LGCA

LIQUOR, GAMING & CANNABIS
AUTHORITY OF MANITOBA

Liquor, Gambling and Cannabis in Manitoba

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EXECUTIVE SUMMARY

In June 2019, the Liquor, Gaming and Cannabis Authority of Manitoba (LGCA) conducted a survey of 2,067 adult Manitobans to gather information about their liquor-, gambling- and cannabis-related knowledge and behaviours. The LGCA conducts prevalence surveys every three years to monitor population trends. Collecting similar data at different time points tracks the evolution of liquor use, gambling and cannabis use to ensure that policy development and social responsibility initiatives are responsive to the changing needs of Manitobans. Research findings inform legislative and regulatory policy, operational initiatives, training programs, and public education. This report is intended for the LGCA's broad stakeholders, including government policymakers; liquor, gambling and cannabis regulators and operators; and the Manitoba public. This year, the LGCA moved to online survey methodology, which limited the comparability of results from previous years.

2019 HIGHLIGHTS

Liquor

84%

84% of Manitobans report drinking in the past year, motivated primarily by social reasons. Manitobans are aware of strategies to reduce risks related to liquor consumption, with 74% always using at least one lower-risk drinking strategy. The three most popular strategies are refusing a drink because you do not want one, making a point of eating when drinking, and pre-planning transportation such as by having a designated driver or calling a car service.

Gambling

83%

83% of Manitobans report gambling in the past year. Although this represents an increase since 2016, when 74% of Manitobans were classified as gamblers, further research must examine whether this is a trend or related to methodological changes. The most popular forms of gambling are charity raffles, lottery tickets and slot machines, with their relative popularity remaining stable since 2004. Betting money online and playing daily fantasy sports for money are the least popular gambling activities. Over half of Manitobans surveyed report always setting limits on their gambling activities.

Cannabis

33%

Results on cannabis consumption show 61% of Manitobans have consumed cannabis in their lifetimes. The average age Manitobans first tried cannabis is 19, although many report having tried cannabis for the first time between the ages of 15 and 18. In this sample, 33% of the Manitobans report consuming cannabis in the previous twelve months. Younger respondents and lower income groups are more likely to report cannabis consumption. Common reasons for consuming cannabis include consuming for relaxation, and for pain management or other medical reasons.

Liquor, gambling and cannabis are consumer products that carry risk and require regulatory oversight. The LGCA's neutral and balanced approach to regulation relies on empirical evidence to guide its operational and social responsibility initiatives. As with past research reports, the LGCA is using these results to inform its regulatory activities, including the development of public education materials and the curriculum for the LGCA's Smart Choices responsible service certification programs for liquor and cannabis.

2019 RESULTS[1]

LIQUOR

The LGCA's research mandate facilitates the improvement of services, policies and programs by identifying current population trends related to industries it regulates. This first section illustrates patterns of alcohol consumption in Manitoba. The survey began by asking participants how often they drank alcoholic beverages in the past 12 months. For the purposes of this survey, the LGCA defines a standard drink as any of:

one regular bottle or can of beer or one glass of draft beer;

one glass of wine or one wine cooler; or

one straight or mixed drink with 1.5 ounces of liquor.

Using this definition, 84% of Manitobans report drinking alcoholic beverages in the past 12 months. Past-year liquor consumption was lower (75%) in 2017. This may be due to differences in the sample, methodology[2] or variability over time; future iterations of data collection are needed to determine if this is a trend. As a comparison with national data, in Statistics Canada's 2017 *Canadian Tobacco, Alcohol and Drug Use Monitoring Survey*, 78% of Canadians and 71% of Manitobans were classified as past-year drinkers (Health Canada, 2019a). As with previous surveys, beer and wine continue to be the most commonly consumed beverages. Knowing what kinds of drinks Manitobans prefer is used to inform targeted low-risk drinking campaigns.

In the past year, of those who drank alcohol:
- **63.9% drank wine**
- **58.2% drank beer**
- **44.6% drank mixed drinks or cocktails**
- **32.5% drank hard liquor**
- **21.1% drank coolers**
- **13.4% drank spirits**
- **13.2% drank straight liquor[3]**

Groups that are more likely to drink include those with higher incomes and educational attainment.

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[1] This report is intended for the LGCA's broad stakeholders, including government policymakers; liquor, gambling and cannabis regulators and operators; and the Manitoba public. As such, it does not present test statistics or statistical significance levels, although readers with an interest in research are welcome to contact the LGCA for these details. Data are weighted for age, gender and region to account for any deviations from Statistics Canada population characteristics. All relationships presented in this report are statistically significant, with p-values less than .05. Appendix A provides methodological information about the study.

[2] Throughout this report, some statistics, such as the number of people who drink alcohol in Manitoba, vary considerably from previous surveys. The LGCA employed a mixed-methods sampling approach with CATI random-digit dialing combined with online panel respondents. This change in methodology limits the comparability to previous iterations of this survey.

[3] Although there is overlap between straight liquor, spirits, and hard liquor, separate categories were included for consistency with previous LGCA surveys.

