A COMMUNITY-INFORMED APPROACH TO
CANNABIS PUBLIC EDUCATION
AND AWARENESS

UNE APPROCHE COMMUNAUTAIRE DE
L'ÉDUCATION ET DE LA SENSIBILISATION
DU PUBLIC AU CANNABIS

COMMUNITY-INFORMED APPROACH TO CANNABIS PUBLIC HEALTH EDUCATION AND AWARENESS

Qualitative data analysis report and recommendations

Native Women's Association of Canada

L'Association des femmes autochtones du Canada

A COMMUNITY-INFORMED APPROACH TO
CANNABIS PUBLIC EDUCATION
AND AWARENESS

UNE APPROCHE COMMUNAUTAIRE DE
L'ÉDUCATION ET DE LA SENSIBILISATION
DU PUBLIC AU CANNABIS

TABLE OF CONTENTS

A COMMUNITY-INFORMED APPROACH TO
CANNABIS PUBLIC EDUCATION
AND AWARENESS

UNE APPROCHE COMMUNAUTAIRE DE
L'ÉDUCATION ET DE LA SENSIBILISATION
DU PUBLIC AU CANNABIS

SECTION 1: Critical Knowledge Analysis and Knowledge Translation Plan

BACKGROUND

The Native Women's Association of Canada (NWAC) is a national Indigenous organization representing the political voice of Indigenous women, girls, and gender-diverse people in Canada, inclusive of First Nations—on and off reserve, status, non- status, disenfranchised—Métis, and Inuit.

OVERARCHING GOAL

The goal of three-year project is **to develop culturally safe resources** that reflect the needs of urban, rural, and remote Indigenous communities. This encompasses First Nations, Inuit, and Métis, to identify current awareness and priorities of Indigenous women, girls, and gender-diverse people. The resources will aim to address the needs and priorities of our target audience, but most importantly to **develop increased literacy needed to make informed decisions about cannabis use that best suit their needs and circumstances (both as an individual and within a community context)**.

DATA ANALYSIS COMPONENT OBJECTIVES

The objective of the data analysis report is to apply an Indigenous-led point-of-view in drawing out core themes, using a distinctions-based lens, and developing detailed recommendations to support local communities in developing appropriate cannabis use and educational resources.

a) The recommendations will be aimed at both individual and community contexts.
b) The analysis will be divided into a distinctions-based, and sub-population-based, thematic analysis; with a lens on geographical context whenever possible.
c) Overarching themes and recommendations will be drawn out when and where it is significant to do so (e.g., to support policy recommendations).
d) Survey data–recommendations and context.

Overarching **Vision and goal**: To support informed, and culturally safe, cannabis use among women and gender-diverse people in four distinct groups across Canada: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations (known herein as a "distinctions-based" group).

OBJECTIVES

a) To increase capacity for informed decision making: Seek to empower individuals and communities with high quality knowledge that will enable informed decision-making for cannabis use and education.

b) To increase community safety: To identify what problematic cannabis use is, how to prevent it, and how to reduce rates of misuse.

CONTEXT AND METHODS: ROUNDTABLE ANALYSIS

The collective, transcribed, data from the roundtables was uploaded to the NVIVO software and individually coded to draw out pieces of information related to thematic clusters. These thematic clusters were selected because they would serve to organize information into areas that can meet the overarching goals and objectives of the cannabis project. The themes were based on the core questions used to frame the analysis methodology, as identified in the introduction, and located in Appendix A, Figure 9: Vison Wheel for Cannabis Project Data Analysis. The purpose of this thematic analysis is to identify knowledge relating to the "how" and "what" on cannabis resource development for Indigenous women, girls, and gender-diverse people, through a First Nation, Inuit, and Métis specific, distinctions-based lens. The information was framed into the following groups: Attitudes–negative, attitudes–positive, behaviours, benefits, capacity to make decisions, community supports, cultural, experiences, for the youth, historic, knowledge about cannabis, limits, needs, problematic use, recommendation, and types of resources.

With this form of qualitative data (descriptive, relational, and experiential), a high level of organization had to be maintained to consistently apply organizational conventions to the large amounts of information, without losing the specific details or context. To preserve the voices and experiences, limits on recommendations of participants and coding was done by one Indigenous (CIS-gendered female) researcher who read and documented every transcribed statement. Great care was taken to maintain threads directly from

the participants. Direct quotes are used to represent data that has been coded as direct speech, collected from the roundtable transcriptions. Once relationships among thematic clusters were reviewed, a summary narrative was created. Sometimes these summaries included the use of visual mind map figures, which were individually created and designed by the report data analyst (researcher) to show relationships that surfaced within a specific theme. In some circumstances, a figure was not used—as information was limited, or a more fluid, narrative style was favoured.

Wherever possible, sub-headings and tables were used to document recommendations—not necessarily the data. All data was reviewed and coded within a distinctions-based framework, wherein First Nations data was divided into three separate groupings: On-reserve, off-reserve, and Elders. Originally, the direction was to fold in the "First Nations Elders" roundtable; however, once data analysis was under way it was determined that the nuances and specifics of the Elders' experiences and needs, coupled with their fluid storytelling style, made it important to maintain their distinction amongst the groupings. Thus, there are five distinct groupings, not four. In fact, one limitation arising from the Inuit and Métis roundtables was that there was not enough focus on the "Elder voice," so the need to have additional Elder's Circles and/or gatherings has surfaced as a recommendation. Other limitations encountered through this process will be noted within the section that is closest aligned with. In some cases, where there is a noticable gap, recommendations have been formulated to guide next steps within the appropriate sub-population grouping.

SECTION 2: Overarching Recommendations

TABLE 1: Individual and community

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Education	Elders and Grandmothers need to be educated, and/or re-educated, about cannabis because they see themselves as carrying the responsibility for then educating the youth about cannabis. **Resources**: Audio recordings; Health Service Provider led education sessions. Resources that are, "written in the language."	First Nations (Elders)
Cultural	Elders and Grandmothers promote traditional channels of oral education, where information is transmitted by Elders to youth. They support incorporating cannabis education into existing cultural teachings, practices and ceremonies. **Resources**: Cannabis education to be incorporated into rites of passage.	First Nations (Elders)
Education and Resources	Inuit people require greater access to appropriate resources immediately, citing that, "The atmosphere that is created when there is not enough information is harmful and confusing." Educational resources should be for all Inuit, recognizing that, "Just because you don't use it doesn't mean you shouldn't learn." **Resources**: Focused, simple, and educational resources for Inuit People across the lifecycle.	Inuit

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Cultural Resources	Métis participants recognized there are limits in what they are able to share about through the roundtable due to gaps in Knowledge related to "Elders information, where which Métis Elders, is there a circle of Métis Elders, we could go to in the future to consult, and that they would know. I guess, as we learned earlier, the medicinal properties, but maybe even the spiritual properties that could help us with emotional health, physical health, etc." and, "I've never heard anything about our Elders, you know, from the Elders". There is an interest to better understand that could be best addressed in approaching Métis Elders and Grandmothers, asking for their help in convening their circles to inform on these perspectives from a Metis Traditional Knowledge base.	Métis
Resources for youth	Métis participants referenced the need to build on online resources specific for Métis youth– the recommendation is to connect and support youth through social media: TikTok, Instagram, Facebook, Snapchat, and Twitter. "Reaching younger individuals through Instagram, snapchat, twitter and TikTok. In which all those platforms have micro-Indigenous communities."	Métis

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Cultural	Elders agree that using ceremony to heal from trauma is important, and that ceremonies need to be "more accessible" to those who self-medicate (use cannabis) to treat their trauma. The recommendation is to continue the dialogue on, "How to make ceremony more accessible," and, "inclusive" across communities.	First Nations (Elders)
Education	There is a negative association connected to cannabis use. Many First Nation communities' histories involve traumatic drug abuse. As one described: "Growing up around drug use helped prevent desire to use; explore, but did not feel well or safe during use: Scared of others when used because of the loss on control." Thus, the recommendation of, "Offering that education to both family and others, [it's] important to have those conversations [and] important for all ages to talk about [the] history and risks that come with using/exploring [cannabis]."	First Nations (on-reserve)
Education and Resources	Elders recommend that, "More workers need to be educated to give workshops" on cannabis, and, "A variety of role models" can provide an influential role in this educational process.	First Nations (Elders)

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Resources	A barrier to education is language. Information sessions on cannabis need to be "for Inuit, by Inuit, in Inuktitut." It was noted that, "When you speak of language barriers, you need to keep it simple because of lack of terminology [where] sometimes things can get lost in confusion because of language. We need simple language, sometimes we are confused between big words." The recommendation is to hold conversations on terminology, or the 'right' words to use for each purpose, to communicate information on cannabis in Inuktituk where there may not be current, or up-to-date, language. Clarification is required to adapt, refine, and create consensus on appropriate terminology to arrive at a level of clarity that is, "Really clear about what we are talking about."	Inuit
Cultural	Both First Nations and Métis Peoples sought to connect the use of cannabis—a plant—with teachings. There are teachings around connections to plants, being part of the natural world, as living relatives carrying spirit. "We need to agree [Cannabis] does have a spirit," (First Nations, off-reserve). There is some uncertainty about where cannabis originated. Some believe it is not Indigenous to Turtle Island, but still want more information regarding the origin story, its first uses, as well as how and why it came to be brought to Turtle Island.	First Nations and Métis

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Cultural	There are also requests to connect more with Elders and Knowledge Keepers to determine what this plant's spirit is, and how people can recognize and honour cannabis in a traditional way. These findings are particularly necessary if cannabis is being used medicinally, or in a ceremonial manner. **Recommendation**: Provide an educational, historic journey about cannabis including how and why it was first used.	First Nations and Métis
Education	Youth need to be educated on cannabis use in an accessible way. "We stigmatize it instead of allowing youth to make well-informed decisions around their cannabis use." Holding conversations about cannabis within Inuit communities is difficult, as there is a high level of stigma and judgement toward people who use it. Education can be provided regarding "when [cannabis] is a tool, versus when it's a bad habit."	Inuit.
Education – Cultural Safety	A hinderance, and an entry point, in accessing safe cannabis—through education, information, and prescription—was identified, identifying that often health service providers (nurses and physicians) direct racial bias, judgement, and stigma for "just being an [Inuk, First Nations, Aboriginal, or Indigenous] person.	Inuit

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Education – Cultural Safety	A core recommendation, as cited by one Inuit roundtable session was: "We need to educate health professionals—and not just a one-week session, they need to understand colonialism and understanding all these things going on with Inuit, Métis, and First Nations. It ties back to educating health professionals."	Inuit
Education – Health Service Provider	There is a lot of support for having health care providers and/or professionals as a source of cannabis education or information; however, there are variable experiences in accessing knowledge from these providers. Reating to prenatal and/or post-partum cannabis use, many participants said they were not successful in accessing information. One Inuit participant shared a message for health and social care providers about pregnancy and cannabis consumption, saying, "I feel it is their duty to provide mothers with the most up to date research and data regarding cannabis use."	Inuit.

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Resources	Resources and educational information is limited. What is available is not distinctions-based, or speaking to the diverse nationhood of Indigenous Peoples' experiences, needs, regional differences, or usages across the country. "So, there's definitely no knowledge about how cannabis use is being used amongst Métis. Albertans, in my case—or across the nation, because we're all related—there's nothing there. There's nothing that speaks to … Indigenous usage. So, is there none of that Métis usage? Absolutely not, because distinctions-based anything is never available. Well, I would say it's not adequate[ly available]."	Métis
Harm Reduction	A significant number of participants from all sub-population groups referenced cannabis to harm reduction in some form or another. This leads to a need to examine the intersection of "harm reduction" and "cannabis" further. For example: In Inuit community, questions were posed regarding cannabis use as an alternative to opioids. "Cannabis can be used as an alternative to fentanyl," one said. "Cannabis is better than oxy," another said. Inuit would like to know if cannabis is an option that they can have covered under their healthcare and to choose over opioids.	Inuit

THEME	RECOMMENDATION	SUB-POPULATION— FIRST NATIONS (ELDERS; ON-RESERVE, OFF-RESERVE); INUIT; MÉTIS
THEME	**INDIVIDUAL RECOMMENDATIONS**	**SUB-POPULATION**
Harm Reduction:	First Nations Elders made connection to cannabis use and harm reduction, noticing that cannabis is seen as 'less-harmful' than alcohol, and thus is a more acceptable substance to use. Within a First Nations context—both on and off reserve—cannabis can be used as replacement therapy to ease the burden of physical transitions from detoxing off other drugs. "The dispensary owner helped people who used needles for their drug use to detox using edibles. It worked," one participant said.	First Nations

SECTION 3: Context and methods: First Nations (Elders) Roundtable Analysis

Elders met to answer questions about cannabis use. Instead of following a linear 'question and answer' format, the group, or 'roundtable,' organically evolved into a Sharing Circle best described through a narrative style. As documented through the 'mind map' figures, discussions centered each core theme. Due to the context of this style of sharing, and because the group identified are Elders, it made sense to carry forward this style into the analysis. Dialogue, context, and recommendations were kept separate from other distinctions-based roundtable groupings.

Through the Elders' Sharing Circle, a reflective discussion swelled. Elders talked about their roles and responsibilities, viewing themselves in a traditional framework as Grandmothers; shouldering the role to educate the "young ones." However, generationally, many of these Elders and/or Grandmothers grew up in a time where there was a "war on drugs," following a decade of heavy drug use, sometimes referred to as the "flower-power era." One noted: "1969 AIM—There was a history of how it impacted our people and utilizing the use of drugs [in] helping people go through trauma and hardship." Therefore, there is a lot of stigma on cannabis use, as many recall it being referred to as a "drug" and receiving negative information on cannabis, which was heavily regulated. There were negative consequences for using, carrying, or growing cannabis, which caused generational fear and disapproval associated with cannabis use. There are also examples of Elders that have been using cannabis for decades. This time in history, "Brought a lot of awareness but not the kind of education we are doing right now." These Elders carry much more positive attitudes for cannabis. Whatever the attitude—positive or negative—toward cannabis, many Elders realize they carry a "bias" regarding cannabis use. Elders recognize that with advances in cannabis post-legalization, they need to be educated, or re-educated, so they can fulfill their Traditional Roles in providing information as Knowledge Keepers and educators within their families and communities.

Elders' attitudes—inclusive of approvals, disapprovals, and stigmas—were cited in historical reference to white settler colonialism. During this time, Indigenous Peoples were in imposition of control over autonomy and capacity to make decisions, which included

the use of herbs and plants such as cannabis. "Back in the day we look at what we can or can't do, and we chose what we needed to do," one said. "Settlers came with their own beliefs to change how we live our lives." It is from this context of colonialism that trauma is centered as a central theme relating to the use and consumption of cannabis. "Growing up [in the] north, and coming out of my village: It was traumatic," one said. "Our people were locked into one piece of land." This need to heal from situational and generational traumas had led communities to misuse substances. Then, in the, "1950s all the things [were] brought back to the communities [including alcohol and violence.]" It was noted that, "Cannabis is medicine."

A tension cited by the Grandmothers and Elders was that people in their communities need to participate in ceremony to heal from trauma, yet many were advised that using substances in ceremony violates individual protocols to attend. Many Elders recognize that cannabis is being used widely by community, and that it is associated with escapism, mild alteration, self-medication to address individual trauma. However, this use poses a significant barrier in addressing trauma through cultural ways. Many Elders recognize they were taught not ot use substances such as drugs and alcohol, including cannabis. Therefore, they question how one would benefit from ceremony, when it's needed, if people can't stop self-medicating and/or using substances to attend. This is seen a barrier that needs to be addressed. There were also references to the belief that cannabis is seen as a "less-harmful" substance than alcohol, and thus a more acceptable substance to use.

Elders tended to promote traditional channels of education to empower youth using oral methods and land-based teachings, versus the use of technology. "Disconnect to go into the bush." Although some Elders recognized that leveraging technological devices may be an important way to reach youth, as well.

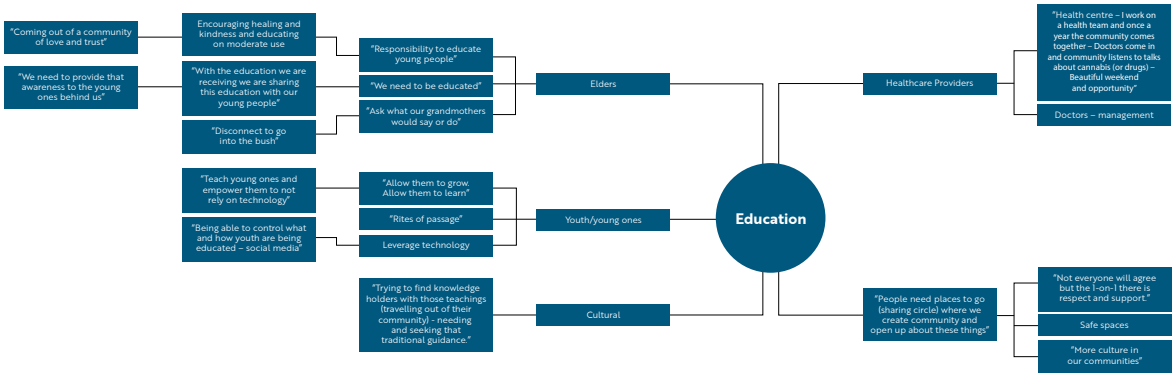
TABLE 2: First nations (elders) resources

WHO	WHAT	APPROACH (HOW)
For the Elders	"Creating audio recordings to educate Elders. As grandmothers, we must also be able to educate the younger generations" and "best resources are ourselves now."	"Written in the language for education on cannabis," and "Glaucoma and cannabis."
	Identify those Elders and Knowledge Keepers that carry Knowledge to support education in community.	"Trying to find Knowledge Holders with those teachings [traveling out of their community, and] needing and seeking that Traditional Guidance."
	"Meeting people where they are at."	"Stages of life—knowing how to reach our people at different places in their life [including] LGBTQ+ and people struggling with addictions."
	Inclusion of all people to circles and/or ceremonies. To make exceptions for those who need to, or choose to, use cannabis and make them feel welcome.	"Welcoming everyone to the circle. When people are hurting [under the influence] that's when people need their Grandmothers the most."
For the little ones	"Dance, sing, and tell stories to our little ones."	"To empower them to not rely on technology."
For the youth	"Rites of passage—for those entering womanhood—help them hold on those teachings during that point of time."	"Kindness. Mother always told us, the main thing is always kindness."
	Elders to teach young ones about cannabis to have the capacity to make good decisions.	Use "technology," or "Land-based education [which is] is one of the best routes to go with." Or, "Being able to control what, and how, youth are being educated [such as through] social media."

WHO	WHAT	APPROACH (HOW)
	"Access for agencies to bring youth out to the land and receive teachings."	"We have to try and encourage young ones to put down technology, as technology equals barriers," and, "Disconnect to go into the bush."
For our women and girls	"Being active in the daycares."	Ensure that there is access to resources to support parents and provide education about cannabis. Normalize [it] outside of a medical setting.
For the parents	"Having children reach out and educate or inform their parents."	Support the education of children and youth. Open up dialogue with parents and/or caregivers.
For communities	Provide education through workshops and role modeling.	"More workers who are educated to give workshops," and a "Variety of role models."

Below, there are two mind map figures demonstrating some of the relationships and themes that have formed the foundation for recommendations.

