

Cannabis Use in British Columbia: patterns of use, perceptions, and public opinion as assessed in the 2004 Canadian Addiction Survey

Centre for
**ADDICTIONS
RESEARCH** OF BC



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Overview:

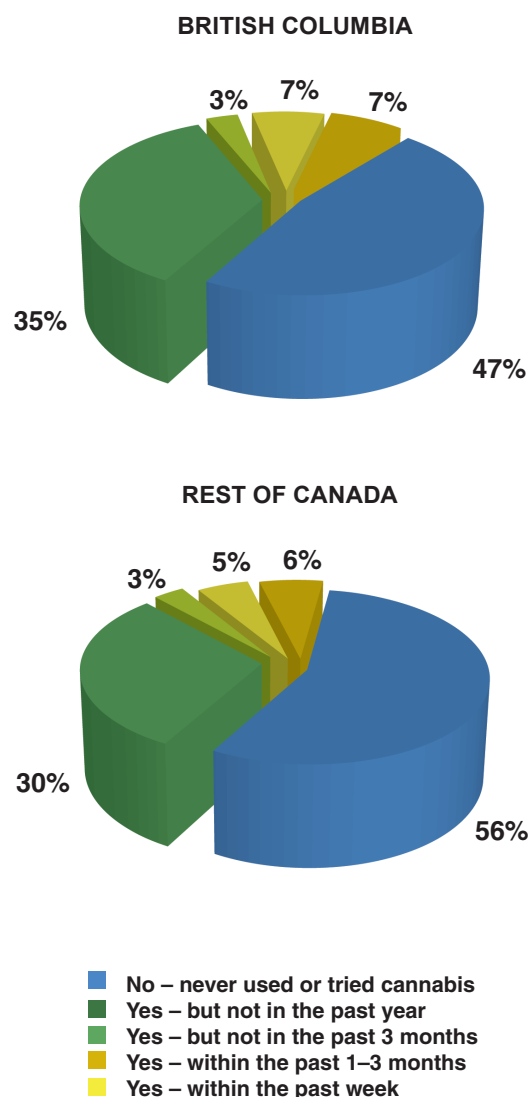
This bulletin examines aspects of cannabis use in BC compared with the rest of Canada, with special attention paid to potentially risky patterns of use¹. Cannabis use is more widespread in BC than in the rest of Canada, and its illegal production contributes significantly to the local economy. Analysis of the 2004 Canadian Addiction Survey (CAS) suggests that 1.84 million persons in BC have tried cannabis at least once. Compared with other Canadians, significantly fewer BC respondents said they believed cannabis use should be illegal (42% versus 49%), while significantly more stated they:

- had ever used cannabis in the past—53% in BC versus 44% elsewhere
- experienced access to be 'very easy'—65% in BC versus 44% elsewhere
- believed both occasional and regular cannabis use to be harm-free.

There was mixed evidence suggesting that this situation has led to increased levels of risky use and harm. Age of first use (18.6 years versus 18.9 years elsewhere) and rates of daily use (3% in BC and elsewhere), dependence, and of driving under the influence of cannabis were not significantly different. However, significantly more BC users reported trying to control their use, having friends express concern about their use, having combined their cannabis with alcohol, and were classified as "moderate risk users" on the WHO ASSIST scale. There was also less concern about alcohol in BC than in the rest of Canada, but more concern about heroin and methamphetamine. In general, cannabis users were more likely to be young, male, and have higher education than non-users.

Overall, these results suggest that greater availability, prevalence, and acceptability of cannabis in BC than in the rest of Canada has resulted in modest increases in potentially hazardous use. It would appear cannabis is regarded in BC in a similar way to alcohol, with many using it in a relatively low-risk manner and many still underestimating its risks.

Figure 1: Proportions (%) of respondents reporting different frequencies of cannabis use



¹ Copies are available at both www.carbc.ca and www.carmha.ca

Introduction

This is the second bulletin to be published by the Centre for Addictions Research of BC (CARBC) based on the results of the 2004 Canadian Addiction Survey. The major aims are to provide the best possible estimates for BC compared with the rest of Canada of the prevalence, type of access, perceived harmfulness, and attitudes towards the legal status of cannabis. Cannabis use is of particular interest due to several overlapping factors, including increases in the prevalence of its use, past proposals to decriminalize its use, and BC's reputation as the 'pot capital' of Canada. Cannabis is the most commonly used illicit drug in Canada, with a higher prevalence of daily use among young people than tobacco (BC Ministry of Health, 2006).

Various iterations of bills (e.g., Bill C-17) introduced by the previous federal Liberal government proposed to decriminalize small amounts of cannabis possession, imposing instead a non-criminal fine for limited amounts of hashish (<1 gram) and marijuana (<15 grams; Fischer et al., 2003). Under the proposed cannabis control reform laws, possession of up to three cannabis plants for personal use would have also been exempt from criminal prosecution, instead receiving a limited fine. In 2004, more than 67,000 arrests for cannabis offences were made by police forces across Canada, three out of four of which were for simple possession offences. Rising arrest figures for cannabis have about doubled over the past ten years, with cannabis possession offences alone accounting for approximately half of all registered illicit drug offences in Canada (Desjardins and Hotton, 2004). Changes to regulations accompanying the Controlled Drugs and Substances Act permit Health Canada—under its so-called Medical Marijuana Access Program (MMAP – http://www.hc-sc.gc.ca/dhp/mps/marihuana/index_e.html)—to include access to cannabis for individuals with medically recognized conditions if the program's eligibility requirements are met. While distribution of medical marijuana by any other group or individuals remains illegal, medical marijuana continues to be available via compassion clubs in BC and Ontario.

