



CANNABIS TOOLKIT

A holistic approach to supporting
healthy conversations about cannabis
in First Nations communities



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The Thunderbird Partnership Foundation is Canada's leading culturally centred voice on Indigenous substance use and mental wellness research, advocating for partnerships that involve integrated and holistic approaches to healing and wellness for First Nations. Thunderbird promotes research and collaboration to empower Hope, Belonging, Meaning and Purpose within First Nations communities. Thunderbird's mandate is to implement the Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada (HOS) and the First Nations Mental Wellness Continuum (FNMWC) framework.

The Thunderbird Partnership Foundation is a non-profit organization and a division of the National Native Addictions Partnership Foundation Inc..

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INTRODUCTION

The public outcry for the legalization of cannabis in Canada goes back decades. Court cases from as early as 2001 granted access to medical cannabis in Canada.^[1] With decriminalization and legalization of cannabis for non-medical use in 2018, First Nation communities have emphasized the need for federal, provincial, territorial legislation development. They have also stressed the importance of implementation to be in consultation with and inclusive of the specific needs and realities of First Nation communities.^[2]

When people think of cannabis, they tend to focus on non-medical or recreational cannabis. Although there has been a surge in medical cannabis use in Canada over the last 3 to 5 years, the Cannabis sativa L. plant has been used spiritually, medically and non-medically for centuries.^[1]

Some Elders across the country from various linguistic cultures of Indigenous Peoples have said that cannabis has been used by our people in two specific ways:^[3]

1. Cannabis was prepared in a culturally-appropriate way to create a topical solution to treat pain, such as arthritis.
2. Cannabis was prepared in a culturally-appropriate way and within ceremony to lessen symptoms of psychosis, such as schizophrenia.

These same Elders also provided caution on the way we interact with medicines, teaching that when the medicine is abused or misused it weakens the medicine's ability to work for us. It is crucial that the spirit of the cannabis plant is respected both during preparation and utilization of the medicine in the form of reciprocity, for example making a request to the spirit of the plant for its medicine.^[3] Cannabis production as a potential economic development venture for Indigenous communities (licensed medical cannabis operations) brings further questions about how to be culturally appropriate.

This toolkit is intended to assist First Nations communities in having conversations with community members about cannabis information, usage and regulations. In this toolkit, you will find pages that can be reproduced to assist you in conversations specific to your own community. Many of these tools will be available online and can be adapted to suit the needs of your community, to help your community address cannabis questions and support decisions surrounding regulation.

Before we get into details let's explore some terminology to assist you in understanding more about cannabis.



Watch for these cannabis tool icons to identify pages you can print and use to support conversations in your community.

Did you know?

In the living plant, phytocannabinoids exist mainly as inactive forms. When heating (at temperatures above 120°C) it promotes the chemicals to be active.^[5]

This is the reason the product is heated prior to administration or adding it to a cannabis oil.

Table 1.0 – Decoding cannabis terminology



About the plant

- Cannabis
- Cannabis sativa L
- Marijuana or marihuana
- Strains (chemovars)
- Sativa
- Indica
- Hybrid
- Hemp (same plant category but different genetic make-up to create a different plant with different properties)

About active ingredients^[4]

- Cannabinoids
- Phytocannabinoids (plant-based cannabinoids)
- Delta-9-tetrahydrocannabinol (THC)
- Cannabinol (CBN)
- Cannabidiol (CBD)
- Trichomes
- Terpenoids and terpenes (cause the unique smell of cannabis)

About cannabis products

- Cannabis (bud) – dried flowers
- Capsule/pill – one of the forms of medical cannabis
- Shatter – processed to create concentrated trichomes
- Wax – highly concentrated cannabis product that can vary between texture, colour, and moisture content leading to different thicknesses
- Oil – extracted cannabinoids stored in an oil such as coconut or olive oils
- Resin/hash – highly concentrated and sticky cannabis byproduct
- Edible – cannabis that has been heated and created into food or beverage products
- Topical – hand cream or lotion product

About methods of consumption^[6]

- Smoke – pipe, bong, joint, parachute, one hitter, hot box
- Vaporize – vaporizer machine
- Oral – capsules/pills, edibles (chocolate, gummies, suckers, cotton candy, brownies, cookies, teas, etc.)
- Under tongue (sublingual) – oil
- Through the skin (topical) – cream

About cannabis street names

- | | |
|-------------------|------------------|
| • Blaze | • Hashish |
| • Bud | • Hydro |
| • Charlotte’s web | • Jay |
| • Chronic | • Joint |
| • Devil’s lettuce | • Mary Jane |
| • Doobie | • Pot |
| • Dope | • Reefer |
| • Ganja | • Shake |
| • Grass | • Wacky tabbacky |
| • Happy smoke | • Weed |
| • Hash | |

What names have you heard in your own First Nation community?

Cannabis laws and regulations ^[1,7]

- Medical Marihuana Access Regulations (MMAR) – 2001 first medical cannabis law in Canada
- Marihuana for Medical Purposes Regulations (MMPR) – 2014 replaced MMAR and is the current regulation to access medical cannabis
- Cannabis Act – Link (– <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-45/royal-assent>) This is the Act that regulates cannabis use at the federal level. This Act came into effect October 17, 2018.
- Cannabis Act amendments – Link (https://canada-cannabislegal.com/assets/files/2018-Canada-Regulations_and_RIAS_-_Règlement_et_REIR.pdf) The federal government plans to amend, or modify, the original Cannabis Act to include cannabis edibles, extracts, and oils (concentrates) which is set to come into force October 2019.

References for this section

- 1) Fischer B, Kuganesan S, Room R. (2015). Medical Marijuana programs: Implications for cannabis control policy – Observations from Canada. International Journal of Drug Policy. doi:10.1016/j.drugpo.2014.09.007
- 2) Thunderbird Partnership Foundation. (2019). National Cannabis Dialogue Report 2019.
- 3) Thunderbird Partnership Foundation. (2018). Legalized Cannabis: The Pros and Cons for Indigenous Communities.
- 4) Health Canada. (2018). Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the cannabinoids. Retrieved from: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html> Accessed October 15, 2018.
- 5) Leafly. (2019). List of Major Cannabinoids in Cannabis and Their Effects. Retrieved from: <https://www.leafly.ca/news/cannabis-101/list-major-cannabinoids-cannabis-effects> Accessed August 15, 2019.
- 6) Government of Canada & Task Force on Marijuana Legalization and Regulation. (2016). Toward the legalization, regulation and restriction of access to marijuana: Discussion paper.
- 7) Cannabis Act, SC 2018, c 16 <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-45/royal-assent>

Did you
know?

Provinces, territories, and Indigenous communities can increase the minimum age in their jurisdiction but not lower it.



1.0 – LEGALIZATION AND REGULATION

How did this cannabis conversation start?

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

To understand these complexities, Thunderbird lead a national project with regional cannabis dialogue sessions to support increased community knowledge and conversation about cannabis. The sessions provided factual information to First Nations people and communities across Canada to help them plan how to reduce harms, especially to vulnerable populations. The project was developed to

engage ten regions across Canada to host focus groups with 30 participants each, representing people from all Indigenous social determinants of health, across the lifespan, including, but not limited to, community members, Elders, youth, health and wellness workers, leaders, police and child welfare.^[1]

Through this national project and accompanying Indigenous Community Cannabis Survey for adults and youth, we heard requests at the community level for an increase in access to tools and education opportunities specific to cannabis. This collection of tools is a direct result of these requests.

To access the National Report^[1] and additional mental wellness resources, please explore the Thunderbird Document Library at <https://thunderbirdpf.org/napf-document-library/>.

1.1 Medical cannabis

Cannabis may have always been an Indigenous plant to areas of Turtle Island or may have been introduced through precontact trade routes. Predating European contact are the oral and recorded histories of Indigenous Peoples of Turtle Island, that recount and detail knowledge of the extensive trade routes established throughout the Americas and include travel routes to Polynesia and New Zealand.

First Nation peoples know the land they originate from as Turtle Island and have a strong spiritual connection, relationship and knowledge of their place of origin. Their extensive and comprehensive knowledge of the specific medicinal properties and purpose of certain plants would suggest use of cannabis for certain ailments. Does your First Nation have knowledge transmitted through oral history; storytelling of medicinal uses of cannabis?

In Western mainstream science, the first paper published about the medical use of cannabis was in 1830 which recommended cannabis for a number of conditions including, pain, vomiting, convulsions and spasticity.^[2] By 1923, cannabis was banned in Canada. By 1961, cannabis became a restricted substance under international drug treaties.^[2] After a court case in 2000 (R. v. Parker) where a decision was made that individuals can possess dried cannabis for medical purposes, the first medical cannabis regulations were created.^[2] These regulations were criticized for being too limiting which led to amendments in 2014 and again in 2016. Table 1.0 provides details on each medical cannabis regulation.