FIGURE 1: Education—Mind Map, First Nations (Elders)

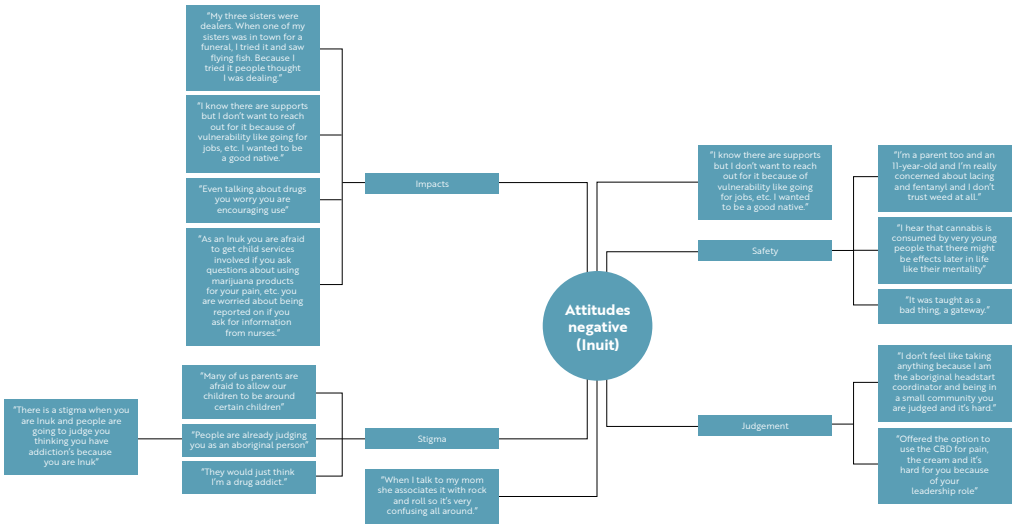


The responses to questions were analyzed and coded into different themes. Pictured in Figure 1, we can view how Elders shared on the theme of "**Education**." This included how they described their role to education, frequently citing "youth" and their role, or the need, to educate the youth on cannabis. Elders also gave insight into how this education should be delivered and how not to be delivered. Central to education was the idea of "**safety**" and "**trust**," both of which must be present to hold space through Sharing Circles or one-on-one discussions. Doing so "encourages healing and kindness and educating on moderate use." Elders also frequently cited the role of "health care providers" as a source of education for communities, and for themselves, on cannabis.

This theme links closely to discussion centred around the theme of "**Trauma**." Here, Elders described their role in addressing trauma through one-on-one discussions, "Being able to sit with someone and ask their story." Elders said addressing trauma needs to be "inclusive" so communities are, "Welcoming everyone to the circle. Where people are hurting (under the influence) that's when people need their Grandmothers the most," and that, "If there is trauma, the person needs someone to heal or medicate them."

Being able to address trauma was also closely linked to the theme of "**Safety**." Here, "kindness" was identified as an important approach in creating safe spaces for sharing. One Elder said she would, "Rather have [cannabis] regulated so it's safe to use."

FIGURE 2: Resources—Mind Map, First Nations (Elders)



RESOURCES – First Nations (Elders): The responses to the questions were analyzed and coded into different themes. Pictured in Figure 2, we can view how Elders shared a theme of "resources." They described what they would like to know about cannabis, how best to reach people, and through what means. Elders recognize that connecting with young and elderly women, girls, and gender-diverse people, requires targeted and specific approaches. This includes focusing on how best to approach LGTBQ+ people struggling with addictions, and how to "meet people where they are." Direction to incorporate cultural-centered approaches include, "Rites of passage for those entering womanhood [to] help them hold those teachings during that point in time." As well, to "Teach young ones and empower them to not rely on technology." Examples of targeted resources could include the use of audio-recordings to support Elder education, and to "Reach our women and girls [by] being active in the daycares." Additionally, by offering resources that are "Written in the language for education on cannabis."

Elders talked about stigma regarding cannabis use. They discussed how they could support addressing stigma as it relates to treatment of addictions, noting that, "Members do not need to receive treatment–it takes patience. Members begin with lots of energy, but sometimes they fall back. It's important to welcome them back." This is related to the notion of "harm reduction," as, "We may carry stigma to those because they don't think we understand and fear we may judge them. Stigma can go both ways. 'She doesn't know–he just gets high.' It is harm reduction, it takes time."

SECTION 4: Context and analysis: First Nations (off-reserve)

Related to discussion on stigma, there was familial stigma as a result of exposure to addictions in the family, which contributed to connections between any cannabis use and "problematic use," see Figure 3 below. It was difficult to draw out conceptions of what "problematic use" was, within the First Nations, off-reserve, context. This was not the deliberate focus of any of the roundtable questions but came about organically that there should be more of a focus on unpacking and understanding what this means for future engagement, research and dialogues surrounding cannabis use. While many of the connections made to "problematic use" in analysis were based on "perceptions" of cannabis as a gateway drug and other stigma, there were also insights identifying very real risks to health, and mental health. These aspects require more focus and/or education to guide people wishing to use cannabis. For those who use cannabis products with have health conditions and/or a mental health diagnosis, consuming certain strains or doses of cannabis may be more harmful than beneficial. "For the sake of my clients, and how some strains help or don't help with mental illness," it is important to reiterate, "How cannabis affects every single person differently–from pain and anxiety management, to making some people paranoid and even more anxious." Another risk that could lead to "problematic use" is accessing cannabis that is "unsafe" or laced with other drugs, such as opioids. As with any dialogue regarding problematic use of substances, concerns were raised regarding systemic challenges involved in accessing appropriate services. Many Friendship Centres have drug and alcohol workers; however, cannabis is not often an area of focus. As a result, the issue may eventually include treatment facilities and the well documented issues related to accessing drug treatment.

FIGURE 3: Problematic Use—Mind Map (First Nations, off reserve)

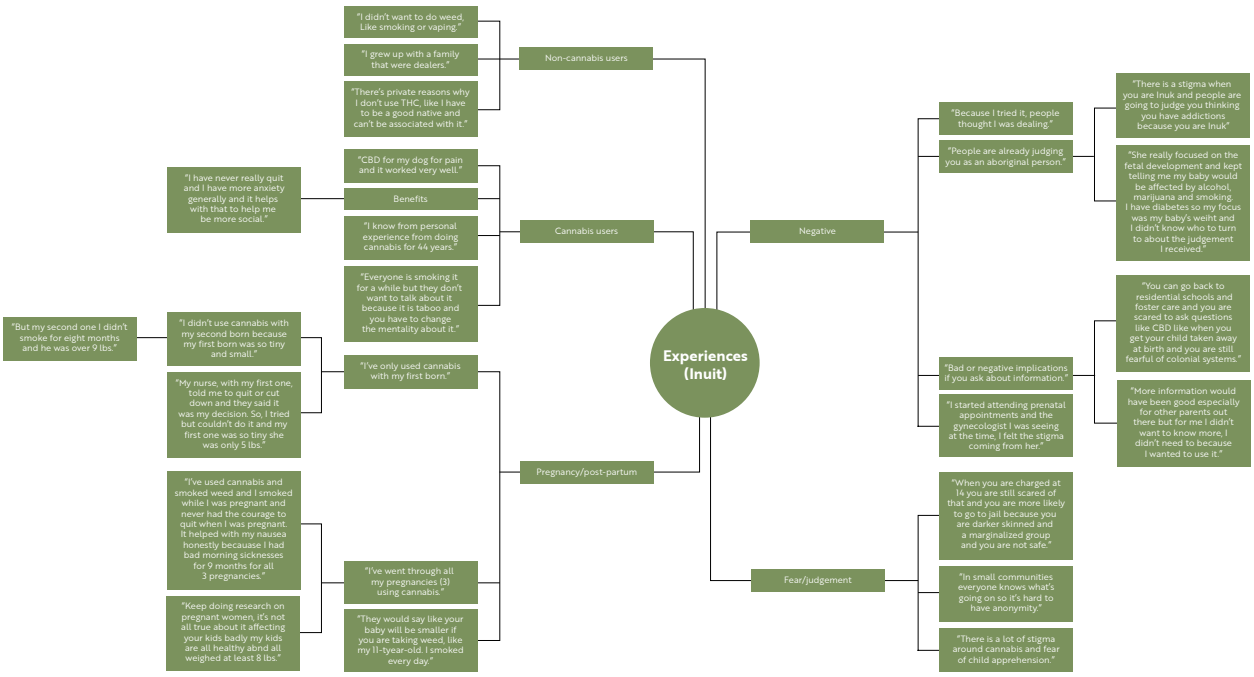


TABLE 3: First Nations (off-reserve) Resources

WHO	WHAT	APPROACH (HOW)
For the Elders	Education about cannabis and its possible side-effects.	"Dine and Learn with a physician who had a lot of knowledge about cannabis."
	Cannabis "Creation or origin" story: "It would be good to know the whole history of how it was created." Adding that, "We should be educated on things like, when it was brought over or created, how did it make its way here?"	"Elders talk about how to care for medicine and energies, so we should learn and know how to care for it." It, "Goes back to education and the word cannabis and everything that surrounds it. Traditional (or herbalist) family, use of cannabis was not widely talked or educated about."

WHO	WHAT	APPROACH (HOW)
	"We need to also look at supports and resources for adults who are only being introduced later on in life, whether that be first time or medically."	"Gatherings with food where people can get together." And one-on-one consultation. "Regina: Outside the city there's an Indigenous dispensary. They provide information and consultation sessions, for both recreational and medicinal."
	"By having a medical conversation where stigma is removed, there needs to be an understanding that it is a medicine and is to be respected—whether that is at a Friendship Centre, or doctor's office."	"The Friendship Centre has some info, like there are pamphlets in their offices."
For the youth	In school education and community support programs: "Education on this topic should start in high school. Conversations need to be shared with those who are starting that experimentation."	"Knowing and connecting through relationships and conversations that are more comfortable than logging online where they may not know how to access the right information."
	Balanced information: "Good to know both positive and negative effects of use."	Source is parents: "I get my information from my mother. She has been smoking since she was my age, 18." As well, "Long standing conversations with parents and all throughout high school."
	"Providing safe education for young generations in traditional relationships. The best forms of resources are shared life experiences. By providing more information of how to walk in that good way and what to be aware of, we can not only have better relationships with our Grandmothers and aunties, but it is a trustful form of education."	Education systems and connections to kin and Elders who can support educational process.

WHO	WHAT	APPROACH (HOW)
	Utilizing social media and YouTube.	"Public service announcements linked to social media from well-known Indigenous people." As well as, "Interactive: websites with links and videos of different ways of sharing information—BuzzFeed quizzes, age of technology, best form of sharing and educating."
For the parents/ adults	Cannabis and harm reduction: "Even my own parents saw it as harm reduction."	Family members and/or peers are cited frequently as an important source of knowledge. "My peers have also done their own personal research so I would say they are knowledgeable too." As well, "A sibling of mine is looking to open a dispensary and happens to be very knowledgeable."
	Side effects: "There is not open conversation on long term effects." And, "There needs to be more information shared on the facts of all sides and effects of use, for ages who are not fully developed, [such as the] effects on underdeveloped minds."	Some have, "Trusted a friend who has results I'm seeking or information I want." Or that, "I research journals online," and educational, "Websites would be fantastic."
	Cannabis information "for medicinal purposes and pain management" such as: CBD oil and prescriptions.	Described as: "More comfortable from my doctor" than through Google and self research. "When I became curious, I did personal research online" and "trusted friends who use CBD as pain management," or "Posters outside cannabis stores."

WHO	WHAT	APPROACH (HOW)
	"Some want cultural healing but no Indigenous person there to connect to."	"Support groups for cannabis. For myself, I chose to share my story and how it has helped me to offer those supports."
For communities	"Knowledge is carried through your environment." And yet, "There is no 'one-spot' for all the information." "Having a central hub for information would make it easier to regulate proper and safe education on cannabis. It also can be specialized information and be more in-depth information to be shared."	Examples: "The local, on-reserve dispensary offers a lot of information and even consultations so you can sit with someone and talk about any concerns or questions you have." And, "Friendship Centres to their drug and alcohol worker" and wellness programs. The use of social media, such as Facebook and, "Shareable posts on social media" or through emailing "Community buildings as part of the distribution list."
	Cannabis and harm reduction: "Even my own parents saw it as harm reduction."	"Cannabis stores offer the most knowledge—even compared to hospital.—So, there is not much in healthcare." And, "I am sure the doctors are not telling people to check out cannabis stores."
	"The dispensary has a lot of information for different uses."	"It is also easier when I am face to face with people." And, "I spoke with a doctor at a conference, and I also speak with Indigenous researchers, and drug and alcohol workers." And, "The Indigenous dispensaries are not allowed to advertise any knowledge they have to offer the public, which is a legal obligation."

WHO	WHAT	APPROACH (HOW)
	"There are provincial differences that also plays a factor of how people view and understand cannabis."	"I get information from the dispensary itself." And, "Shops are educating and sharing the Knowledge—workers [are] being hired and shared."
For Healthcare Providers	"Healthcare professionals still have not accessed enough education on cannabis to properly inform clients and patients."	Education: "Doctors need to know more, both medically and spiritually, on how it can be used and its benefits." Through, "Various seminars. I work with health care providers so get it from them also."
	"Physicians need to take the time to give information to their patients, or nurse practitioners."	Pamphlets, bulletin boards, bus stops and shelters with ads providing information such as links to Public Health, agencies, local Friendship Centres, and Aboriginal Health Access Centres, as well as, "Government, provincial and community" supports.

SECTION 5: Context and methods: Inuit Roundtable Analysis

The level of knowledge and education about cannabis seems to be very limited among participants of the roundtable. This lack of knowledge is seen as a hazard in community wellness, and a foundation for future problematic use. " Before cannabis was legalized, like they were giving us another tool to hurt ourselves. It's so easy to hate ourselves, and when we hate ourselves we hurt others. So, legalizing without helping us is hurting us."

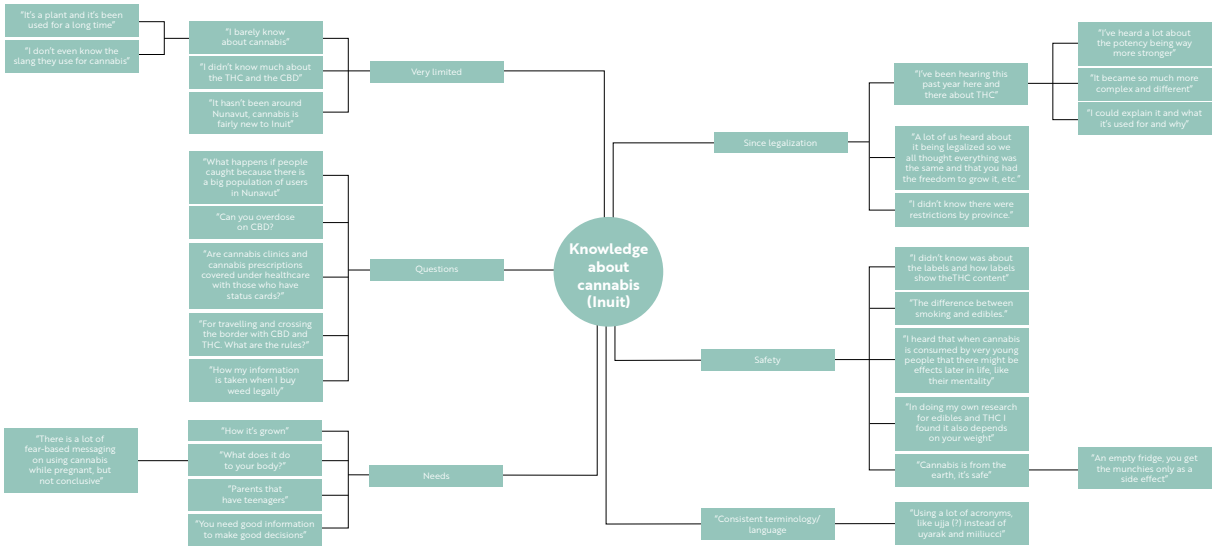
Stigma was cited frequently as a barrier to cannabis. There is so much judgement and long-standing, negative views on cannabis that even holding open conversations about it, for education purposes, is difficult. This stigmatization of cannabis discourages youth from accessing important education for them to make informed decisions. Many Inuit report that they are afraid to talk to their health service provider or physician about cannabis, even for medicinal purposes, as they are met with unfair judgement and bias. They stated that, "We are not taken seriously if we want to use cannabis for medicinal purposes, and we are just not heard in general." This form of stigma can be related back to the concept of "cultural safety," wherein Indigenous People continue to be impacted and harmed through ongoing colonialism, power imbalance in healthcare delivery, and the proliferation of racial biases and stereotypes. These influence health professional attitudes, values, and result in the unsafe treatment of Indigenous People. This was described by one Inuk participant as the, "Stigma on who we are, and how we fit in the health system."

Throughout these discussions, two main perspectives on cannabis emerge: "When it's a tool versus when it's a bad habit." Cannabis has been identified as a "safer option" for both medical and recreational usage. "Cannabis is better than oxy." A few people referenced cannabis as a potential tool in harm reduction, where cannabis can be used to replace "hard drug use." However, more discussion is required on this matter, as the complexity and diversity of cannabis options has increased with legalization, and there is "no one size fit all" cannabis. Within context of the increasing breadth of cannabis varieties, and options, there is a need for specific knowledge about how to match needs with options.

For example: What are the differences in strains of cannabis, and how will these support different concerns from anxiety to sleep promotion, and to overall enhancements to daily life? For example, "The quality-of-life people have when using CBD/THC for medical purposes."

An existing resource that was considered useful, and an unbiased source of information called, "The Union: The Business Behind Getting High," can be located online at the following link: https://www.youtube.com/watch?v=tPyI5s2RS8c

FIGURE 4: Knowledge About Cannabis—Mind Map (Inuit)

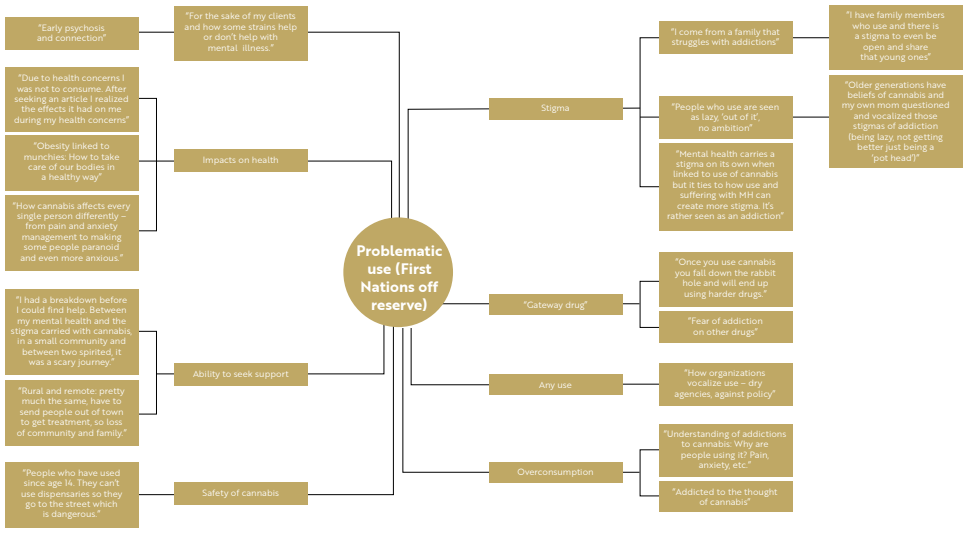


Knowledge on cannabis (inuit): The responses to the questions were analyzed and coded into different themes. Pictured in Figure 3, we can view how Inuit participants shared about their, "Knowledge on cannabis" following the NWAC PowerPoint presentation. This figure demonstrates that there are people who have limited knowledge. "It hasn't been around Nunavut, cannabis is fairly new to Inuit." This extends to specific needs for specialized information on cannabis: "We need to get educated on cannabis," and, "As a parent, there are so many things out there now and it is so complicated." Knowledge about safety is a concern, especially within the current environment of cannabis legalization. There are still outstanding questions that need to be answered regarding legalization, such as: "I didn't know there were restrictions by province," and clarification for individual consumption on "What it does to your body."

