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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 SASKATOON, SASKATCHEWAN | NOVEMBER 2017



THE PUBLIC HEALTH APPROACH TO CANNABIS PROJECT WAS MADE POSSIBLE THROUGH A FINANCIAL CONTRIBUTION FROM HEALTH CANADA. THE VIEWS EXPRESSED HEREIN DO NOT NECESSARILY REPRESENT VIEWS OF HEALTH CANADA.

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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.

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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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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: Saskatoon, Saskatchewan

On November 9, 2017, 25 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 first responders, social workers, pharmacists, law enforcement, medical officers of health, and management, from a variety of organizations, including but not limited to public health, public housing, and secondary and post-secondary schools.

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 Saskatoon's and CPHA's future work and ongoing conversations on cannabis.

"I agree that decriminalization is the way to go. This is a health issue that requires extensive education and programming to support people who may be struggling with substance use disorder and other health conditions, often which may be closely linked to determinants of health."

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 a broad spectrum of perceptions, from “neutral – substance use and abuse is fairly common” to “there is nothing wrong with cannabis consumption” to “I do not condone cannabis consumption, particularly with teenagers.” Participants generally commented that the statistics from the Canadian Community Health Survey on cannabis consumption in Saskatchewan were lower than expected.

“A significant part [of my thoughts] is associated with and reflected by our social stigma and/or acceptance of it as an illegal, problematic substance. People have used it for centuries and [it] doesn’t confer as much harm as we’ve come to perceive.”

However, many participants leaned towards concern for cannabis consumption. The concerns around cannabis consumption expressed included risk of injuries, youth consumption, mental health, and the normalization of impairment.

Participants did not provide a list of specific benefits of non-medical cannabis, but some indicated the substance is not as harmful as some people portray it to be. Many participants indicated support for medical consumption of cannabis, while also raising concerns over cannabis’ potential harms. A few participants shared comments that demonstrated positive perspectives toward medicinal consumption of cannabis for therapeutic benefits for pain control,

anti-nausea, and HIV-related appetite increase. Another benefit of medical cannabis that thread throughout the conversation was the opportunity for people to speak with physicians about cannabis consumption.

Many participants expressed concern regarding the utilizations, parameters and regulations of the medical cannabis system. For example, cannabis is not controlled like other medical pharmaceuticals and patients can access cannabis regardless of their physician’s advice. These participants advocated that medical cannabis authorizations be treated like other prescriptions and include information on when to use and dosage.

Many participants felt that cannabis is consumed widely and that education is needed to reduce the associated harms. They expressed that they hear a range of normal and risky consumption practices, and many emphasized the need for responsible consumption.

“I think the most important focus should be on health – both health benefits and reduction of harms, including health harms and psychosocial, (criminal record, reluctance to seek help or disclose).”

Participants also expressed a variety of perspectives on the legalization of cannabis. Similar to cannabis consumption, participants tended to lean towards concern about legalization, in part due to the perception that public health had been left out of the provincial

discussion and the lack of information on how cannabis would be provincially regulated. At the time of the consultation, the Government of Saskatchewan had not released the details of its legislative approach to cannabis, nor had the federal government released its proposed regulatory approach. Participants commented that this consultation was the first they had participated in regarding cannabis legalization. Worries about legalization included concerns around:

- edibles;
- the connection of the legal system to industry;
- the influence of industry on public health;
- the need for more research evidence on usage; and
- students with addictions attending school.

A few participants noted that there are benefits to the legalization and regulation of cannabis, in particular that controlling the substance will ensure it is not mixed with other substances.

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, including the possibility of it increasing or decreasing rates of consumption. Many participants articulated positive impacts of the legalization of cannabis, while negative impacts of legalization were often framed by concerns for cannabis more broadly. Perceived positive impacts of legalization included:

- eliminating the use of illegal product;
- reducing harms through regulated product;
- clarifying lower risk use, abuse, and addiction to cannabis;
- leading to standardization of products and support services;

- increasing conversation and research on cannabis; and
- no increase of consumption or normalization of cannabis.

“I think legalization is a good step as it gives us an opportunity to work with users from a non-punitive harm reduction approach.”

