



Listen Up! Insight 2: Drug and Alcohol Dependency and Recovery

Welcome. This is the second in a series of Insights from [Listen Up!](#) Our lived experience-led project seeks to tackle homeless health inequalities by amplifying the voices of people experiencing homelessness to:

1. increase key decision makers' awareness of the barriers to healthcare faced by people experiencing homelessness across the country.
2. create a movement of people experiencing homelessness, influencing decision makers and holding them to account for changes in practice and policy.

Each themed Insight will be accompanied by a webinar where we will co-design recommended actions. This Insight draws on nationwide research interviews with **75** people experiencing homelessness (26 of whom reported a current or past addiction) and a selection of stories from our current **14** community reporters, who have lived experience of homelessness. We have included extracts from reporter stories (14 are cited in this Insight) and quotes from participant interviews to illustrate our key findings. Some sections draw more heavily on reporter stories or research data, and this is explained. The actions we are recommending were coproduced at a webinar attended by 70 people with professional and/or personal experience in the issues.

Summary

- Recovery from drug and alcohol dependency may be a lifelong journey, punctuated by loss of home, health, income, relationships and positive self-identity.
- Looking after health was not always prioritised by people in active drug and alcohol dependency which worsened physical and mental health.
- Poor housing or homelessness impacted recovery where housing was unsuitable, unsafe, 'stressful', noisy, lacked basic facilities, and caused isolation and created barriers to accessing services.
- Many experienced multiple stigmatization from mental health, homelessness and drug and alcohol dependency, which led to feelings of low self-worth and fear of support being withheld or removed.
- Mental health and drug and alcohol dependency were complexly linked with many experiencing difficulties accessing help for co-occurring mental health and substance use issues.
- Barriers to accessing services included feeling 'dismissed', the challenge of re-telling difficult experiences and lack of consistency and awareness of joined up services.
- What helped recovery included flexible, proactive, compassionate and responsive support, having autonomy in decisions, trust, feeling safe, and being listened to.
- Mutually supportive relationships with peers and mutual aid were beneficial to recovery.



Who we listened to

The [Listen Up!](#) team is carrying out ongoing interviews with people experiencing homelessness across England. We identify specific themes and periodically change our interview questions to reflect these. Whilst we always ask our core questions about healthcare, adding in thematic questions allows us to generate rapid insights into new topics of interest. In this Insight we look at drug and alcohol dependency, drawing on research interviews with 75 men and women experiencing a range of situations including rough sleeping and staying in temporary accommodation and hostels. 26 of them reported current or past experience of drug and/or alcohol dependency. Interviews have been analysed alongside community reporters' stories, which provide additional rich perspectives.

What we heard

We heard about the complex connections between recovery from drugs and alcohol dependency and recovery from homelessness, mental health and trauma. Drug and alcohol dependency often had long lasting impacts on physical and mental health for people with experience of homelessness. Stigma, lack of home and significant barriers to seeking help for drug and alcohol dependency hindered recovery. Conversely, a sense of home, supportive relationships and feelings of hope played a positive role in people's recovery journeys.

1. Experiences of drug and alcohol dependency and recovery

Homelessness and drug and alcohol dependency were often linked. Moreover, drug and alcohol dependency worsened both physical and mental health. Staying healthy was often not prioritised as one reporter explained (read the full story [here](#)):

“When I was homeless and drinking I never gave my health a second thought, my entire time was consumed with either drinking or trying to figure out where or how I would get my next bottle from.”

Loss was a common characteristic of drug and alcohol dependency. Several reporters described the impact of drug and alcohol dependency which had resulted in the loss of home, income, relationships, lost access to children, and the death of family and friends. Further, drug and alcohol dependency's link with mental health is well documented and many people we spoke with experienced problems with both. This co-occurrence is often called 'dual diagnosis' and, as one participant explained, can be difficult to 'untangle'. Drug and alcohol dependency was not always understood as a mental health problem and, despite looking for help, could go undiagnosed and untreated, with serious implications for people's ongoing care (read the full story [here](#)).

