



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS

COMMUNITY CONSULTATIONS

across Canada

**“NORMALIZING CONVERSATIONS,
NOT CONSUMPTION.”**

CONSULTATION REPORT FOR IQALUIT, NUNAVUT | JANUARY 2018



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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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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: Iqaluit, Nunavut

On January 17, 2018, 35 health and social service providers participated in a full-day facilitated consultation on the topic of cannabis. Participants mostly worked in Iqaluit, however, some participants traveled from other communities in the Qikiqtaaluk Region, as well as the Kitikmeot and Kivalliq regions. Following CPHA’s consultation, the Centre of Excellence for Women’s Health’s engaged many participants in their Dialogue to Action on Discussing Substance Use with Women. This consultation was the first of three consultations conducted in Nunavut, with one taking place in each region of the territory. Participants represented a variety of roles in health and social services, including but not limited to mental health nurses, social workers, management, and government employees, working predominantly for the Government of Nunavut’s Department of Health, as well as other territorial departments, local non-profit organizations, and post-secondary education.

The session was opened by an Elder from the region, and then moved onto an explanation of how the consultation aligned with Inuit Societal Values, followed by an overview of the project. Round table introductions asked each participant to 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 consumption 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.

“Legalization will allow more people to talk about cannabis openly and publically. Being able to talk about it will allow people to ask questions and for health providers to have conversations.”

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 Iqaluit's and CPHA's future work and ongoing conversations on cannabis. The dialogue summary is organized by the data collection objectives.

Perspectives and Perceptions Related to Cannabis Consumption

Participants shared their perceptions related to medical and non-medical cannabis consumption in the context of legalization, and how their perspectives may impact their professional practice.

Perspectives on cannabis consumption

Many participants were knowledgeable about cannabis consumption in the community, including methods of consumption such as “hot knifing.” (Which is a method of consumption that uses butter knives on a hot stove. Placing a ball of cannabis (often hash) between the two knives, creating a smoke that is inhaled often through a plastic bottle/roll of paper towel.) Participants generally commented that there is a lack of sufficient, official statistics on cannabis consumption in the territory, and some participants felt cannabis consumption practices were problematic. Participants noted professional and personal interests and concerns throughout the discussion of cannabis consumption.

Participant perspectives related to cannabis consumption tended towards concern regarding consumption. Concern expressed was often grounded in the specific experience of the consumption of cannabis and other substances in Nunavut, which is largely understood as a means of coping with trauma. Concern about mental health, suicide, the housing crisis and overcrowding, children being exposed to cannabis smoke, and the price of cannabis in the territory were also stressed by some participants as a reason for concern about consumption.

“Cannabis consumption is often a normal exploratory or recreational behaviour and from my perspective nationally it is not an issue at low to moderate levels of use which represents the majority of those that

use in Canada. From a territorial perspective, I think consumption can be higher risk due to high cost, levels of trauma, etc.”

A few participants indicated they were not concerned about cannabis consumption in moderation, in particular when cannabis is consumed in a way that is not harmful or problematic. Some participants also indicated the benefit of having the opportunity to discuss cannabis.

“Safe in moderation by responsible users however I believe it has the potential to be detrimental in certain populations of users, such as youth, those still developing, pregnant women, and is it an inappropriate coping mechanism for those who have experienced deep intergenerational trauma – is this the appropriate avenue to fix the problem?”

Many participants distinguished between medical and non-medical consumption of cannabis in their responses. While some participants expressed concerns regarding self-medication, many did not express concerns regarding medical consumption. For example, one participant indicated that cannabis may be a safer means of medicating.

“It may well be a safer way of altering mood and dealing with pain than many current substances are.”

Of those participants who commented on legalization, some concerns were raised. These included the need to prepare for legalization and the perception that the government’s approach was not well thought out. One participant indicated they needed more information about cannabis, for example its impacts on children, and the need for resources for survivors of intergenerational trauma, before taking a position on legalization.

