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# Canadian Cannabis Survey 2018 Summary

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## Introduction

The Government has put in place the Cannabis Act, a new strict national framework for controlling the production, distribution, sale and possession of cannabis in Canada. Health Canada has been collecting additional data to better understand how Canadians view and use cannabis. These data will be used to evaluate the impact of the new legislation, which was brought into force on October 17, 2018, and to support development of policy and program initiatives, including public education and awareness activities.

Health Canada estimates the prevalence of cannabis use in the general population through two surveys: the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) and the Canadian Student Tobacco, Alcohol and

Drugs Survey (CSTADS). These general population surveys answer important questions about cannabis prevalence. For example, CTADS 2017 indicates that 15% of Canadians age 15 and older (or 4.4 million) have used cannabis in the past 12 months (19% among age 15 to 19 years; 33% among age 20 to 24 years; and 13% among age 25 years and older). CSTADS 2016/17 indicates that 17% of students in grades 7 to 12 (approximately 354,000) have used cannabis in the past 12 months. However, these surveys are not designed to collect detailed information on cannabis use in Canada, such as the frequency of use, methods of consumption and the perceptions of cannabis use by both those who use cannabis and those who do not. In order to obtain more information, Health Canada has developed and implemented the Canadian Cannabis Survey (CCS).

The Canadian Cannabis Survey was first conducted in 2017. It examined, in more depth, patterns of use, such as the quantities of cannabis consumed and the use of cannabis for medical purposes; the cannabis market, such as sources of cannabis and pricing; and issues of public safety, such as impaired driving. The 2018 Canadian Cannabis Survey aimed to gather additional data, such as changes to willingness to publicly report cannabis use if legal; perceived risk of using cannabis in various ways; expected source of cannabis once it is legal; absenteeism from school and work as a result of cannabis use; and receiving treatment or counseling for cannabis use. The 2018 Canadian Cannabis Survey also asked about maternal use during pregnancy and while breastfeeding; however, the sample was too small to report on. In

addition, the 2018 data will allow for comparisons to data collected in 2017 and comparisons to data that will be collected after the implementation of the new Cannabis Act in October 2018.

The CCS was designed using a two-step recruitment process where respondents were first recruited by phone (land line or mobile) from lists of random telephone numbers. Respondents who passed a set of screening questions were then deemed eligible and were sent a link to an online survey, either by email or short message service (SMS) to their mobile phones. The average time to complete the 2018 CCS was 22 minutes for respondents who reported using cannabis within the past 12 months and 10 minutes for respondents who reported that they had not used cannabis.

The following summary presents survey findings from the second data collection cycle, which commenced May 15, 2018 and ended July 9, 2018. Survey findings were weighted by province, age groups, and sex at birth. The results for 2018 are based on online responses from 12,958 respondents aged 16 years and older across all provinces and territories. The CCS was designed to obtain a sufficient number of respondents from key sub-populations, and minimum sample sizes were determined and met in order to ensure statistical relevance of results and representativeness. Of the responses that were received, 3,395 responses were from people who indicated that they had used cannabis in the past 12 months for either non-medical or medical purposes. Sex and age breakdowns included 6,662 females, 6,160 males, 503 respondents aged 16 to 19 years, 879 respondents aged 20 to 24 years, and 11,576 respondents aged 25 years and older. The number of respondents from the provinces and territories consisted of 1,614 respondents from

Alberta, 1,631 from British Columbia, 608 from Manitoba, 455 from New Brunswick, 507 from Newfoundland and Labrador, 476 from Nova Scotia, 3,876 from Ontario, 485 from Prince Edward Island, 2,622 from Quebec, 468 from Saskatchewan, and 216 from the three territories combined.

Data were collected on four thematic areas: knowledge, attitudes and behaviours; cannabis use and products used; driving and cannabis, and cannabis for medical purposes. A summary of the key results is provided below and the detailed results tables have been published on the Library and Archives website.

Comparisons to the 2017 CCS data were made where applicable, i.e., some questions were changed between 2017 and 2018 cycles. All reported increases and decreases in the text below are statistically significant changes (i.e., not likely to have occurred by chance alone). To improve readability, the words “statistically significant” will not be repeated. Similarly, at times the text will state that proportion is “unchanged” or not different between groups, even though the numbers are not identical. This occurs when the difference between numbers is not statistically significant. For analyses of males and females, caution should be used when examining differences between 2017 and 2018. In 2017, these analyses were based on the gender the respondent identified as and in 2018, the respondents’ sex at birth was used.

