

2023 Cannabis Survey in Wellington-Dufferin-Guelph

To: Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- In 2023, Wellington-Dufferin-Guelph (WDG) Public Health conducted a community survey to explore cannabis knowledge, attitudes, and behaviours among WDG residents aged 16 and older.
- WDG Public Health has identified knowledge gaps in the local understanding of the impacts of cannabis. Examples include:
 - 1) One-quarter of survey respondents either disagreed or did not know that cannabis use during pregnancy can harm a baby.
 - 2) Forty-three percent of survey respondents did not know that there is a delayed effect when consuming edibles.
 - 3) About 1 in 3 (35%) survey respondents did not know that youth (under 25 years old) and adults do not have the same level of risk for harms related to cannabis use.

- About 1 in 4 (23%) past-year cannabis users reported using more cannabis due to the COVID-19 pandemic. Anxiety, stress, and boredom were the most common reasons for the increased cannabis use.
- WDG Public Health will use local data and current evidence to inform programs and services and will share survey results with community partners to help inform community policy and program development related to cannabis use.

Background

On October 17, 2018, cannabis became legal for adults to purchase, possess, and consume in Canada within legal limits outlined in the *Cannabis Act*. The goals of the *Cannabis Act* were to keep cannabis out of the hands of youth, keep the profits out of the hands of criminals and protect public health and safety.¹

In June 2018, Wellington-Dufferin-Guelph (WDG) Public Health administered a baseline survey to gather information about attitudes towards cannabis, knowledge of its health effects, interest in using cannabis once legal, cannabis use behaviours and the impacts of cannabis use on current users (see [BH.01.JAN1119.R02](#)).

In June 2023, WDG Public Health conducted a five-year follow-up survey. The 2023 survey also collected information about how the COVID-19 pandemic impacted cannabis use behaviours. Comparing the results of these surveys allows WDG Public Health to monitor the impact of legalization on cannabis use in the community over time.

The focus of both the 2018 and 2023 surveys was the non-medical use of cannabis. The term ‘non-medical’ use of cannabis means for recreational (e.g., for enjoyment, pleasure, amusement), social, spiritual, lifestyle and other similar uses.² Cannabis use impacts many components of Public Health work including mental health, school health promotion, pregnancy and parenting, harm reduction and enforcement.

WDG Public Health will use the survey data to inform programs and services and will share this data with community partners to inform their work related to cannabis use. Local survey data compliments the provincial and national data available through the Canadian Cannabis Survey, Ontario Student Drug Use and Health Survey and other sources.

Survey Methods

An anonymous and voluntary online survey was administered to Wellington-Dufferin-Guelph (WDG) residents ages 16 and older between June 1, 2023, and July 7, 2023. A comprehensive recruitment strategy was used, including WDG Public Health's media release, website and social media promotion, digital advertisements on community screens, and community partner engagement.

Survey results were analyzed using Microsoft Power Query and Power BI. Responses from people who have used cannabis in the past 12 months (cannabis "users") were compared with responses from people who have not used cannabis in the past 12 months (cannabis "non-users"). Results from the 2023 data were compared to the 2018 data to explore trends over time. The Chi-Squared Test was used to assess the significance of the comparisons made within this report. Non-significant differences will be identified with an asterisk where needed.

Survey Results

A total of 2428 responses were received, of which 2082 were valid and complete responses, exceeding the target sample size of 1571. Nearly half of the sample (46%) were ages 30 to 49. 52% of survey respondents lived in the City of Guelph, 31% in Wellington County and 17% in Dufferin County. The proportion of survey respondents from each region is consistent with the proportions identified in the 2021 Census data. When compared to the population of WDG, the survey sample contained a higher proportion of females (66% in sample vs. 51% in WDG) and of individuals who had completed a university or college degree, diploma or certificate (74% in the sample vs. 48% in WDG). For more detailed information about the survey participants, refer to Appendix A.

Survey respondents were not randomly selected from the underlying population. As a result, estimates generated from the survey results may not be representative of the WDG population. Due to the sampling method, the accuracy of tests used to determine statistical significance may have been somewhat limited. However, despite these limitations, the results of the significance tests provide some understanding of whether differences in the survey population might reflect true differences in the wider population of WDG.

