



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Closing Research Gaps on Cannabis and Mental Health

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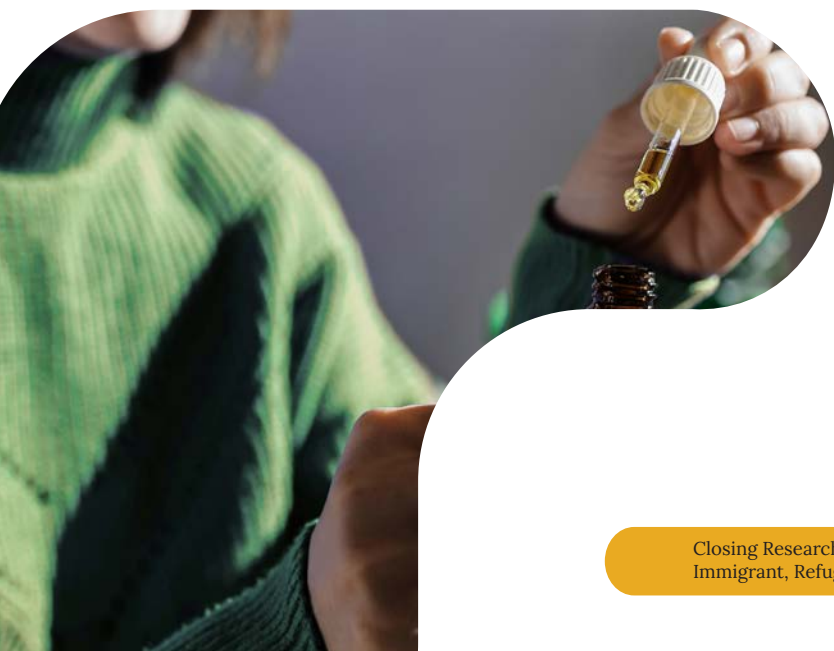
Immigrant, Refugee, Ethnocultural,
and Racialized Population Findings

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 three studies exploring the relationship between cannabis and mental health among immigrant, refugee, ethnocultural, and racialized (IRER) populations, with a particular focus on youth.



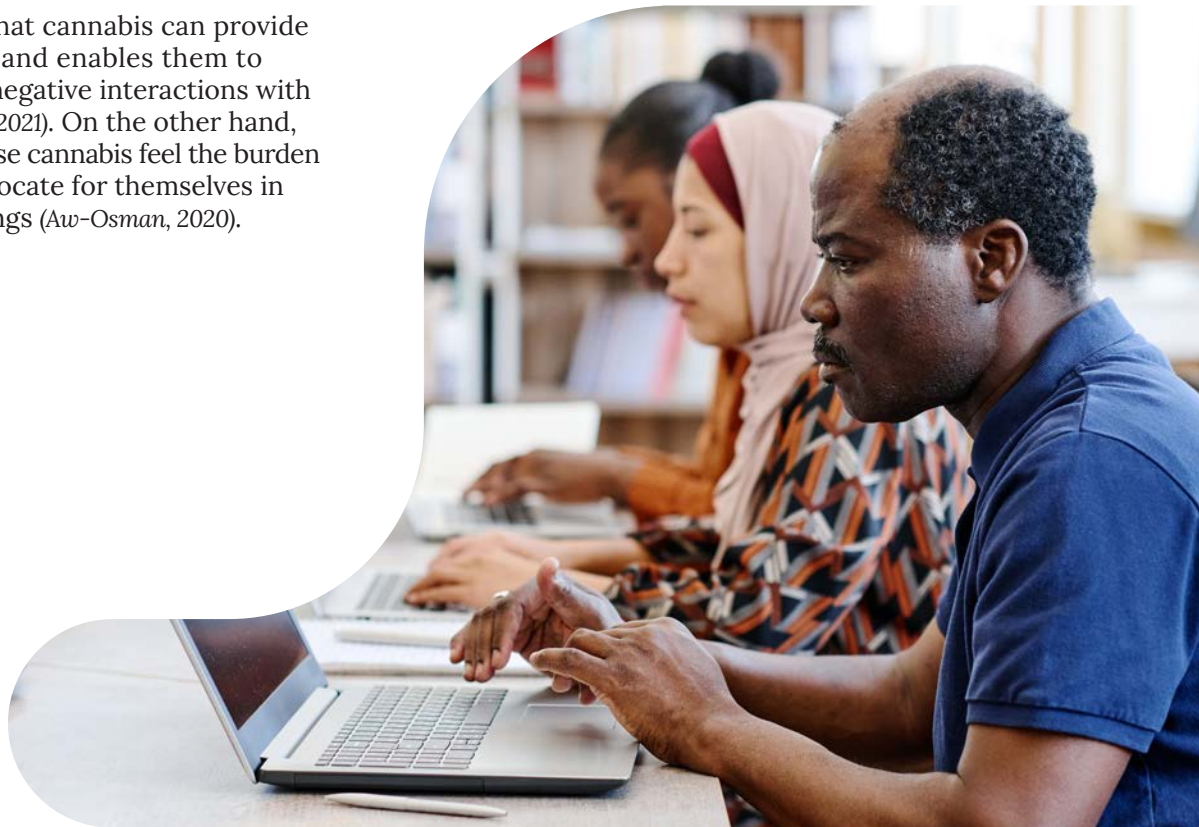
1. IREER populations have distinct risk and protective factors that shape the relationship between cannabis and mental health.

