Red River Métis Health Knowledge Authority

Unpacking Cannabis and Mental Health among Red River Métis in Manitoba

Winnipeg, Manitoba, Canada 2023

Manitoba Métis Federation

Health & Wellness Department

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A Message from the Minister of Health & Wellness

FOREWORD FROM MINISTER FRANCES CHARTRAND

It is with immense gratitude and a deep sense of purpose that I address the resilient and vibrant Red River Métis Citizens, our esteemed staff, and our invaluable funders through these words.

The idea of distinctions-based healthcare is crucial to the Manitoba Métis Federation. It recognizes the history and culture of Indigenous peoples, including Red River Métis Citizens, and acknowledges systemic inequalities. The MMF is dedicated to providing culturally sensitive and respectful healthcare through distinctions-based healthcare. We aim to nurture a healthier and prosperous future for our Community and create relevant programs and support for our Citizens.

Our Red River Métis Citizens have shown time and again their commitment to the betterment of our Community's health and well-being. Your voices, stories, experiences, and active participation in our research are the foundation upon which we build a future of improved health outcomes and holistic well-being.

To the remarkable staff from the Health and Wellness Department who facilitate research and program development for our Citizens I extend my deepest thanks. It is through your efforts that we have been able to gather meaningful data, provide a safe space for dialogue, and offer a platform for the voices of our Red River Métis Citizens to be heard.

No endeavor of this magnitude can be achieved without the support of those who believe in our vision. To our esteemed funders, your belief in our mission has enabled us to take strides toward implementing distinctions-based healthcare that not only acknowledges the unique needs of our Community but also paves the way for equitable and accessible services.

In closing, I want to reiterate my deepest gratitude to each and every one of you. Your participation, dedication, and support have transformed research from a mere endeavor into a beacon of hope and progress.

With heartfelt appreciation,

Minister Frances Chartrand

Acknowledgements

The Manitoba Métis Federation–Health & Wellness Department wishes to thank the following individuals and organizations for their role in the production of this report: President and Board of Directors (Manitoba Métis Federation) for their ongoing support; Mental Health Commission of Canada for funding this project; and the Research Participants for sharing their stories.

Disclosure

The results and conclusions in this report are those of the authors and no official endorsement by the University of Manitoba or other parties is intended or should be inferred. For the purposes of this particular study, approvals were obtained from the Manitoba Métis Federation to work with Métis in various regions and the Faculty of Medicine's Research Ethics Board at the University of Manitoba for approval of the research design and activities.

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Abbreviations

CBPR: Community Based Participatory Research

CCDAP: Collective Consensual Data Analytics Process

HWD: Health & Wellness Department

KT: Knowledge Translation

MMF: Manitoba Métis Federation

UNDRIP: United Nations Declaration on the Rights of Indigenous Peoples

SGRIA: Self-Government Recognition and Implementation Agreement

Executive Summary

Currently, there is limited information regarding cannabis use among Red River Métis in Canada. Given their differing lived experiences compared to other Canadians, it is important to identify how these differences can affect outcomes relating to substance use and mental health. The motivation for this study arises from the absence of information regarding cannabis use and its impact on mental health among Red River Métis in Manitoba while also examining post-legalization attitudes. It is the intent of the MMF-HWD that project outcomes can help direct culturally informed policy and program developments of the MMF for Red River Métis Citizens.

Employing CBPR, the impact of legalized recreational cannabis on the mental health of Red River Métis Citizens was investigated. Data was collected through hybrid in-person and virtual focus groups due to COVID-19 precautions. About 100 participants, primarily females aged 16-70+, engaged in 9 moderated sessions. Through Zoom polling, demographic details were obtained, followed by guided discussions on cannabis perceptions and experiences.

COVID-19 constraints led to the virtual conduct of CCDAP. Analysis revealed 26 sub-themes and 8 overarching themes: Legalization, Youth, Community, Positives/Negatives of Cannabis Use, Mental Health Supports, Cannabis Education, and Recommendations, which are explored in section 4. While opinions varied, many viewed recreational cannabis as harmless, expressing curiosity about its potential benefits. Concerns that did emerge centered on youth impact, public information gaps, and the need for cannabis related mental health research.

Participants sought culturally appropriate research on cannabis as a medical solution, emphasizing its integration with traditional practices. Findings corroborate Western literature, showcasing cannabis benefits when used appropriately. Furthermore, this study identified that Red River Métis Citizens generally hold positive attitudes toward recreational and medicinal use of cannabis, juxtaposed with a concern about the impact legalization had on youth cannabis use. It also highlights the absence of mental health services for Citizens, particularly in rural areas, the significant role of traditional medicines in well-being, and a holistic perspective on health and wellness.

Section 1: Introduction

1.1: Project Context

Given that there is little distinction-based Indigenous research, as most Indigenous research uses a pan-Indigenous approach, this project seeks to gain information specific to Red River Métis. This project will focus on how the legalization of cannabis has affected perceptions of cannabis use and whether cannabis has a positive or negative impact on the mental health of Red River Métis Citizens. The findings of this study will be used to educate policy decisions, and guide future research to benefit the mental health and wellness of Red River Métis Citizens.

1.2: The Red River Métis

The Red River Métis have a distinct identity and share a common history, entirely unique, in the great western plains centered in the Red River Valley of West Central North America. It is the Indigenous collective - made up of Citizens and individuals entitled to be Citizens - located within Manitoba and elsewhere inside and outside of Canada. In this regard, it transcends the common meaning of on-site specific “brick and mortar” community such as a village or a settlement. The Red River Métis are comprised of a common identity, culture, and history and, among other things, interconnected political, social, entrepreneurial, economic, and kinship networks.

In 1869, the National Committee of the Red River Métis, led by President John Bruce and Secretary Louis Riel, rightly asserted Métis People’s jurisdiction and authority over the whole of the Métis Homeland in what was then commonly referred to as the North-West Territory. Through negotiations with Canadian representatives, the Territory entered Canada. In 1870, the Red River Métis became the Founder of the province of Manitoba and Canada’s negotiating partner in Confederation.

