Whitefish River First Nation

Cannabis Conference
Sharing Session #2
April 1, 2019
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1.0 Background

Whitefish River First Nation hosted a Cannabis Information Sharing Session on April 1, 2019. This session focused again on the topics of:

- Medical versus recreational uses of Cannabis - Dr. Lionel Marks
- Economic Presentation - Jon Cada, Mississauga First Nation
- Enforcement and Community Presentation - UCCMM Police

31 people were in attendance at this session and overall, the evaluation of the day was overwhelmingly positive.

The session was organized in response to the approval from Health Canada for the Substance Use and Addiction Program (SUAP) for Whitefish River.

This proposal is centered on knowledge translation efforts which are comprised of communication, dissemination, research, capacity building and the implementation of projects. This project aptly titled, “Growth from Knowledge” aims to accomplish these objectives and more which will result in an indigenous model for capacity building and planning within the community of Whitefish River First Nation related to substance use.

As this project is evidence-based, there will be rigorous evaluation of any seminars, workshops or events related to this project.

Also, it should be mentioned that part of the introduction to this project began in October, 2018 with the beginning dialogue and steps to kick-off WRFN’s plans for Cannabis. That separate report is available through WRFN and this report builds on that process and momentum, Ayann-gwaa-mizid-daa- Let’s be Careful!
## 2.0 Agenda

**Whitefish River First Nation**  
**Cannabis Information Session**  
**April 1, 2019**  
*Ayann-gwaa-mizid-daa- Let’s be Careful*  
**WRFN Community Centre**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m</td>
<td>Breakfast</td>
<td>Community Centre</td>
</tr>
<tr>
<td>9:30 a.m</td>
<td>Opening Prayer</td>
<td>Jean McGregor-Andrews, Committee</td>
</tr>
<tr>
<td>9:40 a.m</td>
<td>Video Reflection</td>
<td>Community</td>
</tr>
<tr>
<td>10:00 a.m</td>
<td>Update from last Session</td>
<td>Mariette McGregor Sutherland, Committee</td>
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<tr>
<td><strong>10:20 a.m</strong></td>
<td><strong>Break</strong></td>
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<tr>
<td>10:30 a.m</td>
<td>Dr. Lionel</td>
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<tr>
<td>12:00 p.m</td>
<td>Lunch- Pizza and Salad</td>
<td>Toppers Pizza</td>
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<tr>
<td>1:00 p.m.</td>
<td>Committee Overview, Workplan, Next Steps</td>
<td>Bonnie Nahwegahbow, Committee</td>
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<tr>
<td>1:30 p.m.</td>
<td>Economic Presentation</td>
<td>Jon Cada, Mississauga First Nation</td>
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<tr>
<td><strong>1:45 pm</strong></td>
<td><strong>Break</strong></td>
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<tr>
<td>2:00 p.m.</td>
<td>Enforcement Presentation</td>
<td>D.Migwans, R.Nahwegahbow, M. Still, - UCCMM Police</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Closing Comments</td>
<td>M.C Mike McGregor</td>
</tr>
<tr>
<td></td>
<td>Closing Prayer</td>
<td>Esther Osche, Committee</td>
</tr>
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3.0 Workshop Descriptions

10:30 a.m.- Dr. Lionel Marks de Chabris, MD is a physician who runs a pain management clinic in Sudbury. Dr. Marks de Chabris is an Ontario physician with a practice focus in Pain Medicine and Addiction Medicine. He graduated from McGill University Medical School in 1988 and was certified by the College of Family Physicians of Canada in Family Medicine and Emergency Medicine in 1991. In 2000 he obtained American board certification in Emergency Medicine. He is an active Mentor in Addiction Medicine and Pain Medicine for the Ontario College of Family Physicians, a Fellow of the Canadian College of Family Physicians, a Clinical Supervisor and Medical Inspector for the College of Physicians and Surgeons of Ontario, an Independent Medical Examiner and an Assistant Professor at the Northern Ontario School of Medicine. Dr. Marks de Chabris has lectured widely to both lay and professional audiences on the subjects of pain treatment, safe opioid management, and medical cannabis.

