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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 KELOWNA, BRITISH COLUMBIA | OCTOBER 2017



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

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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.

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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 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 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: Kelowna, British Columbia

On October 11<sup>th</sup> 2017, 25 health and social service providers participated in a full-day, facilitated consultation on the topic of cannabis. Participants represented a variety of roles in the health and social services from a range of sectors, including, but not limited to, law enforcement, public health, non-profit, addictions and mental health, primary care, and research.

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 Kelowna and CPHA's future work and ongoing conversations regarding cannabis.

“We need to work together to address the needs of our community. Everyone has a piece of the puzzle.”

# 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

The majority of participant perspectives of cannabis consumption were positive. Most viewed cannabis as a substance that offered more benefits than harms, both non-medically and medically. For example, among participants, cannabis for medical purposes was viewed as a natural substance for pain reduction, effective for palliative care, anxiety, and nausea among cancer patients.

“Although Cannabis Use does carry some harm, this is grossly outweighed by the benefits legalization will provide. Giving Canadians a safer substance to choose from both medically and recreationally will offer staggering public health and personal benefits... We live in an intoxication culture and providing Canadians with a substance that does not lead to severe and chronic health conditions is the only moral thing to do.”

Many participants also indicated cannabis consumption as either a harm reduction measure or as a “safer substance” (compared to alcohol and opioids) given the overdose public health emergency in the province. Non-medical cannabis consumption was viewed among most participants as a drug with benefits, although they indicated it should be researched further.

“I think with Public Health Emergency at the forefront of many of our discussions it can be a very viable solution that can potentially save lives.”

While participants shared mostly positive perceptions related to cannabis consumption, there were some concerns raised related to consumption. For example, participants shared concerns around second-hand smoke exposure and concerns about dependence which could result in a lack of productivity, increased isolation, or lack of consistent employment. There were also some concerns expressed regarding cannabis for medical consumption. For instance, some participants shared worries around the uncertainty of dosing and about potential interactions with other medications.

“I am pro cannabis use, I think it has many benefits. I think folks certainly should have access to information on the risks and benefits and also be informed on how to reduce potential harms associated.”

Many participants indicated the importance of consumers being able to make informed decisions when it came to cannabis consumption, such as how to reduce potential harms. One participant specifically raised the importance of education on CBD and THC, stating that the general population does not understand the difference between their effects, which can have unintended results, for



example “a senior feeling high.” Others indicated it is an individual’s right to choose to consume.

When reflecting upon perceptions related to cannabis legalization, the majority of participants expressed positive opinions about the legalization and regulation of cannabis. Many viewed that cannabis should be regulated for public health and safety purposes, while some expressed the desire to legalize all currently illicit drugs.

“Legalization of cannabis will benefit individuals who are otherwise criminalized for its use. Being able to provide it as a viable option without legal consequences would be fantastic! Legalization and regulation of ALL drugs would be even more beneficial and life-saving.”

The perceived benefits of cannabis legalization that participants indicated included:

- **reduced detrimental health effects of incarceration;**
- **reduced criminal activity (i.e. trafficking);**
- **improved product regulation and consumer safety; and**
- **improved drug screen tests.**

Among those who commented on legalization, some concerns were raised. For example, one participant indicated that “legalization feels rushed without policies and education tools in place,” while another indicated that parents are worried about “legalization normalizing [cannabis] consumption.” Other concerns were related to:

- **workplace safety;**
- **driving safety;**
- **employment;**
- **youth non-medical use; and**
- **mental health effects with higher THC vs low CBD.**

In addition, the need to have a larger conversation was raised regarding the impacts of legalization of cannabis on First Nation communities and members on-and-off reserve.

“I support legalization, but a larger conversation needs to happen on how this will impact First Nations communities and members, making a distinction between on-and-off reserve members, and not taking a “pan-Indigenous” approach, but rather out-reaching to individual communities to source their unique needs and priorities in this area.”