- ✓ Rates of cannabis use and mental illness vary among IREER individuals, indicating a range of risks and protective factors for these populations. IREER groups also have unique historical, religious, and spiritual perspectives toward mental health and cannabis (Rueda, 2021).
- ✓ Experiences of racism and criminalization (e.g., racial profiling and disproportionate police interventions, poverty, social exclusion, minority stress and other forms of marginalization) are key risk factors for negative mental health and cannabis use (Aw-Osman, 2020; Rueda, 2021).
- ✓ The majority of participants reported using cannabis to manage their mental health symptoms and cope with experiences of discrimination. Cannabis serves many functions (e.g., healing and connecting to community, peers, and culture) and relieves pressures from responsibilities such as school, finances, and interpersonal relationships (Aw-Osman, 2020; Rueda, 2021).
- ✓ Although drug policies have historically targeted and controlled racialized populations, including IREER youth, one study indicated that the legalization of cannabis has made IREER youth feel safer when choosing to use cannabis and given them access to a wider range of products to explore and engage in safer use (Rueda, 2021).
- ✓ IREER youth actively monitor their own relationship to cannabis and mental health, and practise harm minimization strategies such as using cannabis selectively (e.g., to help them sleep or solely on weekends), avoiding particular patterns of use, and minimizing their use (Aw-Osman, 2020).
- ✓ IREER youth feel that cannabis use has not prevented them from having or achieving goals for school and overall life; rather, cannabis use has facilitated those goals for some (Aw-Osman, 2020).
- ✓ IREER youth indicated that negative experiences associated with cannabis (such as memory loss, increased anger, or anxiety) can occur from ongoing attempts to self-medicate undiagnosed conditions (Aw-Osman, 2020).



2. Cannabis is often used as an alternative to formal supports and systemic barriers.

- ✓ Legalization has not created a safe environment to discuss or disclose cannabis use, particularly in health-care settings, in schools, or with employers. Similarly, legalization did not address past and present barriers in the mental health care system (*Aw-Osman, 2020*).
- ✓ IRER youth face unique barriers to accessing mental health supports, including stigma within their cultures and families and among care providers, along with high costs, long wait times, a lack of culturally appropriate providers, racism, and discrimination (*Rueda, 2021*).
- ✓ IRER youth feel that cannabis can provide immediate relief and enables them to avoid the risk of negative interactions with providers (*Rueda, 2021*). On the other hand, IRER youth who use cannabis feel the burden of needing to advocate for themselves in health-care settings (*Aw-Osman, 2020*).



3. IRER youth want culturally tailored information, techniques, and supports that empower them.

- ✓ Participants stressed that current resources fail to respond to the complexities of their lived experiences and are often not applicable to diverse cultural contexts (Rueda, 2021; Aw-Osman, 2020).
- ✓ Participants strongly called for more representation among service providers and more culturally adapted therapeutic strategies to improve access to mental health supports (Rueda, 2021).
- ✓ IRER youth want more information on the harms and possible benefits of cannabis use so they can make informed decisions. Educational information needs to respect and acknowledge their decisions and the context they are made in (e.g., systemic barriers). IRER youth frequently refer to the internet, social media, schools, cannabis retailers, peers, and published articles for information (Aw-Osman, 2020; Rueda, 2021).