Dr. Lionel (as he is affectionately known as to colleagues, friends and clients) described the history of cannabis use, outlined the difference between medicinal and recreational, demystified some of the medical jargon and described the benefits of using medical marijuana. Dr. Lionel provided an evidence-based approach to using cannabis from a medical perspective. He ended his session with an animated question and answer period.

10:00 a.m.- Mariette Sutherland, is an Anishnaabe-kwe from Whitefish River First Nation with her Masters of Public Health (MPH). For the past 11 years, she has led or collaborated on over 75 health services planning, research and evaluation projects for numerous First Nation health organizations and government agencies and departments as an independent consultant. Mariette has served on several regional and provincial boards and committees in fields such as community care, northern economic and business development, cultural revitalization, hospital public affairs, governance and communications.

Mariette used this opportunity to speak about the newly created, Whitefish River First Nation Cannabis Community Advisory Committee to speak about the committee’s formal work to date with a focus on the Terms of Reference, Workplan and timelines. Mariette spoke about the valuable work that the committee has discussed and the dynamic environment that the committee has worked in with the ever-changing cannabis literature. She commended the
committee for their commitment, congratulated the community on the funding commitment and encouraged all to voice their ideas for future sessions.

**1:30 p.m** Jon Cada is a member of Mississauga First Nation and currently works as a Community Economic Development Officer. His working background includes building relationships between First Nations and settler groups through community arts projects across Ontario. Jon also possesses a communications background through his work with the Union of Ontario Indians where he worked as part of a team that delivered info sessions to First Nations across the province to help them build their own community constitutions and offering networking supports where needed. This unique working history has allowed him to offer a variety of insights and skillsets to help groups across the North Shore build their capacity and create the sustainable communities.

Jon joins Whitefish River to discuss the critical steps that Mississauga took in obtaining community approval to move forward with a First Nation-owned cannabis operation. His description included approval process (community consultations, capacity building, bylaws), sources of funds, and community-led future enterprises. Jon emphasized being open, accountable and transparent in the future and in the importance of partnerships and community communication.

**2:00 p.m** Members of the UCCMM Police Service, Daughness Migwans, Social Navigator and Rodney Nahwegahbow, Chief of Police spoke about the challenges associated with enforcement in a First Nation community. Police Chief Nahwegahbow provided some suggestions for by-law development and potential ways forward.

Daughness Migwans provided insight into special community initiatives under policing under UCCMM police, Neighbourhood Watch and a newly conceived Cultural Program for youth. UCCMM stressed the importance of working together to provide education and enforcement.
Michael McGregor, M.C for the event, hails from Whitefish River First Nation. Mike has a long career in public administration and governance, serving the majority of his career in First Nation management, Child Welfare, and Business Development and Housing sectors.

Mike holds a Masters of Public Administration (MPA) from Queens University, Degree in Economics from York University (B.A) and a diploma in Accounting and Finance from Seneca College. Mike is currently the Executive Director for Giiwednong Health Link servicing 14 First Nations.

Community Cannabis Advisory Group

(L-R- Art Jacko, Bonnie Nahwegahbow, Esther Osche, Jean McGregor-Andrews, Mariette Sutherland, Alexis McGregor, Rob McGregor)
4.0 Workshop Pre-Conference Evaluation Results

Results from the Pre-Conference Evaluation are listed here. The intent is to gather attitudes, opinions and preferences for future use.

