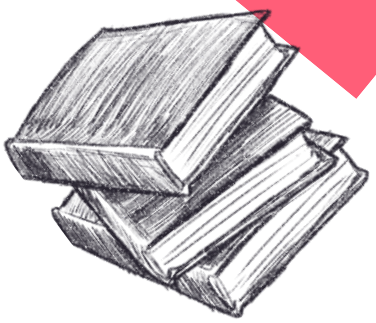
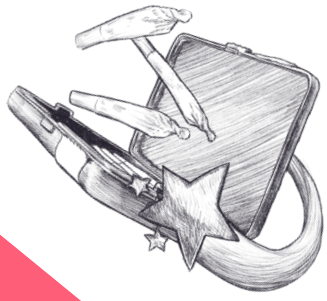
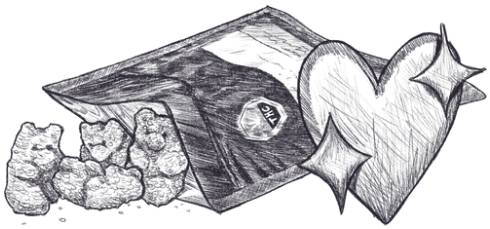


HASH IT OUT

The Experiences of IRER Youth With Cannabis and Mental Health





This project would not have been possible without the contributions of Immigrant, ethno-racial and racialized (IRER) youth, who guided our research and offered valuable and vulnerable insights from their life and experiences. Expertise from youth was critical in guiding our work, and their continued interest in the progress of this project provided us an opportunity to develop innovative methodology and framework for this work.

This work is dedicated to the absolute brilliance, intelligence and strength of IRER youth, who continue to fight for themselves and their communities.

The following individuals wrote and prepared this report: Farnaz Farhang, Khulud Baig, and Maaz Shahid from the Hash It Out Project youth research team; Jennifer Rae, Jillian Paragg, and Naomi Fraser from the Social Research and Demonstration Corporation (SRDC); and Saida Abdi from the University of Minnesota (UMN).

Briefing Note

Introduction

The *Hash It Out: Community-based Research on IRER Youth Cannabis and Mental Health* project addresses the knowledge gaps in the relationship between cannabis and mental health among immigrant, refugee, ethnocultural, and racialized (IRER) youth aged 18 to 30 years old. Findings highlight the tensions in which IRER youth experience cannabis use and mental health, where their agency and consistent effort to nurture their physical, emotional, and mental wellbeing to the best of their capacity is met by their systemic responsibilization (i.e., in which exposure to risk is framed as an "individual choice") that does not recognize the systemic barriers, discrimination, and lack of resources they experience in navigating cannabis information and mental health services.

Implications

Youth highlighted that current healthcare practices and policies, as well as information about cannabis targeted towards young people, often fail to recognize youth's ability to make sound decisions for themselves. Youth often encountered restrictive and one-size-fits-all responses from healthcare providers to their mental health needs that were insufficient to address their specific contexts and challenges. Our engagement with IRER youth indicates that such approaches are not only ineffective in addressing challenges youth experience, but they can also be a source of harm and disenfranchisement in young people's lives.

Recommendations

Youth identified a series of recommendations aimed at services and education that include culturally appropriate and representative services and supports, while also addressing the power imbalances that young people experience when they make decisions. Research participants proposed solutions to address systemic discrimination against IRER community members and the stigmatization and punitive responses towards youth cannabis use in policy. Youth emphasized that solutions must work to empower youth to make the best decisions for their wellbeing, while working to deconstruct the various systems that limit what those choices are.

Given the overwhelmingly positive response from participants on the importance of research designed and led by and for youth themselves, next steps should focus on ways to continue to learn from IRER youth in communities across Canada.

EXECUTIVE SUMMARY (3 PAGES)

Introduction

The *'Hash It Out': Community-based Research on IRER Youth Cannabis and Mental Health addresses* the knowledge gaps in the relationship between cannabis and mental health among IRER youth, focusing on the lived and living experience of youth from IRER communities in Ottawa, Ontario. The project was funded by MHCC's Community-Based Research funding stream, with the objectives of engaging people with lived and living experience, people in the community, service providers, and other key stakeholders to help them create, share, and promote knowledge together. Our goal with this project was to take a harm reduction and trauma-informed approach to understand experiences of cannabis use and mental health within the larger socio-economic and cultural contexts of IRER youth. The research design for the project adopted a community-based participatory and non-linear approach that reported back to partners and those involved in the research in an ongoing way through utilizing weekly check-ins with project team and focus groups and co-design events with participants. Our analysis was underpinned by an anti-oppressive framework situating the lived and living experience of youth within the larger context of oppression embedded within systems care systems.

Methodology

Our research design for this project adopted a community-based research (CBR) methodology, which is centered on the lived experiences of diverse groups, prioritizing marginalized perspectives (MHCC, 2019b). Consistent with the CBR approach, our project was jointly undertaken by the CRSD, a community organization, and SRDC, a research partner, with a commitment to sharing power and resources and working to benefit the IRER community (Centre for Social Justice and Community Action, 2012).

Along with our community-based research approach, our project also incorporated an Experience-Based Co-Design (EBCD) approach. EBCD is in direct alignment with anti-oppressive practice, which "puts the consumer's perspective at the forefront" and "starts with the experience of service users'' and maintains this focus through "processes of joint exploration." (Tew, 2002, p. 146). Consistent with an anti-oppressive approach, our project was inclusive of service users, which Ramsundarsingh & Shier (2017) note as critical to ensuring that research represents those who have experienced oppression when accessing services.

Findings

Our analysis strives to acknowledge individual complexities while highlighting collective pressures and challenges IRER youth are experiencing. We have done so by developing an analytical framework that looks at youth's exercise of their **agency** in face of systemic pressures leading to **responsibilization.** Agency, as an analytical framework, signifies youth's consistent effort to nurture their physical, emotional and mental well-being to the best of their

capacity. They enact their agency within the larger context of responsibilization, an analytical framework that signifies neoliberal, colonial and oppressive systems that fail to build IRER youth's capacity to exercise their agency in more informed and holistic ways. Utilizing the analytical framework of agency vs. responsibilization, that depicts the tensions between youth's own decision-making and systemic factors limiting their ability to make decisions, we found five key themes in our data.

Desirable use vs. Challenging/Dependent Use

Our interviews highlighted that youth identify their experiences of cannabis use within categories of desirable use and challenging or dependent use. These categories are not always mutually exclusive, but our data indicate that youth identify dependent use as one that limits their agency and is often impacted by factors that are beyond their control. The failure of care systems to recognize both the desirable and challenging aspects of cannabis use contributes to limiting youth's agency, as they end up having to navigate their use with limited information and support from care systems.

Legal use vs. perceived stigma/judgment

Almost all youth interviewed for this research expressed that legalization made them feel safer when accessing cannabis. Legalization made youth more comfortable with using cannabis for the first time and subsequently experimenting with the kinds of cannabis products they were comfortable using. Interestingly, our research indicated that even when cannabis legalization contributed to safety around cannabis use, it did not extend to feelings of safety when speaking about cannabis use, particularly in interacting with care settings, particularly with general physicians. This theme highlights the failure of legalization in creating safe environments in care settings for IRER youth.

Nuanced information vs. abstinence-based information

Our interviews revealed that youth are largely interested in receiving well-rounded and holistic information on cannabis use. They are interested in receiving information on harms and benefits of cannabis use, and as well expressed interest in receiving early information on cannabis so they can make well-informed decisions when using cannabis. In contrast, many youth expressed that information that they do receive about cannabis is often abstinence-based, disregards their experiences of cannabis use, and any benefits that they might be reaping from cannabis use in their life.

Help-seeking vs. Disenfranchisement

Experiences of disenfranchisement when seeking help and even when encountering health and mental health systems were recorded across interviews. Among a variety of reasons, participants mainly touched upon seeking help through mental health, health care and education systems to 1) gain more information about their cannabis use; 2) understand and

address challenges with their physical and mental health circumstances; and 3) better understand cannabis use to self-medicate. These attempts at engaging and navigating systems were met with financial barriers; interpersonal barriers and/or systematic barriers. These barriers made it difficult or impossible for IRER youth to either enter or successfully engage with the system.

Individual journey vs. individualization of risk

Youth feel disempowered asserting autonomy is met with invalidation or dismissal at hands of service providers. At present, youth feel the entire burden of both researching information around cannabis as well as advocating for themselves relentlessly in healthcare environments.

Recommendations and Implementation

Services and Supports: Recommendations in this area are focused on developing programing and supports around the unique needs of IRER youth.

Education: In this focus area, youth spoke to the lack of education on the subject. Youth emphasized virtual information sessions for parents, family based models of education and moving away from abstinence education.

Policy: Recommendations in the policy area are most critical in addressing systemic change. This area of recommendations focused on removal of drug-based policies that take punitive approaches to cannabis and other substance use. It also speaks to a harm reduction approach towards accepting people in service provision.

Limitations

The key limitation in conducting research under this project was lack of resources to address the actual scale and need of this work. Although the project was designed to be more expansive, resources assigned only enabled meaningful engagement with 14 participants, all of them youth. We were unable to outreach to family members and service providers. Moreover, the construct of the project situated the lived experience of youth as research assistants making them eligible comparatively lesser compensation than other members of the project team, failed to recognize the true contribution of the youth in bringing a myriad of experiences and connections to this project.

Conclusion

The work completed within this project does not just highlight a meaningful engagement and multi-faceted analysis of IRER mental health and cannabis use experiences, it also provides a roadmap for future research in this area. The project strived to be innovative in its design, with utmost commitment to lived experience expertise and guidance, within the systemic constraints posed by the funding arrangements of the project.

Introduction

The relationship between youth cannabis use and mental health is a complex public health issue, where understanding the context of cannabis use, as well as access and engagement with mental health services is important. As a priority population identified by the Mental Health Commission of Canada (MHCC), immigrant, refugee, ethnocultural, and racialized (IRER) communities face unique challenges that may put their mental health at risk and face significant barriers when they seek help for mental health support (MHCC, 2017).

The MHCC's report on the community-based research forum identifies cannabis use in IRER communities as an area of interest for further research, specifically around intersectionality and the social, political, and economic factors that may impact cannabis use and health outcomes (MHCC, 2019a). The MHCC's recent environmental scan and scoping review indicates that research on cannabis use among IRER populations has been limited to date and that factors unique to IRER communities that may shape cannabis use and outcomes are not well understood (MHCC, 2019b). Additionally, despite recognition in the research literature of the influence of ethno-racial background and immigrant generation on cannabis use among youth, there has been little research that has examined the complex interaction of these factors on cannabis use and mental health outcomes (Hamilton et al., 2018).

