



Amplifying Black Experiences

in Cannabis and Mental Health Research

VIRTUAL DIALOGUE SERIES

Moderated by *Dr. Akwasi Owusu-Bempah*, the Mental Health Commission of Canada (MHCC) hosted a virtual dialogue series to identify research priorities and explore challenges and opportunities in the areas of mental health, cannabis and substance use within Black¹ communities.

WHAT WE HEARD

Key takeaways from the dialogues

From nearly five hours of discussions among participants of various ages, genders, professions, and backgrounds, the following key, recurring themes emerged:

- 1 There is no single Black community.
- 2 To discuss cannabis use in Black communities is to discuss systemic racism and other structural issues in Canadian society.
- 3 Cannabis use and mental health issues remain highly stigmatized.
- 4 The criminalization of cannabis use, in conjunction with systemic racism, has created a mistrust of institutions and authority.
- 5 Canada's medical community is perceived to have poor knowledge of cannabis.
- 6 Participants placed high value on lived experience and cultural relevance when considering information on cannabis use and mental health.
- 7 There is little research or credible public information on cannabis or its relationship to mental health – either generally or for Black people.
- 8 Research participants should be compensated.
- 9 Canada needs race-based and intersectional data on cannabis and mental health.
- 10 Many Black cannabis consumers see cannabis as a legitimate means of improving quality of life and treating physical and mental health concerns.

¹ As noted in the *full report*, for this dialogue series, Black is defined as any community or person who identifies as African, Black, or Caribbean. As is shown throughout, the MHCC recognizes that there is no single, homogeneous Black community.

WHAT'S NEXT?

Reflecting on the virtual dialogues, five points stood out as recommended ways that the MHCC and other research funding bodies could build greater knowledge of cannabis and mental health in Canada's Black communities:

1 Study cannabis in the proper cultural context.

To address the most significant and longest-standing barriers to understanding cannabis and mental health in Black communities, new research must take into account the broader issues of stigma, systemic racism, and ongoing institutional mistrust.

If we really want to do emancipatory research, we need to look at who is leading it, how they're leading it, the state's construction of Blackness, and heterogeneity.

— DIALOGUE PARTICIPANT

2 Study cannabis consumption and its effects on mental health over time.

To address knowledge gaps in cannabis use and mental health, Canada needs to support and/or sponsor new longitudinal research into why people consume cannabis — particularly within Black historical and cultural contexts — and the long-term effects on mental health of doing so.

4 Build community capacity to lead cannabis education.

To more effectively inform Black communities of the relationship between cannabis use and mental health, Canada needs to invest in capacity building for education and knowledge transfer within Black community organizations and trusted community leaders.

3 Enable Black researchers to shape research with communities.

To increase the credibility and cultural relevance of new research into cannabis and mental health within Black communities, research and funding opportunities need to be designed, conducted, and disseminated in collaboration with members of those communities. More broadly, new research proposals should consider race in addition to sex and gender in their data collection.

5 Validate personal and lived experience of cannabis use for mental health.

To inform policy and create culturally relevant educational materials, researchers and clinicians need to validate the knowledge gained from personal and lived experience of cannabis use.

TO LEARN MORE ABOUT THE DIALOGUE SERIES,
READ THE FULL REPORT HERE.