

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

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Territorial Acknowledgement



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Discover. Connect. Engage.



**SHELTER HOUSE
THUNDER BAY**



**Canadian Mental
Health Association**
Sudbury/Manitoulin



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**Vancouver
Coastal
Health**



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

Drinking and
Driving

Marketing
and
Advertising

Minimum
Legal Drinking
Age

SBIR

Server
Training and
Management

Alcohol Dependence and Homelessness

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

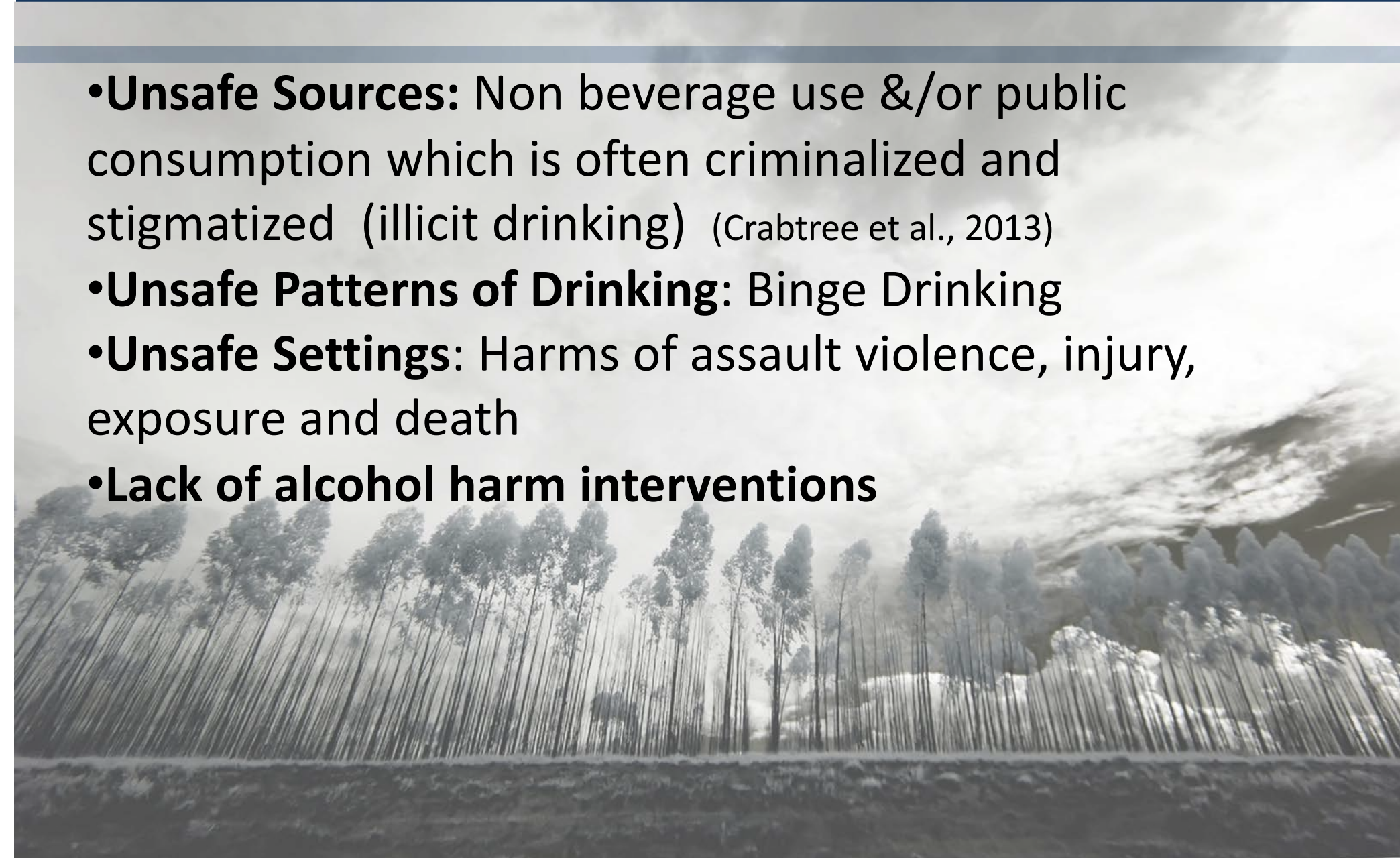
Abstinence-based or “dry” shelters/housing:
no drinking is allowed

