

“I DRINK LESS AND THAT’S NO SMALL MATTER”

A QUALITATIVE DESCRIPTIVE STUDY OF A MANAGED ALCOHOL PROGRAM (MAP) EVALUATION IN BARCELONA

INTRODUCTION

OBJECTIVE:

Explored the impact of the MAP implemented in Barcelona on consumption of alcohol and other psychoactive substances, health, and quality of life, and included the gender perspective, among people who use drugs and were experiencing homelessness and who had accessed a residential center.



METHODS

- **DESIGN:** Descriptive qualitative study
- **INTERVIEWS:** Semi-structured interviews
- **PARTICIPANTS:** 8 MAP participants (three women, five men) and 4 MAP professionals
- **INTERVENTION:** MAP provides controlled alcohol doses in a safe residential setting for people with AUD. Incorporates gender-sensitive approaches and meets basic needs like food, health care, and shelter. Medical guideline.
- **CODING AND ANALYSIS:** thematic analysis for data interpretation.

RESULTS

THEMES

1. Impact of the MAP on **patterns of consumption of alcohol** and other **psychoactive substances**
2. Impact of the MAP on participants **health**.
 - Subthemes:
 - **Withdrawal** syndrome and **anxiety**
 - **Linkage** with **health services**
3. Impact of the MAP on participants' **quality of life**
 - Subthemes:
 - **Safety** and **relaxation**
 - Time for **more** than just **survival**
4. **Differential impact** of the MAP on **female-identified** participants

RESULTS

- **Patterns of consumption of alcohol and other psychoactive substances**
 - Reduction in the use of alcohol and other substances.
 - Shift in drug use patterns:
 - Rarely reach previous states of intoxication. No drinking alone
 - Less variety of other substances: limited to cannabis, cocaine or crack
 - Supervision and attention of MAP staff. Psychoeducational intervention:
 - Drinking and eating between drinks. Regular intervals. Use of breathalyzer.
 - Increased awareness of the social and health effects of alcohol

“*I’ve cut down a lot on drinking because on the street I spent all day drinking. I had nothing else to do but drink and smoke crack, drink, and smoke crack. Now it’s more controlled here, I drink about eight glasses per day, controlled by a doctor and well, it’s much better. I smoke too, I still smoke but not very much.*”
(Male-identified MAP participant, 52 years old).

RESULTS

Impact of the MAP on participants’ health

1. Withdrawal syndrome and anxiety

Improvement in mental stability, reduced withdrawal symptoms, and better identification and management of anxiety

“*At the slightest symptom of anxiety, they already think it’s withdrawal and the coping mechanism is: ‘give me the SDU* because I have anxiety’. It was the way they functioned on the street, and it worked for them. But from here and being able to do psychoeducation, you help them, you support them in this process of identifying what is anxiety and address it with other tools beyond alcohol”*
(Staff member)
*SDU: standard drinking unit

RESULTS

Impact of the MAP on participants’ quality of life

1. **Safety and relaxation**
 - Increased sense of safety, restful sleep, and well-being in a violence-free environment
2. **Time for more than just survival**
 - On the street: large part of their time traveling to various parts of the city to meet their basic needs.
 - Now: better use of time, no longer solely focused on survival.



RESULTS

Differential impact of the MAP on female identified participants

- Special impact on women: living free from gender-based violence
- Improvements in mental health and access to sexual and reproductive health services

“*When the ambulance came to take me away, I had all my clothes, the bottles of champagne, I had everything there... If I had gone in the ambulance, they could have taken him to jail, but if I had gone I would have lost everything I left behind me... I told them no, that I was staying there. I stayed awake... Then, I wanted to go and reported him and they (the police) told me: “here put your state of mental health” and, “how do we know you’re not making it up”. They wouldn’t let me make the report.*”
(Female-identified MAP participant, 48 years old).

“*“How do you think the program has impacted your quality of life?”*
-Very much, I am a woman now.
-If you can tell me a little bit more.
-It’s normal, I get up, my clothes, the will to live, a mattress, hot food, I’m safe here, very well. I’m very happy”.
(Female-identified MAP participant, 29 years old)



LIMITATIONS

- Qualitative study, its results **are not representative of other MAPs** and cannot be generalized beyond the setting of the city of Barcelona.
- **Sample size of program users was small** unable to contact former program participants due to the absence of reliable contact data.
- All the **interviews were performed in Spanish**, which was not the mother tongue of most of the participants.

CONCLUSIONS

Participants **reported improved health due to reduced consumption** of alcohol and other substances, better anxiety management, and reconnection to health services. The participants reported **enhanced quality of life, including feeling safer, and better use of time**, which had been spent on meeting their basic needs. Women reported that a key benefit of the program was **living in a sexism-free environment**.

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