

Building Health and Social Service Provider Capacity to Provide Culturally Safe Care:

An Approach to Reducing Harm and Removing Barriers for Indigenous Women and Gender-Diverse People Who Use Cannabis



A COMMUNITY-INFORMED APPROACH TO
CANNABIS PUBLIC EDUCATION
AND AWARENESS

UNE APPROCHE COMMUNAUTAIRE DE
L'ÉDUCATION ET DE LA SENSIBILISATION
DU PUBLIC AU CANNABIS

Native Women's
Association of Canada



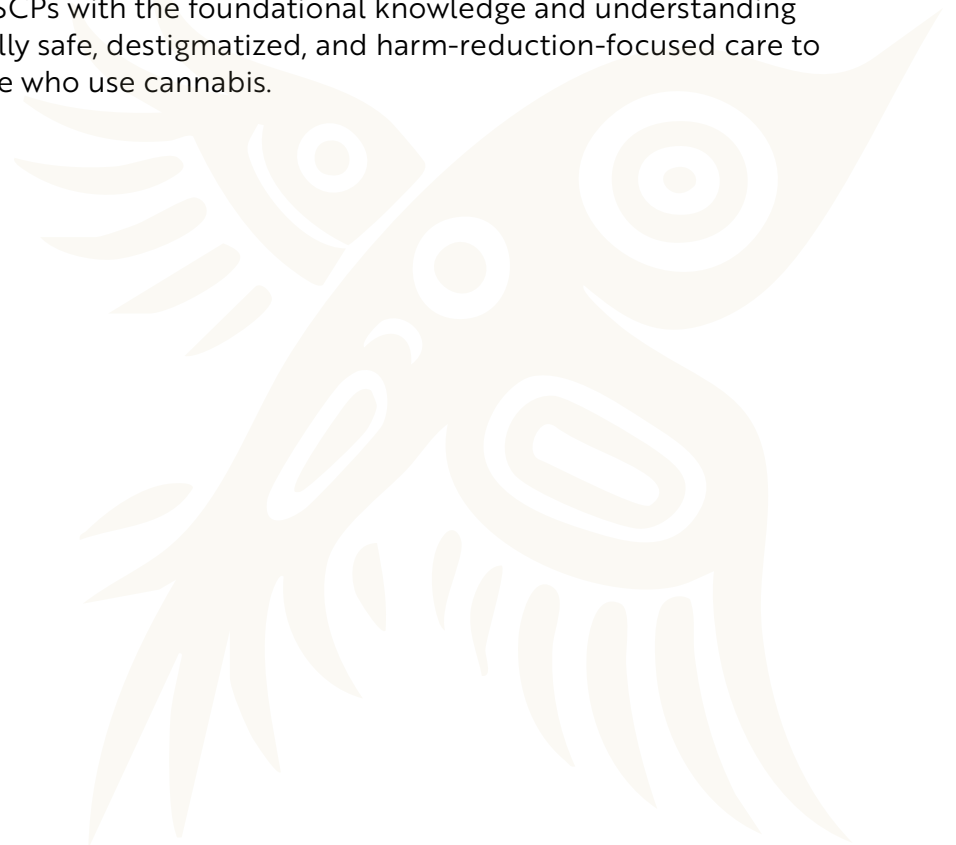
L'Association des femmes
autochtones du Canada

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Introduction

This project takes a new approach to a longstanding dilemma. As increasing amounts of Indigenous Women, Two-Spirit, Transgender, and Gender-Diverse (W2STGD+) People choose to use cannabis in its many forms, there is a lack of information available to Health and Social Service Providers (HSCPs). This issue emerged as a priority topic during previous Native Women's Association of Canada (NWAC) engagement sessions. Despite this necessity for change, little to no opportunities exist to improve HSCPs' understanding of the many reasons why an Indigenous W2STGD+ Person may choose to use cannabis. As a result, this knowledge gap actively contributes to stigmatizing and oppressive norms towards Indigenous W2STGD+ People who use cannabis. Personal cannabis use is a valid choice, whether for recreation, harm-reduction, medicinal purposes to address mental or physical health concerns, or for other reasons. This project aims to reduce stigma and barriers by equipping HSCPs with the foundational knowledge and understanding necessary to provide culturally safe, destigmatized, and harm-reduction-focused care to Indigenous W2STGD+ People who use cannabis.