Locally, 46% of survey respondents indicated they had used cannabis in the past 12 months. This is a higher proportion than the Canadian Cannabis Survey which reported 27% of survey respondents who used cannabis in the past 12 months.¹ Given that the WDG survey sampling strategy was voluntary, it was likely that individuals who use cannabis were more likely to respond to the survey.

Discussion

Since the legalization of non-medical cannabis in October 2018, the way that people consume cannabis has changed. People now have easier access to cannabis through legal sources such as storefront dispensaries and online ordering through the Ontario Cannabis Store. This is reflected in local survey results, where the most common source for obtaining cannabis among past-year cannabis users was a storefront dispensary (77%), followed by a provincially authorized retailer by online order (27%). Please note, because respondents could select multiple answers, percentages are greater than 100%. A wider variety of cannabis products have become readily available, including dried flower, edibles and beverages, oils, tinctures, topicals, cannabis oil cartridges and vape products. Local survey data demonstrates an increase in use of cannabis oil cartridges and disposable vape pens, cannabis liquids (e.g., beverages), and cannabis edibles since 2018 (refer to Table 1).

Table 1: Types of cannabis products used among past-year cannabis users.

Types of Cannabis Products**	2023	2018
Dried flower/leaf	68%	76%
Edibles (e.g., prepared food products)	59%	47%
Hashish/kief*	22%	25%
Liquid concentrate (e.g., hash oil, butane honey oil, etc.) *	14%	17%
Cannabis oil cartridges or disposable vape pens	40%	18%
Solid concentrate (e.g., shatter, budder, etc.)	9%	16%
Liquid (e.g., cola/tea)	20%	3%
Synthetic cannabis (e.g., K2, Spice) *	1%	0%
Other (e.g., tinctures, topical ointments, fresh flower/leaf for juicing) (please specify) *	3%	3%
Don't know/prefer not to answer/no response*	6%	8%

*Percentage change between 2023 and 2018 data were not significantly different based on results from statistical testing

** Respondents were able to select multiple methods of consumption.

Locally, after legalization, 42% of past-year cannabis users reported that they either increased the amount they consumed or used it more frequently. A higher proportion of female past-year cannabis users (46%) indicated they use more cannabis after legalization versus males (36%). The most common reasons reported for an increase in use of cannabis after legalization were that it is now a legal substance (71%), it became easier to access (68%) and it is more socially acceptable (55%). For this question, respondents could select multiple responses, yielding total percentages above 100%.

Changes in cannabis use due to the COVID-19 pandemic were explored locally in the 2023 survey. Twenty-three percent of past-year cannabis users indicated they used more cannabis due to the COVID-19 pandemic, while 63% reported using the same amount and 9% indicated they used less cannabis. Increased use due to the COVID-19 pandemic was similar to the Canadian Cannabis Survey (2022) findings (24%), however in the Canadian survey, 23% reported a decrease in use due to the pandemic which is different than in WDG.² Locally, the most common reasons for an increase in cannabis use due to the COVID-19 pandemic were anxiety (75%), stress (72%) and boredom (56%) – note that respondents could select multiple responses, yielding total percentages above 100%. This highlights how substance use and mental health are closely connected, where poor mental health can be associated with increased substance use.

Knowledge Gaps

There is a concerning gap in local knowledge about the harms of cannabis use. Survey respondents were asked a series of knowledge and attitude-based questions about cannabis use. While the risks of using cannabis before driving was well understood by respondents, knowledge was low about the impact of cannabis use on mental health, learning, memory and decision-making and the developing youth brain. Across all knowledge statements, people who use cannabis were less likely to identify the correct response in comparison to people who do not use cannabis. Agreement with correct answers for most statements increased from 2018 to 2023, marking an improvement in knowledge over time. Refer to Appendix B for a data summary for knowledge statements.

