

Building Capacity to Provide Culturally-Safe Care:

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



A COMMUNITY-INFORMED APPROACH TO
**CANNABIS PUBLIC EDUCATION
AND AWARENESS**



Native Women's
Association of Canada
~~~~~  
L'Association des  
femmes autochtones  
du Canada



# Agenda

- Background
- Understanding Indigenous Perspectives on Cannabis
- Trauma-Informed Care in Primary Health Settings
- Cannabis as Harm Reduction
- Case Study
- Indigenous Cannabis Resources



The background of the slide is a close-up photograph of a cannabis plant, showing green serrated leaves and a developing bud. A dark green horizontal band is overlaid across the middle of the image, containing the main title and subtitle in white text. There are also some semi-transparent circular shapes in shades of green and brown on the left side of the slide.

# BACKGROUND

Project Overview, Learning Goals  
& Indigenous Learning Lenses



# About the Cannabis Project

## Goals:

- Facilitate knowledge-sharing of cannabis as a harm-reduction tool
- Reduce stigma and barriers and enhance HSCPs understanding of cannabis as a form of medicine
- Enhance culturally safe and destigmatized care for Indigenous women and gender-diverse people who use cannabis

Funded by Health  
Canada's Substance Use  
and Addictions Program

A continuation of  
NWAC's ongoing  
Cannabis Education work



AUDIENCE:

# Health & Social Service Providers

## Primary Care Providers

Physicians; both specialists and sub-specialists,  
and Nurses; NP, RN, LPN, RPN

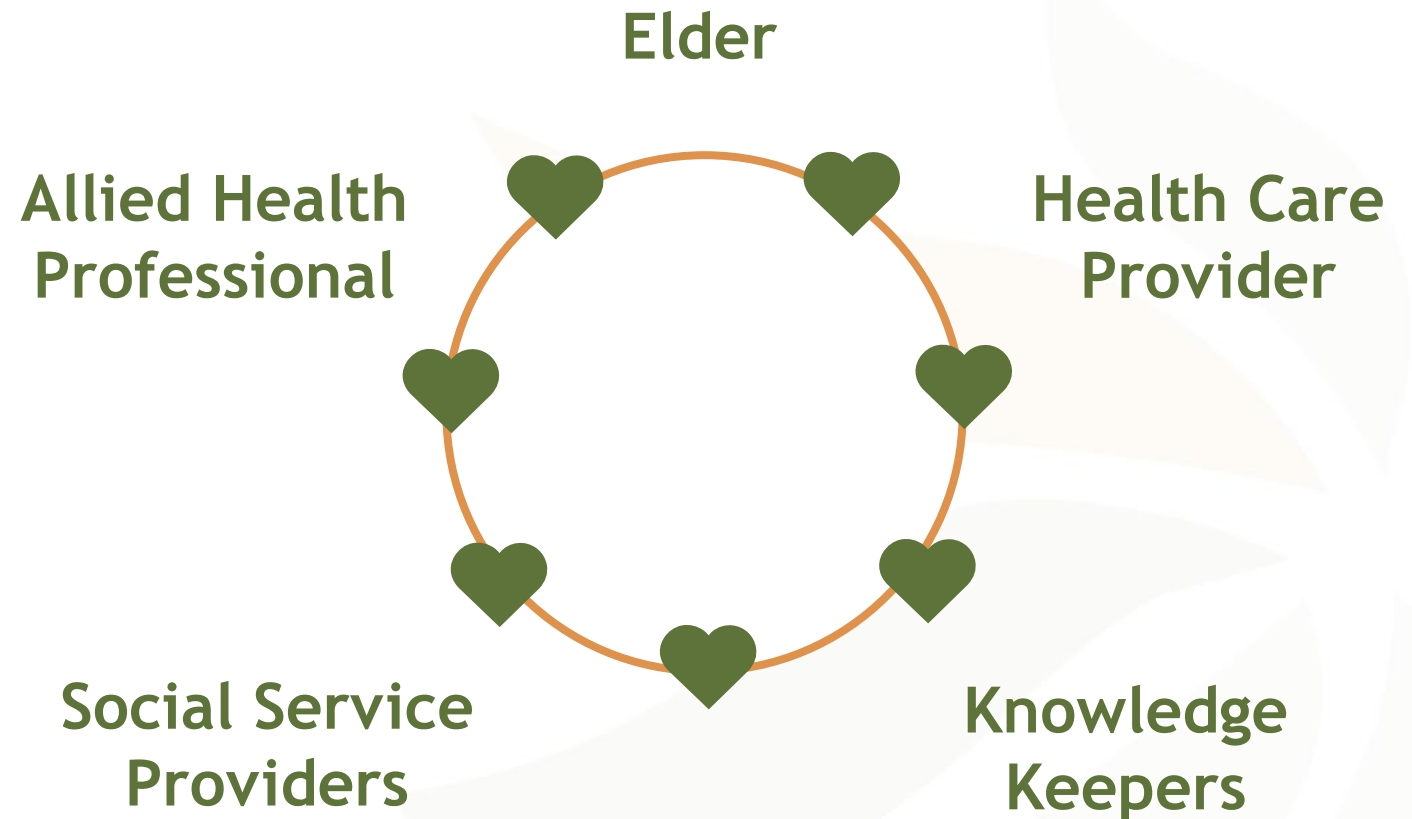




# Advisory Circle

## Purpose:

- Ensure all project activities and outputs are **meaningful, relevant, and responsive** to the needs of Indigenous women and gender-diverse people who use cannabis
- Provide insights grounded in lived and professional experience





# Learning Objectives

Developed through surveying 45 Health and Social Service Providers to identify gaps in training and knowledge.



**Understanding  
Problematic vs.  