FIGURE 5: Experiences—Mind Map (Inuit)

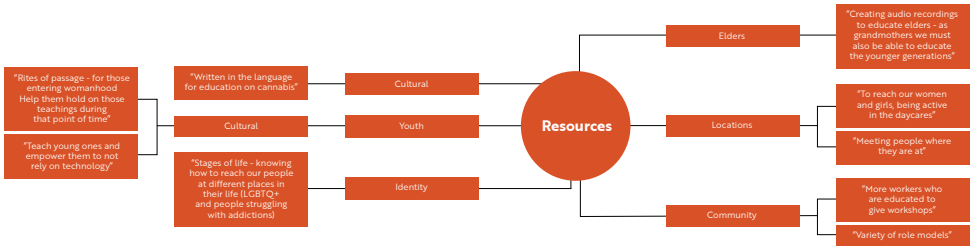
Experiences (Inuit): Among experiences regarding cannabis, it is clear, "There is a lot of power imbalances in interactions, still." There is an identified fear of judgment leading to negative implications, such as, "You can go back to Residential Schools and foster care. You are scared to ask questions, like CBD, like when you get your child taken away at birth you are still fearful of colonial systems." It is unclear how prevalent cannabis use has been with Inuit people in Canada. Although it was cited that it may be relatively "new" in the far north: "Cannabis's is fairly new to Inuit because of the permafrost, as there is not a lot of vegetation, so cannabis is fairly new to us," while others cite widespread use and normalization of regular use, including during pregnancy. Cannabis appears to be a "taboo" subject, and it is this stigma that prevents people from accessing supports for problematic use, or in making informed decisions that may reduce risk of other side effects related to cannabis use.

FIGURE 6: Attitudes–negative mind map (inuit)



Attitudes—Negative (Inuit): Many different attitudes regarding cannabis were expressed. One overarching theme were the "negative attitudes" regarding this "drug." Multiple impacts and judgments were identified in relation to accessing information. "As an Inuk, you are afraid to get child services involved if you ask questions about using marijuana," and "Even talking about drugs, you worry you are encouraging use." Cannabis use is seen as limiting opportunity. Some were, "Offered the option to use CBD for the pain. The cream is hard for you because of your leadership role," and seen as unsafe as, "It was taught as a bad thing; a gateway." Closely related to these dimensions of "attitude" are connections to "stigma," as mentioned in Figure 3. Experiences, including the double bind dimension of identity- and race-based experiences, are stereotyped inby Indigenous People being "drug-seeking" or an, "alcoholic." One described, "They would just think I'm a drug addict," and, "There is a stigma when you are Inuk. People are going to judge you, thinking you have addictions because you are Inuk."

FIGURE 7: Resources—Mind Map (Inuit)



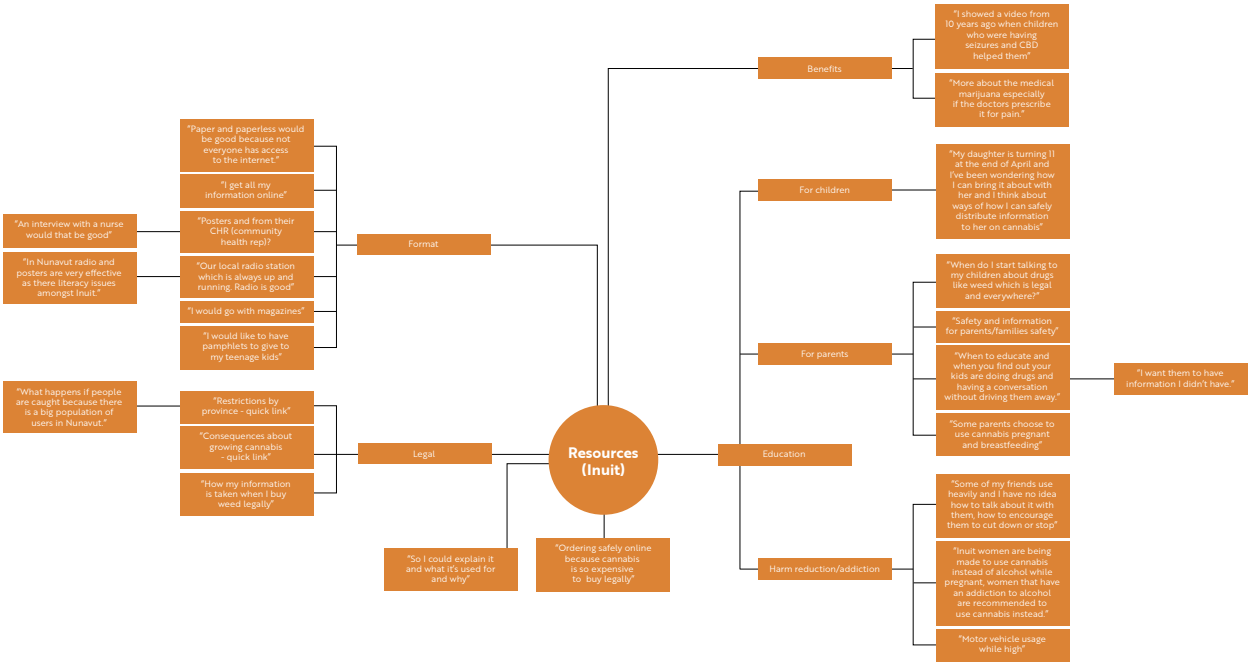
Resources (Inuit): Many specific and broad suggestions were made by the Inuit participants regarding the types of resources needed, inclusive of format and focus. One participant generalized that, "Inuit don't like to spend a lot of time on reading, so posters are a great way to give information at health centres and around the community." While posters and visual information were identified many more times, so too were the following formats: radio, online, and in-person education through, "interviews with the nurse."

There is a desire to have access to very specific, and localized, information regarding legal rights and restrictions on cannabis use. This includes explaining how much cannabis can be grown and what consequences, if any, are there for carrying cannabis throughout territories, provinces, or borders. Several people said it can be more difficult to access cannabis, and cannabis products, in the north. Therefore, there is a need for additional information in the north regarding purchasing cannabis, such as how to purchase cannabis safely online, and further data on personal information safety including how information is protected, used, and by whom.

Parents feel they require more support in being educated about cannabis for two reasons: One being that many women have disclosed they chose to use cannabis while pregnant and would like a non-judgemental space with good information to support these decisions. Secondly, parents want support and educate their children about cannabis by providing access to Inuit, youth-specific, information and resources.

Harm reduction and cannabis use seems to be an important theme; one that requires more attention as cannabis is seen to be a better alternative to drug and alcohol use and misuse. This conversation about misuse is also very lean. There are indications that addictions is very much a traumatic issue. Cannabis usage is sometimes seen as negative, and sometimes seen as helpful, within this context.

FIGURE 8: Limits—Mind Map (Inuit)



Limits (Inuit): Many different types of "limits" were noticed by the Inuit participants related to the categories of "cannabis knowledge," and, "perception or judgement," and "access," and "barriers," and "personal," and "privacy." The ways that sharing took place focused very much on peoples' own experiences. This included where they got their information and what types of stigmas they observed or encountered. Inuit would like to have access to more specific information regarding certain aspects of cannabis use and travel, including:

a) The rules and restrictions related to cannabis today. This includes regulations by region, outlining growing restrictions by province and territory, as well as rules regarding cross-border travel with cannabis.

b) Cannabis labelling: How to read and interpret cannabis labels. There needs to be safe guidelines on usage.

c) What are the differences in THC and CBD? Including, what are the main components and how is dosage determined for each? What are the different dosage options, and for what concern or use?

d) Cannabis as harm reduction: How can Inuit choose to use cannabis as a substitute or alternative to fentanyl or opioids? What is covered under their healthcare plans?

Inuit have also recognized there are limits on what they can know about cannabis, its benefits, and its limitations. There are barriers within families, communities, and even within their own selves regarding the use of this "substance," including, but not limited to, the following:

a) Concern over the safety of cannabis use, for many reasons. Concerns regarding "problematic cannabis use" and how it could entail due to unknown risks. More information is needed on short and long-term use, use during pregnancy and breast feeding, as well as possible overdose information on CBD, and what a CBD overdose would look like. There are many concerns over the purity of cannabis products not purchased through a dispensary. For example, there is the potential to have cannabis laced with other drugs, such as opioids. Additionally, there was concern regarding impairment due to cannabis use, particularly how an "inability to deal with trauma sober" could impact functioning and fear of "cannabinoid hyperemesis syndrome."
b) Concern regarding enhanced discrimination and bias associated with being Inuk and using cannabis. These harsher judgements and external perceptions carry real risks associated with it's uses due to colonial systems. For example, "There is a lot of power imbalances still," and Inuit are more likely to be "charged and go to jail." This also includes fear of judgements associated with historic and contemporary stigma related to drug and/or substance abuse, which has been traumatic to people, families, and communities.
c) Inuk parents reported fears of openly using cannabis because they are concerned that they will, "be reported by nurses," or other people who see them, "as bad parents." The fear is that this could result in CAS or child services becoming involved or apprehending children. One Inuk admitted to being, "fearful of colonial systems."
d) Barriers are perceived personally, as well as across community. Cannabis use is perceived as being able to impact an individual's, or a woman's, ability to be a role model. Damaging their reputation is not for "good Natives." Within small communities, there is a sense that anonymity and privacy are an issue, therefore, cannabis use may impact on ability to hold or obtain employment, especially for certain types of jobs such as a teacher.

e) There were additional barriers identified within the healthcare system itself, and negative experiences with healthcare providers were noted (e.g., "unresponsive", "uneducated on cannabis" and "biased", where using cannabis is seen as a drug).

There were many unique aspects to the information that the Inuit shared, including a deliberate focus on "pregnancy and cannabis." Additionally, information was provided regarding specific context on how Inuit report to use cannabis, how it is obtained, and where its is more likely to be used. For example: In urban cities such as Ottawa, within "dry communities," or others. Opportunities that were noted, include:

a) A desire to learn more about growing one's own cannabis. This includes how to make edibles, including the "technical" information regarding how to do this safely, as well as how to manipulate or deactivate THC, create CBD, gauge THC levels, and more. It was noted that access is an issue, because, "In the far north, there is limited cannabis," and it is often very expensive compared to costs per gram in southern communities.
b) Exploring more about pregnancy, breastfeeding and cannabis. Information is very limited on these topics, and are not Inuit-specific.
c) More information regarding the long and short terms effects of cannabis on Inuit.
d) Education, and options on alternative forms of cannabis that can lower health risks, are needed. "Inuit like to smoke cannabis" and "Inuit many of them how they consume is 'hot knifing' which is probably not the best way to consume it."

TABLE 4: Inuit Resources

WHO	WHAT	APPROACH (HOW)
For the Elders	"In Nunavut, radio and posters are very effective, as there are literacy issues amongst Inuit."	Posters and radio.
For the youth		
	"I would like to have pamphlets to give my teenage kids."	Pamphlets that are youth and/or teenager focused; a resource for parents to provide their children.
	"I get all my information online."	Develop digital resources.

WHO	WHAT	APPROACH (HOW)
For our women and girls	Safe guidelines on usage that makes sense of complex information.	Women specific topics, including using cannabis while pregnant or breastfeeding, the intersections of cannabis, pregnancy, and diabetes, as well as harm reduction. For example, cannabis to replace alcohol use during pregnancy.
For the parents	"I would go with magazines."	Written material with lots of visuals. Education that is focused on how to support parental education of children.
For communities	"Inuit don't like to spend a lot of time on reading, so posters are a great way to give information at health centres and around the community."	Visual resources, including posters, with specific content on ordering cannabis products safely online, as buying locally can be too expensive.
	"Our radio station is always up and running. Radio is good."	Use radio to support education and promotion of sources of education about cannabis.

SECTION 6: Context and methods: Métis Roundtable Analysis

A modified approach was taken with the Métis roundtable analysis, as the team who facilitated the two sessions with Métis women applied their own methodology of analysis to produce a thematic summary table. Given this dedication of time, Knowledge, and application of contextual knowledge as helpers who held space for "Métis women giving voice," it made sense to honour this work. It has been inserted into this report as Appendix B: Métis Women conversation on cannabis summary table February 9, 2021. However, in keeping with the methodologies used in analysis and compilation, the overarching data report is inclusive of a distinctions-based and thematic analysis. For this process, the NIVIO software was used, and the original transcriptions were coded into the same themes: Attitudes–negative, attitudes–positive, behaviours, benefits, capacity to make decisions, community supports, cultural, experiences, for the youth, historic, knowledge about cannabis, limits, needs, problematic use, recommendation, and types of resources. Once each cluster was populated and analyzed, relationships were described through the following narratives.

MÉTIS WOMEN, GIRLS, AND GENDER-DIVERSE PEOPLE ROUNDTABLE ANALYSIS

Access and knowledge about cannabis: "I just find all around, the information just isn't [regarding] if there isn't enough available, and it doesn't get into the hands of the people who really need it." Part of this lack of access has been attributed the impact of stigma in limiting discussions about cannabis. As described by one participant, who recognizes that while the legalization of cannabis has changed, "It's still carrying this stigma, whether socially or you carry that yourself, and you just kind of still want to hide it away and not have an open discussion about some of the positives about it." Additionally, within the base of available knowledge that is being accessed by the Métis participants, most of it's online and not specific to Métis women, girls, and gender-diverse people, so therefore it may not land in terms of addressing unique context, history, realities and conditions Métis people navigate in their daily life. Some of the identified gaps in knowledge, including Knowledge from and for Métis Elders, is that existing knowledge about cannabis has

been characterized as biased, and resoundingly negative. This is limiting with respect to some traditional worldviews, wherein "Everything has a positive and negative. But to have that research and have that dialogue, I think, is pretty important. And I think that that is definitely lacking in our community."

One participant reflected on why the Elders were not referencing the plant as a medicine, and queried, "I really wonder though, is cannabis, a locally grown plant from Turtle Island?" The answer is no–cannabis is not Indigenous to North America. It originates from the steppes of Central Asia—specifically, the regions that are now Mongolia and Southern Siberia, wherein human use of this plant is documented as far back as 12,000 years (Marihuana: The First Twelve Thousand Years, Springer, 1980).

With respect to "stigma around the use of cannabis," many Métis women disclosed feelings of "internal stigma" as being as barrier in being more open about their diverse experiences using cannabis. This internal stigma was also tied to their roles within community, wherein many of them were working professionals. "I was carrying that stigma within myself that, you know, I'm trying to use something that maybe we don't know enough about," and, "I'm in a position of privilege and power. I'm very fortunate in my life. I'm a registered nurse. I don't walk around being like, 'I take cannabis to help me sleep at night.' Because I still worry about what the repercussion of saying that will be." Experiences with cannabis during the "flower-child" era resulted in divisions within Métis communities where there were punitive consequences to using from within one's own family. "It was so prohibited that they were, in some ways, it felt like excommunicated from the family." This was also felt through policy and enforcement.

Resources for Métis women, girls, and gender-diverse people are needed. "When I think about resources, and the best way to reach the Métis women in my life, I think we need to really recognize that there's diversity amongst our community as well." There is also a recognition that there is more required than passively providing access to resources. There is also a level of support that goes hand in hand with Knowledge. "I think, when I'm looking at, you know, cannabis resources, that you can't just hand somebody a resource and not give them the background knowledge to support us when you hand it to them."

Recognition that Metis women, girls, and gender-diverse people were likely encountering many different compounding stigmas, besides those associated with cannabis, is also needed. "When we look at education, too, it needs to be like those greater policies … we face stigma, not only about cannabis, but about, you know, just in general being Métis." The need for Metis-specific, and sub-population specific, resources within these nations is important in being able to support a culturally safe, and trauma-informed, approach to education. "How do you deal with the fact that Métis women may approach you with trauma of their own or a history that, you know, you need to understand? You know, do you have, you know, the knowledge to be able to provide a Métis specific pathway for understanding these things?" and, "We don't self-identify when we go to those places because we don't have that safety net. So, I think that needs to extend to things like cannabis, even more so, because it's already stigmatized."

Identifying leadership, and a group to take on the role of developing a Métis-specific strategy, is important. Knowing that education will need to be reinforced through policy, it is important to ensure an appropriate approach toward increasing the safe-use, and education, about cannabis across diverse Métis communities. "We have the Métis settlements, General Council, we have the Métis Nation of Alberta: That has six different regions in Alberta. So, that might be a good place to start … [it] takes leadership in this. And how's the strategy about educating their citizens, their members, on [how to be] inclusive of urban populations." It was deemed as essential to provide "educational leadership" to roll-out this strategy, which was suggested to be provided through Métis governance structures. "I would say one of the barriers might be that not having, like leadership, that takes that kind of takes that on."

A constant restricting limit is access to appropriate, sustainable, resources and funding. "Our Métis folks are not covered. Under financing, we don't have, you know, funding that is regularly provided to our settlements, or to the MNA. It's all grant-based funding. There's nothing sustainable." This is a barrier that could impact next steps in advancing education and resources for Metis communities. "I'm thinking about educational resource challenges for a woman. The lack of the capacity that is provided in order to create resources that are meaningful, I mean, I absolutely can reach out to Métis community members, but I would like to reach out with an honorarium, you know, in gratitude for the Knowledge that they are gifting our community. I don't have access to that because I don't have funding."

Another potentially limiting factor is addressing stigma within Metis communities on supporting areas that go beyond a comfort level. "Métis folks, but we tend to be a fairly conservative community. You know, at least in my experience, we have, you know, a lot of religious connections. And, those don't necessarily always overlap with an ability to be able to provide resources for stigmatized areas." Therefore, the support of leadership is required to influence and enact capacity to advance the work. "I think we need to tackle these things head on and provide information to our women, girls, and diverse people. But when you're trying to bring in people, I think that speaks to your, you know, the last speakers' point that leadership needs to step up and do it." To have leadership support, there also needs to be support from Elders and Traditional People within Métis communities. As mentioned earlier, these people may require some of their own specialized education and supports about cannabis. These supports could include how to re-address generational stigmas and the need for re-education on the complexity and variety of information about cannabis post-legalization. "You have to have that Elder buy in because leadership isn't going to step up to create these resources, because we're conservative—unless we have those Elders to buy in. So that topic about, you know, the barriers of getting information to our Elders and Knowledge Keepers in our community is so resonant for me."

An important method of connecting with community members in rural and remote communities involved meeting face-to-face. Additionally, providing hard copy, printed information, that honours diversity of identities. "The diversity and approach—we have everybody from teenagers, to Elders—a lot of us are looking at information covertly."

Within the environment of the COVID-19 pandemic, this is not possible. Therefore, the "Internet is a huge issue, especially for folks that are looking for covert resources, because we've discussed that stigma is there. So, you know, [there are] folks in our communities that you know, you can barely get a cell signal in. And that exists, you know, in Alberta—at least where I reside. That's huge, especially now you had the pandemic on top of it. We're not handing out hardcopy materials, we're not meeting face to face with people."

SECTION 7: Context and Analysis: First Nations (on-reserve)

A strong dichotomy emerged in the First Nations—on-reserve, roundtable discussions. The baseline level of knowledge about cannabis was frequently described as "basic," wherein cannabis usage was described in two ways: "Medical or recreational." There were frequent references to carrying an, "old-school perspective" about cannabis. This is related to an era of high consumption: "Flower child," and "AIM," and messaging that "it's a drug" and used for "partying." One limiting attitude on cannabis that emerged was that it is associated with exposure to problematic drug use on-reserve—both historically and contemporarily—where one felt unsafe in using, or being around those who used it. A recommendation was to continue to support people, "Of all ages to talk about the history and risks that come with using or exploring [cannabis.]" It was frequently identified that education would be effective in addressing limits of knowledge, negative attitudes, fear, and that "gaining knowledge would help build understanding to address old-school ideas and beliefs". Another stated: "My peers are either users and think it is positive, or non-users who are against it." Learning is seen as something that is needed now, ongoing, and a process that requires support. "Gaining knowledge" is an active process, and one that requires resources such as access to balanced—not just "pro or con"—data, and culturally appropriate information that is easily accessible.