“I've eventually learned that addiction is a recognised mental illness that thrives on isolation and it gripped me so much over the years, going undiagnosed by numerous referrals for help with my depression and anxiety.”



Stigmatisation of drug and alcohol dependency evoked feelings of worthlessness, shame and guilt and led to low self-image and confidence, with implications for seeking healthcare treatment. Ensuring that people have dignity and compassionate care can help those overcome the barriers created by stigma when seeking help for drug and alcohol dependency. Moreover, feelings of fear were also experienced in recovery from drug and alcohol dependency. One example shared by a reporter was a specific fear of being denied medication from a chemist to aid recovery from drug use (read the full story [here](#)). Greater flexibility in pick-ups for prescriptions may help to ease anxiety for people seeking medicalised treatment for drug and alcohol dependency.

Overall, a common theme was that recovery is a non-linear and life-long process. For example, our reporter podcasts highlight that recovery does not always have an end point (read the full story [here](#)):

“You are always in recovery. You never recover from the addiction. For me, with the recovery side of things, having though that little support network of me own partner, their family and close friends, has made it a lot easier, and especially going through depression and mental health issues.”

2. What helps in recovery from drug and alcohol dependency

Supportive relationships were often key to recovery. We spoke to people who sought support from both professionals and informal support networks, such as friends, family and partners. These could be alongside practical help whilst in recovery, which included services that provide housing advice, access to trained nurses, and washing facilities (hear the full story [here](#)). In addition to more generic formal support, specialist support for drug and alcohol dependency were identified as particularly helpful and included local specialist services which support holistically with substance misuse, housing and social prescribing as well as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) groups (although there were some mixed responses to AA amongst reporter stories and research interviews in terms of how much they were valued). Repairing past relationships and rebuilding bridges could help recovery. New friendships formed through specialist support like AA and NA, alongside professional support, also helped recovery. For example, a reporter identified peers he met through a recovery fellowship as helping him (read the full story [here](#)):

“Support and relationships – these two words sum up how I finally emerged from my darkness that was homelessness and addiction after years of torment, desperation and shame.”

Participants told us about seeking a range of support for drug and alcohol dependency including rehabs, hostels, counselling, drug and alcohol and mental health services, support groups and mutual aid as well as friends and family. Some people encountered problems in seeking formal support, including being asked for a lot of information and having to talk through past experiences, which could be upsetting. However, what helped included smaller support groups, space to talk, fun activities to take part in, access to opiate substitutes or other medications where needed, feeling safe, flexibility and being listened to by experienced, understanding and supportive staff:

“People with experience of addiction are way more understanding and they just get it.”



“CGL, they are brilliant. They listen and they are flexible. We go on day trips and we all get on. I feel safe in this place. We have banter and the staff are friendly. I hugged the security guard. It is great for my mental health.”

We asked the people we spoke to: what is most important when seeking support for addiction? Responses identified compassion, being trusted, having autonomy, progressing at one’s own pace, having someone to talk to and readily available support when needed. For example, one participant explained that services needed to act fast when they felt ready to tackle their issues with drugs and alcohol:

“Being quick in their response is important because my situation will change quickly. When I want to stop there is a small window where treatment will be effective and I need to access treatment during this time.”

Support often helped *alongside* other changes to help recovery. For example, a reporter described a combination of help from AA, changes to diet and lifestyle, and a spiritual connection in assisting in their recovery and understanding these factors may help in taking a holistic approach to treatment for recovery (read the full story [here](#)).

“We are very big on self-care and spiritual wellbeing – it is the pinnacle of our recovery. Choosing a healthy well-balanced diet is obviously a good start, getting out in the fresh air, exercising is really good for your mental health.”