After governing the province peacefully, the Métis People faced a Reign of Terror resulting in many being widely dispersed across the Homeland, mainly westward and northward in search of peace and security. To this day, the Red River Métis bear the consequences of the broken promise of the Manitoba Act, 1870, the Reign of Terror, and the dispersal as well as the Residential and Day Schools, and the Sixties Scoop.

To this day, Red River Métis remain overrepresented in the foster care system and among the unemployed, the incarcerated, and the chronically ill.

Figure 1.2.1. Homeland of the Métis Nation

1.3: The Manitoba Métis Federation

Decades after the Reign of Terror and the dispersal, The Red River Métis People began to regroup and reorganize with the aim to improve the lives of Red River Métis Citizens historically treated unfairly. Nearly 100 years after the National Committee of the Red River convened to assert jurisdiction, the Red River Métis used the only available avenue for representation and incorporated the MMF as a non-profit in 1967. The MMF governance structure within Manitoba is presented in figure 1.3.1.

In 1981, MMF launched a court case on behalf of the Red River Métis claiming that the federal government had failed to implement the land grant provision set out in section 31 of the Manitoba Act, 1870, as per the honour of the Crown. Thirty-two years later, in 2013, the Supreme Court of Canada determined that the federal government was constitutionally obligated by section 31 to fulfill its promise to the Red River Métis. Responding to this decision, Canada and the MMF signed a memorandum of understanding as well as the November 15, 2016, *Framework Agreement for Advancing Reconciliation to Advance Exploratory Talks on Reconciliation.*

In 2021, Canada and the MMF signed the *Manitoba Métis Self-Government Recognition and Implementation Agreement (SGRIA)* to “recognize, support, and advance the exercise of the Manitoba Métis’[also known as the Red River Métis] right to self-determination, and its inherent right to self-government recognized and affirmed

by section 35 and protected by section 25 of the Constitution Act, 1982, in a manner that is consistent with the United Nations Declaration on the Rights of Indigenous Peoples, through a constructive, forward-looking, and reconciliation-based arrangement that is premised on rights recognition and implementation." This same year, Canada's *United Nations Declaration on the Rights of Indigenous Peoples Act* (UNDRIP; the Act, 2016) received royal assent and came into force. Both the Act and the SGRIA commit Canada to working with the MMF to implement the UN Declaration, to advance reconciliation with Red River Métis, and to advance Red River Métis right to self-government and self-determination.

Today, to be a Citizen of the Manitoba Métis Federation one must:

1. Self-identify as Red River Métis.
2. Show an ancestral connection to the Historic Red River Métis Community; and
3. Be accepted by the contemporary Red River Métis Community.

Further, the Canadian endorsement of the UN Declaration on the Rights of Indigenous Peoples serves as a significant step that highlights Indigenous people's entitlement to self-determination, culture, and health. This declaration stresses the importance of their participation in health decisions. Despite these advancements, Canada's fragmented health care system has historically yielded inconsistent services for Red River Métis, a situation further exacerbated by a lack of distinction-based health legislation. To bridge this gap and honour Indigenous rights, a dedicated focus on creating distinctions-based health legislation to support Red River Métis health is crucial. These historical reasons result in the creation and persistence of the MMF-HWD.

