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 KIVALLIQ REGION, NUNAVUT | FEBRUARY 2018

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## ACKNOWELDGEMENTS

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| NAME | ORGANIZATION |
|---|---|
| TREVOR ARNASON | Nova Scotia Health Authority |
| WEKATESK AUGUSTINE | Native Alcohol & Drug Abuse Counselling Association of Nova Scotia |
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| LEAH SIMON | Ontario Public Health Unit Collaboration on Cannabis |
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Members of the CPHA project staff included: **GREG PENNEY**, Director of Programs // **THOMAS FERRAO**, Project Officer // **POLLY LEONARD**, Project Officer // **CHRISTINE PENTLAND**, Project Officer // **SARAH VANNICE**, Project Officer // **LISA WRIGHT**, Project Officer

## A NOTE ON TERMINOLOGY

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

### CONSUMPTION

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

### MEDICAL CONSUMPTION

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

### NON-MEDICAL CONSUMPTION

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

### CANNABIS RETAIL OUTLET

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

### CANNABIS DISPENSARY

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

# Background

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

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

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

## Purpose of this Project

To support the implementation of a public health approach to cannabis (and other substances), CPHA engaged individuals and organizations from health, public health and social service communities across Canada in dialogue through local ‘community consultations’ that aimed to enhance knowledge and begin to build capacity to address issues related to cannabis. By engaging health and social service providers across the country, CPHA also aimed to facilitate increased collaboration among health and social service providers involved in reducing harm related to cannabis consumption locally and across Canada. CPHA will use data collected through the community consultations to build a suite of capacity building resources to support an evidence-informed community response to cannabis.

## Community Consultation: Kivalliq Region, Nunavut

On February 8, 2018, 13 health and social service providers from across the Kivalliq Region participated in a full-day, facilitated consultation on the topic of cannabis in Rankin Inlet. This consultation was the third of three consultations conducted in Nunavut, with one taking place in each region of the territory. Participants represented a variety of roles in health and social services, including but not limited to community health representatives, outreach workers, and program coordinators, working predominantly for the Government of Nunavut’s Department of Health, as well as an Inuit non-profit organization, and the regional government.

The session was opened by Elder Levinia Brown from the region, and then moved into an explanation of how the consultation aligned with Inuit Societal Values, followed by an overview of the project. Round table introductions asked

each participant to 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 consumption 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 the Kivalliq Region's and CPHA's future work and ongoing conversations on cannabis.

"If someone is already using the substance, it is hard for me to tell them to slow down and take a second look on the impact on them; also it depends on the culture, some were raised in an environment where any substance is bad / prohibited."

# Perspectives and Perceptions Related to Cannabis Consumption

Participants shared their perceptions related to medical and non-medical cannabis consumption in the context of legalization, and how their perspectives may impact their professional practice.

**Perspectives on cannabis consumption**

Participant perspectives related to cannabis consumption tended towards concern regarding cannabis consumption, on both professional and personal levels. Concern expressed was often informed by negative experiences with other substances, in particular alcohol. Many participants commented that a significant portion of their clients consume cannabis currently and on a daily basis. The Elder who opened the session provided specific examples of the methods of consumption in the region, including hot knifing (a method of consumption that uses butter knives on a hot stove. Placing a ball of cannabis (often hash) between the two knives, creating a smoke that is inhaled often through a plastic bottle/roll of paper towel).

The concerns participants shared around cannabis consumption were framed within the social, health, financial, and family impacts of consumption. For example, participants explained that cannabis consumption currently has negative impacts on their clients' relationships and family life, such as their marriages or relationships between and among family members, as well as their work ethic. Other perceived negative impacts of cannabis consumption included food security, anger issues, domestic violence and financial burden.

The cannabis-specific concerns participants expressed focused on youth and the contamination of the supply of cannabis with chemicals. For youth, participants were concerned that consumption will impact brain development, have negative impacts on their life, and that there is a lack of education targeted to youth. For these reasons, participants emphasized the need to delay or stop youth from consuming cannabis.

"The concept of recreational marijuana seems reckless and unfounded. There is no need to take it unless prescribed by a doctor. Why do people choose to engage in use of cannabis outside medicinal needs? That question needs to be addressed and talked about. Why are people choosing to take a mind altering plant as a way of recreation?"

