

WHAT ARE MANAGED **ALCOHOL PROGRAMS** (MAPs)?

Managed alcohol programs (MAPs) aim to reduce harms from alcohol for people with unstable housing and severe alcohol-related problems. They achieve this by providing regular doses of beverage alcohol in a safe setting, limiting intoxication levels and consumption of non-beverage alcohol.

MAPs operate in at least 10 sites across Canada but little research on effectiveness has been published.



Shelter House is a 15-BED MAP which follows a



HOUSING FIRST MODEL

by providing participants with access to housing and individualized supports.

18 MAP PARTICIPANTS &

20 CONTROLS participated in the pilot and 11 participants and program staff completed qualitative interviews.

All participants identified as being Indigenous.



6 ounces of wine are served **EVERY 90 MINUTES** between 8am and 11pm.



Residents have access to onsite health care, counselling, lifeskills training, cultural activities and help managing money.

CHANGES IN ALCOHOL-RELATED HARMS:

The CARBC-led evaluation found that participants had

43% fewer police contacts

33% less time in custody

70% fewer detox admissions

47% fewer hospital admissions

MAP participants also reported





IMPROVED SCORES ON LIVER FUNCTION TESTS 1.

compared to a control group who were not on a MAP¹.

IMPROVEMENTS IN QUALITY OF LIFE:



MAP participants were more likely to **keep their** housing and experience increased safety and improved quality of life compared to life on the streets, in jails, shelters or hospitals.

"This program ... has given me hope and has allowed me to really think what I wanna do with the rest of my life"

Participants described the MAP environment as a safe place characterized by respect, trust and a non-judgmental approach providing a sense of family, home and hope with opportunities to reconnect with family and culture².



COST EFFECTIVENESS:



Preliminary findings indicate that provision of adequate housing and individualized support to manage and regulate alcohol consumption can be a cost-effective way to address homelessness for those with severe alcohol dependence. When taking the social costs of homelessness into account, there is an estimated saving of \$1.09 to \$1.21 for every dollar invested due to significant reductions in frequency of health, social and legal service utilization by participants, both prior to entry and compared to a control group³.

DO MAPS MAKE A DIFFERENCE While it seems likely that MAPs can reduce acute harms from drinking, it remains to be confirmed if this also translates into improved longer-term health outcomes given the hazards of daily consumption of large quantities of beverage alcohol. These promising findings are being investigated in a larger national study. We also need to identify policies for running MAPs which are most effective at minimizing both acute and chronic harms from alcohol.

Vallance, K., Stockwell, T., Pauly, B. Chow, C., Krysowaty, B., Perkin, K. and Zhao, J. (2016). Do managed alcohol programs change patterns of alcohol consumption and reduce related harm? A pilot study. Harm Reduction Journal. http://bit.ly/21qFyqA

² Pauly, B., Gray, E., Perkin, K., Chow, C., Vallance, K., Krysowaty, B. and Stockwell, T. (2016). Finding safety: a pilot study of managed alcohol program participants' perceptions of housing and quality of life. Harm Reduction Journal. http://bit.ly/1QNX8wE

³ Hammond, K., Gagne, L., Pauly, B., Stockwell, T. (2016). A cost-benefit analysis of a Canadian Managed Alcohol Program. A report prepared by the Centre for Addictions Research of British Columbia for the Kwae Kii Win Centre Managed Alcohol Program. http://bit.ly/1WbZY7u











