

2017

MANITOBA

CANNABIS SURVEY



Liquor and Gaming
Authority of Manitoba

2017 MANITOBA CANNABIS SURVEY

With the federal government's move to legalize non-medical cannabis in 2018, provinces are forced to act quickly. In the coming months, Manitoba must develop and implement coordinated provincial laws and regulations to meet the province's key priorities of restricting youth access to cannabis and eliminating the black market.

In 2018, as part of Manitoba's preparations, the LGA's mandate will expand to include regulating cannabis. The LGA already regulates liquor and gambling, two other consumer products considered by Manitobans to carry risk and require special oversight. Just as we do for liquor and gambling, the LGA will establish sensible and balanced licensing and inspection processes, and public safety and social responsibility standards for the sale, purchase and use of cannabis.

In approaching the task of regulating cannabis, the LGA recognizes the need to clarify conditions for retail licensing, set terms for sale, and develop a retail inspection program. The LGA also believes that social responsibility is an essential element of modern regulation.

Most Manitobans are aware of the pending legalization of non-medical cannabis, but there will still be a great need for comprehensive public information as the laws change. Just 13.8% of Manitobans say that they are following the coming legal changes closely; while 83.1% are a little bit aware and 3.0% say they have not heard of this coming change.

In addition to providing information about the new laws, bringing a formerly illegal substance into the legal realm also requires governments at all levels to educate the public about responsible cannabis use. Knowledge is a powerful tool for minimizing the harms associated with intoxicating substances. Still, unlike liquor or gambling, where ample existing studies are available, we need more cannabis research to design effective targeted public messaging.

More specifically, while we know that cannabis is the most commonly-used illicit substance, there has been little research specific to Manitoba. For example, how are Manitobans using cannabis today and do they take steps to limit the risks? What information do Manitobans need as legalization approaches?

WHY STUDY CANNABIS IN MANITOBA?
Manitobans will need practical and accurate information as non-medical cannabis becomes legal.

To answer these questions and others, the LGA conducted this general population survey in September 2017 in anticipation of the potential expansion of our mandate. The LGA conducts research as a basis for many of our regulatory initiatives, particularly with respect to public education and responsible use of the products we regulate.

The survey aimed to build a full picture of who is using cannabis now, how often and how much they use, and how this might look different after legalization. We also asked Manitobans about their expectations for information and public safety.

The bulk of this report details the survey's findings and benchmarks Manitobans' expectations, knowledge, practices and motives prior to legalization. All of the statistics were gathered and calculated to be generalizable to all adults in Manitoba. We are sharing these results broadly with our partners and with the public to create a common understanding about cannabis use.

Now, and over time, this survey and other information will help us build Manitobans' knowledge about this product and monitor how legalization impacts cannabis use. Understanding current use also helps us target regulatory standards, retailer training and public education to build consumer knowledge, enhance public safety, establish a practical regulatory frame for retail sales, and reduce risks of harm.

Manitoba lifted liquor prohibition in 1923 and Canada legalized gambling in the 1960s. Yet, years later, our society is still trying to balance expectations for public safety, consumer choice, red tape reduction, responsible use and entrepreneurial interests. Just as the regulation of liquor and gambling have evolved over many years, so too, we expect, will the regulation of cannabis.

Over the next several months, Manitobans and, in fact, all Canadians, will witness the rare transition of an illegal substance into a legitimate consumer product. As the LGA works to establish a safe and effective regulatory foundation, Manitobans may be assured that we will meet their expectations for integrity and the public interest in the regulation of cannabis.

WHO USES CANNABIS IN MANITOBA?

Many Canadians are already using cannabis, despite its current status as an illegal substance. For example, the most recent national Canadian Tobacco, Alcohol and Drugs Survey from 2015 reported that 44.5% of Canadians had tried cannabis at some point in their lifetime, though substantially fewer people (12.3%) had used cannabis in the previous year (Statistics Canada 2015).

Although the LGA can access these and other national statistics, the types of questions that others have asked and the small number of Manitobans included in these surveys limit how applicable their results are for Manitoba's purposes. Further, attention to cannabis has shifted significantly since the federal government announced its plans to legalize non-medical cannabis.

