Health Canada Santé Canada

Cannabis Use Among Sexual and Gender Minorities Across Canada – Perspectives and Experiences Following Legalization

Final Report

Prepared for Health Canada

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For more information, please contact: cpab_por-rop_dgcap@hc-sc.gc.ca

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Canada

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Final Report

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Supplier Name: Narrative Research
December 2023

This public opinion research report presents the results of 21 online focus groups with individuals who identify as a sexual or gender minority. A total of seven different groups were conducted in each of three regions, namely the East (Nunavut, Ontario, and the Atlantic provinces), West (Prairie provinces, Alberta, British Columbia, Yukon, and the Northwest Territories), and Quebec/New Brunswick (francophones). Within each region, groups were segmented by identity (gay, lesbian, bisexual or another identity), as well as by age (young adults 18-25 years old and adults 26 years and older). Participants had consumed cannabis at least once in the past year for non-medical and/or medical purposes. All sessions, except for the francophone ones, were conducted in English. The fieldwork was conducted from November 8th to 16th, 2023.

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Executive Summary

Narrative Research Inc.
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Background and Research Methodology

The prevalence of cannabis use among sexual and gender minorities (SGM) is higher compared to the general population. Intersecting with higher levels of cannabis use, the broader evidence base consistently highlights that SGM also have higher prevalence of poor mental health (e.g., anxiety/mood disorders) compared to the general population. Evidence suggests that higher frequency of cannabis use among SGM is a coping mechanism associated with the experience of minority stress (e.g., discrimination/abuse from others, internalized stigma, etc.). However, longitudinal evidence also suggests frequent cannabis use elevates the risk of experiencing persistent mental health problems over time.

Due to the high prevalence of cannabis use and poor mental health among SGM, Health Canada was interested in garnering insight into these populations. Thus, public opinion research was undertaken to qualitatively explore the range of cannabis-related opinions, knowledge, and behaviours among the SGM communities across Canadian provinces and territories. Research findings can help inform different elements of public health strategy (e.g., public education, data monitoring, Sex and Gender Based Analysis plus), and enhance the *Cannabis Act*'s public health approach to protecting public health and public safety and minimizing harms from cannabis use.

More specifically, research objectives were to explore SGM:

- Perspectives and experiences surrounding cannabis use (e.g., reasons for use, use characteristics, sourcing cannabis, perceived benefits/risks, polysubstance use, cannabis-impaired driving)
- Perceived impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences)
- Perspectives on cannabis public education (e.g., awareness and exposure, knowledge of risk, desired content, and delivery)

To achieve these objectives, a qualitative research approach was undertaken with the fieldwork conducted from November 8th to 16th, 2023. The research entailed a total of 21 online focus groups across three regions including the East (Nunavut, Ontario, and the Atlantic provinces), West (Prairie

provinces, Alberta, British Columbia, Yukon, and the Northwest Territories), and Quebec/New Brunswick (francophones). Seven groups were conducted in each region, with groups segmented by identity (gay, lesbian, bisexual and identify not already listed) and by age (young adults 18-25 years old and adults 26 years and older).

All participants consumed cannabis at least once in the past year for non-medical and/or medical purposes. A mix of ages (within range), household situations and ethnic backgrounds were represented in each group. Those currently employed in, or retired from a sensitive occupation, or who have others in their household in this situation were excluded from the research. All participants had access to a computer or tablet with high-speed internet equipped with a webcam, or a smartphone, to take part in the session.

From 210 recruited individuals, 184 took part across all sessions. Each group discussion lasted between 90 minutes and two hours. In total, 186 individual incentives of $125 were distributed, including two for people who were unable to participate due to technical difficulties. All discussions were held in English except in Quebec/New Brunswick where the sessions were conducted in French. All participants were recruited per the specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met. A referral recruitment approach was also accepted for harder-to-reach populations, following industry guidelines to ensure no participant from the same household took part in the study, and to ensure no participants knew each other in the same group.

This report presents the findings from the study. Caution must be exercised when interpreting the results from this study, as qualitative research is exploratory and cannot infer causality.

Political Neutrality Certification

I hereby certify as a Representative of Narrative Research that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed 

Margaret Brigley, CEO & Partner | Narrative Research

Date: December 14, 2023

Key Findings

The following provides key highlights from the research:

Commonality / Normality

- ***Legalization has normalized the use of cannabis, made it easier to obtain, and contributed to a perception that it is of lesser harm, with notable diminished negative stigma.*** The fact that cannabis production, sales and possession is now condoned by the government, and is sold in regulated stores, legitimizes it as a substance that is perceived to be relatively safe to consume. Moreover, legalization provides consumers with a means to access cannabis from a safe and reliable source (e.g., knowing exactly what is in the product, and being assured it is not laced with other drugs).

- ***Among sexual and gender minority groups, cannabis was considered common practice, primarily to cope with societal stressors, as well as the openness and shared ideologies within the communities.*** Hearing of higher cannabis consumption among sexual and gender minority groups compared to the general population was not surprising to most and was attributed to two key factors. To begin, higher cannabis usage is attributed to members of SGM communities having unique experiences and stresses, because of having to deal with unacceptance, criticism or hate within society. It was felt that many regularly turn to cannabis and other substances to cope with increased stressors. Another factor was the openness of the communities in their ideologies and behaviours, and a greater inclination to be liberal, open-minded and exploratory in nature.

Reasons for Use

- ***Cannabis use was considered a pleasurable and habitual experience for most and one that provides a variety of benefits, including being a coping mechanism for anxiety / stress, as a sleep aid, for socialization, managing eating disorders, and pain management.*** Among sexual and gender minority groups, cannabis is used both for non-medical and medical purposes. Participants attributed a wide range of benefits to cannabis usage, most notably as a coping mechanism for anxiety / stress, as a sleep aid, for socialization, managing eating disorders, and pain management. For some, cannabis has become their drug of choice, resulting in reduced alcohol intake, reduced usage of harder drugs, and/or decreased reliance on pharmaceuticals. While some felt that cannabis use helps them become more focused or improves their overall concentration, others described it as providing a sense of euphoria and escapism. Depending on the strain used, cannabis could either elevate an evening or add a sense of calmness or relaxation.

- ***While some professed to use cannabis socially on a weekly or less frequent basis, many reportedly use cannabis daily.*** For many, cannabis is considered habitual as a regular coping mechanism for life's various challenges. Across locations, several participants cited that their cannabis use increased notably following the onset of the COVID pandemic as they struggled to cope with isolation and changing social realities.

Medical Use

- ***Few use cannabis for medical purposes only and there is limited reliance on health practitioners' counsel relating to cannabis usage.*** Many use cannabis for both non-medical purposes and health-related reasons. That said, very few are authorized by a health care practitioner to use cannabis for medical purposes. Rather, they self-medicate to address a range of different diagnosed conditions, after experiencing considerable success using cannabis compared to more traditional pharmaceutical options.

- ***It was generally felt that physicians have limited knowledge of cannabis or other natural remedies and they prefer to rely on pharmaceuticals over cannabis.*** While a few participants had spoken with their family doctor about their usage, many rely on the advice of others who have used cannabis, or their own personal experience, to direct their cannabis use when dealing with symptoms. Doctors were generally considered not fully informed about cannabis use and its benefits, and often perceived as being judgemental towards its use. Many felt that physicians generally do not consider cannabis a viable substitute for prescription medications, which proved problematic to many, given the high cost of prescription drugs. Further, some do not have a family doctor, or commented that they feel uncomfortable or stigmatized around health care professionals because of their sexual orientation or gender identity.

Risk Perception

- ***Cannabis use was viewed as having minimal risks or harms, although several key risks were identified, most notably those associated with lung damage, potential dependency, memory loss, and negative financial implications.*** Participants perceived minimal risks or harms with cannabis use and considered the benefits of usage to outweigh the risks. That said, a number of risks were consistently identified, including lung damage / breathing problems from smoking cannabis, potential addiction, memory loss or difficulty concentrating, elevated heart rate, cost implications, increased anxiety, insomnia, and sluggish or unproductive behaviour. Participants professed to have only moderate knowledge of the risks associated with cannabis use.

- ***Risk perception of cannabis dependency was generally low and attributed to the perceived benefits cannabis provides.*** Overall, those who use cannabis as more of a coping mechanism for mental health conditions or other health conditions were generally more inclined to express some level of dependency, albeit moderate in most cases. When considering how their life would be different if they did not use cannabis, responses reflected perceptions of personal dependency. Most felt that their life would be much the same with little change, although they recognized that on the positive side, they would likely have more money and potentially more energy. While other participants did not consider themselves addicted to cannabis, many felt it would be challenging to cease use of cannabis altogether. Some anticipated that without cannabis they would experience negative health-related consequences and would likely resort to using other aids, substances or prescription drugs to cope. Such consequences primarily related to stress management, sleep and appetite.

Driving and Cannabis Usage

- ***There were mixed opinions on the impact of cannabis on driving. While most believed using cannabis and driving is risky and not a good idea, there was a perception that cannabis can enhance driving abilities.*** While most professed that using cannabis and driving poses a risk and is not a good idea, some indicated they know people who consider themselves to be more conscientious and safer drivers after using cannabis. Unlike alcohol consumption, there was a perception that moderate cannabis use enhances driving capabilities rather than inhibiting them. Overall, most felt that usage of cannabis while driving is a relatively common occurrence, particularly in smaller communities. It was generally felt that the risks associated with driving after using cannabis depends on what type of cannabis product is consumed, when it was used, and an individual's tolerance level. Further, it was felt that because there is no easy measure or indicator of cannabis consumption, it is easy to avoid getting caught by the authorities for driving under the influence.

Access & Sourcing

- ***Cannabis is generally purchased through a variety of sources, namely regulated stores, online 'unregulated' stores, and on First Nations reserves.*** A variety of sources are relied upon for obtaining cannabis, with cannabis generally purchased in regulated stores, online (through unregulated businesses), on First Nations reserves, or from individuals they know.

- ***There were clear perceived advantages in purchasing from 'unregulated' stores.*** Despite being a common source of cannabis because of its convenient access and safe supply, there was criticism that regulated stores offer products that are 'lower quality', overpriced, and with limited selection of product types and potency levels. While it was appreciated that products available in a regulated store are perceived as safer compared to products sold through dealers, it was considered a premium priced source. Online stores (unregulated) were clearly differentiated from regulated stores in a perceived superior product selection, product strength, convenience, and cost-effective pricing.

- ***There was confusion as to whether unregulated stores are illegal.*** There was a general perception that there is nothing wrong with purchasing product from unregulated online retailers. Such businesses were considered to be registered, legitimate businesses, with a professional online presence, professionally looking packages, safe point of sale practices, and legitimate delivery, often via Canada Post. Further, past purchase and product experiences have been positive and reflective of what they would expect from a legitimate and professional business.

Poly-substance use

- ***Use of cannabis and alcohol was common, as was usage with prescription drugs and other substances. Cannabis was considered a natural, cost-effective and less addictive alternative to other substances, as well as a way to supplement the overall experience*** For some, cannabis has replaced the use of harder drugs, minimized alcohol usage, and eliminated some reliance on

prescription medications. Many cited that alcohol had typically resulted in stronger and more negative side effects, so they intentionally replaced alcohol consumption with cannabis. For many, however, combining cannabis with other substances enhances the overall desired experience.

Public Education

- ***There was limited to no recall of recent public education about cannabis, especially any messaging that presents the risks and harms of cannabis use.*** Top of mind information or advertisements were generally limited to campaigns related to the risk of drinking and consuming cannabis while driving a vehicle. No participants recalled seeing or hearing any public education campaign specifically targeting SGM.

- ***Those with direct lived experience with cannabis were considered the most trusted source for information on the topic, although budtenders and governments were also respected by most.*** Information on cannabis was deemed most trustworthy coming from other people who use cannabis, (e.g., through lived experience, product reviews, testimonials), and governments (if referencing current, legitimate research studies). Those working in cannabis retail stores (budtenders) were also trusted for their input and are relied upon for information related to dosage, strains and consumption method.