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. Participants voiced several concerns with the federal government’s plan for legalization, including tight timelines, concern that legalization would lead to normalization of cannabis, and the perception that the federal government was making a decision for implementation by Nunavut.

“I feel like this is a trend. The Federal Government made a decision and now expects Nunavut to implement with extremely limited resources and capacity.”

“The federal government is saying my way or the highway.”

Some participants perceived that cannabis legalization will lead to an increase in consumption and their workload, while a few indicated they did not perceive legalization will have an impact on rates of consumption and others were curious of the impacts of legalization. The increased work for providers was perceived to be positive and negative. The

positive impacts of legalization listed by participants included:

- the regulation of cannabis, which would make it safer and reduce contamination with other products;
- provide more funding for health promotion;
- normalize and encourage conversations about cannabis consumption; and
- reduce health and social harms.

Some participants indicated they would be able to talk about cannabis, and educate and support people who consume cannabis. For one participant, this would be the same as work done currently to support people who use tobacco.

Legalization was also perceived as likely to make information and resources about cannabis more accessible and balanced.

“I think it is important to disrupt the illegal trafficking of drugs, and by legalizing cannabis it allows a harm reduction approach. Although cannabis will now be more accessible, as a health care provider and front line staff, priority is to support our clients and continue to emphasize a health [promotion] approach.”

“I am not a service provider. But I think from a health perspective, legalization will reduce health and social harms. However, I don’t think it will reduce illegal activity/harms in rural and remote locations as much as we hope. If the products are not legally available to rural residents there will always be a flourishing and thriving illegal market.”

Other participants indicated that legalization will have negative impacts, such as increasing family violence, homelessness and poverty, and suicide.

Overall, there was more emphasis on questions about legalization than comment on the perceived impacts, due to lack of information from the Government of Nunavut on the territorial approach to legalization. At the time of the consultation, the Government of Nunavut had not yet announced its public consultations. A few participants questioned if communities will continue to prohibit cannabis, noting that the social implications of prohibition will continue if this is the case.

“We are also anxiously looking to the GN [Government of Nunavut] to get a clear understanding of the legislative policies and procedures that will guide the Nunavut response.”

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, they indicated that both abstinence and harm reduction approaches are currently used. Responding through either abstinence or harm reduction depended upon the needs of the service user, the knowledge of the provider, and the resources and programs available for referrals.

“I lack the resources to discuss cannabis use in a harm reduction lens. Most of my resources focus on abstinence. This is not useful.”

With limited or no cannabis-specific programming and policies, participant responses to someone sharing they consume cannabis focused on conversation. Many participants

explained that their responses to someone sharing their experiences with cannabis were trauma-informed, for example asking questions such as, “Are you concerned?” and “What support do you need?” While other participants explained they encourage abstinence, for example by explaining the medical risks of cannabis consumption, withdrawal symptoms, addiction, and the impact on the family. Some participants also indicated they are proactively educating themselves on cannabis, harm reduction, and responsible use in order to be able to respond when someone explains that they consume cannabis. Referrals to mental health or medical providers were also provided as examples of current responses to disclosure.

“My approach is usually to present them with facts and leave them to make an informed decision while encouraging abstinence.”

However, many participants identified the need for more information to be able to better respond and engage in discussions about consumption. These needs included access to harm reduction, more education about cannabis as a substance to inform providers and service users, and insight into Nunavut’s approach to legalization, regulation, and distribution.

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. The programs listed focus on tobacco and alcohol, and are not specifically related to cannabis, though participants identified a connection. A few participants identified that current cannabis programs are limited due to the illegal status of the substance, while others commented that they do not use cannabis-specific resources they know of because they are not “Friendly to [the] target population.” The programs or services mentioned included:

- counselling, including alcohol and drug counsellors;
- wellness programs;
- land based treatment programs (available in some communities);
- community engagement presentations;
- tobacco reduction board game;
- quizzes;
- psycho-social supports;
- crisis responses;
- radio; and
- Facebook and social media more broadly.

Participants also mentioned the role of informal discussions about cannabis as an engagement strategy and place of current conversations about cannabis.