There were 25,014 police charges brought against cannabis cultivation operations in BC between 1997 and 2003 (Plecas et al., 2005). Statistics Canada reports the rate of such charges (79 per 100,000) as almost three times the national average (27 per 100,000), and that 39% of all reported cultivation incidents are in BC. There is evidence that these grow operations are dispersed throughout the province and

continue to become larger and increasingly 'sophisticated,' involving hydroponics technology and high-intensity lighting (Plecas et al., 2005). On average, the number of kilograms of harvested cannabis seized per grow operation tripled from 2.4 kilos in 1997 to 7.2 in 2003. This increase may reflect an increased level of cannabis law enforcement activity and/or actual increased production. While BC has a reputation for a stronger cannabis product, known as 'BC bud,' RCMP data suggest that the THC content is not significantly different to cannabis seized in other provinces (Easton, 2004). It has been estimated that the BC cannabis industry contributed between 1% and 2.8% of provincial Gross Domestic Product in 2000 (approximately \$130 billion) and that taxing cannabis could contribute \$2 billion in provincial revenue (Easton, 2004).

There is some evidence that cannabis use is on the rise among most population groups in Canada, and is particularly high in BC. Lifetime use of cannabis by all respondents in the 1989 National Alcohol and Other Drugs Survey (NADS) was 23.2%, 28.2% in the 1994 Canada's Alcohol and Other Drugs Survey (CADS), and 44.5% in the 2004 Canadian Addiction Survey (Adlaf et al., 2005). Individuals reporting use in the past year rose from 6.5% in the NADS 1989, to 7.4% in the CADS 1994, to a high of 14.1% in the CAS 2004. It should be noted, however, that it is not known to what extent the much lower response rates in the 2004 survey, compared to those in 1994, may have influenced these results (see methods section). These trends are also supported by the data from the most recent Canadian Community Health Survey indicating that use had doubled between 1989 and 2002 (Tjepkema, 2004). The CAS 2004 indicates that, compared to the national average of 44.5%, BC has the highest lifetime use of cannabis at 52.1%, and the highest past-year use at 16.8% (compared to a national average of 14.1%). Statistics about whether or not people have ever tried cannabis in their life or in the last 12 months, however, tell us little about the extent to which they may be using cannabis in hazardous or harmful ways. The purpose of this bulletin is to examine patterns of cannabis use that are more likely to cause harm, as well as the social acceptability and availability of cannabis in BC compared with the rest of Canada.

Methods

The 2004 Canadian Addiction Survey

The 2004 Canadian Addiction Survey (CAS) was a collaborative initiative sponsored by Health Canada and the Canadian Executive Council on Addictions, comprised of the Canadian Centre on Substance Abuse (CCSA), the Alberta Alcohol and Drug Abuse Commission (AADAC), the Addictions Foundation of Manitoba (AFM), the Centre for Addictions and Mental Health (CAMH), the Prince Edward Island Provincial Health Services Agency, the Centre for Addictions Research of BC (CARBC), and the provinces of Nova Scotia, New Brunswick, and British Columbia (BC Ministry of Health). The 2004 CAS is the first national survey of alcohol and drug use since 1994 and is only one of three existing national surveys of alcohol and drug use. The others include the National Alcohol and other Drugs Survey (NADS) in 1989 and Canada's Alcohol and Other Drugs Survey (CADS) in 1994.

The sampling frame

The CAS sample included 13,909 Canadians aged 15 and older interviewed by telephone between December 16, 2003 and April 19, 2004. A two-stage (telephone household, respondent) random sampling method was used with: (i) random digit-dialling of households in BC selected within the Vancouver Census Metropolitan Area and the rest of BC households; (ii) when more than one eligible respondent in one household was available, selection was based on who had the most recent birthday. In each province, a minimum of 1,000 people were interviewed. In BC, the Ministry of Health, together with CARBC, provided the resources to increase the size of the sample ($n=3,000$). A minimum of 12 call-backs were placed to unanswered numbers and all households who refused to participate on the first contact were re-contacted in order to secure maximum participation.

Response rates

The response rate for BC was 43.6%, slightly lower than the national response rate of 47.0% and well below the equivalent surveys in 1994 (76%) and 1989 (79%), reflecting a trend toward lower response in such surveys (e.g., Australian Institute for Health and Welfare, 2002). Telephone surveys tend to over-represent people who are married, have higher education, and have a stable address and phone line. They under-represent individuals in prisons, hospitals, and the military. In addition, transient populations are not covered (Adlaf et al., 2005). Bias in these cases is reduced by ensuring that the excluded groups are small in comparison to the overall size of the sample, as in the case of the CAS. Other biases are likely in terms of those who are willing to answer

telephone surveys, especially given that general population survey response rates have declined in the past two decades. The first CARBC Bulletin on the 2004 CAS found estimates of volumes of alcohol consumed per person were only 30% of that predicted from alcohol sales data for the surveyed year (Stockwell et al., 2005), and similar underestimates may apply for cannabis.

Statistical methods

As in other CAS reports, data reported here were weighted to compensate for differences in key demographics of the CAS sample and the Canadian population. Because the sample is allocated disproportionately to the provincial population, weights were also required to restore population representation. The weights of the CAS sample are based on 21 regional strata by six age groups and by sex. The demographic characteristics of the weighted CAS compares favourably to Statistics Canada census data and substance use estimates from similar surveys, such as the Statistics Canada 2002 Canadian Community Health Survey (CCSA, 2004).