- ***There was broad support for a public education campaign. Topics of interest include long-term effects, dosages and better understanding the differences between indica versus sativa.*** It was perceived that an effective public education campaign should be non-judgemental, fact-based, visually impactful, and will guide safe cannabis use in an unbiased, personally relevant, and balanced approach. In addition, information should explain the positive and negative health effects of cannabis consumption. A multi-mode approach to communicating information about the risks and potential harms associated with cannabis consumption was recommended by participants, with priority given to social media channels, traditional media, as well as point of sale.

Introduction

Context

Public health initiatives focusing on Sex- and Gender- Based Analysis (SGBA Plus) subgroups is a strategic priority across the government's health portfolio.

The prevalence of cannabis use among sexual and gender minorities (SGM) is higher compared to the general population. For instance, the 2022 Canadian Cannabis Survey indicated that the proportion of Canadians reporting cannabis use in the past 12 months was higher among people who identified as bisexual (61%), another sexuality (55%), or lesbian/gay (39%) than among people who identified as heterosexual (25%). Data further suggests that SGM communities have one of the highest rates of frequent cannabis use (i.e., daily/near daily use) and problematic cannabis use. The 2022 Canadian Cannabis survey indicated that these subgroups comprised 9% of the sample yet accounted for almost 20% of those reporting frequent use.

Intersecting with higher levels of cannabis use, the broader evidence base consistently highlights that SGM also have the highest prevalence of poor mental health compared to the general population (e.g., anxiety/mood disorders). The higher frequency of cannabis use has been linked to coping mechanisms associated with the stress of identifying as a sexual or gender minority (e.g., internalized stigma, discrimination/abuse from others). However, longitudinal evidence also suggests frequent cannabis use elevates the risk of experiencing persistent poor mental health over time. For instance, frequent consumers are at heightened risk of developing a cannabis use disorder due to their heavier usage patterns, which can compound underlying psychological distress. Further, frequent cannabis use has been linked to less symptomatic improvement across anxiety and mood disorders over time compared to individuals who abstained or reduced cannabis use.

Due to the high prevalence of cannabis use and mental health issues, greater insight is needed into SGM populations. Quantitative data sources (e.g., population-level surveys) do not adequately sample these minority groups, leading to a lack of insight on key public health indicators. These include specific use patterns, specific motivations for using cannabis, source of and access to cannabis, perceived benefits and risks related to mental health, cannabis-impaired driving, and exposure to public education. Further, there is minimal evidence highlighting SGM perspectives on cannabis legalization and associated changes in cannabis-related attitudes and behaviours. More qualitative data would help bridge these knowledge gaps, which are challenging to obtain from quantitative data sources.

Thus, this Public Opinion Research aims to qualitatively explore the range of cannabis-related opinions, knowledge, and behaviours among SGM communities across Canadian provinces and territories. Findings will help to inform public health strategy (e.g., public education) targeting SGM, with the ultimate aim to protect public health and safety and lower the risks associated with cannabis use.

Objectives

This research aims to explore SGM:

- Perspectives and experiences surrounding cannabis use (e.g., reasons for use, use characteristics, sourcing cannabis, perceived benefits/risks, polysubstance use, cannabis-impaired driving)
- Perceived impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences)
- Perspectives on cannabis public education (e.g., awareness and exposure, knowledge of risk, desired content, and delivery)

This report presents the findings of the research. It includes a description of the detailed methodology used and the detailed findings of the online focus group discussions. The working documents are appended to the report, including the recruitment screener (Appendix A) and the moderator's guide (Appendix B).

Research Methodology

Target Audience

The target audience for the study included sexual and gender minorities (SGM) who have used cannabis at least once in the past year. Four specific groups were targeted including those who self-identified as gay, lesbian, bisexual, or identity not previously listed (i.e., transgender, transexual, pansexual, two-spirited or queer). Of note, terminology used when self-identifying varied across age groups and locations.

Research Approach

A total of 21 online focus groups were conducted from November 8th to 16th, 2023, including 184 participants. The following table provides an overview of sessions by audience, segment, location, and language.

Breakdown of Focus Group Sessions					
Identity	Age	East (NU, ON, NL, PE, NS, NB)	West (MB, SK, AB, BC, YT, NT)	Quebec / New Brunswick	Total Groups
		English		French	
Gay	18-25	1	1	1	3
	26+	1	1	1	3
Lesbian	18-25	1	1	1	3
	26+	1	1	1	3
Bisexual	18-25	1	1	1	3
	26+	1	1	1	3
Identity not previously listed	18+	1	1	1	3
Total		7	7	7	21

Each group included a mix of communities (within each region), ages (within range), household living situation, and ethnic background.

Those with current or past employment in sensitive occupations were excluded from the research, in addition to those who have others in the household in this situation. These sectors included marketing, marketing research, public relations, advertising, media, graphic design, provincial or federal government departments or agencies related to healthcare, the field of drug treatment, licensed cultivators, processors, or sellers of cannabis, law enforcement, and the legal sector. In addition, individuals who have been to at least five qualitative sessions in the past five years, those who have attended a session in the past six months, and those who have participated in group discussions related to cannabis were excluded from the research during the recruitment process.

In total, ten people were recruited for each focus group. From 210 recruited individuals, 184 took part across the 21 focus group sessions. Each group discussion lasted between 90 minutes and two hours. In

total, 186 individual incentives of $125 were distributed, including two for people who were unable to participate due to technical difficulties. All discussions were held in English except in Quebec/New Brunswick where the sessions were conducted in French. For the focus groups, all participants had access to a computer, tablet, or smart phone and webcam with high-speed internet to take part in the session.

All participants were recruited per the recruitment specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met. A referral recruitment approach was also accepted for harder-to-reach population, following industry guidelines to ensure no participant from the same household are taking part in the study, and to ensure no participant know each other in the same group.

Three moderators were involved in this project to accommodate the timeline and language requirements. Sessions were recorded for analysis purposes, and online polls were used to capture participants' individual opinions to be incorporated into the analysis. An online chat function was also made available for participants to use in addition to the verbal discussion and the inputs were considered in the analysis of findings.

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are exploratory and cannot infer causation.

Research Findings

Commonality / Normality

Legalization has normalized the use of cannabis and contributed to a perception that it is of lesser harm, with diminished negative stigma. Legalization was not seen as having led to a surge in usage among SGM, as many used cannabis pre-legalization.

It was generally felt that negative stigma associated with cannabis usage has diminished notably since legalization, and the public is more open to its usage.

> *"I personally found that since legalization, cannabis is used more. It's talked about more…people openly talk about it, even in workplaces now because people are using it who may have never [used it] before." Gay 26+*

> *"I think for me it's definitely changed. Ever since legalization I'm much more I guess relaxed, less tense, to smoke out in public - especially being an immigrant. You know, you're always scared about what's going to happen, so that's definitely changed [since legalization]. I feel much more open and less scared honestly to smoke in public." Gay 26+*

That said, there was a general perception that high usage among SGM is not necessarily attributed to the legalization of cannabis.

> *"I don't think legalization has changed anything with the weed smoking of anyone I know. Everyone we know is either growing their own weed [or know people growing] or are buying weed from the weed store. But we're already weed smokers. Legalization of weed has made it more accessible and convenient, but I don't think it's added any more weed smokers where I live because we've all been smoking it forever and our parents before us have been, and our grandparents before us have been…So, it didn't change usage really, but just made the process [of getting it] easier." Bisexual 26+*

> *"I think, for myself at least, I find that the thrill is no longer there…which is so horrendous [to say] …Before it was legalized I did it a lot when I was an early teenager because it was 'cool' and it was this underground thing that one of the 'cool kids' had access to. But now, usage is more prevalent; it's more mainstream." Gay 26+*

Participants spoke openly that cannabis is now something that is seen shared during some family get togethers, much like alcohol, and sometimes discussed openly by groups like seniors who traditionally considered the topic taboo, but now have turned to it for health benefits. It was felt that there are clear differences across age groups on how people talk about cannabis.

> *"There are real differences in the way different people talk about their cannabis usage. Gen X now that we have the freedom, we get in and out of stores [like buying any other item] …Younger people smoke more. It is normal behaviour – and not something that has to be hidden." Identity not previously listed 18+*

> *"When I was younger it seemed like most of the gay friends were using it, where my straight friends only drank. Only been since legalization that I am seeing more straight people using it." Gay 26+*

> *"I come from a very Christian background and my mother does not like any drugs, nothing, she doesn't even like alcohol. But I guess after legalization, like my Nana started using. She started taking edibles for medicinal purposes and we were all shocked by it [at first]. But now I think legalization has brought down the stigma… I think it's more normalized now. There are benefits and people are learning that there're benefits from it…" Lesbian (18-25)*

While cannabis usage began for many pre-legalization, its legalization has meant that it is more readily available, with greater selection of product choice. It is now easier to consider it as a viable option to alcohol, harder drugs and pharmaceuticals. Moreover, legalization has provided consumers with a means to access cannabis from a safe and reliable source (e.g., knowing exactly what is in the product, and being assured it is not laced with other drugs).

When considering societal stigmas and how those have changed since the legalization of cannabis, it was felt that certain subgroups, namely health practitioners, immigrants, and elders in some racialized groups (e.g., Asian), continue to be more judgemental of cannabis use.

When asked if any groups in society are perceived differently if using cannabis, participants identified several examples of continued negative stigma, including gamers, lower socio-economic groups, affluent professionals, and athletes.

> *"Those who are not successful in life are looked down upon by elders in society. They look upon us as a wasted life." Bisexual 18-25*

> *"Gamers; that has negative connotation, people who don't leave their house. In different circles; there are different stereotypes; But any drug use is perceived as low class." Identity not previously listed 18+*

> *"Poor people [using cannabis] is always going to be seen as negative." Lesbian 26+*

> *"If you are in a high paying position, typically there is negative impact if you use cannabis. If the nature of the job requires focus. It's like with athletes (when performance matters), any use of drugs has a negative stigma." Bisexual 26+*

The fact that cannabis production, sales and possession is now regulated by the government, and that it is sold in regulated stores, legitimizes it as a drug that is perceived to be relatively safe to consume. As a result of legalization, participants consistently attributed the normalization of cannabis to a variety of factors, including:

- Being a topic discussed more freely in work settings
- Greater acceptance of it being used in public settings
- Increased visibility of street-front stores
- Increased convenience and reliable access (linked to visibility of stores)
- Higher potency of products than pre-legalization
- Regularly seeing / smelling cannabis use in public spaces
- Witnessing family members using cannabis

Higher cannabis consumption among sexual and gender minority groups was primarily attributed to substance reliance to cope with societal stressors, as well as the openness and shared ideologies within the communities.

Following discussions of cannabis use, participants were informed that recent studies suggest cannabis usage across SGM is higher than the general population, and their reactions to that were sought.

This information was not surprising to most and was attributed to two key factors. To begin, participants consistently attributed higher cannabis usage to the fact that members of the communities have unique experiences and stressors because of having to deal with unacceptance, criticism or hate. At the same time, some may have experienced anxiety in the process of self-accepting their identity. Cannabis and other substances are frequently used as a coping mechanism.

> *"I started to smoke [weed] to deal with gender identity, it was a way of dealing with my sexuality." Identity not previously listed 18+*
>
> *"It is hard to be trans. Queer people have much more difficulty dealing with identity politics. It is difficult and hard on the head." Identity not previously listed 18+*
>
> *"They use it as a crutch to cope with their personal lives. Members of the community have unique experiences and are not always accepted." Bisexual 18-25*
>
> *"A lot of folks have been using marijuana to heal in different ways. Having to navigate marginalization on a daily basis, microaggressions can be difficult to deal with." Lesbian 18-25*

> *"Members of this community probably just go through a lot more than what a regular person would go through on a regular day, so that's probably why it tends to lead to more people in our community taking more alcohol, thinking more cannabis." Gay 18-25*

Similarly, it was felt that intersectionality across sexual and gender minority groups and other marginalized groups is a contributing factor to higher cannabis usage.

