MÉTIS PERSPECTIVES ON CANNABIS USE:

A COMMUNITY-BASED RESEARCH STUDY

MÉTIS NATION BRITISH COLUMBIA

Mental Health Commission of Canada

Commission de la santé mentale du Canada

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CONTENTS

ACRONYMS

BC	British Columbia
MNBC	Métis Nation British Columbia
CBR	Community-Based Research
THC	Tetrahydrocannabinol
CBD	Cannabidiol
IBS	Irritable Bowel Syndrome
SUDEP	Sudden Unexpected Death in Epilepsy
OCD	Obsessive Compulsive Disorder
ADHD	Attention Deficit Hyperactivity Disorder
GI	Gastrointestinal Disease
IPCC	Intergovernmental Panel on Climate Change
PTSD	Post-traumatic Stress Disorder
RRU	Royal Roads University
SGBA+	Sex & Gender-Based Analysis Plus
ECS	Endocannabinoid System
OCAS	Ownership, Control, Access, Stewardship
LGBQQA+	Lesbian, Gay, Bisexual, Queer, Questioning, Asexual +

PURPOSE

This project was initiated to fill existing gaps in Métis research regarding physical and mental health, particularly pertaining to cannabis use among the Métis. It is based on community-driven research to better understand patterns of cannabis use and the barriers that exist to accessing cannabis therapeutically for the Métis population in BC. The goal of this work was to provide a safe space and reduce stigma so that discussion of cannabis use could be honest and open. The methods used to conduct this study were an online survey, an interview questionnaire, and facilitated dialogue sessions (focus groups) with participants and Elders that met eight times over a seven-month period. This report and the findings will be shared with Métis citizens and Métis Chartered Communities of MNBC and will also be made available to the public through MNBC's website.

> *These sessions have been fluid and varied in our conversations about mental and physical health. Cannabis can be good or bad, right or wrong, helpful or hurtful… how we view it varies at different times of life, with different applications, based on our different past experiences and biases. The end game is that our bodies (and what we put into them and how we treat them) are deeply connected to our outside world. So, our connection with that outside world (in the form of connection with others, specifically our gatherings) has re-shaped each person who has participated in this research. We have stretched our perceptions and beliefs, we have expanded (and will continue to expand) our quiver of knowledge about cannabis and, I think it's fair to say, we have benefited (physically, emotionally, mentally) from the connections made in these sessions.*
>
> *-TAMARA*

SUMMARY

A key component of this project was the need for participants to reconcile their Métis identity. This was an ongoing theme woven through virtually every conversation that took place, regardless of the topic. In fact, until the topic of being Métis was addressed, there was no room to discuss cannabis.

Through all methodologies of this study, Métis identity and culture were part of the discussion. In some cases, not knowing who they were, drove individuals to experiment with cannabis and other choices to fill an intangible void. Once people discovered they were Métis, their cannabis use changed in many cases. Sometimes the use decreased as there was no longer a need to fill a void; in other cases, cannabis use didn't change, but it was no longer filling a void. It was serving a purpose such as to aid sleep or be used for chronic pain.

In almost all cases, cannabis was used for a purposeful reason. The reasons ranged from being a deliberate shut-off at the end of a workday to eliminating or preventing seizures in a child. No matter the reason, there always was one.

Highlights of our findings:

1. 54.6% of participants used some form of cannabis in the past year.
2. Since legislation in 2018 legalizing cannabis, 28.6% still feel there is stigma around cannabis use for any reason (medicinal or recreational) from friends or family, and 29.0% from healthcare providers.
3. 66.7% of those surveyed stated that they could see cannabis fit within, or be connected to, Métis culture in some way. 14.1% feel cannabis is not part of Métis culture or tradition, and 19.2% were unsure.

Over the course of the dialogue sessions, participants were asked to note any recommendations they would like to make. As a result, several recommendations are made below:

1. Provision of more education on the benefits of cannabis use and how its use can aid mental and physical health. The participants believe there are benefits to using cannabis if individuals have the information they need from suppliers and the means to do their own research in order to come to knowledgeable conclusions on their own or with the assistance of healthcare personnel.
2. Participants expressed the need for increased cannabis insurance coverage for physical and mental health conditions as well as more access to counselling and practitioners willing to talk about alternatives to western medicine.

3. A desire for continuing conversations within a Métis context. Providing more groups and studies like this one so that individuals will become more willing to speak about their shared identities and experiences, thereby making isolation less extreme.
4. Inviting Chartered Communities to start discussion groups that are Métis-led and Métis-specific to benefit individuals in making relational connections.
5. Further investigation and presentations on the benefits and harms of cannabis from professionals and medical outlets hosted by MNBC and Chartered Communities to bridge the gap between knowledge and education. The need to develop other projects (substance use, plant medicine, psychedelics), regardless of tradition to share how mental health may or may not be benefitted.
6. Cannabis production by Métis growers that is local and community-driven came up several times over the course of this project. Métis production of cannabis was seen as a step in reducing stigma. It was also a way to focus on eliminating packaging to make products more environmentally friendly and more land-based.

FIRST DIRECTIONS

The project we embarked on was a community-based research project to discover how cannabis use is viewed by and affects the Métis population in British Columbia. Initially entitled *Cannabis: Si koom la Michin (Cannabis as Medicine)*, the title was changed to *Métis Perspectives on Cannabis Use: A Community-Based Research Study* early in the project.

The key research findings provided evidence that cannabis use among the Métis was largely used for medicinal purposes, to accommodate both physical and mental health issues. The findings also provoked discussion around Métis identity and culture; including what it means and what was lost in the years prior to knowing about one's personal Métis heritage. The final key findings were the need to reduce stigma and the desire for Métis self-determination on cannabis use for wellbeing, such as incorporating it as a plant medicine.

Despite the legalization of cannabis in Canada in 2018, there remains a stigma around those who utilize it. Within the Métis communities and individuals involved in this research, the stigma goes deeper than cannabis use, evolving into questions of culture, identity, validation, and self-worth. The participants in this project shared a desire to dig beyond the surface and discover the root and relationship between being Métis and experimenting with cannabis as a medicinal plant. The root became the lifeline connecting identity, culture, history, tradition, the "new" Métis and blood memory, belonging, and connection. Throughout this study, there was no escaping connection.

> *It comes down to balance. Connection and belonging balance the dark from the light. We need to acknowledge both sides to feel the power of each.*
>
> *-KP*

This report is the result of a 24-month journey. It started with the topic of cannabis use as medicine among the Métis and wound its way along many roads—and a few off-ramps—to divulge what many journeys do. The topic of cannabis steered us toward emotion, empowerment, and trust, and as one participant noted, sometimes things got messy. The topic of cannabis became the thread weaving together these people, many topics, and this report. As with all good journeys, it has created a wealth of information and memories that we share with you now.

> *We are all indigenous to somewhere.*
>
> *-JAMIE*

BACKGROUND

People shouldn't be ashamed of cannabis use—put that in the report.
-ASHLEY M.

The Métis are one of the three distinct groups of Indigenous peoples inhabiting Turtle Island (Métis Nation British Columbia, 2021). Métis Citizenship is defined by the Métis National Council as "a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation" (Métis National Council, n.d.-a). Métis Nation British Columbia (MNBC) is the representing governing body of Métis people residing in BC. MNBC represents 98,000 Métis people in BC, of which 27,000 are registered with MNBC (Statistics Canada, 2022a). Métis people make up 33.6% of the Indigenous population in BC (Statistics Canada, 2022b).

The term Métis does not encompass all individuals with mixed Aboriginal and European heritage. Rather, it refers to a distinctive people who developed their own worldview, customs, way of life and recognizable group identity that is separate from their First Nations or European forebears (Métis Nation British Columbia, 2021).

Colonialism, capitalism, and forced assimilation continue to impact generations of health and wellbeing for Métis people. Many Métis people share common experiences affecting their wellbeing, including those that stem from the systemic erasure of Métis culture and identity—such as losing traditional languages, access to land and food, traditional teachings, and through forced relocation (Edge & McCallum, 2006). Moreover, Métis experiences in residential schools, industrial schools, and day schools are often overlooked (Truth and Reconciliation Commission of Canada, 2015).

The Métis were often unable to send their children to provincially operated schools, and they did not own the land they lived on. As a result, the Métis often "squatted" on Crown land and were referred to as the *Road Allowance People* (The Royal Canadian Geographical Society & Canadian Geographic, 2018). Parents would often have no choice but to send their children elsewhere for education. As a result, many Métis people were affected by the same experiences as First Nations Peoples—including residential schools and the Sixties Scoop.

Residential schools, industrial schools, and day schools have had a long-lasting impact on Métis communities. However, Métis experiences have consistently been left out of Canada's national narratives, including limited recognition of the harms caused by colonial schooling systems (Pratt & Grant, 2022).

The practice of removing Métis children from their home and into state care existed long before the 1960s through the residential and day school system. However, throughout the late 1950s these institutions became highly discredited and the child welfare system became the new agent of assimilation and colonization. While the federal government may have been the prime catalyst for the Sixties Scoop, it was the provincial governments that apprehended Métis Children (Métis National Council, n.d.-b).

Métis, historically and currently, have been obscured in national and provincial relationships and

initiatives to improve Indigenous overall wellbeing. There is a lack of Métis scholarship in Canada (Métis Centre of the National Aboriginal Health Organization, 2011). Unlike Western health models, Métis well-being is wholistic and encompasses mental, physical, spiritual, emotional, and social wellness (Edge & McCallum, 2006; Métis Centre, National Aboriginal Health Organization, 2008). Métis participants in a prior research study also identified mental wellness as wholistic—involving culture, identity, and connection to family and community (Auger, 2019). Furthermore, Auger (2019) has shown that the BC mental health care system was inadequate in addressing the mental health needs of Métis people in BC.

Our study aims to explore how and why Métis people in British Columbia use cannabis, paying special attention to understanding whether they access cannabis for mental health and therapeutic reasons. Previously, the McCreary Centre identified that 42% of Métis youth had ever used "marijuana" (compared to 25% of non-Métis youth) (Smith et al., 2019). However, there is still a lack of disaggregated research on cannabis use among the Métis (Wennberg et al., 2021).

Background on Cannabis

Cannabis has existed for centuries as a diverse plant, with the earliest medicinal use around 400 AD (Bridgeman & Abazia, 2017). The two most known chemical components of the plant are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) (Cristino et al., 2020). Both THC and CBD are two of the 104 cannabinoids found in cannabis that interact with the endocannabinoid system (ECS), (Cristino et al., 2020; National Academies of Sciences, 2017). The ECS is a complex signalling system identified in the early 1990s that regulates cell, tissue, organ and organism homeostasis as well as brain and neurological functions (Cristino et al., 2020). THC is the component that elicits a psychoactive effect, while CBD is the non-psychoactive component (Bridgeman & Abazia, 2017).

