



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



# Closing Research Gaps on Cannabis and Mental Health

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First Nations, Inuit, and Métis

Over the past five years, the Mental Health Commission of Canada (MHCC) has led a pan-Canadian research program to assess the impact of cannabis legalization and use on the mental health of diverse populations. This document synthesizes key themes that emerged from seven studies led by Indigenous organizations and communities exploring the relationship between cannabis and mental health among First Nations, Inuit, and Métis peoples in Canada.

**Note:** Beyond this synthesis, perceptions about cannabis and mental health vary across Indigenous communities, who possess distinct cultural beliefs and practices, language, and traditional knowledge, and live within unique historical, geographical, and socio-economic contexts.



# 1. Indigenous Peoples—Cannabis and Mental Health

The two studies in this section were led by Indigenous organizations who conducted research with a diverse range of First Nations, Métis, and Inuit across Canada.

## Perspectives on cannabis and its impact remain mixed.

- ✓ Many participants, including Indigenous women, 2SLGBTQI+ individuals, Elders, and youth, demonstrate a mix of caution, curiosity, and hope in seeing cannabis as a medicine that could potentially be used to support holistic wellness. Participants spoke of using cannabis for stress, physical and mental health conditions, and coping with intergenerational trauma such as the ongoing harms of colonization (McLeod & Goulet, 2020; Native Women's Association of Canada [NWAC], 2021). For some, cannabis contributes to feelings of empowerment and autonomy over their health and wellness, facilitates a deeper connection and understanding of self, and promotes connection to others (NWAC, 2021).
- ✓ Some communities see cannabis as harmful, further contributing to some of the mental health and substance use challenges experienced, such as increased rates of addiction and mental health crises (e.g., suicide). Some Indigenous participants who use cannabis also report negative health-care experiences due to the stigma associated with cannabis use and the reinforcement of racial stereotypes and racism. Others are concerned about using cannabis to dull trauma. Most cultural ceremonies in communities do not allow the use of cannabis (McLeod & Goulet, 2020; NWAC, 2021).
- ✓ Many see cannabis as a plant-based medicine with the potential to support balanced and holistic wellness and healing and harm reduction. However, Elders in particular strongly emphasized the need to have more education and develop cultural protocols and guidance informed by natural laws to reduce the risk of harm.
- ✓ Participants suggest that cannabis, if used to promote one's wellness or reduce harm, should still be used in combination with other modalities such as healthy eating, therapy, exercise, and meditation. Some Elders emphasized the role of prayer, ceremony, and other traditional spiritual modalities to promote physical and spiritual healing rather than the use of substances such as cannabis. On the other hand, some participants (e.g., 2SLGBTQI+ youth) indicated that cannabis facilitates their access to spiritual gifts and can promote spiritual healing.
- ✓ Legalization of cannabis is understood within the context of traditional knowledge and historical impacts of colonization.
- ✓ Some communities hold that historical and traditional knowledge before colonial contact perceived cannabis as a powerful medicine and not a drug (McLeod & Goulet, 2020; NWAC, 2021).
- ✓ Many Indigenous Elders from Alberta (Calgary, Northwest Métis, and Treaties 6, 7, and 8) reported that cannabis had never been part of Indigenous practice or traditional ways of life and hesitated to acknowledge it as a traditional medicine due to the lack of oral knowledge and protocols on its use (McLeod & Goulet, 2020).
- ✓ Legalization has surfaced and repeated historical harms of colonialism that continue to alienate Indigenous peoples from their knowledge systems, ways of being, and traditional medicines, while forcing Western concepts of health into communities alongside institutional values that have caused further harm and trauma (McLeod & Goulet, 2020; NWAC, 2021).



## Many health priorities remain, including redressing health-care inequities.

- ✓ One study described cannabis use for mental health as a sign of failure in the mental health care system. Although some Indigenous participants depict cannabis use as a way to gain autonomy over their wellness, others argue that the lack of formal supports is why people need to rely on such informal and potentially harmful supports as cannabis. Therefore, cannabis use in Indigenous communities may reflect a need to improve access to mental health care, particularly in northern rural and remote communities (NWAC, 2021).
- ✓ To improve mental health care, there is a clear need for the health-care system personnel and service providers to expand their knowledge on cannabis and mental health, and work to destigmatize cannabis use and combat racism and prejudice toward Indigenous peoples. Reconciliation continues to be intimately tied to both the mental health of Indigenous peoples and the context of self-government (McLeod & Goulet, 2020; NWAC, 2021).

- ✓ Indigenous participants suggest that there is a need to further promote mental wellness, and to do so from a holistic and culturally responsive lens that acknowledges and validates traditional ways of being and healing, such as the power of ceremony, Elders, culture, and language (McLeod & Goulet, 2020; NWAC, 2021).



## 2. First Nations—Cannabis and Mental Health

The following three First Nations projects found that cannabis use was intimately tied to holistic wellness, including one’s physical, emotional, and spiritual wellness, and the ways colonialism and historical trauma have impacted each of these spheres.