> *"There are higher mental health issues, the body keeps score. When you look at intersections between queerness and drug use, a lot of queer people have job insecurity. Lots are lower income, lots don't have primary care doctors. What we go through - you are looking to numb the pain; more of a disassociation. It's tough being in the community, you are marginalized, underrepresented. Sometimes hostility comes out of no where." Identity not previously listed 18+*

> *"There are a lot of intersectionality with other identities, there is the trauma of growing up without a family; looking for a spot of feeling loved; being trans and being ADHD and PTSD." Lesbian 26+*

The second factor considered fundamental in explaining higher cannabis use among sexual and gender minority groups was the openness in their ideologies and behaviours. It was felt that generally, the communities are more liberal, open-minded and exploratory in nature.

> *"Our community is more open, it's a less judgmental environment. A lot of my friends who do identify use cannabis. They tend to be a lot more liberal. That goes with other ideologies we share – being a lot more open." Bisexual 18-25*

> *"They want to explore…the age we are and the things we do together, it seems like it is a given, given our lifestyle." Bisexual 26+*

> *"I also find that, like us as a group, [are] more open to experimenting with things beyond weed…everything is more accepted in the gay community first." Gay 26+*

> *"I would think people from those kinds of communities are more accepting and tolerant of maybe different ideas, and maybe that's why there might be higher rates compared to people not in those kinds of groups." Bisexual 26+*

> *"I think in our queer culture, we have a lot of social events, social scenes. You know, if we go, if we go to the village, you can smell [cannabis]…it's very much ingrained in that social. It's very much ingrained in that social, culture, the recreational use." Gay 18-25*

Reasons for Use

Among sexual and gender minority groups, cannabis is used both for non-medical purposes and medical purposes.

Cannabis is used with regularity for a wide range of purposes by SGM. Most participants professed to using cannabis for non-medical purposes, either for fun or enjoyment when socializing with friends, or for general relaxation at home. They also mentioned that cannabis use is prevalent within their personal network.

> *"I use when I'm with friends, at parties. I use mainly to be in the same state of mind as my friends, and to have a good time with my friends." (Original quote: Je consomme quand je suis avec des amis, dans des soirées ou des party. Je consomme principalement pour être dans le même état [d'esprit] que mes amis, et passer du bon temps avec mes amis.) Gay 18-25*

> *"It relaxes me from time to time or to be in a good mood with my friends for example." (Original quote: Ça me détend de temps en temps ou pour être dans un bon 'mood' avec mes amis par exemple.) Bisexual 18-25*

> *"I use it socially and generally for the same reasons that people drink socially." Bisexual 18-25*

Cannabis use was considered a pleasurable and habitual experience for most and one that provides a variety of benefits, including being a coping mechanism for anxiety / stress, as a sleep aid, for socialization, managing eating disorders, and pain management.

For some, cannabis has become their drug of choice, and has resulted in reduced alcohol intake, reduced usage of harder drugs, and/or decreased reliance on pharmaceuticals. Cannabis was considered less expensive than alcohol and a more manageable habit, given it has less 'impact' or hold over the next day than with alcohol.

> *"I have stopped taking one type of prescription medication because of it." Identity not previously listed 18+*

> *"I've had a couple of surgeries. Cannabis helps a lot with pain. It made it more manageable. Its use was more beneficial than detrimental." Identity not previously listed 18+*

While some felt that cannabis use helps them become more focused or improves their overall concentration, others described it as providing a sense of euphoria and escapism. Depending on the strain used, cannabis could either elevate an evening or add a sense of calmness or relaxation.

The perceived benefits from using cannabis are generally related to reasons for personal use, notably relaxation, anxiety reduction, and pain management. As a result, participants mentioned their ability to cope with social stress, anxiety, pain, and to a lesser extent, obtain better sleep and appetite.

> *"It allows me to distance myself from the pain. There is a psychological and emotional distancing in my dealings with pain." (Original quote: Ça me permet de me distancier de la douleur. Il y a une distanciation psychologique et émotionnelle dans mon rapport à la douleur.) Gay 26+*

> *"It gives us pleasure, giggles, it relaxes us during stressful times." (Original quote: Ça donne du plaisir, des fou-rire, ça nous détend lorsqu'il y a des épisodes de stress.) Bisexual 18-25*

> *"I can become happier, I can become more relaxed, it helps me get out of my shell." Lesbian 18-25*

> *"I would say it helps with pain issues and also generally high CBD cannabis helps with deeper sleep and relaxation." Gay 18-25*

> *"Soothes my nervous system, allows me to be present with my self care (stretching, yoga, etc.) so I can release more." Lesbian 26+*

> *"Relaxation, ability to think objectively about stressful situations and letting go of small problems more easily." Identity not previously listed 18+*

> *"Helps slow down my thought process when I'm feeling overwhelmed, calms my nerves, helps increase my appetite, allows me to meet new people/feel more confident speaking with them." Bisexual 18-25*

Some also noted that cannabis usage allows them to be more creative, whether it be artistically, when cooking, or sexually. Others were under the impression that cannabis helps them concentrate. A few were reportedly using cannabis to minimize feeling hungover when they drink alcohol.

> *"It has calming effects and assists with my creative pursuits." Gay 26+*

> *"I find it beneficial to connect with my partner and to help me unwind at the end of the week." Bisexual 26+*

> *"Vicarious escapism! Just takes me out of worrying about the future and allows me to live freely, untroubled, in the moment." Lesbian 26+*

Many associated positive health outcomes or medical benefits to their cannabis usage, most notably to help cope with mental health symptoms like anxiety or stress, depression, for relaxation / a sense of

calmness, and as pain relief. Cannabis was also a sleeping aid to many, providing relief for insomnia. For others, cannabis was used to help them focus or intensify their senses, or to help curtail a lack of appetite.

> *"It's to relax from a difficult, absurd, and unjust reality." (Original quote: C'est pour me détendre de la réalité qui est difficile, absurde et injuste.) Gay 26+*

> *"It's to help with my stress and help me eat normally and sleep better." (Original quote: C'est pour m'aider avec mon stress et pour m'aider à manger normalement et à mieux dormir.) Gay 18-25*

> *"Stress relief, improved sleep, as well as relief from chronic pain." Gay 18-25*

> *"To relax. To self medicate for my depression." Gay 26+*

> *"Primarily for leisure, although I do use CBD to take the edge off of my mental health symptoms like anxiety and depression." Lesbian 26+*

> *"Mainly for insomnia, sometimes socially, once for pain." Identity not previously listed 18+*

While some professed to use cannabis socially on a weekly or less frequent basis, many reportedly use cannabis daily.

As noted, cannabis was considered habitual as a regular coping mechanism for life's various challenges. Across locations, several participants cited that their cannabis use increased notably following the onset of the COVID pandemic as they struggled to cope with isolation and changing social realities.

> *"My usage was very rare pre COVID; then when COVID hit it skyrocketed." Bisexual 18-25*

> *"Typically, once a week and it's usually a friend offering it to me. Medical usage when feeling frazzled." Gay 26+*

> *"At least once a week on weekends, occasionally twice a week or if it's been a rough time, then potentially daily for a stint of 3-4 days." Lesbian 26+*

> *"I use it recreationally, probably almost daily. I've been doing that for probably 15 years. I just like to have a good time…" Gay 26+*

> *"I smoke quite a bit daily…four times a day, and I think it's something that brings me comfort." Gay 26+*

> *"[I had] an incredibly stressful job, and honestly, that's how [my daily usage] started was just finding relief from that job." Gay 18-25*

> *"It's part of my daily routine. I have a disability which causes quite a bit of chronic pain, and so I've discovered that in addition to helping me relax, it's really become effective at pain management for me and … in my opinion a good alternative to relying on prescription or over the counter painkillers." Gay 18-25*

Medical Use

Few use cannabis for medical purposes only and there is limited reliance on health practitioners' counsel relating to cannabis usage.

Overall, very few are authorized by a health care practitioner to use cannabis for medical purposes. Rather, they self-medicate to address a range of different diagnosed and undiagnosed conditions, after experiencing considerable success compared to more traditional pharmaceutical options.

> *"I sometimes have chronic and mental pain (menstrual cramps, muscle aches, anxiety, etc.) that cannabis helps where pharmaceutical painkillers don't." (Original quote: J'ai des fois des douleurs chroniques et mentales (crampes menstruelles, courbatures musculaires, anxiété, etc.) que le cannabis aide là ou des anti-douleurs pharmaceutiques ne font pas effet.) Bisexual 26+*

> *"For medicinal reasons as I have a stomach syndrome." Lesbian 18-25*

> *"I use it to help me sleep and for pain in my knees." Lesbian 26+*

> *"Helps reduce pain as I have fibromyalgia." Bisexual 26+*

Findings show that health care professionals are not typically turned to for medical counsel on cannabis by SGM. While many reportedly use cannabis for symptomatic relief (as a sleep aid, dealing with anxiety/stress, appetite stimulant, dealing with chronic conditions such as ADHD, PTSD, fibromyalgia, etc.), they did not turn to cannabis for medical purposes as a result of a doctor's referral, nor do they seek out advice from a healthcare practitioner on cannabis usage.

It was generally felt that physicians have limited knowledge on cannabis or other natural remedies and prefer to rely on pharmaceuticals over cannabis.

Further, some cited that either they did not have a family doctor, or that they felt uncomfortable or stigmatized around health care professionals because of their sexual orientation or gender identity. Many felt that physicians generally do not consider cannabis a viable substitute for prescription medications, which proved problematic to many, given the high cost of prescription drugs.

"I have talked to my doctor, but he's pretty old school, and tends to spend time on unrelated topics, and would rather up medication than try anything new." Lesbian 18-25

"Treatment through doctors wasn't working. I was stuck dealing with a mechanism for ordering [medical cannabis], and medicinal grade cannabis is more expensive." Gay 26+

Only a few referenced a positive interaction or discussion with a health care practitioner about cannabis.

"My doctor is very pro cannabis. He wanted me to investigate different options to help my condition, and also encouraged me to smoke less when my usage increased." Bisexual 18-25

Risks

Cannabis use was viewed as having minimal risks or harms, although several key risks were identified, most notably those associated with lung damage, potential dependency, memory loss, and negative financial implications.

- Lung damage / breathing problems: This is considered a direct result of smoking cannabis, and could include coughing, a burning sensation and the inability to breathe effectively.

  "I think the downsides of cannabis are related to smoking it and not consuming it another way, but I might be wrong. That's why I think my knowledge about the risks of using cannabis is poor." Lesbian 18-25

- Addiction: Many felt that while not chemically addictive (like cocaine or heroin), a person can potentially become dependent on cannabis. (*See subsequent section in the report on dependence*).

  "It is quite addictive and over a long period can be harmful." Gay 18-25

- Memory loss / Difficulty Concentrating: Prolonged usage was seen as negatively impacting cognitive abilities including recall ability, concentration, and brain fog.

  "The next morning is rough and you lack judgment (same with alcohol)." (Original quote: Le lendemain matin est rough et le jugement n'est pas de mise (comme avec l'alcool).) Identity not previously listed 18+

  "Groggy mornings, brain fog. I am not convinced that cannabis is necessarily a 'good thing'." Bisexual 18-25

  "Lots of brain fog and headaches. If I use it more than 2x a week, it negatively impacts my memory." Lesbian 26+

  "I have noticed adverse effects through everyday usage. It's not sustainable. Makes me really groggy, irritable, and can trigger binging." Bisexual 18-25

"I have experienced memory like a goldfish, 'what did you just say'. After prolonged use, it is creeping into my sober mindset." Gay 26+

- Sluggish Behaviour / Unproductive: Some felt cannabis use makes a person lazy, unproductive, and at times losing touch with reality. Post usage also sometimes resulted in headaches, depression, or drowsiness, with a type of hangover lag experienced.

