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**PAUKTUUTIT**

**INUIT WOMEN OF CANADA**

# Cannabis in Our Communities

## What We Heard

## REPORT SUMMARY

This is a summary of the Cannabis in Our Communities: A Focus on Inuit Youth and Maternal Health and Well-being project engagement report prepared by Pauktuutit Inuit Women of Canada (Pauktuutit), November 2020.

A full version of the report can be found [here](#).

*We are thankful for the contributions of all service providers, communities and Inuit participants who generously shared their insights about the current cannabis landscape in southern urban hubs and across Inuit Nunangat.*



## **Why we are doing this work**

We know that cannabis is being used in Inuit communities. We also know that cannabis use can affect the health of people who use cannabis. We particularly want to ensure youth and young parents have the necessary information to make informed decisions about cannabis use. We feel, with the recent legalization of cannabis, it is time to learn from Inuit how cannabis is affecting their lives and to provide resources and knowledge to help them make choices about their health and the health of their families.

## **Why we asked people to share (engage)**

We need to understand the knowledge, attitudes and behaviours of youth and new and expectant parents related to cannabis to achieve the goal to increase understanding and reduce cannabis related harms for communities. This understanding will help us move forward with a holistic, harm reduction approach.

## **How we asked people to share**

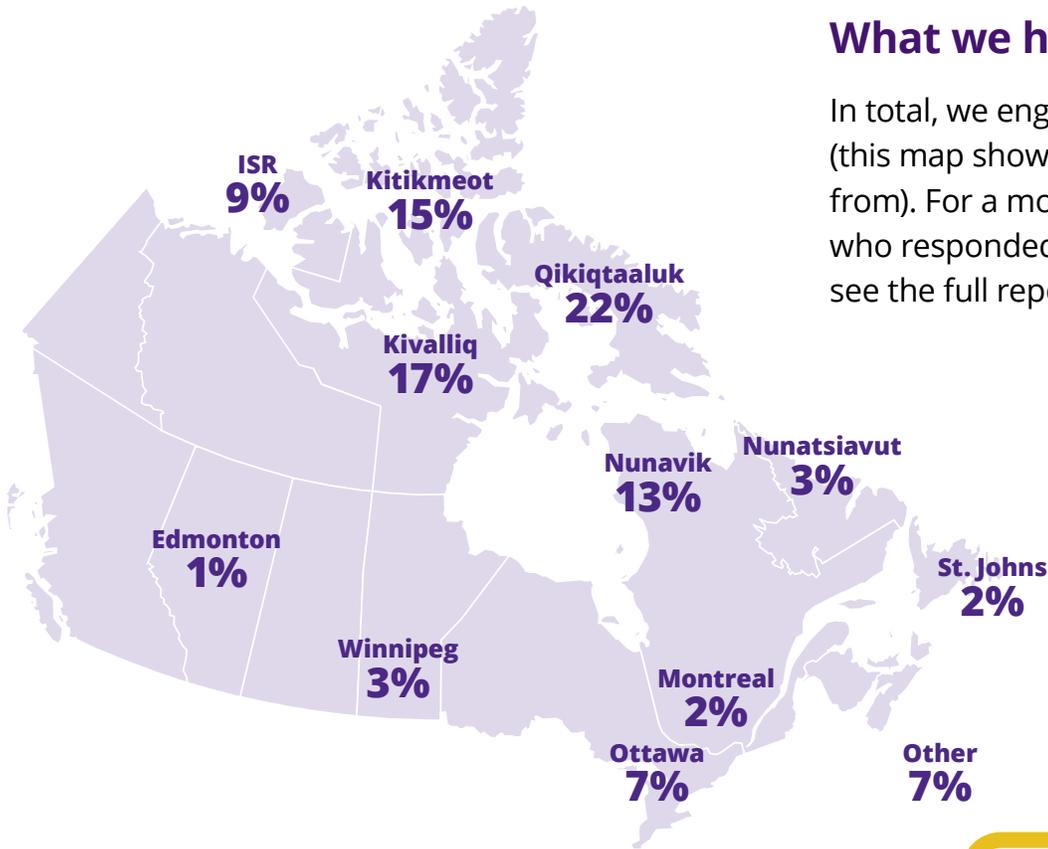
From January to November 2020, we engaged with Inuit women (pregnant or in child-bearing years), their partners, as well as youth and young adults (18-29 years) across Inuit Nunangat and urban centres.

Engagement included focus groups, online surveys and interviews.

People from these locations shared with us: Rankin Inlet, Cambridge Bay, Ottawa, St. John's, Inuvialuit Settlement Region, Nunavik Region, Edmonton, Montreal and Qikiqtaaluk/Baffin Region.

## What we heard

In total, we engaged with **496 Inuit** (this map shows where they were from). For a more detailed picture of who responded and what they said, see the full report [here](#).



## Online survey

We received 442 responses from Inuit—199 fully completed surveys and 243 partially completed.

