CANADIAN
PUBLIC HEALTH
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The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

"NORMALIZING CONVERSATIONS, NOT CONSUMPTION."

CONSULTATION REPORT FOR KANATA, ONTARIO | SEPTEMBER 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.

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The Canadian Public Health Association (CPHA) would like to especially acknowledge the individuals from the Kanata region who participated in this local community consultation and shared their stories, insight, and wisdom with us. Thank you to Western Ottawa Community Resource Centre who coordinated the community consultation and enabled us to engage health and social service providers in the community in a meaningful way. CPHA would like to acknowledge that the session was held on the traditional unceded Algonquin territory.

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
RHOWENA (RHO) MARTIN	Canadian Centre on Substance Use and Addiction
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CPHA would also like to thank Gestalt Collective for facilitating community consultations.

Members of the CPHA project staff included:

GREG PENNEY, Director of Programs // **THOMAS FERRAO**, Project Officer // **POLLY LEONARD**, 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.

MEDICINAL CONSUMPTION

Medicinal 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 medicinal consumers within the term "medicinal consumption". However, some participants may have been indicating these people as well as those with cannabis prescriptions within their discussion of "medicinal use."

NON-MEDICINAL CONSUMPTION

Non-medicinal 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". Therefore, the discussions held around non-medicinal consumption are termed "recreational use".

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 recreational 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 will engage individuals and organizations from health, public health and social service communities across Canada in dialogue through 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: Kanata, Ontario

On July 12, 2017, 28 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 law enforcement and first responders, pharmacy, primary care, addictions, Local Integration Health Network, and public health.

The consultation opened with round table introductions having participants share where they are from and how they are connected to the topic of cannabis. Following the round table, facilitators presented an overview of the CPHA project and a high-level primer on cannabis, including national and local prevalence statistics, evidence related to possible health and therapeutic effects of cannabis consumption, and an overview of what is known as it relates to harm reduction and health promotion approaches to cannabis. The consultation closed with a brief overview of CPHA's next steps including project timelines. See Appendix 1 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 future work related to the CPHA project. The dialogue summary is organized by the data collection objectives.

Perspectives and perceptions related to cannabis consumption

Participants shared their perceptions related to medicinal and non-medicinal (recreational) cannabis consumption and how their perspectives may impact their professional practice.

Recreational cannabis consumption

Almost all participants were accepting of self-determined recreational consumption of cannabis by informed adults, with just one participant exception. Participants cited the importance of moderation and occasional consumption as well as the need for consumers to "*have substantial knowledge about what they are using, how often, the dosage, etc. and more importantly be self-aware about why the use and whom else it might affect*." Many participants felt that cannabis should not be consumed in the presence of children or used by youth (one participant mentioned youth as under the age of 25). One participant felt that the word "recreational" contributes to the normalization of cannabis consumption, perpetuating acceptability.

> "If an individual decides to use it is there choice and we should withhold judgment. However, it is important to provide individuals who choose to use with all the necessary information on the "products" so they can make informed decisions."

Medicinal cannabis consumption

Most participants felt that cannabis consumed for medical purposes should be affordable, regulated and well monitored and, most importantly, supported by evidence. Some concern was expressed that, without adequate evidence, physicians may over-prescribe or people may choose to self-medicate. In addition, a few participants expressed concern about the unknown impacts of long-term medicinal consumption or perpetuating the idea that cannabis is a panacea drug. Pain management was cited by several participants as being a relevant use for medicinal cannabis.

Potential impact of cannabis consumption perspectives on professional practice

Many participants identified that with the legalization of cannabis there will be a subsequent need for their own education on potential harms and benefits in order for them to enable their clients to make informed decisions regarding personal consumption. In addition, participants identified the need for evidence-informed resources they can use with clients at the "front line" to enable conversations and decision-making. Some participants anticipated an increase in clients who experiment with or become addicted to cannabis and felt there were not adequate resources to support this. Others identified that they would be able to have more forthcoming conversations with clients as stigma and fear are reduced.