There are two analytical approaches used in this bulletin. First, variables were analyzed based on the proportion of BC residents that responded to each of the cannabis-related questions compared to the proportion for the rest of Canada. These results were estimated with the 95% CI to facilitate comparisons within response categories. In addition, the response variables were dichotomized in a manner dependent on the question and used as dependent variables in a logistic regression analysis to estimate the impact of a number of independent variables shown below in Table 1. A $p < 0.05$ was used as the measure to identify items of interest. Logistic regression results are presented unless otherwise stated. Descriptive statistics using weighted percentage responses are also presented for items of interest.

Table 1: Independent variables used in logistic regression analyses

VARIABLE	CATEGORIES
Gender	Female / Male
Age	15-24 yrs / 25-34 yrs / 35-44 yrs/ 45-54 yrs/ 55-64 yrs/ 65+ yrs
Province	British Columbia / Rest of Canada
Marital Status	Married/ Previously Married / Never Married
Education	Less than High School / Completed High School / Some Post-Secondary Education / University Degree
Income	Lowest / Lower Middle / Upper Middle / Highest
Immigration Status	Canadian / Aboriginal / Other
Tried Cannabis in Lifetime	Yes / No
Household Location	Rural / Not Rural

Findings

Age of first use

Average age for ‘first use’ was comparable, being 18.6 years of age in BC and 18.9 in the rest of Canada. A young age of initiation of substance use is known to be associated with riskier patterns of use and later problems with substance dependence and mental health problems (Toumbourou and Catalano, 2005).

Quantity and frequency of use

Significantly fewer people in BC reported having *never* used cannabis in their lifetime (47% versus 56%), while more reported some use in the last 12 months (17% versus 14%, see Figure 1). However, rates of more frequent levels of use were not significantly different between BC and the rest of Canada. For example, similar proportions reported at least weekly use (7% versus 6%) and daily use (both 3%). Figure 2 shows males aged 15 to 24 years were especially likely to report using cannabis on a weekly or daily basis (22%), consistent with earlier Canadian research (McKenzie and Single, 1997). For males, rates of at least weekly use declined thereafter to between 10% and 12% until 55 years of age when this frequency of use was less than 1%. For females, there was a steady decline of weekly or more use with age, from 10% at 15 to 24 years down to less than 1% by age 55 to 64. Logistic regression analyses confirmed that persons who reported having ever used cannabis were significantly more likely to be male, live in BC, and have a high school education or higher. Respondents who reported having used cannabis in the past 30 days were also more likely to be male.

Experience of problems from cannabis use

Figure 3 shows that the most common problems reported were ‘difficulties trying to control personal use’ and ‘experiencing strong urges for cannabis’. Overall, more males than females reported the listed problems with cannabis use. A similar number of males and females reported ‘failing to do what was expected’ and experiencing ‘social, health, legal, or financial problems related to use.’ Logistic regression analyses showed that younger respondents were more likely to report ‘strong urges to use cannabis’ or to have experienced ‘social, health, legal, or financial problems related to use.’ Males, younger respondents, and those who live in BC were significantly more likely to report ‘friends expressing concern about their use.’ More males, the younger respondents, those who live in BC, and those with a high school education reported ‘trying to control their cannabis use.’

Figure 2: The frequency of cannabis use in BC by age for males and females (% of all respondents)

