



CANADIAN  
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 SAINT JOHN, NEW BRUNSWICK | DECEMBER 2017



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CPHA would also like to thank Gestalt Collective [www.gestaltcollective.com](http://www.gestaltcollective.com) for facilitating the community consultations.

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: Saint John, New Brunswick

On December 8<sup>th</sup>, 2017, 27 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in health and social services from a variety of organizations, including but not limited to public health, law enforcement, primary care, and addictions and mental health.

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 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 community of Saint John and CPHA's future work and ongoing conversations on cannabis.

"I feel like legalization will improve my capacity in my position, both in terms of social research with the social determinants of health, and community building and referrals."

# 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

When participants were asked about their thoughts on cannabis consumption, the majority of participants explained that there are harms and benefits. For example, “I understand there are pros and cons, but I have no issue with cannabis use.” Some participants made reference to alcohol in regards to both substances having benefits and drawbacks, “[Cannabis] can have many benefits and many drawbacks, as with alcohol consumption.”

“I am uncertain that cannabis is always in the best choice for patients as there are better options available, but the demand is that it is natural and [clients] think it’s benign. More information will help them make better decisions based on side effects, like other medications that went through rigorous studies.”

A few participants viewed it primarily as a beneficial substance for overall wellbeing. One participant stated, “I believe in the benefits of cannabis consumption for holistic health.” With regards to consumption for medical purposes, mostly positive views were expressed. Some examples included, “I am fully supportive of usage for medical reasons (pain, seizures, nausea, chronic illness, cancer)” and, “Consumption for medical reasons is a positive opportunity for many that could not live comfortably without it.” Although, a few individuals felt uncertain as to whether cannabis is the best choice for patients compared to other medications available, and that

more information is needed on the side effects to inform consumption for medical purposes.

While most participants realized there are both harms and benefits associated with cannabis, many participants emphasized the importance of individual responsibility to make informed decisions related to their consumption. For example, “It is up to every individual to make their decision, it is important that they understand the risks and responsibilities” and, “I think as long as the individual consumes cannabis responsibly it is not a problem.” However, some participants made specific reference to the importance of informed use among youth, “[I] want to make sure my children and the youth I work with know the facts, and not just believe what [their] peers are saying, hearing, feeling or believing.”

Although the majority of participants expressed acceptance of consumption with informed use, some participants shared concerns. Specifically, caution was given to mental health outcomes and the need for ongoing monitoring. Some participants also expressed concern around non-medical consumption for youth. For example, “[Cannabis] should be used on users’ discretion but also highly monitored in the area of mental health” and, “Recreational [consumption] in adults – be responsible; recreational [consumption] in youth - dangerous!”

Many participants also highlighted the need for more information and education for the general public to facilitate informed use. Several participants made specific mention of the need for education tailored to youth populations. For example, “Children and youth need to know the



facts, there's a lot of misinformation" and, "There needs to be more education in the school system about the psycho-social factors that lead to 'thinking' about using."

In regards to non-medical consumption, one participant felt that, "The more information that the general population has, the more prepared they are for proper or safe use". Other participants noted that, "Health care providers need more education on specific dosages," and that as the cannabis research field continues to evolve it is important for providers to stay open minded to best support non-judgmental dialogue with their clients.

"The research is changing and evolving. Professionals need to be more open minded to change because [a] closed mind set is not helpful for open and honest dialogue."

When reflecting on perceptions related to cannabis legalization, participants expressed both positive views and concerns about the legalization and regulation of cannabis. Positive reactions included, for example, "[I'm] happy to see legalization occurring. It will be interesting to see how it all rolls out." Others indicated they have come to accept legalization, "Instead of [my] immediate opposition, I have switched to please share [information] and inform me!" In regards to perceived benefits to result from legalization of cannabis, the following beliefs were stated:

- **it will make the environment safer; and**
- **it is an opportunity to learn more.**

Concerns expressed centered on the following:

- **legal age of consumption;**
- **packaging and marketing of edibles to children; and**
- **legalization indicating cannabis is "the cool thing to do."**

"I am concerned with the negative effects, and I am very concerned with how legalization is going to affect our communities and Canada."

