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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 VANCOUVER, BRITISH COLUMBIA | OCTOBER 2017



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For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | info@cpha.ca

www.cpha.ca

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NAME	ORGANIZATION
TREVOR ARNASON	Nova Scotia Health Authority
WEKATESK AUGUSTINE	Native Alcohol & Drug Abuse Counselling Association of Nova Scotia
PATRICIA DALY	Urban Public Health Network
CAROLINE FERRIS	College of Family Physicians of Canada
REBECCA HAINES- SAAH	University of Calgary
ELENA HASHEMINEJAD	Ontario Public Health Unit Collaboration on Cannabis
NICOLE JEFFERY	Registered Nurses' Association of Ontario
KATHERINE KELLY	Pan-Canadian Joint Consortium for School Health
PAMELA LEECE	Public Health Ontario
AILEEN MACKINNON	Saqijjuq
RHOWENA (RHO) MARTIN	Canadian Centre on Substance Use and Addiction
LAURIE MOSHER	IWK Regional Poison Centre
ANDREW MURIE	Mothers Against Drunk Drivers
ALIA NORMAN	Cannabinoid Medical Clinic
LEAH SIMON	Ontario Public Health Unit Collaboration on Cannabis
SÉBASTIEN TESSIER	Canadian Alliance for Regional Risk Factor Surveillance
MARK TYNDALL	British Columbia Centre for Disease Control

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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 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 harms 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: Vancouver, British Columbia

On October 13th, 2017, 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 physicians, urban planners, managers, educators and police officers. Organizations represented include Vancouver Police Department, City of Vancouver, Vancouver Coastal Health, and the Vancouver School Board, among others.

The consultation opened with round table introductions where participants shared 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 Vancouver's and CPHA's future work and ongoing conversations on cannabis.

“I have mostly, over the years, felt that cannabis needs to be legalized and treated by the public the same way alcohol is treated. This includes recreational use; however, a lot should be done so all components in the community have a clear understanding and response to how legalization will be implemented, before it is implemented.”

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

Many participants described cannabis use as being normalized in Vancouver, and described the importance of minimizing harms and maximizing benefits of cannabis consumption. The benefits of which were largely grounded in the concept of cannabis as a harm reduction strategy to displace harms from alcohol, tobacco, and other illicit substances.

“I think with BC/Vancouver use is fairly normalized and that informed use has some harm reduction benefits to alternatives such as with smoking and drinking.”

Cannabis, however, was not viewed by participants as a completely benign substance. Many participants described discomfort with the harms of cannabis.

“I feel much more confident in the potential for non-inhalable forms of cannabis to have a positive effect for Canadians. As many participants have said there seem to be many risks and harms tied to inhaling a burning plant. I worry how perception of use will lead many to develop longer term adverse health outcomes like respiratory/CV diseases and cancers.”

Many participants also felt that a harm reduction approach to cannabis that focused on information and education about cannabis could mitigate some of these harms. Therefore, many participants described the need for more information and education for adults, so that they may make an informed choice to consume cannabis.

“I am supportive of non-medical use of cannabis by an informed adult that has access to a safe and well regulated product.”

“This is a complex issue with many considerations. I think informed choice is key for adults and different strategies are needed to engage youth in this conversation. Scare tactics don’t work.”

However, the use of education and information as a harm reduction strategy was challenged by some participants who felt that health equity issues may affect the distribution of knowledge.

“I think it’s hard for people to make truly informed choices, that many families lack social/cultural capital to discuss and model safer use.”

Participants were mostly supportive of medicinal consumption of cannabis for therapeutic benefit, however many expressed doubts regarding the

current system for medical cannabis. Some participants also felt there is not enough evidence to support the benefits of medical cannabis.

“I am supportive of medical use of cannabis by some person with clear acknowledgement that medical benefits have not been substantiated.”

“Medicinal: Very complex. Not a first line Rx for any disorder that I am aware of yet used commonly. Not supported by the evidence we have for other Rx’s.”

Overall, a large frustration with the lack of evidence was expressed by many participants.

“Education to youth is lacking or incorrect, reliable resources are needed...”

“Need to have greater knowledge education regarding effects/accurate (and) chronic use.”

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 largely indicated positive impacts, but a few raised concerns about the potential effects of the impending legalization.

Participants who indicated legalization would result in positive impacts largely associated these impacts with an understanding of cannabis legalization as a social movement towards decriminalization of other illicit substances, and removal of barriers to scientific inquiry into cannabis and its effects.

“Probably the benefits of legalization outweigh possible down sides. We are actively developing a proactive multi-level approach so it is eating up time and resources but in long term that has many benefits I believe.”

