

The State of Métis Knowledge on Cannabis and Mental Health in Canada

HEALTH SECTOR | MÉTIS NATIONAL COUNCIL



Prepared by the Mental Health Commission of Canada, the Canadian Centre on Substance Use and Addiction, and the Métis National Council

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OVERVIEW

This document provides a high-level overview of the state of knowledge on cannabis use in Canada, including the relationship between cannabis use and mental health, to better inform future areas of research specific to Métis across Canada. A 2019 report written by researchers at the University of Calgary for the Mental Health Commission of Canada (MHCC) — Cannabis and Mental Health: An Environmental Scan and Scoping Review— examined the existing research on the relationships between cannabis use and mental health outcomes. The scan revealed gaps in the literature that can inform research agendas and policy development, yet it found little research on cannabis use and mental health outcomes for Métis people — a crucial limitation that needs attention. The Resources section of this report includes further information on issues related to cannabis and broader substance use health, with topic areas prioritized by the Métis National Council (MNC) Health Committee. While this report highlights considerable data specific to Métis, most of the annotated resources are not Métis-specific, and it is our hope that including these will highlight gaps in Métis-specific data and resources, the importance of which can be discussed during future engagement opportunities.



CANNABIS AND THE CANADIAN POPULATION

What is Cannabis?

Cannabis refers to the plant *Cannabis sativa*. It is a greenish or brownish material consisting of the dried flowering, fruiting tops and leaves. Hashish or cannabis resin is the dried brown or black resinous secretion of the flowering tops of the cannabis plant. Cannabis is also commonly referred to as *marijuana*, or other slang terms like *weed*, *pot*, *reefer*, *ganja*, *hash*, and *chronic*. The primary chemical components of cannabis are referred to as *cannabinoids*; this is what causes the plant, when ingested, to change how cells behave and communicate in the body.² There are two cannabinoids of primary interest: tetrahydrocannabinol (THC) and cannabidiol (CBD). THC creates the most noticeable effects to the brain and body, often producing a ‘high’ and intoxicated effect. CBD causes effects to the brain and body that are less noticeable and is the primary component that has been studied for therapeutic potential thus far. Cannabis can be consumed by smoking, vaporization, ingestion (edibles), oral application of tinctures and sprays, and by topical application of creams, oils, and lotions.²

Overall Effects of Cannabis

How a cannabis product is made and consumed changes the amount of exposure to THC, which can have a range of different effects on the body and mind and pose various risks.² Some of the highest THC products come from hash-based oils and edibles, with around 60 to 90 percent levels of THC. Most products sold in federally licensed retailers have THC concentrations up to 30 percent.³ In the short term, cannabis can produce a feeling of euphoria, or a high, alongside a sense of well-being, relaxation, and pain relief. Some might experience a heightened sense of sight, taste, smell, or sound. Others might experience confusion, sleepiness and/or an impaired ability to remember or concentrate. Some experience feelings of anxiety, fear, or panic. It can also trigger psychotic episodes with paranoia, delusions, and hallucinations. Similar to tobacco, the act of smoking cannabis can also damage blood vessels, decrease blood pressure, and increase heart rate.⁷ Frequent and long-term use of cannabis is associated with long-lasting effects on the brain and body, sometimes causing irreversible impacts. The risk of long-term impacts is of particular concern among those who initiate cannabis use in their adolescence.^{2,5} Due to the rapid changes in brain structure and function that occur during adolescence, the use of cannabis can have negative cognitive, mental, and physical effects. As a result, legislation, research, and public discourse are particularly interested in cannabis and its potential role in medical use, and the potential harms posed to children, youth, and young adults.

Cannabis in Canada

Statistical Overview

In 2018, the federal government of Canada legalized cannabis for non-medical purposes. The Cannabis Act (Bill C-45) is the primary legal framework for the production, distribution, sale, and possession of cannabis across Canada. The Act included changes to the legal possession and distribution of cannabis to a maximum of 30 grams for personal use among those over the age of 18. It also included a 2019 revision to allow for the production and sale of edible products and other industry-specific rules and standards, such as labelling, ingredients, serving sizes, tracking, and promotion.¹² Each province and territory set their own regulations or additional restrictions to the sale and distribution of cannabis, including unique age limits, lower possession limits, what can be sold, and where it can be consumed.

To track the behavioural changes and health impact of the legalization of cannabis, Statistics Canada and Health Canada conduct a handful of different surveys. The Canadian Alcohol and Drugs Survey (CADS) and the Canadian Tobacco and Nicotine Survey (CTNS), both formerly a single survey (the Canadian Tobacco, Alcohol and Drugs Survey, or CTADS), are conducted every two years to collect comprehensive information on substance use broadly. Data most recently available from the CADS is from 2019. The National Cannabis Survey (NCS) is conducted every three months and primarily collects economic and justice-focused data to monitor important changes since legalization (e.g., crime rates, revenues). Data most recently available from the NCS is from the fourth quarter of 2021. Both the CADS and NCS do not include the territories, nor do they look specifically at Indigenous populations. The Canadian Cannabis Survey (CCS) provides the most detailed information about the habits of people who use cannabis and their behaviours and health outcomes relative to cannabis use. It also includes the territories as well as some First Nations, Métis, and Inuit specific data (e.g., rates of use). The CCS also has the most recently available data (from 2021) on the Canadian population and their cannabis-related behaviours and outcomes. Notably, the CCS oversamples those who consume cannabis to better understand and measure their behaviours and outcomes, and therefore is not fully representative of all Canadians. The International Cannabis Policy Study (ICPS) has conducted an annual cross-sectional survey of respondents across Canada (including the territories) and the United States since 2018. In 2021, the ICPS expanded to include national samples from Australia and New Zealand. Raw data is less publicly accessible, however, several insights from the data analysis has been published. For Indigenous and Métis specific data, the only publicly available data is from the Aboriginal Peoples Survey (APS). Now referred to as the Indigenous Peoples Survey (IPS), the APS is conducted every five years and looks primarily at the social and economic conditions of off-reserve First Nations, Métis, and Inuit. This includes some cannabis data as well as several mental health-related indicators. The most recent APS data is from 2017. Data is currently being collected for the IPS (May – November 2022), collecting data on cannabis use in the past year (including frequency of use). Results are anticipated to be publicly available in 2023.

Each survey is limited in its insights on substance use, cannabis, and mental health. Each survey also uses different data collection methods such as different population samples and indicators. Therefore, the findings in this report provide an approximate (and limited) snapshot of the Canadian and Métis population, along with their cannabis use, mental health status, and outcomes. Since

the CCS has the most up to date data, it is referenced most frequently to understand who is using cannabis across gender, sex, age, and geographic location. Meanwhile, the CADS provides more detailed insight into the frequency of use and associated mental health conditions. Data from the CCS and CADS is limited to what has been publicly published. The APS data is compared to each survey where indicators allow for it, while also noting the different time periods and other limitations. This includes a private Métis-specific dataset that was requested for this report. Where Métis-specific data is not available, nationwide statistics will provide the best idea of how the general population is doing, where benefits and risks exist, and where research and program investments might be useful. Additionally, each survey does not uniquely capture information about non-binary individuals who do not identify as male or female. This is a notable gap as those from gender diverse groups routinely report higher cannabis use and associated risk factors (e.g., discrimination) than other groups. Dashes in the tables indicate where data was not available due to a variety of reasons, such as sampling errors.

Population Overview

As demonstrated in Table 1, results from the CCS (2021) show that over half of Canadians (57 percent) have used cannabis at some point in their lifetime.¹⁷ In comparison, the CADS (2019) indicates slightly less at 42 percent.¹³ This difference is likely the result of the different methods and population samples used by each survey, including the oversampling that occurs with the CCS, and/or a slight increase in use related to COVID-19. The average age that Canadians first try cannabis is around 20 years old.¹⁷ Males and those from the 20 to 24 age group consistently reported slightly higher levels of cannabis use across lifetime, past-30-day, and past-12-month use.¹⁷ Those who identified as bisexual, gay, Indigenous, and Métis reported using cannabis more frequently in the past 12 months than other groups.¹⁷ Cannabis use in the past year was more frequently reported in the territories (38 percent), Newfoundland and Labrador (31 percent), and Nova Scotia (31 percent), with British Columbia (29 percent), Alberta (29 percent), Ontario (27 percent), and Prince Edward Island (27 percent) not far behind.¹⁷ There were no significant differences between cannabis use from those who reported living in an urban or rural community.¹⁷

Table 1: Nationwide overview

		Overall population	Males	Females	16-19	20-24	25+
Lifetime use		57.4%	60.2%	54.7%	46.5%	66.0%	57.3%
Past 30-day use		17.4%	20.6%	14.4%	22.3%	33.1%	15.7%
Past 12-month use		25.0%	28.6%	22.1%	36.7%	48.6%	22.4%
Mean age of initiation		20	-	-	-	-	-
Among past 12-month users	Straight	23.6%	-	-	-	-	-
	Gay	41.3%	-	-	-	-	-
	Bisexual	54.8%	-	-	-	-	-
	Urban	25.9%	-	-	-	-	-
	Rural	23.4%	-	-	-	-	-
	Indigenous (First Nations, Métis, Inuit)	39.2%	45.2%	34.4%	-	-	-
	Métis	39.1%	-	-	-	-	-

Source: Canadian Cannabis Survey (2021)

The CCS found that the majority of those who reported using cannabis indicated that they did so for non-medical purposes (86 percent), such as socially for enjoyment, pleasure, amusement, or for spiritual, lifestyle, and other reasons.¹⁷ 22 percent of those who used cannabis reported doing so for medical purposes, such as to treat a disease/disorder or to improve symptoms associated with a disease/disorder. Three percent of those who indicated using cannabis for medical purposes did so with documentation from a healthcare professional, and another ten percent indicated using cannabis for medical purposes without documentation (or 78 percent of those who used cannabis for medical purposes).¹⁷ This compares to the CADS results shown in Table 2, that indicated 11 percent of respondents used cannabis for medical purposes, 64 percent used cannabis for non-medical purposes, and 25 percent indicated that they used cannabis for both medical and non-medical purposes.¹³ These results were similar across sex and age groups. According to both the CCS and CADS, over a third of Canadians use cannabis occasionally (39 percent who responded to the CADS, 33 percent who responded to the CCS).^{13,17} One quarter of respondents reported using cannabis daily or almost daily (27 percent who responded to the CADS, 19 percent who responded to the CCS) with a slightly higher frequency of daily use among males and older age groups (25+).^{13,17} Only one percent of the population that used cannabis was deemed high risk for developing health or other problems due to their cannabis use, based on the World Health Organization’s Alcohol, Smoking, and Substance Involvement Screening Test (WHO ASSIST), while half of the population (50.6 percent) was deemed low risk and just under half (48.3 percent) was deemed moderate risk.¹³

