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A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

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

CONSULTATION REPORT FOR NUNAVIK, QUÉBEC | NOVEMBER 2017



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To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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Members of the CPHA project staff included: **GREG PENNEY**, Director of Programs // **THOMAS FERRAO**, Project Officer // **POLLY LEONARD**, Project Officer // **CHRISTINE PENTLAND**, Project Officer // **SARAH VANNICE**, Project Officer // **LISA WRIGHT**, Project Officer

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 begin 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 harm 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: Nunavik Region, Québec

On November 29, 2017, 13 health and social service providers participated in a half-day facilitated consultation on the topic of cannabis. This consultation was held during the afternoon of the second day of the two day Nunavik Addictions Committee meeting. Participants represented a variety of roles in the health and social services, including but not limited to managers and frontline addictions providers, social workers, and law enforcement, from a variety of organizations, such as regional health and criminal legal organizations and Inuit associations.

The consultation opened with round table introductions having participants 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 national and local prevalence 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 Appendix for the consultation agenda.

Throughout the session 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 future work related to the CPHA project.

“Probably one of the first things they have to tell the people is why are we legalizing cannabis – they have to explain why. People are already getting it illegally and we don't know how it's being made. And all of those things need to be explained.”

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 indicated that cannabis consumption is normalized in the Nunavik Region, citing the trends of consumption across the population, specifically among youth, and the commonality of smelling cannabis in households. This conversation was often connected to perceptions of the normalization of the consumption of other drugs, and alcohol in particular, in the region. Although consumption was largely portrayed as a common occurrence, some participants indicated a lack of conversation with their clients about consumption.

“It’s like most things. An informed, reasonable consumption doesn’t cause harm. However in Nunavik, substance use is often unreasonable because it is used as self-medication and [a] maladaptive coping mechanism in response to trauma.”

The discussion about cannabis consumption at the consultation largely focused on harms. The focus on harms stemmed from the perception that substance use in the region is a problematic method of coping with trauma. Specific harms of cannabis consumption discussed at the consultation were strongly connected to life in the North and the ongoing impacts of colonization. For example, the legacy of residential schools and the ongoing practice of removing children from their families, lack of housing available in Nunavik, cold temperatures in the North, and

continued risk of transmission of tuberculosis compounded concerns regarding consumption through inhalation inside overcrowded houses.

A variety of other harms associated with cannabis consumption were discussed throughout the consultation, ranging from harms to specific groups of the population, including youth, pregnant individuals, and Elders, to safety concerns, for example; driving after consumption.

Many participants expressed that there is a lack of information about cannabis and that more information is necessary to address the potential harms of consumption. One benefit of cannabis, for these members of the committee, was connected to their preference for the consumption of cannabis over other substances due to its calming effects. This discussion, however, was framed within concern for the negative impacts of heavy consumption.

The participants’ perspectives on cannabis consumption informed their understanding of legalization.

“I feel that it’s better to legalize it but be careful, very careful about children and Elders who will be exposed to substance use. It’s a scary thought that it will be easier to access it because the negative impacts are greater in this region.”

Of those who commented on legalization, some indicated concern that consumption rates will increase after legalization due to increased access

to cannabis. This position was juxtaposed with comments that cannabis is already widely available in the region so access and consumption rates will not be impacted. The concern for increased access to cannabis was also balanced by comments that the current system of prohibition is not an effective response to substance use.

“Cannabis is already widely available. Alcohol is legal but still causes problems.”

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 voiced concerns regarding service provision and capacity to support their population. The need for more funding in order to provide for the expected increase in the consumption of cannabis and, consequently, use of services was emphasized. Legalization, it was explained, will have specific implications for Inuit communities in Nunavik.

“The North needs more services than what they can offer to the other parts of Québec.”

Perceived negative impacts of legalization included:

- **increased need for services, including treatment and housing;**
- **increased workload for providers;**
- **increased consumption of cannabis;**
- **increased work absences; and**
- **increased spread of disease, including tuberculosis.**

The conversation about legalization was emotionally charged at times, as many participants were concerned that legalization would increase the deficit between the capacity of health and social services and the population’s

need. Providers indicated they are already overburdened by demand for services and unable to meet current needs.

The perceived negative impacts of legalization were heightened since several leading organizations in the Nunavik Region had not stated an official position on cannabis legalization at the time of the consultation.

“We are waiting for the official position. Whatever that stance is will impact what we come with and resources. If they are against it then everything we do will be abstinence, with a statement about, ‘if you do it, be safe.’”