Several participants referenced a concern for their clients under the age of 25 and identified the need

to develop messaging that combats the idea that cannabis consumption is acceptable under 25 if the legislation allows for it (i.e. if the legal age of consumption is 19 for example). However, many participants did acknowledge that at least those under 25 year old could access cannabis products that would have regulated ingredients and possibly be safer. "*Overall I feel the legalization of cannabis is a positive move forward. If it is regulated, there is a known product and less concern about what else could be added to the cannabis. However, I work with youth (usually under 18) and I am concerned that they will see legalization as permission to use at younger ages.*"

A few participants identified that legalization intensifies the need to advocate for healthy public policy as well as develop internal organizational policies regarding consumption. One participant who identified as often helping to administer client's medication, expressed concern around how he or she would help clients consume cannabis if prescribed. Several participants identified that many of their current clients would be "decriminalized" or "destigmatized", which would have a positive impact on their lives.

With few exceptions, participants reported that, currently should a client disclose cannabis consumption, they would proceed to discuss with them frequency, goals and impacts of their use and provide them with resources or referrals that could further inform their choice to consume. Several participants mentioned taking a harm reduction approach, which was loosely defined as "*judgment-free*". A few participants mentioned clinical assessments and referrals to rehab programs such as Dave Smith or Rideauwood. One participant mentioned believing in an "*abstinence only*" approach and two shared that they had never had a client disclose cannabis consumption; however they speculated that they would engage the client in a conversation about risks and benefits. Several participants also self-identified as a needing more information or education in order to better respond to a client disclosure.

"In event of disclosure, my role only provides resources to agencies that deliver frontline service to the general public. With this, we would need to develop streamlined resources and research that could clarify some questions and provide capacity building assistance"

"To date the [pending] legislation has empowered more of the individuals we are supporting to disclose and have more meaningful conversations around patterns, habits and choices to use."

— Cannabis Community Consultation Participant, Kanata, Ontario, Canada

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 programs and services related to cannabis

Consultation participants provided several specific examples of harm reduction programs or services in the west Ottawa (Kanata) region related to cannabis in their community including:

- Rideauwood Addiction and Family Services;
- Dave Smith Youth Treatment Centre;
- Sandy Hill Community Health Centre;
- Algonquin College (has a harm reduction program);
- Robert Smart Centre;
- Amethyst Women's Addictions Centre;
- Hope Outreach of Canada;
- Serenity Renewal for Families;
- Royal Ottawa Hospital;
- Minwaashin Lodge;
- NESI (Needle Exchange and Safer Inhalation); and
- Ontario Early Years Centres.

More generally, participants noted that family doctors, community resource centers, YMCA-YWCA programs, community police, counseling in programs such as addiction services, Alcoholics Anonymous, AlAnon, family services, youth groups, transitional support services, public health and community support services as offering harm reduction programs.

> "Some organizations focus more on addictions / harm reduction while other organizations acknowledge its impact but it may not be a primary focus (e.g. school boards, other general counseling programs, social service agencies)."

In terms of what is working well, few comments were provided. One participant noted the benefit of having Rideauwood representatives available in schools and another cited the work of the community health centers and addiction services as being successful. Regarding challenges, participants had more to share. Some participants noted that a lack of reliable evidence informed resources, available in both French and English, as well as a lack of mechanisms or abilities to recognize credible information as being a significant challenge. In addition, several participants cited a lack of funding for organizations providing harm reductions services and silos between addictions and mental health services as presenting a challenge to harm reduction programs in the community. A few participants also made note of a general lack of understanding or lack of consensus for what "harm reduction" means across health and social services providers as a challenge and that clients can feel stigmatized or unsafe, even in programs focused on harm reduction.

To-date, the participants reported using some cannabis resources or tools available to them including (unspecified) assessment tools from Ottawa Addictions and Access Referral Services, clinical services, or local dispensaries. More specifically initiatives including the Umbrella Project from Algonquin College and the Ottawa Drug Treatment Court at Rideauwood were also mentioned. Participants also reported using pamphlets or presentations from Ottawa Public Health, stopoverdoseottawa.ca and MADD. Finally, participants noted being aware of various public health campaigns including Public Service Announcements and previous "why drive high" campaigns.

Desired programs and services related to cannabis

Participants shared what kind of cannabis programming they would ideally like to include in their work in the future. Several participants identified they would like realistic, non-judgemental, inclusive education and sharing of best practices considering feminist and anti-oppression frameworks, targeted to parents and youth and embedded in elementary, high school, and post secondary institutions. Several participants also noted the education should include information related to healthy and unhealthy cannabis consumption, regulations, risk management (e.g. infection), available community services, and how to make informed decisions, possibly being informed by international resources (e.g. Holland).

