



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

# COMMUNITY CONSULTATIONS

across Canada

**“NORMALIZING CONVERSATIONS,  
NOT CONSUMPTION.”**

CONSULTATION REPORT FOR OTTAWA, ONTARIO | JUNE 2018



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.

# THE VOICE OF PUBLIC HEALTH

**The Canadian Public Health Association** is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

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

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## **OUR VISION**

A healthy and just world

## **OUR MISSION**

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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CPHA would also like to thank Gestalt Collective [www.gestaltcollective.com](http://www.gestaltcollective.com) for facilitating community consultations.

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: Ottawa, Ontario

On March 7, 2018, 12 health and social service providers participated in a half day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in health and social services, including psychologists, nurses, midwives, managers and pharmacists, from a variety of organizations, such as non-profits, regional public health, provincial/territorial and pharmacies.

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, a summary of a public health approach and regulation of cannabis 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 evening, 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 and;**
- 3. 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 Ottawa's and CPHA's future work and ongoing conversations on cannabis.

“People do it. Youth do it. Canada has [a lot of] use. Let's put a system in place which allows/provides access to regulated product, removes health/social harms of illicit system, [reinvests] tax revenue, [and normalizes] conversations with youth to enable them to make informed decisions about use.”

# 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 ranged from “[it is] safe for some people” to concern that “[it may] increase other substance use,” and have “effects on lung and cardiovascular health.”

“In moderation, I don’t view it as being problematic— but overuse will be detrimental, as per any other substance.”

Most participants expressed concern about cannabis use for both physical and mental health. Another concern that was mentioned by several participants was cannabis consumption among youth. Specifically, participants were concerned about youth who are already in vulnerable situations. Part of this worry is linked to other substance use— one participant was concerned that consuming cannabis may serve as a gateway to addiction to other substances such as tobacco. The general consensus was that cannabis consumption is associated with harm and that harm reduction conversations are important to facilitate informed consumption.

Despite the concerns surrounding cannabis consumption, several participants stated that in some cases, cannabis can have a “therapeutic benefit.” Others expressed concern that there is not enough evidence yet about the long-term effects of medical cannabis.

“In general, it appears to be helpful for at least some diagnosed conditions but I look forward to more controlled research studies.”

The discussion on self-medicating with medical cannabis revealed that many participants are interested in understanding the underlying motivation to self-medicate. One participant mentioned discussing cannabis with their client in terms of its function in the client’s life.

“[I] worry that people will self-diagnose and self-treat with cannabis without fully exploring [the] reasons for symptoms and treatment options, creating more problems.”

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

- **normalizing conversations which will allow people to make informed decisions;**
- **removing the health and social harms of an illicit system; and**
- **improving product regulation and consumer safety.**



Of those who commented on legalization, some raised **concerns**. These included:

- concerns that society is not ready to move from policing to a health care perspective;
- changes in perspective leading to increased risk-taking behaviour ;
- augmented harms (cancer, brain development, etc.) to youth; and
- increased hospital/ER visits,
- increased motor vehicle accidents,
- increased social problems,
- increased crime,
- increased mental health issues, and;
- increased chronic diseases.

### **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 more:

- opportunity for research;
- opportunity to have open conversations with patients; and
- questions from clients.

Perceived negative impacts of legalization included concern:

- over increased pressure to prescribe cannabis;
- that financial interest and a lack of clinical evidence will lead to over-prescription;
- regarding unequal access to medical cannabis;
- about the availability of misinformation; and
- with the Children’s Aid Society and supporting parents who have children in care.

“[I am concerned] about impacts on marginalized youth”

“It will make me busy. I believe that it will increase mental health and addiction issues.”

### **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 enquires about cannabis consumption, many indicated that they discuss harm reduction strategies. However, one participant expressed their belief that most primary practitioners are not using harm reduction strategies. Several participants mentioned using a non-judgmental, non-stigmatized approach with their clients, including trying to understand the motivations behind using.

Despite identifying the importance of open dialogue about cannabis, several participants mentioned a need for more information to be able to better respond and engage in discussions about consumption. Several participants cited a lack of clinical research as an area of concern. Specifically, participants mentioned the need for education on how to have conversations about cannabis with youth. A few participants suggested teaching health care providers how to have these conversations and how to incorporate this into regular assessments.

“In my role (so far), any discussions are limited to medical use.”

“People use drugs for all sorts of reasons. We must not stigmatize or judge, but rather focus on reducing harms associated with use and offering evidence-based treatment for those who want to [decrease] use.”

