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PUBLIC HEALTH  
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The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

# COMMUNITY CONSULTATIONS

across Canada

**“NORMALIZING CONVERSATIONS,  
NOT CONSUMPTION.”**

CONSULTATION REPORT FOR KITIKMEOT REGION, NUNAVUT | FEBRUARY 2018



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## A NOTE ON TERMINOLOGY

As the creation of a public health response to cannabis is a fairly new endeavour due to the historical illegality of the substance, there can be challenges associated with language use in conversations about cannabis as common terms and concepts have yet to be clearly defined within communities of practice. Therefore, during the consultations sometimes colloquial terminology was used instead of preferred terminology to ensure common understanding and promote discussion. See below for discussion of the terms used within the community consultation and the report.

### CONSUMPTION

Refers to the act of taking a substance into the body by ingestion, inhalation, injection, or absorption via mucous membranes or through the skin. The colloquial term often substituted for consumption is “use.” Although the word “use” is not necessarily problematic, the term “user” can be stigmatizing. Therefore, wherever possible we strive to use the term “consumption” to constantly engage in a process of de-stigmatization.

### MEDICAL CONSUMPTION

Medical consumption of cannabis refers to the prescribed consumption of cannabis or the chemicals contained within it to alleviate the symptoms of certain conditions or diseases. Some people who consume cannabis do so to alleviate symptoms but may not have a prescription. These people would not be defined as medical consumers within the term “medical consumption.” However, some participants may have been indicating these people as well as those with cannabis prescriptions within their discussion of “medical use.”

### NON-MEDICAL CONSUMPTION

Non-medical consumption of cannabis refers to consumption of cannabis or the chemicals contained within it without medical justification. Colloquially however, consumption that is not prescribed is often termed “recreational use.” Some people may also consume non-medical cannabis for “self-medicating” or “therapeutic” purposes.

### CANNABIS RETAIL OUTLET

A retail cannabis store that sells cannabis and related products directly to consumers. Cannabis retail storefronts can be bricks-and-mortar sales outlets, online/e-commerce sales outlets, or both.

### CANNABIS DISPENSARY

A naming convention used by some cannabis retail outlets. Cannabis dispensaries were originally intended to serve medicinal cannabis patients and require medical documentation. More recently, retail outlets using the naming convention “dispensary” have opened across Canada that are intended for non-medical consumers of cannabis.

## Background

CPHA has been funded by Health Canada, through the Substance Use and Addictions Program, to undertake a project entitled “A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building.”

The goal of a public health approach to cannabis (and other substances) is to promote the health and wellness of all members of our population and reduce inequities within the population, while ensuring that the harms associated with interventions and laws are not disproportionate to the harms of the substances themselves. In this context, a public health approach includes the following strategies:

- health promotion to encourage people to increase control over their health and manage their substance use with minimal harm;
- harm reduction to reduce the harms associated with consumption;
- prevention to reduce the likelihood of problematic consumption and poisoning;
- population health assessment to understand the extent of the situation, and the potential impact of the intervention, policies, and programs on the population (evaluation);
- disease, injury, and disability surveillance to understand the effect on society and to evaluate the effects of these activities; and
- evidence-based services to help people who are at risk of developing, or have developed problems with substances.

## Purpose of this Project

To support the implementation of a public health approach to cannabis (and other substances), CPHA engaged individuals and organizations from health, public health and social service communities across Canada in dialogue through local ‘community consultations’ that aimed to enhance knowledge and to build capacity to address issues related to cannabis. By engaging

health and social service providers across the country, CPHA also aimed to facilitate increased collaboration among health and social service providers involved in reducing harms related to cannabis consumption locally and across Canada. CPHA will use data collected through the community consultations to build a suite of capacity building resources to support an evidence-informed community response to cannabis.

## Community Consultation: Kitikmeot Region, Nunavut

On February 2, 2018, 17 health and social service providers from across the Kitikmeot Region participated in a full-day, facilitated consultation on the topic of cannabis in Cambridge Bay. This consultation was the second of three consultations conducted in Nunavut, with one taking place in each region of the territory. Participants represented a variety of roles in health and social services, including but not limited to community health representatives, outreach workers, and program coordinators working predominantly for the Government of Nunavut’s Department of Health, and a few local non-profit organizations.