Table 2: Frequency of cannabis use and risk of developing health or other problems

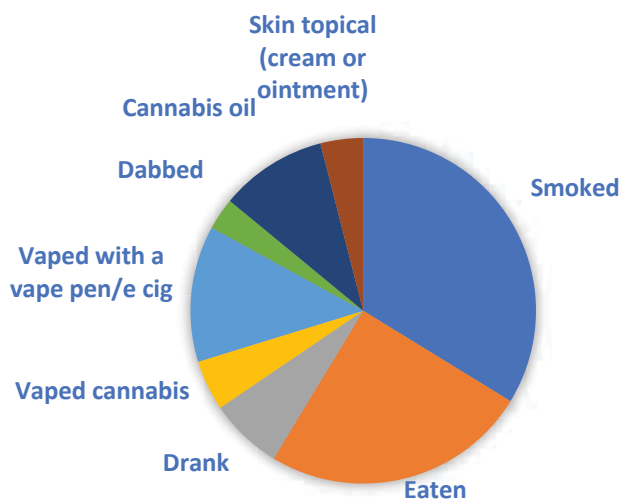
	Overall population	Males	Females	16-19	20-24	25+
Once or twice	38.5%	34.8%	43.3%	-	42.2%	37.3%
Monthly	15.0%	16.2%	13.3%	-	13.5%	14.0%
Weekly	19.4%	20.9%	17.3%	-	19.1%	19.8%
Daily or almost daily	27.1%	28.0%	26.0%	-	25.3%	28.9%
Medical	11.0%	8.1%	14.4%	-	-	-
Non-medical	64.0%	68.5%	58.5%	-	72.0%	61.0%
Both	25.1%	23.4%	27.0%	25.4%	25.8%	-
Low risk	50.6%	48.2%	53.4%	-	52.6%	51.4%
Moderate risk	48.3%	49.8%	46.5%	-	45.5%	47.1%
High risk	1.1%	2.0%	-	-	-	1.1%

Source: Canadian Alcohol and Drugs Survey (2019)

As depicted in Figure 1, when asked about method of consumption, the majority of respondents reported smoking the herb or dried flower of cannabis (74 percent who responded to the CCS, 85 percent who responded to the CADS).^{13,17} Half of respondents reported eating edibles and over a quarter reported vaping cannabis using a vape pen or e-cigarette.¹⁷ Those aged 16 to 19 were more likely to consume edibles, vape with cannabis, and dab (vape high THC concentrates like hash oil).¹⁷ They also reported consuming products with higher concentrations of THC than other age groups.¹⁷ Among the overall population, about a third (35 percent) reported using cannabis

with moderate THC levels (between 10 to 20 percent) and another third (35 percent) reported using cannabis with higher THC levels.¹⁷ About one quarter of respondents (22 percent) did not know what THC levels their cannabis was.¹⁷

Figure 1: Types of cannabis products used in the past 12 months

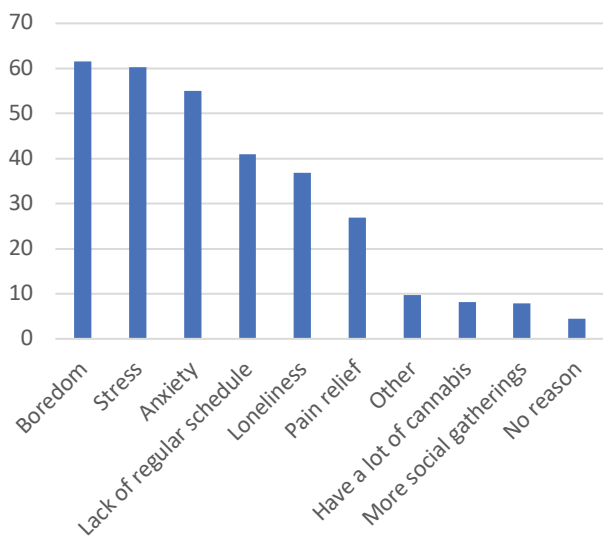


Source: Canadian Cannabis Survey (2021)

As shown in Figure 2, over half of those who reported using cannabis in the CCS indicated using it for boredom, stress, and/or anxiety.¹⁷ Other common reasons included a lack of a regular schedule of activities, loneliness, and pain relief.¹⁷ Less commonly reported reasons to use cannabis included as a social activity, to use up a stash, or for no reason at all.¹⁷ Boredom was the most common reason for cannabis use among those aged 16 to 19 and 20 to 24 years old (72 and 78 percent compared to 60 percent among those aged 25 and up).¹⁷ Females were more likely to report using cannabis for stress (68 percent) compared to their male counterparts (54 percent).¹⁷ Similarly, as demonstrated in Figure 3, anxiety was the most common self-reported medical condition for which people used cannabis.¹³ Females were more likely to report more frequent use of cannabis for anxiety than males (38 versus 26 percent of respondents, although not statistically significant).¹³

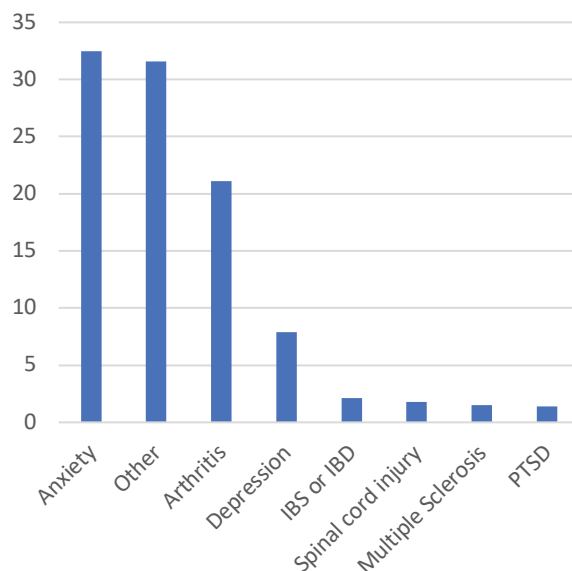
The results show that cannabis use increases as self-reported mental health ratings decrease. Cannabis use in the past 12 months was more likely among those who reported their mental health to be 'poor' (51 percent) or 'fair' (44 percent), and least likely among those who reported their mental health to be 'excellent' (14 percent) or 'very good' (22 percent). Similarly, cannabis use in the past 12 months was also more likely among those who reported their physical health to be 'poor' (30 percent) or 'fair' (30 percent), compared to those reporting 'excellent' (20 percent) or 'very good' (25 percent) physical health.

FIGURE 2: Reported reasons for cannabis use



Source: Canadian Cannabis Survey (2021)

FIGURE 3: Medical conditions and cannabis use



Source: Canadian Alcohol and Drugs Survey (2019)

Survey and polling data collected during the COVID-19 pandemic show changes in patterns of cannabis use and reasons for use, including an estimated 30 to 40 percent increase in cannabis use among those who use cannabis. Polling data captured in 2021 by CCSA and MHCC found that people with current mental health symptoms who used cannabis were more likely to increase their cannabis use during the pandemic.²² Similarly, one third of CCS respondents reported using more cannabis during COVID-19 while half of respondents reported no changes.¹⁷ Among those whose use increased, about half were aged 16 to 19.¹⁷ The most common reasons for increased use among all groups were boredom (62 percent), stress (60 percent), and anxiety (55 percent).¹⁷ Alternatively, about a quarter of the population (22 percent, including younger age groups) decreased their use.¹⁷ Primary reasons for decreased use were the lack of social opportunity (34 percent), being too busy (14 percent, primarily older groups), or ‘no specific reason’ (25 percent).¹⁷ It is currently unclear the extent to which the pandemic versus cannabis legalization have contributed to increased cannabis use. Impacts of the COVID-19 pandemic and/or legalization likely resulted in some of the differences between the CADS 2019 data and the CCS 2021 survey data.

CANNABIS USE AMONG MÉTIS

Limited data is available on cannabis use among Métis. The most recent statistics are from the 2021 Canadian Cannabis Study (CCS), however, they only provide information on use within the past 12 months among the Métis population as compared to the overall population, as well as percentage of use for medical purposes (see Table 3). Further



insight into Métis peoples is available from the 2017 Aboriginal Peoples Survey (APS). However, it is important to note that the APS was conducted prior to legalization and the data is four years older than the CCS data. Therefore, the data available from the APS is not a fully accurate picture of the Métis population today nor does it allow for an accurate or complete cross-comparison to the overall population. Nonetheless, it provides an estimate of the Métis population at the time, and points to important areas to update, monitor, and further explore.

In 2017, the APS reported that most of the Métis population (78 percent) had not used cannabis at all, as shown in Table 4.¹⁹ Seven percent reported daily use, while others reported occasionally to weekly or monthly use.¹⁹ Like the non-Métis population, those aged 18 to 34 reported using cannabis more frequently (37 percent) compared to those aged 35 and up (10 to 20 percent).¹⁹ Similarly, Métis males were more likely to report cannabis use compared to females (26 percent versus 18 percent).¹⁹

In contrast, Table 3 includes the CCS data from 2021 which indicates an increase in Métis who reported using cannabis in the past 12 months (39 percent reporting using within the last year in the 2021 CCS versus 22 percent as reported in the 2017 APS), similar to the overall increase in cannabis use from the 2019 CADS to the 2021 CCSA.¹⁷ This trend may signal increased comfort in self-reporting of cannabis use post-legalization, other impacts of legalization such as increased availability, and/or it may be an indicator of COVID-19-related stress, isolation or other pandemic-related impacts. Additionally, among those who reported using cannabis, Métis were shown to similarly use cannabis for medical purposes (both self-reported and with documentation) to the overall population (25 percent).¹⁷ Half of Métis respondents who reported using cannabis were males (47 percent), and over one third were aged 25 years and older (34 percent).¹⁷

Table 3: 2021 Past 12-month use

	Métis population	Males	Females	16-19	20-24	25+	Overall population
Past 12-month use	39.1%	46.7%	-	-	-	34.1%	25.0%
For medical purposes	25.1%	-	-	-	-	-	22.0%

Source: Canadian Cannabis Survey (2021)

Table 4: 2017 Past 12-month use

		Métis population	Males	Females	18-34	35-54	55+
Past 12-month use		22.0%	26.2%	18.2%	37.3%	18.3%	9.6%
Not at all		78.0%	73.8%	81.8%	62.7%	81.7%	90.4%
<i>Frequency of use in the past 12-months</i>	Less than once a month	7.0%	8.0%	6.0%	12.7%	5.4%	2.5%
	At least once a month	4.0%	4.3%	3.6%	7.0%	3.1%	1.7%
	At least once a week	3.7%	5.0%	2.4%	5.4%	3.6%	1.7%
	Daily or almost daily	6.8%	8.3%	5.4%	11.3%	5.6%	3.2%

Source: Aboriginal Peoples Survey (2017)

Cannabis Use Among Métis Youth

The only data available on cannabis use among school-aged Métis youth is from the BC Adolescent Health Survey (BC AHS) conducted by the McCreary Centre Society in partnership with the Métis Nation of BC in 2018. The BC AHS surveyed 38,000 school-aged youth from grades 9 to 12. About one third of the population were Indigenous and three percent were Métis. The raw data from this survey is not publicly available, therefore this document shares only the indicators published in the *Taanishi Kiiya?* reports and the BC AHS 2018 reports. Other insights on Indigenous and Métis youth are drawn from a 2021 systematic review of pre-existing quantitative and qualitative studies on Indigenous peoples and cannabis.

