



**FNIGC | CGIPN**

First Nations Information Governance Centre  
Le Centre de gouvernance de l'information des Premières Nations

# CANNABIS & MENTAL WELLNESS IN FIRST NATIONS: COMMUNITY TOOLKIT



## About the Artist

The cover and interior art for this publication was done by Tsista Kennedy (aka Hotdog Water Art), an Anishinaabe Onyota'a:aka artist from Southern Ontario. Born in 2001, Kennedy is a self-taught artist who works primarily in digital, but also creates work with ink on watercolour and sketchbook paper.

Kennedy's love of art began in his early childhood, when his teachers would often find more doodles on his classwork than answers and equations. At 14-years-old he created his first Woodland Art piece, a style which his art had followed ever since.

Kennedy's unique variation of the Woodland style is marked by semi-bold black lines, intricate patterns, and vibrant colors, all of which combine to make the artwork flow elegantly across the canvas. Because of his ability to convey stories and messages through his artwork, Kennedy has been commissioned by many organizations, universities, and businesses.

Kennedy's artwork isn't solely rooted in Indigenous traditionalism or Indigenous modernism, rather, it's a merging of the two. With his personal experiences and stories thrown into the mix, combining these two perspectives provides the inspiration behind some of his artwork today. Being a frequent daydreamer however, many of his best art pieces simply begin as an image popping up in his head.

During the creation of the images presented throughout this toolkit, Tsista was reminded of the importance of connection within First Nations communities. When reflecting upon the communities he belongs to in the context of this research project, he is reminded of a strong need for children and youth to feel like they belong, like they are cared for, and that they have purpose in their life; whether they find that through culture, or simply a place in which they can help better their communities. The same follows for adults and Elders. The duality between the positivity of the flowers, and the negativity of the serpent-like creatures were added to reflect the potential circumstances of different communities.



This publication is based on the FNIGC's *Examining the Relationship Between Cannabis and Mental Wellness in First Nations*, part of the FNIGC Research Series, a series of special reports focused on issues facing First Nations reserve and Northern communities which leverage data from the FNIGC's national survey initiatives. The FNIGC Research Series is available online at the FNIGC's website [www.fnigc.ca](http://www.fnigc.ca).

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FNIGC is a First Nations-led organization committed to gathering and disseminating data that reflects the diversity of life in the 634 First Nations reserve and Northern communities across the country. It has a mandate to oversee data collection on First Nations reserves and Northern communities and envisions that every First Nation will achieve data sovereignty in alignment with its distinct worldview.

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This publication is the result of many hands working together. The First Nations Information Governance Centre (FNIGC) would like to thank the Assembly of First Nations and their Mental Wellness Committee for their support and recommendations on the *Examining the Relationship Between Cannabis and Mental Wellness in First Nations* research project and its Knowledge Translation activities. We are also appreciative of the project's Advisory Group members, which included community Knowledge Holders and subject matter experts, who shared their time, insights, and experiences to guide the research study and to co-develop its findings – your dedication to strong, healthy communities has been evident every step of the way.

FNIGC would also like to thank our Regional Partners, Coordinators, Data Gatherers, and the 23,167 respondents from 253 communities who contributed to the First Nations Regional Health Survey Phase 3 dataset on which the statistical analyses are based, and which will continue to inform research and programming activities for years to come.

Finally, FNIGC thanks the Mental Health Commission of Canada for providing the funding that made this research and work possible, and for providing the support, expert guidance, and resources for community-based research aimed at benefitting and empowering First Nations communities.

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# INTRODUCTION

## About this Publication

This publication was created as part of the First Nations Information Governance Centre's (FNIGC) knowledge translation efforts to ensure findings from the FNIGC Research Series report *Examining the Relationship Between Cannabis and Mental Wellness in First Nations* are shared with First Nations communities.

Initiated in 2020, FNIGC's Cannabis and Mental Wellness in First Nations project was a two-year study that explored relationships and knowledge between mental wellness and cannabis use among First Nations youth and adults living in reserve and Northern communities across Canada.

The study aimed to bring a wholistic and culturally grounded representation of First Nations data and knowledge to support the development of culturally relevant initiatives for the benefit of mental health and wellness in First Nations communities across Canada. The project also aimed to provide a solid foundation for future research.

This community toolkit is designed as a way to make the findings of the research project more accessible to First Nations. By sharing these findings in this way, FNIGC hopes to build knowledge and facilitate conversations about mental wellness and cannabis use in First Nations communities.

Both the report and the toolkit were developed by FNIGC with guidance from subject matter experts and community Knowledge Holders. The project was funded by the Mental Health Commission of Canada, a non-profit organization created by Canada's federal government in 2007 to study mental health, mental illness and addiction.

## About FNIGC

The First Nations Information Governance Centre (FNIGC) is an incorporated, non-profit organization committed to producing evidence-based research and information that will contribute to First Nations in Canada achieving data sovereignty in alignment with their distinct world views.

Mandated by the Assembly of First Nations' Chiefs-in-Assembly (AFN Resolution #48, December 2009), FNIGC's Mission is to assert data sovereignty and support the development of information governance and management at the community level through regional and national partnerships. We adhere to free, prior and informed consent, respect Nation-to-Nation relationships, and recognize the distinct customs of First Nations, to achieve transformative change. Our work includes research and analysis of the technical elements of First Nations data sovereignty.

FNIGC supports First Nations communities by contributing directly to building data and statistical capacities at national, regional, and community levels, including the provision of credible and relevant information on First Nations. In addition to conducting a number of surveys, FNIGC is responsible for a wide range of other work: it oversees data collection on First Nations reserves and Northern communities, conduct research, engage in Knowledge Translation and dissemination activities, offer education and training, and promote the advancement of the First Nations principles of OCAP®.

FNIGC is strictly technical and apolitical. It is not a rights-holding organization and does not speak directly for First Nations.

## The First Nations Principles of OCAP®

FNIGC's work is guided by the First Nations principles of OCAP® principles, a set of guidelines which assert that First Nations have control over data collection processes, and that they own and control how this information can be used. Standing for ownership, access, control, and possession, OCAP® is a tool to support strong information governance on the path to First Nations data sovereignty.

## RESEARCH METHODS

The findings contained in this publication were based on research that was gathered using various methods which include: a literature review, statistical analysis of the First Nations Regional Health Survey (FNRHS, or RHS) Phase 3 data, and engagement sessions with First Nations Knowledge Holders and subject matter experts on the topic of cannabis and mental wellness in First Nations.

We have featured some of the feedback from our discussions in this publication, in the form of stand-alone quotations (for example, see Page 7 & 10).



### What is the RHS?

The RHS is the first, and only, national First Nations health survey, which collects wide-ranging information about First Nations people living on reserve and in northern communities based on western and Traditional understandings of health and well-being.

The **RHS Phase 3 is a cross-sectional survey**, a snapshot in time (2015–2016) when people answered questions about their cannabis use and health factors. The RHS Phase 3 is a national level survey, which means that the data does not highlight unique community and regional specific differences. Cannabis use and its relationship on mental and wholistic wellness may vary between different regions and communities.

Remember to think about these potential differences as you read through this toolkit.

**The data found in this toolkit can show associations between cannabis use and other factors, but it cannot tell us about causation.** In other words, it can tell us whether a pattern in cannabis use is related to the pattern found in another factor (e.g., psychological distress), but it cannot tell us whether cannabis use causes psychological distress or vice versa.

## WHY THIS TOOLKIT WAS CREATED

In Canada cannabis has been legal for medical purposes for more than 20 years, and for recreational use since 2018. As First Nations assert self-governance and begin to develop laws around cannabis use in their own communities, FNIGC believed a discussion of the relationship between mental and wholistic wellness and cannabis use would be of value. Having open conversations and learning about cannabis and mental and wholistic wellness factors in our communities is important for the creation and application of healthy laws, policies, and programs in communities.

The findings highlight various factors that may influence or be influenced by cannabis use. The relationship between cannabis use and mental health is complex and different research findings can conflict with one another. It is important to promote open conversations which contribute to meaningful education about cannabis and mental health and help reduce stigma surrounding cannabis use.

Reducing stigma has the potential to promote more openness with medical providers and other supports about personal cannabis use behaviors, facilitate open dialogue about recreational use, and create safer access to regulated and controlled cannabis sources. It is valuable to explore the relationship between wholistic health, social influences, and medical and non-medical cannabis use. Exploring these relationships can strengthen our understanding and practice of safe, healthy cannabis use.

FNIGC also hopes that these findings can support First Nations communities in increasing awareness of possible therapeutic benefits of cannabis, and knowledge and skills related to reducing the harms of cannabis use. This includes decreasing potentially problematic use and promoting informed decision-making and ongoing dialogue supporting communities in guarding against negative and unintended side effects of cannabis use. The subject matter experts and Knowledge Holders consulted for this project recommended that results from the project be shared in a way that gives community members the chance to consider the findings of the research along with their own experiences and perspectives.

The goal is not to tell readers how they should feel or act when it comes to cannabis use. Our hope is that communities can use this toolkit as a resource to facilitate open-ended, non-stigmatizing conversations about cannabis use and its relationship with mental wellness. Having these conversations can help address potential knowledge gaps.

