Managed alcohol programs 101

Event #26: June 26, 2024
INTERPRÉTATION SIMULTANÉE EN FRANÇAIS

Interprétation simultanée en français est disponible sauf pour la section Q&R
Simultaneous French interpretation is available except for the Q&A portion /
(see Chat box for instructions)
We acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the University of Victoria stands, and the Lək̓ʷəŋən and WSÁNEĆ Peoples whose historical relationships with the land continue to this day.
• Today’s webinar includes a presentation and Q&A = 90mins
• The presentation segment will be recorded (not Q&A). Links to the recording and webinar slides will be emailed.
• We invite your feedback about today’s session. A survey link will be shared in the Chat box and via email.
• For persons with lived/living experience stipends, email capecopcoord@uvic.ca

The views and opinions expressed as part of this event are those of the presenters alone and do not necessarily represent those of our funders or other organizations acknowledged
Q&A FORMAT

• Use chat box or Q&A tool to submit a question at any time.

• Use ‘raise hand’ during Q&A segment. The moderator will ask you to unmute to pose your question. Name the presenter to whom you are directing the question.

• The moderator may read aloud questions typed in the chat or Q&A tool.

• Technical difficulties? please message us in the chat.
PRESENTERS

Dr. Bernie Pauly, Canadian Institute for Substance Use Research (CISUR)

Dr. Tim Stockwell, Canadian Institute for Substance Use Research (CISUR)

Aaron Bailey, MSc, Vancouver Area Network of Drug Users (VANDU)

Herb Varley, Eastside Illicit Drinkers Group for Education (EIDGE)
Managed Alcohol Programs (MAPs 101):

Can giving alcohol to heavy drinkers be harm reducing?

Bernie Pauly RN, Ph.D
Scientist, CISUR, Professor, Nursing

Tim Stockwell Ph.D
Scientist, CISUR
Emeritus Professor, Psychology

In collaboration with:
EIDGE: Aaron Bailey and Herb Varley
Territory Acknowledgement
Funded by:
A costly, addictive, intoxicating carcinogen

costs more than tobacco, opioids or cannabis
>18,000 preventable deaths

In Canada: (pop. 37m)
>
>100,000 hospital admissions
>
>700,000 ER presentations

only made worse due to trend of deregulation of alcohol policies in recent years and further relaxation of regulations during the pandemic
Alcohol Policy to Reduce Harms

Pricing x 3

- Physical Availability
- Marketing and Advertising
- Minimum Legal Drinking Age
- Drinking and Driving
- SBIR
- Server Training and Management
• **Unsafe Alcohol Sources:** Non beverage use &/or public consumption which is often criminalized and stigmatized (illicit drinking) (Crabtree et al., 2013)

• **Unsafe Patterns of Drinking:** Binge Drinking, withdrawal (e.g. seizures)

• **Unsafe Settings:** Harms of assault violence, injury, exposure and death

• **Lack of alcohol harm reduction interventions**
Development of Canadian MAPS
(The Pour by the Fifth Estate)

Source: The Guardian
Since COVID

40 + MAPs

- National Study Sites
- Other MAP sites
The Four Pillars of MAPs: Harm Reduction Programs (Pauly et al., 2018)

- Safer Supply and Amount
- Safer Settings
- Access to Health and Social Services
- Social and Cultural Re/Connections
Eligibility for MAPs

- Alcohol use disorder, high levels of consumption and non-beverage alcohol use
- Chronic homelessness
- Frequent public intoxication
- Multiple failed attempts at abstinence treatment
- Frequent use of police and health services
The purpose of our research is to rigorously evaluate MAPs in Canada and generate insights into the implementation and outcomes.