There is strong evidence supporting the benefits of cannabis for chronic pain, chemotherapy-induced nausea, multiple sclerosis, and moderate evidence for sleep disturbances (National Academies of Sciences, 2017). The relationships between cannabis and mental health, however, are more complex. The co-occurrence of substance use and mental health disorders is not uncommon, and it is unclear if one is the cause of another (National Academies of Sciences, 2017).

Walsh and colleagues have highlighted the diverse therapeutic purposes of cannabis from patients' experiences. The main reasons people were using cannabis were to aid sleep, manage pain, manage anxiety, and manage depression (Lucas & Walsh, 2017; Walsh et al., 2013). Cannabis was also being used as harm reduction, with people in the study using cannabis as a substitute rather than using more dangerous drugs, specifically prescription medications, alcohol, and illicit substances (Lucas & Walsh, 2017). Reasons for using cannabis ranged from less adverse side effects than other medications to better symptom management (Lucas & Walsh, 2017). Other studies showed that cannabis helped relieve anxiety and improved moods for individuals impacted by depression (Walsh et al., 2017). In individuals living with PTSD, cannabis improved sleep by reducing nightmares and suppressing dreams which can contribute to the trauma in PTSD (Walsh et al., 2017).

ACCESS & CONNECTION

Data was collected in three phases. Phase 1 included the distribution of an 89-item online survey to assess the pattern of cannabis usage, reasons for using cannabis, as well as Likert scales to test perceptions amongst cannabis users and non-users. Survey items were informed by an online literature scan and the working experience of MNBC staff in the field of mental health and harm reduction. The survey was reviewed by the Senior Director of Health to ensure we were following MNBC Métis data governance. The survey was distributed and hosted by SurveyMonkey and advertised through the MNBC Citizen mailing list and MNBC social media channels. It was open to any Métis individual residing in BC, regardless of MNBC Citizenship, and was available from June 1 to June 30, 2021. A total of 1301 participants gave electronic consent at the beginning of the survey and completed the demographics section. Prizes were used as an incentive for survey completion. Survey data were analyzed using SPSS version 28.0.1.1. All reported percentages indicate the number of respondents for each question, with missing responses excluded.

Phase 2 of data collection included interview questionnaires that were sent to select participants who had expressed interest in further contribution. The research team selected participants to ensure that there was a proportional representation of all seven MNBC regions across the province.

It was during the creation of the interview questionnaire and after discussion with the Elders, that the title of the project was changed from *Cannabis: Si koom la Michin* to *Métis Perspectives on Cannabis Use: A Community-Based Research Study*. We met with Elders Henry and Marie to ensure they would be on board with the project and to validate that we were proceeding in a good way. The first question the Elders asked of us was, "why is the title of the project in Michif except for the word cannabis?" After some discussion, we realized there is no Michif word for cannabis, and the point the Elders made was that cannabis is not traditional to the Métis. We agreed we would adapt the title and the Elders agreed to be part of the project while indicating their beliefs in ceremony and tradition may not always align, and their beliefs about cannabis may differ from those in the study.

The dialogue sessions rounded out Phase 3—essentially, our focus group. This was opened up to participants who returned interview questionnaires and had the interest and availability to participate in five 90-minute scheduled Zoom sessions. These sessions started in January 2022 and were to formally finish in May 2022, at the completion of five sessions every three weeks. However, three more dialogue sessions were added at the participants' request and with the research team in full agreement. The last session held was in July 2022. Each session consisted of 6-11 participants, Elders Henry and Marie, one facilitator, and two research staff.

Despite the dialogue sessions being conducted via Zoom, it was established from the beginning that these sessions were Sharing Circles or learning circles (Nabigon et al., 1999; Roadside Theater, 1999) and were respected as such. Some of the guidelines of the Circles included incorporating a trained facilitator who begins, oversees, and ends the Circle; using an allotted time for the Circle; having a purpose for the Circle that is agreed upon by all participating in it; allowing silences; and listening as well as telling (Roadside Theater, 1999). Sharing circles honour the individual stories of all participants, including the

facilitator (Lavallée, 2009). Sharing circles are “nonjudgmental, helpful, and supportive,” and respect is at the center of all discussions (Lavallée, 2009). As Nabigon and colleagues (1999) state, “the learning circle is a quest for truth and knowledge, which is seen as healing for individuals and for the body politic.”

The three principles of Community-Based Research
(Centre for Community Based Research & CBR Canada, n.d.):

I) COMMUNITY-DRIVEN
(community under study initiates and leads the research)

II) PARTICIPATORY
(community contributes to all phases of the research)

III) ACTION-ORIENTED
(research processes and findings seek positive social change)

Each session started with an opening prayer by the Elders, followed by grounding principles led by the guidelines of community-based research (CBR) (Centre for Community Based Research & CBR Canada, n.d.). Each session was centred on one question and allowed free-flowing conversations. Participants did not have to speak if they did not want to. During each dialogue session, notes and themes were written, but not recorded or transcribed verbatim. Interview questionnaires overlapped with some of the questions asked during the sessions and served to validate the notes. Qualitative analysis was conducted using Braun and Clarke’s thematic analysis method (Braun & Clarke, 2006). Codes were generated using NVivo Release 1 2020. Thematic analysis was conducted for the 21 interview questionnaires we received. Interview questionnaires and dialogue session notes went through three rounds of coding. Interviews were coded line-by-line, followed by a subsequent grouping of themes informed by initial themes generated from the dialogue sessions. Both the project lead and researcher held neutral positions regarding cannabis use and do not identify as Métis. Further, the interviews never reached "saturation" (Auger, 2021b). Instead, every interview provided a unique story of cannabis use and, similar to Legault, explored the diverse perspectives of Métis voices (Legault, 2021). The themes were presented back to the participants of the dialogue sessions along with the full draft report to confirm and validate the themes. We also felt the need to include a fulsome narrative of the participants’ stories (see Appendix). In the same vein, Lavallée felt that themes "[tore] apart the stories of the participants," emphasizing the importance of storytelling in Indigenous culture (Lavallée, 2009).

We followed Indigenous Research Methodologies throughout this project, utilizing the four R’s of Indigenous research (respect, relevance, reciprocity, responsibility) (University of Manitoba, Faculty of Health Sciences, 2013). With this process, we aimed to provide a culturally safe and inclusive “container” for everyone. We applied the principles of Indigenous harm reduction in our work that is decolonizing, wholistic, and focuses on respect and relationality (Interagency Coalition on AIDS and Development, 2019). We also conducted our work similar to the Downtown Eastside ethical research guide that emphasizes reciprocity and the “celebration of community strength, resilience, and dignity” (Boilevin

et al., 2019). In keeping with the OCAS principles of research (ownership, control, access, stewardship) (University of Manitoba, Faculty of Health Sciences, 2013), MNBC will hold the knowledge gathered from this project, ensuring the research is owned, controlled, and accessible by Métis people, and allowing MNBC to be the stewards of this wisdom.

Using community-based research aided in keeping the goal of the research and the methods used at the forefront. As the topic of the research was chosen prior to the study getting underway, it was important that the methodology follow the participants' worldview and ethical beliefs so that the non-Métis research team didn't bias the direction of the study or its results (Wilson, 2008). As guests of the Métis participants and Elders involved in this study, it was important to the team that there be a suitable space to discuss all topics that came up in the dialogue sessions, as these topics would eventually lead to cannabis use.

The participants that took part in the entire process of this project, from survey to dialogue sessions, were provided with honoraria for the second and third phases. Honoraria suggest respect for each individual's time and knowledge (Boilevin et al., 2019). Without these individuals, this study would not exist. Fees and honoraria are necessary to ensure respect and reciprocity and uphold the philosophy of community-based research (Boilevin et al., 2019). An additional honorarium was given to each individual at the conclusion of the research project to express gratitude for each individual's knowledge and commitment over the 18-month period this study took place. Additionally, the participants and Elders were each gifted with MNBC's mental health and harm reduction sash and MNBC's book *Kaa-wiichihitoyaahk (we take care of each other)*.

We applied an SGBA+ lens to the participant requirement by asking for age, gender, sexuality, household income, and level of education, among other things to be as diverse as possible. We were interested in learning if there was a particular type of person using cannabis within the subsets, and if so, what background they were coming from. We also adopted the Métis-specific GBA+ tool for our work to be culturally relevant and grounded in engagement and consultation with communities to highlight strengths (Les Femmes Michif Otipemisiwak – Women of the Métis Nation, 2019). The Métis-specific GBA+ framework also recognizes that "culture is an evolving entity" and encourages the framework to be "fluid, flexible, and adaptable" (Les Femmes Michif Otipemisiwak – Women of the Métis Nation, 2019).

This study represents individuals from the seven regions of the province of BC, comprised of 39 Métis Chartered Communities. The individuals are from urban and rural settings with ages ranging from 17 years old to 76+. Although we had participation from individuals who identified as male, female, two-spirit, non-binary/gender fluid, and trans in our surveys, by phase three in the dialogue sessions, the participants identified as female and as women. Dialogue session participants were highly educated with moderate to high household income. A limitation of this project was that the survey was only advertised through MNBC's Citizens' list and social media channels, thus it is not fully representative of all Métis people in BC. We also recognize that not all Métis are registered Citizens and self-identified individuals took the survey as well.

OUTCOMES

Survey Results

The majority of respondents (89.5%) are registered Citizens with MNBC; 6.3% have applied to be MNBC Citizens; 3.4% self-identify as Métis; and 0.8% were unsure (n=1190). There were more respondents residing in Vancouver Island and Powell River, Lower Mainland, and Thompson/ Okanagan (Table 1). 15.4% of participants identified as an Elder. The mean age group is ages 41-56. The sociodemographic characteristics of Métis respondents are listed in Table 1.

