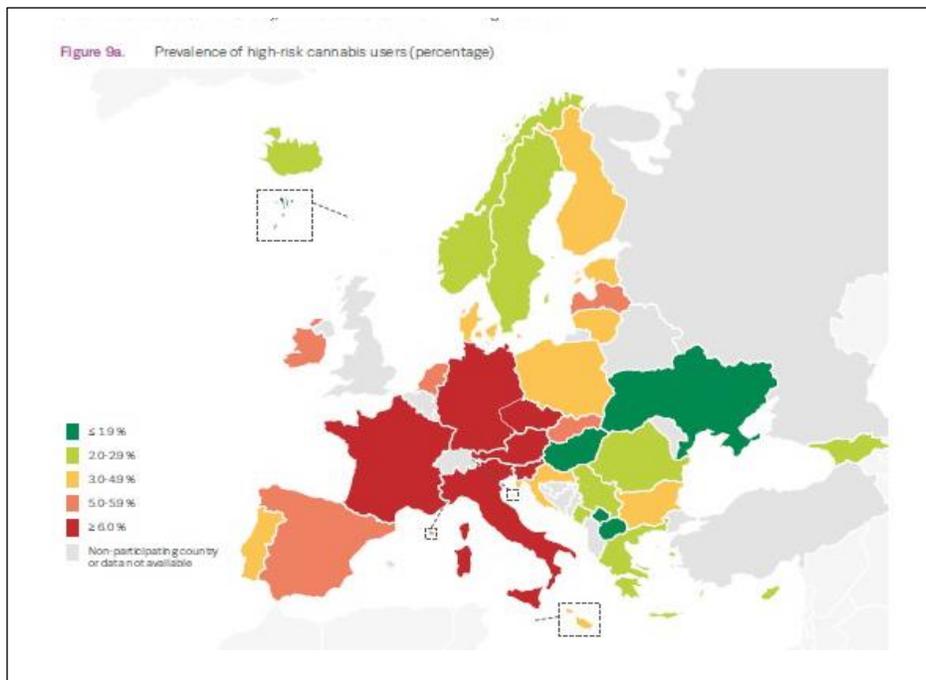
Per capita, cocaine residues in wastewater trending up in Lisbon, currently higher than Oslo



Per capita, MDMA residues in wastewater trending up in Lisbon, currently higher than Oslo

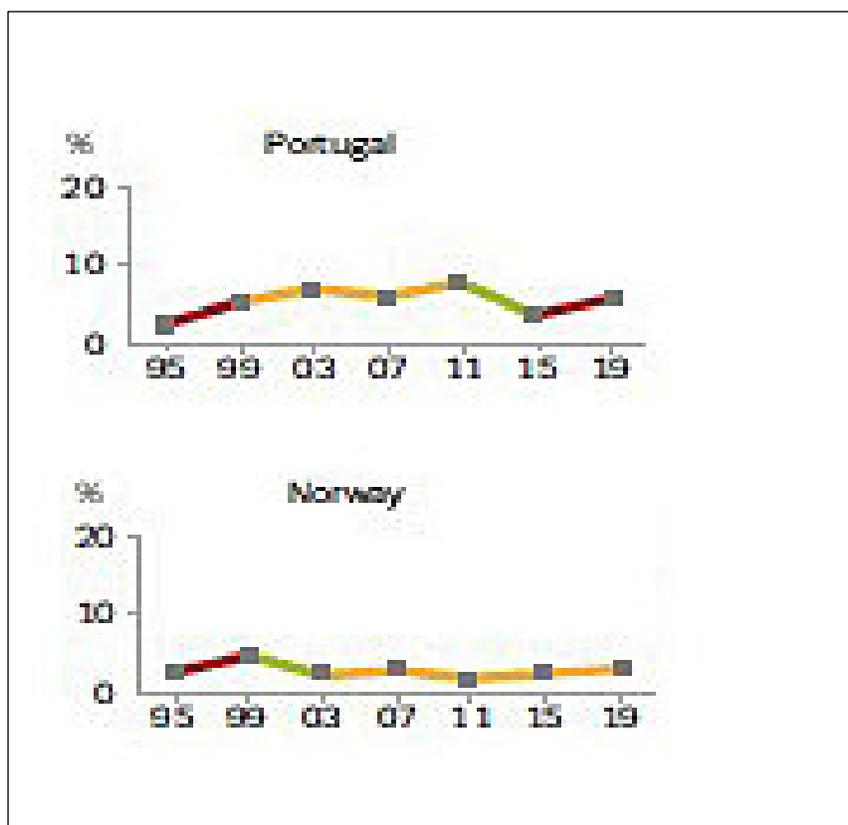


2019 - Portugal has a higher % of youth engaging in high risk cannabis use than in



2019 - As compared to Norway, Portugal has a higher rate of lifetime use of drugs other than cannabis, and is trending up again

https://www.emcdda.europa.eu/edr2019_en



in the provision of places in section 94 institutions and the social living arrangements under section 91 (which form the basis for the registered count of homelessness) since the mid-1990s. However, the underlying level of homelessness is probably fairly static.

