



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

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

CONSULTATION REPORT FOR ST. JOHN'S, NEWFOUNDLAND AND LABRADOR |
NOVEMBER 2017



THE PUBLIC HEALTH APPROACH TO CANNABIS PROJECT WAS MADE POSSIBLE THROUGH A FINANCIAL CONTRIBUTION FROM HEALTH CANADA. THE VIEWS EXPRESSED HEREIN DO NOT NECESSARILY REPRESENT VIEWS OF HEALTH CANADA.

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.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

A healthy and just world

OUR MISSION

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

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | info@cpha.ca

www.cpha.ca

Table of Contents

- Acknowledgements..... 4**
- A Note on Terminology 5**
- Background..... 6**
- Perspectives and Perceptions Related to Cannabis Consumption 8**
 - Perspectives on cannabis consumption..... 8
 - Perceived impacts of cannabis legalization and the potential impact on services9
 - Current responses to individuals who disclose or ask about consumption9
- Community-based Cannabis Programs and Services 10**
 - Current cannabis-related programs and services 10
 - Challenges of current cannabis-related programs and services 10
 - Desired cannabis-related programs and services.....11
- Monitoring and Surveillance of Cannabis Consumption in the Community 12**
 - Current monitoring and surveillance of cannabis consumption..... 12
 - Challenges of current monitoring and surveillance of cannabis consumption 12
 - Desired cannabis-related monitoring and surveillance 13
- Building Capacity to Respond to Cannabis Legalization..... 14**
 - Desired information, tools, and supports.....14
 - Community capacity building: Continuing the conversation together 15
 - CPHA next steps..... 16
- Appendix 17**
 - Consultation Agenda : St. John’s, Newfoundland and Labrador.....17

ACKNOWLEDGEMENTS

This project ***“A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building”*** would not have been possible without the support and involvement of the many individuals and organizations who participated in community consultations, focus groups, and key informant interviews.

The Canadian Public Health Association (CPHA) would like to especially acknowledge the individuals from the St. John's, Newfoundland and Labrador and surrounding area who participated in this local community consultation and shared their stories, insight, and wisdom with us. Thank you to the Addictions Treatment Services Association who coordinated the community consultation and enabled us to engage health and social service providers in the community in a meaningful way. CPHA would also like to thank the Beothuk First Nation Peoples on whose traditional territory we gathered.

CPHA would also like to extend a thank you to the Expert Reference Group that provided their time, expertise, and guidance throughout the project. Members of the Expert Group included:

| NAME | ORGANIZATION |
|-----------------------------|--|
| TREVOR ARNASON | Nova Scotia Health Authority |
| WEKATESK AUGUSTINE | Native Alcohol & Drug Abuse Counselling Association of Nova Scotia |
| PATRICIA DALY | Urban Public Health Network |
| CAROLINE FERRIS | College of Family Physicians of Canada |
| REBECCA HAINES- SAAH | University of Calgary |
| ELENA HASHEMINEJAD | Ontario Public Health Unit Collaboration on Cannabis |
| NICOLE JEFFERY | Registered Nurses' Association of Ontario |
| KATHERINE KELLY | Pan-Canadian Joint Consortium for School Health |
| PAMELA LEECE | Public Health Ontario |
| AILEEN MACKINNON | Saqjjuq |
| RHOWENA (RHO) MARTIN | Canadian Centre on Substance Use and Addiction |
| LAURIE MOSHER | IWK (Izaak Walton Killam) Regional Poison Centre |
| ANDREW MURIE | Mothers Against Drunk Drivers |
| ALIA NORMAN | Cannabinoid Medical Clinic |
| LEAH SIMON | Ontario Public Health Unit Collaboration on Cannabis |
| SÉBASTIEN TESSIER | Canadian Alliance for Regional Risk Factor Surveillance |
| MARK TYNDALL | British Columbia Centre for Disease Control |

CPHA would also like to thank Gestalt Collective www.gestaltcollective.com for facilitating 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 medical 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: St. John's, Newfoundland and Labrador

On November 3rd, 2017, 29 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in public health, health and social services, including but not limited to corrections, law enforcement, addictions counselling, and social workers from a variety of organizations, including but not limited to Eastern Health, Memorial University, John Howard Society, RCMP, and Advanced Education, Skills and Labour.