*"...the hope at the end of the day is just to support First Nations in being more aware of these issues, recognizing that the interconnection of mental wellness and cannabis is such a huge thing. And to have the information, to have the data to help them make informed decisions on what goes on in communities is our purpose in being involved in this project."*

*"... giving the communities a chance to represent their own data with their own feelings is a great way of creating a cohesiveness between this study and the people that volunteered how they felt about it and took the survey."*

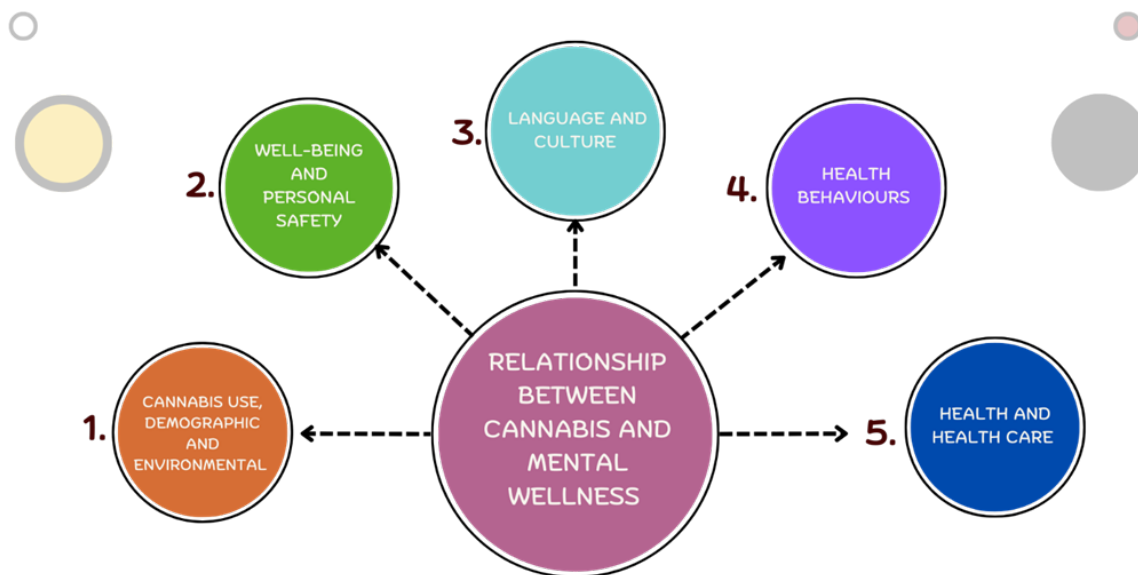
*- First Nations Knowledge Holders*

## How To Use This Toolkit

The information in this toolkit is organized into five parts which are based on themes related to mental and wholistic wellness: cannabis use, demographics and environment, well-being and personal safety, language and culture, health behaviours, and health and health care (see diagram below). Each of the five parts includes data that focuses on First Nations Youth (age 12–17) and Adults (age 18+).

You can read the chapters in whatever order you want.

Within each chapter you will find data and information in the form of words, numbers, and images that are representative of youth and adults living on reserve and in Northern communities across Canada. You will also find reflection questions that can be used as a guideline to have conversations individually, with a friend, with family, or with Elders and other members of your community. Having conversations about the impacts and influences of cannabis use is an important part of making healthy decisions and creating a healthy community.



Here are some points to keep in mind while reviewing the data in the following pages:

- “Cannabis use” was determined by asking RHS survey respondents if they had used any cannabis in the past 12 months. They could answer in one of five ways: Never, Once or Twice, Monthly, Weekly, and Daily or almost daily.
- Those who responded “Never” are categorized as not using cannabis, while occasional cannabis use includes “Once or Twice,” “Monthly,” and “Weekly” responses; and daily cannabis use includes the “Daily or almost daily” option.
- Among adults who used cannabis, medical use was identified with a follow-up question asking whether any of the past year cannabis use was for medical purposes. The data does not indicate whether all cannabis use was for medical purposes, what those purposes were, or whether it had been prescribed or advised by a health care professional. The occasional and daily cannabis use categories exclude all those who indicated using for medical purposes, so these can be considered recreational, or non-medical, use. Medical use data is not available for youth.



# CANNABIS USE, DEMOGRAPHICS and ENVIRONMENT



# Cannabis use, Demographics and Environment

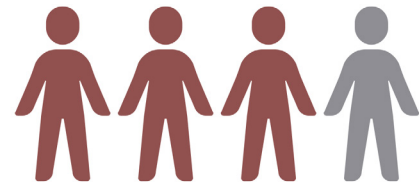
## YOUTH FINDINGS

*Community experts said...*

Youth may use cannabis due to peer pressure, to escape from their problems, or just for fun.

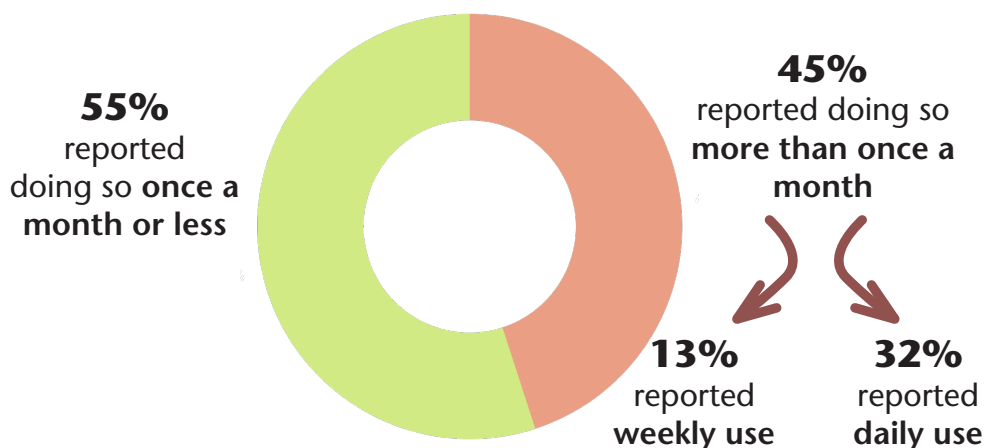
Among youth who used cannabis in the past year, fewer than half reported doing so more than once a month.

Do these seem like things that influence cannabis use among young people in your community?



Nearly 3 in 4 First Nations youth did not use cannabis in the past year. (73% to be exact!)

### Among the First Nations youth who reported using cannabis in the past year...



Why do you think female youth were more likely to use cannabis compared to males?

**Female youth were more likely to use cannabis compared to male youth.**

Does this data apply to your community context, or do you think that the percentages might be different in your community?

(Remember that the data presented is from the 2015/2016 RHS - this only gives us a national 'snapshot' in time--your community may differ slightly or a lot!)

**30%** of female youth used cannabis in the past year.

**24%** of male youth used cannabis in the past year.



It is important to take care of yourself during and after difficult conversations regarding potentially triggering subjects. We emphasize the importance of taking a supportive, safe, and open approach to cannabis and mental wellness discussions.



3-in-10 youth **whose grandparent(s)** (but no parent) **attended IRS...**

and



4-in-10 youth whose parent(s) **attended IRS...**

**used cannabis in past year.**



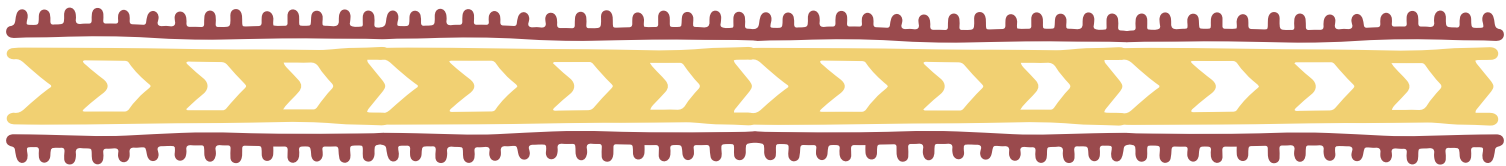
2-in-10 youth whose parents and grandparents had not attended IRS...

**used cannabis in past year.**

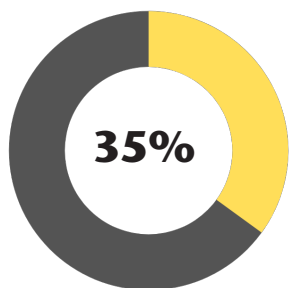
**Youth with parents or grandparents who had attended Indian Residential School (IRS) were more likely to use cannabis compared to youth whose parents and grandparents had not attended.**

*"[Indian Residential School experiences may impact] how you're brought up as a child from a parent that attended residential school, maybe enduring some of the same type of suffering or same type of abuses from either your parents or your older siblings or those that attended residential school."*

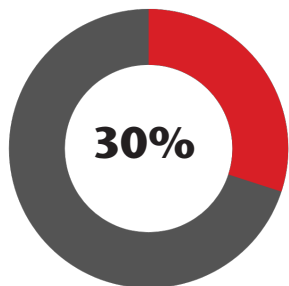
The National Indian Residential School Crisis Line provides **24-hour crisis support** to former Indian Residential School students and their families toll-free at 1-866-925-4419.



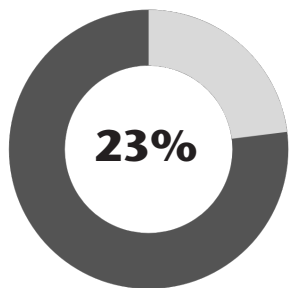
Proportions of youth who used cannabis decreased as the size of their community's population increased.



of youth in **small communities** (pop. 75-299)...



of youth in **medium communities** (pop. 300-500)...



of youth in **large communities** (pop. >1,500)...

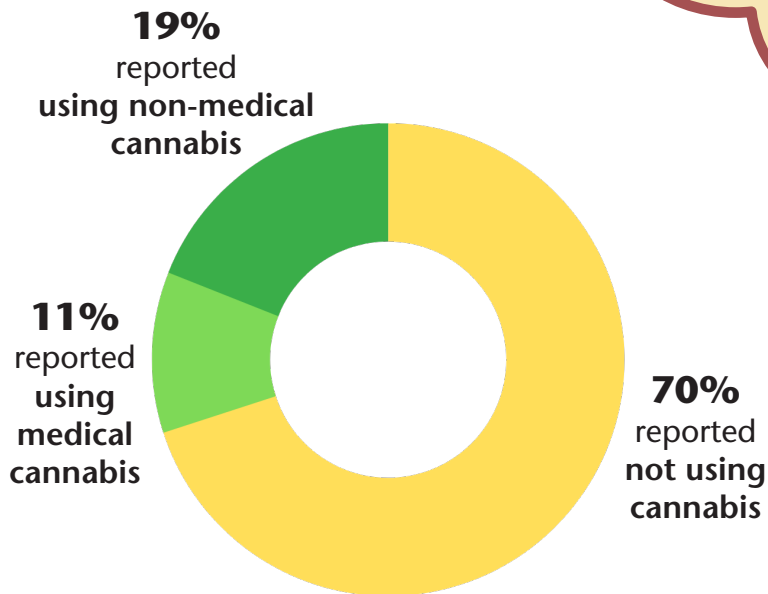
reported using cannabis in the past year.