Figure 1   Why do Manitobans drink?
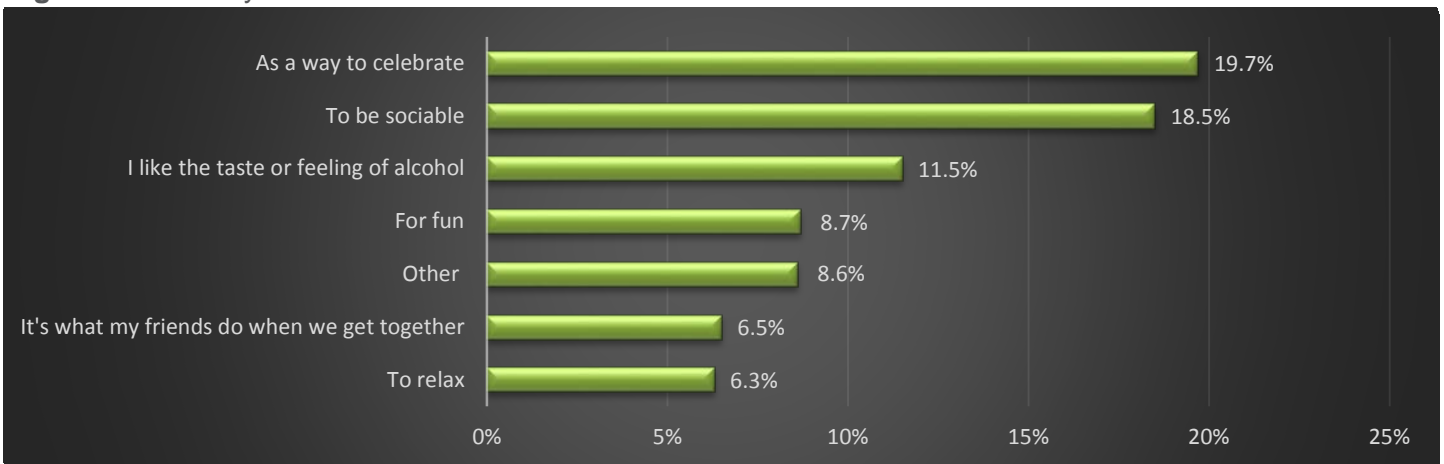
Note: Participants could select multiple responses, resulting in percentages that exceed 100.

Figure 1 above shows that Manitobans tend to drink alcohol for social reasons: as a way to celebrate or to be sociable. For the LGCA, knowing the reasons why people drink provides insight into behaviour that helps inform public education and social responsibility initiatives. Liquor has become a large part of people's social lives, special occasions, and celebrations. Based on these results, the LGCA promoted lower-risk alcohol consumption through its recently updated Know My Limits public education campaign. For more information, visit KnowMyLimits.ca.

Table 1   Drinking frequency (How often did you drink alcoholic beverages during the past 12 months?)

	Never	**Less than once a month**	**2 to 4 times a month**	**2 to 3 times a week**	**4 of more times a week**
All Participants	16.1%	26.2%	25.9%	17.6%	14.1%
Men	17.5%	20.5%	24.8%	21.6%	15.6%
Women	14.8%	31.6%	27.0%	14.1%	12.4%

Note: Total percentages across rows may not equal 100% due to rounding.

Knowing how often participants drink gives us a better understanding of Manitobans' drinking patterns. Over half (52%) of participants report drinking two to four times a month or less, as shown in Table 1. This means that, overall, participants report occasional drinking patterns. Men and younger age groups report drinking more often, although proportionally more people over 65 years also report high-frequency drinking (four or more times a week). This may also be explained by higher education and income groups reporting higher frequency drinking.

LOWER-RISK DRINKING STRATEGIES

The LGCA is interested in knowing how often Manitobans use lower-risk drinking strategies. As Table 2 shows, pre-planning transportation is the most commonly used strategy, with 50% of Manitobans reporting always calling a taxi or having a designated driver when they have been drinking. The proportion of Manitobans who use this strategy is higher among younger age groups, with over two-thirds of the 18 to 24-year-old group always using alternative transportation.

We analyzed whether Manitobans use any of the lower-risk drinking strategies listed in Table 2 to reduce the potential of harm when consuming alcohol. This analysis revealed that 74% of Manitobans report always using at least one of the strategies when drinking alcoholic beverages, and most people always use at least two. Women are more likely to use lower-risk drinking strategies than men (80% compared to 67%).

Table 2 Frequency of lower-risk drinking strategies

	Never	Rarely	Sometimes	Often	Always
Pre-plan your transportation, for example by planning to call a taxi or having a designated driver?	17.0%	5.4%	11.2%	16.4%	50.0%
Count or keep track of the number of drinks you have?	23.9%	11.8%	14.6%	17.4%	32.2%
Limit the number of drinks you have on one occasion?	16.8%	7.4%	24.1%	21.2%	30.6%
Make a point of eating while you drink alcohol?	10.6%	5.4%	28.1%	28.2%	27.7%
Refuse a drink you are offered because you don't want it?	5.4%	6.3%	34.6%	28.2%	25.5%
Consider your age, body weight and health when determining you limits?	42.4%	12.8%	15.3%	12.2%	17.3%
Plan non-drinking days every week to avoid developing a habit?	68.0%	6.1%	7.2%	4.6%	14.1%
Alternate between alcoholic and non-alcoholic drinks?	28.1%	12.3%	32.6%	14.9%	12.1%
Drink low-alcohol drinks?	37.4%	16.5%	31.1%	9.1%	5.8%

Note: Total percentages across rows may not equal 100% due to rounding.