## Definitions

- **Cannabis use** includes using cannabis in its dry form or when mixed or processed into another product, such as an edible, a concentrate, including hashish, a liquid, or other product.

- Cannabis use for **non-medical purposes** is defined as use for a range of non-medical reasons (e.g., socially for enjoyment, pleasure, amusement or for spiritual, lifestyle and other non-medical reasons).

## **Theme 1: Knowledge, attitudes and behaviours**

All respondents were asked questions about their opinions and knowledge related to cannabis. Topics included social acceptability of cannabis and other substance use, perceived risk of using cannabis and other substances, observation of cannabis use in public, and cannabis use in the home.

### **Social acceptability**

Respondents were asked about the social acceptability of using various products occasionally (2017 and 2018) and regularly (2018 only). Of the proposed substances (alcohol, tobacco and cannabis), the most socially acceptable product to use, whether occasionally or regularly, was alcohol, followed by cannabis and tobacco. For example, the regular use of alcohol was considered completely or somewhat socially acceptable by 60% of respondents, compared to 46% for the use of e-cigarettes containing nicotine, 45% for smoking cannabis for non-medical purposes, followed by 44% for vaping or eating cannabis for non-medical purposes, and 38% for tobacco (including cigarettes, cigars or smokeless tobacco). The social acceptability of the occasional use of smoking, eating or vaping cannabis increased slightly compared to 2017.

A greater proportion of people who indicated using cannabis in the past 12 months reported that the occasional or regular use of alcohol, tobacco and cannabis were socially acceptable than those who did not report cannabis use. This trend was also seen in 2017.

## **Willingness to disclose cannabis use**

Thirty one percent (31%) reported they would be more willing to publicly disclose whether they use cannabis if it is legal. Twenty four percent (24%) said they are already willing to disclose whether they use cannabis and 25% said they would not be more willing to say if they use cannabis.

## **Perceived risks of using various substances**

Respondents were asked for the first time, how much they thought a person risked harming themselves by using various products once in a while and on a regular basis. Perceived risk was determined using a 4-point Likert scale, which had the following categories: no risk, slight risk, moderate risk, great risk and “don’t know”.

In general, the majority of people felt that occasional use of alcohol or cannabis had no risk or slight risk, whereas smoking tobacco and using an e-cigarette with nicotine once in a while, was seen as having moderate or great risk.

When asked about the use of these substances on a regular basis, the majority of people overall perceived either moderate or great risk for smoking tobacco (95%), followed by drinking alcohol (78%), smoking cannabis (72%), vaping cannabis (70%), and eating cannabis (66%). The perceived risk from regular use of alcohol or tobacco was independent of

whether a person had consumed cannabis in the past year or not, whereas the perceived risks of consuming cannabis through smoking, vaping or eating were less for those reporting past year cannabis use than those who had not used cannabis. For example, less than half (40%) of those who had used cannabis in the past 12 months perceived moderate or great risk with smoking cannabis compared to 81% of people who had not used cannabis in the past 12 months.

## **Opinions on whether cannabis use can be habit forming**

Overall, 82% of people thought that using cannabis could be habit forming, an increase from 77% in 2017. The majority of people who reported using cannabis in the past 12 months (71%) and those who did not use (85%) also thought cannabis could be habit forming, both increases from 2017 (64% and 80%, respectively).

## **Observation of use in public places**

Respondents were asked if they had observed cannabis use in public places. Forty-seven percent (47%) noticed someone smoking what seemed to be cannabis in a public place and 57% noticed the odour of cannabis and suspected someone had been using it recently in the area. These were both unchanged from 2017. Other observed methods of consumption were noticed less frequently, including vaping (16%), which increased from 14% in 2017; eating or drinking (9%); and using cannabis in another way (7%). These were unchanged from 2017.

Overall, more people who reported using cannabis in the past 12 months than those who had not used observed what seemed to be someone smoking cannabis in public places (70% and 40%, respectively, and

unchanged from 2017).

## **Cannabis use inside the home**

All respondents were asked about cannabis consumption methods in the home over the past 12 months. Overall, a quarter of people reported someone smoking cannabis inside the home, unchanged from 2017 (25%). Responses from those who had used cannabis in the past 12 months were noticeably different, with 72% responding that someone smoked cannabis inside their home, unchanged from 2017, followed by eating or drinking cannabis (39%), and vaporizing cannabis (31%), both increased from 2017 (33% and 27%, respectively).