The session was opened by Elder Simon Hogaluk from the region, and then moved into an explanation of how the consultation aligned with Inuit Societal Values, followed by an overview of the project. Round table introductions asked each participant to share where they are from and how they are

connected to the topic of cannabis. Following the round table, facilitators presented an overview of the CPHA project and a high-level primer on cannabis, including consumption statistics, evidence related to possible health and therapeutic effects of cannabis consumption, and an overview of what is known as it relates to harm reduction and health promotion approaches to cannabis. The consultation closed with a brief overview of CPHA's next steps including project timelines. See the Appendix for the consultation agenda.

Throughout the day participants worked through a set of activities that served to both facilitate dialogue amongst participants and to collect data for the CPHA project. The community consultation data collection objectives are to learn about and describe:

1. perspectives and perceptions related to cannabis consumption;
2. current and desired community-based cannabis programs and services;
3. current and desired approaches to local monitoring and surveillance of cannabis consumption; and
4. desired information, tools and supports to build community capacity to respond to cannabis.

Outlined in this report is the summary of the dialogue to inform the Kitikmeot Region's and CPHA's future work and ongoing conversations on cannabis.

“Cannabis legalization in the north must carefully be considered. The weather, housing and healthcare system is different from the rest of Canada. The risks are too high if proper planning is not considered.”

# Perspectives and Perceptions Related to Cannabis Consumption

Participants shared their perceptions related to medical and non-medical cannabis consumption in the context of legalization, and how their perspectives may impact their professional practice.

## Perspectives on cannabis consumption

Many participants in the Kitikmeot Region session framed their comments and perspectives on the harms and benefits of cannabis consumption, and other substances, within the culturally-specific social determinants of health for Inuit, which include colonization and trauma. For some participants, the social state of Inuit directly linked to how they made sense of the substance use-related issues experienced in the communities within the region.

“Houses are so overcrowded and its -60 outside and it’s illegal, so stay warm and out of public by using inside.”

Many participants in the Kitikmeot Region session recognized cannabis as a substance with harms and benefits. A few participants acknowledged they had limited knowledge about cannabis since they did not personally consume it.

The benefits of cannabis identified by some participants were related to its therapeutic effects for pain, people living with HIV, and the potential for other health benefits.

“I believe cannabis consumption for medical purpose is really good because it is benefiting people’s health. But for recreational purposes [consumption] leads to further problems in society.”

Their concerns were focused on non-medical use. The specific harms of cannabis consumption discussed at the consultation were strongly connected to life in the North, the ongoing impacts of colonization, and the method of consumption. For example, overcrowded houses, cold temperatures in the North, and continued risk of transmission of tuberculosis compounded concerns regarding consumption through inhalation inside. Many participants shared concerns over the methods of inhalation that are common in the region, including “hot knifing” (a method of consumption that uses butter knives on a hot stove. Placing a ball of cannabis (often hash) between the two knives, creating a smoke that is inhaled often through a plastic bottle/roll of paper towel.), smoking inside, and water bongs, that could impact children’s health. Driving after the consumption of cannabis was another concern raised.

For a few participants, these concerns were impacted by the perception that consumers were not being responsible and consuming in unsafe ways. There was some discussion of addressing these concerns through informed, educated, and safer consumption of cannabis. There was also some acknowledgement that the illegal status of cannabis limited conversations about cannabis and encouraged people to hide their consumption and over-consume.

Many participants had concerns for the legalization of cannabis due to the lack of community discussion and consultation by the Government of Nunavut, lack of current resources in the communities for cannabis, and concerns regarding current cannabis consumption. There was also a specific concern expressed about the legality of edibles, which may be attractive to children. The facilitators



presented findings from the Government of Nunavut's 2017 Cannabis Legalization Survey. Some participants were surprised by the finding regarding strong support Nunavummiut have for legalization, explaining that the survey was not representative. This survey was conducted online so the findings represent the perspectives of people with access to internet and language skills to complete the survey. Elders were provided as an example population that would not be included in the survey findings, and a population who is most opposed to legalization.

Some of the concerns regarding cannabis legalization stemmed from current concerns regarding alcohol prohibition in some communities. There was also some acknowledgement that the prohibition of alcohol increases use.