  "It often makes me very hungry and the next morning I always feel a little bad, i.e. "zombie" and unproductive. Also, when the effects wear off, I get very, very tired." (Original quote: Ça donne souvent très faim et le lendemain matin je me sens toujours un peu mal, c'est à dire "zombie" et non productive. Aussi, lorsque les effets s'estompent je suis très très fatiguée.) Lesbian 18-25

  "It makes me tired and sometimes I am still tired from it the next day." Lesbian 18-25

- Increased Anxiety: For some, depending on which strain (or THC / CBD ratio) is used, usage can result in increased anxiety, strong highs, depression, as well as an overwhelming edible high.

  "When the cannabis is too strong, we lose control. I do not appreciate much so I go to bed and fall asleep quickly." (Original quote: Quand c'est le cannabis trop fort, on perd le contrôle. Je n'apprécie pas trop donc je vais me coucher et je m'endors rapidement.) Identity not previously listed 18+

  "It's a depressant if I remember correctly, it's not recommended to use it when you're feeling low." (Original quote: C'est un dépresseur si je me souviens bien, il n'est pas recommandé d'en consommer lorsque le moral est plus bas.) Bisexual 18-25

- Insomnia: While many considered cannabis to be a sleep aid, for some it caused insomnia.
- Elevated Heartrate: High levels of THC were recognized by some as resulting in uncontrollable heart palpitations, elevated blood pressure, and posing a risk of heart attack.
- Appetite Impact: While for some cannabis use resulted in an increased desire to eat, some experienced a loss of appetite.
- Cost Implications: Purchasing cannabis on a regular basis has negative financial implications for many, impacting their ability to afford other goods and services.

Of note, the harms and risks associated with cannabis were generally deemed to be lesser than those associated with the use of harder drugs, alcohol or a dependence on some prescription medications (e.g., opioids for pain management).

While most participants were unsure what strain or dosage of THC / CBD they typically consume, others recognized that their negative experience (both with or without polysubstance use) is directly linked to the CBD-to-THC ratio, as well as what type or dosage of cannabis is consumed.

"Sometimes it's stressful; depending on the amount of THC vs CBD. It can increase anxiety if I've got higher THC levels." Identity not previously listed 18+

"If I'm using the wrong strain, it makes me feel like I'm having a heart attack." Gay 26+

"Too much THC, I get really paranoid or anxious; it is really hard to have conversation with people. I get very aware of my body. But too much [THC] and I get shaky." Identity not previously listed 18+

Dependence

Risk perception of cannabis dependency was generally low and attributed to the perceived benefits cannabis provides.

Participants were told that signs of cannabis dependency include cravings, withdrawal symptoms, and feeling the need to use cannabis before doing an activity. Subsequently, they were asked how dependent they believe they are on cannabis.

Responses varied across audiences and locations, with some expressing absolutely no dependency and others indicating mixed levels of dependency on cannabis. Overall, those who use cannabis as more of a coping mechanism for mental health conditions or other health conditions were generally more inclined to express some level of dependency, albeit moderate in most cases. More specifically, those who have effectively replaced prescription medication, achieved more sustainable life situations (e.g., regular sleep, increased appetite), or reduced other substances were more likely to express some degree of dependency on cannabis, although it was generally considered limited. Further, many considered the risks associated with cannabis dependency to be low because of the corresponding perceived benefits realized from its usage.

When considering how their life would be different if they did not use cannabis, responses reflected perceptions of personal dependency. Most felt that their life would be pretty much the same with little change, although they recognized that on the positive side, they would likely have more money and potentially more energy. Some also felt that without cannabis they would likely be more productive, but less creative.

"It would be a LOT different in the way that the time I currently spend smoking I could use for other tasks or even get another part time job. It would make me more productive but definitely less creative." Gay 26+

"I believe it would not change very much. While I enjoy using cannabis, and it does have some positive effects in my life, I think it would not be a drastic change for me if I stopped. My sleep may be affected slightly, and my anxiety may be slightly elevated, but I could get used to that after a bit with proper GAD [General Anxiety Disorder] medication and dosages." Lesbian 18-25

While participants generally did not consider themselves addicted or dependent on cannabis, many felt it would be challenging to cease use of cannabis altogether. Some anticipated that without cannabis they would experience negative health-related consequences and would likely have to resort to using other aids, substances or prescription drugs to cope. Such consequences primarily related to stress management, sleep and appetite.

> *"I would just have to adjust to an increased stress level. Likely drink alcohol more." Gay 26+*

> *"Cannabis has a great effect on my OCD and anxiety, I think without cannabis use I would struggle with those matters a lot more than I currently do." Gay 18-25*

> *"Cannabis helps me sleep so I would be tired, overwhelmed, & at the end of my rope without it." Gay 18-25*

> *"Not very differently. I may have to find a different sleep aid." Lesbian 26+*

> *"I can exist without, but it's harder to manage conditions with only pharma." Identity not previously listed 18+*

> *"Increased anxiety and restlessness, loss of appetite, difficulty sleeping, recurrent thoughts." (Original quote: Augmentation de l'anxiété et de l'agitation, perte d'appétit, difficulté à dormir, idées récurrentes.) Lesbian 26+*

Driving and Cannabis Usage

There were mixed opinions on the impact of cannabis on driving. While most believed using cannabis and driving is risky and not a good idea, there was a perception that cannabis can enhance driving abilities.

Most professed that using cannabis and driving poses a risk and is not a good idea, while others indicated that they know people who consider themselves to be more conscientious and safer drivers after using cannabis. Unlike alcohol consumption, there is a perception that moderate cannabis use enhances driving capabilities rather than inhibiting them.

Overall, most felt that usage of cannabis while driving is a relatively common occurrence amongst those using cannabis, particularly in smaller communities. It was generally felt that the risks associated with driving after using cannabis depends on what type of cannabis product is consumed, when it was used, and an individual's tolerance level. Further, it was felt that because there is not an easy measure or indicator of cannabis consumption, it is easy to avoid getting caught by the authorities for driving under the influence. Of note, a few younger participants questioned if it is illegal to drive after consuming cannabis.

> *"Is it illegal to drive under the influence of weed?" Lesbian 18-25*

"I focus better when I'm high; I don't purposely want to [drive], but I don't think there is any risk there. I am a better driver with cannabis. Weed isn't illegal so what does it matter." Bisexual 18-25

"It troubles me greatly. It is very common in small towns." Gay 26+

"Lots use edibles or take pens and drive. You would be shocked. I don't know how you can gauge if someone is under the influence." Identity not previously listed 18+

"Obviously it's not safe. When you smoke it, it is up to that person's discretion. If they feel comfortable that is their choice." Bisexual 18-25

Lower Risk Strategies

SGM seemed fairly knowledgeable on strategies to lower risk from cannabis use, including reducing consumption, using alternative consumption methods and adjusting strains.

Change consumption methods: Most believe that consuming cannabis in ways other than smoking will go a long way to reduce negative health impacts, given that negative lung impacts were considered the greatest risk.

Understand dosage: Increased familiarity of the quantity, strain and potency was mentioned as a way to reduce the potential risks of cannabis consumption. Some also felt that gummies / edibles had variable effects, and that greater information on dosage would help people using cannabis to minimize risks.

Understand THC/CBD: As previously mentioned, participants generally lack understanding of the different impacts that THC and CBD can have, and how the ratio consumed will impact their body's reaction to cannabis (e.g., THC: heart racing, increased blood pressure, increased anxiety; CBD: drowsiness / passing out). Increased familiarity on what THC / CBD impacts are and how to guide safe dosages could help to minimize negative effects. Likewise, the understanding of the difference between strains was limited, although 'sativa' was considered to be more invigorating and energizing, while 'indica' was viewed as more relaxing and calming.

Regulated store purchases: Some saw merit in migrating purchase to regulated stores as much as possible, given that the product sold is much more predictable than product bought elsewhere. This, however, would require stores to be more price competitive.

Put supports in place: Ensuring that appropriate supports are put in place to address the root of the problem creating some individuals' dependency on cannabis was considered an important step in minimizing risks.

Access & Sourcing

Cannabis is generally purchased through a variety of sources, namely regulated stores, online 'unregulated' stores, and on First Nations reserves.

Regulated Stores: Across locations and audiences, participants spoke of the strong presence of cannabis stores in their community and easy access. Despite being a common source of cannabis because of its convenient access and safe supply, there was criticism that regulated stores offer products that are 'lower quality', overpriced, with limited selection of product types and potency levels. Further some had heard that products in regulated stores were sprayed with chemicals, or inconsistent in its effects. While it was appreciated that product available in a regulated store is safe, compared to product sold through dealers, it was considered a premium priced source.

> *"Getting things at regulated stores is a lot more predictable (in potency and effect)." Lesbian 26+*

> *"I heard [cannabis in regulated stores] is sprayed with chemicals and insecticide. Unregulated stores are a more authentic market. You get a fake high coming from a legal dispensary; although they are listed as certain CBD levels [on the package], they are marked up. That's at the government regulated stores." Lesbian 18-25*

Online Stores (unregulated): There are clear perceived advantages in purchasing from 'unregulated' online stores. Unregulated online stores are clearly differentiated from regulated stores in their perceived superior product selection, product strength, convenience, and cost-effective pricing. It was generally felt that products purchased from such online stores are notably more potent than products available in regulated stores and consumers have a much wider product selection. Further, online stores offer regular special promotions or 'deals' and same day delivery at no cost. Price is an important factor when purchasing cannabis and younger consumers are especially price sensitive in their purchases.

There was confusion as to whether online unregulated stores are illegal. Participants generally felt that they are not doing anything wrong by purchasing product from online retailers, and believed such businesses are registered, legitimate businesses. Most online unregulated stores were considered to have a professional online presence, professionally looking packages, safe point of sale practices, and legitimate delivery, often via Canada Post. Moreso, their past purchase and product experiences have been positive and reflective of what they would expect from a legitimate and professional business.

> *"It's not illegal – it is sent by Canada Post! I found [regulated] stores' quality is lesser. On online stores you get better deals, better quality, and you get kick backs, lots of freebies and contests." Gay 26+*

> *"Everything comes down to cost and convenience. I do have disabilities status, we have limitations to make, I am always comparing costs. I don't know if [where I buy cannabis]*

is legit or not; there are free perks, and I don't have to leave my house. Online they give you way better descriptions of the products." Lesbian 26+

"When I get non-regulated, the price and dosage per gummy is significantly more than regulated; 35 mg / piece versus regulated at 10 mg; nonregulated products are not as consistent." Identity not previously listed 18+

"I look on weed apps [Leafly] to see stores in my area and see which dispensaries are having a deal and the best sales." Bisexual 18-25

First Nations Reserves: Those purchasing cannabis from First Nations reserves view it as more natural and/or of better quality than that sourced elsewhere. It is also a much more affordable alternative to provincially/federal stores.

"It's good to support Reserve weed. It is produced with a spiritual nurturing process and is cheaper." Lesbian 26+

"There's an Indigenous Reserve not far from here. I usually go and get my cannabis there [because I can get it at a lower cost]…On Reserve it's the convenience for me [but also] I'm Indigenous myself, so it's also supporting my own family and culture as well." - Gay 18-25

"When I was still living in Nova Scotia, we would go to the Reserve because it's much cheaper there because in Nova Scotia, at least when I left, the only places you could get it was at the liquor store and it was so expensive." Lesbian 18-25

When asked what would help them to source cannabis from the legal market and regulated sources, participants consistently cited enhanced product selection, better value (price per dosage), lower costs, and better product quality. With many participants using cannabis across audiences and locations being highly price sensitive, they turn to more cost-effective solutions when given the opportunity.

"If they stop putting a strangle hold on places we can source it; it's a monopoly when they control every single aspect." Identity not previously listed 18+

"It would be great if you could buy it at the farmer's market. Regulation is a little suspect. I don't know anyone who hasn't grown it." Identity not previously listed 18+

"Mix of price and selection. If they had the flavour [I like]. I like being able to buy more edibles." Bisexual 26+

Poly-substance use

Use of cannabis and alcohol is common, as is usage with prescription drugs and other substances. Cannabis was considered a natural, cost-effective and less addictive alternative to other substances, as well as a way to supplement the overall experience.

