

Overview of Managed Alcohol Program (MAP) sites in Canada (and beyond)



**University
of Victoria**

Canadian Institute
for Substance
Use Research



Overview of Managed Alcohol Program (MAP) sites in Canada www.cmmaps.ca

City	Program Name	Number of Participants	MAP Setting	Alcohol Administration	Program History	Clientele Characteristics	Funding Type	MAP Site Contact Info
British Columbia								
Vancouver	Station Street	80 Resident Building Currently 4 MAP participants, not taking on anyone new	Supportive housing	Hourly by staff, from 7:30 AM until 10:30 PM, tailored to individual	Opened MAP 2011	All Genders; (57% Identify as Indigenous)	Vancouver Coastal Health Authority	Nicole Wheelhouse: nicole.wheelhouse@phs.ca
Vancouver	Community Managed Alcohol Program (CMAP)	200+drinkers registered within SEMAP Brew Co-op: 3 brew masters, Drinkers lounge: 35-45 participants a week Big MAPers: 24 participants currently	Day program 5 programs within SEMAP 1. Brew Co-op 2. Drinkers Lounge 3. Illicit Alcohol Exchange 4. Hydration Team 5. Big MAPers (non-residential MAP)	Daily ration, individually tailored dispensing schedules	Opened MAP 2013 Peer Run	All Genders; (80% identify as Indigenous)	Co- operative Through client “dues” and “buy ins” system	Michelle Wishart: CMAP Coordinator michellew@phs.ca
Vancouver	St. Paul’s Hospital	No limit	Hospital in-patient units (excluding Mental Health Units)	Tailored to individual depending on hospital care plan, administered by nursing staff	Began in July 2016	In-patients at St. Paul’s Hospital, available to people already receiving MAP/ prescribed alcohol in community	Providence Health Care	Emma Garrod: egarrod@providencehealth.bc.ca
Victoria	Iheart MAP	50-100	Outreach- Outreach, Community-based, Indigenous led	Alcohol delivered once in the week preceding cheque week	Began operation Spring 2020	Adult participants who drink alcohol daily and experience insecurity in alcohol supply	Current funding only allows for MAP to be delivered one week a month	Trish at i heart <indigenoussharmreductionteam@gmail.com> *operations currently paused
Victoria	Culturally Supportive House and Indigenous Alcohol Harm Reduction Program	12	Indigenous-led and culturally based housing grounded in a Dual Model of Housing Care and Decolonized Harm Reduction Approach	Client specific with staff administration	Opened in Spring 2020	"Family members" (residents) are Indigenous adults of all genders	Family members typically pay for half of monthly alcohol	Wade Hunt, Program Manager, Aboriginal Coalition to End Homelessness Society whunt@acehsociety.com
Victoria	Island Health- Victoria Individualized Managed Alcohol Program (iMAP)	12 to 15	Health Authority delivered outreach to temporary or permanent supportive housing sites	Client-specific once to three times daily alcohol delivery by nursing, social work, or outreach staff	Began operation in Spring 2020 as part of COVID-19 response, now a long-term MAP situated within a larger Intensive Case Managed Team	Adults of all genders with severe AUD and experiencing significant alcohol-related harm	Health authority funded; Clients contribute at least 50% towards monthly alcohol costs	Morgan Boc, Clinical Coordinator morgan.boc@islandhealth.ca

