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Inuit Forum on Cannabis and Mental Health Final Report

Prepared by the Mental Health Commission of Canada, the Canadian
Centre on Substance Use and Addiction, and Inuit Tapiriit Kanami

mentalhealthcommission.ca



Canadian Centre
on **Substance Use**
and **Addiction**



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INUIT TAPIIRIIT KANATAMI

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Executive Summary

This report documents the discussions held at the Inuit Forum on Cannabis and Mental Health in Happy Valley-Goose Bay, Newfoundland and Labrador, on October 9-10, 2019. The purpose of the forum was to have an Inuit-led discussion on cannabis and mental health in order to exchange knowledge and identify research gaps and priorities. This event represented the start of developing an Inuit-specific cannabis and substance use research agenda.

The forum was planned and organized by representatives from the Nunatsiavut Department of Health and Social Development, Inuit Tapiriit Kanatami (ITK), the Mental Health Commission of Canada (MHCC) and the Canadian Centre on Substance Use and Addiction (CCSA).

The event forum represented the first opportunity for Inuit across Inuit Nunangat to meet to discuss cannabis. While it included presentations, most of the time was spent working in small groups while engaging in wide-ranging discussions centred on cannabis, mental health, and research. Topics included cannabis use and access, risks, benefits, challenges, and best practices. Participants had different levels of knowledge about cannabis and were eager to discuss all aspects of this complex topic.

Research questions developed by participants included the following:

- What are the perceptions of cannabis use among different demographics?
- What are the risks associated with using cannabis?
- What are the potential benefits of using cannabis?
- What are the broader impacts of cannabis use and legalization in different communities?
- What are the general patterns of consumption in different regions?
- What are effective public education strategies?

Participants also had the opportunity to meet with regional colleagues to discuss what was happening in their regions and brainstorm about what they would like to do in the future. This process generated ideas and plans they could take back to their home communities and regions.

Several key themes emerged from the forum:

- Communities require a lot more basic information on cannabis, including its link with mental health.
- Cannabis-related programs or research must be grounded in the local culture and language and in such social determinants of health as housing. They must also take into account the community context — including trauma and lived experiences — and reflect regional differences.
- There is considerable interest in exploring a harm reduction approach, including cannabis use as a substitute for other substances (e.g., alcohol). However, this possibility must be thoroughly studied so that all harms and benefits are known and the approach can be customized to the individual.
- A comprehensive cannabis strategy is needed that is similar to the Tobacco Reduction Strategy. Much of the information in this report can be used to inform such a strategy.
- Participants identified a need to have more opportunities to come together to discuss and share knowledge related to cannabis and mental health.

Introduction

This report documents the discussions at the Inuit Forum on Cannabis and Mental Health held in Happy Valley-Goose Bay, Newfoundland and Labrador, October 9-10, 2019. The purpose of the forum was to have an Inuit-led discussion on cannabis and mental health in order to exchange knowledge and to identify research gaps and priorities. This represents the start of developing an Inuit-specific cannabis and substance use research agenda.



Overview

Inuit Tapiriit Kanatami (ITK), the Mental Health Commission of Canada (MHCC) and the Canadian Centre on Substance Use and Addiction (CCSA) invited 25 participants from across Inuit Nunangat to attend a forum on cannabis and mental health. The forum was hosted by the Nunatsiavut government.

Among the participants (see the list in **Appendix A**) were representatives from several key organizations:

- Nunatsiavut Department of Health and Social Development
- Nunavut Tunngavik Incorporated
- Inuvialuit Settlement Region
- Nunavik Regional Board of Health and Social Services

- ITK
- Pauktuutit Inuit Women of Canada
- Government of Nunavut
- MHCC
- CCSA

Various areas of expertise were represented, including

- mental health and addiction counsellors
- community health representatives
- public health practitioners
- policy advisers
- Elder

Agenda

A copy of the original agenda and worksheets for reflection and dialogue (see **Appendix B**) were sent to participants ahead of time, as was a background document prepared by the MHCC, CCSA, and ITK, called *The State of Knowledge on Cannabis and Health in Canada*.

The agenda was adjusted several times during the two-day meeting in response to the discussions and requests from participants.

Day 1 Summary

Opening

The meeting was opened by Sharon Edmunds from Nunatsiavut and Elder Sarah Rogers from the Inuvialuit Settlement Region. Ms. Edmunds lit the Kudlik (traditional oil lamp) and explained its purpose and significance.

Welcome

Each of the organizations involved in planning the forum gave short opening remarks. It was noted that Inuit from across Inuit Nunangat had not yet had the opportunity to discuss cannabis in general or its link with mental health since cannabis was legalized for non-medical use.



Day 1 objectives

- To have an Inuit-led discussion on cannabis
- To share and exchange knowledge

Expectations of participants

Participants were asked to reflect on what brought them to the meeting and what inspires them to be involved with this work. They each chose a partner they didn't know and shared their thoughts.

They were also asked to write down their expectations and hopes for the forum and post it on a flip chart for others to see. These were thematically grouped as follows:

- Listen and learn.
- Get information on specific cannabis topics (vaping, edibles, what it is, effects, harms connected to mental health).
- Understand common challenges across regions.
- Understand legalization: how will things change, and how do we deal with it?
- Share ideas and best practices: approaches, policies, and programs.
- Specific issues and approaches for working with youth populations.
- Understand harm reduction approaches.
- Gain knowledge and skills for supporting community members.
- How can we work together on next steps given our limited resources?



The State of Knowledge on Cannabis and Health in Canada (CCSA presentation)

Sarah Konefal from CCSA gave a presentation on what we know about cannabis and its health effects, which was followed by general discussion. Below is a summary of her remarks:

Cannabis contains many different chemicals with different effects, and one type of cannabis product may be quite different than another. This makes it more difficult to research cannabis in general and to understand the health effects of using cannabis. The health effects and other impacts of using cannabis will also depend on a person’s social and physical environment. While cannabis use on its own is not necessarily problematic, the likelihood of having adverse health outcomes increases *when it is used on a daily or near daily basis and over a longer period of time*. Youth, young adults, and males in particular are more likely to report daily or near-daily use. One adverse health outcome that has been well studied is an increased risk for developing psychosis and schizophrenia. Available research also indicates that there are risks associated with using cannabis during pregnancy. So far, there is limited evidence to suggest that cannabis or specific cannabinoids (e.g., tetrahydro-cannabinol [THC]) can improve symptoms for various mental illnesses. Public education about the health effects of cannabis use is an important part of reducing potential risks.



