Health & Place 33 (2015) 118–124

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

"This place has given me a reason to care": Understanding 'managed alcohol programs' as enabling places in Canada

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ARTICLE INFO

Article history:
Received 24 November 2014
Received in revised form
11 February 2015
Accepted 23 February 2015
Available online 25 March 2015

Keywords:
Harm reduction
Homelessness
Enabling places
Alcoholism
Personal recovery

ABSTRACT

For several decades, the emphasis on abstinence within homeless support systems has presented significant barriers to care for those who continue to use alcohol or drugs further marginalizing them in terms of housing and health/social services. In response, health care specialists and policymakers have recommended the integration of harm reduction philosophies and interventions into system-level responses to end homelessness. Managed alcohol programs (MAPs) have been developed to this end and have demonstrated positive results. While recent studies of MAPs have focused attention on reductions in alcohol related harms few have examined their meaning from the perspective of clients or considered the role of place. In this paper, we utilize the 'enabling places' frameworks to identify the place-bound properties that make a difference in the recovery journeys of clients. Drawing on in-depth interviews with clients from one program we develop a description of MAPs as enabling places that afford the elemental resources for personal recovery.

1. Introduction

It is widely acknowledged that chronically homeless people with substance use problems face significant barriers when accessing and maintaining housing. In response grassroots activists, health care specialists and policymakers have advocated for the integration of harm reduction philosophies and interventions into system-level responses to the problem of homelessness (Pauly et al., 2013). The result is a wide range of non-abstinence interventions such as low-barrier emergency shelters, Housing First (HF) programs and more recently Managed Alcohol Programs (MAPs). In this paper we focus on MAPs, a Canadian approach to re-housing homeless people with alcohol use disorders that couples supportive housing with on-site, supervised access to beverage alcohol.

The first Canadian MAP was developed at a Toronto men's shelter in response to the freezing deaths in 1995 of three chronically homeless men. To date, similar programs have emerged in five cities across Canada including Ottawa, Toronto, Hamilton, Thunder Bay, and Vancouver. The goal of MAPs is to reduce the harms linked to patterns of chronic homelessness involving 'rough sleeping' (sleeping outdoors) and the consumption of beverage and non-beverage alcohol (mouthwash, cooking wine). MAPS do so by providing regular access to beverage alcohol within a supportive living environment. Generally speaking, MAPs dispense alcohol (wine, beer, spirits) in measured doses at prespecified times to clients with alcohol use disorders living on site in either a congregate living environment or supported private apartments. MAPs are as much about providing secure, supportive housing as they are about treating alcohol use disorders with controlled doses of alcohol.

Non-abstinence housing programs such as these represent a novel and sometimes controversial approach. As Collins et al. (2012a) explain non-abstinence housing programs do not fit easily within the abstinence-based tradition of drug/alcohol treatment or within traditional homeless service systems, both of which have been heavily influenced by disease models of substance use problems. These more traditional approaches see abstinence as a necessary prerequisite to recovery and housing and, relatedly, see non-abstinence approaches as counterproductive in that they facilitate destructive drug and alcohol use and, by extension, exacerbate housing instability.

Early preliminary evidence regarding non-abstinence housing programs suggests otherwise. For example, recent studies of a single-site program in Seattle, WA, where alcohol is not managed but residents are permitted to drink in their rooms, show an association between time living in such environments and decreases in alcohol use and alcohol use disorder symptoms,

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http://dx.doi.org/10.1016/j.healthplace.2015.02.011
1353-8292/

decreases in health care and public service use costs, and increases in housing retention (Collins et al., 2012a, 2013; Larimer et al., 2009). In the specific case of MAPs, where alcohol consumption is managed, a preliminary evaluation associated the program with decreases in emergency room visits, police encounters, and alcohol consumption as well as improvements in hygiene and compliance with medical care (Podymow et al., 2006).

While these studies associate these programs with recovery processes very few evaluations have explored their experiential dimensions in an effort to probe the actual mechanisms underlying these associations (Collins et al., 2012a). Such an exploration is necessary to account for how these programs actually work. Only a handful of such studies have been undertaken. For example, Collins et al., 2012b found that alcohol consumption played a multifaceted role in the lives of residents living in the Seattle program. From the point of view of residents interviewed, the benefits of living in the program included avoiding withdrawal and feeling part of a supportive local community. With regard to Canadian MAPs, Evans (2012) chronicled the complex and sometimes ambiguous feelings formed within a program in the first year of operation including feelings of safety and fear of returning to homelessness.

