



MAP Presentation

“Support Choice”

Setting the Scene for Kilted MAP’s

Homeless Network Scotland Conference

6th of Oct 2021

Rankin Barr@SCS

Combatting the causes and effects of homelessness







Canadian Research Findings Jan 2021 59 MAPS 6 Cities and 116 Controls

- ❑ Reduction in mean drinking per day
- ❑ Reduction in drinking days per month
- ❑ Reduction in use of non beverage alcohol
- ❑ Reported significant fewer harms up to 6 months.
- ❑ Similar overall consumption better spread across more days.
- ❑ Reported increase in Liver damage on those who left the MAP's
- ❑ MAP's lead to less Hazardous drinking patterns
- ❑ MAP's DID NOT MAKE ANY OF THE HEALTH OUTCOMES WORSE.



The Big Question ? “Is this the right choice”



Managed alcohol programs: Is it time for a more radical approach to reduce harms for people experiencing homelessness and alcohol use disorders?



THE CONVERSATION

The message from our research is clear. MAPs are necessary in Scotland and should be included as part of a system of care to reduce alcohol-related harm among one of our most vulnerable groups.

In Canada, MAPs operate in a variety of guises – drop-in programmes, shelters, hostels and permanent accommodation. Alcohol provision also varies in relation to timing and quantity of dosing, from an hourly standard drink to a daily ration.



The Hard Edges Report Scotland 2019

Severe Multiple Disadvantage. (SMD)

We estimate that, over a year, 5,700 people in Scotland experience all three of homelessness, substance dependency and offending; 28,800 experience two out of these three; and 156,700 experience one of these disadvantages only.

Cutting across all of these findings was the **fundamental inability of local and national service systems to address the needs of people who present with a range of complex and interacting needs**, especially if accompanied by the challenging forms of behaviour that are often manifest in people coping with the long-term effects of sustained trauma including ACEs (Maguire et al, 2010).



The Finding's

Scottish Health Action Alcohol Problems Study findings. (SHAAP)

The study supported by SHAAP looked at **Glasgow** quoting from three audit studies.

All identified men aged between **45-64 years** in the **most deprived areas** were far more likely to die from alcohol related causes.

The study concluded that the drivers for alcohol related harms in Scotland were related to **poverty** and **social inequalities** as well as **culture**.

The Glasgow reports highlighted that **men are approximately twice** as likely to have an alcohol-related death as women and this has remained constant over time.

People living in the **10% most deprived areas** are at least **six times more likely to die** because of alcohol use than those living in the 10% least deprived areas.

Greater Glasgow and Clyde and Lanarkshire account for a disproportionate number of deaths, compared to their population size.

White men aged 45-64 were more likely to die from alcohol-related causes.

Most were socially isolated and experienced mental health issues, housing challenges and unemployment.



Greater Glasgow & Clyde (GGC) Alcohol Deaths

Office of National Statistics changed definition of alcohol related deaths reducing death numbers in 2019 for 1st time since 2012 by between 7 & 12 % comparing historical data.

National Scottish Death rate fell as a result to 1,020 a 10% reduction from 2018.

GG&C had 257 Deaths in 2019. 6.2% reduction

GG&C had 285 Deaths 2020 increase in deaths. 12+%?
Increase

17% rise in Alcohol Deaths 2020 in Scotland 1,190
(1309ARD/1339 DRD2020)



Scottish Alcohol Deaths Facts

65%+ of Deaths were male between 50's & 60's, average age rising.

Main cause of death Liver disease 64% (759), and mental and behavioural disease 27%. No other cause of deaths over 100.

4.3 times more likely to die in deprived areas not to mention homeless or insecure accommodation or in poverty.

Average rate 21.5 deaths /100,000 population highest number since 2008. (1,316)

Males 31.3 Deaths / 100,000 population double rates of women.

Significantly higher rates than England & Wales worst in UK.



Hospital Admissions Monitoring & Evaluation Alcohol Strategy Review

Aug 2021

- ❑ 23,685 people 19/20 More than 1 admission to general acute hospital stays.
- ❑ 2.4 times higher among Males (55-64yrs).
- ❑ 19/20 Rates of alcohol related stays 8 times higher in 10% most deprived areas.
- ❑ Hospital admissions 19/20 for alcohol 93% General NHS services.



Evaluation & Monitoring of Alcohol Strategy Related Crime Facts Aug 2021

- ❑ 2010/11 >2019/20 75% of Homicide's alcohol was a factor.
- ❑ 2000>2020 consistent 75-79% alcohol was a factor on Homicide's
- ❑ Victims thought alcohol was a factor 44% of general crimes.
- ❑ Victims thought 63% of Violent crimes alcohol was a factor.
- ❑ 2018/19 40% of prisoners reported being under the influence of alcohol at time of arrest.
- ❑ 19% of prisoners alcohol stopped them holding down a job.
- ❑ 33% of prisoners said alcohol affected family and relationships



Contacts with services based on sample of 90 people 2019 NHS GG&C

Alcohol and Drug Recovery Services (ADRS) Year Before
Death

33% Yes

56% No

12% referral only

ADRS Ever

43% yes

52% No

4% referral only



Contacts with services based on sample of 90 people 2019 NHS GG&C

Minimal contact with Mental Health Service. 7%?

Social Work Services year before Death.

30% yes

70% No

Contact Ever

51.4% yes

48.6% No

Majority in contact with SW services.



Contacts with services based on sample of 90 people 2019 NHS GG&C

Acute NHS presentations

Inpatient Episodes & Outpatients Year before death

76% 1-5 contacts

4% 6-10 Contacts

2% >20 Contacts

18% N/A

Inpatient & Outpatient Contacts between 72% to 78%

23 % Gastroenterology Dept.