QUESTIONS AND COMMENTS

Research methodology

- What methodology was used for the surveys, especially around the ages included and the categories of use?
- There may be bias and limitations with the current research:
 - Cannabis was an illegal substance until a year ago (leading to a reluctance to report use).
 - The focus seems to be on harms, not the benefits, of cannabis use.
 - Studies are done with very small groups, and they are often about self-perception.
 - It is difficult to control for type of cannabis as well as amount or concentration.
 - How much of the research reflects illegal street-purchased cannabis versus controlled legal cannabis? How are we reflecting that distinction in the research, say, when reporting negative effects, if the cannabis contains other psychoactive substances?
- From a national perspective, is there research on the age of people accessing medical marijuana? What is the breakdown of ages accessing legal versus illegal marijuana?
- Southern birthing centres/boarding homes might be a place to do some research with pregnant women.
- There are clinical trials underway on the effectiveness of nabilone, a synthetic cannabinoid compound that has been used for cancer patients.
- Pauktuutit Inuit Women of Canada will be conducting focus groups around perceptions of cannabis use with youth and pregnant women and their partners.
- Two studies underway at McMaster University and the University of Montreal are looking at cannabis for insomnia, depression, and concussions.

Cannabis and mental health

- Is there a correlation between cannabis use and the risk for psychosis?
- Is the correlation between cannabis use and mental health similar to other substances such as alcohol?
- High THC concentration could have higher effects on mental health issues. THC concentration is currently around 20 per cent, whereas 1980s cannabis on the street was at about 10 per cent.

Medical use of cannabis

- Is cannabis covered under Non-Insured Health Benefits (NIHB)?
 - Health Canada has not provided a Drug Identification Number (DIN), so cannabis cannot be covered by non-insured health benefits. Health Canada feels there is not yet enough evidence on effectiveness to provide a DIN.
 - Getting a physician's advice on the amount and type of cannabis is insured, but patients still need to purchase the drug themselves.

Cannabis use for harm reduction

- What research is being done on the potential benefits of cannabis use on incarceration rates, family violence, etc.?

- Some women are smoking cannabis, as they feel that it is less harmful than alcohol.
- Is cannabis use beneficial for people dealing with trauma or post-traumatic stress disorder (PTSD)?
Does it benefit people with fetal alcohol spectrum disorders (FASDs)?
Does it reduce impulsivity?
- What do we know from a qualitative perspective about the harms, benefits, and experiences of people who are using cannabis?

Access

- Inuit are likely using illegal cannabis due to access issues such as the absence of cannabis retail outlets in communities, poor internet access, or the lack of a credit card to order online.



Traditional clothing

After the morning break, Esther Powell of Rankin Inlet, Nunavut requested an opportunity to share knowledge about the traditional clothing she was wearing. She explained the design and purpose of the amautiq that she was wearing, including its use to carry a baby on the back and allow the baby to be put to the breast while being protected from the cold. She also explained how the colouring in her beaded headdress represented her family grouping.

Cannabis and mental health (MHCC presentation)

Krista Benes from the MHCC gave a presentation on the work the commission has done to address the research gap in cannabis and mental health and the work that lies ahead. To help set the research agenda, the MHCC commissioned [an environmental scan of the existing evidence](#) on cannabis and mental health by a research team at the University of Calgary earlier this year. The scan found that more qualitative and longitudinal studies are needed to clarify the nature of the relationship between cannabis use and mental health. Also needed are studies that focus on specific populations and take into account the social determinants of health. The scan found limited literature regarding specific populations, including First Nations, Inuit, and Métis Peoples; 2SLGBTQ+ individuals; immigrant, refugee, ethnocultural, and racialized populations; and seniors.

Benes emphasized the importance of looking at the context of substance use and mental health, such as differing experiences and impacts based on factors such as gender, racialization, housing, environment, access to health care, and education. A social determinants of health approach would also allow us to understand the reasons why people use cannabis.

In addition, Benes emphasized the importance of research that centres the lived experience of people who use cannabis. These align with the aims of the MHCC's community-based research investments: to

ensure that research is led by and is meaningful to communities and people with lived experience. A request for proposals for community-based research will be launched in 2020.

Benes's presentation prompted participants to share their own observations about cannabis and experiences from their work and their community. The diverse and diverging experiences that followed illustrated the nuances in the conversation on cannabis and mental health.

QUESTIONS AND COMMENTS

The relationship between cannabis use and mental health varies based on the person and the context.

- One participant talked about a person living with schizophrenia who seemed less withdrawn and had fewer episodes when not using cannabis. This led the person to stop using cannabis altogether.
- Another participant shared an observation about a person whose mood and health were negatively affected when they did not have access to cannabis.

Researchers and others must be trauma informed and culturally safe.

- Participants emphasized how important it is for people who come in to Inuit communities (such as researchers) to be properly sensitized to the culture and made aware of historical and intergenerational trauma and its relationship to substance use. It is also important to be aware of how cannabis is viewed in the community and to the history of cannabis in the community prior to legalization.

Housing must be addressed.

- Participants emphasized that the shortage of housing is a key issue that needs to be addressed. For example, there might be three families living in one household with compounding factors affecting the health and well-being of the occupants, such as mental illness, cannabis use, poverty, lack of phones and internet, etc.

Understanding the context of cannabis use is important for research and harm reduction.

- There should be research to examine why people are using cannabis. Participants identified the need to go all the way back in an individual's history to understand their past, potential traumas, or where they came from. We need to look at the long-term issues, and we can't start at cannabis. We need to start at the trauma and lived experiences to understand cannabis use and mental health.
- It seems more and more that people are going to use cannabis for their anger or relationships or sleep, etc. One participant noted that sometimes asking a person to keep a journal shows them how things have changed from before their use began, during, and then after. Reflecting on whether things are improving allows for a better understanding of the impacts/consequences of use and if these are positive or negative. This process opens the way for the individual to work through whether they should stop using, explore getting a prescription, etc.