LIFETIME USERS



55.2%

of Manitobans have tried cannabis in their lifetime

CURRENT USERS



21.4%

of Manitobans used cannabis in the past year

Based on a sample of 1,201 adults from across the province, our survey found considerably higher lifetime and current use than the national numbers measured two years ago. Of Manitobans, 55.2% have tried cannabis in their lifetime and 21.4% used cannabis in the previous year. We classify the second group as "current users" and we often refer to them in this report simply as "users".

Although these statistics are higher, this does not necessarily mean that Manitobans are using more cannabis than other Canadians. Rather, participants may be more truthful than they would have been two years ago. Research suggests that people are likely to become increasingly honest about consumption as legalization approaches and cannabis use becomes less stigmatized (Krumpal 2013). Further, the LGA speculates that decreased stigma and increased media attention may lead more people to try cannabis.

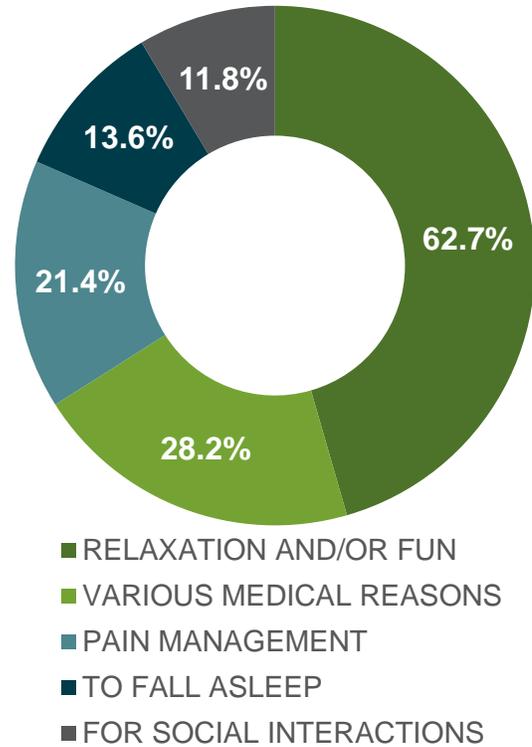
By the time they are adults, 68.0% of users have already tried cannabis.

Among Manitobans, 16 years old is the most common age to try cannabis for the first time. With the majority of users trying cannabis before they are adults, there is a need to educate youth about the health benefits of delaying use.

Existing research shows an overlap between recreational and medical use (Pacula et al. 2017; Roy-Byrne et al. 2015). In other words, people who report cannabis use for therapeutic purposes often also use it recreationally. This is true for Manitobans, where 48.6% report using cannabis for both medical and recreational reasons. Nearly as many users (43.0%) only use cannabis recreationally, with a much smaller slice (8.4%) reporting only medical use. Only 8.0% of users are registered medical users under the federal Accessing Cannabis for Medical Purposes Regulation, which means that the majority of Manitobans are currently accessing their cannabis through illegal sources, even if they report consuming for medical reasons. This illustrates the considerable connection between motives for use and suggests that availability of legal non-medical cannabis may also pull *medical* users away from the black market.

When asked more about their reasons for consuming cannabis, Manitobans answers fell into two overarching themes. First, 62.7% of users reported consuming for relaxation and/or fun. Medical reasons were the second theme, with 28.2% of users reporting cannabis use for medical reasons other than pain management, and 21.4% of users explicitly mentioning pain management. Not surprisingly, many users described reasons that fell into both of these themes.

