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.

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

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

MAP participants also reported

- LESS FREQUENT USE OF NON-BEVERAGE ALCOHOL
- FEWER ALCOHOL-RELATED HARMS & IMPROVED SCORES ON LIVER FUNCTION TESTS

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.

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 culture.

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 group.

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.

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

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