

Do Managed Alcohol Programs Prevent Harms of Alcohol Dependence and Homelessness?

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SHELTER HOUSE
THUNDER BAY



Canadian Mental
Health Association
Sudbury/Manitoulin



Vancouver
Coastal
Health



Prevalence of Problems related to Alcohol Use

- Harms of use and alcohol use disorders are a problem worldwide.
- Among homeless male populations, prevalence of severe alcohol dependence is estimated to be 8-58% (Fazel et al, 2014)
- Little info on prevalence among women experiencing homelessness.



Harms of Alcohol

Acute

Injuries
Poisoning
Acute illness

Chronic

Liver disease
Cancers
Strokes
Gastrointestinal
disease

Social

Problems with:
Housing
Finances
Relationships
Law
Workplace



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



Freezing Deaths Inquiry → 1st MAP





Research Purpose

The purpose of our research is to rigorously evaluate MAPs in Canada and generate insights into the implementation of MAPs with a focus on outcomes and process.



Research Objectives

Outcomes

To establish whether entry into a MAP contributes to significant...

- **Objective 1:** *improvements in the health, longevity and well-being of participants*
- **Objective 2:** *changes in service use (reductions in the use of emergency, hospital, police and emergency housing services)*
- **Objective 3:** *changes in substance use (less hazardous patterns of alcohol use)*



Research Objectives (cont.)

Process

- ***Objective 4: To inform the development of program and policy recommendations for MAPs by identifying participant and program characteristics that are most likely to predict positive outcomes and critically examine practical, ethical and legal issues as part of the implementation of MAPs.***



Evaluating Outcomes and Process

Outcomes

Outcomes

Quantitative
Surveys

Secondary
Administrative
Data

Process

Qualitative
Interviews

Policy and
Protocol
Analysis



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%



Overview of MAP's in Canada

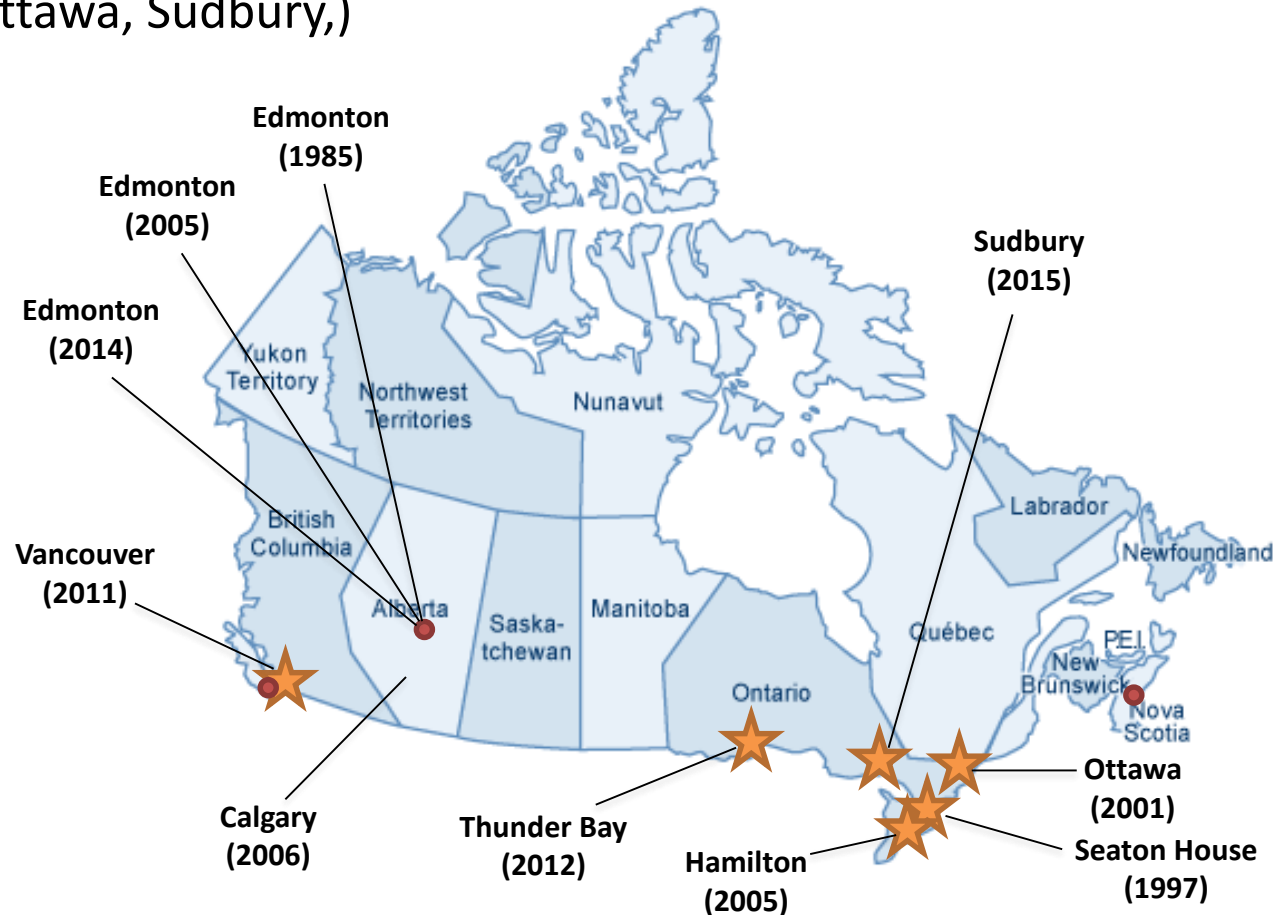
- 14 MAP Programs (Vancouver, Calgary, Edmonton, Thunder Bay, Toronto, Hamilton, Ottawa, Sudbury,)