LEVELS OF LOW-RISK DRINKING

In 2011, the Canadian Centre on Substance Abuse published national low-risk alcohol drinking guidelines to help promote a culture of moderation related to liquor consumption (Butt, Beirness, Gliksman, Paradis & Stockwell, 2011). According to these guidelines:

- **Weekly drinking guideline:** Reduce the long-term health risks associated with liquor consumption (e.g., increased risk of cancer, seizures, stroke, pancreatitis, cirrhosis, and high blood pressure) by drinking no more than 10 (for women) or 15 (for men) alcoholic beverages per week; and

- **Special occasion drinking guideline:** Reduce acute risks associated with liquor consumption (e.g., increased risk of alcohol poisoning, injuries associated with motor vehicle crashes or violent behaviour, and social embarrassment), by drinking no more than three (for women) or four (for men) alcoholic beverages on any single occasion.

Among Manitobans who drank during the past year, 41% exceeded the weekly drinking guideline and 61% exceeded the special occasion drinking guideline[4], though, the majority of people who exceed these low-risk

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[4] These indicators are measured differently than the national *Canadian Tobacco, Alcohol and Drug Use Monitoring Survey* (Health Canada 2016), which measures liquor consumption over the previous week, while the LGCA measures over a 12-month period; as such the proportions are not comparable.

alcohol drinking guidelines report doing so infrequently. These results replicated earlier survey findings, whereby men and younger age groups exceed drinking guidelines more frequently than women and older age groups.

Table 3 Exceeded weekly drinking guideline (among those who drank liquor in the past year)

	Never	1-5 times a year	6-11 times a year	Once a month	2-3 times a month	Weekly
All	58.7%	24.7%	4.5%	4.6%	3.3%	4.2%
Men: 15 or more drinks	53.4%	26.5%	6.3%	6.4%	2.7%	4.8%
Women: 10 or more drinks	63.5%	23.0%	2.9%	2.9%	3.9%	3.7%

Note: Total percentages across rows may not equal 100% due to rounding.

Table 4 Exceeded special occasion guideline (among those who drank liquor in the past year)

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	2-5 times a week	Daily or almost daily
All	38.7%	31.3%	11.1%	9.6%	4.6%	3.8%	0.9%
Men: 4 or more drinks	35.8%	30.2%	13.1%	10.4%	6.2%	3.9%	0.4%
Women: 3 or more drinks	41.4%	32.2%	9.3%	8.8%	3.2%	3.7%	1.3%

Note: Total percentages across rows may not equal 100% due to rounding.

One indicator included in the survey screened participants for riskier alcohol consumption. The Alcohol Use Disorders Identification Test (AUDIT) is a short survey instrument often used in a clinical setting to determine if a patient requires further screening for problematic alcohol consumption (Letourneau, Sobell, Sobell, Agrawal & Gioia, 2017; Seth, Glenshaw, Sabatier, Adams, Du Preez, DeLuca & Bock, 2015).

Using the AUDIT, Table 5 is consistent with previous statistics on alcohol use and sex, showing that 79% of men and 87% of women report low-risk drinking. Generally, younger age groups are associated with a greater likelihood of higher risk consumption.

Table 5 AUDIT: Levels of drinking risk by sex

	Low risk	Medium risk	High risk	Possible dependence
All drinkers	83.4%	14.8%	1.2%	0.6%
Men	78.9%	18.1%	1.7%	1.3%
Women	87.4%	11.8%	0.7%	0.1%

Note: Total percentages across rows may not equal 100% due to rounding.

Overall, these liquor-related survey results show that most Manitobans consume alcohol moderately, drink for social and celebratory motives rather than as a coping technique and use lower-risk drinking strategies at least some of the times that they are drinking.

GAMBLING

To better understand the landscape of gambling in Manitoba, the survey asked participants how often they gamble on specific activities, with results presented in Table 6. Knowing what gambling activities are most popular informs the LGCA's lower-risk gambling public education campaigns. The relative popularity of gambling activities and the average frequency of participation are comparable to previous surveys, however, changes in methodology likely resulted in a higher overall proportion of gamblers than in previous years[5]. Buying charity raffle or fundraising tickets remains the most popular form of gambling in the province; 53% of Manitobans report that they purchase these tickets at least once a year (compared to 48% in 2016 and 52% in 2013).

Playing daily fantasy sports for money is the least popular gambling activity, as only 1.4% of Manitobans report playing daily fantasy sports at least once a year (similar to 2016, with only 2% playing daily fantasy sports).