Medicinal Cannabis**



**Address Stigma  
& Personal Views**



**Discuss Therapeutic  
Approaches**



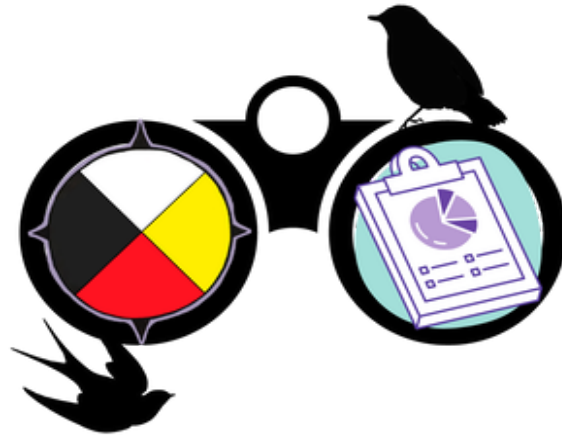
**Access Resources  
& Ongoing Education**



# Two-Eyed Seeing

A guiding principle that encourages viewing the world through two lenses:

One eye focused  
on Indigenous ways  
of knowing



The other eye  
focused on Western  
scientific knowledge

Fostering a balanced, respectful approach, drawing on the strengths of both knowledge systems for a fuller understanding of health and wellness!





# Holistic Health

Physical



Emotional

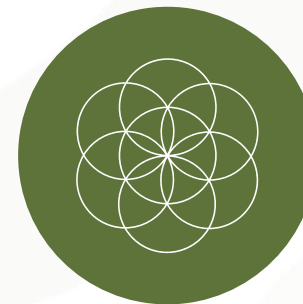


Balanced  
Health &  
Wellbeing

Mental



Spiritual



# UNDERSTANDING INDIGENOUS PERSPECTIVES ON CANNABIS

History, Traditional Use,  
& Addressing Stigma and Biases



# Historical Contexts of Indigenous Relationships with Cannabis

Indigenous People  
used cannabis  
thousands of years  
before colonization  
of Turtle Island



## Impact of Colonization

- Disruption of traditional relationships
- Implemented systems of prohibition and criminalization
- Indigenous people experiencing significantly higher instances of policing, incarceration, and stigmatization for cannabis use



Reclaiming this history honours the cultural significance of cannabis and acknowledges the resilience of Indigenous communities in maintaining traditional practices!



# Intention With Plant Medicines

## Importance of Intention

- Mindful use tied to balance and respect for the plant
- Intention connects people with the plant's purpose
- Aligning use with traditional values fosters respect for Indigenous perspectives

## Respectful Practice

- Understand that Indigenous relationships with cannabis are diverse
- Acknowledge that cannabis use can be sacred and ceremonial in certain contexts
- Two-Eyed Seeing
- Avoid making assumptions about cannabis use or its potential impacts



# Barriers in Health Care & Cannabis Access

## Health & Social Care

- Anti-Indigenous racism, stigmatization, and biases create challenges in accessing services
- Historic and ongoing acts of colonial trauma in health care continue to influence health disparities
- Geographic and logistical barriers

## Medical Cannabis

- Challenges finding accurate information
- Healthcare providers who may not be informed about cannabis
- Societal stigma
- Limited resources for coverage and access, particularly for those in remote, rural, or on-reserve communities



# Addressing Stigma & Discrimination

Examine the  
History of  
Stigmas &  
Stereotypes

Use Non-  
Stigmatizing  
Language

Respect  
Cultural  
Practices &  
Knowledge

Understand  
Barriers &  
Intersectional  
Experiences

Engage in Open,  
Non-Judgmental  
Conversations

Recognize  
Diverse  
Perspectives on  
Cannabis Use

The background features a stylized illustration of a community meeting. Several people are seated in a circle on the floor, engaged in conversation. The scene is rendered in a muted, earthy color palette of greens, yellows, and browns. The overall style is soft and illustrative, suggesting a supportive and collaborative environment.

# **TRAUMA-INFORMED CARE IN PRIMARY HEALTH SETTINGS**

**Definition, Recognizing & Responding,  
Building Trust**



# Defining Trauma- Informed Care

## Understanding Trauma

- An emotional and physiological response to distressing events that overwhelm ability to cope
- Can result from a single event or ongoing exposure
- Impacts holistic health (physical, mental, emotional, and spiritual)

## Trauma-Informed Care

- Recognizes how trauma affects all aspects of people's lives
- Creates safe spaces
- Acknowledges how colonization impacts life experiences and SDOH
- Emphasizes strengths and resiliency
- Failure to implement can cause re-traumatization





# How to Provide Trauma-Informed Care

Recognize the impacts of colonialism on the lives of Indigenous women and gender diverse people

Reflect on how your personal values and beliefs influence your interactions with patients

Recognize and respect that traditional knowledge and biomedicine can coexist and can be integrated



# How to Provide Trauma-Informed Care

## Tips for Trauma-Informed Care

- You do not need to know what trauma a person has gone through to provide trauma-informed care
- Be aware of your positionality and privilege
- Practice empathetic listening with patients
- Help your people to make the best decision for their holistic health and wellbeing

To expand your understanding of trauma-informed care, consider further exploring concepts of **prohibition, intergenerational trauma, and cultural safety** as it pertains to Indigenous women and gender diverse people.



# Recognizing & Responding to Trauma Activation

As a note, this slide will utilize the term “**activate**” instead of “trigger” when referring to a stimulus that awakens a memory, feeling, or symptom.

