Managed Alcohol Programs for Patients with Alcohol Addiction: Clinical Effectiveness
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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

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Research Questions
1. What is the clinical effectiveness of managed alcohol programs for patients with alcohol addiction?

Key Findings
Two systematic reviews and one non-randomized study were identified regarding the clinical effectiveness of managed alcohol programs for patients with alcohol addiction.

Methods
A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2017), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, and meta-analyses, randomized controlled trials and non-randomized controlled studies. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2012 and December 31, 2017. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

Selection Criteria
One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Adults with alcohol addiction</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Managed alcohol programs in a community setting</td>
</tr>
<tr>
<td>Comparator</td>
<td>No treatment; Usual care</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Clinical benefits and harms (e.g., recovery, relapse, hospital admissions)</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies</td>
</tr>
</tbody>
</table>
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials and non-randomized studies.

Two systematic reviews and one non-randomized study were identified regarding the clinical effectiveness of managed alcohol programs for patients with alcohol addiction. No relevant health technology assessments, meta-analyses, or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Two systematic reviews and one non-randomized study were identified regarding the clinical effectiveness of managed alcohol programs (MAP) for patients with alcohol addiction. One systematic review examined the feasibility of a MAP for homeless persons in Australia. The results of the identified studies suggested that MAPs result in a reduction in alcohol consumption and days of intoxication. Interactions with police and the healthcare system were reduced. The authors indicated that the studies were of low methodological quality but suggested that MAPs could have a positive impact on homeless adults with alcohol addiction.

The second systematic review examined MAPs to reduce harms associated with alcohol addiction in a population at high risk for substance abuse. The authors did not identify any relevant studies for inclusion in their review. One non-randomized study sought to identify changes in the pattern of alcohol consumption and related harms in participants of a MAP. For participants in the MAP, police contact and incarceration frequency were significantly reduced. Participants also required fewer visits to the emergency department and were significantly less likely to be admitted to hospital for detoxification.

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses


Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
Appendix — Further Information

Qualitative Studies


Additional References