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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 WINNIPEG, MANITOBA | FEBRUARY 2018



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

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

A NOTE ON TERMINOLOGY

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

CONSUMPTION

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

MEDICAL CONSUMPTION

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

NON-MEDICAL CONSUMPTION

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

CANNABIS RETAIL OUTLET

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

CANNABIS DISPENSARY

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

Background

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

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

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

Purpose of this Project

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

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

Community Consultation: Winnipeg, Manitoba

On February 21, 2018, 25 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, such as law enforcement, pharmacy, and counselling/addictions from a variety of organizations, including but not limited to addictions and mental health, corrections, education and local non-profits.

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 Winnipeg's and CPHA's future work and ongoing conversations on cannabis.

"[This consultation provides] an opportunity to talk about substance use more broadly and critique non-evidence informed, judgemental public health messages. [It is] important to discuss safer use of all substances not just cannabis."

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

Overall participants had several concerns related to cannabis consumption which ranged from a broad spectrum of perceptions such as, “I think it is comparable to alcohol consumption. Abuse and misuse can occur with any substances;” to “I am concerned about the health effects of cannabis use, especially on youth. I am concerned that legalization legitimizes the use despite the health effects.”

Some participants shared concerns regarding the health risks of cannabis use with a particular emphasis placed on the onset of use from an early age and co-use with other substances. For instance one participant shared their concern, “...of cannabis use combined with prescribed anti-psychotic mood stabilizer drugs.”

“[Cannabis poses] some risks, though far less [than] alcohol. These risks can be reduced through effective protection and organization dissemination of user information on lower risk guidelines and materials to support self-management towards lower risk use.”

While there was no mention of specific benefits to non-medical cannabis consumption, some perceived that within parameters and similar to other substance, cannabis can be consumed safely.

“I feel that as long as the correct laws and regulations are in effect, there shouldn't be any issues with regard to safe and healthy use. There will always be at least a few who over use, but that is the same with any substance.”

The majority of participants supported the notion of consumption as long as the individual is able to make an informed decision when consuming and can demonstrate a degree of self-awareness. Participants emphasized the importance of education in their perspectives of cannabis consumption.

Many participants also shared comments that demonstrated positive perspectives toward medicinal consumption of cannabis for therapeutic benefit or that they felt there was a place for the medicinal use of cannabis in health care as long as the person consuming is informed.

“[Medical use] requires self-awareness of the individual to decide whether it is right for them. The problem lies with lack of self-awareness and the inability to recognize the harmful impacts to one's life that cannabis can have. I believe the medical applications of cannabis are the most useful area to continue to develop.”

Cannabis consumption and safety was discussed throughout the consultation and compared to alcohol. Many participants viewed cannabis and alcohol to be unavoidable. Ensuring the safety of the community as a whole, specifically as it relates to concerns around impaired driving and second hand smoke, were highlighted by several participants.

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

- **increased societal benefits related to income generation and how this relates to health;**
- **more effective regulation;**
- **reduction in risks associated with the illicit market; and**
- **safer access to cannabis.**

“Legalization enables more effective regulation.”

“I support it [cannabis legalization] especially as it relates to decriminalization. Reducing the [illicit] market risks, especially for youth is important.”

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

- **increased youth consumption;**
- **less attempts to stop consuming;**
- **greater substance use leading to impacts on the community;**
- **increased rates of child neglect;**
- **increased criminal sentences for youth; and**
- **more policing resources needed for impaired driving.**

“In my work – use of cannabis I feel will be seen as the same as alcohol and I am not sure it should be. I am concerned again that legalization will [create the] perception that cannabis is completely safe.”

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 mostly indicated that they felt the impacts would be minimal.

Perceived positive impacts of legalization on the services participants provide included:

- **increased research capacity;**
- **increased opportunities to share evidence;**
- **more discussions around disclosing use; and**
- **more conversations around consumption and harm reduction.**

“In the mid-long term I believe there will be minimal negative impact (e.g. increased need for addiction services); in the short term – my agency has a very strong public and professional prevention/education mandate, so we are very busy! It’s a great opportunity to share evidence.”

