Health Canada Santé Canada

Canadian Cannabis Vaping Survey

Executive Summary

Prepared for Health Canada

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Canada

Background

Use of cannabis is common in Canada. In 2017, Health Canada's Canadian Tobacco, Alcohol and Drugs Survey (CTADS) found that 15% of Canadians 15 years of age and older reported using cannabis in the past year, with males having a higher prevalence of cannabis use compared to females. Canadians 15-24 years old were significantly more likely to use cannabis in the past 12 months than those 25 years of age and older. Use is also common in students, with 18% of students in grades 7-12 reporting past year use in the 2018-2019 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). Cannabis and/or cannabinoids extracted from the cannabis plant can be consumed using various methods, using a variety of different cannabis products. Results from CTADS 2017 indicate 91% (4 million) of those who used cannabis in the past year smoked cannabis. Other common methods of consumption include mixing cannabis with tobacco (22% or 942,000), chasing (smoking a tobacco product right after smoking cannabis – 34% or 1.5 million), consuming cannabis in edibles (brownies, etc. – 38% or 1.6 million), and vaporizing (29% or 1.3 million) (note that respondents could select multiple methods of consumption). The results from the Canadian Cannabis Survey (CCS) 2019 were similar with 84% of those who used cannabis in the past 12 months saying they smoked cannabis. Forty-two percent (42%) indicated they had eaten it in food, 15% indicated the vaporized with a non-portable vaporizer and 27% used a portable vaporizer to consume cannabis. Vaporizing is also a common method of cannabis consumption among Canadian students in grade 7 to 12 with 42% (191,000) of students who used cannabis in the past year reporting they vaporized cannabis.

In October 2018, Canada became the first major industrialized country to regulate adult legal access to cannabis for non-medical purposes. When the Cannabis Act came into force, a limited number of cannabis products were authorized for sale. On October 17, 2019, amendments to the Cannabis Regulations came into force. These amendments permit the sale of additional cannabis products, including edibles, extracts and topicals. These amendments also allow the legal cannabis industry to begin producing and selling liquid cannabis extracts suitable for inhalation, such as vaping solutions. The legalization and regulation of additional cannabis products in Canada has also prompted a policy and scientific requirement to collect new comprehensive data on the subject of cannabis 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.

One method of consumption, vaporization, has received considerable attention recently for two reasons: the emergence of vaping-associated lung illness and a rise in youth vaping. First recognized in summer 2019, clusters of severe lung illness began to emerge in the US Midwest, predominantly in otherwise healthy young people. By fall 2019, more than a thousand cases had been identified, and more than a dozen deaths had occurred. Substantial medical interventions are required in some cases with patients tending to be young and male[1]. At this time there have been 19 cases reported in Canada[2]. However, results from CSTADS show there has been a rise from nine percent of students in grades 10 to

[1] US Center for Disease Control: https://www.cdc.gov/media/releases/2019/p1028-first-analysis-lung-injury-deaths.html
[2] Government of Canada: https://www.canada.ca/en/public-health/services/diseases/vaping-pulmonary-illness.html

12 who report the use of an e-cigarette in the past 30 days in 2014/15 to 29% in 2018/19. In addition, the US Center for Disease Control believes injury is caused by chemical exposure, and that THC products are playing a role. Furthermore, the US Food and Drug Administration recently issued a warning to stop using THC vaping products[3]. As the investigation identifies specific causal or contributing agents, Health Canada has tools to respond for both nicotine and cannabis vaping but needs additional information about what and how Canadians are vaping to help support efforts to minimize negative health outcomes.

At present, there is a lack of detailed information on specific methods of cannabis consumption beyond prevalence estimates. To begin addressing this issue, the Canadian Cannabis Vaping Survey (CCVS) will focus on gathering additional data related to the vaporization of cannabis products. The CCVS will examine patterns of use, such as age of initiation of vaping, type of vaporizing device, products vaporized, frequency of vaping and quantities vaporized. It will also examine where Canadians are accessing both the vaporizing devices and the products they are vaporizing, perceived risk to health from vaping, and whether people have experience any adverse effects or symptoms as a result of vaping.

Objectives of the survey

The *Canadian Cannabis Vaping Survey* aimed to gather additional information on cannabis vaping products used by Canadians. More specifically, it examined patterns of use, such as the frequency of use and quantities used, types of products being used and sources. This research will be used to evaluate the impacts associated with the legalization and regulation of cannabis use going forward.

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

- determine vapers' awareness of potential harm(s) from vaping;
- examine patterns of use among a sample of those who vape cannabis (e.g., frequency of use, and quantities used); and
- understand sources and products available for vaping cannabis.

Achieving the research objectives will support Health Canada's ability to assess the health risks or harms of cannabis to people who vape cannabis and/or the community (exposure to unregulated products, harms among at-risk populations).

[3] US Center for Disease Control: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html and US Food and Drug Administration: https://www.fda.gov/consumers/consumer-updates/vaping-illness-update-fda-warns-public-stop-using-tetrahydrocannabinol-thc-containing-vaping

Methodology

The survey was conducted using a two-step approach where respondents were recruited by telephone to participate in the online web survey. For CCVS, respondents were recruited from a vaping study conducted in Ontario, as well as a national study in which respondents were prescreened as those who vape. Once respondents agreed to participate, they were sent a link to an online web survey. In order to increase response rates, part way through data collection, the option to complete the survey by phone was introduced. Overall, 515 completed surveys were collected, including 395 online surveys and 120 phone surveys. The average survey was estimated to be a length of 5-10 minutes depending on the number of vaping products the respondent had used. Among those completing the survey online, the average survey length was just under 7 minutes, while the telephone survey took an average of 11 minutes to complete.

Data collection commenced March 12, 2020 and ended April 13, 2020. In total, Advanis called 3,710 phone numbers, and 1,811 people agreed to participate in the survey, with a response rate of 54.3%. In total, 1,085 participants went through the screening process of the survey, but only 515 were eligible and completed the full survey. The participants were required to have vaped cannabis in the past 12 months. Based on the sample size and the methodology used to recruit participants (i.e., more of a convenience sampling approach), Health Canada requested that the data remain unweighted.

Total Expenditure

The total cost of this research was $46,666.74 including HST.