



Managed Alcohol Program Jurisdictional Review: Part 2

by

Mary Walsh

for

St. John's Status of Women Council

August 4, 2022

## Contents

Introduction.....	3
Methods .....	3
Existing MAP Consultations.....	3
Results.....	3
Existing MAP Consultations.....	3
Burdock House MAP.....	3
Family Ties Association MAP.....	5
Grand Manor MAP .....	6
Indwell MAP.....	8
The Lighthouse Supportive Living MAP.....	9
PHS Community Services Society MAPs .....	10
Regeneration Community Services MAPs .....	12
Shepherd’s of Good Hope MAPs.....	13
Considerations for Operating a Residential MAP.....	15
Summary .....	16

## Introduction

This document is Part 2 of the jurisdictional review. The purpose is to provide an evidence-based foundation for the further development of the SJSWC Managed Alcohol Program (MAP). Part 1 consists of a literature review, interviews with people with lived expertise, and consultations with scattered site based MAPs. The focus of this document is consultations with existing residential MAPs.

## Methods

### Existing MAP Consultations

Twenty residential MAPs were identified in Part 1 of this Jurisdictional Report. Of these, four were hospital or shelter based and were excluded. Multiple contact attempts were made with all 16 remaining residential sites.

## Results

### Existing MAP Consultations

Of the 16 sites that were contacted, eight responded. Consultations were completed with all eight. Supplementary resources supplied by the sites are available upon request.

### Burdock House MAP

#### *Structure*

The Burdock House MAP located in Penticton, British Columbia is part of the AskWellness Society. Burdock house is a supportive housing building with 62 units which is staffed 24 hours a day with support workers and is overseen by a Housing Coordinator. There is a Licensed Practical Nurse (LPN) on site 40 hours a week who coordinates the MAP in addition to their other duties. Burdock house is intended to function as a transition to independent living, however due to lack of affordable housing in the area, the residents are living in the building long term. Participation in the MAP is not a requirement of

residency at Burdock House. Residents who are not in the MAP are permitted to consume alcohol and other substances in their own rooms.

### *Funding and Evaluation*

This program is currently operating without funding specifically tied to MAP. The MAP coordinator, support workers, and prescribing physician doing MAP work as part of their current roles. Participants are responsible for purchasing their own alcohol.

Currently there is no formalized evaluation process. Information about alcohol dispensing and dosage amounts is collected.

### *Participants*

The Coordinator of Housing identifies residents who are at risk to losing their housing due to harms from their alcohol consumption. Those most at risk include those in conflict with their neighbors or the police, people experiencing challenges accessing alcohol, and people with polysubstance use. The MAP Coordinator then meets with the resident and their physician to discuss the program and determine a dosage if applicable. The program currently has no participants but on average has four participants at a time with 25% being woman identified. Many of the participants are aging and have deteriorating health due to their alcohol consumption. One of the main goals and successes for these participants is to stabilize their drinking enough to be accepted to long term care when that transition becomes necessary.

### *Alcohol Provision*

Participants are responsible for purchasing their own alcohol of choice. The alcohol is stored and dispensed by the tenant support workers. At the specified dosing time the participant presents to the front desk. After assessing for intoxication, the participant is directed to a private room next to the front desk to consume their alcohol. This creates opportunities for engagement and allows staff to semi-supervise the alcohol consumption. The engagement with staff allows for a trusting relationship to be formed with the resident. The dosing times are individualized and determined by the prescribing physician. To avoid

triggering staff with lived experience, spirits are pre portioned by the harm reduction coordinator into single serve sealed cups. This eliminates the worker coming into direct contact with or smelling the alcohol.

## Family Ties Association MAP

### *Structure*

Family Ties Association provides support to children, families, and individuals across Southern Alberta. One of their buildings, River House, is in Lethbridge and houses their MAP. River house MAP is a ten-unit facility operating since 2015 that exclusively serves men. The building is operated by front line staff and the Program Coordinator.

### *Funding and Evaluation*

River House is funded by Alberta Health Services, the City of Lethbridge, corporate and private donations, and residents. Residents pay rent and a set amount for food and alcohol.

