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SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
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# "You could just show a little more compassion": A meta-ethnography of what constitutes effective problem alcohol and drug treatment from the perspective of people who are homeless

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## SHAAP/SARN 'Alcohol Occasional' Seminar
## Thursday 23rd May 2019, the Royal College of Physicians of Edinburgh

**Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice.**

**The current theme for the seminars is 'Alcohol and Recovery'. Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.**

Carver and Parkes began by stating that there was limited evidence from people who are homeless as to what constitutes effective treatment, although the vast majority (96%) reported using substances including alcohol in the last month (Figures from Crisis UK, 2002). Poly drug use and co-morbidities are prevalent within the cohort of people who are homeless, leading to tri-morbidity, where poor physical and mental health interface with problem substance use; and this group encounters hostility, prejudice and stigma when accessing services.

The methods they used were to review 18 papers covering 17 studies and to interview people with lived experience to see if the review findings resonated with them. Two questions were asked:

- What treatments/interventions were perceived as effective, and why?
- How does effective treatment work?

Three intervention types were identified in eight studies, mostly in Canada/USA:

1 Breaking Free Online

2 12-step programmes, e.g. AA

3 Alcohol harm reduction, e.g. in Managed Alcohol Programmes (MAPs).

The first was found to be user-friendly, and users could learn new IT skills, but the lack of privacy was perceived as negative. With the second, friendship was felt to be positive, but users often struggled with the abstinence programme. Harm reduction programmes were perceived as helpful in reducing harm to the users and providing peer-support in a safe and non-judgmental space. However, some users did not like being in a 'harm-reduction environment' because, for example,

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they felt the structured hostel life was too inflexible for individual needs; or service users were made to feel like 'criminals' because they were addicts; or because the MAP could encourage drinking, rather than reduce it.

In answer to the question how does effective treatment work, Carver and Parkes emphasised the need for friendliness ('smiles'); respect; being treated as a human being and not as an addicted person. The responses could be used to formulate recommendations to shape policy, starting with the need for a safe environment where clients did not encounter fights, knives (Participant in Pauly et al, 2016) but one seen as a 'whole package', including being clean, warm, relaxed, providing privacy and water to drink, being welcoming, not traumatising and where rules were necessary but not prohibitive. Clients wanted staff turnover to be low so that they would not constantly have to repeat their story. Second on the list was practical, peer support, "where everybody seems to support each other… staff and clients, they treat you like family" (Participant in Evans et al, 2015); followed by staff being compassionate, respectful and non-judgmental which is where the seminar title is taken from: "You could just show a little more compassion and gentleness" (Participant in McNeil et al, 2016). Having enough time to adapt, recover and stabilise was also felt to be important (Participant in Perreault et al, 2016), although it was acknowledged that it was challenging to pay for support programmes over several years. Having choices of treatment was also prioritised; services should be tailored to the individual and flexible: "They want you to know that the focus is on the individual" (Participant in Lee & Petersen, 2009). Finally, (re-)learning 'how to live' was seen as an important component of recovery, enabling people to live a new life after homelessness: this might initially entail giving them structures and deadlines; being a friend to them and helping them build confidence and skills, e.g. cooking, planning, budgeting, IT skills etc.

To sum up, Carver and Parkes noted that these findings could be synthesised into the following formula: the 'right environment', the 'right intervention', help to '(re-)learn life skills'. However, the literature study had revealed missing voices of women, LGBT+ people, those from ethnic backgrounds or other countries, and those who never accessed services, which the speakers considered deserved further research.

The ensuing discussion focused on the situation for homeless people with substance use problems in Scotland, including the issue of connecting into other services which existed but did not always join up. This could make the difference, as well as acknowledging that some people do not use services at all, but get the necessary support from their family, and some self-care – which the studies reviewed here did not take account of, as they only covered participants accessing services. In terms of the 'missing voices', SHAAP Director Eric Carlin noted that SHAAP was currently commissioning new research into both LGBT+ people's and refugees' experience of alcohol services.

Another issue was that of harm reduction/Managed Alcohol Programmes or abstinence as path to recovery, where it was noted that research carried out for SHAAP's 2018 mortality report 'Dying for a Drink' indicated that harm reduction did not work for some users. There can also be medical risks, e.g. delirium tremens, in stepping down alcohol consumption, but doing nothing is also not an option for very ill patients, so staff need to be trained to make the right choices for each individual. It was also pointed out that sometimes clients deteriorate in centres or hostels because of the behaviour of others around them, leading to mental health issues within these environments. It was noted that a majority of clients using the heroin-assisted treatment room in Glasgow were poly drug users, so would also require support for their alcohol use. However, it was also well known that many people suffering alcohol problems would not use mixed facilities because of the stigma attached to drug use. Carver and Parkes noted that the recent Audit Scotland report on alcohol and drugs showed that poly drug use was increasing in Scotland, requiring further research into Scottish problems and solutions, perhaps on a differentiated geographical basis, which should be shared in order to form an evidence base for putting future solutions into practice.

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Look out for information about the next 'Alcohol Occasionals' Season 2019-2020 at **www.shaap.org.uk**

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