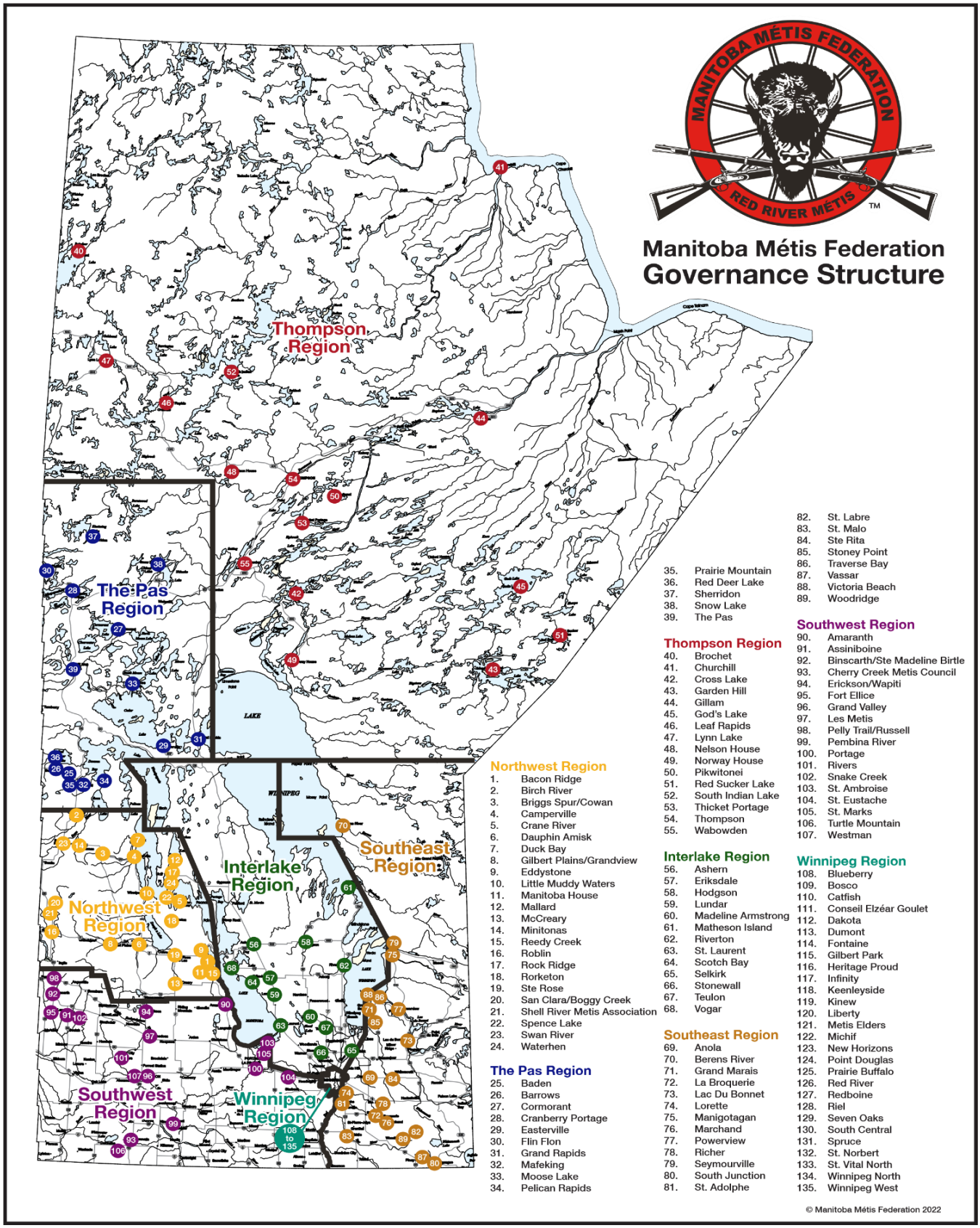

Figure 1.3.1. MMF governance structure within Manitoba, 2022

1.4: The Manitoba Métis Federation – Health & Wellness Department

In 2005, after deliberation on the historical poor health of Red River Métis, the MMF established the Health and Wellness Department (HWD). Today, the HWD continues the fight to improve the overall health and wellness of its Citizens. The organization is committed to developing and using culturally grounded, distinctions-based, holistic knowledge. This commitment aims to enhance the quality of life and wellbeing of Red River Métis through prevention, health service delivery, research, and innovation.

Health Research: Established in 2005, this team conducts qualitative research to grasp the viewpoints and encounters of Red River Métis Citizens. The aim is to generate culturally appropriate and safe Métis-specific health insights by gathering lived experiences through consultations, group discussions, and individual interviews.

Clinical Services: This comprises of nurses, registered foot care nurses, registered dietitians and support staff that serve Red River Métis Citizens of Manitoba by implementing strategies developed by the health research and policy and health information team to improve their health.

Policy & Health Information: This was created in January 2022 to develop Red River Métis-specific information to support policies, programs, and services for Citizens.

Community Programming: Formed in 2022, they empower the MMF-HWD to tackle citizens' health requirements via diverse programs. Through community engagement and attentive listening, they customize health initiatives to ensure relevance, accessibility, and a positive impact on the overall well-being of all citizens.

All these areas are overseen by the leadership & management team, consisting of Director, Olena Kloss, and Minister Frances Chartrand. The MMF-HWD’s commitment to collaboration with Red River Métis Communities has led us to grow, acquire knowledge, and discover innovative ways to support the health of Red River Métis people.

1.5: Goal and Objectives of this Project

The main goal of this project was to understand the perceptions of legalized cannabis and its relation to mental health outcomes among Red River Métis in Manitoba.

The specific objectives of this study were to:

1. Describe the use of cannabis and the mental health of Red River Métis Citizens through informant interviews and focus groups.
2. Determine changes that may have occurred with the Red River Métis population since the legalization of cannabis for recreational use.
3. Employ Knowledge Translation/Mobilization strategies to inform policy development, consistent with UNDRIP Article 21, that addresses cannabis use and mental disorders among Red River Métis in Manitoba.

1.6: Overview of Sections

Section 1 introduces the overall goals of the project and provides the reader with context about the history of Métis Nation, the MMF, why the MMF-HWD exists, and why its research is needed.

Section 2 highlights a brief literature review to familiarize the reader with current information regarding the relationship between mental health and cannabis use, and a background on the methodology and methods applied.

Section 3 outlines the methodologies and design of CBPR while giving context to the methods used such as focus groups and CCDAP.

Section 4 presents the findings of the study and explains each theme found through CCDAP in detail.

Section 5 summarizes the findings into a key findings section and provides further commentary and discussion on their interpretation, context, and comparison to current literature.

Section 6 concludes the report and makes recommendations for future work.

Section 2: Background

2.1: Background and Previous Knowledge

In 2001, legislation was passed that legalized the use of cannabis for medical purposes. This decision was educated by the multiple well researched beneficial health effects of cannabis including relief of migraine and nausea, and symptom moderation for autoimmune diseases such as multiple sclerosis and fibromyalgia. Furthermore, the important role that cannabis has had in improving life quality for people who are palliative is also well documented. In 2018 cannabis was legalized for recreational use sparking a new interest in the positive and negative effects of its non-medical usage.

In addition to the reported positive impacts of cannabis use, there exists ample evidence indicating numerous negative effects, particularly in relation to brain function. Inappropriate use of cannabis affects areas of the brain responsible for memory, learning, attention span, decision making, coordination, emotions, and reaction time (Volkow et al., 2014). It has also been reported that cannabis negatively influences educational outcomes in youth (Fergusson, Horwood, & Beautrais, 2003), leads to an increased risk of depression (Chadwick, Miller & Hurd, 2013), psychosis (Fergusson, Horwood, & Ridder, 2005) or schizophrenia (Volkow et al., 2014). These effects are of concern in youth, whose brain maturation has not reached its peak (Lubman, Cheetham, & Yücel, 2015).

In regard to general population statistics, Canadian studies have shown that the most common age to try cannabis is 16 and nearly 70% of youth have tried it by age 18 (Liquor Gaming Authority of Manitoba, 2017). One in five Grade 7-12 students have used cannabis/hashish to get high (Healthy Child Manitoba, 2017). One-tenth of users will become addicted (Volkow et al., 2014); for those who begin using it before age 18, the rate increases to one in six (Centers for Disease Control, 2018). This statistic increases for those who start using cannabis at an early age, and those who use cannabis frequently. In Manitoba, a 2017 study found that 34% of Manitobans used cannabis four times a week or more (Liquor Gaming Authority of Manitoba, 2017); 5.4% of Manitobans use cannabis daily compared to 1.8% of Canadians. The study also reported that males and younger age groups were more likely to consume

cannabis and 43.5% of cannabis/alcohol users were mixing their use at least occasionally (Liquor Gaming Authority of Manitoba, 2017).

A British Columbia study that focused on Indigenous population revealed that 48% of Métis youth in that province have experimented with cannabis. Of these, 23% had used cannabis six or more times in the previous month (Tourand et al., 2016). There is no information available regarding the use of cannabis in the Manitoba Métis population, or of its effects on mental health.