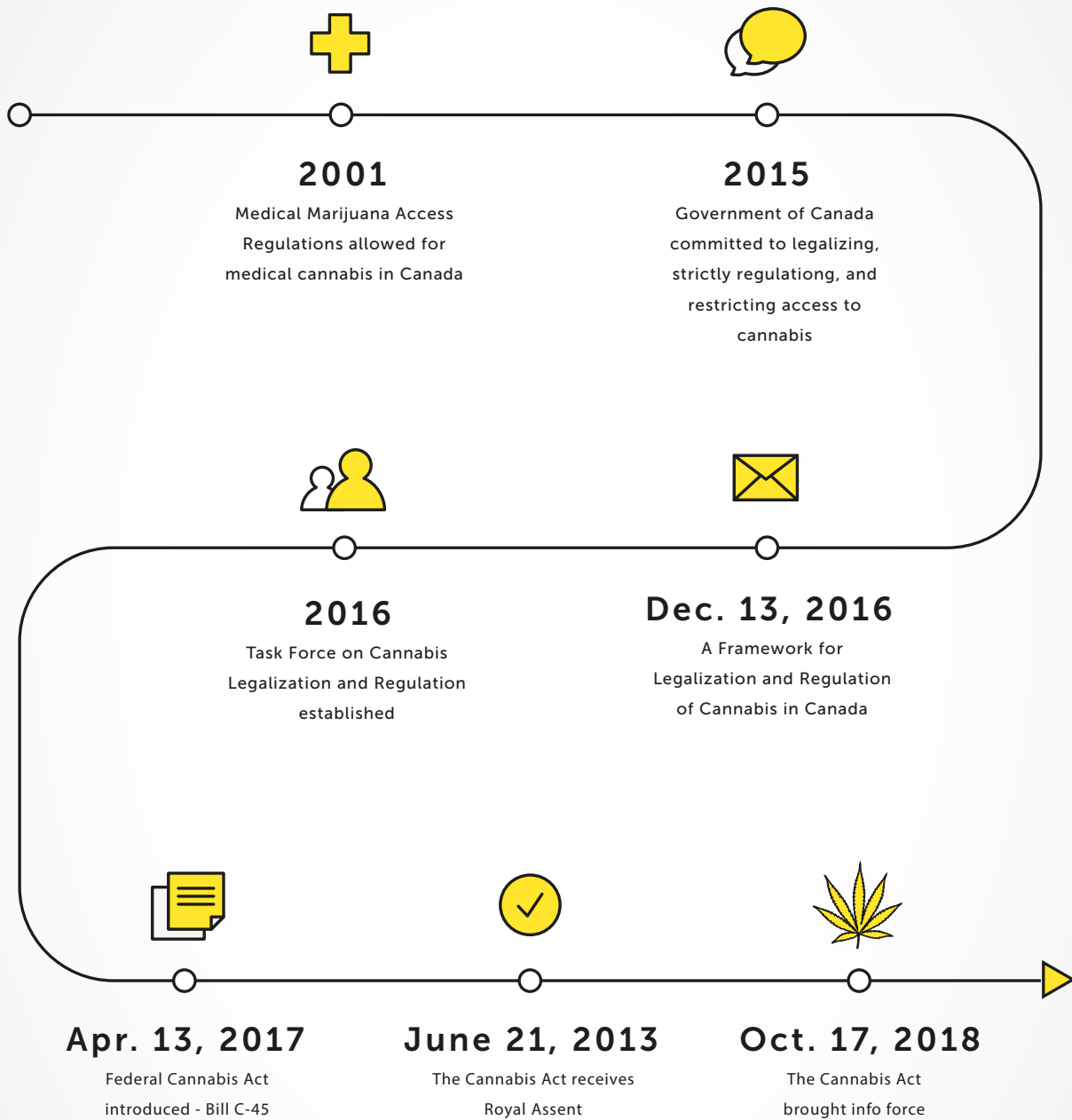
Table 2.0 – Summary of Previous Canadian Medical Cannabis Legislation^[3]

Medical Marihuana Access Regulations (MMAR)	<ul style="list-style-type: none"> • Enacted in 2001 in response to the R. v. Parker court decision for access to medical cannabis • Allowed access of medical cannabis for a select number of federally sanctioned, severe/chronic medical conditions • Physicians were required to confirm one of these conditions, but it was government that determined if the patient was eligible • Those eligible could purchase one strain of dried cannabis flower (bud) or seeds to grow their own cannabis • The approval process was onerous and only a very few Canadians qualified through this program
Marihuana for Medical Purposes Regulations (MMPR)	<ul style="list-style-type: none"> • Replaced the MMAR in 2014 • Set the foundation for the current medical system • Led to the creation of the licensed producer system now in place in Canada • licensed producers grow cannabis under strict regulations from Health Canada, allowing them to ship medical cannabis to people. • Government no longer involved in checking a person's eligibility to purchase medical cannabis • Under these regulations, physicians determine if a person is eligible to receive medical cannabis • Eligibility no longer tied to a specific condition and could be used for any severe/chronic and/or terminal condition or debilitating symptom that is associated with a medical condition or with the medical treatment of that condition • People approved under the MMAR no longer allowed to grow their own product, and could purchase a variety of strains from licensed producers • People approved were allowed up to a 30-day supply (a maximum of 150 grams) of medical cannabis from the licensed producer which was shipped directly by registered mail
Access to Cannabis for Medical Purposes Regulations (ACMPR) [3]	<ul style="list-style-type: none"> • ACMPR replaced the MMPR in 2016, after a court decision • Allowed licensed producers to sell more products • People now have access to oral cannabis oil and cannabis starting materials (e.g. seeds and plants) • People could also legally grow their own cannabis plants with appropriate authorization

1.2 Recreational cannabis

In 2015, a political platform to legalize recreational cannabis for adults in Canada saw Justin Trudeau and his Liberal party sweep to power. It is important to remember that cannabis for medical purposes had already been legal in Canada since 2001 and the new legalization of recreational or non-medical cannabis was not intended to change this process. In 2016, the Task Force on Cannabis Legalization and Regulation was established. This task force came up with recommendations on how to regulate cannabis. A document of their recommendations was released in December of 2016.^[4] Many discussions and revisions lead to the current Cannabis Act which was brought into force October 17, 2018. For a visual representation of this timeline see Figure 1.0.

Figure 1.0 – Cannabis Legalization Timeline



Source: <https://canadacannabislegal.com/proposed-regulations-amending-the-cannabis-regulations-and-proposed-order-amending-schedules-3-and-4-to-the-cannabis-act/>

1.3 Legal snapshot as of August 2019

Table 3.0 – Summary of the Federal Cannabis Act^[5]

Implementation date	<ul style="list-style-type: none"> Oct 17, 2018
Possession limit	<ul style="list-style-type: none"> Up to 30 grams of legal cannabis dried or equivalent Each gram of dried cannabis is equivalent to <ul style="list-style-type: none"> <i>five grams of fresh cannabis</i> <i>70 grams of liquid product</i> <i>0.25 grams of concentrates (solid or liquid)</i> <i>one cannabis plant seed</i>
Sharing	<ul style="list-style-type: none"> Adults can share up to 30 grams of legal cannabis with other adults
Purchasing	<ul style="list-style-type: none"> Dried/fresh cannabis or cannabis oil from a provincially licensed retailer <ul style="list-style-type: none"> <i>on-line purchases can be made through a federally licensed producer if no provincial/territorial retail framework available,</i>
Growing cannabis	<ul style="list-style-type: none"> Up to four cannabis plants allowed per residence for personal use, if grown from licensed seeds or seedlings <ul style="list-style-type: none"> <i>note: this may be different in your province, territory or community.</i>
Cannabis products	<ul style="list-style-type: none"> You can make cannabis products at home, such as foods and drinks, as long as organic solvents are not used to create concentrated products
Age restrictions	<ul style="list-style-type: none"> No person may sell or provide cannabis to anyone under 18 there are two criminal offences for providing cannabis to youth <ul style="list-style-type: none"> <i>giving or selling cannabis to youth</i> <i>using a youth to commit a cannabis-related offence</i>
Federal government responsibilities	<ul style="list-style-type: none"> Strict requirements for cannabis producers Industry-wide rules and standards, including <ul style="list-style-type: none"> <i>types of cannabis products available for sale</i> <i>packaging and labelling requirements for products</i> <i>standardized serving sizes and potency</i> <i>prohibitions on the use of certain ingredients, such as pesticides</i> <i>good production practices</i> <i>tracking requirements of cannabis (from seed to sale) to keep it out of the illegal market</i> <i>restrictions on promotional activities</i>
Provincial, territorial, and community responsibilities	<ul style="list-style-type: none"> Increasing the minimum age (but not lowering it) Lowering the personal possession limit Creating additional rules for growing cannabis at home, such as lowering the number of plants per residence Restricting where adults can consume cannabis, such as in public places or in vehicles
Criminal penalties	<ul style="list-style-type: none"> Possession over the limit <ul style="list-style-type: none"> <i>tickets for small amounts</i> <i>up to five years in jail</i> Illegal distribution or sale <ul style="list-style-type: none"> <i>tickets for small amounts</i> <i>up to 14 years in jail</i> Producing cannabis beyond personal cultivation limits or with combustible solvents <ul style="list-style-type: none"> <i>tickets for small amounts</i> <i>up to 14 years in jail</i> Taking cannabis across Canada's border <ul style="list-style-type: none"> <i>up to 14 years in jail</i> Giving or selling cannabis to a person under 18 years of age <ul style="list-style-type: none"> <i>up to 14 years in jail</i> Using a youth to commit a cannabis-related offence <ul style="list-style-type: none"> <i>up to 14 years in jail</i>

Each province, territory, and community can adjust the requirements for their jurisdiction. Although these governing bodies can increase the minimum age from 18 years of age as legislated in the Cannabis Act, they cannot decrease it. Many provinces set the minimum age to match their current provincial alcohol age limits.

As part of the 2018 Cannabis Act, edibles, extracts and topicals are not currently legal. The Canadian government has proposed the following regulations to come into effect October 17, 2019.^[6]

Figure 2.0 – Federal Cannabis Regulations



FINAL REGULATIONS: EDIBLE CANNABIS, CANNABIS EXTRACTS, CANNABIS TOPICALS

	EDIBLE CANNABIS (EATING OR DRINKING)	CANNABIS EXTRACT (INGESTING)	CANNABIS EXTRACT (INHALING)	CANNABIS TOPICAL (APPLYING TO SKIN, HAIR, NAILS)
THC LIMIT	<ul style="list-style-type: none"> 10 mg of THC per package 	<ul style="list-style-type: none"> 10 mg of THC per unit (such as a capsule) or dispensed amount 1000 mg of THC per package 	<ul style="list-style-type: none"> 1000 mg of THC per package 	<ul style="list-style-type: none"> 1000 mg of THC per package
PRODUCT RULES	<ul style="list-style-type: none"> No added vitamins or minerals No nicotine or added alcohol Limits on caffeine 	<ul style="list-style-type: none"> No added vitamins or minerals No nicotine No caffeine No added sugars, sweeteners or colours 	<ul style="list-style-type: none"> No added vitamins or minerals No nicotine or alcohol No caffeine No added sugars, sweeteners or colours 	<ul style="list-style-type: none"> No nicotine or alcohol For use only on skin, hair and nails Not for use in eyes or on damaged skin
PACKAGING	<ul style="list-style-type: none"> Child-resistant Plain 	<ul style="list-style-type: none"> Child-resistant Plain Maximum package size of 90 mL for liquid extracts if under 3% THC Must include dispensing device if a liquid and not in unit form Maximum package size of 7.5 g for extracts if over 3% THC 	<ul style="list-style-type: none"> Child-resistant Plain Maximum package size of 90 mL for liquid extracts if under 3% THC Maximum package size of 7.5 g for extracts if over 3% THC 	<ul style="list-style-type: none"> Child-resistant Plain
LABEL	<ul style="list-style-type: none"> Standardized cannabis symbol for products containing THC Health Warning Message THC/CBD content Equivalency to dried cannabis to determine public possession limit Ingredient list Allergens Nutrition Facts Table 	<ul style="list-style-type: none"> Standardized cannabis symbol for products containing THC Health Warning Message THC/CBD content Equivalency to dried cannabis to determine public possession limit Ingredient list Allergens Intended use 	<ul style="list-style-type: none"> Standardized cannabis symbol for products containing THC (and directly on accessories such as vape cartridges) Health Warning Message THC/CBD content Equivalency to dried cannabis to determine public possession limit Ingredient list Allergens Intended use 	<ul style="list-style-type: none"> Standardized cannabis symbol for products containing THC Health Warning Message THC/CBD content Equivalency to dried cannabis to determine public possession limit Ingredient list Intended use
OTHER	<ul style="list-style-type: none"> Must not be appealing to youth Must not make health claims No elements that would associate the product with alcoholic beverages, tobacco products, or vaping products Must not make dietary claims Must not make cosmetic claims 	<ul style="list-style-type: none"> Must not be appealing to kids Must not make health claims No elements that would associate product with alcoholic beverages, tobacco products, or vaping products Must not make cosmetic claims 	<ul style="list-style-type: none"> Must not be appealing to youth Must not make health claims No elements that would associate product with alcoholic beverages, tobacco products, or vaping products Must not make cosmetic claims 	<ul style="list-style-type: none"> Must not be appealing to youth Must not make health claims No elements that would associate product with alcoholic beverages, tobacco products, or vaping products Must not make cosmetic claims

Disclaimer: This is not a complete list of the regulatory rules for each class of cannabis. It is also not a complete list of product examples. For more information on the amendments to the Cannabis Regulations, please visit Canada.ca/Cannabis.