Language is key in conversations about cannabis, mental health, and research.

- The ability to speak with people in Inuktitut allows for a comprehensive and detailed discussion. Key moments can be pinpointed that have led the individual to where they are, what they have experienced, and what has caused them to make certain decisions.
- It is very important to clarify terminology, so people know what the research is about.

Community involvement and communication are essential.

- This discussion led to questions about the funding the MHCC has for cannabis and mental health research. Participants wanted to make sure the community would be involved and be able to generate ideas. Any call for proposals should be communicated to the communities/regions ahead of time. ITK indicated they would help facilitate the process of Inuit involvement with the MHCC. The importance of sharing research results personally with research participants (i.e., not through a document or a website) was also stressed.

Community café

A community café format (short sessions in small groups) was used to discuss the topics for reflection and dialogue (provided to participants before the forum). The wealth of information that emerged is shown below:



Session 1: What do we need to know about cannabis?

- ☑ What questions are people in your community asking about cannabis?
- ☑ What information do you need, and what would you like to know from other regions or communities related to cannabis?

Session 1 Responses

1. SOCIAL IMPACTS

- Financial problems (e.g., for young people because cannabis is very expensive)
- Comparison with alcohol on the financial impact of cannabis
- Conflict and impacts on relationships (e.g., violence at home and within the family due to fighting over money to buy cannabis)
- Understanding impacts among people able to use cannabis without much negative impact

2. ACCESS

- Price comparison between legal and illegal cannabis (i.e., the impact of having a black market versus a regulated supply)
- How access is actually affected by pricing, availability, bootlegging, and demand

3. SOLUTIONS TO PROBLEMATIC CANNABIS USE OR ITS NEGATIVE IMPACTS

- Education in Inuktitut and English for mental illness and cannabis use and defining what these mean in both languages

- Changing the “it’s harmless” attitude around cannabis
- Harm reduction needs to be defined and understood
- Better understanding about what cannabis is (e.g., the effects of different compounds: THC versus cannabidiol [CBD])
- Environmental scan or knowledge exchange on what help is available in the communities
- Understanding what works for youth prevention, intervention, and postvention
- Communicate health impacts to youth effectively
- A clear understanding or knowledge base on the impacts of cannabis use are needed to inform harm reduction and education strategies
- Solutions or approaches need to consider culture and stigma

4. HEALTH IMPACTS

- Balanced assessment of both “positive” and “negative” health impacts
- Effects of “second-hand cannabis,” especially on children
- Association of cannabis use with schizophrenia and psychosis and the differences between correlation and causation
- Implications of the health impacts in correctional facilities
- Effects of vaping and using other products
- Impacts on teen brain development and how this affects later functioning
- Pregnancy outcomes and later child development concerns (e.g., ADHD-like symptoms), including qualitative research on why women might choose to use cannabis
- Effects of different strains, e.g., sativa versus indica
- Emetic effects and effects on anxiety and insomnia



5. MONITORING USE OF CANNABIS

- Why do people want to use cannabis (specifically, why do kids/youth use cannabis, and what are their opinions about it?)
- Statistics that include all demographics
- Reasons for cannabis use
- Any data needs to be gathered in the community and should be specific to the region (i.e., reflect the local culture)



Session 2: Cannabis use and access in your community or region

- Is cannabis use common in your community or region?
- How are people accessing and consuming cannabis?
- Who is using cannabis?
- What questions do you have about cannabis use and access?

Session 2 Responses

1. OVERALL KEY POINTS

- Cannabis use is more common than we think. It is used by all age groups, especially those 15 to 30 years of age but sometimes as young as age 12. Users include youth, elders, single mothers, those experiencing homelessness, and people who have never used cannabis before.
- Smoking/vaping is primary mode of consumption.
- There are serious barriers to accessing the legal market, which creates other problems.
- More information is needed on cannabis that is relevant to communities and shared in a meaningful way.

2. ACCESS

- There are barriers to accessing cannabis on the legal market:
 - There are no stores in most communities; it can be bought online with an electronic money transfer or through community dealers.
 - Shipping times are too long/stores too far.
 - Exchange of goods instead of putting money into the illegal market.
 - So many barriers that the legal market is essentially inaccessible.
- The older population is looking for medical approval.
- Access methods lead to hanging out with dealers.
- Access to cannabis versus alcohol (using cannabis more than alcohol due to price).
- Harm reduction can mean creating safe access.
- Illegal market puts people in vulnerable situations.
- How accessible is cannabis in your region (legal versus illegal markets)?
- Even though the illegal market is more expensive, it is more accessible.

3. USE

- Motivations for use include youth boredom, limited recreational activities, isolated communities, vaping/smoking cannabis as a social activity with peers, improving quality of life in palliative care.
- Coastal communities: the majority of use is smoking (with some vaping).
- Stigma affects how we see and report on use (especially given the experiences around problematic substance use, alcohol, and violence).
- There is interest in learning more about:
 - Use for pain management to avoid opioids

- Use during pregnancy instead of tobacco/alcohol
- There are two sides to stigma in the illegal market: (1) stigma related to those who are using cannabis and (2) the social benefits and changes in relationships where some people (dealers) are favoured.
- There is a perception that cannabis use is safe.

4. QUESTIONS RAISED

- Who is providing access in communities for safer sources? What about other regions?
- Has legalization changed access to cannabis?
- How could making cannabis affordable be considered harm reduction? Could this reduce bootlegging and increase the funds available for food, shelter, etc.?
- How do we engage youth?
- How can we learn more about predisposition and epigenetics?
- How do we promote responsible use instead of using an abstinence-based approach?
 - Talking to people with lived experience is important.
 - Stigma is a barrier to these discussions.
 - A lot more plain-language and relevant information is needed from a community perspective.
 - In-person information sharing is important.
 - Need more information to explain the harms and the basics — there is not a lot of data and research. We need concrete examples and must be able to define the risks.
- What is the impact of vaping?
- How do we help people who get too high?
- Are we putting too much emphasis on cannabis now that it is legalized? What has changed since it became legal? A lot of other things are happening that we need to address.
- What are the barriers to cannabis education?

