

# Closing Research Gaps on Cannabis and Mental Health: Findings from a Five-Year Research Granting Initiative

Category: Oral Presentation

## Abstract Body

There is limited understanding on the relationship between cannabis and mental health, particularly among diverse populations who have been historically under-represented in research. In 2018, the federal government allocated \$10 million over five years to the Mental Health Commission of Canada (MHCC) to help address this gap and assess the impact of the legalization and use of cannabis on the mental health of people living in Canada. A mix of 40 community-based and academic projects were funded to narrow research gaps and strengthen the evidence base. This presentation will provide an overview of findings from this 5-year research granting initiative.

The research agenda for this initiative was informed by lived experience forums, a scoping review, and an environmental scan that pointed to gaps in qualitative, community-based research with priority populations. Twenty-six academic research projects were funded through a CIHR-led call and peer review process, including a range of methods and populations. 14 community-based research projects were funded and supported through an innovative granting program that was grounded in extensive engagement and capacity development with people who use cannabis and live with mental illness, FNIM, 2SLGBTQ+ individuals, and racialized populations.

While this research initiative confirms that there are important risks to mental health from cannabis use, it also found that many people who use cannabis report significant benefits for symptoms associated with PTSD, trauma, insomnia, anxiety, depression, chronic pain, and stress. People report using cannabis as a harm reduction strategy to reduce or eliminate the use of more harmful substances, such as opioids. Cannabis is also often seen as an alternative or supplement to formal health care supports, especially for those experiencing layers of oppression and marginalization, who also report experiencing challenges accessing care and/or poor past experiences accessing care. In addition, findings highlight that legalization did not eliminate stigma. Cannabis education initiatives need to be focused on harm reduction, built by and with the communities they intend to educate, and avoid stigmatizing people who use cannabis.

This work seeks to inform future policy and practice to optimize public health, safety, and wellness, while reducing the stigma and repairing the harms that criminalizing cannabis has caused to many historically marginalized communities and individuals.

### Key Words

- Cannabis/Synthetic Cannabinoids
- Concurrent Disorders
- Equity, Diversity, Inclusion issues
- Policy
- Stigma

### Learning Objective # 1

Increase knowledge on the experiences of diverse subpopulations with cannabis and mental health, including potential factors contributing to positive and negative outcomes.

### Learning Objective # 2

Understand the efficacy of cannabis as a treatment option for various mental health conditions.

### Reference # 1

In 2019, the MHCC in collaboration with a research team at the University of Calgary released an environmental scan and scoping review to analyze existing research into the relationships between cannabis use and mental health outcomes. This report aims to guide the future research and policy development by drawing attention to knowledge gaps in the cannabis and mental health literature: [https://mentalhealthcommission.ca/wp-content/uploads/2021/09/Cannabis\\_mental\\_Health\\_Summary\\_july\\_2019\\_eng.pdf](https://mentalhealthcommission.ca/wp-content/uploads/2021/09/Cannabis_mental_Health_Summary_july_2019_eng.pdf)

### Reference # 2

In 2022, a manuscript authored by the MHCC was published in the International Journal for Equity in Health on the experience of implementing a community-based research initiative on cannabis and mental health. <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-022-01722-4>

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