Greenspace programmes for problem substance use

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SHAAP/SARN 'Alcohol Occasional' Seminar
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Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to host the lunchtime *Alcohol Occasionals* in conjunction with the Royal College of Physicians of Edinburgh (RCPE). The seminars showcase new and innovative research on alcohol-related topics and provide the opportunity for researchers, healthcare professionals, policymakers, and members of the public to discuss and debate implications for policy and practice. The current theme is *alcohol and inequalities*. Event reports aim to capture the main discussion points and communicate these to a wider audience. SHAAP is responsible for the contents of this report, which are our interpretation.

Introducing the seminar, SHAAP Interim Director, Lindsay Paterson, welcomed Wendy Masterton (@WendyMasterton) on behalf of SHAAP and SARN. **Masterton** thanked SHAAP/SARN for the opportunity to present and noted that her PhD explores greenspace programmes for problem substance use (not only alcohol but other drugs too) and that, although her PhD does not focus specifically on inequalities, she is interested in inequalities. For this seminar, Masterton uses *greenspace* as an umbrella term to refer to the 'natural environment': any type of natural or semi-natural, undeveloped green land, in any location.

Masterton explained that greenspace can promote positive health and wellbeing outcomes in several ways, by supporting: physical activity; recreation; connection to nature; community and social cohesion; and mediating potential harms (such as air/noise pollution). Masterton explained the multiple, interlinked pathways by which greenspace can improve health, including through 'ecosystem services' (such as air oxygenation and climate regulation); building capacities; and restoring capacities through attention restoration and stress recovery. Greenspace has also been shown to improve self-reported health and wellbeing for people from a range of ages, backgrounds, and social groups. Greenspace access is associated with reduced health inequalities (with particularly strong reductions for mental wellbeing inequalities). Encouragingly, people from more deprived areas appear to gain more health benefits from greenspace than those from affluent areas, and people with poor mental health appear to benefit more than those with good mental health. 'Green infrastructure' (integrating nature into buildings and planning & development) also has positive impacts on population- and individual-level health/wellbeing and reduces health inequalities. However, poor-quality greenspace can exacerbate health inequalities.

Masterton discussed the link between alcohol and health inequalities. Despite drinking less or the same as people from more affluent backgrounds, the least affluent
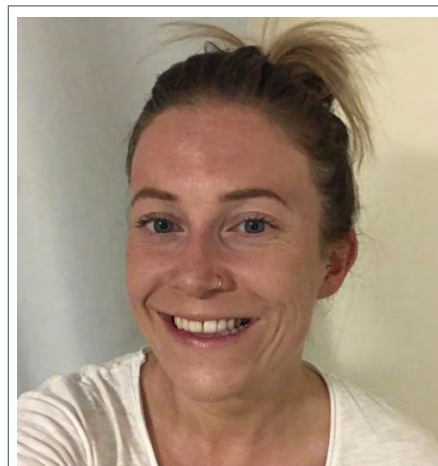
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generally experience more alcohol-related harms: the 'alcohol harm paradox' (see our previous *Alcohol Occasionals* event report on this topic). Masterton also discussed the links between alcohol use and mental health – alcohol may be used to cope with stress but can exacerbate or cause mental ill health, and alcohol harm is generally higher for people with poor mental health. Masterton proposed that if greenspace is shown to contribute to health, particularly for those from lower socioeconomic backgrounds and those with poorer mental health, then it seems feasible to suggest that increasing opportunities for engagement with greenspace could play a role in mitigating harm and reducing health inequalities for these groups.

Masterton described greenspace programmes as health interventions typically undertaken outside in a green area. Broadly there are three types: 1) Improve amount/quality/

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accessibility of greenspace; 2) Increase use of or engagement with natural environments; 3) Targeted interventions based in greenspace (the focus of Masterton's work), such as therapeutic horticulture, wilderness & adventure, and 'care farming'. Masterton explained that greenspace programmes for problem substance use can reduce inequalities by:

- Using a prevention focus with young people with a higher risk of substance-related harm
- Meeting people 'where they are at' (such as by not demanding abstinence)
- Reducing barriers to health services and providing things typical treatment does not

For Scottish context, **Masterton** discussed that Green Health Partnerships (GHPs) have developed various green health referral pathways to contribute to primary prevention and the maintenance of both physical and mental health, and Green Prescriptions (operating in Dundee, Edinburgh, and Shetland) provide a formal referral pathway from NHS primary and secondary care to nature-based programmes.

Masterton's work focusses on the key components and processes that make greenspace programmes successful, specifically, "*What are the mechanisms that lead to outcomes, and in what contexts do these occur?*"; that is, not *if* but *how* interventions work. She addressed this in three phases:

Phase 1: **Realist review**
Synthesised 49 articles on greenspace programmes and mental health – with stakeholder input. This generated seven 'programme theories' (made up of 'key ingredients' which lead to outcomes in the right contexts): feeling of escape and getting away from daily stressors; having space to reflect; increased physical activity; increased self-efficacy and new skills; having a purpose; relationships with facilitators; and shared experiences with the group.These theories were combined under three themes of

Nature, Individual Self, and Social Self to produce an overarching framework.

Phase 2: **Survey study**
A survey of 55 greenspace organisations in Scotland (with a diverse range of programmes, in diverse settings) found widespread support for the proposed framework – both for mental health and for substance use.

Phase 3: **Qualitative interviews**
12 interviews in Stage 1 and five in Stage 2 ('consolidation'), with staff and other stakeholders (greenspace programme beneficiaries could not participate due to COVID-19 restrictions; however, Masterton looks forward to undertaking more research and sharing the client voice when this is possible). Interview participants discussed benefits of greenspace programmes, including feeling part of a community; redressing the power (im)balance; and providing a different (non-medicalised) approach to treatment/support which encourages 'real' relationships.

Key messages are that greenspace programmes may…

- Address rising costs associated with treatment services
- Have a prevention role
- Have the potential to meet people within communities and where they are at
- Fit into the wider policy landscape (such as environmental policy)
- Continue during COVID-19
- Reduce inequalities

However, despite the potential of greenspace programmes for reducing health inequalities, Masterton explained that there are inequalities in access to both quantity and quality of greenspace according to deprivation, and inequalities in access to greenspace programmes, including financial barriers, caring responsibilities, and medical needs.

Masterton concluded that greenspace programmes should not be seen as a substitute for care; rather, they should be seen as part of a holistic package

of care. Greenspace programmes can potentially allow outcomes which other treatments do not (such as improving relationships and redressing power imbalances), on top of the therapeutic value of nature itself.

The discussion and Q+A was wide-ranging, including: the feeling of belonging when part of a greenspace programme community; supportive anecdotes from greenspace practitioners (including high retention rates, and clients reporting lack of progress when greenspace programmes stopped due to COVID-19); funding challenges, including lack of money following 'green prescribing' referrals; the importance of a needs assessment to tailor or select programmes on a person-by-person basis; and the need for training and support for greenspace programme staff and volunteers.

Further reading

Realist review article |
The Conversation article |
Nature on Prescription Handbook (University of Exeter) |
Practical guide for greenspace programmes for mental health

Watch this seminar

You can watch this seminar, and other recent webinars

Forthcoming event

Webinar on alcohol consumption in Latin America during the COVID-19 pandemic (30 July, 2-4pm) – free registration

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SHAAP Blog

Read our blog, including a post from SHAAP's new Director, and posts on men & alcohol, MUP, and more