



Health  
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## **THE CANADIAN CANNABIS SURVEY 2018**

### **EXECUTIVE SUMMARY**

Prepared for Health Canada

SUPPLIER NAME: ADVANIS INC.

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CONTRACT VALUE: \$221,000.00

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Canada 

## BACKGROUND

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Use of marijuana is common in Canada. In 2015, Health Canada's Canadian Tobacco, Alcohol and Drugs Survey (CTADS) found that 12.3% of respondents 15 years of age and older reported using marijuana in the past year. Past-year use was more common among males (15%) compared to females (10%). 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 five 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 2013 showed the United States as the leader in lifetime prevalence rates at 43.7%<sup>1</sup>, while Canada followed closely behind at 41.2%<sup>2</sup>, and then the United Kingdom at 29.9%<sup>3</sup>.

In the 2015 Speech from the Throne, the Government of Canada committed to legalizing, regulating, and restricting access to marijuana. In 2016, the Government's Task Force on Marijuana 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 June 2017, the Government of Canada introduced Bill C-45, the Cannabis Act and in 2018 this Bill was passed. Non-medical cannabis legalization and regulation is scheduled to go into force October 17<sup>th</sup>, 2018.

The legalization and regulation of non-medical 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 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 the knowledge, perceived acceptability and health risks, pattern of recreational use, and information-seeking behaviors. This study found that 58% of respondents reported cannabis use in the past 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.

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. All respondents were asked questions regarding the social acceptability of recreational cannabis use, observations of cannabis use in public, cannabis use by family and friends, use of cannabis in the home and for opinions on cannabis effects, cannabis impairment and driving, and whether cannabis can be habit forming. Respondents that reported using cannabis in the past 12 months were asked detailed questions relating to the

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1 United States Department of Health and Human Services. Substance and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2013. <http://doi.org/10.3886/ICPSR35509.v3>

2 Health Canada's Canadian Tobacco, Alcohol and Drugs Survey: <http://healthycanadians.gc.ca>

3 Home Office, Office of National Statistics. Drug misuse. Findings from the 2013-2014 CSEW. <http://www.gov.uk/government/statistics/tables-for-drug-misuse-findings-from-the-2013-to-2014-csew>

frequency, quantity, routes of administration, and forms of cannabis used. They were also asked about the cost of purchasing cannabis and where they typically source the cannabis they use. In addition, they were asked about driving after use, harms and benefits of cannabis use and whether they use cannabis for medical purposes.

## OBJECTIVES OF THE SURVEY

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The 2018 *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 and products used);
- Public concerns related to cannabis, including traffic accidents, drug-impaired driving, drug-related crime; and
- Perceptions of risk and normalization.

## METHODOLOGY

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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 22 minutes for respondents who reported using cannabis within the past 12 months and 10 minutes for respondents who reported that they had not used cannabis.

Data collection commenced May 15, 2018 and ended July 9, 2018, and was conducted by Advanis. Survey findings were weighted by region, age groups, and sex at birth. The results for 2018 are based on online responses from 12,958 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

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The total cost of this research was \$221,000.00 excluding HST.