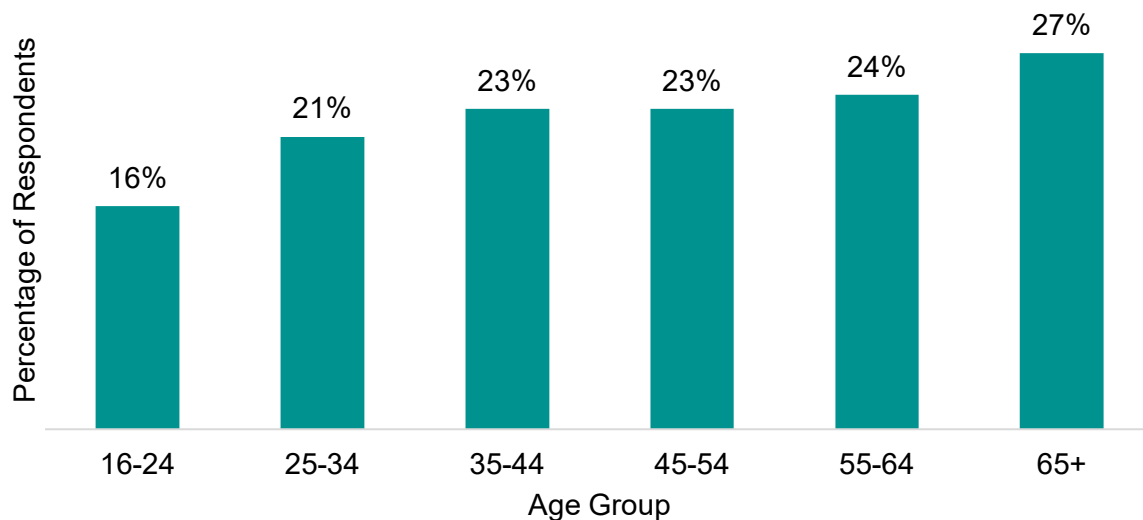
Initial data analysis has identified three knowledge gaps WDG Public Health hopes to target with health promotion messaging in 2024:

- 1) One-quarter of survey respondents either disagreed or did not know that cannabis use during pregnancy can harm the baby.
- 2) Forty-three percent of survey respondents did not know that there is a delayed effect of consuming edibles.
- 3) About 1 in 3 (35%) of survey respondents did not know that youth (under 25 years old) and adults do not have the same level of risk for harms related to cannabis use.

There is no Known Safe Amount of Cannabis During Pregnancy

Consuming cannabis while pregnant can harm the baby. In WDG, 1 in 4 survey respondents either disagreed or did not know that using cannabis while pregnant can cause harm to the baby. Results were similar between males and females and across WDG. Older age groups were more likely to disagree or to not know that cannabis use while pregnant can cause harm to the baby (see Figure 1). Between 2018 and 2023, there was a slight increase in knowledge among all survey respondents of the impact of consuming cannabis while pregnant (69% in 2018 versus 76% in 2023).

Figure 1. Disagreement that cannabis use during pregnancy can cause harm, by age group.



Cannabis contains over 400 chemicals, including tetrahydrocannabinol (THC), that can cross the placenta and be harmful to development. Smoking cannabis lowers the supply of oxygen and nutrients to a fetus. Consuming cannabis regularly while pregnant leads to a greater risk for adverse outcomes, such as preterm birth and low birth weight. THC is stored in fat cells, including in a baby’s brain, impacting brain development and increases the risk of impulsivity, hyperactivity, learning, memory and problem-solving difficulties in childhood.³ Cannabis can pass through breastmilk to a baby, where THC and other chemicals found in cannabis can be stored in the baby’s fat cells and brain for a long time.⁴ Using cannabis can also affect the way a parent or caregiver responds to their baby, including increasing the potential for missing a baby’s cues for hunger and comfort.³ The safest option is to avoid using cannabis while pregnant or breastfeeding.⁵

