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Managed Alcohol Programmes in Scotland: Emergent findings from a scoping study

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- An introduction to Managed Alcohol Programmes (MAPs)

- Methods

- Findings

- Conclusions

The team

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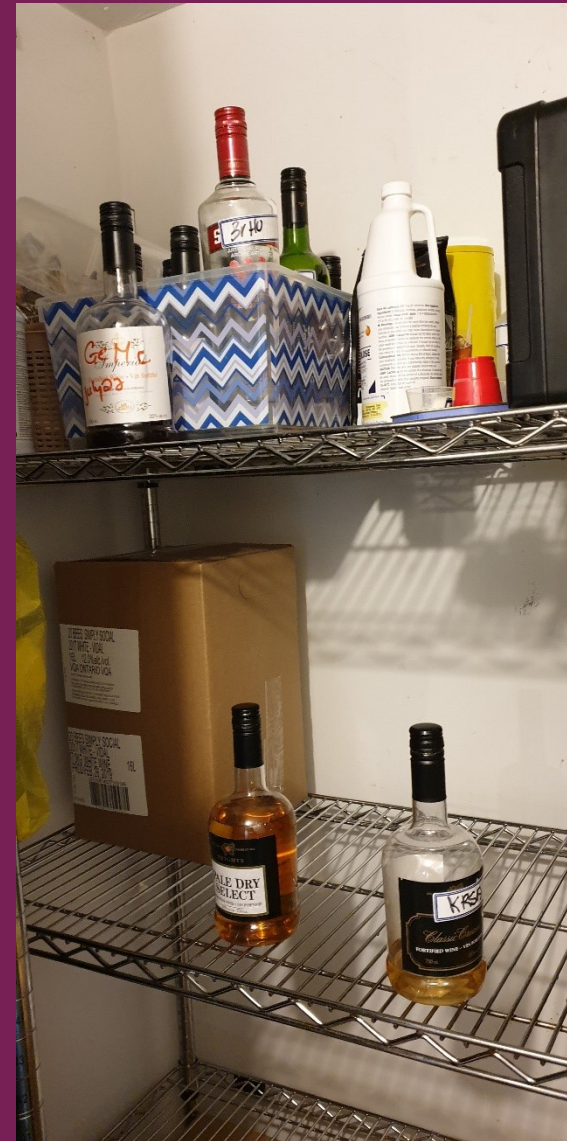
The study

- Aim: to scope the feasibility and acceptability of provision of a MAP within a third sector supported accommodation environment in order to begin the process of tailoring MAPs to the Scottish and UK context.

- Objectives:
    1. To scope the target eligible population in Scotland, assessing the number of people who would benefit from MAPs, prevalence and characteristics;
    2. To scope the attitudes of third sector staff/senior managers, commissioners and strategic decision makers towards MAPs;
    3. To scope potential beneficiary views on the value of MAPs, ascertaining views on key delivery elements.

Methods

- Case note review (n=70-150)
  - Salvation Army (n=7) and Turning Point Scotland services (n=2)
  - Data from case notes – age; gender; housing status; alcohol use; treatment experiences; other substance use; hospital admissions; physical and mental health problems; cognitive problems
  - Entered into spreadsheet and analysed in SPSS using descriptive statistics

- Interviews
  - Strategic level informants (n=10)
  - Staff in third sector organisations (n=10)
  - Potential beneficiaries (n=15)
  - Explored current situation of alcohol use and needs of target population; availability of services; perceptions of MAPs
  - Use of three vignettes to explore different approaches to MAPs (residential, drop-in and co-op models)
  - Audio recorded, transcribed in full and analysed using Framework Method[10] in NVivo

Findings - interviews

Five key themes:

1. The need for MAPs in Scotland
2. Practicalities of MAPs
3. Managing alcohol consumption in MAPs
4. Autonomy and rules
5. Individualised care

The need for MAPs in Scotland

"…the alcohol doesn't kill you very quickly, the drugs do. We better educate you about the drugs … So we will deal with the guys that are going to die, and forget about you because you can still bid for a house, you can still get your benefits running, hopefully you don't do too many things that get you locked up in jail … So you are left just to get by because you are not at risk of dying at the minute" (Staff interviewee)

Practicalities of MAPs

"I'd like to see a few MAPs in Scotland and they have to be judgmental free, they have to be the kind of nurturing environment where they can build trust with the individuals that are staying there, to help them feel like they are living in a safe environment. And then, because it will be such a slow process, only then you can start to build relationships" (Strategic interviewee)

Managing alcohol consumption in MAPs

"That sounds quite positive because of the structure that has been put in place. Obviously I am not in a position to know whether the glass every ninety minutes would work … I don't think I'd be able to deal with that. I think if I had a glass I'd be probably wanting a bottle, but again, it's on the individual if you are wanting … or whatever else that glass will be enough, and every ninety minutes, every hour and a half, I suppose that's not too bad" (Potential beneficiary interviewee)

Autonomy and rules

"If you take away the rules to some extent and ask them what would suit them I think that would be the best way so it's not pre-defined morning, lunchtime, teatime do you know what I mean?" (Strategic interviewee)

"It's not about us saying oh you should be doing this, you should be doing that. We are not here to judge, you are an individual person, they have made that choice that this is what they want to do. And it's about trying to support them in a safe way" (Staff interviewee)

Individualised care

"[It's] always a bit about trying to make sure that people are using mainstream services as much as possible, topping that up with specialist if required. Because what we are all hoping for in this sort of thing is for people not to end up staying in somewhere like [residential MAP] for the rest of their life, but that they are able to be properly moved on to other accommodation, settled accommodation that they can get supported in and linked in then to like GP services, you know just make sure that you know they've got all the advice around them you know, the benefits if they are on benefits you know all of this type of thing" (Strategic interviewee)

Conclusions

- Those in the target population have high rates of alcohol use and associated physical and mental health problems;
- Participants were generally supportive of MAPs in Scotland, with recognition that those experiencing homelessness and problem alcohol use require innovative, harm reduction approaches;
- A range of factors need to be taken into consideration when developing MAPs, including staffing; funding; how and when alcohol is provided; settings; gender; involvement of those with lived experience; the provision of health and social care; social activities; and a focus on health and wellbeing;
- We are currently developing a follow on study proposal based on the findings of this study.

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Participants: Strategic level, staff and potential beneficiaries

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