National
Study: 7
Sites



Other MAP
sites





What is a MAP?

A harm reduction program that offers regularly dispensed and/or administered sources of beverage alcohol alongside accommodation and/or other programming to prevent alcohol related harms by reducing consumption of non beverage alcohol, binge drinking, and public intoxication.





How do MAP's work?

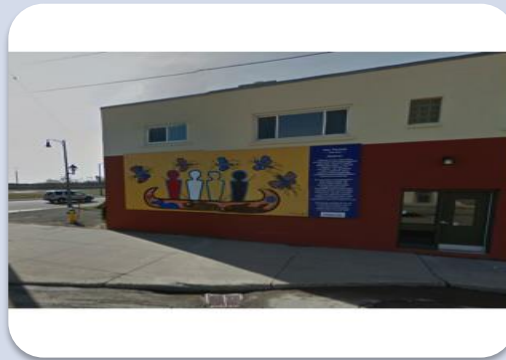


Alcohol Intervention:

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

Indigenous

Life skills

Recreational



Increasing Housing Stability



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

Pauly et al., 2015

Stockwell et al, 2013



Reducing Alcohol Related Harms

Participation in MAP resulted in fewer acute and social harms (esp safety, legal, financial and withdrawal).



SOURCES: Stockwell et al., 2013; Vallance et al., 2016,
Pauly et al., 2015



MAP participants experience fewer physical harms

(Stockwell et al., under review)

Sample	Physical health	Learning difficulty	Assaults	Seizures	Passed out
Controls (n=189)	43%	33%	33%	15%	62%
New MAPs (n=65)	25%**	13%*	35%	11%	34%*
Long-term MAPs (n=109)	15%***	18%**	15%*	2%**	26%***



MAP participants experience fewer social harms

Sample	Social	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%***



Consumption of Alcohol: Pilot Studies

- Reduced use of Non Beverage Alcohol
- Pilot 1: Alcohol consumption up for some by 6 mos
 - possibly due to outside in warmer months
 - Liver function deteriorated for most by 6 mos
- Pilot 2: Alcohol consumption stable or reduced
 - Policies re being onsite prior to dosing
 - Liver Function Improved

