

The Canadian Cannabis Survey 2019 Executive Summary

Prepared for Health Canada

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Background

Use of cannabis is common in Canada. In 2017, Health Canada's Canadian Tobacco, Alcohol and Drugs Survey (CTADS) found that 15% of respondents 15 years of age and older reported using cannabis in the past year, with males reporting use more often than females. Canadians 15 to 24 years old were significantly more likely to use cannabis in past 12 months than those 25 years of age or older. Use is also common in students, with almost one in six students in grades 7 to 12 reporting past year use in the 2016-2017 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). International data for cannabis from 2017 showed the United States has alifetime prevalence rate at 45.2%¹, while Canada has a similar prevalance rate of 46.6%². Prevalence rates for past year cannabis use were highest in North America (13.8%) when compared to other regions (Oceania (10.9%); Africa (6.4%); Europe (5.4%); South America (3.5%); Asia (1.8%)) around the world³.

In the 2015 Speech from the Throne, the Government of Canada committed to legalizing, regulating, and restricting access to cannabis. In 2016, the Government's Task Force on Cannabis Legalization and Regulation issued a discussion paper entitled "Toward the legalization, regulation and restriction of access to marijuana" that initiated wider consultations and dialogue regarding its intention in this area. In 2017, the Government of Canada introduced Bill C-45, An Act respecting cannabis and designed to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts. Implementation of the new Cannabis Act occurred in October 2018, creating a regulated legal market for non-medical cannabis for adults in Canada.

The legalization and regulation of cannabis in Canada has also prompted a policy and scientific requirement to collect new comprehensive data on the subject of cannabis use and non-use, including indicators in the areas of health, public safety, and markets. New research on cannabis use is helping the government better evaluate the possible impacts associated with its legalization, regulation, and restriction. In May and June 2016, Health Canada conducted the *Baseline Survey on Awareness, Knowledge and Behavior Associated with Recreational Use of Marijuana* (administered by Ekos Research Associates). This study examined knowledge, perceived acceptability and health risks, patterns of recreational use, and information-seeking behaviours. This study found that 58% of respondents reported cannabis use in their lifetime and that 22% reported use in the past 12 months. Among those who did not report use in the past 12 months, 85% felt they were unlikely to use cannabis once it becomes legal. The subsequent iterations of the Canadian Cannabis Survey will continue to examine in more depth patterns of use, such as the quantities used and medical use; the cannabis market, such as sources and pricing; and issues of public safety, such as impaired driving.

In 2017, the first cycle of the *Canadian Cannabis Survey* (CCS) was completed and collected data from 9,215 people 16 years of age and older. It examined, in more depth, patterns of use, such as the quantities of cannabis consumed

¹ United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2015. Available from https://www.drugabuse.gov/national-survey-drug-use-health. Accessed March 12, 2018.

² Health Canada's Canadian Tobacco, Alcohol and Drugs Survey: detailed tables for 2017. Available from https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t13. Accessed March 12, 2018. The CTADS is conducted on a biennial basis.

³ United Nations Office on Drugs and Crime, World Drug Report 2019. Available from https://dataunodc.un.org/drugs . Accessed July 18 2019.

and the use of cannabis for medical purposes; the cannabis market, such as sources of cannabis and pricing; and issues of public safety, such as impaired driving. The 2018 Canadian Cannabis Survey aimed to gather additional data, such as changes to willingness to publicly report cannabis use if legal; perceived risk of using cannabis in various ways; expected sources of cannabis once it is legal; absenteeism from school and work as a result of cannabis use; and receiving treatment or counseling for cannabis use. The 2018 Canadian Cannabis Survey also asked about maternal use during pregnancy and while breastfeeding. In 2018, Health Canada conducted the second cycle of the CCS (administered by Advanis). It was in the field from May 15, 2018 to July 9, 2018 and collected data from 12,958 people 16 years of age and older. Of the responses received, 3,395 responses were from people who indicated that they had used cannabis in the past 12 months for either non-medical or medical purposes. In 2019, the third cycle was conducted, collecting 12,023 completed surveys from people 16 years of age and older. All respondents were asked questions regarding cannabis use and non-use in Canada; patterns of use (e.g., age of initiation, frequency of use, quantities and products used); public concerns related to cannabis (including problematic use and drug-impaired driving); perception of risk and normalization; and use of cannabis for medical purposes and reasons for this use.

Objectives of the Survey

The 2019 Canadian Cannabis Survey aimed to gather additional data. It wanted to examine in more depth patterns of use, such as the quantities used and medical use; the cannabis market, such as sources and pricing; and issues of public safety, such as impaired driving.

In conducting this research, Health Canada's objective was to collect information on the following:

- Cannabis use and non-use in Canada;
- Patterns of use (e.g., age of initiation, frequency of use, quantities and products used)
- Public concerns related to cannabis, including problematic use and drug-impaired driving;
- Perception of risk and normalization;
- · Exposure to health warning messages and information; and
- Use of cannabis for medical purposes and the reasons for this use.

Methodology

The CCS was designed using a two-step recruitment process where respondents were first recruited by phone (land line or mobile) from lists of random telephone numbers. Respondents who passed a set of screening questions were then deemed eligible and were sent a link to an online survey, either by email or SMS (short message service) to their mobile phones. Respondents were asked if they used cannabis for either medical or non-medical purposes. A separate list of questions was asked of respondents who indicated they used cannabis for non-medical purposes. The average time to complete the survey was 24 minutes for respondents who reported using cannabis within the past 12 months and 12 minutes for respondents who reported that they had not used cannabis.

Data collection commenced April 4, 2019 and ended June 17, 2019, and was conducted by Advanis. Survey findings were weighted by region, age groups, and sex at birth. The results for 2019 are based on online responses from 12,023 respondents aged 16 years and older across all provinces and territories. The CCS was designed to obtain a sufficient number of respondents from key sub-populations, and quotas were determined and met in order to ensure statistical relevance of results and representativeness.

Total Expenditure

The total cost of this research was \$249,730.00 including HST.