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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 THE NIAGARA REGION OF ONTARIO | APRIL 2018



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

A NOTE ON TERMINOLOGY

The creation of a public health response to cannabis is a fairly new endeavour due to the historical illegality of the substance. Thus, 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: Niagara of region of Ontario

On April, 13, 2018, 27 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in health and social services, including but not limited to social workers, managers, addictions and mental health workers, pharmacists and government workers, from a variety of organizations, such as non-profits, education, provincial/territorial, and regional Government.

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 the future work and ongoing conversations on cannabis, of both health and social service providers in the Niagara region of Ontario, and the CPHA.

“I think there are two camps – those who feel it [cannabis] is as acceptable as alcohol and those who feel that it is the undoing of society. I don't think the legalization of cannabis will change much, other than reducing the number of youth pulled into the criminal justice system.”

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

Overall, participants expressed mixed feelings about cannabis consumption. Participant perspectives related to cannabis consumption ranged from “[I have] no issues or judgement on individuals using cannabis” to “[cannabis is] inappropriately viewed as a non-harmful substance.” Some of the participants expressed acceptance of non-medical cannabis consumption, as they felt that most people who consume cannabis do not develop a problematic relationship with it.

“Most people who consume, do so recreationally without consequence.”

Most participants supported the notion of consumption as long as the consumer is able to make an informed decision, citing the importance of education and information. Similarly, many participants used a harm reduction perspective in order to “meet [people] where they are.” These participants stated that they currently use harm reduction principles in their practices. Participants also mentioned the need to understand the root causes of substance use in order to practice harm reduction.

“Individuals are already consuming, lets ensure they consume something (cannabis) that we know and understand; all societies throughout time consume mood altering substances. This is one of them.”

“As long as the consumer is aware of risks and benefits associated with the product it would be their choice to consume. Proper education is needed in a more controlled situation.”

“I think that there is a need behind that use so we have to work with that to reduce the consumption. It is a solution but it causes other consequences we have to find other options for the person.”

Although many participants believed there were potential benefits of cannabis consumption, many also addressed areas of concern. Specifically, participants were concerned about vulnerable populations, including youth and people with concurrent disorders. Participants cited the potential effects of cannabis on the developing brain as cause for concern. The long-term effects of consumption physically, mentally, and legally were also sources of concern.

“I am concerned about the health and social consequences of consumption and now legalization (vs. decriminalization), but I think I understand the balance that is trying to be struck.”

Some participants shared comments that demonstrated positive perspectives toward medicinal consumption of cannabis for therapeutic benefit. These participants cited the benefits that they believe cannabis consumption can have on certain health problems, such as cancer, pinched nerves, body aches, and pain. Other participants stated that while they believe there are some medicinal benefits, they also have some concerns.

However, several participants also expressed concern regarding cannabis for medical or therapeutic consumption. One participant stated that they have “mixed feelings” in that while they see some medical benefits, they also believe that cannabis consumption will increase adverse symptoms and will also contribute to more people seeking medical treatment. Others cited the difficulty in differentiating between medical and non-medical consumption, as well as the potential effects of cannabis on other medications.

Several participants were particularly concerned about self-medication with cannabis. One of these participants stated that this is common on the university campus, while another mentioned self-medication in the context of their work with patients who have concurrent disorders.

“Working with concurrent disorder patients, I tend to see more harmful outcomes with cannabis, therefore [I] have concerns for vulnerable populations.[Cannabis is] used as self-medicating in [the] context of [the] clients I serve, therefore not always seen as most effective.”

When reflecting upon perceptions related to cannabis legalization, participants largely expressed positive opinions. A few concerns were raised around normalizing consumption. However, the majority of participants cited several potential **benefits** including:

- **reduced detrimental effects of incarceration;**
- **reduced number of youth in the criminal justice system;**
- **making consumption of cannabis more overt, enabling better access to treatment and services;**
- **increased access to education for consumers**
- **increased access to education for health and social service providers**
- **improved product regulation and consumer safety; and**
- **increased research and knowledge.**

Perceived impacts of cannabis legalization and the potential impact on services

When asked about cannabis legalization and how it might impact the services they provide, participants indicated a range of impacts, some positive and some negative.