Perceived negative impacts of legalization on the services participants provide included:

- **greater demand on services (e.g. emergency room, addictions, and mental health);**
- **increased resources needed for security; and**
- **need for environmental policies and procedures (e.g. no smoking in public places).**

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, a large emphasis was placed on principles related to harm reduction, such as providing unbiased information, non-judgmental individualized counselling approaches, seeking to meet the clients “where they are at,” a recognition that for some clients cannabis use can be less harmful than using other substances and a focus on supporting client to use safely rather than solely focusing on abstinence. However, a significant portion of participants identified the need for more information regarding legalization to be able to better respond and engage in discussions about consumption.

“I am privileged by my role/position to be very well informed about cannabis. My perspective is evidence-based and harm reduction focused. I feel very comfortable in these conversations with youth and adults...you cannot argue a person out of a personal belief.”

“We serve addictions patients and many report usage – it’s better than using other illicit medications. We don’t pass any judgement on patients who use for pain, addiction, or recreation. I can’t answer all of the legal questions yet.”

Community-based Cannabis Programs and Services

Consultation participants shared existing substance use programs and services that include a cannabis component, perceived challenges related to delivering cannabis programs and services, and suggested cannabis program and service needs for their community.

Current cannabis-related programs and services

Most participants indicated that they were aware of programs or services related to substance use in their community, while some participants mentioned local programs with a specific cannabis component. The programs or services mentioned included:

- Winnipeg Regional Health Authority (WRHA) outreach initiatives;
- experiential group for men about substance use;
- mental health and substance use support groups;
- Addictions Helpline;
- St. Raphael Wellness Centre pre/post treatment services;
- Tamarack Recovery Centre;
- Health Sciences Centre (HSC) detox services;
- Main Street Project;
- Addictions Foundation Manitoba (AFM) - Residential treatment;
- Aurora Recovery Centre;
- Street Connections; and
- prevention programs.

Some participants specifically indicated they were aware of services or programs with a harm reduction approach in their community. These programs focused on cannabis, or included a component on cannabis. Needle exchange programs were also listed as an example of a harm reduction program in Winnipeg that is not specific to cannabis. The cannabis-related harm reduction programs included:

- Addictions Foundation Manitoba (AFM) youth programs, and residential and

community-based services;

- Manitoba Public Insurance (MPI);
- Mothers Against Drunk Driving (MADD); and
- in-house harm reduction/support.

As well as online resources, other resources mentioned by the participants that inform programming included:

- Lower Risk Cannabis Use Guidelines (LRCUG);
- Winnipeg Regional Health Authority (WRHA) harm reduction position statement;
- Addictions Foundation Manitoba's (AFM) cannabis legalization position statement, knowledge exchange assessment and screening tools, and messaging resources;
- St. Raphael Wellness Centre and
- Healthy Living Workbook.

Participants noted that of the community-based cannabis programs available, the most success is seen with those that provide information, are non-judgmental and employ the principles of harm reduction.

Challenges of current cannabis-related programs and services

Participants noted a number of challenges relating to their community's current cannabis-related programming and services. Challenges listed included:

- programs without a harm reduction approach;
- programs without a health promotion component;

- **programs that are too focused on the individual;**
- **systemic inability to collaborate;**
- **abstinence-based programs; and**
- **programs and agencies that are not prepared to provide care for individuals with co-occurring disorders.**

“One of the main themes was looking at harm reduction programs and models – how readily the use of substances are, how people are often using to cope with what is going on in their daily life – particularly with mental health and youth; they do appear to be open to conversation; we did talk about how total abstinence doesn’t work.”

“...there is a lack of harm reduction services; programs and agencies need to be more [able to work] with co-occurring disorders; transitioning patients with mental health issues to substance use support is challenging because they don’t [work with co-occurring disorders].”

