Containing Covid:
perspectives from women in Dublin with extended experiences of homelessness

Dr Hannah Lucey

hl513@cam.ac.uk

UNIVERSITY OF CAMBRIDGE
Department of Social Anthropology

Cambridge Harding Distinguished Postgraduate Scholars Programme

Irish Homelessness in Figures

- 150% increase in households in emergency accommodation
  - June ‘14 – June ‘19

(O’Sullivan 2020)

- 8,132 people in emergency accommodation – June ‘21

(Focus Ireland 2021)

- 42% homeless adults are women – September ‘21

(MQI 2021)

Covid Response

- Accommodation
- Testing and shielding units
- Harm reduction
- Vaccination hubs

Harm reduction in the time of COVID-19: Case study of homelessness and drug use in Dublin, Ireland

Austin O'Carroll[a], Tony Duffin[b,*], John Collins[c,*]

[a] COVID-19 Clinical Lead for Homelessness in Dublin, Grangegorman Upper, Arran Quay, Dublin, Ireland
[b] CEO of Ana Liffey Drug Project, 48 Middle Abbey St, North City, Dublin 1, D01 TY74, Ireland
[c] Director of Academic Engagement, the Global Initiative Against Transnational Organized Crime, Schwarzenbergplatz 1, 1010 Vienna, Austria

ABSTRACT

Dublin appears to have performed very well as compared to various scenarios for COVID-19 mortality amongst homeless and drug using populations. The experience, if borne out by further research, provides important lessons for policy discussions on the pandemic, as well as broader lessons about pragmatic responses to these key client groups irrespective of COVID-19. The overarching lesson seems that when government policy is well coordinated and underpinned by a science-driven and fundamentally pragmatic approach, morbidity and mortality can be reduced. Within this, the importance of strategic clarity and delivery, housing, lowered thresholds to methadone provision, Benzodiazepine (BZD) provision and Naloxone availability were key determinants of policy success. Further, this paper argues that the rapid collapse in policy barriers to these interventions that COVID-19 produced should be secured and protected while further research is conducted.

Introduction

There is a well recognised crossover between homelessness and substance dependence. It was recognised early on in the COVID-19 Pandemic that both homeless and drug-using populations were particularly vulnerable to the effects of coronoavirus infection. This is due to the high morbidity burden of these populations; the poor living conditions they experience and their lack of access to health services (Alexander, Stoller, Haffajee & Saloner, 2020; Baggett et al., 2020; Dubey et al., 2020; Kar et al., 2020; López-Pelayo et al., 2020; Marsden et al., 2020; McCann Pineo& Schwartz, 2020; Mosites et al., 2020; Ornell et al., 2020; Reece, 2008; Tobolowsky et al., 2020; Volkow, 2020). For example, Albon et al. feared the congregated nature of hostels could result in 100% transmission rates (Albon, Soper & Haro, 2020). Tobolowsky et al. noted how in a previous SARS-CoV-2 epidemic homeless people were found to suffer an excess burden of infection and warned that interrupting transmission in congregated homeless accommodation was difficult to achieve (Tobolowsky et al., 2020). It was also presumed that there would be increased usage of drugs and higher rates of overdose during the pandemic (Palmer et al., 2012).

When the COVID-19 pandemic reached Dublin, homeless people were therefore identified as a particularly vulnerable group due to their morbidity profile, living conditions and drug use behaviour. A key element of the health services' strategy to protect homeless people from

dependency towards maintenance therapy; and the home delivery of prescription drugs (like methadone and BZDs). Prior to COVID-19 all of these policy choices were limited by regulatory obstacles and uncertain political will. This paper suggests that the response to the COVID-19 pandemic has demonstrated some of the unnecessary obstacles placed ahead of potentially lifesaving treatments. Further it argues that the COVID-19 policy response has only served to reiterate the value and logic of harm reduction-based drug policies. The purpose of this policy briefing is to outline and explore the Dublin experience and to consider the future policy implications.