## Common Stressors

- Particular **environmental, sensory, or interpersonal** stressors can activate a trauma response
  - Sounds, smells, specific places, confrontations, sensations, or even phrases
- Hard to predict what will activate someone!

## Signs & Symptoms

- **Physical signs**
  - increased heart rate, sweating, shaking, sweating
- **Emotional signs**
  - fear, anger, sadness, shame, numbness
- **Behaviourial signs**
  - avoidance, hypervigilance, outbursts, freezing
- **Cognitive signs**
  - flashbacks, intrusive thoughts, confusion, distorted thinking



# Recognizing & Responding to Trauma Activation

## Response Strategies

- Validate the experience
- Provide a safe and calm environment
- Offer grounding or coping techniques
- Be patient and avoid pushing the person further
- Let them guide the conversation
- Help ensure they feel in control of their experience





# Building Trusting Relationships

## Fostering Safety

- Create physical and emotional environments that promote feelings of safety and security

## Establishing Boundaries

- Set clear and consistent boundaries to build trust and predictability in the provider-patient relationship

## Sharing Power

- Encourage autonomy and shared decision-making, ensuring patients have control over their healthcare

## Cultural Safety

- Honour the diversity of patients' experiences by incorporating culturally safe practices into care

## Openness in Care

- Provide multiple treatment options (when available) and allow patients to share their perspectives
- Ongoing, informed consent!

# CANNABIS AS HARM REDUCTION

Indigenous harm reduction,  
cannabis for medicinal use, mitigating risks



# What is Harm Reduction?

Harm reduction is an evidence-based, patient-centered approach that aims to reduce the various health or social harms of any action that has risk.

## Why Harm Reduction?

- Reduces or minimizes potential harm through non-judgmental strategies
- Provides an opportunity to connect people to resources and services
- Allows for self-determination
- Meets people where they are at, not where we think they should

## Indigenous Considerations

- Indigenous folks continue to face barriers to accessing quality and culturally safe services
- Harm reduction resources and supports are lacking in many communities
- Reclaiming one's identity is key to healing from trauma



# Cannabis Basics

## What Are Cannabinoids?

- Active chemicals in cannabis plants that affect our brain and body when we consume them
- Interact with our Endocannabinoid System (ECS)
  - response to stress, mental health, immunity, and overall wellness
- There are over 100 cannabinoids but two most common types are:
  - tetrahydrocannabinol (THC)
  - cannabidiol (CBD)







# Cannabis Basics

## THC

- Is responsible for the way your brain and body respond to cannabis
- Includes the psychoactive effect or “**high**”
- Binds to our ECS and temporarily **replaces our body's endocannabinoids**

## CBD

- Does **not** produce a “high”
- Can block or lower effects of THC
- Interacts with ECS to **boost the effects** of our **body's own endocannabinoids**
- Generally thought of as the medical cannabinoid (although THC is also medicinal)



# Choosing Cannabis Products

## Three Main Types

### THC-dominant

- contains THC (over 7%) and minimal CBD (0-2%)
- Stronger “high” or euphoric effect
- Greatest chance for undesirable effects depending on dose

### CBD-dominant

- contains CBD (over 7%) and minimal THC (0-2%)
- Little to no “high” or euphoric effect
- Milder and more relaxing depending on dose

### Balanced

- ratio of THC to CBD that's either 1:1, 1:2, or 1:3
- The greater the CBD the more relaxing body-high and less stimulating “high”



# Choosing Cannabis Products

## Methods of Consumption

- Smoke Inhalation
- Vaping Inhalation
- Ingestion
- Sublingual
- Topical Applications
- Juicing
- Nasal Spray
- Suppositories
- Transdermal Patches

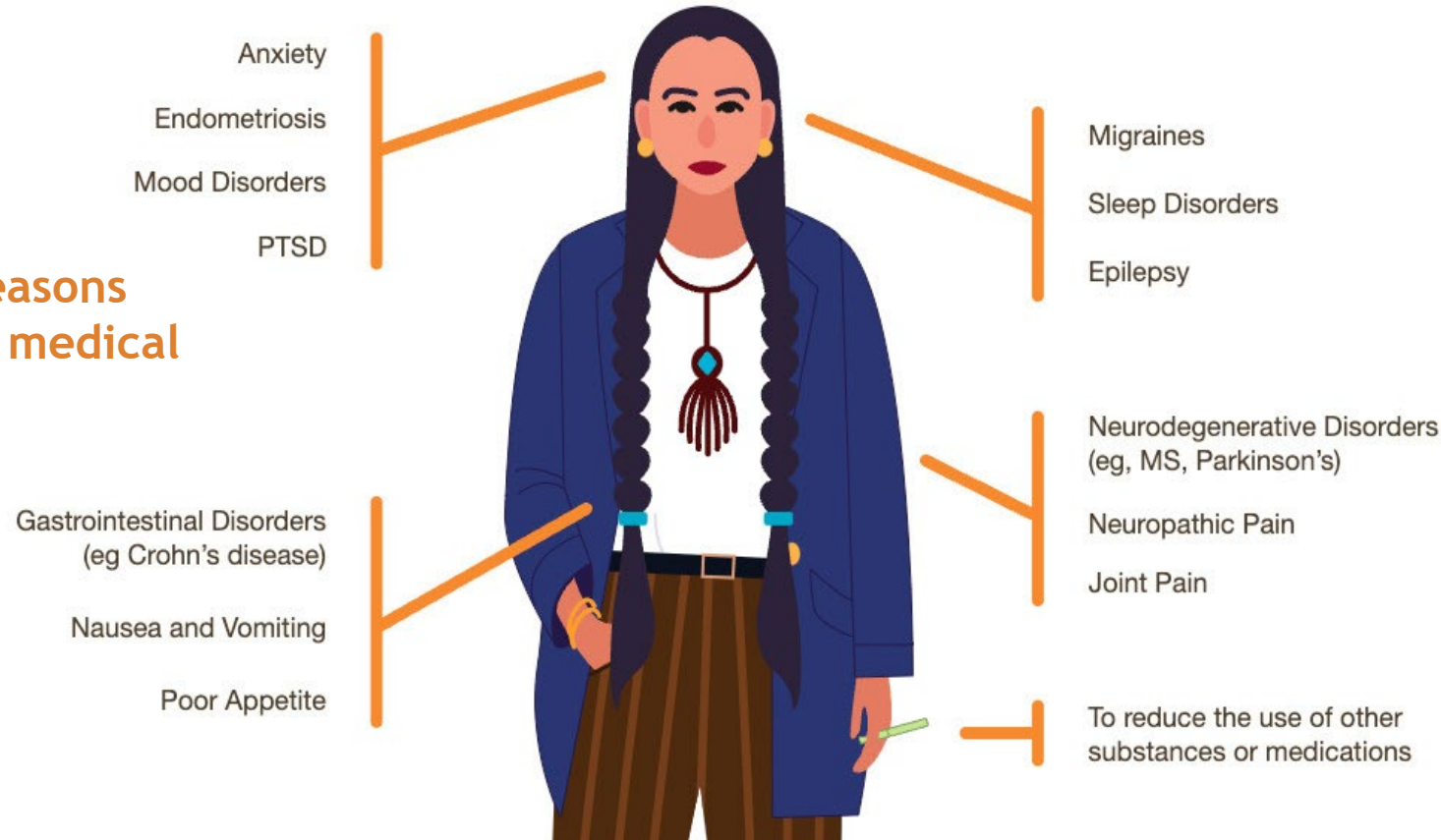
All methods have different effects, durations, and purposes.

Many factors are at play and this is why it can take trial-and-error to find the best product and dose for unique needs.



# Cannabis for Medicinal Use

## Common reasons people use medical cannabis:



73%

of people using  
cannabis for medical  
purposes do not  
have a medical  
prescription

Health Canada  
2019

Lines can be blurred but  
there is a difference  
between recreational and  
medicinal cannabis



# Cannabis Use Disorder (CUD)

## What is CUD?

- Spectrum of patterns in cannabis use
  - Mild, moderate, or severe
- Must have **more than two symptoms** consistently present within a **12-month period**