### Cannabis use is intimately tied to past and present colonial impacts.

- ✓ Common factors associated with First Nation cannabis use among both youth and adults include living in a rural community; having a parent or grandparent who previously attended an Indian Residential School; having “fair” or “poor” self-rated mental health, holistic balance, and self-esteem; feeling emotional distress; experiencing a weak sense of community belonging and general health; and the presence of chronic health conditions.
- ✓ Participants reported using cannabis most commonly for pain control and as an alternative to medication, perceiving it as a plant-based medicine that increases the quality of life for older adults (*Gaddes, 2020*). Parents and caregivers in Ontario also reported using cannabis to help them cope emotionally, help with their feelings, and give them hope, particularly among those who had less emotional regulation and more stress.
- ✓ Participants—particularly youth—reported concerns of increased anxiety and other negative mental health outcomes associated with cannabis use, as well as potential risks related to prenatal cannabis use and to fetal health and development outcomes (*First Nations Information Governance Centre [FNIGC], 2020; Gaddes, 2020; Hopkins et al., 2020*).

- ✓ In communities with unequal access to health-care services and/or disrupted access to culture and traditional medicine due to colonialism, cannabis was perceived to be more readily available and useful for relieving mental health symptoms and coping (*FNIGC, 2020; Gaddes, 2020*).
- ✓ Language, culture, traditional physical activities, and a sense of community have been shown to be protective factors related to cannabis use and mental health outcomes (*FNIGC, 2020*).

### Legalization has prompted unique governance issues.

- ✓ First Nations have not yet had the opportunity to assert full governance over the production, sale, and distribution of cannabis (nor access to cannabis for recreational and medicinal purposes) within their jurisdictions (*FNIGC, 2020*). As a result, the legalization of cannabis has had a range of unique impacts on the mental health and wellness of First Nations communities, such as experiencing an over- or undersupply of cannabis retailers, increases in punitive child apprehension for cannabis use, and inequitable access to medical cannabis and other health-care services.
- ✓ In one community, the legalization of cannabis brought in a booming new industry, alongside increased stress, tension, negative mental health, and other complex socio-economic impacts (*Gaddes, 2020*).

✓ First Nations who wish to use cannabis for medical purposes reported difficulties accessing medical cannabis. All First Nations studies called for medicinal cannabis products to be included under the Non-Insured Health Benefits (NIHB) program to provide families who have medical needs with affordable and safer access as well as improved and equitable access to other health-care services (FNIGC, 2020; Gaddes, 2020; Hopkins et al., 2020).

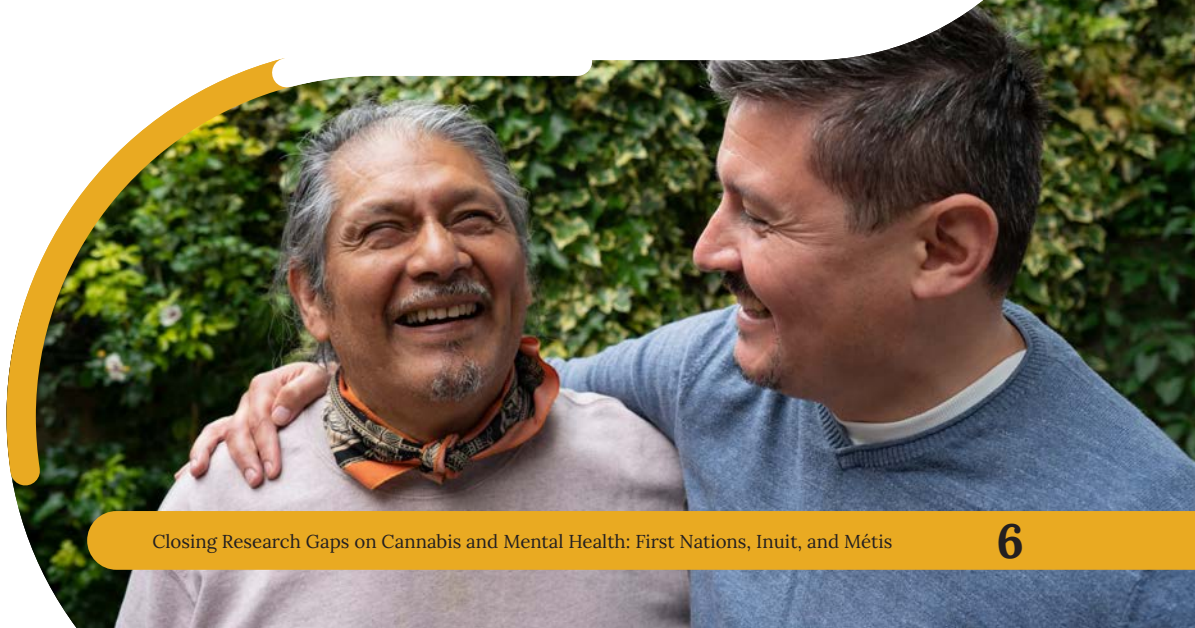
✓ One study explored adaptations to current child welfare approaches that could better respond to First Nations sovereignty with respect to cannabis and wellness. Western and abstinence-based policies to parental cannabis use, reportedly used in some organizations, may contribute to the overrepresentation of First Nations children in foster care. It is suggested that a community-defined and spectrum-based standard (e.g., similar to responding to parental alcohol use) should be applied to better promote harm reduction and protect the health and wellness of the parent, child, family, and community as a whole (Hopkins et al., 2020).

