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PUBLIC HEALTH
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A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

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

CONSULTATION REPORT FOR CALGARY, ALBERTA | FEBRUARY 2018



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

A NOTE ON TERMINOLOGY

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

CONSUMPTION

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

MEDICAL CONSUMPTION

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

NON-MEDICAL CONSUMPTION

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

CANNABIS RETAIL OUTLET

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

CANNABIS DISPENSARY

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

Background

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

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

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

Purpose of this Project

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

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

Community Consultation: Calgary, Alberta

On Feb 22, 2018, 34 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, including but not limited to social workers, pharmacists, paramedics, and law enforcement from a variety of organizations, such as Government, pharmacy, education, and local non-profits.

The consultation opened with a prayer led by Elder Wade Maude and a round table introduction 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, 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 Calgary's and CPHA's future work and ongoing conversations on cannabis.

"If it is done responsibly I think it's a good idea to legalize."

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

Participant perspectives related to cannabis consumption were mostly positive with a strong emphasis on personal responsibility as well as the responsibility of society to ensure health and safety was a top priority. A wide range of perspectives were expressed, from, "...[It's a] personal choice and allowing people to decide if it's something they like and gain benefit from" to "I have never been against cannabis consumption but like most substances in moderation. When [it] becomes legal society has to be prepared for the additional stress it will bring to social services."

The majority of participants expressed acceptance of non-medical cannabis consumption as long as it was done responsibly and consumers could make informed decisions regarding consumption and be aware of possible side effects. For example, one participant expressed that they believed, "[It's a] personal choice however there should be parameters in place; better access [will support the opportunity] to be informed without fear attached." While another believed that, "Like anything else it will have positive impacts for some people and negative impacts for some people. People need access to valid information to make informed choices."

A few participants shared concerns around cannabis consumption saying that increased use (stemming from the participants' belief that legalization will cause an increase in consumption) could lead to more problems in society and add stress to the health care system and social services, leading to an increased need in additional resources. For example, one participant stated, "Recreational side may create

broader societal issues of law enforcement etc...." and highlighted child welfare as an issue that will need to be addressed.

"Cannabis legalization will increase the amount of use, which will result in a portion of [consumers] needing social services. Will increase cost and resources needed to supply the service"

The sentiment around medical or therapeutic cannabis consumption was positive; most believed there are therapeutic benefits, but more information is needed to give clarity to evidence-based practice. Many shared comments such as, "with the right guidelines and protocols in place it could be beneficial to some especially for medicinal purposes" and "...I do see a place for medical cannabis; however, [I] feel regulation is warranted as well as increased studies to guide evidence based practice. Currently I feel there are too many products available from a medical perspective for health care providers to navigate and recommend for their clients. I fear this will only increase the number of products once legalized."

"I'd say a relaxed approach because there are those that have needed it for "medicinal" purposes but face stigma when using for this reason (generally)."

Similar to views on cannabis consumption, when reflecting upon perceptions related to cannabis legalization, most participants focused on the potential positive aspects, citing several potential **benefits** related to stricter control of the product making it safer and less stigmatized for those who currently consume. These included:

- **additional responsibility of society to monitor and ensure health and safety with consumption;**
- **a tight regulatory framework;**
- **reduced stigma for those who consume cannabis;**
- **reduced consumption of illicit substances potentially substituting with safer, regulated cannabis; and**
- **cannabis becoming safer to consume.**

Of those who commented on legalization, the main **concern** raised included concern over the additional stress legalization may bring to service provision and increased demand for resources, particularly a greater need for qualified staff.

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 couple of positive impacts as well as a range of concerns.

Perceived positive impacts of legalization included:

- **legalization leading to better health and social outcomes for clients;**
- **potential to decrease in the consumption of other illicit drugs;**

Perceived negative impacts of legalization included:

- **confusion over new laws and regulatory framework resulting in “clogging up” the court systems;**
- **concern over changing practice and**

- **organizational mandates;**
- **increased consumption leading to an increased demand on services; and**
- **confusion among clients that could lead to greater consumption and dependence.**

“Personally I feel the legalisation of cannabis will create some confusion amongst the client population I work with. It is likely for some clients to over use thereby leading to dependence.”