Current responses to individuals who disclose or ask about consumption

Many participants indicated there are limited resources relating to cannabis consumption but a few participants indicated they are able to provide some information and direct consumers to proper resources.

The ability of some providers to respond to cannabis consumption is hindered by service users who do not share their cannabis consumption practices, as indicated in the comment, “People will not disclose to me.”

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

As part of the Nunavik Addictions Committee, consultation participants indicated that they were aware of programs or services related to substance use in Nunavik.

Few participants indicated they were aware of local programs with a specific cannabis component. Current responses to cannabis and other substances are predominantly abstinence-based and the discussion about responses focused on treatment. The programs or services mentioned included:

- **Tulattavik Health Centre addictions counsellor;**
- **Isuarsivik Recovery Centre; and**
- **school-based programs and referrals.**

Other programs or resources mentioned by the participants included:

- **Elders working with youth; and**
- **RISQUE, who are creating a harm reduction program for cannabis.**

“Clients of [this program] have problematic consumptions whether it be alcohol, cannabis or hard drugs. We help them address their trauma, retake control of their lives, and reduce or stop their consumption.”

Participants mentioned that harm reduction is a new approach to substance use in the region, and

primarily focuses on alcohol. Participants noted that certain harm reduction messages are working well, including:

- **focusing on safety;**
- **focusing on the person’s goals for consumption, which may not include reducing or stopping;**
- **connecting the impacts of consumption to other aspects of the person’s life; and**
- **education about consumption methods.**

Challenges of current cannabis-related programs and services

“We don’t have many addictions services to begin with, but we focus on abstinence and most resources are for alcohol.”

Participants noted a number of challenges relating to their community’s current cannabis-related programming and services. The interrelated histories of prohibition and colonization of Inuit has ingrained abstinence-based responses to drugs and alcohol that is difficult to shift. The emphasis on abstinence has limited opportunities for dialogue about consumption.

“Drugs and alcohol have had such negative impacts on our communities that we are much more in line with abstinence.”

Limited resources were another notable challenge mentioned in the discussion. For example, there is

only one addictions counsellor on the Ungava Coast, encompassing seven communities, and two addictions counsellors on the Hudson Coast, encompassing seven communities. These counsellors are limited in how many communities they can travel to each year due to the available resources and the remote locations of those communities. Workload was also indicated as a challenge by clinical providers who have limited time to meet with people. Due to limited resources, providers indicated they are only able to support clients in crisis, and do not have the time to dedicate to prevention efforts. Many participants indicated that health and social service organizations in Nunavik are not able to meet the current needs for substance-related services.

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 region going forward. Given the limited resources and predominantly abstinence-based responses to cannabis, participants had numerous suggestions for desired cannabis-related programs and services. These desired programs and services sought to address the current inequities identified within provincial programs and address the legacies of colonization and prohibition.

“We know how to help ourselves, but we need funding. We can train Inuit to do this work.”

Participants suggested the need for:

- **Inuit health and social service providers;**
- **culturally appropriate and Inuit-based resources, programs and services;**
- **opportunities for youth to participate in the creation of responses to cannabis consumption;**
- **education and awareness programs**

and workshops, especially for youth and people who are pregnant;

- **safer use guidelines that take into consideration tuberculosis;**
- **consumption spaces, to reduce inhalation in the home;**
- **increased capacity of current programs and services; and**
- **a coordinated communications strategy across the region.**

“I would like to talk to younger people – like 14/15/16. There is a disconnect.”

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 as well as 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

Monitoring and surveillance of cannabis consumption in the Nunavik Region of Québec is limited. Most participants were aware of the 2004 survey, *Qanuippitaa? How are we?*, which was an epidemiological survey of the Inuit of Nunavik, published by the Institut national de santé

publique de Québec and the Nunavik Regional Board of Health and Social Services. Participants used this survey as the basis for their understanding of consumption rates in the region, and discussed the limitations of survey data in relation to the size of Nunavik’s population. Participants also indicated this survey was recently conducted again, but the results were not available at the time of the consultation.