**Not all people who use cannabis regularly will experience this!**

## Symptoms:

- Consuming cannabis in larger amounts and/or over a longer periods than intended
- Cannabis use is impacting social/recreational activities
- Unsuccessful attempts at reducing or controlling cannabis use
- Disrupting regular activities to obtain cannabis, use cannabis, or recover from its effects
- Cannabis use is getting in the way of fulfilling obligations at work, school, or home
- Use of cannabis in situations where it is physically dangerous
- Use of cannabis despite problems it may be causing physically, emotionally, or within relationships
- Having a strong urge to use cannabis



# Harm Reduction for Cannabis Use

## Tolerance Breaks

- Cannabis receptors stop reacting as strongly to THC over time (building tolerance)
- This is reversible!
- After 2-5 days, the body's cannabis receptors will start to reverse tolerance

CBD interacts with the body's cannabis receptors differently than THC. It is unlikely to develop tolerance to CBD.

If someone is unable to take a tolerance break, they can try:

Switching up  
the strain

Microdosing

Changing  
consumption  
routine

Using less



# Cannabis & Youth

Cannabis can be dangerous when used by youth for any period of time. **Before the age of 25**, the brain is still developing and cannabis use can cause negative health consequences.

## Physical Health

- Impacts on the brain can affect mental function throughout life
- Can develop dependency
- Higher risk of also smoking cigarettes
- Negative impacts on lungs and respiratory system

## Mental & Emotional Wellbeing

- With regular use, more likely to experience anxiety, depression, psychosis, and schizophrenia
- Difficulty with memory, concentration, and decision-making
- Potential withdrawal from peers and conflict with family



# Cannabis & Youth

## Talking to Youth About Cannabis

- Ensure conversations are ongoing and non-judgmental
- Include both **evidence-based risks AND benefits**
  - Prioritize their agency and decision-making capabilities
- Ask open-ended questions and use language that is accessible and straightforward
- Use **harm-reduction** messaging







# Additional Considerations

## Recognizing Legal Rights

- Cannabis is **legal** in Canada for adults who are of age
  - 18-21 depending on the province/territory
- Cannabis use **should not** automatically result in concerns about parenting behaviours (or child welfare)
- People can use cannabis as part of **self-determined health practices**

## Alternative to Substance Use

- Cannabis may serve as an alternative to other substances (such as alcohol and opioids)
- Can help withdrawal symptoms and serve as pain management
- Reduced risk of addiction and other health and social harms compared to other substance use
- **Especially relevant as Indigenous people are disproportionately impacted by the drug poisoning crisis!**



# Tailoring Cannabis Care for Indigenous Women & Gender-Diverse People

## Basic Practices

- Prioritize culturally safe and trauma-informed care
- Recognize the diversity of identities
- Integrate traditional Indigenous practices with Western health approaches (Two-Eyed Seeing)
- Consider social determinants of health
- Use harm reduction principles

## When Recommending Cannabis

- Provide guidance on selecting appropriate strains and forms of cannabis
  - Consider experience levels (beginner vs. regular use)
- Offer practical advice that resonates with individuals' goals and contexts
- Focus on preferences, therapeutic needs, and underlying medical conditions



# Minimizing Barriers



## Take a Supportive Approach

- Recognize and acknowledge the challenges patients face
- Engage in open, compassionate conversations
- Remain up-to-date on evolving cannabis education
- Apply a harm-reduction lens



## Understand Financial Barriers

- Cannabis costs are not covered by Non-Insured Health Benefits (NIHB)
- Consider providing resources on cost-savings options:
  - Provincial Assistance
  - Patient Support Programs
  - Growing & Harvesting



## Connect Patients to Services

- Take a multidisciplinary approach to care
- Engage pharmacists, peer support, and cultural advisors
- Share fact sheets, information, and accessible resources tailored to their needs

The background features a stylized illustration of two hands shaking in a firm grip, symbolizing agreement or partnership. The hands are rendered in a flat, graphic style with muted colors like teal, olive green, and brown. The background is composed of overlapping, semi-transparent geometric shapes in various shades of green and brown, creating a layered, abstract effect. A dark green horizontal band runs across the center of the image, containing the text.