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Kelowna	Interior Health Mental Health & Substance Use Program	Currently 6 participants	Outreach & case management/scattered sites	Tailored to individual depending on their care plan	Began in 2016	All genders	Interior Health	Nadine Rigby Nadine.Rigby@interiorhealth.ca
Port Hardy, Tsulquate Reserve	Gwa'dzi Managed Alcohol Program (GMAP)	7 full-time clients currently, with short-term intake of Covid-19 isolation clients as needed	Outreach/scattered site case management –	7 days per week, 8:30-18:30- Client-centered, tailored doses to each individual depending on their care plan and goals, delivered by staff to client.	Opened in 2020	All gender identities, 19 yrs+, singles and couples, primarily Indigenous but not limited to. Open to residents of the town of Port Hardy and all neighboring communities (Gwa'sala-'Nakwaxda'xw First Nations, Quatsino First Nation, Kwakiutl First Nation, Coal Harbour).	Funding Type: First Nations Health Authority and Vancouver Island Health Authority, with client contributing 50% of their alcohol costs.	Gwa'sala-'Nakwaxda'xw Health and Family Services, Contact Information: Alexa Bisailon, GMAP Lead: alexa_bisailon@gnhfs.com 250-230-3344 / Dean Wilson, Health Director: dean_wilson@gnhfs.com 250-230-0900
Penticton (unceded traditional territory of the Sylix nation)	ASK Wellness Society- Burdock House/Fairhaven MAPs	105 clients maximum potential (2 locations)	Supportive Housing, 2 sites. Burdock House and Fairhaven	Hourly, based on doctors assesment for the individual participant	Program officially started July 29th, 2021 after noting an increase in alcohol-related behavior discharges from program. On-site LPN worked with CMAPS and the local outreach clinic to identify the needs and how to best support the client population from alcohol related harms.	Must be a client residing at the supportive housing sites. 24/7 staff to assist. - Supportive housing clients, specific focus on supportive indigenous clients and older adults with historical housing instability	As of current, there is no specific funding. LPN and on-site support staff added the programming into daily operations. Clients are responsible for purchasing and acquiring their own alcohol to be dropped off at housing office.	Amy MacDonald, Licensed Practical Nurse, ASK Wellness Society, a.macdonald@askwellness.ca
Surrey	Surrey Intensive Case Management Team and MAP	6	Shelter/Day Program	Client-specific, several times daily by nursing or shelter staff	Began operation in 2020 as part of COVID-19 isolation support; now a long term program	Adults of all genders who drink daily and experience significant alcohol related harm	Health authority funded	Jessica Tengco, Clinical Coordinator jessica.tengco@fraserhealth.ca
Alberta								
Calgary	Carewest Rouleau Manor	Currently 2 participants	Long-term residential care	Tailored to individual	Opened Sept 2017	All genders	To be confirmed	Yaro Kiselev: Director of Operations Carewest Rouleau Manor Yaro.kiselev@albertahealthservices.ca

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Calgary	Peter Coyle Place	70 residents in building. Between 20-30 MAP participants at a time	Permanent supportive housing	Individual-ized consumption and distribution contracts set up for clients that require management with times and amounts	Opened in 2007	Male and females, ages 55+	Residents pay room and board, Program subsidized by Human Services	Alison Loewen: Team Lead 403-255-6013 AlisonL@tpfa.ca Ioan Tirlui: Social Worker IoanT@tpfa.ca
Edmonton	Royal Alexandra Hospital	No limit	Hospital in-patient units	Tailored doses of 40% ethanol (vodka) dispensed up to hourly as needed daily (outside the hours of 3am-6am), up to a maximum of 12 doses per 24 hours	Initiated in December 2016	Patients of all genders aged 18+ with severe AUD diagnosis & ongoing alcohol use interfering with addressing health concerns	Alberta Health Services	Jennifer Brouwer, ARCH Program Manager, jennifer.brouwer@albertahealthservices.ca Dr. Karine Meador, ARCH Assistant Director, karine.meador@albertahealthservices.ca
Edmonton	Ambrose Place	32 participants	Supportive housing	Every 3-4 Hours by staff	Opened in 2014 Indigenous Model	Majority identify as Indigenous but have had non-Indigenous participants who are ok with living in Indigenous model; Health /mental health issues plus physical health issues; Chronically homeless	Alberta Health Services; Residents pay for rent, cable, telephone and meals	Mayo Gardipee: MAP Coordinator mayo.gardipee@niginan.ca Angela Decoteau: MAP Staff Angela@niginan.ca
Edmonton	George Spady Society- Place of Dignity (POD)	6 Clients	Supportive housing	Tailored by individual with the possibility of moving towards prescribed doses. Client is responsible for costs of alcohol.	Opened in Oct 2014	All Genders Clients must be struggling addictions, homelessness, medical and mobility issues.	Primarily funded Alberta Health Services with additional support from Homeward Trust	Lynn Adams: POD Coordinator LynnA@gspady.ab.ca Lindy Dowhaniuk: Manager LindyD@gspady.ab.ca
Edmonton	Grand Manor	21 Participants (Just opened secured units with ability for MAP)	Supportive housing	Daily ration	MAP initiated 2005	All Genders	AHS Supportive Living	Becky Elkew: Director of Care 780-441-7992 belkew@excelsociety.org