The onset of COVID-19 in Ireland

On December 31st, 2019, China alerted the World Health Organisation (WHO) to several cases of unusual pneumonia in Wuhan, a port city in the central Hubei province. In February 2020, the WHO officially named this new Coronavirus 'COVID-19' and on 11th March 2020 the WHO declared the COVID-19 outbreak a pandemic. On 12th March 2020 schools in Ireland closed to help reduce the spread of COVID-19. Five days later, on 17th March, Taoiseach Leo Varadkar addressed the nation stating that, 'Never will so many ask so much of so few,' (Bray, 2020) referring to the people on the front line of the response to COVID-19 in Ireland. Ten days later, on 27th March, at midnight, further restrictions

THE IRISH TIMES

Fri, Sep 10, 2021

Covid-19 a ‘hidden opportunity’ for homeless services

Pandemic has brought rough sleepers in from the cold, Peter McVerry head says

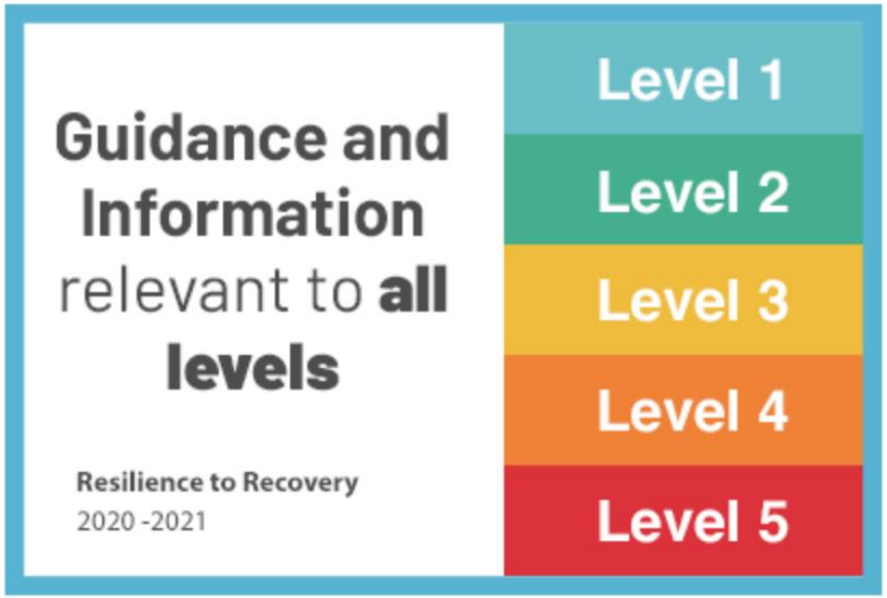
Thu, Apr 1, 2021, 18:45 | Updated: Thu, Apr 1, 2021, 19:14