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 Winnipeg going forward. Participants suggested the need for programs and services that:

- **look at the harms and reasons why people use or behave in negative ways;**
- **educate, empower and inform the population;**
- **are broader in their approach to substance use;**
- **listen to the needs of the community;**
- **build on the Stages of Change Model (this model of change suggests that individuals move through a series of five stages (precontemplation, contemplation, preparation, action, maintenance) in the adoption or cessation of behaviours).**
- **build on important relationships in people’s lives (e.g. dentists);**
- **identify harm reduction would look like with reference to cannabis use and prevention;**
- **enable access to harm reduction practices;**
- **identify what harm reduction looks like in relation to “gradualism;”**
- **provide proactive education opportunities; and**
- **offer opportunities and supports tailored to people who are at different Stages of Change.**

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 shared 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

Some participants were aware of data being collected about cannabis consumption at the community level. Those who were aware of data collection processes provided examples of where or what data was collected and by whom. Participants were aware of data being collected through the following programs:

- Selkirk Mental Health Centre, Lorette, Winnipeg at multiple stages of the persons care (e.g. admission, three months, and at discharge, plus assessment screening)
- Addictions Foundation Manitoba (AFM) knowledge exchange, SharePoint substance use file; (SharePoint is a web-based collaborative platform.)
- service intake and programming assessments;
- Manitoba Youth health survey;
- Liquor and Gaming Authority survey;
- Manitoba Center for Health Policy;
- Canadian Student Tobacco, Alcohol, and Drugs Survey; and
- Substance Abuse and Mental Health Services Administration.

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

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

TYPE	SOURCES
GOVERNMENT	Addictions Foundation Manitoba (AFM)
	Winnipeg Regional Health Authority (WRHA)
	Liquor and Gaming Authority
NON-GOVERNMENTAL ORGANIZATIONS	St. Raphael's Wellness Centre
	Selkirk Mental Health Centre
	Canadian Centre for Substance Use and Addiction (CCSA)
	Manitoba Centre for Health Policy
	community partners
PRINT OR ONLINE PUBLICATIONS	Online resources
	Studies from jurisdictions with experience (e.g. study from Washington state university on breastfeeding + substances)
OTHER	Experts from organizations in the community

Challenges of current monitoring and surveillance of cannabis consumption

Consultation participants noted several challenges to accessing and using data to inform programming. These included:

- **restrictions on work computer resources;**
- **inability to find resources;**
- **a lack of Canadian data;**
- **honesty in reporting;**
- **data protection (e.g. personal information);**
- **challenge accessing peer-reviewed information;**
- **a lack of data and knowledge gaps; and**
- **information that is biased but appears authoritative on the web.**

Desired cannabis-related monitoring and surveillance

Participants noted there is a lot of data being collected, but the infrastructure in place is not sophisticated enough to ensure this data is efficiently collected for the purposes of program planning.

“We collect most of our data about using substances for assessment purposes and connecting them to resources – most of our clients are using multiple substances and we don’t have a sophisticated data collection type of thing, we’re not funded for that, we would have to go through paper files.”

Potential sources of “unmined” monitoring and surveillance data related to cannabis consumption

mentioned included, intake data through hospitals and other care settings and point of sale data to collect information from consumers. Participants highlighted the need for more transparent methods to collect and share data. Consultation participants also shared their thoughts on what cannabis-related information in Winnipeg they would like to know going forward. This included a range of topics, like information on community consumption patterns, more information on youth consumption patterns, how legalization would impact consumers through point of sale data, and statistics specific to the performance of programs and services. See Table 2 below for a summary of the desired cannabis-related related data, information and evidence needs, per category.

“When we are collecting data – what is the demographic information - socio-economic and understanding what is happening in the different population segments; there is a logistical barrier to people outside of the academic world, especially not-for-profit organizations having access to primary literature.

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

CATEGORY	TOPIC
CANNABIS CONSUMPTION	Self-disclosure data
	Information from consumers on what types of resources are effective for “safer” use
	Monitoring risk and severity to prevent treatment
SOCIO-DEMOGRAPHIC	Demographic and socio-economic information across different populations
	Data on those who purchase cannabis
SPECIFIC POPULATIONS	Better monitoring of youth
	Ask youth a broader range of questions
PROGRAMS AND SERVICES	Reports from treatment providers
	Program statistics
MONITORING METHODS	Shared data and resources
	Telephone surveys
	Point of sale information
<i>The following categories are unique to Winnipeg, Manitoba</i>	
HARM REDUCTION	Cannabis as a substitute for other substance use

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 programming; tools/resources/training; data/information/evidence; ways to build community capacity; 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 evidence-based practice with specific, clear, evidence-informed practice guidelines. Many participants also indicated the need for more information on a range of cannabis topics so that they could better inform their clients, a more coordinated approach to collecting and disseminating information, effective policies to curb the harms related to cannabis, and a broader approach to addressing issues related to substance use in general.