Disclaimer: These rules and regulations are subject to change. Please visit Canada.ca/cannabis for the most up-to-date information.



1.4 Cannabis legalization and your First Nation community

It is always important to ground these conversations about cannabis within the context of your specific First Nation community. To ease this process, Thunderbird has developed a number of tools including this one that can

be downloaded and modified to meet your community's needs. Please see our website for downloadable content: <https://thunderbirdpf.org/community-poster/> ^[7]

Figure 3.0 – Community Poster Template

Your Community Cannabis Guidelines

How does our community approach compare to provincial and federal laws?

Our Community Statement

- Max. possession amount: 30 grams
- Must be at least 19 years old
- Can use cannabis at: home, insert other designated areas
- Edibles: include your community's approach to edibles here
- Can grow x plants with a max height of x

Provincial/Territorial Legislation

- Must be __ years or older to use, possess, or grow
- Can possess a maximum of 30 grams
- Can purchase from (include information on on-line retailers and retail locations)

Federal Legislation

- Must be 18 years or older to use, possess, or grow
- Can possess a maximum of 30 grams
- See your specific provincial or territorial legislation on distribution

Still have some questions?
Contact (name of community support worker) at the (Health Centre name), at (phone number).

Produced by the Thunderbird Partnership Foundation (thunderbirdpf.org)

1.5 Legislation at a glance across Canada

British Columbia

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams
- Cannabis smoking and vaping will follow laws and by-laws of tobacco smoking and vaping
- Cannabis use is not allowed on school properties
- Grow up to four plants per household, in a secluded area of the home (note: it is illegal to grow cannabis in home daycares)
- Cannabis retail licensing will be similar to liquor licensing
- Provides enforcement authority to deal with illegal sales

Alberta

- Legal age to buy, possess or use cannabis is 18 years or older
- Possession of legal cannabis is no more than 30 grams
- Grow up to four plants per household
- Purchase from licensed stores or albertacannabis.org
- Smoking is not allowed in some public places – check your area laws
- Driving high is illegal
- Cannabis must be stored safely in vehicles, out of reach
- Children cannot enter cannabis stores

Saskatchewan

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams for age of majority
- Grow up to four plants per household
- Purchase from private licensed stores or licensed online
- Zero tolerance use while operating a vehicle, and no consumption by passengers is allowed
- Cannabis smoking and vaping is not allowed in public places

Manitoba

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams for age of majority
- Grow up to four plants per household
- Purchase from private licensed retailers
- Zero tolerance use while operating a vehicle, and no consumption by passengers is allowed
- Cannabis smoking and vaping is not allowed in public places

Ontario

- Legal age to buy, possess or use cannabis is 19 years or older
- Where to use
 - Private residence use
 - Outdoor public spaces
 - Designated guest rooms
 - Recreational vehicle and boats that meet certain criteria
- Possession of legal cannabis is no more than 30 grams for age of majority
- Grow up to four plants per household
- Purchase from government-operated retailer
- Zero tolerance use while operating a vehicle

Quebec

- Legal age to buy, possess or use cannabis is 18 years or older
- Possession of legal cannabis is no more than 30 grams for age of majority
- Private residence possession is no more than 150 grams
- Purchase from government-operated retailer, SQDC (Société québécoise du cannabis)
- Growing cannabis is not allowed, it is also not allowed to possess a plant for personal use
- Cannabis consumption will follow the tobacco smoking and vaping regulations
- Zero tolerance use while operating a vehicle

Northwest Territories

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis at most NWT Liquor Stores or the NWT Liquor & Cannabis Commission's website
- Cannabis use is only allowed on private property
- Cannabis cannot be used in public spaces used by children, such as parks

For more information:

<https://www.eia.gov.nt.ca/en/cannabis>

Nunavut

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis from the government operated online store

For more information:

<https://www.gov.nu.ca/finance/information/cannabis>

Prince Edward Island

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis from the government operated store fronts or online
- When transporting cannabis, it must remain in unopened packaging and, where an open package is being transported, the product will be required to be secure and inaccessible to anyone in the vehicle
- Cannabis use is only allowed on private property

For more information:

<https://www.princeedwardisland.ca/en/information/cannabis-policy-legislation-and-regulation>

New Brunswick

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis from the Cannabis NB store fronts or online
- Cannabis use is only allowed on private property

For more information: <https://www2.gnb.ca/content/gnb/en/corporate/promo/cannabis.html>

Nova Scotia

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of legal cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis from Nova Scotia Liquor Corporation store fronts or online
- Cannabis use is only allowed on private property

For more information: <https://novascotia.ca/cannabis/>

Newfoundland and Labrador

- Legal age to buy, possess or use cannabis is 19 years or older
- Possession of licit cannabis is no more than 30 grams, dried or equal in non-dried form in public
- Grow up to four plants from licensed seeds or seedlings
- You can buy cannabis from the Newfoundland and Labrador Liquor Corporation (NLC) store fronts or online
- Cannabis use is only allowed on private property

For more information: <https://www.gov.nl.ca/cannabis/>

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2.0 CANNABIS AND YOU

Now that cannabis use is legal, your First Nation community will want to reduce risks and potential negative impacts on individuals, families and the community.

As cannabis use becomes more accessible and acceptable, we need to start having conversations about how to keep individuals, families, and communities safe. If you do choose to use cannabis, this guide will assist you in how and what you should consider in the storage of your cannabis to ensure the safety of those around you.

After you have purchased cannabis it is important to consider how to safely store the product before consumption. Ensure that your cannabis is stored in a location that children and pets cannot access easily.



2.1 Safe cannabis storage

Now that you have purchased cannabis, it is important to store it properly. Here are some tips to keep it safely away from children and pets.

How is Health Canada doing its part? ^[1]

Under federal law, all cannabis products must be sold in child resistant containers with clear labels.

How can you do your part?

Container

- Use a lockable container or location.
 - *Although the products are sold in child resistant packaging, for extra security use a lockable container or location such as a medicine cabinet, box, or drawer.*
- Use an air tight and odor free container.
 - *If a child or pet cannot smell the product, they are less likely to access it.*

Location

- Keep cannabis products out of sight and out of reach.
 - *If a child or pet cannot see the product, they are less likely to access it.*

Environment

- Keep cannabis products in a cool dry environment away from sunlight.
 - *This does not include the fridge or freezer. The constant change in humidity may cause mold or mildew.*

What about edibles, extracts, and topicals?

- Edibles, extracts and topicals are not yet legalized in Canada. Once the new legislation takes effect, follow instructions on each package, i.e. some extracts may require refrigeration

2.2 Ways in which cannabis is used

Cannabis is commonly consumed by smoking (rolled in a joint, smoked in a pipe or bong), vaporization (vaping), eating (through edibles and extracts such as gummies, baked goods or shakes), or used topically (in creams).

The chart below reviews some of the key considerations of smoked, vaporized and ingested cannabis (extracts). Topicals are not included in the chart as they will not be legalized in Canada until October 2019 due to amended Cannabis Act regulations and will not be available for purchase until mid-December 2019.

Medical cannabis used by patients can be administered through smoking, vaping, as a topical (cream, lotion, extract or spray), tinctures (extract drop under tongue) and suppositories. There is very little documented evidence showing the benefits and risks of these dosage forms. Cannabis teas, or other water-based extractions are not recommended. Generally, people are encouraged to use vaporization for medical cannabis, which leads to rapid onset of effects with less risk than smoking cannabis, or oral formats such as cannabis extracts.

There are a few ways that people can use cannabis.



Table 4.0 – Methods of cannabis use ^[3, 4]

Smoking	Vaporization	Oral
<ul style="list-style-type: none"> This is the most common method of non-medical cannabis use, but not is recommended for medical cannabis patients. The method involves inhalation by smoking a joint, pipe or bong. Smoking cannabis releases toxic chemicals (e.g. carbon monoxide, polycyclic aromatic hydrocarbons (PAHs), and tar). This method results in rapid onset of effects (within minutes), higher blood levels of cannabinoids and a shorter duration of action compared to consuming cannabis orally. Smoking cannabis converts approximately 50% of the THC content into smoke, the rest is lost by heat or from smoke that is not inhaled. Some people combine tobacco with their cannabis when they roll a joint or in a pipe, which increases respiratory risks to people smoking nicotine. 	<ul style="list-style-type: none"> This method heats dried cannabis to a controlled temperature that releases cannabinoids and releases significantly fewer toxic chemicals than smoking. Has potential to reduce respiratory symptoms and decrease negative effects on lungs compared to smoking. With a vaporizer, heated air is drawn through the cannabis, allowing the active components to be converted into a fine spray and then inhaled without generating smoke. Several factors can affect the amount of cannabinoids inhaled such as vaporization temperature, duration of vaporization. Increased THC absorption compared to smoking. Potential benefits for treatment of acute symptoms due to its rapid onset of action. Potential benefits for appetite stimulation and nausea relief due to the rapid onset of the effects. 	<ul style="list-style-type: none"> Oral administration of cannabinoids is increasingly popular as products become more widely available. The oral absorption of THC from these products is slow and unpredictable. The onset of effects is delayed (1-4 hours) with the effects lasting much longer (6-8 hours) compared to smoking. The longer lasting effects have the potential to benefit medical cannabis patients. Cannabis can also be added into baked goods such as cookies or brownies, or consumed as teas and infusions There is very limited data regarding the appropriate dosing of edible cannabis (i.e. brownies) due to the unpredictable absorption and less frequent use compared to smoked cannabis. Other forms of preparation of cannabis include cannabis-based butters, extracts, tinctures, and lozenges which have yet to be legalized in Canada.

