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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 YELLOWKNIFE, NORTHWEST TERRITORIES | JANUARY 2018



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

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## **OUR VISION**

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

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CPHA would also like to extend a thank you to the Expert Reference Group that provided their time, expertise, and guidance throughout the project. Members of the Expert Group included:

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

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

## A NOTE ON TERMINOLOGY

As the creation of a public health response to cannabis is a fairly new endeavour due to the historical illegality of the substance, there can be challenges associated with language use in conversations about cannabis as common terms and concepts have yet to be clearly defined within communities of practice. Therefore, during the consultations sometimes colloquial terminology was used instead of preferred terminology to ensure common understanding and promote discussion. See below for discussion of the terms used within the community consultation and the report.

### CONSUMPTION

Refers to the act of taking a substance into the body by ingestion, inhalation, injection, or absorption via mucous membranes or through the skin. The colloquial term often substituted for consumption is “use.” Although the word “use” is not necessarily problematic, the term “user” can be stigmatizing. Therefore, wherever possible we strive to use the term “consumption” to constantly engage in a process of de-stigmatization.

### MEDICAL CONSUMPTION

Medical consumption of cannabis refers to the prescribed consumption of cannabis or the chemicals contained within it to alleviate the symptoms of certain conditions or diseases. Some people who consume cannabis do so to alleviate symptoms but may not have a prescription. These people would not be defined as medical consumers within the term “medical consumption.” However, some participants may have been indicating these people as well as those with cannabis prescriptions within their discussion of “medical use.”

### NON-MEDICAL CONSUMPTION

Non-medical consumption of cannabis refers to consumption of cannabis or the chemicals contained within it without medical justification. Colloquially however, consumption that is not prescribed is often termed “recreational use.” Some people may also consume non-medical cannabis for “self-medicating” or “therapeutic” purposes.

### CANNABIS RETAIL OUTLET

A retail cannabis store that sells cannabis and related products directly to consumers. Cannabis retail storefronts can be bricks-and-mortar sales outlets, online/e-commerce sales outlets, or both.

### CANNABIS DISPENSARY

A naming convention used by some cannabis retail outlets. Cannabis dispensaries were originally intended to serve medicinal cannabis patients and require medical documentation. More recently, retail outlets using the naming convention “dispensary” have opened across Canada that are intended for non-medical consumers of cannabis.

## Background

CPHA has been funded by Health Canada, through the Substance Use and Addictions Program, to undertake a project entitled “A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building.”

The goal of a public health approach to cannabis (and other substances) is to promote the health and wellness of all members of our population and reduce inequities within the population, while ensuring that the harms associated with interventions and laws are not disproportionate to the harms of the substances themselves. In this context, a public health approach includes the following strategies:

- **health promotion to encourage people to increase control over their health and manage their substance use with minimal harm;**
- **harm reduction to reduce the harms associated with consumption;**
- **prevention to reduce the likelihood of problematic consumption and poisoning;**
- **population health assessment to understand the extent of the situation, and the potential impact of the intervention, policies, and programs on the population (evaluation);**
- **disease, injury, and disability surveillance to understand the effect on society and to evaluate the effects of these activities; and**
- **evidence-based services to help people who are at risk of developing, or have developed problems with substances.**

## Purpose of this Project

To support the implementation of a public health approach to cannabis (and other substances), CPHA engaged individuals and organizations from health, public health and social service communities across Canada in dialogue through local ‘community consultations’ that aimed to enhance knowledge and begin to build capacity to

address issues related to cannabis. By engaging health and social service providers across the country, CPHA also aimed to facilitate increased collaboration among health and social service providers involved in reducing harm related to cannabis consumption locally and across Canada. CPHA will use data collected through the community consultations to build a suite of capacity building resources to support an evidence-informed community response to cannabis.

## Community Consultation: Yellowknife, Northwest Territories

On January 29, 2018, 21 health and social service providers participated in a half-day facilitated consultation on the topic of cannabis. Participants represented a variety of roles in health and social services, including but not limited to primary care, health promotion, public health, addictions, education, and social work, from a variety of organizations, such as public health, community health centres, government, schools, and indigenous health organizations.

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 Northwest Territories' and CPHA's future work and ongoing conversations on cannabis.

“There are too many young adults using it now. I'm afraid that consumption will only increase in the near future. Damage is already done. What lies ahead, time will tell.”

# 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

Much of the discourse on cannabis consumption centered on providers' worries about higher rates of problematic use within their communities, especially within indigenous communities. Part of this worry was linked to the lack of data around consumption of cannabis. As one participant stated,

“It is common, (likely underreported). There are uncertainties with prevalence of heavy use, and why use is higher in Indigenous communities”.