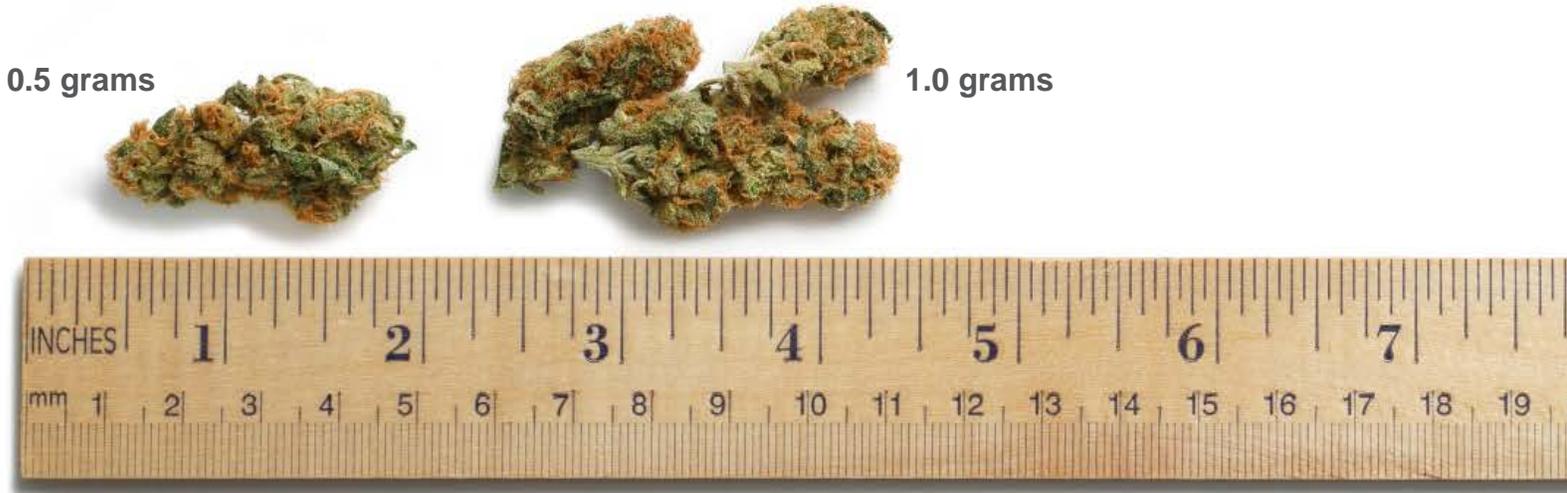
MAIN REASONS FOR USING CANNABIS



NOTE: Participants could select multiple responses, resulting in percentages that exceed 100.

Cannabis consumption is negatively associated with age, income and education level. In other words, Manitobans in older age categories use less cannabis than their younger counterparts. Similarly, higher household income and more years of schooling are associated with lower use

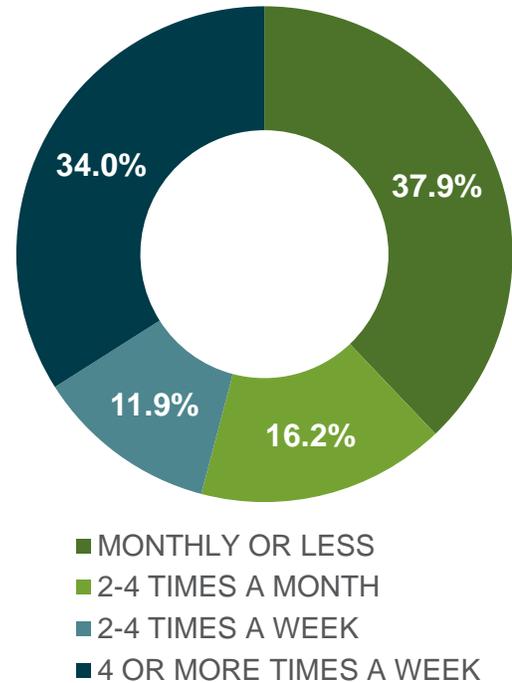
COMMON QUANTITIES OF CANNABIS CONSUMED DAILY



Regionally, participants from Northern Manitoba consumed cannabis at higher rates compared to those in Winnipeg, Brandon and the rest of Southern Manitoba. Finally, the results show men are more likely than women to use cannabis. Although further research is required to confirm these demographic results, many are consistent with earlier research, particularly research showing higher use among young adults (Boak et al. 2015; CCSA 2017; Statistics Canada 2015).

Cannabis users reported an average daily use of 1.2 grams; however, this average was driven up by a small number of heavy medical users. Approximately half a gram per day is the most frequently reported quantity, which is equal to approximately one and a half joints if the cannabis is being smoked (Ridgeway and Kilmer 2016), and is likely a more accurate indicator of current levels of use. Over half of cannabis users consumed two to four times per month or less, while approximately a third reported consuming four or more times per week.

