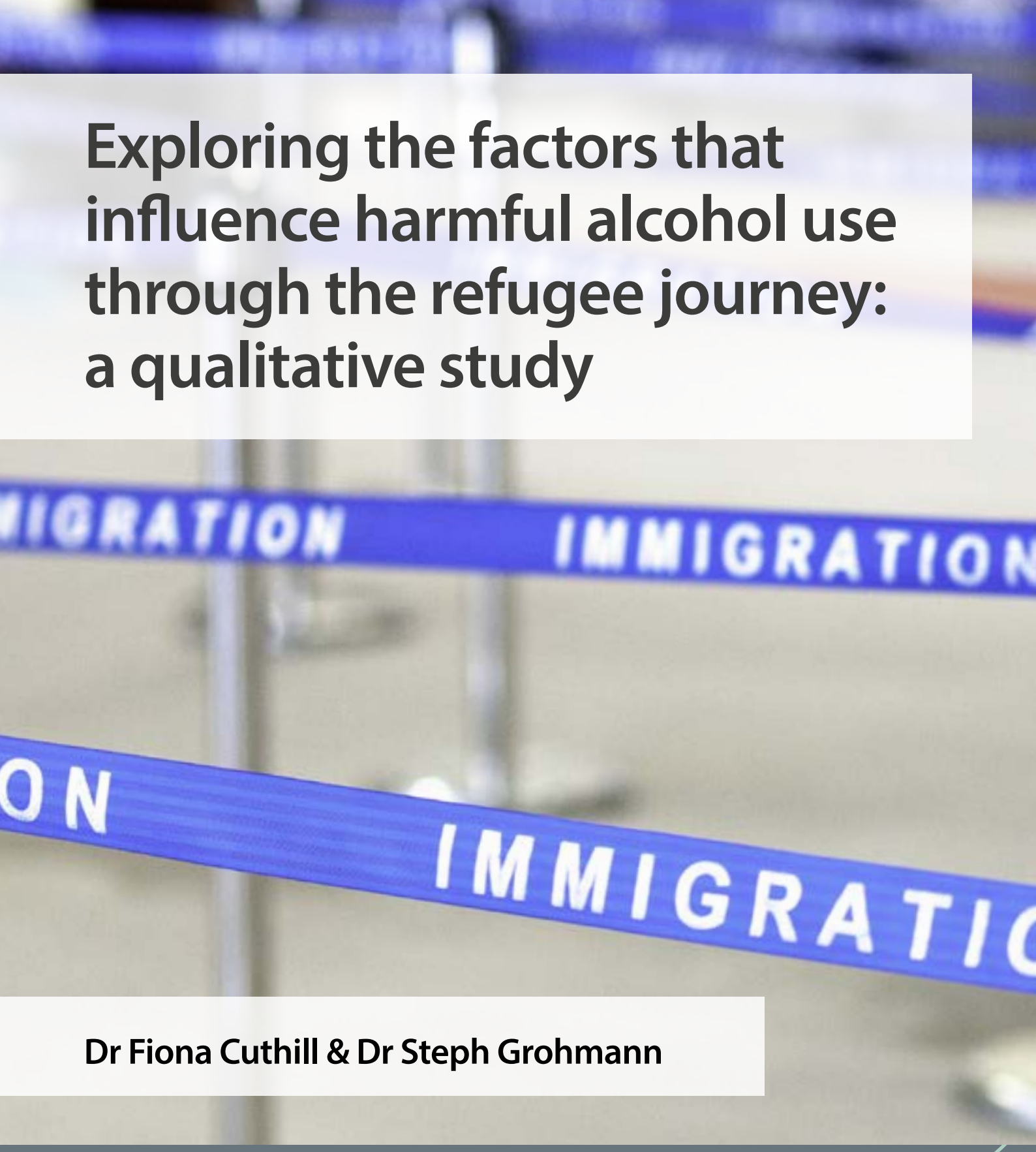
Exploring the factors that influence harmful alcohol use through the refugee journey: a qualitative study



Dr Fiona Cuthill & Dr Steph Grohmann

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THE UNIVERSITY of EDINBURGH
School of Health in Social Science

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Contents

Executive Summary

The burden of alcohol-related harm is internationally recognised as a global health problem and represents 5% of the global burden of disease (Griswold et al., 2018; WHO, 2018). The associated mortality, morbidity, economic and social problems related to excessive alcohol consumption is estimated to lead to over 3 million deaths per year and more than three quarters of those deaths are among men (WHO, 2018). Alcohol has been identified as the second largest risk factor for disease burden in Europe, and the leading risk factor in the Americas and the Western Pacific (WHO, 2018). While trauma is a commonly cited risk factor for harmful alcohol use (Breslau et al. 2003; Sacco et al. 2009; Roberts et al., 2011; Kizza et al. 2012), the literature on harmful alcohol use amongst refugees and asylum seekers is extremely sparse. This is an important omission given that this group are widely recognised as having experienced high levels of trauma both pre- and post- displacement, many following armed conflict and violence.

This qualitative study has assessed the experiences of, and perspectives regarding, harmful alcohol use among people seeking asylum and refugees in Scotland and England. The study involved interviews with 6 staff members working in third sector organisations and 20 individuals with current experience of seeking asylum in the UK. 'Third sector' here refers to any non-state, not-for-profit organisations involved in delivering health- and social care, such as charities, NGOs and voluntary organisations.

Key findings

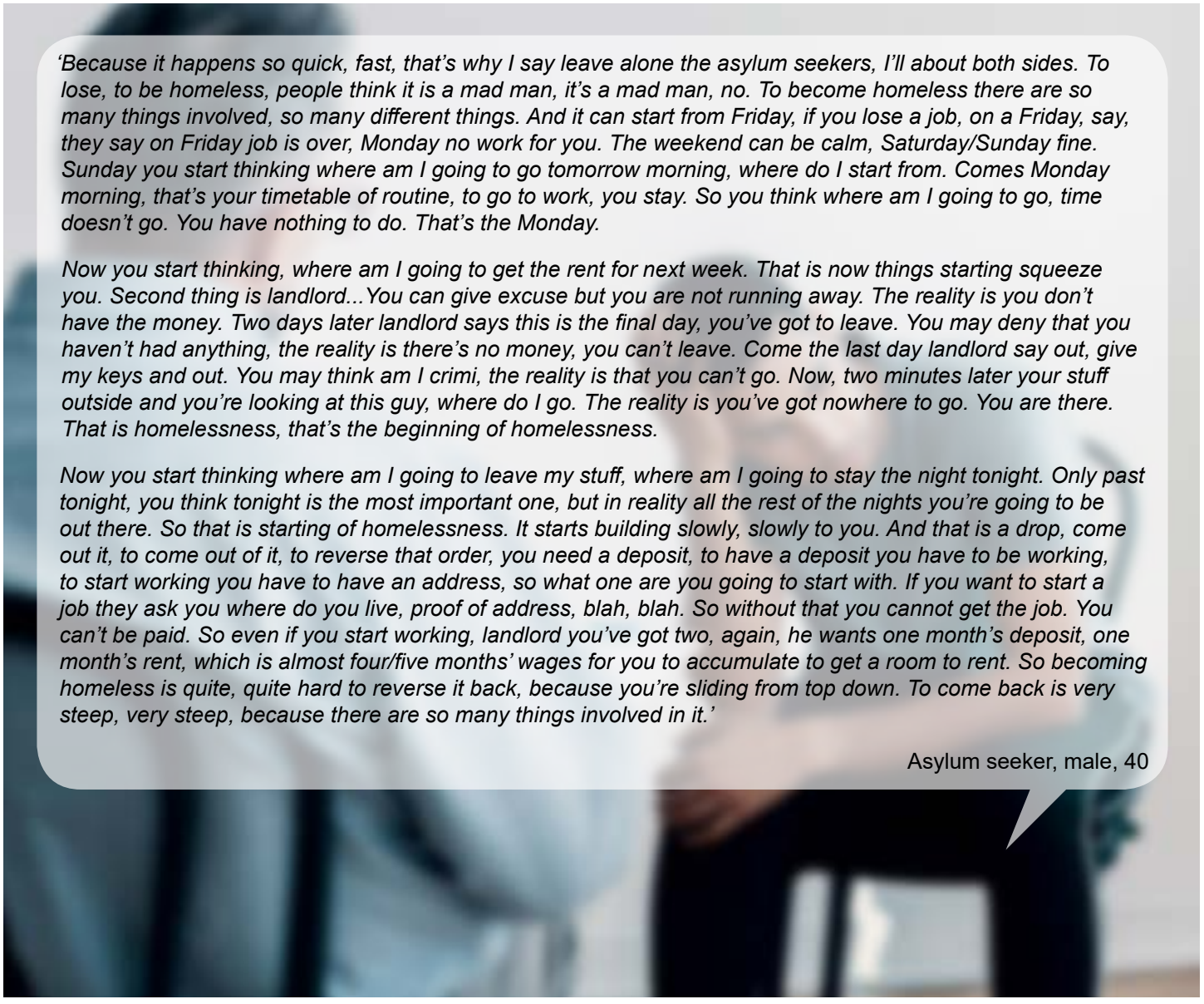
The most striking result of this study was that every single respondent, whether staff or service user, made a **connection between harmful alcohol use and the stresses of the UK immigration and asylum process**. Despite different alcohol policies and pricing in Scotland and England, no differences were found in the experiences of people experiencing harmful alcohol use between countries: alcohol was used as a cheap and readily available means to cope with stress and mental ill-health in both contexts.

- High levels of harmful alcohol use were found in people who had been through the asylum process and had found themselves destitute as a result of their asylum claim being rejected. The majority of these were now living as single homeless men in the UK.
- The most important factor deciding between health and harmful alcohol use was **hope** – the ability to envision a positive future. When this was removed with a refusal from the asylum process, alcohol use morphed from a method of numbing to a method of **self-harm**.
- During the processing of an asylum claim, **long waiting times, boredom, social isolation** and **poverty** were seen to contribute to harmful drinking. During this period, most participants described alcohol use as a form of self-medication and social drinking, rather than harmful drinking.
- **Mental health issues, homelessness, violence** and **depersonalisation** were seen as risk factors to harmful alcohol use.
- The existence of pre-existing trauma experienced in the country of origin and the stress of the immigration process, coupled with a scarcity of counselling and mental health support, contributed to attempts at self-medication of mental health issues using alcohol.
- Harmful drinking was reported by the majority of participants when they became destitute, usually following the refusal of their asylum claim. Alcohol is part of a mix of different harmful substances that are endemic in homeless street culture, and it was difficult to avoid being absorbed into these groups as this also brought a form of protection and solidarity.
- Protective factors to harmful alcohol use were **meaningful activity, the accompaniment of family to UK, social support and connection with third sector, churches and volunteer organisations** and **religion conceptualised as faith in a higher power**.
- Women were particularly vulnerable to high levels of violence, especially sexual violence. Of the female participants interviewed, prostitution and harmful alcohol and drug use were commonly recognised as ways to make money and to cope with the trauma of violence and destitution.
- All participants showed good knowledge of their local service landscape and knew where to access help for harmful alcohol use, although when they had No Recourse to Public Funds, statutory services were not always accessible.
- Staff acknowledged that harmful alcohol use required appropriate intervention but cannot be resolved in isolation, since even abstinence may not significantly improve feelings of hopelessness and experiences of homelessness following a refusal in the asylum process.

Recommendations

The recommendations reflect the key themes that emerged from the data analysis:

- When asylum is refused, people should be either immediately deported back to their country of origin or continue to be given accommodation after their case is finally determined.
- Develop culturally appropriate mental health services for people seeking asylum to manage pre- and post-displacement trauma.
- For the UK government to allow people seeking asylum to work and engage in meaningful activity while their claim for asylum is being processed.
- Resources permitting, financial support for third sector organisations, churches and voluntary groups that provide gender based violence interventions for women seeking asylum should be increased.
- Support education programmes for staff in third sector organisations to understand harmful alcohol use among people seeking asylum and refugees, and to have appropriate support services to refer people to.
- Further research is required to explore the relationship between harmful alcohol and drug use in Scotland, particularly given the increased cost of cheap alcohol following the introduction to minimum unit pricing.



'Because it happens so quick, fast, that's why I say leave alone the asylum seekers, I'll about both sides. To lose, to be homeless, people think it is a mad man, it's a mad man, no. To become homeless there are so many things involved, so many different things. And it can start from Friday, if you lose a job, on a Friday, say, they say on Friday job is over, Monday no work for you. The weekend can be calm, Saturday/Sunday fine. Sunday you start thinking where am I going to go tomorrow morning, where do I start from. Comes Monday morning, that's your timetable of routine, to go to work, you stay. So you think where am I going to go, time doesn't go. You have nothing to do. That's the Monday.