Key Activities

Environmental Scan

An environmental scan indicated that there are limited educational materials available for HSCPs to learn best practices around Indigenous-specific harm reduction. With previous Substance Use and Addictions Program (SUAP) funding, NWAC conducted engagement and research to identify and address critical gaps in culturally safe, stigma-free cannabis education. Over 1200 Indigenous people, Elders, and HSCPs were reached, and findings consistently emphasized the need for safe spaces, trauma-informed care, and cannabis education that acknowledges the intersection of trauma, mental health, and harm reduction. Many participants reported receiving little cannabis-related guidance (or biased information) when interacting with HSCPs, which highlights the necessity for improved education and training.

Health and Social Service Provider Survey

To assess gaps in training and knowledge related to cannabis use and culturally safe care for Indigenous W2STGD+ People, NWAC surveyed 45 HSCP through three online surveys targeting:

Primary Care Providers

- Consisting of: physicians; both specialists and subspecialists, and nurses; NP, RN, LPN, and RPN.

Allied Health Professionals

- Including (but not limited to): audiologists, dieticians, medical laboratory technologists, medical radiation technologists, pharmacists, physiotherapists, respiratory therapists, and speech-language pathologists..

Social Care Providers

- Including (but not limited to): social workers, addiction support workers, community support workers, Indigenous support workers, and crisis intervention workers.

Survey findings, analyzed in a report, highlighted significant gaps across the different HSCP fields and emphasized the need for accessible, culturally safe, trauma-informed, harm reduction-focused approaches to cannabis care. Four key themes emerged: **Resources Needs, Understanding Problematic vs. Beneficial Cannabis Use, Stigma and Personal Views on Cannabis, and Therapeutic Approaches**. These insights directly shaped the webinar series and informed the development of educational tools included throughout the HSCP trainings.



Advisory Circle

NWAC established an Advisory Circle to honour the cultural importance of decision-making through community consultation, shared wisdom, and group consensus. The formation of this group brought together Inuit, Métis, and First Nations partners, including an Elder, Knowledge Holders, and professionals from health and social service fields. The seven members included representation from all four directions (North, East, South, and West).

Across eight meetings, the Advisory Circle collaborated to guide the content development of the three educational webinars (for Primary Care Providers, Allied Health Professionals, and Social Care Providers). These sessions allowed diverse perspectives to be shared, valued, and integrated into the decision-making process. The Advisory Circle reflects the central role of the community in sharing power and knowledge to ensure support for one another and future generations. Drawing from lived and professional experiences, the members' insights guided the infusion of culturally safe and trauma-informed knowledge throughout the training sessions. Their contributions were instrumental in ensuring that this project remained meaningful, relevant, and responsive to the voices and needs of Indigenous W2STGD+ People who use cannabis.

Pilot Webinars

Utilizing findings from the HSCP Survey and insights from the Advisory's Circles, NWAC developed and piloted three webinars, each tailored to the HSCP groups (Primary Care Providers, Allied Health Professionals, and Social Care Providers).

To reach a wide audience across different health and social service sectors, NWAC employed a variety of multi-faceted promotional strategies. These included social media outreach (across Instagram, Facebook, and LinkedIn), collaborating with NWAC's provincial and territorial membership associations (PTMAs), and dissemination through NWAC employees' professional networks, including contacts working in government, public health units, and substance use advocacy groups.

These efforts resulted in 558 unique views of the webinars' registration page: 14 for Primary Care Providers, 170 for Allied Health Professionals, and 374 for Social Care Providers. Despite this, only 64 individuals registered for the sessions (10, 9, and 45, respectively) and 31 attended (2, 4, and approximately 25, accordingly). The Social Care Provider group demonstrated significantly higher engagement in registration link interactions (both viewing and submitting intent) and attendance compared to the other two groups.