### **Perceived impacts of cannabis legalization and the potential impact on services**

When participants were asked about cannabis legalization and how it might impact the services they provide, participants perceived mostly positive impacts. Many believed legalization will:

- **increase service delivery capacity;**
- **allow for more research;**
- **lead to the development of practice guidelines;**
- **improve the ability to provide evidence-based supports, resources, and education to support the practice of harm reduction; and**
- **increase clients comfort in disclosing consumption, by de-stigmatizing the conversation.**

While almost all comments made towards the impacts of cannabis legalization on participants’ practice were positive, there were a few negative impacts perceived, focused on youth. Some providers worried about a potential influx of youth seeking services overwhelming service capacity, and that legalization may lead youth to

perceive that cannabis “is okay to use before they are of legal age.”

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

“I would provide an environment of dialogue and refer that person to organizations such as public health that can better inform that person of the potential impacts of use.”

When participants were asked how they are currently able to respond to an individual who reports or asks about cannabis consumption, participants had mixed responses. While some participants indicated they were able to have an informed discussion with their clients (including legal status; methods of consumption; withdrawal symptoms and tolerance; and access to medical marijuana), others felt that they did not have enough resources or education to support their clients. These participants often indicated they directed clients or patients to a different organization who they perceived would have more information.

“I have only said ‘okay’ when a client discloses use... I don’t know enough.”

Some participants raised this lack of information or education as a challenge specifically when responding to youth populations. With many providers expressing that they either do not have the evidence or resources to respond to youth, or that youth do not respond well to the current educational information that is provided.

“Staff have material and education to respond to a youth that disclosed cannabis use but the youth do not respond well to educational information.”

Many participants alluded to the application of a harm reduction approach in their practice when a client or patient reports cannabis consumption. The harm reduction approaches described ranged from being able to provide non-judgmental responses, meeting a client “where they are at,” to providing advice on basic risks and benefits of cannabis consumption.

“I respond through a lens of harm reduction, as that is my role and my approach to all things. Maximize benefits, reduce harms.”

# 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. Many participants expressed using a harm reduction approach in their practice and emphasized the benefits of cannabis, yet the only cannabis-specific services named were dispensaries and the DARE program, an abstinence-based program encouraging youth to “just say no.” These examples, and lack of other known options, speak to the limited access to cannabis-specific harm reduction programs and services as well as the polarized nature of current responses to cannabis.

Other services, programs or resources that participants identified providing harm reduction approaches to all substance use, (not cannabis specific) in their community included:

- youth counseling;
- general substance use awareness and education (such as overdose prevention, Naloxone, and Fentanyl) at supervised injection sites;
- Do No Harm program;
- LPRC (Living Positive Resource Centre); and
- CATIE publication on “alternative therapies” (directed towards individuals living with HIV).

## Challenges of current cannabis-related programs and services

Many participants noted a number of challenges regarding their community’s current cannabis-

related programming and services. A few participants expressed challenges with harm reduction programs, including police presence deterring service users from attending. Other challenges listed included:

- differing individual perspectives among service providers which can lead to inconsistent cannabis messaging;
- rarity of discussions that isolate cannabis consumption among other substance use;
- lack of cannabis-specific programming;
- lack of tailored harm reduction resources and messaging; and
- lack of specific global messaging.

“Fragmented and individual perspectives from service providers is leading to inconsistent messaging.”

A number of challenges were highlighted specific to First Nation communities’ programs and services, such as:

- lack of cannabis-related harm reduction approaches within the community;
- limited to no cannabis-specific resources available;
- lack of cannabis-specific conversations among senior nurses at the First Nations Health Authority;
- cannabis consumption often reported with use of other substances; and
- lack of education on cannabis among First Nations community workers.