Demographics - Attendees at the session were:

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<tbody>
<tr>
<td><strong>Female</strong></td>
<td>72%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>28%</td>
</tr>
<tr>
<td><strong>On-Reserve</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Off-Reserve</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Under 19</strong></td>
<td>12%</td>
</tr>
<tr>
<td><strong>20-30 years of age</strong></td>
<td>12%</td>
</tr>
<tr>
<td><strong>31-40 years of age</strong></td>
<td>17%</td>
</tr>
<tr>
<td><strong>41-50 years of age</strong></td>
<td>6%</td>
</tr>
<tr>
<td><strong>51-60 years of age</strong></td>
<td>29%</td>
</tr>
<tr>
<td><strong>61+ years of age</strong></td>
<td>24%</td>
</tr>
</tbody>
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Cannabis Users at the Session:

<table>
<thead>
<tr>
<th>Use for Recreational Purposes</th>
<th>11% use leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t use at all</td>
<td>83%</td>
</tr>
<tr>
<td>Don’t wish to answer</td>
<td>5%</td>
</tr>
<tr>
<td>No response</td>
<td>1%</td>
</tr>
</tbody>
</table>

Summary: The vast majority of people (59%) who attended the workshops were over the age of 41 years of age. This evaluation and the last evaluation highlighted the need to reach out to youth. It is important to ask the youth what type of session they would like to have designed with them/for them. This can be accomplished by having a quick luncheon session at the high school or at the Seven Fires Youth Centre. It is also important too, when a priority topic listed by both sessions was a focus on youth and youth development. This is instructive because different types and formats of education sessions need to occur for different segments of the community. You cannot hope to capture everyone in the same type of session/delivery format, as the past two sessions have attracted older adults. Also, it’s a good idea for the committee to reach out to off-reserve members.
which can be accomplished through the videos, but, at the same time have an interactive portal or social media presence surrounding this initiative and may encourage greater participation.

The other people who have not been consulted and/or don’t seem to be attending are the cannabis users themselves. Reporting from this conference is insufficient to comment on the usage and whether or not consumption increased or decreased as a result of legalization. A unique approach should be planned in order to obtain a wide consultation effort.

**Summary of Responses:** The next section of the survey focused on use, attitude and preferences for future delivery. As the committee becomes more skilled, the post-conference evaluation can focus on determining how much knowledge has increased as a result of the session. A recommendation may be to evaluate each speaker and knowledge translation effort as they occur.

Many of the attendees became less judgemental in the way they had perceived cannabis from six months ago when cannabis was legalized. It appears that they have viewed cannabis more in a “neutral” light now from their initial reactions in October, 2018.

Surprisingly, 75% of the Whitefish River First Nation population (older adults in attendance) consider themselves knowledgeable or extremely knowledgeable about cannabis. Therefore, this is another reason that the community, through the committee should make a plan to focus on the population under 30 years of age for KSA’s - Knowledge, Skills and Ability Development (i.e. cannabis education, health promotion, by-law development and curriculum development/research).

Targets in terms of the older adult population can be focused on the various uses of cannabis since 41% reported that they may need cannabis in the future. Education in this area and in presenting research is important to this segment. This can include one-on-one discussions possibly through the health centre or other medical information-type focused opportunities. This is supported as 57% reported therapeutic effects as a viable topic for the future. Roughly another 53% stated that they definitely won’t need cannabis now or in the future. Therefore, this group does not require any further education. It is recommended, instead, that a similar, smaller type gatherings with a focus on economic presentations, by-law development and enforcement continue.

In terms of knowing about whether or not cannabis use has increased as a result of the cannabis legislation, community members indicated that they do not know whether use has increased or decreased. This is largely because legal cannabis-use is new, those who use do not attend these sessions, public cannabis use is not as apparent as other substances such as alcohol (intoxication) or tobacco (smoke in plain sight) in the community of WRFN. A community substance survey can be commenced to look at the rates of use and may be timely as one community member had questioned the rates at this session.

45% of respondents indicated that cannabis is greater or equal to the harmful effects of consuming alcohol and many 30% indicated that they were neutral and another 25% who indicated that it was less than consuming alcohol. This demonstrates that there is more research and medical information required (evidence-base). 60% thought that cannabis was greater or equal to the harmful effects of smoking, suggesting that community members feel that smoking cannabis is harmful for your health.
In order of priority, the concerns of the community include: 1) Youth and Youth Development, 2) Retail Sales, 3) Addiction and 4) Enforcement. This may change once more segments are engaged. For this session, this is the order of priority.