Perceived positive impacts of legalization included:

- **reduced stigma and pressure to hide consumption;**
- **increased opportunity to have open conversations with current consumers;**
- **easier to access cannabis;**
- **increased quality, safety and standardization of the substance;**
- **reduction in consumption as legal aspect makes it mundane;**
- **allow for prevention work and policy work that was inhibited by prohibition;**
- **increase in economic growth hopefully to fund health and social services; and**
- **increased research and data.**

Perceived negative impacts of legalization included:

- **concern that cannabis will be used as scapegoat for other societal problems;**
- **potential for increased consumption;**
- **municipal issues around location of production facilities and neighbour relations; and**
- **challenges with enforcing Smoke Free Ontario Act due to difficulty in differentiating between medical and non-medical while it is being consumed.**

“It will be interesting to see the impact on the region in terms of economic opportunity and tourism. I wonder how much it will change actual consumption. I think it might just open conversation rather than actually increase use.”

“I do not feel legalization will have a big impact on our service because many individuals already use marijuana.”

Current responses to individuals who disclose or ask about consumption

When participants were asked how they are able to respond to an individual who discloses or asks about cannabis consumption, many indicated that they are comfortable using a harm reduction approach which includes: engaging in a meaningful conversation with clients about their consumption of cannabis, validating their experience and decisions, supporting them in their goals, assessing their stage of change related to consumption and discussing harm reduction strategies with clients. Therefore, they described

asking a range of questions such as: asking why clients consume, how they consume, what are the benefits and harms that the client is noticing, how does cannabis work for the then, if anyone is concerned or has commented on their consumption and if they are concerned about their own consumption. Participants would then provide education and information (e.g. such as how to talk to kids, health impacts and support in the community as well as details of legislation) and direct them to appropriate services.

“Listening to their reasons for consumption, any concerns they may have and working with them to identify any supports they may be looking for related to cannabis consumption.”

“Currently we support and educate around harm reduction and provide info as to how it can effect mental health we do this because we support individuals’ rights to choose.”

However, a few participants identified the need for more population-specific resources to be able to better respond and engage in discussions about consumption.

“I have been using Canada’s lower risk cannabis use guidelines, but I do not feel that it is helpful or specific enough to properly inform university students.”

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. However, participants indicated a lack of local programs with a specific cannabis component that they were aware of. One participant stated that, to the best of their knowledge, all available local programs and services focused on co-use. The programs or services mentioned (not specific to cannabis) included:

- Community Addictions Services of Niagara (CASON);
- Addiction and Mental Health Niagara Health System;
- peer counselling for indigenous population;
- SMART Recovery (support groups)
- outreach services;
- methadone clinic;
- detox centres;
- safe disposal bins;
- Rapid Access Addictions Medical Clinic (RAAM); and
- Brock University substance choice seminar (safe partying).

Although many participants expressed a belief that harm reduction programs are important, few participants were aware of services or programs with a harm reduction approach in their community. These include:

- SMART Recovery;
- harm reduction programs for alcohol and drugs;
- Positive Living Niagara (HIV/AIDS non-profit organization);

- Public Health; and
- Addiction and Mental Health Niagara Health System programs.

Other programs or resources mentioned by the participants included:

- Ontario Student Drug Use and Mental Health Survey (OSDUHS);
- Centre for Addiction and Mental Health (CAMH) materials;
- Psychoeducation;
- Protect What's Next, Youth Prevention in Colorado (resource manual);
- Social media campaigns (Brock University);
- Niagara Region Public Health alcohol awareness program (usually at Niagara College); and
- Addiction counsellors in schools.

Participants stated that there were several factors contributing to the success of local programs. Positive qualities of these programs included:

- The availability of a continuum of a network of support that meets people where they're at (wraparound services);
- program availability through CASON
- Peer-led workshops;
- Accessible, true harm reduction;
- Substance choice seminar; and
- The variety of service providers.

Challenges of current cannabis-related programs and services

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

- Long wait times;
- Too many governing bodies;
- Too many services that clients need to be in contact with;
- Barriers to getting students access to supports especially if they drop out;
- Nothing cannabis specific;
- Underfunding;
- Abstinence-only programs;
- Difficulties finding leaders for substance choice seminars; and
- Barriers for people who smoke tobacco to access services.

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 Niagara, Ontario going forward. Participants suggested the need for:

- Expanding Early Psychosis Interventions (EPI) program;
- Emphasizing mental health risks;
- Developing programs for children (grades 4 and 5);
- Creating a program to help wean people off cannabis;
- Utilizing harm reduction models;
- A wider variety of treatment methods to reach broader audience (e.g. online tools);
- Health promotion geared towards youth;
- Implementing client-focused models;
- Open discussion about cannabis with clients – parent groups; and
- More information on prescriptions and contraindications.

“[It is] essential that more becomes available for people that may be most impacted by [legalization].”

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

- Focusing on young people (16-24 years old);
- Providing answers for questions (e.g.: what is the suggested intake?); and
- Providing education and information for providers on cannabis consumption and titration.