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Edmonton	Urban Manor	75 men	Supportive housing	Daily ration-residents are responsible for purchasing alcohol	Opened 1985	Males Only Over 18 years – prefer over 30 Chronically homeless Major physical and mental health issues	Primarily funded by Gov of AB Human Services Residents do contribute when able to do so	Linda Noel : Executive Director linda.noel@shawbiz.ca Colleen Blundell: Caseworker colleen.blundell@shaw.ca
Edmonton AB	Boyle Street MAP	10 (Capacity of 30)	Non-Residential, community brew co-op. The BSCS N-R MAP dispenses wine that is brewed on-site by participants.	Alcohol administered by staff on-site or 2x daily pickup and self-administer.	Program started in 2020 and re-launched in June 2021 with federal funding.	Serves individuals who consume NBA, majority of participants utilize shelters and are actively experiencing homelessness, 18+.	Program is funded by Health Canada; participants pay into the program month to receive daily dispense of wine.	Lina Meadows 587-338-1850 lmeadows@boylestreet.org
Fort McMurray	Centre of Hope and many refer to the program as COH PSH Our program is a congregated Permanent Supportive Housing program for both men and women. Prior to our program re-location we had a women’s house and men’s house. Program names were Carla’s place and David’s place – named after two long term patrons of our agency who had both passed away. Since relocating to a one floor program just under a year ago we have been referring to our program as just “PSH” until a new all-inclusive name is chosen. We are the only PSH program in Fort McMurray.	PSH houses 17 residents – all residents have the choice to partake in the MAP and we have 16 residents who do. One does not.	Congregated Permanent Supportive Housing. 17 room floor with 5 women and 12 men. There are 2 support staff on shift at all times.	Hourly up to 12 pours of alcohol per day between the hours of 5:00am – 12:00am. We do not administer alcohol after 12:00am until 5:00am.	This program began in conjunction with the inception of the PSH program for our region. It has been running since 2017. The PSH program grew from a 12-bed program (shared between 3 townhouses) into a 17-bed program when we moved the program to the second floor of the Centre of Hope building. Before Centre of Hope moved into this building, it was previously a shelter on the main floor with private sector rental housing on the second and third floors. We transitioned the second floor into PSH and the other floors are used for different programming	Our PSH program works to provide an inclusive, harm-reduction and recovery-based home for individuals who were experiencing chronic homelessness prior to entering PSH. All individuals moving into PSH have been identified with extensive barriers to independent housing. The program provides voluntary access to a flexible and comprehensive array of support services and places no limits on length of tenancy if terms and conditions of the lease / agreement are met. We work with adults above the age of 18 with no age limit as long as the individual meets the program criteria / service capacity.	Our PSH program is funded through the Regional Municipality of Wood Buffalo’s Community Plan to End Homelessness. The MAP does not receive funding. Our residents pay for their own alcohol. Residents are provided with support in budgeting for their alcohol if they wish.	Shannon Kiyon, BSW, RSW Permanent Supportive Housing Supervisor E: pshteamlead@fmcentreofhope.com P: 780-881-8900

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					to service individuals experiencing near, episodic or chronic homelessness in our region. The MAP program has grown over the years through trial / error. Upon taking over the PSH program in November 2021 I have been looking to enhance and foster more sufficient service delivery regarding the MAP for our residents. We are the only MAP in our region. We are considered a rural/northern community due to our location, harsh winter temps, transient population, & limited resources.			
Lethbridge	River House	9 participants	Residential Facility: Permanent Supportive Housing	Individualized Dosing: Reviewed quarterly by interdisciplinary team	August 2015	Functionally or chronologically geriatric, male, SPDAT score of 40+, demonstration	Connected to external supports Office of the Public Guardian, Public Trusteeship, AHS Mental Health	Kale Hayes: Program Supervisor 403-320-8888 k.hayes@familyties.ca
Saskatchewan								
Saskatoon	The Lighthouse Supported Living	Currently 9 Participants - Full	Residential setting with 8 single dwelling units and 1 shared unit with meals provided in common dining room and medical	Tailored dosing with up to 10 pours daily administered by staff	Opened in June 2017	Primarily Indigenous Clientele with history of non-palatable and heavy alcohol use	Sask Health Authority and in Partnership with Journey Home, Saskatoon Crisis Intervention Services	Shea Nordick, Manager of Client Services, shea.nordick@lighthousesaskatoon.org , 306-653-8266; Tayo.Dahunsi, MAP Team Lead, Tayo.Dahunsi@lighthousesaskatoon.org , 306-222-1826.

