



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Closing Research Gaps on Cannabis and Mental Health

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Opportunities for Future
Research, Practice, and Policy

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 ongoing gaps and opportunities that research teams identified. Their findings suggest that decades of cannabis prohibition have left lasting legacies in research and evidence that continue to affect public knowledge and perceptions of cannabis use and mental health—and there is still a lot we do not know.



1. Sustained research is needed, especially with diverse populations and methods.

- ✓ Several projects investigated the role of trauma in relation to cannabis use, mental health, and pain; however, much more research is needed to fully understand this relationship (Afifi, 2021).
- ✓ More long-term studies and randomized control trials with larger sample sizes are needed to determine the therapeutic efficacy of cannabidiol (CBD) and other cannabinoids on physical and mental health conditions, as well as the potential effects of the interactions between cannabis and other medications (Grover, 2021; Le Foll et al., 2021; Robillard, 2021; Shield, 2021).
- ✓ More research is also needed to explore the nuances of cannabis use among young people, specifically around lower-risk use, different methods of consumption, frequency, intensity of use, and the associated rise of cannabis-induced psychosis (Anderson, 2021; Benoit, 2021).
- ✓ Additional research on priority populations should take a strengths-based approach, moving beyond a focus on suffering to also capture positive experiences (Aw-Osman, 2020; Castellanos Ryan & London-Nadeau, 2021).
- ✓ Many research teams are interested in furthering our understanding of the nature of cannabis use disorder, including prevention, pathways, and tolerance development (Archie, 2021; Dumais, 2021; Gaddes, 2020; Grover, 2021; Jama, 2020; Stewart, 2021).
- ✓ More Indigenous-led research is needed to continue examining the relationship between cannabis use, trauma, racism, mental health, and Indigenous knowledge—especially among distinct communities—to better inform community programs (First Nations Information Governance Centre [FNIGC], 2020; McLeod & Goulet, 2020).
- ✓ There is an ongoing need to conduct research with African, Caribbean, and Black (ACB) communities, particularly involving youth, to fill knowledge gaps and better understand how to best support communities (Archie, 2021).
- ✓ Future research could examine the role and impact of cannabis as an “exit drug” and harm reduction tool for those experiencing opioid dependence in the short and long term (Hopkins et al., 2020; Ion, 2020; Larose & Elford, 2020).



- ✓ More long-term research is needed to assess the impact of parental cannabis use on children relative to the impacts of child protective services involvement, as well as to explore alternative interventions that may better promote and support family and child well-being (Hopkins et al., 2020; Ion, 2020).
- ✓ More research is needed on adult 2SLGBTQI+ populations as well as older adult populations (Ferlatte, 2020; National Initiative for the Care of the Elderly [NICE], 2020).
- ✓ Additional studies are needed to better understand cannabis and mental health experiences, information needs, and the policy and practice challenges of service providers, including those from health-care settings, schools, and social services (Brémault-Phillips, 2021; Castellanos Ryan & London-Nadeau, 2021; Pakhale, 2021).
- ✓ Future research should explore the potential influence of the cannabis industry on research, especially in relation to mental health (Buchman & Grundy, 2021).
- ✓ Future studies involving Veteran populations should seek to engage female Veterans, as they remain under-represented in research (Grover, 2021).



2. People in Canada want balanced, evidence-based information about cannabis and mental health, including from those with lived and living experience.

- ✓ Public education campaigns led by people with lived and living experience that center their stories can reduce stigma toward mental health and substance use health (Whitley, 2020).
 - ✓ Widespread non-judgmental education on how trauma affects substance use may help reduce stigma and promote compassion and understanding toward houseless populations who use cannabis (Larose & Elford, 2020).
 - ✓ Many research teams identified an overall need for culturally relevant, language inclusive, and community-led education on cannabis for and with diverse populations (Gaddes, 2020; Rueda, 2021a; Sanguins, 2020).
 - ✓ Participants strongly recommended education initiatives that move away from abstinence and involve the family as a whole, especially within ACB, immigrant, refugee, ethnocultural, and other racialized communities (Archie, 2021; Aw-Osman, 2020).
- ✓ More balanced and evidence-based information on cannabis is needed. For example, people want to know more about
 - safer cannabis use (Benoit, 2021; Gaddes, 2020)
 - misinformation on cannabis (fact versus fiction) (Gaddes, 2020)
 - cannabis as harm reduction (Larose & Elford, 2020; Sanguins, 2020)
 - the different effects of specific cannabis dosages, strains, and methods of consumption (Sanguins, 2020)
 - the risks and impacts of cannabis-induced psychosis on young adults (Myran et al., 2023)
 - safer use to support informed decision making among parents who use cannabis (Archie, 2021; Pakhale, 2021; Salmon, 2021).
 - ✓ Effective public education could take place within schools, be led by community organizations, and use a range of formats like social media, documentaries, video games, and photovoice (Archie, 2021; Gaddes, 2020; Pakhale, 2021; Whitley, 2020).
 - ✓ Research participants want to see peers, Elders, community organizations and leaders, families, and care providers involved in the development and dissemination of information and education on cannabis and mental health.



