

# **Cannabis in British Columbia:**

## **Results from the 2025 BC Cannabis Use Survey**

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**PREPARED BY THE BC CANNABIS SECRETARIAT  
NOVEMBER 2025**



Ministry of  
Agriculture  
and Food

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# Executive Summary

This is the third iteration of the *BC Cannabis Use Survey*, following a previous survey conducted in 2021 and an initial survey carried out in 2018 before non-medical cannabis legalization. In collaboration with BC Stats and key partners, the BC Cannabis Secretariat designed the survey to understand how behaviours and perceptions related to cannabis use in British Columbia (B.C.) may be shifting as the legal cannabis market develops. Each survey was planned as part of the Government of British Columbia's commitment to closely monitor the impacts of cannabis legalization and refine policies over time.

The survey covers a range of topics, such as the methods and types of cannabis products people use, reasons for using cannabis, differences in cannabis use patterns across various socio-demographic groups, where and how people get cannabis, people's experiences using cannabis, cannabis and driving, and the relationship between cannabis, alcohol, and other substances. A total of 23,590 people completed the survey, making it the largest province-led study on cannabis use in Canada. Results are representative of British Columbia's population and provide information specific to each health authority and Health Service Delivery Area.

Detailed findings can be found throughout the report, but key findings include:

- Around one-third (31%) of adults 19+ report using cannabis in the past year, which is slightly lower than in 2021 (32%) and higher than before legalization in 2018 (28%).
- More cannabis users reported only using it for non-medical purposes compared to previous years, and fewer reported using it for only medical purposes.
- Compared to 2021, more non-medical cannabis users report daily use (29% vs. 24%), and more of these daily users report using cannabis multiple times per day (67% vs. 59%).
- How people use cannabis has continued to shift. Cannabis edibles and vape cartridges/pens have become more prevalent and fewer people report using dried flower.
- Compared to 2021, more people reported buying cannabis exclusively from legal sources (72% vs. 55%), and fewer buy exclusively from illicit sources (2% vs. 8%). However, the 2025 survey included follow-up questions to explore the extent that people may unknowingly buy cannabis from illicit sources. Results suggest at least 31% may buy at least some cannabis products from illicit stores, websites, or from a dealer.
- Increasingly, cannabis users are reporting that someone has expressed concern about their use (from 13% in 2021 to 16% in 2025), or that they have tried and failed to control or cut down on their cannabis use (from 7% in 2021 to 14% in 2025).
- One in five (20%) cannabis users said they had driven within two hours of inhaling or within four hours of ingesting cannabis in the past year. Most of these people reported doing so at least once a month (58%) and one in four (24%) do it almost every day.

Most people continue to use cannabis responsibly, but there are some concerning trends. Those who use cannabis report that they use it more often and more cannabis users report having difficulty controlling or reducing their use.

The licensed market is evolving in B.C., with increased access to legal cannabis stores, a wider range of products, and increased product potency (i.e., Tetrahydrocannabinol [THC] content). The *BC Cannabis Use Survey* provides important insights to inform evidence-based policy decisions in support of a strong regulated sector that promotes public health, safety, and responsible cannabis use.

# 1. Introduction

## 1.1. Seven years of legal cannabis in B.C.

Under the federal *Cannabis Act*, cannabis was legalized for non-medical purposes across Canada in 2018. In response, the Government of British Columbia enacted the *Cannabis Control and Licensing Act* and the *Cannabis Distribution Act* to regulate retail sale and distribution, and set rules for the possession, personal cultivation, and public consumption of cannabis.<sup>1</sup>

Since legalization, B.C. has made several regulation and policy adjustments to support development of the regulated sector and combat the illicit market. Examples include authorizing licensed retailers to offer online sales and delivery, developing programs for farm-gate retail sales and direct delivery distribution, and adjusting rules around promotion of places to consume cannabis. Notably, in 2022 B.C. brought forward legislative amendments to the *Cannabis Control and Licensing Act* to refine the authorities of the Community Safety Unit, a provincial enforcement body focused on disrupting the illegal sale and production of cannabis in B.C.

The Province is also working with First Nations to establish government-to-government cannabis agreements, and with Indigenous partners to advance other cannabis initiatives that foster reconciliation and uphold Indigenous self-determination.<sup>2</sup>

The regulated cannabis sector has grown to support over 5,000 direct jobs in cannabis production and retail across B.C., and in 2024 contributed approximately \$1.75 billion to B.C.'s Gross Domestic Product (GDP). Monitoring and evaluating the impacts of cannabis use in B.C., including changes in perceptions and behaviours around cannabis, remains crucial to informing provincial policy and regulation in this evolving sector.

## 1.2. The BC Cannabis Use Survey

The *BC Cannabis Use Survey* provides information on how cannabis may impact the lives of people living in B.C., including how and why they consume cannabis (e.g., medical or non-medical reasons), where they get it, and the extent that they may engage in potentially risky behaviours associated with their cannabis use (e.g., frequent or heavy cannabis use, driving shortly after using cannabis). Other surveys such as Health Canada's *Canadian Cannabis Survey* and the University of Waterloo's *International Cannabis Policy Study* also provide valuable information on cannabis-related behaviours and perceptions across Canada, however the *BC Cannabis Use Survey* involves a significantly larger sample of people in B.C.

The 2025 *BC Cannabis Use Survey* is the third iteration, following the second survey in 2021, and the first conducted before non-medical cannabis legalization in 2018. Since 2021, the legal cannabis market has continued to displace illicit operators, a wider range of cannabis products are available to consumers, and cannabis prices have continued

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1 The legal age of cannabis use is 19 years in B.C. and adults are allowed to grow up to four cannabis plants at home. To learn more about cannabis legislation and regulation, safe and responsible cannabis use, and growing your own cannabis in B.C., go to <https://www.cannabis.gov.bc.ca>.

2 To learn more about agreements with First Nation governments entered pursuant to *Cannabis Control and Licensing Act* section 119, and other initiatives supporting Indigenous self-determination and inclusion in the B.C. cannabis sector, go to Working with [Indigenous Governments and partners](#).

to decrease.<sup>3</sup> Recognizing these shifts in B.C.'s legal cannabis sector, the 2025 survey aims to understand potential shifts in cannabis use, perceptions, and related behaviours; and to support evaluation of progress on B.C.'s goals for non-medical cannabis legalization.

The survey was conducted by phone across nine weeks from January to March of 2025 (following field testing in early January).<sup>4</sup> Those aged 19 and older were eligible to participate. The survey was administered in English, Punjabi, Cantonese, and Mandarin. Quota sampling was used for each of the 16 Health Service Delivery Areas (HSDAs), as well as for gender, age group, and Indigenous identity. The survey also included socio-demographic questions on whether respondents self-identified as a visible minority other than Indigenous, were living with a disability, were employed, their household income range, and their level of education.

Survey respondents who had consumed cannabis in the past 12 months were also invited to complete a supplementary online survey. In total, 23,590 people responded to the phone survey, and 8,414 reported having used cannabis at least once during the past 12 months. Of those who reported using cannabis, 2,200 completed the online survey.<sup>5</sup> Post-survey weighting by gender, age group, and HSDA was applied to ensure representativeness.<sup>6</sup> All differences described throughout the report are statistically significant at  $p < .05$ . [Aggregate-level data tables are available through the BC Data Catalogue](#), and more detailed data is available by request to the BC Cannabis Secretariat.

### 1.3. Respondent snapshot

The survey sample was closely reflective of the gender<sup>7</sup> and age distribution of adults in B.C., and respondents were widely sampled from each Regional Health Authority (Figure 1). There were 8% of respondents who self-identified as Indigenous – 5% as First Nations, 3% as Métis, and less than 1% as Inuit. A further 15% of respondents self-identified as a visible minority other than Indigenous, and most often as South Asian (4%), Chinese (3%), or Southeast Asian (2%).

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3 Rundle, S., Hong, D. D., Iraniparast, M., Rynard, V., Wadsworth, E., Pacula, R. L., Kilmer, B. & Hammond, D. (2025). [Self-Reported Cannabis Prices and Expenditures from Legal and Illegal Sources Five Years After Legalisation of Non-Medical Cannabis in Canada](#). *Drug and Alcohol Review*, 1-8.

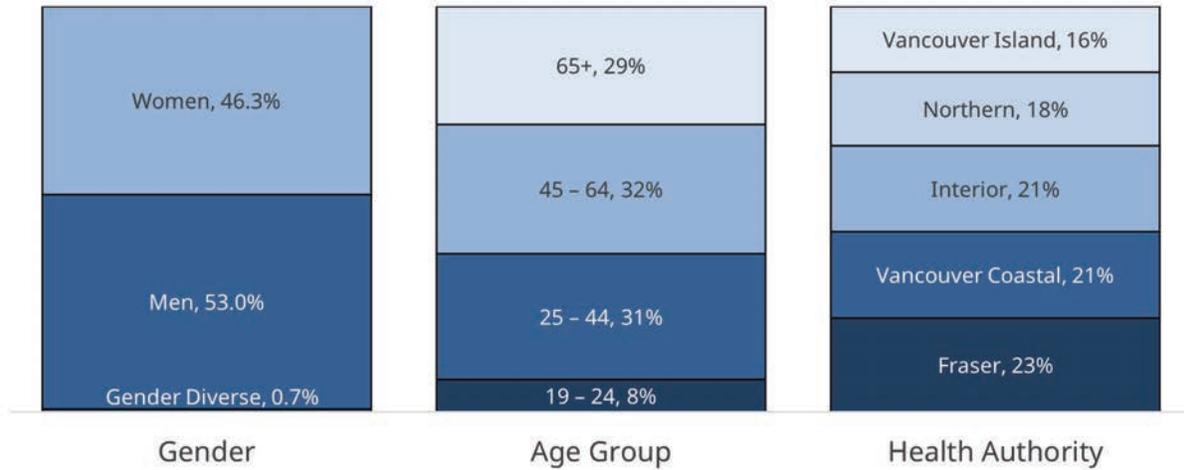
4 The 2018 and 2021 surveys were both conducted between August and October of the respective years. Data collection for the current survey took place in January to March 2025. While this difference in survey timing could impact findings due to recall bias and seasonal variations in cannabis use, our analysis indicates that any impact of survey timing is minimal.

5 The overall survey response rate was 4%, compared to 11% for the 2021 survey. There were 597,292 people in B.C. who were contacted by phone to complete the survey, and 23,590 answered the call, were eligible to participate, and agreed to complete the survey. Unless otherwise specified, all findings in this report exclude responses from those who said “don't know” or “prefer not to say”.

6 Due to time constraints toward the end of the survey period, the sampling approach shifted to focus on interviewing users only. Additional weighting adjustments were made to account for this change.

7 There were 162 respondents who self-identified as gender diverse in the sample. Their responses are included throughout the report but excluded where results are presented by gender due to the limited sample size. Data tables for respondents identifying as gender diverse are available upon request.

Figure 1: Respondents' Gender, Age, and Regional Health Authority (Unweighted Sample)



Most respondents worked full- or part-time (60%) at the time of the survey. Respondents reported a wide range of household income and educational attainment (Figure 2).

Figure 2: Respondents Employment, Income, and Education (Unweighted Sample)



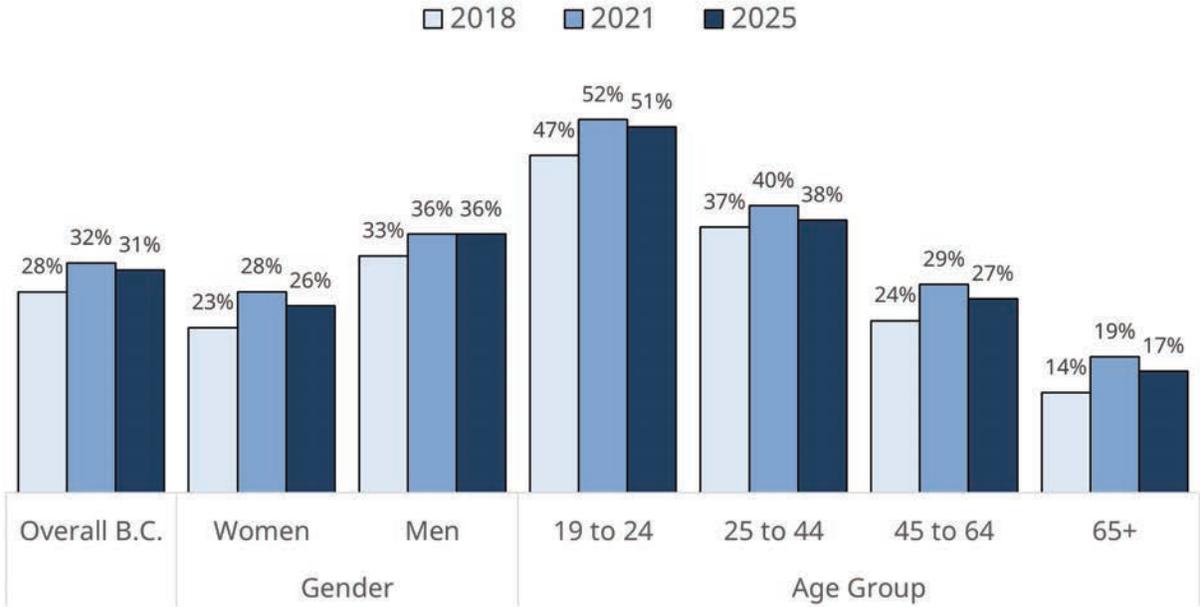
# 2. Cannabis use in B.C.

## 2.1. Changes in cannabis use over time

In 2025, roughly one in three adults living in B.C. (31%) reported using cannabis in the past 12 months.<sup>8</sup> This is down very slightly from 2021 (32%) and still higher than in 2018 prior to legalization (28%). More than half of survey respondents (59%) reported using cannabis at least once in their lifetime, which is unchanged from 2021 (58%) and 2018 (59%).

As illustrated in Figure 3, cannabis use was more often reported among men (36%) than women (26%), and a slight decrease in the prevalence of cannabis use (since 2021) was reported among women but not men. Younger adults (e.g., aged 19 to 24) were more likely than older adults (e.g., aged 45 to 64) to report using cannabis, though all groups showed a slight decrease in use prevalence since 2021.