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Saskatoon	Edwards Manor	Five suites in a Permanent Supportive Housing building	Permanent Supportive Housing program	Participants receive their pours every two hours from 8 am to 8 pm each day, – Nurse Practitioner run	Edwards Manor – Permanent Supportive Housing – began in 2018 with three partnering agencies one of which struggled to maintain support with the PSH as Covid-19 pandemic disrupted so many service delivery models with Community Based Organizations. In the fall of 2020 it was decided that 5 of the 21 suites would be used for MAP	male/female – indigenous	Participants purchase their alcohol. This is a partnership with Saskatoon Crisis Intervention Service (SCIS), Camponi Housing Corporation (CHC) and the Saskatchewan Health Authority (SHA). SCIS is able to have participant's trust files with Ministry of Social Services to ensure rent and alcohol is paid for as well as support from ICS (Intensive Community Support – an Intensive Case Management program with SCIS); CHC is a Metis agency that owns the building and supplies Peer Support, Intensive Support Workers and a Cultural Support Worker – there is a cultural room, kitchen, community room and nursing station; SHA supplies 1.75 nursing support. Primary Care Clinic on site half day per week	Bill Johnston BSW, RSW Team Leader – Intensive Community Support Crisis Management Service/Journey Home - Housing First Pronouns: He/Him Saskatoon Crisis Intervention Service (SCIS) p. 306-933-8234 bjohnston@saskatooncrisis.ca ----- Tammy MacFarlane MSW, RSW Team Leader – Intensive Community Support 306.933.8234 tmacfarlane@saskatooncrisis.ca
Regina	Phoenix Residential Society	6-9 participants	Outreach/ scatter site Doses are delivered to the client's home with up to 4 deliveries per/ day - typically delivered 3 times per day in client home in community	Client-centered, individually tailored dosing. Doses are delivered to the client's home with up to 4 deliveries per day	Started in 2016 as the need for harm reduction supports in our Housing First program arose. Program expanded in 2020 to be able to provide subsidies for alcohol purchase to expand eligibility to individuals. Program capacity is 10 currently.	Participants must be part of the Phoenix HOMES Housing First program. Primarily but not limited to Indigenous community members.	Staff funds come from Reaching Home and Saskatchewan Health Authority (new funding source as of June 2021). Clients pay for a portion of their alcohol, but subsidies cover the majority of the cost.	Melissa Naytowhow <m.naytowhow@camponi.ca >
Manitoba								
Winnipeg	Sunshine House	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed

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Winnipeg	Main Street Project	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed
Thompson		Depends on needs - it is only for clients in isolation r/t COVID	Clients are in isolation in a YWCA and a Acquired Brain Injury Unit	individualized dosages based on assesment with person. - Nurses do the initial assessments, Dosages decided by MD/NP, administered by outreach staff.	Feb 2021. Response to clients in isolation related to COVID-19 who rely on alcohol.		Paid for by the health region during the pandemic	Courtney Almas RN, BN CCHN (C), STBBI & Harm Reduction Coordinator calmas@nrha.ca
Shamattawa	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Ontario								
Thunder Bay	Kwai Kii Win	Up to 15 participants	Supportive housing	Every 90 mins by staff, from 8am to 11pm, tailored to individual	Opened 2012 It helps that we are a smaller community where a lot of the clientele know each other or are even family in some instances. We are able to provide a more family approach. We, as in the support staff, are an extension of their family and vice versa. Connection is huge for our clientele.	All Genders Currently -100% Identify as Indigenous	Client rent: 24% City of Thunder Bay: 13.5% Federal (HPS): 8% Provincial (Trillium): 7.5% The remainder in unsecured funding/fundraising	Lisa King, Kwae Kii Win Program Manager lisa.king@shelterhouse.on.ca Michelle Jordan, Executive Director, Shelter House michelle.jordan@shelterhouse.on.ca
Sudbury	Harm Reduction Day Program	Day program capacity: 8	Day Program	Measured doses of alcohol (wine) hourly 9am-8pm	Opened December 2015	Both genders participate in the program	LHIN/CMHA Residents co-pay	Cindy Rose: crose@cmhasm.on.ca