This chart is a guideline only. There are many other ways individuals may choose to consume cannabis. To date (August 2019), Canada has only legalized the usage of cannabis in some of the forms discussed. Within your First Nation community, there may be members who use cannabis in a way that is not regulated or advised. It is important to share information about cannabis use so that individuals can make informed decisions on how to use cannabis if they choose. If someone you know chooses to use cannabis, when possible, take a supportive community approach to addressing challenges and support using culturally appropriate tools when available. There are many additional tools that support culture as the foundation to wellness that can be accessed through the Thunderbird website (<https://thunderbirdpf.org>).

2.3 Effects on the body

Many Indigenous teachings discuss the importance of holistic health. When discussing wellness, one needs to consider mind, body, spirit and emotion.

“Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one’s connection to language, land, beings of Creation, and ancestry, supported by a caring family and environment”

~ Elder Jim Dumont, Definition of Wellness ^[5]

It is important to remember that cannabis can affect how we think, feel and act. These thoughts, feelings, and actions can change depending on factors; such as, current mental wellness, physical wellness, emotional wellness and spiritual wellness; past cannabis experiences; person’s mood at the time of use; method of use; environment/location of use; the mood of other people in the area, and many other factors. What is a comfortable amount of cannabis for one individual may be an uncomfortable amount for someone else. Know your limits.

This tool is an informative reference to further discussions about cannabis use and the effects on the body.

2.4 Cannabis and the brain



The following are specific regions of the brain that cannabis affects immediately: ^[6, 7]

- a) The **MEMORY** portion of the brain which controls short-term memory and coordination (hippocampus) is very sensitive to cannabis.
- b) The **HUNGER** part of the brain is affected, making the user feel hungry.
- c) The **INFORMATION** part of the brain is affected, slowing down the flow of information.

Table 5.0 – Cannabis and the brain ^[8]

Short Term Effects	
AREAS OF THE BRAIN AFFECTED BY CANNABIS	IMMEDIATE EFFECTS
<ul style="list-style-type: none">• movement• judgement• reward• memory• coordination• sensations• vision	<ul style="list-style-type: none">• brighter colours• altered sense of time• mood swings• inability to move body properly• difficulty thinking• difficulty problem solving• impaired memory• hallucinations (in high doses)• delusions (in high doses)• psychosis (in high doses)

Long Term Effects

LONG-TERM CANNABIS USE HAS LONG-TERM EFFECTS ON BRAIN DEVELOPMENT, ESPECIALLY WHEN PEOPLE BEGIN USING CANNABIS DURING BRAIN DEVELOPMENT

MENTAL WELLNESS	Research has shown that cannabis use can increase the risk of suicide and suicide ideation. ^[9]
ATTENTION AND CONCENTRATION	Starting cannabis use early while the brain is still developing leads to a reduction in attention span and concentration. ^[10]
MEMORY	Regular cannabis users performed significantly poorer on tests of memory than non-cannabis users. Using just a small amount of cannabis can affect your ability to remember things. ^[10]
LEARNING	The ability to learn and retain information is damaged with continued cannabis use. ^[11]
CONNECTIONS	Neural brain connections are damaged or broken, resulting in cognitive impairment. Cannabis use has been shown to alter the structural integrity of white matter in the brain. ^[8, 12, 13,14]
INTELLIGENCE	When people started smoking heavily in their teens and continued into adulthood, they lost an average of eight IQ points! ^[15]
LUNG DAMAGE	Smoking cannabis causes similar effects to tobacco smoke: increased cough, lung disease, and chronic bronchitis.
AMOTIVATIONAL SYNDROME	Reseachers found that dopamine levels in the brain were lower in cannabis users, especially those that began taking the drug during adolescence. This may explain why cannabis users appear to lack motivation, or have amotivational syndrome. ^[17, 18, 19]
PREGNANCY AND FETAL WELLNESS	Cannabis use during pregnancy may affect the fetus. It is best to avoid cannabis use during pregenacy. If you use cannabis for medical purposes, please speak with your health care professional to see if the benefits outweigh the potential risks. Cannabis use has been linked to lower birth weight. The long lasting effects on the fetal brain are not as well known but can include challenges with attention, memory and learning. ^[20]

Potential Neuroplasticity of the Brain After Cannabis Cessation

The brain can continuously reorganize itself throughout life, forming new neural connections. This is a phenomenon known as neuroplasticity. The brain can adapt when damage has occurred. Quitting cannabis use today can allow your brain to make new connections to get your cognitive function back on track.

Table 6.0 – Potential Neuroplasticity of the Brain After Cannabis Cessation

POTENTIAL NEUROPLASTICITY OF THE BRAIN AFTER CANNABIS CESSATION	
COGNITIVE FUNCTION	Cognitive impairment due to chronic cannabis use may begin to lessen after a month of discontinued use in adults. Long-term abstinence is likely to resolve many of the cognitive effects of cannabis use. ^[13]
MEMORY	It was found that young adult cannabis users (ages 20–24) who had memory deficits due to heavy cannabis use were able to improve their memory performance over time after cessation and abstinence of cannabis ^[21]
LEARNING FUNCTIONS	When testing for neurocognitive performance, former heavy cannabis users who went three months without use had similar scores to non-cannabis users. [22]abilities within specific relevant cognitive domains prior to regular drug use have not been available. The present study examined effects of current and past regular use of marihuana in subjects for whom pre-drug performance had been ascertained in a prospective, longitudinal fashion. A total of 113 young adults, assessed since infancy, were evaluated using neurocognitive tests for which commensurate measures were obtained prior to the initiation of marihuana smoking. Marihuana users, determined by urinalysis and self-report, were categorized as light (< 5 joints per week
NEURAL CONNECTIONS	In one study, it was found that heavy cannabis users had different brain volumes compared to regular users (sulci thinning in frontal, temporal, and parietal lobes of brain). When heavy adolescent cannabis users abstained from cannabis for a minimum of 30 days, their brain structures appeared to be of similar size to non-users. ^[23, 24]

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3.0 HARM REDUCTION

Harm reduction is an approach to addressing the negative consequences of risky behaviours that may result from substance use. A key focus of harm reduction is improving safer use of drugs and overall wellness without requiring abstinence. With cannabis there are three ways to talk about harm reduction:

- 1. How does the legalization of cannabis use for adults reduce harms?**
- 2. How do people who use cannabis reduce harms to themselves, family and community?**
- 3. How are people using cannabis as a way to reduce harms from other substances i.e. opioids?**

"Harm reduction is an approach to addressing substance use issues that attends to the physical health complications related to an addiction to improve safety and overall health without requiring abstinence. This approach often uses medication to reduce harms to people, such as with opioid misuse where Suboxone, methadone, or cannabis are prescribed to manage withdrawals from opioids. Medical cannabis, used to relieve pain, is potentially a safer alternative to replace opioids when feasible, as this reduces the overall harms associated with opioids, because an overdose on cannabis on its own is non-fatal, whereas thousands of people die of fatal opioid overdoses." ^[1]

3.1 How does the legalization of cannabis use for adults reduce harms?

The Federal Cannabis Act intends to reduce potential harms by ^[1]

- A) establishing a safe and responsible production system with improved labeling and strict manufacturing standards,
- B) reducing the strain on the criminal justice system,
- C) keeping cannabis out of the hands of youth, and
- D) increasing medical and scientific knowledge.

These changes have the potential to increase knowledge around product potency (THC:CBD content) and decrease the likelihood of legal cannabis mixed with other substances, i.e. fentanyl, which can lead to accidental overdoses/poisonings. These reductions in harm do not mean that cannabis use is safe. Although cannabis use on its own does not cause death, overuse can cause health complications and hospitalization.



3.2 How do people who use cannabis reduce harms to themselves, family and community?

If you or someone you know chooses to use cannabis there are some steps you can take to reduce the potential harms to yourself, family and community. Canada's Lower Risk Cannabis Use Guidelines have been produced with the following 10 recommendations (modified). ^[2]

- 1) Abstinence is the only way to prevent all potential harms.
 - a. *Remember this is not a reality for everyone, especially those who use cannabis medically or to reduce the harm of other substances.*
- 2) If you choose to use, you can lower your risk by delaying use until later in life.
 - a. *Our brains are still developing and more vulnerable to changes until around the age of 25.*
- 3) If you choose to use, choose a product that is low in THC or CBD.
 - a. *Every cannabis product for legal sale must include the THC:CBD ratio.*
- 4) If you choose to use, purchase product from legal sources.
 - a. *Legal sources require strict manufacturing, safety and labelling standards.*
- 5) If you choose to use, try vaping instead of smoking.
 - a. *The process of vaporizing cannabis releases some of the toxins before the smoke is inhaled.*
- 6) If you choose to smoke, try not to inhale deeply or hold your breath.
 - a. *Inhaling deeply or holding your breath can cause lung damage.*
- 7) If you choose to use, try to limit your use.
 - a. *Limiting use reduces the likelihood of health complications and addiction.*
- 8) If you choose to use, avoid driving or the use of heavy machinery.
 - a. *Cannabis affects the brain's ability to make judgments which is extremely dangerous when operating a vehicle.*
- 9) If you choose to use, know your personal or family history of mental health or substance use challenges.
 - a. *People with a history of mental health challenges are advised to avoid cannabis use as it may worsen symptoms or complicate treatments.*
- 10) If you choose to use, avoid combining cannabis use with other risky behaviours.
 - a. *For example, the use of cannabis and alcohol at the same time will have different effects than if either substance is used on its own.*

Keep an eye out for Lower Risk Cannabis Guidelines for Older Adults, which the Canadian Centre on Substance Use and Addiction (CCSA) is set to release in the fall of 2019.