“We are trying to determine what our responsibilities are in terms of appropriate policies and required actions because of legalization”

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, some indicated they can provide guidance or relay educational materials to clients and respond in a non-judgmental way. However, many identified that there are numerous knowledge gaps that need to be addressed. Specifically there are barriers when interacting with clients; these barriers limit the actions that can be taken due to the illegal status of the substance, which results in clients being reluctant to disclose their consumption.

“I have always had a non-judgemental view of cannabis use. I am still learning about the effects of cannabis use.”

“I can pass on resources; until it’s legalized I do not anticipate many disclosing their use...”

“...In a detox setting, we generally ask all clients about cannabis consumption. Often this question is required to be asked directly, as many clients will not identify it as a substance of abuse or recognize that it is problematic. I feel confident in providing clients guidance in terms of supporting them in reducing or abstaining from cannabis use, however, [I] feel there is not enough evidence-based messaging, resources, or treatment available.”

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

Participants were aware of some programs or services related to substance use in their community, but few were aware of programs with a specific cannabis component. The programs or services mentioned included:

- Alberta Health Services (AHS) information campaigns;
- Natural Health Services (cannabinoid medical clinic)
- addiction services for adults and youth and;
- Child Protective Services (CPS) - educational programming for youth.

Many participants indicated they were aware of services or programs with a harm reduction approach in their community, and listed several treatment programs as examples of the current harm reduction approach in the community. These include:

- safe injection site;
- AHS addiction programs;
- Alberta Alcohol & Drug Abuse Commission (AADAC);
- Opioid Dependency Program (ODP);
- Alpha House Recovery Community (SMART recovery, Opiate Replacement Program and other programs);
- Safe Communities Opportunity and Resource Centre (SORCe);
- Riverfront program at AHS ;
- Opioid Agonist Therapy - opiate replacement; and
- Safeworks Harm Reduction Program.

Other programs or resources mentioned by the participants included:

- advertising (radio, television, ambulance);
- campaigns on cannabis and driving;
- “how to talk to your kids” toolkits;
- dispensaries;
- co-parenting agencies; and
- provincial government websites.

Participants noted that of the community-based cannabis programs available, the most success is seen with those that provide unbiased information, are non-judgmental, and contain information that is evidence based. Furthermore, programs and services that promote a healthy conversation between provider and client, address the barriers caused by stigma, and focus on changing public perception towards cannabis consumption and addiction are seen as positive.

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 that should be noted. Challenges listed included:

- institutions failing to empower service providers;
- cannabis is trivialized;
- lack of information due to lack of education and indecisive research;
- mixed messaging within schools and providers;
- not recognizing client-centered care;
- personal biases towards cannabis and other substance use;

- **sharing information when clients are accessing multiple services; and**
- **misunderstanding of harm reduction.**

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 Calgary, Alberta going forward. Participants suggested the need for:

- **more upstream approaches towards problematic substance use (e.g. addressing trauma);**
- **more education to ensure consistent knowledge among service providers;**
- **measured approach to information about cannabis;**
- **anonymous programs for people who consume cannabis; and**
- **more focus on prevention with youth in school settings.**

“The largest harm reduction factor we currently have is education with regards to cannabis. There is a curriculum giving a framework around choices rather than resources. It operates on a spectrum following through abstinence through safe use. It isn’t cannabis specific but the education does exist. We need the help of our partners and partnering agencies. We need people to be critical [consumers]: consume, critique, decide.”

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

Some participants were aware of data being collected around 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:

- AHS surveys;
- nursing in community agencies to track medical consumption;
- addictions centres;
- pharmacies;
- education workshops;
- youth/adult addiction services;

- friends and family who consume (anecdotal);
- surveys on substance use at individual schools; and
- Service Prioritization Decision Assistance Tool (SPDAT) and Vulnerability Index SPDAT (VI SPDAT).

Participants listed a variety of information sources 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. 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
GOVERNMENT	AHS - Forensic Assessment Outpatient Service
	Here to Help (BC Partners of Mental Health and Addictions Information)
NON-GOVERNMENTAL ORGANIZATIONS	Canadian Centre on Substance Use and Addiction
	Centre for Addiction and Mental Health (CAMH)
	Natural Health Services (cannabinoid medical clinic)
PRINT OR ONLINE PUBLICATIONS	Google
	Articles

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 information on the risks of cannabis consumption;
- lack of data sharing between dispensaries and health care providers;
- lack of clarity regarding who are the experts in cannabis;
- limited evidence;
- stigma when talking about cannabis and a fear of judgement;
- differences between the effects of THC and CBD;
- little access to limited programming;
- public backlash; and
- criminalization.