“[We need more] occasions like this where we can have intersectional conversations.”

“As a community support worker - a service provider, if you are not tuned into the language of your service user you cannot be a competent service provider; what is out there on social media etc.? What is the language our clients are using? What are their concerns? We need to tune into how they speak about cannabis and their needs.”

Table 3.

Desired Supports to Respond to Cannabis Legalization

CATEGORIES	DESIRED SUPPORTS
DATA, INFORMATION, OR EVIDENCE NEEDS	Research and data on driving and the effects of cannabis
	Information on what impairment looks like
	Knowing where to access quality, up-to-date information
	Reliably sourced information to bring to legislatures to update the law
	Ongoing data collection and monitoring shifts in use
	Research that examines gender differences related to cannabis consumption
COMMUNITY CAPACITY	Support to address cannabis consumption at a community level
	Increased funding for front line workers
	More resources for policing
	More opportunities to have intersectional conversations
TOOLS, RESOURCES, OR TRAINING NEEDS TO SUPPORT PRACTICE	Information for providers to explain risk assessment and assist with their ability to help clients that are having issues with the substance
	Education and awareness for the teaching population
	More tools to enable discussion with clients
	More public information that could be disseminated broadly across Canada
	Education on effects of cannabinoids for clinicians
	Information sessions for professionals and clients, in order to inform professionals about where clients are getting their information
	Information about the products available through legal channels and what is on the street
	More information about the effect of cannabis as a substitution drug
	More information on medical/therapeutic benefits
	Information in plain language that is appropriate
	Information regarding the language clients are using, their concerns, and how to speak about cannabis related to their needs
	Materials for discussion and public education
	Where physicians can get more information
	A coordinated response including central repositories for information
PROGRAM NEEDS	Programs specific to cannabis and being able to provide or empower individuals to make informed choices
	Dialogue with other agencies working on policies and procedures
	Treating the underlying root causes of substance use including awareness of trauma
	Changing the discourse from treating individuals to a broader approach
POLICIES	Workplace policies
	A community of practice to talk about municipal policies emerging across the country
	Information for landlords and housing programs on personal cultivation policies/guidelines

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:

- opportunities to discuss policies and protocols together at community agency meetings;
- sharing email addresses in the room (option to opt out with CPHA);
- AFM (Addictions Foundation Manitoba) considering applying for government funding to host community forum’s to discuss cannabis, methamphetamine, and maybe fentanyl; and
- The Innovation Lab as a way to move forward by gathering interested participants to meet over certain issues.

“[We need] support to be able to address risk factors – to do that for ourselves; talking about cannabis is very tied up in the health system and justice systems – we need support to address these ourselves at a community level because the traditional ways don’t always work for us.”

CPHA next steps

Key to a public health approach to cannabis is the health and social service provider response to cannabis in communities across the country. As such, the community consultations are an integral component of CPHA’s project - “*A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building*” (see Figure 1 for an overview of the project timeline). CPHA works with each consultation host site both prior to, and following the community consultation. A pre-post evaluation