The MAP's success is measured on social, financial, and health domains. Social measures including participant retention and participant experience. To measure financial impact the MAP partnered with a university to undergo a Social Return on Investment study. They found the program cost only 70% of what it cost when people were unhoused. Health of participants is measured using liver ultrasounds which were found to have better predictive values than liver enzymes.

### *Participants*

Participants can self-refer or be referred through service providers. Potential participants meet with the Program Coordinator and complete the Service Prioritization Decision Assistance Tool (SPADT), Severity of Alcohol Dependence Questionnaire (SADQ), and The Drinker Inventory of Consequences (DrInC) assessments. The Program coordinator then consults with a social worker, nurse, and frontline staff to determine if the individual is a good fit for the program and if the program is likely to reduce harms the person is experiencing. There are currently ten participants all of whom are older men. Alcohol

is not prescribed by a healthcare provider but instead is determined mutually with the participant, program coordinator, and others involved in their care. The building is located directly across the street from the liquor store so outside drinking is anticipated and taken into consideration when determining doses. Polysubstance use is allowed but illicit substances must be used offsite. Successes of the program have included improved physical and mental health, participants retaining housing, and creating a community.

### *Alcohol Provision*

Alcohol is dispensed on demand throughout the day. During the first dose of the day, after assessing for intoxication, participants are provided with a cup with their daily allowance of drinks marked on the side. At each subsequent pour staff mark off one of the doses on the cup. This is helpful for individuals with memory issues and aid participants in self govern their rate of alcohol intake. Doses are not contingent on any behavior other than intoxication. Wine is provided by the program and participants are not allowed to consume outside alcohol in the building. Occasionally the program offers outings for the participants. For these outings staff plan to have alcohol available at the destination and during the trip if its lengthy. While alcohol is made available to participants, staff ensure alcohol is not the focus of the outing. \

## **Grand Manor MAP**

### *Structure*

Grand Manor located in Edmonton, Alberta is a supported living facility operated by Excel Society. It is a level four facility with residents requiring on average, three hours of care per day. The building opened in 2005 as an alcohol friendly site and transitioned to a dedicated MAP several years later. One floor with 20 units is dedicated to MAP, however residents do not need to move out if they choose to abstain from alcohol. That floor is staffed 24 hours with Personal Care Attendants (PCAs), LPNs, and reception staff. There is also a Client Services Coordinator who works five days a week who is responsible for purchasing and portioning the alcohol.

### *Funding and Evaluation*

Grand Manor is funded by the residents and Alberta Health Services. Residents are required to pay rent, utilities, and a set amount for food and alcohol. Alberta Health Services funds the staff.

Currently there is no formalized evaluation process. Information about alcohol dispensing and dosage amounts is collected.

### *Participants*

Alberta Health Services manages the referral and intake process. Residents in the building range in age from 30yrs -100yrs with most MAP clients being 45 and above. There are currently 12 active MAP clients. Upon moving in the residents meet with staff to determine a care plan including daily amounts of alcohol. A physician or nurse practitioner does not prescribe the alcohol. Polysubstance use is allowed but cannabis smoking must be done offsite. Fire safety is a major concern; therefore, residents must check their cigarettes and lighters at the front desk but can access them whenever they choose. Microwave use while intoxicated has also been a source of fire. Currently residents use a shared microwave in the common area. Residents also have access to an assortment of recreational activities including a men's group, Alcoholic Anonymous meetings, woodworking, and swimming. The program's successes have included reductions in total amount of alcohol consumed, participants finding community, and increased mental and physical health.

### *Alcohol Provision*

Alcohol provision is individualized. The alcohol is pre-portioned by the Client Services Coordinator and the type of alcohol is determined by the participant. Residents can have staff deliver their alcohol with their medications or choose to pick up their alcohol at the front desk. Most residents receive their alcohol once a day, but this can be spread out to up to five doses a day if the resident prefers.

## Indwell MAP

### *Structure*

Indwell is a supportive living organization with locations across Ontario. A MAP is available at the Strathearne Suites building in Hamilton. The 39-unit facility has seven full time staff consisting of housing support workers, nurses, psychosocial worker, addictions counsellor, and a site supervisor. One of the registered nurses oversees the MAP and all staff support the program as part of their existing roles. Through a partnership with the Shelter Health Network of Doctors, have access to a primary care provider that visits the building once a week. There is also a pharmacy on site.