Importantly, 79% of the respondents are female and 84% have children. About 80% are younger than 55. Questions (listed in the full report) were multiple-choice and open-ended. All open-ended responses have been organized into themes within a spreadsheet, and detailed survey results are available through the Pauktuutit project team. Some interesting survey results include:

**Online Survey—The survey, available in English and Inuktitut, asked Inuit to share their knowledge about cannabis in their communities without asking about their individual use.**

## Cannabis use:

Cannabis use in my community is **common** or **very common**:

**92%**

The **reason** people my age use cannabis: **for fun**:

**31%**

Cannabis use is **becoming more common** in my community:

**70%**

**to cope** or **forget**:

**27%**

People use cannabis **with alcohol** or **other drugs**:

**66%**

## Attitudes:

Cannabis has benefits but also can cause harm:

**48%**

Cannabis use can cause cognitive impairment:

**38%**

It is unsafe for women to use cannabis while:  
breastfeeding:                      pregnant:

**66%**

**68%**

Comfortable speaking about cannabis:

with friends:

**65%**

with family:

**57%**

## Supports:

Respondents **35 and younger** who get information about cannabis from the internet or social media.

**62%**

Need more cannabis education in my community:

**78%**

Not aware of cannabis education resources or services in my community:

**60%**

Nunavik region\*

**79%**

*\*Nunavik was higher than other regions*

## Focus groups

We held four focus groups with 28 people in Rankin Inlet and Cambridge Bay before COVID-19 forced us to cancel in-person gatherings. The groups included an interpreter, counsellor and two facilitators. Groups were also separated into parental and youth groups.

For more detail about the group discussions, including answers around the availability of cannabis and methods of consumption, go to the full report [here](#).

**Focus Groups**—We planned two focus groups in every location but cancelled some due to COVID restrictions and switched to phone interviews.

## Cambridge Bay

**Parental focus group**—Seven young mothers told us that cannabis use is common in their community—and is often used by people daily. They believe youth have normalized cannabis use as many have seen parents and friends using it.

These moms said they need information in their communities about addiction and harm reduction approaches.

They said some people believe cannabis is safer than alcohol for pregnant or breastfeeding moms. Currently, they said, there are no cannabis resources available for pregnant or breastfeeding moms.

*“I prefer my partner smoking pot than using alcohol because he has a better mood.”  
(Cambridge Bay: Parent)*

**Youth focus group**—Fourteen youth, including four females and ten males, said cannabis use is common among their peers. They said more younger people are trying cannabis, with some starting as young as 8 to 12.

When asked about the harms and benefits of cannabis the youth spent more time discussing the perceived benefits, including stress management, enhanced focus, improved socializing and health benefits like treatment for arthritis or pain. The main harm they put forward was short-term memory loss.

These youth identified the opinions of Elders as important to them and recognized that Elders see cannabis as culturally destructive.

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## Rankin Inlet

**Parental focus group**—Seven women over the age of 40 told us cannabis use is common and their children use it. They said some pregnant or breastfeeding moms do not know about the potential risks of cannabis or choose to use it anyway.

They said there is a need for counselling, support services, and curriculum in schools to address cannabis use beginning as early as Grade 5.

Consistency and dependability of services (e.g., counsellors or programs that require leaving the community) were identified as something that makes people hesitant to get help.

*“There is a breakdown of culture when using cannabis as it is not fully Inuit and that customs have broken down so now the grandchildren can do whatever they want without cultural grounding.” (Rankin Inlet: Parent)*

**Youth focus group**—Two participants told us cannabis use is most common among adults over 18, and Nunavut has few cannabis resources available. They could not remember being taught about cannabis in school, and they do not feel there is a credible place to get information if anyone wanted some.

They said shame and judgement keep people away from help in a way similar to when people face mental health challenges.

They said trauma caused by Residential Schools is one of the reasons people use substances like cannabis.

## One-on-one interviews

We conducted one-on-one interviews with **26 people** in St. John's, Ottawa, Edmonton, Montreal, Nunavik Region, Inuvialuit Settlement Region and Qikiqtaaluk/Baffin Region. These were done by phone with a facilitator and notetaker and scheduled for 30 minutes.

*“(I) think a lot of people see it as a safer alternative to alcohol.”*

*(Inuvialuit Settlement Region: Young Adult)*

See our full report [here](#) for more detail, including interview excerpts and interview guide.

**One-on-one interviews—**  
**Interviewees were determined by a pre-screening questionnaire (see full report).**

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### What we heard from one-on-one interviews:

- Cannabis use is common in their communities.
- People often begin using cannabis at a young age.
- Most Elders do not approve of cannabis use because it is not part of Inuit culture and damages the community, while some are open to learning more about cannabis.
- Cannabis is thought to be risky to pregnant women, but less risky than alcohol
- Cannabis use during breastfeeding was generally described as risky.
- Cannabis use while pregnant or breastfeeding is sometimes seen as safe or acceptable.
- Possible harms can include addiction to cannabis, behaviour changes, mental illness, cognitive impairment and developmental damage to youth.
- Real and perceived benefits can include stress and depression relief, increased focus, pain and arthritis management, nausea management and ability to socialize.
- Some people said there are no harms related to cannabis use, especially when compared to alcohol.
- There are few educational resources on safe cannabis use or support services.
- More information about responsible use and the harms and benefits is needed.