Community experts suggested **small population size may lead to higher likelihood of using cannabis due to a lack of alternative activities.**

What do recreational activities look like for youth in your community and how might they affect cannabis use?

# Cannabis use, Demographics and Environment

## ADULT FINDINGS



Has the stigma surrounding cannabis use changed over time within your community?

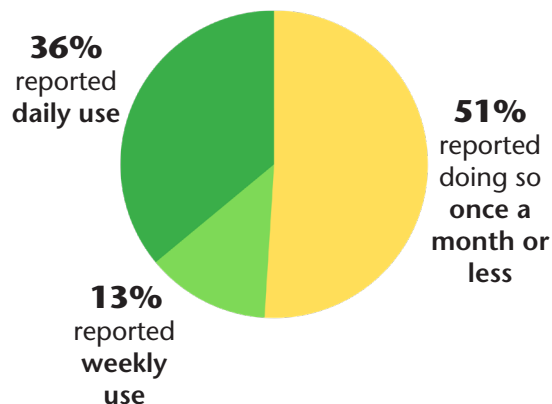
Do attitudes towards use differ between medical vs. non-medical cannabis use? If so, how?

What does "acceptable" cannabis use look like?

## 7-in-10 First Nations adults did not use cannabis in the past year.

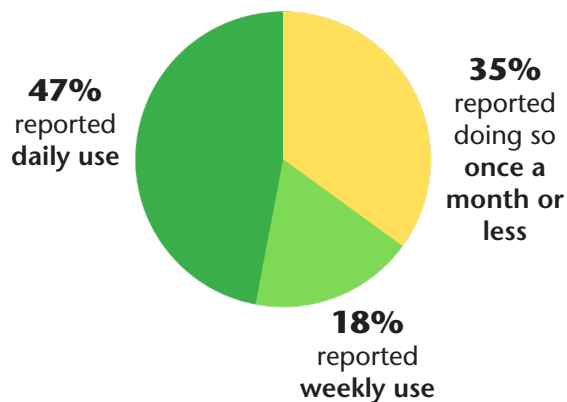
Among adults who used **non-medical cannabis** in the past year, **half** reported doing so **once a month or less**.

Of those who reported using **non-medical** cannabis in the past year...



Among adults who used **medical cannabis** in the past year, **nearly two-thirds** reported doing so **more than once a month**.

Of those who reported using **medical** cannabis in the past year...

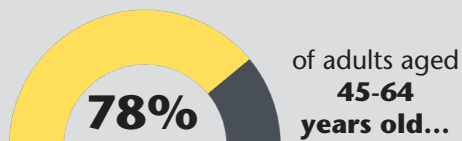
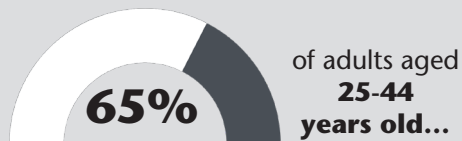


Does the stigma surrounding cannabis use change for different age groups?  
If so, why do you think this might be?

**Community experts said...**

Younger generations may report cannabis use at a higher rate due to **destigmatization**, and the fact that **younger generations may view cannabis use differently than older generations** and thus be more willing to openly disclose their use.

The proportion of adults who reported **not using cannabis** in the past year increased with age.



**did not use cannabis in the past year.**

Among adults, **cisgender males and Two-Spirit or transgender individuals were more likely to use cannabis** compared to cisgender females.

Cisgender means that a person's gender matches with the biological sex they had, or were given, at birth.

**37%** of cisgender males...

**33%** of Two-spirit or transgender individuals...

**23%** of cisgender females...

**reported using cannabis in the past year.**

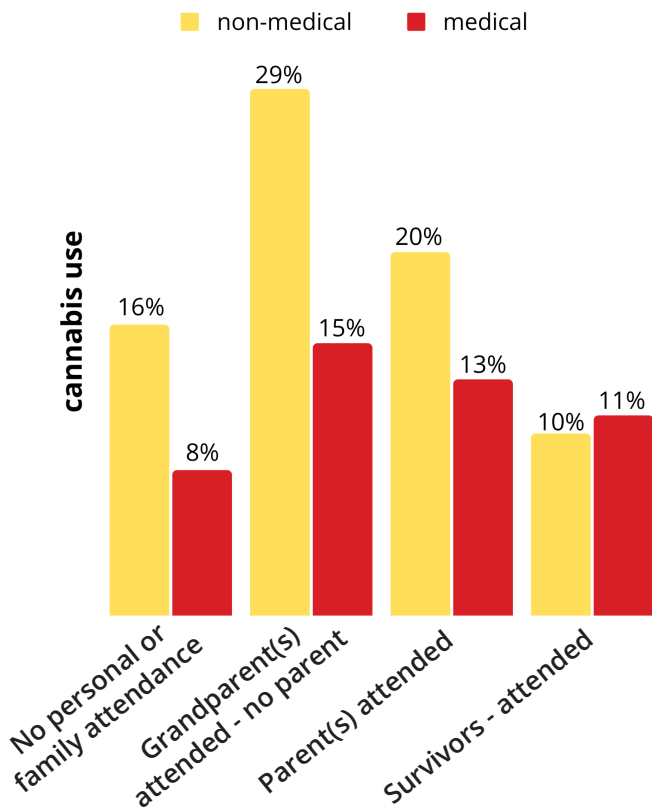


It is important to take care of yourself during and after difficult conversations regarding potentially triggering subjects. We emphasize the importance of taking a supportive, safe, and open approach to cannabis and mental wellness discussions.

Parental and grandparental Indian Residential School (IRS) attendance was associated with **non-medical** and **medical cannabis use**.

Personal IRS attendance was associated with **medical cannabis use**.

### Cannabis use by family and personal IRS attendance



Could other healing resources complement or replace cannabis to cope with the impacts of trauma?

Why might IRS experiences influence non-medical or medical cannabis use? Are there resources or supports for IRS impacts within your community? In what ways could these supports and resources be improved?

The National Indian Residential School Crisis Line provides **24-hour crisis support** to former Indian Residential School students and their families toll-free at 1-866-925-4419.



# WELL-BEING and PERSONAL SAFETY



# Well-being and Personal Safety

## YOUTH FINDINGS

Community experts told us...

Having positive self-esteem helps young people make healthy choices for themselves.

**28%** of youth **who did not use cannabis...**

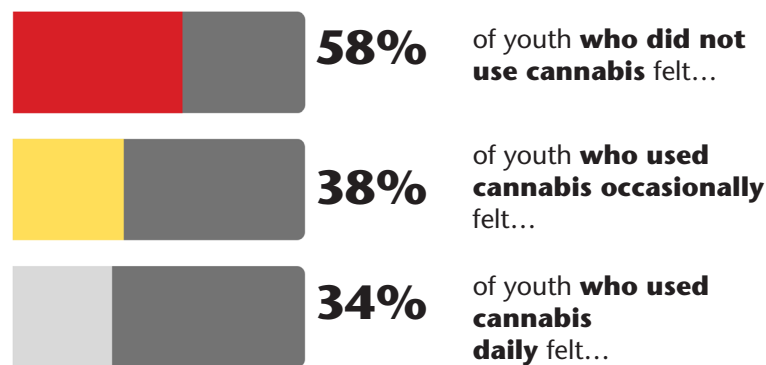
**43%** of youth **who used cannabis occasionally...**

**41%** of youth **who used cannabis daily...**

**had experienced bullying or cyber-bullying in the past year.**

Why might experiences of bullying be associated with cannabis use?

More than half of youth who did not use cannabis reported feeling wholistically balanced.

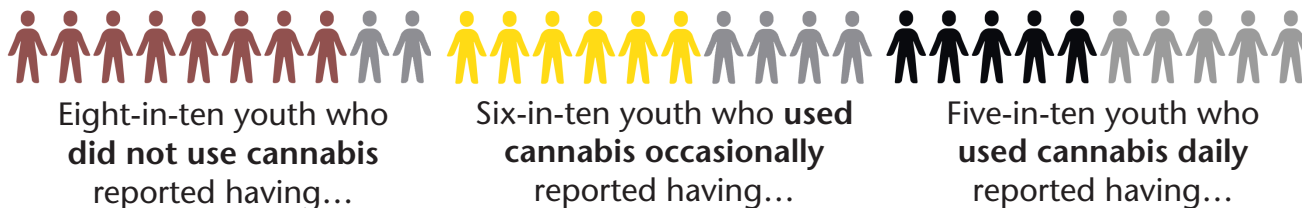


**physically, emotionally, mentally, and spiritually balanced.**

What are some actions and healthy behaviours we can use to strengthen our self-esteem and mental wellness?