Some participants indicated they were aware of services or programs with a harm reduction approach in their community. Participants identified that these programs encourage responsible use, create a non-judgmental relationship, and can be provided by a variety of service providers.

“Anyone in this room could be a voice around harm reduction.”

Participants noted that of the community-based cannabis programs available, the most success is seen with those that are a collaboration between different departments and sectors, including Health, Justice, Family Services, Inuit organizations, RCMP, and Finance. Collaboration amongst different types of workers, including front-line workers and program-level workers of various sectors was also identified as an element of success.

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 emphasized the lack of information, resources, supports, and programs. These included:

- minimal information known or available;
- lack of standardized messaging;
- lack of resources territory wide;
- lack of conversations about cannabis;
- gaps in current programs, including cannabis-specific programs;
- no treatment centre in the territory;
- lack of collaboration among service providers;
- competing priorities of community health nurses;
- lack of human resources to develop resources;
- current resources are not population friendly (i.e. brochures);
- access to pharmacists in smaller

- communities;
- access to alcohol and drug counsellors in smaller communities;
- long wait times for services, for example two months to see a mental health counsellor;
- ability to focus on prevention and promotion when patients and clients have acute issues; and
- ongoing prohibition of legal substances in some communities.

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 Iqaluit and the Qikiqtaaluk Region going forward. Many participants emphasized the interest and need for more conversations about cannabis. Consistent and culturally competent providers that understand Inuit values and Inuktitut were also emphasized in participant responses. Participants suggested that these needs could be met by identifying, training, and building the capacity of “community champions,” people who are already working as educators in the community.

“Building and strengthening skills of those promoting health and wellness – community champions!”

Participants also suggested the need for:

- collaboration and capacity building;
- education and awareness campaigns, particularly for younger children, youth, and parents;
- education programs for youth, for example Drug Abuse Resistance Education (DARE), adapted for harm reduction as opposed to abstinence;
- adult education campaigns that involve children;
- community level programs;
- websites available before legalization;

- curriculum and school-based programs on life skills;
- communications strategy;
- continued conversations;
- treatment programs available in the territory, including Going On The Land and centres;
- use of radio to share information;
- use of non-governmental organizations throughout the territory to spearhead and manage programs and staff;
- drug and alcohol free community gatherings; and
- access to resources in the community.

“Normalizing the conversation is going to be a huge piece for providers.”

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

- available in each community;
- be sensitive to the population and use an appropriate delivery method;
- available before the legislation comes into effect;
- interactive, informal and social, for example sports and community gatherings;
- apply a psychosocial approach, for example managing finances;
- take a harm reduction approach to address current focus on abstinence-based programs;
- engage people without demonizing cannabis;
- building positive coping skills; and
- encourage children to teach each other.

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

Few participants were aware of data being collected about cannabis consumption at the community level and were able to provide examples of where or what data was collected and by whom. Participants commented that they were unsure of data regarding cannabis collected by programs. Fetal Alcohol Spectrum Disorder (FASD), prenatal and health promotion programs were provided as possible places where data about cannabis is being collected unintentionally. People calling into radio shows about food, shelter and money, friends, peers, and family were also provided as examples of places where information about cannabis is collected.

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

Challenges of current monitoring and surveillance of cannabis consumption

Lack of data specific to Nunavut was emphasized as a current challenge by participants. Consultation participants noted several reasons why there is a lack of Nunavut and community-specific data to inform

programming. These included:

- lack of research that includes Nunavut;
- cultural and linguistic barriers, for example surveys are not translated or conducted in Inuktitut;
- no systematic means of collecting data;
- ethical and legal limitations related to consent, confidentiality, and privacy;
- internet band width and connectivity;
- insurmountable bureaucracy;
- resource not localized or depleted;
- lack of funding;
- lack of knowledge about cannabis use;
- lack of programming in smaller communities;
- time; and
- stigma related to the illegal status of cannabis, lack of conversation, and denial of use.