2.1.1: Métis Specific Population Statistics

In 2006, there were 71,805 Métis in Manitoba, 18% of all Métis in Canada. Of those Métis, only 4% were 65+ years of age (Statistics Canada, 2008). In 2010, 9.1% of Métis in Manitoba were 65+ years of age (Martens, Bartlett et al, 2010). This study examines experiences of registered Red River Métis across the province.

Mental disorders account for approximately one-third of the world's disability, resulting in personal suffering and significant socioeconomic costs globally (Canadian Mental Health Association, 2019). The Aboriginal Peoples Survey reports that most Métis live with at least two or more chronic diseases. This same finding is supported by in-house chronic disease surveillance studies that have documented differences in morbidity, health services use, and other factors between Métis and all other Manitobans across different levels of geography (provincial, aggregate areas, health authorities, and Winnipeg community areas (Bartlett et al., 2012; Martens, Bartlett et al., 2010; Sanguins et al., 2013). Previous studies conducted by the MMF have demonstrated significantly higher rates of mental disorders in Métis Citizens when compared to other Manitobans. Findings from the "Depression and/or Anxiety Disorders and Related Health Care Utilization in the Manitoba Métis" study (Sanguins et al., 2013), showed that Métis Citizens had a higher prevalence of depression (22.0% vs. 20.3%), anxiety disorders (9.3% vs. 8.0%), depression and/or anxiety disorders (24.4% vs. 22.6%), and substance abuse (13.8% vs. 10.5%) compared to all other Manitobans. In addition, Red River Métis men and women had a higher crude depression and/or anxiety disorders prevalence compared to all other Manitoban men and women, respectively. In every income quintile for both urban and rural Red River Métis Citizens there was a

higher prevalence of depression and anxiety disorders in contrast to all urban and rural Manitobans.

2.2: CBPR

The background of the Red River Métis population in Manitoba, with their heightened prevalence of mental health disorders compared to the general population has necessitated research guided by a commitment to culturally sensitive methodologies. Community-based participatory research (CBPR) is one such method and has emerged as an avenue for addressing disparities in the social, structural, and environmental spheres. CBPR engages community members, representatives from various organizations, and researchers at every stage of the research process to counteract these inequalities. Collaborative partners bring their unique expertise to not only enhance comprehension of specific phenomena but also to fuse the newly acquired knowledge with actionable measures for the betterment of the community under study (Israel 1998). These acknowledgements provide the catalyst for a CBPR approach, specific to the Red River Métis that respects the distinct strengths that all active participants bring.

Furthermore, the significance of CBPR extends beyond conventional research paradigms. An advantage of CBPR lies in its capacity to drive social transformation, foster trust-based relationships, enhance partners' quality of life, and amplify their voices (Israel 2005). With a cooperative emphasis, CBPR unites community members and researchers in a shared endeavor, where their contributions are valued equally. Through the process of mutual engagement, CBPR seeks to create long-term change which harmonizes efforts, uplifts communities, and empowers individuals.

In conclusion, a CBPR approach stands as a dynamic methodology that not only addresses the health disparities for disadvantaged groups, but also fosters collaborative partnerships and equitable contributions. Its emphasis on shared goals, collective expertise, and transformative potential make it a powerful tool in advancing public health research of Red River Métis, while respecting Métis systems of knowing.

2.3: Focus Groups

Focus groups and group interviews are a prominent and versatile technique for collecting qualitative data, and finding application across various academic, practical, and sociological research domains (Morgan, 1996). These approaches have not only gained recognition as standalone methods but also found their place in conjunction with surveys and other research methodologies, especially individual, in-depth interviews. In comparing focus groups with surveys and one-on-one interviews, the distinct advantages of group interviews become apparent, particularly in terms of the group's impact on generating interaction. The true power of a focus group lies in their capacity to uncover the underlying factors driving intricate actions and complex motivations, thereby providing a unique lens for comprehending the rationale behind behaviors (Morgan & Krueger, 1993).

Further, the hallmark of focus groups, often referred to as "the group effect," contributes significantly to their strength. Within focus groups, participants engage in reciprocal questioning and self-explanation, creating a dynamic that transcends the sum of individual interviews. This setting facilitates the observation of both consensus and diversity among participants, setting focus groups apart as an avenue for capturing a broad range of perspectives. This inherent interaction allows researchers to directly solicit participant comparisons and experiences, a feat not easily attainable through aggregating individual data for speculative differences (Morgan & Krueger, 1993).

In essence, focus groups stand as a powerful tool not only for exploring complex behaviors and motivations but also for promoting a depth of interaction that enriches the research process. Their capacity to foster collective insights and diverse viewpoints highlights their significance in qualitative data collection as they allow for the mutual engagement, and distinct voices of the Red River Métis to be heard through a culturally sensitive lens, further signifying their importance within the context of CBPR.

2.4: CCDAP

The Collective Consensual Data Analytic Procedure (CCDAP) is a method of conducting CBPR and is particularly significant as an Indigenous-led framework aimed at decolonizing qualitative analysis (Barlett, 2007). The aim of CCDAP is to capture the

participants' "lived or living experiences" through open-ended questions, which are recorded verbatim. The procedure involves four main stages: data collection, data reduction, data presentation, and the data verification. This methodology has demonstrated its effectiveness in research contexts and has garnered success through a decade-long collaboration with Aboriginal organizations across Canada.

The CCDAP process begins with data collection via interviews, sharing circles, or focus groups utilizing a phenomenological approach. Participants are asked open ended questions during focus groups and interviews. This method of collection holds particular significance in Indigenous community-based research, as it guarantees that participants and community leaders engage in culturally appropriate information sharing (Kovach, 2010).

Following the data collection, the interviews, sharing circles, or focus groups are transcribed with the objective of categorizing essential phrases or words from these interactions into multiple columns. A diverse panel of experts, community members, participants, Elders, and researchers is gathered who engage in discussions to allocate key phrases or words to distinct columns, guided by their similarity. This process results in clustered data grouped into columns, facilitating the identification of patterns and themes by the panel.

The interviewees' quotes are, then, transformed into data codes, each representing an individual idea, theme, subject, or experience. These data codes are transferred onto cue cards, to be used in the subsequent data display stage of the analysis. A set of placeholder header cards are positioned horizontally at the top of a wall, and each cue cards is read aloud and discussed to determine contextual similarity. Cards with similar context are placed in the same column while those with differences are placed in separate columns. This process continues until all cards are categorized.