Only 6.4% (n=1301) of all participants surveyed had heard of cannabis use in the context of, or in relation to, Métis culture. However, 66.7% stated that they could see it fitting within or being connected to Métis culture in some way, 14.1% felt that cannabis is not part of Métis culture or tradition, and 19.2% were unsure (n=1301). Those who could see cannabis fitting within Métis culture appreciated it as a natural plant and mainly said it could be used medicinally for physical and mental health. Those

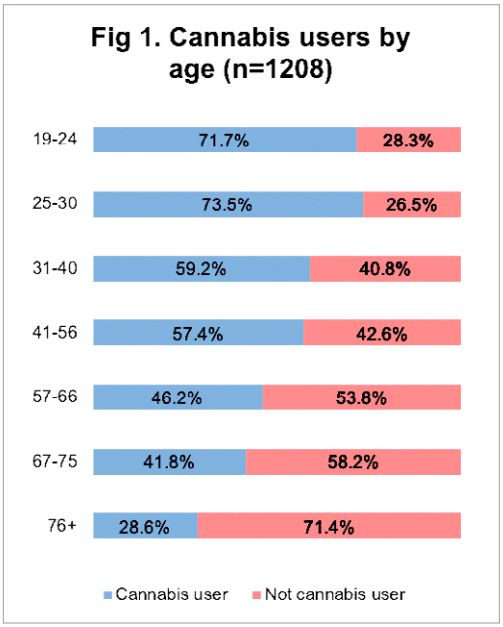


TABLE 1. Sociodemographic characteristics of participants

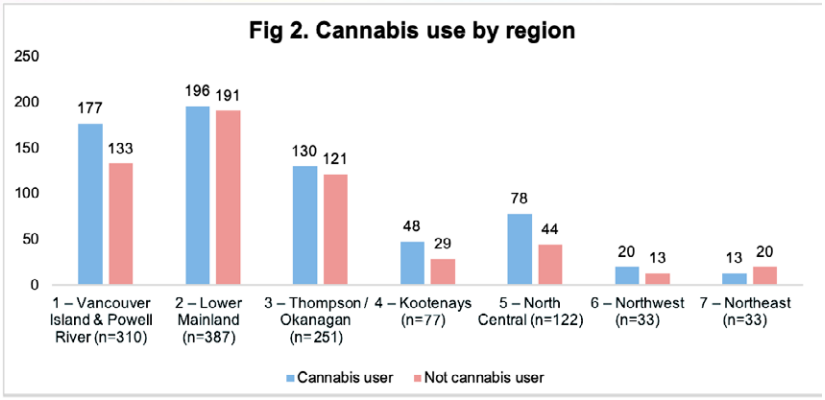
	N	%
AGE GROUP	**1213**	
Under 19	5	0.41
19-24	92	7.58
25-30	98	8.08
31-40	179	14.76
41-56	385	31.74
57-66	266	21.93
67-75	146	12.04
76+	42	3.46
GENDER IDENTITY	**1213**	
Woman	740	61.01
Man	443	36.52
Two-Spirit	15	1.24
Trans	3	0.25
Non-Binary / Gender fluid	11	0.91
Other gender minority	1	0.08
SEXUALITY	**1210**	
Straight / Heterosexual	1063	87.85
Lesbian	10	0.83
Gay	15	1.24
Bisexual	47	3.88
Queer	15	1.24
Pansexual / I like everyone	21	1.74
Unsure / Questioning	9	0.74
Prefer not to say	24	1.98
Other (please specify)	6	0.50
ANNUAL HOUSEHOLD INCOME	**1194**	
Under $20,000	77	6.45
$20,000 - $39,000	176	14.74
$40,000 - $59,000	218	18.26
$60,000 - $74,000	176	14.74
$75,000 - $99,000	198	16.58
$100,000 or more	349	29.23
EDUCATION	**1213**	
Elementary or grade	15	1.24
Secondary or High school	278	22.92
College, Trade, or Technical Program	608	50.12
University Bachelors	211	17.39
University Master's or Doctorate	101	8.33
MNBC REGION	**1213**	
Vancouver Island & Powell River	310	25.56
Lower Mainland	387	31.90
Thompson / Okanagan	251	20.69
Kootenays	77	6.35
North Central	122	10.06
Northwest	33	2.72
Northeast	33	2.72
URBAN OR REMOTE	**1213**	
Rural or remote area	265	21.85
Suburban area	496	40.89
Urban area	452	37.26

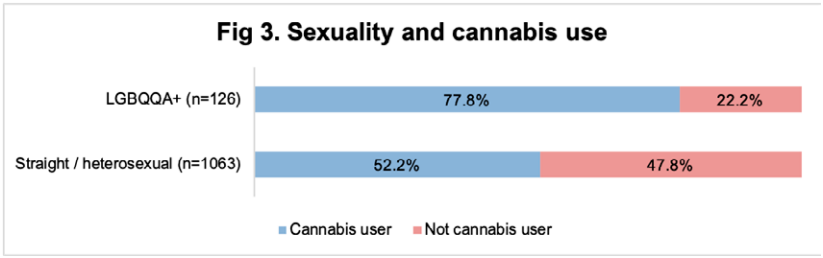
who did not see cannabis fitting within Métis culture mentioned that they were unaware of traditional cannabis use or mentioned that it is not a necessity to Métis culture.

54.6% of participants have used cannabis or cannabis products in the past year, 17.1% have never used it, and 28.4% used it more than a year ago (n=1213). Of the 45.4% that do not use cannabis or have not used it within the past year, 53.8% do so due to a lack of interest, 47.7% stated that it no longer fits with their lifestyle, and 39.2% are fearful or uncertain about the effects of cannabis (n=199).

Cannabis use was more common among people under age 57, and the number of users decreased as age increased (Fig. 1). There was a significant association between age and cannabis use, ($\chi 2 = 56.41$ (6), N = 1208, $p < .001$). Cannabis users outweigh non-cannabis users in the Interior regions (Fig. 2).

There was also a significant association between sexuality and cannabis use ($\chi 2 = 29.74$ (1), N = 1189, $p < .001$). Interestingly, out of the participants that selected LGBQQA+ as their sexuality, 77.8% were cannabis users compared to 22.2% who were not (Fig. 3).





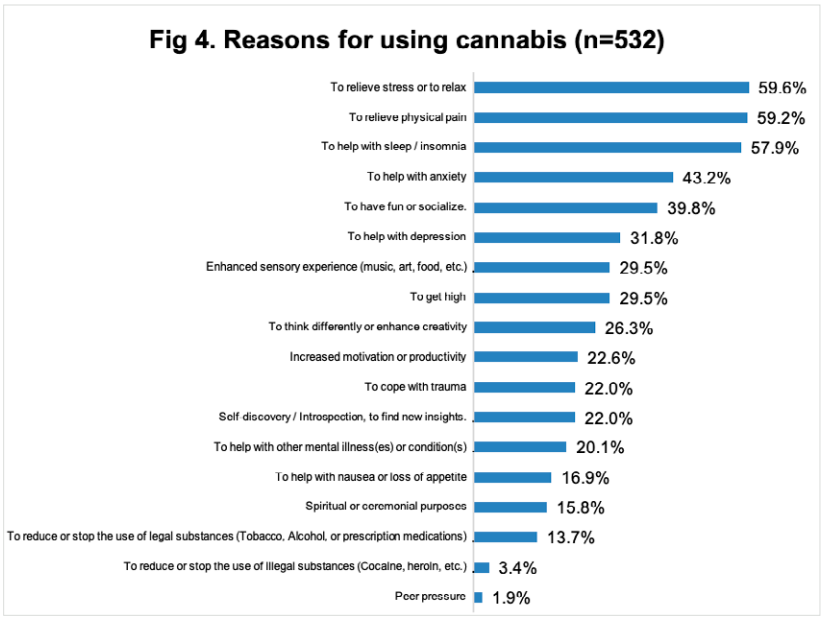


Fig 4. Reasons for using cannabis. Question: "For which of the following purposes do you generally use cannabis and which are your top 3 main purposes?" This was a select all that apply question, thus percentages do not add up to 100%.

The top three primary methods of using cannabis are eating edibles (24.5%), using tinctures, oils, capsules, and oral spray (23.3%), and smoking a joint (23.3%) (n=662). The most frequent forms of consumption currently or previously are dry herb (flower, bud) and edibles (n=662). The top three preferred sources to obtain cannabis are the BC government store in person (48.4%), licensed private

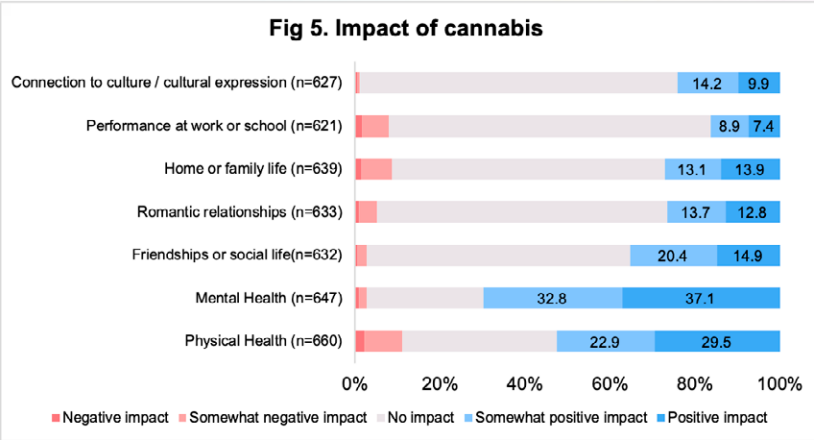


Fig 5. Question: "What impact does your cannabis use typically have on the following aspects of your life?"

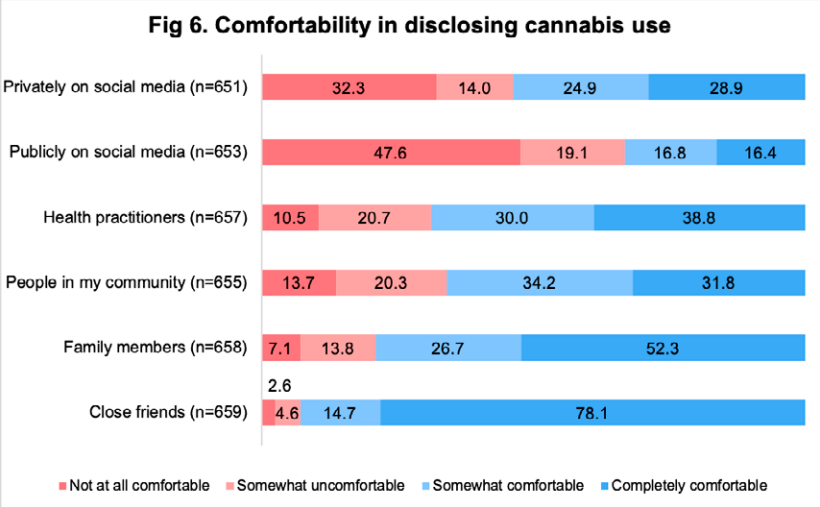
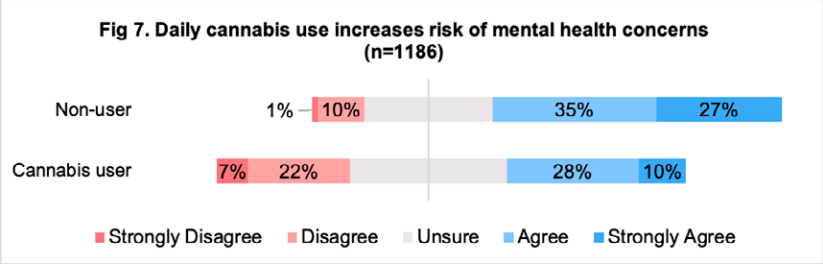


Fig 6. Question: "Please rate how comfortable you would feel talking about your cannabis use with the following"

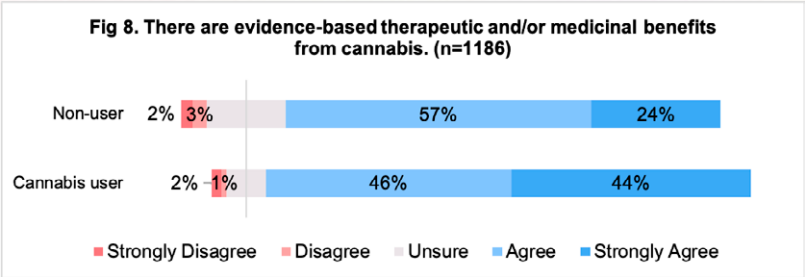


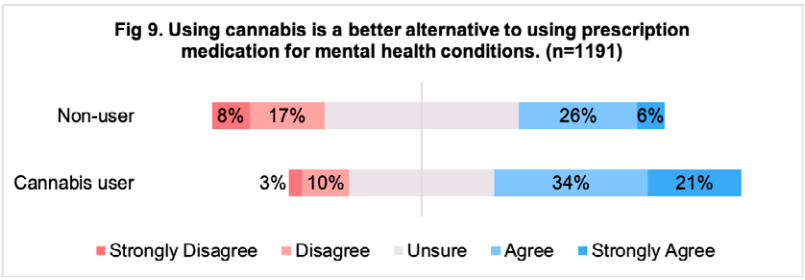
dispensary in person (42.8%), or from friends or family members (34.2%) (n=514).

