SURVIVAL STRATEGIES OF THE HOMELESS AND
DRUG DEPENDENT:
‘DON’T WANDER AROUND IN BARE FEET’
THE SQUATTING EXPERIENCE

James Rowe
Australian Housing and Urban Research Centre, RMIT University

Paper presented at the
Housing, Crime and Stronger Communities Conference
convened by the Australian Institute of Criminology and the
Australian Housing and Urban Research Institute
and held in Melbourne, 6-7 May 2002
A heroin habit can place overwhelming demands upon the dependent drug user. For many users, the prohibitive costs associated with the maintenance of their dependency greatly compromise their ability to secure and/or sustain accommodation in the private housing sector. A lack of suitable accommodation options in the public and emergency housing sectors may mean that they are forced to endure periods of outright homelessness. In the absence of secure and affordable accommodation, some users will struggle to manage their drug use. For some, problematic drug use may lead to a range of activities that are illegal and/or injurious to their personal health. This raises the possibility of increasingly problematic drug use and an increasingly insecure living environment, each invariably complicating the management of the other. Furthermore, many of the activities entered into by homeless heroin users have implications for the broader community, particularly in respect of criminal activity and public health.

Whilst the links between homelessness and problematic drug use have been the subject of a substantial body of research literature, there have been relatively few attempts to represent the experiences of the users themselves. All too often the experiences of drug users are lost amidst the authoritative discourse of health experts, policy-makers and the official and self-appointed representatives of law and order. In this paper, I seek to contribute to the existing research by examining one of the primary survival strategies of homeless drug users, that of squatting. I will do so by drawing upon a series of in-depth interviews conducted with a group of heroin users in the City of Yarra. The stories of these individuals provide an interesting contrast with many of the generalisations and misconceptions that continue to compromise drug policy debates. For example, it is often assumed that the life of the homeless drug user is defined by criminal activity and low standards of self-care. However, the courage, intelligence and innovation of the people we interviewed is in stark contrast to widely held views of heroin users as chaotic, weak-willed ‘junkies.’ There is a need for these stories to be heard if the experiences of drug users are to be understood and taken into account by policy makers. If policy makers are to consider approaches that are both respectful and attentive to the needs of drug users themselves, then they must seek to understand and appreciate the social context within which users ‘frame’ their experience.

Background – The City of Yarra

The City of Yarra is an interesting example of a traditional ‘working-class’ area that has seen a significant and sustained process of gentrification (McCalman, 1984). According to census data, Yarra has undergone significant social changes over the past decade. The population of working class, immigrant and low-income families has departed. In their place, are increasing numbers of young, single, professional, tertiary educated, middle-to-high income residents (Fitzgerald, et.al., 1999). Property prices in the area have risen accordingly, as has the cost of entry to the area’s considerable private rental market. Data from the Rental Report suggests that individuals on statutory incomes cannot afford to live in the rental market of the City of Yarra. The Rental Report states:

The assessment of affordable [housing] supply is based on the number of properties that are within 30% of income, including rent assistance, for low-income households … For one bedroom properties, we have taken the income of singles on Newstart allowance.

This paper draws upon an ongoing AHURI funded research project being undertaken by RMIT University, the Australian Catholic University and the University of New South Wales. This research aims to shed light on the broader social and economic factors that shape the wellbeing and social experience of intravenous drug users. It is essentially doing so by examining how different accommodation options have the potential to affect patterns of drug using and related behaviour. Over the course of this project, researchers have conducted a number of extended interviews with injecting drug users without stable or secure housing. Although this project is being conducted in three distinct geographical sites, this paper draws on the experiences and words of individuals living within the City of Yarra. Initially 15 heroin users were interviewed. These interviews have been supplemented by a focus group with dependent users who have used and/or lived within public housing in the City of Yarra and a second focus group with service providers within the municipality. It is important to note that the initial sample of interviewees were accessed through service agencies in the area of study, either through needle exchange or through VIVAIDS, an intravenous drug users advocacy group. Consequently, the accounts contained within this paper are those of heroin users who are aware of, and inclined to use, social services.
On this basis, of 300 one-bedroom dwellings newly leased in the 2001 March quarter, only nine, or three per cent, were affordable by low-income households. However, given the presence of large public housing estates within the City of Yarra, it is unlikely that the municipality is unlikely to achieve a complete transformation from ‘working’ to ‘middle-class’ inner city area. Rather, an increasingly visible gap between high and low-income earners is becoming apparent.