**Higher self-esteem is associated with lower cannabis use among youth.**



**good self-esteem.**

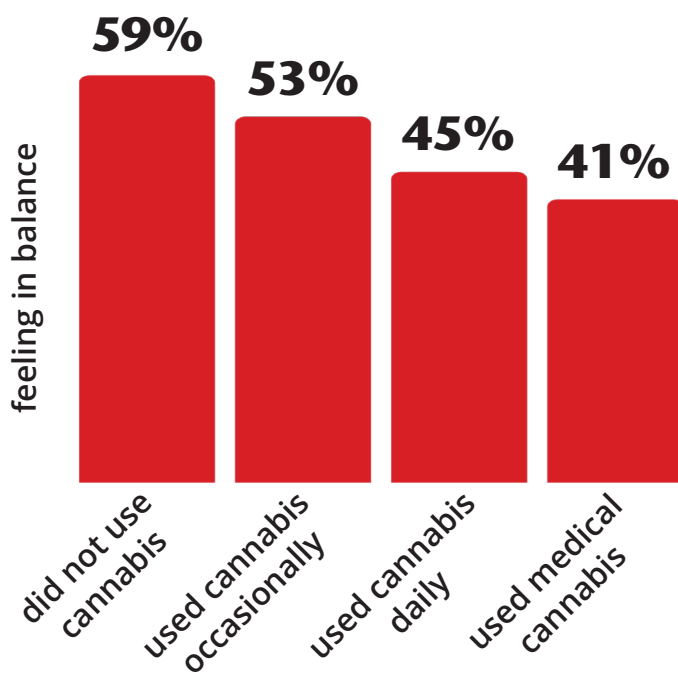
Hope for Wellness is a 24/7 helpline that offers e-chat and phone services for all Indigenous people across Canada. They offer experienced and culturally competent counsellors with services available in English, French, Cree, Ojibway, and Inuktitut. You can access their support services online at [hopeforwellness.ca](https://hopeforwellness.ca) or by calling 1-855-242-3310.

Kids Help Phone is another 24/7 e-mental health service that offers free, confidential support to young people across Canada. If you or someone you know of could use their services you can access their services online ([kidshelpphone.ca](https://kidshelpphone.ca)), by phone (1-800-668-6868), or by text at 686868.

# Well-being and Personal Safety

## ADULT FINDINGS

Adults who **did not use cannabis** were most likely to report **feeling in balance physically, mentally, spiritually, and emotionally.**



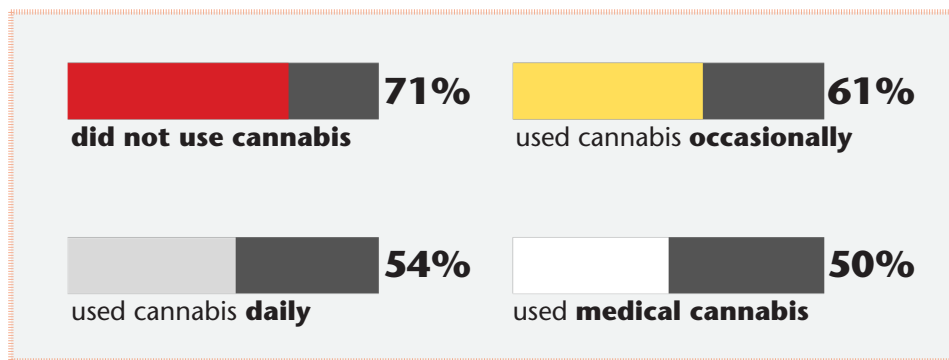
### Community experts said...

Experiences of trauma and mental health challenges may be intensified with other life stresses. A wholistic understanding of well-being and personal circumstances gives a more complete picture of why individuals might use non-medical or medical cannabis.

In what ways can cannabis use be compatible with feeling physically, mentally, spiritually, and emotionally balanced?

*"I can't tell a person who only got 3 hours [sleeping] on a floor, 'You shouldn't smoke that cannabis like that.' Or I can't tell the person who hasn't had water in two days because, you know, there's only 10 litres coming to their house and there's twenty people in the house, that they shouldn't smoke the cannabis. I can't tell the person whose child is stuck in a southern hospital and they're scared beyond belief that they shouldn't smoke cannabis ... So we've got to think more wholistically and then we've got to think about why this is happening 'cause we can't think of it in a silo."*

## Percentage of adults who reported having low psychological distress.



Does your community foster a sense of inclusiveness, belonging, and safety for its youth and adults? How can this be improved?

Psychological distress (ie., symptoms of stress, anxiety, and depression) is associated with non-medical and medical cannabis use among adults.

In what ways do you cope with stress? Can other mental health (or other wholistic wellness) strategies complement or replace cannabis to cope with mental health issues?

How can positive mental wellness affect cannabis use? How does cannabis affect mental wellness?

Community experts explained that traumatic events can have lasting impacts and can become embedded in individual experiences of health and wellness, leading to long-term influences on coping behaviours.

Efforts to understand the links between well-being and cannabis use must also consider the broader social determinants of health. Experiences of trauma and psychological distress may be compounded by other life stressors such as food and housing insecurity, among others.

What influences your sense of community belonging? Does feeling like you belong in your community affect your choices around cannabis use?

Adults who reported having a **strong sense of belonging in their community** were **less likely to use non-medical or medical cannabis.**



If you or someone you know needs urgent help regarding mental health problems, Talk Suicide is a free 24/7 resource that provide professional help. Find out more information by visiting [talksuicide.ca](http://talksuicide.ca) or calling 9-8-8.

Hope for Wellness is another 24/7 helpline that offers e-chat and phone services for all Indigenous people across Canada. They offer experiences and culturally competent counsellors. Services are available in English, French, Cree, Ojibway, and Inuktitut. Find more information visit [hopeforwellness.ca](http://hopeforwellness.ca) or call 1-855-242-3310.

If you are struggling with mental health or know of someone who could use support, it is important to reach out for help. Here are some supports to share with you and your community:

- [Hope for Wellness](#)
- [Talk Suicide](#)
- [National IRS Crisis line](#)
- [Kids Help Phone](#)

**had experienced physical or verbal aggression in the past year.**

**35%** of adults **who did not use cannabis...**

**51%** of adults **who used cannabis occasionally...**

**58%** of adults **who used cannabis daily...**

**59%** of adults **who used medical cannabis...**

Are there mental health supports available in your community? How can community mental wellness supports be improved?

Experiences of physical or verbal aggression were associated with **medical and non-medical cannabis use** among adults.

If you or someone you know is need is subjected to violence and is need of support or resources, check out some of the national level resources listed below.

Are there certain patterns or levels of use, or types of cannabis, that have more positive or negative impacts on mental wellness?

# LANGUAGE and CULTURE



# Language and Culture

## YOUTH FINDINGS

Traditional physical activities included things like snowshoeing, hunting, canoeing etc.

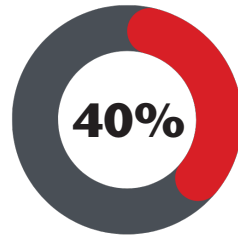
How can cultural connections for community members be strengthened? Are there ways to strengthen connection to culture for youth specifically?

What resources are available in your community that offer opportunities to participate in cultural activities?

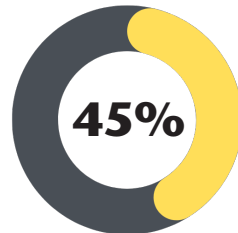
How can you promote cultural activities in your community?

If you are interested in learning more about cultural activities or ways to connect with your culture, check out some of the resources at <https://cultureforlife.ca/>.

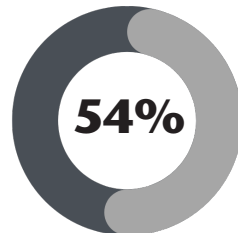
Participation in **Traditional physical activities** was **linked to cannabis use** among youth.



of youth **who did not use cannabis...**



of youth **who used cannabis occasionally...**



of youth **who used cannabis daily...**

had participated in **Traditional physical activities** within the last 3 months.

Extracurricular Traditional activities included things such as singing, drumming, dancing, etc.

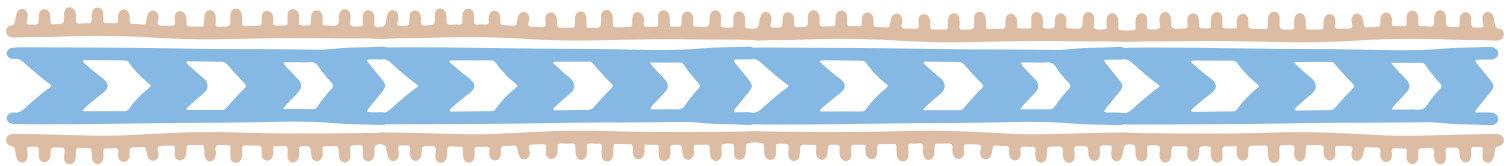
**However....**

Youth who participated in **other Traditional activities outside of school** at least once a week were **less likely to use cannabis**, compared to youth who participated less often or not at all.

How do Traditional cultural beliefs and practices affect perspectives on cannabis use in your community?

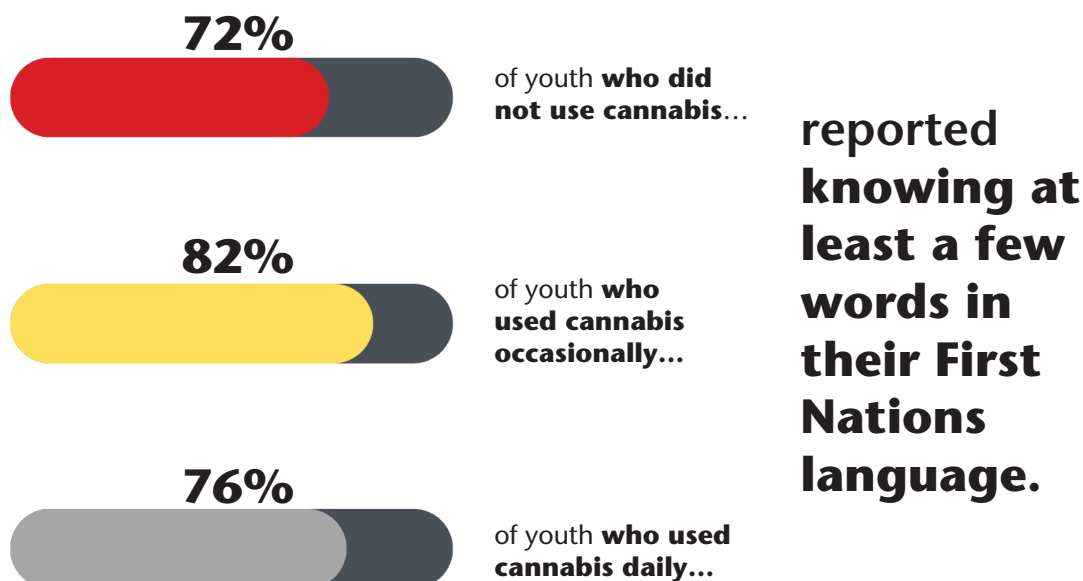
Why might physical Traditional activities be associated with cannabis use while extracurricular Traditional activities are not?



