



LEGALIZED CANNABIS:

THE PROS AND CONS FOR
INDIGENOUS COMMUNITIES

A BRIEFING BY:



First Nations in Canada have articulated their solutions, needs, and strengths in the *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada*¹ (HOS) and more recently, a comprehensive approach to achieving mental wellness through the First Nations Mental Wellness Continuum (FNMWC) framework². The FNMWC Framework describes the vision for First Nations mental wellness with culture as the foundation, while emphasizing strengths and capacities. It provides advice on policy and program changes that should be made to improve mental wellness outcomes. These Indigenous based outcome measures are: **Hope, Belonging, Meaning, and Purpose**.

The plan made by the Canadian Government to legalize the use of recreational cannabis by 2018 spurred Thunderbird Partnership Foundation to increase community knowledge and dialogue about cannabis³. This brief provides factual information to Indigenous peoples and communities so that they can plan how to reduce harms, especially to vulnerable populations. The First Nations Information Governance Centre reveals that cannabis is used daily or almost daily by 12.4% of First Nations adults and more so by men at 16.9% compared to 7.8% of women⁴.

1 Assembly of First Nations, National Native Addictions Partnership Foundation, and Health Canada. *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada*, Ottawa: Health Canada, 2011

2 Assembly of First Nations, Health Canada. 2015. First Nations Mental Wellness Continuum Framework. Accessed July 2017. Retrieved from: http://health.afn.ca/uploads/files/24-14-1273-fn-mental-wellness-framework-en05_low.pdf

3 Health Canada. (2017). Legalizing and strictly regulating cannabis: the facts. Accessed July 2017. Retrieved from: <https://www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-The-Facts-eng-03.pdf>

4 First Nations Information Governance Center. Accessed July 2017. Retrieved from: http://fnigc.ca/dataonline/charts-list?term_node_tid_depth_1=1&term_node_tid_depth=146keys=cannabis



LEGAL FACTS OF THE PROPOSED CANNABIS ACT³:

Legal age: **18 years of age**

- Provinces and territories can increase (but not decrease) the legal age at their own discretion

Should the Cannabis Act become law in July 2018, adults who are 18 years old or older would be able to legally:

- Possess up to 30 grams of legal dried cannabis or equivalent in non-dried form
- Grow up to four cannabis plants, up to a maximum height of 100cm, per residence for personal use from licensed seed or seedlings
- Make cannabis products, such as food and drinks, at home provided that organic solvents are not used



I. INTRODUCTION AND BACKGROUND

Cannabis refers to the whole plant including the leaves, stem, and roots⁵. There are hundreds of components (cannabinoids) found in cannabis. Two of the best known are THC (delta-1-tetrahydrocannabinol) and CBD (cannabidiol)⁵. THC is the main component used to “get high”⁵. CBD has specific medical uses including controlling nausea and vomiting for cancer treatment, appetite stimulation for people living with HIV/AIDS and eating disorders, as well as chronic pain relief⁵. The medical use of cannabis can be in the form of capsules, as well as vaporization, smoking or topical oils⁵. Currently, medical cannabis is not on the Non-Insured Health Benefits (NIHB) formulary. At this time, prescriptions for medical cannabis are accessible through specialists, and require personal funds for payment, as well as a mailing address.

PAIN MANAGEMENT HARM REDUCTION STRATEGY

Cannabis has the potential to be a **less deadly alternative** in the face of the opioid crisis declared in First Nations communities in British Columbia and Ontario, and the rising issue among Atlantic, Manitoba, Saskatchewan and Alberta First Nations communities.

2. WHY IS THERE A NATIONAL PUSH TO LEGALIZE CANNABIS ?

- **Establishing a safe and responsible production system**

- Improved labeling and strict manufacturing standards has the potential to increase user knowledge around product potency and decrease the likelihood of lacing with other drugs, i.e. fentanyl, which can lead to accidental overdoses.