Do MAPs reduce consumption, alcohol related harms, improve housing tenure, health and quality of life and reduce economic costs? How?
CMAPS: Collaboration with EIDGE (Eastside Drinkers for Education) and Managed Alcohol Programs across Canada

CMAPS National Team Meeting: November, 2013
Multi Site Mixed Methods Longitudinal Cohort Study

Outcomes
- Quantitative Surveys
  - MAP participants (n=175)
  - Controls (n=195)
  - 7 sites in 6 cities
- Secondary Administrative Data (program and health records)

Implementation and Impacts
- Qualitative Interviews & Talking Circles (n=80+)
- Policy and Protocol Analysis
Outcomes From The Canadian Managed Alcohol Program Study (CMAPS) 2013-2023
Which Harms – for Whom and When?

**Acute Physical**
- Injuries
- Poisoning
- Acute illness

**Chronic Physical**
- Liver disease
- Cancers
- Strokes
- Gastrointestinal disease

**Social**
- Problems with:
  - Housing
  - Finances
  - Relationships
  - Law
  - Employment

*How do we trade off different types of harm e.g. Acute versus Chronic?*
Challenges with Research on MAPs

- Small numbers of participants per site
- Low turnover so few new participants
- Diverse sites with diverse policies
- Multiple ethics and privacy clearances required
- Under-reporting of outside consumption
- General problems of recall
CMAPS Pilot Study: Thunder Bay, Ontario

Kwae Kii Win Centre

- 18 Indigenous participants
- Both men and women
- Transitional housing
- 20 matched controls from nearby shelter
- 6 month follow up

Increased Housing Stability

- Participants all retained housing
- Controls all remained homeless
- Reduced non-beverage alcohol use
- Improved liver function
- Smoother patterns of use
Reduced Police and Health Service Use vs Controls

43% fewer police contacts and 33% less time in custody

47% fewer hospital admissions and 70% decrease in detox use
Reducing Economic Costs

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Savings ($)</th>
<th>Savings per dollar invested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAP participants while in MAP and prior to program entry</td>
<td>2,619</td>
<td>1.09</td>
</tr>
<tr>
<td>MAP participants while in MAP and control group</td>
<td>6,284</td>
<td>1.21</td>
</tr>
</tbody>
</table>

This means a savings of 1.09 to 1.21 for every dollar invested in MAP

Hammond, Gagne, Pauly & Stockwell, 2016
MAP Participants drink more days but drink less overall and less NBA. (**P<.001) (Stockwell et al., 2018)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean # Drink Days/30</th>
<th>Mean # drinks per day</th>
<th>NBA drink days/30</th>
<th>NBA drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls (n=189)</td>
<td>23</td>
<td>22</td>
<td>3.78</td>
<td>5.8</td>
</tr>
<tr>
<td>New MAPs (n=65)</td>
<td>27*</td>
<td>20</td>
<td>6.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Long-term MAPs (n=109)</td>
<td>29***</td>
<td>15***</td>
<td>1.5*</td>
<td>3.0*</td>
</tr>
</tbody>
</table>
Two Longitudinal Analyses

**Study 1**

**Trajectories** of self-reported alcohol use and related harms over 12 months for “new” MAP clients from 6 sites, compared to controls

**Study 2**

Health and death data linkage: Mortality, ER and hospital stays for MAP clients over an 11-year period, compared to controls
### Characteristics Pre-MAP

- 80% male
- Average age = 46 years
- Many Indigenous (43%)
- Severely alcohol dependent
- Equally distributed across the 5 cities
- Similar NBA consumption and harms
Study 1: Outcomes at 6 & 12 months

- Less non-beverage alcohol use
- Improved liver function (at 6 months)
- Fewer drinks/day
- Fewer drinking days per month
- Reduced harms (but higher levels overall)
• MAP participants had **smoother patterns** of drinking but **similar overall volume** as controls

• MAP participants reported **fewer harms** overall and delayed “baseline” may have hidden early benefits

• MAP participants mostly **kept their housing** and **drank less NBA** than controls

• Sites with **stricter policies on outside drinking** had better outcomes re consumption and harm
Study 2: Outcomes for MAP vs Control