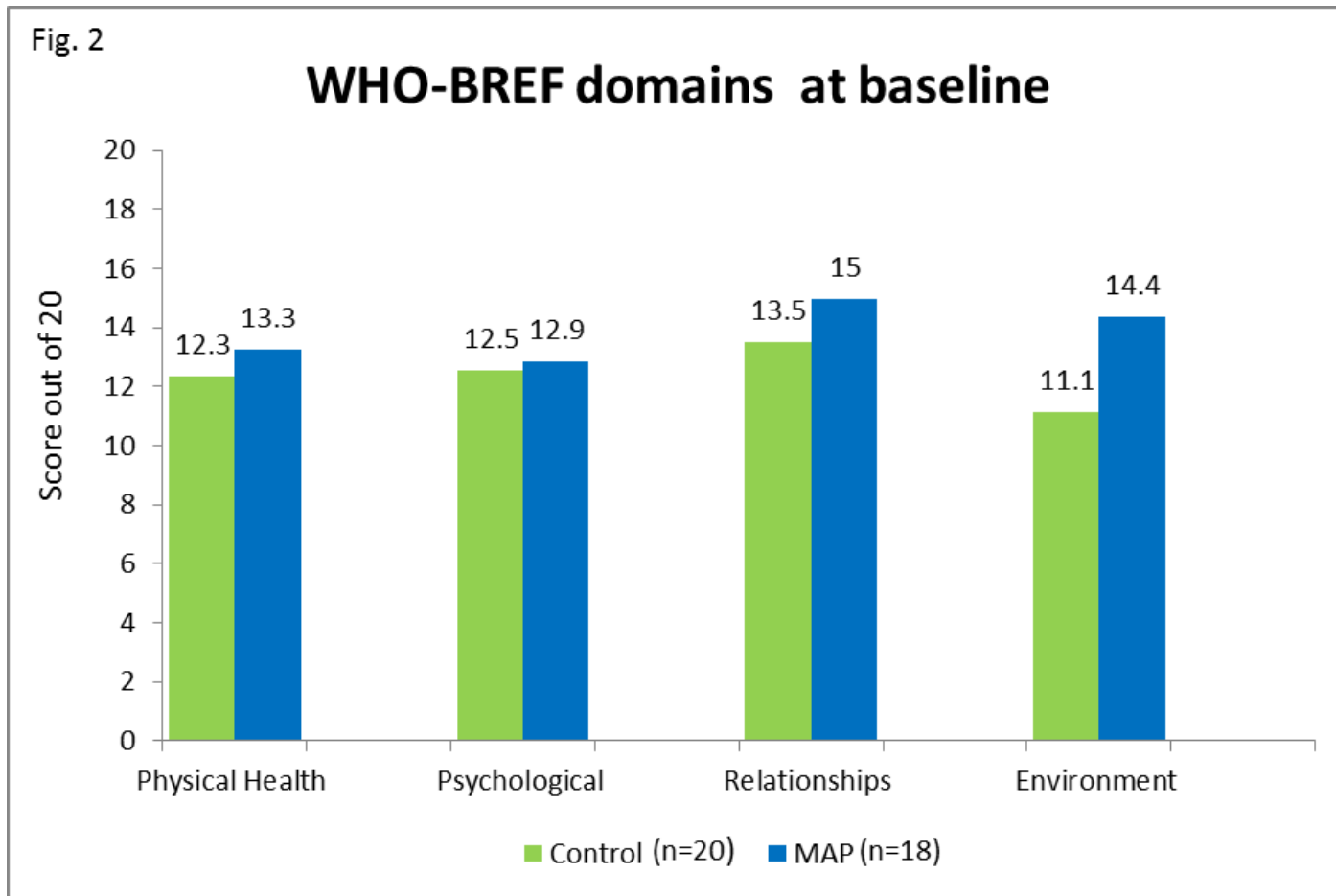


MAP Participants drink more days but drink less overall and less NBA

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*



Improving Quality of Life: Safety



Source: Pauly et al, 2016, Finding Safety



'Finding Safety'