Understanding recovery in a holistic sense was important and in addition to supportive relationships, appropriate housing and a sense of home were seen as important in recovery (hear the full story [here](#)). One participant explained that this meant having somewhere ***“safe, secure...warm and bright”***. A new home could act as a ‘starting point’ alongside building supportive relationships and developing a renewed sense of self belief. Supportive housing was seen as essential to recovery for some and a reporter explained how so called ‘dry houses’, for example, can aid recovery from drug dependency and without them there can be an increased risk of relapse (read the full story [here](#)):

“There is plenty of proof that addicts who get effective wrap around support when they are in transition, be it from residential rehab to a dry house, or from a dry house to a one bedroom flat, are more likely to make their recovery stick...we spend so much money getting people clean or moved on but then fail to spend that bit extra to make their recovery stick.”

Furthermore, a persistent, patient and understanding approach that importantly recognises that relapses can be part of recovery when working with people with addictions was identified. This meant having a non-judgemental view of the process of recovery, including its ‘knock backs’ (read the full story [here](#)). Recovery often involved trusting others again but building trust could be very challenging (read the full story [here](#)). This has important implications for how people in recovery feel in trusting people in various situations, including with medical professionals.

“Now, it’s a bloody hard way to live, opening up on my inner thinking, my deepest feelings and fears to others, sharing all my defects and placing trust in others to listen.”



Experiences of past traumas were also related to addiction, and some turned to CBT (cognitive behavioural therapy) and other talking therapies for help. Ultimately, what helped in recovery was a new or renewed sense of self-acceptance and self-compassion. Some of this internal work was essential for planning a future out of homelessness and away from addiction, as one participant explained:

“It is important that I improve myself and that comes from inside. I am aiming to start work and get settled status, and get housed and not be worried about getting evicted and sleeping on the streets.”

Recovery included recognising one’s own value in providing mutual support to others. Ultimately it meant restoring or finding a positive self-identity and (re)discovering a sense of hope for the future (see examples in full story [here](#)).

“Recovery for me means to learn to love myself unconditionally.”

“For me recovery means feeling happy in my own skin, knowing that I am enough but most of all is that I’m of use to others.”

Having a revived sense of purpose in life was reflected in a reporter’s story of motherhood, for example, (read the full story [here](#)):

“When I fell pregnant I knew I had to change my life and to become a strong independent female role model for my baby, without having to be in a toxic relationship because of loneliness and addiction. I chose to go on a journey of self-discovery of who I am and sobriety.”

3. What hinders recovery from drug and alcohol dependency

Homelessness and the instability it brought with it presented barriers for recovery. For example, stressful, noisy and ill-equipped hostel environments exacerbated health issues and issues with drugs and alcohol. Relocation to a new area could impact on a person’s ability to re-register and access a GP:

“I haven't seen a doctor in like two, three years or actually been to the practice because I haven't been able to get there because I'm just too far away...I'm registered at a practice in [town], so that's partly my fault for not re-registering. I kept putting it off because I was moving around all over the place so what would be the point in registering somewhere else when I might be somewhere else in a couple of weeks.”

Certain societal pressures could also hinder recovery, for example, social gatherings or occasions could risk a relapse. The **“fear and anxiety”** of relapse created by social situations such as weddings, parties, funerals and football games acted as a **“minefield full of triggers”** for one reporter (read the full story [here](#)). In addition, some social networks with other drug and alcohol users could hinder



recovery. For example, one participant described how visiting a friend would lead to them using drugs again together, but breaking ties could lead to loneliness and isolation.

“I am fully aware I shouldn't be doing it and intend to stop completely but we do trigger each other. The flipside to that is that we find strength in each other.”

Isolation was a major threat to recovery and some described hiding their problems from others as seen in a quote from a participant below. Feeling isolated was often a result of negative and stigmatising attitudes from others. Our podcast series, for example, sheds light on the harm caused by others' judgements. It was argued that addiction is misunderstood and common misconceptions exist that affirm that people in addiction simply lack self-control, which can be damaging to repairing self-image.

