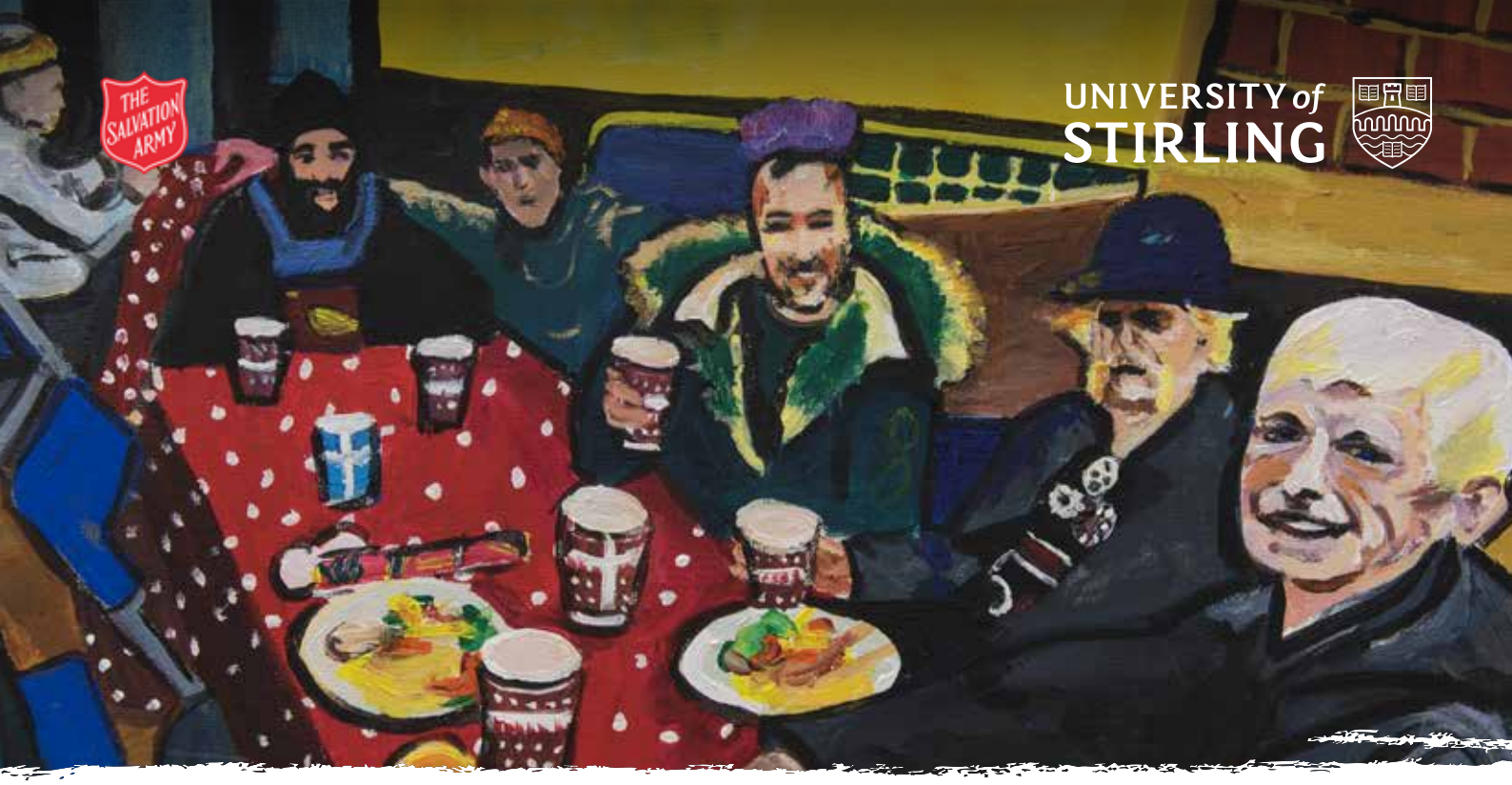

Managed alcohol programmes: Scoping the potential of a novel intervention to help prevent infection (COVID-19) for people experiencing alcohol dependency and homelessness

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Homelessness affects a significant number of people in Scotland, and access to healthcare can be challenging for this group[1]. During COVID-19, people who are homeless are more vulnerable due to their increased risk of respiratory disease and difficulty in self-isolating. Lockdown restrictions can be challenging for those dependent on alcohol.

Treatment for alcohol use disorders (AUDs) is limited for those experiencing homelessness, especially during the pandemic. The goals of abstinence-based programmes can be hard to comply with[2]; therefore, harm reduction approaches are needed, such as safer drinking and harm reduction based housing.

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. MAPs originated in Canada, where several studies have shown improvements in programme participants' health and wellbeing[3]. Despite this, there are currently no formal MAPs in Scotland.

What was this study about?

This study looked at the potential of providing MAPs during the COVID-19 pandemic for people who experience homelessness and AUDs. It provided insight into their experiences during the COVID-19 pandemic and the impact on their alcohol use and general wellbeing. It was funded by the Chief Scientist Office's Rapid COVID-19 Research fund.

What did the study involve?

The research team conducted interviews with 40 people: Salvation Army service managers, frontline staff, and clients, as well as a wide range of external professionals. It also looked at the case records of 12 people in Salvation Army services in terms of 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.

What did the study find?

Overall, participants supported MAPs, especially as some services achieved positive outcomes by 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 people's needs and the relevance of MAPs in this context.

Clients discussed their experiences with alcohol use, difficulties accessing alcohol during the initial lockdown period, withdrawal symptoms, and negative past experiences with abstinence-based treatment. Clients said they, or others, would benefit from 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.

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

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

The case records review highlighted high levels of alcohol use and related harm for clients, as well as mental and physical health problems:

- nine of the 12 participants had moderate to severe AUDs, with two having hazardous or harmful alcohol use
- 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 having experienced alcohol withdrawals and seizures
- four people had previously been in alcohol treatment, with six having experienced detoxification. Eight had had 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, which were mostly memory problems
- illicit drug use was reported for all 12 participants
- one person had COVID-19 symptoms and had been tested. One had been shielding, and nine broke lockdown rules in order to consume alcohol, either at home with friends, going out to buy alcohol, or drinking on the streets.

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
  - o workforce development and training
  - o supervision
  - o involvement of peer workers
  - o 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.

What impact could the findings have?

Our findings highlight the need for MAPs in Scotland and relevant factors in their implementation as part of the pandemic response. There are implications for policymakers and commissioners, and 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 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.
- MAPs implementation 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
- users of services should be involved in developing and reviewing MAPs to ensure that services are appropriate and meet their needs well.
- guidance for developing MAPs should address funding, staffing, governance, roles and expectations, licensing, care pathways, provision of alcohol, and other essential elements.

References

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