

# Cannabis in British Columbia:

Results from the 2018 BC Cannabis Use Survey

---

PREPARED FOR THE BC CANNABIS LEGALIZATION AND  
REGULATION SECRETARIAT  
BY BC STATS – JUNE 2019

**BC STATS**

**AUTHOR**

BC Stats

**CONTACTS**

**BC Stats:**

[BC.Stats@govc.bc.ca](mailto:BC.Stats@govc.bc.ca)

**BC Cannabis Legalization and Regulation Secretariat:**

[Cannabis.Secretariat@gov.bc.ca](mailto:Cannabis.Secretariat@gov.bc.ca)

**PUBLISH DATE**

June 19, 2019

Copyright © 2019, BC Stats. All rights reserved.

# Table of Contents

Executive Summary .....	i
PART ONE: PROVINCIAL FINDINGS .....	1
1. Introduction.....	2
1.1. Background.....	2
1.2. Methodology.....	3
1.2.1. Use Groups .....	4
1.3. Objectives of the Survey.....	4
1.4. Respondent Snapshot.....	5
1.5. A Note about Medical and Non-Medical Purposes .....	6
2. Who is Using Cannabis in BC?.....	7
2.1. Cannabis Consumption .....	7
2.2. Age of First Cannabis Consumption.....	10
3. Access and Consumption .....	11
3.1. Accessing Cannabis in BC.....	11
3.1.1. Cannabis Sources .....	11
3.1.2. Travel to Access Cannabis.....	14
3.2. Methods of Cannabis Consumption.....	15
3.3. Frequency of Cannabis Consumption .....	16
3.4. THC and CBD .....	17
3.5. Cannabis in Combination with Other Substances.....	18
4. Cannabis and BC Life .....	20
4.1. Cannabis at School – Non-Medical Purposes.....	20
4.2. Cannabis at Work – Non-Medical Purposes .....	21
4.3. Cannabis and Quality of Life .....	22
4.3.1. Effects of Cannabis on Aspects of Life.....	22
4.3.2. Conditions Treated with Cannabis for Medical Purposes .....	23
4.3.3. Symptoms Treated with Cannabis for Medical Purposes .....	24

4.3.4. Cannabis and Prescription Medication .....	25
5. Potential Risks .....	26
5.1. Cannabis on BC Roads.....	26
5.1.1. Driving Within 2 Hours After Consuming Cannabis .....	26
5.1.2. Perceptions of the Impact of Cannabis Consumption on Driving.....	28
5.1.3. Passenger in a Vehicle Driven by Someone who had Consumed Cannabis .....	29
5.2. Cannabis and Childbearing .....	31
5.3. Other Societal Risks of Cannabis Consumption .....	32
5.3.1. Medical Intervention as a Result of Cannabis Consumption.....	32
5.3.2. Cannabis and Victimization .....	32
5.3.3. Cannabis and Risky Sexual Practices .....	32
5.3.4. Engagement with Law Enforcement .....	32
6. Experience Reducing Cannabis Consumption .....	33
6.1. Concern from Others About Cannabis Consumption .....	33
6.2. Failure to Limit Cannabis Consumption .....	34
6.3. Supports for Limiting Cannabis Consumption .....	35
7. Consumption After Legalization .....	36
8. Appendix A: Lifetime Consumption .....	38
8.1. Lifetime Cannabis Consumption .....	38
8.2. Age of First Cannabis Consumption .....	38
8.3. Driving Within 2 Hours After Consuming Cannabis.....	39
8.4. Consumption After Legalization.....	39
Appendix B: Counts .....	40
PART TWO: REGIONAL FINDINGS .....	42
Interior Health .....	1
Fraser Health .....	1
Vancouver Coastal Health .....	1
Island Health .....	1
Northern Health.....	1

# Executive Summary

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (28%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (72%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

*Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically<sup>3</sup>.*

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas.

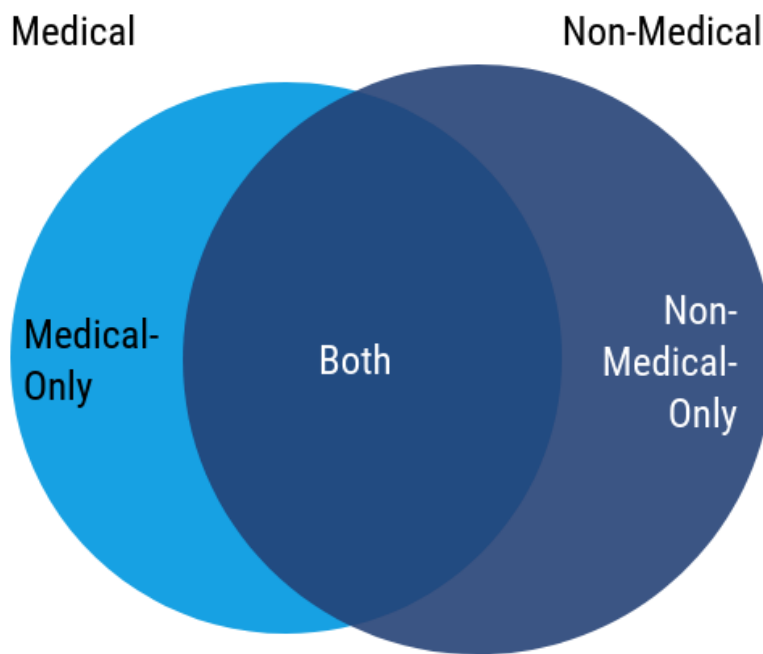
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

**Consumption for medical purposes and non-medical purposes were not mutually exclusive.**

Among *those who use cannabis*, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: THOSE WHO USE CANNABIS



Medical:	62%
Medical-Only:	23%
Non-Medical:	77%
Non-Medical-Only:	38%
Both:	39%

See Appendix B: Counts.

## WHO IS USING CANNABIS, AND WHY?

**Overall, 28% of British Columbians reported consuming cannabis in the past 12 months; 58% were men and 42% were women.**

A larger proportion of men (33%) than women (23%) reported consuming cannabis.

The reported consumption within each age group is as follows:

- 19-29 years (47%)
- 30-49 years (32%)
- 50+ years (20%).

Across HSDAs, the highest consumption rate was in Kootenay Boundary, where 40% had consumed cannabis at least once in the past 12 months. Richmond had the lowest rate at 11%.

Overall, 41% had never consumed cannabis during their lifetime.

**Among those who use cannabis, 23% consumed cannabis exclusively for medical purposes, 38% exclusively for non-medical purposes, and 39% for both medical and non-medical purposes.**

Across all *those who use cannabis*, 62% consumed cannabis for medical purposes, and 77% consumed cannabis for non-medical purposes (these figures do not total 100% as 39% indicated that they consumed cannabis for both purposes). See again Figure 1.

**Those who use cannabis for medical purposes were most commonly treating symptoms associated with sleep disturbances and pain.**

The top six symptoms treated were:

- Problem sleeping – 62%
- Acute pain – 38%
- Chronic non-cancer pain – 37%
- Headaches/migraine – 32%
- Muscle spasms – 20%
- Nausea/vomiting – 20%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

### Of those who use cannabis, 46% consumed cannabis daily for medical-only purposes, compared to 17% for non-medical-only purposes.

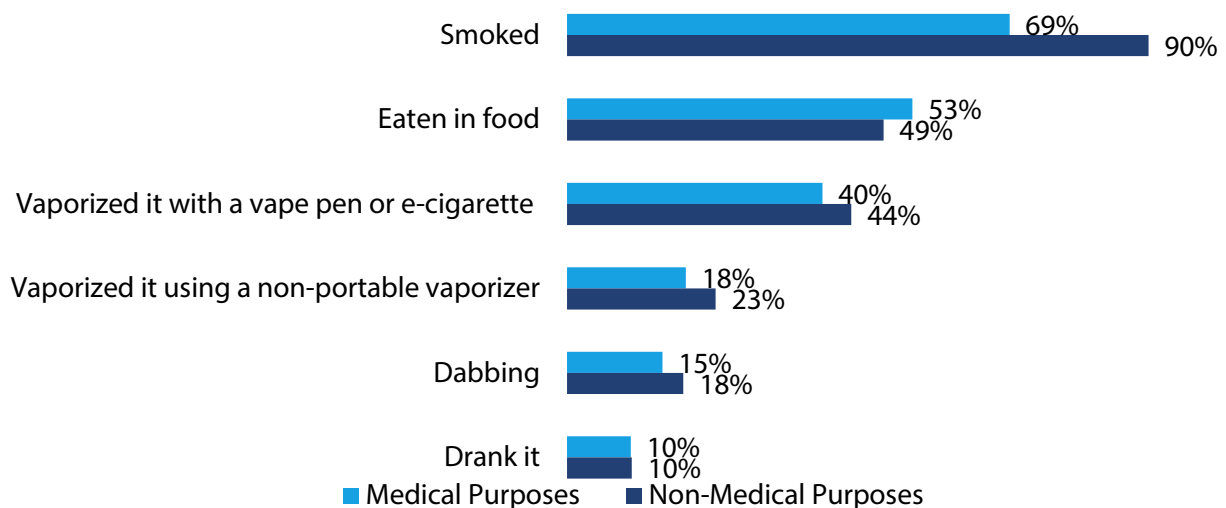
A larger percentage of *those who use cannabis* consumed for non-medical purposes (77%) than for medical purposes (62%). Nearly half (46%) of *those who use cannabis* for non-medical-only purposes consumed less than once per month, while 17% consumed daily. In contrast, nearly half (48%) of *those who use cannabis* for medical-only purposes consumed cannabis daily, while 18% consumed less than once a month.

### Few British Columbians planned to change the frequency of their cannabis consumption after legalization.

Only 7% planned to consume cannabis more frequently after legalization, while 80% planned to consume with the same frequency and 0% planned to consume less frequently. Increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 12% who reported that they planned to consume cannabis more frequently after legalization, compared to 5% for *those who do not use cannabis*.<sup>4</sup>

### The top three methods of consumption were the same for both medical and non-medical purposes: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.

FIGURE 2: METHODS OF CANNABIS CONSUMPTION IN BC



\*Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>4</sup> Only 3% of those who have never used cannabis planned to consume it after legalization.



**Dried flower/leaf and cannabidiol<sup>5</sup> (CBD) were the most commonly consumed cannabis products weekly or more for both medical and non-medical purposes.**

TABLE 1: TOP THREE CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (54%)	Dried flower/leaf (47%)
Cannabidiol (31%)	Cannabis oil cartridges (11%)
Topical ointments (20%)	Cannabidiol (10%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**The top three sources of cannabis were the same for both medical and non-medical purposes.**

TABLE 2: TOP THREE SOURCES OF CANNABIS

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (70%)	Friend (57%)
Friend (30%)	Compassion club/dispensary (56%)
It was shared around a group of friends (18%)	It was shared around a group of friends (47%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>5</sup> Survey definition of cannabidiol was “Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)”.

## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

### **Cannabis consumption was reported to positively affect quality of life for 73% of those who use cannabis.**

Positive effects were also reported for emotional wellbeing (71%), mental health (62%), physical health (60%), spiritual wellbeing (57%), physical mobility (50%), friendship or social life (49%), home life or romantic relationships (41%), and work or studies (26%). Few negative life effects of cannabis consumption were reported among *those who use cannabis*. The highest negative impacts were reported for work or studies (7%) and physical health (4%).

### **More than three in four British Columbians believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, over 40% of those who use cannabis reported having driven within 2 hours after consumption.**

Perceptions of impairment differed between *those who use cannabis* and *those who do not*; while 87% of *those who do not* use cannabis said that cannabis impairs driving, only 60% of *those who use cannabis* agreed. Some respondents (22% of *those who use cannabis* and 6% of *those who do not*) felt that "it depends", most frequently citing amount of cannabis consumed and personal tolerance as mitigating factors.

*Those who use cannabis* for non-medical-only purposes were nearly twice as likely to consume and drive than *those who use cannabis* for medical-only purposes (43% versus 25%). However, *those who use cannabis* for both medical and non-medical purposes were the most likely to consume and drive (55%). Overall, 62% of *those who use cannabis* and 20% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.

# **PART ONE:** **PROVINCIAL** **FINDINGS**

# 1. Introduction

The *Cannabis Act* was created by the Government of Canada as a legal and regulatory framework for controlling the production, distribution, sale and possession of cannabis across Canada. It came into effect on October 17, 2018.

Prior to legalization, BC Stats was contracted by the BC Cannabis Legalization and Regulation Secretariat (BC Ministry of Public Safety & Solicitor General) to gather baseline data from British Columbians on their views of cannabis, as well as reasons for use and use behaviours. Baseline data was obtained through the 2018 BC Cannabis Use Survey. The perceptions and usage patterns of British Columbians gathered via this survey can be monitored into the future, using the 2018 results as a benchmark, to help establish any significant change in or continued prevalence of trends. Any key observations and trends can provide pertinent information for planners and decision-makers in key sectors such as health, public safety and economic development.

The 2018 **BC Cannabis Use Survey** was designed to gain deeper insights into demographic trends in British Columbia. It followed recent studies that provided generalised observations across Canada. The two national surveys that were looked at during the development stages of this survey revealed some interesting trends in cannabis use: (1) Health Canada's *2017 Canadian Cannabis Survey* indicated that 22% of Canadians 16 years and over had used cannabis in the previous 12 months; and (2) Statistics Canada's *2017/2018 National Cannabis Survey* indicated that 15% of Canadians 15 years and over had used cannabis in the previous 3 months.

## 1.1. Background

In the 2015 Speech from the Throne, the Government of Canada made a commitment to legalize, strictly regulate, and restrict access to cannabis. In 2016, the Government Task Force on Cannabis Legalization and Regulation issued a discussion paper 'Toward the legalization, regulation and restriction of access to marijuana'. The task force recommended the collection of baseline data and ongoing monitoring and evaluation. The paper led to a public consultation and the collection of comprehensive data that would later feed into a national framework for the legalization and regulation of cannabis (the *Cannabis Act*).

In preparation for legalization, British Columbia enacted the *Cannabis Control and Licensing Act (CCLA)*, which establishes a licensing regime for private non-medical cannabis stores, and provides for the possession, personal cultivation and public consumption of cannabis. British Columbia also enacted the *Cannabis Distribution Act* to provide for the public wholesale

distribution of cannabis and public (government-run) retail stores. These Acts along with other associated legislation and regulations, form the provincial regulatory framework which is designed to protect children and youth, promote health and safety, reduce crime and the illegal market, keep BC's roads safe, and support economic development.

## 1.2. Methodology

The **BC Cannabis Use Survey** was conducted between June 15 and August 29, 2018. It was carried out by Advanis Inc. A random sample of telephone numbers (landline and mobile) was used to connect with potential survey respondents. Only the individuals who passed the initial eligibility questions<sup>6</sup> continued with the 10-minute phone survey. The phone survey was made available in English, Punjabi, Cantonese and Mandarin.

The phone survey was designed to capture the views and experiences of *those who use cannabis* for medical purposes, non-medical purposes or both. *Those who do not use cannabis* were only asked a subset of questions such as their opinion of whether consuming cannabis impairs one's ability to drive or operate a vehicle.<sup>7</sup>

All respondents were asked to complete a supplementary online survey, and if they agreed, were sent a link either by e-mail or text message.

A total of 28,659 phone surveys and 10,700 online surveys were completed, with quotas for some key sub-populations to ensure viability of data results, and to ensure a representative sample of the British Columbia population. One key sub-population sampled was self-identified Indigenous people. They were oversampled to ensure a statistically meaningful result that was representative of self-identified Indigenous people.<sup>8</sup> Otherwise, quotas were established based on region (Health Service Delivery Area or HSDA<sup>9</sup>), age and sex. Post-survey weighting of the data ensured that the resulting sample was representative of the demographic distribution of the province.

---

<sup>6</sup> To be eligible, individuals needed to have a postal code beginning with V, be 19 years or older, provide a valid response to whether they had ever tried cannabis for medical or for non-medical purposes.

<sup>7</sup> If *those who do not use cannabis* agreed to the online survey, they were also asked about their planned use of cannabis after legalization of cannabis, the frequency they drank alcohol, whether they had ever been a passenger in a motor vehicle driven by someone who had used cannabis within 2 hours before driving, and if so, when this last happened, and additional demographic questions.

<sup>8</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

<sup>9</sup> BC's five regional health authorities are: Interior Health, Fraser Health, Vancouver Coastal Health, Island Health, and Northern Health. They are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas.

### 1.2.1. Use Groups

Respondents were asked about their cannabis use within the past 12 months. Respondents were subsequently grouped by use:

- “those who use cannabis” included respondents who had consumed cannabis within the past 12 months.
- “those who do not use cannabis” included respondents who had not consumed cannabis within the past 12 months, including people who have never used cannabis.

*Those who use cannabis* were further categorized depending on whether they had consumed cannabis for medical or non-medical purposes. In cases where respondents consumed cannabis both medically and non-medically, they were included in both use groups.

*Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.*<sup>10</sup>

## 1.3. Objectives of the Survey

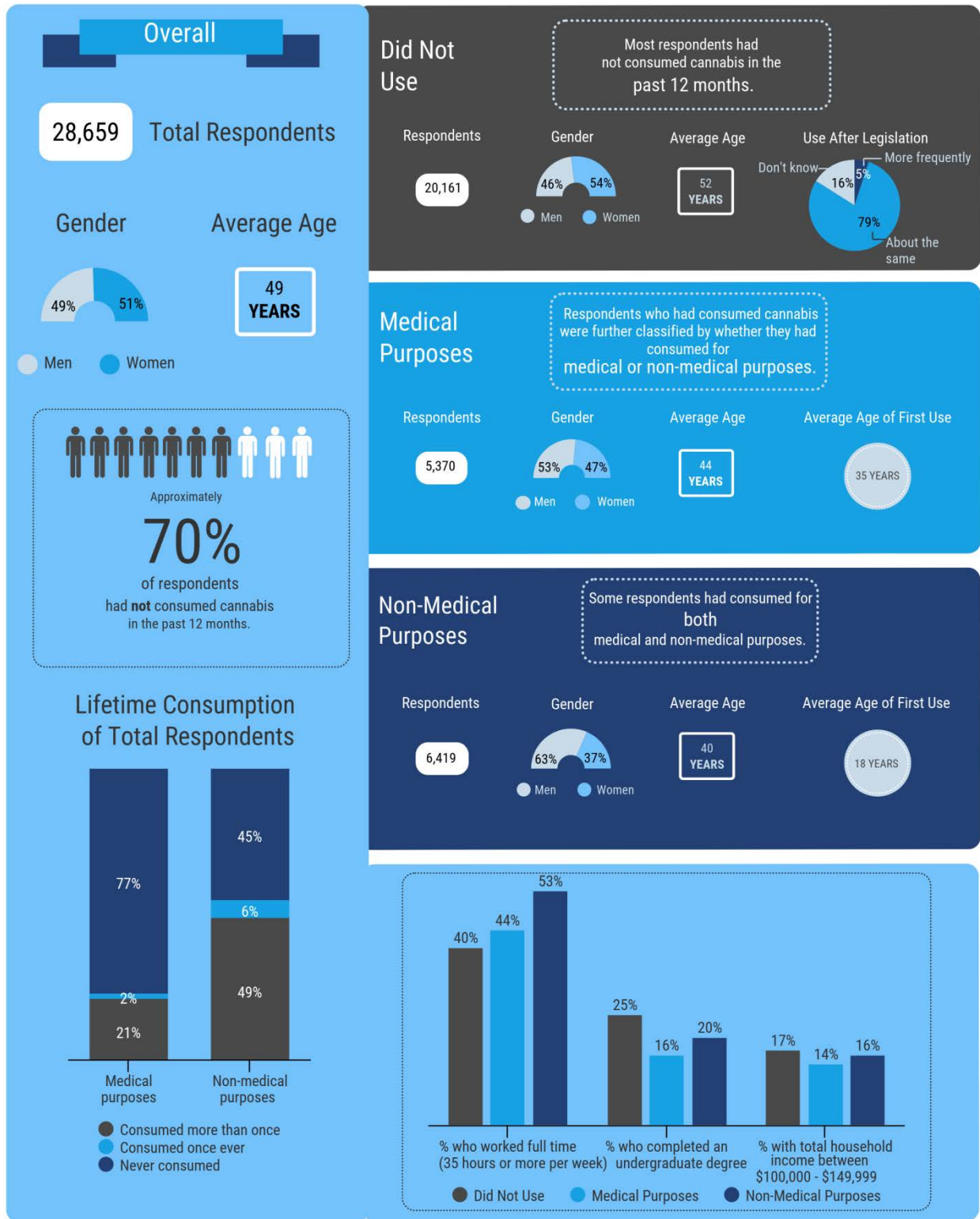
The **BC Cannabis Use Survey** is the first survey of its kind to be conducted across the province of British Columbia. The objectives for the survey were set by BC Stats in collaboration with the BC Cannabis Legalization and Regulation Secretariat. Other stakeholders who contributed to the development of the survey included representatives of RoadSafetyBC, the Ministry of Health, Office of the Provincial Health Officer, First Nations Health Authority and the Ministry of Mental Health and Addictions.

The principal objective of the survey was to gain insight into the perceptions and practices of British Columbians with respect to cannabis consumption. This will help establish a greater understanding of patterns of consumption, attitudes and knowledge of British Columbians, the cannabis market, and potential public safety issues. Overall, the results of this survey will help provide valuable reference data for decision-makers and planners into the future.

---

<sup>10</sup> Results for lifetime use groups are in Appendix A.

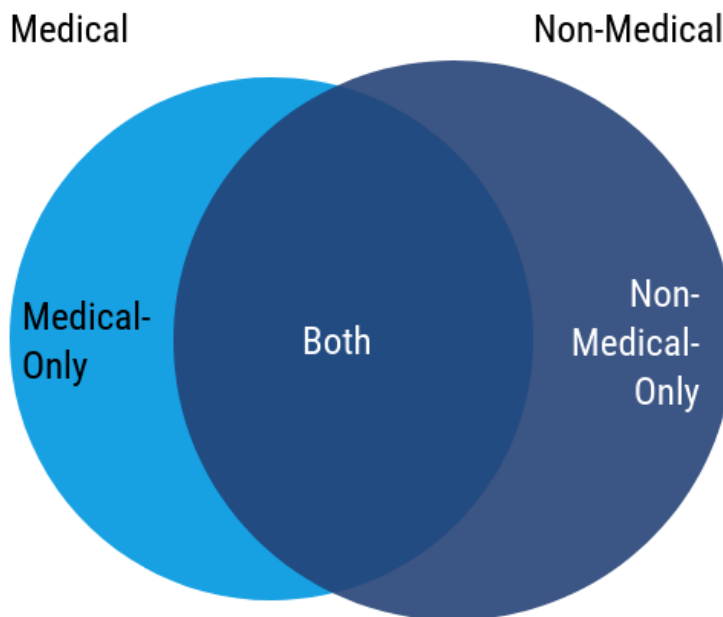
# 1.4. Respondent Snapshot



## 1.5. A Note about Medical and Non-Medical Purposes

Throughout this report, it is important to understand that consumption for medical purposes and non-medical purposes are not mutually exclusive, unless specifically stated. Among *those who use cannabis*, some consumed cannabis exclusively for medical purposes (“medical-only”), some consumed exclusively for non-medical purposes (“non-medical-only”), while some consumed cannabis for both purposes (see Figure 3). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 3: THOSE WHO USE CANNABIS



Medical:	62%
Medical-Only:	23%
Non-Medical:	77%
Non-Medical-Only:	38%
Both:	39%

See Appendix B: Counts.



## 2. Who is Using Cannabis in BC?

This section examines use of cannabis (within the past 12 months), as well as the age of first consumption.

### 2.1. Cannabis Consumption

Overall, 28% of British Columbians reported consuming cannabis in the past 12 months; 58% were men and 42% were women.

Of the 28% who have consumed cannabis in the past 12 months:

- 29% were aged 19-29 years
- 37% were aged 30-49 years
- 35% were aged 50+ years.<sup>11</sup>

Within age groups, the reported consumption rate in the past 12 months is:

- 47% of respondents aged 19-29 years
- 32% of respondents aged 30-49 years
- 20% of respondents aged 50+ years.

While respondents aged 19-29 years reported a higher rate of consuming cannabis in the past 12 months, the largest number of respondents reporting cannabis consumption in the past 12 months were in the 30-49 age group.

Among *those who use cannabis*, 23% consumed for medical purposes only, 38% for non-medical purposes only, and 39% for both medical and non-medical purposes. Thus, across *those who use cannabis*, 62% consumed cannabis for medical purposes, and 77% consumed cannabis for non-medical purposes (these figures do not total 100% as 39% indicated that they consumed cannabis for both purposes). Of *those who use cannabis*, many reported consuming cannabis for both medical and non-medical purposes, and the consumption varied by age group, as will be evidenced throughout this report.

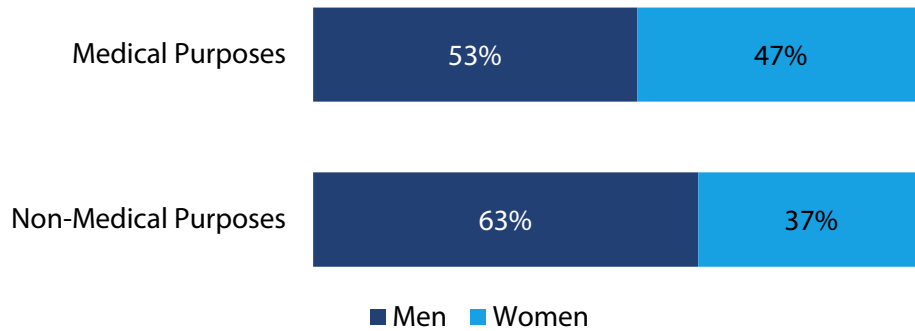
---

<sup>11</sup> Percentages do not sum to 100% due to rounding.

**BC STATS**

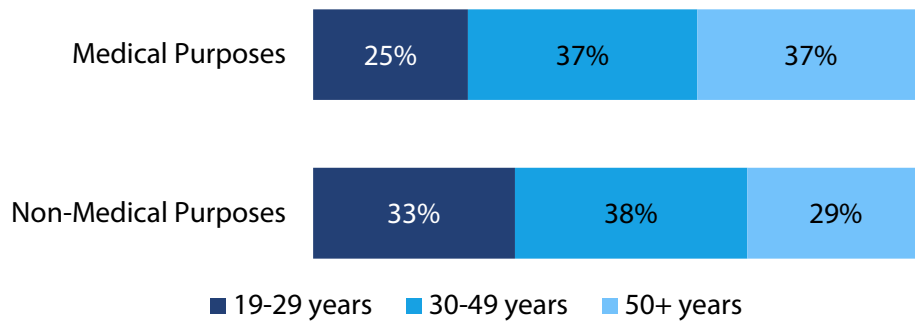
While the rate of consumption for medical purposes was similar by gender, (53% were men and 47% were women), almost two-thirds (63%) of *those who use cannabis* for non-medical purposes were men, while only 37% were women.

**FIGURE 4: MEDICAL AND NON-MEDICAL PURPOSE, BY GENDER**



Three-quarters of *those who use cannabis* for medical purposes were aged 30 years and older (37% were 30-49 years old, while 38% were 50+ years old). Meanwhile, over 70% of *those who use cannabis* for non-medical purposes were younger than 50 years old (33% were 19-29 years old, while 38% were 30-49 years old).

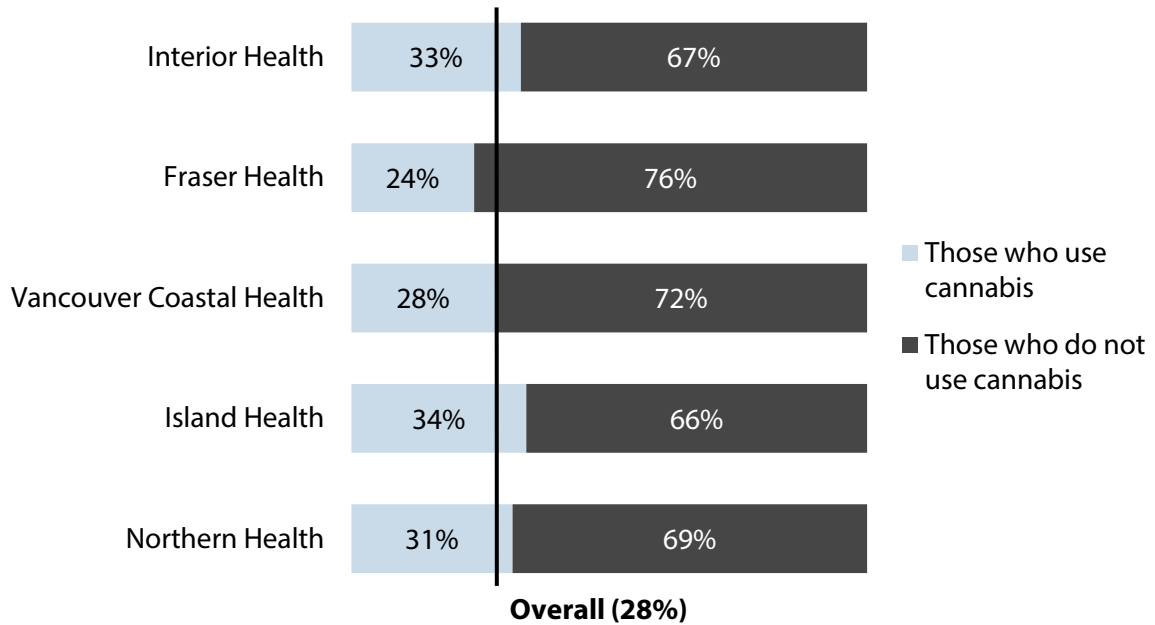
**FIGURE 5: MEDICAL AND NON-MEDICAL PURPOSE, BY AGE**



**BC STATS**

Across health authorities, those in Island Health reported the highest rate of cannabis consumption, at 34%. The lowest rate was for Fraser Health, where 24% reported consuming cannabis.

**FIGURE 6: CANNABIS CONSUMPTION, BY HEALTH AUTHORITY**

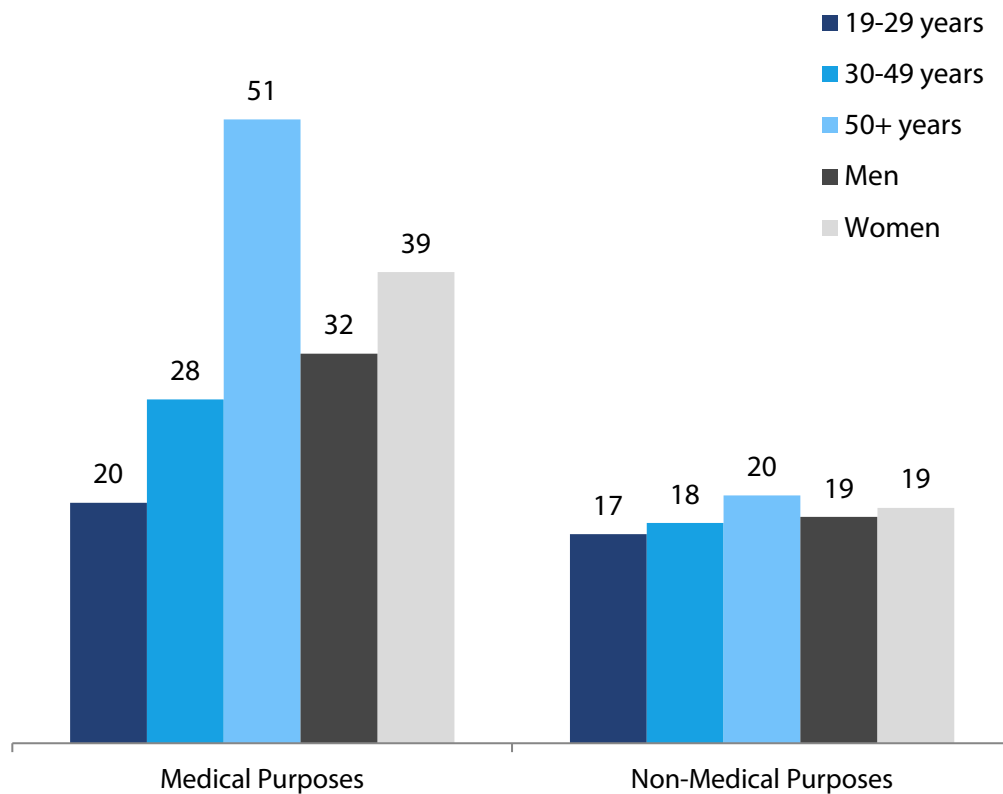


## 2.2. Age of First Cannabis Consumption

On average, *those who use cannabis* first tried or started using cannabis for medical purposes at age 34, but first tried or started consuming cannabis for non-medical purposes at age 18.

There was much more variation in average age of first consumption by both age group and gender for medical purposes than for non-medical purposes.

FIGURE 7: AVERAGE AGE OF FIRST CONSUMPTION OF CANNABIS, BY AGE GROUP AND GENDER\*



\* Numbers are rounded.

## 3. Access and Consumption

This section examines the ways in which British Columbians access and consume cannabis.

### 3.1. Accessing Cannabis in BC

#### 3.1.1. Cannabis Sources

Respondents were asked to identify where they accessed cannabis in the past 12 months. Although the ranked order differed, the top three sources to acquire cannabis were the same for medical and non-medical purposes.

TABLE 3: TOP 10 SOURCES OF CANNABIS

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (70%)	Friend (57%)
Friend (30%)	Compassion club/dispensary (56%)
It was shared around a group of friends (18%)	It was shared around a group of friends (47%)
Family member (14%)	Acquaintance (22%)
Acquaintance (13%)	Family member (19%)
Health Canada authorized grower (13%)	Dealer (16%)
Grown for user (12%)	Grown for user (12%)
Dealer (10%)	Health Canada authorized grower (9%)
Grew their own (10%)	Grew their own (9%)
Health Canada licenced producer by mail order (7%)	Health Canada licenced producer by mail order (4%)

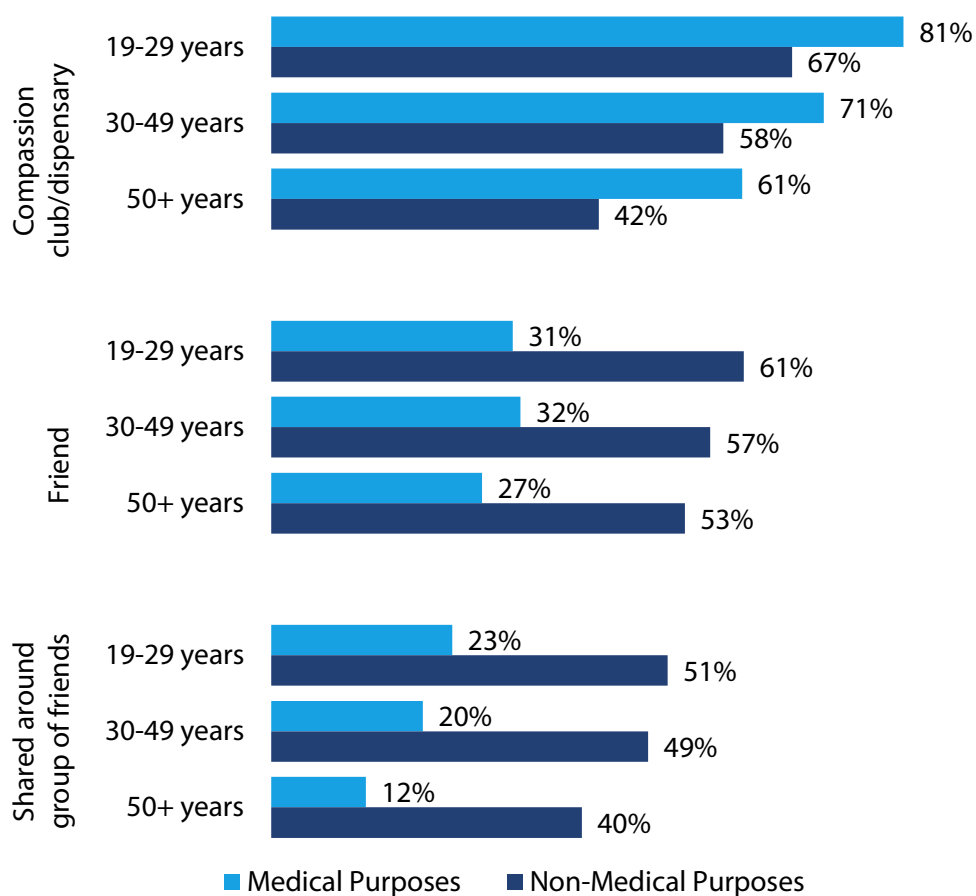
\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**BC STATS**

There are notable differences in cannabis sources across demographic groups. The majority of respondents aged 50+ years acquired cannabis for non-medical purposes from a friend (53%), though cannabis club/dispensary was the top source to acquire cannabis for medical purposes for this group (61%). However, this age group was less likely than their younger counterparts to acquire cannabis from a club/dispensary for both medical and non-medical purposes.

**Those who tended to buy cannabis for non-medical purposes from dispensaries were younger, while those who tended to source it through a friend were older.**

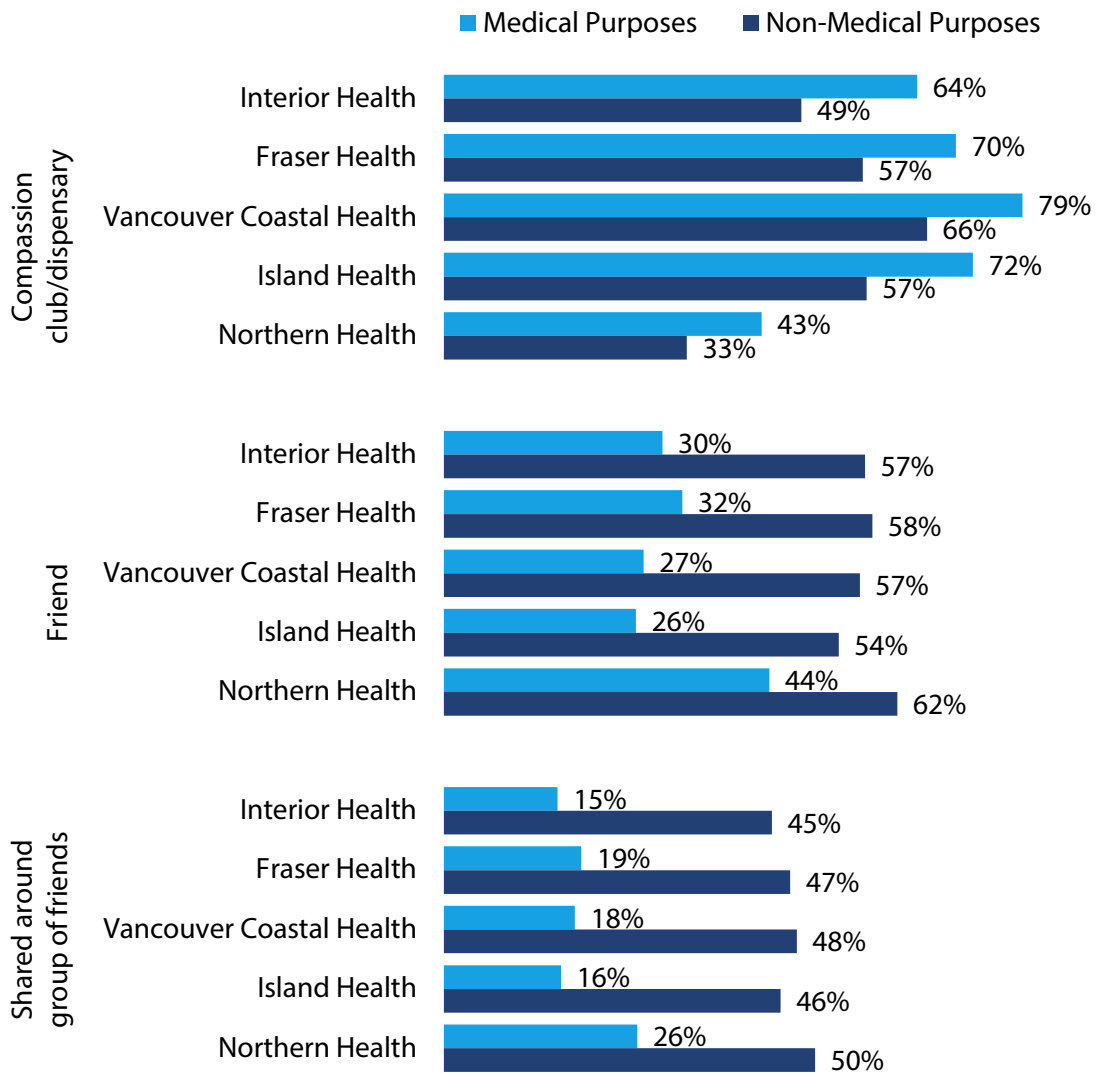
**FIGURE 8: TOP 3 SOURCES OF CANNABIS, BY AGE**



Fewer of *those who use cannabis* in Northern Health than those in other health authorities obtained their cannabis from a compassion club or dispensary. The difference was most noticeable between *those who use cannabis* in Northern Health and Vancouver Coastal Health, with proportionally twice as many in Vancouver Coastal Health sourcing their medical and non-medical cannabis from a compassion club or dispensary compared to those in Northern

Health. Unlike in most other areas of the province, *those who use cannabis* in Northern Health were most likely to acquire both their medical and non-medical use cannabis from a friend.

FIGURE 9: TOP 3 SOURCES OF CANNABIS, BY HEALTH AUTHORITY

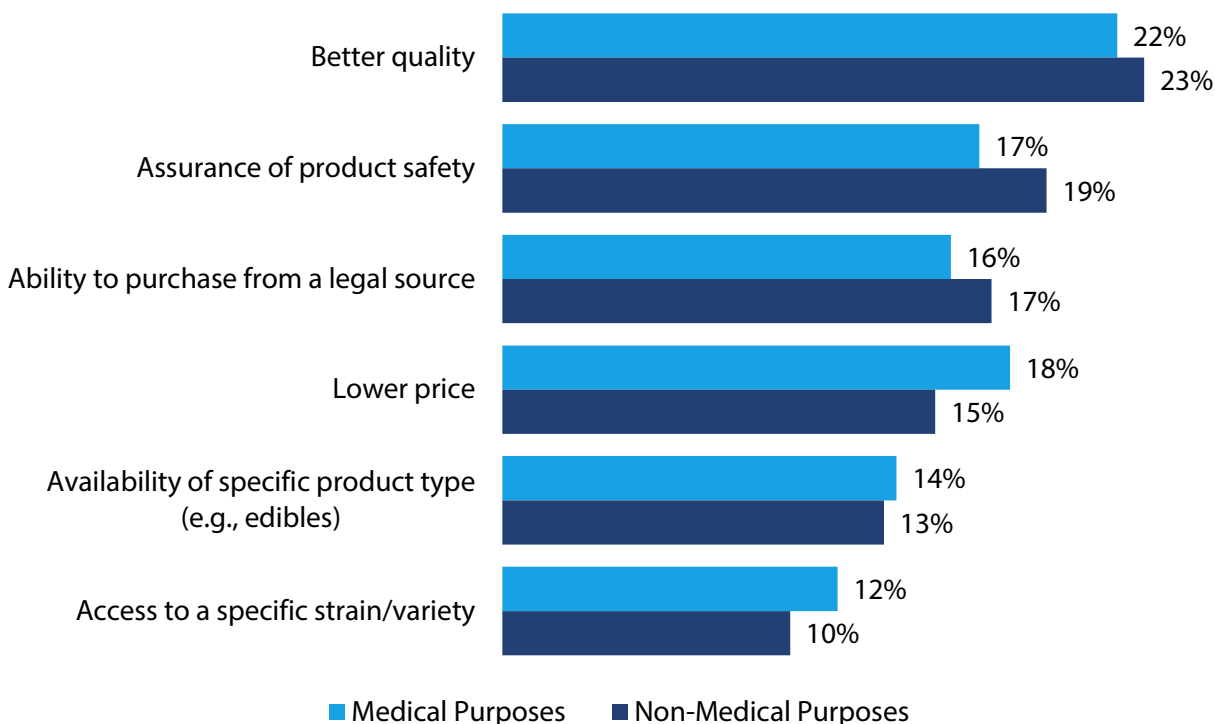


### 3.1.2. Travel to Access Cannabis

Those who use cannabis were asked how far they would be willing travel to purchase cannabis. Overall, 43% indicated that they would not be willing to travel more than five kilometres, while an additional 42% said they would draw the line somewhere between five and 20 kilometres. Unsurprisingly, urban versus rural demographic seemed to determine willingness to travel longer distances, as those in Northern Health and Interior Health were most likely to go further than 20 kilometres (26% and 20% respectively), while 59% of those in Vancouver Coastal Health felt that five kilometres was the maximum distance they would travel.

Those who use cannabis were also asked what factor would most influence their willingness to travel to purchase cannabis. Quality, safety and legality were the top answers (22%, 19% and 18% respectively). The top three factors were the same for both of the older age groups (30-49 years and 50+ years), but differed slightly for the 19-29 age group, where price replaced safety by a slim margin.

FIGURE 10: TOP FACTORS FOR TRAVEL, BY PURPOSE





## 3.2. Methods of Cannabis Consumption

The top methods of cannabis consumption were the same for both medical and non-medical purposes, although *those who use cannabis* for non-medical purposes were more likely to smoke cannabis than those consuming for medical purposes.

TABLE 4: TOP METHODS OF CONSUMPTION

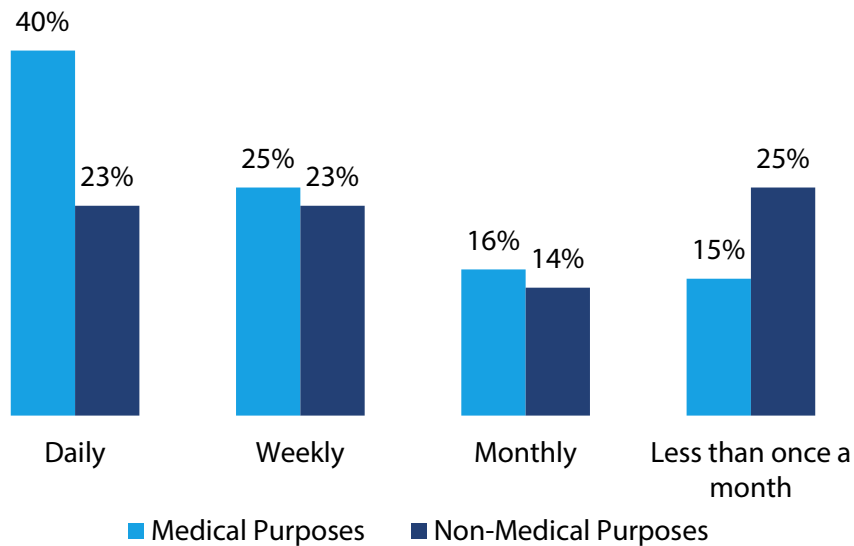
Medical Purposes	Non-Medical Purposes
Smoked (69%)	Smoked (90%)
Eaten (53%)	Eaten (49%)
Vaporized it with a vape pen or e-cigarette (40%)	Vaporized it with a vape pen or e-cigarette (44%)
Vaporized it using a non-portable vaporizer (18%)	Vaporized it using a non-portable vaporizer (23%)
Dabbing (15%)	Dabbing (18%)
Drank (10%)	Drank (10%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

### 3.3. Frequency of Cannabis Consumption

Frequency of cannabis consumption varied between medical and non-medical purposes. When consuming for medical purposes, 40% consumed daily while 15% consumed less than once a month. In contrast, 23% of those who use cannabis for non-medical purposes reported daily consumption, while 25% of those who use cannabis for non-medical purposes consumed less than once a month.

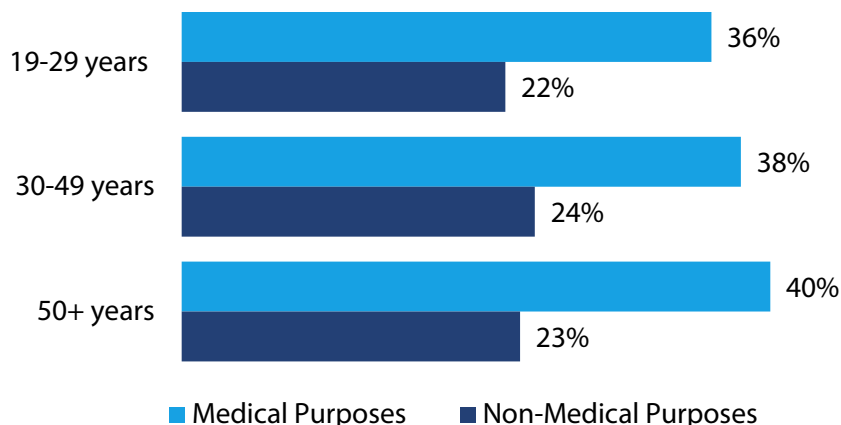
FIGURE 11: CANNABIS CONSUMPTION FREQUENCY, BY PURPOSE



Of those who use cannabis for medical purposes, those aged 50+ were more likely to consume daily than those in younger age groups.

When consuming cannabis for non-medical purposes, daily consumption rates between age groups were much more similar.

FIGURE 12: DAILY CANNABIS CONSUMPTION, BY AGE GROUP

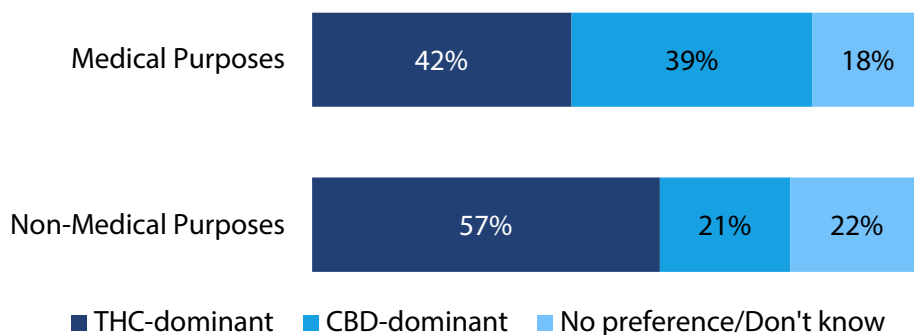


### 3.4. THC and CBD

Those who use cannabis were asked the following: “if both were equally accessible to you, would you prefer to consume using a THC-dominant cannabis product (in other words, one that would make you feel stoned or high), or a cannabidiol or CBD-dominant cannabis product (in other words, one that would still provide relief from symptoms without making you feel stoned or high)?”

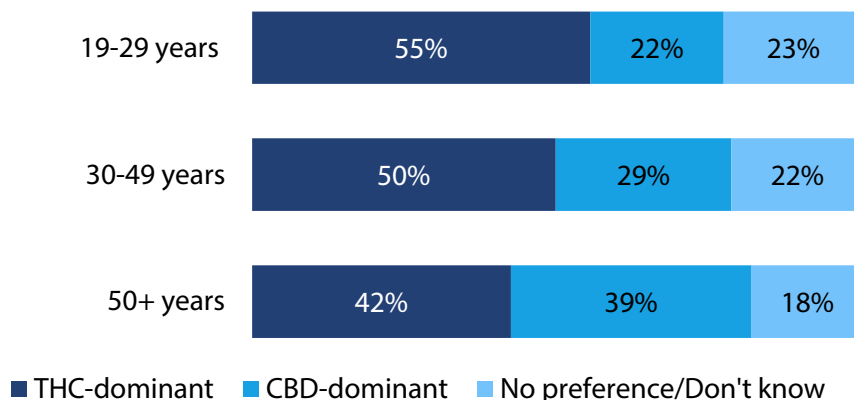
Overall, 49% preferred a THC-dominant product, while 31% preferred CBD-dominant (21% had no preference or didn’t know). Whether for medical or non-medical purposes, those who use cannabis preferred THC-dominant over CBD-dominant products, but those who use cannabis for medical purposes showed only a 3% preference (42% preferred THC-dominant and 39% preferred CBD-dominant), while 35% more of those who use cannabis for non-medical purposes preferred THC-dominant (57%) to CBD-dominant cannabis (21%).

FIGURE 13: PREFERENCE FOR THC/CBD, BY PURPOSE



While all age groups preferred THC-dominant cannabis, those aged 50+ had the highest preference for CBD-dominant products at 39%.

FIGURE 14: PREFERENCE FOR THC/CBD, BY AGE GROUP

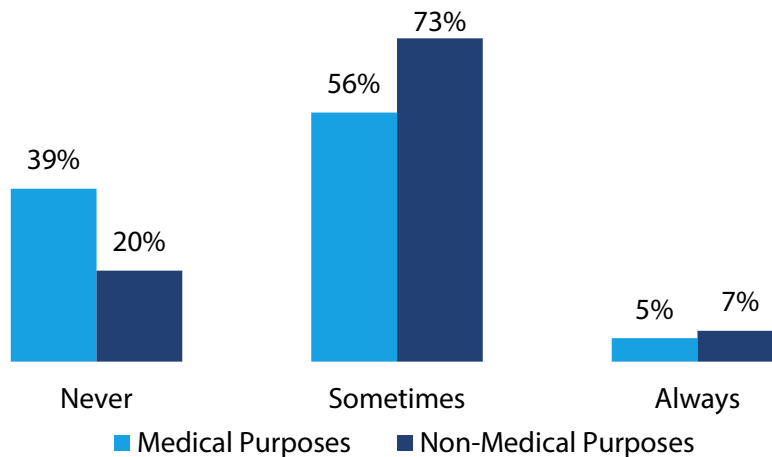


### 3.5. Cannabis in Combination with Other Substances

*Those who use cannabis* were asked about their experience consuming cannabis in combination with other substances. By far, the most common substance consumed in combination with cannabis was alcohol; only 31% of *those who use cannabis* reported “never” consuming cannabis in combination with alcohol (although only 6% “always” consumed alcohol when consuming cannabis, while the balance (63%) reported “sometimes”).

A larger proportion of *those who use cannabis* for medical purposes (39%) “never” consumed cannabis in combination with alcohol. In comparison, of *those who use cannabis* for non-medical purposes, 20% reported “never” consuming cannabis in combination with alcohol.

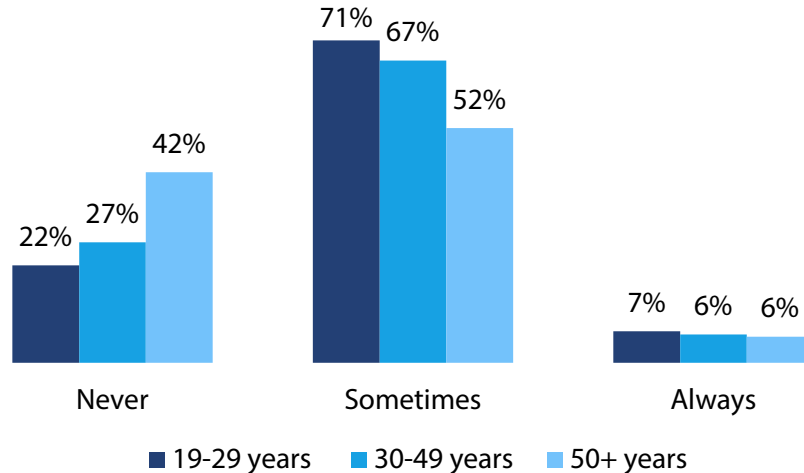
FIGURE 15: FREQUENCY OF ALCOHOL USE IN COMBINATION WITH CANNABIS, BY PURPOSE



**BC STATS**

Age factored into likelihood to combine alcohol with cannabis consumption, with 20% more aged 19-29 who reported that they combine alcohol with cannabis consumption than those aged 50+ (78% and 58% reported “sometimes” or “always”, respectively).

**FIGURE 16: FREQUENCY OF ALCOHOL USE IN COMBINATION WITH CANNABIS, BY AGE GROUP**



Tobacco/e-cigarettes were the second most-used substance in combination with cannabis consumption; 31% of *those who use cannabis* reported consuming tobacco/e-cigarettes in combination with cannabis “sometimes” or “always.” As was the case with alcohol, age was a factor in likelihood to combine tobacco consumption with cannabis consumption; *those who use cannabis* aged 19-29 were twice as likely to combine tobacco/e-cigarettes consumption with cannabis consumption as those aged 50+ (41% and 19% reporting “sometimes” or “always”, respectively).

A small percentage of *those who use cannabis* reported combining cannabis consumption with prescription pharmaceuticals. *Those who use cannabis* reported “sometimes” or “always” combining cannabis consumption with prescription pain relievers (12%), stimulants (3%) and sedatives/tranquilizers (6%). Similar rates were seen for two of the three illicit substances asked about in the survey; *those who use cannabis* reported “sometimes” or “always” combining cannabis consumption with illicit stimulants (7%) and hallucinogens/dissociatives (10%). Opioids were only consumed in combination with cannabis “sometimes” by 1% of *those who use cannabis*.

## 4. Cannabis and BC Life

This section examines the potential impacts of cannabis consumption on everyday lives of *those who use cannabis*. A variety of positive effects and potential harms are explored, including social and societal impacts. The responses to this section's topics came from a smaller sub-population of respondents who completed the online survey and reported consuming cannabis.

### 4.1. Cannabis at School – Non-Medical Purposes

*Those who use cannabis* for non-medical purposes were asked how often in the past 12 months they had consumed cannabis to get “stoned” or “high” before going to, or while at school, college or university. They were also asked if they had been absent from the above because of their use of cannabis.

**In the past 12 months...**

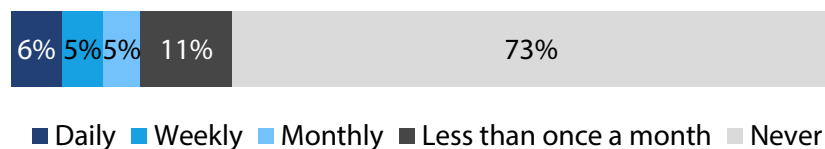
**27% of those who use cannabis for non-medical purposes did so to get “high” at school.**

**5% of those who use cannabis for non-medical purposes were absent from school as a result of their cannabis use.**

Overall, 27% of students *who use cannabis* for non-medical purposes<sup>12</sup> consumed cannabis before going to, or while at school.

Of the students *who use cannabis* for non-medical purposes, 6% consumed daily, 5% weekly, 5% monthly, and 11% consumed less than once a month. Almost three-quarters (73%) had not consumed cannabis before or while at school.

FIGURE 17: FREQUENCY OF USE FOR NON-MEDICAL PURPOSES AT SCHOOL



Overall, 5% of students *who use cannabis* for non-medical purposes were absent from school due to cannabis consumption. There were no discernable differences based on gender, age, or region in likelihood to attend school “high” or to be absent from school due to cannabis consumption.

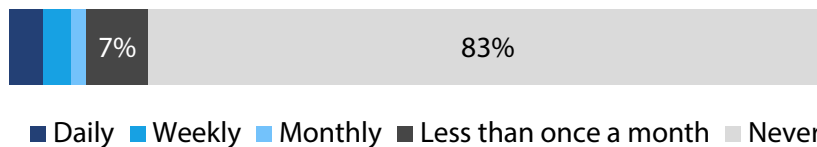
<sup>12</sup> This excludes *those who use cannabis* for non-medical purposes who answered “Don’t know” or “Prefer not to say”, or were not students.

## 4.2. Cannabis at Work – Non-Medical Purposes

Those who use cannabis for non-medical purposes were asked how often in the past 12 months they had used cannabis to get “stoned” or “high” before going to, or while at work. They were also asked if they had been absent from work because of their use of cannabis.

The results indicate that 17% of those who use cannabis for non-medical purposes consumed cannabis before or while at work. At work, 4% were “high” daily, 3% weekly, 2% monthly, and 7% less than once per month. The majority of respondents (83%) had not consumed cannabis before or while at work.<sup>13</sup>

FIGURE 18: FREQUENCY OF USE FOR NON-MEDICAL PURPOSES AT WORK\*



\* Percentages less than 5% are not labelled.

Overall, 1% of those who use cannabis for non-medical purposes reported that they were absent from work because of their use of cannabis. There were no discernable differences by gender, age, or region concerning the likelihood to work while “high” or missing work due to cannabis consumption.

Using the highest-level National Occupation Classification (NOC) groups, 50% of those who use cannabis for non-medical purposes daily or weekly, before or during work, had occupations in Sales and Service and Manufacturing and Utilities (25% each), with 19% in Art and Culture. Others were spread across the remaining classifications and are represented by too few respondents to be of significance.

**In the past 12 months...**

**17% of those who use cannabis for non-medical purposes did so to get “high” at work.**

**1% of those who use cannabis for non-medical purposes were absent from work as a result of cannabis use.**

<sup>13</sup> This excludes those who use cannabis for non-medical purposes who answered “Don’t know” or “Prefer not to say”, or those who don’t work.

## 4.3. Cannabis and Quality of Life

Survey questions explored the effects of cannabis on quality of life, in general and across a number of factors, in the past 12 months.

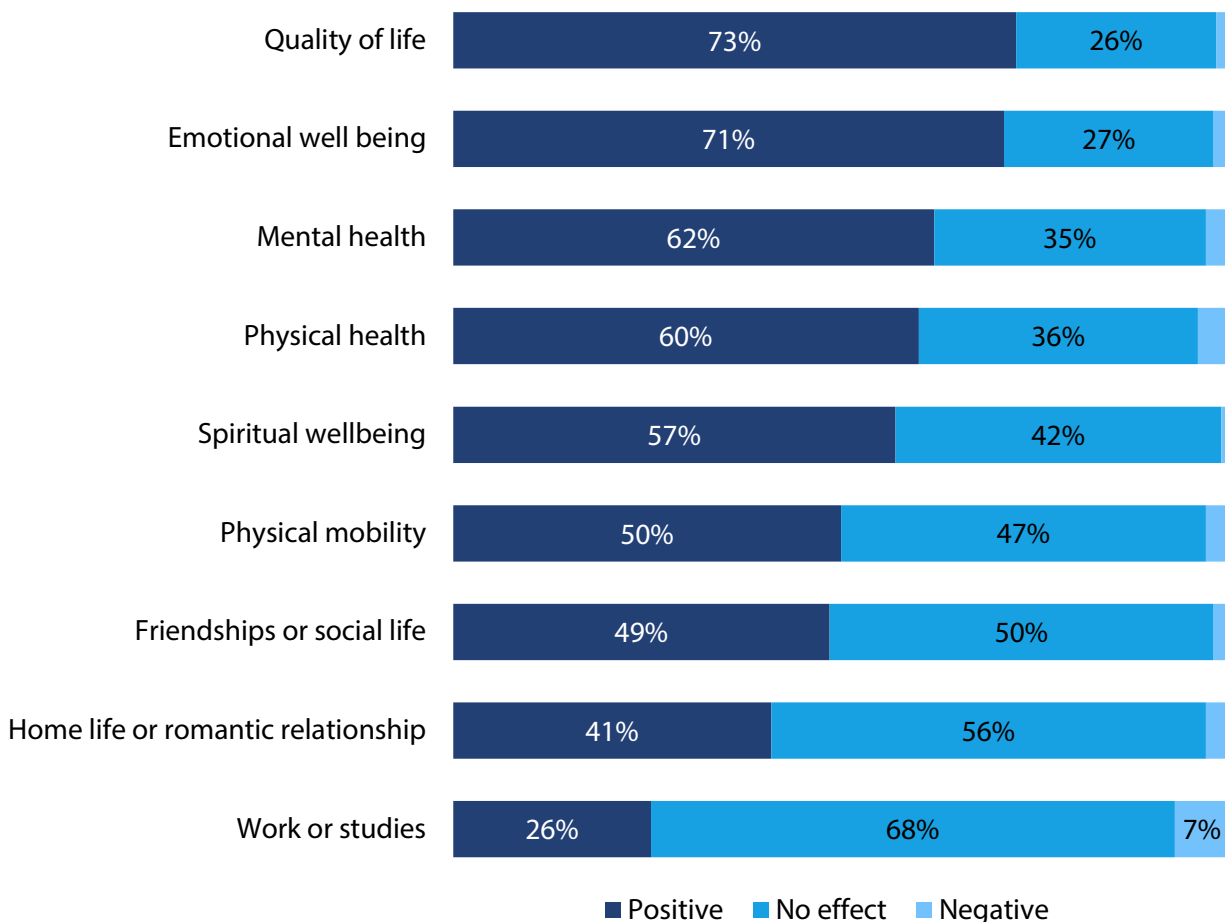
### 4.3.1. Effects of Cannabis on Aspects of Life

Cannabis consumption was reported to positively affect quality of life for 73% of *those who use cannabis*. Positive effects were also reported for emotional wellbeing (71%), mental health (62%), physical health (60%), spiritual wellbeing (57%), physical mobility (50%), friendship or social life (49%), home life or romantic relationship (41%), and work or studies (26%).

Although few reported negative effects of cannabis consumption on aspects of life, the highest negative impacts were reported for work or studies (7%) and physical health (4%).

**Cannabis consumption was reported to positively affect the quality of life of 73% of those who use cannabis.**

FIGURE 19: TYPE OF EFFECT CANNABIS HAD ON ASPECTS OF LIFE



\* Percentages less than 5% are not labelled.



### 4.3.2. Conditions Treated with Cannabis for Medical Purposes<sup>14</sup>

Those who use cannabis for medical purposes reported treating a variety of conditions by consuming cannabis. By far, the most common condition treated with cannabis was anxiety, cited by more than half of those who use cannabis for medical purposes. Table 5 shows conditions affecting at least 10% of those who use cannabis for medical purposes.

TABLE 5: MOST COMMON CONDITIONS TREATED BY CANNABIS

Conditions	Percentage*
Anxiety	52%
Depression	39%
Arthritis	30%
Pain/Neuralgia	17%
PTSD (Post-Traumatic Stress Disorder)	16%
Irritable bowel syndrome (IBS)	11%
ADHD/ADD (Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder)	10%
Sleep problems**	10%

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

\*\* Sleep problems was identified from multiple responses under "Other".

Top health conditions varied by age group. Those who use cannabis for medical purposes aged 19-29 and 30-49 most commonly treated anxiety (73% and 61% respectively), while those aged 50+ most commonly treated arthritis (49%).

<sup>14</sup> Medical conditions were not necessarily diagnosed by an authorized practitioner under the medical scheme.

### 4.3.3. Symptoms Treated with Cannabis for Medical Purposes<sup>15</sup>

Those who use cannabis for medical purposes most commonly consumed cannabis to treat symptoms associated with sleep disturbances and pain. The top symptoms (those affecting at least 10% of those who use cannabis for medical purposes) are shown in Table 6.

TABLE 6: MOST COMMON SYMPTOMS TREATED BY CANNABIS

Symptoms	Percentage*
Problems sleeping	62%
Acute pain	38%
Chronic non-cancer pain	37%
Headaches/migraine	32%
Muscle spasms	20%
Nausea/vomiting	20%

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

While all age groups cited the same top six symptoms treated with cannabis, there was some variation. Nausea/vomiting was cited often by those who use cannabis aged 19-29 and 30-49 (29% and 27% respectively) but only affected 7% of those aged 50+. Similarly, headaches/migraines were treated by 51% of those who use cannabis for medical purposes aged 19-29 and 40% by those aged 30-49, but only by 14% of those aged 50+.

<sup>15</sup> Symptoms treated were not necessarily diagnosed by an authorized practitioner under the medical scheme.

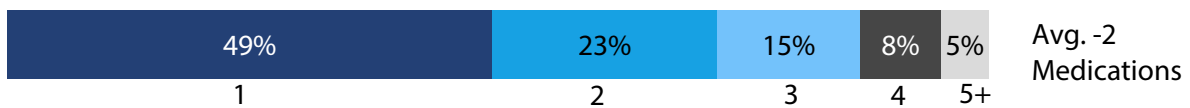
### 4.3.4. Cannabis and Prescription Medication

Those who use cannabis for medical purposes were asked to indicate what medications, if any, they had been able to reduce since consuming cannabis for medical purposes. An aggregate of these results measures the total number of medications reduced for those who use cannabis for medical purposes.

On average, consuming cannabis for medical purposes was reported to reduce number of medications by 2 for those who use cannabis for medical purposes.

**Cannabis consumption for medical purposes reduced number of medications.**

FIGURE 20: NUMBER OF MEDICATIONS REDUCED SINCE CONSUMING CANNABIS FOR MEDICAL PURPOSES



Overall, 49% of those who use cannabis for medical purposes managed to reduce their use of non-opioid pain relievers, and 46% also reduced their use of anti-inflammatories. Cannabis consumed for medical purposes was reported to also reduce 29% of opioid pain relievers and 20% reported a reduction in anti-depressants. Smaller proportions lessened use of stimulants (4%), anti-convulsants (3%), and other medications (2%).

## 5. Potential Risks

The responses to most of this section’s topics came from a smaller sub-population of respondents who completed the online survey and, in many cases, reported consuming cannabis.

### 5.1. Cannabis on BC Roads

*Those who use cannabis* were asked about their experiences with cannabis in relation to road safety.

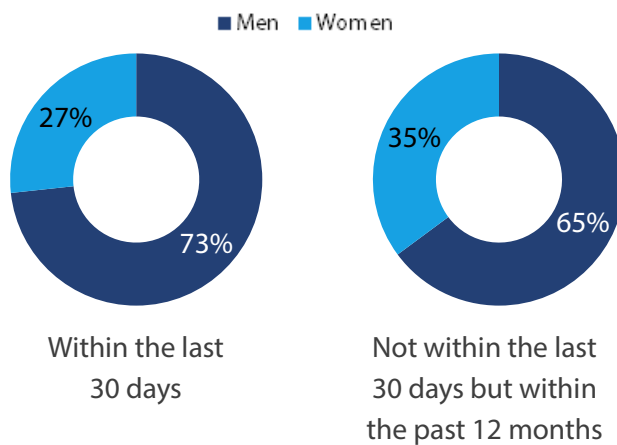
#### 5.1.1. Driving Within 2 Hours After Consuming Cannabis

*Those who use cannabis*, for either medical and/or non-medical purposes, were asked if they had ever driven a motor vehicle within 2 hours after consuming cannabis. Those who had were asked if they had consumed alcohol or another drug other than tobacco while consuming cannabis. Those who had driven after consuming cannabis (alone or in combination) were asked when it last happened.

**43% of those who use cannabis reported driving within 2 hours after consuming cannabis, at some point in their lives.**

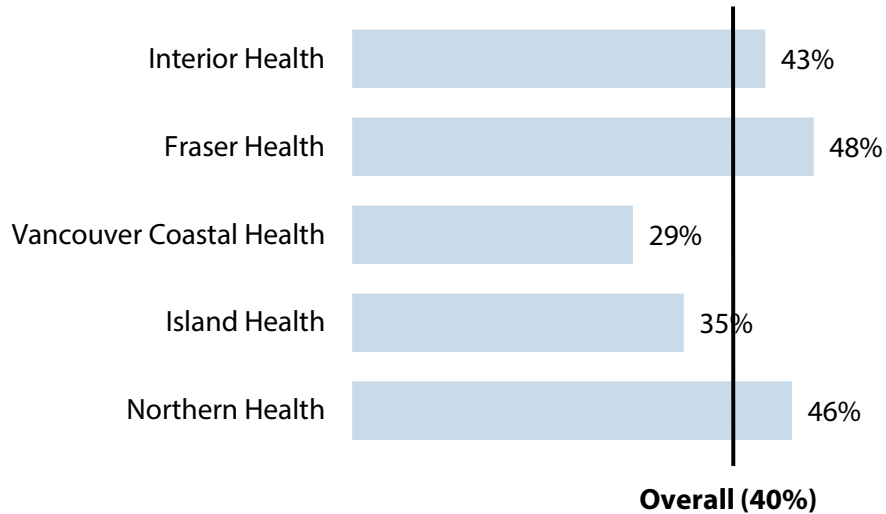
Over two in five (43%) of *those who use cannabis* reported at some point in their lives having driven within 2 hours after consuming cannabis. Of those, 40% reported that this last happened in the last 30 days, and 24% within the past 12 months but not within the last 30 days, and 36% more than 12 months ago. Men were more likely than women to have driven within 2 hours after consuming cannabis, making up nearly three-quarters (73%) of such drivers within the last 30 days.

**FIGURE 21: DRIVING WITHIN 2 HOURS AFTER CONSUMING CANNABIS, BY GENDER**



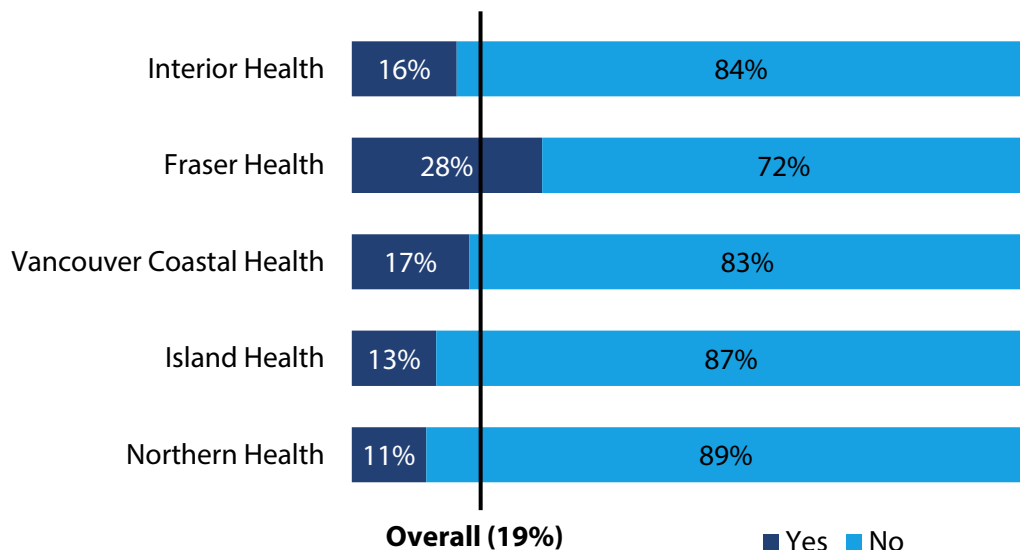
There were notable differences in impaired driving behaviours by health authority. Of those who reported driving within 2 hours after consuming cannabis in the last 30 days, those in Vancouver Coastal Health and Island Health were less likely to have done so than those in other health authorities.

**FIGURE 22: DRIVING WITHIN 2 HOURS AFTER CONSUMING CANNABIS, BY HEALTH AUTHORITY: LAST 30 DAYS**



Of those who drove within 2 hours after consuming cannabis, 19% combined cannabis consumption with alcohol use or another drug other than tobacco. Of those who use cannabis, more in Fraser Health (28%), Vancouver Coastal Health (17%) and Interior Health (16%) than in other health authorities had driven within 2 hours after consuming cannabis in combination with other drugs.

**FIGURE 23: DRIVING WITHIN 2 HOURS AFTER CONSUMING CANNABIS IN COMBINATION WITH ALCOHOL OR ANOTHER DRUG OTHER THAN TOBACCO, BY HEALTH AUTHORITY**



### 5.1.2. Perceptions of the Impact of Cannabis Consumption on Driving

When respondents were asked: “in your opinion, does using cannabis impair one’s ability to drive or operate a vehicle?”, 79% reported “Yes”. However, nearly half of *those who use cannabis* (43%) reported having driven within 2 hours after consuming cannabis.

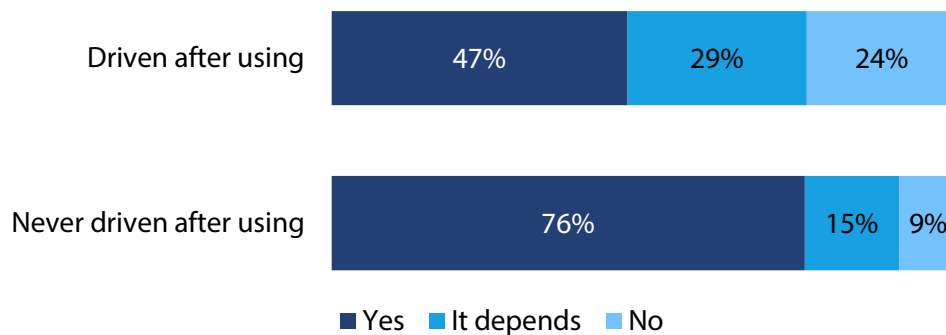
**79% believed cannabis impaired one’s ability to drive, yet 43% have driven within 2 hours after consuming cannabis, at least once in their lifetime.**

Perceptions of impairment differed between *those who use cannabis* and *those who do not*. While 87% of *those who do not use cannabis* said that cannabis impairs driving, only 60% of *those who use cannabis* agreed. Some (22% of *those who use cannabis* and 6% of *those who do not*) believed “it depends”, most frequently citing quantity consumed and personal tolerance as mitigating factors.

*Those who use cannabis* for non-medical-only purposes were nearly twice as likely to consume and drive as were *those who use cannabis* for medical-only purposes (43% vs. 25%). However, *those who use cannabis* for both medical and non-medical purposes were the most likely to consume cannabis and drive (55%).

Nearly half (47%) of *those who use cannabis* and had driven within 2 hours after consuming cannabis believed that consuming cannabis impairs one’s ability to drive. In contrast, 76% of *those who use cannabis* and had never driven after consuming cannabis believed that consuming cannabis impairs one’s ability to drive.

**FIGURE 24: PERCEPTIONS OF DRIVING WITHIN TWO HOURS AFTER CONSUMING CANNABIS, (THOSE WHO USE CANNABIS)**



*Those who use cannabis* were asked if they had driven within 2 hours after consuming cannabis, and of those who confirmed they had done so in the past 12 months, 1 in 20 reported that they had had an interaction with law enforcement. *Those who use cannabis* for medical purposes aged 19-29 were more likely to have had an interaction than those of older ages (16%, compared to 6% of those aged 30-49 and 3% of those aged 50+).

## BC STATS

Fewer than one in 250 of *those who use cannabis* had received a licence prohibition or a violation ticket, and one in 600 was involved in a motor vehicle collision.

The vast majority, 95%, reported that they had not experienced any of the following negative consequences while driving within 2 hours after consuming cannabis:

- Had an interaction with law enforcement
- Received a license prohibition
- Received a violation ticket
- Involved in a motor vehicle collision

### 5.1.3. Passenger in a Vehicle Driven by Someone who had Consumed Cannabis

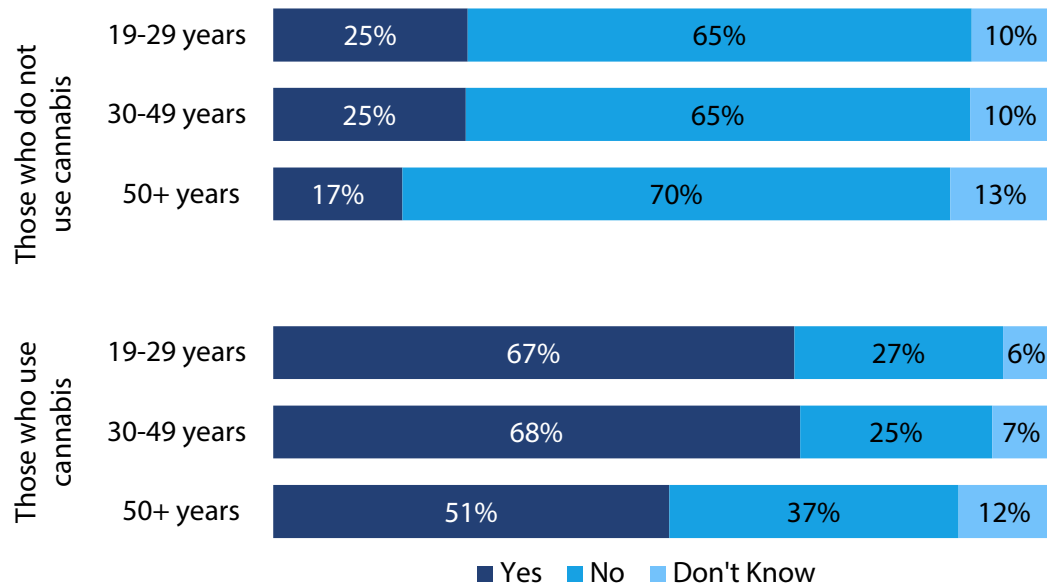
All respondents were asked if they had ever been a passenger in a motor vehicle driven by someone who had consumed cannabis within 2 hours before driving.

Overall, 31% had been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours earlier, 58% had not and 11% were uncertain. *Those who use cannabis* were far more likely than those who do not to have been a passenger in a vehicle with a driver who had consumed cannabis within 2 hours before driving. *Those who use cannabis* aged under 50 years reported the highest rate.

Overall, a large proportion were not sure if they had unknowingly been a passenger when the driver had consumed cannabis within 2 hours before driving: 11% were uncertain. Those aged 50+ were most likely to be uncertain of whether their driver had consumed cannabis within 2 hours before driving.

**Nearly one-third of British Columbians have knowingly been a passenger in a motor vehicle driven by someone who had consumed cannabis.**

**FIGURE 25: PASSENGERS IN A MOTOR VEHICLE DRIVEN BY SOMEONE WHO HAD CONSUMED CANNABIS WITHIN 2 HOURS BEFORE DRIVING, BY USE TYPE AND AGE**



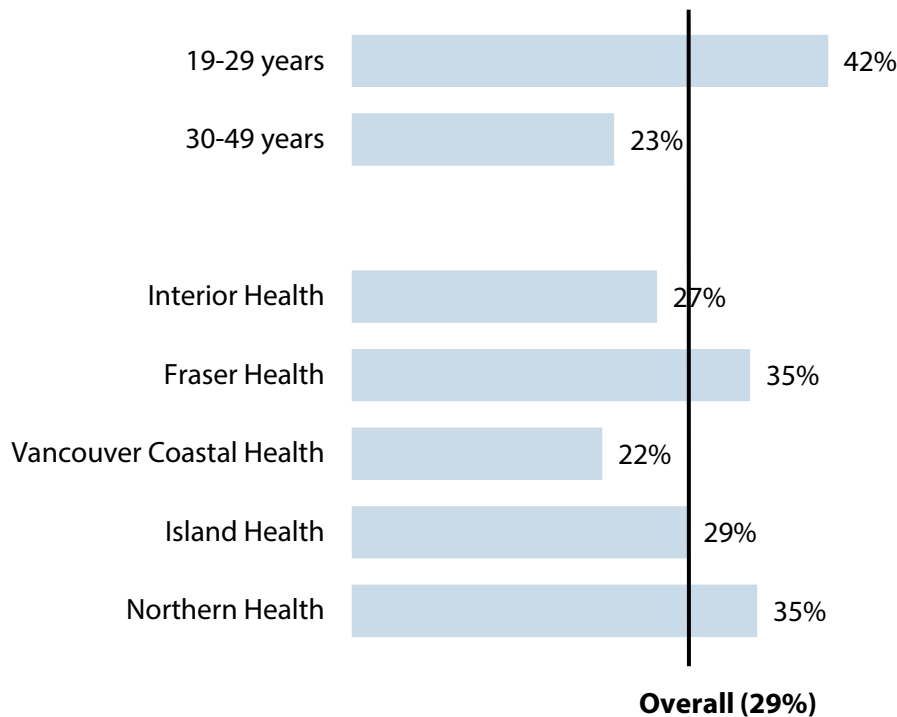
Of the passengers in a vehicle with a driver who had consumed cannabis within 2 hours before driving, 20% had been a passenger in the past 30 days, 21% more than 30 days ago but within the past 12 months, and 59% over a year ago. *Those who use cannabis* were more likely than *those who do not*, and *those who use cannabis* aged 19-49 were more likely than those aged 50+ to have been a passenger in this scenario.



## 5.2. Cannabis and Childbearing

Females, 19 and over, *who use cannabis* were asked if they had given birth in the past five years; 17% confirmed they had. Of those, 29% continued to consume cannabis once they learned they were pregnant with their last child. *Those who use cannabis* aged 19-29 were more likely to consume cannabis during pregnancy than those aged 30-49, as were those in Fraser Health and Northern Health.

**FIGURE 26: THOSE WHO USE CANNABIS WHEN PREGNANT WITH LAST CHILD, BY AGE AND HEALTH AUTHORITY: PAST 5 YEARS**



**Of those who use cannabis who gave birth in the last five years, 29% consumed cannabis during their pregnancy**

**AND**

**35% of those who fed their last child breastmilk had consumed cannabis while breastfeeding.**

Of *those who use cannabis* and had given birth in the past five years, 92% breastfed or gave their last child breast milk.

Among *those who use cannabis* and who fed their last child breast milk, 35% consumed cannabis while breastfeeding. *Those who use cannabis* aged 19-29 (42%) were more likely than *those who use cannabis* aged 30-49 (32%) to consume while breastfeeding.

## 5.3. Other Societal Risks of Cannabis Consumption

### 5.3.1. Medical Intervention as a Result of Cannabis Consumption

*Those who use cannabis* for non-medical purposes were asked to indicate, if applicable, which medical interventions they had experienced in the past 12 months as a result of consuming cannabis.

Of *those who use cannabis*, few reported medical interventions of any kind as a result of consuming cannabis.

Only 2% of *those who use cannabis* for non-medical purposes had an accidental fall or injury that required medical attention, as a result of consuming cannabis for non-medical purposes. The majority of respondents who reported a serious fall were aged 19-29.

Less than 1% of *those who use cannabis* for non-medical purposes – one in 125 – required medical attention for an overdose or adverse, unintended or unpleasant psychological or physical reaction to cannabis.

***Those who use cannabis for non-medical purposes reported almost no medical interventions, assaults or abuse as a result of consuming cannabis.***

### 5.3.2. Cannabis and Victimization

*Those who use cannabis* for non-medical purposes were asked to indicate which forms of assault or abuse, if any, had happened to them in the past 12 months as a result of consuming cannabis.

None of *those who use cannabis* for non-medical purposes reported physical abuse or violent assault as a result of cannabis consumption. Less than 1% – one in 400 – reported sexual assault and one in 120 reported emotional abuse as a result of consuming cannabis.

### 5.3.3. Cannabis and Risky Sexual Practices

*Those who use cannabis* for non-medical purposes were asked how often in the past 12 months they had engaged in risky sexual practices (e.g., had unprotected sex) as a result of consuming cannabis.

One in 25 of *those who use cannabis* for non-medical purposes reported that they engaged in risky sexual practices in the past 12 months: 0% daily, 1% weekly, 0% monthly, and 3% less than monthly.

**Cannabis did not increase risky sexual practices in almost all cases.**

### 5.3.4. Engagement with Law Enforcement

Only 2% of *those who use cannabis* (for either medical and/or non-medical purposes) confirmed an interaction with law enforcement for personal possession of cannabis; there were no discernable demographic differences.

## 6. Experience Reducing Cannabis Consumption

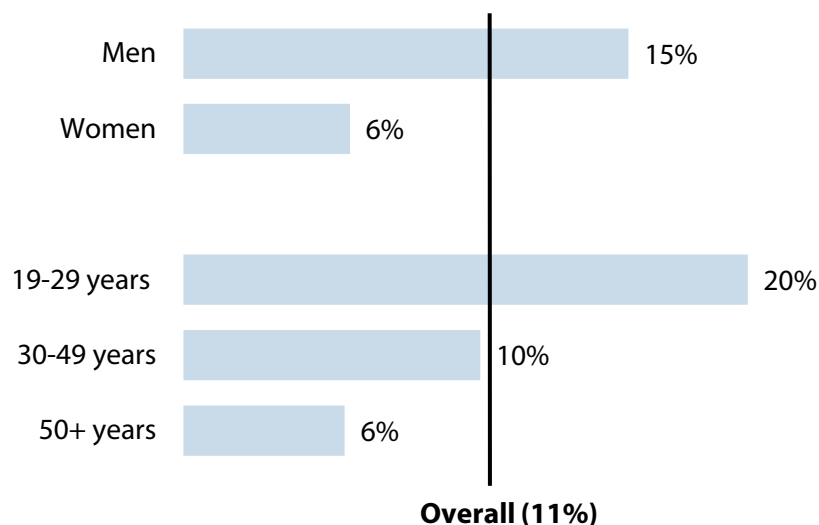
The responses to this section's topics came from a smaller sub-population of respondents who completed the online survey and reported consuming cannabis.

*Those who use cannabis* were asked if a friend, a relative, or anyone else had ever expressed concern about their consumption of cannabis. They were also asked if they had ever tried and failed to control, cut down or stop consuming cannabis. Those who had tried and failed were then asked whether they had sought help to do so, and if so, were presented a list of 8 resources.

### 6.1. Concern from Others About Cannabis Consumption

Overall, 11% of *those who use cannabis* reported that someone had expressed concern about their cannabis consumption. British Columbians aged 19-29 and Men were the most likely subjects of concern.

FIGURE 27: THOSE FOR WHOM SOMEONE HAD EXPRESSED CONCERN ABOUT THEIR CANNABIS CONSUMPTION, BY GENDER AND AGE



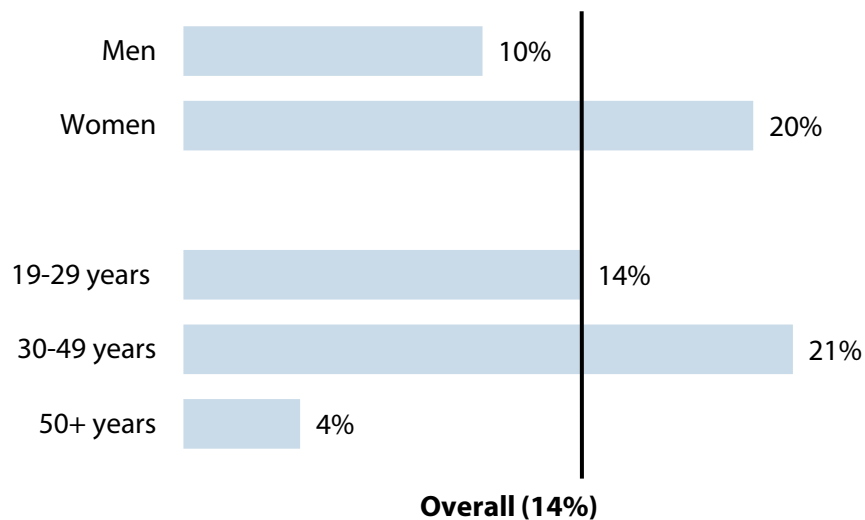
## 6.2. Failure to Limit Cannabis Consumption

Whether someone had expressed concern or not, 7% of *those who use cannabis* had tried and failed to control, cut down or stop consuming cannabis. This rate was consistent whether consumption of cannabis was for medical and/or non-medical purposes.

Of those who had tried and failed to limit cannabis consumption, 14% had sought help to do so, while the vast majority (86%) had not.

Of *those who use cannabis*, men and those aged 50+ were the least likely to seek help in changing their consumption of cannabis.

FIGURE 28: PROPORTION WHO SOUGHT HELP TO CONTROL, CUT DOWN OR STOP CANNABIS CONSUMPTION

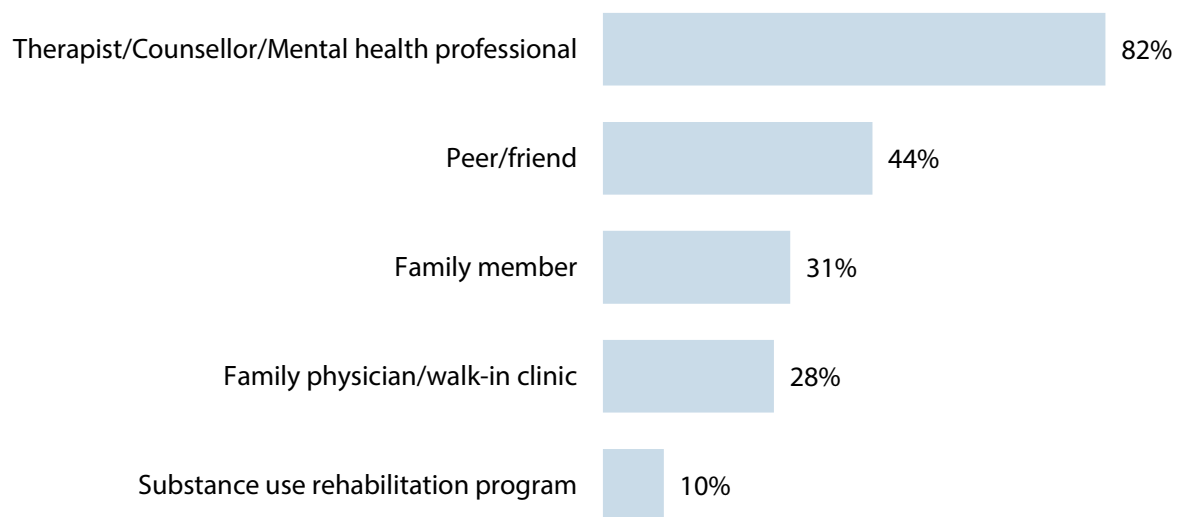


### 6.3. Supports for Limiting Cannabis Consumption

The bulk of those who tried and failed to control, cut down or stop consuming cannabis and then sought help, went to a therapist, counsellor, or mental health professional (82%), followed by a peer or friend (44%).

**Due to small sample size, this result should be interpreted with caution. Further research is required before using the findings of this topic as a basis for decision-making.**

FIGURE 29: RESOURCES USED TO CONTROL, CUT DOWN OR STOP CONSUMING CANNABIS



\* Interpret with caution due to small sample size (<30).

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

\* Fewer than 10% of those asked this question selected "Emergency room", "Teacher/school administrator", or "Other".

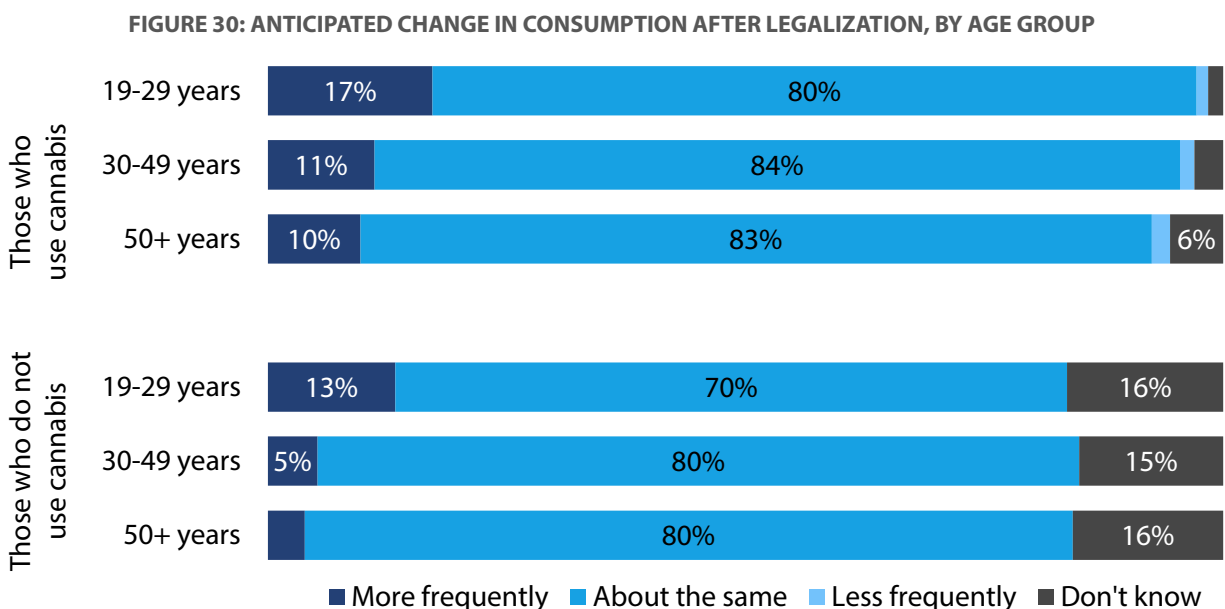
# 7. Consumption After Legalization

Only 7% of British Columbians planned to consume cannabis more frequently after legalization, while 80% planned to consume with the same frequency and 0% planned to consume less frequently.

**One in 14 British Columbians planned to consume cannabis more frequently after legalization.**

Increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 12% reporting that they planned to consume cannabis more frequently after legalization, compared to 5% for *those who do not use cannabis*.

Those aged 19-29 reported the highest increase in anticipated consumption after legalization. *Those who do not use cannabis*, regardless of age, were most uncertain about their future cannabis consumption; 16% don't know how the legalization of non-medical cannabis will impact their consumption.



\* Percentages less than 5% are not labelled.

As anticipated frequency of consumption decreased, *those who use cannabis* were more likely to expect that their cannabis consumption would increase after legalization.

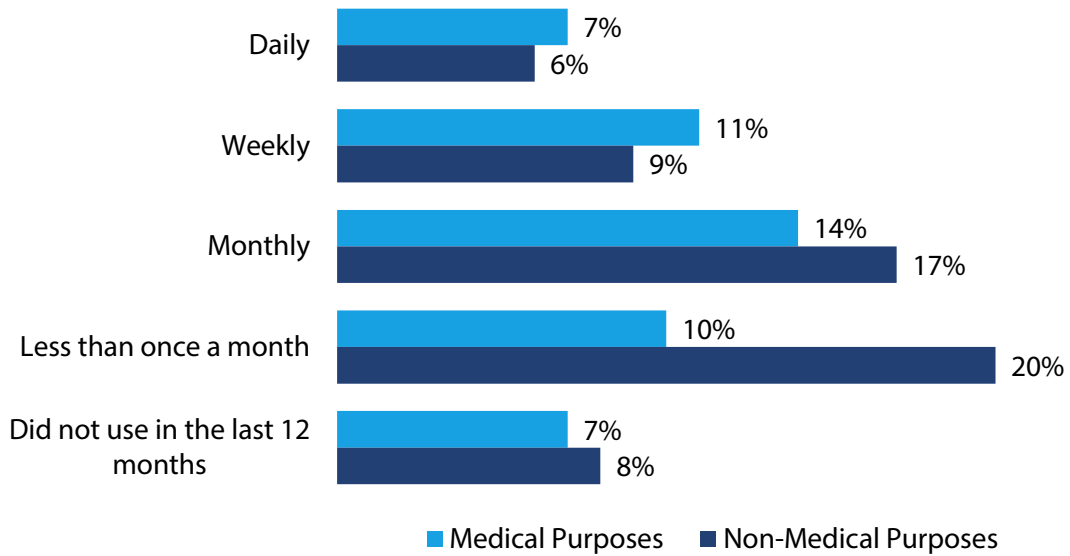
**BC STATS**

Those who use cannabis for non-medical purposes less than monthly had the highest proportion of increase (20%) in anticipated consumption after legalization.

Those who use cannabis for medical purposes monthly had the highest increase (14%) in anticipated consumption after legalization.

**The less people currently consume, the higher their anticipated increase in consumption after legalization.**

**FIGURE 31: PLANNED INCREASE IN CONSUMPTION AFTER LEGALIZATION, BY CURRENT FREQUENCY**



## 8. Appendix A: Lifetime Consumption

The majority of this report refers to cannabis consumption within the past 12 months. However, this section examines lifetime consumption of cannabis, as well as the age of first consumption.

Respondents were asked about cannabis consumption within their lifetime.

- “*those who have ever used cannabis*” included respondents who had consumed cannabis at some point in their lifetime.
- “*those who have never used cannabis*” included respondents who had never consumed cannabis.

### 8.1. Lifetime Cannabis Consumption

More than half (59%) of all British Columbians 19 and over *have ever used cannabis* for either a medical or non-medical purpose at least once in their lifetime.

The reported consumption of cannabis at least once in their lifetime was higher for *those who have ever used cannabis* for non-medical purposes (55%) than for medical purposes (23%).

It is noteworthy that of the 55% of *those who have ever used cannabis* for non-medical purposes, 49% had done so more than once in their lifetime, while 6% had consumed cannabis only once. Similarly, of the 23% of *those who have ever used cannabis* for medical purposes, 21% had done so more than once, while only 2% had consumed cannabis only once.

### 8.2. Age of First Cannabis Consumption

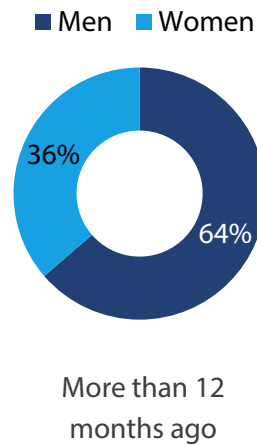
On average, British Columbians *who had ever used cannabis* first tried or started consuming cannabis at age 35 for medical purposes and at age 19 for non-medical purposes.



### 8.3. Driving Within 2 Hours After Consuming Cannabis

Of those who reported at some point in their lives having driven within 2 hours after consuming cannabis, 36% reported that this last happened more than 12 months ago. Men were more likely than women to have driven within 2 hours after consuming cannabis, making up nearly two-thirds (64%) of such drivers more than 12 months ago.

FIGURE 32: DRIVING WITHIN 2 HOURS AFTER CONSUMING CANNABIS, BY GENDER



### 8.4. Consumption After Legalization

Only 3% of those who had never used cannabis in their lifetime planned to consume it after legalization.

# Appendix B: Counts

Unweighted and weighted counts are provided for BC overall and by Health Authority.

TABLE 7: UNWEIGHTED AND WEIGHTED COUNTS

	Unweighted	Weighted
<b>In British Columbia, those who use cannabis consumed for:</b>		
medical purposes	5,370	5,049
medical-only purposes	2,079	1,887
non-medical purposes	6,419	6,232
non-medical-only purposes	3,128	3,070
both medical and non-medical purposes	3,291	3,162
<b>In Interior Health, those who use cannabis consumed for:</b>		
medical purposes	1,437	1,019
medical-only purposes	614	439
non-medical purposes	1,492	1,043
non-medical-only purposes	669	463
both medical and non-medical purposes	823	580
<b>In Fraser Health, those who use cannabis consumed for:</b>		
medical purposes	940	1,463
medical-only purposes	349	536
non-medical purposes	1,208	1,967
non-medical-only purposes	617	1,041
both medical and non-medical purposes	591	927

	Unweighted	Weighted
<b>In Vancouver Coastal Health, those who use cannabis consumed for:</b>		
medical purposes	929	1,180
medical-only purposes	320	364
non-medical purposes	1,226	1,653
non-medical-only purposes	617	837
both medical and non-medical purposes	609	816
<b>In Island Health, those who use cannabis consumed for:</b>		
medical purposes	1,093	1,099
medical-only purposes	455	447
non-medical purposes	1,148	1,173
non-medical-only purposes	510	521
both medical and non-medical purposes	638	652
<b>In Northern Health, those who use cannabis consumed for:</b>		
medical purposes	971	289
medical-only purposes	341	102
non-medical purposes	1,345	395
non-medical-only purposes	715	208
both medical and non-medical purposes	630	187

# PART TWO: REGIONAL FINDINGS

# Interior Health

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey. From Interior Health, there were 6,171 respondents.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey, 2,293 of whom were from Interior Health.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (33%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (67%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

*Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.*<sup>3</sup>

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas. Interior Health is comprised of four HSDAs.

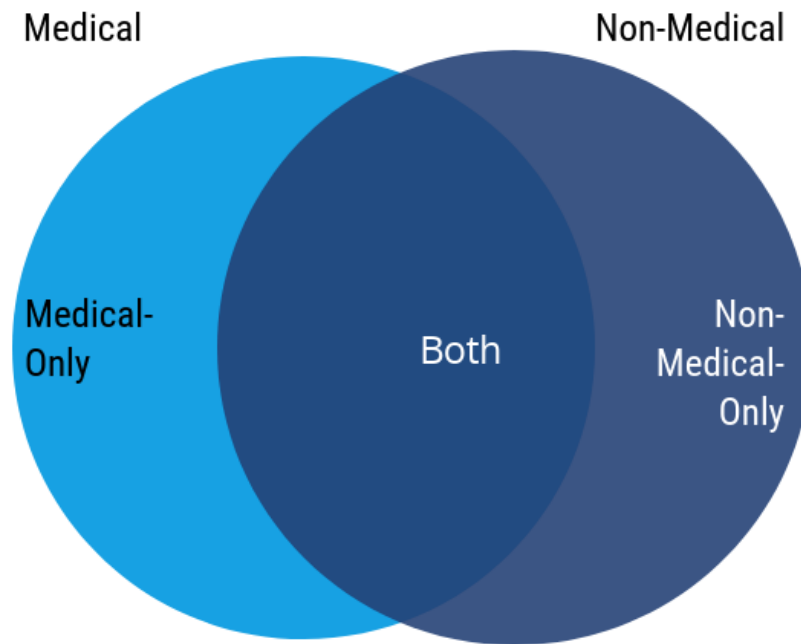
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

**Consumption for medical purposes and non-medical purposes were not mutually exclusive.**

Among *those who use cannabis*, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: *THOSE WHO USE CANNABIS IN INTERIOR HEALTH*



Medical:	69%
Medical-Only:	30%
Non-Medical:	70%
Non-Medical-Only:	31%
Both:	39%

See Appendix B: Counts.

## WHO IS USING CANNABIS, AND WHY?

**Overall, 33% in Interior Health reported consuming cannabis in the past 12 months. Interior Health consumption was slightly higher than the provincial average (28%).**

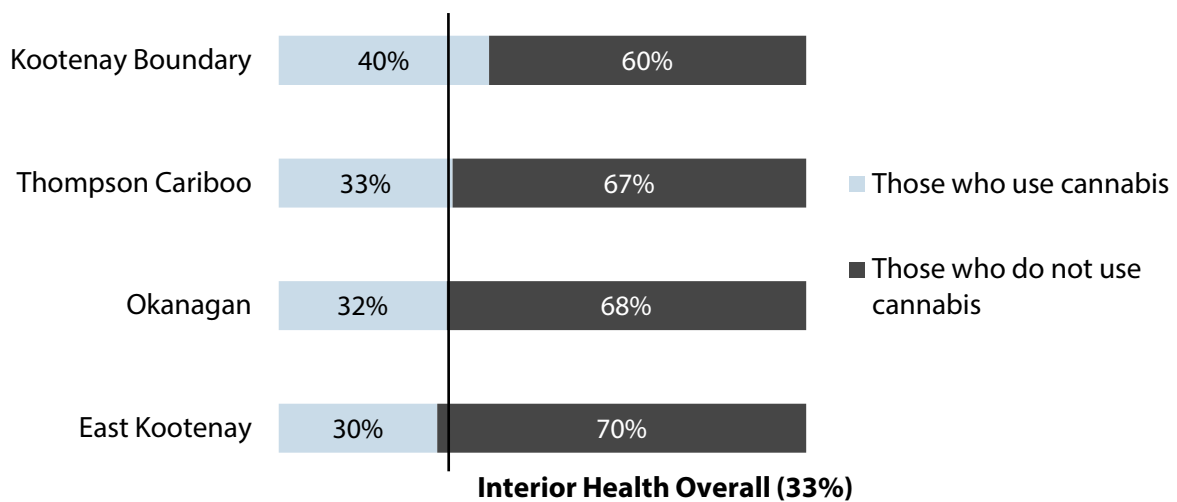
As in the Province, a larger proportion of men in Interior Health (39%) than women (27%) reported consuming cannabis.

In Interior Health, the reported consumption within each age group is as follows:

- 19-29 years (56%)
- 30-49 years (40%)
- 50+ years (24%).

Within Interior Health, consumption rates were similar across health service delivery areas except for Kootenay Boundary, where 40% had consumed cannabis at least once in the past 12 months (see Figure 2).

**FIGURE 2: CANNABIS CONSUMPTION WITHIN INTERIOR HEALTH, BY HSDA**



**Among those who use cannabis in Interior Health, 30% consumed cannabis exclusively for medical purposes, 31% exclusively for non-medical purposes, and 39% for both medical and non-medical purposes. Compared to the Province, Interior Health had a higher rate of consumption for medical-only purposes (30% vs. 23%) and a lower rate of those consuming for non-medical-only purposes (31% vs. 38%).**

Across those who use cannabis in Interior Health, 69% consumed cannabis for medical purposes, and 70% consumed cannabis for non-medical purposes (these figures do not total 100% as 39% indicated that they consumed cannabis for both purposes).

**As was the case provincially, those who use cannabis for medical purposes in Interior Health were most commonly treating symptoms associated with sleep disturbances and pain. Interior Health showed the same top six symptoms as provincially, but in a slightly different order.<sup>4</sup>**

In Interior Health, the top six symptoms treated were:

- Problem sleeping – 62%
- Chronic non-cancer pain – 38%
- Acute pain – 33%
- Headaches/migraine – 28%
- Muscle spasms – 21%
- Nausea/vomiting – 15%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

**In line with provincial trends, of those who use cannabis in Interior Health, 54% consumed cannabis daily for medical-only purposes, compared to 19% for non-medical-only purposes.**

In Interior Health, a similar proportion of those who use cannabis consumed for non-medical purposes (70%) as did for medical purposes (69%). Nearly half (46%) of those who use cannabis for non-medical-only purposes consumed less than once a month, while 19% consumed daily. In contrast, over half (54%) of those who use cannabis for medical-only purposes consumed cannabis daily, while 15% consumed less than once a month.

<sup>4</sup> Provincial: 62% problem sleeping, 38% acute pain, 37% chronic non-cancer pain, 32% headaches/migraine, 20% muscle spasms, and 20% nausea/vomiting.

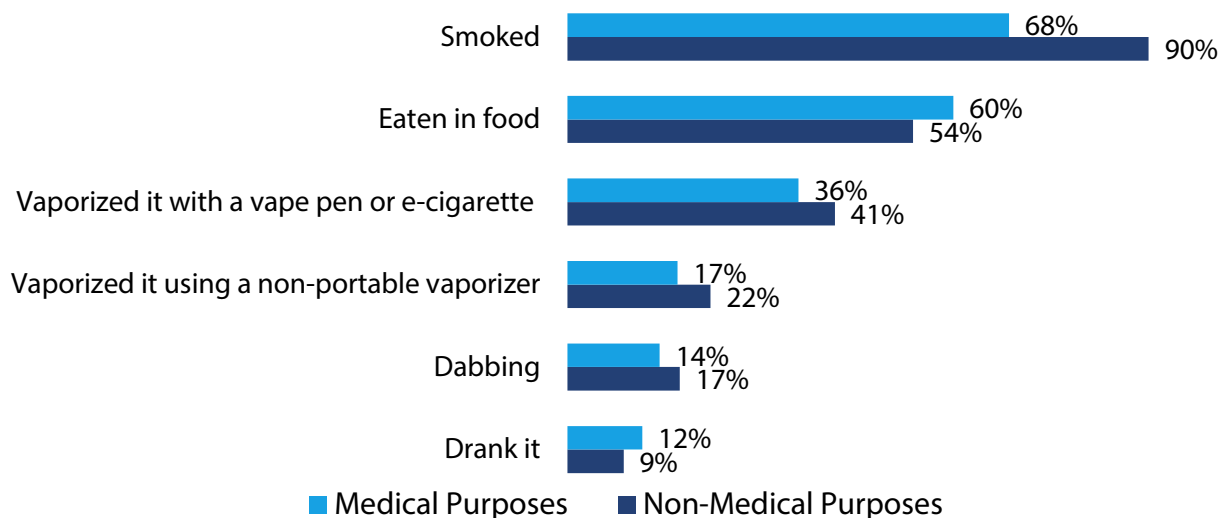


## Few planned to change the frequency of their cannabis consumption after legalization.

In Interior Health, only 9% planned to consume cannabis more frequently after legalization, while 78% planned to consume with the same frequency and 0% planned to consume less frequently. In keeping with provincial findings, increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis* in Interior Health, with 12% who reported that they planned to consume cannabis more frequently after legalization, compared to 8% for *those who do not use cannabis*.<sup>5</sup>

## The top three methods of consumption were the same for both purposes, provincially and across Interior Health: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.

FIGURE 3: METHODS OF CANNABIS CONSUMPTION IN INTERIOR HEALTH



\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>5</sup> Similar to provincial results, only 3% of those who have never used cannabis planned to consume it after legalization.

**As was the case provincially, dried flower/leaf and cannabidiol<sup>6</sup> (CBD) were the most commonly consumed cannabis products weekly or more in Interior Health for both medical and non-medical purposes.**

TABLE 1: TOP SIX CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE IN INTERIOR HEALTH\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (54%)	Dried flower/leaf (52%)
Cannabidiol (34%)	Cannabidiol (11%)
Edibles (24%)	Solid concentrate (9%)
Topical ointments (23%)	Edibles (9%)
Cannabis oil from a Health Canada Licensed Producer (20%)	Hashish/kief (9%)
Tinctures (19%)	Cannabis oil cartridges (9%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**The top three sources of cannabis were the same for both medical and non-medical purposes. Interior Health results were consistent with provincial trends.**

TABLE 2: TOP THREE SOURCES OF CANNABIS IN INTERIOR HEALTH

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (64%)	Friend (57%)
Friend (30%)	Compassion club/dispensary (49%)
It was shared around a group of friends (15%)	It was shared around a group of friends (45%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>6</sup> Survey definition of cannabidiol was "Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)".

## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

**Cannabis consumption was reported to positively affect quality of life for 78% of those who use cannabis in Interior Health, higher than the provincial rate of 73%.**

Positive effects were also reported for emotional wellbeing (73%), physical health (66%), mental health (65%), spiritual wellbeing (57%), physical mobility (55%), friendship or social life (51%), home life or romantic relationships (44%), and work or studies (29%). Few negative life effects of cannabis consumption were reported among *those who use cannabis* in Interior Health. The highest negative impacts were reported for work or studies (5%) and physical health (3%).

**Over three-quarters of those in Interior Health believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, 50% of those who use cannabis reported having driven within 2 hours after consuming cannabis, higher than the provincial rate (43%).**

Perceptions of impairment differed between *those who use cannabis* and *those who do not* in Interior Health, as was the case provincially. While 88% of *those who do not use cannabis* said that cannabis impairs driving, only 57% of *those who use cannabis* agreed. Some (24% of *those who use cannabis* and 7% of *those who do not*) felt that "it depends", most frequently citing quantity consumed and personal tolerance as mitigating factors.

In Interior Health, *those who use cannabis* for non-medical-only purposes were more likely to consume and drive than *those who use cannabis* for medical-only purposes (48% vs. 36%). However, *those who use cannabis* for both medical and non-medical purposes were the most likely to consume and drive (63%). In Interior Health, 68% of *those who use cannabis* and 23% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.

# Fraser Health

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey. From Fraser Health, there were 6,219 respondents.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey, 2,255 of whom were from Fraser Health.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (24%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (76%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

*Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.*<sup>3</sup>

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas. Fraser Health is comprised of three HSDAs.

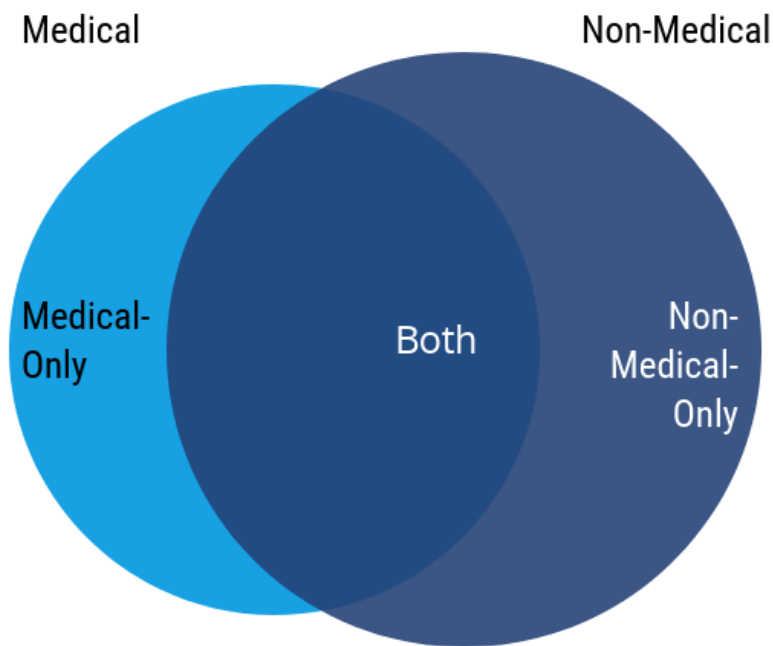
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

**Consumption for medical purposes and non-medical purposes were not mutually exclusive.**

Among *those who use cannabis*, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: THOSE WHO USE CANNABIS IN FRASER HEALTH



Medical:	58%
Medical-Only:	21%
Non-Medical:	79%
Non-Medical-Only:	42%
Both:	37%

See Appendix B: Counts.

## WHO IS USING CANNABIS, AND WHY?

**Overall, 24% in Fraser Health reported consuming cannabis in the past 12 months. Fraser Health consumption was slightly lower than the provincial average (28%).**

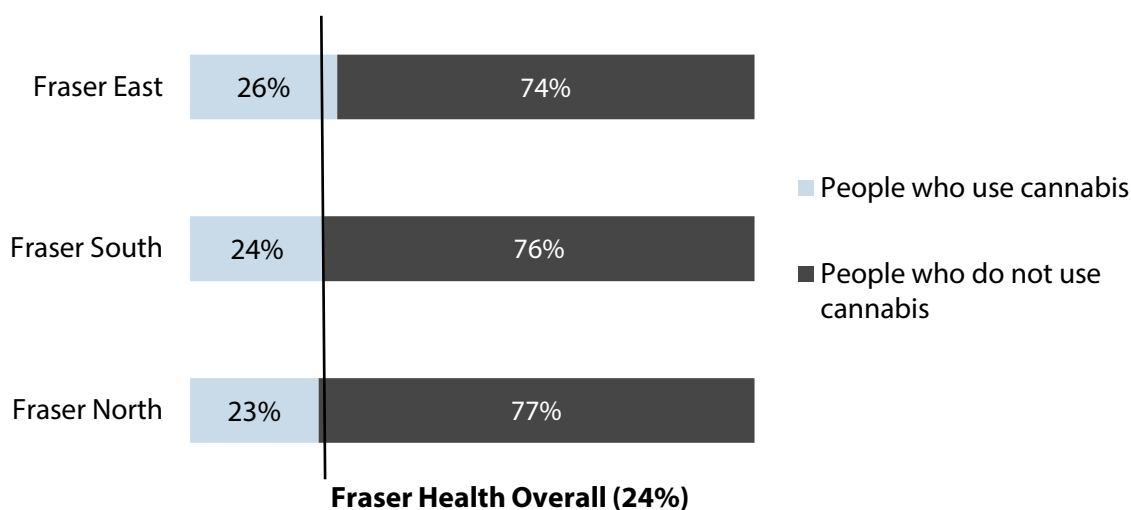
As in the Province, a larger proportion of men in Fraser Health (28%) than women (19%) reported consuming cannabis.

In Fraser Health, the reported consumption within each age group is as follows:

- 19-29 years (40%)
- 30-49 years (25%)
- 50+ years (16%).

Within Fraser Health, consumption rates were similar across HSDAs (see Figure 2).

FIGURE 2: CANNABIS CONSUMPTION WITHIN FRASER HEALTH, BY HSDA



**Among those who use cannabis in Fraser Health, 21% consumed cannabis exclusively for medical purposes, 42% exclusively for non-medical purposes, and 37% for both medical and non-medical purposes. Compared to the Province, Fraser Health had a slightly lower rate of consumption for medical-only purposes (21% vs. 23%) and a higher rate of those consuming for non-medical-only purposes (42% vs. 38%).**

Across those who use cannabis in Fraser Health, 58% consumed cannabis for medical purposes, and 79% consumed cannabis for non-medical purposes (these figures do not total 100% as 37% indicated that they consumed cannabis for both purposes).

**As was the case provincially, *those who use cannabis* for medical purposes in Fraser Health were most commonly treating symptoms associated with sleep disturbances and pain. Fraser Health showed the same top six symptoms as provincially, but in a slightly different order.<sup>4</sup>**

In Fraser Health, the top six symptoms treated were:

- Problem sleeping – 64%
- Chronic non-cancer pain – 41%
- Acute pain – 39%
- Headaches/migraine – 38%
- Nausea/vomiting – 25%
- Muscle spasms – 22%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

**In line with provincial trends, of *those who use cannabis* in Fraser Health, 47% consumed cannabis daily for medical-only purposes, compared to 18% for non-medical-only purposes.**

In Fraser Health, a larger percentage of *those who use cannabis* consumed for non-medical purposes (79%) than for medical purposes (58%). Nearly half (42%) of *those who use cannabis* for non-medical-only purposes consumed less than once a month, while 18% consumed daily. In contrast, nearly half (47%) of *those who use cannabis* for medical-only purposes consumed cannabis daily, while 17% consumed less than once a month.

**Few planned to change the frequency of their cannabis consumption after legalization.**

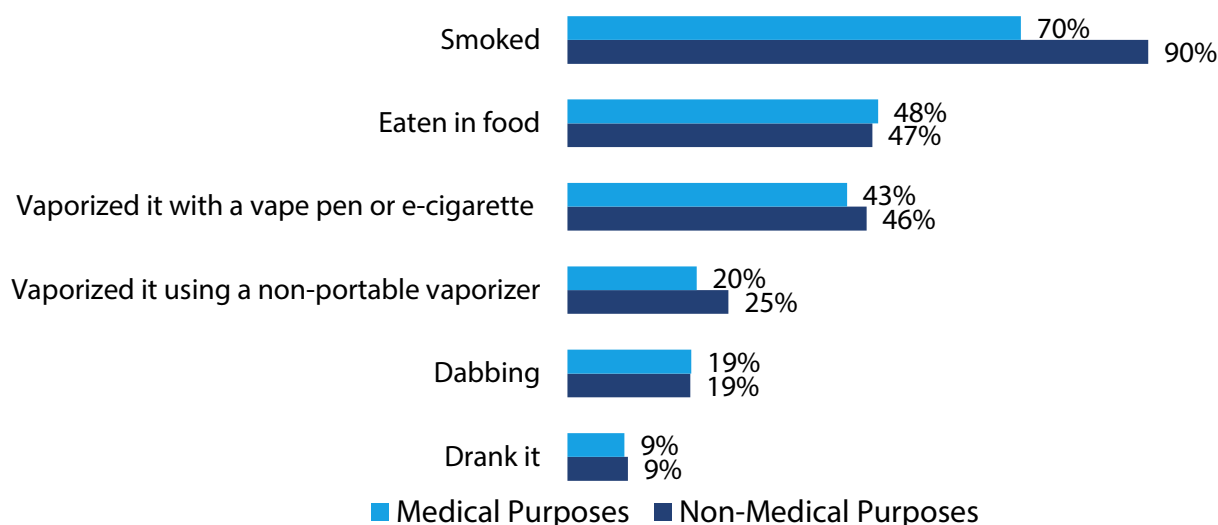
In Fraser Health, only 7% planned to consume cannabis more frequently after legalization, while 80% planned to consume with the same frequency and 0% planned to consume less frequently. As was the case provincially, increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 14% who reported that they planned to consume cannabis more frequently after legalization, compared to 5% for *those who do not use cannabis*.<sup>5</sup>

<sup>4</sup> Provincial: 62% problem sleeping, 38% acute pain, 37% chronic non-cancer pain, 32% headaches/migraine, 20% muscle spasms, and 20% nausea/vomiting.

<sup>5</sup> Similar to provincial results, only 3% of those who had never used cannabis planned to consume it after legalization.

**The top three methods of consumption were the same for both purposes, provincially and across Fraser Health: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.**

FIGURE 3: METHODS OF CANNABIS CONSUMPTION IN FRASER HEALTH



\* Percentages (rounded) do not sum to 100% as this question allowed respondents to select all that apply.

**As was the case provincially, dried flower/leaf and cannabidiol<sup>6</sup> (CBD) were the most commonly consumed cannabis products weekly or more in Fraser Health for both medical and non-medical purposes.**

TABLE 1: TOP SIX CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE IN FRASER HEALTH\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (56%)	Dried flower/leaf (44%)
Cannabidiol (31%)	Cannabis oil cartridges (16%)
Cannabis oil cartridges (23%)	Solid concentrate (13%)
Topical ointments (21%)	Cannabidiol (11%)
Cannabis oil from a Health Canada Licensed Producer (20%)	Liquid concentrate (9%)
Tinctures (19%)	Cannabis oil from a Health Canada Licensed Producer (9%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>6</sup> Survey definition of cannabidiol was “Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)”.



**The top three sources of cannabis were the same for both medical and non-medical purposes. Fraser Health results were consistent with provincial trends.**

TABLE 2: TOP THREE SOURCES OF CANNABIS IN FRASER HEALTH

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (70%)	Friend (58%)
Friend (32%)	Compassion club/dispensary (57%)
It was shared around a group of friends (19%)	It was shared around a group of friends (47%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

**Cannabis consumption was reported to positively affect quality of life for 71% of those who use cannabis in Fraser Health, slightly lower than the provincial rate of 73%.**

Positive effects were also reported for emotional wellbeing (70%), mental health (63%), physical health (59%), spiritual wellbeing (56%), friendship or social life (49%), physical mobility (49%), home life or romantic relationships (42%), and work or studies (25%). Few negative life effects of cannabis consumption were reported among *those who use cannabis* in Fraser Health. The highest negative impacts were reported for work or studies (8%), physical health (4%), physical mobility (4%), and mental health (4%).

**Over three-quarters of those in Fraser Health believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, 44% of those who use cannabis reported having driven within 2 hours after consuming cannabis, similar to the provincial rate (43%).**

Perceptions of impairment differed between *those who use cannabis* and *those who do not* in Fraser Health, as was the case provincially. While 86% of *those who do not use cannabis* said that cannabis impairs driving, only 61% of *those who use cannabis* agreed. Some (19% of *those who use cannabis* and 4% of *those who do not*) felt that "it depends", most frequently citing the quantity consumed and personal tolerance as mitigating factors.

In Fraser Health, *those who use cannabis* for non-medical-only purposes were more likely to consume and drive than *those who use cannabis* for medical-only purposes (45% vs. 20%). However, *those who use cannabis* for both medical and non-medical purposes were the most

## BC STATS

likely to consume and drive (58%). Overall in Fraser Health, 59% of *those who use cannabis* and 18% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.

# Vancouver Coastal Health

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey. From Vancouver Coastal Health, there were 6,407 respondents.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey, 2,367 of whom were from Vancouver Coastal Health.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (28%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (72%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas. Vancouver Coastal Health is comprised of three HSDAs.

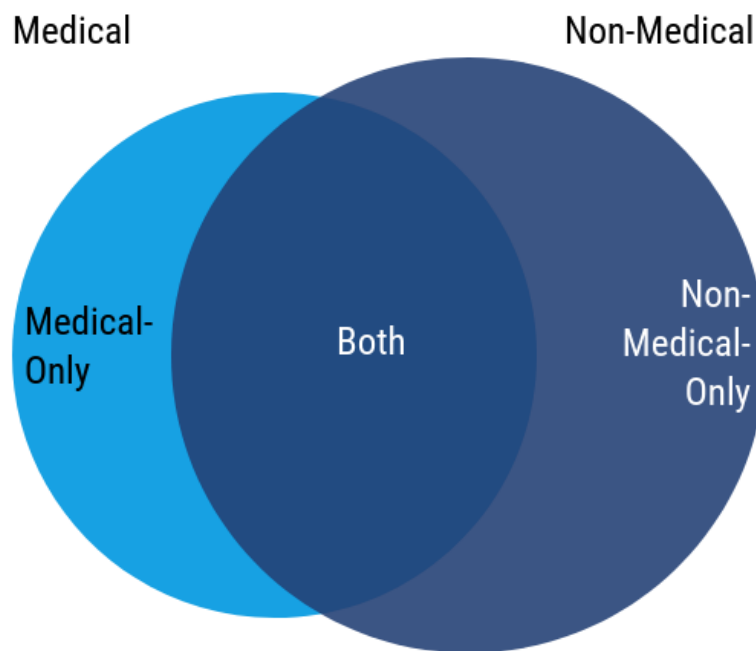
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.<sup>3</sup>

**Consumption for medical purposes and non-medical purposes were not mutually exclusive.**

Among those who use cannabis, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: THOSE WHO USE CANNABIS IN VANCOUVER COASTAL HEALTH



Medical:	59%
Medical-Only:	18%
Non-Medical:	82%
Non-Medical-Only:	41%
Both:	40%

See Appendix B: Counts.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

## WHO IS USING CANNABIS, AND WHY?

### In line with the provincial rate, 28% in Vancouver Coastal Health overall reported consuming cannabis in the past 12 months.

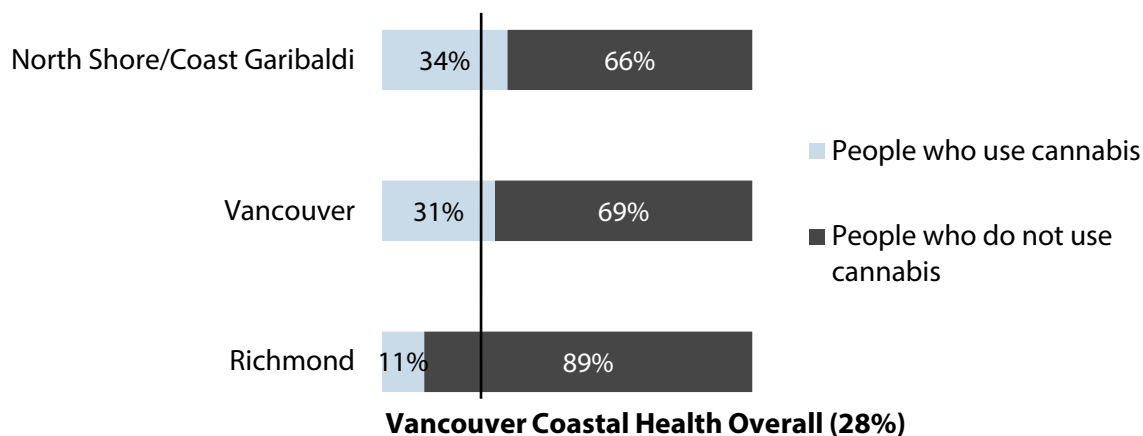
As in the Province, a larger proportion of men in Vancouver Coastal Health (34%) than women (22%) reported consuming cannabis.

In Vancouver Coastal Health, the reported consumption within each age group is as follows:

- 19-29 years (47%)
- 30-49 years (33%)
- 50+ years (17%).

Within Vancouver Coastal Health, consumption rates were similar across HSDAs with the exception of Richmond, where only 11% had consumed cannabis at least once in the past 12 months (see Figure 2).

FIGURE 2: CANNABIS CONSUMPTION WITHIN VANCOUVER COASTAL HEALTH BY HSDA



**Among those who use cannabis in Vancouver Coastal Health, 18% consumed cannabis exclusively for medical purposes, 41% exclusively for non-medical purposes, and 40% for both medical and non-medical purposes. Compared to the Province, Vancouver Coastal Health had a slightly lower rate of consumption for medical-only purposes (18% vs. 23%) and a higher rate of those consuming for non-medical-only purposes (41% vs. 38%).**

Across those who use cannabis in Vancouver Coastal Health, 59% consumed cannabis for medical purposes, and 82% consumed cannabis for non-medical purposes (these figures do not total 100% as 40% indicated that they consumed cannabis for both purposes).

**As was the case provincially, those who use cannabis for medical purposes in Vancouver Coastal Health were most commonly treating symptoms associated with sleep disturbances and pain. Vancouver Coastal Health results showed the same top six symptoms as provincially, but in a slightly different order.<sup>4</sup>**

In Vancouver Coastal Health, the top six symptoms treated were:

- Problem sleeping – 60%
- Acute pain – 41%
- Headaches/migraine – 30%
- Chronic non-cancer pain – 29%
- Muscle spasms – 19%
- Nausea/vomiting – 18%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

**In line with provincial trends, of those who use cannabis in Vancouver Coastal Health, 41% consumed cannabis daily for medical-only purposes, compared to 12% for non-medical-only purposes.**

In Vancouver Coastal Health, a larger percentage of those who use cannabis consumed for non-medical purposes (82%) than for medical purposes (59%). Over half (52%) of those who use cannabis for non-medical-only purposes consumed less than once a month, while 12% consumed daily. Nearly half (41%) of those who use cannabis for medical-only purposes consumed cannabis daily, while 23% consumed less than once a month.

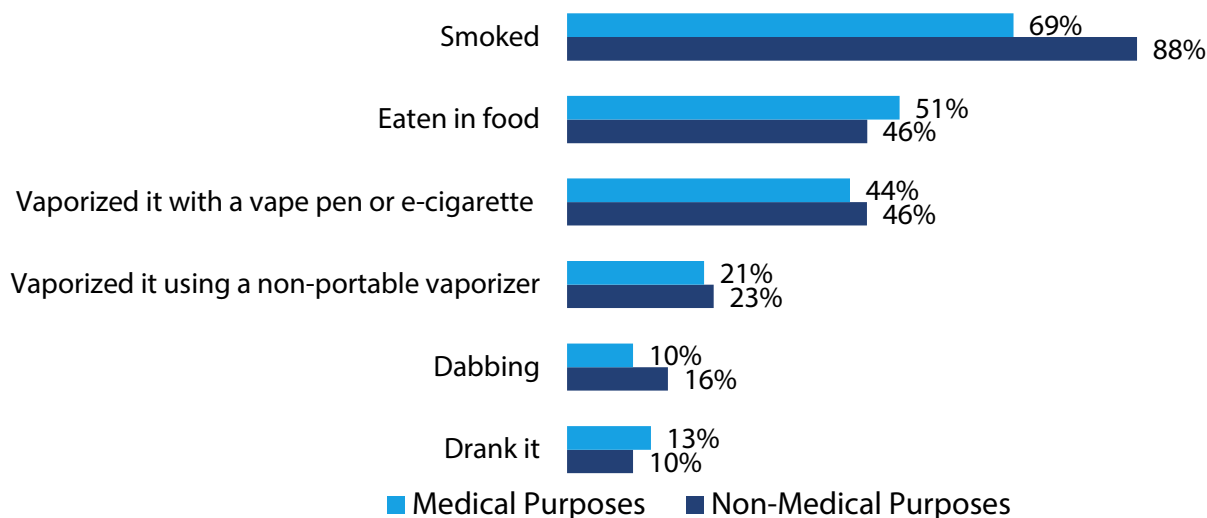
<sup>4</sup> Provincial: 62% problem sleeping, 38% acute pain, 37% chronic non-cancer pain, 32% headaches/migraine, 20% muscle spasms, and 20% nausea/vomiting.

## Few planned to change the frequency of their cannabis consumption after legalization.

In Vancouver Coastal Health, only 6% planned to consume cannabis more frequently after legalization, while 81% planned to consume with the same frequency and 1% planned to consume less frequently. As was the case provincially, increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 11% who reported that they planned to consume cannabis more frequently after legalization, compared to 5% for *those who do not use cannabis*.<sup>5</sup>

## The top three methods of consumption were the same for both purposes, provincially and across Vancouver Coastal Health: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.

FIGURE 3: METHODS OF CANNABIS CONSUMPTION IN VANCOUVER COASTAL HEALTH



\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>5</sup> Similar to provincial results, only 3% of those who had never used cannabis planned to consume it after legalization.

**As was the case provincially, dried flower/leaf and cannabidiol<sup>6</sup> (CBD) were the most commonly consumed cannabis products weekly or more in Vancouver Coastal Health for both medical and non-medical purposes.**

TABLE 1: TOP SIX CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE IN VANCOUVER COASTAL HEALTH\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (55%)	Dried flower/leaf (44%)
Cannabidiol (29%)	Cannabidiol (10%)
Edibles (18%)	Edibles (9%)
Cannabis oil cartridges (17%)	Cannabis oil cartridges (9%)
Topical ointments (16%)	Cannabis oil from a Health Canada Licensed Producer (7%)
Tinctures (14%)	Solid concentrate (5%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**The top three sources of cannabis were the same for both medical and non-medical purposes. Vancouver Coastal Health results were consistent with provincial results.**

TABLE 2: TOP THREE SOURCES OF CANNABIS IN VANCOUVER COASTAL HEALTH

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (79%)	Compassion club/dispensary (66%)
Friend (27%)	Friend (57%)
It was shared around a group of friends (18%)	It was shared around a group of friends (48%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>6</sup> Survey definition of cannabidiol was "Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)".



## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

**Cannabis consumption was reported to positively affect quality of life for 69% of those who use cannabis in Vancouver Coastal Health, lower than the provincial rate of 73%.**

Positive effects were also reported for emotional wellbeing (67%), mental health (58%), spiritual wellbeing (55%), physical health (53%), friendship or social life (46%), physical mobility (44%), home life or romantic relationships (37%), and work or studies (23%). Few negative life effects of cannabis consumption were reported among *those who use cannabis* in Vancouver Coastal Health. The highest negative impacts were reported for work or studies (7%), physical health (4%), and mental health (4%).

**Over three-quarters of those in Vancouver Coastal Health believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, 37% of those who use cannabis reported having driven within 2 hours after consuming cannabis, lower than the provincial rate (43%).**

Perceptions of impairment differed between *those who use cannabis* and *those who do not* in Vancouver Coastal Health, as was the case provincially. While 86% of *those who do not use cannabis* said that cannabis impairs driving, only 62% of *those who use cannabis* agreed. Some (22% of *those who use cannabis* and 6% of *those who do not*) felt that "it depends", most frequently citing quantity consumed and personal tolerance as mitigating factors.

In Vancouver Coastal Health, *those who use cannabis* for non-medical-only purposes were more likely to consume and drive than *those who use cannabis* for medical-only purposes (36% vs. 20%). However, *those who use cannabis* for both medical and non-medical purposes were the most likely to consume and drive (47%). In Vancouver Coastal Health, 61% of *those who use cannabis* and 18% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.

# Island Health

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey. From Island Health, there were 4,566 respondents.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey, 1,865 of whom were from Island Health.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (34%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (66%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

*Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.*<sup>3</sup>

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas. Island Health is comprised of three HSDAs.

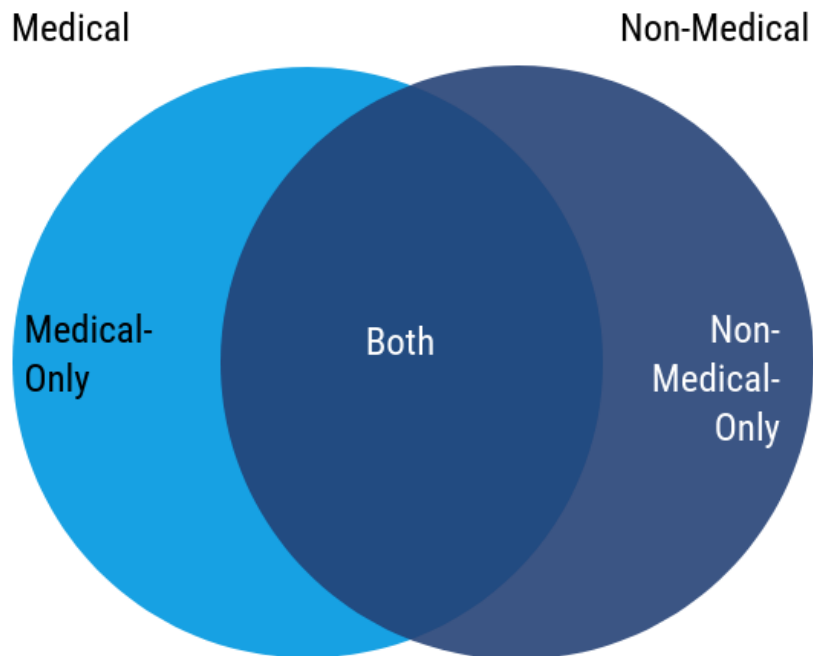
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

## Consumption for medical purposes and non-medical purposes were not mutually exclusive.

Among those who use cannabis, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: THOSE WHO USE CANNABIS IN VANCOUVER ISLAND HEALTH



Medical:	68%
Medical-Only:	28%
Non-Medical:	72%
Non-Medical-Only:	32%
Both:	40%

See Appendix B: Counts.

## WHO IS USING CANNABIS, AND WHY?

**Overall, 34% in Island Health reported consuming cannabis in the past 12 months. Island Health consumption was slightly higher than the provincial average (28%).**

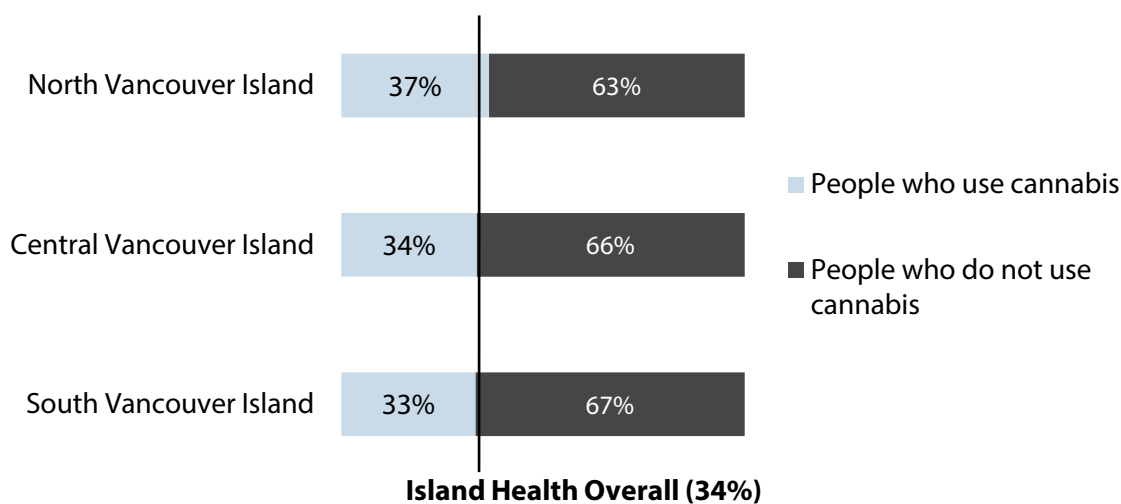
As in the Province, a larger proportion of men in Island Health (38%) than women (30%) reported consuming cannabis.

In Island Health, the reported consumption within each age group is as follows:

- 19-29 years (58%)
- 30-49 years (39%)
- 50+ years (25%).

Within Island Health, consumption rates were similar across HSDAs (see Figure 2).

FIGURE 2: CANNABIS CONSUMPTION WITHIN ISLAND HEALTH BY HSDA



**Among those who use cannabis in Island Health, 28% consumed cannabis exclusively for medical purposes, 32% exclusively for non-medical purposes, and 40% for both medical and non-medical purposes. Compared to the Province, Island Health had a slightly higher rate of consumption for medical-only purposes (28% vs. 23%), and a slightly lower rate of consuming for non-medical-only purposes (32% vs. 38%).**

Across those who use cannabis in Island Health, 68% consumed cannabis for medical purposes, and 72% consumed cannabis for non-medical purposes (these figures do not total 100% as 40% indicated that they consumed cannabis for both purposes).

**As was the case provincially, *those who use cannabis* for medical purposes in Island Health were most commonly treating symptoms associated with sleep disturbances and pain. Island Health showed the same top six symptoms as provincially, but in a slightly different order.<sup>4</sup>**

In Island Health, the top six symptoms treated were:

- Problem sleeping – 62%
- Chronic non-cancer pain – 39%
- Acute pain – 37%
- Headaches/migraine – 30%
- Muscle spasms – 19%
- Nausea/vomiting – 17%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

**In line with provincial trends, of *those who use cannabis* in Island Health, 48% consumed cannabis daily for medical-only purposes, compared to 20% for non-medical-only purposes.**

In Island Health, a slightly larger percentage of *those who use cannabis* consumed for non-medical purposes (72%) than did for medical purposes (68%). Nearly half (47%) of *those who use cannabis* for non-medical-only purposes consumed less than once a month, while 20% consumed daily. In contrast, nearly half (48%) of *those who use cannabis* for medical-only purposes consumed cannabis daily, while 20% consumed less than once a month.

**Few planned to change the frequency of their cannabis consumption after legalization.**

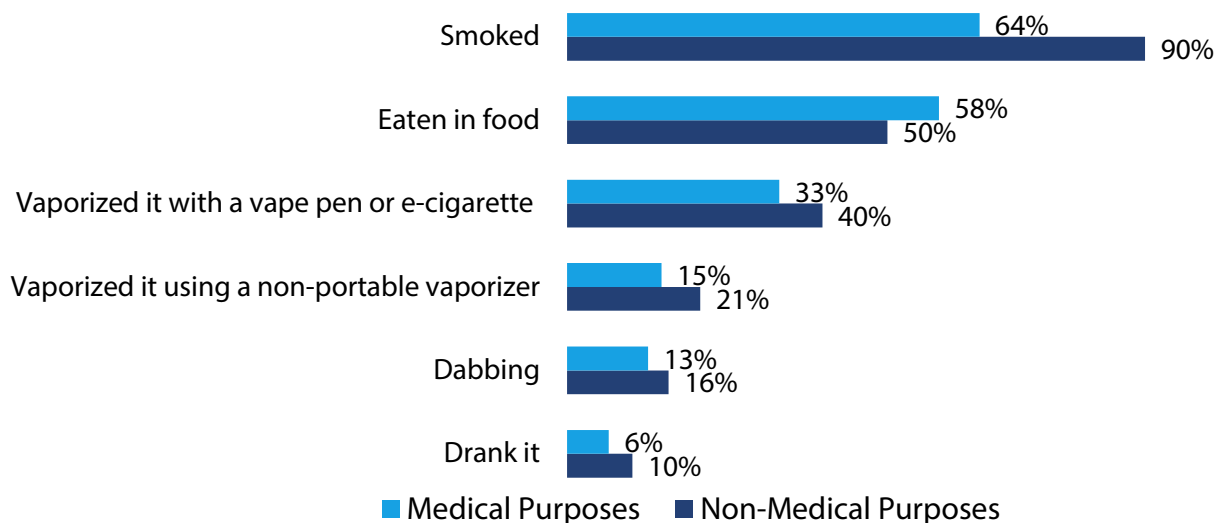
In Island Health, only 7% planned to consume cannabis more frequently after legalization, while 81% planned to consume with the same frequency and 0% planned to consume less frequently. In keeping with provincial findings, increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 11% who reported that they planned to consume cannabis more frequently after legalization, compared to 5% for *those who do not use cannabis*.<sup>5</sup>

<sup>4</sup> Provincial: 62% problem sleeping, 38% acute pain, 37% chronic non-cancer pain, 32% headaches/migraine, 20% muscle spasms, and 20% nausea/vomiting.

<sup>5</sup> Similar to provincial results, only 4% of those who had never used cannabis planned to consume it after legalization.

**The top three methods of consumption were the same for both purposes, provincially and across Island Health: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.**

FIGURE 3: METHODS OF CANNABIS CONSUMPTION IN ISLAND HEALTH



\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**As was the case provincially, dried flower/leaf and cannabidiol<sup>6</sup> (CBD) were among the top three most commonly consumed cannabis products weekly or more in Island Health for both medical and non-medical purposes.**

TABLE 1: TOP SIX CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE IN ISLAND HEALTH\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (49%)	Dried flower/leaf (48%)
Cannabidiol (31%)	Cannabidiol (9%)
Topical ointments (21%)	Edibles (9%)
Edibles (21%)	Topical ointment (8%)
Tinctures (14%)	Cannabis oil cartridges (7%)
Cannabis oil from a Health Canada Licensed Producer (14%)	Solid concentrate (5%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>6</sup> Survey definition of cannabidiol was “Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)”.

**The top three sources of cannabis were the same for both medical and non-medical purposes. Island Health results were consistent with provincial trends.**

TABLE 2: TOP THREE SOURCES OF CANNABIS IN ISLAND HEALTH

Medical Purposes	Non-Medical Purposes
Compassion club/dispensary (72%)	Compassion club/dispensary (57%)
Friend (26%)	Friend (54%)
It was shared around a group of friends (16%)	It was shared around a group of friends (46%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

**Cannabis consumption was reported to positively affect quality of life for 75% of those who use cannabis in Island Health, slightly higher than the provincial rate of 73%.**

Positive effects were also reported for emotional wellbeing (72%), physical health (64%), mental health (62%), spiritual wellbeing (58%), physical mobility (53%), friendship or social life (48%), home life or romantic relationships (41%), and work or studies (26%). Few negative life effects of cannabis consumption were reported among *those who use cannabis* in Island Health. The highest negative impacts were reported for work or studies (6%), mental life (4%), and home life or romantic relationships (4%).

**Over three-quarters of those in Island Health believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, 42% of those who use cannabis reported having driven within 2 hours after consuming cannabis, similar to the provincial rate (43%).**

Perceptions of impairment differed between *those who use cannabis* and *those who do not* in Island Health, as was the case provincially. While 88% of *those who do not use cannabis* said that cannabis impairs driving, only 59% of *those who use cannabis* agreed. Some (23% of *those who use cannabis* and 8% of *those who do not*) felt that "it depends", most frequently citing quantity consumed and personal tolerance as mitigating factors.

In Island Health, *those who use cannabis* for non-medical-only purposes were much more likely to consume and drive than *those who use cannabis* for medical-only purposes (44% vs. 26%). However, *those who use cannabis* for both medical and non-medical purposes were the

## BC STATS

most likely to consume and drive (54%). In Island Health, 60% of *those who use cannabis* and 24% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.



# Northern Health

## 2018 BC CANNABIS USE SURVEY

### **More than 28,000 British Columbians participated in the BC Cannabis Use Survey during the summer of 2018.**

BC Stats conducted the survey with 28,659 British Columbians on behalf of the BC Cannabis Legalization and Regulation Secretariat from June – August 2018. Only those aged 19 or older were eligible to complete the survey. From Northern Health, there were 5,296 respondents.

The sample was developed with quotas for region (Health Service Delivery Area or HSDA<sup>1</sup>), age and gender, and a separate quota to ensure representation of self-identified Indigenous respondents<sup>2</sup>, with post-survey data weighting to ensure that results were representative of the BC population.

### **The survey was completed by telephone, with online follow up.**

All respondents were contacted by telephone and those who agreed to participate completed the core survey in this mode. Respondents were then asked to answer another set of questions online. Those who agreed were sent a link to the questions, with 10,700 respondents completing the online section of the survey, 1,920 of whom were from Northern Health.

### **Respondents were grouped by use profile.**

Respondents were asked about their cannabis consumption for medical or non-medical purposes within the past 12 months.

Respondents who had consumed cannabis within the past 12 months (31%) are referred to as *“those who use cannabis”*.

Respondents who had not consumed cannabis within the past 12 months (69%) are referred to as *“those who do not use cannabis”* (aka, *“those who do not”*).

---

<sup>1</sup> BC's five regional health authorities are divided into sixteen smaller geographic administrative units called Health Service Delivery Areas. Northern Health is comprised of three HSDAs.

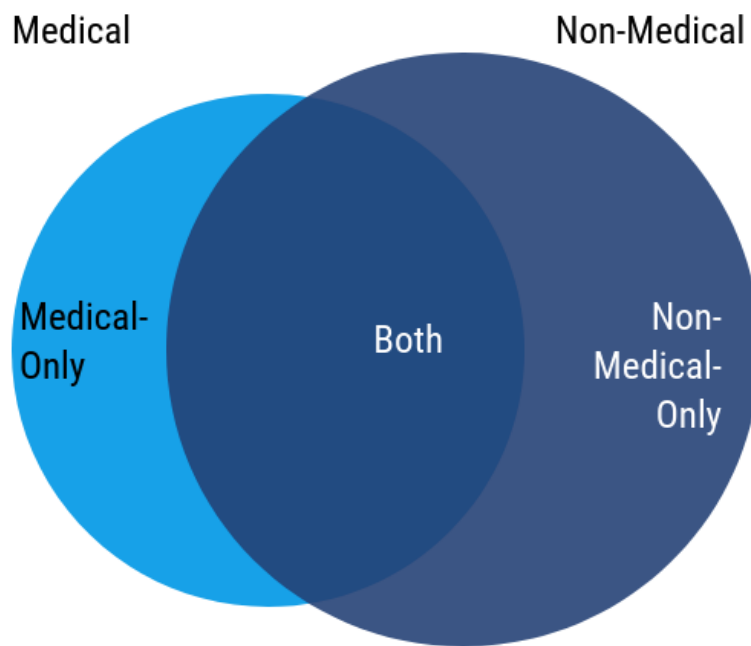
<sup>2</sup> Information that focuses on the survey results for self-identified Indigenous respondents will be available in the future.

Discussion of cannabis consumption in this report refers to consumption within the past 12 months, unless another timeframe is noted specifically.<sup>3</sup>

**Consumption for medical purposes and non-medical purposes were not mutually exclusive.**

Among those who use cannabis, some consumed cannabis exclusively for medical purposes, some consumed exclusively for non-medical purposes, while some consumed cannabis for both purposes (see Figure 1). Use for medical purposes includes those who self report that their use of cannabis was for medical purposes, regardless of whether or not they had a medical authorization from Health Canada and/or acquired their cannabis through a legally authorized source of medical cannabis.

FIGURE 1: THOSE WHO USE CANNABIS IN NORTHERN HEALTH



Medical:	58%
Medical-Only:	20%
Non-Medical:	80%
Non-Medical-Only:	42%
Both:	38%

See Appendix B: Counts.

<sup>3</sup> Additional use profiles for lifetime consumption of cannabis are located in Appendix A.

## WHO IS USING CANNABIS, AND WHY?

**Overall, 31% in Northern Health reported consuming cannabis in the past 12 months. Northern Health consumption was slightly higher than the provincial average (28%).**

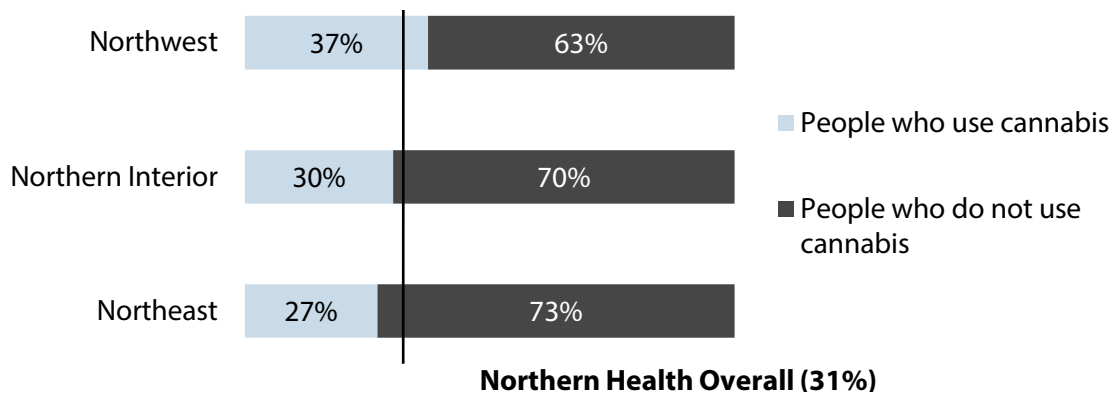
As in the Province, a larger proportion of men in Northern Health (37%) than women (25%) reported consuming cannabis.

In Northern Health, the reported consumption within each age group is as follows:

- 19-29 years (52%)
- 30-49 years (34%)
- 50+ years (21%).

Within Northern Health, consumption rates were similar across HSDAs, except for the Northwest where 37% had consumed cannabis at least once in the past 12 months (see Figure 2).

FIGURE 2: CANNABIS CONSUMPTION WITHIN NORTHERN HEALTH BY HSDA



**Among those who use cannabis in Northern Health, 20% consumed cannabis exclusively for medical purposes, 42% exclusively for non-medical purpose, and 38% for both medical and non-medical purposes. Compared to the Province, Northern Health had similar rates of consumption for medical-only purposes (20% vs. 23%) and non-medical-only purposes (42% vs. 38%).**

Across those who use cannabis in Northern Health, 58% consumed cannabis for medical purposes, and 80% consumed cannabis for non-medical purposes (these figures do not total 100% as 38% indicated that they consumed cannabis for both purposes).

**As was the case provincially, those who use cannabis for medical purposes in Northern Health were most commonly treating symptoms associated with sleep disturbances and pain. Northern Health showed the same top six symptoms as provincially, but in a slightly different order.<sup>4</sup>**

In Northern Health, the top six symptoms treated were:

- Problem sleeping – 59%
- Acute pain – 41%
- Headaches/migraine – 38%
- Chronic non-cancer pain – 32%
- Muscle spasms – 25%
- Nausea/vomiting – 24%

## HOW OFTEN DO PEOPLE USE CANNABIS, AND HOW ARE THEY USING IT?

**In line with provincial trends, of those who use cannabis in Northern Health, 55% consumed cannabis daily for medical-only purposes, compared to 25% for non-medical-only purposes.**

In Northern Health, a larger percentage of those who use cannabis consumed for non-medical purposes (80%) than for medical purposes (58%). Two in five (39%) of those who use cannabis for non-medical-only purposes consumed less than once a month, while 25% consumed daily. In contrast, over half (55%) of those who use cannabis for medical-only purposes consumed cannabis daily, while 16% consumed less than once a month.

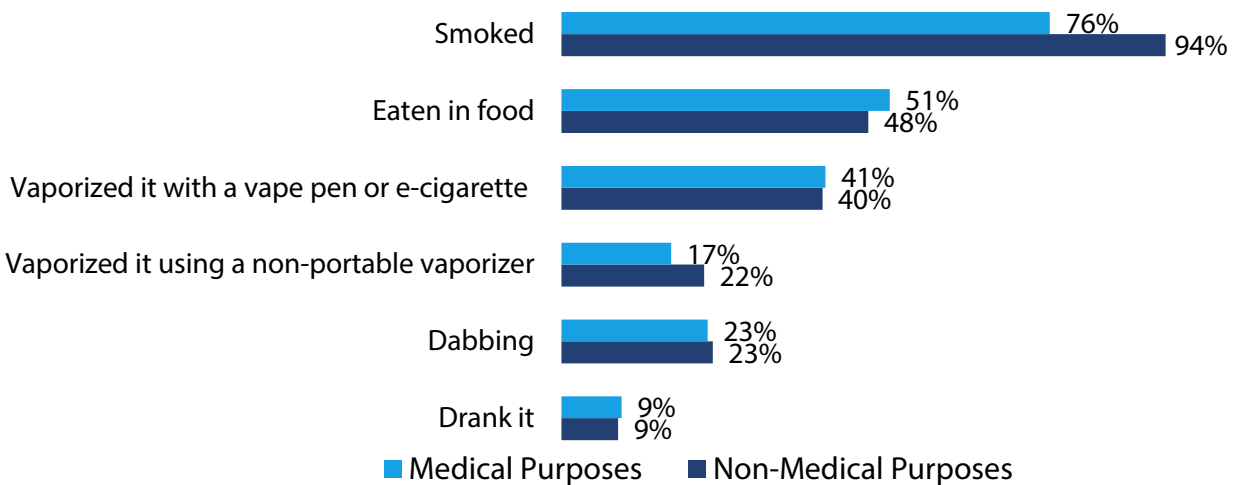
<sup>4</sup> Provincial: 62% problem sleeping, 38% acute pain, 37% chronic non-cancer pain, 32% headaches/migraine, 20% muscle spasms, and 20% nausea/vomiting.

## Few planned to change the frequency of their cannabis consumption after legalization.

In Northern Health, only 8% planned to consume cannabis more frequently after legalization, while 80% planned to consume with the same frequency and 1% planned to consume less frequently. In keeping with provincial findings, increases in anticipated cannabis consumption were most frequently reported by *those who use cannabis*, with 13% who reported that they planned to consume cannabis more frequently after legalization, compared to 6% for *those who do not use cannabis*.<sup>5</sup>

## The top three methods of consumption were the same for both purposes, provincially and across Northern Health: smoked, eaten in food, and vaporized with a vape pen or e-cigarette.

FIGURE 3: METHODS OF CANNABIS CONSUMPTION IN NORTHERN HEALTH



\* Percentages (rounded) do not sum to 100% as this question allowed respondents to select all that apply.

<sup>5</sup> Similar to provincial results, only 4% of those who had never used cannabis planned to consume it after legalization.

**As was the case provincially, dried flower/leaf and cannabidiol<sup>6</sup> (CBD) were among the top three most commonly consumed cannabis products weekly or more in Northern Health for both medical and non-medical purposes.**

TABLE 1: TOP SIX CANNABIS PRODUCTS CONSUMED WEEKLY OR MORE IN NORTHERN HEALTH\*

Medical Purposes	Non-Medical Purposes
Dried flower/leaf (60%)	Dried flower/leaf (52%)
Cannabidiol (32%)	Solid concentrate (15%)
Cannabis oil from a Health Canada Licensed Producer (21%)	Cannabidiol (12%)
Edibles (19%)	Hashish/kief (12%)
Solid concentrate (18%)	Cannabis oil from a Health Canada Licensed Producer (10%)
Topical ointments (17%)	Edibles (9%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

**The top three sources of cannabis were the same for both medical and non-medical purposes. Northern Health was less likely to source cannabis from a compassion club or dispensary than other regions of the province.**

TABLE 2: TOP THREE SOURCES OF CANNABIS IN NORTHERN HEALTH

Medical Purposes	Non-Medical Purposes
Friend (44%)	Friend (62%)
Compassion club/dispensary (43%)	It was shared around a group of friends (50%)
It was shared around a group of friends (26%)	Compassion club/dispensary (33%)

\* Percentages do not sum to 100% as this question allowed respondents to select all that apply.

<sup>6</sup> Survey definition of cannabidiol was "Cannabidiol (aka, CBD, High CBD/Low THC or CBD-rich cannabis)".

## HOW DOES CANNABIS AFFECT DAILY LIFE IN BRITISH COLUMBIA?

### **In line with provincial trends, cannabis consumption was reported to positively affect quality of life for 73% of those who use cannabis in Northern Health.**

Positive effects were also reported for emotional wellbeing (74%), mental health (66%), physical health (61%), spiritual wellbeing (60%), physical mobility (53%), friendship or social life (52%), home life or romantic relationships (43%), and work or studies (26%). Few negative life effects of cannabis consumption were reported among *those who use cannabis* in Northern Health. The highest negative impacts were reported for work or studies (8%), physical health (4%), and home life or romantic relationships (4%).

### **Over three-quarters of those in Northern Health believed that consuming cannabis impairs one's ability to drive or operate a vehicle. However, 48% of those who use cannabis reported having driven within 2 hours after consuming cannabis, higher than the provincial rate (43%).**

Perceptions of impairment differed between *those who use cannabis* and *those who do not* in Northern Health, as was the case provincially. While 88% of *those who do not use cannabis* said that cannabis impairs driving, only 54% of *those who use cannabis* agreed. Some (21% of *those who use cannabis* and 7% of *those who do not*) felt that "it depends", most frequently citing quantity consumed and personal tolerance as mitigating factors most frequently.

In Northern Health, *those who use cannabis* for non-medical-only purposes were more likely to consume and drive than *those who use cannabis* for medical-only purposes (44% vs. 29%). However, *those who use cannabis* for both medical and non-medical purposes were the most likely to consume and drive (64%). In Northern Health, 71% of *those who use cannabis* and 28% of *those who do not* reported having been a passenger in a vehicle driven by someone who had consumed cannabis within 2 hours before driving.



BC Stats is the provincial government's leader in statistical and economic research, information and analysis essential for evidence-based decision-making. BC Stats, the central statistics agency of government, is excited to be taking a lead role in the strategic understanding of data sources and analysis across government. The goal is to increase overall business intelligence—information decision makers can use. As part of this goal, BC Stats is also developing an organizational performance measurement program. For more information, please contact Elizabeth Vickery.



Box 9410 Stn Prov Govt  
Victoria, BC  
V8W 9V1

Web: [www.bcstats.gov.bc.ca](http://www.bcstats.gov.bc.ca)  
Twitter: @BCStats  
Email: [BC.Stats@gov.bc.ca](mailto:BC.Stats@gov.bc.ca)