## **Theme 2: Cannabis use and products used**

The results presented under Theme 2 refer specifically to people who reported using cannabis for non-medical purposes in their lifetime (n=7,743), in the 12 months prior to completing the survey (n=2,900), and the past 30 days prior to completing the survey (n=1,990).

Respondents who reported using cannabis for non-medical purposes were asked detailed questions about their use of cannabis for non-medical purposes. Topics included frequency of cannabis use, age of initiation of use, number of hours spent "stoned" or "high" in a typical use day, methods of consumption, types of cannabis products used, average amount spent on these products, and where people store cannabis inside the home.

### **Cannabis use**



Respondents were asked about their cannabis use for non-medical purposes within the past 12 months. Twenty-two percent (22%) of people reported having used cannabis in the past 12 months, unchanged from the previous cycle. Provincial/territorial estimates ranged from 16% to 39%. When recruited, respondents were informed that the survey was about cannabis. This information may have created a participation bias in that those who use cannabis may have been more likely to complete the survey. For this and other methodological reasons, the CCS may provide general population prevalence estimates for cannabis use that are higher than other surveys such as CTADS. However, the aim of the CCS is to obtain detailed information about the habits of people who use cannabis and behaviours relative to cannabis use.

## **Past 12-month use in respondents of various demographic groups**

People between the ages of 16-24 years reported cannabis use in the past year at a percentage that was double that of people 25 years and older. Specifically, past 12-month use of cannabis among people aged 16 to 19 years and people aged 20 to 24 was 36% and 44%, respectively, compared to 19% for people aged 25 years and older, all unchanged from 2017. More males (26%) reported past 12-month use compared to females (18%), also unchanged from the previous cycle.

People who reported currently being or who were full-time or part-time students in the past 12 months reported cannabis use during the past 12 months (34%) at a higher proportion compared to people who were not currently or had not been students in the past 12 months (19%). Retired persons (8%) had a lower proportion reporting cannabis use in

the past 12 months when compared to those who were working full-time, part-time, self-employed, unemployed, or not in the workforce (17% to 28%). Those who reported having less than high school or a high school diploma as their highest level of education had the highest proportion reporting cannabis use in the past 12 months (29% each), twice that of those with a post-graduate degree/diploma (14%).

## **Age of initiation**

People who reported ever using cannabis were asked about the age at which they first tried or started using cannabis for non-medical purposes. The average age of initiating cannabis use was 18.9 years, unchanged from 2017, which is comparable to the average age of 18.6 years reported in CTADS 2017. Females were slightly older than males when they first tried cannabis (19.2 and 18.5 years, respectively). The average age of initiation among 20 to 24 year olds increased to 16.8 years in 2018 compared to 16.5 years in 2017. CSTADS 2016/17, which ask questions of students in grades 7 to 12, reported an average age of initiation of 14.2 years. Average age of initiation is highly dependent on the age range of the respondents in a survey, as well as the distribution of respondents within predetermined age groups. For the CCS, the age of initiation is higher among the largest age group of adults age 25 and older, resulting in a higher average age of initiation overall.

Provincial/territorial estimates of average age of initiating cannabis use ranged from 17.2 years to 19.7 years.

## **Frequency of cannabis use**

Respondents who reported using cannabis over the past 12 months were asked how frequently they used the substance. A little over half of these respondents reported using cannabis three days per month or less (55%), and 19% reported daily cannabis use. The most common response was less than one day per month (35%), followed by daily (19%), two to three days per month (14%), one to two days per week (10%), three to four days per week (10%), one day per month (6%), and five to six days per week (6%). These were all unchanged from the previous cycle.

A greater percentage of males (28%) reported daily or almost daily use compared to females (21%), whereas a greater percentage of females (43%) reported less than monthly use compared to males (30%). There were no significant differences in percentages reporting less than monthly or daily/almost daily use among age groups examined.

Provincial/territorial estimates for daily or almost daily use ranged from 22% to 30% and estimates of less than monthly use ranged from 25% to 39%.

People who had reported using cannabis in the past 30 days (15% of Canadians 16+) were asked how many times they used cannabis per typical use day. The most common response was once per day (44%), followed by twice per day (21%), three times per day (12%), four times per day (6%) and 16% used it five or more times during the day, an increase from 13% in 2017.