Perceived negative impacts of legalization included:

- increasing consumption;
- increasing impairment-related safety and workplace issues;
- increasing number of clients;
- complicating shared work and services to the community; and
- increasing strain on limited resources.

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 refer individuals to other programs, services, and sources of information, including referrals to physicians. Current responses emphasize the need for individuals to speak with physicians regarding cannabis consumption or treatment programs and services, which included:

- day program;
- residential treatment;
- outpatient counselling;
- detox;
- outreach; and
- mental health and addiction.

Several participants indicated they used a harm reduction approach with clients who report a range of substance use, including cannabis. A few participants indicated they use an abstinence-based response, by explaining that:

- non-medical cannabis consumption is illegal;

- youth should not use as their brains are developing;
- people who are pregnant should not use; and
- to refrain from using when driving.

A few participants explained that limited research information restricted current responses to cannabis, while a few participants shared that available research on cannabis was conflicting or inconsistent. Other participants acknowledged they have difficulty responding to discussions or questions about cannabis.

“I find things confusing and hard to offer advice.”

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

All participants were aware of programs or services related to substance use in their community. Many of the consultation participants were not aware of programs or services in their community specifically related to cannabis. Some participants indicated that the substance-related programs and services they were aware of were not substance specific, for example mental health and addictions programs and harm reduction programs. Collaboration across health, education and policing sectors was a notable element of the programs and services for cannabis and other substances indicated.

“If there are resources in the community – please tell me.”

The following list of programs or services are cannabis specific, or respond to cannabis and other substances:

- Secure Youth Detox Centre in Regina;
- mental health and addictions programs and outreach;
- workshops for First Nations communities and workplaces;
- youth diversion programs;
- addiction counsellors;
- HUB committee; and
- youth team.

Some of the programs and services indicated were school-based, including:

- Saskatoon Police Service’s School Resource Officer program, including

the Drug Awareness and Healthy Lifestyle Days program;

- awareness workshops, including in First Nations communities;
- health and wellness programs;
- mental health and addictions programs;
- addiction counsellor; and
- drug education.

Many participants indicated they were aware of services or programs with a harm reduction approach in their community, and listed several treatment programs as examples of the current harm reduction approach in the community. The harm reduction programs and services listed include:

- needle exchange programs;
- Saskatoon Health Region’s Community Addiction Services;
- detox and Residential Treatment (Calder Centre) in Saskatoon;
- Métis Addictions Council of Saskatchewan Inc., Saskatoon Centre;
- adult and youth outreach services, including the 601 Outreach Centre;
- HIV/AIDS programs;
- Concurrent Disorders Program;
- Connecting To Care Program; and
- Saskatoon Tribal Council Addiction Services.

Other programs or resources mentioned by the participants included:

- Canadian Centre on Substance Use and Addiction resources;
- Health Canada resources;
- drugfree.org pamphlets;
- MADD television campaigns on alcohol and marijuana; and

- Saskatchewan Prevention Institute’s education programs (soon to have a cannabis component).

Challenges of current cannabis-related programs and services

Participants noted that the currently operating cannabis programs are working well, but with some challenges. Challenges listed included:

- harm reduction strategies are focused on other substances, particularly for youth;
- lack of cannabis-specific harm reduction services or programs;
- lack of conversation in community around consumption;
- lack of standardized messaging on cannabis consumption, products, and methods;
- healthcare providers not well educated themselves to guide individuals;
- information from Licensed Producers and parents conflicts with other messaging;
- the nature of the drugs being consumed;
- reach of current programs;
- increased mental health concerns in the communities, families and schools;
- stigma;
- funding; and
- family trauma.

“We recognize that it’s impossible to speak about our approach to cannabis separate from our harm reduction approach to substance use broadly – we do have good services for treatment but we still aren’t doing enough to prevent longer term problematic substance use, whether it is cannabis or another substance.”

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 Saskatoon, Saskatchewan going forward. Participants suggested the need for:

- harm reduction for cannabis, combined with mental health support;
- consistent elementary and secondary level education in all schools;
- promotion of low risk use;
- programs to treat trauma;
- patient-friendly website with evidence-based harm reduction strategies;
- information on strains and potencies;
- supportive services to address the determinants of health;
- a shift away from law enforcement-based programs and services;
- evidence based awareness workshops and resources;
- accessible online resources for young people;
- public education pamphlets;
- education for parents, including their role in educating their children;
- information on synthetic cannabinoids for patients; and
- program-specific supports for substance use and abuse clients.

