

Understanding Daily Cannabis Use in Canada

Health Canada

Final Report

January 2024

Prepared for:

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Ce rapport est aussi disponible en français.

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This public opinion research report is based on 20 online focus groups that Quorus completed between December 4 and December 19, 2023. Focus groups spanned the country and consisted of adults who use cannabis daily, or almost daily. The sessions lasted approximately 90 minutes. All participants were informed the research was for the Government of Canada. A total of 140 individuals participated in this study.

Cette publication est aussi disponible en français sous le titre : Comprendre la consommation quotidienne de cannabis au Canada

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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:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

January 17, 2024
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background and research objectives

Risks from cannabis use are greatest among those who use it frequently (i.e., daily or almost daily use; DADU) on a regular basis. Frequent and prolonged cannabis consumption has been associated with mental health problems including cannabis use disorder, anxiety and mood disorders, neurocognitive impairment, and further cardiovascular and respiratory diseases linked to cannabis smoking. In Canada, rates of DADU are high. As an example, the 2023 Canadian Cannabis Survey suggested that 25% of Canadians who reported using cannabis in the last year further reported DADU. The International Cannabis Policy Study estimated that 87% of all dried cannabis consumed in Canada is consumed by individuals engaged in DADU, and the illegal market is a key source for cannabis among this subgroup.

Minimal research has explored cannabis-related perspectives and behaviours among those using cannabis frequently. For instance, the perceived impacts of cannabis legalization and regulation on their use characteristics including patterns of use, specific reasons for DADU, access to and source of cannabis, and even polysubstance use (e.g., using daily cannabis with alcohol, tobacco, or other drugs) have not been well explored in the scientific evidence base. Further, less is known about this subgroup's knowledge of cannabis' risks, exposure to and understanding of risk-messaging, including perceived impact (e.g., message acceptability/believability), desired content and delivery of future public education. By contributing to the limited qualitative evidence available for this subgroup, this Public Opinion Research (POR) project aims to further explore the range of cannabis-related opinions, knowledge, and behaviours among frequent users across Canadian provinces and territories.

Research objectives

The objectives were to explore perspectives among Canadians who engage in daily or almost daily cannabis use on:

- Perspectives and experiences surrounding cannabis use (e.g., reasons for use, perceived benefits and risks, sourcing cannabis, polysubstance use)
- The impact of cannabis legalization and regulation on various cannabis indicators (e.g., changes in patterns of use, consumption methods, product preference and potency, access/source to cannabis, reasons for sourcing from the legal or illicit market cannabis impaired driving)
- Public education on cannabis use (e.g., exposure to, perceived impact, and desired scope/delivery of risk messaging)

Methodology

The research methodology consisted of 20 online focus groups with individuals in Canada who engage in daily or almost daily use of cannabis products. The focus groups were held between December 4 and December 19, 2023, and included individuals from across the country. Focus groups were segmented by region, age and gender. Each focus group session lasted approximately 90 minutes. Participants were informed upfront that the research was being conducted on behalf of Health Canada and they each received an honorarium of \$125 for their participation. In total, 140 individuals participated in the research.

Research results

Understanding cannabis use patterns

When exploring the main reasons participants reported used cannabis for, the following themes were noted:

- Participants use cannabis for a mix of recreational (i.e., non-medical) and medical purposes.
- Recreational use typically referred to using cannabis products socially when spending time or having fun with friends. It is also used alone for relaxation, and to improve focus or enjoyment of other tasks. Many of the participants who use cannabis for recreational purposes also mentioned a therapeutic aspect to their use.

- Those who use for medical purposes are typically trying to relieve anxiety, chronic pain or improve sleep. The vast majority who report using cannabis for medical/therapeutic purposes are doing so without an authorization from a health care practitioner to use cannabis for medical purposes.
- Few participants started using cannabis products after legalization. Participants shared that legalization made cannabis products more readily accessible and instilled a sense that cannabis can be consumed safely. Participants also felt that legalization increased social acceptance of its use. Only a minority of participants explained that their shift to daily or almost daily use only occurred after legalization.
- Most participants tend to use cannabis once a day, usually near the end of their day, which allows them to relax, disconnect, address some of their health issues that arise throughout the day and/or leads to a good night sleep without impacting their focus and productivity during the day. The few who typically use cannabis multiple times a day explained that it helps alleviate certain symptoms throughout the day, such as pain or anxiety, or that they enjoy consuming cannabis recreationally throughout the day.
- While some participants use cannabis in combination with alcohol to supplement effects, most participants described using balance of both substances in order to avoid unpleasant outcomes. Several participants explained that they drink less alcohol because of their frequent use of cannabis. Participants rarely use cannabis in combination with other drugs.

Exploring cannabis product sources

- Most participants obtain their cannabis products from authorized sources. Authorized sources were seen as easily accessible, convenient, and for the most part, competitively priced. Those who used authorized retailers also felt that the products were safe and consistent, and the cannabinoid content was clearly indicated.
- Many participants also order cannabis online, however many admitted being less confident in determining whether the online retailer is authorized. When trying to access whether a website is authorized, participants typically consider whether the website is based in Canada, if it was recommended to them by people they know, whether the website looks professional, the product packaging looks reliable, and the vendor has been around for a while.

- A small number of participants also obtain their products from local growers or dealers that they know are unauthorized. This is generally due to price, quality, availability, convenience, or loyalty to a “dealer”.
- Price tends to be the main driver to using illegal sources of cannabis products, especially when buying in large quantities. As well, quality was a factor in why some participants opted to use non-authorized sources, as they felt that the cannabis sold at authorized retailers lacked freshness. Some also wanted products with higher THC levels than what is sold at authorized stores. Additionally, some in rural areas did not have authorized sources in close proximity, and thus purchased cannabis from unauthorized sources due to convenience.

Drawbacks and concerns regarding cannabis

Very few participants had any major concerns or dislikes related to their frequent cannabis use. Of those who had concerns, they tended to be the following:

- Concerns about the impacts of smoking on lung health / overall health
- Short term impacts such as food cravings and indulgences, increased anxiety, and loss of productivity (particularly if cannabis is consumed early in the day)
- The cost of buying their cannabis products
- Perceived dependency on cannabis
- Risk perception concerning cannabis dependence is low. Many felt they were not dependent and felt that they could stop using cannabis at any point in time. Those who felt they were dependent did not have any concerns with their level of dependency, citing that the benefits of cannabis outweigh its risks, when particularly considering cannabis’ therapeutic value in their lives.
 - For the most part, participants did not seem to think there was any risk or concern associated with cannabis use or with daily or almost daily use. Participants felt that insofar as they were “in control” (i.e., they knew they could stop or slow down at any time) and that their use did not interfere with their responsibilities (e.g., their job, their family, etc.) then there was no cause for concern. Many countered that if there were concerns, the benefits from using cannabis far outweighed them.

- There was widespread agreement that cannabis impaired driving is common among those in their social networks. There is also widespread agreement that it is more common than alcohol impaired driving. While driving impaired was not condoned, participants typically believed that cannabis does not have the same impact on the body as alcohol. As well, there was some reluctance to believe that cannabis use equates to cannabis impairment. Furthermore, many felt that tolerance levels and experience with cannabis can determine how use of cannabis can influence someone's ability to operate a vehicle – in other words, different cannabis products and strength will have different impacts on different people.

