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Reducing Harm Improving Care: using peer research to understand the experiences of people who are homeless, use drugs and/or alcohol in order to improve service access and achieve better outcomes

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1 Background
Why do we do this work?

Scotland has Europe's highest drug related death rates [1].There is a large overlap between the cohorts of people who experience homelessness and those who use alcohol and/or drugs [2].

Healthcare Improvement Scotland was commissioned by the Scottish Government to deliver an improvement programme which engaged specialist alcohol, drug, and statutory homeless services along with the people who use drugs, with the aim of improving access to care, and reducing substance use and homelessness related harms. The Reducing Harm Improving Care (RHIC) project ran between June 2021 and April 2022.

Here we present data obtained with and from people with lived experiences who accessed services.

2 Method
How do we do this work?

We worked in partnership with the Scottish Drug Forum and Homeless Network Scotland, who recruited people with lived experience of homelessness and/or substance use to carry out qualitative interviews. We reasoned that the shared experiences of peer researchers and the people being interviewed would allow for an open and honest conversation about experiences, including the barriers and challenges people face when attempting to access services. The peer researchers used opportunisic sampling, and collected data across 53 in-depth semi-structured one to one interviews. All data was transcribed verbatim, and was coded and thematically analysed using NVivo by two researchers from Healthcare Improvement Scotland.

3 Results
What did we find out?

We aimed to capture a representative picture of those who experience multiple and complex needs. Overall, 75% of our respondents were male and were aged between 35 to 54 years (Figure 1).

We identified nine key themes, of these some were directly related to questions asked during the interview on the topics of improved access, coordinated care, person-led services, harm reduction, and services during COVID- 19. Themes around health service use, mental health and trauma, safety, trust, and stigma were identified through thematic analysis of the interview transcripts.

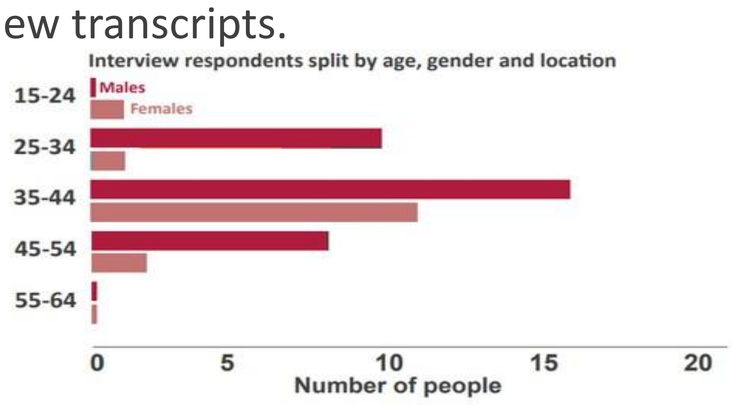


Figure 1: Demographics of interview respondents

Theme	*Sample*
Improving Access	*"but you have to get to the bottom of the barrel before there was help out there"*
Coordinated Care	*"I just feel as if I'm getting knocked about between a chemist to a doctor to a psychiatrist."*
Person-led service	*"all these years I've been on a script, I haven't had a doctor once say to me, how do you feel about getting clean."*
Health service use	*"they see you as a hinderance, as somebody who's self-inflicted, they've no got a clue about this illness, and they're medical professionals."*
Mental health & trauma	*"you need more rehab, you need more counsellors, everyone is dealing with mental health, that's the only reason they're taking drugs"*
Trust, respect, stigma	*"when I went to addictions, I felt, just looked at me as if I was a junkie, and I didn't like that, because I was begging for help, I just felt pushed away"*
Safety	*"I've spoke to my worker about trying to get out of where I'm at, because I don't feel safe for that people, people buzzing my door to get in to my house to use drugs, and I'm, I'm trying to come away from that."*
Harm Reduction	*"I've done my naloxone training, I've got, I carry naloxone, my friend, people on the street before overdosed"*
Services during Covid-19	*"a lot of people ended up dying because of they were isolated, and they were taking drugs in their house themselves, and I lost a few pals to addiction"*

4 Conclusions
How could we improve services?

Our study illustrates how people with lived experience of homelessness, and who use alcohol and/or drugs can experience a range of difficulties in accessing, engaging with, and staying in services. Positively, there was evidence of successful access and engagement, elements of which included a person-centred approach to treatment and recovery; a trusting relationship with a supportive and consistent key worker; and the use of holistic support with housing, substance use and wider social needs such as help to access financial support.

References:

1. National Records Scotland, 2021
2. Hard Edges Scotland, 2020

www.healthcareimprovementscotland.scot