In the final step, known as the data verification step, the cards in each column are read aloud again, and the panel reaches a consensus on the overarching theme of that column. A card with an agreed-upon theme is used a header card for each respective column. It is important to note that the theme is considered "most accepted" rather

than "unanimously accepted," as consensus is sought rather than complete agreement on each theme.

CCDAP, as a method of conducting CPBR, involves the Red River Métis Community directly, and gives access to their unfiltered voices which allow us to better understand their lived experiences in a process of consensual collaboration.

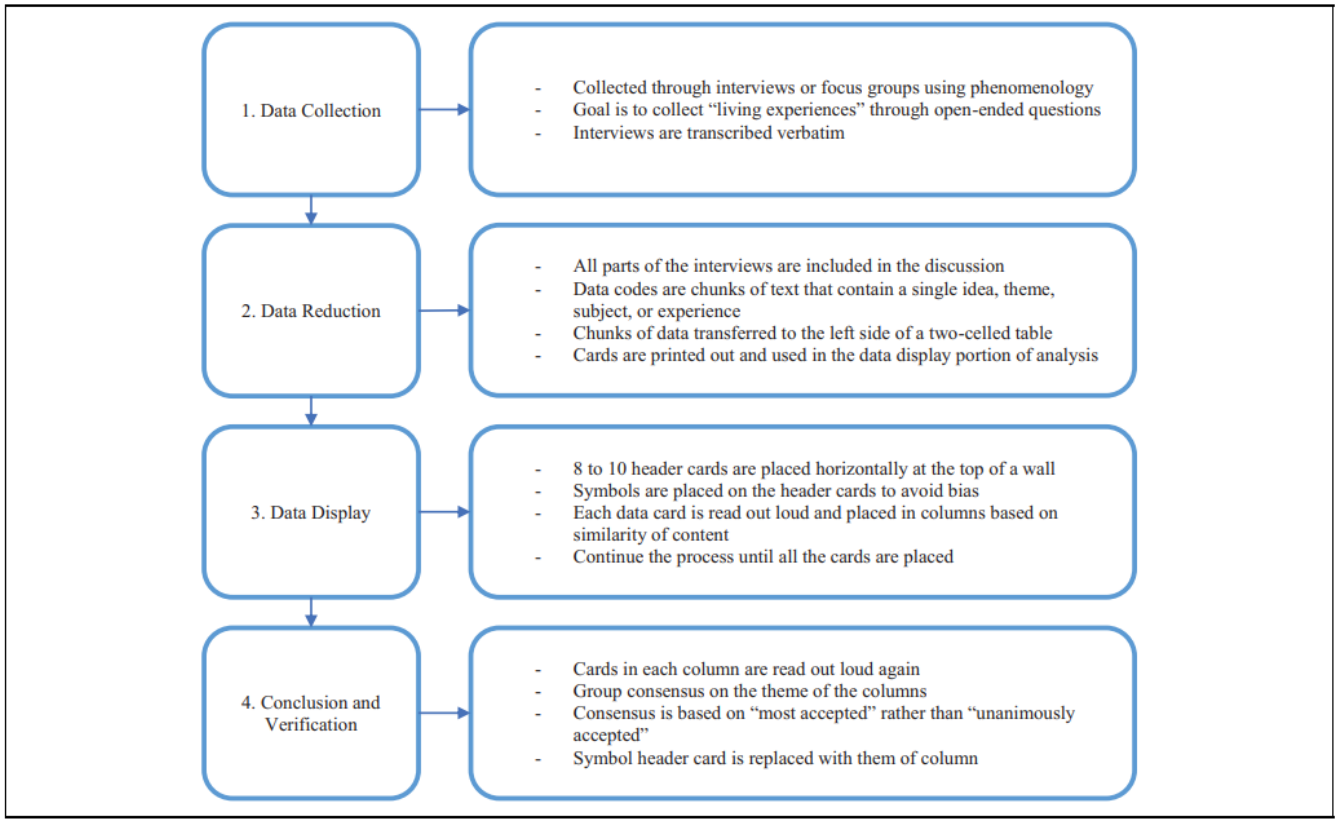

Figure 2.4: The CCDAP process (Starblanket et al. 2019)

2.5: Knowledge Translation

Knowledge Translation (KT) is an important aspect of community-based research. KT means using *what we know* from research to influence *what gets done* in health/social programs/services to improve health. Its goal is to focus on the interactions between the research team and participants. This use is accomplished by generating and mobilizing research findings into a structured knowledge-sharing platform, ensuring appropriate engagement amongst researchers, policy developers, program deliverers, and communities of interest.

Knowledge dissemination enables translation of evidence into policy and practice and places emphasis on “action”. These integrated KT dissemination strategies have also been supplemented presentations at the *Mental Health Commission of Canada Indigenous-Led Research: Experiences of Cannabis and Mental Health on* February 9, 2022, and at the *Deconstructing Normal. Canadian Mental Health Virtual Conference* on October 23, 2021. The application of KT is synonymous with the efforts of this research to conduct CBPR, focus groups, and CCDAP such that Métis ways of knowing are respected and the disparities in the social and political life of the Red River Métis are accounted for to improve the quality of research outcomes.

Section 3: Methods & Methodology

3.1: Methodology

In keeping with the principles of CBPR and KT, this qualitative research was conducted in collaboration with members of the Red River Métis Community who assisted in every project phase. Community members on the research team reviewed the preliminary report and assisted in dissemination of report results in the Community. The principles that guide CBPR, CCDAP, and KT were chosen, as often tense relationships between researchers and community need to be nullified through the provision of an ethical space in which to negotiate how knowledge can be used to best serve the Red River Métis Community.

This study employed a targeted approach by focusing on the English-speaking Red River Métis population in Manitoba. The decision to focus on English-speaking participants was selected by their predominant presence within Citizenship. The established research practices, including KT/Mobilization activities, were conducted in English. Despite concentrating on a single linguistic community, we aim to test the methods of this study before considering broader translation efforts.