According to the 2021 systematic review, Indigenous youth use cannabis at two to three times the rate of non-Indigenous youth.²⁶ Based on the BC AHS, nearly half of Métis youth sampled in BC (42 percent) used cannabis as compared to one quarter of non-Métis youth (25 percent). Métis youth also report trying cannabis for the first time at a slightly younger age (14 years old) as compared to non-Métis youth (15 years old).²⁷

The BC AHS was also one of the only surveys found to include an option for respondents to identify as non-binary. Although data is still limited, the BC AHS showed higher rates of cannabis use among both Métis and non-Métis non-binary youth.²⁷ Non-binary youth were also more likely to try cannabis for the first time before the age of 15, with 67 percent indicating that they tried before the age of 15 (as compared to 53 percent of respondents who identified as male and female).²⁷ Youth from the northwest region of BC reported the highest rates of cannabis use (42 percent) as compared to urban youth (25 percent) and those from the interior and coastal regions (33 percent).²⁷

Among those who reported using cannabis, Métis and non-Métis youth used cannabis in similar ways and at similar rates. Table 5 shows that the majority of respondents reported smoking cannabis (89 percent), while less than one quarter ate it via edible or baked good (18 percent), and a smaller proportion used other modalities such as dabbing, oil, or smoking with a bong (7 percent).²⁷ The majority of respondents who reported using cannabis indicated that they had used cannabis within the past six months (60 and 62 percent for Métis and non-Métis respondents respectively).²⁷ However, Métis youth were more likely to report using cannabis the Saturday before the survey (34 percent) than non-Métis youth (8 percent).²⁷ While some data exists on frequency of use, much of it is not available to compare between populations.

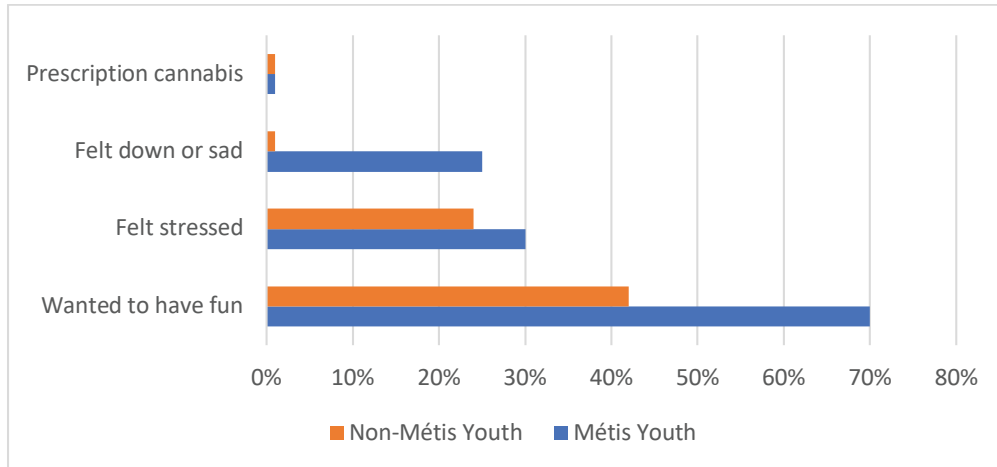
Table 5: Available and comparable data on Métis and non-Métis youth cannabis use

		Métis youth	Non-Métis youth
Ever tried it		42%	25%
Average age of initiation		14	15
<i>Frequency of Use</i>	At least once a month	60%	62%
	Used the Saturday before	34%	8%
<i>Method of use</i>	Smoked it	89%	89%
	Eaten it	18%	16%
	Other (bong, oil, dabs)	7%	6%
	Medical use with documentation	1%	1%

Source: BC Adolescent Health Survey (2018)

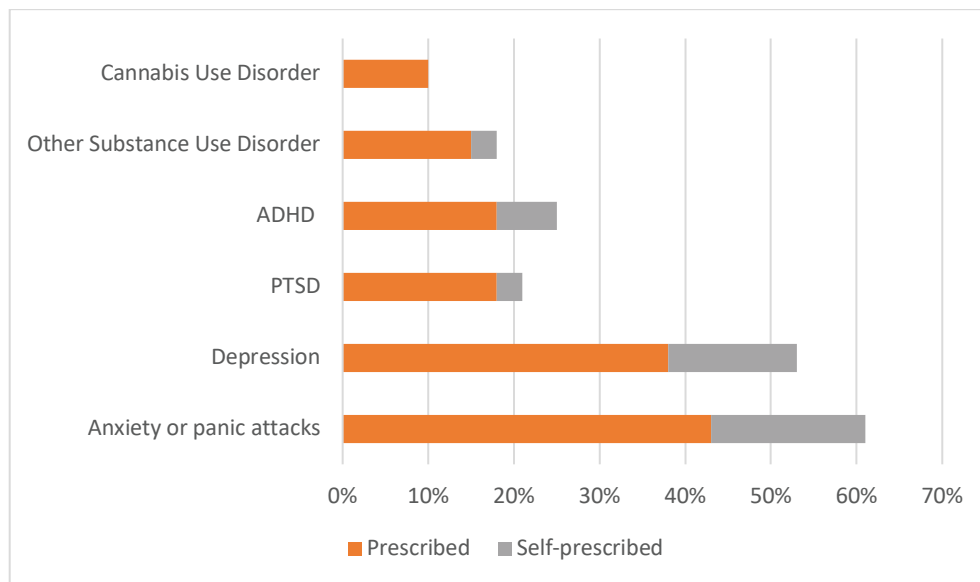
As demonstrated in Figure 4, the most frequently cited reason for using cannabis reported by Métis youth was to have fun.²⁷ Notably, a third of Métis youth reported using cannabis because they felt stressed (30 percent) and one quarter reported using cannabis because they felt down or sad, a finding that was reported at significantly higher rates than non-Métis youth.²⁷ A small proportion of Métis and non-Métis youth also reported using cannabis for a medical condition as recommended by a healthcare provider (1 percent).²⁷ Although no further insights exist into the types of medical conditions for which cannabis was used for among Métis youth, the most frequently self-reported health conditions for which cannabis was used among the overall youth population were for anxiety or panic attacks (43 percent), depression (38 percent), post-traumatic stress disorder (PTSD, 18 percent), and attention deficit hyperactivity disorder (ADHD, 18 percent) as shown in Figure 5.²⁷ These trends are similar among adults who use cannabis for self-reported medical purposes. As demonstrated in Figure 6, overall, when asked about the top consequences of their cannabis use, all youth (including Métis and non-Métis youth) mostly reported being told they did something they could not remember (16 percent), passing out (9 percent), or experiencing an impact on their school grades and/or work performance (8 percent) or social relationships (8 percent).²⁷

Figure 4: Reasons for cannabis use among Métis and Non-Métis youth in BC, 2018

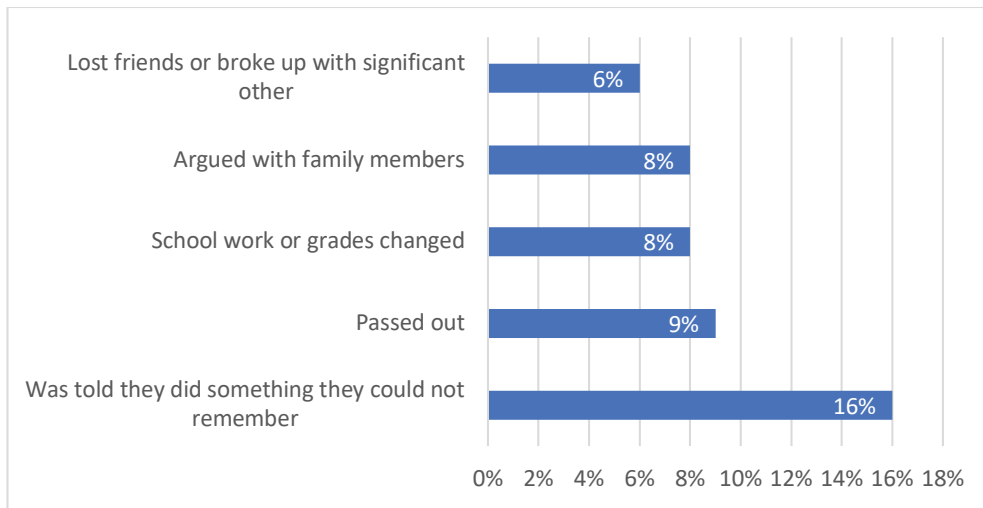


Source: BC Adolescent Health Survey (2018)

Figure 5: Medical conditions related to substance use among all youth in BC, 2018 (not aggregated)



Source: BC Adolescent Health Survey (2018)

Figure 6: Consequences of use among all youth in BC, 2018 (not aggregated)

Source: BC Adolescent Health Survey (2018)

Previous studies evaluating the outcomes of substance use prevention programs emphasize that abstinence-focused approaches do not work with youth. Such programs tend to include extreme messaging and narrow information that creates fear-based abstinence in a few, but stigma in the majority. Stigma appears to be a significant barrier for Indigenous youth in accessing more information or guidance on their substance use.²⁸ Youth wish to see programs that provide them with evidence-based information on the effects of cannabis and mental health, safe use practices, and harm reduction. Due to the demonstrated relationship between youth mental health and cannabis use, programs are also recommended to move beyond drug education to other forms of health promotion and social development. The literature

also emphasizes Elders as important knowledge holders and mentors for Indigenous youth, as well as cultural activities.²⁶ School-based programs appear to be the most common location for Indigenous and non-Indigenous youth substance use prevention programs. Northern and rural communities would additionally benefit from after-school programming and other recreational activities and spaces for youth.²⁸



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CANNABIS AND MENTAL HEALTH AMONG MÉTIS

Research has found an association between cannabis use and mental illness. The Canadian Community Health Survey (CCHS) conducted in 2012 showed that those who reported two or more instances of past-year cannabis use were more than twice as likely to experience mental illness than those who reported no use or one-time use. More recently, the Canadian Perception Survey Series (CPSS) conducted in 2020 indicated that those who rated their mental health as 'fair' or 'poor' were twice



as likely to report using cannabis than those who reported 'good' or 'excellent' mental health. They were also more likely to have increased their use of cannabis and other substances during the COVID-19 pandemic. Additionally, mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) were among the medical conditions for which adults and youth most reported using cannabis.