Public education

- Very few participants recall seeing within the past year or so any public education about the risks of using cannabis. Among the few who do remember seeing something, the messaging related to cannabis impaired driving or the impact of cannabis on developing brains. Very few felt these messages applied to them or had any impact on their behaviours. There was no awareness of Canada's Lower Risk Cannabis Use Guidelines.
- Perceived knowledge of risks appeared to be moderate.
- There was moderate interest in wanting to know more about the potential risks of using cannabis daily or almost daily. The most popular topics are whether it has any impact on mental functioning and whether there are any long-term impacts either from a physical or mental perspective. Given the range of cannabis product formats, some also questioned whether certain formats are safer or healthier than others.
- Participants were most interested in wanting to access or receive this type of information online. Many felt that they should be made aware via social media, often referring to advertising via Facebook, X/Twitter, Reddit, Instagram, YouTube and TikTok. There was also interest in seeing something in dispensaries such as posters, brochures or through QR codes on the packaging.

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

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Detailed Results

Research purpose and objectives

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Research objectives

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- Public education on cannabis use (e.g., exposure to, perceived impact, and desired scope/delivery of risk messaging)

Research results

Understanding cannabis use patterns

Reasons for consuming cannabis

Focus group participants were asked to discuss the reasons they used cannabis. Participants used cannabis for a large variety of reasons that can be broadly grouped into medical purposes, recreational (i.e., non-medical) purposes, or a mix of both. Most commonly, participants felt their cannabis use had both recreational and medical benefits.

Many participants described how they used cannabis to help relieve stress, particularly work-related stress.

“As I get older and things are getting tougher at work, I find that this takes the edge off. It doesn't get rid of it, but it takes the edge off.” – Male, 59, Ontario

As well, some use cannabis as an alternative to alcohol, either in social settings or by themselves for relaxation. These participants typically view cannabis as being a healthier option to unwind, and they find that, unlike consuming alcohol, they do not have to experience a hangover the next day.

“I also enjoy it more than alcohol now, because I enjoy just not being sick. So, when I go out... that's typically my recreational use instead of alcohol.” – Female, 23, British Columbia

“I found using it daily helped me go to sleep... for stress relief, like versus the alternative you know, having a Martini or something... it's healthier.” – Female, 60, British Columbia

Cannabis was also used by some recreationally as a way to boost motivation, creativity, productivity or improve focus when completing certain tasks. These participants often consumed cannabis to improve their work, concentrate on household tasks, improve their workouts or performance in sports, or to improve their creativity and enjoyment of other tasks or activities such as playing video games, watching television or movies, or even doing household chores such as cleaning the house.

“I need THC to get me motivated, to get my mind going, to get productive, to get creative.”
– Female, 58, Ontario

“Sometimes when I'm at the gym, I'll smoke a joint before I go in, and it helps me focus on my muscle mind connection.” – Female, 23, Prince Edward Island

Those who use cannabis for medical purposes often described their use as way to address health-related issues. For some, this included relief of health issues such as anxiety, trouble sleeping, chronic pain, and/or issues with their appetite.

“I love weed. I do it cause it's therapeutic. In such a hard, stressful anxiety ridden world, I can come home, and it's the one thing that relaxes me, calms my thoughts, helps me sleep, brings back my appetite that is taken away due to stress.” – Female, 22, British Columbia

“I could think more clearly, I could be more concentrated. I could be more creative. My sleep is amazing. I could eat even better.” – Male, 43, British Columbia

Several participants who had experienced difficulty concentrating (many specifically mentioned ADHD) used cannabis as a way to improve their focus.

“I just got diagnosed with ADHD a couple of years ago. So, I do find it helps me focus.” – Female, 31, Newfoundland

For some, cannabis was seen as an effective alternative to pharmaceuticals that may have negative side effects.

“I'm also diagnosed ADHD... I would rather have a dependency on cannabis than use pharmaceuticals I had. I was prescribed a lot of heavy stuff when I was in elementary school, and it had a very negative impact on my life. So, I just chose to choose something more natural as opposed to pills.” - Male, 23, New Brunswick

“[My doctor] tried to put me on anti-anxiety medication. I just wasn't having that. I'd rather try the marijuana instead, and I found it to be successful.” – Male, 32, Saskatchewan

Very few participants who use medically have received formal authorization to do so from a healthcare provider.

“My doctor put me on opiates to control my pain... I didn't like the way they made my head feel. I told her, I can't do this. I need a different alternative. We decided that cannabis would be my best option, and it turned out she was right... I do have a prescription for it.” – Female, 56, Nova Scotia

While some did discuss trying cannabis for pain relief or other health reasons with their doctor, they sourced it on their own without a medical authorization, even if the doctor was the one to recommend cannabis. On the other hand, a few were apprehensive about seeking medical advice or obtaining a prescription as they did not want to have a medical record of their cannabis use.

“I don't have the nerve to talk to the doctor about it.” – Female, 55, Ontario

“I just I don't really want a prescription. You know what I mean. Then, all of a sudden, that's on your record.” – Male, 43, Manitoba

While many of the participants who use cannabis for recreational purposes also mentioned a medical or “therapeutic” aspect to their use, the same could not be said for those who use cannabis primarily for medical purposes. Those who use cannabis strictly for medical purposes said they had very little or no interest in using cannabis products for recreational purposes. Some of these participants explained that their interest was primarily in the CBD-related benefits of cannabis rather than those related to THC.

Timeline of cannabis use and impact of legalization

In terms of an overall timeline, the vast majority of participants started using cannabis before legalization (using unregulated sources).

Only a few participants explained having began using (or frequently using) cannabis since legalization. Although still in the minority, a segment of participants explained that their shift to daily or almost daily use only occurred after legalization. For these participants, the main contributing factors included easier access to cannabis products through legal sources, a greater degree of confidence in the quality of cannabis products they were using, a greater sense of safety in cannabis products sold from legal storefronts, an increase in the variety of formats and increased social acceptance.

“It was more when it became more socially accepted, and it became legalized that I kind of was more willing to do it more often.” – Female, 24, New Brunswick

Some participants explained that they viewed cannabis as safer since legalization, as they knew when they purchased from an authorized retailer that they were getting a controlled substance that would not contain any other substances.

“My use [since legalization] did not change at all. It was exact same. But my sense of safety went up. I'm not finding that guy at 11pm. That doesn't come till 2am.” – Female, 35, Yukon

“But [legalization] just made it easier to know what was available and not just getting street drugs that could be laced with something or anything of that nature.” – Female, 44, Nova Scotia

Participants also agreed that there is less of a stigma around cannabis now that it is legal. Some participants discussed how they can openly talk about cannabis with friends and family or use

cannabis in public settings. Some agreed that cannabis is now more or less on the same level of social acceptance as alcohol.

“When it wasn't legal, you'd get a lot more dirty looks, even like walking down the street having a joint... But nowadays you can do that freely without really worrying or anything like that.” – Male, 24, Manitoba

“I find that it's changed the way people are talking about it. So, it's easier to talk about doing it with my family, and like tell them that I'm using cannabis without having the reaction... I find it's changed people's minds and equated it to more like the same sort of level as alcohol.” – Male, 24, Nova Scotia

“It's definitely more socially acceptable. I would put it as if it's just like drinking alcohol. They're kind of on the same level now.” – Female, 22, Saskatchewan

These “impacts” of legalization were also noted among many of the other participants for whom their daily or almost daily use of cannabis pre-dated legalization.

A few mentioned they began using cannabis more frequently after legalization because of the COVID-19 pandemic and not having as many things to do.

“I would say it was definitely COVID and being stuck at home for the majority of quarantine. I was only using it very infrequently before, like only whenever I was with my friends... But then once I was quarantined, and we were all stuck at home, it turned into like a daily thing.” – Male, 19, Ontario

How cannabis use fits into the daily routine

Most participants tend to use cannabis once a day, usually near the end of their day.

Participants would explain that they typically avoid consuming in the morning or during the day because they have to work or have other responsibilities in which cannabis would interfere with. As well, they prefer the end of the day since their cannabis use allows them to relax, disconnect, address some of their health issues that arise throughout the day and/or leads to a good night sleep.