The lack of affordable housing has been accentuated by the declining availability of rooming house accommodation that was once concentrated in the City of Yarra. As the property value of rooming houses has increased, increasing numbers have been converted into private accommodation, hotels and backpacker accommodation.

The impact of these changes has been dramatic. In the 12 months from July 1998 to June 1999, 3,527 individuals sought accommodation through Yarra Community Housing. Only 8.9 per cent were able to find a placement (Jope, 2000). Furthermore, service providers throughout inner-Melbourne have noted a distinct shortage of emergency and crisis accommodation. A 1999 survey of Melbourne’s inner city crisis accommodation services reported that 65 per cent of people approaching these services could not be accommodated (VHS, 2001). The situation is considerably worse for people using heroin who are often denied accommodation or evicted from the State Government’s Supported Accommodation Assistance Program (SAAP) funded services because of drug-use and related behavioural issues (Hunter, 1996). Caseworkers have openly admitted to lying to emergency accommodation providers so as to ensure drug using clients access to a bed, however briefly.

There’s a big gap down here. It is extraordinarily hard in Melbourne to find emergency housing. Forget you know long term housing. When you ring up emergency housing services, one of the first questions they ask you is ‘are there drug and alcohol issues?’ The next one asks are they under the age of 25? And either, you know, you lie and say no they don’t have drug and alcohol issues to get them a bed for a few nights, which is what you normally have to do (Jocelyn Snow, Yarra Drugs and Health Forum).

Since mid-1995, the Fitzroy / Collingwood area of the City of Yarra has been the centre of a well-documented heroin trade. This trade was initially centered within the Smith Street shopping strip, although it also was a source of supply for a visible street trade in heroin in the Melbourne CBD. A VicHealth, released in March 1999, revealed that Fitzroy and adjoining Collingwood recorded the highest non-fatal overdoses in Victoria between November 1997 and April 1998 (Fitzgerald et.al., 1999). Between 1995/96 and the peak of the street trade in 1998/99, the number of drug trafficking charges recorded in Collingwood and Fitzroy increased from 96 to 342. Over the same period, charges for possession and use increased from 287 to 609 (Victoria Police). Some 75 per cent of needles and syringes distributed throughout Victoria are distributed in the City of Yarra.

While anecdotal evidence suggests that drug activity has remained high in the area, a well-publicised heroin ‘drought’ significantly reduced the availability of heroin after December 1999. Users reported a decline in the quality of drugs sold on the street and a preference for established and trusted dealers based within the estates. However, while acknowledging that the quality and price of heroin have altered dramatically, none of those interviewed reported difficulty accessing heroin from established dealers. This was due either to either an established ‘connection’, or to the use of a middleman willing purchase drugs on their behalf in return for a ‘cut.’ Although the concentration of the heroin market in the public housing estates of Yarra has had the unexpected benefit of reducing the accessibility of heroin for the inexperienced, novice user it has concentrated the presence of dependent users in the area. As users themselves noted, ‘If you’re running a drug habit, the inner city is the place to be.’

---

2 In financial year 1999/00, needle exchanges across Victoria distributed an estimated 6.2 million needles. In 2000/01, this fell to 5.1 million needles. However, numbers are returning to pre-drought levels suggesting increased injecting activity.
Both the City of Yarra’s working class past and the current presence of an established drug trade perhaps explain why there is now an extensive network of social service agencies in the area. These include drug treatment services, needle exchanges, drug user advocacy groups, emergency housing, Koori support, employment services, legal aid, and generalist health and welfare agencies. Such services attract the patronage of drug users who patterns of use may consume all available income. This draws them into an area in which they are unable to afford housing.

**Survival Strategies – The Squatting Option**

The inability to afford the costs of housing within the City of Yarra was greatly offset by the networks and support services that existed within the municipality. Consequently, a number of users saw squatting as a means of negotiating a lifestyle within the area. At the time of interviews, 9 of an initial sample of 15 users were squatting. A further number acknowledged having squatted in the past. Although the autonomy allowed by the squatting lifestyle was acknowledged as a positive, the most important aspect was obviously the opportunity to access shelter that would not consume limited funds. For some, the autonomy of squatting was seen as preferable to the bureaucratic requirements of public housing and the unsuitable nature of shorter-term accommodation options. However for many, it presented as the last resort to ‘sleeping rough’, a situation a number of interviewees had endured.

*I had this little spot under the bridge on Church Street in Richmond, just before Alexandra Parade. There’s a bike track that goes under the Bridge and there’s a space, about a two-foot clearance under the bike track, that you have to hop down onto and climb underneath. I’d brought in about four or five blankets and piled them up and sheets and had a sleeping bag on top of that and two pillows, so it was, I guess you could call it a nest ... It’s like a last resort thing* (‘Alex’ 34-year-old Anglo-Australian male).