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 St John's and CPHA's future work and ongoing conversations on cannabis.

“With legalization we can educate people about safer use.”

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

While no participants clearly expressed being against or in favour of legalization, participants had mixed feelings related to cannabis consumption. Some participants discussed the positives and negatives of cannabis consumption while others showed concern for possible adverse effects. For example one participant expressed a worry regarding consumption with other substances.

“[Cannabis] can be abused and used with other street drugs.”

Some participants reflected on the benefits and demonstrated an acceptance of non-medical cannabis consumption, while many viewed cannabis as a better alternative to alcohol or other substances and recognized cannabis as a substance with harms and benefits.

“When thinking of adults – I believe there are far more risks to using alcohol and tobacco.”

The potential benefits of medical cannabis consumption mentioned included support for PTSD, chronic pain, and mental health problems such as anxiety. One participant shared comments that demonstrated positive perspectives toward medical consumption of cannabis for therapeutic benefit.

“Cannabis has an important medical use in treating [conditions] such as PTSD,

however, it also is a widely abused substance currently on the street. Its usage is often in conjunction with other substances as well.”

Many supported the notion of consumption as long as the consumer is able to make an informed decision. However, the majority of participants shared concerns around cannabis consumption such as: harmful involvement with any substance, impaired driving, decreased motivation, triggering anxiety and psychosis, issues with interpersonal relationships, and risk of lung cancer as well as other respiratory disorders from smoking.

“The landscape of usage is shifting – people are choosing to self-prescribe to combat a number of things for example: anxiety, chronic pain.”

“It has the potential to offer benefits/enhance life and it has potential negative consequences.”

Participants also expressed concern regarding cannabis for medical/therapeutic consumption.

“Concerned about people having medicinal prescriptions to smoke and how someone would take their dose while in a treatment center”

When reflecting upon perceptions related to cannabis legalization, participants expressed mixed opinions about the legalization and regulation of cannabis. The potential benefits cited included:

- **minimizing the illicit market; and**
- **regulating the product for safety.**

Many participants shared their concerns of potential harms that could result from legalization of cannabis. The main concerns pertained to youth consumption and normalization. For instance, participants stated that they were, “concerned that youth will not understand the risks” and that “legalization seems to decrease the seriousness of the health consequences.” Concerns were also raised about the particulars of regulation which included:

- **the minimum age;**
- **where and how it can be consumed; and**
- **the risk of second-hand smoke or vapour.**

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. Perceived positive impacts of legalization included:

- **increased quality control;**
- **increased service delivery capacity;**
- **increased dialogue between providers and with clients; and**
- **greater ability to provide education.**

Perceived negative impacts of legalization included:

- **consumption being normalized and considered acceptable;**
- **increased rates of consumption;**

- **youth consumption; and**
- **adverse impacts on mental health.**

“I think that the legalization process has sparked important conversations and prompted a different response from service providers (i.e. maybe cannabis use is not always a problem).”

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, many participants indicated that they are currently able to engage in open, non-judgmental conversation with clients.

“I typically respond by being inquisitive and ask what they get from their use of cannabis. In my role when I invest interest in my clients’ use, they disclose more information and there’s opportunity to shift thinking, of exploring further.”

Some participants indicated their client populations consume cannabis as a means of coping with, for example, trauma or anxiety in addition to self-medicating.

“While I understand that there is growing research into the medicinal benefits of cannabis use, in my role as a mental health clinician I am seeing the negative impacts of cannabis consumption. My clients are ‘medicating’ with cannabis to cope with past trauma and related anxieties.”

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 said they were aware of programs or services related to substance use in their community, but few participants indicated they were aware of local programs with a specific cannabis component. The programs or services mentioned included:

- **Addiction Services;**
- **Eastern Health services, including DoorWays and Concurrent, Addictions, Specialized Treatment (CAST);**
- **Safe Works Access Program (SWAP);**
- **Stella's Circle programs, including Emmanuel House, Just Us Women's Centre, Naomi Centre, and Choices for Youth;**
- **John Howard Society;**
- **Cannabinoid Medical Clinic;**
- **Canadian Mental Health Association Newfoundland and Labrador (CMHA NL) Justice Program;**
- **Thrive Community Youth Network, including Street Reach;**
- **U-Turn Centre;**
- **women's youth centre;**
- **Canadian Students for Sensible Drug Policy (CSSDP); and**
- **Drug Abuse Resistance Education (DARE).**