The goal of the *Hash It Out: Community-based Research on IRER Youth Cannabis and Mental Health* project was to address the knowledge gaps in the relationship between cannabis and mental health among IRER youth (aged 18 to 30 years old), focusing on the lived and living experience of youth from IRER communities in Ottawa, Ontario. The project was funded by MHCC's Community-Based Research funding stream, with the objectives of engaging people with lived and living experience, people in the community, service providers, and other key stakeholders to help them create, share, and promote knowledge together.

In this project, a team of IRER youth researchers led, shaped, and engaged in all stages of the research. They collaborated with, and were supported by, the Center for Resilience and Social Development (CRSD) a community organization serving immigrant children, youth, and families in the city. Additionally, the Social Research and Demonstration Corporation (SRDC), a not-for-profit research organization, was engaged as a research partner on the project, with a commitment to sharing power and resources and working to benefit the IRER community within this project (Centre for Social Justice and Community Action, 2012). Dr. Saida Abdi of the University of Minnesota, served as academic advisor to the project. Using an experience-based co-design (EBCD) approach detailed below, the project explored the experiences of IRER youth, including mental health service use journeys, with the goal of identifying concrete actions that could be used to (re)design services that better meet their needs.

Research objectives

The research objective of the *Hash it Out* project was to explore the relationship between cannabis use and mental health and wellness from the perspectives of youth within IRER communities in Ottawa. We aimed to hear directly from these youth about their lived and living experience of cannabis use, mental health and wellness, and their service use journeys, with the goal of producing actionable findings that could be used to support service system redesign.

Adopting an exploratory approach, our original high-level lines of inquiry were as follows:

- What are the underlying reasons driving cannabis use among IRER youth and what are their pathways into cannabis use?
- What are the unique factors affecting cannabis use and outcomes and the connection between cannabis and mental health among IRER youth?
- How do IRER youth experience access to and use of services related to cannabis and mental health? What are the emotionally salient touch points in the user journeys of IRER youth?
- How can services be redesigned to improve user experience and meet the specific needs of IRER youth, in line with a culturally responsive approach?
- How can researchers effectively understand and measure the prevalence of cannabis use among IRER youth?
- How does cannabis use differ across diverse experiences of IRER youth, including immigration status and ethnocultural background?

The scope of our research was to explore and amplify the experiences and perspectives of youth, and not to interrogate a specific mental health service or intervention, nor to investigate the specific mental health impacts of cannabis and the risks that it may have. Instead, the scope of this research was directed to IRER youth and community members to share their experiences, guided by a community-led research design that refined these original lines of inquiry with the community, to center youth experiences without judgment or preconceived notions about what parts of their experiences to focus on.

Feedback from many of the youth participants highlighted that they were happy and excited about the focus of this research and the space to share their experiences. As discussed throughout this report, we were also struck by the fact that many of their needs were related to the systemic barriers that they encounter, which will require transformative, system-level change efforts to remedy.

Approach/Methods

The primary participants in the *Hash it Out* project were youth from IRER communities in Ottawa, Ontario. Most research on youth and cannabis use does not consider immigration or ethno-racial background (CAMH, 2018), which has led to gaps in the available data and calls for targeted research on cannabis use and outcomes among racialized communities (CCSA, 2017). The primary aim of the *Hash it Out* project was to address these gaps.

Community-led research is centered on the lived experiences of diverse groups, prioritizing marginalized perspectives (MHCC, 2019b). IRER community members were engaged as co-researchers, participating collaboratively in designing and planning research, conducting data collection and analysis, and interpreting and sharing findings. The research was directed by a research leadership team (RLT) under the leadership of a youth research coordinator from the IRER community in Ottawa; research assistants were hired from within the IRER community in Ottawa; and the research team engaged IRER youth in Ottawa in the process of validating lines of inquiry, identifying research questions, and finalizing methods.

Extending experience-based co-design through an anti-oppression framework

Consistent with community-based research, the *Hash It Out* project used experience-based co-design (EBCD), which is an approach that was specifically developed to improve healthcare services, drawing on participatory action research and user-centered design methods to understand the experiences and the perspectives of health service users and providers, that brings together diverse stakeholder to collaboratively design potential improvements (Bate & Robert, 2006). Participatory action research involves redistributing power dynamics so that subjects of the research become involved as partners in the enquiry process. Similarly, user-centered design and co-design methods center the experiences, service journeys, perspectives, and participation of users to actively and engage in the research, where they contribute to, and validate insights, as well as participate in developing (co-designing) solutions as part of the research (Slattery et al., 2020; Donetto et al., 2014). Drawing from these broader fields of practice, EBCD includes involving both service users and service providers throughout the project; focuses on the user's experience or "journey" as a whole, noting the various touch points or specific moments when experiences are powerfully shaped; using analytic frameworks that understand user experiences in context, and often including them in the analysis through focus groups or other activities to interpret and validate findings;

and bringing users, service providers, and other community stakeholders together in a co-design process to develop and prototype improvements that focus on the experience as a whole – not just as a process or product (Bate & Robert, 2006; Point of Care Foundation, n.d.).

EBCD has been found to be a promising method for child and youth mental health services redesign, given its focus on inclusion and placing lived experience at the center of mental health service improvement (Mulvale et al., 2016; Mulvale et al., 2019). While promising, research has also pointed to the need for EBCD approaches to be adapted to recognize the complex interactions of systems when it comes to redesigning mental health services and supports (Larkin et al, 2015), as well as the importance of enhancing EBCD methods to incorporate approaches that recognize identity-based difference (Mulvale et al., 2019). As well, criticisms have been leveled against co-design approaches that have not explicitly addressed structural forms of oppression and have often lacked a critical engagement of issues of power, especially when addressing the needs of vulnerable populations in social services redesign projects, including mental health services (Micsinszki et al., 2021).

To ensure that issues of power were engaged critically, the research team grounded their overall approach with an anti-oppression framework to understand how systems of oppression – including colonialism, racism, sexism, homophobia, transphobia, classism and ableism can result in individual discriminatory actions, violence, and structural/systemic inequalities for groups in society. Anti-oppressive practice is focused on understanding and responding to all forms of oppression (Ramsundarsingh & Shier, 2017). Anti-oppressive practice is based on power sharing, understanding social location, and promoting equity and empowerment (Larson, 2008). Within the broader spectrum of anti-oppression, anti-racism frameworks focus explicitly on the power dynamics related to race and the structural root causes and impacts of racism (Corneau & Stergiopoulos, 2012). Anti-racism is at once a social movement, a framework, and a set of practices (Ocampo & Pino, 2014).

As outlined by Ramsundarsingh & Shier (2017), research on social services must ensure that research represents those who have experienced oppression when accessing services. Our project addressed service user experiences directly by gathering first-hand input and incorporating youth voices, promoting equity and empowerment for service users (Larson, 2008). As a research team, members also engaged in reflective and reflexive research to recognize assumptions and to understand one's positioning within the research (Coghlan & Bydon-Miller, 2014), both as they intersect with participants and with other team members.

Sex and Gender-Based Analysis Plus

During the project, we were asked by our funders to take Sex and Gender-Based Analysis Plus (SGBA+) training to ensure our project was integrating sex, gender and other key factors of

identity throughout the entirety of the research process. This training brought many reflections to the surface in regard to how systemic oppression is confronted within our research. We found that the training took a siloed and individualistic approach in how it named systemic oppressions and, like other criticisms against the framework, did not encapsulate a relational understanding of power, oppression and privilege, nor adequately appreciate the context-specific and dynamic ways in which inequality is experienced, failing to operationalize a purported focus on intersectionality effectively (Christoffersen & Hankivsky, 2021).

In contrast to this approach, we reflected on the framework and principles that we wanted this project to embody. Grounding our project in an anti-oppression framework allowed us to approach our project with a lens that is understanding and responding to all forms of oppression including gender and sex. Further, we also grounded our project in an anti-racism framework that allowed us to focus explicitly on the power dynamics related to race and the structural causes of racism. This allowed us to approach this project with an intersectional lens as centering these frameworks allows us to situate and understand the project itself, as well as the findings, as part of the broader structures of settler-colonialism and white supremacy that are at the core of emanating multiple systems of oppression. We found that approaching each form of oppression as siloed is itself part of a settler-colonial cultural framework and epistemology that we are aiming to move away from. We also recognized and committed to the need for ongoing recognition of our own assumptions, self-examination and reflexivity that move beyond this project.

Participant recruitment

Participants were recruited through ongoing community engagement at earlier phases of the project, youth co-researchers' community-based networks, and social media. Prospective participants were asked to complete a short screening survey to determine their eligibility (i.e., self-identified as IRER youth in Ottawa). Participant recruitment and selection was grounded in an anti-oppressive framework. We had over 300 eligible participants that indicated an interest in being interviewed but our workplan and budget only held space to speak with 14 youth. The youth research team had a meeting where they collectively picked 14 participants with the intention of having a gender-diverse group of IRER youth to speak with. Our recruitment survey was limited in the questions that we posed, but one optional question was about gender identity which was aimed at helping us to identify participants that had diverse experiences and perspectives to share. In addition to the interviews, youth participated in a focus group to review findings and identify key themes emerging from the research, and then the broader IRER youth communities, service providers, and other stakeholders in Ottawa were engaged in a co-design event focused on generating solutions and potential next steps to address issues emerging from the research.

Centering youth participation

Our methods were both reflexive and rigorous and support a much-needed power shift (Chevalier & Buckles, 2019) by intentionally grounding an EBCD research approach in an anti-oppression framework through acknowledging and sharing power, engaging in dialogue, and holding space for multiple, diverse perspectives (MHCC, 2019a). We committed to fostering reflexivity and self-examination, making social locations explicit, and confronting biases through all stages of the research project and all research activities (Corneau & Stergiopoulos, 2012). This included critical reflections on the original research design and resourcing of this project, as well as the experience of seeking and obtaining research ethics approval at the early stage of this project.

Critical reflections on approach/method

Throughout the project, the research team encountered challenges operationalizing the research within the constraints of the project plan and budget. Given the constraints and demands of the original funding call and funding limits, the original research design could not adequately address the time and resources required for overall capacity-building with the research team, nor could it adequately reflect the ongoing and regular support provided by team members throughout the project, including significant additional resources required to navigate project start-up, addressing ongoing public health considerations due to the COVID-19 pandemic and the need to perform research remotely, as well as changes in the CRSD team composition.