It was generally agreed that cannabis consumption is associated with harms, but participants also largely agreed that consumption of cannabis should be an individual choice informed by the available evidence, especially for youth. Participants were quite concerned about high rates of youth consumption and the possibility of those rates increasing with the impending legislation. As one participant described,

“It’s a drug with risks and benefits. People need to be informed of such prior to consuming. Youth need to especially be made aware even where evidence is weak.”

Further to this point, participants highlighted the need for more evidence and research so that people could make the most informed decisions possible, as one provider explains: “...we need much more evidence/knowledge to see what the consequences may be of that use (short term vs long term).”

When asked about medicinal use, or self-medication of cannabis, participants were mostly concerned with the reasons someone might self-medicate, and ways that providers may help guide their clients to use other coping strategies.

“[I’m] more interested in the dynamics of the user and what they seek from cannabis use similar to those who smoke or use ETOH (ethanol). Is this a coping mechanism/self-medication? Are there other alternatives to achieve the same effect?”

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

- **reduced detrimental health effects of incarceration;**
- **societal benefits, such as income generation;**
- **safer products for consumers;**
- **better research; and**
- **less stigma, leading to more opportunities for education.**



“I believe it is positive. We can have a more open dialogue with clients. Better research.”

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

- **consumption by youth, who are already consuming heavily;**
- **community harms;**
- **substance use in general;**
- **rates of neglect among parents; and**
- **criminalization of Indigenous youth through stricter driving regulations.**

“I am worried. I feel youth are already using quite a bit and I worry it will increase the usage.”

### **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 on services included:

- **increased opportunity for research;**
- **increased chance to have conversations with current consumers for education and harm reduction; and**
- **more open conversations and disclosure of consumption between providers and client/patients.**

Perceived negative impacts of legalization on services included:

- **increased demand or need for healthcare, emergency, mental health, and addiction services;**
- **harmful effects on workplace safety;**
- **detrimental effects on patient outcomes; and**
- **increased consumption among youth.**

“I am worried about the consequences of the legalization in terms of patient outcomes, community outcomes [and] increased rates of overall substance use [and] decreased success [of individuals].”

### **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 provide a harm reduction approach. This approach was described as consisting of discussing consumption and motivations behind consumption, while also providing information of risks and benefits of cannabis consumption.

“I first thank them for being honest and disclosing this information. Then I usually dig a little deeper to determine how cannabis is used, how often and what benefits they gain from using. Then I usually give some examples of some risks involved with using.”

However, many participants identified the need for more information to be able to better respond and engage in discussions about consumption. They described feeling limited in their ability to provide information, as they currently cannot accurately define the risks and benefits of cannabis consumption.

“There are no approved educational resources on cannabis therefore information would be drawn from a variety of resources, which may be conflicting. This is very problematic as it breeds lack of confidence and trust in health care providers.”

# 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. Few participants indicated local programs with a specific cannabis component that they were aware of. The programs or services mentioned included:

- DARE (Drug Abuse Resistance Education);
- The Tree of Peace Friendship Centre;
- public health in schools and health courses;
- guest speakers;
- radio programming;
- needle exchange;
- women's shelter; and
- 'Housing First' providing harm reduction materials.

Other programs or resources mentioned by the participants included:

- RCMP;
- family doctors;
- My Voice My Choice (Government of Northwest Territories website for youth that discusses substance use);
- federal government campaigns; and
- social service pamphlets.

Participants stressed the importance of culture as prevention instead of harm reduction, as this focus on culture helps to foster hope, belonging, meaning and purpose in people's lives. They spoke of the importance of peer-to-peer programming, and utilizing a strengths based approach; focusing on what people can do, rather than what they can't.

"...culture is prevention not harm reduction."

## 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 a lack of:

- educational resources (i.e. tools, or cannabis specific information for providers);
- supportive messaging (i.e. no formal policy or statement endorsed by government which would help support systematic programs); and
- programs and/or personnel.

## 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 Yellowknife and the Northwest Territories going forward. Participants suggested the need for:

- innovative health information that is consistent and culturally based;
- student and youth focused programs;
- programs involving those with lived experience;
- targeted programs for pre-natal and breastfeeding individuals; and
- increased harm reduction messaging and statements.

“Fill them with culture [so that] we don’t need to have negative messaging.”

“It is important to foster a sense of culture. Meaning, hope, purpose, and belonging, are all important aspects of countering the negative impacts of addiction; it promotes a sense of self-worth and value.”

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

- **culture as prevention;**
- **peer-to-peer interactions;**
- **opening conversations among families;**  
**and**
- **culturally-grounded information.**

“Peer-to-peer interactions are key; talking to youth as adults is key.”

