Learnings (and stories) from the Canadian Managed Alcohol Program Study (CMAPS)

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Territorial Acknowledgement
Funded by:
Harms of Alcohol Use

Acute
- Injuries
- Poisoning
- Acute illness

Chronic
- Liver disease
- Cancers
- Strokes
- Gastrointestinal disease

Social
- Problems with:
  - Housing
  - Finances
  - Relationships
  - Law
  - Workplace
Alcohol Harm Reduction

Pricing x 3

Physical Availability
Marketing and Advertising

Minimum Legal Drinking Age

Drinking and Driving

SBIR

Server Training and Management
Alcohol Dependence and Homelessness

Shelters and housing programs differ in how they approach alcohol use:

- **Abstinence-based or “dry” shelters/housing:** no drinking is allowed

- **Tolerant shelters/housing:** allow drinking but do not manage it (e.g. Collins, Larimer)

- **Managed alcohol programs:** shelters/housing that actively manage and provide alcohol for some people
Unsafe Sources: Non beverage use &/or public consumption which is often criminalized and stigmatized (illicit drinking) (Crabtree et al., 2013)

Unsafe Patterns of Drinking: Binge Drinking

Unsafe Settings: Harms of assault violence, injury, exposure and death

Lack of alcohol harm interventions
The purpose of our research is to rigorously evaluate MAPs in Canada and generate insights into the implementation and outcomes.

Do MAPs reduce consumption, alcohol related harms, improve housing tenure, health and quality of life and reduce economic costs?
Evaluating Implementation & Outcomes

Outcomes
- Quantitative Surveys
- Secondary Administrative Data

Process
- Qualitative Interviews & Talking Circles
- Policy and Protocol Analysis
Managed Alcohol Programs (MAPs)
(Pauly et al., 2018)

**Alcohol Intervention:**
- Daily (3-4 beers q 3-4 hours)
- Every 60-90 minutes: 5-6 ounces of white or red wine
- Maximum 11-12 doses per day

**Housing intervention**
- Day Programs with Housing support
- Supportive Housing
- Transitional Housing
- Emergency Shelter

**Health and Well-Being:**
- Social and Cultural Programming:
  - Primary Care
  - Food Programs
  - Drumming Groups
  - Life skills
  - Recreational
Who is Eligible for MAP?

- History of binge drinking, high levels of consumption and potentially NBA use
- Chronic homelessness
- Frequent public intoxication
- Multiple repeated attempts at treatment
- In some cases, high use of police and/or health services.
Development of Canadian MAPS
(The Pour by the Fifth Estate)

Source: The Guardian
22 MAPS in 13 Canadian Cities
‘Under the Radar’
QUESTIONS?
COMMENTS?
Pilot Studies: Thunder Bay and Vancouver

Kwae Kii Win Centre,
Thunder Bay: 18 participants,
Indigenous men and women in Transitional housing;
20 matched controls

Station Street,
Vancouver: 7 participants
Increasing Housing Stability

- Participants in both pilots retained their housing (all had been homeless)
- Controls in TB remained homeless

Pauly et al., 2015
Stockwell et al., 2013
Improving Quality of Life: Safety

MAP is safer than the streets, jails, or shelters (Pauly et al, 2016)
But this program ... has given me hope and has allowed me to really think what I wanna do with the rest of my life. And because I was stuck, not stuck, I was I guess you could say rock bottom, going home couldn’t get me out of that rock bottom that I was in. But since coming here... I know there’s a horizon waiting for me. (Pauly et al., 2016)
Reducing Alcohol Related Harms

• In MAP, fewer acute and social harms (esp housing, safety, legal, financial and withdrawal).

• Differences in chronic harms

Stockwell et al., 2013; Vallance et al., 2016, Pauly et al., 2015
Reduced Police and Health Service Use (TB)

43% fewer police contacts and 33% Less Time in Custody

47% fewer hospital Admissions and 70% Decrease in Detox Use
Reducing Economic Costs

This means a savings of 1.09 to 1.21 for every dollar invested in MAP

Hammond, Gagne, Pauly & Stockwell, 2016
FINDINGS FROM THE Canadian Managed Alcohol Program Study (CMAPS)
### Sample size and response rate