### **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. The majority perceived legalization would have a positive impact on their practice. However, there were some concerns expressed and some believed legalization would have no impact or a neutral impact on their practice.

Perceived positive impacts of legalization included:

- **address stigma related to cannabis;**
- **increase capacity of providers;**
- **increase willingness to report consumption;**
- **government control of cannabis production;**
- **increase in accurate, representative data to inform people who self-medicate and reduce harms associated with consumption; and**
- **increase in education for consumers on the risks and benefits.**

"[Legalization] will hopefully remove some of the stigma attached to marijuana and more people will disclose."

Perceived negative impacts of legalization included the following concerns:

- **cannabis could be normalized;**
- **clients may minimize negative implications;**
- **increase in incidences of substance induced psychosis;**
- **increase in hospital admissions;**
- **strain currently limited resources ;**

- **complicate policing;**
- **impact on marginalized populations ;**
- **increased use among youth; and**
- **youth “picking and choosing” what information to listen to.**

“I believe it will increase our client base. People will use [cannabis] without a good respect (fear) for the possible negative circumstances - much like alcohol.”

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

When participants were asked how they are able to respond to an individual who discloses or asks about cannabis consumption, most indicated that they are able to provide a harm reduction approach. One participant stated that they promote cannabis itself as a harm reduction measure to reduce “hard” substance use, “[I] promote cannabis to clients who abuse other hard drugs.” Other harm reduction approaches applied in participants’ practices included, providing a “non-judgmental ear”, discussing the pros and cons associated with consumption, and “advis[ing] users to cut back.” Several participants indicated they inform their clients on the associated risks and encourage healthy choices.

“I assist them in being informed and making healthy choices that fit their lives. I would always coach them on approaching their life from an informed perspective.”

“We are non-judgmental, although we inform that there are risks associated and discuss harm reduction and laws, regulations.”

Some participants noted that when clients request more information, they refer to other sources or

services such as clinics, dispensaries, trauma centers or treatment facilities.

“Currently, those who disclose are asked questions on frequency and amount that is being consumed. Many users appear to not have knowledge of proper amount of usage. When [clients] ask for information, referral to clinics, dispensaries and trauma center are provided.”

One participant indicated that they provide individuals with knowledge and then leave it up to the client to take what they will from it: “I cannot tell people what to do or [how to] live their lives. I pass on the knowledge I know and hope they take it with them. Most mental health clients are not willing to stop in my experience anyway.” Another participant indicated that they take an abstinence-based approach, noting that, “We need to encourage abstinence from usage- if it is not prescribed it is currently illegal.”

“I feel able to provide information about health related issues and information on cannabis. Part of my role is working in addictions. A challenge at times is many clients do not feel their daily consumption is problematic.”

Many participants identified information and education as an important catalyst to discussions on informed use with clients, and a key component to a harm reduction approach overall. One participant felt that as health care professionals, “There is a duty to educate clients on the effects of cannabis”.

“Harm reduction and education go hand in hand.”

# 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

Many participants were aware of programs or services related to substance use in their community. These included:

- **addictions information line provides referrals;**
- **general addictions service;**
- **harm reduction organizations;**
- **clinics, dispensaries and trauma center;**
- **mental health and addiction services;**
- **Integrated Service Delivery Child and Youth; and**
- **Kennebecasis Regional Police Driving While High program.**

Television and social media (including Snapchat and Facebook) advertisements were also listed by participants as educational campaigns related to substance use.

## Challenges of current cannabis-related programs and services

Participants noted challenges relating to their community's current cannabis-related programming and services. Most of this discussion was in regards to the lack of cannabis-specific services available.

“If you use, you're kicked out of services – this needs to stop.”

