A Managed Alcohol Program for Sydney’s Homeless

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Overview

• What are managed alcohol programs (MAPs)?
  • E.g. of a MAP

• Benefits of MAP

• Barriers to MAP

• Feasibility of a MAP in Sydney
Background

- Up to 50% of homeless persons have an alcohol use disorder yet homeless shelters prohibit alcohol consumption.
- The homeless may experience unplanned withdrawal, risking seizures and alcohol-related brain injury.
- Some homeless stay on the streets risking violence rather than enter abstinence oriented services.
- Consumption of non-beverage alcohol?
- Sydney has at least 350 homeless persons with alcohol use disorders, but NO Managed Alcohol Programs (MAPS).
- MAPs are expanding overseas, especially in Canada.
What is a MAP

• MAPs residential or shelter style services that *dispense alcohol at set times*
  • e.g. every hour (“the pour”) to persons with severe alcohol use disorders

• The freezing deaths of homeless men in Toronto, ON, Canada prompted MAPS
  • Extension of Housing First / ‘wet’ shelter / ‘damp’ shelter principles

• Target clients have repeatedly failed alcohol treatments
• There is no requirement to stop drinking
• Some MAPs brew their own alcohol
• *A harm reduction approach for the homeless persons with severe alcohol use disorders*
A MAP

Photo courtesy of Kate Dolan, Churchill Fellowship 2015)
An example of a MAP

Art Manuel House

Seaton House Annex Managed Alcohol Program

Toronto, ON, Canada
Art Manuel House

Model

• 24-hour, harm reduction based, high-support within a family style home
• In-house primary care and access to ongoing psychiatric care
• Each individual has an individualised coordinated care plan
• Focus on community building, stability, wellness and recovery
• Peer-led social/recreation activities, support and education with daily living activities and life skills training
• Residents supported in taking responsibility for their own health and wellness and encouraged to self-monitor their own alcohol intake
• Goal is to transition residents into alternative (and less) supportive housing options

Art Manuel House

Team

• Program Supervisor
• Case Manager
• Residential Support Workers (3 FT, 3 PT)
• Peer Support Worker (3 PT)
• Physician (on-call)

PHYSICAL SPACE

AMH is situated on a busy main road in Rexdale (neighbourhood in northwest Toronto). The house is a 10 bedroom bungalow with 4 separate entrances.

Recently a wheel chair lift was installed in the front on the building to support our goal of becoming a wheel chair accessible building.

AMH blends in well with the neighbourhood receiving no resistance from locals.

MANUEL ROOMS

- AMH rooms are single occupancy units
- Come fully furnished
- Room belong to the tenant after signing lease agreement
- Tenants are protected under the Residential Tenancies Act (RTA)
- Members may make changes to the unit as long as restored to original setting prior to vacating unit
- Tenants are responsible for maintaining their unit as part of AMH tenancy agreement.
- AMH staff may not enter units without permission from tenant or 24hr notice of entry

MAP

• Each member of the program participates in the MAP.
• MAP hours are 7:30am – 11:30pm served hourly.
• MAP serves two pours overnight at 1:00am and 4am
• Members may be denied pour if intoxication is present.
• MAP dosage is determined through discussion with member, front line staff input, and physician assessment.

Benefits of MAPs

- MAPs address homelessness and severe alcohol use disorders

- Evidence from overseas suggests they reduce alcohol consumption, emergency hospital visits, encounters with police, intoxication, trauma and convulsions, costs from arrests, tenancy failures, street maintenance

- Improve chance of being housed, improves health & compliance with hygiene and medical care
Barriers to MAPs

Barriers include:

- Unrealistic expectations to reduce all street drinking
- Finding a suitable location
- Attracting staff
- Resistance of agencies to engage target group
- Managing difficult behaviour (aggression)
- Securing funding
- Lack of rigorous evidence
Other issues to consider

• MAP model
  • Bring your own alcohol vs alcohol supplied
  • Sourcing alcohol

• Staffing and balance
  • Nursing, medical, HEO

• Treatment goal and length of stay
Feasibility of a Managed Alcohol Program (MAP) for Sydney’s homeless
Aims

- To assess the feasibility of a MAP in Sydney
  - Survey residents of Gorman House (inner-city Sydney)
  - Calculate the costs & savings of operating a MAP in inner-city Sydney
Methods

• Sequential survey of homeless with alcohol use disorders in inner-Sydney residential withdrawal service

• Residents were surveyed about four MAP models:
  – day shelter with bring-your-own alcohol
  – day shelter with 1 alcoholic drink every hour for 15 hours a day
  – residential facility with bring-your-own alcohol
  – residential facility with 1 alcoholic drink every hour for 15 hours a day

• Cost and savings estimates (using international assumptions)
Survey results

• In 2014, n=51 residents were surveyed:
  - 94% male with a median age of 45 years
  - 45% were sleeping rough
  - 96% had AUDIT scores that indicated alcohol dependence
  - 94% were street drinkers
    – 28% consumed non-beverage alcohol (55% methylated spirits)
    – 82% had previous admission to GH (range 1 to 116, 26 in past 12 months)
    – High service use in past 12 months
      • 239 admissions to SVH, 205 presentations to ED
Survey results

- Most had a strong interest in a MAP:
  - 76% preferred the residential model
  - 76% expressed interest in the bring-your-own alcohol model
  - 69% wanted a service where alcohol is provided

- 90% were willing to pay (at least 25%) of their income if alcohol is provided

- Location wise they preferred inner city/Kings Cross area location
  - around 1/3 preferred outside the city
## Costings: two case studies

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Cost estimates

- $1,342,190 estimated cost of 15 homeless
  $795,505 for hospital admissions
  $524,508 for withdrawal admissions and
  $22,176 for ED presentations per year

- A 15-bed residential facility is estimated conservatively to result in a **net reduction** in service utilisation costs of around $480,000 per year (range $390,000-$580,000)
Discussion

• MAPs may be a practical and humane way of managing homeless persons with severe alcohol use disorders
• Overseas data suggests MAPs may be effective
• High levels of acceptability among the target population in Sydney
• Substantial cost-savings likely
• Technically, operationally and economically feasible
  – 15-bed service
  – Conservative savings estimates in service utilisation costs
Limitations

- Small non probabilistic sample
  - One service only, few women, excludes non-service using population
- Lack of administrative data (police/ambulance) and reliance on international (cold-climate) estimates
- Lack of model detail
Conclusions

- Adequate support to suggest need for pilot program with embedded research
- Business plan being developed along with fuller project planning
- Establishment of a MAP may herald an important policy shift in addressing the complex needs of alcohol dependent homeless people
Acknowledgments

• MAP advisory committee

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• Gorman House survey participants

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