“It helps me sleep ... And then sometimes I like to use it when I'm like just feeling stressed.”
– Male, 23, Ontario

Many compared their evening routine to the way others might have a glass of wine or a drink at the end of the day to unwind or cap off the day.

“It's like coming home after work and opening a beer.” – Male, 56, British Columbia

The few who typically use cannabis multiple times a day explained that it helps alleviate certain symptoms throughout the day, such as pain or anxiety, or that they enjoy consuming cannabis recreationally throughout the day.

“I realized it really helped my anxiety. I'm bipolar, so I find it really regulates me when I'm having like a panic attack. [...] It turned into like a functionality thing like it really helped me function throughout the day, like, get my chores done, be productive...” – Female, 24 British Columbia

Importance of cannabinoids

A good number of participants pay attention to the THC and/or CBD levels of their products. For the most part, these participants are seeking very specific effects from their use of cannabis (such as pain relief, anxiety relief, help sleeping) and understand what levels of cannabinoids are needed to achieve those effects. For some of these participants, having this information clearly indicated on the packaging is critical to their use of their cannabis products.

When discussing the levels of cannabinoids participants typically seek out, the discussion more often than not focused on THC levels rather than CBD levels.

Participants often look for cannabis products that are within a certain range of THC percentage. Some suggested they look for a THC content of between 15-25% while others preferred higher potency.

The percentage of CBD was also important to some who were looking for certain effects such as relief of pain or anxiety. On the other hand, some participants who used for medical purposes preferred products with CBD only or with very low levels of THC.

“It tends to be medicinal on the CBD side of things, and then THC tends to be recreational for me.” – Female, 23, New Brunswick

“I'm typically going to the dispensaries looking for the highest THC percentage for the lowest cost. So, it's typically around the high twenties. Then if there's CBD in it as well, that will make me lead more towards that strain.” – Male, 24, Alberta

Cannabinoids other than THC and CBD are very rarely sought – most were not even familiar or aware that there were other cannabinoids. When sought, CBG and CBN were most likely to be mentioned.

Polysubstance use

For most participants, alcohol consumption was not as regular as their cannabis consumption. When alcohol is consumed, it tends to be occasional, particularly on weekends and in social settings. Some participants refrained from alcohol.

As mentioned, there were also some participants who viewed their use of cannabis as a substitute for alcohol, or a tool to limit the quantity of alcohol they consume. These participants typically perceived cannabis to be a healthier alternative in comparison to alcohol. As such, several participants explained that they drink less alcohol because of their frequent use of cannabis, and if they do drink, it will be smaller quantities.

“I actually stopped drinking when [cannabis] was legalized, just because I don't like waking up, like when you drink, I don't like the feeling the next day. But if I eat a bunch of edibles on a Friday night, I wake up and I'm fine. I can go about my day because I'm an early person, but I hate drinking and wasting a day of being sick, so I stopped drinking because of cannabis.” – Female, 31, Manitoba

When cannabis is used in combination with alcohol, most participants described using a balance of both substances in order to avoid unpleasant outcomes. Most often, participants viewed cannabis and alcohol as an “either or” proposition, preferring to consume each substance on separate occasions to avoid unpleasant outcomes.

[“I prefer to do one or the other. When I mix both, I feel like it boosts the effect of one, and it is a bit unpleasant.”] – Male, 25, Quebec *“Je préfère faire soit un ou l'autre. Quand je viens à mixer les deux, j'ai l'impression que ça fait comme augmenter l'effet d'un, puis ça vient un peu déplaisant, en fait.”*

Many participants described an increased sensitivity to alcohol while consuming cannabis, which in turn leads them to consume smaller quantities of alcohol when using both substances together. There were some who mentioned consuming a bit of both substances intentionally in recreational settings to achieve a “cross-fade” (a “high” that is experienced when mixing multiple substances such as alcohol and cannabis). Additionally, a few participants discussed consuming small amounts of cannabis when drinking in order to reduce the nausea or hangover that comes with drinking alcohol.

On the other hand, participants rarely use cannabis in combination with other recreational drugs. Those who mix other drugs with their cannabis products are almost always individuals who consume cannabis generally for recreational purposes. Among this select group of individuals, cannabis is most often combined with mushrooms to “amplify” the effect of the cannabis.

Exploring cannabis product sources

Where cannabis is typically obtained

Most participants obtain their cannabis products from authorized sources. Many participants who used cannabis prior to legalization have switched to using mainly authorized sources since it became legal.

Participants typically felt that authorized sources were convenient and easily accessible, since there are many locations in close proximity. Many explained how their local authorized retailer is part of their regular stops when doing their shopping in the neighbourhood, or similarly, that a retailer is within walking distance.

“I just get it from the dispensary nearby ... it's convenient ... close by.” – Female, 20, Ontario

Participants who used authorized storefronts typically felt that the staff were helpful and friendly which encouraged them to continue coming back. There was a sense that the staff are knowledgeable about the products and can make recommendations on products that will produce the customer's desired outcome, or answer questions.

“When you go to the liquor store [the Nova Scotia Liquor Corporation], you ask questions like an education on the different strains as to which would be better than for you, depending on what you're looking for.” – Female, 44, Nova Scotia

As well, participants felt that the products sold at authorized stores were consistent from one visit to the next in terms of cannabinoid content, especially since THC levels are explicitly listed. Some felt that when using a “dealer” or other non-authorized source, they did not always know the potency of the product they were getting, and the THC levels may not be consistent from one product to another. Knowing that the THC levels, strain, or overall quality of their cannabis product was going to be consistent from one purchase to the next was particularly important to those who use cannabis for medical purposes.

“Now that it's legalized, I strictly use [regulated] dispensaries because I really like to know what I'm using every time, and I like that it's consistent. So, if I have a brand that I'm enjoying, or the strength, I would like to be able to use that again.” – Female, 35, Prince Edward Island

Participants also trusted authorized sources as there is more clarity in where and how the cannabis is grown before being sold. Participants liked that the product they were purchasing comes from

a controlled and regulated environment and that they also know that their cannabis product will not be tainted with any undesirable ingredients, especially other drugs.

There was also a sense of personal safety when purchasing from an authorized store rather than a “dealer”. Participants explained that they don’t have to meet or seek out someone in shady or secretive locations.

The few participants who have a prescription for cannabis explained that in order to receive a tax deduction, they must purchase from government-authorized sources, which is why they used these sources exclusively.

Additionally, a few participants grow their own cannabis plants, or obtain cannabis from friends or family members who grow it.

Among other sources used, many order cannabis online, often from seemingly non-authorized sources. When considering whether online sources used were government-authorized, many participants admitted that they were not confident that they knew how to determine if an online retailer was authorized or not.

Some assume that an online storefront is legitimate based on various factors. Participants would consider such things as whether the vendor is based in Canada, if it was recommended to them (or used by people they know), if the website looks professional, if the product packaging looks reliable, if they like their products, or if the vendor has been around for a while. Few explained that they would rely on the product packaging to determine whether the vendor is authorized unless it was blatantly obvious (for example, if the packaging strongly resembles a known brand of candy, the packaging is makeshift, etc.).

Participant: *“I’ll also order it from BC.”*

Moderator: *“As far as you know, is that an authorized retailer?”*

Participant: *“Not really sure to be quite honest. My friend sends me a link, and I’m just like perfect. It’s just cheaper to buy it in bulk from BC. That’s the reason why we buy it from there.”* – Female, 31, Newfoundland

A small number of participants also obtain their products from local growers or dealers that they know are unauthorized, such as a friend, family member, or local cannabis “dealer”.

A few participants also mentioned purchasing cannabis from First Nation reserves. These participants typically mentioned being able to buy products containing higher levels of THC than what is available from authorized storefronts.