Many participants also had positive views of legalization as they perceived that it would encourage discussion around cannabis, and increase knowledge and improve attitudes towards the substance. Legalization, it was explained, could lead to increased funding for programs and tools regarding cannabis consumption, as well as regulations, such as washing after consumption, to address some of the harms of current consumption.

“Fact is that it is all around us regardless of legalization.”

#### **Perceived impacts of cannabis legalization and the potential impact on services**

When asked about cannabis legalization and how it might impact the services they provide, participants indicated a range of impacts, some positive and some negative. The perceived impacts of legalization were often framed within their concern for a lack of consultation by the Government of Nunavut, current lack of resources and limited conversation about cannabis within communities. The impact of cannabis legalization will depend upon the regulatory decisions that participants did not yet

know, for example where cannabis will be sold.

“Instead of shaming people; we can talk about it because it will be legal.”

Participants who indicated legalization would result in positive impacts largely associated these impacts with a reduction in the negative effects of the illicit market post- legalization. Perceived positive impacts of legalization included:

- increased discussion around cannabis;
- decreased consumption of cannabis, alcohol, and other substances;
- improved knowledge and attitudes about cannabis;
- increased funding for programs and tools regarding cannabis consumption;
- decreased price of cannabis will address poverty and provide money for food;
- implementation of regulations, such as washing after consumption;
- reduced youth access and consumption; and
- safer consumption options.

“I think [it] would be better for them to buy a pack of joints at the store that is safe, at a reasonable price. I hope these options provide safer ways for people to consume and take it out of the kitchen.”

Perceived negative impacts of legalization included:

- concern for increase in current adverse issues experienced from cannabis;
- increase in number of people who consume;
- concern for the limited services and resources currently available to meet demand;
- difficulty managing non-medical consumption;
- youth access to cannabis through family members;
- increased risk for psychosis and other social

- problems for mental health clients;
- more impairment at work due to increased use; and
- increased risk of suicide if consumption increases.

### **Current responses to individuals who disclose or ask about consumption**

Participants offered many examples of how they currently respond to individuals who discuss cannabis with them. Current responses included:

- talking about the harms and benefits of cannabis use within their limited scope of knowledge;
- offering harm reduction strategies based on method of consumption;
- providing non-judgemental patient support;
- avoiding shaming the individual;
- referral to someone else who can provide information;
- removing evidence of cannabis consumption from the home;
- speaking with parents about the the roots of consumption; and
- speaking with children whose parents are using and ask about cannabis.

It was noted that current responses are limited by available knowledge, resources, and personal experience of providers with cannabis.

“Right now I try to be real, encourage people to live their best life. Many of our people are just trying to survive.”

“If a community member discloses cannabis consumption, I would let them know that there is more to talk about other than consuming it.”

# Community-based Cannabis Programs and Services

Consultation participants shared existing substance use programs and services that include a cannabis component, perceived challenges related to delivering cannabis programs and services, and suggested cannabis program and service needs for their community.

## Current cannabis-related programs and services

Most participants were aware of local programs or services related to substance use in their community, some of which included a specific cannabis component. Few participants were unaware of cannabis-related programs and services.

“No available programs or services related to cannabis that we are aware of.”

Tobacco cessation and mental health programs and services comprised a significant portion of the responses to the query into current cannabis-related programs and services. The programs or services mentioned included:

- printed materials, including fact sheets, posters and pamphlets;
- radio segments;
- school-based presentations;
- peer-based education, including at parties;
- Wellness Addiction Program;
- health education; and
- social services.

The conversation around current cannabis-related programs and services highlighted specific practitioners who provide services for cannabis and other substances. These include:

- Community Health Representatives;
- Alcohol and Drug Counsellors;
- Mental Health Nurses, Counsellors, and Outreach Workers; and
- Family and Children Workers.

“We need to support each other to consume responsibly if someone chooses to.”

## Challenges of current cannabis-related programs and services

Participants noted a number of challenges relating to their community’s current cannabis-related programming and services. Challenges listed included:

- limited capacity of cannabis-related services;
- limited number of cannabis specific programs;
- stigma and lack of conversation about cannabis;
- emphasis on abstinence-based programs and services;
- a lack of knowledge regarding harm reduction by providers; and
- delays when working with the Government of Nunavut.

