

Managed Alcohol Programmes (MAPs)

Dr Hannah Carver, Lecturer in Substance Use and Deputy Director of the Salvation Army Centre for Addiction Services and Research (SACASR), University of Stirling & Professor Tessa Parkes, SACASR Director, University of Stirling

SHAAP/SARN Alcohol Occasionals Seminar Tuesday 1 June 2021, hosted on Zoom

Scottish Health Action on Alcohol Problems ([SHAAP](#)) and the Scottish Alcohol Research Network ([SARN](#)) are proud to host the lunchtime Alcohol Occasionals in conjunction with the Royal College of Physicians of Edinburgh ([RCPE](#)). The seminars showcase new and innovative research on alcohol-related topics and provide the opportunity for researchers, healthcare professionals, policymakers, and members of the public to discuss and debate implications for policy and practice. The current theme is alcohol and inequalities. [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 are our interpretation.**

Introducing the seminar, SARN Co-Chair, [Professor Carol Emslie](#), welcomed [Dr Hannah Carver](#) ([@DrHannahCarver](#)) and [Professor Tessa Parkes](#) ([@TessaParkes](#)) on behalf of SHAAP/SARN, congratulating Parkes on becoming a Professor.

Carver first gave more background on her and **Parkes'** work, research interests and the [SACASR](#) ([@SACASRStir](#)), then provided [global](#) and national pictures of alcohol harm. In Scotland, rates of alcohol use and alcohol-related harm are high – for example, [latest figures](#) reveal over 1,000 alcohol-specific deaths in 2019. Homelessness is also an enduring and prevalent social issue in Scotland – over 51,000 people were homeless in [2019/20](#).

Carver shared that alcohol use disorder (AUD) is not equitably spread across the population, with [research](#) suggesting that roughly two-fifths of men who are homeless are dependent on alcohol, with rates for women being less certain. People who are homeless tend to have higher rates of substance use and mental health problems than people who are not homeless. The relationship between alcohol and homelessness is complex: alcohol use may be a cause or consequence of homelessness and can be used as a coping mechanism. People who are homeless tend



Dr Hannah Carver, University of Stirling



Professor Tessa Parkes, University of Stirling

to experience substantial harms associated with alcohol – both acute (e.g., alcohol poisoning) and chronic (e.g., liver disease). Access to mental and physical healthcare services can be particularly challenging for people who are homeless, including those with AUD. [Research](#) conducted by **Carver, Parkes** and colleagues suggests that people who are homeless with AUD generally favour harm reduction approaches, which 'meet people where they are at' instead of expecting or imposing abstinence (which is often challenging/unwanted/unrealistic). To keep people safe, alcohol harm reduction approaches, such as MAPs, are seen as essential.

Carver explained MAPs: programmes with 'harm reduction' as a guiding principle, where alcohol is provided in measured, regular doses throughout the day, typically alongside a range of supports including regular meals, access to healthcare, and social/cultural programmes. MAPs were developed in Canada (the first established in '97 in Toronto), and most of the [growing evidence base](#) comes from Canada. MAPs are international though: **Carver** shared a [video](#) of Sundial House's MAP (in Dublin, Ireland, established in 2008), and noted Australia is working on pilot implementation.

Carver shared several MAP studies from Canada with promising results, including MAPs as a [place of safety](#); cost-effectiveness [[PDF](#)]; [smoothing out of drinking](#) and

less non-beverage alcohol, with reduced acute health harms and social harms; and [maintained reductions in related harms in a MAP](#) (plus deterioration in liver status on leaving a MAP) – however, the impact of long-term heavy drinking needs to be explored.

Carver and **Parkes** then discussed their two studies.

Study 1: Feasibility + acceptability of MAPs in Scotland

Mixed methods, with case note review (n=33) to understand individual circumstances of the potential users of MAPs and interviews with 20 professionals and nine people eligible for MAPs (homeless with AUD). Case note review revealed similarities to those accessing MAPs in Canada, who are typically male with high levels of alcohol consumption and additional physical/mental health needs. Interview participants were supportive of MAPs for the ‘disengaged’ who had exhausted other treatment options, and as an alternative to abstinence-based programmes. High rates of both alcohol and drug use were viewed as a key concern in Scotland that needed to be considered when developing MAP services. The interviews also identified six key components of MAPs in Scotland; **Carver** highlighted:

- the importance of MAPs providing more than just alcohol, by delivering holistic care with a wellbeing focus
- the need for a balance between service rules and individual autonomy for those accessing MAPs

A mapping exercise was also conducted to identify UK-based MAPs. Five residential services were operating, to some extent, as MAPs (although there may be others ‘under the radar’). No other studies have evaluated UK-based MAPs.

Study 2: Potential of MAPs to reduce risk of COVID-19 infection/transmission and wider harms

Parkes discussed the second mixed methods study, with case note review (n=12) and interviews with 34 professionals and six people eligible for MAPs. Alongside the research, paintings from [An Unexpected Gallery](#) (Linda McGowan and Stu Duffy) were commissioned. The case note review found similar findings – mainly heavy-drinking men with multiple, complex needs. At interview, participants reported that homelessness and substance use services generally responded quickly, collaboratively, and creatively to COVID-19, e.g. by moving online, increasing outreach, and relaxing strict rules on abstinence. However, some felt that availability of alcohol services reduced during the pandemic, reducing support, and delaying treatment – reinforcing the view that alcohol services are seen as less important than drug services. There was a mixed picture of substance use, with concerns about withdrawal risks due to alcohol shortages and concerns that some people had initiated/escalated concurrent drug use. There was consensus that MAPs could mitigate risk of infection, by supporting self-isolation (if required) and social distancing (although some noted concerns about distancing in group settings), alongside reducing isolation. However, challenges posed by providing MAPs in response to COVID-19 were also raised, including implementation in pandemic conditions; funding; the need for

staff training and community buy-in; and providing a harmful substance as a threat to the feeling of ‘safety’ (providing alcohol to people with alcohol problems can be controversial, particularly because alcohol poses dose-dependent risks to health and safety). Participants were keen to see MAPs provided post-pandemic and generally felt that residential MAPs would likely be more feasible than day services.

Parkes provided policy and practice implications; MAPs...

- are required in Scotland to manage alcohol-related harm among a vulnerable population
- need to consider high rates of polysubstance use and mental health problems of this population
- should be tailored to local and individual needs
- should have well-trained and compassionate staff, including people with lived/living experience
- should offer more than just alcohol – including health and social care support and social activities
- present an opportunity for alcohol harm reduction during the COVID-19 pandemic
- need to be tested via feasibility and pilot studies focusing on client outcomes



MAPs provide more than just alcohol - By Linda McGowan, An Unexpected Gallery (cropped)

Parkes acknowledged the funder (Chief Scientist Office), researchers, artists, partners, and research participants. The [discussion and Q+A](#) was wide-ranging, including: the definition of a MAP; support from families for MAPs, knowing their family member is safe(r) in a MAP; benefits of residential vs. drop-in MAPs (the latter may be better suited to women); and the forthcoming [Simon Community](#) MAP in Glasgow, developed over the last five years.

Resources: [Study briefing](#) | [Article in Drug and Alcohol Review](#) | [Commentary in: Campaign for Social Sciences & The Conversation](#) | [University of Stirling Covid-19 bite-sized lecture by Carver](#)

Watch this seminar

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

