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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 PRINCE EDWARD ISLAND | MARCH 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

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.

NON-MEDICAL CONSUMPTION

Non-medical consumption of cannabis refers to consumption of cannabis or the chemicals contained within 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.

MEDICAL CONSUMPTION

Medical consumption of cannabis refers to the prescribed consumption of cannabis or the chemicals contained within 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 included people from this group, as well as those with cannabis prescriptions, within their discussion of "medical 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″ that are intended for non-medical consumers of cannabis have also opened across Canada.

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 the 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: Prince Edward Island

On Monday March 19, 2018, 30 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, pharmacists, educators, government workers, nurses and addictions and mental health managers, from a variety of organizations, such as post-secondary institutions, education, professional associations, government, First Nations and non-profit.

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 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 PEI Chief Public Health Office, Department of Health and Wellness, who hosted the consultation, gave a presentation on local statistics, a cannabis work plan; which included PEI's approach to legalization and next steps for the province. The consultation closed with a brief overview of CPHA's and PEI's next steps and 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 PEI's and CPHA's future work and ongoing conversations on cannabis.

"I am concerned about increased use but am glad that it won't be illegal. Decriminalization might have worked better. Some of the harms of drugs stem from breaking the law."

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

Participants' concerns over cannabis consumption were framed within three main themes: mixed views on legalization, an impetus for more educational resources, and concerns over youth access to cannabis.

Participant perspectives related to cannabis consumption tended towards an anxiety over increased use, a perception that the harms are being downplayed, and concern over the commercialization and normalization of the product.

"Cannabis consumption is being socially marketed as a harmless, almost consequence-free activity despite significant risk of harm under some circumstances,"

"[Cannabis consumption is] likely to increase with commercialization; risks not well understood; consumption very normalized in some areas."

Most participants saw little to no benefits of non-medical cannabis consumption. However, one participant noted that the harms are far less than those of alcohol; "[Harms related to cannabis consumption are] currently higher than acknowledged. [There are a] variety of harms (chronic + acute) yet compared to alcohol it's a drop in the bucket."

Many participants were concerned that consumption rates would increase, especially for youth. Also, there was a concern for the "normalization effect". Namely, that normalizing cannabis (as alcohol and tobacco have been) will lead to cannabis consumption being "integrated into culture and possibly leading to other (increased) substance use."

"Presently I don't feel we are equipped to answer questions about cannabis. I am glad there are tools being developed and safe consumption guidelines to guide the public and us. The conversations after today will be more informed."

Some participants shared comments that demonstrated a neutral perspective or a perspective that could see both positives and negatives of medicinal consumption of cannabis for therapeutic benefit. When asked what are your perceptions on medical cannabis, participants stated; "Neutral as I learn more about cannabis; I do agree with the medicinal cannabis having a place for people to help them," and "Concerns regarding mental health and addiction, access to teens, monitoring, long term effects; happy for chemo, MS patients they can use MM [medical marijuana] to relieve nausea/spasms etc..."

Some participants were able to speak to the use of cannabis for medical reasons as well as consumption in an informed setting; "It depends on the purpose of use. If it will help you

medically, I think it should be made available through your physician. If you want to use it for recreational use then that changes my thoughts on to prevention and harm reduction."

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:

- **decreased criminal harms;**
- **improved "open and frank" conversations around use;**
- **greater ability to control access to cannabis; and**
- **optimism for increased funding coming from taxation.**

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

- **risks of cannabis consumption are unknown and not thoroughly researched;**
- **increased use leading to harms;**
- **increased access for youth leading to increased use;**
- **commercialization leading to normalization; and**
- **perception that government legalization implies that the product is safe.**

One participant shared their concerns of potential harms that could result from legalization of cannabis; "Given the history of controlling access to tobacco and alcohol I can't help but wonder why we expect to do any better with cannabis."

"I think the legislation is likely the right thing to do. I think we should take our time though – be proactive, thoughtful on how we roll it out, continue to monitor the evidence and act on it."