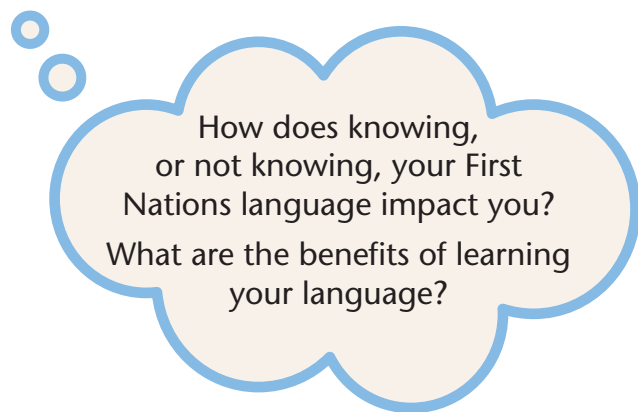


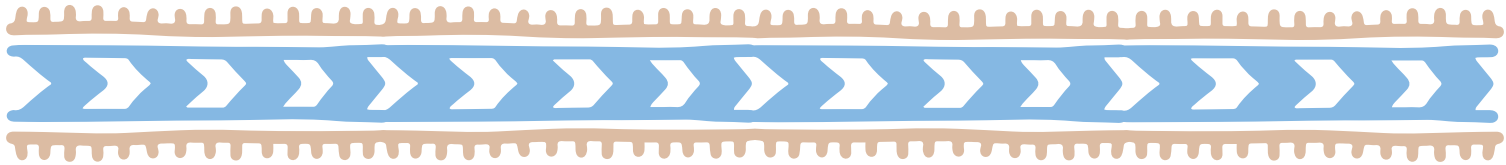
Community experts said... Individuals with strong local language skills may feel isolated outside of their community due to communication barriers. This can impact self-esteem and lead some people to use cannabis to cope with these feelings of isolation.

*"... If you're in a [community with] strong, prominent [First Nation language ability] and you're speaking the language, you go outside the community, then it, again, will affect your own personal feelings about, 'Do I fit in?'"*



Did you know... *The Indigenous Languages Act* (Bill C-91) supports Indigenous language reclamation, revitalization, maintenance, and strengthening activities. Learn more at <https://www.afn.ca/policy-sectors/languages-and-culture/>.





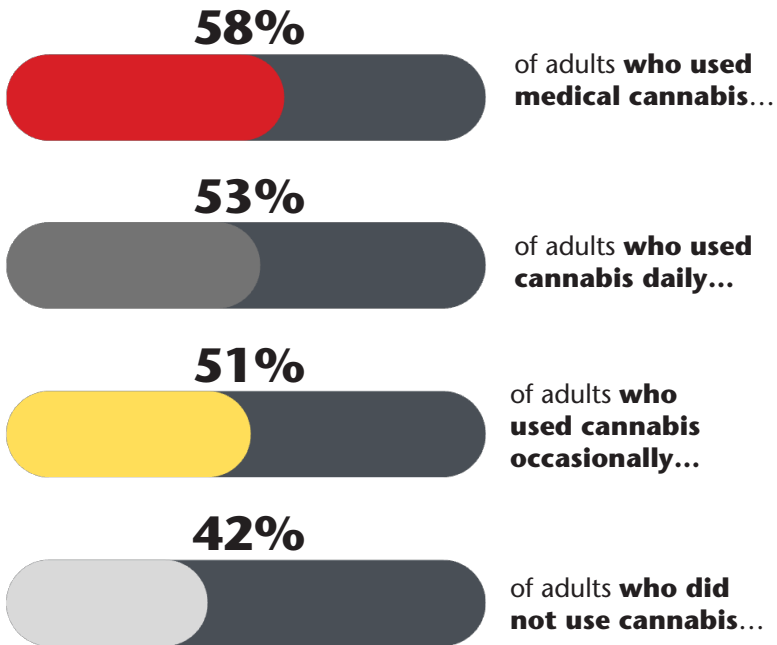
# Language and Culture

## ADULT FINDINGS

In the RHS dataset, individuals with knowledge of their First Nations language 'up to a basic level' include those who know anything from a few words to basic questions, phrases, and vocabulary.

What might explain the association between cultural connection and First Nations language ability and medical cannabis use?

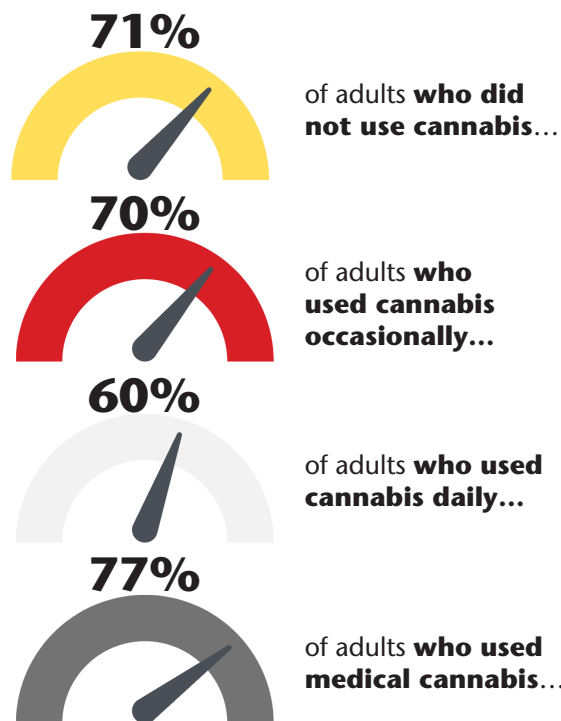
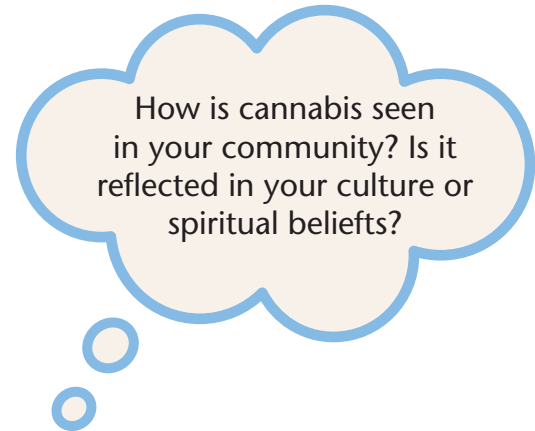
Knowledge of an individual's First Nations language, up to a basic level, was associated with medical cannabis use among adults.



reported having up to basic level of knowledge of their First Nations language.

Cultural continuity may reduce the likelihood of cannabis use, particularly when individuals are reclaiming their culture and traditional ways. Cultural continuity may positively influence Indigenous indicators of wellness such as sense of belonging and connection. Similarly, a lack of cultural connectedness may motivate cannabis use as a means of coping when those protective cultural factors are not present.

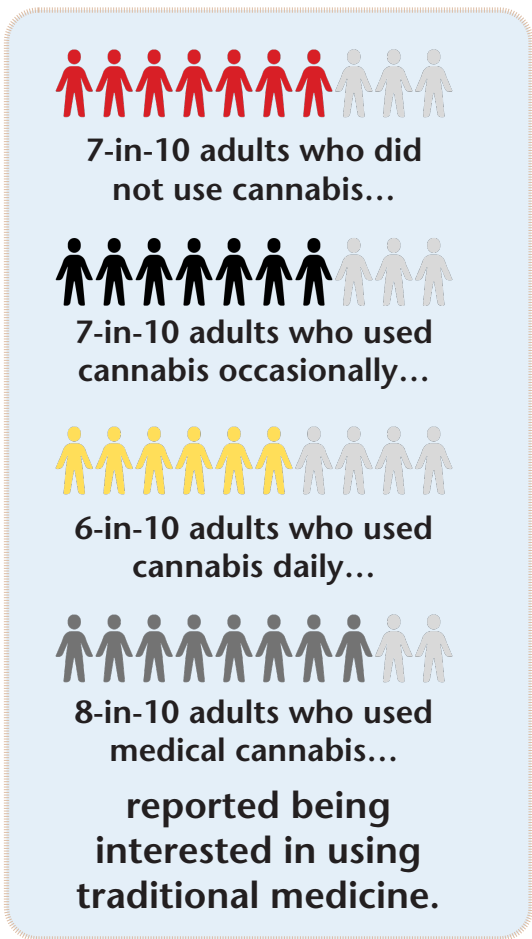
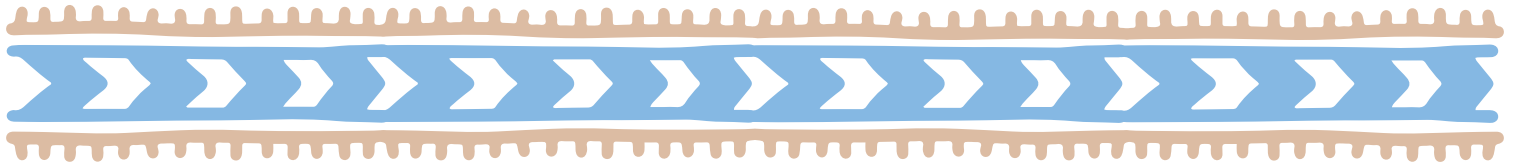
Adults who used medical cannabis were the most likely to view Traditional spirituality as important compared to adults who used cannabis non-medically or not at all.