While statistics demonstrate a relationship between cannabis and mental health, current research cannot determine the direction or causality of that relationship. Presently, it is understood that the relationship between cannabis and mental health is occurring in three primary ways:

- Cannabis use contributes to poorer mental health.
- Cannabis is used more often by people who have lower mental health or mental illness.
- Other social and environmental factors, like the social determinants of health and genetics, contribute to both cannabis use and perceived poorer mental health status.³²

Moreover, research looking at cannabis and mental health has primarily focused on its connection to schizophrenia and psychosis.⁶ Current research has demonstrated that cannabis use poses risks to developing psychosis and schizophrenia. Additionally, cannabis use has accounted for about 8 to 14 percent of schizophrenia cases. Those who have a family history of psychosis or schizophrenia are 2.5 to 10 times more likely to develop a psychotic disorder (either psychosis or schizophrenia) from regular cannabis use. While this risk is smaller for people with no family history of psychosis or schizophrenia, it is present, nonetheless. Early and frequent cannabis use, use of products

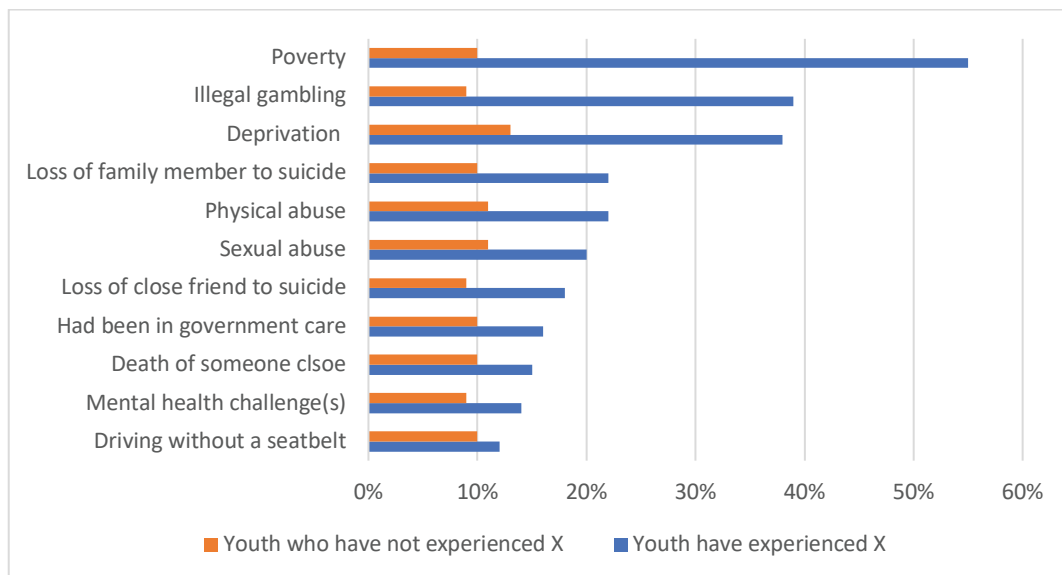
with high THC levels, and combination with tobacco and/or alcohol can all increase the risk of psychosis or schizophrenia, as well as other negative mental health outcomes in the short and long term.^{9,10} Other research has also noted that there are distinct population-level risks as well as individual-level risks. Overall, there appears to be low risk for negative mental health outcomes of cannabis use among the general population. However, individual differences such as genetics, socio-economic status, adverse childhood experiences, stress, and other environmental factors can interact with cannabis use to contribute to positive or negative outcomes.⁶

Risk Factors for Cannabis Use and Lower Mental Health among Métis

Without more longitudinal, cross-sectional, and distinctions-based research, it is difficult to measure the risks that cannabis use poses to Métis adults and youth specifically. We can infer that, based on the higher prevalence of environmental risk factors (such as intergenerational trauma, racism and discrimination, poverty, etc.), Métis peoples are at a higher risk for negative mental health outcomes of cannabis use. Additionally, youth in general are at a higher risk of negative outcomes of cannabis use. This is because rapid changes in brain structure and function occur during this developmental period, which are influenced by THC and other cannabinoids found in cannabis. For Métis and other marginalized youth, this risk is exacerbated by the social, political, and environmental context in which they live. Available statistics demonstrate that Métis adults and youth use cannabis at higher rates and at earlier ages, and they also report poorer mental health status. The BC AHS is one of the only surveys found and cited in this report that has looked at risk and protective factors related to cannabis use and associated outcomes among Métis youth. It is also one of the only surveys that provides insight into the mental health of Métis youth.

Figure 7 describes some of the risk factors associated with earlier and more frequent use of cannabis among youth from the BC AHS.²⁷ Notably, poverty, feeling deprived, and engaging in risk taking behaviours were among the most common risk factors in youth who reported early and frequent cannabis use.²⁷ In addition, non-binary youth reported experiencing more risk factors and less protective factors.²⁷

Figure 7: Risk factors associated with past 12-month use of cannabis among all youth



Source: BC Adolescent Health Survey (2018)

Although Métis youth appear to be experiencing more stress, trauma, and hardship, lower mental health, higher rates of diagnosed mental health conditions, and higher rates of cannabis and substance use, it is important to reflect on the larger context that contributes to much of these population differences. Due to the ongoing impacts of colonialism, there are many negative experiences that Métis and other Indigenous youth (and adults) experience that non-Indigenous youth and adults do not. For example, Table 6 demonstrates that one quarter of Métis youth respondents had a family member attend residential school.²⁴ Although the analysis does not include a comparison between residential school attendance and cannabis use, it is well understood that familial residential school attendance contributes to an array of negative mental health outcomes across generations, including lower mental health and higher rates of substance use, substance use disorders, self-harm, and suicide.

Table 6: Mental health status of Métis and non-Métis youth

	Métis youth overall	Overall youth			
		Overall youth	Males	Females	Non-binary
Good or excellent health	76%	81%	82%	71%	-
Mental or emotional health condition	29%	15%	-	-	-
Felt happy most of the time	56%	65%	47%	69%	-
Experienced poverty	15%	10%	-	-	-
Experienced deprivation	30%	25%	-	-	-
Experienced discrimination	46%	-	-	-	-
Experienced bullying	58%	53%	-	-	-
Live under government care	11%	4%	-	-	-
Anxiety/panic attacks	33%	18%	17%	45%	68%
Depression	27%	15%	17%	32%	77%
Attention deficit hyperactivity disorder	14%	7%	16%	10%	35%
Post-traumatic stress disorder	7%	3%	4%	7%	29%
Substance use/addiction	5%	3%	5%	5%	-
Considered suicide in previous 12 months	24%	17%	-	-	-
Attempted suicide in the previous 12 months	8%	5%	-	-	-
Self-harmed in the previous 12 months	27%	17%	-	-	-
Experienced stress in past month	18%	12%	9%	23%	40%
Experienced despair in past month	11%	8%	5%	15%	32%
Family member attended residential school	24%	-	-	-	-
Parent attended residential school	1%	-	-	-	-
Grandparent attended residential school	10%	-	-	-	-
Other family member attended residential school	16%	-	-	-	-

Source: BC Adolescent Health Survey (2018)

Protective Factors for Cannabis Use and Mental Health

Most people who use cannabis do not go on to develop a mental illness.⁹ There are protective factors that promote mental wellbeing, less risky or harmful patterns of cannabis use, and reduce negative outcomes associated with cannabis use. Most of the available statistics on Métis do not reflect these protective factors, though the BC AHS does provide some insights on youth in that province. Table 7 demonstrates that while Métis youth might experience poorer mental health outcomes, they are still doing well in many areas. For example, although Métis youth reported experiencing high rates of mental illness, they were also more likely to report accessing counsellors as compared to non-Métis youth (19 percent as compared to 11 percent).²³ The majority of Métis youth respondents reported feeling safe in school and respected by their family.²³ The majority also reported having a caring and supportive adult in their life, as well as at least one close friend.²³ Half of Métis youth reported having a relationship to the land and were increasingly participating in cultural activities.²³ All of these protective factors can mediate risk and promote positive mental health outcomes and resiliency. Further opportunities to enhance the mental health and wellness of Métis youth include increasing the accessibility of cultural activities and mental health care, and building community connectedness.

Table 7: Protective factors

		Métis youth	Non-Métis youth
<i>Access to care</i>	Counsellor	19%	11%
	Youth clinic	4%	-
	School wellness center	2%	-
	Traditional healer	1%	-
<i>Participated in extracurricular activities</i>	Informal sports	57%	-
	Organized sports	51%	-
	Dance, yoga, exercise	16%	-
	Engaged in cultural activities in past year	20%	-
	Felt safe in school	67%	73%
	Can speak an Indigenous language	13%	-
	Fluent in an Indigenous language	2%	-
	Relationship to the land	50%	44%
	Spirituality	35%	-
<i>Other</i>	Part-time employment	42%	33%
	Felt connected to their community	37%	42%
	Felt respected by their family	70%	-
	Had a supportive adult in family	67%	71%
	Felt their teachers cared about them	62%	-
	Felt happy at school	55%	-
	Felt safe at school	67%	73%
	Had a caring adult in community	69%	-
	Had at least one close friend	96%	-

Source: BC Adolescent Health Survey (2018)

Cannabis, Mental Health, and Social Determinants of Health

The additional risks posed to Métis youth due to health disparities are rooted in historical and ongoing systemic racism, dislocation, and marginalization.³ Substance use and mental health are influenced by social determinants of health.² Social determinants of health are the non-medical factors that influence health outcomes, including income, education, food security, housing, early childhood development, social inclusion, and other structural determinants. Figure 8 provides a snapshot of indicators on the social determinant of health from the 2017 Aboriginal Peoples Survey among Métis aged 15 and older. Each of the indicators can function as a risk or protective factor.