Most significantly, the original project design did not adequately acknowledge the instrumental role of the youth researchers throughout each stage of the project. A key limitation in the original project design was that it relied primarily on co-researchers to assume emotional labour of interviewing and facilitating all participatory processes, even when co-researcher roles were inadequately resourced. Throughout the reflexive practices in which our research team engaged, we noted that input from co-researchers was the driving force in recognizing key pillars and gaps in this project and ensuring a research process that was truly participatory and anti-oppressive. Co-researchers brought a range of soft skills to the table that added strengths to the project. Most importantly their groundedness in the community they were conducting research with filled many knowledge gaps and brought an overall awareness and empathy to the project that strengthened the methodology and research.

This reflects previous research on community-based research that demonstrates that while co-researchers provide invaluable access to marginalized communities, they also experience unexpected demands, including disproportionate mental and emotional labour for which they are not sufficiently compensated (Logie et al., 2012). In line with other recommendations for

community-based research, such challenges imposed by the project design could have been mitigated through building in more time and compensation for co-researchers in terms of their important roles, as well as more resources with respect to the ongoing training, support, and project management resources (Logie et al., 2012). Moving forward, utilizing a strength-based approach to work with co-researchers and ensuring that their labour is adequately compensated and resourced at the outset are critical components of incorporating anti-oppressive approaches in the methodology.

Ethics process reflections

While we understood the importance of the ethics process and getting approval to move forward with this project, we found some of the comments from the reviewers reproduced problematic narratives about IRER youth and cannabis use. Some of the comments and feedback we received were grounded in an abstinence-based lens towards cannabis use and focused on perceived concerns around legality.

Grounding our project in advocacy for and experience of cannabis users, we contend that the criminal legal systems and prohibition approaches to substances have never worked to reduce the harm to users or community members. For us to remain committed to fostering a youth-centered space, we needed to ensure that we were upfront about this so that youth knew that we were there to listen without a stigmatizing and criminalizing gaze towards their experiences.

We aligned and grounded our ethical considerations for this project within a harm reduction orientation. We found the framing of Brooks and Kaba (2021) particularly helpful in the way we navigated some of the feedback by our ethics reviewer and our goal of honouring our values and commitments to youth. The authors frame harm reductions as "a philosophy of living, surviving and resisting oppression and violence that centers self-determination and non-condemning access to an array of options" (Brooks & Kaba, 2021, p.15). This definition stems from a recognition that the existing social services sector and healthcare industries are limited in the type of solutions and alternative supports they can provide for community members whose needs are not being met by these systems.

As part of a harm reduction orientation, the research team ensured that protocols were in place to support research participants in the event that they indicated the need for mental health support, including access to CRSD Youth Outreach Workers who could understand their needs and connect them to appropriate supports either within CRSD's broader umbrella of programming (which includes a Counseling and Support Services Program) or elsewhere from among a network of CRSD partners in the community.

Results

The following results reflect the youth interviews, as well as a youth focus group that brought together a subset of participants to share back preliminary findings and to co-produce additional analysis and interpretation with youth themselves. As guided by our academic advisor, Dr. Abdi, the research team used an interpretive phenomenological analysis approach, which aims to produce the findings of research participants and their lived and living experiences on their terms, rather than by preconceptions by the researchers (Mehta at al, 2022; Smith & Osborn, 2015). Youth participants in the focus group session were invited to help to shape and validate the common themes emerging from the research.

Agency and responsibilization

A key theme in our analysis was the tension between youth's agency and the systemic responsibilization that they are faced with when navigating their cannabis use and mental health. Agency can be defined here as youth exercising their own capacity for self-determination and making decisions that made the most sense for their needs and situations. Responsibilization by contrast, is the process through which individuals are made responsible for navigating their own healthcare outcomes and risks, without adequate tools and resources. The concept of responsibilization, emerged as a critique of the retrenchment of the welfare state in favor of a neoliberal one, where market-oriented reforms focused on the reduction of state influence in the economy. Neoliberalism extends to the ways in which governments have shifted expectations regarding public health, where individuals are to manage their own health and wellbeing as responsible individuals (i.e., by framing substance use as avoidable lifestyle risks) rather than it being a responsibility of the state to ensure the health and wellbeing of its citizens (Crépault, 2018). In addition, IRER youth's efforts to nurture their physical, emotional, and mental wellbeing to the best of their capacity are enacted within a larger context in which they are navigating systemic barriers and oppressive systems that prevent them from exercising their agency in more informed and holistic ways.

Interviews with youth highlighted experiences where health concerns were dismissed and/or experienced judgment and stigma when disclosing their cannabis use in a healthcare setting. Youth often faced financial barriers to accessing mental health support as well as a significant lack of access to service providers from IRER backgrounds. These systemic barriers reproduced the constraints of responsibilization for youth, where barriers to accessing affordable, representative, and patient-centered care were experienced as individual challenges as opposed to the consequences of navigating systems of oppression. Yet in response, youth also evidenced their capacity in asserting and exercising their agency to better understand what wellbeing and survival mean to them within systems that consistently disenfranchise them by

failing to acknowledge their challenges, their histories, their contexts and their experiences. Youth navigate their mental health and wellbeing through exercising their agency in seeking out information on cannabis, engaging with multiple healthcare and mental health professionals to find appropriate care, and trying to understand the impacts of cannabis use in their lives and the lives of their loved ones and seeking culturally and religiously appropriate information on cannabis use.

The tension of youth's agency versus responsibilization that runs through our findings became an important analytical framework to highlight the extent to which current healthcare practices and policies fail to recognize youth's ability to make sound decisions for themselves. Our findings highlight that youth often encountered restrictive and one-size-fits-all responses from healthcare providers to their mental health needs that were insufficient to address their specific contexts and challenges. These findings echo critical analyses in existing literature that highlight how those navigating mental distress and difference are met with paternalistic practices at hands of systems meant and built to provide 'help' and support. More importantly, our findings echo that in actuality it is 'helping' systems that restrict agency and capabilities of those in distress (Morrow & Malcoe, 2017).

Our engagement with IRER youth indicates that approaches void of unique experiences of IRER youth are not only ineffective in addressing challenges they experience, but they can also be a source of harm and disenfranchisement in young people's lives. As discussed below, by exploring the tension between youth agency and responsibilization, further tensions emerged with respect to cannabis use, messaging and information about cannabis, and navigating the healthcare system and mental health supports:

1. Desirable use vs. challenging/dependent use
2. Legalization vs. perceived societal stigma/judgment
3. Nuanced information vs. abstinence-based information
4. Help-seeking vs. disenfranchisement
5. Individual journey vs. individualization of risk

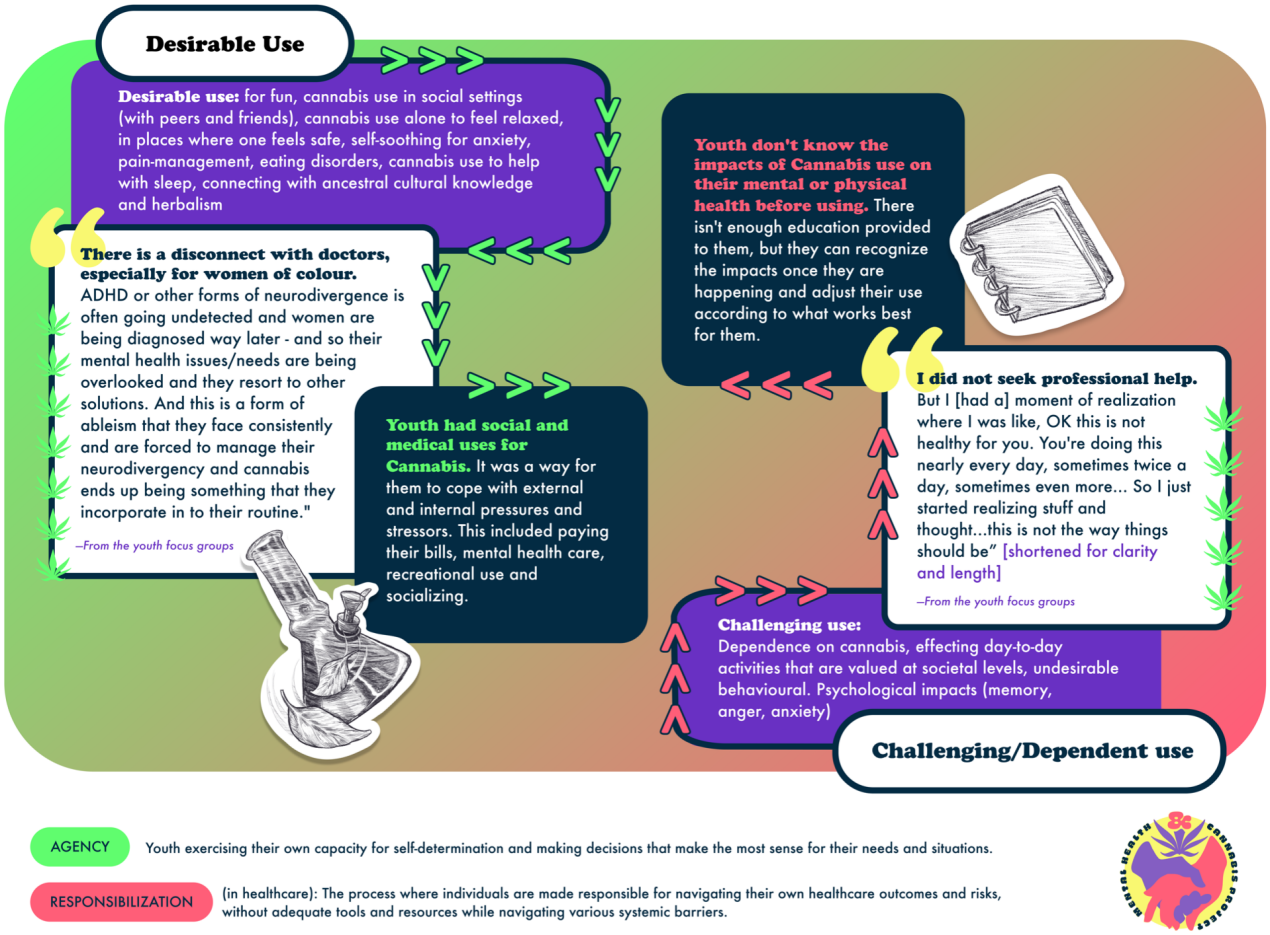
DESIRABLE VS. CHALLENGING/DEPENDENT USE

Interviews with youth provided various insights on the ways they use cannabis, how legalization has impacted their own uses and feelings regarding cannabis, and where they accessed information regarding cannabis. Although youth do exercise agency in the ways they

navigate these topics in respect of their own circumstances, youth also felt very unsupported in this process by adults in their lives either due to harmful experiences or lack thereof of any conversation around the topic.

