A Presentation By:
Katie Keating, Annex Program Supervisor
Dr. Suzanne Shoush, Annex Physician
Dr. Tomislav Svoboda, Annex Physician

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THE CITY OF TORONTO'S

ANNEX MANAGED ALCOHOL PROGRAM

Seaton House ~ Then & Now
Some History

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In The Beginning…

- Using alcohol as a form of treatment at Seaton House began in the Fall of 1997 as a response to a coroner's inquest into the freezing deaths of 3 homeless men on Toronto streets in the winter of 1995

- The program was kick started 17 years ago as a sort of "alcohol exchange" program, staff would trade clients wine for illicit forms of alcohol (eg. rubbing alcohol, Chinese cooking wine, hand sanitizer) in an effort to reduce harm, build rapport, engage them, move them inside and off the streets, as well as connect them to other forms of service (eg. health care, counselling, nutrition etc.)

- The theory proved effective, and the Annex MAP was born in March of 1998. The serving of measured doses of alcohol, on a schedule. At that time there were 8 men in the program.

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Remembering Art...

ADVOCATE

PASSION

A Snapshot of the Annex Today in *Numbers*

- There are **110** beds in total in the program
- There are presently **108** men in the Annex harm reduction program
- We are at **98%** occupancy today
- There are currently **24** men in the Infirmary program
- The Infirmary clients make up **22%** of the overall clients in the program at this time
- There are currently **47** men registered and receiving services in the Annex MAP program
- The MAP clients make up almost **43%** of the clients in the harm reduction program right now

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Annex MAP Eligibility Criteria

MAP Participant must meet ALL of the following (A) criteria:

- alcohol dependent
- male or trans male
- legal age of majority to consume alcohol in Ontario (19 yrs+)
- homeless or street-involved and marginally housed
- history of failed treatment (ie: Alcohol Rehabilitation, Alcoholics Anonymous, Addiction Counselling)
- participant has desire to take part in the MAP Program
- staff and clinician's assessment deems client would benefit from participation

MAP Participant must meet a minimum of 2 of the following (B) criteria:

- consumption of illicit(non-beverage) alcohol (ie: mouthwash, rubbing alcohol, hand sanitizer, Chinese cooking wine)
- long history of street drinking
- other complex health problems that are not being addressed as a result of alcohol use
- frequent user of emergency and other services (ie: ER, EMS, Police Services, social services)
- assessed as being vulnerable (physically and/or socially and/or mentally)
- expressed community concern over behaviours related to alcohol use
- restricted or barred from other community services as a result of alcohol use
- alcohol related health concerns (ie: seizures, blackouts, liver disease, Acquired Brain Injury, depression)

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Partnerships are Key...

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MAP Goals

- Minimize the personal harm and adverse societal affects related to alcohol dependency;
- Significant reduction in frequency and consumption of illicit alcohol;
- improved the quality of life for the target population;
- successful housing and/or appropriate community placement (ie: Long Term Care, Supportive Housing, Hospice etc.)
- prevented communicable diseases;
- reduced use of police and EMS services;
- reduced use of emergency rooms;
- reduction of days spent in hospital;
- early detection and treatment of health problems; and
- improved compliance with taking prescribed medications and interface with clinicians

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Illicit Alcohol & Our Response

We are currently adapting our response to illicit alcohol, by incorporating a harm reduction approach to it. We endeavor to find the reasons why people are using illicit forms of alcohol, and work with them to find alternative approaches to use (ie. more drinks, different drinking schedule, different beverage alcohol).

We try to never 'turn a blind eye' to illicit alcohol use, and attempt to remain aware and non-judgemental. We are trying to message out to the men not to fear service restriction, and want to encourage them to come forward and seek support and guidance around safer drinking.

We have been hosting formal and informal check-in's on the subject of illicit alcohol, which are peer driven and discussion based.

We are creating peer support groups within the program.

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Who are the Annex Team?

