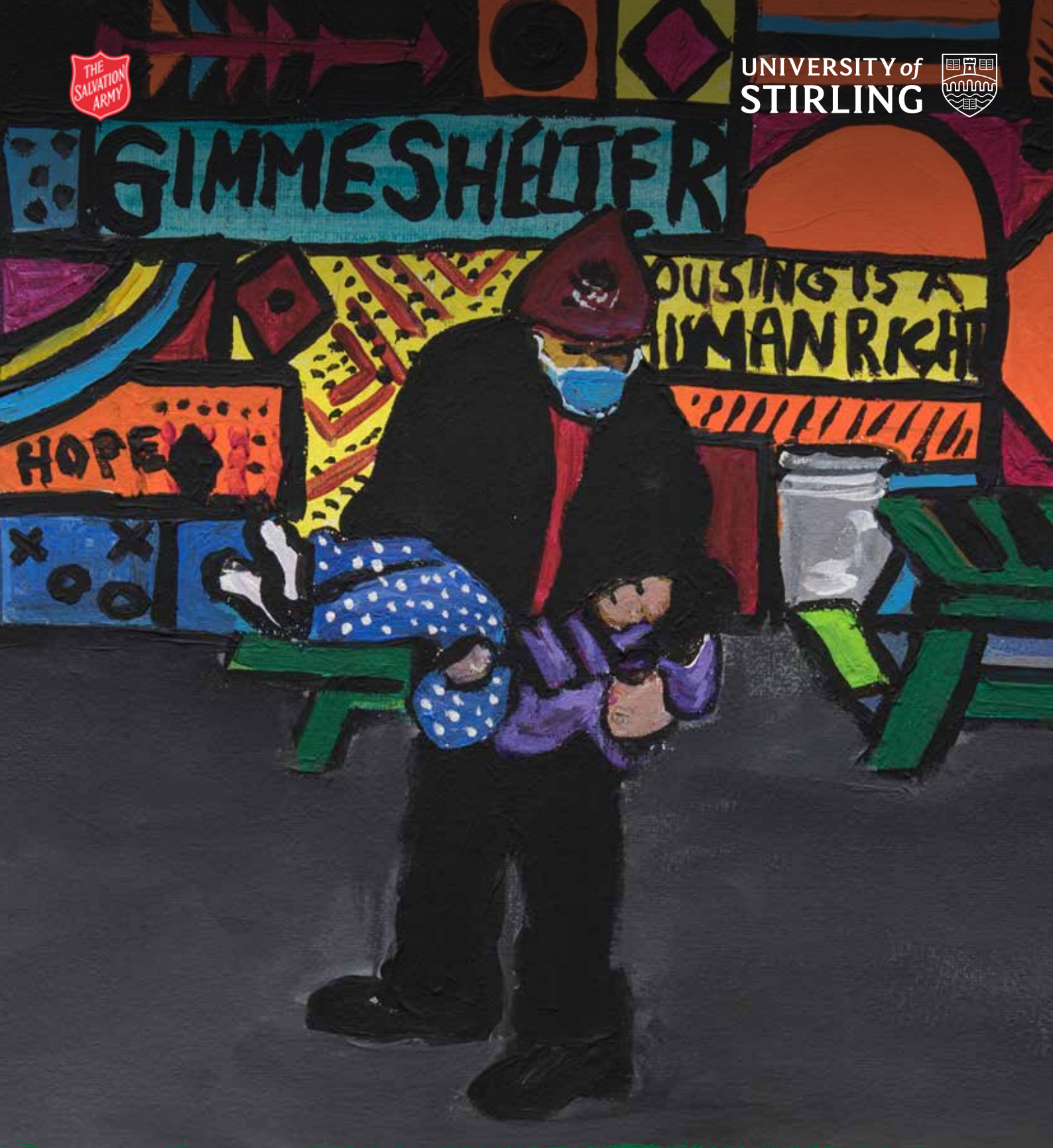




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## Managed alcohol programmes: Scoping the potential of a novel intervention to help prevent infection (COVID-19) for people experiencing alcohol dependency and homelessness

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In Scotland, rates of alcohol use and alcohol-related harm are high, with 1190 alcohol-specific deaths in 2020<sup>1</sup>. Alcohol use in Scotland is estimated to cost more than £3.6 billion each year, with high costs to health, social care, and criminal justice services<sup>2</sup>. Alcohol use disorders (AUDs) are not equitably spread across Scotland's population. Some groups, such as people who are homeless, are more vulnerable to alcohol use and related harms<sup>3</sup> due to social inequalities, stigma, and complex social and structural processes<sup>4,5</sup>.