MAP Glasgow

Aims of The Managed Alcohol Programme (MAP) Glasgow :

To provide a new type of Housing Support service for Scotland to match the unmet needs of chronic alcohol dependent rough sleepers and 10 homeless men in Glasgow. The service will provide unique personalised housing support in specially designed accommodation. We will develop a multi agency HUB collaborating with specialist inreach services. Our new trauma informed approach will seek to engage and enable recovery.

We aim to support residents to live a life off the streets, to maintain their tenancy, facilitating controlled alcohol consumption, reducing harm and promoting healthier, happier living, preventing premature deaths and improving community connectivity.



MAP Harm Reduction with “Ambition.”



10 Male only PIE inspired Rooms



Boutique Hotel Quality fixtures and fittings.



WHO : Basic Access Criteria (Not fixed Scores)

“Personalisation”

- History of chronic harmful drinking;
- High levels of alcohol consumption;
- Chronic homelessness/rough sleeping or insecure accommodation.
- Frequent public intoxication;
- Multiple attempts at treatment;
- Frequent use of police and/or health services;
- Demonstrates motivation to engage with the programme
- Must not have a diagnosis of ARBD or impaired cognitive functioning
- liver function is within the agreed clinical scale



Impact

- Reduction in chronic street drinkers.
- Reduction in premature alcohol Deaths.
- Reduction in alcohol dependant Homelessness
- Reduction in accidents, incidents
- Reduction in crime
- Reduced pressure & presentations to A&E NHS

Outputs

- Number of referrals to MAP
- Number of Service Users accessing MAP
- Number of Service users accessing Digital & skills and learning opportunity'
- Number successfully moving on into sustainable housing options.
- Number of units of alcohol administered
- Number of partnership sessions
- Number of collaborative sessions
- Bed Occupancy and Retention

MAP Outcomes

- Service Users sustaining life off the streets.
- Increased financial stability reducing poverty.
- Reduced Alcohol related harm
- Improved health
- Increased community connectivity
- Improved relationships and social functioning.
- Reduction in criminal offences



1

Homeless

2

RSVP & SCS

3

Alcohol
Specialist
Services

6

Self Referral

5

Primary Care
CG's

4

CJ & Alcohol
Court Services

7

Peer Referral &
Assessment

8

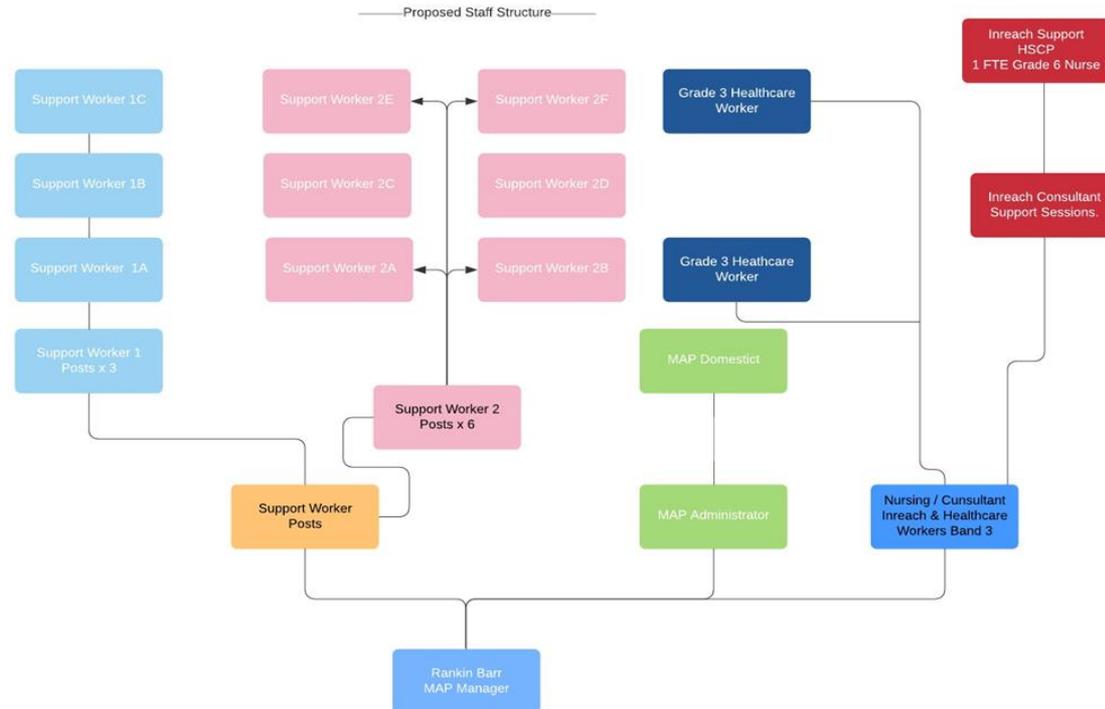
Behavioral
contract

9

License or
Tenancy
Agreement

MAP Team Structure

Rankin Barr | January 4, 2021
Managed Alcohol Programme
Staff Chart



Multi disciplinary collaboration with NE ADRS



MAP Strategic Overview

- ❑ The service is a registered Housing Support Service with managed alcohol consumption.
- ❑ MAP is now a designated National demonstration pilot funded by HSCP, Scot Gov, Grant Funders & SCS Board for three years.
- ❑ Erasmus bid to collaborate with Portugal, Poland, Italy, Norway, London and Canadian partners in supporting an EU wide network and community of practice for the development of MAP's across the EU.
- ❑ A Strategic Advisory group oversees the evaluation and MAP implementation.



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