- Deaths
- ER visits
- Hospital days
### Study 2: Available Data Points

<table>
<thead>
<tr>
<th></th>
<th>Controls</th>
<th>On MAP</th>
<th>Off MAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N Observations</strong></td>
<td>128 people</td>
<td>580 stays</td>
<td>481 periods</td>
</tr>
<tr>
<td><strong>Follow up days</strong></td>
<td>548,777</td>
<td>195,623</td>
<td>138,190</td>
</tr>
</tbody>
</table>
Study 2: Mortality Risk

Hazard ratios = risk of death vs controls

1.00 (Controls)
0.52 (On MAP)
1.44 (Off MAP)

-48% ns
+73%*

(*P<0.0001)
Study 3: ER Presentations – On MAP vs others

Hazard ratios = risk of ER visit per year  (*P<0.05)
Study 3: Hospital days/year

- Controls: 20.08
- On-/Off-MAP: 12.78
- On-MAP: 10.4

**P<0.0001  *P<0.05
Study 3 Conclusions

- **Fears** that MAP participants would have higher mortality *not realized* – ns 48% reduction seen

- **Change in pattern** of ER presentations – more alcohol-related, fewer non-alcohol related

- MAP participants spent significantly **less time in hospital** than controls

- MAPs appear to **increase life expectancy** and **improve health** outcomes
Some Cautious Notes and Suggestions

- Be mindful high dose alcohol is incredibly harmful
- Counter myths e.g. beverage alcohol is safe
- Apply high threshold criteria for entry to MAPs
- Foster peer-led restrictions on outside drinking
- Support participants wishing to reduce or stop use
- Monitor physical health and provide client feedback
### MAPs may suppress informal cannabis use

<table>
<thead>
<tr>
<th></th>
<th>MAPs</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample size</strong></td>
<td>185</td>
<td>200</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Cannabis use</strong></td>
<td>162</td>
<td>182</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>162</td>
<td>182</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td><strong>87.6%</strong></td>
<td><strong>91.0%</strong></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td><strong>Past 12 month Cannabis use</strong></td>
<td>100</td>
<td>156</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>100</td>
<td>156</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td><strong>54.1%</strong></td>
<td><strong>78.0%</strong></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>p&lt;.001</td>
<td></td>
</tr>
<tr>
<td><strong>Past 30 days Cannabis use</strong></td>
<td>81</td>
<td>139</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>81</td>
<td>139</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td><strong>43.8%</strong></td>
<td><strong>69.5%</strong></td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>p&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Findings: Canadian Managed Alcohol Program Study (CMAPS)
Family, Home and Hope

..this program ... has given me hope and has allowed me to really think what I wanna do with the rest of my life....Because I was stuck, not stuck... I guess you could say rock bottom, going home couldn’t get me out of that rock bottom that I was in. But since coming here... I know there’s a horizon waiting for me. (TB Participant)
Street Based Survival
Pauly et al., 2019 There is a Place

Figure 1. Pre-MAP Social Arenas
Figure 2. Post-MAP Social Arenas

Disrupting the Cycle of Survival Drinking

MAP
- Harm Reduction World
- Safety and Security
- Connection to Self and Community

Post-MAP Arena

Healthcare Arena
Criminal Justice Arena
Shelter/Housing Arena
Community Arena
Street Arena
“What I think is the workers there [residential treatment] they think right away “oh he’s gonna relapse, oh he’s gonna go do something stupid”, but here (MAP)[...] it’s like they trust you. When I was at the [residential program]...

They’re expecting you to fail. But here they got confidence in you.”

- MAP Participant
Longer term MAP Participants were less likely to re-budget for essentials, use illicit drugs, steal from liquor stores or commit property theft when they could not afford alcohol and more likely to seek treatment.
What have we learned about Implementation?