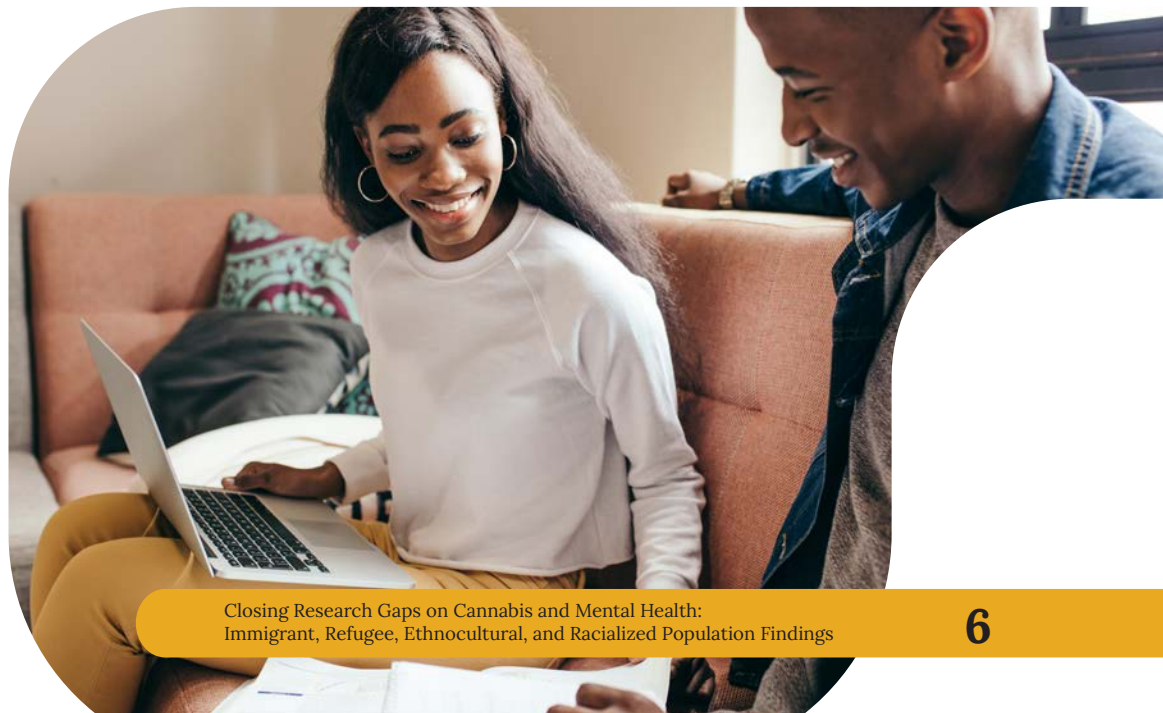


4. African, Caribbean, and Black Youth.

One study explored the relationship between cannabis and mental health among African, Caribbean, and Black (ACB) youth. The following findings emerged:

- ✓ First- or second-generation ACB immigrants experience increased vulnerabilities to both mental illness and cannabis-induced psychosis and other harms such as dependence. Notably, these vulnerabilities can be attributed to the experience of migration itself as well as the compounded effects of social inequities, discrimination, and stigma (Archie, 2021).
- ✓ Cannabis use disorder was prevalent among those with first episode psychosis.
- ✓ ACB youth who use cannabis experience higher rates of criminalization, stigma, and negative stereotypes associated with their cannabis use compared to the general youth population.
- ✓ ACB youth report more negative care experiences compared to other youth, further exacerbating negative mental health and cannabis-associated harms.
- ✓ Culturally safe and family-based models of education on cannabis and mental health can empower ACB youth to make informed decisions for their wellness (Archie, 2021).

More insight into ACB perspectives and experiences can be found in [Amplifying Black Experiences in Cannabis and Mental Health Research: Virtual Dialogue Series](#).



References

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

Archie, S. (2021). *Raising awareness of the impact of cannabis on psychosis among young people with a first episode of psychosis from Black racialized communities*. McMaster University.

Rueda, S. (2021). *Understanding the experiences and complex needs of people who use cannabis and live with mental health issues*. Centre for Addiction and Mental Health.

Aw-Osman, F. (2020). *Hash It Out: The experiences of IRER youth with cannabis and mental health*. Centre for Resilience and Social Development.