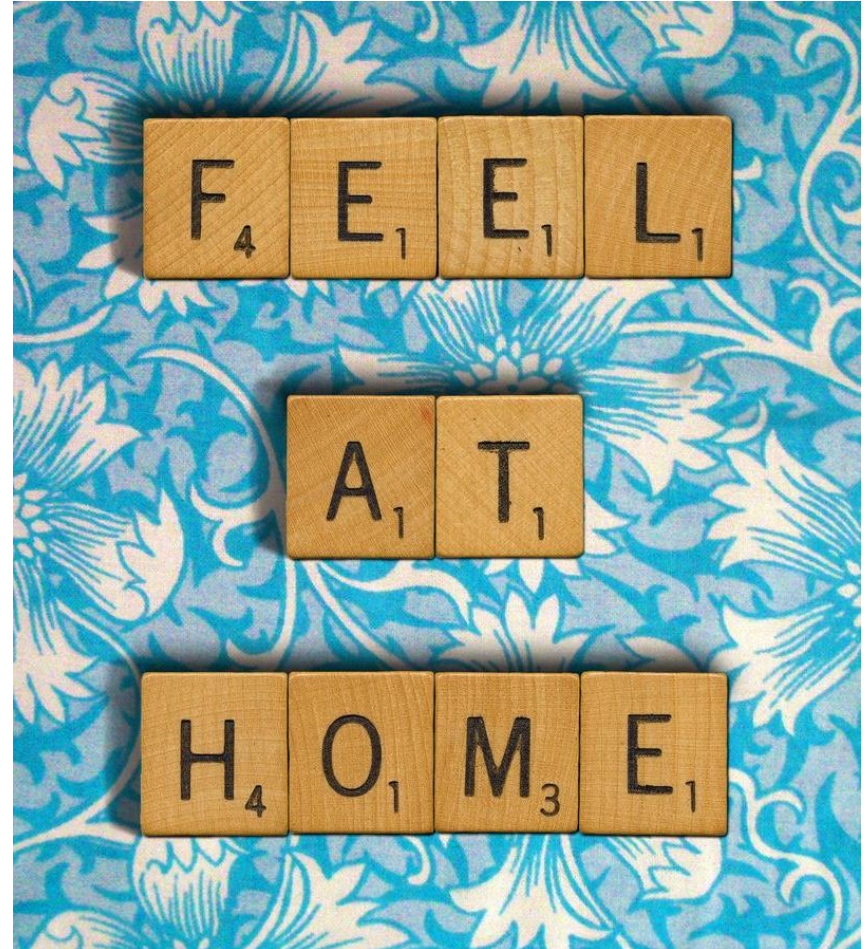
“You feel safe, you feel like you’ve got a warm place to stay, and some home. You’re not outside sleeping and wondering what to eat next.” (TB MAP Participant)

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



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. (TB Participant) Pauly et al., 2016)





Reduced Police and Health Service Use (Pilot 2)



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



**47% fewer hospital
Admissions and 70%
Decrease in Detox Use**



“ ...I used to steal that mouthwash just to try and feel – get myself to feel better [...] I was in and out of jail. Ever since I’ve moved here, I haven’t even had any police contact.

MAP Participant





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

SOURCE: Hammond, Gagne, Pauly & Stockwell, 2016. A Cost Benefit Analysis of a Canadian Managed Alcohol Program. CARBC



Limitations

- Entirely self report data – but higher levels of consumption than from MAP program records
- No randomization to MAP versus control
- No longitudinal analysis – yet
- Attrition from MAP may select out heaviest drinkers – but very stable group with over 90% follow up at 6 months



Conclusions

Enrolling in and staying on a MAP is associated with:

- a safer pattern of consumption: less NBA, lower daily quantities, safer setting than the street
- with drinking on more days per month
- with significantly fewer self-reported health and social problems from their drinking

Future analyses will focus on longitudinal outcomes including chronic harms, police contacts, ER presentations and mortality to see if these associations are confirmed



Recommendations:

- Clear eligibility criteria focusing on acute harms & severity of dependence
- Monitoring of chronic harms of alcohol use part of ongoing clinical care (e.g., liver function tests)
- Potential risks from continuous high-level alcohol consumption fully explained to participants
- Alcohol admin tailored so neither use frequency or amount increases
- Protocols to manage non-MAP consumption
- Opportunities for both short/longer term abstinence available on demand



- AOD monitoring project +
- Managed alcohol programs
- All active projects
- Archived projects



Managed Alcohol Programs (MAPs)

CARBC 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.



Click for an Overview of MAP sites in Canada (pdf)

MAP Project Resources

- + About MAPs and this project
- + MAP community of practice

News Events

- Scottish Courts Back Minimum Unit Pricing for Alcohol with CARBC input
- Cecilia Benoit receives Governor General Award
- No Vacancy: Affordability & Homelessness in Vancouver
- CARBC is proud to co-sponsor a screening of the film "Us and Them"
- CARBC Bulletin 16: CARBC's recommendations on marijuana legalization and regulation in Canada

[More news](#)

- Join the conversation



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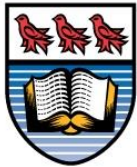
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Thank You!



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