Our interviews with youth highlighted that youth are reflective and identify their experiences of cannabis use within categories of desirable use and challenging or dependent use. These categories are not always mutually exclusive, but our data indicates that youth identifies dependent use as one that limits their agency and is often impacted by factors that are beyond their control. The fluidity between desirable use and challenging use is evident in the example of using weed to cope. Our data indicate that using weed to cope (elaborated below) when youth are able to exercise full agency over their use is considered positive and desirable by youth, but in situations where using weed to cope leads to dependence and/or other negative effects like memory loss and disruption of daily activities that youth regard as important in their life. The failure of care systems to recognize co-existence of desirable and challenging aspects of cannabis use limits youth's agency to best navigate use. Youth end up having to navigate their use with limited information and support from care systems. Care systems acknowledging and meaningfully incorporating understanding of this tension in their service delivery and care would be better equipped to address IRER youth's experiences with mental health and cannabis use.

Figure 1 Desirable use vs. challenging/dependent use



Throughout their interviews, youth touched upon various aspects of their cannabis use, and how they inter-twined with their socio-economic and cultural realities. Cannabis serves many functions for the youth who participated in this project. These functions include serving as a method for healing and self-medication, connecting with their community and culture, or using it socially to enjoy with peers and community. Youth shared that they use cannabis to relieve various pressures, including stress related to school, paying their bills, or the interpersonal social pressures from their peers.

These findings align with previous research has established that youth use cannabis not just as a form of sensation-seeking or feeling the effects of getting high, but also as a form of coping or "self-medicating," to gain relief from physical, psychological, or emotional symptoms through carefully monitored and titrated cannabis use for therapeutic effect (Bottorff et al, 2009). As reflected in one youth's experience,

> *..The reason why I wanted to try [cannabis] was because I was having trouble sleeping and my friends had told me that it was really helpful for them and I tried it with my sisters, who have tried it previously.*

In our study, youth spoke about cannabis as a way of coping, describing their cannabis use as thoughtful and prescriptive. Some youth also expressed that self-medicating with cannabis addressed challenges and issues in their physical and mental health that were not appropriately addressed through interaction with care systems. This highlights that cannabis is utilized by youth to fill a critical gap in the health and service provision section. It is critical to view experiences of self-medication in the context of neoliberal systems that responsibilize individuals to navigate their own health and wellbeing and have limited the supports and interventions that would be beneficial in addressing needs in the community (Liebenberg et al., 2015).

Recognizing this gap in service provision system, and acknowledging the co-existence of desirable and challenging use among youth is a critical first step in addressing IRER youth's experiences with mental health and cannabis use. Currently, youth's perspectives on how cannabis helps them cope stand in contrast to how many healthcare providers view cannabis use. As Woo et al. (2020) note, while health care providers remain cautious, youth are already using cannabis to self-medicate on their own, so health care providers need to understand youth beliefs, concerns, and needs in this area, in order to provide responsive counseling and education on the issue (Woo et al., 2020). Therefore, an open-minded and non-judgmental approach is recommended (Feingold, 2020), which was reiterated by youth in our interviews.

Research on young cannabis users' self-reported perceived negative consequences of cannabis use found that the most common reported consequences were emotional/physical

consequences, performance/financial consequences, and relational consequences (Terry-McElrath et al., 2022). In our study, youth described their own non-preferred uses of cannabis in their lives, such as becoming "dependent" to navigate daily situations, or in situations where cannabis use negatively impacted daily activities that are socially valued (e.g., school, work).

> *… Since the pandemic started, we've had our education shift, so much so I've had to learn a way to like, study in all this content and then take that away, and the new thing is being applied. And then also with university applications and like your friends are hearing back from other universities and you're not, like, people are getting rejected. So it's just like a high buildup of stress caused around my school.*

Youth also identified undesirable uses of cannabis that correlated with other undesirable behaviors and psychological impacts, such as memory loss, increased anxiety, and anger. Many youth acknowledged that these undesirable physical and psychological impacts resulted from attempts to self-medicate undiagnosed conditions in their younger years, only to be diagnosed as an adult and having to deal with dependence. The tension between desirable and undesirable use here illuminates that negative impacts are a result of youth exercising their agency in face of care systems that failed to recognize their struggles, responsibilizing them to address their health challenges, in ways they best know.

Regardless of the use that was mentioned, youth repeatedly framed the role that intentional actions and personal agency played in their own journeys with cannabis, while also highlighting the systemic factors that also impacted the decisions they were making or the outcomes they experienced as a result of their use.

Consistent with previous research (Jenkins et al., 2017), youth in our study often drew conclusions about the potential harms of use based on what they had observed of the experiences of others – such as family or friends who had been negatively impacted by cannabis use in some way. Youth in our study also talked about the protective harm minimization strategies they had developed – namely, they talked about engaging in "bounded consumption" by using cannabis selectively, avoiding particular patterns of use, or minimizing use in other ways.

It was not always clear whether self-imposed limits on cannabis use were genuinely youth-driven, or rather constituted an attempt to stay within the "socially acceptable" limits of use, that is, use that does not compromise productivity or performance at work or school. Existing research has shown that young people's perspectives and experiences are informed by responsibilization, emphasizing personal choices and decision-making while minimizing

structural or systemic influences and context (Jenkins et al., 2017). In our study, youth sometimes suggested they were invested in doing well in school and in life and viewed their cannabis use and mental health in relation to these goals. Risks of cannabis use were framed in terms of disruptions to becoming an "entrepreneurial adult" (Ekendahl, 2018). Youth talked about competitiveness and anxiety around school and work – hallmarks of the neoliberal discourse – and linked these issues to their substance use and mental health outcomes. In other instances, youth in our study acknowledged and called out broader systemic issues at play –In describing some of the negative consequences of their cannabis use, one youth participant highlighted how due to the lack of support from the system to identify and manage their neurodivergence, they turned to cannabis as a way to cope and self-manage their symptoms. However, they highlighted that while Cannabis was helpful for them in the short-term, they now notice certain differences in their speech and memory which they attributed to their Cannabis use at a young age. The participants described navigating care services and their own Cannabis use as a "vicious cycle" perpetuated by an ableist system.

> *The medical care system is tiring and exhausting, it does not feel that doctors care about you. The disconnect with doctors and being a [woman of colour]. ADHD, or neurodivergence is often going undetected and women are being diagnosed way later - and so their mental health issues/needs are being overlooked and they resort to others. And this is a form of ableism that they face consistently and are forced to manage their neurodivergence and cannabis ends up being something that they incorporate into their routine.*

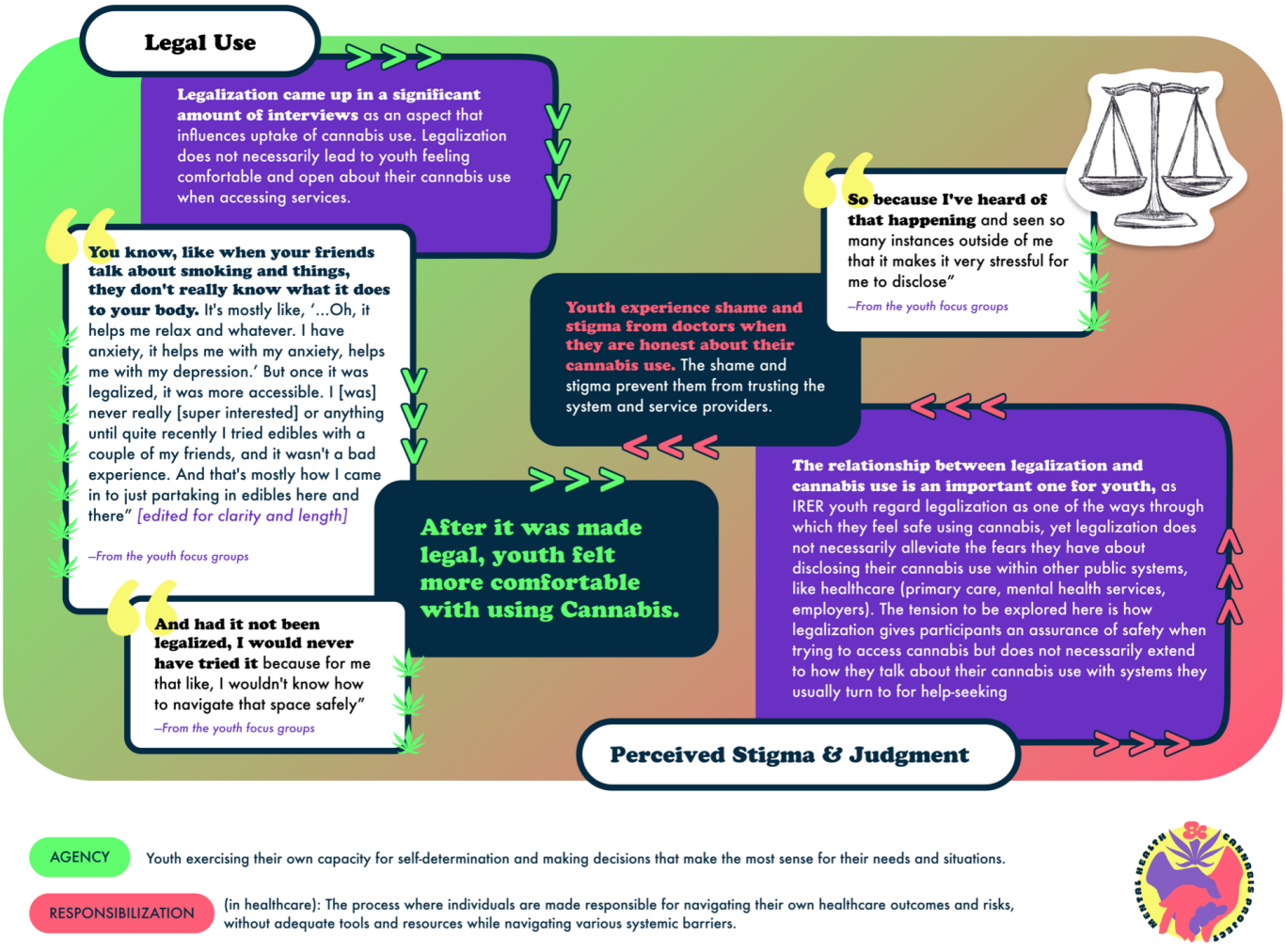
Disruption of daily activities being recognized as undesirable use for youth illuminates the importance of a power analysis of social, economic, cultural and political production of desirable and undesirable uses as youth navigate systems that disenfranchise them (Morrow & Malcoe, 2017). Interviews highlighted youth resorting to cannabis use to deal with distress engaging in the very systems (education, employment etc) that get disrupted when their use becomes undesirable or dependent. Yet again, our analysis highlights the tension between desirable and undesirable use, as produced and reproduced by larger systems of power.