For some, cannabis has replaced the use of harder drugs, minimized alcohol usage, and eliminated some reliance on prescription medication. Many cited that alcohol had typically resulted in much harsher side effects, so they intentionally replaced alcohol consumption with cannabis.

> *"I used to drink a lot more and smoke [weed], but it [alcohol] made me sick; side effects the day after were worse, ADHD was much worse. So I smoke more than I drink – a much better experience." Lesbian 26+*

> *"I am not a big drinker, but I will drink if it's a social event, so weed and alcohol will overlap. I genuinely do not like the feeling of being 'cross faded,' it gives me anxiety, so I try to avoid it [drinking when smoking weed]." Bisexual 18-25*

While cannabis was the preferred drug for many, in social settings participants sometimes intentionally mix cannabis with alcohol and tobacco to supplement the overall experience, or to minimize consumption or impact of other substances. Some intentionally consume a small amount of cannabis after an evening of drinking alcohol, to minimize the undesirable effects of alcohol the next day.

> *"When I partied, I would find alcohol makes me sick, but if I smoke after, it made me less sick." Lesbian 18-25*

> *"I like to use organic tobacco with my weed. It changes the feeling and experience of the high." Gay 26+*

> *"Alcohol makes me feel way worse than cannabis, so if I'm drinking, it's nice to have some weed as a supplement so I don't have to drink as much." Bisexual 18-25*

> *"Usually, to augment the experience and make it more enjoyable, I'll do one or two light alcoholic drinks to intensify the high." Lesbian 26+*

> *"Cannabis can either heighten the effect OR lower the effect of other substances you mix them with. So based on the desired way I want to feel using a substance, I will smoke cannabis with it accordingly." Gay 26+*

> *"Simply to balance the two effects, that of alcohol which is going to be a stimulant and that of cannabis which is going to be a sedative." (Original quote: Simplement pour équilibrer les deux effets, celui de l'alcool qui va être un excitant et celui du cannabis qui va être un calmant.) Lesbian 18-25*

Many others encountered occasions for polysubstance use when in social settings, notably the consumption of cannabis and alcohol.

> *"I find that it works together during a party or when with other people. I find that cannabis and alcohol match together." (Original quote: Je trouve que ça vient avec durant un party ou avec d'autres personnes. Je trouve que le cannabis et l'alcool match bien ensemble.) Lesbian 18-25*

A few people intentionally mix cannabis with tobacco to make it easier to prepare in a joint format.

> *"When dried flower cannabis is a bit sticky, grinding it with tobacco helps to grind the cannabis well and make a joint afterwards." (Original quote: Quand le cannabis en fleurs séchées est un peu collant, le moudre avec du tabac aide à bien moudre le cannabis pour en faire un joint par après.) Bisexual 18-25*

Negative cannabis experiences resulting from polyuse are typically associated with increased anxiety, heart impacts, passing out or memory loss.

Although not widespread, some participants spoke openly about having had negative experiences with a cannabis interaction with other substances. As a result, some have limited their alcohol usage, avoided cannabis interaction with other substances, or adjusted their cannabis strain or dosage.

> *"I used to drink a lot more and smoke weed. But it made me sick. The side effects the day after were worse and my ADHD was much worse." Lesbian 18-25*

> *"I find it is too much of an over stimulant when taken with other substances. My heart would go crazy and I couldn't sleep." Bisexual 26+*

Public Education

Exposure and Recall of Public Education

There was limited to no recall of recent public education about cannabis, especially any messaging that presents the risks and harms of cannabis use.

Top of mind information was generally limited to public education campaigns related to the risk of consuming cannabis while driving a vehicle. No participants recalled seeing or hearing any public education campaign specifically targeting SGM.

That said, participants recognized that education on the topic is important and believe there is merit in considering public education on cannabis.

"Education is important; but educating not from a point of cannabis is bad, but how to use it safely. Provide background on it; understand the side effects." Lesbian 18-25
"When you're trying something, the water is muddy. Information is unclear. You base your knowledge on what you experience." Bisexual 18-25

"I think greater awareness around differences of tolerance is needed, because when I first started, I just kind of went along with it and just did as much as everybody else was doing … not having the education back then about different tolerance levels. Education and advice on that would be helpful." Bisexual 26+

"…I don't think there's enough public education around [the issue of cannabis usage and driving] specifically. I know MADD has had an incredible influence [on public awareness/knowledge with] the drunk driving campaigns … but I think there's not a whole lot of education around cannabis … I think that would be really helpful because people are a little more 'loosey goosey' [about using cannabis and driving]." Lesbian 26+

"I think the most relevant [information I would like to know more about] would be the mental health side effects [of cannabis use], because when it comes to like physical ones like let's say smoking weed … you cough and people [quickly make the connection] …. But with mental health it like takes longer to see impact…I think many people aren't aware of the impact it can have on mental health and it should be a bit more well known and promoted" Gay 18-25

"I think that they could get information out to people under the age of 25 about how it affects your brain development. …. Even if they're not fully listening, it might stick in their head that you're not fully finished developing until you're 25 years old and cannabis can do quite a bit of damage when using at higher doses." Lesbian 18-25

Perceived Trusted Sources of Information

Those with direct lived experience with cannabis were considered the most trusted source for information on the topic, although budtenders and governments were also respected by most.

The sources most trusted for information about cannabis health risks and effects generally included other individuals using cannabis (e.g., through lived experience, product reviews, testimonials) and governments (if referencing current, legitimate research studies). Participants acknowledged that governments (particularly Health Canada) are credible and trustworthy resources on topics related to health, while some were skeptical of any information the federal government might provide. There was a perception that the Government of Canada has a conflict of interest when educating the public of the risks and harms associated with cannabis, given that it benefits from the sale of cannabis.

It was also generally felt that cannabis store staff (both regulated and unregulated, in person and online) are well versed in the products they sell, and as such, were seen as product experts who are able to

provide advice on cannabis to help with consumers' choices. Most did not appear to rely on cannabis store staff for medical advice or consumption advice related to usage for a specific health condition. When looking for information on cannabis, the Internet is a primary information source, with general Google searches being common. The accessibility, volume of content and confidentiality provided by the Internet makes it an attractive source of information for many.

While doctors were generally considered trustworthy sources of information in general, they were largely deemed less informed on cannabis, and some intentionally avoid health practitioners due to negative past interactions with general practitioners on topics that may or may not have been related to cannabis.

Perceived Ways to Inform / Educate About Risks

There was broad support for a public education campaign. Topics of interest included long-term effects, dosages and better understanding the differences between indica versus sativa strains.

Many of the participants who frequently use cannabis believed they have a good understanding of the negative impacts of cannabis based on their personal experience. Knowledge of different strains was also limited, notably in terms of the differences between sativa and indica.

> *"I'd like to know what to not mix with medications etc… Don't tell me to 'talk to your health care practitioner' because that could take months to do, so more relevant info. Also, please please put out more CBD based products with lower THC. There are not many on the government site in Canada!" Lesbian 18-25*

Key questions of interest included:

- What are the long-term cognitive risks?
- How does frequent use affect situational awareness?
- There are benefits to using cannabis – but what are the risks if you use too much or for too long?
- How does cannabis affect those with health issues?
- What conditions is cannabis especially effective for?
- What are its addictive properties?
- What medications should not be mixed?
- How does cannabis impact brain development (those under 25)?
- What are the positive / negative effects of cannabis purchased in dispensaries vs. online?
- Why buy regulated?
- What is safe dosage?
- How can people use cannabis safely?
- Explain THC/CBD differences; why look for the ratio?
- What is the difference between the sativa and indica strains?

An effective public education campaign should be non-judgemental, fact-based, visually impactful, and guide safe use in an unbiased, personally relevant, and balanced approach.

When asked what advice they would give Health Canada if it wanted to inform SGM of the risk and health benefits associated with cannabis use, participants offered a wide range of suggestions, with key directives including:

- Guide safe usage (versus say don't use)
- Don't dismiss the benefits – that will delegitimize any message
- Explain what cannabis does to the body and the potential harm
- Make any messaging visual, short and concise
- Use personal stories (making scientific information more easily digestible and memorable)
- Site sources of information / share statistics / factual information
- Don't sensationalize; stick to the facts
- Be non-judgemental

> *"They shouldn't in any way stigmatize or speak low of cannabis users. Also, be polite with the use of words in passing the information. Lastly, the messages should sound friendly and not a warning." Gay 26+*

> *"Approach the user like you're a simple information source, and not a moral authority on the issue. Messages from Health Canada can sometimes feel parental, and overtly bias against keeping public health costs the priority over personal choice." Gay 26+*

> *"Don't communicate to us like children. Be scientific and completely fact based. i.e. non-partisan." Gay 26+*

> *"Keep in mind that messaging about cannabis is targeting people from mid-teens to seniors so a diversity of approaches and media is imperative. Messaging should include hard data such as dosages, and also soft content about positive and negative motivations, self-assessment tools and approaches." Lesbian 26+*

> *"Be honest and unbiased. Give the facts about both sides of positive and negative. Be daring in how you give the information." Lesbian 18-25*

> *"I think instead of an approach that wards off people from using it in general, go into a direction where it doesn't exclude use but instead educates on safely using it, in what environment and different nuances on where, when, how to use." Gay 26+*

> *"Try not to relate to the younger generation too much, we find that a lot of company ads make cringeworthy content when trying to. Apply it to all age groups and minorities and just be honest and real." Lesbian 18-25*

"No fear mongering ads. Actually educating us with informative videos and literature." Identity not previously listed 18+

"Make the messaging flashy, make it sexy, make it an attention grabber. Talk about how it seems so fun and cool until it's suddenly not, similar to the messaging around drinking. Target young people because older people are already very hesitant around it and less likely to have issues." Gay 26+

"Base it on evidence and studies, explain it quickly and succinctly, and let me access the source of the information so I can see it with my own eyes. I find this more convincing than advertising or social media campaigns." Bisexual 26+

Distribution of information for members of sexual and gender minority groups should place priority on multi-modes, with priority given to social media channels, as well as point of sale.

While information should be readily available online, its distribution sources should be multi-faceted and include:

- Social media (e.g., Netflix, Instagram, podcasts)
- Traditional media (TV, transit shelters, billboard)
- Online (Health Canada website)
- Health practitioners / doctors' offices / pharmacies /medical clinics
- Point of sale materials displayed in cannabis stores (both regulated and un-regulated/ and information provided with purchase

"I would advise them to utilize social media and encourage people with life experience on the topic to engage and participate." Lesbian 26+

"Have someone with experience deliver the message in a way where it's short but very detailed." Lesbian 26+

"Consider the demographic you are targeting; how can you communicate the message in the best way and in the most reliable way? Consider statistics, visuals, partnerships. I think it might also be beneficial to use a language that the vast majority of people will understand and even find a channel that communicates the message in a conversational way (i.e., podcast video)!" Bisexual 26+

"Focus on social media. I will never look at a flyer on the street. I don't have a family doctor to tell me this information either. Always provide data-backed, evidence-based information that is easy to understand. During the pandemic, booster vaccines were pushed on the population with wrong information (saying they prevented infection when they reduce severity). This erodes trust." Gay 18-25

Conclusions

The following provides broad conclusions from the research findings.

Commonality / Normality

- ***Legalization has normalized the use of cannabis, made it easier to obtain, and contributed to a perception that it is of lesser harm, with notable diminished negative stigma.*** The fact that cannabis production, sales and possession is now condoned by the government, and is sold in regulated stores, legitimizes it as a substance that is perceived to be relatively safe to consume. Moreover, legalization provides consumers with a means to access cannabis from a safe and reliable source (e.g., knowing exactly what is in the product, and being assured it is not laced with other drugs).