# 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

Most of the participants said they were aware of programs or services related to substance abuse in their community and were able to list them. Some participants indicated awareness of local programs with a specific cannabis component. The programs or services mentioned included:

- Ottawa Public Health;
- Rideauwood Addictions and Family Services;
- Ottawa Addictions Access and Referral Services (OAARS);
- Dave Smith Youth Treatment Centre;
- Canadian Mental Health Association (CMHA);
- Don't Drive High campaign;
- Maison Fraternité (substance use treatment centre for women);
- Canada's Lower Risk Cannabis Use Guidelines;
- Cannabis Talk Kit (Drug Free Kids) and;
- Guidelines in physicians' offices.

Some participants indicated they were aware of services or programs with a harm reduction approach in their community. The programs mentioned include:

- Rideauwood Addictions and Family Services;
- Ottawa Public Health;
- Cannabis Talk Kit (Drug Free Kids);
- Best Start resource on pregnancy and cannabis;
- Lower Risk Cannabis Use Guidelines;

- KPMG document: "Improving Medical Marijuana Management in Canada" for the Canadian Pharmacists Association.
- Naloxone training
- Algonquin College Umbrella Project (harm reduction strategy on campus); and
- Canadian Centre on Substance Abuse.

Participants were asked to state the harm reduction resources or tools related to cannabis consumption (or co-use with other substances) that they were aware of and/or have used. The resources that were not mentioned in the previous lists include:

- Take Care with Cannabis (Vancouver Coastal Health);
- BC Here to Help (Self-Help Resources for mental health and substances);
- What's With Weed (Gov of Canada Website); and
- Canadian Centre on Substance Use and Addiction (numerous tools on how to talk to your kids).

## Challenges of current cannabis-related programs and services

The participants noted a couple of challenges of cannabis-related services. Challenges listed included:

- non-medical cannabis users would not be likely to access the identified services; and
- the identified services may not address underlying issues.

## **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 Ottawa, Ontario going forward. Participants suggested the need for:

- **education and toolkits to better prepare health and social service providers to have non-judgmental conversations about cannabis consumption and to enable them to share evidence-based information;**
- **continuing education opportunities;**
- **lists of resources in the community;**
- **community engagement events; and**
- **guidelines for service providers about medical cannabis (such as dosages, administration, drug interactions, etc.).**

“We need evidence-based, unbiased education sessions on cannabis.”

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

- **efforts to de-stigmatize cannabis consumption and provide information regarding myths and truths about cannabis; and**
- **resources in different languages;**
- **resources targeted to audience; and**
- **peer-to-peer messages.**

“[We] need to make sure we are educating people that haven’t used but are planning to, acknowledging that this could be a wide age-range.”

# 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

The question, “*What would you need to support your work in the context of legal cannabis?*” prompted much discussion. Participants identified the need for supports in the categories of data, information, or evidence needs; tools, resources, or training needs; program needs; policies; information on legalization; and other needs. 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 non-judgmental, non-stigmatizing practice guidelines. Many participants also indicated the need for more information on a range of cannabis topics so that they could better inform their clients, such as where to safely access it, the benefits and harms, and clear information on cannabis legislation (municipally, provincially, territorially, and federally).

“[We need] education/knowledge across professions [and] tools to support having conversations with clients.”

**Table 3.**

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
<b>DATA, INFORMATION, OR EVIDENCE NEEDS</b>	Information related to dosages, drug interactions, protocols, etc.
	Drug information provided by the manufacturer
	Evidence-based information related to age
	Information about cannabis benefits
	Information about link between consumption and mental health
	Relationship with pregnancy
<b>TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE</b>	Better guidelines for prescribing cannabis
	Simple, clear messaging and video clips for youth
	Resources in different languages
	Cannabis 101 to enable non-stigmatizing support and information
<b>PROGRAM NEEDS</b>	Weed app for clients
	Continuing education opportunities
	Anti-stigma messaging
<b>INFORMATION ON LEGALIZATION</b>	Health Canada regulations to ensure manufacturers provide drug information
	Education and knowledge piece to understand the laws related to both medical and non-medical cannabis
<b>OTHER NEEDS</b>	Education and knowledge piece to understand the laws related to both medical and non-medical cannabis
	Opportunities to connect with other professions
	Consultations

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

Participants were asked how they could continue the conversation around cannabis together. Some participants suggested utilizing local opportunities to provide health education, such as providing health information at local events and increasing cannabis-related content at the Ottawa Model for Smoking Cessation conference. Going forward, a number of specific community capacity needs were identified, such as the need for:

- **assessing information and knowledge gaps;**
- **having larger community consultations;**
- **informing nurses on how to have conversations about cannabis; and**
- **conducting a needs assessment to see what professionals need to have conversations with youth.**

“[We need] Cannabis 101 to enable us to have non-judgemental, non-stigmatizing support and information to patients.”

