

Event Summary

Webinar description

This webinar explored cannabis substitution as a component of Managed Alcohol Programs (MAPs) and discussed impacts on consumption, harms, health, and well-being of participants. Presenters provided an overview of program models including different models of cannabis substitution, and presented current research on the implementation and outcomes for very heavy drinkers enrolled in MAPs. The session was not recorded as it included presentation of unpublished preliminary results.

Presenters

- Dr. Bernie Pauly, Professor, School of Nursing, University of Victoria; Scientist, Canadian Institute for Substance Use Research (CISUR); University of Victoria Community Engaged Scholar
- Aaron Bailey, PhD Candidate, School of Public Health and Social Policy, University of Victoria; Research Assistant, Canadian Institute for Substance Use Research (CISUR)
- Sybil Goulet-Stock, PhD Candidate, Canadian Institute for Substance Use Research (CISUR)
- Beatriz Scanduzzi, Research Coordinator, Canadian Institute for Substance Use Research (CISUR)

Presentation outline

1. An introduction to MAPs and Cannabis
2. Evaluating Cannabis substitution at a Low-barrier MAP in Vancouver
3. Evaluating Cannabis Substitution for Alcohol within the Context of a Canadian MAP
4. Pilot Evaluation of Cannabis in MAPs: Critical Issues

1. An introduction to MAPs and Cannabis

MAPs are a more compassionate response to promote dignity and improve conditions of people drinking unsafe sources of alcohol in unsafe settings, with increased access to housing and other substance use services and options. MAPs provide regulated doses of alcohol alongside accommodation, food, cultural and social supports and connections to primary care services.

Goals: prevent alcohol related harms by reducing consumption of non beverage alcohol, binge drinking, and public intoxication; promote housing stability, health, social and cultural connections.

Four pillars of MAPs: (1) Safer Sources and Amount, (2) Safer Settings (3) Health and Social Services (4) Social and Cultural Re/Connections.

There are currently 40+ MAPs in Canada (see full listing:

<https://www.uvic.ca/research/centres/cisur/assets/docs/resource-overview-of-MAP-sites-in-Canada.pdf>)

Research has shown MAPs reduced calls to police, hospital admissions, fewer harms and increased safety (see:

<https://www.uvic.ca/research/centres/cisur/assets/docs/infographic-inside-a-MAP.pdf> and

<https://www.uvic.ca/research/centres/cisur/projects/map/index.php>).

MAPs offer a cost-effective investment, often they are community run and funded from a variety of sources (see:

<https://www.uvic.ca/research/centres/cisur/assets/docs/report-a-cost-benefit-analysis-of-a-canadian-map.pdf>)

Why Cannabis substitution?

Cannabis use is not without harm, however the scale of harms is substantially lower than for alcohol (Nutt et al., 2007; 2010); Cannabis use is associated with reduced use of alcohol & other substances in retrospective studies (Lucas et al., 2016); Potential need for further therapeutic options for MAP participants.



2. Evaluating Cannabis substitution at a Low-barrier MAP in Vancouver

Background: A partnership between a low-barrier MAP, people who use illicit alcohol, and a federally licensed medical cannabis provider resulted in the creation of a cannabis substitution program at a community-based MAP. The 6-month pilot began in late March 2024 and ended in September 2024. Evaluation of the program was conducted in partnership with the Canadian Managed Alcohol Program Study ([CMAPS](#)).

Program: Vancouver's MAP is a low-barrier drop-in space that operates a member-involved brewing co-operative and maintains a culture of peer leadership. Enrolled members can participate in brewing, access MAP-dispensed alcohol and non-beverage alcohol exchange, primary care, nutritious food, and member-led programming. Cannabis was medically prescribed to eligible members and distributed by trained peer workers who collected daily and weekly program records. CMAPS researchers completed optional surveys and interviews with participants.

Research questions: (1) Was there a measurable and statistically significant substitution effect of cannabis for alcohol by MAP clients in Vancouver during the study period? (2) What were participants' hopes and goals for cannabis substitution at Vancouver's MAP?

Findings: Preliminary findings suggest some substitution effect of cannabis for alcohol alongside other quality of life benefits during the study period. Additionally, participants readily highlighted diverse hopes and goals for the cannabis program including to reduce alcohol consumption, gain weight, and improve social connection.

3. Evaluating Cannabis Substitution for Alcohol within the Context of a Canadian MAP

Background: Cannabis substitution for alcohol may offer a promising approach to mitigating alcohol-related harms due to lower toxicity, fewer long-term health risks, and lower likelihood of overdose.

Program: Located within a supportive housing facility, the MAP provides individualized doses of alcohol every hour between 7:30AM and 9:30PM. In the novel cannabis substitution program, clients are offered the choice between cannabis or alcohol from 9:30AM until 8:30PM.

Research question: Does cannabis act as a substitute for alcohol in this population, in this context?

Findings: Preliminary findings indicate that cannabis use is significantly associated with decreased alcohol use. Substitution is influenced by a variety of time-varying factors, including preferences, craving management, health, and financial factors.

4. Pilot Evaluation of Cannabis in MAPs: Critical Issues

[CMAPS](#) partnered with three MAPs to pilot the evaluation of cannabis in MAPs, with funding from Health Canada's Substance Use and Addictions Program. The participating MAPs developed and implemented their cannabis programs to meet their specific context and needs, and the CMAPS team conducted the evaluation. Programs varied in the additional supports available to participants, some of these supports were access to cultural programming, peer support, access to a clinical team, harm reduction team and supports on site, and a dedicated space for cannabis consumption and socializing. Programs provided cannabis according to tailored, individualized care plans, created by the medical team with peer workers. Programs decided on the cannabis products to be provided based on their expertise, finding a strain that is appropriate for their participants, ensuring cost-effectiveness and consistency. Long-term funding for the cannabis programs is an issue shared across programs. Preliminary findings are under review by the programs and peers.

Resources/References

- Lucas, P., Walsh, Z., Crosby, K., Callaway, R., Belle-Isle, L., Kay, R., Capler, R., & Holtzman, S. (2016). Substituting cannabis for prescription drugs, alcohol and other substances among medical cannabis patients: The impact of contextual factors. *Drug and Alcohol Review*, 35(3), 326-333.
<https://doi.org/10.1111/dar.12323>



- Nutt, D., King, L. A., Saulsbury, W., & Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *Health Policy*, 369(9655), 1047-1053. [https://doi.org/10.1016/S0140-6736\(07\)60464-4](https://doi.org/10.1016/S0140-6736(07)60464-4)
- Nutt, D., King, L. A., Phillips, L. D., & Independent Scientific Committee on Drugs (2010). Drug harms in the UK: a multicriteria decision analysis. *Lancet (London, England)*, 376(9752), 1558–1565. [https://doi.org/10.1016/S0140-6736\(10\)61462-6](https://doi.org/10.1016/S0140-6736(10)61462-6)

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Please note that the views and opinions expressed in this document are those of the presenters alone, and do not necessarily represent those of our funders.