Figure 8: A snapshot of social, economic, and related indicators associated with health and wellbeing among Métis aged 15 and older



Source: Aboriginal Peoples Survey (2017)

Social determinants of health are largely systemic and out of individual control but shape the conditions of daily life; they are the conditions in which people are born, grow, work, live and age. Research has demonstrated that the social determinants of health commonly account for 30 to 55 percent of health outcomes and are often more important than any healthcare or lifestyle choices.³⁸ In other words, social determinants of health are critical to improving mental health and wellness outcomes, with or without substance use. For *Métis* peoples, there is a need to center traditional ways of knowing and being, self-reliance and self-determination to improve outcomes. Any health promotion or prevention activities should also include concepts of spirituality, connectedness, and reciprocity to the land.³⁷

OTHER HEALTH IMPACTS OF INTEREST

With the increasing accessibility of non-medical cannabis that came with legalization, there could be potential health impacts and risks from cannabis legalization to people living in Canada. Many are also reportedly using cannabis for its perceived health, social, and spiritual benefits. There are also significant research gaps into the benefits and risks that cannabis has with respect to health and well-being. This section highlights some of the key health impacts that policymakers, researchers, and the general public are most interested in.

Medical Use of Cannabis and Cannabinoids

Just under one quarter of Canadians who use cannabis report using it for self-reported medical purposes (14 percent with and without healthcare documentation).¹⁷ Métis and non-Métis adults and youth use cannabis for various distinct medical conditions. While mental health concerns were the most frequently cited medical conditions for using cannabis, other conditions such as arthritis, multiple sclerosis, irritable bowel disorders, and pain were also reported.¹³ Research is currently looking at the therapeutic potential of cannabis and CBD for concussions, insomnia, and cancer.¹ Prior to legalization of non-medical cannabis, the federal Access to Cannabis for Medical Purposes Regulations (ACMPR) allowed for healthcare practitioners to authorize access to medical cannabis for patients. Since legalization, the Cannabis Act primarily regulates the production and access of medical cannabis. Healthcare practitioners continue to authorize medical cannabis, though with the increased access to cannabis from legalization, there is a rise in the self-reported use of cannabis for medical purposes. Moreover, there is insufficient research to promote cannabis or cannabinoid products as a primary or first option for many conditions.

There is ongoing research examining the potential therapeutic uses of cannabinoid products for conditions such as multiple sclerosis, psychiatric disorders, epilepsy, inflammatory diseases, cancer, obesity, glaucoma, and neurodegenerative disorders. Findings from this research to date are either mixed or insufficient to draw conclusions. There is also currently insufficient evidence to support the use of cannabis for most mental health conditions.⁹ Researchers are also studying whether cannabis could help reduce the use and associated harms of other substances like alcohol and opioids. This research is still in an early stage. There is also still much to understand about the effects of cannabis when used with other substances, including alcohol, prescription medication and other drugs.

Many Indigenous peoples and traditional knowledge holders have indicated that cannabis was historically perceived as part of plant-based medicine, and not a drug. Any traditional knowledge on cannabis use among Métis was not publicly available online at the time of this report. Nonetheless, a 2018 briefing by the Thunderbird Partnership Foundation suggests cannabis has been used by Indigenous peoples for medical reasons in two specific ways: (1) to create a topical solution to treat pain such as arthritis, and (2) in ceremony to lessen symptoms of undiagnosed psychosis.⁴⁴ Elders from Indigenous communities urge both culturally appropriate use and caution with how to safely interact with cannabis.⁴⁴ The use of cannabis as a potential harm reduction strategy for other substance use that may be considered harmful has not been explored among Métis.

Further research on Métis and First Nations knowledge and experiences are being supported by the Mental Health Commission of Canada and led by organizations such as the Native Women's Association of Canada, the Manitoba Métis Federation, and the Métis Nation BC.

Impaired Driving

Driving after using cannabis is one of the top safety concerns that arose with legalization. Impaired driving is a leading cause of death and injury in Canada and is an offence under the Criminal Code of Canada. New legislation on impaired driving accompanied the legalization of non-medical cannabis. Cannabis impairs the cognitive and motor abilities necessary to operate a motor vehicle and doubles the risk of crash involvement.² It can slow reaction time, cause drivers to vary in their speed or wander the road, impair their short-term memory and concentration, and reduce their ability to make decisions quickly or handle unexpected events. Despite these risks, one in four people who use cannabis (26 percent) report operating a vehicle while under the influence.¹⁷ One in three (30 percent) have also reported they have ridden in a vehicle operated by a driver who was under the influence of cannabis.¹⁷ Impaired driving is more common among males and those 20 to 25 years of age.¹⁷



Impaired driving is a particular concern among youth who continue to be the largest group of drivers in crashes who later test positive for alcohol or other drugs. Based on the BC AHS, cannabis was one of the most commonly reported substances used while driving among both Métis and non-Métis youth.²⁷ In the month prior to the survey, Métis youth reported driving under the influence of cannabis more often than non-Métis youth (14 percent as compared to 8 percent).²⁷ One quarter of Métis youth (24 percent) reported riding in a car with someone who had used cannabis.²⁷ Métis youth were more likely to report being a passenger in car with someone who had been under the influence of alcohol (28 percent).²⁷ Also in comparison, 7 percent of Métis youth reported driving after drinking alcohol and 2 percent of Métis youth reported driving after consuming other substances.²⁷

According to the Canadian Cannabis Survey, the most common reason for why people drove after using cannabis was because they did not feel impaired (78 percent).¹⁷ Other reasons included feeling they could drive carefully (22 percent), they did not have far to drive (20 percent), there were no alternative transportation options (13 percent), or they did not think they would be caught by law enforcement (9 percent).¹⁷ Cannabis can impair each person differently based on their unique physiology, method of consumption, THC concentration, quantity, and frequency of cannabis use. Understanding the reasons why people drive under the influence of cannabis can help identify areas for intervention and prevention.

Edibles and Vaping

Aside from smoking, edibles and vaping are two of the most common ways of ingesting cannabis. While there are some benefits such as reduced smoke exposure, edibles and vaping are still a concern to the health of those who use cannabis and youth in particular.

Edibles, extracts, and topicals were legalized in October 2019. Not all provinces adapted the new federal legislation. Provinces who did permit the sale of edibles saw more than two times the number of hospitalizations of children under ten years of age due to accidental cannabis poisoning. Some choose to use edibles as a way to reduce the harm that smoking cannabis poses to their respiratory system. Others use edibles because of the stronger effect they perceive it creates. Some also use edibles because of the ease of consumption and in an effort avoid the stigma associated with smoking. Edibles can contain higher THC concentrations, and it can take a few hours to feel the full effects. Due to the nature of edibles, there are higher risks of over-consumption, over-intoxication, and impairment. Harm reduction approaches should be used, including choosing products with low THC levels, consuming small quantities over a longer period, consuming in a safe place, and avoiding use with other substances. CCSA has created [safer-use guidelines](#) for edibles.

The use of e-cigarettes and vapes are growing in popularity and are increasingly prevalent among youth in Canada, raising concerns that a new generation of young people are becoming dependent on nicotine even though they may not be traditional cigarette smokers. Vaping is now widely considered to refer to both the use of e-cigarettes and vaporizers for cannabis (alongside new terms such as “JUULing”). E-cigarettes heat nicotine (extracted from tobacco), flavourings and other chemicals including cannabis products, to create an aerosol that can be inhaled. Much of the statistics available on vaping do not distinguish between tobacco and/or cannabis. The Canadian Cannabis Survey, however, does indicate that vaping using a vape pen is one of the top methods of consumption for cannabis (estimates ranging from 17 percent to 38 percent among overall population).¹⁷ The most common types of cannabis products used in vapes were reportedly liquid cannabis oil/extract (68 percent), dried flower/leaf (54 percent), and solid cannabis extract (20 percent). Additionally, the Canadian Tobacco and Nicotine Survey suggests that nearly half of those aged 20 to 24 (48 percent) and 3 in 10 aged 15 to 19 (29 percent) have vaped in their life (presumably tobacco), as compared to only 13 percent among those aged 25 and up.¹⁴ This is a similar trend among those who have vaped in the last 30 days.¹⁴

The BC AHS reported on cannabis and vaping among youth ages 13 to 19. Four in ten Métis youth reported vaping in the past month; in fact, it was one of the most common smoking products used.²³ Métis youth were also more likely to vape than non-Métis youth (40 percent as compared to 27 percent).²³ 42 percent of 17- and 18-year-old Métis



vaped with nicotine, while 24 percent vaped without nicotine.²³ Among Métis youth who had smoked tobacco, 65 percent vaped with nicotine and 47 percent vaped without nicotine.²³ Youth who had never smoked tobacco also reported vaping; 15 percent vaped with nicotine and 18 percent vaped without nicotine.²³ Among both Métis and non-Métis youth, older youth and males were more likely to vape.²³

The risk and protective factors associated with youth cannabis use are similar to those associated with vaping. Furthermore, the McCreary Centre Society conducted a special survey on vaping during the COVID-19 pandemic in 2020. This survey showed that the majority of overall youth had not vaped, and the majority of youth who had vaped reported stopping or reducing their vaping during the pandemic. There is no publicly available aggregated data.

Although e-cigarettes may be safer than conventional cigarettes, a growing number of studies indicate that vaping can be harmful. Vaping is linked to respiratory and cardiovascular diseases⁷ and recent years have seen increases in vaping-related lung illnesses and deaths in Canada.⁷ The evidence for vaping as a beneficial strategy for smoking cessation is moderate to inconclusive, despite being one of the most common methods that smokers use to quit cigarette smoking.⁷ As with the use of other substances such as alcohol, youth are particularly susceptible to the negative effects of vaping nicotine and cannabis products which can impact brain development, memory, and concentration. The BC AHS indicates that Métis youth are interested in learning more about the effects of vaping, tobacco, and cannabis.²³

Cannabis and Pregnancy/Parenting

Cannabis is one of the most frequently used drugs during pregnancy. The Canadian Alcohol and Drugs Survey (CADS) showed that in 2019, 5 percent of women of childbearing age reported using cannabis during their last pregnancy, and 6 percent while breastfeeding.¹³ While cannabis use is common during pregnancy, the evidence about its impact on pregnancy outcomes or child development is limited. Compared to other populations, there is also limited knowledge about cannabis use among people who are pregnant in Canada.

