

CANADIAN ALCOHOL POLICY EVALUATION (CAPE) COMMUNITY OF PRACTICE

Managed alcohol programs 101

Event #26: June 26, 2024



**University
of Victoria**

Canadian Institute
for Substance
Use Research

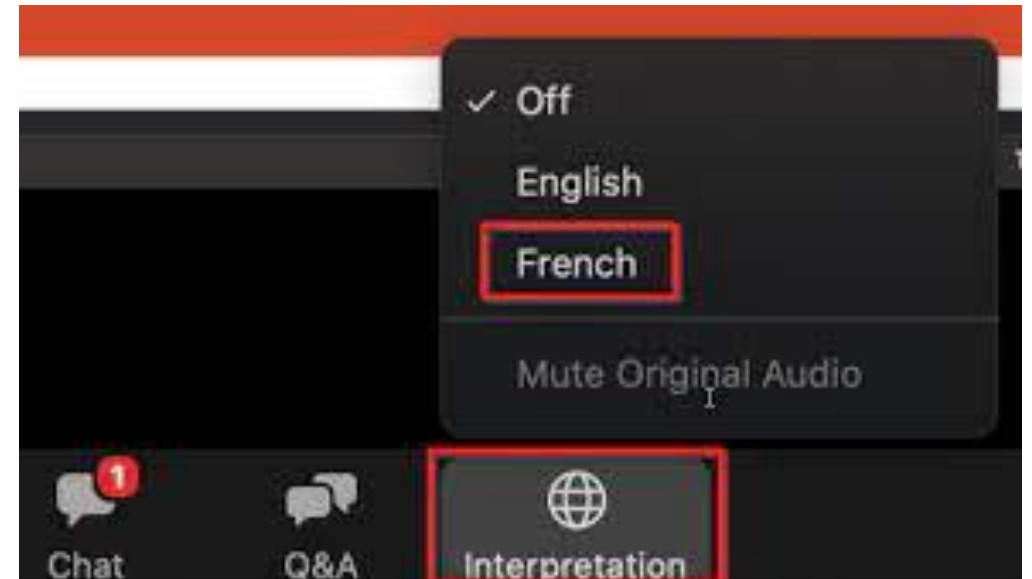
Institut canadien
de recherche sur
l'usage de substances

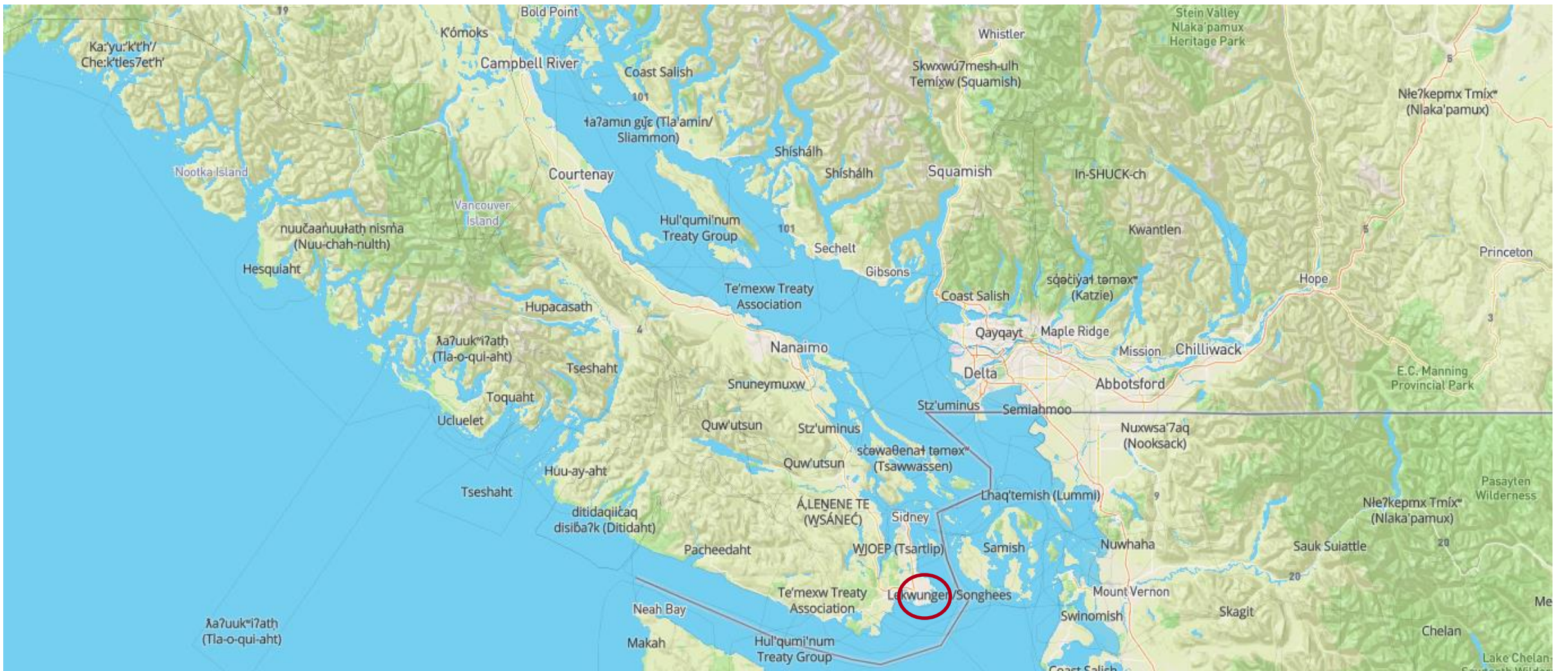
camh
Centre for Addiction and Mental Health

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 W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

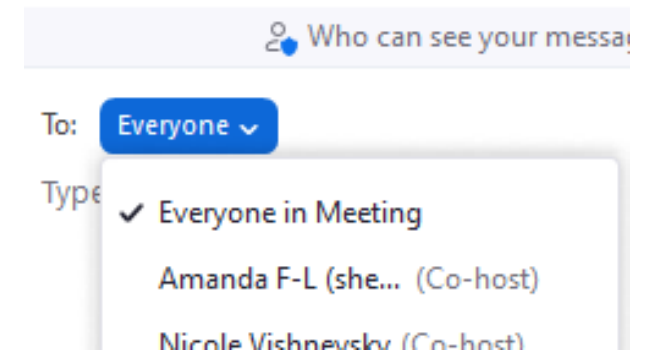
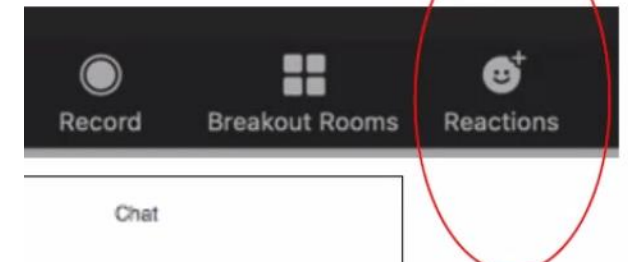
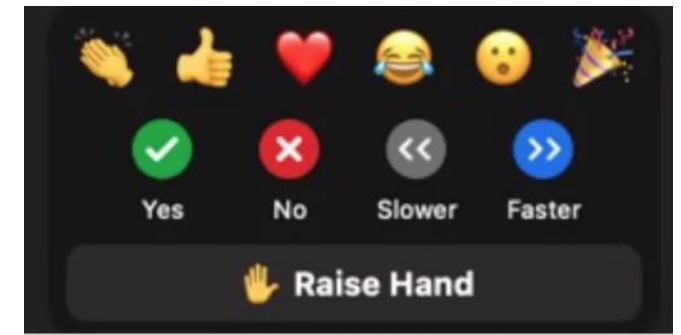
HOUSEKEEPING