The baseline of knowledge about cannabis was not sufficient. It was described as limited to the, "Differences between CBD and THC," and, "Their knowledge is personal experiences with it, or what they think they know about it." There is also a division in timeframe: What was known about cannabis before legalization and what can be known about cannabis use now. "New users, after legalization, would probably have more knowledge." There is a desire to better understand the regulations related to growing, using, and carrying cannabis, as well as the differences across jurisdictions and borders and how to keep within the higher levels of mobility and migration exhibited by First Nations peoples.

FIRST NATIONS (ON-RESERVE) RESOURCES

Organizational and/or community-based:

- Thunderbird Foundation—Works with treatment centres: "Let's talk about cannabis." Youth focused programming—Funded positions.
- "Have a treatment centre with a funded position for cannabis counselling and education. [A] referral for recreational use, seeking help, and education. … Non-judgmental."
- "Run cannabis trivia to help teach creative ways to help support," and "Meeting people where they're at," and, "I share my own lived experiences" Effective: Numbers are low, but those who are seeking that help yes, it is effective. Developing a program that looks at dialogue and four pieces of being, which "Creates conversation."
- "Cannabis working group: Work toward providing education, looking at policies since legalization, cannabis use policies, dispensary policies for community."

Online

- Health Canada has many resources for education.
- "I get health information about cannabis online. I will search and check out sites that pop up. Many are pro-cannabis sites, with benefits."
- "Personally: Online research, Googling information on specific medical conditions, blogs, and posting about how they've used cannabis for treatments."
- Social Media: "I get health information from Facebook and cannabis users themselves."
- Google: "I also search the internet for specific questions I have about cannabis."

Intra-personal

- "Go to healthcare professionals—knowing how to access it."
- "Peers and friends in conversation, introducing many ways to use—to types of people are those who are seeking alternative resources for medication, such as 'natural or herbal remedies.'"

Written information

- Medical articles.

Needs/Recommendations:

- "Information related to our needs as First Nations women are hard to find."
- Visiting Elders: "But some Elders that visit our community are either neutral or believe cannabis to be a natural plant and treat it like a medicine."
- "Slowly working on providing supports. Although it is there, it is slow moving and feels like it is not a priority."

There is a limit in the amount of access and openness about cannabis dialogue, information, and education in many community settings. There is a feeling that this is not a priority, and that without additional supports to increase awareness and education, this issue will remain hidden and under-resourced. "No, but if there is any at all, I don't see it. It is not overt, but maybe in one-on-one counselling with health care providers." Places where information is situated include dispensaries, and programs associated with drug treatment. "There is a drug and alcohol worker in my community." People recognize that there are benefits to cannabis as "harm reduction," in that cannabis can be used as replacement therapy to ease the burden and physical transition from detoxing off other "hard drugs." For example: "The dispensary owner helped people who used needles for their drug use to detox using edibles. It worked."

Healthcare providers and healthcare centres are often cited as a place of knowledge for people to access for information. However, there is an uncertainty about the cultural safety to do this. There is still a lot of fear of being reported for using cannabis. There have been many experiences documented where people did not find a wealth of knowledge, or support, regarding cannabis from their healthcare systems. Healthcare still seems to frame cannabis as a "substance" or drug," and is more prepared to support by making referrals based on "drug treatment" than to provide information. "Local community health nurses discuss the pros and cons, but focus on the cons," and, "In our First Nation, we have our own health centre that has a full health team. People my own age. I am not sure how much they know about cannabis," and, "There are no specific supports for cannabis use. The local health team does help people who are drug users and need methadone."

Good sources of information are often connected to purveyors of cannabis. This includes distributors, cannabis shops, and pro-cannabis websites. However, people who don't use cannabis are reluctant to enter into these spaces, either virtually or physically. There is some skepticism about the "balance" of information, and if there is enough information about potential side effects, interactions, or optimal method and doses of use.

People do not identify access to cannabis knowledge through local Elders, although there is recognition that Elders can be a support when sharing their own histories with substance abuse. "I do talk with an Elder on our reserve about his past drug using days and other things, but not specifically cannabis use." In fact, this is sometimes viewed as issues many Elders identify, or are viewed, as having negative perceptions about cannabis, especially as it relates to participation in traditional activities and ceremony. "I don't receive any information from local Elders." The opposite is true for accessing peers who use cannabis. Those who are regularly use cannabis are more open to share information organically about their knowledge and experience. In fact, current cannabis users—especially if they are known personally—are cited as credible and valid sources of cannabis knowledge.

There was a definite lack of formal support for the First Nations involved in the table discussions. "No supports, but [it is] needed." There was tension regarding having public, or community, discussions on cannabis, as there is reluctance for people to come forward to attend these forums. Participation is often judged, and associated as being "users." However, an emerging theme that came through this dialogue was the importance, and value, of intra-persona relations; peers as a source of information and discussion on cannabis. "Informal supports: Cannabis users provide each other education. [This is] limited to their peer groups or close relationships." This may be because there is pre-existing, trusting relationships, and a safe space to talk candidly about cannabis use. Peers that use cannabis were once again seen as a vital source of knowledge.

TABLE 5: First Nations (on-reserve): What are the stigmas that create barriers to better understanding of cannabis use?

REASON OR THEME	EXAMPLES
Personal: "Shame and embarrassment, and feeling like they will be judged for using cannabis."	Current narrative related to the use of cannabis: "Attachment of use and partying. Users are lazy [referred to as] stoners; negative connotations." "Fear of being seen as a user." Associated with problematic use: "I have experience with cannabis from 30+ years ago and I used it to numb myself, so it represents painful trauma for me." "Other stigmas I have heard from the older generation is it is bad; it's a 'gateway drug,' and will ruin your life."
Access: "Not enough awareness. It's not advertised in the community, and if there is any awareness being shared nowadays, its via Zoom and not everyone has access to internet or even to know how to utilize Zoom or Microsoft Teams."	Stigma and/or fear associated with going to places or accessing information about cannabis: "Users feel like they know enough to carry on rather than putting themselves in places to learn more, because of fear."
Conflict on Traditional Roles and responsibilities.	Divisive assumption on cannabis use: "I carried stigma until seeing it. 'Walking in two worlds' or traditional versus users, [causing] barriers or division of people who feel like they have to choose." You can't be, "Traditional" if you use cannabis and you are required to make a choice. Being a responsible caregiver or employee: "Stigma of being a parent and smoking." "Struggled with the medicinal requirements attached to use but unsure about how it affects ceremony or item. Feelings of fear and concern over how, and what, I was taught growing up."

REASON OR THEME	EXAMPLES
Healthcare biases	Limits in support and knowledge within a system: "Assumption of addiction when involved in the medical field; tries to associate use with different medication rather than seeking support or help to educate." Complex and overlapping stigmas: "Negative stigma in all ways, [whether] medicinal or recreational. Hide when using in fear of doctor assuming addiction."
Community safety biases	"Communities only putting forth distribution rather than education; seeing it as a drug and comparing it to drugs like cocaine. [It] still carries stigma of being a drug." 'Correlation between "smoking" and health decline: "Another stigma is that smoke can cause cancer." Fear of bad side effects: "One that scares me is the side effect of psychosis and mental health."

There is a sense that the negative perceptions and judgement associated with cannabis is shifting since legalization and that there is increasing awareness and acceptance. "Feels like I have to hide because of this. I am successful despite personal use; getting better since legalization; stigma is going away even in older generation; feeling more confident in myself that I don't have to hide it because people are understanding more." There is a longstanding tension between the use of cannabis as a "drug" or "mind-altering" substance, which precludes individuals from being able to access it, participate in traditional ceremonial activities, or even touch sacred medicines and items. This is a problem as it acts a barrier to participation in the types of healing and health promoting practices that address issues such as trauma and abuse. Doing so, this reinforces disconnections with Elders, Knowledge Keepers who may reinforce these protocols based on their own beliefs, education of cannabis history, and/or experiences of community decline through substance abuse.

There is a resilient and fully developed negative narrative about cannabis use that persists, and creates internal and external tensions. "There are stigmas because it was illegal in the past. People had to be more discreet with their use." But with legalization, this narrative is slowly shifting as acceptance grows, and more people are able to see the different applications and benefits of cannabis. For example, there is a shifting narrative about what cannabis use looks like: "When I first moved back home, I went to the store and there were kokom's sitting outside on a bench smoking a joint. That surprised me but now it doesn't anymore. It [cannabis use] is more open now, and with it becoming legal there is a transition happening."

APPENDIX A: An Indigenous Methodology: The application of a Vision Wheel

Through the application of a relational lens, embedded within Indigenous methodology as applied through the Vision Wheel, the data is viewed as Knowledge that has surfaced through culturally appropriate methods facilitated using community-based approaches. Taking into consideration a holistic approach, the Knowledges are being reviewed within the context of the overarching vision. Relationships are being guided through a culturally safe, gender based, trauma informed, and distinctions based analysis. The methods of Knowledge collection, including the types of questions asked and how they were asked, are important in drawing out the core knowledge base that will populate the thematic coding framework. From this coding framework, data will be sorted, based on a distinction, gendered, and geographical approach. Coding will be used to conduct a systematic, and thematic, analysis using NIVIO software. Once a thematic analysis is complete, a critical analysis will be done on the data, sorting themes to create overarching recommendations and drawing connections between values and concerns, levels of awareness, and core directions for educational resources.

In order to ensure this engagement will result in the application of responsible, action-oriented, and effective uses of Community-Based Knowledge, the report will include a section detailing how the data will address the "5-Rs" of Indigenous research.

This will include specific recommendations seeking to draw out metrics in "relational accountability indicators," to guide responsible, reciprocal, relational, relevant, and respectful actions moving forward. This will include a level of accountability connected to the relationships and realities from which the Knowledges were conceived.

VISION

- To support informed, culturally safe, cannabis use amongst women and gender-diverse people, located within four distinct groups across Canada: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations. These groups will be known herein as a "distinctions-based" group.
- To increase capacity for informed decision making: We seek to empower individuals and communities with high quality Knowledge that will enable informed decision-making with respect to cannabis use.
- To increase community safety by identifying what problematic cannabis use is, and how to prevent, and reduce rates, of misuse.

The vision will be enacted through relationships that are guided through the following values and principles:

- Culturally safe.
- Gender based.
- Trauma informed.
- Distinctions-based.

RELATIONSHIPS AND/OR TIME

The Native Women's Association of Canada (NWAC) is the lead in meeting this vision. Through their organizational structures, we are supporting the development, implementation, and actions for this project. Through the mobilization of Indigenous women and gender-diverse people and distinctions-based populations, the NWAC Cannabis Project Coordinator, Senior Health Coordinator, and NWC Community Liaisons, will be working together to develop an engagement strategy.

This will be done in collaboration with the PTMAs and the Indigenous women and gender-diverse people in leadership roles. Through this collaboration, an engagement strategy emerged, including core approaches and tactics on how to connect with the core population groups, as well as what to do, what to gather, and how to meet the vision.

KNOWLEDGE

The engagement strategy defined the methods of data collection and the areas of focus for this data collection. This included the identification of mobilization of the four distinct groups, and hosted targeted virtual community engagement sessions, and the deployment of a national online survey. The areas of focus for knowledge mobilization incorporate two approaches for data collection: Quantitative and qualitative methods. The tactics to collect information include both: An online survey, and direct engagement tables. The survey employed both closed and open-ended type questions, while the virtual engagement tables employed a qualitative, knowledge gathering approach. These were done in a shared environment wherein people were asked to reply to semi-structured, open-ended questions. Due to the nature of these mixed-methods, and the amount of data collected, an external Indigenous scholar (woman) was hired to lead the development of a data analysis and Knowledge translation plan. This included the incorporation of critical Indigenous and decolonizing methods alongside the use of Traditional Analysis Methods such as NIVIO. Through the development of an Indigenous research framework, a critical, thematic, and coding key was created to guide the analysis to focus on the information prioritized for this project.

The guiding questions for analysis, based off the core areas of priority identified for this project, include:

1) What constitutes problematic cannabis use?
    a) What does culturally safe cannabis use entail?
    b) Why is it important to be trauma-informed?

2) What is the current base of Knowledge about cannabis within individual and community context?
    a) What are the gaps and limitations cited on this Knowledge?
    b) What are the strengths and/or opportunities?
    c) What, if any, are the misconceptions that need to be addressed?
    d) What modality, or form of resources, would people prefer in receiving this information?
3) What are the values and concerns surrounding cannabis use in the community?
    a) What attitudes emerge?
    b) Why is cannabis use valuable?
    c) What behaviours are associated with cannabis use?

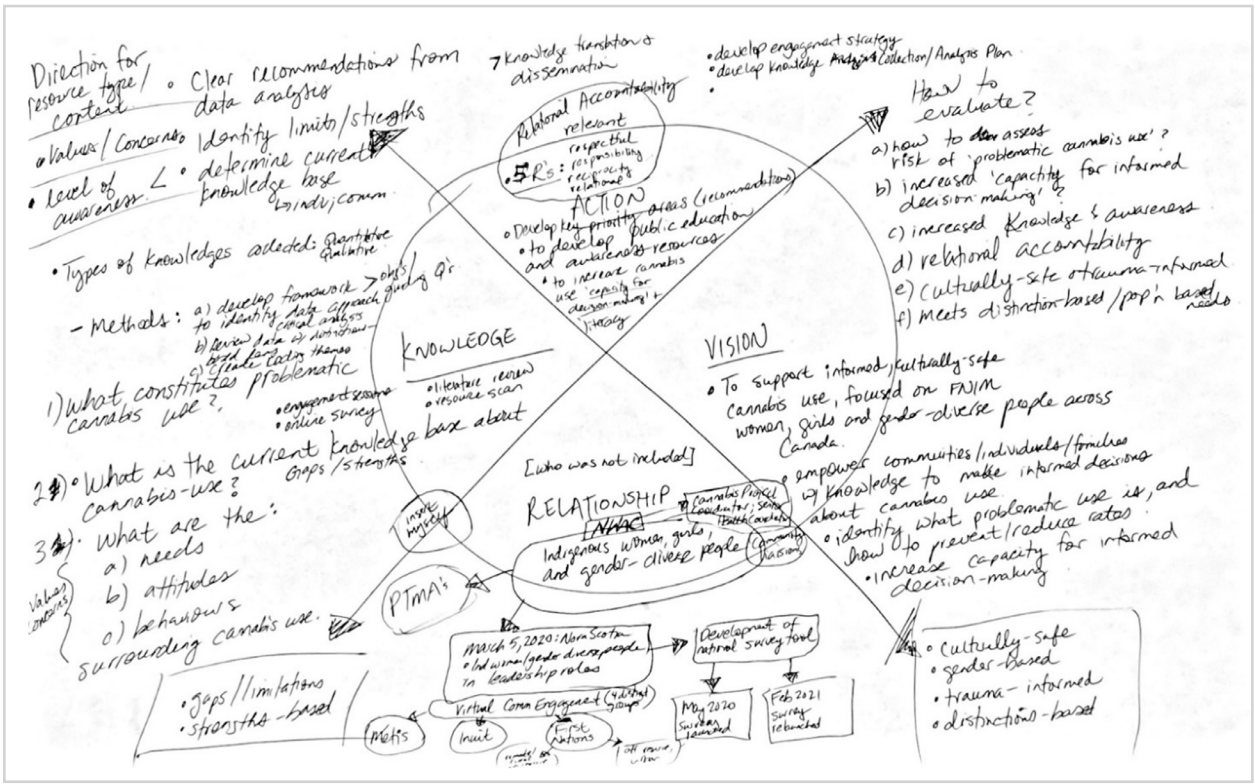
Methodological Approach and Actions

a) Develop overarching project frameworks based on Indigenous ways of Knowing to guide critical data analysis and Knowledge translation. This includes the objectives of this activity, and the guiding questions.
b) Review all data sources from the four distinct groups and survey the questions and data. Develop themes and a coding key, as it is important to come up with a list of "key terms"—according to the project priorities—before data can be analyzed using the data software.
c) Sort data based on the development of NIVIO files to be imported into the computer software for coding, annotating, organizing, and keeping track of multiple data sets.
d) Import data based on the four distinct groups. Systematically organize data from both the surveys and roundtables, based on coding themes and record demographic information where it arises, including information about distinct people, places, or other cases.
e) Once data is imported, and coded, a critical process of review and sense making based on the Indigenous research framework will be employed to discover and highlight core ideas and recommendations through an iterative review of both the project priority themes, and the data analysis themes, sorted through the computer software.

f) A final knowledge translation review will be completed. All knowledge will be consolidated into a report containing core recommendations for the development of public awareness and educational resources on cannabis usage, as well highlighting any potential evaluation or assessment indicators that have emerged through this process. The report will include a focus on "relational accountability," including a review of the process including the 5-Rs: Relevancy, respect, responsibility, relationality, and reciprocity.

g) The critical knowledge analysis plan will be submitted back to NWAC's Cannabis Project Team for review and dissemination amongst their partners.

FIGURE 9: Vison Wheel–Cannabis Project Data Analysis



Vision Wheel Framework: To guide the development of critical knowledge analysis and translation

APPENDIX B: Métis Women's Virtual Engagement Session (January 15-16, 2021) Final Report

INTRODUCTION

In 2018, cannabis became legalized in Canada. The Cannabis Act paved the way for cannabis, shifting from a medical-based, federally regulated substance, to a legally sanctioned, adult recreational product. What remains unknown is how the Cannabis Act and this new system of legalized access will be implemented within each province and territory, and what messaging and discourses will be enacted. Another unknown is discovering how the shifting legal landscape will impact women, girls, and gender-diverse people's experiences of access to, and consumption of, cannabis for their physical and mental health and wellbeing. While the legalization of cannabis may result in normalizing cannabis consumption for some people who occupy privileged social positions in Canadian society, it has also meant that health and social care providers are increasingly paying attention to the risks associated with cannabis consumption.

There is a need to examine the ways cannabis legalization will benefit Métis women, girls, and gender-diverse people who experience marginalization along various axes of identity. It's also important to consider how they are perceived, represented, and treated in their cannabis consumption through existing health and social care practices. Importantly, there is a need to create a platform where their narratives can play a critical role in creating new knowledge. This new knowledge could inform and expand health and social care practices, policy approaches, and programs that serve Métis women, girls, and gender-diverse people who use cannabis, and support their health, wellbeing, and mental health care needs.

Thus, this report aims to identify cannabis needs and priorities of Métis women, girls, and gender-diverse people and to create public education resources that are reflective of these needs. This will ensure that the public education and awareness resources created will be culturally safe, distinctions-based, gender based, and trauma informed.

Creating culturally safe, and distinctions-based resources, means they will be reflective of the lived experiences, histories, values, and cultures of status, and non-status, First Nations, Métis, and Inuit women, girls, and gender-diverse people. A trauma informed approach means considering traumas of Canada's colonial history, but not focusing on, or reliving, these colonial experiences. Instead, this project applies a strength based approach focusing on empowerment, safety, resilience, and collaboration. This project applied a gender-based approach, which means considering the gendered impacts of colonization and how it contributes to current issues affecting Indigenous women, girls, and gender-diverse people. For this report, it also means considering how the effects of cannabis, and cannabis consumption patterns, differ for individuals based on gender.

One of the key objectives of the report is to increase the cannabis literacy among Métis communities by including culturally safe and gender specific evidence based assessments of risk in a format that is accessible and follows harm reduction principles. Taking a harm reduction approach means including both information on the risks of problematic cannabis use, and information about what safe recreational use looks like for the target population. The creation of these resources will enable Indigenous women, girls, and gender-diverse people to make informed decisions about cannabis use that best suit their circumstances, both as an individual and within a community context.

MÉTIS WOMEN ENGAGEMENT SESSION: COMMUNITY-INFORMED APPROACH TO CANNABIS EDUCATION

As part of this project, the Native Women's Association of Canada (NWAC) invited First Nations, Inuit, and Métis women, girls, and gender-diverse people to participate in three separate community sessions to support the development of culturally safe and gender-based cannabis education and awareness resources. This final report reflects the Knowledge and methodology of two Métis women through specific community-engagement sessions that were adapted given the COVID reality.