Some participants had positive views of cannabis for medical purposes, in particular when they contrasted medical and non-medical consumption.

"It surprises me that people have this sense that it is a drug, but they will take whatever their doctor prescribes, like fentanyl, oxycodone, antidepressants, pain medications that are really bad for you."

A few participants perceived there to be some benefits to non-medical cannabis consumption, for example if cannabis is used as a substitute for alcohol since it does not have the same issues as alcohol impairment. Informed and moderated cannabis consumption was perceived to be acceptable by some participants; for some participants this perception of consumption applied to alcohol as well. Informed consumption was defined as someone of legal age who is knowledgeable

about the products they are consuming and the health effects.

"Cannabis consumption (like alcohol) in moderation can be tolerable and safe."

When reflecting upon perceptions related to cannabis legalization, many participants expressed negative opinions and fear of the legalization and regulation of cannabis. There was a strong sense that the community did not have an equitable opportunity to provide input on the legislation. Responses requested these opportunities before legalization occurs. The Government of Nunavut conducted an online consultation in the summer of 2017, and at the time of this consultation was in the midst of conducting in-person consultations in several communities. The Government of Nunavut's cannabis consultation in Rankin Inlet took place the week before this session.

"The communities don't have a choice with cannabis, not like alcohol where communities are dry."

Participants also indicated concern for legalization due to the perceived lack of programs, services, and resources, the perception that the federal government was forcing legalization on the territory, and the perception that the Government of Nunavut would not allow communities to opt-out of cannabis legalization, as they can for alcohol.

"It scares me! It will have negative effects on people, families and the community."

"I am against legalization; kids will think it is safe."

Several of the participants that expressed negative perceptions of legalization also indicated they are attempting to approach the issue from a neutral perspective in order to inform their clients about cannabis.

"My personal feelings are I don't agree, however I would not let my own feelings interfere with providing information to my clients as needed."

Some participants expressed potential benefits of legalization. A few participants indicated that legalization will address some of the current issues stemming from the present criminal status of cannabis.

"It would be nice when they decriminalize, I have problems with hiring people 'cause we do criminal records checks, and they need to address that so that people can get hired."

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

"We don't have a mental health counsellor, we don't have a youth support group; knowing that legalization is going to happen very soon it is very concerning to me."

Participants expressed a strong sense of concern regarding the impacts of legalization on health and social services and the capacity to address the needs of clients post-legalization. The perceived negative impacts of legalization listed by participants included:

- normalization of consumption of cannabis (and other substances);
- increase need for services and programs;
- youth will assume cannabis is safe; and
- potential increase in motor vehicle accidents.

"I feel like the conversation will be more open and that our clients will look to us for answers, we might be the only ones they speak to about it and I want to be ready for these conversations."

"It [will] make my services more challenging."

There was a strong sense that legalization will lead to increased conversation about cannabis. An increase in discussions around cannabis was worrisome for those who were concerned about service capacity; however, this was viewed as a positive impact of legalization for other providers who saw conversation as a means to engage service users. Legalization was also perceived to be a positive means of addressing the current harms of prohibition. Other perceived positive impacts of legalization included:

- decreased criminalization;
- increased discussion with clients;
- opportunity to inform clients of the harms and benefits of cannabis; and
- new employment opportunities since cannabis possession will not lead to a criminal record.

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

As consultation participants expect conversations about cannabis to increase post-legalization, many providers indicated that they attended the session in order to be more informed about cannabis to support their clients. Some participants indicated that they have done other research in order to be informed about cannabis, including, "scientific literature and online courses (ex. Centre for Addictions and Mental Health (CAMH))."

"I feel that I need to get more educated on the topic."

"I would like to be informed about cannabis risks/benefits so I can give clients facts so they can make informed choices."

A few participants indicated they currently use a harm reduction and health promotion approach to respond to reports of cannabis consumption. For them, a harm reduction and health promotion approach meant being non-judgmental by asking questions regarding level of involvement with cannabis according to the Stages of Change Model (the transtheoretical model (TTM) of change suggests that individuals move through a series of five stages (precontemplation, contemplation, preparation, action, maintenance) in the adoption or cessation of behaviours), and the positive and negative impacts of their consumption. A few participants indicated they suggest their clients seek more information about cannabis when they report consumption, or that they direct clients to the "proper service providers." One participant indicated that people will approach frontline providers about cannabis because "addiction has brought them to a very low point in life."