Desired cannabis-related monitoring and surveillance

Participants also shared other, potential sources

of “unmined” monitoring and surveillance data related to cannabis consumption, such as more data on individual consumers and how cannabis use affects marginalized populations. Many participants highlighted the need for more research and improved methods to collect data including more anonymous questionnaires, shorter and simple surveys to improve response rates, and more accessibility and diversity when collecting data. Consultation participants also shared their thoughts on what cannabis-related information in Calgary they would like to know going forward. This included a range of topics, such as information on community consumption patterns in specific populations, and how legalization would impact service delivery. See Table 2 below for a summary of the desired cannabis-related data, information and evidence needs, per category.

Table 2.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Data on individual consumers' consumption patterns
SPECIFIC POPULATIONS	Information on how cannabis is affecting the homeless population
	Research on how cannabis affects other marginalized populations
PROGRAMS AND SERVICES	Data on the implementation of programs in the school setting
	Data on where resources should be allocated
MONITORING METHODS	Anonymous questionnaires
	Short surveys containing simple questions
	Online surveys
	Telephone surveys
	More accessibility and diversity in data collection
	Tracking trends of consumption over time
	Pre and post-tests to measure cannabis knowledge
LEGALIZATION	Regulation data on cannabis products
<i>The following categories are unique to Calgary, AB</i>	
EDUCATION ON HARM REDUCTION	Reconciling actual harm reduction approaches and the methods used by the judicial system
CANNABIS FOR MEDICAL PURPOSES	Evidence on the effects of CBD and THC

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 programming supports; tools/resources/training; data/information/evidence; and needs related to policies. 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 where to safely access it, information on interactions with other substances, and educational materials related to harm reduction.

“I think consultations just like this are very important for my work. I feel confused but people look to me as a leader in the organization. There are resources available, next step [is] I need to look for strategic collaboration in our communities.”

Table 3.
Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Information on the relationship between cannabis and trauma-informed care
	Data regarding drug impaired driving
	Research using stronger study designs
	Accurate information about cannabis and poly-substance use
	Accurate information about the effects on pregnancy
	Resources for intensive treatment
	Information on interactions with other substances
	Information on responsible consumption
	Research into cannabis' impact on detox centers
	Research on the substitution effect of cannabis (ie: methadone and suboxone)
Information for clients on how cannabis can be legally purchased	
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Education for the community including resources on stigma
	Education on harm reduction
	AHS program to address underlining issues of problematic use

	More information for clients, staff / parents and children to assure everyone is on the same page and the message is consistent
	A guide from a nursing perspective to avoid trivialization and normalization in detox settings
	Educational materials on how to identify the risks of consuming
PROGRAM NEEDS	Addressing understaffing of community organizations
	Creating a public media campaign to get rid of the “stoner” culture. This campaign would promote honesty regarding needs for access to support and health care
POLICIES	From a harm reduction perspective, a sliding scale of the cost of marijuana as a price incentive to stop consuming other substances
	Open conversation about why some policies are enforced and others are not
	Examining policy directives at a provincial level and what the enforcement of changing the laws around cannabis will look like
OTHER NEEDS	Untangling the differences between medical and non-medical consumption

Community capacity building: Continuing the conversation together

Participants were asked how they could continue the conversation around cannabis together. The following opportunities for community capacity building events were identified:

- **Addiction Day Conference and Networking Fair;**
- **AHS run a ‘Cannabis Day’ which has been well attended in the past; and**
- **Community learning event which can include a component on addressing the role of cannabis within our organizations**

