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Substance use disorders among homeless people in inner Sydney

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Abstract Background: The study aimed to assess the prevalence of alcohol and drug use disorders among homeless people in inner Sydney, to compare the Australian findings with the international literature and to examine treatment seeking. Method: Two hundred and ten homeless men and women randomly selected from the dining rooms of inner Sydney refuges were interviewed. DSM-IV diagnoses over the past 12 months were based on the Composite International Diagnostic Interview (CIDI). Results: Half the homeless men and 15% of the women had a diagnosis of alcohol use disorder in the past 12 months. One in five had an opiate use disorder, one in five a cannabis use disorder and one in ten a sedative or stimulant use disorder. Conclusions: Drug use disorders were more prevalent in this Australian sample than in comparable international studies.

Introduction

Substance use disorders have been widely identified as the most prevalent of all disorders among homeless people, occurring in about two-thirds to three-fourths of men and one-fourth to one-half of women (Bassuk et al. 1986; Breakey et al. 1989; Fichter et al. 1996; Fischer and Breakey 1986; Herrman et al. 1989; Koegel et al. 1990; Smith et al. 1992; Susser et al. 1989, UK OPCS Survey 1996). The pooled lifetime prevalence estimate from these studies indicates that 56% of homeless people in their lifetime will meet criteria for a substance use disorder (Whitehead and Whitehead 1991). There is also considerable comorbidity within this population, with nearly 70% of those who experience a lifetime diagnosis of alcohol use disorders also experiencing at least one other mental disorder.

In Australia, a study in Melbourne determined the prevalence of mental disorders in 382 people representative of the occupants of refuges for the homeless and cheap single-room accommodation in an inner city area (Herrman et al. 1989). Clinical interviewers were trained to use the Structured Clinical Interview for DSM-III-R to diagnose mental disorders and substance use disorders. In the sample, 49.5% received a lifetime diagnosis of a substance use disorder.

There has been no other systematic study of substance use disorders among homeless people in Australia. The present study addresses the lack of information about substance use disorders and homeless people in Sydney, the largest city in Australia, and begins to fill the gap concerning information necessary to develop appropriate policy and treatment responses to this group.

People with alcohol and drug use disorders do not readily seek treatment (Australian Bureau of Statistics 1998), and those with more severe forms of alcohol use disorders may not be interested in receiving treatment (Grant 1997). People marginalised by homelessness may be even less likely to access treatment services. Few studies to date have examined treatment seeking among the homeless. This study examines factors related to treatment seeking among homeless people with substance use disorders in order to guide the appropriate delivery of services to this group.

Recent epidemiological studies have used methods and measures that allow comparisons both within and across countries (Fichter et al. 1996). The present study uses methodologies similar to those used in a number of recent studies concerning the homeless. The most significant methodological development has been the use of reliable and valid structured diagnostic interviews, such as the World Health Organisation Composite Diagnostic Interview (WHO 1996) or its predecessor, the Diagnostic
Interview Schedule (Robins and Regier 1991). These interviews allow more confident comparisons across studies. Further, when they have been used in general population studies, as in the recently completed National Survey of Mental Health and Wellbeing in Australia (Australian Bureau of Statistics 1998), they allow comparisons between the findings in the general population and the homeless population.

To address the above issues, the aims of the study are to:

1. Report the 12-month prevalence of DSM-IV substance use disorders in a representative sample of homeless people in Sydney
2. Compare the findings with the Australian general population and with international studies of the homeless
3. Examine factors, including perceived disability, associated with treatment seeking of this group.

Subjects and methods

Setting

Sydney has a population of 3.8 million. Inner Sydney covers 10 square miles (16 square kilometres) and is characterised by cheap accommodation, squats, hostels for the homeless, prostitution and the illicit drug industry. It is typical of many large Western inner cities throughout the world.

Sampling

The size and composition of the population of homeless persons in inner Sydney is largely unknown, as is the case in most large cities. Interviews with experienced informants indicated that homeless people in Sydney fall into three main groups; namely,

1. Those who seek accommodation in refuges for the homeless
2. Those who use these refuges for food and support but not for accommodation (the refuges for the homeless provide the majority of free meal services in Sydney), and
3. Those who are homeless but make no use of refuge services.