<table>
<thead>
<tr>
<th>Site</th>
<th>Cohort</th>
<th>Recruited @ Baseline</th>
<th>Selected for Follow Up</th>
<th>6 month response rate</th>
<th>12 month response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THUNDER BAY</strong></td>
<td>MAP</td>
<td>24</td>
<td>14</td>
<td>85.7%</td>
<td>38.5%</td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>28</td>
<td>17</td>
<td>56.3%</td>
<td>28.6%</td>
</tr>
<tr>
<td><strong>VANCOUVER</strong></td>
<td>MAP</td>
<td>7</td>
<td>1</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>8</td>
<td>2</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td><strong>HAMILTON</strong></td>
<td>MAP</td>
<td>21</td>
<td>13</td>
<td>92.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>28</td>
<td>21</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>OTTAWA</strong></td>
<td>MAP</td>
<td>66</td>
<td>24</td>
<td>86.4%</td>
<td>91.7%</td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>63</td>
<td>28</td>
<td>70.4%</td>
<td>81.5%</td>
</tr>
<tr>
<td><strong>TORONTO</strong></td>
<td>MAP</td>
<td>59</td>
<td>20</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>60</td>
<td>35</td>
<td>48.6%</td>
<td>63.3%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>MAP</td>
<td>177</td>
<td>72</td>
<td>91.0%</td>
<td>78.0%</td>
</tr>
<tr>
<td></td>
<td>Controls</td>
<td>187</td>
<td>103</td>
<td>67.0%</td>
<td>67.1%</td>
</tr>
</tbody>
</table>
MAP participants experience fewer physical harms (***P<.001)  
(Stockwell et al., 2018)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Physic-al health</th>
<th>Learn-ing difficulty</th>
<th>Assault</th>
<th>Seizure</th>
<th>Passed out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls (n=189)</td>
<td>61%</td>
<td>33%</td>
<td>33%</td>
<td>15%</td>
<td>62%</td>
</tr>
<tr>
<td>New MAPs (n=65)</td>
<td>41%**</td>
<td>13%*</td>
<td>35%</td>
<td>11%</td>
<td>34%*</td>
</tr>
<tr>
<td>Long-term MAPs (n=109)</td>
<td>30%***</td>
<td>18%*</td>
<td>15%*</td>
<td>2%**</td>
<td>26%***</td>
</tr>
</tbody>
</table>
MAP participants experience fewer social harms. (***P<.001) (Stockwell et al., 2018)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Friends/Social Life</th>
<th>Finance</th>
<th>Legal</th>
<th>Work</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls (n=189)</td>
<td>43%</td>
<td>68%</td>
<td>40%</td>
<td>29%</td>
<td>36%</td>
</tr>
<tr>
<td>New MAPs (n=65)</td>
<td>25%</td>
<td>45%**</td>
<td>31%</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>Long-term MAPs (n=109)</td>
<td>15%***</td>
<td>29%***</td>
<td>10%***</td>
<td>8%**</td>
<td>9%***</td>
</tr>
</tbody>
</table>
MAP Participants drink more days but drink less overall and less NBA. (***)P<.001) (Stockwell et al., 2018)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean # Drink Days/30</th>
<th>Mean # drinks per day</th>
<th>NBA drink days/30</th>
<th>NBA drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls (n=189)</td>
<td>23</td>
<td>22</td>
<td>3.78</td>
<td>5.8</td>
</tr>
<tr>
<td>New MAPs (n=65)</td>
<td>27*</td>
<td>20</td>
<td>6.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Long-term MAPs (n=109)</td>
<td>29***</td>
<td>15***</td>
<td>1.5*</td>
<td>3.0*</td>
</tr>
</tbody>
</table>
Longer term MAP Participants were less likely to re-budget for essentials, use illicit drugs, steal from liquor stores or commit property theft when they could not afford alcohol and more likely to seek treatment.
Situational Analysis: Methodology

Situational Analysis visually explores the elements in a “situation” and the relationships between them (i.e. the implementation of MAPs within existing housing, health, and social systems)
Situational Analysis: Sample

53 Current residents, 4 past residents

• Ages 25-74
• Majority identified male (75%)
• Majority White (40%) or Indigenous (40%)
• Other visible minority (7%), declined to answer (19%)

50 program staff

• Avg. 2 years experience
• Completed or partially completed:
  – Diploma (34%)
  – Bachelor’s degree (24%)
  – Graduate degree (22%)
Pre MAP to Post MAP

Figure 2. MAP Social Arenas
Key Insights: Pre-MAP

• Pre-MAP, participants experience frequent displacement, precarity, **unmet needs** despite frequent contact with services

• Supports were largely survival strategies: individual harm reduction practices, protection from street friends and family.
Key Insights: Post MAP

• MAPs introduce alcohol harm reduction intervention in a continuum of largely abstinence-based arenas

• MAPs disrupt the constant cycle of displacement, survival, and disconnection

• New opportunities created for connection to self, family, community and culture
QUESTIONS?
COMMENTS?
What have we learned about MAPs?

- **Important dimensions of MAP programs** (Pauly et al., 2018)
- A safer pattern of consumption: less NBA, lower daily quantities, safer setting than the street (Vallance et al., 2016; Stockwell et al., 2017) inspite of drinking on more days per month (Stockwell et al., 2017)
- Significantly fewer self-reported health and social harms (Vallance; Stockwell; Pauly et al., 2016)
- Reduced hospital admissions and time in police custody = economic savings (cost-benefits) (Hammond et al., 2016)
- Less likely to re-budget for essentials, drink NBA, steal or commit crimes and more likely to go to treatment (Erickson et al., 2018)
- Participants more likely to retain housing, experience increased safety and improved quality of life, re-connection to family & community (Pauly et al. 2016)
More Learning….

- Longitudinal Follow up Analysis suggest that MAPs do not benefit everyone overtime.
- Eligibility Criteria and Tailoring Matter
- Those retained in MAP (as per baseline assessment) do have better outcomes.
- MAP programs with the best outcomes hit the “sweet spot” of housing security, matching needs with supports, community belonging, connectedness and alcohol admin policies.
Future Analysis & Research

- Future analysis of morbidity, mortality data and economic costing
- Examining feasibility of cannabis substitution to reduce chronic harms
- Role of social inclusion, integrating culture
- Elements of Programs for young adults
The Canadian Managed Alcohol Program Study (CMAPS)

CISUR is leading a national study of Managed Alcohol Programs in Canada. This project will rigorously evaluate MAPs in Canada and generate insights into their implementation and effectiveness. The results of this research will be used to reduce unintended negative consequences of MAPs and inform the development of program and policy recommendations.

Read about recent CMAPS findings published in Drug and Alcohol Review.
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