### *Funding and Evaluation*

Strathearne Suites opened in 2017 and funded by the Ontario Ministry of Health. The MAP has been in place since the building opened. Residents are responsible for funding the purchase of their alcohol.

Currently there is no formalized evaluation process. Information about alcohol dispensing and dosage amounts is collected.

### *Participants*

Participants are referred by services providers to the MAP nurse. The service provider, MAP nurse, and potential participant meet to determine if the program would be a good fit for the individual. Alcohol is not prescribed by a physician. Instead, the amount is determined in consultation with the MAP nurse with mainly financial considerations as the participants pay for their own supply. Successes of the program have included participants feeling safer in their environment, increased mental health, making connections with other participants, and self-management of finances. Individuals who are polysubstance users are allowed in the MAP and are supported through relationship building and open conversation with staff about risks and safety. In the past the program has had as many as five MAP participants at one time, but currently there are only two. The program is open to all genders but so far has only had male

participants ranging in age from 50yrs-80yrs. Participants tenancy in the building is not contingent on their participation in the MAP. However, staff noted that acting as both a landlord and support person often creates competing priorities and is a challenge.

### *Alcohol Provision*

Alcohol is dispensed up to four times daily during the regularly scheduled medication runs. All staff are med trained to assess for intoxication and withhold pours if necessary. Alcohol consumption is not supervised, and participants usually bring their alcohol back to their apartment. The type of alcohol is chosen by participants, and they are encouraged to engage in its management. For example, a participant would help staff pour wine into daily servings from a bulk bucket.

## The Lighthouse Supportive Living MAP

### *Structure*

The Lighthouse Supportive Living is an organization in Saskatoon, Saskatchewan that provides affordable housing, supportive living, and emergency shelter. Their MAP is in the supportive living facility and has been operating for three years. There are four full time staff dedicated to MAP, a coordinator and three support staff. Additionally, indigenous elders are brought in weekly to provide counselling. The program is open to people of all genders who are 19 years and older. There is a health facility on site with nurses, nurse practitioners, and physicians. The nurse practitioner is the primary care provider and alcohol prescriber for the MAP participants.

### *Funding and Evaluation*

The MAP's initial funding came from a sum of left-over money at the end of the fiscal year from the provincial government department of health. Since then, the funding agreement has been renewed on a yearly basis. Participants pay rent and for their alcohol. However, the MAP will supplement their alcohol costs if the participant cannot cover the full amount.

Participants provide consent for the MAP to access statistics on participants interactions with emergency health and police services. Information about alcohol dispensing and dosage amounts is collected.

### *Participants*

The majority of participant referrals come from the organization's emergency shelter; however they do accept referrals from external sources. Potential participants meet with the MAP coordinator to tour the facility and discuss whether the program is a good fit for the individual. Participants are required to engage in a trustee agreement with the organization. Alcohol dosage is determined by the nurse practitioner and the participant. There are currently 9 participants, 7 men and 2 women, who range in age from 40-70. The participants have formed close connections with one another often choosing to share meals and spend time together in the common room watching tv or playing card games. Some participant successes in the program have been reduced non-beverage consumption, increased personal hygiene, increased feelings of safety, and reconnecting with family.

### *Alcohol Provision*

Alcohol is dispensed hourly from 8am to 9pm with a 20-minute grace window. The type of alcohol is chosen by the participant. During the dosing time, participants present at the staff desk. After assessing for intoxication, the participant either receives their dose, or if they are intoxicated, they are offered a non-alcoholic beer. The non-alcoholic beer has been found to reduce instances of conflict and aggression. Alcohol can be consumed in individual's apartments however most participants choose to drink in the common room.

## PHS Community Services Society MAPs

### *Structure*

PHS Community Services Society (PHSCSS) provides housing and healthcare to vulnerable people in the downtown east side of Vancouver and Victoria BC. They operate MAPs at two of their locations in Vancouver. Station street is an 80-person supported living facility. There are always two front line staff

working and an LPN is onsite weekday daytimes. Community Managed Alcohol Program (CMAP) is a daytime drop-in location run by peers and staff. Both programs are open to all genders. Polysubstance use is understood to be a reality for most participants.