Figure 3: Past-Year Cannabis Use Prevalence by Gender and Age Group



Cannabis use was also reported more often among Indigenous respondents (47%) than non-Indigenous respondents (30%). Half (50%) of Indigenous respondents reported using cannabis in 2018 and 2021, though the decline in 2025 is not statistically significant. Furthermore, 22% of those identifying as a visible minority other than Indigenous reported using cannabis in the past year, which is an increase from 2021 (20%).

This was the first *BC Cannabis Use Survey* to ask respondents whether they have a disability. Of the 16% of respondents who reported “yes” or “sometimes” to this question, 47% reported using cannabis in the past year.

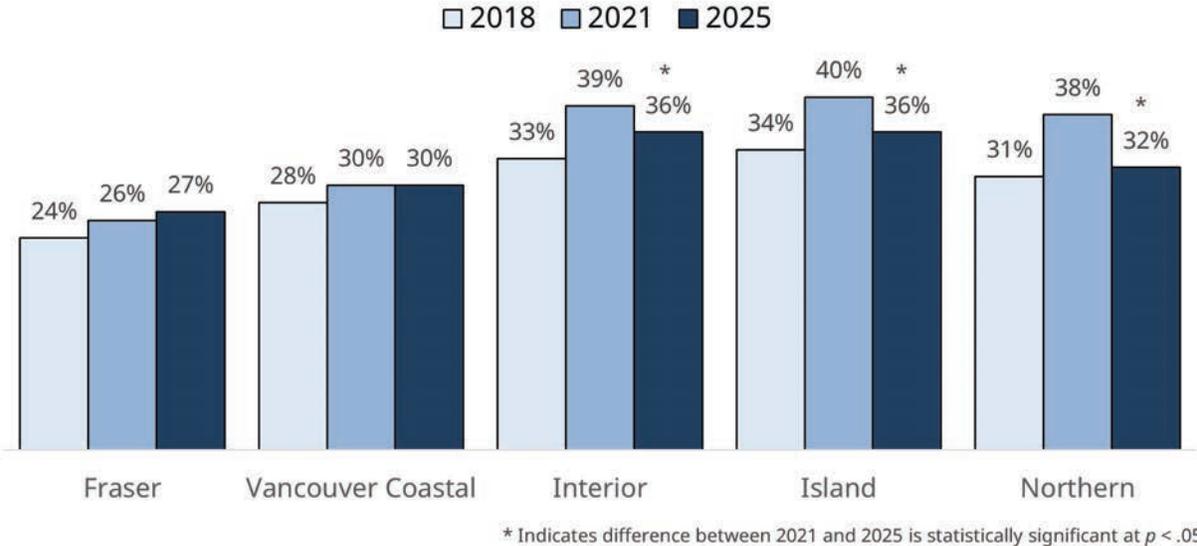
8 Throughout the report, “cannabis users” refers to those who reported using cannabis within the past year (i.e., within the previous 12 months).

## 2.1.1. Regional variations in cannabis use

As shown in Figure 4, there were regional variations in the prevalence of cannabis use across B.C. similar to what was observed in 2018 and 2021. The percentage of adults in each regional health authority who reported using cannabis in the past year ranged from 27% in the Fraser Health region to 36% in the Island Health and Interior Health regions.

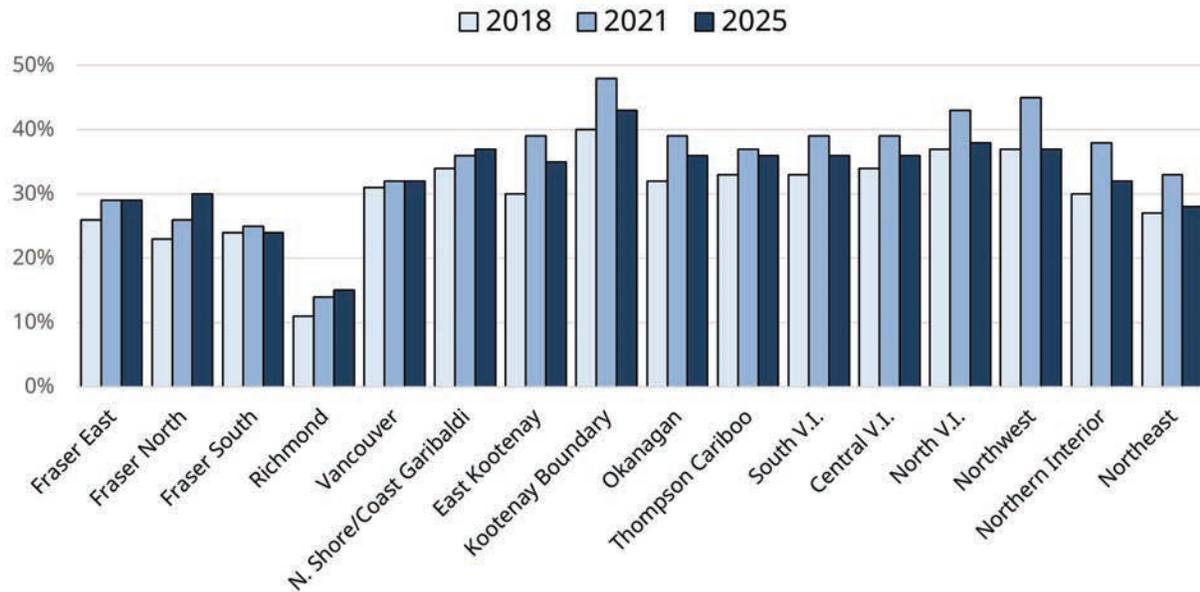
The Fraser Health and Vancouver Coastal Health regions observed no observable change in cannabis use prevalence since 2021, while there was a decline in the prevalence of use in the Interior, Island, and Northern Health Authorities since 2021.

Figure 4: Past-Year Cannabis Use by Regional Health Authority



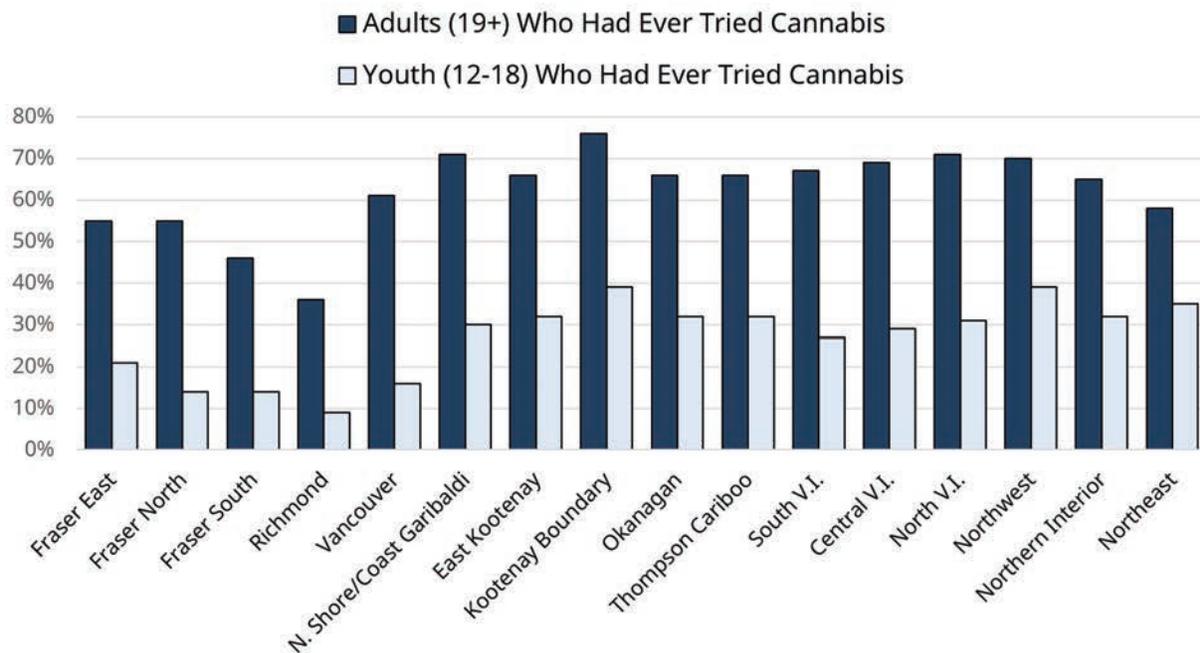
A closer look reveals variations in the prevalence of cannabis use by HSDA (Figure 5). Cannabis use was reportedly most commonly in the Kootenay Boundary HSDA (43%) and least commonly in the Richmond HSDA (15%). Although there were increases in the prevalence of use in many HSDAs from 2018 to 2021, changes from 2021 to 2025 varied. For example, there was an increase in the Fraser North HSDA (26% to 30%), and decreases in several HSDAs, such as the Okanagan (39% to 36%), South Vancouver Island (39% to 36%), North Vancouver Island (43% to 38%) and the Northern Interior (38% to 32%).

Figure 5: Past-Year Cannabis Use by Health Service Delivery Area



While the *BC Cannabis Use Survey* only collected responses from people of legal age to purchase and use cannabis in B.C. (i.e., 19+), the McCreary Centre Society recently released the [Blunt Talk III](#) report describing cannabis use behaviours and perceptions among B.C. youth aged 12 to 18. Findings are also available by HSDA, which allows for comparison with adult cannabis use behaviours in the *BC Cannabis Use Survey*. Figure 6 shows a comparison of the percentage of youth (aged 12 to 18) and adults (aged 19+) who reported having ever used cannabis. In general, HSDAs with lower rates of adult cannabis use also had lower rates of youth who had tried cannabis.

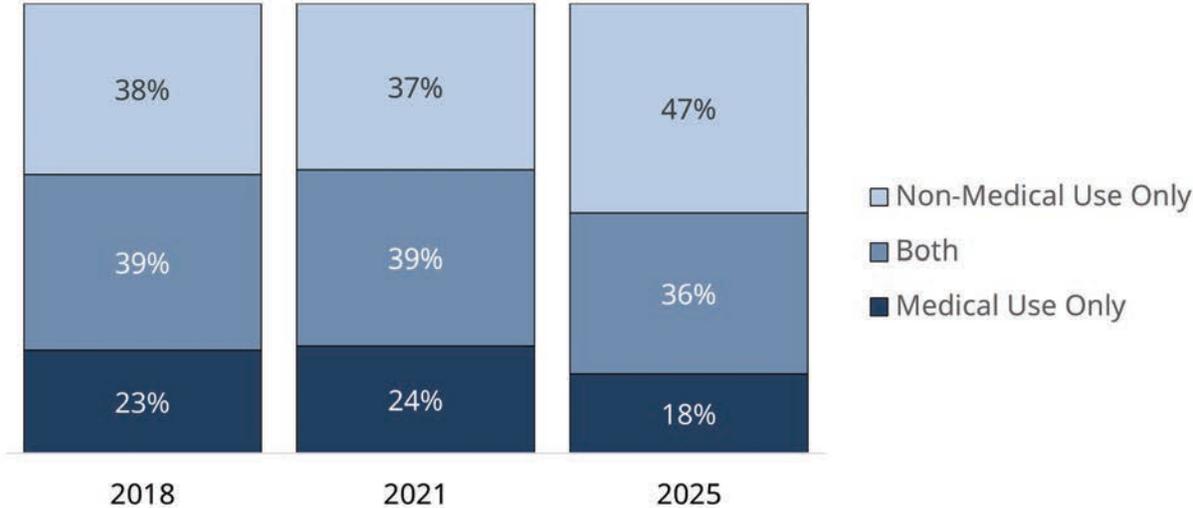
Figure 6: Adult and Youth Cannabis Use by Health Service Delivery Area



## 2.2. Medical and non-medical cannabis use

Survey respondents were asked whether they used cannabis for medical purposes (i.e., to treat pain, disease, or improve symptoms) and/or for non-medical purposes.<sup>9</sup> While there was little change between 2018 to 2021, medical and non-medical cannabis use shifted from 2021 to 2025 (see Figure 7). Similar to previous years, many cannabis users reported that they use cannabis for both medical and non-medical purposes (36%), but since 2021 more cannabis users reported using for only non-medical purposes (47% vs. 37%) and fewer reported only medical cannabis use (18% vs. 24%). Of those who use cannabis for medical purposes, 63% reported discussing their medical cannabis use with a health care practitioner.

Figure 7: Medical and Non-Medical Cannabis Use Among B.C. Cannabis Users



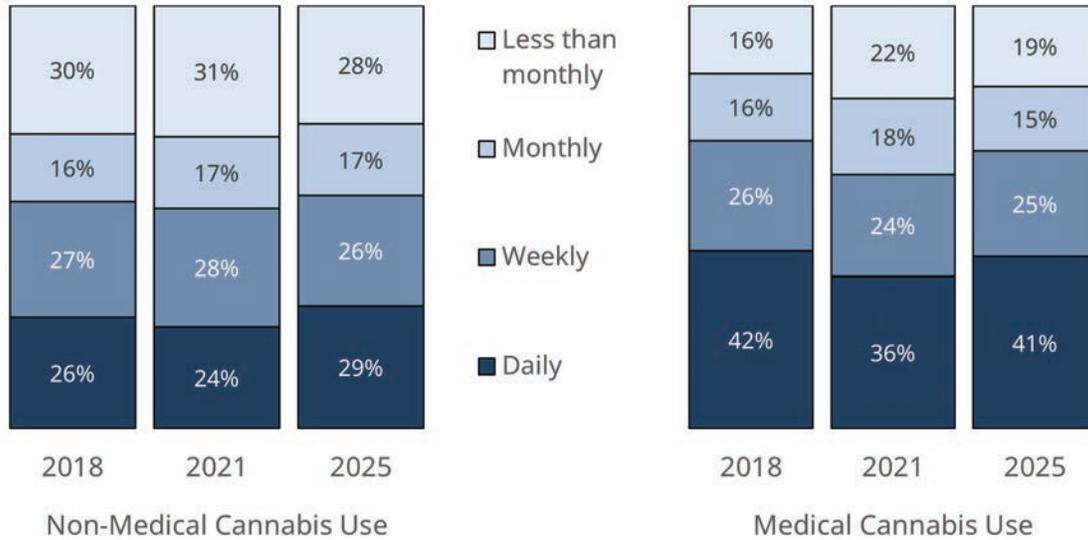
Men were more likely to report non-medical-only cannabis use than women (52% vs. 40%), and less likely to report medical-only use (13% vs. 25%). Similarly, those aged 19 to 24 (vs. aged 25+) were much more likely to report non-medical-only cannabis use (63% vs. 43%), and much less likely to report medical-only use (4% vs. 20%). Those with (vs. without) a disability were also more likely to report medical-only cannabis use (32% vs. 13%).