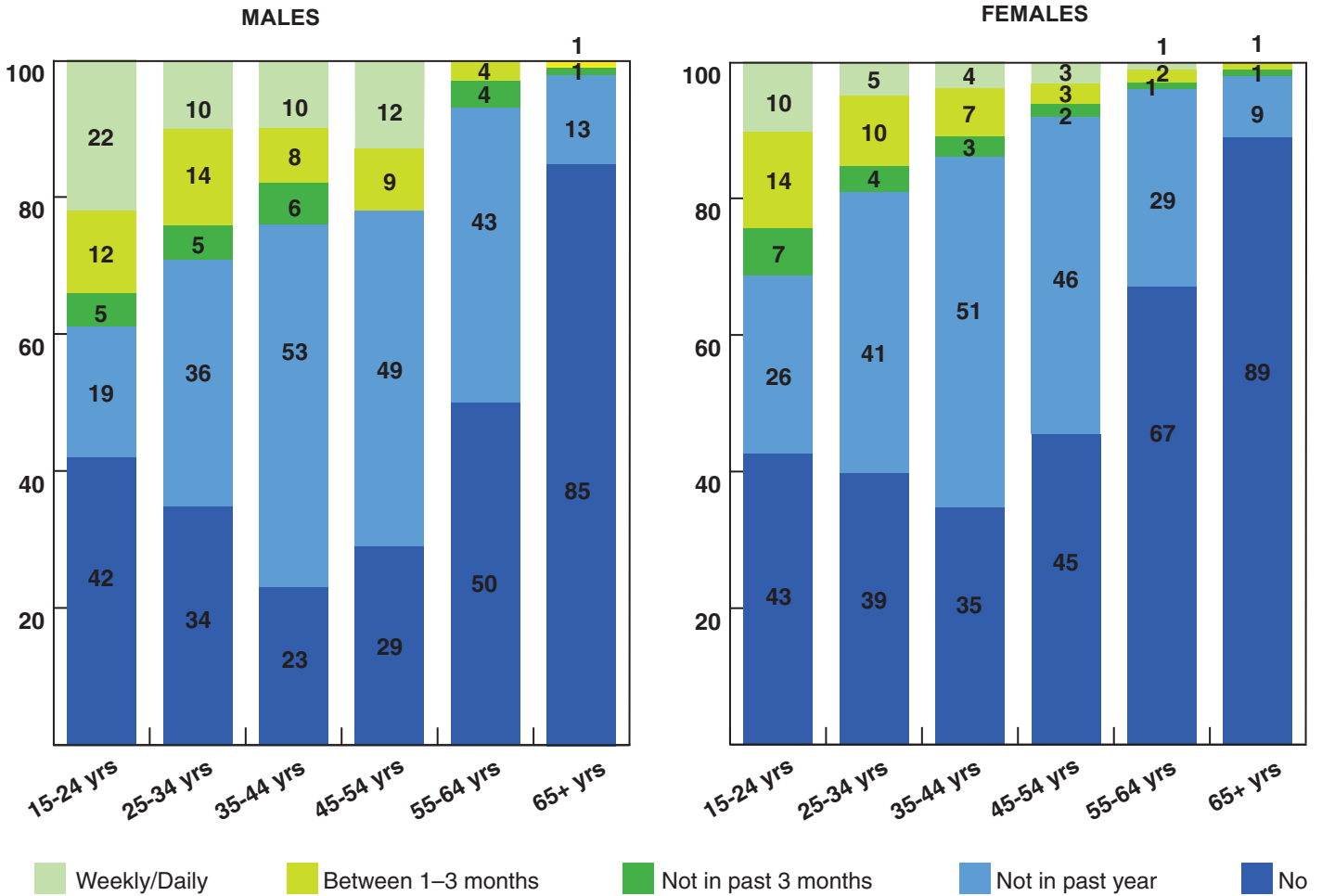
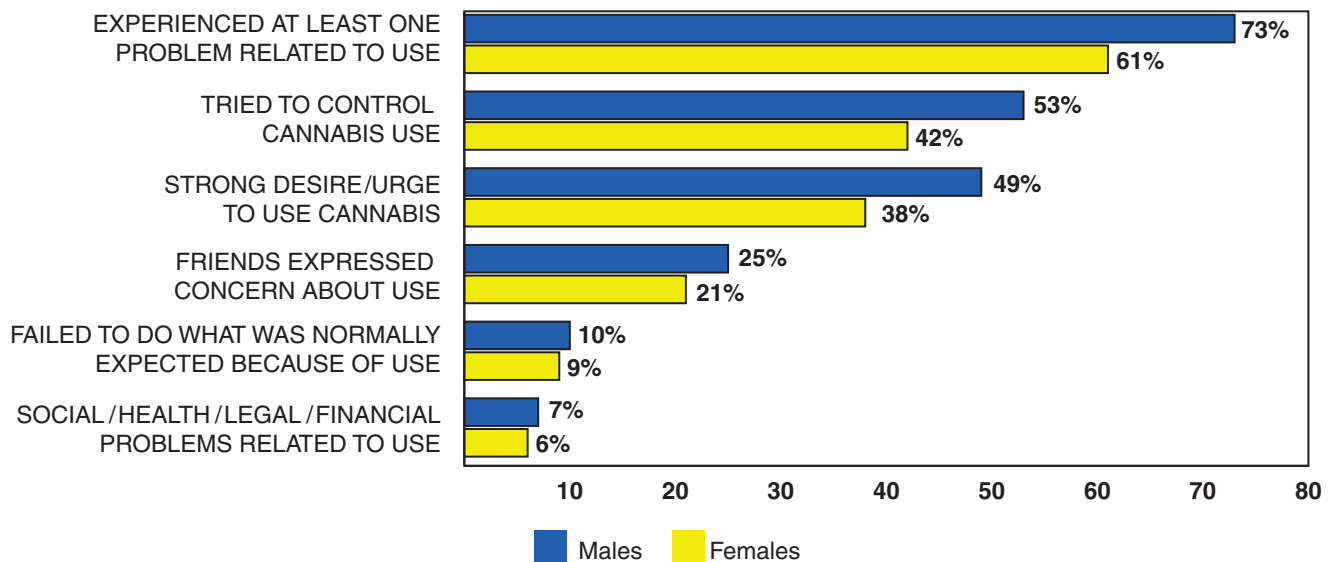


Figure 3: Problems related to use for BC male and female cannabis users



The extent of hazardous and dependent use

Following Thomas et al., (2006), cannabis users were classified into categories of increasing potential harmfulness using a WHO instrument called the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), which was embedded within the 2004 CAS (Henry–Edwards et al., 2003). The ASSIST is a simple screening tool used to measure the degree of dependence and risk of harms from alcohol and other psychoactive substances. Cannabis–related harms are measured by questions which examine recent patterns of use as well as the specific problem indicators mentioned in Figure 3 above. A cut–off of 27 or more is used to indicate ‘high risk’ use or dependence. Individual scores are made up by adding each of the following: any use in the last three months (=3); frequency of use (up to 6 for daily use); and, presence of the five individual signs of problems and/or dependence (up to 6 for three items, 7 for one and 8 for the other for ‘daily or

almost daily,’ with not experienced = 0 in each case). A maximum score of 52 is possible. Table 3 provides estimated percentages and total numbers of CAS respondents who fell into each category for BC and the rest of Canada. On the basis of 95% confidence intervals around these estimates, there were significantly higher rates of cannabis use overall in BC than in the rest of Canada. These rates included significantly higher proportions of moderate risk users in BC (9.9% versus 7.6%), but no difference in the very small proportion of people estimated to be high–risk or dependent users (0.2% in both cases). The total number of people in BC reporting to have ever used cannabis is approximately 1.83 million (95% CI: 1.70–1.98), compared to 9.84 million in the rest of Canada (95% CI: 9.52–10.18).