## Desired cannabis-related programs and services

Consultation participants shared their thoughts on what cannabis consumption programs and services they would like to see available in the Kitikmeot Region going forward. They suggested the need for a manual created by Elders in Inuktitut on safer consumption and history of cannabis use in the region.

Many participants indicated specific qualities of the desired cannabis-related programs and services. These qualities included:

- target the roots of substance-related problems using Inuit social determinants of health and societal values;
- be created by Inuit and cannabis consumers;
- use historic channels of communication in the language of the people in the community;
- provide unbiased, factual education on safer consumption;
- be population specific, for example youth, people who are pregnant, Elders;
- use of physical teaching aides;
- be developed immediately without waiting for the Government of Nunavut; and
- be delivered through a multitude of mediums including television, internet, Snapchat, Facebook, radio, community events, school, coffee houses, and in homes where people are using.

“Our education for drugs has always been fear-based; fact-based will help people understand it and know what’s happening around it.”

There was an emphasis on treatment programs and informal harm reduction techniques. One technique shared was to use a paper roll when hot knifing to direct smoke and avoid burns. Safe spaces for consumption were also suggested by many participants. A few participants noted that providers were lacking knowledge of harm reduction for cannabis, while consumers were very knowledgeable about it. The treatment programs discussed included:

- group programs, similar to Alcoholics Anonymous;
- On The Land Program, similar to programs for alcohol;
- youth, men and women shelters, in all communities in the region;
- DARE program; and
- treatment centres.

Other suggested programs and services included:

- responsible use of cannabis, with directions that are population specific;
- suicide prevention;
- safe spaces for healthy lifestyles;
- Canadian Prenatal Nutrition Program (CPNP);
- alternative recreational options and spaces for children and youth;
- the Mayor’s Youth Advisory;
- permanent positions for providers to deliver programs and services;
- resources for children and parents; and
- aspects of tobacco programming.

# Monitoring and Surveillance of Cannabis Consumption in the Community

Consultation participants discussed and shared current sources of monitoring and surveillance data related to cannabis consumption in the community and shared the challenges related to collecting and/or accessing this data. Additionally, participants shared their desired monitoring and surveillance data needs as it relates to cannabis consumption.

## Current monitoring and surveillance of cannabis consumption

The facilitators presented cannabis consumption statistics from the 2012 and 2015 Canadian Community Health Survey-Mental Health. A few participants indicated that the statistics on cannabis consumption in the region motivated them to learn more about cannabis. Many participants emphasized the lack of cannabis-related data collection in the region. Some indicated there was some collaboration between the mental health workers in the territory on monitoring and surveillance. Currently, participants largely relied on the internet and their social networks, including friends, family and children, to gather information on cannabis consumption.

“[I am] urgently trying to get as much information as possible to be able to share, encourage, empower our people to access.”

## Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. These challenges were guided by the limited local resources or access to sources for cannabis-related knowledge. These issues included:

- current methods of monitoring and surveillance do not take into consideration Inuit social determinants of health;
- lack of services available;

- source of resources and knowledge is restricted to the Government of Nunavut website;
- lack of awareness of resources;
- infrastructure, including slow internet access;
- lack of current monitoring and surveillance, resulting in a reliance on gossip; and
- government approval process.

Stigma and shame related to substance use as well as the lack of discussion about cannabis were also noted as challenges to being able to access information about cannabis.

“I think that the statistics that are being gathered have to be more realistic and include the social determinants of health.”

## Desired cannabis-related monitoring and surveillance

Most participants expressed a need for more research and improved methods to collect data, information and evidence on cannabis, and the need for factual, consistent information on cannabis that takes into consideration the social determinants of health. See Table 1 below for a categorized summary of the desired cannabis-related data, information and evidence needs.

Participants shared their thoughts on what cannabis-related information in the Kitikmeot Region they would like to know going forward and how they could collect that information. Two examples of previous studies participants had conducted were provided as examples of how people who use substances and community

members could be trained in data and information collection and monitoring to meet these needs. One example was a study on HIV and substance use in the 1990s in the region, the other was a study conducted in southern Ontario using peer-based methods. Many participants were encouraged by the feasibility of conducting a similar survey on cannabis consumption in the community by training Inuit community members and people who use substances in survey methods, gathering participants through peer networks and going to each household in the community, and providing some compensation to participants. It was identified that this method would address the current limitations of monitoring and surveillance due to the common disconnect between providers who are often from the South and

community members, as well as societal values that perpetuate stigma, shame, and lack of communication, and the comfort of participants.