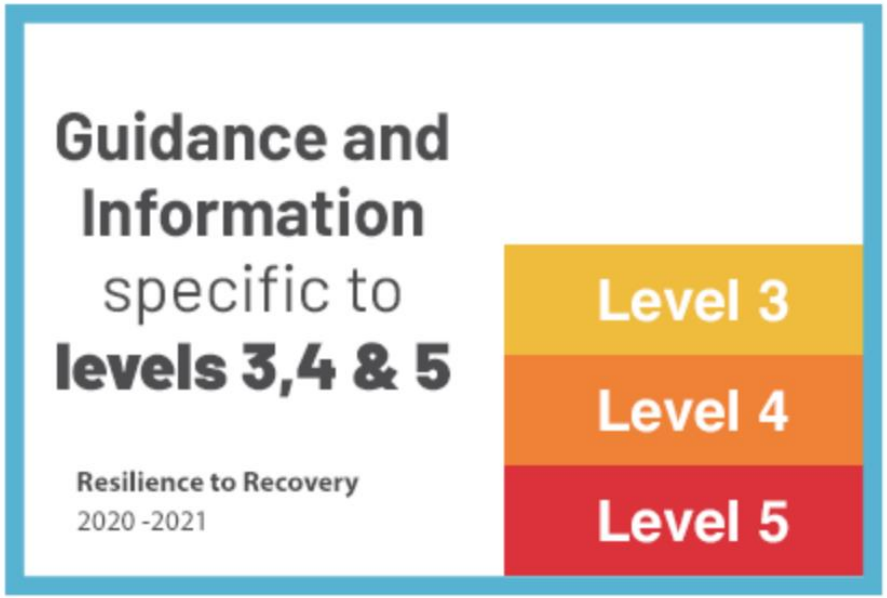
Jack Power

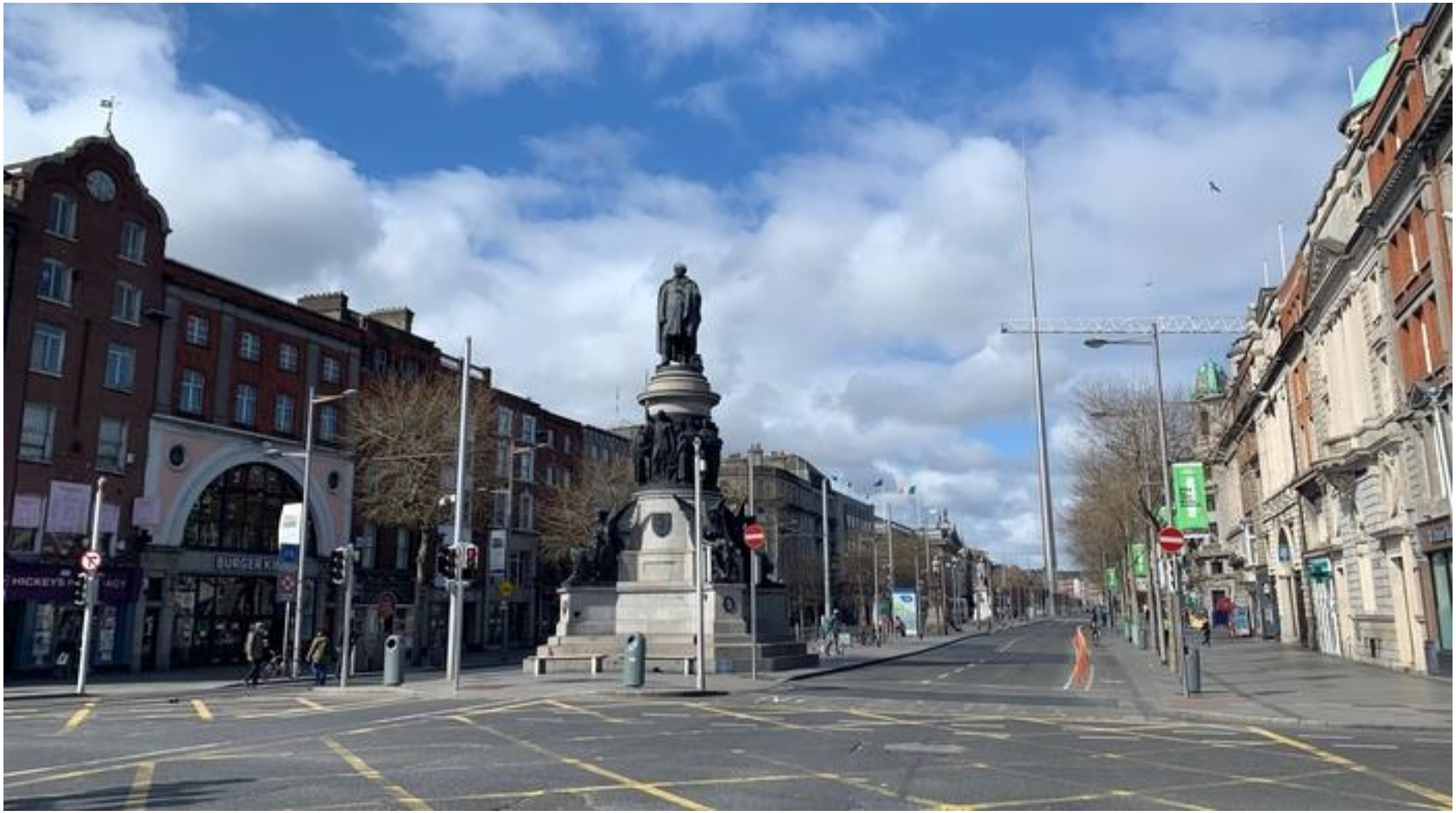
Information and advice for **Tusla** staff

COVID-19

COVID-19 Information and advice for Tusla staff







“Look, we’re all going to die. When God wants to take you, he’ll take you. So why are you worried?”