Majority of participants indicated that services or programs generally provide harm reduction in their community. Participants noted that of the community-based cannabis programs available, the most success is seen with those that provide information, are non-judgmental, allow cannabis use itself as a harm reduction technique, encourage safe use and have age-appropriate messaging. Specific examples included:

- **Canadian Mental Health Association (CMHA) programs; and**
- **Cannabinoid Medical Clinic.**

Other programs or resources mentioned by the participants included:

- **Addiction Treatment and Services Association (ATSA), cannabis awareness campaign for high school students;**
- **Mothers Against Drunk Driving (MADD) cannabis and driving campaign;**
- **Parent Action on Drugs; and**
- **online applications.**

“Harm reduction is a more broadly acceptable concept/approach in our community. Challenge – public perception in some circles is that it supports use and/or encourages problematic use when you can't get other services, e.g. psychiatry.”

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:

- **wait times for addiction services;**
- **the limited number of addictions centres in the province;**
- **decreasing employment and housing opportunities for those with addictions; and**

- the limited number of harm reduction programs available.

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 St. John's going forward. Participants suggested the need for:

- public health campaigns to increase awareness;
- information sessions for clients (i.e. harmful interactions between cannabis and other medication); and
- education for:
 - impaired driving;
 - connection to mental health; and
 - myths related to youth consumption.

Participants indicated that cannabis-specific substance use programs and services (or programs and services with a cannabis component) should be inclusive of the following:

- cannabis specific treatment;
- specific support groups (similar to AA/NA/smokers helplines);
- PTSD cannabis buddies;
- peer support programs;
- programs that look at more comprehensive reasons why people use;
- a service that looks at underlying psychiatric needs; and
- programs to speak to parents specifically with the upcoming legalization.

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.

Table 1.

Current Cannabis-related Information Sources Utilized by Consultation Participants

| TYPE | SOURCES |
|---------------------------------------|---|
| GOVERNMENT | BC Ministry of Health |
| | RCMP/RNC |
| | Health Canada |
| NON-GOVERNMENTAL ORGANIZATIONS | Canadian Centre on Substance Use and Addiction (CCSA) |
| | Here to Help |
| PRINT OR ONLINE PUBLICATIONS | Internet, including Google |

Current monitoring and surveillance of cannabis consumption

Some participants were aware of data being collected about cannabis consumption at the community level. Those who were aware of data collection processes provided examples of where or what data was collected and by whom. Participants were aware of data being collected through the following programs:

- intake assessments;
- referrals for treatment;
- presentation at emergency;
- Cannabinoid Medical Clinic;
- Eastern Health;
- Corrections;
- informal reporting based on client contacts/colleagues in community (asking clients at the source of the scene); and
- RCMP/RNC (Royal Newfoundland Constabulary) data.

Participants listed a variety of sources that they currently use to find information on cannabis.

Most participants listed either governmental or non-governmental organizations as their current sources of information. Few participants mentioned print or online publications and very few mentioned social media sources (e.g. Facebook). See Table 1 above for the complete list of current information sources shared by consultation participants.

Challenges of current monitoring and surveillance of cannabis consumption

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

- lack of reliable data;
- lack of reliable measures, such as standardized terms for low, moderate, high use;
- under and over reporting;
- personal perceptions and biases;
- stigma;
- agency policies and attitudes;

- lack of coordination among community organizations; and
- limitations to accessing data, such as:
 - confidentiality;
 - accessibility outside agencies;
 - access to a broad and diverse group;
 - financial constraints;
 - crisis response;
 - Canadian Charter of Rights and Freedoms; and
 - politics and privacy protection.

Desired cannabis-related monitoring and surveillance

Participants also shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as social media, community surveys with incentives and point of sales data. Participants highlighted the need for more research and improved methods to collect data. Consultation participants also shared

their thoughts on what cannabis-related information in St. John’s they would like to know going forward. This included a range of topics, like sharing data with community agencies, central intake and anonymous online data collection. See Table 2 below for a summary of the desired cannabis-related data, information and evidence needs, per category.

