



Research Paper

Perceived harms and harm reduction strategies among people who drink non-beverage alcohol: Community-based qualitative research in Vancouver, Canada

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ABSTRACT

Background: There has been increasing interest in harm reduction initiatives for street-involved people who drink alcohol, including non-beverage alcohol such as mouthwash and hand sanitizer. Limited evidence exists to guide these initiatives, and a particular gap is in research that prioritizes the experiences and perspectives of drinkers themselves. This research was conducted to explore the harms of what participants termed “illicit drinking” as perceived by people who engage in it, to characterize the steps this population takes to reduce harms, and to identify additional interventions that may be of benefit.

Methods: This participatory qualitative research drew on ethnographic approaches including a series of 14 “town hall”-style meetings facilitated and attended by people who self identify as drinking illicit or non-beverage alcohol (n = 60) in Vancouver, British Columbia. This fieldwork was supplemented with four focus groups to explore emerging issues.

Results: Participants in the meetings described the harms they experienced as including unintentional injury; harms to physical health; withdrawal; violence, theft, and being taken advantage of; harms to mental health; reduced access to services; and interactions with police. Current harm reduction strategies involved balancing the risks and benefits of drinking in groups and adopting techniques to avoid withdrawal. Proposed future initiatives included non-residential managed alcohol programs and peer-based supports.

Conclusions: Illicit drinkers describe harms and harm reductions strategies that have much in common with those of other illicit substances, and can be interpreted as examples of and responses to structural and everyday violence. Understanding the perceived harms of alcohol use by socially marginalized drinkers and their ideas about harm reduction will help tailor programs to meet their needs.

Introduction

Harm reduction is an approach to psychoactive substances that involves working to reduce the negative impacts of substance use without necessarily requiring a reduction in use. The primary focus of the field has been reducing the harms of illicit drugs, particularly those associated with injection drug use. Less attention has been focused on addressing problematic alcohol use, particularly among those who drink alcohol and live in marginalizing conditions. In this paper, we use the

phrase “illicit drinking” to refer to consumption of non-beverage alcohol (alcohol not intended for human consumption, e.g. mouthwash and rubbing alcohol) and consumption of potable alcohol in stigmatized and criminalized ways (e.g. public consumption by homeless drinkers). This term, while unconventional, was in use in the community where this research was conducted¹ and was enthusiastically adopted by research participants as their descriptor of choice in order to emphasize the criminalization and social marginalization they experience as a result of their use of alcohol.

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¹ The term originated with the Western Aboriginal Harm Reduction Society (wahrs.ca).

People experiencing unstable housing have high rates of problematic alcohol use (Palepu et al., 2013) and have a mortality rate from alcohol-related causes that is more than six times higher than that of the general population (Hwang et al., 2009). Non-beverage alcohol is used in this population as a surrogate alcohol for reasons of affordability and accessibility (Egbert, Reed, Powell, Liskow, & Liese, 1985; Erickson et al., 2018; Kort, Stuart, & Bontovics, 2005). Although poorly characterized, the risks appear to be similar to potable alcohol (Lachenmeier, Monakhova, Markova, Kuballa, & Rehm, 2013; Lachenmeier, Rehm, & Gmel, 2007). Socially marginalized drinkers have disproportionately high health service utilization (Holtyn et al., 2017; Svoboda & Ramsay, 2015), although this should be understood in the context of structural barriers to achieving good health and often undesired transportation to emergency departments by first responders who lack other options to ensure their safety (Hwang, 2001; McCormack, Hoffman, Norman, Goldfrank, & Norman, 2015).

Although several studies (Evans, Semogas, Smalley, & Lohfeld, 2015; Pauly et al., 2016) have investigated the experiences of illicit drinkers already engaged in managed alcohol programs (MAPs, programs in which potable alcohol is provided to those with severe alcohol use disorders and homelessness), and research has addressed the perceived needs and goals of people who engage in street drinking (Collins et al., 2016; Collins, Grazioli, et al. 2015), no research to date has focused specifically on illicit drinkers' own perceptions of the alcohol-related harms they experience and their beliefs on how these could best be addressed. Understanding the harms of illicit drinking from the people who engage in it is important to contextualize and support future harm reduction strategies and design programs that best meet their needs, and is particularly vital given the marginalization of this population and the many barriers they face to having their voices heard.