Monitoring and surveillance of cannabis consumption in the community

Consultation participants discussed and shared sources of monitoring and surveillance data related to cannabis consumption in the community. Additionally, participants shared perceived challenges related to collecting and / or accessing cannabis consumption data.

Current monitoring and surveillance of cannabis consumption

Less than half of the participants were aware of some form of community data collection related to cannabis consumption and only a few examples were provided, including risk assessments within the youth justice system, case notes from services providers, the Ontario Student Drug Use Health Survey, Rapid Risk Factor surveillance systems (cannabis module), COMPASS (University of Waterloo) and GAIN Q3 (fee for access).

Challenges monitoring and surveilling cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming including the lack of a centralized location for data, an overall lack of quality data and research, the challenges of safely engaging people in data collection (e.g. fear of consequences upon disclosure), and the costs in terms of time and money associated with accessing and using data. Some participants also mentioned survey fatigue and that when respondents do not receive any feedback after participation it is not motivating for future participation in data collection activities. Finally, it was noted by several participants that the language in some surveys is not aligned with the target audience(s).

Information, tools and supports to build capacity to respond to cannabis

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 share their next steps to support a community response.

Desired information, tools and supports

Consultation participants had a few ideas regarding how they might like to collect data about cannabis consumption in the future including intake forms and self-report interviews or self-assessments. A few participants suggested that data could be collected by universities, the Canadian Centre for Substance Abuse, Health Canada or "other larger accredited organizations".

A few participants also suggested collecting data from product sales, distribution and tax reports.

The cannabis-related data and information that consultation participants felt would best support an evidence-informed community response to cannabis spanned five categories: 1) impacts of cannabis consumption; 2) relationships between user socio-demographics and cannabis consumption; 3) issues and questions related to monitoring and surveillance of cannabis consumption; 4) specific pre-post legalization questions; and 5) questions and considerations related to the design and delivery of programs and services. Table 1 outlines the complete list of questions (duplicates removed) submitted by consultation participants, organized by question category.

Table 1.

Desired Cannabis-related Data, Information and Evidence : Kanata, Ontario

CATEGORIES	QUESTIONS
CANNABIS CONSUMPTION	1. What are the "root causes" of cannabis use?
	2. How does cannabis use impact violence in the home, self esteem, body image, resiliency?
	3. What are the protection factors that combat issues like alcohol use?
	4. What are the drug interactions with cannabis?
	5. What is the rate of cannabis-related hospitalizations?
	6. What are the effects of regular cannabis use on anxiety disorders, learning disabilities, etc.?
	7. What are the impacts / traumas of criminalization of cannabis use?
	8. What is known about the long-term impact on the fetus, on the mother?
	9. What are the absorption rates of cannabis topical products?

CATEGORIES	QUESTIONS
SOCIO-DEMOGRAPHICS	**10.** How many users have mental health diagnoses?
	11. What is the breakdown of medical vs. recreational use (i.e. by age, gender, socio-economic status etc.)?
	12. Who is purchasing legally and who is not?
	13. How many / what different types of people are dabbing or using stronger products?
	14. Is there knowledge about adults (16+) who only misuse cannabis? (cannabis as their only, primary drug of choice?)
MONITORING AND SURVEILLANCE	**15.** How can we use medical records to better understand types of use, frequency of use, levels of THC, MH concerns, duration of use, where accessing, doctors who prescribe, any other at risk behaviours?
	16. What types of products are people using in Ottawa?
	17. What are people's attitudes about cannabis?
	18. What high risk behaviours are associated with cannabis only (not other substance)? Is there a relationship, if any, with high risk behaviours?
	19. How pervasive are edibles in our community (e.g. candies)? What is the impact on children of edibles?
PROGRAMS AND SERVICES	**20.** Where can people go to find out information about cannabis use?
	21. How do people who are marginalized have access to cannabis, or access to education about cannabis?
	22. As a social worker going in the home, what concrete tools can we suggest, or what messaging is helpful?
	23. For providers going in to the home, what kind of policies will be set (e.g. like with tobacco use)?
LEGALIZATION (PRE-POST)	**24.** Will street market increase their targeting of youth?
	25. What data exists from other jurisdictions that have legalized cannabis? (e.g. demographic data, other research / study data that has been gathered, best practice studies that have been generated, etc.)
	26. Will we see the same trend as exhibited with alcohol / LCBO magazines?
	27. What commercialization may look like for cannabis and the impact?
	28. Upon legalization, how does it change people's choice in terms of where they access cannabis?
	29. What will the drug scene look like in high school?
	30. How will our community standards compare across regions? What are the impacts about the variation across jurisdictions, and the messaging? Will the limitations for carrying affect behaviours and choices in youth in our community?
	31. Will vulnerable / targeted populations (e.g. young black youth) be targeted in driving charges?
	32. How will rural communities be impacted?
	33. Will we see pot pubs? Cafés?
	34. In terms of legislation, is there alignment with other systems? Are those conversations happening? What will the impact be? How are organizations and services responding?