Perceived positive impacts of legalization included:

- **lead to the decriminalization of other currently illicit drugs;**
- **less criminalization and use of police resources;**
- **remove of barriers to scientific research; and**
- **allow for more open conversations and better support for people who decide to consume.**

“Will lead to less criminalization, more research, lessen police resources, and will be an important example for the decriminalization of other illicit drugs.”

“I am not a medical professional, but I know that legalization will allow easier access to studies/research into the product and that is a strong positive. Also, decriminalizing it will lessen unnecessary police resources and eliminate prison sentences.”

The negative perspectives on legalization were largely focused on ensuring proper education and frameworks were in place to reduce harms, and the perception that legalization may normalize cannabis consumption and lead to greater use, especially among youth.

“I am very concerned about legalization. It is far too quick – needs to be a public education campaign along with far more research prior to legalization. Concerned about explosion of medical marijuana use.”

Perceived negative impacts of legalization included:

- **increased law enforcement issues;**
- **increased demand on practitioners to respond to what was previously a law enforcement issue;**
- **the pace of legalization and lack of preparedness; and**
- **increased consumption by youth.**

“Although I am primarily for legalization I am worried how further ‘normalization’ will potentially increase cannabis use amongst the youth we work with. Also concerned that as a community we will not be consistent on how we understand and interpret legalization.”

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, several expressed using a harm reduction approach, particularly with youth, and giving evidence informed information on the risks of cannabis consumption.

“Working with youth I am able to engage in a curious, non-judgemental conversation about use. My goal is to explore harm reduction approaches to use.”

One participant expressed frustration by the gaps in evidence when responding to individuals who disclose or ask about consumption, noting that refuting anecdotal information is challenging without a solid evidence base.

“I’m frustrated by the gaps in evidence, especially in respect to driving. The effects of different combinations of cannabinoids. I feel like regular cannabis users think they know more than medical professionals and don’t take our opinions seriously and it’s challenging to refute anecdote without a solid evidence base.”

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 participants said they were aware of programs or services related to substance use in their community. However, only some participants indicated they were aware of local programs with a specific cannabis component. The programs or services mentioned with a specific cannabis component ranged from cannabis specific programs and services to treatment programs and support groups for substance use more broadly. The following programs and services listed with a specific cannabis component included:

- dispensaries;
- informal messaging at 4/20 events;
- Compassion Clubs;
- primary care (Nabalone);
- Vancouver Coastal Health services, including the tobacco control program, youth concurrent counsellors, and harm reduction;
- School Age Children and Youth (SACY);
- private businesses offering physician and patient services;
- SMART recovery;
- detox centres;
- addiction treatment programs; and
- support groups.

Participants noted that the most successful community-based cannabis programs available, are those that seek user engagement, particularly with youth. Programs that are trauma-informed, offer people a choice, or engage in larger

conversations were also seen as working well. Participants also noted television advertisements on cannabis and driving and the municipal regulatory provisions as useful assets related to cannabis.

Other programs or resources mentioned by the participants for substance use more broadly included:

- Insite and supervised injection sites;
- British Columbia Drug and Poison Information Center;
- BC Centre for Disease Control; and
- McCreary Centre Society.

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:

- lack of public education or harm reduction campaign;
- lack of consistency between services in approach to harm reduction;
- harm reduction not reaching broader population of consumers;
- roots of problem are not addressed (social determinants of health);
- lack of family support;
- lack of culturally-informed information;
- focus on opioids and "hard" drug use;
- perception that cannabis use is a lower risk substance in light of the opioid crisis;

- stigma of addiction, harm reduction, and related services;
- self-medication of cannabis following inability to access service providers; confusion around legalization, particularly for youth; and
- lack of discussion around production and related harms.

Participants also noted specific challenges for current cannabis-related services stemming from a lack of knowledge about cannabis and related services, including:

- few evidenced-based sources;
- misinformation perpetuated by divergent approaches between commercial, regulatory, and medicinal;
- lack of information and training for providers, in particular physicians; and
- lack of research compared to other drugs.

Up-to-date resources, knowledge about community resources, organizations, and health services for general practitioners were also listed as valuable that were not currently available.

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 Vancouver going forward. Participants suggested the need for:

- public education focused on debunking myths, chronic, acute, and long term health effects, impairment, and safe use;
- physician education on cannabis, with reliable resources, and data;
- differentiation between medical and recreational vocabulary; and
- effective risk and social messaging.

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 identified their desired monitoring and surveillance data needs as it relates to cannabis consumption.