Now you start thinking, where am I going to get the rent for next week. That is now things starting squeeze you. Second thing is landlord...You can give excuse but you are not running away. The reality is you don't have the money. Two days later landlord says this is the final day, you've got to leave. You may deny that you haven't had anything, the reality is there's no money, you can't leave. Come the last day landlord say out, give my keys and out. You may think am I crimi, the reality is that you can't go. Now, two minutes later your stuff outside and you're looking at this guy, where do I go. The reality is you've got nowhere to go. You are there. That is homelessness, that's the beginning of homelessness.

Now you start thinking where am I going to leave my stuff, where am I going to stay the night tonight. Only past tonight, you think tonight is the most important one, but in reality all the rest of the nights you're going to be out there. So that is starting of homelessness. It starts building slowly, slowly to you. And that is a drop, come out it, to come out of it, to reverse that order, you need a deposit, to have a deposit you have to be working, to start working you have to have an address, so what one are you going to start with. If you want to start a job they ask you where do you live, proof of address, blah, blah. So without that you cannot get the job. You can't be paid. So even if you start working, landlord you've got two, again, he wants one month's deposit, one month's rent, which is almost four/five months' wages for you to accumulate to get a room to rent. So becoming homeless is quite, quite hard to reverse it back, because you're sliding from top down. To come back is very steep, very steep, because there are so many things involved in it.'

Asylum seeker, male, 40

Background

The literature on refugees and asylum seekers and harmful alcohol use is extremely sparse. Existing studies are most often localised, i.e. examining specific national contexts such as the US or Australia, and there are next to no comparative studies The literature sometimes clusters different cultural groups with the names of ethnic and cultural groups such as “Tamils” or “Rohingyas”, sometimes by nationality (“Somalis” or “Syrians”), and different groups are sometimes discussed separately, sometimes lumped together under a legal descriptor such as “asylum seeker”. The only existing systematic review of harmful alcohol use among displaced persons (Weaver and Roberts 2010) found that despite liberal inclusion criteria, only 10 out of 1108 studies specifically focused on harmful alcohol use (as opposed to substance use more broadly), and displaced persons (as opposed to other groups). The authors therefore conclude that the evidence base is “extremely weak” (p 2349). However, they suggest that common risk factors in this population include: “gender, age, exposure to traumatic events and resulting posttraumatic stress disorder, prior alcohol consumption-related problems, year of immigration, location of residence, social relations, and postmigration trauma and stress (p 2340)”. Other trans-national studies compare harmful substance use among displaced populations but do not differentiate between alcohol and other drugs (Ezard et al 2011, 2012; Roberts et al 2012; UNHCR and WHO 2008), or subsume harmful substance use under general health (Kane et al 2014; Sowey 2005; Carballo and Nerukar 2001) or mental health risks associated with migration (Craig et al 2009; deJong et al 2003; Spiegel et al 2010).

The majority of studies focus on a wide variety of national contexts, for example the USA (D’Amico et al 2006; Marshall et al 2005; Lee et al 2008), Australia (Savic et al 2013; Steel et al 2005), Denmark (Masmas et al 2008), Netherlands (Dupont et al 2004), Nepal (Luitel et al 2016), Uganda (Roberts et al 2012), Georgia (Roberts et al 2014), Lebanon (Kazour 2017) and South Korea (Jeon et al 2008). While this international perspective can shed some light on general features of harmful alcohol use in the context of migration, the vastly different national contexts in terms of conflict, legal and policy frameworks, adherence to international standards and treaties as well as local support systems make international comparisons difficult. Additionally, some studies show that the cultural and ethnic backgrounds of different displaced populations contribute to shaping their respective vulnerability to harmful alcohol use. In one study, for example, 90/97% (m/f) of Somali refugees living in the UK responded that they never use alcohol (Bhui 2003). Vietnamese refugees in the USA (Steel et al 2005) and Cambodian refugees in the USA (D’Amico et al 2006) were equally found to report very low rates of alcohol consumption. In contrast, 71% of male (but not female) displaced persons in Georgia reported alcohol use, and 28% were found to exhibit problematic drinking behaviour. In Bhutanese refugees in Nepal, harmful alcohol use was found to be “high and comparable to that seen in Western countries with longstanding alcohol cultures” (Luitel et al 2016, 349), while in Uganda the “prevalence of probable alcohol disorder was 17% of all respondents, and 66% amongst those who drank alcohol once a month or more frequently” (Roberts et al 2012, 870). In addition to different local contexts, the specific circumstances of displacement, the wide range of social and cultural factors affecting the specific population in question, and the

different measures applied by researchers (e.g. 'problem drinking' vs. 'hazardous drinking' vs. 'alcohol disorder') therefore make generalisations about the relationship between displacement and harmful alcohol use difficult.

Nevertheless, there are some common themes, particularly when it comes to risk factors for developing harmful alcohol use. As several authors note, (Weaver and Roberts 2010; Jenkins et al., 1990; Kozaric-Kovacic et al., 2000; Marshall et al., 2005; Steel et al., 2005; Puertas et al., 2006; Jeon et al., 2008; Lee et al., 2008; Roberts et al., 2011; Ezard et al., 2012; 2009ab), men tend to drink more heavily than women, which may reflect specific cultural attitudes to gender-appropriate behaviour. Another commonly cited risk factor is trauma (pre- or post displacement), especially in the context of forced displacement through armed conflict (Ingleby, 2005; Porter and Haslam, 2005; Steel et al., 2009; Sowey 2005), and the associated loss of property, social relationships, livelihoods and identity (Miller and Rasco, 2004; Porter and Haslam, 2005). It has been suggested that harmful substance use may act as a coping strategy in response to these stressors (Rhodes and Jason 1990; Johnson 1996; Kozaric-Kovacic et al. 2000; Marshall et al. 2005; Roberts et al. 2011), and that drinking alcohol in particular may constitute attempted self-medicating behaviour (Stewart, 1996; Kessler et al. 1997; Chilcoat and Breslau 1998; Breslau et al. 2003; Sacco et al. 2009; Kizza et al. 2012). The impact of age is less conclusive, as some studies found harmful alcohol use to be associated with younger age (Marshall et al 2005, Lee et al 2008), while others found higher prevalence in older age groups (Roberts et al 2011).

Studies of harmful alcohol use among asylum seekers and refugees in Europe and specifically the UK are extremely sparse. In part, this can be seen as a result of the fact that, as Sales (2002) notes, the terms "asylum seeker" and "refugee" are commonly used in public discourse to create a distinction between "deserving" and "undeserving" migrants, and there is therefore little political will to study the two groups under the same heading. Additionally, the different legal status of both groups in most European countries ("refugees" are protected by various international treaties, while "asylum seekers" are usually subjected to a lengthy application process by immigration authorities) may indicate that the experiences of the two groups differ in terms of status certainty and possibility to integrate with the 'host' society (Zetter and Pearl 2000). Dupont et al (2005) found that the length and uncertain outcome of asylum proceedings in the Netherlands is "a significant variable in psychological health complaints related to post-migration stress" (p 27). Similarly to the Netherlands, asylum seekers in the UK must apply to the Home Office, and it is not unusual for several years to pass before a decision is reached about whether a person is allowed to remain in the country. This lengthy and uncertain process is in many cases followed by a negative decision and subsequent loss of documented status, destitution and/or deportation (Allsopp et al 2014). Both the uncertainty and the stressors following a negative outcome therefore contribute to negative mental health effects among this population (Athwal and Bourne 2007; McColl et al 2008) and could therefore be seen to pose a heightened risk for substance misuse in asylum-seekers in the UK.

Context: Migration, asylum and health care entitlement in the UK

As the global forced displacement of people reached a new high in 2019 of 70.8 million due to war, violence and persecution (UNHCR, 2019), European countries have been receiving refugees and people seeking asylum through complex and inconsistent bureaucratic processes. The UK is a signatory to the 1951 Convention on Refugees and therefore is legally obliged under international law to admit any persons seeking asylum: as such, these people are permitted to remain in the UK until their claim for asylum has been decided. To claim asylum - from Greek asylon, meaning sanctuary – migrants who arrive at the UK border are interviewed and 'processed' by a Home Office specific agency called Asylum Support (formerly NASS), which is a parallel system of welfare and support and operates across the whole of the UK (this is not a devolved function). People seeking asylum are provided with basic accommodation in 'dispersal areas', which are designated cities and towns across the UK where accommodation contracts have been set up with the Home Office, and this accommodation is allocated on a 'no choice' basis. People seeking asylum are provided with financial support, which is currently set at £37.75 per week for a single person over the age of eighteen years, and they can access NHS services until their claim for asylum is being determined. Nonetheless, admission to the UK on this basis strictly prohibits any form of work or paid employment. Boredom and mental ill health are widely documented consequences of this system (Crawley et al., 2011; Lewis, 2007; Cuthill et al., 2013).

Following the determination of an asylum 'case' by the Home Office, which can take anywhere between 6 months and several years (Refugee Council, 2019), people exit the asylum system and their future lives are shaped by that decision. The most recent government data up to end of June 2019 indicated that 48% of asylum claims in UK resulted in a grant of asylum or other forms of humanitarian protection (Home Office, 2019). For those who are refused, the options become very limited. While families are generally allowed to remain in their accommodation following a refusal of their asylum claim, most single people are either immediately detained and deported back to their country of origin, or given a warning that they must leave their accommodation within 15 days and seek voluntary return to their country of origin. While the charity Action Aid currently assists with voluntary return, many people do not take up this 'option' fearing that it will result in imprisonment, torture and danger on return to their country of origin.

The experience of destitution has been extensively documented in Glasgow (Hamilton and Harris, 2009; Gillespie, 2012); Teesside (Cuthill et al., 2013); Leeds (Lewis, 2007); Swansea (Crawley et al., 2011) and Manchester (British Red Cross and Boaz Trust, 2013). In the UK, entitlement to free healthcare was first linked to immigration status in 2004 and so although asylum seekers, people with limited leave to remain and refugees all have access to free healthcare while they remain in the asylum system, undocumented and irregular migrants, refused asylum seekers and short-term visitors are liable to be charged healthcare costs (Department of Health, 2016). The result of this is that most people are unable to pay these costs and with No Recourse to Public Funds (NRPF), they have no access to health care services. In recent years, the Scottish Government has taken progressive steps to explore the legislation with local authorities around additional provision of health care for migrants with NRPF (NRPF, 2019) but in England and Wales, there remains no statutory provision and the majority of people survive with third sector emergency support (Taylor, 2009).

This study was conducted within this current policy context and participants were recruited from third sector organisations working with people seeking asylum at all stages of the asylum process, including those who were destitute and with NRPF. In relation to alcohol policy, there are significant policy differences in alcohol in Scotland and England. Responsibility for most areas of alcohol policy in Scotland is devolved to the Scottish Parliament. Scotland's Alcohol Framework 2018a (Scottish Government, 2018) lays out the 20 key measures in the Scottish Government's national prevention aims, including evaluating minimum unit pricing, introduced in 2018 (Scottish Government, 2018b). Rights, Respect and Recovery lays out the alcohol and drug treatment strategy in Scotland (Scottish Government, 2018c), for which an action plan is currently being developed. England has not had an updated alcohol strategy since 2012. UK-wide alcohol duty levels have been cut or frozen in recent years, though the UK government has announced an alcohol duty review, which offers an opportunity to create a fairer alcohol duty system, whereby taxes recoup the social harm alcohol causes and stronger drinks always cost more.

Methods

Research design and methods

The study adopted a qualitative approach utilising purposive sampling for the recruitment of people seeking asylum and refugees, as well as professionals working to deliver services for this population in Scotland and the North of England. Drawing on an existing network of organisations, we contacted potential participants via email. Our strategy was to initially approach service providers who then signposted us to potential service-user participants. Our goal was to recruit between 25 and 30 participants total. Twenty-six interviews were conducted, 6 with staff and 20 with service users. However, a significant number of staff had lived experience of UK immigration and asylum, and therefore technically fall into both categories.

Aim of study

Our aim was to explore:

- Whether and to what extent harmful alcohol use is a significant issue among refugees and people seeking asylum;
- What risk factors and protective factors mediate harmful alcohol use in this population;
- How service providers perceive the use of alcohol amongst the client group;
- Whether there were any differences in harmful alcohol use amongst people seeking asylum in Scotland and England;
- What recommendations can be made to mitigate harm from alcohol and substance misuse in this population.