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

LEFT OUT IN THE COLD

- **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**



Research Purpose

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

Process

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)

theguardian

The long read

The shelter that gives wine to alcoholics

Giving free booze to homeless alcoholics sounds crazy. But it may be the key to helping them live a stable life
by Tina Rosenberg

Source: The Guardian



22 MAPS in 13 Canadian Cities





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'Under the Radar'





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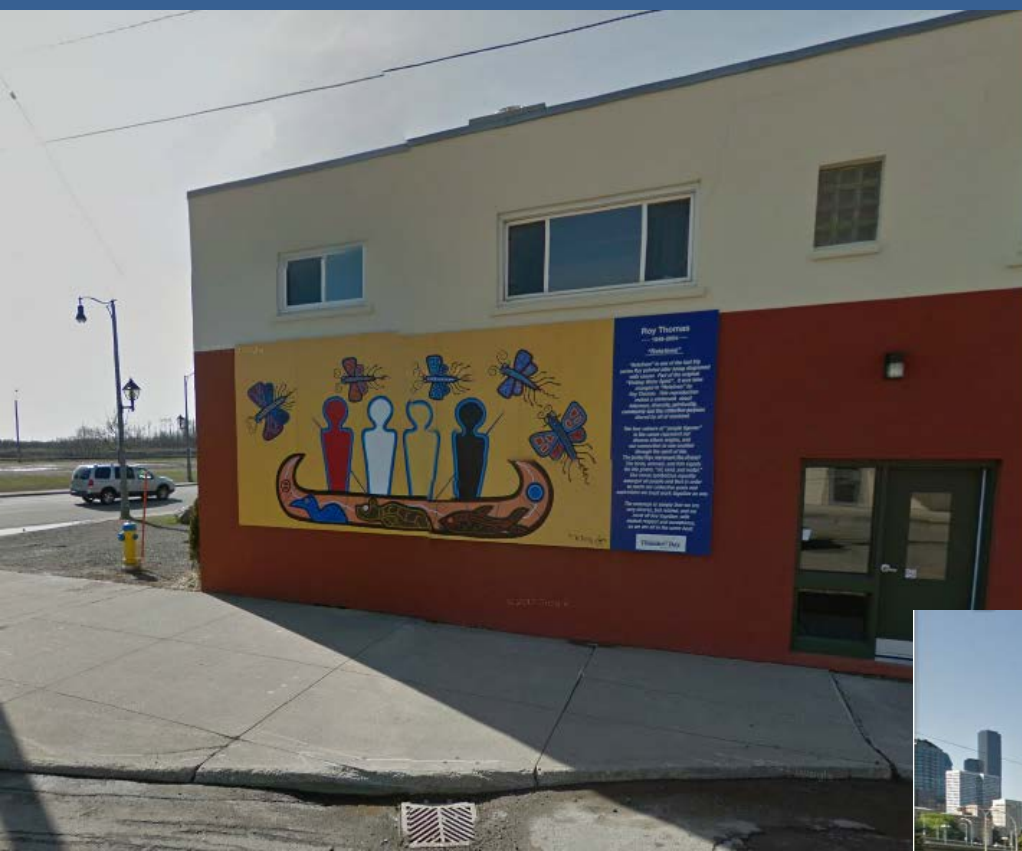
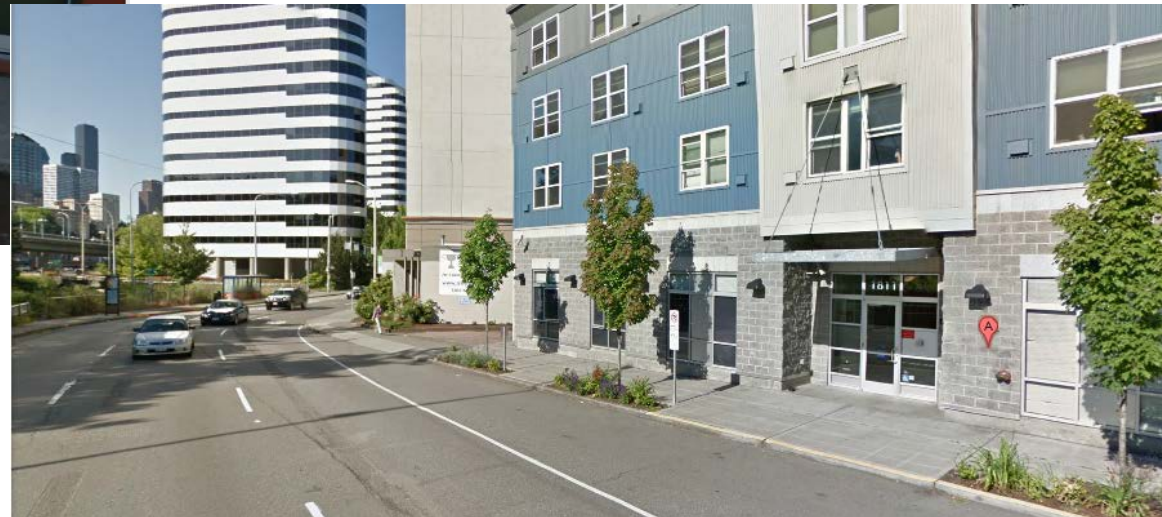
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Pilot Studies: Thunder Bay and Vancouver

