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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 AMHERST, NOVA SCOTIA| DECEMBER 2017

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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: Amherst, Nova Scotia

On December 11, 2017, 29 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants represented varying roles in health and social services, from a variety of organizations, including but not limited to law enforcement, primary care, mental health and addictions, housing, injury prevention, public health and non-profit 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 Amherst's and CPHA's future work and ongoing conversations on cannabis.

"Huge impacts to public health are coming. We need to be really on top of what's coming [with legalization] and really work together as a whole community- especially with the knowledge that cannabis will be sold in NSLC [Nova Scotia Liquor Corporation] stores."

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 were mixed, a broad spectrum of views ranging from, "I do not support cannabis consumption even though it is very popular. I believe there are too many unknown variables, namely to negative health related risks," to, "I feel that there isn't necessarily risk associated with all cannabis consumption."

Some participants identified cannabis consumption as having both harms and benefits. For example, one participant noted, "Like many things there is both risks and opportunities to the consumption." Others viewed cannabis as having fewer associated harms in comparison to alcohol or other substances.

"I don't feel it is as dangerous or harmful as alcohol or many other drugs."

"I don't believe that non-medical, occasional use, is troublesome if done while respecting laws and health and safety."

Many participants highlighted the need for informed or educated consumption. For example, "It is important to be educated regarding the impact of marijuana use before making the choice to use, [for example] the health costs – it's both physical and mental decision making." Others indicated the need for key messages to inform the general public, as one participant expressed the need for, "Strong, well thought out key messages."

"I don't have a problem with cannabis consumption as long as the consumer is well educated on what they are taking and why. I think the public needs to gain a lot of information on medical vs recreational cannabis. I also think we need to be extremely diligent to control the industry so that cannabis consumption does not become as attractive and popular as alcohol. We don't need more harms in our communities."

When the benefits of cannabis consumption were discussed, they were mostly referred to in terms of cannabis for medical purposes. One participant stated that they viewed medical cannabis as "safer:" "Medical marijuana [is] anti-inflammatory, a pain reliever- I feel it is safer." Another participant mentioned their inclination to think positively of legalization, given the medical properties of cannabis, "Now that the product has shown to have medicinal benefits I feel more inclined to believe legalization for the general population is okay."

However, many participants expressed concern over the potential harms associated with non-medical cannabis consumption, some stating the harms outweigh the benefits. For example, "[I] want to decrease consumption, particularly inhalation of cannabis. Harms outweigh benefits in my opinion." Most participants' concerns largely focused on youth, for example, "Youth are going to be severely impacted in a negative way." Specifically, this discussion focused on the

perceived increase in access and consumption of cannabis among youth, and the potential impacts that this could have on the developing brain, and their educational and social development outcomes.

"[I'm] most concerned about side effects on youth – [their] educational and social development…and the effect and energy on overall population health."

The perceived increase in youth consumption and how this might impact their lifestyle and the community at large was also a concern. This included concerns relating to the implications on existing poverty levels, community sense of connectedness and wellbeing, the impact on those with poor mental health and addictions, and how risks will be mitigated both locally and provincially.

"[There's a] complex and real concern for youth and increased consumption."

"[I'm] concerned for mental health and well-being, sense of connectedness. As a mom, I am concerned about what to teach my children and how to safely inform them of risks. As a community member, [I'm] concerned about mitigating risks and how this is going to "show-up" locally and provincially."

When reflecting upon perceptions related to cannabis legalization participant perspectives were mixed with some participants expressing disagreement with legalization and some indicating positive opinions. Those who cited benefits of legalization perceived legalization would:

- **reduce the issue of unnecessary criminal records and the associated negative implications;**
- **increase public health control; and**
- **increase control and quality of the product.**

"I feel [cannabis] can be safe with the right supports, policies and bylaws in place – a lot of work ahead of us!"