A group of participants acknowledged their personal bias due to personal experience with cannabis, and their attempts to be neutral when responding to people who report consumption. Another participant reminded the group that smoking cannabis does not have the same health effects as tobacco.

“In this community people who use marijuana use it to extremes. Generally the lifestyle connected with using the drug brings their families to difficult situations and places them at risk for various other negative outcomes. Those who approach frontline workers are asking for help because their addiction has brought them to a very low point in life.”

# Community-based Cannabis Programs and Services

Consultation participants shared existing substance use programs and services that include a cannabis component, perceived challenges related to delivering cannabis programs and services, and suggested cannabis program and service needs for their community.

### Current cannabis-related programs and services

The majority of participants said they were aware of programs or services related to substance use in their community, some of which contain a specific cannabis component. Aside from health and social service programs, some participants mentioned the Government of Nunavut's community consultation on cannabis that took place shortly before this session. The programs and services listed tended to be treatment based, including:

- Alcoholics Anonymous, including gender specific meetings;
- Pulaarvik Kablu Friendship Centre addiction program;
- On the Land programs; and
- Elders counselling.

Programs and services for youth were also highlighted in the responses by participants. The following youth specific programs were included in the discussion:

- school programs on healthy relationships and sexual violence;
- Drug Abuse Resistance Education (DARE) at schools;
- youth centres;
- mentorship programs; and
- conversations with youth.

The conversation around current cannabis-related programs and services highlighted specific practitioners who provide services for cannabis and other substances. These include:

- Pulaarvik Kablu Friendship Centre Addictions Worker;
- Mental Health Nurses and Social Workers;
- Community Health Representatives
- Child and Youth Outreach Workers; and
- Baptist Church Pastor.

Participants noted that of the community-based programs available related to substance use, the most success is seen with programs that are culturally specific (such as sewing and On the Land programs), collaborate with partners and between sectors, and focus on the harms of cannabis and other substances.

### Challenges of current cannabis-related programs and services

"[There] is such a high turnover rate with RNs coming in. People have to tell their story to one person, and then they have to say it again. It is challenging, their struggles, and we share them too."

Participants noted a number of challenges relating to their community's current cannabis-related programming and services. Challenges listed included:

- lack of mental health, addictions, and youth workers, and support staff;
- lack of treatment programs and support groups;
- lack of connection between programs and providers;
- lack of cannabis program planning;
- high staff turnover and low retention;
- limited knowledge of programs in each community;

- variations in program participation numbers throughout the month;
- personal bias impacting service; and
- office locations.

"There is an incredible lack of treatment facilities; support groups happen but it is maybe weekly meetings, and anyone dealing with addiction, they need that support every day. There are not programs up here that are anywhere near sufficient."

**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 the Kivalliq Region going forward. In particular, participants stressed the need for more, and consistent, workers and collaboration between agencies. The desired programs listed here are informed by the perception of some participants that the need for services would increase after legalization. Participants suggested the need for the following specific programs:

- school-based education for students on health risks and benefits;
- a program for parents of youth;
- mentorship programs;
- detox and a treatment centre;
- harm reduction-based helpline;
- abstinence-based smoking education; and
- addictions counsellors.

Participants indicated that cannabis-specific substance use programs and services (or programs and services with a cannabis component) should be inclusive of the following:

- be culturally specific;
- located in the community;
- evidence-informed; and
- move beyond internet and text-based resources.

# Monitoring and Surveillance of Cannabis Consumption in the Community

Consultation participants discussed and shared current sources of monitoring and surveillance data related to cannabis consumption in the community as well as the challenges related to collecting and/or accessing this data. Additionally, participants shared their desired monitoring and surveillance data needs as it relates to cannabis consumption.

**Current monitoring and surveillance of cannabis consumption**

Many of the participants indicated that their community in the Kivalliq Region does not collect data related to cannabis consumption or co-use of cannabis with other substances. Some participants indicated they learnt of data on cannabis consumption through the session presentation. Some participants referenced the Government of Nunavut's survey on cannabis legalization as an example of a community based survey on cannabis that could be a useful source for monitoring and surveillance of cannabis consumption.