**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



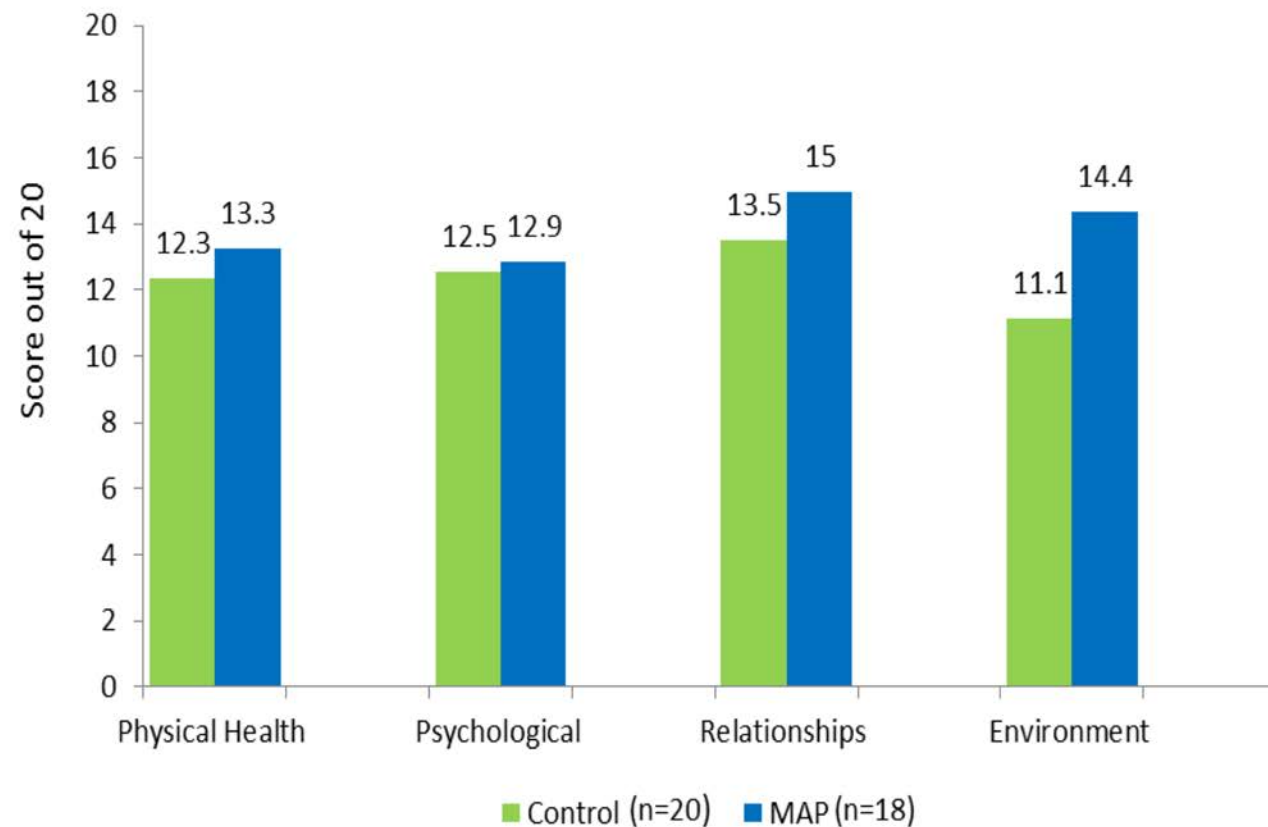
- Participants in both pilots retained their housing (all had been homeless)
- Controls in TB remained homeless