Consultation participant next steps

In order to contribute to answering the questions they identified about cannabis consumption in the West Ottawa region, participants brainstormed ways they could continue the conversation together. Opportunities included:

1. Public Health *["We are open to collaborations. We don't have any specific events or things coming up related to cannabis but we're currently in operational planning and folks are invited to reach out to us."];*
2. Open Public Consultation in Ontario (closes July 31, 2017);
1. Social Planning Council *["In major cities, they are the structure and conduit for so many of the questions that we're raising; the Ottawa has a data consortium, though limited funding (small but strong)"]*;
2. Addiction Mental Health Ontario Conference; and
3. EE-Connect, via the Canadian Center for Substance Abuse website.

In addition, participants expressed interest in opportunities to connect these conversations to Health Canada to help inform the legislation as it continues to develop. A participant shared that people could check the "Health Environment and Consumer Branch" page on the Health Canada website and that the legislation is with the standing political committee of health who are accepting submissions from anyone up to the end of August 2017 and encouraged participants to have their say.

Most participants shared actions they plan to take after the consultation; examples of these actions included:

- looking at ways to gather data move effectively in practice;
- working with their organization to develop a plan for the upcoming legislation;
- making contact with other organizations working in issues of cannabis consumption;
- seeking out examples of cannabis related harm reduction policies and procedures (including Good to Know Colorado);
- learning how and where to access or collect data related to cannabis consumption; and
- prioritizing the development of harm reduction policies at work.

Several participants mentioned they plan to share what they've learned with colleagues and continue their own research to become more informed. Some participants noted changes they anticipate in their own practice including a greater confidence when talking with clients about cannabis and an increased interest to follow news related to the upcoming legislation.

“There is a need for reliable information on the benefits and harms of cannabis use and more awareness on how legislation will shape perceptions of use”

— Cannabis Community Consultation Participant, Kanata, Ontario, Canada

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 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

SPRING 2017: Community consultation pilot host sites and Expert Reference Group (ERG) recruited

SUMMER 2017
- Initial (online) meeting with ERG facilitated
- Community consultations facilitated with three pilot volunteer communities: Kingston, York, and Ottawa
- Canada-wide community consultation sites recruited

FALL 2017 - WINTER 2018
- Community consultations will be facilitated across Canada
- Community consultation reports will be generated and shared with each community

SPRING 2018
- Community consultation data/reports will be analyzed for themes and findings summarized
- Expert Reference Group will be engaged in a facilitated review of community consultation findings
- Case studies (2-4) will be created to communicate community consultations findings

SPRING - SUMMER 2018
- Capacity building learning tools and resources will be created based on the community consultation findings
- Capacity building learning tools and resources will be pilot tested with volunteer communities

SUMMER - FALL 2018
- Capacity building learning tools and resources will be refined

FALL 2018: Capacity building learning tools and resources will be shared for Canada-wide community access

Appendix 1

Consultation Agenda : Kanata, Ontario

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 – 11:05 AM
BREAK	11:05 AM – 11:15 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	11:15 AM – 12:00 PM
LUNCH	12:00 AM – 12:45 PM
AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES	12:45 PM – 2:00 PM
BREAK	2:00 PM – 2:10 PM
A COMMUNITY RESPONSE TO CANNABIS	2:10 PM – 2:40 PM
NEXT STEPS AND CLOSING	2:40 PM – 3:00 PM

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