- **Designing a distribution system that produces the least harm to users and non-users**

- **Reduce strain on criminal justice system**

- Jail time and fines may discourage cannabis use but this does not address the underlying safety concerns.

- **To expand scientific knowledge, particularly for medical uses**

- As cannabis is an illegal substance, it is difficult for researchers to get approval for large scale medical studies.

⁵ Task Force on Marijuana Legalization and Regulation. (2016). Toward the Legalization, Regulation and Restriction of Access to Marijuana: Discussion paper.

3. EVIDENCE APPLIED WITHIN AN INDIGENOUS CONTEXT

It is important to ground information about cannabis and the national priorities within the context of Indigenous communities. According to the Addictions Management Information System (AMIS), the rate of cannabis use by adults entering treatment is 64%, with equal usage among females and males. Cannabis use is the number one substance used among First Nations youth, at 89% reporting frequent usage⁶.

- 2) Regulated cannabis can control THC content, unlike the street product currently being used
- 3) Regulating cannabis requires more resources be made available to reduce the risks to vulnerable populations, i.e. people with mental health issues, youth, pregnant women, and those at risk for addiction. Most First Nations meet the criteria for being at risk for addiction due to a history of colonization and intergenerational trauma



CONSIDERING THE HIGH USE OF CANNABIS, STARTING DIALOGUE ABOUT THE POTENTIAL RISKS AND BENEFITS OF CANNABIS USE IS IMPORTANT **ESPECIALLY AROUND WAYS TO REDUCE RISK IN THE AREAS OF MENTAL HEALTH, ADDICTIONS, YOUTH, AND PREGNANCY.**



It is assumed by many that a decriminalized and legal market will increase use of cannabis and therefore, dependency or addiction to cannabis. However, based on the experience in the USA and other countries in Europe, it is difficult to say if use will increase. Drawing upon evidence on strategies to reduce tobacco use, Canada can manage the potential change in cannabis use under a new legal market. For example, Canada could tax cannabis to set the price at a level that discourages casual use, **regulate the THC content**, restrict sales to minors, include a health warning on packs and **advise users on ways to reduce dependence risks** (e.g. using less than weekly). These possibilities within the proposed legislation in Canada make it difficult to predict the effect that a legal market would have on rates of cannabis dependence⁷.

Of significance to First Nations in the context of decriminalization and legalization of cannabis:

- 1) Regulated cannabis is safer to use than street cannabis because the regulated cannabis does not cause overdose deaths or lacing with deadly toxins, i.e. fentanyl and yet provides similar benefits for pain management

The current evidence on each of the mentioned vulnerable populations is as follows:

a. People with mental health issues

There is good evidence of the link between cannabis use and the development of schizophrenia* or other psychoses* (other than bipolar disorders*), with the highest risk to the most frequent users⁸. Frequent use may also worsen the symptoms of bipolar disorders, mania* and hypomania*, depressive disorders*, anxiety disorders* (especially social anxiety), as well as suicide ideation, attempts, and completions. There is also moderate evidence of a link between cannabis use and better cognitive performance among individuals with existing psychotic disorders⁸.

From research done by Bombay, et., al.⁹ we know that depressive symptoms are higher in offspring who had at least one parent or grandparent who attended Indian Residential School (IRS) than offspring whose parent(s) or grandparent(s) did not attend IRS. This increased likelihood for depressive symptoms coupled with high rates of cannabis use that may worsen depressive symptoms, is a key consideration for First Nations communities.

6 Annual Report (2017). Thunderbird Partnership Foundation

7 Mitigating Dependence, Wayne Hall. "If Marijuana is Legal, Will Addictions Rise?" Roomfordebate.blogs.nytimes.com.

8 Agenda, C. O., & Board on Popular National Academies of Sciences, E. a. (2017). The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press.

*See glossary for a brief description of these mental health terms.