Table 2: The ASSIST questions, content domain and response options

QUESTION	CONTENT DOMAIN	RESPONSE ALTERNATIVES
Q1: In your life, which of the following substances have you ever used (tobacco, alcohol, cannabis, cocaine, amphetamine–type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs; non-medical use only)?	Lifetime	0 = No; 3 = Yes
Q2: In the past three months, how often have you used the drugs mentioned?	Current	0 = Never; 2 = Once or twice; 3 = Monthly; 4 = Weekly; 6 = Daily or almost daily
Q3: During the past three months, how often have you had a strong desire or urge to use?	Dependence	0 = Never; 3 = Once or twice; 4 = Monthly; 5 = Weekly; 6 = Daily or almost daily
Q4: During the past three months, how often has your use led to health, social, legal or financial problems?	Problems	0 = Never; 4 = Once or twice; 5 = Monthly; 6 = Weekly; 7 = Daily or almost daily
Q5: During the past three months, how often have you failed to do what was normally expected of you because of your use?	Problems	0 = Never; 5 = Once or twice; 6 = Monthly; 7 = Weekly; 8 = Daily or almost daily
Q6: Has a friend, relative, or anyone else ever expressed concern about your use?	Problems	0 = Never; 3 = Not in the past 3 months; 6 = In the past 3 months
Q7: Have you ever tried and failed to control, cut down, or stop using ?	Dependence	0 = Never; 3 = Not in the past 3 months; 6 = In the past 3 months
Q8: Have you ever used any drug by injection?	Risk	0 = Never; 1 = Not in the past 3 months; 2 = In the past 3 months

Table 3: A typology of cannabis users based on use patterns and related harms measured by the ASSIST scale, with estimated rates and total numbers for BC and the rest of Canada (RoC)

CATEGORY OF USER	CHARACTERISTICS OF USER	% OF CAS RESPONDENTS		ESTIMATED NUMBER IN EACH CATEGORY AND 95% CI'S	
		BC (n=466)	RoC (n=2,353)	BC† X100,000	RoC‡ X100,000
Abstainer	No Use in Lifetime	47.6*	56.6*	16.66 (16.09-17.25)	128.37 (126.80-129.75)
Past User	Used at Least Once in Lifetime but not in last 12 months	34.9*	29.4*	12.22 (11.65-12.77)	66.68 (65.39-68.09)
Past-Recent User	Used but not in last 3 months	3.2	2.9	1.12 (0.93-1.34)	6.57 (6.01-7.00)
Low-Risk User	Less than monthly or monthly use in last 3 months and ASSIST Score ≤ 3	4.2	3.3	1.47 (1.27-1.75)	7.48 (7.12-8.19)
Moderate-Risk User	Daily or near daily use in last 3 months and ASSIST Score between 4 and 26	9.9*	7.6*	3.47 (3.13-3.83)	17.23 (16.42-17.99)
Dependent/High-Risk User	ASSIST Score ≥ 27	0.2	0.2	0.07 (0.02-0.13)	0.45 (0.29-0.54)

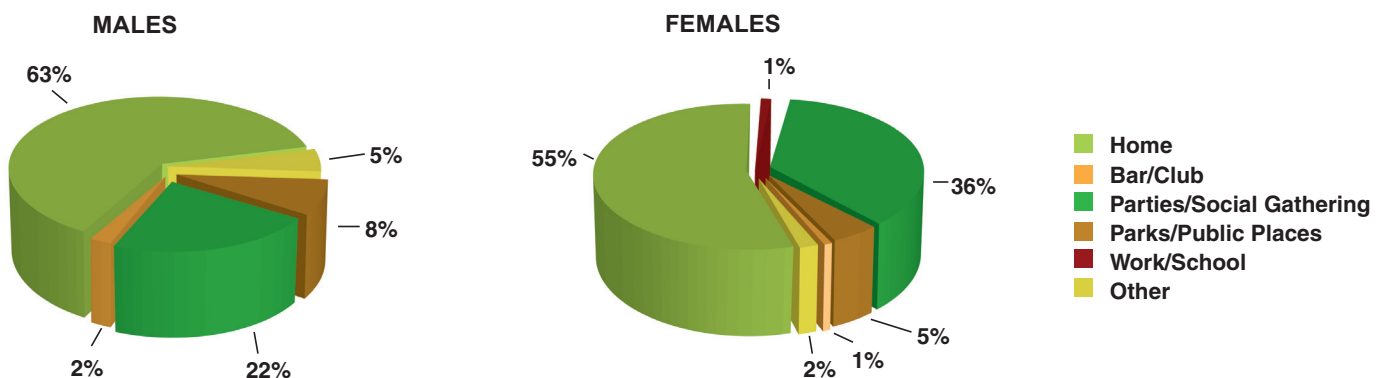
* These estimates for BC and RoC have 95% Confidence Intervals that do not overlap.
 †Based on a population estimate of 3,500,660 British Columbians aged 15+ in 2004
 ‡Based on a population estimate of 22,680,689 aged 15+ in 2004 (BC, NWT and Nunavut omitted)

Circumstances of use—When and Why?

Younger respondents (aged 15 to 24) were more likely to report consuming with friends, while older respondents were more likely to report using alone or with family members. Logistic regression analysis confirms that significantly more BC cannabis users (56%) reported ‘curiosity’ as the reason for first use compared to other Canadians users (49%). Cannabis users in the rest of Canada claimed that they first

tried cannabis for other reasons (e.g., their family or friends were using, or “because it was the thing to do”). In terms of where consumption takes place, significantly more younger people, single people, and those with limited post-secondary education reported using cannabis outside their home. Figure 4 shows that in BC more males than females used cannabis at home, while females were more likely to use at parties and social gatherings.