To move from a state of outright homelessness to a squat was dependent upon either the word-of-mouth of user networks or through simply stumbling upon a vacant form of shelter.

*It’s a network of knowing people in many ways. The squats and places I’ve stayed at, it is really through knowing other people who are squatters and who know about these places and who are already maybe staying there ... It’s just basically who you know, meeting people. A lot of people, you see someone and you know what their situation is, you can tell they’re in the same boat as you. So you’ll say, ‘do you need somewhere to crash, come back.’ It’s just a network of talking really.* (‘Rob’, 26-year-old Anglo-Australian male).

*When you are squatting, whenever you’re out walking around you’re just constantly looking at other places, just in case ... There’s heaps of empty houses around ... Usually you try to pick ones that are pretty run down, so that they just don’t care. Pick the flash ones and you just get kicked out in couple of days.* (‘Lana’ 28-year-old Anglo-Australian female).

Despite looking for accommodation that was ‘pretty run down’ all squatters reported having access to cold running water. None reported access to gas supplies and this consequently ruled out hot water. (Given anecdotal reports of frequent fires in squats, an inevitable consequence of cigarettes, candles and users ‘on the nod’, the absence of gas could be construed as a positive). Despite the absence of gas supplies, the use of portable gas cookers was reported as was the use of televisions, toasters and blow heaters. Electricity was illegally connected, interviewees reporting a common tendency to ‘fiddle’ the fuse box. Although none reported accidents, there is an obvious potential for a serious mishap.
Despite the potentially transient nature of the squatting lifestyle, obvious pride was taken in creating a ‘home’.

\[\text{The thing is, my home is important to me. I like to keep it clean, organised, nice and neat ... I’m like everyone else, you know. I like to feel at home where I’m living... Freya and I tried to really make the place up. I remember trying to clean it up. Like, I’d say at least ninety five per cent of the furniture in the place, Freya and myself, but mostly Freya actually sourced and got for the place (‘Ade’ 32-year-old European Australian).}\]

Often, squatters occupied vacant properties with the full knowledge of owners. Indeed, generally cordial relations with property owners were reported. Advocacy groups such as Hanover Welfare Services have reported acting as intermediary between property owners and squatters. Sometimes their negotiations have led to surprising outcomes with squatters allowed to stay on provided a property is kept clean (Middendorp, 2000).

\[\text{Q. Does the owner of that place know that you guys are living there?}\\
\text{D. Yeah.}\\
\text{Q. That’s kind of cool.}\\
\text{D. It is, yeah, tentatively.}\\
\text{Q. Absolutely.}\\
\text{D. We are being tolerated, we’re not causing any problems.}\\
\text{Q. And the place is in reasonable nick?}\\
\text{D. Yeah. Oh, it was trashed when we moved in.}\\
\text{Q. But it has been cleaned up?}\\
\text{D. Yeah (‘Del’ 26-year-old Anglo-Australian male).}\]

Police in Victoria maintain that squatting presents a case of trespass dealt with in accordance with the law. However, under the Summary Offences Act 1966 (S.9f), trespass is only a crime if the owner of a property asks a squatter to leave and he or she does not. Unless the owner makes a complaint to police, squatters are likely to be left alone. Police do not actively seek out squatters for the purposes of evicting them. To do so, would simply force the squatter in question to seek out alternate lodgings (Middendorp, 2000).

\[\text{It’s not something that you generally go out looking for. We’re very much complaint driven into reactive response unfortunately because generally it’s a trespass offence or a civil matter between the landlord and the tenant or squatter. And even the law in that area is very, very grey. There’s a whole range of civil issues that come in. We would have to get, generally for us to be involved in a squat, it would have to be a complaint from the landlord or owner or an agent. Or, alternatively, another issue, such as a fire (Sergeant, Victoria Police).}\]

Providing support to the above statement, those squatters who had been asked to leave properties generally reported growing pressure from neighbouring residents. Others cited specific incidents, such as a fire, as the reason for their eviction.