Research Ethics

Ethical approval for this study was sought and granted by the University of Edinburgh, School of Health in Social Science Research Ethics Committee [reference: STAFF135]. As the study involved a vulnerable population at least in part at risk of detention and deportation, additional precautions were taken to protect anonymity. For this reason, demographic information recorded was limited to sex, age, broad area of origin and time spent in the UK. As the table on page 12 shows, some respondents volunteered more particular information about country of origin which we have included. Participants were instructed not to volunteer any personally identifiable information such as their real name, address or contact details.

Qualitative interviews

We conducted n=26[1] semi-structured interviews of between 45 and 90 minutes in order to access data relating to participant's perceptions of the theme of harmful alcohol and substance use among the target population. As our literature review had shown that very little is known about the topic, we constructed the interview questions in a relatively open manner. Considerations going into question design included:

anonymity and confidentiality: respondents were assigned a number and instructed not to divulge any personal data beyond broad demographic questions during interview in order to ensure anonymity and protect potentially sensitive data for a vulnerable respondent group.

personal factors that may influence responses: harmful substance use in oneself or within one's environment may evoke strong responses in some, for example shame or embarrassment. Respondents were therefore advised that if they did not want to disclose any personal experiences, they were welcome to tell the interviewers about third parties they know may have experienced harmful alcohol use, such as friends or relatives.

Alcohol in the context of substance misuse more broadly: based on previous research with other homeless and destitute populations, we suspected that harmful alcohol use would frequently co-occur with misuse of other substances such as illegal drugs. We therefore formulated questions in such a way that experiences of alcohol or any other psychoactive substance (but not prescription medication) be included.

The interviews were conducted on site within five different third sector organisations catering to refugees and people seeking asylum in Scotland and the North of England. Data was collected between May and November 2019.

Data analysis

Twenty two interviews were recorded and transcribed verbatim. One interview was recorded but the transcript was too difficult to transcribe verbatim as the participant has a speech impediment and had limited ability in English as a second language. This interview was listened to by the researchers several times and the main points from the interview were written in note form. Three participants did not want their interviews to be recorded as they were anxious about data security following several high profile newspaper articles recently about data being given to the Home Office from third sector organisations (Townsend, 2017). Indeed, fear is a constant theme running through research accounts of destitute migrants (Bloch, 2013). Interviews were conducted and written notes taken during and after the interview by the researchers, recording the main points raised in these interviews. Data was analysed using thematic content analysis. Thematic analysis encompasses a number of approaches to analysis in qualitative research and aims to identify, report, and analyse data in terms of the meaning interviewees attribute to situations and events in their lives and environments (Braun & Clark, 2006). Based on an initial data survey, we developed a coding scheme mapping the main themes emerging from the interviews and connections between them, and identifying common interpretations and responses.

1 Due to restrictions to staff availability some staff interviews were conducted with two participants at the same time.

Results

Demographics of participants (refugees and asylum seekers)

	Sex	Age (app.)	Origin	Time in UK
1.	male	45	Iran	9y
2.	male	65	Kenya	23y
3.	male	50	Uganda	25y
4.	female	30	West Africa	8y
5.	male	28	Middle East	10y
6.	male	60	Africa	15y
7.	male	35	Middle East	5y
8.	male	40	Iraq	11y
9.	male	29	Iran	6y
10.	male	36	Indonesia	8y
11.	male	35	Iran	11y
12.	male	52	Pakistan	21y
13.	male	25	West Africa	3y
14.	male	23	Somalia	9y
15.	male	32	Uganda	4.5y
16.	female	33	Sierra Leone	3.5y
17.	male	29	Middle East	6y
18.	male	35	Not disclosed	4y
19.	female	27	Eritrea	2.5y
20.	male	Not disclosed	Not disclosed	7y

Demographics of participants (staff)

Age (app.)

Age (app.)
35
60
35
40
50

A total of 20 refugees/asylum seekers and 6 members of staff were involved in the study. Eighteen of the participants were destitute at the time of the research interviews and 2 participants had spent between 12 and 24 months destitute previously but had since been granted refugee status and were now both working in the UK. All participants were recruited through four third-sector organisations in Scotland and the North of England and were given a £20 supermarket voucher in recognition for their time during the interviews: 10 refugees and people seeking asylum were recruited in Scotland and 10 in the North of England. Among refugees and people seeking asylum, males vastly outnumbered females, in the staff group the opposite applied.

Themes

From our data analysis, several key themes emerged. The most striking result was that every single respondent, whether staff or service user, made a **connection between harmful alcohol and substance use and the UK immigration and asylum process**. During the processing of an asylum claim, **long waiting times, boredom, social isolation** and **poverty** were seen to contribute to problem drinking. Once a claim was rejected by the Home Office and the claimant pushed into destitution, **mental health problems, homelessness, violence** and **depersonalisation** were seen as risk factors. Although all service users were full of praise for the third sector organisations that lend them support, the number one factor deciding between health and illness/addiction was **hope** – the ability to envision a positive future.

Core findings

Both staff and refugees/asylum seekers responded that alcohol and drug consumption is a serious problem for the population in question. Respondents generally did not distinguish between harmful alcohol use and the use of other, illegal drugs (predominantly cannabis), although

they acknowledged that less harmful alcohol (but not drug) use is possible. This is significant in so far as while both alcohol and drug use may result in health problems, illegal drugs pose the additional risk of arrest and prosecution, which for asylum seekers carries a high risk of derailing their asylum claim. Despite different alcohol policies and pricing in Scotland and England due to the introduction of minimum unit pricing in Scotland on 1st May 2018 (Scottish Government, 2018a), no differences were found in the experiences of people experiencing harmful alcohol use between countries: alcohol was used as a cheap and readily available means to cope with stress and mental ill-health in both contexts.

Both groups agreed that the main cause of harmful alcohol use in this population is the long duration and uncertain outcome of the UK asylum process. Waiting times for an asylum decision can routinely take years or in exceptional cases, decades. During this time, applicants receive a small stipend but are not allowed to take up paid work. If an asylum claim is rejected, the person subsequently loses 'recourse to public funds', which means that they are no longer entitled to accommodation (even mainstream homelessness accommodation), monetary support or use of the public health system outside of medical emergencies. 'Failed' asylum seekers therefore most often end up destitute.

The stress of waiting, boredom caused by not being able to work, uncertainty of outcome, and frequent eventual disappointment were identified by all respondents as major factors impacting asylum seeker's mental health. This problem is exacerbated when an asylum decision is negative, as it not only pushed people into destitution, but also deprives them of any hope of a more positive future. A negative decision was therefore identified by the majority of respondents as the 'turning point' that can push even previously stable and healthy individuals towards mental illness, self-harm and substance abuse.

Alcohol and drugs in this context therefore function mostly as methods of self-sedation rather than recreation. Several respondents believed that harmful substance use can be a form of self-harm among those who have 'given up'. Peer-pressure, as a result of exclusion from mainstream society, was named as another important factor. As refugees/ asylum seekers often travel alone, and face formidable obstacles to 'integrating' themselves, they often have no choice than to seek companionship in a homeless 'subculture' where they are invited (and sometimes pressured) into substance use. Children and young adults are frequently introduced to drinking culture by peers which leads to family conflicts.

Trauma, either from the hardships of the journey or from experiences in the destination country, was also frequently mentioned. For both men and women, war and violence in the countries of origin, as well as violence and deaths during the journey, contribute to mental health issues. For women, sexual violence during the journey as well as human trafficking and forced prostitution in the destination country contribute to trauma.

Respondents assigned comparatively little importance to country or culture of origin, although some believed that the easy availability of alcohol in the UK compared to e.g. some Islamic countries, can cause problems for those who are not used to drinking at all.

Detailed Results

Citations are labelled 'S' for 'staff' and 'R' for 'Refugees and people seeking asylum'. Most respondents in both groups did not have English as a first language. Citations have not been altered in terms of wording and grammatical structure.

The immigration process and harmful substance use

All respondents, whether staff or service user, were in agreement that harmful substance use among refugees and people seeing asylum is overwhelmingly caused by the UK immigration system, particularly the long waiting times for a decision and the hopelessness and destitution following refusal.

> *R: I've seen a family from Sri Lanka, the Home Office booked an appointment a voluntary return, booked an appointment at the Embassy. They went there and one of the staff over there said, give us evidence to say that you are from Sri Lanka and then we'll issue. They have nothing. Because when you leave your accommodation and your house, you are destitute. You don't go with your suitcases every day and in every place on the street, so they end up losing some of the documents, losing some of your clothing, et cetera. You don't know where to keep your dress, your shoes, so you end up with nothing. And then when people look at you, well, you didn't put your perfume and you didn't… So they look at you, like, well, that person is…no, I don't believe it. And then people, what they do, they take more alcohol and drug misuse in order just to forget about it. Okay?*

> *S: Well I guess I see quite a lot of clients that have... well I wouldn't say I know for sure, but I can tell that they've got some kind of trouble with drink or drugs or they're relying on it, maybe it's a bit heavily, usually because their immigration status is all over. I tend to find that the ones that don't have much hope of beating the immigration system as it were in the UK, who are left and therefore then become destitute, they seem to be the ones that would appear to have some kind of drug or alcohol reliance. I mean to be fair there's not many of them that would confide in you or speak to you about it. Some of them you can tell very easily, some of them you suspect.*

A negative asylum decision means immediate eviction from state-provided accommodation, cessation of all financial

support, and a blanket ban on accessing public resources including the NHS. Staff and service users agree that while the waiting for a decision is stressful, a negative decision almost always leads to problems.

S: Yeah, sure, for drug and alcohol involvement when it comes to asylum seekers and it's a very serious one. And refugees, of course, most times who…I might have to break it down into different sections, different categories I mean. For example, the first category is those that are seeking asylum and then another category will be those that are awaiting decision, really that's a long process, which, of course, is a very long one. So frustrations do lead people to taking drug and all sorts, alcohol, yes. And then the last, the third category, for me, would be those that are being pushed into that situation, as a result of refusal by the Home Office and then they are kicked out of their accommodation, they lost all their support and they have nothing to fall back to. So, in that case, they become streetwise and they get involved in all sorts, drug, alcohol using, prostitution, you know, theft, fraud, all sorts of things to survive.

Peer pressure – in this case the peer group of equally socially marginalised people – is thought to contribute much to harmful substance use, as is contact with the resident homeless population and isolation from more mainstream parts of society:

S: They're cut off from everything, they're not allowed anything, so they become to live streetwise, so, in that case, when people go to sleep in garages, people sleep in parks, people hang out in other busy places, that is where they engage with other people that are involved them, that engage them in evil things, drugs, alcohol, because that's the only way to survive and some of them, they do it to buy friendship. So if you can't do what we do, you can't belong to this group, things like that. So we've seen many young innocent people that, originally, they wouldn't do it, originally, they will say to me, they have never tried it, but from the decision they find themselves, to be able to have somewhere to lay their head, they get involved with these…

Staff frequently pointed to the lack of options for those refused asylum, as well as (justified) attendant fears of further hostile state intervention:

S: And of course the problem…the immigration system makes it so hard for people. They make it really, really hard and they are doing their best to survive, but they make it very hard for them. Or their children are taken away while the mother gets destitute on the streets, so as long as… So that person in the street, what can they do, what's the option? So that is very unfair, and even if we help them to put them back into the system, it's such a long process and there is a gap of a few months in between those gaps and a lot of things can happen to that person. Taking the children away from the person, and that's a big kick.

The seeming arbitrariness of Home Office decisions leads some asylum seekers to suspect that decisions are made based on personal preferences:

R: What I'm saying, if Home Office like you, I think they would say yes to you more quick. But if it doesn't like you, they just dump you. They dump you. They forget you. To hell was what happened to you. You can die. You can go on drugs. You can be. To hell with you. That's your problem. They don't care anymore. If they don't like you, but if they like you, you will get [papers] very quickly.

Others believe – rightly or wrongly – that their drinking behaviour may affect their immigration decision:

R: Because these people, the Home Office say people when they see that...he told me that when they see that you're doing this and that and that you're drinking too much that's when they see that you...that person he can't benefit anything in this country.

The thought of a final Home Office decision without recourse or appeal is seen as draconian by some as it deprives people of all hope or agency:

R: Well, the changes I would like them to make is instead of you say, no, they refuse, they say, no status here and, I mean, they would say something different like, okay, we give you some time to think what you want to do or the decision you want to make or something different. You should say something different and we put you on hold still, you know? But don't go out there, commit any crime or go on drugs or…they should just say something to keep you full, to keep you thinking solid, stand solid, you understand? But in that case now, I should just say, no, refuse and no. That what causing the effect on people. So I think they should do it in a different way.