Homelessness affects a significant number of people in Scotland, and access to mental and physical healthcare can be challenging for this group<sup>5</sup>. Alcohol can be used as a way of coping with trauma, poverty, difficult life circumstances, and with being homeless<sup>5,6,7</sup>.

During COVID-19, people who are homeless could be more vulnerable due to their increased risk of respiratory disease and difficulty in self-isolating. Lockdown restrictions can be challenging for those who are dependent on alcohol.

For many people who experience homelessness, AUD treatment options are limited, especially during the COVID-19 pandemic. Abstinence-based programmes can be hard to comply with because of unrealistic or undesirable goals<sup>8</sup>. Many express a preference for harm reduction options, such as safer drinking approaches and harm reduction based housing<sup>9</sup>.

## Managed alcohol programmes

Managed alcohol programmes (MAPs) are a harm reduction approach. MAPs provide alcohol in regular, measured doses throughout the day, along with a range of other supports, including healthcare, housing and community activities. These supports are offered in multiple settings, including day programmes, shelters, and transitional and permanent housing.

MAPs originated in Canada, where several studies have shown reduction in programme participants' risk of alcohol-related harms; improvements in relationships, quality of life, wellbeing and safety<sup>10</sup>, less harmful patterns of alcohol use<sup>11</sup> and better ability to retain housing<sup>12</sup>.

Currently, there are residential accommodation services in the UK that provide support for alcohol which could be considered informal MAPs. However, there are currently no formal MAPs in Scotland.

## Aims of the study

This study aimed to explore the feasibility and acceptability of providing MAPs to reduce the risk of infection/ transmission of COVID-19 for people who experience homelessness and severe alcohol problems. It provided insight into their experiences during the COVID-19 pandemic and the pandemic's impact on their alcohol use and general wellbeing. The study was funded by the Chief Scientist Office's Rapid COVID-19 Research fund. The study was conducted between May and November 2020 in collaboration with The Salvation Army (TSA).

## Methods

The study involved collection of quantitative data through case records and interviews with a range of stakeholders.

Qualitative data were collected via 40 semi-structured interviews with 19 external stakeholders, eight TSA service managers, seven frontline service staff, and six clients who currently (or previously) met eligibility criteria for access a MAP. Interviews were audio-recorded, transcribed, and analysed using Framework Analysis. The study was informed by the Consolidated Framework for Implementation Research (CFIR)<sup>13</sup>. The CFIR provided a way of understanding the variables that appear to be most salient to implementation of MAPs in Scotland. Aspects of MAPs were discussed using five constructs: intervention, inner setting, outer setting, process, and characteristics of individuals.



Quantitative data were collected from the case records of 12 people accessing TSA homelessness services in Scotland. These data included alcohol and drug use, physical and mental health, withdrawal symptoms, health service use and COVID-19 symptoms.

Linda McGowan, Artist in Residence at An Unexpected Gallery in Glasgow, was commissioned to create a range of visual images to represent the study's emerging themes. Linda created images based on people who work in and make use of services. All images in this report are by Linda McGowan.

## Findings

Overall, participants supported MAPs, especially in light of the positive outcomes achieved through some services adopting alcohol harm reduction measures during the COVID-19 pandemic. There was recognition of the lack of harm reduction options for people experiencing homelessness with AUDs in Scotland. The pandemic provided insight into both the opportunities and challenges for meeting this group of vulnerable individuals' needs and the relevance of MAPs in this context.

**"The thing with the MAP is, if it was on offer, it could stop somebody having to leave a building. The person might not necessarily put reduced risk of infection at the top of their list. But we might. So the priorities of the individual might be different to the priorities for us. But yeah, aye... in that controlled tight setting it may actually stop someone having to go out to get alcohol." (Manager 1)**

Clients discussed their experiences with alcohol use, including very heavy use, difficulties accessing alcohol during the initial lockdown period, withdrawal symptoms, and negative past experiences with abstinence-based treatment.

Four of the six participants said they would access a MAP if available. They believed MAPs to be a new approach to tackling alcohol problems and a potential safety net to prevent additional risks. Two noted that, while they would not personally use a MAP, they could see benefits for others.

Clients mentioned the need for MAPs to include choices around alcohol, friendship, and social support. Funding for MAPs was mentioned as a potential challenge for the provision of both the service and alcohol. Clients also mentioned the potential benefits of MAPs in relation to COVID-19, perceiving them as helpful to keep people safe, for example, by preventing people from sharing bottles of alcohol.

