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A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

"NORMALIZING CONVERSATIONS, NOT CONSUMPTION."

CONSULTATION REPORT FOR KINGSTON, 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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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
PATRICIA DALY	Urban Public Health Network
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* Leave/Alternates

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: Kingston, Ontario

On June 20, 2017, 33 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.

“We are in the early stages of normalizing cannabis conversations. Like [what it would have been] eons ago for alcohol, tobacco and other forms of substances. What is taboo now, might be normal in the future.”

— Cannabis Community Consultation Participant, Kingston, Ontario, Canada

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

Participant perspectives related to recreational cannabis consumption demonstrated a broad spectrum of perceptions, ranging from "*I am mildly concerned about the safety of recreational use*" to "*recreational use is more harmful [than medicinal] and not safe, it might lead to addiction, poisoning, overdose*". The majority of participants expressed cautious acceptance of recreational cannabis consumption with 18 of 24 responses being similar to "*totally fine in moderation*" or "*I support safe, educated use*". Most participants expressed acceptance of recreational cannabis provided the consumer is able to make informed decisions regarding consumption and referred to "*moderate use*" or "*educated use*". Several participants shared concerns they identified as mild or mixed, while a few participants reflected more grave concerns about recreational consumption of cannabis.

"I think people should be educated on how to use cannabis and potential outcomes of use. I am not against recreational use however I think it's best to inform users on what to expect and potential risks and benefits."

When reflecting upon perceptions related to recreational consumption, many participants expressed positive or neutral opinions about the legalization and regulation of cannabis, citing several potential benefits including:

- **reduced detrimental health effects of incarceration;**
- **increased opportunity for research;**
- **increased opportunity to have open conversations with current consumers (both casual and heavy) for education and harm reduction; and**
- **improved product regulation and consumer safety.**

Of those who commented on legalization, one participant shared their concerns of potential harms that could result from legalization of cannabis. *"[I am] horrified; fear it will be commonplace, normalized. Adolescents [are] extraordinarily uninformed – combined with puberty and complexity of metal health issues, adolescents are unable to differentiate issues or see exacerbation of conditions."*

Several participants compared cannabis to alcohol and suggested the approach to education regarding risks and potential harms for alcohol consumption be similar for cannabis consumption. A few participants shared the opinion that recreational cannabis consumption may be as harmful or less harmful than moderate, recreational alcohol consumption. *"[Recreational use of cannabis is the] same as tobacco and alcohol. Ok in moderation in [ages] 25 and older but concerning if over used, used by the wrong age group, and as addiction."*

Medicinal cannabis consumption

The overwhelming majority of participants shared comments that demonstrated positive perspectives toward medicinal consumption of cannabis for therapeutic benefit. Of the 25 statements shared related to medicinal cannabis consumption, only 3 indicated a desire to see medicinal consumption decrease or be further limited than it is today; the remainder of the comments were supportive of medicinal consumption to help those with chronic pain and mental health ("*overdue, long overdue*"). A few participants also mentioned, in their support of medicinal consumption, a desire for more research regarding the potential therapeutic benefits and a better understanding the risks and limitations of medicinal consumption.

A few participants expressed concern about the current process for prescribing cannabis for medicinal consumption. These participants suggested that the system for medicinal cannabis is misused as an alternative source of cannabis for those without medical need and they expressed a desire for better collaboration between dispensaries and family physicians. *"I completely disagree with medicinal use clinics that do not work in cooperation with the family MD, I think they are dangerous and money driven."*

Many participants commented on the need for regulation, both those who are in favour and not in favour of medicinal consumption. Several participants who support medicinal consumption emphasized the importance of regulation to best meet the needs of patients who could see health benefits. "*Medical use can offer support and benefit to many in certain situations; [medicinal use] benefits again with having a regulated system to ensure quality and data for research.*" The participants who did not support the medicinal consumption of cannabis cited a need for regulation to decrease or prevent medicinal consumption. *"Authorized medicinal use should be limited. Fentanyl is an example of inadequate regulation and long term consideration."*