The top reasons for using cannabis were for physical or mental health. Close to 60% of those that used cannabis within the past year indicated using cannabis for stress relief, pain relief, or as a sleep aid (Fig. 4). This result aligned with the top three reasons that BC participants use cannabis: as a sleep aid, to reduce pain, and to alleviate anxiety (Walsh et al., 2013).

When asked about the impacts of cannabis in Métis cannabis users' lives, the greatest positive impacts were seen in aspects of mental health and physical health. With 69.9% stating cannabis having a positive to somewhat positive impact on mental health, and 52.4% stating positive to somewhat positive impact on physical health (Fig. 5). Relationships were positively impacted as well.

Following the 2018 legislation on legalizing cannabis, 28.6% (n=658) still feel there is stigma around cannabis use for any reason (medical or recreational) from friends or family, and 29.0% (n=648) from healthcare providers. Finance was the largest barrier, with 33.0% (n=649) expressing financial barriers to accessing cannabis. When asked about reasons for disliking cannabis, 42.8% (n=404) stated stigma as a reason. Around 22% of participants sometimes, often, or always feel bad about their cannabis use. But 54.5% never feel bad, and



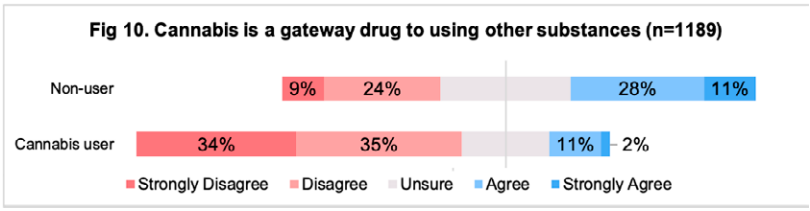


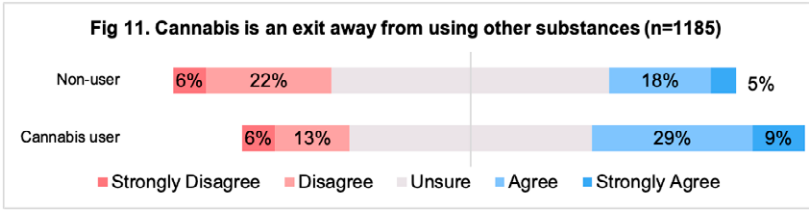
23.6% rarely feel bad about their cannabis use. Since the legalization of cannabis, 23.9% of participants have begun using it, 17.7% have increased their use, 14.4% have decreased their use, and 44.1% have remained the same (n = 662). Most people found it easier to access cannabis after legalization (92.1%) (n=662).

Despite the fact that cannabis has been legal for four years, cannabis users tend to keep their use private and only reveal it to close friends (Fig. 6). While around 70% of cannabis users are comfortable disclosing their cannabis use to health practitioners and people in their community, there is still progress to be made in allowing open conversations around cannabis use to overcome stigma and isolation for cannabis users. In the case of drug safety, certain medications may be less effective with cannabis, and patients should feel comfortable discussing cannabis use with their health provider. This is discussed further in the qualitative section.

A series of general statements were listed, and participants were asked to select the option closest to their opinion. While both cannabis users and non-users agree that cannabis smoke can be harmful, those who don't use cannabis tended to view cannabis as more harmful overall. For example, those that do not use cannabis believe that its use increases the risk of mental health concerns (Fig. 7) and believe that it is habit forming or addictive (71.5% vs. 45.6%).

Additionally, both groups agree that there are evidence-based therapeutic and medicinal benefits from cannabis (Fig. 8). However, more cannabis users agreed to the statement that using cannabis is a better alternative to using prescription medication for mental health conditions (54.6% vs. 32.1%) (Fig. 9). This could be an area that benefits from more education, as cannabis use for mental health is still being studied to better understand the risks and benefits.





The two groups have different perspectives on cannabis as a gateway drug to other substances. Cannabis users tend to disagree

with the statement that cannabis is a gateway drug to other substances (Fig. 10). And while both groups are unsure whether cannabis is a viable alternative to other substances (Fig. 11), cannabis users do lean towards agreeing that cannabis is an exit to using other substances.

Overall, those that have used cannabis within the past month were more likely to be experiencing decreased physical and mental health and higher levels of stress compared to those that did not use cannabis within the past month or who don't use cannabis (Fig. 12).

For those that used cannabis within the past year, arthritis (29.9%) and a diagnosed mental illness (29.0%) were the top two chronic illnesses presented (n=348). Those that have used cannabis within the past year were 1.9 times more likely to have a diagnosed mental health condition (29.0% vs. 15.3%), and 1.5 times more likely to have sleep apnea (14.1% vs. 9.5%) (cannabis users n=348, non-user n=274). The top three diagnosed mental illnesses for those with cannabis use within the year were anxiety disorder (63.3%), depression (63.3%), and post-traumatic stress disorder (26.6%) (n=259).

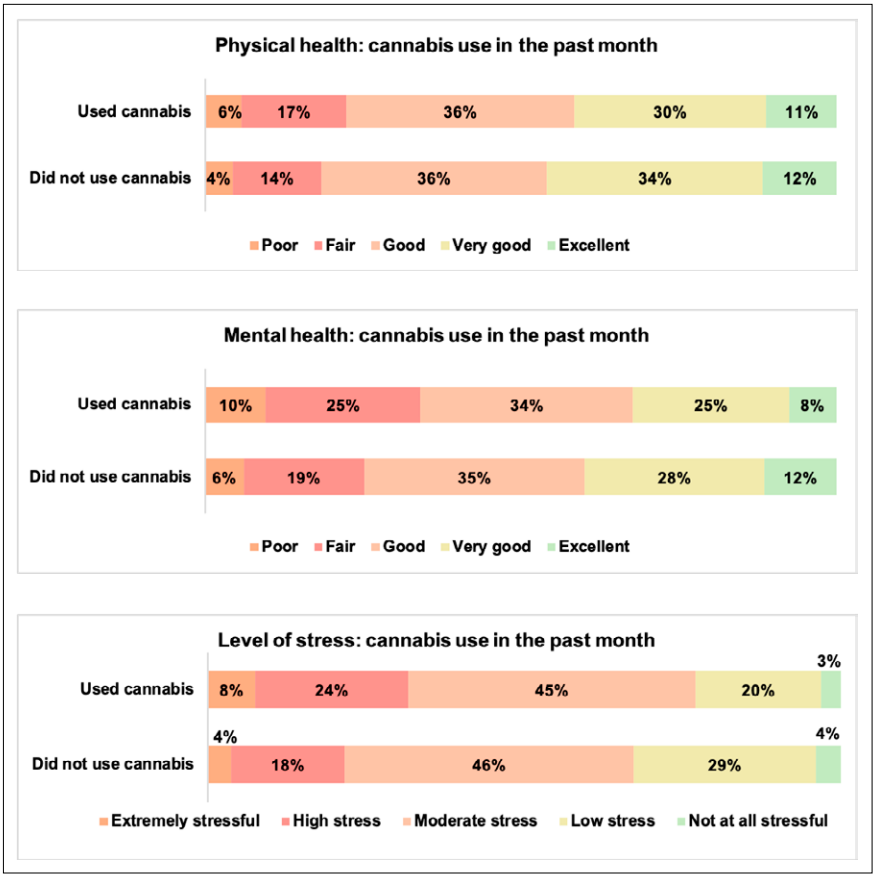


Fig 12. Group. Self-rated physical health, mental health, and level of stress over the past month (n=1117).

Interview Questionnaire and Dialogue Session Results

While the comprehensive survey provided detailed information on the cannabis type, usage frequency, and societal factors, it was apparent from the dialogue sessions that cannabis use needs to be contextualized to avoid harm. Qualitative data from the interviews and dialogues will be highlighted here to provide a wholistic view of this topic.

The interviews and dialogue sessions presented five main themes: cannabis for wholistic health, including mental and physical health; participants' understanding of the uses of cannabis; the stigma surrounding cannabis use; plant medicines and integrative medicine; and connection and reconnection to Métis culture and identity.

Cannabis for wholistic health, including mental and physical health

The use of cannabis has brought tremendous benefits for many of the participants—including medical, mental, spiritual, and physical purposes. This is consistent with Walsh and colleagues' findings (Walsh et al., 2013). Participants noted using cannabis for specific illnesses and ailments. The most common being pain, stress, anxiety, and insomnia. Participants self-medicate based on their condition and symptoms for the day. Others use cannabis in conjunction with pharmaceutical medications.

For our study, many of the participants indicated interest in the use of cannabis to support their well-being or the well-being of loved ones. For the participants that took part in the dialogue sessions, there were therapeutic reasons for cannabis use in all cases.

> *Nancy uses CBD to manage seizures in her now 18-year-old daughter, Ashleigh. For more than a decade, Nancy and her husband have implemented cannabis as a less harsh solution for the incurable epilepsy Ashleigh has had since the age of three. Despite the relief that cannabis has offered to Ashleigh and her family, they have been impacted by stigma and have had to research and experiment—often on their own—in order to find a balance that works. As more studies take place, there is evidence-based research stating the benefits of both THC and CBD for pediatric epilepsy (Devinsky et al., 2017; McCoy et al., 2018). The lack of ability to conduct studies with children under the age of 18 is a barrier that makes it difficult to elucidate the benefits of CBD and THC for pediatric epilepsy (Zafar et al., 2021).*

Greater overall wellbeing was seen with cannabis use, for example, with decreased grogginess and better moods. People felt like they were able to enjoy life, and cannabis made daily tasks seem easier. Participants were very self-aware and educated about personal limits and what works best for their bodies and purposes. As a result, most participants have a healthy and positive relationship with cannabis.