All Cannabis topics were rated almost equally, with Case Studies from other First Nations ranking as number one, followed by Therapeutic effects, Economic Presentations, Medical Information, Harm Reduction, Cannabis Use 101, Addictions and Mental Health.

Finally, ranking for formats was favourable with this group ranging from conference style, presentations, small groups, classroom style, individual counselling and fairs as similar preferences.
What was your first reaction to the Cannabis legislation in October, 2018?

Answered: 20  Skipped: 0

- Very positive: 20.00% (4)
- Somewhat Positive: 5.00% (1)
- Neutral: 25.00% (5)
- Somewhat negative: 25.00% (5)
- Very negative: 25.00% (5)

TOTAL: 20

How would you rate the effectiveness of the Cannabis legislation (from your initial reaction of 6 months ago)?

Answered: 19  Skipped: 1

- Very high effectiveness: 10.53% (2)
- High effectiveness: 10.53% (2)
- Neither high nor low effectiveness: 38.89% (7)
- Low effectiveness: 26.32% (7)
- Very low effectiveness: 5.26% (1)

TOTAL: 19
How knowledgeable do you consider yourself on the topic of cannabis?

Answered: 20  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely knowledgeable</td>
<td>10.00%</td>
</tr>
<tr>
<td>Very knowledgeable</td>
<td>25.00%</td>
</tr>
<tr>
<td>Somewhat knowledgeable</td>
<td>40.00%</td>
</tr>
<tr>
<td>Not so knowledgeable</td>
<td>20.00%</td>
</tr>
<tr>
<td>No knowledge</td>
<td>5.00%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
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</table>

When you think about cannabis, do you think of it as something that you will need or don’t need at the PRESENT time?

Answered: 19  Skipped: 1

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely need</td>
<td>5.26%</td>
</tr>
<tr>
<td>Probably need</td>
<td>10.53%</td>
</tr>
<tr>
<td>Neutral</td>
<td>25.26%</td>
</tr>
<tr>
<td>Probably don’t need</td>
<td>31.58%</td>
</tr>
<tr>
<td>Definitely don’t need</td>
<td>29.22%</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>
When you think about cannabis, do you think of it as something you might need in or won’t need in the FUTURE?

**Answered: 19  Skipped: 1**

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely will need</td>
<td>10.53%</td>
</tr>
<tr>
<td>Definitely won’t need</td>
<td>15.79%</td>
</tr>
<tr>
<td>Neutral</td>
<td>15.79%</td>
</tr>
<tr>
<td>Probably will need</td>
<td>36.84%</td>
</tr>
<tr>
<td>Probably won’t need</td>
<td>15.79%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
</tr>
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</table>

Do you think that cannabis use increased as a result of legalization in Whitefish River First Nation community?

**Answered: 19  Skipped: 1**

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it’s increased</td>
<td>10.77%</td>
</tr>
<tr>
<td>No, it’s stayed the same</td>
<td>31.58%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>32.62%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
</tr>
</tbody>
</table>
Do you think that cannabis use increased as a result of legalization in Canada overall?

Answered: 20  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it's increased</td>
<td>25.00%</td>
</tr>
<tr>
<td>No, it's stayed the same</td>
<td>30.00%</td>
</tr>
<tr>
<td>Don't know</td>
<td>45.00%</td>
</tr>
</tbody>
</table>

Total: 20
Do you think that cannabis legalization has had a positive or negative effect on the WRFN community to-date?

Answered: 20 Skipped: 0

Do you think that cannabis legalization has had a positive or negative effect on the Canadian public overall?

Answered: 20 Skipped: 0
Do you consider the harmful effects of consuming cannabis to be greater than, less than or equal to the potential harmful effects of consuming alcohol?

Answered: 20  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than consuming alcohol</td>
<td>25.00%</td>
</tr>
<tr>
<td>Less than consuming alcohol</td>
<td>25.00%</td>
</tr>
<tr>
<td>Equal to consuming alcohol</td>
<td>20.00%</td>
</tr>
<tr>
<td>Neutral don’t know/No opinion</td>
<td>20.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Do you consider the harmful effects of consuming cannabis to be greater than, less than or equal to the potential harmful effects of using tobacco?