Table 1.
Desired Cannabis related Data, Information and Evidence

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Reasons why people consume cannabis (including recreational, medical, self-medicating, and coping)
	Consumption rates associated with reasons for use
	Consumption methods and safer use guidelines (with information on sharing joints and the transmission of tuberculosis)
	Information on how to use
	Capturing data on referrals to services for cannabis consumption
	Impacts of cannabis on the brain
	Length of the effects of cannabis
	Places of consumption (including impacts of cannabis cafés and indoor inhalation)
	Impacts of movies and television on consumption practices (including smoking and consumption of other substances)
	Risks of cannabis consumption and driving
	Links between cannabis consumption and problematic use and abuse
	Measure impacts on mental health (including paranoia, psychotic episodes, social isolation, and schizophrenia) and other aspects (including long-term effects, seizures, and physical and sexual abuse), including post-legalization
SOCIO-DEMOGRAPHICS	Measure impacts of cannabis on other aspects of life
	Relationship between cannabis and loss of culture (i.e. using to survive)
	Work absenteeism
	Employment opportunities for people who consume cannabis
	Financial costs of substance use (for example medical evacuations, housing for workers for new programs)
SPECIFIC POPULATIONS	Infants
	Children (with a focus on respiratory health given overcrowded housing)
	Elders
	People who are pregnant
	People with FASD
	Youth
MONITORING METHODS	Clinic services and referrals
	Emergency Room services and referrals
	School referrals

LEGALIZATION	Consumption methods in states that have legalized (including information on inhalation, consuming by themselves or sharing, first time use)
	Comparison of consumption methods pre- and post- legalization
	Consumption rates post-legalization
	Reasons for legalization
	Regional and organizational positions on legalization
	Government responsibilities
	Packaging label requirements
	Information session for first time buyers
	Location of sales and storage of cannabis

Desired cannabis-related monitoring and surveillance

“Are there other safe places for consumption that would manage harms for people in the home that don’t want to be exposed?”

Consultation participants shared a variety of cannabis-related data, information and evidence they would like to know going forward. A range of topics were discussed, including, but not limited to, reasons why people consume cannabis, in particular youth and the ongoing effects of colonization, methods of consumption, the health, economic and social impacts of consumption, how legalization would impact service delivery, and how providers could ensure consistency across their practice. Many participants highlighted the need for more research and improved methods to collect data. See Table 1 below for a summary of the desired cannabis-related data, information and evidence.

“Now it’s illegal so everything is precious to people who are smoking and they are sharing. That is one of the ways that a lot of people are using. What I want to know, those states that have legalized, the people that are using are they smoking by themselves or are they sharing?”

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 need for data, information and evidence, tools, resources and training for providers, program support, information on legalization, and public education and awareness campaigns. Table 2 provides a summary of desired supports (duplicates removed) shared by consultation participants, organized by category. Among these categories, many participants indicated the need for culturally appropriate, regionally specific information, programs,

trainings, and supports. Many participants also indicated the need for more information from the federal and provincial governments about legalization so they could prepare for the impact on their services.

“Will Health Canada do an education campaign about the risk and dangers? Will they target the specific age populations? What are the provisions for actually doing health campaigns for risks?”

Table 2.

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	More information about the risks of driving and cannabis
	Information on safer, responsible use and the risks of using
	Information on the links between consumption and problematic consumption, and connection to physical and sexual abuse
	Information on why and how people consume cannabis
	Measure the impacts of cannabis consumption and legalization on health, mental health, lifestyle that is population specific
	Safer use guidelines
	Data on referrals between services and programs
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Guidelines for safer use to share with consumers
	Guidelines for schools
	Trainings and workshops for providers to inform people about cannabis, the health effects, and harm reduction strategies
	Assessment tools
	Culturally appropriate prevention materials
	Infrastructure, specifically places to host conversations in smaller communities
	Tools to enable conversations about cannabis
PROGRAM NEEDS	Resources for clients who are not in crisis
	Mandatory sessions in the workplace
	At least one addictions worker in every community
	Support groups for adults and teens who consume
	Support groups for people affected by a loved one’s addiction
	Group therapy programs
	A treatment centre on the Hudson coast
Mental health services	

	School-based education programs on peer pressure
INFORMATION ON LEGALIZATION	Federal legal requirements for labelling contents, to be adapted locally
	Why cannabis is being legalized
	Measuring the impact of our approach to legalization
PUBLIC EDUCATION CAMPAIGNS AND KNOWLEDGE SHARING	Regional communication plan to communicate to the population what's coming up
	Publicity on the radio about practical use
	Posters and advertisements made by youth at schools
	Elders passing on knowledge to the youth - helping them learn other things to do
	Information sessions in regards to cannabis and/or addictions in general in every workplace

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 with people across Nunavik in tool development;
- create a cannabis committee that encompasses entire Nunavik view, including schools, midwives, police, youth protection, hospitals, as well as members of the committee in attendance at the consultation;
- consult with the community to avoid top down implementation by the Health Board;
- invite CPHA to present at regional annual general meetings;
- continue the conversation within the committee meetings; and
- focus on the long term effects of cannabis.

“If everything goes as planned, it will be legal in 8 months, we should have had this conversation more than a year ago.”