Of those who commented on negative implications of legalization, several participants voiced concern over the retail model (co-location with alcohol at Nova Scotia Liquor Corporation (NSLC) outlets) which was announced shortly before the consultation. For example, "I feel government has ignored evidence on legalization. Minimum age should be 21, and sold separately from alcohol. I think recreational cannabis use will increase as a result." Concerns raised included the following:

- **increase in youth perceptions that "legalization means safe";**
- **normalization of cannabis, similar to alcohol;**
- **increase in non-medical cannabis consumption;**
- **concern over minimum age;**
- **concern for public safety and impaired driving impacts;**
- **legalization could lead to normalizing cannabis consumption;**
- **increase commercialization and the promotion of cannabis;**
- **timeline of legalization; and**
- **focus on profit over a public health approach.**

"I feel that it is being pushed through too quickly, perhaps because of the economic factors associated with production, sale and taxation."

"It is still a drug… a crutch for some… an experience for others… a relief for a few. Yet with government legalizing it so quickly, it seems more concerned with profit or campaign promises than unintended outcomes and taking a public health approach."

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 increases and improvements in:

- **research potential;**
- **availability of evidence-based, locally relevant information;**
- **engagement with youth in conversations and programs; and**
- **dialogue across the community (including police and harm reduction initiatives).**

"I believe this legalization 'amps-up' how we connect youth to proper, current, evidence-based, locally relevant information."

"[Legalization is] an opportunity to be recognized for local resources to discuss the science and research, as well as best practices and evidence-based policy opportunities."

When negative impacts were discussed, many participants perceived that legalization could lead to an increase in demand or need for services with limited resources. For example, "I expect consumption rates will increase, particularly with our youth population. Resources are stretched to maximum already so there is a great concern." Several participants also had concerns that the tools and education that are required are not yet in place to support their client's needs. Other negative impacts of legalization on the services that participants provide included:

- **complication of service delivery due to lack of information on community consumption rates and regulatory approach;**
- **concerns about lack of utilization of best practices for harm reduction and prevention for alcohol and tobacco; and**
- **uncertainty of changing roles for law enforcement.**

"[Legalization] will complicate issues for our services raising many questions like, when, how often, or the amount consumed? Where will [cannabis consumption] be allowed? How to weigh risks? How to approach a person? The proof needed for action?"

Current responses to individuals who disclose or ask about consumption

"[I respond] from a harm-reduction approach, because that's the approach my work supports and that I believe in."

When participants were asked how they are currently able to respond to an individual who discloses or asks about cannabis consumption, several participants indicated that they apply a harm reduction approach. For example, participants indicated that they are able to provide safer use or risk reduction methods, apply a non- judgmental approach, develop a plan towards recovery and care, and discuss the harms and benefits of consumption. Others indicated that they are able to provide referrals or direction to other services as needed. However, many voiced concerns that given an increase in demand, services will be strained and tools are not yet in place to respond to clients' needs.

"From a front-line worker perspective I feel I can communicate the emerging information and refer to the right supports as needed."

"I am able to offer information on the impact, concerns, and risk reduction strategies."

Some participants highlighted the need for more education or updated information. Specific reference was made to youth populations in this regard. One participant stated, "Youth should not be using cannabis and they really need to be educated on why."

"Some of our information needs to be updated; [we are] needing some quick relevant facts with the emerging legalization."

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

Many participants said they were aware of a variety of programs or services related to substance use in their community, some of which were indicated as effective or not. These included:

- abstinence-based school presentations;
- individual counselling or programs;
- harm reduction-based programs;
- adventure-based programming focused on skill building;
- workshops;
- mental health and addictions services;
- recreational programs for youth;
- RCMP youth intervention and diversion programs;
- policies for smoke free spaces; and
- police talks.

Specific programs mentioned included:

- Healthy Living program in high schools;
- Racing Against Drugs;
- MADD: cannabis & driving;
- Guy Talk and Voices for Girls in high schools; and
- Family First programming.