Qualitative focus groups were used to collect information following the processes of CBPR and CCDAP. Group meetings were organized using a hybrid model of in-person and online formats. The hybrid model was chosen as the result of constraints on data gathering due to COVID-19. This approach was an advantageous method of collection

due to many Red River Métis Citizens in Manitoba residing in rural communities that are geographically isolated from one another. Red River Métis from across Manitoba were invited to take part in the focus groups by electronic recruitment on Facebook, e-mail, and through the MMF's Community channels. Invitations were distributed to reach as many Citizens as possible with the hope of recruiting a diverse sample with respect to age, gender, rurality, and other defining characteristics representative of the Red River Métis Community in Manitoba. Regular reminders were sent out to participants in the weeks leading up to the focus groups. Accommodations to promote attendance were made by MMF staff to ensure maximum turnout. This accommodation included arranging transportation to MMF's home office in Winnipeg for Citizens without internet access and from neighbouring communities. MMF set up an interactive web feed so these Citizens could engage in different focus groups. Similar accommodations were made for Citizens in MMF's Northwest Region at the Dauphin Regional office. Approximately 100 Red River Métis responded to the open invitation to attend the summit. Of those attending, all participated in the focus group sessions with 85 of the participants choosing to answer demographic questions and 91 responding to questions about personal cannabis use.

The MMF acknowledges and honors individuals of all genders and non-binary individuals, ensuring comprehensive representation in research, engagement, and public initiatives. This project incorporated gender-sensitive indicators in data-related materials and analyzed the data based on reported gender status, facilitating a holistic understanding that encompasses the narratives and experiences of all genders and non-binary individuals. This inclusive approach aligns with MMF's commitment to diverse and equitable representation.

3.2: Methods

3.2.1: Focus Groups

In total, nine focus groups were moderated by MMF staff. Focus groups began with basic demographic questions including age, gender, and prior use of recreational cannabis. The responses were collected using the polling feature on Zoom. Following this, focus group moderators guided their respective sessions by asking Red River

Métis participants a series of pre-established questions about their experiences with and perceptions of legalized cannabis. These open-ended questions were then transcribed to be analyzed during the data reduction phase of CCDAP.

3.2.2: CCDAP

The application of CCDAP followed directly from the data collection phase incorporating focus groups. The project coordinator synthesized coded narratives from content categories and identified key ideas and phrases from the data collection phase. Due to the constraints of the COVID-19 pandemic, analysis was carried out virtually through Microsoft Teams.

The key ideas and phrases were displayed on electronic “cards”. The entire research team met virtually in a facilitated, interactive analysis session, and worked collectively to cluster the cards under random symbols located on a shared screen. This classification technique helped to minimize bias in interpretive themes because the research team members, throughout the collective process, actively discussed and debated the ideal location and grouping of the key ideas and phrases. Once all the cards were placed, the clusters were given broader theme labels according to the information they provided.

Twenty-six subordinate themes (sub-themes) concerning cannabis use and mental health resulted from the focus group data collection with Red River Métis Citizens. At least two separate comments or mentions of a similar topic during the focus group were required to establish a theme. The resulting themes were then abstracted to reflect larger, overarching themes that emerged from the participants’ comments. Once themes were established, information on what is significant to the Red River Métis Community could be analyzed.

Table 3.2.2 - Themes Identified from Red River Métis Citizen's Key Statements

Overarching Themes	Sub - Themes	# of Key Statements
Legalization	Legalization of Cannabis Use	20
	Perceptions of Cannabis after Legalization	22
	Cannabis Use in Public	6
	Perceived Safety of Legal Cannabis	11
Youth	Use of Cannabis Among Youth	14
	Communication Mediums for Youth	7
Community	Cannabis Accessibility	22
	Perceived Community Impacts of Cannabis	16
	Impact of COVID	5
	Cannabis Use across Age Demographics	21
Positives of Cannabis Use	Reasons for Cannabis Use	68
	Cannabis Use in Holistic Medicine	20
	Cannabis vs. Alcohol	4
Negatives of Cannabis Use	Cannabis use Impacts People Differently	17
	Improper Use of Cannabis	7
	Individual Negatives of Cannabis Use	31
Mental Health Supports/ Programs	Substance Misuse and Mental Health	4
	Informal Support for Mental Health	11
	Available Supports and Programs	22
	Barriers to Accessing Supports and Programs	69
Cannabis Education	Lack of Cannabis Education and Research	28
	Different Forms of Cannabis	5
	Growing Cannabis	6
Recommendations and Supports	MMF Supports	26
	Recommendations	16
	Métis-specific Supports	13

Section 4: Findings

4.1: Study Sample

A summary of the participant demographics is illustrated in Table 4.1. Most participants were female (68 accounting for 80%), and the most common age groups were 16-29 and 50-59, each accounting for 23.5% of the total participants. The participants ranged in age groups from 16-29 years (at the MMF, those aged under 30 are considered youth) to 70+ years.

Table 4.1 - Demographics of Participants

Demographics	Percent (%)	n
Gender/Sex:		
Male	15	13
Female	80	68
Non-binary	3.5	3
Other	1.5	1
Age Range:		
<16	0	0
16-29	23.5	20
30-39	7	6
40-49	15	13
50-59	23.5	20
60-69	21	18
70>	10	8
Used Cannabis:		
Yes	63.7	58
No	36.3	33

4.2: Themes

Each following subsection represents a major theme identified from the analysis of the focus group transcripts through CCDAP. A few notable quotes taken from the participants are included alongside the description of each theme.

Legalization

The first major theme identified was Legalization. This included four sub-themes: legalization of cannabis use, perceptions of cannabis after legalization, public use of cannabis, and perceived safety of legal cannabis. The most common sub-theme was the perception of cannabis after legalization with 22 key statements. It was the view of the participants that legalization had decreased stigma around cannabis use, while disagreements took place on whether cannabis use increased within the Community post-legalization. Overall, participants believed that legalization has had positive impacts on the Community's perception of cannabis use, but has had negative impacts especially related to youth, with legalization used as a justification for its safety.