## **Number of hours "stoned" or "high" on a typical use day**

People who had reported using cannabis in the past 30 days were asked about the number of hours they would spend "stoned" or "high" on a typical use day. Forty percent (40%) of these people reported they would be "stoned" or "high" on a typical use day for one or two hours, followed by three or four hours (27%), less than one hour (19%), five or six hours (8%), and seven or more hours (6%), all unchanged from 2017.

## **Methods of consumption**

People who had reported using cannabis in the past 12 months were asked about their methods of consumption for non-medical purposes. Smoking (89%) was the most common method of cannabis consumption reported by people that used cannabis in the past 12 months, a decrease from 2017 (94%). Other methods of consumption were: eating it in food (42%), an increase from 34% in 2017; vaporizing using a vape pen (26%), an increase from 20% in 2017; and vaporizing using a vaporizer (14%), unchanged.

When examining methods of consumption by province and the territories, vaporizing using a vape pen and vaporizing using a vaporizer were combined. The most common method of consumption in all regions was smoking (estimates ranged from 84% to 95%). This was followed by eating it in food (estimates ranged from 18% to 49%) and vaporization using any type of vaporizer (estimates ranged from 13% to 45%).

## **Types of cannabis products used and frequency**

People who used cannabis in the past 12 months were asked about the types of cannabis products they had used in the past 12 months. The five main products used were dried flower/leaf (82%), a decrease from 88% compared to 2017, followed by edibles (41%), an increase from 32%; hashish/kief (26%), unchanged from 2017; solid concentrate (19%), an increase from 15%; and liquid concentrate (17%), an increase from 13%. Respondents were also asked about the frequency at which they used these cannabis products. The most commonly reported frequency for these five products was less than one day a month, ranging from 33% for dried flower to 55% for edibles, a decrease compared to 2017 (38% and 63%, respectively).

Of those who used hashish/kief, males were almost two times more likely to report use compared to females (31% versus 19%, respectively).

Respondents 16 to 19 and 20 to 24 years of age also reported more use of hashish/kief compared to those 25 years and older (47% and 34% versus 22%, respectively). The least used cannabis products were beverages (4%). These were all unchanged from 2017.

In all provinces and the territories, the most common product used was dried flower/leaf, ranging from 80% to 87%. Edibles were the second most commonly reported products (estimates ranged from 39% to 51%), except in Quebec (16%). In Quebec, the second most commonly reported product was hashish/kief (34%).

## **Average amount used on a typical use day**

People who had used cannabis in the past 12 months were asked to report on the average amount of cannabis used on a typical use day. Of those who had used dried flower/leaf, the average amount used on a typical use day was approximately one gram; this is a slight increase from 2017 (0.9 grams). While those who used edible cannabis products consumed approximately one serving, those who used hashish/kief used an average of 0.4 grams. The average amount used for solid concentrates was 0.2 grams and the average for liquid concentrates was just less than 1 millilitre. Those who used beverages used nearly 300 millilitres on a typical use day.

## **Sources used to obtain the cannabis product**

People who had used cannabis in the past 12 months were asked about the number of sources that they used to obtain cannabis. The majority of people reported that they obtained cannabis from one source (55%), an increase from 52% in 2017, followed by two or three sources (34%), which decreased from 38% in 2017. Less common responses included growing their own (3%), four or five sources (4%), and six or more sources (3%).

People who reported using cannabis in the past 12 months were also asked about who they obtained cannabis from and the location where they obtained it. The top sources to obtain cannabis were from a friend (34%), from a compassion club/dispensary (15%), shared among friends (13%), from a dealer (7%), grown by or for them (7%), and from an acquaintance (7%).

The main location from where people obtained cannabis was someone else's home (57%), a decrease from 73% in 2017. Other responses were much less common and included a compassion club/dispensary (21%), which increased from 13%; their own home (13%); a publicly accessible place (12%), which decreased from 16%; delivered from an Internet source (other than a Health Canada licensed producer) (11%), which increased from 6%; and a Health Canada licensed producer (5%), unchanged from 2017. Six percent (6%) also indicated they obtained cannabis by growing it themselves, which increased from 2% in 2017.

When asked about their intentions if cannabis was to become legal for adults, fifty two percent (52%) of people who used cannabis in the past 12 months expect to obtain their cannabis from a legal retail storefront, 10% percent expect to obtain it from a legal retailer by mail order, 6% from a Health Canada licensed producer, 12% expect to grow at home, 16% from someone sharing with them, and 5% expect to get it from an illegal source.

