CHIEF SCIENTIST OFFICE

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RESEARCH PROJECT BRIEFING


# Scotland's first Managed Alcohol Programme: Evaluating the impact to inform future service delivery and research

## AIMS

People experiencing homelessness and alcohol dependence face a range of harms related to their alcohol use, and treatment options are often limited. Managed alcohol programmes (MAPs) are a harm reduction intervention specifically designed for this group. MAPs provide regular doses of alcohol throughout the day alongside other supports, such as healthcare, social activities, and accommodation. Scotland's first MAP was established in 2021 by Simon Community Scotland and provides supported accommodation to up to 10 men in Glasgow. The aim of this study was to evaluate this MAP and understand the experiences of and impact on residents, and the views of staff, family members, and external stakeholders, and to inform future service delivery and research.

## KEY FINDINGS

- The realist review found that MAPs are needed when harm reduction interventions are lacking, with successful MAPs enabling autonomy, addressing clients' needs, creating a sense of hope and purpose, and providing access to healthcare and other activities.

- We were successful in recruiting 10 MAP residents and 10 matched controls. Retention was more challenging, especially in the control group, and small numbers meant it was not feasible to report robust outcome data. Ethnicity, age, and years of drinking at baseline were well matched in our control group. Because control participants reported aiming for abstinence or being content with current drinking levels, this indicates that they may have in fact been ineligible for the MAP and therefore not as well matched with our MAP participants as originally expected.

- Both control and MAP participants struggled to answer some standardised questionnaires, which causes concern regarding their utility for research with this group, despite being validated in assessing alcohol dependence.

- MAP residents report that they have benefitted from their time in the MAP: they appreciated the homely, safe setting, and helpful and supportive staff. Many could access healthcare, take care of themselves, and reconnect with family. Their experiences of managing their alcohol were positive, although challenging. Some viewed the MAP as a stepping stone to getting their own accommodation and potentially living without alcohol, while others saw the MAP as their home for the future, enabling long-term stable accommodation.

- Staff and stakeholders acknowledged the positive impact of the MAP on the residents' relationship with alcohol, including moving to lower-strength drinks, as well as a decrease in emergency service use. Staff described the process of managing residents' alcohol as challenging, particularly when residents would consume alcohol outside of the MAP and became intoxicated. Staff felt conflicted between ensuring residents had autonomy and ensuring they were not drinking too much and being at risk of increased harms.

- Staff and stakeholders also recognised the positive impact of the support provided to residents, and the improvements they had made over time to their physical health, nutrition, and engagement with a range of services. Family members spoke of no longer having to worry about their loved ones as they knew they were safe in the MAP.

- Beyond the immediate benefits and logistical aspects of running the MAP, staff and stakeholders identified both systemic opportunities and challenges regarding the scalability, sustainability, and integration of MAPs within the wider health and social care landscape.

While the high-quality design and welcoming environment enabled resident retention and positive engagement with the intervention, the small size of the current MAP (10 beds) was described as a "drop in the ocean" relative to the national scale of need. Stakeholders emphasised the need for future expansion that includes services for other genders, considerations of other service locations (e.g., rural vs urban), and a focus on how to make MAPs sustainable.

- The overall study findings show MAPs are required in countries such as Scotland, where suitable services for those experiencing homelessness and alcohol dependence are lacking. Future consideration is required regarding how MAPs can continue to navigate ethical and logistical complexities while expanding their reach to more diverse and geographically varied populations.

## WHAT DID THE STUDY INVOLVE?

The study involved four work packages. The study advisory group, called a Learning Alliance, provided support throughout and involved 14 people with lived experience, academics, clinicians, policy makers, and third sector stakeholders. The group met seven times throughout the study and advised on realist review programme theories, identification of participants, and dissemination activities.

**Work package 1**

We conducted a realist review of the international evidence to established what works, for whom, and in what circumstances for MAPs. The aim of a realist review is to synthesise existing evidence to examine contexts, mechanisms, and outcomes of complex interventions. We developed 24 initial programme theories (IPTs) through evidence already known to the research team, other relevant theoretical frameworks, and in discussions with our Learning Alliance. We then conducted systematic literature searches to identify relevant academic and grey literature. Full text documents were first reviewed, then data were extracted and organised, before coded thematically using the IPTs as a framework. The data were then analysed and synthesised to develop more refined programme theories (PTs) from 60 papers.

**Work package 2**

We conducted standardised questionnaires with 10 MAP residents and 10 locally matched controls at four time points. The aim was to establish the feasibility of conducting longitudinal research with this population. MAP residents were recruited from the service and controls recruited from two third sector services in Glasgow. They were matched on gender, age, ethnicity, and level of alcohol consumption. Data were collected at baseline, 3, 6, and 12 months. Participants were asked about demographics (age, ethnicity, housing status); alcohol consumption (frequency, amounts, non-beverage alcohol use); drug use (frequency, types, amounts); alcohol dependence (AUDIT and SADQ); mental health (PHQ-9 and GAD-7); quality of life (ICECAP-A); health status (EQ-5D-3L); and social support (IPDA). After each data collection session participants received a £30 shopping voucher as an acknowledgement of their time. MAP participants also provided approval for the MAP to share their data with the study team.