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

- standardized support services;
- an upstream focus to prevent trauma and longer term problematic substance use;
- mental health promotion;
- pragmatic approaches to reduce harms;
- accessible, consistent, and robust information, including on low risk use; and
- support overall for better care.

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 and shared 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 consultation participants were aware of data being collected about cannabis consumption at the community level. Examples of where or what data was collected and by whom were discussed. Participants were aware of data being collected through the following programs:

- Saskatoon Tribal Council Health Centre and communities;
- harm reduction programs;
- hospital admissions;
- intake assessments, including detox and Population and Public Health

Services;

- Pharmaceutical Information Program (PIP);
- physicians who authorize medical marijuana; and
- Licensed Producers.

Participants listed a variety of information sources they currently use to find information on cannabis. Participants listed governmental and non- governmental organizations as their current sources of information. A 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	Canadian Tobacco Alcohol and Drugs Survey (CTADS)
	Health Canada
	Mental Health and Addictions Services
	school surveys
	crime databases, including possession charges
NON-GOVERNMENTAL ORGANIZATIONS	Canadian Mental Health Association (CMHA)
	Canadian Public Health Association (CPHA)
	Social Sciences Research Laboratories and University of Saskatchewan <i>Taking The Pulse of Saskatchewan</i> report
	Society of Obstetricians and Gynaecologists of Canada (SOGC)
	Canadian Paediatric Society (CPS)

	Canadian Centre on Substance Use and Addiction (CCSA)
	Centre for Addiction and Mental Health (CAMH)
PRINT OR ONLINE PUBLICATIONS	Health Canada website
	Canada's Lower-Risk Cannabis Use Guidelines
	drugclass.ca - Rand Teed
	drugfree.org
	Google
	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 data collected or information on cannabis;
- awareness of data collected;
- limited access and utility of data currently collected;
- lack of consistent definition of cannabis and forms of consumption;
- lack of central vehicle for dissemination of information;
- stigma or fear associated with consumption limits reporting; and
- privacy concerns.

Desired cannabis-related monitoring and surveillance

Many participants highlighted the need for baseline data pre-legalization and a longitudinal analysis post-legalization. Participants discussed the methods of data collection as well as the

accessibility and utility of data collected. Participants shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as data collected from hospital admissions, sales data from Licensed Producers, data from the Saskatoon Tribal Council Health Centre, and school data. Several participants specified that data should direct decisions going forward on cannabis.

“We can collect a lot of data but there seems to be an unwillingness to look at the data and make decisions accordingly.”

Consultation participants also shared their thoughts on what cannabis-related information in Saskatoon they would like to know going forward. This included a range of topics, such as information on individual consumption patterns, the health and program effects of cannabis consumption and the social determinants of health.

Table 2.**Desired Cannabis-related Data, Information and Evidence**

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Comparison of number of cannabis consumers pre-and post-legalization
	Point of sale and internet sales data on quantity and quality, similar to alcohol
	Cost of cannabis through various methods of purchase, including internet and illicit
	Information on quantity and frequency of consumption
	Definition of risky use and assessment of consumption practices according to definition
	Self-reported harms and consequences of use
	Effects of consumption, focusing on harms including hospitalizations, overdoses, and other serious adverse effects
	Track individual consumption over time, for example using a membership card
	Impact of consumption on life
SOCIO-DEMOGRAPHICS	Changes in the individuals accessing services
	Data according to mental health and other health indicators
	Information on people repeatedly presenting for services
	Impact on social determinants of health
	Age and gender-based information
SPECIFIC POPULATIONS	Workplace data
	Changes in psychosis rates based on cannabis consumption and legalization
PROGRAMS AND SERVICES	Student use frequency pre- and post-legalization
	Comparison of ambulance users and calls for service pre- and post-legalization
	Hospital admissions and management of cannabis related symptoms
	Emergency room visits and trauma associated with cannabis
	Quantity of people presenting to mental health programs and services in the community linked to their consumption of cannabis
	Cross sector data collection
MONITORING METHODS	Intake assessments, for example detox
	Share data collected by Licensed Producers with public health
	Consistent data collection across the country and from province to province
LEGALIZATION	Demographic data from distributors
	Differentiate between products
	Information about zoning restrictions and proximity to buildings, including schools
	Regulations on how and where cannabis is stored, for example in a lock box in the house to prevent children accessing or similar to methadone storage requirements
	Information on how people store cannabis
	Comparative study of pre-legalization and two or three years post-legalization
	Interprovincial data on supply of cannabis
	Information on how to determine between licit and illicit cannabis post-legalization
	Data from jurisdictions that have already legalized, including pre- and post-legalization consumption rates
Information on amount and type of adulteration of cannabis	
<i>The following category is unique to Saskatoon, Saskatchewan</i>	
CANNABIS FOR MEDICAL PURPOSES	Cannabis authorization included on list of other prescriptions. Include information on specific use and when to use
	Assign cannabis a pseudo-DIN
	Data on dosage for authorized cannabis
	Data distinctions between medical and non-medical consumption
	Information on the potency of medical and non-medical cannabis

