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Access to Cannabis for Medical Purposes in Canada: Gathering information on views and practices of patients and health care practitioners

Final Report

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Canada 

**Access to Cannabis for Medical Purposes in Canada:
Gathering information on views and practices of patients and health care practitioners**
Final Report

Prepared for Health Canada
Supplier name: Phoenix Strategic Perspectives Inc.
October 2022

This public opinion research report presents the results of two online surveys: one conducted with individuals who have used cannabis for medical purposes since legalization in Canada and the other conducted with medical doctors and nurse practitioners from a specialized panel who have authorized cannabis for medical purposes since legalization or who have discussed, treated or referred a patient in relation to cannabis for medical purposes.

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Executive Summary

The *Cannabis Act* and *Cannabis Regulations* came into force on October 17, 2018. Health Canada commissioned Phoenix Strategic Perspectives Inc. (Phoenix SPI) to conduct baseline surveys on access to cannabis for medical purposes.

1. Research Purpose and Objectives

The primary objective of this research is to gather evidence on the state of access to cannabis for medical purposes in Canada. The target populations were:

- Individuals, of any age, who have used cannabis for medical purposes since the legalization of cannabis (October 17, 2018). This includes adults who are responsible for a person who uses cannabis for medical purposes and who completed the survey on their behalf.
- Health care practitioners (HCP)s, defined as doctors or nurse practitioners who have the legal authority to authorize cannabis for medical purposes, and who have had patients disclose use of cannabis for medical purposes since the legalization of cannabis (October 17, 2018).

Specific objectives for each target population were as follows:

- Individuals who have used cannabis for medical purposes since legalization¹: Understand the socio-demographic profile of those who use cannabis for medical purposes; determine whether the legalization and regulation of cannabis in Canada is perceived as having benefited those who access cannabis for medical purposes, and if it is, how it benefits them; collect information on use patterns for medical purposes as well as on how cannabis for medical purposes is accessed (e.g., medical sales licence holder, provincial retail store); and identify any barriers to accessing cannabis for medical purposes.
- Health care practitioners: Understand the socio-demographic profile of HCPs; gather information on their knowledge, perceptions, and informational sources regarding cannabis for medical purposes, and how these factors affect their attitudes towards cannabis for medical purposes; gather information on HCPs who support cannabis for medical purposes, including, for example, details regarding their authorization experiences; and better understand if the legalization of cannabis has changed the way in which they perceive or authorize cannabis for medical purposes.

2. Methodology

Two surveys were administered as follows:

- A 20-minute online survey was administered to a non-probability sample of 1,205 Canadians aged 16 and older who have used cannabis for medical purposes since it was legalized on October 17, 2018). The sample was drawn from the Leger Opinion panel (LEO) and the fieldwork was conducted from May 5 to May 13, 2022. The survey data have been weighted by region, age, and gender of those who use cannabis for medical purposes using figures from the government of Canada's 2021 Canadian Cannabis Survey.
- A 15-minute online survey was administered to a non-probability sample of 823 medical doctors and nurse practitioners who have had experiences with patients accessing or

¹ This includes adults and guardians who are responsible for a person under the age of 18 who uses cannabis for medical purposes

inquiring about cannabis for medical purposes since legalization. The sample was drawn from MD Analytics proprietary panel of Canadian health care professionals and augmented by a small sample of nurse practitioners drawn from a provincial health regulator. The fieldwork was conducted from May 19 to July 12, 2022. The survey data have been weighted by region and type of HCP using figures from the Canadian Institute for Health Information (CIHI) Health Workforce data.

3. Key Findings

Key Findings from the Patient Survey

Legalization improved access, information sharing, and reduced stigma associated with cannabis.

- Just over half (53%) of the patients surveyed said they used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes in Canada. Conversely, 46% started using cannabis for medical purposes only following legalization of cannabis for non-medical purposes on October 17, 2018.
- More than half of the patients surveyed (58%) who were motivated to start using cannabis for medical purposes following its broader legalization said this is because cannabis became more accessible and easier to buy. Half made the decision because more information about cannabis for medical purposes became available (49%), and half because legalization reduced the stigma associated with cannabis use (49%).
- Over two-thirds (71%) of respondents who use cannabis for medical purposes have also used cannabis for non-medical purposes in the past three years.

The majority consulted a medical doctor or nurse practitioner prior to using cannabis for medical purposes. Those who didn't consult felt apprehension surrounding discussions about cannabis with health care providers.

- A majority (66%) of patients discussed the use of cannabis for medical purposes as a potential treatment option with a medical doctor and/or nurse practitioner.
- One-third (34%) of patients did not discuss the use of cannabis for medical purposes with a medical doctor or nurse practitioner. Patients who did not discuss the use of cannabis with a practitioner provided a variety of reasons for not doing so. Fear and apprehension were common themes among many of these patients – 22% feared the medical doctor or nurse practitioner would not be willing to talk about cannabis as an option, 21% feared being judged, and 18% were just not comfortable asking about cannabis.

Half of patients who discussed using cannabis for medical purposes with their HCP received a medical document authorizing them to use cannabis for medical purposes. Among those who discussed using cannabis for medical purposes with an HCP, but who did not receive a medical document, the majority said they did not ask their HCP for a medical document.

- Half (53%) of patients who discussed using cannabis for medical purposes with a HCP received a medical document. Conversely, more than one-third (38%) did not receive a medical document.
- Of those who discussed using cannabis for medical purposes with their HCP, and who did not receive a medical document (n=298), the majority (73%) said it was because they did not ask for one. Only one in five (20%) asked for a medical document and were refused one

by their HCP. Reasons for refusing to issue a medical document included that the health care provider does not authorize cannabis for patients (38%), that there is a lack of evidence to support cannabis as a treatment option (31%), or that the health care provider did not know enough about the use of cannabis for medical purposes (29%).

Patients reported that products containing higher levels of CBD, or equal levels of THC to CBD are commonly recommended for treatment purposes by HCPs. In terms of specific product recommendations, patients report that oils and extracts are the cannabis products most recommended by HCPs.

- Recommendations regarding the appropriate levels of THC and CBD received by patients varied. About one-third (31%) said they were recommended higher levels of CBD with lower levels of THC. One-quarter (24%) said they were recommended cannabis containing equal levels of THC and CBD, 19% were recommended CBD only, and 17% were recommended higher levels of THC and lower levels of CBD.
- According to patients, the most common type of cannabis recommended to them is cannabis oils and extracts (42%), followed by edibles (26%), capsules (24%), and dried cannabis (23%).

Among patients with a medical document, the majority are either registered with a licensed seller or authorized to produce their own cannabis. Those with Health Canada authorizations found them lengthy or complicated to complete.

- Approximately one-third of respondents who have a medical document authorizing their use of cannabis obtain their cannabis via a licensed seller (37%) or are authorized by Health Canada to produce their own (33%). Fewer are authorized to designate someone else to produce cannabis for them (13%).
- Those registered with Health Canada to produce cannabis for themselves were asked what issues they may have encountered when applying to Health Canada; one-third said the application process took a long time (37%) or was complicated (31%), although 26% indicated that they did not experience any issues. Among those authorized to designate someone else to grow cannabis on their behalf, 38% found the registration process took a long time, and one-third (32%) said the process was complicated.
- Among those who access cannabis for medical purposes through a licensed seller, many said the cannabis from these sources is more expensive (34%). Beyond cost, a common theme among these patients included logistical issues in receiving the cannabis. For example, patients found issue with the following: the need to buy cannabis online with no physical store (27%), and an inability to get their cannabis immediately (24%). Others found they could not always get their preferred products (27%) or had issues with the registration process – 16% say registration was complicated, and 13% say it took a long time.
- Patients who do not buy cannabis through a licensed seller most often said this is because it is more expensive (27%).

More than one-third use cannabis for medical purposes daily; most others do so several times a week. Smoking cannabis is the most common method of consuming cannabis for medical purposes, while the preferred ratio of THC and CBD levels in cannabis products varies by patient.

- In a typical month, 39% of patients said they use cannabis for medical purposes daily or almost daily. Most others use cannabis several times a week (21%), with fewer using cannabis once a week (14%), or several times a month (10%).
- Although respondents' preferred methods of consuming cannabis for medical purposes vary, three methods were noted with higher frequency. Forty-four percent of patients smoke cannabis, 34% prefer edibles, while nearly one-third (31%) ingest cannabis extracts or oils.
- Most patients prefer cannabis products that include both THC and CBD, but there is no consensus on the preferred ratio of THC to CBD. Similar proportions prefer higher levels of THC with lower levels of CBD (27%), higher levels of CBD with lower levels of THC (30%), or equal levels of both THC and CBD (28%). Fewer patients (13%) prefer a product containing only THC.

In terms of outcomes, nearly half feel better in general using cannabis for medical purposes; one-third noted a symptom improvement and increased ability to function. Few patients surveyed experienced negative effects, and most of those who did, said the negative effect they experienced was not serious.

- More than three-quarters (78%) of respondents reported a positive outcome of using cannabis for medical purposes. Many (45%) said that using cannabis for medical purposes has helped them feel better in general. Following this, one-third say their symptoms have improved, and 31% said they are able to function better. One in five mentioned that their condition has improved or resolved altogether (21%) and that they have been able to decrease the use of other medications (19%) because of using cannabis for medical purposes.
- Fewer patients noted negative or neutral outcomes from their cannabis use. These include feelings of intoxication (10%), lack of improvements to symptoms or conditions (10%), or adverse or negative effects (9%). Among those who did experience a negative reaction or side effect from using cannabis for medical purposes, two-thirds (68%) said this experience did not require medical attention or result in hospitalization.
- Symptoms of nausea (61%), sleeping problems (53%), and lack of appetite (51%) were among the symptoms for which patients reported improvements.

Six in 10 patients feel the broader legalization of cannabis in Canada in 2018 has positively impacted medical access to cannabis. Many find better product variety, availability, and stigma reduction.

- Six in 10 (60%) patients said that the broader legalization of cannabis in Canada has improved their access to cannabis for medical purposes. Among the patients who said legalization has had a positive impact on their access to medical cannabis, half said there are more (52%) or better quality products available (50%). Similarly, nearly half feel that there is less stigma surrounding the use of medical cannabis, that there are more sources to purchase from (49%), and that it is now easier to find information on cannabis products (47%).

Key Findings from the Health Care Practitioner Survey

The vast majority of HCPs surveyed believe there is therapeutic value in the use of cannabis at least some of the time.

- Nearly half of practitioners (49%) said there is therapeutic value in the use of cannabis, while most of the rest (45%) indicated that there is value at least some of the time.
- Of those who said there is therapeutic value to the use of cannabis at least some of the time, three-quarters cited clinical examples that suggest cannabis can have therapeutic value to explain why, while just over half (59%) said that the intolerability or ineffectiveness of other treatments for some patients presents cannabis as a reasonable treatment option in these situations.
- Among those who said there is therapeutic value to the use of cannabis at least some of the time, the vast majority (89%) identified CBD as the part of the cannabis plant that has therapeutic value. Furthermore, 44% identified THC, 13% identified other cannabinoids, and 9% identified terpenes.
- There was widespread agreement among HCPs that CBD has therapeutic value (90%), and that there are risks associated with the use of THC for medical purposes (85%).

Many practitioners have been asked by patients for information about cannabis for medical purposes and have demonstrated a willingness to consider cannabis as a treatment option for patients.

- Nine in 10 (92%) practitioners have been asked by patients for information about using cannabis for medical purposes.
- Nearly two-thirds (64%) of HCPs said they have treated a patient who uses cannabis for medical purposes without recommending it, while smaller majorities have referred a patient to a colleague who is an expert on the use of cannabis for medical purposes (55%) or recommended to a patient that they use cannabis to treat their symptom or disease (53%).

Practitioners are most likely to recommend patients access cannabis for medical purposes via a legal storefront or legal website. Among those who recommend sources of cannabis for medical purposes, the top reason for doing so is product safety.

- Asked where they recommend that their patients access cannabis for medical purposes, health care providers were most likely to say they recommend legal storefronts or provincially authorized retailers and legal websites at least some of the time. Specifically, 70% said they recommend legal storefronts at least sometimes while 60% said this about legal website for cannabis for medical purposes. Fewer HCPs recommend that patients access cannabis for medical purposes from the hospital or via Health Canada.
- Among those that recommend patients access cannabis for medical purposes from select sources, two-thirds (66%) said they recommend the sources because of the safety of cannabis products, while (62%) said they recommend sources because of the consistent quality of cannabis products.

Higher CBD or CBD-only suggested by most when recommending cannabis for medical purposes. Of those who recommend a daily maximum THC dose, the majority recommended 10 mg or less, whereas maximum CBD amounts recommended were more varied.

- Of the practitioners who have recommended the use of cannabis or provided medical documents to access cannabis, most were likely to suggest cannabis that is higher CBD, lower THC (53%) or CBD-only (38%) when making recommendations.

- When asked about whether they provide recommendations on a daily maximum dose not to exceed, many practitioners (57%) said they do not. Although the survey did not ask why these practitioners do not recommend, results show that those who are comfortable talking to patients about cannabis for medical purposes, as well as those who have good or very good knowledge about cannabis for medical purposes are more likely to provide recommendations on a maximum daily amount.
- The most frequently cited way practitioners who have recommended the use of cannabis or provided medical documents to access cannabis determine dosages is using titration, with nearly half (49%) doing so.

Lack of evidence about efficacy and lack of information about dosage are the main reasons why HCPs do not recommend cannabis for medical purposes. When it comes to issuing a medical document, lack of familiarity with the process and not being well enough informed about the uses of cannabis for medical purposes are also issues.

- Among the practitioners who have not recommended that patients use cannabis to treat symptoms or diseases/disorders, many pointed to a perceived lack of evidence about the efficacy of cannabis (58%) or lack of information about appropriate dosage (55%) to explain why. In addition, nearly half said that they are not well enough informed about the uses of cannabis for medical purposes (48%) and that there are side-effects to using cannabis (47%) to explain why they do not recommend cannabis.
- Nearly half (47%) of practitioners who have not given a patient a medical document to access cannabis to treat their symptom or disease/disorder said they are not familiar with the process of providing a medical document to patients for the use of cannabis for medical purposes. Furthermore, identical proportions (40% in each case) cited the lack of information about appropriate dosage and not being well enough informed about the uses of cannabis for medical purposes as reasons for not providing a medical document to a patient.

Since the broader legalization of cannabis, the majority of HCPs have received more inquiries from patients about cannabis for medical purposes and are noticing changes in how patients access cannabis. HCPs are also generally more supportive of using cannabis for medical purposes post-legalization.

- Almost two-thirds of practitioners (64%) said that since legalization patients have asked questions more often about using cannabis for medical purposes.
- Six in 10 (60%) said that they have noticed changes in the ways in which patients are accessing cannabis for medical purposes since the broader legalization of cannabis in Canada. Among HCPs who have noticed changes, nearly all (94%) said more patients seem to be accessing cannabis from a provincially authorized retailer, while 43% said that fewer patients appear to be using illicit sources now.
- Practitioners were asked if they are more or less supportive of the use of cannabis for medical purposes since its legalization. A majority (58%) said they are more supportive, although practitioners were much more likely to be 'somewhat more supportive' (45%) than 'much more supportive' (13%). Very few (6%) described themselves as less supportive, whereas over one-third (35%) said there was no change in their views on the use of cannabis for medical purposes. While support has increased, HCPs were evenly split when

it came to changes in their practices for recommending cannabis: 50% said their practices in relation to cannabis have not changed and 50% said there have been changes.

4. Limitations of the Research and Intended Use of the Results

The results of these surveys are not statistically projectable to the target populations because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error.

The research findings will be used to better understand the different experiences of 1) individuals who access cannabis for medical purposes and 2) the perspectives and practices of HCPs regarding cannabis for medical purposes.

5. Contract Value

The contract value was \$249,429.53 (including applicable taxes).

6. Statement of Political Neutrality

I hereby certify as a Senior Officer of Phoenix Strategic Perspectives that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



Alethea Woods
President
Phoenix Strategic Perspectives Inc.

Introduction

Phoenix Strategic Perspectives Inc. (Phoenix SPI) was commissioned by Health Canada to conduct baseline surveys on access to cannabis for medical purposes.

Background

Since the late 1990s, Canada has had a system of access to cannabis for medical purposes in some form. The legal framework has evolved considerably over the years as a result of several court decisions and government actions, which have sought to help ensure that Canadians have continued and reasonable access to cannabis, under the supervision of their health care practitioner.

The *Cannabis Act* and *Cannabis Regulations* came into force on October 17, 2018. This created a new legal framework for controlling the production, distribution, sale, and possession of cannabis in Canada. The framework now permits adults in Canada to possess and purchase limited amounts of cannabis for non-medical and medical purposes.

Under the *Cannabis Regulations*, individuals who have the authorization of their health care practitioner are able to access cannabis for medical purposes by 1) purchasing directly from a federally licensed seller; 2) registering with Health Canada to produce a limited amount of cannabis for their own medical purposes; or 3) designating someone to produce it for them. Data suggests, however, that many individuals may be accessing cannabis for therapeutic purposes from other sources outside the medical access program, without health care practitioner authorization.

One consideration in access to cannabis for medical purposes is the role that health care practitioners play in facilitating access, specifically medical doctors and nurse practitioners who are permitted to do so. The requirements established by the *Cannabis Regulations* apply to health care practitioners (HCPs) with respect to the issuance of a medical document or written order that supports the use of cannabis for medical purposes. There is limited research, however, on HCP's authorizing practices, attitudes, beliefs, and knowledge regarding cannabis for medical purposes.

Purpose and research objectives

The primary purpose of this research was to gather evidence on the state of access to cannabis for medical purposes in Canada. The target populations were:

- Individuals, of any age, who have used cannabis for medical purposes since the legalization of cannabis (October 17, 2018). This includes adults who are responsible for a person who uses cannabis for medical purposes and who completed the survey on their behalf.
- HCPs, defined as doctors or nurse practitioners who have the legal authority to authorize cannabis for medical purposes, and who have had patients disclose use of cannabis for medical purposes since the legalization of cannabis (October 17, 2018).

Specific objectives for each target population were as follows:

- Individuals who have used cannabis for medical purposes since legalization²:

² This includes adults/guardians who are responsible for a person under the age of 18 who uses cannabis for medical purposes.

- Understand the socio-demographic profile of those who use cannabis for medical purposes.
- Determine whether the legalization and regulation of cannabis in Canada is perceived as having benefited those who access cannabis for medical purposes, and if it is, how it benefits them.
- Collect information on use patterns for medical purposes as well as on how cannabis for medical purposes is accessed (e.g., medical sales licence holder, provincial retail store).
- Identify any barriers to accessing cannabis for medical purposes.
- Health care practitioners:
 - Understand the socio-demographic profile of HCPs.
 - Gather information on their knowledge, perceptions, and informational sources regarding cannabis for medical purposes, and how these factors affect their attitudes towards cannabis for medical purposes.
 - Gather information on HCPs who support cannabis for medical purposes, including, for example, details regarding their authorization experiences, and on HCPs who do not support the use of cannabis for medical purposes, including why.
 - Determine if the legalization of cannabis has changed the way in which HCPs perceive or authorize cannabis for medical purposes.

The results of this research will be used to better understand the different experiences of 1) individuals who access cannabis for medical purposes and 2) the perspectives and practices of HCPs about cannabis use for medical purposes.

Methodology

Below is an overview of the methodologies of both surveys. For a full description of the specifications of each survey, refer to the Appendix: [1. Technical Specifications](#).

The results of these surveys are not statistically projectable to the target populations because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error.

1. Survey of Patients

A 20-minute online survey was administered to a non-probability sample of 1,205 Canadians aged 16 and older who have used cannabis for medical purposes since it was legalized on October 17, 2018). The sample was drawn from the Leger Opinion panel (LEO), a proprietary Canadian panel with over 400,000 members, including over 5,000 people who say they use cannabis for medical and/or non-medical purposes. The fieldwork was conducted from May 5 to May 13, 2022. The survey data have been weighted by region, age and gender of those who use cannabis for medical purposes using figures from the government of Canada's 2021 Cannabis Survey.

2. Survey of Medical Doctors and Nurse Practitioners

A 15-minute online survey was administered to a non-probability sample of 823 medical doctors and nurse practitioners who have had experiences with patients accessing or inquiring about cannabis for medical purposes since legalization. The sample was drawn from MD Analytics proprietary panel of Canadian health care professionals and augmented by a small sample of nurse practitioners drawn from a provincial health regulator. The fieldwork was conducted from May 19 to July 12, 2022. The survey data have been weighted by region and type of HCP using figures from the Canadian Institute for Health Information (CIHI) Health Workforce data.

Notes to the reader

- All results are expressed as percentages, unless otherwise noted. Throughout the report, percentages may not always add to 100 due to rounding and/or multiple responses being offered by respondents.
- Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect.
- At times, the number of respondents changes in the report because questions were asked of sub-samples of the survey population. Accordingly, readers should be aware of this and exercise caution when interpreting results based on smaller numbers of respondents.
- Where base sizes are reported in graphs, they reflect the actual number of respondents who were asked the question.
- Subgroup differences are presented in the report when they are statistically significant. When reporting subgroup variations, only differences that are significant at the 95% confidence level and that pertain to a subgroup sample size of more than $n=30$ are discussed in the report, or that are part of a pattern or trend. If one or more categories in a subgroup are not mentioned in a discussion of subgroup differences (for example, if two out of three age groups are compared), it can be assumed that significant differences were found only among the categories reported.

Detailed Findings

Part A. Survey of Patients

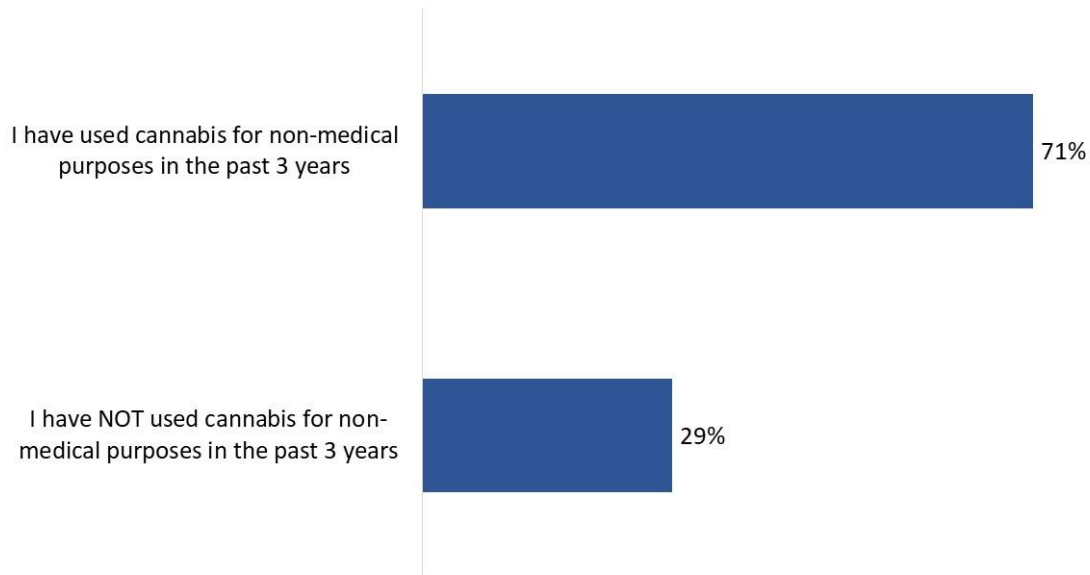
This first section of the report presents the findings from an online survey of those who have used cannabis for medical purposes since the broader legalization of cannabis for non-medical purposes in Canada in 2018.

1. Cannabis Use for Non-Medical Purposes

Majority have used cannabis for non-medical purposes in the past 3 years

Over two-thirds (71%) of respondents who use cannabis for medical purposes have also used cannabis for non-medical purposes in the past three years. Conversely, just under one-third (29%) of those who completed the survey have not used cannabis for non-medical purposes in the past three years (i.e., since the broader legalization of cannabis for non-medical purposes in Canada).

Figure 1: Use of cannabis for non-medical purposes



Q7. In the past 3 years, have you used cannabis for **non-medical purposes**? Base: n = 1,117; all respondents excluding parents responding on behalf of their children.

Those who said they used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes in Canada (79%) were more likely than those who had not (61%) to have used cannabis for non-medical purposes in the past three years. In addition, those who had not discussed the use of cannabis for medical purposes with a health care provider (78%) were more likely than those who had (67%) to report having used cannabis for non-medical purposes in the past three years. Similarly, those who did consult a health care provider but who did not request and/or obtain a medical document authorizing use of cannabis for medical purposes (71%) were

more likely than those who obtained a medical document (61%) to have used cannabis for non-medical purposes. Use of cannabis for non-medical purposes was also higher among patients with full or partial insurance coverage for cannabis (78% vs. 68% of respondents uninsured for use of cannabis for medical purposes). Finally, the likelihood of having used cannabis for non-medical purposes in the past three years was lower among respondents who reported using cannabis for medical purposes less than once a month.

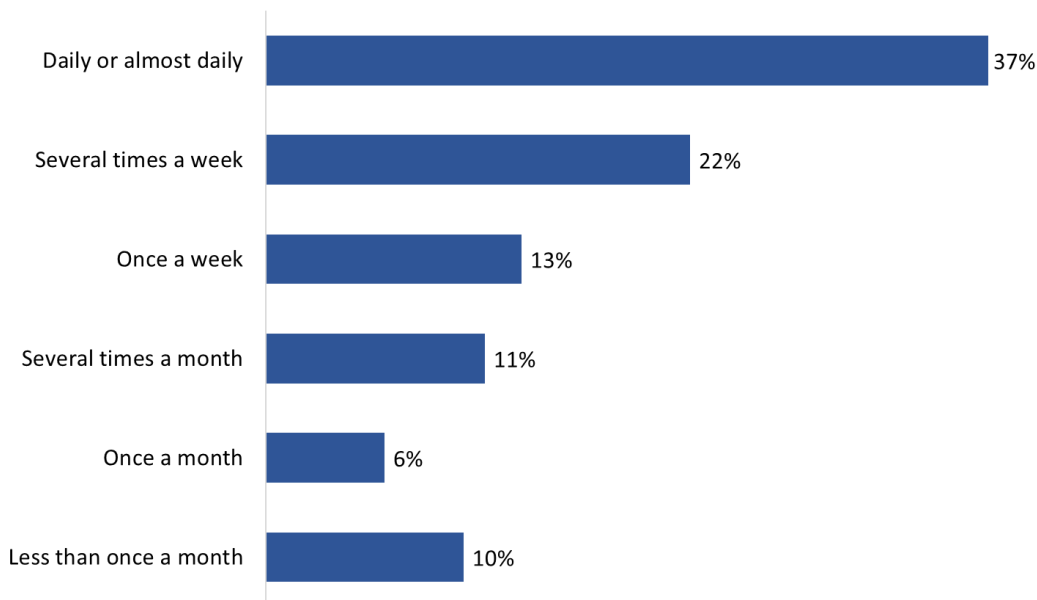
Those aged 18 to 34 (89%) were more likely to have used cannabis for non-medical purposes in the last three years, compared to those 55 and older (55%).

Gender differences were also evident, with men (77%) more likely than women (65%) to have used cannabis for non-medical purposes in the past three years. In addition, respondents who reported having fair to poor physical health (63%) were less likely than those who characterized their physical health as good (72%) or very good to excellent (77%) to have used cannabis for non-medical purposes.

Most of those using cannabis for non-medical purposes do so at least once a week

Among respondents who have used cannabis for non-medical purposes in the past three years (n=808), close to three-quarters (72%) reported doing so at least once a week. Specifically, 37% use cannabis for non-medical purposes daily, or almost daily, 22% do so several times a week, and 13% do so once a week. One in 10 (11%) use cannabis for non-medical purposes several times a month and 16% do so once a month or less.

Figure 2: Frequency of using cannabis for non-medical purposes



Q8. In a typical month, how often do you use cannabis for non-medical purposes? Base: n=808; respondents who use cannabis for non-medical purposes.

Women were more likely to report daily (or near daily) use of cannabis for non-medical purposes (41% vs. 33% of men). Daily (or nearly daily) use was also higher among those with a high school

diploma or less (45%) and those who completed trade school, college, or have some university experience below a bachelor's degree (41%) compared to respondents with a bachelor's degree or above (26%).

Daily (or nearly daily) use was also higher among patients reporting fair to poor mental health (46% compared to 32% of those reporting very good to excellent mental health and 34% of those reporting good mental health).

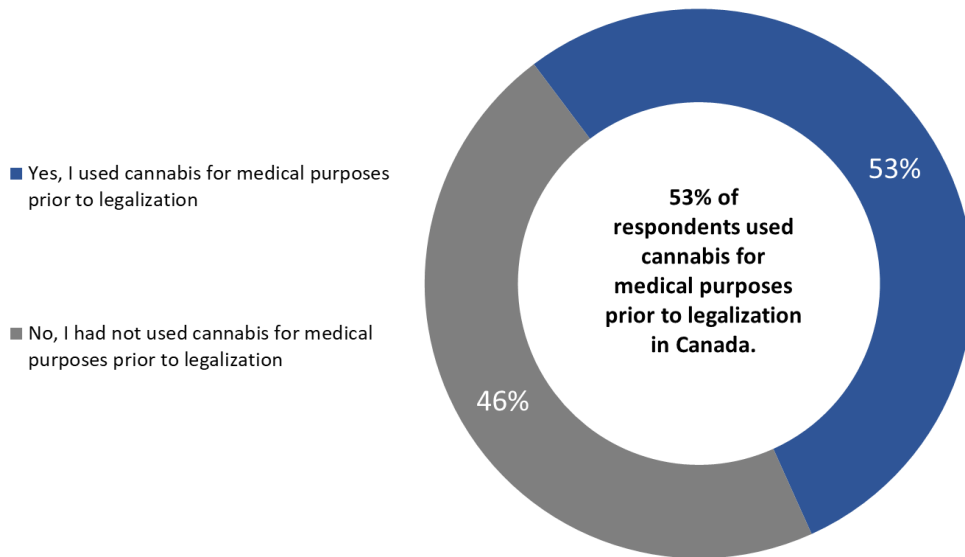
Those who do not have a medical document (43%) were more likely than those who do (32%) to report also using cannabis for non-medical purposes daily or almost daily. The same was true of those who said they used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes: 47% of them reporting daily or near daily use of cannabis for non-medical purposes vs. 24% of those who said they did not use cannabis for medical purposes prior to legalization.

2. Cannabis Use for Medical Purposes

Half used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes

Just over half (53%) of those surveyed said they used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes in Canada. Conversely, 46% started using cannabis for medical purposes only following legalization of cannabis for non-medical purposes on October 17, 2018.

Figure 3: Use of cannabis for medical purposes prior to legalization



Q11. Did you use cannabis for medical purposes before cannabis was legalized* (before October 17, 2018)? Base: n=1,205; all respondents. [NR:1%].

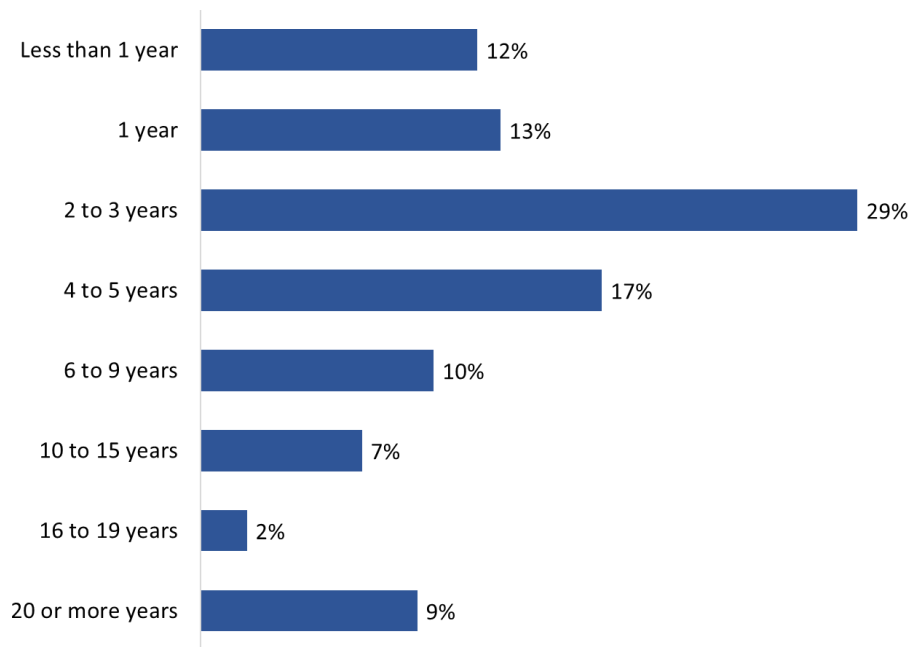
The likelihood of using cannabis for medical purposes **prior** to the legalization of cannabis for non-medical purposes was higher among the following respondents:

- Those aged 35-54 (59% vs. 49% of 18-34-year-olds and 50% of those 55 and older).
- Residents of British Columbia (61%) compared to Quebec (48%) and the Prairies (48%).
- Those reporting an annual household income of less than \$40,000 (58% vs. 47% of those with household incomes of \$60,000 to just under \$100,000).
- Those with fair to poor physical health (59%) compared to those who very good to excellent physical health (49%).
- Those who used cannabis for non-medical purposes in the past three years (59% vs. 30% of those who did not).
- People who discussed using cannabis for non-medical purposes with a health care provider (57% vs. 45% of those who did not) as well as those who obtained a medical document authorizing their use of cannabis for medical purposes (63% vs. 53% of those who did not).
- Respondents who use cannabis for medical purposes daily or near daily (66%) vs. those who use it less frequently.

Length of time using cannabis for medical purposes varied, with half having done so for 3 years or less

Just over half of those surveyed (54%) have been using cannabis for medical purposes for three years or less: 12% for less than one year, 13% for one year, and 29% for two to three years. Those who have been using cannabis for medical purposes for four or more years include 17% who have been doing so for four to five years, 10% who have been doing so for six to nine years, and 18% who have been doing so for 10 or more years.

Figure 4: Length of time using cannabis for medical purposes



Q12. How long have you been using cannabis for medical purposes? Base: n=1,205; all respondents.

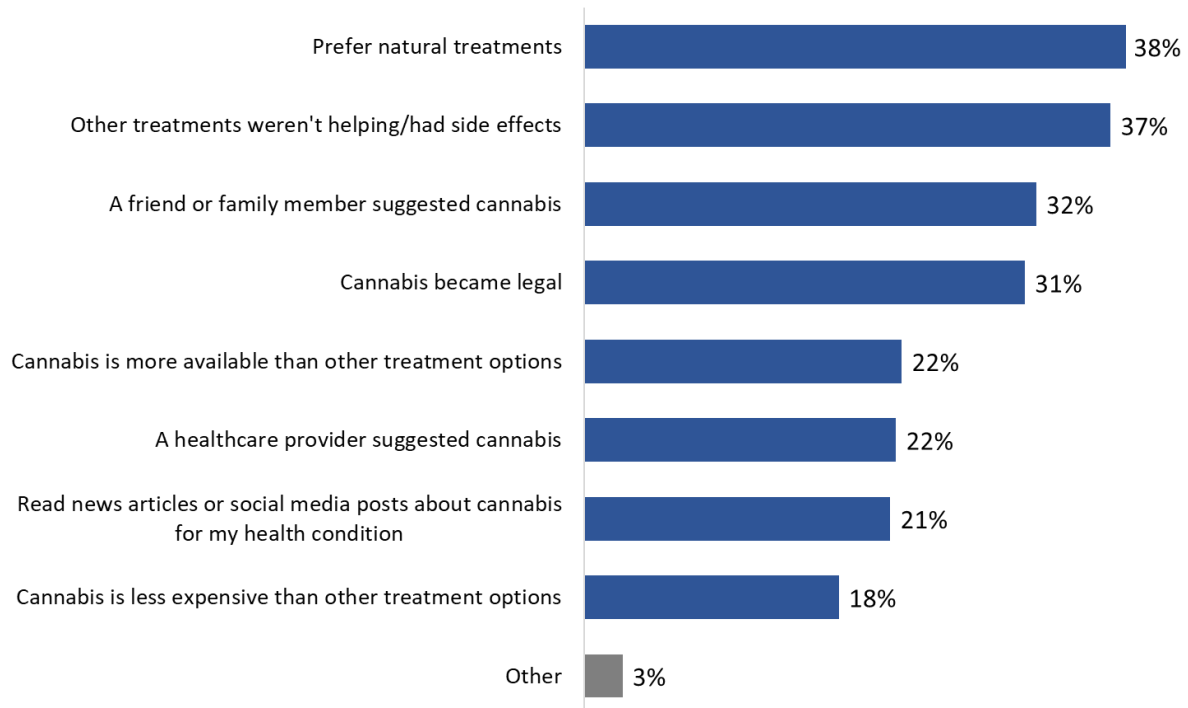
Those reporting fair to poor mental health were more likely to report a longer history of use of cannabis for medical purposes compared to those with very good to excellent mental health – 15% of those with fair or poor mental health have used cannabis for medical purpose six to nine years. Whereas those with very good to excellent (16%), or good (13%) mental health are among those most likely to report commencing use within the last year. The same is true when comparing levels of physical health. That is, 15% of those with very good to excellent physical health began using cannabis for medical purposes in the last year, whereas patients with fair to poor physical health are more likely to have begun use six to nine years ago (14%).

Length of time using cannabis for medical purposes is also affected by the frequency with which respondents reported using cannabis for medical purposes: those who use cannabis daily or almost daily were more likely than less frequent users to have been using cannabis for medical purposes for a longer period.

No consensus on factors contributing to the decision to start using cannabis for medical purposes

Four factors were identified most often when respondents were asked to consider what contributed to their decision, or motivated them, to start using cannabis for medical purposes. This included a preference for natural treatments (38%), lack of success with other treatments, i.e., not helping or causing unwanted side effects (37%), a friend or family member suggesting cannabis (32%), and the legalization of cannabis in Canada (31%) (multiple responses accepted).

Figure 5: Factors contributing to use of cannabis for medical purposes



Q13. Which, if any, of the following factors contributed to your decision, or motivated you, to start using cannabis for medical purposes? Multiple responses accepted. Base: n=1,205; all respondents.

This was followed by nearly identical proportions (21-22%) identifying the availability of cannabis compared to other treatment options, a suggestion from a health care provider, and news articles or social media post about cannabis treating their health conditions. Slightly fewer (18%) identified cost (i.e., that cannabis is less expensive than other treatment options).

Those 55 and older were more likely to say they were influenced to start using cannabis for medical purposes because other treatments were not working (46% vs. 29% of 18- to 34-year-olds and 36% of 35- to 54-year-olds).

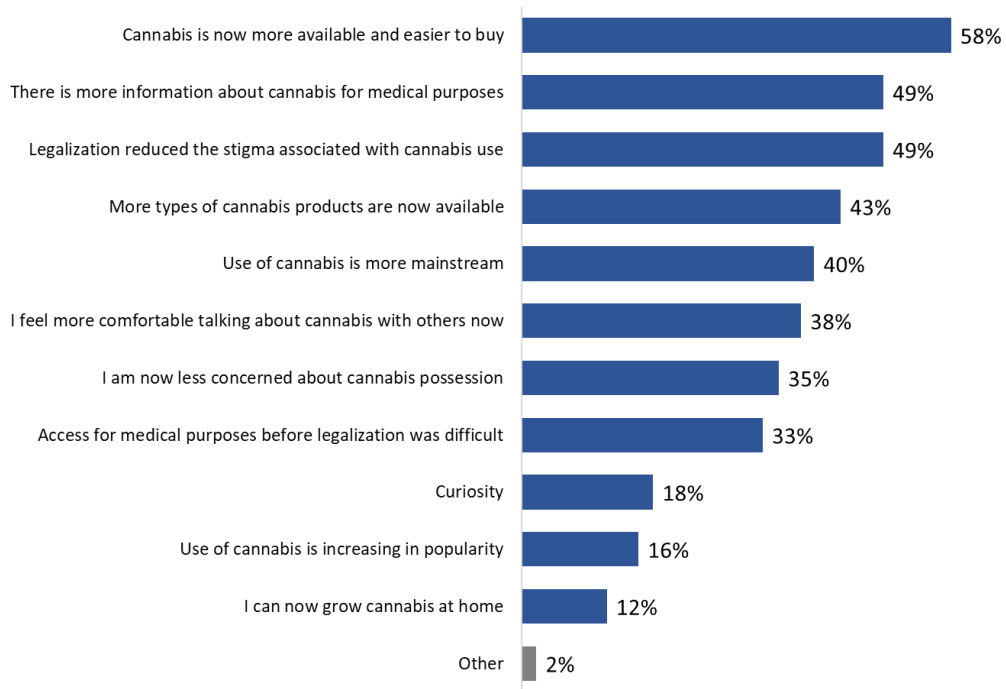
Regionally, respondents from Quebec (29%) were more likely than those from Ontario (19%) and BC (19%) to attribute their use of cannabis for medical purposes to cannabis being more accessible than other treatment options. Those from the Prairies (40%) were more likely than their counterparts in Atlantic Canada (24%) and Ontario (27%) to point to the legalization of cannabis as a factor.

Women were more likely to attribute their use to a preference for natural treatments (42% vs. 26% of men), lack of efficacy of other treatments (43% vs. 31%), and suggestion from a friend or family member (38% vs. 26%). Men, on the other hand, were more likely to point to the legalization of cannabis as a factor (35% vs. 28%).

Legalization improved access, information sharing, and reduced stigma

Among those motivated to start using cannabis for medical purposes following the broader legalization of cannabis in Canada (n=355), a majority (58%) said that this is because cannabis became more accessible and easier to buy. Approximately half made the decision because more information about cannabis for medical purposes became available following legalization of cannabis for non-medical purposes and because legalization reduced the stigma associated with cannabis use (49% each) (multiple responses accepted).

Figure 6: Reasons legalization motivated use of cannabis for medical purposes



Q14. You said that the legalization of cannabis in Canada was a factor that motivated you to start using cannabis for medical purposes. Why is that? Multiple responses accepted. Base: n= 355; respondents who said the legalization influenced their decision to use Cannabis for medical purposes.

Other frequently given reasons for why the legalization of cannabis for non-medical purposes motivated their use of cannabis for medical purposes included the diversification of available cannabis products (43%), the use of cannabis entering the mainstream (40%), feeling more comfortable talking about cannabis with others (38%), less concerned about possessing cannabis following legalization (35%), and accessing cannabis for medical purposes before legalization being difficult (33%). Less frequently given reasons included curiosity (18%), use of cannabis increasing in popularity (16%), and the ability to grow cannabis at home (12%).

Access to Cannabis for Medical Purposes in Canada

Those 55 and older were significantly more likely than younger respondents to point to the following reasons: cannabis is now more available and easier to buy (71%), there is more information available about using cannabis for medical purposes (63%), the stigma has been reduced (63%), and they feel more comfortable talking about cannabis now (50%).

Regionally, 70% of Canadians living in Ontario reported that cannabis is now more available and easier to buy compared to half the respondents from Quebec (51%) and BC (51%).

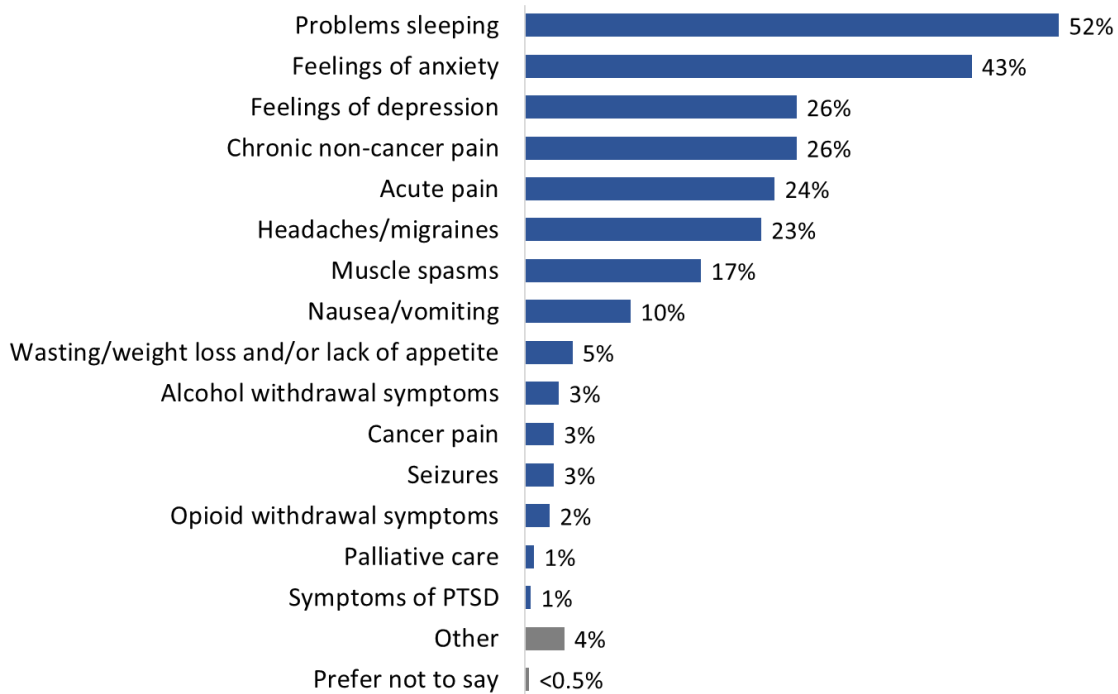
Gender differences were pronounced with women more likely than men to say that cannabis is more available now (67% vs. 52%), there is more information available about using cannabis for medical purposes (61% vs. 38%), legalization reduced the stigma (60% vs. 40%), there are more types of cannabis products available (50% vs. 38%), use of cannabis is more mainstream (49% vs. 32%), and increased comfort talking about cannabis since it was legalized (47% vs. 30%).

3. Reasons for Using Cannabis for Medical Purposes

Problems sleeping and anxiety top the list of reasons for using cannabis

The most frequently identified symptoms for which respondents reported using cannabis for medical purposes to manage are, problems sleeping (52%) and for feelings of anxiety (43%). Approximately one-quarter of respondents reported using cannabis for feelings of depression (26%), chronic non-cancer pain (26%), acute pain (24%), and headaches/migraines (23%) (multiple responses accepted). The only other symptoms identified by 10% or more of respondents included muscle spasms (17%) and nausea/vomiting (10%). The graph below identifies the full set of symptoms identified.

Figure 7: Use of cannabis for medical purposes – Symptoms



Q9. For which of the following symptoms have you used cannabis for medical purposes? Multiple responses accepted. Base: n=1,205 all respondents.

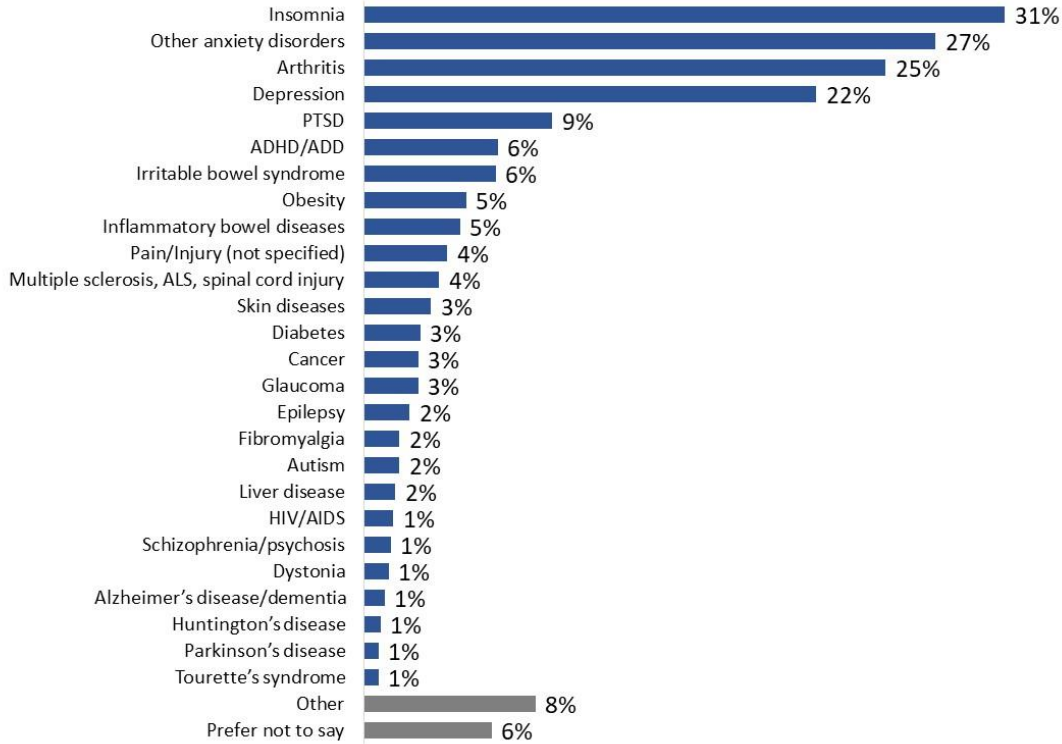
The likelihood of using cannabis to treat feelings of anxiety and depression was higher among those aged 18-34 (56% vs. 31% of those 55 and older), as was the likelihood of using it to treat depression (35% vs. 17% of those 55 and older). Women were more likely than men to report using cannabis to treat problems sleeping (58%), feeling of anxiety (47%), chronic non-cancer pain (31%), and headaches/migraines (26%).

Insomnia, anxiety disorders, arthritis and depression are top disorders for which patients report using cannabis for medical purposes

In addition to symptoms, respondents were also asked for which diseases or disorders they have used cannabis for medical purposes. Respondents most often identified insomnia (31%), followed

by anxiety disorder (27%), arthritis (25%) and depression (22%). Recall that the top two symptoms identified were trouble sleeping and feelings of anxiety. A variety of other disorders identified less frequently (fewer than 10% of respondents) are listed in the graph below.

Figure 8: Use of cannabis for medical purposes – Disorders



Q10. For which of the following diseases or disorders have you used cannabis for medical purposes? Multiple responses accepted. Base: n=1,205; all respondents.

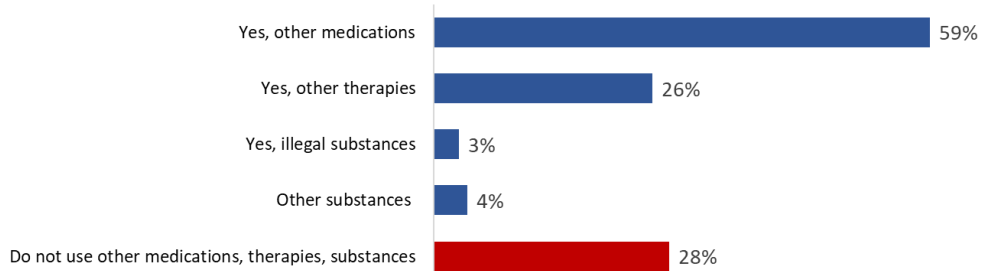
Those who have used cannabis for non-medical and medical purposes were more likely to report using cannabis for medical purposes to treat anxiety disorder (31% vs. 20% of those who have only used cannabis for medical purposes in the last three years), and depression (24% vs. 16%). Conversely, those who have only used cannabis for medical purposes in the last three years were more likely to report using cannabis to treat arthritis (37% vs. 22% of those who have used cannabis for non-medical purposes).

Most using other medications, therapies, or substances to treat disorders and manage symptoms

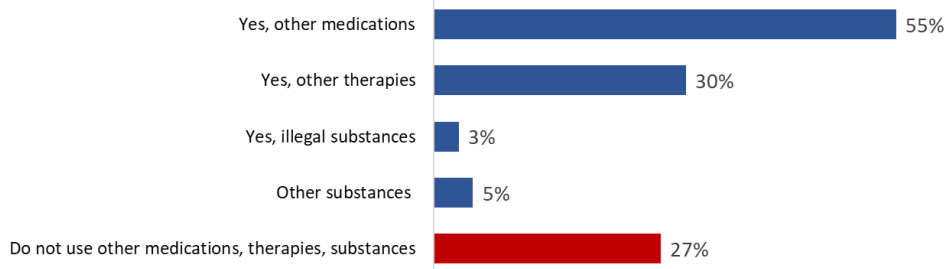
A majority of respondents said they use other medications to treat a disease or disorder (59%) or to manage symptoms (55%), though it is not possible to determine whether they use these medications to treat the same condition for which they are using cannabis. Just over one-quarter (26%) report using other therapies to treat a disease or disorder, while slightly more (30%) use such therapies to manage symptoms. Few report using substances, illegal or otherwise, to treat their disease or disorder or to manage symptoms.

Figure 9: Use of other medications, therapies, or substances

To treat a disease or disorder:



To manage the symptoms experienced because of a disease or disorder:



Q15. Excluding cannabis, do you use other medications, therapies, or substances to: Multiple responses accepted. Base: n=1,205; all respondents.

Those 55 and older were more likely to report using other medications to treat their disorder/disease (67% vs. 56% of 35-54-year-olds and 50% of 18-34-year-olds) and manage the associated symptoms (66% vs. 56% of 35-54-year-olds and 43% of 18-34-year-olds). Women were more likely to report using other medications to manage the symptoms they experience because of their disease or disorder (59% vs. 51%).

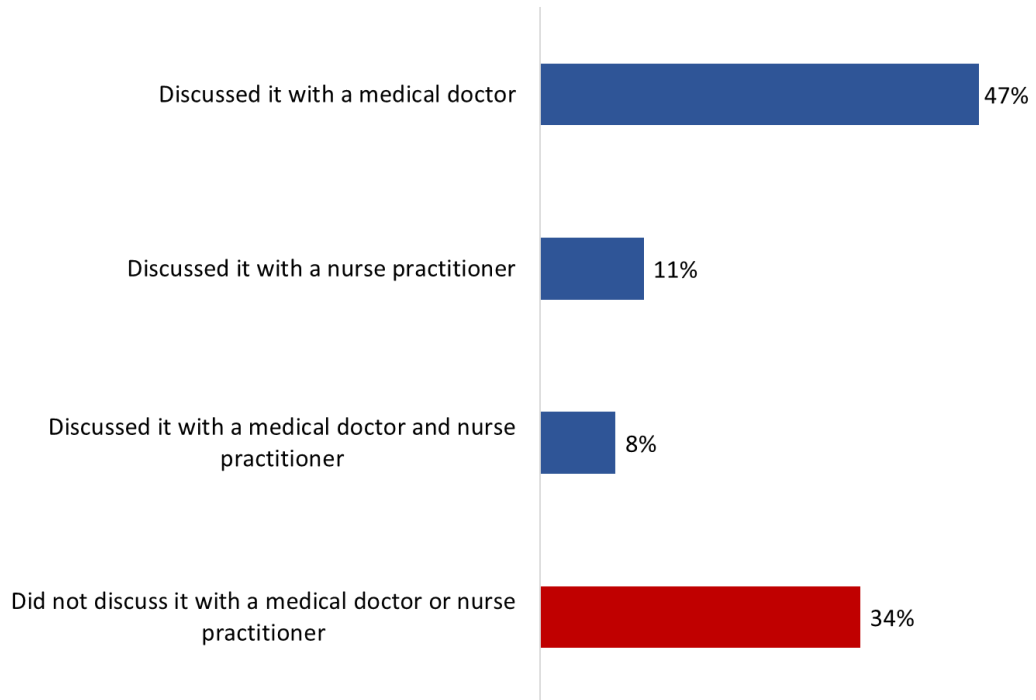
Those using cannabis **only** for medical purposes were more likely than those who use cannabis for medical **and** non-medical purposes to report using other medications (64% vs. 56%) as well as other therapies (34% vs. 22%) to treat their disease or disorder. The same applies to those who discussed the use of cannabis with a health care provider. They were more likely than those who did not consult with a health care provider to report using other medications (64% vs. 49%) and therapies to treat their disorder (31% vs. 16%). The pattern was the same among those who used other medications and therapies to manage the symptoms they experience as a result of their disease or disorder.

4. Access to Cannabis for Medical Purposes

Two-thirds consulted an HCP about using cannabis for medical purposes

Two-thirds of those surveyed discussed the use of cannabis for medical purposes as a potential treatment option with a medical doctor and/or nurse practitioner, though they were most likely to do so with a medical doctor (47%).

Figure 10: Discussed cannabis for medical purposes with a medical doctor or nurse practitioner



Q16. Did you discuss using cannabis for medical purposes with a medical doctor or nurse practitioner? Base: n=1,205; all respondents.

A few respondents noted they did not discuss the use of cannabis with a medical doctor or nurse practitioner but did consult another health care provider (n=46).³ The single largest proportion of these patients said they consulted a nurse (28%). Other health care providers consulted include physiotherapists (14%), naturopaths (13%), chiropractors (12%), and psychiatrists (10%).

Respondents aged 18-34 years were less likely than older respondents to have discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner (38% vs. 51% of those aged 35-54 and 50% of those 55 and older).

The likelihood of consulting a medical doctor is higher among patients in Ontario (53% vs. 44% of patients in Quebec and 38% in British Columbia), those who used cannabis for medical purposes before the broader legalization in 2018 (51% vs. 42%), those with a medical document (77% vs.

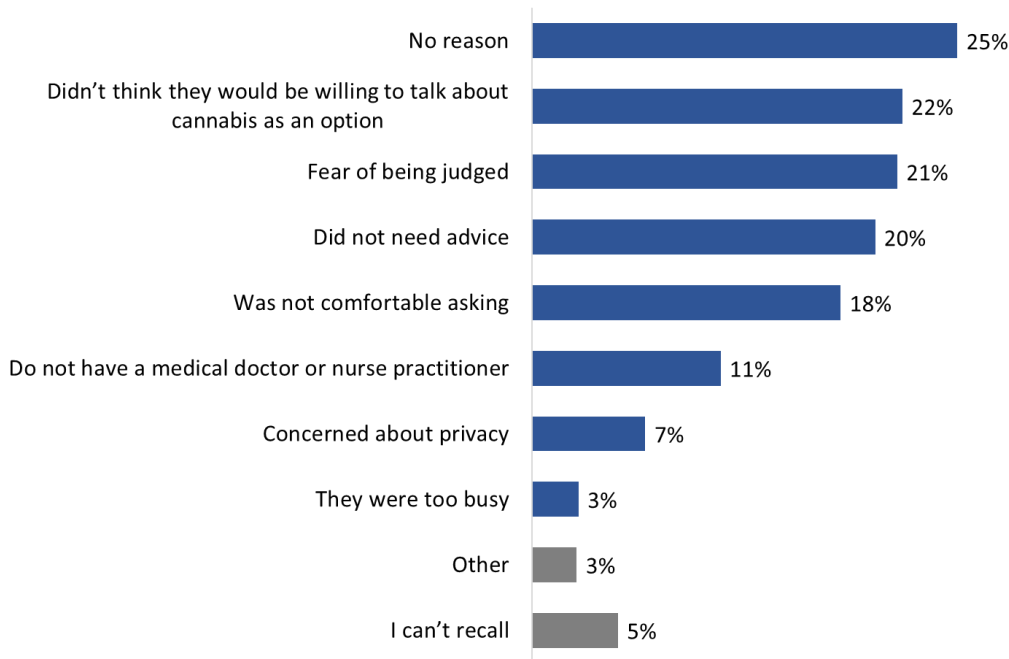
³ Q19. Was the health care provider you discussed this with a... Multiple responses accepted. Base: n=46; respondents who discussed the use of cannabis for medical purposes with another health care provider, excluding medical doctors and nurse practitioners.

67%), those with full or partial insurance coverage (61% vs. 44%), and those who use daily or near daily (54%) compared to weekly (45%), monthly (44%), or less than monthly (32%).

Apprehension surrounding discussions about cannabis with HCPs common theme among respondents

Those who did not discuss the use of cannabis with a medical doctor or nurse practitioner (n=426) provided a variety of reasons for not doing so. Fear and apprehension are common themes among many of these patients – 22% did not think the medical doctor or nurse practitioner would be willing to talk about cannabis as an option, 21% feared being judged, and 18% were not comfortable asking about cannabis (multiple responses accepted).

Figure 11: Reasons for not discussing cannabis with a medical doctor or nurse practitioner



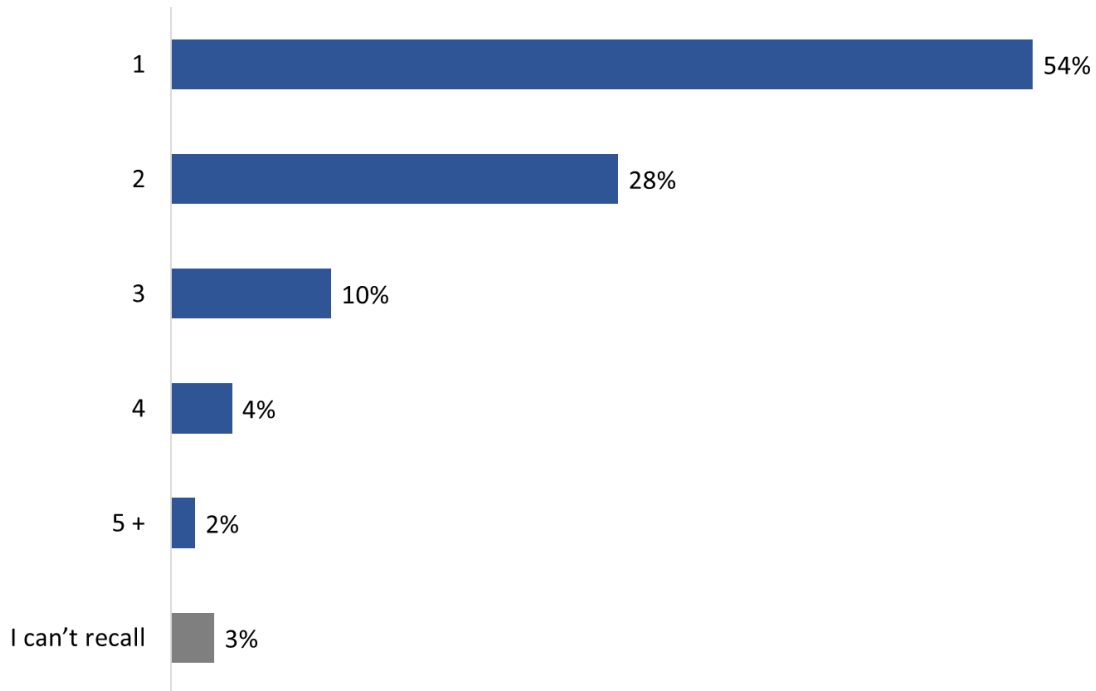
Q17. Why did you not discuss using cannabis for medical purposes with a medical doctor or nurse practitioner? Multiple responses accepted. Base: n=426; respondents who did not discuss the using cannabis for medical purposes with a medical doctor or nurse practitioner.

One in five (20%) said they did not need advice on the subject, 11% reported not having a medical doctor or nurse practitioner, 7% cited privacy concerns, and 3% said they were too busy. One-quarter (the most common response) said there was no reason for opting not to discuss the use of cannabis with a medical doctor or nurse practitioner and an additional 5% could not recall.

Majority of those who sought consultation did so with one HCP

Among those who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner (n=779), just over half (54%) consulted one such health care professional. Just over one-quarter (28%) consulted two health care professionals, while 16% consulted three or more medical doctors and/or nurse practitioners on the use of cannabis for medical purposes.

Figure 12: Number of medical doctors and/or nurse practitioners consulted



Q20. How many medical doctors or nurse practitioners did you consult on the use of cannabis for medical purposes? Base: n=779; respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner.

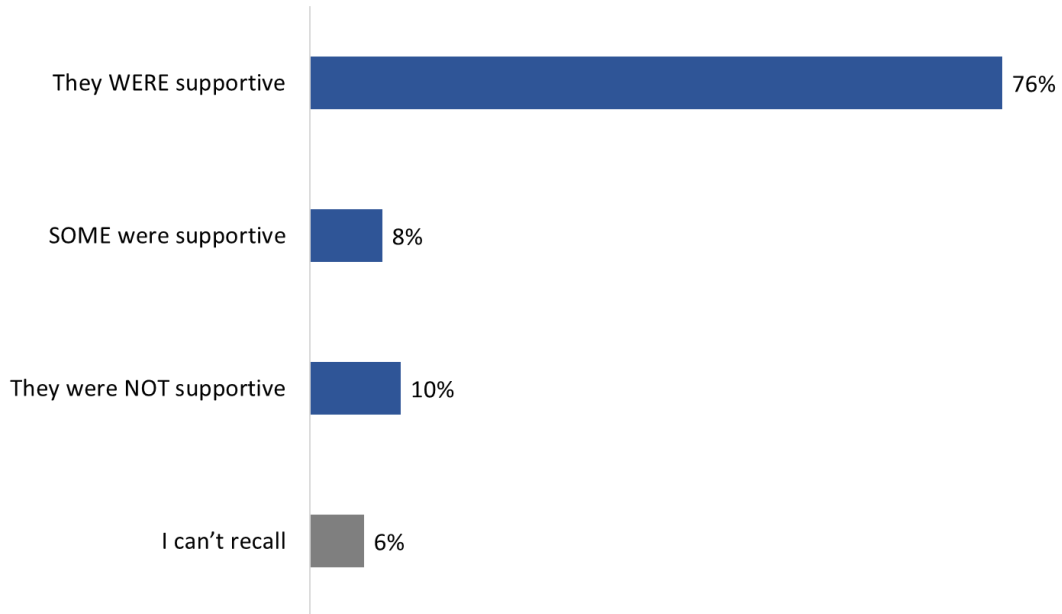
Respondents who did **not** obtain a medical document to authorize the use of cannabis (60%) were more apt than those who have a medical document (49%) to have consulted only one health care provider.

Most said the health care professional consulted was supportive of cannabis use

Three-quarters of respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner (76%) said the health care professional was supportive of using cannabis to treat their condition. Eight percent of those who consulted more than one medical doctor or nurse practitioner noted that some were supportive of using cannabis to treat their condition, while others were not. Few (10%) reported that the medical doctor or nurse practitioner they consulted was not supportive of the use of cannabis to treat their condition.