Some participants indicated cannabis-specific educational resources they refer to in their programs. These included:

- Clearing the Smoke (Canadian Centre on Substance Use and Addiction); and
- Lower Risk Cannabis Use Guidelines (Centre for Addictions and Mental Health);

Challenges of current cannabis-related programs and services

"Limited resources and long-wait time have been major challenges"

Participants noted a number of challenges relating to their community's current cannabis-related programming and services. One challenge mentioned by several participants was in regards to Amherst as a smaller, remote community and the associated barriers to accessing programs and services. This discussion included limited resources (human, space and equipment) and concern that the tools are not yet in place to meet the needs of clients.

One participant stated, "[The] challenge is access to services for rural areas. It's a challenge to get rural representatives to advocate or partner on meetings." Other challenges listed included:

- communicating with 'hard to reach' youth;
- time to process laboratory results evaluating cannabis impairment;
- stigma around accessing services;
- lack of medical guidelines; and
- lack of tracking data and community impacts.

"Stigma –it prevents people from getting help."

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 Amherst going forward. Participants suggested the need for the following specific program or policy needs relating to cannabis:

- employee assistance programs;
- adapt policy requirements to cannabis, such as tobacco smoking policies; and
- improve harm reduction and capacity building within other programs to apply a harm reduction approach.

Participants expanded this conversation to include the need for more education and resources to support programming and services, including the need for:

- evidence-based advice or guidelines to support practice;
- support for providers on how to have a conversation with clients;
- tools and resources, including the development of low-risk cannabis guidelines for the general Nova Scotia population;
- information on the health effects, tailored to:
    - physicians and health and social service providers;
    - intergenerational populations;
    - teachers; and
    - youth.
- public education that is easy to read and understandable, including:
    - education on cannabis consumption without promoting use;
    - where to go for more information;
    - safety messaging around safer use including the message, "because its legal doesn't mean it's safe";
    - information to support conversations on why the legal minimum age was selected to be 18;
    - education around driving while impaired and cannabis consumption and driving;
    - information on pregnancy and cannabis;
    - factual information to target common misperceptions around cannabis; and
    - avoiding scare tactics.
- data to inform decision makers; and
- a central resource repository for health and social service providers and/or the public.

"Data is needed to help our decision makers make enlightened decisions"

"[We need resources that are] easy to read, understandable, and [include] where to go for more information."

Participants also mentioned the need for a multi-tiered, comprehensive approach to programming and services in their community. This included a fulsome health promotion effort that extends beyond education measures alone, and is an approach that includes:

- social media;
- interactive mediums;
- intergenerational community forums focused on fostering unity;
- dialogue across sectors; and
- capacity building for best practices.

"[There is a] need for capacity building on best practices around how to do a fulsome health promotion efforts beyond just education."

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 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 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, or by whom. Participants were aware of data being collected through the following sources:

- addiction programs and services, including Mental Health and Addictions;
- Native Alcohol & Drug Abuse Counselling Association of Nova Scotia (NADACA);
- police/ RCMP;
- IWK Regional Poison Centre;
- Emergency Health Services;
- emergency room;
- Nova Scotia Health Authority;
- doctors;
- Canadian Student Tobacco, Alcohol and Drugs Survey;
- health system databases;
- public health databases;
- Atlantic Collaboration on Injury Prevention (ACIP);
- Community health services;
- Injury Free Nova Scotia;
- Canadian Alcohol and Drug Use Monitoring Survey; and
- Nova Scotia Department of Health and Wellness.

In addition to the above, participants listed a variety of information sources they currently use to find information on cannabis. Most participants listed government or non-governmental organizations as their current sources of information. Some participants mentioned informal sources, such as conversations with colleagues. 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	Community Health Boards: 'Health Status Profile'
	Colorado and other jurisdictions' reports where cannabis is already legal
	Health Canada website
	Provincial reports, including Nova Scotia Health Profile
NON-GOVERNMENTAL ORGANIZATIONS	Canadian Centre for Substance Use and Addiction resources (CCSA)
	Centre for Addictions and Mental Health (CAMH)
	Canadian Institute for Substance Use Research (formerly CARBC)
	First Nations Community's "Thunder Bird Partnership Foundation"
PRINT OR ONLINE PUBLICATIONS	High Times
CONVERSATIONAL	Local health colleagues in Mental Health and Addictions or Public Health

Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. One participant indicated difficulty, "translating [data] into practical use." Other challenges included:

- **quality of data:**
  - **"lack of good data";**
  - **"data may not be robust"; and**
  - **often self-reported data.**
- **limitations in data collection:**
  - **inconsistency in data collection for comparison;**
  - **lack of local statistics; and**
  - **difficulty obtaining cannabis specific statistics.**
- **limited access to data:**
  - **limitations in obtaining data, including across organization data sharing; and,**
  - **affordability or restricted access to databases or journals.**

"Organizations at times don't want to share data…that can be used against you."

Desired cannabis-related monitoring and surveillance

Participants noted the need for more research and improved local, provincial, and federal data collection methods including by hospitals and law enforcement. One participant identified the need to, "Collaborate with other organizations to create reports," and another participant had the idea to model Public Health Ontario epidemiologists who develop and share regular "rapid reviews" of data snapshots. Many also identified dispensaries as a potential "unmined" source for monitoring and surveillance data related to cannabis consumption. When consultation participants shared their thoughts on what cannabis-related information in Amherst they would like to know going forward, they discussed a range of topics. This included information on community consumption patterns, the impact on consumption rates in relation to where individuals purchase cannabis, the impact of consumption rates relating to the distribution model of co-locating cannabis and alcohol, and information on what the barriers are to accessing services. See Table 2 below for a summary of the

desired cannabis-related related data, information and evidence needs, per category.

"What are the indirect costs? We're not very good at measuring these."

Table 2.

Desired Cannabis-related Data, Information and Evidence

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Prevalence of consumption
	Age of first consumption
	Specific harms related to cannabis consumption
	Consumption patterns in relation to where it is sold/co-location with alcohol
	Relationship of marketing and advertising with consumption and with age of consumption
SOCIO-DEMOGRAPHICS	Social context data including the rates of consumption by age group, sex, level of education and household income to understand more about the community
	Intersection with poverty, mental health and the relationship with cannabis consumption
	Protective factors for substance use
	Consumption rates across socioeconomic neighbourhoods
	Determinants of health and cannabis
	Information on who is already accessing services across income, education, and employment levels ; also looking at their age of first consumption, mental health, housing, and food security
SPECIFIC POPULATIONS	Different ways to engage young men in programs and services who don't go to the doctor (e.g. women go for birth control), such as leveraging sporting culture
	Protective factors and risky behaviours in high schools, provincially and federally
PROGRAMS AND SERVICES	Information on identifying the barriers to accessing services
	Population health data to understand community program needs
MONITORING METHODS	Methods to track population data among those who are not purchasing from retail outlets (i.e. grow at home)
	Data collection on reasons (i.e. "drivers") for consumption
	Collection of current, local data to support harm reduction messaging
	Collect online marketing data
	Health data collection by adding indicators to intake forms regarding alcohol and cannabis consumption
	Treatment admission rates
LEGALIZATION	Impacts of the variety of regulatory approaches on population health, considering the costs and benefits
	Impact on consumption rates with alcohol co-location
	Information on what is happening in other jurisdictions
	Direct and indirect, system level and individual costs of legalization to the population (financial, health and wellness, etc.)
The following categories are unique to Amherst, Nova Scotia	
RETAIL AND DISTRIBUTION	Data on costs of production, distribution and advertising
	Point of sale /purchasing data
	Retail outlets sales tracking including sales by store, and store openings and closures
	Impact on consumption rates in relation to where individuals purchase cannabis
	Impact of pricing on the uptake of government retail relative to the illicit market retail

"People are focusing on age of sale, but the impact on the age of focus for marketing and advertising is what we need to collect data on, and demonstrate that this is more critical to mitigate."

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 the need for supports in the categories of data, information, or evidence needs; program needs; tools/resources/training; 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 more education, training and information to inform their practice and programming.

"We all need to step back, consider basic education on the topic, how we talk to youth and how we talk to adults."