### *Funding and Evaluation*

Station Street MAP was funded through Vancouver Coastal Health but lost this funding six years ago. Participants who were in the program were grandfathered in and new applications were not accepted.

CMAP was historically funded through members purchasing alcohol and volunteers staffing the building. Last year they were successful in getting core funding through Vancouver Coastal Health and the First Nations Health Authority.

### *Participants*

Station street is not accepting referrals. There are currently four, two of whom are women. Alcohol dosage is prescribed by a physician in consultation with the participant. Engagement in the MAP is not required for tenancy in the building. Programming includes visits from community elders and crafts. Participants experienced increased stability in their drinking, reduction in non-beverage alcohol consumption, and improved health outcomes.

CMAP is open to anyone who consumes alcohol. To become a member individuals must attend at least two of the weekly meetings a month. At these meetings members honour those who have passed, talk about the community's needs, and participate in conflict resolution. Members have the opportunity to meet with a physician to discuss their alcohol dosage but ultimately members decide their own dosage.

### *Alcohol Provision*

At Station Street alcohol is dispensed by front desk staff. Staff assesses for intoxication and withdrawal through observation and vital checks. Timing of dispensing is based on participants individual alcohol prescriptions. The type of alcohol is chosen by the participant.

Members and staff are responsible for alcohol dispensing. The types of alcohol available are beer and wine which are brewed onsite by members. Members can access alcohol throughout the day until they reach their daily dosage amount.

## Regeneration Community Services MAPs

### *Structure*

Regeneration Community Services (RCS) provides supportive housing and case management services across the Greater Toronto Area. Two of their locations provide MAPs, Art Manuel House and Regeneration House. Art Manuel House has been in operation since 2015. It has 10 units and is single staffed 24 hours a day by a residential support worker (RSW). Regeneration House opened in 2020. It is double staffed 24 hours a day by residential support workers with ten of the 21 units being dedicated to MAP. Both programs are open to people 19 years and older of all genders. Polysubstance use is not permitted in either program. A case manager and part time physician is provided through a partnership with Toronto Community Addictions Team (TCAT). Participants residence in both buildings is considered transitional therefore traditional rental agreements do not apply.

### *Funding and Evaluation*

The programs are funded by the Ontario Ministry of Health, the City of Toronto, and TCAT. Participants also pay rent and a flat rate for food.

### *Participants*

Referrals to the MAPs come through Seaton House, an emergency shelter, and through a centralized online referral service. Referrals are reviewed by RCS staff and TCAT partners at which time applicants are asked to fill out an additional intake form. RCS decides who will be offered placement in the program and successful applicants meet with staff at the respective building. During this meeting the staff explain the expectations of the program including engaging in a trustee agreement and that sobriety is the primary

goals of the program. Alcohol dosage is determined by the physician and participant. There are currently 5 participants at Art Manuel House and 10 at Regeneration House, all of whom are men.

### *Alcohol Provision*

Alcohol is dispensed from 7am to 11:30pm with participants receiving up to 11 pours a day. RSWs are responsible for intoxication screening and providing the alcohol. White wine is provided by the program and participants are allowed to provide their own alcohol of choice to staff for dispensing.

### *Shepherd's of Good Hope MAPs*

#### *Structure*

Shepherd's of Good Hope (SGH) located in Ottawa provides supportive housing, shelters, case management services, and meals to homeless and precariously housed individuals. Two of their locations provide MAPs, Richcraft Hope Residence (RHR) and The Oaks. RHR is a 42-bed unit that opened in 2021. Twenty-five units are dedicated to MAP with the other 17 units dedicated to safe opiate supply. The Oaks has been in operation since 2009. The 48-bed unit is solely used for MAP. The programs are open to individuals 19 years and above of all genders. Both buildings are staffed 24 hours a day with one front line staff, with an additional front-line staff onsite from 10am-6pm. Two unlicensed care providers are also on site 24 hours a day through a partnership with Ottawa City Health. Pre-COVID19, the Oaks was offering fulsome programming that included outings and community connections. RHR opened during the COVID19 pandemic and has not yet been able to establish programming. Participants are allowed one guest two nights a week who must check in at the front desk.