Figure 13: Perceived support received from medical doctor or nurse practitioner

Was your medical doctor or nurse practitioner supportive of using cannabis to treat your condition?



Q21/Q22. Was your medical doctor or nurse practitioner supportive of using cannabis to treat your condition? Base: n=779; respondents who discussed the use of cannabis for medical purposes with one medical doctor or nurse practitioner.

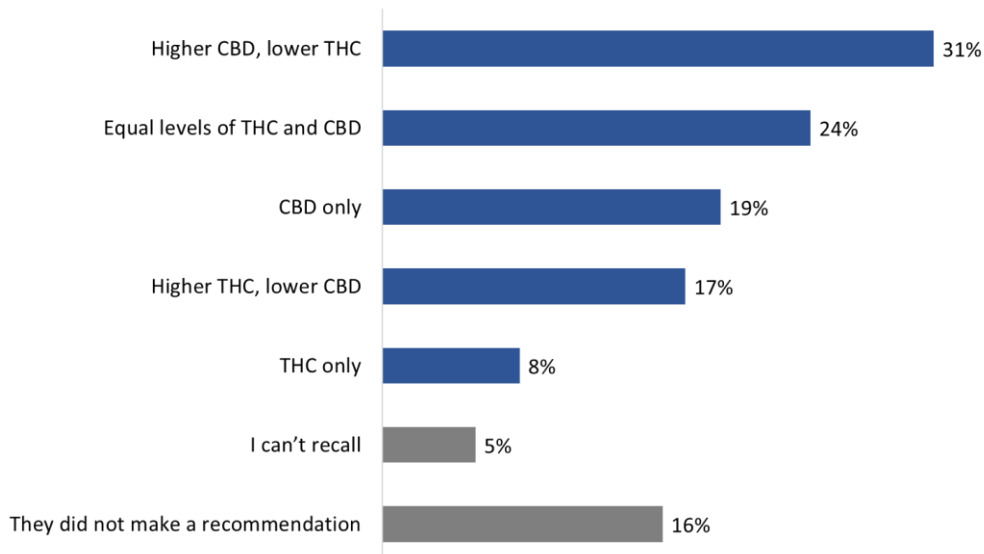
Older respondents who consulted a single health care professional were more likely to report receiving support from their HCP (88% of those 55 and older vs. 73% of those aged 18-34 and 76% of those aged 35-54). The same pattern applied to respondents who said they consulted more than one health care provider on the use of cannabis for medical purposes.

Products containing CBD tend to be favoured in the recommendations made by HCPs

As the graph below shows, recommendations from medical doctors and nurse practitioners regarding the levels of THC and CBD varied, although the findings suggest a preference for CBD among HCPs.⁴ Nearly one-third (31%) of respondents who discussed using cannabis for medical purposes with a doctor or nurse practitioner who was supportive of this treatment option said that this health care provider recommended higher levels of CBD with lower levels of THC. In addition, nearly one in five (19%) said they were recommended CBD only. Conversely, 17% said their health care provider recommended higher levels of THC and lower levels of CBD, while 8% said they were recommended THC only. Approximately one-quarter (24%) said their medical doctor or nurse practitioner recommended equal levels of THC and CBD. Sixteen percent of respondents said their medical doctor or nurse practitioner did not make a recommendation regarding the levels of THC and CBD.

⁴ CBD (or cannabidiol) is a non-psychoactive component of cannabis. THC (delta-9-tetrahydrocannabinol) is the main psychoactive component of cannabis.

Figure 14: Levels of THC and CBD recommended

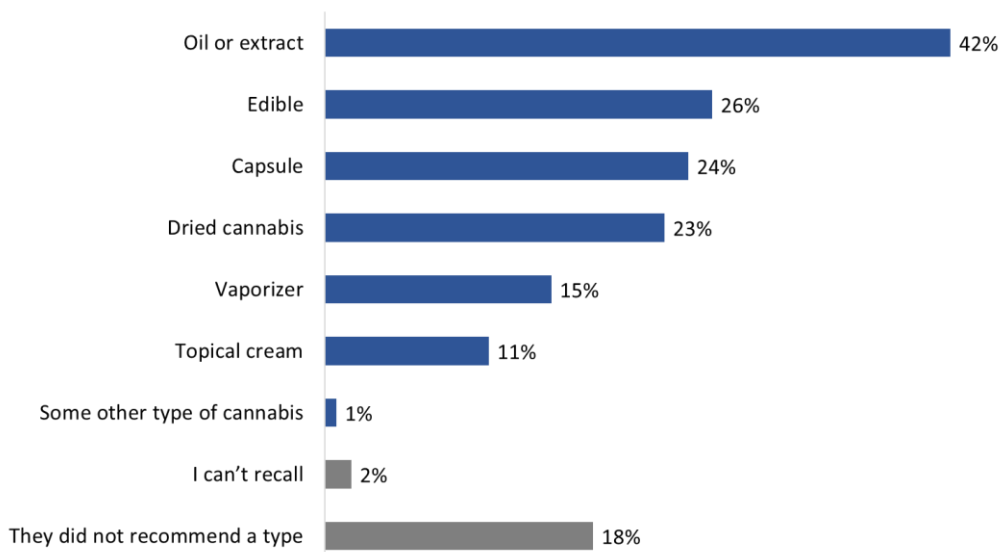


Q24. What levels of THC and CBD did your medical doctor or nurse practitioner recommend? Multiple responses accepted. Base: n=652; respondents who discussed using cannabis for medical purposes with a medical doctor or nurse practitioner and who reported that their health care provider was supportive of using cannabis as a treatment.

Oils and extracts most recommended cannabis products

The most common type of cannabis recommended by medical doctors and nurse practitioners were cannabis oils and extracts: 42% of these respondents said their doctor or nurse practitioner recommended that they take cannabis in this form. Following this, in declining order of frequency, were edibles (26%), capsules (24%), dried cannabis (23%), vaporizers (15%), and topical cream (11%).

Figure 15: Type of cannabis recommended



Q25. What type(s) of cannabis did your medical doctor or nurse practitioner recommend you take? Multiple responses accepted. Base: n= 652; respondents who discussed using cannabis for medical purposes with a medical doctor or nurse practitioner and who reported that their health care provider was supportive of using cannabis as a treatment.

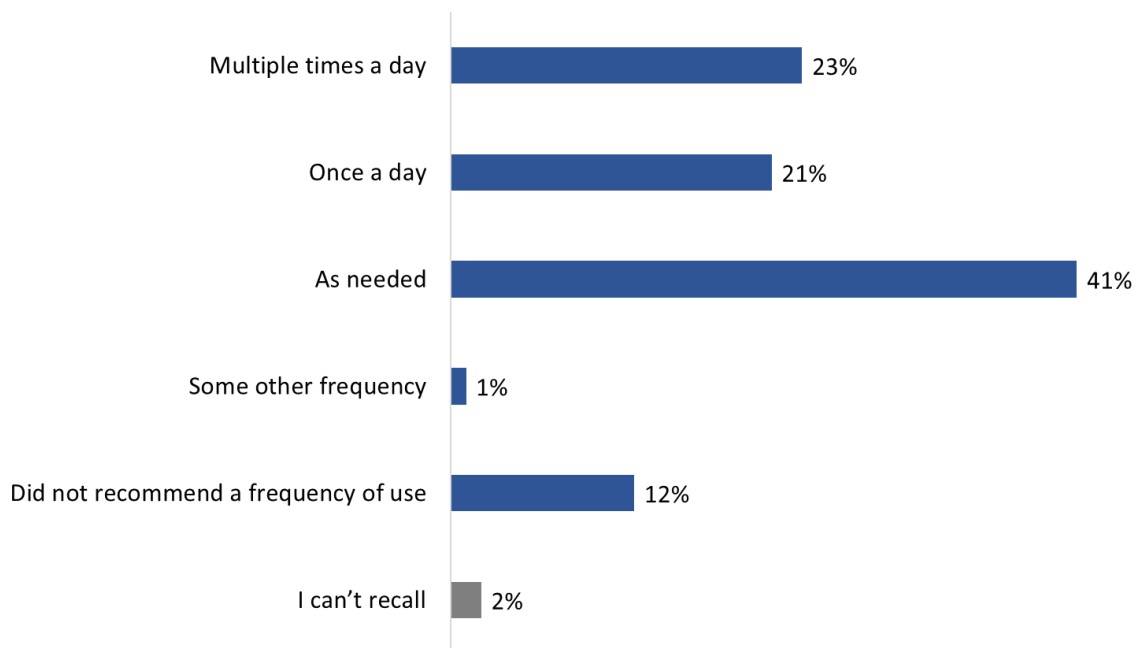
Eighteen percent of those who discussed using cannabis for medical purposes with their doctor or nurse practitioner who was supportive of this treatment option said they did not recommend a type of cannabis.

Cannabis oils and extracts were more likely to be identified by those who use cannabis only for medical purposes: 50% of these respondents said their health care provider recommended oil or extracts compared to 38% of those who have also used cannabis for non-medical purposes.

Many HCPs recommend use of cannabis as needed; most others recommended daily use

Asked how often their medical doctor or nurse practitioner recommended that they use cannabis to treat their medical condition, the largest single proportion (41%) said their health care provider recommended cannabis use on an “as needed” basis. Among those who were recommended a specific frequency of use, 23% said their health care provider recommended use of cannabis multiple times a day to treat their medical condition and 21% said use once a day was recommended to them. Twelve percent said their doctor or nurse practitioner did not recommend a specific frequency.

Figure 16: Frequency of cannabis use recommended



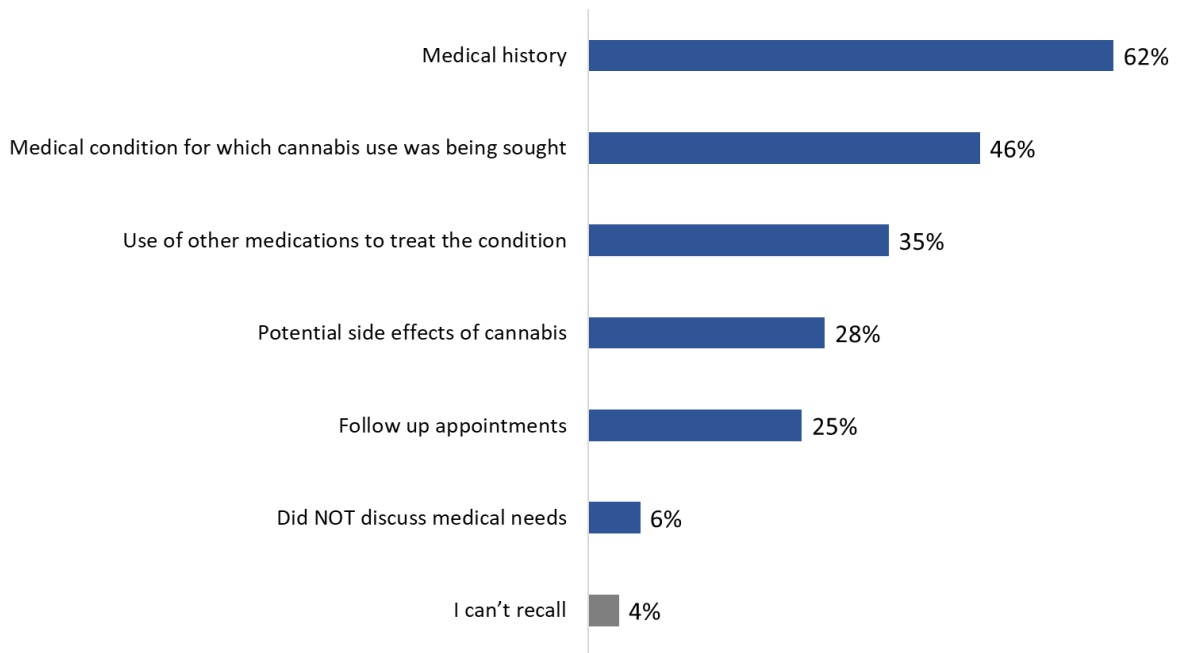
Q26. How often did your medical doctor or nurse practitioner recommend that you use cannabis to treat the medical condition? Base: n=652; respondents who were prescribed cannabis for medical purposes and who reported that their health care provider was supportive of using cannabis as a treatment.

Older respondents were more likely to say that their medical doctor or nurse practitioner recommended that they use of cannabis multiple times a day to treat their condition (29% vs. 18% of those 34 and younger). Women were more likely to report a recommended use of multiple times a day (28% vs. 15% of men) while men were more likely to report having been prescribed once a day use (27% vs. 12% of women).

Most HCPs discussed a variety of topics with patients

Among respondents who discussed using cannabis for medical purposes with an HCP (n=779), the vast majority (90%) said the HCP discussed a number of topics within the appointment. In terms of what was discussed, respondents most often reported discussing their medical history (62%). This was followed at a distance by the medical condition for which cannabis use was being sought (46%), use of other medications to treat their condition (35%), potential side effects of cannabis (28%), and potential follow-up appointments (25%) (multiple responses accepted). One in 10 respondents either said nothing was discussed (6%) or could not recall (4%) what was discussed.

Figure 17: Discussion of medical needs with medical doctor or nurse practitioner



Q27. Did the medical doctor or nurse practitioner discuss your medical needs? Multiple responses accepted. Base: n=779; respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner.

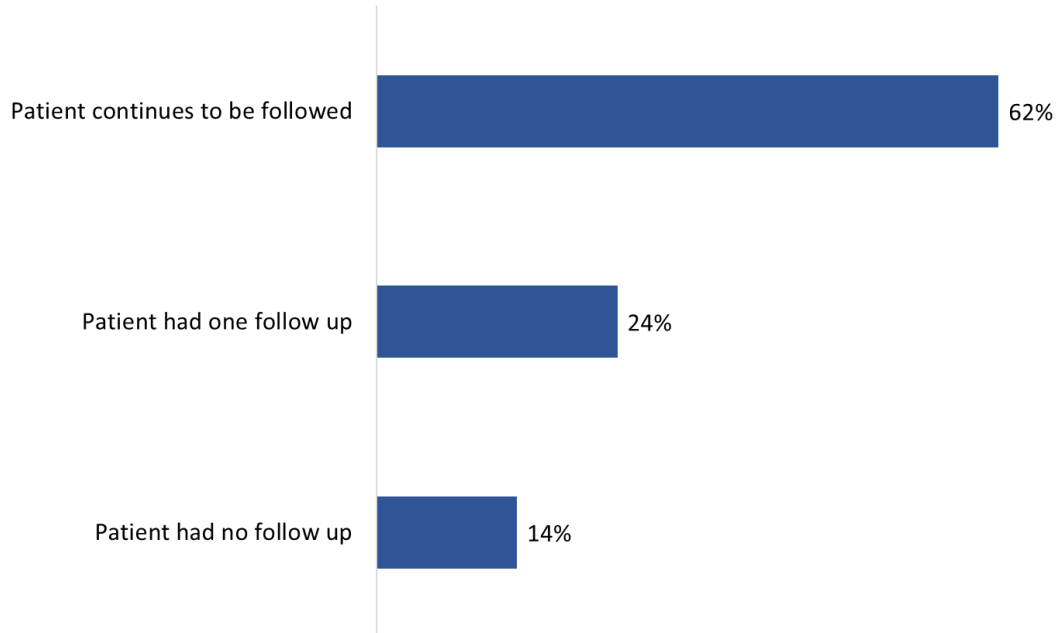
While 64% of adults said they discussed their medical history with their doctor or nurse practitioner, only 43% of children did the same (as reported by their parent or guardian). Women were more likely to report having discussed follow up appointments (31% vs. 21% of men).

Respondents with a medical authorization to use cannabis were more likely than those who may have discussed cannabis for medical purposes with their HCP but don't have an authorization for it, to report discussing the following: medical history (68% vs. 54%), the medical condition for which cannabis use was being sought (52% vs. 43%) the potential side effects of cannabis (32% vs. 24%), and the potential of follow up appointments (30% vs. 18%).

Vast majority have gone back to their HCP for follow up

A large majority (86%) of respondents who discussed the use of cannabis with a doctor or nurse practitioner reported going back to their health care provider for follow-up. Well over half (62%) reporting that they continue to be followed while approximately one-quarter (24%) said they had one follow up.

Figure 18: Follow up with medical doctor or nurse practitioner



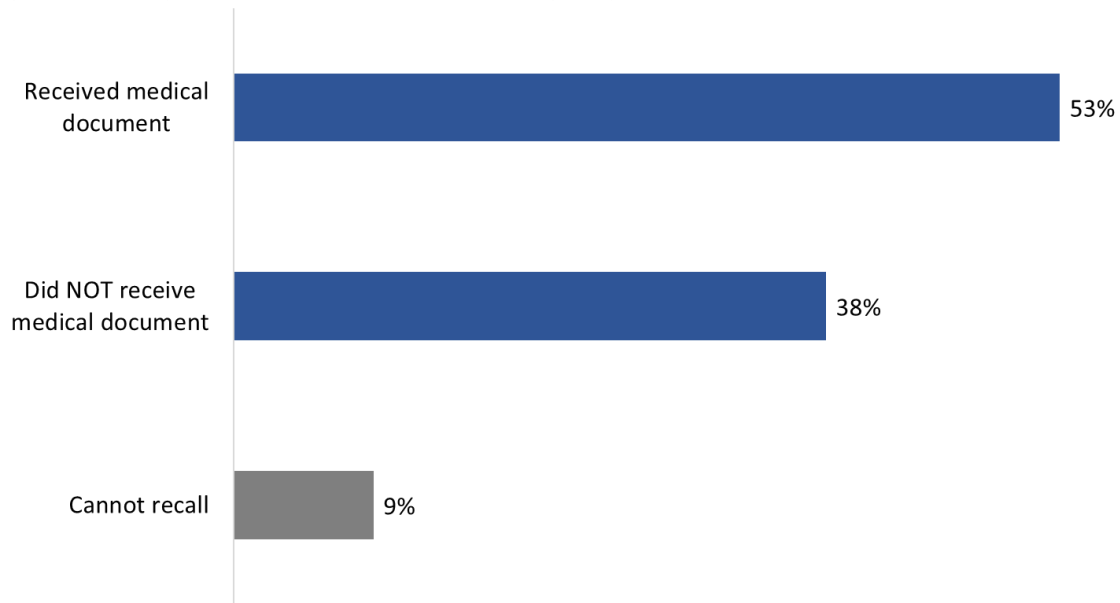
Q28. Have you gone back to the medical doctor or nurse practitioner for follow up? Base: n=779; respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner.

Small majority received medical document authorizing cannabis use for medical purposes

Just over half (53%) of the respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner said they received a medical document⁵ authorizing a certain daily amount of cannabis to treat their condition. Most of the rest (38%) said they did not receive a medical document, while 9% could not recall the outcome of the discussions they had with their HCP about the use of cannabis for medical purposes.

⁵ The following description of a medical document was available to respondents: “A **medical document** authorizing the use of cannabis for medical purposes typically contains information about the doctor or nurse practitioner and you, the daily quantity (grams) of dried cannabis that you are authorized to use for medical purposes, and the length of time that you are authorized to do so. They are like prescriptions.”

Figure 19: Receipt of medical document authorizing daily amount of cannabis



Q29. Did you get a medical document from the medical doctor or nurse practitioner authorizing a certain daily amount of cannabis to treat your condition? Base: n=779; respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner.

Just over half (52%) of adult patients who consulted an HCP received a medical document, while more than two-thirds (68%) of children (as reported by their parent or guardian) who did the same received a document authorizing a certain daily amount of cannabis. Those living in Atlantic Canada (adult patients and children) (58%) and BC (48%) were more likely than respondents living elsewhere in the country to have not gotten a medical document. In addition, the likelihood of having obtained a medical document increased with education (from 42% of those with high school or less to 61% of those with at least a bachelor’s degree).

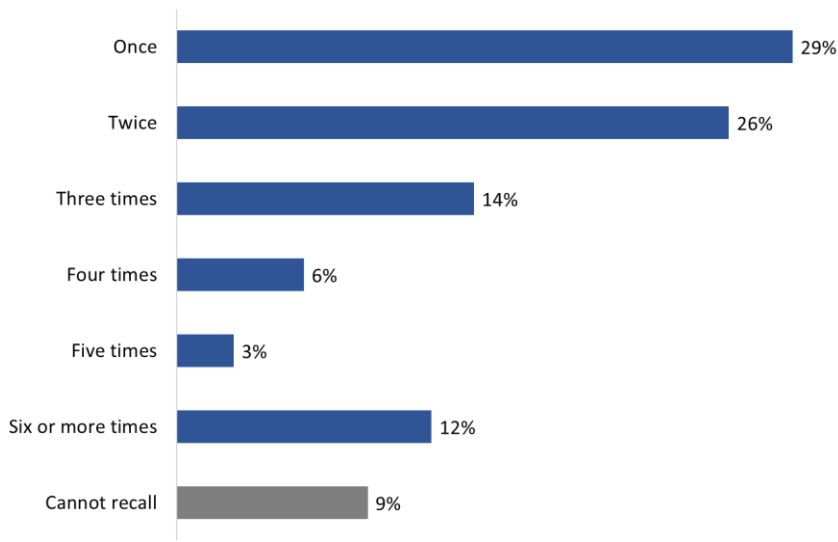
The following types of respondents were more likely to have received a medical document:

- Those using cannabis for medical purposes only (61% vs. 48% who have used cannabis for non-medical purposes).
- Those who used cannabis for medical purposes before the broader legalization of cannabis for non-medical purposes (58% vs. 47% of those who started using following legalization).
- Those with full or partial insurance coverage for cannabis for medical purposes (66% vs. 49% of those without coverage).
- Those who use cannabis for medical purposes daily or almost daily (65% vs. those who use it less frequently).

Half of those who received a medical document reported having doing so once or twice

Respondents who received a medical document authorizing the use of cannabis for medical purposes (n=418) most often reported having obtained this document once (29%) or twice (26%). The graph below identifies the proportions of respondents who reported receiving three medical documents or more. Nine percent could not recall the number of times they received a medical document authorizing the use of cannabis for medical purposes.

Figure 20: Number of times a medical document was obtained



Q30. How many times have you gotten a medical document for cannabis?

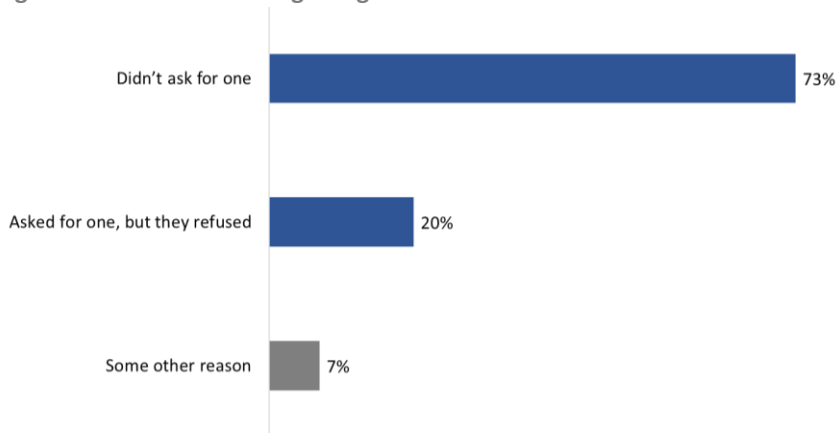
Base: n=418; respondents who received a medical document authorizing their use of cannabis for medical purposes.

Those who did not use cannabis for medical purposes prior to legalization for non-medical purposes were more likely to have received a medical document for cannabis only once (37% vs. 23% of those who did so before the broader legalization of cannabis). Additionally, respondents without insurance coverage for cannabis for medical purposes were more likely to report receiving a medical document once (34% vs. 19% of those with full or partial coverage).

Most who did not receive a medical document did not ask for such an authorization

Nearly three-quarters (73%) of respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner, but who did not receive a medical document (n=298), reported that they did not ask for such a document. One in five reported asking for a medical document for cannabis from their doctor or nurse practitioner but being refused.

Figure 21: Reasons for not getting a medical document



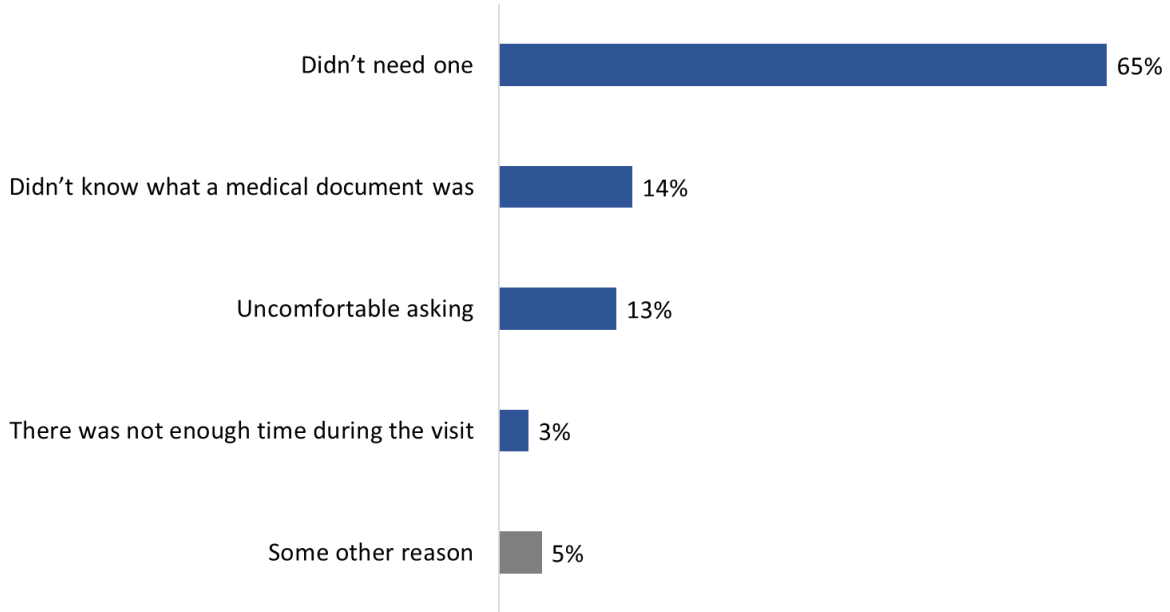
Q31. Why didn't you get a medical document from the medical doctor or nurse practitioner? Base: n=298; respondents who discussed the use of cannabis for medical purposes with a medical doctor or nurse practitioner but did not receive a medical document.

Respondents living in the Prairies (93%) and Quebec (82%) were more likely than others to say they did not ask for a medical document.

Many who did not ask for a medical document simply did not need one

Nearly two-thirds (65%) of those who did not ask for a medical document to authorize their use of cannabis (n=217) said they did not need one. The rest were mostly split between those who said they did not know what a medical document was (14%) and those who were uncomfortable requesting one from their doctor or nurse practitioner (13%). Three percent said they did not ask for a medical document because there was not enough time during the visit.

Figure 22: Reason for not requesting a medical document



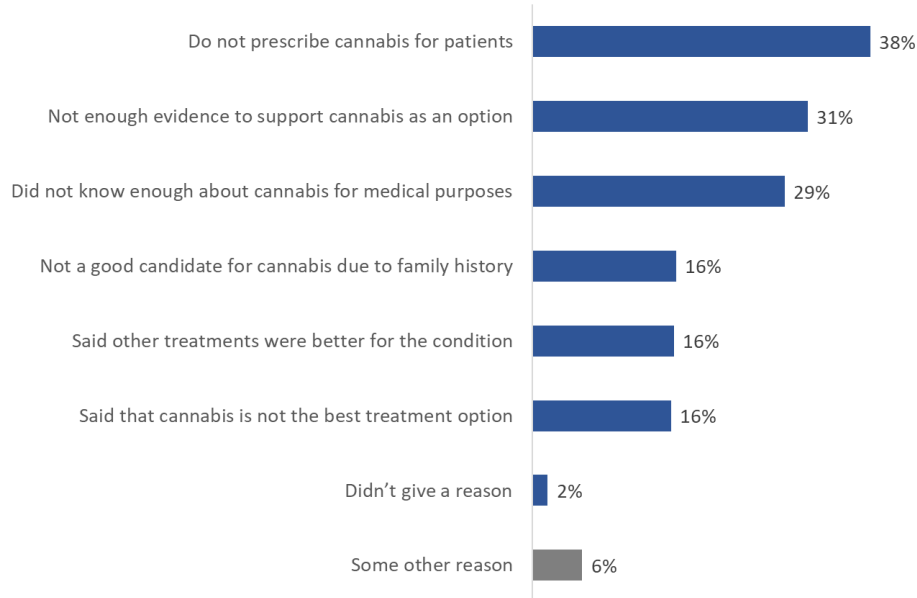
Q32. Why didn't you ask for a medical document from the medical doctor or nurse practitioner? Base: n=217; respondents did not ask for a medical document authorizing their use of cannabis for medical purposes.

Reasons for denial of medical document varied; over one-third of health care providers simply do not authorize cannabis for medical purposes

Among the small proportion of patients who were refused a medical document by their doctor or nurse practitioner (n=60) most were told the reason for the refusal. Reasons mentioned with the greatest frequency included the following: the health care provider does not prescribe cannabis for patients (38%), there is a lack of evidence to support cannabis as a treatment option (31%), and the health care provider did not know enough about the use of cannabis for medical purposes (29%).

Other reasons were patient-specific and included the patient not being a good candidate for cannabis as a treatment option due to family history (16%), better treatment options being available for the condition (16%), and cannabis not being the best treatment option (16%). Two percent of respondents said that their doctor or nurse practitioner did not provide a reason for refusing to give them a medical document.

Figure 23: Reason medical doctor or nurse practitioner gave for refusal of medical document

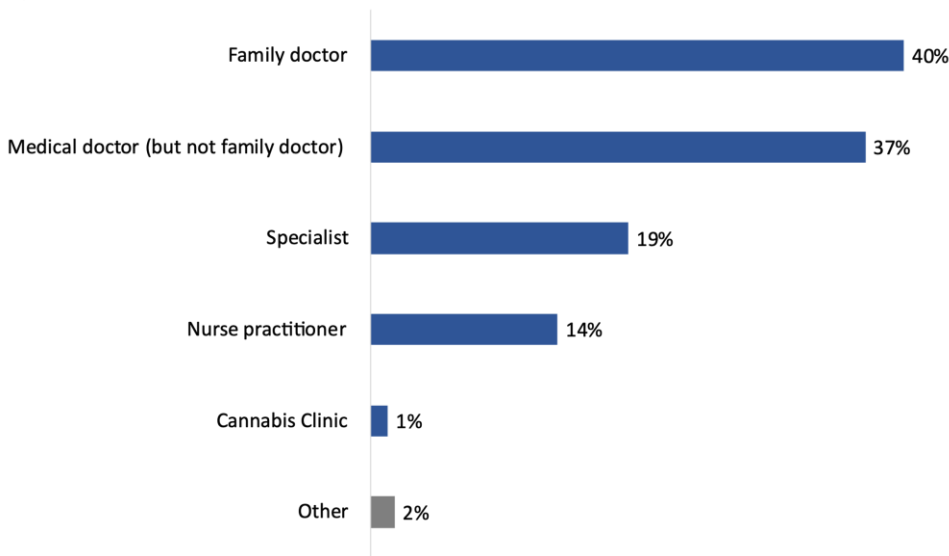


Q33. What reason did the medical doctor or nurse practitioner give for refusing to give you a medical document? Multiple responses accepted. Base: n=60; respondents who were refused a medical document authorizing the use of Cannabis for medical purposes.

Most received medical document from family doctor or another medical doctor

Those who received a medical document for cannabis (n=418) most often received it from their family doctor (40%), or another medical doctor (37%). Fewer (19%) received their medical document from a specialist (e.g., oncologist; neurologist; etc.) or a nurse practitioner (14%). Although not on the list of response options provided, one percent of respondents volunteered that they received their medical document from a clinic specializing in cannabis for medical purposes.

Figure 24: Source of medical document



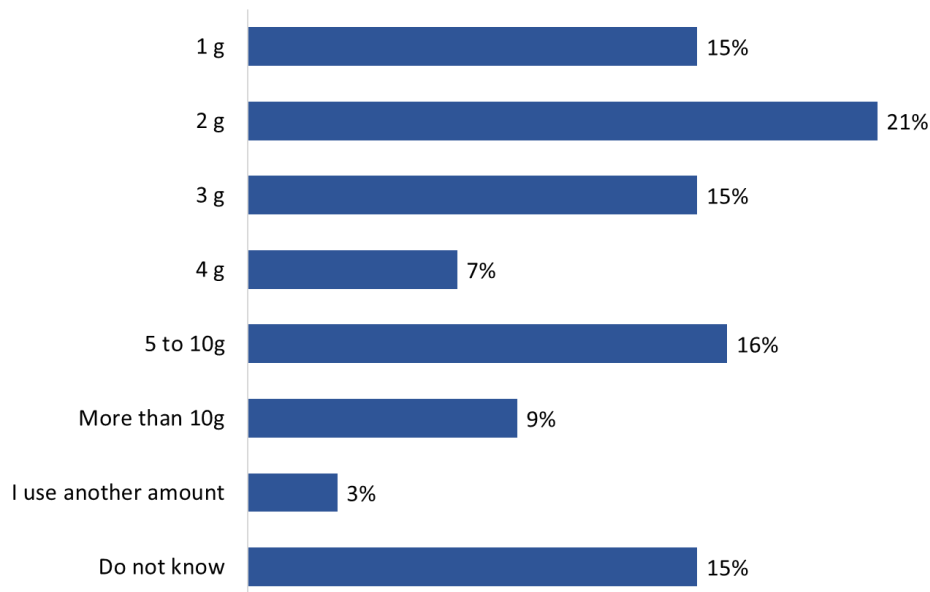
Q34. From whom did you get your medical document for cannabis? Base: n=418; respondents who were given a medical document authorizing the use of cannabis for medical purposes.

Those who received their medical document from a medical doctor (but not their family doctor) were more likely to not have any insurance (44% vs. 30% of those partially or fully insured), while those who received their authorization from a specialist were more likely to have partial or full insurance (26% vs. 14% of those who are uninsured for the use of cannabis for medical purposes).

Daily dosage authorized by HCPs varies

As the graph below indicates, the daily dosage of cannabis authorized by medical doctors and nurse practitioners varied considerably. Just over half the respondents said their HCP authorized less than 5 grams of dried cannabis per day: 15% are currently authorized to use 1 gram, 21% 2 grams, 15% 3 grams, and 7% 4 grams. Sixteen percent of respondents who received a medical document said they are authorized to use between 5 and 10 grams of cannabis a day, while 9% are authorized to use more than 10 grams daily. Fifteen percent did not know how much cannabis they are currently authorized to use per day.

Figure 25: Amount of cannabis patients are currently authorized to use per day

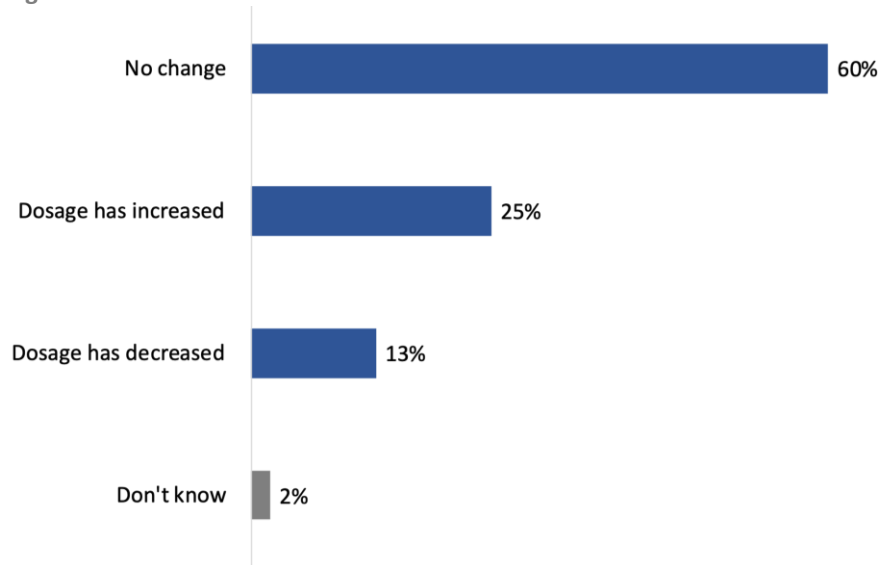


Q35. Your medical document includes the daily dosage prescribed by a medical doctor or nurse practitioner. How much cannabis are you currently authorized to use per day? Base: n=418; respondents who were given a medical document authorizing the use of cannabis for medical purposes.

Majority have had no changes to dosing over time

Well over half the respondents (60%) who have a medical document for cannabis (n=418) said there has been no change in the amount of cannabis they have been authorized to use over time, while one-quarter have had their dosage increased and 13% have had it decreased.

Figure 26: Changes in the amount of cannabis authorized for use



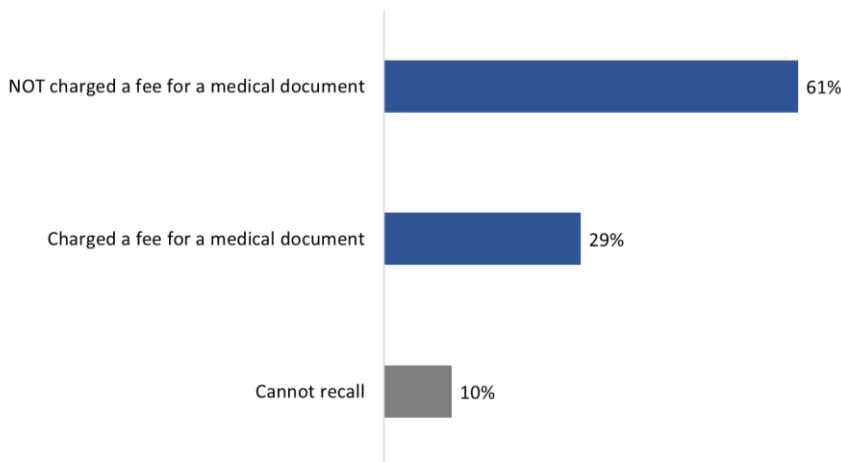
Q36. Has the amount of cannabis you are authorized to use changed over time? Base: n=418; respondents who were given a medical document authorizing the use of cannabis for medical purposes.

Women were more likely to report an increase in the amount of cannabis they have been authorized to use (26% vs. 16% of men). So too were those who are partially or fully covered by their insurance for cannabis for medical purposes (36% vs. 19% of those who have no insurance coverage for this treatment). Those who did not use cannabis for medical purposes prior to the broader legalization of cannabis in Canada were more likely than those who did to say their dosage has remained the same over time (73% vs. 52%).

Majority not charged fee for medical document authorizing use of cannabis

A majority of respondents who have a medical document for cannabis (61%) said they have **never** been charged a fee for their medical document, while 29% reported having been charged a fee for this, and 10% saying they cannot recall.

Figure 27: Fees charged for medical document authorizing use



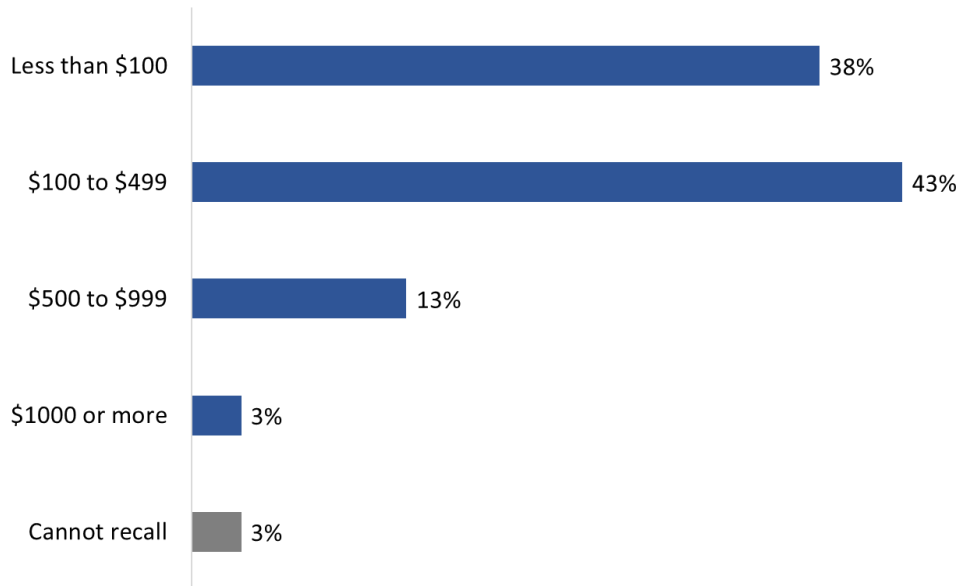
Q37. Were you ever charged a fee for your medical document for cannabis? Base: n=418; respondents who were given a medical document authorizing the use of cannabis for medical purposes.

Children (as reported by their parent or guardian) were significantly more likely to have been charged a fee for their medical document (63% vs. 24% of adult patients) as were those authorized to designate someone to produce cannabis for their medical purposes (59% compared to those using other methods of access via Health Canada’s cannabis for medical purposes program)⁶. Those who use cannabis for **only** medical purposes were more likely to not have been charged a fee for their medical document (73% vs. 60% of those who also use cannabis for non-medical purposes).

When charged, most charged less than \$500 for their medical document; one-third charged less than \$100

Those who were charged a fee for their medical document for cannabis (n=123) were most often charged less than \$100 (38%), or between \$100 and \$499 (43%) for the document. Thirteen percent were charged between \$500 and \$999, and 3% paid \$1,000 or more for the medical document.

Figure 28: Amount charged for medical document authorizing use



Q38. How much were you charged for the medical document? Base: n=123; respondents who were charged a fee for a medical document authorizing the use of cannabis for medical purposes.

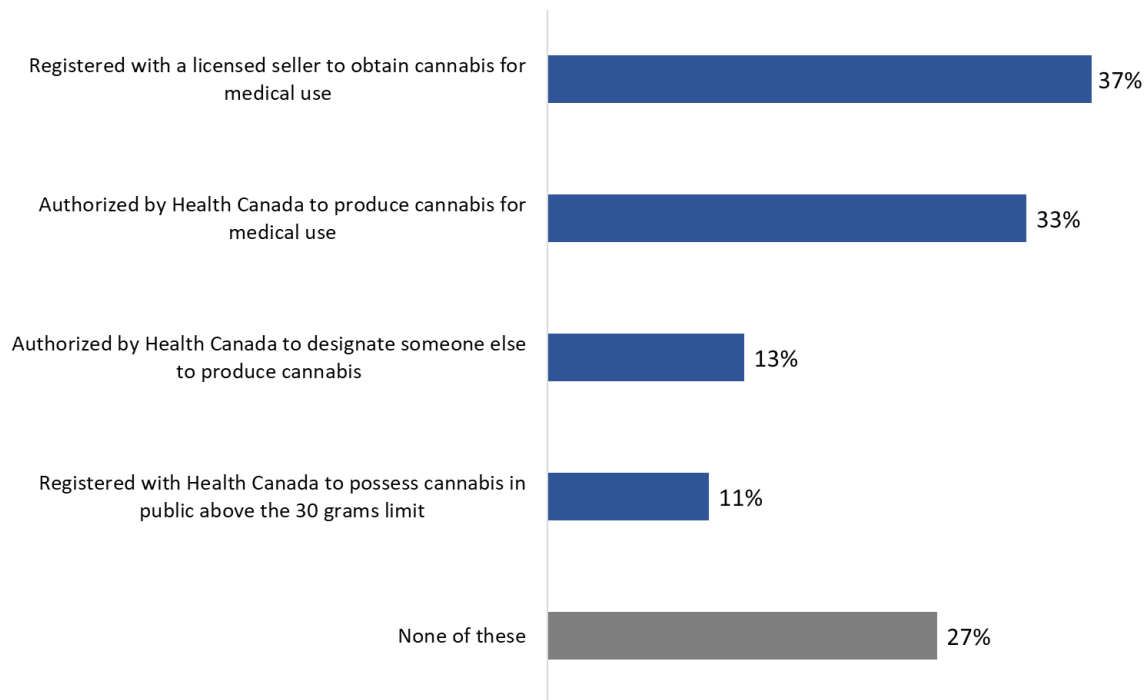
⁶ Through the Health Canada cannabis for medical purposes program, those with a medical document you can register to buy cannabis directly from 1) a licensed seller for medical purposes who ships it to their home, or 2) apply to Health Canada for authorization to grow their own, or designate someone else to grow it for them.

5. Sources of Cannabis for Medical Purposes

Of those with a medical document, majority either registered with a licensed seller or are authorized to produce their own cannabis

Respondents who were given a medical document authorizing the use of cannabis for medical purposes (n=418) most often said they are registered with a licensed seller to obtain cannabis for their own medical use (37%) and/or are authorized by Health Canada to produce cannabis for their own medical use (33%).⁷ Much smaller proportions said they are authorized by Health Canada to designate someone else to produce cannabis for them (13%) or have registered with Health Canada to possess cannabis in public above the limit of 30 gram (11%) (multiple responses accepted). Just over one-quarter (27%) indicated that none of these options apply to them.

Figure 29: Type of authorization



Q39. Which of the following apply to you? Multiple responses accepted. Base: n=418; respondents who were given a medical document authorizing the use of cannabis for medical purposes.

Men were more likely to have an authorization to produce cannabis for their own medical use (36% vs. 23% of women).

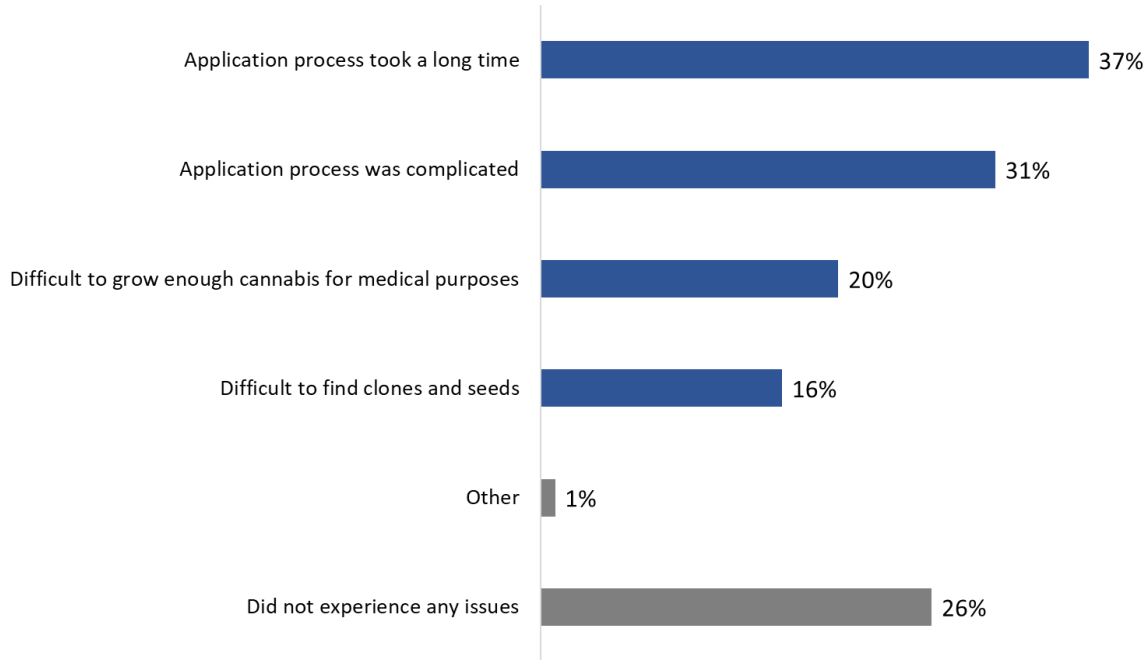
Health Canada application process most often described as lengthy or complicated

Those authorized by Health Canada to produce cannabis for their own medical use (n=133) were asked what issues, if any, they encountered when applying for authorization and when growing

⁷ The following description of the Health Canada cannabis for medical purposes program was available to respondents: "Through the Health Canada cannabis for medical purposes program, if you have a medical document you can register to buy cannabis directly from 1) a licensed seller for medical purposes who ships it to your home, or 2) apply to Health Canada for authorization to grow your own, or designate someone else to grow it for you."

their own cannabis. Over one-third (37%) said the application process took a long time while just under one-third (31%) said it was complicated. One in five identified difficulties growing enough cannabis for their medical needs, while 16% identified difficulty finding clones and seeds (multiple responses accepted). Just over one-quarter (26%) said they did not experience any issues seeking authorization from Health Canada and growing their own cannabis.

Figure 30: Issues growing cannabis for medical purposes



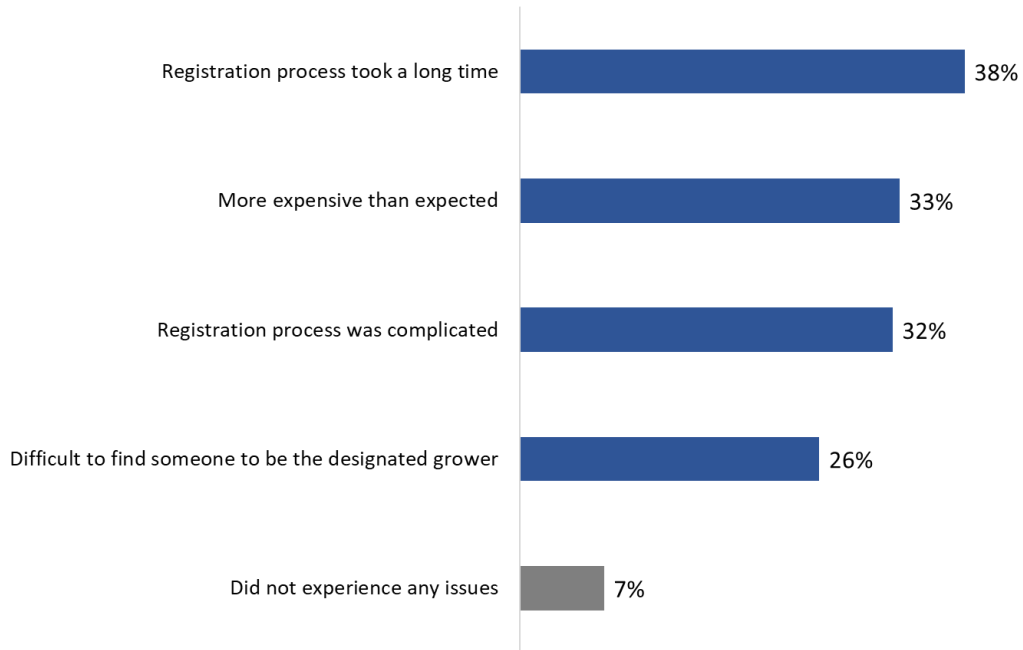
Q40. What issues, if any, did you encounter when applying to Health Canada for authorization and when growing your own cannabis for medical purposes? Multiple responses accepted. Base: n=133; respondents who are authorized to produce cannabis for their own medical use.

Numerous difficulties faced when seeking a designated grower

Those authorized by Health Canada to designate someone else to grow cannabis for them (n=57)⁸ encountered some of the same type of issues as those authorized to produce cannabis for their own medical use. Specifically, 38% found the registration process with Health Canada took a long time, and 32% said the registration process was complicated. Additionally, one-third (33%) said that getting cannabis from a designated grower was more expensive than expected, and just over one-quarter (26%) found it difficult to find someone willing to be their designated grower. Relatively few (7%) said they did not experience any issues designating someone to grow cannabis for them for medical purposes.

⁸ Caution should be exercised when interpreting this data due to the small sample size.

Figure 31: Issues encountered designating someone to grow cannabis



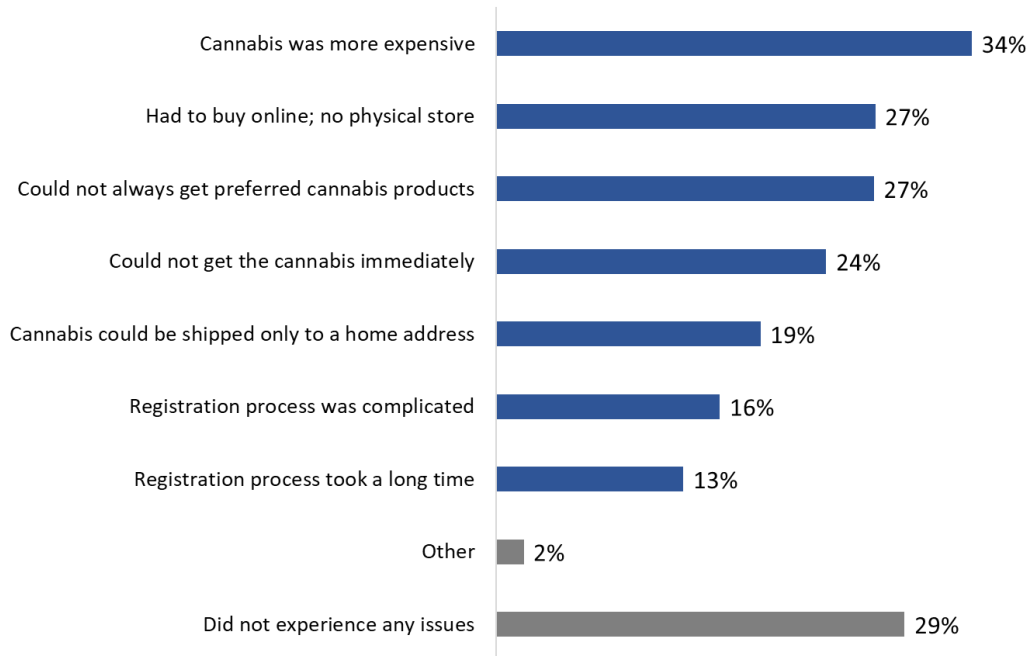
Q41. What issues, if any, did you encounter with designating someone to grow cannabis for you for medical purposes? Multiple responses accepted. Base: n=57; respondents who are authorized to designate someone else to produce cannabis for their medical use.

One-third found cannabis was more expensive through a licensed seller

Those registered with a licensed seller to obtain cannabis for their own medical use (n=150) also encountered issues buying cannabis for medical purposes.

Cost led the way, with approximately one-third (34%) saying the cannabis available from a licensed seller is more expensive. Following this, approximately one-quarter of respondents identified the need to buy cannabis online/no physical store and an inability to always get their preferred products when buying cannabis from a licensed seller (27% each) and wait time for the cannabis to be delivered (24%) (multiple responses accepted). Approximately one in five (19%) pointed to cannabis only being shippable to a home address, while 16% said the registration process was complicated, and 13% said it took a long time. Over one-quarter (29%) said they did not experience any issues when buying cannabis from a licensed seller for medical purposes.

Figure 32: Issues encountered buying cannabis from a licensed seller

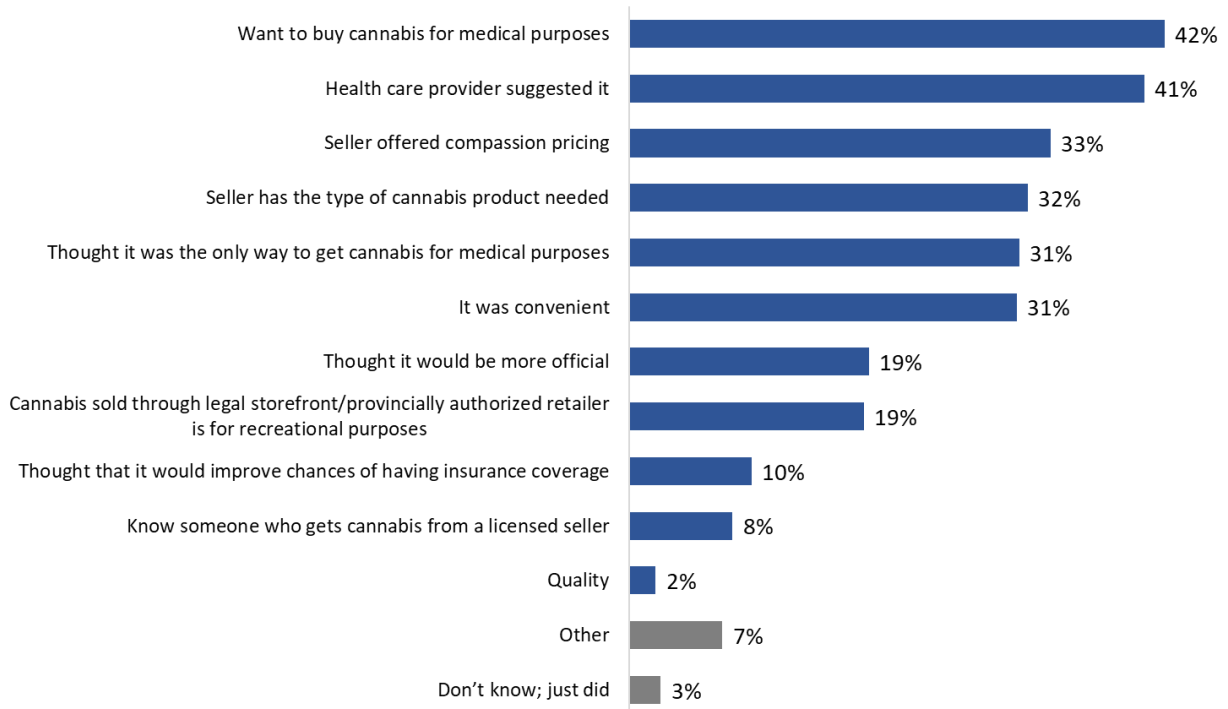


Q42. What issues, if any, did you encounter when buying cannabis from a licensed seller for medical purposes? Multiple responses accepted. Base: n=150; respondents who are registered with a licensed seller to obtain cannabis for their medical use.

Variety of reasons for turning to licensed sellers to buy cannabis for medical purposes

Those who buy cannabis from a licensed seller (n=150) pointed to a variety of reasons for doing so, though they most often said they use a licensed seller because they want to buy cannabis for medical purposes (42%) and/or because their health care provider suggested it (41%). Nearly identical proportions attributed their use of a licensed seller to the compassionate pricing offered by the seller (33%), the seller having the type of product needed (32%), the perception that this was the only way to get cannabis for medical purposes (31%), and the convenience of buying from a licensed seller (31%) (multiple responses accepted). The full range of reasons offered can be found in the graph below.

Figure 33: Reasons for buying cannabis from a licensed seller



Q43. Why do you buy cannabis through a licensed seller for medical purposes? Multiple responses accepted. Base: n=150; respondents who buy cannabis through a licensed seller for medical purposes.

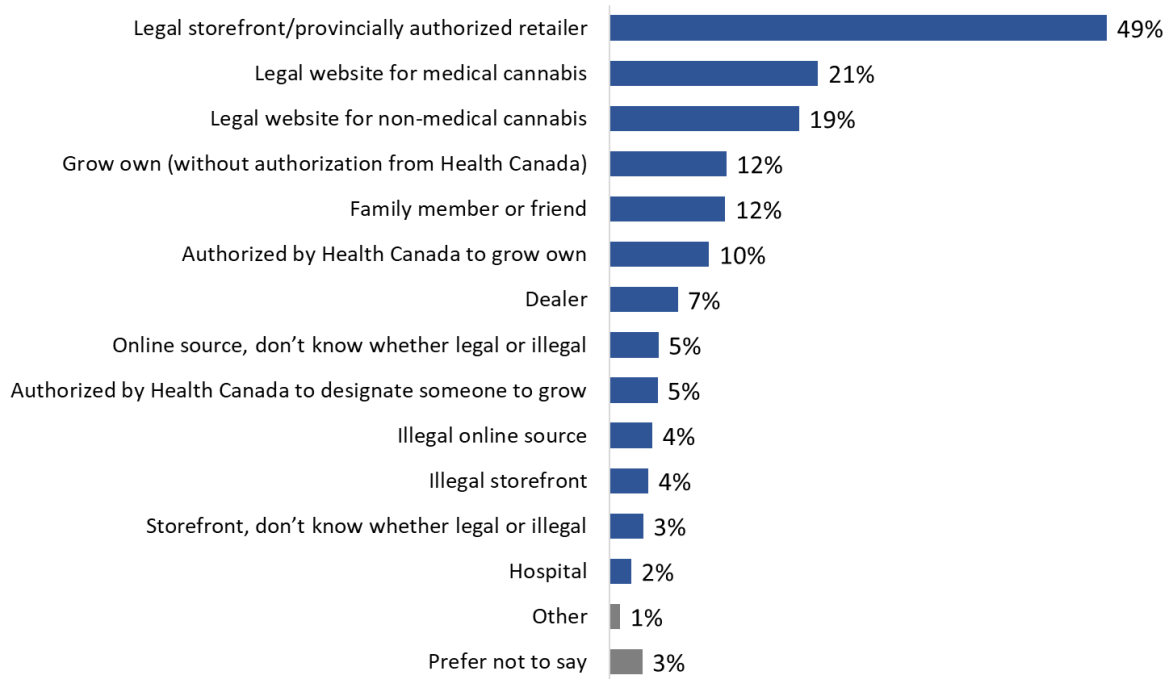
Roughly half access cannabis for medical purposes through legal storefronts or authorized retailers

Approximately half (49%) of all patients surveyed access the cannabis they use for medical purposes from a legal storefront, sometimes also referred to as a provincially authorized retailer.⁹ This was followed at a distance by legal websites for cannabis for medical purposes (21%) and non-medical cannabis (19%). Smaller proportions reported obtaining cannabis for medical purposes from a friend or family member (12%), growing their own, either with authorization from Health Canada (10%) or without it (12%), receiving authorization from Health Canada to designate someone to grow cannabis on their behalf (5%), and getting their cannabis from a hospital (2%) (multiple responses accepted).

Other sources included illicit ones such as dealers (7%), illegal online stores (4%) and illegal storefronts (4%), while some use online stores and storefronts without knowing whether they are legal or illegal.

⁹ The following description of the Health Canada cannabis for medical purposes program was available to respondents: “Through the Health Canada cannabis for medical purposes program, if you have a medical document you can register to buy cannabis directly from 1) a licensed seller for medical purposes who ships it to your home, or 2) apply to Health Canada for authorization to grow your own, or designate someone else to grow it for you.”

Figure 34: Main source for acquiring cannabis for medical purposes



Q44. Where do you typically get the cannabis you use for medical purposes? Multiple responses accepted. Base: n=1,205; all respondents.

Gender differences were evident when it came to typical sources of cannabis for medical purposes. Women were more likely to purchase their cannabis from a legal storefront or provincially authorized retailer (55% vs. 46% of men), through a legal website for cannabis for medical purposes (24% vs. 17%), and from family and friends (14% vs. 9%). Men were more likely to turn to growing their own with authorization from Health Canada (12% vs. 6%) or without (14% vs. 8%).

The likelihood of growing one's own cannabis (without authorization) was higher among those living in rural (19%) and small population (18%) centres than in large urban areas (8%).

In addition, the following types of respondents were more likely to purchase cannabis for medical purposes from a legal storefront or provincially authorized retailer:

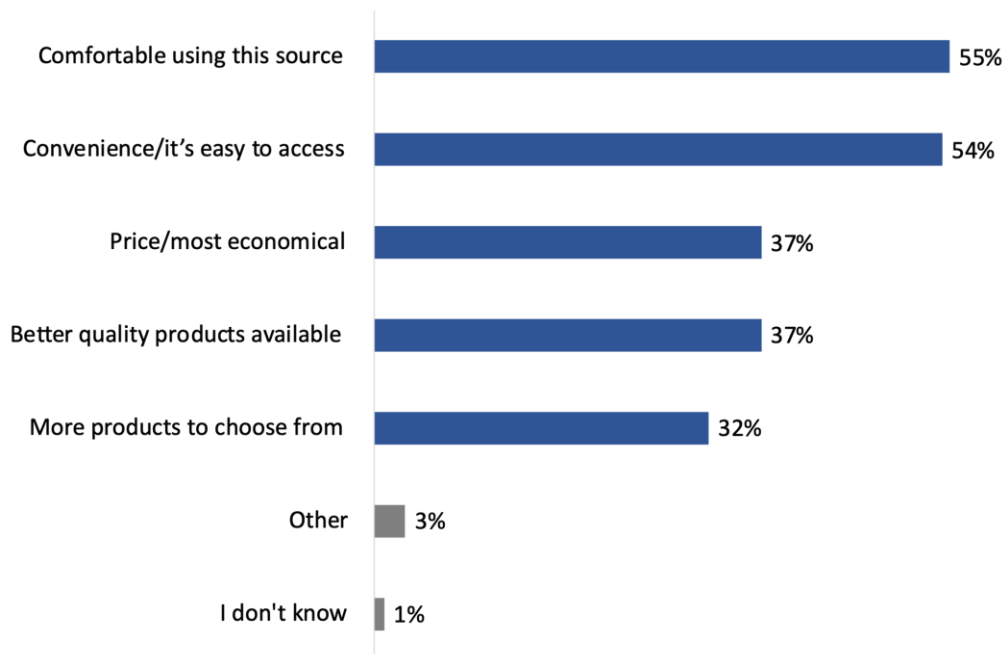
- Those who did not discuss using cannabis for medical purposes with their HCP provider (60% vs. 44% of those who did).
- Those who do not have a medical document (50% vs. 37% of those who do).
- Those who do not have insurance coverage for cannabis (54% vs. 34% of those who do).
- Those who use cannabis monthly (57% vs. 46% of those who use it daily or almost daily).
- Those who report no barriers to access (55% vs. 39% of those who do).
- Those who believe legalization has had a positive impact on access to cannabis (59% vs. 40% of those who said it has had no impact).

Those who use cannabis for medical purposes daily or nearly daily (30%) were more likely than those who do so monthly (17%) to get their cannabis from a legal website for cannabis for medical purposes (i.e., a licensed seller).

Half select source of cannabis for medical purposes based on convenience and familiarity

Among respondents who access cannabis for medical purposes from a provincially authorized retailer, a legal website for non-medical cannabis (provincially authorized retailer), an illegal storefront or online source, a family member or friend, and/or a ‘dealer’ (n=897), more than half do so because they are comfortable using this source (55%), or because it is easy and convenient to access through this source (54%) (multiple responses accepted). Approximately one-third each believe that the price (37%), the quality of products available (37%), and the variety of products from which to choose (32%) is better through these sources than from other sources (including growing or designating someone to grow for them, purchasing from a legal website for cannabis for medical purposes, and obtaining from a hospital).

