# Radical alcohol program offers hope to Sydney’s homeless

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### A radical research proposal from health professionals offers hope to Sydney’s homeless people battling severe alcohol dependence. If embraced, the Managed Alcohol Program (MAP) would herald a policy shift that better meets their housing, social and welfare needs, and in turn, saves New South Wales almost half a million dollars per year.

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Operating within homeless shelters, Managed Alcohol Programs are a novel approach for delivering health and social services to groups of people who aren’t responding to, or engaging with, existing services. The model involves dispensing a regulated amount of alcohol at set times to those with severe and intractable alcohol dependence.

Sydney has the highest concentration of rough sleepers, and recent estimates indicate that up to 44 per cent of this homeless population are alcohol dependent. These people are likely to experience higher rates of chronic illness, injuries and assaults, longer hospital stays, along with increased mortality and contact with the criminal justice system.

MAPs currently operate in the United States, United Kingdom, Canada and Norway, however their establishment in Australia has been hampered by a lack of evidence of their feasibility and acceptability in a local context.

The new report, *Feasibility of a Managed Alcohol Program for Sydney’s homeless* prepared by St Vincent’s Hospital Sydney and funded by the Foundation for Alcohol Research and Education (FARE), sought to address that gap, reviewing the literature, surveying potential MAP users, and estimating the costs and savings involved in delivering a MAP in Sydney.

The study’s principal investigator Dr Nadine Ezard, Clinical Director of the Alcohol & Drug Service at  
St Vincent’s, says that MAPs are a way of ensuring that health and social services are delivered successfully to a vulnerable section of the population that are not engaging with existing abstinence-based services.

“Managed Alcohol Programs appear to be enormously successful overseas and provide an important clinical intervention option for homeless and alcohol dependent adults whose needs are not being addressed by traditional withdrawal and accommodation programs that require abstinence to receive housing or treatment. MAPs also provide opportunities for service collaboration and delivery, so we can ensure integrated models of care for complex populations,” says Dr Ezard.

The study also looked at the technical, operational and financial feasibility of a MAP for Sydney’s homeless alcohol dependent population. It found that the current workforce already has the technical credentials to provide a MAP, with further training and capacity building recommended to draw on international expertise and experiences of these programs.

The report includes a costed proposal outlining the operational requirements for a pilot 15-person residential MAP facility in a central city location.

According to St Vincent’s Hospital modelling, such an investment would easily be offset by medical, criminal justice and crisis accommodation savings – resulting in a net benefit conservatively estimated at $485,000 in service utilisation costs.

FARE Chief Executive Michael Thorn welcomed the research, the first of its kind in an Australian context, and recommended that the New South Wales Government use a suite of public health measures which address the full spectrum of alcohol use, and misuse, to effectively prevent and reduce alcohol-related harms.

“Managed Alcohol Programs have the potential to reduce harm and improve individual wellbeing in extreme cases, including for people with chronic alcohol dependence for whom treatment has not been successful. This model represents a step forward in the development of alcohol policy in Australia. MAPs provide a rational and innovative alternative for policymakers to address complex and severe alcohol dependence among Sydney’s homeless population, while at the same time decreasing costs and public nuisance to the community,” says Mr Thorn.

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### Metadata