However, significant evidence highlights an increased risk for low birth weight in infants from those who used cannabis during pregnancy.⁵⁹ There may also be impacts on cognition, and behavioural and emotional functioning later in life. It should be noted that the contribution of cannabis use during pregnancy to these other outcomes is more difficult to determine because many other environmental factors come into play throughout development. Some of these effects may also occur when cannabis is used while breastfeeding as elements of cannabis are known to pass into breastmilk during lactation, which the infant absorbs and metabolizes.⁵⁹ At the same time, cannabis use during pregnancy and breastfeeding is also frequently associated with polysubstance use, lower socioeconomic status, and other risk factors, making the direct effects of cannabis difficult to evaluate. Since there is no known safe amount of cannabis use while pregnant or breastfeeding at this time, the general advice is to avoid cannabis. While research is ongoing, health-care professionals are recommended to discuss cannabis use with their patients and provide unbiased, compassionate information to people of child-bearing age. In 2020, Pauktuutit Inuit Women of Canada conducted research on the cannabis-related attitudes and behaviours of Inuit who were pregnant and/or of child-bearing age; harm reduction approaches were emphasized among those who choose to continue to use cannabis during pregnancy or breastfeeding.

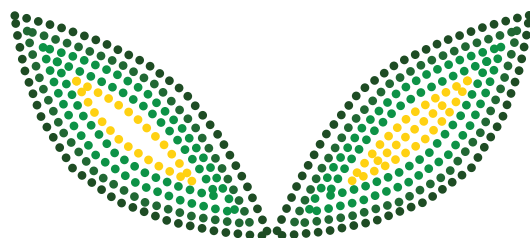
Cannabis and Second-Hand Exposure

Limited research is available to suggest that extreme second-hand smoke exposure (e.g., in close proximity with no ventilation) can produce detectable levels of THC in the blood and urine, as well as intoxication with mild-to-moderate impairment of cognitive performance in the non-smoker. Ventilation significantly reduces the potential for this risk. Although the unique long-term health effects associated with repeated exposure to second-hand cannabis is not currently understood, it is well understood that exposure to second-hand tobacco smoke is very harmful. Therefore, there is potential that the long-term effects of second-hand cannabis smoke would be similar to that of tobacco. With cannabis, however, the method of smoking can also increase or decrease the amount of exposures and its effects. For example, vaping may be associated with less second-hand exposure than smoking, however, the full extent of harms or risks are not fully understood yet.

Cannabis Use Disorder and Treatment

Contrary to public belief, cannabis can become addictive and problematic, and lead to cannabis use disorder. Daily or more frequent cannabis use can be a sign of increasing physical dependence or cannabis use disorder. The risks associated with cannabis use disorders are similar to the risk factors associated with other negative mental health outcomes. Lower socioeconomic status, discrimination, deprivation, and stress alongside early use, frequent use, and high potency use are all among risk factors for developing cannabis use disorder.⁹ As with other substance use disorders, cannabis use disorder is diagnosed by clinicians using the Diagnostic and Statistical Manual of Mental Disorders, and is defined as “a problematic pattern of use leading to clinically significant impairment or distress”.⁹ Key indicators of cannabis use disorder include using for at least one year, experiencing a significant impairment of typical functioning and distress, repeated failed efforts to reduce or discontinue use, cravings, and withdrawal.⁹ There is no pharmacotherapy (i.e., treatment using medication) for cannabis use disorder at this time, however, evidence has seen success with other interventions such as cognitive behavioural therapy and motivation enhancement therapy. Research into other treatments is ongoing.⁶⁴ Harm reduction is also an important consideration when intervening with ‘problematic’ cannabis use as well as other forms of substance use.

Most people who use cannabis do not develop a cannabis use disorder.⁹ In addition, those who do experience a cannabis use disorder commonly ‘transition’ out of it by their late 20s or early 30s.⁹ Supports and evidence-based treatments including harm reduction measures are available to help people with their cannabis use. As with any substance, it is important to be aware of the possible health and mental health risks of cannabis use, as well as ways to [help to lower those risks](#). Individuals who are concerned about their use of cannabis can consult the *Resources* section.



OTHER SUBSTANCE USE AMONG METIS

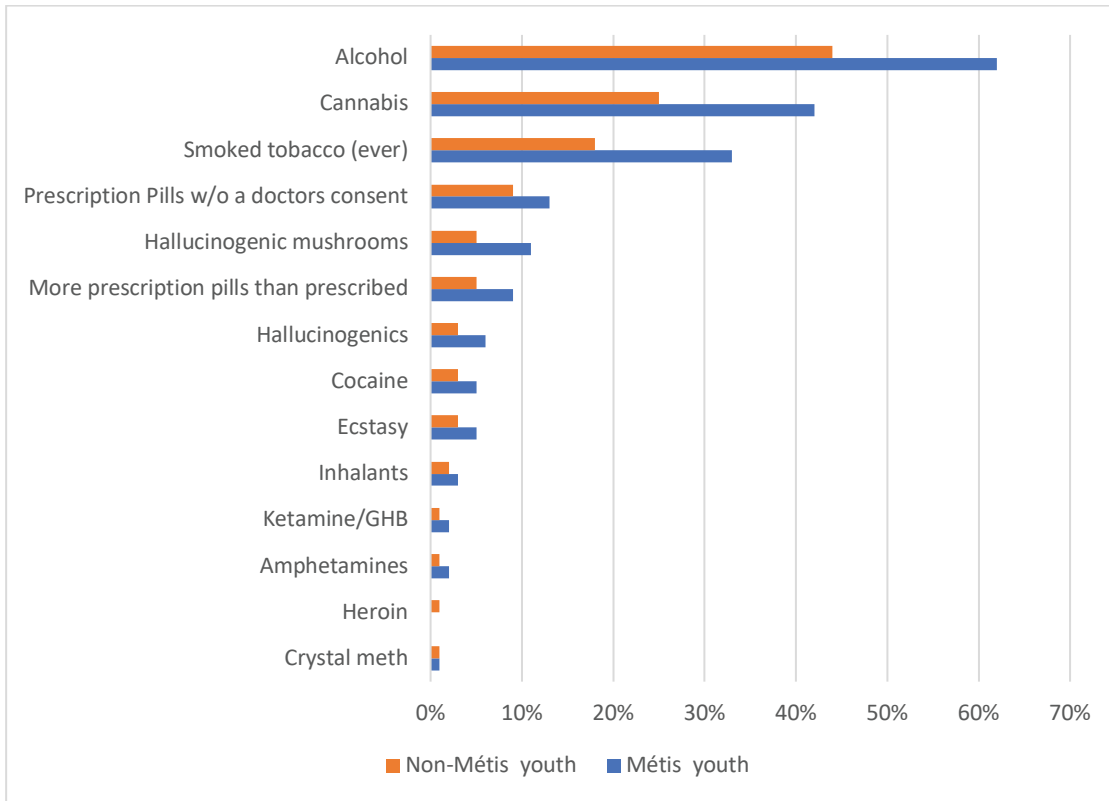
Among those who use cannabis, some report using in isolation, but many report using along with other substances. Respondents to the Canadian Cannabis Survey (2021) were most likely to report using alcohol in combination with cannabis (68 percent) followed by tobacco (31 percent).¹⁷ Alcohol and tobacco were also the most commonly used substances in general, whether in combination with or in isolation from cannabis, and across groups.¹⁷ The majority of respondents reported not combining cannabis with substances other than tobacco or alcohol, however, among those who reported doing so often also reported having a substance use disorder.¹⁷ Similar to cannabis use in isolation, combined use was most commonly reported among males and youth.¹⁷ There is no Métis-specific data on combined substance use (i.e., polysubstance use). Combined substance use is often associated with worsened health outcomes than when cannabis is used in isolation. On the other hand, some who use cannabis and other substances might also do so in efforts to transition away from more harmful substances such as alcohol, cocaine, heroin, other opioids, or methamphetamine. This further emphasizes the need to apply a harm reduction lens when looking at cannabis use.

Whether negative outcomes occur from substance use often has less to do with the substance itself and more to do with the larger context in which the substance use is occurring and why someone is choosing to use substances. Survey respondents report using other substances for similar reasons to be using cannabis, including doing so for fun, to cope with stress, or because they were feeling sad or down.¹⁷ Interventions to promote the health of people who use cannabis and/or to reduce harm are similar to those designed to address other substance use as well. Therefore, it is useful to understand the patterns and behaviours of Métis around other common substances in addition to cannabis. Looking at the rates of use of other substances can provide some insight into who might be at risk of negative outcomes associated with cannabis and other substance use.

The BC AHS is the only available data source that provides disaggregated and comparable data on general substance use among Métis. It found that one quarter of Métis youth (24 percent) have used other substances at some point as compared to 16 percent of non-Métis youth.²³ The majority of respondents (70 percent) reported using other substances for fun, one third (30 percent) reported using other substances for stress, and one quarter (25 percent) because they felt sad or down.²³ In general, few youth overall report using illegal drugs such as heroin, cocaine and methamphetamine, or non-medical use of prescription opioids, other sedatives, or stimulants.²³ Most youth use these substances only experimentally or occasionally, but a minority will experience harms to their well-being because of their substance use.²³ About 7 percent of Métis youth reported problematic use of other substances, which was slightly lower than non-Métis youth (9 percent).²³ Figure 9 provides an overview of the rates of use of other substances among Métis youth. Those who use substances more broadly report similar outcomes as with cannabis use.²³ Early initiation of substance use has consistently been linked to negative outcomes

associated with substance use, including regular use, dependence, and physical and social problems during young adulthood. Protective factors for mitigating potential harms of substance use among Métis youth included feelings of connectedness to school, such as feeling close to people at school, feeling part of their school, and feeling happy and safe at school.

Figure 9: General Substance use in the past 12 months among Métis and non-Métis youth



Source: BC Adolescent Health Survey (2018)

Tobacco

Tobacco is seen as sacred in many Indigenous cultures and is often used as a part of ceremony. On the other hand, the recreational use of commercial tobacco can be harmful and addictive. It is also associated with higher levels of alcohol consumption and gambling. In 2017, approximately 29 percent of Métis were current smokers and approximately 22 percent smoked cigarettes daily.¹⁹ Based on the BC AHS, Métis youth reported higher rates of smoking tobacco than non-Métis (33 percent compared to 18 percent).²³ Both Métis and non-Métis youth similarly reported first trying tobacco around 14 to 16 years of age. Among Métis youth who had smoked, nearly half had done so in the past month prior to the survey (46 percent) and 7 percent smoked daily. The most common smoking products used in the past month were a vape pen or stick with or without

nicotine (65 percent with nicotine and 47 percent without).²³ This finding is similar across surveys. Métis youth who had never smoked tobacco were also vaping, as 15 percent vaped with nicotine and 18 percent vaped without nicotine. Non-binary youth were half as likely to report vaping with nicotine; meanwhile males overall were more likely to report additionally using other tobacco products such as chewing tobacco and cigars.²³

Alcohol

Alcohol is by far the most common psychoactive substance used by those living in Canada. Long term effects of alcohol use, particularly alcohol use that exceeds recommended limits of safer drinking, can contribute to several physical and mental illnesses. Drinking alcohol can lead to impaired judgment, reasoning, and the ability to evaluate risks, and is related to increased risk of homicide, drowning, or experiencing or committing physical or sexual assault. Delaying the consumption of alcohol until at least the legal drinking age and following recommended guidelines for alcohol consumption can help reduce the short- and long-term health risks. Young adults (aged 18 to 24) are the most likely to exceed recommended guidelines for alcohol consumption.