\[\text{It had quite a reputation in the area. At the peak of the dealing in that house, there was some dealers living upstairs and what people were doing - they were on the footpath - and they’d throw money up to the window and the dealers would throw deals down. So that didn’t endear us to neighbours, or local businesses, or the police ... We were very lucky in having a very understanding owner of the property. It was just fortunate for us that he didn’t have the money at the time to renovate the place or do what he had planned for it. So, he was more than happy just to let us stay there but it got to the point where he had too many complaints from neighbours, businesses, police and council and he had to get us out. It was unfortunate, but a few people spoilt it for quite a few, which is quite often the case ... (‘Ade’, 32-year-old European Australian)}\]
Well, the police kicked us out of the last squat. Some of the people went on the nod and left a candle going and it caught on fire. The building is actually over 150 years old and is heritage listed and I think it scared the guy that we were going to damage it … I don’t blame him. So we got kicked out of that one. (‘Lana’, 28 year-old Anglo-Australian female)

The Squatting Option – Coming Down Again

Despite the positive aspects that might be drawn from the above narratives, it would be misguided to suggest that the life of the squatting drug user is an idyllic tale of low cost living and renegade camaraderie. All of those interviewees who were or had been squatting could point to negative experiences. First among these was an inability to distance oneself from a lifestyle centred on illicit drug use. This problem was significant, as all interviewees had reached a point at which they expressed a desire to either reduce or eliminate their illicit drug use. Research suggests that the removal of oneself from a lifestyle centred on drug use, and the ability to adjust to a new lifestyle, is integral to recovery from problematic drug use (Jorquez, 1983). However squatting, regardless of how temporary the arrangement may be, seemed to further immerse the user in a drug-using lifestyle.

I think squatting inclines people to use drugs a lot more because, for a start, you’re surrounded by it. For some reason it just seems to be that lifestyle, everyone else seems to use around you, you are constantly seeing it. (‘Lana’, 28-year-old Anglo-Australian female)

These two guys moved in, brothers, and we told them if they moved in, we did not want it [heroin] shoved in our faces cause we’re trying to give up. And they said ‘yeah, yeah, yeah’ Of course, as soon as they moved in, they pretty much started dealing. You’d walk out of the bedroom and there’d be five people I didn’t know in the lounge whacking up. Walk downstairs there’d be ten people I didn’t know whacking up, just leaving their fits everywhere … Everyone was just shoving it in our face (‘Finn’, 27-year-old Anglo-Australian female).

Most people in the house were users, I think, actually, all of them were. Quite a ‘using’ culture (‘Ade’ 32-year-old European Australian).

Not only was drug use a constant within the squats, but the standard of living endured by many squatters was such that the use of drugs offered a temporary escape from a lifestyle characterised by physical danger, low self-esteem and imminent disease. As a trade-off for the autonomy that accompanied the absence of the regulations of emergency or refuge accommodation, squatters were compelled to accept a paradoxical lack of control over their living environment. The absence of any formal or legal control over squatting premises compromised the ability of occupants to exercise effective control over who shared a vacant property. While the generally accepted rule amongst squatters was that possession comprised 9/10 of the law, there was no means of preventing others using threatened or actual force to enter or take control of a squat. This compromised the personal safety of individuals and exposed them to physical violence. The potential for such activity was heightened considerably when drugs were sold from the premises, by all accounts a common occurrence.

We sleep with an iron bar under our bed … A lot of other people in the house use drugs and I’d say that they’d rip people off. You get rumours all the time that people are going to come around … bash this person and that person, but nothing seems to happen. You sort of have a fear sometimes of people coming around. In some squats, if you’ve got anyone dealing when you’re living with it, then that’s the worst. You’ve got a lot of traffic coming in and out, a lot of people you don’t know, a lot more things go missing and you’ve also got the threat of people doing run-throughs, they come in and bash the dealer and take all his stuff. If they do that then they’re likely to do it to other people in the house as well, to see if they’ve got anything (Laurel, 28-Anglo-Australian female).
I’ve come close once or twice, people storming the squat, you just fast-track it over the back fence, but, yes, that’s always a concern when you haven’t got a sturdy lock on the front door ...Actually happened about three weeks ago, this jailbait trash came to rampage the squat to try and rip off the bloke who had the operation there - fortunately he wasn’t there at the time (‘Alex’ 34-year-old Anglo-Australian male).

Stories of intimidation were relatively common. Although some squatters belonged to established and relatively extensive networks of drug users, others had few contacts and had been attracted to the area simply by the publicised availability of drugs. These individuals were vulnerable to violent standover tactics and to victimisation from other users.

I get to interact a lot with the clients, which is great. There was one last week, a girl, saying to me that she just couldn’t get wait to get out of the squat that she was in because she and her boyfriend were just being totally targeted the whole time by people who were doing standover stuff. Like if they scored they’d come in, they’d grab their stuff, they’d bash them. They couldn’t sleep because they thought they were either going to get their heads kicked in or she was going to be raped. I mean it was just this constant victimisation (Jocelyn Snow, Coordinator, Yarra Drug and Health Forum).