## **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 Kelowna going forward. Participants suggested the need for the following programs and services:

- **safe spaces to consume and detox (i.e. mobile consumption);**
- **tailored programs that target youth with high-risk behaviors;**
- **school-based programs that address stigma associated with cannabis;**
- **consultations and involvement with people who consume cannabis; and**
- **First Nations band training on cannabis (i.e. cannabis 101).**

Additionally, participants identified the need for specific programs and services on First Nations reserves, including:

- **staff training;**
- **education; and**
- **counselling.**

Many participants voiced the need for more evidence-informed, harm reduction-based resources, tools, education, health promotion messaging and policies. Specific information needs identified consisted of:

- **how legislation changes will impact communities;**
- **substitution guidelines that use cannabis as prevention or a harm reduction method to reduce consumption of other drugs (i.e. “smoke pot to get off crack”);**
- **how cannabis reacts with prescription drugs among seniors; and**
- **how cannabis consumption impacts mental health.**

# 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

When participants were asked what sources they currently use to find information on cannabis, responses varied. Information sources ranged broadly from “Google/ the internet”, to government publications, and to scientific research articles. See Table 1 for the complete list of current information sources shared by consultation participants (duplicates removed).

Specific data collection programs identified were:

- intake forms;
- prenatal consultations;
- emergency departments, following overdoses;
- mental health and substance use counsellors; and
- dispensaries.

**Table 1.**

Current Cannabis-related Information Sources Utilized by Consultation Participants

TYPE	SOURCES
<b>GOVERNMENT</b>	School surveys
	Health Authority
	Kelty Mental Health
<b>NON-GOVERNMENTAL ORGANIZATIONS</b>	Canadian Association of Mental Health
<b>PRINT OR ONLINE PUBLICATIONS</b>	McCreary Report
	Websites: Google; Web MD; Wikipedia; blogs and forums
	Media
<b>SCIENTIFIC RESEARCH</b>	Canadian Society of Addiction Medicine

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

Many consultation participants noted several challenges to accessing and using data to inform programming. Many indicated that there is a lack of cannabis-specific programs. Others mentioned that there is a lack of open-communication regarding cannabis consumption among providers and their clients, citing stigma and the current legal status as preventing people from reporting consumption (i.e. fear it can impact employment). Several participants indicated challenges with existing research, such as studies with a literacy level that is not comprehensible for the general client population, research that is contradictory, and dissemination of misinformation. One participant highlighted that conflicts of interest (i.e. with industry) may affect the perspective of information shared with a client from the provider.

## **Desired cannabis-related monitoring and surveillance**

Some participants also shared other potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as data collection from self-reported data in hospitals, sales data from dispensaries, and data from social media and applications. One participant explored the idea of expanding the First Nations Health Authority regional health survey to include cannabis related-questions. Many 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 the region they would like to know going forward. This included a range of topics, like information on community consumption patterns, how legalization would impact service delivery, and how providers could ensure consistency across their practice. 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 Needs**

<b>CATEGORY</b>	<b>TOPIC</b>	
<b>CANNABIS CONSUMPTION</b>	What is the purpose of consuming cannabis?	
	How is cannabis consumption impacting other health behaviours?	
	What is the number of people that reported consumption before and after legalization?	
	What is the amount of cannabis sourced from dispensaries verses retail stores?	
	What questions do people have in the community? What do they know or want to know?	
	How is cannabis impacting consumption of other substances, including tobacco? Is there an increase of people transitioning from illicit drugs to cannabis, and if so, how is that going?	
	What are Indigenous approaches to cannabis consumption?	
	Will people benefit if they smoke cannabis?	
	What are the prevalence rates of consumption?	
<b>SOCIO-DEMOGRAPHICS</b>	How much is the population consuming?	
	Who is consuming for medical or therapeutic purposes and who is consuming for non-medical purposes?	
	What is the demographic information (age, gender, etc.) of consumers?	
	How do perspectives around consumption vary across the regions and how can programs and services be tailored accordingly?	
<b>SPECIFIC POPULATIONS</b>	What are youth being told about cannabis in school?	
	What measures are being taken to protect children from consuming cannabis?	
	How are people negotiating consumption around their children?	
	Do people want treatment for cannabis use? What about women in particular?	
<b>MONITORING METHODS</b>	What about women in particular?	
	What are the unique issues around how the legislation will impact First Nations communities?	
	Qualitative data, such as narrative interviewing methods	
	Studies examining cannabis as a substitution for other substances (i.e. opioids)	
	Quality of life analysis	
	Accurate regional data that reflects differences across populations	
	Research-based evidence without biases	
	Collection of self-reported data in hospitals	
<b>LEGALIZATION</b>	Sales data from dispensaries	
	Data from social media and applications	
	Inclusion of cannabis related-questions in the First Nations Health Authority survey	
	How will people in rural and remote areas access legal cannabis and what impact will this have on the community?	
	How is our community preparing for “safer” consumption spaces and what will this look like?	
	What will the impact of legalization be on social services?	
	Are there different regulations for medical and non-medical cannabis consumption?	
	What is the impact of legalization on organized crime?	
<b>CANNABIS FOR MEDICAL PURPOSES</b>	How will people (including youth) with cannabis-related charges or criminal records be handled post-legalization?	
	What will the law be around edibles (i.e. composition, consumption)? What about workplace policies for edibles?	
	<i>The following category is unique to Kelowna</i>	
	What are the barriers to accessing medically prescribed cannabis?	
<b>CANNABIS FOR MEDICAL PURPOSES</b>	How can we ensure consistency in prescribing practices (i.e. dosing)?	
	Who will be prescribing and how can we ensure consistency in consumption for clients?	
	What rights do health care providers have in terms of administration?	