Legalization vs. perceived stigma and judgment

Almost all youth interviewed for this research expressed that legalization made them feel safer when accessing cannabis. Legalization made youth more comfortable with using cannabis for the first time and subsequently experimenting with the kinds of cannabis products they were comfortable with using. Interestingly, our research indicated that even when cannabis legalization contributed to safety around cannabis use, it did not extend to feelings of safety when speaking about cannabis use, particularly in interacting with care settings, particularly

with general physicians. Youth also expressed cannabis being consistently disregarded as a possible solution to their physical and mental health challenges by their physicians that made them feel that the stigma around cannabis use persisted. Discussions under this theme highlights the failure of legalization in creating safe environments in care settings for IRER youth. More importantly, youth find their agencies limited by care settings as they fail to make them feel safe and nurture their ability to share information and make fully informed decisions.

Figure 2 **Legal use vs. perceived stigma and judgment**



In one way or another, all youth noted that legalization did not necessarily alleviate their fears about disclosing their cannabis use within other public systems, like healthcare (primary care, mental health services), at school (i.e., with school counselors or university health services), or with employers. In some cases youth expressed extreme distrust of care-providing systems

fearing that information revealed about their cannabis use could possibly lead to receiving compromised care, lead to stigmatization from care providers or that information could show up in unanticipated places, like when seeking employment.

In our discussions, youth highlight that pre-legalization they were exposed to a variety of harms including criminalization for the use and sharing of Cannabis. In circumstances where youth were employed by dispensaries pre-legalization, they would be the most vulnerable targets of criminalization during police raids and did not have the same means as their employers to navigate the legal consequences.

A lot of us are involved and we either use cannabis or you get into that business where you're working at a dispensary. And yet we were the ones that were like, I feel like we missed out, basically. And I kind of envy that because I like seeing it firsthand and being like the front line workers, doing all the hard work and all of that. And then like seeing a bunch of people that they're just like, they're just making money off of my labor. And like, I could have been locked up for like six months for drug trafficking for this very thing. And it was just, like, really shocking.

Legalization has long been looked upon as a favorable reform in public health policy as it allows for a more managed, and ultimately decriminalized, response to substance use, particularly true for cannabis use. It is thus no surprise that legalization did make youth feel safer when accessing cannabis and significantly reduced their risk of being criminalized (Crépault, 2018). Yet, the tension evident in our data between legalization and stigma, illuminates a deeper imbalance in the way Canada went about legalization of cannabis. While dependent cannabis use poses harms to youth, commercialization of cannabis sales, post legalization, mainly focused on incentivizing consumption. Without proper care systems that take harm reduction and destigmatized approaches to cannabis use, legalization largely serves as a vehicle for businesses to maximize profits, while downloading the responsibility of outcomes and health management resulting from substance use on the individual. This tension speaks to how legalization has amplified youth's agencies in so far as they operate as capitalist consumers and create profits for cannabis businesses. Yet legalization continues to responsibilize youth for their health outcomes, fails to address stigma within care systems and situates youth to navigate their own health outcomes without having proper support from care-giving systems.

Fear around revealing information to service providers was not just underpinned by personal experiences that youth went through on their own.

> *And then I guess like more so from the experiences of people around me is like, I know a lot of my friends are like, still heavily stigmatized if they self-medicate using marijuana and have issues like depression and stuff.*

In some cases, youth had witnessed stigmatization among peers and in other cases youth just expressed general fear of becoming institutionalized for revealing their cannabis use.

> *I don't think that I've ever really tried to go into some sort of medical service disclosing that I use cannabis out of fear. That's immediately going to show you're mentally unwell or you're mentally unstable and you're coping in bad ways and my reaction is that if I say this or if I share that this is something that I need or that I think that I need or that I am using, then I'm going to be sent to like a mental hospital? Like that fear. Fear is very real and something that I know doesn't come from nowhere, like our systems have taught us that, like with it being criminalized and also, yeah, just criminalized*

Discussion under this theme illustrates the critical lacking of legalization in creating supports for IRER youth that would nurture their mental health and well-being. While IRER youth continue to feel disenfranchised within care systems, profit-making continues uninterrupted, often feeding off of lacking public health interventions. Our findings indicate that a rooted public health approach, as discussed in Crépault (2018) could play a significant role in developing interventions on cannabis use, fill gaps between navigating cannabis use and mental health services, and provide appropriate, evidence-based information on cannabis use to support IRER youth's journey with cannabis use.

Nuanced Information on Cannabis vs. abstinence-based information

Our interviews revealed that youth are highly interested in receiving well-rounded and holistic information on cannabis use. They are interested in receiving information on harms and benefits of cannabis use, and expressed interest in receiving early information on cannabis so they can make well-informed decisions when using cannabis. In sharp contrast, information that youth do receive about cannabis is often abstinence-based, disregards their experiences of cannabis use, and any benefits that they might be reaping from cannabis use in their life. Wanting nuanced information yet only finding information that is limited and abstinence based yet again displays the tension between nurturing informed agency versus leaving youth in the dark about their journey with cannabis use. Youth expressed that being left in the dark was often worse for them because many times, when they finally receive nuanced information they might have experienced harm in some way or the other.

Almost all youth expressed that they have embarked on personal information seeking journeys with cannabis. Most of the youth's research was either through the web or through peers. Common sources of information included Google, social media, school/university, dispensaries and dealers although levels of trust in the information received from these sources varied. Youth also highlighted that information that was available (e.g., in school) exaggerated the potential harms of cannabis or did not match their own personal experience. The latter was especially felt when information was presented from an abstinence-based approach. Research has demonstrated that abstinence and avoidance rhetoric still prevail in presenting information about cannabis, despite its legalization in many countries. In a recent review of resources available in Canada, the US, Australia, and the UK, 70 percent were categorized as abstinence-based (Jenkins et al., 2021).

There's absolutely no talk about it (cannabis use). Just always that weed is the gateway, not as a gateway? Right? Because anything is if you have trauma. So they're still continuing with that same method, as far as I know, and I believe it was also a one and done. There wasn't repeated talking about marijuana. There was that it was a one assembly and don't talk about it again

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In general, youth in our study placed less trust in formal information sources – such as school presentations – and higher trust in information from peers. At the same time, youth in our study often sought information online (e.g., through published articles), suggesting that they were open to formal or scientific information as well. Some youth in our study questioned the underlying commercial/capitalist forces at play post-legalization, especially when considering the credibility of cannabis dispensaries as an information source.

…When you go to the Cannabis store, and you ask the people working there but they're also trying to sell you something. So I'm not going to trust that I'm getting reliable info. It would be nice if there was like some kind of resource available on potential effects and side effects, because even going online you can potentially get misinformation

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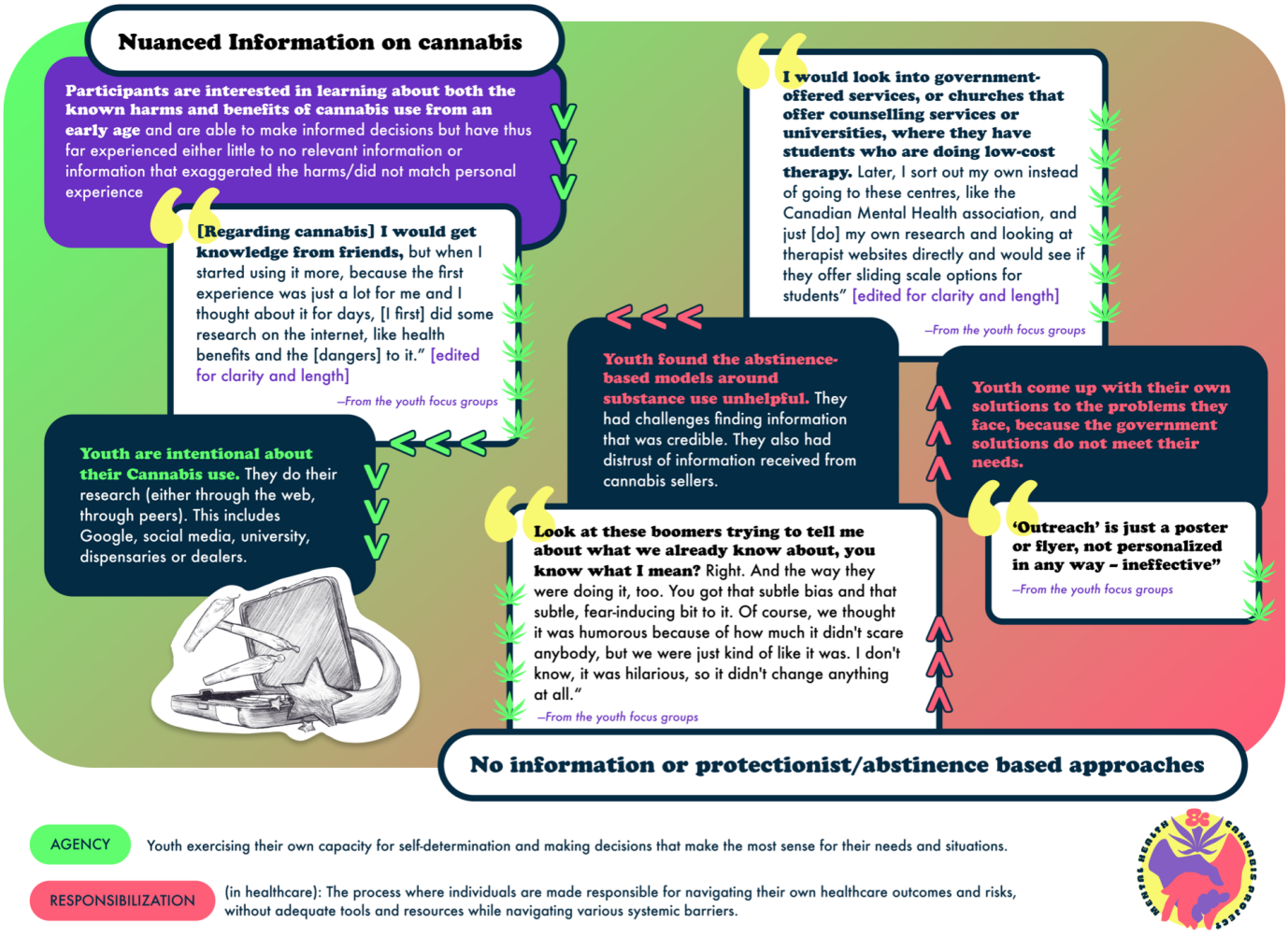
Youth also expressed wanting to receive culturally relevant and culturally rooted information on cannabis use that represents diversity of experiences with cannabis and cannabis use. Some youth also expressed cannabis advice that acknowledged their family mental and physical health history, and recognized potential benefits and harms in that light.

