

# NATIONAL CANNABIS DIALOGUE

# REPORT

2019



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\* The Thunderbird Partnership Foundation is the business operating name of the organization, while the National Native Addictions Partnership Foundation is the corporate name used for financial and legal aspects of operating the organization. Both names are registered.

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# INTRODUCTION

The Cannabis Dialogue project is a response to the national legalization of recreational cannabis across Canada. On October 17, 2018 the Canadian government legalized cannabis use for adults who are 18 years of age or older with the following objectives:

- Keep youth safe from potential harms of early cannabis use
- Make a safe and responsible production system
- Design a distribution system that produces the least harm to all
- Reduce strain on the criminal justice system
- Expand scientific knowledge, particularly for medical use

Provinces, territories, and First Nations communities have the authority to raise but not lower the minimum age of use.<sup>1</sup>

The legalization of cannabis will impact and change health and wellness practices in First Nations communities. To help alleviate these impacts it is important to ground these changes in community strengths and ways of seeing, knowing, being, and doing. Addressing these complex issues collaboratively will support dialogue, information sharing, and education that are framed within the historical and current context of First Nations communities and the social determinants of health.

Prior to cannabis legalization, according to the Addictions Management Information System (AMIS), adults entering treatment for cannabis use is 64%, and use is almost equal between female and male (Thunderbird Partnership Foundation, 2018, p. 27). For First Nations youth ages 12 to 17 years entering treatment, cannabis use is the number one substance used, with 92% of youth that report using cannabis on a frequent basis (Thunderbird

Partnership Foundation, 2017, p. 24). According to the First Nations Information Governance Centre (n.d.), cannabis is used daily or almost daily by 12.4% of First Nations adults, and it is higher among men at 16.9% compared with 7.8% of women.

For more information about the legalization and effects of cannabis on the human body, please see *Legalized Cannabis: The Pros and Cons for Indigenous Communities*. This document provides a synopsis of the potential impacts legalization could have on Indigenous communities and, provides a brief introduction to the impacts on the body. (Thunderbird Partnership Foundation, 2018).

Starting dialogue about the potential risks and benefits of cannabis use is important, especially around ways that will reduce risk in the areas of mental health, addictions, youth, and pregnancy. In First Nations communities, there continues to be limited to no access to public health resources surrounding cannabis. Additionally, access to resources and services that are trauma-informed are fragmented, causing disruptions in the continuum of care. Thunderbird initiated regional cannabis dialogue sessions with First Nations across Canada to help address this gap and to support strength-based approaches that will assist in the development of community policy and programs rooted in community beliefs and values.

Evidence from nationally aggregated data in 2017/2018 shows that adults in NNADAP (National Native Alcohol and Drug Abuse Program) treatment centres who participated in culturally based treatment interventions had an increase in wellness demonstrated by a sense of improved Hope, Belonging, Meaning, and Purpose over time. This evidence (Thunderbird Partnership Foundation, 2018, p.27) demonstrates that reconnecting with one's culture and supporting the inherent gifts of individuals, families, and community can improve wellness.

<sup>1</sup> See Appendix 1 for a list of minimum age of use by region.



## Regional Dialogue Sessions

The regional dialogue sessions were intended to provide factual information surrounding cannabis legalization and capture the authentic voice and diversity of First Nations across Canada that will support strength-based policy and program development for community wellness strategies.

The Regional Cannabis Dialogue is a project funded by the Cannabis Legalization and Regulation Secretariat of Health Canada. The nationally coordinated dialogue sessions were the result of requests from First Nations across the country that want to support individuals, families, and communities as they prepare for legalization in Canada. The Thunderbird Partnership Foundation was chosen to lead this dialogue process by drawing from its two foundational frameworks, the Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada (HOS) and the First Nations Mental Wellness Continuum (FNMWC) Framework (Assembly of First Nations et al., 2011; Health Canada, 2015a).

The HOS and FNMWC represent a comprehensive and culturally grounded approach that captures the solutions, needs, and strengths to achieve wellness that are shared by First Nations across Canada. The two frameworks outline a continuum of care to support strengthened

community, regional, and national responses specific to substance use issues, recognizing that collaboration among these partners is necessary to address Indigenous determinants of health. The continuum of care is intended to guide the delivery, design, and coordination of services at all levels of the program.<sup>2</sup>

Thunderbird's role in the Regional Cannabis Dialogue project is to support the increase of community knowledge and dialogue about cannabis by providing factual information to First Nations people and communities across Canada so they can plan how to reduce harms, especially to vulnerable populations. The project was developed to engage ten regions across Canada to host focus groups that would represent people from social determinants of health across the lifespan, including, but not limited to, community members, Elders, youth, health and wellness workers, leaders, police, education, and child welfare workers.

Regional reports have been developed for each focus group, emphasizing strengths and ways to support the capacity of First Nations communities to achieve wellness. Each regional report and its outcomes and recommendations are combined into one national report that shares community voices and priorities to guide public health and educational approaches in First Nations.

## Mission Statement

Our mission was to **facilitate dialogue and explore perspectives for reducing the potential harms** linked to cannabis legalization within First Nations communities in Canada.

## Project Objectives

Through collaboration with regions and regional participants, the Thunderbird Partnership Foundation gathered and summarized community strengths and recommendations that would support the development of culturally relevant public health and educational tools.