Furthermore, thieving was common and squatters were unwilling or unable to keep possessions of value within squat accommodation. This greatly compromised the ability to create a ‘home’ environment and the inability to keep books, instruments and electrical goods were all reported reasons for wanting to access secure accommodation.

There is a lot of thieving that goes on. Even when I’ve had nothing, just two garbage bags of clothing and candles - they’re gold. I’ve had to load my bag with blood filled syringes with no lids on and say to one person, my bags are full of syringes without lids full of blood. These are my bags, if you with to go looking please do and that stopped [it]. Everybody always has something stolen, from loaded fits, which people are crazy to steal because you don’t know where it has been (‘Rob’ 26-year-old Anglo-Australian male).

The lack of respect that many squatters had for the property of others extended to a lack of respect for living conditions. This contributed to an often unhygienic and potentially dangerous living environment. Toilets were often of the bucket flush variety that demanded a sense to responsibility to keep clean and functioning. This sense of responsibility was rarely shared by all occupants of a squat. In one case, a unused room simply served as an open toilet. The potential for the contraction of highly contagious disease such as hepatitis and even salmonella is increased markedly in such conditions.

They were just grotty animals, a lot of them. I couldn’t believe how disgusting a lot of them were, the lack of self-esteem … none of them ever cleaned up. We were the only ones who ever cleaned up and then just after awhile you just say, fuck it – there’s no point … (‘Finn’ 27-year-old Anglo-Australian female)

However, even more disturbing, and potentially far more devastating, was the risk of infection posed by needle stick injuries. The was a very real danger in the squat environment and one acknowledged often in the testimony of the users interviewed.

They were all disgusting filthy pigs, they used to leave their bits everywhere, on the floor, everywhere, there’d be broken needles, swab wrappers and, you know, there’d be a sharps container there, five metres away, and there’d be a pile of syringes which they couldn’t be bothered putting in. I used to tell everyone, just don’t wander round in bare feet, please ...
People had obviously been coming in while we were not there and using, breaking off their needles, throwing them on the ground - you just couldn’t get away from it anywhere, they were everywhere you went in that place, fits or needles (‘Finn’, 27-year-old Anglo-Australian female).

They’d open fit wrappers, where it would drop is where it would stay even though, like next to them there would be a fit bin, they wouldn’t bother. It got to the stage where I was minding a friends dog at the time and I was finding bloody swabs in her drinking bowl and that’s … (‘Ade’ 32-year-old European-Australian male).

In such an environment, drugs may become a means of coping with a particularly oppressive environment. Human behaviour cannot be divorced from the context within which it occurs. Boredom, frustration, anxiety, depression and alienation are all motives commonly ascribed to drug use. They are also potential consequences of homelessness or an unstable and marginal housing environment. A study of 200 young homeless drug users by Klee and Reid (1998) found that some 71 per cent had self-medicated with drugs for depression. It has been suggested that the use of drugs in this way mitigates against homeless youth seeking treatment, preferring the use of drugs to facing the cold reality of a transient life without stability or certainty (Kipke et.al., 1997).

Loooking at my surroundings, [there] didn’t seem to be a lot of prospects to change my circumstances and it was all too easy to crawl into a heroin bubble and just say, ‘Look it’s too hard’ … Really, it’s a self-esteem thing. When you’re feeling a lot better about yourself, you don’t feel the need to use – It’s when you look at your circumstances and say I’m really living in the shit. That’s when, you know, it’s the ideal escape, it really is. It can allow you to forget anything (‘Alex’ 34-year-old Anglo-Australian male)

Maybe the insecurity … you never know if you’re going to be kicked out or not, so you tend to use more. I’ve noticed that when I’ve had stable environments I can control my using a lot better (‘Lana’, 28-year-old Anglo-Australian female)

In sum, none of those interviewees living in squat style accommodation had managed to address their drug use to the degree desired. A range of alternative pharmacotherapies, including methadone, buprenorphine and naltrexone had been tried by the interviewees. However, none of had proven successful for those who remained in squats. This experience contrasted markedly with that of interviewees who had managed to access a more secure and stable form of accommodation.

Housing Environment and Criminal Activity

For those within the constraints of the squatting lifestyle, the continued demands of their drug use meant that raising money remained the priority of the typical day. For some, the level of their use was such that sufficient money could not be raised via legitimate means.

