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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 WHITEHORSE, YUKON | OCTOBER 2017



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## **OUR MISSION**

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# Table of Contents

- Acknowledgements** .....5
- A Note on Terminology** .....6
- Background**..... **7**
- Perspectives and Perceptions Related to Cannabis Consumption** ..... **5**
  - Perspectives on cannabis consumption.....5
  - Perceived impacts of cannabis legalization .....5
  - Potential impact of legalization on services.....5
  - Current responses to individuals who report or ask about consumption.....4
- Community-based Cannabis Programs and Services** ..... **5**
  - Current cannabis-related programs and services.....5
  - Challenges of current cannabis-related programs and services .....5
  - Desired cannabis-related programs and services.....5
- Monitoring and Surveillance of Cannabis Consumption in the Community** ..... **6**
  - Current monitoring and surveillance of cannabis consumption.....6
  - Challenges of current monitoring and surveillance of cannabis consumption .....7
  - Desired cannabis-related monitoring and surveillance .....7
- Building Capacity to Respond to Cannabis Legalization**..... **9**
  - Desired information, tools, and supports .....9
  - Community Capacity Building: Continuing the conversation together .....9
  - CPHA next steps.....11
- Appendix** ..... **12**
  - Consultation Agenda : Whitehorse, Yukon..... 12

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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 endeavor 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 impacts of interventions, policies, and programs for the population (evaluation);**
- **disease, injury, and disability surveillance to understand the effects on society and the evaluation of these effects; 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 will engage individuals and organizations from health, public health and social service communities across Canada in dialogue through evidence related to possible health and therapeutic effects of cannabis consumption, and an overview of what is known as it relates to harm

local ‘community consultations’ that aim 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 aims 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: Yukon, Whitehorse

On October 17<sup>th</sup>, 2017, 24 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented a variety of sectors in the health and social services including, but not limited to, public health, adult correctional services, social work, mental health and addictions, pharmacy and primary care.

The consultation opened with round table introductions where participants shared 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,

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 Whitehorse's and CPHA's future work and ongoing conversations on cannabis.

“Collaboration is going to be key in our approach – stringing together the agencies, institutions, NGOs, schools, etc. We need centralized language, information repository, methods of data collection, etc. We need to come together as opposed to approaching this in our separate channels.”

# 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, “*what are your thoughts on cannabis consumption?*” most participants shared both positive and negative perspectives, admitting that there is a wide spectrum of cannabis use within their community. However, when the benefits of cannabis were discussed, most participants expressed benefits related to medical cannabis consumption.

“I believe that cannabis use for medical conditions/reasons is logically proven to help benefit clients’ conditions, outweighing the negative side effects.”

“I see a place for it medicinally and am excited for people with chronic disease to have other options to opioid, etc.”

Although the majority of participants had positive perspectives of cannabis for medical purposes, a few participants had worries around the evidence that supports cannabis for medical consumption. For example, one participant stated,

“...the use of cannabis medically appears overrated and I am generally suspicious of the high percentage of people reporting positive aspects of use.”

Some participants cited the benefits of non-medical cannabis use, as they viewed cannabis as

a substance that is “less damaging than alcohol,” while a few participants indicated acceptance of non-medical use if it was consumed in moderation.

“I think it is a positive thing for people using it medicinally and to cope with pain, be it mental physical. I think when used in moderation, recreationally by adults, it is okay.”

The majority of participants, however, perceived harms related to non-medical consumption. Perceived harms included the view that consumption could trigger anxiety conditions, early psychosis, lead to negative long term health impacts (similar to tobacco), and many shared concerns around youth consumption and the potential negative impacts on their mental health and developing brain.

“I have concerns with use among youth, especially its effects on brain development and the negative physical/mental health concerns.”

Some participants gave notion to the importance of the population being educated on the health impacts of consumption. Specifically, the need for youth to be educated regarding the health impacts on the developing brain.



“How it affects youth’s brains and the triggering of early psychosis is a concern and it would be great to have the research and knowledge out there to youth.”

### **Perceived impacts of cannabis legalization**

“Legalization is a positive step.”

When reflecting upon perceptions related to cannabis legalization, the majority of participants expressed positive views about the legalization and regulation of cannabis, citing several potential benefits including:

- provides a “clean supply”;
- ensures a safe way to access cannabis;
- reduce criminal related offenses; and
- decriminalizes addictive behaviours.