In the past I would typically spend evenings worrying about work/health/money/other issues and it robbed me of a lot of the joy in life constantly worrying. Cannabis helps take that down a notch so I can just relax and enjoy a movie/dinner/etc.

– JG

Other individuals through the stages of this study use cannabis for a range of circumstances. Dawn uses cannabis at the end of her workday, self-regulating her workload by knowing she can't carry out further business while under the influence.

Others use cannabis to focus their minds and bodies, sometimes as an adjunct to other medications, due to having been diagnosed with ADHD, or even to self-medicate prior to a diagnosis. In a 2022 research study, subjects living with ADHD added cannabis to their treatment regimen and experienced positive therapeutic effects that improved their symptoms and quality of life (Mansell et al., 2022). The mental health benefits of cannabis use for therapeutic reasons seems to be as far-reaching as the benefits on physical health.

Understanding the uses of cannabis

Due to the stigma associated with cannabis, many participants had to gather information on their own to find the right combination and dose of cannabis for their targeted needs. Almost all participants knew the right amount and strain of cannabis that works for their needs—depending on the time, purpose, and ailment.

Those who were skeptical about cannabis conducted their own research before trying it. Some saw therapeutic benefits in others or in pets, which sparked their interest.

KP has been creating her own oils for therapeutic uses from CBD and THC strains for decades. She believes cannabis has the properties to heal, and with proper research, individuals can take control of their health when using the correct strains. KP believes that the ECS in your body operates optimally with cannabis use, and in turn, replenishment of cannabinoids is necessary for optimum ECS support. KP has devoted much time to researching and experimenting with different strains and delivery methods, including raw, THC, CBD, extracted, infused, edibles, and skin applications to find what works best for her. KP also acknowledges that it is time-consuming to decipher what each element does and that trial and error are heavily involved. There is great power in the cannabis root, as explained by KP. "Typically, I use cannabis oil—ingested and topical—I primarily use indica or hybrid strains and occasionally Sativa, depending on what effect I am needing, what condition I am "treating," time of day, and availability."

Plant medicines and integrative medicine

When asked about their views on plant medicines, many already use plant medicines regularly and prefer plant medicines over pharmaceutical medicines first if given the chance. Others are interested in learning more about plants and natural healing. Participants preferred plants over pharmaceuticals because they are natural products from the Earth. Cannabis being a plant contributes to some of the reasons why participants prefer its use.

> *I prefer to use natural plant medicine over pills any day. I believe the best medicine is provided to us from Mother Earth.*
>
> *-SM*

Participants still voiced the importance of balancing both natural and pharmaceutical medicines, as some are living with chronic conditions like diabetes and epilepsy. Integrative medicine was brought up as a suggestion for including cannabis in regular healthcare. This also relates to participants wanting to discuss potential drug interactions from cannabis with their healthcare provider.

Interestingly, several participants noted the desire to use plant medicines for mental health instead of pharmaceuticals due to the harsh side effects of those medications. The lesser side effects of plant medicine were more favorable.

Participants wanted the integration of both plant and pharmaceutical medicines to achieve an outcome that works best for themselves. It is integral to promote cannabis in such a way that doctors are more open to the conversation about integrative medicine and wholistic wellness, to allow the space for people to ask questions about potential drug interactions with natural medicines.

> *I envision wholistic, integrative practice that accounts of all aspects of being, like that depicted on the Medicine Wheel. This takes into account all aspects of personal wellness. Much of mental health care today doesn't focus on community, culture, land, or relationships, and all of these can greatly affect one's mental health. A lack of belonging in these ways can create loneliness, fear, feelings of alienation. I don't believe medication alone without addressing the many other factors of wellness can necessarily result in long-term health.*
>
> *– OTEHIMIN*

Stigma surrounding cannabis use

Stigma from lingering prohibitionist policies and legislation in society means that participants generally keep their cannabis use private and feel guilty for wanting to use cannabis for health and wellness. Many shared experiences of judgement from others in the community or from family. However, many noted the desire to speak with someone about their cannabis experience and learn, whether from peers or

with a health professional. In some cases, stigma prevented earlier access to cannabis for treatments. This illustrates the importance of open communication for safer use and knowledge sharing.

> *It would be healthier if I felt there was no stigma, and I could talk directly with my doctor about its possible interaction with prescribed drugs.*
>
> *-TAMARA*

> *Ashley M. is the mother of a young boy on the autism spectrum and is also impacted by ADHD. Ashley M. would like to try treating her son with cannabis; however, she hasn't yet as she feels it will be too difficult to get support given her son's age. Stigma is one thing stopping Ashley M. from pursuing this; another is the overwhelming sense of where to begin. Like epilepsy research, research on using cannabis to treat autism and ADHD is in the early stages (Mostafavi & Gaitanis, 2020; Sarris et al., 2020).*

Connection and reconnection to Métis culture and identity

To understand the unique experiences of Métis participants, it was imperative to ask questions around identity and culture. Most people in our interviews and dialogues are "New Métis," meaning they only started learning more about their Métis heritage in the past decade. Others knew they were Métis but never really knew what it meant and were unfamiliar with the culture. Regardless, both groups of people are still on an ongoing journey of re-learning Métis culture due to the hidden past.

> *I always knew we were Indigenous growing up, but our family never spoke about it in detail. As an adult through speaking with my family elders, I learned our history.*
>
> *-SC*

> *I was raised knowing I was a half breed, but I was told never to tell anyone, the word Métis was never used. I was told to tell people I was French and Irish, and that your ethnicity came from your father.*
>
> *-PC*

Participants who were disconnected from their Métis culture and heritage explored their family histories on their own. After learning about their family history and Métis culture, they felt the strength of their ancestors and felt an innate urge to honour the strength and resilience of those before them. Learning the history of their families gave them strength and purpose to uplift Métis voices and continue to battle the injustices against Indigenous Peoples.

Learning about the culture and trying to place my family ancestry in it is giving me a healthy way to move forward and fill a hole in my life.

-DAWN

I've always lived in a white community, so I lived with racism all my life. I was always called an Indian, so I grew to hate how I looked, and it bothered me to not be called a Métis. But now I'm older and want to learn more about my heritage.

-CP

I'm not entirely sure who I am, I am trying to learn more about my heritage and culture now that I am an adult.

– SW

An integral topic that lingered in the background of this study was the historical burden of invisibility and othering that have existed for centuries for the Métis (Auger, 2021a). The idea of imposter syndrome, or the feeling that an individual is neither "Indigenous enough" nor white enough, nor "fully Métis," has caused a shaky foundation that has often left people searching for who they are (Auger, 2021a). In an article, Adam Gaudry writes, "a colleague came up to me and says, "A lot of people tend to think of Métis identity as a waypoint, or like a transfer station—like changing buses; it's where they wait in between becoming white or Indian" (Gaudry, 2015).

Thoughts like these were shared within this study at all stages of the process from survey to dialogue sessions. It was evident that Métis heritage is important and complex, and having access to learn where people are from and who they are was front and centre. With the need for identity so strong, it is natural that feelings of personal shame and stigma around cannabis use were projected through the process of this study.

Our participants spoke of complex stories that shaped them into who they are. Some shared similar stories of the racism and discrimination they have faced. Others shared their lived experience with mental health and past trauma. Many of our participants also have highly stressful day-to-day lives, including work and care-work. Participants brought up climate anxiety as another layer of stress. Some also expressed prior fear of the criminalization of cannabis possession.

Multiple dimensions of stress are seen through our participants' stories—identity, grief, systemic and colonial violence, capitalism, stigma, guilt, and the stress from the pandemic all intersect. However, towards the end of the dialogue sessions, we saw a change in the narrative to one of empowerment, bravery, growth, and truth-telling. Métis individuals have clear ideas that not only increase personal strength but will also contribute to community development. Cannabis did not define who the participants were.

I think that given the past criminalization that many of my peers are hesitant or fearful to consume cannabis. Instead, they prefer to use pharmaceuticals or prescription medication to manage symptoms which in my experience only added symptoms or exacerbated the ones I had.

-AC

I believe that we play a very special role in this country to aid with reconciliation and providing our society with a unique perspective on a way forward.

-KF

Harm Reduction

In many cases, cannabis was brought up as a substitute for alcohol. Many participants acknowledged the dangers of alcohol and stated that it is more acceptable, even glorified, in popular culture. Participants noted family history of alcohol or substance use which adds a layer of trauma and guilt to using substances like cannabis. Many participants would use cannabis in place of alcohol in social settings.

So going home after a long day of work to smoke a couple joints to decompress makes me feel like I'm taking a vitamin VS drinking a beer.

-DM

Cannabis has greatly helped me limit my alcohol consumption which was significantly impacting my life for a few years before I recently stopped drinking.

– JAMIE

Negatives of Cannabis

While most participants reported a positive experience with cannabis use, a few had negative or mixed experiences. Negative experiences included cannabis being ineffective against physical pain, reduced activity levels, or created an unpleasant psychological experience. Although some negative experiences occurred, participants still hoped to find a cannabis product that works. One participant was able to adjust to using CBD dominant products to combat the poor experience.

My experience so far has been neutral to negative. Topically it has been useful, but sublingually it has been a bit terrifying. It accentuated my claustrophobia and made me feel very unwell and scared.

-SW

Opportunities for education and learning are needed

Participants wanted the opportunity to learn more about effective cannabis use from their peers and from healthcare providers. Further research into the diverse use of cannabis must be examined. Participants also hoped to learn if cannabis has negative effects on mental health.

> *I think something that I'd like to add is just how difficult it was to use CBD oil for the first time on Ashleigh. There was NO guidance from practitioners. It really was a trial-and-error time for us. It took many months to find that "sweet" spot that worked for her. Patients feel confused and alone in this journey and I hope that changes.*
>
> *-NANCY*

Cannabis integrated into mainstream health

Some participants expressed the desire for cannabis to be covered by public health plans as the cost of cannabis and other prescription medications adds to the financial burden.

> *The cost of cannabis is much more expensive and I have to pay for it myself as it is not covered under public health plans even though research has proven it is very effective for complex PTSD. Only veterans and first responders get it prescribed even though my residential school experience is as traumatic as what they experience. I believe this is systemic racism.*
>
> *-PC*

More supports for mental health

When participants were asked about their ideal mental health, a recurring theme was the need for more mental health supports in order to achieve overall wellness. Many indicated that mental health should be accessible to all. Participants wanted someone to speak to—about trauma, about cannabis, or just "someone to talk to openly."

> *This is the first group of people I felt comfortable talking to about Ashleigh's use of CBD oil, other than doctors. I wish it was easier for people to access pure CBD. I wish it were easier for people to access information and talk about it without feeling they are doing something wrong.*
>
> *- NANCY*

TRADITION AND CEREMONY

The practices of traditional ceremonies and protocols such as the offering of tobacco and gathering and preparation of medicine plants for healing is seen as fundamental to the well-being of our spirituality and critical in contributing to the renewal of life on Earth. To participate in ceremonies is to strengthen our relationship with the land and water (Edge & McCallum, 2006).