#### *Funding and Evaluation*

The MAPs are funded by residents, private and corporate donations, and by the city of Ottawa. Residents are required to pay rent and a set amount for food, alcohol, and tobacco.

Information about alcohol dispensing and dosage amounts is collected.

### *Participants*

Referrals for the programs come through the SGH emergency shelter. Once participants move into the buildings, every effort is made to prevent street entrenchment and re-entrenchment. This includes having a tobacco program to avoid people leaving the site to buy cigarettes. The participants at RHR range in age from 22-35 and the Oaks tends to have an older population of 45 years and above. Both locations have a population that is 80% men and largely indigenous. Through the program participants have found stability in their housing, increased food security, and decreased non beverage alcohol consumption. A challenge specific to RHR was judgment and conflict present between the MAP residents and the safe opiate supply residents.

### *Alcohol Provision*

Alcohol is dispensed hourly throughout the day with a 15-minute grace period on either side of the hour. Participants come to the front desk to be assessed and access their pour. If participants feel like they are experiencing withdrawal outside of pour times, staff are trained to take vitals and determine if an additional dose is required. Pours are sometimes contingent on the participant eating their meals. At RHR the alcohol supplied is wine that is brewed onsite. Staff are responsible for brewing and the finished product is delivered to the front desk through a draught system. Through a partnership with a brew shop the grape base is obtained nearly at cost.

## Considerations for Operating a Residential MAP

Individuals who face the most barriers in accessing safe and stable housing due to their alcohol use may be challenging to house but are also the individuals who could benefit the most from a residential MAP. When supporting folks with this experience great care must be taken to ensure programs are trauma informed for both staff and participants and follow the principals of harm reduction. The successes and challenges encountered by the MAPs in this review offer many points to consider when creating a residential MAP.

- Alcohol Dispensing – Will dispensing be uniform or individualized for each participant? Will pours be withheld for any participant behaviors other than intoxication?
- Alcohol Supply – Will the type of alcohol be the same or individualized by participant? Will the alcohol be brewed and/or prepared on site?
- Designation of Units – Will the units in the building be specifically designated to MAP? If so, will a participant be required to vacate the unit if they chose to no longer engage with the program?
- Food Security – Will participants be responsible for cooking their own meals or will meals be provided? What are the liability and safety considerations of potentially intoxicated people preparing food?
- Length of Program Involvement – What does participant transition from the program look like? What supports are needed for participants and staff in preparing for end-of-life care or transfer to long term care?
- Polysubstance Use – Will individuals with polysubstance use be eligible for the program? If so, what are the liabilities and safety considerations about use in the building?
- Recreation – Will there be opportunities and space for recreation and community building? If so how will alcohol consumption be integrated into the activity?

- Tenancy Agreements – Will the program utilize transitional or traditional tenancy agreements?  
How will program staff navigate the complexity of being the participants landlord, source of support, and holder of resources?

## Summary

Residential MAPs as they currently exist vary widely in terms of their structure, funding, program evaluation, and alcohol dispensing procedures. Their similarities are found in the people they serve and the impact that MAPs have on that population. MAP participants tend to be older men experiencing chronic health and housing issues related to their long-term alcohol consumption. Even when MAPs are open to all genders, only a small portion of participants are women. This suggests current MAP models are not meeting the unique gendered needs of women who experience harms due to their alcohol consumption. Engaging in a residential MAP provides people with safe and stable housing where they can build connections. Participants are supplied with safer types of alcohol, supported in consuming in safer drinking patterns, and have regular access to healthcare. This often leads to improved mental, physical, and social health outcomes. Residential MAPs provide distinct safety in accessing and consuming alcohol that participants would not have if they were not housed within the program. Many MAPs have long term tenants who only move out when their care needs exceed the capabilities of the program. However due to the health issues related to chronic drinking and housing instability it's not uncommon for participants to pass away while engaged in a MAP. While palliative harm reduction is challenging, there is great value in supporting someone to live and die with dignity in a place where they are cared for.