Reasons for accessing cannabis from unregulated sources

Participants generally explained that price tends to be the main driver for using illegal sources of cannabis products, especially when buying larger quantities from a dealer or non-authorized website. Participants explained that the price difference is quite meaningful and, given their frequency of use and the overall increase in the cost of living, affordability of their cannabis is an important consideration.

“The money aspect of it definitely is the deciding factor between me, like going down the street to a dispensary than going online. A dispensary, an ounce is like 85 bucks, if it's a decent strain, kind of thing, but I can get a quarter of a pound for 400 bucks [online].” – Female, 23, Ontario

In addition to lower prices, some participants felt that the cannabis they get from non-authorized sources is of greater quality, either in terms of higher THC content and/or in terms of freshness. This, combined with lower prices, has become a very compelling reason for many to use non-authorized sources.

“I've been growing my own for probably 35 years. I smoke my own product... The few times that I did go and get government weed, it was gross, it was dry... it wasn't worth the money. I know what's in my weed. I'm an organic grower, so I don't grow with chemicals. I know exactly what goes into my plants.” – Female, 56, Nova Scotia

Participants also use unauthorized sources because they can get flavours or formats that they cannot obtain from authorized retailers. Online buyers also appreciate the convenience of front-door delivery service.

“With the delivery service, it's just super convenient that you can order it when you're at work, and then you'll know, like in a couple hours they're gonna show up at your house and just drop it off. But the NSLC [Nova Scotia Liquor Corporation] doesn't deliver.” – Female, 23, Nova Scotia

Barriers to obtaining legal cannabis

Participants widely agreed that it is easy for them to access authorized retailers and storefronts and that this was one of the more important outcomes of legalization for them. Participants generally did not feel that they faced any barriers to accessing cannabis, regardless of whether they used authorized or non-authorized sources.

Of the few barriers mentioned, the hours of operation of authorized retailers were sometimes inconvenient. As well, a few in rural and remote locations explained how far it was for them to

drive to access an authorized retailer and that it was easier for them to resort to nearby unauthorized sources or to order online.

Additionally, as mentioned, many participants avoided authorized retailers due to lack of quality and higher price points.

Overall, improvements to quality, price and product selection would be needed in order for many participants to consider switching away from the illicit market to obtaining cannabis entirely from authorized sources.

Drawbacks and concerns regarding cannabis

Drawbacks of frequent cannabis use

When participants were asked if they disliked any element of using cannabis or whether they had any concerns about their frequency of use, very few brought up any.

Overall, the majority of participants felt that the benefits from using cannabis [noted above] far outweighed any potential dislikes or concerns they had regarding their cannabis use. In a similar way, participants explained that the alternatives to not using cannabis were far less palatable or even doable – for many, this included pharmaceuticals or living with challenging health symptoms.

With that said, among the few participants who did have concerns or dislikes, participants mentioned reasons such as the amount of money spent on cannabis, issues with memory or attention span, increased anxiety, and the feeling of being dependent on cannabis. Some participants also explained that they sometimes experienced a loss of productivity after consuming cannabis, so, depending on what time they used it, it would impact how much they got done that day.

“I started smoking when I was like 14 or 15. I definitely noticed a lot of like negatives. At that point like mental clarity, attention spans, energy. I was like I played a lot of sports and found that as soon as I started smoking, that my ability to like play at a high level decreased.” – Male, 27 British Columbia

Additionally, after consuming cannabis, some participants experienced food cravings, unhealthy eating habits or overconsumption which they viewed as a drawback.

“I buy a cereal and... I would eat it all in one seating.” – Male, 24, Newfoundland

There were also some concerns from a few who consumed cannabis by smoking it (whether through a joint, pipe, bong, etc.), as they were aware that smoking anything was not great for their lungs.

“I know that long term, this will affect me, my lungs, my health overall. So, I just don't like the fact that I have to physically smoke it. And that's honestly the most effective way I know. There are safer options like edibles, but I, personally just don't like waiting an hour or two for it to kick in.” – Female, 20, Ontario

Additionally, a few participants shared that they simply disliked that they needed to take something to help them manage their health issues.

Dependency on cannabis

As mentioned, a few participants suggested that the feeling of dependency was an aspect of frequent cannabis use that they disliked.

When asked specifically how dependent they are on cannabis, a wide range of responses were obtained. Most participants explained that they were either low dependent or more or less dependent (perhaps at most a 5 or 6 on a scale from zero to ten where zero represented no dependency at all). These participants largely based their dependence self-assessment on the belief that they could stop using cannabis at any point in time. Those who use recreationally did not believe that they would feel any ill-effects from quitting.

Many who gave lower dependency scores also felt that they were not all that dependent on cannabis because they had successfully taken breaks in the past, such as when traveling, when sick, or due to other life events such as a new job, pregnancy, etc. and did not feel any ill-effects, signs of withdrawal or any strong urges to seek out cannabis. Therefore, these participants felt that if they needed to, it could be done again in the future.

“It's a habit forming... A certain type of dependency, whether it's just like a feeling of comfort or refuge. Or the routine of using it. If I ever needed to not use it for a couple of weeks to see family to, to travel, or whatever, or even longer than that. That wouldn't impact me. But if I had it next to me. If I had it in my bathroom drawer then I know I'm going to smoke it... I do think that for myself personally, that there is a definite amount of dependency.” – Male, 33, British Columbia

“I stopped during both my pregnancies and breastfeeding, and when I started again, I didn't find any difference between stopping and not stopping for that length of time, year and a half... It didn't affect me.” – Female, 56, Nova Scotia

Similarly, some participants had taken breaks from using cannabis in the past, however for intentional, almost strategic reasons. These breaks were referred to as “tolerance breaks” which served a variety of purposes, the most common one being to readjust their tolerance to avoid

having to either consume more cannabis to achieve the same effects or to avoid higher THC levels to achieve the same effects. Other use of tolerance breaks included wanting to self-assess their level of dependency or addiction, or to rid themselves for a pre-determined amount of time of what they described as “brain fog”.

Those who believe they are more dependent (at least a score of 7 on the same scale) explained that although they are quite confident that they would be able to slow down or stop, they believe this would be more challenging for them. These participants often explained how their use of cannabis helps them “function”, such as through better pain, anxiety, and/or sleep management and that without cannabis, it would be difficult and sometimes quite unpleasant for them to adjust.

These participants viewed their relationship with cannabis as more of a physical dependency as they use it for therapeutic benefits, in which case they often saw it as a better alternative to other substances such as prescription or over-the-counter drugs. These participants figured that if it was not for the necessary therapeutic benefits (for example, pain relief), they would not have the same level of dependency.

“I use it for a medical purpose.. The dependency is more so for a medical thing. It's for my pain....if I was to stop doing that. I'm just doing like a ton of Advil and other pain killers that are also probably not great for my body, even if you know cannabis is not fantastic either for you. So.. pick your poison kind of situation. I'd rather go with something that's a little bit more natural. And than a synthesized product.” – Male, 24, Manitoba

For the most part, participants did not seem to think there was any risk or concern associated with cannabis use in general or with daily or almost daily use. Participants felt that insofar as they were “in control” (for example, they knew they could stop or slow down at any time) and that their use did not interfere with their responsibilities (such as their job, their family, etc.) then there was no cause for concern.

Some participants also felt that frequent use should not imply dependence when it comes to cannabis use. These participants explained that their daily or almost daily use of cannabis is often if not always limited in quantity and focused in time (typically evenings) and that this amount and frequency of use is not cause for concern.

The idea of being dependent on cannabis was also not viewed as a cause for concern. A few respondents believed that their use of cannabis improved certain aspects of their life such as their relationships, their mental health and work outcomes, and thus, they felt their cannabis use had more benefits than negatives.