agreed that **Traditional spirituality was important to them**



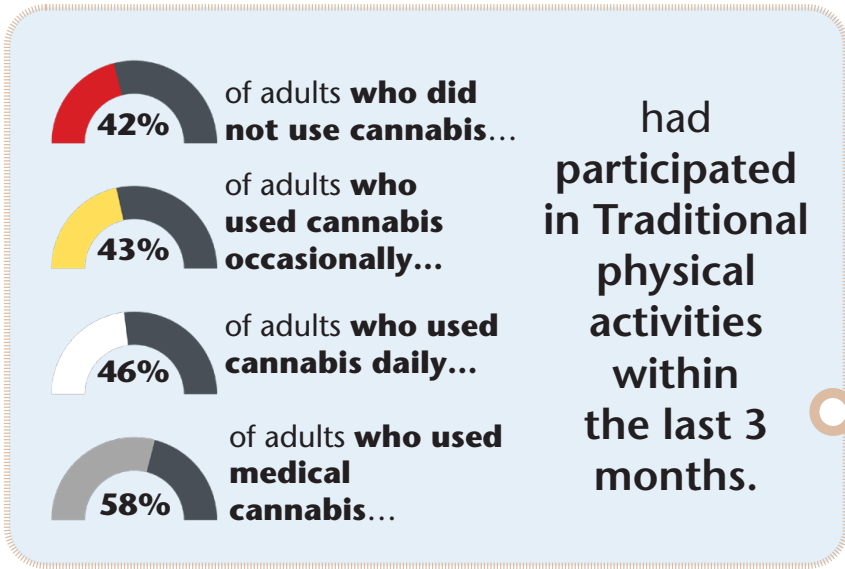
*"So some of the motivation that I've heard is because ... they're not connected to culture. And if they are, the culture may not be as prominent in their community, which leads them to start to question their identity ... And I think that when you don't know what your identity is or you can't relate to your identity in a way that feels meaningful, you're going to start to look for ways to self soothe: drinking, cannabis use. They're both in that sphere."*



**Interest in traditional medicine was linked to medical cannabis use among adults.**

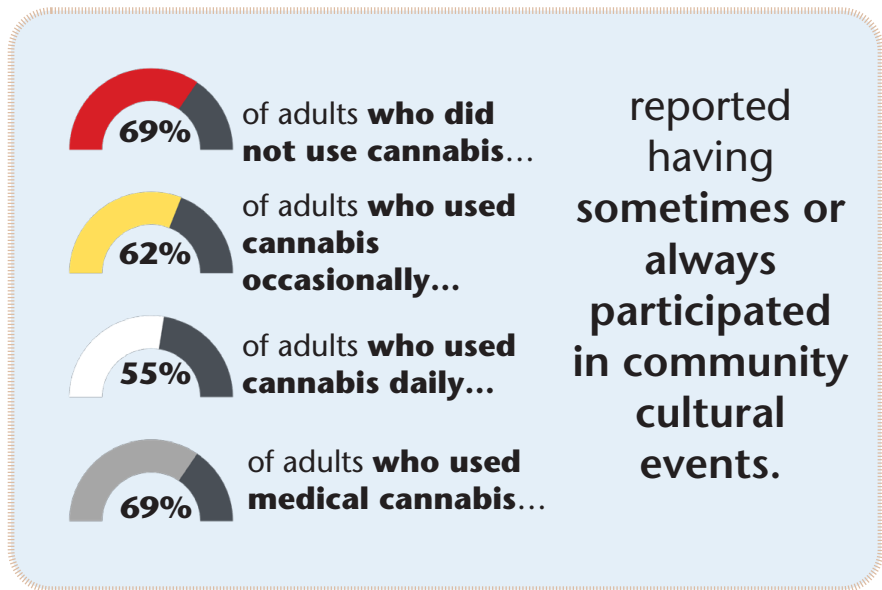
In some cultures, cannabis is viewed as a traditional medicine. If this is the case in certain communities, a strong connection to culture and Traditional ways may explain a higher likelihood of cannabis use.

Compared to adults who used cannabis non-medically or not at all, those who used **medical cannabis** were more likely to have participated in **Traditional physical activities**.



Traditional physical activities included things like snowshoeing, hunting, canoeing, etc.

Non-medical cannabis use was associated with lower participation in community cultural events.

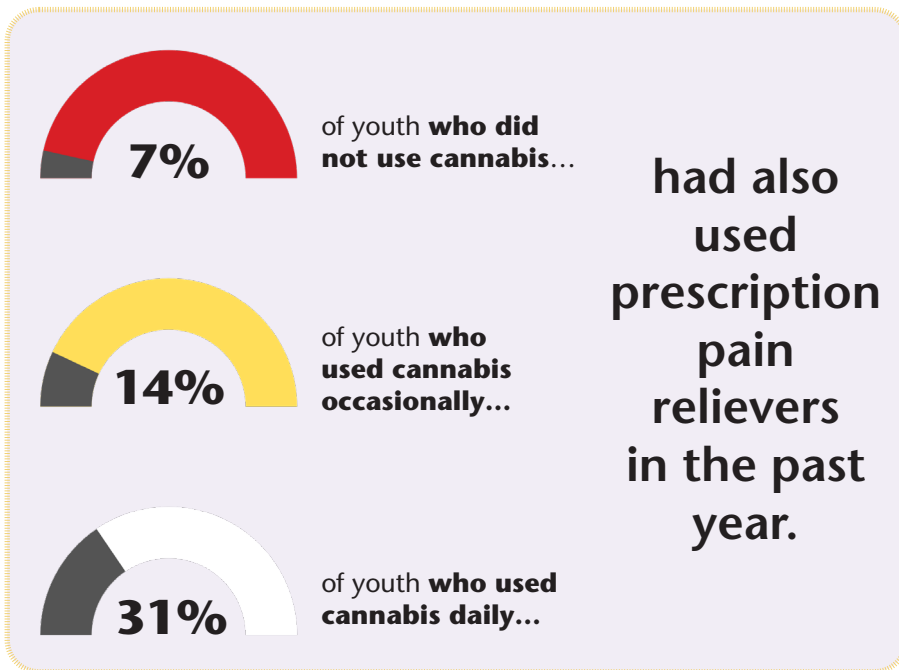


# HEALTH BEHAVIOURS



# Health Behaviours

## YOUTH FINDINGS



Why do you think the use of prescription pain relievers is associated with cannabis use?

The use of prescription-strength pain relievers containing opioids was associated with cannabis use among youth.

Examining the complex reasons why people use cannabis, the circumstances in which it is used, and the sources where it is accessed presents a more complete picture of how to understand cannabis use in the realm of substance use and health.

*“There’s different ways that people use cannabis, OK. The youth... they overdo it. They always want to try, they’re curious – and it’s normal that they should be curious – but mixed with alcohol and mixed with acid and mixed with all kinds of things – I think it’s not healthy.”*

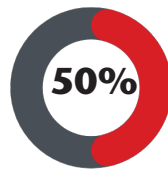
Are there any factors (individual or community) that you think contribute to substance misuse?

Misuse of prescription-strength drugs refers to taking them without a prescription, differently than prescribed, or tampering with them.

How do the risks of cannabis use compare to the risks of using other substances?

## Prescription drug misuse was associated with cannabis use in the past year among youth.

Among youth who had used prescription-strength pain relievers, stimulants, or sedatives...



of youth **who did not use cannabis...**

had engaged with some form of prescription drug misuse in the past year.



of youth **who used cannabis occasionally...**



of youth **who used cannabis daily...**

Other illicit drugs include psychedelics, cocaine, MDMA, etc.

Wellness Together Canada is a national resource that can offer 24/7 access to resources for mental health and substance use support. Find more information [here](#), or text WELLNESS to 741741 for immediate crisis support.

## Youth who did not use cannabis were less likely to use other illicit drugs.

**Community experts said...**  
Perceptions of cannabis as a gateway drug are oversimplified: Cannabis use does not necessarily lead to other drug use, but it may be used to cope with problems along with, or in place of, other illicit substances.



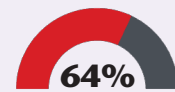
of youth **who did not use cannabis...**

had also abstained from other illicit drug use in the past year.

in comparison to...



of youth **who used cannabis occasionally...**



of youth **who used cannabis daily...**



What are some consequences of addiction/cannabis use dependency disorder?

# Health Behaviours

## ADULT FINDINGS

One community expert spoke about the use of cannabis for leisure, or as an emotional numbing substance, and the potential for long-term cannabis addiction:

*“Long term, I’ve seen impacts of cannabis users being addicted. They could quit everything else but cannabis. So it’s an addiction. It could be an addiction, an addictive habit.”*

Other community experts felt that important context was missing from this finding, instead presenting cannabis use as a form of harm reduction. This reflection frames cannabis use as a coping tool that can be used in place of potentially more harmful substances and behaviours.