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

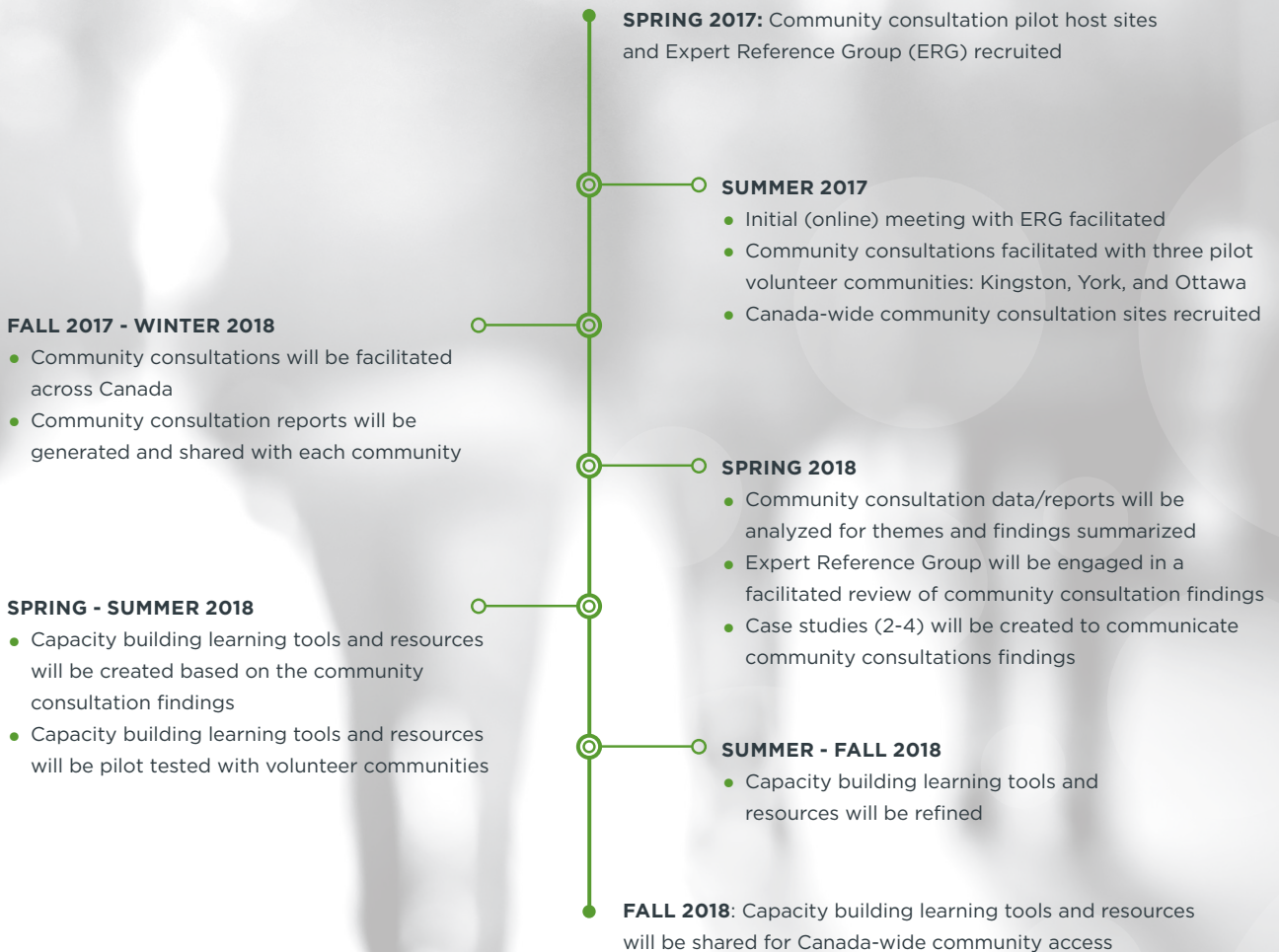
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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: Nunavik Region, Québec

ACTIVITIES	TIME
OPENING AND WELCOME	1:00 PM – 1:15 PM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 1)	1:15 PM – 2:05 PM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	2:05 PM – 3:00 PM
BREAK	3:00 PM – 3:10 PM
A COMMUNITY RESPONSE TO CANNABIS (PART 1)	3:10 PM – 4:20 PM
BREAK	4:20 PM – 4:30 PM
A COMMUNITY RESPONSE TO CANNABIS (PART 2)	4:30 PM – 4:50 PM
NEXT STEPS AND CLOSING	4:50 PM – 5:00 PM



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