# CASE STUDY



# Case Study

*\*\*\*This case study is fictional. However, it was developed by the Advisory Circle based on personal insights and real lived experiences of seeking medical advice for cannabis use\*\*\**

## Patient Background

Dakota (they/them), a 35-year-old Two-Spirit parent of two children, has been managing chronic pain due to fibromyalgia for several years. They have been prescribed opioids but are concerned about the long-term use of these medications, specifically the risk of addiction and the side effects of fatigue and mood changes. Dakota is seeking to explore medical cannabis as a potential alternative to manage their pain more safely. They have heard positive things about cannabis from their community but are also unsure how it might affect their role as a parent or exacerbate anxiety.



# Case Study: Example 1

## Provider's Response

- Immediate rejection and dismissal
- Lack of trauma-informed care
- Failure to acknowledge parental and cultural concerns
- No further discussion on cannabis as harm reduction
- Failure to offer resources or additional support options

## Outcome of Interaction

- The patient is invalidated and dismissed
- They feel stigmatized and misunderstood
- Broken trust in the provider
- Patient self-medicates
  - Increasing risk for adverse reactions



# Case Study: Example 2

## Provider's Response

- Provider acknowledges and affirms concerns
- Emphasizes safety and oversight in navigating the process
- Applies trauma-informed lens to reassure the patient
- Makes a referral
- Further educates patient
- Provides additional resources to aid decision-making

## Outcome of Interaction

- The patient feels supported and heard
- Concerns were validated and reassured
- The provider gained trust in their compassionate approach
- Patient's cannabis use will now be monitored
  - Reducing risks for adverse reactions



# Key Takeaways

**Provider's  
Approaches  
Shape Patient  
Outcomes**

**Trauma-  
Informed Care  
is Essential**

**Comprehensive  
Communication  
Builds Trust**

**Collaboration  
Enhances Patient  
Outcomes**

**Responsibility  
as a Provider**