## **Average amount spent on cannabis each month**

People who had used cannabis in the past 12 months indicated typically spending close to \$73 on cannabis products for non-medical use each month. People who had used cannabis within the past 30 days reported spending close to \$85 in the past 30 days to obtain cannabis for non-medical use. Females generally reported spending less on cannabis than males. There were no changes between this cycle and the previous cycle.

When looking at spending by province and territories, those who used cannabis in the past 12 months indicated typically spending as little as \$63 on cannabis products for non-medical use each month to as much as \$97. People who used cannabis in the past 30 days reported spending between \$67 and \$115 in the past 30 days depending on where they lived.

## **Cannabis products bought or received, and at what frequency**

People who had used cannabis in the past 30 days were asked about the cannabis products they bought or received in the past 30 days and the frequency of these two occurrences. The most common response options selected were buying or receiving dried flower/leaf (87%), a decrease from 90% in 2017, followed by edibles (an increase to 22% from 15% in 2017), hashish/kief (11%), and solid concentrate (10%). Both hashish/kief and solid concentrate were unchanged from 2017. For all products, the most common frequency of obtaining them was one day per month. The average amount purchased varied by product type. On average, people who used cannabis purchased or received 15.1 grams of dried flower/leaf, an increase from 11.5 grams in 2017, 5.6 servings of edibles, 6.2 grams of hashish/kief, 12.6 millilitres of liquid concentrate, 3.2 grams of solid concentrate, and 1.5 cannabis oil cartridges or disposable vape pens.

## **Average price per unit of purchases, by product type**

People who had purchased cannabis in the past 30 days reported the average price per unit by product type. Over the past 30 days, people spent the most per unit on cannabis oil cartridges or vape pens



(\$46.17/cartridge), solid concentrates (\$36.35/gram), and liquid concentrates (\$28.99/millilitre). The average price per unit for the more frequently used product types was \$8.62 per gram of dried flower/leaf, a decrease in cost from \$11.40 per gram in 2017; \$8.94 per serving for edibles; and \$13.04 per gram of hashish/kief, which decreased from \$16.64 per gram in 2017.

## **Proportion of people who use cannabis who receive cannabis products for free**

Of the respondents who had obtained cannabis in the past 30 days, some reported receiving cannabis products for free. Overall, 24% of respondents obtained free edibles, a decrease from 34% in 2017, and 14% obtained free dried flower/leaf, unchanged from 2017 (17%). When looking specifically at dried flower/leaf, more females (17%, a decrease from 24% in 2017) reported obtaining these products for free compared to males (12%, unchanged from 2017). These data suggest that edible products may be more freely distributed compared to other product types.

## **Frequency of cannabis use to get "high" before school or work**

Students and those who had been students in the past 12 months who had also used cannabis in the past 12 months were asked about the frequency of cannabis use to get "high" before or at school or work. Overall, 53% of these people had not used cannabis to get "high" before or at school in the past 12 months, unchanged from 2017. Twenty-seven percent (27%) of people who were current or past 12-month students reported rarely using cannabis before or at school (less than once a

month), representing an increase from 21% in 2017, and 12% used cannabis before or at school weekly or more often. Most current and recent students (92%) reported never being absent from school because of their cannabis use.

The majority of people who reported using cannabis in the past 12 months (64%) had not used cannabis to get "high" before or at work in the past 12 months and a further 10% reported they had not been employed in the past 12 months. Fifteen percent (15%) of people reported using cannabis before or at work rarely (less than once a month), and 8% used cannabis before or at work weekly or more often. Most people (90%) indicated they had not been absent from work as a result of their cannabis use and a further 9% stated they were not employed.

## **Professional help for non-medical cannabis use**

Most people (96%) who had used cannabis more than once in their lifetime reported they never felt they needed professional help (e.g., treatment or counselling) for their non-medical use of cannabis. Only 2% reported ever having received professional help for non-medical cannabis use.

## **Where cannabis is stored inside the home**

People who had used cannabis in the past 12 months were asked about where they store cannabis inside the home. Among those who currently had cannabis stored at home, storage locations included unlocked cabinets or drawers (31%), a decrease from 38% in 2017; locked

containers (26%), an increase from 21%; child proof containers (24%), an increase from 20%; and open shelves or tables (14%), unchanged from 17% in 2017.

## **With whom people used cannabis**

People who had used cannabis in the past 12 months were asked with whom they had used cannabis. The most common responses selected included having used with friends (89%), while alone (69%), with a spouse/partner (53%), with a family member or relative (52%), and co-workers (30%). Use with a spouse/partner was higher among females than males. Use with friends, co-workers, strangers, a dealer, or while alone was higher for males than females. Comparisons to 2017 cannot be made since the questions were changed in 2018.