Currently, there is severe underrepresentation of Métis in academic research. This results in a lack of adequate, accurate, accessible, and community-driven information on Métis health and wellbeing. Thus, there is a strong need for research in Métis communities, from Métis perspectives. Furthermore, there is little information available that is specific

to Métis women, girls, and gender-diverse peoples' health and wellbeing. This project is important to ensure that Métis peoples' voices and Knowledge is incorporated, as well as to help implement Métis-specific health services and programs for Métis women and their families. More broadly, the report will contribute to better understanding of Indigenous, gender specific approaches and needs when it comes to the effects of cannabis, consumption patterns, and the importance of increasing cannabis literacy specific to Indigenous women, girls, and gender-diverse people in Canada.

This project is grounded in principles of community-engagement, control, and ownership of the research. This is a key consideration in the research approach we adopt with Métis Peoples. Our approach is appropriate for this project, given the need to learn and listen to Métis Peoples to understand their articulation of the challenges they face with cannabis. Community engaged approach creates bridges between researchers and communities using shared Knowledge and experiences. Finally, a community engaged approach establishes a mutual trust that enhances both the quality and the quantity of data collected. Key benefit from these collaborations include a deeper understanding of a community's unique circumstance, and a more accurate framework for adapting good practices to suit the community's needs.

NWAC's Cannabis Project held its Métis women-specific engagement session virtually on January 15 and 16, 2021. There were 30 Métis women and gender-diverse persons brought together for the sessions, all of whom came from a wide range of professional backgrounds, and personal experiences, regarding cannabis. Participants discussed many topics throughout the day, leaving the research team with a better sense of cannabis health and education needs, barriers, and priorities for Métis women, girls, and gender-diverse people, and their communities. This report provides an overview of the approach, key findings, and recommendations heard during these engagement sessions.

The facilitators shared a comprehensive summary report, see Appendix A, with the participants to assure the themes, knowledge, and perspectives gained through these sessions accurately reflected their voices and experiences. The Métis women's engagement methodology and process were led by two Métis researchers and grounded in a grass-root approach given the complexities of local, provincial, and national political bodies.

Our community-engaged conversations drew on the principles of learning from, and with, one another as Métis women. We came together as equals from our homelands to strengthen our wellbeing, and that of our families and communities. The focus is not about strengthening political affiliations, even though we may be associated with our political bodies. To remain connected to the land, our Elders, and give back to participants, our Elder began and ended the session in prayer, and generously held space for us while sharing teachings. Carrie Armstrong provided Métis Traditional Tea Teachings, which further supported our wellbeing, practices, and ability to share Knowledge among one another. Carrie is an educator who also owns Mother Earth Essentials. Prior to the virtual sessions, she shipped traditionally harvested teas bundles with 10 sacred medicines samples, to each participant. During the sessions together Carrie shared, personal stories, teachings, and Knowledge in its Traditional and contemporary uses. With Carrie's permission, the PowerPoint presentation, with her information, was shared to the participants as per their request. It was important to include in our community engaged approach a way of giving back and sharing of Cultural Knowledge to the participants. Therefore, a $100 honorarium was offered in respect of their time and energy.

Ethics approval was obtained by the McMaster University Research Ethics Board. All participants completed a consent form as part of their registration process and were given space to ask any questions regarding the process, the research approach, and/or the outcomes of their engagement.

PROJECT TEAM

It was important for NWAC to respect distinct-based Peoplehood, and therefore, assured that the facilitators for the Métis women's engagement sessions were Métis women, health and wellness researchers, experienced in community engaged research. This inspired a process of working as a community of women with whom we already had respectful relationships. In this way, trust and care was already established and we could undoubtedly rely upon one another to do this important work as a team, bringing forth our respective strengths and Knowledge.

ELDER

Sheila Nyman

NWAC STAFF

Chanessa Ryan, Director
Abrar Ali, Senior Health Coordinator
Marisa Blake, Project Coordinator

PROJECT FACILITATORS

Chelsea Gabel
Cindy Gaudet

KNOWLEDGE HOLDER

Carrie Armstrong

NOTE TAKER & PROJECT SUPPORT

Hannah Bouvier

COMMUNITY ENGAGEMENT SESSION PROGRAM

Participants had an opportunity to share their ideas and Knowledge about cannabis use, needs, and priorities with other Métis attendees in a remote learning environment. Information shared was to support Indigenous women, girls, and gender-diverse people to make informed decisions about cannabis use that best suit their circumstances. A series of guiding questions was posed to support a participatory conversation with the presence of an Elder, and Métis-specific Traditional Teachings and Knowledge. The virtual program was as follows:

- Opening prayer by Elder Sheila Nyman.
- Welcome by facilitators (Chelsea & Cindy) and NWAC staff (Marisa & Abrar).
- Métis Tea Workshop with Carrie Armstrong (45-60 min).
- Stretch break (12 min).
- NWAC cannabis video (8-10 min).
- Discussion and conversation (60-75 min).
- Closing Prayer by Elder Sheila Nyman.

DISCUSSION QUESTIONS

1) Do you feel that you, or your peers, have adequate knowledge about cannabis?
2) Where do you get health information about cannabis? Local Elders? Community health centres? Peers?

EDUCATIONAL RESOURCE QUESTIONS

3) Are there supports for people who use cannabis in your community? What are they? Are they effective?
4) What are the best forms of resources to reach Indigenous women, girls, and gender-diverse people? For example: Websites, posters in community buildings, printed materials, radio PSAs, etc.
5) What are some barriers when it comes to accessing resources by Indigenous women, girls, and gender-diverse people? Does this differ for rural and remote communities? For example: Internet access, language barriers, etc.
6) What health-related topics regarding cannabis do you feel you need more information on?

QUESTIONS ABOUT HEALTH CARE PROVIDERS

7) What are some of the barriers when discussing cannabis with your health care providers? What could health care providers do to help you feel more supported?
8) Do you feel like you can receive non-biased, good quality, information from your primary health care providers?

KEY FINDINGS

- Evidence of generational experiences, and views, of cannabis use—and relationships to cannabis—has changed over time.
- Evidence of a need for consistent knowledge, research, and information on cannabis uses, types, effects, and access.
- Evidence of a fear of being labelled as an addict, pothead, rebel, or unstable, which comes with cannabis use.

- Evidence of concerns in being associated with the history of an illegal substance and punitive systems that potentially impact livelihood, careers, and reputations.
- Evidence of multi-layered stereotypes and stigmas associated with cannabis use coming from the public, media, peers, health-care professions, Elders, their community, and family.
- Evidence of impacts of stereotypes and stigmas lead to isolated usage and limitations to knowledge sharing.
- Evidence of stereotypes and stigmas linked to a pervasive deficit-views of Indigenous Peoples, which perpetuates guilt, shame, and trauma.
- Evidence of historical lack of trust in health-care systems still continues today due to long-standing, systemic racism.
- Evidence of a lack of specialized care in mental health care, as it relates to intergenerational and colonial trauma, and specifically: The impacts on Métis women's health and wellbeing.
- Evidence of a need for sustainable support systems and methods of care that include cultural knowledge and gathering opportunities as Métis women.
- Evidence of Métis women's resourcefulness, community, strength, and healing, in coming together to learn from one another.

KEY RECOMMENDATIONS BASED ON FINDINGS

Increased Access to Educational Information and Holistic Models

- Multi-prong, educational approach on cannabis use is needed. Including: Purpose of use, strength-based stories, degrees of perceptions, effects of use, benefits; and differences in types, strains, and dosages. For example, there need to be more education on THC versus CBD, as well as why CBD had been called CBN and CBP.
- Expand educational access to be interactive with the use of technology and digital platforms. Ensure this information is relatable and accessible to younger and older generations.
- Work collaboratively with schools to increase educational and learning outreach.

- Ensure Community-centered, Traditional Knowledge, and Elder Knowledge is available. Prioritize holistic connections of Traditional plant uses, and Indigenous views of cannabis.
- Education should include dialogue on the changes of cannabis use over time and generations for non-judgmental conversations and support.
- Include unconscious bias training for school. This training should include real life scenarios and negative narratives for cannabis use pertaining to students, their families, and their communities.

Recognize Distinct Approach and Need for Leadership

- Recognize limited knowledge and access in rural, remote, and northern communities.
- Increase access to traditional languages, spiritual teachings, and Knowledge.
- Address misconceptions surrounding cannabis among political leadership and Elders.
- Identify distinction of uses that are age-specific, and determine the purpose and frequency of uses. Financially support alternative approaches to wellness, which means going beyond empty campaigns.
- Develop protocols on how to approach Elders. Support ongoing spaces for dialogue to create understanding beyond perceptions, as well as to foster cultural traditions in the family.
- Continue community-centered research, conversations with, and for, women—and by women—to support health and wellbeing.
- Expand our reach of resources and services in a community-centered and gendered approach.

Address Barriers and Stereotypes to Healthy Systems of Care

- Create safe, healthy, spaces to engage in dialogue and focus on healing.
- Alternative approaches to health and wellness are needed, including Traditional Knowledge challenged by Western worldviews of health and wellbeing.
- Recognize alternative pathways to health and wellness such as naturopathic care, which is increasingly accepted within Western medicine.
- Access to prescribed cannabis within pharmacies and regulated prescriptions still remains limited; yet there is unlimited access to public dispensaries with limited regulations.
- Create a culture of understanding within health-care systems.

Celebrate our Métis Women and Métis Women's Ways:

Our Elder Sheila responded to our message of gratitude by sending an uplifting message to the facilitators. We chose to include it as one of the important recommendations and key findings, considering her life-giving and uplifting perspective, which was reflected throughout the planning and gatherings. Celebrating who we are, how we engage, and why we come together as a community of women is vital to creating any positive change for the wellbeing of ourselves, our families, and communities.

> Wai … It is an honour to be asked. I hold my hands up to all of you as this was a very impressive way to conduct a 'focus' or 'talking' circle. Having the tea presentation beforehand was brilliant. Our ancestral ways could not have helped but to be activated, even though we all may not have that awareness yet. Thank you for including me. It gave me lots to think about. Elders were mentioned so many times that I realize this is an area that we, Knowledge Holders and Elders, need to open ourselves up to get educated on. I am from the 60's, so as a young Elder I can be open and understanding of the subject of cannabis. I have been opened to exploring the spiritual aspects of its use and plan to prepare myself to speak to it when asked. So, a beautiful exchange of knowledge and activation of ancestral memory happened through these workshops. Have a beautiful day.
>
> All my relations,
> Sheila
> Stands Strong like a Rock Bear Woman

MÉTIS ENGAGEMENT SESSION SUMMARY REPORT

Project Overview: NWAC is working on a three-year project: Community-Informed Approach to Cannabis Public Health Education and Awareness. It is funded by the Health Canada's Substance Use and Addictions Program. Through this project, NWAC invited First Nations, Inuit, and Métis, to identify current awareness and priorities of Indigenous women, girls, and gender-diverse people to develop culturally safe resources. This summary report reflects the two Métis, women-specific, community-engagement, sessions.

Project Team: Métis-researchers: Chelsea Gabel, Cindy Gaudet, Hannah Bouvier, and the Native Women's Association of Canada.

Community-Engaged Methodology: Our community conversations drew on the principles of learning from, and with, one another as Métis women. Virtual circles were held on January 15 and 16, 2021, bringing together 30 Métis women from across the homeland. In our grassroot approach, we came as equals from our homelands to strengthen our wellbeing, and that of our families and communities. The focus is not about strengthening political affiliations, even though we may be associated with our political bodies. To remain connected to the land, our Elders, and give back to participants, our Elder began and ended the sessions in prayer, generously holding space for us while sharing teachings. Métis Traditional Tea Teachings by Carrie Armstrong, educator and owner of Mother Earth Essentials, further supported our wellbeing practices and knowledge sharing circles.

Table Summary: January 29, 2021: Below is a draft table summary of emerging themes, explanations, and voices of the Métis women. We invite you to review and to provide input to assure we have accurately reflected your wisdom and experience in a way that is meaningful to you.

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Generational Knowledge and Societal Changes	People from varying ages had different approaches and relationships to cannabis. This became more apparent when people described their knowledge and stigmas associated with cannabis. The experiences from different generations spoke to the ways cannabis use has changed over time.	"I'm from the group of people who are 60 and over. And I feel that we don't have enough knowledge. And it's hard to get that knowledge." "You get a very negative or distance response and especially with my peer group. Again, the lack of understanding, or not really believing that cannabis has benefits that when used properly, has great benefits."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Generational Knowledge and Societal Changes		"I think I am also from that generation that has that stigma about it, you know. Because, it was drilled in our heads … almost a time it was the one down the road to drugs and alcohol, it seemed. Like, you know, that was kind of, sort of, the whole environment around it." "So, I think the stigmas are from back in the old days when it was illegal, sort of I guess now. And so, I do have knowledge, I have experienced stigmas because of our way of thinking before."
Educating Ourselves on Cannabis	Most people commented on finding their information from Google and other online platforms. This creates a covert way of finding information that some expressed as "lonely." For example, they found it challenging to not be able to communicate about it with their peers.	"So, me, and most my peers, and including the youth that I work with, most of the information that we find is on the web." "I usually get my health information about cannabis on the web. Or from information posters that I see campaigns that are being done." "Most of the information that I get is from online." "I think the information, like many people have said, is coming from peers or online and it's very sporadic. And it's in, like, droplets. And it's not really regulated information that people can say like, you know, 'this is what you need' or, what not."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Educating Ourselves on Cannabis		"It's still very much covert for me. I still hold that stigma really close to my heart. So, I'm looking online. I'm not asking those questions publicly, because I'm still nervous about what the repercussion about being labeled a chronic user. You know, those kinds of things. I have a lot of fear about that. So, where I get my information tends to be covert, which is kind of scary because I'm a healthcare professional and part of the health research sphere." "Where the information is coming from now seems to be Dr. Google. And I'm not sure how accurate the information that comes from Dr. Google is. I now have someone in my family looking for who's having difficulty sleeping, looking for something called CBN. And I don't even know what that is." "I felt I didn't have anyone to really talk to about it. And I don't know anybody in on my meaty side that I talked to about it. I don't talk about it that anyone because there's that stigma." "I haven't really chatted with anyone about it because of, I guess, do I want people to know that about me? Or do they think why they would, they'd probably want to know why I would be using this stuff." "It's a very small community. And there really are no supports that I know of, and it's really not very visible. So, I don't really think there are a lot of resources for people. We're in a fairly rural area."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Educating Ourselves on Cannabis		"So that topic about, you know, the barriers of getting information to our Elders and Knowledge Keepers in our community, it so resonant for me. And then yeah, internet, like, I know, it's kind of led by the, you know, the slide. But the internet is a huge issue, especially for folks that are looking for covert resources, because we've discussed that stigma is there. So, you know, for folks in our communities that you know, you can barely get a cell signal in, and that exists, you know, in Alberta, at least where I reside. That's a huge, especially now you had the pandemic on top of it, we're not handing out hardcopy materials, we're not meeting face to face with people. We're meeting online." "People are afraid to perhaps reach out to those services as they may not see themselves as an addict, for example. Whereas if it was presented at a senior's center, you know, not by addiction outreach people, it has a very different spin and it's presented in a different way and would be much more acceptable to some people to attend, depending on who the players are." "So, it would, that might be a good place to start. Is that, we is that leadership, kind of takes, takes leadership in this. And how's the strategy about educating their citizens, their members on? Like, not just the benefits of cannabis use, but also maybe some of the risks associated with the different forms that it takes?

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Educating Ourselves on Cannabis		So? Yeah, I would say one of the barriers might be that not having, like leadership that takes that kind of takes that on." "Finances is an issue. And I think that needs to be thrown out there and recorded many times. Our Métis folks are not covered. Under financing, we don't have, you know, funding that is regularly provided to our settlements, or to the MNA. It's all grant-based funding. There's nothing sustainable. And so, when I'm thinking about educational resource challenges, for a woman, the lack of the capacity that is provided, in order to create resources that are meaningful, I mean, I absolutely can reach out to my community members, but I would like to reach out with an honorarium, you know, in gratitude for the Knowledge that they are gifting our community, and I don't have access to that because I don't have funding. So, I think that funding and finances in order to tackle some of these wicked problems are definitely a huge gap."
Creating a Culture of Understanding	Many women touched on internet resources and social media as the best way to reach women regarding cannabis use, as well as an effective and safe spaces to create dialogue and community.	"I feel there needs to be more supports in, in the community, like education, including harm reduction. The best forms of resources that I think would target youth. in general, would be maybe some graphic comics. I know they read those whenever we get those informational pamphlets in. They do read them. So, I mean, post print materials, websites, you know, you even cards that advertise the websites and stuff."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Creating a Culture of Understanding	Using the online platform could be beneficial, as it would allow for the nation to take a leadership role and use the online platform to benefit community.	"I think for junior high in high school, it's important that we get information right now we just get magazines that kind of talk about how cannabis can elevate to other different substances and habits. So, it creates quite a stigma when our parents come in or talk about it openly. So, then there's a lot of growth that's needed between understanding without judging our communities, you know, when you're working with children, for sure." "I think sometimes where this information is presented can also increase or perpetuate the stigma around it. So, we know, agencies in our local communities that deal with addiction outreach services, for example, have a lot of information about this, and, and willing to provide and there to support all of that. People are afraid to perhaps reach out to those services as they may not see themselves as an addict, for example." "Another resource that that we had here in this community in our area, is we had an RCMP woman that was willing to do workshops, and I wasn't able to get her out as much as I would have liked to. But I think that would have been one resource for us in our community. And because I don't know if they necessarily have to put it on if they'd be educated in what the, the best medical wise, are helping people with pain if they'd be good at that. But I think that's a good route to go for us here in our area anyway."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Traditional Knowledge and Engaging in Dialogue with Elders	The importance of Elders and Traditional practices is an important theme, as the relationship of cannabis has shifted from generation to generation.	"The kind of thing I kind of want to see and lean toward is actually, for me, accessing my Traditional Elders would like, they should be more understanding, because it's a medicine for us. And I would, I would love to go to see more Elders that were open about protocol and using Traditional medicine mixed with, you know, medicinal cannabis. Also just having access to, you know, Traditional supports, like Elders that right, it's just, it's so important." "I think there's an education that needs to happen. And I'm not sure how that would happen. I think it would probably be a lot of meeting and connecting with those Elders and asking, you know, how to move forward with this and how comfortable they are with this information." "I have not had a conversation with our Elders, with them in within Métis Nation, Saskatchewan. However, I think that's a really important conversation to start having, because that also leads me to Traditional Use rights. I think I would really like to learn more about Traditional Use." "Elders that have shamed people who choose to use cannabis, because it's perceived as a mind-altering substance." "The development of information on how to approach Elders, I think will be another important point."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Traditional Knowledge and Engaging in Dialogue with Elders		"I, as an educator, and also in [the] health field, I've never really heard information about cannabis. I've never heard anything about our Elders, you know, from the Elders." "There was nothing like in the community, among Elders, among my family, or anybody that I could talk to." "Have an open discussion about some of the positives about it. Right. Everything has a positive and negative. But to have that research and have that dialogue I think, is pretty important." "Of course, we don't have any local Elders that would have this Knowledge" "It's I know, we have Elders and stuff, but I don't know. If they would really know, I would hope they would. They were 'gonna give me some advice on cannabis. So, I don't think they're, I don't know if any local Elders are." "Is there Knowledge about cannabis with local Elders? Absolutely not. I've never heard of Elders talk about cannabis. I really wonder though, is cannabis, a locally grown plant from Turtle Island? So why would they talk about it? So, this is probably a locally grown plant from other territories beyond Turtle Island, I don't know, this would be more research required here. And so particular, Indigenous Elders that would be our partners from in a global context would probably share that Knowledge with other local Elders."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Traditional Knowledge and Engaging in Dialogue with Elders		"There's nothing put out in the language. There's language barriers and difficulties set in place where the information is just not getting out there or it is. And there's something there's stipulations put in place where it's not getting to reach the right viewing, you know, people that is opposed to. I can't be also driven just about us. Yes, we can start off at us. But what about all the people in the old folks' homes, and people that smoke cannabis on like, in their outlet, way until their elder years. And that's not being addressed either for safe consumption for them, they probably don't even know if there's edibles and stuff like that available to them and safer smoking ways and stuff that they can access." "I think with Métis individuals and communities across the nation, is the language because some people, Métis, speak Michif, some speak different dialects of Michif. But some are Cree or Denee speakers, or they're both. And our Elders, especially our female Elders, there's that not only the language barrier, but the cultural barriers, right? And so that creating that safe space is so important."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Community Engagement	Many women mentioned a community-based ideology, coming from the nation, it's members, and its online platform. It is important to have it available in community centers where we come together. Our communities are diverse so the support needed must also be diverse. Community plays a large role in Métis ideology. Having a community based approach for discussions would help break that stigma in the community and bridge the barriers between Elders and users.	"I would love to see some kind of circle of Elders, or a community health center, inside the Métis community where we can get accurate information about cannabis use." "First and foremost, it's probably going to be Facebook. Like the links, the links are probably going to be like, where else do I source my information. So, I'm always sourcing my information for like, different supports for my children, different supports, you know, funding supports education supports. So, I always think of, you know, if you live in a particular region, the best place would be, whatever, whatever, like kind of Métis nation you belong to." "How do we access that, you know, like, again, for LGBTQ people for Indigenous, you know, I guess community members. So those are kind of, I always think about, like, quick online, and I guess how people can feel like, it's not they're not being singled out that there's not this greater stigma. And, of course, to like, even like when speaker or anything, like that's an Indigenous forum. So that's my initial response to like, how do we source Indigenous women and, older people to write, who are interested in accessing these supports"