An illustration at the top of the page shows several indigenous women in a field. They are wearing traditional, patterned dresses and are engaged in various activities, possibly related to agriculture or harvesting. The background is a mix of green and yellow tones, suggesting a natural, outdoor setting.

# INDIGENOUS CANNABIS RESOURCES

An illustration at the bottom of the page shows a field of cannabis plants. The plants are depicted with stylized, swirling patterns in shades of green and blue, representing the leaves and stems of the plants. The overall style is artistic and modern.



# NWAC: Cannabis Education Website

## **Cannabis Education for and by First Nations, Inuit and Métis Peoples**

This website is part of a larger NWAC project, funded by Health Canada's Substance Use and Addictions Program, titled A Community-Informed Approach to Cannabis Public Health Education and Awareness.

Through this project, NWAC engaged urban, rural and remote Indigenous communities, encompassing First Nations, Inuit and Métis to identify current awareness and priorities of Indigenous women and gender-diverse people around cannabis public health education.

[nwaccannabised.ca](http://nwaccannabised.ca)

- Cannabis in Canada
- Cannabis Basics
- History & Traditional Stories
- Cannabinoid Dose Calculator
- Cannabis & Health
- Cannabis for Medical Use
- Cannabis Use Disorder
- Resources



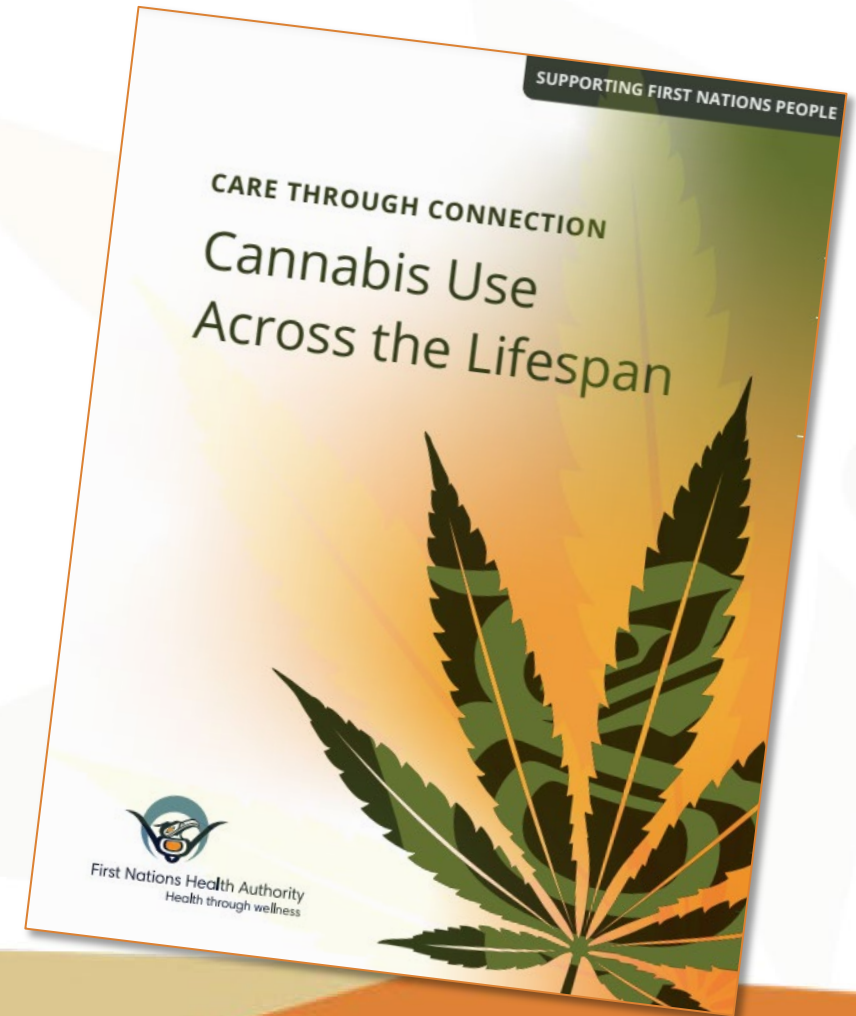


# First Nations Health Authority Resources

- Designed to support Health Care Providers in facilitating open, compassionate conversations
- Emphasizes harm reduction, trauma-informed, and culturally safe approaches
- Case Studies
- Guiding questions and considerations

## Website

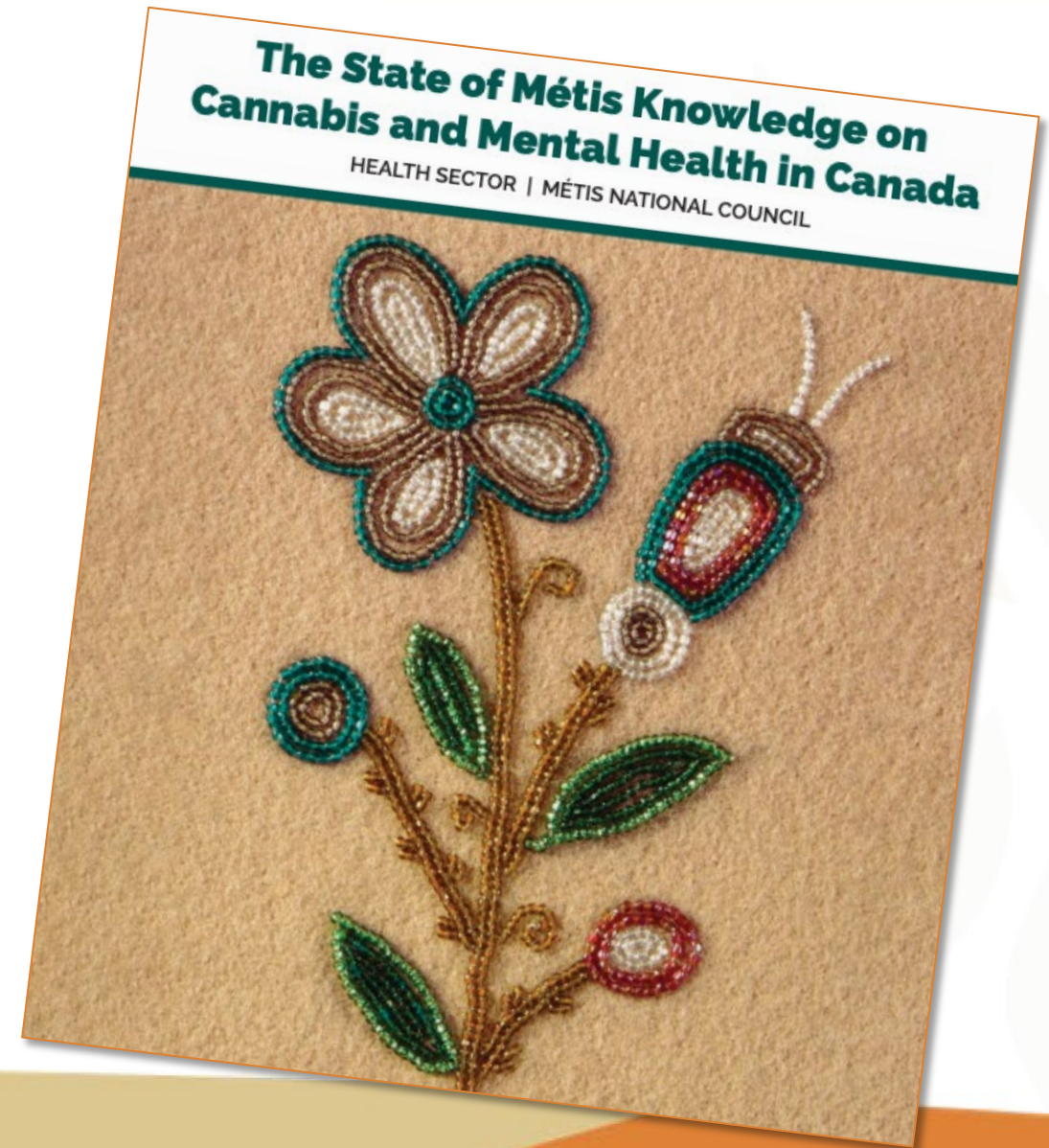
- Apps & Tools
- Cannabis Resources
- Maternal Health and Parenting
- Cannabis Education
- Safer Cannabis Use
- Support for Youth
- Harm Reduction Principles & Practices Fact Sheet





# Métis Nation Council

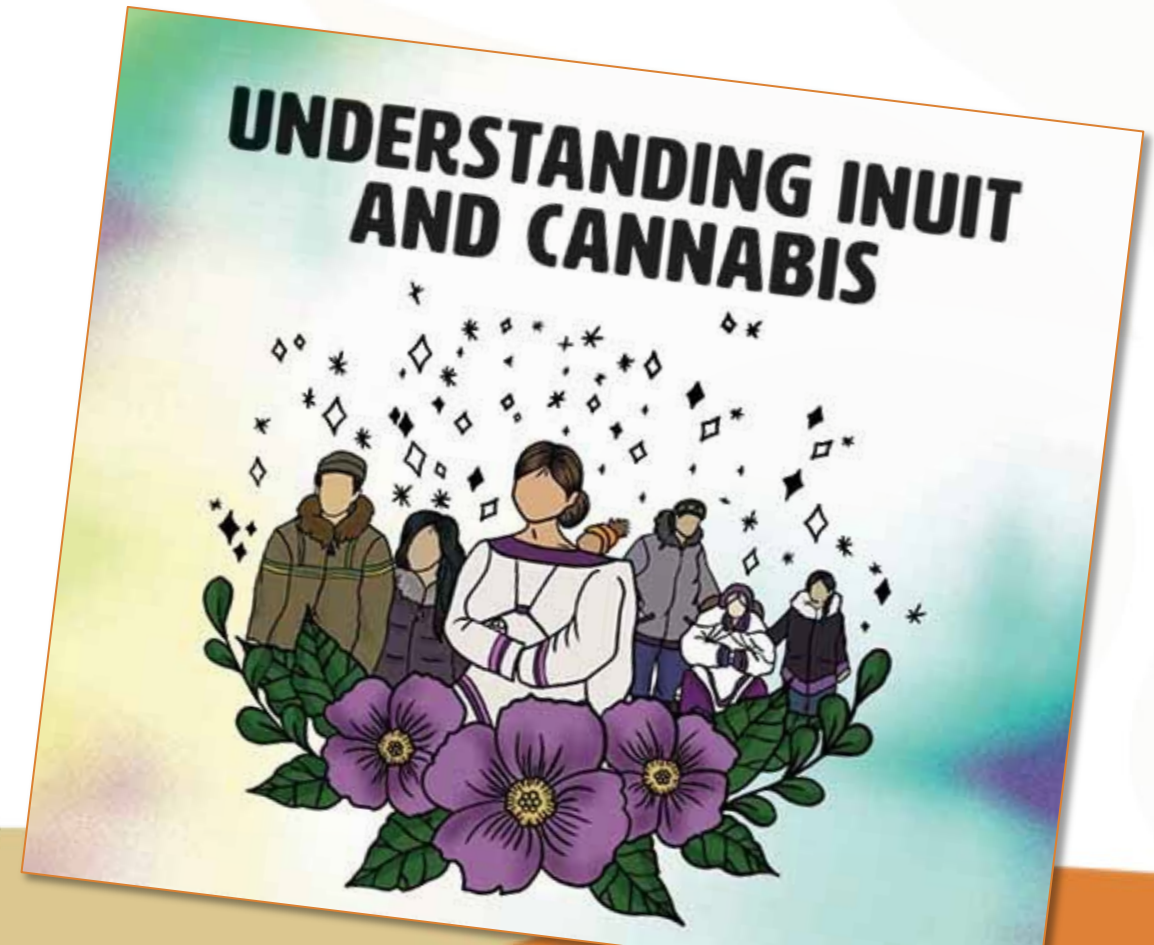
- High-level overview
- Cannabis Among Métis Youth
- Risk Factors
- Medical Use of Cannabis
- Mental Health & Social Determinants of Health
- Cannabis Use Disorder & Treatment
- Other Substance Use Among Métis





