Submission to the Parliamentary Inquiry into Homelessness in Australia

Improving health and redressing health inequities in people with co-occurring homelessness, criminal justice involvement, and substance use issues

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Overlapping disadvantage and marginalisation

Homelessness, including living on the street, in unstable accommodation, or in substandard housing (1), does not occur in isolation but interacts with health issues and other forms of social marginalisation and exclusion. Homelessness, criminal justice involvement and substance use issues are interconnected, such that experiencing one can increase the risk of being involved in the other (2). While not all people who experience homelessness also have substance use issues, the prevalence of substance use issues is higher among people who are homeless than in the general population (1, 3). The prevalence of alcohol and other drug dependence among people who experience homelessness is between 2 – 4 and 3 – 9 times higher than the prevalence in the general population, respectively (1).

People who experience either substance use issues or homelessness are overrepresented in the Australian criminal justice system (4, 5). Substance use disorder is between eight and 11 times more common among people in Australian prisons than people in the general population (6-8). In 2018, the Australian Institute of Health and Welfare (AIHW) estimated that one third of people entering prison had experienced homelessness within 30 days before being incarcerated (9). Obtaining secure, long-term housing is a key challenge to reintegration for many people being released from prison in Australia. In the same year, the AIHW found that among people leaving prison, half expected to be homeless when released (9). Being involved in the criminal justice system may reinforce or amplify housing instability among some of our most vulnerable community members (2).

The impact of co-occurring homelessness, criminal justice involvement, and substance use issues on health and accessing services

Experiencing homelessness, criminal justice involvement, and substance use issues can have detrimental impacts on health and create barriers to accessing health and social services. People who experience homelessness, criminal justice involvement, and substance use issues, have poorer health and an increased risk of premature and preventable death compared to those in the general population (4). Experiencing more than one type of these health or social issues in succession can further compound poor health and the risk of premature death (4). For example, the risk of death has been found to be highest among those who experience multiple and brief periods of incarceration and homelessness, compared to those who experience only incarceration or homelessness (10). Many people in Australia cycle in and out of homelessness and being incarcerated (9, 11). This indicates a failure of supporting people to obtain stable housing and to transition from prison to the community at the nexus of the social, health and criminal justice systems (12). Given the increased risk of death after leaving prison (13) and

homeless shelters (10), these acute transition periods are an important time to connect marginalised populations with stable housing and other community health and social services to ensure continuity of care and support. Ideally, transition planning should begin when someone enters a homeless shelter, prison or residential alcohol and other drug service, with service provision and support continuing without interruption as they return to the community (14). Connecting people with stable housing after release from prison reduces substance use issues (15), future criminal justice contact (15, 16) and their risk of injury-related death (17). Despite co-ordinated and connected services across the health, social and criminal justice systems being vital to improving the health and well-being of people with co-occurring health and social issues, currently people face many avoidable barriers to accessing vital community services. These barriers include, stigma and discrimination from health professionals, and the cost, location and design of community services which are often designed with an underlying assumption or explicit criterion that people have access to stable housing (2). The transient circumstances of people who experience homelessness also creates difficulties in maintaining a regular general practitioner, and having accurate and complete health records (18, 19). These avoidable barriers to accessing, and being retained in, community health and social services need to be removed to effectively address the health inequities and premature death faced by these marginalised people.

Opportunities to reduce inequality and improve health

Currently the health and social service systems for people who experience co-occurring homelessness, criminal justice involvement, and substance use issues are neither coordinated nor continuous. The current service model is complex and fragmented and requires those with complex health and social needs to navigate a complex system. This creates profound and avoidable barriers to accessing health and social services required to address the multiple, co-occurring health and social needs of homeless people who are substance- and/or justice-involved (2). There is an urgent need for a co-ordinated approach that can addresses co-occurring issues and has clearly defined pathways of care (2). Adequately funded services, well trained staff with supportive and non-stigmatising professional demeanours, and involving people with lived experience in the design, delivery and evaluation of services, are vital to achieving this (20). Accurately planning and funding a multi-agency co-ordinated service response is impeded by the current lack of publicly available and reliable data on the number of people who experience homelessness, criminal justice involvement, and substance use issues in Australia (2). People who experience homelessness are often excluded from most routinely collected information, such as the AIHW's National Drug Strategy Household Survey (21). This lack of data and the resulting lack of informational continuity can be addressed through routinely linking records from health, social, and criminal justice services. In Australia, through

the ongoing efforts of the Population Health Research Network, we have the ability to routinely link health, social, and criminal justice information while simultaneously protecting individual privacy (22). High quality, linked health, social, and justice records can be used to assess the prevalence of co-occurring social, health and criminal justice issues, and can be used to evaluate services, and improve service provision (4). A failure to generate such information will preclude an evidence-based response to these co-occurring health, housing, and justice needs which are reaching epidemic proportions in Australia. However, it is clear that an integrated service approach to providing secure and stable housing, therapeutic approaches to substance use issues, and preventing or providing alternatives to justice-involvement is urgently needed to address the health and social inequities experienced by some of our most marginalised community members.

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