

Managed Alcohol Programs: Can giving alcohol to heavy drinkers be harm reducing?

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The life expectancy of people suffering from a severe alcohol use disorder has been estimated to be on average almost 30 years less than that for an abstainer or low volume drinker. Alcohol is conservatively estimated to be responsible for some 3 million deaths each year globally. Alcohol use disorders are more common among people experiencing homelessness and this combination of problems takes a heavy toll on physical health, mental health and personal safety – especially in countries with harsh climates. Managed Alcohol Programs (MAPs) sprung up in Canada as a harm reduction approach to help this most vulnerable population reduce acute harm from alcohol by providing a regulated supply of beverage alcohol alongside food and shelter. The development of these programs accelerated during the first year of COVID-19 and we now know of at least 40 sites across Canada. We know of sites under development in the US, UK and Australia but likely they operate ‘under the radar’ informally in many cities around the world. The idea of providing alcohol to ‘alcoholics’ can be politically controversial.

The Canadian Managed Alcohol Program Study (CMAPS) was initiated by the Canadian Institute for Substance Use Research in 2014 following some site-specific pilot studies. Detailed data on impacts of MAPs from 6 Canadian cities have been collected from over 400 participants and locally recruited controls spanning consumption patterns, harms, health, wellbeing, housing quality and satisfaction at baseline, 6 months and 12 months. Insights into the challenges and benefits of running MAPs have also been obtained from qualitative interviews conducted with staff and clients. This presentation will provide an overview of published and unpublished findings. There will also be a discussion of plans underway to help MAP participants substitute their alcohol for cannabis given its now legal status in Canada and substantially reduced impacts on health.