3.3 How are people using cannabis as a means to reduce harms of other substances?

Cannabis was once thought of as a gateway drug, or a drug that someone would use and then progress to other more harmful substance use patterns ^[3]. This theory has since been disproven ^[3]. A new theory is that cannabis can be an exit drug ^[3]. An exit drug is a substance used to reduce or stop the use of a more harmful substance or behaviour. Cannabis has the potential to be a less deadly alternative in the face of the opioid crisis declared in First Nations communities in British Columbia and Ontario, and the rising issue among Atlantic, Manitoba, Saskatchewan and Alberta First Nations communities. Current exit drugs for an opioid addiction can include methadone and buprenorphine /naloxone-based treatments such as Suboxone. In one study, daily cannabis use is associated with

21% increased odds of continued opioid agonist treatments, when compared with less than daily cannabis use ^[4]. Although this one study is promising, more research with a First Nations approach is necessary. As such, Thunderbird Partnership Foundation is currently developing First Nations opioid-agonist treatment (OAT) guidelines with community-based and residential treatment-based services. To achieve this Thunderbird Partnership Foundation is facilitating dialogue with First Nations communities, stakeholders and partners to better understand how OAT is provided for First Nations clients. For more information on this or additional research projects, please contact research@thunderbirdpf.org.



3.4 Infographic: Building Our Resiliency

The infographic on the following page is a cannabis tool developed to support increased understanding of the intended use and misuse of both cannabis and opioids from a First Nations perspective. It is designed to be printed and shared with your community to support conversations to reduce the harms and address stigma associated with substance use issues.



BUILDING OUR **REZILIENCY...**

Know the Facts

MEDICAL MARIJUANA

Intended Use

Manages pain
Reduces nausea
Improves appetite
Beneficial if used as intended

PAIN KILLERS -OPIOIDS-

Opioids manage pain when used
as directed

Misuse Facts

Any medication or substance can be misused.

First Nations drug misuse is a direct result of **colonization** and **intergenerational trauma**, which is the attempted destruction of cultures, languages & our connection to land and family.

Misuse puts us, our families and communities at greater risk of harm.

Opioid addiction can happen in as little as two weeks.

When entering treatment...

70% of Indigenous adults and
85% of Indigenous youth report having
misused cannabis (pot)

Long term side effects

- taking too much cannabis does not result in death, but can put you in the hospital
- new research shows cannabis use can affect mental health and increase risk of suicide
- low birth weight in babies, leading to other complications

When entering treatment...

79% of Indigenous adults and
28% of Indigenous youth report having
misused opioids (pain killers)

Long term side effects

- consequences for wellbeing of individuals, family and community without community action
- increased risk of Hep C, HIV & AIDS, contamination poisoning, overdose death
- additional stress on communities due to lack resources



To support understanding of the opioid crisis in our communities, Thunderbird is piloting a new **First Nations Opioid Survey**. Visit www.thunderbirdpf.org for more.

HERE'S THE GOOD NEWS

When connecting with **cultural supports** in treatment programs:

🎯 Indigenous adults experience as much as a **17% INCREASE** in wellness

🎯 Indigenous youth experience as much as a **14% INCREASE** in wellness and do better in school

HOW TO GET HELP

Hope for Wellness toll-free help line 1-855-242-3310

Contact a First Nations treatment centre, by visiting:

www.thunderbirdpf.org/treatment-centres

Building our Reziliency reference information can be found at:
<https://thunderbirdpf.org/reziliency-reference/>

www.thunderbirdpf.org | www.cultureforlife.ca

QUITTING COLD TURKEY?

- Quitting opioids is not like alcohol because opioids change the way our brain works and can have extreme withdrawal symptoms, including unbearable pain, nausea and depression.
- It's ok if going cold turkey isn't possible right now. Consider a harm reduction approach to reduce or stop opioid misuse over time.
- A harm reduction approach can include use of **exit drugs**, i.e. buprenorphine (Suboxone), cannabis or methadone.

3.5 Resiliency through harm reduction

Medical Cannabis as Treatment: Program Policies and Cultural Protocols

Although the use of medical cannabis is being used as an opioid replacement therapy among First Nations populations, this practice may be contrary to some National Native Alcohol and Drug Abuse Program (NNADAP)/National Youth Solvent Abuse Program (NYSAP) treatment programs or mental wellness policies. Acceptance of medical cannabis for opioid withdrawal is based on good evidence that medical cannabis can be effective for treating pain, and the philosophy that First Nations people have the right to treatment.

Treatment centres would do well to address medical cannabis with clear policies to control its use, just as with any other medication that a client may bring into an addictions treatment environment. For example: requiring more CBD than THC content, or no THC content based on advice of a physician or pharmacist; requiring vaping and not allowing smoking; allowing CBD oil; locked storage and clear information for dosage; incorporating Indigenous cultural -specific protocols into treatment settings that are respectful and reflective of First Nations territory; language and cultural practices that facilitate cultural awareness, understanding, and safety and promote improved treatment outcomes.

Indigenous Creation stories are the origin and continuous source of Indigenous knowledge (for all time) that provide the structure, pattern, instruction, and answers on how to Live Life and be Well in ever-changing environments and life experiences.

“Relevancy for today: there should be a belief that Indigenous knowledge and culture are meaningful today, as is the case, for instance, with the sweat lodge.” [5]

“As communities heal from the symptoms and illnesses of cultural disconnect, more First Nations are establishing culture-based intervention programs, that by reconnecting an individual to his/her culture, aim to heal the root cause of many addictions. Although many of these programs are also aided by non-Native healing methods, Indigenous practices and protocols are part of a unique place-based culture—a culture defined by its language, tribe, clan, spirituality, and location—including their specific makeup and method in which they are integrated into broader healing strategies, which are also place-based.” [6]

The following case scenario is meant as an illustration of medical harm reduction approaches in collaboration with Indigenous practices and protocols.

3.6 Harm reduction case scenario

To further explore how medical cannabis as an opioid replacement therapy could apply to NNADAP/NYSAP treatment or mental wellness settings, the following is an excerpt from a conversation recently held between two service providers. The opinions expressed represent the views of Thunderbird Partnership Foundation, grounded in an approach to treatment and wellness that considers the benefit of reducing harms during recovery.



(Nina) Sweatlodge Ceremony Conductor: Good morning Fred (Fred is a Cultural Practitioner who is also a sanctioned Sweatlodge Ceremony Conductor). I recently had a visit from a client from our Medical Cannabis Program. The person said they used medical cannabis to deal with the withdrawals from pain pills. This person came to me to offer tobacco, asking for a Sweatlodge Ceremony to help with their healing journey. But because of our cultural traditions, I am not sure how others in the community would feel about someone using mind altering substances while taking part in this ceremony. Can you help us?

Fred: So, you don't see medical cannabis as you see other medications?

Nina: There's a difference. At the treatment centre program, we don't accept anyone on medical cannabis, but they do in the day program because the clients go home. I see a place for these drugs when they are used in the

right way, and some people do need to follow that path. But isn't medical cannabis just another mood-altering drug that people are addicted to for life?

Fred: Not always. Here's another way to look at the issue of withdrawal from prescription drugs through the support of medical cannabis. Withdrawal management through the use of medication is like managing any chronic health condition that requires medication. You know the health care system doesn't tell people with diabetes, "you better eat right and you better exercise, otherwise, we're not giving you your medication." NO, instead the health care system provides medication for chronic health issues no matter how well people follow the advice of their doctor. We never make their living style a condition for receiving medical care, including medication. People are not questioned about what they eat, or what they do for exercise before providing the diabetes medication. And we don't ask the general public

if they are on medication when they come to participate in a Sweat. The diabetes medication is necessary for their health even though some types of diabetes is preventable and can be managed without medication. People living with diabetes need medication so that blood sugar levels can be balanced and to prevent further health complications.

Medical cannabis to manage withdrawals is the same thing. Opioids change the way your body responds to pain over time so that the natural, Creator-given pain killer centre that we have within our brain works very differently. So, we need medication to fix that and that's all that medical cannabis does. It's not a mood-altering drug, it is medication so that you're not suffering with pain when your body is withdrawing. If your pain centre in your brain isn't working well enough and you don't get anything to fix that, then you're like a live wire, and nobody is going to touch a live wire because you're going to get electrocuted!

We know we can prevent diabetes, yet we don't punish people because they don't eat right, or they don't exercise, or because they don't take their medication. When people are on opiate replacement therapy like medical

cannabis, we should see that as a medication as well, and not punish them.

If somebody is at a Sweat and they are on medical cannabis, we should think, #1: "they are trying to get well because they're taking their medication", and #2: "if they are participating in a Sweat Ceremony, it is because that gives them some joy in life." We need to support them and not get in the way of their recovery.

It's a different way of thinking because if you think about medical cannabis as prolonging the addiction, or simply as another way of replacing the addiction, that's not the case, because it is medication.

Nina: Ok, but how long would a person need to be on medical cannabis?

Fred: Again, it depends. If you used the medical cannabis only to deal with your physical pain and you never deal with the emotional pain, you'll be using medical cannabis for a long time. But if you're on medical cannabis, in counselling dealing with the emotional trauma in your life, and you're reconnecting to Spirit while learning about your identity, then you're not going to be on medical cannabis for very long.

To further understanding of how to support resiliency from the harms of cannabis use, please refer to the Building Our Resiliency infographic on the back page of this document. You can also contact the Thunderbird Partnership Foundation, at 1-866-763-4714 or by email at info@thunderbirdpf.org.

You can also get in touch with your nearby NNADAP/NYSAP treatment centre for more information and to discuss options that may be available in your community.

3.7 References for this section

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4.0 CANNABIS AND PREGNANCY

Women and cannabis during pregnancy

Women may choose to use cannabis during pregnancy for a variety of reasons. It is important to support women's health decisions throughout their pregnancy ensuring that proper educational and cultural supports are provided, as there is a lot of misinformation and myths about when or how cannabis can be consumed during pregnancy that people may assume to be true.

Women may use medicinal cannabis during pregnancy for pre-existing medical conditions. It is important for health practitioners to discuss the pros and cons of medicinal cannabis use during pregnancy with their patients, so they are aware of the potential harms and benefits in order to make an informed decision on medicinal cannabis use during pregnancy.

Additionally, women sometimes use non-medical cannabis during their pregnancy. This could be a result of prior patterns of non-medical cannabis use before pregnancy, and lack of information on the potential risks associated with usage of cannabis while pregnant. Physicians and health professionals in Canada recommend women who use non-medical cannabis stop using it during pregnancy.

In cases where there is continued non-medical cannabis use, it is important to be supportive and assist in seeking out the root causes for the pregnant woman's substance use. It is also important to consider the effects of inter-generational trauma experienced by First Nations peoples and lack of or access to appropriate cultural supports. When a woman is not able to stop using recreational cannabis, it is important to encourage safer use through decreasing amounts and frequency of use.

There is no research that shows a safe amount to consume cannabis in any form (smoking, vaping, edibles nor topicals) during pregnancy ^[2]. Cannabis can cross the placenta and get into the baby's blood stream ^[2]. Women are advised to not use cannabis during pregnancy or while breastfeeding ^[2]. Cannabis is made from a plant, but like any other medication, it can cause side effects. No drug is 100% safe, whether it comes from a plant or is made in a lab. Cannabis can affect women at all stages of reproduction from menstruation through pregnancy.