“If you're an adult and you're in a career where you can regulate how much you take, and that it's not affecting your relationships and your work, then there's really no downside to it... I'm not a better person when I'm off of [cannabis]. I am a harder person to be around. I'm a worse father. I'm a worse husband. I'm a worse boss. I wouldn't call that dependency. That's my gift to the world.” – Male, 40, Alberta

As well, there was a common viewpoint that a dependency on cannabis was much better than the alternative of being dependent on other substances.

“There's like a lot worse things you can like be dependent on when it comes down to it.” – Male, 20, Nova Scotia

“For me, taking this is a more natural way to fall asleep, and it's not gonna do harm to my internal organs as much as like a prescription.” – Female, 52, Manitoba

Views on cannabis impaired driving

There is widespread agreement that cannabis impaired driving in their community and among their friends and family circles is common. There is also widespread agreement that it is more common than alcohol impaired driving. While driving impaired was not condoned, participants typically believed that cannabis does not have the same impact on the body as alcohol. As well, there was some reluctance to believe that cannabis use equates to cannabis impairment.

Furthermore, many felt that tolerance levels and experience with cannabis can determine how use of cannabis can influence someone's ability to operate a vehicle – in other words, different cannabis products and strength will have different impacts on different people. Additionally, several brought up that the risks of driving after consuming cannabis greatly depended on factors such as the amount of time that elapsed between consuming cannabis and driving, whether the individual is a regular cannabis user (as this would have an impact on their tolerance), and the impact cannabis has on the specific individual (many felt that cannabis can impact people differently).

Exposure to cannabis public education and desired content and delivery

Participants were asked if they recalled seeing or hearing any public education about the risks of using cannabis or the risks of using cannabis daily or almost daily. Very few participants recalled seeing any public education on this topic within the past year.

Among the few who do remember seeing something, the messaging related to cannabis impaired driving or the impact of cannabis on developing brains. Very few felt these messages applied to

them or had any impact on their behaviours. Nobody seemed to recall anything specifically referring to the risks associated with using cannabis daily or almost daily.

When probed specifically on Canada's Lower Risk Cannabis Use Guidelines, no participants were aware that this resource existed.

Participants were also asked whether they had looked up any information on the risks of using cannabis daily or almost daily. Only a few participants had done any research on this topic. For those who had, this research often involved seeking out or reading peer-reviewed research papers and were almost exclusively general online searches with very few remembering specific websites consulted.

There is moderate interest in wanting to know more about the potential risks of using cannabis daily or almost daily. The most popular topics were related to whether it has any impact on mental functioning and whether there are any long-term impacts either from a physical or mental functioning perspective.

[“What are the long-term risks? With a more or less daily use, what would be the risks in the next years, in 15 years, 20 years or short-term?” – Male, 22, Quebec *“Ça serait peut-être c'est quoi les risques à long terme? Justement avec une utilisation qui est plus ou moins quotidienne, ce serait quoi les risques dans les prochaines années, dans 15 ans, 20 ans ou court terme.”*

Participants explained that they may also be interested in topics such as whether frequent cannabis use could increase chances of dementia, long-term health effects including negatives effects on reproductive health, risk factors of different consumption methods of cannabis, risk comparisons between smoking cannabis and vaping, risks of using cannabis while pregnant, and differences between legal and illegal cannabis sources.

Given the range of cannabis product formats, some also questioned whether certain formats are safer or healthier than others.

Participants were most interested in wanting to access or receive this type of information online. Many felt that they should be made aware via social media, often referring to advertising via Facebook, X/Twitter, Reddit, Instagram, YouTube and TikTok. There was also interest in seeing something in dispensaries such as posters, brochures or through QR codes on the packaging.

Key takeaways

This research study gave insights into the experiences and perceptions of those who use cannabis daily, including typical usage patterns, impacts of legalization and risk perceptions.

The findings from this research study will be used to help inform and enhance the *Cannabis Act's* public health approach of protecting the health and public safety of Canadians. It will also help

diverse stakeholders determine the target and scope of future educational campaigns aiming to communicate health risk messaging to help lower risk.

Key takeaways from this research are as follows:

- Those who use cannabis daily or almost daily use for a variety of reasons including for medical and recreational purposes. Often, individuals use for a combination of both recreational and medical benefits.
- Cannabis is most commonly used in the evenings or at the end of the day. However, a smaller proportion use throughout the day, particularly those who use “as needed” to manage pain or other health issues.
- Although most participants used cannabis frequently prior to legalization, there was a strong perception that legalization has led to easier access to cannabis as well as a greater sense of safety and reduced stigma.
- Quality, price and product selection were considered key areas in which authorized sources could improve upon.
- Overall, risk perception of frequent cannabis use was low.
- Those who use cannabis daily or almost daily typically did not have any concerns with their frequency of use, citing that the benefits they receive far outweigh any potential concerns.
- Frequent use was also not perceived to necessarily equate to a “dependency” or “addiction”, at least not in a negative sense. Most felt that their use of cannabis was under control and did not impact other aspects of their life and that they could stop if needed. Furthermore, many felt that they were content with their level of dependency given that they perceived cannabis as a much safer and healthier option compared to the alternative of using pharmaceuticals and/or alcohol.
- Perceived knowledge of risks of daily or almost daily cannabis use was moderate.
- While few had done research on risks in the past, there was moderate interest in learning more about risks, particularly long-term effects and impacts on mental health and physical or mental functioning.

Methodology

All research work was conducted in accordance with the professional standards established by the Government of Canada Public Opinion Research Standards.

Quorus was responsible for coordinating all aspects of the research project including working with Health Canada in designing and translating the recruitment screener and the moderation guide, coordinating all aspects of data collection logistics, including participant recruitment, providing the online focus group platform and moderating all focus groups, and delivering required reports at the end of data collection. The research approach is outlined in greater detail below.

Target audience and sample frame

The target audience for this research study consisted of individuals who consume cannabis either daily, or almost daily living in the following regions:

- Atlantic Canada (English)
- Prairies (SK/MB/AB) (English)
- Ontario (English)
- British Columbia/North (NWT/YK/NT) (English)
- Quebec (French)

The minimum age in each province and territory aligned with the minimum legal age for cannabis use in those regions. Four groups were held in each region, with one group for each of the following segments:

- Men aged 18/19/21-24*
- Men aged 25+
- Women aged 18/19/21-24
- Women aged 25+

*Partway through recruitment, the age threshold for the younger participants in Quebec was changed to “21 to 26” to accommodate a wider age range and improve feasibility of recruitment. For the two youth groups in Quebec, a limit of two participants 25 or 26 years of age was introduced to ensure that most participants in those sessions were 21 to 24 years of age.

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualified for the research program and to ensure, where applicable, a good representation by age, region, gender, ethnicity. The focus groups also strived to include participants from a variety of cultural and socioeconomic backgrounds with an emphasis on

representation among BIPOC participants. As well, the research included individuals who are part of the 2SLGBTQ+ community and individuals who identify as non-binary.

Focus group participants included a mix of those who use cannabis recreationally, medically, or both.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents include the following:

- No participant (nor anyone in their immediate family or household) was recruited who worked in related government departments/agencies, nor in advertising, marketing research, public relations, or the media (radio, television, newspaper, film/video production, etc.).
- Additionally, no participant (nor anyone in their immediate family or household) was recruited who worked as a cultivator, processor, or seller of cannabis, or law enforcement.
- No participant acquainted with another participant was knowingly recruited for the same study, unless they were recruited into separately scheduled sessions.
- No participant was recruited who had attended a qualitative research session within the past six months.
- No participant was recruited who had attended five or more qualitative research sessions in the past five years.
- No participant was recruited who had attended a qualitative research session on the same general topic as defined by the Researcher/Moderator in the past two years.