**Note:** These are individual ideas and perceptions of the people we interviewed so they cannot be taken as scientifically proven facts.

## Other project activities in 2020

**Community Champions**—We identified and interviewed six Champions who are well-connected and knowledgeable about Inuit youth and pregnant women and partners. They provided us with valuable insight and knowledge and will continue to be important partners as the project moves forward.

**Communications and promotions**—We recruited people to perform engagement activities and created social media posts, posters, a website page and a Community Champion toolkit to help our Champions spread the word. These efforts helped recruit people for interviews and gave us insight into communications strategies that we will use during the remainder of the project.

**Research**—Before engagement we sought direction from key people and researched existing cannabis resources (print, online, educational, support-services) in and outside of Inuit Nunangat. We did this to gain knowledge to help us create Inuit-specific resources. We learned valuable things about existing resources:



**Audience:** most existing cannabis resources are for a general audience, rather than Inuit or our target audience of youth, parents and pregnant couples.



**Placement:** There is no central website for Inuit to access cannabis resource materials and information. There is also very little distribution of cannabis information through community groups (youth groups, prenatal programs, etc.).



**Content:** There is not much information on cannabis that includes Inuit language, experience and worldview, but there is much that can be adapted to reflect Inuit culture, context, language and values. Most resources are abstinence-based rather than trauma-informed and focused on harm reduction.

Our research of existing resources, also known as an environmental scan, can be viewed [here](#).

# Conclusion and Next Steps—a shared opportunity

## Recommendations

The report includes recommendations that have been crafted from the key learnings from our research and engagement with Inuit. Each of these is presented with short/medium-term (2-5 years) and long-term (6-10 years) recommendations as well as recommendations for cannabis messages and key messages.

These recommendations are exciting opportunities to create new messages and paths to knowledge and healthy decision-making around cannabis:

### Short/medium term recommendations:

- Involve youth, expectant/new parents and people with lived experience to create resources with a focus on harm reduction.
- Make sure all resources are promoted to Inuit where they live and access services. Make all resources easily available online, including all social networks, as well as in-person.
- Consider a branded social media presence and website with a focus on all of Inuit Nunangat.
- Use experiential, interactive technology to educate youth.
- Connect youth to Inuit culture and traditions while educating them about cannabis through on-the-land programs.
- Make space for youth to talk to Elders and other mentors about cannabis concerns and perceptions.

### Long-term recommendations:

- Continue to focus on developing accurate cannabis resources like guides and curriculum for schools that inform about safe use, health effects, laws and different cannabis products.
- Develop resources that are easily sharable by family and friend networks (e.g., how to talk to kids).
- Promote support groups, mental health/addiction counselling and on-the-land programs to facilitate recovery.
- Invest in youth recreation, mental health programs, and new classroom learning tools/curricula.
- Establish resource distribution at facilities and programs that target pregnant and new parents.

### Recommendations for cannabis messages:

- New evidence about the harms and benefits of cannabis use are emerging. There is much to be learned.
- Acknowledge that people can experience benefits from the use of cannabis.
- Promote the importance of accessing a safe supply of cannabis to reduce harms for people who choose to use it.
- Recognize that cannabis is often used with other substances like alcohol, cocaine and tobacco. Incorporate harm reduction into this recognition.
- Integrate Inuit Societal Values into resources and educational materials for youth translated into the appropriate dialect.
- Advocate for the mother-child unit rather than each one as a focus.
- Emphasize the autonomy of Inuit to make decisions based on their unique set of circumstances.
- Use person-first language (e.g. person who uses cannabis rather than a cannabis addict)
- Consider cannabis as a harm reduction tool for pregnant and breastfeeding women with problematic substance use.

For greater detail on the recommendations please read our full report [here](#).

### Key Messages:

- Access evidence-based cannabis information from a reliable source.
- Make informed choices about cannabis use.
- Reduce the potential harms of cannabis, if you choose to use.



Whether it is land-based educational youth programming with Elders, or resources created and distributed specifically for pregnant and breastfeeding women, we feel lifted by the circles of caring and support in our communities ready to help advance our goal to reduce cannabis-related harms to youth and babies.

## **Next Steps**

We will build upon what we heard from communities and guided by the following objectives:

- Create resources to address needs and gaps.
- Share resources with people and service providers across Inuit Nunangat and urban centres.
- Revisit communities to ask people if the resources are helping and discover what other ways we can help ensure cannabis is used safely.



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