There need to be improvements on cultural sensitivity, like what the use of [cannabis] looks like in different communities? And how for some communities, it's very normal and very regular, and for others, it's very taboo and not appropriate.

Findings from our study echo what Tupper (2008) has identified, that targeted education and information about cannabis as a therapeutic agent is warranted – and sought by youth. For educational approaches to be considered reliable, the complexity of cannabis use needs to be acknowledged, with a nuanced examination of both harms and benefits under myriad circumstances (Tupper, 2008). Education or information lacks credibility in the eyes of youth then it is overly didactic, moralistic, authoritarian, or fear-based, and risks further alienating and stigmatizing young cannabis users (Moffat et al., 2017).

Figure 3 Nuanced information on cannabis vs. no information or protectionist/abstinence based approaches



Help-seeking vs. Disenfranchisement

Experiences of disenfranchisement when seeking help and even when encountering health and mental health systems were recorded across interviews. Among a variety of reasons, participants mainly touched upon seeking help through mental health, health care and education systems to 1) gain more information about their cannabis use; 2) understand and address challenges with their physical and mental health circumstances; and 3) better understand cannabis use to self-medicate. These attempts at engaging and navigating systems were met with financial barriers (not having the resources to seek care that they needed); interpersonal barriers (fear of stigmatization due to engaging with certain systems or reveling substance use information) and/or systematic barriers (receiving invalidating care from general physicians, experiences of racism and discrimination). These barriers made it difficult or impossible for IRER youth to either enter or successfully engage with the system.

Youth attempted to engage with health systems and healthcare services throughout their journeys with cannabis and mental health. In describing their experiences in the health system, there was a general feeling of it being transactional as opposed to oriented towards the community. In their various interactions, some youth mentioned segmenting parts of themselves when accessing services because they felt the system could not grasp the full experiences of racialized youth.

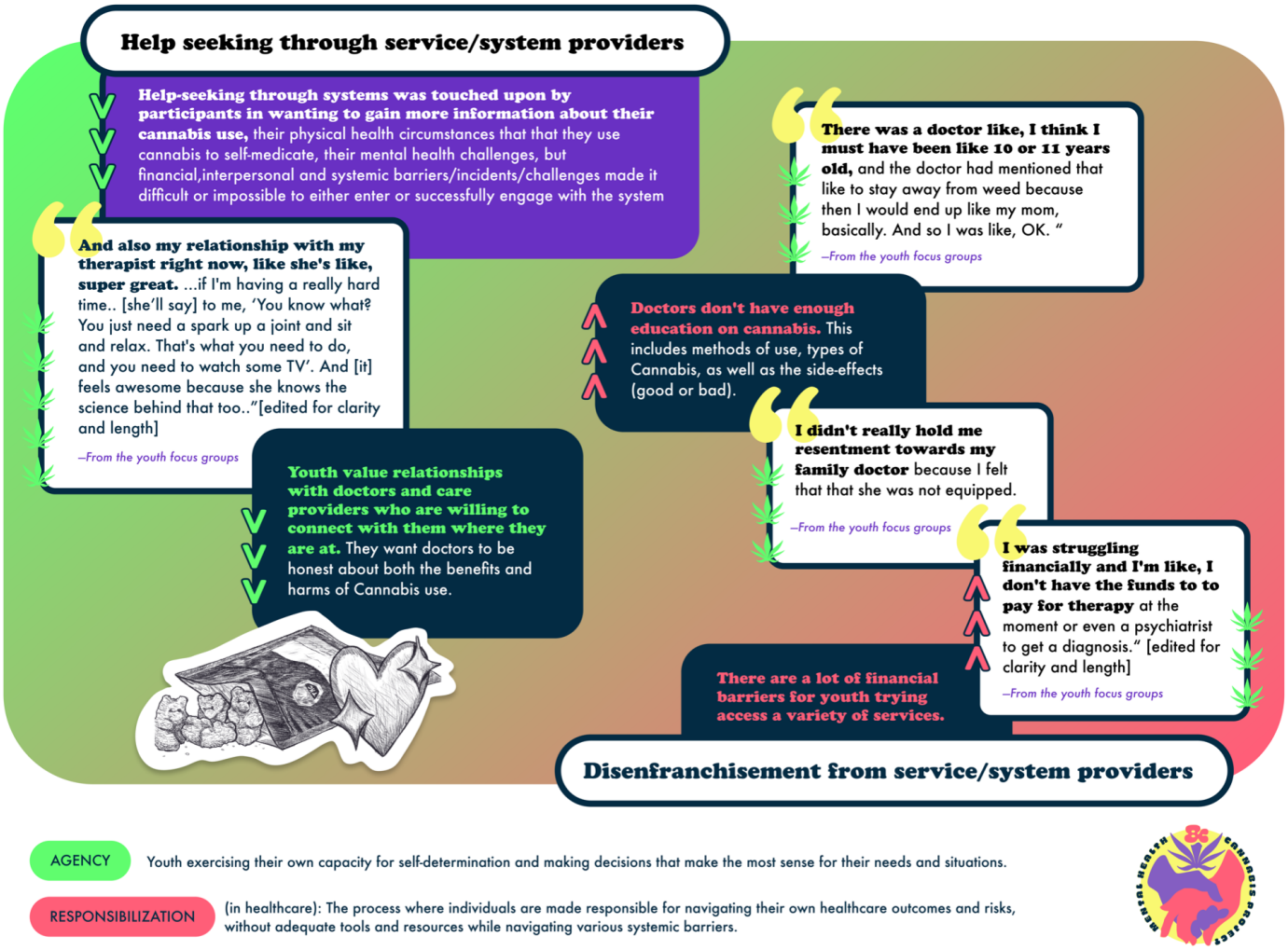
> *I just had to settle for not being able to share everything that I needed to share. And that's happened since then as well, like just seeking out registered therapists, for example, or like group therapy and mental health services that are like in the community that like instead of being shuffled around further, trying to hunt for people that fit what I need. For the most part, I basically just segmented myself, just didn't talk about whatever was seen as too much or like outside of their scope of their own knowledge and comfort or whatever, just to try and like, get whatever I could out of therapy. And that was like my resolution to it, I guess.*

Help-seeking, or the process by which individuals attempt to obtain external assistance to deal with a mental health concern (Rickwood & Thomas, 2015) was identified by participants as an important aspect of their journeys. Motivations for help-seeking ranged from youth wanting to gain more information about their cannabis use, the physical health circumstances in which they use cannabis to self-medicate, as well as their mental health challenges. Financial barriers constituted the most common reason among youth for not being able to access supports through the system. Other barriers mentioned in interviews were interpersonal, and systemic barriers/incidents/challenges made it difficult or impossible to either access health care or

successfully engage with the health care system. These included, but were not limited to, fear of disclosing cannabis use because of impacts on future job prospects, being targeted by police as potential cannabis dealers, and knowledge of harms experienced by peers and family members from healthcare workers when disclosing cannabis use. Multiple youth felt that the many policies and procedures in place meant to keep participants "safe" were actually unsafe for racialized people. Youth noted that care and safety in those institutions is not met for them and policies that included mandatory reporting or notification of police if there was a possibility of harm disproportionately and unfairly targeted IRER communities.

I've never been admitted, but I've just seen and heard of a lot of experiences of people where things have just drastically gotten out of hand. If they have disclosed that they use cannabis, but yeah, yeah, it's like they're like that, that they're mentally ill and that's something that they do. Then immediately people see that as an issue and they're like, What?

Figure 4 Help seeking through services/system providers vs. disenfranchisement from services/system providers



It is important to note that youth in our study spoke up about intersecting racial, historical, and socioeconomic factors related to their cannabis use and mental health. Other research has shown that the erasure of these issues contributes to stigma and barriers to recovery and treatment among cannabis users (Kerridge et al., 2017). Neoliberal individualistic values, reflected in the concept of responsibilization, pervade our understanding of both health and healthcare. When responsibility for health is downloaded to the individual, healthcare then becomes about leading and controlling individuals (without being responsible for them) while ignoring social determinants of health and health equity (Kay & Williams, 2009; Viens, 2019; Liebenberg et al., 2015). Service providers adhere to a neoliberal approach by viewing youth as agents who are either willing or unwilling to change their behaviour or comply with programming or medication regimens, insisting that youth must be cooperative, rational, and committed to taking responsible action (Liedenberg et al., 2015). For example, youth in our study discussed instances where service providers rigidly insisted that they abstain or drastically reduce their cannabis use in order to receive mental health treatment/medication, while providing little support or consideration to the barriers that prevented youth from taking "responsible" actions.