In Australia, in contrast to the United States, the number of homeless persons who fall into the last group (3) is very small (Herrman et al. 1989). The sample in this study was drawn from groups (1) and (2); that is, all persons eating a meal at the refuges for the homeless in inner Sydney.

The eight major refuges for adult (age 18 and older) homeless men and women in inner Sydney participated in the study. In total, the refuges provide 407 beds, 350 for men and 57 for women. Each refuge attracts a slightly different subpopulation of the homeless; therefore, sampling was conducted proportionally to the number of persons residing and eating at the different refuges.

The chairs of the dining rooms of the refuges were allocated numbers. A set of random numbers was then generated by computer to select subjects. A subject who sat in a selected chair was approached after they had completed their meal and an interview was either conducted then or arranged. Subjects received no reimbursement for their participation. Interviewing was conducted at breakfast, lunch and dinner and at the various refuges during the 8 months of the interview period of the study. Since all subjects were randomly sampled at random meals, it is believed that the sample is representative of all homeless persons using the inner city refuges for food and lodging. All subjects were approached and interviewed by the one interviewer (T.H.), who had worked in the refuges and knew many of the men and women. This reduced the possibility that the same person was interviewed twice.

For this study, a person was considered homeless if they had spent the preceding night in (1) emergency refuge, (2) outdoors, (3) any space not designed for refuge, (4) hotel, motel or home of a relative or friend and was uncertain whether they could continue to live there for at least the next 60 days or (5) stated that they did not have a permanent house or apartment to which they could go (Gelberg et al. 1988).

Instrument

The study uses the same interview protocols as the Australian National Survey of Mental Health and Wellbeing (NSMHWB; ABS 1998) and the Australian National Health Survey (NHS; ABS 1995), so that the information from the homeless sample may be directly compared to representative samples of the Australian general population.

After sampling, the trained interviewer (T.H.) met with each respondent to administer the interview. The interview covered the following areas: demographics (age, sex, marital status, country of birth, language spoken, education, occupation, source of income, history of homelessness), chronic physical conditions, disability (Ware 1996) and a modified version of the Composite International Diagnostic Interview (CIDI) and health service utilisation. The interview had a mean duration of 73 min.

Assessment of alcohol and other drug use

The assessment of alcohol and other drug use was undertaken using the same questions as used in the National Survey of Mental Health and Wellbeing. Specifically, respondents were asked separate questions on their use of alcoholic beverages and other drugs, both illicit and prescribed. The questions related to prescription drugs asked whether prescribed drugs and medicines had been used “in larger amounts than was prescribed or for a longer period than was prescribed” or used “more than five times when they were not prescribed for you, to get high, to relax, or to make you feel better, more active, or alert”. Survey questions covered four drug groups: cannabis (marijuana and hashish); stimulants (ecstasy, speed, amphetamines, dexamphetamine, pemidyl and ritalin); sedatives (atiyan, barbiturates, librium, mogadon, normison, rohypnol, serex, sleeping pills, tranquillisers, valium, xanax); and opiates (heroin, opium, codeine, doloxene, methadone, morphine, percodan, methadone, pethidine). Respondents could also report the use of other drugs recorded under a category “other”. This last category was not recorded in the National Survey of Mental Health and Wellbeing.

Assessment of alcohol dependence was undertaken when a respondent reported consuming 12 or more drinks in the last year (a standard drink was defined as 10 gml of alcohol). Dependence on drugs was assessed whenever participants reported using a prescribed drug or medicine in larger amounts than was prescribed; or for a longer period than was prescribed; or more than five occasions of extra-medical drug use. This was based on the assumption that even as few as six occasions of drug use might be sufficient for development of dependence, but that dependence would be unlikely among persons who had used a drug less than five times.

Diagnostic assessment of substance use disorders

The diagnostic assessment of substance use disorders was based on DSM-IV criteria. These criteria were translated into standardised survey questions for administration by a trained lay interviewer for the National Survey of Mental Health and Wellbeing. The CIDI assessments for alcohol and drug use disorders have acceptable reliability and validity (Andrews and Peters 1998). To qualify for a DSM-IV drug dependence diagnosis, at least three of seven criteria must be met (APA 1994). In addition, problems related to alcohol or drug use must have persisted for at least 1 month or have occurred repeatedly over a longer period. Abuse of alcohol or drugs