The Thunderbird Partnership Foundation achieved the project objectives through the following actions:

- Presented and applied evidence from a First Nations community perspective using webinars and presentations
- Discussed and identified community priorities related to cannabis
- Developed and shared public health and educational tools related to cannabis

<sup>2</sup> For more information on the HOS and FNMWC frameworks, visit <http://thunderbirdpf.org/nnapf-document-library/>

# STARTING THE CONVERSATION

Before the focus group sessions, Thunderbird held informational webinar presentations to provide a good starting point for understanding cannabis and to generate questions and thoughts before the focus group session. In addition to the webinar presentations, several cannabis-related tools were provided, including the Cannabis Dialogue Tools<sup>3</sup> as well as the Cannabis Brief (Thunderbird Partnership Foundation, n.d.).

Throughout the focus group sessions, respect was shown in combination with the following Four Principles of Dialogue to guide each focus group:

1. Affirm and generate harmony
2. Extend respect for autonomy of others
3. Encourage cooperative co-existence
4. Value honesty in relationship

## Dialogue Topics and Participants

Ten regional dialogue sessions were held across Canada between May and November of 2018. A target of 30 participants were invited among sectors of Indigenous determinants of health including but not limited to; leadership, child welfare, justice, education, schools, youth, NNADAP, and NYSAP (National Youth Solvent Abuse Program) treatment centers. Across all regions, an average of 77% participation was achieved. Participation was influenced by a number of factors including but not limited to, seasonal availability and prior engagements at the time of scheduling. Further to the focus groups, Thunderbird Partnership Foundation also answered requests for additional

education sessions from First Nations communities, as well as regional and national First Nations political organizations. These requests were fulfilled through in-person or webinar presentations and reached at least another 500 people.

In each region two to four focus groups were conducted within individual dialogue session. Most of the sessions were held over a two-day period and consisted of four focus groups. Regional dialogue sessions that were held over a one-day period consisted of two to three focus groups that were based on availability in those regions.

**Table 1: Participants by Region**

Region	Number of Participants
North Atlantic	12 (English)
South Atlantic	22 (English)
Quebec	35 (English), 23 (French)
Ontario <sup>4</sup>	15 (English)
Manitoba	8 (English)
Saskatchewan	24 (English)
Alberta	22 (English)
British Columbia	31 (English)
Yukon	15 (English)
Northwest Territories	25 (English)
<b>Total Participants</b>	<b>232</b>

3 - See Appendix 2.

4 - At least 7 First Nations, representing 175 participants, participated in a cannabis workshop or panel presentation rather than a full-focused dialogue session.



The following focus group topics and questions were developed and presented at each dialogue session:

### **1. Holding Effective Community Conversations about Cannabis**

1. What are your cultural practices for dialogue? For example, talking circles.
2. What cultural protocols should be observed in dialogue? For example, prayer, use of medicines for smudge, sacred fire, water, food, how the circle is conducted, and instruments to support sharing such as an eagle feather or talking stick.
3. What supports do you need in your community to apply cultural practices and protocols? Consider your community strengths and challenges; for example, securing Elders to facilitate a circle, identifying space to hold a circle, and providing knowledge/training for workers.
4. Identify who needs to be part of the dialogue; for example, community members, specialists, and police.
5. How do we engage youth, pregnant women, people with addictions challenges, or people with mental health challenges?

### **2. Defining and Identifying Community Needs in Addressing the Community Impacts of Cannabis Legalization**

1. What are the current community needs regarding the legalization of cannabis?
2. What is your community doing to prepare for cannabis legalization?
3. What are the best ways to reduce potential harms or challenges linked to cannabis legalization in your community?
4. What educational tools about cannabis would be best to support your community? How should these be made available to members, specifically for youth, pregnant women, people with addictions, and people with mental health challenges?

### **3. Mental Health, Wellness, and Cannabis**

1. How do we improve dialogue with those who experience mental health challenges?
2. Can cannabis play a role in harming or maintaining mental health? Why or why not?
3. How can communities overcome mental health stigmas that impact vulnerable populations?
4. What tools are necessary to improve mental wellness?

### **4. Youth and Impacts of Cannabis Legalization**

1. How can youth have better dialogue with each other?
2. What do you know about the potential risks of cannabis use for young people?
3. Why do you think some youth would use or not use cannabis?
4. How can your community have better dialogue with youth?

# Indigenous Community Cannabis Survey

The Indigenous Community Cannabis Survey<sup>5</sup> was developed, in English and French, to gather thoughts and opinions regarding cannabis within each region. It was structured in adherence to the Ownership, Control, Access, and Possession (OCAP)<sup>®</sup> Principles of data collection.<sup>6</sup> This survey was used to better understand community strengths and opportunities to enable preparation for cannabis legalization through the perspectives of Indigenous youth (18–25 years) and adults (26+ years). The Cannabis Survey was conducted, online and in print, anonymously and took approximately 5 to 10 minutes to complete. Over the course of the Regional Cannabis Dialogue project from May to November 2018, 229 adult surveys and 27 youth surveys were completed. The information collected was used to produce statistics specific to Indigenous needs, and Cannabis Resources and Tools will be created from the feedback indicated.

Based on the information gathered from the Indigenous Community Cannabis Survey and focus groups, it is clear that there is a need for the development of cannabis resources and tools that are rooted in Indigenous ways of knowing and doing. Developing these tools using a public health approach is key to supporting communities and community members. A public health approach focuses on the inherent strengths of individuals, families, and communities as well as the right to make informed health and wellness decisions. These resources and tools intend to help bridge the gap in accessibility to cannabis related information to First Nation communities. By using this approach Thunderbird aims to aid in the development of inclusive policies that reduce the potential harms and maximize the potential benefits of cannabis as each community sees fit.