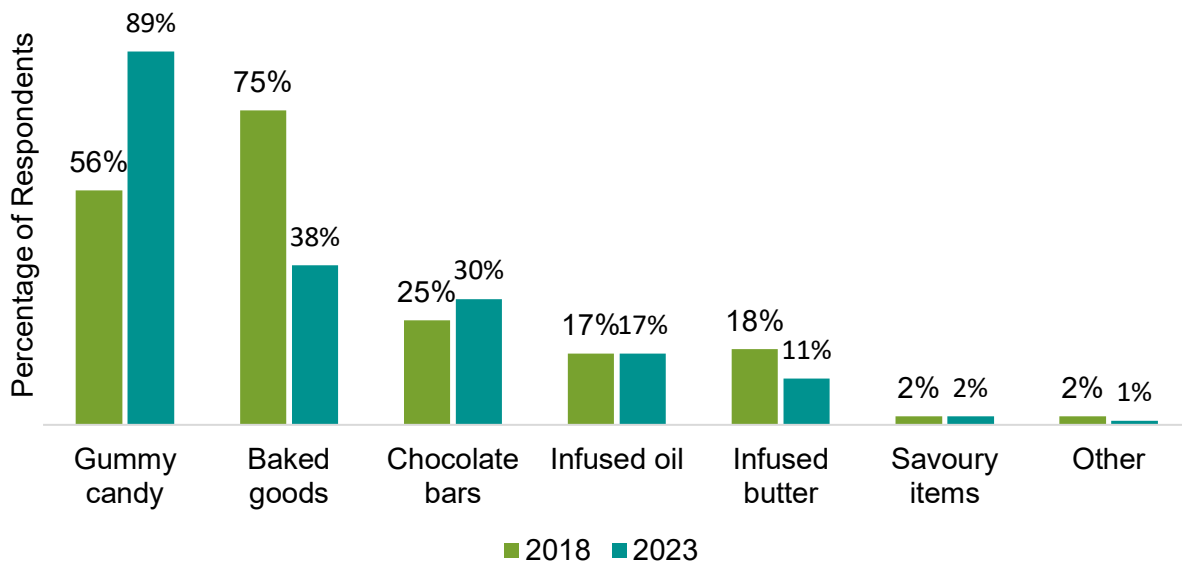
WDG Public Health is working to provide more information to the community about the risks of cannabis use and pregnancy. WDG Public Health’s webpage, [Cannabis: Before, During and](#)

[After Pregnancy](#) was recently updated to provide the most up-to-date information on this topic. WDG Public Health has recently launched a campaign to promote their Online Prenatal and New Parent Program which includes information about the harms of cannabis use during pregnancy. This program is free and is open to people who are pregnant or have a new baby and live in WDG. WDG Public Health will look for additional opportunities to promote information about pregnancy and cannabis use to the community in partnership with other local healthcare organizations.

There are Harms Associated with the Delayed Effects of Cannabis Edibles

Edibles have become an increasingly popular way of consuming cannabis, with a range of gummies, candies, baked goods and chocolates available to consumers. Fifty-two percent of Canadians reported eating cannabis in food.² Locally in WDG, 67% of past-year cannabis users indicated that they ate cannabis in food. Among survey respondents who indicated they consumed edibles; gummy candy was the most common type (89%), followed by baked goods (38%) and chocolate bars (30%) (refer to Figure 2).

Figure 2. Type of edibles consumed among past-year cannabis users, by year.



Since 2018, a higher proportion of past-year cannabis users indicated they consumed edibles (67% in 2023 versus 52% in 2018), reflecting the increased popularity of these cannabis

products. The consumption of gummy candy edibles was 33% points higher than 2018, while consumption of baked good edibles was 37% points lower than 2018.

Although ingesting edibles does not have the same harmful effects on the lungs as smoking or vaping, this method of consumption comes with a unique set of concerns. The effects of edibles are different than smoking or vaping cannabis.^{6,7} When consuming edibles, it is important to “start low and go slow” because it can take up to two hours or more to feel the effects of eating or drinking cannabis edibles, compared to minutes with smoking or vaping cannabis.^{6,8}

In WDG, knowledge about how fast an individual can feel the effects of an edible is low. Forty-three percent of survey respondents did not know that it takes 30 minutes to 2 hours to start feeling the effects of an edible cannabis product, an improvement from 52% in 2018 (refer to Appendix B). This delay increases the risk of over-consumption of cannabis, which can lead to negative health outcomes such as psychosis, paranoia and anxiety.⁸ The effects of edibles also last longer than smoking or vaping, with effects lasting up to 12 hours after use.⁵ This leads to a longer period of impairment, which has implications for driving a motor vehicle, employment and parenting.^{7,8}

In October 2023, WDG Public Health promoted the Canadian Centre on Substance Use and Addiction’s Pediatric Cannabis Poisoning information campaign. This campaign highlighted the risks of edibles and the importance of safe storage of cannabis products.⁹ This year, WDG Public Health is planning an information campaign about the health impacts of cannabis, including edibles, aimed at the public. In addition, WDG Public Health will be promoting a campaign targeted at youth titled “[Talking about Weed](#)”, which includes messaging about edibles.