- ***Among sexual and gender minority groups, cannabis was considered common practice, primarily to cope with societal stressors, as well as a result of the openness and shared ideologies within the communities.*** Hearing of higher cannabis consumption among sexual and gender minority groups compared to the general population was not surprising to most and was attributed to two key factors. To begin, higher cannabis usage is consistently attributed to the fact that members of SGM communities have unique experiences and stresses, because of having to deal with unacceptance, criticism or hate within society. It was felt that many regularly turn to cannabis and other substances to cope with increased stressors. Similarly, intersectionality across sexual and gender minority groups with other marginalized groups, including racialized populations, Indigenous populations, and lower socio-economic status is deemed a contributing factor to higher cannabis usage. Another factor considered fundamental in explaining higher cannabis use among sexual and gender minority groups was the openness of the communities in their ideologies and behaviours, and a greater inclination to be liberal, open-minded and exploratory in nature.

Reasons for Use

- ***Cannabis use was considered a pleasurable and habitual experience for most and one that provides a variety of benefits, including being a coping mechanism for anxiety / stress, as a sleep aid, for socialization, managing eating disorders, and pain management.*** Among sexual and gender minority groups, cannabis is used both for non-medical purposes and to alleviate various symptoms. Participants attributed a wide range of benefits to cannabis usage, most notably as a coping mechanism for anxiety / stress, as a sleep aid, for socialization, managing eating disorders, and pain management. For some, cannabis has become their drug of choice, resulting in reduced alcohol intake, reduced usage of harder drugs, and/or decreased reliance on pharmaceuticals. Cannabis was considered less expensive than alcohol and a more manageable habit, given it has less 'impact' or hold over the next day than with alcohol. While some felt that cannabis use helps them become more focused or improves their overall concentration, others

described it as providing a sense of euphoria and escapism. Depending on the strain used, cannabis could either elevate an evening or add a sense of calmness or relaxation.

- ***While some professed to use cannabis socially on a weekly or less frequent basis, many reportedly use cannabis daily.*** For many, cannabis is considered habitual as a regular coping mechanism for life's various challenges. Across locations, several participants cited that their cannabis use increased notably following the onset of the COVID pandemic as they struggled to cope with isolation and changing social realities.

Medical Use

- ***Few use cannabis for medical purposes only and there is limited reliance on health practitioners' counsel relating to cannabis usage.*** Many use cannabis for both non-medical purposes and health-related reasons. That said, very few are authorized by a health care practitioner to use cannabis for medical purposes. Rather, they self-medicate to address a range of different diagnosed conditions, after experiencing considerable success using cannabis compared to more traditional pharmaceutical options.

- ***It was generally felt that physicians have limited knowledge of cannabis or other natural remedies and prefer to rely on pharmaceuticals over cannabis.*** While a few participants had spoken with their family doctor about their usage, many rely on the advice of others who have used cannabis, or their own personal experience, to direct their cannabis use when dealing with medical-related symptoms. Doctors were generally considered not fully informed about cannabis use and its benefits, and often perceived as being judgemental towards its use. Many felt that physicians generally do not consider cannabis a viable substitute for prescription medications, which proved problematic to many, given the high cost of prescription drugs. Further, some do not have a family doctor, or commented that they feel uncomfortable or stigmatized around health care professionals because of their sexual orientation or gender identity.

Risks

- ***Cannabis use was viewed as having minimal risks or harms, although several key risks were identified, most notably those associated with lung damage, potential dependency, memory loss, and negative financial implications.*** Participants perceived minimal risks or harms with cannabis use and considered the benefits of usage to outweigh the risks. That said, a number of risks were consistently identified, including lung damage / breathing problems from smoking cannabis, potential addiction, memory loss or difficulty concentrating, elevated heart rate, cost implications, increased anxiety, insomnia, and sluggish or unproductive behaviour. Participants professed to have only moderate knowledge of the risks associated with cannabis use.

Dependence

- ***Risk perception of cannabis dependency was generally low and attributed to the perceived benefits cannabis provides.*** Overall, those who use cannabis as more of a coping mechanism for mental health conditions or other health conditions were generally more inclined to express some level of dependency, albeit moderate in most cases.

  When considering how their life would be different if they did not use cannabis, responses reflected perceptions of personal dependency. Most felt that their life would be much the same with little change, although they recognized that on the positive side, they would likely have more money and potentially more energy. While other participants did not consider themselves addicted to cannabis, many felt it would be challenging to cease use of cannabis altogether. Some anticipated that without cannabis they would experience negative health-related consequences and would likely resort to using other aids, substances or prescription drugs to cope. Such consequences primarily related to stress management, sleep and appetite.

Driving and Cannabis Usage

- ***There were mixed opinions on the impact of cannabis on driving. While most believed using cannabis and driving is risky and not a good idea, there was a perception that cannabis can enhance driving abilities.*** While most professed that using cannabis and driving poses a risk and is not a good idea, across audiences and locations, some indicated they know people who consider themselves to be more conscientious and safer drivers after using cannabis. Unlike alcohol consumption, there was a perception that moderate cannabis use enhances driving capabilities rather than inhibiting them.

  Overall, most felt that usage of cannabis while driving is a relatively common occurrence, particularly in smaller communities. It was generally felt that the risks associated with driving after using cannabis depends on what type of cannabis product is consumed, when it was used, and an individual's tolerance level. Further, it was felt that because there is no easy measure or indicator of cannabis consumption, it is easy to avoid getting caught by the authorities for driving under the influence.

Access & Sourcing

- ***Cannabis is generally purchased through a variety of sources, namely regulated stores, online 'unregulated' stores, and on First Nations reserves.*** A variety of sources are relied upon for obtaining cannabis, with cannabis generally purchased in regulated stores, online (through unregulated or regulated businesses), on First Nations reserves, or from individuals they know.

- ***There were clear perceived advantages in purchasing from 'unregulated' stores.*** Despite being a common source of cannabis because of its convenient access and safe supply, there was criticism that regulated stores offer products that are 'lower quality', overpriced, and with limited selection of product types and potency levels. While it was appreciated that products available in a regulated store are perceived as safer compared to products sold through dealers, it was

considered a premium priced source. Online unregulated sources were clearly differentiated from regulated stores in a perceived superior product selection, product strength, convenience and cost-effective pricing.

- ***There was confusion as to whether online stores are illegal.*** There was a general perception that there is nothing wrong with purchasing product from unregulated online retailers. Such businesses were considered to be registered, legitimate businesses, with a professional online presence, professionally looking packages, safe point of sale practices, and legitimate delivery, often via Canada Post. Further, past purchase and product experiences have been positive and reflective of what they would expect from a legitimate and professional business.

<u>Poly-substance use</u>

- ***Use of cannabis and alcohol was common, as was usage with prescription drugs and other substances. Cannabis was also considered a natural, cost-effective and less addictive alternative to other substances, as well as a way to supplement the overall experience.*** For some, cannabis has replaced the use of harder drugs, minimized alcohol usage, and eliminated some reliance on prescription medication. Many cited that alcohol had typically resulted in stronger and more negative side effects, so they intentionally replaced alcohol consumption with cannabis. On the other hand, for many, combining cannabis with other substances enhances the overall desired experience.

<u>Public Education</u>

- ***There was limited to no recall of recent public education about cannabis, especially any messaging that presents the risks and harms of cannabis use.*** Top of mind information or advertisements were generally limited to campaigns related to the risk of consuming cannabis while driving a vehicle. No participants recalled seeing or hearing any public education campaign specifically targeting SGM.

- ***Those with direct lived experience with cannabis were considered the most trusted source for information on the topic, although budtenders and governments were also respected by most.*** Information on cannabis was deemed most trustworthy coming from other people who use cannabis, (e.g., through lived experience, product reviews, testimonials) , and governments (if referencing current, legitimate research studies). Those working in cannabis retail stores (budtenders) were also trusted for their input and are relied upon for information related to dosage strains and consumption method.

- ***There was broad support for a public education campaign. Topics of interest include long-term effects, dosages and better understanding the differences between indica versus sativa.*** It was perceived that an effective public education campaign will be non-judgemental, fact-based, visually impactful, and will guide safe cannabis use in an unbiased, personally relevant, and balanced approach. In addition, information should explain the positive and negative health

effects of cannabis consumption. A multi-mode approach to communicating information about the risks and potential harms associated with cannabis consumption was recommended by participants, with priority given to social media channels, traditional media, as well as point of sale.

Appendix A:
Recruitment Screener

Cannabis Use Among Sexual and Gender Minorities Across Canada – Post-Legalization
Recruitment Screener – Final

Name:_____

Daytime phone:_____ Evening phone:_____ Cell: _____

Email: _____

Date	Group	AST	EST	Participant Time	Audience	Language	Moderator
Wed Nov 8	1	7:00PM	6:00PM	7:30PM/7:00PM/6:00PM	East (NU, ON, NL, PEI, NS, NB) – Gay – 26+	EN	CP
	2	9:30PM	8:30PM	7:30PM/6:30PM/5:30PM	West (MB, SK, AB, BC, YT, NT) – Gay – 26+	EN	CP
Thur Nov 9	3	6:30PM	5:30PM	6:30PM/5:30PM	Quebec/Eastern Francophones – Gay – 26+	FR	CP
	4	7:00PM	6:00PM	7:30PM/7:00PM/6:00PM	East (NU, NU, ON, NL, PEI, NS, NB) – Bisexual – 26+	EN	LG
	5	8:30PM	7:30PM	8:30PM/7:30PM	Quebec/Eastern Francophones – Lesbian – 26+	FR	CP
	6	9:30PM	8:30PM	7:30PM/6:30PM/5:30PM	West (MB, SK, AB, BC, YT, NT) – Bisexual – 26+	EN	LG
Mon Nov 13	7	6:30PM	5:30PM	6:30PM/5:30PM	Quebec/Eastern Francophones – Gay – 18-25	FR	CP
	8	6:30PM	5:30PM	7:00PM/6:30PM/5:30PM	East (NU, ON, NL, PEI, NS, NB) – Lesbian – 26+	EN	LG
	9	7:00PM	6:00PM	7:30PM/7:00PM/6:00PM	East (NU, ON, NL, PEI, NS, NB) – Trans/Other - 18+	EN	MB
	10	8:30PM	7:30PM	8:30PM/7:30PM	Quebec/Eastern Francophones – Lesbian – 18-25	FR	CP
	11	9:00PM	8:00PM	7:00PM/6:00PM/5:00PM	West (MB, SK, AB, BC, YT, NT) – Lesbian – 26+	EN	LG
	12	9:30PM	8:30PM	7:30PM/6:30PM/5:30PM	West (MB, SK, AB, BC, YT, NT) – Trans/Other - 18+	EN	MB
Tues Nov 14	13	6:30PM	5:30PM	6:30PM/5:30PM	Quebec/Eastern Francophones – Bisexual – 18-25	FR	CP
	14	8:30PM	7:30PM	8:30PM/7:30PM	Quebec/Eastern Francophones – Trans/Other - 18+	FR	CP
Wed Nov 15	15	6:30PM	5:30PM	7:00PM/6:30PM/5:30PM	East (NU, ON, NL, PEI, NS, NB) – Gay – 18-25	EN	LG
	16	6:30PM	5:30PM	6:30PM/5:30PM	Quebec/Eastern Francophones – Bisexual – 26+	FR	CP
	17	7:00PM	6:00PM	7:30PM/7:00PM/6:00PM	East (NU, ON, NL, PEI, NS, NB) – Bisexual – 18-25	EN	MB
	18	9:00PM	8:00PM	7:00PM/6:00PM/5:00PM	West (MB, SK, AB, BC, YT, NT) – Gay – 18-25	EN	LG
	19	9:30PM	8:30PM	7:30PM/6:30PM/5:30PM	West (MB, SK, AB, BC, YT, NT) – Bisexual – 18-25	EN	MB
Thur Nov 16	20	7:00PM	6:00PM	7:30PM/7:00PM/6:00PM	East (NU, ON, NL, PEI, NS, NB) – Lesbian – 18-25	EN	MB
	21	9:30PM	8:30PM	7:30PM/6:30PM/5:30PM	West (MB, SK, AB, BC, YT, NT) – Lesbian – 18-25	EN	LG

Breakdown of Focus Group Sessions					
Identity	Age	East (NU, ON, NL, PE, NS, NB)	Quebec / Eastern Francophones	West (MB, SK, AB, BC, YT, NT)	Total Groups
Gay	18-25	1	1	1	3
	26+	1	1	1	3
Lesbian	18-25	1	1	1	3
	26+	1	1	1	3
Bisexual	18-25	1	1	1	3
	26+	1	1	1	3
Trans/Identity not already listed	18+	1	1	1	3
Total		7	7	7	21

Specification Summary	

• 21 online focus groups:
  ○ Fourteen (14) English groups, specifically seven groups in each of two regions: East (NU, ON, NL, PEI, NS, NB) and West (MB, SK, AB, BC, YT, NT)
  ○ Seven (7) French groups including residents of Quebec and francophones from the eastern part of Canada.
  ○ In each region, one group with each of the following segments:
  ○ Gays 18-25 years old
  ○ Gays 26+
  ○ Lesbians 18-25
  ○ Lesbians 26+
  ○ Bisexual 18-25
  ○ Bisexual 26+
  ○ Trans/Identity not already listed 18+
	• All have used cannabis at least once in the past year for recreational and/or medicinal purpose
	• In all groups, mix of age (within range), household situation and ethnic backgrounds
	• Incentive: **$125** per participant
	• 10 recruited per group
	• Group discussion lasts **90 minutes** although participants commit to a 2-hour session.

RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY: "Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours."

RECRUITER NOTE: If a respondent wishes to verify the validity of the study, please contact:
Government of Canada: 1-800-926-9105; questions@tpsgc-pwgsc.gc.ca
Narrative Research: 888-272-6777; focusgroups@narrativeresearch.ca

1. SECTION G: General Introduction

Hello, my name is _____ and I am calling on behalf of Narrative Research, a national market research company. Would you prefer that I continue in English or French? / Préférez-vous continuer en français ou anglais?

RECRUITER NOTE - FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH: "J'appelle aujourd'hui concernant les groupes de discussion qui se tiendront en anglais. Désirez-vous qu'un collègue vous rappelle afin de vous inviter à participer à un groupe de discussion qui aura lieu en français?" *IF YES, ARRANGE CALL BACK*

Let me assure you that we are not trying to sell you anything. We are conducting a public opinion research project for the Government of Canada, and we are looking for adults aged 18 or older to take part in a 2-hour online focus group that will be scheduled from <INSERT DATE> to <INSERT DATE>. Participants will receive a financial incentive if they qualify to take part. Is this something you might be interested in?

Yes 1
No ..... 2 THANK & TERMINATE

The purpose of this group discussion is to explore opinions and perceptions on the topic of cannabis, also known as weed, or marijuana, and the impacts of cannabis legalization and regulation. The intention is not to talk about personal consumption, although the topic may come up in conversation. Health Canada will use this information in different ways, one of which to inform cannabis public education. Your

participation is voluntary, and the discussion will not be attributed to you in report publication. No attempt will be made to sell you anything or change your point of view.

[IF ONLINE, PROVIDE A LINK TO NARRATIVE RESEARCH'S PRIVACY POLICY AT THE BOTTOM OF EACH PAGE: https://narrativeresearch.ca/privacy-policy/#politique-de-confidentialit%C3%A9]

[IF BY PHONE: Narrative Research's privacy policy is available upon request. IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]

This research is registered with the Canadian Research Insights Council Research Verification Service.
[IF NEEDED, SPECIFY: to verify the research, you can visit
https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en
The survey registration number is: 20231017-NA609]

The format of the focus group is an informal small online group discussion led by a professional moderator. May I ask you a few quick questions to see if you fit the inclusion criteria to participate in the study? This should take about 7 or 8 minutes.

Yes 1
No .....2 SCHEDULE CALL BACK IF POSSIBLE & THANK & TERMINATE

**IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly.*

2. SECTION P: Profiling Questions

To begin, do you or any member of your household currently work in or has retired from…? [SHOW RESPONSES – RANDOMIZE – CODE ALL THAT APPLY]

Marketing/Market Research 1
Public relations 2
Advertising 3
Media (TV, Radio, Newspaper) 4
Graphic Design 5
Provincial or federal government department or agency related to healthcare 6
An organization in the field of drug treatment 7
A licensed cultivator, processor or seller of cannabis 8
Law enforcement 9
A legal or law firm 10

INSTRUCTIONS: If yes to any of the above, thank & terminate

In which community and province or territory do you currently live?

Record name of city/village/community: _____
Record name of province/territory: _____

INSTRUCTIONS: Recruit mix of communities within each region

Into which age group are you? Stop me when I reach your age group. Are you…? [SHOW RESPONSES IN ORDER]

Less than 18.....1
18-21 2
22-25 3
26-45 4
46-65 5
66-75 6
76 and older 7

INSTRUCTIONS: If Less than 18 (Codes 1) Thank & Terminate. Recruit an equal mix of 18-21 (code 2) and 22-25 (code 2) for the 18-25 groups. Recruit a good mix of ages 26 or older (good mix of age categories) for the groups with people 26+ (code 4-7).

The Government of Canada strives to be respectful of diversity, inclusion, substantive equality, and freedom from discrimination in policy and program development. To assist the Government of Canada in fulfilling this objective, this research aims to better understand the needs of people from a variety of different backgrounds and experiences.

Do you identify as any of the following? [RECORD ALL MENTIONS]

Gay.....1
Lesbian 2
Bisexual.....3
Pansexual.....4
Transgender 5
Queer.....6
Intersex.....7
Two-Spirit 8
Member of a visible minority/racialized group 9
Person living with disabilities.....10
Indigenous people.....11
Other/Identity not already listed (specify: _____) 12
None of the above 13
Prefer not to answer 14

INSTRUCTIONS: If "gay" (code 1), consider for GAY groups. If "lesbian" (code 2), consider for "LESBIAN" groups. If "bisexual" (code 3) or "pansexual" (code 4), consider for BISEXUAL groups. If "transgender" (code 5), "queer" (code 6), "intersex" (code 7), "Two-Spirit" (code 8), and "Other/Not already listed" (code 12), consider for TRANS/IDENTITY NOT ALREADY LISTED groups. All others, none, or prefer not to answer, thank & terminate

Have you used cannabis (also known as marijuana, pot, or weed) for recreational and/or medicinal purposes at least once within the past year? This information will only be used to identify in which focus groups you could participate.

Yes 1
No 2
Prefer not to answer 3

INSTRUCTIONS: Must say "yes" (code 1) to continue. Otherwise, thank & terminate

The following questions are to ensure we have a diversity of people represented in the focus group.

Which of the following best describes your current household situation? Are you living…? [SINGLE RESPONSE]

By yourself 1
With a spouse or partner (without children) 2
With a spouse or partner and my/their children 3
With my children 3
With one or more roommates 4
With your parents and/or siblings 5
Other (Specify: ___) 7

INSTRUCTIONS: Aim for a mix in each group

What is your current employment status? [SHOW RESPONSES IN ORDER]

Working full-time (at least 30 hours per week) 1
Working part-time (less than 30 hours per week) 2
Self-employed 3
Retired 4
Unemployed 5
Student 6
Other (Specify: _____) 7
Unsure/Prefer not to answer 8

What was your household's total income last year? That is, the total income of all persons in your household combined, before taxes? Note that this information will remain confidential. [SHOW RESPONSES IN ORDER]

Under $20,000 1

$20,000 to under $40,000 2
$40,000 to under $60,000 3
$60,000 to under $80,000 4
$80,000 to under $100,000 5
$100,000 or more 6
Unsure/Prefer not to answer 7

What is the highest level of education that you have completed? [SHOW RESPONSES IN ORDER]

Some high school or less 1
Completed high school 2
Some CEGEP/college/university 3
Completed CEGEP/college/university 4
Post-graduate studies 5
Unsure/Prefer not to answer 8

To make sure that we speak to a diversity of people, could you tell me what is your ethnic background? [MULTIPLE RESPONSES KEEPING CODE 9 EXCLUSIVE]

White/European (for example, German, Irish, English, Italian, French, Polish, etc.) 1
Hispanic, Latino, Spanish (for example, Mexican, Cuban, Salvadoran, Colombian, etc.) 2
Black or African Canadian (for example, African Canadian, Jamaican, Haitian, Nigerian, Ethiopian, etc.) 3
East Asian (for example, Chinese, Filipino, Vietnamese, Korean, etc.) 4
South Asian (for example, East Indian, Pakistani, etc.) 5
Middle Eastern or North African (for example, Lebanese, Iranian, Syrian, Moroccan, Algerian, etc.) 6
Indigenous (e.g. First Nations, Métis, Inuit) 7
Other (Specify: ___) 8
Unsure/Prefer not to answer 9

INSTRUCTIONS: Recruit good mix of ethnic background and good representation of racialized communities in each group

3. SECTION N: Net*focus* Questions

The focus groups for this project will be conducted online on the Zoom platform and will require the use of a laptop or desktop computer, or a computer tablet, connected to high-speed Internet and equipped with a webcam, a microphone and speakers. Note that you cannot use a smartphone to access the online session. The screen of those electronics is simply too small for the purpose of this research project.

NF1. Do you have access to a laptop or desktop computer, or a computer tablet, with high-speed Internet to take part in this focus group? [MULTIPLE RESPONSES KEEPING CODE 3 EXCLUSIVE]

Yes, laptop or desktop computer 1
Yes, computer tablet 2

No 3

INSTRUCTIONS: If no, thank & terminate

NF2. Is the computer or tablet you will use for the focus group equipped with a webcam, a microphone and speakers you will be able to use?

Yes, webcam, microphone, and speakers 1
Yes, microphone and speakers only 2
No 3

INSTRUCTIONS: If no, thank & terminate

NF3. You will need to be in a place that is quiet and free of distractions for the duration of the session. This includes being on your own, without pets, children or other people nearby, and in a quiet room. An outdoor area, a vehicle, or a public place are ***NOT acceptable*** locations. Are you able to secure a quiet environment without distractions or noises for the duration of the focus group session?

Yes 1
No 2

INSTRUCTIONS: If no, thank & terminate

INSTRUCTIONS FOR NF1-NF3 THANK & TERMINATE: Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.

4. SECTION R: Previous Focus Group Experience Questions

I just have a few more questions…

NF1. Have you ever attended a group discussion or interview for which you received a sum of money?

Yes 1
No 2

INSTRUCTIONS: Max 4 recruits per group who answered "yes". If "yes" continue. If "no", go to SECTION I: Invitation

NF2. When was the last time you attended a group discussion or interview? _____

NF3. How many groups or interviews have you attended in the past 5 years? _____ MAX 4

NF4. What was the subject(s) of the focus group(s) or interview? _____

THANK AND TERMINATE IF THEY HAVE…
- been to 5 or more groups in the past 5 years (max 4 groups/interviews attended)
- attended a focus group in the past six months.
- ever attended a group discussion on cannabis, or any other related names, marijuana, pot, weed, etc.

5. SECTION I: Invitation

Based on your responses so far, we would like to invite you to participate in a small group discussion that will be conducted online at <INSERT TIME> on <INSERT DATE>. The session will bring together 8 to 10 people and it will last up to 2 hours. We will send you a link to join the online focus group via Zoom and during the session, you will provide feedback on communication materials currently being developed by the Government of Canada. In appreciation for your time to attend the focus group, you will receive $125 after the session.

Are you available and interested in taking part in this focus group?

Yes 1
No 2

INSTRUCTIONS: If no, thank & terminate

The discussion in which you will be participating will be video recorded for research purposes only. Be assured that your comments and responses will not be attributed to you and that your name will not be included in the research report. Are you comfortable with the discussion being video recorded?