## CONNECTING TO THE FIRST NATIONS MENTAL WELLNESS CONTINUUM (FNMWC) FRAMEWORK

The Thunderbird Partnership Foundation led this project using the First Nations Mental Wellness Continuum (FNMWC) Framework as a guide. The Framework was developed in collaboration with the Assembly of First Nations, First Nations Inuit Health Branch of Health Canada, the National Native Addictions Partnership Foundation, and other community mental health stakeholders with the aim of supporting all individuals across the lifespan, including those with multiple and complex needs. Grounded in culture and the Indigenous social determinants of health, the model also incorporates the Indigenous Wellness Framework, which refers to the interconnection among spiritual, emotional, mental, and physical wellness that is demonstrated by an individual's Hope for the future, sense of Belonging, sense of Meaning, and Purpose in life.

The FNMWC represents a culturally grounded approach to support strengthened community, regional, and national responses specific to substance use issues, recognizing that collaboration among these partners is necessary to address the broad spectrum of the social determinants of health. The FNMWC Framework is intended to guide the delivery, design, and coordination of First Nations services and aims to enhance coordination among various systems. Feedback and recommendations provided by the participants in the focus groups were organized under the five FNMWC key themes (Health Can-

5 - See Appendix 3.

ada, 2015a), which support strength-based and culturally safe policy and program change for community planning around cannabis.

1. Culture as the foundation
2. Community development, ownership, and capacity building
3. Quality care system and competent service delivery
4. Collaboration with partners
5. Enhanced flexible funding

One of the many ways that the FNMWC can be used to support the wellness of individuals, families, and communities is through dialogue. Using this shift in thinking when holding dialogues gives an opportunity for all voices to be heard. This encourages community leadership to consider the impacts of decisions about cannabis across the lifespan as well as on multiple sectors of the community, such as education, housing, programming, and planning.

In a related project called "Let's Talk Cannabis," Thunderbird partnered with the Canadian Institute for Substance Use Research and the University of Victoria to support First Nations capacity for dialogue on cannabis. The

6 - The OCAP<sup>®</sup> Principles are a set of standards that establish how First Nations data should be collected, protected, used, or shared and are now the Canadian standard for how to conduct research affecting First Nations people.



# FOCUS GROUP RESULTS

This report provides an overview of participant feedback regarding the impacts of cannabis legalization on First Nations communities. Feedback provided during focus groups was recorded in field notes and carefully summarized by Thunderbird researchers to reflect the authentic voice of participants. As mentioned earlier, the feedback and recommendations given by participants were organized under the five FNMWC key themes, which support strength-based policy and program change for community planning around cannabis.

Throughout the data collection process, several important recommendations were identified by participants that span across all five key FNMWC themes. Firstly, it was noted that First Nations communities should be consult-

ed prior to the development of cannabis-related legislation. This is especially crucial as federal government plans to develop legislation surrounding cannabis edibles in 2019. Including First Nations communities, involvement of other stakeholders and organizations in this discussion is critical in maximizing the benefits and reducing the impacts of cannabis legalization in First Nations communities. Participants also expressed a strong need for further face-to-face cannabis-related education. This need was reiterated by many participants who explained that many communities currently have little to no access to cannabis-related educational material or resources.

Focus group feedback and recommendations are provided under the following FNMWC key themes.

## Culture as Foundation

The FNMWC emphasizes that culture is the foundation for holistic wellness. The Framework states,

When culture is considered the foundation, all First Nations health services can be delivered in a culturally relevant and safe way. The result of this conceptual shift will be policies, strategies, and frameworks that: are relevant to local community contexts; recognize the importance of identity and community ownership; and promote community development.  
*(Health Canada, 2015a, p. 33)*

Throughout the focus group dialogues, many participants expressed that culture be foundational to cannabis-related community activities and services such as educational workshops or treatment programs. Participants also expressed the importance of ensuring Elders, language speakers, or knowledge keepers are present to support community dialogue related to cannabis. Additionally, while many participants emphasized the importance of culture, they also acknowledged that not all community members engage in traditional practices. The importance of promoting inclusive environments respectful of the beliefs and values of all community members was also emphasized by participants.

## Recommendations

1. Ensure culture is the foundation for community activities and services surrounding cannabis, such as educational workshops and treatment programs
2. Ensure Elders, language speakers, or knowledge keepers are present to support dialogue on the impacts of cannabis legalization
3. Promote safe environments inclusive and respectful of the beliefs and values of all community members

*Survey results also support the importance of using culture as a foundation as participants indicated that First Nations culture-based practices are important in supporting youth cannabis education.*

## Community Development, Ownership, and Capacity Building

The FNMWC outlines community development, ownership, and capacity building as:

Sustainable and effective community development initiatives involve community capacity building and a strong focus on inherent strengths within First Nations communities . . . Community ownership ensures that the continuum of mental wellness programs and services for First Nations are relevant, effective, flexible, and based on community needs and priorities.

*(Health Canada, 2015a, p. 38)*

The importance of developing community-based policies regarding cannabis was often mentioned by the participants throughout the focus group dialogues. Participant suggestions for community-based policies include identification of where community members can or cannot smoke, land-use policies related to cannabis shops, as well as community-based minimum age requirements. Also frequently noted was a need for the development of community-based human resource policies, particularly relating to workplace guidelines and cannabis use.

The importance of including all community members in cannabis-related discussions and decision making was emphasized. Participants suggested promoting participation of all community members through personalized invitations and home visits. Another suggestion was providing anonymous methods of communication, such as a suggestion box, which could increase community participation and input. Creating physical safe spaces and extending hours to increase community access were also emphasized.