Current monitoring and surveillance of cannabis consumption

Approximately half 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:

- Vancouver Coastal Health's My Health, My Community survey and case management;
- BC Adolescent Health Survey (McCreary Report);
- Urban Health Research Initiative;
- BC Centre for Disease Control;

- HONOS;
- GAIN;
- drug use screening surveys;
- emergency department visits;
- Canadian Institute for Substance Use Research (formerly CARBC); and
- Smoking Cessation Clinics.

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 and very few mentioned social media sources (e.g. Facebook). 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	SOURCE
GOVERNMENT	Vancouver Coastal Health
	Health Canada
	BC Centre for Disease Control
NON-GOVERNMENTAL ORGANIZATIONS	Urban Health Research Initiative
	BC Adolescent Health Survey
	Canadian Institute for Substance Use Research (formerly CARBC)
	Canadian Public Health Association (CPHA)
	Centre for Addiction and Mental Health (CAMH)
PRINT OR ONLINE PUBLICATIONS	Licensed dispensaries
	Published reports from other jurisdictions
	Internet
	PubMed

Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. These challenges were described as stemming from the illicit status of cannabis and its associated stigma that make data gathering difficult. These issues included:

- Lack of available research, data, and evidence;
- access to data due to illicit status;
- definition of cannabis;
- focus on reaction versus prevention;
- lack of information on plans moving forward;
- politicization;
- small survey results; and
- patient stigma.

“Its illicit status [makes it] difficult to get reliable data because of its illicit status. Data will become more available and reliable under a regulatory framework.”

Desired cannabis-related monitoring and surveillance

Participants also shared other, potential sources of “unmined” monitoring and surveillance data related to cannabis consumption, such as: data from hospital or other medical settings, survey research with targeted populations, primary care doctors, web analytics, GIS mapping, and law enforcement statistics. 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 Vancouver they would like to know going forward. This included a range of topics, like information on community consumption patterns, the roles of health care providers in collecting and sharing data, data on public safety, health impacts, and information on retail locations (dispensaries). See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs.

Table 2.

Desired Cannabis related Data, Information and Evidence Needs

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Up-to-date information on consumption, including baseline survey
	Health effects of daily consumption
	Evidence on why people consume cannabis
	Extent and length of impairment
	Information on hospital admissions for consumption
SOCIO-DEMOGRAPHICS	Information on the proportion of people who consume daily
	Experiences of people who consume daily
	Evidence on which populations at the local level are consuming cannabis
SPECIFIC POPULATIONS	Impact of criminalization on those with cannabis charges currently
	Car accidents and or impaired driving information
	Workplace accidents information and evidence
	Information on distributors
	Number of medical licenses issued to date
PROGRAMS AND SERVICES	Surveillance through services for consumers without stigma and shame
	Distribution of cannabis-related data, information and evidence on community radio, and at schools, daycares, and churches
	Strategies to prevent use, with lessons learned from tobacco, alcohol, and other substances
	Tracking hospital visits for overdoses and use

MONITORING METHODS	Self-reported surveys
	Surveys targeted at specific populations
	Municipal, provincial and federal data
	Web analytics
	GIS mapping for SES information and cannabis use
	Police statistics
	Qualitative information and data
LEGALIZATION	Information on the process and procedure for opening a dispensary
	Information on the experts who are going to be sharing information
	Information on the regulatory framework for dispensary proximity to schools
<i>The following category is unique to Vancouver</i>	
RETAIL AND DISTRIBUTION	Qualitative information on dispensaries
	Retail sales tracking
	Number of users and amount of use per dispensary
	Number of licensed growers
	Information on the regulatory framework for cannabis growers and suppliers
	Information on retailer activity and location

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 their community. Additionally, participants shared their next steps to support a community response and in 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 (next page) provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category.

“[Schools should] provide supports and tie to mental health so as not to shift kids away from their life paths.”

Amongst these categories, many participants indicated the need for specific, clear, evidence-based 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.

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 other stakeholders;
- include children, youth, parents and others in the front line;
- check in with a community of practice while legislation and policy are changing and emerging;
- peer groups and frontline committees and knowledge exchange; and
- create steering committee with consultation participants to assess current work and ongoing needs.

Table 3.