Figure 35: Reasons for accessing cannabis for medical purposes from source identified



Q45. Why do you access cannabis for medical purposes from these sources? Multiple responses accepted. Base: n=897; respondents accessing cannabis for medical purposes from the following sources: a legal storefront/provincially authorized retailer; a legal website for non-medical cannabis (provincially authorized retailer); an illegal storefront or online source; a family member or friend; and a ‘dealer’.

Women were more likely to say they access cannabis from their chosen source(s) because they are more comfortable using this source (61% vs. 51% of men) or because it is more convenient (59% vs. 49%). Men, on the other hand, were more likely to point to cost as the factor (42% vs. 34% of women).

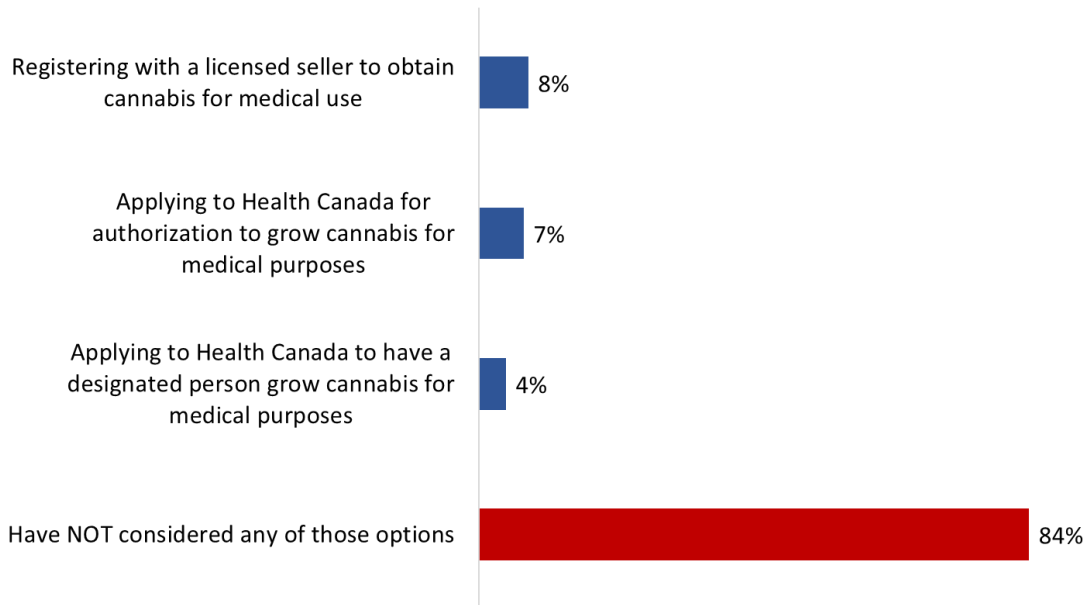
Those who used cannabis for medical purposes prior to the broader legalization of cannabis in 2018 pointed to many of the reasons listed: comfort (59% vs. 51% who did not use cannabis for medical purposes prior to 2018), convenience (57% vs. 49%), cost (45% vs. 28%), quality of products (44% vs. 29%), and breadth of products (37% vs. 27%).

Large majority have not considered accessing cannabis for medical purposes through the HC program

A large majority (84%) of those who access cannabis from sources¹⁰ not authorized to sell cannabis for medical purposes, have **not** considered accessing cannabis through Health Canada’s cannabis for medical purposes program. Among the few who have, 8% have considered registering with a licensed seller, 7% have considered applying to Health Canada to grow cannabis for medical purposes, and 4% have considered applying to designate someone to grow cannabis for medical purposes for them.

Figure 36: Alternative sources for cannabis for medical purposes

Have you considered any of the following:



Q46. Have you considered any of the following: Multiple responses accepted. Base: n=751; respondents accessing cannabis for medical purposes from sources not licensed to sell medical grade cannabis.

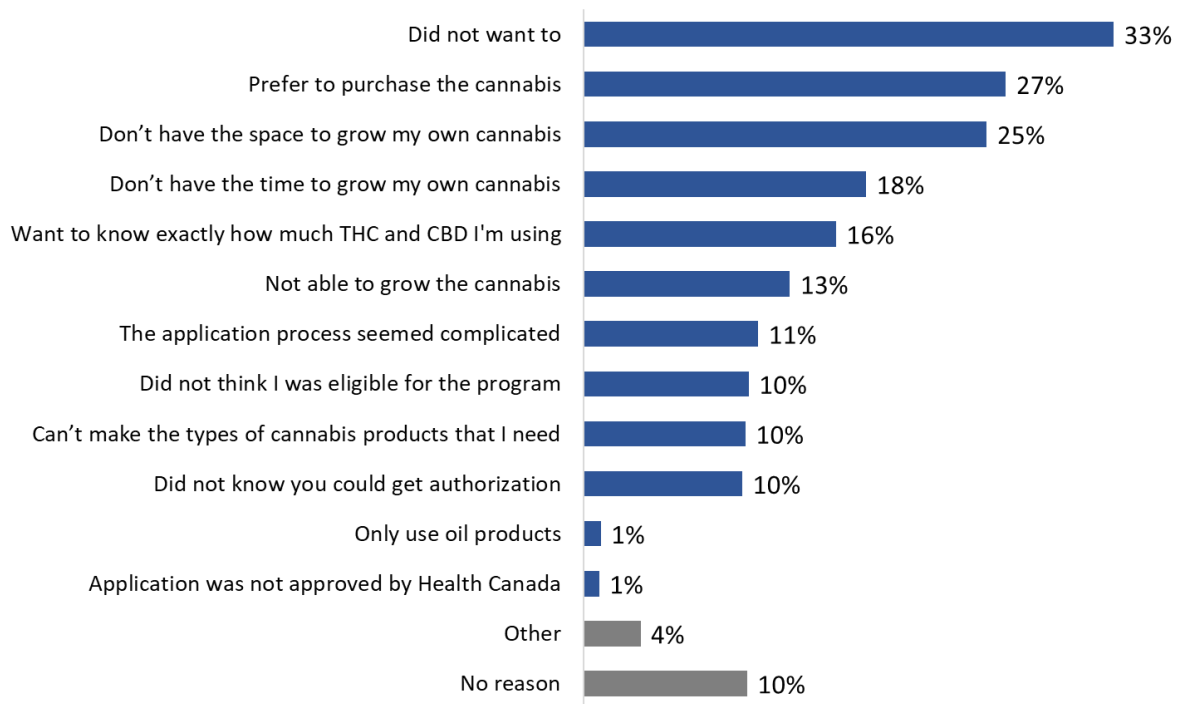
Those who started using cannabis for medical purposes **after** it was legalized in Canada for non-medical purposes were more likely to say they have not considered accessing cannabis through Health Canada’s cannabis for medical purposes program (90% vs. 79% of those who began use before the broader legalization of cannabis in Canada). Along similar lines, 89% of patients using cannabis for medical purposes who did not discuss this with a health care provider have not considered any of these options (compared to 80% who did discuss use with an HCP).

¹⁰ This includes those who grow their own without authorization from Health Canada and those who access cannabis for medical purposes from the following sources: a legal storefront/provincially authorized retailer; a legal website for non-medical cannabis (provincially authorized retailer); an illegal storefront or online source; a family member or friend; and a ‘dealer’.

Variety of reasons offered for not applying to Health Canada to grow their own cannabis

Those who have not applied to Health Canada for authorization to grow their own cannabis for medical purposes (n=957) were asked why. The two most frequently identified reasons were matters of choice: not wanting to apply to grow their own cannabis (33%) and preferring to purchase cannabis (27%). Following this, in declining order of frequency, were lack of growing space (25%), lack of time (18%), wanting to know exactly how much THC and CBD they are using (16%), and inability to grow cannabis (13%) (multiple responses accepted). One in 10 respondents identified the perceived complexity of the application process, thinking they were ineligible for the program, inability to make the types of cannabis needed, and not knowing one could obtain authorization. An additional one in 10 provided no reason.

Figure 37: Reasons for not applying to Health Canada to grow own cannabis



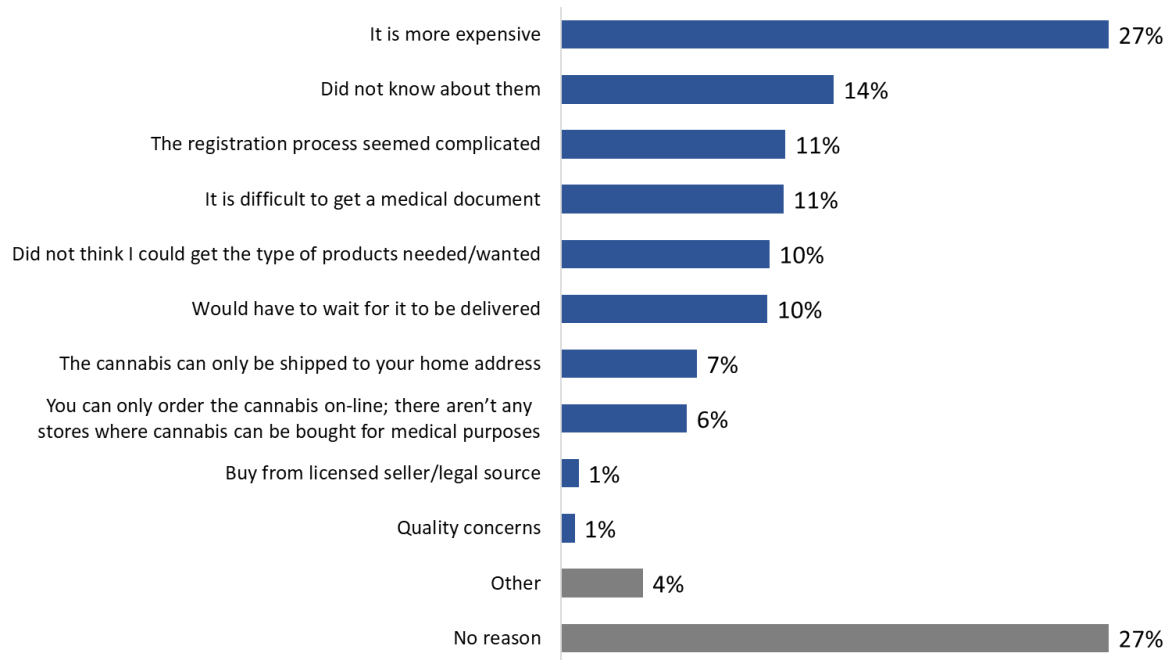
Q47. Why did you not consider applying to Health Canada to grow your own cannabis for medical purposes? Multiple responses accepted. Base: n=957; respondents who have not applied to Health Canada for authorization to grow their own cannabis.

18–34-year-olds were more likely than those 55 and older to say they don't have time to grow their own cannabis (24% vs. 14%). On the other hand, those aged 55 and older were more likely to say they did not want to apply to grow their own cannabis (41% vs. 28% of 35-54-year-olds and 30% of 18-34-year-olds) or that they prefer buying the cannabis (35% vs. 22% of those 18-54 years of age). Women were more likely to attribute their lack of interest to not having time (21% vs. 15% of men).

Many don't access cannabis through a licensed seller¹¹ due to cost; others offer no input

Respondents who do not buy cannabis through a licensed seller of cannabis for medical purposes (n=858) most often said this is because it is more expensive (27%) to do so. As the graph below shows, a host of other reasons were identified by smaller proportions of respondents (14% or less), while just over one-quarter (27%) could not provide any explanation for not buying cannabis for medical purposes through a licensed seller.

Figure 38: Reasons for not accessing cannabis for medical purposes through a licensed seller



Q48. Why have you not considered buying cannabis for medical purposes from a licensed seller? Multiple responses accepted. Base: n=858; respondents who do not buy cannabis for medical purposes from a licensed seller.

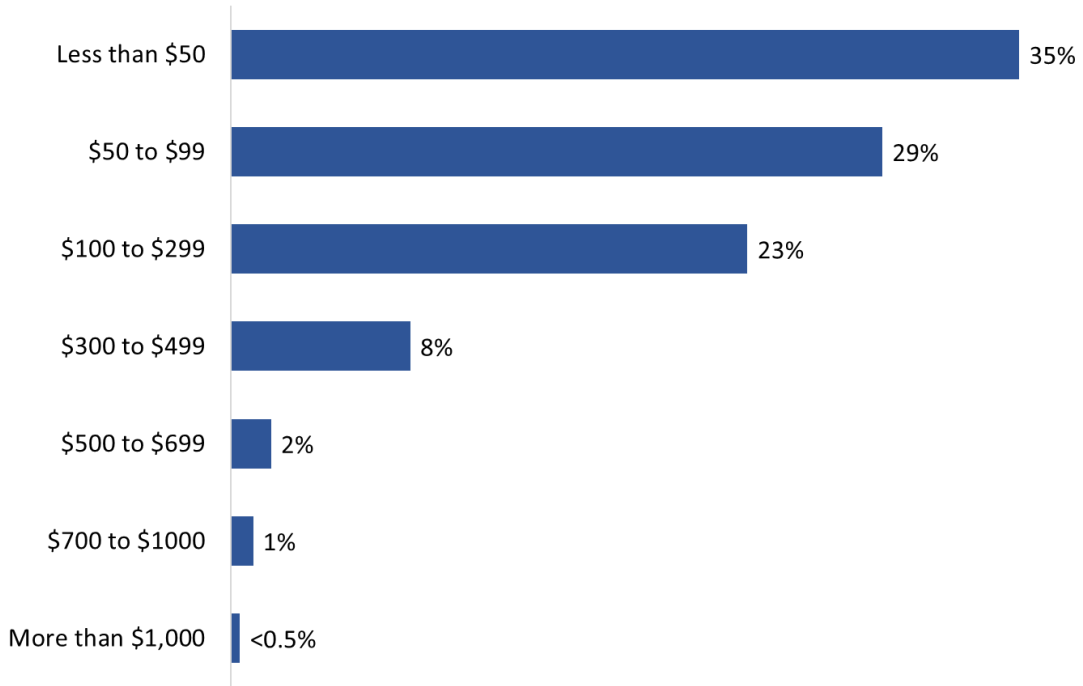
Those who said they have used cannabis for non-medical purposes, in addition to their medical use, were more likely to list cost as a reason for not buying from a licensed seller(30%), as compared to those who only consume cannabis for medical purposes. Similarly, those who used cannabis for medical purposes prior to the legalization of cannabis for non-medical purposes were more likely (35%) to say that they haven't considered buying cannabis from a licensed seller because of cost than any other reason.

¹¹ Refers to a licensed seller of cannabis for medical purposes.

Most spend less than \$300 on cannabis for medical purposes per month

A large majority (87%) of respondents who buy cannabis for medical purposes (n=1,033) spend less than \$300 per month on this, and nearly two-thirds (64%) said they spend less than \$100 a month. Conversely, approximately one in 10 (11%) spend \$300 or more each month, in general, on cannabis for medical purposes.

Figure 39: Monthly amount spent on cannabis for medical purposes

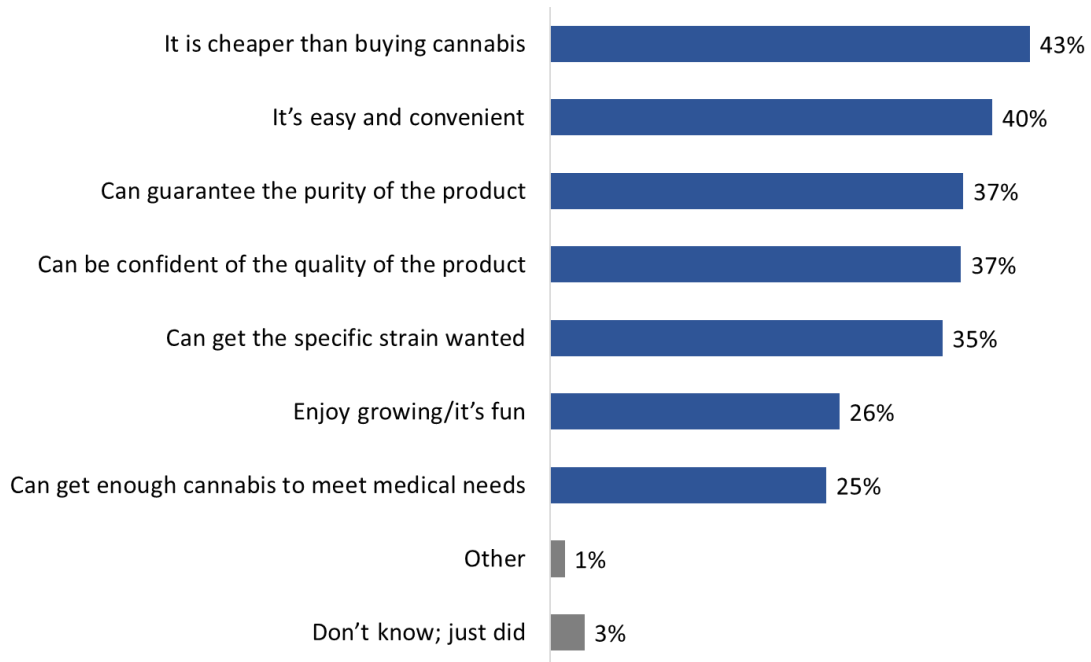


Q49. In general, how much do you spend per month on cannabis for medical purposes? [NR: 2%]. Base: n=1,033; respondents who buy cannabis for medical purposes (excludes respondents who grow/designate an individual to grow cannabis on their behalf).

Cost, convenience and product control are important factors motivating growers

Those who grow their own cannabis or have designated someone to grow cannabis for their medical purposes (n=278) provided various reasons to explain why. Leading the way was cost (43% saying it's cheaper than purchasing it), ease and convenience (40%), guaranteed purity of the product and confidence in its quality (37% each), and obtaining the specific strain wanted (35%) (multiple responses accepted). One-quarter said they grow their own, or have some grow it for them, because they enjoy growing cannabis/find it fun and because this method provides them with enough cannabis to meet their medical needs.

Figure 40: Reasons for growing own cannabis



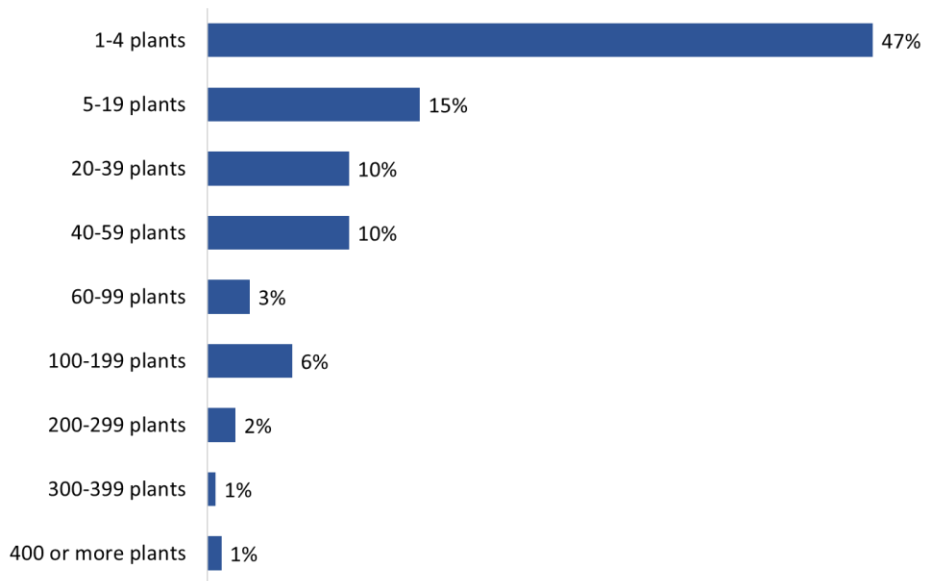
Q50. Why do you grow your own cannabis or designate someone to grow it for you? Multiple responses accepted. Base: n=278; respondents who grow their own cannabis or have designated someone to grow cannabis for their medical purposes.

Women were more likely to report that growing their own cannabis is cheaper (64% vs. 38% of men) and that they enjoy doing so (40% vs. 26%). Patients without insurance coverage were more likely to point to cost (66% vs. 21% of insured patients), purity of the product (50% vs. 26%), quality of the product (57% vs. 21%), and the ability to get the specific strain they want (43% vs. 30%).

Nearly half grow 1 to 4 cannabis plants to meet their medical needs

Nearly half (47%) of those who grow their own cannabis (with and without authorization from Health Canada), or who have designated someone to do so, are currently growing between one and four cannabis plants for medical purposes. Following at a distance, 15% grow between five and 19 cannabis plants, while 20% grow between 20 and 59 cannabis plants. Thirteen percent reported having 60 or more cannabis plants currently growing for medical purposes.

Figure 41: Number of cannabis plants grown for medical purposes



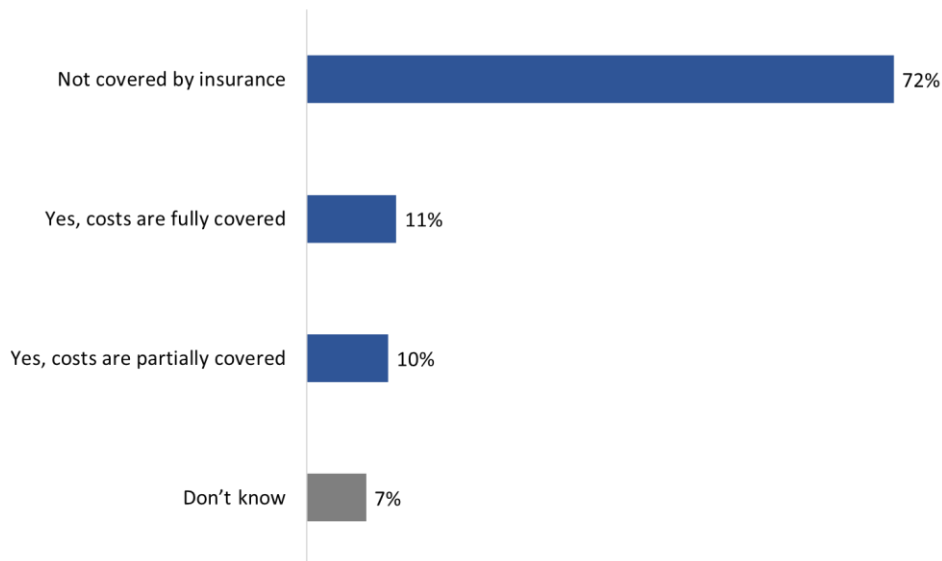
Q51. How many cannabis plants are you or your designated grower currently growing for your medical purposes? [NR: 5%] Base: n=278; respondents who grow their own cannabis or have designated someone to grow cannabis for their medical purposes.

The likelihood of growing one to four plants increased with age, from 43% of 18-34-year-olds to 68% of those aged 55 and older.

Most do not have insurance coverage for cannabis

Nearly three-quarters (72%) of respondents are not currently covered by insurance for cannabis for medical purposes. Eleven percent are fully covered and 10% said they have partial coverage.

Figure 42: Insurance coverage of cannabis for medical purposes



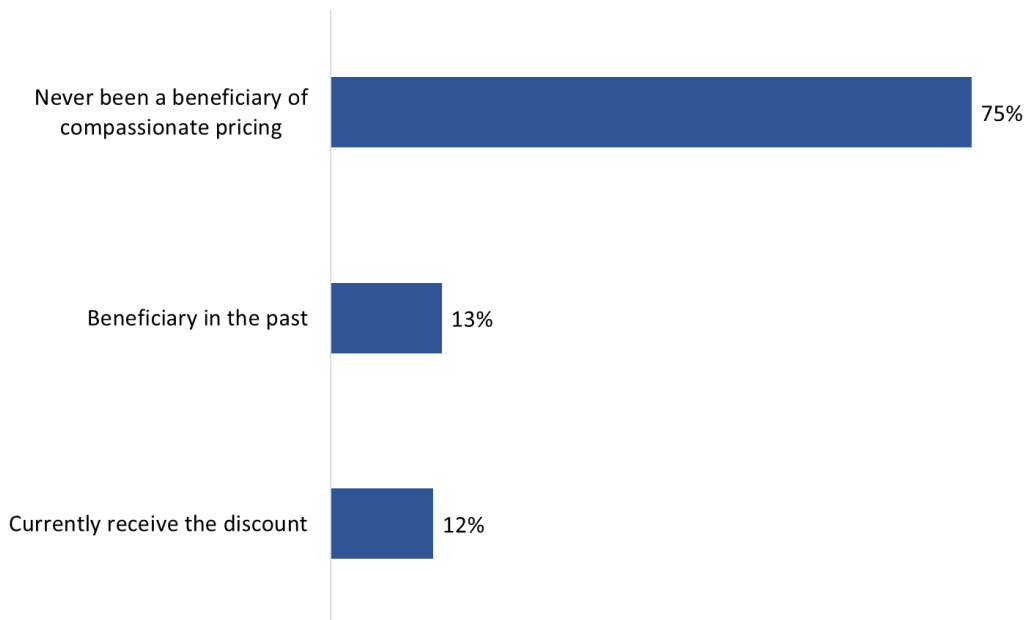
Q52. Are you currently covered by insurance for cannabis for medical purposes? Base: n=1,205; all respondents.

Children (as reported by their parent or guardian) are significantly more likely than adults to have full insurance coverage for cannabis for medical purposes (39% vs. 9% of those aged 18 and older). In addition, men are more likely to have full coverage (13% vs. 5% of women) or partial coverage (12% vs. 7% of women).

Most have never received compassionate pricing for cannabis

Three-quarters of respondents said they have **never** been a beneficiary of compassionate pricing of cannabis for medical purposes. Twelve percent said they are currently the beneficiary of compassionate pricing, and 13% said they have been the beneficiary of compassionate pricing in the past.

Figure 43: Compassionate pricing of cannabis for medical purposes



Q53. Have you ever been a beneficiary of compassionate pricing for cannabis? Base: n=1,205; all respondents.

Children (as reported by their parent or guardian) are significantly more likely than adults to have been a beneficiary of compassionate pricing for cannabis (43% vs. 10% of those aged 18 and older). In addition, men were more likely to report having been a beneficiary of compassionate pricing in the past (14% vs. 8% of women).

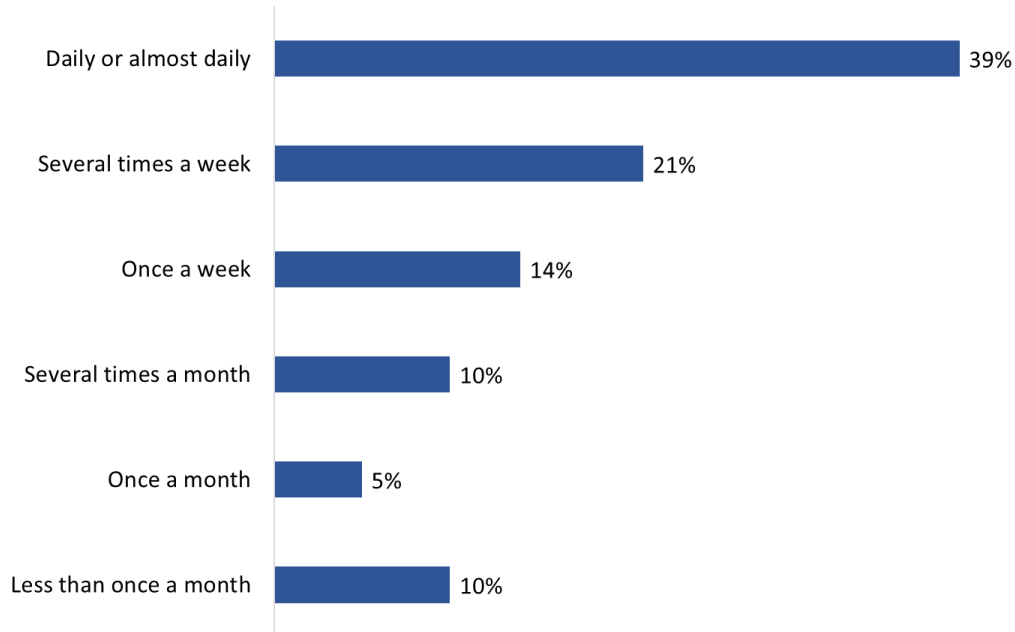
Patients who have a medical document authorizing their use of cannabis for medical purposes were more likely to report being a current beneficiary of compassionate pricing (25% vs. 10% of those without a medical document) as well as a past beneficiary (23% vs. 12%).

6. Type, Frequency, and Amount of Cannabis Used for Medical Purposes

Frequency of using cannabis for medical purposes varies

The largest proportion of respondents (39%) reported using cannabis daily or almost daily for medical purposes in a typical month, with an additional one in five (21%) reporting doing so several times a week. Nearly one-quarter reported doing so once a week (14%) or several times a month (10%), while 15% reported doing so once a month or less.

Figure 44: Frequency of use – monthly



Q54. In a typical month, how often do you use cannabis for medical purposes? Base: n=1,205; all respondents.

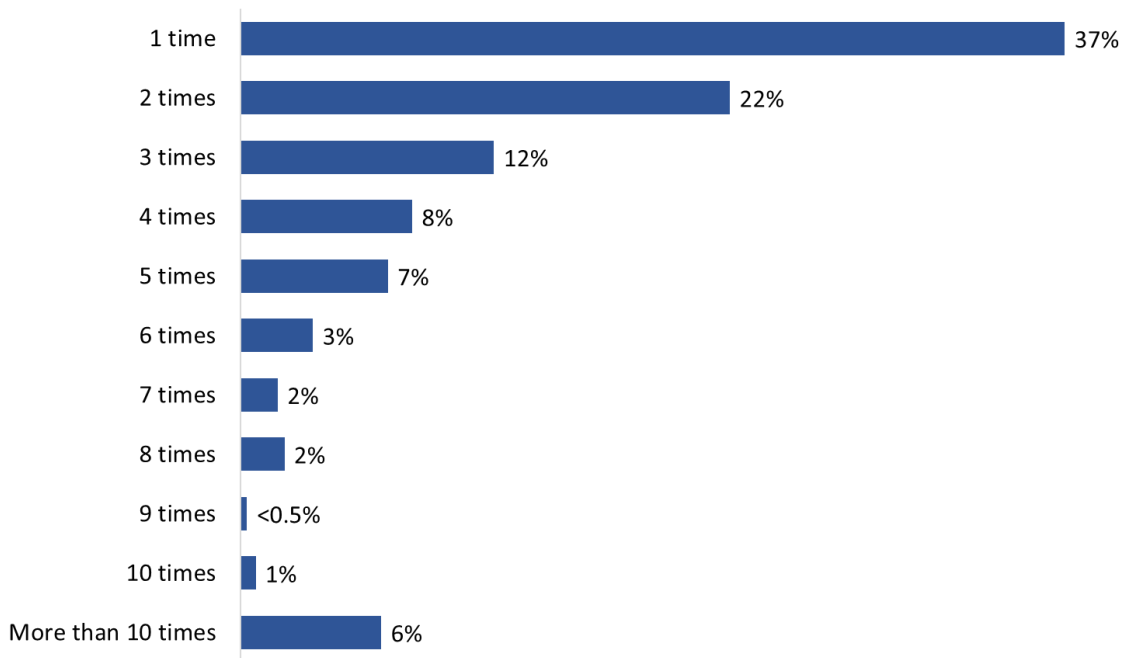
Women were more likely to report using cannabis for medical purposes daily or almost daily in a typical month (43% vs. 34% of men). So too were those with fair to poor mental health (47% vs. 36% of those with good to excellent health) and fair to poor physical health (48% vs. 35% of those with good to excellent health).

Those who had been using cannabis for medical purposes prior to the broader legalization of cannabis in 2018, who discussed using cannabis for medical purposes with a health care professional, and who have a medical document were more likely to report daily or almost daily use.

One-third of monthly users use cannabis just once per day; one in five do so twice a day

Patients who use cannabis more than once a month (n=1,023) were most likely to report doing so once (37%) or twice (22%) a day. Just over one-quarter (27%) use cannabis between three and five times a day while 14% do so six or more times in a typical day.

Figure 45: Frequency of use – daily



Q55. In a typical month, how many times per day do you use cannabis for medical purposes? Base: n=1,023; respondents who use cannabis for medical purposes more than once a month.

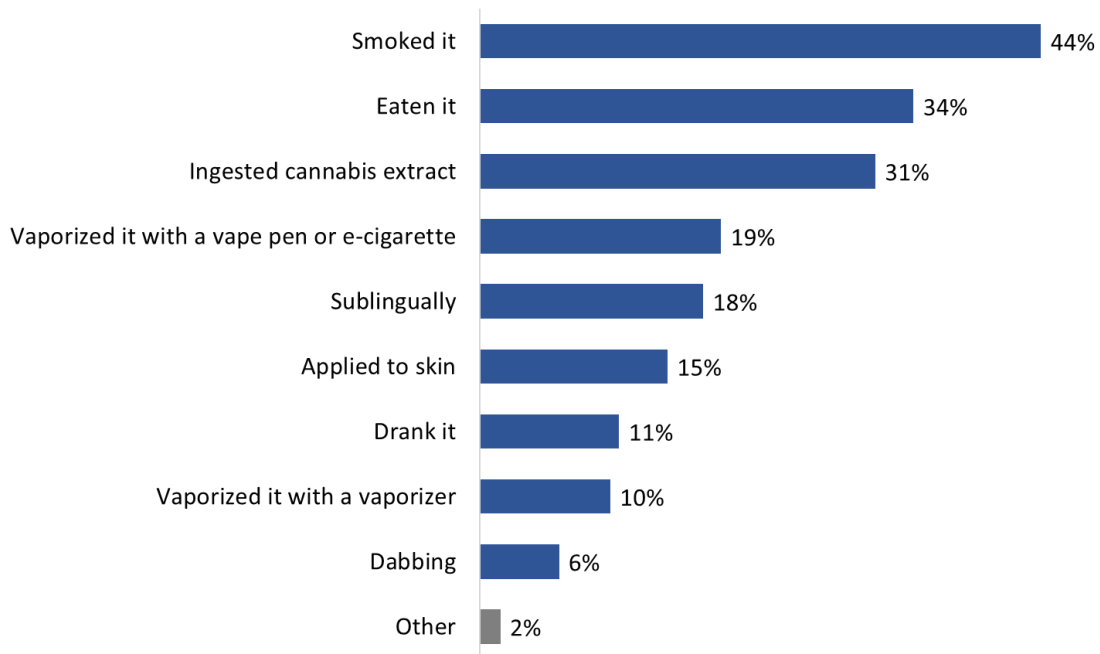
Among patients who use cannabis for medical purposes more than once a month:

- Patients with very good to excellent physical (42%) and mental (43%) health were more likely than those with fair to poor health to report using cannabis only once per day for medical purposes, compared to those with fair to poor physical and mental health who were more likely to report using cannabis for medical purposes more than once per day (32% and 31%, respectively, reported using cannabis once per day).
- Those who have only used cannabis for medical purposes in the last three years (i.e., they have not also used cannabis for non-medical purposes) were more likely than those who had used cannabis for both medical and non-medical purposes to report using it once a day (50% vs. 35%). The same was true of those who had not used cannabis for medical purposes prior to the broader legalization of cannabis (50% reported using it once in a typical day compared to 28% of those who used cannabis for medical purposes prior to legalization) and those who do not have insurance coverage for cannabis (41% reported using it once in a typical day compared to 26% of those who are fully or partially covered).
- Respondents who said they typically use cannabis for medical purposes once a day in a typical month were more likely to eat cannabis (41%) or ingest cannabis extracts (42%) than to smoke (29%) or vaporize it with a vape pen or e-cigarette (27%).

Smoking is the most common method of consuming cannabis for medical purposes

As the graph below shows, respondents' ways of consuming cannabis for medical purposes over the past year vary. That being said, the three methods of consumption identified most often were smoking it (44%), followed by eating it (34%), and ingesting cannabis extract (31%) (multiple responses accepted).

Figure 46: Methods of consumption



Q56. In the last 12 months, which of the following methods have you used to consume cannabis for medical purposes? Multiple responses accepted. Base: n=1,205; all respondents.

Those 18 to 34 years of age were more likely to report smoking cannabis (53%) compared to those 55 years and older (37%). Conversely, the likelihood of ingesting cannabis extracts increased with age (from 27% of 18-34-year-olds to 37% of those 55 and older), as did consuming cannabis sublingually (from 12% of 18-34-year-olds to 24% of those 55 and older). Women were more likely to report eating cannabis (38% vs. 31% of men) and ingesting cannabis extracts (37% vs. 24%).

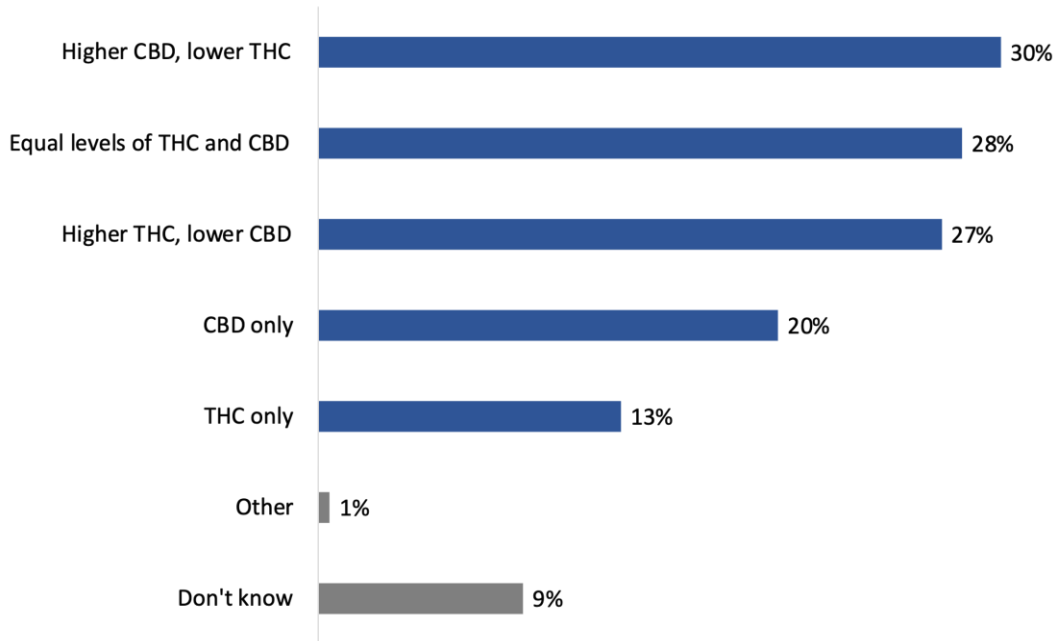
Those who have also used cannabis for non-medical purposes were more likely than those who had not to report smoking it (57% vs. 17%). The same was true of those who had used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes in Canada in 2018 (56% reported smoking it compared to 30% of those who had not used cannabis prior to legalization) and those who do not have insurance coverage (47% reported smoking compared to 32% of those who are fully or partially covered).

Those who said they obtain cannabis for medical purposes from a dealer or a family member/friend were more likely than patients who obtain their cannabis from other sources to say they have consumed it by smoking (84% and 68%, respectively). Compared to respondents who grow their own cannabis with an authorization (31%), or who obtain it from a legal storefront/provincially authorized retailer (39%) or the website of a licensed seller for medical purposes (30%), those who get their cannabis from a friend or family (56%) were more likely to report consuming the cannabis by eating it. Those who obtain their cannabis online from a licensed seller for medical purposes were more likely to say they have ingested cannabis extracts (47%) than those who obtain their cannabis from other sources.

Preferred ratio of THC and CBD levels in cannabis products varies by patient

When using cannabis products for medical purposes, most respondents typically use products that include a blend of THC and CBD.¹² That said, the nature of the blend varies. Specifically, 30% typically use cannabis products with higher levels of CBD, 27% use ones with higher levels of THC, and 28% use ones with equal levels of CBD and THC. One in five (20%) typically use cannabis products for medical purposes with CBD only and 13% with THC only.

Figure 47: Preferred levels of THC and CBD



Q57. When choosing cannabis products for medical purposes, what levels of THC and CBD do you typically use? Multiple responses accepted. Base: n=1,205; all respondents.

The use of CBD only products is more common with older respondents (25% of those 55 and older and 22% of those 35-54 compared to 12% of those 18-34 years of age). Women were also more likely to report using CBD only products (24% vs. 16% of men).

Those who have used cannabis for non-medical purposes in the past three years were more likely than those who have used it only for medical purposes to opt for products with equal levels of THC and CBD (31% vs. 23%) as well as products with higher THC and lower CBD (33% vs. 14%). Those who used cannabis for medical purposes prior to the broader legalization of cannabis for non-medical purposes were more likely than those who did not to report using products with equal levels of THC and CBD (32% vs. 25%), higher THC, lower CBD (36% vs. 18%), and THC only (18% vs. 8%). Respondents with a medical document were more likely to opt for products with higher CBD, lower THC (39% vs. 30% of those without an authorization).

Patients who are authorized by Health Canada to designate someone to grow on their behalf (57%) were more likely to say they typically use higher CBD and lower THC levels than those who purchase

¹² THC (delta-9-tetrahydrocannabinol) is the main psychoactive component of cannabis. CBD (or cannabidiol) is a non-psychoactive component of cannabis.

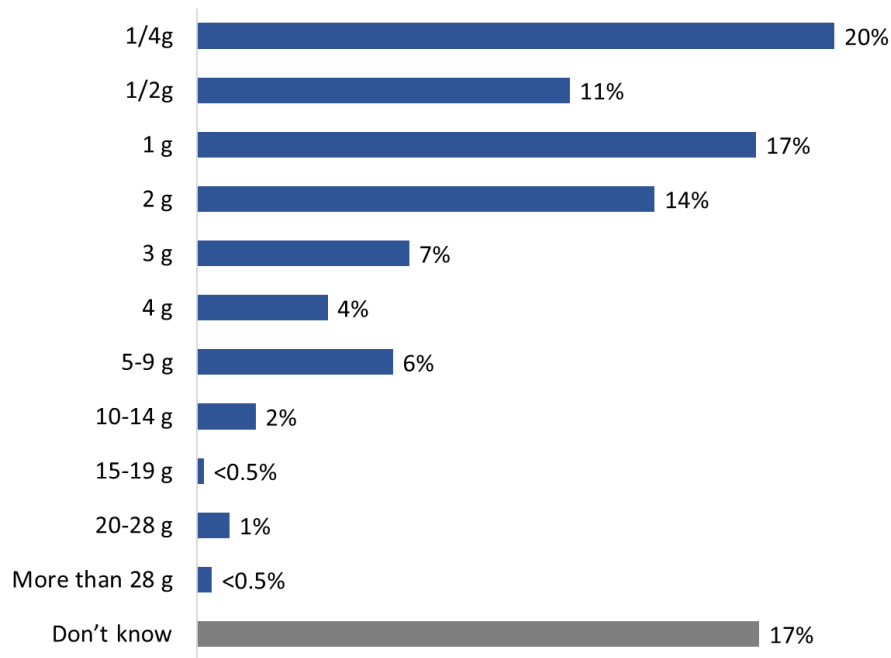
from a legal storefront/provincially authorized retailer (29%) or from a family member or friend (29%).

Most use between 1/4 of a gram and 2 grams of dried flower/leaf on the days that they smoke cannabis

Among those who smoke cannabis for medical purposes (n=555), the amount of dried flower/leaf smoked varied widely from a quarter of a gram, reported by 20% of respondents, to 10 or more grams, reported by 4% of these respondents.

With that said, well over half of respondents (62%) reported smoking amounts falling between a quarter of one gram and two grams. Notably, almost one in five (17%) did not know how much dried flower they typically use on the days that they smoked cannabis.

Figure 48: Typical amount of dried flower smoked

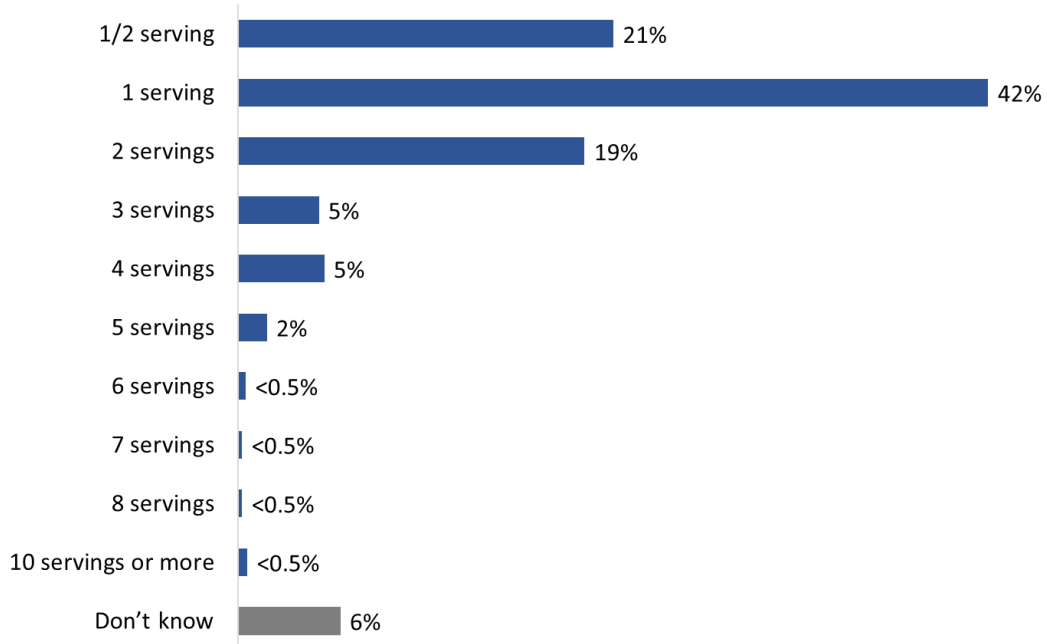


Q58. On the days that you smoked cannabis for medical purposes, how much dried flower/leaf did you typically use?
 Base: n=555; respondents who smoke cannabis for medical purposes.

Most consume a single serving of edibles or less in a typical day of use

The large majority (82%) of those who ate edible cannabis for medical purposes in the last 12 months (n=416) typically consumed amounts ranging from half a serving to two servings. The largest single proportion (42%) said they typically consumed one serving in a day, while one in five (21%) said they typically consumed half a serving and almost as many (19%) said they typically eat two servings in a day. Relatively few (12%) consume three or more servings of edible cannabis in a typical day of use.

Figure 49: Typical amount of edible cannabis consumed

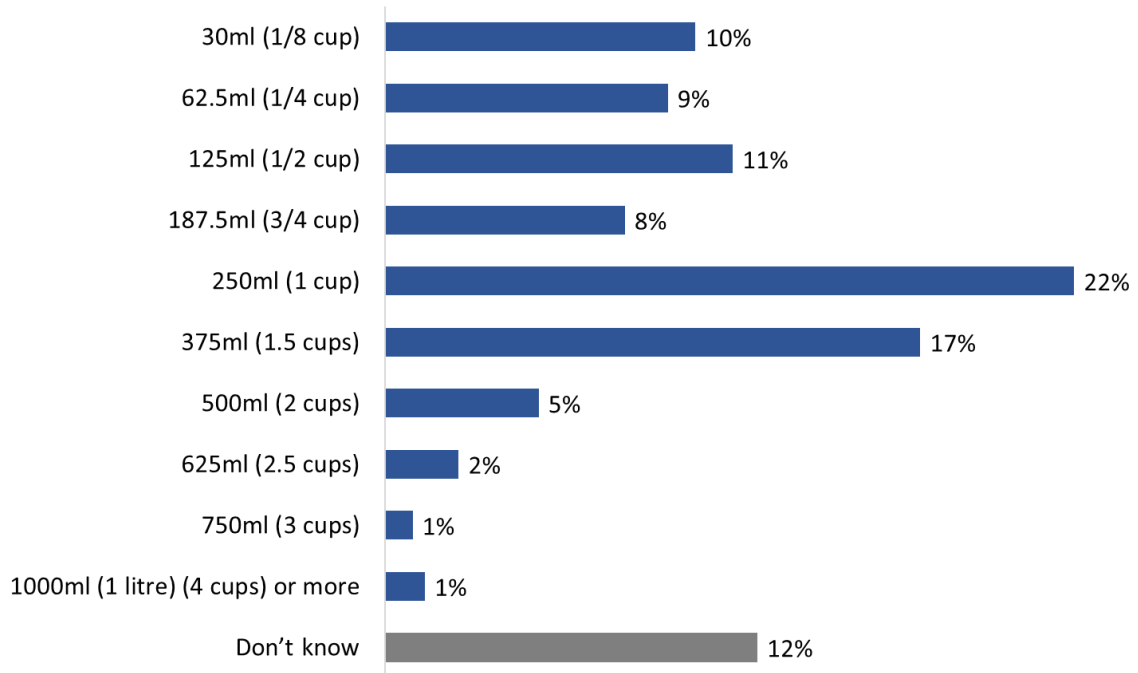


Q59. When you ate edible cannabis products for medical purposes, how much did you typically eat in a day?
 Base: n=416; respondents who ate edible cannabis for medical purposes.

Volume of cannabis beverages consumed varied widely

Respondents who had consumed cannabis beverages for medical purposes in the last 12 months (n=132) were asked how much cannabis was typically consumed in a day. In response, the largest single proportions said they typically consumed one cup (22%) or one and a half cups (17%) in a typical day. Over one-third (38%) consumed amounts ranging from one-eighth of a cup to three-quarters of a cup, while relatively few (9%) consumed more than one and a half cups per day.

Figure 50: Typical amount of cannabis beverages consumed

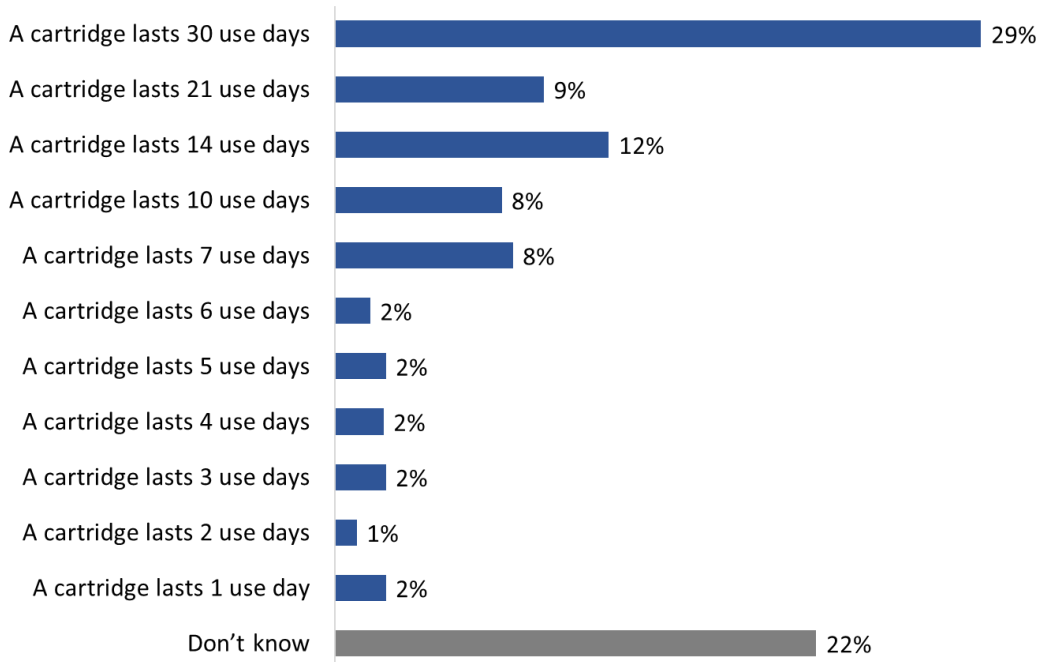


Q60. In a typical month, on the days that you drank cannabis beverages for medical purposes, how much was typically consumed in a day? Base: n=132; respondents who drank cannabis beverages for medical purposes.

Amount of cannabis vaped per day in a typical month varies

Respondents who vaped cannabis for medical purposes in the last 12 months (n=304) were asked how much cannabis was typically used in a day. As the graph below shows, responses varied widely. The largest single proportion (29%) indicated that a cartridge typically lasts 30 days, with most of the others (37%) saying it lasts somewhere between 7 and 21 days. Approximately one in five (22%) said they did not know.

Figure 51: Typical amount of cannabis vaped

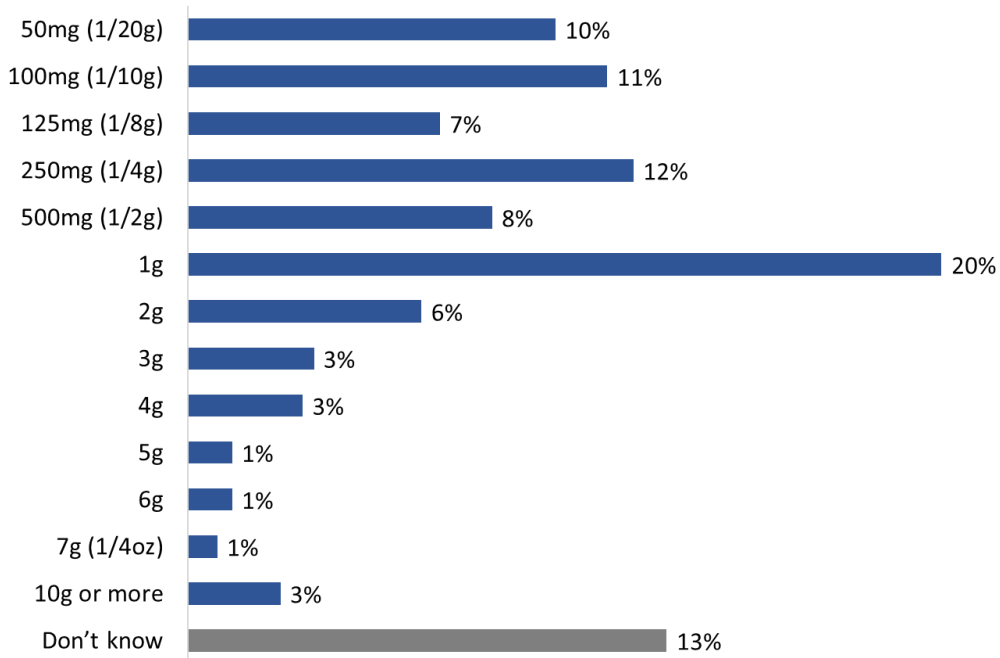


Q61. In a typical month, on the days that you vaped cannabis for medical purposes, how much was typically used in a day? Base: n=304; respondents who vape cannabis for medical purposes.

Most dab 1g or less of cannabis during a typical day of use

Respondents who dabbled cannabis for medical purposes in the last 12 months (n=73) were asked how much cannabis was typically used in a day. In response, the largest single proportion (20%) reported using one gram of cannabis in a typical day. Nearly half (48%) reported using somewhere between 50 and 500 milligrams, while nearly one in five (18%) reported using 2 grams or more. Thirteen percent said they did not know.

Figure 52: Typical amount of cannabis dabbled

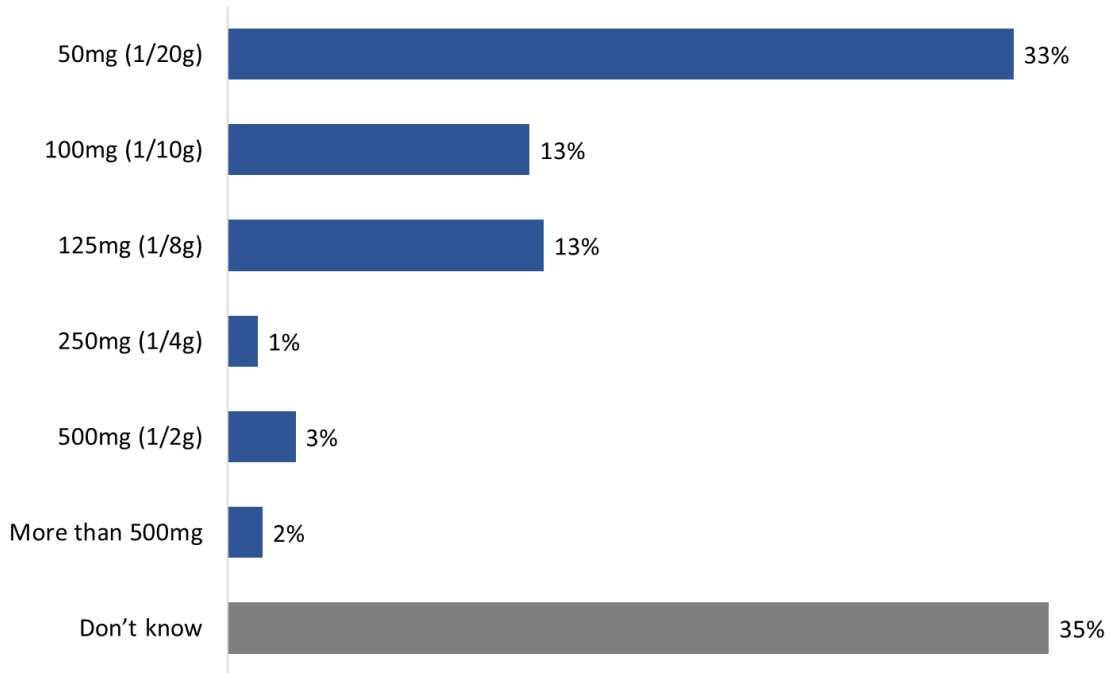


Q62. In a typical month, on the days that you dabbled cannabis for medical purposes, how much was typically used in a day? Base: n=73; respondents who dab cannabis for medical purposes.

One-third apply 50 mg of cannabis topicals in a typical day of use

Respondents who applied cannabis topicals for medical purposes in the last 12 months (n=177) were asked how much cannabis was typically used in a day. In response, one-third reported using 50 milligrams, followed by smaller identical proportions (13% each) who reported using 100 and 125 milligrams respectively. Few (6%) reported using more than 125 milligrams. Notably, the single largest proportion (35%) said they did not know the quantity of topicals used in a typical day.

Figure 53: Typical amount of cannabis topicals applied

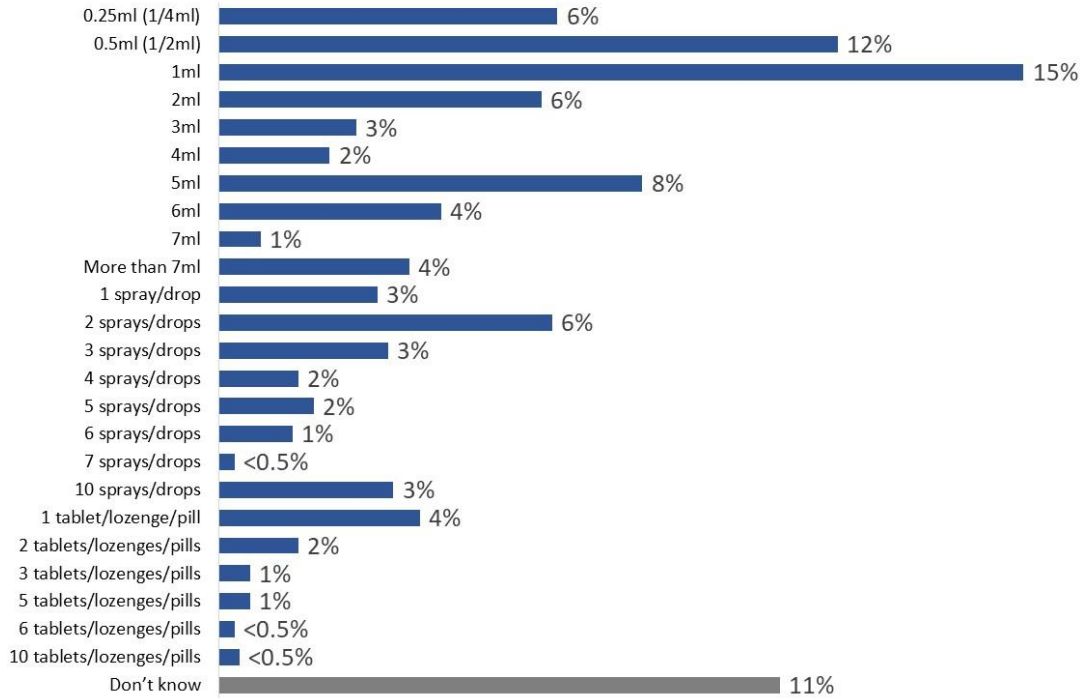


Q63. In a typical month, on the days that you applied cannabis topicals for medical purposes, how much was typically used in a day? Base: n=177; respondents who use cannabis topicals for medical purposes.

Wide range of amount of cannabis consumed sublingually

Respondents who consumed cannabis sublingually for medical purposes in the last 12 months (n=200) were asked how much cannabis was typically used in a day. As the graph below shows, the typical amount of cannabis consumed sublingually by patients for medical purposes varies greatly. One-third of respondents reported consuming 1 milliliter or less in a typical month, with most of the rest (28%) consuming somewhere between 2 milliliters or more. Approximately one in 10 respondents (11%) said that they did not know.

Figure 54: Typical amount of cannabis consumed sublingually

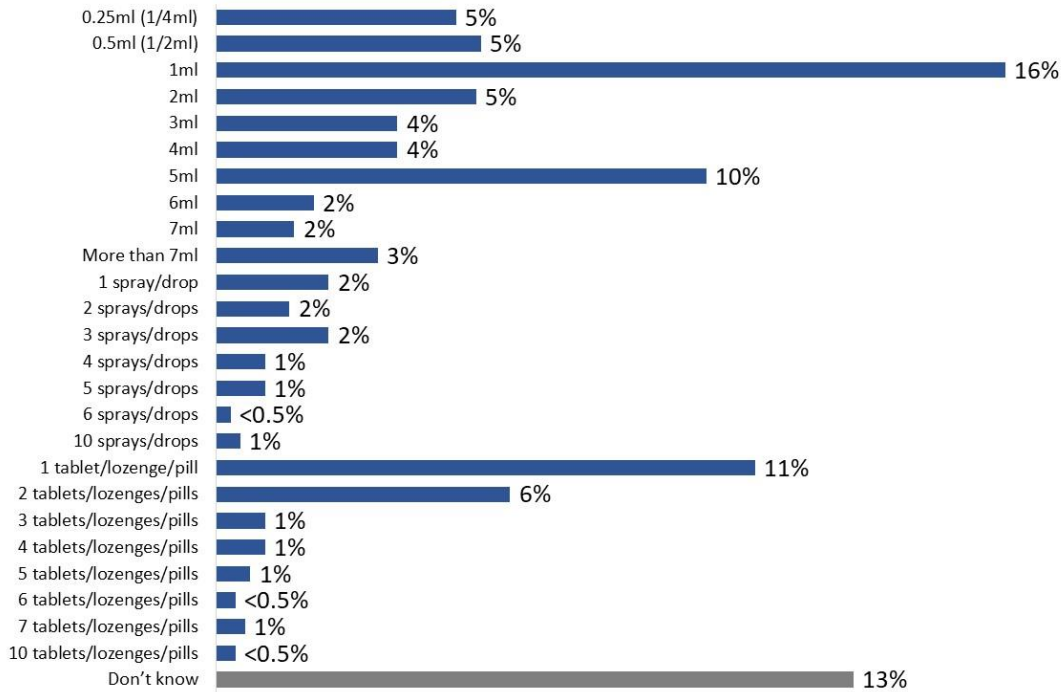


Q64. In a typical month, on the days that you consumed cannabis sublingually (under the tongue) for medical purposes, how much was typically used in a day? Base: n=200; respondents who consume cannabis sublingually for medical purposes.

The amount of cannabis extract ingested varies

Respondents who ingested cannabis extracts for medical purposes (n=369) were asked how much cannabis was typically used in a day. As the graph below shows, the amounts of cannabis used in a typical day vary greatly among those who ingested cannabis extract for medical purposes.

Figure 55: Typical amount of cannabis extract ingested

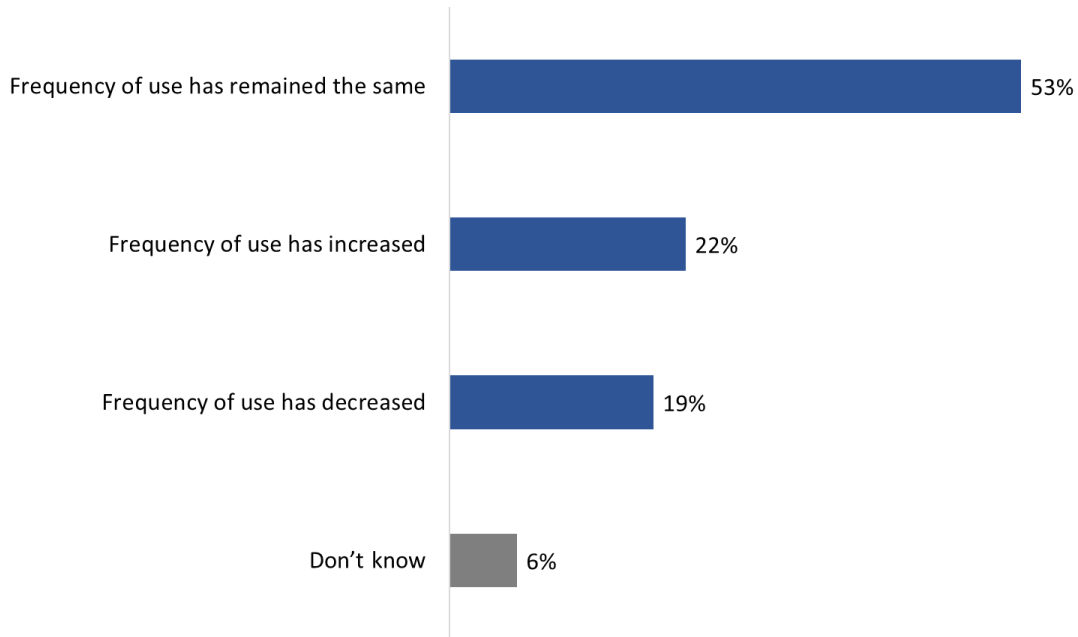


Q65. In a typical month, on the days that you ingested cannabis extract for medical purposes, how much was typically used in a day? Base: n=369; respondents who ingest cannabis extract for medical purposes.