5. WHAT WE WOULD LIKE TO SEE

- Peer-led youth programs for harm reduction, sharing programs among regions
- Tobacco Reduction Strategy ideas for youth, combined with on-the-land activities (Project Jewel)
- Land-based programs and youth retreats
- Be clear on the harms of cannabis to share ideas/discuss (i.e., address conflicting information)
- Surveillance systems (surveys) to gather data on use over time
- We need to understand how colonialism introduced substances and knowing what came before



Session 3: Impact of cannabis (perceived harms and/or benefits)

- How is cannabis use impacting individuals and the community overall?
- Are there any harms and/or benefits you have noticed?
- What have the impacts of legalization been?
- What questions do you have about the harms and/or benefits of cannabis?

Session 3 Responses

1. PERCEIVED HARMS

- Family effects: withdrawing from family, negative mood swings
- Shared substance use: increase in negative health outcomes, e.g., TB
- Since legalization people are overconsuming
- Perception that cannabis is safe, now that it is legal
- Psychosis and schizophrenia more apparent since legalization
- Elders are smoking with their grandkids
- Smoking cannabis in front of children is more frequent now that it is legal (viewed as acceptable)

2. PERCEIVED BENEFITS

- Using cannabis instead of more harmful substances
- Decrease in violence when people use cannabis over other substances
- Cannabis more affordable than other substances: people still have money for groceries
- Quality has improved since legalization
- A lot less abuse in relationships for people using cannabis rather than other substances
- Benefit for youth as they are now educating themselves more
- Benefit is reduced workload for police/RCMP now that it is legal (can focus their efforts on other problems)
- How much more are people paying?
Potential benefit if people are paying less



3. OTHER

- People engaging in sex work or selling personal items to obtain cannabis
- Can cannabis be used as a harm reduction method for other substances?
- If you are self-medicating with cannabis, what does safe use look like?
- Greater awareness/education around various strains and what they are used for
- Better warning on labels is needed
- More information on different forms of use (e.g., edibles, vaping)

- More information on “shatter” and “butter” (concentrates) and what the harms are
- Should we increase the age of legalization given the risks of cannabis on the developing brain?
- Are there any testing kits to see what people are buying?
- Why is it legal? Who is benefiting?
- What are the long-term effects of smoking cannabis?
- Concerns with youth use
- Need more information around pregnancy and breastfeeding and the impacts on babies over time
- Many Inuit still do not have access to legalized cannabis (barriers include having no storefronts or internet access to order online)
- Lack of information for mental health and addiction considerations
- Lack of education for Elders
- Violent behaviours by youth who can’t access cannabis
- Still a lot of stigma
- People concerned about the level of potency in legal versus illegal cannabis



Session 4: Challenges and best practices

- What are the challenges you have noticed around cannabis use, cannabis education/awareness and cannabis programming in your work or community?
- What can we do to address the knowledge gaps?
- What practices would you like to see around cannabis in Inuit Nunangat?
- Do you have any best practices to share from your work or community? (These do not need to be specific to cannabis.)

Session 4 Responses: Challenges

1. AWARENESS/EDUCATION

- “Where is the information?”
- Lack of awareness and education in the communities
- Federal/provincial/territorial governments have been slow to inform about legislation.
- Educating service providers about cannabis
- Awareness of lower-risk use
- A lot of false information about cannabis
- Education on edibles and preventing kids from eating it
- Information on harm reduction
- Research on teratogenic effects

2. ACCESS

- Lower risk: regulated cannabis is unavailable to low-income community members who cannot order through mail because of the lack of a credit card.

3. SOCIETAL FACTORS

- Stigma about cannabis is strong.
- Legalization created the idea that cannabis is safe.
- Not everyone will believe negative facts about cannabis.
- Heavy use
- There is stigma about educating youth on cannabis (some parents are against talking about cannabis).
- Second-hand cannabis smoke in public
- Higher use of cannabis smoke indoors due to cold weather
- Intergenerational use (grandparents/parents/kids all using, sometimes together)
- Kids starting cannabis at a young age
- Youth state that boredom is the reason for using cannabis.
- Social pressure among youth to use cannabis
- Research is not being done equally/fairly across the country.
- Families allow their dependents to sell cannabis to make an income.
- Some workplaces require urine tests, and a person testing positive for cannabis will lose their job.
- Unprepared for legalization
- Cannabis use during pregnancy is normalized and viewed as harmless, but there is a lack of resources on harms to the fetus.

4. ENVIRONMENTAL

- The packaging of cannabis is cumbersome.

5. OTHER

- Lack of coordinated leadership: Who does what? Who is responsible for what?
- No visible warnings on cannabis.
- Hospitals are unprepared to deal with high cannabis use.
- Inuit communities lack resources compared to the rest of the country.
- Gaining feedback from specific audiences, including youth, young men, people with lived experience, and the voices of family and loved ones

Session 4 Responses: Best Practices (potential or existing)

1. AWARENESS/EDUCATION

- Clinical guidelines and information on using cannabis while pregnant
- Programming specific to Inuit culture and realities
- How to help people who are having “green-out” (a bad experience on cannabis)
- On-the-land information sessions to learn the effects of cannabis on
 - the body
 - family/community
 - mental health.
- Better knowledge about the risks of vaping
- Making awareness/education fun and innovative; e.g., in Nunavut a jeopardy game was made to create awareness about cannabis (unsure if it is released/used).
- Encouraging journaling for individuals to track their positive and negative effects with cannabis use
- Elders talking with youth to educate them on cannabis use
- Being aware of risks but also the positive outcomes
- Ensuring parents with youth know the warning signs of problematic cannabis use
- Training for front-line workers on cannabis policies and creating materials to distribute to communities
- Unsure translations are unified and consistent
- Inuit-specific safer use/lower-risk guidelines on cannabis
- Use of radio information/awareness



2. RESEARCH/DATA

- Inuit-specific statistics need to include youth, especially for youth/children who start using cannabis when young.
- Surveys by Statistics Canada and others need to be inclusive of all Inuit regions.
- Analysis of data is very important, and more focus needs to be placed on creating linkages in data sets, e.g., the Inuit Health Survey results can link cannabis with alcohol use, mental health, suicide, etc.
- Addressing knowledge gaps through research to include specifics around THC and CBD
- Knowledge about cannabis bought on the streets/black market
- Inuit-specific research on cannabis needs to consider the context of historical trauma and the social determinants of health and how to link these to mental health.
- Need Inuit-specific research that is not lumped in with other groups.