# 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

The question, “*What would you need to support your work in the context of legal cannabis?*” prompted much discussion. Participants identified the need for supports in the categories of data, information, and evidence; tools, resources, and training; program needs; policies; 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 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 cannabis, the benefits and harms, and clear information on cannabis legislation (municipally, provincially/territorially, and federally).

“We need really clear guidelines and what research informed them. The lack of clarity could create legal challenges, clinical challenges, etc.”

## Community capacity building: Continuing the conversation together

“There is a need for more conversations like this – more discussions like this prior to legislation... helping everyone feel more comfortable with the conversations.”

The question, “*what would you need to support your work in the context of legal cannabis?*” produced discussion around the need to build community capacity and continue community-wide conversations. Going forward, a number of specific community capacity needs were identified, such as the need to:

- identify capacity building opportunities within communities, involving the public;
- continue community conversations and discussions prior to legislation;
- identify who among community of providers has tailored knowledge;
- identify committees to address specific needs (i.e. Indigenous Advisory Committees); and
- ensure regulatory bodies are consulted, such as nursing societies.



**Table 3.****Desired Supports to Respond to Cannabis Legalization**

<b>CATEGORIES</b>	<b>DESIRED SUPPORTS</b>
<b>DATA, INFORMATION, OR EVIDENCE NEEDS</b>	Evidence regarding safe regulated sources of products (i.e. CBD oil concentration)
	Research on the benefits and harms of cannabis consumption
	Systematic reviews and meta-analysis to develop evidence informed policy
	Unbiased summaries of research evidence to inform conversations with clients
	Comparative analyses on the effects/effectiveness of cannabis versus pharmaceuticals (i.e. for anxiety)
<b>TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE</b>	Specific, clear practice guidelines accompanied by research:
	Best practice guidelines for harm reduction
	Cannabis-specific nursing curriculum and training at no-cost
	Clinician-based education on benefits and harms of cannabis consumption
	Information on education for doctors and nurses on non-stigmatizing conversation with patients
	Policy templates
<b>PROGRAM NEEDS</b>	School-based prevention programs that identify risk-factors and develop other coping skills
	Advocacy programs for clients who consume cannabis for pain treatment or as an alternative to opioids use
	Education targeted to the people who will be selling cannabis to provide to people who are purchasing cannabis
	Youth and parent education
	Anti-stigma related programs on cannabis
	Public education campaign on legalization and its implications
	Open-houses for the public to talk to the police and see the product
	Culturally appropriate and tailored messaging to different groups, such as youth, schools, and parents
<b>INFORMATION ON LEGALIZATION</b>	Information on where to direct people to access reliable, trustworthy sources on the wide range and diversity of products available
	Information process to produce medical marijuana
	Information on the municipal, provincial / territorial laws, by-laws and implications of legislation
	Clear and succinct information on the roll-out of the legislation for the police sector
	Information on how legislation will be implemented at the community level (i.e. distance between outlets and schools, public safety issues)
	Information on how the police will handle road side stops for cannabis impairment
	Information from other jurisdictions, what programs are in place and working