“Various community agencies could report information to government to provide prevalence data; surveys at point of sale – ‘text survey’; collection/sales data; community surveys with incentives; presentation to ER’s; children and adults.”

Table 2.

Desired Cannabis-related Data, Information and Evidence

| CATEGORY | TOPIC |
|---|---|
| CANNABIS CONSUMPTION | Health status of individuals |
| | Strains of cannabis being consumed |
| | Rates of cessation |
| | Prevalence |
| | Reasons for consuming |
| | Life impacts (positive or negative) |
| | Mandatory survey |
| | Borrowing frameworks that have had success (e.g. tobacco use) |
| SOCIO-DEMOGRAPHICS | Socioeconomic factors |
| | Differences amongst cultures |
| SPECIFIC POPULATIONS | Children and adults |
| | Central intake |
| PROGRAMS AND SERVICES | Presentation to emergency rooms |
| | Online data collection |
| <i>The following category is unique to St John’s, Newfoundland and Labrador</i> | |
| POINT OF SALE | How much CBD is being sold |
| | Leverage surveys at points of sale |
| | Collection of sales data |

Building Capacity to Respond to Cannabis Legalization

Consultation participants discussed and shared what cannabis-related information, tools and supports they would like 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 the categories of program needs; 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. Among these categories, many participants indicated the need for evidence-based practice with specific, clear, evidence-informed practice guidelines. Many participants also indicated the need for more information on a range of cannabis topics so that

they could better inform their clients, such as medical use and potential interactions with other substances, socio-demographic data, and the harms and benefits associated with different methods of consumption.

“Looking inward at my own practice as a clinician; I work with individuals that are using substances with some pretty high risk but I want to reflect on my own practice as it relates to supporting my clients consuming cannabis.”

Table 3.

Desired Supports to Respond to Cannabis Legalization

| CATEGORIES | DESIRED SUPPORTS |
|--|--|
| DATA, INFORMATION, OR EVIDENCE NEEDS | Information in emergency context / mental health / health assessments |
| | Knowing the impact of cannabis consumption as it relates to diagnosis |
| | Working with clients that are prescribed cannabis |
| | Information regarding interactions when prescribing medications |
| | Information on human rights challenges / related to methods of consumption |
| | Information on the impacts on daily life – family life, work life, relationships |
| | Evidence on the long term effects of consumption |
| | More data to understand why people consume |
| TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE | Information to provide to people to make informed choices about consumption |
| | Resources related to prevention and making informed choices / safer use / health implications for use |
| | Education to help clients understand consumption |
| | Resources to provide clients, including information on medical cannabis and impacts on driving/operating machinery |
| | General education and tools to inform clients |
| | Tools to help clients make informed decisions about consumption |
| | Prevention and harm reduction-based tools that are evidence-informed |
| | Increased regional, provincial and federal direction |
| | Tools to help dispel common misperceptions among youth and cannabis consumption, including the risks, harms and benefits |
| A reference outlining the different approaches across the country to help inform individuals when they cross borders | |

| | |
|---|---|
| COMMUNITY CAPACITY AND PROGRAM NEEDS | Ways to reach out to youth, including a social media campaign |
| | Stronger partnerships between health and social service providers and the schools |
| | A tool to enable conversation and dialogue on cannabis and how to shift the discussion from abstinence only |

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:

- share contact information to facilitate ongoing connections and create stronger linkages/liaisons;
- connect with the Atlantic Convenience Stores Association (ACSA);
- host “lunch and learns” and training sessions; and
- engage with CPHA’s centralized cannabis repository.