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Hamilton	Downtown MAP	22 participants -16 Males and 6 Females	Transitional, supportive living facility Clients are supported by in-house nursing for 14 hours/day. Social needs are supported by recreation therapy and client care workers.	Hourly, up to 16 pours/day between 7am and 10pm. Each client on own individualized schedule and # of pours.	Opened 2005 Used to be called Claremont House when it was a part of St. Joseph's Healthcare in Hamilton. Moved out of the hospital setting and became Special Care Unit, owned and operated by Wesley. Has become more "homey" and less institutional due to this change. Type of staff also changed, to become run day-to-day by more UCPs.	Serves folks experiencing or at risk of homelessness in the Hamilton-Wentworth community and surrounding areas. Any client 19 years of age or older with an acute alcohol dependency. Separate programs for Males and Females	Local Health Integration Network (LHIN). Clients pay program fees which contribute to the cost of their accommodation, food (3 meals/day and snacks), alcohol consumed, programming, nursing support.	Eryn Jacobson <eryn.jacobson@wesley.ca>
Hamilton	In Hamilton, Wesley is running the MAP under SCU name.	3 participant in 2 buildings	inter-disciplinary team	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed
Hamilton	Indwell	3 tenants	Supportive Housing	To be confirmed	To be confirmed	To be confirmed	To be confirmed	Amy Brouwer: abrouwer@indwell.ca

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Toronto: traditional territory of several nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is covered by Treaty 13 with the Mississaugas of the Credit	Seaton House: Annex Program	Up to 45 Participants	Shelter	Hourly by staff between 7:30 AM-11:00pm, tailored to client. The Annex offers individualized and client centered alcohol harm reduction support. Our goal is to support people to develop skills to manage their alcohol more safely and to transition out of shelter and back into appropriate housing.	The Annex MAP started in 1998 as a response to a coroner's inquest into the freezing deaths of 3 homeless men on Toronto streets in the winter of 1995. In an effort to meet people where they are at, the Annex program has evolved and now offers both a BYOB alcohol support program and MAP. Both streams of alcohol harm reduction support offer low barrier access to onsite doctors, nursing, PSW, wound care, OT, and housing focused case management supports.	At this time we are male identified only, over 19 yrs+ - Currently 9% Indigenous	City of Toronto, Municipal/ Government	Michelle Dixon Supervisor 416-392-5779 michelle.dixon@toronto.ca Alternate: Program Shift Leader on Duty (416) 397-5598
Toronto	Parkdale Queen West Community Health Centre	5 (currently a pilot)	Community based- program for clients of the health centre in the community.	Twice daily (AM and PM) bottle dispense. Daily maximum of 4 bottles. 12% white wine brewed on site	The program started in Nov 2021 following repeated community requests and assessments.	Priority is given to indigenous community members and women.	The client enrolled pays \$1.79 per bottle with a daily maximum of 4 bottles	Melody Grant, Harm Reduction Outreach Coordinatormgrant@pqwchc.ca

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Toronto -GTA	Regeneration Community Services: Art Manuel House	Up to 10 Tenants	Residential Program: Transitional Supportive Housing – 24-hour support/staffing with meals and support with medication provided. In a large house with 10 individual rooms. Each tenant has their own room, shares washrooms with a common dining room, living room, recreational and outdoor areas.	Hourly by staff: Hourly pours through the day/evening. Only one pour during the overnight hours	Opened March 2015, The program was originally conceived through an advisory committee and Leadership Team consisting of the Regeneration Community Services, St. Stephen's Community House (now The Neighbourhood Group), Dr. Tomislav Svoboda of the Annex Program, Seaton House and the Inner City Family Health Team, St. Michael's Hospital, Inner City Health Associates, and Transition House, who jointly submitted the original proposal for funding.	Serves individuals with a long history of homelessness and use of non-beverage alcohol. Individuals need to agree to participate in the MAP program and be willing to live cooperatively in a shared house. . The program is designated as co-ed however historically most residents have been male.	Annualized funding through Toronto Central LHIN (now Ontario Health). Clients pay for their alcohol - The alcohol provided is typically white wine. Residents can choose to purchase other forms of alcohol, and have staff dispense	Alison.hunt@regenerationscs.org Ramond.Phipps@regenerationscs.org
Ottawa (Algonquin)	Shepherds of Good Hope Downtown MAP (shelter) Residential: Oaks Residence	Shelter: 24 beds Residential:48 units	2 programs; Shelter and Residential Supportive Housing Facility	Shelter and Residential: Hourly by staff between 7:30am to 9:30pm; tailored to individual	Shelter: MAP opened in 2001. Residential: Oaks residence opened in 2010	Shelter: All Genders- 3 designated to women; Approx. 50% Indigenous (including Inuit and Metis). -Inuit are greatest proportion Residential: All genders, some couples - 20-30% Indigenous	Shelter and Residential: Funding through regional health organization for the health and municipal government (e.g. LHIN funding for healthcare) Residents contribute financially towards costs of alcohol and municipal government	Shelter: Lauren Julien Program Manager ljulien@sghottawa.com 613-688-2929 ext 330 Oaks Residential: Ray MacQuatt: Program Manager rmacquatt@sghottawa.com
Ottawa (Algonquin)	Richcraft Hope Residence	42 participants	Supportive Housing Facility	Hourly from 7:30am to 9:30pm; tailored to individual		Chronically and/or episodically homeless individuals and chronic alcoholism.	Municipal, Provincial, Resident contributions towards alcohol	Colin Corkum Program Manager ccorkum@sghottawa.com