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 data, information, and evidence; tools, resources, and training; program needs; policies; 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 information on the process and priorities for legalization, cannabis legislation municipally and

provincially, and confusion on the implications for their programs and services. Many participants also indicated the need for education on cannabis without relying on the school system and more information on a range of cannabis topics so that they could better inform their clients, such as how to access legal cannabis and the medical cannabis system.

“[I need] more clarity on medical side in terms of tracking, and the so called authorization.”

Table 3.
Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Information on best options for patients, including synthetic cannabinoids
	Data on general attitudes around cannabis, legalization, and consumption practices
	Knowledge of resources available in the community and referral process
	Qualitative data on experiences pre- and post-legalization
	Information on harm reduction and medical cannabis
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Education for health professions on cannabis
	Support for students and families in secondary school system
	Low risk guidelines included on labels of cannabis products
	Lower-risk Cannabis Use Guidelines resource for policy makers
	Effective tool for assessing impaired drivers
	Resources specific to medical and non-medical cannabis
	Support documents to enable dialogue with clients, adults and youth
	Information on how people respond to different cannabis products, including different THC levels, concentrates, and shatter
	Evidence-based resources translated for different populations on impacts of cannabis consumption during pregnancy, for children, etc.
Education for housing authorities on the implications of law for tenants, particular to quiet enjoyment, smoking, and growing cannabis	
PROGRAM NEEDS	Consistent elementary and secondary school education
	Move away from reliance on schools for drug education
	Treatment of trauma
	Government support of public education and health services

	Consent for services
POLICIES	School policy for students who consume cannabis, students of legal age which could be similar to alcohol, bake sales, and plants grown in community gardens
	Standardized cannabis product labelling
	Mental health and addictions policies to ensure safe space for detox with respect to cannabis consumption
	Sample municipal and workplace policies
INFORMATION ON LEGALIZATION	Information on what will be legal and what will not be legal
	Implications for staff and labour relations
	Implications for foster and birth parents “child protection unit”
	Information on grey area of retail and dispensing of cannabis
	Zoning of dispensaries and retail locations in proximity to schools
	Proactive conversation from the government with public health and general public on provincial approach to legalization
	Provincial governmental priorities for legalization
	Inclusion of health in government process for legalization
	Information on law and process for legal access to cannabis
	Landlord and tenant rights and responsibilities
OTHER NEEDS	Public health education, generally and specifically to impaired driving
	Education for parents, the whole family, and community
	Consistent cannabis, alcohol and sex messaging
	Differentiation between medical and non-medical cannabis products
	Better grasp of system of medical cannabis in Canada, including the process for authorization and tracking
	Network of support and local experts working in this area

Community capacity building: Continuing the conversation together

Participants were interested in continuing the conversation around cannabis together. A few participants noted the benefit of having this group of people together in the room for this conversation.

“I’ve created a network of experts to help me [with] what I don’t know – I don’t know about addictions, cannabis, opiates, but I know the people to call.”