“I probably denied addictions to others or certainly to my family. And I found it very hard to tell anyone that I was homeless.”

Case study: Karen

Discriminatory attitudes from medical professionals and not getting the right help led to being in a 'revolving door' of seeking help for addiction without being seen or heard (read the full story [here](#))

“I was a regular visitor to A&E, GPs and dentists...I have fallen down the stairs knocking myself unconscious, I've split the back of my head open, had 28 stitches just above my eye, I have broken or knocked out nearly every tooth in my upper jaw repeatedly, broke numerous ribs, bruised the entire left side of my face falling out of a moving car, the list is endless.

Looking back at the way I was treated, I didn't have any concerns regarding the medical procedures I received, but the way I was treated as a person was demoralising at times. At a time when I was scared and felt low and all I needed was kindness, I found some staff were judgemental. I'd get looks of disgust and disapproval and some people completely ignored the fact that I existed, and some made me feel that I was in the way. Nobody seemed to have any knowledge or interest on how to treat alcoholics and I ended up as a revolving door patient for many years.”

Feeling that mental health issues are “dismissed” led one participant with drug and alcohol dependency to feel they were “not treated properly.” For another participant there was a lack of understanding of 'dual diagnosis' and being treated as an individual, which have important implications for working with people presenting with both mental health issues and drug and alcohol problems:

“I consider myself to have mental health and addiction issues. I don't necessarily think one is caused by the other. I think they're exacerbated by each other, but they're definitely separate things. But I don't think a lot of healthcare professionals realize that... I think what is really missing with mental health and addiction issues is treating us like we're an individual.”



Despite barriers to accessing support for co-occurring drug/alcohol and mental health issues, this was not universally experienced. One participant felt that they were seeking help from somewhere that understood the need to treat mental health issues alongside drug and alcohol dependency:

“They were good like this. They recognised the need to treat them together.”

Recovery was impaired by restricted access to support services with some describing being passed around services without any help. For example, a participant described significant challenges they faced in accessing support in one town compared to another he lived in, including expensive options for therapy, lack of availability and consistency of support, and lack of awareness of some services:

“There was a of lack of resources in [town]... There's a clear lack of funding and there's a lack of joined up medicine and through community service provision ... So there's no continuity and you just feel being passed from pillar to post with nothing really happening.”

In another case, a participant described difficulties being honest with doctors:

“I have to tell them I've been sober and clean for a month otherwise they will literally just say we won't prescribe you anything to help if they think you are still going through withdrawals. That's the trouble as an addict. You can't be honest with doctors and healthcare professionals if you want to get help.”

Another time she explains that she feels dismissed by her doctor who doesn't listen to her and feels discriminated against as a woman in addiction:

“I was like crying on the phone but he didn't want to hear it. I told him that it was out of control, that I was an addict and I was worried about relapsing...I told him I was desperate but he completely dismissed me. I called back to complain, and his manager actually called me back and she was really apologetic. She prescribed me some meds for anxiety. So it was kind of resolved.”

Feelings of low self-worth prevented some people to seek help for addictions and proactive support within homelessness services could help overcome these barriers (read the full story [here](#)):

“You're not in a state to ask for things and you don't think you deserve things, and so you don't ask for the help you need...where they've had great successes, I see, is medical professionals go into hostels and find people.”

In summary, recovery from addiction could be impaired by a number of factors, including homelessness and poor housing which exacerbated health issues and limited access to healthcare. Isolation from support networks and stigma had consequences for recovery from addiction. We've seen that not feeling listened to by medical professionals can have a detrimental impact on people's recovery.