Core Elements of Effective MAPS

- Matching Needs and Supports
- Alcohol Admin, Dosing and Policies
- Housing
- Community Connectedness and Belonging
Canadian Operational Guidance

Managed Alcohol Programs

https://www.bccsu.ca/alcohol-use-disorder/managed-alcohol/
tawāw pe-apik •
poohsapoot, amo ihtopiit •
edanigha, hoʔa •
annaii t'sat dhiindii ts'at nizheh da'on tinich'uh •
qain, aimaruatun aquviatin •
come and sit and be at home
Final Idea: Cannabis is safer than alcohol, so..

Our current research is investigating the harm reduction potential of substituting cannabis for alcohol on MAPs.

Cannabis was legalized in Canada in 2017.

Physicians can now prescribe up to 150g of cannabis per person per month - about 10 standard joints per day.

We started baseline data collection at sites in BC and Ontario prior to initiation of cannabis substitution programs based on feasibility study (Pauly et al., 2021).

We aim to make alternative modes of use available (edibles, sub-lingual, vaping as well as smoking).
The Canadian Managed Alcohol Program Study (CMAPS)

CISUR is leading a national study of Managed Alcohol Programs in Canada. This project will rigorously evaluate MAPs in Canada and generate insights into their implementation and effectiveness. The results of this research will be used to reduce unintended negative consequences of MAPs and inform the development of program and policy recommendations.

Read about recent CMAPS findings published in Drug and Alcohol Review.
MAP Member Empowerment and Advocacy through the Eastside Illicit Drinkers Group for Education

Herb Varley and Aaron Bailey MSc
Prepared for CAPE Community of Practice MAPS 101
June 26th, 2024
What is EIDGE

- Peer governed group of people who use illicit alcohol, formed in 2011
  - Over 80% Indigenous, long-term, heavy alcohol users, high risk of withdrawal, 4 < PAWSS, 15 < AUDIT, MAP clients, and non-beverage alcohol drinkers
  - Change over time: NBA drinkers -> MAP clients
- Inclusion of illicit drinkers in the discussion and design of policies designed to serve them
- Peer-to-peer harm reduction education
- Works to address inequities in, and strike a balance with, evidence-based population level alcohol control measures to improve the health of illicit drinkers
Collaboration with CMAPS

Peer-informed knowledge creation and translation

- Mutual support begins in 2013
  - DTES-based MAP evaluation
  - EIDGE as local peer experts
- Built-in partnership instead of ad-hoc consultation.
  - Empower the group to become research advisors, not the individual
  - Collective work on study design, recruitment, participation, guidance on advocacy, and validation
  - Community advisory and participation adds rigour to CMAPS’ community-based work / aligns with participatory values, while strengthening EIDGEs advocacy
- RQs and methods are relevant, ethical, and reflect member priorities when possible
- Community-facing knowledge translation
- COP participation
- Cannabis feasibility study
- Being “in the loop” at all times!
Photo: EIDGE Steering Committee members attend CMAPS' October 2023 symposium of MAPs piloting cannabis substitution to decide on future research and advocacy priorities with other partners

Photo: EIDGE Steering Committee member George Sedore gives a tour of the PHS Drinkers Lounge Community Managed Alcohol Program to CMAPS researchers and cannabis symposium attendees
**Safer Drinking Tips (provided by EDGE Vancouver)**

1. **Be prepared before you drink**
   - Take your medication, eat something (or drink a meal replacement) and have a big glass of water before or after your first drink of the day.
   - Let your friends/family know where you’ll be drinking if you are going on a bender.

2. **Mixing and diluting your drinks**
   - Pre-mix your drinks with your preferred mix (orange juice, cola, etc.) to help dilute the overall alcohol percentage and make your drinks last longer.

3. **Hydrate before & during any drinking session**
   - Keep a bottle or glass of water nearby and after each drink, have a drink of water.

4. **Know your limits**
   - Count your cans and bottles and know when you started drinking so you have a better idea if you should slow down.
   - Some alcohols affect people differently. Avoid the alcohols that aren’t a good fit for you. A certain type of alcohol might cause you to blackout or feel drunk more so try not to drink that.