One participant supported the notion of expanding legalization to all drugs,

“I would love to move towards building our social system to reflect Portugal. Legalize it all. Make it safer to use, lots of education and money to supporting those who are addicted.”

While the majority of participants viewed legalization as a positive step, many participants raised concerns around the potential of youth having greater access to cannabis, and worries that rates of cannabis consumption would increase among youth populations.

“Children are what I am worried about. If it is legalized, then children will have more choice to be around it.”

“I hope it isn’t available to youth considering the evidence of health concerns/impacts. I worry having it more accessible may be dangerous to youth.”

A few participants raised other concerns, including the potential that consumption could become normalized within First Nation communities. Another concern raised was that there is not enough information on cannabis for the general public, which could result in problems around consumption.

“I’m very concerned for higher rates of use by youth and normalization of use in First Nations communities/families.”

### **Potential impact of legalization on services**

When asked about cannabis legalization and how it might impact the services they provide, participants reported mostly positive impacts, including:

- increased access to available funds for medical cannabis through social assistance programs;
- improved access to medical research;
- more open discussions, especially among youth; and
- increased treatment opportunities.

“Legalizing cannabis may open up available funds to clients that require [cannabis] for medical use that could be covered through social assistance.”

There were limited concerns listed in regards to perceived negative impacts on their practice; however, one participant worried that there could be an, “increase use in youth (populations) and issues in schools” while another individual

indicated that there could be an increase in “problems” without clear information available:

“I worry that if there isn’t really clear information available for the public – usage may cause more problems in the general population”

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

When asked how they are able to respond to an individual who reports or asks about cannabis consumption, some participants indicated that they are able to respond by providing a harm reduction approach. This includes being able to work with a client toward their goal, supporting and listening to clients when they discuss their drug use, and encouraging clients to stay safe and informed if they continue to consume. Some participants indicated they are able to direct their clients to another resource (i.e. CAMH resources) or refer to other services (i.e. detox or counselling), while a few participants indicated they were able to discuss positive and negative effects related to their use.

“I educate and work with folks towards their goals. Harm reduction, autonomy and knowledge is important.”

One participant stated that when their clients report cannabis use around their children, they have a discussion around “healthy boundaries,” such as consuming away from youth, not smoking in the home and not driving while impaired.

# 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

The majority of participants said they were aware of programs or services related to substance use in their community. Some participants indicated they were aware of local programs with a cannabis component. This includes a range of workshops, presentations and campaigns:

- early education on cannabis and mental health;
- Alcohol and Drug Services, Yukon Health and Social Services community workshops;
- workshops run by First Nations Government;
- education groups on harms of cannabis use;
- Canadian Prenatal Nutrition Programs (CPNP);
- “Pot Sucks” campaign; and
- education on supply of cannabis (“know your dealer”).

Some participants indicated they were aware of services or programs with a harm reduction approach in their community. These include:

- outreach community van that provides safe inhalation kits;
- Here to Help’s safer use program focused on alcohol, by the Canadian Institute for Substance Use Research (formerly CARBC); and
- naloxone kits.

Other sources for resources or information mentioned by the participants included:

- Driver Control Board for impaired-driving information;
- Reserved Care Clinic;

- Many River counselling; and
- private clinicians.

## 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. Many participants indicated the limited availability of resources and lack of services within their community as a challenge, some stating that existing services are not meeting the community’s needs. Other challenges participants mentioned included:

- programs are focused on alcohol and general substance use, lacking a cannabis specific component;
- lack of openness among clients or patients to report cannabis use;
- lack of cannabis education among service providers;
- limited campaigns tailored to the general public;
- current public health messaging is not working, especially among youth populations;
- cannabis can be viewed as “the lesser of all evils” when considering other substance use;
- legalization has become an argument for normalization; and
- a government that supports abstinence-based messaging more than harm reduction messaging.

“Our government does not totally embrace a harm reduction approach to substance use, and more so supports abstinence.”