### **Cannabis has the potential to reduce harm.**

✓ Participants stressed the need for more culturally appropriate and community-led information, education, and open discussions about cannabis, mental health, and wellness (Gaddes, 2020; Hopkins et al., 2020).

✓ Participants emphasized the potential protective role of cannabis for reducing the use of alcohol and other more harmful substances.

✓ A resurgence of culture and traditions was strongly emphasized as a key way to mediate the risks of cannabis and mental health (FNIGC, 2020; Gaddes, 2020; Hopkins et al., 2020).



### 3. Métis—Cannabis and Mental Health

The two studies below explored cannabis use among Métis. More than half the participants (55–64%) reported using cannabis at some point (Gillis & Huang, 2020; Sanguins, 2020). Métis in B.C. and Manitoba gave similar reasons for using cannabis; the most common were to treat physical pain and chronic conditions, manage stress and anxiety, and fill emotional voids and identity struggles (Gillis & Huang, 2020; Sanguins, 2020). Métis Elders from B.C. also indicated that cannabis was not a traditional medicine to them (nor can one attend ceremony in their communities if they are under the influence). However, some participants saw a potential role for cannabis in holistic health and wellness (Gillis & Huang, 2020). Similarly, Red River Métis participants valued traditional medicine and believe cannabis has a legitimate place as a traditional medicine—with the right regulations (Sanguins, 2020).

#### Connection to Métis culture and identity is essential.

- ✓ For Métis in B.C., participants could not consider cannabis without first discussing Métis identity. Not knowing who they were or otherwise lacking that connection to community and culture has sometimes driven people to experiment with cannabis or make other choices to fill the void (Gillis & Huang, 2020).
- ✓ Connection to identity, culture, history, tradition, and a sense of belonging were key protective factors associated with cannabis and mental health (Gillis & Huang, 2020). Red River Elders stressed the important role ceremony can play in meeting many of the needs that cannabis appears to meet for others, including relaxation, healing, and connecting (Sanguins, 2020).

#### There is a strong case for self-determination and self-governance for Métis health-care, economies, and legalization.

- ✓ Métis participants perceived legalization positively for reducing the stigma associated with those who use cannabis and has also reduced fears and stress for those who use cannabis for medical purposes (Gillis & Huang, 2020; Sanguins, 2020). However, stigma toward cannabis use does persist, particularly in health-care settings (Gillis & Huang, 2020; Sanguins, 2020).
- ✓ Métis in Red River communities were particularly concerned about the potential impact of increased accessibility and visibility of cannabis retailers on youth. Participants reported feeling like they were seeing more cannabis retailers than Tim Hortons restaurants (Sanguins, 2020).
- ✓ Legalization has also further amplified health-care inequities. Those residing in northern and remote communities in B.C. and Manitoba continue to face long wait times and poor access to mental health-promoting programs and supports. Some participants believe that Métis individuals use cannabis as an alternative to treatment and supports that are missing (Gillis & Huang, 2020; Sanguins, 2020). Many Métis also struggle to access appropriate insurance coverage for medical cannabis (Gillis & Huang, 2020; Sanguins, 2020).



- ✓ Without comprehensive and culturally appropriate information on the harms and risks of cannabis use, some participants felt as though legalization was used as a justification for cannabis use, with little consideration for its potential negative impacts (*Sanguins, 2020*). Many also reported having to seek out information on cannabis use on their own—often through trial and error—to understand how to effectively use cannabis for their needs.
- ✓ Métis communities are facing unique challenges in response to the legalization of cannabis, a situation that amplifies the need to strengthen Métis self-governance and self-determination to redress health and social inequities.





## 4. Inuit—Cannabis and Mental Health

- ✓ Although no Inuit-specific research proposals were submitted to this cannabis and mental health research initiative, Inuit participants did engage in NWAC's research project. The MHCC has also engaged Inuit communities on this topic in other settings, such as a community forum held in 2020.
- ✓ Inuit participants spoke about the negative impacts cannabis has had on their communities. They also had significant concerns about the harms of cannabis on youth (NWAC, 2021).
- ✓ Additionally, Inuit and other northern participants reported risks associated with having less access to legal cannabis retailers than participants from urban and southern communities (NWAC, 2021).
- ✓ Inuit participants emphasized the need to have adequate access and consistent health care as a crucial step toward reducing stigma associated with cannabis and improving mental health outcomes. Inuit also reported being ignored or devalued by health-care providers when asking about cannabis for their mental health and trauma, which sometimes retraumatized individuals (NWAC, 2021).

More insight into Inuit perspectives and experiences can be found in the [Inuit Forum on Cannabis and Mental Health Final Report](#).



# References

To learn more about these projects, visit the MHCC [website](#).

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