## 2.3. Frequency of using cannabis

People were also asked how often they use cannabis for medical and/or non-medical purposes. As shown in Figure 8, there was an increase from 2021 to 2025 in the proportion of non-medical cannabis users who reported using daily (24% to 29%). Similarly, more medical cannabis users reported daily use in 2025 than 2021 (41% vs. 36%), though this was similar to the proportion reporting daily medical cannabis use in 2018 (42%).

<sup>9</sup> Medical cannabis users were not asked whether they received authorization from Health Canada to access cannabis for medical purposes. As of December 2024, there were fewer than 13,000 people in B.C. with [medical cannabis authorizations from Health Canada](#), suggesting most people in this survey who reported medical cannabis use are not registered to access cannabis for medical purposes through Health Canada.

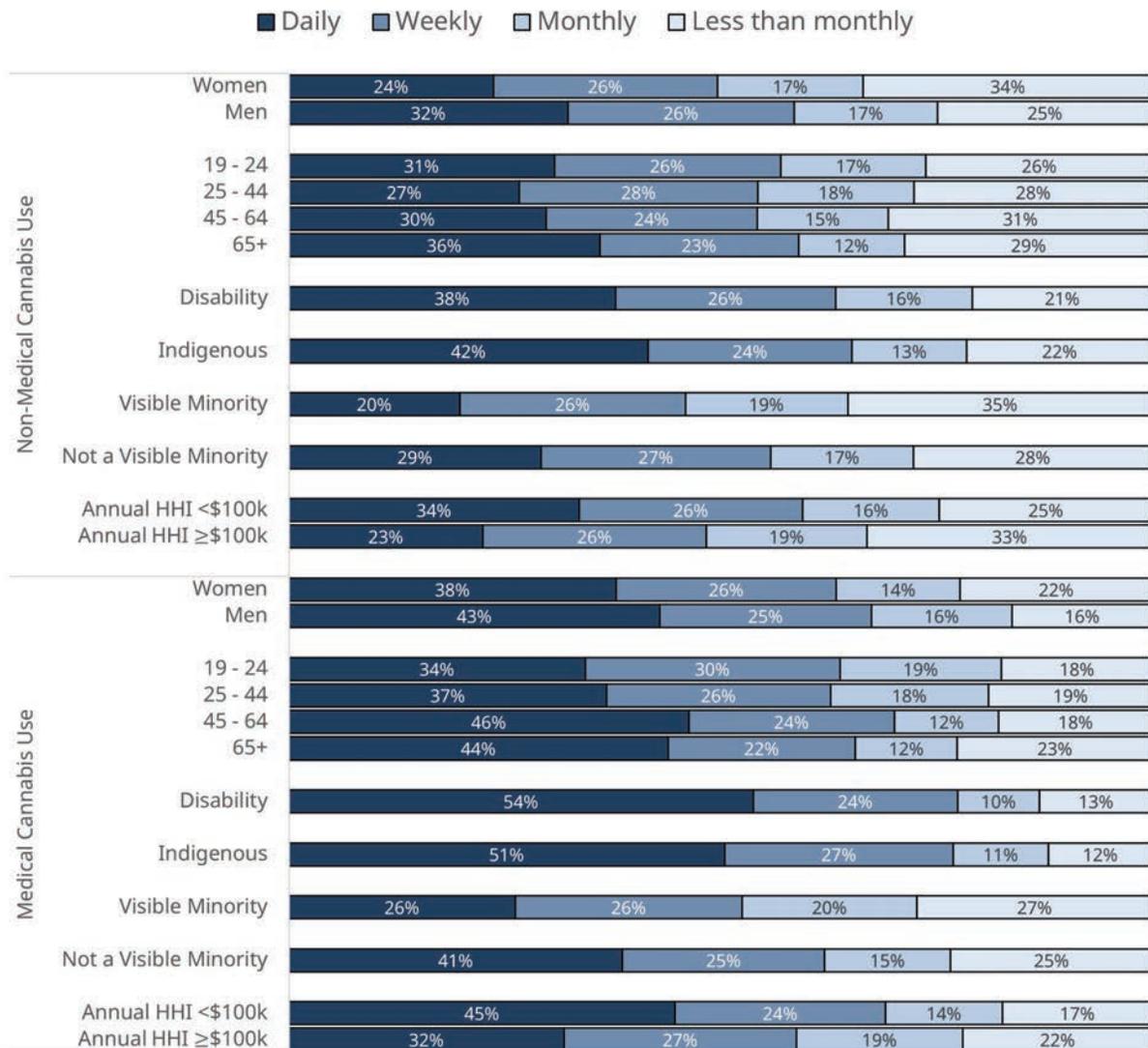
Figure 8: Medical and Non-Medical Cannabis Use Frequency Among B.C. Cannabis Users



As illustrated in Figure 9, several socio-demographic factors were associated with frequency of cannabis use, including:

- Higher rates of daily medical and non-medical cannabis use among men than women.
- More frequent medical cannabis use among older (vs. younger) adults.
- People living with (vs. without) a disability report more frequent cannabis use.
- Indigenous respondents report more frequent cannabis use than non-Indigenous respondents.
- People identifying as a visible minority other than Indigenous report less frequent cannabis use than those who do not identify as a visible minority.
- More daily medical and non-medical cannabis use among those reporting an annual household income less than \$100k (vs. more or equal to \$100k).

Figure 9: Medical and Non-Medical Cannabis Use Frequency by Select Socio-Demographic Factors



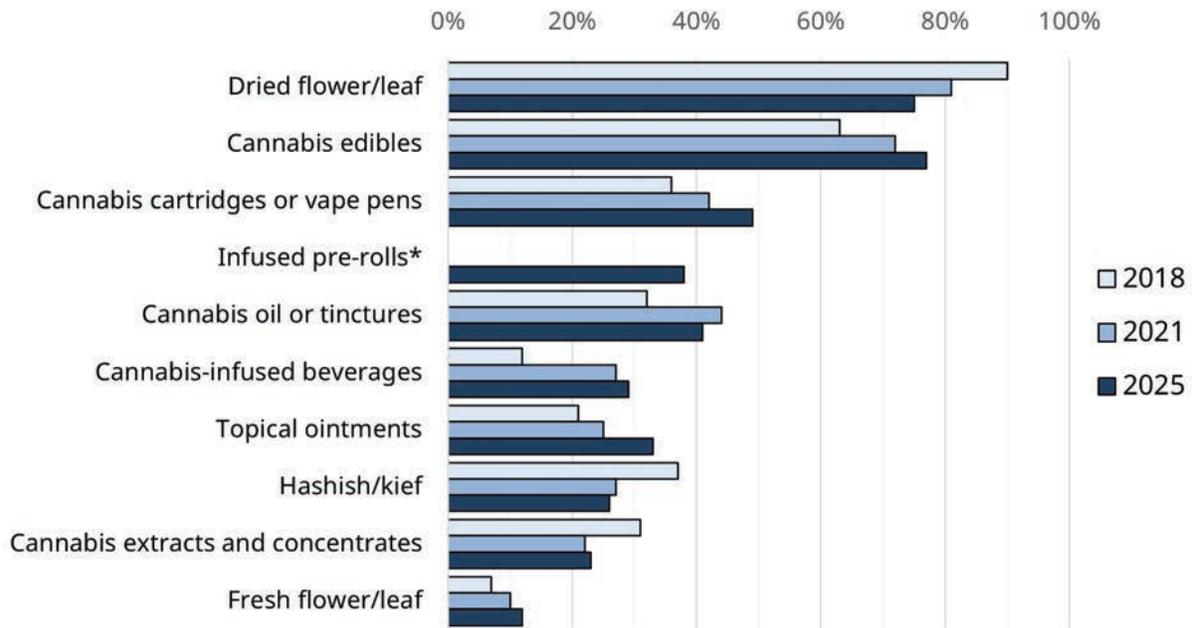
## 2.4. Methods of using cannabis

The two most common and well-understood cannabinoids found in the cannabis plant are tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is commonly associated with psychoactive effects of cannabis (i.e., the “high”), whereas CBD does not produce a “high” or intoxication and is often studied for therapeutic uses.<sup>10</sup>

Today, a wide range of cannabis products are available with varying levels of THC and CBD. Most products are intended for inhalation, ingestion, or topical application. Many cannabis users smoke dried flower or cannabis concentrates, although vaporizing these products is also common. There are also a wide range of cannabis edibles (e.g., gummies, chocolates) and beverages (e.g., sodas, teas) that are increasingly popular since they were legalized in 2019. Alternatively, some people prefer to apply various creams, lotions, or oils to their skin for transdermal absorption. Figure 10 shows the types of cannabis products respondents reported having used in the past 12 months.

<sup>10</sup> Health Canada. (2023). [About cannabis](#). Government of Canada.

Figure 10: Types of Cannabis Products Used Among Past-Year Cannabis Users



On average, cannabis users reported using 3.8 types of products in 2025, which is higher than the 2021 average of 3.4 types of products. In part, this is from the inclusion of a new product type in the 2025 survey – infused pre-rolls,<sup>11</sup> which are typically pre-rolled joints with added (or infused) cannabis concentrates to increase THC content. Sales of infused pre-rolls have grown rapidly in B.C. since 2021.

Dried flower and cannabis edibles remain the most popular types of products people use. Use of dried flower has become less common since 2021, while more people report using cannabis edibles, cartridges or vape pens, and topical products. Those who use cannabis for medical-only (vs. non-medical-only) purposes were...

...more likely to report using:

- cannabis oils or tinctures (49% vs. 31%), and
- topicals (50% vs. 18%);

...but less likely to report using:

- dried flower (48% vs. 76%),
- cannabis vape cartridges or pens (21% vs. 48%),
- infused pre-rolls (16% vs. 37%),
- hash or kief (14% vs. 21%),
- cannabis edibles (56% vs. 75%), and
- cannabis beverages (11% vs. 28%).

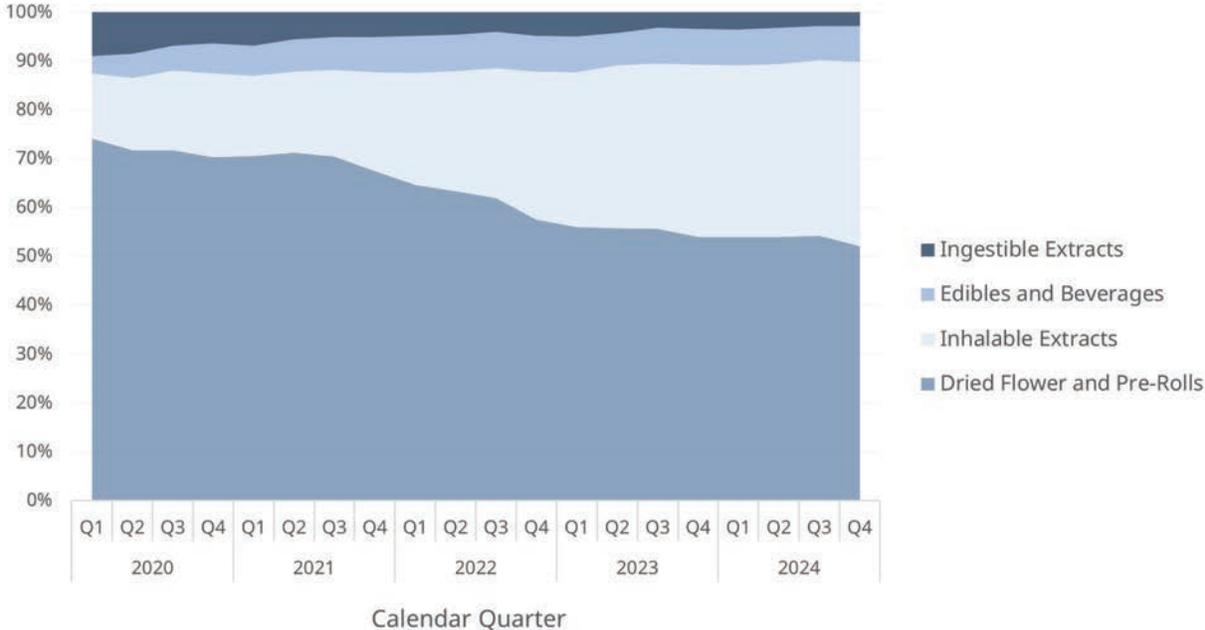
<sup>11</sup> Excluding the infused pre-roll category, consumers reported using an average of 3.5 types of products in 2025.

Likewise, compared to older cannabis users (aged 45+), younger cannabis users (aged 19 to 44) were especially more likely to report using:

- vape cartridges or pens (60% vs. 32%),
- cannabis edibles (81% vs. 63%),
- infused pre-rolls (49% vs. 24%), and
- cannabis beverages (38% vs. 16%).

Cannabis wholesale sales in B.C. also reflect increased consumer preferences for processed and higher-potency cannabis products. Data on wholesale cannabis sales (Figure 11) shows the increase in market share of inhalable extracts, which includes vape cartridges and pens, infused pre-rolls, concentrates, and some other types of products. The ingestible extract category includes oils, tinctures, and capsules. Topicals and seeds are not shown because they comprise a very small proportion of total wholesale sales.

Figure 11: Breakdown of Quarterly Cannabis Wholesale Sales (\$) in British Columbia



The survey also asked respondents whether they had used cannabis products that contained THC, CBD, or both within the past 12 months. Most cannabis users reported using products with both THC and CBD (77%), and products that only contained THC (39%), while fewer reported using CBD-only products (21%). Those who used cannabis for medical-only (vs. non-medical-only) purposes more often reported use of CBD-only products (34% vs. 15%).

## 2.5. Where people use cannabis

Adults (19+) in B.C. can smoke or vape cannabis in public places, with some restrictions. Smoking and vaping cannabis is not allowed in places such as playgrounds, parks, near the entrance of public buildings, in a car, and other areas set out in provincial legislation and regulation. Tenancy and rental agreements may also restrict smoking or vaping cannabis in a person's home.<sup>12</sup>

When cannabis users were asked where they typically use cannabis, almost all said at home (95%). Other common places were at a friend's home (41%) and in outdoor public spaces (36%; e.g., parks, beaches, on the street). Less often, people reported typically using cannabis in indoor public spaces (8%; e.g., bar, pub, sports venues), in a car (6%), at a workplace or school (4%), or at a cannabis-specific consumption space (4%).<sup>1314</sup>

People who use cannabis for medical-only (vs. non-medical-only) purposes were more likely to use cannabis at home (98% vs. 91%) or at a cannabis-specific consumption space (3% vs. 1%), and less likely to use it at a friend's home (7% vs. 49%), in outdoor public spaces (7% vs. 41%), in a car (4% vs. 6%), or in indoor public spaces, at work, or at school (1% vs. 11%).

Places where people use cannabis were also associated with age and gender. Those aged 19 to 24 (vs. 25+) were less likely to typically use cannabis at home (90% vs. 95%), but much more likely to use cannabis at a friend's home (70% vs. 35%), in outdoor public spaces (61% vs. 30%), in indoor public spaces including a workplace or school (22% vs. 8%), or in a car (16% vs. 5%). Furthermore, women were more likely to report using cannabis at home than men (97% vs. 92%) and less likely to use it in outdoor public spaces (29% vs. 40%) or in a car (5% vs. 8%).

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12 For more information about [where you can consume](#), visit [cannabis.gov.bc.ca](https://www.cannabis.gov.bc.ca).

13 Public cannabis use is allowed in B.C., subject to some restrictions. Cannabis specific consumption space refers to a place with a designated area allowing for cannabis smoking and vaping or other on-site cannabis use policies. For more information on rules for public cannabis use in B.C., go to <https://www.cannabis.gov.bc.ca>

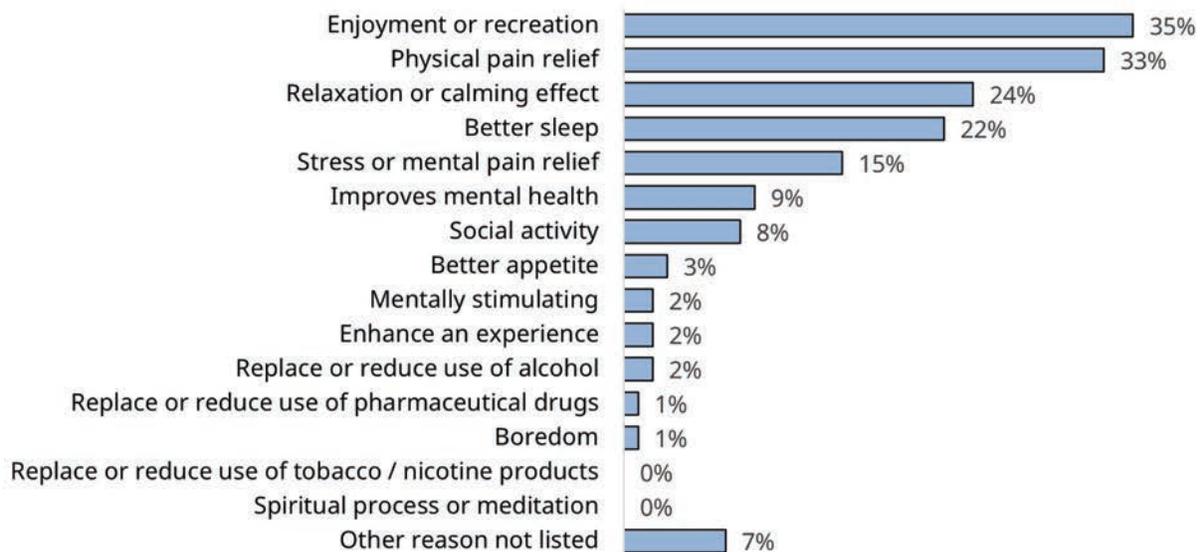
14 Totals add to more than 100% because respondents could select more than one place.

# 3. Why people use cannabis

## 3.1. Reasons for using cannabis

People have historically used cannabis for a wide range of reasons, and most commonly people reported using cannabis for enjoyment or recreation (35%), relief from physical pain (33%), relaxation or calming effects (24%), or to improve sleep (22%).<sup>15</sup> See Figure 12 below for details.

Figure 12: Reasons for Using Cannabis Among Past-Year Cannabis Users



As expected, reasons for using cannabis differed between those who use cannabis for medical-only or non-medical-only purposes. Medical-only (vs. non-medical-only) cannabis users more often reported using cannabis for physical pain relief (66% vs. 2%), better sleep (31% vs. 15%), or to improve mental health (11% vs. 3%). In contrast, non-medical-only (vs. medical-only) users more often reported use for enjoyment or recreation (52% vs. 1%), relaxation or calming effects (30% vs. 6%), or as a social activity (12% vs. 0%).

Given the various methods of consuming cannabis and the range of cannabinoid concentrations across products, it can be challenging to get the desired effects from cannabis. Health Canada recommends cannabis users “start low, go slow” because using too much or too quickly can lead people to experience adverse effects. For edible cannabis products, this means starting with 2.5mg of THC or less and waiting to feel the effects, which may take between 30 minutes and two hours. For smoking or vaping cannabis, recommendations are to start with one or two puffs of a joint or vape with less than 10% THC, and it could take up to 30 minutes to feel the full effects.<sup>16</sup>

<sup>15</sup> Totals exceed 100% because respondents could select more than one reason for using cannabis.

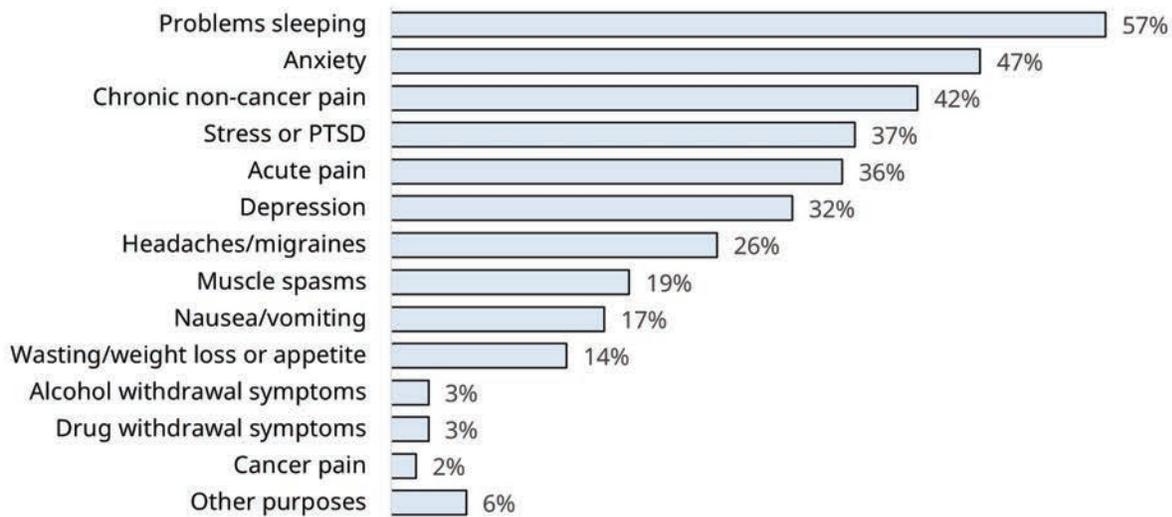
<sup>16</sup> Health Canada. (2019). Cannabis: Lower your risks. Government of Canada. Available at <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/resources/lower-your-risks.html>

When cannabis users were asked whether it is difficult to determine how much cannabis to use to get the experience they want, 20% said it's "somewhat difficult" and 3% said it's "very difficult." Reporting at least some difficulty in determining how much cannabis to use was more common among occasional users than those who use it weekly or more often (35% vs. 16%), among those aged 19 to 24 compared to those aged 25+ (34% vs. 21%), and among women than men (25% vs. 21%).

### 3.1.1. Using cannabis for medical purposes

Respondents who reported using cannabis for medical purposes were also asked to indicate which types of medical purposes they were using cannabis for. Responses are shown in Figure 13.

Figure 13: Self-Reported Reasons for Using Cannabis for Medical Purposes

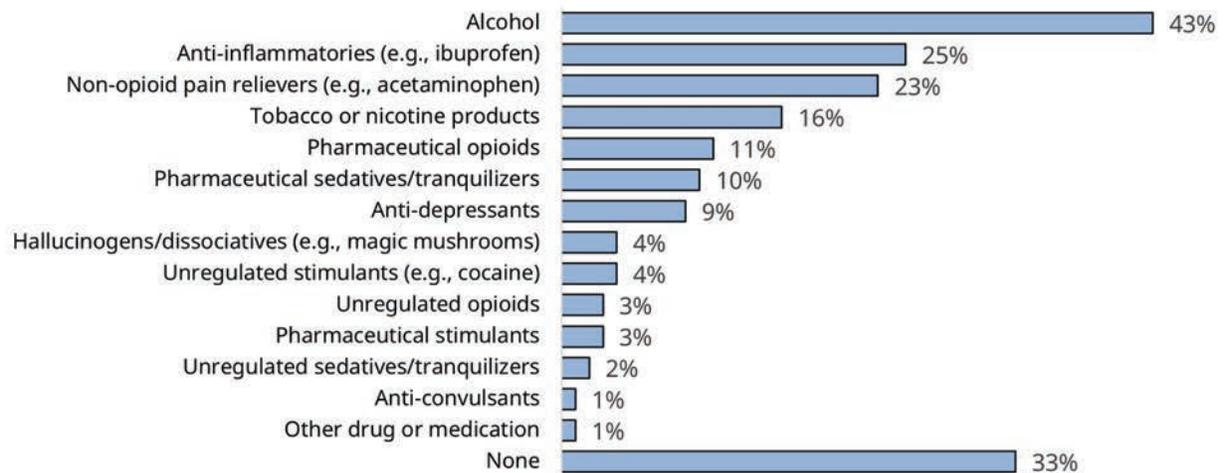


Reasons for medical cannabis use also varied by age. For example, using cannabis to address sleeping problems was more common among those aged 25 to 44 (62%) compared to other age groups (54%), and using cannabis to manage anxiety was more common among those aged 19 to 24 (69%) than older age groups (44%). Likewise, among those aged 45+ (vs. 19 to 44), using cannabis for chronic non-cancer pain was more common (46% vs. 38%), and using for stress or post-traumatic stress disorder (PTSD) was less common (26% vs. 47%).

### 3.2. Reducing use of alcohol or other substances because of cannabis use

For further insight into substance use behaviours, the survey asked respondents to indicate if they have been able to reduce or use less of other substances because of their cannabis use (see Figure 14 below). A similar percentage of cannabis users reported having reduced their use of at least one substance due to their cannabis use in 2025 (67%) and 2021 (65%). However, more cannabis users reported having reduced their use of alcohol in 2025 compared to 2021 (43% vs. 31%), while the opposite was true for anti-inflammatories (e.g., ibuprofen; 25% vs. 32%). Other direct comparisons are limited due to a change in how substances were categorized in the 2025 survey. More research is needed to understand when and why people may substitute cannabis for alcohol or other substances, and how these changes may impact mental and physical health outcomes.

Figure 14: Reducing Use of Other Substances Because of Cannabis Use



More people use alcohol than cannabis in Canada, but alcohol consumption has been declining in recent years. In B.C., per capita alcohol sales in 2023/24 were the lowest in 20 years,<sup>17</sup> and Statistics Canada reported the annual decline (by volume) was the largest since recording began in 1949.<sup>18</sup> While some cannabis users are increasingly replacing their alcohol use with cannabis, others use cannabis in combination with alcohol,<sup>19</sup> and some research suggests there was no association between cannabis legalization and alcohol sales.<sup>20</sup> Instead, several other factors may be contributing to reduced alcohol consumption. For example, consumers may be purchasing less alcohol due to inflation and increased costs of living, growing concerns about the health impacts of alcohol, and sales patterns may be shifting due to a growing population of immigrants from countries with lower alcohol consumption than Canada.

### 3.3. Perceived risks from regular use of cannabis or other substances

Cannabis users who completed the online survey were also asked “in your opinion, what is the level of risk to someone’s personal health from regularly using each of the following items?”. The list of substances included drinking alcohol, smoking tobacco, vaping nicotine with an e-cigarette, smoking cannabis, vaping cannabis oils, and eating or drinking cannabis edibles or beverages (see Figure 15).

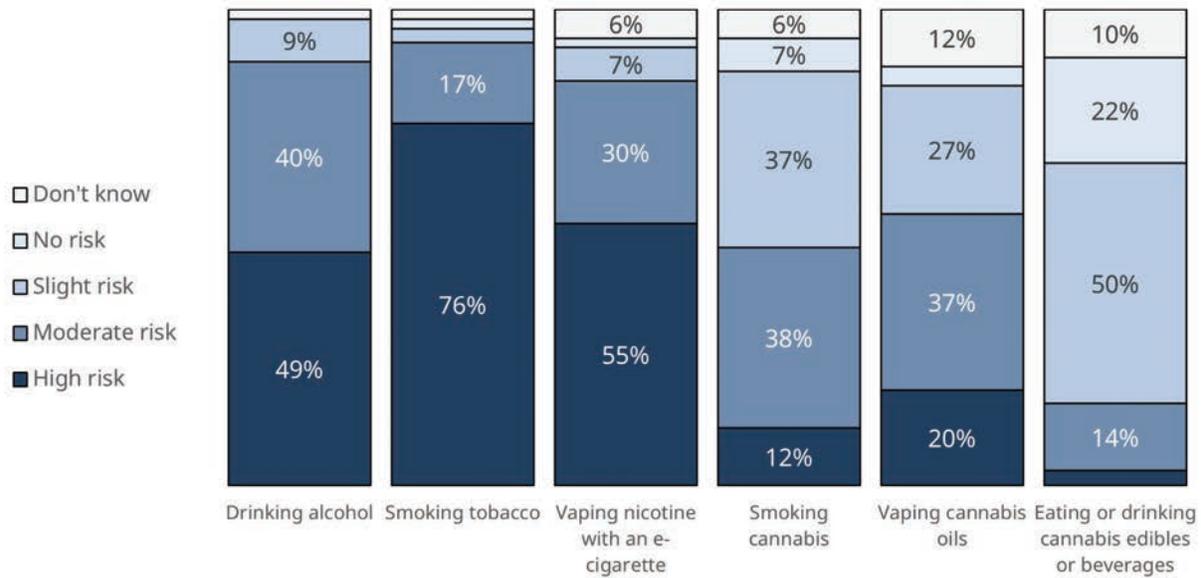
17 Canadian Institute for Substance Use Research. (2025). [Alcohol sales in BC](#). University of Victoria, Victoria, B.C.

18 Statistics Canada. (2025). [Control and sale of alcoholic beverages and cannabis, April 1, 2023 to March 31, 2024](#). Government of Canada.

19 Hobin, E., Weerasinghe, A., Boniface, S., Englund, A., Wadsworth, E., & Hammond, D. (2023). [Co-use of cannabis and alcohol before and after Canada legalized nonmedical cannabis: A repeat cross-sectional study](#). *Journal of Psychopharmacology*, 37(5), 462-471.

20 Armstrong, M. J., MacDonald-Spracklin, R., Xiao, J., Talarico, R., & Myran, D. T. (2025). [Changes in population-level alcohol sales after non-medical cannabis legalisation in Canada](#). *Drug and Alcohol Review*, 44(3), 811-819.

Figure 15: Cannabis Users' Perceptions of Risk from Regular Use of Alcohol, Tobacco, Nicotine, and Different Methods of Cannabis Use



Most cannabis users believed there is a moderate or high health risk from regular use of alcohol (89%), smoking tobacco (93%), or vaping nicotine with an e-cigarette (85%). At least half of cannabis users also believed there is a moderate or high health risk from regularly smoking cannabis (50%) or vaping cannabis oils (57%), though these perceptions are more favourable than for alcohol, tobacco, or vaping nicotine. Only 17% of cannabis users believed this level of risk exists for regularly eating or drinking cannabis products.

These differences in risk perception across cannabis, tobacco, and alcohol may be partly attributed to the sample as these are responses from cannabis users. However, the 2024 *Canadian Cannabis Survey* by Health Canada asked a similar question to both cannabis users and non-users, and also observed lower perceived risks for using cannabis compared to alcohol, tobacco, or vaping nicotine.<sup>21</sup> While there may be differences in perceptions of what “regular use” and “health risks” mean for these substances, these findings suggest cannabis may be viewed as being less harmful to a person’s health than alcohol, tobacco, or vaping nicotine.

### 3.4. Stigma associated with cannabis use

Despite being legalized for non-medical use since 2018, cannabis use is still stigmatized. A recent study by Rowe and colleagues (2025) suggests this stigma exists for both men and women, and that older adults and people who do not use cannabis hold more stigmatizing views.<sup>22</sup> In the current survey, almost a quarter (22%) of cannabis users reported having experienced negative judgement or stigma from friends, family, or co-workers about their cannabis use. These reports of stigmatization are unchanged from 2021 (21%).

Having experienced stigma for cannabis use was most common among those aged 19 to 24 (32%), and least common among those aged 65+ (12%). Men were more likely than women to report experiencing stigma for their

21 Health Canada. (2024). *Canadian Cannabis Survey 2024: Summary*. Government of Canada.

22 Rowe, E. C., Coles, A. R., Harris-Lane, L. M., Harris, N., Bishop, L., Howells, R., & Donnan, J. (2025). *Exploring cannabis consumption stigma in Canada with consideration of age and gender differences*. *Addictive Behaviors Reports*, 21, 100608.

cannabis use (22% vs. 18%). Daily cannabis users were also more likely to report experiencing stigma compared to those who use cannabis less often (31% vs. 17%). Further, cannabis users with a disability were more likely to report experiencing stigma than those without a disability (28% vs. 19%). Across B.C., more cannabis users reported experiencing stigma in the Fraser Health (25%), Interior Health (24%), and Northern Health regions (24%), compared to Island Health (20%) or Vancouver Coastal Health regions (19%).

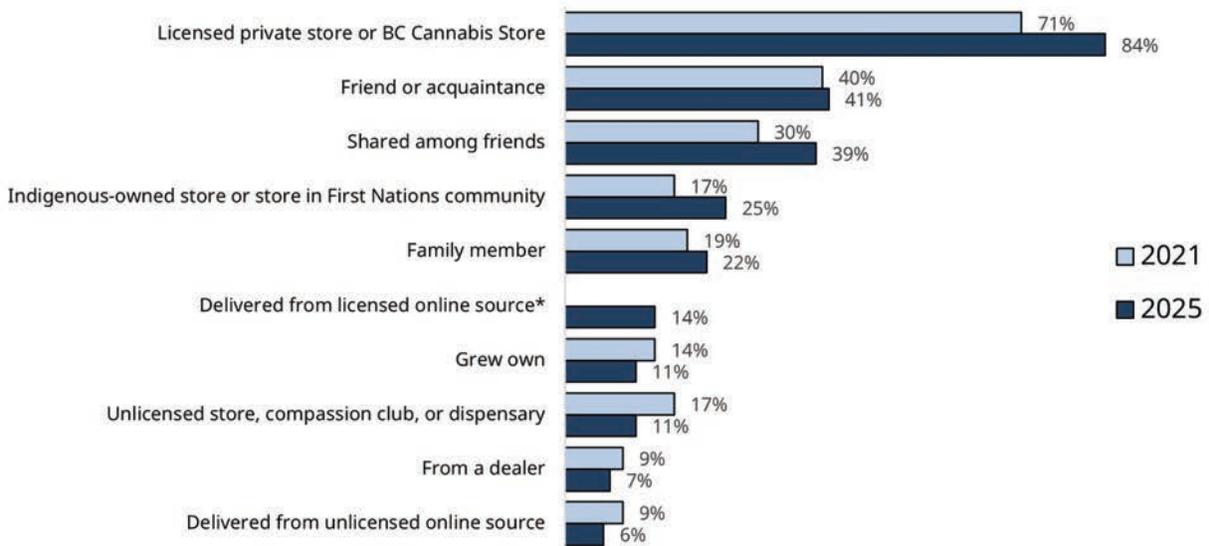
Notably, the survey only asked people to report whether they experienced negative judgement or stigma about their cannabis use, but stigma may also impact the types of products they use (e.g., smoking vs. ingestion), or where they get cannabis from (e.g., visiting a store vs. ordering online).

# 4. Where people get cannabis

## 4.1. Sources of cannabis

Those who used cannabis in the past 12 months were asked where they usually bought or obtained their cannabis. Compared to 2021, more consumers reported buying cannabis from licensed private stores or BC Cannabis Stores and fewer reported purchasing from illicit sources, such as a dealer, illicit store, or illicit website. As shown in Figure 16, there are also more cannabis users who reported getting cannabis from a family member or from sharing among friends.

Figure 16: Sources of Cannabis Among B.C. Cannabis Users



Where people buy or obtain cannabis was similar across B.C., with some exceptions. For example, growing one’s own cannabis was much more common in the Interior Health region (20%), and the Kootenay Boundary HSDA (25%). Across B.C., older adults (45+) were also much more likely to report growing their own cannabis than younger adults aged 19 to 44 (18% vs. 9%). Buying cannabis from an Indigenous-owned store or store in a First Nations community was more common among cannabis users in the Interior Health region (37% vs. 22% in other regional health authorities), whereas more cannabis users in the Fraser Health and Vancouver Coastal Health regions reported having cannabis delivered from illicit websites (8% vs. 5% in other regional health authorities). On average, self-reported annual spending on cannabis was \$174 among those who used cannabis monthly or less often, \$701 if they used it weekly, and \$2,041 if they used it daily.

In March 2025, Health Canada amended regulations to allow a package of cannabis edibles to contain up to 100mg of THC total, however, each individual edible portion cannot exceed 10mg and must be individually wrapped. Prior to this change, cannabis edibles could legally have a maximum of 10mg of THC per package. Only 31% of survey respondents reported knowing the 10mg THC limit, and other evidence<sup>23</sup> suggests cannabis consumers in B.C. often knowingly or unknowingly buy illicit cannabis edibles, which are often packaged as popular candies or made to look like regulated products. Studies have shown illicit cannabis edibles often contain lower THC content than advertised and pesticides that would not be permitted in regulated cannabis products.<sup>24</sup>

In this survey, one-third of cannabis users who used edibles reported usually using consuming 5mg or THC or less, one quarter (23%) reported using between 5mg to 10mg, and almost half (45%) reported using more than 10mg of THC.

As shown in Figure 17, almost three quarters (72%) of cannabis users in B.C. reported getting cannabis exclusively from legal sources in 2025, compared to 55% in 2021.<sup>25</sup> Only 2% of cannabis users reported exclusively choosing illicit sources, while 15% used both legal and illicit sources. The remaining 11% reported only getting cannabis from sources that were not clearly defined as legal or illicit, such as from friends or by growing their own.

However, it can be difficult to tell if a cannabis store or website is licensed or illicit, and research suggests some consumers may unknowingly buy cannabis from illicit sources.<sup>26,27</sup> To further understand sourcing behaviour among cannabis users in B.C., the survey included several follow-up questions about purchasing experiences. For example, those who reported buying cannabis from a store or website (licensed or illicit) were asked whether the retailer also sold tobacco or magic mushrooms, which would indicate that it is an illicit cannabis retailer. Similarly, those who bought cannabis online were asked how they usually pay for their order, because illicit cannabis retail websites often request payment through Interac e-transfer (vs. credit card). Those who received cannabis from a friend, family member, or acquaintance were also asked if they usually paid the person or provided something in return for cannabis, which might be more accurately described as a dealer. Considering these responses to account for potential inadvertent illicit sourcing, findings suggest at least 31% of cannabis users may buy at least some of their cannabis from illicit sources, while 60% buy from exclusively legal sources (see the right side of Figure 17).

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23 Donnan, J. R., Howells, R., Farooq, S., Maillet, M., & Harris-Lane, L. M. (2024). [Bridging the gap: Exploring consumer experiences and motivations for transitioning between illicit and regulated cannabis markets](#). *International Journal of Drug Policy*, 134, 104644.

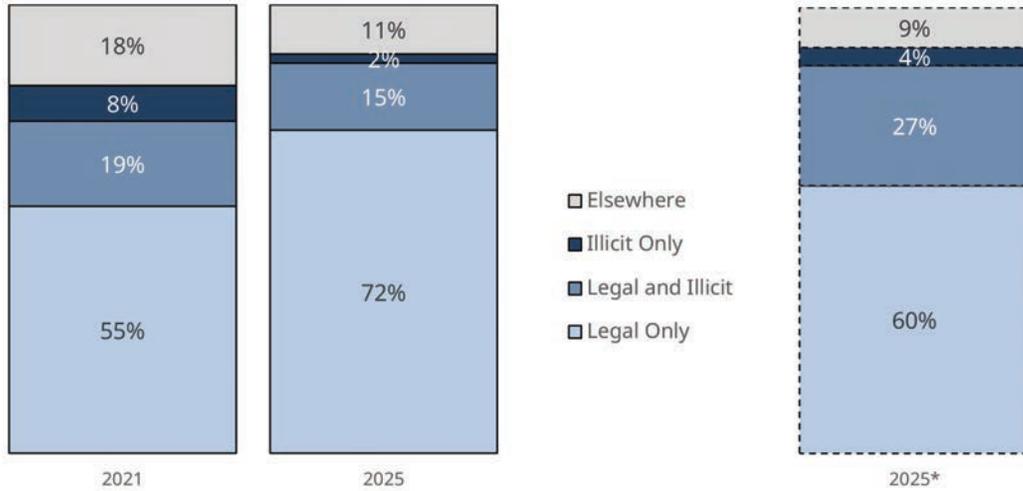
24 Ontario Cannabis Store & Ontario Provincial Police. (2022). [Ontario cannabis study shows illegal cannabis fails to deliver the goods](#).

25 "Legal sources" included licensed retail stores or authorized medical producers, while "illicit sources" included illicit stores, dealers, and illicit websites. Growing one's own cannabis was not included as a legal or illicit sources since the survey did not specify whether the person grew four or fewer plants. Indigenous-affiliated stores or stores on reserve were also not included because the survey did not specify whether they were licensed/authorized or unregulated stores.

26 Donnan, J. R., Howells, R., Farooq, S., Maillet, M., & Harris-Lane, L. M. (2024). [Bridging the gap: Exploring consumer experiences and motivations for transitioning between illicit and regulated cannabis markets](#). *International Journal of Drug Policy*, 134, 104644.

27 Health Canada. (2024). [Canadian Cannabis Survey 2024: Summary](#). Government of Canada.

Figure 17: Legal and/or Illicit Sourcing Among Cannabis Users



\* Adjusted to account for cannabis users whose responses suggest they may unknowingly buy from illicit sources

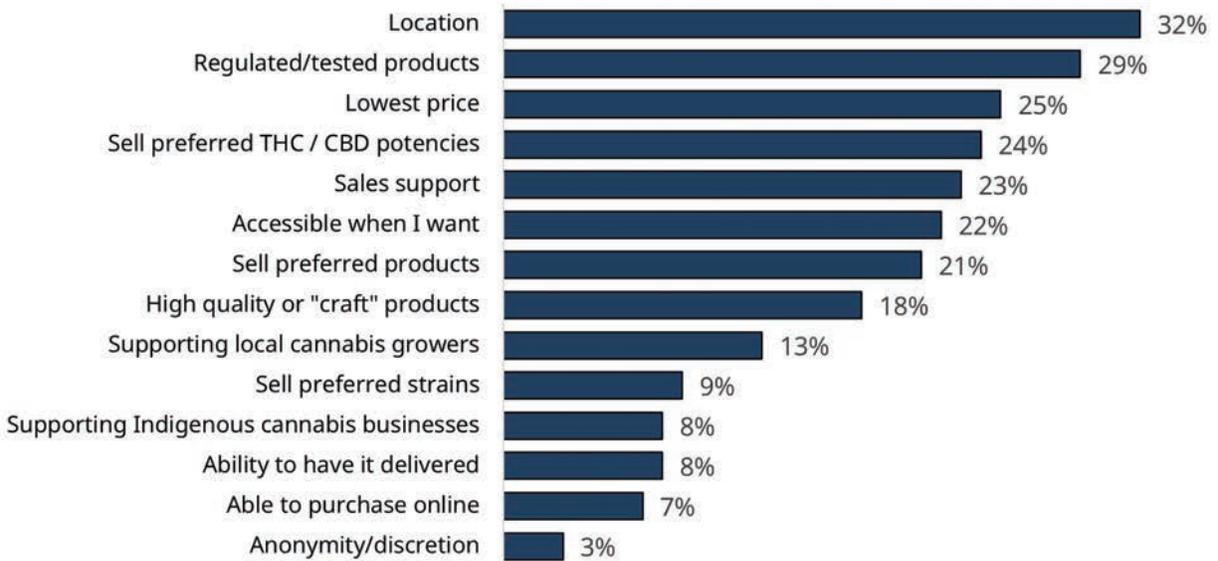
Buying cannabis from both legal and illicit sources was more common among men (28%) than women who used cannabis (25%), and more common among those aged 19 to 44 (36%) than those aged 45 or older (23%).<sup>28</sup> Likewise, those who use cannabis daily (vs. less than daily) were more likely to buy it from both legal and illicit sources (39% vs. 20%), and from exclusively illicit sources (5% vs. 3%).

## 4.2. Factors that influence where people buy cannabis

To further understand cannabis source preferences, respondents were asked to indicate the three most important factors that influence where they buy cannabis. As illustrated in Figure 18, the most important factors included location (32%), getting regulated and tested products (29%), and finding the lowest prices (25%).

28 Includes those who reported illicit sourcing, as well as those where illicit sourcing was inferred based on responses to other questions.

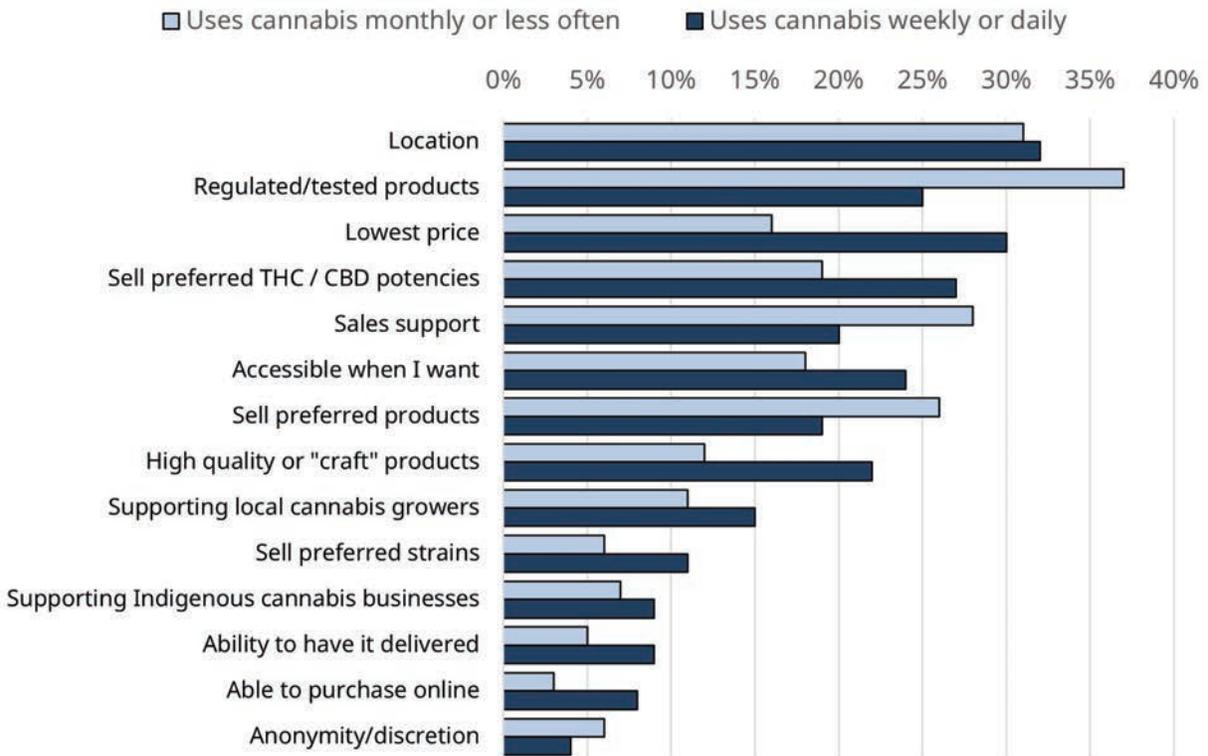
Figure 18: Factors That Influence Where People Buy Cannabis



Men were more likely than women to report low prices (28% vs. 22%) or high quality or “craft” products (21% vs. 15%) and less likely to report regulated and tested products (24% vs. 35%) or sales support (20% vs. 27%) as important factors that influence where they buy cannabis. Likewise, younger adults (aged 19 to 44) were more likely than older adults (aged 45+) to report low prices (29% vs. 19%) or location (37% vs. 24%) and less likely to report high quality or “craft” products (14% vs. 24%) or anonymity and discretion (3% vs. 8%) as important factors that influence where they buy cannabis.

Compared to medical-only cannabis users, those who only use cannabis for non-medical purposes were more likely to report price (25% vs. 19%) or location (36% vs. 20%) and less likely to report high quality or “craft” products (13% vs. 19%) or sales support (24% vs. 29%) as important factors. Some regional differences also emerged, such as more cannabis users in Fraser Health region (vs. other regional health authorities) reporting the ability to buy cannabis online (8% vs. 6%) or have it delivered (13% vs. 5%) as factors that influence where they buy cannabis.

Figure 19: Factors That Influence Where People Get Cannabis by Use Frequency



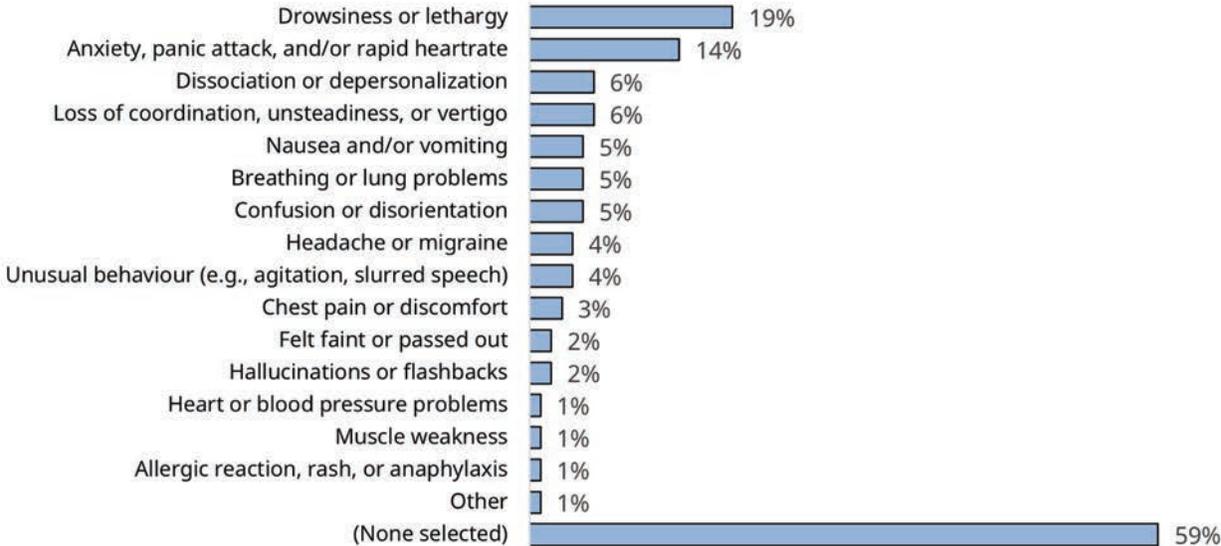
In addition to the socio-demographic differences described above, factors that influence where people obtain cannabis varied depending on how often a person uses cannabis (see Figure 19). These differences suggest frequent (vs. occasional) cannabis users are more concerned with low prices (30% vs. 16%) and high quality or "craft" products (22% vs. 12%) and less concerned with getting regulated and tested products (25% vs. 37%) or sales support (20% vs. 28%).

# 5. Potential risks of cannabis use

## 5.1. Adverse and/or negative health effects from using cannabis

How much and how quickly a person consumes cannabis can influence whether they experience adverse effects, and people can have different responses to the same cannabis products.<sup>29</sup> In the survey, cannabis users were asked whether they had experienced any adverse or negative health effects from using cannabis in the past 12 months. As shown in Figure 20, most (59%) cannabis users did not report any adverse or negative effects from their cannabis use, but 41% of cannabis users reported experiencing at least one effect. A recent study across Canada found similar results, suggesting around one-third of cannabis users experienced at least one adverse event related to their cannabis use within the past year.<sup>30</sup>

Figure 20: Adverse and/or Negative Health Effects from Cannabis Use



Most often, cannabis users reported experiencing drowsiness or lethargy (19%); or anxiety, panic attack, and/or a rapid heartrate (14%), though a range of other effects were also reported. People who used cannabis daily or weekly were slightly more likely to report having experienced at least one adverse and/or negative effect from using cannabis (43%) compared to those who used cannabis less often (38%). People who used cannabis for medical-only (vs. non-medical-only) purposes were also less likely to report any adverse or negative effects from cannabis use (23% vs. 45%). Likewise, more than half of those aged 19 to 24 reported these experiences (63%), compared to less than half of those aged 25 to 44 (46%), 45 to 64 (31%), or 65+ (21%).

29 Health Canada. (2019). *Cannabis: Lower your risks*. Government of Canada.

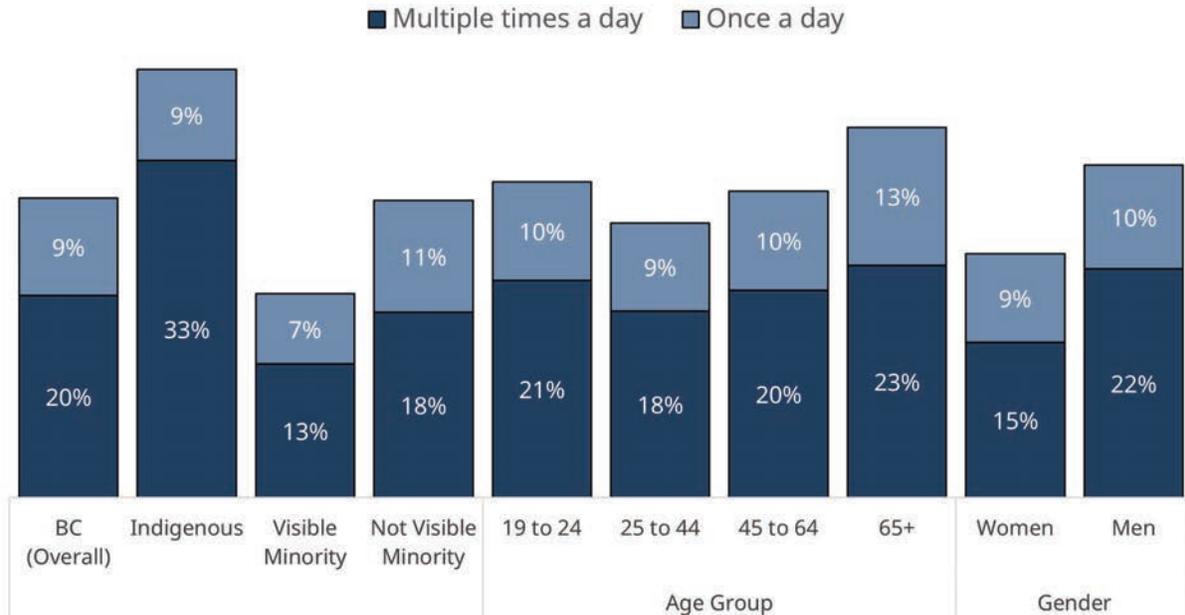
30 Marquette, A., Iraniparast, M., & Hammond, D. (2024). *Adverse outcomes of cannabis use in Canada, before and after legalisation of non-medical cannabis: Cross-sectional analysis of the International Cannabis Policy Study*. *BMJ Open*, 14(1), e077908.

Long-term frequent cannabis use can lead to cannabis hyperemesis syndrome, which is characterized by persistent nausea and stomach pain that can lead to frequent and repetitive vomiting.<sup>31</sup> Symptoms can often be temporarily relieved by taking a hot shower or bath. However, abstaining from cannabis use is the only known treatment. Once a person has had cannabis hyperemesis syndrome, even small amounts of cannabis can cause symptoms to return. Evidence suggests cases of cannabis hyperemesis syndrome have increased since 2018, which may be in part due to increased cannabis use frequency and the availability of higher potency products.<sup>32</sup>

## 5.2. Frequent/heavy non-medical cannabis use

Although some people may perceive cannabis as relatively safe to use, health experts recommend avoiding frequent or intensive cannabis use, which could be harmful to a person’s health (e.g., developing a cannabis use disorder).<sup>33</sup> However, almost one in three (29%) respondents who reported using cannabis for non-medical purposes in the past year confirmed they use it daily. Moreover, two in three (67%) of those using cannabis daily for non-medical purposes reported using it multiple times per day (i.e., 20% of all cannabis users). This consumption pattern represents an increase from 2021, where 24% of cannabis users reported using it daily and 59% of those using it multiple times per day.

Figure 21: Daily and More than Daily Non-Medical Cannabis Use Among Those Who Used Cannabis in the Past Year



31 Institute for Safe Medication Practices Canada. (2020). *Frequent vomiting from use of cannabis (pot/marijuana)*. <https://www.ismp-canada.org/download/Cannabis-CHS-EN.pdf>

32 Myran, D. T., Roberts, R., Pugliese, M., Taljaard, M., Tanuseputro, P., & Pacula, R. L. (2022). *Changes in emergency department visits for cannabis hyperemesis syndrome following recreational cannabis legalization and subsequent commercialization in Ontario, Canada*. *JAMA Network Open*, 5(9), e2231937-e2231937.

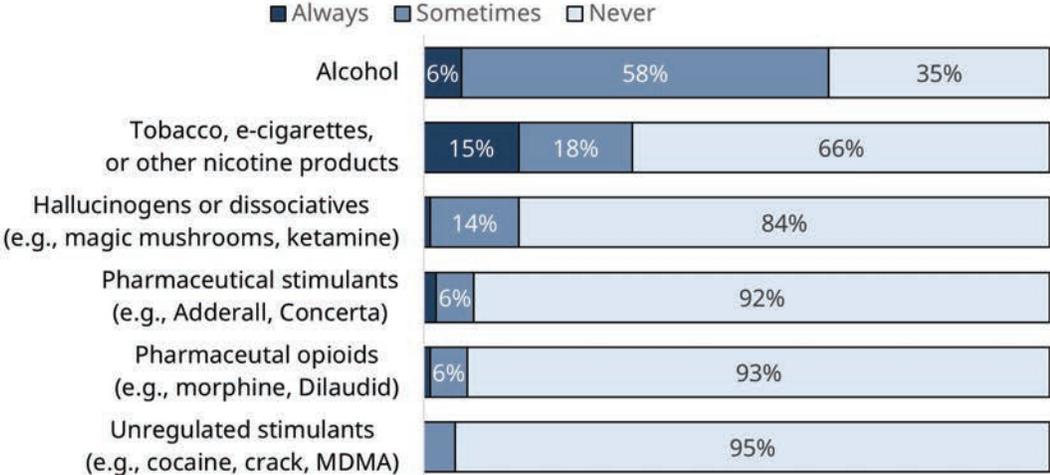
33 Fischer, B., Russell, C., Sabioni, P., Van Den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). *Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations*. *American Journal of Public Health*, 107, e1-e12.

As shown in Figure 21, those using cannabis for non-medical purposes were more likely to report more than daily use if they were men (22%), aged 65+ (23%), or self-identified as Indigenous (33%). Notably, the increase from 2021 in more than daily non-medical cannabis use was observed across most groups, except for those who self-identified as a visible minority other than Indigenous. There were also regional variations in frequent non-medical use across B.C. with higher rates of more than daily use in the Interior Health (23%) and Northern Health regions (25%) compared to the Island Health (20%), Fraser Health (19%), or Vancouver Coastal Health regions (16%).

### 5.3. Using cannabis in combination with alcohol or other substances

In this survey, cannabis users were asked to indicate if they “never,” “sometimes,” or “always” use cannabis in combination with other substances. Figure 22 illustrates responses among B.C. cannabis users.<sup>34</sup> Alcohol was most commonly reported to be used in combination with cannabis (64% sometimes or always); followed by tobacco, e-cigarettes, or nicotine products (33% sometimes or always); and hallucinogens or dissociative drugs (15% sometimes or always). Compared to 2021, there has been little change in cannabis co-use with alcohol or other substances, except for co-use with tobacco, e-cigarettes, or other nicotine products, which increased from 27% to 33%.

Figure 22: Frequency of Cannabis Use in Combination with Other Substances



34 Not shown in Figure 22 are responses about “sometimes” or “always” co-using cannabis with pharmaceutical sedatives or tranquilizers (e.g., Ambien, Valium; 3%), unregulated sedatives or tranquilizers (e.g., benzodiazepines not prescribed to the user; 1%), and unregulated opioids (e.g., heroin, non-pharmaceutical opioids; <1%).

Health experts recommend avoiding cannabis co-use with alcohol and certain drugs because this can cause more severe levels of impairment and adverse effects.<sup>35</sup> For example, co-use of alcohol and cannabis leads to greater driving impairment than either substance on its own,<sup>36</sup> and use of both substances in combination is associated with an increased risk of mental health disorders.<sup>37</sup>

## 5.4. Difficulties managing cannabis use

People often report using cannabis for relaxation, enjoyment, or for physical pain relief (among other reasons), but for some people cannabis use can become problematic. For example, a person may use cannabis at inappropriate times, use more often than they would like to, or may be dependent on it. In each iteration of the *BC Cannabis Use Survey*, cannabis users were asked whether anyone has expressed concern about their cannabis use (e.g., family, friend, co-worker) and whether they have ever tried and failed to control, cut down, or stop using cannabis.

In the 2025 survey, 16% of all cannabis users indicated that someone had expressed concern about their cannabis use. This increased from 13% in 2021 and from 11% in 2018. Having someone express concern about one's cannabis use was more often reported among those aged 19 to 24 (32%), daily cannabis users (25%), Indigenous respondents (21%), and men (19%).

Moreover, there was a large increase from 7% in 2018 and 2021 to 14% in 2025 of cannabis users who reported having tried and were unable to control their cannabis use. Trying and failing to control one's cannabis use was more often reported by those aged 19 to 24 (25%), daily cannabis users (25%), Indigenous respondents (20%), and men (17%).

Around one in four (23%) of those who had tried and were unable to control their cannabis use reported seeking help. Most often, cannabis users sought help from a therapist, counsellor, or other mental health professional (57%); from a family physician or walk-in clinic (35%); from a family member (32%); from a friend or peer (30%); and less often from a substance use rehabilitation program (12%); or from another source (24%).<sup>38</sup>

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35 Health Canada. (2021). [Cannabis and your health](#). Government of Canada.

36 Simmons, S. M., Caird, J. K., Sterzer, F., & Asbridge, M. (2022). [The effects of cannabis and alcohol on driving performance and driver behaviour: A systematic review and meta-analysis](#). *Addiction*, 117(7), 1843-1856.

37 Yurasek, A. M., Aston, E. R., & Metrik, J. (2017). [Co-use of alcohol and cannabis: A review](#). *Current Addiction Reports*, 4(2), 184-193.

38 Note these numbers do not add to 100% because respondents could select multiple options.

## 5.5. Cannabis use during preconception, pregnancy, and postpartum

Research suggests that the use of cannabis during pregnancy can lead to low birth weight<sup>39</sup> and other adverse health outcomes.<sup>40</sup> For these reasons, experts recommend women/people who are planning to become pregnant, are pregnant, or are breast/chest feeding avoid using cannabis.<sup>41</sup> In addition, second-hand cannabis exposure is a risk factor for sudden unexpected infant death during sleep, and it is recommended that caregivers do not smoke or vape cannabis at home or in a vehicle.<sup>42</sup>

In this survey, women/people who use cannabis and were between the ages of 19 to 50 were asked whether they had given birth in the past five years, and if so, whether they used cannabis while they were pregnant. One in ten of these women/people reported giving birth within the past five years, and one quarter (25%) of them reported using cannabis while pregnant. Although this appears to be a decrease from previous surveys in 2021 (27%) and 2018 (29%), these differences are not statistically significant.

The length of the survey did not permit further questions about reasons for using cannabis among women/people who were pregnant, the types of products used, or postpartum cannabis use. Nonetheless, more research is needed to understand cannabis use patterns and perceptions of use in these populations.

## 5.6. Cannabis and driving

Prior to legalization there was concern that legalized cannabis for non-medical use would lead to an increase in cannabis-impaired driving.<sup>43</sup> Studies show that driving while impaired by cannabis reduces a person's driving ability<sup>44</sup> and increases their risk of an accident.<sup>45</sup> Accordingly, driving after using cannabis can lead to administrative roadside prohibitions, license suspensions or penalty points, fines, increased insurance premiums, and/or criminal charges for drug-impaired driving.<sup>46</sup>

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39 Haight, S. C., King, B. A., Bombard, J. M., Coy, K. C., Ferré, C. D., Grant, A. M., & Ko, J. Y. (2021). [Frequency of cannabis use during pregnancy and adverse infant outcomes, by cigarette smoking status – 8 PRAMS states, 2017](#). *Drug and Alcohol Dependence*, 220, 108507.

40 Luke, S., Hobbs, A. J., Smith, M., Riddell, C., Murphy, P., Agborsangaya, C., Cantin, C., Fahey, J., Der, K., Pedersen, A., & Nelson, C. (2022). [Cannabis use in pregnancy and maternal and infant outcomes: A Canadian cross-jurisdictional population-based cohort study](#). *PLoS One*, 17(11), e0276824.

41 Fischer, B., Russell, C., Sabioni, P., Van Den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). [Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations](#). *American Journal of Public Health*, 107, e1-e12.

42 Perinatal Services BC. (2025). [Cannabis use during the perinatal period](#). Provincial Health Services Authority.

43 Task Force on Cannabis Legalization and Regulation. (2016). [A framework for the legalization and regulation of cannabis in Canada: The final report of the Task Force on Cannabis Legalization and Regulation](#). Government of Canada.

44 Marcotte, T. D., Umlauf, A., Grelotti, D. J., Sones, E. G., Sobolesky, P. M., Smith, B. E., ... & Fitzgerald, R. L. (2022). [Driving performance and cannabis users' perception of safety: a randomized clinical trial](#). *JAMA Psychiatry*, 79(3), 201-209.

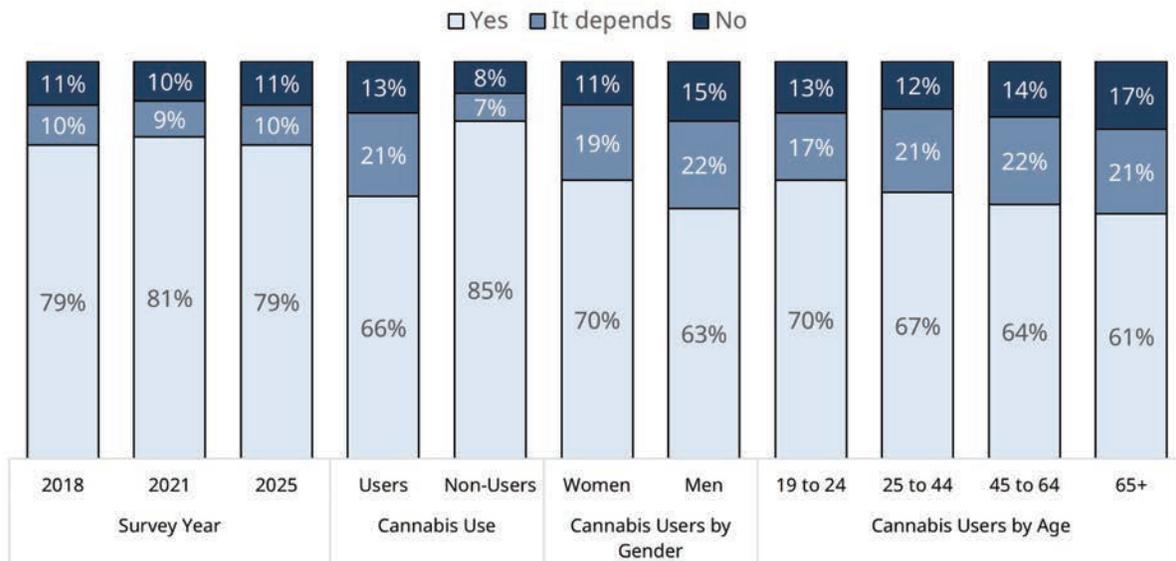
45 Asbridge, M., Hayden, J. A., & Cartwright, J. L. (2012). [Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis](#). *BMJ*, 344, e536.

46 For more information on B.C.'s Motor Vehicle Act regulations, visit <https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/roadsafetybc/law-and-policies>

## 5.6.1. Beliefs and knowledge about cannabis and driving

Most respondents (79%) believe that cannabis impairs a person’s ability to drive or operate a vehicle, which was similar to findings from 2021 (81%) and 2018 (79%). As illustrated in Figure 23, cannabis users were more likely than non-users to indicate that “it depends” on the person or amount or type of cannabis product consumed (21% vs. 7%), or that cannabis does not impair a person’s ability to drive (13% vs. 8%). Among cannabis users, women were more likely than men to report that cannabis impairs a person’s ability to drive (70% vs. 63%), as were those aged 19 to 44 compared to those aged 45+ (68% vs. 63%).

Figure 23: Opinions on Whether Cannabis Impairs a Person’s Ability to Drive



Respondents who use cannabis were also asked how long a person should wait to drive after (1) smoking or vaping cannabis, and (2) after eating a cannabis edible. As shown in Figure 24, cannabis users typically reported longer wait times for eating a cannabis edible compared to smoking or vaping cannabis. According to Health Canada, there is no standard waiting time to drive after using cannabis, and that people should not drive after using cannabis.<sup>47</sup> In part, this is because a range of factors influence impairment, such as the type and amount of cannabis consumed and individual-level factors like a person’s body composition.<sup>48</sup> The Lower-Risk Cannabis Use Guidelines endorsed by the Government of Canada recommend waiting at least six hours after using cannabis before driving,<sup>49</sup> and state that the effects of ingesting (i.e., eating) cannabis typically last longer than the effects from inhaling cannabis (i.e., smoking or vaporizing).<sup>50</sup>

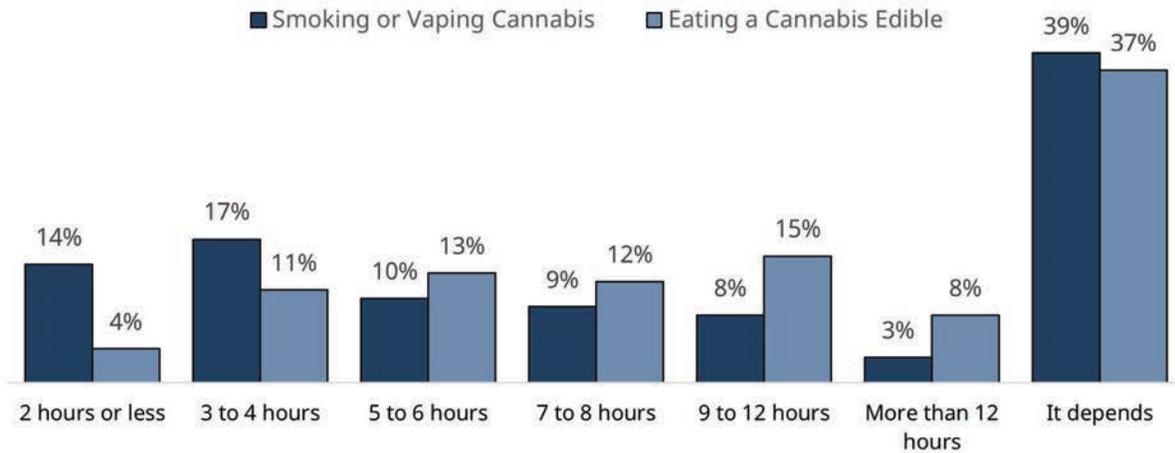
47 Health Canada. (2019). [Cannabis impairment - Canada.ca](#). Government of Canada.

48 Sevigny, E. L. (2021). [Cannabis and Driving Ability](#). *Current opinion in psychology*, 38, 75-79.

49 Fischer, B., Russell, C., Sabioni, P., Van Den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). [Lower-risk cannabis use guidelines: A comprehensive update of evidence and recommendations](#). *American Journal of Public Health*, 107(8), e1-e12.

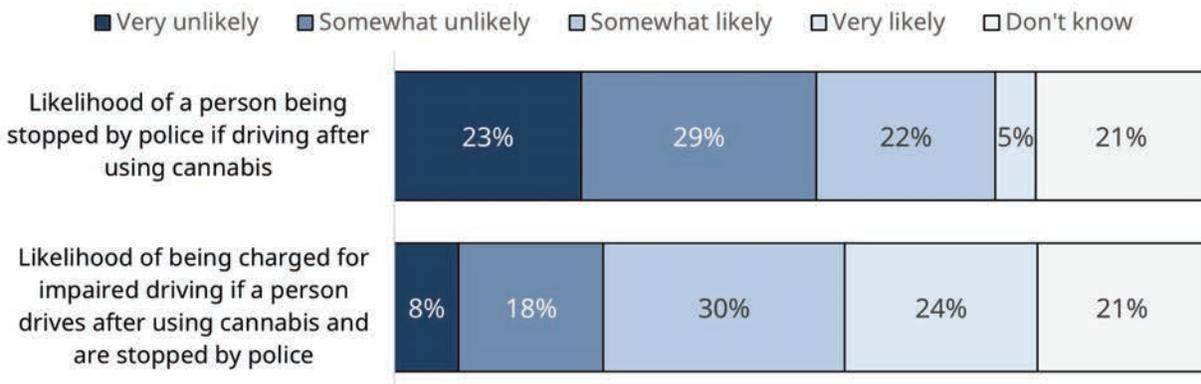
50 Health Canada. (2017). [Health effects of cannabis](#). Government of Canada.

Figure 24: Opinions on Wait Times Before Driving After Using Cannabis



Those who use cannabis were also asked “if someone drives after using cannabis, how likely do you think they are to be stopped by police?” About one quarter (27%) of respondents thought this was somewhat or very likely, half (52%) said this was somewhat or very unlikely, and 21% said they don’t know. Respondents were also asked “if a driver is stopped by police after using cannabis, how likely do you think they are to be charged for impaired driving?”, and around half (54%) said this was somewhat or very likely, one quarter (26%) said this was somewhat or very unlikely, and 21% said they don’t know. Responses are illustrated in Figure 25. Men (vs. women) and cannabis users aged 45+ (vs. 19 to 44) less often reported that it somewhat/very likely that a person who drives after using cannabis would be stopped by police and would be charged for impaired driving if stopped by police.

Figure 25: Perceived Likelihood of a Person Who Drives After Using Cannabis Being Stopped by Police or Charged for Impaired Driving



In the survey, cannabis users were asked “do you know the legal blood THC limit for driving?” and only 2% of respondents said yes, while 98% said they did not know. Based on the motor vehicle-related sections of the Criminal Code, a driver with 2 to 5 nanograms (ng) of THC per millilitre of blood can be found guilty of a summary conviction (i.e., less serious offence), while a driver with 5 ng of THC (or more) or a combination of 2.5 ng of THC in combination with blood alcohol content of at least 0.05% can be found guilty of an indictable offence (i.e., more serious offence). These thresholds were determined based on previous studies showing that blood THC levels of 2 to 5 ng per ml

produce similar levels of impairment as blood alcohol content of 0.05%.<sup>51,52</sup> Importantly, as with alcohol, there is zero-tolerance for any THC in a Learner or Novice driver's system while driving in B.C.

Research suggests that, compared to alcohol-impaired driving, people often perceive cannabis-impaired driving as being less dangerous, less likely to lead to legal consequences, and are less likely to intervene if a friend was going to drive impaired.<sup>53</sup> Nonetheless, recent cannabis use does negatively impact driving ability, even if a person does not feel impaired.<sup>54</sup> Underestimating impairment from cannabis and a general lack of awareness about police enforcement authorities, legal blood THC limits for driving, and how much cannabis use corresponds to these limits likely contributes to these perceptions.<sup>55</sup>

## 5.6.2. Driving after using cannabis

Those who use cannabis and have a valid driver's license were asked whether they had ever driven a vehicle within two hours of inhaling or four hours of eating a cannabis edible. One third (33%) of cannabis users said they had driven shortly after using cannabis. One third (34%) of these people had done so within the past month, one quarter (26%) within the past year but not in the past month, and 41% said it had occurred more than a year ago. Additionally, 27% of those who had driven shortly after using cannabis also reported having done so in combination with alcohol or another drug other than tobacco. As shown in Figure 26, more cannabis users reported driving shortly after using cannabis in 2025 than in 2021, but still fewer users than in 2018. Compared to 2021, there was little change in the number of cannabis users and non-users who had been a passenger with a driver who recently used cannabis.

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51 Grotenhermen, F., Leson, G., Berghaus, G., Drummer, O. H., Krüger, H. P., Longo, M., Moskowitz, H., Perrine, B., Ramaekers, J. G., Smiley, A. & Tunbridge, R. (2007). [Developing limits for driving under cannabis](#). *Addiction*, 102(12), 1910-1917.

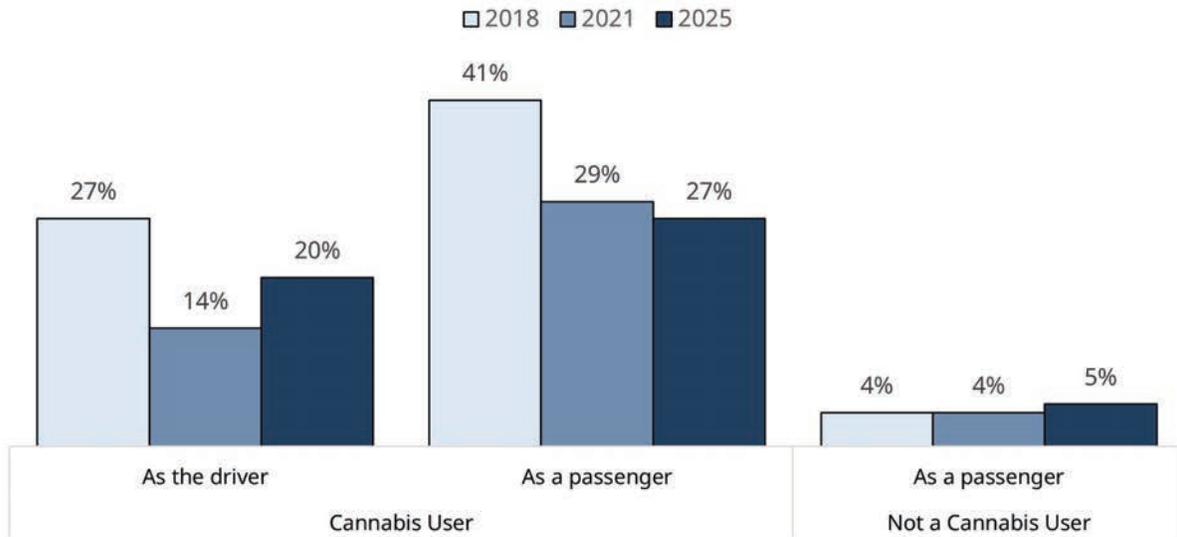
52 Berghaus G, Sticht G, Grellner W, Lenz D, Naumann T, & Wiesenmuller S. (2010). [Meta-analysis of empirical studies concerning the effects of medicines and illegal drugs including pharmacokinetics of safe driving](#). DRUID Project, European Commission. Federal Highway Research Institute.

53 Erin Goodman, S., Leos-Toro, C., & Hammond, D. (2020). [Risk perceptions of cannabis-vs. alcohol-impaired driving among Canadian young people](#). *Drugs: Education, Prevention and Policy*, 27(3), 205-212.

54 Marcotte, T. D., Umlauf, A., Grelotti, D. J., Sones, E. G., Sobolesky, P. M., Smith, B. E., ... & Fitzgerald, R. L. (2022). [Driving performance and cannabis users' perception of safety: a randomized clinical trial](#). *JAMA Psychiatry*, 79(3), 201-209.

55 Sukhawathanakul, P., Contreras, A. & Geddes, O. (2024). [Applying the Self-regulation Framework to Cannabis and Road Safety: How young adults assess risks related to driving under the influence of cannabis](#). Internal report created for the BC Cannabis Secretariat.

Figure 26: Past-Year Driving Within 2 Hours of Inhaling or 4 Hours of Ingesting Cannabis



Of those who reported driving shortly after using cannabis within the past 12 months, 63% used cannabis weekly or more often (37% less often); 69% were men (31% women); and 60% were under the age of 45 (40% from those aged 45+). These respondents were also asked how often they drive within two hours of inhaling or within four hours of eating or drinking cannabis – 42% said less than once a month, 14% said 1-3 times per month, 20% said 1-4 times per week, and 24% said every day or almost every day. Furthermore, half (50%) of respondents said they did not feel the effects of cannabis the last time they drove shortly after using it, while 49% said they felt the effects slightly and 1% said they felt the effects very strongly. Men were more likely than women to report having felt the effects of cannabis while driving (56% vs. 35%).

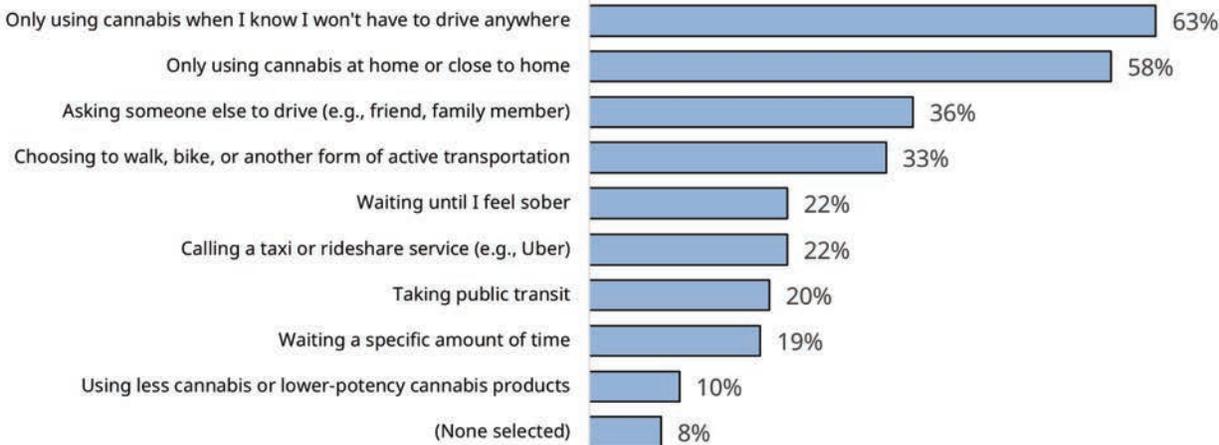
Research suggests the prevalence and frequency of cannabis use has increased since legalization, but are more people driving after using cannabis? By measuring blood THC levels in moderately injured drivers in trauma centers across Canada, researchers have observed an increase in the number of drivers testing positive for THC post-legalization (vs. pre-legalization), and those with greater than or equal to 2 and 5 ng per millilitre of blood.<sup>56</sup> Another study examining population-level survey data suggests driving after cannabis use may have decreased among cannabis users, but still increased overall due to an increase in the number of people who use cannabis since legalization.<sup>57</sup> Together, these findings suggest cannabis-impaired driving has increased since legalization and remains a key public safety concern.

56 Brubacher, J. R., Chan, H., Erdelyi, S., Simmons, S. & the National Drug Driving Research Group. (2024). *The 2024 National Drug Driving Study Report*. Vancouver, B.C.: Department of Emergency Medicine, University of British Columbia.

57 Kucera, A., & Hammond, D. (2025). *Cannabis and driving: A repeat cross-sectional analysis of driving after cannabis use pre-vs. post-legalization of recreational cannabis in Canada*. *Addictive Behaviors*, 170, 108419.

Nonetheless, most people who use cannabis (67%) did not report having ever driven shortly after using it. To understand how people regulate their cannabis use and driving, respondents were asked to indicate any strategies they use to try to avoid driving within two hours of inhaling cannabis or within four hours of eating or drinking cannabis (see Figure 27 for list of response options). Most cannabis users selected at least one strategy (92%) and most often reported only using cannabis when they know they will not have to drive anywhere (63%), or only using cannabis at home or close to home (58%).

Figure 27: Cannabis Users’ Strategies to Avoid Driving After Using Cannabis



Those who had never driven (vs. had driven) after using cannabis were more likely to select at least one strategy (14% vs. 6%). They were more likely to report only using cannabis when they know they will not have to drive anywhere (69% vs. 51%), only using cannabis at home or close to home (61% vs. 52%), taking public transit (23% vs. 15%), or calling a taxi or rideshare service (25% vs. 18%). In contrast, those who had (vs. had not) driven after using cannabis were more likely to report waiting until they felt sober (35% vs. 15%), waiting a specific amount of time (22% vs. 17%), or using less cannabis or lower-potency products (19% vs. 5%).

## 6. Conclusion

Collectively, these findings provide an update on cannabis use across B.C. While more people report using cannabis now than before legalization, the prevalence of cannabis use did not increase from 2021 to 2025, suggesting there has not been an influx of “new users.” Most people who use cannabis do it occasionally, seem to do so responsibly, and report few or no negative consequences from their use. That said, how people consume cannabis has continued to shift as cannabis edibles and vape oils become more common. More importantly, findings suggest there are more people who use cannabis frequently and have difficulty controlling or cutting down on their use, which increases risk of cannabis-related harms for this population. Furthermore, findings from this survey suggest cannabis and driving remains a key public safety concern. One in five cannabis users reporting having driven after recent cannabis use within the past year and many do so fairly often. Survey results illustrate how perceptions and misperceptions may contribute to this high-risk behaviour.

Compared to previous surveys, more people are choosing to buy cannabis from legal (vs. illicit) sources. However, the expansion of illicit online cannabis retailers and persistence of some illicit brick-and-mortar stores has made it challenging for consumers to identify illicit cannabis products. Findings suggest at least one third (31%) of B.C. cannabis users may buy at least some of their cannabis from illicit sources.

Despite a wealth of cannabis research having been published in the seven years since it was legalized for non-medical use in Canada, many questions remain about the potential mental and physical health impacts of different types of cannabis products. The *BC Cannabis Use Survey* helps to monitor the impacts of non-medical cannabis legalization and regulation in B.C., but findings provide just a glimpse into how people use and think about cannabis. The trends highlighted throughout this report are unfolding in the context of increased access to legal cannabis retail stores, broader cannabis product variety, reduced alcohol consumption, and rising costs of living. There is a need for continued monitoring and evaluation to understand how cannabis may impact public health and safety in B.C.

We want to thank those who participated in this study. This research would not be possible without the nearly 24,000 people living in B.C. who volunteered their time and effort to complete this survey.



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