## **Desired cannabis-related programs and services**

Consultation participants shared their thoughts on what cannabis-related programs and services they would like to see available in Whitehorse going forward. Participants indicated the need for consistent and truthful messaging to combat misinformation around cannabis, and identified the need for a number of education initiatives within their community. The focus of the initiatives participants listed included:

- **health risks, harms and benefits of cannabis;**
- **prevention with a harm reduction component;**
- **stigma, specific to sub-populations; and**
- **awareness of medical cannabis.**

Participants identified that these initiatives should be directed at youth and teens, parents, and people who are pregnant, and use a variety of mediums, including school-based programming, shareable resources and brochures. Other needs that were identified included a toolkit for screening methods, such as the ability to identify those who are vulnerable to psychosis.

“There is a need for prevention education that includes a harm reduction component.”

# 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 identified their desired monitoring and surveillance data needs as it relates to cannabis consumption.

## Current monitoring and surveillance of cannabis consumption

Many participants were unaware of cannabis-related data being collected at the community level. Participants who were aware of data being collected, described current data collection as through clinical processes, such as the withdrawal management clinic, pre-natal clinic visits, and upon hospital admission. Participants were also aware of data collected through the following surveys:

- Yukon Staus Health Report;
- Health Behaviours of School Aged Children Survey;
- Yukon Health Status Survey; and

- Cannabis Public Engagement Survey by Yukon Government.

Participants listed a variety of information sources they currently use to find information on cannabis. Most participants listed governmental or non-governmental organizations as their current sources of information. A few participants mentioned social media sources (i.e. Facebook) or other media (i.e. television and radio shows). Some participants also mentioned that they obtain information about cannabis through conversations with their clients, co-workers, peers, or stories from the younger generation. 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>GOVERNMENT</b>	RCMP reports
	Federal Task Force Report
	Alcohol and Drug Services, Yukon Health and Social Services
	Substance Abuse and Mental Health Services Administration (SAMSA)
<b>NON-GOVERNMENTAL ORGANIZATIONS</b>	Centre for Addiction and Mental Health (CAMH)
	Canadian Centre on Substance Use and Addiction (CCSA)
	National Institute on Drug Abuse (NIDA)
	National Institutes of Health (NIH)
<b>PRINT OR ONLINE PUBLICATIONS</b>	Google
	News articles
<b>CONVERSATIONAL</b>	Co-workers or peers
	Stories from the younger generation
	Anecdotal experiences from clients

### Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. The challenges indicated were mostly related to the lack of available, or accessible, data, such as:

- data in a “user friendly form;”
- relevant, accurate data;
- baseline or existing data, due to resources, small sample sizes, and/or anonymity; and
- a body of evidence in isolated communities.

A few participants indicated that differentiating between evidence based information and “fake news” or misinformation about cannabis is a challenge within their community. A few other participants indicated that the lack of cannabis-related data and resources could be because there are other, more pressing issues that receive resource allocation within their community:

“More pressing issues get resources – there is a lack of interest or urgency.”

### Desired cannabis-related monitoring and surveillance

#### Table 2.

Desired Cannabis related Data, Information and Evidence Needs

CATEGORY	TOPIC
<b>CANNABIS CONSUMPTION</b>	What are the health implications of consumption (i.e. on development)?
	What are the general beliefs and knowledge around cannabis among different age groups? For example, “I drive better when I’m high”
	What are the local ER/ hospital admissions related to cannabis?
	What are high-risk behaviour patterns related to substance use?
<b>SOCIO-DEMOGRAPHICS</b>	What types of cannabis products are people consuming?
	What methods of consumption are people using?
	What are the reasons behind consumption?
	Why do people try, start and continue consuming cannabis
	What age do people in the community begin to consume cannabis?
	How many people hide their cannabis consumption because of stigma?
<b>SPECIFIC POPULATIONS</b>	How many people would like to consume cannabis but do not because of stigma?
	What are the pre- and perinatal consumption rates?
	How can we reach the 60+ age group within the population?

Participants shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as data from point of sale at dispensaries, social media and applications (i.e. Facebook), outreach or in-person interviews with youth, and active screening measures in primary care settings. Consultation participants also shared their thoughts on what cannabis-related information in Whitehorse they would like to know going forward. These thoughts included a range of topics, like information on community consumption patterns, ways to engage at-risk populations, and what the perceptions are around cannabis in their community. See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs, per category.