> *..About this (medicine) I said that it wasn't working. She (doctor) said, Why are you smoking? I said, Yes, I'm smoking. Yeah, that's probably why it's not working, and she's like, you got to stop. But I also didn't. I can't say that I trusted her being Black. Well, I do have a lack of trust in the health care system and health care providers. I don't find that they inquire deeply enough about who you are, your experiences.*

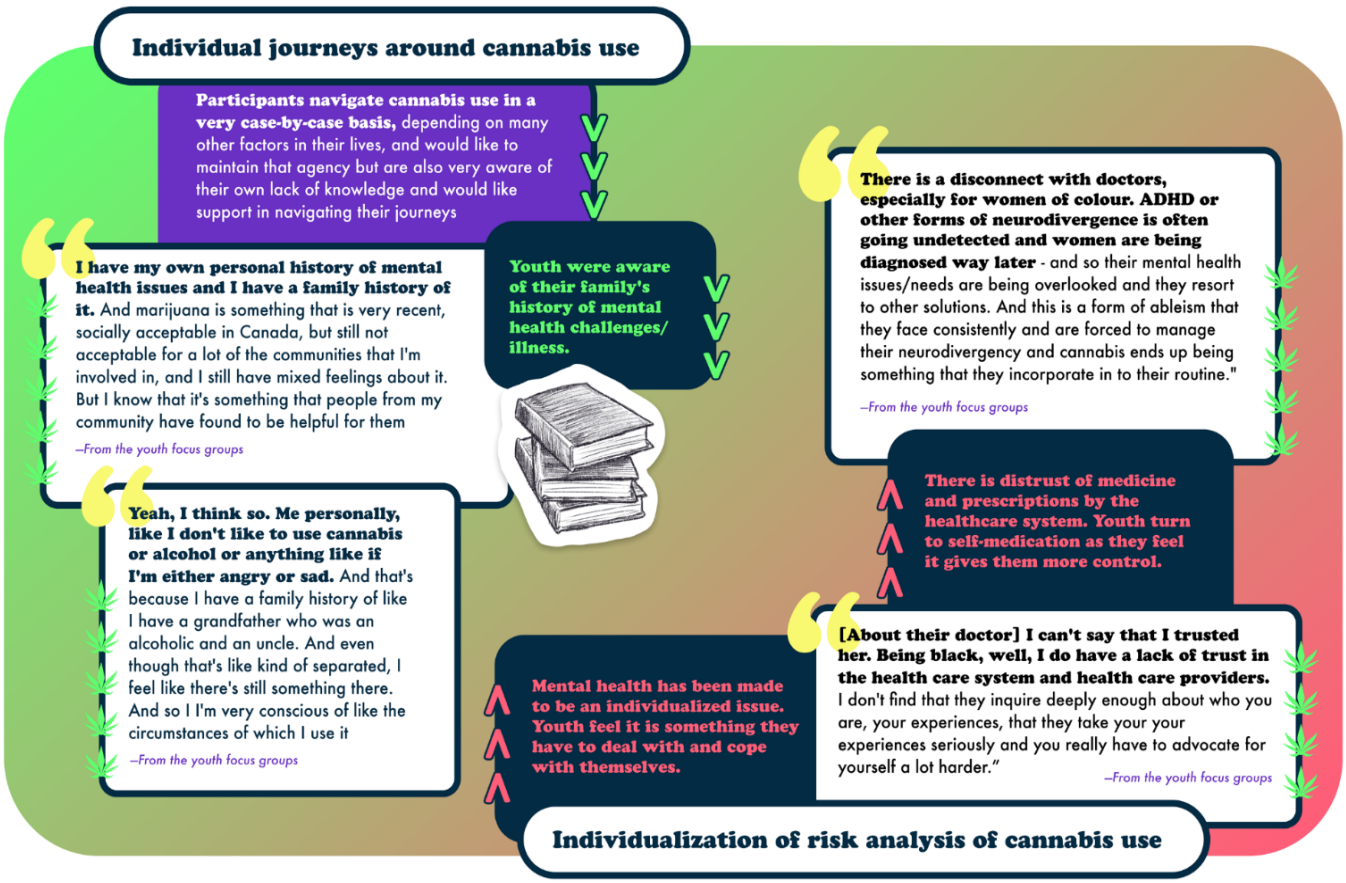
The mistrust and fear that many youth in our study expressed is not surprising. In Ottawa, where youth in our study resided, police data shows that Indigenous and Black people, and people noted as "Middle Eastern" by the Ottawa Police Service, were overrepresented in cannabis possession arrests in between 2015-2017 (the period prior to legalization in 2018). For example, Black people comprised 6.3 percent of Ottawa's population, but made up 23 percent of cannabis possession arrests in 2017. "Middle Eastern" people made up 4.2 percent of Ottawa's population, but people who are ethno-racially Middle Eastern made up 16 percent of the cannabis possession arrests 2017 (Browne, 2018).

The tension between agency and responsibilization underpinning this theme really highlights that IRER youth are consistently exercising their autonomy in trying to engage with systems and seek care. Yet, the systems consistently violate their trust, invalidate their experiences and responsibilize them for their health outcomes. Providing holistic systemic interventions that understand and acknowledge the full intersectional identity of IRER youth are critical to nurture informed agency within youth, and provide them care that they need.

Individual journeys and individualization of risk

Almost all youth participants emphasized that they valued their agency and autonomy in making decisions about their cannabis use. They iterated that they know their circumstances best, particularly their experiences with their mental and physical health. The challenging part is the individualization of risk they encounter speaking to their unique experiences when navigating systems. Although they are confident of their knowledge of their own family histories and environmental conditions, they are disempowered by individualization of risk and subsequent harm created by absolute disregard to larger socio-economic systemic barriers.. Youth feel disempowered when voicing these concerns is often met with invalidation or dismissal at hands of service providers, undermining their ability to assert their autonomy in their personal journeys. At present, youth feel the entire burden of both researching information around cannabis as well as advocating for themselves relentlessly in healthcare environments.The latter was especially the case when any support that is available is conditional on abstinence or other unrealistic expectations by adults around them.

Figure 5 Individual journeys around cannabis use vs. individualization of risk analysis of cannabis use



Such experiences speak to the inadequacy of mental health services and supports that on the one hand, fail to understand youth's specific contexts, histories, and needs, while on the other hand, downloading all risk management to the individual. One youth spoke about the way in which specific types of counseling is structured to individualize risk,

> *So you fill out these forms and you fill out these graphs to get these reports that say her mood is improving, like, it's a way to measure that. But to me, it's not like science. It's hard to quantify things like long term So that's why I struggle with those kinds of counseling. Resource centers they often direct you to short term counseling, which is not something that was what I needed*

Another youth spoke to the unique traumas of those with immigrant backgrounds, and how they navigate difficult situations within their families through cannabis use. Youth pointed how that unique challenge is never addressed or talked about,

> *I feel like in immigrant communities, mental health is taboo, so parents don't speak about their issues, what they're going through internally. And then they resort to being verbally abusive, emotionally abusive to their children, all of that which then resorts to their children, having mental health issues. And now that we're in Canada and drugs that make you feel like you're on top of the world and stress free and worry free are the tip of your fingers. Their children become addicted to that. And see, that's an issue, and that's something that isn't spoken about*

The individualization of risk creates potential for treating some youth as "deserving" or in need of service, while others are deemed "undeserving" because they undertook so-called risky decisions (Ekendal et al., 2018). Furthermore, individualization of risk ignores trauma informed approaches, valuing one youth's trauma over the other. As a youth in our study noted,

> *So like there's a lot of assumptions, but you run into or that I've run into in terms of like the mental health services like, I'd say they've been generally unhelpful and not catering to any of my experiences. So, for example, when I sought out mental health services, I was shuffled from links between six different counselors in the span of like a month and a half because my trauma was too difficult. And yeah, so it's just not conducive to being helpful as a system.*

Our research clearly notes the tension between youth valuing their agency and autonomy in navigating their cannabis journeys and systems of responsibilization consistently ignoring and invisibilizing their unique experiences to download risk management on them. This individualization of risk, paired with lack of adequate information, fear of stigmatization and judgment, deeply undermines IRER youth's wellbeing and their ability to receive care that best fits their experiences.

KNOWLEDGE MOBILIZATION AND CAPACITY BUILDING

ALIGNMENT WITH PRINCIPLES OF COMMUNITY-BASED RESEARCH

Community-based research methods, which are meant to emphasize empowerment, subvert power imbalances, attend to social inequities, and address issues from a culturally-appropriate perspective, are particularly important as a means of the confronting issues of oppression, racism, and discrimination traditionally facing the IRER community by shifting from 'research on' participants to 'research with' participants (Access Alliance, 2012; MHCC, 2019b; Mulvale et al., 2016).

To ensure that our project was aligned with the principles of community-based research, the lines of inquiry that we pursued were shaped by input from IRER community members; IRER community members were actively involved in and shared control of the research, and the objective of the research was to produce useful results that can be used to influence positive change in systems/programs/policies.

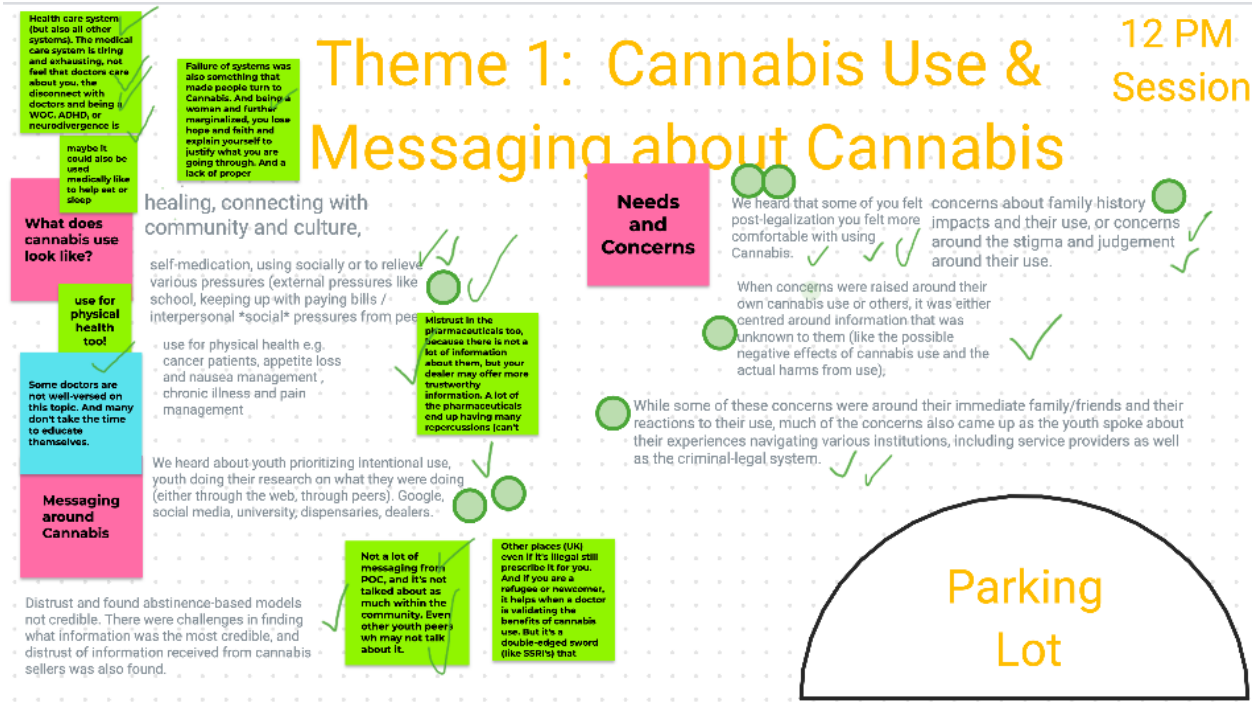
We emphasized co-learning among all partners, with the goal of building research capacity among community partners to conduct research that is important and useful to the IRER community (Access Alliance, 2012; MHCC 2019a). We translated an anti-racism and anti-oppression approach into the research project through direct efforts to compensate service users for their involvement in decision-making; building networks and alliances in the IRER community; and conducting actionable research in support of the development and design of services that are targeted and tailored to the IRER community (Corneau & Stergiopoulos, 2012).