Cannabis can Harm the Developing Youth Brain

Sixty-one percent of respondents ages 16 to 19 and 71% of respondents ages 20 to 24 reported cannabis use in the past 12 months. Among WDG youth ages 16 to 24, 30% reported using cannabis daily and 24% indicated using it weekly.

About 1 in 3 (35%) of survey respondents did not know that youth under 25 years old and adults do not have the same level of risk related to cannabis use. Adolescence is a sensitive time for brain development, with rapid changes to brain structure and function.¹⁰ Regular cannabis use during adolescence can lead to cognitive difficulties with thinking, problem-solving, learning, memory, coordination and maintaining attention.^{11,12} People who begin to use cannabis before age 16 are at greater risk of cognitive impairments.^{10,12} Locally, 40% of lifetime cannabis users began using cannabis by age 16. About one in ten (12%) began using cannabis after age 25.

WDG Public Health will be promoting a youth-targeted campaign called be “[Talking about Weed](#)” in 2024. This campaign was designed by WDG Public Health in consultation with youth. Focus groups were conducted with secondary school students to develop video messages about the health effects of cannabis and ways to reduce harms that resonate with young people. Local survey data and current evidence about cannabis-related harms and the impacts of cannabis use will be communicated through WDG Public Health’s website and social media. WDG Public Health will engage with youth-serving community partners to share local data and evidence-based information for use in their work.

Health Equity Implications

The harms for two specific population groups who can be disproportionately impacted by cannabis use, pregnant people, and youth, have been described in this report. Regular cannabis use during pregnancy can potentially harm infant development. Youth who use cannabis regularly starting at an early age can experience long-lasting impact on brain development, which can adversely affect social, emotional, and behavioural development and influence social relationships, employment, and personal health later in life. Webpages developed to specifically provide information about the impact of cannabis on youth and pregnant people are available on WDG Public Health’s website ([Cannabis \(Weed\) and Young People](#) and [Cannabis: Before, During and After Pregnancy](#)). WDG Public Health’s Online Prenatal and New Parent Program is free of cost and designed to be easily accessible online and mobile friendly. WDG Public Health will continue to work with community partners to raise awareness of the health impacts of cannabis use and support the development of strategies for cannabis use prevention and reduction.

Conclusion

The 2023 Cannabis Survey collected 2082 valid responses that provided insight into the current state of cannabis knowledge, attitude, and behaviours among WDG residents ages 16 and older. Locally after legalization, 42% of past-year cannabis users shared that they either increased the amount they consumed or used it more frequently. Legalization has also resulted in easier access to a wider variety of cannabis products, particularly edibles which come along with a unique set of concerns for safe consumption and storage. Serious knowledge gaps have been identified which much be addressed through messaging to the public about safer cannabis use, which can influence attitudes and cannabis use behaviours. The harms of regular cannabis use among pregnant people and youth were highlighted, providing opportunities for increased education and awareness and collaboration with community partners.

Moving forward, WDG Public Health will use local survey data and current evidence to tailor programs and services to increase awareness of cannabis health impacts, promote safer cannabis use and reduce cannabis-related harms. WDG Public Health will be connecting with local community partners who helped with disseminating the survey, such as the Wellington Guelph Drug Strategy and Dufferin Caledon Drug Strategy, to share survey results and explore opportunities for how the survey data can be used to inform community policy and program development. Further exploration of the survey data is planned to uncover more trends in the local data.