Participants listed a variety of information sources they currently use to find information on cannabis. Most participants listed either government or non- governmental websites as their current sources for information. See Table 1 for the complete list of current information sources shared by consultation participants.

## Table 1.

Current Cannabis-related Information Sources Utilized by Consultation Participants

| TYPE | SOURCES |
|---|---|
| GOVERNMENT | Royal Canadian Mounted Police (RCMP) |
| | Department of Health, Mental Health Division |
| | Community Health Representatives (CHRs) |
| | commmunity health centres |
| | US Department of Health and Human Services |
| NON-GOVERNMENTAL ORGANIZATIONS | Centre for Addiction and Mental Health (CAMH) |
| | Hazelwood website |
| PRINT OR ONLINE PUBLICATIONS | media on legalization |
| | internet, including Google |
| COMMUNITY RESOURCES | radio |
| | local providers |

### Desired cannabis-related monitoring and surveillance

Most participants expressed a need for more research and improved methods to collect data, information and evidence on cannabis. See Table 2 below for a categorized summary of the desired cannabis-related data, information and evidence needs. The discussion on desired cannabis-related monitoring and surveillance included a number of specific examples of local data needs for the Kivalliq Region that need to be addressed in order to have a better sense of cannabis consumption in the communities. Examples included door to door collection of data by community members, and the use of health promotion and harm reduction visuals so that messaging is accessible to people who do not read

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

Consultation participants noted several challenges to gathering, accessing, and using data to inform programming. These included:

- data collection methods rely on use of telephones;
- lack of culturally relevant material;
- internet band width and connectivity;
- lack of resources;
- variation in credibility of information sources; and
- privacy.

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## Table 2.

Desired Cannabis-related Data, Information and Evidence

| CATEGORY | TOPIC |
|---|---|
| **CANNABIS CONSUMPTION** | Cannabis substitution for alcohol consumption |
| | Cannabis cessation |
| **SOCIO-DEMOGRAPHICS** | Community and family impacts of cannabis |
| **SPECIFIC POPULATIONS** | Culturally relevant, Inuit specific materials in Inuktitut, in the dialect of the region |
| | Community-based programs |
| **PROGRAMS AND SERVICES** | Community education on cannabis |
| | Monitoring and surveillance through schools and colleges |
| | Organizational data from Department of Health, Mental Health Division; RCMP; schools, social services, and the Pulaarvik Friendship Centre |
| | Support for providers (including counsellors) to find information to support clients |
| | Learn from past programs to avoid similar issues, for example the syphilis campaign |
| | Health promotion and harm reduction visuals for clients, including advertisements |
| **MONITORING METHODS** | Use methods that do not rely on access to a phone or the internet, for example door to door collection |
| | Surveys conducted in waiting rooms, at the Northern store and in offices |
| | Use social media, including Facebook and videos |
| **LEGALIZATION** | Information on how other countries approach Indigenous issues |
| | Information from the federal government on legalization |
| | Regulation of legal cannabis in US jurisdictions |

# Building Capacity to Respond to Cannabis Legalization

Consultation participants discussed and shared what cannabis-related information, tools and supports they would like in order to best support an evidence-informed response to cannabis in the community. Additionally, participants shared their next steps to support a community response, continuing the conversation together.

**Desired information, tools, and supports**

Participants were asked, "*What would you need to support your work in the context of legal cannabis?"* Responses included: the need for program supports; tools, resources, and training; data, information, and evidence; and information on legalization. Table 3 provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category. Among these categories, many participants indicated the need for the inclusion of Elders in discussions going forward, culturally appropriate resources providers can offer to clients, and funding for cannabis-specific programming.

"Hopefully after today's session, I will be able to confidently share more [information on cannabis]."