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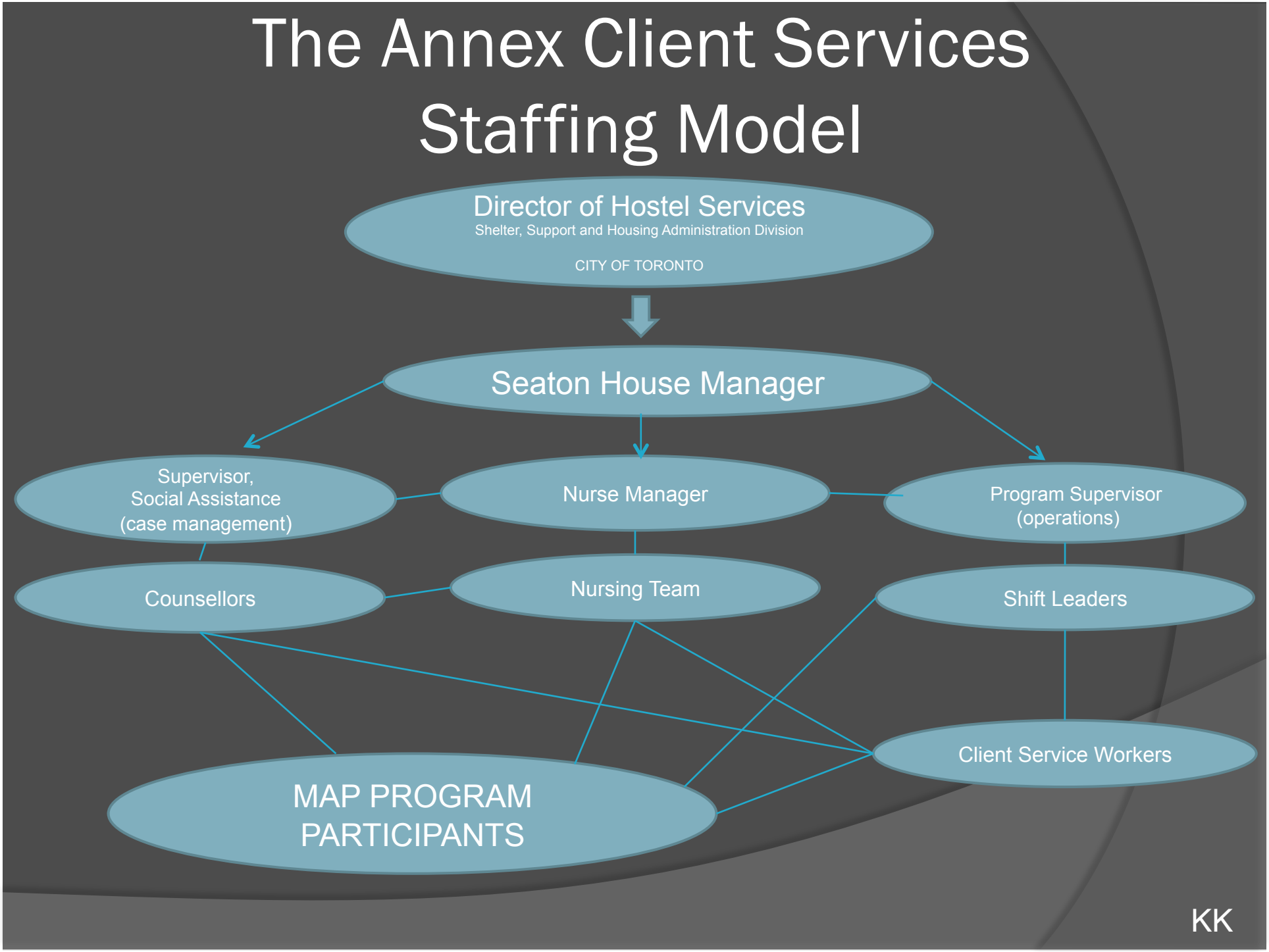
The Annex Client Services Staffing Model



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A Transdisciplinary Approach

The Key to Success in the Annex

- Transdisciplinarity is used to signify a unity of knowledge beyond disciplines
- As the prefix "trans" indicates, transdisciplinarity concerns that which is shared between the disciplines, across the different disciplines, and beyond each individual discipline. Its goal is the understanding of the client's present situation, of which one of the imperatives is the overarching unity of knowledge.
- Transdisciplinarity and Harm Reduction acknowledge the pragmatic needs of the participating community members
- In the Annex, staff from various disciplines (housing workers, client service workers, counsellors, nurses, physicians, clinicians, property services staff, dietary staff, management staff, community partners etc.) all seek to begin and build relationships with program participants in an effort to deliver cross-disciplinary support, often moving across the lines of one another's discipline where appropriate, thus working towards the common goal of serving this complex population.
- Practice-based evidence  Evidence-based practice

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Dr. Harm Reduction

- Homelessness has been shown to half life expectancy, Annex clients have on average a life expectancy of 53 years old
- Annex clients have a 20% death rate, which is telling of the severely marginalized state they have lived in
- Annex clients have an average of 9 complex comorbidities
- 80% of the Annex clients have a physical disability
- 75% of the Annex clients have an Acquired Brain Injury (ABI)
- 67% of the Annex clients smoke cigarettes
- 62% of the Annex clients have significant mobility restrictions
- 92% of the men in the Annex need assistance with the basic Activities of Daily Living
- 90% of the men in the Annex program have serious addictions (100% of the MAP participants)
- The average GAF (Global Assessment of Functioning) score in the Annex is 18.

True Root of all Illness = Homelessness

It is incredibly fulfilling to be inclusive in our practice and to be part of a group that is not denying or restricting care.

We see the effects of a system that excludes these men.

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Philosophies of Service

Harm reduction is strengths-based and client-centered.

"It's important to meet people where they're at, but not *leave them* where they're at."

"I SEE HARM REDUCTION AS A WAY OF ENGAGING PEOPLE AS PART OF THAT PATH TO RECOVERY."