## 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

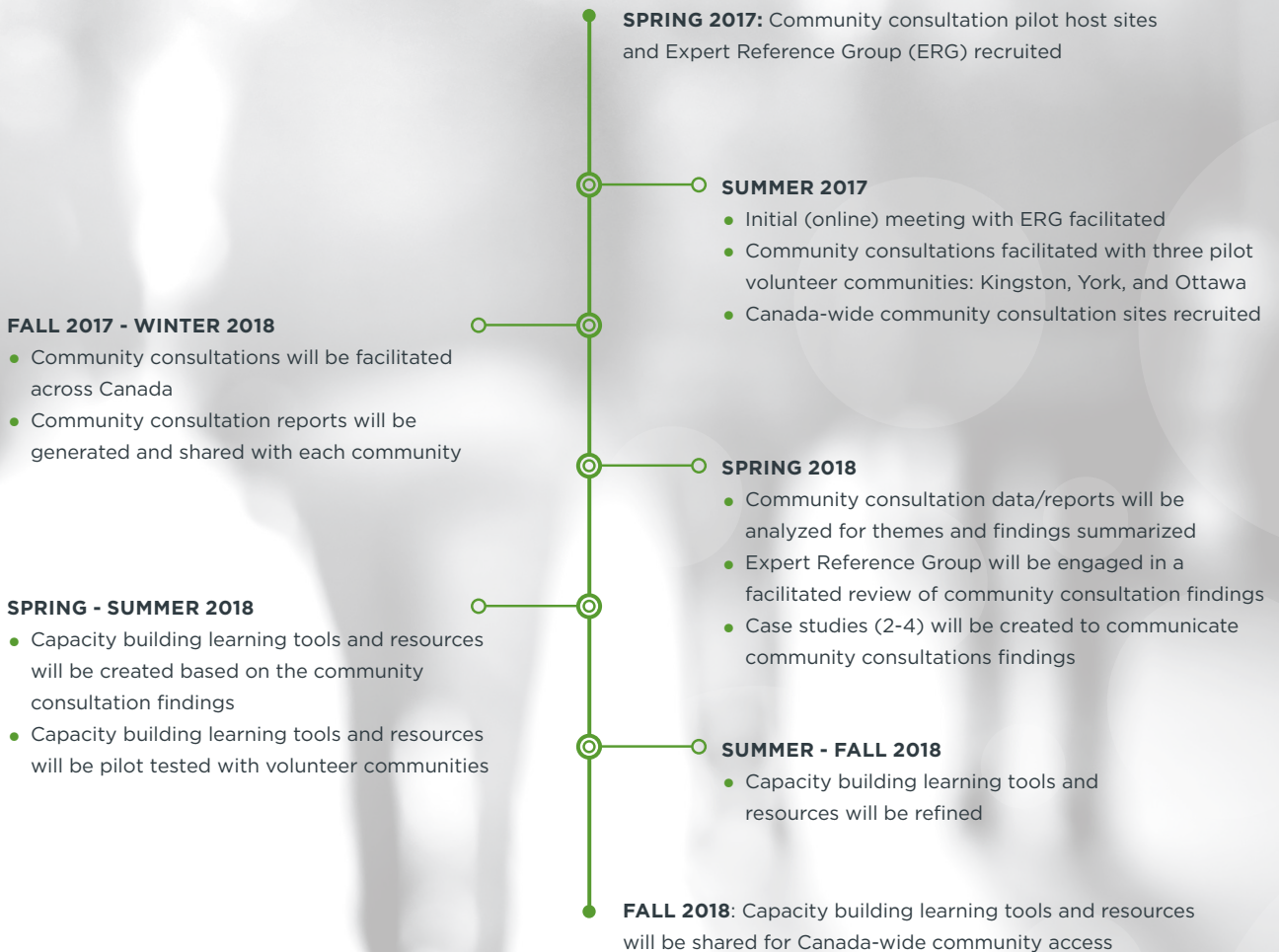
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : Kelowna, British Columbia

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



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.

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