Ontario Public Health Standards

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

2024-2028 WDG Public Health Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- Improve health outcomes
- Focus on children's health
- Build strong partnerships
- Innovate our programs and services
- Lead the way toward a sustainable Public Health system

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Appendices

Appendix A – 2023 Survey Respondent Demographics

Appendix B – Knowledge Statements about Cannabis

Appendix A

2023 Survey Respondent Demographics

Demographic Category	Variable	Survey Sample	2021 Census Population*
Geography	Wellington County	31%	32%
	Dufferin County	17%	22%
	City of Guelph	52%	47%
Gender	Male	28%	49%
	Female	66%	51%
	Another gender*	1%	Not available
	Unknown/prefer not to answer/no response	5%	Not available
Sex at birth	Male	28%	Not available
	Female	68%	Not available
Age Group	16-19	3%	5%
	20-29	16%	13%
	30-39	23%	14%
	40-49	23%	12%
	50-59	16%	14%
	60-69	12%	12%
	70+	8%	12%

Highest Level of Education	Elementary school	2%	Not available
	High school diploma	16%	30%
	Registered apprenticeship/Trade certificate or diploma	4%	6%
	College diploma/certificate	27%	21%
	University certificate, diploma, degree	47%	27%
	Prefer not to answer/no response	4%	Not available
Currently attending school (high school, college, university)	Yes	12%	14%**
	No	85%	86%**
	Prefer not to answer/no response	4%	Not available
Current Employment Status	Employed or self-employed full time (30 hours or more per week, on average)	60%	Not available
	Employed or self-employed part time (less than 30 hours per week, on average)	11%	Not available
	Not currently employed or self-employed	6%	Not available
	Retired	16%	Not available
	Unable to work	4%	Not available
	Prefer not to answer/no response	4%	Not available

*Census comparisons use the population ages 15 years and older

Source: Statistics Canada. Census profile, 2021 Census of population. Catalogue no. 98-316-X2021001 (table). [Internet]. 2023. [cited 23 Jan 2024]. Available from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>

**Source: Statistics Canada. Target group profile of the population by school attendance. Census of Canada database. [Internet]. 2023. [cited 23 Jan 2024]. Available from: www.communitydata.ca

Appendix B

Knowledge Statements about Cannabis

Agreement (%) with Correct Responses						
Knowledge Statement	All respondents		People who use cannabis (past 12 months)		People who do not use cannabis (past 12 months)	
	2023	2018	2023	2018	2023	2018
Using cannabis may result in dependence or addiction (TRUE)	63%	50%	51%	35%	71%	53%
Using cannabis daily or almost daily can cause problems with memory, learning and decision-making (TRUE)	66%	58%	57%	45%	75%	64%
Using high doses of cannabis can cause psychosis (losing touch with reality) (TRUE)	61%	52%	50%	38%	68%	55%
Youth (under 25 years old) and adults have the same level of risk for harms related to cannabis (FALSE)*	64%*	65%*	69%*	71%*	64%*	64%*
Using cannabis before driving increases your risk of a motor vehicle collision (TRUE)	90%	83%	85%	76%	94%	86%

Cannabis smoke has many of the same cancer-causing chemicals as tobacco smoke (TRUE)	50%	37%	41%	26%	54%	43%
Using cannabis while pregnant can cause harm to the fetus/child (TRUE)	76%	69%	73%	61%	77%	71%

Note: Table collapses people who “strongly agree” and “somewhat agree” with the knowledge statements into one category of “agreement.”

Note: Asterisk (*) represents results estimates where the difference between 2023 and 2018 data were not significantly different based on results from Chi-Squared testing

Speed of Effects of Cannabis

Question: Assuming the same potency levels, what form of cannabis use do you think produces faster effects?

	All respondents		People who use cannabis (past 12 months)		People who do not use cannabis (past 12 months)	
	2023	2018	2023	2018	2023	2018
Correct response: Smoking/vaping cannabis	71%	68%	89%	87%	64%	61%
All incorrect responses	28%	32%	10%	13%	35%	39%
Prefer not to answer/blank	1%	1%	1%	0%	0%	0%

Question: If I eat an **edible** cannabis product (such as cookies, brownies, chocolate bars, gummy candies, infused oil/butter) I will start to feel the effects of the product within...

	All respondents		People who use cannabis (past 12 months)		People who do not use cannabis (past 12 months)	
	2023	2018	2023	2018	2023	2018
Correct response: 30 minutes – 2 hours	56%	48%	78%	69%	45%	38%
All incorrect responses	43%	52%	22%	31%	55%	61%
Prefer not to answer/blank	1%	1%	0%	0%	0%	0%