PAUL R. EHRLICH

@ Lifehack Quotes

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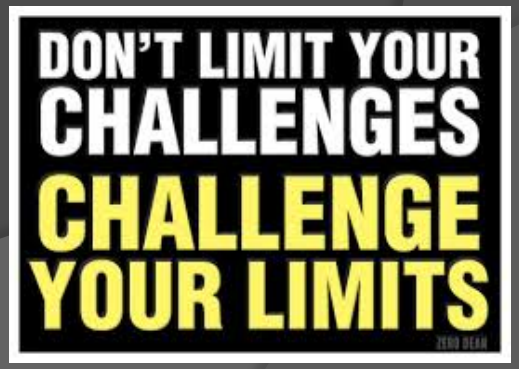
Viewing Challenges as Opportunities

The high impact this population has on the system has promoted creativity and innovation.

Lack of expertise led to creative and unconventional approaches

Controversy led to research

Lack of policies, resources and structure led to innovation



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Measuring Success

- Clinical outcomes that have been deemed successful
- Research evaluation conducted in 2006 provided evidence of program success
- First MAP in Ontario, has promoted innovation in other communities, and has supported other MAP's in opening.

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Harm Reduction on the Continuum

When we fall into the line of thinking that pits harm reduction against abstinence, we need to remember that both can exist together.

Underlying both approaches is the common goal of helping people reduce the harm they experience because of their problematic substance use.

A false separation has been made between harm reduction and abstinence. This is likely because people tend to focus on the differences between the two approaches, rather than on what they have in common

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Continuum of use

- **No Use** - the person does not use particular substances.
- **Experimental Use** - the person tries a substance and may or may not use it again.
- **Social or Occasional Use** - the person uses the substance in an amount or frequency that is not harmful (e.g., drinks on a social occasion; ceremonial use).
- **Medication (prescribed)** - the person uses a medication as directed, under medical supervision. Risks are minimized.
- **Problematic Use** - the person experiences negative consequences from using a substance (e.g., health, family, school, work, financial, legal problems).
- **Dependence** - the person is **psychologically** and/or **physically** dependent on a substance and continues using, despite experiencing serious problems. Withdrawal symptoms may exhibit if use stops.

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The Bottom Line…

- Homeless men with severe alcoholism are frequent users of health care services, particularly the emergency department, and have high rates of hospital admission and death. Treatment programs involving abstinence are difficult to access and rarely succeed for this population as the initial intervention. MAP's are an effective service delivery model for this demographic.
- Annex Program participants consumed less alcohol, specifically illicit forms (hand sanitizer, rubbing alcohol, cooking wine, hairspray), visited emergency departments less often and had fewer police encounters. Qualitatively, staff and clients report improvements in hygiene, general health and compliance with medical care.

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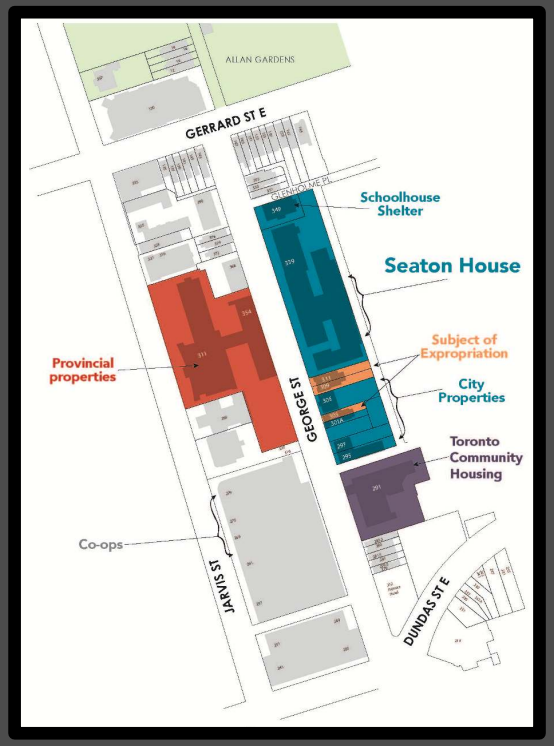
GSR: George Street Revitalization



City Council unanimously approved The GSR (George Street Revitalization in principle in summer 2013. Program plans are being developed with the input of many stakeholders. To date, these plans include five areas:

- a long-term care home with 384 beds
- a 100-bed emergency shelter for men
- an innovative 130 bed “transitional assisted living" service for men and women who need more care than traditional supportive housing can provide, but less than what a long-term care home involves, which is slated to include the MAP and Infirmary
- a service hub for program clients as well as members of the surrounding community
- affordable housing with supports

By third quarter 2015, City staff will have collected sufficient data and information to craft a staff report that will contain final program descriptions and plans, a preliminary design, a financing and budget plan informed by cost estimates, and, most important, a satisfactory transition plan for Seaton House residents. City Council will make a "go/no go" decision on the project at their meeting on September 20th/21st, 2015

For more information: www.toronto.ca/newgeorge

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Let's Talk...

How much alcohol is too much alcohol?

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Home is where it starts.

If you have any further questions, please contact the Annex at:

Katie Keating, Program Supervisor
kkeatin2@toronto.ca
(416)397-5537

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