Clothing is very good business. You’ve just got to be like a marketing person, you’ve just got to realise what people want at the moment … At the moment, summer, people want new clothes - very good clothes – so you’ve got to find people who can actually resell the clothes which you find very easy. At the moment there is a lot of clothing type business which we are doing quite well with … For example, like Levi’s 501,555, 502’s, I never knew there were so many Levis before I started doing them and getting the orders. People just give me orders - can you get that much of that, can you get that much of this and I just go out and get it for them … (‘Sven’, 21-year-old German male).
The ‘business’ of raising money offered a sense of purpose and structure to days. In more than one instance, the illicit activities were compared to the structure of 9 to 5 employment.

*Junkies aren’t lazy people you know - it is like an everyday job. We wake up in the morning at a certain time - we try to be home at a certain time – we’ve got other people – what we do our business with - people we see everyday that we sell things too - which is like a whole delivery thing – it’s like I’m wholesales in chocolate or razor blades - my wholesale business kind of thing. (‘Sven’, 21-year-old German male).*

The supposed deterrent effect of criminal sanctions was significantly reduced by an over-riding focus on the immediate situation. If users were to avoid the sickness associated with withdrawal, then they were compelled to raise significant amounts of money. As Sven noted, ‘I don’t love it no more. It’s just that I have to have it and if I’m not having it, I’m going to be sick – simple.’ The costs that these criminal activities impose upon the community are obvious and well documented. Less recognised, and certainly given less weight in policy considerations, are the consequences of such activities on the user themselves. As the number of court appearances invariably grows, the long-term damage may be irreversible, particularly for those incarcerated as a consequence of their criminal activities.

*The first time I got a one-month sentence and only really did two weeks there. I was expecting ‘Prisoner’, you know, but it's not like that at all. It's just what you make of it really. Since then I’ve been to jail four or five times including that one and probably the longest time I did, it has always been for heroin, was nine months and that was the last time, I haven’t been locked up since. I’ve got court this month but I am on a suspended sentence so I don’t know really how that is going to go because usually they lock you up straight away, so I’m a little bit worried about that (‘Mia’ 26-year-old European-Australian female).*

In the above instance, the absence of support upon release meant a return to a state of homelessness and to continued drug use and the consequent criminal activity. Once in such a cycle, the chances of accessing alternative networks or life opportunities separate from a street based drug culture are significantly diminished. For some, prostitution presents as a means of earning lucrative amounts of money without necessarily harming others. However, the potential health risks associated with such work are obvious. Rape is an immediate danger and one that occurs with relative regularity. The threat posed by sexually transmitted diseases is considerable. Past research with homeless youths in Australia have reported unsafe sexual practices. A 1994 survey of homeless youths in Melbourne conducted by Groenhout reported sex work as a source of income for 39% of female and 7 per cent of male respondents. A 1998 survey by Walsh found that 70 per cent of respondents ‘sometimes’ used condoms. 20 per cent had never used a condom. 11 per cent of respondents reported a STD as compared to 2.4 per cent for the general population.

It is important to note that illegal activity is not invariably tied to illicit drug use. Nor are all drug users opportunistic criminals who act without thought for their place in the community. Indeed, it became apparent throughout the course of the interviews that some users ranked themselves according to a value system. For example, several interviewees made a clear and conscious distinction between a heroin user and a ‘junkie.’ That distinction was based primarily upon the lengths an individual was prepared to go in order to secure their ‘hit.’

*To me, a junkie is somebody who steals and rorts and God knows what. Anything to get money. But I don’t do that. I’m not in the genre (‘Mike’, 37-year-old Anglo-Australia male).*

*A drug habit’s going to make you do things you wouldn’t normally do, but even when you’ve got a drug habit, a lot of people have their limits (‘Chris’ 37-year-old Anglo-Australian male).*
For others, the line is not so well defined. Instead, it seemed something of a sliding scale upon which the conception of a junkie remained one level beneath the lengths they themselves had been forced to go to.

It’s the junkies that are making it hard for the addicts to make a fucking dollar. Where you used to be able to sell anything hot for a third of the price, you’re now lucky to get half the price for what it’s worth in the shops. Say you’ve got something for $350. You’re flat out selling it for $50 to these cunts because the junkies are fucking saying, ‘oh, I’m hanging out, I’ll give it to you for $20’ (39 year-old Anglo-Australian female).

Interestingly, those who had taken a clear stance upon the issue of supporting their drug dependency commonly turned to window washing as a means of supplementing income support benefits.