Figure 4: The setting of cannabis use in BC for males and females



Obtaining cannabis

Figure 5 shows that most respondents said they obtained cannabis for ‘free,’ suggesting small quantities used on rare occasions. Only 2% of respondents indicated they ‘traded’ or ‘dealt’ in cannabis. The logistic regression found no significant difference in the way cannabis was obtained in both BC and the rest of Canada. The logistic regression identified females and those living in rural areas as more likely to be given cannabis for free, while males and single people were more likely to have purchased cannabis in the past month.

Cannabis purchases

BC cannabis users reported purchasing more cannabis on their last purchase (median 7.0 g) than did those in the rest of Canada (median 2.5 g). Figure 6 illustrates the frequencies at which different amounts were purchased. A Chi-square test of the distributions found these to differ significantly between BC and the rest of Canada ($\chi^2=9$, Pearson Chi-square =17.60, $p<0.001$), suggesting that users in BC were more likely to purchase larger amounts. These data should be interpreted cautiously as more BC cannabis users reported purchasing ‘joints’ (21% versus 6%) and ‘ounces’ (39% versus 31%), and fewer reported purchases in ‘grams’ of cannabis (40% versus 63%) than did other Canadians.

Figure 5: How cannabis is obtained by cannabis users in BC and the Rest of Canada

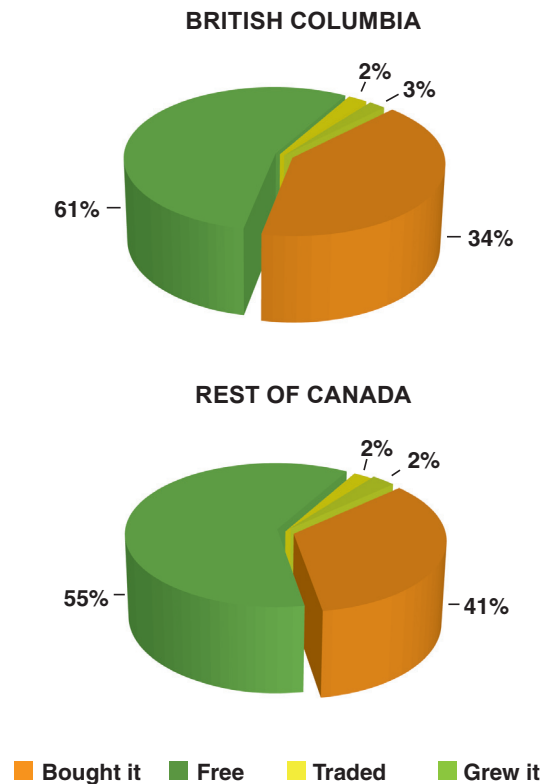
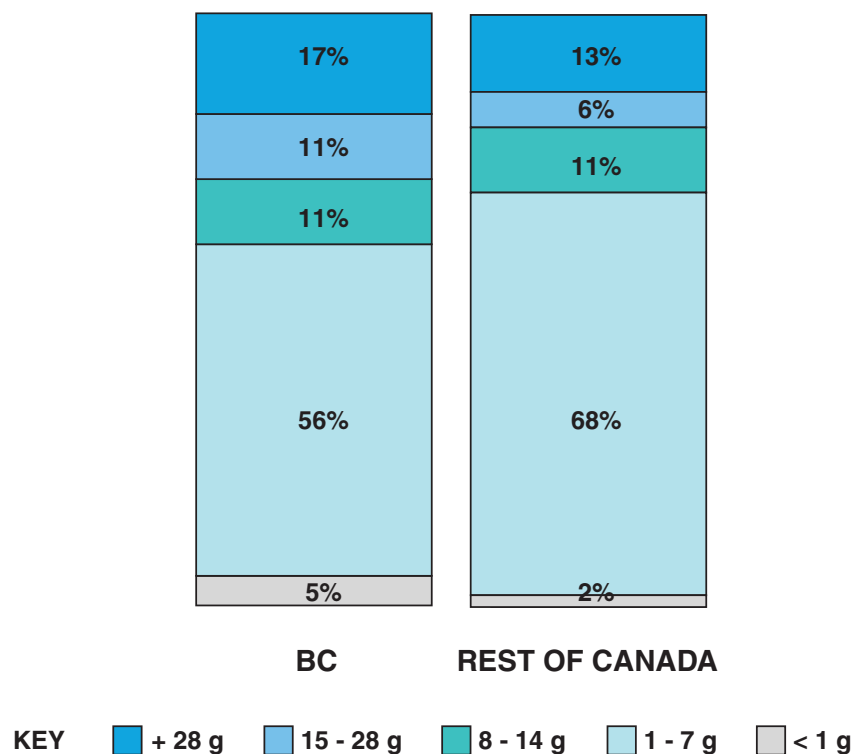


Figure 6: Last amount of cannabis purchased by BC and other Canadian cannabis consumers (estimated grams)



NB: For this analysis it was assumed that 1 joint = 0.35 grams of cannabis.

Perceived ease of access

Figure 7 indicates that all illicit drugs included in the survey were viewed as significantly easier to obtain in BC than in the rest of Canada. Logistic regression analyses found that respondents who were more likely to say it was easy to obtain cannabis were younger, had a mid to low income level, lived in BC, and had tried cannabis at least once in their lifetime.

Individuals who had tried cannabis at least once in their lives were also more likely to report being able to obtain hallucinogens, ecstasy, cocaine, and methamphetamine easily, compared to those who had never tried cannabis.

Medicinal use

A third of cannabis users in BC and 28% of users in the rest of Canada reported using cannabis for medicinal reasons, such as depression and multiple sclerosis, but this difference was not significant. Figure 8 shows the reasons given in BC and the rest of Canada for possessing marijuana for medicinal use. The logistic regression analysis identified those with no post-secondary education were more likely to report using cannabis for medicinal purposes.

