

RAPID RESEARCH IN COVID-19 PROGRAMME

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

AIMS AND FOCUS

The aim of this six month study was to explore the potential of Managed Alcohol Programmes (MAPs) to reduce risks of infection/transmission of COVID-19 for people who experience homelessness and severe alcohol problems. MAPs are harm reduction programmes offering regularly dispensed alcohol, alongside services, and designed for those who engage in very long term and heavy drinking who typically cycle between homeless services, hospitals, and criminal justice settings. MAPs were not piloted in this study: the feasibility and acceptability of providing MAPs in Scotland as part of a COVID-19 response was explored using a mixed methods design.

KEY FINDINGS

- Participants discussed challenges for people who were homeless with alcohol use disorders (AUDs) within health and social care services that preceded the pandemic, such as: the short term nature of services; a focus on abstinence; a focus on harm reduction for illicit drugs rather than alcohol; and a lack of funding and resources for such services.
- Service responses for those who are homeless with AUDs during the pandemic included access to accommodation, greater outreach support, and increased tolerance for continued alcohol use in temporary housing such as hostels and hotels. Such measures were viewed as reducing the risk of infection and transmission of COVID-19.
- COVID-19 presents a range of additional challenges for people who are homeless with AUDs including: heightened risks of contracting and transmitting the virus because of not having homes to isolate or shield in and making it hard to comply with national lockdown measures; lack of begging revenue affecting the ability to buy alcohol, and reduction in the availability of mainstream services, including those for alcohol problems.
- The potential to establish MAPs during the pandemic was seen as an important way to help keep individuals safe by protecting them from dangerous withdrawals and other negative effects of alcohol, including use of non-beverage alcohol. Many participants saw MAPs as addressing the lack of appropriate services for this group by proactively supporting people with their alcohol use rather than ignoring it. This was seen to have many associated benefits including helping individuals with their significant mental and physical health problems that often co-exist with their alcohol problems.

RAPID RESEARCH IN COVID-19 PROGRAMME

- Participants from all groups were generally supportive of MAPs as an approach for Scotland to address these currently largely unmet needs. Knowledge of the success of MAPs in Canada was viewed as a gateway to adoption of similar services in Scotland. The COVID-19 pandemic has been an additional catalyst, drawing attention to limitations within current arrangements.

WHAT DID THE STUDY INVOLVE?

The study involved a rapid case study design using mixed methods. Focused on The Salvation Army (TSA) services in Scotland, service managers, frontline staff and clients were involved, as well as a wide range of external professionals across the country.

- Qualitative data were collected via 40 semi-structured interviews with 19 external stakeholders, eight TSA service managers in four case study sites plus those in a range of leadership roles, seven frontline service staff, and six clients who currently (or had previously) met eligibility criteria for accessing a MAP. Interviews were audio recorded, transcribed, and analysed using Framework Analysis. The Consolidated Framework for Implementation Research (CFIR)¹ closely informed data coding, analysis, and write up of study findings.
- Quantitative data were collected via case record reviews of those accessing TSA services in the case study sites. For inclusion of case records, individuals had to be homeless and have alcohol as their main substance problem: they did not have to be formally diagnosed with an AUD. Data were collected from 12 people and covered information about alcohol and drug use, physical and mental health, withdrawal symptoms, health service use, and COVID-19 symptoms. Data were entered into Excel and analysed in SPSS (a statistical software package) using descriptive statistics.
- Data from relevant team meeting notes were also included to understand wider staff concerns regarding potential implementation challenges, and workforce needs. Data were also collated from training sessions provided to staff about MAPs by TSA, delivered as part of this study.
- An artist was commissioned to work with the study team to create a range of visual images to represent the emerging themes of the study, given the challenges of remote data collection and the inability of researchers to visit case study sites. This resulted in a series of paintings which will be digitised and displayed in a range of settings as part of the study dissemination.

Ethical approval for the study was granted by University of Stirling's General University Ethics Panel (GUEP; paper 917) and the Ethics Subgroup of the Research Coordinating Council of The Salvation Army (RCC-EAN200709). A Research Advisory Group for the study was established involving some members of the research team and experts in the field across the UK. The group met twice during the study and provided advice and information about the initial findings and dissemination activities. A Strategy Group was also established, involving several members of the research team, TSA service managers in the case study sites (Susan Grant, Iain Wilson, Fi Grimmond, Margaret Cowan), those in a range of leadership roles in TSA (Lee Ball, Helen Murdoch, Laura Mitchell, Sean Kehoe) and the two artists (Linda McGowan, Stu Duffy). The group met 12 times throughout the study and worked intensively and collaboratively on developing training for workforce development, data collection processes, and co-creation of the artwork.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- Overall, participants were supportive of MAPs, especially in light of the positive outcomes