The above respondent muses that if people had something in their lives to 'keep them full' they may not attempt to fill a void with harmful substances. In the absence of options, however, even those who have previously eschewed drink and drugs change their behaviour:

R: Some people don't drink when they're from their country, some people when they get here they have a problem, because most people are coming here, they do not know what they are going to see in this country. So when they get here, when they face this problem… So we are strong, some of them become…they can't cope, so they think that when I start drinking I'll forget about what's going on. Even a friend can tell you, smoke, drink, you can forget about what's going on. And then you smoke well, it's once, so…so they start smoking. And when they try it, drinking and drunk, so you sleep or you forget what's going…so you believe that any time I drink I don't remember that I have a problem. So some people pick it up when they get to this country.

Easy availability of alcohol and different social rules to many origin countries exacerbate the problem:

R: especially looking at the asylum seekers or the desperate people who have no status, overstay, most of the people looking for the status. They end up resorting to drinking alcohol, even if from their country they'd never, never drink alcohol. But just because they're in a new zone which has got a different lifestyle, so these people would engage into alcohol, different sides. They will even go for that, you know, in taking spirits which are the most dangerous to the liver, and it causes depression again, so yes. Particularly looking at the asylum seekers, I would say 85 to 90 per cent end up being harmed by alcohol because that is the only glory, whenever they get friends they invite them for a drink as well.

Boredom and wasted time

The two most frequently cited detrimental features of the asylum process are the enforced idleness of not having permission to seek work, and the exorbitant amounts of time spent waiting, which are generally perceived as time irretrievably lost:

R: I don't need to do those things [i.e.drink], I know myself I'm capable, I had a bright future when I was starting back home. But, because of the political situation, I had to leave that country from some reason. So, I'm getting older, and the other thing which makes me drink a lot is, I'm 40 now, my life is nearly, it's not really gone at this stage, but at this stage of my life, I should be somewhere else, I should be doing something else. So, it's like time wasted as well.

Many wish the Home Office would deliver decisions faster, even if they are negative:

R: The most stressful thing is, if they can take longer to decide about your fate, they make it take long, they take it long, to decide about your life, your status you know? That's the most stressful. They take long to decide, and then after that, the answer will be negative, so that's more stressful. You'd rather be quick, process people quick at least. I waited nearly four or five years for a Home Office reply, just waiting.

Any kind of occupation, be it within the informal[2] economy or voluntary/unpaid is seen as a protective factor:

R: You see, when people are idle that is when they have got this, of getting together, and having like the quality joints. But there are some other people who come maybe they have got some jobs to do, you see, in the evening they come and drink and sleep, but those who are here every time, just alone, they take the cannabis.

Even unpaid work is therefore in high demand:

R: You've got something to do, instead of just [existing] like that. And if you pick it up by some charity, to say, okay, come and do a little bit of volunteering with us, you know that on a morning you wake up and you have to go there, et cetera, your mind is somewhere else and you are occupied. You don't have that level, that, okay, you are on your own, et cetera. So whenever you start to volunteer or do something outside of the box, and where you know that you are useful, you are helping, or somebody values you, okay, you go and access a literacy and numeracy class, I'll pay for you, go there, try, four times a week, for two hours, three hours. You know that there is something, and then you could hang onto it. Doing something helps people to come out of that circle.

The imposed idleness of waiting for a decision, on the other hand, is experienced as torturous and in itself negatively impacting on people's mental health:

R: [asylum seekers] do get frustrated because of the individual persistence of their aim, being delayed, being denied or being confused in between. They come to a level that they can't handle the pressure. They get frustrated and they want something which can make them calmer, which is alcohol, which is not the right thing, it makes life even worse. So in that trend they become alcohol abusers or drug abusers, yes.

Although a negative decision followed by destitution is seen as almost a sure-fire way of developing a substance abuse issue, the waiting itself, and the attendant experience of powerlessness and lack of control over one's life prepare the ground for a later breakdown:

R: You have nothing to do, because you're caught in the middle here. You're not allowed to do anything, you're not having any income. Even if they give you income, but for how long are they going to support you, to get what you intended to get. If you apply and they tell you to wait, come and sign on, wait for two or three years, five years, the process itself breaks you down, year after year. And you are wearing down, you are wearing down, you're growing, you're wearing down.

Isolation

Most refugees and asylum seekers are lone men (many hoping to be reunited with their families back home), social isolation is seen as a risk factor making substance abuse more likely:

R: Because the problem is, you lose…if you lose it in this country, you end up being alcoholic or end up taking drugs. I don't blame those guys taking it because they've got nowhere else to go, they've got no-one to communicate with. Like, they've got no family here so how can you explain your situation to someone that can understand? It's not easy. So they're out there…even I've got friends out there now sleeping on the road. So if they said to you, you have to leave the house that they accommodate you, which is NASS…if they said, today you have to leave eight o'clock in the morning, you just take what you've got, then go on the road. Where are you going to go?

2 Cash economy outside the tax system and/or unlawful economic activity, e.g. drug dealing or prostitution.

Respondents who were accompanied by family often attributed their avoidance of any substance related issues to having close social support:

R: I guess it's different because I used to see my family, talk to my children, talk to wife. So when I see them so my everything…my mind has gone down the everything will be fine. But some people don't have family, they don't have anybody, they don't have any relative to talk to, so when they think too much… They can do something but because they do not have anybody to talk to them, don't worry, everything will be fine. So I think there is the problem.

Others who lack this support system are seen as acutely at risk:

R: You know, family always, if you are in trouble, if you are in bad situation, the parents and family they push you into the right way and they give you socialise yourself, like they give you push, oh, don't worry, we are with you, we are that, we are this, we do that, we do this, they give you, like, trust, don't worry, trust us, everything is okay one day. And if there's nobody around you, and nobody says to you anything then you have to take a drink because if you take drink, your mind goes relaxed, like the drink goes in there, you go like this, that's all, you forget all your problems.

Several service user respondents reported that they themselves attempted to steer their peers away from substance misuse, but found these interventions exceedingly difficult due to the prevailing hopelessness:

R: Even if you tell them, listen you guys, this thing is going to crack your head, make you aggressive or whatever, so what, they have no hope. They have no people in their lives. They have nothing to admire, nothing can inspire them. They have completely given up to their lives. That is very strange and very dangerous. So if he cannot even care about himself, what about somebody else.

Peer Pressure and local drinking culture

Peer influence was seen by respondents as one of the main factors influencing alcohol consumption:

R: You get that friendship, people with friendship, and they offer you a drink, and of course you have nothing to do, you are stressed, 'cause like me, if I didn't have this asylum process, if I was given status, I could be doing something. I studied back home, so I could maybe study as well, or getting a better job.

Local culture (in the quote below, Glasgow street drinking culture) is also seen to contribute:

R: When I first came into Glasgow, so I go there, many nationalities like Poland, Romanian, European nationalities, so I connect with them, so they are drinking, they're taking drugs, the different kinds, the legal high, and different kinds of drugs they're using, so I was taking as well, so many times I go horrible, very trouble-maker, before I'm very, very trouble-maker, and suddenly when I wake up, one day, I wake up, I say, oh, I can't do that, don't do anything, so I leave everything at that time, and until now, I don't drink…

Some believe that the high prevalence of alcohol in the UK, even among youth, is problematic:

R: The government they cannot stop that [i.e. street drinking]. They cannot find another way to manage, because I saw in the city centre sometimes, in the weekend, Friday and Saturday, sometimes I see teenagers, 12 and 13 years old, drinking alcohol, sometimes a group of them, big squad, they're just drinking out in the city centre, 11, 12 years old.

Next to alcohol, respondents report use of different street drugs, mainly cannabis but also Cocaine and other 'powder' drugs, often mixed:

R: The people here they mix. Me, I didn't drink those drugs, like the opium, the green stuff or the powder, I never used those. But I can see a large number here; they are using that one instead of alcohol. Even alcohol it is there but they rely on that green stuff mostly.

There is a certain ambivalence towards street drinking culture – while respondents acknowledge that it is often the only social environment that is accessible to asylum seekers (particularly the destitute), this culture is also seen as the main culprit of introducing people to drink and drugs:

R: You can't, you can't it's not easy living on the street, it's something very, very dodgy. You can be tempted to mix with wrong people. If you're not strong enough you can be tempted, because that is the cycle you're in all day here. Every day of the week you come to… even no idea their faces, because they know you, they see you, they come to associate with you, because you are in the same cycle. You end up getting involved with their system, which is not the right system. I've seen it all. Come here Monday to Friday, yes, places or libraries open, you can go on the computer and engage yourself, whatever, do things, but come Saturday/Sunday, which is mostly places are closed, and weather is not very good, you are on the street, in the park or on the veranda, on the corner. You're standing there, two people stand around with you, you catch up with the conversation, because that is the society you're in. You can't default. You just have to engage with them. Or else you become someone who is strange, so you have to engage with them, but engaging with them would work unless you're engaged in this type of life they are living.

Respondents acknowledge that it is often inadvisable to offend local street drinkers, so they play along in order to not attract hostility or even violence:

R: [street drinkers] become stronger when they're a team, in that sector. So to avoid you to be convinced you just try to keep away. Don't ignore, but don't get involved. Because what they do, they convince you because they want you to be like them, become a number. They feel better when they're a big number, yeah? They feel better, even though nothing is achieved, but they become bigger number with no aim, because we are many, yeah, but what's the motive. So whenever you get closer they want you to…because they say why can't you do that, you're in the same boat, why can't you be like that, sit down here, let's have a drink. You want a drink, if you say yes that's when you know you're dropped.

Forming groups is also seen as a method to make sparse funds go a longer way, as well as a form of mutual self-protection:

R: the more they are, the more comfortable they are, because they can split everything. It's a society out there, they've got good society, if you are in them they are good organised society, organised. Don't take them wrong, they are so organised. If this one goes there, everyone goes there and they come back later they have got something to eat, to drink, as a society. That is a society for them and it's so organised. That's why sometimes they don't want to mix up with other societies, that's why you see corners with different people. They don't mix, because they know each other that much and trust within. So they don't cross over, they don't cross over. They know each other and they know how to co-operate, that's the way life is on the street.

Money

Funds are, unsurprisingly, a main concern for those in the asylum system, but particularly those made destitute. Without permission to find work, and cut off from all public funds, many have no choice but to resort to crime in order to survive:

R: I know a lot of them that asylum seekers. They have no work. They have no food to eat, they have nowhere to sleep. They are going there, robbing things in stores. They are grabbing people bag. They are running after you. You're walking, you can't be safe. Yes, they're doing it because no help from Home Office.

As many were professionals and well-respected citizens in their former lives, their sudden poverty is a source of shame:

R: Yeah, I've slept in the park, I've slept out there on the road and you've got no-one you can talk to. You are even ashamed of even approaching someone explaining the situation, only if you know like [organisation], they used to come, they gave us five pound, they gave us a bag of food and then you survive on that. But if not you can't go out there asking people, can I have change, because for my own, the way I am, I'm ashamed of asking people, can I have change please? So it's like some people who look at you they say low on…the lowest…you know what I mean, so…

Lack of funds also influences the choice of drinks bought, with the cheapest, strongest types of alcohol preferred:

S: Beer, cheap booze, like sometimes they buy vodka, yeah they don't buy that expensive Jack Daniels or whatever, Captain Morgan, or from the cheapest one. Vodka, cider, beer, yes, so this they drink yeah. And if they do cannabis or whatever they will just smoke what they've got, yeah. Even there is a bloke who usually comes here, I don't know if he's coming here now, he's on…he sleeps on the road. Fiona knows him, yeah Fiona [Cuthill] knows him. He sleeps…even now I don't know if he's at the hostel but it is bad, yeah

The relative cheapness of alcohol in the UK is seen by some as part of the problem:

R: Some of them are drinking before they come but it might not be higher before they come to this country but when they go to this country…because drinking and drink is cheap. Because from my country before you can buy drink, you buy one or two but you might not have money to buy three because it's expensive in Africa. But in this country you can buy it for one pound, two pound, so if you have five pound you can get drunk, you can buy a drink and you can drink so you get drunk. So it's cheap, so some of them get it…pick it up when they go to this country, yeah.

Spending what little funds they have on alcohol does not endear service users to their peers:

R: You see like in my age now, I have realised what drunkenness, what is good is visit, how I can get my money and stay in my pocket without misusing it with the beer; I would drink all my money today. Like I see somebody being drunk for two days. And the other day he is asking you for £2 for transport, but he had money like £50 - £60 and the other day he has got nothing, he is asking you for £2.

At the same time, however, drinking in pubs/bars is also seen as somewhat aspirational, since it signals wealth and social belonging:

R: Just go to the city centre now one sunny day walk along, people, you see the people drinking in the bar, restaurants so he wants to be like that but he doesn't have money. So in the future when he got money he just buy alcohol in the local shop or big supermarket and then drink it hiding in somewhere.