Pauly et al., 2015
Stockwell et al, 2013

Improving Quality of Life: Safety

Fig. 2

WHO-BREF domains at baseline



***MAP is safer
than the
streets,
jails, or
shelters
(Pauly et al, 2016)***

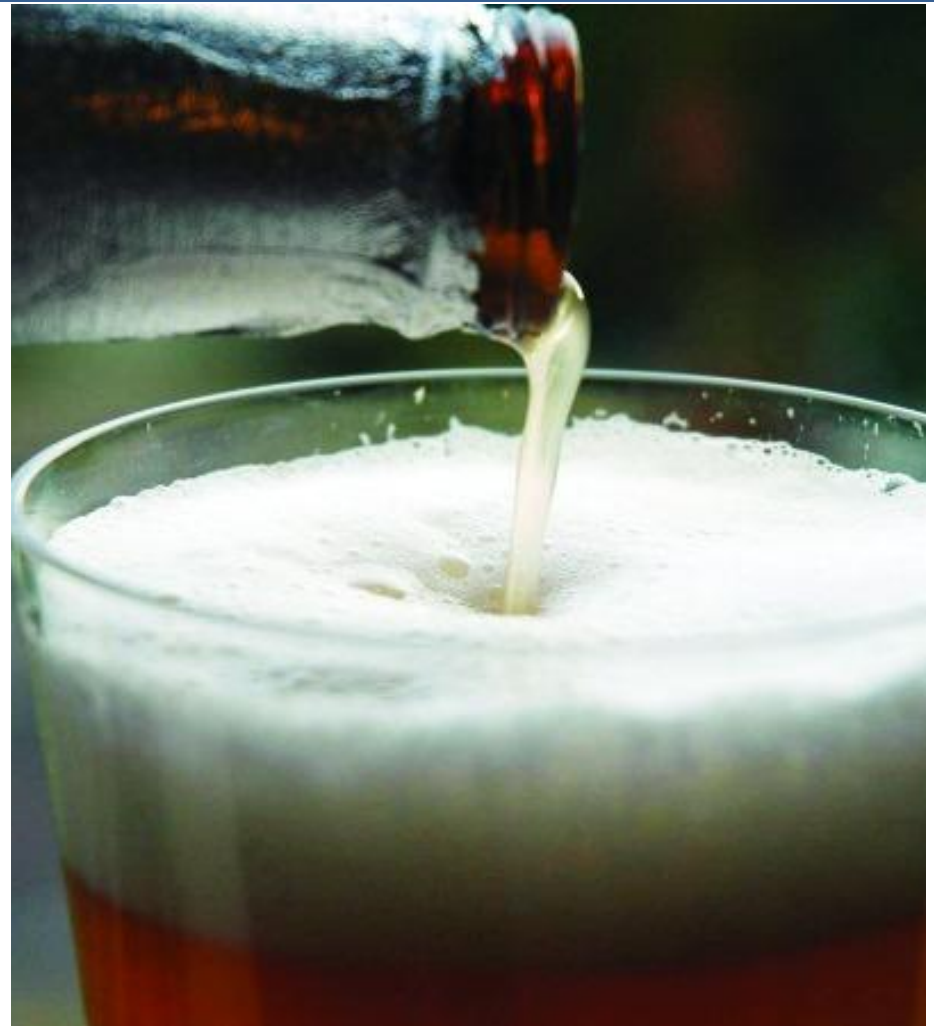
Family, Home and Hope

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

Table ES3: Total annual cost savings after accounting for societal cost of homelessness

Comparison	Savings (\$)	Savings per dollar invested (\$)
MAP participants while in MAP and prior to program entry	2,619	1.09
MAP participants while in MAP and control group	6,284	1.21

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

Hammond, Gagne, Pauly & Stockwell, 2016



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FINDINGS FROM THE Canadian Managed Alcohol Program Study (CMAPS)

Sample size and response rate

Site	Cohort	Recruited @ Baseline	Selected for Follow Up	6 month response rate	12 month response rate
THUNDER BAY	MAP	24	14	85.7%	38.5%
	Controls	28	17	56.3%	28.6%
VANCOUVER	MAP	7	1	100.0%	
	Controls	8	2	100.0%	
HAMILTON	MAP	21	13	92.3%	100.0%
	Controls	28	21	100.0%	100.0%
OTTAWA	MAP	66	24	86.4%	91.7%
	Controls	63	28	70.4%	81.5%
TORONTO	MAP	59	20	100.0%	100.0%
	Controls	60	35	48.6%	63.3%
TOTAL	MAP	177	72	91.0%	78.0%
