

An exploration of the role of alcohol in the life experiences of the homeless population in Merseyside, UK

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Key findings

- Becoming homeless is often the result of several adverse life events occurring in a similar timeframe combined with a lack of available support. Having support networks is important in avoiding and overcoming homelessness.
- Alcohol is often used as a coping mechanism following mental health problems or adverse events. This can lead to both harmful and dependent drinking.
- Death of loved ones and relationship breakdowns are often a factor leading to homelessness and/or high levels of alcohol. This is partly because they cause a further loss of support networks. Improving relationships is a key motivation in reducing alcohol consumption.
- Developing resilience is important in both overcoming homelessness and alcohol dependence, and in preventing future relapse.
- The involvement of research participants, through co-production methods such as PhotoVoice, provides key insights into lived experiences and perceptions.

Researchers

Dr Kim Ross-Houle, Collette Venturas, Andrew Bradbury, Dr Lorna Porcellato
Public Health Institute, Liverpool John Moores University, Henry Cotton Building, 15-21 Webster Street, Liverpool, L3 2ET

Background

Homelessness is increasing in England and across the UK. It is estimated that 10% of the population in the UK have been homeless at some point in their lifetime (Crisis 2014) and there were 2,744 rough sleepers identified in England in 2014 (Department for Communities and Local Government 2015).

Alcohol misuse is both a cause and effect of homelessness (Shelter 2007). High levels of alcohol consumption present a major health risk among the homeless population (Crisis 2002). Previous research shows people who are both homeless and have addictions face further difficulties in both finding housing and overcoming their substance use (McQuistion et al 2014; Padgett et al 2008). This is due to both stigma associated with homelessness and substance misuse (Phillips 2015) and low levels of social support (Velasquez 2000; McQuistion et al 2014).

Life history approach

This project investigated the relationship between alcohol consumption, living situations, significant life events and recovery capital. It was based on 'life history calendar' interviews (Porcellato et al 2014; Fikowski et al 2014), in which participants mapped changes in living conditions and alcohol use against a calendar grid containing significant life



events such as births, relationships, deaths.

Participants also took photographs that reflected their everyday experiences.

Recovery capital

The term 'social capital' can refer to the social resources an individual has access to, such as peer group and family support (Bourdieu and Wacquant 1992; Teachman et al 1997). 'Recovery capital' is originally founded on the concept of social capital, and refers to the quantity and quality of resources available to an individual to initiate and sustain recovery from addiction. (Granfield and Cloud 2001). In this report, the concept of recovery capital has been applied to the resources needed in order to overcome homelessness as well as alcohol addiction.

Findings

Many participants identified addiction as a primary reason for drinking, and all reported consuming high levels of alcohol. High levels were defined by the participants' own perceptions in relation to their previous alcohol consumption and what they considered to be average. However, not all participants identified as being addicted, and some felt it was wrong to assume all street drinkers were dependent.

There were differences between participants as to whether they viewed alcohol as a cause or consequence of their homelessness.

Relationships were seen as an important influence on alcohol consumption. Secure relationships were often associated with abstinence or low levels of drinking. Relationship breakdown was identified by several participants as a catalyst to homelessness. On the life history calendars, relationship breakdown was often mapped alongside increases in alcohol consumption and transitions from stable to unstable housing.

"[Following a divorce] Yeah she ended up with the flat. I ended up homeless and then started getting into it all [drinking]..." (Participant 12)

Domestic violence and breakdown in family relationships, such as with parents or children, were also an important influence on living situation and alcohol consumption. Improving and maintaining relationships was seen as a key motivation in overcoming homelessness and alcohol dependence.

"As soon as you have your kids, you have got to look after your kids haven't you? So you just knock that [drinking] on the head, end of, so you have got to go earn money got go and feed your kids. (Participant 1)



"My phone bank, it charges my phone in an emergency. I've got eight of these, when you've been on the streets that's what you have to do...if my children need to ring"

The death of loved ones often triggered other adverse life events, such as mental health problems and breakdowns in family relationships. Some participants described using alcohol to cope with grief.



"My mum died in 2009 she killed herself, she was an alcoholic and I don't think I grieved properly for her so I think that is why I drink" (Participant 9)

A number of participants described loss or reduction in benefits as a factor in becoming homeless. In some cases this led to increased drinking as a means of coping with stress. Only one participant directly linked the loss of employment to becoming homeless and increased drinking.

Employment was seen as an incentive to stop drinking and was associated with being able to access more secure accommodation.

Some participants described drinking as a way of reducing boredom and as providing something to do.



"A lot of people in here get frustrated...I get bored, if I play a game I drink less"

"It's cold, nothing for do, now I am sitting street, I am sleeping in street, not have people, not have anybody to speak to, so what you do?" (Participant 5)

Long-term periods of physical and mental illness were linked to increases in alcohol consumption and unstable housing. Furthermore, short-term periods of illness and accidents, coupled with other significant life events (such as loss of employment or relationship breakdown), were also associated with increased drinking.

"I'd say I have a bit of a low self-esteem at the moment so I drink and that makes me more confident to go and speak to people and the anxiety as well. Because my anxiety goes but the next day when I've got the hangover the anxiety is ten times worse so then I carry on drinking." (Participant 9)

Implications

This research highlights the significance of social capital with regards to homelessness, alcohol misuse and dependence. Strong social capital and support during adverse life events increases the chance that damaging consequences will be avoided. Our findings demonstrate the importance of identifying individuals with low social capital during crisis periods to help ensure they receive appropriate support.

The concept of recovery capital was important for participants experiencing alcohol addiction. Some had attended detox and rehabilitation programmes previously and described how lack of resources and social support hindered their recovery.

This research also shows that, alongside promoting recovery capital, developing resilience can also help prevent relapse. Many of the adverse events that happened in the participants' life course are common within the general



population (for example divorce, relationship breakdowns, illness and unemployment). However, among our participants a lack of resilience and social capital meant such events often escalated. It is therefore important that services working with this population help in developing resilience skills.

Conclusions

This research demonstrates that life history calendars improve understanding of the perspectives of homeless drinkers, and therefore improve the development of both prevention approaches and support strategies.

Our findings also highlight the importance of social capital in coping with significant, and adverse, life events. Poor social capital can contribute to homelessness and increased alcohol consumption. Recovery capital is important in tackling both alcohol dependence and homelessness.

Understanding the relationship between alcohol consumption, living situation and significant life events is clearly important in helping to reduce both homelessness and harmful alcohol use. Developing tools by which these relationships can be identified and understood is critical. Life history calendars represent a potentially powerful approach, which these findings show can be applied effectively in the context of homeless drinking.

Further Information

Dr Kim Ross-Houle 0151 231 4327

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