O'Carroll and Wainwright *International Journal for Equity in Health* (2019) 18:113
https://doi.org/10.1186/s12939-019-1002-6

International Journal for Equity in Health

RESEARCH Open Access

Making sense of street chaos: an ethnographic exploration of homeless people's health service utilization

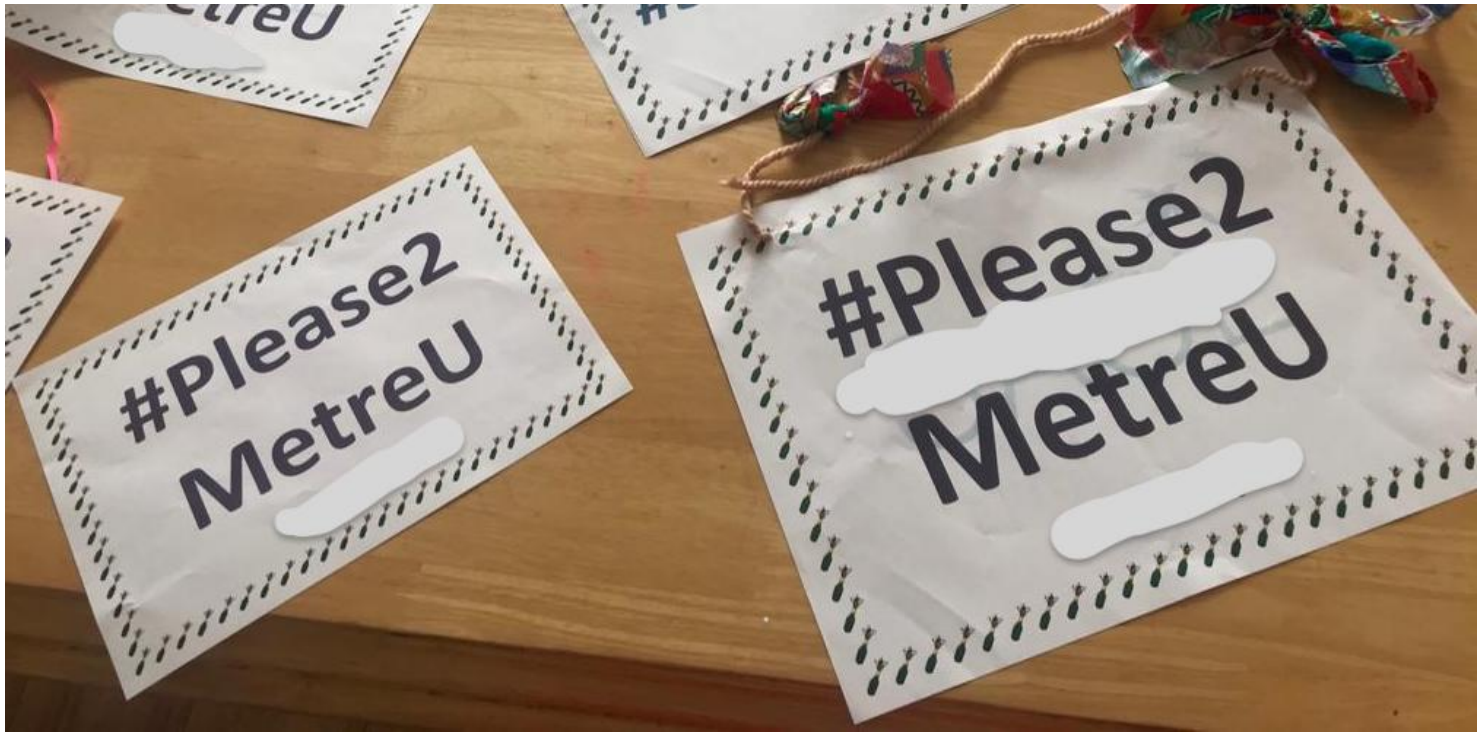
Austin O'Carroll[1*] and David Wainwright[2]