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Community Engagement		"When I think about resources, and the best way to reach the Metis women in my life, I think we need to really recognize that there's diversity amongst our community as well. So, there are those of us that feel comfortable going to Traditional health, you know. Clinics or hospitals or the places we go to get that health information. And so, when I think about that route, then the best forms of resources are safe ones. "I think that when we're looking at educational courses in those areas, we need to really focus on identity, making sure that those people know who we are and the best way to provide information to us. Then obviously, I think about the diversity and approach. We have everybody from teenagers to Elders, a lot of us are looking at information covertly. So, making sure that, again, I agree with, that, you know, whatever nation you belong to, has that information and can pass it along." "If I'm on Facebook, then I can just quickly look at a poster. So, I think, you know, when we look at education, too, it needs to be like those greater policies, you know. We face stigma, not only about cannabis, but about, you know, just in general being Métis." "In the chat there was discussion about reaching younger individuals through Instagram, Snapchat, Twitter and TikTok. In which all those platforms have micro-indigenous communities."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Community Engagement		"It would be nice to have information that I could, you know, that that was age specific for her." "I think sometimes where this information is presented can also increase or perpetuate the stigma around it. So, we know, agencies in our local communities that deal with addiction outreach services, for example, have a lot of information about this, and willing to provide and there to support all of that. People are afraid to perhaps reach out to those services as they may not see themselves as an addict, for example." "Another resource that that we had here in this community in our area, is we had a woman that was willing to do workshops, and I wasn't able to get her out as much as I would have liked to. But I think that would have been one resource for us in our community. And because I don't know if they necessarily have to put it on if they'd be educated in what the, the best medical wise, are helping people with pain if they'd be good at that. But I think that's a good route to go for us here in our area anyway." It begins with education. And it begins with decolonizing. Our professionals, it begins with decolonizing our institutions, it begins with decolonizing, our children, it begins with decolonizing everyone that we enter space with, and how do we even get ethical space?"

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Community Engagement		"I'd like to see, again, more education about that more collaboration, and more education and community about that. I'll also go to number one, I feel like I personally have a little bit of knowledge about cannabis, in terms of how to use it in its forms. But I think public education really lacks explaining why people use it."
Gender-based Research and Effects on Metis Women's Health and Wellbeing	More information, in general, would be beneficial, including the long-term effects and what role it could play in women's health and wellbeing. Increased knowledge on CBD versus THC would be critical because lots of women had called CBD other names, and I think having more education on the differences would help break down the stigma. Not everyone who uses is getting a high effect.	"I'd like to see, again, more education about that, more collaboration, and more education and community about that. I'll also go to number one, I feel like I personally have a little bit of knowledge about cannabis, in terms of how to use it in its forms. But I think public education really lacks why explaining why people use it." "And so, then I think about if you were looking for healing and therapeutic uses, where would you turn? So, I think we have to start thinking more in instruments." "Then not having not only health information about the healing effects of cannabis, but also Elders information, where which Métis Elders, is there a circle of Métis Elders, we could go to in the future to consult, and that they would know. I guess, as we learned earlier, the medicinal properties, but maybe even the spiritual properties that could help us with emotional health, physical health, etc."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Gender-based Research and Effects on Metis Women's Health and Wellbeing		"And we had talks for a couple of years on the use of cannabis, him and I. And, you know, it was more me trying to convince him that that would be a viable option for his condition. And, you know, really, doctors don't even have the information that's needed to help people in this." "And I just feel like it's, I don't look at it as something that's a healthy choice. I don't know if I'm like, putting it in my body. I don't want to smoke it because I don't want to infect my lungs. So out there. I'm not educated on that." "I'm thinking, 'how can I get this instead of taking medication? How can I use this? CBD is a healthy choice for me to monitor my pain.'" "I really like some of the longer-term effects. I think about that when it really resonated when one of the other speakers was talking about how they worried about putting something in their body. I mean, I'm doing it because I need to sleep, and I need to function. However, Yeah, I'm I worried that by the time I hit 70, I'm, you know, going to have dementia or any you know what I mean? Like, challenges that way."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Gender-based Research and Effects on Metis Women's Health and Wellbeing		"I guess, specifically, I would like more information that's specific to cannabis use specific to women that like, I'm I've had a rough couple of years battling with things kind of in and out of the hospital, doctor's office and stuff. And they've finally just thrown endometriosis out there. And it's okay, so take these 17 different things every day. And this, this is going to help with the pain, but you're going to be constipated for four days. So, you need to take this, and you need to. So just specific to I mean, our systems work a lot differently. And I would appreciate some women's specific information on how to properly use cannabis to help some of those things."
Stigma in Healthcare	Consequences of uses creates fear of being further stigmatized. There's a need to move out of racialization of cannabis use. Addressing the concern of how you are perceived because you use cannabis, which prior was an illegal substance. Women spoke about the difficulties that come with building a relationship with their doctor, especially a relationship where cannabis use could be discussed without the fear of being stigmatized or being labeled by your doctor, which could	"I have asked doctors about information and I get the stigma right away." "I get information from online because I have asked doctors about information and I get the stigma right away." "Personally, I felt a little bit nervous about because I have felt that stigma, but there are medications that I do have to take. And because I don't get the good information that I feel like I should be getting. I can't, I don't feel like I'm making quality choices. Because, if I have three different kinds of medication I know from the pharmacist and I know from my doctor, if there are interactions, but I can't really ask those questions and find out if there are interactions with with CBD. So, I'm not getting that information that I need."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Stigma in Healthcare	then further the discrimination, and fear of consultation, with a healthcare provider.	"I actually don't feel like I get unbiased information from my health care providers. They're still very much, at least in Edmonton, where I reside, there's healthcare providers. And at this point, I'm talking about mostly physicians, but nurses as well, who will either choose to give you information on cannabis and what they deem as like alternative therapies? Or they'll say, 'No, I can refer you to somebody else who can.' And that, to me, is a barrier because in my mind, when I go to see a healthcare professional, it should be a wraparound, one stop shop, unless I'm actively seeking out a specialist for a particular need. But any general practitioner should not have I mean, I personally don't think it's ethical for people to be able to say, 'Nope, I, I don't agree with cannabis because of a stigma. And therefore, I'm not going to provide you information on it. You need to go see this specialist.' You're putting up barriers you truly are. So, I think that the barrier is that not all healthcare professionals have the information that they need to be comfortable discussing cannabis with us. And certainly, I would say they don't have enough information to speak to us as women and our women's issues." "And she was able to, when I asked her about cannabis, I guess as a form of safer in my opinion, remedy for pain control.

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Stigma in Healthcare		She referred me to like, like a clinic, cannabis clinic, where I met, I went there, and it was like a doctor's office. Like I went in and spoke with a doctor. And he, he was able to ask me, you know, what, I'm where my needs are in. And so, I guess, but at the same time, my mom was also asking about this, and her doctor didn't have a lot of great advice for her. So, I guess so I got great advice from my I guess it depends on every different professional doctor on whether I think they, I get a sense that they also have their own biases as well. And I, I've heard that from other friends, you know, in speaking with their, their doctors on whether they're, they're able to prescribe them that next step, or whether they, they, they kind of don't do that. And so, yeah, there is there's also biases in within doctors as well." "And not once through that entire process did, I feel it was even remotely possible to have that discussion? My, my family doctor in particular, I think, I think personal biases, but it seemed completely okay with everyone." "So my experience is, is that, you know, with, you know, I still hold some of those stigmas in my head in terms of, I didn't want to be seen as somebody who was drug seeking, I didn't want to be labeled that person.

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Stigma in Healthcare		So I do feel that I think healthcare providers, particularly physicians, especially in oncology, be surprised. I think they, they, I would like to think it's not for lack of education, but maybe their own personal biases." "I think about the systemic racism we face in healthcare. The only doctor that actually listened to me was a doctor that specializes with CBD and medicinal cannabis." "Here, my GP, I don't have a relationship with them. I don't trust them. I try as much as possible not to go to my GP. I would never talk to my GP about this, whatsoever, because of fear, judgment. I've slowly slipped a little thing not related to, you know, cannabis use, but his demeanor, everything changed. It looked like he was working hard not to judge me. So, I don't feel like I could give but nonbiased or good information from him." "I also had a naturopathic doctor there that was wonderful and very supportive and formative when it came to cannabis and CBD. So, different provinces, different experiences. And once again, my psychiatrists here amazing supportive my psychiatrists in Saskatoon judgmental, not at all would ever talk to him about those things."

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Healing	The impact of trauma has been long lasting and has led to different ways to cope. Using cannabis as a way to work through trauma vs. using other drugs as a coping mechanism. The influence of the church on Métis communities was enormous and the strong religious ties that have been formed impose another type of shame and conservatism among Elders and other community members. What stigmas are enhanced because of the effects of trauma?	"Trauma, like healing from trauma. And I think in our communities, for I can only speak to my local region, it's not talked about, it's not really brought up in terms of healing through that. And so, I'm not saying that, you know, every, you know, a lot of cannabis use is because of trauma. But I think a lot of substance abuse in our community does have a linkage to those emotive aspects and the affective domain. And so, I think that has to be discussed with our youth. And even with our older generation, about why we're using, and if we can use it in unison with therapeutic other practices, whether it's going to ceremony, and helping in that way." "Those children are being raised in homes that aren't, are grounded with Tradition, they don't have any cultural practices. And there's the stigma and the shame that comes along with that. So, it's just reinforcing intergenerational trauma over and over and over again. And in the healthcare system, we know there's many stories that have now finally been shared. But they're sad, because the health care system also feeds into that, and will stereotype not foster the language which someone brought up the language, which I thought was fantastic." "Do you feel like you can receive non bias, good quality, information?

THEME	EXPLANATION	MÉTIS WOMEN GIVING VOICE
Healing		I do for myself, but again, I know many women who have not, nor will they, and that's where their health fails, they lose limbs, they get diabetes, you know, they get to the point where they've had cancer, and then it's too late. And because of the stigma of using maybe having a CTP or CBD, CBD health, you know, being introduced to that, which, you know, there's that stigma that goes with it, and that shame and that guilt, and it's almost like having them experience trauma all over again." "Difficult for some of my cousins, for some of my family, in terms of being cut off from the family. Because part of our Métis community was very churched very religious, and very Catholic." "Also, and this is not tossing any shade at our Métis folks, but we tend to be a fairly conservative community. You know, at least in my experience, we have, you know, a lot of religious connections, you know, and, those don't necessarily always overlap with an ability to be able to provide resources for stigmatized areas. Is that right? No, absolutely."

APPENDIX C: Roundtable Questions

1) Do you feel that you, or your peers, have adequate knowledge about cannabis?
2) What are the stigmas in place that create barriers for better understanding of cannabis use?
3) Where do you get health information about cannabis? Local Elders? Community health centre? Peers? Government?

EDUCATIONAL RESOURCE QUESTIONS

4) Are there supports for people who use cannabis in your community? What are they? Are they effective?
5) What are the best forms of resources to reach Inuit women, girls, and gender-diverse people? For example: Website, posters in community buildings, printed materials, radio PSAs, etc.
6) What are some of the barriers, when it comes to resources being accessed by Inuit women, girls, and gender-diverse people? Does this differ for rural and remote communities? For example: Internet access, language barriers, etc.
7) What health-related topics regarding cannabis do you feel you need more information on?

QUESTIONS ABOUT HEALTH CARE PROVIDERS

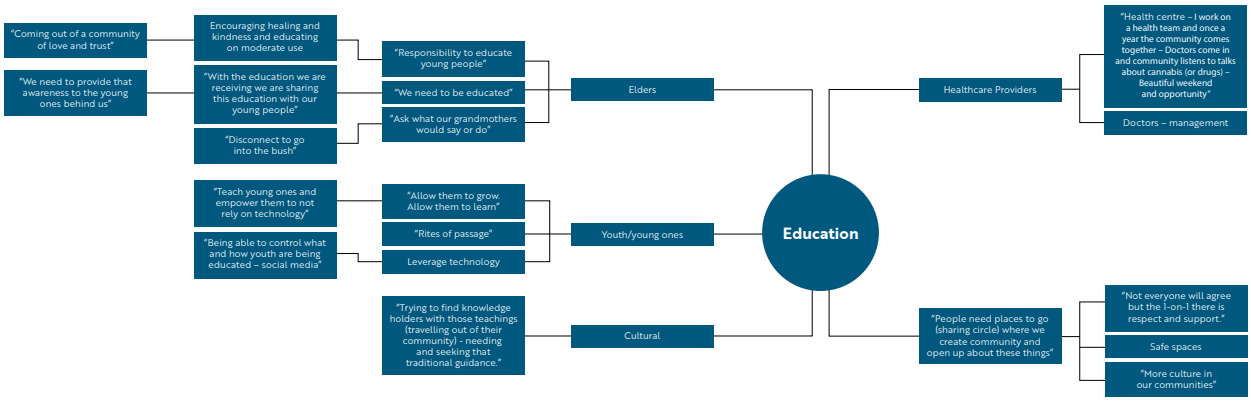
8) What are some of the barriers, when discussing cannabis with your health care providers? What could health care providers do to help you feel more supported?
9) Do you feel like you can receive non-biased, good quality, information from your primary healthcare providers?

QUESTIONS ABOUT PREGNANCY, BODY FEEDING, AND/OR PARENTING AND CANNABIS (ONLY ASKED AT THE INUIT ROUNDTABLES*)

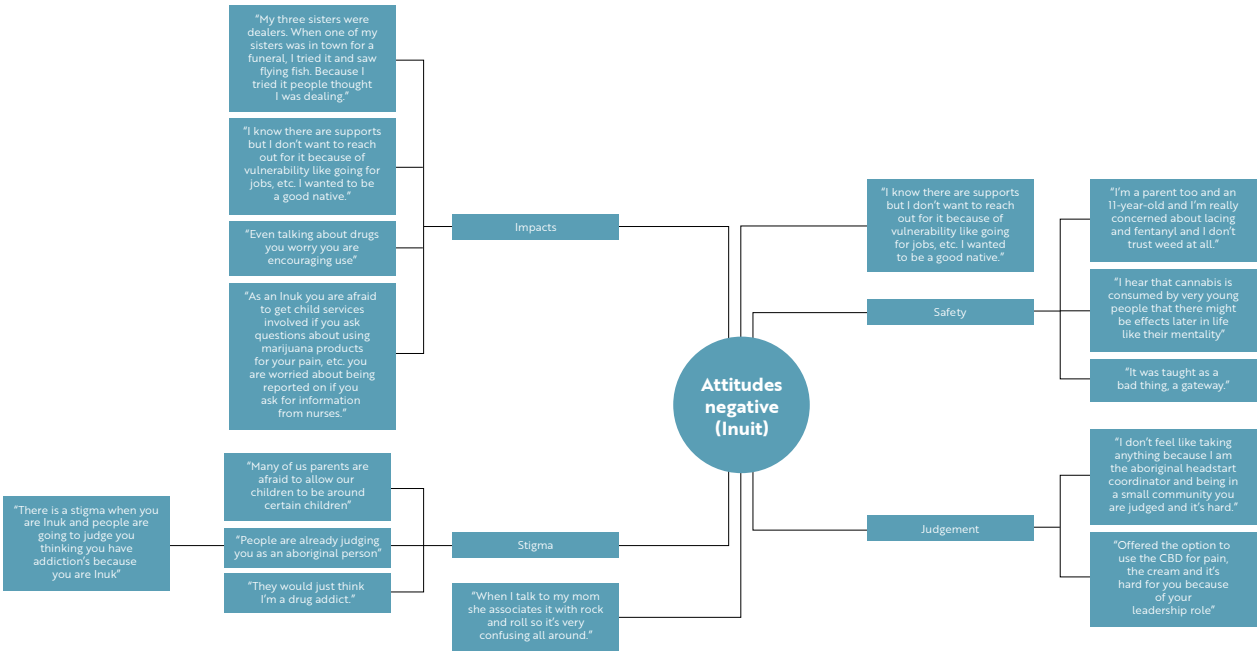
10) What are your thoughts and/or experiences about consuming cannabis as a pregnant person and/or as a parent?
11) What are your thoughts and/or experiences about consuming cannabis, while body feeding?
12) What are your thoughts about consuming cannabis during the perinatal period (while pregnant and during early postpartum)?
13) Where, if any, did you receive information about cannabis consumption during the perinatal period (while pregnant and within one month after birth)?
14) What message do you have for health and social care providers about pregnancy and cannabis consumption?