Pre and Post-Learning Surveys: Pilot Webinars

NWAC hired Ridge Road Training & Consulting (RRTC), an Indigenous-owned educational services company, to develop pre- and post-webinar surveys that evaluate the pilot webinars' impact on participants. These surveys assessed participants' knowledge, future practice intentions, and identified areas for improvement to enhance the learning experience.

The **Pre-Webinar Survey** found that 79% of respondents work with Indigenous patients/clients and 68% work with W2SLGBTQ+ patients/clients. While 68% felt confident in creating culturally safe spaces, knowledge and awareness of trauma-informed care practices varied significantly. Nearly all respondents (79%) agreed that culturally safe and trauma-informed care practices are very important when discussing cannabis use. When asked about the physical health risks associated with cannabis use, 68% believed there are minor risks (it's safe) and 21% said the risks are moderate (it's neither safe nor unsafe); 11% were unsure. In terms of mental health risks, there was more divide; 47% believed the risks are minor (it's safe) and 37% consider the risks to be moderate (it's neither safe nor unsafe) while 16% were unsure. No responses indicated that cannabis use carries high physical or mental health risks and is unsafe. Currently, 32% of respondents discuss how cannabis can be used as a harm reduction tool with their clients/patients. The most common barrier to having these discussions was a lack of personal knowledge about cannabis, which was indicated by 67% of respondents.

The **Post-Webinar Survey** showed that all respondents gained new knowledge or deepened their understanding of cannabis use, harm reduction, and available resources. Most (75%) also expanded their knowledge of creating culturally safe spaces and implementing trauma-informed care practices. Approximately 29% plan to make significant changes to their practice and 50% will at least try to incorporate this new information; the remaining 21% indicated they already apply these approaches. Over half (54%) reported no barriers to implementing these practices but others cited challenges such as needing more information (15%) or consistent support (23%); only one respondent indicated they do not believe that culturally safe and trauma-informed care approaches are necessary for providing effective care. Despite the potential barriers, all respondents expressed that they believe cannabis can be used as a potential harm reduction tool.

A significant majority (93%) rated the webinars overall as "Excellent" or "Great", with no ratings indicating dissatisfaction. Respondents found the information on trauma-informed approaches, modelling of client-friendly language, and clear, engaging delivery especially helpful for their engagement. Only one respondent suggested minor adjustments, such as a slower pace, more opportunities for questions, and further elaboration on certain concepts.

The surveys confirmed the webinars effectively met their objectives. Overall, HSCPs strengthened their awareness, understanding, and confidence in cannabis as a harm reduction tool for Indigenous W2STGD+ clients/patients. However, some limitations remained (as discussed below). RRTC created a comprehensive report detailing the findings from the pre-and post-webinar surveys for further analysis.



Challenges and Limitations

- 1.** NWAC staffing changes led to a temporary pause in project work as the hiring process took place and a new Team Lead was onboarded. This required additional Advisory Circle sessions and resulted in an overall condensed timeline for achieving the deliverables. Consequently, there was limited flexibility in scheduling the webinar testing.
- 2.** Webinar engagement faced multiple challenges:
 - a.** Despite reaching a large audience through various outreach channels, registration numbers remained low and actual attendance was even lower.
 - b.** The timing of the webinars, which were held at the end of January, may have influenced participation. During this post-holiday period, professionals may be less inclined to engage in educational activities.
 - c.** The absence of an honorarium for webinar participants' time and involvement in data collection (surveys), may have affected attendance. Offering honoraria often encourages engagement in projects, and the discrepancy between the number of registration link views and actual registrations could be related to this. One participant left the webinar after inquiring about an honorarium and learning that one was not offered.
- 3.** Social Care Providers demonstrated significantly higher engagement with registration links and attendance compared to Allied Health Professionals and Primary Care Providers. This limited survey results, as most responses came from Social Care Providers, skewing the data and reducing its broader applicability across HSCP groups.



