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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 YORK, ONTARIO | SEPTEMBER 2017

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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:

NAME	ORGANIZATION
RHOWENA (RHO) MARTIN	Canadian Centre on Substance Use and Addiction
PATRICIA DALY	Urban Public Health Network
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* Leave/Alternates

CPHA would also like to thank Gestalt Collective for facilitating community consultations.

Members of the CPHA project staff included:

GREG PENNEY, Director of Programs // **THOMAS FERRAO**, Project Officer // **POLLY LEONARD**, 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.

MEDICINAL CONSUMPTION

Medicinal 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 medicinal consumers within the term "medicinal consumption". However, some participants may have been indicating these people as well as those with cannabis prescriptions within their discussion of "medicinal use."

NON-MEDICINAL CONSUMPTION

Non-medicinal 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". Therefore, the discussions held around non-medicinal consumption are termed "recreational 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" have opened across Canada that are intended for recreational 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 harms;
- 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 will engage individuals and organizations from health, public health and social service communities across Canada in dialogue through local 'community consultations' that aim 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 aims 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: York, Ontario

On June 28, 2017, 31 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 law enforcement and first responders, pharmacy, primary care, addictions, Local Integration Health Network, and public health.

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 Appendix 1 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 future work related to the CPHA project. The dialogue summary is organized by the data collection objectives.

Perspectives and perceptions related to cannabis consumption

Participants shared their perceptions related to medicinal and non-medicinal (recreational) cannabis consumption and how their perspectives may impact their professional practice.

Recreational cannabis consumption

The participants' responses represented two minds. Approximately half of the responses regarding recreational consumption were supportive, provided regulations, education and evidence were available to support safer use by the general public. The reasons provided in support of legalized recreational consumption included respecting people's right to choose, the possible benefits to quality of life and possibly being safer than alcohol or opioids. *"For adults who are not particularly vulnerable, I think it can be used responsibility; it is "safer" than alcohol. For medicinal users, I think it can have a huge benefit to quality of life."*

> "Recreational use needs to be government mandated and follow strict guidelines. Similar to LCBO and alcohol laws. We do not see illicit drug dealers selling alcohol due to is governed council and availability."

The other half of participants expressed concerns about increasing the number of people with cannabis addictions, the perception of endorsing cannabis consumption among youth, possible negative side effects, impacts on youth brain development, and an overall lack of evidence. Some of these participants shared that, given their concerns, they did not yet know how they felt about recreational consumption and rather than an opinion, they have questions. *"I think that recreational cannabis for youth that are younger than 20 can become problematic in terms of brain development. Also once recreational use becomes a daily occurrence I believe it becomes on addiction. In my work I have seen a lot of youth who believe they are using it medicinally but actually make their conditions worse."*

Medicinal cannabis consumption

All participants were in support of medicinal consumption to some extent. Some participants offered unqualified, even enthusiastic support for the possible benefits of medicinal consumption; whereas, other qualified their support (or acceptance) with calls for more research, more regulation regarding of who can prescribe and for what, how pharmaceutical companies are involved, and methods of consumption (e.g. not prescribing cannabis to be smoked). Most participants cited the need to enable informed-decision making for both the consumers and the prescribers and the need for education. Several participants cited better pain management as the primary reason for their support of medicinal consumption. *"I support evidence based medicinal use respecting ages, doses, prescriptions for verified issues that benefit."*

> "There are some clinical indications for medicinal use. I do not agree with prescribing a substance to smoke as medicine and there are few controls on quality / potency. Need to be clear on evidence-based indications."

Potential impact of cannabis consumption perspectives on professional practice

When asked how cannabis legalization might impact the service they provide, participants expanded on their support or concerns expressed regarding recreational and medicinal consumption, by providing more specific concerns or hopes for the future. "*Legalization would keep people out of the jail system for minor offences. Legalization would allow individuals to try cannabis as a legal replacement to other psychoactive substances without discrimination.*"

Concerns that were specific to their professional practice were expressed as a fear of:

- **normalization of consumption;**
- **increase of problematic effects, particularly in youth;**
- **increased call volume and strain on the pre-hospital setting;**
- **increased staff usage (e.g. coming to work high);**
- **increased number of social service program participants attending programs high;**
- **increased number of mental health related calls for service; and**
- **under-informed staff due to lack of evidence.**

"I feel legalization will normalize use and thereby increase the problematic effects, especially on brain development in youth, lowered motivation..."