APPENDIX D: Mind Maps—images

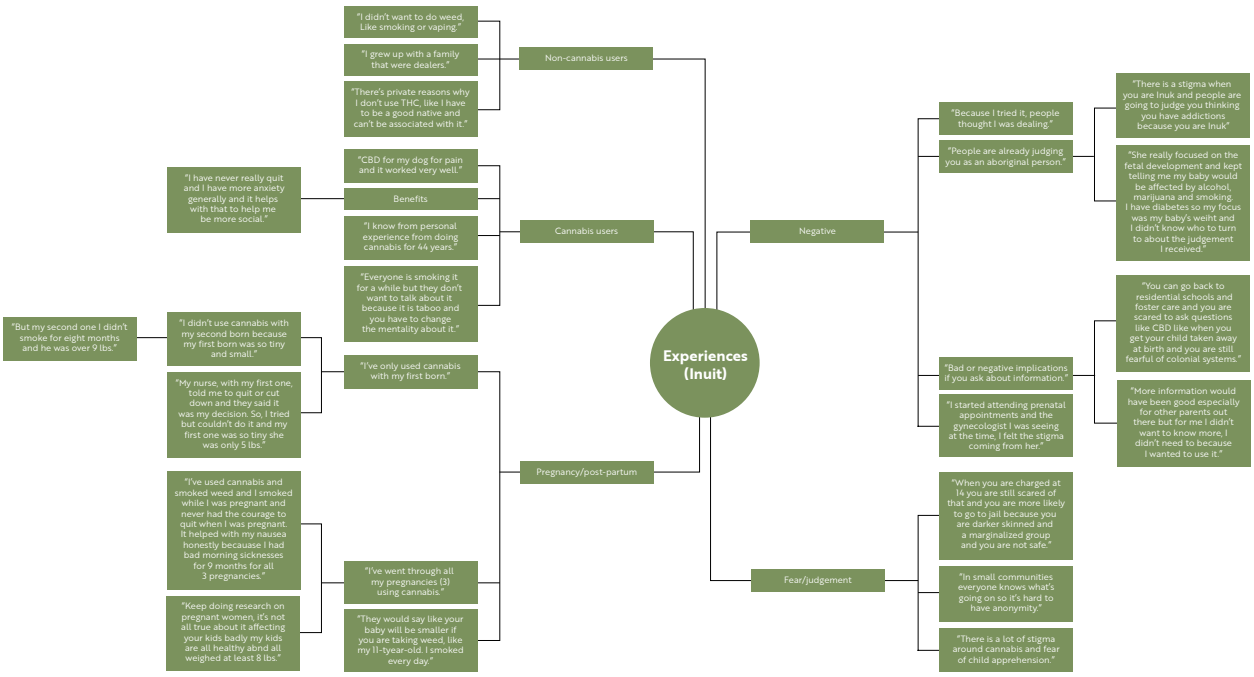
FIRST NATIONS (OFF-RESERVE) MIND MAP: Recommendations and education



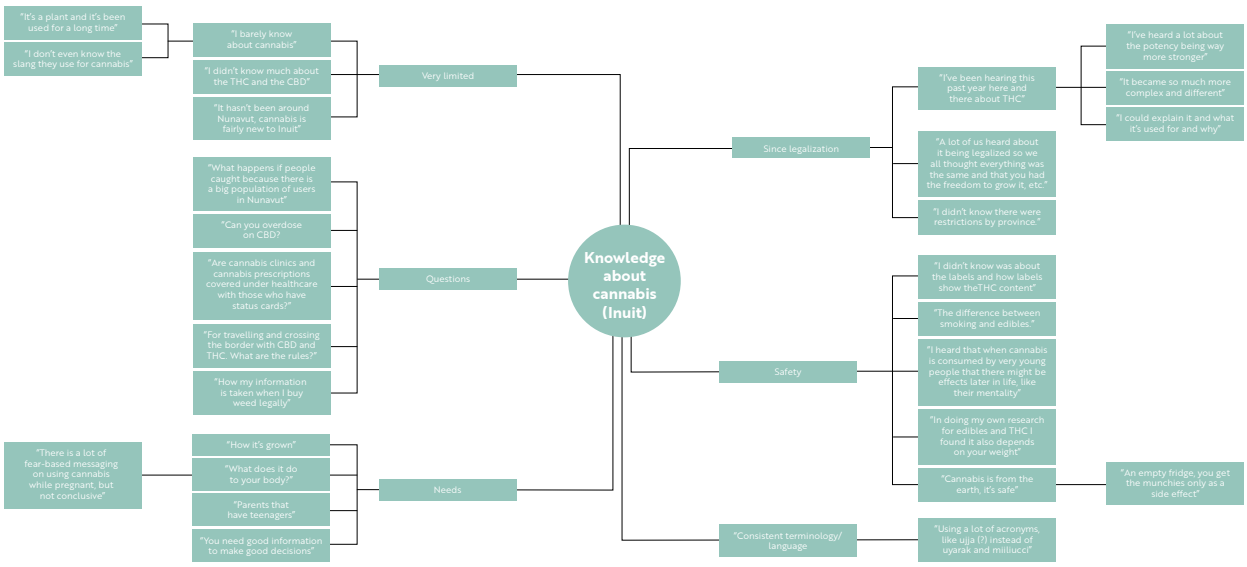
ATTITUDES ABOUT CANNABIS (NEGATIVE): Inuit Mind Map



INUIT EXPERIENCES: Mind map

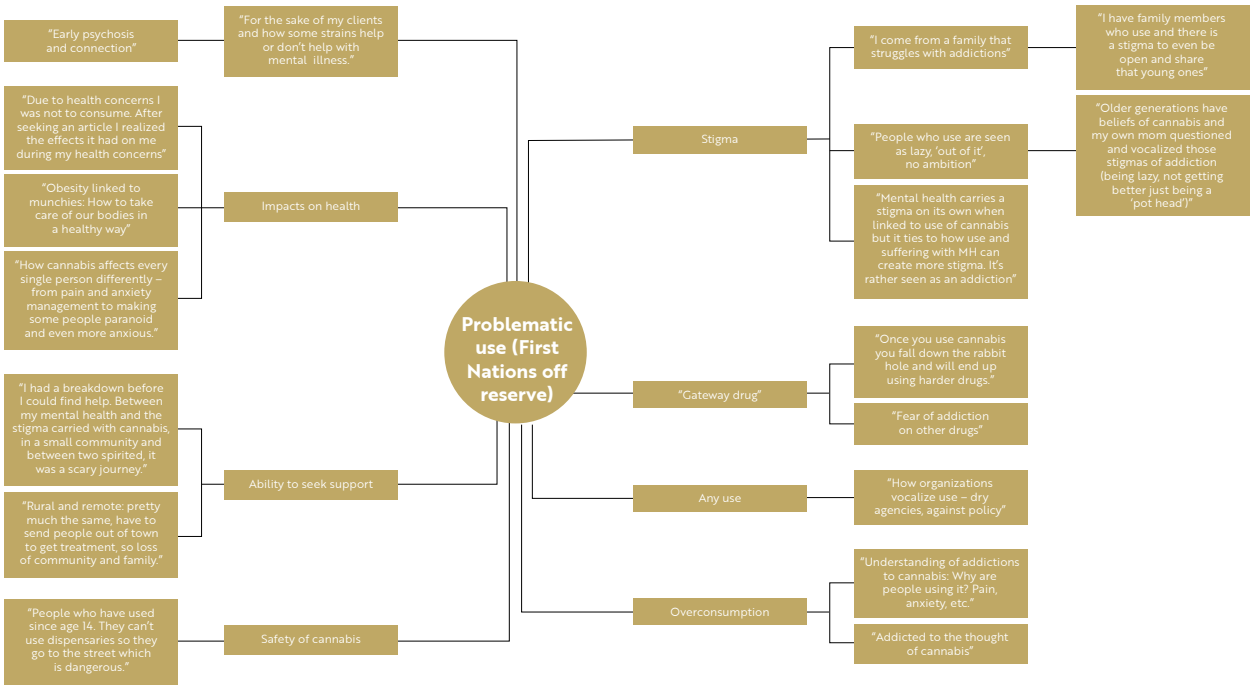


KNOWLEDGE ABOUT CANNABIS: Inuit Mind Map

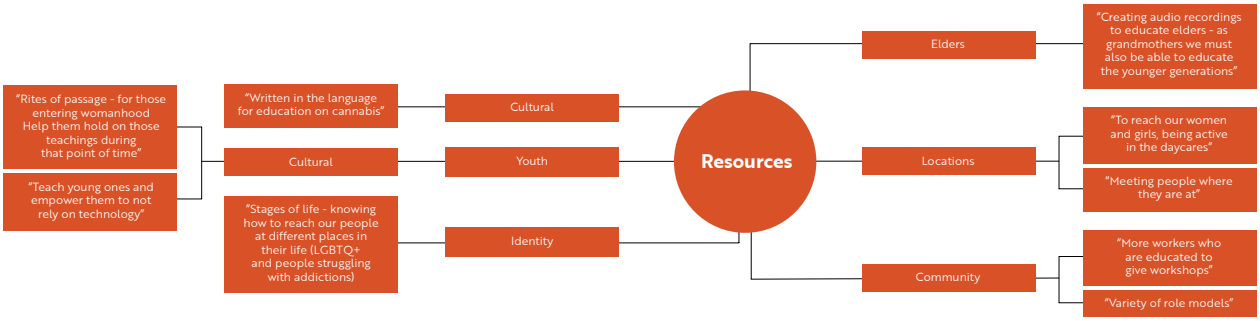


LIMITS (CANNABIS): Inuit Mind Map

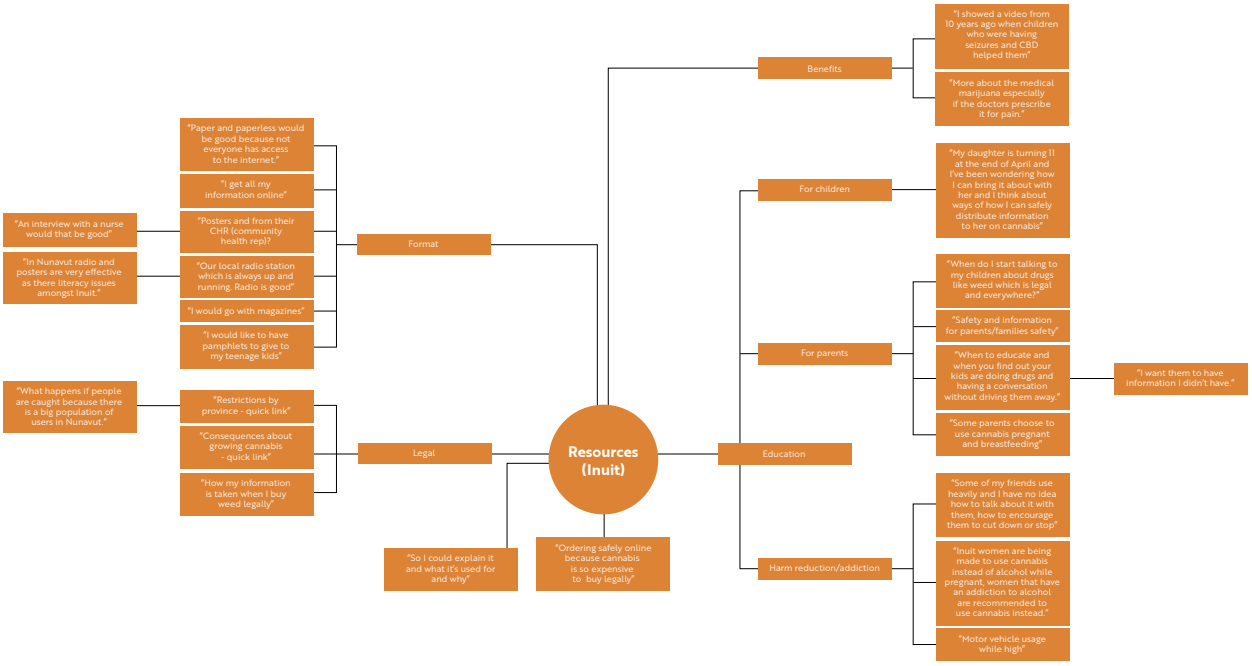
FIRST NATIONS, OFF-RESERVE: Accounts of "problematic use" of cannabis



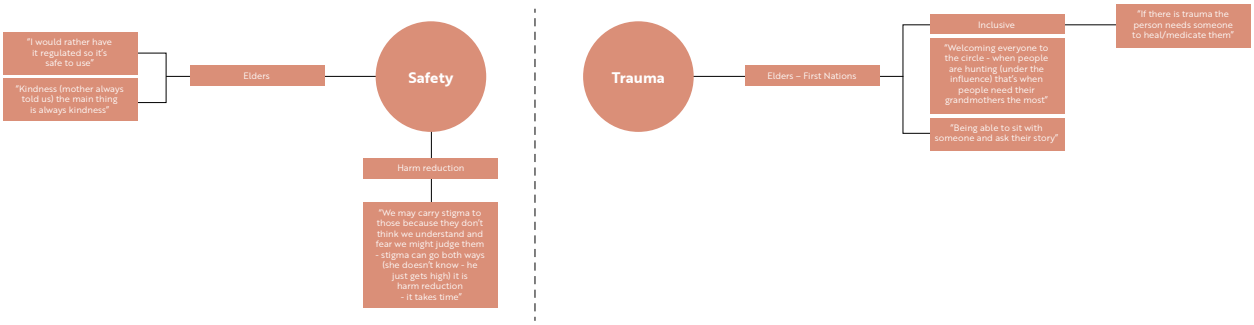
FIRST NATIONS, ON-RESERVE): Resources mind map



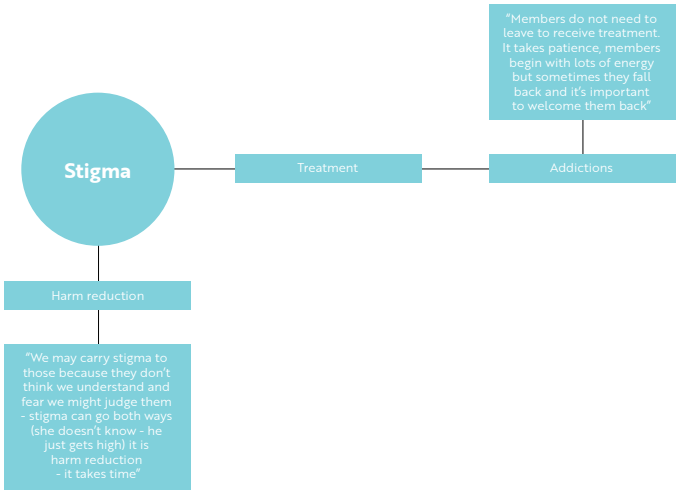
CANNABIS RESOURCES: Inuit Mind Map



FIRST NATIONS ELDERS: Cannabis Safety and Trauma mind maps



FIRST NATIONS ELDERS: Cannabis stigma chart



APPENDIX E: Survey Data Report

NARRATIVE ANALYSIS OF SURVEY DATA

INTRODUCTION

The Native Women's Association of Canada (NWAC) is the lead in meeting this vision. Through their organizational structures, NWAC is supporting the development, implementation, and actions of this project. Through the mobilization of Indigenous women and gender-diverse people and distinctions-based populations, the NWAC Cannabis Project Coordinator, Senior Health Coordinator, and NWC Community Liaisons will be working together to develop the engagement strategy. This is done in collaboration with the PTMA's and Indigenous women and gender-diverse people in leadership roles. Through this partnership, an engagement strategy emerged, which included core approaches and tactics regarding how to connect with core population groups, and what to gather to meet the vision.

The "vision" of this analysis is to support informed and culturally safe cannabis use among women and gender-diverse people, located within four distinct groups across Canada: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations. These four groups are known herein as a "distinctions-based" groups. This will be achieved by presenting information and evidence that will inform critical next steps, and community-based responses in the development of cannabis educational and strategic actions. This will increase capacity for informed decision making, and seek to empower individuals and communities with high quality knowledge that will enable informed decision-making for cannabis use. Though not the central focus of the data collection methods and questions, there is a desire to review the data to draw out information that will inform increased community safety by seeking to identify what problematic cannabis use is, and how to prevent and reduce rates of misuse.

METHODOLOGY

Through the application of a relational lens embedded within an Indigenous methodology, as applied through the Vision Wheel, the data is viewed as Knowledge that has surfaced through multiple method. These methods have been facilitated using community-based approaches that build on kinships, nationhood, and on relationships to and across Indigenous organizations related to NWAC. The data is being viewed and considered using a "whole approach," wherein peoples' unique experiences and self-reported information and reflections are valued as rich and detailed evidence that can, and should, support critical decision-making efforts in alignment with communities-based approaches.

KNOWLEDGE

The engagement strategy defined the methods of data collection, and the areas of focus for this data collection, including the identification of and mobilization of the four distinct groups across Canada: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations; known herein as a "distinctions-based" group and/or referred to as a "sub-population grouping".

Data collection methods:

a) Online Survey: National Survey that was deployed during two separate periods of time. Field dates: May 5 to June 16, 2020. Limited release to capture sub-population specific data in January to February, 2021. The survey methods employed both quantitative and qualitative approaches, having both closed- and open-ended questions.

b) Virtual Roundtables: targeted virtual community engagement sessions. Also used qualitative methods—a semi-structured and facilitated virtual sharing space, over Zoom, that took place following the presentation of community-based cannabis presentations, which was approximately 1.5 hours in length. Information shared was based on lived experiences, observations, and reflections to the questions posed.

Analysis: Due to the nature of the use of these mixed-methods, and the amount of data collected, an external Indigenous scholar (CIS gender, woman) was hired to lead the development of a data analysis and knowledge translation plan. This plan includes the incorporation of critical Indigenous and decolonizing methods, alongside the use of

data analysis tools: NVivo v.12 and SPSS v.26. Through the development of an Indigenous research framework, a critical thematic and coding key was created to guide the analysis to focus on information prioritized for this project. The knowledges contained herein—both through the roundtable and survey data reports—are being viewed within the context of the overarching vision described below and within a relational framework. Knowledges, or data, will contribute toward advancing culturally safety, maintaining a deliberate focus on being gender based, traumainformed, and distinctions-based, in analysis. The sub-population groupings used were to distinguish cannabis use amongst women and gender-diverse people located within four distinct groups across Canada: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations—known herein as a "distinctions-based" group.

LIMITATIONS

Data was imported into SPSS v.26. A survey was included, regardless of status—complete, in progress, or submitted. Respondents were included in analysis if they indicated that they lived in Canada, identified as a woman or gender-diverse, and identified as Indigenous, Aboriginal, First Nations, Inuit, or Métis. This left 1,162 survey responses. However, only 1,010 reported if they identify as Métis, Inuit, or First Nations. The value of preserving a distinctions-based analysis was held to a high standard during the survey data analysis, such that some data was excluded (n=152) that did not include self-identifying information. It is possible that of the 152 surveys that were excluded, an individual who did not complete the survey could have feasibly gone in and completed the survey on another attempt, as there were no restrictions on individual IP address restricting multiple survey responses. Another limitation existed across the administration of the survey: There were two versions of the survey used, and some of the same questions across both versions used different wording, so when they were linked together, the data did not line up using the survey analysis tool. To attend to this limitation, responses were grouped as different questions, and kept separate under these circumstances.

DEMOGRAPHIC NARRATIVE ANALYSIS

As indicated in the footnotes of the survey tables, there were limitations in being able to include all the survey respondents in the analysis (n=152). However, of the survey samples included (n=1,010), responses on several key survey items were analysed by examining the proportion of responses by four distinctions-based groups: Métis, Inuit, on-reserve or remote/rural First Nations, and off-reserve or urban First Nations. In some cases, respondents identified as belonging to more than one group; and therefore, the same respondent may be represented in multiple groups (see footnotes). This was done to ensure the distinctions-based group perspectives were represented.

One finding, and potential limitation in the quality of the data, found during analysis is that there was information reported that "overlapped" and was not "clear cut" based on the terminology used in the survey questions and response options themselves. For instance, what is defined as "rural/town" versus "urban"? There were also anomalies associated with how people choose to classify, or identify, themselves based on the pre-populated survey categories provided. For example: There were two questions where they were asked to self-identify as living "on-reserve" and if they answered "yes" in these questions, they were still able to select a different response in another question where they were asked if they were living in a city of town. There were several responses who answered "yes" to both living "on-reserve" and "in a town/city."

Recognizing that the survey collected crowdsourcing data, and is not based on sampling principles, this may not be a large limitation. However, this context should be recognized as we view the information, noting that individual interpretations of these categories may influence the results. Another observation of the data is that there was once again an "overlap" of data reported based on an individual's proximity to a reserve, and whether they chose to identify as "on-reserve" of "off-reserve." Contextually, there is knowledge that some Indigenous and/or First Nations People are highly mobile, with migration patterns that reflect movement to and from locations. This could include urban centres and First Nation or Metis settlements. These movements could be associated with access to employment, housing, schools, and healthcare. Because the data is not clear cut, we can recognize that this ambiguity speaks to the complexity of Indigenous identities and location.

Finally, there were some questions that were not answered by all survey respondents, possibly because they were excluded from answering certain questions by design, based on their answers online to the survey. An example of this is question 15a: Have you ever tried to control, cut down, or stop using cannabis? This question was answered by all respondents, including those that had previously identified that they did not use cannabis. In order to analyze the information in a logical way, the missing data was inserted into the tables to create a fulsome view of all the respondents.