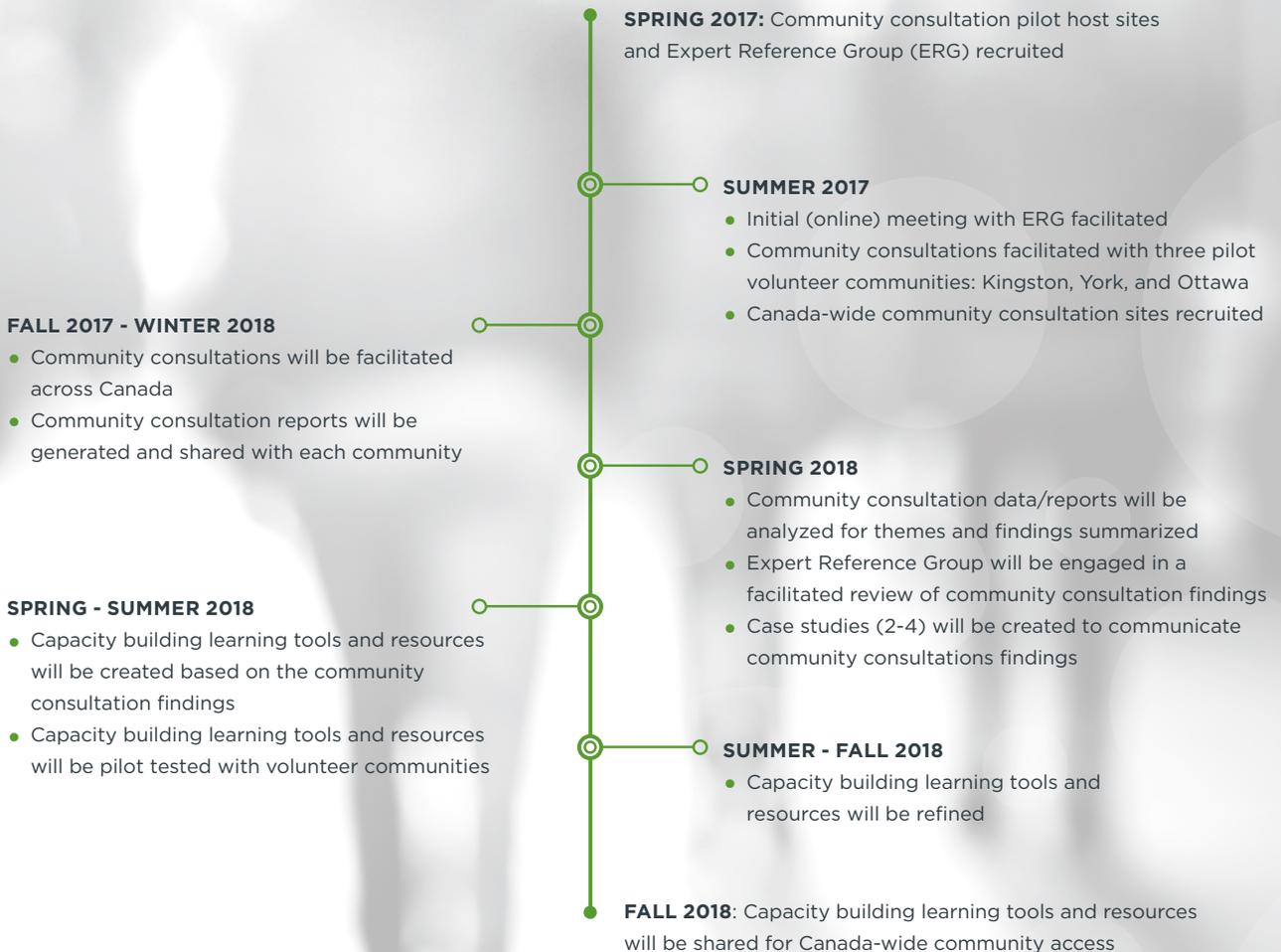
is also conducted for the community consultation. Findings of the evaluation will be shared with each host site, along with this report outlining the data collected as part of the facilitated consultation.

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

Figure 1.

CPHA Project Overview

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



Appendix

Consultation Agenda: Winnipeg, Manitoba

ACTIVITIES	TIME
ARRIVAL AND PRE-SESSION EVALUATION	9:30 AM - 9:40 AM
OPENING AND WELCOME	9:40 AM - 10:00 AM
OVERVIEW AND INTRODUCTIONS	10:00 AM - 10:30 AM
CANNABIS PRIMER, CONSUMPTION STATISTICS & RESEARCH EVIDENCE	10:30 AM - 12:00 PM
LUNCH	12:00 PM - 12:30 PM
CANNABIS HEALTH PROMOTION AND HARM REDUCTION	12:30 PM - 1:30 PM
MONITORING AND SURVEILLANCE OF CANNABIS CONSUMPTION	1:30 PM - 2:15 PM
YOUR NEEDS FOR A COMMUNITY RESPONSE TO CANNABIS	2:15 PM - 2:45 PM
CLOSING AND POST-SESSION EVALUATION	2:45 PM - 3:00 PM



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