4.1 Cultural supports through midwifery

An emerging resource and support for pregnant women and their families are Indigenous midwifery centres. Indigenous midwifery practice is being restored both within First Nation communities and urban centers. Indigenous midwives are integrating contemporary and traditional best practices to create models of culturally-relevant, community based care.

"Pregnancy is a time when spiritual and intellectual teachings are more needed and present to help the mother adapt to her new life and to take on the mothering role as a learner and future teacher. This learning cycle will happen with every pregnancy a woman has during her lifetime."^[1]

-Quote from: National Aboriginal Council of Midwives (NACM)

Utilizing Indigenous cultural interventions and supports to facilitate wellness will attend to the whole being; spirit, heart, mind, body and are inclusive of the unborn child and the whole family.

"The family and community play an important role in supporting and protecting a pregnancy. This includes bringing positive energies and thoughts."^[1]

- Quote from: National Aboriginal Council of Midwives (NACM)

"Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violence. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work with women to restore health to Aboriginal families and community"^[1]

- Quote from: National Aboriginal Council of Midwives (NACM)

- To contact NACM: nacm@aboriginalmidwives.ca

4.2 Cannabis effects on the reproductive system

Female

Cannabis use can interfere with ovulation and menstruation cycle length and frequency [3]. There is not enough research in regard to short- and long-term effects of cannabis use during pregnancy and child development. If you are using medical cannabis, it is best to discuss the pros and cons of cannabis use during pregnancy with a medical professional. Currently there is no quality research linking cannabis to reducing morning sickness [2,4].

4.3 During pregnancy [4]

Use of cannabis during pregnancy may affect a child's brain development, behavioural and mental health when they are a teen or a young adult. The more frequent the cannabis use during pregnancy, the higher the risk to the baby. Cannabis use in pregnancy has been linked to more serious side effects on the brain in children, and is not recommended during pregnancy.

Research shows that babies born to mothers who consumed cannabis during pregnancy have lower birth weight and could have responding behaviours such as impulsivity. Cannabis can also affect a child's brain development and increase the child's risk of using substances themselves in their teen and adult years. [3]

According to the Government of Canada, the following are some of the risks to the child, when cannabis is used during pregnancy.

Male [4]

Cannabis in low to moderate doses may increase sexual desire and activity, but at high doses or when used frequently, cannabis can decrease sexual desire and cause erectile dysfunction. When smoked, cannabis can also decrease sperm count and sperm mobility. There is a potential link between cannabis use and an increase in cancer risk in specific cells in the testes.



Age 0 – 3 years:

- Difficulty calming down
- Startles easy
- Sleep problems

Age 3 – 6 years:

- Poor memory
- Impulsive
- Less attentive
- Less able to understand and follow instructions

Age 6 – 10 years:

- Hyperactive and impulsive
- Difficulty learning
- Symptoms of depression and anxiety
- Difficulty making decisions
- Less attentive

Age 14 – 18 years:

- Poor school performance
- Delinquency problems
- May try and/or use cannabis earlier
- Continue to be hyperactive, impulsive and less attentive



4.4 After pregnancy (postpartum, breastfeeding and parenting)

Postpartum

Some women may choose to consume cannabis for postpartum symptoms, however, substance use is not recommended to avoid addressing feelings of postpartum depression. It would be best to seek cultural supports that address the root causes of the issues/feelings/trauma. Cannabis use can impair one's ability to be attentive to the needs of the infant and could result in parents missing the cues from their infant when they are hungry or have other needs ^[3].

Edibles may be enticing to small children if they are in the form of candies or baked goods. Always be careful where and how you are storing cannabis products. If you think your infant or child has consumed cannabis call 911/emergency services immediately.

Breastfeeding

- Cannabinoids like THC, concentrate in breastmilk and can be transferred to the newborn.^[4]
- The levels of THC in the breastmilk can be up to eight-times higher than the levels in the mother's blood.^[4]
- There are no long-term studies on what effect cannabis has on breastmilk.
- Babies who have been exposed to cannabis via breastmilk may have trouble latching on to the breast and may have effects of being drowsy.^[3]
- Smoking cannabis can also expose the newborn to second-hand smoke. This can have negative effects on the newborn's lungs.^[3]

4.5 References for this section

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5.0 CANNABIS FACTS FOR SOME COMMON QUESTIONS



Common questions	Fact	Try connecting with culture http://www.cultureforlife.ca
In 2019, is cannabis legal for everyone?	No, not for everyone. Canada says anyone who is 18 or older will be able to legally use cannabis, but provinces, territories, and First Nations communities have the power to raise the minimum age. ^[1] Be sure to check with your community.	Interested in learning? Try sitting and having tea with an Elder.
Why does everyone keep talking about my brain?	Using cannabis while the brain is still developing can negatively affect the areas used for decision making (hippocampus, prefrontal cortex, and cerebellum). ^[2]	Feeling curious? Try taking part in a talking circle.
But what if smoking helps me relax?	Cannabis can slow down functioning of the body to make the person feel more relaxed, but cannabis can actually worsen some mental health challenges. ^[2]	Feeling overwhelmed? Try taking part in a cleansing/sweat lodge ceremony.
What about other mental health challenges?	There is good evidence of the link between cannabis use and the development of schizophrenia or other psychoses (other than bipolar disorders), with frequent users having the highest risk. ^[3]	Feeling sadness? Try learning the Creation Story.
But won't I miss out?	You may miss out on some parties, but if you use cannabis, you may miss out on sports, arts, and other activities that require coordination. ^[2]	Feeling bored? Try taking part in a cultural activity, or a social or ceremonial practice
But cannabis is not addictive, is it?	Yes, cannabis is addictive. According to the Addictions Management Information System (AMIS), 89 per cent of youth ages 12–17 entering treatment frequently use cannabis. But, youth are able to counteract the potential harms of cannabis by incorporating supportive learning environments and culture throughout treatment, as shown through the increase in school attendance after treatment. ^[4, 5, 6]	Feeling lost? Try spending time on the land.
But isn't cannabis safer than opioids?	True, opioids can cause poisoning and death, whereas cannabis does not. But remember when a medicine is abused or misused, it weakens the medicine's ability to work for us.	Feeling the need to belong? Try learning how to hunt/fish/tan hides.
Isn't cannabis natural and safe?	Yes, cannabis is a plant. But even plant medicines have their side effects.	Feeling disconnected? Try learning how to harvest and use natural foods and medicines.
But aren't there specific illnesses that cannabis is good for?	Cannabis can be prescribed for certain conditions. However, cannabis is not the first thing that health care providers and patients try.	Feeling frustrated? Try helping cook a feast for your Ancestors/ Loved Ones who have gone on.
Is there a specific strain that works best for medical cannabis patients?	There is currently a lack of evidence to recommend one strain for a specific condition. Medical cannabis patients may try a few options before finding the right fit. ^[7]	Feeling inspired? Try visiting with medicine people and traditional practitioners.
Is cannabis safe to use with other medications?	It is always recommended to check with your health care provider or pharmacist before using cannabis.	Feeling discouraged? Try listening to and sharing stories. Laughter is the best medicine.
Can I travel with cannabis?	You can travel within Canada with legal cannabis, even on airplanes. It is illegal to fly outside of Canada with cannabis. Air Canada cautions travelers that sometimes a domestic flight may need to be diverted to a U.S airport and you alone are responsible in this situation. ^[8]	Feeling curious about other cultures? Try learning about other Indigenous cultures and languages.

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6.0 CANNABIS ECONOMICS



Questions communities can consider when asked to partner with a cannabis organization

Cannabis legalization will affect and change health and wellness practices in First Nation communities. To help reduce potential repercussions, it is important to ground these changes in community strengths and ways of seeing, knowing, being and doing. Addressing these complex issues collaboratively supports dialogue, information sharing and education, framed within the historical and current context of First Nations communities and the social determinants of health.

To understand these complexities, Thunderbird Partnership Foundation led a national project with regional cannabis dialogues to support increased community knowledge and conversation about cannabis. Thunderbird provided factual information to First Nations people and communities across Canada, to support their capacity to plan how to reduce harms, especially to vulnerable populations. The project engaged ten regions across Canada to host focus groups with 30 participants representing people from all social determinants of health, across the lifespan, including, but not limited to community members, Elders, youth, health and wellness workers, leaders, police and child welfare workers.¹

Through this national project and accompanying Indigenous Community Cannabis Survey, we heard requests at

the community level for an increase in access to tools and education specific to cannabis. This tool is a direct result of these requests.

To access the National Report ^[1] and additional mental wellness resources, please explore Thunderbird's Document Library at <https://thunderbirdpf.org/nnapf-document-library/>.

One question heard often is, "What should we consider if our community is approached, seeks out, or is thinking about a potential partnership with a cannabis organization/company/facility/dispensary (cannabis partnership)?" This document, like the national report, uses the First Nations Mental Wellness Continuum (FNMWC) framework [2] (<https://thunderbirdpf.org/nnapf-document-library/>) to guide First Nations in utilizing a holistic approach to carefully consider the potential effects of a partnership on overall community wellness.

This document is a series of charts with questions to assist First Nations communities with various ways to think about and assess the potential effects of economic initiatives and partnerships within the cannabis industry in the short term (year-1), medium term (year 2 – 5), long term (year 5 +), and includes seven generations into the future.



These charts have been created as a support tool, with an extensive list of questions. Not all questions will be relevant for each First Nation community and some may need to be modified to fit your community's needs. For example, a question that is listed in short term may be more of a long-term consideration for you.

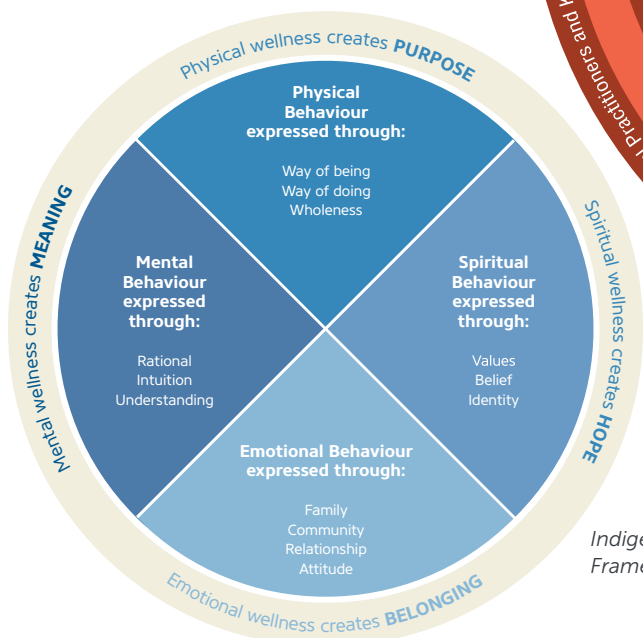
The questions are further organized into the various layers of the FNMWC:

Culture as Foundation, Community, Populations, Specific Population Needs, Continuum of Essential Services, Supporting Elements, Partners in Implementation, Indigenous Social Determinants of Health, and Key Themes of Mental Wellness.