Potential impact of cannabis consumption perspectives on professional practice

When asked how their thoughts or experiences with cannabis might affect how they approach their work in the community, participants provided fairly consistent responses, despite what those feelings about cannabis were. All participants noted they maintain professional neutrality to cannabis consumption in order to best serve members of the community. For those who demonstrated an acceptance of moderate, informed recreational consumption, they felt they would be open to discussions about cannabis and were willing to be a source of information or education to the people they serve and in turn identified a desire for more tools, resources and education in order to be a resource to others. For those who had negative associations with cannabis consumption, they stated that they are capable of reconciling their personal feelings with their professional expectations to remain unbiased. *"I will need to reconcile my personal, professional and agency perspective as they may differ and present challenges ethically and functionally in my job."*

The majority of participants expressed the perspective that their personal experiences and self-directed education regarding cannabis have prepared them to provide a safe, non-judgmental approach to discussions about consumption. Some participants mentioned using a harm reduction approach to the conversations and others referred to asking open-ended questions. A few participants identified they needed more information before they felt able to engage in discussions about consumption.

"I would have a conversation about use (frequency, dependency, reason for use) however I can not give any advice or leading information. I do not have enough research to make any informed comment or decisions."

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

The majority of participants said they were aware of programs or services related to substance use, including cannabis, and / or harm reduction in their community, while only a few participants were unaware of any or were uncertain if there were any programs specific to cannabis. Several examples of local programs with a cannabis component were provided, including:

- resources from Street Health Centre in Kingston;
- Kairos Youth Diversion Program;
- Motherisk Drive for Life;
- Métis Nation Addiction and Mental Health Services;
- Kingston, Frontenac, Lennox & Addington Addiction and Mental Health Services;
- P.A.R.T.Y Program (Prevent Alcohol and Risk-Related Trauma in Youth), Kingston EMS;
- Community Drug Strategy Pathways, KFL&A Public Health; and
- Determinants of Health, KLF&A Public Health.

Other programs or resources mentioned by the participants included:

- Society of Obstetricians and Gynaecologists of Canada (policy, pregnancy and breastfeeding resources);
- Canadian Substance Association ("Cannabis Use During Pregnancy");
- information sheets from Colorado Department of Public Health and Environment; and
- information sheets from Division of Public Health, Alaska Department of Health and Social Services.

Participants noted that of the community-based cannabis programs available, the most success is seen with those that provide information, are non-judgemental, allow cannabis use itself as a harm reduction technique, encourage safe use and have age-appropriate messaging. In addition, participants noted that an increase in credible research studies and "*responsible media publications*" about having a conversation would better support community programming. A past television campaign was referenced - "*with a dog talking about cannabis*" - as not being age appropriate and lacking credibility. As well, participants cited seeing very little health promotion messaging about cannabis, other than "*abstinence only education*".

Desired programs and services related to cannabis

Participants indicated that cannabis-specific substance use programs and services (or programs and services with a cannabis component) should be designed with the following factors at the forefront:

- **efforts to destigmatize cannabis consumption and provide information regarding myths and truths about cannabis;**
- **directly combat marketing influences; and**
- **information regarding coping skills.**

> "Programs to help differentiate between recreational use and chronic daily use and therapeutic use"

Consultation participants also shared their thoughts on what cannabis consumption programs and services they would like to see available in Kingston, Ontario going forward. Participants suggested that future programs and services should provide opportunities and / or create the conditions for:

- **health and social service providers to receive education to better prepare them for conversations about cannabis consumption and to enable them to share evidence-based information;**
- **parenting groups that discuss cannabis consumption and potential impacts on their children - taking a "familial approach";**
- **youth to set the discussion agenda and be involved in an ongoing way;**
- **earlier discussions with youth regarding harm reduction, for example, as part of the elementary school curriculum addressing risks and benefits; and**
- **refinement of the school board approach to punishment for cannabis consumption (or substance use).**

> "[Schools should] provide supports and tie to mental health so as not to shift kids away from their life paths. Educators are not trained in public health or counselling"

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

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

- THRIVE program, through Kingston Community Health Centres;
- Healthy Babies – Health Children (KFL&A Public Health program);
- Royal Military College of Canada - "everyone in uniform had to do a urine test for all substances due to increased rate of suicide"; and
- Better Beginnings for Kingston Children - "ask at intake."

