

# Study provides evidence of impacts of managed alcohol programs in Canada

March 11 2014, by Suzanne Ahearne

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The first controlled study of Managed Alcohol Programs (MAPs)—which provide supportive housing, food and alcohol to previously homeless people with severe and chronic alcohol dependencies—provides evidence of the health and safety benefits for participants, as well as economic savings for local communities due to a decrease in police and hospital incidents, according to study by the University of Victoria's Centre for Addictions Research of BC (CARBC).

Although there are similar MAP programs in Canada—including two in Vancouver—this study provides the qualitative and quantitative evidence of success. This research is part of a larger national CARBC-led study of MAPs in Canada funded principally by the Canadian Institutes of Health Research and the Michael Smith Foundation. The study was conducted at Shelter House in Thunder Bay, Ontario.

MAPs were created to provide a more compassionate response to the problems of severe alcohol dependence and intoxication for people who are at increased risk of injury and complications related to untreated chronic illness, and who do not have other housing or treatment options. In a MAP, small doses of alcohol are dispensed to participants at regular intervals to replace non-beverage alcohol—mouthwash, hand-sanitizer, hairspray—with less harmful alcohol. Research has shown that supportive housing alone provides health benefits and reduces [alcohol consumption](#), and MAPs take this one step further by providing safe sources of alcohol onsite.

The CARBC study involving 18 MAP and 20 control group participants is notable for its broad range of measures, including: a five-year analysis of hospital and police records on and off MAPs; liver function blood tests, and measures of levels of both regular and non-beverage alcohol.

"The study showed positive results for MAP participants: a reduction in police contacts, hospital admissions and detox admissions in the range of 40 to 80 per cent," says CARBC director and psychologist Dr. Tim Stockwell, the study's co-author. "It provides evidence that harm-reduction approaches to homelessness and chronic alcoholism are good for communities and they make economic sense."

Shelter House opened a MAP (the Kwae Kii Win Centre) in 2012. "We needed a different response in our community to chronic problems of [alcohol](#) and homelessness," says Patty Hajdu, executive director of Shelter House. "Shelter House recognized that abstinence-based housing and treatment did not meet the needs of some people, and our organization took the lead on providing an alternative." UVic nursing researcher and report co-author Dr. Bernie Pauly adds: "All of the MAP participants successfully maintained their housing and had improved health outcomes."

**More information:** To view the full report and additional information on housing-first and harm reduction initiatives, see [www.carbc.ca](http://www.carbc.ca).

Provided by University of Victoria

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