Just over half report no change in the frequency of cannabis use in the past 3 years

Just over half (53%) of respondents said the frequency with which they use cannabis for medical purposes has not changed in the past three years. Among those who reported changes, 22% said their frequency of using cannabis for medical purposes has increased while slightly fewer (19%) reported a decrease in their frequency of use.

Figure 56: Changes in frequency of using cannabis for medical purposes in the past 3 years



Q66. How, if at all, has your frequency of using cannabis for medical purposes changed in the past 3 years? Base: n=1,205; all respondents.

The likelihood of reporting greater use decreased with age (from 30% of those aged 18-34 to 16% of those 55 and older). Men were more likely to say there has been no change to the frequency with which they use cannabis for medical purposes (57% vs. 50% of women), while women were more apt to report an increased in their frequency of use (24% vs. 18% of men).

The frequency of using cannabis for medical purposes was more likely to have increased in the past three years among the following:

- Those who also have used cannabis for non-medical purposes (26% vs. 11% of those who have not).
- Those who have used cannabis for medical purposes prior to the broader legalization of cannabis in Canada (25% vs. 19% of those who have not).
- Those who use cannabis daily or nearly daily (32% vs. 18% of those who use it weekly and 14% of those who use it monthly).

7. Outcomes of Using Cannabis for Medical Purposes

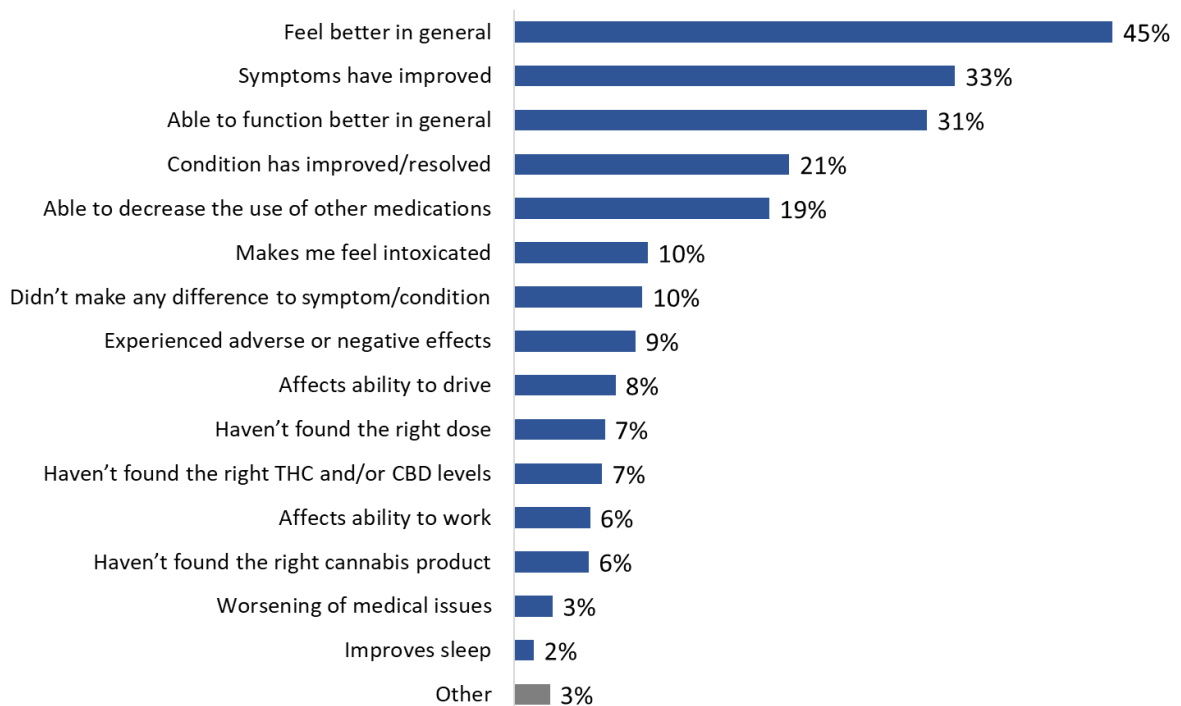
Nearly half feel better in general; one-third note symptom improvement and increased ability to function

More than three-quarters (78%) of respondents reported a positive outcome of using cannabis for medical purposes. Positive outcomes included feeling better in general (45%), improvement in symptoms (33%), ability to function better in general (31%), improvement/resolution of condition (21%), a decrease in the use of other medications (19%), and improved sleep (2%) (multiple responses accepted).

Comparatively fewer patients (26% in total) identified negative outcomes from their cannabis use. These included feelings of intoxication (10%), feeling adverse or negative effects (9%), impacts on the ability to drive (8%) or work (6%), and a worsening of their medical issues (3%).

One in 10 (10%) said the use of cannabis had no impact on their symptoms or conditions. Others mentioned that they have not yet found the right dose or the right combination of THC and CBD levels (7% each), or the right product (6%).

Figure 57: Outcome of using cannabis for medical purposes



Q67. What has been the outcome of using cannabis for medical purposes? Multiple responses accepted. Base: n=1,205; all respondents.

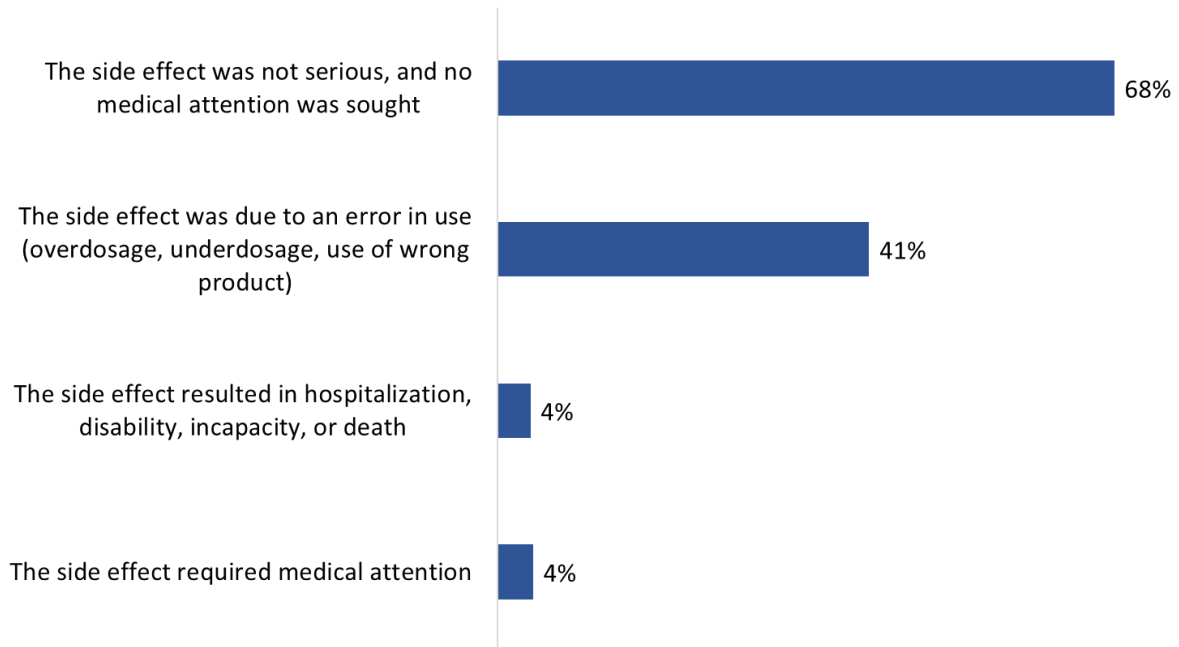
Respondents between 35-54 years of age (23%) and those 55 and older (22%) were more likely to report being able to decrease the use of other medications than those aged 18-34 (14%). Respondents between 18-34 years of age were more likely than those 35 and older to say that using cannabis for medical purposes makes them feel intoxicated (15% vs. 8%).

Those who reported having used cannabis for medical and non-medical purposes in the past three years were more likely to say that they feel better in general (50% vs. 34% of those who have only used cannabis for medical purposes) and that their symptoms have improved (36% vs. 28%). Conversely, those who have only used cannabis for medical purposes in the last three years were more apt to report a decrease in the use of other medications (25% vs. 18% of those who used recreational cannabis), no difference (19% vs. 6%), and that they have not found the right dose (11% vs. 5%) or the right levels of THC/CBD levels (10% vs. 5%). Those who used cannabis for medical purposes prior to the broader legalization of cannabis in Canada were more likely to report feeling better (49% vs. 40% of those who had not), the ability to function better in general (37% vs. 24%), and the ability to decrease the use of other medications (25% vs. 13%).

Just over two-thirds of those experiencing a negative reaction describe it as not serious

Among those who experienced a negative reaction or side effect (that is, an adverse reaction) from using cannabis for medical purposes (n=115), just over two-thirds (68%) said the side effect was not serious and no medical attention was sought, while 41% said the side effect was due to an error in use, such as dosing errors or incorrect product use. Very few (n=8) described the negative reaction or side effect from using cannabis for medical purposes as serious. Those who did said the side effect resulted in hospitalization, disability, incapacity, or death (n=5) or said the side effect required medical attention (n=3).

Figure 58: Negative outcome of using cannabis for medical purposes



Q68. You answered that you experienced a negative reaction or side effect from using cannabis for medical purposes. Which of the following best describes this experience? Multiple responses accepted. Base: n=115; respondents who experienced negative side effects.

Symptoms of nausea, sleeping problems, and lack of appetite among those most improved by cannabis

Among respondents who reported an improvement in symptoms (n=111), a majority of those experiencing nausea/vomiting (61%) and problems sleeping (53%) reported significant improvement since starting to use cannabis for medical purposes.¹³ Smaller, and nearly identical proportions reported significant improvements in relation to headaches and migraines (42%), feelings of depression (42%), feelings of anxiety (41%), and chronic non-cancer pain symptoms (41%). The table below provides the proportions identifying various degrees of improvement in relation to specific symptoms. Caution should be exercised when interpreting results based on small numbers of respondents.¹⁴

Figure 59: Extent to which using cannabis improved symptoms

	Degree of symptom improvement				Unweighted n
	Small	Moderate	Significant	Uncertain	
Cancer pain	35%	33%	20%	11%	n=12* ¹⁵
Headaches/migraines	19%	39%	42%	1%	n=114
Opioid withdrawal symptoms	17%	52%	20%	11%	n=9*
Feelings of anxiety	16%	42%	41%	1%	n=219
Chronic non-cancer pain	15%	42%	41%	2%	n=111
Muscle spasms	13%	53%	33%	1%	n=74
Feelings of depression	13%	44%	42%	1%	n=126
Acute pain	13%	59%	27%	1%	n=95
Alcohol withdrawal symptoms	13%	45%	31%	12%	n=9*
Problems sleeping	12%	34%	53%	1%	n=236
Nausea/vomiting	11%	26%	61%	2%	n=45
Wasting/weight loss/lack of appetite	9%	23%	51%	17%	n=13*
Seizures	8%	68%	24%	--	n=9*
Palliative care	--	80%	20%	--	n=5*

Q69. You mentioned that your symptoms have improved since starting to use cannabis for medical purposes. Have you seen a small, moderate, or significant improvement in your symptoms? Base: respondents who experienced improved symptoms.

¹³ The response categories ‘small’, ‘moderate’ and ‘significant’ were not defined in the questionnaire. Responses are based on patients’ interpretation of each category.

¹⁴ In Figure 59, an asterisk is used to denote small sample sizes.

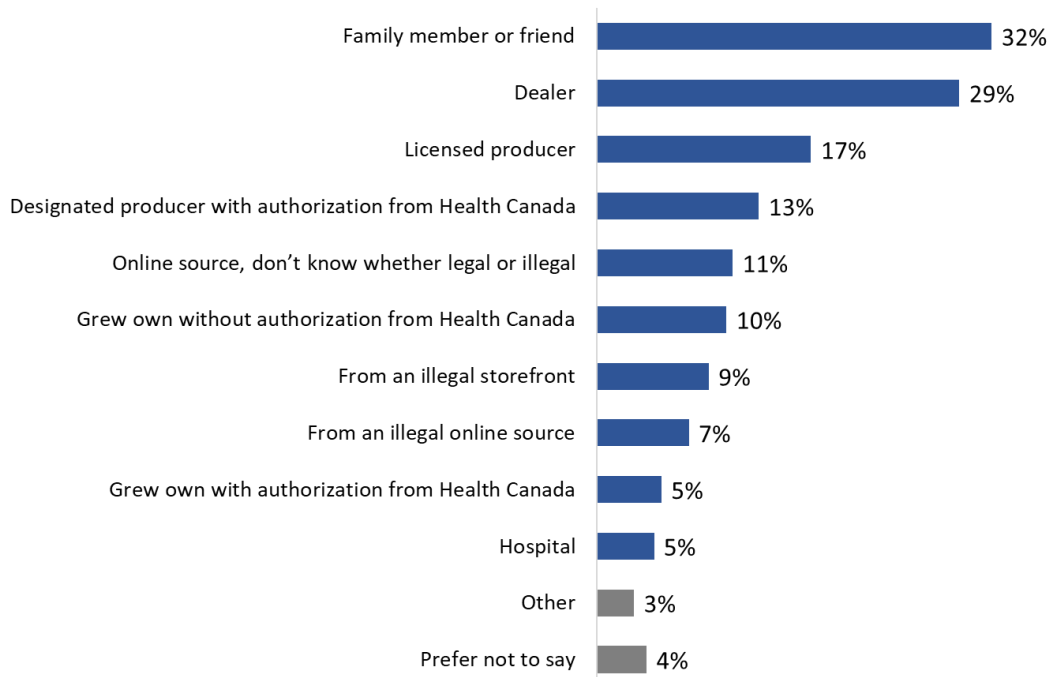
¹⁵ Exercise caution when interpreting this data due to the small sample size.

8. Impact of Legalization of Cannabis for Non-medical Purposes

Patients report using various sources for cannabis for medical purposes prior to the broader legalization

Those who used cannabis for medical purposes **prior** to the legalization of cannabis for non-medical purposes collectively identified a variety of sources from which they typically got the cannabis they used for medical purposes. They were most likely to have obtained cannabis from a family or family member (32%) or from a dealer (29%). A host of other sources were identified less frequently, including a licensed producer (17%), a designated producer with authorization from Health Canada (13%), online sources (11%), growing their own without authorization from Health Canada (10%), an illegal storefront (9%), an illegal online source (7%), growing their own with authorization from Health Canada (5%), and a hospital (5%) (multiple responses accepted).

Figure 60: Sources of cannabis for medical purposes prior to legalization



Q70. Prior to the legalization of cannabis where did you typically get the cannabis you used for medical purposes? Multiple responses accepted. Base: n=660; respondents who used cannabis for medical purposes prior to legalization.

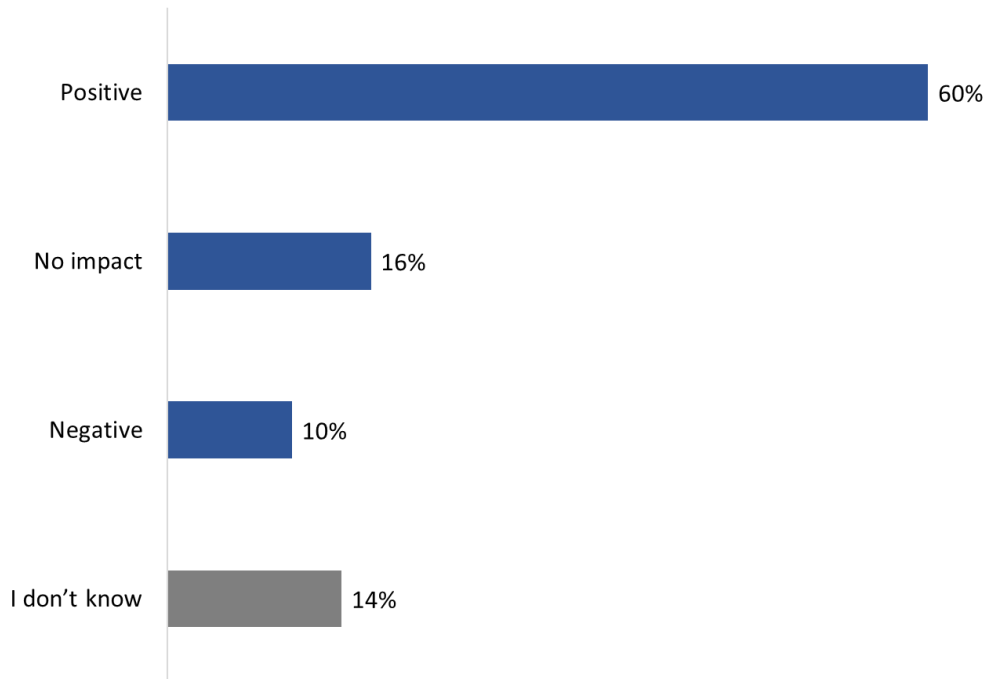
Women were more likely to report accessing cannabis for medical purposes before legalization for non-medical purposes in 2018 from a family member or friend (36% vs. 28% of men). Patients who did not discuss the use of cannabis with a health care provider were more likely to have obtained cannabis from a family member or friend (39% vs. 28% of those who discussed it with an HCP) or from a dealer (41% vs. 24%).

Majority feel legalization has positively impacted access to cannabis for medical purposes

A majority (60%) said that the legalization of cannabis in Canada for non-medical purposes has improved their access to cannabis for medical purposes. Among the rest, 16% feel that the broader legalization of cannabis has had no impact on their access to cannabis for medical purposes and

10% believe legalization has negatively impacted access. Fourteen percent said they did not know how.

Figure 61: Impact of legalization on access to cannabis for medical purposes



Q71. In your opinion, how has the legalization of cannabis affected access to cannabis for medical purposes?
 Base: n=1,205; all respondents.

Adult patients were more likely than patients who are minors (as reported by a parent or guardian) to feel that the broader legalization of cannabis has improved their access (61% vs. 48%). The following were also more likely to feel this way: women (65% vs. 56% of men), those who had not used cannabis for medical purposes prior to legalization (64% vs. 56% of those who had), and those who consume cannabis for medical purposes daily or near daily (64% vs. 43% of those who do so less than monthly).

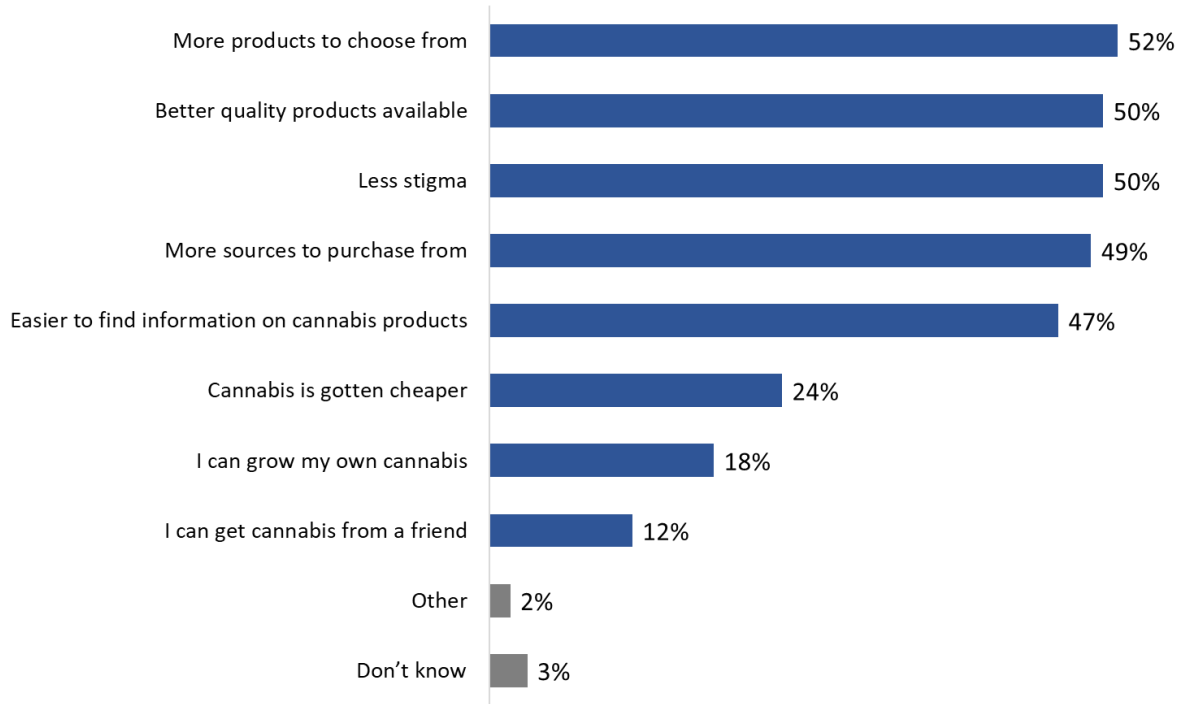
Those who obtain their cannabis from a legal storefront/provincially authorized retailer (72%) were more likely than those who access cannabis from the website of a licensed seller of medical cannabis (61%) or from a friend/family member (59%) or who grow their own without authorization (54%) to say that the broader legalization of cannabis has positively affected access to cannabis for medical purposes.

Product variety, quality, availability, and stigma reduction among top ways legalization has improved access to cannabis for medical purposes

Those who indicated that the broader legalization of cannabis in Canada has positively impacted access to cannabis for medical purposes (n=728) pointed to a number of different ways in which this has happened. Reasons provided included more products to choose from (52%), better quality products, and less stigma associated with the use of cannabis for medical purposes (50% each), more sources to purchase from (49%), and greater ease finding information on cannabis products (47%) (multiple responses accepted). Other positive impacts included reduction in the cost of

cannabis (24%), the ability to grow one’s own cannabis (18%),and the ability to get cannabis from a friend (12%).

Figure 62: Ways access has improved since legalization



Q72. How has the legalization of cannabis positively impacted access to cannabis for medical purposes? Multiple responses accepted. Base: n=728; respondents who say access has improved since legalization.

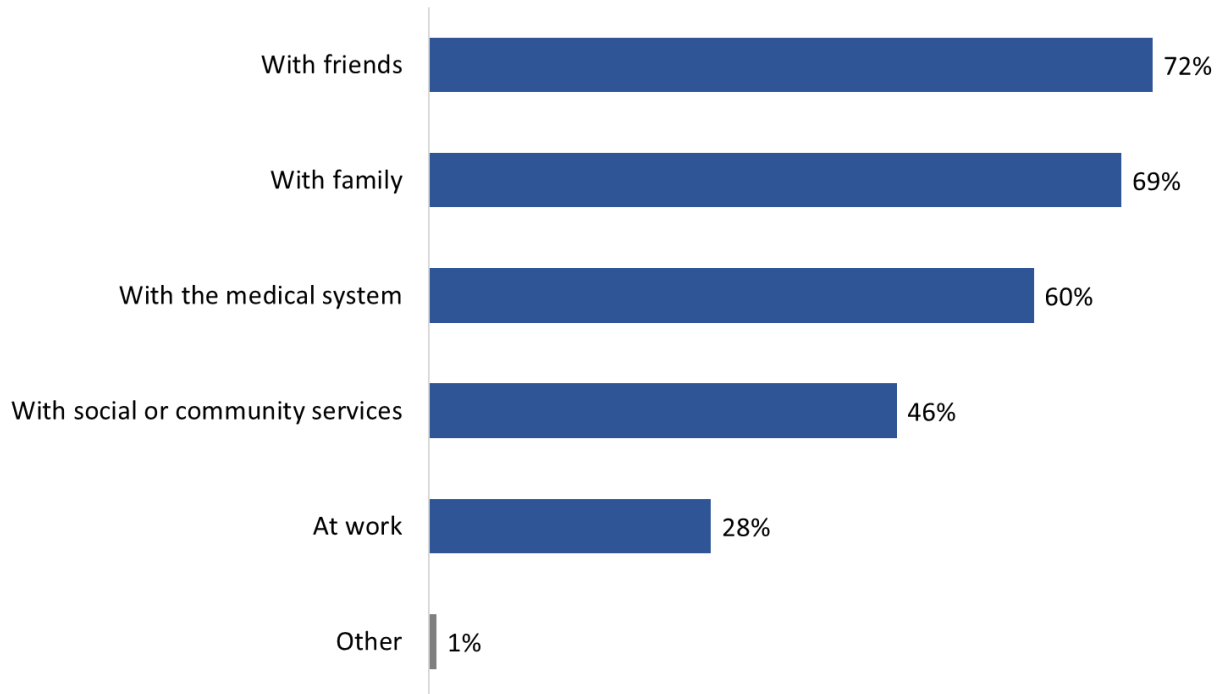
Those 55 and older were more likely than younger respondents to point to the following impacts: more products (63%), less stigma (65%), and more sources (59%). Women were more apt to mention the availability of more products (57%), less stigma (58%), and easier access to information about cannabis products (52%).

Those who used cannabis for medical purposes **prior** to the broader legalization of cannabis for non-medical purposes were more likely to point to cost—that cannabis has gotten cheaper since it was legalized in Canada (32% vs. 17% of those who had not). As well, they were more apt to mention that more products are available (57% vs. 46%) and that there are more sources to purchase from (54% vs. 45%).

Biggest stigma reduction found among friends and family

Those who mentioned that there is less stigma associated with the use of cannabis for medical purposes (n=364) were asked in which situations they have noticed that it is more socially acceptable to use or talk about cannabis for medical purposes. Three situations were identified by a majority of respondents: with friends (72%), with family (69%), and within the medical system (60%) (multiple responses accepted). Just under half (46%) feel more at ease discussing the use of cannabis for medical purposes within social or community services, while over one-quarter (28%) find that the stigma surrounding these conversations has improved in work settings.

Figure 63: Situation in which stigma reduced



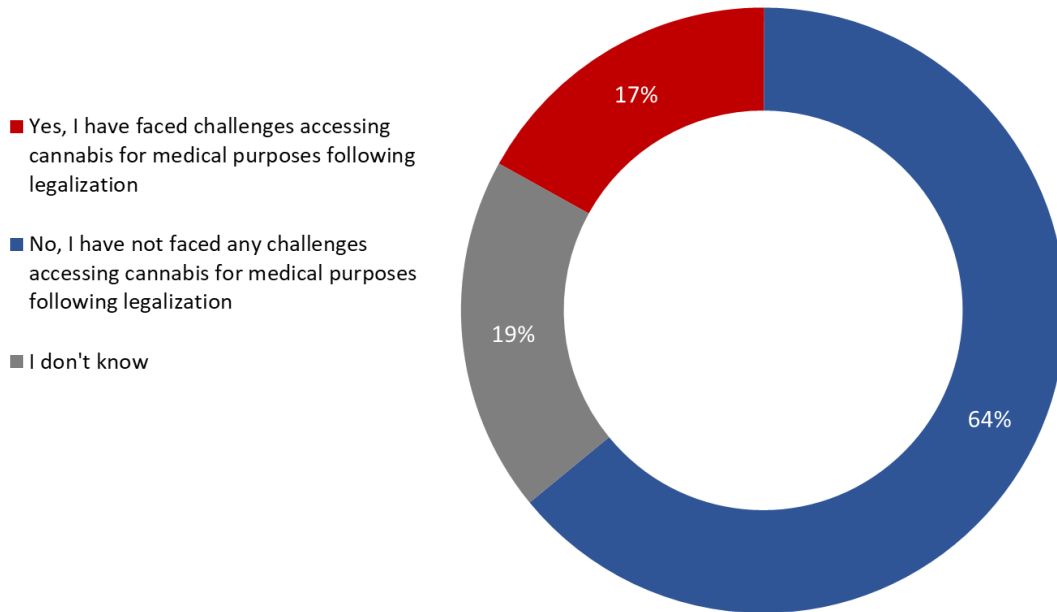
Q73. You mentioned that there is less stigma associated with the use of cannabis for medical purposes. In which situations are you noticing that it is more socially acceptable to use or talk about cannabis for medical purposes? Multiple responses accepted. Base: n=364; respondents who say there is less stigma surrounding the use of cannabis for medical purposes.

Those who have found it more acceptable to talk about cannabis use for medical purposes within the medical system or with social or community services were more likely to have used cannabis for medical purposes prior to the broader legalization of cannabis in 2018.

Most have faced no challenges accessing cannabis for medical purposes since legalization

Nearly two-thirds (64%) of respondents said that they have not faced any challenges or barriers to accessing cannabis for medical purposes since the broader legalization of cannabis in Canada in October 2018. Conversely, 17% said they have faced challenges or barriers to access since legalization. Nearly one in five (19%) said they did not know whether there are challenges or barriers.

Figure 64: Challenges accessing cannabis following legalization



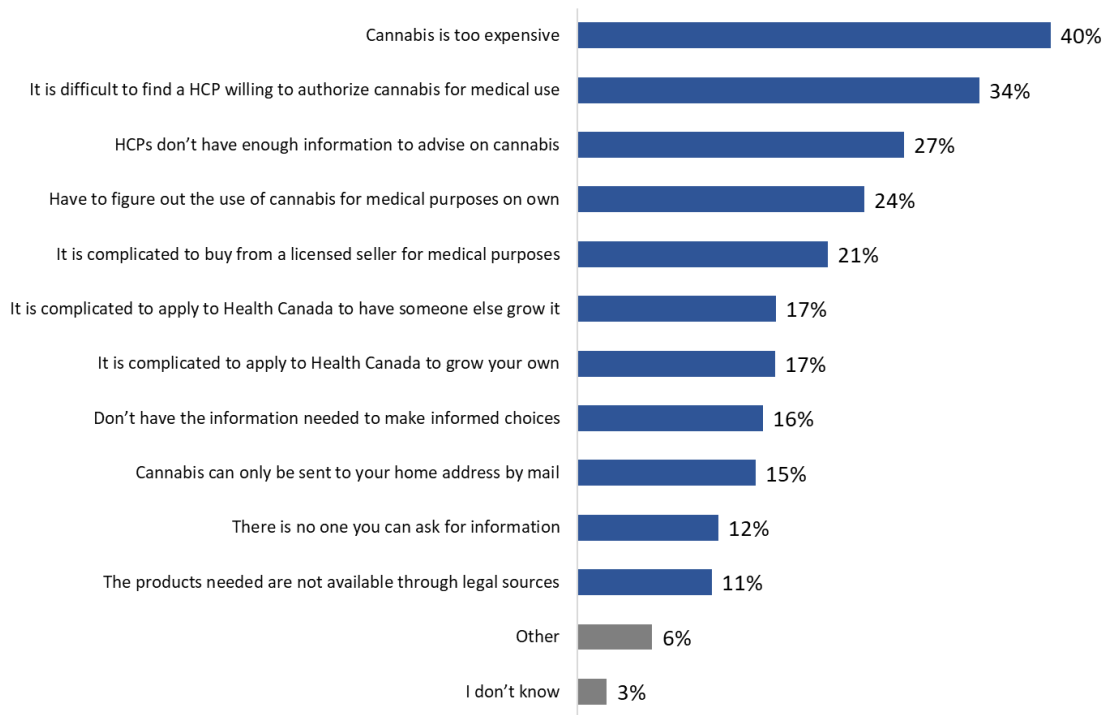
Q74. Since legalization (October 2018), are there any challenges or barriers to accessing cannabis for medical purposes? Base: n=1,205; all respondents.

Men were more likely to report no barriers or challenges to access following legalization (71% vs. 61% of women).

Among those who said there are barriers to accessing cannabis for medical purposes since its broader legalization, the plurality pointed to cost

Respondents who mentioned that there are challenges or barriers to accessing cannabis for medical purposes since the broader legalization of cannabis (n=192) collectively identified a variety of them. Topping the list was the impression that cannabis is too expensive (40%). This was followed by difficulty finding a medical doctor or nurse practitioner willing to authorize cannabis for medical use (34%), health care providers not having enough information to advise on cannabis use for medical purposes (27%), having to figure out the use of cannabis for medical purposes on one’s own (24%), complications purchasing cannabis for medical purposes from a licensed vendor (21%), complications applying to Health Canada to grow cannabis on one’s own or to get someone else to grow it for them (17% each), lacking information to make informed choices (16%), mail being the only way to have cannabis sent to one’s home address (15%), lack of anyone from whom to get information (12%), and the products needed not being available through legal sources (11%) (multiple responses accepted).

Figure 65: Top barriers to accessing cannabis for medical purposes following legalization



Q75/Q76. What are the challenges or barriers to accessing cannabis for medical purposes? Multiple responses accepted. Base: n=192; respondents who have faced challenges accessing cannabis for medical purposes since legalization.

9. Profile of Survey Respondents

The following tables present the characteristics of respondents (using weighted data).

Type of respondents	Percent
Patients	93%
Parents responding on behalf of their children	7%

Province and territories	Percent
Ontario	39%
Quebec	23%
British Columbia	14%
Alberta	9%
Nova Scotia	5%
Manitoba	3%
New Brunswick	3%
Saskatchewan	2%
Newfoundland and Labrador	1%
Prince Edward Island	1%
Territories	<0.5%

Age	Percent
16-24	13%
25-34	19%
35-49	25%
50-54	8%
55-64	17%
65+	19%
No response	<0.5%

Gender	Percent
Woman	53%
Man	46%
Other gender	1%

Education	Percent
Less than a High School diploma or equivalent	3%
High School diploma or equivalent	23%
Registered Apprenticeship or other trades certificate or diploma	8%
College, CEGEP or other non-university certificate or diploma	28%
University certificate or diploma below bachelor's level	8%
Bachelor's degree	22%
Post graduate degree above bachelor's level	7%
Prefer not to respond	1%

Access to Cannabis for Medical Purposes in Canada

Household income	Percent
Under \$20,000	10%
\$20,000 to just under \$40,000	20%
\$40,000 to just under \$60,000	16%
\$60,000 to just under \$80,000	14%
\$80,000 to just under \$100,000	12%
\$100,000 to just under \$150,000	15%
\$150,000 and above	6%
Prefer not to respond	6%

Language	Percent
English	81%
French	18%
Other	1%

Part B. Survey of Medical Doctors and Nurse Practitioners

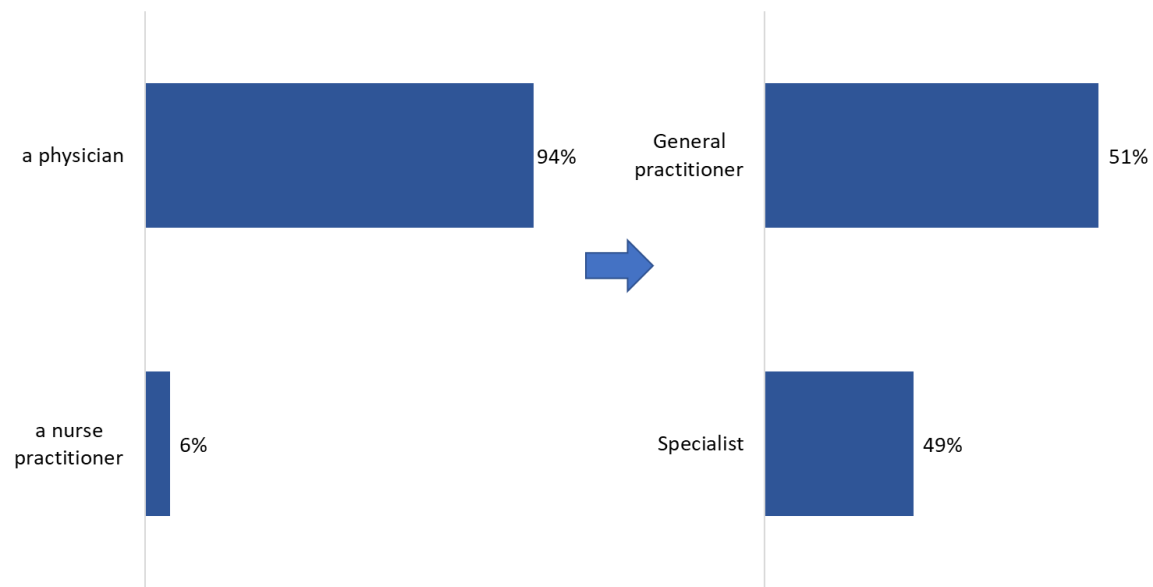
This section of the report presents the findings from an online survey of medical doctors and nurse practitioners¹⁶ who have experience with cannabis for medical purposes since its legalization in Canada. Those eligible to complete the survey had done or experienced one or more of the following in the last three years: treated a patient who uses cannabis for medical purposes, given a patient a medical document to access cannabis, referred a patient to a colleague who is an expert on the use of cannabis for medical purposes, recommended to a patient that they use cannabis to treat their symptom/disease, or had been asked by patient for information about using cannabis for medical purposes.

1. Type of HCP, Area of Practice, and Experiences with Patients and Cannabis for Medical Purposes

Nearly all respondents are physicians, almost equally divided between GPs and specialists

Nearly all survey respondents (94%) identified themselves as physicians, with only 6% identifying themselves as nurse practitioners. Those who identified themselves as physicians (n=770) were almost equally divided between general practitioners (51%) and specialists (49%). This was consistent with the research design.

Figure 66: Type of practitioner



[Left] Q7. Are you a physician or a nurse practitioner? Base: n=823; all respondents.

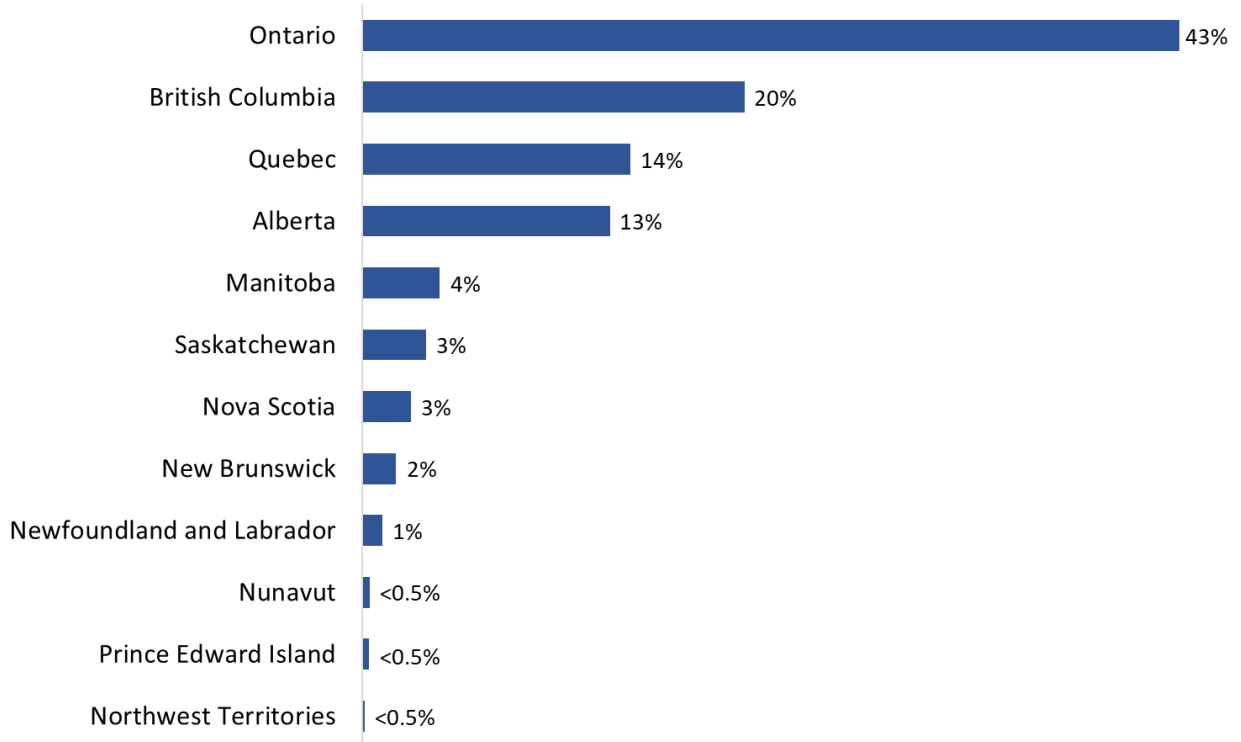
[Right] Q7B. Are you a general practitioner or specialist? Base: n=770; those who are physicians.

¹⁶ Health care ‘providers’ and ‘practitioners’ are used interchangeably to refer to medical doctors and nurse practitioners.

Largest proportion of respondents are licensed in Ontario

The largest single proportion of health care providers (43%) indicated that they are licensed in Ontario. One in five said they were licensed in British Columbia, followed by almost equal proportions licensed in Quebec (14%) and Alberta (13%). Four percent or fewer are licensed in other provinces and the territories (multiple responses accepted).

Figure 67: Licensed location



Q8. In which province(s) or territory(ies) are you licensed? [Multiple Responses Accepted] Base: n=823; all respondents.

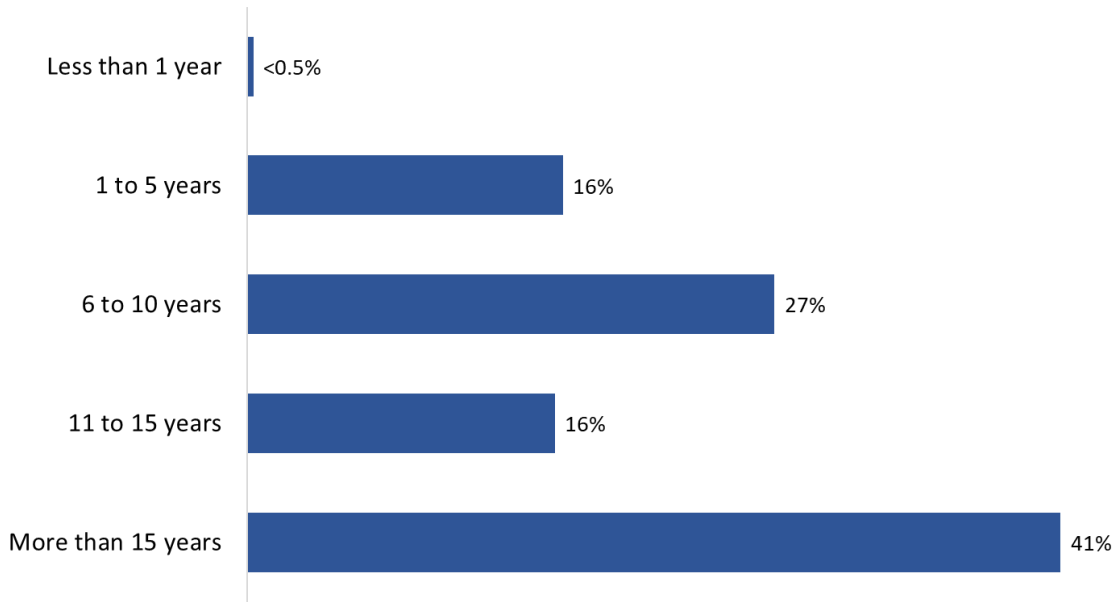
Health care providers who are licensed in multiple locations (n=24) are most likely to be currently practicing in Ontario and Alberta.

Most have been in practice for 10 years or more

As the graph below shows, a majority of the health care providers surveyed (57%) have been in practice for ten years or more, and the largest single proportion (41%) have been in practice for more than 15 years. Just over one-quarter have been in practice for between 6-10 years, and most of the rest (16%) have been in practice for between 1-5 years.

HCPs who have authorized the use of cannabis for medical purposes were more likely than those who have not done so to say they have been practicing for more than 15 years (48% vs. 38% of HCPs who have not issued a medical document).

Figure 68: Length of time practicing

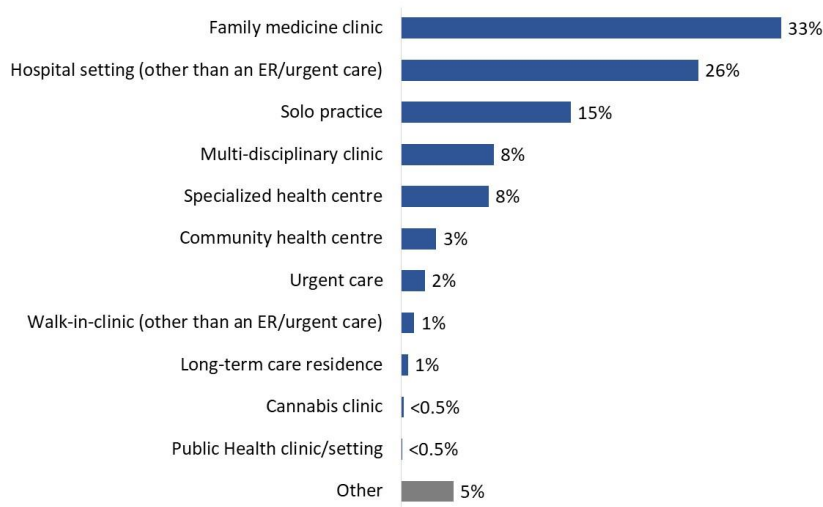


Q13. For how long have you been practicing as a [physician/nurse practitioner]? Base: n=823; all respondents.

One-third work in a family medicine clinic; half are family physicians or in family medicine

The majority of health care providers’ primary work setting is a family medicine clinic (33%) followed by a hospital setting other than emergency room or urgent care (26%). Most of the rest work in a solo practice (15%), a multi-disciplinary clinic (8%), or a specialized health centre (e.g., an oncology clinic or a mental health centre) (8%). Additional work settings were cited in small proportions (3% or less) and are identified in the graph below.

Figure 69: Primary work setting

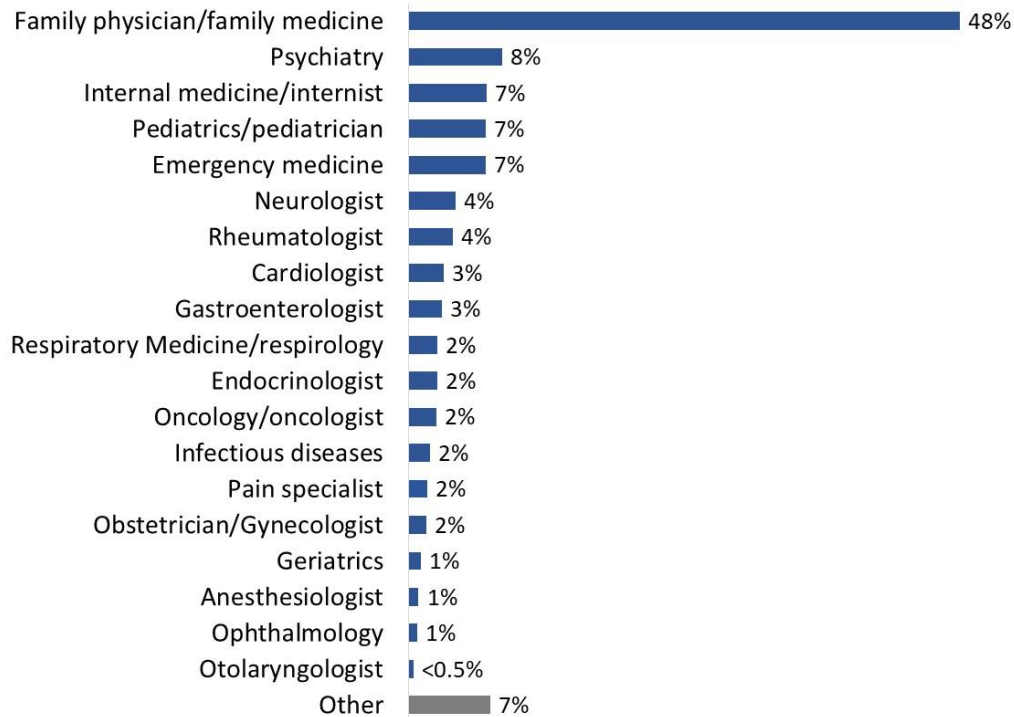


Q14. What is your primary work setting? Base: n=823; all respondents.

HCPs who have authorized the use of cannabis for medical purposes were more likely than those who have not done so to say they are family physicians/practice family medicine (70% compared to 36% of HCPs who have not issued a medical document).

Of those who are physicians (n=770), nearly half (48%) said they are family physicians or in family medicine. All other types of physicians were mentioned in much smaller proportions (8% or less) and are identified in the graph below (multiple responses accepted).

Figure 70: Type of physician



Q15. What type of physician are you? Multiple responses accepted. Base: n=770; respondents who are physicians.

Practitioners with a solo practice or who work in a family medicine clinic are more likely to be comfortable speaking with patients about cannabis for medical purposes. In contrast, those who work in a hospital setting are more likely to be not very or not at all comfortable speaking with patients.

Approximately one-third have issued a medical document while 9 in 10 have been asked by patients about cannabis for medical purposes

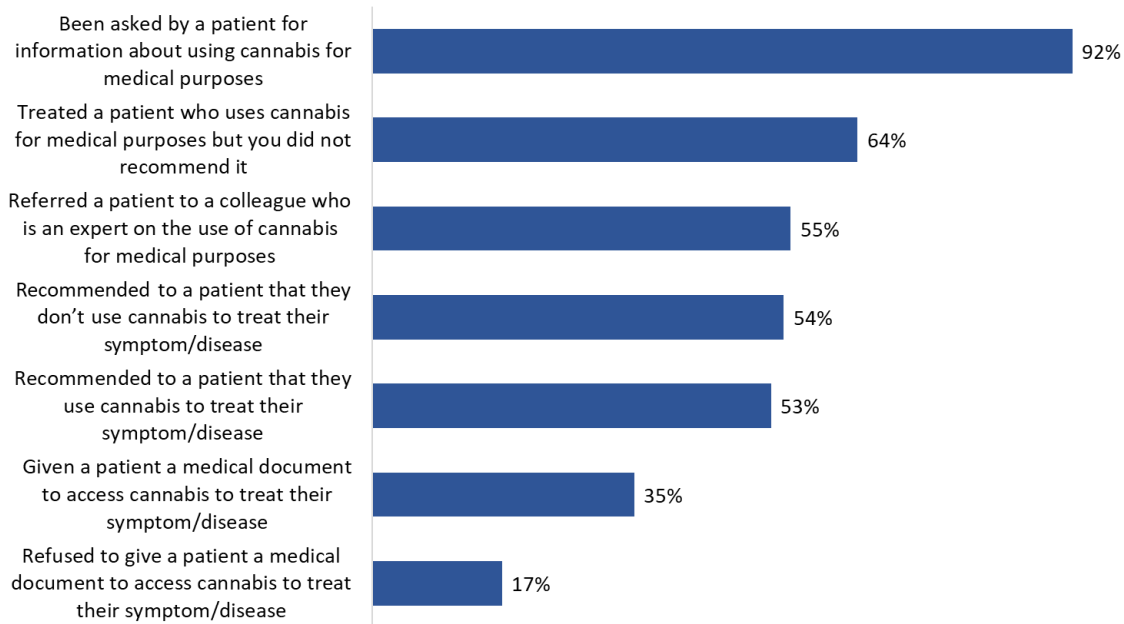
Medical doctors and nurse practitioners were asked which, if any, of the following they have done in the past 3 years (since the legalization of cannabis):

- Been asked by a patient for information about using cannabis for medical purposes.
- Treated a patient who uses cannabis for medical purposes but did not recommend it.
- Referred a patient to a colleague who is an expert on the use of cannabis for medical purposes.
- Recommended to a patient that they don't use cannabis to treat their symptom/disease.

- Recommended to a patient that they use cannabis to treat their symptom/disease.
- Given a patient a medical document to access cannabis to treat their symptom/disease.
- Refused to give a patient a medical document to access cannabis to treat their symptom/disease.

Most of these health care providers have experience with patients who use, or would like to use, cannabis for medical purposes. The vast majority (92%) said they have been asked by patients for information about using cannabis for medical purposes. This was followed at a distance by nearly two-thirds (64%) who said they have treated a patient who uses cannabis for medical purposes without recommending it.

Figure 71: Behaviours of past three years



Q3. In the past 3 years, which, if any, of the following have you done? [Multiple Responses Accepted] Base: n=823; all respondents.

Smaller majorities said they have referred a patient to a colleague who is an expert on the use of cannabis for medical purposes (55%), recommended a patient not use cannabis to treat their symptom or disease (54%), or recommended to a patient that they use cannabis to treat their symptom or disease (53%) (multiple responses accepted).

Just over one-third (35%) of the health care providers surveyed said they have given a patient a medical document to access cannabis to treat their symptom or disease, while fewer than one in five (17%) said they refused to do so.

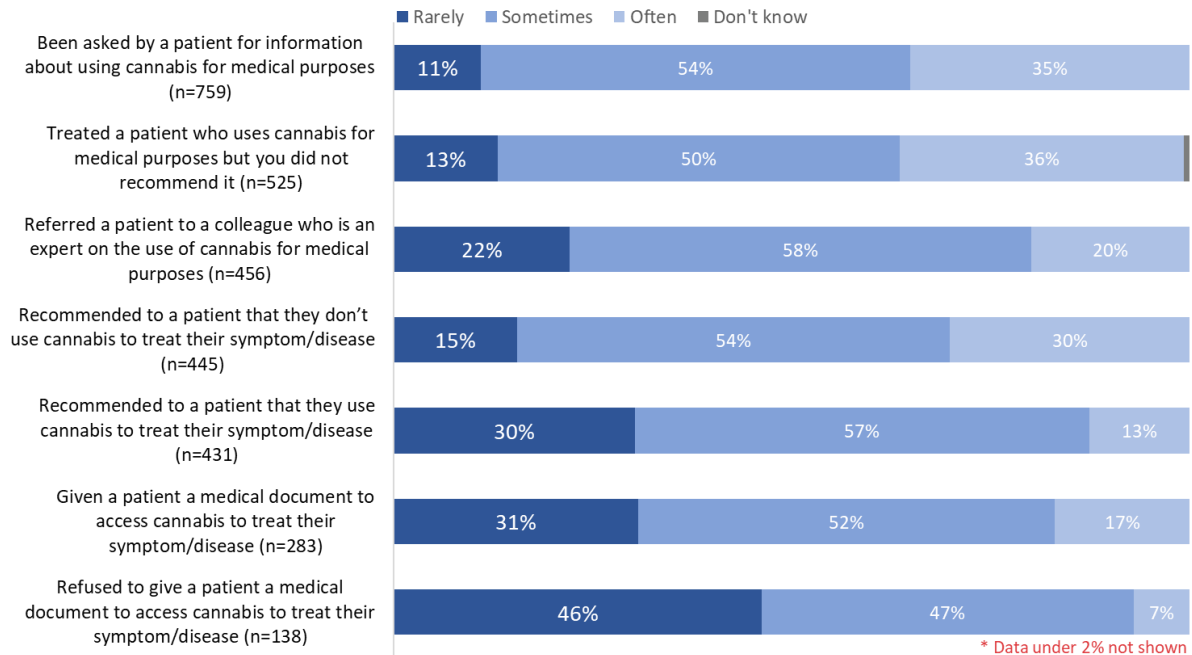
Practitioners with high levels of comfort and knowledge in relation to cannabis for medical purposes were more likely than those who are not comfortable or who have poor knowledge to recommend cannabis to treat diseases/symptoms (78% and 72%, respectively, vs. 24% of those not comfortable and with poor knowledge) and to give a patient a medical document (59% of those comfortable and knowledgeable vs. 11% of those not comfortable and 13% of those with poor knowledge).

Medical doctors and nurse practitioners were then asked how often the interactions identified in figure 71 occurred in the past three years. As the graph below illustrates, with one exception practitioners who said they have engaged in these activities were much more likely to say they have ‘sometimes’ done them rather than ‘often’ or ‘rarely’.

Indeed, half or more said they have ‘sometimes’ referred patients to a colleague who is an expert on the use of cannabis for medical purposes (58%), recommended to a patient that they use cannabis to treat their symptom or disease (57%), been asked by a patient for information about using cannabis for medical purposes (54%), recommended to a patient that they not use cannabis to treat their symptom or disease (54%), gave a patient a medical document to access cannabis to treat their symptom or disease (52%), and treated a patient who uses cannabis for medical purposes without recommending it (50%). The exception was refusing to give a patient a medical document to access cannabis to treat their symptom or disease, where practitioners were almost evenly divided between doing this ‘sometimes’ (47%) and doing it ‘rarely’ (46%).

The likelihood of doing these things ‘often’ varied from a low of 7% in the case of refusing to give a patient a medical document to access cannabis to treat their symptom or disease, to a high of 36% in the case of treating a patient who uses cannabis for medical purposes without recommending it. The likelihood of doing these things ‘rarely’ varied from a low of 11% in the case of being asked by a patient for information about using cannabis for medical purposes to a high of 46% in the case of refusing to give a patient a medical document to access cannabis to treat their symptom or disease.

Figure 72: Frequency of behaviours in past three years



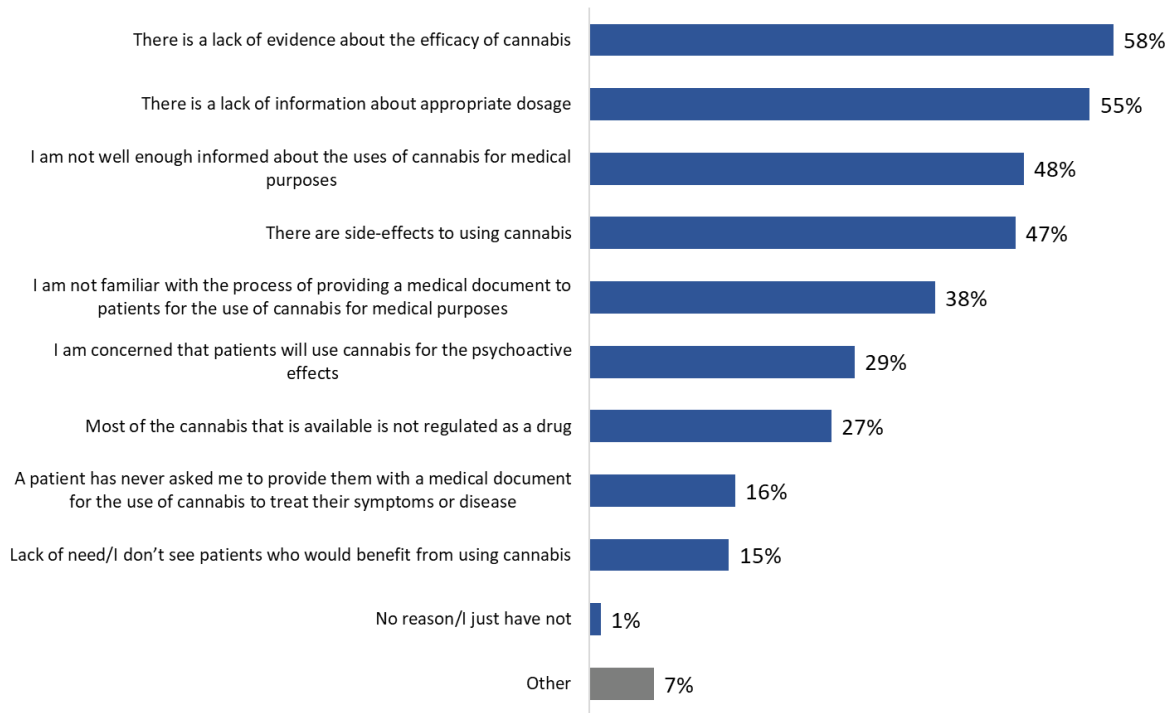
Q4. In the past 3 years, how often have you done the following...? Base: all respondents.

Cannabis not recommended mainly due to lack of evidence about efficacy and lack of information about dosage

Health care providers who said in the past 3 years that they have not recommended to any patients that they use cannabis to treat their symptoms or diseases nor given a patient a medical document to access cannabis (n=392) most often pointed to a lack of evidence about the efficacy of cannabis (58%) or a lack of information about appropriate dosage (55%) to explain why (multiple responses accepted). Close to half of them said that they are not well enough informed about the uses of cannabis for medical purposes (48%) and that there are side-effects to using cannabis (47%) to explain why they do not recommend cannabis.

A host of other reasons were offered and included the following, in descending order of frequency: lack of familiarity with the process of providing a medical document to patients for the use of cannabis for medical purposes (38%), concern that patients will use cannabis for its psychoactive effects (29%), most of the cannabis available is not being regulated as a drug (27%), never being asked by a patient to provide them with a medical document for the use of cannabis to treat their symptoms or disease (16%), and lack of need/not seeing patients who would benefit from using cannabis (15%).

Figure 73: Reasons for not recommending patients use cannabis



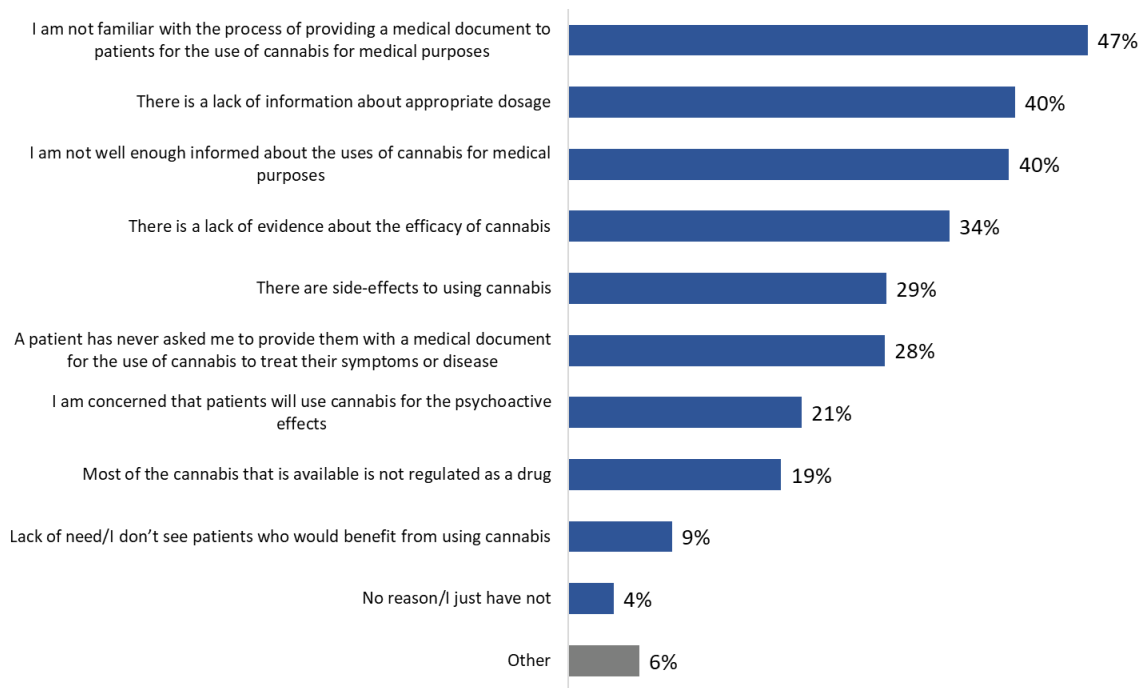
Q5A. Why have you not recommended to a patient that they use cannabis to treat their symptom/disease? [Multiple Responses Accepted] Base: n=392; those who have not recommended patients to use cannabis to treat their symptom/disease.

Nearly half of HCPs who have not given a patient a medical document are not familiar with process of providing such a document

Health care providers who reported never having given a patient a medical document to access cannabis to treat their symptom or disease (n=392) were asked to explain why this is the case. In response, nearly half (47%) said they are not familiar with the process of providing a medical document to patients for the use of cannabis for medical purposes. Identical proportions (40% in each case) cited lack of information about appropriate dosage and not being well enough informed about the uses of cannabis for medical purposes (multiple responses accepted).

One-third (34%) pointed to a lack of evidence about the efficacy of cannabis, while close to one in three said there are side-effects to using cannabis (29%) and that their patients have never asked them to provide a medical document for the use of cannabis to treat their symptoms or disease (28%). Approximately one in five said they are concerned that patients will use cannabis for the psychoactive effects (21%) and that most of the cannabis that is available is not regulated as a drug (19%). Nine percent pointed to lack of need/not seeing patients who would benefit from using cannabis while a few (4%) said that there was no reason except that they have not done it.

Figure 74: Reasons for not giving patients medical document to access cannabis



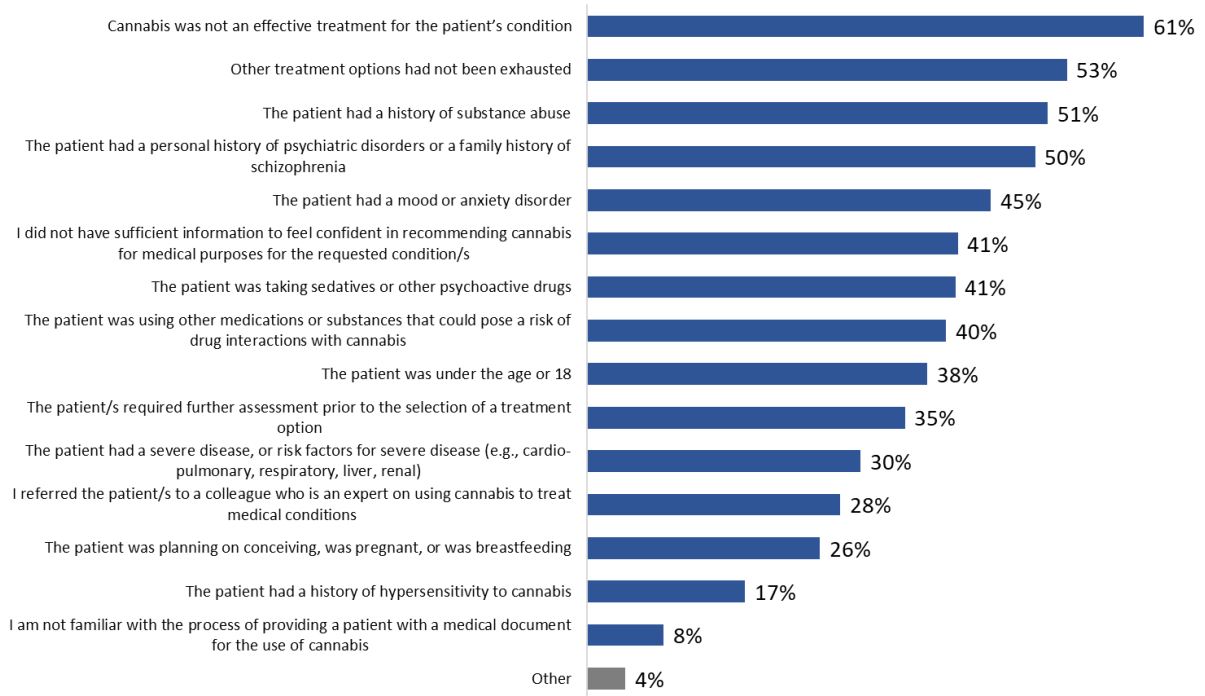
Q5B. Why have you not given a patient a medical document to access cannabis to treat their symptom or disease? [Multiple Responses Accepted] Base: n=392; those who have not given patients a medical document to access cannabis to treat their symptom or disease.