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

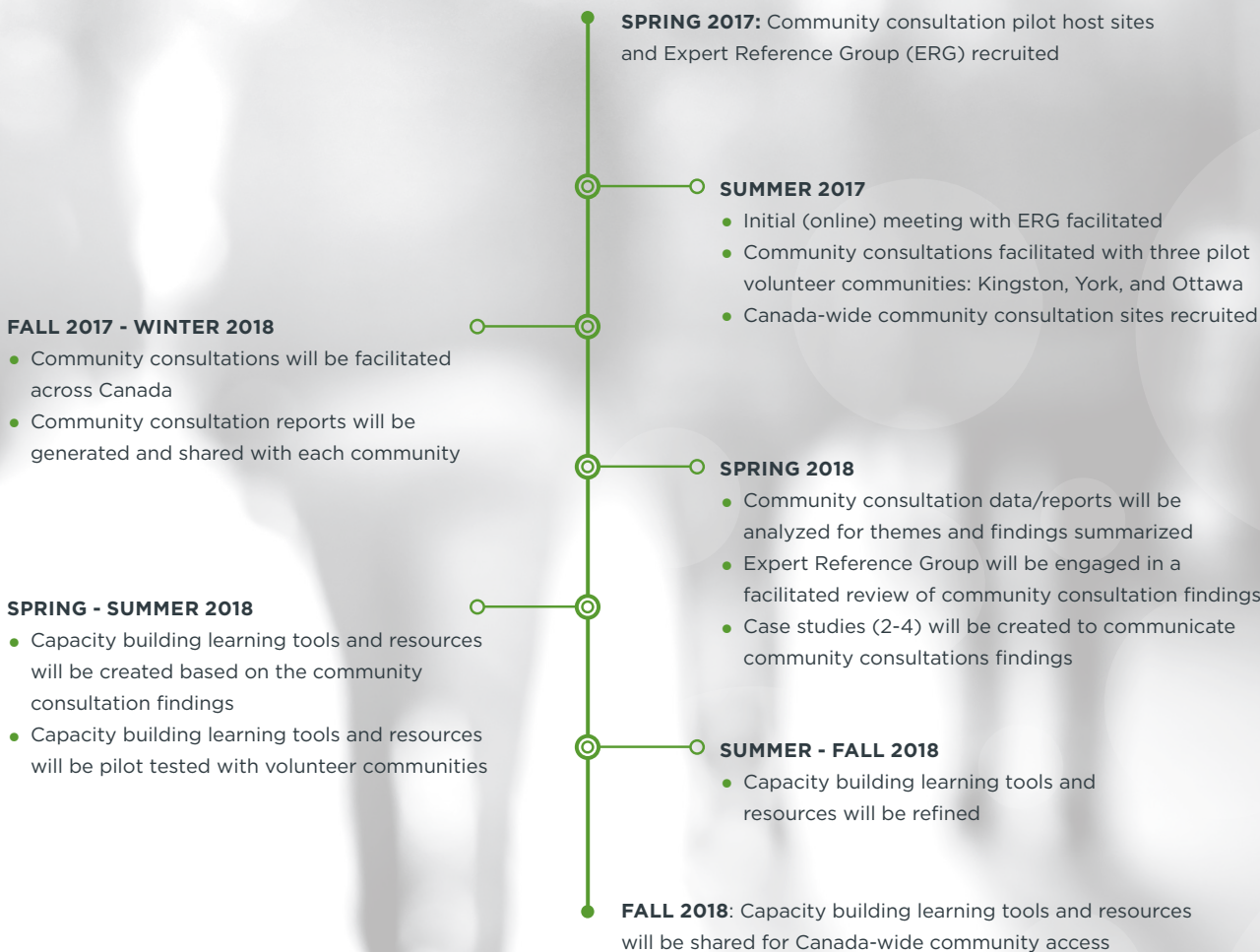
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : Saskatoon, Saskatchewan

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 - 11:20 AM
BREAK	11:20 AM - 11:30 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	11:30 AM - 12:25 PM
LUNCH	12:25 PM - 12:55 PM
AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES	12:55 PM - 1:50 PM
BREAK	1:50 PM - 2:00 PM
A COMMUNITY RESPONSE TO CANNABIS	2:00 PM - 2:45 PM
NEXT STEPS AND CLOSING	2:45 PM - 3:00 PM



CANADIAN
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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.

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