- 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
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Research (CISUR)



Dr. Tim Stockwell,
Canadian Institute
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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:



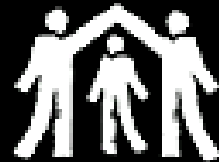
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CIHR IRSC

Canadian Institutes of Health Research
Institut de recherche en santé du Canada



SHELTER HOUSE
THUNDER BAY



Canadian Mental
Health Association
Sudbury/Manitoulin



Vancouver
Coastal
Health

A costly, addictive, intoxicating carcinogen

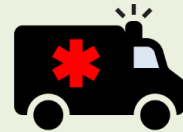


costs more
than tobacco,
opioids or
cannabis

**In Canada:
(pop. 37m)**



>100,000
hospital
admissions



>700,000 ER
presentations



>18,000
preventable
deaths



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

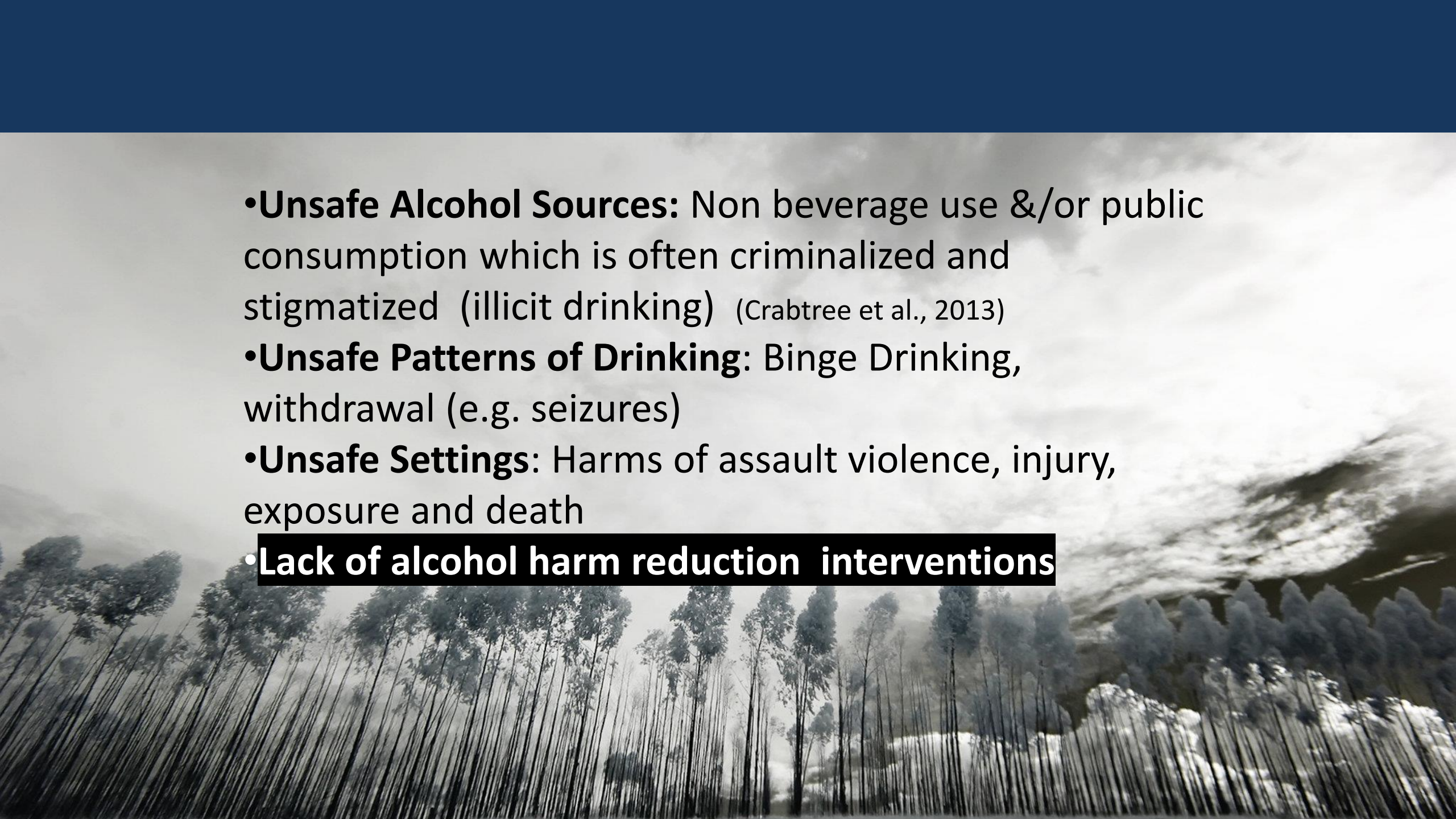
Drinking and
Driving

Marketing
and
Advertising

Minimum
Legal Drinking
Age

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

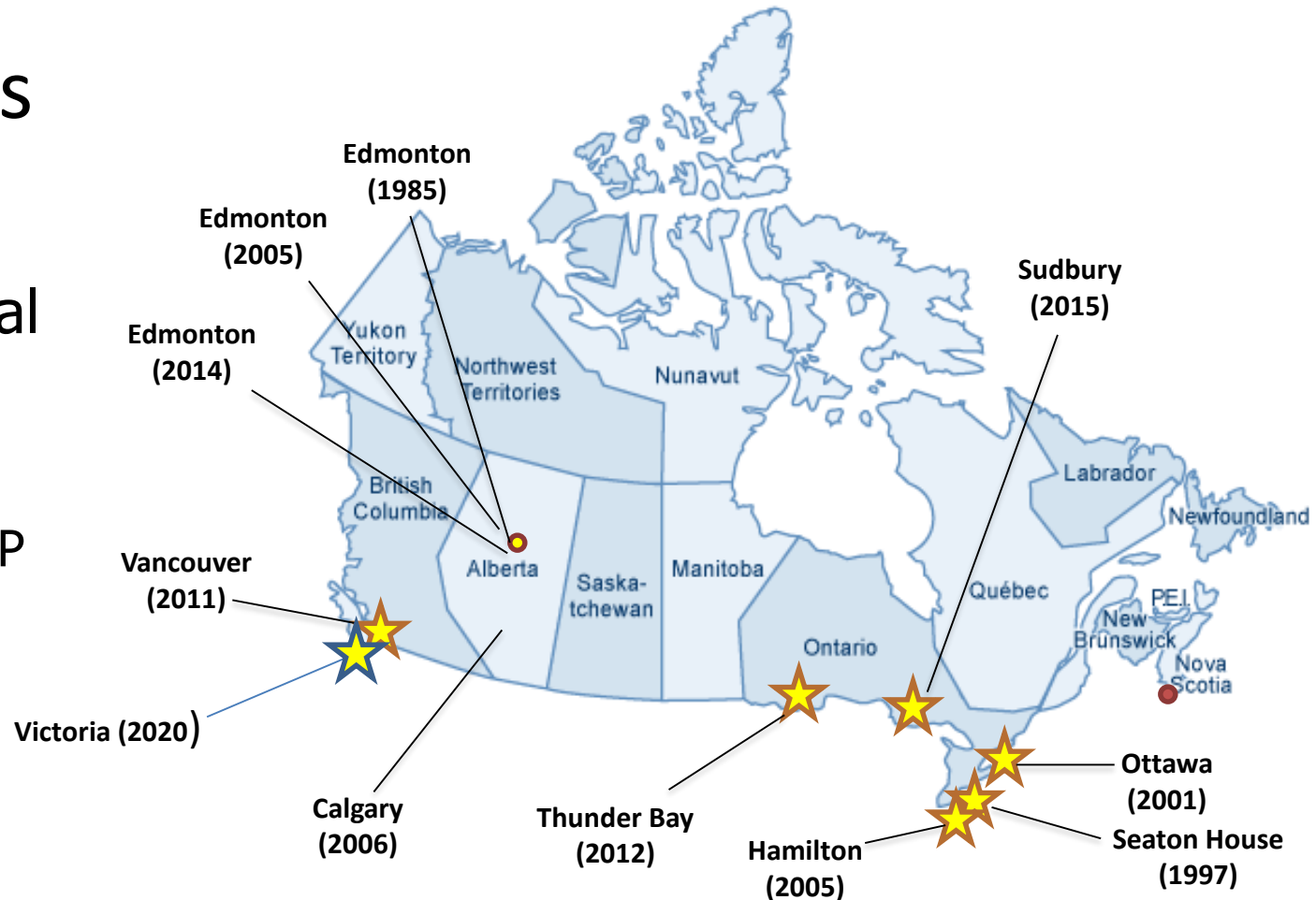
Overview of MAPs in Canada