## **Theme 3: Driving and cannabis**

People who had used cannabis in the past 12 months were asked about their driving habits relative to cannabis use and to cannabis use in combination with alcohol/other drugs. All respondents were asked if they had ever been a passenger in a vehicle driven by someone within two hours of using cannabis, and all respondents were also asked for their opinions on cannabis and driving.

### **People who operated a vehicle within two hours of using cannabis, and at what frequency**

The CCS specifically looked at driving after using cannabis. Among people who had used cannabis in the past 12 months, 39% reported that they have ever driven within two hours of using cannabis, and of those

who had driven after using cannabis, 43% did so within the past 30 days, 27% within the past 12 months, and 31% more than 12 months ago, all unchanged from 2017. Half of males (48%) reported driving within two hours of using cannabis, unchanged from 2017 (45%), which was higher than the prevalence of this behaviour among females (26%), a decrease from 31% in 2017. Provincial and territorial estimates of ever driving within two hours of using cannabis ranged from 32% to 52%. Estimates on how recently this occurred are suppressed for most regions due to the small sample size.

### **People who operated a vehicle within two hours of using cannabis in combination with alcohol or other drugs**

People who indicated they had ever driven within two hours of using cannabis were also asked if they drove a vehicle within two hours of using cannabis in combination with alcohol. Twenty-five percent (25%) of these people reported that they had driven a vehicle within two hours of using cannabis in combination with alcohol, an increase from 15% in 2017, and of those who had driven after using cannabis in combination with alcohol, 33% did so within the past 30 days, unchanged from 2017. Males (27%) had a higher prevalence of driving within two hours of cannabis use in combination with alcohol than females (19%).

The same people were also asked if they drove a vehicle within two hours of using cannabis in combination with other drugs. Ten percent (10%) of these people reported that they had driven a vehicle within two hours of using cannabis in combination with other drugs, unchanged from 2017 (8%).

## **People who were passengers in a vehicle driven by someone within two hours of using cannabis**

All respondents were asked if they had ever been a passenger in a vehicle driven by someone who had used cannabis within the previous two hours. Overall, 31% of people reported having ever been a passenger in a vehicle driven by someone who had recently used cannabis; this is a decrease from 39% in 2017. This behaviour was more common among those who used cannabis in the past 12 months (70%), a decrease from 79%, compared to those who did not use (20%), also a decrease from 27% in 2017. The immediacy of this behaviour, among people who indicated using cannabis in the past 12 months, ranged from within the past 30 days (32%), within the past 12 months (31%), to more than 12 months ago (37%), all unchanged from 2017. For those who did not use cannabis in the past 12 months, 8% reported being a passenger in a vehicle driven by someone who had recently used cannabis in the past 30 days, 13% report this in the past year, and 79% reported this happening more than 12 months ago.

Provincial and territorial estimates of ever being a passenger in a vehicle driven by someone who had used cannabis within two hours of driving ranged from 26% to 47%. Estimates for the immediacy of this behaviour, ranged from 17% to 25% (estimate for the Territories is not reportable) for within the past 30 days, 16% to 25% (estimate for the Territories is not reportable) for within the past 12 months, and 51% to 63% for more than 12 months ago.

## **Interaction with law enforcement related to driving**

Three percent (3%) of people who had used cannabis in the past 12 months reported having an interaction with law enforcement related to driving under the influence while they were the driver of a vehicle, unchanged from 2017.

## **Opinions on cannabis use and driving**

People were asked for their opinions on how cannabis use affects driving. More than three quarters (81%) of all people reported that they think that cannabis use affects driving; this is an increase from 75% in 2017. This drops to 61% when looking at responses from those who reported using cannabis in the past 12 months, an increase from 50% in 2017, while less than one quarter of them responded that it depends (22%), or that it did not affect driving (13%), a decrease from 19%.

People were asked for their opinion on the time it takes until it is safe to drive after cannabis use. The majority of people did not specify the time it takes before it is safe to drive after cannabis use; 33% reported it depends on the person's tolerance, weight, and quantity, a slight decrease from 35% in 2017. A further 21% of people said that they did not know when it was safe to drive, a decrease from 23% in 2017.

