

Background and Aims: Polish people are the largest migrant population in the UK. There are concerns about alcohol use/misuse amongst this group but we know little about their needs or experiences with alcohol or alcohol treatment services, especially those of Polish women. The **main aim** of this study was to further an understanding of the pathways into, through and beyond treatment for problematic alcohol use for this group. We want to better understand; what helps Polish people to come into, stay and complete treatment; what recovery means for Polish people; whether recovery is different for men and for women; how they can sustain recovery following treatment.

Sample: The data reported here come from;

- ❖ Four professional interviews (Polish case worker, priest and support worker with AA, Polish advice centre manager)
- ❖ 13 interviews with Polish people – 9 male; 4 female
- ❖ £20 voucher was given to each service user participant

Methodology: Qualitative approach – intention to use a timeline to better understand pathways through treatment was unsuccessful as it did not facilitate discussion. Instead more ‘traditional’ one to one interviews were conducted, recorded and transcribed.



Into Treatment:

- Frequent heavy drinking not seen as problematic for men
- Often only after loss of relationships, employment and home that treatment is sought
- Many are at the stage where medical detox is necessary before therapeutic intervention can start



Through Treatment:

- Additional support needs (e.g. benefits, housing) must be dealt with before/at same time
- Language is a barrier BUT some wish not to have Polish key worker
- 12 participants wished for complete abstinence as an outcome not reductions in drinking



Beyond Treatment:

- Changes to social groups usually necessary
- Focus on employment as means of maintaining recovery for both men and women
- Multiple attempts can be needed before successful abstinence is achieved

I was drinking first at home, by my own. I was drinking like very little, like two or three beers, but every time, overnight, just night time, to relax me, I got depressed. I was feeling a little bit lonely, the kids were upstairs you know. (Int6_female_Service2)

...there was an impression that somebody actually cares and wants to help, so that is contributing to me remaining abstinent. I have also have severe health complications, jaundiced and alcohol related epilepsy, so that is a high risk situation and I wouldn't like for that to continue. I have a strong belief that my life and my future will be better, but yeah there is at the moment ongoing contact and some good intentions that are coming my way and have helped in that regard. (Int1_Male_Service1)

...you see when I was drinking, I was thinking that everybody else is drinking, because all my friends used to drink and everybody around me used to drink. Then I didn't there were people who have like kind of normal life and they don't drink and now I see a lot of people don't drink and they live happy lives, they do their duties, they have families, they have kids and it's amazing, you know it's like a discovery these past few years. (Int9_male_Service2)

Okay after a couple of years, there were lots of problems start, slowly, slowly and at that time I don't see these problems...I'm thinking everything is alright, I'm working, my free time I spent with the friends we're drinking. I think okay it's normal. Month by month, year by year, problems start bigger. (Int10_male_Service2)

I think you know my physical addiction, they withdraw and that's with the medicine, which I couldn't do any time, maybe because of the Polish culture and the drink, like between Polish people it's all the time. There is some alcohol on the table all the time. So it's like, that helped me a lot because you know I stopped shaking, stopped thinking about this ... Yeah now I have had since 2nd October, I finished the detox. (Int2_Male_Service1)

[on AA] Talk, talk, talk, talk. Of course this maybe help people, but help people who is just drunk or drinks, who is like let's go to the pub, drinking fun, dancing or something like this and morning of course it's headache, blah, blah, blah. For me beer is like a breakfast, it's a standard. I'm not enjoying for this, I must do it, like a medication. (Int8_male_Service2)

No I changed, I changed definitely, I changed the people. This is very important. I change as well the place where I live, not town, because I live in London, I change the area, this is very important, because when you come back the same people are hi, hi, come on and drink something. If you ... you can come back the same, no, no I changed definitely. I changed definitely (Int10_male_Service2)

Discussion & Conclusion:

- ❖ The development of problematic drinking was different for men and for women, there is still more social acceptance of heavy drinking among men
- ❖ Alcohol use had serious implications for participants that affected their employment, relationships and health – most did not seek help until a point of crisis had been reached, the aim then was to achieve a ‘normal’ life (i.e. house, job, relationship)
- ❖ Additional support needs for most were seen, e.g. homelessness, unemployment, language – pathways were easier to navigate for those who had a good level of English and had friends or family to support
- ❖ Polish drinking culture was cited as an important factor in failing to recognise alcohol (and mental health) problems at an early stage
- ❖ Treatment was seen as a way of achieving, and maintaining, abstinence and not to reduce alcohol use, it was not accepted that professional help should be sought for reducing drinking
- ❖ Many had made a decision to avoid social groups as a way to maintain abstinence
- ❖ This was a small sample and there were challenges to gaining access to a greater number of potential participants, although it is unclear why this was the case, those who did agree to interview were open and disclosed their alcohol use and views of the services they had experienced.