Cannabis viewed as an ineffective treatment—top reason for not recommending it

Health care providers who have ever recommended that patients **not** use cannabis to treat their symptom or disease (n=262) most often said they did so because cannabis is not an effective

treatment for their patient’s condition (61%). Other reasons identified by half or more of the health care providers in question included other treatment options having not been exhausted (53%), the patient’s history of substance abuse (51%), and the patient’s personal history of psychiatric disorders or a family history of schizophrenia (50%) (multiple responses accepted). The graph below includes the full set of reasons identified by these medical doctors and nurse practitioners.

Figure 75: Reasons for recommending patients not use cannabis

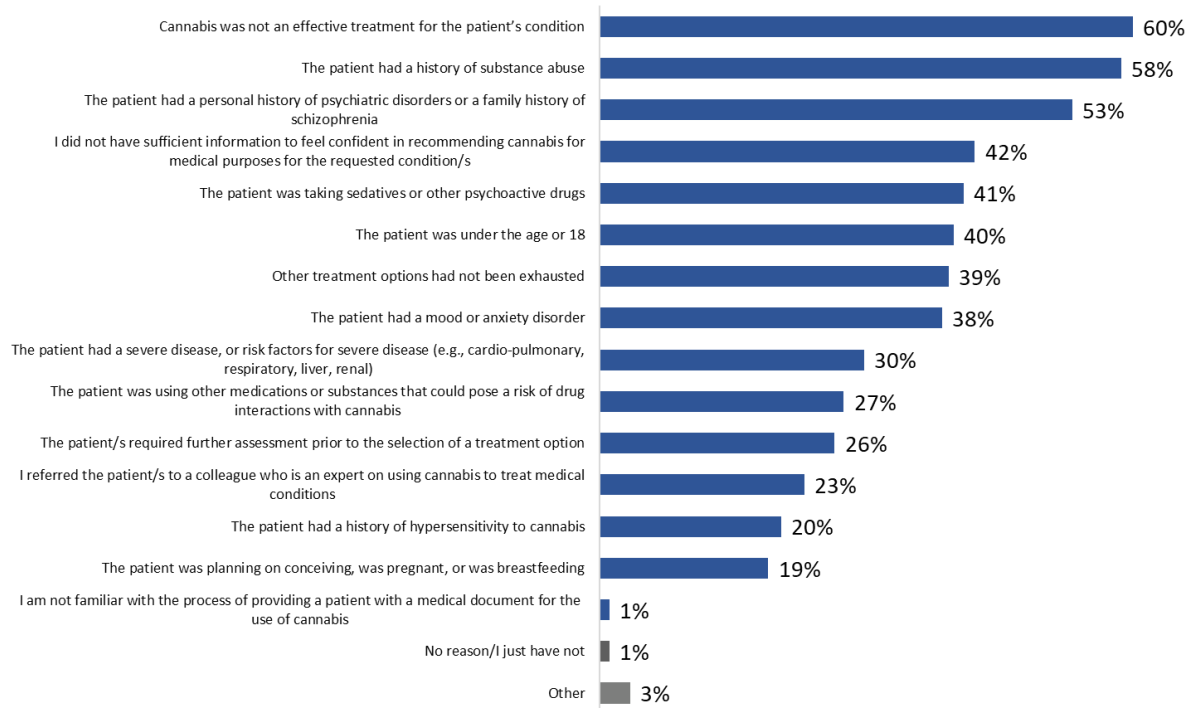


Q6A. Why have you recommended to a patient that they do not use cannabis to treat their symptom/disease? [Multiple Responses Accepted] Base: n=262; those who have recommended patients to not use cannabis to treat their symptom/disease.

Ineffective as treatment and patient history—top reasons for refusing medical document to access cannabis

Health care providers who refused to give a medical document to access cannabis for medical purposes to a patient (n=84) most often provided three reasons to explain why, with each one identified by a majority: cannabis not being an effective treatment for the patient’s condition (60%), a patient’s history of substance abuse (58%), and a patient’s personal history of psychiatric disorders or family history of schizophrenia (53%) (multiple responses accepted). Note that these same reasons were among the reasons most frequently given to explain why health care providers recommended that patients not use cannabis to treat their symptom or disease. The graph below includes the full set of reasons identified by these practitioners.

Figure 76: Reasons for refusing to give patients medical document to access cannabis



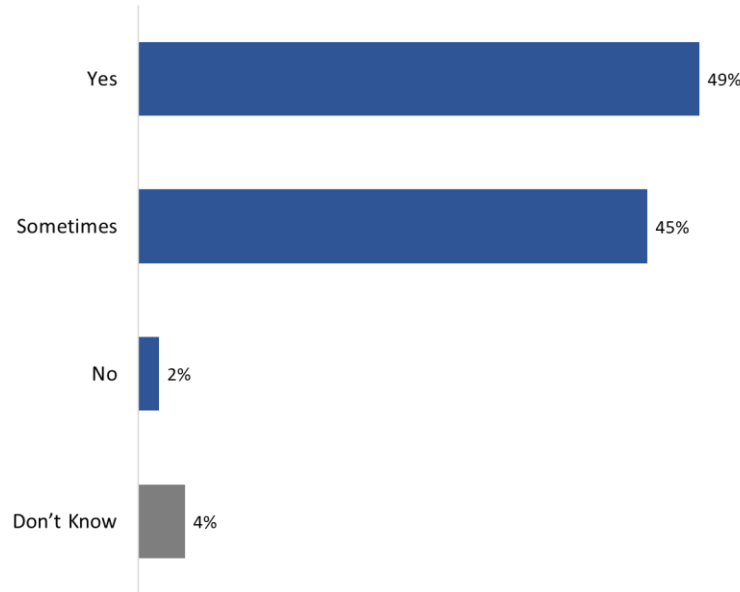
Q6B. Why have you refused to give a patient a medical document for the use of cannabis for medical purposes? [Multiple Responses Accepted] Base: n=84; those who have refused to give a patient a medical document for the use of cannabis for medical purposes.

2. Views of the Therapeutic Value of Cannabis

Majority believe there is at least sometimes therapeutic value in the use of cannabis

Asked if there is therapeutic value to the use of cannabis, nearly half the health care providers surveyed (49%) answered yes, with most of the rest (45%) answering 'sometimes'. A very small proportion (2%) said they thought there was no therapeutic value in it and 4% said they did not know.

Figure 77: Therapeutic value to use of cannabis



Q10. In your opinion, is there therapeutic value to the use of cannabis? Base: n=823; all respondents.

Nurse practitioners (84%) were more likely than medical doctors (48%) to hold the view that there is therapeutic value to the use of cannabis. So too were HCPs practicing in Quebec (56%) and Ontario (52%) compared to those practicing in British Columbia or the North (42%) as well as HCPs who are very (68%) or somewhat (51%) comfortable talking to patients about cannabis (vs. 34% of those who are not very or not at all comfortable) and those who view themselves as knowledgeable (65%) about cannabis for medical purposes (vs. 34% of those who said their knowledge is poor to very poor). Additionally, HCPs who have authorized cannabis through a medical document (61%) were more likely than those who have not authorized cannabis (43%) to say there is therapeutic value to the use of cannabis.

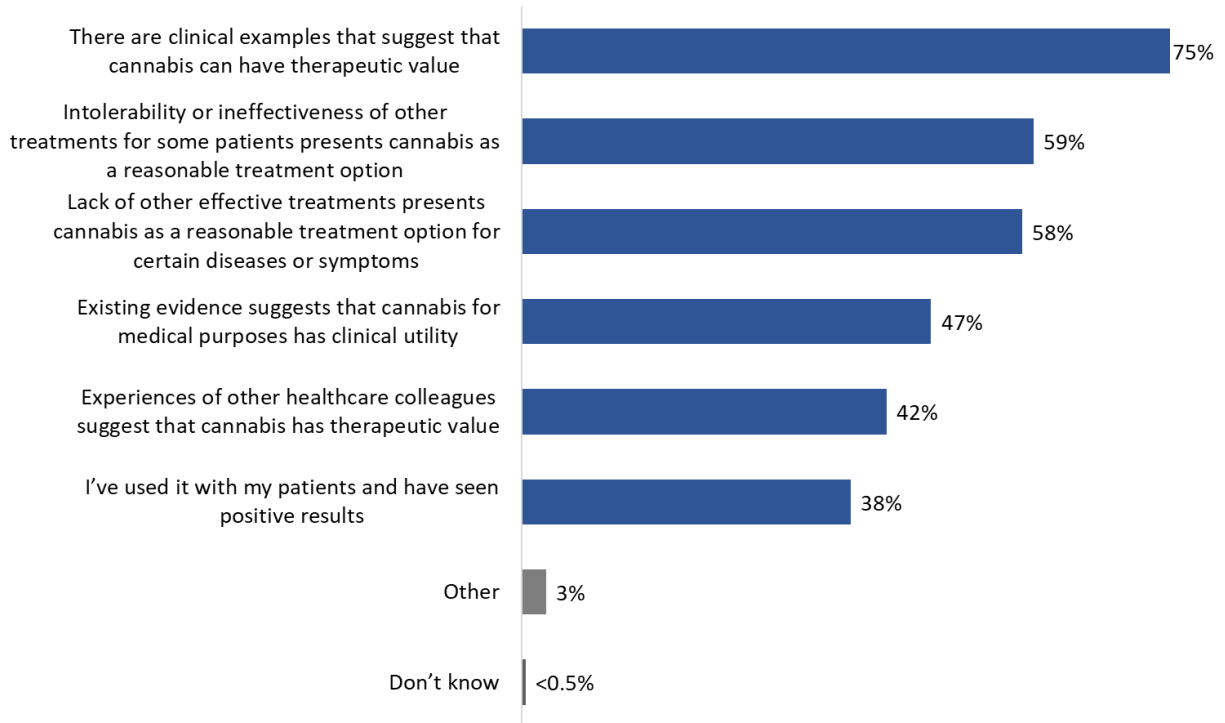
Clinical examples are the top reason for belief in therapeutic value of cannabis

Three-quarters of those who said they believe there is at least some therapeutic value to the use of cannabis (n=774) pointed to clinical examples as the rationale for believing so.

Smaller and nearly identical majorities identified two other reasons to explain why: the intolerability or ineffectiveness of other treatments for some patients presents cannabis as a reasonable treatment option (59%), and the lack of other effective treatments which presents cannabis as a reasonable treatment option for certain diseases or symptoms (58%) (multiple responses accepted).

Nearly half (47%) pointed to existing evidence suggesting that cannabis for medical purposes has clinical utility, while 42% pointed to the experiences of other health care colleagues, and 38% pointed to their own experience with their patients.

Figure 78: Reasons why there is therapeutic value to use of cannabis



Q11. You said there is therapeutic value to the use of cannabis. Will you please explain why? Base: n=774; those who said there was or sometimes was therapeutic value to cannabis.

Those who said that terpenes (87%) are the part of the cannabis plant with therapeutic value were more likely than those who pointed to CBD (77%) to say that there are clinical examples that suggest that cannabis can have therapeutic value. In contrast, those who said that other cannabinoids (61%) or THC (57%) are the parts with therapeutic value were more likely than those who pointed to CBD (50%) to say existing evidence suggests that cannabis for medical purposes has clinical utility. Compared to those who said that CBD (40%) is the part of the plant with therapeutic value, those who mentioned terpenes (61%) or THC (51%) were more likely to say that they have used cannabis with their patients and have seen positive results.

HCPs who have given a patient a medical document were more likely than those who have not authorized cannabis for medical purposes to attribute their view that there is therapeutic value to cannabis to the following reasons: they used it with their patients and have seen positive results (66% vs. 22%), there are clinical examples that suggest that cannabis can have therapeutic value (80% vs 72%), the lack of other effective treatments presents cannabis as a reasonable treatment option for certain diseases or symptoms (67% vs 53%), intolerability or ineffectiveness of other treatments for some patients presents cannabis as a reasonable treatment option (71% vs 53%), and existing evidence suggests that cannabis for medical purposes has clinical utility (57% vs 42%).

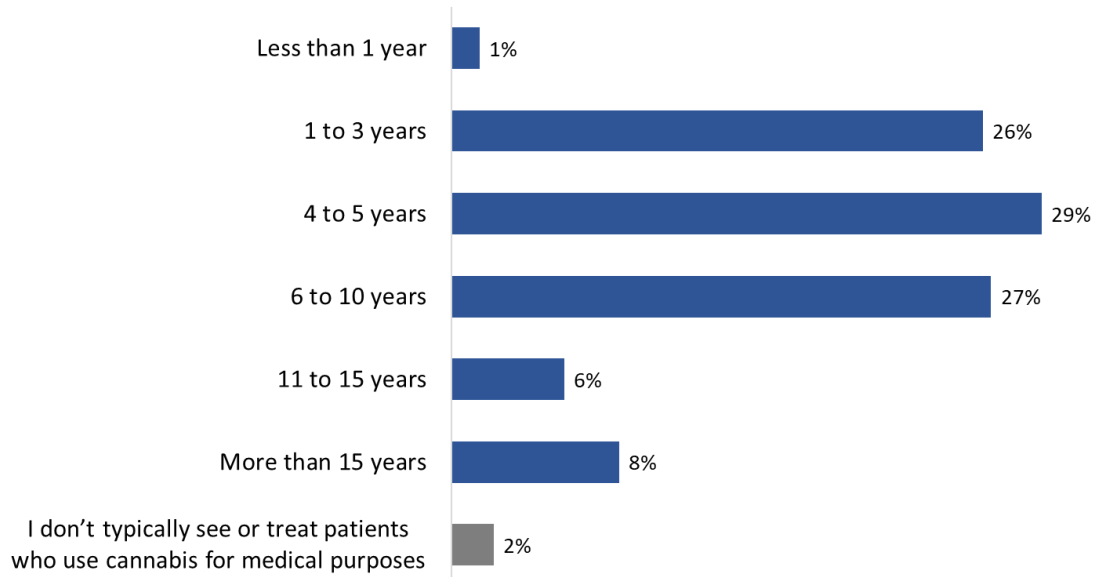
Practitioners who said there was no therapeutic value to cannabis, of which there were very few, (n=15) most often explained why by pointing to insufficient evidence to establish that cannabis has clinical utility, lack of standards for dosing, and lack of efficacy data or clinical trials.

3. Experience with Patients who use Cannabis for Medical Purposes

Length of time treating patients who use cannabis for medical purposes varies

As the graph below shows, the length of time health care providers have been seeing and/or treating patients who use cannabis for medical purposes varies. Relatively similar proportions said they have been doing so for one to three years (26%), four to five years (29%), and six to 10 years (27%). Fourteen percent have been doing so for more than 10 years, while very few (1%) have been doing so for less than one year. A small number (2%) said they do not typically see or treat patients who use cannabis for medical purposes.

Figure 79: Length of time treating patients who use cannabis for medical purposes



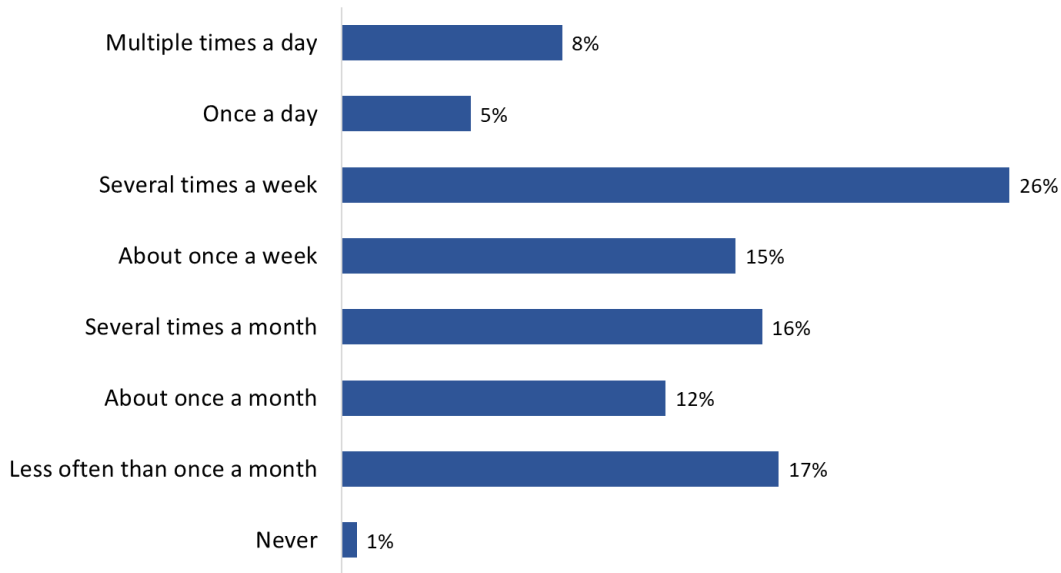
Q16. How long have you been seeing and/or treating patients who use cannabis for medical purposes? Base: n=823; all respondents.

Those who are very comfortable talking to patients about cannabis were more likely to have been treating patients who use cannabis for medical purposes for more than 15 years (17% vs. 6% of those who are less comfortable doing this). The same is true about knowledge—those who rated their knowledge about cannabis for medical purposes as good or very good were more likely to have been treating patients for more than 15 years (12% vs. 7% of those who are less knowledgeable about this).

Frequency of seeing patients who use cannabis for medical purposes varies

The frequency with which medical doctors and nurse practitioners see patients who use cannabis for medical purposes varies widely. That said, a little more than half indicated that they see such patients rather frequently, i.e., at least once a week. This includes the largest single proportion (26%) who said they see such patients several times a week, 15% who said they see such patients about once a week, and 13% who said they see such patients at least once a day. The rest of the health care providers surveyed see such patients less frequently: 16% do so several times a month, 12% about once a month, and 17% less often than once a month. One percent said they never see such patients.

Figure 80: Frequency seeing patients who use cannabis for medical purposes



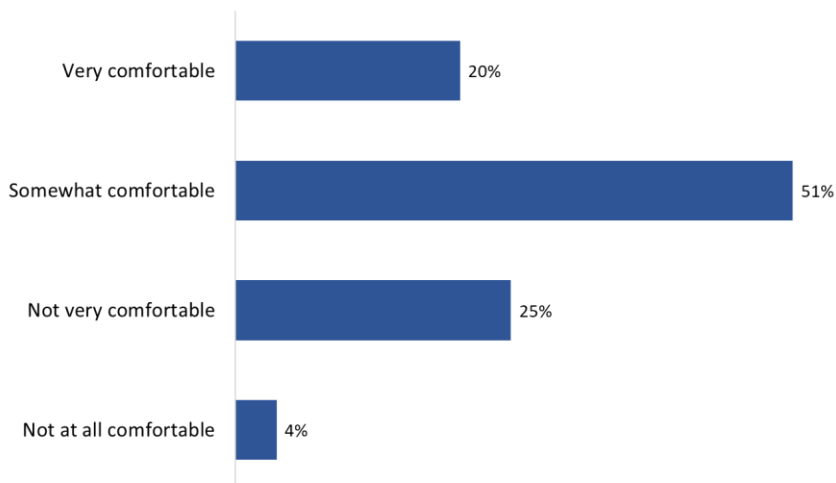
Q17. On average, how often do you see patients who use cannabis for medical purposes? Base: n=823; all respondents.

Health care providers who are very comfortable talking to patients about cannabis were more likely than those who are somewhat or not comfortable doing this to report seeing patients who use cannabis for medical purposes multiple times a day (18% vs. 6%).

Majority comfortable talking to patients about cannabis

Asked how comfortable they are talking to patients about using cannabis for medical purposes, close to three-quarters of health care providers (71%) characterized themselves as at least somewhat comfortable doing this (20% saying very comfortable). On the other hand, one-quarter said they are not very comfortable doing this, and 4% said they are not at all comfortable doing it.

Figure 81: Comfort level talking to patients about cannabis



Q18. How comfortable are you talking to patients about using cannabis for medical purposes? Base: n=823; all respondents.

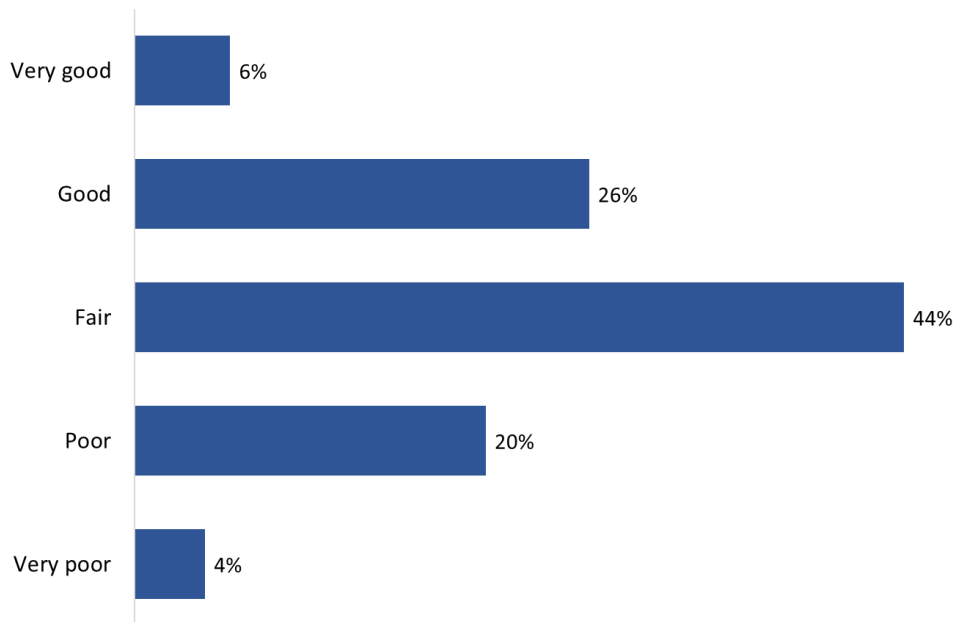
The following groups of HCPs were more likely to be very comfortable talking to patients about using cannabis for medical purposes: practitioners aged 55 and older (31% vs. 17% of those 35 to 54 and 19% of those under 35); those who have been treating patients with cannabis for more than 15 years (42% vs. 19% of those who have been treating patients with cannabis for less than 15 years); and HCPs who are knowledgeable about cannabis for medical purposes (51% of those who have good or very good knowledge vs. 6% of those who are less knowledgeable).

4. Knowledge and Perceptions of Cannabis for Medical Purposes

Three-quarters have at least a fair level of knowledge about cannabis for medical purposes

Asked to rate their level of knowledge about cannabis for medical purposes, three-quarters of health care providers (76%) said they have at least a fair level of knowledge about this. The largest single proportion (44%) rated their level of knowledge as fair, while one-quarter (26%) rated their knowledge level as good and 6% as very good. Conversely, approximately one-quarter of respondents characterized their level of knowledge of cannabis for medical purposes as poor (20%) or very poor (4%).

Figure 82: Knowledge of cannabis for medical purposes



Q19. How would you rate your level of knowledge about cannabis for medical purposes? Base: n=823; all respondents.

Health care practitioners who said there is therapeutic value for cannabis were more likely to characterize their level of knowledge about cannabis for medical purposes as good or very good (42% vs. 23% of those who said there is sometimes therapeutic value) as were those who are very comfortable talking to patients about cannabis (80% vs. 30% of those who are only somewhat comfortable doing this).

Confidence levels vary by area

Survey respondents were asked how confident they are in the following areas:

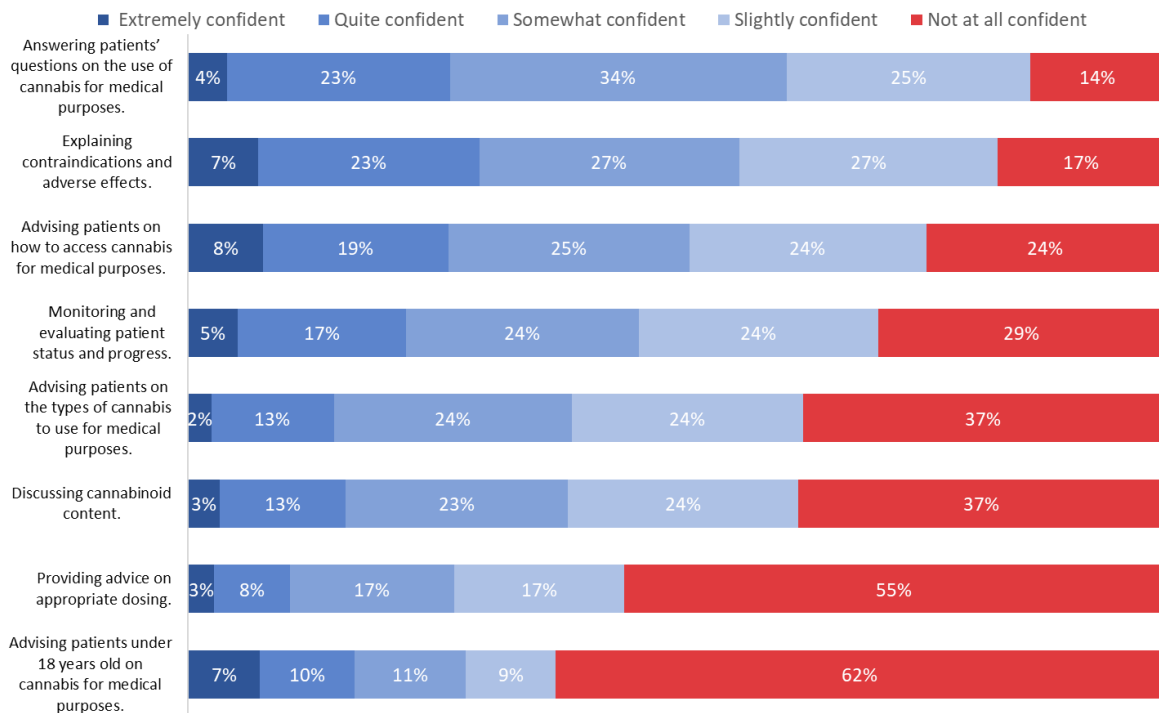
- Answering patients' questions on the use of cannabis for medical purposes.
- Explaining contraindications and adverse effects.
- Advising patients on how to access cannabis for medical purposes.
- Monitoring and evaluating patient status and progress.
- Advising patients on the types of cannabis to use for medical purposes.
- Discussing cannabinoid content.

- Providing advice on appropriate dosing.
- Advising patients under 18 years old on cannabis for medical purposes.

As the graph below shows, in only three areas did a majority of health care providers rate themselves as at least somewhat confident. This included answering patients’ questions on the use of cannabis for medical purposes (61%), explaining contraindications and adverse effects (57%), and advising patients on how to access cannabis for medical purposes (52%). In the five other areas, the likelihood of health care providers rating themselves as at least somewhat confident ranged from 46% in the case of monitoring and evaluating patient status and progress to 28% in the case of advising patients under 18 years old on cannabis for medical purposes and providing advice on appropriate dosing.

In fact, in all five other areas, respondents were more likely to rate themselves as only slightly confident or not confident at all. The likelihood of doing so ranged from 53% in the case of monitoring and evaluating patient status and progress, to 72% in the case of providing advice on appropriate dosing. Moreover, regarding the latter and advising patients under 18 years old on cannabis for medical purposes, a majority of practitioners rated themselves as not confident at all (62% when it came to advising patients under 18 years old on cannabis for medical purposes, and 55% when it came to providing advice on appropriate dosing).

Figure 83: Confidence



Q20. How confident are you in the following areas....? Base: n=823; all respondents.

Practitioners with high levels of comfort and knowledge in relation to cannabis for medical purposes were more likely than those who are not comfortable or who have poor knowledge to say they are confident in all these areas. In contrast, HCPs who are not very or not all comfortable

talking to patients about cannabis for medical purposes and/or who have poor or very poor knowledge about cannabis for medical purposes were more likely to rate themselves as not at all confident in all these areas.

HCPs who have authorized the use of cannabis with a medical document were more likely than their counterparts who have not done so to say they are at least quite confident with regards to:

- Answering patients' questions on the use of cannabis for medical purposes.
- Explaining contraindications and adverse effects.
- Advising patients on how to access cannabis for medical purposes.
- Monitoring and evaluating patient status and progress.
- Advising patients on the types of cannabis to use for medical purposes.
- Discussing cannabinoid content.
- Providing advice on appropriate dosing.
- Advising patients under 18 years old on cannabis for medical purposes.

Half or more see *both* benefits and risks to using cannabis for medical purposes and agree that there needs to be more education

Health care providers were asked how much they agree or disagree with the following statements about cannabis for medical purposes:

- There needs to be more education about cannabis for medical purposes.
- There are mental health risks associated with cannabis use for medical purposes.
- Cannabis has therapeutic value for patients under medical supervision for treating disease/disorders or symptoms of disease/disorder.
- There are physical health risks associated with cannabis use for medical purposes.
- There are physical health benefits to using cannabis for medical purposes.
- There is sufficient evidence to support the use of cannabis for medical purposes for some conditions.
- I know where to find information about cannabis for medical purposes if I need it.
- There are mental health benefits to using cannabis for medical purposes.

Half or more of the health care providers surveyed agreed with each of these statements, and with one exception, agreement was more likely to be moderate than strong.

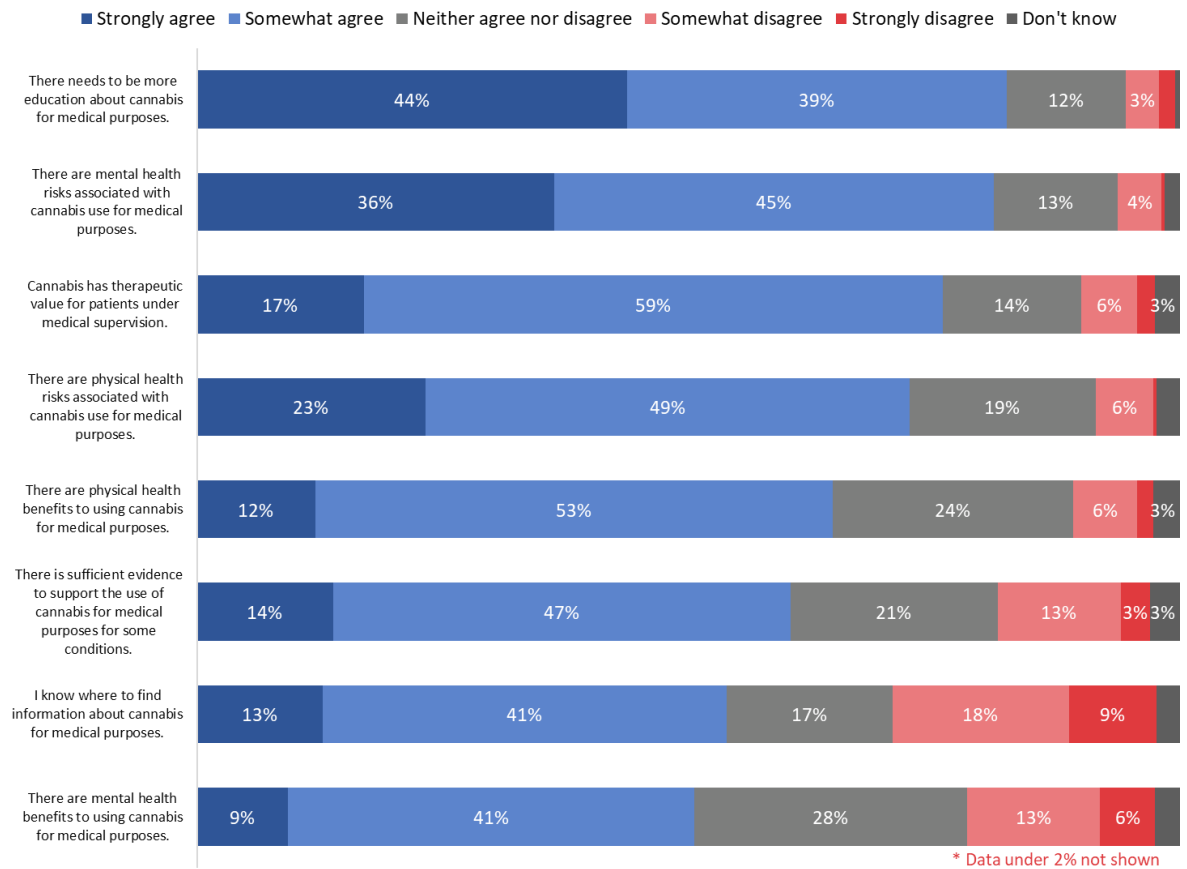
Practitioners were most likely to agree that there needs to be more education about cannabis for medical purposes (83%) and that there are mental health risks associated with cannabis use for medical purposes (81%). Agreement that there needs to be more education about cannabis for medical purposes was the only instance where agreement was more likely to be strong than moderate.

Approximately three-quarters of respondents agreed that cannabis has therapeutic value for patients under medical supervision for treating diseases or disorders or the symptoms of diseases or disorders (76%), and that there are physical health risks associated with cannabis use for medical purposes (72%). Nearly two-thirds (65%) agreed that there are physical health benefits to using cannabis for medical purposes, while well over half (60%) agreed that there is sufficient evidence to support the use of cannabis for medical purposes for some conditions. A small majority (54%) agreed they know where to find information about cannabis for medical purposes if they need it,

while exactly half agreed that there are mental health benefits to using cannabis for medical purposes.

In all but one instance, health care providers who did not agree with these statements were more likely to say that they did not know rather than to express disagreement. The exception concerned the statement ‘I know where to find information about cannabis for medical purposes if I need it’ (17% said they did not know and 27% expressed disagreement). Levels of disagreement with other statements ranged from 4% to 19%.

Figure 84: Agreement levels about cannabis for medical purposes



Q21. How much do you agree or disagree with the following statements about cannabis for medical purposes....? Base: n=823; all respondents.

The following subgroup differences are noteworthy:

- Those who do not recommend sources of cannabis for medical purposes were less likely to agree that they know where to find information about cannabis for medical purposes (47% vs. 58% of those who recommend sources to patients).
- HCPs who recommend sources of cannabis were more likely to strongly agree (19%) that cannabis has therapeutic value than those who do not recommend sources for cannabis for medical purposes (14%). They were also more likely to strongly agree that there needs to be

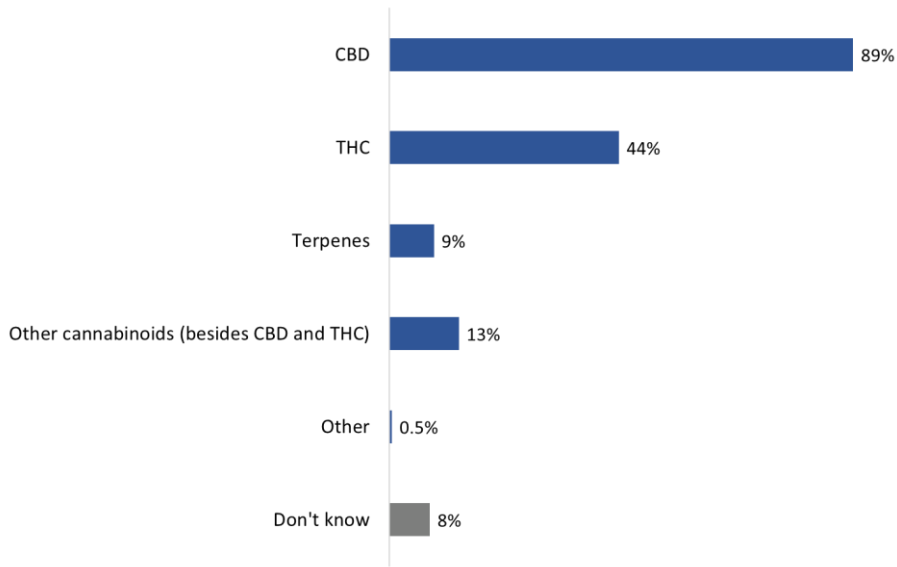
more education about cannabis for medical purposes (47% vs. 40% of those who do not recommend sources).

- Practitioners who always follow up with their patients were more likely than those who sometimes or never do to strongly agree that there needs to be more education about cannabis for medical purposes (58% vs. 39%) and to strongly agree that there are physical health risks (26% vs. 17%) and mental health risks (40% vs. 27%) associated with cannabis use for medical purposes.
- Those who are much more supportive of the use of cannabis for medical purposes post-legalization were more likely to strongly agree that there are physical health benefits to using cannabis for medical purposes (25% vs. 11% of those who are somewhat more supportive and 11% of those who report no change following the broader legalization of cannabis in October 2018).
- Overall, those who are very comfortable talking to patients about cannabis for medical purposes and those who characterized their knowledge in this area as good to very good were more likely than their counterparts who are not comfortable and/or not knowledgeable to strongly agree with all these statements.
- Those who have authorized the use of cannabis for medical purposes were more likely than those who have not done so to strongly agree that: there needs to be more education about cannabis for medical purposes; that cannabis has therapeutic value for patients under medical supervision; that there are physical health benefits to using cannabis for medical purposes; that there is sufficient evidence to support the use of cannabis for medical purposes for some conditions; and there are mental health benefits to using cannabis for medical purposes.

CBD considered most therapeutic part of Cannabis

When those who said there was at least some therapeutic value to the use of cannabis (n=774) were asked what parts of the cannabis plant have therapeutic value, the vast majority (89%) identified CBD. Following this, 44% identified THC, 13% identified other cannabinoids, and 9% identified terpenes (multiple responses accepted).

Figure 85: Therapeutic parts of cannabis plant



Q22. What parts of the cannabis plant have therapeutic value? [Multiple Responses Accepted]
 Base: n=774; those who said yes or sometimes to there being therapeutic value to the use of cannabis.

The following differences are noteworthy:

- HCPs aged 35 to 54 (45%) and aged 55+ (48%) were more likely than younger practitioners (34%) to say THC has therapeutic value.
- Those who recommend sources for accessing cannabis for medical purposes were more likely to say that THC (48% vs. 42% of those who do not recommend) and CBD (93% vs. 89% of those who do not recommend) are parts of the cannabis plant that have therapeutic value.
- Practitioners who are very comfortable talking to patients about cannabis for medical purposes, as well as those who rated their knowledge in this area as good or very good were more likely than those less comfortable and knowledgeable to say that all parts of the cannabis plant have therapeutic value (i.e., THC, CBD, terpenes, and other cannabinoids).
- Those who have authorized the use of cannabis by issuing a patient a medical document were more likely than those HCPs who have not done so to say that the parts of the cannabis plant that have therapeutic value are THC (55% vs. 38%), CBD (94% vs. 87%), and terpenes (13% vs 6%).
- HCPs who suggested a maximum amount of THC of 5.1 mg or higher were more likely to acknowledge the therapeutic value of CBD compared to those who suggested a maximum daily amount of 5 mg of THC or less.

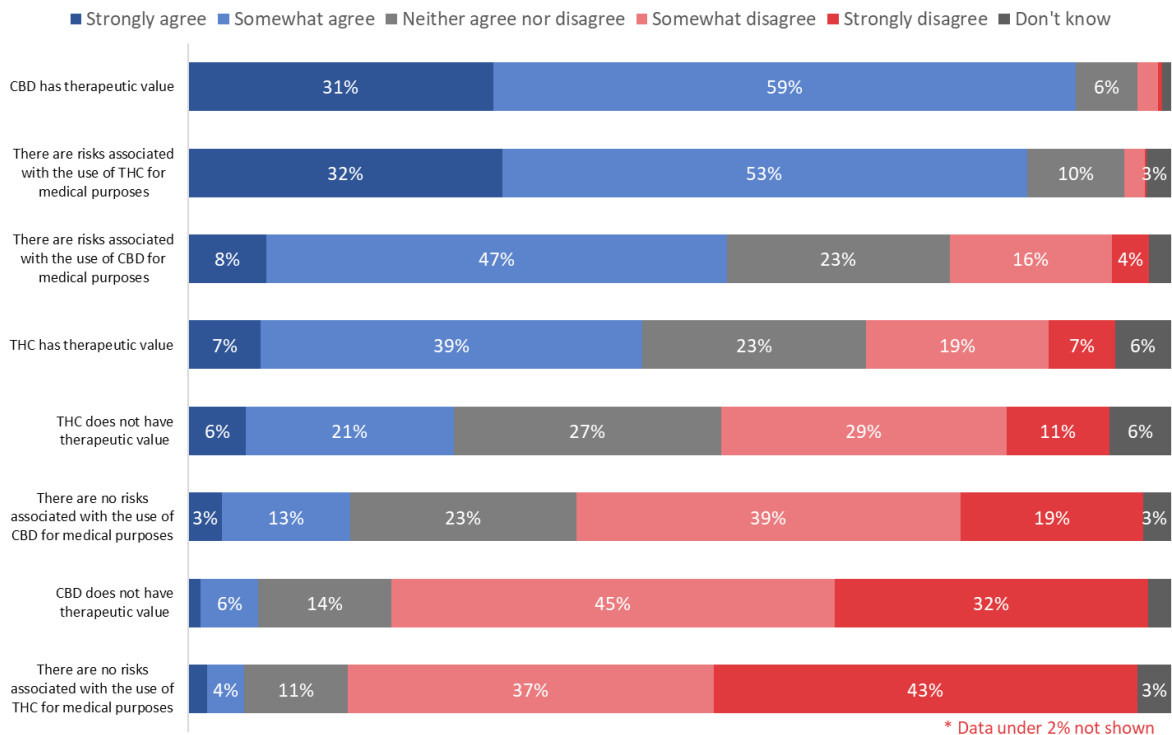
Views about THC and CBD vary greatly

Health care providers were asked how much they agree or disagree with the following statements about THC and CBD:

- CBD has therapeutic value.
- There are risks associated with the use of THC for medical purposes.
- There are risks associated with the use of CBD for medical purposes.
- THC has therapeutic value.
- THC does not have therapeutic value.
- There are no risks associated with the use of CBD for medical purposes.
- CBD does not have therapeutic value.
- There are no risks associated with the use of THC for medical purposes.

The extent to which respondents agreed about the therapeutic value and risks of THC and CBD varied widely. There was widespread agreement that CBD has therapeutic value (90%), and that there are risks associated with the use of THC for medical purposes (85%), though in each case agreement was more likely to be moderate than strong. The only other statement with which a majority agreed was that there are risks associated with the use of CBD for medical purposes (55%), with agreement much more likely to be moderate than strong, and the rest divided between those neither agreeing or disagreeing (23%) and those expressing disagreement (20%).

Figure 86: Agreement level about THC and CBD



Q23. How much do you agree or disagree with the following statements about THC and CBD...? Base: n=823; all respondents.

Close to half (46%) agreed that THC has therapeutic value, with agreement much more likely to be moderate than strong, and the rest divided between those expressing disagreement (26%) and

those neither agreeing nor disagreeing (23%). The statement 'THC does not have therapeutic value' was most likely to elicit mixed views: 27% agreeing, 40% disagreeing, and 27% neither agreeing nor disagreeing.

A majority of health care providers expressed disagreement with the three remaining statements. Strong majorities disagreed that there are no risks associated with the use of THC for medical purposes (80%) and that CBD does not have therapeutic value (77%), while a smaller majority (58%) disagreed that there are no risks associated with the use of CBD for medical purposes (16% agreeing and 23% neither agreeing nor disagreeing).

Many HCPs consider cannabis at least somewhat helpful for pain, palliative care, nausea/vomiting, wasting and weight loss, sleep problems and feelings of anxiety

Health care providers were asked how helpful they think cannabis is for treating the following symptoms:

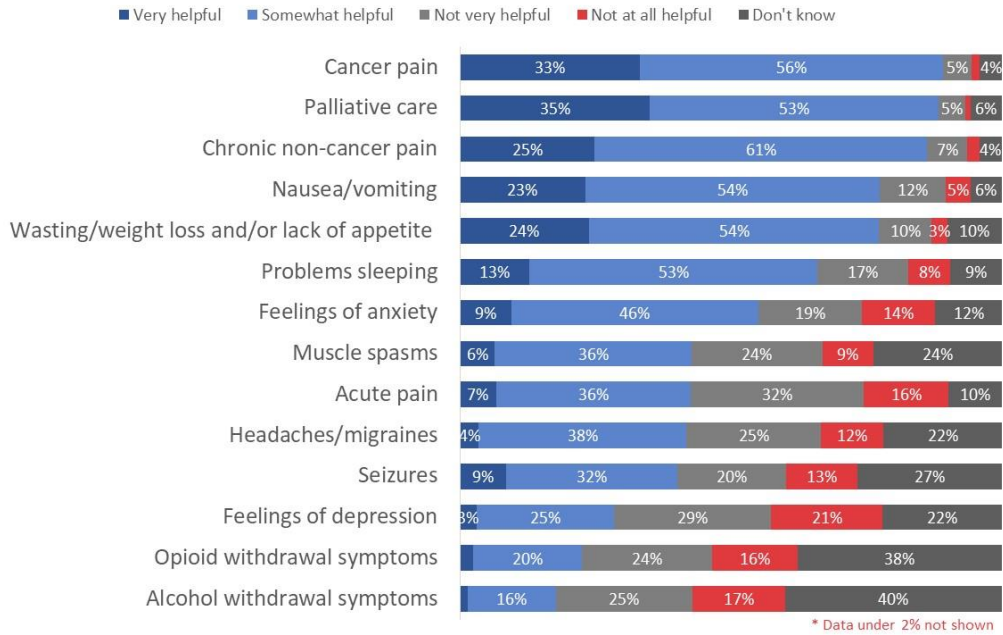
- Acute pain (severe or sudden pain that resolves within a certain amount of time)
- Chronic non-cancer pain (persistent pain, lasting for months or even longer)
- Cancer pain
- Nausea/vomiting
- Wasting/weight loss and/or lack of appetite (e.g., from HIV/AIDS or cancer)
- Headaches/migraines
- Muscle spasms
- Seizures
- Problems sleeping
- Alcohol withdrawal symptoms
- Opioid withdrawal symptoms
- Palliative care
- Feelings of anxiety
- Feelings of depression

While a majority felt that cannabis is at least somewhat helpful in treating most of these symptoms, the size of the majority varied. Moreover, cannabis was much more likely to be considered somewhat helpful than very helpful for every one of these symptoms.

There was widespread agreement that cannabis is at least somewhat helpful in treating cancer pain (89%), palliative care (88%), and chronic non-cancer pain (86%). Just over three-quarters described it as at least somewhat helpful for wasting/weight loss and/or lack of appetite (78%), and nausea (77%), while two-thirds described it as at least somewhat helpful for problems sleeping. A small majority described it as at least somewhat helpful for anxiety.

Fewer than half considered cannabis at least somewhat helpful for treating the remaining conditions, with the proportion ranging from 43% in the case of acute pain to 17% in the case of alcohol withdrawal symptoms. Impressions that cannabis is not very/not at all helpful in treating symptoms were highest regarding feelings of depression (50%), acute pain (48%), alcohol withdrawal symptoms (42%), opioid withdrawal symptoms (40%), headaches (37%), and muscle spasms, feelings of anxiety, and seizures (33% each).

Figure 87: Helpfulness of cannabis – Symptoms



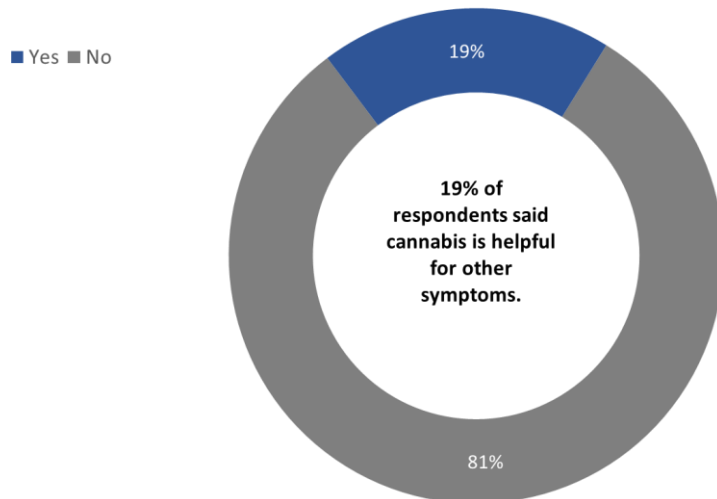
Q24. How helpful do you think cannabis is for the following symptoms...? Base: n=823; all respondents.

Overall, those with good or very good knowledge about cannabis for medical purposes were more likely to say that cannabis is helpful for these symptoms as compared to those with less knowledge about cannabis for medical purposes.

Large majority do not believe cannabis is helpful for other symptoms

Health care providers were asked if they thought cannabis was helpful for any other symptoms. In response, a large majority (81%) said no.

Figure 88: Other symptom cannabis is helpful for



Q240. Are there any other symptoms you think cannabis is helpful for? Base: n=823; all respondents.

Among those who felt cannabis would be helpful for other symptoms (n=157), nearly all (98%) said they thought cannabis would be at least somewhat helpful (19% said it would be *very* helpful) for other symptoms. When asked to identify which other symptoms they believe cannabis is helpful for, most HCPs reiterated the symptoms they were already asked to assess (see Figure 87). Other symptoms commonly mentioned included pruritus, joint and muscle pain, spasticity, nightmares, stress, and mood swings.

Perceived helpfulness of cannabis in treating diseases or disorders varies

Respondents were asked how helpful they think cannabis is for treating the following diseases or disorders:

- Epilepsy
- Multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), spinal cord injury
- Arthritis
- Dystonia
- Huntington’s disease
- Parkinson’s disease
- Tourette’s syndrome
- Glaucoma
- Post-Traumatic Stress Disorder (PTSD)
- Other anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder)
- Depression (e.g., clinical depression, major depressive disorder)
- Schizophrenia/psychosis
- Alzheimer’s disease/dementia
- Autism
- Skin diseases
- Irritable bowel syndrome
- Inflammatory bowel diseases (e.g., Crohn’s, colitis)
- Liver disease
- Obesity
- Diabetes
- Cancer
- Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)
- Insomnia
- HIV/AIDS

As the graph below illustrates, impressions about how helpful cannabis is for treating these diseases or disorders varied and tended to be mixed.

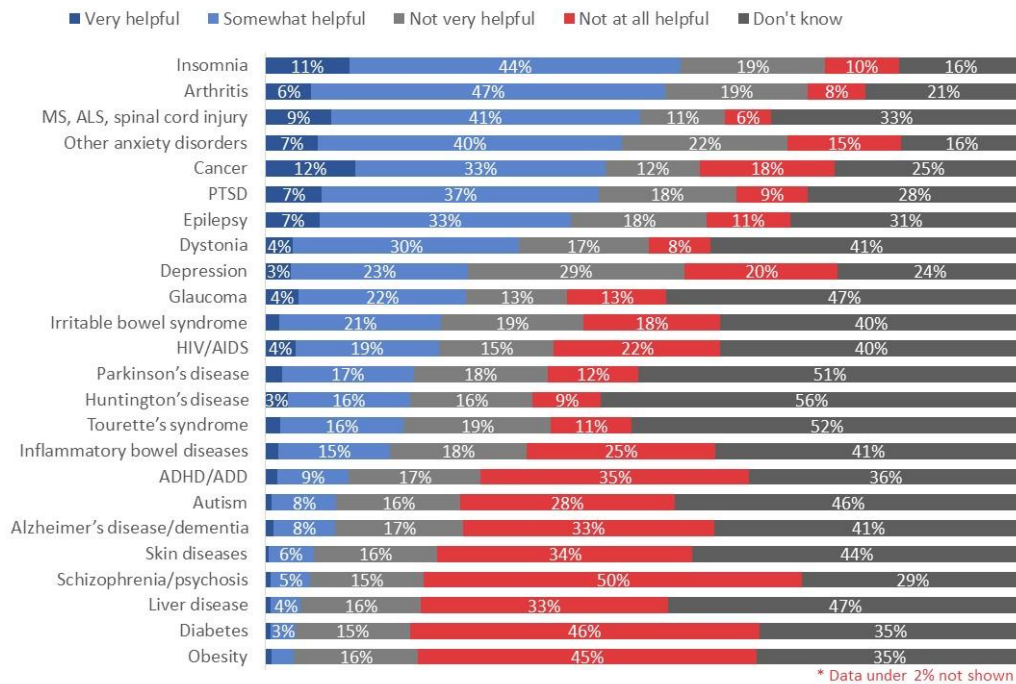
Small majorities rated cannabis at least somewhat helpful for treating insomnia (55%) and arthritis (53%), while exactly half said they found it helpful for treating multiple sclerosis, ALS and spinal cord injury. In each of these cases (but also most others), health care providers were much more likely to rate cannabis as somewhat helpful than very helpful.

Conversely, there were diseases and disorders regarding which a majority rated cannabis as not very or not at all helpful. Nearly two-thirds (65%) indicated that cannabis is not very or not at all

helpful in treating schizophrenia and psychosis, and well over half indicated the same regarding diabetes and obesity (61% each). Just over half (52%) felt that cannabis is not very or not at all helpful in treating ADHD and ADD, while exactly half said the same regarding skin disease and Alzheimer’s disease/dementia. In each of these cases, respondents were much more likely to rate cannabis as not at all helpful than not very helpful.

In three instances, small majorities indicated that they did not know whether cannabis is helpful or not. This included Huntington’s disease (56%), Tourette’s syndrome (52%), and Parkinson’s disease (51%).

Figure 89: Helpfulness of cannabis - Diseases or Disorders



Q25. How helpful do you think cannabis is for the following diseases or disorders...? Base: n=823; all respondents.

Those who are comfortable discussing cannabis for medical purposes with patients and those who are knowledgeable about cannabis for medical purposes were more likely to say that cannabis is helpful for many of these diseases or disorders as compared to those with poor knowledge about cannabis for medical purposes and lack of comfort discussing it with patients.

When asked if there were other diseases or disorders they thought cannabis would be helpful for, nearly all (96%) said it was not helpful for treating other diseases or disorders. Among the few (n=33) who said cannabis would be helpful in treating other diseases or disorders, roughly three-quarters (72%) believe it is somewhat helpful while 22% believe it is very helpful. Caution should be exercised when interpreting these results due to the very small sample size.

Most think cannabis increases variety of risks—two-thirds cite psychotic symptoms

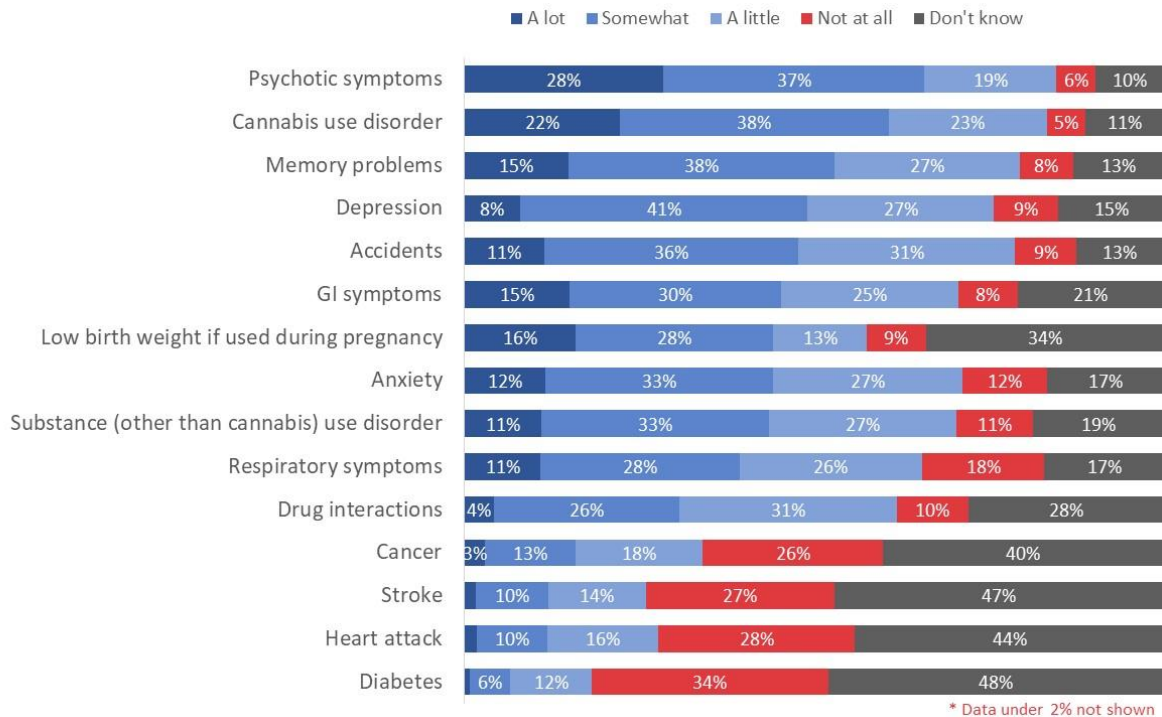
Health care providers were asked to what extent they think using cannabis for medical purposes will increase the following diseases, disorders and symptoms.

Access to Cannabis for Medical Purposes in Canada

- Psychotic symptoms
- Depression
- Memory problems
- Respiratory symptoms
- Accidents (e.g., falls, loss of consciousness)
- Low birth weight if used during pregnancy
- Stroke
- Diabetes
- Heart attack
- Cancer
- Anxiety
- Severe gastrointestinal (GI) symptoms (e.g., cannabis hyperemesis syndrome)
- Drug interactions
- Cannabis use disorder (i.e., dependence/problematic use)
- Substance (other than cannabis) use disorder

Nearly two-thirds (65%) said they thought that the use of cannabis would at least somewhat increase the risk of psychotic symptoms, followed by well over half (60%) who said they thought it would at least somewhat increase the risk of cannabis use disorder. Slightly more than half (53%) said they thought it would at least somewhat increase the risk of memory problems. Impressions that the use of cannabis would at least somewhat increase other diseases, disorders and symptoms varied widely, ranging from 49% in the case of depression to only 7% in the case of diabetes.

Figure 90: Cannabis' potential for increasing risks



Q26. To what extent do you think using cannabis for medical purposes increases the risk of...? Base: n=823; all respondents.

The proportion of respondents who thought that the use of cannabis would pose little to no risk in terms of increasing these diseases ranged from 22% in the case of low birth weight to almost half (46%) in the case of diabetes. The likelihood of practitioners saying they did not know what the effect of cannabis would be was highest regarding diabetes (48%), stroke (47%), heart attack (44%), and cancer (40%).

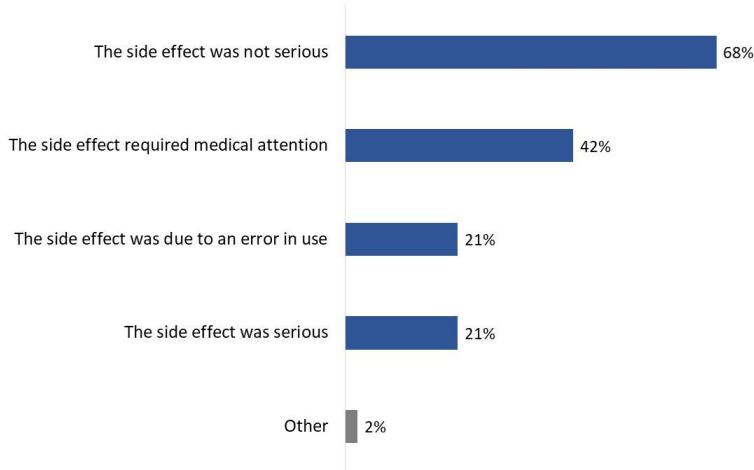
Small majority have had patients report negative reactions or side effect from cannabis, most of which were not serious

A small majority of medical doctors and nurse practitioners (54%) said that they have had patients report a negative reaction or side effect from using cannabis, while 32% said they have not had patients report negative reactions or side effects, and 14% said they did not know.

Health care providers practicing in Quebec were less likely than their colleagues practicing in other regions of the country to have had patients report a negative reaction or side effect (39% compared to 51% to 63% elsewhere in the country). Compared to HCPs working in large urban centres (52%), those working in smaller population centres or rural areas were more likely to have had a patient report a negative reaction or side effect (60%). In addition, HCPs who say they are very comfortable talking to patients about cannabis (61%) and who have a good or very good level of knowledge about cannabis for medical purposes (62%) were more likely than HCPs who are less comfortable and less knowledgeable (41% and 43%, respectively) to say they have had a patient report a negative reaction or side effect.

Of those health care providers who said they had patients report negative reactions or side effects from the use of cannabis for medical purposes (n=438), just over two-thirds (68%) said the side effects were not serious and no medical attention was sought. On the other hand, 42% said the side effects required medical attention. Approximately one in five (21%) respondents reported that the side effects were due to an error in use (e.g., overdosage, under dosage, use of wrong product) and/or that the side effects resulted in hospitalization, disability, incapacity, or death (multiple responses accepted).

Figure 91: Negative reactions or side effects



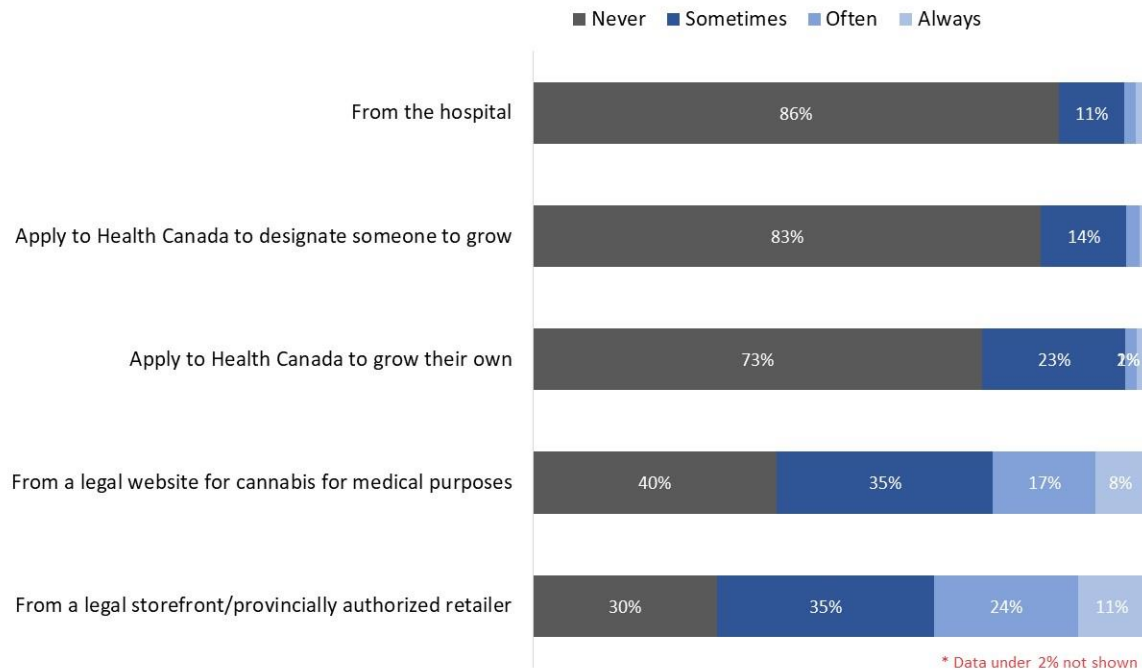
Q28. Thinking of the range of reactions and side effects among those patients, please indicate which of the following have been reported to you? [Multiple Responses Accepted] Base: n=438; those who said patients reported negative reactions or side effects.

Practitioners who recommend that patients grow their own cannabis with authorization from Health Canada were more likely to report that the side effect was due to an error in use (34% vs. 23% of HCPS who recommend sourcing cannabis from a legal storefront and 24% of those who recommend a legal website). Those who have good or very good knowledge about cannabis for medical purposes were more likely to say that the side effect was not serious (78% vs. 62% of those with fair or poor knowledge), as were HCPs who are much more supportive of the use of cannabis for medical purposes following the broader legalization of cannabis (78% vs. 56% of those who are less supportive and 64% of those who report no change in their view).

Practitioners are most likely to recommend patients access cannabis for medical purposes via a legal storefront or legal website

Asked where they recommend that their patients access cannabis for medical purposes, health care providers were most likely to say they recommend legal storefronts or provincially authorized retailers and legal websites at least some of the time. Specifically, 70% said they recommend legal storefronts at least sometimes while 60% said this about legal website for cannabis for medical purposes. Fewer HCPs recommend that patients access cannabis for medical purposes from the hospital or via Health Canada.