Positive impacts to their professional practice were expressed by participants as hope for:

- **decreased access of cannabis to youth;**
- **increased open dialogue with consumers, in particular youth, to help them contextualize cannabis consumption;**
- **increased quality of cannabis products available to those who choose to consume (subsequently increasing safety);**
- **improved knowledge about potency;**
- **improved ability to share information and education;**
- **improved ability to conduct cannabis related research;**
- **reduced stigma around drug use; and**
- **reduced justice involvement for youth (that currently have long-term impacts).**

The majority of participants reported that, currently, should someone disclose cannabis consumption to them, they would take what they identify as a harm reduction approach including discussing reasons for and goals of consumption, pro's and con's and alternatives, listening without judgment and putting cannabis consumption in context of other substance use. Some participants indicated they would educate the person about cannabis or share their knowledge about the harms and benefits. A few participants mentioned attempting to discourage use and/ or referring them to treatment based on evidence they have available to them or their opinions. Finally, a few participants noted that, within the context of their role, they would need to disclose illegal cannabis activity or activity that may put a child at risk.

"Because we work within Harm Reduction it will make things easier if everything is legalized. It will also allow clients to open up conversations to social service providers without fear."

"Recreational use scares me, especially with current social norms and risky behaviour."

— Cannabis Community Consultation Participant, York, Ontario, Canada

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 programs and services related to cannabis

Most participants said they were aware of harm reduction programs or services related to cannabis in the community, a few were not aware of any and fewer still were uncertain. When describing what is working well, participants noted partnerships between York Region Public Health and York Regional Police as well as partnerships between Addictions Services and other community organizations. Participants referenced the partnerships between regional services and schools (for example, public health staff speaking to students about cannabis). Participants also noted the York Region Harm Reduction Coalition as a current success.

More generally, participants shared that open and honest communication with clients and colleagues, common understanding and language across service providers regarding cannabis, and an increased focus on data collection as services that are working well to-date. In terms of what is not working well, the participants shared challenges including:

- the lack of resources and evidence;
- the need for broader parameters as to what harm reduction is / lack of consensus on a "harm reduction approach";
- competing priorities (e.g. opioids);
- combatting youth perspectives that cannabis is helpful for them;
- impact of parents normalizing consumption or passively accepting it;
- education being provided by people who are not qualified or well-informed; and
- a lack of cannabis-related harm reduction programs and services integrated with mental health and addiction services.

Some participants noted that the current illegal status of cannabis makes harm reduction conversations more difficult and that there are many conflicting messages regarding cannabis in the absence of evidence-based information.

Desired programs and services related to cannabis

Given current program and service successes and challenges, participants shared what kind of cannabis programming they would ideally like to include in their work in the future. Most participants cited basic, easy to understand, consistent, evidence-based messaging with uncomplicated visuals targeted to different populations including parents, youth, casual consumers, heavy consumers and those with mental health issues. Participants expressed an interest to work directly with youth and other cannabis consumers on these initiatives and to integrate their work with a larger public health strategy.

In lieu of this, participants shared that today they are using the following in their health or social service:

- York Region Addiction services;
- York Region Public Health presentations;
- harm reduction materials from Toronto for staff training (Steps to Recovery);
- education programs (unspecified);
- street outreach (unspecified);
- safe places for people to smoke at hospitals (unspecified);
- various books, pamphlets or posters that are available (unspecified);
- Centre for Mental Health and Addiction CARDS program; and
- Youth Speak (a forum hosted by Canadian Students for Sensible Drug Policy).

Monitoring and surveillance of cannabis consumption in the community

Consultation participants discussed and shared sources of monitoring and surveillance data related to cannabis consumption in the community. Additionally, participants shared perceived challenges related to collecting and / or accessing cannabis consumption data.