Answered: 20  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than consuming tobacco</td>
<td>40.00%</td>
</tr>
<tr>
<td>Less than consuming tobacco</td>
<td>30.00%</td>
</tr>
<tr>
<td>Equal to consuming tobacco</td>
<td>20.00%</td>
</tr>
<tr>
<td>Neutral don’t know/No opinion</td>
<td>10.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
Please rank the following personal concerns which you think should be prioritized regarding cannabis from most important to least important (1 is most important and 5 is least important)

Answered: 20  Skipped: 0

Future education sessions should be in the following format (1 Best Format to 5 least favourite format)

Answered: 50  Skipped: 0
5.0 Summary of Comments, Questions and Answers

Comments (C)
Question (Q)
Answers (A)

10:00 Video & Community Reflection (Sharing Circle)

- (C) Hard to understand what cannabis means.
- (C) Glad to have another session, but disappointed the youth are not here.
- (C) Scared the new one sacred arbor, ancestors are telling me not to go in. The old sacred arbor I could go in.
- (C) Enjoy the presentation on protecting the children/youth, but no one is saying let’s protect our elders. I am worried about some might be breaking into elder’s home looking for money. They are vulnerable too.
- (C) As youth, so much to learn. I came to learn so I can share with other youth. I want to learn more positive outcomes.
- (C) Goal to listen to all prospective from the community.
- (C) Video was concise, we need to make sure everyone’s voice is heard.
- (C) Drugs/Alcohol is devastating to our children.
- (C) Guiding Principles – To be careful. We have open conversation, open learning process. So much more information to come out.
- (C) Glad we have Anishnabe name (task force). Not enough youth here, but they will find out anyway. Glad we are on the right track.
- (C) I believe cannabis was a gift from the Creator. This product kept me alive. This made me kind. This product helps me with my medical conditions. Yes, it does effect the youth if their brains are not fully developed. It’s like WD40 for the bones.
- (C) Really good work coming from the Community.
- (C) Mino Biimodizawin, continuous learning.
- (C) Good to come together – To come in Harmony. Chance to put a workplan to address what was said of voices/concerns, and to respond. Mold our view points, learning, thoughtful learning. Ned to know all aspects of threats. How are our youth going to have to live with this reality? We need to learn from another. To live in Harmony, we need to accommodate each other. Taking steps and not rushing. Are we providing a forum, and do we need more ideas?

11:20 a.m. Dr. Lionel Presentation

- 12% of youth using went down. Why?
  - (C) Not Glamourour
- Dr. Lionel - Cannabis and Psychosis
  - Cannabis will trigger schizophrenia if you use at young age
  - If you are not using cannabis, you will still develop schizophrenia because of genetics. Cannabis will unmask it.
- (Q) Why does Cannabis early on-set for schizophrenia, on-set early?
  - We don’t know, we should have seen schizophrenia a lot more if Cannabis was the source, but it has gone down.
- Summary Presentation
  - History
  - Low Risk
  - Legal
Vape or Eat
Start Low, and go slow
Don’t forget CBD/Safer way

(Q) Regarding Arthritis example. Helps symptoms
What about the underline pain?

(Q) CBD didn’t talk about
Not enough time to talk about that. Patient are ahead of doctors doing evidence. Pain went away.
No evidence documented

(Q) Lab Dog taken to Vet, and was going to put down, and decided to give dog CBD medication and dog is still surviving. How long does he have?
(A) Don’t know how long he has, but that is a positive story.
Studies are showing cannabis helps tumors from growing.

(Q) Doctors are treating themselves, and Doctors don’t want to talk about that. Doctors are being dismissive and push you out the door. Do we experiment on ourselves? How do you talk to doctors about this?
(A) 100 years they had no evidence. Usually it was “try this medicine and see if it works”. We have new evidence on everything we do. Example, we give antibiotics, it works send you home, if it doesn’t, we would so surgery.
Cannabis – not enough evidence
Doctors do trial therapy on cancer patients.
Try to get second opinion at a Cannabis clinic. I can’t change my colleagues, and it won’t change.