FREQUENCY OF CANNABIS USE IN THE PAST YEAR



HOW WILL LEGALIZATION IMPACT CANNABIS USE?

There are many unanswered questions about how cannabis legalization will affect consumption levels. Among the cannabis users in this survey, more than three quarters reported that legalization would have no impact on their use. Overall, the results suggest that legalization will not impact current adult Manitoban users' consumption in a major way.

Unlike current users, current non-users will be more affected by legalization. Although most people who do not use cannabis have no plans to try it, 21.7% of

non-users say they might try cannabis and 5.9% say that they will definitely try it.

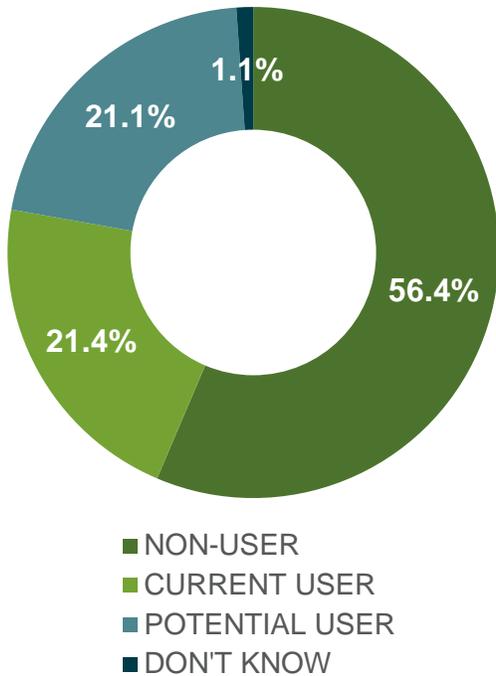
When generalized to the entire population, this suggests that approximately one in five (21.1%) Manitobans may or will try cannabis, even though they do not use it currently. We classify these people as "potential users", who represent about as large of a slice of the population as current users. In comparison, 56.4% of Manitobans are current non-users and are likely to remain so once non-medical cannabis is legal.

CURRENT USERS PLAN TO CONSUME AFTER LEGALIZATION



■ A LITTLE LESS ■ SAME AMOUNT ■ A LITTLE MORE ■ A LOT MORE

CURRENT CANNABIS USER STATUS



Potential users' reasons to try cannabis in the future are similar to the motives listed by current users. Many potential users say they may try cannabis for medical purposes besides pain management (29.3%), for relaxation and/or fun (20.4%), out of curiosity (19.4%), because it will be legal (15.5%), and for pain management, particularly as an alternative to opioids (14.8%). As for current users, these motives reflect the overlapping nature of recreational and therapeutic reasons for potential cannabis use.

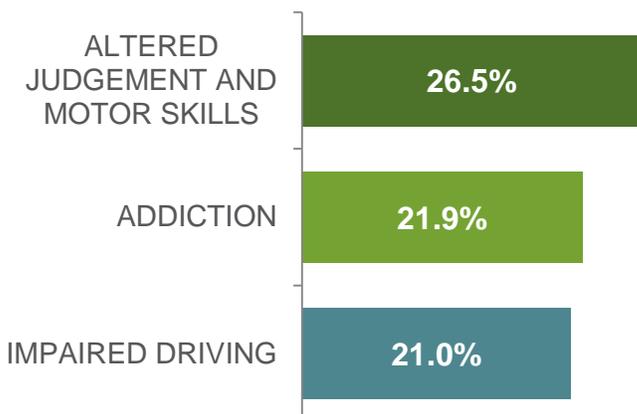
WHICH PUBLIC SAFETY ISSUES ARE TOP OF MIND?

Public safety is paramount for the province and the LGA as non-medical cannabis is legalized. When asked what they perceive as the risks associated with cannabis use, Manitobans most often named altered judgement and motor skills; addiction; and impaired driving similar to when consuming alcohol. Ongoing reminders about these risks would help keep them top of mind.

TOP PUBLIC SAFETY CONCERNS



TOP THREE PERCEIVED RISKS OF CANNABIS USE



When asked about their top concerns related to public safety, Manitobans focused on the importance of setting driving limits, preventing underage consumption, preventing underage purchasing and establishing rules around where cannabis can be consumed.

