Information and Communication Technologies, Treatment Opportunities, & People who are Homeless and Use Drugs

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Research question

- Can information and communication technologies (ICTs) increase treatment opportunities for people who are homeless (PWAH) and people who use drugs (PWUD)?

Background

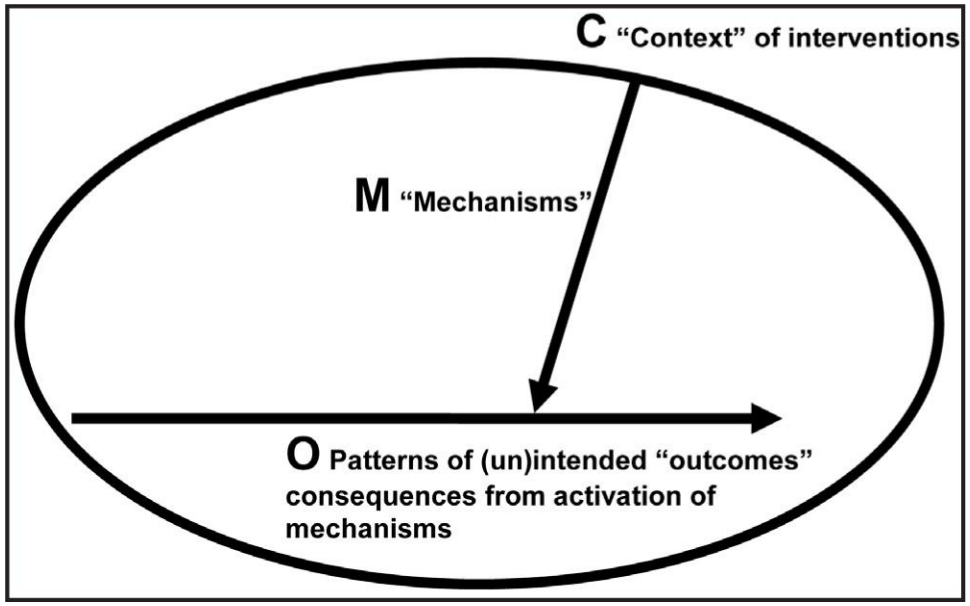
- Access to ICTs is a pre-requisite to meaningful participation in society
- ICTs are increasingly being used to provide treatment and support for drug and alcohol problems
- PWAH and PWUD are at increased risk of overdosing & hepatitis C infection, but also often encounter barriers to accessing treatment
- PWAH and PWUD may not have access to, or routinely use, ICTs
- PWAH and PWUD may therefore be excluded from new and potentially effective treatments

The study: evaluation of an online drug treatment intervention

- **Design:** Qualitative and longitudinal evaluation of an online drug treatment intervention, BFO: https://www.breakingfreeonline.com/
- **Methods:** 52 semi-structured interviews conducted with 30 people who were homeless and used drugs
- **Setting:** 17 hostels in 2 English cities
- **Date:** 2012 & 2013
- **Resources**: No payment for participation, free access to BFO, offer of one-to-one support in using BFO
- **Data management:** All interviews were transcribed and coded line-by-line using MAXQDA10
- **Analyses:** Iterative Categorization (Neale, 2016), with data mapped onto the constructs of ‘context’, ‘mechanisms’, and ‘outcomes’

Realist Evaluation

- Pawson & Tilley, 1997
  - Context
  - Mechanisms
  - Outcomes



Participants

- **Sex:** 25 men; 5 women
- **Ages:** 23-62 years (mean = 43 years)
- **Ethnic backgrounds:** White British (n=13); White European (n=7); Mixed Race (n=6); Black British (n=3); Black Caribbean (n=1)
- **Substance use:**
  - 14 current or former injectors
  - Main problem drugs: crack cocaine (n=21); heroin (n=17); alcohol (n=16); cannabis (n=6); prescribed drugs (n=5); powder cocaine (n=2)
- **Treatment status:**
  - 14 currently engaging with peer support groups and/or formal drug services
- **Other self-reported health issues:**
  - Mental health problems (n=15); Hepatitis C (n=4); HIV (n=2); TB (n=2)

Findings: Context

- **ICT access, use & interest:**
  Participants had access to ICTs, used ICTs, & wanted to engage with ICTs more
- **Barriers to ICT use:**
  Participants struggled to afford ICTs, had access only to cheap & poor quality ICTs, had limited knowledge about ICTs, and often had nobody to show them how to use ICTs