### Recommendations

1. Develop and support community-based policies and initiatives to reduce the impacts of cannabis legalization on community wellness (e.g., develop policies regarding where one can and cannot smoke and any change in minimum age of use)
2. Develop community-based human resource policies, particularly regarding cannabis use and the workplace
3. Include all community members in cannabis-related dialogue and decision making
4. Encourage participation in community dialogue and activities by extending personalized invitations through home visits
5. Provide anonymous methods of communication to facilitate community feedback (examples include suggestion boxes and virtual forums)
6. Increase community access to physical safe spaces, such as an existing gathering place, and extend hours of programs and services

*Survey results also suggest that a number of community supports are important in promoting non-use. For example, when asked what influences a youth to decide not to use cannabis, participants indicated a number of factors including, but not limited to, community and family activities, community wellness programs/initiatives, land-based activities, and recreation and sport activities.*

## Quality Care System and Competent Service Delivery

The FNMWC describes a quality care system and competent service delivery as

Mental Wellness depends on access to a full spectrum of culturally competent supports and services. It is essential that the continuum of services be located within a quality care system and that the services and supports be of high quality and culturally competent. First Nations organizations, provincial, territorial, and federal governments, and other key partners will need to work together to achieve this standard.

*(Health Canada, 2015b, p. 7)*

Discussion on the importance of providing culturally centred cannabis education for individuals, families, and communities with a focus on specific population groups such as youth, Elders, front-line workers, and pregnant women was significant among all focus groups. Participants noted the importance of having access to physical educational materials, such as brochures, flyers, and social media. They also suggested using social media as a channel to further engage youth in cannabis-related education.<sup>1</sup>

Participants in all focus groups emphasized the importance of providing education and awareness to reduce mental wellness stigma within communities. It was also suggested that providing home visits for individuals with mental wellness challenges would increase access to care and promote recovery.

### Recommendations

1. Conduct culturally centred educational workshops on cannabis legislation and health impacts for individuals, families, and communities with a focus on specific population groups such as youth, Elders, front-line workers, and pregnant women
2. Develop accessible educational material related to cannabis (brochures, flyers, social media, etc.)
3. Utilize social media to further engage youth and provide accurate cannabis information
4. Promote awareness and education to reduce stigma surrounding mental wellness and wellness care
5. Provide support for individuals with mental wellness challenges through home visits

*Survey respondents echoed this and indicated they would like to access cannabis-related resources through community conversations, print material, electronic material, and First Nations culture-based practices. The youth respondents said that making these resources available at health centres, community centres, and schools would be the best places for them to access these resources.*

## Collaboration with Partners

The FNMWC states,

Enhancing First Nations mental wellness requires strategic action that goes beyond FNIHB's [First Nation Inuit Health Branch] mandate.

It involves federal government departments, provincial and territorial governments, and First Nations communities and organizations. It includes supports and services that cross sectors (e.g., health, justice, employment, and social services), requiring organizations to work collaboratively and cooperatively to ensure that a comprehensive continuum of mental wellness services is available.

*(Health Canada, 2015a, p. 50)*

Focus group participants emphasized the importance of fostering collaborative relationships among community members, educators, law enforcement, and front-line wellness workers to reduce potential harms and increase benefits of cannabis legalization. Participants also noted the need to engage external professionals in community-based cannabis education, training, and resource development. They also suggested engaging community members, leadership, educators, police, wellness workers, and youth in the development of cannabis-related policies and programs. As well, they discussed the possible benefits of networking with other communities to exchange cannabis-related knowledge and program approaches. This collaboration is particularly important when a community does not currently have the resources or subject-matter experts whereas the neighbouring community may have them.

### Recommendations

1. Foster collaborative relationships between community members, educators, law enforcement, and front-line wellness workers to reduce potential harms and increase benefits of cannabis legalization
2. Engage community members, leadership, educators, police, wellness workers, and youth in collaborative cannabis-related program development
3. Engage external professionals to support cannabis-related education, training, and resource development
4. Network and engage with other communities to exchange cannabis-related knowledge and approaches

*This need for collaboration was echoed by youth survey respondents as they indicated they would like to receive cannabis-related information from a variety of sources and stakeholders, including parents/guardians, Elders, and health-care professionals.*

## Enhanced Flexible Funding

The FNMWC emphasizes that

Mental health and addictions issues are linked to high rates of incarceration, child apprehensions, poverty, unemployment, preventable injury, disease burden, and lower levels of educational attainment.

Funding alone isn't sufficient to ensure a comprehensive approach to mental wellness. However, participants in the various engagement sessions communicated that additional funding and the flexibility and permanency of current funding were critical. Participants also identified the current lack of adequate and sustainable funding and the continuous focus on project funding as harmful to mental wellness.

*(Health Canada, 2015a, p. 54)*

Focus group participants discussed the need for increased flexible funding to support cannabis-related education and mental wellness supports. Participants noted that increased funding would assist in lessening the impacts of cannabis legalization as well as improve mental wellness services and supports. It was also suggested that funding must be flexible to ensure communities can allocate resources to where they are most needed.



### Recommendations

1. Secure and maintain flexible funding to develop and support educational initiatives and materials related to cannabis
2. Secure and maintain flexible funding to develop and support improved health and wellness services
3. Ensure funding is flexible and is allocated based on community-specific impacts of cannabis legalization

*Adult survey results also suggest that there is a need for increased funding for cannabis-related education for youth and mental health and addictions supports as well as increased funding for front-line wellness workers.*

# SURVEY RESULTS

Over the course of the Regional Cannabis Dialogue project, 229 adult surveys and 27 youth surveys were completed. An aggregate analysis of the survey results is provided below. Please see Appendix 3 for corresponding figures.

## Youth Survey Results

The majority of youth survey respondents indicated they reside in Saskatchewan, Northwest Territories, or Ontario as well as some residing in British Columbia and Quebec. Five of twenty-five participants chose not to indicate their region of residence.