Figure 92: Recommendations to access cannabis for medical purposes



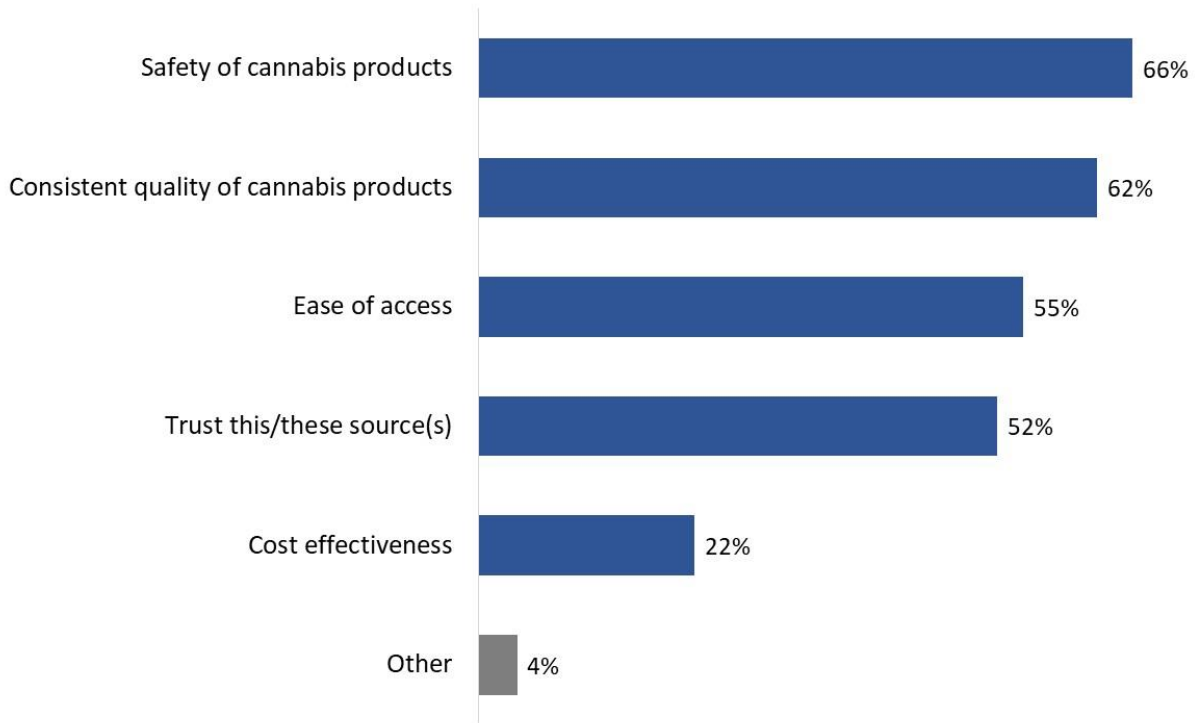
Q29. Where do you recommend that your patients access cannabis for medical purposes...? Base: n=823; all respondents.

Practitioners who are not comfortable discussing cannabis with patients and who have poor or very poor knowledge in this area were more likely to say they never recommend that patients access cannabis for medical purposes from a licensed seller for medical purposes, from a provincially authorized retailer, by designating someone to grow it for them, and by growing it themselves with authorization from Health Canada.

Product safety and consistency—top reasons why sources recommended

Of those who said they recommend patients access cannabis for medical purposes from select sources (n=646), two-thirds (66%) said they recommend the sources because of the safety of cannabis products, while slightly less (62%) said they recommend sources because of the consistent quality of cannabis products. Smaller majorities identified ease of access (55%) and trust in the sources (52%) as reasons for recommending sources. These reasons were followed at a distance by cost effectiveness (22%).

Figure 93: Reasons for recommending patients access cannabis for medical purposes from sources



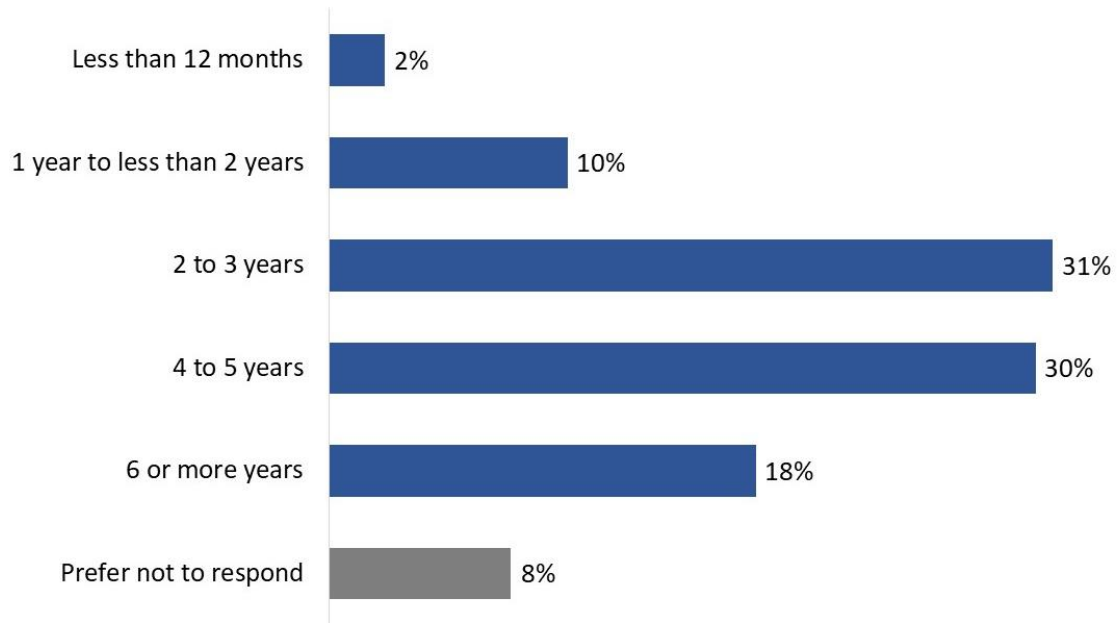
Q30. Why do you recommend that your patients access cannabis for medical purposes from...? [Multiple Responses Accepted] Base: n=646; those who said they sometimes, often or always recommend patients access to cannabis from select sources.

5. Recommendation of Cannabis for Medical Purposes

Majority have been recommending cannabis for between 2-5 years

A majority (60%) of respondents who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) indicated that they have been doing so for between two and five years. Within this group, almost identical proportions said they have been doing this for two to three years (31%) and four to five years (30%). Nearly one in five (18%) said they have been doing so for six years or more, while just over one in 10 (12%) said they have been doing so for less than two years.

Figure 94: Length of time recommending cannabis for medical purposes

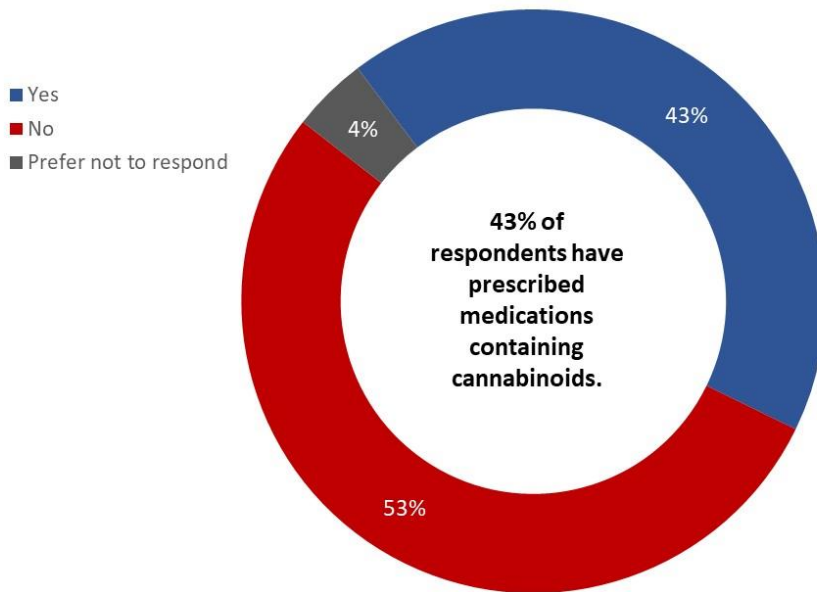


Q31. How long have you been recommending cannabis for medical purposes? Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Half have not prescribed pharmaceutical medications containing cannabinoids

Just over half (53%) of the health care providers who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) said they have **not** prescribed pharmaceutical medications containing cannabinoids (e.g., Sativex). Conversely, 43% said they have prescribed such pharmaceutical medications (4% preferred not to respond to this question).

Figure 95: Prescribed medications containing cannabinoids



Q32. Have you ever prescribed pharmaceutical medications containing cannabinoids (e.g., Sativex)? Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

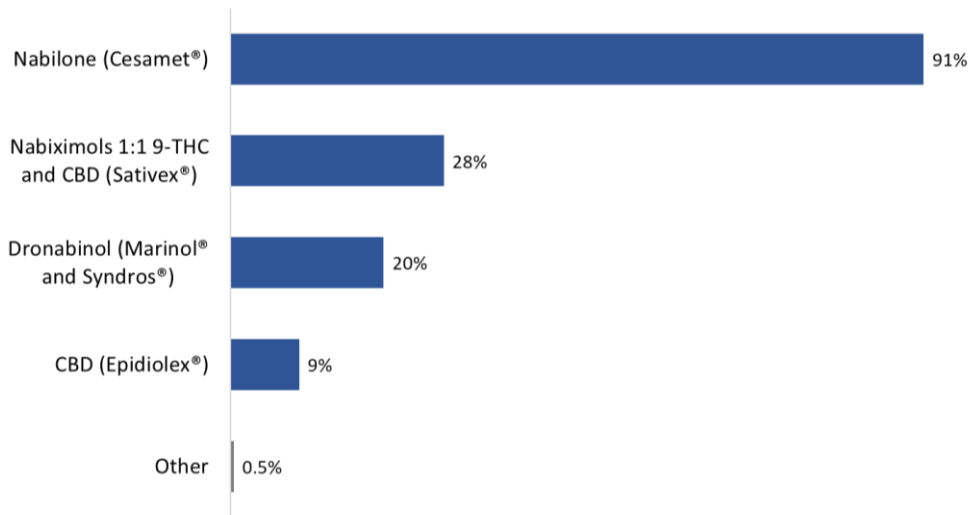
Those who have been practicing for more than 15 years were more likely to report having prescribed pharmaceutical medications containing cannabinoids (52% vs. 32% to 37% of those who have been practicing for less than 15 years). So too were those who said they are very comfortable talking to patients about cannabis for medical purposes (59% vs. 41% of those who are only somewhat comfortable doing this) and those who have good to very good knowledge in this area (57% vs. 36% of those with fair knowledge).

Practitioners who authorize a maximum daily amount of cannabis of 3 or more grams (61%) are more likely to have prescribed pharmaceutical medications containing cannabinoids than those whose maximum amount authorized is 1 or 2 grams (45%). HCPs also more likely to have prescribed medications containing cannabinoids are those who always follow up with their patients (56% vs. 26% of HCPs who sometimes or never follow up with patients).

Nabilone tops the list of prescribed pharmaceutical medications containing cannabis

Nabilone is by far the most frequently prescribed pharmaceutical medication containing cannabis. Among practitioners who have prescribed pharmaceutical medications containing cannabinoids (n=208), the vast majority (91%) said they have prescribed Nabilone. This was followed at a distance by Nabiximols 1:1-9-THC and CBD (28%), Dronabinol (20%), and CBD (9%) (multiple responses accepted).

Figure 96: Types of pharmaceutical medications prescribed

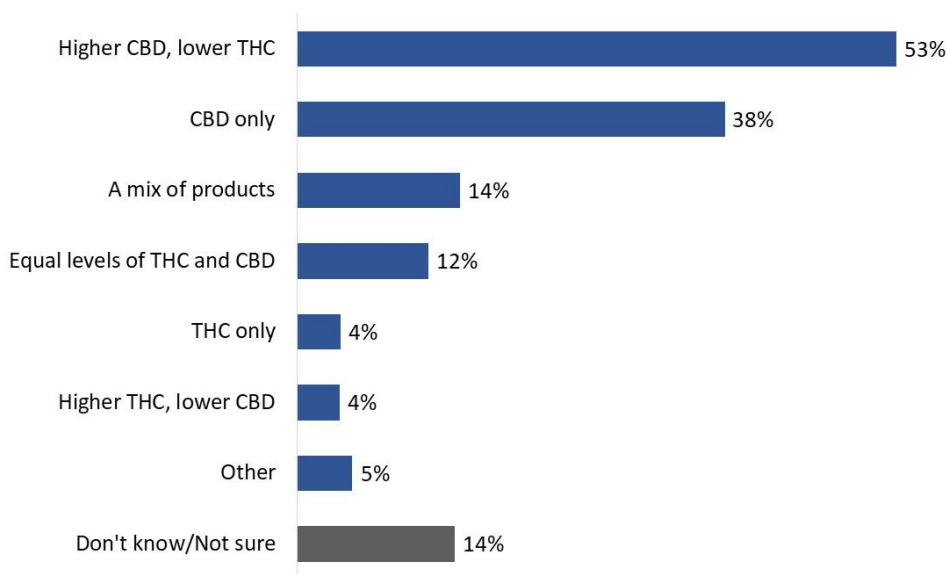


Q33. Which pharmaceutical medications containing cannabis have you prescribed? [Multiple Responses Accepted] Base: n=208; those who have pharmaceutical medications containing cannabinoids.

Most suggest higher or only CBD when recommending cannabis for medical purposes

Those who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) most often suggest higher CBD, lower THC or only CBD when doing so. Specifically, just over half (53%) said that they typically suggest higher CBD, lower THC, while over one-third (38%) said they typically suggest only CBD. Approximately one-quarter suggest either a mix of THC and CBD (14%) or equals levels (12%). A relatively small number typically suggest THC only or higher THC, lower CBD (4% each), while 14% said they are unsure or do not know (multiple responses accepted).

Figure 97: Suggested levels of THC and CBD



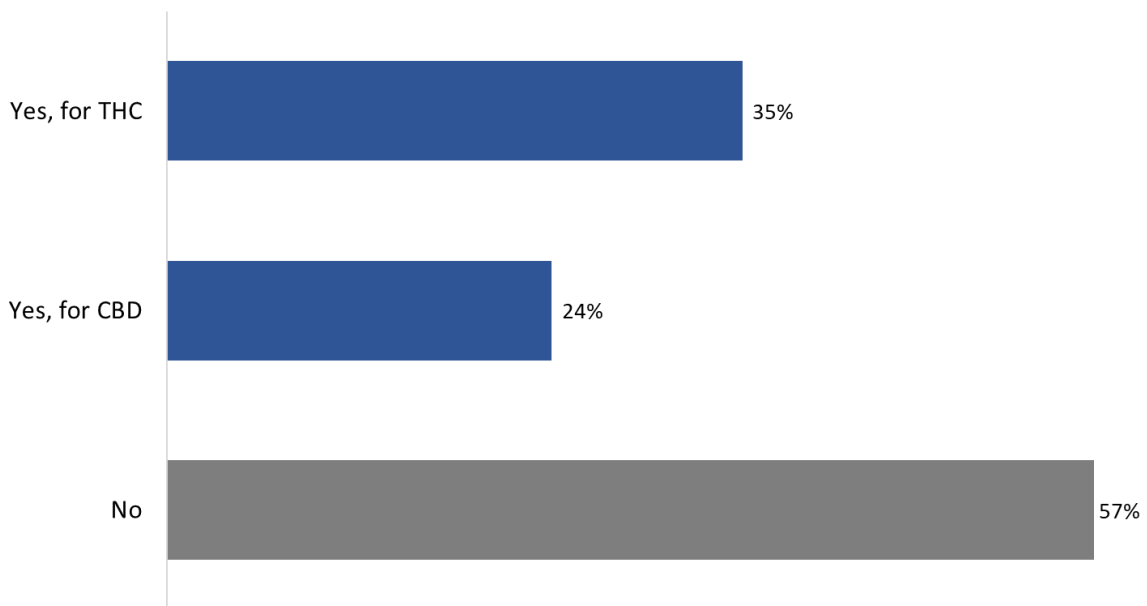
Q34. When recommending cannabis for medical purposes, what level of THC and CBD do you typically suggest? [Multiple Responses Accepted] Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Those who have authorized the use of cannabis for medical purposes were more likely than HCPs who have not to say they recommend higher CBD, lower THC (58% vs. 48%) or equal levels of THC and CBD (14% vs 8%).

Majority do not have a daily maximum amount of THC or CBD that they typically recommend

A majority (57%) of health care providers who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) said that they do not have a daily amount of THC or CBD that they typically recommend. On the other hand, just over one-third (35%) said that they do have a daily maximum amount of THC that they typically recommend, while approximately one-quarter (24%) said this about CBD (multiple responses were accepted).

Figure 98: Daily maximum amount of THC or CBD



Q35. Is there a daily maximum amount of THC or CBD that you typically recommend? [Multiple Responses Accepted]
 Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

HCPs who have authorized the use of cannabis for medical purposes were more likely than HCPs who have not to say there is a daily maximum amount of THC (45% vs. 22% of those who have not issued a medical document) and CBD (28% vs. 18% of those who have not issued a medical document) that they typically recommend to patients.

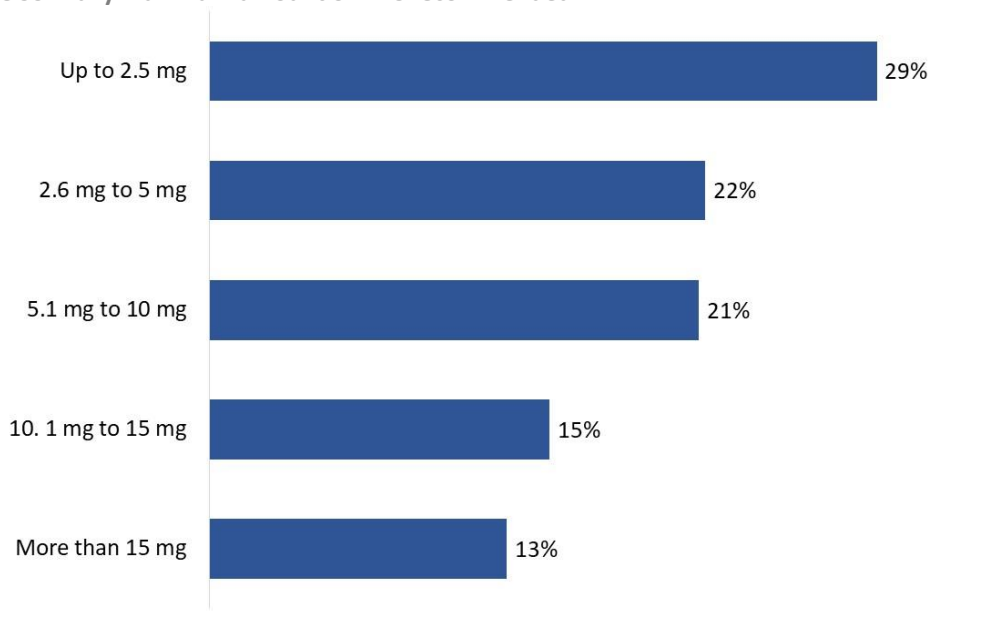
Additionally, HCPs who are comfortable talking to patients about cannabis for medical purposes (46%), as well as those who have good or very good knowledge about cannabis for medical purposes (46%) were more likely to report having a daily maximum amount of THC that they typically recommend (compared to their counterparts who are somewhat or not comfortable and who have fair to poor knowledge). Practitioners who always follow up with their patients were more likely than those who sometimes or never do to have a maximum daily amount for both THC and CBD. Those who recognize the therapeutic value of terpenes were more likely than those who recognize THC and CBD as therapeutic parts of the cannabis plant to say there is a maximum daily amount of THC that they typically recommend.

Recommended daily maximum amounts of THC and CBD tend not to exceed 10 mgs

As the two accompanying graphs show, recommended daily maximum amounts of THC and CBD vary. That being said, most practitioners do not recommend daily amounts exceeding 10 milligrams (mgs).

Among those who said they recommend a daily maximum amount of THC (n=175), close to three-quarters said they typically recommend daily amounts of 10 mgs. or less. The largest single proportion (29%) said they typically recommend up to 2.5. mgs. daily, followed by almost identical proportions saying they typically recommend between 2.6 and 5 mgs (22%) and between 5.1 and 10 mgs. (21%). The proportion of respondents who typically recommend a daily amount of more than 10 mgs. declines as the dose amount increases (from 15% who typically recommend between 10.1 and 15 mgs. to 1% who typically recommend more than 25 mgs.).

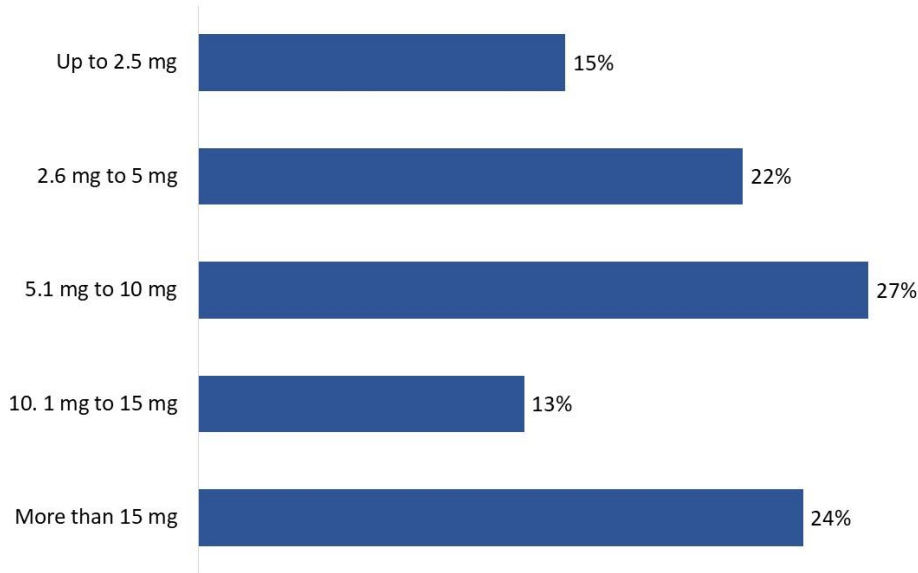
Figure 99: Daily maximum amount of THC recommended



Q36. What is the daily maximum amount of THC that you typically recommend? Base: n=175; those who say there is a daily maximum of THC.

Among those who said they typically recommend a daily maximum amount of CBD (n=117), nearly two-thirds (64%) said they typically recommend daily amounts of 10 mgs. or less, with the largest single proportion (27%) recommending between 5.1 and 10 mgs. The proportion of practitioners who typically recommend a daily amount of more than 10 mgs. includes 13% who typically recommend between 10.1 and 15 mgs., 4% who typically recommend between 15.1 and 20 mgs., 13% who typically recommend between 20.1 and 25 mgs, and 7% who typically recommend more than 25 mgs.

Figure 100: Daily maximum amount of CBD recommended

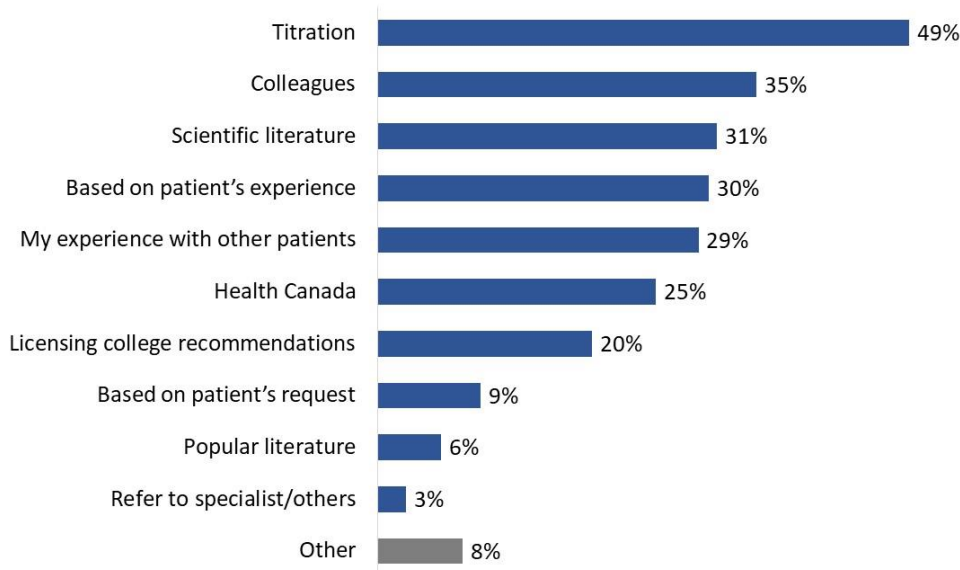


Q37. What is the daily maximum amount of CBD that you typically recommend? Base: n=117; those who say there's a daily maximum of CBD.

Various methods used to determine recommended dosage

Those who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) identified a variety of ways by which they determine what dose to recommend. The most frequently mentioned way, identified by nearly half of these health care providers, was titration (i.e., starting low and increasing as needed).

Figure 101: Method to determine dose



Q38. How do you determine what dose to recommend? [Multiple Responses Accepted] Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

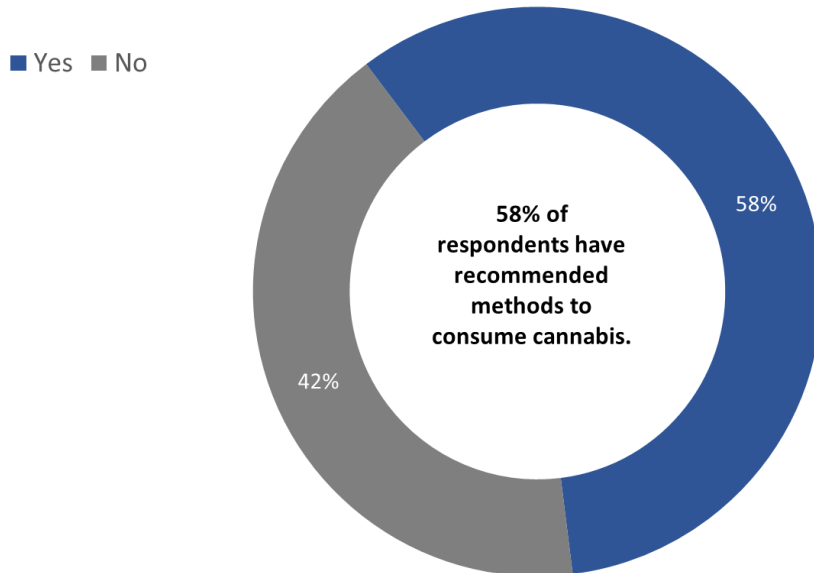
A number of other ways were identified by at least one in five respondents. In descending order of frequency these include, colleagues (35%), scientific literature (31%), the patient’s experience (30%), the practitioner’s experience with other patients (29%), Health Canada (25%), and licensing college recommendations (20%) (multiple responses accepted). Ways identified less frequently included basing the dosage on the patient’s request (9%), popular literature (6%), and referring to a specialist/others (3%).

The following types of HCPs were more likely to say they use titration to determine what dose they will recommend: those who are very comfortable talking to patients about cannabis for medical purposes (62%), those who have good or very good knowledge of cannabis (58%), those who recommend sources through which to access cannabis for medical purposes (52%), those who always follow up with their patients (63%), and those who have prescribed medication with cannabinoids (64%).

Majority have not recommended methods to consume cannabis

Among respondents who have recommended the use of cannabis or provided medical documents to access cannabis (n=494), a majority (58%) said that they do not suggest ways to consume cannabis.

Figure 102: Suggested methods to consume cannabis



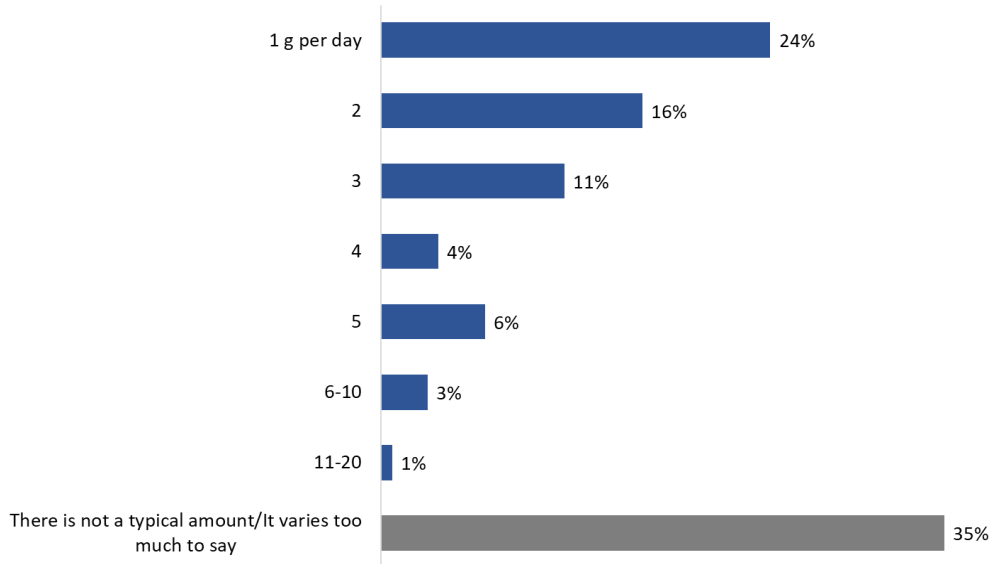
Q39. When recommending cannabis for medical purposes, do you suggest methods to consume cannabis? Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Practitioners who are very comfortable talking to patients about cannabis for medical purposes (69% vs. 43% of those not very or not at all comfortable) and those who have good or very good knowledge of cannabis (68% vs. 34% of those with poor or very poor knowledge) were more likely to say they suggest methods for consuming cannabis. In addition, health care providers who have authorized the use of cannabis for medical purposes were more likely to say they do suggest methods to consume cannabis (65%) compared to those who have not issued a medical document (49%).

Daily amounts of dried cannabis authorized on medical documents varies

As the accompanying graph shows, the typical daily amount of dried cannabis authorized on a medical document by health care providers who have provided such documents to access cannabis (n=283) varies. The largest single proportion (35%) indicated that there is no typical amount or that it varies too much to say. Half (51%) identified the typical daily amount that they authorize as three grams or less (24% identifying one gram per day, 16% identifying two grams, and 11% identifying 3 grams). Fourteen percent identified typically authorized amounts of four grams or more.

Figure 103: Daily amount of dried cannabis authorized on medical document

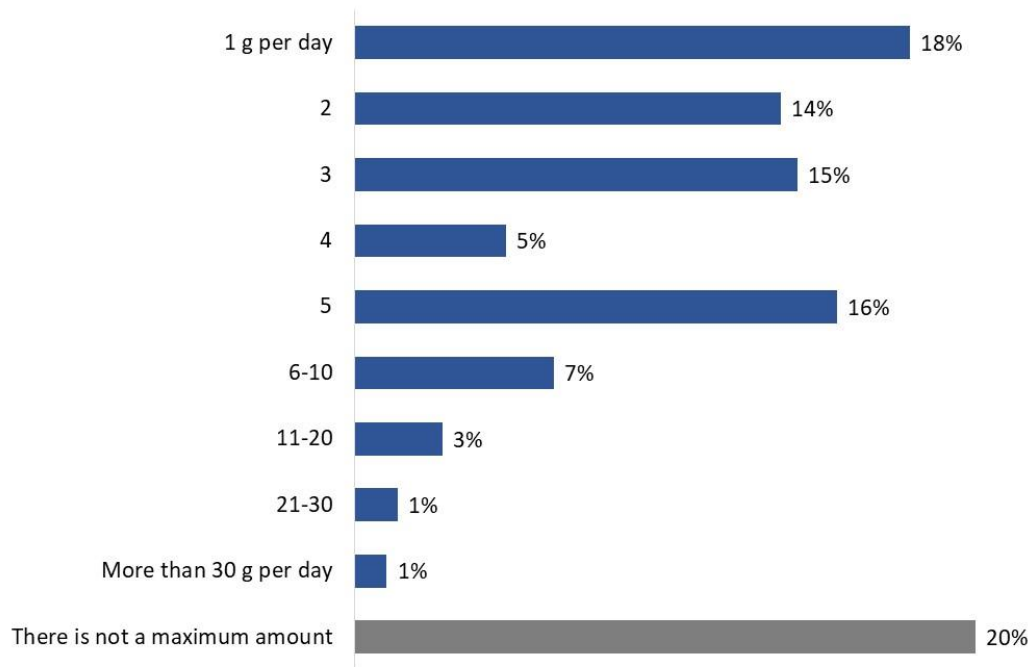


Q40. What is the typical daily amount of dried cannabis that you authorize on a medical document (in grams per day)?
 Base: n=283; those who have provided medical documents to access cannabis.

Daily amount of dried cannabis HCPs are comfortable authorizing varies

The maximum daily amount of dried cannabis that this same group of health care providers is comfortable authorizing on a medical document also varies. Just over two-thirds placed themselves in a comfort zone ranging from one to five grams per day (18% identifying one gram per day, 14% identifying two grams, 15% identifying 3 grams, 5% identifying 4 grams, and 16% identifying 5 grams). Twelve percent placed themselves in a comfort zone exceeding 5 grams per day, while one in five indicated that there is no maximum amount of cannabis they are comfortable authorizing.

Figure 104: Maximum daily amount of dried cannabis authorized on medical document



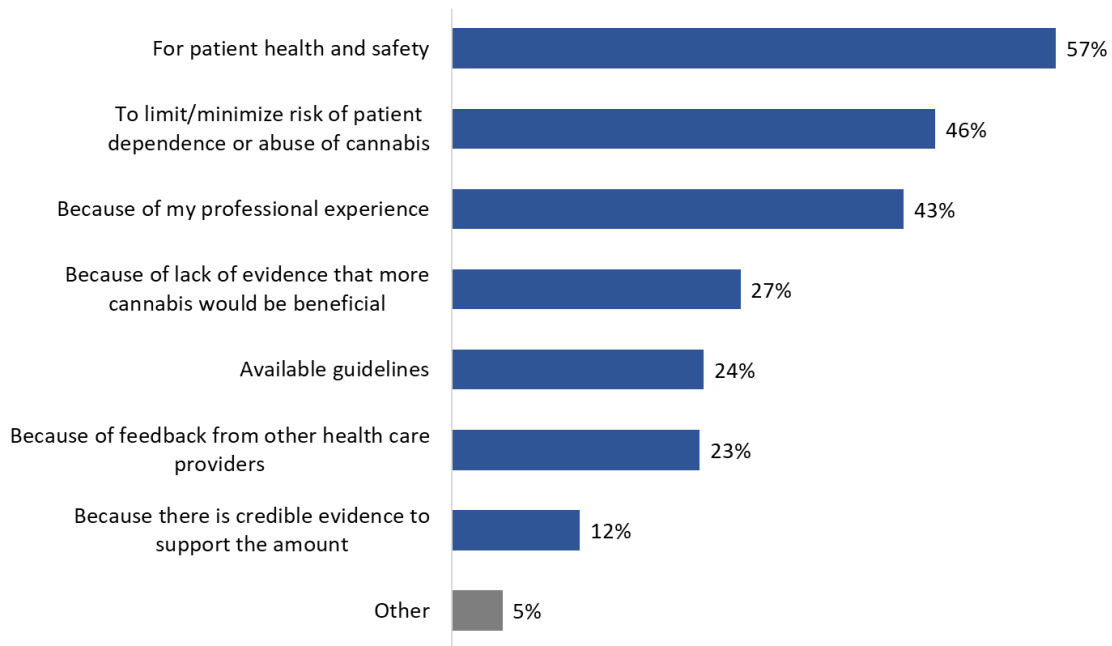
Q41. What’s the maximum daily amount of dried cannabis that you’re comfortable authorizing on a medical document?
 Base: n=283; those who have provided medical documents to access cannabis.

Health and safety - main reason for identifying maximum daily amounts of dried cannabis

Those who identified a maximum daily amount of dried cannabis that they are comfortable authorizing on a medical document (n=225) provided various reasons to explain why. The most frequently given reason, identified by over half (57%) was the patient’s health and safety. This was followed by a desire to limit/minimize the risk of a patient’s dependence on or abuse of cannabis (46%), and a decision based on professional experience (43%) (multiple responses accepted).

Reasons identified less often, but still relatively frequently, included lack of evidence that more cannabis would be beneficial (27%), available guidelines (24%), and feedback from other health care providers (23%). The only other reason given with any frequency was because there is credible evidence to support the maximum amount in question (12%).

Figure 105: Reasons for maximum daily amount of dried cannabis authorized on medical document

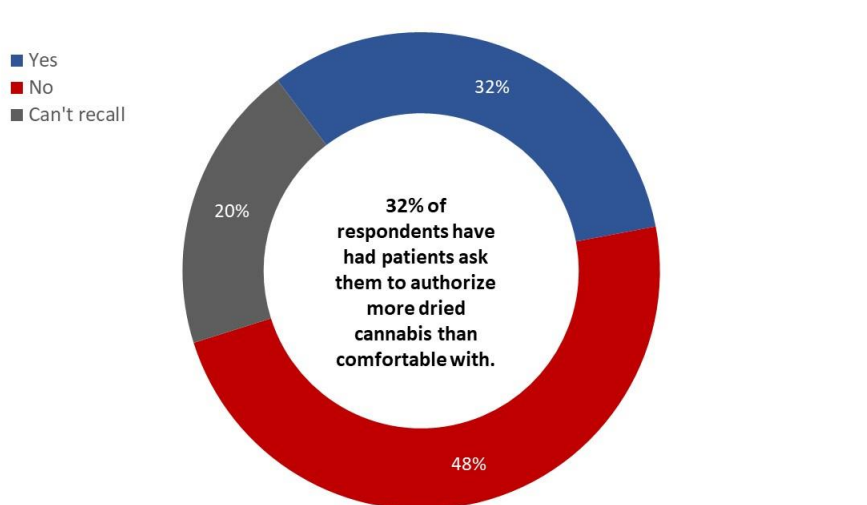


Q42. Why is [Q41] the maximum daily amount of dried cannabis that you're comfortable authorizing on a medical document? [Multiple Responses Accepted] Base: n=225; those who say there is a maximum daily amount of dried cannabis they are comfortable authorizing.

A third of HCPs receive requests for dried cannabis exceeding their comfort level

Nearly one-third (32%) of these same practitioners (n=225) indicated that they have patients who have asked them to authorize more dried cannabis than they are comfortable authorizing. Nearly half (48%) said this is not the case and one in five (20%) said they cannot recall.

Figure 106: Patients request more cannabis than comfort levels



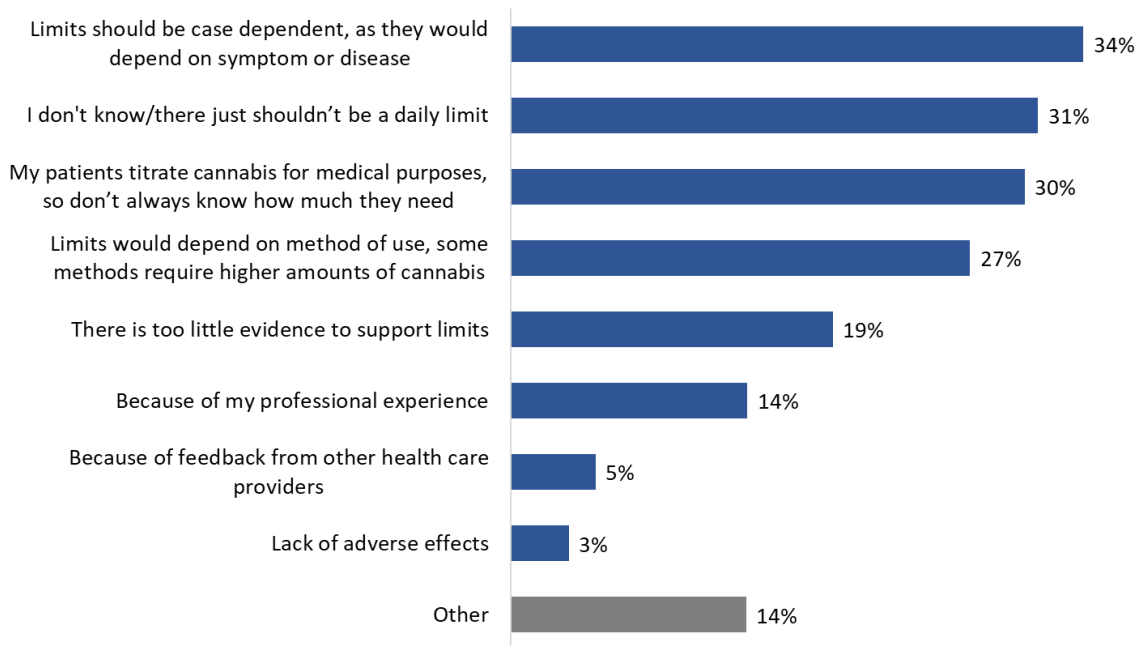
Q43. Have patients ever asked you to authorize more dried cannabis than you're comfortable with? Base: n=225; those who say there is a maximum daily amount of dried cannabis they are comfortable authorizing.

Various reasons for not identifying maximum daily amounts of dried cannabis

Practitioners who said that there is no maximum daily amount of dried cannabis that they are comfortable authorizing on a medical document (n=58) provided various reasons to explain why. Caution should be exercised when interpreting these results though due to the small sample size. Reasons identified most often, in descending order of frequency, included the following: limits should be case dependent, as they would depend on symptoms or disease (34%), the use of titration by patients, resulting in their not always knowing how much they need (30%), and the impression that limits should depend on method of use, some methods requiring higher amounts of cannabis (27%) (multiple responses accepted).

Nearly one in five (19%) said that there is too little evidence to support limits, while 14% pointed to their professional experience to explain why. Small numbers identified feedback from other health care providers (5%) and lack of adverse effects (3%). Nearly one-third of these practitioners (31%) said that they did not know but that there should not be a daily limit.

Figure 107: Reasons for no maximum daily amount of dried cannabis authorized on medical document

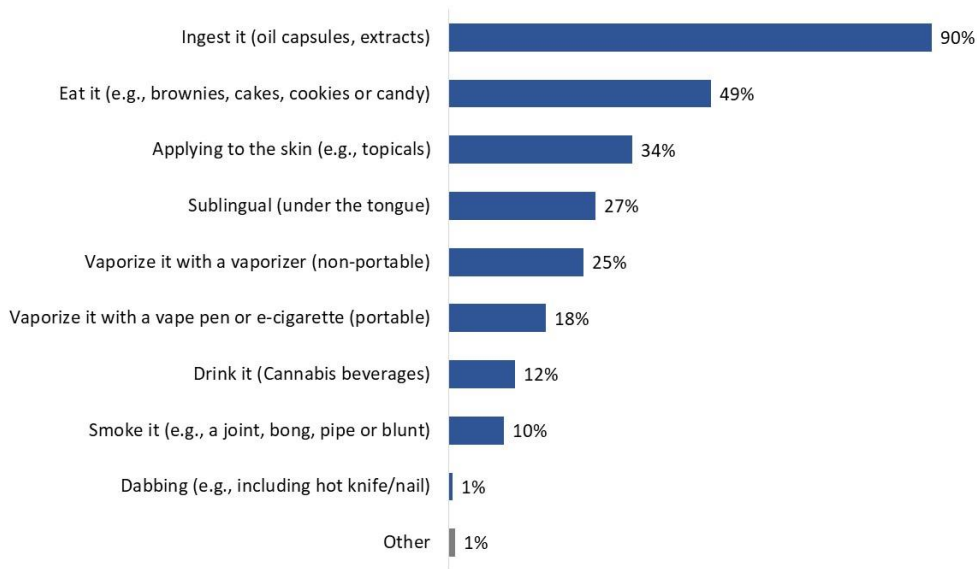


Q44. Why do you not have a daily limit of dried cannabis that you would authorize for patients for medical purposes? [Multiple Responses Accepted] Base: n=58; those who say there is no maximum daily amount of dried cannabis they are comfortable authorizing.

Ingestion—most frequently recommended method for consuming cannabis

Among practitioners who said they recommend methods to consume cannabis (n=288), the vast majority (90%) said they recommend ingesting it (i.e., oils, extracts). This was followed at a distance by eating it (49%), applying it to one's skin (34%), sublingual consumption (27%), vaporizing it with a non-portable vaporizer (25%), vaporizing it with a vape pen or e-cigarette (18%), drinking it (12%), and smoking it (10%) (multiple responses accepted). Only a few recommended dabbing.

Figure 108: Recommended methods to consume cannabis

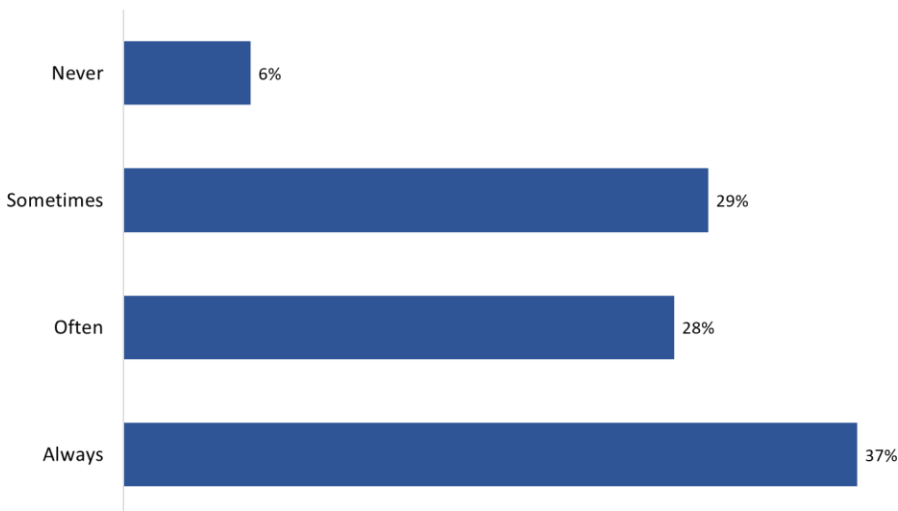


Q45. Which of the following methods do you most often recommend? [Multiple Responses Accepted] Base: n=288; those who recommend methods to consume cannabis.

Most follow up with patients after recommending cannabis

Health care providers who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) were asked if they typically follow-up with patients after they have recommended that their patients start using cannabis for medical reasons. In response, the largest single proportion (37%) said they always do so and over one-quarter (28%) said they often do so. An almost identical proportion (29%) said they sometimes do so, while 6% said they never do.

Figure 109: Follow up with patients



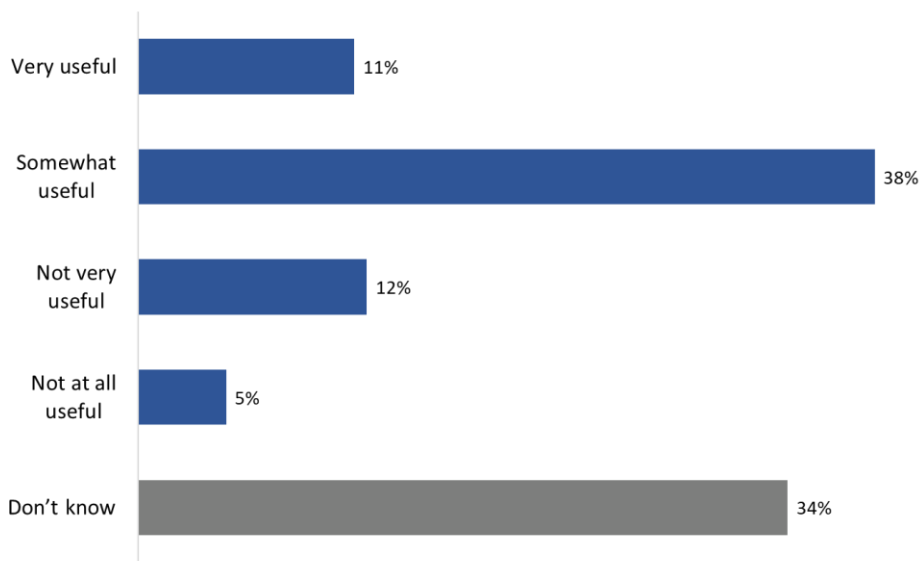
Q46. Do you typically follow up with patients after you have recommended that they start using cannabis for medical purposes? Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Those who have authorized the use of cannabis with a medical document were more likely to always (43%) and often (31%) follow up with patients compared to those who have recommended cannabis for medical purposes but who have not provided a medical document (28%, always and 23%, often).

Mixed assessment of Health Canada’s medical access program

All respondents were asked to assess the usefulness of Health Canada’s medical access program. In response, nearly half (49%) assessed it as useful, though they were much more likely to rate it as ‘somewhat useful’ (38%) than ‘very useful’ (11%). Conversely, 12% rated it as ‘not very useful’ and 5% as ‘not useful at all’. One-third of respondents (34%) said they did not know.

Figure 110: Health Canada medical access program usefulness



Q47. In your view, how useful is the Health Canada medical access program? Base: n=823; all respondents.

Practitioners who have authorized the use of cannabis for medical were more likely than those who have not done so to say they find Health Canada’s medical access program very (21%) or somewhat (45%) useful.

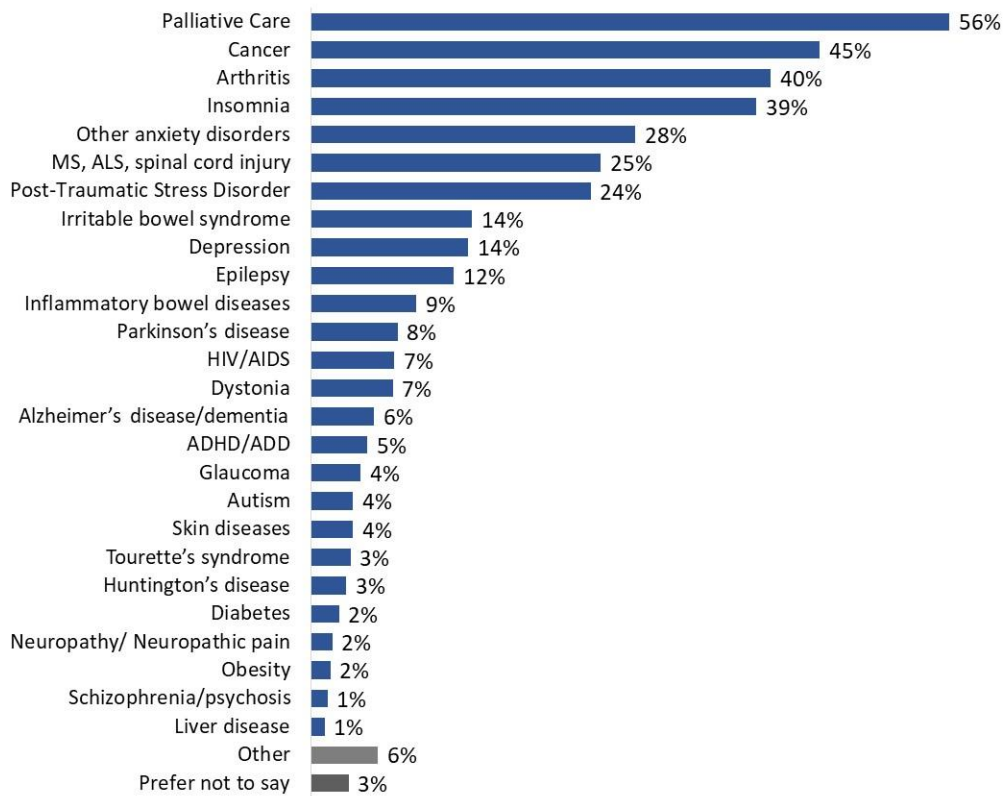
6. Reasons for Authorizing Cannabis for Medical Purposes

Palliative care tops list of things for which cannabis has been recommended

Health care providers who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) were provided with a list of diseases or disorders and asked for which ones they have recommended the use of cannabis. Leading the way was palliative care (56%) followed by cancer (45%), arthritis (40%), insomnia (39%), anxiety disorders (28%), MS, ALS, and spinal cord injury (25%), and PTSD (24%) (multiple responses accepted).

Other diseases or disorders identified with some frequency included irritable bowel syndrome and depression (14% each), epilepsy (12%), inflammatory bowel disease (9%), Parkinson’s disease (8%), HIV/AIDS and dystonia (7% each), and Alzheimer’s disease/dementia (6%). A host of other diseases/disorders were identified infrequently (5% or less).

Figure 111: Use of cannabis for medical purposes - Disorders and Diseases

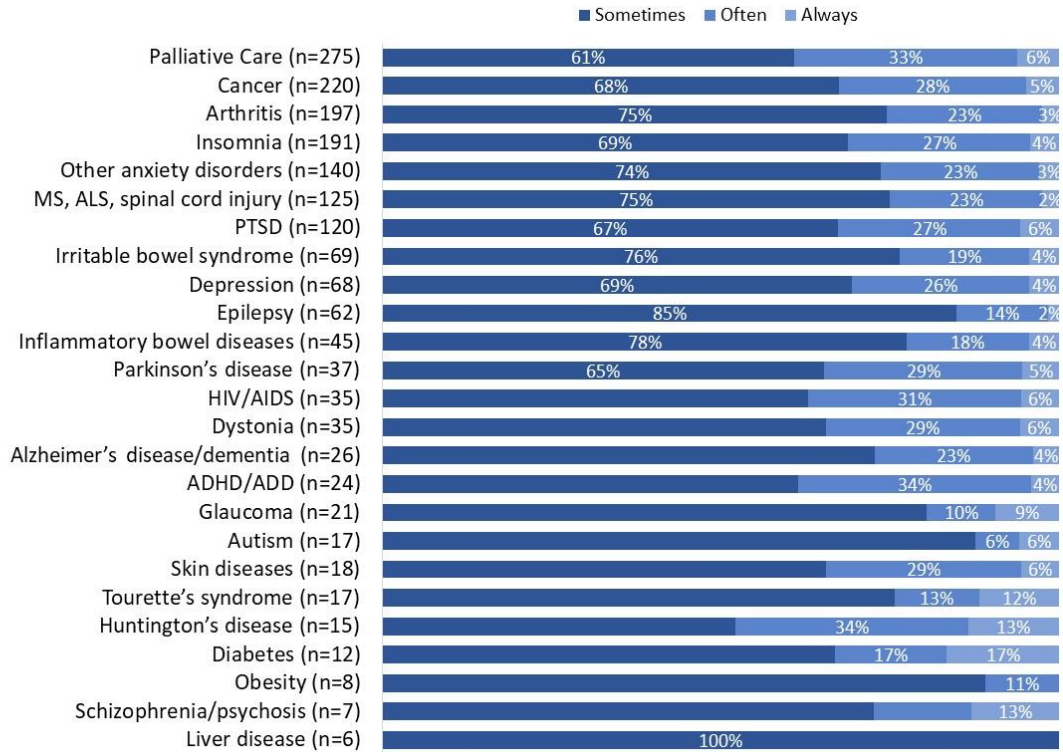


Q48. For which of the following diseases or disorders have you recommended the use of cannabis? [Multiple Responses Accepted] Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Cannabis much more likely to be ‘sometimes’ recommended for diseases/disorders

Asked how frequently they recommend the use of cannabis for these diseases and disorders, respondents were much more likely to say they do so ‘sometimes’ than ‘often’ or ‘always’. As the accompanying graph shows, though the size of the majority varied, over half the respondents said they ‘sometimes’ recommend the use of cannabis for the disease or disorder in question. Caution should be exercised when interpreting results in cases where the sample size is small.

Figure 112: Frequency recommending use of cannabis for diseases or disorders



Q49. How frequently do you recommend the use of cannabis for the following diseases or disorders...? Base: those who have recommended the use of cannabis or provided medical documents to access cannabis.

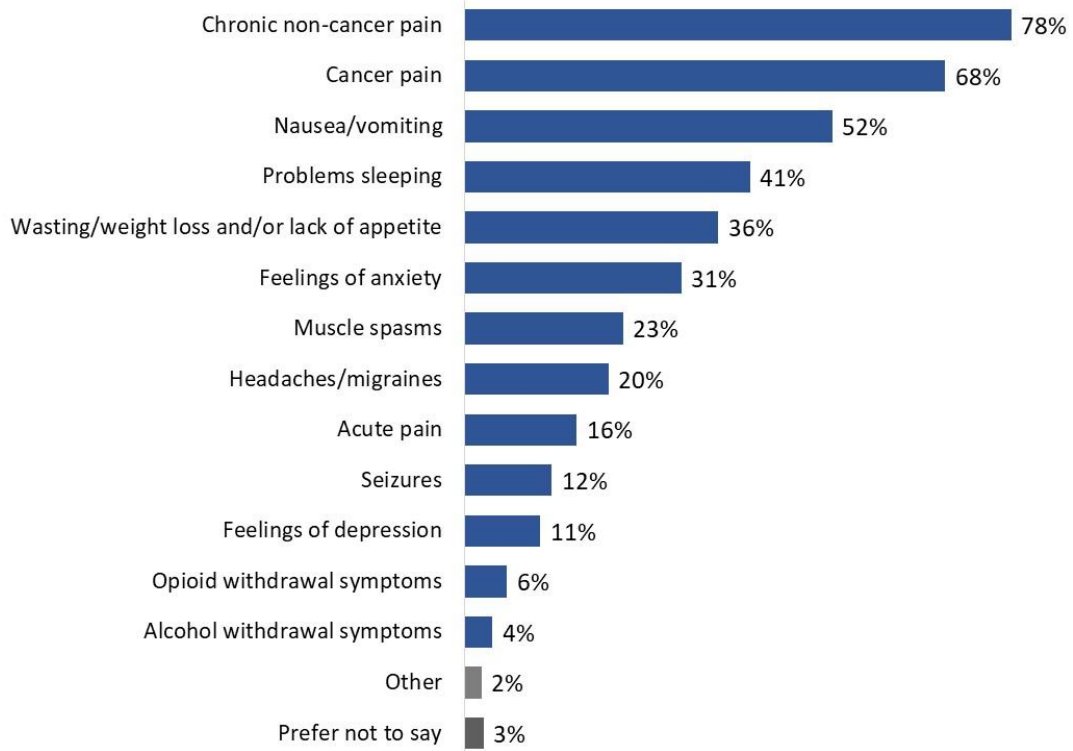
Use of cannabis for treatment of symptoms varies

This same group of respondents was then provided with a list of symptoms and asked for which ones they have recommended the use of cannabis. Three symptoms were identified by a majority as ones for which they have recommended the use of cannabis, though the size of the majority varied. Over three-quarters (78%) said they recommended the use of cannabis for chronic non-cancer pain, over two-thirds (68%) for cancer pain, and just over half for nausea/vomiting (multiple responses accepted).

Following this, in descending order of frequency were problems sleeping (41%), wasting/weight loss/lack of appetite (36%), feelings of anxiety (31%), muscle spasms (23%), headaches/migraines (20%), acute pain (16%), seizures (12%), and feelings of depression (11%). Small numbers

recommended cannabis use for opioid withdrawal symptoms (6%) and alcohol withdrawal symptoms (4%).

Figure 113: Use of cannabis for medical purposes – Symptoms



Q50. For which of the following symptoms have you recommended the use of cannabis? [Multiple Responses Accepted]
 Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

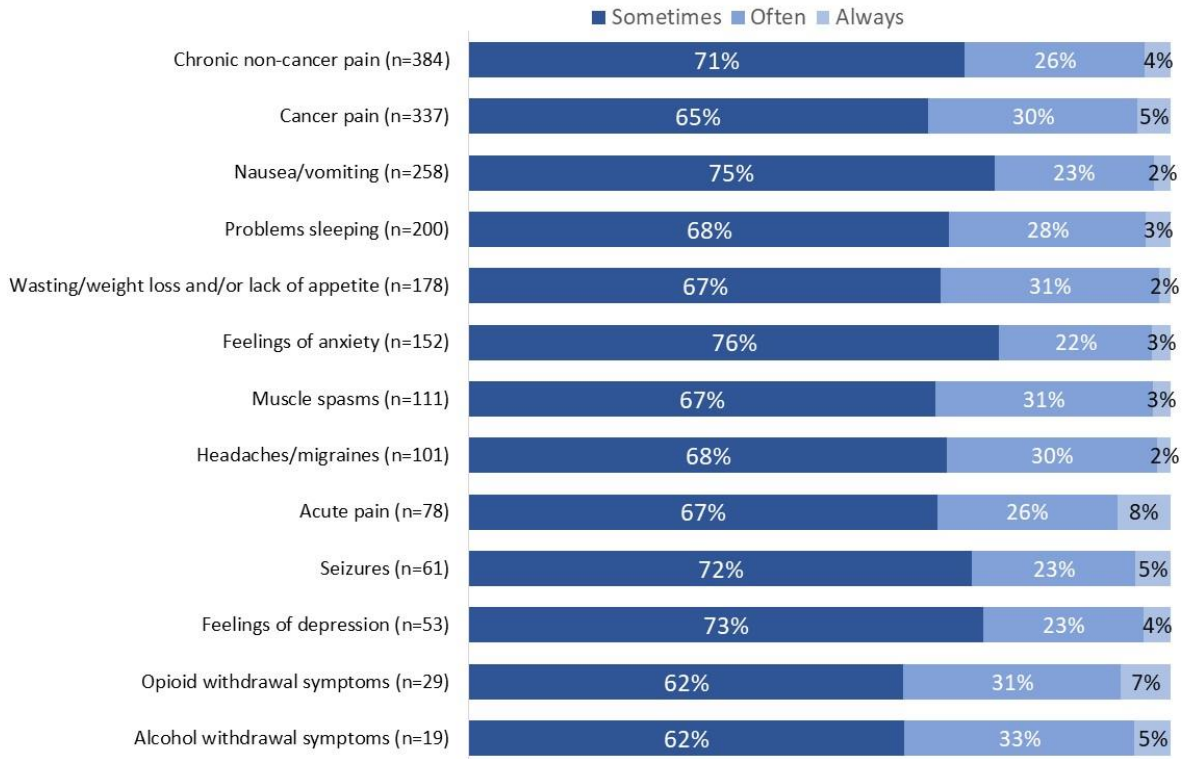
Cannabis much more likely to be ‘sometimes’ recommended for symptoms

As was the case for diseases and disorders, respondents were much more likely to say they recommend the use of cannabis ‘sometimes’ than ‘often’ or ‘always’ in relation to these symptoms. As the accompanying graph shows, majorities ranging from 62% to 76% said they ‘sometimes’ recommend the use of cannabis for the symptom in question. The proportion of respondents saying they ‘often’ do this ranges from 22% to 33%, while the proportion saying they ‘always’ do this ranges from 2% to 8%.

Caution should be exercised when interpreting results in cases where the sample size is small.

Access to Cannabis for Medical Purposes in Canada

Figure 114: Frequency recommending use of cannabis for symptoms



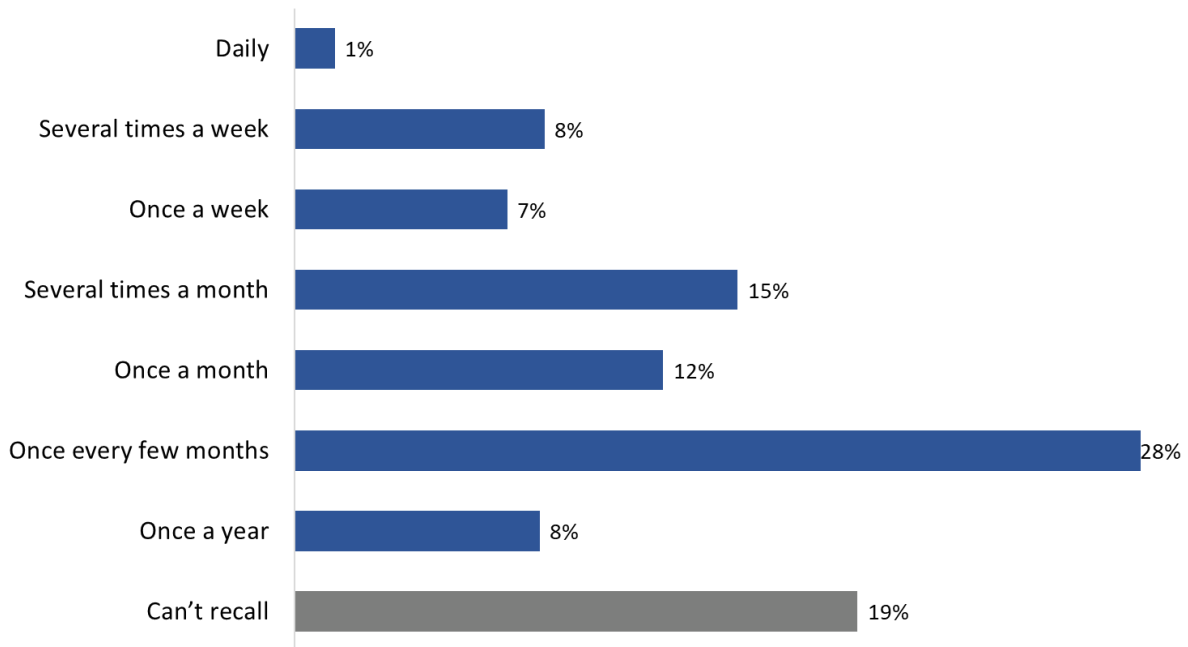
Q51. How frequently do you recommend the use of cannabis for the following symptoms? Base: those who have recommended the use of cannabis or provided medical documents to access cannabis.

7. Legalization of Cannabis for Non-medical Purposes

Frequency of patient inquiries about cannabis before legalization varies

All respondents were asked how often, on average, they would have patients enquiring about cannabis for medical purposes prior to its legalization. Perhaps not surprisingly, the frequency with which this happened varied. As the accompanying graph shows, 16% of respondents indicated that this occurred once a week or more, with a similar proportion (15%) saying it occurred several times a month. In short, nearly one-third of respondents indicated this happened relatively frequently. Just over one in ten (12%) indicated that this occurred once a month, while just over one-quarter (28%) said it occurred once every few months. Eight percent said it happened once a year, and nearly one in five (19%) said they could not recall.

Figure 115: Frequency of patients inquiring about cannabis before legalization

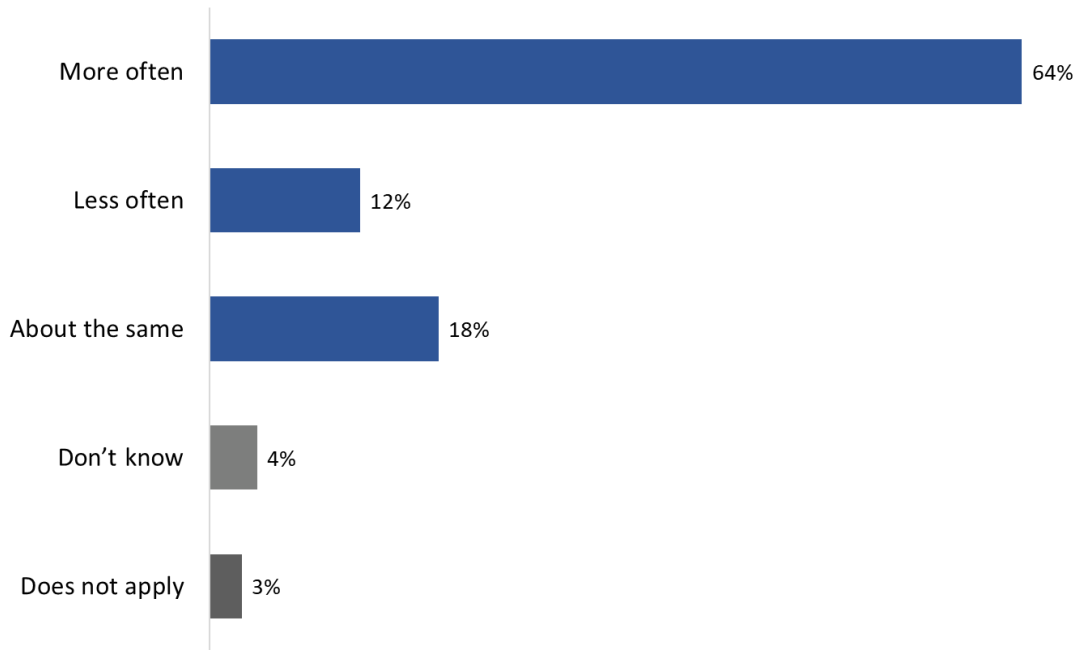


Q52. Prior to the legalization of cannabis, on average, how often would you have patients inquiring about cannabis for medical purposes? Base: n=823; all respondents.