Table 3.

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Guidelines on indicator development to measure the impact of legalization
	Dissemination of current research data
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Roadside/handheld screening device that will provide the physical read out of impairment information
	More harm reduction training and applied examples of harm reduction in practices
	Tools for health and social service providers
	Education on how to have conversations with youth and adult populations
PROGRAM NEEDS	More programming, resources, and more seats around the table
	A statement to protect a public health focus when conflicting agenda's get involved
POLICIES	Cannabis policy guidelines
	Parameters around cannabis impairment and sexual violence and consent
INFORMATION ON LEGALIZATION	The laws around personal cultivation, such as parameters around access by children
	Enforcement guidelines and parameters
	Municipal regulatory elements, such as smoking (when relevant) in public and intoxication

Community capacity building: Continuing the conversation together

"People do want to get ahead – we're here today to determine how to use this time well and mobilize."

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:

- **identify and engage more community champions;**
- **engage consumer populations,**

including youth;

- **develop a harm reduction network, such as a coalition that can focus on alcohol, cannabis, and opioids;**
- **identify ways to set priorities as a group and divide responsibilities;**
- **utilize existing groups, such as the regional alcohol projects which already contain various "key players";**
- **develop/prepare for advocacy work and public-facing position papers; and**
- **continue existing conversations, such as the Health promoters in Mental Health and Addictions who meet regularly.**

"We need to take what we know and move forward with a little bit of ambiguity – be ok with what we don't know and work to improve."

CPHA next steps

Key to a public health approach to cannabis is the health and social service provider response to cannabis in communities across the country. As such, the community consultations are an integral component of CPHA's project - "*A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building*" (see Figure 1 for an overview of the project timeline). CPHA works with each consultation host site both prior to, and following the community consultation. A pre-post evaluation is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

CPHA, along with an Expert Reference Group (ERG) will review the data collected from communities across the country to inform a set of tools and resources to support health and social service provider's capacity to respond to cannabis consumption in their communities. Together, we will endeavour to normalize the conversation about cannabis, not consumption.

Figure 1.

CPHA Project Overview

A PUBLIC HEALTH APPROACH TO CANNABIS (AND OTHER SUBSTANCES): PREVENTION, HEALTH PROMOTION, SURVEILLANCE AND CAPACITY BUILDING

SPRING 2017: Community consultation pilot host sites and Expert Reference Group (ERG) recruited

SUMMER 2017
- Initial (online) meeting with ERG facilitated
- Community consultations facilitated with three pilot volunteer communities: Kingston, York, and Ottawa
- Canada-wide community consultation sites recruited

FALL 2017 - WINTER 2018
- Community consultations will be facilitated across Canada
- Community consultation reports will be generated and shared with each community

SPRING 2018
- Community consultation data/reports will be analyzed for themes and findings summarized
- Expert Reference Group will be engaged in a facilitated review of community consultation findings
- Case studies (2-4) will be created to communicate community consultations findings

SPRING - SUMMER 2018
- Capacity building learning tools and resources will be created based on the community consultation findings
- Capacity building learning tools and resources will be pilot tested with volunteer communities

SUMMER - FALL 2018
- Capacity building learning tools and resources will be refined

FALL 2018: Capacity building learning tools and resources will be shared for Canada-wide community access

Appendix

Consultation Agenda: Amherst, Nova Scotia

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 – 11:30 AM
BREAK	11:30 AM – 11:40 AM
A PUBLIC HEALTH APPROACH TO CANNABIS (PART 2)	11:40 AM – 12:45 PM
LUNCH	12:45 AM – 1:15 PM
AN INFORMED APPROACH TO CANNABIS PROGRAMS & SERVICES	1:15 PM – 2:20 PM
BREAK	2:20 PM – 2:30 PM
A COMMUNITY RESPONSE TO CANNABIS	2:30 PM – 2:45 PM
NEXT STEPS AND CLOSING	2:45 PM – 3:00 PM

CANADIAN
PUBLIC HEALTH
ASSOCIATION

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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