According to survey results, 80% of the 27 youth that participated in the survey have previously used cannabis. When asked what age participants first used cannabis, 16 of the 27 participants responded. Of those, their first use occurred between ages 9 and 23, although half indicated first use occurred between ages 14 and 16. When asked what influences the decision to not use cannabis, youth participants selected a broad range of factors including, but not limited to, employment, school, or other daily activities; hope for the future; cultural supports; and positive role models.

Regarding educational material and resources for youth, participants showed an equal interest in

- a) community conversations (22%)
- b) brochures, tool kits, and guidebooks (26%)
- c) webinars, videos, and presentations (25%)
- d) First Nations culture-based practices (26%)

Youth participants identified health centres as the most desirable location to access this information. They also indicated that they would primarily prefer to access this information through health care professionals, community leaders, teachers, or parents/guardians.

Youth participants demonstrated positive perceptions regarding medical cannabis and its effects on hope for the future, how youth feel about themselves, effects on quality of life, and the ability to cope with daily life (see below).

	Positive Effect	No Effect	Negative Effect	Don't Know
Hope for the future	45%	30%	20%	5%
How you feel about yourself	65%	15%	10%	10%
Effects on quality of life	65%	10%	15%	10%
Ability to cope with daily life	60%	10%	15%	15%

Youth participants demonstrated a wider distribution of responses when asked about the effects of non-medical cannabis use on a number of factors listed in the chart below.

	Positive Effect	No Effect	Negative Effect	Don't Know
Hope for the future	26.67%	6.67%	46.67%	20%
How you feel about yourself	40%	13.33%	26.67%	20%
Effects on quality of life	26.67%	20%	33.33%	20%
Relationships with peers and/or friends	26.67%	20%	33.33%	20%
Relationship with family	13.33%	26.67%	33.33%	26.67%
Use at the same time as other substances	13.33%	6.67%	53.33%	26.67%
Ability to cope with day-to-day life	33.33%	20%	26.67%	20%
Ability to learn	13.33%	33.33%	33.33%	20%
Ability to work	13.33%	33.33%	33.33%	20%



## Adult Survey Results

When asked if adult participants used cannabis in the past 12 months, 75% of respondents indicated they did not. When asked how often they used medical cannabis within the last 12 months, only 30 responded with a wide range of frequencies between never and 3 or more times a day. When asked how often participants used non-medical cannabis within the last 12 months, only 27 responded with a wide range of frequencies.

Participants indicated four primary reasons for using cannabis:

- a) pain relief (19%)
- b) avoid or reduce the use of other drugs (14%)
- c) get high (13%)
- d) had a difficult time (12%)

Similar to youth participants, adults also showed an equal interest receiving cannabis education and resources through

- a) community conversations (26%)
- b) brochures, tool kits, and guidebooks (25%)
- c) webinars, videos, and presentations (19%)
- d) First Nations culture-based practices (23%)

When asked what resources about cannabis would be the best support for communities, respondents demonstrated a similar level of interest in

- a) community conversations (26%)
- b) brochures, tool kits, and guidebooks/workbooks (print material) (25%)
- c) webinars, videos, and presentations (electronic material) (19%)
- d) First Nations culture-based practices (23%)

When adult participants were asked if they knew how medical cannabis can be used as a safe alternative to opioids, 95% indicated they were aware.

When adult participants were asked if they knew how medical cannabis can be used as a safe alternative to opioids, 95% indicated they were aware. In terms of medical cannabis, adult respondents indicated they felt there were either positive effects (39.57%) or no effect (31.3%) on the following (see table below):

	Positive Effect	No Effect	Negative Effect	Don't Know
Hope for the future	38%	29%	9%	23%
How you feel about yourself	41%	35%	6%	18%
Effects on quality of life	53%	25%	3%	19%
Relationships with friends	35%	34%	11%	21%
Relationship with family	33%	37%	13%	16%
Ability to cope with day-to-day life	43%	28%	8%	21%
Ability to learn	34%	31%	17%	18%

Conversely, adult respondents indicated they did not feel there was positive effects of non-medical cannabis on the following (see table below):

	Positive Effect	No Effect	Negative Effect	Don't Know
Hope for the future	<b>14%</b>	<b>38%</b>	<b>24%</b>	<b>24%</b>
Relationships with family	<b>13%</b>	<b>34%</b>	<b>33%</b>	<b>20%</b>
Use at the same time as other substances	<b>5%</b>	<b>20%</b>	<b>46%</b>	<b>29%</b>
Ability to learn	<b>12%</b>	<b>32%</b>	<b>32%</b>	<b>24%</b>
Ability to work	<b>13%</b>	<b>33%</b>	<b>31%</b>	<b>23%</b>

## CONCLUSION

This report provides a national snapshot of views and recommendations for moving forward with cannabis legalization in First Nations communities. Participant feedback was organized under the FNMWC key themes to support recommendations from a community-centred approach to wellness. These recommendations will require development of new and ongoing partnerships to support the increase of potential benefits and reduction of harms related to cannabis legalization. Findings in this report may be used in conjunction with the FNMWC Framework to support community-based and wellness-centred initiatives that are moving forward.

This national report will be published on the Thunderbird Partnership Foundation's website and shared with relevant First Nations national committees as well as the Cannabis Secretariat of Health Canada.

Cannabis tools created for the focus groups have been developed into a train-the-trainer program, and they have been reviewed by select regional representation to further solidify the tool kit for culturally centred approaches.