Table 6   Participation in specific gambling activities (highlighted activity is not considered gambling)

	Never	Less than once a year	1-11 times per year	1-3 times per month	Once a week or more
Buying charity raffle or fundraising tickets, including charity lotteries and charity break-opens	19.9%	26.7%	47.7%	4.8%	0.9%
Buying lottery, instant win or scratch tickets at lottery kiosks or through subscriptions	33.0%	14.4%	30.3%	13.4%	8.9%
Playing slot machines at a casino	57.2%	21.6%	17.5%	2.7%	1.0%
Playing VLTs at a bar, lounge or racetrack	68.1%	16.2%	13.0%	1.7%	1.0%
Playing sports lotteries like Sport Select or betting on sports pools	75.2%	12.6%	8.4%	2.1%	1.7%
Playing table games, such as blackjack and roulette, at a casino	80.2%	12.4%	6.5%	0.7%	0.2%
Playing bingo for money	80.7%	12.0%	5.6%	1.0%	0.6%
Playing poker or casino games on free Internet sites without wagering any real money*	81.7%	7.6%	4.9%	1.9%	3.9%
Playing poker for money in a public facility or at home?	82.6%	10.9%	5.4%	0.7%	0.3%
Betting on horse races, whether live at the track or off-track	83.5%	11.0%	5.0%	0.2%	0.2%
Betting money on card games, board games or games of skill such as pool, bowling or darts with friends and family	83.8%	9.5%	5.6%	0.8%	0.3%
Betting money online	94.1%	3.2%	1.6%	0.6%	0.5%
Playing daily fantasy sports for money through websites such as DraftKings or FanDuel?	97.1%	1.5%	1.1%	0.2%	0.1%

*Activity in bold is not considered "gambling" since it does not involve money.
Note: Total percentages across rows may not equal 100% due to rounding.

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[5] Although the number of gamblers in Manitoba appears to have changed significantly from previous surveys, this is likely due to the change in sampling methodology (i.e., how we conducted the survey this year), rather than a significant change in the statistic. When we change methodology, there is a chance that the numbers we report are not necessarily comparable to statistics from previous years.

Based on their responses, participants were divided into gambler and non-gambler categories. Those who reported never participating in any of the gambling activities listed in Table 6 (i.e., excluding those playing on free Internet sites), or participating in up to three activities all less than once a year, were classified as non-gamblers, with the rest classified as gamblers. On this basis, 83% of Manitobans are gamblers.

Table 7 shows the percentages of gamblers reported since the LGCA began tracking this statistic in 2004. Although the number of gamblers in the province fluctuates over time, it is likely that the actual number of gamblers is more stable than Table 7 suggests. Between 2004 and 2019, changes in the definitions of gambling, sampling techniques and research methodologies likely account for some of the differences.

Table 7 Percentage of gamblers reported over time

	2004	2007	2010	2013	2016	2019
Manitobans classified as gamblers	94.0%	69.2%	85.3%	77.3%	74.2%	**83.3%**

Overall, gambling participation does not differ significantly by sex or region. Older age and higher income groups were more likely to report gambling, while those with more education report less gambling.

DO MANITOBANS SET LIMITS WHEN THEY GAMBLE?
The LGCA began to track Manitobans' understanding of lower-risk gambling and use of limit-setting strategies in 2007 to inform its social responsibility initiatives, and in 2017 launched the Know My Limits gambling campaign to remind people to set limits. To explore Manitobans' understanding of gambling behaviours, participants were asked about a variety of lower-risk gambling techniques related to three limit setting strategies[6]:

FREQUENCY LIMITS: Do you limit how often you gamble?

SPENDING LIMITS: Do you set a spending limit or budget where you decide in advance the maximum amount you'll spend gambling?

FUND ACCESS LIMITS: Do you limit your available cash, for example, by leaving debit cards at home or by stopping play when you run out of cash?

As in past years, setting a spending limit was the most common strategy used by Manitobans to gamble responsibly, as shown in Table 8, with fund access limits becoming increasingly common.

Table 8 Use of three limit-setting strategies

	Never	Rarely/Sometimes/Often	Always
Access	49.9%	17.9%	32.2%
Frequency	48.0%	21.9%	30.1%
Spending	39.5%	16.7%	43.8%

These limit-setting indicators were examined to determine whether Manitobans combine lower-risk gambling strategies. This analysis revealed that 55% of Manitobans use at least one of the three limit-setting strategies when they gamble. There are no demographic associations between setting at least one limit and region, income,

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[6] "Duration limits: Do you set a limit on how long you play" was removed in this iteration of the survey due to the increasing relevance of instantaneous gambling methods.

employment and sex; however, limit-setting did vary by educational attainment, in that people with higher educational attainment are more likely to set at least one limit.

Table 9   Percentage of gamblers who do not set gambling limits

	2007	2010	2013	2016	2019
Gamblers who do not set limits	36.0%	19.5%	26.4%	31.8%	**45.5%**

It is important to note that Manitobans who set spending limits are still exceeding recommended thresholds to mitigate risks of gambling-related harm. Moreover, 46% of gamblers set no limits whatsoever. This suggests that limit-setting public education would be beneficial to reinforce lower-risk gambling awareness and strategies.

CANNABIS

This is the first post-cannabis legalization survey by the LGCA. Research objectives included identifying cannabis knowledge, consumption patterns and public expectations for information and public safety. Given the timing of this survey and high public interest in this newly legalized consumer product, the cannabis section of the survey and this report are notably larger than previous sections on liquor and gambling.