“Currently, I believe the resources are limited, as are the conversations. Due to societal values I think there is a pressure to hide use and therefore it is not discussed.”

“[Community members] need to work through established relationships, people you trust talking to you, not me from the South.”

Table 1.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
<b>CANNABIS CONSUMPTION</b>	Ongoing monitoring of substance use in the community
	Information on price of cannabis
	Ongoing surveillance of sales data, for each consumer account, that monitors demand changes
	Co-consumption of cannabis and alcohol
<b>SOCIO-DEMOGRAPHICS</b>	Data, information and evidence that take into consideration Inuit social determinants of health
	History of cannabis in the community, including a manual created by Elders in Inuktitut
	Inuit perspectives of and relationships with cannabis
<b>SPECIFIC POPULATIONS</b>	Social networks, with emphasis on peers, family, friends, and children
	Evidence on cannabis consumption and mental health, including risk of schizophrenia
	Scientific clarification on interactions between cannabis and anti-psychotic medications
<b>PROGRAMS AND SERVICES</b>	Surveillance through services for consumers without stigma and shame
	Distribution of cannabis-related data, information and evidence on community radio, and at schools, daycares, and churches
<b>MONITORING METHODS</b>	Amendment of the Inuit Health Survey to include peer-based, house-to-house collection methods
	Inclusion of Nunavummiut in the creation and implementation of surveys
	Peer-based methods of data and information collection
	Data and information gathered by community members, with proper training
	Community-based resource projects
	Replication of the tobacco cessation survey methods, including Lot Quality Assurance Sampling (LQAS)
	Door-to-door collection methods
	Privacy codes for surveys
High Arctic Research Station to conduct social project on cannabis	

# Building Capacity to Respond to Cannabis Legalization

Consultation participants discussed and shared what cannabis-related information, tools and supports they would like in order to best support an evidence-informed response to cannabis in the community. Additionally, participants shared their next steps to support a community response, continuing the conversation together.

## Desired information, tools, and supports

Participants were asked, “*What would you need to support your work in the context of legal cannabis?*” Responses included: the need for data on cannabis, tools, resources and trainings, program supports, and information on legalization. Additionally, many participants highlighted the need for these supports to be culturally relevant, which includes a variety of types of resources not solely print and internet resources, and taking into consideration life in the communities, including the lack of recreational opportunities. “I’m sure amazing documents will be made but that means nothing when you have nothing else to do.” There was a strong sense that the community did not have equitable opportunity to provide input on the legislation, so responses requested these

opportunities before legalization occurs. Previously, the Government of Nunavut had conducted a consultation solely online. The week following this session, the Government of Nunavut would be holding an in-person community consultation on cannabis legalization. Table 3 provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category.

“One or two consultations aren’t enough. I think action needs to be taken on things that people have been asking for, for a long time to deal with root causes.”



Table 2.

## Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Statistics on cannabis use
	Statistics and facts that are contextualized locally
	Information on health benefits of different forms of cannabis, for example potential benefits of salves for rheumatoid arthritis
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Tools to support practice and educate public on harms and risks and safe use, including trainings, pamphlets and posters
	Services to reduce stigma and shame
	Education for providers through their practice to address current need to do own research online and be able to field questions
	Collaboration with other partners to provide mutual support
	Collaboration between the social service and health sectors
	Community health representatives to work together on health promotion and prevention
	Promotional items to educate the youth and children, to help them make healthy choices
	Resources to educate on the impact of stigma and ways to reduce stigma to support growth
	Training opportunities on cannabis
	Tools such as pamphlets and posters on specific health issues, including cancer and mental health
	High quality translation of resources and materials, which requires a broad understanding of cannabis
	PROGRAM NEEDS
Continued conversation on cannabis, including with stakeholders	
Providers to mobilize their education on cannabis to inform their public	
Cannabis information shared with the community through social media (e.g. Facebook)	
Development of language for clear communication on cannabis in Inuktitut	
Connecting Elders with children and grandchildren	
Be able to observe if Elder abuse is happening	
INFORMATION ON LEGALIZATION	Resolutions for women, youth, and Elders on expressed priority areas
	Information on how to enforce cannabis laws
	Where cannabis will be sold, for example a pharmacy or the Co-Op?
	Will there be a limit on amount sold at one time, similar to alcohol?
CULTURALLY SPECIFIC NEEDS	Efforts to address roots causes
	Work with Elders in Inuktitut to help them understand what cannabis does, how it impacts young people, and understand their perspectives on it