3. HARM REDUCTION

- Using cannabis as a harm reduction strategy for higher risk substances

4. POLICY

- Update policies at workplaces with drug-use restrictions and change the testing method to more accurately reflect the latest usage.
- Target approaches to hear from different audiences, e.g., people with lived experiences, youth.
- Cover cannabis under health insurance.
- Funding is needed to hire resource people in positions in our communities similar to the Tobacco Reduction Strategy.

Day 1 Wrap-Up

To close off the day, the facilitator circled back to check against the expectations that were recorded earlier. Some (but not all) of the expectations were partially or fully met. The agenda for Day 2 was revised to assist in meeting expectations and the previously determined objectives.

Day 2 Summary

Day 2 objectives

- To determine Inuit-specific research gaps and priorities in cannabis and mental health
- To begin the process of developing an Inuit-specific cannabis and substance use research agenda

Harm reduction

Since harm reduction was a commonly used term in the Day 1 discussions (and included in the group's listed expectations), the Day 2 agenda was modified to include a short presentation on harm reduction approaches to cannabis. The presentation included harm reduction approaches at the individual and population levels.*

Several participants were interested in the idea of using cannabis as a harm reduction method for other things happening in people's lives. One participant described a situation that involved people living together in supportive housing. Less violence and crime and fewer difficulties maintaining relationships were observed when some residents used cannabis rather than alcohol. However, the opposite effect has also been observed. As an increase in cannabis use can lead to more problems, it is important to have a dialogue with individuals about what a healthy/lower-risk life looks like for them. This can be a moving target — it may change over the life course. A person may find relief using cannabis to cope with trauma at a certain point in their life, but as they learn other coping skills, they might reduce their cannabis use. So it is important to work with the individual to figure out what works best for them at that point in their lives.

Now that cannabis is legal, participants were curious to know whether cannabis will be used in the future as a tool for harm reduction? Will cannabis be suggested as a substitute different chemicals or drugs in the way methadone or suboxone is substituted for opioids? What does this kind of substitution look like for harm reduction in mental health counselling? Are we going to reach a place where we monitor, administer, and tightly control cannabis as we do with methadone?

Using cannabis as a tool for harm reduction is a new area that requires more research.



**Note: One recommended approach to reducing the harms of cannabis use — vaping rather than smoking — will most likely be changed given the recent cases of vaping-related respiratory illness.*

Identifying themes and gaps

The Day 1 session hosts took the time on the previous evening to harvest the key themes and gaps from the community café and present them under four main cannabis-related headings:

1. Policy
2. Programs
3. Knowledge Translation
4. Research

Participants were then asked to come up with gaps and priorities using the community café approach. Each person chose and attended three of the four sessions. The results were as follows:



Cannabis Policy

Gaps

- Having a “cannabis strategy,” building on the strengths of the Tobacco Reduction Strategy
- Differences between access to the legal versus the illegal market
- Barriers to access and how to ensure a legal, regulated, safer/lower-risk source of cannabis
- Non-Insured Health Benefits and medical cannabis
- More information on legalization and the regulations is needed, along with what this means (including for edibles).
- Cannabis in the workplace
- Harm reduction strategies

Priorities

- More Inuit representation in decision-making roles:
 - Inuit are excluded from a lot of key decisions in Canada, including the legalization of cannabis.
 - There are many non-Inuit and non-Indigenous people who represent the needs and voices of Inuit at local, regional, and national levels.
 - Ensuring Inuit lived experience and the lived experience of Inuit who use cannabis in these decisions is important. Doing so will inform better decisions, programs, research, and education.
- Recognizing the differences between regions and communities
- Education and guidelines that are regionally and culturally specific, that recognize the huge regional differences and differences between communities:
 - Posters, not just sharing information on the internet/social media
 - Community forums
 - Availability in both languages
 - Include Elders — specific education tools for Elders, the public, youth, parents
 - Call-outs for communities to have educators (educators could be Elders and leaders)
 - Non-stigmatizing language

- Including research that is relevant to Inuit
- Talking about policy is difficult because of the lack of information and consultations before legalization (along with the current lack of relevant information).
- Access to legal cannabis to reduce the harms associated with the black market:
 - Having producers and stores in the community could help create a safer/lower-risk source and employment.
- Information, data collection, and StatsCan data that are more inclusive of Indigenous peoples:
 - Inuit and region-specific data collection, in ways that work for and are meaningful to Inuit (not pan-Indigenous and not excluding Indigenous peoples)
 - Inuit Health Survey
 - Canada needs to stop destroying evidence related to harms and colonialism (i.e., residential school records) — this could lead to people not knowing/not believing the history.
- Support for people in their jobs and for community members
- Exploring jurisdictions and learning what First Nations are doing with respect to economic development and cannabis
- Coming together more often (across Inuit Nunangat and within regions) to support and encourage each other and share information:
 - Pauktuutit Inuit Women of Canada is creating a national Inuit advisory committee on cannabis
- Ensure key voices in the community are represented in decision making:
 - people with lived experience
 - psychiatric nurses
 - clinic nurses
 - Elders



Cannabis Programs

Gaps

- Community centred and trauma informed
- Programs for all ages and stages of life
- Youth programs and activities
- Programs for parents
- Harm reduction in programs, including education, awareness, and knowledge
- Capacity building

- Producing and sharing information in relevant and meaningful ways; the importance of language and communication methods; on-the-land programs
- Education/awareness programs for many audiences, including youth, elders, health-care providers, peer-led programs

Key Program Needs

- Youth — could look at the Tobacco Reduction Strategy to see what could be adapted
- Pregnancy and breastfeeding (should also be available for midwives, pre-natal workers, and psychiatric nurses)