Lastly, in response to feedback from survey and focus group participants, Thunderbird Partnership Foundation has begun developing a number of resources including a culture-based cannabis train-the-trainer program, cannabis related public health and education tools, as well as the continued promotion of the cannabis survey. Additionally, Thunderbird Partnership Foundation continues to gather Indigenous Knowledge and review the literature to ensure the most up-to-date knowledge is used to inform these tools and resources.

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# APPENDIX I – TABLES AND FIGURES

Table 1: Minimum age of use

Province/Territory	Minimum age of use
Nova Scotia	19 years or older
New Brunswick	19 years or older
Newfoundland and Labrador	19 years or older
Prince Edward Island	19 years or older
Quebec	18 years or older (may increase to 21)
Ontario	19 years or older
Manitoba	19 years or older
Saskatchewan	19 years or older
Alberta	18 years or older
British Columbia	19 years or older
Yukon	19 years or older
Northwest Territories	19 years or older
Nunavut	19 years or older

# APPENDIX 2 – REGULATIONS AMENDING THE CANNABIS REGULATIONS

## Regulations Amending the Cannabis Regulations

Public Document Title: Canada Gazette, Part 1, Volume 152, Number 51: Regulations Amending the Cannabis Regulations (New Classes of Cannabis)

Link: <http://www.gazette.gc.ca/rp-pr/p1/2018/2018-12-22/html/reg4-eng.html>

### Overview

One year following the enforcement of the Cannabis Act the legal distribution and sale of cannabis edibles and cannabis concentrates will come into effect (October 17th, 2019). Amendments to the Cannabis Regulations will occur in an attempt to address public health risks of new cannabis classes. These new cannabis classes will include

- Edible cannabis
- Cannabis extracts
- Cannabis topicals

### Public Health Risks

Public health risks addressed in these proposed amendments will include

- Appeal to youth
- Accidental consumption
- Over consumption
- Food-borne illness
- Risk of dependence
- Risk of use with certain solvents, carriers, and diluting agents

### Public Engagement

The proposed amendments are outlined in the Regulations Amending the Cannabis Regulations document (link above) and were open to a public comment period of 60 days beginning December 22, 2018. During this comment period, 3200 surveys and 450 written responses were received. As outlined in the document, public consultation as well as discussions with provincial and territorial governments have been used to inform the upcoming, final regulations.

## Indigenous-Specific Engagement

This public document indicates that the Canadian government has engaged in 85 discussions surrounding the Cannabis Act with Indigenous governments, organizations, and communities. Through these consultations, four themes were identified:

- Public health and education
- Taxation and revenue generation
- Indigenous authorities over activities related to cannabis
- Economic development

The federal government has also indicated that they will continue to work with Indigenous peoples to ensure their interests are considered during the implementation of the Cannabis Act. As such, Health Canada posted a notice in the First Nations Gazette to further consult with Indigenous individuals regarding the proposed amendments to the Cannabis Act (link below).

Title: Notice: Consultation on the strict regulation of edible cannabis, cannabis extracts and cannabis topicals

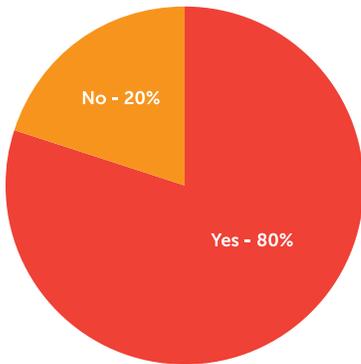
Link: <http://www.fng.ca/?mod=notice&volume=11&category=9&show=1235>



# APPENDIX 3 – INDIGENOUS COMMUNITY CANNABIS SURVEY RESULTS: CHARTS AND TABLES

## Youth Survey Results

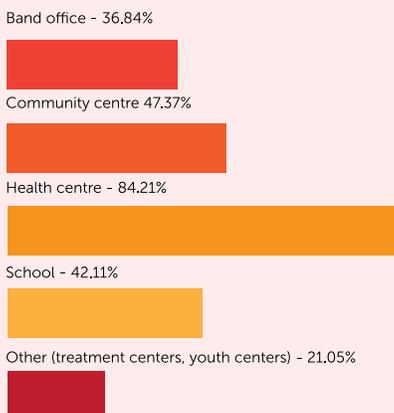
### Have you ever used cannabis?



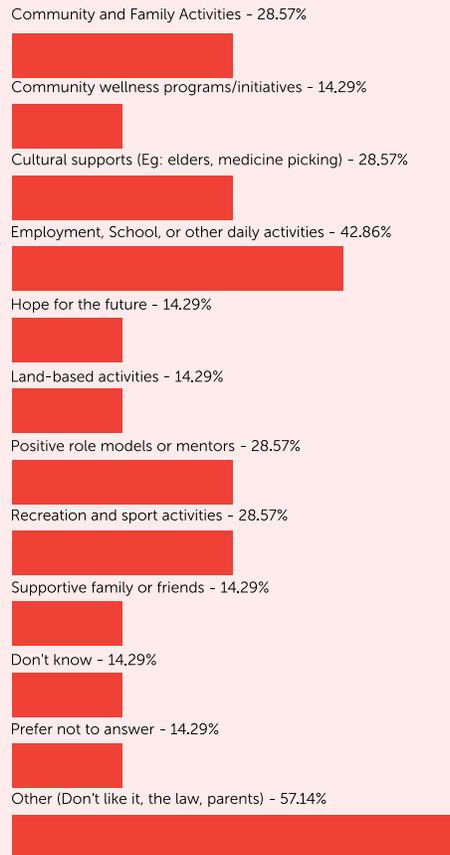
### What resources about cannabis would be the best support for you or others your age?



### If these resources become available to you or others your age, where would be the best place to get them?



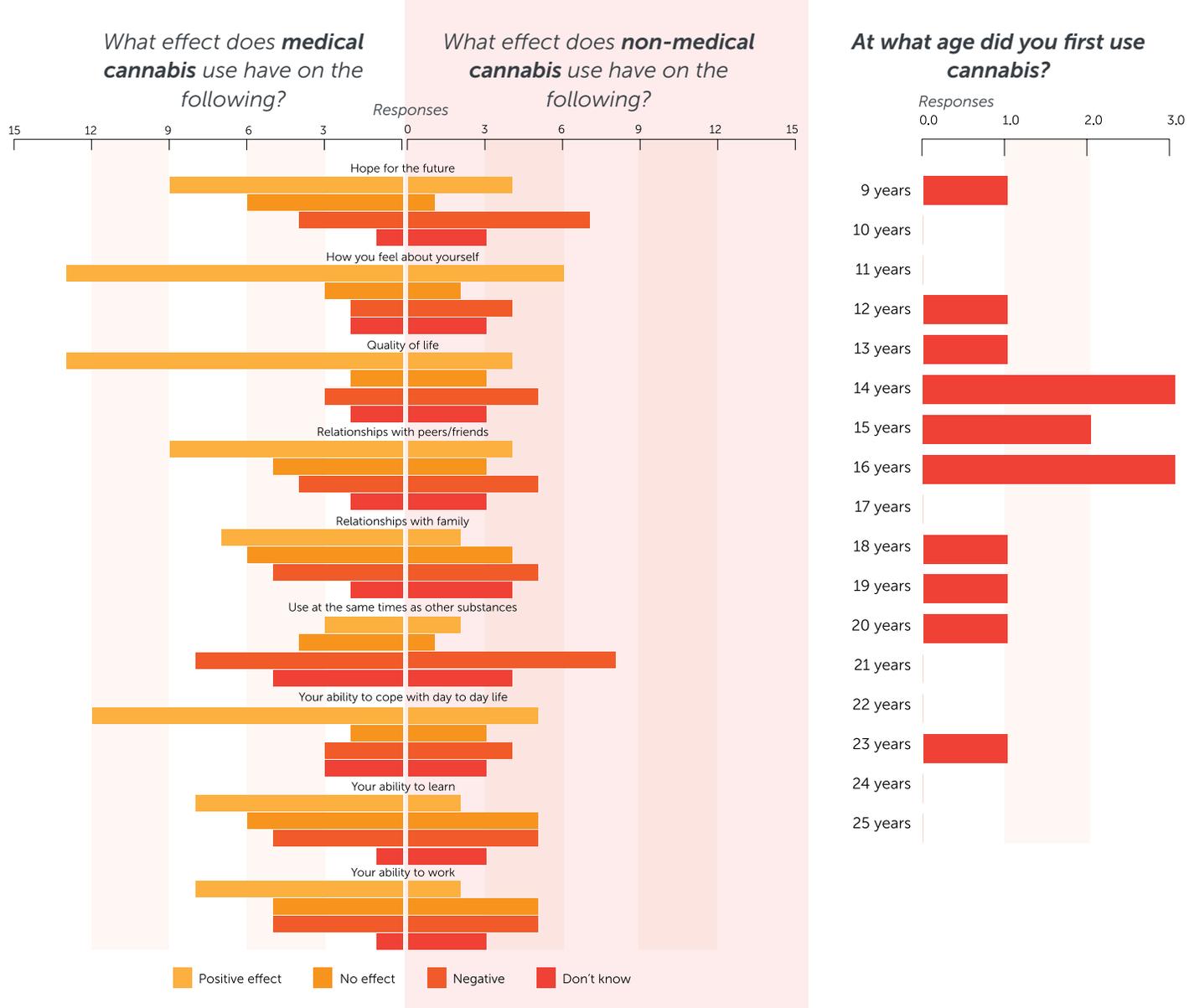
### What influences your decision to not use cannabis?



### If these resources become available to you or others your age, who would you like to learn this information from?



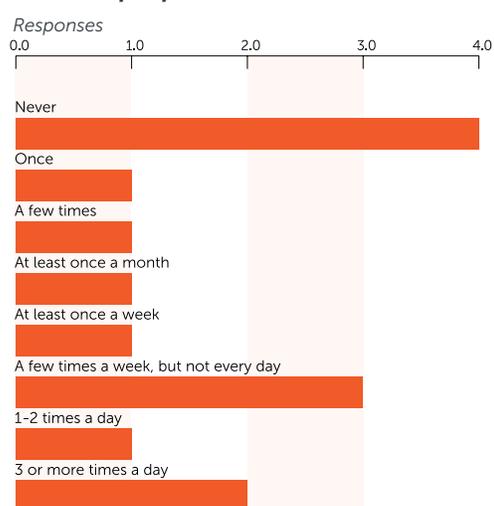
# Youth Survey Results (cont.)