PROJECT ACHIEVEMENTS AND COMMUNITY BENEFIT

The most significant achievement of the project was its emphasis on co-producing knowledge with IRER youth. While the EBCD method provided an overall framework to engage in this co-production by centering youth experiences and youth input at all stages of the research, an important contribution was that youth co-researchers modified and extended the EBCD

approach through an anti-oppressive framework that brought participants together as active and equal partners. While the COVID-19 pandemic brought limitations in how we initially planned to carry out our projects it also had unintended benefits. We were able to use the Jamboard tool to hold our focus groups and the co-design event which ended up being a more accessible platform for the youth and allowed for an engagement that they were most comfortable with.

Figure 6 **An example of a slide from the focus group Jamboard**



During our focus groups, we presented the themes and concepts that we had picked up during our analysis of the transcribed interviews. We presented these themes and concepts to the youth and asked them for feedback on whether or not our understanding of their experiences actually resonated with them. As reflected in Figure 6, they were able to put their own post notes on to expand on or pushback on our understanding. They were also about to put check marks or green dots on ideas that they wanted to emphasize. The virtual platform allowed the youth to engage with the discussion without feeling like they were being put on the spot. For folks who were more comfortable in speaking out, we were also simultaneously on a Zoom platform that allowed them to do that as well. This space allowed us to co-construct our analysis with the youth participants, and ensured that we truly amplified their experiences as opposed to merely using our own interpretation.

Recent research has noted that careful planning and critical reflection are needed to ensure that co-design does not replicate power imbalances between researchers and participants and that careful attention must be paid to co-design as a relational process (Moll et al., 2020).

IRER youth co-researchers extended co-design methods throughout the project, creating a new approach that reflected IRER youth values, circumstances and perspectives. IRER youth co-produced knowledge from the project outset: a community engagement event was held at the first phase of the project for youth to provide input into the research design and lines of inquiry. The youth co-researchers were able to use social media creatively and effectively to include regular input through social media channels, a live stream discussion event, and an anonymous online "comment box" that was available to youth. This ensured that the research plan and lines of inquiry were aligned with community priorities and to generate community and participant benefits by addressing specific knowledge gaps that were important to them.

Youth participants were also brought together in a focus group session to review interview findings and contribute their own analysis and interpretation. The purpose was to better understand from youth's perspectives where things are lacking in the current services that are meant to support youth, and hopefully, where services can be redesigned. Finally, a co-design event was held with IRER youth and community members to continue to make meaning of the research data and translate it into recommendations for action. The co-design event was designed for community members to learn from and engage with the research findings and begin to brainstorm solutions, prototypes and recommendations grounded in those findings.

The research team had opportunities to learn from each other in a variety of ways, by meeting regularly to co-produce research and knowledge tools, discuss ongoing data collection, review and provide input into the analysis, and summarize the results. By centering youth with lived and living experience, co-researchers brought important insights and community connections that were essential in engaging youth, while other members of the research team provided capacity building support and expertise to operationalize the lines of inquiry. At the core of the learning was the ongoing reflective and reflexive practice that members undertook to understand positionality as individuals and as a broader group, reviewing and reflecting on assumptions and implications for how the research unfolded.

Recommendations & Next Steps

Through the focus groups and the co-design event, we were able to create the space for the participants to lead the discussions on the next steps that they wanted to see in terms of policy and systemic changes. During our co-design event, we were able to present our findings and ask youth to outline the types of solutions and support they wanted to see implemented. We used a Google Jamboard to facilitate these discussions, where youth provided some suggestions on improvements they would like to see when it comes to services and supports, education and policy changes.

Services and Supports

- Acknowledging the physical and mental health benefits of Cannabis and offering Cannabis-assisted therapy or counseling as a tool to support youth.
- Implementing youth teams stations at schools that are not part of the school system (e.g. sexual health nurses, trauma-informed mental health professionals) as communicated by youth when asked who they would want implementing solutions and offering services.
- Offering culturally appropriate service providers and representation amongst health care and service providers
- Removing the power imbalances between care providers and youth by allowing youth to lead any processes between care provider and youth. This requires a major systemic shift as the current systems are entrenched in hierarchies.
- Removing the expectation that service users be "sober" before accessing supports, housing services, shelter services.

Education

- Designing virtual community events that allow parents to learn more about policies, services and general information about Cannabis use itself. Note: Online format was preferred as it allows for more privacy.
- Creating culturally specific resources for education. This can include family-based models of education that educate youth and their family together to prevent IRER youth from being stigmatized by their own family.

- Providing education that moves away from abstinence-based approaches when it comes to substances and substance use
- Destigmatizing Cannabis use and not moralizing its use by educating everyone within the schooling system and parents about the benefits and risks of Cannabis and having conversations about mental health.
- Equipping youth with the best information about both the risk and benefits of Cannabis use and their mental health so they can make the most informed decision about their own wellbeing needs. **Never stigmatizing, always empowering.**

Policy

- Removing drug-based policies that lead to suspension and punitive responses against youth. These approaches are not only harmful and violent towards youth, but can also work as a barrier for them to seek information and support.
- Removing policy that turns people who are not "sober" away from accessing services and supports.
- Removing records and charges associated with the use and sharing of substances. Criminalization and policing youth only works to further disenfranchise youth and makes navigating the system even more difficult.
- Ensuring strict regulations on advertising, product packaging that includes health warnings and taxation of cannabis.

These recommendations are incredibly important next steps to begin addressing some of the challenges IRER youth are navigating in their journeys with cannabis use and mental health. However, it is also important that their challenges are always placed within the context of the broader systems that they occur in. Solutions must work to empower youth to make the best decisions for their well-being, while working to deconstruct the various systems that limit what those choices are.

Limitations, Challenges, and Innovations

Limitations of this research was the sample of participants engaged. Although in our initial project plan we aimed to engage youth participants, family members and service providers, the team recognized that the original design did not adequately account for the additional resources it would have taken to increase our sample. With an overwhelming response from over 300 youth community members to participate in the research, we decided to focus solely on the youth participants and channel team energy and resources into having meaningful conversations with them. It was most important to center the youth's experiences as they offer insight into how youth navigate systems and relationships with their family and community. This is the first-hand perspective we wanted to amplify the most.

Part of the challenge, as viewed by the research team, was that the program under which our project was funded had a maximum funding per year that did not adequately reflect the resources required to undertake meaningful community engagement in terms of emerging from, building capacity in, and engaging people in the community of study (i.e., IRER youth in Ottawa). While youth contributed significant roles as co-researchers who played a key leadership role in shaping the project, engaging with youth, and leveraging their own networks with grassroots community organizations to ensure that IRER youth from the community were effectively and respectfully engaged throughout the project, they were positioned and compensated as "research assistants" which does not adequately reflect their true contributions to the project and created a hierarchy of roles within the team. As well, various team members faced the challenge of working within the defined parameters and requirements of the funding program, finding various ways to work creatively within constraints while honoring values outlined in our co-design and anti-oppression framework and approach.

The innovations of the project can be attributed to the ways in which the youth co-researchers ensured that project activities were designed both by and for the youth themselves. Youth co-researchers were able to engage with their peers and surface the most nuance and insight that could have not occurred without their position from within the community. They evidenced several innovations in how they leveraged technology, engaged in grassroots networks, and ensured that youth participants could contribute fully to the co-production of knowledge. They also played a key role in advocating for the redistribution of resources to participants and community members, including compensation for youth participation in the co-design event, as well as engaging other youth to produce knowledge mobilization products and resources (e.g., journey maps, social media posts). For future research projects like this, it is important to center the work of the youth and allocate adequate funding for this work as it will be critical towards any meaningful changes.

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APPENDIX A : REPORTING TABLE

Indicator	Result	Comments (as needed)
# of organizational community partners	3	Project was led by the Center for Resilience and Social Development, with support from the Social Research and Demonstration Corporation. Dr. Saida Abdi of the University of Minnesota acted as academic advisor to this project.
Total value of grant	$99,965.00	Total value of funds received from MHCC.
Total funds spent by project end date	$99,965.00	Total value of research project.
Best estimate of funds distributed to team members or research participants with lived and/or living experience	34 per cent	Estimate is based on proportion of funding resources allocated directly to IRER youth co-researchers and direct research costs (e.g., honoraria) for participants with lived and living experience. Our original proposal included interviewing family members of IRER youth as well as service providers, however, due to our limited capacity, we decided to only focus on youth for the project.
What types of tools were used to collect data? ● Survey ● Interviews ● Focus groups ● Other (please describe)	● Survey ● Interviews ● Focus groups ● Other – co-design event	Survey was deployed to screen participants for eligibility of study (i.e., youth from IRER communities aged 18 to 30 years old).
# of research participants (broken down by demographic characteristics, if captured)	All research participants self-identified as youth (age 18 to 30 years) and as members of the IRER community	Demographic characteristics were captured for IRER youth interviews to reflect SGBA+ considerations in the sample; but not for other research activities that engaged youth (e.g., focus group, co-design event)
# and type of knowledge products created (or planned to create) (e.g., reports, infographics, one-pagers, etc.)	5 infographics/journey maps 20 Instagram posts	
# of individuals accessing knowledge products by type (or # from intended dissemination plan)	93 Instagram followers CRSD's website	We will also be sharing our journey maps on the CRSD website.

# and type of learning opportunities delivered (e.g., workshops, webinars, presentations, trainings, etc.)	1 community engagement event 1 youth focus group 1 community co-design event	
# of individuals that participated (or will participate) in learning opportunities (broken down by demographic characteristics, if captured)		
Types of new skills and knowledge gained among community members and research participants: ● Facilitation ● Recruitment ● Proposal development ● Method development ● Data analysis ● Interviewing ● Data collection ● Knowledge translation ● Public speaking ● Relationship building ● Other (please describe)	● Facilitation ● Recruitment ● Method development ● Data analysis ● Interviewing ● Data collection ● Knowledge translation ● Public speaking ● Relationship building	Relationship building - We helped the
Approximately how many people did/will your project reach? (e.g., participants in the data collection process, training, presentations, other knowledge mobilization)	300 IRER youth community members	Estimate is based on number of youth that responded/indicated an interest in participating in interviews through screener survey responses
Did you use any other measures of success? Please describe any other indicators used to assess whether you achieved your goals.	N/A	