Recommendations

1. Strengthen Engagement and Participation of HSCPs

Ongoing efforts are needed to encourage broader and sustained engagement of HSCPs in cannabis education. The following strategies can be implemented:

- a. Provide Honoraria and Incentives:** Integrate honoraria into proposal budget to encourage participants to attend and actively participate, helping reduce attendance disparities and ensuring broader representation across all HSCP groups.
- b. Increase Webinar Promotion and Accessibility:** Create printed promotional materials (such as posters) and collaborate with health and social care settings to encourage staff recruitment. Engaging with PTMAs earlier in the process and promoting the project at the regional level would further boost participation and involvement. Webinars could be offered at various times throughout the year to further increase accessibility.
- c. Engage a Wider Audience:** Consider expanding to actively include support staff (such as receptionists, security, office assistants, etc.) as these individuals are often the first point of contact for people seeking health and social care services. These workers would benefit from further understanding the lived experiences of Indigenous W2STGD+ People and trauma-informed practices to help reduce the stress and anxiety around seeking healthcare services. Additionally, training HSCP groups together, rather than separately, would encourage knowledge sharing and foster collaborative learning and working environments.



2. Expand Educational Strategies

To ensure that HSCPs receive information across diverse platforms, the following approaches could be considered:

- a. Developing Accredited and Modular Learning:** Transform the webinars into accredited modules that fulfill ongoing education requirements for HSCPs, making cannabis education an intentional component of their professional development. For those not requiring accredited learning, shorter modules could be developed to explore specific topics more in-depth. Offering a certificate of completion or micro-credential would incentivize participation.
- b. Integrate Cannabis Education into Professional Training:** Incorporate cannabis education into the curriculum of universities and colleges, and onboarding programs for people working in health and social care settings. This would ensure both students and practicing HSCPs are equipped with essential knowledge for providing culturally safe care.
- c. Explore Alternative Learning Format:** The content of the webinars could be provided in diverse learning formats, such as podcasts or short videos, to enhance accessibility and engagement.
- d. Create Toolkits and Printable Literature:** Adapt information from the webinars into accessible, user-friendly toolkits and printable materials. These could be distributed widely across NWAC's networks.



3. Further Understandings of Traditional and Cultural Uses of Cannabis in Indigenous Communities

A significant gap exists in the literature regarding the traditional and cultural uses of cannabis within Indigenous communities. This knowledge gap could be addressed by:

- a. **Engaging with Indigenous Elders and Knowledge Holders:** Collaborate with Indigenous Elders, Knowledge Holders, and community members to explore both historical and contemporary uses of cannabis in medicinal and cultural contexts.
- b. **Developing Culturally Relevant Resources:** Create evidence-based resources that reflect the diverse practices, beliefs, and values surrounding cannabis use in Indigenous communities. These resources should be culturally relevant, inclusive, and respectful of Indigenous traditions and worldviews.

4. Ongoing Partnerships and Collaboration

To ensure the ongoing success and sustainability of cannabis education initiatives, the following strategies should be implemented:

- a. **Foster Collaboration Between Key Stakeholders:** SUAP and the Government of Canada must ensure ongoing collaboration between Indigenous organizations, health institutions, and educational authorities. It is essential that this program (or others) continues to fund additional cannabis education projects. These partnerships will broaden the reach and impact of these initiatives, ensuring long-term sustainability.
- b. **Partner with Grassroots Organizations:** Collaborate with grassroots organizations and community groups that engage in cannabis harm-reduction efforts. Their insights and direct connection to people with lived experience and peer support networks, offers valuable information to shape future cannabis education projects. Incorporating this knowledge into training materials and learning tools would enrich the content significantly and partnerships would provide further networks for information sharing.
- c. **Engage HSCPs with Cannabis Expertise:** Connect with HSCPs who advocate for cannabis education or prescribe it to patients to gain deeper knowledge. Engaging with them would enhance education by providing a better understanding of cannabis's practical applications and impacts from the perspective of HSCPs.





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