

# Substituting cannabis in a Managed Alcohol Program

## Could it work?

We interviewed MAP participants, staff, and leaders to determine the feasibility of cannabis substitution in MAPs.

### A Managed Alcohol Program (MAP)

Is where a client is given pre-determined amounts of alcohol every day, usually alongside housing and other supports.

### Why cannabis substitution?

Our research shows that while MAPs offer many benefits such as less binge-drinking and non-beverage alcohol use, as well as reduced physical and social harms, MAP participants are still at risk of long-term harms from alcohol use.

### How are MAP participants currently using cannabis?

#### In our feasibility study (19 participants)...

- 53% used cannabis daily or almost daily
- 42% reported using cannabis instead of alcohol on a weekly basis
- 79% used cannabis to deal with alcohol cravings
- 53% used cannabis to address alcohol withdrawal

### Are MAP participants interested?

84% were willing to participate in a formalised cannabis substitution program in their MAP

"It would decrease it. Oh God yeah. If I knew I could get that every hour instead of alcohol, I would take the cannabis."

-MAP client interview

"If I have cannabis, I'll use cannabis."

-MAP client interview

### What do MAP clients think a substitution program should look like?



78% preferred dried smoked cannabis, but edibles and capsules also highly ranked.

Most (79%) were willing to participate in partial substitution where cannabis replaces some doses of alcohol during the day.

Most preferred that staff administer the cannabis, but wanted to be able to choose between alcohol and cannabis.



### What additional supports are needed?

- Institutional buy-in is key; 6/7 sites expressed support in principle for a substitution program.
- Address restrictions around indoor cannabis consumption (need for smoking spaces).
- Access to low-cost cannabis is needed for people on limited incomes and programs with limited funding.
- MAP participants wanted enhanced peer, social and counselling supports.
- Staff participants wanted cannabis substitution training ("smart serve for pot") and clinical supports.