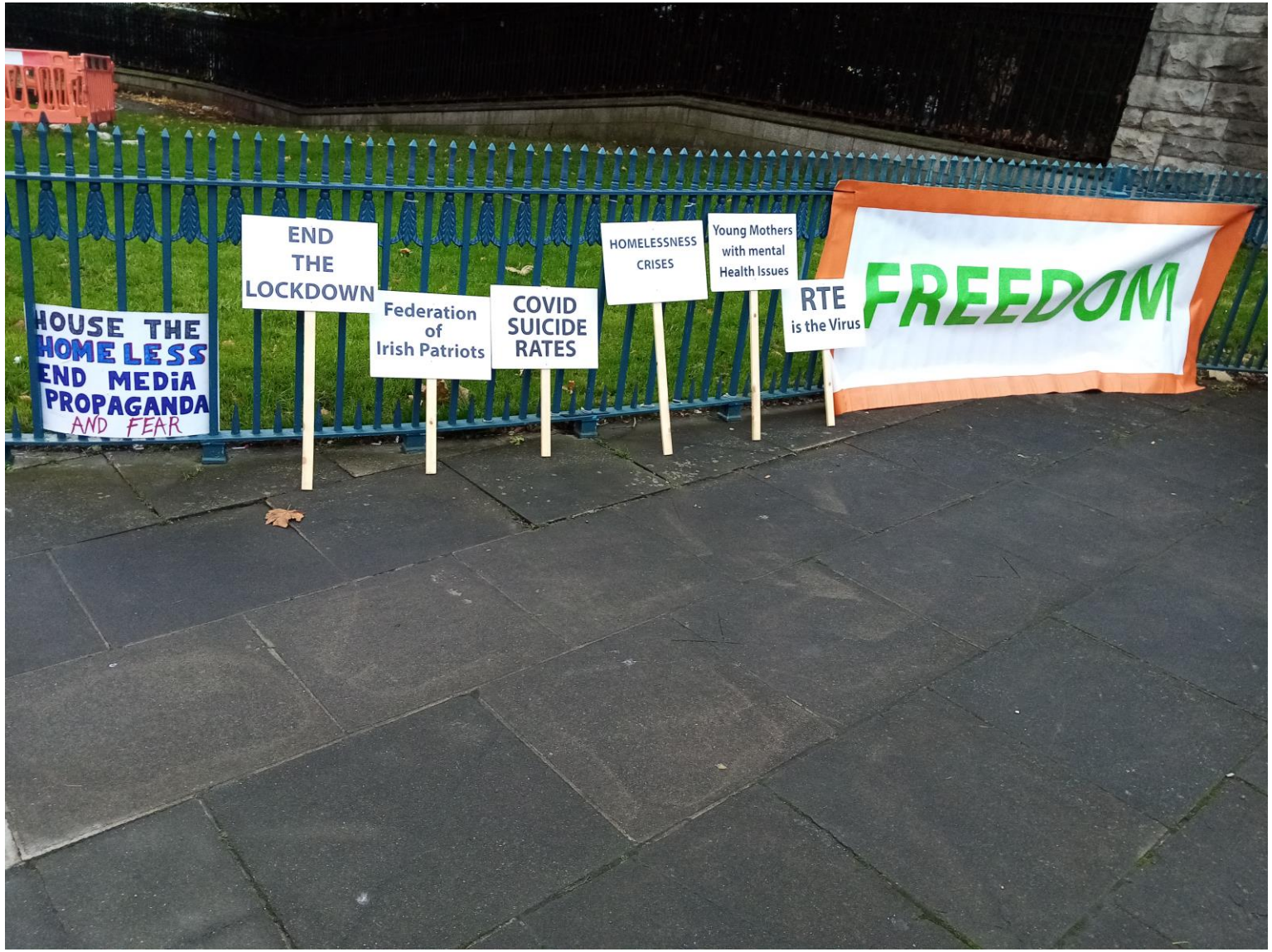
Internalised barriers were identified which were in nature, either cognitive (fatalistic, denial, deferral to future, presumption of poor treatment or discrimination, self blame and survival cognitions) or emotional (fear; embarrassment, hopelessness and poor self-esteem).

doctors. A critical-realist approach was adopted for interpretation of the data.