According to the 2017 APS, the majority of Métis respondents (79 percent) reported using alcohol in the past 12 months.¹⁹ About five percent of Métis adults reported consuming alcohol daily in the APS 2017.¹⁹ Males and those aged 18 to 34 reported the highest rates of alcohol use in the past 12 months (81 percent and 88 percent) while youth 15 to 17 years of age reported the lowest levels (50 percent).¹⁹ Similarly, the BC AHS demonstrated that over half of Métis youth (62 percent) had tried alcohol, which is slightly higher than non-Métis (44 percent).²³ Age of initiation was similar between populations at 15 years of age.²³ Comparably, 5 percent of Métis youth felt or were told that they needed help for their alcohol use.²³ Youth who have a family history of residential school attendance were more likely to have tried alcohol (71 percent as compared to 63 percent), and these youth were also less likely to feel connected to their community (29 percent as compared to 45 percent).²³



RESOURCES

The following annotated resources, prioritized by MNC and its working groups, are organized by themes. Where available, Métis-specific resources are featured.

General Information about Cannabis

GENERAL RESOURCES

[What you need to know if you choose to consume cannabis.](#) Government of Canada summary of general information on modes of cannabis consumption and associated health and safety risks.

[The Canadian Drug Summary on Cannabis.](#) A report providing an overview of key statistics and information about cannabis use in Canada before and after legalization. The summary includes data on the associated harms from cannabis use, medical versus non-medical use, vaping, hospitalizations, treatment, costs, driving under the influence, workplace-related concerns, and other issues. There are no statistics specific to Indigenous peoples in Canada, including First Nations, Inuit, and Métis.

[Clearing the Smoke on Cannabis: Highlights Report.](#) A CCSA report summarizing current evidence related to the effects of cannabis use on various aspects of human health, functioning and development, including 1) regular use and mental health, 2) maternal cannabis use during pregnancy, 3) cannabis use and driving, 4) respiratory and cardiovascular effects of cannabis smoking, 5) medical use of cannabis and cannabinoids, 6) regular use and cognitive functioning, and 7) edible cannabis products, cannabis extracts and cannabis topicals.

[Clearing the Smoke on Cannabis: Edible Cannabis Products, Cannabis Extracts and Cannabis Topicals.](#) A CCSA report that describes what edibles, extracts and topicals are, their associated harms and benefits, and safe-use.

[10 ways to reduce risks to your health when using cannabis.](#) A CAMH factsheet summarizing 10 recommendations to reduce health risks associated with cannabis use, targeted at people who use cannabis or are considering using cannabis.

[Cannabis inhaling and ingesting risks infographic.](#) A CCSA poster summarizing the key differences between inhaling and ingesting cannabis. Also includes tips for lower-risk cannabis use.

[First Nations Health Authority Cannabis Awareness Campaign.](#) The FNHA has launched a public health campaign aimed at reducing cannabis use among Indigenous children and youth. The campaign is culturally responsive and seeks to promote cultural wellness and traditional knowledge to support decision making for individual and community health and wellness.

MÉTIS -SPECIFIC RESOURCES

[Cannabis-related resources for First Nations, Inuit, and Métis.](#) Includes factsheets on what you need to know about cannabis in Canada in both Swampy and Plains Cree and Ojibwe languages.

[Legalized Cannabis: The pros and cons for Indigenous Communities](#). Policy brief developed by the Thunderbird Partnership Foundation providing information to Indigenous peoples and communities so that they can plan how to reduce harms of cannabis, especially to vulnerable populations.

[Cannabis Education for and by First Nations, Inuit, and Métis Peoples](#). The Native Women's Association of Canada has created a cannabis education hub. It includes community-informed resources and interactive tools that are culturally safe, gender-based, and trauma-informed and designed to increase literacy needed to make informed decisions about cannabis use within individual and community contexts.

Medical use of Cannabis and Cannabinoids

GENERAL RESOURCES

[Cannabis for medical purposes under the Cannabis Act: information and improvements](#). Government of Canada webpage summarizing legal parameters of using cannabis for medical purposes under the Cannabis Act legislation. Topics covered include information about accessing cannabis for medical purposes, impact of the Cannabis Act on registered patients, and possession and personal storage limits.

[Clearing the smoke on cannabis: Medical use of cannabis and cannabinoids](#). A CCSA report reviewing research on the medical use of cannabis and cannabinoids, including implications for policy and practice. The report concludes that cannabis and cannabinoids can be effective for some conditions such as certain types of pain, but there is insufficient evidence to promote cannabis and cannabinoids as the primary or first option for these symptoms. Research continues to examine the efficacy of potential therapeutic uses of cannabinoid products for other conditions such as multiple sclerosis, psychiatric disorders, epilepsy, cancer, and obesity but the available evidence so far is either mixed or insufficient to draw conclusions.

[Information for Health Care Professionals: Cannabis \(marihuana, marijuana\) and the cannabinoids](#). A Health Canada report providing healthcare professionals with information on the use of cannabis and cannabinoids for medical purposes. This document is a summary of peer-reviewed literature and international reviews concerning potential therapeutic uses and harmful effects of cannabis and cannabinoids.

MÉTIS -SPECIFIC RESOURCES

[Cannabis Si Koom La Michin \(Cannabis as Medicine\)](#). Funded by the Mental Health Commission of Canada, the Métis Nation of British Columbia are working on research to explore patterns of cannabis use among Métis, as well as barriers that exist to accessing cannabis for therapeutic use. This work will contribute to building an online community.

Cannabis and Mental Health

GENERAL RESOURCES

[Cannabis and mental health](#). A Government of Canada webpage providing a short overview of the mental health effects of cannabis and the health effects of cannabis on youth.

[Clearing the smoke on cannabis: Regular use and mental health](#). A CCSA report reviewing research about the relationship between cannabis use and a number of mental health conditions. Findings indicate that people who use cannabis regularly are at greater risk of developing psychosis or schizophrenia and that people with mental health conditions are more than twice as likely to use cannabis regularly.

[Psychotic disorder and cannabis use: Canadian hospitalization trends, 2006 – 2015](#). A CCSA report presenting the results of research on hospitalization trends related to cannabis use and mental and behavioural disorders. The document includes public education and harm reduction strategies and additional considerations to reduce hospitalizations related to cannabis use.

[Cannabis and Mental Health course and mentor guide](#). A comprehensive suite of online resources exploring a range of issues surrounding the mental health impacts of cannabis, at the individual, community, and societal level. Also includes a 90-minute course created by youth, for youth.

MÉTIS -SPECIFIC RESOURCES

To our knowledge, there are currently no Métis-specific resources.

Cannabis Use among Youth

GENERAL RESOURCES

[The Effects of Cannabis Use During Adolescence](#). A CCSA report that examines the harms and effects of cannabis use on the brains and behaviour of youth, including the link between cannabis and mental illness. It contains chapters by experts on these effects, links between cannabis and mental illness, and interventions for cannabis use disorders. The report's final call to action is based on the conclusions that cannabis is not harmless and can be addictive.

[Canadian Youth Perceptions on Cannabis](#). A CCSA study examining common misconceptions among youth, the gaps in evidence-based information, and how best to move forward with prevention efforts. The report helps to ensure that parents, teachers, and youth are accurately informed about the effects of cannabis use. It can also assist policy makers, prevention specialists, and researchers in developing evidence-informed materials.

[Talking Pot with Youth: A Cannabis Communication Guide for Youth Allies](#). A CCSA guide that provides introductory information and exercises to engage youth in meaningful discussions and conversations. Taking a harm reduction approach to talking about cannabis, it seeks to help those who work with young people engage in the right kind of conversations: those that are safe, unbiased, informed, and non-judgmental. The guide offers a practical approach to talking with youth about cannabis.

[Parent-Teen Cannabis Fact Sheet](#). A CCSA resource to help parents have meaningful conversations with their teens by outlining their common misperceptions on the risks and harms associated with cannabis use. This resource was informed by *Canadian Youth Perceptions on Cannabis*.

[Blunt Talk: Harms associated with early and frequent marijuana use among BC youth](#). A report from the McCreary Centre Society providing a snapshot of marijuana use among BC youth and identifying where use is linked to negative health consequences.

[Cannabis and Youth: A Certificate for Youth Workers](#). A YouthREX self-guided online professional development certificate that provides youth workers with evidence-based information on the health, social and legal risks associated with cannabis use.

[Let's Talk About Ujarak: Cannabis Harm Reduction Toolkit](#). The Pauktuutit Inuit Women of Canada conducted community-based research to better understand the knowledge and use of cannabis among Inuit youth. In response, they developed an Inuit specific toolkit for Inuit youth, expecting parents, and families to better understand the facts and myths around cannabis and how to reduce possible harms to promote healthy families and communities.

MÉTIS -SPECIFIC RESOURCES

[2013 Ta Saantii Deu/Neso: A profile of Métis youth health in BC](#). A report from the McCreary Centre Society in partnership with Métis Nation BC looking at the health picture of Métis youth, their changing needs, and at disparities between the health of Métis and non-Métis youth. Uses data from the 2013 Adolescent Health Survey and includes statistics on mental health and substance use.

[2018 Ta Saantii Deu/Neso: A profile of Métis youth health in BC](#). A report from the McCreary Centre Society in partnership with Métis Nation BC looking at the health picture of Métis youth, their changing needs, and at disparities between the health of Métis and non-Métis youth. Uses data from the 2018 Adolescent Health Survey and includes statistics on mental health and substance use.

Vaping Tobacco and Cannabis

GENERAL RESOURCES

[Vaping: The mechanics \(infographic\)](#). Poster outlining the mechanics of vaping.