Beliefs about extent of risk from occasional and regular use of different drugs

As would be expected, occasional use of the listed substances was considered to be less harmful than regular use by respondents in both BC and Canada (see Figure 9). British Columbians identified most substances to be less harmful when used once in a while. However, they saw occasional use of heroin, inhalants and methamphetamine to have more harm when used occasionally than did other Canadians. Logistic regression analyses confirmed that BC respondents, those with higher education, and Canadian-born citizens were more likely to report no great harm from the occasional use of cannabis. BC residents also considered regular use of cannabis, alcohol, hallucinogens, steroids, and inhalants to be less harmful than did other Canadians. However, they considered heroin and methamphetamine to be more harmful than other Canadians viewed them to be. Those who were single, Canadian-born, and had a higher education were more likely to report believing little harm could result from regular use of cannabis.

Figure 7: Respondents saying it was 'very easy' to get different illicit drugs in BC and in the Rest of Canada

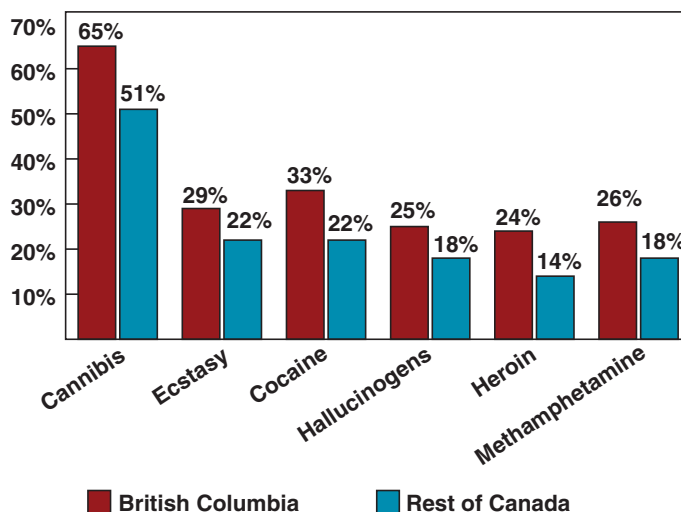
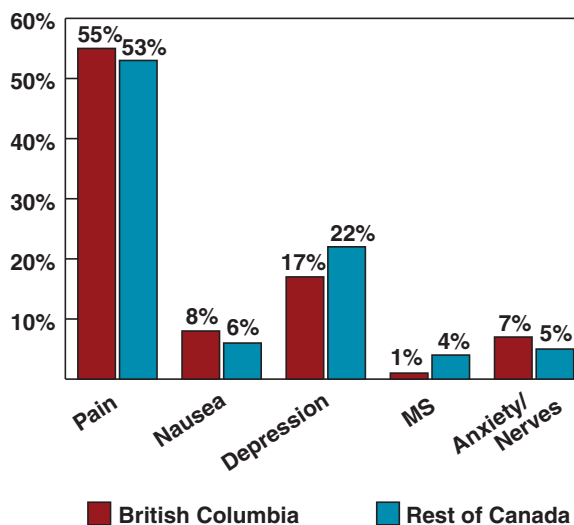


Figure 8: Medical conditions treated by cannabis in BC and in the Rest of Canada



Public opinion on legal status of cannabis

Significantly more Canadians than British Columbians reported believing that possession of cannabis should be against the law. More BC residents agreed with a penalty for possessing small amounts of cannabis compared to Canada, and of those 73% see the outcome of the penalty to be a non-jail term. More British Columbians than Canadians said they supported the growing of cannabis for personal use. Each of these differences is confirmed by logistic regression. Both BC residents and those in the rest of Canada had similar views on the legal availability of cannabis. Males, single people, Canadian-born citizens, and those who had used cannabis in the past were significantly more likely to support legalization of cannabis. Older respondents, those with high school education and those who had never used cannabis were more likely to support a 'probation only' system. British Columbians, single people, and those who had used cannabis were more likely to support grow-ops that support personal cannabis use. Both BC residents and the rest of Canada had similar views on the legal availability of cannabis, while males and those who had used cannabis before were more likely to support the legal availability of cannabis.

Cannabis use, alcohol use, and driving

Of those who had tried cannabis and who had a valid driver's licence, 4.5% of British Columbians and 4.6% of other Canadians reported using cannabis before driving. However, as many as 13% of BC respondents reported in the past 12 months having been a passenger in a car driven by someone who had used cannabis in the previous two hours. Most respondents (66%) agreed that using cannabis and driving is a safety hazard. Males, single people, those with a high school education, those who were born in Canada, and those who had tried cannabis were significantly more likely to disagree that driving under the influence of cannabis is a safety risk. Females were less likely than males to get into a car as a passenger if they knew the driver had smoked two joints of cannabis (66.8% versus 78.5%). The younger respondents, single people, those with high school or less, and those who had tried cannabis before were all more likely to report getting into a car with someone who had smoked cannabis prior to driving. Significantly more BC cannabis users reported using cannabis during their last alcohol occasion than did those in the rest of Canada (7.1% versus 5.5%), as confirmed by logistic regression.