Finally, lack of funds produces a form of shadow economy in which even legitimately prescribed medications are traded like illicit drugs:

S: And the GP as well, sometimes they might give [a prescription], but at the time you could stay in accommodation with other people, or you know some people from the communities, and some of them might have medication and when they feel much better, they might not use it and say, okay, there is this remaining medication. Oh, I've got an excess of tablets, sleeping tablets. It's very dangerous if you haven't been prescribed some drugs and medication to take, but as they're not entitled to have more support, so they were just, okay, if they know someone, they were taking it from them and using it.

Mental Health

Mental health problems – self-reported and diagnosed – are highly prevalent among refugees and asylum seekers. In part, this is attributed to pre-existing trauma, in part to the stresses of the immigration process:

S: I mean, 95 per cent of people, they are depressed anyway when they get in here. Going through what they're going through in the county, the journey, which is horrendous. Getting in here, and then seeing all these different stages of their asylum process. I think it's very hard to bear and so the depression starts, the depression comes, and also it's so difficult to get them somebody, counsellors of a mental health department. It's so difficult in here to getting assessed and the right medication or treatment. Whereas drugs and alcohol is freely…not freely but it's available everywhere, and that's why it's the easy way out for people to get into this. And I think it's increasing, addictive refugees and asylum seekers, it's increased.

Staff acknowledge that the disappointment of those arriving after an arduous journey only to find that the UK is not the safe haven they envisioned can have a traumatising effect:

S: If they have been through a lot, and then they come here, and then the asylum system is not something like they expected, so they're still trying to cope with whatever trauma they have been, and then the asylum system here doesn't really help. So, they find it really difficult, and then if it takes long, what do you call it, the asylum process, if it takes long, they really don't know how to cope

Part of the problem is a lack of access to resources, which translates into a lack of hope for a more positive future:

S: It will happen, depending on what kind of back up people have, what kind of orientation they have. If you come into…if they are in this situation and then, at the end of the day, things are getting better, so where do they fall back to? What is the back up for them? That would be a big determiner. So if they're going to come out of that situation and how do they go then go back to school? Or they'll get a job, they can get a better living, they can get decent accommodation, then that means gradually they will come out.

One service user recounts his battle with alcohol- and drug-induced psychosis:

R: After that, I was too much thinking, you know. I was too much thinking. And then I was no house, I was been to the street, and then go actually to the red door in the midnight to knock the door. Does someone want to open the door? I go inside to slept in the sofa. These things is coming, coming, more in my mind, my being. After that, just only drink, drugs, was make me too…I was too much…I was in myself, I was sad. If I drink lots, maybe I forget everything. But this is the…they come to for me, the addictions every day. Every day, lots…

Others know third parties whose mental (and often physical) health has suffered due to the asylum process:

R: I had one friend, she explained that she was…she was asylum seeker and she was in this country. Her name was Val. She was in this country six years, she had two kids, small children and she got refused from Home Office. And she got heart attack and she passed away. Because she said it was really affecting her physically, mentally, everything. And she passed away. That was in Sheffield, when I was in Sheffield. Not too long, just last year, you know? And teachers, everyone having to put together to try to make a funeral for her and everything but her two kids. I think we probably put them in a home or somewhere, I don't know what. I moved to this area and then recently again, two weeks back, one lady, she from Ethiopia. Young girl, she got refused from Home Office as well. And me and one of her friend was in same accommodation, that was two weeks back, but I…they moved me out from there already, so I don't know much anymore but she just passed away two weeks back because of the pressure and the Home Office refuse again, depression. She went in hospital and she passed away as well, you know? It's not everyone who can take depression and the stress. You understand?

R: So the son [of an Iranian family] was like 17-years-old and the younger brother, who was 12, and the little daughter, the 17 and the 14, they started to take more alcohol. The parents themselves, they didn't know what to do because they were just destitute, so no access to public fund and the Home Office started to say that you need to go back in your country, but Syria, it's… So they end up being in limbo. You can't go back to Syria because the war was still ongoing. At the same time, here, you do not have access to the public services, and you are destitute. What to do? This is where we've seen that, parents telling me that: I feel really ashamed, I can't look after my family, I can't provide for my family. I'm end up going to get food vouchers; I end up going to take a little bit of money from some of the organisations, the Mary Thompson Fund and maybe the Red Cross and other organisations. It's very difficult for me to cope, I don't know what to do. And when people reach that stage, I call it the trigger point, where they do not know

what to do tomorrow, how they are going to provide and help their family.

Trauma is readily acknowledged as a contributing factor…

R: Most of them, about my experience, most of them they are shocked in life. They get a shock, maybe they had a problem, big problem, that changed his life, he cannot forget it, he cannot pass time, only when he's drunk, just when he's high, he thinks he's high, but he's… Many stories, sometimes from partner, sometimes from parents, sometimes from wife, you know. Even ladies sometimes, I see ladies drink a lot, alcoholic, even young ladies.

R: Coming back to the family, at the end of the day, the dad didn't know what to do. He started to take more tablets, because already, through the journey… During the journey, it was something I didn't know, when they did the big interview, when I've seen them before, even when they went to court, I didn't know what during the journey, when they were coming from Syria, they went through Turkey, and they lost one of their children during the journey. Now he was drunk, I don't know how it happened, because they crossed during the night time and it was raining, and one of the children were drunk. So they've kept it, et cetera, but already that sadness. And so the dad started to take more tablets and he started to get addicted to medication. He needed more tablets to sleep, he needed more tablets in order just to forget what he was going through.

…as is the hopelessness following a negative decision:

R: I've seen, I've seen, the period I've been around I've seen that one happening, because if somebody has no hope for tomorrow it becomes unbearable, yeah. If he's been waiting for years and no answer, no decision, no nothing, you don't know what it's for and about what, that is a bad situation. It's a mental torture at one point, so that can cause somebody to switch on something which is wrong.

Once destitution is reached, self-harm begins to loom large:

R: Being destitute is another one which can even drive somebody to the length of committing suicide, because you can imagine this country, as you're well aware, is nothing for free. And if you tell me you're not allowed to work, you're not allowed any benefit, you're not allowed to do anything apart from reporting to the Home Office, and again reporting to the Home Office, they don't know how they know the distance we're going to report, you're not allowed to have any allowance for transport. They want you to be there because you have…if you don't you're breaching a contract, so if you put yourself in those shoes, can you imagine what kind of work is going in your mind, that is terrible, terrible situation. But it has to be a man with a strong mind to obtain that, not for the month he can be here, or five years, doing the same thing, you can imagine that situation.

For some respondents, it is particularly the powerlessness, lack of agency, and uncertainty that they see as having a damaging effect on the brain:

R: Habits can be carried forward to some extent, but when you reach the situation where you think you can get help and you don't get it, it's a bad cycle of the brain, so you don't know which way to go, so you're stuck in the middle. That is enough work to damage the brain, because you don't know what you wanted in the first decision. So if you don't get it, so you don't know whether you're allowed to go back, you're not allowed to go forward. So you are left in the middle, that is quite a bad situation.

R: To me, being here for a while, just a few weeks, is affecting a few, just a few. But as I told you, the cause is frustration, and threat of not knowing what is going to happen when and how. It makes matters worse.

In this situation, respondents relate, some simply give up the will to live and become 'mental':

R: Because all of them, whenever you meet them, they're totally drunk. In the morning, drunk, because he has no hope, he has nowhere to go, he has nothing to do, because he has nothing. Whatever he got it just messes his brain, so that he can go through the day without not seeing the time. That is not right. So the after-effect is dangerous, because if it's constant, it's near impossible. I've seen so many losing their minds, getting mental, one by one it affects them. If affects, but in the long run it's going to be a problem.

Once this point of mental breakdown is reached, not even a positive asylum decision is able to bring the person back to mental health:

R: It is easy, cracking down is very easy. It's a fraction of a minute to crack a mind, easy, very easy. I've seen people cracking up. You're talking to them, just two minutes later you see off, gone. You say, what, he's off, gone, two minutes he's gone. By the time you see him he's confused, can't even understand what was a few hours ago, cracked. I don't know, treated the brain. So people have tried to compromise with the situation, but some other are too weak to manage it. So somebody who has been put to that level and then loses their mind and he cannot even remember where he's supposed to be going. So if you tell me he's been waiting because he's frustrated with it, waiting for it, by the time they approve, he's already gone, mentally gone. He doesn't even understand what the paper means. So it's a worry. By the time they realise, the man is already gone. He's off his head, whatever you provide him, whatever, he doesn't even understand it.

Respondents are generally aware of the possibility to enter counselling, but cultural and financial barriers make it difficult to access:

R: It's a very deep session with a therapist and sometimes for people it's very difficult to open up anyway because it's their culture and talking to a professional, it doesn't exist in a lot of countries, so it's very difficult to start with. I admire the therapists anyway with the way they sometimes continue, but sometimes it's difficult, it's a long, long process. But everything is a long process for people who are very ill or addictive, it's harder to even get away from their addiction if they have…if they wanted to forget, with their addiction.

Homelessness

Homelessness is an almost inevitable outcome of a negative asylum decision. While declined applicant's access to support is cut, they are not immediately actively removed from the UK and thus some simply decide to stay on and 'fly under the radar', since destitution in the UK appears preferable to returning to their country of origin:

R: You know, where you are coming from it's no good. So people can't go back to where he's coming from because he might be in danger when he goes back so… And he comes here, he claims asylum and the Home Office tells him that, your case is finished, you have to go back. Or he thinks that if I go back…maybe they will kill him or they'll put him in prison or…so he thinks that, as long as they leave me, I can walk around the town, nobody stop me. So let me stay in this country, I'll be leaving soon. So they I believe that now I'm smoking, maybe he will get help one day, somebody might help him one day so…

R: I've seen a guy, as I say, from Venezuela in Darlington the other day. He's been refused. We know what's happening in Venezuela, but they say, well, look, we don't believe your story. No, I was arrested, et cetera. No, we don't believe you, we refuse, et cetera. And then when people talk about Brexit, he didn't know what it was, Brexit, et cetera. And then they started to say, well, actually, the people who really want to be out there, they were saying that, because the people such as yourself, you need to go, et cetera. He didn't know what to do, he was threatened, et cetera. He called the police, the police came, where is your paper? Where do you stay? He doesn't have a fixed address. The police officer didn't see that clearly and then they ended up holding him for a couple of hours. It's very complicated.

'Walking around town' unobstructed soon translates to 'sleeping in the street':

R: All over – it's not only up here – all over, in London you see people sleeping on the streets. We know even in Middlesbrough the same thing, I know even here the same thing, it's not only men, it's both women and men. So they [Home Office] can kick you out, like I said. They will just write a letter to say your accommodation has been cancelled, this date you have to leave the house. If you don't leave someone will come and get you out. And if you want your privacy or whatever…like me, whenever before they said that, I don't wait. Even if I've got nowhere to go I'll just take what I've got and I'm on the road.

In some cases, homelessness is effectively mandated by the state, even where it is entirely unnecessary, as in this case:

R: Just I once went to get in detention before I came out and so when they released me, the first time they released me, so they released to my family and to my wife and children. So the Home Office came to tell me that I can't stay there because it's shared…it's shared accommodation. So I didn't have anywhere to sleep, I have to sleep with friends, sleep everywhere. And everybody has different characters so I go to some people, they say, if I come today, tomorrow, don't come, so…

Emergency accommodation provides the most urgent shelter, but comes with restrictions:

R: Like here now, we are in a shelter, this is nice shelter. Got to leave this place eight o'clock in the morning and they send me out on the street. What do you think is going in my mind? I'm not used to streets. Okay, streets, you have cafes, you have everything, you have this and that, shops here. You can't go and sit in a café and not buy anything.

Without money to engage in consumption, respondents are left to wander the streets for hours on end, always at the risk of being perceived as a threat:

R: And you're a nuisance on the street, first of all, you're a nuisance on the street. I wish you could see…you can't walk down over the river and walk and you walk, and walk to the end of the road, and then you walk back for 12 hours. What do you think is going on here? And you walk and cross over and cross over until time to come back for night and then the following thing, week after week, week after month. It is a joke, to me, it's quite a joke.

Loss of identity

As with other parts of the homeless population, exclusion from mainstream society goes along with a perceived loss of personal identity and those social connections that 'place' one in a social context. For asylum seekers, this effect is exacerbated by the loss of their previous social and cultural identity and the inability to utilise their professional skills. As a result, they experience the psychological effect of depersonalisation, as neither affirmation of their individual identity nor any kind of group identity are available to them :

S: So, like, for those people who are awaiting asylum, it can be very frustrating, because you see situations whereby some people, for example, before they leave their homes, maybe they were engaged in one occupation or the other, they are working, busy, and then on getting here, the way the system is designed, it says people cannot work until they get decision. So, you see, some people end up staying at home for two to ten years even, not allowed to work and you know how frustrating that can be.