In parallel with the lack of data about Nunavut, participants also noted that the population is heavily researched and experiencing survey fatigue. This fatigue was attributed to the lack of sharing back the findings of surveys with the community.

“We could know a lot more from data we already collect.”

Table 1.
Current Cannabis-related Information Sources Utilized by Consultation Participants]

TYPE	SOURCES
GOVERNMENT	Health Behaviour in School-Aged Children (HBSC)
	Canadian and Community Health Survey (CCHS)
	Inuit Health Survey
	Population Health Information Unit
	YouthBC
	Government of Nunavut’s Cannabis Legalization Survey
NON-GOVERNMENTAL ORGANIZATIONS	Centre for Addiction and Mental Health (CAMH)
	Canadian Mental Health Association (CMHA)
PRINT OR ONLINE PUBLICATIONS	internet
	media, specifically CBC TV – The National
	research articles
	federal government website
	local newspapers
	book appendices
COMMUNITY RESOURCES	resource centres
	groups, committees, and meetings

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

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Difference between recreational and medical consumption
	Impact of cannabis consumption on parenting
	Contextual data, including population, housing, employment, literacy, family health, and education
	Financial impacts of cannabis, including sales, tax revenue, and food security
	Age people start consuming cannabis
SOCIO-DEMOGRAPHICS	Surveys on the social effects of cannabis on youth, in addition to the physical and mental health effects
	Coping strategies for intergenerational trauma
	Indigenous perspectives, including experiential, professional, and policy wisdom
	Familiarity of children with cannabis
	Parent’s attitudes on cannabis consumption by children and youth
	Data collected and delivered in Inuktitut
PROGRAMS AND SERVICES	Map of all services currently operating, for example outreach programs
	Cannabis-related injuries, including motor vehicle accidents
MONITORING METHODS	Radio shows
	Qualitative information, including anecdotal accounts
	Lot Quality Assurance Sampling (LQAS)
	Community engagement, for example focus groups
	Non-intrusive retail tracking
	Cannabis-related calls for service to the RCMP
	Door-to-door data gathering, with consideration for confidentiality and conflicts of interest
	Current surveys to include cannabis questions
Research conducted by youth	
	Self-reported data
LEGALIZATION	Town hall meetings to gather feedback from community members
	Conversation with Hamlet Council and Health and Wellness committees
	A plan for the implementation of legalization in smaller communities

Desired cannabis-related monitoring and surveillance

Many participants highlighted the need for more research and improved methods to collect data. Consultation participants also shared their thoughts on what cannabis-related information from Iqaluit and the Qikiqtaaluk Region they would like to know going forward. This included a range of topics, like data on consumption that is contextualized, data that is collected and disseminated in culturally appropriate ways, qualitative data that can be used for research proposals, and information on how to provide input on legalization. See Table 2 above for a summary of the desired cannabis-related data, information and evidence needs, per category.

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: program needs; tools, resources, and training; data, information, and evidence; 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 building local capacity, information

on the impacts of cannabis, and clear information on the territorial and federal cannabis legislation. A community-based strategy and collaboration between departments and sectors were also indicated as needs.

“I need staff, human resources; properly trained Inuit youth and outreach workers, so we’re not using people from the South to do the counselling.”

Table 3.
Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Research on substance use, trauma-informed practice, and cannabis consumption during pregnancy
	System-wide research on services, move away from research on individuals
	Information on cannabis, including costs, where it can be smoked, what is the equivalent to impaired driving from alcohol, and how much is acceptable?
	Impacts of cannabis on children, including long-term impacts as they grow up and brain development
	Information on social, familial, and health effects of cannabis consumption, including for children and youth
	Information on impact of cannabis on mental health
	Information on methods of consumption
	Culturally specific information
	Data on cannabis consumption, and variances in prevalence between communities
	Percentage of income going towards consumption
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Information on why people use cannabis, including if it is a coping mechanism or addiction
	Resources for college students
	Available resources that can be used for referrals
	Preparations for emergency services staff
	Posters on cannabis, similar to posters on smoking tobacco
	Resources for women who are parents, use cannabis, and live in a shelter
	Resources on cannabis-related injuries, including burns, impaired driving, accidental ingestion and poisoning among children
	Support for teaching youth coping skills
	Resources available in one place
	Move beyond print based materials and engage the general population
Communications strategy on different methods of consumption for a variety of products and targeted to audiences	