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

CMAPS Research Purpose

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

Source: Vallance, K., Stockwell, T., Pauly, B. et al (2016). Do managed alcohol programs change patterns of alcohol consumption and reduce related harm? A pilot study. *Harm Reduction Journal*, 13:13.

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 ES3: Total annual cost savings after accounting for societal cost of homelessness

Comparison	Savings (\$)	Savings per dollar invested (\$)
MAP participants while in MAP and prior to program entry	2,619	1.09
MAP participants while in MAP and control group	6,284	1.21

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)**

Sample	Mean # Drink Days/30	Mean # drinks per day	NBA drink days/30	NBA drinks per day
Controls (n=189)	23	22	3.78	5.8
New MAPs (n=65)	27*	20	6.5	9.4
Long-term MAPs (n=109)	29***	15***	1.5*	3.0*

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

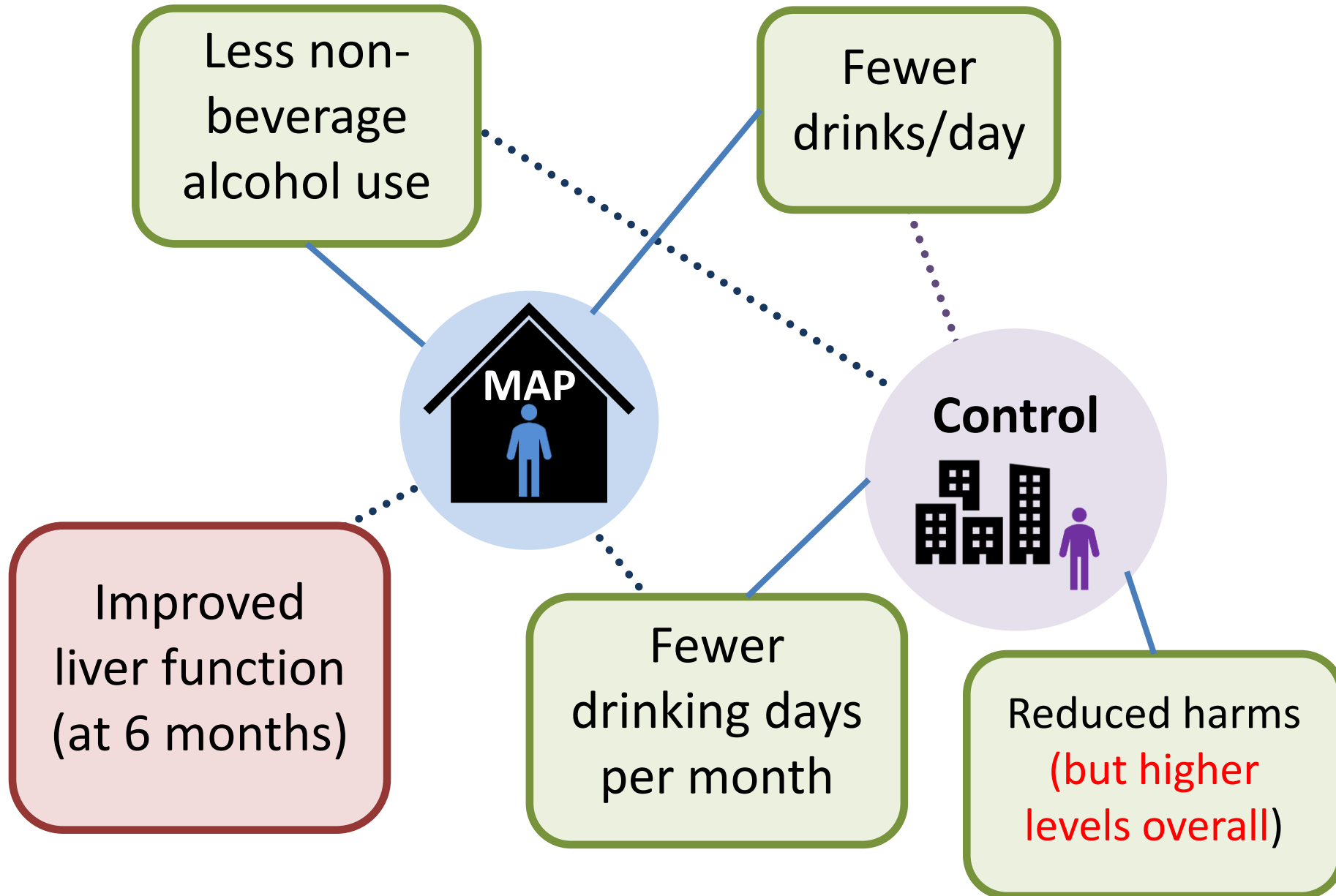
Health and death data linkage: Mortality, ER and hospital stays for MAP clients over an 11-year period, compared to controls

