



Ministerial Statement

By

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Premier and Minister of National Security

Release of the Survey of Substance Use among the Homeless Population in Bermuda

29th May, 2015

Mr. Speaker, The Ministry of National Security, through the Department for National Drug Control, has completed the first ever survey of substance use among homeless residents. This study's goal was to determine the prevalence and characteristics of drug use among homeless individuals in Bermuda. As it is the first survey of this nature in Bermuda, the information obtained is intended to be used by the Department for National Drug Control, as well as other stakeholders and interest groups or individuals working with the understanding of their needs and to improve existing substance abuse intervention and treatment programmes and to benchmark data related to this population in the event future studies are undertaken.

Mr. Speaker, The *Survey of Substance Use among the Homeless Population* represents the latest information on homeless drug consumption in Bermuda and serves several purposes. Foremost is the provision of accurate and reliable national-level data to support the monitoring of the drug situation in Bermuda.

Specifically, the purpose of this survey was to obtain baseline data on the use of licit and illicit substances, health, and other characteristics related to homelessness. It was administered to a convenience sample of 165 homeless participants during the period of February 15th to March 14th, 2015.

Mr. Speaker, After reading the report, I can inform this Honourable House that a consistent social demographic profile of homeless adults has emerged from this survey; indicating that the

homeless are predominantly black men between 46-65 years who have completed high school, being single or have never married, and have few or no dependent children.

Mr. Speaker, While there are some similarities, the reasons for people being homeless in Bermuda vary from person to person. There appears to be a large proportion of respondents in the current survey who were homeless because of family issues, yet a number of them were able to find temporary housing at the home or apartment of a friend or family member.

When it came to the physical and mental health of the participants, the majority of respondents felt their health was 'Good' at 46.6%, although a large proportion (30.9%) indicated having depression.

Mr. Speaker, As might be expected, the majority of respondents (80.6%) did not have health insurance coverage; with HIP being the most frequent insurance provider for those with insurance. Of particular interest, when asked about their medical needs, 38.8% of homeless persons admitted to needing medical care; and of those who needed care, most of them got the care they needed (32.7% of all respondents).

Mr. Speaker, It is often reported that substance abuse is both a cause and a result of homelessness, often arising after people lose their housing. According to research, two-thirds of homeless people, in general, report that drugs and/or alcohol were a major reason for their becoming homeless. In some situations, however, substance abuse is a result of homelessness rather than a cause. People who are homeless often turn to drugs and alcohol to cope with their situations.

Mr. Speaker. When it came to illegal substances, 37.0% of homeless persons reported current use of marijuana, with 12.7% and 11.5% who said they used crack and cocaine, respectively, in the past 30 days. However, the highest level of prevalence-of-use was evident for the two legal substances (cigarettes and alcohol), where 75.2% and 65.5% of the homeless persons reported that they currently use these substances.

About three out of every 10 homeless persons (28.5%) drink every day of the week; with 4.6 being the average number of days that the participants consumed alcohol in a week. Although homeless, they spent on average, \$100 per month on alcohol and \$50 on drugs, with most of their money obtained from begging or panhandling. It can also be inferred that their substance use is supported by getting alcohol and drugs from others at no cost.

Mr. Speaker, The evidence suggests that a large number of homeless persons reported current use of tobacco (cigarettes), alcohol, and marijuana. Almost one-third indicated drug and alcohol problems in the past year, yet 77% of the respondents reported that they have never been treated for alcohol or drugs in their lifetime. This statistic is one that needs to be addressed.

Mr. Speaker, since substance abuse is both viewed of a cause and a result of homelessness, these issues need to be addressed simultaneously. Treatment programmes in Bermuda require that a person's mental health disorder(s) be stabilised before substance abuse treatment commence. Through the Mental Health Court initiative there is some effort being made to have mental health services continue while persons are engaged in residential substance abuse treatment, with teams providing services to the clients concurrently.

Mr. Speaker, Substance abuse treatment on its own is inadequate and needs to be combined with supported housing opportunities, followed by a long-term housing solution. In Bermuda, often persons who are homeless complete treatment and have no place to go and become a placement challenge; often times ending up at the shelter where they are exposed to substance use and relapse.

Mr. Speaker, If housing, treatment, and other social service agencies work together toward developing a comprehensive response to the problems of homeless substance users, the whole community will benefit.

Thank you Mr. Speaker