5.8 In Belgium, Luxembourg and the Netherlands information on homelessness is dependent upon the service providers. In Belgium, the federal structure complicates the collation of accurate statistics on homelessness. No information is available for the Brussels Capital region; improved information is forthcoming for Walonia but is not yet available and a similar situation is reported for the Flemish speaking community. In Luxembourg no official statistics are available and the data quoted here is drawn from surveys conducted by service providers in the mid-1990s. Information from the Ministry for the Advancement of Women indicates a static picture in relation to the reception of women into shelters. It is therefore difficult to say with confidence whether the situation is getting any worse in these two countries. In the Netherlands the Federatie Opvang has a national client registration system which all subsidised shelters use. This indicates an increase in the number of applications for shelter between 2001 and 2002. In 2001, 18,000 women made application to women's shelters while 34,000 people made application to other shelters. The number of places in shelters also increased from 11575 to 12295. Recorded levels of homelessness are thus, to some extent, linked to levels of service provision and funding.

5.9 In Austria, Portugal and Greece information is drawn from ad hoc survey information undertaken by the research correspondent in Greece and the umbrella homeless organisations in Austria (BAWO) and Portugal (AMI). It is therefore not possible to get accurate information on trends. The survey in Austria was undertaken in 1997 and at least provides an overview indicating 21,000 people in contact with services for the homeless. The Ministry of Health and Welfare in Greece is planning a 'National Chart of Welfare' which should be implemented within the next two years. In the meantime our survey data provides a base-line figure of 10,800 homeless people. In Portugal surveys were undertaken in 1999 and 2000 in Lisbon (funded by the Municipality) which demonstrated a decrease in rough sleeping due to the creation of new shelters

and an increase in use of those shelters. The first survey undertaken in Porto in 2000 estimated a total of 1,000 homeless which suggests an increase in homelessness in the city (compared to previous estimates). For the rest of the country data is drawn from service users of AMI (International Medical Assistance) which suggests a 40% increase (from 1700 to 3067) between 1999 and 2001.

5.10 In Ireland, information on the extent of homelessness on a national level is collected by local authorities on behalf of the Department of Environment and Local Government every three years. In addition, commencing in 1999, the Homeless Agency, in conjunction with the Economic and Social Research Institute, collect data on the extent of homelessness in the greater Dublin region every three years. The methodology utilised by the Homeless Agency is more sophisticated than that employed by the local authorities and is thus more reliable. Between 1996 and 1999, the number of homeless persons enumerated doubled, but this may reflect in part, a somewhat changed methodology.

5.11 These national figures mask important changes taking place within countries. In some countries – Finland, Ireland, Denmark, Portugal – recorded homelessness is concentrated in the capital city regions of Helsinki, Dublin, Lisbon and Copenhagen. In countries with a federal structure there is a disparity in recorded levels of homelessness between parts of the country. It is difficult to establish the extent to which this is the result of differences in actual incidence of homelessness rather than differences in provision and policy which are reflected in service provider statistics. In the United Kingdom there is a noticeable difference in trends. The recorded level of local authority acceptances under homeless legislation in England (and Wales) has reduced consistently since the early to mid-1990s while it has continued to grow in Scotland. Northern Ireland demonstrates a much higher per capita level of homelessness than other parts of the UK. In other countries, too, there are marked disparities in the underlying trend of the recorded level of homelessness. For example, in Portugal homelessness has decreased slightly in Lisbon while there has been a recorded growth in Porto.

OECD Affordable Housing Database – <http://oe.cd/ahd>

OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs

Table HC 3.1.1: Estimated number of homeless people, 2019 or latest year available

Figures include *more than* persons
1) living rough, 2) living in
emergency accommodation, and 3)
living in accommodation for the
homeless?

	Year	Number of homeless	Homeless as % of total population ¹	
Australia	2016	116,427	0.48%	Yes
Austria	2017	21,567	0.25%	No
Brazil	2015	101,854	0.05%	<i>Not provided</i>
Canada (2)	2016	129,127	0.36%	No
Chile	2019	14,013	0.07%	No
Croatia	2013	462	0.01%	No
Czech Republic (3)	2019	23,900	0.22%	Yes*
Denmark	2019	6,431	0.11%	Yes
Estonia	2011	864	0.06%	Yes
Finland	2018	5,482	0.10%	Yes
France	2012	141,500	0.22%	No
Germany (4)	2018	337,000	0.41%	Yes
Greece	2009	21,216	0.19%	Yes
Hungary	2014	10,068	0.10%	No
Iceland	2017	349	0.10%	Yes
Ireland	2018	6,194	0.13%	No
Israel	2018	1,825	0.02%	No
Italy (5)	2014	50,724	0.08%	No
Japan	2019	4,555	0.00%	No
Latvia	2017	6,877	0.35%	Yes
Lithuania	2011	857	0.03%	No
Luxembourg (6)	2014	2,059	0.37%	Yes
Mexico	2010	40,911	0.04%	Yes
Netherlands	2016	30,500	0.18%	Yes
New Zealand	2013	41,207	0.94%	Yes
Norway	2016	3,909	0.07%	Yes
Poland	2019	30,330	0.08%	Yes
Portugal (7)	2017	4,414	0.04%	No
Slovenia	2015	2,700	0.13%	No
Slovak Republic	2011	23,483	0.44%	Yes
Spain	2012	22,938	0.05%	No
Sweden	2017	33,250	0.33%	Yes
United States	2018	552,830	0.17%	Yes