Study 1: MAP vs Control Characteristics

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



Summary of Transitions Study

- 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



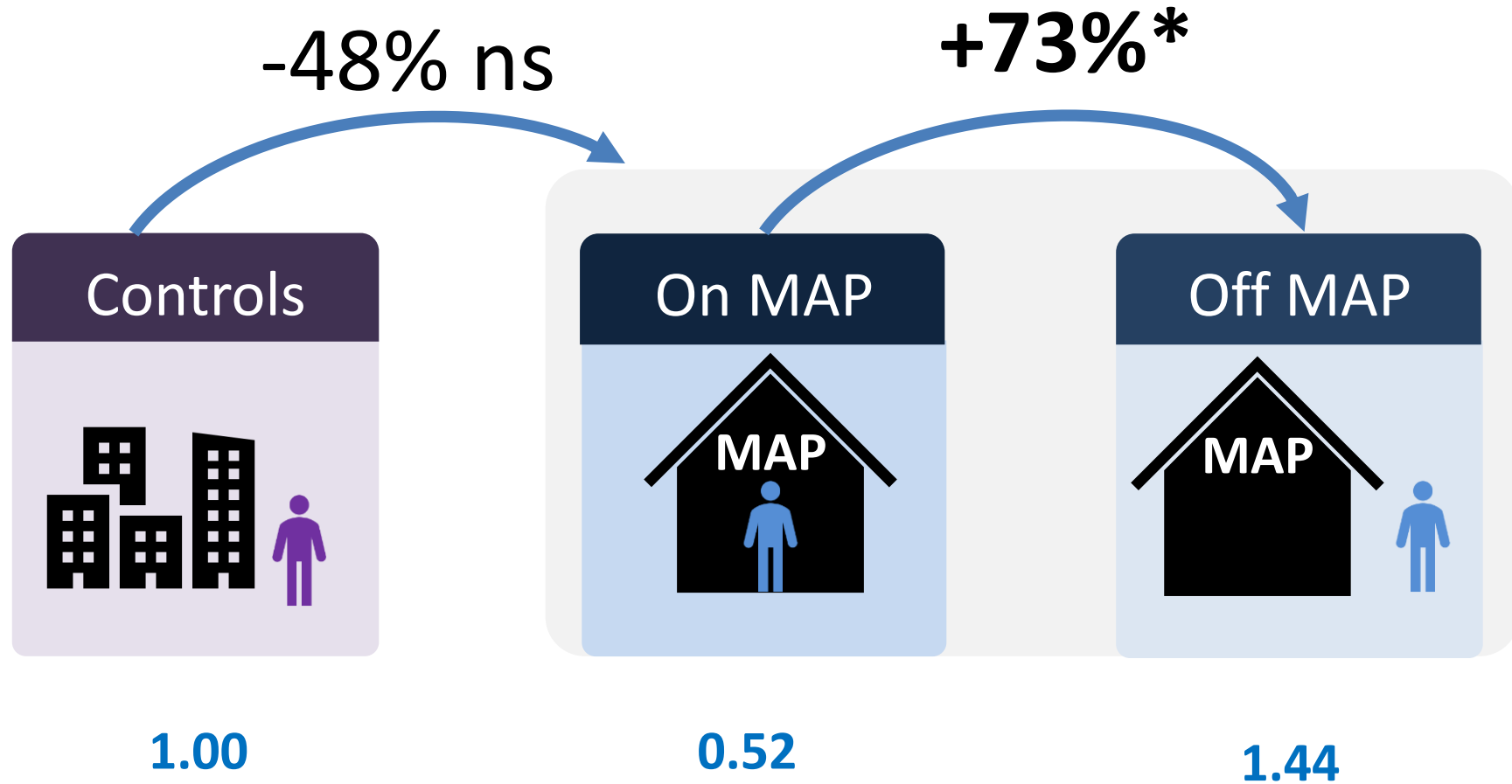
Hospital days



Study 2: Available Data Points

	Controls	On MAP	Off MAP
N Observations	128 people	580 stays	481 periods
Follow up days	548,777	195,623	138,190