Program design considerations

- Flexible, open dialogue
- Incorporating personal experiences — hearing where people are at
- Interactive discussions
- All regions should have distinct program considerations
- Language

Knowledge Translation

Important topics

- Pregnancy
- Inuit Nunangat to get together to develop safe Inuktitut terms related to cannabis
- Basic information on what is legal and illegal regarding laws and regulations
- Lower-risk use guidelines
- Risks of cannabis overuse
- Risks of using substances with other substances such as alcohol
- Harm reduction with a social determinants of health approach, e.g., with high-risk alcohol users, violence, etc., and individualized harm reduction approaches
- Medical use of cannabis and what is the known evidence
- Key messages based on known facts: fewer what-ifs and doubtful communications like “what could happen?” and more firm communications. Take the bias out of messages, and do not preach.
- Have one place to go for information on cannabis.
- Communicate on methods of cannabis use: what methods are lower risk, what we know about cannabis use, and all the risks around each method (e.g., be careful with methods that have delayed effects).
- How to deal with someone who gets “green-out” after using too much cannabis at one time. Promote information about its symptoms and include strategies for helping someone (e.g., if they are sick, pale, and having a panic attack).
- Provide knowledge of the risks to youth at a young age.

Priorities

→ Impacts — specific interest in possible beneficial impacts

- Qualitative studies
- Ask people in communities what they want to know about cannabis.
- Can cannabis be a harm reduction strategy for alcohol and tobacco? Can cannabis be used instead of alcohol and tobacco?
- Physical benefits, e.g., pain management, arthritis, glaucoma
- What strains or types of cannabis have more or fewer beneficial impacts?
- Are there positive effects in the community?
- Perceived beneficial impacts, e.g., ask people why they choose to use cannabis, and similarly, why they don't use cannabis.
- Looking at possible benefits of cannabis use will help guide harm reduction approaches and could feed into developing harm reduction practices that are not just focused on cannabis (one participant called this “harm reduction for life in general”).
- **Relevant research questions:**
 - What benefits are there to cannabis use (including its different forms)?
 - Are there lower-risk amounts of use for THC and CBD?
 - What are the negative or positive impacts of cannabis legalization in your community/region?
 - How does cannabis help you, others around you, and your/their future?
 - How can cannabis be used as an adjunct for substance use disorders?
 - How does cannabis affect casual users?
 - What are the positive outcomes for users who have psychiatric disorders?

→ Access and supply

- Different frameworks for access
- High cost of cannabis has financial and other social impacts.
- Communities need a lower-risk and regulated supply for legalization to work.
- Would having a local source or supply be helpful to communities?
- Cost of incarceration for trafficking cannabis?
- **Relevant research questions:**
 - What are the barriers to accessing legal, regulated forms of cannabis?

→ Data collection on cannabis use

- Include monitoring the price of cannabis
- Statistics on cannabis use may not be important for the community itself but would be important for getting money from government organizations.
- **Relevant research questions:**
 - What are the regional patterns of consumption?
 - Are there specific risk factors for cannabis use harms that are unique to our regions?

Comments on conducting research

- Cannabis should be studied in the context of social determinants (e.g., poverty, food security, etc.; refer to the point under research priority impacts: “harm reduction for life in general”).
- Ensure that community members carry out research when possible (e.g., interviewing participants) and that the community and participants receive the end results.
- Ensure that the language used for the subject matter is understood and not stigmatizing.
- Include different perspectives (e.g., people who use substances or cannabis, men, boys, youth).



Research questions

In the next exercise, participants were asked to come up with three research questions and post them on a flip chart for others to see. The results (organized by theme) were as follows:

What are the perceptions of cannabis among different demographics?

- Including youth, young men, and Inuit Elders

What are the risks associated with using cannabis?

- Cannabis use during pregnancy and breastfeeding and its impact on the fetus and infant in terms of brain and cognitive development
- Impact on adolescent brain development, both its short-term and long-term effects
- Effects of second-hand cannabis smoke
- Different effects of THC and CBD
- Is cannabis use a “gateway” to other substances?
- Behavioural effects during childhood and adolescence, e.g., the possible connection with ADHD

- Impacts among those who use cannabis casually or occasionally

What are the potential benefits of using cannabis?

- Therapeutic effects for psychiatric disorders
- Harm reduction for other, possibly more problematic, substance use, e.g., using as an adjunct
- Positive social impacts
- Different effects of THC and CBD
- Impacts among those who use cannabis casually or occasionally

What are the broader impacts of cannabis use and legalization in different communities?

- Negative or positive impacts of cannabis legalization across regions and communities
- Differences in types of cannabis being used, e.g., THC concentrations
- What are the barriers to accessing legal, regulated forms of cannabis?

What are the general patterns of consumption in different regions?

- What kind of cannabis are people using, and why do they choose to use cannabis?
- What region-specific risk factors contribute to problematic cannabis use?
- What are prevalent social norms about cannabis use?

What are effective public education strategies?

- How do communities want to be engaged?
- What harm reduction strategies have been effective for other substances?
- How do we present the information and knowledge we have about cannabis?
- How can we increase service utilization and reduce the perception of stigma by people who use cannabis?

Reports from the regional tables

For the final exercise, participants were given the opportunity to meet with colleagues in their region to discuss what is being done and what they would like to see (or what is needed).

Please note this section only represents the opinions from the participants at the meeting, with limited participation and may not be reflective of the current regional positions or all the initiatives/activities happening across Inuit Nunangat.

Nunavik

What is being done

- There was a regional meeting in 2018 about common perceptions and concerns within the health sectors and intersectoral partners and to work towards policy
- Directing youth towards addictions services

What we would like to see

- Presentations on cannabis in the 14 communities with mayors and their councillors
- Work with the local radio station.
- Plan with the Kativik school board to deliver materials in all schools using a harm reduction approach. Teachers are key role models for delivering teaching tools. These need to be developed for the teachers, as we know that some youth start smoking at a very young age (8 or 9).
- Make links to professionals who are working with pregnant women (e.g., midwives).
- Connect with those working on TB to coordinate our educational materials.
- We have 15,000 people. We would like to gather everything we know and create a teaching pamphlet that can be used as a discussion starter for families, parents, and guardians. We would like to deliver these via mail and make sure we have appropriate words in both dialects.
- Involve Elders, as they are respected and want to be involved.
- Use the news outlets.
- Have a space where families can gather to talk about cannabis.
- We would like to see all organizations arranging to meet. We need collaboration from all organizations working together; one organization cannot do it all.
- We would like to work to motivate communities and get their ideas on how we can approach different groups such as youth and Elders.
- We would like to better understand different modes of consumption in the communities and how these differ in the various groups.
- We would like to learn from the successes of the Tobacco Reduction Strategy.
- We knew legalization was coming, but we were never contacted. So, while we are still at the very beginning of the conversation, we want to work with others for the benefit of the region.