Results: Homeless people tended to present late in their illness; default early from treatment; have low usage of primary-care, preventative and outpatient services; have high usage of Emergency and Inpatient services; and poor compliance with medication. They tended to avoid psychiatric services. A number of external barriers were identified. These were classified as physical (distance) administrative (application process for medical care; appointments; queues; the management of addiction in hospital; rules of service; and information providing processes); and attitudinal (stigma; differing attitudes as to appropriate use of services. A new form of barrier, Conversations of Exclusion was identified and described. Internalised barriers were identified which were in nature, either cognitive (fatalistic, denial, deferral to future, presumption of poor treatment or discrimination, self blame and survival cognitions) or emotional (fear; embarrassment, hopelessness and poor self-esteem). Generative mechanisms for these factors were identified which either affected participants prior to homelessness (marginalization causing hopelessness, familial dysfunction, substance misuse, fear of authority, illiteracy; mental health; and poor English) or after becoming homeless (homelessness; ubiquity of premature death; substance misuse; prioritization of survival over health; threat of violence; chaotic nature of homelessness; negative experiences of authority; and stigma.

Conclusions: An explanatory critical realist model integrating the identified generative mechanisms, external and internalised barriers was developed to explain why the Health service Utilization of homeless people differs from the domiciled populations. This new model has implications for health service policy makers and providers in how they design and deliver accessible health services to homeless people.


#Please2
MetreU
#Please2
MetreU


HOUSE THE HOMELESS END MEDIA PROPAGANDA AND FEAR
END THE LOCKDOWN
Federation of Irish Patriots
COVID SUICIDE RATES
HOMELESSNESS CRISES
Young Mothers with mental Health Issues
RTE is the Virus
FREEDOM

“I thought it would help me with my access visits”

Conclusions

1. Motherhood is a major orienting force in homeless women's lives
2. Engagement with services is sometimes considered as a means of protecting the mothering relationship
3. Decisions around service engagement do not necessarily indicate trust

Acknowledgments

Thank you to all the mothers and services providers for participating in this PhD study.

References

- Homelessness Figures
  - FOCUS IRELAND 2021. *Latest Figures on Homelessness in Ireland* [Online]. online. Available: https://www.focusireland.ie/resource-hub/latest-figures-homelessness-ireland/ [Accessed 10 September 2021].
  - O'SULLIVAN, E. 2020. *Reimagining Homelessness: For Policy and Practice*, Bristol, Policy Press.
- Vaccine Hesitancy
  - FASSIN, D. 2011. The Politics of Conspiracy Theories: On AIDS in South Africa and a Few Other Global Plots. *The Brown Journal of World Affairs*, 17, 39-50.
  - GRODZICKA, E. D. 2021. Taking vaccine regret and hesitancy seriously. The role of truth, conspiracy theories, gender relations and trust in the HPV immunisation programmes in Ireland. *Journal of Cultural Research*, 25, 69-87.
  - REICH, J. A. 2014. Neoliberal Mothering and Vaccine Refusal: Imagined Gated Communities and the Privelege of Choice. *Gender & Society*, 28, 679-704.
  - SOBO, E. J. 2015. Social Cultivation of Vaccine Refusal and Delay among Waldorf (Steiner) School Parents. *Medical Anthropology Quarterly*, 29.
- Homeless people and Health Service Utilisation in Ireland
  - O'CARROLL, A. A. W., D. 2019. Making sense of street chaos: an ethnographic exploration of homeless people's health service utilization. *International Journal for Equity in Health*
- Covid response and Social Inclusion in Ireland
  - O'CARROLL, A., DUFFIN, T. & COLLINS, J. 2021. Harm reduction in the time of COVID-19: Case study of homelessness and drug use in Dublin, Ireland. *International Journal of Drug Policy*, 87, 1-6.
- Homelessness and caregiving
  - GARCIA, A. 2010. *The Pastoral Clinic: Addiction and Dispossesion Along the Rio Grande*, Berkeley, University of California Press.
  - LANCIONE, M. 2020. Underground inscriptions. . *Cultural Anthropology*, 35, 31-39.
  - LENHARD, J. 2018. Making Better Lives - Home Making Among Homeless People In Paris. Cambridge: Cambridge University.