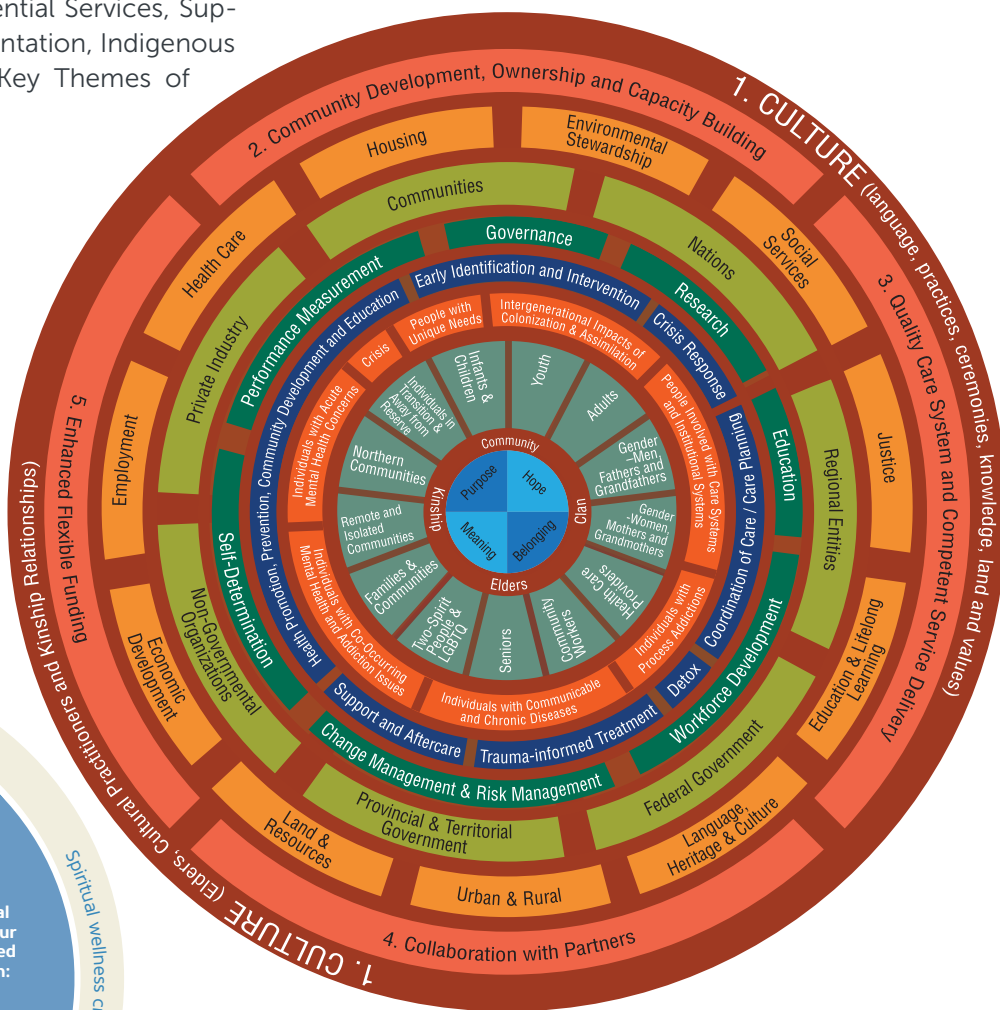
Grounded in culture and the Indigenous social determinants of health, the model also incorporates the Indigenous Wellness Framework, which refers to the interconnection of spiritual, emotional, mental, and physical wellness that is demonstrated by an individual's Hope for the future, sense of Belonging, understanding of Meaning, and discovery of their Purpose in life.

The four outcomes have 13 indicators that were validated by Elders, traditional Knowledge Keepers, frontline wellness workers, First Nation community members and leadership, and reinforces that culture is the foundation of Indigenous wellness. The 13 indicators can also be used as determinants of community health. Communities can define and interpret the meaning of the 13 indicators within the context of a First Nation's community history, experience, and current environment.

First Nations Mental Wellness Continuum



Indigenous Wellness Framework



6.1 How the FNMWC can support communities interested in exploring cannabis partnerships

The following questions may be used to support a conversation about potential cannabis partnerships to grow and distribute cannabis within a First Nations community. The questions are set up as a guideline and can be adapted to suit the needs of individual First Nation communities. Although the questions are organized with considerations for both First Nations and for cannabis partnerships, both parties should be aware of each other’s considerations and come to an agreement on what is best for their specific First Nation community and goals.

General questions for First Nations communities

What has your community done to engage your members since cannabis legalization? Was the community engagement process strengths based?

Was the community involved in the development of your community cannabis plan?

Will the community allow cannabis partnership on its land? How many? Where?

Does the community want a facility that produces medical (prescribed for a pre-existing medical condition by a medical professional) or non-medical (legalized recreational, or any use that is not prescribed by a medical professional) cannabis?

How can this be an opportunity to enhance community strengths?

How would this potential partnership affect current and future band by-laws or customary governance structures?

Do any of these questions or answers change if the cannabis partnership involves creating cannabis edibles (gummies and other products that are eaten), topicals (creams and lotions applied to the skin), extracts, shatter (cannabis concentrate) etc.?

How will the community have to update the emergency & crisis response plan to support the growing/ distribution of cannabis?

What are other questions your First Nation may have?

General questions for cannabis organizations/companies/facilities/dispensaries

Does the cannabis partnership value community knowledge?

Will the cannabis partnership provide opportunities for anonymous methods of communication to facilitate community feedback (eg. suggestion boxes and virtual forums)?

How will the cannabis partnership be transparent (meaning they are willing to share expectations and information including environmental and financial information etc. with the First Nation) and ensure that all decisions are made under the direction of the community?

Is the cannabis partnership willing to host multiple community meetings before, during, and after they are established within the First Nations community and integrate feedback in a timely and respectful way?

How will the cannabis partnership promote safe environ-

ments inclusive and respectful of the beliefs and values of all community members, not just at the beginning but into the future and across seven generations?

How will the costs be shared by the community and the cannabis partnership?

How will the potential profits be shared by the community and the cannabis partner?

What are other questions your specific cannabis organization/company/facility/dispensary may have?

The following tables provide questions to consider, following the various layers of the First Nations Mental Wellness Continuum (FNMWC) framework.

Table 7.0 - Effects on Culture as the Foundation

In this layer: Elders, Cultural Practitioners, kinship relationships, language, practices, ceremonies, knowledge, land and values.

"When culture is considered the foundation, all First Nations health services can be delivered in a culturally-relevant and safe way. The result of this conceptual shift will be policies, strategies, and frameworks that are relevant to local community contexts, recognize the importance of identity and community ownership and promote community development." [2]

Short term	<p>How will Elders, Knowledge Keepers, Medicine Knowledge Keepers, and community members be engaged and consulted?</p> <p>Does the cannabis partnership acknowledge and appreciate the diversity of cultural practices within the community?</p> <p>Does the cannabis partnership use relevant cultural practices to support cannabis related dialogue and education?</p> <p>Where will the facility be located? Will this interfere with areas of cultural importance (ceremonial grounds, areas where medicine already grows, etc.)?</p> <p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>How will the First Nation ensure community benefits over individual gain?</p> <p>Will the cannabis partnership contribute to the preservation of cultural teachings, cultural practices, and language?</p>
Medium term	<p>How will the cannabis partnership ensure communal benefits over individual gain to ensure reciprocity?</p> <p>How will the First Nation ensure community benefits over individual gain to ensure reciprocity?</p> <p>How will all parties ensure accountability processes are established and maintained to ensure proper balance of reciprocity for all persons in the community as well as for the environment?</p> <p>Will the cannabis partnership contribute to the preservation of cultural teachings, cultural practices, and language?</p>
Long term	<p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>How will the First Nation ensure community benefits over individual gain?</p> <p>Will the cannabis partnership contribute to the preservation of cultural teachings, cultural practices, and language?</p>
Seven generations	<p>How will this cannabis partnership affect generations to come? (including First Nations interpretations of all life and in consideration of the future generations of people, plants, medicines and culture as a whole.)</p> <p>How will this cannabis partnership commit to land restoration?</p> <p>How will the cannabis partnership contribute to the preservation of cultural teachings, cultural practices, and language?</p>

Table 7.1 - Effects on Community

In this layer: Consider how your work impacts family and community, beyond the impact of the policy, program or service inputs for the individual.

‘Think about the current context of the community including capacity, strengths, and the role of relationships within community, Elders, and cultural relationships defined as clans. It will be important to think beyond current crisis, challenges and issues to identify the strength of the community – and how strength is grounded in and comes from the culture of the people.’ [2]

Short term	<p>How will this cannabis partnership positively and negatively affect all community members over the stages of life from pre-birth to Elders?</p> <p>How will the cannabis partnership provide education to the community in regard to cannabis?</p> <p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>How will this facility impact the current health and wellness programming in individuals, families and community?</p> <p>Will this increase traffic affect individuals, families and the community?</p> <p>If so, how will the community infrastructure (roads, water, etc.) be affected?</p>
Medium term	<p>How will this cannabis partnership positively and negatively affect all individuals, families and community members?</p> <p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>How will this facility affect the funding opportunities for health and wellness programming in the community?</p>
Long term	<p>How will this cannabis partnership positively and negatively affect all community members?</p> <p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>Will the organization invest in community wellness?</p>
Seven generations	<p>How will this cannabis partnership positively and negatively affect all community members?</p> <p>How will the cannabis partnership ensure communal benefits over individual gain?</p> <p>Will having a cannabis partnership normalize cannabis use for youth now and in future generations?</p> <p>How does cannabis alter the community’s story of identity?</p>

Table 7.2 - Population Specific Effects

In this layer: Gender – women, mothers and grandmothers; gender – men, fathers, and grandfathers; adults; youth; infants and children; individuals transitioning away from reserve; northern communities; remote and isolated communities; families and communities; two-spirit people & LGBTQ; seniors; community workers; health care providers.