“[We need] key facts for youth; key facts for other at risk populations.”

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 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:

- Local Health Integration Network (LHIN);
- Family Counselling Centre (FCC) collects information to understand type of assistance needed for the family;
- Marketing materials and information targeted at youth;
- Public Health Ontario/local health unit;
- Ontario Common Assessment of Need;
- Treatment Centres;
- EMS and Niagara Health System (NHS);
- Community Addiction Services of Niagara (CASON);
- Centre for Addiction and Mental Health (CAMH);
- Addictions and Mental Health Ontario (AMHO);
- Niagara Connects;
- Licensed cannabis producers;
- National College Health Assessment survey every 3 years (Brock University and Niagara College);
- Ontario Student Drug Use Survey (high schools);
- Canadian Community Health Survey (CCHS);
- resources from B.C.; and
- Registered Nurses' Association of Ontario (RNAO).

Participants listed a variety of information sources they currently use to find information on cannabis. Most participants listed governmental or non- governmental organizations as their current sources of information. Few participants mentioned print or online publications. See Table 1 for the complete list of current information sources shared by consultation participants.

Table 1.
Current Cannabis-related Information Sources Utilized by Consultation Participants

TYPE	SOURCES
GOVERNMENT	Local Health Integration Network (LHIN)
	Niagara Region Public Health
	Resources from B.C.
	Public Health Ontario
NON-GOVERNMENTAL ORGANIZATIONS	Family Counselling Centre (FCC)
	Ontario Common Assessment of Need
	Treatment Centres
	EMS and Niagara Health Systems
	Canadian Mental Health Association (CMHA)
	Registered Nurses' Association of Ontario (RNAO)
	Centre for Addiction and Mental Health (CAMH)
	Addictions and Mental Health Ontario (AMHO)
	Niagara Connects
	Centre de Santé youth programs
	Community Addiction Services of Niagara
PRINT OR ONLINE PUBLICATIONS	Websites
	Online Resources

Challenges of current monitoring and surveillance of cannabis consumption

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

- Lack of reliable and valid data;
- Inaccuracy of self-reported data;
- Difficulty researching;
- Conflicting information;
- Privacy issues;
- Funder-driven reporting processes;
- Time lags to receive data;
- Insufficient funding for data; and
- Stigma associated with cannabis.

Desired cannabis-related monitoring and surveillance

Participants also shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as collecting information during existing community outreach activities. 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 Niagara region of Ontario they would like to know going forward. This included a range of topics, such as protocols for treatment, what a safe dosage is, and how providers could ensure that all populations have access to the

data. See Table 2 below for a summary of the desired cannabis-related data, information and evidence needs, per category.

Table 2.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Safe dosages
	Protocols for treatment
SOCIO-DEMOGRAPHICS	Stratified data on health equity
SPECIFIC POPULATIONS	Elementary school students
	Vulnerable populations
	On-the-ground research to target vulnerable populations
	Ensure that all populations have access to the data
PROGRAMS AND SERVICES	Employee Assistance Programs (EAPs) and counselling agencies
MONITORING METHODS	Hospital
	911 calls
	Emergency Medical Services
	Anonymous surveys
	Outreach through shelters and libraries
	In-depth survey
LEGALIZATION	Inform clients about why data is being collected

“We want current information and we want to participate to get our piece in there, we want updates to find out what is out there.”

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 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 supports in the categories of program needs; tools/resources/training; data/information/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 evidence-based practice with specific, clear, evidence-informed practice guidelines. Many participants also indicated the need for more information on a range of cannabis topics so that they could better inform their clients, such as consumption of edibles, the benefits and harms, and clear information on cannabis legislation (municipally, provincially, territorially, and federally).

“As a frontline worker, I would like to see more pamphlets, information to give to clients, most who won’t ask for it. They want to take without being noticed.”

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

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Case studies for other communities (impact data)
	Data on economic impact
	Impact on treatment system
	Open dialogue to gather data
	Information about edibles
	Current information with regular updates
	Evidence-based information on the physical, mental, and social facts
	Consistent methods of collecting statistics
	Medical data on safety for patients and use with other medications
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Toolkit developed by health and safety
	Executive summary about legalization of Cannabis
	Pamphlets to give clients
	Forums to sit down and have open dialogue
	Method to measure impaired driving similar to alcohol
	Guidelines about interventions
PROGRAM NEEDS	Protocols for treating Mental Health/dependence (e.g. do you remove the cannabis first?)
	Development of policy for non-profits
	Conversations and sharing of ideas
	Educational materials
	More education and information to give clients
	Moderate use guideline/resources that can be shared with patients frontline
	Continued engagement
POLICIES	Emergency response plans
	When to report to Family and Children's Services (FACS)
INFORMATION ON LEGALIZATION	Legal ramifications for driving while impaired
	Knowing standards for cannabis consumption

Community capacity building: Continuing the conversation together

Participants were asked how they could continue the conversation around cannabis together. Going forward, a number of specific community capacity needs were identified, such as the need to:

- Engage different populations in the conversation;
- Develop a toolkit for health and safety; and
- Develop policy for non-profits.