5. **Drink in safe places**
   - In the summer stay in the shade, in the winter try to keep warm and dry.
   - Drink with others or if you are drinking alone, pick a place that is well known to your friends so they can find you and let them know where you will be.

6. **Tips for tracking your drinking amounts**
   - Keep your cans (or pull tabs) so you can count the total.
   - Mark your bottles or pour out a specific amount (e.g., half the bottle) so it is easier to track, especially if diluting or mixing.

7. **Cutting back**
   - Get a sense of how much you are drinking on an average day (e.g., 8 cans of 8% beer). Then if you want to cut down, you can make smaller goals like drink 1 less can of beer a day (e.g., 7 cans of 8% beer).
   - If you are cutting back and might be tempted to drink all your alcohol, hide a few around your place or give them to a friend for safe keeping until you need them.
   - Before stopping all at once, make sure to consult your healthcare person to help manage withdrawal.

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**Counting your drinks**

The following sources of alcohol often include ingredients that are not meant for consumption and can cause serious extra harm to your body.

**Hand sanitizer**
- 240ml bottle (22%)
- 9 standard drinks

**Mouthwash**
- 350ml bottle (70%)
- 13 standard drinks

**Rubbing alcohol**
- 500ml bottle (70%)
- 26.5 standard drinks

**Warning**
The alcohol in rubbing alcohol (isopropyl) is not the same as the alcohol in beverage alcohol (ethanol) and can cause serious harm to your body and death.
Case study:
Designing a Cannabis and Alcohol Harm Reduction Resource for MAP clients

- CMAPS’ cannabis substitution pilot begins in 2021, MAP sites needing guidance
- Little information or advice related MAP clients and medical cannabis use
- EIDGE members hold combined decades of experience!
- Opportunity to bring together academic, lived, and clinical knowledge
REDUCING THE HARMs OF ALCOHOL
People drink for many personal reasons, and not everyone is ready or willing to cut down on their alcohol intake or stop altogether, and that’s ok. That being said, we know that heavy alcohol use causes harm to the body, and these harms are quite serious for drinkers. In the short term, alcohol use can impair your decision making, cause blackouts, make you vulnerable to falls and accidents, and lead to dehydration. In the long term, daily heavy drinking can increase your risk of liver and kidney damage, several cancers, stomach issues, high blood pressure, injury to the brain and nervous system, and harm your immune system. Physical dependence on alcohol can also lead to acute withdrawals, which have the potential to cause seizures, delirium, and other harms.

That’s where alcohol harm reduction comes in. This approach tries to meet people where they are with their drinking and reduce the harms of alcohol use in a way that doesn’t require abstinence and respects their choices. We asked the members of the Eastside Illicit Drinkers Group for Education, PHS Drinkers Lounge Community Alcohol Program, and SOLID Outreach Society how they used cannabis as an alcohol harm reduction tool, and what advice they had for peers and staff who were involved in a CSP program. This resource reflects those conversations, and is intended to support the implementation of CST programs for people who use alcohol elsewhere.

REMEMBER: START LOW AND GO SLOW
Everyone responds to cannabis in a unique way, and different cannabis products will produce different effects. Consider what types and strengths of cannabis will work best for you. When in doubt, buy a small amount of cannabis and slowly increase the dose until you reach a desired effect.

Regular joint/Dried cannabis flower
• Smoked cannabis will produce a high instant after an exhaled cloud contains the same amount of THC.
• You should experience the effects after inhaling, take 1 to 2 puffs, and wait a few minutes to see how you feel. Tolerance is necessary.
• Consider caution and consider consulting a health care provider before use.

Cannabis edibles
• The same amount of THC in a cannabis edible will be felt more strongly and differently than the same amount in a joint.
• It can take up to 2 hours for cannabis edibles to work, and their effects will last for a longer period of time.
• If you are trying edibles, start with a small amount (1 or 2 mg), and wait a few minutes to see how you feel. Tolerance is necessary.
• Consult caution and consider consulting a health care provider before use.