9 Bombay, A., Matheson, K., & Anisman, H. (2014) The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320 – 338.

b. Addictions or problem use

Risk factors linked to addictions or problem cannabis use:

- Use of other drugs
- Being male
 - However, Indigenous specific data from the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP) indicates that males and females use cannabis at almost an equal rate⁶.
- Initiating cannabis use at an earlier age
- Major depressive disorder⁸

The following situations are **not risk factors** linked to addictions or problem cannabis use:

- Anxiety, personality disorders, bipolar disorders, or ADHD
- Neither alcohol nor nicotine dependence alone are risk factors for the progression from cannabis use to problem cannabis use⁸

We know from AMIS that supports NNADAP that despite the heavy use of cannabis by adults entering treatment, wellness increased by at least 17% as defined by having a sense of Hope, Belonging, Meaning, and Purpose in life⁶. This is achieved through the use of culture to promote wellness.

c. Youth

The proposed Cannabis Act states that 18 years of age would be the legal limit for the possession and use of cannabis products³. Youth are a focus of the Cannabis Act because of the unwanted side effects cannabis can have on the developing brain. When compared to those who started cannabis use before age 17, younger initial use was associated with decreased memory, emotional regulation, and decision making⁸. However, studies also suggest similar negative outcomes to a lesser degree for those who start in their early twenties⁸.

Despite the potential impacts of heavy cannabis use before the age of 17, youth who attend NYSAP programs show improvements in language, math, and reading skills often by several grades. By incorporating supportive learning environments and culture through-

out treatment, youth are able to counteract the potential harms done by cannabis. These increases in education and overall wellness are demonstrated using the Native Wellness Assessment which is administered pre- and post-treatment. Overall our data shows youth are gaining 8-11% in wellness as defined by Hope, Belonging, Meaning and Purpose throughout their participation in culture based programs¹. Culture attends to spiritual wellness as well as emotional, mental and physical wellness which is not currently accounted for in the evidence on the impacts of cannabis.

d. Pregnancy

Like alcohol, there is no known safe level of cannabis use during pregnancy. However, to date, there is a strong link between maternal cannabis use and lower birth weight of the infant⁸. There is still little known about the link between maternal cannabis use and pregnancy complications, admissions to the neonatal intensive care unit, effects of use on breastmilk, or child's outcomes later in life (for example, educational attainment, growth rates, substance use in later life etc.)⁸. Prevention strategies aimed at reducing harms from a mother's cannabis use on the developing fetus should use the following eight tenets¹⁰:

1. Centre prevention around Indigenous knowledge and wellness
2. Use a social and structural determinants of health lens
3. Highlight relationships
4. Be community-based and community driven
5. Provide wrap-around support and holistic services
6. Adopt a life course approach
7. Use models supporting resiliency for women, families, and communities
8. Ensuring long-term sustainable funding and research

¹⁰ Consensus Statement: Eight Tenets for Enacting the Truth and Reconciliation Commission's Call to Action #33. Thunderbird Partnership Foundation, CanFASD, BC Centre of Excellence for Women's Health. 2017.



4. CULTURE AND CANNABIS

Some Elders across the country from various linguistic cultures of Indigenous peoples have said that cannabis has been used by our people in two specific ways:

1. The cannabis was prepared in a culturally appropriate way to create a topical solution to treat pain, such as arthritis. However, it was not ingested or smoked.
2. The cannabis was prepared in a culturally appropriate way and within ceremony to lessen symptoms of psychosis, such as schizophrenia.

These same Elders also provided caution on the way we interact with medicines, teaching that when the medicine is abused or misused it weakens the medicine's ability to work for us. It is crucial that the spirit of the cannabis plant is respected both during preparation and utilization of the medicine in the form of reciprocity, for example making a request to the spirit of the plant for its medicine. Cannabis production as a potential economic development venture for Indigenous communities (licensed medical cannabis growth) brings further questions about how to be culturally appropriate.

5. HARM REDUCTION

By legalizing cannabis and regulating the production, consumers will have a better understanding of where the product comes from, the potency, ensured quality standards (not mixed with other unknown substances), and can reduce the risk of potentially adverse effects caused by unregulated cultivation (pesticides, or lacing).

Harm reduction is an approach to addressing substance use issues that attends to the physical health complications related to an addiction to improve safety and overall

health without requiring abstinence. This approach often uses medication to reduce harms to people, such as with opioid misuse where Suboxone® or methadone are prescribed to manage withdrawals from opioids. Medical cannabis, used to relieve pain, is potentially a safer alternative to replace opioids when feasible as this reduces the overall harms associated with opioids because an overdose on cannabis on its own is non-fatal, whereas thousands of people die of fatal opioid overdoses.

6. COMMUNITY-BASED CANNABIS POLICY

a. Prohibition through by-laws

As demonstrated in First Nations communities where an alcohol bylaw prohibits alcohol creating dry communities, bootlegging is common and enforcement is a significant challenge. In this case, creating a bylaw banning legal use or distribution of cannabis will be as ineffective as the bylaw banning alcohol in First Nations communities. In general, bylaws are usually not effective on their own, unless they are coupled with a broader wellness approach, which addresses the complex social and health conditions that lead to substance use and mental health issues.¹¹

b. Public health approach

Regardless of personal stance on cannabis legalization, all Indigenous people should be aware of the potential risks and benefits. Respectful community dialogue can improve joint decision making around policies, specific to each community, leading to a community safety plan. By committing to the fact that every community member has the right to be healthy, more realistic policies that community members would be able to follow can be created to reduce the risks to vulnerable populations.

¹¹ McCarthy, Natuashish RCMP Not Doing Enough to Enforce Alcohol Bylaw, 2008

7. FIRST NATIONS MENTAL WELLNESS CONTINUUM FRAMEWORK²

Applying the themes of the framework:

1) CULTURE AS FOUNDATION:

There is cultural knowledge that indicates that cannabis can be used for pain management as long as the spirit of the plant is cared for. More conversation is needed on the use of cannabis within a cultural context, both as a medicine and for addressing risk for dependency. For more support on exploring the use of culture in your community see toolkits available at www.thunderbirdpf.org

2) QUALITY CARE SYSTEM AND COMPETENT SERVICE DELIVERY:

Increased knowledge about potential risks and benefits of cannabis will improve the quality of care. By investing in culture, it is possible to increase the four components of Indigenous Wellness: Hope, Belonging, Meaning, and Purpose, on average by 17% through culture based programs. For free access to the Native Wellness Assessment to monitor change in wellness over time, go to www.thunderbirdpf.org

3) COLLABORATION WITH PARTNERS:

Potential to increase the community wellbeing through collaboration of justice, education, housing, employment, health, First Nation community government, etc. Wellness

is everyone's responsibility. For more information on collaboration and social determinants of health see the chapter in the First Nations Mental Wellness Continuum Framework and the Honouring Our Strengths: A Renewed Framework to Address Substance Use Among First Nations in Canada at www.thunderbirdpf.org

4) ENHANCED FLEXIBLE FUNDING:

Licensing for the production and distribution of cannabis may be an opportunity for economic development. The government of Canada has indicated that First Nations governments will be included in conversations related to setting priorities for use of revenue from taxation and sales of cannabis. The priority for First Nations communities will be to use community strengths to attend to the risks of cannabis use for: youth, people with mental health issues, pregnant women, and those at risk for addiction or dependence.

5) COMMUNITY DEVELOPMENT, OWNERSHIP AND CAPACITY BUILDING:

Community policies that support a comprehensive and collaborative approach to legal cannabis use has the potential to increase the ownership of the policy. The process of creating a policy leads to capacity building and

ultimately community development. For more support on developing community based drug policies, see the HOS Renewal Framework, the FNMWC Framework, and the Eight Tenets for FASD Prevention as a guide. The following is an outline to support community dialogue, to form an opinion and set an agenda for community action on the legalization of cannabis:

1. Greater capacity is required within First Nations governed communities and organizations to develop culturally relevant information on Best Practices that are inclusive of the following:

Use of social media and eHealth solutions for prevention and early intervention aimed at youth and women of child bearing years on the following:

- a. Education on cannabis
- b. Youth should have access to services specific to their developmental needs and youth need to be included in designing these strategies.
 - i. The majority of young people who are actively misusing substances have concurrent mental health issues, such as anxiety and mood disorders linked to intergenerational trauma.
 - ii. Homeless, street involved, and marginalized youth often have complex psychological and social issues.
 - iii. Support for youth career planning and mentoring is required in the following: mentorship in translating Indigenous knowledge into practice, medicine, pharmacy, counselling, community development and harm reduction are necessary to ensure First Nations have capacity to meet the ever-increasing demand for culturally relevant and meaningful strategies for substance misuse.
 - iv. A program that has had good success is the Buffalo Riders Early Intervention Program (Thunderbird Partnership Foundation) www.thunderbirdpf.org
- c. Prenatal care – promotion of harm reduction and managing withdrawal of substance use
 - i. Support in Birthing – rights to “mother” and rights to continuity of health care for newborn and mother together. Requires education with Child Welfare.
 - ii. Support in Mothering – lactation support, Indigenous culture specific Doula care

- d. Promotion of community-based treatment as a Best Practice
 - i. Land Based Service Delivery Model
 - ii. Support is required to decolonize approaches to addictions and mental health care to include Indigenous cultural knowledge and practices by ensuring appropriate funding is in place to contract cultural practitioners, provide training for staff to ensure a respectful multi-disciplinary approach inclusive of cultural practices, and to support Indigenous practitioners in understanding the nature of addictive substances.
- e. Harm Reduction Strategy requires more education and support to build capacity in First Nations communities and to support community health planning.

2. Supporting prescribing practices:

- a. Establish medical cannabis on the NIHB formulary as an option for pain management and as a strategy to reduce the harms of opioids.
- b. Promote guidelines for prescribing medical cannabis with physicians and nurse practitioners to support them in effectively supporting First Nations people in addressing substance misuse in a trauma-informed and strengths-based manner.

3. Supporting better treatment options for First Nations:

- a. Invest in developing primary care within First Nations communities such as supporting nurses in First Nations communities to transition to a strength-based approach to primary care and become more involved in supporting communities in their substance misuse strategies.
- b. Core funding for First Nations governed harm reduction strategies and Land Based Treatment programs
- c. Fund capacity development within First Nations communities to support people in substance misuse treatment to have an active role in community and for the community through employment and skill development

- d. That program funding be flexible enough to allow communities to adjust to dynamic and changing needs and priorities (e.g., diversion of legal cannabis)
- e. Funding to support “community of practice” for health directors and program staff engaged in addressing substance misuse to get together at least twice per year to share/collaborate/discuss difficulties and successes.

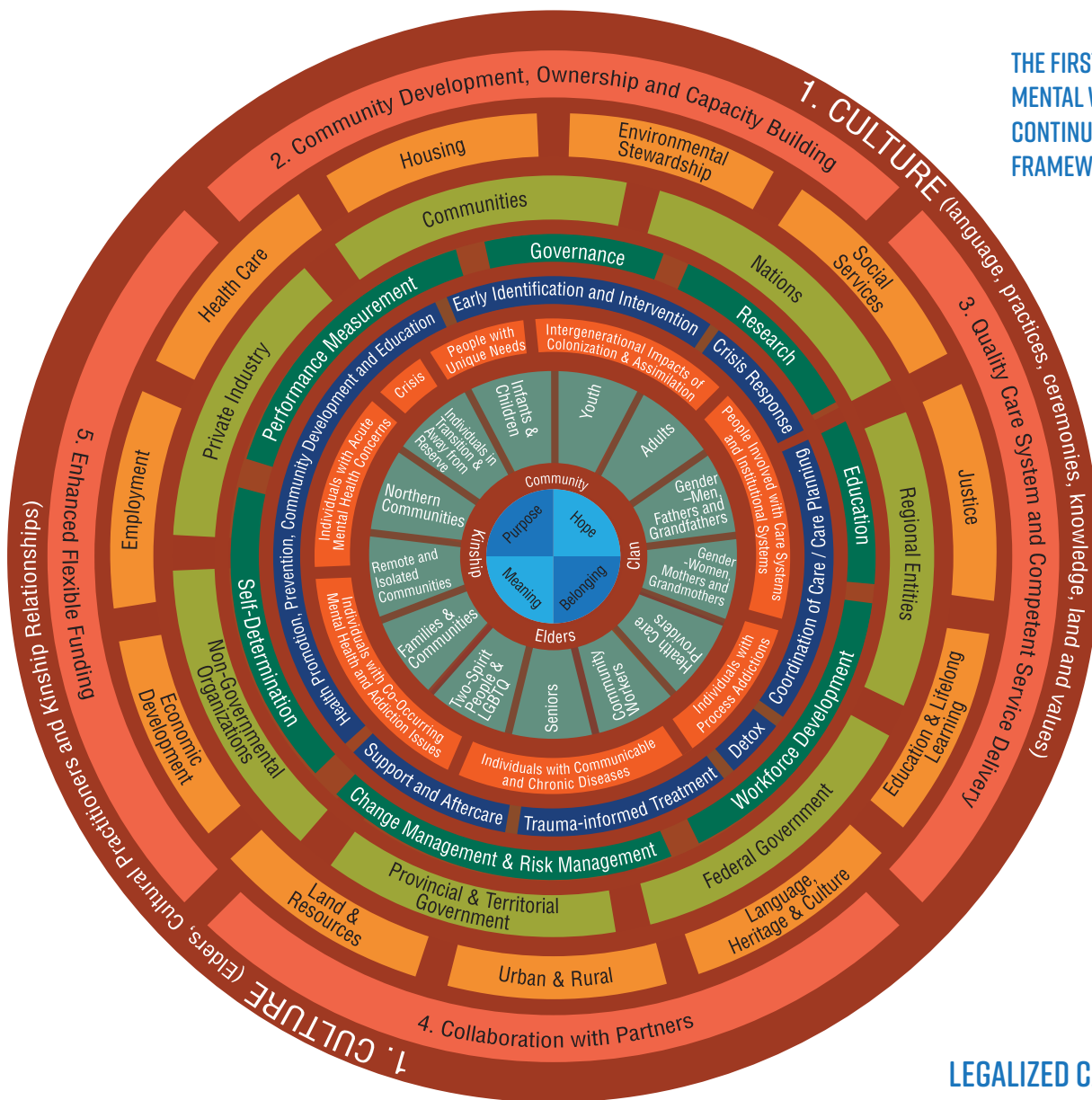
instrument measures wellness as Hope, Belonging, Meaning, and Purpose using Indigenous culture. In relation to potential increases in cannabis use, we need to know if wellness is being achieved among First Nations youth, pregnant women, and people at risk for addictions and mental health issues.

The development of capacity within First Nations communities to measure Hope, Belonging, Meaning, and Purpose is required.

4. Improving the evidence base:

- a. If we want to measure the difference we will make in addressing the harms related to substance misuse and dependence among Indigenous people in Canada, we will need to measure culturally meaningful outcomes, such as wellness. The Native Wellness Assessment (NWA) is an instrument that measures wellness. This

- b. A national Addictions Information Management System has been developed and implemented among NNADAP and NYSAP. Funding is required to enhance this national database for increased community access and to support relevant data sharing between systems for a more comprehensive analysis of the change we can achieve in addressing opioid misuse.



THE FIRST NATIONS MENTAL WELLNESS CONTINUUM FRAMEWORK MODEL



8. KEY CONSIDERATIONS FOR INDIGENOUS COMMUNITIES

- a. **What does your community know about harm reduction?**
- b. **Can cannabis be used in your community as a safer alternative to opioids for pain management?**
- c. **What is the best approach to ensure wellness for youth, those with mental health and addictions issues, and pregnant women?**
- d. **How can safe cannabis use be promoted while ensuring use is not normalized?**
- e. **Is the licensing for the production and distribution of cannabis an opportunity for economic development in your community?**
- f. **What support does your community need to develop capacity to reduce the risk of legalized cannabis?**

GLOSSARY OF MENTAL HEALTH TERMS

This section is meant to give a general overview of the mental health terms used in this brief. Although the information provided below was modified from the Diagnostic and Statistical Manual of Mental Disorders (5th ed.)¹², this document is not intended for diagnostic purposes. If you have any questions or concerns please contact a health care provider.

ANXIETY DISORDERS

Characterized by overwhelming fear, anxiety, or avoidance. Fear is the emotional response to an immediate threat, whereas anxiety is an expectation of future threat. The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behaviour. Common objects or situations include social interactions, heights, public speaking, animal phobias, and generalized non-specific anxiety.

BIPOLAR DISORDERS

Everyone has ups and downs in their moods. However, when these moods are extremely up (mania) or down (depression) for an extended period of time, a person may be experiencing a bipolar disorder. To be assessed for bipolar disorders, a person must have at least one mania or hypomania episode and at least one depressive episode in their lifetime.

Mania

An abnormal and lengthy elevated or irritable mood combined with extreme energy lasting one week or more that is present for most of the day. These mood shifts impair social or occupational functioning and may include:

- 1) Inflated self-esteem
- 2) Decreased need for sleep
- 3) More talkative than usual or pressure to keep talking
- 4) Subjective experience that thoughts are racing
- 5) Distractibility
- 6) Increase in goal-directed activity, and/or
- 7) Excessive involvement in activities that have a high potential for painful consequences

Hypomania

A less severe form of mania where the symptoms do not impair social or occupational functioning yet are still noticeable to others. Hypomania lasts a minimum of four consecutive days.

Depression

See Depression Spectrum Disorders

DEPRESSION SPECTRUM DISORDERS

A lengthy apathetic, blunted, sad, or irritable mood that occurs most days for a period of at least two weeks that impair social or occupational functioning. Symptoms may include:

- 1) Depressed mood most of the day
- 2) Significant decreased interest or pleasure in all, or almost all, activities
- 3) Significant weight loss or gain when not dieting
- 4) Inability to sleep or over sleeping
- 5) Unintentional and purposeless motions
- 6) Fatigue or loss of energy
- 7) Feelings of worthlessness or extreme or inappropriate guilt
- 8) Decreased ability to think or concentrate, or indecisiveness, and/or
- 9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Blunted Effect

Significant reduction in the intensity of emotional expression.

PSYCHOSIS DISORDERS

Occur when there are abnormalities in one or more of the following:

- 1) Delusions: Fixating on a concept or event even though there is strong evidence suggesting otherwise
- 2) Hallucinations: Thinking events are happening without the event happening
- 3) Disorganized speech: Racing thoughts that make it difficult to formulate sentences
- 4) Grossly disorganized or abnormal motor behaviour: Inappropriate body positions, some people may show aggression
- 5) Negative symptoms: Decreased emotional expression

Schizophrenia

This disorder affects how a person will think, feel, and act. A person experiencing schizophrenia may appear to be out of touch with reality or unable to tell what is real and what is not.

INDIGENOUS COMMUNITY CANNABIS SURVEY

Thunderbird Partnership Foundation provides support to communities interested in taking the Indigenous Community Cannabis Survey. For more information on the survey and how your community can participate, email our Research Team at research@thunderbirdpf.org.

TRAINING

Thunderbird also provides cannabis training as part of its Train the Trainer framework. The Let's Talk Cannabis course is designed to facilitate conversations about cannabis with Indigenous youth. It's available regionally across Canada and will be connected to a new on-line Community of Practice.

For more information on our training courses, contact our Education and Training Team at training@thunderbirdpf.org.

