Managed Alcohol Programs

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Halifax Board of Police Commissioners

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Outline

- Role for MAPs in the HRM
- Focus on specific population: people with severe alcohol use disorder and chronic homelessness.
- Introduce Managed Alcohol Programs (MAPs): What are they? What are their objectives? What is the evidence to support them?
- Requested outcome from the HPBC

Role for MAPs in the HRM (with respect to HRP)

- All public intoxication is not equal.
- The needs of people with alcohol use disorder +/- homelessness require a different response than those with recreational alcohol use/abuse.
- Contact with first responders/HRP is an opportunity to connect people with appropriate resources

Role for MAPs in the HRM (with respect to HRP)

- Reduce frequency & severity of public intoxication (requiring HRP response)
- Reduce drunk tank placements
- Provide and sustain housing for people with severe alcoholism experiencing chronic homelessness (primarily men)

What we need to know: how many drunk tank placements per year include this specific population?

MAPs: Who?

- Chronic homelessness
- Severe alcohol use disorder (i.e. high consumption and/or non-beverage alcohol consumption)
- Repeated attempts at abstinence-based treatment programs
- High rate of contact with police or emergency services
- Harm to themselves and/or the public

MAPs: Why?

People experiencing homelessness have higher rates of *severe* AUD and additional health risks related to more harmful ways of consuming alcohol.

- Non-beverage alcohol (NBA) use (eg. mouthwash, hand sanitizer, vanilla extract, aftershave, fire-lighting liquids) **low cost, high alcohol content**
- Severe intoxication, alcohol poisoning, injury, freezing and death (*risk is higher with NBA consumption*)
- Harassment & victimization due to public consumption
- Homeless people who are intoxicated are more likely to be taken into police custody or to the hospital

MAPs: Objectives

1. Reduce acute issues: injuries & harmful behaviours related to severe intoxication; alcohol poisoning; acute illnesses caused in part to alcohol consumption.
2. Reduce chronic health issues related to AUD
3. Reduce emergency service utilization: police, hospitals, first responders
4. Improve social determinants & quality of life

MAPS: What?

- 23 MAPs in Canada (since ~1997)
- BC, Alberta, Saskatchewan, Manitoba, Ontario, Northwest Territories
- Funding: multiple sources (client's income assistance, grant funding, regional health organizations for health professionals)

Canadian Managed Alcohol Program Study (CMAPS), University of Victoria

- Database of all MAPs in Canada
- Rigorous evaluation
- Create a community of practice for MAPs

(https://www.uvic.ca/research/centres/cisur/projects/map/index.php)

MAPs: What?

- Varying models: **Residential** (scattered site, single site/ Permanent Supportive Housing); Non-residential (day programs, hospital-based)
- Provide beverage alcohol at regularly scheduled intervals: ~0700-2300 at 60-90 min intervals (scattered sites may offer daily dispensing at varying intervals through the day). *Amount is individualized to the client*
- Protocols in place to prevent severe intoxication (eg. withholding or reducing a “dose”)
- Policies to prevent drinking outside** (many are self-regulated)
- Meals (may include involvement in preparation & clean-up, social support, recreational support)
- Health care (MDs, RNs)

Example: Ottawa (Shepherds of Good Hope & The Oaks Residence)

- Shelter (24 beds with option for day treatment, opened 2001) & Residential (55 units, 2 separate sites, opened 2010)
- Alcohol Administration: hourly 0730-2130, tailored to individual
- Funding: health costs through regional health organization; residents contribute financially toward cost of alcohol
- Self-regulated, policies in place to reduce drinking outside (eg. may return back to Shelter model)
- 24/7 staff, daily RN
- Weekly visit with MD, including on-site end-of-life care when needed
- Communal meals, community involvement and recreational programming

MAP: Outcomes

- Reduced non-beverage consumption
- Reduced “binging” resulting in less alcohol poisoning, severe intoxication, and associated injuries
- Reduced public intoxication
- Reduced public service use (emergency, justice, healthcare) → **cost-savings** (Both housing first and shelter-based)
- Reduced ER visits and hospital admissions
- Reduced number of days in prison & police contact
- Sustained housing, improved QoL: safe, recovery, healing, reconnection
- Improved health outcomes (chronic medical & psychiatric illnesses)

“If clients were in contact with police due to intoxication in the community, police officers who knew the person was a MAP client would often take them back to the MAP instead of to the holding cell.”

(Pauly et al., 2016)

MAPs: Halifax Initiative

MAP development already underway (residential & scattered site model): Partnership with Shelter NS, Mobile Outreach Street Health (MOSH) and MOSH Housing First.

Dalhousie feasibility research: costs of healthcare, social, police and justice services among chronically homeless men and alcohol use disorder; qualitative data collection from potential MAP participants (Dr. Judah Goldstein, Kristy Barnaby)

** We already have two ideal sites to expand upon and/or collaborate with: MTP, HAC (Shelter NS).

Requested outcome from the HBPC

- Forward a motion to Regional Council requesting a Harm Reduction Working Group for the HRM to better serve people with severe alcohol use disorder and chronic homelessness. This should include representation from community agencies, health professionals, police, and people with first-voice experience (alcohol use disorder and homelessness).

Sources:

Nielson, E, et al. (2018). Harm reduction interventions for chronic and severe alcohol use among populations experiencing homelessness: a literature review. Nielson E, et al. University of Regina.

Pauly, B., Gray, E., Perkin, K., Chow, C., Vallance, K., Krysowaty, B., & Stockwell, T. (2016). Finding safety: A pilot study of managed alcohol program participants perceptions of housing and quality of life. Harm Reduction Journal, 13(15), 1-11.

The Canadian Managed Alcohol Program Study. (n.d) Retrieved from https://www.uvic.ca/research/centres/cisur/projects/map/index.php