[Talking with teens about vaping: Tip sheet](#). Tip sheet from Health Canada on talking to teens about vaping. Topics covered include risks of nicotine, vaping versus smoking, and vaping liquids.

[Report: Vaping linked with severe lung illnesses](#). A CCSA report outlining the latest evidence about recent outbreaks of lung injuries associated with vaping. The report describes how vaping can be harmful to lung health and describes possible causes and concludes that further research is needed to evaluate the impacts of vaping on health.

[Report: COVID-19 and cannabis smoking and vaping: four things you should know](#). A CCSA report summarizing four important facts currently known about COVID-19 and how it can affect people who smoke or vape cannabis products. The report includes a list of resources on health services and mental health support, cannabis, and COVID-19.

MÉTIS -SPECIFIC RESOURCES

[Leading practices in First Nations, Inuit, and Métis Smoking Cessation: Canadian Program Scan Results \(v5.0\)](#). A presentation by the Canadian Partnership Against Cancer on the results of a scan on current practices in smoking cessation programs developed by, with, and for First Nations, Inuit, and Métis across Canada by jurisdiction. Programs and practices are specific to tobacco use but provides a baseline of knowledge on current practices in Métis smoking cessation to highlight leading or effective practices across Canada.

Alcohol and Other Substances

GENERAL RESOURCES

[Cannabis and other substances](#). A CCSA one-page poster highlighting the health risks of using cannabis with other substances such as alcohol, tobacco, and other recreational drugs.

[COVID-19, alcohol, and cannabis use](#). Summarizes mechanisms through which COVID-19, alcohol and cannabis use may influence one another reciprocally. Includes list of resources related to substance use during COVID-19.

[Alcohol Drug Summary](#). Summarizes data on the use of alcohol among Canadians, including information on drinking patterns, effects on youth and older adults, legal status, costs, and impact on health care.

[Canada's Low Risk Drinking Guidelines](#). A brochure outlining best practices for setting drink limits and when not to drink alcohol. The brochure provides tips for safer drinking and defines a standard drink.

[Student Suggestions to Reduce Heavy Episodic Drinking](#). Based on a CCSA research report, this tool summarizes the ideas provided by students to address heavy episodic drinking on campus.

[How To Mobilize a Community to Address Alcohol Harms Among Young People](#). A CCSA poster summarizing how to build effective partnerships between communities and youth to reduce alcohol harms.

MÉTIS -SPECIFIC RESOURCES

To our knowledge, there are currently no Métis-specific resources.

Substance Use and Driving

GENERAL RESOURCES

[Impaired driving in Canada](#). A CCSA summary examining information and data on alcohol- and drug-impaired driving in Canada.

[Clearing the smoke on cannabis: cannabis use and driving](#). A CCSA report presenting evidence on the prevalence of cannabis-impaired driving, the effect of cannabis on driving performance and collision risk, and how drivers who are impaired by cannabis are identified.

[COVID-19 and impaired driving risks](#). A one-page poster describing impaired driving risks during self-isolation and COVID-19, including increased alcohol and cannabis consumption and use of new medications that might have impairing effects. Tips for reducing these risks are also provided.

MÉTIS -SPECIFIC RESOURCES

[MADD Canada Victim Services: Honouring our Spirit](#). An outreach program for First Nations and Métis victims/survivors of impaired driving. This program was developed in consultation with First Nations and Métis organizations in Alberta to be culturally sensitive and meet the needs of their communities.

Other Health Impacts of Cannabis Use

GENERAL RESOURCES

[Clearing the Smoke on Cannabis: Maternal Cannabis Use During Pregnancy](#). A CCSA research review on how using cannabis while pregnant affects children and young adults. Directed toward health-care professionals, policy makers, and researchers, the report explores the effects of prenatal cannabis exposure on birth outcomes, neurocognitive development, and the behaviour and mental health of children. Following a review of the evidence, the report discusses implications for policy and practice. No specific data, discussion, or considerations are presented for Indigenous women or communities.

[Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting](#). A general guide from the Best Start Resource Centre in Ontario, intended for men and women who are thinking of becoming parents.

[Health Effects of Cannabis Exposure in Pregnancy and Breastfeeding](#). A Public Health Ontario evidence review on cannabis use during pregnancy, which includes implications for practice and a list of recommendations and guidelines from other organizations.

[Clearing the Smoke on Cannabis: Respiratory Effects of Cannabis Smoking](#). A CCSA research review of respiratory effects and the range of respiratory symptoms reported by those who smoke cannabis regularly (intended for researchers, policy makers, and health-care professionals). This publication explores the effects on the respiratory and cardiovascular systems (lungs and heart) of smoking or vaping cannabis.

[The effects of cannabis smoking: what you need to know \[report in short\]](#). This report highlights the key findings from the above CCSA research review of respiratory and cardiovascular effects of smoking or vaping cannabis.

MÉTIS -SPECIFIC RESOURCES

[Ta Saantii: A profile of Métis youth health in BC](#). This report explores the health and wellness of Métis youth in BC based on the 2017 BC Adolescent Health Survey. It compares the health behaviours and outcomes of Métis and non-Métis youth across various indicators including cannabis and other forms of substance, risk, and protective factors.

Cannabis Products

GENERAL RESOURCES

[Edible Cannabis, Cannabis Extracts and Cannabis Topicals](#). A CCSA public education primer with information on how to minimize the health and safety risks associated with these other modes of use.

[Brief Submitted to the Health Canada Consultation on Regulations for Cannabis Edibles, Extracts and Topicals](#). CCSA's recommendations on regulating cannabis edibles, extracts, and topicals.

[7 Things You Need to Know About Edible Cannabis](#). This CCSA public education resource highlights the risks associated with edibles to help consumers make more informed decisions.

[7 Things You Need to Know About Cannabis Extracts](#). A CCSA public education resource that provides recommendations for those considering the use of extracts.

[How to Safely Store Your Cannabis](#). A CCSA public education infographic on keeping cannabis out of reach and sight to protect children and pets.

[Cannabis: Inhaling vs Ingesting](#). A CCSA public education infographic aimed at lowering the risks of cannabis use by assessing the two most common modes of consumption.

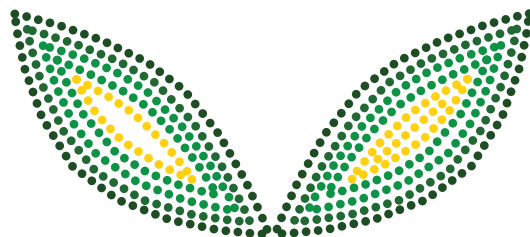
MÉTIS -SPECIFIC RESOURCES

To our knowledge, there are currently no Métis-specific resources.

The House of Commons' Standing Committee on Health, Panel 3: [study of Bill C-45, An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts, September 14th, 2017](#).

"The Métis National Council supports the stated purpose of the Bill C-45 and including its intent to:

- protect the health of young persons by restricting their access to cannabis.
- protect young persons and others from inducements to use cannabis.
- reduce the burden on the criminal justice system; and
- enhance public awareness of the health risks associated with cannabis use.



APPENDIX: MÉTIS NATIONAL COUNCIL RECOMMENDATIONS ABOUT THE CANNABIS ACT

The Métis National Council proposes four key recommendations to ensure that there are opportunities for more adequate engagement with the Métis Nation in implementation matters.

Recommendation #1 – That the Government of Canada ensure meaningful engagement of the Métis Nation in the development and implementation of a regulatory framework for cannabis.

The Task Force advised the Government of Canada that successful implementation of a regulatory framework will take time and will require that governments meet a number of challenges with respect to capacity and infrastructure, oversight, coordination and communications. It indicated that federal, provincial, municipal and Indigenous governments will need to work together on information and data sharing and coordination of efforts to set-up and monitor new systems.

Organizations that have appeared before the Committee, such as the Canadian Paediatric Society, recognize the importance of consultations with Indigenous communities on legislation, preventative measures and interventions to meet local conditions and cultural requirements. We support these recommendations.

Recommendation #2 – That the Government of Canada provide the Métis Nation with resources to minimize the harms of cannabis use in the Métis population.

The Métis National Council agrees with the Task Force on Cannabis Legalization and Regulation's advice that a public health approach be taken to promote health and reduce harm. This approach considers the risks associated with cannabis use, including the risks of developmental harms to youth.

It is imperative that resources be provided to Métis governments to mitigate harms associated with cannabis use. The Métis Nation is prepared to work with all levels of government to undertake health promotion activities and to develop approaches to minimize harms in the Métis population. Funding supports should be provided by the federal government to Métis governments to undertake this work.

Recommendation #3 - That funding be provided by the Government of Canada to support prevention, education and treatment supports, especially for Métis Youth.

Of particular concern to the Métis Nation is the health and wellness of Métis Youth. We understand legalizing cannabis will have impacts on the Métis, particularly on Métis youth. The Métis population is young. According to statistics Canada 41% of the Métis population is under 25 compared to 30% of the non-Indigenous population.

Many of our Métis youth are already dealing with issues surrounding drug use and addiction issues. We know from a Métis study by McCreary Centre Society in BC 2013 around half (48%) of Métis youth had tried marijuana. Among those who had tried it, 23% had used marijuana on six or more days in the previous month (30% of males vs. 18% of females).

We want to ensure that Métis, including Métis children and youth, have access to information to enable them to make informed decisions. We also want to ensure that Métis children and youth have access to Métis-specific prevention, education and treatment supports. On that front, we agree with the Task Force that governments should commit to using revenue from cannabis regulation as a source of funding for prevention. Funding should be provided to Métis governments to address these needs.

To minimize harms, we would like to see the minimum legal age set at 19 years. The age of 19 is consistent with the legal age of drinking in most provinces.

Recommendation #4 - That the Government of Canada work with the Métis Nation in enforcing public safety and protection.

The Métis Nation supports the Task Force recommendations that the federal government:

- Take a leadership role to ensure capacity is devolved among all levels of government, including Métis governments, prior to the start of the regulatory regime;
- That it develop and coordinate national research and surveillance activities, including Métis population-specific research and surveillance.
- That it establish a surveillance and monitoring system, inclusive of Métis
- That it engage with Indigenous governments, including Métis governments, to explore opportunities for their participation in the cannabis market; and
- That it engage with Indigenous communities, including Métis communities, to develop targeted and culturally appropriate communications.

In particular, resources should be provided to implement an evidence-informed public education campaign targeting the Métis population. Métis are the experts in relation to their own health and health needs and can play a meaningful role in public education.

The Métis Nation seeks to work as an equal partner in the development and implementation of regulatory matters and in optimizing health for Métis people in Canada.”

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