**"I reckon it would reduce it vastly. Aye because you are mixing with people, you are looking for opportunities to raise some money there or maybe a bottle will be on the table and then you are drinking out of the same bottle." (Client 3)**

Participants from all groups considered potential challenges in implementing MAPs, including the need to secure buy-in from multiple stakeholders and clarity regarding ethics, roles, expectations, care pathways, funding, and governance.

The case records review highlighted levels of alcohol use and related harm for clients, as well as mental and physical health problems. The use of alcohol and drugs was reported for all participants, highlighting the increased risk not only of alcohol-related harms but also of overdose and substance-related death. Alcohol Use Disorders Identification Test (AUDIT) scores ranged from 13-36, with a mean of 30, indicating that nine of the 12 participants had moderate to severe AUDs, with two having hazardous or harmful alcohol use (and no AUDIT score available for one person).

Further details drawn from case records reviews were:

- the majority of participants had used alcohol for over 20 years
- most individuals drank 25 days per month, consuming at least 20 units per day
- all participants reported experiencing alcohol withdrawals, and seven had experienced seizures
- four people had previously been in treatment, with six having experienced detoxification
- alcohol-related hospital admissions and ambulance call-outs were reported for eight
- physical health problems were reported for 11/12 people, and mental health problems for all 12 (with anxiety and depression most common)
- cognitive impairments relating to alcohol were reported for six, mostly memory problems
- illicit drug use was reported for all 12 participants
- only one person had COVID-19 symptoms and had been tested. One of the 12 had been shielding, and nine broke lockdown rules in order to consume alcohol, either having friends in their home to drink, leaving their accommodation to buy alcohol, or drinking on the streets.

As we found in previous research<sup>14</sup>, there are limited service responses for people who experience homelessness with AUDs. This study further evidenced this and highlighted the negative effect of the COVID-19 pandemic on the ability of highly vulnerable individuals to access appropriate services.

MAPs were viewed as having the potential to proactively address current unmet needs and to reach greater numbers of people who are homeless with AUDs. COVID-19 provided the impetus for services and staff to focus attention on the urgent needs of this group and to build the case for the implementation of MAPs in Scotland. Many participants saw the potential of MAPs in reducing risk of COVID-19 infection and transmission.

The pandemic facilitated different ways of working to support people who were homeless with AUDs by providing alcohol to those who were unable to access it, providing support online/ by phone, and increasing outreach provision.

However, many challenges around provision of services and support for people with AUDs were also mentioned, such as limited access to support; fewer staff available; increased drug and alcohol use among some individuals; a focus on illicit drugs to the exclusion of alcohol use; and isolation and loneliness.

Participants identified several factors that would need to be considered if MAPs were to be introduced in Scotland, including:

- proactive working across the third sector
- social and healthcare services
- optimal settings for MAPs
- staffing including
  - workforce development and training
  - supervision
  - involvement of peer workers
  - appropriate staffing levels
- ethics
- governance and consent
- licensing of premises
- pathways into and out of MAPs
- individual choice
- provision of healthcare and other services
- clarity regarding roles of different professionals
- engagement with potential clients
- funding
- public perceptions.

Some clients discussed concerns regarding MAPs as condoning or promoting high levels of alcohol use, so information is needed on the value of harm reduction approaches for this group and the associated evidence base.





## What impact could the findings have?

Our findings highlight the need for MAPs in Scotland and factors to be considered for implementation as part of the pandemic response. There are several implications for policymakers and commissioners, and relevant service providers:

- alcohol harm reduction approaches are essential for those experiencing homelessness and AUDs to meet their needs and protect them from harm, including COVID-19.
- MAPs are considered feasible to deliver in Scotland and acceptable to a wide range of stakeholders, including those using and those providing third sector frontline services.
- MAPs have the potential to protect individuals from the risks associated with COVID-19, including reducing non-compliance with lockdown restrictions. However, MAPs should be seen as a long-term approach, with associated cross-sector buy-in and funding.
- implementation of MAPs in Scotland should consider the high rates of poly-substance use and mental and physical health problems among this group of people.
- before implementing MAPs in services, training is needed to familiarise staff with the evidence for harm reduction and MAPs, communicate the values associated with MAPs, and develop their related skills, knowledge and confidence.
- buy-in from internal and external stakeholders is necessary to support appropriate governance arrangements and sustainability of MAPs implementation.
- those using homelessness services should be involved in developing MAPs, and their ongoing review, to ensure that services are appropriate and meet their needs well.
- clear guidance for services on developing MAPs should address potential challenges relating to funding, staffing, governance, roles and expectations, licensing, care pathways, provision of alcohol, and other essential elements.



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