### Reflecting Indigenous knowledge in cannabis-related resources

Participants were asked what needs to be done to ensure that cannabis-related resources are accurately incorporating and reflecting Indigenous knowledge. Participants had many ideas, and also noted this task will be difficult because the legalization of cannabis is new for everyone in Canada. Participant responses included:

- involvement of indigenous perspectives from initial planning stages through to implementation;
- Elders to develop language on cannabis;
- reflect current work that is helping people find their identity, respect themselves and values;
- framing of issue using Inuit lenses, for example led by Elders and using storytelling and visual aids;
- collaboration between Inuit groups and other organizations to develop resources and information sessions;
- dialect-specific translation of resources;



- groups of Inuit to work with Community Health Representatives to develop resources;
- workshop resources and information so people can learn from the discussion and have confidence to discuss with their friends and families;
- created history of how cannabis was brought to the people and how it has impacted our people; and
- continued and ongoing discussions.

“None of this is effective if not incorporated into the community. They need to be involved.”

### **Community capacity building: Continuing the conversation together**

Participants were asked how they could continue the conversation around cannabis together. Going forward, a number of specific community capacity needs were identified, such as the need to:

- engage specific populations in the conversation about cannabis prior to legalization, including providers at the health center, youth, police, family services, schools, and the general public;
- structure spaces for service providers to hold conversations in order to understand cannabis, and listen to and support one another in their work;
- conversations with families, friends, and relatives, including at home;
- meet with stakeholders (including justice, wellness, Elders, translators, housing, legal, family services, regulatory bodies such as nursing societies) to plan next steps;
- identify committees to work with so that the community can adapt to their needs. For example, Indigenous advisory committees;
- coordinate responses to cannabis by identifying who in the community has tailored knowledge that people should be directed to; and
- utilize Government of Nunavut channels to submit opinion on cannabis legalization, including scheduled community consultations and email.

## CPHA next steps

Key to a public health approach to cannabis is the health and social service provider response to cannabis in communities across the country. As such, the community consultations are an integral component of CPHA’s project - “*A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building*” (see Figure 1 for an overview of the project timeline). CPHA works with each consultation host site both prior to, and following the community consultation. A pre-post evaluation

is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

CPHA, along with an Expert Reference Group (ERG) will review the data collected from communities across the country to inform a set of tools and resources to support health and social service provider’s capacity to respond to cannabis consumption in their communities. Together, we will endeavour to normalize the conversation about cannabis, not consumption.

**Figure 1.**

### CPHA Project Overview

**A PUBLIC HEALTH APPROACH TO CANNABIS (AND OTHER SUBSTANCES): PREVENTION, HEALTH PROMOTION, SURVEILLANCE AND CAPACITY BUILDING**



## Appendix

### Consultation Agenda: Kitikmeot Region, Nunavut

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:00 AM – 9:15 AM
WELCOME, PROJECT OVERVIEW & INTRODUCTIONS	9:15 AM – 10:10 AM
ABOUT CANNABIS	10:10 AM – 10:45 AM
BREAK	10:45 AM – 11:00 AM
YOUR THOUGHTS ON CANNABIS	11:00 AM – 11:40 AM
CANNABIS HEALTH PROMOTION AND HARM REDUCTION	11:40 AM – 12:00 PM
LUNCH	12:00 PM – 12:45 PM
KNOWING WHAT IS HAPPENING IN YOUR COMMUNITY	12:45 PM – 1:45 PM
BREAK	1:45 PM – 2:00 PM
YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS (PART 1)	2:00 PM – 2:50 PM
BREAK	2:50 PM – 3:00 PM
YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS (PART 2)	3:00 PM – 3:40 PM
CLOSING AND POST-SESSION EVALUATION	3:40 PM – 4:00 PM



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

The Voice of Public Health

**The Canadian Public Health Association** is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

For more information, contact:

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