# 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

Participants were aware of data specific to cannabis consumption being collected through the following programs:

- NWT addiction survey (includes indicator for cannabis for those over 15 years of age);
- anecdotal information; and
- data from public health workers.

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

**Table 1.**

Current Cannabis-related Information Sources Utilized by Consultation Participants

TYPE	SOURCES
<b>GOVERNMENT</b>	Health Canada
	Canadian Community Health Survey (CCHS)
	Colorado and other jurisdictions
<b>NON-GOVERNMENTAL ORGANIZATIONS</b>	Canadian Medical Association (CMA)
	Canadian Centre on Substance Use and Addiction (CCSA)
	community mental health associations
<b>PRINT OR ONLINE PUBLICATIONS</b>	Google
	public 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 a lack of:

- quality data (substance use changes quickly and therefore accuracy may be low);
- access to data; and
- culture-specific data.

### Desired cannabis-related monitoring and surveillance

Participants highlighted the need for more research and improved methods to collect data. Consultation participants also shared their thoughts on what cannabis-related information in the Northwest Territories they would like to know going forward. See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs, per category.

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

“We need to start collecting good data, to be able to say [what] the outcomes [are]; that we need more support. We also need point of purchase materials; you wouldn’t take medicines without the monograph.”

## Table 2.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
<b>CANNABIS CONSUMPTION</b>	Cannabis consumption patterns
	Monitoring the quality of cannabis
<b>SOCIO-DEMOGRAPHICS</b>	Demographic data
	Same indicators as national level data for better comparison (i.e. age groups)
<b>MONITORING METHODS</b>	Improved focus groups
	Local residents conducting data collection instead of people outside community
	making use of apps and technology
	Student Surveys
	Involve teachers in data collection

# Building Capacity to Respond to Cannabis Legalization

Consultation participants discussed and shared what cannabis-related information, tools and supports they would like in order 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: policies for co-locating cannabis and tobacco; tools, education and information to support practice; data to inform work; and more support for community capacity. Table 3 provides a summary of desired supports (duplicates removed) submitted by consultation participants, organized by category.

“We need to collect good data – we need support to do this or tools to do this.”

**Table 3.**

### Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
<b>DATA, INFORMATION, OR EVIDENCE NEEDS</b>	A report from the Government of Northwest Territories cannabis consultations
	Prevalence of cannabis consumption in the community
<b>TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE</b>	More documentation and resources in smaller communities
	Educational material on cannabis for providers
<b>PROGRAM NEEDS</b>	Engagement and education for parents on mental health related issues
	Education provided in schools
<b>POLICIES</b>	Co-locating liquor and cannabis sales policies
<b>INFORMATION ON LEGALIZATION</b>	Information on who is controlling direct mail distribution
<b>OTHER NEEDS</b>	Training for people selling cannabis products
	Informal, open group discussions to translate and distribute knowledge in small communities

## **Reflecting Indigenous knowledge in cannabis-related resources**

Participants were asked what needs to be done to ensure that cannabis-related resources are accurately incorporating and reflecting Indigenous knowledge. Participant responses included:

- **Using a holistic approach, such as the medicine wheel to communicate about cannabis and the physical, emotional, spiritual and mental elements of health;**
- **Debunking mythology around cannabis;**
- **Consulting with Indigenous organizations, talking with Elders, and coordinating a forum;**
- **Working with an Indigenous healing group, where medicine men and women could provide messaging for communities;**
- **Working with the Department of Indigenous Health;**
- **Conducting consultations and wellness counsels; and**
- **Asking ITK (Inuit Tapiriit Kanatami a non-profit organization in Canada) and Assembly of First Nations to help and produce statements or principles that are necessary and agreed upon.**

“How are you going to reflect Indigenous Knowledge? I feel like that’s a buzzword; if our voices are struggling to be heard at the top of the ivory tower, how are those other voices going to be heard? I don’t want this to be a buzzword; I want it to be reflected in what is happening.”

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

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

- **Engage different populations;**
- **Provide resources, such as long term funding to coordinate activities;**
- **Create wellness counsels; and**
- **Create a cannabis working group in the department of health, with sub-working groups for public awareness and interdepartmental groups that work with justice and other departments.**

“We need to be teaching our youth how to cope by using other means than cannabis.”