## 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

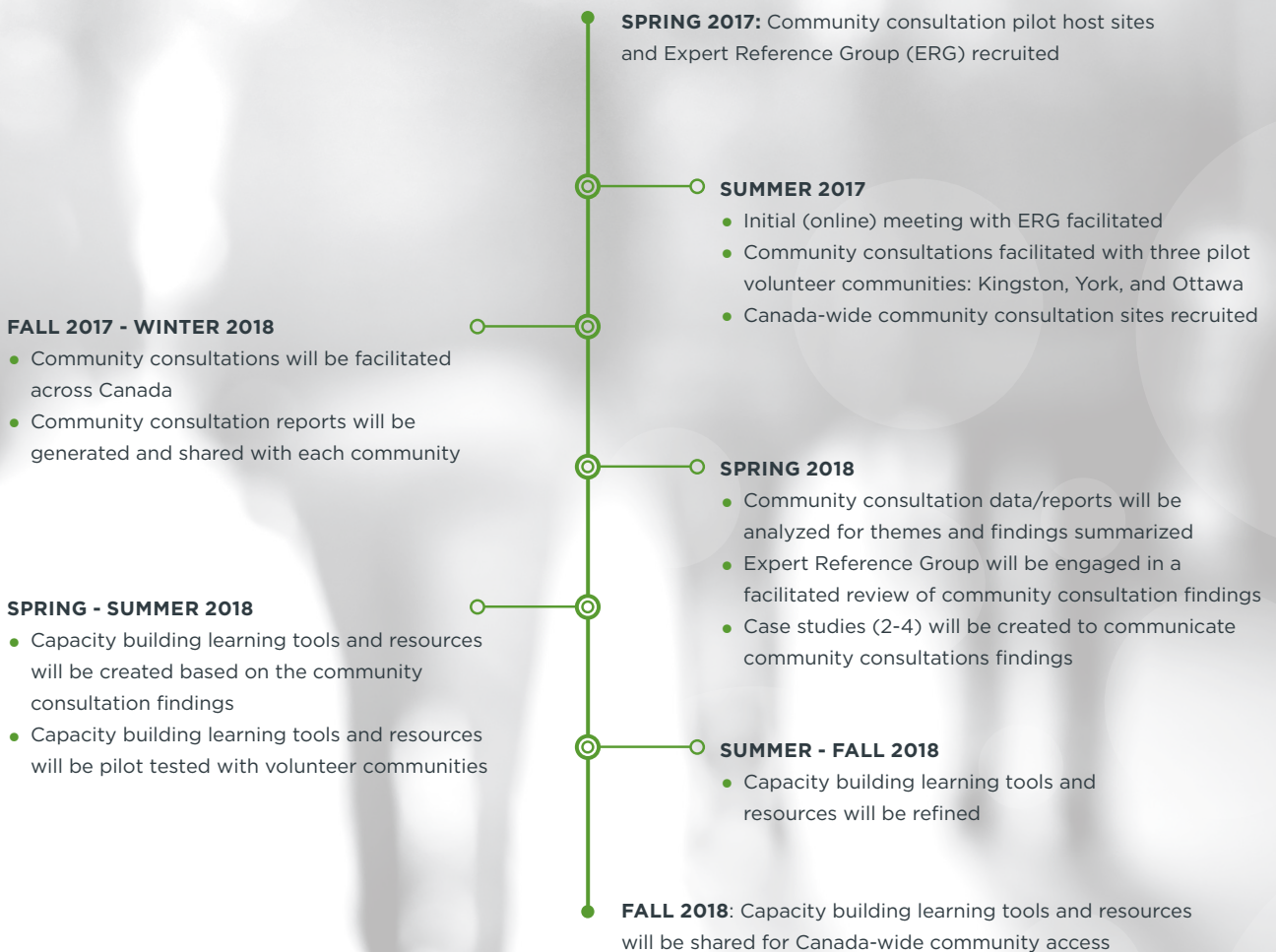
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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: Ottawa, Ontario

ACTIVITIES	TIME
<b>OPENING AND WELCOME</b>	5:30 PM - 5:40 PM
<b>DINNER</b>	5:40 PM- 6:00 PM
<b>OVERVIEW AND INTRODUCTIONS</b>	6:00 PM - 6:20 PM
<b>A PUBLIC HEALTH APPROACH AND REGULATION OF CANNABIS</b>	6:20 PM - 7:10 PM
<b>CANNABIS HEALTH PROMOTION AND HARM REDUCTION</b>	7:10 PM - 7:50 PM
<b>BREAK</b>	7:50 PM - 8:00 PM
<b>YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS</b>	8:00 PM - 8:45 PM
<b>CLOSING AND NEXT STEPS</b>	8:45 PM - 9:00 PM





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