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:

- **increased control over access;**
- **increased opportunity to have open conversations with current consumers; and**
- **ability to respond to consumers with the offer of treatment, assessment and education.**

Perceived negative impacts of legalization included:

- **increased onset of psychotic disorders and substance induced psychosis;**
- **broadening the scope of, and dependency on, health care services; and**
- **increased youth usage with intensified harmful effects.**

"I think it will create increased availability for youth which will increase usage and the associated risks that go with it. I don't feel we have enough resources to adequately address the anticipated need."

"[We have an] increased responsibility to ensure all children and youth have knowledge, skills and attitudes to know themselves and make informed choices that will help them create their preferred futures."

The majority of participants spoke of the paramount importance of education in light of legalization and consumption of cannabis. "Work must be undertaken to strategize the public education upstream approach to how we ensure all children, youth and their families have the knowledge, skills, and attitudes to make informed choices." There was concern around the need for facts and information, with an understanding that the existing evidence of the harms and benefits of cannabis consumption is lacking.

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, some mentioned that they would be able to provide information on the substance, and that they would want to express the harms of the substance in order for the client to make an informed decision. Many of the participants indicated that they would be able to refer to the appropriate services, as well as support the client to seek their own information in the literature. A few participants stated that they would be able to support a client if they wanted to cease consumption.

"[There is] not real strong evidence [for an] informed approach. Cannabis itself isn't the concern; it's the indication of self-medication for trauma or mental illness."

However, the majority of participants identified the need for more information to be able to better respond and engage in discussions about consumption. Some participants noted that they needed to arm themselves with "facts" to counter the misinformation of their clients; "As a health care provider – influencer; [it is] important to have the facts, counteract the myths. [It is an] uphill battle for those where consumption is an ideology and have a significant number of "facts' themselves. Where the evidence is just beginning to emerge [it is] difficult to counteract other "facts."

"There is growing concern related to mental health. I feel that greater education about cannabis use for the public would be beneficial. We certainly need more health and psychology research being done and then distributed widely."

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. Most participants indicated that local programs and services for substance use are not cannabis specific, but instead look at all substances. The programs or services mentioned included:

- School wellbeing teams;
- Needle exchange programs (NEP);
- Clinical interventions;
- Student well-being teams in Montague and west PEI and Charlottetown;
- Mental health walk-in clinics for students;
- MADD & MD insurance campaign;
- Opioid replacement therapy clinics;
- CAST (Coping And Support Training) programs for youth;
- SEL (Social Emotional Learning) programs;
- (PATHS) Promoting Alternative Thinking Strategies);
- Addictions services, specialized mental health and addictions programs focused on trauma;
- DARE (Drug Abuse Resistance Education) program;
- The PEI Reach Centre (non-residential centre for youth); and
- SMART Recovery (Self-Management and Recovery Training) support groups.

Many participants indicated they were aware of services or programs with a harm reduction approach in their community. These included:

- School guidance counsellors;
- Needle exchange programs (NEP);
- Opioid replacement therapy clinics;
- CAST (Coping And Support Training) programs for youth;
- SMART Recovery (Self-Management And Recovery Training) support groups; and
- DBT (Dialectical behaviour therapy): teaches adolescents emotional regulating skills.

Other programs or resources mentioned by the participants included:

- National Institute of Mental Health tools;
- Cannabis talk kit;
- Promotions/educational campaigns;
- School assemblies;
- Videos from MADD Canada; and
- Police informing communities on what to be aware of.