Other challenges mentioned included:

- **abstinence-based program policies;**
- **lack of education on treatment; and**
- **lack of support following treatment.**

“If someone were to, for instance, call my information line asking for cannabis-related services, I would only be able to offer addictions services (general) or a few known harm reduction organizations. It would be nice to be able to offer more specific 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 Saint John going forward. Participants indicated a need for the following cannabis-specific programs, or resources to inform programs:

- **safe guidelines for youth;**
- **presentations from former users;**
- **access to educated physicians;**
- **Family Centre programs;**
- **public awareness campaign to de-stigmatize the conversation of safe use;**
- **media campaign on safety;**
- **restorative justice programs; and**
- **peer-led impaired driving cross education program.**

One participant mentioned the specific need for, “A collaborative approach between agencies – such as corrections and doctors.”

Participants also shared with each other a number of programs that were in development at the time of the consultation.

These included:

- *Kids and Drugs* for youth aged 8-13: Sit-down sessions to talk together as a family with children and their parents (Drug Awareness Prevention);
- Driving campaign in high schools facilitated by the John Howard Society;
- Enabling grade 10 students to create a campaign that will be leveraged across the grades and schools, and also includes a simulation activity kit that can stay with local organizations to utilize on a consistent basis;
- University of New Brunswick Saint John expressed they were open to a similar type of campaign that had previously been developed by Mothers Against Drunk Driving (MADD), which displayed a vehicle that had been in a crash; and
- *Party Program* which aims to prevent alcohol-related trauma with youth.

The following topics were identified as a need for targeted educational efforts:

- address misperceptions and provide facts;
- stigma;
- impaired driving;
- mental health;
- safe use;
- parent conversations with youth;
- addressing personal bias; and
- physician education on:
  - harms and risks;
  - general information on cannabis; and
  - identifying which patients are at-risk to inform cannabis prescribing.

# 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

A few participants were not aware or were unsure of cannabis data collection sources within their community, while many were aware of a number of sources. Those who were aware of data collection processes provided examples of where or what data was collected, or by whom. These sources included:

- addiction services and programs;
- justice system, including police;
- education system (through teachers and schools);

- doctors;
- pharmacies;
- dispensaries (incentivized, voluntary forms);
- education sessions with community partners; and
- public health.

Participants listed a variety of sources they currently use to find information on cannabis. These mostly included non-governmental organizations or informal sources (such as Google or peers). See Table 1 for the complete list of current information sources shared by consultation participants.

Table 1.

Current Cannabis-related Information Sources Utilized by Consultation Participants

TYPE	SOURCES
<b>NON-GOVERNMENTAL ORGANIZATIONS</b>	Canadian Centre on Substance Use and Addiction (CCSA)
	Canadian Mental Health Association (CMHA)
<b>PRINT OR ONLINE PUBLICATIONS</b>	internet, including Google
	Facebook group discussions
<b>CONVERSATIONS</b>	peers
	clients

## Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. These included:

- limited access to information:
- lack of sharing or publishing information across organizations;
- privacy concerns, such as privacy acts, confidentiality, ethics, consent and disclosure; and
- lack of data for legal distribution;
- conflicting data (i.e. research vs. misperceptions);

- fear, judgment or stigma that impacts the accuracy of self-disclosure;
- lack of cannabis-specific statistics; and
- lack of community resources.

“Each organization that tracks [information], if at all, does not share or publish the information; [there] needs to be a universal data collection system.”

**Desired cannabis-related monitoring and surveillance**

Participants also shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as sales data from dispensaries, intake forms at mental health services, and emergency room data. Many participants highlighted the need for improved methods to collect data. For example, a few

participants identified the need to develop a centralized data collection program that agencies report to, or to develop standardized collection methods. Consultation participants also shared their thoughts on what cannabis-related information in Saint John they would like to know going forward. This included a range of topics, such as information on community consumption patterns, and how legalization would impact the workplace, public safety and services. See Table 2 below for a summary of the desired cannabis-related data, information and evidence needs, per category.

“[There is a need for] improved collection and more sharing of information between agencies.”