## Table 3.

Desired Supports to Respond to Cannabis Legalization

| CATEGORIES | DESIRED SUPPORTS |
|---|---|
| DATA, INFORMATION, OR EVIDENCE NEEDS | Why people consume cannabis for non-medical reasons |
| | Information on home cultivation |
| | How people who consume cannabis and/or alcohol spend their money |
| | Information on storage of medical cannabis for sale |
| TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE | Training, education and workshops to increase provider knowledge of cannabis |
| | Resources providers can give to clients regarding cannabis |
| | Tools for public education |
| | Information, training, workshops, and materials on the therapeutic benefits, risks, and harms of cannabis |
| | Presentation on approaches in other jurisdictions, that can be adapted to the community's needs |
| | Posters, brochures, and calendars |
| | Collaborative strategy for frontline workers |
| | Information and guidelines to share with the community |
| | Youth-created videos |
| PROGRAM NEEDS | Educational materials for primary and secondary students, and non-consumers |
| | Government to share profit margins from sales |
| | Increased funding to support cannabis programming and the community wellness plan |
| | Address root causes, including food insecurity, poverty, anger and domestic violence |
| | Community events, similar to suicide prevention events and 'Drop the Pop Challenge' |
| | Inclusion of Elders in programming and as a resource |
| | Promotional items, including t-shirts, sweatshirts, and hockey pucks |
| | Access to detox and treatment in the territory for Inuit |
| POLICIES | Workplace policy on cannabis and impairment, similar to current policies that include prescribed medication |

| | |
|---|---|
| INFORMATION ON LEGALIZATION | Opportunity to provide input on legalization and regulation |
| | Information sessions in the community |
| | Clarity on the regulatory context in Nunavut when determined |
| | How cannabis will be distributed and competition laws |
| OTHER NEEDS | Funding for non-profit organizations |
| | Create new Department to manage cannabis funding, with a permanent position |

**Reflecting Indigenous knowledge in cannabis-related resources**

Participants were asked what needs to be done to ensure that cannabis-related resources are accurately incorporating and reflecting Indigenous knowledge. The responses focused on working with Elders, and looking to successful programs used in the past or in other communities. Participant responses included:

- include Elders in cannabis discussions;
- connect Elders with younger generations;
- include perspectives of all ages; and
- culturally adapt resources, informed by Inuit.

Examples of successful programs participants listed included:

- call-in radio show with an Elder and interpreter;
- program to develop land skills;
- Inuit-specific detox and treatment centre;
- permanent employment opportunities, for example a Department to manage cannabis funding;
- adapting the *nuquits.gov.nu.ca* campaign, created by Inuit youth for Inuit youth; and
- reworking of the tobacco poster on the history of tobacco smoking.

"I feel there needs to be more consultations and more surveys done properly on Nunavut."

**Community capacity building: Continuing the conversation together**

Participants were asked how they could continue the conversation around cannabis together. Some participants were already preparing to work together to support one another through a monthly inter-agency meeting for health and social service providers, hosted by the Mental Health Division. It was suggested that this group could continue the conversation on cannabis. Additionally, a number of specific community capacity needs were identified, such as the need for:

- continued conversation and facilitated sessions that bring providers together to discuss cannabis;
- a community-based steering committee to collect data, and collaborate on resources and knowledge; and
- engagement with specific sectors, including Elders and education.

"[There is a need for] more spaces like today to bring people together and talking and explore concerns – with a facilitator, just like this."

## 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

## Consultation Agenda: Kivalliq Region, Nunavut

| ACTIVITIES | TIME |
|---|---|
| ARRIVAL AND PRE-SESSION EVALUATION | 9:00 AM – 9:15 AM |
| WELCOME, PROJECT OVERVIEW & INTRODUCTIONS | 9:15 AM – 10:10 AM |
| ABOUT CANNABIS | 10:10 AM – 10:45 AM |
| BREAK | 10:45 AM – 11:00 AM |
| YOUR THOUGHTS ON CANNABIS | 11:00 AM – 11:40 AM |
| CANNABIS HEALTH PROMOTION AND HARM REDUCTION | 11:40 AM – 12:00 PM |
| LUNCH | 12:00 PM – 12:45 PM |
| KNOWING WHAT IS HAPPENING IN YOUR COMMUNITY | 12:45 PM – 1:45 PM |
| BREAK | 1:45 PM – 2:00 PM |
| YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS (PART 1) | 2:00 PM – 2:50 PM |
| BREAK | 2:50 PM – 3:0O PM |
| YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS (PART 2) | 3:00 PM – 3:40 PM |
| CLOSING AND POST-SESSION EVALUATION | 3:40 PM – 4:00 PM |

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