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

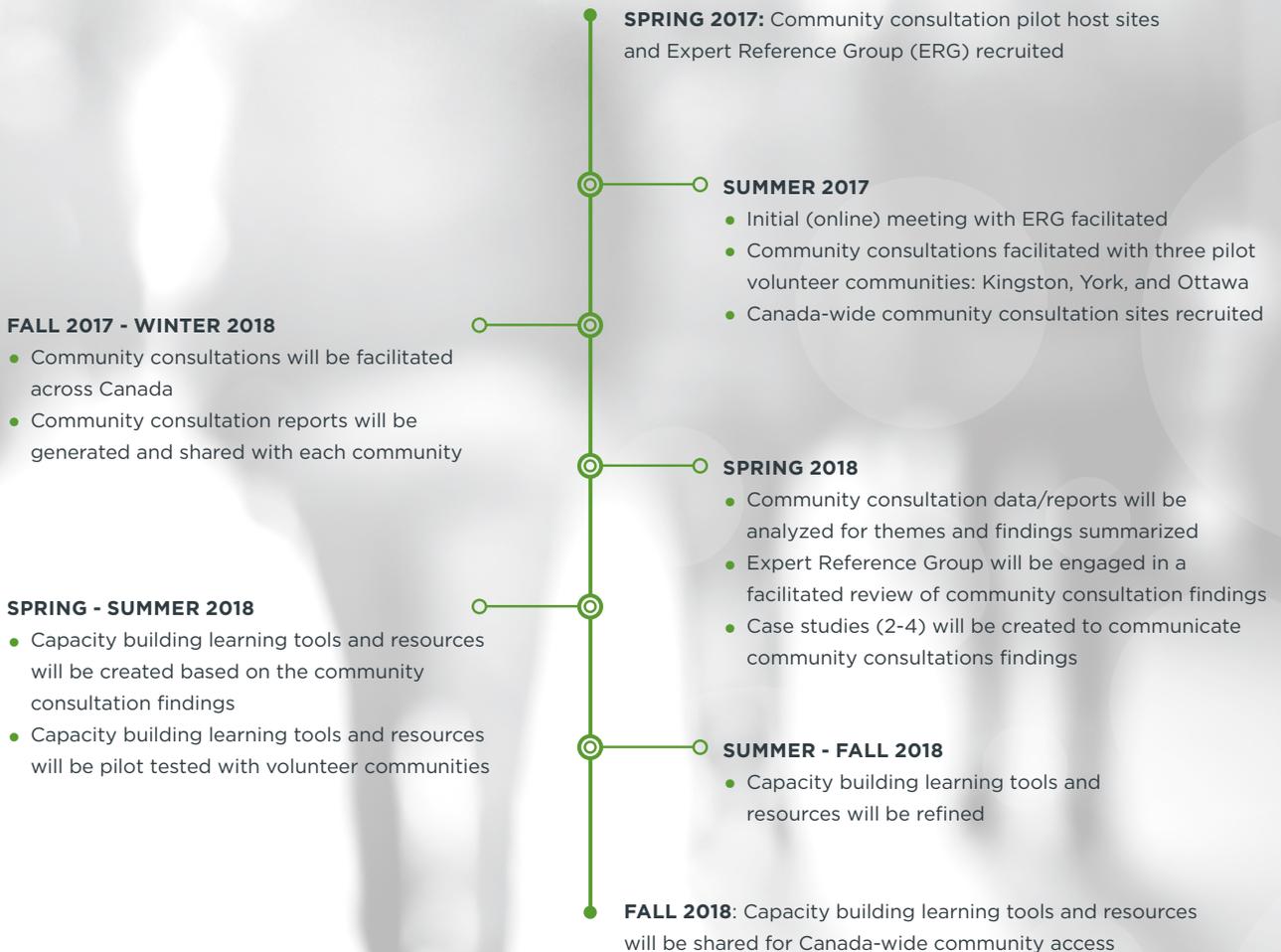
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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: Calgary, Alberta

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:30 AM - 9:40 AM
OPENING AND WELCOME	9:40 AM - 10:00 AM
OVERVIEW AND INTRODUCTIONS	10:00 AM - 10:30 AM
CANNABIS PRIMER, CONSUMPTION STATISTICS & RESEARCH EVIDENCE	10:30 AM - 12:00 PM
LUNCH	12:00 PM - 12:30 PM
CANNABIS HEALTH PROMOTION AND HARM REDUCTION	12:30 PM - 1:30 PM
MONITORING AND SURVEILLANCE OF CANNABIS CONSUMPTION	1:30 PM - 2:15 PM
YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS	2:15 PM - 2:45 PM
CLOSING AND POST-SESSION EVALUATION	2:45 PM - 3:00 PM



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