Participants also shared other, potential sources, of "unmined" monitoring and surveillance data related to cannabis consumption:

- Family and Children Services;
- Centre for Addiction and Mental Health;
- Substance Abuse Index ("now NP asks as part of assessment tool");
- methadone assessments ;
- Substance Abuse Subtle Screening Inventory (SASSI, "determining risk level, relations, not specific to cannabis");
- Ontario Student Drug Use and Health Survey;
- paramedics ("documented in charts, would have to be data mined to acquire");
- OPP Collision data ("includes substance use") ;
- COMPASS Study (University of Waterloo, youth surveys);
- primary care intake and physicians;
- emergency department visits; and
- electronic database during client intake, pharmacist, physicians, Nurse Practitioners.

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 and very few mentioned social media sources (e.g. Facebook). 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: Kingston, Ontario

TYPE	SOURCES
GOVERNMENT	Colorado and Alaska Public Health departments
	Health Canada
	National Institute on Drug Abuse
NON-GOVERNMENTAL ORGANIZATIONS	Center for Addiction and Mental Health
	Canadian Centre of Substance Abuse
	Society of Obstetricians and Gynaecologists of Canada
	American Academy of Breastfeeding Medicine
	Best Start
	Ontario Drug and Alcohol Registry of Treatment (DART)
	Community Care Access Centre
PRINT OR ONLINE PUBLICATIONS	Cannaconnect
	Cannabis Monograph(s)

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

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

The most frequently cited information, tools or supports participants expressed a desire for are as follows:

1. safe use and disposal guidelines for cannabis;
2. information and evidence related to possible interactions of cannabis consumption with other drugs;
3. data collected from youth surveys ("i.e. Y2K or from family physicians"); and
4. information and evidence related to cannabis consumption and mental health interactions ("predisposition vs. enhancement vs. causation").

"Safe cannabis use guidelines are required."

Consultation participant next steps

Next steps shared by consultation participants spanned advocacy, data collection, conversations with colleagues, to exploring local collaborations to engaging in continued education and learning opportunities on the topic of cannabis. Many participants also shared an interest in pursuing efforts to improve public knowledge related to cannabis.

"I plan to begin a discussion with our agency regarding an approach to increase health messaging around cannabis use."

Table 2.

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

CATEGORIES	QUESTIONS
CANNABIS CONSUMPTION	1. What are cannabis users saying as their reasons for using cannabis?
	2. How is cannabis used? What are the preferred methods of use?
	3. How is cannabis co-used with other substances?
	4. What are the channels people use to acquire cannabis?
	5. What do users know about the type of cannabis or strain they are consuming?
	6. What do users know about safe use and evidence?
	7. What are safe use and disposal guidelines?
	8. What are possible/do users know of interactions of cannabis with conditions (e.g. mental health) or other drugs?
	9. What do people in the Kingston area know about cannabis?
	10. How educated are people in Kingston about the myths or realities surrounding cannabis?
SOCIO-DEMOGRAPHICS	11. What are the prevalence rates for cannabis use in the Kingston area?
	12. What are the demographics of cannabis users in the Kingston area?
	13. What is the amount and frequency of use in the Kingston area?
	14. Where is drug use is concentrated in the Kingston area?
	15. What is the relationship between unemployment in the Kingston area and cannabis use?
	16. How many of children are in homes with cannabis users?
	17. How many cannabis users are pregnant or breastfeeding?
	18. What mental health conditions do cannabis users have?
	19. How many users are using medicinally vs. recreationally?
	20. What are the impacts of regular casual use on community engagement?
	21. What is the relationship between cannabis use and social or cultural status?
	22. What is the relationship between high school drop-outs in the Kingston area and cannabis use?
	23. What is the relationship between cannabis use and community safety / wellbeing
	24. What is the placement of shops in the Kingston area? (“ensuring marginalized population are not further marginalized”)
MONITORING AND SURVEILLANCE	25. How does social desirability bias and issues with confidentiality affect untruthful responses to surveys?
	26. How do we incentivize survey completion?
LEGALIZATION (PRE-POST)	27. How will cannabis be available to the community in Kingston?
	28. Are there preventable harms by making cannabis available?
	29. After legalization, how have our Emergency Room visits changed?
	30. How has legal cannabis impacted opioid deaths in places were cannabis is legal?

"We need to ensure marginalized populations are not further marginalized."

— Cannabis Community Consultation Participant, Kingston, 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 (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

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 : Kingston, 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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