Participants noted that of the community-based substance use programs available, the most success is seen through the methadone program and other harm reduction approaches to counselling such as dialectical behavioural therapy, and social emotional learning for adolescents. Many participants believed that the small size of Prince Edward Island facilitates program success with a multiservice approach and collaboration with community health and social 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:

- concern for lack of reach to low SES programming due to government oversight;
- lack of resources/access;
- legal ramifications of substance use;
- stigma associated with use, especially for women;
- lack of cohesion in programming, increase strain on case management;
- limited resources in rural areas cause students to travel to Charlottetown for treatment;
- lack of counsellors at Holland college and across other campuses;
- lack of access for students;
- no fast track system for mental health at the Richmond centre (mental health organization);
- long wait list for mental health programs;
- no programming aimed at the public; and
- no standardized educational tools.

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 PEI going forward. Participants suggested the need for:

- early psycho-social intervention;
- CRAFT (Community Reinforcement Approach and Family Training);
- health professionals going to community groups to have discussions;
- movement to wellness behaviours;
- tobacco approach (socially unacceptable, regulation, plain packaging); and
- warning labels on commercial cannabis products.

"Parents need more information; who uses, who doesn't use; why are they using. [There is] always a 'story.' [Use the] tobacco approach – make this socially unacceptable, regulation, plain packaging. [There is a] perception of benefit [as a] 'natural approach.' [We need] pre natal programs and information and data."

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

- harm reduction for earlier intervention;
- the use of social media for targeted populations;
- more information for parents (who uses, who doesn't, why they are using); and
- social campaigns for cannabis similar to the responsible alcohol use campaigns.

"Youth targeted education – have them in the conversation and lead it (at school); teach information through school (life skills, drug counsellors, people in recovery); those who are selling commercially – have them do some work to warn of harms (warning labels); use social media."

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:

- cannabis related hospitalization codes (billing code);
- student wellbeing teams;
- referral statistics;
- med track (used by some practitioners);
- Integrated Services Management (ISM) mental health and addictions;
- ER surveillance;
- sales from cannabis dispensaries;
- treatment data;
- google-internet;
- Health Canada;
- Statistics Canada;
- Canadian Agency for Drugs and Technologies in Health;
- Canadian Pharmacy Association;
- PEI survey of junior high and high school students
- School Health Action Planning and Evaluation System (SHAPES) biannual survey;
- Canadian Student Alcohol Tobacco and Drugs Survey (CSTADS);
- Canadian Community Health Survey (CCHS); and
- Health Behaviour in School-Aged Children (HBSC) survey.

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. Many participants mentioned online publications, including Google scholar. 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	Health Canada
	PEI Government Website
	Statistics Canada
NON-GOVERNMENTAL ORGANIZATIONS	cross collaboration meetings
	Joint Consortium for School Health
	Canadian Public Health Association
	Canadian Centre on Substance Use and Addiction
	Canadian Mental Health Association
	Centre for Addiction and Mental Health
	pharmacists
PRINT OR ONLINE PUBLICATIONS	google – internet
	google scholar
	CBC news
	health websites

Challenges of current monitoring and surveillance of cannabis consumption

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

- **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);**
- **the costs in terms of time and money associated with accessing and using data;**
- **stigma among providers;**
- **disclosure of use seems to be prevented due to unknown fears around data collection (confidentiality and anonymity);**
- **concern over quality and trustworthiness of research, as many cannabis companies are providing research;**
- **inherent problems with methodology;**
- **concern about small sample numbers/how to aggregate data and maintain confidentiality;**
- **challenges with self-disclosure methodology; and**
- **lack of data beyond health statistics**

Desired cannabis-related monitoring and surveillance

Participants also shared other, potential sources of "unmined" monitoring and surveillance data related to cannabis consumption, such as point of sales data, longitudinal student surveys and community mental health centers, motor vehicle accidents, emergency room data and substance seizures by police. Many participants highlighted the need for more research and improved methods to collect data. The majority of participants were concerned over the

methodology of data, worrying about the honesty or truthfulness of the self-reported data. Consultation participants also shared their thoughts on what cannabis-related information in PEI they would like to know going forward. This included a range of topics, such as the long term impacts of cannabis on specific populations, comparative data amongst provinces and a deeper understanding of cannabis. See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs, per category.