(Q) How do you stop the blow? How do you get a referral?
(A) Referral to the Cannabis Clinic name.

(Q) How to get a referral for CBD oil? Both effect pain. There are high cannabis levels. There are trial types for each patient.
(A) Intoxicating effects, the dose/Balance dose/ If effecting intoxicating/STOP using.

(Q) I have severe pain on my side, and I am taking morphine. Should I be taking Cannabis?
Cannot anser that question, because I am not your doctor, I would have to look at your chart ext.

(Q)Have you seen the Documentary from Davis Suzuki?
(A) No

1:15 M. Sutherland --Community Cannabis Advisory Working Group
(Q) Re: Workplan, beginning of May... Are you working longer?
(A) We work with Chief & Council, and they will advise upon direction.

What is the committee trying to accomplish? I am confused. Are we going to have a dispensary?
(A) Many communities have been investigating on economy. We are making sure devise/outline and encourage anything legal.

Why? Education Awareness?
(A) Yes education is a piece of that, platform children are protected, bring into education, gain community input, give advice to council.

What was WRFN statistics on Drugs/Alcohol? Do we have a drug problem?
No Statistics available. Maybe if the community wants that information, may we request from Health Centre and/or OPP

1:35 Jon Cada, Mississauga First Nation – Economic Presentation/Best Practice/Lessons Learned
• (Q) Do you have a by-law in the Community? Will the dispensary be in sync to the by-law?
• FN passed Cannabis by-law?
• Sovereign Position – Others Marginalized?
• Looking at everything?
  o (A) Everyone had a deadline – Each Municipality Support Cannabis to offer business. If not, they identify as dry community.
  o It opened up Economic Opportunities to get involved.
  o Federal Government offered different jobs
  o Low volumes – scale up product
  o Hemp growth ex. clothing. Many ways to get involved with it.
  o What kind of relationship/network can we develop with other communities?
  o Internal by-law – allow people to get a head
  o Some communities don’t support that
  o Everyone has an opportunity
• (Q) Are you considering a role in Mississauga?
  o (A) Yes, we have a consultant is place, business plan and now looking for partnerships.
  o Looking at implementation, training and evaluation.
  o Advocating – Going towards a business development direction.

2:15 R. Nahwegahbow – Enforcement Presentation

• (Q) Along with the development with Bill C-45 – Let others know about the suspicion law of intoxication?
  o (A) Yes, it was on the news – Authority to arrest of suspicion.
    ▪ The police are legally allowed to detain you if they have reasonable grounds to suspect you've been involved in a crime. Having reasonable grounds is more than having a hunch based on the facts.
  o Best Practice: Good Faith – Discretion. We try to be positive with Community Members.

• (Q) Understanding – Its legal if only certain avenues, illegal to buy off the street. Legal to share it. Do you think it will be difficult, legal avenues?
  o (A) Issues – Drug Stats – Under Reported open dialogue. When people are complaining – Witnesses come forward breaking laws – sharing with your young person.

• (Q) To participate with society I feel left out. Were the last thought. Upfront impacts. If we make a by-law, even if we can’t prosecute. Continue – Who designs the by-law? How do we make them comply? Where does the change go? Federal/Provincial?
  o (A) Agreements in place. Land Code Agreements. Ex. Espanola Traffic Act goes to their Community Municipality.
  o Mechanism in place – UCCM Justice
  o Continue to build mechanism from Cannabis Act.

2:52 D. Migwans Social Aspect/Community Engagement

• How soon do you think the program will start for our schools?
  o (A) 2019
6.0 Conference Evaluations

All presentations rated highly, (90%+). Also, MC, training surroundings, environment and food given a huge thumbs-up (90%+).

Increased participation in the future has to do with participation and segmenting groups and making specific target areas and developing promotions accordingly. This will be accomplished with full time staff.