Nunavut

What is being done

- We did not have much to say on this topic, as this whole issue (and legalization) was very much dumped on us with no warning, no education, and no preparation.
- The Government of Nunavut is looking at the option of opening a storefront or stores in the communities or hubs to address very limited access.
- Educational materials are being made: posters, pamphlets, and wallet-size cards. The Government of Nunavut is leading this, but they consulted with Nunavut Tunngavik Inc. through a joint working relationship to develop them. Note: resources that mentioned vaping as safer are being recalled.
- In terms of cannabis in the workplace, there are signs on buildings now (e.g., “no smoking”) that include cannabis. Other than that, we are unsure what the guidelines/policies are.

What we would like to see

- Involve mental health nurses in the discussions around cannabis- and substance-induced psychosis.
- Education about cannabis in schools and in communities for the public: using the local radio station is a good way to involve Elders (although some Elders are using social media, they don't necessarily know how to respond and ask questions).
- Increase understanding of proper storage and carrying of cannabis. Lobbies become very congested with people, and there is a strong concentrated smell in the clinics. Provide education on proper storage to avoid this.
- Involve Elders in education programs, and design materials specifically for them, explaining what cannabis is and why it was legalized.
- Provide education on budgeting, and how people can avoid putting all their money toward cannabis.



Inuvialuit Settlement Region

What is being done

- The participants from the Inuvialuit region were not aware of any initiatives happening around cannabis in the region, so they discussed what works in other areas.
- Following the forum, the Inuvialuit Regional Corporation clarified that in the Inuvialuit region, the Government of the Northwest Territories developed cannabis resources on the following topics:
- Age requirements
 - Growing cannabis
 - Possession & consumption
 - Health effects
 - Resources for educators and parents and youth

What we would like to see

- On the land programs always work well. A wide variety of topics are brought up during these programs: alcohol, drugs, relationships, suicide, etc. When cannabis information is available, we can include this in all our successful ongoing programs.
- AA
- Youth and Elder programs
- Resolution support workers that support residential school survivors

- There was an attempt to open a cannabis shop. This went in the town, and community members did not like the location (close to the school), so the town decided not to move forward.
- We need support in the region for problematic substance use. Community members need to go south for this and, while it works, it is not always effective over the long term.
- Cannabis education

Nunatsiavut

What is being done

- Discussions have started in Nunatsiavut communities about access to legal cannabis and whether the Nunatsiavut Government has a role in this.
- Following this forum, we will be better prepared to approach partners like Health Canada and do something purposeful, as we will have identified common gaps and needs.
- There have been discussions with Health Canada about a community tour to provide education in the region.
- Some surveying has been done in the community and, while it doesn't need to be very formal, perhaps some community assessment can be done to understand patterns of use and reasons for using/not using.

What we would like to see

- More staff training to employees, so service providers can get information out to the communities.
- We have a health promotion coordinator who can coordinate this type of training when it is available.
- Build in a harm reduction approach. This messaging is already starting in the TB campaign about shared smoking devices.
- Adapt other programs to make them more culturally appropriate (although we have a limited capacity for resource development at this time).
- Group discussions are needed. Currently, only one-on-one support is available.
- Include information in programs that are already running.
- Need for pre-natal information
- We need to develop some guidelines and consistent messaging for our programs. We may not be all saying the same thing.

Closing remarks and next steps

Representatives from ITK, CCSA, and the MHCC thanked all the participants and the planning committee for their hard work and input and let them know that a report would be prepared and shared with the group.

Krista Benes spoke about the MHCC's coming investments in approximately 4 to 12 community-based research projects and noted that any request for proposals (RFP) must reflect the needs of communities and the way the research should be carried out. The research must be community-led, with the results

shared back with each community. The MHCC will coordinate with ITK to ensure that its relevant working groups can review and provide input on the RFPs.

Tracy Sarazin indicated that ITK will contribute to the report and ensure it is shared with forum participants as well as with ITK groups such as the National Inuit Suicide Prevention Strategy working group and the National Inuit Committee on Health.

Sarah Konefal of CCSA indicated that her organization will work together with partners on the report and continue to collaborate with ITK and the MHCC on addressing the research gaps identified at this meeting.



The day ended with a fun dice game (with a prize) led by Victoria Grey of Nunavik. (Games are very popular in Inuit communities and have a prominent place in community events.)

Participant feedback

Participants provided feedback by means of an evaluation form.

Overall, they found that the opportunity to share and learn from others in an Inuit-specific forum was valuable. The discussion on harms and benefits, and the opportunity to better understand the basics of cannabis and the current state of knowledge, was also seen as beneficial.

Participants thought improvements to future forums could be made by ensuring the participation of men, involving more Elders and traditional knowledge keepers, and including youth perspectives.

The evaluation forms also emphasized the need for concrete next steps and actions.



Summary

The two-day forum marked the first opportunity for representatives from across Inuit Nunangat to meet to discuss cannabis. While the meeting centred on cannabis, mental health, and research, the discussion went well beyond these topics. Participants had different levels of knowledge about cannabis and were eager to know more about all aspects of this complex topic.

The objectives of the first day were to have an Inuit-led discussion on cannabis and to share and exchange knowledge. The rich discussions that took place after the presentations and the community café resulted in these objectives being met.

The objectives of the second day were to determine Inuit-specific research gaps and priorities in cannabis and mental health and to begin the process of developing an Inuit-specific cannabis and substance use research agenda. While these objectives were also met, more discussion will be needed to flesh out this agenda.



