Healthcare Improvement Scotland

Reducing Harm Improving Care: Peer Research Summary

The ADP and Homeless Programme; Reducing Harm, Improving Care included people with lived and living experience across its activities. This is a summary of a larger report on ‘Understanding the experiences of people who require access to homelessness, alcohol, and drug services’.

We worked in partnership with the Scottish Drugs Forum and Homeless Network Scotland who recruited and trained a network of peer researchers to reach people who had experience of using homelessness and drug and alcohol services. Here is what we heard across those honest conversations about people’s experiences, barriers to accessing services and other unique challenges they faced.

Theme	Quotes	Recommendations
Improving access	*‘But you have to get to the bottom of the barrel before there was help out there, and you have to, you have to get to the bottom of the barrel and then it’s, they should have intervened a wee bit sooner, definitely’.*	People should have access to multifaceted support when they need and request it, without the need for lengthy referral-based systems.
Coordinated care	*‘She didn’t even phone me to tell me that she was leaving and was passing my medical records onto somebody else, so I was quite upset with all that’.*	Services should work to develop a coordinated care plan for people including arrangements for information sharing.
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’.*	People should be offered more choice and control over their treatment. Support needs should be tailored to a person’s individual circumstances.
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’.*	Participants values approaches whhich were person-centred, empathetic, and compassionate. Staff should be trauma informed, with an awareness of addictions.
Mental health	*‘You need more rehab, you need more counsellors, everyone is dealing with mental health, that’s the only reason they’re taking drugs’.*	This high-risk patient group should have access to a joined-up care plan which includes mental health support services alongside their treatment plan for substance and/or alcohol use.
Trust and stigma	*‘When I went to addictions, I felt, they 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’.*	People valued interacting and receiving support from others who had similar life experiences. Support packages should include an element of peer support from people with lived experience.
Feeling safe	*‘I’ve spoke to my worker about trying to get out of where I’m at, because I don’t feel safe, people buzzing my door to get in to my house to use drugs, and I’m, I’m trying to come away from that’.*	Service providers should ask about any safety concerns and take measures to make sure people are housed in appropriate conditions, with consideration given to risk factors for vulnerable people.
Harm reduction	*‘I’ve done my naloxone training, I’ve got, I carry naloxone, my friend, people on the street before overdosed’.*	Harm reduction services such as safe injecting equipment, blood testing and naloxone kits had a positive impact and should be on offer with a low threshold for accessibility.
Covid-19 impacts	*‘A lot of people ended up dying because they were isolated, and they were taking drugs in their house themselves, and I lost a few pals to addiction’.*	Prioritise face to face meetings with those who request it, but continue offering rapid remote support via phone and video to people who find it helpful.

Read the full report here

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