> *"I think it's positive, because before even if you were using it medically you wanted to hide it."*

> *"Too many people, including kids, think that since it's legal it's OK to partake."*

Youth

The second major theme identified was Youth, which comprised of two sub-themes: use of cannabis by youth and communication channels for reaching youth with cannabis-related information. Through this theme, participants re-expressed concerns for the well-being of young people who regularly use cannabis, citing that youth often consider it harmless due to its legality. Due to the well-established literature regarding the negative effects of cannabis use for youth, it is not surprising that "use of cannabis among youth" was the most discussed sub-theme by the participants with 14 statements.

> *"I think in my Community there is a lot of kids who are underage that are doing it."*

Community

The third major theme was Community. This overarching theme included four sub-themes: cannabis accessibility, perceived impacts of cannabis on communities, impacts of COVID-19, and cannabis use across age demographics. The two most

frequently mentioned themes were accessibility and age demographics. These two themes dominated participant discussions.

Participant comments on “cannabis accessibility” described an increase in access to cannabis from emerging recreational cannabis stores and online suppliers. An increase in access is founded, as cannabis stores in Manitoba outnumber Tim Horton’s restaurants.

> *“It’s easier to access because of all the stores in communities.”*

Despite not being a unanimous concern, the sub-theme “cannabis use across demographics” illustrated that many participants felt that legalization led to an increase in cannabis use across all age ranges throughout the Community.

> *“I think people of all ages are using it more now that it's legal.”*

> *“It’s not just young people, older people use it too.”*

Positives of Cannabis Use

The fourth major theme identified was Positives of Cannabis Use. This included three sub-themes: reasons for cannabis use, cannabis as a holistic medicine, and cannabis versus alcohol as a substance.

Reasons for cannabis use was the most discussed sub-theme overall and resulted in the most identified statements. Participants focused on cannabis’ use as a treatment for physical pain and as a tool for managing stress and anxiety, with several participants claiming that they themselves, or their relatives, have used cannabis to treat chronic conditions when current pharmaceutical treatments and medications have not been effective. Cannabis was also perceived as an alternative to alcohol, with less negative side effects for social situations.

> *“For people in my family who have chronic illnesses it has been so beneficial to allow them to be mobile.”*

> *“In terms of anxiety, my partner does use cannabis and it has helped immensely and being capable of reducing the anxiety.”*

Negatives of Cannabis Use

The fifth major theme identified was Negatives of Cannabis Use, which had three sub-themes: differing impacts of cannabis use on people, improper uses of cannabis, and personal negatives of cannabis use.

The personal negatives of cannabis use as a sub-theme dominated many focus groups with concerns raised about cannabis' effect on the developing brain and the negative side effects experienced by some users. As in previous two themes, the concerns about the effects of cannabis for underage users emerged. While the legal age to purchase and use cannabis was viewed positively, many were skeptical about how effective this regulation would be at distancing cannabis from youth.

> *"For younger people it can lead to problems because their brain is still developing."*

> *"There are deleterious and bad effects of marijuana that shouldn't be overlooked."*

Mental Health Supports/Programs

The sixth major theme identified was Mental Health Supports/Programs, which included four sub-themes: substance misuse and mental health, informal support for mental health, available supports and programs, and barriers to accessing supports and programs.

Barriers to accessing supports and programs was the dominant sub-theme. It was frequently expressed that there were challenges to accessing mental health care, and that there was a lack of culturally appropriate supports for Red River Métis. This lack of access was considered especially concerning for those in northern and remote communities. Several participants mentioned that wait times for mental health professionals were unreasonably long and, in many cases, were wholly unavailable in their Community. Cannabis use was cited as a response to the lack of available help.

> *"There are no cultural supports in my Community that I am aware of."*

“We live in Thompson and have friends that are in communities all through the north and there is nobody that we can go and talk to.”

“A lot of them are using cannabis as a stimulant because they can’t see anyone to get help in the North.”

Cannabis Education

The seventh major theme, Cannabis Education, had three sub-themes: lack of cannabis-related education and research, different forms of cannabis, and growing cannabis for personal use.

Lack of cannabis research and education was the primary concern of participants. Participants specifically stated the need for cannabis information that was scientifically based to procure confidence in cannabis use. Given that cannabis is now a commercial industry, there was worry among participants that marketing strategies may be making unsubstantiated claims about cannabis and CBD products. This made it difficult for participants to trust information related to cannabis use, regardless of whether the information was positive or negative.

“I’m not sure we have a good knowledge base of the evidence.”

“The prevailing narrative was that there were so many health benefits to using marijuana and none of the consequences were really being talked about. None of the negative health effects.”

“Having someone knowledge in that area to help direct them in the right area for their needs.”

Recommendations & Supports

The final theme that emerged was “Recommendations and Supports”. In this theme, an open-ended question was offered to Red River Métis Citizens who provided input on what they would like to see regarding cannabis, mental health, and the MMF’s role in helping Citizens. The primary request was on cannabis’ use as a legitimate medical treatment. Further, it was requested that research be produced from a culturally appropriate methodology and from a Red River Métis specific lens.

Among the participants, many believed cannabis had a role in establishing a holistic view of medicine within Red River Métis culture and were optimistic of its use to reduce or stop the use of other pharmaceutical pain medications. Several participants reported that they, or someone close to them, was able to reduce or stop the use of pain medication for treating a chronic condition through cannabis use.

Section 5: Discussion

5.1: Key Findings

Legalization and Perception Changes:

- Legalization of cannabis decreased stigma around its use.
- Legalization led to concerns about increased cannabis use in the Community, particularly among youth.
- Legalization was sometimes used as a justification for youth to consume cannabis.

Youth and Cannabis:

- Concerns were raised about the prevalence of underage cannabis use in the Community.

Community Impact:

- Accessibility to cannabis increased due to emerging recreational cannabis stores and online suppliers.
- Cannabis use was observed as increasing across various age demographics in the Community.

Positives and Negatives of Cannabis Use:

- Positive impacts of cannabis use included pain management, stress relief, and anxiety reduction.
- Negative impacts of cannabis use were discussed, particularly related to its effects on the developing brain.

Mental Health Supports and Programs:

- Barriers to accessing mental health supports and programs were prominent, especially among northern communities.
- Cannabis use was mentioned as a response to inadequate mental health care resources.

Cannabis Education:

- Participants expressed a lack of reliable and scientifically based cannabis-related education.
- Difficulty in obtaining accurate information about cannabis, including its benefits and drawbacks, was mentioned.