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

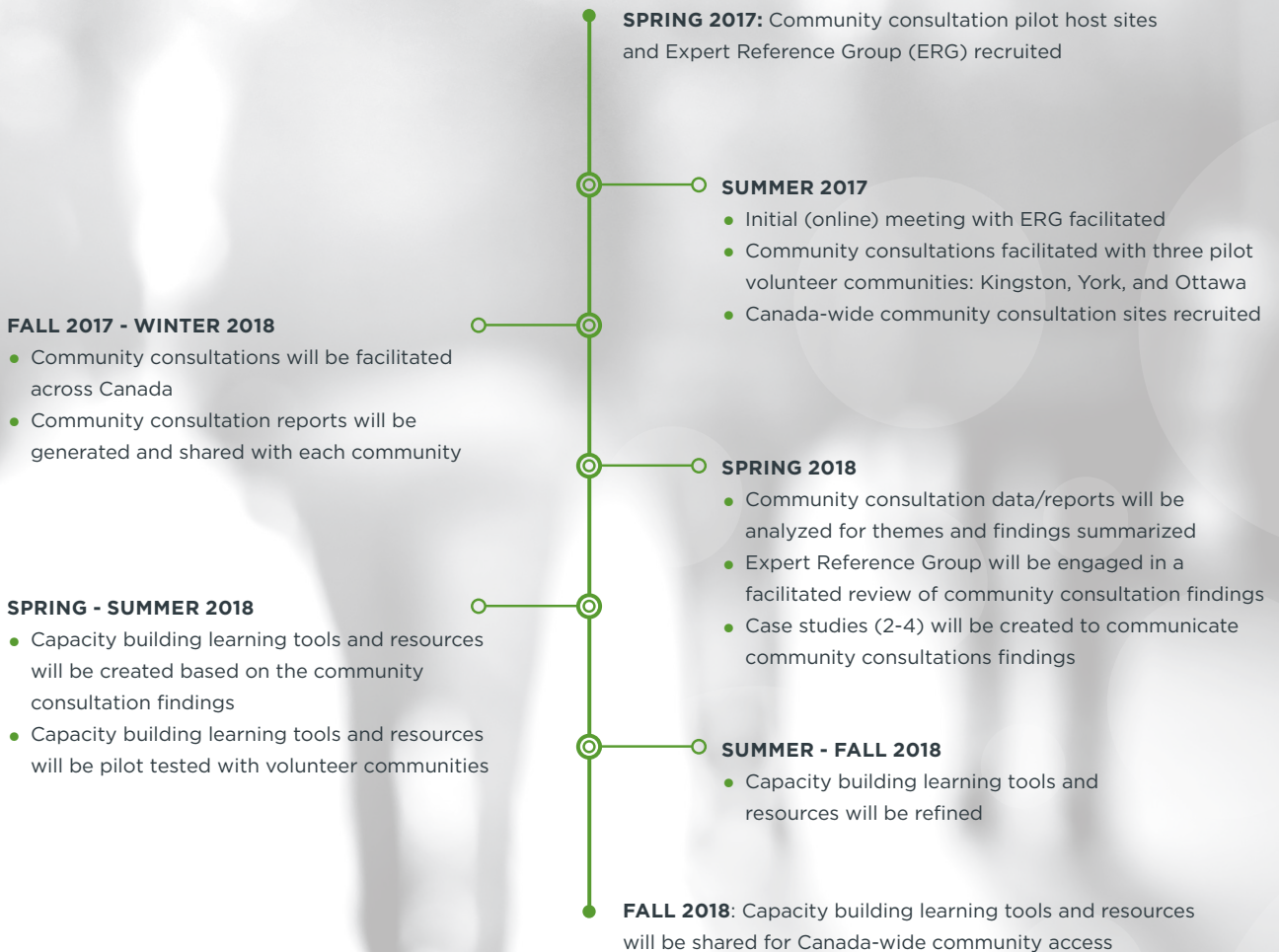
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : St. John's, Newfoundland and Labrador

| ACTIVITIES | TIME |
|---|---------------------|
| ARRIVAL AND PRE-SESSION EVALUATION | 9:30 AM - 10:00 AM |
| OPENING AND INTRODUCTIONS | 10:00 AM - 10:30 AM |
| A PUBLIC HEALTH APPROACH TO CANNABIS (PART 1) | 10:30 AM - 11:20 AM |
| BREAK | 11:20 AM - 11:30 AM |
| A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2) | 11:30 AM - 12:25 PM |
| LUNCH | 12:25 PM - 12:55 PM |
| AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES | 12:55 PM - 1:50 PM |
| BREAK | 1:50 PM - 2:00 PM |
| A COMMUNITY RESPONSE TO CANNABIS | 2:00 PM - 2:45 PM |
| NEXT STEPS AND CLOSING | 2:45 PM - 3:00 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:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | info@cpha.ca

www.cpha.ca