	Controls	187	103	67.0%	67.1%

MAP participants experience fewer physical harms (***) $P < .001$

(Stockwell et al., 2018)

Sample	Physical health	Learning difficulty	Assault	Seizure	Passed out
Controls (n=189)	61%	33%	33%	15%	62%
New MAPs (n=65)	41%**	13%*	35%	11%	34%*
Long-term MAPs (n=109)	30%***	18%*	15%*	2%**	26%***

MAP participants experience fewer social harms. (***) $P < .001$ (Stockwell et al., 2018)





Sample	Friends/ Social Life	Finance	Legal	Work	Housing
Controls (n=189)	43%	68%	40%	29%	36%
New MAPs (n=65)	25%	45%**	31%	12%	22%
Long-term MAPs (n=109)	15%***	29%***	10%***	8%**	9%***

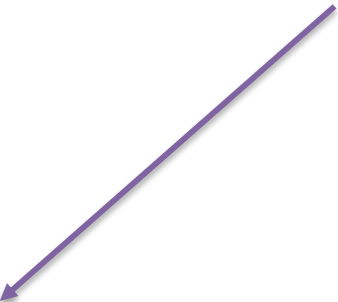
MAP Participants drink more days but drink less overall and less NBA. (***P<.001) (Stockwell et al., 2018)

Sample	Mean # Drink Days/30	Mean # drinks per day	NBA drink days/30	NBA drinks per day
Controls (n=189)	23	22	3.78	5.8
New MAPs (n=65)	27*	20	6.5	9.4
Long-term MAPs (n=109)	29***	15***	1.5*	3.0*



How do people with homelessness and alcohol dependence cope when alcohol is unaffordable? A comparison of residents of Canadian managed alcohol programs and locally recruited controls

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ASHLEY WETTLAUER⁴



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.