Throughout this study, the participants indicated their interest in learning more about Métis culture, tradition, and ceremony. Many support their wellbeing through spirituality, smudging, meditation, and connection with land. However, many in this study expressed the difficulty in accessing ceremony based on where they are located geographically, as well as their lack of access to Elders, particularly those living in rural and remote areas, outside of urban centres. The participants in the dialogue sessions all indicated their "newness" to learning of their Métis heritage, and how once they discovered their roots, they were not sure where to begin to dig deeper and learn more.

Elders Henry and Marie were a wealth of knowledge and wisdom in their teachings of being Métis. Their teachings went beyond the topic of cannabis, delving into history, tradition, blood memory, and culture.

> *Blood knowledge: If you have one drop of Indigenous blood, the fire is ignited through ceremony. You don't need to work so hard because it's in your blood.*
>
> *-ELDER MARIE*

Of the two Elders, Henry had a more difficult time reconciling cannabis use with his traditional upbringing and ceremony. Both Elders in this study stated that cannabis is not traditional to the Métis, and Henry shared teachings that individuals cannot attend ceremony under the influence of any substances for four days prior to ceremony. For the Elders, the motivation to attain abstinence for four days in their teachings is because ceremony fulfills many of the same things that cannabis does for other people. As Marie explained, it is how they relax, de-stress, heal, and connect. They take a different path with similar outcomes.

> *There are medicinal uses for cannabis, and it can be good for pharmaceutical alternatives, however, being immersed in culture and traditional medicines rather than cannabis and pharmaceuticals has advantages and benefits.*
>
> *-ELDER HENRY*

Much of Elder Henry's concern regarding cannabis came from his own background. Henry shared stories of his family and his youth and how he feared substances of any kind. Any substance was to be feared. Alcohol started as medicine but was then misused, so cannabis was looked at in the same way. Over the course of this project, Elder Henry was able to reframe his traditional teachings around substance abstinence in a positive way that was not stigmatizing. Considering the teachings of the Elders, questions remained after this study regarding how people can access Elders and ceremony.

COMMUNITY

This project encompassed all three pillars of CBR. It was a project that needed the participation of the individuals that responded initially to the survey. The survey was in-depth so that it could inform the next steps in the process. As some of the participants noted in their comments of the survey, it was long and detailed.

Compilation of the data from the survey—the community's contribution—informed the second phase, and the questions we wrote for the interview questionnaire were based on the information garnered from the survey. The recommendations provided by participants through the dialogue sessions are tangible and actionable by individuals, communities, and governments.

> *This is the longest survey I have ever done. I kept wanting to quit but I kept thinking I would miss out if I didn't finish it.*
>
> *-SURVEY PARTICIPANT*

The most significant achievement of this project was creating a safe container that allowed the participants to speak freely and feel honestly. The connection created between the participants extended beyond the dialogue sessions. Some participants exchanged contact information and connected outside of the sessions, creating a stronger bond. There was sharing of information and experiences within the sessions, but also outside of the sessions where lived experiences and trial and error became the mentors for others. Throughout the dialogue sessions, participants were also welcomed to provide feedback at any time to debrief, to revisit a topic, or share a new topic to discuss.

> *The success of the project is based on the support group feeling, not the report.*
>
> *-NANCY*

Everyone involved in this project had the opportunity to be both a receiver and a sharer of knowledge. In keeping with community-based research, the research team continually learned from the participants and Elders; the participants learned from the Elders and research team; and the Elders learned from the participants.

> *I have learned from the Elders in this group beyond the discussions about cannabis. About coping, connection and the importance of community and culturally relevant ceremony.*
>
> *-TAMARA*

> *I better understand why people use cannabis now.*
>
> *-ELDER HENRY*

> *We show up as we are and become whole in the process.*
>
> *-KATHRYN, Facilitator*

NEXT DIRECTIONS

Over the course of the dialogue sessions, participants were asked to note any next steps they would like to see following this study. As a result, there were several recommendations made that are specific to and for Métis people.

1. Métis production of cannabis was seen as a step in reducing stigma. It was also a way to focus on eliminating packaging to make products more environmentally friendly and keeping cannabis more land-based.
2. To provide more education about the benefits of cannabis use and how cannabis may support betterment of mental and physical health. The participants in this study believe there are benefits to using cannabis provided individuals have the information they need. Having the means to do their own research and come to knowledgeable conclusions on their own or with the assistance of healthcare systems is desired. More education = less stigma.

> *It's not terrible to feel shame if you can reflect back and unpack why you feel that way.*
>
> *-DAWN*

> *Every time stigma has shown up in my life was because social norms were questioned.*
>
> *-STACEY*

3. The continuation of conversations within a Métis context so that individuals become more willing to speak about their shared identities and experiences, thereby making isolation less extreme. Continued studies like this one, with invitations to the communities to start discussion groups that are Métis-led and/or Métis-specific, will benefit individuals in making connections.
4. Facilitation of opportunities where individuals can connect with Elders and their teachings as well as access to ceremony was one of the crucial gaps that arose from this study. A recommendation that individuals have access to Elders, either in person or via online platforms, to learn the integral history and traditions of the Métis people came up repeatedly in this study.
5. Further investigation and presentations about the benefits and harms of cannabis from professionals and medical outlets hosted by MNBC and Chartered Communities will be helpful in bridging the gap between knowledge and education.
6. Participants expressed the desire to have more opportunities to be involved in this kind of project. They shared that this project was unique in that it allowed a community to form based on one topic that grew in different directions over time. There was a sense that this group of individuals could easily continue to meet every three weeks indefinitely to discuss ideas, perspectives, and connections. The participants agreed that this type of Métis-specific group is rare, and they would like to see more projects like this, particularly led by MNBC.

7. Several participants believe more Nations, including MNBC, need to take sovereignty over the way cannabis is regulated and ensure communities operate their own stores, where they are run by the Nation, supplied by local Métis cannabis producers, and contribute to supporting the local economy. Some funds could go back into the community to support programming and other resources.

> *The world has used cannabis as medicine for a long time - it needs to be talked about.*
>
> *-OTEHIMIN*

8. The integration of natural and plant medicines needs to be encouraged and decolonized. Cannabis needs to be covered by health insurance, along with with more access to counselling and practitioners willing to talk about alternatives to western medication.
9. More environmentally aware packaging for cannabis is a concern. Packaging for cannabis can be excessive and it is critical to have plans to lessen the environmental impact. Participants suggested a bulk option and individuals providing their own containers.

> *I like getting raw products. Even the exchange with a dealer often involved a visit, a conversation, relating with another person, a reciprocal exchange. I miss the days of a reusable Ziploc.*
>
> *-GAILEEN*

Participants and the research team wish to see the provision of spaces for more people to have conversations, like this group, including developing community conversations around mental health, substance use, plant medicine, micro-dosing with mushrooms, and psychedelics, regardless of tradition. These conversations can lead to more studies, and this project could be a portal for the next steps in research.

The participants of this project offered ideas to allow the Métis Nation to self-govern and be independent. Since the legalization of cannabis in Canada, there has been limited opportunity for Indigenous Nations to be producers of cannabis as well as benefit from economic development by selling cannabis locally to their own people as a result of regulatory barriers (Health Canada, 2022).

CHALLENGES & INNOVATIONS

As with so many projects that occurred during 2020 – 2022, the COVID-19 pandemic impacted every turn of this project. When the project was first initiated, it was meant to be in-person and include community gatherings within the province at each phase of the project. COVID-19 derailed all plans for in-person contact, although, by the project's end, some of those involved in phase 3 were finally able to meet in person at a gathering at the end of October 2022. Métis gatherings traditionally hold space for the wisdom of Elders, serve food for the nourishment of the Métis community, and provide opportunities to learn and share knowledge and ideas with each other. Coming together to meet in person after experiencing the entirety of this project online was a positive way to close this chapter.

Challenging factors specific to this project and this province was the flooding of the Sumas River in November 2021 (Crawford & Carrigg, 2021). A member of our research team was impacted by the flood and had to leave the project, creating a loss for the team. This team member had worked on writing the initial survey and interview questions and had started connecting with some of the dialogue session participants and Elders. We were fortunate to add another researcher through MNBC to our team soon thereafter and no time was lost on the project. Additionally, one of the participants in the dialogue sessions dropped out early in 2022 as a result of the long-term effects of the flooding. This individual was impacted personally, professionally, and geographically during the flooding when they were stranded for three days due to a landslide, and major life decisions had to be made following that experience, including leaving this project.

Another factor was staff turnover at MNBC which meant there were fewer original staff members on board for the project than there had been initially. At times there was a tenuous through-line for the project. However, due to the community-based nature of the study, the participants drove the project, and participants were encouraged throughout to discuss what was on their minds. This fluidity was welcomed throughout the course of the project, and the research team would guide the focus back to cannabis when the participants were ready to return.

The greatest lesson from this project was to allow the fluidity of conversations to be a positive factor. Although it was important to have a framework, goals, and an outcome, the results of this study are more fulsome because the participants led the way and incorporated their stories, their personalities, and their experiences, allowing the themes to establish themselves and grow organically and in a good way.

> *When I connected more to ceremonies, art, and focused on my mental wellness, I continued reading and learning more and decolonizing my thoughts around the cannabis plant. Now, it is legalized and there is a huge change in attitudes towards cannabis and thankfully, we have harm-reduction models of care. There's a lot of work to be done still, but there's a huge revival of people looking at cannabis as a healing plant.*
>
> *-SANDY LEO LAFRAMBOISE, Métis Advocate*

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APPENDIX

The Dialogue Sessions Participants' Stories

Nancy & Ashleigh

Our choice to use cannabis to treat Ashleigh's seizures didn't come lightly. It came with hard conversations and guilt and endless "what ifs." Ashleigh started having seizures the year she turned three. We were told that it was probably just a one-off, a febrile seizure, although Ashleigh didn't have a fever and wasn't sick. Although we were hopeful that was all it was, we were also doubtful. Two weeks went by and she started seizing again. This time there were several and they didn't stop until she was given a rescue drug at the hospital. That was the beginning of our search for an AED (anti-epileptic drug) that would control her seizures. After every episode that landed us in the ER (almost weekly) a new drug was added or the previous dose increased. Ashleigh never gained a single pound that year. Some of the drugs left her vomiting for hours, no appetite, and some left her shaking so badly she couldn't walk.

One night in December of that year she started having seizures again. We went to the hospital and they admitted us to the pediatric ward. She was having seizures every half hour, sometimes less than that. The nurse refused to call the doctor in, it was late and she kept saying to wait until morning. She said Ashleigh wasn't Status because she was having breaks that were longer than twenty minutes. I learned later that she was in Status all night. The neurologist was furious when she found out that they didn't call anyone in.