Description of data collection procedures

Data collection consisted of online focus groups with individuals in Canada. Each focus group lasted approximately 90 minutes.

For each focus group, Quorus recruited 8 participants with the goal of achieving 6-8 participants per session. All individuals who participated in a focus group received an honorarium of \$125.

Participants invited to participate in the focus groups were recruited by telephone through random digit dialing of the general public as well as through the use of a proprietary opt-in database.

The recruitment of participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant’s official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus’ privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.
- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensure that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the sponsoring department or agency and research supplier, informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was being conducted for the Government of Canada and Health Canada. Participants were informed of the audio/video recording of their session and of the presence of Health Canada observers. Quorus ensured that prior consent was obtained at the recruitment stage and before participants began their focus group.

All sessions were conducted in the evening after regular business hours. The research team used the Zoom platform to host and record focus group sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as their laptop, tablet or smartphone) enabling client remote viewing.

A total of 20 online focus groups were conducted across Canada between December 4 and December 19, 2023.

Date	Time (EST)	Region	Segment	Language	Number of participants
December 4, 2023	4:00 PM	Atlantic Canada	Male 19-24	English	8
	7:00 PM	Prairies	Male 18/19-24	English	8
December 5, 2023	4:00 PM	Atlantic Canada	Female 19-24	English	8
	7:00 PM	Prairies	Female 18/19-24	English	8
December 6, 2023	4:00 PM	Atlantic Canada	Male 25+	English	7
	7:00 PM	Prairies	Male 25+	English	7
	4:00 PM	Atlantic Canada	Female 25+	English	8

Date	Time (EST)	Region	Segment	Language	Number of participants
December 7, 2023	7:00 PM	Prairies	Female 25+	English	8
December 11, 2023	5:00 PM	Ontario	Male 19-24	English	6
	8:00 PM	BC/North	Male 19-24	English	6
December 12, 2023	5:00 PM	Ontario	Female 19-24	English	8
	8:00 PM	BC/North	Female 19-24	English	8
December 13, 2023	5:00 PM	Ontario	Male 25+	English	7
	8:00 PM	BC/North	Male 25+	English	8
December 14, 2023	5:00 PM	Ontario	Female 25+	English	7
	8:00 PM	BC/North	Female 25+	English	5
December 18, 2023	5:00 PM	Quebec	Male 21-24	French	7
	7:00 PM	Quebec	Female 21-24	French	5
December 19, 2023	5:00 PM	Quebec	Male 25+	French	4
	7:00 PM	Quebec	Female 25+	French	7
TOTAL: 140					

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

Appendices

Appendix A: Recruitment Screener

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$125
- 20 online focus groups will be conducted with Canadians in the following locations:
 - Atlantic Canada (English)
 - Quebec (French)
 - Ontario (English)
 - Prairies (English)
 - BC/North (English)
- Groups will consist of Canadian adults who are frequent Canadian cannabis users (i.e., daily or almost daily use) who have reached the legal age of cannabis consumption in their province/territory of residence. Groups will be segmented based on age and gender.
- Participants will have to confirm that they have reached the legal age of cannabis consumption in their province of residence. The legal age of consumption is:
 - 18 years of age in Alberta
 - 21 years of age in Quebec
 - 19 years of age in the rest of Canada
- In each group, efforts will be made to recruit participants from a variety of cultural and socioeconomic backgrounds with an emphasis on representation among BIPOC participants. Furthermore, across all groups, efforts will be made to include individuals who are part of the 2SLGBTQ+ community and individuals who identify as non-binary.
- Efforts will be made to recruit a mix of participants based on reason for using cannabis (medical or non-medical).

All times are stated in local area time unless specified otherwise.

Group 1 Atlantic Canada December 4 5:00 pm AST Male 19-24	Group 2 Prairies December 4 6:00 pm CST Male 18/19-24	Group 3 Atlantic Canada December 5 5:00 pm AST Female 19-24	Group 4 Prairies December 5 6:00 pm CST Female 18/19-24
Group 5 Atlantic Canada December 6 5:00 pm AST Male 25+	Group 6 Prairies December 6 6:00 pm CST Male 25+	Group 7 Atlantic Canada December 7 5:00 pm AST Female 25+	Group 8 Prairies December 7 6:00 pm CST Female 25+
Group 9 Ontario December 11 5:00 pm EST Male 19-24	Group 10 BC/North December 11 5:00 pm PST Male 19-24	Group 11 Ontario December 12 5:00 pm EST Female 19-24	Group 12 BC/North December 12 5:00 pm PST Female 19-24
Group 13 Ontario December 13 5:00 pm EST Male 25+	Group 14 BC/North December 13 5:00 pm PST Male 25+	Group 15 Ontario December 14 5:00 pm EST Female 25+	Group 16 BC/North December 14 5:00 pm PST Female 25+
Group 17 [FRENCH] Quebec December 18 5:00 pm EST Male 21-24	Group 18 [FRENCH] Quebec December 18 7:00 pm EST Female 21-24	Group 19 [FRENCH] Quebec December 19 5:00 pm EST Male 25+	Group 20 [FRENCH] Quebec December 19 7:00 pm EST Female 25+

Questionnaire

A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a national public opinion research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]

[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR. EFFORTS WILL BE MADE TO INCLUDE THEM IN A GROUP IN THEIR PREFERRED LANGUAGE IN THE NEAREST TIME ZONE TO WHERE THEY LIVE. ONE-ON-ONE INTERVIEWS CAN ALSO BE ACCOMMODATED AS THE NEED ARISES.]

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. The research will focus on understanding opinions and behaviours of people in Canada who consume cannabis products frequently (defined as daily/almost daily). The groups will last up to 90 minutes (one and a half hours) and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using the online web conferencing platform Zoom, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer, a tablet or a smartphone in a quiet room is necessary for participation.

All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy, including the Privacy Act, legislation of the Government of Canada, and relevant provincial privacy legislation.

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "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. 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."]

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

2. In which province/territory do you live?

RECORD _____

ALL PROVINCES AND AT LEAST ONE TERRITORY SHOULD BE REPRESENTED. IN “PRAIRIES” AND “ATLANTIC CANADA”, AIM FOR A MIX ACROSS PROVINCES

3. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...a federal or provincial government department or agency related to healthcare	3
...a licensed cultivator, processor or seller of cannabis?	4
...a legal or law firm?	5
...law enforcement?	6

IF YES TO ANY, THANK AND TERMINATE

4. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1	
No	2	GO TO Q8

5. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	THANK & TERMINATE
Over 6 months ago	2	

6. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: _____

THANK/TERMINATE IF RELATED TO CANNABIS

7. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5 1

Five or more 2 **THANK & TERMINATE**

8. In the past 12 months, how often did you use cannabis? [**IF NEEDED:** This includes using cannabis in its dry form or when mixed or processed into another product, such as an edible, a concentrate, including hashish, a liquid, or other product.]

Every day 1

Four to six days per week 2

Two to three days per week 3 **THANK & TERMINATE**

Once per week or less often 4 **THANK & TERMINATE**

Not at all 5 **THANK & TERMINATE**

9. Is the cannabis that you consume entirely for recreational purposes, also for medicinal purposes or entirely for medicinal purposes?

Entirely recreational 1

Both recreational and medicinal 2

Entirely medicinal 3

RECRUIT A MIX

RECRUITER NOTE:

CANNABIS USE FOR MEDICAL PURPOSES IS DEFINED AS USE TO TREAT A DISEASE/DISORDER OR TO IMPROVE SYMPTOMS ASSOCIATED WITH A DISEASE/DISORDER.