# Pauktuutit Inuit Women of Canada: Cannabis Harm Reduction Toolkit

- Discussion Guides for Starting Conversations
- Reflecting on Cannabis Use Tool
- Posters & Factsheets in Multiple Languages
- Resources for Parents & Youth



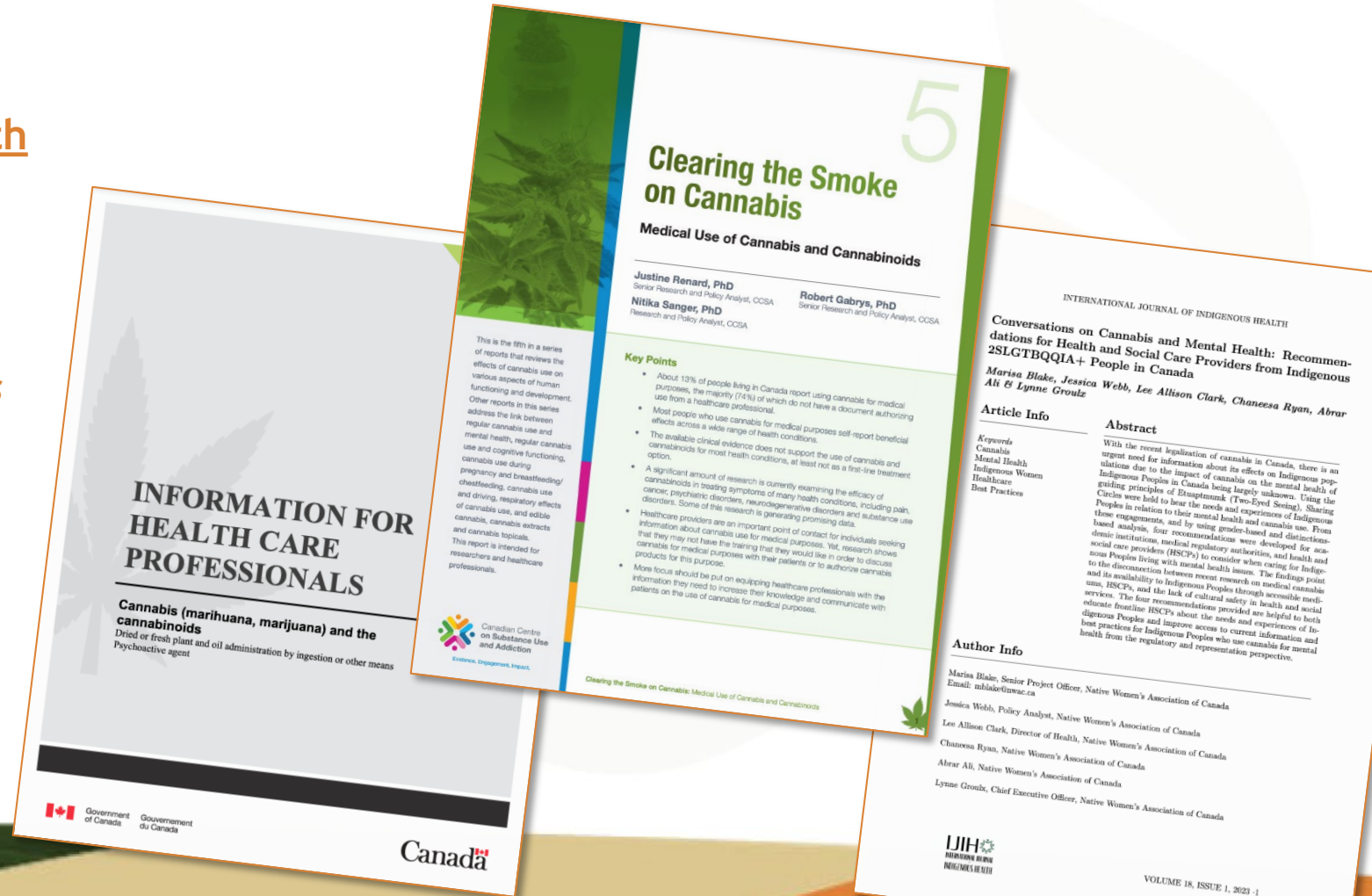


# Research Resources

International Journal of Indigenous Health  
*NWAC Conversations on Cannabis and  
Mental Health*

Canadian Centre on Substance Use &  
Addiction *Clearing the Smoke on Cannabis*

Health Canada  
*Information for Health Care Professionals*



5

## Clearing the Smoke on Cannabis

### Medical Use of Cannabis and Cannabinoids

Justine Renard, PhD  
Senior Research and Policy Analyst, CCSA  
Nitika Sanger, PhD  
Research and Policy Analyst, CCSA

Robert Gabrys, PhD  
Senior Research and Policy Analyst, CCSA

#### Key Points

- About 13% of people living in Canada report using cannabis for medical purposes, the majority (76%) of which do not have a document authorizing use from a healthcare professional.
- Most people who use cannabis for medical purposes self-report beneficial effects across a wide range of health conditions.
- The available clinical evidence does not support the use of cannabis and cannabinoids for most health conditions, at least not as a first-line treatment option.
- A significant amount of research is currently examining the efficacy of cannabinoids in treating symptoms of many health conditions, including pain, disorders. Some of this research is generating promising data.
- Healthcare providers are an important point of contact for individuals seeking information about cannabis use for medical purposes. Yet, research shows cannabis for medical purposes with their patients or to authorize cannabis products for this purpose.
- More focus should be put on equipping healthcare professionals with the information they need to increase their knowledge and communicate with patients on the use of cannabis for medical purposes.



Clearing the Smoke on Cannabis: Medical Use of Cannabis and Cannabinoids

INTERNATIONAL JOURNAL OF INDIGENOUS HEALTH

## Conversations on Cannabis and Mental Health: Recommendations for Health and Social Care Providers from Indigenous 2SLGTBQQIA+ People in Canada

Marisa Blake, Jessica Webb, Lee Allison Clark, Chaneesa Ryan, Abrar Ali & Lynne Groulx