"Who are the populations being served or thought of in your strategic planning, policy development or program design? The FNMWC framework is meant to address mental wellness for the full life span, across unique populations, and specific to geographic environments." [2]

Short term	<p>Consider: what skills are needed, what training is needed for whom and how will the skills and training be financially supported?</p> <p>How will this affect people in different stages of life?</p> <ul style="list-style-type: none"> • Pre-natal, toddlers, youth, adults, Elders? <p>How will this affect individuals in transition & away from the reserve?</p> <p>Will the cannabis partnership hire those who are from the community?</p> <p>How can this process use land-based activities to support cannabis related decision-making and education across the different life stages?</p> <p>Will there be disproportionate effects on males, females, non-binary people?</p> <p>Will this affect our two-spirit people & LGBTQ population?</p>
Medium term	<p>Will this affect the transition through life stages?</p> <p>How will this decision affect community workers?</p>
Long term	<p>Long-term reproductive health of males?</p> <p>Long-term reproductive health of females?</p> <p><i>(Note: short- and long-term exposure to pesticides/chemicals should be considered as well.)</i></p>
Seven generations	<p>Long-term reproductive health of males?</p> <p>Long-term reproductive health of females?</p> <p><i>(Note: short- and long-term exposure to pesticides/chemicals should be considered as well.)</i></p>

Table 7.3 - Effects on Specific Population Needs

In this layer: Intergenerational impacts of colonization and assimilation, people with unique needs, crisis, individuals with acute mental health concerns, individuals with co-occurring mental health and addiction issues, individuals with communicable and chronic diseases, individuals with process addictions, and people involved with care systems and institutional systems.

“What are the specific needs of this population? Are there specific needs of this population that you have not considered? Have you considered the different factors influencing mental wellness for this population, for example, people with chronic health needs and how these needs are linked to addiction or mental health needs?” [2]

Short term	<p>What are the specific needs of your First Nation community?</p> <p>Are there specific needs of the community that you have not considered?</p> <p>What are the environmental impacts for your community?</p> <p>Have you considered the different factors influencing mental wellness for your community, for example, people with chronic health needs?</p> <p>How are these needs linked with addiction or mental health needs?</p> <p>Are there Opioid Agonist Therapy (OAT) programs in your community that would be affected (positively or negatively) by a cannabis partnership within the First Nation?</p> <p>What are the worldviews/concerns of your community about substances within the community?</p> <p>How are allergies considered?</p>
Medium term	<p>How will the community consider cannabis partnerships in crisis and emergency planning?</p> <p>Will this increase surveillance from child protection services? (CAS or other relevant Indigenous child protection agencies.) How does the new legislation regarding First Nations childcare factor into these decisions?</p> <p>Will this cannabis partnership affect child apprehension rates?</p> <p>Will this cannabis partnership affect incarceration rates?</p> <p>How do we support those who have been involved with child protection services or the justice system?</p>
Long term	<p>Will cannabis self-medication increase?</p> <p>Will the cannabis partnership help support mental health and addictions education?</p> <p>Will we start to see an increase or decrease in chronic disease?</p>
Seven generations	<p>Will this partnership normalize cannabis use in future generations?</p> <p>Will we start to see an increase or decrease in chronic disease?</p> <p>Will other partnerships arise based on the decisions made around this potential cannabis partnership?</p> <p>Will other partnerships decrease based on the decisions made around this potential cannabis partnership?</p>

Table 7.4 - Effects on the Continuum of Essential Services

In this layer: crisis response; Early Identification and intervention; health promotion, prevention, community development and education; support and aftercare; trauma-informed treatment; detox; and coordination of care and care planning.

"What essential services will address the specific needs of the population within their identifying and geographic context?" ^[2]

Short term	<p>Will this potential cannabis partnership provide the opportunity to enhance or challenge current and future services provided to community members?</p> <p>How will mental health and addictions workers be supported within the community?</p> <p>How will all agencies in the community be involved in discussions including; Elders, youth, teachers, health workers, parents, leadership, social services, First Nations Tribal Police, RCMP, etc.</p>
Medium term	<p>Will outside health care providers refuse to enter the community if a partnership is established?</p> <p>What changes to the crisis and emergency response plans will need to be made?</p> <p>How will the partner contribute to the health education of the community?</p>
Long term	<p>What are the long-term effects if your community supports cannabis use, growth and/or distribution?</p> <p>What are the long-term effects if your community does not support cannabis use, growth and/or distribution?</p>
Seven generations	<p>How will ongoing education be provided to the community in regards to cannabis harm reduction, cannabis normalization and community development?</p>

Table 7.5 - Effects on Supporting Elements

In this layer: workforce development, education, research, governance, performance measurement, self-determination, change management, and risk management.

"What are the gaps that currently exist or the key things that need to be in place to support the needs of this population, in the essential service? What infrastructure will ensure the essential services can operate in a way that contributes towards improved mental wellness outcomes?" [2]

Short term	<p>What are the gaps that currently exist or the key things that need to be in place to support the needs of the community, in the essential service?</p> <p>What is your community currently doing to strongly support the continuum of essential services?</p> <p>What infrastructure will ensure the essential services can operate in a way that contributes towards improved mental wellness outcomes?</p>
Medium term	<p>Will the partner provide job training opportunities to those in the community?</p> <p>If this partnership exists, will researchers ask to partner with the community as well?</p>
Long term	<p>Will this affect elementary or secondary school graduation rates?</p> <p>How will risk management plans be updated?</p> <p>What does this say to other First Nation communities and other non-First Nation communities about your First Nation community's leadership?</p>
Seven generations	<p>How will this cannabis partnership affect workforce diversity?</p> <p>How will change management plans be incorporated within the community?</p>

Table 7.6 - Effects on Current and Future Partnerships

In this layer: communities, private industry, non-governmental organizations, provincial and territorial government, federal government, regional entities, and Nations.

"Who are your partners now? Who are the partners that need be engaged, across government jurisdictions and private industry?" ^[2]

Short term	<p>Who are your partners now? Is there potential for them to withdraw their support after a cannabis partnership is formed?</p> <p>Who are the partners that need to be engaged, across government jurisdictions and private industry to ensure collaboration?</p> <p>What are the communities, especially other nearby First Nation communities, doing with regards to cannabis?</p> <p>What are the First Nations close by / in the same treaty area doing with regards to cannabis?</p> <p>Which other communities are also working towards a partnership?</p> <p>Who can you engage across the Indigenous social determinants of health to pool your resources toward common goals?</p>
Medium term	How will this affect current and future partnerships?
Long term	How will this affect current and future partnerships?
Seven generations	<p>How will this affect future partnerships? (First Nations Partnerships within the Treaty Territory, other Indigenous Nations, and non-Native partnerships such as the municipality, province or country.)</p> <p>Is there any alteration of the land base (in size or jurisdiction)?</p> <p>Who is responsible for ensuring that the cannabis partnership is complying with and keeping up-to-date with band bylaws, municipal laws, provincial laws, and federal laws?</p> <p>Will there be an increase in other local cannabis partnerships due to this partnership?</p>

Table 7.7 - Effects on the Indigenous Social Determinants of Health

In this layer: employment, economic development, land and resources, urban and rural, language, heritage and culture, education and lifelong learning, justice, social services, environmental stewardship, housing, and health care.

“Who are the other sectors also working towards or having a mandate for mental wellness? What other services have a role to play across the Indigenous social determinants of health? Who can you engage across the Indigenous social determinants of health to pool your resources toward common goals?” ^[2]

Short term	<p>Will the cannabis partner provide job readiness training for community members to join the company?</p> <p>What will community startup costs be?</p> <p>How will the increased traffic affect the hard and soft infrastructure?</p> <p>How will the facility help offset the costs of infrastructure repairs?</p> <p>Is there housing for the new workers?</p> <p>How can the partner help enhance the current housing in your community?</p> <p>Will there be immediate environmental impacts?</p> <p>Think about your geographical location. Are there any challenges you can see?</p> <p>Has the local law enforcement system been considered?</p> <p>Will there be a need for increased law enforcement?</p> <p>Will this partnership increase the community’s surveillance by child protective services?</p> <p>How will on-reserve and off-reserve police collaborate with one another?</p>
Medium term	<p>Who will pay for the environmental impact assessment?</p> <p>Will there be a workforce agreement? (Eg. 75% of the workers will be Indigenous.)</p> <p>How will the facility help offset the costs of infrastructure repairs?</p> <p>How will law enforcement receive ongoing training?</p> <p>Will having a cannabis partnership within the First Nation increase child apprehensions due to cannabis use interfering with parenting?</p>
Long term	<p>Who will pay for the ongoing environmental impact assessment?</p> <p>Has having a cannabis partnership within the First Nation increased child apprehensions?</p>
Seven generations	<p>Who is responsible for cleaning up the facility and land after the company leaves?</p> <p>How will the chemicals used in the facility affect us in seven generations?</p> <p>How will the organization/company/facility ensure water safety?</p> <p>How will the organization/company/facility ensure they do not contaminate the soil?</p> <p>Will there be pension plan options available? RRSP contribution?</p>

Table 7.8 - Effects on Key Themes of Mental Wellness

In this layer: culture as foundation community development, ownership and capacity building; quality care system and competent service delivery; collaboration with partners; and enhanced flexible funding.

"What is the key theme that your initiative is addressing or should address? What are some examples where these themes have been addressed and should be shared more broadly?" [2]

Short term	<p>Who in your community will offer teachings about the cannabis plant?</p> <p>How will the identified person/people be honoured?</p> <p>Will the spirit of the plant be respected throughout the process?</p> <p>How can this potential partnership enhance community development?</p> <p>How can this potential partnership interfere with community development?</p> <p>Will increased number of workers mean increased need for health services?</p> <p>How can this potential partnership affect other partnerships?</p> <p>Does this partnership have the potential to affect funding agreements?</p> <p>How can this potential partnership help fund community-based initiatives?</p>
Medium term	<p>How can this partnership enhance capacity in other areas in the community, such as employment?</p>
Long term	<p>How do you ensure that this partnership does not cause further marginalization of cultural practices?</p>
Seven generations	<p>How is the traditional knowledge about plant medicine accessed, distributed, protected and respected?</p>

6.2 REFERENCES FOR THIS SECTION

1) Thunderbird Partnership Foundation. (2019). National Cannabis Dialogue Report 2019.

2) Thunderbird Partnership Foundation. (2015). First Nations Mental Wellness Continuum framework – Copyright ©, Her Majesty the Queen in Right of Canada, as represented by the Minister of Health.

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