“Collaboration is key to our approach. For example, among agencies, institutions, NGO’s, schools, etc. We need centralized language, repository for information, methods of data collection, etc. We need to come together as opposed to approaching this in our separate channels.”

	Why are youth consuming? Are they self-medicating to compensate for a lack of services?
	Where are youth accessing cannabis?
	How many youth know the harms associated with cannabis youth?
	How can we support/ focus on at-risk mental health status youth?
<b>PROGRAMS AND SERVICES</b>	Where are people going to go for information or to seek help? What are the barriers to doing so?
	What are ways to de-bunk myths and better inform youth populations?
	Where can youth access education and information on cannabis consumption and the associated harms? Do they know where they can go to learn?
	How can we better support the schools and the kids they see coming in “high”?
	How can we engage at-risk populations? For example, asking populations (i.e. youth, older generations) how they would prefer to be engaged (surveys, etc.)
<b>MONITORING METHODS</b>	Screening in primary care settings
	Increase monitoring and research in rural/isolated communities
	Online anonymous surveys
	Social media (i.e. Facebook) to gather youth data
	Outreach or in person interviews within all communities
	Point of sale data at the retail level
	Data from support & information groups
	Focus groups
	School-based monitoring
Data from FNS health workshops	
<b>LEGALIZATION</b>	What is the RCMP doing?

# 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 their community. Additionally, participants shared their next steps to support a community response and in continuing the conversation together.**

## Desired information, tools, and supports

“We need better access to evidence – everything that is available is often scattered and disparate. We need synthesized information. Summarized information would be useful.”

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, or training; data, information, or evidence; and information on legalization. Table 3, on the next page, provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category. Among these categories, many participants indicated the need for more information on a range of cannabis topics so that they could better inform their clients, such as evidence-based information on the benefits and harms, and safe use guidelines. Many participants indicated that these resources were needed in physical form (such as a pamphlet or handout). A few participants indicated that restricted internet access can be a barrier to

accessing information, therefore physical materials are useful.

## 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, including: the need for increased collaboration among organizations to ensure an open and dynamic approach to cannabis-related messaging; the need to engage with different populations within their local setting; engagement with schools to discuss how to best target youth populations, and share best-practice communication methods with other organizations. Participants also indicated the need to attend conferences and share information within their organizations and the community at large.

“We need to come together as a community and among agencies.”

**Table 3.**

Desired supports to respond to cannabis legalization

CATEGORIES	DESIRED SUPPORTS
<b>DATA, INFORMATION, OR EVIDENCE NEEDS</b>	Research data on disclosure of cannabis consumption
	Better data collection and surveillance, such as centralized data collection
	Improved access to evidence: synthesized and summarized information
	Centralized online location to direct people to for more information
<b>TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE</b>	Evidence-based resources on at-risk behaviours
	Evidence-based resources on benefits and risks of consumption
	Evidence-based resources on managing risk, including the age of use and the associated risks with the supporting evidence



	Educational materials on the risks associated with youth cannabis consumption (to be shared through the school system)
	Resources on harm reduction for providers
	Evidence-based education material for the general population
	Safe use guidelines
	Resources for providers on working with youth and combatting misperceptions and attitudes among youth
	Guidelines on how to discuss cannabis and improve client comfort of reporting cannabis consumption (with information to handout)
<b>PROGRAM NEEDS</b>	Specialized support for geriatric populations
<b>POLICIES</b>	Workplace guidelines, for example, how to manage staff who are having challenges with consumption
	Evidence-informed policy for youth homes
	Information on legal implications within the medical practice setting (safety sensitive work places, risks to providers, what do you need to report; improved surveillance to collect data - specifying the substance of cannabis, methods of use, etc.)
	Updated WSIB curriculum related to cannabis
<b>INFORMATION ON LEGALIZATION</b>	Information on what will happen to people who have been previously charged with a cannabis-related penalty

