

Impact of a Scattered-Site Managed Alcohol Program during the COVID-19 Pandemic for People Experiencing Alcohol Use Disorder in Halifax, Nova Scotia

Category: Oral Presentation

Abstract Body

Objective: Describe the impacts of the North End Community Health Centre's (NECHC) Mobile Outreach Street Health (MOSH) Scattered-Site Managed Alcohol Program (MAP) during COVID-19 for individuals living with alcohol use disorder (AUD) in Halifax, Nova Scotia.

Methods: We used a mixed-methods approach to evaluate early MAP impacts. We conducted a chart review for patients in MAP from December 1st, 2020, to December 31st, 2022. Patient characteristics, baseline alcohol assessment scores, concurrent substance use, alcohol and non-beverage alcohol consumption, and self-reported acute alcohol-related harms were assessed using descriptive statistics. Focus groups were held with 15 stakeholders including MAP staff, community organizations, and provincial government to understand early program impacts. Thematic analysis focused on the impact on patients' health and social outcomes was conducted.

Results: Between December 1st 2020 to December 31st 2022, 38 patients received a safe supply of alcohol through MAP. Of these 38 patients, 14 consented to participate in the research. 13 were male (93%) and 1 female, with an average age of 46 years old (range 32 – 66).

At intake, patient's average alcohol assessment scores were PAWSS 8 (range 6 – 8), AUDIT 38 (range 28 – 40), and SADQ 50 (range 30 – 58). All 14 patients reported daily alcohol consumption and 9 (64%) reported consuming non-beverage alcohol (NBA) regularly. 71% (n=10) of patients had concurrent substance use disorders and 43% (n=6) had diagnosed mental illness. 78% (n=11) reported a recent history of withdrawal seizures and blackouts, prior to enrollment.

As of December 31st, 2022, 12 patients remained enrolled in MAP and 2 chose to leave MAP to pursue

abstinence-based treatments.

Focus groups highlighted that MAP decreased property damage, survival behaviours, and violence. Use of scattered-release dosing reduced over-intoxication. Stakeholders believed MAP reduced the frequency of NBA consumption for most patients; however out-of-program drinking continues to be a challenge.

Conclusions: MAP was successful in supporting individuals living with AUD to complete COVID-19 isolations successfully. Early findings indicate MAP supports positive health, financial, and social impacts for patients. Additional analysis is needed to understand the program's impact on short and long-term alcohol consumption as well as, access to allied-healthcare services.

Key Words

- Alcohol
- Caring in Crisis
- COVID-19
- Substance Use Disorder (general)
- Treatment Models/Programs

Learning Objective # 1

Understand stakeholders perceptions on early impacts of scattered site MAP on patients

Learning Objective # 2

Gain an appreciation for the population of patients served by the NECHC MOSH scattered site MAP

Reference # 1

Evans, J., Semogas, D., Smalley, J.G., Lohfeld, L. 2015. This place has given me a reason to care: Understanding managed alcohol programs as enabling places in Canada. *Health & Place*. 33: 118 - 124.

Reference # 2

Ivsins, A., Pauly, B., Brown, M., Evans, J., Gray, E., Schiff, R., Krysovaty, B., Vallance, K., Stockwell, T. 2019. On the outside looking in: Finding a place for managed alcohol programs in the harm reduction movement. *International Journal of Drug Policy*. 67: 58 - 62.

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