Recommendations and Supports:

- Participants requested community-based education and research on cannabis and mental health through a Métis lens.
- Cannabis was seen as having potential holistic health benefits and as a positive alternative to alcohol.

5.2: Interpretation and Comparison

The findings of this study shed light on the complex interplay between cannabis use, mental health, and the unique context of the Red River Métis Community in Manitoba. The results revealed many perspectives on cannabis use post-legalization, such as acknowledgement of the reduction of stigma, and concerns about increased use across all age demographics in the Community. Notably, the study highlighted the need for accurate and culturally relevant education on cannabis effects.

Given their vulnerability to the potential adverse effects of cannabis, youth emerged as a significant concern in three separate themes. These concerns were rightly identified by Red River Métis Citizens, as medical research has consistently demonstrated that the inappropriate use of cannabis can have detrimental effects on crucial brain functions (Volkow et al., 2014). Furthermore, a body of evidence points to the adverse consequences of cannabis use on educational outcomes among youth (Fergusson,

Horwood, & Beautrais, 2003), an increased vulnerability to depression (Chadwick, Miller & Hurd, 2013), and a heightened risk of psychosis (Fergusson, Horwood, & Ridder, 2005) or even schizophrenia (Volkow et al., 2014).

Participants, also, highlighted the positive aspects of cannabis use, such as pain management and stress reduction. These positive aspects are supported by medical research which has demonstrated the effectiveness of cannabis in alleviating migraines and nausea, while also mitigating symptoms of autoimmune disorders. Further, the use of cannabis as self-medication for mental health concerns was a common comment made by participants. Let it be clear that research has not established whether there are substantial benefits to self-treatment through cannabis, yet anecdotally Red River Métis Citizens believed there was, as several Citizens reported that cannabis use was helpful in alleviating stressors and anxieties associated with daily life.

It appears that some changes have occurred in the perceptions of cannabis post-legalization. Most importantly the perception that youth may justify the use of cannabis through its new legality, and that more persons in general were using. Further, concerns about “cannabis as a business” were brought forth. Some participants claimed that information on cannabis use was now less trustworthy.

The findings of this study align with and contribute to existing literature on cannabis use and mental health outcomes. The concerns raised by participants about youth consumption and the negative impact of cannabis on brain development are consistent with previous research indicating that early and frequent cannabis use can lead to detrimental cognitive and psychological effects. Additionally, the theme of seeking alternative solutions for pain management aligns with existing knowledge regarding cannabis's potential as a holistic medicine.

5.3: Limitations

This research was focused on the province of Manitoba, Canada, where healthcare is predominantly delivered provincially. However, it is important to note that the Red River Métis homeland extends beyond colonial borders, encompassing a broader cultural and geographical context. This provincial focus may limit the generalizability of these

findings to other regions and populations, particularly those with different healthcare structures and cultural contexts.

The COVID-19 pandemic presented significant constraints to this research process. The CCDAP, a methodology integral to Métis-specific research, typically involves in-person interactions and engagement. However, due to pandemic-related restrictions, the MMF-HWD research team had to conduct CCDAP virtually using platforms like Microsoft Teams and Zoom. This virtual format could have influenced the dynamics of data collection and analysis, potentially affecting the richness and depth of insights gained from the process.

The participant demographics, with 80% female representation and varying age cohorts, might not fully represent the diversity of the Red River Métis population. This skew in gender distribution could impact the range of perspectives gathered, particularly concerning the impacts of cannabis use on mental health across genders and age groups. This is particularly noteworthy when considering that, in general, men are more likely to use cannabis.

Finally, this research was conducted using a CBPR framework, which fosters collaboration and community engagement. However, even with this approach, the potential for researcher bias and preconceived notions influencing data collection analysis cannot be wholly eliminated.

Section 6: Conclusions & Future Work

6.1: Conclusions

This study, grounded in a CBPR methodology, was conducted to better understand the perception of cannabis use and mental health in Red River Métis, while seeking to identify how Citizens' perceptions have changed since the legalization of cannabis. Roughly one hundred Red River Métis Citizens participated in the focus groups and the analysis yielded 8 major themes with 26 underpinning sub-themes. Red River Métis Citizens welcomed the regulation of cannabis and encouraged its use in traditional medicine and healing. Participants viewed regulation as bringing safety to cannabis use, and a guarantee to cannabis quality. This research confirms previously

found literature that recreational cannabis if used appropriately, can have health benefits to the user while limiting harm. Many Red River Métis Citizens believed cannabis was safe to use when done responsibly and had a host of health benefits, predominantly for pain and stress management. But not all findings were positive; Métis Citizens often expressed concern for youth cannabis use. Also highlighted was the absence of mental health services for rural Citizens, with some expressing cannabis use as self-medication in place of alternatives. These findings suggest that further investigation exploring the effects of self-medicated cannabis as a medical treatment could help determine its impact on users.

This research has contributed to the growing body of distinction-based knowledge creating the space and place for the unique experiences and culturally situated contexts of Red River Métis. These results provide evidence for the substantial differences in the way different cultures, groups, and individuals perceive the use of cannabis. The HWD commits to the exploration of these different perspectives in research to identify the specific needs of the Red River Métis Community. The opportunity for future research exists not only within Red River Métis, but for other distinct groups with different cultural practice and lived experiences that may shape the outcomes of research.

The results of this study will benefit the progression of the MMF's larger mental health strategy, which aims to offer programs and services throughout the province, and possibly for Citizens elsewhere. It is the hope of the MMF-HWD that the results of this study will be utilized by leadership at the MMF, and outside organizations and governments to progress policies and programs around cannabis.

6.2: Future Work

The study's emphasis on mental health support for Red River Métis could stimulate further research exploring holistic approaches to mental health care, grounded in Métis knowledge and practices. Additionally, further investigation exploring the effects of self-medicated cannabis as a medical treatment could help determine its impact on users. The link between the low amount of rural mental health support and cannabis use could also be explored. Moreover, a quantitative study on cannabis use should take

place enabling researchers to better identify patterns, correlations, and trends within the Red River Métis population. This approach would provide a comprehensive understanding of key indicators.

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