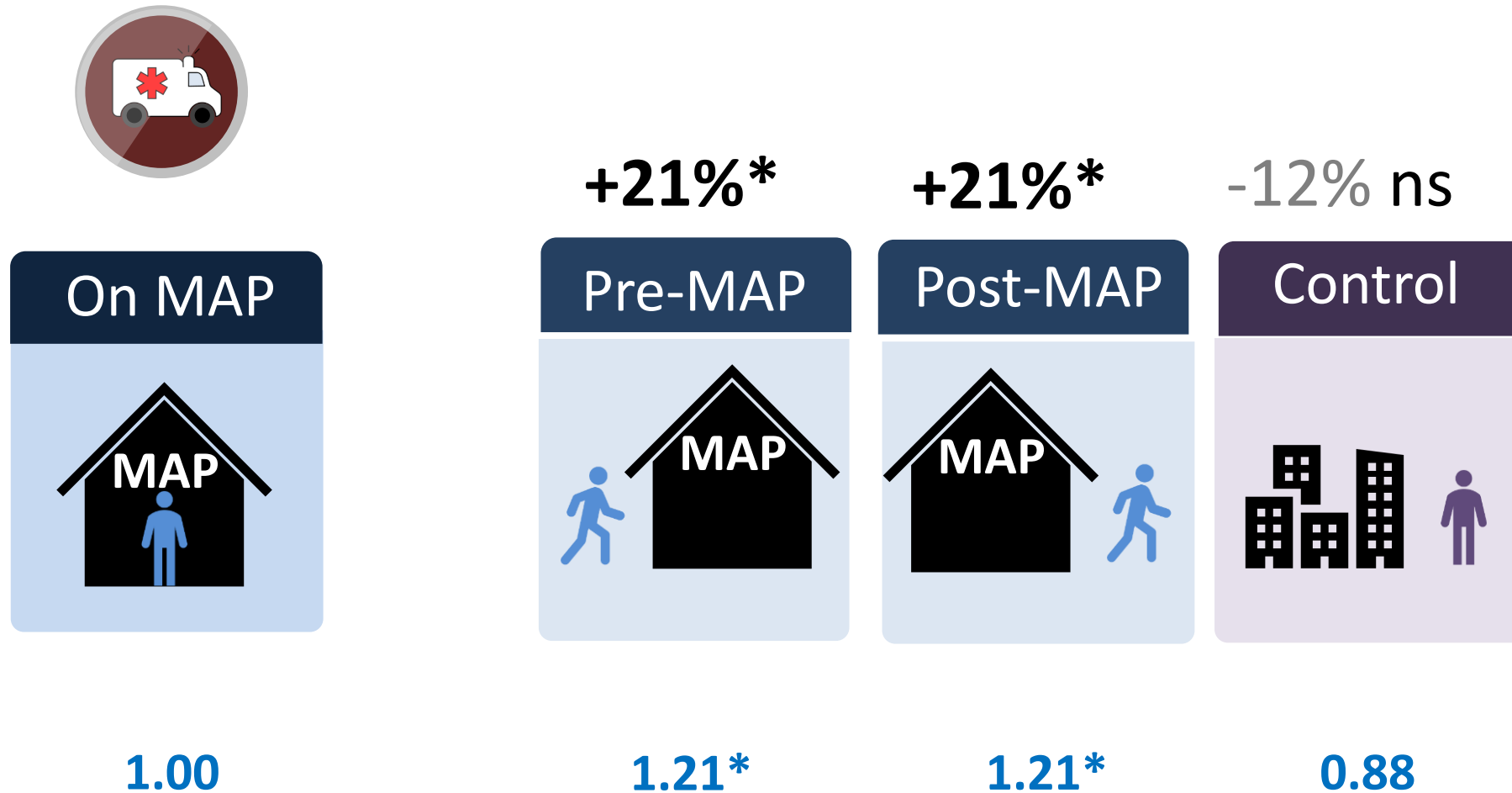
Study 2: Mortality Risk



Hazard ratios = risk of death vs controls

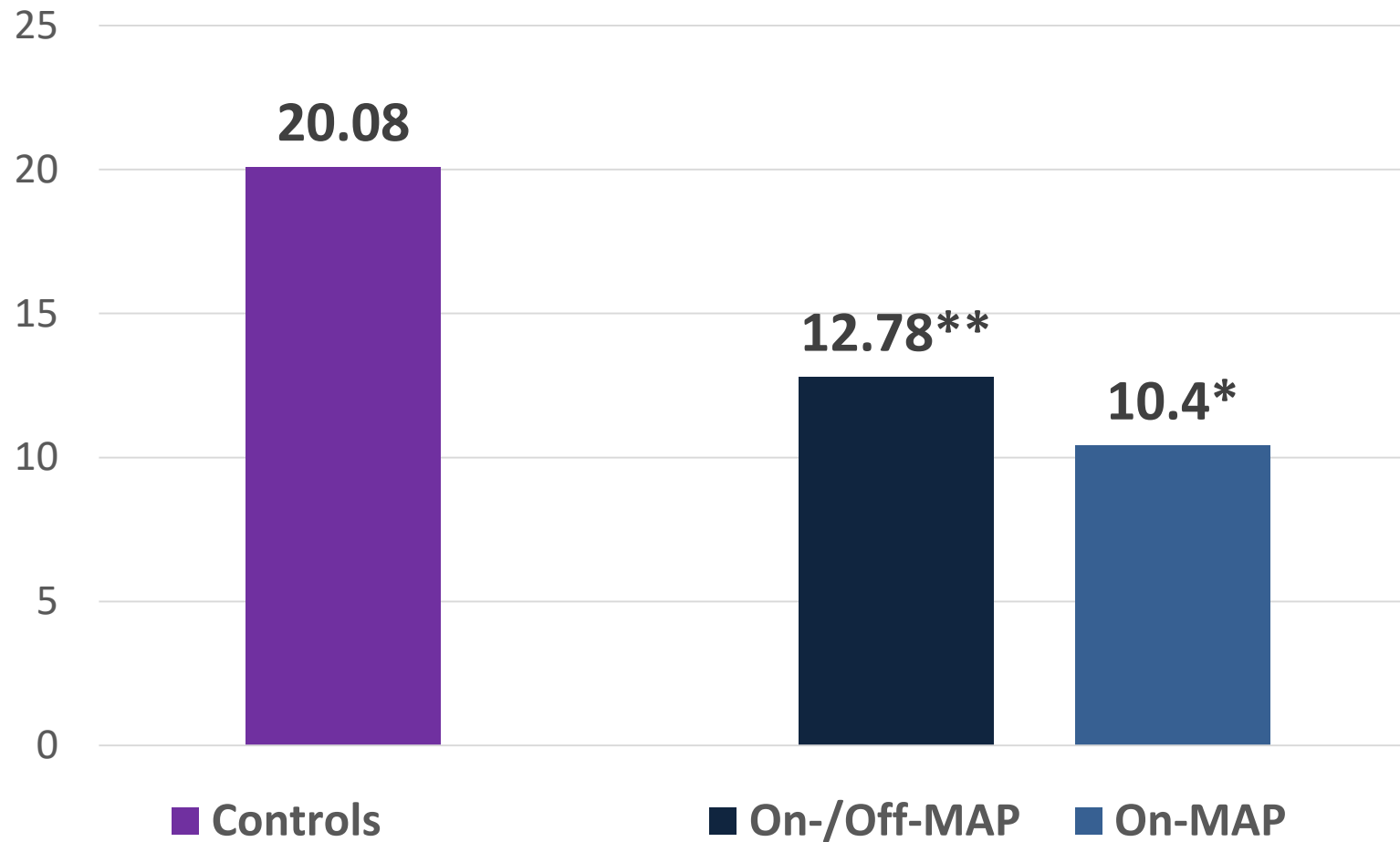
(*P<0.0001)

Study 3: ER Presentations – On MAP vs others



Hazard ratios = risk of ER visit per year (*P<0.05)

Study 3: Hospital days/year



**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

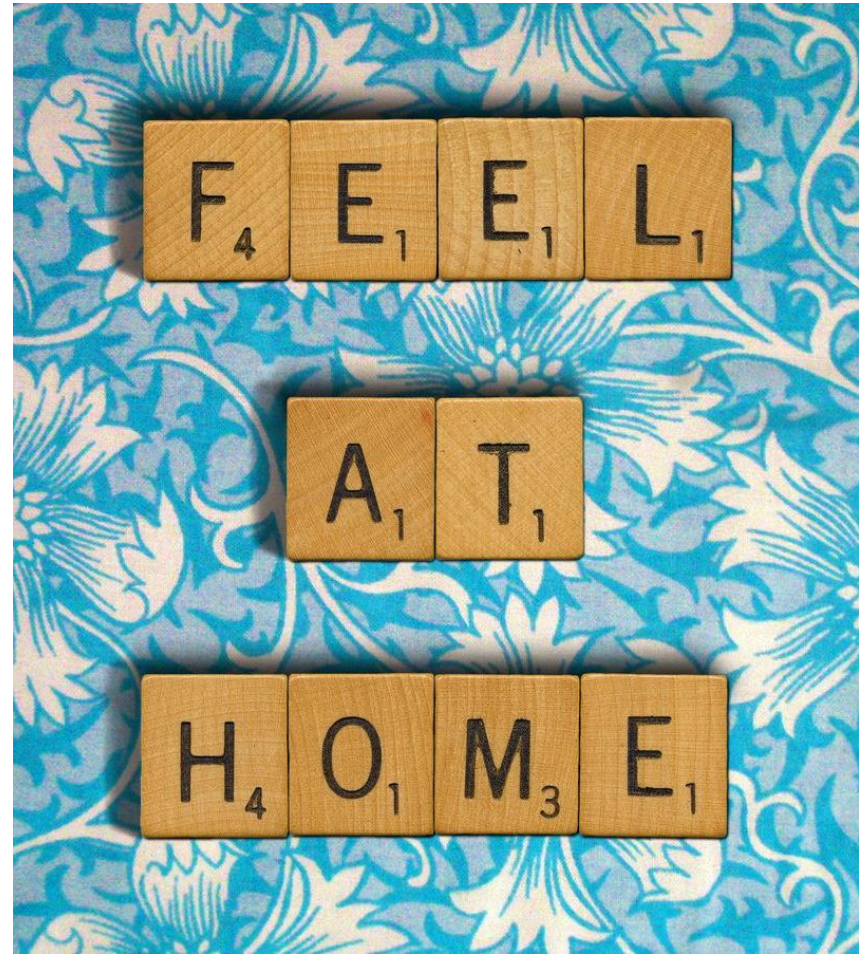
Cannabis Use (lifetime, 12 months, 30 days)