"[There is a] concern about small sample numbers. How [do we] aggregate data and maintain confidentiality (in schools, teachers could recognize handwriting)?"

"Challenges with self-disclosure methodology – truthfully, how accurate is data?"

Table 2.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Evidence-based information
	Health harms
	Long-term impacts
	Scientific evidence
	Baseline data
	Knowledge baseline for impacts of cannabis
	Impact of cannabis use on mental health, brain development, physical health, fetal development
SOCIO-DEMOGRAPHICS	Family use, access to home environment
	Total societal costs
	Comparative data from other provinces
SPECIFIC POPULATIONS	Longitudinal study from high school to post-secondary to workforce
	Life goals (employment productivity)
	Youth usage
	Student achievement (neuro-cognitive impacts)
MONITORING METHODS	Retail monitoring
	Cross-departmental perspective (not just health focused)
	Self-report
	Police
	Community mental health clinics
	Insights and strength program
	Nursing measures
	Focus on post-secondary students
	Employers (medical marijuana prescriptions)
	Emergency rooms
	Schools (youth usage)
	Traffic accidents (autopsy, numbers, causation)
	Drug seizures by police

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 data, information and evidence needs; tools/resources/training; programming; policy; information on legalization and funding support. 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 educational resources specifically for the post-secondary institutions (including safer use awareness campaigns on campus) and training and policy needs for collaboration amongst agencies. Many participants also indicated the need for more resources to support social services, specifically indicating a need for more psychologists and service providers in general. Some participants noted that the separation of mental health and addiction agencies proves to be a barrier to clients seeking support as well as decreases the ability for cross organizational collaboration.

"We need simple clear messaging."

"Help training faculty – the people interacting with youth on a daily basis. [So they are] able to spot use and abuse. What are the indicators of cannabis use and abuse and training for this – the markers to look for – and then directing them through our counselling services. Maybe something on the data collection side – we can do this on the post-secondary side."

Table 3.

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Data and information on ages 19-25 from post-secondary
	Measurement of social determinants of health
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Prenatal/pregnancy/post-natal information for clients
	Education and information for youth
	Education tools to use with my clients
	Professional development training and resources so that everyone is better informed
	Information for teachers and staff in schools to increase knowledge and open mindedness enabling teachers to have informed conversations with students
	Educational materials for school age use, customized locally
	Training for service providers in evidence-based interventions.
PROGRAM NEEDS	Educational programs for University students. Similar to responsible drinking programs
	More psychologists
	More measures at the community level
	More service providers
	Addictions and mental health needs to be integrated versus separate – hard for people to experience service that is fragmented
POLICIES	Larger conversation with mental health and addictions organizations
	School boards policy needs to be adapted to weave cannabis in; samples of best practices and policies that have been developed in other places
INFORMATION ON LEGALIZATION	More robust data to look at the impacts of legalization with an equity lens, socio-demographic variables, and the inequitable impacts across different groups of people
OTHER NEEDS	Funding to have accurate resources

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:

- **create committees;**
- **maintain the conversation with consultation participants through the host organization and**
- **a central federal website for resources**

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: Prince Edward Island

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:30 AM – 9:40 AM
OPENING AND WELCOME	9:40 AM – 10:00 AM
OVERVIEW AND INTRODUCTIONS	10:00 AM – 10:30 AM
CANNABIS PRIMER, CONSUMPTION STATISTICS & RESEARCH EVIDENCE	10:30 AM – 12:00 PM
LUNCH	12:00 PM – 12:30 PM
CANNABIS HEALTH PROMOTION AND HARM REDUCTION	12:30 PM – 1:30 PM
MONITORING AND SURVEILLANCE OF CANNABIS CONSUMPTION	1:30 PM – 2:15 PM
YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS	2:15 PM – 2:45 PM
CLOSING AND POST-SESSION EVALUATION	2:45 PM – 3:00 PM

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