CANNABIS SUBSTITUTION PROJECT INFORMATION
This initiative is supported by Health Canada’s Substance Use and Addictions Program (SUAP) and the Canadian Institute for Substance Use Research (CISUR). For more information, visit: www.cisur.uvic.ca

CANNABIS AND ALCOHOL HARM REDUCTION
Tips and information for people who drink and are interested in using cannabis as a harm reduction tool

CANNABIS SUBSTITUTION
• https://www.uvic.ca/research/centres/cisur/assets/docs/infographic-cannabis-substitution.pdf

CANNABIS HARM REDUCTION
• https://www.uvic.ca/research/centres/cisur/assets/docs/take-care-with-cannabis.pdf
• https://www.hnsethelp.bc.ca/refsheet/safer-cannabis-use-marijuana-hash-hash.pdf

CONTACT THE CMAPS TEAM:
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CANNABIS SUBSTITUTION
This initiative is supported by Health Canada’s Substance Use and Addictions Program (SUAP).
**SOME FACTS ON CANNABIS**

**HOW DOES IT WORK?**
- Chemicals called cannabinoids, including THC and CBD, interact with your body. THC creates a high, while CBD does not. Mixed research suggests CBD may relieve pain and promote healing.
- There are several different ways of using cannabis. Depending on how you use it, cannabis will affect you differently.

**HOW CAN I USE IT, AND WHAT ARE THE TRADEOFFS?**

- **Smoking**
  - Pro: Smoking cannabis is quick, accessible, and allows you to control exactly how high you want to be.
  - Con: Smoking of any sort will harm your lungs.

- **Vaporizing flower**
  - Pro: Vaporizing has many of the same benefits of smoking, but with less harm to your lungs.
  - Con: Vaporizers can be expensive and difficult to access.

- **Vaporizing oil**
  - Pro: Vaporizing oil has many of the same benefits of smoking or vaporizing, but allows you to avoid inhaling smoke.
  - Con: Vapes and oil can be expensive, and the health risks of vaping THC aren't well understood.

- **Edibles**
  - Pro: Edibles are a good way to avoid inhaling smoke or any of the above.
  - Con: Edibles take a while to kick-in, and once they have, it is difficult to control how high you are. They can also irritate your stomach.

- **Oils, extracts, and teas**
  - Pro: Oils, extracts, and teas are an easy and low-risk way to use cannabis.
  - Cons: These products can be expensive and hard to access. You should still start low and go slow.

**THE BENEFITS OF CANNABIS**

Drinker's themselves have reported several benefits from using cannabis that relate to their alcohol use. At the same time, researchers are starting to document these benefits. We have heard that cannabis can help with the following:

- **Cutting down on the number of drinks you need or want each day**
  - Some people use cannabis in place of alcohol. When they would normally have another drink, they substitute a joint or an edible. This allows them to drink less throughout the day without adverse effects.

- **Coming off or cutting down on other drugs, like opioids and stimulants**
  - Other people report using cannabis to cut down on other drugs while keeping their alcohol use steady or reducing it. This includes depressants like down (fentanyl), or stimulants like side (meth) and rock (crack).

- **Self-management of symptoms as your blood alcohol content drops, together with other supports**
  - Cannabis can also help to reduce or manage the uncomfortable symptoms of withdrawing from alcohol or other drugs, at home or in a detox setting.
  - Cannabis can also help you to want to drink more water and improve your appetite when you're hungover.

- **Maintaining your appetite and soothing your digestive system**
  - Alcohol irritates the digestive system and can reduce your appetite, putting many drinkers at risk of weight loss and nutrition problems. Cannabis can calm digestive problems and bring back your appetite.

- **Sleep, relaxation, and pain relief**
  - Many people live with chronic pain, anxiety, and can have trouble sleeping. Many forms of cannabis can help, and may replace alcohol has a means of self-treatment.