Majority queried more often about cannabis for medical purposes since its legalization

Nearly two-thirds of respondents (64%) indicated that since the legalization of cannabis, patients ask questions more often about using cannabis for medical purposes. By contrast, just over one in ten (12%) said patients ask questions about this less often. Nearly one in five (18%) said that the frequency with which patients ask about this is about the same as it was prior to the legalization of cannabis.

Figure 116: Frequency of patients asking about use of cannabis since legalization



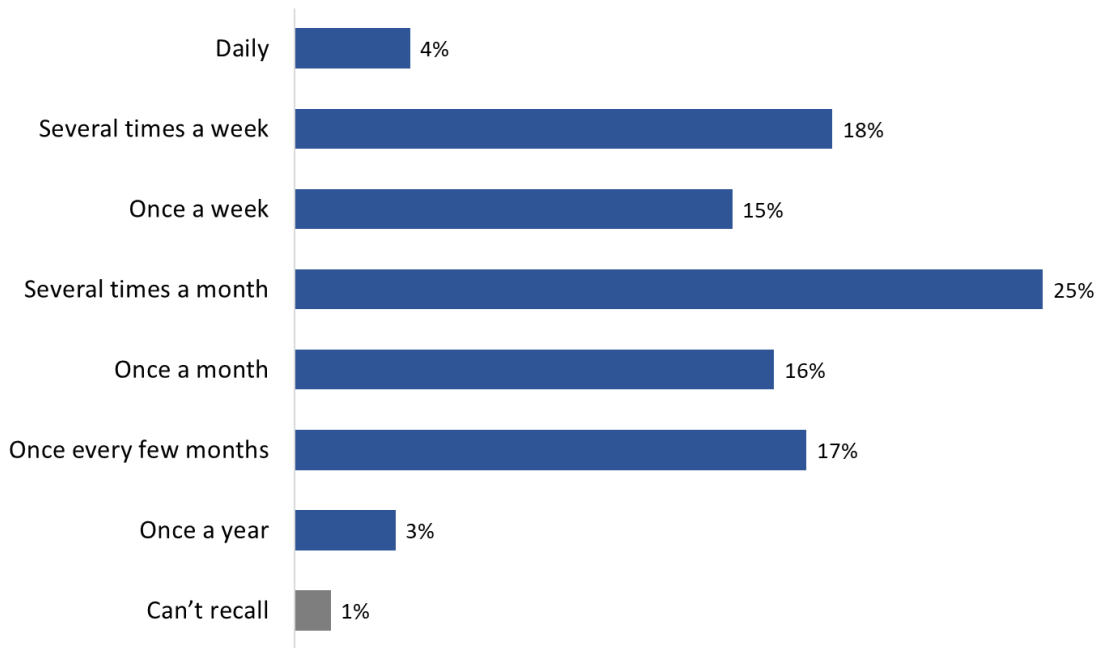
Q53. Since the legalization of cannabis, do patients ask questions about using cannabis for medical purposes...? Base: n=823; all respondents.

Those practicing in British Columbia, or the North were less likely than their counterparts elsewhere in the country to say that patients are asking questions about cannabis for medical purposes more often since the broader legalization of cannabis in 2018: 48% vs. 80% of HCPs in Atlantic Canada, 68% in Quebec, and 66% each in Ontario and the Prairies.

Frequency of patient inquiries about cannabis since legalization varies

Practitioners who indicated that their patients ask questions about using cannabis for medical purposes more often or less often since its legalization (n=624) were asked how often, on average, they have patients enquiring about this since its legalization. As was the case prior to legalization, the frequency with which this happens since legalization varies. That being said, well over half (62%) indicated that this occurs relatively frequently. This includes over one-third (37%) who said that this occurs once a week or more, and one-quarter who said it occurs several times a month. Over one-third (36%) said that this occurs once a month or less often.

Figure 117: Frequency of patients inquiring about cannabis since legalization

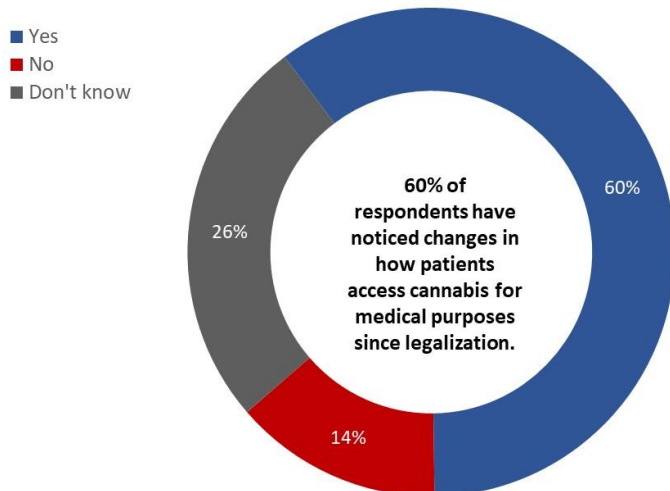


Q54. Since the legalization of cannabis, on average, how often do you have patients inquiring about cannabis for medical purposes? Base: n=624; those who said patients more or less often ask questions about using cannabis for medical purposes since legalization.

Most see changes in how patients access cannabis for medical purposes since legalization

A majority of respondents (60%) said that since its legalization they have noticed changes in the way in which patients are accessing cannabis for medical purposes. Fourteen percent said they have seen no change while just over one-quarter (26%) said they do not know.

Figure 118: Changes in way patients access cannabis since legalization



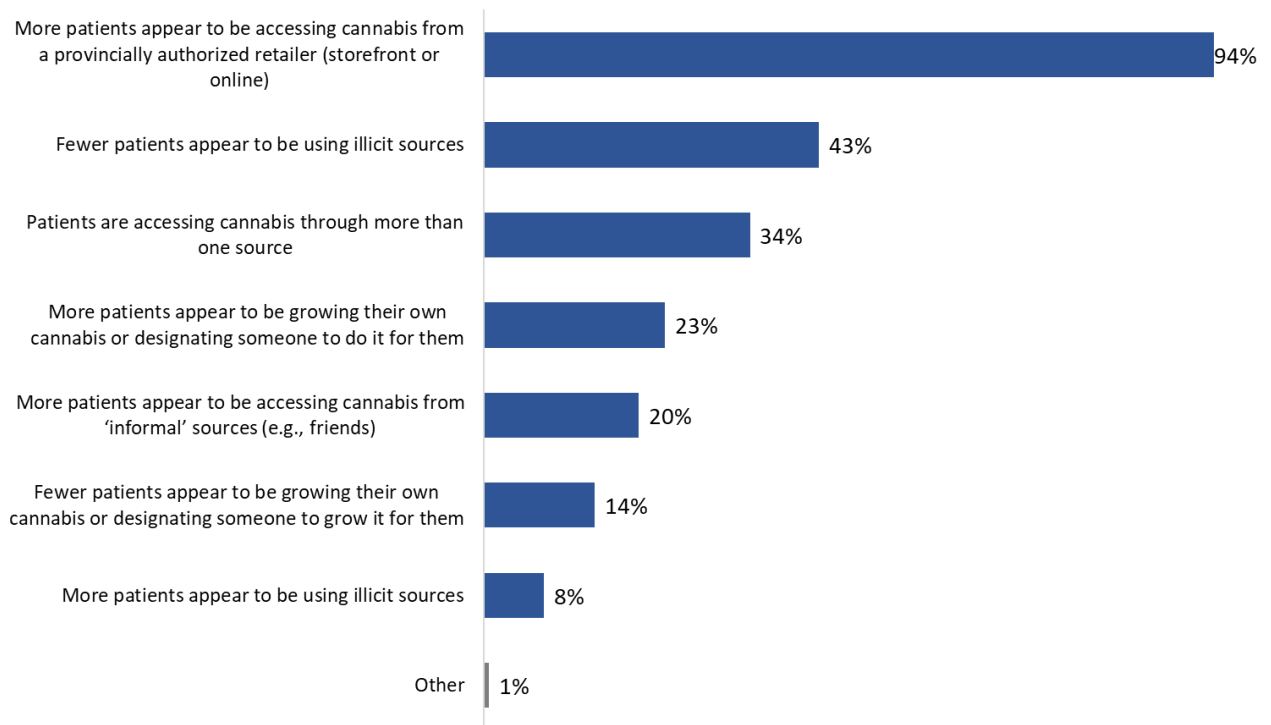
Q55. Since the legalization of cannabis, have you noticed any changes in the way in which patients are accessing cannabis for medical purposes? Base: n=823; all respondents.

Practitioners who are not comfortable talking to patients about cannabis (48%) and those with poor to very poor knowledge of cannabis for medical purposes (also 48%) were less likely than their counterparts to have noticed changes in the way in which patients are accessing cannabis for medical purposes. In addition, HCPs who have authorized the use of cannabis for medical purposes were more likely than those who have not to say they have noticed a change in how patients are accessing cannabis for medical purposes (66% vs. 57%).

Patients more likely to acquire cannabis through legal sources since its legalization

Health care providers who indicated that they have noticed changes in how patients access cannabis since its legalization (n=494) were asked what change(s) they have noticed. Perhaps not surprisingly, the most frequently identified change was the increased number of patients who appear to be acquiring cannabis legally. Nearly all the respondents (94%) said they have noticed that more patients appear to be accessing cannabis from a provincially authorized retailer, while 43% said that fewer patients appear to be using illicit sources. While this is the predominant view, some respondents (8%) said that more patients appear to be using illicit sources since the legalization of cannabis (multiple responses accepted).

Figure 119: Noticed changes - Patients



Q56. What changes have you noticed? [Multiple Responses Accepted] Base: n=494; those who noticed changes in how patients access cannabis since legalization.

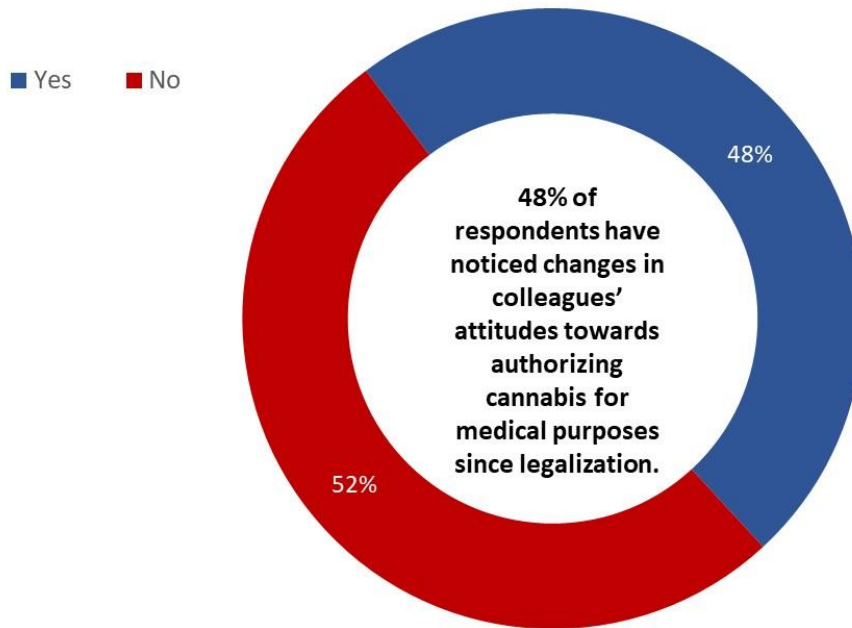
Just over one-third (34%) indicated that patients are accessing cannabis through more than one source, and one in five (20%) think that more patients appear to be accessing cannabis from informal sources. While nearly one-quarter (23%) think that more patients appear to be growing

their own cannabis or designating someone to do it for them, 14% think that fewer of their patients are doing this.

Split in views on colleagues’ attitudes about authorizing cannabis since its legalization

All respondents were asked if they have noticed any changes in their health care colleagues’ attitudes towards authorizing cannabis for medical purposes since the legalization of cannabis. As the accompanying graph shows, respondents were divided about this. Just over half (52%) said they have noticed no changes in this regard while 48% said they have noticed changes.

Figure 120: Changes in colleagues' attitudes towards authorizing cannabis since legalization



Q57. Have you noticed any changes in your health care colleagues’ attitudes towards authorizing cannabis for medical purposes since the legalization of cannabis? Base: n=823; all respondents.

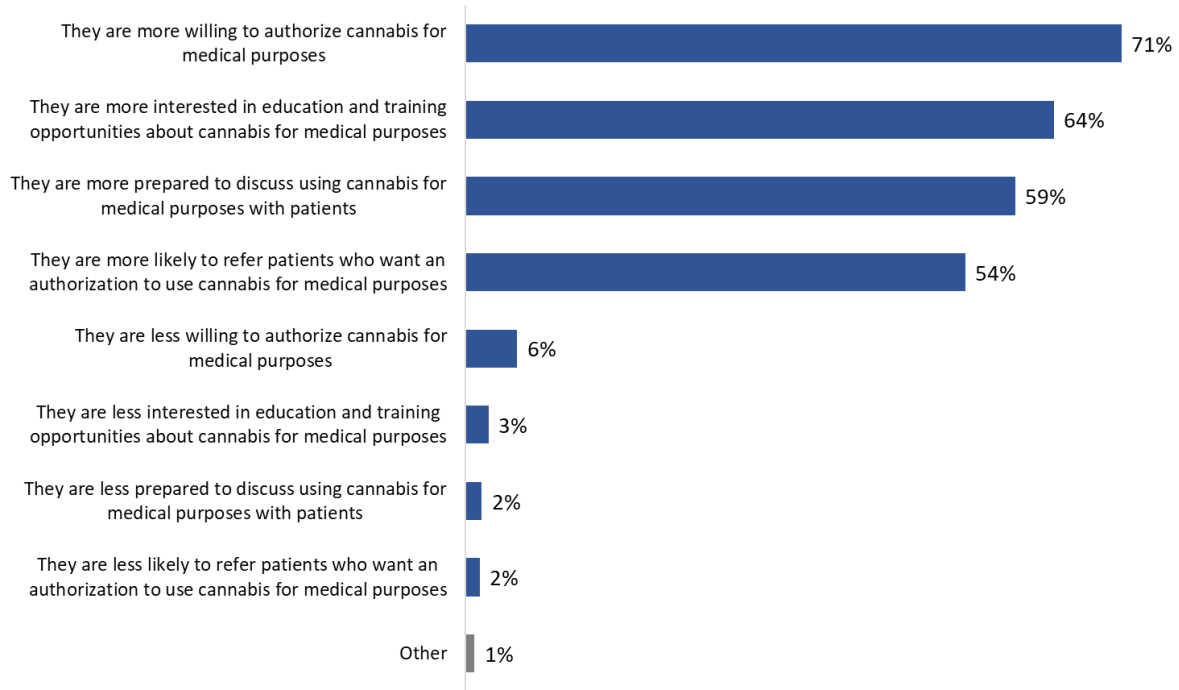
HCPs who are much more supportive of the use of cannabis for medical purposes following its broader legalization in Canada were more likely to report noticing a change in their colleagues’ attitudes (77% vs. 35% of those who are less supportive and 24% of those whose view has not changed).

Those who noticed changes in their colleagues’ attitudes about authorizing cannabis post-legalization noticed more openness to cannabis for medical purposes

Those who said they have noticed changes in their colleagues’ attitudes towards authorizing cannabis since its legalization (n=399) were asked what changes they have noticed. The most frequently noticed change, identified by 71% of these practitioners, was greater willingness to authorize cannabis for medical purposes, while a smaller majority (54%) said that colleagues are more likely to refer patients who want such authorization. Nearly two-thirds (64%) said colleagues are more interested in education and training opportunities about cannabis for medical purposes, and 59% said their colleagues are more prepared to discussing cannabis for medical purposes with their patients (multiple responses accepted).

By contrast, few practitioners (6% or less) said they have noticed less willingness or less interest among their colleagues regarding these same things.

Figure 121: Noticed changes - Colleagues



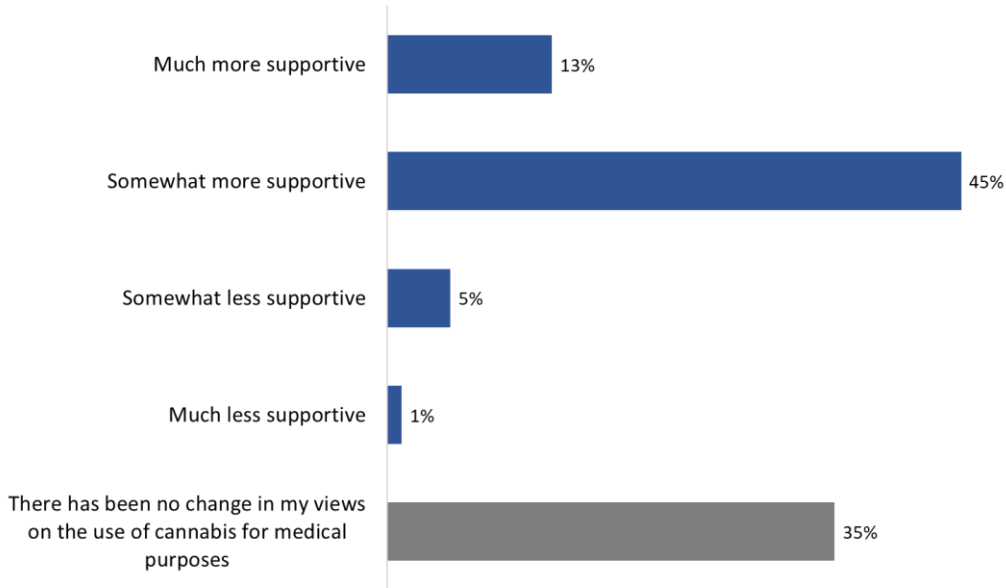
Q58. What changes have you noticed? [Multiple Responses Accepted] Base: n=399; those who noticed changes in colleagues' attitudes towards authorizing cannabis since legalization.

Majority more supportive of using cannabis for medical purposes since its legalization

All respondents were asked if they are more or less supportive of the use of cannabis for medical purposes since its legalization. A majority (58%) said they are more supportive of this, though respondents were much more likely to describe themselves as 'somewhat more supportive' (45%) than 'much more supportive' (13%). Relatively few (6%) described themselves as less supportive, while just over one-third (35%) said there has been no change in their views on the use of cannabis for medical purposes.

Since the broader legalization of cannabis, HCPs who have authorized cannabis with a medical document were more likely than those who have not done so to say they are much more supportive (19% vs. 10%) and somewhat more supportive (50% vs. 43%) of the use of cannabis for medical purposes.

Figure 122: Support of cannabis for medical purposes since legalization

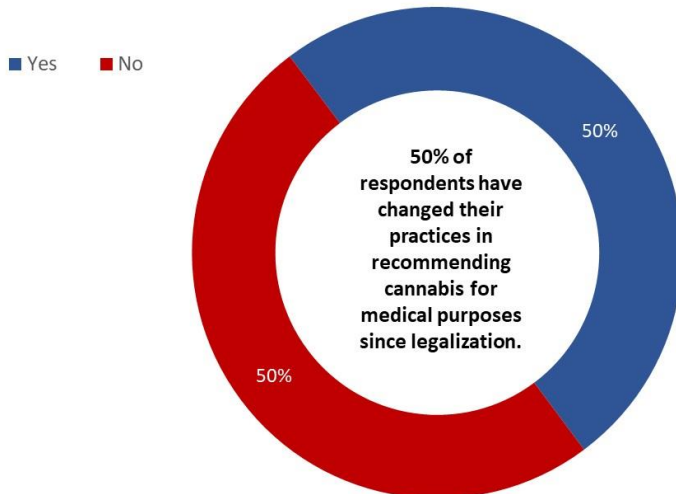


Q59. Since the legalization of cannabis, are you more, or less supportive of the use of cannabis for medical purposes? Base: n=823; all respondents.

Split regarding changes in practices for recommending cannabis since its legalization

Health care providers who have recommended the use of cannabis or provided medical documents to access cannabis (n=494) were equally divided when asked if their practices for recommending cannabis for medical use has changed since the legalization of cannabis.

Figure 123: Changes in practices for recommending cannabis since legalization

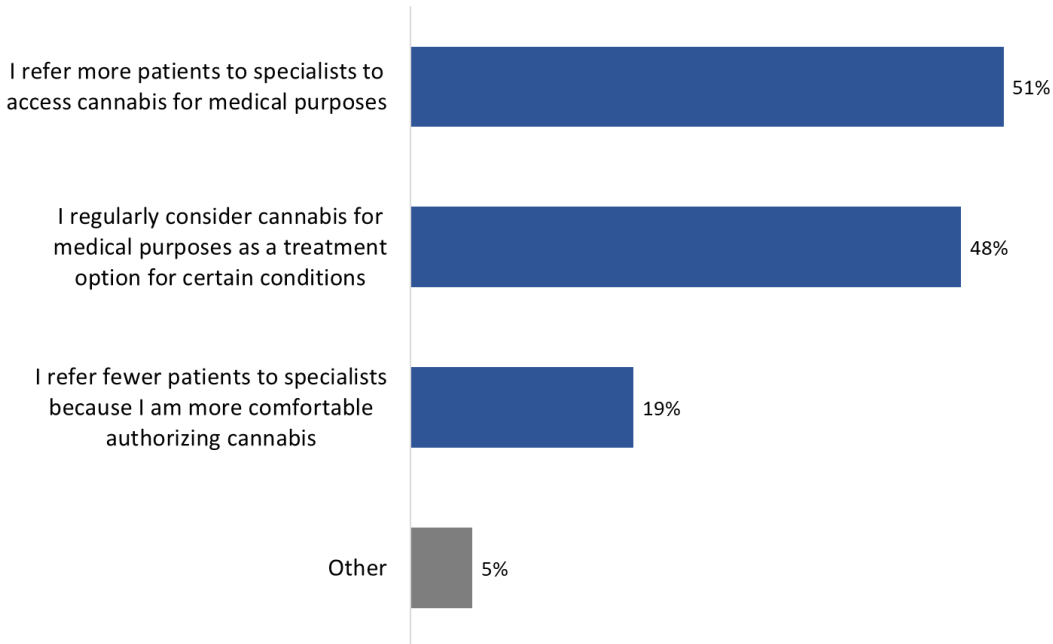


Q60. Since the legalization of cannabis, have your practices for recommending cannabis for medical use changed? Base: n=494; those who have recommended the use of cannabis or provided medical documents to access cannabis.

Changed practices for recommending cannabis since its legalization

Practitioners who said they have changed their practices for recommending cannabis for medical use since the legalization of cannabis (n=248) most often explained that they refer more patients to specialists to access cannabis for medical purposes (51%) and regularly consider cannabis for medical purposes as a treatment option for certain conditions (48%). Fewer, approximately one in five, said they refer fewer patients to specialists because they are more comfortable authorizing cannabis (multiple responses accepted).

Figure 124: Changes in practice



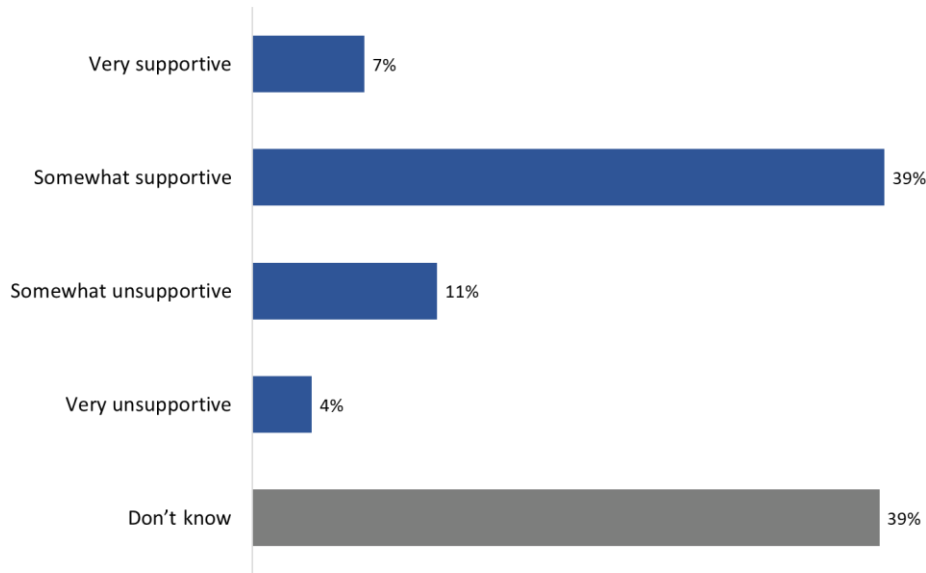
Q61. How have your practices changed? [Multiple Responses Accepted] Base: n=248; those who have changed their practices for recommending cannabis since legalization.

Mixed views on licensing college' support regarding use of cannabis for medical purposes

Responses were mixed when respondents were asked how supportive their licensing college is regarding the use of cannabis for medical purposes. While nearly half (47%) described their licensing college as supportive, respondents were much more likely to describe their college as 'somewhat supportive' (39%) than 'very supportive' (7%). By contrast, fifteen percent described their college as 'somewhat' or 'very' unsupportive, while well over one-third (39%) said they did not know how supportive their licensing college is regarding the use of cannabis for medical purposes.

HCPs who have authorized cannabis with a medical document were more likely than those who have not done so to say their licensing college is very supportive (10% vs. 5%) and somewhat supportive (50% vs. 33%) of the use of cannabis for medical purposes.

Figure 125: Support of licensing college

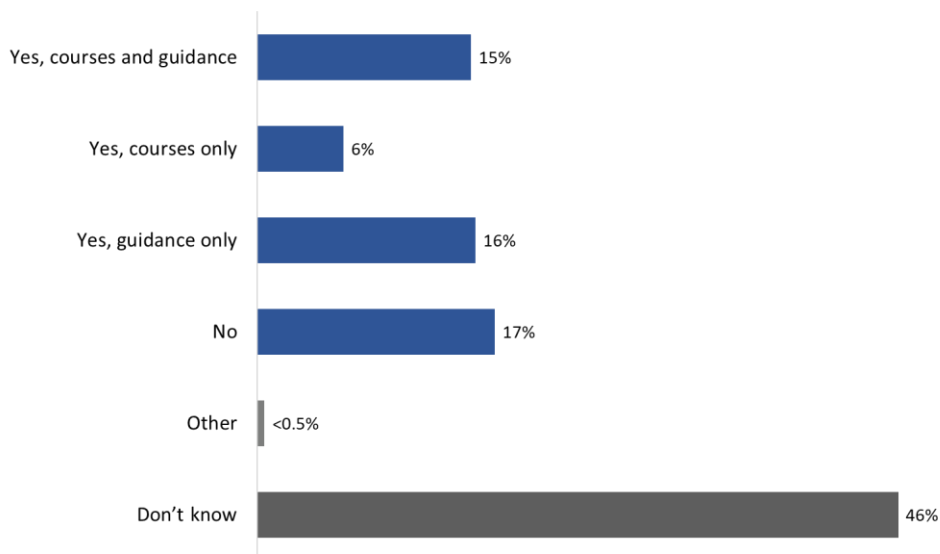


Q62. How supportive is your licensing college regarding the use of cannabis for medical purposes?
Base: n=823; all respondents.

Nearly half do not know if licensing college offers courses/guidance on authorizing use of cannabis for medical purposes

Nearly half of all survey respondents said they do not know if their licensing college offers courses or guidance on authorizing the use of cannabis for medical purposes. Over one-third answered affirmatively, specifying that their college offers both courses and guidance (15%), only guidance (16%), and only courses (6%). Seventeen percent said their licensing college offers no courses or guidance on authorizing the use of cannabis for medical purposes.

Figure 126: Licensing college courses or guidance on authorizing use of cannabis for medical purposes



Q63. Does your licensing college offer courses or guidance on authorizing the use of cannabis for medical purposes? Base: n=823; all respondents.

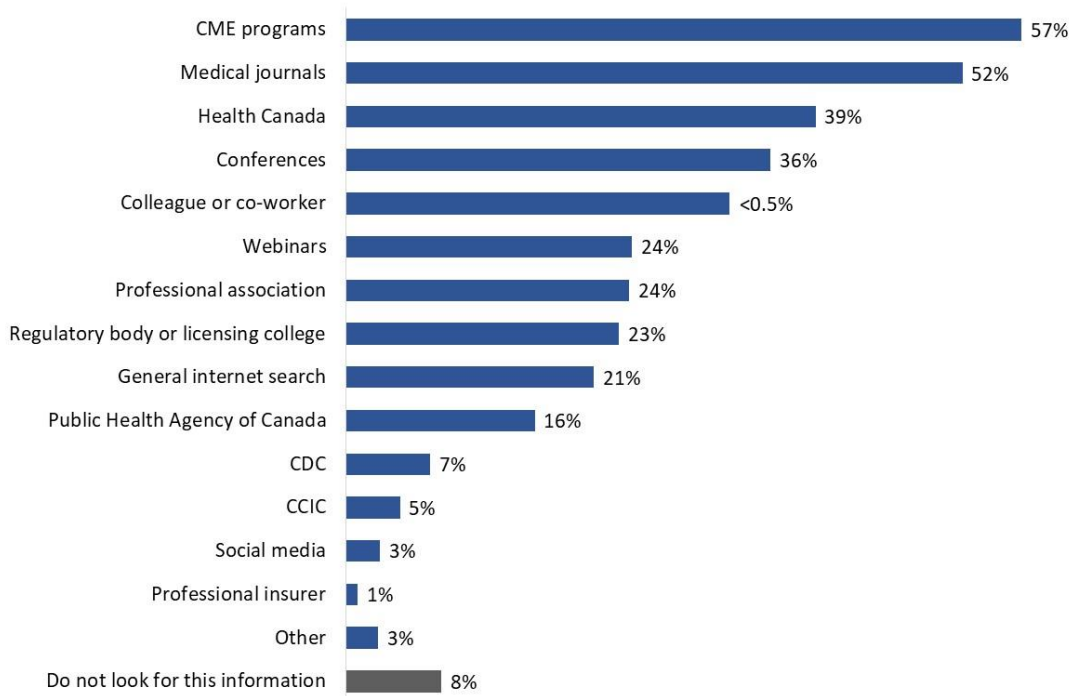
Those who have authorized the use of cannabis for medical purposes were more likely than HCPs who have not done so to say their licensing college offers courses and guidance (23% vs. 11%) and guidance only (20% vs 13%).

Various sources accessed for information on use of cannabis for medical purposes

Respondents collectively identified a variety of sources they typically access to look for information on the use of cannabis for medical purposes. Sources identified most frequently, and the only ones identified by a majority of respondents, included continuing medical education programs (57%), and medical journals (52%) (multiple responses accepted). These were followed by Health Canada (39%), conferences (36%), and Colleagues or co-workers (32%). Between one-fifth and one-quarter of respondents identified sources that included webinars, professional associations, regulatory bodies or licensing colleges, and general internet searches. The only other source identified with any frequency was the Public Health Agency of Canada (16%). Smaller proportions (7% or less) identified Centers for Disease control and Prevention, the Canadian consortium for the investigation of Cannabinoids, social media, and professional insurers.

Some respondents (8%) said that they do not look for information on the use of cannabis for medical purposes.

Figure 127: Sources of information about use of cannabis for medical purposes



Q64. Where do you typically look for information on the use of cannabis for medical purposes? [Multiple Responses Accepted] Base: n=823; all respondents.

8. Profile of Survey Respondents

The following tables present the characteristics of respondents (using weighted data).

Province and territories	Percent
Ontario	43%
Quebec	14%
British Columbia	20%
Alberta	13%
Nova Scotia	3%
Manitoba	4%
New Brunswick	2%
Saskatchewan	3%
Newfoundland and Labrador	1%
Prince Edward Island	<0.5%
Territories	<0.5%

Age	Percent
Under 35 years	13%
35-44	35%
45-54	24%
55-64	16%
65+	7%
No response	4%

Gender	Percent
Woman	38%
Man	57%
Other gender	<1%
No response	5%

Type of Practitioner	Percent
Physician	94%
Nurse Practitioner	6%

Type of Physician	Percent
General Practitioner	51%
Specialist	49%

Area	Percent
Large urban population centre (more than 100,000 individuals)	73%
Medium population centre (between 30,000 and 100,000 individuals)	16%
Small population (between 1,000 and 29,000 individuals)	6%
Rural location	3%
No response	<1%

Part C. Comparison of Patients and HCPs

What follows in this section is a comparison of the experiences of patients and health care providers. While the differences reported should be interpreted with caution due to sample composition, they provide some high-level insights.

1. Medical documents

Approximately half (53%) of the patients surveyed who discussed the use of cannabis for medical purposes with their HCP received a medical document authorizing them to use cannabis for medical purposes. In contrast, roughly one-third (35%) of the HCPs surveyed said they have given a patient a medical document to access cannabis to treat their symptoms and/or diseases or disorders.¹⁷ Moreover, one in 10 patients who discussed the use of cannabis with a health care provider reported that the HCP was not supportive of the use of cannabis for medical purposes, and 8% found that some HCPs consulted where supportive and others were not. Among HCPs, 17% have refused to give a patient a medical document to access cannabis, and 54% have recommended that a patient **not** use cannabis for medical purposes. As noted above, these comparisons should be treated with caution.

2. Follow up with patients

Patients were asked if they have gone back to their HCP for a follow-up regarding the use of cannabis for medical purposes. Sixty-two percent said they continue to be followed by their HCP, one-quarter (24%) reported having one follow-up only, and 14% said they never followed up with their HCP. Health care providers were asked if they typically follow up with patients after recommending the use of cannabis for medical purposes. Thirty-seven percent said they always follow up, 28% do so often, and 29% sometimes follow up with these patients. Taken together, 94% follow up at least some of the time compared to 86% of patients who reported at least one follow up. Few HCPs (6%) say they never follow up with these patients—more than twice as many patients said the same.¹⁸

3. THC and CBD

Patients who have been authorized to use cannabis for medical purposes by their HCP were asked what levels of THC and CBD were recommended. Similarly, HCPs were asked what levels of THC and CBD they typically suggest to patients when recommending cannabis for medical purposes.

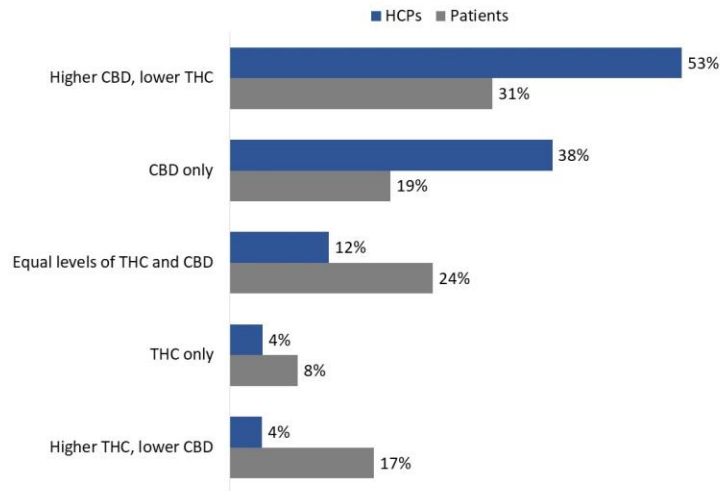
In response, 53% of HCPs said they typically recommend products higher in CBD and lower in THC (compared to 31% of patients). Moreover, 38% of HCPs recommend CBD only compared to 19% of patients who said their HCP recommended CBD only. Compared to HCPs, more patients said their

¹⁷ Q3. HCPs: In the past 3 years, which, if any, of the following have you done? / Q21/Q22. Patients: Was your medical doctor or nurse practitioner supportive of using cannabis to treat your condition? / Q29. Patients: Did you get a medical document from the medical doctor or nurse practitioner authorizing a certain daily amount of cannabis to treat your condition?

¹⁸ Q46. HCPs: Do you typically follow up with patients after you have recommended that they start using cannabis for medical purposes? / Q28. Patients: Have you gone back to the medical doctor or nurse practitioner for follow up?

medical doctor or nurse practitioner recommended equal levels of THC and CBD, THC only, or high THC and lower CBD. Again, there is a difference evident between the experiences of patients and the practices of HCPs, but these differences should be treated with caution given the sample compositions.

Figure 128: THC, CBD levels [HCPs vs. patients]

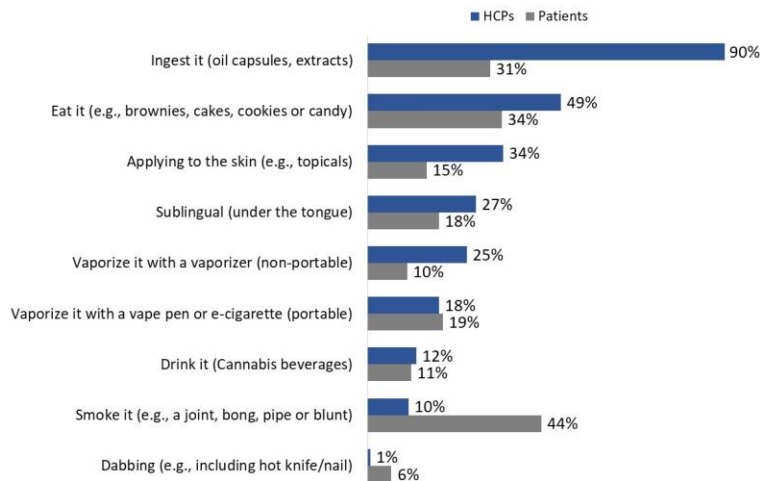


Q34. HCPs: When recommending cannabis for medical purposes, what level of THC and CBD do you typically suggest?
 Q24. Patients: What levels of THC and CBD did your medical doctor or nurse practitioner recommend?

4. Type of cannabis

As figure 129 illustrates, there are differences between the methods of consuming cannabis HCPs reported recommending to their patients and the methods patients reported using to consume cannabis for medical purposes. The most common type of cannabis recommended by HCPs are cannabis oils and extracts (90%). In contrast, the single largest proportion of patients said they consumed cannabis for medical purposes by smoking it (44%).

Figure 129: Type of cannabis [HCPs vs. patients]



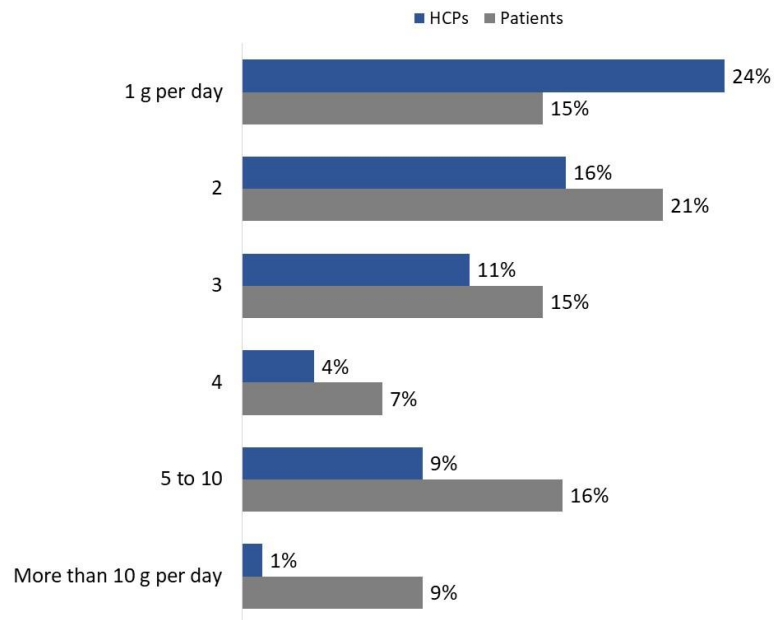
Q45. HCPs: Which of the following methods do you most often recommend?

Q56. Patients: In the last 12 months, which of the following methods have you used to consume cannabis for medical purposes?

5. Amount of cannabis

When asked what amount of dried cannabis they typically authorize, HCPs most frequently reported that there is not a typical amount they would recommend (35%). Among the rest, 24% typically recommend 1 gram of dried cannabis, 16% recommend 2 grams, and 11% recommend 3 grams. The patients surveyed, in contrast, were more likely to report being authorized on their medical document by their HCP to use larger amounts of cannabis: 21% said they are authorized to use 2 grams per day (vs. 16% of HCPs), 22% said 3 to 4 grams (vs. 13% of HCPs), and 25% said 5 grams or more per day (vs. 10% of HCPs).

Figure 130: Amount of cannabis [HCPs vs. patients]



Q40. HCPs: What is the typical daily amount of dried cannabis that you authorize on a medical document?

Q35. Patients: How much cannabis are you currently authorized to use per day?

6. Adverse reactions

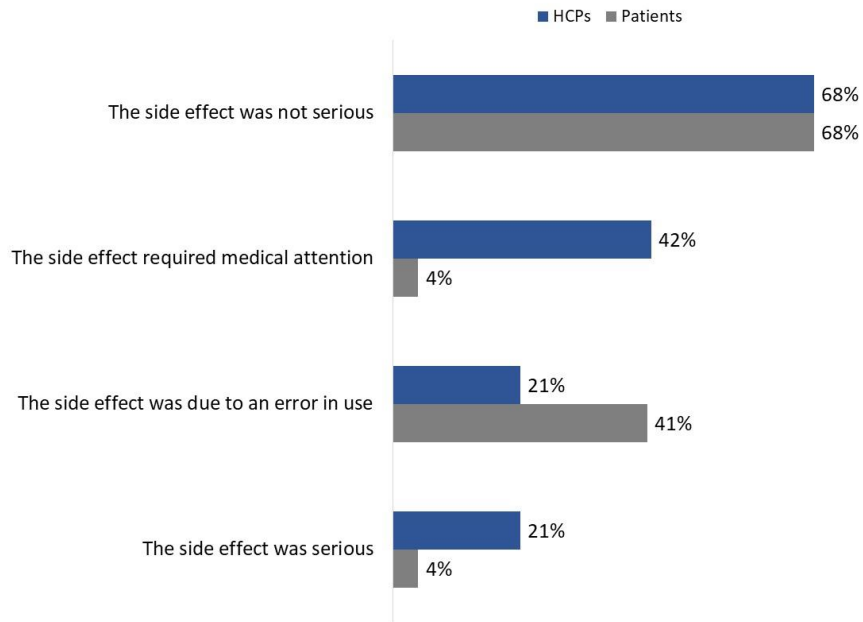
Few patients (9%) reported experiencing adverse or negative effects from the use of cannabis for medical purposes. When HCPs were asked if any patients had reported a negative reaction or side effect, however, more than half (54%) have had patients report a negative reaction.¹⁹

Among patients who experienced an adverse effect, 68% said the side effect was not serious, 41% reported an error in use, while 8% were hospitalized and/or required medical attention. Among HCPs, 68% said their patients’ side effect was not serious, and 21% said the side effect was due to

¹⁹ Q27. HCPs: Have you had any patients report a negative reaction or side effect from using cannabis for medical purposes? / Q67. Patients: What has been the outcome of using cannabis for medical purposes?

an error in use. HCPs were much more likely to report that the side effect required hospitalization and/or medical attention (63%).

Figure 131: Adverse reactions [HCPs vs. patients]



Q28. HCPs: Thinking of the range of reactions and side effects among those patients, please indicate which of the following have been reported to you?

Q68. Patients: You answered that you experienced a negative reaction or side effect from using cannabis for medical purposes. Which of the following best describes this experience?

Appendix

Technical Specifications

Below is a description of the research methodologies. All steps of the project complied with market research industry standards and the Standards for the Conduct of Government of Canada Public Opinion Research.

1. Survey of Patients

The following specifications applied to this survey:

- An online survey was administered to 1,205 online panellists who met the eligibility requirements.
- The survey sample was drawn from the Leger Opinion panel (LEO). Surveys that use samples drawn from online panels cannot be described as statistically projectable to the target population.
- Panellists were invited to participate in the survey through an email invitation which contained a password-protected URL to access the survey.
- All survey respondents were informed that their participation was voluntary, and that information collected was protected under the authority of privacy legislation.
- Sponsorship of the study was revealed (i.e., the Government of Canada).
- Panellists were rewarded for taking part in the survey per the panel's incentive program, which is structured to reflect the length of survey and the nature of the sample.
- The survey averaged 20 minutes to complete, and the fieldwork was conducted between May 5 and May 13, 2022.
- The survey questionnaire was programmed using computer-assisted web interviewing (CAWI) technology. The programming was tested for skip logic by the initial programmer, as well as by a second senior programmer.
- Following survey best practices, the questionnaire was pre-tested in advance of the fieldwork to ensure that it measured what it was intended to measure. There was a minimum of 10 completions in each official language and a total of 29 completed surveys. No issues were identified during the pre-test.
- Following the fieldwork, the data were cleaned and checked using SPSS syntax. The review assessed response ranges and the length of time taken to complete the survey to identify any respondent who took an unreasonably short time answering, who "straightlined" responses. Any cases flagged for data quality were replaced prior to the weighting and tabulation of the data.
- Survey data was weighted by region, age and gender to reflect the demographic composition of the target population. The source of the weights was the government of Canada's 2021 Canadian Cannabis Survey.

- Because the sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated. In addition, it is possible that non-response has introduced bias into the final survey sample.
- The participation rate was 27%, calculated using the formula outlined in the Standards for the Conduct of Government of Canada Public Opinion Research (Online Surveys).

Participation Rate = $R/(U+IS+R)$	
Total Sample Used	15,032
Unresolved (U)	10,748
In-scope non-responding units (IS)	154
<i>Respondent break-off/did not complete the survey</i>	<i>154</i>
Responding units (R)	4,130
<i>Completed survey</i>	<i>1,205</i>
<i>Disqualified</i>	<i>2,799</i>
<i>Over quota</i>	<i>126</i>
Participation Rate = $R/(U+IS+R)$	27%

2. Survey of Medical Doctors and Nurse Practitioners

The following specifications applied to this survey:

- An online survey was administered to 823 medical doctors and nurse practitioners who met the eligibility requirements.
 - To complete the survey, HCPs had to have experiences with patients accessing or inquiring about cannabis for medical purposes since legalization of cannabis for non-medical purposes.
- The survey sample was drawn from MD Analytics proprietary panel of Canadian health care professionals and augmented by a small sample of nurse practitioners drawn from a provincial health regulator.
 - Surveys that use samples drawn from online panels cannot be described as statistically projectable to the target population.
- Panellists were invited to participate in the survey through an email invitation which contained a password-protected URL to access the survey.
- All survey respondents were informed that their participation was voluntary, and that information collected was protected under the authority of privacy legislation.
- Sponsorship of the study was revealed (i.e., the Government of Canada).
- Panellists were rewarded for taking part in the survey per the panel’s incentive program, which is structured to reflect the length of survey and the nature of the sample.
- The survey averaged 15 minutes to complete, and the fieldwork was conducted between May 19 and July 12, 2022.
- The survey questionnaire was programmed using CAWI technology. The programming was tested for skip logic by the initial programmer, as well as by a second senior programmer.

- Following survey best practices, the questionnaire was pre-tested in advance of the fieldwork to ensure that it measured what it was intended to measure. There was a total of 14 completed surveys.²⁰ No issues were identified during the pre-test.
- Following the fieldwork, the data were cleaned and checked using SPSS syntax. The review assessed response ranges and the length of time taken to complete the survey to identify any respondent who took an unreasonably short time answering, who “straightlined” responses. Any cases flagged for data quality were replaced prior to the weighting and tabulation of the data.
- Survey data was weighted by region and type of HCP to reflect the demographic composition of the target population. The source of the weights was the Canadian Institute for Health Information (CIHI) Health Workforce data.²¹
- Because the sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated. In addition, it is possible that non-response has introduced bias into the final survey sample.
- The participation rate was 11%, calculated using the formula outlined in the Standards for the Conduct of Government of Canada Public Opinion Research (Online Surveys).

Participation Rate = $R/(U+IS+R)$	
Total Sample Used	10,802
Unresolved (U)	9,489
In-scope non-responding units (IS)	166
<i>Respondent break-off/did not complete the survey</i>	<i>166</i>
Responding units (R)	1,147
<i>Completed survey</i>	<i>823</i>
<i>Disqualified – No experience with cannabis for medical purposes</i>	<i>179</i>
<i>Disqualified – Participated in a GC survey in the previous 30 days</i>	<i>1</i>
<i>Over quota</i>	<i>144</i>
Participation Rate = $R/(U+IS+R)$	11%

²⁰ Because this was a small population with a low incidence, the full pre-test was not completed to ensure the availability of adequate amounts of sample for the full launch.

²¹ Canadian Institute for Health Information. Canada’s Health Care Providers, 2015 to 2019 — Data Tables. Ottawa, ON: CIHI; 2020.

Survey Questionnaires

1. Survey of Patients

Introduction Page: 18+

Thank you for agreeing to take part in this survey. We anticipate that the survey will take up to 20 minutes to complete.

Background information

This research is being conducted by Phoenix Strategic Perspectives (Phoenix SPI), a Canadian public opinion research firm, on behalf of Health Canada.

The purpose of this survey is to gather evidence on the state of access to cannabis for medical purposes in Canada.

Your participation in the survey is completely voluntary and confidential. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada, now or in future.

What about your personal information?

- Please be assured that all opinions will remain anonymous and will not be attributed to you personally in any way.
- The personal information you will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. For more information, click [here](#).
- Your personal information will be collected by Phoenix SPI in accordance with the applicable provincial privacy legislation or the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

What happens after the online survey?

The final report written by Phoenix SPI will be available to the public through Library and Archives Canada (www.bac-lac.gc.ca/).

Questions?

If you have any questions about the survey, you may contact Phoenix SPI at research@phoenixspi.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[START SURVEY]

Introduction Page: Under 18 years of age accessed through a parent

As a parent of or legal guardian to a youth living in your household, we are requesting your permission for your teenager to participate in an important survey being conducted for Health Canada.

Background information

This research is being conducted by Phoenix Strategic Perspectives (Phoenix SPI), a Canadian public opinion research firm, on behalf of Health Canada.

The purpose of this survey is to gather evidence on the state of access to cannabis for medical purposes in Canada.

Your participation in the survey is completely voluntary and confidential. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada, now or in future.

How does the online survey work?

- Your child is being asked to offer his/her opinions.
- We anticipate that the survey will take up to 20 minutes to complete.
- Your child’s participation in the survey is completely voluntary.
- Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

What about your child’s personal information?

- Please be assured that all opinions will remain anonymous and will not be attributed to your child in any way.
- Your child’s views, opinions and feedback are their personal information.
- Your child’s personal information will be collected by Phoenix SPI in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA).
- The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. For more information, click [here](#).

What happens after the online survey?

The final report written by Phoenix SPI will be available to the public through Library and Archives Canada (www.bac-lac.gc.ca/).

Questions?

If you have any questions about the survey, you may contact Phoenix SPI at research@phoenixspi.ca.

Would you allow your teen to continue?

- 01. Yes [GO TO Q1]
- 02. No [TERMINATE]

Thank you for your support of this important research. Before hitting the start button, please have your teen available to begin answering the following questions.

[START SURVEY]

Quota and respondent profile information

1. What is your age?

- 01. [TEXT BOX]
- 02. Prefer not to respond [ASK Q1a]

1a. Would you be willing to indicate in which of the following age categories you belong?

- 01. Under 16
- 02. 16 to 17
- 03. 18 to 24
- 04. 25 to 34
- 05. 35 to 49
- 06. 50 to 54
- 07. 55 to 64
- 08. 65 or older
- 09. Prefer not to respond [TERMINATE]

2. In which province or territory do you currently live?

- 01. Alberta
- 02. British Columbia
- 03. Manitoba
- 04. New Brunswick
- 05. Newfoundland and Labrador
- 06. Northwest Territories
- 07. Nova Scotia
- 08. Nunavut
- 09. Ontario
- 10. Prince Edward Island
- 11. Quebec
- 12. Saskatchewan
- 13. Yukon
- 14. Prefer not to respond [TERMINATE]

3. What was your sex at birth?

- 01. Female

02. Male
 03. Prefer not to respond
4. What is your gender? This refers to current gender which may be different from sex assigned at birth.
01. Man/boy
 02. Woman/girl
 03. Another gender
 04. Prefer not to respond
5. [SKIP IF Q1=<18] Are you the guardian and/or parent of **any** of the person(s) under the age of 18 in your household?
01. Yes
 02. No
 03. Prefer not to respond

Screening: Cannabis use for medical purposes

For the purposes of this survey:

- **‘Cannabis’** is used to refer to marijuana (e.g., weed, pot), hashish, THC, CBD or any other products made from the cannabis plant. It does not include synthetic cannabinoids*
- **‘Medical purposes’** means to treat a disease/disorder or to improve symptoms associated with a disease/disorder.

*[HYPERLINK/MOUSEOVER: Synthetic cannabinoids are human-made chemicals, often referred to as “herbal incense” under names such as K2 and spice.]

6. In the past 3 years (e.g., since the legalization* of cannabis) have you used cannabis for **medical purposes**?
01. Yes [CONTINUE IF Q5=01; GO TO Q7 IF Q5=02,99]
 02. No [CONTINUE IF Q5=01; TERMINATE IF Q5=02,99]
 03. Prefer not to respond [TERMINATE]

*[HYPERLINK/MOUSEOVER: Recreational, or non-medical, use of cannabis became legal for adults on October 17, 2018, in all provinces and territories. PLACE A MOUSEOVER FOR ALL OCCURRENCES OF THE WORD ‘LEGALIZATION’ OR VARIATIONS WHERE THE TERM IS MARKED BY AN ASTERISK.]

Q6A. [IF Q5=01] Does your child use cannabis for medical purposes?

01. Yes [CONTINUE]
02. No [GO TO Q7 IF Q6=01; TERMINATE IF Q6=02,99]
03. Prefer not to respond [TERMINATE]

Q6B. [IF Q6A=01] Would you be willing to answer questions about your child’s use of cannabis for medical purposes?

- 01. Yes [GO TO SECTION 2]
- 02. No [GO TO Q7 IF Q6=01; TERMINATE IF Q6=02,99]

Section 1: Cannabis Use for Non-Medical Purposes

[DO NOT ASK THIS SECTION OF PARENTS: Q6B=01]

Before we ask about your use of cannabis for medical purposes, we have a few questions about cannabis use for **non-medical purposes**. By non-medical, we mean recreational, social, spiritual, lifestyle and other similar non-medical uses.

- 7. In the past 3 years, have you used cannabis for **non-medical purposes**?
 - 01. I have used cannabis for **non-medical purposes** in the past 3 years
 - 02. I have used cannabis for **non-medical purposes** but **NOT** in the past 3 years [SKIP TO Q9]
 - 03. I have NOT used cannabis for **non-medical purposes** in the past 3 years [SKIP TO Q9]
- 8. [IF Q7=01] In a typical month, how often do you use cannabis for **non-medical purposes**?
 - 01. Daily or almost daily
 - 02. Several times a week
 - 03. Once a week
 - 04. Several times a month
 - 05. Once a month
 - 06. Less than once a month

Section 2: Reasons for Using Cannabis for Medical Purposes

[SHOW FOR PARENTS OF A CHILD WHO USES CANNABIS FOR MEDICAL PURPOSES: The questions in the survey focus on your child’s use of cannabis for medical purposes. Please answer the questions to the best of your ability.]

These next questions focus on **why** you have [IF Q6B=01: REPLACE ‘you have’ WITH ‘your child has’] used cannabis for medical purposes.

- 9. For which of the following **symptoms** have you [IF Q6B=01: REPLACE ‘have you’ WITH ‘has your child’] used cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

- 01. Acute pain (severe or sudden pain that resolves within a certain amount of time)
- 02. Chronic non-cancer pain (persistent pain, lasting for months or even longer)
- 03. Cancer pain
- 04. Nausea/vomiting
- 05. Wasting/weight loss and/or lack of appetite (e.g., from HIV/AIDS or cancer)
- 06. Headaches/migraines
- 07. Muscle spasms
- 08. Seizures

09. Problems sleeping
 10. Alcohol withdrawal symptoms
 11. Opioid withdrawal symptoms
 12. Palliative care
 13. Feelings of anxiety
 14. Feelings of depression
 15. Other, please specify: _____ [ANCHOR]
 16. Prefer not to respond [ANCHOR]
10. For which of the following **diseases or disorders** have you [IF Q6B=01: REPLACE 'have you' WITH 'has your child'] used cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

01. Epilepsy
 02. Multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), spinal cord injury
 03. Arthritis
 04. Dystonia
 05. Huntington's disease
 06. Parkinson's disease
 07. Tourette's syndrome
 08. Glaucoma
 09. Post-Traumatic Stress Disorder (PTSD)
 10. Other anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder)
 11. Depression (e.g., clinical depression, major depressive disorder)
 12. Schizophrenia/psychosis
 13. Alzheimer's disease/dementia
 14. Autism
 15. Skin diseases
 16. Irritable bowel syndrome
 17. Inflammatory bowel diseases (e.g., Crohn's, colitis)
 18. Liver disease
 19. Obesity
 20. Diabetes
 21. Cancer
 22. Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)
 23. Insomnia
 24. HIV/AIDS
 25. Other, please specify: _____ [ANCHOR]
 26. Prefer not to respond [ANCHOR]
11. Did you [IF Q6B=01: REPLACE 'you' WITH 'your child'] use cannabis for **medical purposes** before cannabis was legalized* (before October 17, 2018)?
01. Yes
 02. No
 03. Prefer not to respond

12. How long have you [IF Q6B=01: REPLACE 'have you' WITH 'has your child'] been using cannabis for **medical purposes**?

- 01. Less than 1 year
- 02. 1 year
- 03. 2 to 3 years
- 04. 4 to 5 years
- 05. 6 to 9 years
- 06. 10 to 15 years
- 07. 16 to 19 years
- 08. 20 or more years

13. Which, if any, of the following factors contributed to your decision, or motivated you, to start [IF Q6B=01: ADD 'your child'] using cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

- 01. Other treatments were not helping my health condition enough or had side effects [IF Q6B=01: REPLACE 'my' WITH 'my child's']
- 02. A friend or family member suggested I try cannabis [IF Q6B=01: REPLACE 'I' WITH 'my child']
- 03. A health care provider suggested I try cannabis [IF Q6B=01: REPLACE 'I' WITH 'my child']
- 04. I read news articles or social media posts about cannabis for my health condition [IF Q6B=01: REPLACE 'my' WITH 'MY CHILD'S']
- 05. Cannabis became legal*
- 06. Cannabis is less expensive than other treatment options
- 07. Cannabis is more available than other treatment options
- 08. I prefer using natural treatments [IF Q6B=01: REPLACE 'I prefer' WITH 'my child prefers']
- 09. Other, please specify: ____ [ANCHOR]

14. [IF Q16=05] You said that the legalization* of cannabis in Canada was a factor that motivated you to start [IF Q6B=01: ADD 'your child'] using cannabis for **medical purposes**. Why is that?

Select all that apply

[ROTATE ITEMS]

- 01. Legalization* reduced the stigma associated with cannabis use
- 02. Use of cannabis is more mainstream; people are openly using and talking about cannabis
- 03. Use of cannabis is increasing in popularity; celebrities/influencers are seen using and talking about cannabis
- 04. There is more information available about using cannabis for medical purposes
- 05. I feel more comfortable talking about cannabis with others now [IF Q6B=01: REPLACE 'I' WITH 'my child feels']
- 06. Curiosity
- 07. Accessing cannabis for medical purposes before legalization* was difficult
- 08. I am now less concerned about being stopped by police or arrested for cannabis possession [IF Q6B=01: REPLACE 'I am' WITH 'my child is']
- 09. Cannabis is now more available and easier to buy

10. More types of cannabis products are now available
 11. I can now grow cannabis at home [IF Q6B=01: REPLACE 'I' WITH 'My child']
 12. Other, please specify: ____ [ANCHOR]
15. Excluding cannabis, do you [IF Q6B=01: REPLACE 'do you' WITH 'does your child'] use other medications, therapies, or substances to:
- [GRID FORMAT]
[ROWS]
- a. Treat your [IF Q6B=01: ADD 'child's'] disease or disorder
 - b. Manage the symptoms you experience because of your disease or disorder [IF Q6B=01: 'Manage the symptoms your child experiences because of their disease or disorder']
- [RESPONSE OPTIONS; COLUMNS]

Select all that apply

01. Yes, other medications, such as pain relievers, or prescription drugs
02. Yes, other therapies, such as massage, physio therapy, etc
03. Yes, illegal substances
04. Other substances, such as alcohol
05. No

Section 3: Access to Cannabis for Medical Purposes

These next questions focus on **how** you access cannabis for **medical purposes**.

To start,

16. Did you [IF Q6B=01: REPLACE 'you' with 'your child'] discuss using cannabis for medical purposes with a medical doctor or nurse practitioner?
01. Yes, I discussed it with a medical doctor [IF Q6B=01: REPLACE 'I', with 'my child'] [SKIP TO Q20]
 02. Yes, I discussed it with a nurse practitioner [IF Q6B=01: REPLACE 'I', with 'my child'] [SKIP TO Q20]
 03. Yes, I discussed it with both a medical doctor and nurse practitioner [IF Q6B=01: REPLACE 'I', with 'my child'] [SKIP TO Q20]
 04. No, I did not discuss it with a medical doctor or nurse practitioner [IF Q6B=01: REPLACE 'I', with 'my child'] [CONTINUE]
17. [IF Q16=04] Why did you [IF Q6B=01: REPLACE 'you' with 'your child'] **not discuss** using cannabis for medical purposes with a medical doctor or nurse practitioner?

Select all that apply

[ROTATE ITEMS]

01. Fear of being judged
02. Didn't think they would be willing to talk about cannabis as an option

- 03. Was not comfortable asking
 - 04. Do not have a medical doctor or nurse practitioner
 - 05. Concerned about privacy
 - 06. They were too busy
 - 07. Did not need advice, already knew how to use cannabis for medical purposes [ANCHOR]
 - 08. No reason in particular; just did not [ANCHOR]
 - 09. Other, please specify: ____ [ANCHOR]
 - 10. I can't recall [ANCHOR]
18. [IF Q16=04] Did you [IF Q6B=01: REPLACE 'you' with 'your child'] discuss using cannabis for medical purposes with another health care provider?
- 01. Yes
 - 02. No [SKIP TO Q44]

19. [IF Q18=01] Was the health care provider you [IF Q6B=01: REPLACE 'you' with 'your child'] discussed this with a...

Select all that apply

- 01. Chiropractor
- 02. Physiotherapist
- 03. Naturopath
- 04. Massage therapist
- 05. Acupuncturist
- 06. Nurse
- 07. Some other type of health care provider: please specify

[CONTINUE IF RESPONDENT DISCUSSED USING CANNABIS FOR MEDICAL PURPOSES AT Q16 (I.E., Q16=01,02,03); IF THEY DID NOT, (I.E., IF Q16=04), GO TO Q44]

20. [IF Q16=01,02,03] How many medical doctors or nurse practitioners did you [IF Q6B=01: REPLACE 'you' with 'your child'] consult on the use of cannabis for medical purposes?
- 01. 1
 - 02. 2
 - 03. 3
 - 04. 4
 - 05. 5 or more
 - 06. I can't recall
21. [IF Q20=01,06] Was your medical doctor or nurse practitioner supportive of using cannabis to treat your [IF Q6B=01: ADD 'child's'] condition?
- 01. Yes
 - 02. No
 - 03. I can't recall
22. [IF Q20=02,03,04,05] Were the medical doctors or nurse practitioners you consulted supportive of using cannabis to treat your [IF Q6B=01: ADD 'child's'] condition?

01. Yes, they were all supportive.
 02. No, none of them were supportive.
 03. Some of them were supportive and some were not supportive.
 04. I can't recall
23. [IF Q21=02 OR Q22=02,03] Why do you think the medical doctor(s) or nurse practitioner(s) you consulted was/were **not** supportive of using cannabis to treat your [IF Q6B=01: ADD 'child's'] condition?

Select all that apply

[ROTATE ITEMS]

01. They did not know enough about the use of cannabis for medical purposes.
 02. They said that cannabis is not the best treatment option for me. [IF Q6B=01: REPLACE 'me' WITH 'my child']
 03. They said that there is not enough evidence to support cannabis as a treatment option.
 04. They said I was not a good candidate for cannabis due to family history. [IF Q6B=01: REPLACE 'I' WITH 'my child']
 05. They said other treatments were better for my condition. [IF Q6B=01: REPLACE 'my' WITH 'my child's']
 06. They said they do not prescribe cannabis for any patients.
 07. Some other reason, please specify: ____ [ANCHOR]
 08. I don't know [ANCHOR]
24. [IF Q21=01 OR Q22=01,03] What levels of THC and CBD did your [IF Q6B=01: ADD 'child's'] medical doctor or nurse practitioner recommend?

Select all that apply

01. Higher THC, lower CBD
 02. Higher CBD, lower THC
 03. Equal levels of THC and CBD
 04. THC only
 05. CBD only
 06. They did not make a recommendation
 07. I can't recall
25. [IF Q21=01 OR Q22=01,03] What type(s) of cannabis did your medical doctor or nurse practitioner recommend you [IF Q6B=01: REPLACE 'you' with 'your child'] take?