**Table 2.**  
Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
<b>CANNABIS CONSUMPTION</b>	Prevalence of cannabis consumption
	Where people access cannabis and why
	Cannabis consumption rates of clients accessing mental health services
<b>SOCIO-DEMOGRAPHICS</b>	Motivation to consume and amount of consumption across demographics - age, gender, occupation.
	How cannabis can affect family life
<b>SPECIFIC POPULATIONS</b>	Information on youth perceptions to help anchor future youth-targeted conversations and campaigns
<b>PROGRAMS AND SERVICES</b>	Information on the cost of cannabis consumption and the impact on health and social services
	How to talk about and address consumption
<b>MONITORING METHODS</b>	Community and student surveys
	Emergency room data (narcotics in system, THC, methadone, alcohol)
	Hospital intake assessments
	Retail sales data from dispensaries- what is being consumed (i.e. hash oil, smoking, consumables, etc.)
	Improved collection and more sharing of information between agencies
	Accurate samples of populations
	Standardized data collection
<b>LEGALIZATION</b>	One centralized data program that agencies report on
	Information on where funds collected through taxes will go at the federal, provincial/territorial, municipal levels
	Information on what percent of taxes are dedicated to public education
<i>The following categories are unique to Saint John, New Brunswick</i>	
<b>PUBLIC SAFETY</b>	Impact of cannabis legalization on crime
	Impact of cannabis legalization on perceptions of public safety
	Methods to assess impairment at the roadside
<b>WORKPLACE</b>	Impact on legalization and the cost to industry, such as productivity and absenteeism
	Impact of legalization on the legalities of employees and their human rights related to workplace consumption

# 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 supports in programming; tools, resources, and training; data, information, and evidence; and information on legalization. Table 3 provides a summary of

desired supports (duplicates removed) submitted by consultation participants, organized by category.

“The more informed I am, the more effectively I can assist clients and inform responsive program development.”

**Table 3.**

Desired supports to respond to cannabis legalization

CATEGORIES	DESIRED SUPPORTS
<b>DATA, INFORMATION, OR EVIDENCE NEEDS</b>	Epidemiological statistics shared post legalization across time
	Later onset psychosis and any relationship with cannabis consumption and/or substance use
<b>TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE</b>	Develop balanced resources that acknowledge both the harms and the benefits
	Tailored messaging depending on the audience, meeting people where they are
<b>PROGRAM NEEDS</b>	Examples (i.e. videos) demonstrating how conversations about cannabis could be communicated
<b>POLICIES</b>	Support for conversations with employees about impairment
<b>INFORMATION ON LEGALIZATION</b>	Samples of workplace policies
	The regulatory approaches across the country
	Accessible resources for service providers around the law once finalized

## 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 various populations in future cannabis conversations:

- youth;
- Boys and Girls Club;
- people with lived experience;
- Partners for Youth; and
- dispensaries.

“[We need to] include people with lived experience in our future conversations.”