*“Actually, their cannabis use is their way of coping that is a relatively harmless or helpful way to deal with life circumstances that, for a variety of reasons, unfortunately, are quite challenging. And sometimes maybe it’s not called a strength-based solution, but it is a way of coping that’s not as harmful as other options.”*

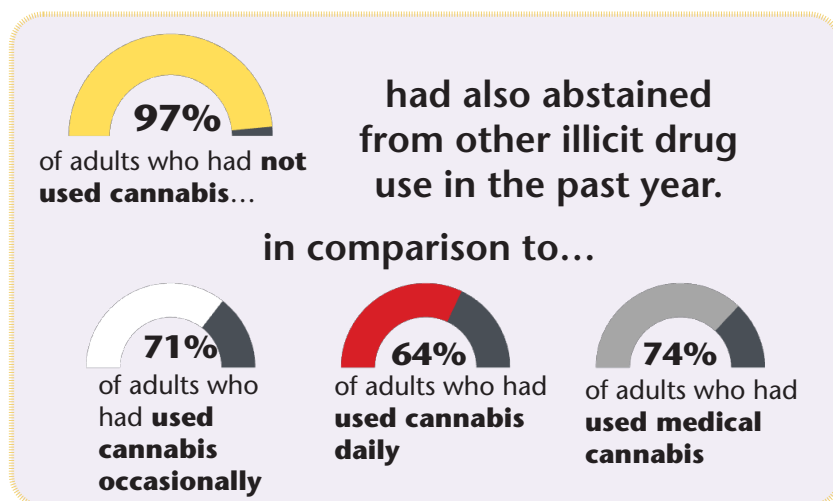
Other illicit drugs include psychedelics, cocaine, MDMA, etc.

What underlying mental or wholistic health factors might contribute to substance use, and are there supports to address these in the community?

How can addiction to cannabis or other substances be avoided?

Compared to adults who used non-medical cannabis daily, those who used medical cannabis were less likely to use other illicit drugs. Why do you think this is?

Adults who **did not use cannabis** were **less likely to use other illicit drugs.**





**20%** of adults **who did not use cannabis...**



**37%** of adults **who used cannabis occasionally...**



**32%** of adults **who used cannabis daily...**



**41%** of adults **who used medical cannabis...**

**had used prescription pain relievers in the past year.**

**Adults who used non-medical or medical cannabis were more likely to also use prescription-strength pain relievers containing opioids.**

Do you think can cannabis be used as a safe alternative to prescription pain relievers?

How can the risks and harms of prescription drugs and cannabis be minimized?

**Although most adults who used prescription drugs did not tamper with them (e.g., crush, snort, etc.), tampering with prescription drugs was associated with non-medical and medical cannabis use.**

**Among adults who had used prescription-strength pain relievers, stimulants, or sedatives...**

**96%** of adults **who did not use cannabis...**

**90%** of adults **who used cannabis occasionally...**

**67%** of adults **who used cannabis daily...**

**78%** of adults **who used medical cannabis...**

**had NOT tampered with prescription medication in the past year.**

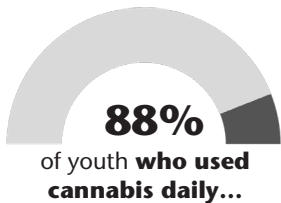
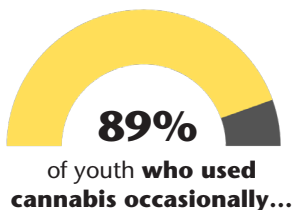
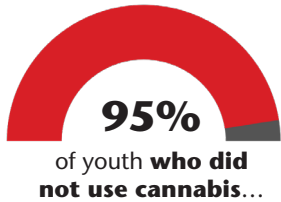
# HEALTH and HEALTH CARE



# Health and Health Care

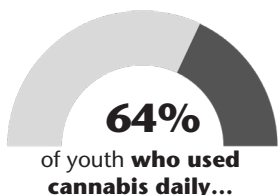
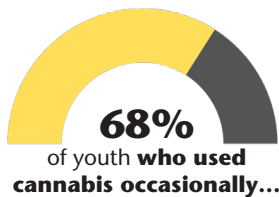
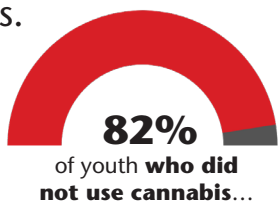
## YOUTH FINDINGS

Abstaining from cannabis use was linked to better self-rated health among youth.

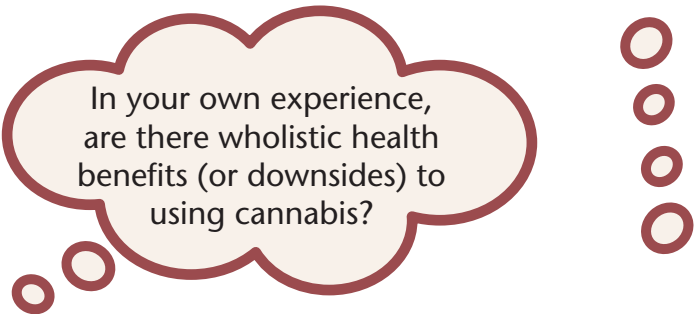
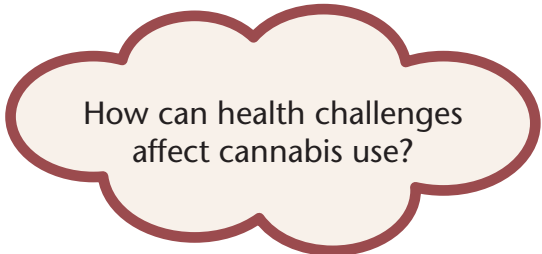


rated their general health as good, very good, or excellent.

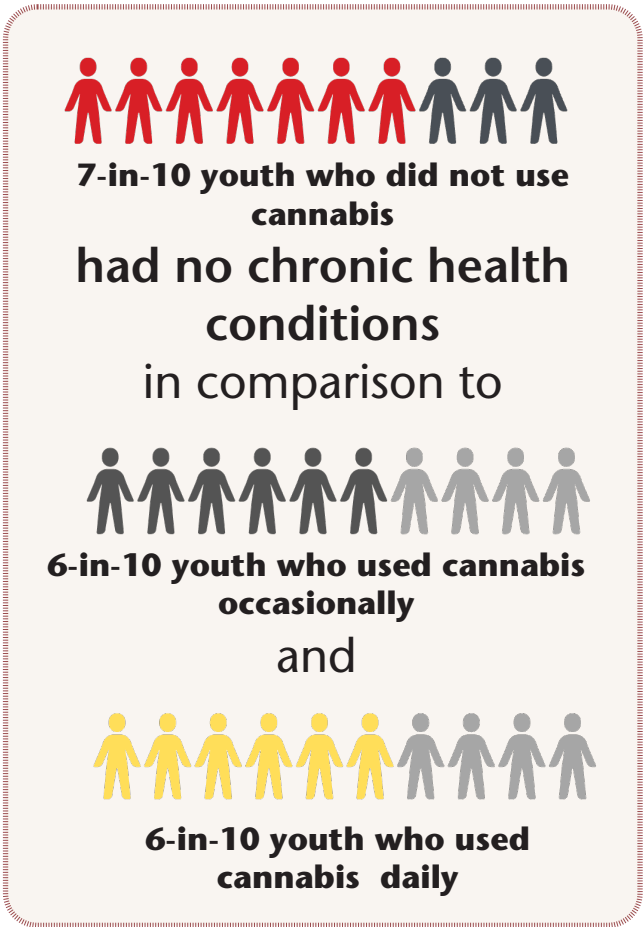
Youth who had not used cannabis in the past year were less likely to have accessed a mental health service at some point in their lives.



had never accessed a mental health service.



Youth who had used cannabis in the past year were more likely to report having chronic health conditions.



# Health and Health Care

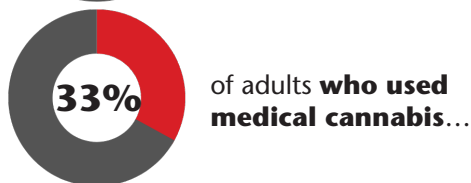
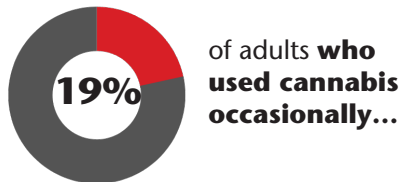
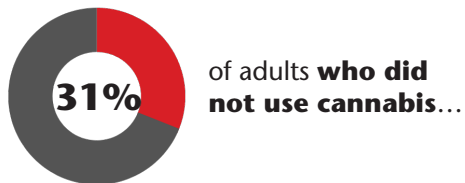
## ADULT FINDINGS

The presence of chronic health conditions, and particularly conditions that can potentially be treated with cannabis, was a reported motivator for cannabis use among First Nations individuals.

Community experts suggested that medical cannabis may be especially therapeutic when used to treat nausea during cancer treatments and for chronic pain caused by various conditions. Some individuals may turn to medical cannabis use when more mainstream health supports are insufficient.

*“And I think about some of the older people that I know that live in First Nations and the medicines – the pharmaceutical medicines – that are provided are usually not enough to reduce the pain. And so a lot of them turn to cannabis to reduce that pain because they find that the nurse or the clinic isn’t willing to listen to their pain and thinks that their threshold is higher or something.”*

Having **multiple health conditions** was most likely among adults who used **medical cannabis** in the past year.

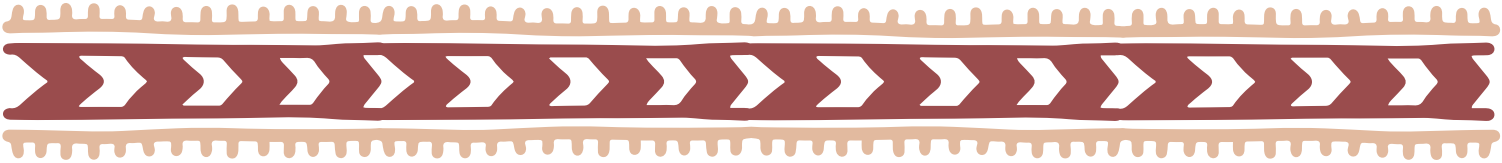


How can non-medical or medical cannabis use affect health?

reported having **three or more long-term health conditions.**

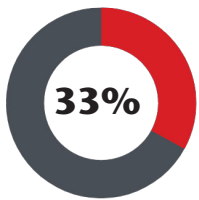
Adults who rated their health as good, very good, or excellent were less likely to use non-medical or medical cannabis in the past year.