The survey also asked about Manitobans' intentions for use and opinions about some potential restrictions. Achieving the right balance with these and other restrictions will be a key challenge for governments across the country as this major legal change takes effect.

Most Manitobans are in favour of the government restricting the public consumption of cannabis.

With users and potential users able to select multiple responses, most indicated that they intend to use at home (89.2%). Fewer users and potential users indicated that they would like to use at friends' homes (16.6%); at licensed locations, if available (11.4%); and outdoors on their property (10.8%). Just 6.0% of users indicated that they planned to use cannabis outdoors in public (i.e. off their own property).

Manitobans were also asked about their potential intention to grow cannabis in their residence, as proposed federal legislation would allow Canadians to grow up to four plants for personal use. Although most are unlikely to grow cannabis at home, 16.3% indicated they were likely or very likely to do so, if this is allowed provincially.

Manitobans emphasized the need for public education and identified priority information areas. The top four themes identified by Manitobans were public education related to the health risks of cannabis (e.g. mental health, respiratory wellness, or risks during pregnancy); health risks of cannabis for children and young adults (e.g. impact on brain development); information about responsible use; and information about drug-impaired driving laws and penalties.

TOP PUBLIC EDUCATION NEEDS



Health risks of cannabis



Risks for Children and youth



Responsible use information



Drug-impaired driving penalties

WHERE SHOULD CONSUMPTION BE ALLOWED?



WHAT INFORMATION WOULD HELP MINIMIZE CANNABIS HARM?

The LGA will be well-positioned to provide information about responsible use to consumers once cannabis is legalized, which is a key strategy for mitigating cannabis-related harm. Despite the number of Manitobans who use cannabis, most do not consume in ways that indicate riskier or harmful use. 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). The results show that nearly nine out of ten cannabis users do not cross the CUDIT-R threshold into possible cannabis

dependence. This is in line with other research that similarly found that approximately one in ten cannabis users become dependent (Crépault 2014; Copeland and Swift 2009).

CANNABIS DEPENDENCE



2.3%

of Manitobans are at risk for cannabis dependence

Although statistical margins of error prevent firm conclusions, this suggests that approximately 2.3% of Manitobans may experience some level of harm and/or cannabis dependence. Again, this is in line with research from other jurisdictions (Hasin et al. 2016, Swift et al. 2001).

Encouragingly, the results show that a large proportion of cannabis users are already lowering their risk by using several responsible use strategies. Three quarters of Manitobans who use cannabis (74.9%) often or always avoid driving after consuming. Setting limits is also common, with 65.1% of users limiting how much they consume and 57.0%

WHAT ARE CANNABINOIDS? These are the active components of the cannabis plant. The most commonly-known are delta 9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

limiting how often they consume. The least commonly used strategy was choosing lower-risk cannabis products (e.g. lower THC potency). This could be a result of a lack of information about which products are safer. More than half of users (58.0%) always set at least one limit around their cannabis consumption (i.e. not including driving limits).

As these questions were only asked of current users, these strategies may be less well-known among potential users. As non-medical cannabis is legalized, it will be important to provide Manitobans with accurate information about strategies they can use to lower their cannabis-related risks. For new users, this type of information will help shape their behaviours as they try cannabis. Public education will also

HOW OFTEN DO YOU USE THE FOLLOWING RESPONSIBLE USE STRATEGIES?

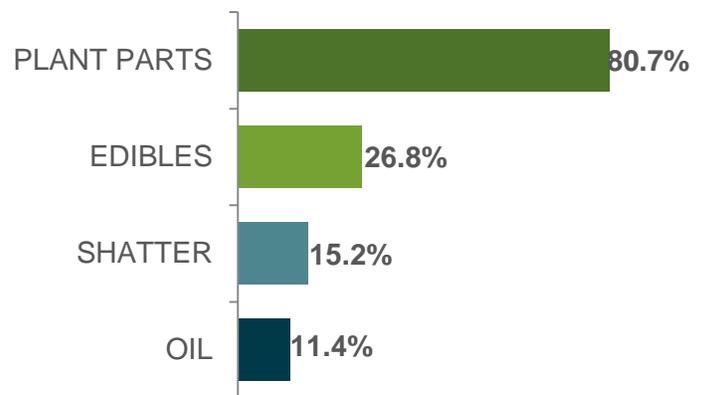
	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
CHOOSE LOWER-RISK CANNABIS PRODUCTS	52.6%	7.9%	15.4%	7.1%	17.0%
LIMIT HOW OFTEN CANNABIS IS CONSUMED	19.4%	7.6%	16.1%	16.8%	40.2%
LIMIT HOW MUCH CANNABIS IS CONSUMED	17.8%	2.8%	14.3%	17.5%	47.6%
AVOID DRIVING AFTER CONSUMING CANNABIS	12.8%	3.4%	8.9%	13.0%	61.9%

WHAT IS SHATTER?
Shatter is a higher-risk concentrated form of cannabis created through butane extraction of THC from the cannabis flower (Furey 2016).

encourage a culture of responsibility among current users. Responsible cannabis use is critical, because harm and dependence may be associated with a higher frequency of use and using higher concentrations of THC (CCSA 2017).

The survey asked cannabis users about the types of cannabis they consume and their preferred methods of consumption, since some choices are riskier. Plant parts (e.g. buds and leaves) are, by far, the most popular type of cannabis, followed by edibles (e.g. infused brownies), shatter and oils. Fewer users mentioned other types of cannabis, such as hashish, creams, teas and wax.

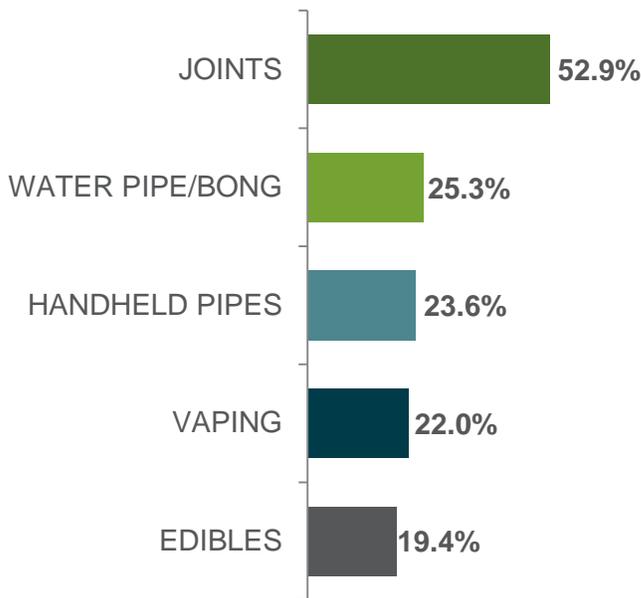
TYPES OF CANNABIS USED REGULARLY



NOTE: Participants could select multiple responses, resulting in percentages that exceed 100. Other types of cannabis, including hashish, topicals (e.g. cream, ointment), tinctures, teas, and wax were each mentioned by less than 8% of users.

Cannabis can be consumed in various ways, such as smoking, vaping or eating edibles infused with concentrated THC. Smoking is the most common consumption method, with joints most popular, followed by water pipes/bongs and handheld pipes. Vaping and edibles are also relatively common consumption methods in Manitoba, while other methods such as teas, tinctures, topical application and pills are less widely used.

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.

Although more research is needed to define responsible cannabis use accurately, we know that using cannabis along with other intoxicating substances can amplify its effects (Hartman et al. 2015). Encouragingly, 93.2% of Manitobans avoid riskier consumption by generally not mixing cannabis

with tobacco. While a small proportion (8.2%) always drink alcohol while consuming cannabis, over half of cannabis users (56.6%) never or only rarely use these at the same time. In other words, although most people are not consuming cannabis in conjunction with tobacco or alcohol, many Manitobans would benefit from information about the importance of avoiding co-consumption.

Many public education initiatives, including past LGA campaigns on gambling, seek to correct inaccurate perceptions about risky behaviours. This type of messaging will complement information about responsible use strategies as cannabis is legalized.

While the majority of Manitobans understand that it is not safe to drive after consuming cannabis, and that the risks of cannabis include long-term health risks and the potential for dependence, a large slice of the adult population believes unsafe myths about cannabis. Importantly, in addition to the Manitobans who believe these myths, many said that they “don’t know”, when asked these questions, which highlights that the need for information extends beyond just those who believe the myths.

In addition to believing myths about cannabis, generally Manitobans think cannabis use is more common than it truly is. On average, participants estimated that 41.5% of the population currently uses cannabis, which is nearly double the actual rate. It will be important to correct this myth so that people do not try cannabis because of an incorrect perception of its popularity.

FREQUENCY OF CANNABIS CO-CONSUMPTION WITH:

	NEVER	RARELY	OCCASIONALLY	FREQUENTLY	ALWAYS
ALCOHOL	16.4%	40.2%	20.3%	15.0%	8.2%
TOBACCO	81.8%	11.4%	1.9%	3.1%	1.8%

AMONG ADULT MANITOBANS...

45.5%

BELIEVE

MYTH:

"YOU CAN'T OVERDOSE ON CANNABIS"

FACT:

CANNABIS OVERDOSE MAY RESULT IN NAUSEA, VOMITING, PSYCHOSIS, SEIZURES AND/OR LOSS OF CONSCIOUSNESS

35.4%

BELIEVE

MYTH:

"CANNABIS IS NOT ADDICTIVE"

FACT:

APPROXIMATELY 1 IN 10 USERS ARE AT RISK OF DEVELOPING CANNABIS DEPENDENCE

37.9%

BELIEVE

MYTH:

"CANNABIS HAS NO LONG-TERM HEALTH RISKS"

FACT:

LONG-TERM RISKS MAY INCLUDE STROKE, CANCER, INCREASED RISK OF HEART ATTACKS, AND NEGATIVE EFFECTS ON MEMORY

7.4%

BELIEVE

MYTH:

"IT IS SAFE TO DRIVE AFTER CONSUMING CANNABIS"

FACT:

RISK OF A MOTOR-VEHICLE ACCIDENT DOUBLES WHEN A PERSON DRIVES SOON AFTER USING CANNABIS

(Source: Volkow et al. 2014; Crean et al. 2011)

A FINAL THOUGHT

As non-medical cannabis is legalized, Manitobans will witness the most significant change in our country's drug policy in over a century. By collecting the baseline information in this survey, the LGA and the province are well-positioned to monitor how legalization impacts cannabis use, harms and knowledge over time. The LGA has been asked by the Government of Manitoba to regulate this new industry, and we will ensure that we continue to collect comprehensive data to inform the evolution of a safe and effective regulatory framework.

ACKNOWLEDGEMENTS

The LGA is grateful to the Manitobans who participated in this research and acknowledges Advanis Inc.'s skilled data collection. The LGA is also grateful to Delta 9 Cannabis and Brian Gould Photography for their assistance in photographing legal medical cannabis for the purposes of public education.

METHODOLOGY

The Liquor and Gaming Control Act mandates the LGA to conduct research that ensures its regulatory, social responsibility and policy advisory activities are informed by a strong foundation of reliable and valid information.

The LGA contracted Advanis Inc., a social research firm, to conduct this telephone survey with a quasi-representative sample of adult Manitobans. The LGA developed the 68-item questionnaire based on an extensive literature review, existing psychometric survey instruments and feedback from academic researchers, government policy makers, medical professionals and the LGA's academic ethics review panel. Advanis provided feedback on the original questionnaire based on their expertise and pre-tests (n=11) that facilitated better question comprehension.

Sampling techniques ensured representation from the major regions of the province, Winnipeg, Brandon, southern and northern Manitoba as well as an over-sampling of young adults between the ages of 18 and 24. The sampling frame included both landline and cell phone numbers. Survey fielding took place from September 5 to 26, 2017 with a total sample of 1,201 participants and a response rate of 18.2%. The average survey length was 15:43 minutes, and 22:01 for cannabis users, a likely reason for the lower response rate.

Based on the sampling technique, the theoretical error rate for the province is ± 2.8 percent. In other words, percentages in the general population of Manitoba may vary from the findings indicated in this report. The LGA used data weighting that compared results with the 2016 Canadian Census from Statistics Canada and corrected for any sampling variation based on age, sex, region, income and phone ownership.

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