While we know that cannabis was the most commonly used illicit substance prior to legalization, there has been little research specific to Manitoba. For example, how are Manitobans using cannabis following legalization and what information do they need to reduce the risks of cannabis consumption? This research continues to build upon our previous work conducted since 2017.

HOW HAS LEGALIZATION IMPACTED CANNABIS USE?

Manitobans were asked how legalization affected their cannabis consumption. The majority of respondents report that their consumption has not changed due to legalization; over half of the respondents (56%) report that they have never used cannabis, while 24% said that they use it about the same as they did before legalization. The remaining responses included "I've never used cannabis, but might try once edibles and concentrates are legalized" (6%), "I've used cannabis a little bit less than I used to" (6%), and "I've used cannabis more often than I used to" (9%). Previous research reported that over three-quarters said that legalization would have no impact on their use, and these findings suggest that legalization indeed has not impacted cannabis consumption in a significant way (Health Canada 2019b; LGCA 2017).

CANNABIS USE IN MANITOBA

While many people speculated about increasing cannabis consumption following legalization, this survey found only a slight increase in reported lifetime cannabis consumption (61% in 2019, compared to 55% in 2017). The 2017 *Canadian Tobacco, Alcohol and Drugs Survey* reported that 47% of Canadians had tried cannabis at some point in their lifetimes (Health Canada 2019a).

LIFETIME CONSUMPTION
61.2 % of Manitobans have tried cannabis in their lifetime, compared to 55.2% reported in 2017.

CURRENT CONSUMPTION
32.8 % of Manitobans consumed cannabis within the last 12 months, an increase from 21.4% in 2017.

Survey results found that 33% of Manitobans report consuming cannabis in the previous year (compared to 21% in 2017). We classify those who have used cannabis in the previous year as "current consumers" and we often refer to them in this report simply as "consumers". This is slightly higher than the number of current consumers found by Health Canada (25%) and is at the higher range of provincial/territorial estimates (19% to 33%) (Health Canada 2019b).

With cannabis now legal in Canada and becoming less stigmatized, people are increasingly honest about consumption. Health Canada (2019b) reported that the social acceptability of cannabis use has increased since legalization. Potential participants were informed that the survey was about alcohol, cannabis and gambling activities, which may have caused those who consume cannabis to have more interest in completing the survey (Health Canada, 2019b). In other words, fluctuations in cannabis use statistics are unsurprising, and future research will show if this increase is due to an initial rush to use cannabis around the time of legalization or if this is a trend that will continue over time.

The average age by which most Canadians will have first tried cannabis is 19.2 years, with provincial/territorial estimates ranging from 18.1 years to 20.4 years (Health Canada 2019b). Nineteen years old is also the average age Manitobans try cannabis, although many report having tried cannabis for the first time between the ages of 15 and 18. Results from this survey indicated that by 19 years old, 70% of respondents have tried cannabis.

> **The average age at which most Canadians will have first tried cannabis is 19.2 years.**

When asked more about their reasons for consuming cannabis, answers fell into two overarching themes: for relaxation and/or fun and consuming for medical reasons. In regard to medical motives, many participants explicitly mentioned pain management and for mental health purposes (e.g., to alleviate anxiety and/or depression). Existing research shows an overlap between non-medical and medical use (Pacula et al. 2017; Roy-Byrne et al. 2015). People who report cannabis use for medical or therapeutic purposes often also use it recreationally. This is true for Manitobans, where 46% report using cannabis for both medical and non-medical reasons. Nearly as many people (43%) only use cannabis recreationally, with the remaining 11% reporting only medical use. These results are similar to the overall numbers reported by Health Canada, finding that 14% of respondents aged 16 and older use for medical purposes (with provincial and territorial estimates ranging from 7% to 24%) (Health Canada 2019b).

Cannabis consumption is negatively associated with age and income. In other words, younger age groups are more likely to use cannabis than their older counterparts. Similarly, employment and higher household income are associated with lower use. There were no statistically significant differences between men and women or different geographical regions of the province. Although further research is required to confirm these demographic results, many are consistent with other research, particularly research showing higher use among young adults (Boak et al. 2015; CCSA 2017; Statistics Canada 2015).

LOWER-RISK CANNABIS CONSUMPTION AND PUBLIC SAFETY

Over fifty percent of all respondents (53%) report that they recall lower-risk cannabis tools or resources. When asked what they could recall about these tools and resources, most people were only able to identify the medium used (e.g., online advertisement, pamphlet, television ad, etc.). However, of those who could recall these tools or resources, what they recalled included messaging about new laws (e.g., legal age of 19, not driving while high).

When asked what public safety information is most important for Manitobans to know, participants focused on the importance of setting driving limits, preventing underage consumption, and establishing rules around where cannabis can be consumed. They also talked about planning safe and lower-risk consumption by starting slowly and not driving.

When asked what public health and safety rules and restrictions are important as new products become legal, child safety, effects of varying dosages, impaired driving, safe storage, and safe packaging came up as primary concerns. Importantly, this research also found that many Manitobans still believe myths about cannabis, such as that it is a "gateway drug" to harder drugs, and that it is natural and therefore safe and risk-free. These findings illustrate a continued need for public education that provides accurate information about laws and lower-risk consumption strategies.

CANNABIS DEPENDENCE

The survey included questions from the Cannabis Use Disorders Identification Test – Revised (CUDIT-R), which is a standard short measure to assess the extent of harm and dependence across the population (Adamson et al. 2010). In the most recent Health Canada survey on cannabis use, 90% of people reported that they believe using cannabis can be habit forming (Health Canada, 2019b). Although statistical margins of error prevent firm conclusions, our findings suggest that approximately 1.4% of Manitobans may experience some level of harm and/or cannabis dependence. This is a slight decrease from our findings in 2017 (2.3%) and is in line with research from other jurisdictions (Hasin et al. 2016).

The survey asked cannabis consumers about the types of cannabis they consume and their preferred methods of consumption. Plant parts (i.e., buds and leaves) continue to be the most popular type of cannabis, followed by edibles (e.g., infused desserts or candy), liquid and solid concentrates, and cannabis oil cartridges or disposable vape pens. Fewer people mentioned other types of cannabis, such as hashish, creams, and wax. These findings are echoed in the most recent cannabis survey by Health Canada (2019b).
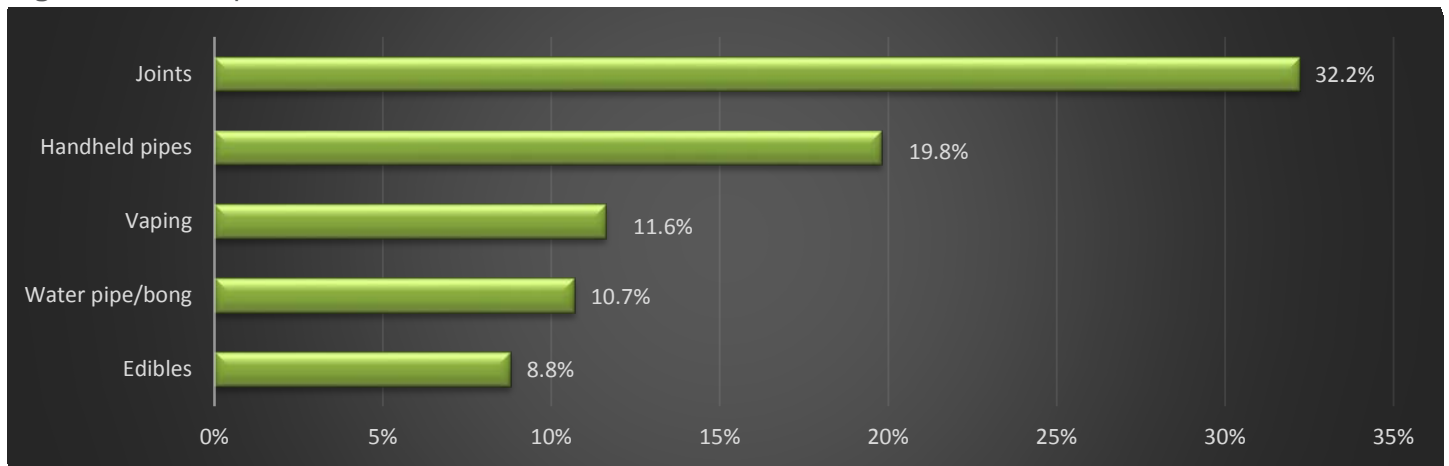
Figure 2   Types of cannabis used regularly
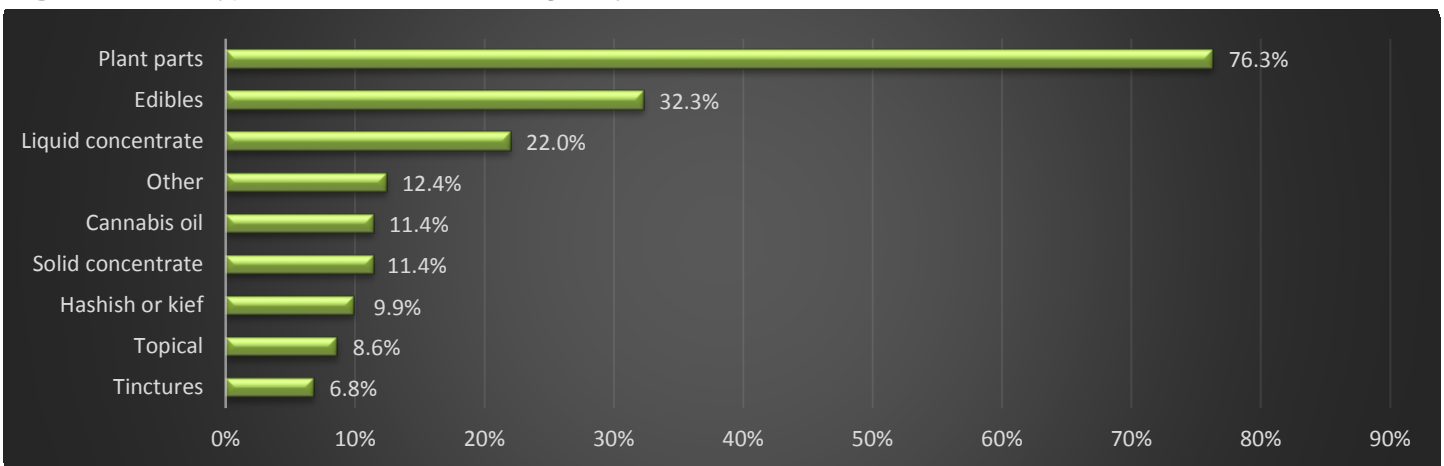
NOTE: Participants could select multiple responses, resulting in percentages that exceed 100. Other types of cannabis, including live resin, rosin, liquid, fresh flower or leaf for juicing, and wax.