Context

- “I have got family scattered all over the place and without a computer I would never be able to get in contact with them.” (Leona, aged 52 years)
- “I wouldn’t touch them [hostel computers] with a barge pole. Have you seen the keyboards?... They’ve got every bug known to mankind on them.” (Trent, aged 46 years)
- “I know that phone can probably do a thousand and one different things, but actually I don’t really know how to.” (Marcus, aged 47 years)

Findings: Mechanisms

- **Participant-related:**
  Participants being ready to deal with their drug use & any underlying psychosocial problems; participants being motivated to use the programme
- **Programme-related:**
  Accessibility & flexibility (anytime, anywhere); simplicity; user-friendly interface (including colours, visual style); interactive capabilities; interesting & fun; certificate of completion
- **Delivery-related:**
  Requires privacy and a quiet space to work; requires appropriate computing equipment; the offer of personalised support/ tuition/ mentorship

Mechanisms

- “About 3 or 4 am, if I feel upset… I can come down and use the programme… I can put stuff that is all jumbled up in my head down in a way that makes sense.” (Sarah, aged 20 years)
- “If you went in and tried to do anything, people were behind you, over your shoulder, ‘what are you doing there?’… I didn’t want to discuss with people what I was doing.” (Thomas, aged 53 years)
- “If there is nobody there and you’re just left to get on with it, it’s quite easy to skip things… But when you know somebody is there, then it’s a lot easier to go through with things.” (Dennis, aged 54 years)

Findings: Outcomes

- **Overall:**
  - 4 participants reported improvements in substance use
  - Many reported:
    - Improved computing skills & confidence in using ICTs
    - Greater awareness of, and interest in, other forms of technology
    - Pleasure/ enjoyment from working on the programme
    - Improved general literacy
    - New strategies for coping with stress, dealing with anger, thinking differently
    - Better organisational skills, routines, use of time
    - Starting to think about college, jobs, moving on from the hostel, the future
- **When used alone:**
  - More able to be honest & open (‘computers don’t judge’)
- **When used with a supportive other/ mentor:**
  - More time and opportunity to discuss substance use, emotions, other problems

Outcomes

- “Since I started doing this [BFO], I have got a touch screen phone. I’ve just bought a brand new LED TV... It’s just made me more confident with technology, which obviously I wouldn’t have had, if I’d never done the programme.” (Dennis, aged 54 years)
- “If it’s a person, you might be worried about their opinion. But it’s a computer, so it can’t judge you in any way, shape or form. So there’s no point lying to a computer.” (Sarah, aged 23 years)
- “Just doing these few sessions like together [with mentor]. Yes, I do find myself opening up to him more.” (Leona, aged 52 years)

Discussion

- Contextual factors (including participants' material, educational, and social resources) influenced their access to, and use of, ICTs
- Mechanisms (relating to the programme design and content, how it was delivered, availability of a mentor or supportive other, and client motivation) influenced engagement with BFO
- Positive outcomes from BFO included improvements in:
  - substance use
  - computing skills
  - self-insight, confidence, coping
  - time use (enjoyment) & time management (organisation)
  - opportunities for staying in contact with family and friends
  - educational, employment, & housing aspirations

Implications

- There is scope to more proactively utilize ICTs with PWAH and PWUD
  - CATs, texts, apps, phone calls, Skype, emails, online user forums, social networking sites, online education/ training
- CATs are most likely to work well with those who are ready to address their substance use and other potentially difficult issues
- CATs should be offered in addition to, and not as a replacement for, face-to-face/ in person/ therapist support
- CATs should have an accessible, user-friendly interface, be interactive and fun to complete; certificates of completion can encourage engagement
- Services should endeavor to provide PWAH and PWUD with easy access to good quality technology, as well as offers of support and education
- Services using CATs with PWAH and PWUD need to provide staff with training, support, and time to maximise the potential benefits
- Evaluations of CATs should consider diverse outcomes

Conclusions

- Can information and communication technologies (ICTs) increase treatment opportunities for people who are homeless (PWAH) and people who inject drugs (PWUD)?
- YES: ICTs can increase treatment opportunities if they are:
  - appropriately designed, easy to access, offered in privacy
  - provided with the offer of personal support for those who want it
  - targeted at those who seem ready to address their substance use and related problems
  - not evaluated solely on the basis of reduced drug use/ abstinence

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