## In the past 12 months, how often did you use cannabis for nonmedical Purposes?



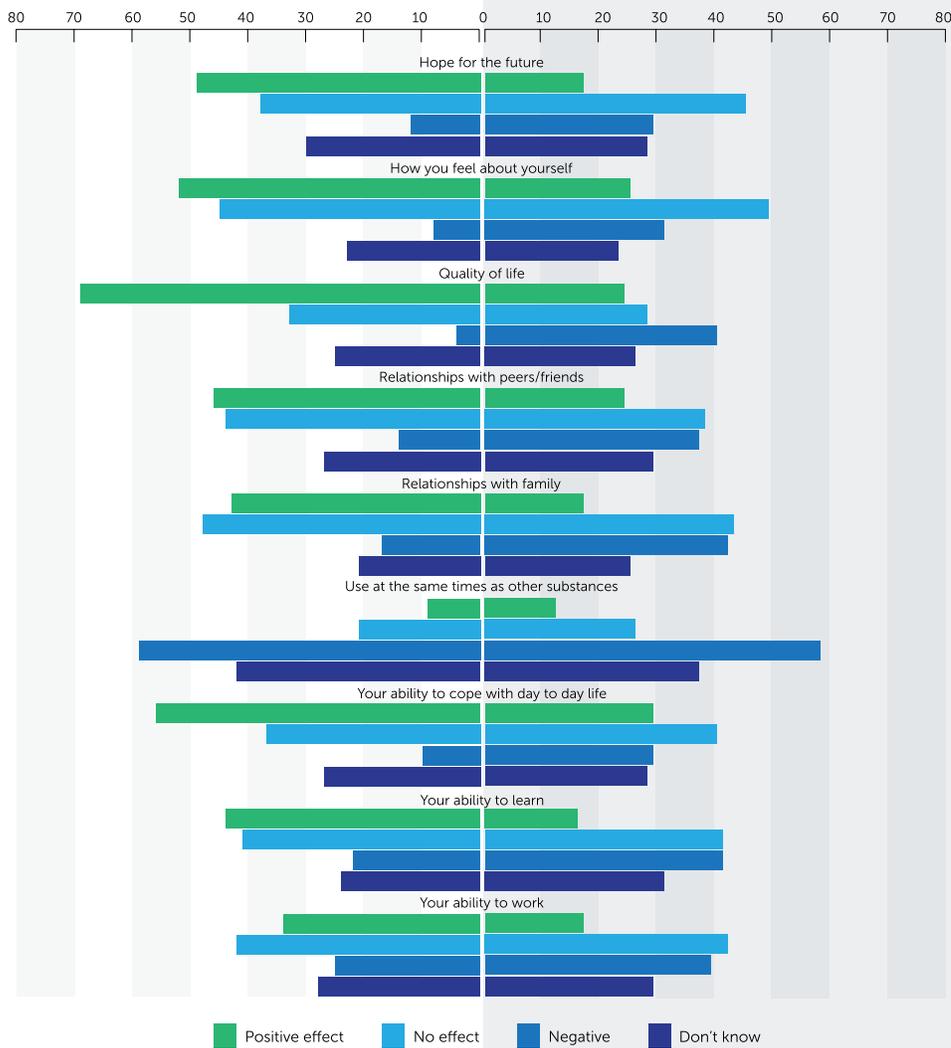
## In the past 12 months, how often did you use cannabis for medical purposes?



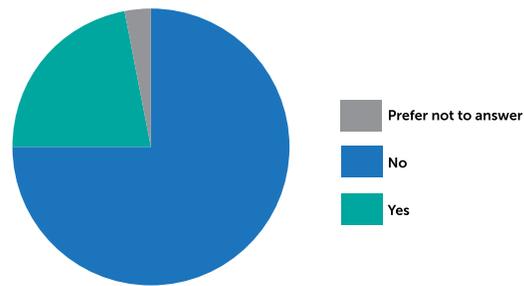
# Adult Survey Results

What effect does **medical cannabis** use have on the following?

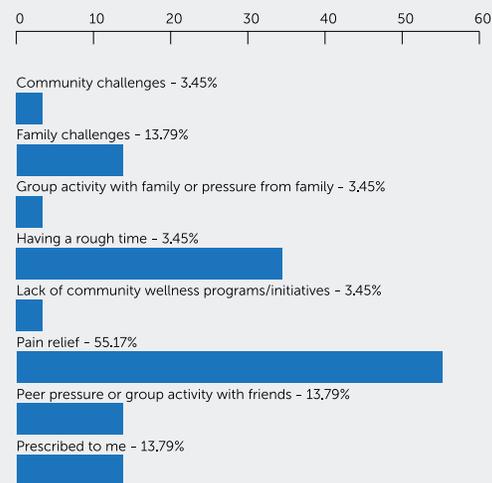
What effect does **non-medical cannabis** use have on the following?



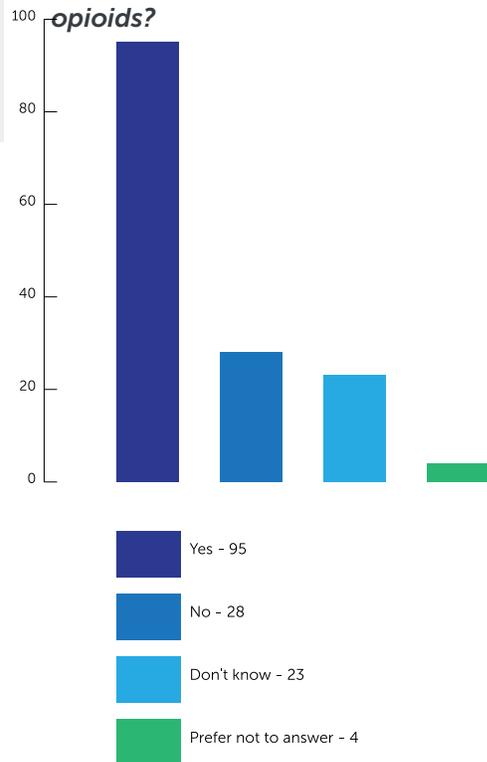
Have you used cannabis in the past 12 months?



If you use cannabis, what influences your decision to use cannabis?



Do you know how medical cannabis can be used as a safe alternative to opioids?



In the past 12 months, how often did you use cannabis for **medical purposes**?

In the past 12 months, how often did you use cannabis for **nonmedical purposes**?