Yes 1
No 2

INSTRUCTIONS: If no, thank & terminate

There may be employees from the Government of Canada who will be listening in on the discussion. They will not be given the last names of participants. Are you comfortable with having observers?

Yes 1
No 2

INSTRUCTIONS: If no, thank & terminate

Which of the two official languages, English or French, do you speak most often on a regular basis? [SINGLE RESPONSE]

English 1
French..... 2
Both equally 3

INSTRUCTIONS: Must answer French (code 2) or both (code 3) for Quebec groups

The group discussion will be held [GROUPS X,X,X in French] [ALL OTHER GROUPS: in English]. Participants may be asked to read simple text, write simple responses and/or review images during the session. Are you able to take part in these activities [GROUPS X,X,X in French] [ALL OTHER GROUPS: in English] on your own, without assistance?

Yes 1
No 2
Unsure 8

INSTRUCTIONS: If "no" or Unsure, thank & terminate

Could we please confirm the email address where we can send you the instructions to log in to the focus group session?

Record email address (and verify): _____.

We will send you by email the log-in instructions at least 1 day in advance of the group. The group discussion will begin promptly at <TIME> and will last up to 2 hours. Please log in on time to ensure that the session is not delayed. If you arrive late, we will not be able to include you in the discussion and will not provide you with the incentive.

As mentioned, we will be pleased to provide everyone who participates with $125, provided by e-Transfer or cheque, as you'd prefer. It takes approximately 5 business days to receive an incentive by e-Transfer or approximately 2-3 weeks following your participation to receive an incentive by cheque.
Would you prefer to receive your incentive by e-Transfer or cheque?

e-Transfer 1
Cheque 2

[IF PREFER TO RECEIVE INCENTIVE BY E-TRANSFER – CODE 1 IN QI6] Could you please confirm the e-mail address where you would like the e-transfer sent after the focus groups?

Email address:_____
And please confirm the spelling of your name: _____

The e-transfer password will be provided to you via email approximately 3-5 business days following the focus group

[IF PREFER TO RECEIVE INCENTIVE BY CHEQUE – CODE 2 IN QI6] Could I have the mailing address where you would like the cheque mailed after the focus groups? Note, you can expect to receive your incentive in approximately 2-3 weeks following the group.

Mailing address:_____
City: _____
Province: _____Postal Code: _____
And please confirm the spelling of your name: _____

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. If you are unable to take part in the study, please call_____ (collect) at _____as soon as possible so a replacement may be found. Please do not arrange for your own replacement.

So that we can call you to remind you about the focus group or contact you should there be any last-minute changes, can you please confirm your name and contact information for me? [CONFIRM INFORMATION ALREADY COLLECTED AND CHANGE/COMPLETE AS NECESSARY]

First Name: _____
Last Name: _____
Email: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____

INSTRUCTIONS: If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

Attention Recruiters

Recruit 10 respondents per group
CHECK QUOTAS
Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
Do not put names on profile sheet unless you have a firm commitment.
Repeat the date, time and verify email before hanging up.

Confirming – DAY BEFORE GROUP

Confirm in person with the participant the day prior to the group– do not leave a message unless necessary
Confirm all key qualifying questions
Confirm date and time
Confirm they have received the login instructions

Appendix B:
Moderator's Guide

Moderator's Guide – Final

Cannabis Use Among Sexual and Gender Minorities Across Canada – Post-Legalization (POR #23-05)

Introduction *10 minutes*

- **Welcome:** Introduce self & research firm & role as moderator (keep on time/on topic)
- **Length, Topic & Sponsor:** For the next hour and a half, we will explore your thoughts about cannabis, a drug people also known as weed or marijuana. Our discussion is part of research being undertaken by the Government of Canada.
- **Your Role:** Share your opinions freely and honestly; not testing your knowledge
- **Process:** Explain focus groups; all opinions are important; no right/wrong answers; respect opinions of others; looking to understand different opinions – so if you don't feel the same as others, that's fine; talk one at a time (raise virtual hand); interested in hearing from everyone but participation is voluntary
- **Logistic:** Audio/video taping for reporting only; observation from government employees
- **Confidentiality:** Your comments will not be attributed to you; no names/other information that could identify you in reports
- **Online Platform:** Review online tools: raise hand; mute/unmute; chat box; polls;
- **Participant Introduction:** Where you live (community & province); who lives with you; and what is your main occupation (without naming employers if you are employed).

Health Risks and Harms Associated with Cannabis *45 minutes*

Objective: Examine adults' attitudes and experiences surrounding cannabis use (e.g., use history, reasons for use, use characteristics, sourcing cannabis, perceived benefits/risks, polysubstance use, cannabis-impaired driving).

As I mentioned, we'll be talking about cannabis today. One thing all of you share in common is you use cannabis. Before we talk about it together, I have a few poll questions to ask you individually – you can base your responses on personal experience or on what you have heard or know about cannabis, it's your personal opinion. I'll be the only person seeing your responses and I will not ask you to share them with the group:

[POLLS: OPINIONS]

1. Why do you use cannabis?
2. What, if anything, are the benefits to using cannabis?
3. What, if anything, are the downsides to using cannabis?
4. Is your cannabis use generally for non-medical purposes (also known as 'recreational' use), medical purposes (providing symptomatic relief), or both? [Non-medical purposes (also known as 'recreational' use), medical purposes (providing symptomatic relief), both]

I'd like to learn a little more about your cannabis use.

- How long have you been using cannabis?
  When did you start using cannabis (e.g., early teenage hood, before/after legalization)?

- Do you remember what motivated you to first try cannabis? Is the motivation the same now, or do you use cannabis for different reasons?
- How has your consumption of different products and quantities changed since first consuming cannabis? If it changed, why did it change?
- How often do you use cannabis in a typical week?
- What do you enjoy about using cannabis? Does it benefit your life in any way?
- How do you typically consume cannabis (smoking/vaping/ingesting edibles)?
- Which products do you prefer to use, and why do you choose those products over others?
    - What THC/CBD levels do you prefer?

[*If use for medical reasons based on poll #4 results*] [*A number / all / some*] of you have mentioned that you use cannabis for medical purposes…

- Did you seek medical advice or authorization from a healthcare practioner to use cannabis for medica purposes?
    - If yes, tell us about that experience?
    - If no, why did you not seek a medical authorization?
- How do you see your usage in 5-10 years? Do you see it changing? Why/why not?

I've got another quick poll for you…

[POLL – USAGE]

1. How often do you use cannabis at the same time as alcohol, nicotine, or other drugs [Regularly, Sometimes, Rarely, Never]?
2. Are you using cannabis while taking prescription medication? [Yes; No]
3. Why do you use cannabis with other substances? [RECORD RESPONSE]

- Do you typically consume cannabis alone or with a friend / others?
- [*Reference results of last poll – 'some of you mentioned that you use cannabis at the same time as…*] Have you experienced positive or negative effects of combining cannabis with alcohol or other drugs?

The Government of Canada is seeing members of the 2SLGBTQ+ community reporting higher rates of cannabis use than among others. Part of this research is to try to understand why.

- To begin, is this consistent with your own observations? Does that surprise you?
- Why do you think that is? Are there reasons specific to the 2SLGBTQ+ community?
    - Do you think there are differences within the 2SLGBTQ+ community?

And thinking more broadly about cannabis use…

- Are any groups within society perceived differently because of their cannabis use – whether it is tied to things like age, occupation, identity, or other characteristics?

Let's talk about **where you source** your cannabis…

- Where do you typically get your cannabis from? (legal/illegal in-store, online, medical, someone gave it to me, home grown, dealer, sourced through someone else)
- [*if applicable*] Why do you use the unregulated/illegal market (e.g., product choice, convenience)? Why do you not source your cannabis from the legal market?

- What would help to get you to source your cannabis entirely from the legal market?

I have another poll for you – remember I'm the only one who will see your response:

[POLL – DEPENDENCE]

1. On a scale of 1-10, how dependent would you say you are on cannabis? Signs of cannabis dependency including cravings, withdrawal symptoms, feeling the need to use it before doing an activity, seeing cannabis as essential to function day-to-day, etc. (a '1' is not at all dependent, and a '10' is very dependent)
2. How do you think your life would be different if you did not use cannabis?

- You've told me what you enjoy about cannabis. Is there anything you **dislike** about using cannabis?
    - In what ways do you think cannabis use negatively impacts your life?
- What if anything, could be done to lower the risks or harms of cannabis use?
- Have you ever felt that you are physically or psychologically dependent on cannabis?
    - If yes, tell us about your experience?
- Have you wanted to cut down or stop your cannabis use in the past?
    - If so, what was your experience with trying to reduce your cannabis use?
    - What might prevent you or others from reducing cannabis use or getting help with cannabis use?
    - Where would you seek advice/help if you wanted to cut down or quit cannabis use?
- What are your general thoughts/opinions on driving after using cannabis?

Impact of Legalization *15 minutes*

Objective: Determine adults' perspective on the impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences, awareness of risks).

It's been five years since cannabis was legalized in Canada.

- Did legalization of cannabis for non-medical purposes change the way you think about or use cannabis?
    - If so, how? (*changes in attitudes, perceived stigma, patterns of use, sourcing, consumption methods, product preference and potency, public consumption).*
- What are your thoughts on Canada legalizing cannabis for non-medical purposes?
    - Have there been advantages/successes - if so, what are they?
    - What about disadvantages/challenges? What do they include?

Knowledge / Public Education / Influences *20 minutes*

Objective: Determine adults' perspective on public education on cannabis use (e.g., awareness and exposure, perceived impact, knowledge of risk, desired content, and delivery)

Our attitudes, knowledge, and behaviours are influenced by what we learn. For the last part of our discussion, I've got another quick poll for you…

[POLL – OVERALL KNOWLEDGE]

1. How would you rate your overall knowledge of cannabis' health risks? [Excellent, Very Good, Good, Fair, Poor]

Exposure:

- Within the last year, have you seen information or public education on the risks or harm of using cannabis? What was it about? Where did you see this information? How trustworthy was it?
- Have you ever noticed public messaging about the risks of using cannabis specifically related to sexual and gender minority groups?
    - If yes, did you find the resources were adapted to individuals who self-identify within sex/gender diverse communities? How so?
- Where have you most often seen information on cannabis health effects?

Awareness / Risk Knowledge

- How would you rate you overall knowledge of the health risks associated with cannabis? [*reference results of poll*]
- Have you ever found it difficult to get information about cannabis to help you with your choices? If so, what's been challenging?

Desired Content & Delivery / Trusted Sources

- What other information on cannabis would you like to know?
- How would you like such information delivered? In what format? From whom? PROBE IF NOT MENTIONED: online, by mail, from your doctor, HC, PHAC
- Who or what sources do you trust the most for information about cannabis?
    - For cannabis health effects/risks or support for substance use?
- Of the messages you have seen, do you trust them? Why? Why not?
    - What to you makes a message credible?
    - PROBE IF NOT MENTIONED: coming from a doctor, testimonials, studies, statistics
- What could be done to improve the credibility of messaging?

Before we finish up, I would like you to complete one more poll.

[POLL – CONCLUSION]

1. If Health Canada wanted to inform you of the risks and health effects associated with cannabis use, what advice would you give them? This could be in terms of the messaging or the way to convey this information to you. [Record verbatim response]

Thanks & Closing

That's all my questions. On behalf of the Government of Canada, thank you for your time and input.

[MODERATOR TO RESHOW PRESENTATION WITH NOTE ABOUT WELLNESS TOGETHER CANADA]

We appreciate that this discussion includes a serious topic that may trigger emotions for some. Resources are available if you need help. On the screen you will see information about Wellness Together Canada. Wellness Together Canada offers free and confidential mental health and substance use services. You can talk one-on-one to a counsellor. Call 1-866-585-0445 or visit wellnesstogether.ca

We will be in touch with you by email about the incentive distribution. For those interested in reading the research report, it can be accessed online through Library & Archives Canada in about six months.