“We need [these consultations to be] ongoing because there are so many things we don't know yet. We can do this individually, but need a place online to go for reputable information.”

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

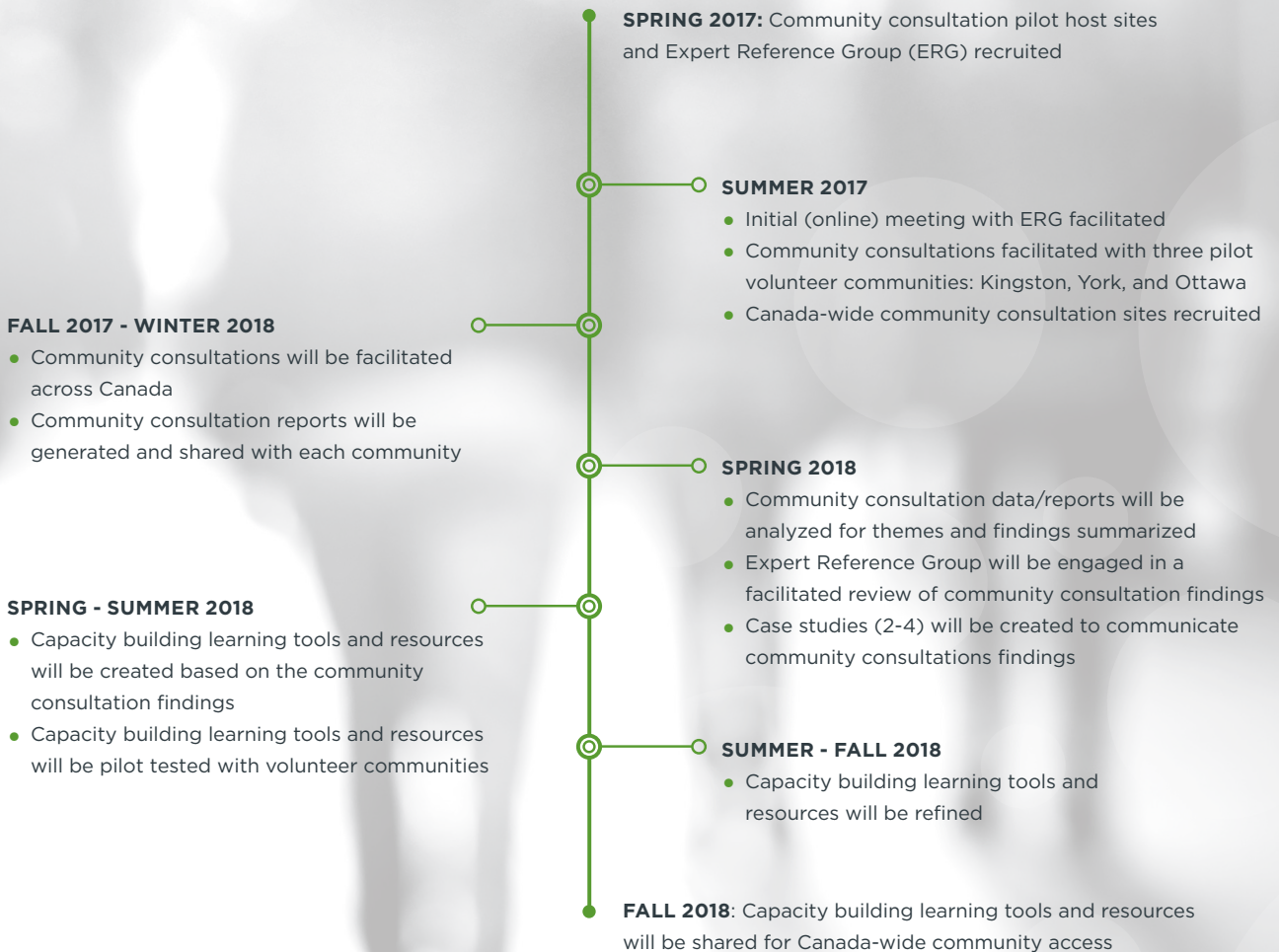
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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: Niagara region of 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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