Desired cannabis-related supports to respond to cannabis legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Statistics on cannabis use and high risk populations
	Monitoring and surveillance of prescription use
	Evidence based messaging
	Obtaining the same information and web analytics that the cannabis industry already has
	More research on the medicinal properties of cannabis
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	More counselling and other substance use programs and services
	More training for providers on substance use and addictions
	Best practices on regulatory measures – production, distribution, retail
	Human Resource policies for organizations
	Regulation for home grow of cannabis

	Health promotion education - modes of use, types of use, and around mental health
	An integrated response to parents - education, systems knowledge, how to access service etc.
	Evidence informed information sheets (geared for physicians) that can be used to discuss points that are age related and population specific to enable conversations with consumers
	Evidence based screening tools
	Retail compliance tests for minors
POLICIES	Information that will help providers work with the regional health authority, such as licensing to promote population health goals, like alcohol has currently
	Sufficient resources to meet the increased demand for dialogue and planning to create opportunities for learning and engagement for the onboarding years
INFORMATION ON LEGALIZATION	Resolutions for women, youth, and Elders on expressed priority areas
	Information on how to enforce cannabis laws
	Where cannabis will be sold, for example a pharmacy or the Co-Op
	Will there be a limit on amount sold at one time, similar to alcohol

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

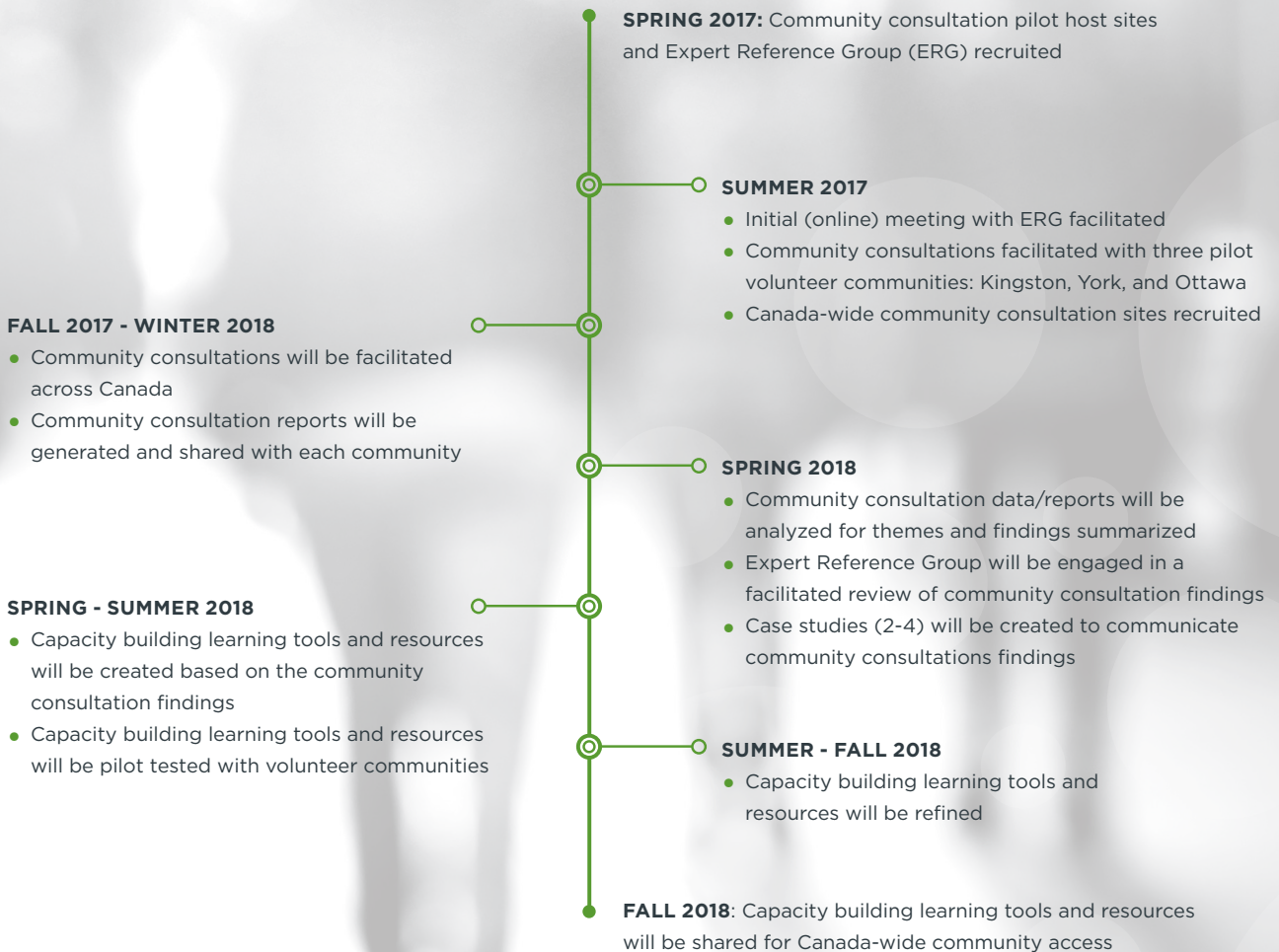
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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 : Vancouver, British Columbia

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



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