I knew in my gut that Ashleigh needed help that night, yet I didn't follow my intuition and demand the doctor be called. That was one of many things that if I could turn back time, I would tell my younger self to follow my heart and do what you KNOW is right. That morning the doctor came in and was very upset. He wanted to put Ashleigh in an induced coma immediately, her little body was shutting down. We were flown to the Children's hospital. Thankfully her seizures subsided that morning, so her body was able to rest. It was when we got to Children's that the neurologist started her on Keppra, and her seizures stopped. She was still on two other seizure meds, and I wish now that we had weaned her off of those drugs. Why take them if they don't work? Again, I was young and listened to the professionals and not my heart.

Ashleigh turned four that February. From age four to eight she was on three seizure medications and was seizure-free. During those four years, we slowly watched our little girl disappear. She stopped smiling and laughing. She became scared of everything, even us when we got too close to her. She constantly asked if she was ok. She was scared to sleep.

She had zero appetite. There were days that she wouldn't get dressed and on the days she did it would take her hours to put on a pair of underwear. Her OCD was through the roof. One example is simply putting on her underwear, on, off…on, off…on, off…this would go on for an hour at a time while repeating certain phrases over and over again till she was satisfied they were on correctly. Every single thing that she did had some sort of ritual to it. Every day it was getting worse.

That last year, my dad suggested we look into CBD for Ashleigh's seizures. I did tons of research and asked all of her doctors about it. Her neurologist said she would not support us on that. Her seizures took too long to get under control, and if we pulled her off of her current medication, we were risking her going into Status again. She mentioned SUDEP which I had never heard of before. I was mortified and scared shitless.

I think the last straw was when I saw Ashleigh sitting in the living room facing the corner staring at nothing. That was it. Ashleigh turned eight and I decided to find a doctor who would prescribe medical marijuana. I found Dr. Code in Duncan, BC. I got in touch with another mom who was treating her son's epilepsy with CBD oil. She told me how she made it and how much to give Ashleigh. We had many friends and family members that were not supportive at all and made us feel like we were terrible parents for making this decision.

This was ten years ago, and at the time Ashleigh was only eight, but what life was she living? My parents were totally supportive. My dad had been smoking marijuana since he was 16, and I grew up around it, so I wasn't nervous about any negative side effects of giving it to Ashleigh, but I was petrified that her seizures would return. We took TWO years to wean her off of her AEDs while giving her CBD oil. We noticed a difference the FIRST night we gave her the oil. She didn't ask once if she was ok, and she slept the whole night!!! The next day she ate. Not tons, but she actually asked for food rather than me begging her to eat. When she turned ten, she was completely off of the AEDs and solely using CBD/THC oil. She was healthy, and happy, with no OCD, no hallucinating, and sleeping.

For four glorious years, Ashleigh was drug and seizure free! During those years, we got a lot of attention from Ashleigh's doctors. They wanted to know everything. And did I have a problem getting a prescription from any of them after that? Not at all!

The year Ashleigh turned 14 she started her period and the seizures returned. We tried for a full year of adjusting the CBD oil to get her on a dose that would work for her, but the longest we managed was four months seizure-free. Her seizures now would happen at any time, she could be standing up dancing, and bam…down she would go. When she was little it always happened while she was waking up from sleep, at least safely in bed. Now, they were even more dangerous because she could fall down the stairs or in the shower. We had to put her

back on Keppra. I was crushed. Thankfully we were able to keep her at a smaller dose of the Keppra than what was recommended, I believe, because she was still using CBD oil.

But in time all those terrible side effects kept getting worse. This past Christmas we were on vacation and she had panic attacks every day. I contacted Ashleigh's neurologist and she suggested when we get home, we try weaning her off of the AEDs, which we did. She's been seizure free for the last three years and maybe she had outgrown them.

We started weaning Ashleigh off the Keppra in January 2022. Ashleigh turned 18 in February 2022. At the end of the wean on March 1st, we heard a thud in her room and found her seizing. She had four really bad seizures that night. After sending her neurologist videos of Ashleigh's episodes, we learned through this journey there are so many different kinds of epilepsy. Ashleigh's is pretty much the worst there is. There is no cure. Hers is neurological. The next day we put her back on Keppra. I asked her neurologist for other options and she suggested Briviact, "fancy Keppra" she called it. It works the same way, but at a smaller dose and with less severe side effects. So that is where we are at.

We weaned her off of the Keppra again and introduced Briviact. She is on half the dose they recommend her to be on. So far, we are seizure-free and I believe it is because of the CBD oil. I know for a fact if we didn't have CBD oil as part of her treatment, she would be on a way higher dose of AEDs.

Initially, we had friends and family against the idea of CBD use. Because of our journey, we now have family interested in using it. After seeing how much CBD has helped Ashleigh, certain family members want to use more natural remedies rather than over-the-counter drugs. My uncle uses it to help with his ongoing cancer treatments. My mom uses it to help with her diabetes. The list goes on of family and friends who now come to me for advice on where to start their own journey on healing. Although those previous years of trying to get people to understand why we were choosing cannabis for Ashleigh were horrible and there were a lot of hurt feelings...it's all ok now.

KP

I am a 60's scoop child and new to my Métis heritage. I was separated from my community, family, and culture. I spent my whole life looking for what is missing. I took part in an MNBC weekend in Richmond a few years ago and it was life-changing. I was given a sashing ceremony that weekend and felt welcomed in. It changed my life. I have spent the time since doing genealogy work to find out

who I am, and was helped by MNBC to research my ancestry. I have found so many cousins and so much family. The family is coming back together—we call ourselves 'Sarah's Seeds' after my grandmother. The wind blew our seeds all over the world but we are finding our way back home to each other. I put a lot of value in connection. The survey touched me deeply and drew me in. I have needed fellowship and friendship and this seemed like a place to be.

I lived with a sleep disorder for 25 years and had side effects from the pharmaceuticals I was using to treat it. I started looking at natural medications and cannabis had been recognized as a sleep aid. While in Latin America for many years I started growing my own product and making oils from cannabis extract for sleep disorder. A side effect was that my IBS disappeared!! So many things changed for me. I was able to control the sleep disorder and reduced prescribed medication.

I also used to have crushing anxiety and I stuttered. It all has disappeared with cannabis. "How can one plant cover everything?"

I started to research—particularly by reading journals that were published out of Israel in the 1990s. I learned about the endocannabinoid system—the pathway to the molecular system. It's an actual part of your system, which is why some people have such success with it. It isn't just one plant—there are hundreds of strains and options. THC and CBD are most commonly known, however there are over a hundred cannabinoids that scientists have found. Each cannabinoid has different and often specific benefits or effects on the body. All are powerful and medicinal. Like so many things, all these strains connect the medicine within the plant. The power of the root.

Ashley M.

My first experience with cannabis was smoking a joint with a friend—she had stolen the joint from her parents. I was using cannabis as an escape from my crappy childhood. I'm a mom with a child on the spectrum, and I use cannabis as a stress release. I may give cannabis to my son at some point as he has autism and Crohn's disease. He had bad side effects from the pharmaceuticals he takes. We have a pediatrician and GI specialist in Vancouver. It has been more difficult since Covid as we don't get there often. I am looking into pediatric cannabis on a Facebook group. So far one of the biggest things stopping me from asking about cannabis is stigma and I feel bad thinking about using cannabis on my son.

I get frustrated that there is not enough health coverage or support within the system for

acute autism. I have more questions than answers about autism coverage in the health system. My son has aged out of most coverage as he is over six years old. I feel like he is disadvantaged by the system. I don't want to have to move to another country to get support and resources…funding and resources for people with mental health is being cut when there are more kids than ever being diagnosed with mental illnesses.

My son used to take the pharmaceutical Biphentin. His school told me to keep him on this medication even though it made my son hear voices. The school thought he was schizophrenic. He had a bad appetite, wasn't sleeping, and was talking to demons while on Biphentin and other mood-altering medications. I took him off it and he is eating well, and sleeping, his behaviour has changed. He is easier to calm down now. He is happy now, he is eating. He was mis-medicated and misdiagnosed with ADHD. I would like to get a comprehensive diagnosis but it's expensive.

It has been good to meet this group. Interesting that all females are left. The group helps get my mind off things. I like to sit and listen to the discussions. I feel connected to this group, especially with Nancy as another parent having difficult experiences. It is so great to connect with such beautiful people.

This study has made me think about cannabis use more deeply. I have become more accepting of it through the process. Tell people they shouldn't be ashamed of cannabis use. I want people to know they shouldn't be ashamed of their cannabis use. They shouldn't be ashamed for wanting to explore cannabis use to help their kids.

Tamara

My relationship with cannabis started in university and was inconsistent and experimental. I drank and used pot occasionally. Once I was married and had kids, I was away from it, but I am rediscovering it now. I am learning to find clarity and focus and peace and I'm exploring the role of cannabis in this. These things tie into identity and showing up in the world and there is an appeal to that.

I have always felt I have two homes, one in Manitoba, and one in BC. I joined MNBC to be a Métis Citizen so I could honour and write about my great-grandmother. I didn't feel I could write about her without acknowledging I am Métis. I felt fake for a while and lost opportunities to celebrate strength from my grandparents and to be strong myself because of an imposter syndrome—I am a new Métis and desire more connection. Through these sessions, I have become more strongly connected to my identity. I loved doing the survey—it was intimate and landed in my inbox

at a time I felt lonely. The process of answering the questions (and the deep considering I did) made me feel less lonely. It came at a good time and was about being brave enough to share. I was drawn to this study and felt valued and connected.

I have ADHD and I'm always looking for something to help make it better. I was on an ADHD medication and an anti-depressant, but I'm off both of those now and use cannabis as a replacement. I don't always know what I'm doing with cannabis, but I am always learning. I use CBD myself and for my rescue dogs. It is a learning phase and so far, the results have been good. I am careful when I buy cannabis and where I buy it. I worry about the stigma, and I don't want myself, my husband, or my kids to be judged.

Over the course of this project, I have learned a great deal about cannabis use, its benefits, and its downsides. If we bring intention, we can make good things of what we've done. This project has created learning from old to young, young to old and I thank the Elders for their openness. I am drawn to this community. There is a connection to each other as well as something bigger than ourselves.

It has been of incredible value having the Elders with us. In reclaiming my great-grandmother, I want what the Elders bring, their wisdom. Speaking our truth. I want to emulate that. I have learned from the Elders beyond the discussions about cannabis. About coping, connection, and the importance of community and culturally relevant ceremony.

My brother died by suicide when he was 19 and I have been searching for ways to reconcile his suicide knowing there is always the potential for healing and honesty. I have an intense need for honesty—there is nothing to grab onto to build connection with others without it. I love the connection of this group. Connection offers access to healing and ceremony where we are invited to be vulnerable with whatever we're showing up with. We get to create for each other what we all yearn for. I have been able to honour my brother by being vulnerable.

As this project comes to an end, I feel much less stigma about cannabis now. Why? Because of the openness of our sessions; because cannabis has been legal for a year longer and I am starting to view its use as akin to alcohol (in some ways better); because I have spoken more openly with our kids about it, and…being one year older means I feel less apologetic for being who I am generally.