CANNABIS USE FOR NON-MEDICAL PURPOSES IS DEFINED AS USE FOR A RANGE OF NON-MEDICAL REASONS (SUCH AS, SOCIALLY FOR ENJOYMENT, PLEASURE, AMUSEMENT OR FOR SPIRITUAL, LIFESTYLE AND OTHER NON-MEDICAL REASONS).

10. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** _____

RECRUIT A MIX WITHIN EACH SEGMENT, NOTING THE MINIMUM AGE REQUIREMENTS IN EACH REGION AS FOLLOWS:

- **ALBERTA – 18 YEARS OLD**
- **QUEBEC – 21 YEARS OLD**
- **ALL OTHER PROVINCES AND TERRITORIES – 19 YEARS OLD**

11. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

- | | |
|--|---|
| Male | 1 |
| Female | 2 |
| Prefer to self-describe, please specify: _____ | 3 |
| Prefer not to say | 4 |

12. **[IF Q11=3=NON-BINARY OR Q11=4]** For this study, participants are grouped based on their gender and those who do not identify as male or female are offered the choice to participate with males or females or if they are indifferent. What would be your preference?

- | | |
|---|---|
| Male | 1 |
| Female | 2 |
| No preference | 3 |
| [DO NOT READ] Not comfortable with either option | 4 |

13. **[IF Q12=4]** Would you be willing to instead participate in a one-on-one interview?

- Yes
No

14. We want to make sure we speak to a diversity of people. Do you identify as any of the following? *SELECT ONE*

- | | |
|--|---|
| An Indigenous person from Canada (First Nations, Inuit or Métis) | 1 |
| A member of a racialized community (other than an Indigenous person) | 2 |
| None of the above | 3 |

FOR ALL GROUPS, AIM FOR SOME REPRESENTATION FROM RACIALIZED (AIM FOR 20 ACROSS ALL SESSIONS) AND INDIGENOUS INDIVIDUALS (AIM FOR 8 TO 10 ACROSS ALL SESSIONS) ON A BEST EFFORT BASIS.

15. [ASK ONLY IF Q14=2] What is your ethnic background?

RECORD ETHNICITY: _____

16. Do you identify as a member of the 2SLGBTQ+ community?

Yes	1
No	2

ON A BEST EFFORT BASIS, AIM FOR REPRESENTATION FROM 2SLGBTQ+ INDIVIDUALS IN EACH GROUP (AIM FOR 8 TO 10 ACROSS ALL SESSIONS)

17. Which of the following categories best corresponds to your household income, before taxes, of all members of your household, for 2022? **READ**

Under \$40,000	1
\$40,000 to just under \$60,000	2
\$60,000 to just under \$80,000	3
\$80,000 to just under \$100,000	4
\$100,000 to just under \$150,000	5
\$150,000 and over	6
Prefer not to say	7

RECRUIT A MIX

18. Do you currently live in... [READ LIST]

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

ON A BEST EFFORT BASIS, FOR EACH GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND TWO WHO LIVE IN SMALLER TOWNS/RURAL

19. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with other adults Are you... **READ**

OPTIONS

Very comfortable	1	MIN 5 PER GROUP
Fairly comfortable	2	
Not very comfortable	3	THANK & TERMINATE
Very uncomfortable	4	THANK & TERMINATE

20. Do you have access to a stable internet connection, capable of sustaining a 90-minute online video conference?

Yes	1	
No	2	THANK & TERMINATE

21. Participants will be asked to provide their answers through an online web conferencing platform using a computer, a tablet or a smartphone in a quiet room. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	
No	2	SKIP TO INVITATION

22. Is there anything we could do to ensure that you can participate?

Yes	1	
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

23. What specifically? [OPEN END]

INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW

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.”*

[PARTICIPANTS REQUESTING A ONE-ON-ONE ARE TO PROCEED TO SECTION D]

C. INVITATION TO PARTICIPATE – FOCUS GROUPS

24. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other individuals in your region. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last 90 minutes (one and a half hours). People who attend will receive \$125 to thank them for their time.

Would you be interested in taking part in this study?

Yes	1	
No	2	THANK & TERMINATE

25. The discussion group will be video-recorded for research purposes only. These recordings are used to help with analyzing the findings and writing the report. Your comments and responses are collected only for the purpose of this research study. The recordings will be only provided to the research team, and they will be destroyed after one year, as per our industry standards. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	THANK & TERMINATE

26. There may be employees from the Government of Canada who will be listening in on the discussion. Your first name, and the first letter of your last name, will be shown during the focus group, as well as your webcam video, but no other personal information will be shared with other participants, or with government employees listening in. Knowing this, are you comfortable with having observers?

Yes	1	
No	2	THANK & TERMINATE

27. Thank you. Just to make sure, the group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last 90 minutes (one and a half hours). Following your participation, you will receive \$125 to thank you for your time. Are you interested and available to attend?

Yes	1	
No	2	THANK & TERMINATE

To conduct the session, we will be using a screen-sharing application called **Zoom**. **We will need to send you by email the instructions to connect.** The use of a computer, tablet or a smartphone in a quiet room is necessary.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, **you cannot send someone to participate on your behalf** - please call us so that we can get someone to replace you. You can reach us at [INSERT NUMBER] at our office. Please ask for [INSERT NAME].

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

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.

D. INVITATION TO PARTICIPATE – ONE-ON-ONE INTERVIEWS

28. I would like to invite you to participate in a one-on-one interview with a senior research consultant from a Canadian public opinion research company, Quorus Consulting. The session will be recorded but your participation will be confidential.

We would like to schedule the interview with you between DATE START and DATE END at a time that works best for you. Would you have time on [INSERT DATE AND TIME OPTIONS]? It will last roughly 45 minutes, depending on how much feedback you provide. People who participate will receive \$125 to thank them for their time – we will get this to you either by email transfer or by mailing you a check at the conclusion of the interview.

Would you be interested in taking part in this study?

Yes	1	
No	2	THANK & TERMINATE

SCHEDULE INTERVIEW THAT FITS RESPONDENT AND INTERVIEWER SCHEDULES

29. The interview will be video-recorded for research purposes only. These recordings are used to help with analyzing the findings and writing the report. Your comments and responses are collected only for the purpose of this research study. The recordings will be only provided to the research team, and they will be destroyed after one year, as per our industry standards. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	THANK & TERMINATE

30. There may be employees from the Government of Canada who will be listening in on the discussion. Your first name, and the first letter of your last name, will be shown during the interview, as well as your webcam video, but no other personal information will be shared with other participants, or with government employees listening in. Knowing this, are you comfortable with having observers?

Yes	1	
No	2	THANK & TERMINATE

31. Thank you. Just to make sure, the interview will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last 45 minutes. Following your participation, you will receive \$125 to thank you for your time. Are you interested and available to attend?

Yes	1	
No	2	THANK & TERMINATE

You will be asked to use a webcam to participate so please be sure that the device you use has a properly functioning microphone and webcam.

Over the coming days we will be sending you an email with the interview logistics with a web link to connect to the online session as well as the date and time of the call. There will also be contact information in the email in case you need to change the date or time of the interview.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to participate, please call so that we may get someone to replace you – you cannot choose your own replacement if you cannot attend. You can reach us at **1-800-XXX-XXXX** at our office. Please ask for **[recruiter to provide]**. Someone will call you the day before to remind you about the discussion.

So that we can send you the email with the call logistics, call you to remind you about the interview or contact you should there be any changes, can you please confirm your name and contact information for me?

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

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 their session. If they still refuse

Appendix B: Moderation Guide

Introduction to procedures (15 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will focus on understanding opinions and behaviours of people in Canada who consume cannabis products daily or almost daily.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We may also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the topics I’ll be presenting to you tonight/today.
 - Your honest opinion is valued. There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other consumers.
 - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
 - We might use the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and

I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.

- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name.
 - The final report for this session, and others, can be accessed through the Library of Parliament and Library and Archives Canada's website.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. These recordings are stored for up to 6 months and then destroyed.
 - Some of my colleagues from the Government of Canada who are involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself such as where you live, who lives with you, what you do for a living, etc.

Section 1: Understanding cannabis use patterns (30 minutes)

As you know, the main topic for today is cannabis. Just so we are clear, when I refer to cannabis, I am referring to all it's shapes and forms, irrespective of where or how you get it and irrespective of what name you might use instead of cannabis.

As well, everyone in this group uses cannabis so I'll be eager to hear from all of you on the many questions I'll have today even though we may not have time to hear from everyone on every single question.

1. Let's start with a really broad discussion – why do you use cannabis?

- What do you enjoy about using cannabis? In what ways does using cannabis benefit your life?
 - Is there anything you dislike about using cannabis?
 - Do you think there are significant health risks to using cannabis daily/almost daily?
 - **IF MENTAL HEALTH IS MENTIONED:** Have you experienced any negative effects to your mental health as a result of using cannabis daily/almost daily?
- **AS NEEDED:** Would you say your use of cannabis is medicinal, recreational, or a combination of both medicinal and recreational?
 - For those who have told me you use for medicinal reasons, was your use authorized by a health care practitioner (such as a prescription from doctor)?
 - **IF MENTAL HEALTH IS MENTIONED:** In what ways does cannabis impact your mental health?

2. When did you start using cannabis?

- **AS NEEDED:** Did anyone start using after legalization?
- Do you recall what motivated you to start using cannabis?

When did you begin using cannabis products every day or nearly every day? Do you remember what was behind that shift?

3. How (if at all) has your use of cannabis changed over the years?

AS NEEDED: How about...

- ...your reason(s) for using cannabis daily/almost daily?
- ...the frequency at which you use cannabis?
- ...how you consume cannabis?
- ...where or with whom you use cannabis?

4. Take me through a typical day when you use cannabis - how does it fit into your typical routine?

PROBE THE FOLLOWING AS NEEDED:

- At what time of day do you typically use cannabis?
- How often do you use it?
- Do you typically use cannabis alone, or with others?
- In what format(s) do you typically use cannabis? Why?
 - Do you pay attention to the THC/CBD levels of these products? If so, what is your preference? Why?
- How often do you use cannabis with alcohol or other drugs? What are those experiences like? PROBE: benefits, adverse effects

5. How do you imagine your use of cannabis will look in 5-10 years? Do you think anything will change?

6. Did legalization of cannabis **for non-medicinal purposes** impact your use of cannabis at all, and if so, in what ways?

AS NEEDED: How about when it comes to...

- ...your reason(s) for using cannabis?
- ...the frequency at which you use cannabis?
- ...how you consume cannabis?
- ...where or with whom you use cannabis?

7. Did legalization of cannabis **for non-medicinal purposes** change the way you think about cannabis, and if so, in what ways?

AS NEEDED: Has it had any impact on...

- ...your own views of using cannabis for non-medicinal purposes?
- ...how others around you view your use of cannabis?

8. What are your thoughts on Canada legalizing cannabis for non-medicinal purposes? Have there been advantages or disadvantages?

AS NEEDED: Do you feel that legalization has had an impact on...

- ...stigma?
- ...product accessibility/availability?
- ...your methods of consumption?

Section 2: Exploring cannabis product sources (15 minutes)

9. Research shows that individuals who use cannabis in Canada obtain their products from a wide range of sources. Let's talk a little bit about where or how you typically get your cannabis products. Walk me through this.

[IF NEEDED: Do you buy your own, grow your own, does someone get it for you or give it to you, is it retail, or do you get some or all of it somewhere else?]

- Do you use different sources depending on the product you are purchasing? How do you decide where to purchase from on a given day?
- When it comes to where you obtain your cannabis products, has any of this changed at all over time?
 - **IF NOT ALREADY DISCUSSED IN PREVIOUS SECTION:** Did legalization impact this at all? Have any of you switched from using unauthorized sources to using authorized sources upon legalization? Why?

10. What are the main reasons that explain why you choose to obtain your cannabis products this way/these ways?

11. As you might know, only cannabis products that come from government-regulated, authorized retailers are legal. Cannabis products from all other sources are not regulated and are considered illegal cannabis.

- For those of you who obtain some of your cannabis from authorized sources, how do you determine that the source is authorized/legal?
 - **IF NEEDED:** Do you pay attention to the packaging/labelling in order to determine if the product is authorized?
- For those of you who obtain some of your cannabis products from unauthorized sources, have you encountered any barriers that keep you from obtaining cannabis from authorized sources?
 - Do you feel that improvements could be made to authorized cannabis sources which would make you more likely to purchase from authorized sources? If so, help me understand those improvements.
- What would help to get you to source your cannabis entirely from the legal market?

Section 3: Drawbacks and concerns regarding cannabis (15 minutes)

12. Do you have any concerns about your current use of cannabis?

- **AS NEEDED:** Do you have any concerns related to...
 - ... your short-term or long-term physical health?
 - ...your mental health?
 - ...your mental functioning (e.g., attention span, thinking, motivation, memory)?
 - ...social concerns (e.g., work, school, friendships, relationships, stigma)?
 - ...the impact on your personal finances?
- **AS NEEDED:** Have you taken any actions to combat these concerns?
- **Are you aware of strategies to lower your risk of harms from cannabis? Have you heard of Canada's Lower Risk Cannabis Use Guidelines?**

13. Now, we will use the chat function to explore the next question. I am interested in hearing if you have ever felt that you were dependent on cannabis. Using the chat, enter a number between 0-10 in the chat, where 0 represents no dependency and 10 represents extreme dependency.

[MODERATOR TO ASK SOME PARTICIPANTS TO EXPLAIN THEIR SCORES GETTING A GOOD MIX OF SCORES ACROSS THE SCALE].

- How do you know you are an [insert rating] on this scale? ...what are some of the signs? ...how can you tell?
- Would you say this is more of a physical dependency, mental, or both?
- For those of you who provided a score of 7 or higher, does this level of dependency worry you at all?
- What is your risk perception around cannabis dependency? How serious/not serious of an issue do you think it is?
- Have you ever considered or made attempts to quit or reduce your use of cannabis in the past? Explain your experience.

14. What are your thoughts about driving after cannabis use?

- Do you know of many people who drive after using cannabis?

Section 4: Awareness/Exposure on cannabis public education (15 minutes)

15. In the past year or so, have you seen any public education about the risks of using cannabis? More specifically, has anyone seen public education around daily or almost daily cannabis use?

- What message(s) do you recall? ...where did you see/hear it? ...who was the message coming from?
- How did the message(s) make you feel?
- Did you take any action as a result of seeing these message(s)?
- Do you think these types of messages apply to you in any way?

16. How would you describe your level of knowledge when it comes to the health risks associated with cannabis? Use the chat again to enter a number between 0-10, where 0 represents no knowledge at all and 10 means you feel you are extremely knowledgeable.

[MODERATOR TO ASK SOME PARTICIPANTS TO EXPLAIN THEIR SCORES GETTING A GOOD MIX OF SCORES ACROSS THE SCALE].

17. Have you sought out information about the potential risks of using cannabis daily or almost daily?

- If so, where did you look for this information?
- Did you take any action as a result of this research?
- What about cannabis would you like to know?
 - Where or how would you want to access or receive this information (i.e., websites, brochures, social media, healthcare professionals)?
- What sources of information would you trust the most when it comes to obtaining this type of information?
 - What can be done to improve the credibility of these types of messages?

Wrap-up (2 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION