DATA ON CANNABIS ADVERSE REACTIONS: 2024 ANNUAL REPORT

Adverse reactions associated with cannabis reported to Health Canada between January 1, 2024 to December 31, 2024

Government of Canada Gouvernement du Canada

Canada

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KEY HIGHLIGHTS

In 2024, Health Canada received 170 domestic adverse reaction reports[1] (including duplicates, such as multiple reporters of the same adverse reaction) associated with cannabis as a suspected substance. Out of the 170 reports, 67 were unique cases[2] associated with legal cannabis products.

Of the 67 unique cases involving legal cannabis products:

- 36% involved males and 30% involved females
- 57% involved cannabis used for medical purposes (self-reported)
- 52% involved cannabis extracts
- 34% of cases involved adults aged 45 to 64 years and 36% were missing age-related information
- 64% of cases were reported as serious, with other (medically important condition) as the most frequently reported reason for seriousness

265 adverse events reported across the 67 unique cases were assessed for causality; 168 were assessed as certainly, probably or possibly related to the suspect cannabis product(s). The most frequently reported adverse events across all cases involving legal cannabis products where a causal relationship was determined included:

- oropharyngeal pain (n=8)
- cough (n=7)
- headache (n=6)
- dyspnoea (n=6)

In 2024, there were no domestic reports of suspected vaping-associated lung injury (VALI) involving cannabis.

Most findings have remained consistent from 2023 to 2024, however, some changes were observed, namely:

- an increase in the total number of cases (serious and non-serious)
- the types of adverse events reported
- the type of individuals involved in adverse reaction cases (for example, the distribution of sex and age)

Health Canada continues to monitor, assess and report on adverse reactions associated with cannabis, and findings continue to be used to prepare evidence-based educational materials on health and safety risks with cannabis, including risk communications and educational resources.

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[1] The term “report” indicates the inclusion of report duplicates where the case details are the same, but the reporters differ (for example, submission of the same case in separate reports by both a licence holder and a consumer). Within this data report, this terminology is used where the indicator being discussed is dependent on information provided in each individual report (for example, type of reporter, date of submission, etc.).

[2] The term “case” indicates that duplicate reports have been removed. Within this data report, this terminology is used where the indicator being discussed is not dependent on information provided in each individual report (for example, seriousness, reason for seriousness, demographic information, reported events, etc.). Most sections and figures will refer to cases instead of reports.

INTRODUCTION

This report describes the findings of the domestic case reports of adverse reactions associated with cannabis submitted to Health Canada's Canada Vigilance database and analyzed by the Office of Cannabis Science and Surveillance of the Controlled Substances and Cannabis Branch in Health Canada. This work forms part of the Vigilance Framework for Cannabis that has been in place since the coming into force of the *Cannabis Act* and *Cannabis Regulations* (October 17, 2018).

This annual data report presents a summary of all domestic case reports of adverse reactions submitted to Health Canada between January 1, 2024, and December 31, 2024, suspected of being associated with a cannabis product as defined under the *Cannabis Act* or its Regulations, intended for human consumption.

For the purposes of this report:

- A **legal cannabis product** means cannabis of 1 of the classes set out in Schedule 4 to the Act, or a cannabis accessory that contains such cannabis, after it has been packaged and labelled for sale to a consumer at the retail level. It does not include:
  - cannabis that is intended for an animal
  - health products containing cannabis or for use with cannabis
  - a cannabis accessory that contains cannabis that is intended for an animal
- An **adverse reaction** is a noxious and unintended response to cannabis or a cannabis accessory that contains cannabis
- A **serious adverse reaction** is an adverse reaction that requires inpatient hospitalization or a prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. Health Canada also considers a medically important adverse reaction to be serious. Medically important adverse reactions may not be immediately life-threatening or result in death or hospitalization but may endanger the patient or require intervention to prevent one of the other serious outcomes listed above.

Licence holders who sell or distribute a cannabis product must provide Health Canada with a detailed report must within 15 days of becoming aware of a serious adverse reaction to the cannabis product. This report must contain all information in their possession associated with the use of the cannabis product by the individual who experienced the reaction.

The following groups may also submit adverse reaction reports on a voluntary basis to Health Canada:

- patients
- consumers
- health care practitioners
- medical cannabis clinics
- other reporters such as provincial and territorial authorized retailers

Reports may also be received from market authorization holders of licensed health products that submit adverse reaction reports for other suspect health products (such as prescription or non-prescription drugs, or natural health products) in which cannabis is also identified as a co-suspect product.

Adverse reaction reports with cannabis may involve cannabis that is:

- from an illegal source
- a legal cannabis product

- cultivated[3] or produced[4] in the home for personal use
- undefined (cannabis as a substance not otherwise specified)

For the purposes of this report, case reports involving a legal cannabis product (that is, identifiable by legal product brand name or legal licence holder) are classified according to the intended use of the cannabis products as follows:

- **Cannabis use for non-medical purposes:** If there is no reported medical or therapeutic indication or reason for use provided in the adverse reaction report, if the report contains minimal details, or the intended use of cannabis is for non-medical purposes, the case is classified as "non-medical use of cannabis".
- **Cannabis use for medical purposes:** This includes cases described as involving the cannabis being used pursuant to a medical authorization document provided by a health care practitioner, or cases that report the use of the cannabis for a medical or therapeutic purpose, without mention of a medical authorization document. This definition aligns with the definition of medical use of cannabis within the Canadian Cannabis Survey. This is broader in scope than the definition of cannabis use for medical purposes under the *Cannabis Regulations* which only includes cannabis obtained with a medical authorization document from a health care practitioner.

Adverse reaction reports are collected and housed in the Canada Vigilance database. Most adverse reaction case reports submitted to Health Canada with cannabis are reported spontaneously by consumers, patients, health care practitioners or by licence holders (referred to as market authorization holders [MAH] in the Canada Vigilance database). However, reports may also originate from research studies, including:

- published case studies
- observational studies (non-interventional, real-world)
- interventional human studies involving cannabis that fall outside of the definition of a clinical trial (for example, non-therapeutic research on cannabis studies)
- other organized data collection systems (for example, patient registries)

While reports originating from clinical trials may be included in the broader Canada Vigilance dataset, these reports are excluded from this data report as they fall under the purview of the Clinical Trials Framework under the *Food and Drugs Act* and its Regulations.

Health Canada conducts near-time monitoring, detection, and assessment of cases of adverse reactions involving cannabis products as part of the Vigilance Framework for Cannabis. Health Canada also monitors cases involving cannabis as a substance for broader issues of public health importance such as:

- vaping-associated lung illness
- cases involving pediatric populations

[3] Under the *Cannabis Act* and Regulations adults are allowed to legally grow up to a maximum of 4 cannabis plants for personal use. This is in addition to any plants that may be authorized for personal and designated production for medical purposes, which can vary across the provinces and territories. However, rules surrounding home growing for non-medical purposes may vary based on the rules and regulations of individual provinces or territories.

[4] Under the *Cannabis Act* and Regulations adults are allowed to make products at home for personal consumption using cannabis that they have grown legally or using cannabis that they obtained from other legal sources.

- other potential emerging safety issues

The purpose of this report is to provide a summary of adverse reaction reports involving cannabis, as well as a descriptive analysis of adverse reaction data associated with legal cannabis products, submitted to Health Canada between January 1, 2024, and December 31, 2024.

In addition to the descriptive analysis of cases from 2024, comparisons to the previous reporting period (January 1, 2023, to December 31, 2023) have been made, where appropriate. These comparisons are largely descriptive, and differences have not been tested for statistical significance in most cases due to the limited nature of the data. Therefore, caution should be taken when interpreting changes in results between the reporting periods.

Data for other reporting periods, including trends across periods, are also publicly available:

- Cannabis-related side effects: Key findings
- Data on cannabis adverse reactions

This report does not cover adverse reaction data associated with health products, including drugs containing cannabis, which are regulated under the *Food and Drugs Act* and its Regulations.

Considerations

Certain caveats should be considered when interpreting the adverse reaction data in this report.

The inclusion of a particular report in the database does not necessarily mean that there is a causal relationship between the reported cannabis products and adverse events. Additional scientific investigations are required to establish a cause-and-effect relationship.

Adverse reactions are generally spontaneously submitted to Health Canada and cannot be used to determine the incidence or prevalence of adverse reactions to cannabis in the general population.

Serious adverse reactions have a greater representation in this dataset as licence holders have a regulatory obligation to report these to Health Canada under paragraph 248.1(1)(a) of the *Cannabis Regulations*. The submission of non-serious adverse reactions by licence holders to Health Canada as individual case reports is voluntary[5], therefore, the non-serious cases are likely underreported and likely underrepresented in this dataset.

Reporting of adverse reactions for cannabis products is voluntary for:

- hospitals
- consumers
- medical cannabis clinics
- health care practitioners
- provincial and territorial retailers

Therefore, both serious and non-serious cases from these sources are likely underreported.

[5] As per paragraph 248.1(1)(b) of the *Cannabis Regulations,* all adverse reactions, including non-serious adverse reactions, must be maintained in an annual summary report by the licence holder, which can be requested by Health Canada.

Individuals experiencing serious outcomes or using cannabis products for medical purposes may be more motivated to report or seek out medical attention.

Several factors may influence the number and quality of case reports submitted to Health Canada such as:

- media coverage
- reason for cannabis use
- consumer or patient medical history
- length of time a product is on the market
- awareness, motivation and ability to report
- nature of reports (spontaneous reports versus studies or other organized data-collection systems)

This report includes information on cannabis for medical and non-medical purposes; however, the number of cases elsewhere may not directly align with what is presented in this current data report due to different dates of extraction from the Canada Vigilance database (for example, in the Health product safety summary - 2024 AR data).

ADVERSE REACTIONS WITH CANNABIS

Adverse reactions associated with cannabis as a substance

Figure 1: Reports associated with cannabis as a substance

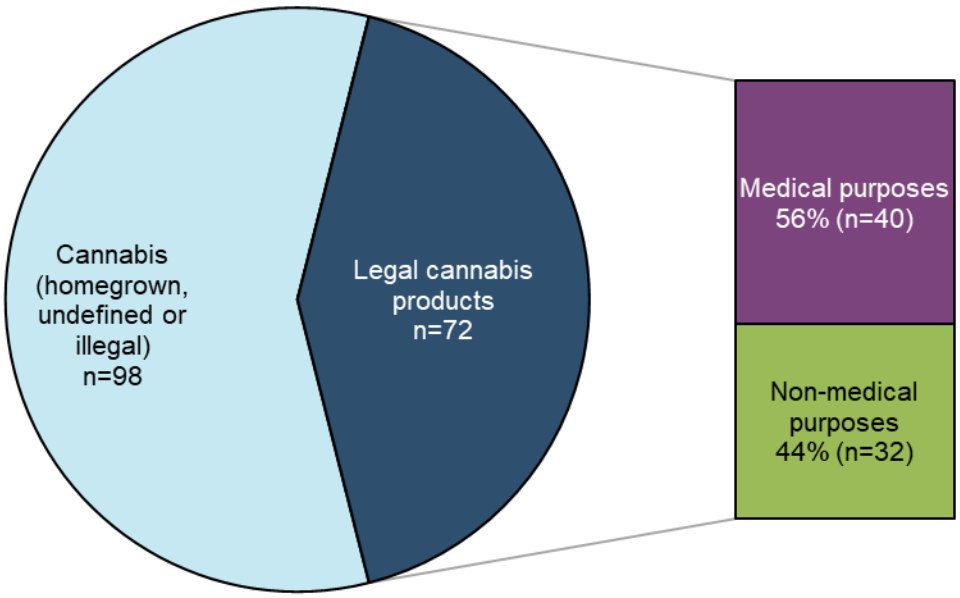

Figure 1 – Text description

	Number of reports	Proportion (%)
Cannabis (homegrown, undefined or illegal)	98	58
Legal cannabis products – medical purposes	40	23

Legal cannabis products – non-medical purposes	32	19
Total	**170**	**100**

Caveats:

- This figure represents all reports involving cannabis as a suspected substance that were submitted to Canada Vigilance database in 2024, including duplicate reports where the case details are the same, but reporters differ (n=18)
- Reports are classified for internal reporting purposes within Canada Vigilance depending on whether they report using legal cannabis products used for either for medical or non-medical purposes (1 classification per case). Cases that do not involve cannabis products from legal sources are not assigned a classification and remain classified as cannabis as a substance only (undefined or illegal cannabis)
- Under the *Cannabis Act* and Regulations adults are allowed to legally grow up to a maximum of 4 cannabis plants for personal use. However, this cannabis cannot legally be packaged and labeled for sale at the retail level. Therefore, adverse reaction reports involving homegrown cannabis are kept separate from reports involving legal cannabis products

A total of 170 reports (includes duplicates[6]) associated with cannabis as a suspect substance were submitted to Health Canada between January 1, 2024, and December 31, 2024.

- 58% (98/170 reports) involved cannabis from an unknown or illegal source, where the report cites 'cannabis' or 'marijuana' without specific details
- 32% (55/170 reports) involved additional co-suspect substances or health products (for example, polysubstance or polypharmacy reports) in addition to cannabis, a decrease from 41% in 2023
- 42% (72/170 reports) involved legal cannabis products, of which most were self-reported as being used for medical purposes (56%, 40/72 reports)
- No reports involving homegrown cannabis were submitted in 2024; however, 1 report was identified as involving transformed cannabis (that is, cannabis that is transformed from one format, like an extract, into another format, like an edible)

Reports of vaping-associated lung illness (VALI)

Health Canada continues to monitor for reports of suspected VALI.

There were no domestic reports of suspected VALI involving cannabis reported to the Canada Vigilance database in 2024.

More information on VALI is available at Vaping-associated lung illnesses.

Reports involving the pediatric population (under 18 years)

In 2024, there were 63 reports of adverse reactions to cannabis involving the pediatric population (aged under 18 years), an increase from 44 reports in 2023:

- 59% (37/63 reports) involved cannabis from an unknown source

[6] Duplicate cases may exist if an adverse reaction report about the same adverse reaction event was received from different reporters (for example, from a health professional, consumer, hospital, and/or manufacturer).

- 38% (24/63 reports) involved cannabis from an identifiable or suspected illegal source
- 1.5% (1/63 reports) involved legal cannabis products
- 1.5% (1/63 reports) involved a homemade cannabis edible

In terms of route of administration:

- 94% (59/63 reports) involved cannabis consumed orally, mostly in an edible format (90%, 53/59 reports)
- 3% (2/63 reports) involved inhalation as a route of administration
- Route of administration was unknown in 2 reports

Health Canada also specifically monitors reports of accidental ingestion of cannabis in the pediatric population. 89% (56/63 reports) of pediatric reports involved accidental or unintentional exposure to cannabis, and all these reports involved cannabis from an unknown, illegal or homemade source. These reports often originate from the Canadian Surveillance System for Poison Information and the Canadian Pediatric Surveillance Program's study on non-medical cannabis use in children and youth: Serious and life-threatening events associated with non-medical (recreational) cannabis use in Canadian children and youth.

Health Canada continues to monitor pediatric exposures suspected to be associated with cannabis and will continue to take appropriate risk mitigation strategies as necessary. In March 2024, Health Canada launched a public education campaign on preventing and identifying cannabis poisonings in children: Cannabis in Canada: Get the facts.

Case reports involving cannabis products for self-reported medical and non-medical purposes from the legal marketplace and regulated under the *Cannabis Act* and its Regulations form the basis for the remaining portions of this Annual Report.

Adverse reactions associated with legal cannabis products

Figure 2: Reports by reporting month and seriousness

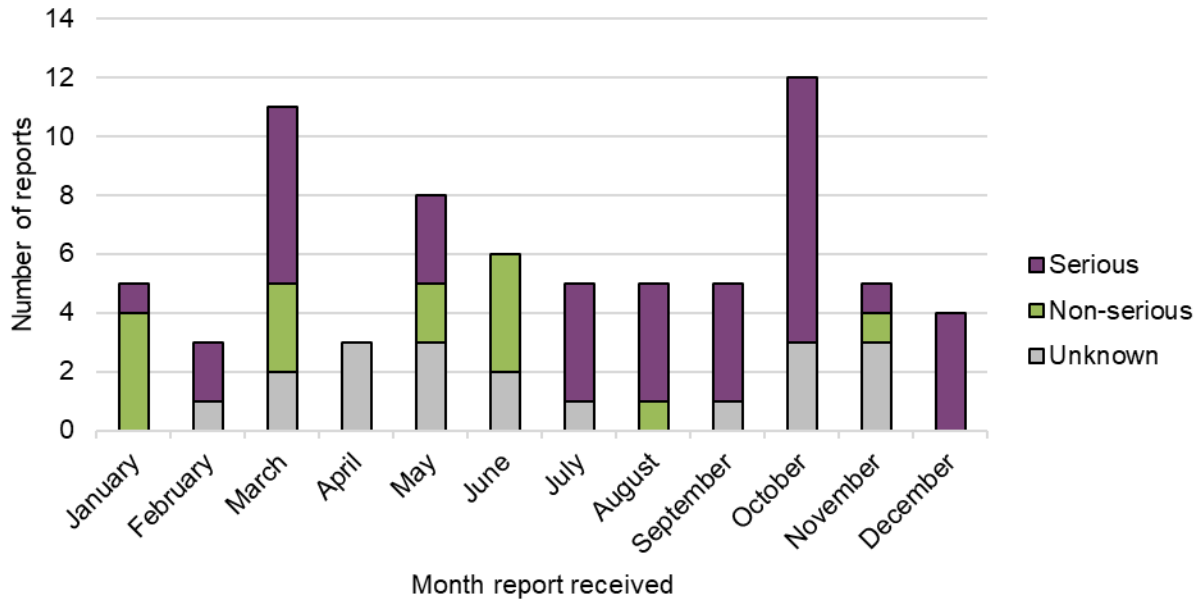

Figure 2 – Text description

Month report received	Number of reports by seriousness			
	Serious	Non-serious	Unknown	Total
January	1	4	0	5
February	2	0	1	3
March	6	3	2	11
April	0	0	3	3
May	3	2	3	8
June	0	4	2	6
July	4	0	1	5
August	4	1	0	5
September	4	0	1	5
October	9	0	3	12
November	1	1	3	5
December	4	0	0	4
Total	**38**	**15**	**19**	**72**

Caveats:

- This figure includes duplicate reports where the case details are the same, but reporters differ (n=5)
- Seriousness is based on the initial report and may be subject to change if additional information is submitted to Health Canada
- This figure includes 19 reports where seriousness was unknown. In 2023, Health Canada added this new category to capture cases submitted using alternate reporting forms that may not provide the option to identify seriousness. These cases were previously excluded from this figure due to

the limited number of cases being reported via alternate reporting forms in previous years. These cases may be captured differently in other databases

- Reports are presented according to the initial date of receipt by the Canada Vigilance database. The actual date of the adverse reaction may not align with the month that the report was received (lag time between event and reporting)

There were no clear temporal trends observed in the total number of adverse reaction case reports involving legal cannabis products submitted to Health Canada in 2024. The average number of reports received by Health Canada per month during the reporting period was 6, ranging from 3 to 12 cases per month.

Some descriptive trends were observed in 2024 compared to 2023. The total number of reports overall (serious and non-serious) and the average number of reports per month increased in 2024 (total reports: from 54 to 72; average reports per month: from 4.5 to 6). In addition, the total number of serious reports submitted to Health Canada increased (from 30 reports in 2023 to 38 reports in 2024), while the total number of non-serious reports decreased (from 24 reports in 2023 to 15 reports in 2024).

Figure 3: Cases by reason for seriousness in serious cases

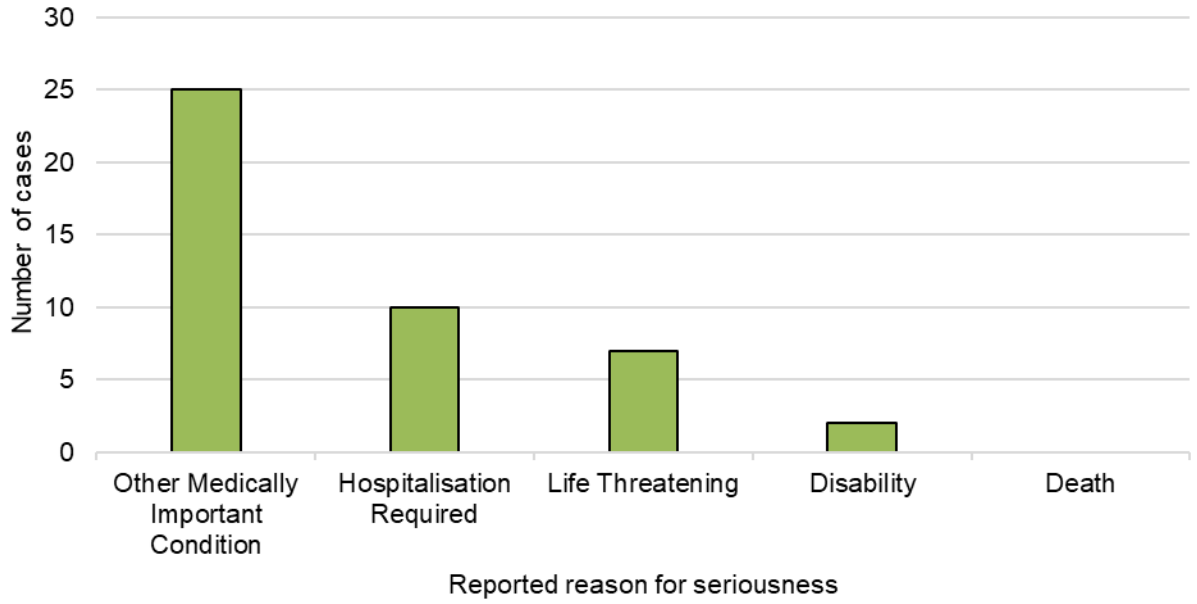

Figure 3 – Text description

Reason for seriousness	Number of cases
Other medically important condition	25
Hospitalisation required	10
Life threatening	7
Disability	2
Death	0
Total	**44**

Caveats:

- This figure includes unique cases where the reporter indicated that the adverse reaction was serious (n=35)
- This figure excludes 18 unique cases where seriousness was unknown. In 2023, Health Canada added this new category to capture cases submitted using alternate reporting forms that may not provide the option to identify seriousness. As a result, these cases may be captured differently in other databases
- Serious cases may have more than 1 reason for seriousness as the reporter may select multiple reasons

In 2024, 6 cases submitted to Health Canada involved multiple reasons for seriousness, for a total of 44 responses for seriousness, spanning four categories, selected by reporters (Figure 3). The most frequently selected category was “other medically important condition” (57%, 25/44 cases), followed by “hospitalization required” (23%, 10/44 cases). The category of “other medically important condition” includes events that are not immediately life threatening or result in death or hospitalization but may jeopardize the patient or may require a medical intervention (for example, ambulatory services, emergency department visits, outpatient visits with an HCP or at-home medical interventions) to prevent a serious outcome. In 2023, the most common reported reason for seriousness was also “other medically important condition” (59%, 17/29 cases).

There were no cases involving fatal outcomes associated with legal cannabis products reported in 2024, consistent with data from 2023. Seven (7) cases were reported as ‘life threatening’ (an increase from 2 cases in 2023) and 2 cases reported ‘disability’ (an increase from 1 case in 2023).

Figure 4: Reports by initial reporter type and report source

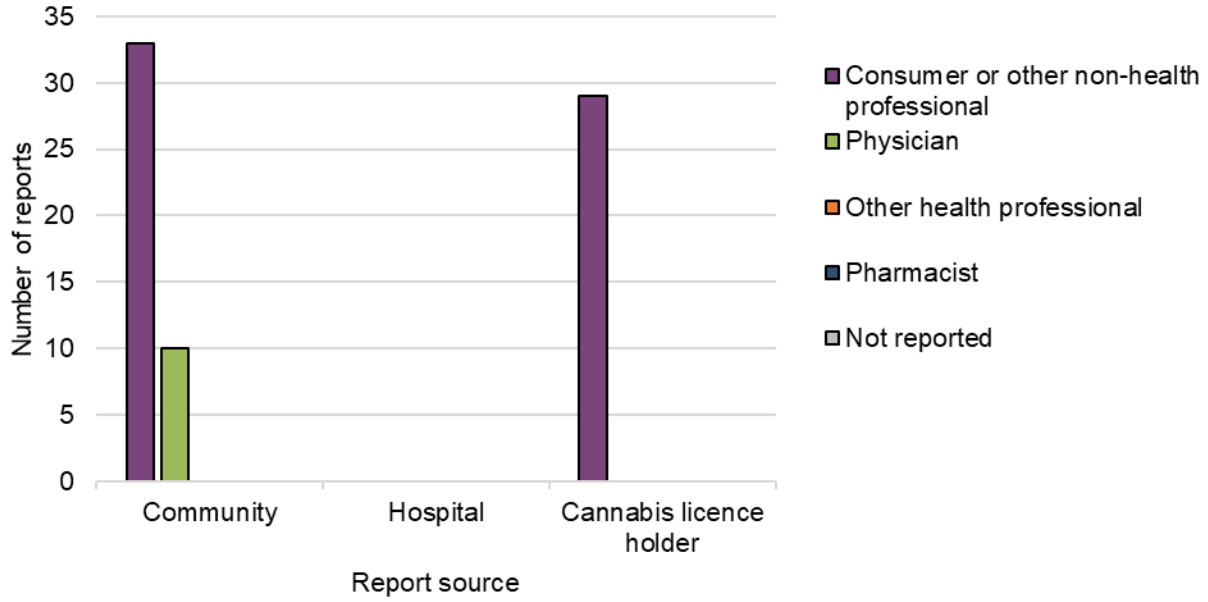

Figure 4 – Text description

Report source	Reporter type					
	Consumer or other non-health professional	Physician	Other health professional	Pharmacist	Not reported	Total
Community	33	10	0	0	0	43

Hospital	0	0	0	0	0	0
Cannabis licence holder	29	0	0	0	0	29
Total	**62**	**10**	**0**	**0**	**0**	**72**

Caveats:

- This figure includes duplicate reports where the case details are the same, but reporters differ (n=5)
- Reports from health care practitioners are considered medically confirmed as per international guidelines[7], therefore are distinct from consumer reports
- For purposes of this figure, each report source is further subdivided according to initial reporter type (consumer or health care practitioners, meaning physician, pharmacist or other health professional)
- Report source reflects from whom Health Canada received the report (community, hospital or market authorization holder [for legal cannabis products, this would reflect and is labelled as a licence holder])

Most adverse reaction reports involving legal cannabis products were submitted to Health Canada from the community (60%, 43/72 reports). Among community reports, the main initial reporter type was primarily a consumer or other non-health professional (77%, 33/43 reports). Cannabis licence holders submitted 40% (29/72 reports) of reports directly to Health Canada. These trends in report source differ from previous years, including 2023, where consumers tended to report adverse reactions directly to the LH who then submitted a report to Health Canada per their reporting obligations. In addition, the number of serious and non-serious adverse reaction reports originating from HCPs increased from 2023 to 2024 (2023: n=4; 2024: n=10).

No reports were submitted directly from a hospital, consistent with data from 2023. Under the *Protecting Canadians from Unsafe Drugs Act* (that is, Vanessa's Law), as of December 16, 2019, hospitals are required to submit reports of all serious adverse reactions to Health Canada involving suspect drugs (including drugs containing cannabis) with or without other suspect products. Reports involving a co-suspect drug and co-suspect cannabis are also required to be submitted to Health Canada. However, under the *Cannabis Act* and its Regulations, hospitals may consider submitting, on a voluntary basis, any adverse reactions involving cannabis as the sole suspect product.

[7] World Health Organization (2012). Safety monitoring of medicinal products. Reporting system for the general public. Available from: https://www.who.int/publications/i/item/9789241503198.

Demographics

Figure 5: Cases by age group

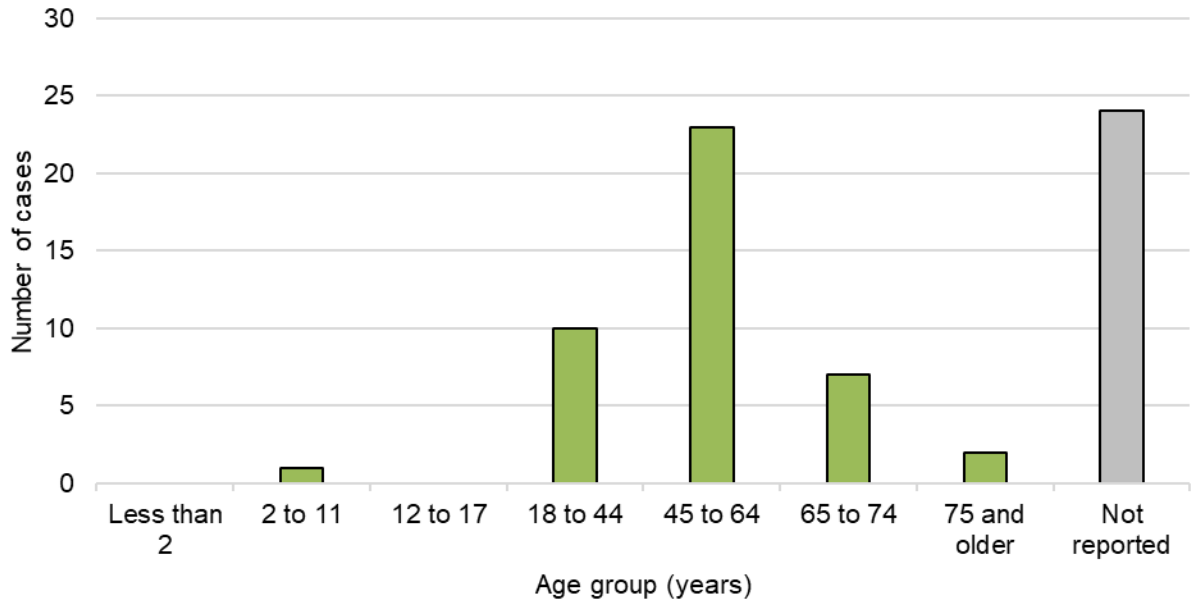

Figure 5 – Text description

Age group (years)	Number of cases
Less than 2	0
2 to 11	1
12 to 17	0
18 to 44	10
45 to 64	23
65 to 74	7
75 and older	2
Not reported	24
Total	**67**

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)
- In cases where the year of birth and the date of reaction are listed in the report, then the age is calculated (that is, age = date of reaction - year of birth)
- In cases where the year of birth is listed without a date of reaction, the date the report was submitted is used to calculate the age

The average age of individuals in cases involving adverse reactions to legal cannabis products in 2024 was 51.1 years (95% CI: 46.1-56.1) with a range of 9 years to 78 years. This is consistent with 2023 where the average age was 51.6 years (95% CI: 44.6-58.6), ranging from 8 years to 93 years.

When classified using the World Health Organization's Vigilyze database (Vigibase) age groupings, most cases involved persons aged 45-64 years (34%, 23/67 cases). This differs from 2023 where individuals

aged 18-44 had a greater representation (27%, 15/56 cases). Adults aged 18-44 years and older represented 15% of cases (10/67 cases). Older adults aged 65+ years were involved in 13% of cases (9/67 cases), a decrease from 25% (14/56 cases) in 2023. One (1) pediatric case (<18 years of age) was submitted to Health Canada involving a legal cannabis product that was authorised for medical purposes in 2024, compared to 2 cases in 2023.

Many cases in 2024 were missing age-related information (36%, 24/67 cases), an increase from 23% (13/56 cases) in 2023.

Figure 6: Cases by sex

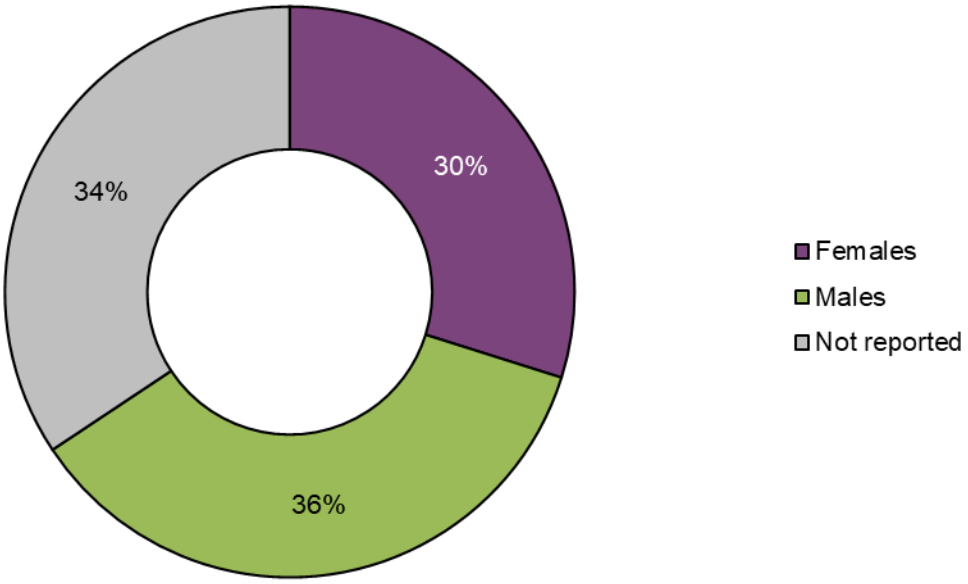

Figure 6 – Text description

Sex	Number of cases	Proportion (%)
Females	20	30
Males	24	36
Not reported	23	34
Total	**67**	**100**

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)

Most adverse reaction cases submitted to Health Canada in 2024 involved males (36%, 24/67 cases), while 30% involved females (20/67 cases). The distribution of cases by sex was different than what was observed in 2023 where females made up a greater proportion of the cases compared to males (females: 45%; males: 39%). The proportion of cases not reporting sex has increased to 34% (23/67 cases), compared to 16% in 2023, 32% in 2022, 28% in 2021 and 8% in 2020.

Sex and age may not be reported for several reasons, including consumers not wanting to disclose this information to licence holders or Health Canada or cases originating from other reporting forms such as the Cannabis Reporting Form, which do not capture this type of demographic information.

Suspected cannabis products

The majority of adverse reaction cases reported in 2024 were associated with legal cannabis products as the sole suspect product (97%, 65/67 cases), meaning no health products were reported as co-suspects in these cases. Health products may include:

- natural health products
- prescription or non-prescription drugs
- other types of health products regulated under the *Food and Drugs Act*

34% of cases (23/67 cases) included at least 1 concomitant product. A concomitant product is a product that is used at the time of the adverse reaction but not considered suspect by the reporter as having been responsible for the adverse reaction. These may be:

- health products
- illegal substances
- other regulated substances (for example, alcohol, tobacco or other vaping products such as nicotine or flavors)

Almost a fifth of cases reported 2 or more suspect cannabis products (18%, 12/67 cases), with a range of 2 to 4 cannabis products. The proportion of cases with multiple suspected cannabis products in 2023 was 11% (6/56 cases) with a range of 2 to 3 products.

Suspect products are based on the suspicion of the reporter and the involvement of other products, substances or factors cannot always be ruled out. These considerations form part of the clinical evaluation in the clinical summary portion of this report.

Figure 7: Cases by route of administration

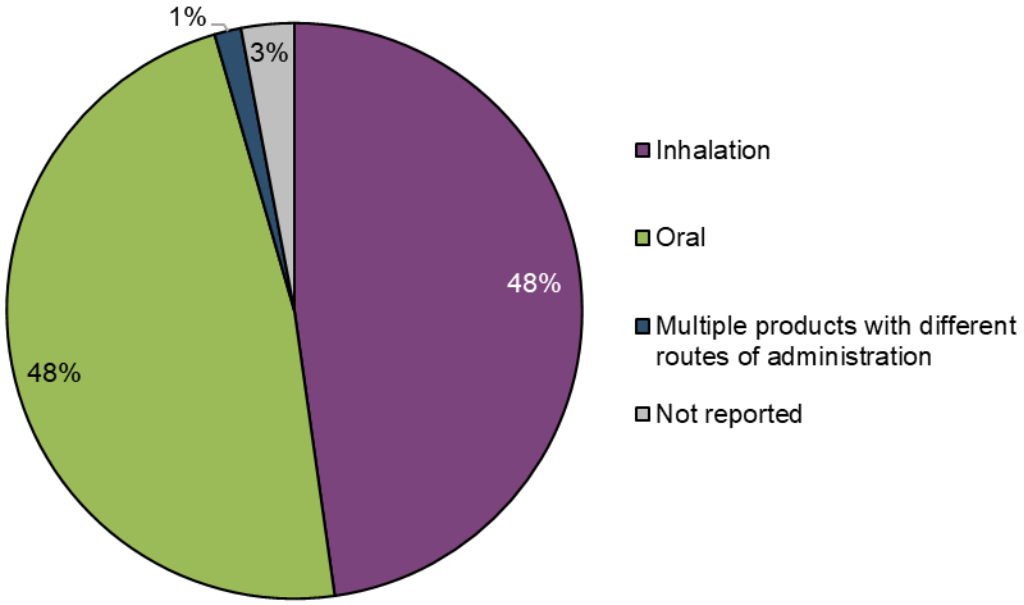

Figure 7 – Text description

Route of administration	Number of cases	Proportion (%)
Inhalation	32	48

Oral	32	48
Multiple products with different routes of administration	1	1
Not reported	2	3
Total	**67**	**100**

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)
- This figure describes route of administration of suspect cannabis products in cases, which is coded separately from dosage form (that is, a cannabis oil product may be ingested, applied topically)
- Cases may involve more than 1 suspect cannabis product; therefore, multiple routes of administration may appear for a single case
- Inhalation refers to consuming cannabis through the respiratory tract and may involve smoking or vaporization, among others
- Oral administration refers to consuming cannabis by mouth and may involve ingestion, buccal administration, sublingual administration, etc. meaning that absorption may occur at the level of the gastrointestinal tract as well directly into the bloodstream through oral mucosal tissue

Suspect cannabis products associated with adverse reaction cases equally involved cannabis being consumed orally, including sublingually, (48%, 32/67 cases) and via inhalation (48%, 32/67 cases). Multiple routes of administration were reported in 1% of cases (1/67 cases). There were no instances of adverse reaction cases involving topical application in 2024. Route of administration was unknown in 3% of cases (2/67 cases). These results are similar to 2023 where oral administration and inhalation were also the most frequent routes of administration (50% and 43% respectively).

Figure 8: Cases by product class and reason for use

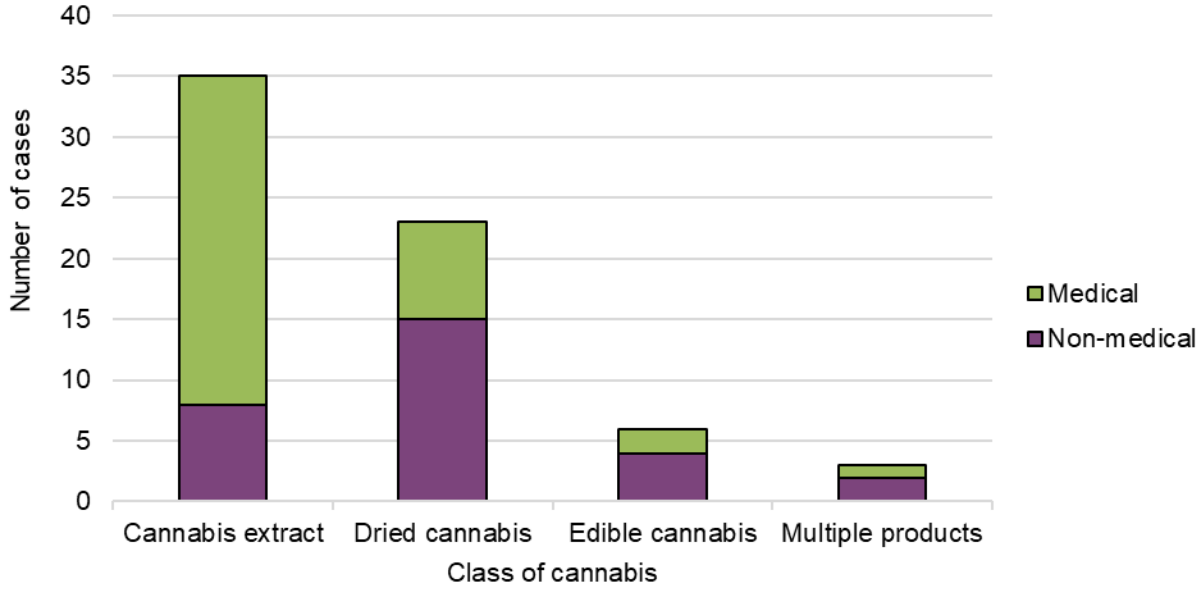

Figure 8 – Text description

Class of cannabis product	Reason for use		
	Medical	Non-medical	Total
Cannabis extract	27	8	35
Dried cannabis	8	15	23
Edible cannabis	2	4	6
Multiple products	1	2	3
Total	**38**	**29**	**67**

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)

There was a greater number of adverse reaction cases submitted in 2024 associated with cannabis products used for self-reported medical purposes (57%, 38/67 cases) versus for non-medical purposes (43%, 29/67 cases). This aligns with observations from 2023 (self-reported medical purposes: 59%; non-medical purposes: 41%).

Cases were associated with 4 main classes of legal cannabis products (Figure 8):

- cannabis extracts (n=35)
- dried cannabis (n=23)
- edible cannabis (n=6)
- multiple classes (n=1)

No cases in 2024 were associated with topical or fresh cannabis. Most cases involving cannabis extract products were used for self-reported medical purposes (77%, 27/35 cases), unlike cases involving dried cannabis which often indicated use for non-medical purposes (65%, 15/23 cases). These descriptive observations are consistent with observations from 2023.

No cases involving transformation of legal cannabis products into homemade edible cannabis were reported 2024.

Figure 9: Cases by suspect cannabis product sub-class and seriousness

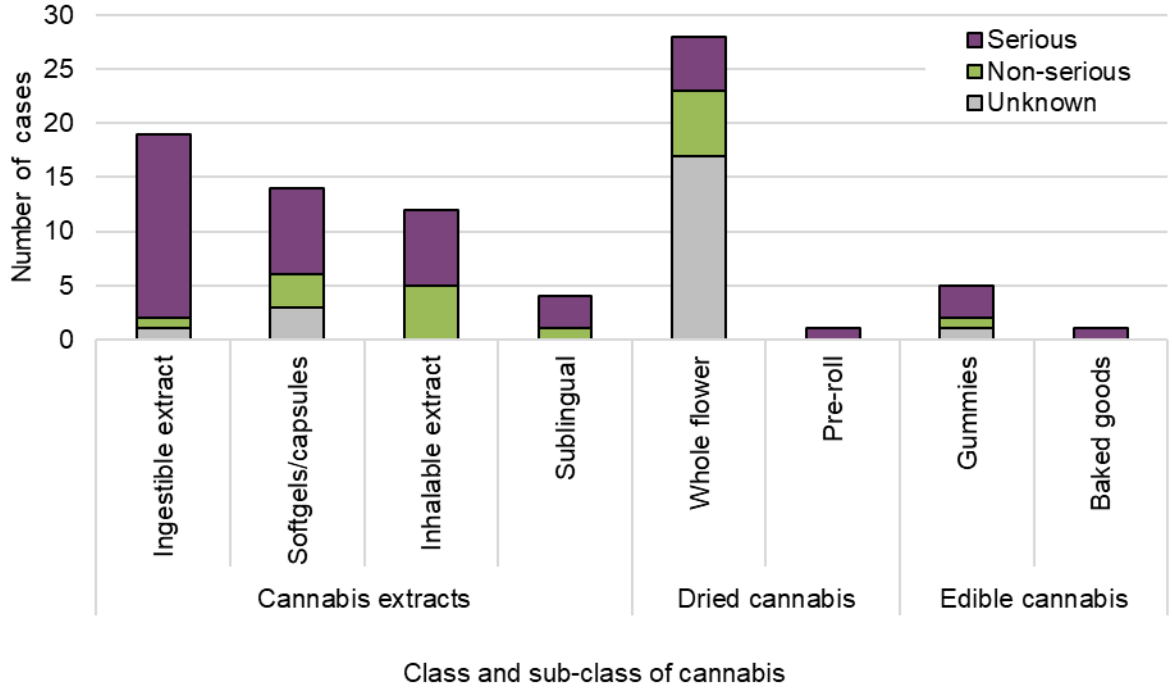

Figure 9 – Text description

Class of cannabis product	Sub-class of cannabis product	Total number of products by seriousness			
		Serious	Non-serious	Unknown	Total
Cannabis extract	Ingestible extract	17	1	1	19
	Softgels/capsules	8	3	3	14
	Inhalable extract	7	5	0	12
	Sublingual	3	1	0	4
Dried cannabis	Whole flower	5	6	17	28
	Pre-roll	1	0	0	1
Edible cannabis	Gummies	3	1	1	5
	Baked goods	1	0	0	1
Total		**45**	**17**	**22**	**84**

Caveats:

- This figure was developed by Health Canada through manual categorization of cases according to their sub-class of suspect cannabis products
- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)
- This figure includes 18 unique cases where seriousness was unknown. In 2023, Health Canada added this new category to capture cases submitted using alternate reporting forms that may not provide the option to identify seriousness. These cases were previously excluded from this figure due to the limited number of cases being reported via alternate reporting forms in previous years. These cases may be captured differently in other databases

- Cases may have multiple suspected cannabis product reported across different sub-classes of cannabis. For this reason, the total number reflected in the table according to count of suspect products by sub-classes and seriousness may exceed the number of unique cases
- Cannabis extracts as a class involves a diverse group of product forms including oral liquids or drops, softgels, capsules or tablets, sublingual sprays, dissolvable strips, lozenges or highly concentrated products like hash, shatter, wax, rosin, resin or vaping liquids
- Dried cannabis includes whole dried flower, milled flower, and pre-rolls
- Edibles includes food-like formats (gummies, chocolate, other confectionaries, mints) and beverages

Cannabis extracts were among the most frequently reported class of cannabis products involved in adverse reaction cases, along with dried cannabis. Within the category of cannabis extracts, ingestible oils in liquid formats (bottled oils with dropper, softgels) and inhalable extracts (vaping liquids, hash, resin) were most frequently involved subclasses. This is generally consistent with observations from 2023, where ingestible oils in liquid form were also the most frequently involved product subclass.

When disaggregated by seriousness of the case (i.e. serious or non-serious), most formats of cannabis extracts (ingestible extracts, softgels, inhalable extracts and sublingual) more frequently involved serious outcomes, with ingestible oils requiring hospitalisation and/or life threatening outcomes more frequently than any other extract format. Cases involving edible cannabis were more frequently serious than non-serious, and cases involving dried cannabis were equally serious and non-serious.

When disaggregated by sub-class, young to middle aged adult groups (18 to 64 years) more frequently reported adverse reactions with inhalable extracts (for example, vaping liquids), edibles and sublingual products (e.g., tinctures, strips, lozenges, sprays), while older adults (65 years and older) more frequently reported adverse reaction cases with ingestible oils in liquid formats. This is generally consistent with data from 2023.

Types of individual events reported

Figure 10: Breakdown of individual events by system organ class (SOC)

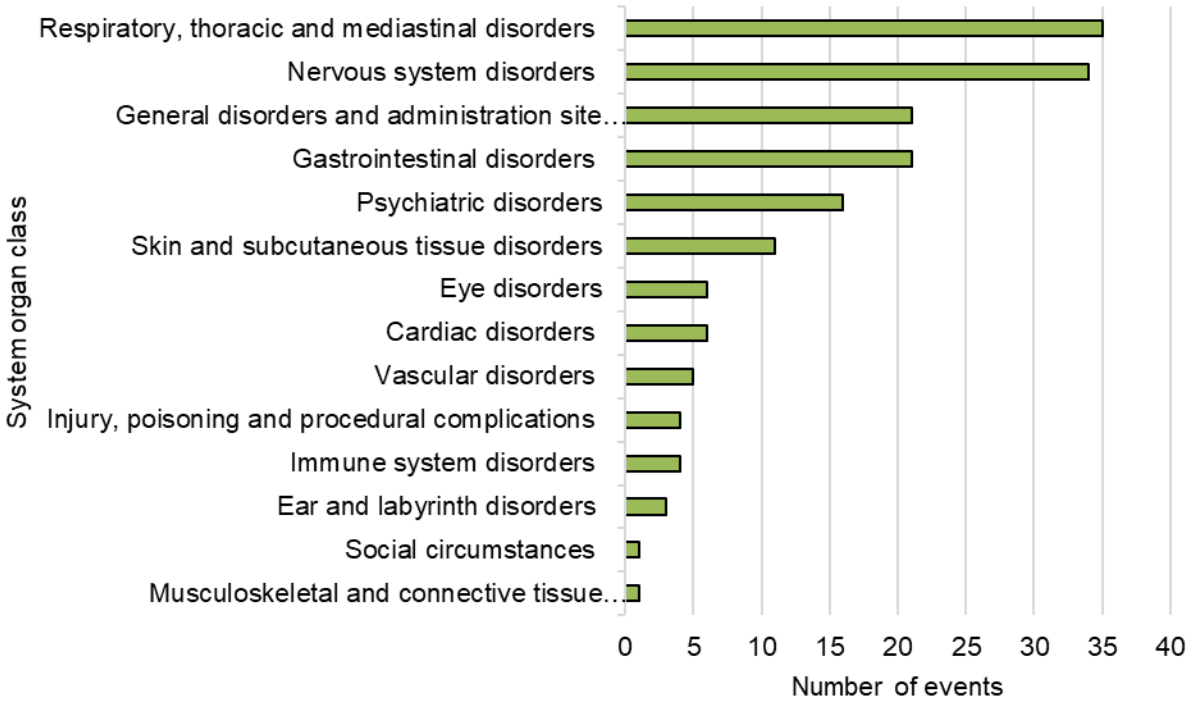

Figure 10 – Text description

System organ class	Number of events
Respiratory, thoracic and mediastinal disorders	35
Nervous system disorders	34
General disorders and administration site conditions	21
Gastrointestinal disorders	21
Psychiatric disorders	16
Skin and subcutaneous tissue disorders	11
Eye disorders	6
Cardiac disorders	6
Vascular disorders	5
Injury, poisoning and procedural complications	4
Immune system disorders	4
Ear and labyrinth disorders	3
Social circumstances	1
Musculoskeletal and connective tissue disorders	1

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)

- This figure shows SOCs across all adverse reaction cases where the suspect product was assessed by Health Canada as being certainly, probably or possibly related to the reported event through a causality assessment
- Each case may describe 1 or more individual medical events reflective of signs, symptoms, diseases, diagnoses, investigations, and procedures
- Events are coded according to MedDRA, which provides standardized medical terminology in hierarchical groupings. The highest-level grouping is the SOC
- 1 adverse reaction case may be represented across multiple SOCs, and is influenced by how individual events (signs, symptoms, observations or diagnostics) are reported

In 2024, Health Canada assessed a total of 265 adverse events for causality. Of these, 168 individual adverse events were assessed as being certainly, probably or possibly related to the suspected cannabis product(s) reported in the case. Other events were examined but were unassessable or deemed unlikely to be related to the cannabis.

When grouped at the broadest grouping level (that is, SOC) the 5 most frequent categories were:

- respiratory, thoracic and mediastinal disorders (21%, 35/168 events);
- nervous system disorders (20%, 34/168 events);
- general disorders and administration site conditions (13%, 21/168 events);
- gastrointestinal disorders (13%, 21/168 events); and
- psychiatric disorders (10%, 16/168 events).

The top 5 SOCs for 2024 are consistent with the top 5 SOCs reported in 2023, but in varying order. Of note, the type of SOC varied based on the route of administration. For example, cases involving inhalation (smoking and vaping) often reported events captured under SOC ‘respiratory, thoracic and mediastinal disorders’, like cough and oropharyngeal pain, while cases involving oral consumption primarily reported events captured under SOC ‘nervous system disorders’ like dizziness and somnolence, and ‘gastrointestinal disorders’ like nausea.

Figure 11: Frequency of individual events

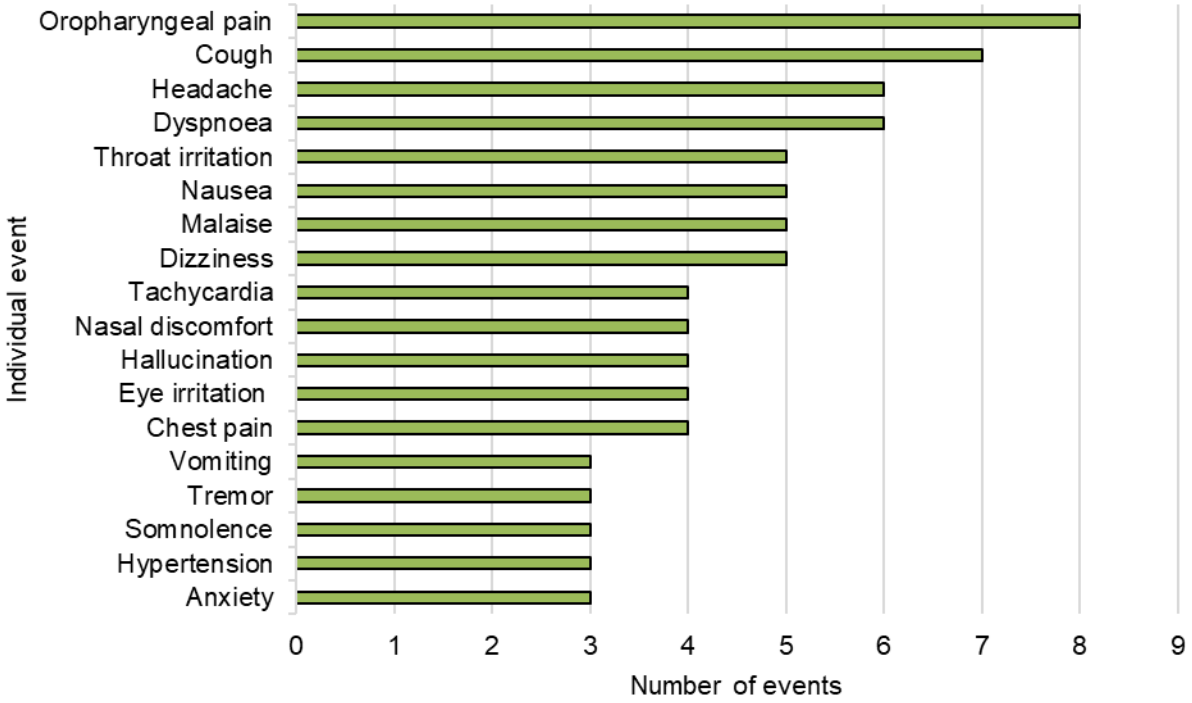

Figure 11 – Text description

Individual events	Number of events
Oropharyngeal pain	8
Cough	7
Headache	6
Dyspnoea	6
Throat irritation	5
Nausea	5
Malaise	5
Dizziness	5
Tachycardia	4
Nasal discomfort	4
Hallucination	4
Eye irritation	4
Chest pain	4
Vomiting	3
Tremor	3
Somnolence	3
Hypertension	3
Anxiety	3

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)
- This figure focuses on the most frequently reported individual events across adverse reaction cases where the suspect product was assessed by Health Canada as being certainly, probably or possibly related to the reported event (that is, causality assessment). Other individual events reported less frequently do not appear in this figure
- Individual events are coded using MedDRA terminology based on what was described in the case report verbatim
- Each case can have multiple individual events reported therefore the number of individual events exceeds the total number of unique cases
- Several types of hallucination were combined to create an all-inclusive hallucination category. This category includes auditory hallucination, visual hallucination, mixed hallucination, hypnagogic hallucination and pseudo-hallucination

As mentioned, 168 individual adverse events were assessed as being certainly, probably or possibly related to the suspected cannabis product(s) reported in the case. Other events were examined but were unassessable or deemed unlikely to be related to the cannabis.

As highlighted in Figure 11, the most frequently reported individual events assessed by Health Canada as being certainly, probably or possibly related to the suspected cannabis product for cases received in 2024 were:

- oropharyngeal pain (5%, 8/168 events)
- cough (4%, 7/168 events)
- headache (4%, 6/168 events)
- dyspnoea (4%, 6/168 events)
- throat irritation (3%, 5/168 events)
- nausea (3%, 5/168 events)
- malaise (3%, 5/168 events)
- dizziness (3%, 5/168 events)

Oropharyngeal pain was the most frequently reported event in 2024, followed by cough, headache and dyspnoea. Comparatively, headache was the most frequently reported event in 2023, followed by vomiting and dizziness.

Figure 12: Frequency of individual events by cannabinoid ratio

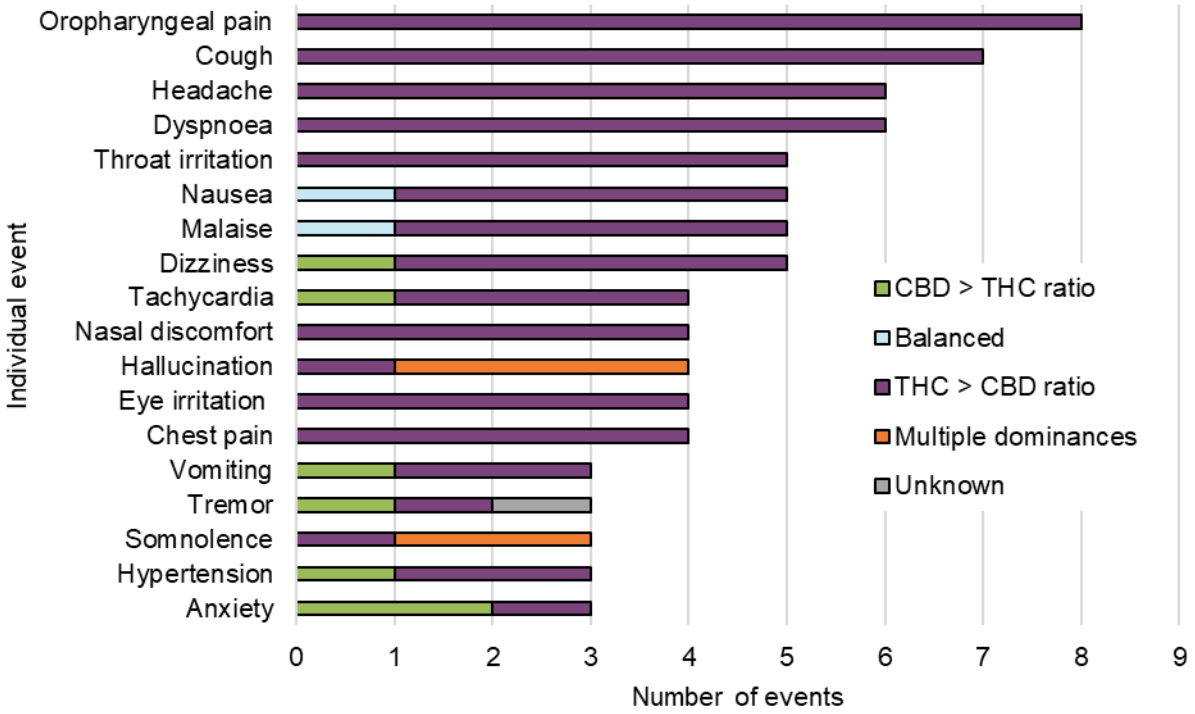

Figure 12 – Text description

Individual events	**Cannabinoid dominance**					
	CBD > THC ratio	Balanced	THC > CBD ratio	Multiple dominances	Unknown	Total
Oropharyngeal pain	0	0	8	0	0	8
Cough	0	0	7	0	0	7
Headache	0	0	6	0	0	6
Dyspnoea	0	0	6	0	0	6
Throat irritation	0	0	5	0	0	5
Nausea	0	1	4	0	0	5
Malaise	0	1	4	0	0	5
Dizziness	1	0	4	0	0	5
Tachycardia	1	0	3	0	0	4
Nasal discomfort	0	0	4	0	0	4
Hallucination	0	0	1	3	0	4
Eye irritation	0	0	4	0	0	4
Chest pain	0	0	4	0	0	4
Vomiting	1	0	2	0	0	3
Tremor	1	0	1	0	1	3
Somnolence	0	0	1	2	0	3
Hypertension	1	0	2	0	0	3
Anxiety	2	0	1	0	0	3

Caveats:

- This figure excludes duplicate reports where the case details are the same, but reporters differ (n=5)
- This figure focuses on the most frequently reported individual events across adverse reaction cases after stratification by cannabinoid ratio, where the suspect products were assessed by Health Canada as being certainly, probably or possibly related to the reported event (that is, causality assessment). Other events were reported during the reporting period but do not appear in this figure due to limitations of space in the table
- This figure was manually created by Health Canada by classifying each suspect cannabis product to a cannabinoid ratio based on available product details
- “Multiple dominances” refers to instances where multiple suspect cannabis products with different cannabinoid ratios (e.g., a CBD predominant product and a THC predominant product) were cited in a case report
- The category “Balanced” is considered a THC:CBD ratio between 1.2:1 and 1:1.2
- This figure now includes cases where the cannabinoid profile was unknown, in order to give a more complete and accurate picture of the association between cannabinoid profile and reported events. In previous years, these cases were excluded from this figure

Overall, adverse reaction cases from 2024 more frequently involved products with a greater THC to CBD ratio (that is, a THC:CBD ratio greater than 1.2:1) compared to products containing a greater CBD to THC ratio (that is, a CBD:THC ratio greater than 1.2:1).

As highlighted in Figure 12, certain individual medical events were more frequently reported with products containing a greater ratio of THC to CBD, whereas others were more frequently reported with products containing a greater ratio of CBD to THC or with different cannabinoid profiles.

For example, the following were more frequently reported with products containing a greater ratio of THC to CBD:

- oropharyngeal pain
- cough
- headache
- dyspnoea
- nausea
- dizziness
- throat irritation
- eye irritation
- chest pain
- nasal discomfort
- tachycardia

Anxiety was more frequently reported with products containing a greater ratio of CBD to THC.

Hallucination and somnolence were more frequently reported among cases involving multiple cannabis products with different cannabinoid profiles.

Although infrequent, some cases did report adverse reactions with cannabis products containing cannabinoids other than delta-9-THC or CBD. In 2024, there were 17 adverse reaction cases involving cannabis products that contained an appreciable amount of cannabinoids other than delta-9-THC or CBD, in addition to delta-9-THC and/or CBD being present in the product. Most of these cases involved cannabinol (CBN) products (59%, 10/17 cases), followed by cannabigerol (CBG) products (35%, 6/17 cases). One case contained a mixture of CBN and CBG. Nausea and anxiety were the most frequently reported events with these products (n=4 each).

It's important to note that other factors may be contributing to these events including:

- dosage
- route of administration
- product format
- knowledge or awareness of effects of cannabis and cannabinoids
- prior exposure to cannabis (for example, cannabis naïve consumers)
- reporting factors such as motivation to report, risk tolerance or awareness of reporting
- the age and health status of patients (including pre-existing health conditions and use of concomitant medications)

However, the ability to draw definitive conclusions is limited due to the complex nature of the available data.

SEX AND GENDER BASED ANALYSIS PLUS OF 2024 ADVERSE REACTION DATA

Figure 13 – SGBA plus: Cases by sex

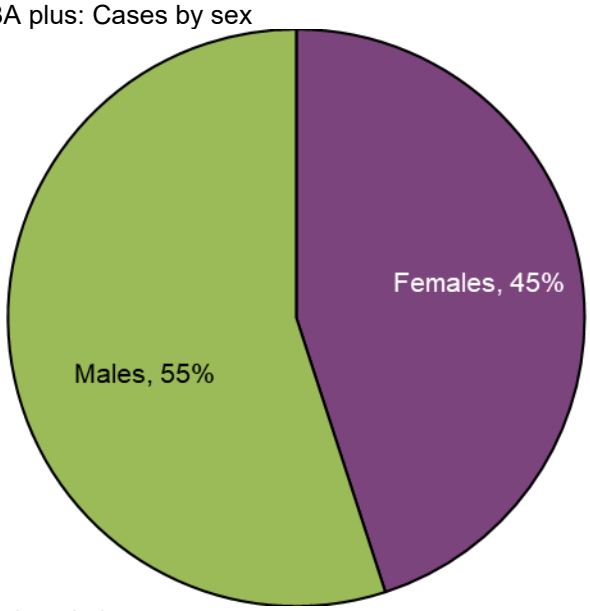

Figure 13 – Text description

Sex	Number of cases	Proportion (%) of total
Females	20	45
Males	24	55
Total	**44**	**100**

A total of 44 adverse reaction cases included a designation for sex in 2024; 55% (24/44 cases) involved males and 45% (20/44 cases) involved females. Serious cases more frequently involved females than males, while non-serious cases and use for medical purposes more frequently involved males than females. Cases where cannabis was used for non-medical purposes involved an equal number of females and males.

Females involved in adverse reaction cases associated with cannabis products were generally older than males. Where age was reported (40/44 cases), the average age of females was 54.2 years (95% CI: 46.9-61.5) and 50.0 years for males (95% CI: 42.2-57.8). Due to overlapping confidence intervals, the age difference is not considered statistically significant.

Under 65 years:
Females, n=12; males, n=19

65 years or older:
Females, n=7; males, n=2

Figure 14 – SGBA plus: Cases by age group (years)

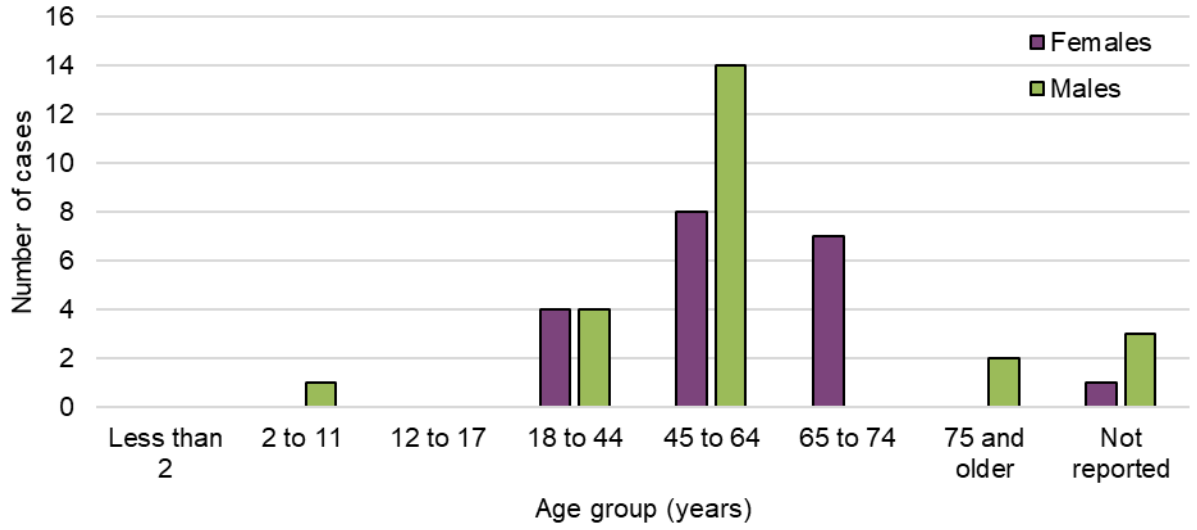

Figure 14 – Text description

Age group (years)	Number of cases	
	Females	Males
Less than 2	0	0
2 to 11	0	1
12 to 17	0	0
18 to 44	4	4
45 to 64	8	14

65 to 74	7	0
75 and older	0	2
Not reported	1	3
Total	20	24

Adverse reaction cases involving cannabis oils and edible cannabis more frequently involved females than males. Conversely, cases involving dried cannabis and vapes more frequently involved males than females.

Table 1: Top individual events reported by sex	
Females	*Males*
Somnolence (n=2)	Oropharyngeal pain (n=4)
Tremor (n=2)	Cough (n=4)
Swollen tongue (n=2)	Eye irritation (n=3)
Mouth swelling (n=2)	Dyspnoea (n=3)
Nausea (n=2)	Hallucination (n=3)
Urticaria (n=2)	Chest pain (n=3)
	Dizziness (n=3)
	Headache (n=3)

Caveats

- This table focuses on the most frequently reported individual events across adverse reaction cases after stratification by sex, where the suspect products were assessed by Health Canada as being certainly, probably or possibly related to the reported event (that is, causality assessment). Other events were reported during the reporting period but do not appear in this figure due to limitations of space in the table

CLINICAL EVALUATION OF SERIOUS AND MEDICALLY IMPORTANT CASES

Summary of serious and medically important adverse reactions

All individual events within a serious adverse reaction case that is reported to Health Canada are assessed for causality. The causality of individual events is based on the information reported in the cases and through follow-up where possible. Cases may lack sufficient information to assess the causal association between event(s) and exposure to the cannabis products. Causality assessment is a clinical investigation of cases and is a routine practice in pharmacovigilance to determine the likelihood of

association between the product(s) and the adverse event(s). This practice supports the identification of potential risk concerns that may require further investigation or actions by the regulatory authority (e.g. Health Canada) and/or the licence holder.

Table 2: Causality assessment of serious cases	
Causality Assigned	*Number of events*
Certain	3
Probable	47
Possible	118
Unlikely	33
Unassessable	64
Total	265

Overall, most events were assigned a causality of 'Possible' (45%, 118/265 events), meaning there was a reasonable possibility that the cannabis product may have contributed to the adverse reaction, but the contribution of other factors could not be ruled out (for example, concomitant medications, co-morbidities, etc.).

3/265 events were assigned a causality of 'Certain' (1%), for which a stringent level of evidence is required, including both laboratory and medical confirmation. As well, the case must lack any other alternative explanations.

The 3 events assigned a causality of "Certain" represent 2 serious cases:

- assessed events included hallucination, accidental exposure to product and product selection error
- both cases were serious for "other medically important condition"
- both cases involved a single, predominantly THC product; 1 being a pre-roll and the other an ingestible cannabis oil

These cases also reported cannabis as the sole suspect product. No other health products were reported as co-suspects. Both cases reported use of concomitant health products. In addition, one case involved the use of cannabis products for self-reported medical purposes (pain), while the other involved the use of cannabis for non-medical purposes. Both individuals were regular consumers of cannabis.

There were 47/265 events assigned a causality of 'Probable' (18%), meaning there was sufficient information to judge that the cannabis product probably contributed to the adverse reaction and the contribution of other factors was considered to be unlikely.

The 47 events assigned a causality of 'Probable' represents 13 cases:

- 6/13 cases were serious for “other medically important condition”; 2/13 cases required hospitalisation; 1/13 cases reported multiple reasons for seriousness; 3/13 cases were not reported as serious; and in 1/13 cases seriousness was unknown
- 9/13 cases involved cannabis extracts; 3/13 cases involved edible cannabis; and 1/13 cases involved dried cannabis
- 8/13 cases involved THC predominant products; 2/13 cases involved CBD predominant products; 1/13 involved a balanced product; and 2/13 cases involved multiple products with multiple dominance profiles
- 10/13 cases fell under the SOC for nervous system disorders and 9/13 cases were gastrointestinal disorders

All of these cases reported cannabis as the sole suspect product. No other health products were reported as co-suspects; 5/13 cases reported use of concomitant health products. In addition, 8/13 cases were using cannabis products for self-reported medical purposes (indications included: pain, stress, sleep, seizure and hearing loss), while 5/13 were using cannabis for non-medical purposes.

There were 64/265 events determined to be ‘Unassessable’ (24%), meaning there was insufficient information to establish a causal association between the cannabis product and the reported adverse reaction.

There were 33/265 events assigned a causality of ‘Unlikely’ (12%), meaning that the cannabis product was judged to not play a causative role in the reported adverse reaction (other probable factors identified).

Important identified risks during the reporting period

An identified risk means that the association between a drug (for example, cannabis) and event has been proven, and that this risk could have implications for public health.[8]
During this reporting period, no serious or medically important cases were classified as having new important identified risks by Health Canada.

Most serious or medically important cases with ‘Probable’ causality were considered to involve known identified risks (that is, the risk has already been identified and characterized in Health Canada’s Information for Health Care Professionals document; last updated: Spring 2018). These include:

- Neurological reactions (for example, headache, light-headedness)
- Psychiatric reactions (for example, panic, anxiety, hallucinations)
- Respiratory non-infectious reactions (for example, throat irritation)
- Cardiovascular reactions (for example, atrial fibrillation, palpitations, tachycardia)
- Hypersensitivity/allergic reactions (for example, systemic hypersensitivity reactions)

Important potential risks during the reporting period

A potential risk means that there is suspicion of association between a drug (for example, cannabis) and the event, which is yet to be proven, and that this risk could have implications for public health.[9]

[8] European Medicines Agency. (2017). Guideline on good pharmacovigilance practices (GVP): Annex I - Definitions (Rev 4). https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-good-pharmacovigilance-practices-annex-i-definitions-rev-4_en.pdf

Risk of myocardial infarction with use of cannabis products (THC, CBD, balanced)

This important potential risk was identified in 2024 and is currently being assessed by Health Canada. Further details will be shared once this assessment is completed.

Risk of seizure (new onset and exacerbation) with the use of cannabis products (THC, CBD, balanced)

A signal prioritization on the risk of seizure with the use of cannabis products was first initiated by Health Canada in 2022. This signal prioritization revealed two subpopulations of interest: new onset seizure in those without preexisting seizure disorders and exacerbation of seizure in individuals treating seizure-related symptoms. As a result of this initial assessment, an in-depth assessment (signal assessment) was recommended to better characterize this risk. This assessment was initiated in 2024 and is currently being finalised.

Risk of arrythmia with the use of cannabis products (THC, CBD, balanced)

This important potential risk was identified at the end of 2022, and a signal prioritization (preliminary assessment) was completed. As a result of this initial assessment, an in-depth assessment (signal assessment) was initiated to better characterize this risk. This assessment is currently ongoing.

Risk of hallucination with the use of CBD predominant cannabis products

A signal prioritization on the risk of hallucination involving CBD products was first initiated in 2020. As a result of this initial assessment, an in-depth assessment (signal assessment) was recommended. This assessment was completed in 2024 and is currently being reviewed by Health Canada.

Ongoing monitoring of safety signals

Health Canada will continue to monitor for any new literature and adverse reaction reports for the following risks:

- risk of cannabis-drug interaction between cannabis (THC, CBD, balanced) and venlafaxine resulting in serotonin syndrome
- risk of blood clotting in individuals that concurrently use cannabis products and estrogen containing combined oral contraceptives;
- risk of aspergillosis amongst immuno-competent consumers using dried cannabis via inhalation;
- risk of hypoglycemia amongst cannabis users; and
- risk of cannabis-drug interactions more generally (warfarin, estrogen-based birth control, topiramate, clobazam, metronidazole, lorazepam, anti-depressants etc.)

Fatal cases during the reporting period

There were no fatal cases involving legal cannabis products received during this reporting period.

NOTE TO READERS

Adverse reaction case reports with cannabis submitted to Health Canada are received and entered into the Canada Vigilance database. The Marketed Health Product Directorate (MHPD) of the Health Products and Food Branch (HPFB) collects, monitors and analyses adverse reactions submitted to the Canada Vigilance database, amongst other activities, and codes and houses adverse reaction reports for cannabis. The Controlled Substances and Cannabis Branch (CSCB) is responsible for the monitoring,

detection, prioritization, evaluation and aggregate reporting of adverse reactions associated with cannabis (pharmacovigilance).

Voluntary reports from the public may be received via the online reporting form, through the toll-free number or through the printable form via electronic fax or mailing to Health Canada. Mandatory reports are submitted by licence holders to meet their regulatory reporting obligations for serious adverse reactions under the *Cannabis Regulations* and are submitted through fax or mail, unless the company is registered to submit electronic reports directly to the Canada Vigilance database (specific format must be met). Cannabis complaints and product quality issues may also be referred via the Cannabis Reporting Form from Health Canada. Incidents involving cannabis accessories (for example, mechanical, physical or electrical issues or failure of a cannabis accessory and associated injuries) can be reported via the Consumer Product Incident Reporting Form from the Healthy Environment and Consumer Safety Branch.

All cannabis adverse reaction cases are coded in the following manner:

1. Case reports are translated into electronic data into the Canada Vigilance database. All individual events are coded using the MedDRA, which is developed, maintained and updated by the International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use as an international set of standardized medical terms for symptoms, signs, diseases, syndromes and diagnoses.
2. Case reports involving cannabis as a substance in a suspected role are coded as 'cannabis sativa' at the active ingredient level, irrespective of the identity of the cannabis product (legal, illegal, unspecified, undetermined).
3. Case reports involving a legal cannabis product in a suspected role (identified either by product name or licence holder) are classified according to the intended use: cannabis product used for medical purposes (medical cannabis) or used for non-medical purposes (non-medical cannabis), based on the information in the report. Cannabis use for medical purposes includes reports described having a medical authorization document; or, a reported medical or therapeutic purpose or indication, without mention of a medical authorization document. If there is no reported reason for use provided in the report, minimal details or intended use for non-medical purposes, the report is classified as non-medical cannabis.
4. Case reports are coded as serious as reported if at least 1 criterion for seriousness is selected:
   - death
   - life-threatening
   - admitted to the hospital
   - lengthened hospital stay
   - disability
   - birth defect
   - other medically important condition may also be selected by the reporter
5. According to international pharmacovigilance guidelines (ICH guidelines[9]), medically important conditions may also be considered serious under certain circumstances and therefore are an option to select when reporting an adverse reaction to Health Canada, and any adverse reaction case identified as such are further reviewed. However, these cases technically fall outside of the regulatory definition of a serious adverse reaction under the *Cannabis Regulations*.

Health Canada conducts routine monitoring, detection, assessment and associated activities for all cannabis adverse reaction reports, which involves:

[9] European Medicines Agency (2004). ICH Topic E2D: Post Approval Safety Data Management Step 5. https://www.ema.europa.eu/en/documents/scientific-guideline/international-conference-harmonisation-technical-requirements-registration-pharmaceuticals-human-use_en-12.pdf

- Screening of all new cannabis case reports to ensure they are:
- Coded appropriately according to the MedDRA
    - classified as either cannabis for medical or non-medical purposes (legal classes)
    - product names are accurate
- Case reports involving a suspected non-compliance (for example, the presence of visual mould, metallic taste, unusual odour) are referred to the Compliance Directorate for verification.
- Non-serious reports are screened by Health Canada and those deemed to be medically important events are included for further assessment which may include causality assessment and/or signal assessment.
- All serious and medically important case reports undergo further investigation and assessment, including:
    - conducting follow-up for additional information on product details or clinical details of cases to aid in assessment
- Conducting a cursory (that is, initial) causality assessment for each event reported in the case report. Causality assessment is based primarily on the WHO-UMC system for standardised case causality assessment
    - undergoing a comprehensive individual causality assessment for all fatal and life-threatening cases, which, are considered priority reports
- Any cases involving new or unexpected adverse reactions of interest undergo preliminary assessment (signal prioritization) to determine if they should be further evaluated
- A case series evaluation (signal assessment) is conducted in the event of a cluster or related cases involving new adverse reactions of interest. These comprehensive assessments involve the determination of biological plausibility based on published literature, domestic as well as international adverse reaction data (WHO Vigibase) and recommend appropriate risk mitigation strategy as necessary.

REPORTING AN ADVERSE REACTION INVOLVING A CANNABIS PRODUCT

Licence holders must submit serious adverse reaction reports, as defined by the *Cannabis Regulations*, involving a cannabis product. They are encouraged to voluntarily submit non-serious adverse reaction reports involving a cannabis product. More information can be found in the *Cannabis adverse reaction reporting guide for licence holders*.

Consumers and health care practitioners are encouraged to report any adverse reaction to a cannabis product directly to Health Canada. Consumers and health care practitioners may also send a report to the licence holder of the cannabis product.

Report an adverse reaction to Health Canada

CONTACT US

Any questions or comments on this report, including any requests for the data used to support this report, should be directed to cannabis_oss-cannabis_bss@hc-sc.gc.ca.