Figure 9: Perception of 'great risk to self' from occasional and regular use of selected substances in BC and in the rest of Canada

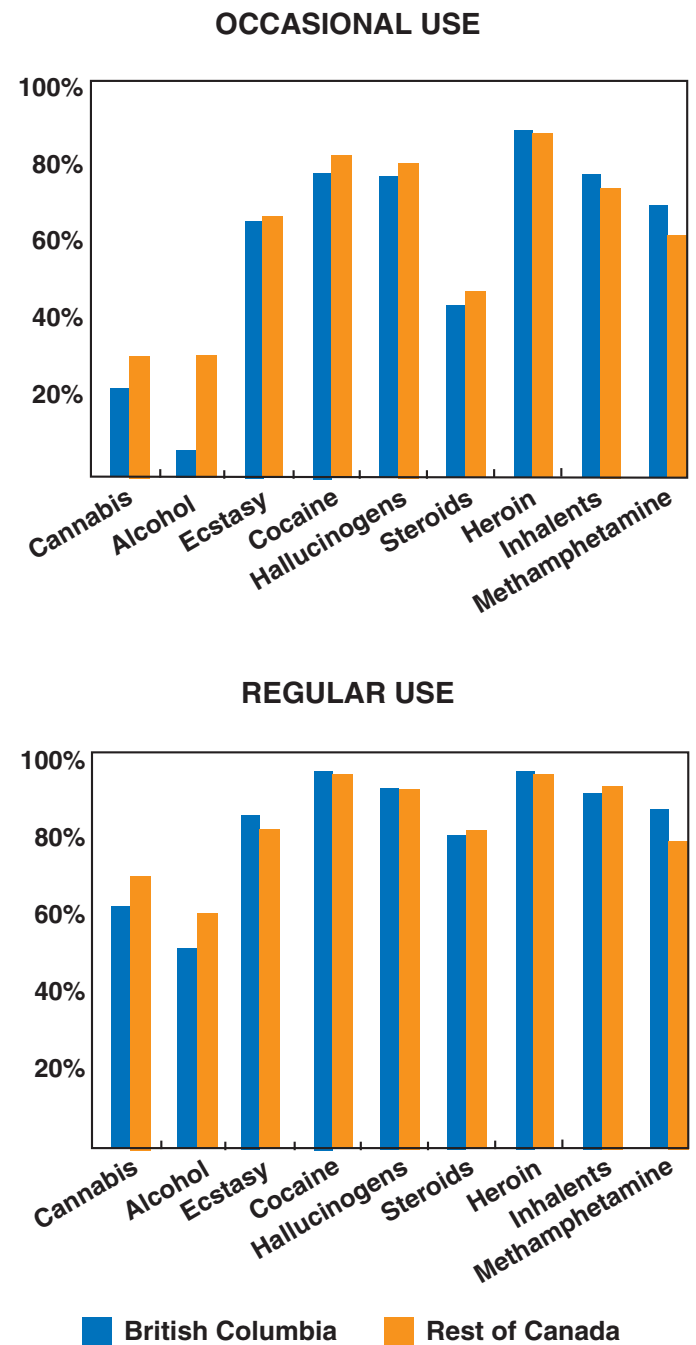


Table 4: Views on cannabis policy in BC and in the Rest of Canada

	BRITISH COLUMBIA		REST OF CANADA		SIGNIFICANT
	Valid Responses (Weighted)	% Yes	Valid Responses (Weighted)	% Yes	
Should cannabis be legally available?	532	75%	3020	76%	
Should a person be allowed to grow small amounts of cannabis?	1100	40%	7477	38%	*
Should possession of cannabis be against the law?	1111	43%	7420	49%	*
If yes, should there be a penalty?	469	90%	3767	82%	*
If yes, should there be a non-jail term?	412	73%	3047	71%	

NB: "Non-jail term" item answered by only those who agree with a penalty.

Discussion of results

Cannabis is Canada's favourite illicit recreational drug, especially among British Columbians. The relatively high prevalence of cannabis use means that general population telephone surveys can give some indication of common patterns of use, though, of course, substantial populations of interest will be under-represented. The first CARBC statistical bulletin found evidence of substantial under-reporting in the Canadian Addiction Survey of our favourite psychotropic drug of all—alcohol (Stockwell et al., 2005). The data presented in this bulletin relate largely to frequency of use rather than quantity of use for occasion, which may possibly be less prone to being under-reported. In addition, the main focus of this report is a comparison of BC with the rest of Canada in terms of patterns of use, attitudes, and ease of access to cannabis. As response rates to the survey in BC and the rest of Canada were similar, statistical tests of contrasts between these two geographic areas are likely to be reliable. On the basis of the data and statistical analyses presented above, the following general conclusions follow:

- There is more occasional and low-risk cannabis use, more tolerant attitudes, and greater availability in BC than in the rest of Canada. In BC, cannabis, like alcohol, is now regarded as a 'normal' recreational drug, and the risks associated with especially frequent and heavy use are underestimated.
- There is only limited evidence of increased risky use in BC, with reports of a few more low-level problems and risk-taking behaviours, such as combining cannabis with alcohol. However, by and large, rates of problematic use are similar and not significantly different between BC and the rest of Canada.

- Socio-demographic characteristics of cannabis users in BC are consistent with other data. For example, young males and persons with higher education and income are most likely to use cannabis (Cohen and Kaal, 2001).

Cannabis use is certainly not without its risks. There is some evidence of increased risk of lung cancer, though the extent of this has recently been questioned (Mehra et al., 2006). In addition, the risk of experiencing psychotic-like symptoms rises with greater use (Fergusson et al., 2005). Combining cannabis with alcohol before driving also has special risks (Macdonald et al., 2005). With its current status as an illicit substance, effective regulatory strategies available for alcohol—taxation, restricting sales to minors, and controls on physical availability—are not available for cannabis. Until the legal status of cannabis changes, the most that can be done is to educate people about the health and safety risks posed by using cannabis on more than an occasional basis, and to monitor patterns of hazardous use.

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