Many mourn the loss of a meaningful social role, whilst acknowledging the absurdity of immigration law even from an economic perspective:

R: I don't know, but at least if I could, well, the system is just a façade because they put people into destitute, and they should look at that, that's the main thing, you can't just put people destitute, just give them accommodation, people can think that can minimise other problems. Just give them accommodation, allow them at least to work, while you are deciding their claims, they're in the country, just allow them to work, pay taxes, minimise stress. People don't have to, trying to be stressed and drink as well, at least they're paying taxes.

R: There's a guy from Sri Lanka who wanted to come to say, I'm going away, that's a typical example. A few years back, he was fine, he was going through the NASS support and all that, and suddenly everything is stopped. And he's totally on drink and drugs, and really, at nine o'clock in the morning, when he comes in, you can feel that he's just had a few cans of beer or whatever, alcohol, and he can't make up…he's destitute. He came to us to say, I want to go back. And then our organisation, which I do Outreach, they're doing the legal side to do the fresh claim. He's mentally totally unstable, we can see he's destitute in the street and he's cold and he's hungry. So somebody offered him alcohol, or he can pinch something and buy alcohol, that's his only comfort. But he cannot understand why he doesn't have a home, why he can't live somewhere to…or a bed, why he can't stay. That ability of a few years back, which he had, he doesn't have it now.

Ambition and thirst for knowledge are thwarted by the restrictions of one's immigration status:

R: Some of us who came from other countries, some of us were capable, I'm not going to say it, but I'm just saying, some people are very intelligent, they could be far. They just didn't come here just to be asylum seekers, just to maybe sit, find any job, you know? We can run away from the political situation, we are capable of doing something, studying, you know? But you've got limits, you can't, you can't, it's hard. Everything about that, is very hard. I could be far just now, I could be far. If I had finished my degree in engineering, I was only allowed to do NQ, if I had my status I would have finished degree in engineering, I could have got a good job, that's it. But you can't. You know you can do it, but because of the law you can't, so that's the most painful thing.

Loss of professional identity also means loss of the ability to provide for one's family, which especially for men is a source of shame:

R: Some of us have got children. You don't know how to explain to them what is going on. You understand? They're growing up, they're asking what's going on. You're now allowed to work, you're not allowed to support your family, you're not allowed…and kids are growing up and they always come to a certain time ask you do you look after your children, do you contact your people, you're contacting your family. Yes, I can contact them, but what help…to contact your family and supporting a family, they are two issues here.

As a result, some respondents are surprised to find that education and skill does not protect from destitution, not even for those with valid immigration status:

R: Before, because I've lived with…I got my family a house, I got everything, I used to work whatever, one time I used to say, oh my God, how has this person come to this level, being homeless, how did they manage to do, I was asking myself that question. Now I've got more answers than what I used to ask myself and I just say it shouldn't happen to nobody. I just pray shouldn't happen nobody, because I've seen it coming and realised this is the way this thing started for him. So when I see them I really pity them, because whenever you interact with them they say, yeah, I used to have a job but things turned out this way. They explain to you what they used to do. People used to be big jobs, whatever, whatever, something went wrong. Some of them used to be managers of companies, they are on the street. They used to be…things happen. Business can collapse. Tomorrow you have nothing. In this country you have nowhere to run to, easy.

Conflict and Violence

Homelessness also exposes service users to increased threat of violence, specifically racism and xenophobia, from the general population:

R: This is where the worry is, what will be next, because violence is on the rise. People are losing their concept of reason. They don't respect nothing anymore. No respect to each other, because. So cops will do their best, put them in prison, but again doesn't solve the position. Every cop will do this job, but the time will come he has to come back out again. He'll come out when he's even worse. You see? He has gone in there, mixed with people with different ideas, but ideas in criminal thing. So he's coming back a graduate, you get me?

There is a keen understanding of how UK politics contributes to sentiment against asylum seekers and migrants more generally:

R: And what makes it difficult more for the people who have been a victim or who are trapped within the system, it's when there is an election. We could talk about Brexit, we could talk about the general election, there is always a political party who come and say that there are too many people in immigration. And you see some of the newspapers, on the front page there is 100,000 illegal people here. And these people, while they are there, it's pushed them further into the addiction. They do not know what to do. They feel a little bit as a victim, they don't know…

At the same time, the same subcultures that introduce many to alcohol also introduce them to the concept of brawling:

R: Those kids, like, I didn't like the way they were looking at me, I think they're looking at me as if I'm a chimpanzee, let us go and fight them now, so it is that way. So things like that, people behave that way, and worse if they start to drink, that becomes a big problem. So yes, alcohol is not a problem but it can affect refugees, even if it's already affecting the original people, do you get my point. So refugees copy the subculture…

Traditional or acute disputes between different migrant groups can also precipitate conflict:

R: ['failed' asylum seekers] become social outcasts or socially neglected people, that's how they feel. That develops, it develops from individual to individual. Some individuals are strong, some can master things like that, they are not all going to school that come across the border, so you can get a couple of those people and the way they do is they feel they are segregated from the community because, one, they don't speak English, no communication, that makes it difficult for them to integrate. So either side is thinking, ah, they are talking about us. Why don't they talk with my language. They are talking about us. That can also fuel people to harm themselves with alcohol, either to be able to shout at the other person or to shout at the other culture or to cause trouble, you know.

Women face particularly high levels of violence, especially sexual violence:

S: But alcohol, I find that females are into more alcohol than males. Because sometimes the females, with what they're going through, it will make it easy for them to be on alcohol. They have more trauma by being raped, by unwanted pregnancy, being pressurised from being the… being a single person and they're pressurised, yes.[3]

Next to violence experienced during flight, for women trafficking and forced prostitution contribute to trauma:

S: To drink, yes, and a lot of females, which I know they're trafficked and abused and sex slaves, and they were in drugs and alcohol. Even when they are safe, they are into drugs and alcohol sometimes. And sometimes, the pure poverty also lures them to prostitutions, and then with the drugs and alcohol attached to it.

Detention and Deportation

Most respondents had first- or second hand experience of prison or immigration detention. Respondents clearly identify a 'prison pipeline' leading from destitution and homelessness to crime, imprisonment, and subsequent failure of the asylum claim due to a criminal record:

S: So quite a few of them who we know, I know very well personally in this drop in that originally they were normal people, I mean, legitimate things, whilst as a result of all these frustrations, they find themselves in the street and, before you know it, they get in trouble and they end up in prison. And then you see some people going in and out of prison, because when they come out of prison, society has not prepared them, because they come out of prison, they get thrown out, we've got so many of them, they get thrown out of prison into the street.

In some cases, criminal behaviour is not even intended but the result of exploitation of vulnerable asylum seekers by local criminals:

R: Yeah, because of the survival, and there is availability, people are… I don't know if it's relevant, there is a home and hostel in here which I go to and because of the transaction of the… The organisation took over the housing provider, they put one person in the hostel, they were safer, and they put them in a house, which was that house was used as a drug house, a drug home, because a lot of users, instead of going in a corner so they know that they are an asylum seeker's house, they open the door. They knock at the door, they get inside, and they use that room, and the asylum seekers are afraid most of the time and they threaten them. So they use their house, their accommodation, as drug using home.

This creates a vicious circle, where some begin to find being inside prison preferable to – and easier than - being outside:

S: They say because since they came out…the person I was talking to, he said he's been out for three months, it's even worse outside than being in there, he said because when he's there he eats free food, they give him money for phone call, they save money for it, he does free haircut, he does many things that he can get for free. He has a group, he has a gang of friends there that make him feel human, because they all think the same way. When he has come out into the larger society, to the mainstream society, nobody is welcoming them, people see them as evil and all sorts, they can't get a job, because of the barriers, you can't get your DBS [i.e. criminal record] cleared.

3 Quote stems from a staff member who works specifically with female refugees/ asylum seekers.

While prison sentences generally follow a judgment by a court of law, immigration detention in the UK is within the competency of the Home Office and has no fixed duration. Some migrants therefore spend months or in some cases years in detention without being accused (let alone convicted) of a crime.

S: And to go even further, the system, the way it is, it might push people into poverty and people to be addicted to drugs and alcohol. And when people start to be on drugs and alcohol. Somehow the police might pick on them, and if they pick on them, dealing from the Home Office and the Home Office could put them in detention. And in this country, we are the only European country where the detention is indefinite. So there is no time limit on how many people. So you might end up seeing people in detention for six months, three months, a year, two years, and there is no time limit. So the immigration could detain you for five years.

Indefinite detention contributes to mental health problems like depression and self harm:

S: But sometimes they're not. Sometimes it's just, yeah, I don't know, sorry, it was just the programme last night, so like every 18 month they were having probation, and you know, they're in prison and they're doing all these things to try and help themselves, but the system is just so stacked against them, like this one guy was self-harming, he literally cut his leg down the middle and opened it up like that, and he was showing everybody, and he had an IQ of 140. It's just the way. And it's like, they're telling them, you can't have a shower unless you stop self-harming. And you're like…and then he gets moved to a different ward, and he gets a lot better, because he can have a shower when he wants, he can ring his mam when he wants, and then he does a little infraction, something, and then he's moved back, and then he self-harms again and it's just that endless cycle. And his point is, I've got no release date.

In addition to detention, the threat deportation always hangs over asylum seekers

R: Obviously if you don't have status, you think about, right, if you don't have status you could be deported at any time, but your kids, basically they can separate you from your kids, 'cause my kids have status, I've got two boys here.

Most respondents acknowledge that even if there is no acute risk of persecution or war in the country of origin, deportation only prolongs destitution:

S: Most people...most asylum seekers they just do these kinds of things [i.e. drink and drugs] because of the Home Office, the way they treat them and the way they deny them the cases, it's really bad when they deny you or send you back to your country, you know it's bad. You imagine somebody being sent back to their countries without anything and that person wasn't working or doing anything and then they just send you back to your country just like that. So where would that person start from when that person's been sent back to their country. It's just that thing you know

Failed asylum claims are, however, not the only path to destitution and substance misuse. Staff pointed out that some respondents, who have lived in the UK their entire lives but may not have citizenship, can also become trapped in the immigration system in a type of 'Windrush' scenario:

S: my experience is that in here, it's people who are, so okay, so you have people who are claiming asylum who come to the UK through the methods that you know, across the sea and travelling through many countries, but there's also people who are classed as asylum who have maybe been here in the UK since they were children, and committed a crime and had their status revoked, so to all intents and purposes really they're British. But then, the finish their sentence, come out, and they're put on Section 4 as Asylum, and in my experience, those are the people that I find have the alcohol and drug dependencies.

'Section 4' refers to section 4 of the Immigration and Asylum Act 1999 and means these people have a legal status equivalent to 'failed' asylum seekers but can be given emergency accommodation by the Home Office.

S: Well, normally you go to prison, you do the time, and then you come out and you continue with your life. But, for that group of people, you're then transported across, dispersed across the UK, into whatever area they choose, and then you're on Section 4. And the difference with that is, with the Section 4, I mean you just literally don't know when, you're literally on there for as long, you could be on there for years, five years, ten years, you name it.

Voluntary return

AVR (Assisted Voluntary Return) is, in theory, the only option open to a rejected asylum seeker. In practice, however, this can pose further difficulties, since the formal bureaucratic process does not seem to take the realities of destitution into account:

S: There was one person who said to me that, look, I want to go back in my country. Okay, alright, where is your country, where do you want to go back? Oh, I'm from Nigeria, I want to go back to Nigeria. I've been in this country and in Nigeria a lot of things have happened in my village. Okay. So the person has reached a stage where the immigration judge refused, et cetera, and then the person said, okay, instead of me being destitute and being on the streets, because I'm a single woman, I might be attacked, I do not know where to sleep, I don't want to be a destitute, I don't want to be on the street. People might take me for a prostitute and I don't want that. Tell them I want to go back on a volunteer basis. I

called the Home Office, the voluntary return team. And. I said, that person wants to go back. Okay, they need to sign that form, de-de-de-de, et cetera, give us the address, we are going to send them the form to sign. The person has been refused accommodation, so there is no address.

