

Friday 3 November 2017 14:50–15:50

6.A. Homelessness and marginalization

Morbidity and housing 10-years after shelter use, a study of homeless men in Helsinki, 2004-2010

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Background

Homelessness is associated with many risks such as increased morbidity, mortality and increased use of health services. However, there are few long-term follow-up studies on homeless. The aim of the study was to evaluate the prognosis of homeless shelter users in terms of morbidity and housing outcomes and to identify factors that predict being independently housed 10 years later.

Methods

This is a case-controlled study of 552 homeless men (mean age 49 years, SD 11) that stayed in a shelter during 2004, in Helsinki, Finland. By linking data from several registers the morbidity and housing situation of the study group at the end of 2014 was compared with an age-matched control group from the general population (946 men). Using logistic regression analysis we assessed the predictive effects of socioeconomic factors and health service use at baseline on being independently housed ten years later.

Results

By end of follow-up 6.0% of the previously homeless were independently housed, compared to 81.9% in the control group. Over half of the study group (52%) died during the follow-up, 38% lived in supported housing and 5% were still or again homeless after ten years. The respective shares in the

control group were 14.6%, 3.4% and 0.1%. 78% of the study group had some psychiatric diagnosis, most commonly substance use disorder, compared with 16% in the control group. In the multivariate logistic regression analysis on the previously homeless we found that being married (OR 8.9, 95% CI 3.5–22.5), having less than 4 shelter nights in year 2004 (OR 10.4, 95% CI 3.1–34.6), more than base level education (OR 2.3, 95% CI 1.1–5.0) and having no emergency room visits (OR 3.6, 95% CI 1.2–10.8) prior to baseline predicted independent housing 10 years later.

Conclusions

Shelter users have a high mortality and morbidity and a vast majority of those surviving are in need of support in their everyday life also in the long run.

Key messages:

- Over half (52%) of the homeless died during the follow-up and after ten years only 6% were independently housed, 5% were still or again homeless and 38% live in supported housing.
- Shelter users in Helsinki are a highly vulnerable group with high morbidity and mortality and also those that survive are in need of support in their everyday life also in the long run.

International comparison of loneliness trajectories and its determinants: ELSA and SHARE studies

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Background

Loneliness is perceived as a problem of later life because it compromises quality of life and is associated with a range of negative health outcomes. There is only limited evidence describing changes in reporting loneliness over the time and investigating factors associated with these changes. To address this gap in knowledge we used data from the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement (SHARE) to examine self-reported loneliness and its trajectories in representative sample of the population aged 50+ years from 11 European countries.

Methods

Data from three waves of longitudinal ELSA (from 2010 to 2014) and SHARE (from 2011 to 2015) panel studies with available loneliness data were used to establish loneliness trajectories for both studies, to report prevalence of loneliness at the country level, and to identify main predictors of loneliness at individual and country level. Short form UCLA scale was used as a measure of loneliness, and respondents were categorised as being lonely (scores 7-9), on the verge of loneliness (5-6) and not lonely (3-4). Trajectories over the time were built and compared for ELSA and 10 countries of SHARE (those which had loneliness measured in 3 waves).

Results

The prevalence of loneliness was 17.5% in ELSA and between 4.7% and 22.9% in SHARE. Additionally, 22.2% of respondents in ELSA and between 7.1 to 22.5% in SHARE reported being on the verge of loneliness. The cross-national differences in pattern of reported loneliness suggest that nationality has stronger impact on reporting loneliness than age and personal circumstances.

Conclusions

The results suggest that loneliness might be influenced by societal cultural values and expectations about social interactions more than by individual social and material resources or health status.

Key messages:

- Societal factors significantly influence loneliness prevalence and trajectories.
- Cultural values and expectations are more important than age and personal circumstances.

Syringe-Exchange program in Swiss prisons: two decades later

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Background

Injecting drug users have frequently a prison experience where they might carry on with their consumption. As an answer to this situation, prison-based syringe exchange programs (SEP) were implemented in Switzerland in the 90' as a harm reduction strategy against the situation of high prevalence of HIV and hepatitis. Twenty-five years later, we look back at the situation both regarding syringe distribution and the different existing models (characteristics of the program, actors involved).

Methods

Semi-structured interviews were conducted with health respondents in the 8 prisons with a SEP. The interviews were taped and synthesised, before proceeding to a transversal qualitative analysis.

Results

Only 17% of Swiss prisons have a SEP and the last program that has been implemented started in 2000.

There is not one single prison-based model but rather a set of characteristics (systematic information about the availability of SEP or not; strategies for syringe distribution: by health professionals, by automatic distributors, or both; combination with counselling or not) that are articulated differently according to each prison situation.

When implementation involves the different stakeholders, prison-based SEP appear to be well accepted by inmates and by the personal. The feared problems (increased consumption; threatening or aggressive behaviours, overdoses) were not observed by our respondents. Positive outcomes like the lowering of used syringes exchange, the diminution of infectious disease prevalence, the absence of HIV sero-conversion, and the stabilisation of consumption are pointed out.

Conclusions

Although prison-based SEP appears to be a successful and unproblematic harm reduction measure, its implementation is still very limited in Switzerland.

Some important issues can facilitate the implementation of a prison-based SEP, among which the involvement of stakeholders, prison authorities as well as the whole prison's staff.

Key messages:

- SEP in prisons appear to be a successful and unproblematic harm reduction measure with well-documented positive repercussions for inmates and the prison global atmosphere.
- A set of characteristics have to be combined to best fit each prison and inmates reality, and a concerted decision between prison authorities and staff should be valued