	MAPs		Controls		
Sample size	185		200		
	N	%	N	%	P
Lifetime Cannabis use	162	87.6%	182	91.0%	NS
Past 12 month Cannabis use	100	54.1%	156	78.0%	p<.001
Past 30 days Cannabis use	81	43.8%	139	69.5%	p<.001

**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

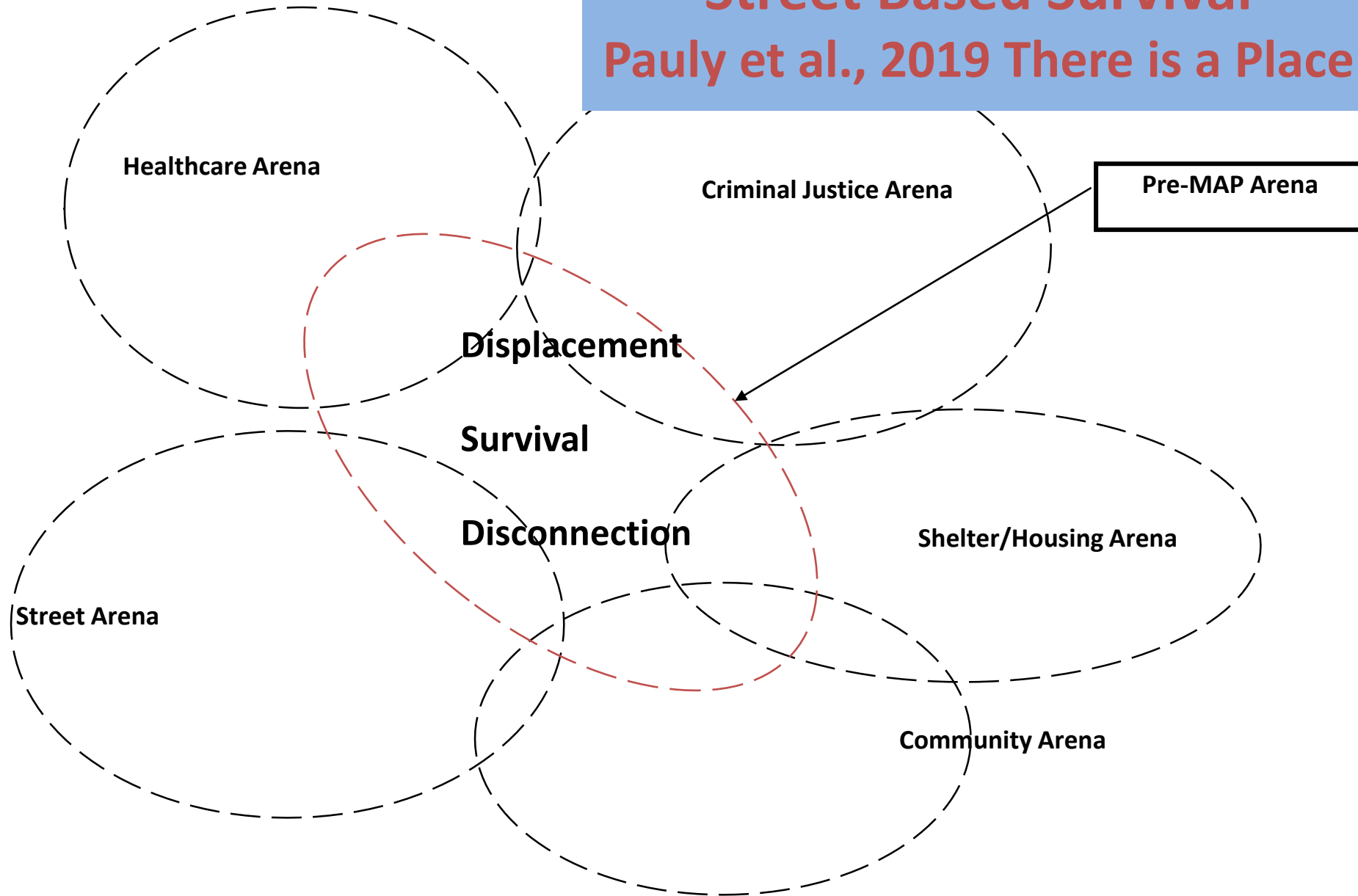


Figure 1. Pre-MAP Social Arenas

Disrupting the Cycle of Survival Drinking

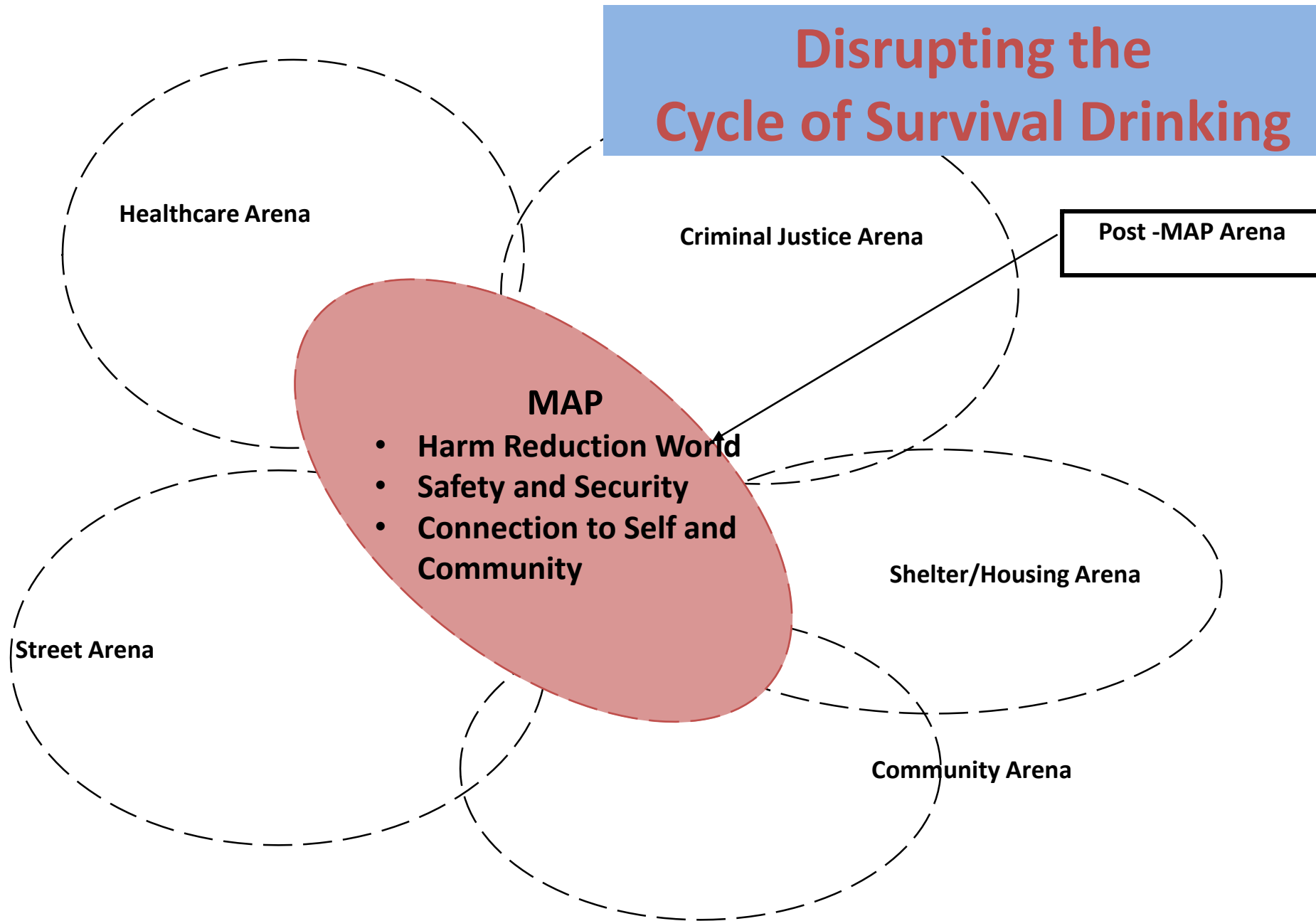






Figure 2. Post-MAP Social Arenas

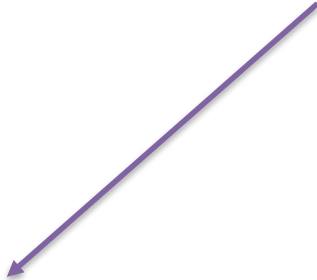
Filling the Trust Gap (MAP in a Sea of Abstinence Based Services)

***“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

How do people with homelessness and alcohol dependence cope when alcohol is unaffordable? A comparison of residents of Canadian managed alcohol programs and locally recruited controls

REBEKAH A. ERICKSON^{1,2} , TIM STOCKWELL^{1,2} , BERNADETTE PAULY^{1,3} ,
CLIFTON CHOW¹ , AUDRA ROEMER^{1,2}, JINHUI ZHAO¹, KATE VALLANCE¹ &
ASHLEY WETTCLAUFER⁴



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



<https://www.bccsu.ca/alcohol-use-disorder/managed-alcohol/>

Canadian Operational Guidance

Managed Alcohol Programs

AMBROSE PLACE: Indigenous Led and Informed by Indigenous Knowledge

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 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)



AOD monitoring project +

CMAPS - The Canadian Managed Alcohol Program Study

InterMAHP - International model of alcohol harms and policies

All active projects

Archived projects

Contact us

News & events



home » projects » cmaps - the canadian managed alcohol program study

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.](#)

Stay in touch with CMAPS

[CMAPS e-newsletter](#)

[CMAPS listerv](#)

+ CMAPS internal site

Managed Alcohol Programs in Canada



***MAP
Community of
Practice**

www.cmaps.ca

MAP Member Empowerment and Advocacy through the Eastside Illicit Drinkers Group for Education



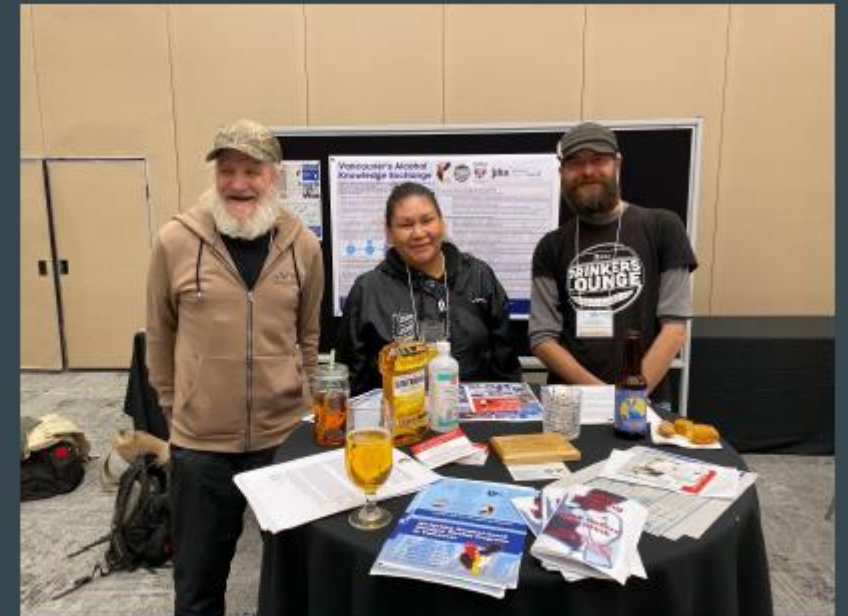
Herb Varley and Aaron Bailey MSc

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 EIDGE 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 black out or fall down more so try not to drink that.

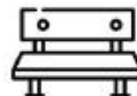


Safer Drinking Tips (provided by EIDGE Vancouver)



