positive change in their lives. Podymow and colleagues suggest that this approach may reduce certain societal costs related to high service utilization, but the question of whether it reduces harm at the individual level remains unanswered.

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REFERENCE

1. Podymow T, Turnbull J, Coyle D, et al. Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol. *CMAJ* 2006;174(1):45-9.

DOI:10.1503/cmaj.1060112

[Drs. Podymow, Turnbull and Coyle respond:]

The focus of our study[1] was to examine harm reduction in a subset of chronically homeless individuals suffering from long-standing severe and refractory alcoholism. These are people who were at an extreme of alcohol addiction, who were homeless and who daily drank to unconsciousness and for whom abstinence-based programs had failed or been refused. The purpose of the program was not to impose alcohol cessation but rather to reduce the harm that these people experienced by providing shelter-based, controlled alcohol administration. This approach would reduce, for example, alcohol-seeking behaviour, panhandling, street violence and the consumption of nonbeverage alcohol, and in so doing would also reduce the use of crisis services.

The attitude that a program must always and only aim to cure the addiction fails to aid those who fall outside of abstinence-based programs. Abstinence may be the ultimate goal in the treatment of addiction, but for homeless people who have severe, unremediable alcoholism and who have refused abstinence-based programs, the program we describe offers complementary strategies in the overall management of alcohol addiction.

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REFERENCE

1. Podymow T, Turnbull J, Coyle D, et al. Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol. *CMAJ* 2006;174(1):45-9.

DOI:10.1503/cmaj.1060133

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