## 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

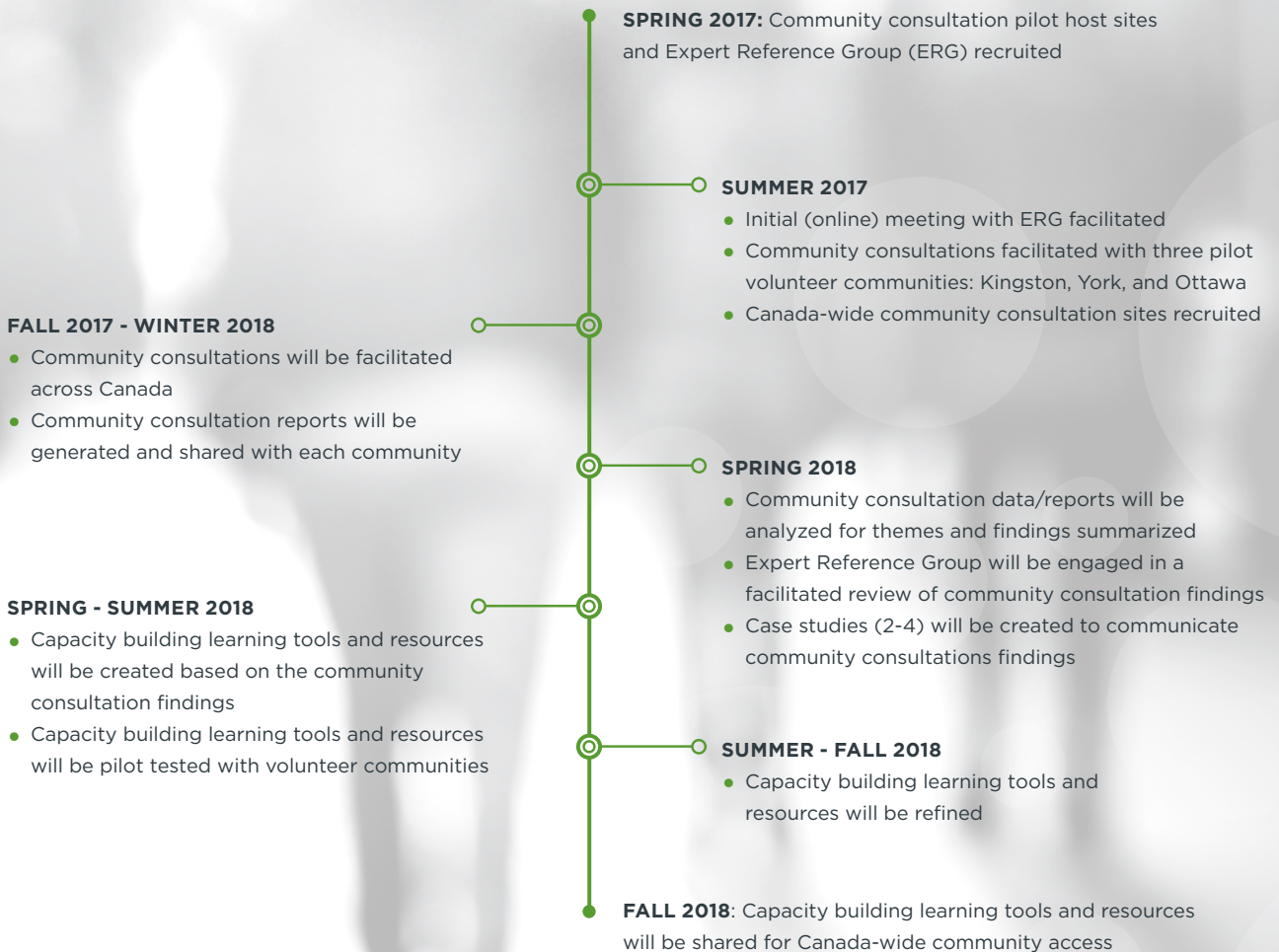
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : Saint John, New Brunswick

ACTIVITIES	TIME
<b>ARRIVAL AND PRE-SESSION EVALUATION</b>	9:30 AM - 10:00 AM
<b>OPENING AND INTRODUCTIONS</b>	10:00 AM - 10:30 AM
<b>A PUBLIC HEALTH APPROACH TO CANNABIS (PART 1)</b>	10:30 AM - 11:30 AM
<b>BREAK</b>	11:30 AM - 11:40 AM
<b>A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)</b>	11:40 AM - 12:45 PM
<b>LUNCH</b>	12:45 PM - 1:15 PM
<b>A COMMUNITY RESPONSE TO CANNABIS (PART 1)</b>	1:15 PM - 2:20 PM
<b>BREAK</b>	2:20 PM - 2:30 PM
<b>A COMMUNITY RESPONSE TO CANNABIS (PART 2)</b>	2:30 PM - 2:45 PM
<b>NEXT STEPS AND CLOSING</b>	2:45 PM - 3:00 PM



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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.

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