

# Navigating the complexity of harm and care: a qualitative study of self-harm and alcohol use

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**SHAAP/SARN 'Alcohol Occasional' Seminar  
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Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to host the lunchtime Alcohol Occasionals, which showcase new and innovative research on alcohol use. These events provide the chance for researchers, healthcare professionals, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice. The theme for 2022 is alcohol and society. Event reports aim to capture the main discussion points and communicate these to a wider audience. SHAAP is responsible for the contents of this report, which is our interpretation.

Introducing the seminar, SARN co-chair, **Professor Carol Emslie** welcomed **Dr Amy Chandler (@DrAmyChandler)** and **Annie Taylor (@AnnieTaylor21)** on behalf of SHAAP and SARN, provided background to SHAAP and SARN, introduced both speakers and gave context to their research.

**Dr Amy Chandler** thanked SHAAP and SARN for inviting her to present, as well as thanking the funders of the research, Alcohol Change UK. Chandler also confirmed that the authors had no conflict of interest.



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**Chandler** began by introducing the topic of alcohol use and self-harm. Alcohol use and self-harm are connected, with an established relationship. More than half of hospital presentations for self-harm involve alcohol, and alcohol use upon presentation in hospital is associated with greater risk of repeat hospitalisation and eventual mortality.

**Chandler** explained that the sociocultural and political context of alcohol use and self-harming are often unaccounted for in research, and outlined that this qualitative project aimed to understand how people with lived experience make sense of self-harm and alcohol. Semi-structured online and telephone interviews were

conducted with 11 participants across England and Wales who self-identified as having experienced self-harm and alcohol use. Participants were interviewed about self-harm, alcohol use, and their reflections on the relationship between the two, as well as their experiences with services.

**Annie Taylor** then summarised the report findings, which were split into 3 main areas:

- 1 Parallels between self-harm and alcohol use
- 2 Connections between self-harm and alcohol use
- 3 Service response

## Parallels between self-harm and alcohol use

**Hiding and secrecy:** participants highlighted the element of secrecy around both alcohol use and self-harm. However, there was a difference in how accepted these were viewed as. Alcohol use was seen as more widely accepted, whereas self-harm was viewed as something to hide. Each of these may be associated with shame and stigma, and may be exacerbated by social responses from friends, family members, schools, and even services.

**Active methods of coping:** Both alcohol and self-harm were used as a practice to cope with stress, negative emotions, and difficult social situations. Individuals often highlighted that they had started self-harming and drinking during periods of difficulty.

**Control:** drinking and self-harm were often described in relation to being 'in' or 'out' of control. However, a paradox existed whereby some participants felt that self-harm was a practice related to being 'in control', however others felt that self-harming was associated with being out of control.

## Connections between self-harm and alcohol use

**Exacerbation:** self-harm was commonly reported by participants as being exacerbated by alcohol misuse, and that this often became an intertwined cycle.

**Replacing coping mechanisms:** Participants reported that they had replaced alcohol use with self-harm when alcohol was unavailable, others replaced self-harm with alcohol use.

**Drinking as self-harm:** some individuals framed alcohol use as self-harm in itself.

## Service access and care

Participants experienced a number of challenges in accessing services and care which were able to address their issues with both self-harm and alcohol

use. A common experience was that individuals were not eligible to be treated for their self-harm by mental health services whilst they were experiencing substance use issues, and were not able to be treated for self-harm issues by alcohol services. Individuals therefore ended up being turned away from (and bounced between) mental health and alcohol services. Participants therefore often felt that they could not disclose issues relating to both alcohol and self-harm and it often became an 'either or' in terms of seeking help. Gendered issues also arose, where male participants seemed more reticent to seek treatment for self-harm.

**Harmful attitudes and poor treatment from service providers:** including a lack of empathy, with participants reporting attitudes from staff that self-harm may be self-inflicted or attention seeking. This stigma was viewed as a significant barrier to accessing treatment.

**Messages for services:** participants felt that they weren't asked the correct questions about alcohol/self-harm due to a lack of joined up approach between services, a lack of authentic relationships with service providers, and accessibility issues from the NHS and third sector organisations (long waiting times and rejected referrals). Responses should avoid: excluding, silencing, or minimising individuals or their problems. They should avoid assumptions. They should ask questions, and be able to respond, they should be flexible and have knowledge of the relationship between alcohol use and self-harm, and support services should be needs based.

**Emslie** thanked the speakers, before opening for discussion and questions, which explored various themes and issues, including: the lack of joined up approach between mental health services and alcohol services, potential solutions to this, uniformity across service provision and regulation of dual diagnosis, issues around co-morbidities with alcohol consumption in general, and the role

of population-level policies such as Minimum Unit Pricing and marketing restrictions.

### Read the research project briefing

Read the research project briefing on the [Alcohol Change UK website](#).

### Watch this seminar

You can [watch this seminar](#), and other recent webinars



### SHAAP Blog

Read [our blog](#), including posts on alcohol screening/interventions in prisons, and the PCANOS model.