I was going out and washing windows on cars, street intersections everyday. The irony was that between me and my friend, we heard some figures in the news, and realised that between the two of us our little spot under the bridge was in the top 5% of income earning households in Australia. Because we were each averaging $125 - $150 a day, so that’s nearly two and a half thousand dollars a week, $100,000 a year income. Spot under the bridge, yeah, great spot, river frontage, no costs … But it was all just a compensation to cover up for the fact that we’re living in squalor (‘Alex’ 34-year-old Anglo-Australian male).

A further alternative was drug dealing. While obviously a criminal activity according to the law as enforced, it was nonetheless an activity that certain individuals saw as a means of paying for drugs without compromising personal ethics. It fact, a distinction was made between dealing and criminal activity.

I don’t see that really as a crime because the way I look at it is if I’m not going to sell it to them, they’re going to go somewhere else and get it. So why should I let the other person make a very comfortable living off it when I can do it, you know . I don’t do it to become a big drug tycoon - I just do it so I don’t have to do crime. Because I can’t afford to support my habit with a regular job or a job that I could get at the time (‘Ade’ 32-year-old European-Australian male).

One of the most notable issues associated with the illegal activities of drug users is the limited efficacy of law enforcement sanctions as a deterrent. Until dependent users are in an environment in which they feel able to address their drug use then they will be compelled to undertake certain activities in order to maintain their dependency. The unstable environment of the squat, where the constant threat of violence and general squalor contribute to low self-esteem and general insecurity, is such that users are unable to move towards the life choices they seek to make. Consequently, housing may offer one means of better addressing the illicit activities of users seeking to address their drug use, but are unable to do in the present circumstances.

**Stable Housing – A Step Toward Recovery**

What difference would a stable and secure housing environment make to the lives of squatting drug users? This question is perhaps best answered by those who have experienced the life changes may possible through access to such housing.

I was washing windows, I was using three times a day, every day and really sort of going down the tubes and then this opportunity came up, stable housing, and within three to four months, I had chalked up the first one week period without using … this was the first time I could say I have gone three days and I can’t remember the last time I did that. Just the feeling
of being somewhere stable. I could have a shower, wash my clothes, have somewhere to eat,
cup of coffee, I really felt it gave me the base of operation to clean up my act and by March or
something, as I said, I commenced a two month period where I didn’t use anything at all.
Which is the longest I’ve gone in nine years. I really did feel that, was I not in a stable place
to live I wouldn’t have been capable of that (‘Alex’ 34-year-old Anglo-Australian male).

Two weeks ago I got public housing accommodation so I have got my own flat now …It’s a
breeze the rent gets taken out of my dole check and I am clean as well - it is too easy. It is too
simple (‘Bob’ 22-year-old Anglo-Australian male).

I’m living in Moorabbin at the moment - just moved there a few weeks ago, Ministry of
housing …I have just gone on a program so I am not using anything at the moment, but that is
only about two weeks. I used to do about $200 or $300 dollars a day. Lots of different drugs
(Sara, 26-year-old Anglo-Australian female)

For these individuals, housing offered the stability and security, both physical and mental, to take
the steps to begin to address problematic drug use. Research has long shown the necessity of a
secure living environment to those attempting to better manage problematic drug use patterns
(McCarty, et.al., 1993). As early as 1967, Dole and Nyswander noted that the most urgent problem
for the detoxifying heroin addict was stable housing (Dole, Nyswander 1967). More recent studies
have reached similar conclusions (McCarty, et.al., 1993; Green, 1999). Weinberg (2000), for
example, suggests that a separate setting possesses medicinal force in itself, removing an individual
from an environment, ‘out there’, where the social organisation of homeless peer groups and their
drug use are so influential.

It is, of course, important to emphasise that the provision of shelter is just one element in the
successful rehabilitation of a dependent drug user. Access to housing is not enough in itself.
Without the additional support of a non-drug using network, for example, the potential for relapse
will be significant. Housing must be one element in a holistic policy response. Without the
integration of other services, be they financial, employment, health-related or otherwise, then long-
term users placed in accommodation are simply being set up to fail.

Lack of Accommodation Options

Obviously many individuals with problematic drug use issues do not have sufficient funds to pay
the costs of the private rental market. Of an initial sample of 15 individuals interviewed in the City
of Yarra, 14 were unemployed and receiving income support through a range of government
benefits. These provided an income reported to be between $350 and $450 per fortnight. However,
those interviewed reported spending $350 to $2,500 a fortnight on heroin.