Bearing these in mind, we explored the experiences of 10 male residents living in a MAP in Ontario, Canada, of whom 8 had experienced significant changes in their drinking, to assess how the 'placement' of the program facilitated processes of recovery. In doing so, we adopted a particular theoretical stance towards the program site that views it as both a location imbued with personal or social meaning and also a network of people, objects, built environments, discourses and affects that generate a particular mode of action or agency in the world. We utilize the 'enabling places' framework (Duff, 2011; 2010) to conceptualize how places can mediate the process of recovery by providing the resources necessary for the rediscovery of one's purpose, identity and social connection. This framework advances current understanding of harm reduction interventions in general and of MAPs in particular by illuminating the way in which recovery trajectories are enacted through the translation of an array of people, objects and spaces into places of hope and transformation. In this regard we seek to develop a place-sensitive understanding of the *process* of change for people addressing addiction and homelessness in a harm reduction context.

We begin with a theoretical introduction to the 'enabling places' framework and then summarize the research methodology and analytical strategies used to generate the study findings. We then present results and discuss their implications for understanding the nature of MAPs as places that affect the recovery experience. The argument we advance is that MAPs work not only because they minimize the risks associated with heavy drink, but also because they provide a milieu for recovery, a type of change not often associated with harm reduction interventions (Mancini et al., 2008).

2. Place as a facilitative element for recovery in MAPs

Place has long been identified as an important element in the process of mental health recovery (Parr, 2008) and drug and alcohol treatment (DeVerteuil et al., 2007). This place–recovery relationship reflects the broader link between place and well-being (Smyth, 2005), a relationship that has been conceptualized using the 'therapeutic landscapes' (Gesler, 2005) and 'restorative environments' (Hartig and Staats, 2003) frameworks that link extraordinary and everyday natural, social and symbolic environments to specific processes of healing as well as more general states of well-being (Williams, 2007).

Although these frameworks have proven useful when linking place to aspects of mental health recovery (see Curtis et al., 2007) and drug and alcohol treatment (see Wilton and DeVerteuil, 2006), as Duff (2011) points out the distinctive role of place itself is routinely missed. Hence, most work carried out under the therapeutic landscape or restorative environment banner tends toward a "*psychological account of restorative experiences* rather than a dedicated theory of place" (Duff, 2011: 150). What is missing, according to Duff (2011), is a deeper theoretical engagement with the specificities of 'place', an explanatory logic that traces precisely how places are made through interaction and practice, and how various aspects of these emergent places account for positive changes in health and well-being.

It is in response to this gap that Duff (2011) proposes the 'Enabling Places' (EP) Framework. Taking direction from the 'geographies of care' literature (Conradson, 2005), and drawing specifically on the thinking of Bruno Latour (2005) and other works on 'Actor-Network Theory' (Law and Hassard, 1999), Duff's (2011) EP Framework advances the 'therapeutic landscape' and 'restorative environment' frameworks in three fundamental ways. First, rather than conceptualize 'place' in terms of a subject–object dichotomy, this framework reimagines 'place' as a network of relations between human and non-human elements, none of which are privileged *a priori* over others in terms of their status as actors (Murdoch, 2006). Any element, human or non-human, that makes a difference in a network by authorizing, permitting, blocking, or forbidding a course of action is seen to act as a mediator (Latour, 2005). Second, the framework rethinks 'agency' as the action(s) this network of relations organizes and distributes. From this perspective, actions that are conventionally attributed to human actors are instead attributed to the linkages that tie together human and non-human elements into networks. Third, 'health' is, itself, understood as a type of activity achieved via 'resources' produced by these 'actor-networks.' These resources include social resources (i.e. communicative competencies, interactional skills), affective resources (i.e. feelings, moods, energies), and material resources (i.e. objects, instruments, services) (Duff, 2011).

From the perspective of this framework, a place may be regarded as an 'enabling place' "insofar as it features networks and associations that generate the resources and agencies necessary for the maintenance of health" (Duff, 2011: 153). These health-promoting agencies are relational enactments that cannot be reduced to any one entity but instead must be interpreted as an outcome of the interconnections among them. In the EP Framework, therefore, health, agency and place, which heretofore have been conceptualized in conventional approaches as distinct and separate, are understood to be relationally organized, co-emergent and enmeshed.

An 'enabling-place' is henceforth conceived as an actor-network engendering the resources necessary for activities that enhance health and well-being. Attention is drawn to the social, material and affective resources that enable activities related to the recovery process. It is in this sense that we endeavor, in what follows, to geographically embed the experience of recovery in MAPs by tracing how the manner in which the program 'places' clients might account for positive changes in their lives.

Another concept critical to this discussion is recovery as commonly used in the addictions field. Generally speaking, 'recovery' describes an enduring, transformative and individualized process involving the resolution of alcohol and/or other drug problems (White, 2005), as indicated by a time when a person enters into remission of the 'symptoms' used to diagnose alcohol and drug problems. For example, the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) or DSM-5, lists a number of symptoms used to diagnose