What action is needed

We discussed our findings during our 'Insights to Action' webinar on 5 April 2023. The outcome of this identified a number of actions and solutions we all have a responsibility for, to better support people experiencing homelessness who are seeking help for drug and alcohol dependency:

- We need better joined up working using holistic approaches that take into account the whole of a person's experience. Services need to work together and where possible these should be offered in the same place.
- Changing the language we use to talk about drug and alcohol dependency could both improve communication and break down stigma.
- Sharing stories on drug and alcohol dependency should be promoted to challenge prejudice.
- There is an intrinsic value in peer support and mutual aid to reduce stigmatization.
- We should invest in innovative approaches to tackle stigma, for example, recovery coaches.
- Improved training for service providers is necessary to understand people's lived experiences.
- Support is needed to help develop the skills and confidence to access technology for those facing the barriers of digital exclusion to accessing services.
- Trauma informed and person-centred approaches should be central to recovery and service providers should aim to create safe and psychologically informed environments. (Groundswell has created a short leaflet about 'trauma-informed' approaches which may be a good place to start: <https://groundswell.org.uk/wpdm-package/trauma-dealing-with-trauma-and-trauma-informed-care/>)
- We need to encourage a greater role for advocacy in seeking help for recovery.
- Improved wraparound supported housing provision needs more support.
- We need to look at the ways workforce issues interact with recovery from drug and alcohol dependency and develop improved solutions which support not penalise individuals.
- We need to recognise that often small things can make a big difference in recovery.

How you can get involved

To hear more about future Insights reports, webinar workshops for co-developing recommendations, and the new Action Hub, please join our mailing list at <https://groundswell.us20.list-manage.com/subscribe?u=898f9a6f3bf48a747d1b8a9d0&id=cb4875e542>



The reporter stories cited in this Insights Report are:

- ‘What does good health mean to me?’ By Karen (Mar 2022): groundswell-listenup-hub.org/what-does-good-health-mean-to-me/
- ‘Addiction is a mental illness’, by Miles (May 2022): groundswell-listenup-hub.org/addiction-is-a-mental-illness/
- ‘Daily pickups and the raincoat of fear’ by Steve (July 2021): groundswell-listenup-hub.org/daily-picks-ups-and-the-raincoat-of-fear-steve/
- **Podcast:** ‘Is it possible to fully recover?’ By Laura and Karen (Feb 2023): groundswell-listenup-hub.org/listen-up-podcast-is-it-possible-to-fully-recover-with-karen-and-laura/
- **Film:** ‘Karen reports: Andrew’s story’ by Karen (Jan 2023): groundswell-listenup-hub.org/karen-reports-andrews-story/
- ‘Support and relationships’ by Miles (July 2022): groundswell-listenup-hub.org/support-and-relationships/
- ‘Where have the dry houses gone?’ by Charlie (Jan 2023): groundswell-listenup-hub.org/where-have-the-dry-houses-gone/
- ‘Relapses are part of recovery’ by Charlie (Apr 2021): groundswell-listenup-hub.org/understanding-that-relapses-are-part-of-recovery-charlie/
- ‘What recovery is or isn’t for me’ by Miles (Sept 2022): groundswell-listenup-hub.org/what-recovery-is-or-isnt-for-me/
- ‘What does recovery mean to you?’ By Karen (Sept 2022): groundswell-listenup-hub.org/what-does-recovery-mean-to-you/
- ‘Finding hope’ by Sheryle (Feb 2022): groundswell-listenup-hub.org/finding-hope/
- ‘Connectivity’ by Anonymous (Feb 2022): groundswell-listenup-hub.org/connectivity/
- ‘How I was treated as an alcoholic patient’ by Karen (May 2022): groundswell-listenup-hub.org/how-i-was-treated-as-an-alcoholic-patient/
- **Podcast:** ‘Is it possible to fully recover?’ By Mat and Mahesh (Feb 2023): groundswell-listenup-hub.org/listen-up-podcast-is-it-possible-to-fully-recovery-with-mat-and-mahesh/

All the Listen Up! reporter stories are available on our hub: groundswell-listenup-hub.org/

For more information about the Listen Up! project please visit: groundswell.org.uk/listenup/

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