3. More clinical guidelines, training, and education for health and social service providers are needed to effectively respond to concerns related to cannabis use and mental health.

- ✓ Training and education on anti-racism, cultural diversity, harm reduction, and the social determinants of health for health-care and social service providers are needed to reduce barriers and improve early access to care (Archie, 2021; Hopkins et al., 2020; Ion, 2020).
- ✓ Multiple studies identified a strong need for clinical guidelines to support service providers in effectively monitoring (without judgement or stigma) medically authorized and recreational cannabis use to minimize harms (Brémault-Phillips, 2021; Frey, 2019; Ion, 2020; Native Women's Association of Canada [NWAC], 2021; Rueda, 2021a).
- ✓ In response to the increasing number of individuals who use cannabis without medical authorization, a more clear, standardized prescribing process is needed to improve access and ensure use is being monitored (Brémault-Phillips, 2021; Rueda, 2021b).
- ✓ One study recommended the development of community-specific child welfare policies and practices related to cannabis that consider the unique historical, social, economic, and cultural contexts of communities and families (Hopkins et al., 2020).
- ✓ Another study suggested the development and adaptation of a standard assessment tool based on harm reduction and anti-oppressive principles to better assess and support families and caregivers who use cannabis within child welfare settings (Ion, 2020).
- ✓ Many participants reported barriers to seeking mental health support, such as accessibility, affordability, stigma, and cultural perceptions about mental health. In response, researchers and participants identified recommendations that include increased health-care provider training, greater diversity and representation of equity-deserving groups in provider roles, trauma-informed assessments and interventions, and more interdisciplinary and individualized care (Archie, 2021; FNIGC, 2020; Jama, 2020; Larose & Elford, 2020; Rueda, 2021a, 2021b).



4. Further policy action to address systemic inequities is needed.

- ✓ To combat some of the negative impacts of cannabis on individuals and communities, researchers called for more wellness programs and services by and for equity-deserving groups, such as queer and trans youth, Indigenous, and racialized communities (*Aw-Osman, 2020; Castellanos Ryan & London-Nadeau, 2021; FNIGC, 2020; Jama, 2020*).
- ✓ Indigenous participants called for the resurgence of culture and traditions to mediate the risks of cannabis use disorder and promote mental health in their communities (*FNIGC, 2020; Gaddes, 2020; Gillis & Huang, 2020; NWAC, 2021; Sanguins, 2020*).
- ✓ There is a strong call to improve affordability and access to mental health care supports and address the social determinants of health (e.g., housing, poverty) to prevent negative outcomes associated with cannabis use, particularly for queer and trans youth, Indigenous, and racialized communities (*Castellanos Ryan & London-Nadeau, 2021; FNIGC, 2020; Gaddes, 2020; Jama, 2020; NWAC, 2021; Rueda, 2021a*).
- ✓ Participants who have a medical authorization for cannabis reported inconsistent insurance coverage and called for more consistency, including the addition of cannabis coverage to the Non-Insured Health Benefits (NIHB) program for First Nations and Inuit communities (*FNIGC, 2020; Gaddes, 2020; Gillis & Huang, 2020; NWAC, 2021*).
- ✓ One study looking at the impact early childhood trauma has on long-term mental health outcomes and cannabis use patterns strongly stressed that more policy work should be done to prevent child maltreatment and trauma (*Afifi, 2021*).
- ✓ While there is a clear need for additional cannabis studies, one research team stressed the importance of more government-funded research to protect scientific integrity and ensure that research is unbiased and representative of diverse groups (*Buchman & Grundy, 2021*). There is also a need to improve the regulatory process associated with cannabis research (*Frey, 2019*).
- ✓ Two research teams identified the need to develop a sustainable path of knowledge transfer from academic institutions to medical regulatory authorities, care providers, communities, and patients (*Buchman & Grundy, 2021; NWAC, 2021*).
- ✓ Multiple studies strongly emphasized that policies related to cannabis need to prioritize harm reduction and person-centred approaches (*Hopkins et al., 2020; Ion, 2020; Larose & Elford, 2020; Canadian Mental Health Association Ontario et al., 2020*).

Research has only just begun to explore the relationship between mental health and cannabis in a post-legalization environment. Sustained research and ongoing engagement with people who have lived and living experience are needed to inform policy and practice.

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

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