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.



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 (70%)
= 9 standard drinks



350mL bottle (70%)
= 13 standard drinks



1L bottle (70%)
= 36 standard drinks

Mouthwash



250mL bottle (27%)
= 4 standard drinks



500mL bottle (27%)
= 8 standard drinks



1L bottle (27%)
= 16 standard drinks

Rubbing alcohol



500mL bottle (70%)
= 20.5 standard drinks



500mL bottle (91%)
= 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 with 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, try 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 less intense effect than an edible cannabis product containing the same amount of THC.
- You should feel an effect shortly after inhaling. Take 1 or 2 puffs, and wait a few minutes to see how you feel. Take more if necessary.
- Exercise 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 (i.e. 2.5mg or 5mg), and wait to take more until you feel something. Try not to consume too much, too quickly.

Source: <https://www.ccsa.ca/sites/default/files/2019-06/CCSA-7-Things-About-Edible-Cannabis-2019-en.pdf>

WHERE CAN I LEARN MORE?

THE CANADIAN MANAGED ALCOHOL PROGRAM (CMAPS) STUDY



CMAPS is a national study of Managed Alcohol Programs in Canada based out of the Canadian Institute for Substance Use Research at the University of Victoria. The CMAPS project rigorously evaluates MAPs in Canada and generate insights into their implementation and effectiveness.

FOR MORE INFORMATION, VISIT: WWW.CMAPS.CA

THE CANADIAN INSTITUTE FOR SUBSTANCE USE RESEARCH (CISUR)



CISUR is a network of individuals and groups based at the University of Victoria who conduct research about substance use and work with organizations of people who use alcohol and other drugs to develop projects and resources like this one. Check out the following online resources to learn more about cannabis and alcohol harm reduction:

Cannabis substitution for drinkers:


- <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.heretohelp.bc.ca/infosheet/safer-cannabis-use-marijuana-hash-hash-oil>

CONTACT THE CMAPS TEAM:

GENERAL INQUIRIES

 cisur@uvic.ca

CANNABIS SUBSTITUTION PROJECT INFORMATION

 aaronrbailey@uvic.ca

This initiative is supported by Health Canada's Substance Use and Addictions Program (SUAP).