## 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

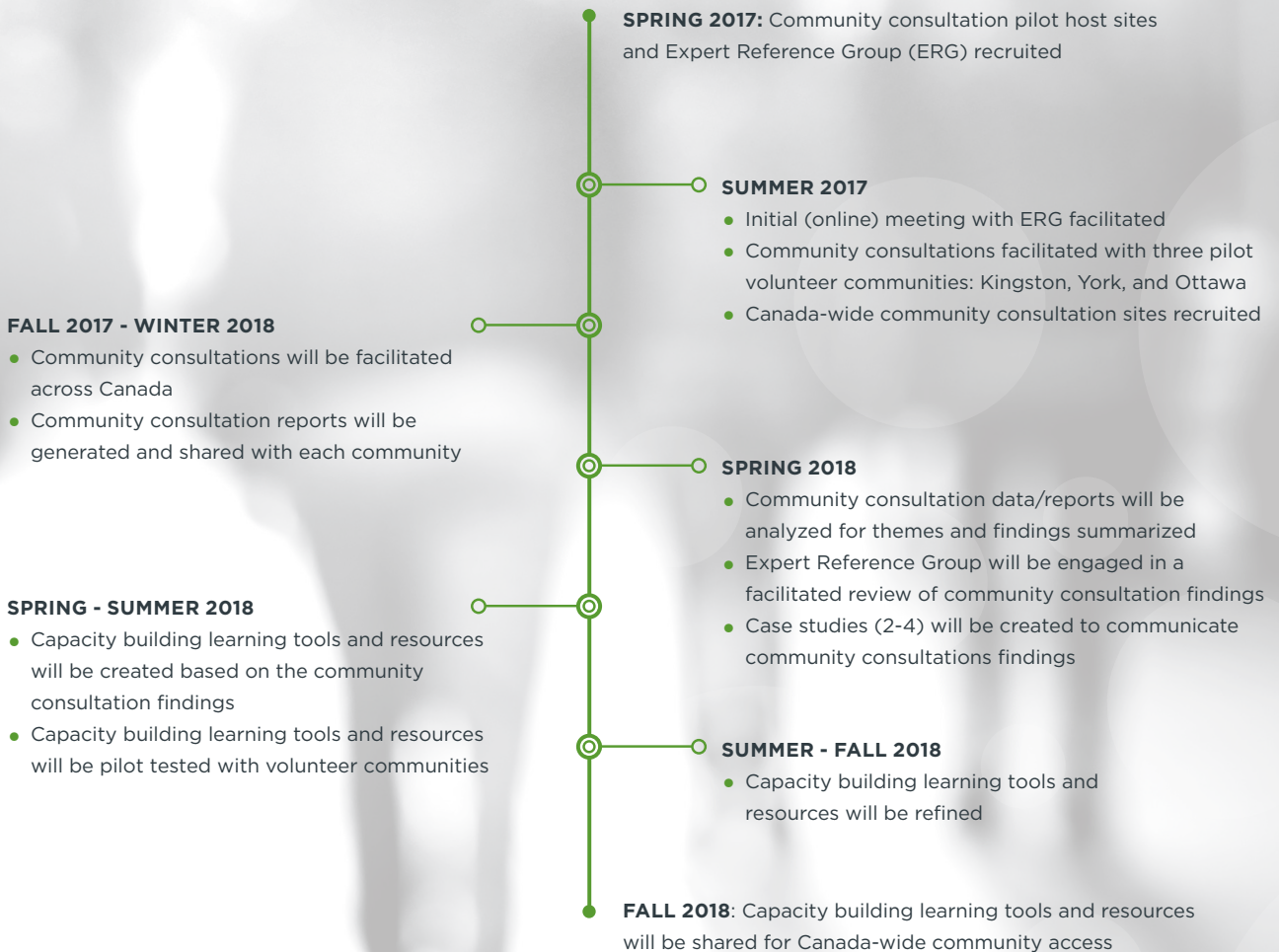
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : Whitehorse, Yukon

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 - 11:20 AM
<b>BREAK</b>	11:20 AM - 11:30 AM
<b>A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)</b>	11:30 AM - 12:25 PM
<b>LUNCH</b>	12:25 PM - 12:55 PM
<b>AN INFORMED APPROACH TO CANNABIS PROGRAMS &amp; SERVICES</b>	12:55 PM - 1:50 PM
<b>BREAK</b>	1:50 PM - 2:00 PM
<b>A COMMUNITY RESPONSE TO CANNABIS</b>	2:00 PM - 2:45 PM
<b>NEXT STEPS AND CLOSING</b>	2:45 PM - 3:00 PM



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