#### Article Info

**Keywords**  
Cannabis  
Mental Health  
Indigenous Women  
Healthcare  
Best Practices

#### Abstract

With the recent legalization of cannabis in Canada, there is an urgent need for information about its effects on Indigenous populations due to the impact of cannabis on the mental health of Indigenous Peoples in Canada being largely unknown. Using the guiding principles of Emaptmunk (Two-Eyed Seeing), Sharing the Circle were held to hear the needs and experiences of Indigenous Peoples in relation to their mental health and cannabis use. Sharing these engagements, and by using gender-based and distinction-based analysis, four recommendations were developed for social care providers (HSCPs) to consider when caring for Indigenous Peoples living with mental health issues. The findings point to the disconnection between recent research on medical cannabis and its availability to Indigenous Peoples through accessible medical services. The four recommendations provided are helpful to health educators/facilitators HSCPs about the needs and experiences of Indigenous Peoples and improve access to current information and best practices for Indigenous Peoples who use cannabis for mental health from the regulatory and representation perspective.

#### Author Info

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# Additional Indigenous Cannabis Resources

[BC Assembly of First Nations \(BCAFN\)  
Cannabis Tool Kit](#)

[Mental Health Commission of Canada  
Closing Research Gaps on Cannabis and  
Mental Health](#)

[Thunderbird Partnership Foundation  
Cannabis Tool Kit](#)

[National Collaborating Centre for  
Indigenous Health \(NCCIH\)  
Literature Review on Cannabis](#)





# NWAC: Anti-Indigenous Racism Toolkit for Health & Social Care Providers

- Designed to support HSCPs in addressing and reducing racism in their daily practices
- Practical tools like post-visit surveys to collect feedback
- Guidance on understanding the needs of Indigenous patients







Thank you!

Questions?

Haw'aa!

Miigwetch!

Qujannamiik!

Wel'alin!

Nakurmiik!

Merci!

Maarsi!



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