Santé Canada

Health Canada

CANNABIS AND ALCOHOL HARM REDUCTION

TIPS AND INFORMATION FOR PEOPLE WHO DRINK AND ARE INTERESTED IN USING CANNABIS AS A HARM REDUCTION TOOL



University of Victoria
Canadian Institute for Substance Use Research



Include
First
@Users
Group
Education

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 effect you differently.

HOW CAN I USE IT, AND WHAT ARE THE TRADEOFFS?^{1,2}



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 oil aren't well understood.



Edibles

- **Pro:** Edibles are a good way to avoid inhaling smoke or vapour of any kind.
- **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.

1. If you have a history of psychosis, anxiety, depression, or a diagnosis of schizophrenia or schizoaffective disorder, cannabis could make your symptoms worse. These risks increase with more use of more potent cannabis products.
2. The risks of cannabis use vary. Talk to your health care provider about your medical history and what cannabis could do for you.

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.

If you're interested in substituting cannabis for alcohol or using it to help with acute withdrawal, go slowly and don't do it alone. Make sure to taper your drinks carefully, access a daytox or other withdrawal management service, talk to program staff, or call a friend, especially if you have a history of alcohol withdrawal seizure.

- **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 deliveries, if that is something you need?**

A Note on Safe Tapering

- Follow the established protocols for tapering your drinking. Overall, reducing by 1 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, 5oz of 12% wine, or 1.5oz of 40% distilled alcohol.

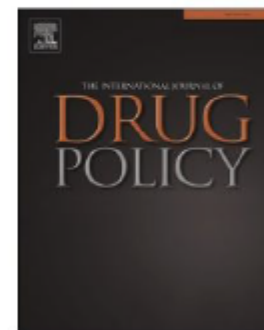


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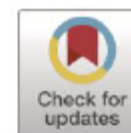
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Essay

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



Nutrition-as-Alcohol Harm Reduction

NUTRITION & ALCOHOL HARM REDUCTION

NUTRITION AND DRINKING
Good nutrition is incredibly important for drinkers. People who are long-term, heavy alcohol users are at risk for several different vitamin deficiencies and related illnesses. This is because alcohol interferes with how your body absorbs and processes some important nutrients. Many people also don't feel hungry when they drink, and will go long periods of time without eating good food. All of these things can negatively impact your health.

WHAT IS EIDGE?
The Eastside Illicit Drinkers Group for Education (EIDGE) is a group of people who use non-beverage alcohol (resist/wash, rubbing alcohol, etc) and people who drink in ways that are criminalized. We meet, organize, and conduct research to promote safety amongst our members.

HOW DID WE MAKE THIS POSTER?
The idea for this poster came from EIDGE members, who were frustrated by the lack of accessible information on nutrition for drinkers. We did our own research and consulted medical professionals and dietitians to make sure it was correct. All of the recommended foods on this poster are accessible in Vancouver's Downtown Eastside.

A "HEALTHY PLATE" FOR DRINKERS
Healthy diet for active drinkers includes mostly vegetables, with proteins and grains to get specific nutrients.

PROTEIN
• Tuna
• Eggs
• Beans
• Lentils
• Tofu
• Tempeh
• Seitan

GRAINS
• Oats
• Quinoa
• Rice
• Bread
• Pasta

VEGGIES
• Spinach
• Broccoli
• Carrots
• Bell peppers
• Onions
• Garlic

THIAMINE (Vitamin B1)
• Vitamin A
• Zinc
• Selenium
• Carbohydrates
• Thiazine (Vitamin B1)
• Vitamin B3
• Vitamin B6
• Magnesium
• Potassium
• Folate
• Vitamin C
• Vitamin A
• Magnesium
• Vitamin B6
• Niacin

EASY MEALS WHEN YOU'RE DRINKING*

BREAKFAST
• Low-sugar cereal
• Eggs
• Oatmeal
• Yogurt
• Fruits and berries
• Granola

LUNCH
• Tuna salad sandwiches
• Egg salad sandwiches
• Peanut butter & jam
• Miso soup

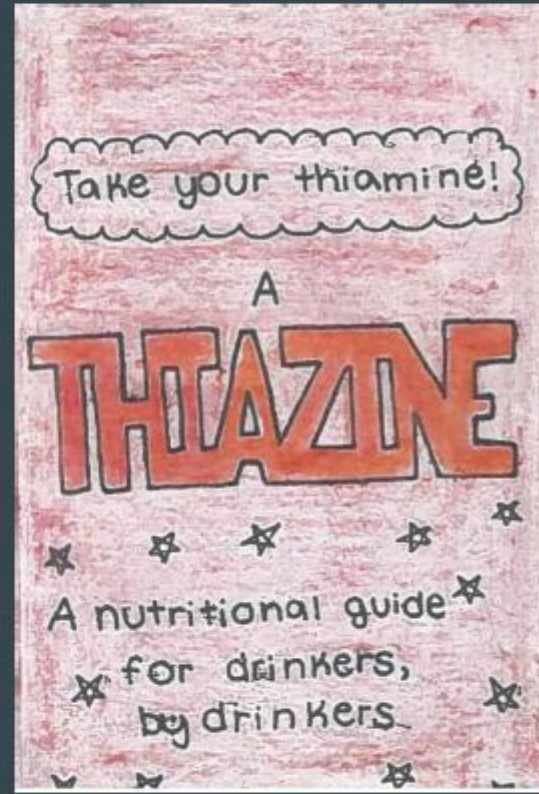
DINNER
• Pasta casseroles
• Chicken
• Rice
• Instant noodles
• Vegetable soups
• Tuna salad
• Enzyme / meal replacerent

DRINKS
• Water
• Herbal tea
• Fruit juice
• Pea-lyte
• Gatorade

LIVER CARE BASICS
Your liver is a vital organ with more than 40 different functions. It helps to process nutrients and many drugs in the body. Long-term, heavy drinking damages the liver, but there are things you can do to protect it:
• Take liver holidays: The more safe drinks you take from drinking heavily, the more your liver can bounce back.
• Talk to your health care provider about regular liver function tests. This involves an exam, bloodwork, and sometimes an ultrasound.
• See your doctor regularly, especially important if you live with HIV, Hepatitis C, or diabetes.
• Avoid some drugs that are hard on the liver, including:
• Acetaminophen (Tylenol)
• Isoprofal (Advil)
• Iron supplements
• Licorice root
• St. John's Wort

SEE HYDRATION
You can stay hydrated with water, but you can also stay hydrated with other drinks like:
• Fruit juice
• Pea-lyte
• Gatorade

FOOTNOTES
*EIDGE and members of the PINK Drinkers Group Community developed this infographic as part of a project to educate drinkers on nutrition and alcohol harm reduction. It is not intended to be used as a substitute for medical advice. Always consult your healthcare provider for more information. *This infographic was also part of a project to educate drinkers on nutrition and alcohol harm reduction. It is not intended to be used as a substitute for medical advice.



- 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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Substance Use and Addictions Program | Programme sur l'usage et les dépendances aux substances



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Public Health Agency of Canada | Agence de la santé publique du Canada



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