How can adults who use medical cannabis be better supported in navigating health care access difficulties and getting the care they need?

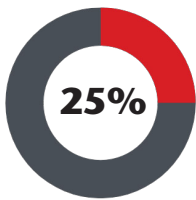


Compared to those who used cannabis non-medically or not at all, adults who used **medical cannabis** in the past year were the **most likely to have chronic health conditions** for which **medical cannabis may have therapeutic benefit.**

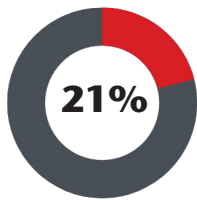
However, having other chronic health conditions only—conditions for which cannabis is not considered to have possible therapeutic benefit—was not associated with non-medical or medical cannabis use.



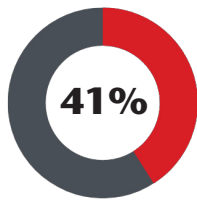
of adults **who did not use cannabis...**



of adults **who used cannabis occasionally...**



of adults **who used cannabis daily...**



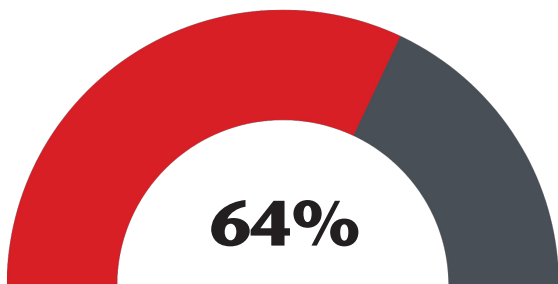
of adults **who used medical cannabis...**

**reported having one or more of these conditions.**

Healthcare access barriers include things like cost, availability, transportation, etc.

Is stigma surrounding non-medical or medical cannabis use a barrier when accessing health care?

Chronic health conditions which may have therapeutic benefit from cannabis include Alzheimer's Disease or any other dementia; Anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder; Arthritis (excluding fibromyalgia); Cancer; Chronic back pain, excluding arthritis; Epilepsy; HIV/AIDS; Neurological disease (e.g., Parkinson's, Huntington's, multiple sclerosis, etc.); and Stomach and intestinal problems.

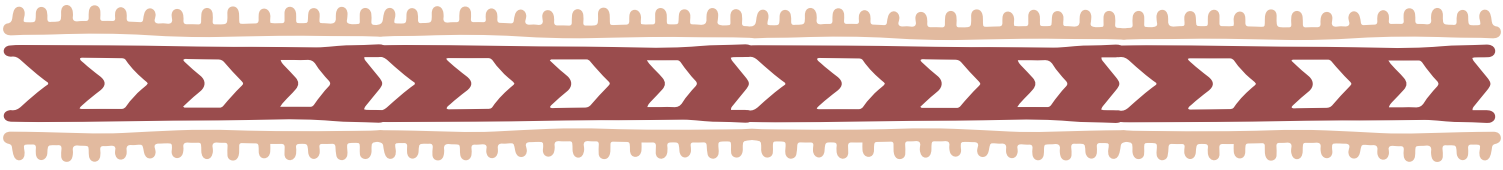


**of adults who used medical cannabis and needed health care in the past year reported experiencing healthcare access barriers**

compared to **53% of adults who did not use cannabis**

**50% of adults who used cannabis occasionally**

**48% of adults who used cannabis daily**



Is it possible that some community members use medical cannabis for conditions that may have better, but inaccessible, treatments?

Among adults who reported needing health care in the past year, a **higher percentage of adults who used medical cannabis had experienced barriers to accessing health care**, compared to those who did not use cannabis or who used non-medical cannabis.

Community experts suggested that adults may be exploring the use of CBD oil to support their physical health, noting that it is a more natural alternative to pharmaceutical options.

*"I know some older adults who take medical cannabis for pain in the form of CBD oil, as it may be more natural, with fewer side effects, compared to opioids and other pharmaceutical options."*

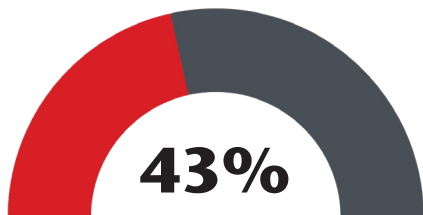
This suggests the potential of medical cannabis to provide an alternative to long-term pharmaceutical drug use for health issues.

Are there ways to use medical cannabis that maximize benefit for health issues and minimize harms/risks to health?

Can other wellness resources complement or replace cannabis to treat health issues, and what are the benefits and drawbacks to these?

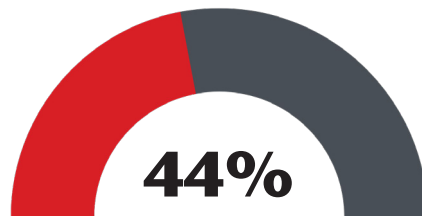
**Medical cannabis use was associated with traditional medicine use and with having consulted a Traditional Healer.**

Is it possible for medical cannabis use to be compatible with traditional medicine and healing practices?



**43%**  
**of adults who used  
 medical cannabis also used  
 traditional medicine in the  
 past year.**

compared to  
 36% of adults who had not used cannabis  
 29% of adults who used cannabis  
 occasionally  
 25% of adults who had used cannabis daily



**44%**  
**of adults who used medical  
 cannabis in the past year had also  
 consulted a Traditional Healer at  
 some point in their lives.**

compared to  
 38% of adults who had not used cannabis  
 35% of adults who used cannabis  
 occasionally  
 31% of adults who had used cannabis daily

Community experts said individuals may seek out both mainstream and traditional health services when already using cannabis for their health concerns. The association between medical cannabis use and use of health services may be due to existing health concerns. Medical cannabis use could be an indicator that individuals are not receiving appropriate mainstream or traditional services, turning to cannabis in place of other forms of therapy or pain relief.



Cannabidiol (CBD) is one of hundreds of chemical substances contained in the cannabis plant. CBD is not intoxicating and may reduce some effects of tetrahydrocannabinol (THC), another substance contained in the cannabis plant that does have intoxicating effects.



## Additional Resources

Looking for more information on this issue? Check out FNIGC’s website to read the full report: <https://fnigc.ca/wp-content/uploads/2024/06/FNIGC-Research-Series-Cannabis-MW-3.pdf>

### History of Cannabis in Canada

<https://youthrex.com/whats-with-weed/history-of-cannabis-canada/>

### Legalization of Cannabis in Canada

<https://www.justice.gc.ca/eng/cj-jp/cannabis/>

### Canada’s Lower-Risk Cannabis Use Guidelines

[https://www.camh.ca/-/media/files/lrcug\\_professional-pdf](https://www.camh.ca/-/media/files/lrcug_professional-pdf)

Some additional resources about Cannabis use in your area:

Laws around cannabis sales, distribution, possession, and use differ by province and territory. In the map below, links for more information on these, plus additional information promoting safe, legal, and responsible choices, can be found for each region. Your community may have its own laws and cannabis information resources as well!

British Columbia: <https://www2.gov.bc.ca/gov/content/safety/public-safety/cannabis>

Alberta: <https://www.alberta.ca/cannabis-legalization.aspx>

Saskatchewan: <https://www.saskatchewan.ca/government/cannabis-in-saskatchewan>

Manitoba: <https://www.gov.mb.ca/cannabis/index.html>

Ontario: <https://www.ontario.ca/page/cannabis>

Quebec: <https://encadrementcannabis.gouv.qc.ca/en/>

Newfoundland: <https://www.gov.nl.ca/cannabis/>

New Brunswick: <https://www2.gnb.ca/content/gnb/en/corporate/promo/cannabis.html>

Nova Scotia: <https://novascotia.ca/cannabis/laws/#:~:text=You%20can%20only%20buy%20cannabis,the%20Nova%20Scotia%20Liquor%20Corporation.>

P.E.I.: <https://www.princeedwardisland.ca/en/topic/cannabis>

Yukon: <https://yukon.ca/en/find-out-what-government-doing-about-cannabis>

Northwest Territories: <https://www.ntlcc.ca/en/cannabis>

Nunavut: <https://nulc.ca/cannabis.aspx>

- The Thunderbird Partnership Foundation is a non-profit organization that is committed to working with First Nations to further the capacity of communities to address substance use and addiction. They promote a wholistic approach to healing and wellness that values culture, respect, community, and compassion. Their top priority is developing a continuum of care that would be available to all Indigenous people in Canada. Resources on mental wellness, substance use, and other aspects of wholistic wellness can be found on their website: <https://thunderbirdpf.org/>
  - Check out The Thunderbird Partnership Foundation’s Cannabis Toolkit resource. This is another resource that supports healthy conversations around Cannabis in First Nations communities.
- The First Nations Mental Wellness Continuum (FNMWC) is a national framework that addresses mental wellness among First Nations in Canada. It identifies a continuum of services needed to promote mental wellness and provides advice on policy and program changes that will enhance First Nations mental wellness outcomes. This enables communities to adapt, optimize, and realign their mental wellness programs and services based on their own priorities: <https://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/>
- The National Association of Friendship Centres includes Centres offering wholistic wrap-around support including mental health programs alongside broader kinship and community services. Friendship Centres can help connect you with Elders and other supportive services: <https://nafc.ca/resources/mental-health>
- The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. A variety of mental health resources and tools can be found on their website: <https://mentalhealthcommission.ca>
- The Supporting Indigenous Language Revitalization (SILR) Project seeks to provide support for community-led Indigenous language revitalization efforts through the coming generations. A list of resources and initiatives for individuals and communities interested in language revitalization can be accessed on their website: <https://silr.ca/>