## 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

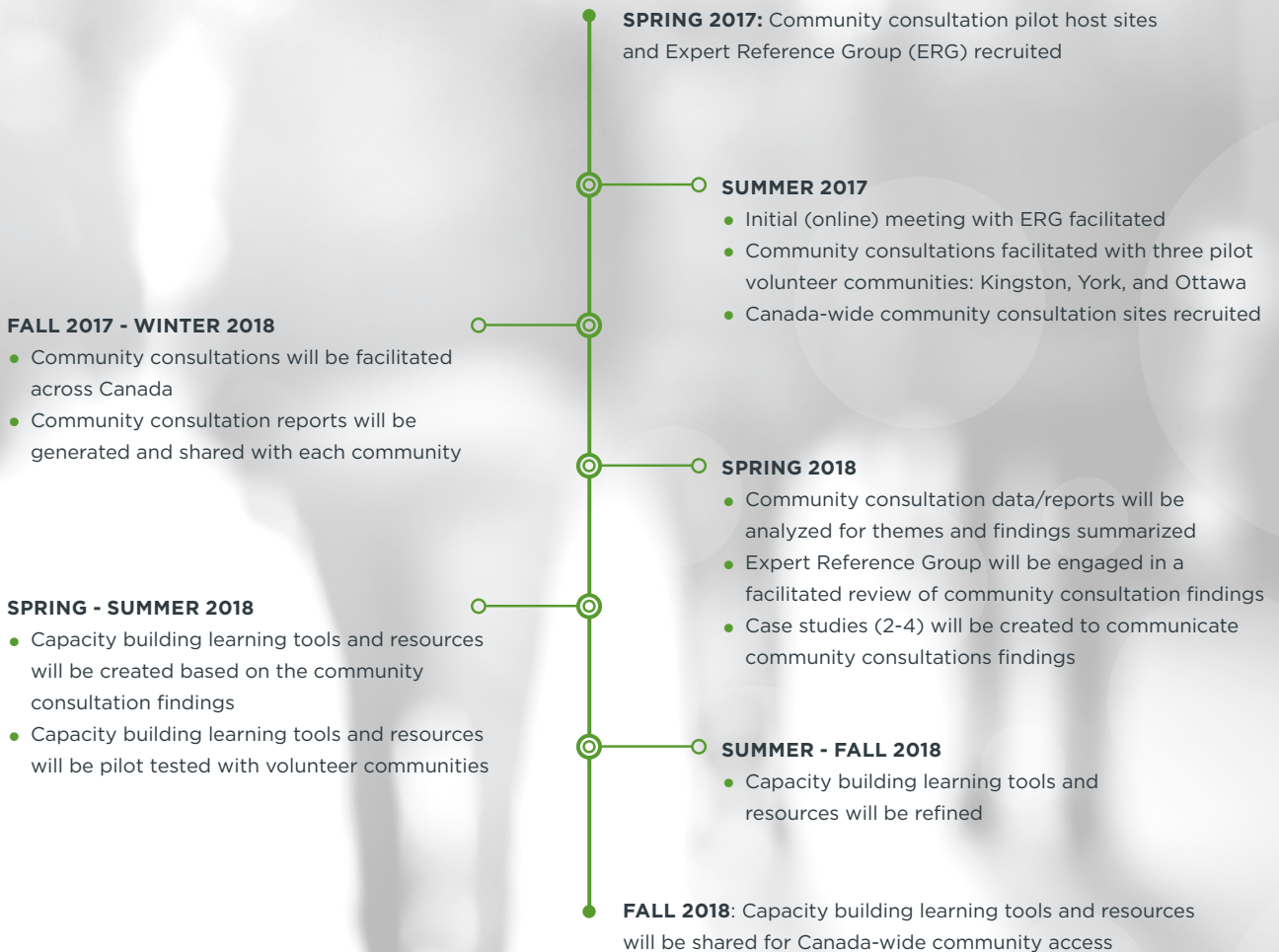
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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: Yellowknife, Northwest Territories

ACTIVITIES	TIME
<b>ARRIVAL AND PRE-SESSION EVALUATION</b>	8:30 AM - 8:45 AM
<b>OPENING AND WELCOME</b>	8:45 AM - 9:00 AM
<b>OVERVIEW AND INTRODUCTION</b>	9:00 AM - 9:30 AM
<b>CANNABIS PRIMER, CONSUMPTION STATISTICS, AND STATE OF THE RESEARCH EVIDENCE</b>	9:30 AM - 10:30 AM
<b>BREAK</b>	10:30 AM - 10:40 PM
<b>CANNABIS HEALTH PROMOTION AND HARM REDUCTION</b>	10:40 AM - 11:30 PM
<b>CANNABIS REGULATORY APPROACHES, MONITORING AND SURVEILLANCE</b>	11:30 PM - 12:00 PM
<b>YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS</b>	12:00 PM - 12:20 PM
<b>CLOSING AND POST-SESSION EVALUATION</b>	12:20 PM - 12:30 PM



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