Cannabis can be consumed in many ways, such as smoking, vaping or eating edibles infused with concentrated THC. When asked what primary method respondents use to consume cannabis, smoking was the most common, with joints most popular, followed by handheld pipes. Vaping was the next most popular method over water pipes/bongs, which is a slight change from 2017 when pipes and bongs were more popular than vaping. Edibles are also a relatively common consumption method in Manitoba that is likely to increase now that these products are available at retail stores. These findings are similar to that of Health Canada's (2019a, 2019b) most recent surveys, where smoking, eating and vaping were the three most common methods of cannabis consumption.

Figure 3　　Top cannabis use methods

Note: Participants could select multiple responses, resulting in percentages that exceed 100. Other methods of consumption, including dab smoking, topicals (e.g. cream, ointment), teas, tinctures and pills were each mentioned by less than 5% of users.

Using cannabis along with other intoxicating substances can amplify its effects (Hartman et al. 2015). While a small proportion (4%) of Manitobans always drink alcohol while consuming cannabis, over half of cannabis users (61%) never or only rarely use these at the same time. Although most people are not consuming cannabis in conjunction with alcohol, the LGCA continues to include information about the dangers of co--consumption in its public education campaigns.

Table 10　Frequency of cannabis co-consumption with alcohol

Never	Rarely	Occasionally	Frequently	Always
21.7%	38.9%	23.8%	11.5%	4.1%

Table 11　　How often do Manitobans use the following lower-risk strategies?

	Never	Rarely	Sometimes	Often	Always
Avoid driving after consuming cannabis	7.4%	2.6%	7.2%	12.9%	70.0%
Limit how much cannabis is consumed	21.9%	9.7%	15.3%	14.8%	38.3%
Limit how often cannabis is consumed	28.2%	10.9%	17.0%	15.1%	28.8%
Choose lower-risk cannabis products	44.7%	12.5%	19.0%	10.6%	13.2%

When asked about low-risk cannabis consumption, the majority of Manitobans understand that it is not safe to drive after consuming cannabis, with 83% reporting that they often or always avoid driving after consumption, compared to 75% in 2017. However, other low-risk strategies are less well-understood. Only 13% of consumers make a point of always choosing lower-risk cannabis products, such as those with lower THC levels, with 57% never or rarely choosing lower-risk products. Similarly, fewer Manitobans always limit how much cannabis they consume and how often they consume (38% and 29% respectively). These strategies are important because dependence can be associated with higher frequency use and higher concentrations of THC (CCSA 2017). Overall, 72% of participants who consume cannabis use at least one strategy to reduce their risks.

FINAL THOUGHTS

This survey was conducted at a unique time in Manitoba and Canada's regulatory history, within just months of the legalization of cannabis. As cannabis consumption becomes more normalized, it is important to regularly assess how the population of Manitoba is impacted. Similarly, the landscapes of alcohol consumption and gambling are not static, as societal changes including liquor regulatory modernization and technological changes in the gambling industry also impact how the public engages with these products and industries. The information provided in this report continues to build the LGCA's empirical base for policy and legislative decision-making. The LGCA will continue to collect comprehensive data from the Manitoba context to inform its regulatory framework and social responsibility initiatives.

ACKNOWLEDGEMENTS

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SUGGESTED CITATION

Peters, O. and Thomas, J. (2020). *Liquor, Gambling and Cannabis in Manitoba – Survey Report.* Winnipeg, MB: Liquor, Gaming and Cannabis Authority of Manitoba. Retrieved from https://LGCAmb.ca/

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METHODOLOGY

The LGCA commissioned this survey to gather information about adult Manitobans' current liquor, gambling, and cannabis-related attitudes, knowledge and behaviours. Declining response rates with traditional telephone interviewing prompted a switch to online survey sampling design. As such, any comparisons between the results in this report to previous years should be interpreted cautiously, as comparability is limited by the two different sampling techniques. As with all LGCA research projects, this study was reviewed by the LGCA's external ethics review panel, which is comprised of academics working at Manitoba post-secondary institutions.