Current monitoring and surveillance of cannabis consumption

Few participants were aware of data being collected about cannabis consumption at the community level; most participants reported not being aware or being uncertain. For those who were aware of data collection in the community, the following examples were provided:

- epidemiologist in York Region Public Health (having access to provincial and nationally collected data and regional analysis; population health survey on prevalence; ER visit and hospital data codes; early warning system and chief complaint; population health surveys);
- physicians in York Region collecting information from patient interactions, screening tools and personal history;
- smoking cessation screening on initial intake;
- MODIFY research with youth;
- surveys such as Ontario Drug Use Health Survey and CAMH Monitor (York Region data available via epidemiologist extracts); and
- various focus groups in York Region (unspecified).

Consultation participants listed specific sources they currently rely on for cannabis-related information including Centre for Addictions and Mental Health, York Region Public Health, York Region Police, MADD, York Region Addictions Services, Ontario Provincial Police and local shelters. More generally, they cited statistics from the United States and population health survey data.

Challenges monitoring and surveilling cannabis consumption

Many participants cited challenges with data collection to include the lack of consistently applied methods of collection - despite the consistent conversation, lack of access through health records, lack of mandated responsibility to collect data, the fear of disclosure due to stigma or illegality, and the combination of cannabis-related questions with other substances.

In addition, the participants noted the challenges they face accessing and using cannabis-related data. Many participants noted that there is an overall lack of available, local data that is up-to-date. Most data that is available is from larger data sets that are too broad either in population or topic (e.g. all drugs, not cannabis specific). Others noted a data focus on youth but not on other target audience or special populations. Several participants noted a lack of policy and procedure related to collecting and using data to inform cannabis programming and the time required to get data when a request is submitted as being a key limitation. Finally there was speculation among a few participants as to the accuracy of the data available given the self-reported nature of collection and the current illegal status of cannabis.

Information, tools and supports to build capacity to respond to cannabis

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 share their next steps to support a community response.

Desired information, tools and supports

When asked how participants would like to collect data about cannabis consumption, participants expressed interest in having access to the data that will be collected by dispensaries, annual reports of sales and taxes, and marketing profiles. In addition, participants noted being interested in conducting cannabis-specific focus groups, surveys and environmental scans in their region to understand consumer demographic profiles, reasons for use and attitudes towards cannabis. The cannabis-related data and information that consultation participants felt would best support an evidence-informed community response to cannabis spanned five categories: 1) impacts of cannabis consumption; 2) relationships between consumer socio-demographics and cannabis consumption; 3) issues and questions related to monitoring and surveillance of cannabis consumption; 4) specific pre-post legalization questions; and 5) questions and considerations related to the design and delivery of programs and services. Table 1 outlines the complete list of questions (duplicates removed) submitted by consultation participants, organized by question category.

Participants requested materials such as low risk cannabis consumption guidelines that are aimed at the general population and are evidence informed, including for pregnant and breastfeeding women. As well participants requested tools to help identify with a client when cannabis consumption becomes problem use, and better knowledge regarding how and where to refer clients who would like additional support. A few participants expressed interest in having young people engaged in the development of the policies, process, and tools that would shape the response to cannabis consumption in the context of legalization, including coping skills, mental health wellness, re-direction to non-substance related activities, etc.

Participants were asked to share how they would like to respond to a person who discloses consumption of cannabis when cannabis is legal, and what they would need to do so. In order to talk openly with clients about cannabis when legal, participants expressed a desire for policies and processes that ensure safe purchasing including trained staff at dispensaries and trained pharmacists so they can refer clients with confidence. *"We trust that at the pharmacy we are buying what they are selling, same with the LCBO, for example; knowing the people that work at the clinics and dispensaries are qualified, working under a mandate, maybe something like a Smart Serve equivalent."*

> "In the future I would like to continue partnering with allied agencies in an effort to reduce cannabis related harm. Also, experience cannabis more often."

Table 1.