	Education on the health and social impacts of using cannabis
	Properly trained Inuit youth and outreach workers, to address current reliance on people from the South for counselling
PROGRAM NEEDS	Build capacity for addictions treatment in the territory
	Educational material to teach at post-secondary schools
	Support for post-secondary school staff who support students
	More mental health nurses and youth outreach workers
	Connect with other shelters on how to support women with addictions
	Programs to move forward youth with addictions
	Collaboration with law enforcement
POLICIES	Young adults mentoring youth
	Positive and negative health impacts of legalization
	Changes in crime related to cannabis
	Programs available in smaller communities
	Human resources policies for the municipality
	Policy for post-secondary school
INFORMATION ON LEGALIZATION	How will legalization coincide with Nunavut Human Rights Act?
	How will cannabis be regulated?
	Will cannabis be dispensed through the Health Centres or the post office?
	Regulations on packaging for cannabis products
	Regulation of transportation of cannabis across provincial and territorial borders
	Will the supply of non-medical cannabis be the same as supply for medical cannabis?
	Given the research evidence, what was prime motivation of the Government of Canada to introduce legislation for July 1?
	Information on the law and its parameters
	Information on the roles of legal sector, including law enforcement and courts
	Information on roll out of legislation
	Supports for frontline staff to be prepared for legalization
OTHER NEEDS	Community supports and resources
	Insights from communities regarding the social and health consequences of cannabis
	Continued conversation with other clinicians and practitioners

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. Many participants emphasized the need to develop culturally appropriate services within the community with Inuit. Currently, it is common practice for people to go “down south” for addiction and trauma services, which separates them from their support systems. A few participants also remarked that it is common for providers to be from the south and there are high turnover rates due to burnout.

Participant responses on how cannabis-related resources would reflect Indigenous knowledge included:

- representation of Inuit in consultations;
- engagement with Elders;

- development of resources using Inuit terms and language;
- land-based programming; and
- use a knowledge translation lens to adequately reflect Inuit and Elder wisdom in cannabis materials.

“We need proper representation of Inuit in this room. We need to consult with Elders to develop these resources and have them reflect Indigenous knowledge.”

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 Elders to build healthier communities;
- using traditional knowledge;
- future workshops;
- engagement with Government of Nunavut;
- multi-departmental team to develop action items, similar to Nunavut suicide prevention strategy; and
- create spaces for community gatherings that focus on traditional skills, such as sewing.

Additionally, it was shared that the Government of Nunavut would accept feedback in multiple ways.

“Let’s keep working together and moving forward.”

Appendix - Consultation Agenda

Consultation Agenda: Iqaluit, Nunavut

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:00 AM – 9:15 AM
OPENING AND WELCOME	9:15 AM – 9:30 AM
OVERVIEW AND INTRODUCTIONS	9:30 AM – 10:00 AM
A PUBLIC HEALTH APPROACH TO CANNABIS PART 1: CANNABIS PRIMER, CONSUMPTION STATISTICS & RESEARCH EVIDENCE	10:00 AM – 11:15 AM
BREAK	11:05 AM – 11:15 AM
A PUBLIC HEALTH APPROACH TO CANNABIS PART 2: HEALTH PROMOTION AND HARM REDUCTION	11:30 AM – 12:30 PM
LUNCH	12:30 PM – 1:00 PM
A COMMUNITY RESPONSE TO CANNABIS PART 1: MONITORING AND SURVEILLANCE	1:00 PM – 1:50 PM
A COMMUNITY RESPONSE TO CANNABIS PART 2: YOUR NEEDS	1:50 PM – 2:20 PM
CLOSING AND EVALUATION	2:20 PM – 2:30 PM