**Work package 3**

WP3 involved photo elicitation and interviews with six MAP residents on more than one occasion: five completed two interviews and one completed three. We worked with an organisation called PhotoVoice to train the residents to use cameras and they were encouraged to take photos to capture their experiences of the MAP. This methodology was chosen to empower participants to document, reflect on, and communicate their experiences of the MAP. In some interviews photos taken by the resident were used to elicit discussion. Interviews were audio-recorded, transcribed, and entered into NVivo 14 for analysis.

**Work package 4**

In WP4, semi-structured interviews were conducted with 11 frontline staff and 38 external stakeholders, including healthcare staff; staff in other third sector services; MAP volunteers and those who had placements in the MAP; policy makers; local residents; family members of MAP residents; and control participants. Similarly, interviews were audio-recorded, transcribed, and entered into NVivo 14 for analysis. Analysis was informed by the Consolidated Framework for Implementation Research.

## WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- The realist review findings show that MAPs are needed in a context where harm reduction interventions are lacking, with successful MAPs enabling autonomy, addressing clients' needs, creating a sense of hope and purpose, and providing access to healthcare and other activities.
- Recruitment of MAP residents and controls was feasible, but retention was challenging. More vulnerable participants may have been lost during longitudinal data collection. Future studies should account for this, by, for example, recruiting more controls compared to residents.
- The MAP acted as a harm reduction initiative by providing the residents with a safe place to stay, managing their alcohol consumption, supporting healthier eating, facilitating contact with primary healthcare, helping residents to obtain bank accounts and identification documents, supporting residents to engage with social activities, and to regain contact with families.
- Residents highlighted the impact of close connections with staff in the MAP, showing the importance of a small service, adequate staff numbers, highly trained staff and multiple interactions throughout the day.
- The MAP was described as homely, showing the importance of the physical MAP building and location in providing a clean and appealing environment, with access to outside space.
- There are several considerations for future MAP delivery, including need, location, population, sustainability, and support for independent living.
- Overall, the MAP serves as a vital intervention that addresses health and social needs of residents while simultaneously challenging conventional abstinence-focused beliefs.

## WHAT IMPACT COULD THE FINDINGS HAVE?

The findings from the study can inform future service delivery through the good practice manual, which will summarise the key components required for a successful MAP. This manual can be used by other organisations and commissioners in establishing new MAPs.

- Our WP2 findings can inform future research in this field in terms of recruitment and retention of participants and the suitability of different standardised questionnaires.
- The photographs taken by the residents have been made into a booklet to show potential residents what life in the MAP is like. The booklet will publicise the MAP further within Glasgow and across Scotland and help to inform and reassure potential residents given that a move to the MAP from other homelessness accommodation may be daunting. The photo booklet is available here: https://photovoice.org/500-001_map/.
- The findings will directly inform Scottish Government's new strategic plan 'Preventing harm, promoting recovery: Scotland's alcohol and drugs strategic plan 2026-2035'. The Government are committed to review these findings to inform the future delivery of MAPs in Scotland. It also addresses a gap identified in UK treatment guidelines for alcohol dependence.

## HOW WILL THE OUTCOMES BE DISSEMINATED?

The study findings are being disseminated in a range of ways. We held a dissemination event on 3rd March 2026 with 39 attendees, including MAP staff and residents, commissioners, academics, and other third sector services, to share the overall study findings and exhibit photographs taken by MAP residents. Four of the MAP residents attended and spoke about their experiences of living in the service and participating in the study. Additional funding from the Economic and Social Research Council's Impact Accelerator Account at the University of Stirling enabled the creation of photography booklets in collaboration with MAP residents and these were distributed at the event. The MAP will also use these booklets, and the study team will use them in future research dissemination, such as at events, meetings, or conferences.

We have presented at two international and three national conferences; via a webinar to an audience including practitioners, policymakers and individuals with lived experience; and in other relevant meetings/events. We have one paper published in Harm Reduction Journal (https://link.springer.com/article/10.1186/s12954-026-01416-y) and three articles pending submission to high quality journals in mid-2026. We will continue to seek out dissemination activities after the study has ended.

## CONCLUSION

MAPs are an evidence-based intervention for people experiencing homelessness and alcohol dependence which provide alcohol regularly throughout the day alongside other support. Scotland's first MAP opened in Glasgow in 2021 and provides high-quality accommodation for up to 10 men. This study contributes to the wider evidence base for MAPs by providing an understanding of what works, for whom, and in what circumstances through our realist review. Our quantitative work highlights the key issues when recruiting, retaining, and completing data collection with men experiencing these challenges. Our qualitative work highlighted the important role that the MAP has played in the residents' lives, and the improvements made to their alcohol use, physical health, and social connections. The physical environment and the caring and supportive staff appear critical to the success of the MAP. Several challenges exist, concerning alcohol management, sustainability, and the size of the MAP vs. overall need in Scotland. The study findings can inform future service delivery through our work in identifying key components of successful MAPs, and future research.

## RESEARCH TEAM & CONTACT

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Additional Information
The study ran from 1st December 2023 to 31st March 2026. The award amount was £299,021.