Desired Cannabis-related Data, Information and Evidence : York, Ontario

CATEGORIES	QUESTIONS
CANNABIS CONSUMPTION	1. What are the harms of using cannabis?
	2. What co-morbidities are associated with problem use?
	3. Does cannabis have a second hand affect? What are the effects on me? i.e. In proximity but also in the context of apartments or shared living?
	4. Does cannabis use change the way people use other substances?
	5. What are the impacts of maternal consumption of cannabis?
SOCIO-DEMOGRAPHICS	6. What are the prevalence and social and demographic trends related to cannabis use?
	7. What are the negative outcomes from use - broken down by age / demographic?
	8. What are the demographics of people accessing from different channels (retail, streets, dispensaries, etc.)?
	9. How are different people using cannabis? (e.g. legally, authorized medicinal use, using daily or occasionally and the relationship to age, gender, socio-economic status, etc.)
	10. How many and what type of people (e.g. age, gender, income level etc.) self-identify as problem users?
	11. What are the success rates in high school related to cannabis use – or completion rates – is there a relationship?
MONITORING AND SURVEILLANCE	12. How can we use ICD codes to collect data?
	13. What are the number of outlets available in the York community and how that is changing and impacting behaviour?
	14. What is the prevalence of use of high THC compounds?
	15. Can we have access to fetal blood samples?
	16. What sharing of data is happening / should happen amongst health and social service providers?
	17. What data do we have or can we get on co-use / poly substance use?
	18. How long are people waiting before they drive after oral consumption or following different methods of consumption?
	19. What will the next thing be for users? (Some may use because it is “bad” ... it will no longer be the case)
PROGRAMS AND SERVICES	20. What program innovations are out there already?
	21. How can we better utilize mentor (peer) support with those who have lived experiences?
	22. How will the police determine what impaired is, what that level impaired is - what that will look like?
	23. What do school counselors know / how will they be trained?

CATEGORIES	QUESTIONS
LEGALIZATION (PRE-POST)	**24.** What will be the impacts of legalization be on traffic (e.g. changes to driving under the influence charges)?
	25. What will be the impacts of legalizatino be on the criminal system?
	26. What will the impact of legalization be on bars? Will there be a reduction in alcohol consumption?
	27. How is York Region going to react when it is legalized? (e.g. will we have clinics, dispensaries, or will it remain south of us in Toronto)
	28. At what age will people be able to use?
	29. Will cannabis (the product) get worse? For example, will illegal sellers "improve" their product by lacing it with other substances to maintain their market share – for people who seek cannabis through illegal channels, is the product changing?
	30. Will the number of hospital admissions increase after legalization?
	31. How will personal cultivation be monitored?
	32. What will be the impact on the schools – e.g. more students being suspended?
	33. Will the social stigma change? Will it become acceptable to partake in cannabis in the same way you are sharing a meal with a client and have a drink?
	34. Will there be drug testing for work?
	35. Where money is being made, where it is going? (i.e. cannabis is changing hands, money is changing hands; I've heard York region has more grow ops than Toronto, for example)
	36. For those who still buy illegally, why do they still source cannabis through this channel?
	37. Will homeless persons spend money on cannabis instead of food?

Consultation participant next steps

In order to achieve the level of desired support for dialogue with their clients, participants identified where and how they could continue the conversation about community based cannabis programs and services with each other including:

1. **Community Youth Resiliency Table** *["A huge collaborative, spearheaded by local school board, lots of service providers at the table and community based researchers trying to identify trends affecting youth, local trends, and what local data can we collect]"*;
1. **Community Drug Strategy** *["We're small, just a couple years old. Cannabis is on the agenda. I'd like to see more community discussions about cannabis"]*;
2. **The Harm Reduction Coalition for York Region** *["We meet bi-monthly and recently held a one day conference"]*; **and**
3. **Ontario Public Health Unit Collaboration on Cannabis** *["A provincial group / committee (33 of the 36 health units are participating) looking at this topic as we move forward with legalization, we (our community) sits on this, can be a conduit; like a CoI/CoP. We are seeking to keep abreast of any new, emerging information on this topic. We may not have all the answers but we are remaining aware of what the health units are working on, we are currently working on consistent messaging"].*

"We need cannabis users in the room, participating and generating harm reduction messaging because currently the messages are not practical; we need to pay people, and value them"

— Cannabis Community Consultation Participant, York, Ontario, Canada

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 1

Consultation Agenda : York, Ontario

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 – 11:05 AM
BREAK	11:05 AM – 11:15 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	11:15 AM – 12:00 PM
LUNCH	12:00 AM – 12:45 PM
AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES	12:45 PM – 2:00 PM
BREAK	2:00 PM – 2:10 PM
A COMMUNITY RESPONSE TO CANNABIS	2:10 PM – 2:40 PM
NEXT STEPS AND CLOSING	2:40 PM – 3:00 PM

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