TRENDS AND RECOMMENDATIONS

1) There was a pattern of responses tapering off toward the end of many surveys. This "survey fatigue" may have contributed to the exclusion of respondents (n=152) who missed entering their responses on self-identifying demographics. A consideration for future survey collection may be to include self-identifying questions at the front-end of the survey, because if a participant does not complete the survey, then their data will still be able to be used in a distinctions-based analysis.
2) Using distinctions-based analysis, there were some interesting differences noted across the distinctions-based groupings. For example, Inuit respondents had the highest number of younger respondents. Métis had the largest group of older respondents, aged 59 and over. These demographic markers may also be reflective of age distribution trends in these sub-populations as a whole.
3) One observation on the average age of respondents, as seen in Table 1, across all distinction-based groupings informs us that youth—particularly those 19 years of age and younger—were not the ones responding to the survey. This knowledge may be useful in informing future data collection methods and approaches for this age category. Additionally, it also helps to identify a gap in the data: Youth <=19 years of age. Looking at the Inuit respondents, older generations are also missing from the survey, including those over the age of 59 years of age. That targeted engagement of these sub-populations may be recommended. When the survey respondents answered questions related to age—such as, Question 2: How old were you the first time you used cannabis?—this information may not be representative of the average age that current youth (<=19 years of age) would identify. Thus, more information would be required to inform appropriate youth educational strategies and onset.

4) It is recognized that one of the exclusion criteria of survey respondents was that they needed to qualify based on the screening questions: Must live in Canada; must identify as Indigenous, Aboriginal, First Nations, Inuit, or Métis; and must identify as woman, girl, or gender-diverse individual. While, from an equity perspective, it is necessary to seek out information that honours the female and gender-diverse voices, it may also be a limitation within the context of the overall report that informs actions and next steps. A lesson learned through the National Inquiry into Missing and Murdered Indigenous Women, Girls, and 2SLGBTQIA+, was that the exclusion of male perspectives was a challenge. Doing so, neglected a fulsome view on male roles and responsibilities in the familial and community structures and nationhood identities that were intrinsically connected and intertwined with the outcomes of violence against women, girls, and 2SLGBTQIA+. Therefore, it left out that voice when generating community-based recommendations focused on violence prevention. A future consideration is to create some opportunities to include voices from other parts of Inidgenous communities, inclusive of male-identifying genders.

KEY FINDINGS AND CONTEXT

Table 1 summarizes cannabis use behaviours and beliefs using the distinctions-based analysis. Table 1 also offers key contextual insights that can inform ongoing efforts and direction leading to the development and dissemination of cannabis resources. Some of the key insights include:

1) **AGE of survey respondents:** There were four options for age categories: under the age of 19; aged 20 to 39; aged 40 to 59; and over the age of 59. When observing the spread of participants based on two age groupings: <=19-39; and 40->59, there was one noticeable difference amongst the distinct populations–Inuit survey respondents had more young people answering the survey than all other groups.
   - On-reserve or remote/rural First Nations: 28 percent of survey participants were under the age of 39, and the majority, 72 percent, were over 39 years of age.
   - Off-reserve or urban First Nations: 38 percent were under 39 years of age, and 62 percent were over 39 years of age.
   - Inuit: 61 percent were under the age of 39, and 39 percent were over the age of 39.
   - Métis: 32 percent were under the age of39, and 68 percent were older than the age of 39.

Additionally, of survey respondents, most people who participated had tried cannabis. The average was 95.83 percent of participants that tried cannabis.
Inuit respondents were the highest, accounting for 98.2 percent of particpants.
Métis respondents had the lowest rate, at 92.6 percent.

Recommendation: There is a noticeable lack of data based on the survey respondents in the "<=19" age range, so more data and current data is required to understand this age group.

2) **AGE when first tried cannabis**: There were four age categories for respondents to select from to describe when they first tried cannabis: under the age of 12, between the ages of 12 and 15, between the ages of 16 and 19, and over the age of 19. The data was analyzed using two groupings: under the age of 19, and over the age of 19. There were some noticeable differences among the distinct populations.

- On-reserve or remote/rural First Nations: 80 percent tried cannabis before the age of 19, wherein 50 percent of these respondents were 15 and under the first time they tried cannabis.
- Off-reserve or urban First Nations: 83 percent of respondents age 19 and under tried cannabis. This group has the highest number. Out of those participants, 53 percent had tried cannabis by the age 15.
- Inuit: 79 percent were under 19, with 40 percent trying cannabis before age 15 and under.
- Métis: 77 per cent of respondents age 19 and under had tried cannabis, which was the lowest number. Out of those participants, 47 percent had tried cannabis by the age of 15.

Recommendation: This data identifies that the first use of cannabis (for most people) occurs before the age of 20. Therefore, engaging youth under 20 should be a priority, as there may be new trends in data based on current generation of youth that do not present here given the later ages of survey participants. For example, the majority of respondents are over 40 years of age, except in the case of Inuit respondents, where the majority of respondents were 60 per cent were aged 20-39.

3) Of all survey respondents—including those who have never tried cannabis and/or those who do not use cannabis—**the majority of survey respondents "have used cannabis within the last year**," though there were differences across the populations.
   - On-reserve or remote/rural First Nations: 60.5 percent has used cannabis in the past year.
   - Off-reserve or urban First Nations: 63.4 percent has used cannabis this past year.
   - Inuit: 70.2 percent has used cannabis in last year, which is the highest finding in the report.
   - Métis: 51.7 percent has used cannabis within the last year, which is the lowest finding in the report.
4) The frequency of cannabis usage among those who identified to have used it in the past three months, identified as using cannabis daily. When looking at, "methods of cannabis consumption," the most popular method was, "smoking dry herb (pipes, bongs, or joints)," with Inuit identifying this as the majority at 54.4 percent.One observation was that there were other methods of use that were not initially offered as choices, but that may be more popular amongst Indigenous People, including "topical" and "teas," which may be more favoured by the Métis.
5) When analyzing question 11a: what would you say typically influences your decision to use cannabis in the last three months? Please check all that apply—there were some noticeable trends. Notably, the number one reason for using cannabis across all groups was "Enjoy using cannabis," with 78 percent of Inuit selecting this choice, which was the highest reported, as well as 52.3 percent of First Nations (on-reserve) choosing this choice. When looking at two options regarding coping: "To cope with community and/or family challenges," and, "To cope with personal problems and/or self medication", the cumulative totals were high across all populations:
   - On-reserve or remote/rural First Nations: 60 percent.
   - Off-reserve or urban First Nations: 67 percent.
   - Inuit: 61 percent.
   - Métis: 51 percent.

Across all other categories, the Inuit cited: "To reduce or avoid drinking alcohol or [using] tobacco," less often than the other populations:

- Inuit: 9.5 percent.
- On-reserve or remote/rural First Nations: 14.8 percent.
- Off-reserve or urban First Nations: 21.7 percent.
- Métis: 18.6 percent.

Inuit respondents were also more likely to identify, "As part of social activity:"

- Inuit: 29.3% percent.
- On-reserve or remote/rural First Nations: 21.2 percent.
- Off-reserve or urban First Nations: 21.7 percent.
- Métis: 23.9 percent.

Recommendation: The "Other" category was selected very frequently, and respondents were able to add in text to describe what would typically influence their decision to use cannabis. Up to 40.7 percent of First Nations, on-reserve, respondents selecting this, compared to only 7.3 percent of Inuit respondents selecting this. Answers were variable in the "Other" category, yet some strong themes emerged, including: Identification of using cannabis "medicinally," for example, to aid sleep, mental health, relaxation, stress reduction, selected most often. This suggests there are nuanced differences between using cannabis to "self-medicate" versus "medicinally" or "beneficially," which were not options offered on the survey. Additionally, Inuit responses do not seem to follow this trend; however, one key difference in the administration of the survey may have been language, as Inuit engagements were held in Inuktituk and translated to English, so language may have been a factor in survey responses.

6) **Legalization**: Impacts of legalization has been reported to have either "no effect" or "positive effects." There is also a significant amount of missing data at this point in the survey, with the mean average of 21.85 percent of missing data. The majority of survey respondents also identified that they had, "received enough information about the health effects of cannabis to make good choices around cannabis use:

- On-reserve or remote/rural First Nations: 60 percent.
- Off-reserve or urban First Nations: 60 percent.
- Inuit: 53 percent.
- Métis: 62 percent.

However, it should be noted that the majority of respondents used cannabis regularly. This may not carry through for the rest of the non-cannabis using populations, as identified and noted through the roundtables.

7) "**Preference on how to get information about cannabis**" There were variations in the "how" across the distinct populations. Those identified as preferring to get this information, "In-person from a health professional," showed:

- On-reserve or remote/rural First Nations: 41.2 percent.
- Off-reserve or urban First Nations: 38.1 percent.
- Inuit: 35.1 percent.
- Métis: 40.9 percent.

Whereas, those identified as preferring to get information, "From an Indigenous organization" was different across these populations:

- On-reserve or remote/rural First Nations: 45.7 percent.
- Off-reserve or urban First Nations: 49 percent.
- Inuit: 58 percent.
- Métis: 42.3 percent.

There was a level of consistency across populations in getting information in, "Written material, like a brochure," and through, "Online websites."

It is clear from the analysis that could be done based on a distinctions-based analysis, that there are important differences and nuances that must be identified and followed up on in order for there to be an inclusive, responsive, community-informed approach, to cannabis public health education and awareness.

NOTE about interpreting Table 1: Demographics and cannabis use behaviours and beliefs among survey participants:

The tables were generated using available analysis based on the distinction-based populations, and therefore, each section of the Table 1 follow the same order of data: On-reserve or remote/rural First Nations; Off-reserve or urban First Nations; Inuit; Métis. However, the titles may not appear on each page, as it was developed as one continuous table up until Table 2, where the format and headers changed. In order to improve the readability of Table 1 in a Word document format, a colour coded system has been

applied to enable the distinct populations to stand apart in each page and section of the table. The colours correspond to the following: On-reserve or remote/rural First Nations (light blue); Off-reserve or urban First Nations (light orange); Inuit (yellow); Métis (light green).

TABLE 1: Demographics and cannabis use behaviours and beliefs among survey participants

	FIRST NATIONS RESIDING ON A RESERVE, OR LIVING IN A RURAL OR REMOTE REGION: (337 PARTICIPANTS) NUMBER OF PARTICIPANTS[A]		**FIRST NATIONS RESIDING IN A CITY OR TOWN, AND NOT ON A RESERVE:** (467 PARTICIPANTS) [B]		**INUIT** (57 PARTICIPANTS)[C]		**MÉTIS:** (149 PARTICIPANTS)[D]	
	PARTICIPANTS (#)	**PARTICIPANTS (%)**	**PARTICIPANTS (#)**	**PARTICIPANTS (%)**	**PARTICIPANTS (#)**	**PARTICIPANTS (%)**	**PARTICIPANTS (#)**	**PARTICIPANTS (%)**
AGE								
<=19	2	0.6	1	0.2	1	1.8	1	0.7
20-39	91	27.0	175	37.5	34	59.6	47	31.5
40-59	187	55.5	233	49.9	21	36.8	70	47.0
>59	57	16.9	58	12.4	1	1.8	31	20.8
EVER TRIED CANNABIS								
No	16	4.7	13	2.8	1	1.8	11	7.4
Yes	321	95.3	454	97.2	56	98.2	138	92.6
AGE WHEN FIRST TRIED CANNABIS								
<12	14	4.2	28	6	2	3.5	8	5.4
12-15	154	45.7	221	47.3	21	36.8	62	41.6
16-19	98	29.1	137	29.3	22	38.6	44	29.5
>19	56	16.6	68	14.6	11	19.3	24	16.1
Never tried:	15	4.5	13	2.8	1	1.8	11	7.4
USED CANNABIS IN THE PAST YEAR								
No	96	28.5	108	23.1	16	28.1	36	24.2
Yes	204	60.5	296	63.4	40	70.2	77	51.7
Missing	37	11.0	63	13.5	1	1.8	36	24.2
FREQUENCY OF CANNABIS USE (PAST THREE MONTHS)								
Everyday, or almost everyday	148	43.9	214	45.8	25	43.9	70	47
Once or twice per week	34	10.1	51	10.9	6	10.5	20	13.4
Once or twice per month	18	5.3	41	8.8	2	3.5	10	6.7

	FIRST NATIONS RESIDING ON A RESERVE, OR LIVING IN A RURAL OR REMOTE REGION: (337 PARTICIPANTS) NUMBER OF PARTICIPANTS[A]		FIRST NATIONS RESIDING IN A CITY OR TOWN, AND NOT ON A RESERVE: (467 PARTICIPANTS) [B]		INUIT (57 PARTICIPANTS)[C]		MÉTIS: (149 PARTICIPANTS)[D]	
	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)
Less than once per month	22	6.5	32	6.9	4	7	7	4.7
Not applicable (had not used cannabis in past three months, or 12 months)	115	34.1	129	27.6	20	35.1	42	28.2
METHOD OF CANNABIS CONSUMPTION USED MOST (PAST THREE MONTHS)								
Capsules, oils, or pills taken orally	42	12.5	49	10.5	1	1.8	19	12.8
Edibles such as cookies, gummies, or candies	47	13.9	63	13.5	5	8.8	20	13.4
Smoking concentrates (dabbing, shatter, wax)	6	1.8	12	2.6	0	0	4	4
Smoking dry herb (pipes, bongs, or joints)	131	38.9	201	43.0	31	54.4	4	4
Vaping using a vaporizer	9	2.7	17	3.6	3	5.3	4	4
Other	6	1.8	17	3.6	1	1.8	8	5.4
Not applicable (have not used cannabis in the past 12 months)	96	28.5	108	23.1	16	28.1	36	24.2
WHAT WOULD YOU SAY TYPICALLY INFLUENCES YOUR DECISION TO USE CANNABIS IN THE LAST THREE MONTHS?[E]								
To cope with community and/or family challenges	50	20.7	81	22.6	15	36.6	17	15
To cope with personal problems and/or self-medication	94	39	159	44.3	10	24.4	41	36.3

	FIRST NATIONS RESIDING ON A RESERVE, OR LIVING IN A RURAL OR REMOTE REGION: (337 PARTICIPANTS) NUMBER OF PARTICIPANTS[A]		FIRST NATIONS RESIDING IN A CITY OR TOWN, AND NOT ON A RESERVE: (467 PARTICIPANTS) [B]		INUIT (57 PARTICIPANTS)[C]		MÉTIS: (149 PARTICIPANTS)[D]	
	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)
Pressure from family or friends	14	5.8	12	3.3	1	2.4	5	4.4
Lack of community wellness programs and/or initiatives	19	7.9	25	7	5	12.2	7	6.2
Enjoy using cannabis	126	52.3	207	57.7	32	78	60	53.1
Spiritual or cultural expression	31	12.9	67	18.7	6	14.6	19	16.8
Explore and discover new experiences or feelings	26	10.8	53	14.8	8	19.5	13	11.5
I feel I perform certain tasks better when I consume cannabis	57	23.7	95	26.5	12	29.3	29	25.7
To avoid or reduce the use of illicit drugs	24	10.0	40	11.1	1	2.4	11	9.7
To reduce or avoid drinking alcohol or tobacco	23	9.5	53	14.8	8	19.5	21	18.6
As a part of social activity	51	21.2	78	21.7	12	29.3	27	23.9
Other	98	40.7	105	29.2	3	7.3	44	38.9
WHAT IMPACT HAS LEGALIZATION HAD ON YOUR COMMUNITY?								
Negative effects	33	9.8	32	6.9	2	3.5	9	6
No effect	92	27.3	113	24.2	14	24.6	41	27.5
Positive effects	132	39.2	226	48.4	26	45.6	74	49.7
Missing	80	23.7	96	20.6	15	26.3	25	16.8
RECEIVED ENOUGH INFORMATION ABOUT THE HEALTH EFFECTS OF CANNABIS TO MAKE GOOD CHOICES AROUND CANNABIS USE?								
I don't know	21	6.2	38	8.1	5	8.8	10	6.7

	FIRST NATIONS RESIDING ON A RESERVE, OR LIVING IN A RURAL OR REMOTE REGION: (337 PARTICIPANTS) NUMBER OF PARTICIPANTS[A]		FIRST NATIONS RESIDING IN A CITY OR TOWN, AND NOT ON A RESERVE: (467 PARTICIPANTS) [B]		INUIT (57 PARTICIPANTS)[C]		MÉTIS: (149 PARTICIPANTS)[D]	
	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)	PARTICIPANTS (#)	PARTICIPANTS (%)
No	51	15.1	58	12.4	11	19.3	15	10.1
Yes	202	59.9	279	59.7	30	52.6	92	61.7
Missing	63	18.7	92	19.7	11	19.3	32	21.5
HOW WOULD YOU PREFER TO GET INFORMATION ABOUT CANNABIS?[F]								
In-person from a health professional	139	41.2	178	38.1	20	35.1	61	40.9
From an Indigenous organization	154	45.7	229	49	33	57.9	63	42.3
From a local Indigenous community centre	108	32	158	33.8	20	35.1	36	24.2
Video webinars	90	26.7	106	22.7	13	22.8	21	14.1
Written materials like a brochure	121	35.9	163	34.9	21	36.8	46	30.9
Online website	186	55.2	262	56.1	28	49.1	76	51
YouTube video:	91	27	120	25.7	17	29.8	26	17.4
Other	23	6.8	33	7.1	2	3.5	9	6

A Some participants also identified as Inuit (1), Métis (3), and/or Other (11).

B Some participants also identified as Inuit (2), Métis (11), and/or Other (13).

C Some participants also identified as First Nations (3), Métis (1), and/or Other (4).

D Some participants also identified as First Nations (14) and/or Other (6).

E Participants could select more than one reason, so percentages do not equal 100; percentage denominator does not include those who replied "no" to past 12 months use.

F Participants could select more than one source of information, so percentages do not equal 100.

TABLE 2: What impact do you feel legalization of cannabis has had in your community? By past 12 months cannabis use (all participants combined who answered the 12-month cannabis use question)

			DURING THE PAST 12 MONTHS, HAVE YOU USED CANNABIS?		
			NO	**YES**	**TOTAL**
What impact do you feel like legalization of cannabis has had in your community?	Missing	Count	246	42	288
		Percent within 'During the past 12 months, have you used cannabis?'	84.0%	6.1%	29.2%
	Negative effects	Count	26	53	79
		Percent within 'During the past 12 months, have you used cannabis?'	8.9%	7.6%	8%
	No effect	Count	14	220	234
		Percent within 'During the past 12 months, have you used cannabis?'	4.8%	31.7%	23.7%
	Positive effects	Count	7	379	386
		Percent within 'During the past 12 months, have you used cannabis?'	2.4%	54.6%	39.1%
Total		Count	293	694	987
		Percent within 'During the past 12 months, have you used cannabis?'	100%	100%	100%

TABLE 3: Do you feel you have received enough information about the health effects of cannabis, to make good choices around cannabis use? By past 12 months cannabis use (all participants combined who answered the 12-month cannabis use question):

			DURING THE PAST 12 MONTHS, HAVE YOU USED CANNABIS?		
			NO	YES	TOTAL
Do you feel like you have received enough information about the health effects of cannabis, to make good choices around cannabis use?	Missing	Count	87	169	256
		Percent within 'During the past 12 months, have you used cannabis?'	29.7%	24.4%	25.9%
	I don't know	Count	20	50	70
		Percent within 'During the past 12 months, have you used cannabis?'	6.8%	7.2%	7.1%
	No	Count	58	69	127
		Percent within 'During the past 12 months, have you used cannabis?'	19.8%	9.9%	12.9%
	Yes	Count	293	694	987
		Percent within 'During the past 12 months, have you used cannabis?'	43.7%	58.5%	12.9%
Total		Count	293	694	987
		Percent within 'During the past 12 months, have you used cannabis?'	100%	100%	100%