Jamie

My paternal grandma is Métis, Scottish, British, and Mennonite. I always knew I was Métis, but my grandma never talked about it. After she passed away, my uncles did the genealogy. Now her generation is trying to revitalize the Métis culture. I feel connected to my grandma by wearing things that belonged to her like earrings. I grew up in Vancouver and went to school in Montreal to get my degree. I use cannabis daily for lots of different reasons because it is beneficial for several conditions. In the past, I have been more dependent on cannabis than I'd like to be and I'm trying to learn about plant medicine overall, including the Métis perspective on plant medicines, as an alternative to western practices. I am interested in being here together. Since the legalization of cannabis, there has been more research and I am happy we are producing our own research.

I was an infrequent user of cannabis when I started high school at 14. I only used cannabis a couple of times per year. Instead, I drank heavily in high school and university. Within two months of my second year of university, I started using cannabis daily. A lot had to do with my social group—they smoked a lot of weed. I still drank a lot as well. When I was 21, I was diagnosed with ADHD and had been self-medicating pre-diagnosis. Smoking made schoolwork easier to focus on. It quiets the brain enough to focus.

In university, I switched majors after the IPCC report and I became scared about the future due to climate change. I had a lot of anxiety once I switched majors and learned how bad everything is. At the same time, I entered a relationship with a daily user of cannabis. It was an abusive relationship and made me use more cannabis. As a result of the relationship, I was impacted with PTSD, then learned of the ADHD diagnosis soon after.

I was self-medicating for chronic pain, depression, and anxiety. Initially, I was on the wrong medication for ADHD, but I was still able to cut down on cannabis use. The medication helped with chronic pain—CBD can do that too, without the psychoactive. It was a crutch at the time and I was able to significantly decrease cannabis use now that I am healing. I have also stopped drinking altogether. I had thoughts of my grandma who passed away from liver cirrhosis. I felt guilty about drinking, guilt because of my grandma. I was experiencing trauma on multiple levels and it was impossible to separate intergenerational trauma and cannabis use. Lots of people self-medicate due to trauma and learning more about my culture has impacted significantly my use of cannabis and alcohol. I used cannabis as harm reduction for alcohol and that was useful. I still use CBD for myself and my dog.

Culture is healing. I have better control of my health in lots of ways because I am learning

who I am. Using cannabis helped me stop drinking, but I don't rely on cannabis or other substances anymore. I feel productive for the first time. My ADHD meds are working. I can focus on where I want to be. Being sober directs my energy where it should go. I have better efforts to focus on climate change. I am appreciating everything right now.

There is still so much stigma and emphasis on social norms. I think about those in jail before the legalization of cannabis legislation. I think about mass incarceration for non-violent crimes in the United States. I think about the high percentages of Indigenous and Black populations who are incarcerated. White people own the cannabis dispensaries. White privilege needs to advocate for those who can't have these conversations. Families are destroyed due to people using weed. There has to be more mental health funding and support overall. Mental health services are so necessary.

Dawn

I have lived here for three years and haven't connected too much with the community. The first year was a transition year, the next two were Covid. I am new to Métis culture and am learning my journey from reading The Northwest is Our Mother. The two generations before me are still living, also, and I don't know anything about their Métis roots. I use cannabis, sometimes more than I should. I like to participate in surveys based on a research class I took and realized research is important. I'm interested in the process of this project and where it goes as well as relationship building.

I started using cannabis as a pre-teen using with friends at school. Soon after I started, I was kicked out of the house by my mom and went to live with my dad. My memory isn't good, but I started using cannabis a lot in my teens. Smoked with my friends but hid it from others. My expectations were to have a good time. Now—I use it to alter my moods. I can fall into a bad mood or get pissed off and cannabis helps rebalance those moods. I sit down, take deep breaths, relax, and the day is done. I have a busy job and cannabis turns off the day for me. Cannabis was there for me when I was thrown out by my mom. It was a conduit. My mom and I are working on our relationship. We agree more now.

At one point, I felt defensive about using cannabis. I felt shame knowing that I can't enter a sweat lodge for days after I use cannabis. But I work with an Indigenous Elder and talked about it and realized it's okay to feel shame if I can reflect back on it and know why. I don't make a connection between cannabis and Métis culture—and there doesn't have to be one. I connect with this group and I belong.

Stacey

I was raised by non-Métis family but I knew early on I am Métis. I got my Citizenship through MNBC in 2017 and am in my third year of university thanks to MNBC. I have used cannabis since my early teens. This project was of interest because it is important to participate when you can, and I am curious about cultural conclusions and the relationship with cannabis. I am also interested in any plant medicines.

About a year before the survey for this project came out, I got a tattoo to represent being Métis. I chose it because it gives me a sense of belonging. It was also a sign of rebellion. I was actively discouraged to talk about my Métis heritage. My grandparents also didn't feel safe sharing until recent years, saying things like, "I still dye my hair because I'm scared I will be taken away." I am grateful to be learning about being a modern Métis.

I originally thought I had a good/bad relationship with cannabis, but I have looked at it more objectively since. Cannabis is not bad per se. I started at age 14, in the ninth grade. I had struggled at school—academically and socially. I had anxiety and a focus issue and have been diagnosed with ADHD since. Cannabis helped me deal with anxiety. In my 20s, I found the medicinal purpose of cannabis and it has been helpful for chronic health issues. I've used cannabis for two surgery recoveries. Both surgeons agreed with cannabis use for recovery. I still use cannabis for relaxation and stress release, and I am happy to turn to it rather than alcohol due to the addiction history in my family. There is positive cannabis use on the Métis side of my family. My family has been able to look past the cannabis stigma. My relationship ebbs and flows with cannabis use. It is a privilege to be part of this group.

I have spent a lot of time with stigma. The stigma around cannabis, health issues, and physical and mental health, and ADHD. The treatments have often been stigmatized. I have been impacted by women's issues since I was young. Every time stigma has shown up was because social norms were questioned. There is such a fear of the unknown and people being afraid. This has explained to me why my stigma exists. Culturally, we are deciding what is working for us.

Gaileen

I am a military brat and spent years figuring out who I was. I didn't have roots for so long. In my early 20's, I discovered I was Métis from the Red River settlement. I was sponsored by MNBC and RRU to take a program with a Métis emphasis. I learned about heritage and discovery and was able to dig deep and learn. I learned about

handicrafts and food. I jumped on everything that came at me that was Métis. I am looking forward to where it goes. I want to elevate the nation and speak up. I am interested in plant medicine. My cannabis use is primarily recreational and I believe it is dominant in society. I recently used it topically and use CBD for arthritis.

The Métis have been the forgotten people. I feel that in my blood and bones, the echo of intergenerational trauma. Tears are sacred water. I wrap myself in my Grandma's blanket when I need love and physical presence.

My relationship to cannabis now: the plant is a symbol of earth, material, connection, interconnection, consecrate in ritual accompaniment of fresh air, soft tub water, land, the ceremony of elementals, great mother, sacred practice, oneness with the natural world, spiritual parts, unique identity, woman wild and wise, witch, CBD buds, oil, pre-soft tub, a magical elixir, calm.

There is always a lot going on, ebbing and flowing. Up and down. Life is full. I'm feeling awake. Blessed to be here. My heart is open and appreciative. A beautiful day. This safe container, how important it is. Connection. Métis heritage. Feminine energy.

I still vacillate about my cannabis use. I still have a good handle on it due to past teachings and learnings and where I'm at with my mental health. I am always being conscious of when it's medicine and when it's poison. I feel more empowered because I know the reason behind my cannabis use. I feel more confident about my use.

Still, I have questions—not growing up in the community—is there a new form of Indigenous approach or leadership to cannabis use and ceremony? Do four days have to be the standard—is there a new possibility? Where do I harvest sage respectfully? I want ritual and ceremony in life but I do it my way. Can it still be meaningful and intentional? Am I justifying or making amends? Is anyone feeling the same? Because I didn't have the connection before, can I create what works for me by morphing several things? I was an outsider now connected.

As a result of these sessions, I have better recognized the unhealthy habit of smoking as it became a more regular event, alongside and outside of other healthy, healing disciplines. As such, I have moved to edibles that do not harm my lungs with smoke and reduced the frequency of cannabis consumption. Subsequently, I am more engaged in healthy coping and healing activities that don't involve cannabis to the same extent as previously.

Otehimin

I started using cannabis six years ago—my experiences have changed over time. My relationship with it has changed. I was exposed to cannabis at an early age and have a lot to say about it. I am excited about actual data on Métis use of cannabis. Data and research are important.

I tried cannabis a long time ago. My mom used it a lot while I was growing up. My dad was against it but started using cannabis for medical reasons when I was eight. There was a lot of stigma and I worried about my dad getting caught. He took a lot of meds for pain and mental health. Without cannabis, he couldn't work or get out of bed. He had a very amazing reaction. When he came to cannabis, he would go out more and we became closer. At 15 or 16, I became curious and tried cannabis for the first time on my 18th birthday. It helped me a lot with stress and creativity. It still feels that way. At 20 or 21, I combined cannabis with another substance and it had a bad effect. I became anxious about using cannabis after that because of the bad experience. It was like a loss because the relationship with it changed.

When cannabis was legalized, I worked for a government cannabis supply store. I became interested in CBD strains and started to try CBD in vapes—using it when I was sore or stressed.

I use it for pain relief still. It really is about relationships and when we abuse or misuse any relationship, it is hurtful. Anything more than a little THC is too much for me; I prefer "old man weed" and find it works best. I love the cannabis plant and the idea of spirit and plant as medicine.

Métis women in my family are very open to cannabis use. All my relationships have been affected by cannabis. A past ex was affected—he possibly had a psychotic break due to mixing. I used to be able to use heavy THC cannabis, but I don't now, and that's okay. It's important to consider alternatives, otherwise, who knows what might happen? It's a complicated thing because there is still a stigma about it. The world has used cannabis for a long time—and it needs to be talked about.

I dream of seeing easier and safer access to cannabis in the future for members of the Nation. I'm excited about the implications of the results of the report. We're helping to fill a wide gap in research that exists for Métis people regarding health, especially when it comes to cannabis use. When we fill these gaps, it makes it easier for the Nation to advocate for members' needs.

THE MENTAL WELLNESS AND HARM REDUCTION SASH

RED: Alcohol and addiction awareness

PURPLE: Overdose and opioid awareness

GREEN: Mental illness awareness

TEAL: Recovery awareness

YELLOW: Suicide awareness

WHITE: Connection to the Earth and Creator

The mental wellness and harm reduction sash works to represent the wisdom shared by the Métis participants of Métis Nation BC's Alcohol and Community Health Dialogue Sessions.

This custom sash was created by participants, with chosen colours guided by the themes that emerged from the dialogue sessions.

This sash is a testament of Métis resilience and wellness. While the impacts of colonization have contributed to mental health and substance use concerns, we know also that we continually encounter the resilience of our communities rooted in the strengths of Métis culture and worldviews.