## **Opinions on likelihood of being caught driving under the influence**

All respondents were asked how likely they thought it was that a person would be caught by police if they drove under the influence of alcohol or under the influence of cannabis. Likelihood was determined using a 5-point Likert scale, which had the following categories: not at all likely, not likely, somewhat likely, likely, and extremely likely.

Among all people, the most common response for both being caught driving under the influence of alcohol and driving under the influence of cannabis was 'somewhat likely' (40%). However, 49% of people indicated likely, or extremely likely when asked about a driver being caught driving under the influence of alcohol. This is higher than the 23% of people indicating likely, or extremely likely when asked about a driver being caught driving under the influence of cannabis.

## **Theme 4: Cannabis for medical purposes**

Respondents were asked about their use of cannabis for medical purposes and those who indicated they had used cannabis in the past 12 months were asked if they would complete an additional section related to this use. Of the 1,706 respondents that indicated they had used cannabis for medical purposes in the past 12 months, 1,126 agreed to complete the medical use section of the survey. Questions were on the source of the product, type of product, frequency of use, type of strain, how much was used in a typical day, diseases and symptoms addressed by cannabis use, and changes in respondents' use of other medications as a result of cannabis use.

### **Medical use**

People were asked about their cannabis use for medical purposes in the past 12 months. Thirteen percent (13%) of all respondents aged 16 and older indicated that they used cannabis for medical purposes, an increase from 12% in 2017; provincial and territorial estimates ranged from 4% to 20%.

## **Possession of medical documents**

A subset of respondents who indicated that they used cannabis for medical purposes and agreed to complete the medical section of the survey (n=1,126) were asked if they currently had a medical document from a healthcare professional for their use of cannabis for medical purposes. The majority (66%) reported not having a medical document from a healthcare professional, a decrease from 71% in 2017.

## **Changes in use of other medications**

Respondents who completed the medical section of the survey were asked if cannabis use for medical purposes allowed them to decrease their use of other medications. The majority of people who used cannabis for medical purposes reported that cannabis use helped decrease their use of other medications (68%). Nineteen percent (19%) reported that this question was not applicable. This question was modified from the previous cycle and is not directly comparable.

## **Proportion and frequency of cannabis use for medical purposes**

Seventy-eight percent (78%) of people who used cannabis for medical purposes in the past 12 months and who completed the medical section of the survey reported using cannabis in the past 30 days for medical purposes, unchanged from 2017.

People who completed the medical section of the survey and had used cannabis for medical purposes in the past 30 days were asked about the frequency of their use on the days they used cannabis for medical purposes. Thirty-seven percent (37%) of these people reported using



cannabis one time per day, 20% used cannabis two times per day, and 20% reported using cannabis five times or more per day, all unchanged from 2017.

## **Types of cannabis products used for medical purposes**

People who used cannabis for medical purposes in the past 12 months and who completed the medical section were asked about the types of cannabis products they used within the last year. The two main products used were dried flower/leaf (71%, a decrease from 81% in 2017) and edibles (34%, unchanged from 2017). Other products reportedly used by these respondents for medical purposes included cannabis oil from a Health Canada licensed producer (21%, an increase from 14% in 2017); liquid concentrate (16%, an increase from 11% in 2017); tinctures (16%, an increase from 10% in 2017); solid concentrate (15%, unchanged from 2017); topical ointments (14%, an increase from 7% in 2017); cannabis oil cartridges/vape pens (13%, an increase from 5% in 2017); hashish/kief (11%, unchanged from 2017); and liquids (3%, unchanged from 2017).

Those who were 20 to 24 years old (95%) had a higher prevalence of using dried flower/leaf products than those 25 years and older (67%). Respondents who used cannabis for medical purposes and who completed the medical section were also asked about the frequency at which they used these cannabis products. Dried flower/leaf had a variety of responses, which ranged from daily/almost daily use (43%, an increase from 34% in 2017), weekly use (24%), monthly use (19%), and less than one day a month (13%), all unchanged from 2017. Edibles also had a

variety of responses, which ranged from less than one day a month (33%), monthly use (36%), weekly use (17%), and daily/almost daily use (13%), all unchanged from 2017.

### **Average amount used on a typical use day for medical purposes**

People who used cannabis for medical purposes in the past 12 months were also asked to report the average amount of cannabis used on a typical use day. Of those who had used dried flower/leaf, the average amount used on a typical use day was 1.6 grams whereas those who used edible cannabis products consumed approximately 1.2 servings.