Table 12 Call record

	GPRS	RDD	Total
Total Numbers attempted	5086	16910	21996
Not in service	442	4447	4889
Fax	2	9	11
Business or non-residence	11	80	91
Total eligible numbers (E)	4631	12374	17005
Busy	0	73	73
No answer	45	557	602
Answering machine	1276	4933	6209
Outstanding appointments	98	276	374
Language barrier	7	31	38
Unresolved (U)	1426	5870	7296
Illness, incapable	8	9	17
Selected respondent not available	1	0	1
Household refusal	690	3656	4346
Respondent refusal	753	1623	2376
Qualified respondent break-off	0	1	1
In-scope, not responding (I)	1452	5289	6741
Age disqualify			0
Other disqualify: age quota full			0
Other disqualify: region quota full			0
Completed interviews (N)	1753	1215	2968
In-scope, responding (R)	1753	1215	2968
Refusal rate = R / (I + R)	54.7%	18.7%	30.6%
Response rate = R / E	37.9%	9.8%	17.5%
Completion rate = N / E	37.9%	9.8%	17.5%

Advanis conducted the data collection using a stratified random sample of their proprietary General Population Random Sample (GPRS). The GRPS sample is comprised of individuals who have previously agreed to be sent survey invitations to participate in future public sector studies. Respondents either spoke to a live interviewer and were asked if they would like to participate in an online survey for the LGCA, or they were left a voicemail message informing them about the survey and sent a link to the online survey via either SMS or email. The GPRS sample was supplemented by a random-digit dialed (RDD) wireless and landline sample in Brandon and northern Manitoba. Individuals recruited from the RDD sample were always asked if they would be willing to participate in the study before being sent a link to the online survey.

Respondents were recruited between May 29, 2019 and June 19, 2019. The online survey was left open from May 29, 2019 until June 24, 2019 to allow responses to come in after final links had been sent out. Advanis collected 2,070 completed online surveys. LGCA provided the questionnaire, and Advanis reviewed it and offered suggestions during survey programming. The LGCA was identified as the sponsor of the research. Overall, the survey took an average of just over 17 minutes to complete (17 minutes and 24 seconds). The telephone recruit took an average of one and a half minutes.

RESPONSE RATE
Advanis achieved a response rate of 17.5% on the CATI recruit (38% among the GPRS sample and 10% among the RDD sample). Among those recruited to the online survey (4,210 in total: 2,968 recruited by an interviewer, 1,242 recruited via a voicemail), 2,067 completed the online survey for an online response rate of 49%.

Table 13 Demographic characteristics

	Population % (from Statistics Canada)	Unweighted sample %	Weighted sample %
Region (18 and older)			
Winnipeg	58.6%	50.3%	58.7%
Rural Manitoba	42.7%	49.7%	41.3%
Brandon	4.2%	12.8%	4.2%
Southern Manitoba	32.4%	24.9%	32.1%
Northern Manitoba	4.8%	12.0%	4.9%
Sex			
Male	48.8%	54.7%	48.8%
Female	51.2%	45.3%	51.2%
Age (years)			
18 to 24	12.7%	4.4%	6.0%
25 to 34	16.6%	16.9%	23.6%
35 to 44	16.6%	20.5%	17.9%
45 to 54	19.5%	18.9%	15.8%
55 to 64	16.1%	20.7%	16.7%
65 to 74	9.6%	14.4%	15.5%
75 and older	9.1%	4.2%	4.6%
Education*			
Less than high school	22.0%	3.6%	3.3%
Completed high school	29.6%	33.7%	12.0%
Some post-secondary	-	-	20.7%
Completed post-secondary	48.4%	62.7%	64.0%
Household income (18 and older)**			

Under $20,000	14.2%	6.4%	7.2%
$20,000 to $30,000	9.5%	5.2%	5.5%
$30,000 to $50,000	22.0%	17.2%	18.5%
$50,000 to $80,000	23.2%	23.3%	22.9%
$80,000 to $100,000	11.0%	16.6%	16.3%
More than $100,000	22.1%	31.2%	29.5%
Employment status***			
Employed full-time	61.7%	60.3%	58.8%
Employed part-time		8.7%	9.7%
Unemployed	4.5%	5.0%	5.2%
Student	33.9%	2.3%	2.9%
Retired		23.7%	23.5%

Note: Information shown for region, sex, and age is based on 2011 Canadian Census data.

* Education is based on those aged 15 years and older based on National Household Survey data from 2011, and does not include a category for 'some post-secondary education'.

** Household income based on National Household Survey data from 2011.

*** Employment status based on those aged 15 years and older from Statistics Canada labour force statistics for May 2016. Census information does not break down employment into full- and part-time categories. The survey includes 'homemaker' and 'out of labour force' in unemployed, while Statistics Canada includes these with 'student' and 'retired'.

FOR MORE INFORMATION

For more information about this publication or about the Liquor, Gaming and Cannabis Authority of Manitoba (LGCA), visit our website, LGCAmb.ca.

Or you may contact us by

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About the LGCA
The LGCA is created by The Liquor, Gaming and Cannabis Control Act (the Act), and, with respect to its gaming accountabilities, as authorized by the Criminal Code (Canada). The Act and associated regulations establish and empower the LGCA to regulate liquor, gaming and cannabis in Manitoba. The LGCA's mandate includes public education about lower-risk drinking, cannabis use, and gambling, and conducting independent and collaborative research related to these industries. Research results inform policy advisory activities, operational programs and services, and social responsibility initiatives.

This document is available in alternate formats, upon request.