RAPID RESEARCH IN COVID-19 PROGRAMME

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

- 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 that they would access a MAP if available. They believed MAPs to be a new approach to tackling alcohol problems that could be a safety net for them 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 provision of 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.
- The case records review highlighted high 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. 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. Further details from this review are highlighted below:
 - The majority of participants had used alcohol for over 20 years;
 - Most individuals drank 25 days in a month, consuming at least 20 units per day;
 - All participants reported experiencing alcohol withdrawals and to have experienced seizures;
 - Four people had previously been in 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;
 - 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.
- Participants from all groups described the need to consider potential challenges in the implementation of MAPs, including the need to secure buy-in from multiple stakeholders, and for clarity regarding ethics, roles, expectations, care pathways, funding and governance.
- The CFIR provided a way of understanding the variables that appear to be most salient to implementation of MAPs in Scotland. We applied the CFIR during qualitative data coding and analysis to understand aspects of MAPs discussed by participants in terms of the five CFIR constructs: intervention, inner setting, outer setting, process, and characteristics of individuals. This enabled us to identify, for example, key aspects of the intervention, the current context, knowledge and buy-in, and potential barriers and facilitators.

As we found in previous research² there are limited service responses for people who experience homelessness with AUDs. This study provided further evidence of this and highlighted the

RAPID RESEARCH IN COVID-19 PROGRAMME

negative effect of the COVID-19 pandemic on the ability of individuals who are highly vulnerable 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 from all participant groups that were sampled 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 taken into account 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, and 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; and public perceptions. Some participants 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?

This is the second UK study to examine the potential for MAPs in Scotland and the first to examine MAPs within the COVID-19 pandemic outside Canada. Our findings highlight the need for MAPs in Scotland and factors to be considered for implementation as part of the pandemic response. Our previous research² identified similarly high levels of risk and harm amongst this population. These study findings add to the growing body of evidence available globally regarding the need for alcohol harm reduction approaches for people experiencing homelessness and AUDs. There are a number of implications for policy makers and commissioners and relevant service providers.

- Alcohol harm reduction approaches are essential for those experiencing homelessness and AUDs in order to meet their needs and protect them from harm, including in relation to COVID-19.
- MAPs are considered to be 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 the likelihood of individuals breaking 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 take into account the high rates of poly-substance use and mental and physical health problems of this group of people.
- Staff involved in delivery of MAPs need to be provided with training prior to implementation to ensure they are aware of the evidence regarding the need for harm reduction and MAPs, the values associated with them, and to ensure they have relevant skills, knowledge and confidence.
- Buy-in needs to be sought from a range of internal and external stakeholders prior to MAPs being implemented to ensure appropriate governance arrangements and sustainability.

RAPID RESEARCH IN COVID-19 PROGRAMME

- Those using homelessness services should be involved in the development of MAPs, and their ongoing review, to ensure that services are appropriate and meet their needs well.
- Clear guidance on developing MAPs should be provided to enable services to address potential challenges relating to funding, staffing, governance, roles and expectations, licensing, care pathways, provision of alcohol, and other essential elements.

HOW WILL THE OUTCOMES BE DISSEMINATED?

Study findings will be disseminated in several ways including: academic manuscripts; briefings for clients, staff and service managers in a range of services; webinars; conference presentations; and blog posts. The briefings will incorporate the paintings created as part of the study.

CONCLUSION

The COVID-19 pandemic has provided opportunities and challenges in relation to provision of harm reduction services for people who are homeless. This study has provided insight into the experiences of individuals who were homeless with severe alcohol problems during the COVID-19 pandemic, and the impact of the pandemic on their alcohol use and general wellbeing. The case records review highlighted high levels of alcohol use and related harm for clients, as well as significant mental and physical health problems. Most participants were positive about the potential of MAPs in Scotland in addressing COVID-19 risks, alongside the risks and vulnerabilities associated with homelessness and heavy drinking prior to the pandemic. The findings highlight the key factors that should be considered in implementing MAPs including during a pandemic.

RESEARCH TEAM & CONTACT

Dr Tessa Parkes	t.s.parkes@stir.ac.uk
Dr Hannah Carver	hannah.carver@stir.ac.uk
Professor Catriona Matheson	catriona.matheson@stir.ac.uk
Professor Bernie Pauly	bpauly@uvic.ca
Dr Peter McCulloch	peter.mcculloch@stir.ac.uk
Ms Tania Browne	tania.browne@stir.ac.uk
Ms Wendy Masterton	wendy.masterton@stir.ac.uk
Ms Hazel Booth	h.l.booth@stir.ac.uk

ADDITIONAL INFORMATION

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References

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