### **Sources used to obtain cannabis products for medical purposes**

People who used cannabis for medical purposes in the past 12 months and who completed the medical section of the survey were asked where they obtained cannabis for medical purposes. The top sources to obtain cannabis for medical purposes were from a friend (30%), compassion club/dispensary (28%), a Health Canada licensed producer (24%), an online source other than a Health Canada licensed producer (13%), and a dealer (13%). The proportion reporting compassion club/dispensary and Health Canada licensed producer as a source was unchanged from 2017, but the proportion reporting obtaining cannabis from a dealer decreased from 22%. There was no directly comparable response for “friend” or “online source other than a Health Canada licensed producer” in the 2017 survey.

Twenty-two percent (22%) of people who used cannabis for medical purposes reported that they accessed their cannabis through the Access to Cannabis for Medical Purposes program, unchanged from 2017.

## **Average amount spent on cannabis for medical purposes in a typical month**

People who used cannabis for medical purposes in the past 12 months and who completed the medical section of the survey spent approximately \$115 on cannabis for medical purposes in a typical month. When people who used cannabis for medical purposes in the past 30 days were asked how much they actually spent on cannabis in the past 30 days, they reported spending about \$119. These amounts were unchanged from 2017.

## **Cannabis products for medical purposes bought or received, and at what frequency**

People who used cannabis for medical purposes in the past 30 days were asked about the cannabis products they bought or received in the past 30 days and the frequency of these two occurrences. The most common response options selected were buying or receiving dried flower/leaf (72%, a decrease from 81% in 2017) followed by edibles (21%), cannabis oil from a Health Canada licensed producer (17%), solid concentrate, and tinctures (11% each), all unchanged from 2017. For all products, the most common frequency of obtaining them was one day per month.

The average amount purchased for medical use varied by product type. On average, people who used cannabis purchased or received 17.2 grams of dried flower/leaf, 7 servings of edibles, 94.8 millilitres of cannabis oil from a licensed producer, and 3.2 grams of solid concentrate. These amounts were unchanged from 2017.

## **Average price per unit of cannabis purchases for medical purposes, by product type**

People who purchased cannabis for medical purposes in the past 30 days also reported the average price per unit by product type. Over the past 30 days, people who used cannabis for medical purposes spent the most per unit on cannabis oil cartridges/vape pens (\$43.63/cartridge) and solid concentrates (\$41.20/gram).

## **Cannabis products for medical purposes received for free**

Of the people who obtained cannabis for medical purposes in the past 30 days, some had obtained cannabis products for free. Overall, 8% of people who obtained cannabis for medical purposes obtained dried flower/leaf for free. This was a decrease from 13% in 2017.

## **Opinions on cannabis use for medical purposes and driving**

People who used cannabis for medical purposes and completed the medical section of the survey were asked if they believed that cannabis use for medical purposes impairs one's ability to drive. More of these people reported that 'yes' cannabis use for medical purposes impairs one's ability to drive (39%) compared to those who reported 'no' (27%) and 'it depends' (34%), all unchanged from 2017. The same people were also asked for their opinion on the time until it was safe to drive after using cannabis for medical purposes. The most common responses were that it depends (29%, a decrease from 36% in 2017), followed by one to three hours (17%, a decrease from 23% in 2017), and three to five hours

(17%, unchanged from 2017). Nine percent (9%) of these people indicated that it was safe to drive immediately after cannabis use for medical purposes (unchanged from 2017).

## **Driving a vehicle after using cannabis for medical purposes, and at which frequency**

Driving after using cannabis for medical purposes was studied among people who used cannabis for medical purposes and completed the medical section of the survey. Forty percent (40%) of these people reported that they have driven within two hours of using cannabis for medical purposes, and of those who had driven after using, more than half (55%) did so within the past 30 days. A greater proportion of males (47%) reported driving within two hours of using cannabis for medical purposes compared to females (34%). These percentages were all unchanged from 2017.

## **Driving a vehicle within two hours of using cannabis for medical purposes in combination with alcohol or other drugs**

People who used cannabis for medical purposes in the past 12 months who had reported driving after using cannabis were also asked if they drove a vehicle within two hours of using cannabis for medical purposes in combination with alcohol. Eight percent (8%, unchanged from 2017) of these people indicated that they had driven a vehicle within two hours of using cannabis for medical purposes in combination with alcohol and 5% indicated that they had driven a vehicle within two hours of using cannabis for medical purposes in combination with another drug. These data were suppressed in 2017.

# Additional links

- [Canadian Cannabis Survey 2017 - Summary](#)

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