**WHAT SHOULD I LOOK FOR IN A SERVICE THAT PROVIDES CANNABIS?**

Many things make a good Cannabis Substitution Program for people who use alcohol. Here are some questions to ask when joining a cannabis program:

1. What are the types of cannabis that the program provides? It's nice to have options for strength and route of use to find the best fit for you.
2. Can you ask for a vape or other non-smoking way to use the cannabis?
3. Do they provide pre-rolled joints? This is important if you are not able to roll your own joint.
4. Are staff able to provide you with information about the local cannabis market?
5. Can you access primary care in order to try out some medications to decrease alcohol cravings, if you would like to combine this with your cannabis substitution?
6. What are the policies around sharing cannabis?
7. Are they able to provide delivery, if that is something you need?

**A Note on Safe Tapering**

- Follow the established protocols for tapering your drinking. Overall, reducing by a standard drink per day each week is reasonable, up to 2 standard drinks per day each week. For example, if someone is drinking 10 drinks per day, they could reduce to 8-9 drinks per day in Week 1 and to 6-7 drinks per day in Week 2.

- Slower reductions are best to minimize withdrawal symptoms and to decrease the risk of seizure. 1 standard drink is equal to a 350ml of 5% beer, 50ml of 12% wine, or 1.8oz of 40% distilled alcohol.
Essay

Translating the lived experience of illicit drinkers into program guidance for cannabis substitution: Experiences from the Canadian Managed Alcohol Program Study

Aaron Bailey a, *, Myles Harps a, Clint Belcher a, Henry Williams a, Cecil Amos a, Brent Donovan b, George Sedore a, SOLID Victoria b, Brittany Graham a, Sybil Goulet-Stock c, Jenny Cartwright d, Jennifer Robinson e, Amanda Farrell-Low d, Mark Willson b, Christy Sutherland f, Tim Stockwell c, Bernie Pauly g, the Eastside Illicit Drinkers Group for Education a
EIDGE campaigns

As a member-governed organization, EIDGE advocates for policy changes demanded by our members. Currently, we are focusing on:

- MAP member empowerment
- Nutrition and supplementation
- Hospital Care
- Cannabis substitution!
MAP Member Empowerment

- MAPS typically very clinical spaces
  - DL different, but more work to be done
- Successful programming, safety procedures, and de-escalation requires buy-in and consent that is difficult to achieve in a top-down model
- VANDU model of self-governance
- DL peer leadership in:
  - Programming
  - Intake procedures
  - Meeting facilitation
  - Advocacy w/ management
EIDGE members took an interest in illicit drinker’s nutritional needs in 2023
Group members worked with the Program Coordinator to examine the academic and grey literature and produce informational resources for MAP sites
Specific interest in vitamin B1 (Thiamine)
Peer-led food and supplementation program coming online in 2024
Formulary advocacy
Equitable Hospital Care

- EIGE members and MAP clients interact with Vancouver’s hospital system frequently. Longstanding interest.
- Previously been involved in Hospital MAP research and navigation work.
- Approached by Providence and Elizabeth Bishop to build relationships and solidarity between burnt out providers and stigmatized patients
- Envisioning a participatory organizing project and peer navigation
Our conclusions

- Natural relationship; CMAPS and EIDGE have benefitted from the partnership from the start.
- EIDGE members hold unique knowledge, and skills, as does CMAPS. We leverage this partnership for better, more relevant data.
- Mutual support has continued through cannabis work
- MAP members are agents, not clients. Member input and leadership should be a built-in feature to improve outcomes in MAP.
Rest in power

- Earl Greyeyes
- Dave Butler
- Charles “Pablo” Pincott Senior
- Joe Raithby
- Flora Munro
- Skye
- Myles Harps
- Elroy Desjarlais
- Dino “Boomer” Bundy
- Adam Pierre
- Laura Lee Pierre
- Donny Morris
- Ron Kuhlke
- Loretta Brown
- Arthur Lakis
- Fernando Pacheco
Questions?
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