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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)



Photo by [Alina Grubnyak](#) on [Unsplash](#)



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

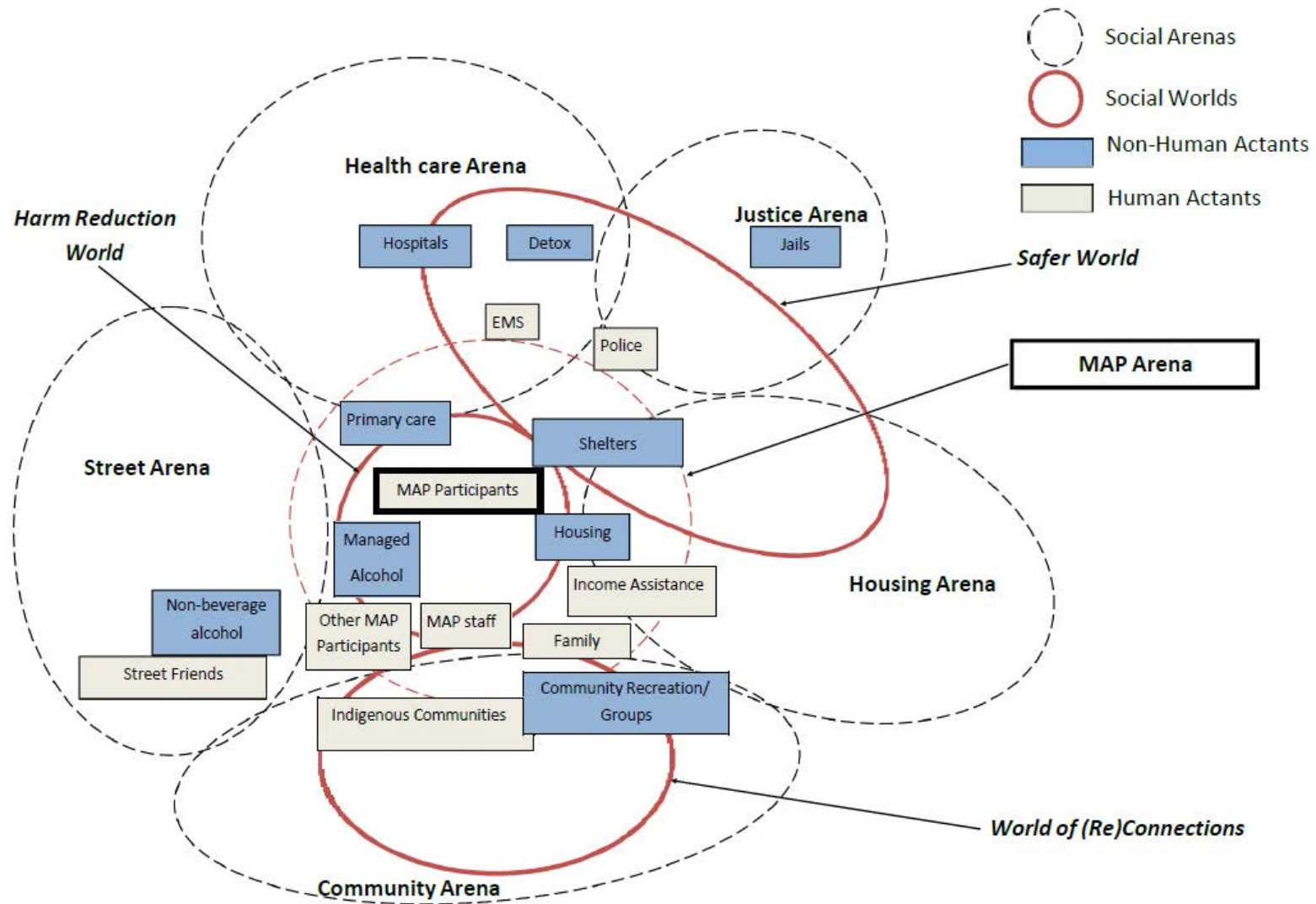


Figure 2. MAP Social Arenas



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



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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)
in spite 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**



AOD monitoring project +

CMAPS - The Canadian
Managed Alcohol Program
Study

InterMAHP - International
model of alcohol harms
and policies

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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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***MAP Community
of Practice**





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