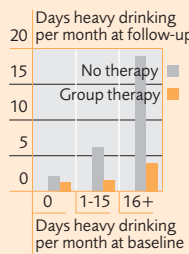


14.8 Soup kitchen turned into therapeutic setting

Findings The success of a group therapy programme at a large New York 'soup kitchen' shows that welfare services with high concentrations of problem substance users can be transformed from environments which impede recovery into ones which promote it.

Visitors were recruited to the study by 'peer advocates' with drug or HIV affected backgrounds who maintained contact with attenders and helped all 290 in the study access services. For a randomly selected 151, this practical assistance was supplemented by 16 weeks of group therapy at the soup kitchen site. It began with 12 sessions based on motivational interviewing from which graduates could step into a revolving 36-session cycle of highly practical relapse prevention training. Small incentives were given for attending groups and external treatment services or self-help meetings. The groups also provided further opportunities to gain support from peer advocates.

To qualify for the study, visitors had merely to be concerned about their own substance use, but three-quarters had previously sought help for substance problems and 40% were using substances virtually every day, mainly alcohol, cocaine and cannabis. 206 were interviewed before the programme and five months later. Six in ten allocated to therapy had attended at least once and their attendance averaged 15 sessions. During the last three months of the follow-up, those offered therapy were more likely (71% v. 50%) to have obtained extra help with their substance problems. Impacts on substance use were most noticeable among heavy drinkers, who cut their heavy drinking days from 19 a month before therapy to just three afterwards. Visitors not offered therapy changed little. The heaviest drinkers as well as those using any drugs daily benefited most [▶ chart](#).



In context Researchers chose an accessible setting regularly frequented by out of treatment substance users and a time (the lunch period) when they were likely to be there. This plus the flexibility to accommodate sporadic attendance and to enter the programme at any point made the approach feasible despite the indigent caseload. Participants exhibited multiple problems of the kind to be expected at a soup kitchen, but must have been a small and perhaps unusually motivated fraction of the problem substance users visiting the facility.

Allied initiatives include imbuing supported housing or shelters with self-help fellowships, peer support, and therapeutic community elements. In Britain, methadone maintenance and peripatetic alcohol counselling clinics have been sited in hostels.

Practice implications The current drive in Britain to improve housing for addiction treatment patients could be matched by one to bring treatment and harm reduction to the places where people with drug and alcohol problems are already concentrated, such as shelters and hostels. Otherwise this aggregation can itself generate substance use, impede recovery, and aggravate risks due to sharing injecting equipment. Simply making services known to these potential patients is unlikely to greatly improve uptake. Experience in the USA is that it is important to make treatments easily accessible and to provide practical and social support and incentives (food vouchers, transport, peer advocates) for participating in treatment and other interventions.

LINKS [Nugget 4.9](#) • [Care control challenge](#), issue 13 • [Barriers cleared in Endell Street](#), issue 12

A common view is that the resolution of substance problems is unrealistic without secure accommodation, but the study shows that given some other anchor (in this case, regular attendance at a soup kitchen) initial steps can still be taken. Benefits were most apparent among visitors with the greatest substance problems, suggesting that slightly more detailed screening might focus resources on people in greatest need.

Featured studies Rosenblum A. *et al.* "Motivationally enhanced group counseling for substance users in a soup kitchen: a randomized clinical trial." *Drug and Alcohol Dependence*. 2005, 80(1), p. 91–103 [DS](#)

Additional reading ① [Manuals for the intervention](#) available at www.ndri.org/ctrs/itsr/soar.asp ② [Randall G. et al. Drug services for homeless people.](#) [UK] Office of the Deputy Prime Minister, 2002. Download from www.odpm.gov.uk.

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