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

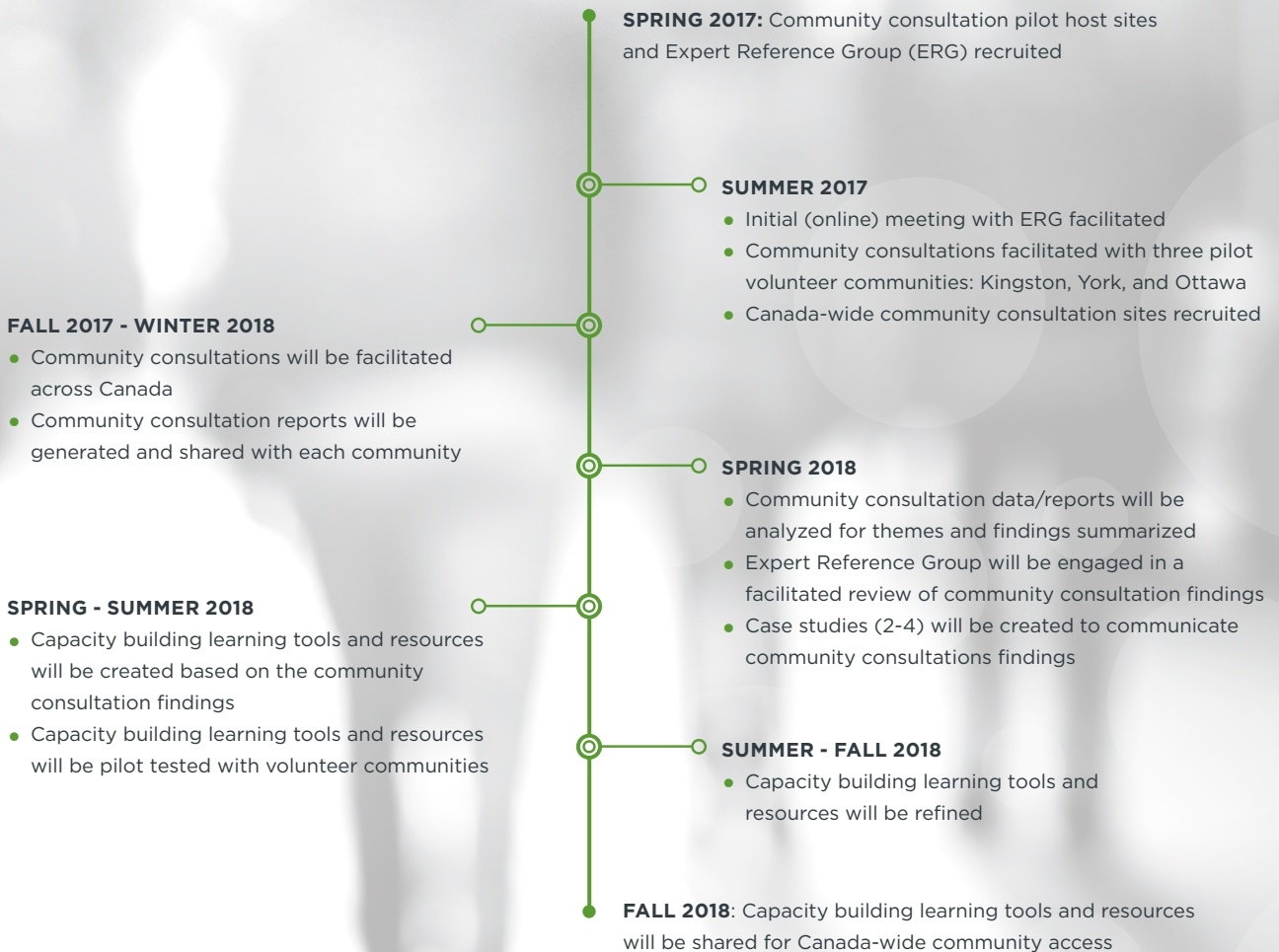
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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





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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