R: This gentleman is from Afghanistan and he's over 60-years-old. He has been detained three times and put in a detention centre for three or four months, and three times they marched him to the aeroplane. He's a very ill man, very sick person, and the crews say they cannot take this person because he's got a very bad heart problem. Anyway, so they brought him back and released him without any support, just released him from the detention centre. And that poor man was in the streets or sofa surfing. And so we get the solicitors working with that case, tried to make a fresh claim, goes on Section 4, and all those scenarios. And it's continued ten years for this man and it's going backwards, forwards, and still this person, on crutches, very unhealthy, he's got a liver problem, a heart problem, in and out of hospital. Sometimes, because of the secondary treatment, it's not… You know, when he's destitute, he's not entitled, so we have to kind of write a letter and say, this man is destitute, and there it is. And in and out of hospital. And again, he's in the same stand still position, there's no future for him, what will happen and what will not happen. About five times or six times we submitted a fresh claim, under health, and his health [file] is that big, like the size of the Yellow Pages, with hospitals, consultants, operations he's had. And still the Home Office is not convinced.

Moreover, many do not have any official documentation from their countries of origin, and these countries therefore refuse to let them travel:

S: Just as an example, we had somebody, just without giving too many details, who tried to do AVR twice, both times it had failed, and then the third time, because someone was really, really ill that he needed to go and see before they died, he'd said to do AVR again. He called the embassy, the embassy said come down, but as soon as he got there, like he thought, oh, because they've said come down, they're going to help him finally, but then when he got there, the embassy of that country said, right, well where's your ID from that country, and where's your Home Office…and he's like, well I haven't got them, you told me to come down. Do you know what I mean? Like, it's that flippancy, he's got no money, but yet he's managed to get ticket money to get to the embassy in the hope that someone's actually going to help him to…and that's after like, a lot of years in this country.

When after an unsuccessful asylum claim even the last option of a return home fails, some simply give up:

S: If they fail and then had one case where the person couldn't, he wanted to go back home, but he couldn't, the AVR wasn't successful, the Voluntary Return, because he couldn't prove that he's from that country, and then the Home Office are saying, no we can't send you. And then he was saying, if you can't send me, then five me papers. So he was like in limbo, and then I could see like, he was really decent, and not drinking and things like that, and then he started drinking. And you could see like, yeah, what do you expect him to do like? How is he going to cope?

Protective factors

Respondents also identified a number of factors they believed worked as protection from harmful substance use. Prime among them is social support and connection:

R: for me it's my family that brings me…I mean helps me. And [peer 44:56]…I used to come here, they helped me, they talked to me as well, they advised me. So if you take the good advice it helps you. But if you follow… like I said, you've got no-one, like some people who are here they don't even know where [charity] is. Yeah so you've got no-one here, you've been all the way from Africa, you come to London, they send you somewhere else like Stockton, send you to Newcastle, you've never got anyone, you don't have anybody, and within three months they give you… Okay, when you come they will give you a room. Sometimes even the room is two people, so the two people in the room sometimes there are arguments. So okay that's nothing compared to when they kick you out. When they kick you out now the whole world is on you. You've got nowhere to go, you've got no-one to talk to. If you meet someone on the road, because this is how people get into all this, I was saying, alcohol, drugs. As long as you meet someone out there, that's it, you've gone.

Several respondents muse that without their families, they may have already succumbed to addiction:

R: Yeah, but because I have people…I have my family, my wife and my children are there... Then I have some other people because I go to church, I have a friend there, so we talk every time, and I talk to my wife, I see my wife, I see my children, so I believe in the future will be fine. So it's not like people who don't have children, who don't have a wife, they don't have anybody around them, so life will be difficult for them to… They won't believe their future will be fine because they think that everything is [hell 05:51] because they don't have anybody to talk to.

In the absence of family relationships, charities, churches and volunteer organsations are seen to contribute to keeping people away from harmful behaviour:

R: I'll say that those I've seen who do not drink, it's because they rely, they've got a hand given to them, either by a local charity or by local people who have

got a big heart and are helping them. So when they are destitute, you might have people who could say, okay, I might be able to help you. They might help you to access an ESOL class, they might help you to access some of the sports, go to the gym or do that.

Religion is seen by some as a protective factor, but not primarily because of prescriptions against alcohol such as in Islam. More important is faith in a higher power itself, as well as the community provided by places of worship:

R: I been to the doctor's like too many years, but they wanted to help to me for the…I stop the alcohols, I stop the drugs. But that was not too helpful for me because when after that I forget everything, I start to drink. But when this guy to take me to the church, the first time when I been to the church, totally my life is changed. Because I catch it there, I got something from there, touched something and then I feel happy. I just start to active to go to the church and then sometime to drop-in to talk with the people, friends in the church, to drop-in coffee, play ping pong. So that one is coming to change it for me slowly, slowly, slowly.

Getting help

Respondents who reported problem drinking earlier in their lives but were now sober most frequently recounted that it was the negative mental health consequences of drinking that made them decide to quit:

R: They put me into the hell because when I'm drunk, I don't know what I'm doing, so maybe if I'm drunk, I might kill somebody and I don't know, so maybe for life behind the bars, so I just stopped, forever, and said no more anymore, just stop this, and anybody can drink in front of me and I just leave this company and walk away from that. I say no, no, it's not my type. I just hate alcohol and hate these drugs, so in my own things, I say, no, no, it's bad for you, so they put me in so many troubles. No police troubles, problems in shelters, and arguments with the people, arguments with the management, arguments with everybody, so suddenly I stopped.

Asked whether they knew where help for harmful drinking is available for those who want it, respondents showed good knowledge of their local service landscape, but also pointed out that especially for the destitute, these services are not always accessible:

R: if you've got no doctor, because even if they kick you out of the house [i.e. state-provided accommodation], the day they kick you out of the house, your supports stops running, maybe you've got no GP because all them things they will cancel them. So if they kick you out of the house they stop your accommodation, that day or the following week you can't see a GP, you can't see a doctor.

Respondents are generally full of praise for the third sector whom they see as helpful and kind despite working with very little funds:

R: So that piles up to places whereby…charities try their best to at least accommodate without even any money from the government to keep people in the right places, but charities are doing their best by organising from donors, whatever, to keep at least if you can save ten people from 20, that is a good number. If you can leave 20 to go, that is big number, but if you can save ten that is a good achievement. So we really appreciate what the charities are going through. I'm telling you, if you have ever slept on a street corner, in the morning you won't be the same person you were yesterday.

Staff, on the other hand, are very aware of the limitations placed upon their work by the policy framework they operate in:

S: Often you find yourself battling with that person who's in that position [i.e. refused asylum] as if you're responsible for that decision. You've got to try and sort of explain to them this isn't...it's not even personal for them. They take it personally obviously. But the way it's sorted out, it's not a personal thing for them, it is really...it's the way the system is geared and it does just literally...it stops, they get a letter for goodness sake, you have to move out of your property. From the minute they get that letter they're on a downward spiral. Unless something can be done to legally prevent that they haven't got a lot of...there isn't really anywhere for them to go.

Enforced helplessness in this type of situation leads to frustration for some staff:

S: So they have to wait for a long time in order to get accepted and process for them to go back home, and it's not easy. It's really frustrating and sad to see people who are doing a little bit better when they just arrive, they had some hope and some potential in their life, and suddenly you see, during the years or waiting time, and gradually that hope they had in their life, it's reducing and reducing and reducing, and then it goes into… As a resort, they have to rely on alcohol and…

Staff sometimes find that their efforts are often negated by the general hopelessness of service user's situation:

S: The thing is, there are places where people can go for help. But that help, how long is it going to take to help them, and after that then what? It is a cycle back to the same thing. So it's not improving, it's not improving anything. If you tell me you're going there for help, you get slightly better, they can't keep you there forever, so they lead you back to stage one again, so it is a repetition. So what have you solved here?

In addition, staff bemoan a lack of alcohol-related awareness and training in the service sector:

S: And there was not a platform where organisations and charity, who help people to come out of alcohol and drug misuse, know more about that certain process. They are not aware, because they've got already a lot on their plates because the people they are dealing with, they are very vulnerable, they are people who went through quite a lot of trauma and experience. So for them, again, to train the people to understand the asylum process. Because they might say, okay, if you stop your alcohol, I could try to help you to find a lawyer, I could help… So if organisations have to come together and work, but the resources, when you are in the charity and the volunteer sector, it's not easy. There is not a statutory organisation who says, I'm going to take all of it and then try to help.

However, staff also acknowledge that alcohol problems cannot be resolved in isolation, since even abstinence may not significantly improve service user's situation:

S: I know there is a little old lady who doesn't drink alcohol and prays five times and whatever, but they're still destitute, and taking a lot of painkillers from anybody, because she's sleeping on a… She's 64 or 65-years-old, sleeping on sofas, from one place to another, and there's no future and she's constantly in pain. She's working in a very painful situation and the only thing she does is she takes painkillers and paracetamol or whatever. She's just popping. But she's in exactly the same situation. No, she's 68, but she's a pensioner that nobody wants to know about. She should be treated as a pensioner

Conclusions

While it is widely recognised that people seeking asylum and refugees have experienced high levels of trauma both pre- and post- displacement, little has previously been known about their harmful use of alcohol through the refugee journey. This study addresses some of the gaps in the literature by highlighting the connection between harmful alcohol and substance use and the UK immigration and asylum process. While it might be expected that alcohol is used as a cheap and readily available form of temporarily managing stress and trauma throughout the whole refugee journey, the study data demonstrated that a significant increase in harmful drinking usually triggered following a refusal from the asylum system. During the process of claiming asylum, long waiting times, boredom, social isolation and poverty were seen as contributing factors but it was the process of entering into destitution and a culture of street homelessness that resulted in high levels of harmful alcohol and drug use. The loss of hope was a major deciding factor between health and harmful substance use and mental health problems, stress, homelessness, violence and depersonalisation were seen as risk factors.

The study data did not identify any differences in the experiences, or perceptions, of harmful alcohol use between Scotland and England, despite recent minimum unit pricing in Scotland making cheap alcohol more expensive to buy. Cheap and readily available alcohol, along with a street culture of harmful alcohol and drug use, contributed to the use of alcohol to manage mental health, the stress of homelessness and the hopelessness of a failed asylum application. Entering street culture and homelessness rapidly escalated drinking and alcohol was used as a means of mental escape from the shame and disappointment of refusal and the harshness of life on the streets.

The sense of hopelessness and despair following a refusal from the asylum process has been widely reported in the scholarly literature over the last decade, citing widespread experiences of depression, anxiety, exploitation and mental ill health (Cuthill et al., 2013; Crawley et al., 2011; Lewis, 2007; Lewis and Waite, 2015) there has been little reference to the harmful use of alcohol or other substances as a consequence of the UK immigration and asylum process. This is an important omission as harmful alcohol use and street homelessness is known to also negatively impact on the criminal justice system, frequent hospital admissions and mental health services (ISD, 2018). It is interesting to note that staff working in third sector organisations were extremely reluctant to be interviewed for this study and while lack of time was clearly a factor, there was also a sense of staff wanting to protect this already vulnerable and ostracised group of people from the further stigma of harmful alcohol use.

Several protective factors to harmful alcohol use were identified: meaningful activity, the accompaniment of family to UK, social support and connection with third sector, churches and volunteer organisations and religion. Interestingly, religion was not seen as a protective factor in the sense of prohibiting the use of alcohol, but as a positive belief in a higher being controlling this life and an afterlife. The protective role of religion following a refusal from the asylum system has been noted in several other studies exploring destitution, health and wellbeing in this population (Cuthill et al., 2013; Crawley et al., 2011; Lewis, 2007).

It should be acknowledged that there are several limitations to this study: 1) the qualitative findings are based on small numbers of interviews and are not generalisable or representative of the views of all people seeking asylum or staff working in third sector organisations; 2) the participants who spoke to use were invited by a trusted staff member of a third sector organisation and so people who experience harmful alcohol use but do not attend third sector organisations were not included in this study; and, 3) participants frequently discussed harmful substance use together, not separating out alcohol and drug use, so it was difficult during data analysis to explore alcohol alone. The authors recommend that future research explores the relationship between harmful alcohol and drug use.

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Appendix 1: SHAAP Study Information Sheets

Centre for Homelessness and Inclusion Health
School of Health in Social Science
University of Edinburgh

Exploring the factors that influence harmful alcohol use through the refugee journey: a qualitative study in Scotland and England

PARTICIPANT INFORMATION SHEET: PEOPLE SEEKING ASYLUM

Ethics Approval Reference: [University of Edinburgh STAFF135]

You are being invited to take part in a research study by the University of Edinburgh. This information sheet explains what this is about, and will help you decide if you want to accept the invitation.

1. What is this research for?

Coming to a different country, and especially applying for asylum in the UK, are very stressful experiences. Some people who have come to the UK as refugees or seeking asylum also find that the UK has very different rules and attitudes around drinking alcohol than they are used to. For this reason, some people in this situation find that they drink more alcohol than they used to, and sometimes too much. This can have negative effects on their physical and mental health, and can lead to long-term problems. Some people also find it very difficult to speak about problems with alcohol, because others do not approve of drinking, or because they are ashamed.

