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Providing cannabis linked to less drinking in alcohol harm-reduction program

What you need to know:

Managed Alcohol Programs (MAPs) are harm-reduction initiatives that provide alcohol to clients experiencing severe alcohol use disorder, often alongside housing and other supports. Canada is a world leader in providing these programs, with the first one opening in Toronto in the 1990s. Cannabis legalization in Canada in 2018 opened the door for MAPs to pilot cannabis substitution programs.

What is this research about?

While MAPs have been shown to stabilize drinking and reduce alcohol-related harms among people with severe alcohol use disorder, there are concerns with long-term health risks associated with high levels of alcohol use. Given the lower harm profile for cannabis versus alcohol, some MAPs have integrated cannabis substitution into their dosing schedules. This study focused on a MAP in Ottawa, Canada, that started piloting cannabis substitution as part of their program in 2023. At this program, participants could choose between a 0.4-gram pre-rolled joint or their standard alcohol dose at their hourly dosing times throughout the day. The primary research question was: does cannabis act as a substitute for alcohol in this population?

What did the researcher do?

Researchers recruited 35 program participants for the study. They looked at program records from a two-year period, spanning one year before and one year after the introduction of cannabis substitution, to see if there were any changes in how much alcohol participants consumed over time. A subset participated in five waves of quantitative surveys asking about demographics and alcohol use both inside and outside the program. Some did qualitative Interviews about their experiences with and perceptions of the cannabis substitution program. These three sources of data were analyzed to see if participants were reducing their drinking and get a sense of how participants felt about the cannabis substitution program.

What did the researcher find?

Participants who used more cannabis on average consumed less alcohol overall; each joint was associated with 2.34 fewer standard drinks per day. Alcohol use also declined over time. The qualitative interviews showed that participants reduced their drinking both inside and outside of the program, and participants shared motivations for substituting with cannabis, including changes in preference, management of cravings, health concerns, and financial accessibility, as the cannabis was provided free of charge. Participants also discussed some of the program's limitations, including a lack of choice around cannabis products like tinctures, beverages or edibles.



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How can you use this research?

This study is a critical first step in assessing whether cannabis use can meaningfully reduce alcohol-related harms in this population. The research can further inform the development of cannabis substitution in MAPs, which are an important harm-reduction strategy for a vulnerable population.

About the researchers

Lead author Sybil Goulet-Stock is a doctoral student at the Canadian Institute for Substance Use Research and Department of Psychology at the University of Victoria.

Co-authors Catherine Hacksel and Rob Boyd are with Ottawa Inner City Health.

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Funding for the cannabis substitution program and evaluation came from Health Canada's Substance Use and Addictions Program.

Keywords

Cannabis; cannabis substitution; managed alcohol programs; harm reduction; substance use; substance use treatment.

Citation

Goulet-Stock S, Hacksel C, Scanduzzi B, Boyd R, Pauly B, & Stockwell T. Evaluating cannabis substitution for alcohol within the context of a Canadian managed alcohol program, *International Journal of Drug Policy*, Volume 147, 2026, 105083, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2025.105083>.

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Content for this Research Snapshot was co-created by [UVic's Research Partnerships and Knowledge Mobilization unit](#), Sybil Goulet-Stock, CISUR Scientist Bernie Pauly, and CISUR Communications Officer, Amanda Farrell-Low.

Territory acknowledgement

We acknowledge and respect the Łək'wəŋən (Songhees and X̱w̱sepsəm/Esquimalt) Peoples on whose territory the university stands, and the Łək'wəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