Several key themes emerged from the forum:

- Communities require a lot more basic information on cannabis, including its link with mental health.
- Cannabis-related programs or research must be grounded in the local culture and language and in such social determinants of health as housing. They must also take into account the community context — including trauma and lived experiences — and reflect regional differences.
- There is considerable interest in exploring a harm reduction approach, including cannabis use as a substitute for other substances (e.g., alcohol). However, this possibility needs to be thoroughly studied so all harms and benefits are known and the approach can be customized to the individual.
- A comprehensive cannabis strategy is needed that is similar to the Tobacco Reduction Strategy. Much of the information in this report can be used to inform such a strategy.
- Participants identified a need for more opportunities to come together to discuss and share knowledge related to cannabis and mental health.

Appendix A

Participant list

NAME	REGION	ORGANIZATION
Sarah Rogers	Inuvialuit	Elder
Alecia Lennie	Inuvialuit	Inuvialuit Development Corporation
Imane Cherier	Nunavik	Public Health Department
Victoria Grey	Nunavik	Nunavik Health Board
Annie Nakashuk	Nunavut	Government of Nunavut
Esther Powell	Nunavut	Embrace Life Council
Kylie Aglukark	Nunavut	Nunavut Tunngavik Inc.
Lucy Kappinaq	Nunavut	Government of Nunavut
Marygalak Bergin	Nunavut	Government of Nunavut
April Andersen	Nunatsiavut	Nunatsiavut Government
Cassie Jararuse	Nunatsiavut	Nunatsiavut Government
Hillary Blake	Nunatsiavut	Nunatsiavut Government
Kaila de Boer	Nunatsiavut	Nunatsiavut Government
Kim Dicker	Nunatsiavut	Nunatsiavut Government
Kristeen McTavish	Nunatsiavut	Forum Notetaker, Nunatsiavut Government
Krystal Saunders	Nunatsiavut	Nunatsiavut Government
Laura Moores	Nunatsiavut	Nunatsiavut Government
Laurie Russell	Nunatsiavut	Nunatsiavut Government
Michelle Kinney	Nunatsiavut	Nunatsiavut Government
Sharon Edmunds	Nunatsiavut	Nunatsiavut Government
Maureen Baikie	-----	Forum Facilitator
Shirley Dagg	National	Inuit Tapiriit Kanatami
Tracy Sarazin	National	Inuit Tapiriit Kanatami
Savanah Ashton	National	Pauktuutit Inuit Women of Canada
Sarah Konefal	National	Canadian Centre on Substance Use and Addiction
Krista Benes	National	Mental Health Commission of Canada
Karin Moen	National	Mental Health Commission of Canada

Appendix B

Meeting agenda, including Questions for Reflection and Dialogue



Mental Health Commission of Canada



Canadian Centre on Substance Use and Addiction
Evidence. Engagement. Impact.



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INUIT TAPIIRIT KANATAMI

MEETING AGENDA

Inuit Forum on Cannabis and Mental Health

DATE & LOCATION
October 9 – 10, 2019

Hotel North 2
382 Hamilton River Rd
Happy Valley-Goose Bay, NL

We would like to acknowledge and thank the Nunatsiavut Government for their support in hosting this event.

PRE-READING
State of the Knowledge on Cannabis and Health in Canada

DAY 1 OBJECTIVES
To have an Inuit-led discussion on cannabis

To share and exchange knowledge

FACILITATOR
Dr. Maureen Baikie
Specialist in Public Health and Preventive Medicine

NOTETAKER
Kristeen McTavish
Nunatsiavut Government

Sharing Knowledge

DAY 1 - OCTOBER 9	
9:00 - 9:30	Registration and light breakfast
9:30 – 10:15	Welcome and housekeeping items Elder Opening Introduction of participants Opening Remarks
10:15 – 10:30	Review of the agenda - What are your expectations of this meeting?
10:30 – 11:00	State of knowledge on cannabis and health in Canada (presentation and Q&A)
11:00 – 11:15 Refreshment break	
11:15 – 11:45	State of knowledge on cannabis and health in Canada (presentation continued and Q&A)
11:45 – 12:30	Regional Knowledge Exchange (small group discussion, see attached handout) <ul style="list-style-type: none"> What do we need to know about cannabis?
12:30 – 1:30 Lunch (provided)	
1:30 – 3:00	Community Café (see attached handout) <ul style="list-style-type: none"> Cannabis use and access in your community or regions Impact of cannabis on individuals and communities Challenges and best practices
3:00 – 3:15 Afternoon break	
3:15 – 4:15	Cannabis and mental health (small group discussion) <ul style="list-style-type: none"> What are the <u>top 3 issues or priorities</u> that you are seeing in cannabis and mental health?
4:15 – 4:30	Wrap up of Day 1

Setting Priorities

DAY 2 - OCTOBER 10	
8:30 to 9:00	Light breakfast
9:00 – 10:30	Setting priorities (small group discussion) <ul style="list-style-type: none"> • What are the key areas you want to see action in, or what are the key issues we need to focus on?
10:30 – 10:45	Refreshment break
10:45 – 12:30	Research and knowledge gaps (small group discussion) <ul style="list-style-type: none"> • What areas of research should be the priorities and why?
12:30 – 1:30	Lunch (provided)
1:30 – 2:45	What are the next steps? (open discussion)
2:45 – 3:00	Closing remarks Elder Closing
3:00	Refreshments
3:15 – 4:30	Networking

DAY 2 OBJECTIVES

To determine Inuit-specific research gaps and priorities in cannabis and mental health

To begin the process of developing an Inuit-specific cannabis and substance use research agenda

COMMUNITY CAFÉ (DAY 1, 1:30 – 3:00)

Cannabis use and access in your community or region

- Is cannabis use common in your community/region?
- How are people accessing and consuming cannabis?
- Who is using cannabis?
- What questions do you have about cannabis use and access?

COMMUNITY CAFÉ CONTINUED

Impact of cannabis (harms and/or benefits)

- How is cannabis use impacting individuals and the community overall?
- Are there any harms and/or benefits you have noticed?
- What have the impacts of the legalization been?
- What questions do you have about the harms and/or benefits of cannabis?



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



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