The researchers would like to find out more about how drinking alcohol affects the health and wellbeing of refugees and people seeking asylum, so doctors, nurses and social care staff can better support people with alcohol-related problems.

2. Who are the researchers and who is paying for the research?

The researchers are Dr Fiona Cuthill and Dr Steph Grohmann from the University of Edinburgh, and this research is being facilitated by Clare Frew from the Glasgow Homelessness Network. The research is being paid for by Scottish Health Action on Alcohol Problems (SHAAP).

3. Why have I been invited to take part?

You have been invited because you have, or know someone who has, experience of what it means to be a refugee/apply for asylum in the UK. This means you might know someone who is in the same situation and has problems with alcohol, or maybe you have experienced such problems yourself.

4. Do I have to take part?

No – participation is entirely voluntary. If you are unsure if you want to take part, you can ask questions about the research before deciding. If you do agree to take part, you can decide to stop or leave at any time. You do not have to give a reason if you want to stop taking part or leave. Nothing bad will happen if you do not want to take part or leave at a later stage.

5. What will happen in the study?

If you are happy to take part in the study, researchers will contact you to agree on a time and place to have a conversation about the topic of the research. Only you and one researcher will be present. Before the conversation starts, the researcher will ask you if you are happy for it to be recorded on a voice recorder. If you do not agree, the researcher will take written notes instead. The researcher will explain to you that in order to protect your identity, you should not tell us your real name or any personal details, such as your age or where you live. If you do not want to talk about yourself at all, you could instead talk about somebody else you know who has experienced problems with alcohol. You can also

refuse to answer any questions you do not want to answer. Nothing bad will happen if you do not answer a specific question. These conversations will last about two hours.

The researchers will then look at all the recordings/written notes and remove anything that could lead to a person being identified. We will then share what we have learned in an anonymised way with doctors, nurses, social workers and other researchers, to enable them to better support those with difficult experiences with alcohol.

6. Are there any potential risks in taking part?

The researchers are aware that talking to others about experiences of flight and living with an uncertain immigration status can put people at risk. This is why we will not ask any details about you, such as name, age, where you live etc. – we cannot tell anyone what we don't know. We will never share any information at all with the police, immigration authorities, or any other UK government organisation.

There still remains a small risk that talking about stressful experiences could cause you to become upset, sad or angry. You are very welcome to speak to the researchers about such feelings if they come up. If you experience a high level of distress, the researchers can help you connect with a mental health professional who understands what you are going through.

7. Are there any benefits in taking part?

Depending on your own experience, it may be beneficial for you to be able to talk freely and openly about difficult topics affecting you or someone you know. In the long run, this research will also enable us to provide better care and support for people in a similar situation. As a small sign of our gratitude for donating your time, you will receive a £ 20.00 supermarket voucher.

8. What happens after the study is finished?

The information you give us will be recorded either digitally or by handwritten notes. It will then be stored on a hard drive that is both password-protected and encrypted, so that only the researchers have access to it. All information will be stored for a minimum period of x years after we have written up and published out findings. After that, the data will be deleted. You can ask us for a copy of all information we are holding about you at any time during those x years.

9. Will the research be published?

The research will be presented in a report for Scottish Health Action on Alcohol Problems. We will also write an article for an academic journal read by other researchers, and present what we have learned at a conference for other researchers in this area.

10. Who has reviewed this study?

This study has been reviewed by, and received ethics clearance through, the University of Edinburgh Ethics Committee (reference number: STAFF135)

11. Who do I contact if I have a concern about the study or I wish to complain?

If you have a concern about any aspect of this study, please speak to the relevant researcher xxxxxx, who will do their best to answer your question. The researcher should reply within 10 working days and tell you how they intend to deal with it.

If you wish to discuss the research with somebody other than the researchers, please contact Professor Matthias Schwannauer on m.schwannauer@ed.ac.uk

If you wish to make a complaint, this can be done by contacting the University's Research Governance Team via email at reserachgovernance@ ed.ac.uk or via phone on +44 131 6504327

You can also use the University of Edinburgh Complaints Form: www.ed.ac.uk/files/imports/fileManager/WEB%20Complaint%20Form.pdf

12. Further Information and Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact Dr Steph Grohmann on steph.grohmann@ed.ac.uk

Centre for Homeless and Inclusion Health
School of Health in Social Science
University of Edinburgh

Centre for Homelessness and Inclusion Health
School of Health in Social Science
University of Edinburgh

Exploring the factors that influence harmful alcohol use through the refugee journey: a qualitative study in Scotland and England

PARTICIPANT INFORMATION SHEET: STAFF

Ethics Approval Reference: [STAFF135]

You are being invited to take part in a research study by the University of Edinburgh. This information sheet explains what this is about, and will help you decide if you want to accept the invitation.

13. What is the purpose of this study?

The study aims to explore the issue of harmful alcohol use among people seeking asylum/refugees in Scotland and England.

14. Who are the researchers and who is paying for the research?

The researchers are Dr Fiona Cuthill and Dr Steph Grohmann from the University of Edinburgh. The research is funded by Scottish Health Action on Alcohol Problems (SHAAP).

15. Why have I been invited to take part?

You have been invited because you are a professional working with people seeking asylum/refugees and may have knowledge of harmful alcohol use among this population and the availability of services.

16. Do I have to take part?

No – participation is entirely voluntary. If you are unsure if you want to take part, you can ask questions about the research before deciding. If you do agree to take part, you can withdraw consent at any time without giving a reason. Withdrawing from the study will not affect your legal rights in any way.

17. What will happen in the study?

If you agree to take part in the study, the researchers will contact you to arrange an interview of 30 – 60 minutes duration at your place of work or another public location of your choice. The researcher will ask your permission to record the interview, if you do not give permission they will take written notes instead. Data collection will be anonymous, the only personal information collected will be the nature of your work, your knowledge of alcohol-related issues among the population in question, your gender and age. Anonymised data will be shared with third parties such as the funder (SHAAP), health- and social care professionals and the interested public.

18. Are there any potential risks in taking part?

There are no specific risks associated with this study, however, it is always possible that during an interview, issues may come up that individual participants find distressing. If you do experience distress as a result of your participation, please contact the researchers who will be happy to direct you towards appropriate support.

19. Are there any benefits in taking part?

The study aims to identify issues relating to harmful alcohol use in order to enable health- and social care services to improve services for people who seek asylum and refugees in Scotland and England.

20. What happens after the study is finished?

All study data will be kept securely in accordance with the University of Edinburgh data management policy.

21. Will the research be published?

The research will be presented in a report for Scottish Health Action on Alcohol Problems. We will also write an article for an academic journal read by other researchers, and present what we have learned at a conference for other researchers in this area.

22. Who has reviewed this study?

This study has been reviewed by, and received ethics clearance through, the University of Edinburgh Ethics Committee (reference number: STAFF135).

23. Who do I contact if I have a concern about the study or I wish to complain?

If you have a concern about any aspect of this study, please speak to the relevant researcher xxxxxx, who will do their best to answer your question. The researcher should reply within 10 working days and tell you how they intend to deal with it.

If you wish to discuss the research with somebody other than the researchers, please contact Professor Matthias Schwannauer on m.schwannauer@ed.ac.uk

If you wish to make a complaint, this can be done by contacting the University's Research Governance Team via email at reserachgovernance@ ed.ac.uk or via phone on +44 131 6504327

You can also use the University of Edinburgh Complaints Form: www.ed.ac.uk/files/imports/fileManager/WEB%20Complaint%20Form.pdf

24. Further Information and Contact Details

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact Dr Steph Grohmann on steph.grohmann@ed.ac.uk

Appendix 2: Consent Form

Centre for Homelessness and Inclusion Health
School of Health in Social Science
University of Edinburgh

Ethics Ref: STAFF135

Participant Identification Number for this study:

CONSENT FORM

Title of Project: Exploring the factors that influence harmful alcohol use through the refugee journey: a qualitative study in Scotland

Name of Researcher: Dr Steph Grohmann/Dr Fiona Cuthill

	Please initial box
1. I confirm that I have read the information sheet for the above study.	☐
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	☐
4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.	☐
5. I agree to take part in the above study	☐
6. I understand that relevant sections of data collected during the study may be looked at by individuals from the University of Edinburgh and from the funder (Scottish Health Action for Alcohol Problems). I give permission for these individuals to have access to my records.	☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Original (x1) to be retained in site file. Copy (x1) to be retained by the participant.

SHAAP - Scottish Health Action on Alcohol Problems
12 Queen Street
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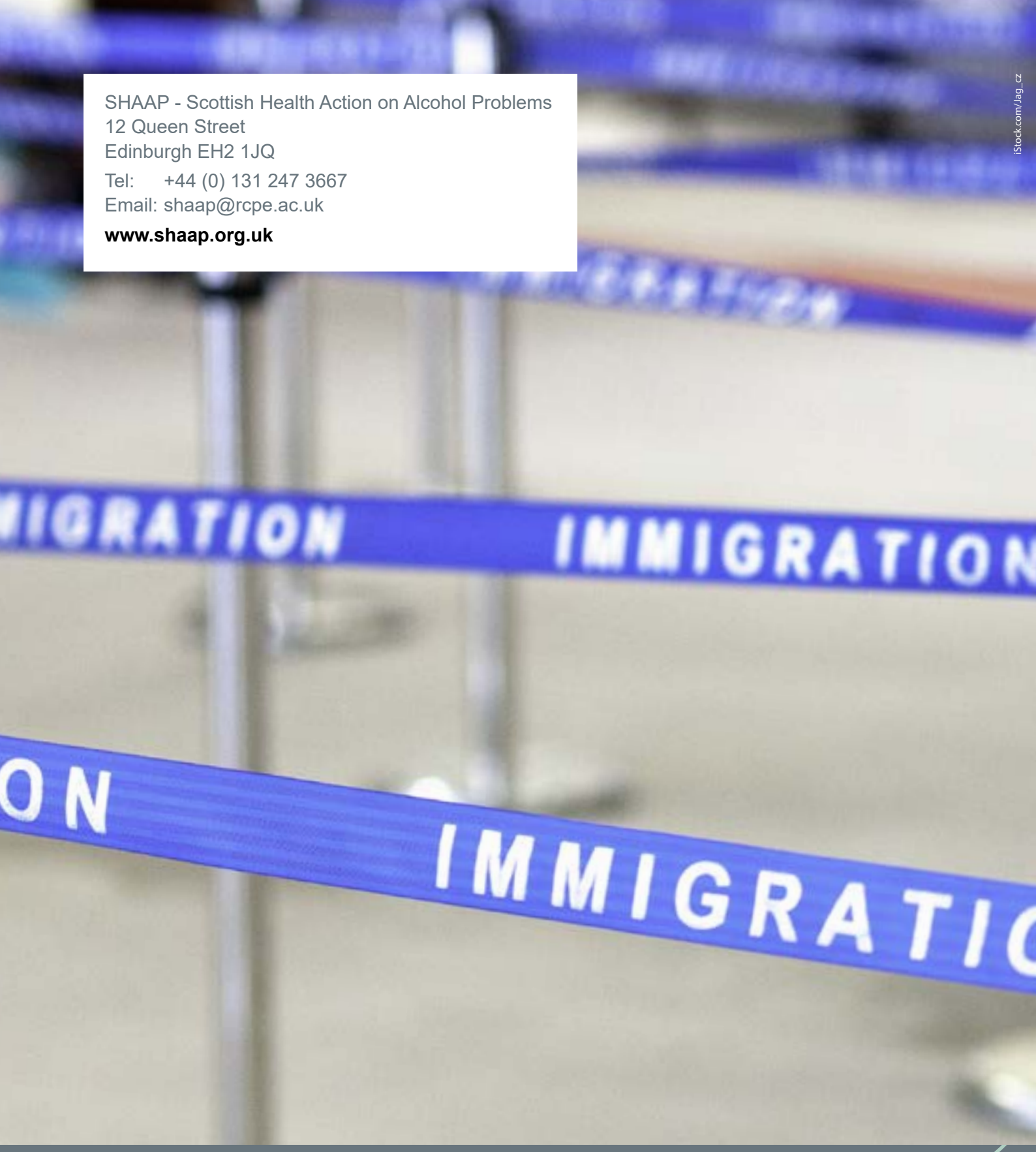
Email: shaap@rcpe.ac.uk
www.shaap.org.uk



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ON ALCOHOL PROBLEMS
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THE UNIVERSITY of EDINBURGH
School of Health in
Social Science