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Kenora	Lake of the Woods District Hospital: Morningstar Centre	Up to 8 participants	Residential program	First serve at 7am and every 90 minutes after that until 11pm	Opened in January 2017	All genders – there is a separate unit for females	Local Health Integration Unit & residents contribute	Patti Dryden-Holmstrom pdryden@lwdh.on.ca
Quebec								
Montreal	PAQ MAP	up to 8 Indigenous men, working on welcoming women and men up to 12-15	Permanent-supportive housing, private rooms, shared common rooms Organization also offers other services, emergency shelter and transitional housing in Montreal	Hourly by staff	Opened December 1, 2020	Indigenous Specific	Clients contribute to alcohol and housing fees. Multiple funding sources including federal	Mark Alsop, MAP PAQ Coordinator, Projets autochtones du Québec, mapcoordinator@paqc.org, Natalie Julien, Program and Services Manager, Projets autochtones du Québec natalie.julien@paqc.org
New Brunswick								
No known MAPs to date								
Nova Scotia								
Halifax	North End Community Health Centre/Mobile Outreach Street Health (NEHC/MOSH) MAP	25	Scatter Site Model-outreach based	Alcohol given daily 1-2 times a day (sometimes more)	Opened in spring 2020. Our program started in response to providing harm reduction supports to homeless/ marginally housed individuals in two week isolation during the first wave of the pandemic. We have continue to support public health mandated persons in isolation requiring harm reduction support, on top of the 25 individuals participating in our program.	Chronically homeless, which is one of our main criteria.	Funded through the provincial office of mental health and addiction, AHANS, and other non-profit grants. Participants currently not paying but we'll be moving to a trustee model soon where there will be a sliding model.	Helen Rivers-Bowerman MAP Manager, North End Community Health Centre, hriversbowerman@gmail.com
Prince Edward Island								
No known MAPs to date								
Newfoundland and Labrador								

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St. Johns	TBD	TBD	TBD	TBD	opening in late 2021	TBD	TBD	St. John's Status of Women Council in Newfoundland Becky Fleming, coordinator <becky@sjwomenscentre.ca>
Yukon								
No known MAPs to date								
Northwest Territories								
Yellowknife	Spruce Bough	25 participants	Supportive living environment (with individual housing units and communal areas) <ul style="list-style-type: none"> • The program distributes alcohol and cannabis. • The program provides food and accommodation. • Service-users have onsite access to primary care services and referral to offsite health services. • Service-users have access to onsite and offsite programming (including social and cultural supports). 	Alcohol is distributed every two hours between 8AM and 10PM. The program does not set a maximum dosage threshold. The health team works with the individual to identify a dosage that will meet the individual's needs to prevent withdrawal and not cause intoxication.	In May 2020, the program opened in response to the COVID-19 pandemic, with the aim to provide safe shelter that would allow individuals to physically distance.	Individuals experiencing homelessness and severe alcohol use disorder who are at risk of serious complications from COVID-19. The individual must be the minimum legal age to consume alcohol and cannabis in the Northwest Territories.	The MAP is currently funded via COVID-19 Emergency Response Funding (at no cost to participants).	Neesha Rao, Executive Director, Yellowknife Women's Society (executivedirector@ykws.ca)