Our study addressed this identified gap through a qualitative, participatory research project with illicit drinkers designed to answer the following questions: (a) What harms do marginalized people who drink alcohol perceive are associated with illicit drinking? And (b) What do illicit drinkers suggest would reduce these harms, particularly (i) what steps are they already taking and (ii) what other actions do they believe would be helpful? Community-based participatory research was chosen as a research approach in order to align project methods with the study aim of centering illicit drinkers' own experiences and knowledge.

Methods

Setting and approach

Vancouver's (British Columbia, Canada) Downtown Eastside was the site of this research. This is an intensively researched urban neighbourhood known for its history of political activism, concentration of single-room occupancy hotel rooms and social service organizations, and current struggles with gentrification (Linden, Mar, Werker, Jang, & Krausz, 2012; Masuda & Crabtree, 2010).

A community based participatory research (CPBR) approach was used. In this collaborative research approach, researchers and community partners work together in the co-production of knowledge that begins with a question of interest to the community and a shared goal of social action as an outcome (Wallerstein & Duran, 2010). For this project, the Vancouver Area Network of Drug Users (VANDU) partnered with the British Columbia Centre for Disease Control. VANDU is an activist group located in the heart of the Downtown Eastside, and had both physical proximity and organizational linkages to organizations serving illicit drinkers in the neighbourhood. The impetus for this study was a previous participatory research project with people who use drugs that identified an opportunity for drug users' organizations to better engage with people who use alcohol (Crabtree, 2015). The steering committee, made up of people who used illicit substances, functioned to advise on project logistics, develop meeting agendas, and provide facilitators for the town hall meetings. Data were collected at

seven steering committee meetings, a series of 14 town hall meetings and four follow-up focus groups.

Procedures

We conducted weekly "town hall" meetings with illicit drinkers over a four month period in 2011. These were large meetings (up to 30 participants) in which facilitators from VANDU worked with a staff member to guide discussion. The phrase "town hall" was chosen to highlight some key features of the meetings: their size, the desirability of audience participation, and the planned discussion of topics of community importance. Each meeting lasted one hour, and participants were provided \$3 to offset the opportunity costs of participating. Subsequently, four focus groups with specific populations (women, Indigenous people, young people, and a general focus group) were held to explore in more detail specific themes raised during the townhall meetings. The focus groups were semi-structured, two-hour sessions, and participants received \$20 compensation.

Although our definition of "illicit drinking" includes drinking beverage alcohol in criminalized or stigmatized ways (e.g. public drinking by people who are homeless), participation in this research was restricted to people who identified as at least occasionally drinking non-beverage alcohol. This was done because the research was conducted at a drug users' organization, and there was concern from steering committee members that people who primarily use drugs and only occasionally use beverage alcohol would participate and potentially dominate the meetings. Restricting the inclusion criteria to people who have consumed non-beverage alcohol (although it may not be their alcohol of choice) was done to encourage participation by highly marginalized, street-involved drinkers. Recruitment initially was conducted by members of the steering committee to public spaces where people gathered to drink alcohol. Later recruitment was primarily word of mouth from current participants.

Data analysis

Fieldnotes, much of which were verbatim, were produced by AC for all town hall meetings and steering committee meetings, and transcripts were made from recordings of the focus groups. These data were analyzed for themes in NVivo 8 using techniques drawn from interpretive description, which is a pragmatic approach to data analysis with its origins in nursing scholarship (Thorne, 2008). The analysis, conducted by AC and JB, involved several rounds of coding. Initially results were categorized into themes by content with attention focused on illicit drinkers' own perceptions of harms and harm reduction, rather than on a priori assumptions about illicit alcohol from the health professions. An additional level of analysis attended to how participants' suggestions of harms and harm reduction strategies were linked to social, political, and economic forces affecting people who use illicit substances. All quotations are from town hall meetings unless otherwise noted. The initial results were presented to the steering committee, and their feedback was incorporated into the results presented below.

Participants

Sixty individuals participated in the town hall meetings; most of these attended multiple meetings. The majority of meetings had 30 participants, and the smallest had 11 participants. Twenty-five people participated in the focus groups.

Demographic information was not formally collected with participants, as VANDU leadership noted that this would hinder participation and engender mistrust of the research project. Based on AC's observations and participant comments, however, we are able to report on general characteristics to provide context to interpret their statements. The meetings were overwhelmingly attended by men, with only a few women at each including one individual who identified as

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