Select all that apply

01. Oil or extract
02. Capsule
03. Edible
04. Vaporizer
05. Dried cannabis
06. Topical cream
07. Some other type of cannabis, please specify: ____

- 08. They did not recommend a type
 - 09. I can't recall
26. [IF Q21=01 OR Q22=01,03] How often did your medical doctor or nurse practitioner recommend that you [IF Q6B=01: REPLACE 'you' with 'your child'] use cannabis to treat the medical condition?
- 01. Multiple times a day
 - 02. Once a day
 - 03. As needed
 - 04. Some other frequency, please specify: ____
 - 05. They did not recommend a frequency of use
 - 06. I can't recall
27. [IF Q16=01,02,03] Did the medical doctor or nurse practitioner discuss your [IF Q6B=01: ADD 'child's'] medical needs?

Select all that apply

- 01. Yes, we [IF Q6B=01: REPLACE 'we' WITH 'they'] discussed medical history.
 - 02. Yes, we [IF Q6B=01: REPLACE 'we' WITH 'they'] discussed the medical condition for which cannabis use was being sought.
 - 03. Yes, we [IF Q6B=01: REPLACE 'we' WITH 'they'] discussed use of other medications to treat the condition.
 - 04. Yes, we [IF Q6B=01: REPLACE 'we' WITH 'they'] discussed the potential side effects of cannabis.
 - 05. Yes, we [IF Q6B=01: REPLACE 'we' WITH 'they'] discussed having follow up appointments.
 - 06. No, we [IF Q6B=01: REPLACE 'we' WITH 'they'] did not discuss medical needs.
 - 07. I can't recall
28. [IF Q16=01,02,03] Have you [IF Q6B=01: REPLACE 'you' WITH 'your child'] gone back to the medical doctor or nurse practitioner for follow up?
- 01. Yes, one time only
 - 02. I continue [IF Q6B=01: REPLACE 'I continue' WITH 'my child continues'] to be followed by them
 - 03. I [IF Q6B=01: REPLACE 'I' WITH 'my child'] did not go back to the medical doctor or nurse practitioner
29. [IF Q16=01,02,03] Did you get a **medical document*** from the medical doctor or nurse practitioner authorizing a certain daily amount of cannabis to treat your [IF Q6B=01: ADD 'child's'] condition?
- 01. Yes [CODE AS AUTHORIZED USER, CONTINUE]
 - 02. No [SKIP TO Q31]
 - 03. I can't recall

*[HYPERLINK/MOUSEOVER: A medical document authorizing the use of cannabis for medical purposes typically contains information about the doctor or nurse practitioner and you, the daily

quantity (grams) of dried cannabis that you are authorized to use for medical purposes, and the length of time that you are authorized to do so. They are like prescriptions.]

30. [IF Q29=01: AUTHORIZED USER] How many times have you [IF Q6B=01: REPLACE 'you' WITH 'your child'] gotten a medical document for cannabis?

01. Once
02. Twice
03. Three times
04. Four times
05. Five times
06. Six or more times
07. I can't recall

31. [IF Q29=02] Why didn't you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **get a medical document** from the medical doctor or nurse practitioner?

01. Didn't ask for one
02. Asked for one, but they refused
03. Some other reason: [Please specify: TEXT]

32. [IF Q31=01] Why didn't you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **ask for a medical document** from the medical doctor or nurse practitioner?

01. Uncomfortable asking
02. Didn't need one
03. There was not enough time during the visit
04. Didn't know what a medical document was
05. Some other reason: [Please specify: TEXT]

33. [IF Q31=02] What reason did the medical doctor or nurse practitioner give for refusing to give you [IF Q6B=01: REPLACE 'you' WITH 'your child'] a medical document?

Select all that apply

[ROTATE ITEMS]

01. They did not know enough about the use of cannabis for medical purposes.
02. They said that cannabis is not the best treatment option.
03. They said that there is not enough evidence to support cannabis as a treatment option.
04. They said I [IF Q6B=01: REPLACE 'I' WITH 'my child'] was not a good candidate for cannabis due to family history.
05. They said other treatments were better for the condition.
06. They said they do not prescribe cannabis for any patients.
07. Some other reason, please specify: ____ [ANCHOR]
08. They didn't give a reason [ANCHOR]

[THOSE WITHOUT A MEDICAL DOCUMENT OR WHO CAN'T RECALL [I.E., Q29=02,03, SKIP TO Q44]

34. [IF Q29=01: AUTHORIZED USER] From whom did you get your [IF Q6B=01: ADD 'child'] medical

document for cannabis?

Select all that apply

[ROTATE ITEMS]

01. From my family doctor [IF Q6B=01: REPLACE 'my' WITH 'my child's']
 02. From a nurse practitioner
 03. From a specialist (e.g., oncologist; neurologist; etc.)
 04. From a medical doctor who is not my family doctor
 05. Other, please specify [ANCHOR]
35. [IF Q29=01: AUTHORIZED USER] Your medical document includes the daily dosage prescribed by a medical doctor or nurse practitioner. How much cannabis are you [IF Q6B=01: REPLACE 'are you' WITH 'is your child'] **currently** authorized to use per day? Please indicate the amount in grams (g) of dried cannabis found on your current medical document.
01. 1 g
 02. 2 g
 03. 3 g
 04. 4 g
 05. 5 to 10g
 06. 11 to 25g
 07. 51 to 75g
 08. More than 75g
 09. I use another amount: please specify [TEXT]
 10. I don't know
36. [IF 29=01: AUTHORIZED USER] Has the amount of cannabis you are [IF Q6B=01: REPLACE 'you are' WITH 'your child is'] authorized to use changed over time?
01. Yes, it has increased
 02. Yes, it has decreased
 03. It has remained the same
 04. I don't know
37. [IF 29=01: AUTHORIZED USER] Were you ever charged a fee for your [IF Q6B=01: ADD 'child's'] medical document for cannabis (e.g., consultation fee)?
01. Yes [CONTINUE]
 02. No [SKIP TO Q39]
 03. I can't recall [SKIP TO Q39]
38. [IF Q37=01] How much were you charged for the medical document?
01. Less than \$100
 02. \$100 to \$499
 03. \$500 to \$999
 04. \$1000 or more

05. I can't recall

Section 4: Sources of Medical Cannabis

[NOTE: ONLY ASK Q39-43 IF Q29=01; USERS HAVE A MEDICAL DOCUMENT, INCLUDING PARENTS, I.E., AUTHORIZED USERS]

These next questions focus on **where** you access cannabis for **medical purposes**.

To start,

39. [IF Q29=01; AUTHORIZED USER] Which of the following apply to you [IF Q6B=01, REPLACE 'you' WITH 'your child']?

Through the Health Canada cannabis for medical purposes program, if you have a medical document you can register to buy cannabis directly from 1) a licensed seller for medical purposes who ships it to your home, or 2) apply to Health Canada for authorization to grow your own, or designate someone else to grow it for you.

Select all that apply

- 01. I am authorized by Health Canada to produce cannabis for my own medical use
- 02. I am authorized by Health Canada to designate someone else to produce cannabis for me
- 03. I am registered with a licensed seller to obtain cannabis for my own medical use
- 04. I am registered with Health Canada to possess cannabis in public above the 30 grams limit
- 05. None of these

*IF Q6B=01, USE THESE RESPONSE OPTIONS:

- 01. They are authorized by Health Canada to produce cannabis for their own medical use
- 02. They are authorized by Health Canada to designate someone else to produce cannabis for them
- 03. They are registered with a licensed seller to obtain cannabis for medical use
- 04. They are registered with Health Canada to possess cannabis in public above the 30 grams limit
- 05. None of these

40. [IF Q39=01; AUTHORIZED USER] What issues, if any, did you [IF Q6B=01, ADD '/your child'] encounter when **applying to Health Canada for authorization** and **when growing your own** [IF Q6B=01, DELETE 'your own'] **cannabis** for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. The application process was complicated
- 02. The application process took a long time
- 03. It was difficult to find clones and seeds

- 04. It was difficult to grow enough cannabis for my [IF Q6B=01, REPLACE 'my' WITH 'their'] medical purposes
 - 05. Did not experience any issues [ANCHOR]
 - 06. Other, please specify: ____ [ANCHOR]
41. [IF Q39=02; AUTHORIZED USER] What issues, if any, did you [IF Q6B=01, ADD '/your child'] encounter with **designating someone to grow cannabis for you** [IF Q6B=01, DELETE 'for you'] for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. The registration process with Health Canada was complicated
 - 02. The registration process with Health Canada took a long time
 - 03. It was difficult to find someone who was willing to be the designated grower
 - 04. Getting cannabis from a designated grower was more expensive than expected
 - 05. Did not experience any issues [ANCHOR]
 - 06. Other, please specify: ____ [ANCHOR]
42. [IF Q39=03; AUTHORIZED USER] What issues, if any, did you [IF Q6B=01, ADD '/your child'] encounter when **buying cannabis from a licensed seller** for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. The registration process was complicated
 - 02. The registration process took a long time
 - 03. The cannabis was more expensive
 - 04. Could not always get the type of cannabis products needed/wanted
 - 05. Had to buy the cannabis on-line; there was no physical store where cannabis could be purchased for medical purposes
 - 06. Couldn't get the cannabis immediately; had to wait for it to be delivered
 - 07. The cannabis could be shipped only to a home address
 - 08. Did not experience any issues [ANCHOR]
 - 09. Other, please specify: ____ [ANCHOR]
43. [IF Q39=03; AUTHORIZED USER] Why do you [IF Q6B=01, ADD '/your child'] buy cannabis through a licensed seller for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. They offered compassion pricing
- 01. Health care provider suggested it
- 02. Thought that it would improve chances of having insurance coverage
- 03. Thought it would be more official
- 04. Thought it was the only way to get cannabis for medical purposes
- 05. It was convenient

06. Know someone who was/is buying cannabis from a licensed seller for medical purposes
 07. Want to buy cannabis for medical purposes
 08. They sell the type of cannabis product that is needed
 09. Cannabis sold through legal storefront/provincially authorized retailer is for recreational purposes
 10. Other, please specify [ANCHOR]
 11. Don't know; just did. [ANCHOR]
44. [ASK EVERYONE] Where do you typically get the cannabis you use [IF Q6B=01: REPLACE 'you use' WITH 'your child uses'] for **medical purposes**?

Through the Health Canada cannabis for medical purposes program, if you have a medical document you can register to buy cannabis directly from 1) a licensed seller for medical purposes who ships it to your home, or 2) apply to Health Canada for authorization to grow your own, or designate someone else to grow it for you.

Select all that apply

01. Grow own (without authorization from Health Canada) [IF Q6B=01: REPLACE WITH: Grow it for my child (without authorization from Health Canada)]
 02. Authorized by Health Canada to grow my own [IF Q6B=01: REPLACE WITH: A responsible adult is authorized by Health Canada to grow it for my child]
 03. Authorized by Health Canada to designate someone to grow it for me [IF Q6B=01: REPLACE WITH: Authorized by Health Canada to designate someone to grow it for my child]
 04. From a legal storefront/provincially authorized retailer
 05. From a legal website for non-medical cannabis (provincially authorized retailer)
 06. From a legal website for medical cannabis (licensed seller for medical purposes that you [IF Q6B=01: REPLACE 'you' WITH 'they'] are registered with)
 07. From the hospital
 08. From an illegal storefront
 09. From an illegal online source
 10. Storefront, don't know whether legal or illegal
 11. Online source, don't know whether legal or illegal
 12. From a family member or friend
 13. From a dealer
 14. Other, please specify: _____ [ANCHOR]
 15. Prefer not to respond [ANCHOR]
45. [IF Q44=04,05,08,09,10,11,12,13] Why do you [IF Q6B=01: REPLACE 'you' WITH 'your child'] access cannabis for **medical purposes** from these sources?

Select all that apply

[ROTATE ITEMS]

01. Convenience/it's easy to access
02. Price/most economical way to purchase medical cannabis
03. More products to choose from
04. Better quality products available

- 05. Comfortable using this source
- 06. Other, please specify: _____ [ANCHOR]

46. [IF Q44≠02,03 or 06 AND Q39≠01,02,03] Have you [IF Q6B=01: REPLACE 'you' WITH 'your child'] considered any of the following:

Select all that apply

- 01. Applying to Health Canada for authorization to grow your own cannabis for medical purposes
- 02. Applying to Health Canada to have a designated person grow cannabis for medical purposes for you
- 03. Registering with a licensed seller to obtain cannabis for your own medical use
- 04. No, I have not considered any of those options [IF Q6B=01: REPLACE 'I have' WITH 'my child has']

47. [IF Q46≠01 AND Q44≠02 AND Q39≠01] Why did you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **not** consider applying to Health Canada to grow your [IF Q6B=01: REPLACE 'your' WITH 'their'] own cannabis for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. The application process seemed complicated
- 02. Did not know you could get authorization to grow your own cannabis for medical purposes
- 03. Did not think I was [IF Q6B=01: REPLACE 'I' WITH 'they were'] eligible for the program
- 04. Did not want to
- 05. Prefer to purchase the cannabis
- 06. Don't have the time to grow my [IF Q6B=01: REPLACE 'my' WITH 'their'] own cannabis
- 07. Don't have the space to grow my [IF Q6B=01: REPLACE 'my' WITH 'their'] own cannabis
- 08. Not able to grow the cannabis
- 09. Want to know exactly how much THC and CBD I'm [IF Q6B=01: REPLACE 'I'm' WITH 'they're'] using
- 10. Can't make the types of cannabis products that I [IF Q6B=01: REPLACE 'I' WITH 'they'] need
- 11. Application was not approved by Health Canada
- 12. No reason [ANCHOR]
- 13. Other, please specify: ____ [ANCHOR]

48. [IF Q46≠03 AND Q44≠06 AND Q39≠03] Why have you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **not** considered buying cannabis for medical purposes from a licensed seller?

Select all that apply

[ROTATE ITEMS]

- 01. The registration process seemed complicated
- 02. Did not know about them

03. Did not think I [IF Q6B=01: REPLACE 'I' WITH 'they'] could get the type of products needed/wanted
 04. It is more expensive
 05. You can only order the cannabis on-line; there aren't any stores where cannabis can be bought for medical purposes
 06. The cannabis can only be shipped to your home address
 07. Would have to wait for it to be delivered
 08. It is difficult to get a medical document
 09. No reason [ANCHOR]
 10. Other, please specify: ____ [ANCHOR]
49. [IF Q44=04,05,06,08,09,10,11,12,13] In general, how much do you [IF Q6B=01: REPLACE 'do you' WITH 'does your child'] spend per month on cannabis for medical purposes?
01. Less than \$50
 02. \$50 to \$99
 03. \$100 to \$299
 04. \$300 to \$499
 05. \$500 to \$699
 06. \$700 to \$1000
 07. More than \$1,000
 08. Prefer not to respond
50. [If Q44=01,02,03] Why do you grow your own cannabis or designate someone to grow it for you [IF Q6B=01: 'Why does your child grow their own cannabis or designate someone to grow it for them']?
- Select all that apply**
01. It is cheaper than buying cannabis
 02. It's easy and convenient
 03. Can get the specific strain wanted
 04. Can guarantee the purity of the product
 05. Can be confident of the quality of the product
 06. Can get enough cannabis to meet medical needs
 07. Enjoy growing/it's fun
 08. Other, please specify [ANCHOR]
 09. Don't know; just did. [ANCHOR]
51. [IF Q44=01,02,03] How many cannabis plants are you or your designated grower currently growing for your **medical purposes** [IF Q6B=01: How many cannabis plants is your child or their designated grower currently growing for their medical purposes]?
01. 1-4 plants
 02. 5-19
 03. 20-39
 04. 40-59
 05. 60-99
 06. 100-199
 07. 200-299

- 08. 300-399
 - 09. 400 or more
 - 10. Prefer not to respond
52. Are you [IF Q6B=01: REPLACE 'you' WITH 'your child'] currently covered by insurance for cannabis for **medical purposes**?
- 01. Yes, costs are fully covered
 - 02. Yes, costs are partially covered
 - 03. No
 - 05. I don't know
53. Have you [IF Q6B=01: REPLACE 'you' WITH 'your child'] ever been a beneficiary of compassionate pricing for cannabis?
- 01. Yes, in the past
 - 02. Yes, currently receive the discount
 - 03. No

Section 5: Type, Frequency, and Amount of Cannabis Used for Medical Purposes

[ASK EVERYONE]

These next questions focus on **how** you use [IF Q6B=01: REPLACE 'you use' WITH 'your child uses'] cannabis for **medical purposes**.

54. In a typical month, how often do you use [IF Q6B=01: REPLACE 'do you use' WITH 'does your child uses'] cannabis for **medical purposes**?
- 01. Daily or almost daily
 - 02. Several times a week
 - 03. Once a week
 - 04. Several times a month
 - 05. Once a month
 - 06. Less than once a month
55. [IF Q54≠05,06] In a typical month, how many times **per day** do you use [IF Q6B=01: REPLACE 'do you use' WITH 'does your child uses'] cannabis for **medical purposes**?
- 01. 1 time
 - 02. 2 times
 - 03. 3 times
 - 04. 4 times
 - 05. 5 times
 - 06. 6 times
 - 07. 7 times
 - 08. 8 times
 - 09. 9 times
 - 10. 10 times
 - 11. More than 10 times

56. In the last 12 months, which of the following methods have you [IF Q6B=01: REPLACE 'have you' WITH 'has your child'] used to consume cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

01. Smoked it (e.g., a joint, bong, pipe or blunt)
 02. Eaten it (e.g., brownies, cakes, cookies or candy)
 03. Drank it (Cannabis beverages)
 04. Vaporized it with a vaporizer (non-portable)
 05. Vaporized it with a vape pen or e-cigarette (portable)
 06. Dabbing (e.g., including hot knife/nail)
 07. Applied to skin (e.g., topicals)
 08. Sublingual (under the tongue)
 09. Ingested cannabis extract (e.g., oil capsules)
 09. Some other way, please specify: ____ [ANCHOR]
57. When choosing cannabis products for **medical purposes**, what levels of THC and CBD do you [IF Q6B=01: REPLACE 'do you' WITH 'does your child'] typically use?

Select all that apply

01. Higher THC, lower CBD
 02. Higher CBD, lower THC
 03. Equal levels of THC and CBD
 04. THC only
 05. CBD only
 06. Other (please specify): [ANCHOR]
 07. Don't know/Not sure [ANCHOR]
58. [IF Q56=01] On the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **smoked cannabis** for medical purposes, how much dried flower/leaf did you typically use?
01. 1/4g
 02. 1/2g
 03. 1 g
 04. 2 g
 05. 3 g
 06. 4 g
 07. 5-9 g
 08. 10-14 g
 09. 15-19 g
 10. 20-28 g
 11. More than 28 g
 12. I don't know
59. [IF Q57=02] When you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **ate edible cannabis products** (e.g. cookies or gummies) for medical purposes, how much did you typically eat in a

day?

01. 1/2 serving
02. 1 serving
03. 2 servings
04. 3 servings
05. 4 servings
06. 5 servings
07. 6 servings
08. 7 servings
09. 8 servings
10. 9 servings
11. 10 servings or more
12. I don't know

60. [IF Q57=03] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **drank cannabis beverages** for medical purposes, how much was typically consumed in a day?

01. 30ml (1/8cup)
02. 62.5ml (1/4cup)
03. 125ml (1/2cup)
04. 187.5ml (3/4cup)
05. 250ml (1cup)
06. 375ml (1.5cups)
07. 500ml (2cups)
08. 625ml (2.5cups)
09. 750ml (3cups)
10. 875ml (3.5cups)
11. 1000ml (1litre) (4cups) or more
12. I don't know

61. [IF Q57=04,05] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **vaped cannabis** for medical purposes, how much was typically used in a day?

01. A cartridge lasts 30 use days
02. A cartridge lasts 21 use days
03. A cartridge lasts 14 use days
04. A cartridge lasts 10 use days
05. A cartridge lasts 7 use days
06. A cartridge lasts 6 use days
07. A cartridge lasts 5 use days
08. A cartridge lasts 4 use days
09. A cartridge lasts 3 use days
10. A cartridge lasts 2 use days
11. A cartridge lasts 1 use day
12. I don't know

62. [IF Q57=06] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **dabbed cannabis** for medical purposes, how much was typically used in a day?

01. 50mg (1/20g)
 02. 100mg (1/10g)
 03. 125mg (1/8g)
 04. 250mg (1/4g)
 05. 500mg (1/2g)
 06. 1g
 07. 2g
 08. 3g
 09. 4g
 10. 5g
 11. 6g
 12. 7g (1/4oz)
 13. 8g
 14. 9g
 15. 10g or more
 16. I don't know
63. [IF Q57=07] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] applied cannabis **topicals** for medical purposes, how much was typically used in a day?
01. 50mg (1/20g)
 02. 100mg (1/10g)
 03. 125mg (1/8g)
 04. 250mg (1/4g)
 05. 500mg (1/2g)
 06. More than 500mg
 07. I don't know
64. [IF Q57=08] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] consumed cannabis **sublingually** (under the tongue) for medical purposes, how much was typically used in a day?
01. 0.25ml (1/4ml)
 02. 0.5ml (1/2ml)
 03. 1ml
 04. 2ml
 05. 3ml
 06. 4ml
 07. 5ml
 08. 6ml
 09. 7ml
 10. >7ml
 11. 1 spray/drop
 12. 2 sprays/drops
 13. 3 sprays/drops
 14. 4 sprays/drops
 15. 5 sprays/drops
 16. 6 sprays/drops
 17. 7 sprays/drops

18. 8 sprays/drops
 19. 9 sprays/drops
 20. 10 sprays/drops
 21. >10 sprays/drops
 22. 1 tablet/lozenge/pill
 23. 2 tablets/lozenges/pills
 24. 3 tablets/lozenges/pills
 25. 4 tablets/lozenges/pills
 26. 5 tablets/lozenges/pills
 27. 6 tablets/lozenges/pills
 28. 7 tablets/lozenges/pills
 29. 8 tablets/lozenges/pills
 30. 9 tablets/lozenges/pills
 31. 10 tablets/lozenges/pills
 32. >10 tablets/lozenges/pills
 33. I don't know
65. [IF Q57=09] In a typical month, on the days that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] **ingested cannabis extract** (e.g., oil capsules) for medical purposes, how much was typically used in a day?
01. 0.25ml (1/4ml)
 02. 0.5ml (1/2ml)
 03. 1ml
 04. 2ml
 05. 3ml
 06. 4ml
 07. 5ml
 08. 6ml
 09. 7ml
 10. >7ml
 11. 1 spray/drop
 12. 2 sprays/drops
 13. 3 sprays/drops
 14. 4 sprays/drops
 15. 5 sprays/drops
 16. 6 sprays/drops
 17. 7 sprays/drops
 18. 8 sprays/drops
 19. 9 sprays/drops
 20. 10 sprays/drops
 21. >10 sprays/drops
 22. 1 tablet/lozenge/pill
 23. 2 tablets/lozenges/pills
 24. 3 tablets/lozenges/pills
 25. 4 tablets/lozenges/pills
 26. 5 tablets/lozenges/pills
 27. 6 tablets/lozenges/pills

- 28. 7 tablets/lozenges/pills
- 29. 8 tablets/lozenges/pills
- 30. 9 tablets/lozenges/pills
- 31. 10 tablets/lozenges/pills
- 32. >10 tablets/lozenges/pills
- 33. I don't know

66. How, if at all, has your [IF Q6B=01: ADD 'child's'] frequency of using cannabis for **medical purposes** changed in the past 3 years?

- 01. Frequency of use has increased
- 02. Frequency of use has remained the same
- 03. Frequency of use has decreased
- 04. I don't know

Section 6: Outcome of Using Cannabis for Medical Purposes

[ASK EVERYONE]

These next questions focus on the **outcome** of using cannabis for medical purposes.

67. What has been the outcome of using cannabis for **medical purposes** [IF Q6B=01: ADD 'for your child']?

Select all that apply

[ROTATE ITEMS]

- 01. Symptom(s) have improved
- 02. Condition(s) has improved/resolved
- 03. Worsening of medical issue(s)
- 04. Didn't make any difference to symptom(s)/condition(s)
- 05. Haven't found the right dose
- 06. Haven't found the right cannabis product
- 07. Haven't found the right THC and/or CBD levels
- 08. Makes me feel intoxicated (high)
- 09. Affects ability to drive
- 10. Able to decrease the use of other medications
- 11. Affects ability to work
- 12. Experienced adverse or negative effects, such as confusion, paranoia, bronchitis
- 13. Feel better in general
- 14. Able to function better in general
- 15. Other, please specify: _____ [ANCHOR]

68. [IF Q67=12] You answered that you [IF Q6B=01: REPLACE 'you' WITH 'your child'] experienced a negative reaction or side effect from using cannabis for **medical purposes**. Which of the following best describes this experience?

Select all that apply

01. The side effect was due to an error in use (overdosage, underdosage, use of wrong product)
 02. The side effect was not serious, and no medical attention was sought
 03. The side effect resulted in hospitalization, disability, incapacity, or death
 04. The side effect required medical attention
69. [ASK IF 67=01] You mentioned that your [IF Q6B=01: REPLACE 'your' WITH 'your child's'] symptoms have improved since starting to use cannabis for **medical purposes**. Have you seen a small, moderate, or significant improvement in your [IF Q6B=01: ADD 'child's'] symptoms?

[GRID FORMAT]

[INSERT SELECTED ITEMS FROM Q9; ROWS]

[RESPONSE OPTIONS; COLUMNS]

01. Small
02. Moderate
03. Significant
04. Uncertain

Section 7: Impact of Legalization on Access to Medical Cannabis

[ASK EVERYONE]

70. [IF Q11=01] Prior to the legalization* of cannabis where did you typically get the cannabis you [IF Q6B=01: REPLACE 'you' WITH 'your child'] used for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

01. Grew [IF Q6B=01: remove 'my'] my own **with** authorization from Health Canada
 02. Grew [IF Q6B=01: remove 'my'] my own **without** authorization from Health Canada
 03. From a designated producer with authorization from Health Canada
 04. From a licensed producer (LP) I was [IF Q6B=01: replace 'I was' with 'they were'] registered with
 05. From the hospital
 06. From an illegal storefront
 07. From an illegal online source
 08. Online source, don't know whether legal or illegal
 09. From a family member or friend
 10. From a dealer
 11. Other, please specify: _____ [ANCHOR]
 12. Prefer not to respond [ANCHOR]
71. In your opinion, how has the legalization* of cannabis affected **access** to cannabis for **medical purposes**?
01. Positively impacted access to cannabis for medical purposes
 02. Negatively impacted access to cannabis for medical purposes
 03. It has not impacted access to cannabis for medical purposes
 04. I don't know

72. [ASK IF Q71=01] How has the legalization* of cannabis positively impacted **access** to cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

- 01. I can grow my own cannabis [IF Q6B=01: REPLACE 'I' WITH 'my child']
- 02. I can get cannabis from a friend [IF Q6B=01: REPLACE 'I' WITH 'my child']
- 03. Cannabis is gotten cheaper
- 04. More products to choose from
- 05. Better quality products available
- 06. More sources to purchase from
- 07. Easier to find information on which cannabis product to use
- 08. There is less stigma related to cannabis use for medical purposes
- 09. Other, please specify: _____ [ANCHOR]
- 10. I don't know [ANCHOR]

73. [IF Q72=08] You mentioned that there is less stigma associated with the use of cannabis for **medical purposes**. In which situations are you noticing that it is more socially acceptable to use or talk about cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

- 01. At work
- 02. With family
- 03. With friends
- 04. With the medical system
- 05. With social or community services
- 06. Other, please specify: _____ [ANCHOR]

74. Since legalization* (October 2018), are there any challenges or barriers to **accessing** cannabis for **medical purposes**?

- 01. Yes [CONTINUE]
- 02. No [GO TO DEMOGRAPHICS]
- 03. I don't know [GO TO DEMOGRAPHICS]

75. [ASK IF Q74=01] What are the challenges or barriers to **accessing** cannabis for **medical purposes**?

Select all that apply

[ROTATE ITEMS]

- 01. It is difficult to find a medical doctor or nurse practitioner who is willing to authorize cannabis for medical use.
- 02. It is complicated to buy from a licensed seller for medical purposes.

03. When buying from a licensed seller for medical purposes, the cannabis can only be sent to your home address by mail which is very inconvenient.
 04. It is complicated to apply to Health Canada to grow your own.
 05. It is complicated to apply to Health Canada to have someone else grow it for you.
 06. Cannabis is too expensive.
 07. The products needed are not available through legal sources.
 08. Don't have the information needed to make informed choices.
 09. Medical doctor or nurse practitioner doesn't have enough information to advise on cannabis.
 10. Have to figure out the use of cannabis for medical purposes on own (which products to use, how much THC or CBD to use, how often to use it).
 11. There is no one you can ask for information.
 12. Other, please specify: _____ [ANCHOR]
 13. I don't know [ANCHOR]
76. [IF Q75=2+ ITEMS] You identified the following challenges or barriers to **accessing** cannabis for **medical purposes**. Please rank them in order, using "1" to indicate the most important challenge, "2" the second most important challenge, etc.

[INSERT ITEMS FROM Q75]

Demographics

These last questions will help us group your answers with others that we will receive in this survey.

77. In general, how is your [IF Q6B=01: ADD 'child's'] physical health?
01. Excellent
 02. Very good
 03. Good
 04. Fair
 05. Poor
 06. Prefer not to respond
78. In general, how is your [IF Q6B=01: ADD 'child's'] mental health?
01. Excellent
 02. Very good
 03. Good
 04. Fair
 05. Poor
 06. Prefer not to respond
79. What is the highest level of formal education that you have completed?
01. Less than a High School diploma or equivalent
 02. High School diploma or equivalent
 03. Registered Apprenticeship or other trades certificate or diploma
 04. College, CEGEP or other non-university certificate or diploma

- 05. University certificate or diploma below bachelor's level
- 06. Bachelor's degree
- 07. Post graduate degree above bachelor's level
- 08. Prefer not to respond

80. What language do you speak most often at home?

Select all that apply

- 01. English
- 02. French
- 03. Other, please specify: _____
- 04. Prefer not to respond

81. Which of the following best describes your total household income last year, before taxes, from all sources for all household members?

- 01. Under \$20,000
- 02. \$20,000 to just under \$40,000
- 03. \$40,000 to just under \$60,000
- 04. \$60,000 to just under \$80,000
- 05. \$80,000 to just under \$100,000
- 06. \$100,000 to just under \$150,000
- 07. \$150,000 and above
- 08. Prefer not to respond

82. Were you born in Canada?

- 01. Yes
- 02. No
- 03. Prefer not to respond

83. [IF Q82=02] In what year did you first come to Canada?

- 01. Record year: [TEXT]
- 02. Don't know / Don't remember
- 03. Prefer not to respond

84. We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you?

Select all that apply.

- 01. Black (African, Afro-Caribbean, African Canadian descent)
- 02. East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- 03. Indigenous (First Nations, Métis, Inuk/Inuit descent)
- 04. Latino (Latin American, Hispanic descent)

05. Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
 06. South Asian (South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
 07. White (European descent)
 08. Another race
 09. Prefer not to respond
85. [IF Q84=03] Which Indigenous group(s) do you identify as? Please select all that apply.
01. First Nations
 02. Métis
 03. Inuk/Inuit
 04. Prefer not to respond
86. [IF Q6B=01: DO NOT ASK] What is your sexual orientation? Would you say you are:
01. Heterosexual or straight
 02. Gay or lesbian
 03. Bisexual
 04. Other
 05. Prefer not to respond
87. Which of the following best describes the size of your community?
01. Rural area (less than 1,000 people)
 02. Small population centre (1,000 to 29,999 people)
 03. Medium population centre (30,000 to 99,999 people)
 04. Large urban population centre (100,000+ people)
 05. Prefer not to respond
- Finally,
88. Were you able to provide 'honest' answers about your cannabis use during the survey?
01. Yes, to all questions
 02. Yes, to some questions
 03. No

Closing Page

That concludes the survey. This survey was conducted on behalf of Health Canada. In the coming months the report will be available from Library and Archives Canada. We thank you very much for taking the time to answer this survey. Your help is greatly appreciated.

2. Survey of Medical Doctors and Nurse Practitioners

Introduction Page

Thank you for agreeing to take part in this survey. We anticipate that the survey will take up to 15 minutes to complete.

Background information

This research is being conducted by Phoenix Strategic Perspectives (Phoenix SPI), a Canadian public opinion research firm, on behalf of Health Canada.

The purpose of this survey is to gather evidence on the state of access to cannabis for medical purposes in Canada.

Your participation in the survey is completely voluntary and confidential. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada, now or in future.

What about your personal information?

- Please be assured that all opinions will remain anonymous and will not be attributed to you personally in any way.
- The personal information you will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. For more information, click [here](#).
- Your personal information will be collected by Phoenix SPI in accordance with the applicable provincial privacy legislation or the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

What happens after the online survey?

The final report written by Phoenix SPI will be available to the public through Library and Archives Canada (www.bac-lac.gc.ca/).

Questions?

If you have any questions about the survey, you may contact Phoenix SPI at research@phoenixspi.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[START SURVEY]

PROGRAMMING NOTES:

TERMINATION MESSAGES:

- **INDUSTRY:** Thank you very much for your interest in completing this survey. Unfortunately, you are not eligible for this survey.
- **OUTSIDE OF CANADA:** Thank you very much for your willingness to complete this survey. We're sorry. You must practice in Canada to be eligible.
- **RETIRED:** Thank you very much for your willingness to complete this survey. We're sorry. You must be currently practicing to be eligible.
- **QUOTA:** Thank you very much for your willingness to complete this survey. We're sorry, but at this time we've already received a sufficient number of completed surveys from people with a similar profile to yours.

INCLUDE MOUSEOVERS AS FOLLOWS:

- The term 'legalization' marked by an asterisk. text: Recreational, or non-medical, use of cannabis became legal for adults on October 17, 2018, in all provinces and territories.
- The term 'medical document' marked by an asterisk: Medical document specifies the daily quantity (grams) of dried cannabis that a patient has been authorized to use for medical purposes and the length of time that the patient is authorized to do so. They are like prescriptions. Patients with a medical document from a physician or nurse practitioner can register with Health Canada to grow their own cannabis (or designate someone to grow it for them) or buy cannabis from a licensed seller for medical purposes.

Industry Screening

1. In the previous 30 days, in which, if any, of the following have you participated?

Select all that apply

01. A Government of Canada survey
02. A survey about cannabis use
03. A survey on cannabis products
04. None of the above

2. Do you, or any member of your immediate family, work for...?

Select all that apply

01. A marketing research firm
02. A magazine or newspaper
03. A radio or television station
04. A public relations company

05. The government, whether federal, provincial, territorial or municipal
06. An advertising agency or graphic design firm
07. A company that produces or sells cannabis
08. Legal or law firm

Respondent Screening/Quotas/Characteristics

Recreational, or non-medical, use of cannabis became legal for adults on October 17, 2018, in all provinces and territories. For the purposes of this survey, ‘cannabis’ is used to refer to marijuana (e.g., weed, pot), hashish, THC, CBD or any other products made from the cannabis plant. It does not include pharmaceutical medications that contain cannabinoids.

3. In the past 3 years (e.g., since the legalization* of cannabis), which, if any, of the following have you done? For this survey, ‘**medical purposes**’ means to treat a disease/disorder or to improve symptoms associated with a disease/disorder.

Select all that apply

01. Been asked by a patient for information about using cannabis for medical purposes
 02. Recommended to a patient that they use cannabis to treat their symptom/disease
 03. Recommended to a patient that they **don’t** use cannabis to treat their symptom/disease
 04. Given a patient a medical document* to access cannabis to treat their symptom/disease
 05. Refused to give a patient a medical document to access cannabis to treat their symptom/disease
 06. Referred a patient to a colleague who is an expert on the use of cannabis for medical purposes
 07. Treated a patient who uses cannabis for medical purposes but you did not recommend it
 08. None of the above [EXCLUSIVE] [THANK/TERMINATE]
4. [IF Q3 ≠ 8] In the past 3 years, how often have you done the following... [WATCH QUOTAS/INCIDENCE RATE]
[GRID]
[ROW = ANSWERS FROM Q3]

[RESPONSES]
[COLUMN ITEMS]
01. Rarely
02. Sometimes
03. Often
04. I don’t know
 5. [IF Q3 does not equal 02 OR 04; *EXCEPTION: IF Q3 does not equal 02 but equals 04, SKIP] Why have you **not** done the following:

INSERT RESPONSES MENTIONED AT Q3:

Recommended to a patient that they use cannabis to treat their symptom/disease?
Given a patient a medical document* to access cannabis to treat their symptom or disease?

Select all that apply

[ROTATE ITEMS]

01. A patient has never asked me to provide them with a medical document for the use of cannabis to treat their symptoms or disease (relates only to Q3≠04)
 02. There is a lack of evidence about the efficacy of cannabis (relates only to when Q3≠02)
 03. There is a lack of information about appropriate dosage (relates only to when Q3≠02)
 04. There are side-effects to using cannabis (relates only to when Q3≠02)
 05. Most of the cannabis that is available is not regulated as a drug
 06. I am concerned that patients will use cannabis for the psychoactive effects (relates only to when Q3≠02)
 07. I am not well enough informed about the uses of cannabis for medical purposes (relates only to when Q3≠02)
 08. I am not familiar with the process of providing a medical document to patients for the use of cannabis for medical purposes (relates only to Q3≠04)
 09. Lack of need/I don't see patients who would benefit from using cannabis [ANCHOR]
 10. No reason/I just have not [ANCHOR]
 11. Other, please specify: _____ [ANCHOR]
6. [IF Q3=03 OR 05 **AND** Q5 WAS NOT ASKED] Why have you done the following:

INSERT RESPONSES MENTIONED AT Q3:

Recommended to a patient that they do **not** use cannabis to treat their symptom or disease?
Refused to give a patient a medical document* for the use of cannabis for medical purposes?

Select all that apply

[ROTATE ITEMS]

01. The patient was under the age of 18
02. The patient had a history of hypersensitivity to cannabis
03. The patient had a severe disease, or risk factors for severe disease (e.g., cardio-pulmonary, respiratory, liver, renal)
04. The patient had a personal history of psychiatric disorders or a family history of schizophrenia
05. The patient had a history of substance abuse
06. The patient was planning on conceiving, was pregnant, or was breastfeeding
07. The patient had a mood or anxiety disorder
08. The patient was taking sedatives or other psychoactive drugs
09. The patient was using other medications or substances that could pose a risk of drug interactions with cannabis
10. I did not have sufficient information to feel confident in recommending cannabis for medical purposes for the requested condition/s
11. Cannabis was not an effective treatment for the patient's condition
12. I referred the patient/s to a colleague who is an expert on using cannabis to treat medical conditions
13. The patient/s required further assessment prior to the selection of a treatment option
14. Other treatment options had not been exhausted

15. I am not familiar with the process of providing a patient with a medical document for the use of cannabis [ANCHOR]
16. No reason/I just have not [ANCHOR]
17. Other (please specify): [ANCHOR]

[CONTINUE IF Q3=02,04,06]

[IF Q3=01 OR 07 EXCLUSIVELY, ALLOW N=200 TO PROCEED; TERMINATE WHEN QUOTA REACHES N=200]

[IF Q3=03 OR 05 EXCLUSIVELY, TERMINATE]

7. Are you...? [WATCH QUOTAS/INCIDENCE]
 01. a physician
 02. a nurse practitioner
 03. a retired physician or nurse practitioner [TERMINATE]
 04. Other practitioner: specify [TERMINATE]

8. In which province(s) or territory(ies) are you licensed?

Select all that apply

01. Alberta
 02. British Columbia
 03. Manitoba
 04. New Brunswick
 05. Newfoundland and Labrador
 06. Northwest Territories
 07. Nova Scotia
 08. Nunavut
 09. Ontario
 10. Prince Edward Island
 11. Quebec
 12. Saskatchewan
 13. Yukon
 14. I am not licensed in Canada [TERMINATE]
 15. Prefer not to say [TERMINATE]
9. [IF Q8=MORE THAN ONE] In which province or territory do you currently practice?
 01. Alberta
 02. British Columbia
 03. Manitoba
 04. New Brunswick
 05. Newfoundland and Labrador
 06. Northwest Territories
 07. Nova Scotia
 08. Nunavut
 09. Ontario
 10. Prince Edward Island
 11. Quebec

- 12. Saskatchewan
- 13. Yukon
- 14. Prefer not to say [TERMINATE]

10. In your opinion, is there therapeutic value to the use of cannabis?

- 01. Yes [CONTINUE]
- 02. No [SKIP TO Q12]
- 03. Sometimes [CONTINUE]
- 04. Don't Know [SKIP TO Q13]

11. [IF Q10=01,03] You said there is [ADD 'sometimes' IF Q10=03] therapeutic value to the use of cannabis. Will you please explain why?

Select all that apply

- 01. I've used it with my patients and have seen positive results
- 02. There are clinical examples that suggest that cannabis can have therapeutic value
- 03. Lack of other effective treatments presents cannabis as a reasonable treatment option for certain diseases or symptoms
- 04. Intolerability or ineffectiveness of other treatments for some patients presents cannabis as a reasonable treatment option
- 05. Experiences of other health care colleagues suggest that cannabis has therapeutic value
- 06. Existing evidence suggests that cannabis for medical purposes has clinical utility
- 07. Other. Specify: [TEXT BOX]
- 08. Don't know

12. [IF Q10=02] You said there is no therapeutic value to the use of cannabis. Will you please explain why?

Select all that apply

- 01. There is insufficient evidence to establish that cannabis has clinical utility
 - 02. There is inadequate information on the risks of cannabis use
 - 03. The risks of cannabis use outweigh the potential therapeutic benefits
 - 04. Cannabis has not had any therapeutic benefits for my patients
 - 05. Lack of cannabis that is pharmaceutical grade
 - 06. Lack of efficacy data / clinical trials
 - 07. Lack of standards for dosing
 - 08. Cannabis is not regulated as a drug
 - 09. Pharmaceutical drugs containing cannabis have therapeutic benefits but there is only one available in Canada.
 - 10. Other. Specify: [TEXT BOX]
 - 11. Don't know
-

Section 1. Work Environment

[ASK EVERYONE]

These next few questions are about your work environment.

13. For how long have you been practicing as a [INSERT Q8 RESPONSE]?

- 01. Less than 1 year
- 02. 1 to 5 years
- 03. 6 to 10 years
- 04. 11 to 15 years
- 05. More than 15 years

14. What is your primary work setting?

- 01. Solo practice
- 02. Family medicine clinic
- 03. Hospital setting (other than emergency room or urgent care)
- 04. Walk-in-clinic (other than emergency room or urgent care)
- 05. Urgent care
- 06. Multi-disciplinary clinic
- 07. Specialized health centre (e.g., an oncology clinic, mental health centre, etc.)
- 08. Community health centre
- 09. Long-term care residence
- 10. Public Health clinic/setting
- 11. Cannabis clinic
- 12. Other: Please specify: [TEXT BOX]

15. [IF Q7=01] What type of physician are you?

Select all that apply

- 01. Cardiologist
- 02. Emergency medicine
- 03. Endocrinologist
- 04. Family physician/family medicine
- 05. Gastroenterologist
- 06. Internal medicine/internist
- 07. Infectious diseases
- 08. Neurologist
- 09. Obstetrician/Gynecologist
- 10. Oncology/oncologist
- 11. Ophthalmology
- 12. Otolaryngologist
- 13. Pediatrics/pediatrician
- 14. Psychiatry
- 15. Geriatrics
- 16. Pain specialist
- 17. Anesthesiologist

18. Rheumatologist
19. Respiratory Medicine/respirology
20. Other: Please specify: [TEXT BOX]

Section 2: Experience with Patients who use Cannabis for Medical Purposes

[ASK EVERYONE]

These next questions are about your general experience with patients who use cannabis for **medical purposes**.

16. How long have you been seeing and/or treating patients who use cannabis for medical purposes?
 01. Less than 1 year
 02. 1 to 3 years
 03. 4 to 5 years
 04. 6 to 10 years
 05. 11 to 15 years
 06. More than 15 years
 07. I don't typically see or treat patients who use cannabis for medical purposes
[TERMINATE]
17. On average, how often do you see patients who use cannabis for medical purposes?
 01. Multiple times a day
 02. Once a day
 03. Several times a week
 04. About once a week
 05. Several times a month
 06. About once a month
 07. Less often than once a month
 08. Never [TERMINATE]
18. How comfortable are you talking to patients about using cannabis for medical purposes?
 01. Very comfortable
 02. Somewhat comfortable
 03. Not very comfortable
 04. Not at all comfortable

Section 3: Knowledge and Perceptions of Cannabis for Medical Purposes

[ASK EVERYONE]

These next questions are about your knowledge and perceptions about cannabis for medical purposes.

To start,

19. How would you rate your level of knowledge about cannabis for medical purposes?

- 01. Very good
- 02. Good
- 03. Fair
- 04. Poor
- 05. Very poor

20. How confident are you in the following areas:

[GRID FORMAT]

[ROWS]

- a. Answering patients' questions on the use of cannabis for medical purposes.
- b. Advising patients on the types of cannabis to use for medical purposes.
- c. Advising patients on how to access cannabis for medical purposes.
- d. Providing advice on appropriate dosing.
- e. Discussing cannabinoid content.
- f. Explaining contraindications and adverse effects.
- g. Monitoring and evaluating patient status and progress.
- h. Advising patients under 18 years old on cannabis for medical purposes.

[RESPONSE OPTIONS; COLUMNS]

- 01. Extremely confident
- 02. Quite confident
- 03. Somewhat confident
- 04. Slightly confident
- 05. Not at all confident

21. How much do you agree or disagree with the following statements about cannabis for medical purposes?

[GRID]

[ROW ITEMS]

- a. Cannabis has therapeutic value for patients under medical supervision for treating disease/disorders or symptoms of disease/disorder.
- b. I know where to find information about cannabis for medical purposes if I need it.
- c. There needs to be more education about cannabis for medical purposes.
- d. There is sufficient evidence to support the use of cannabis for medical purposes for some conditions
- e. There are physical health risks associated with cannabis use for medical purposes.
- f. There are mental health risks associated with cannabis use for medical purposes.
- g. There are physical health benefits to using cannabis for medical purposes.
- h. There are mental health benefits to using cannabis for medical purposes.

[COLUMNS; RESPONSE OPTIONS]

- 01. Strongly agree
- 02. Somewhat agree
- 03. Neither agree nor disagree
- 04. Somewhat disagree
- 05. Strongly disagree

06. I don't know

22. [ASK IF Q11=01 OR 03] In your opinion, what parts of the cannabis plant have therapeutic value:

Select all that apply

- 01. THC*
- 02. CBD*
- 03. Terpenes
- 04. Other cannabinoids (besides CBD and THC)
- 05. Other, please specify
- 06. I don't know

[MOUSEOVERS:

THC stands for delta-9-tetrahydrocannabinol. It is the main psychoactive component of cannabis.

CBD stands for cannabidiol. It is a non-psychoactive component of cannabis.]

23. [ASK IF Q23=01 OR 02] How much do you agree or disagree with the following statements about THC* and CBD*?

[MOUSEOVERS:

THC stands for delta-9-tetrahydrocannabinol. It is the main psychoactive component of cannabis.

CBD stands for cannabidiol. It is a non-psychoactive component of cannabis.]

[GRID]

[ROW ITEMS]

- a) THC has therapeutic value
- b) THC does not have therapeutic value
- c) CBD has therapeutic value
- d) CBD does not have therapeutic value
- e) There are risks associated with the use of THC for medical purposes
- f) There are no risks associated with the use of THC for medical purposes
- g) There are risks associated with the use of CBD for medical purposes
- h) There are no risks associated with the use of CBD for medical purposes

[COLUMNS; RESPONSE OPTIONS]

- 01. Strongly agree
- 02. Somewhat agree
- 03. Neither agree nor disagree
- 04. Somewhat disagree
- 05. Strongly disagree
- 06. I don't know

24. How helpful do you think cannabis is for the following **symptoms**:

[GRID]

[ROW ITEMS]

- a. Acute pain (severe or sudden pain that resolves within a certain amount of time)
- b. Chronic non-cancer pain (persistent pain, lasting for months or even longer)
- c. Cancer pain

- d. Nausea/vomiting
- e. Wasting/weight loss and/or lack of appetite (e.g., from HIV/AIDS or cancer)
- f. Headaches/migraines
- g. Muscle spasms
- h. Seizures
- i. Problems sleeping
- j. Alcohol withdrawal symptoms
- k. Opioid withdrawal symptoms
- l. Palliative care
- m. Feelings of anxiety
- n. Feelings of depression
- o. Other, specify:

[COLUMNS; RESPONSE OPTIONS]

- 01. Very helpful
- 02. Somewhat helpful
- 03. Not very helpful
- 04. Not at all helpful
- 05. Don't know

25. How helpful do you think cannabis is for treating the following **diseases or disorders**:

[GRID]

[ROW ITEMS]

- a. Epilepsy
- b. Multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), spinal cord injury
- c. Arthritis
- d. Dystonia
- e. Huntington's disease
- f. Parkinson's disease
- g. Tourette's syndrome
- h. Glaucoma
- i. Post-Traumatic Stress Disorder (PTSD)
- j. Other anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder)
- k. Depression (e.g., clinical depression, major depressive disorder)
- l. Schizophrenia/psychosis
- m. Alzheimer's disease/dementia
- n. Autism
- o. Skin diseases
- p. Irritable bowel syndrome
- q. Inflammatory bowel diseases (e.g., Crohn's, colitis)
- r. Liver disease
- s. Obesity
- t. Diabetes
- u. Cancer
- v. Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)
- w. Insomnia
- x. HIV/AIDS

y. Other, specify:

[COLUMNS; RESPONSE OPTIONS]

- 01. Very helpful
- 02. Somewhat helpful
- 03. Not very helpful
- 04. Not at all helpful
- 05. Don't know

26. To what extent do you think using cannabis for medical purposes increases the risk for the following:

[GRID]

[ROW ITEMS]

- a. Psychotic symptoms
- b. Depression
- c. Memory problems
- d. Respiratory symptoms
- e. Accidents (e.g., falls, loss of consciousness)
- f. Low birth weight if used during pregnancy
- g. Stroke
- h. Diabetes
- i. Heart attack
- j. Cancer
- k. Anxiety
- l. Severe gastrointestinal (GI) symptoms (e.g., cannabis hyperemesis syndrome)
- m. Drug interactions
- n. Cannabis use disorder (i.e., dependence/problematic use)
- o. Substance (other than cannabis) use disorder

[COLUMNS; RESPONSE OPTIONS]

- 01. A lot
- 02. Somewhat
- 03. A little
- 04. Not at all
- 05. Don't know

27. Have you had any patients report a negative reaction or side effect from using cannabis for medical purposes?

- 01. Yes
- 02. No
- 03. I don't know

28. [IF Q27=01] Thinking of the range of reactions and side effects among those patients, please indicate which of the following have been reported to you?

Select all that apply

01. The side effect was due to an error in use (overdosage, under dosage, use of wrong product)
02. The side effect was not serious, and no medical attention was sought
03. The side effect resulted in hospitalization, disability, incapacity, or death
04. The side effect required medical attention
05. Other, please specify: _____ [ANCHOR]

29. Where do you recommend that your patients access cannabis for medical purposes?

[GRID FORMAT]

Through the Health Canada cannabis for medical purposes program, a patient with a medical document from a physician or nurse practitioner can buy cannabis directly from a licensed seller for medical purposes who ships it to their home or apply to Health Canada to grow their own or designate someone else to grow it for them.

[ROWS]

- a. Apply to Health Canada to grow their own cannabis for medical purposes
- b. Apply to Health Canada to designate someone to grow it for them
- c. From a legal storefront/provincially authorized retailer
- d. From a legal website for medical cannabis (licensed seller for medical purposes that they can registered with)
- e. From the hospital
- f. I don't recommend where my patients should access cannabis

[RESPONSE OPTIONS; COLUMNS]

01. Never
02. Sometimes
03. Often
04. Always

30. [IF Q30a,b,c,d,e=02,03,04] Why do you recommend that your patients access cannabis for medical purposes from [ADJUST BASED ON Q29: these sources/this source]?

Select all that apply

[ROTATE ITEMS]

01. Consistent quality of cannabis products
02. Safety of cannabis products
03. Ease of access
04. Cost effectiveness
05. I trust this/these source(s)
06. Other, please specify: _____ [ANCHOR]

Section 4: Recommendation of Cannabis for Medical Purposes

[ASK IF Q3=02,04, EXCEPT WHERE NOTED]

31. How long have you been recommending cannabis for medical purposes?

01. Less than 12 months
02. 1 year to less than 2 years
03. 2 to 3 years
04. 4 to 5 years
05. 6 or more years
06. Prefer not to respond

32. Have you ever prescribed pharmaceutical medications containing cannabinoids (e.g., Sativex)?

01. Yes
02. No [SKIP TO Q35]
03. Prefer not to respond [SKIP TO Q35]

33. [IF Q33=01] Which pharmaceutical medications containing cannabis have you prescribed?

Select all that apply

[ROTATE ITEMS]

01. Nabiximols 1:1 Δ 9-THC and CBD (Sativex®)
02. Dronabinol (Marinol® and Syndros®)
03. Nabilone (Cesamet®)
04. CBD (Epidiolex®)
05. Other, please specify: _____ [ANCHOR]

These next questions focus on recommending the use of cannabis for medical purposes in the past 3 years (i.e., since the legalization* of cannabis).

34. When recommending cannabis for medical purposes, what level of THC and CBD do you typically suggest? [SAME LIST AS USER SURVEY]

Select all that apply

01. Higher THC, lower CBD
02. Higher CBD, lower THC
03. Equal levels of THC and CBD
04. THC only
05. CBD only
06. I typically authorize a mix of the products above
07. Other (please specify):
08. Don't know/Not sure

35. Is there a daily maximum amount of THC or CBD that you typically recommend?

Select all that apply

01. Yes, for THC
02. Yes, for CBD
03. No [EXCLUSIVE] [SKIP TO Q38]

36. [If Q36=01, ask] What is the daily maximum amount of **THC** that you typically recommend?

01. Up to 2.5 mg
 02. 2.6 mg to 5 mg
 03. 5.1 mg to 10 mg
 04. 10.1 mg to 15 mg
 05. 16.1 mg to 20 mg
 06. 20.1 mg to 25 mg
 07. More than 25 mg
37. [If Q36=02, ask] What is the daily maximum amount of **CBD** that you typically recommend?
01. Up to 2.5 mg
 02. 2.6 mg to 5 mg
 03. 5.1 mg to 10 mg
 04. 10.1 mg to 15 mg
 05. 16.1 mg to 20 mg
 06. 20.1 mg to 25 mg
 07. More than 25 mg
38. How do you determine what dose to recommend?
- Select all that apply**
- [ROTATE ITEMS]
01. Titration: starting low and increasing as needed
 02. Based on patient's request
 03. Based on patient's experience
 04. Scientific literature
 05. My experience with other patients
 06. Licensing college recommendations
 07. Colleagues
 08. Health Canada
 09. Popular literature
 10. Other (please specify): [ANCHOR]
39. When recommending cannabis for medical purposes, do you suggest methods to consume cannabis?
01. Yes
 02. No
40. [IF Q3=04] What is the typical daily amount of dried cannabis that you authorize on a medical document (in grams per day)?
01. 1 g per day
 02. 2
 03. 3
 04. 4
 05. 5
 06. 6-10

07. 11-20
 08. 21-30
 09. 41-50
 10. More than 50 g/day
 11. There is not a typical amount/It varies too much to say
41. [IF Q3=04] What's the maximum daily amount of dried cannabis that you're comfortable authorizing on a medical document?
01. 1 g per day
 02. 2
 03. 3
 04. 4
 05. 5
 06. 6-10
 07. 11-20
 08. 21-30
 09. 41-50
 10. More than 50 g/day
 11. There is not a maximum amount
42. [IF Q42=01-10] Why is [INSERT Q42 RESPONSE] the maximum daily amount of dried cannabis that you're comfortable authorizing on a medical document?

Select all that apply

[ROTATE ITEMS]

01. For patient health and safety
 02. Because of my professional experience
 03. To limit/minimize risk of patient dependence or abuse of cannabis
 04. Because of feedback from other health care providers
 05. Available guidelines
 06. Because there is credible evidence to support the amount
 07. Because of lack of evidence that more cannabis would be beneficial
 08. Other (please specify): [ANCHOR]
43. [If Q42=01-10, ask] Have patients ever asked you to authorize more dried cannabis than you're comfortable with?
01. Yes
 02. No
 03. I can't recall
44. [IF Q42=11] Why do you **not** have a daily limit of dried cannabis that you would authorize for patients for medical purposes?

Select all that apply

[ROTATE ITEMS]

01. Lack of adverse effects

02. Limits should be case dependent, as they would depend on symptom or disease
03. There is too little evidence to support limits
04. Limits would depend on method of use, some methods require higher amounts of cannabis
05. My patients titrate cannabis for medical purposes, so don't always know how much they need
06. Because of my professional experience
07. Because of feedback from other health care providers
08. Other (please specify): [ANCHOR]
09. I don't know/there just shouldn't be a daily limit

45. [IF Q40=01] Which of the following methods do you most often recommend?

Select all that apply

01. Smoke it (e.g., a joint, bong, pipe or blunt)
02. Eat it (e.g., brownies, cakes, cookies or candy)
03. Ingest it (oil capsules, extracts)
04. Drink it (Cannabis beverages)
05. Vaporize it with a vaporizer (non-portable)
06. Vaporize it with a vape pen or e-cigarette (portable)
07. Dabbing (e.g., including hot knife/nail)
08. Applying to the skin (e.g., topicals)
09. Sublingual (under the tongue)
10. Other (please specify):

46. Do you typically follow up with patients after you have recommended that they start using cannabis for medical purposes?

01. Never
02. Sometimes
03. Often
04. Always

47. [ASK EVERYONE] In your view, how useful is the Health Canada medical access program?

Through the Health Canada cannabis for medical purposes program, a patient with a medical document from a physician or nurse practitioner can buy cannabis directly from a licensed seller for medical purposes who ships it to their home or apply to Health Canada to grow their own or designate someone else to grow it for them.

01. Very useful
02. Somewhat useful
03. Not very useful
04. Not at all useful
05. I don't know

[ASK IF Q3=02, 04]

These next questions focus on **why** you have recommended the use of cannabis for medical purposes in the past three years.

48. For which of the following **diseases or disorders** have you recommended the use of cannabis
[SAME LIST AS USER SURVEY]

Select all that apply

[ROTATE ITEMS]

01. Epilepsy
02. Multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), spinal cord injury
03. Arthritis
04. Dystonia
05. Huntington's disease
06. Parkinson's disease
07. Tourette's syndrome
08. Glaucoma
09. Post-Traumatic Stress Disorder (PTSD)
10. Other anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder)
11. Depression (e.g., clinical depression, major depressive disorder)
12. Schizophrenia/psychosis
13. Alzheimer's disease/dementia
14. Autism
15. Skin diseases
16. Irritable bowel syndrome
17. Inflammatory bowel diseases (e.g., Crohn's, colitis)
18. Liver disease
19. Obesity
20. Diabetes
21. Cancer
22. Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)
23. Insomnia
24. Palliative Care
25. HIV/AIDS
26. Other, please specify: _____ [ANCHOR]
27. Prefer not to say [ANCHOR]

49. How frequently do you recommend the use of cannabis for the following **diseases or disorders...**

[GRID FORMAT]

[ROWS—ITEMS FROM Q49]

[RESPONSE OPTIONS; COLUMNS]

01. Sometimes
02. Often
03. Always

50. For which of the following **symptoms** have you recommended the use of cannabis? [SAME LIST AS USER SURVEY]

Select all that apply

[ROTATE ITEMS]

01. Acute pain (severe or sudden pain that resolves within a certain amount of time)
02. Chronic non-cancer pain (persistent pain, lasting for months or even longer)
03. Cancer pain
04. Nausea/vomiting
05. Wasting/weight loss and/or lack of appetite (e.g., from HIV/AIDS or cancer)
06. Headaches/migraines
07. Muscle spasms
08. Seizures
09. Problems sleeping
10. Alcohol withdrawal symptoms
11. Opioid withdrawal symptoms
13. Feelings of anxiety
14. Feelings of depression
15. Other, please specify: _____ [ANCHOR]
16. Prefer not to say [ANCHOR]

51. How frequently do you recommend the use of cannabis for the following **symptoms** ...

[GRID FORMAT]

[ROWS—ITEMS FROM Q51]

[RESPONSE OPTIONS; COLUMNS]

01. Sometimes
02. Often
03. Always

Section 6: Legalization of Cannabis for Non-medical Purposes

[ASK EVERYONE]

These next questions focus on changes in patient behaviour and health care provider practices since the legalization of cannabis for non-medical purposes. Recreational, or non-medical, use of cannabis became legal for adults on October 17, 2018, in all provinces and territories.

52. Prior to the legalization* of cannabis, on average, how often would you have patients inquiring about cannabis for medical purposes?

01. Daily
02. Several times a week
03. Once a week
04. Several times a month
05. Once a month
06. Once every few months

- 07. Once a year
 - 08. I can't recall
53. Since the legalization* of cannabis, do patients ask questions about using cannabis for medical purposes...
- 01. More often
 - 02. Less often
 - 03. About the same
 - 04. I don't know
 - 05. Does not apply
54. [IF Q54=01,02] Since the legalization* of cannabis, on average, how often do you have patients inquiring about cannabis for medical purposes?
- 01. Daily
 - 02. Several times a week
 - 03. Once a week
 - 04. Several times a month
 - 05. Once a month
 - 06. Once every few months
 - 07. Once a year
 - 08. I can't recall
55. Since the legalization* of cannabis, have you noticed any changes in the way in which patients are accessing cannabis for medical purposes?
- 01. Yes
 - 02. No
 - 03. I don't know
56. [IF Q56=1] What changes have you noticed?
- Select all that apply**
- 01. More patients appear to be accessing cannabis from a provincially authorized retailer (storefront or online)
 - 02. Fewer patients appear to be growing their own cannabis or designating someone to grow it for them
 - 03. More patients appear to be growing their own cannabis or designating someone to do it for them
 - 04. Fewer patients appear to be using illicit sources
 - 05. More patients appear to be using illicit sources
 - 06. Patients are accessing cannabis through more than one source
 - 07. More patients appear to be accessing cannabis from 'informal' sources (e.g., friends)
 - 08. Other: please specify
57. Have you noticed any changes in your health care colleagues' attitudes towards authorizing cannabis for medical purposes since the legalization* of cannabis?
- 01. Yes

02. No [SKIP TO Q59]

58. [IF Q58=01] What changes have you noticed?

Select all that apply

- 01. They are more willing to authorize cannabis for medical purposes
- 02. They are less willing to authorize cannabis for medical purposes
- 03. They are more interested in education and training opportunities about cannabis for medical purposes
- 04. They are less interested in education and training opportunities about cannabis for medical purposes
- 05. They are more prepared to discuss using cannabis for medical purposes with patients
- 06. They are less prepared to discuss using cannabis for medical purposes with patients
- 07. They are more likely to refer patients who want an authorization to use cannabis for medical purposes
- 08. They are less likely to refer patients who want an authorization to use cannabis for medical purposes
- 09. Other: please specify

59. Since the legalization* of cannabis, are you more, or less supportive of the use of cannabis for medical purposes?

- 01. Much more supportive
- 02. Somewhat more supportive
- 03. Somewhat less supportive
- 04. Much less supportive
- 05. There has been no change in my views on the use of cannabis for medical purposes

60. [IF Q3=02 ,04] Since the legalization* of cannabis, have your practices for recommending cannabis for medical use changed?

- 01. Yes
- 02. No [SKIP TO Q62]

61. How have your practices changed?

Select all that apply

- 01. I refer fewer patients to specialists because I am more comfortable authorizing cannabis
- 02. I refer more patients to specialists to access cannabis for medical purposes
- 03. I regularly consider cannabis for medical purposes as a treatment option for certain conditions
- 04. Other: please specify

62. How supportive is your licensing college regarding the use of cannabis for medical purposes?

- 01. Very supportive
- 02. Somewhat supportive
- 03. Somewhat unsupportive
- 04. Very unsupportive

05. I don't know
63. To the best of your knowledge, does your licensing college offer courses or guidance on authorizing the use of cannabis for medical purposes?
- 01. Yes, courses and guidance
 - 02. Yes, courses only
 - 03. Yes, guidance only
 - 04. No
 - 05. I don't know
 - 06. Other. Specify:
-

Section 7: Information Needs

[EVERYONE]

You're almost finished the survey. We appreciate your feedback.

64. Where do you typically look for information on the use of cannabis for medical purposes?

Select all that apply

[ROTATE ITEMS]

- 01. General internet search
 - 02. Colleague or co-worker
 - 03. Professional association
 - 04. Regulatory body or licensing college
 - 05. Continuing Medical Education (CME) programs
 - 06. Professional insurer
 - 07. Conferences
 - 08. Webinars
 - 09. Social media
 - 10. Medical journals
 - 11. Health Canada
 - 12. Public Health Agency of Canada
 - 13. Centers for Disease Control and Prevention (CDC)
 - 14. Canadian Consortium for the Investigation of Cannabinoids (CCIC)
 - 15. Other: [please specify: TEXT] [ANCHOR]
 - 16. I do not look for information on the use of cannabis for medical purposes [ANCHOR]
-

Respondent Profile

The following are questions to help us to group the results. Your responses will be anonymous and kept strictly confidential.

65. As a health care provider, are you...?
- 01. Just starting your career
 - 02. Mid-career
 - 03. Close to retirement

04. Prefer not to answer

66. Which of the following best describes the area where your primary place of work is located?

- 01. Large urban population centre (more than 100,000 individuals)
- 02. Medium population centre (between 30,000 and 100,000 individuals)
- 03. Small population centre (between 1,000 and 29,999 individuals)
- 04. Rural location
- 05. Prefer not to answer

67. What is your gender? This refers to current gender which may be different from sex assigned at birth.

- 01. Man
- 02. Woman
- 03. Another gender
- 04. Prefer not to answer

Finally,

68. In which of the following age categories do you belong?

- 01. Under 35 years
- 02. 35 to 44
- 03. 45 to 54
- 04. 55 to 64
- 05. 65 or older
- 06. Prefer not to answer

Completion Page

That concludes the survey. Thank you very much for your thoughtful feedback. It is much appreciated. The results will be available at the Library and Archives Canada website in the coming months.