Although the public housing estates within the City of Yarra provide an obvious means of
affordable housing in the City of Yarra, many users were loath to use it. This was due to both the
negotiation of the bureaucratic requirements needed to become a tenant and the presence of an
endemic drug culture within the estates.

Short-term accommodation options were also a problem. From the perspective of the heroin user,
rooming house accommodation is often less than ideal. A study of those rooming houses still
operating within the City of Yarra found them to be unsafe and unhygienic. The communal kitchens
reportedly functioned as de facto shooting galleries. Many of the usual residents are suffering from
serious mental ill-health, have physical and intellectual disabilities or have recently been released
from prison.
Problems were also encountered in emergency accommodation. It is standard practice for refuges to impose curfews and residents are often compelled to sign contracts. Refuges are also often single-sex. In at least one instance, a couple within the project was forced to separate in order gain access to accommodation. The couple in question were both experiencing major depression while each acknowledged their partners were their primary emotional support. Many interviewees raised the issue of drugs within emergency accommodation and one prominent provider of such accommodation has likened the service provided to that of a de facto injecting facility.

**Conclusion**

The experience of homeless heroin users raises a number of policy issues. Essentially what the above stories emphasise is that users are unable to address problematic drug use without a stable housing environment. Without such an environment, there is a very real potential for homeless drug users to become further immersed in a street-based drug using culture. However, current accommodation options are largely inappropriate for the particular needs of homeless drug users. There is an obvious need for greater investment in suitable accommodation options. One recently announced initiative in inner-Melbourne involves a $5 million agreement between the State Government and Yarra Community Housing to provide 36 bedsit and 1 bedroom units to accommodate singles and couples. It is only once such accommodation options are established and closely linked with further support services, that we can expect to see once homeless drug users better manage patterns of use.

Until suitable accommodation options exist, policy makers need to ensure that homeless drug users are able to access treatment services tailored to this population’s particular needs. All too often the service focus has been upon either the need for accommodation or the need for treatment rather than both. As Szirom (2001:29) argues:

> The service systems for responding to homelessness and drug and alcohol issues for young people have been developed over time to provide a single-issue response.

Service provision needs to change to allow both drug use and additional social needs to be addressed in a holistic manner. Service providers have noted the need for additional training of staff before such a policy approach can function effectively. Hanover Welfare Services in Melbourne have noted that there is a lack of knowledge about illicit drug issues amongst housing service providers (Horn, 2000). A survey of 100 emergency accommodation providers found that 82 per cent identified referral to other services as their main approach to clients presenting drug use issues. This was because of either a lack of expertise and / or a lack of resources or facilities (Szirom, 2001).

While the implications for program development are complex, there is an obvious benefit to be derived from deliberately engaging homeless drug users in discussion about suitable housing. Their experiences emphasise the need to look beyond traditional law enforcement based responses to drug control and towards a holistic service driven response. An understanding of these experiences will allow both policy-makers and service providers to shed light on the development of drug using careers and the role different causal factors, such as housing environment, play in these careers. Furthermore, their experiences will allow policy makers to address inadequacies in currently available accommodation options. Until these options are more attentive to the needs of users, users will continue to fall through the system and land in the squats, under bridges and on the streets, at a cost to themselves and the community.
References


Dole, V.P., Nyswander, M., (1967) ‘Rehabilitation of the street addict’ Archives of Environmental Health 14 477-480

Fitzgerald, J.L, Broad, S., Dare, A., (1999) Regulating the Street Heroin Market in Fitzroy / Collingwood (University of Melbourne, Parkville)


Henkel, Y., (1999) ‘The problem with …’ in Parity 12(8), September 1999, 3-4

Hogan, P., (2001) ‘Young, homeless and caught in the middle of a war’ Parity 14(8) 15

Horn, M., (2001) ‘Homelessness and Drugs’ Parity 14(8) 8-12

Hunter, A., (1996) Uncomfortably Numb: Young People and Drugs – An integrated response (Drug and Alcohol Resource Project, St Vincent’s Hospital, Melbourne)


Jope, S., (2000) On the Threshold: The future of private rooming houses in the City of Yarra (Brotherhood of St Laurence, Melbourne)


Szirom, T., (2001) ‘Young, homeless people and problematic drug use’ Parity 14(8) 27-29


Walsh, J., (1998) ‘Sex, drugs and refuges’ Parity 11(8) 6-8


VHS (Victorian Homelessness Strategy Ministerial Advisory Committee (2001) Building Solutions for Individuals and Families Who Experience Homlessness (DHS, Melbourne)