

# Cannabis use among older adults in Canada: Exploring perspectives and experiences following cannabis legalization

## Final Report

Prepared for Health Canada

Prepared by Narrative Research  
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Ce rapport est aussi disponible en français

# Cannabis use among older adults in Canada: Exploring perspectives and experiences following cannabis legalization

Final Report

## Prepared for Health Canada

Supplier Name: Narrative Research

December 2023

This public opinion research report presents the results of 20 online focus groups with adults 55 years and older, specifically two groups using cannabis and two groups with those not using cannabis in each of five regions: British Columbia/Yukon/Northwest Territories, Prairies, Ontario/Nunavut, Atlantic provinces, and Quebec. Sessions were divided by gender (male and female) and participants included a mix of ages, household income, education, household situation, and ethnic background. The Quebec sessions were conducted in French while all other sessions were held in English. The fieldwork was conducted between November 1<sup>st</sup> and 8<sup>th</sup>, 2023.

Cette publication est aussi disponible en français sous le titre :  
Consommation de cannabis chez les personnes âgées au Canada : exploration des perspectives et des expériences à la suite de la légalisation du cannabis

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## Executive Summary

Narrative Research Inc.

Call-Up Number: CW2332079

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## Background

Cannabis consumption is on the rise in Canada, with residents having broad access to in-store and online regulated stores, and increased availability of product choices and different modes of consumption. There has been a notable increase in cannabis use among older adults in Canada who are 55 and older since cannabis was legalized in late 2018. This age group is at unique risk for cannabis-related harms, given physiological and psychological changes associated with aging, and the increased risk of experiencing adverse drug interactions with cannabis due to the higher prevalence of comorbidities and poly-medication use. Much of the emerging evidence base concerning older adults stems predominately from quantitative data sources including population-level surveys and health administrative databases. These quantitative sources do not capture older adults' perspectives or experiences surrounding cannabis, especially in the years following legalization. For instance, little is known about the perceived impacts of cannabis legalization among older adults regarding a multitude of outcomes including: changes in usage patterns, reasons for use, reasons for accessing cannabis from regulated and/or unregulated sources, attitudes, knowledge of health risks, and exposure to risk-messaging. Hence, increasing cannabis use in this at-risk population warrants further attention.

Research findings can help inform different elements of public health strategy (e.g., public education, data monitoring, Sex and Gender Based Analysis plus), and enhance the *Cannabis Act's* public health approach to protecting public health and public safety of older Canadians.

The objectives of this POR were to explore older adults':

- attitudes and experiences surrounding cannabis use (e.g., use history, medical and/or non-medical use, sourcing cannabis, perceived benefits/risks, polyuse, cannabis-impaired driving)
- perspectives on the impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences, awareness of risks)
- perspectives on public education on cannabis use (e.g., awareness and exposure, perceived impact, knowledge of risk, desired content, and delivery)



## Research Methodology

To achieve these objectives, a qualitative research approach was undertaken with the fieldwork conducted from November 1<sup>st</sup> to 8<sup>th</sup>, 2023. The research entailed a total of 20 online focus groups in five regions (British Columbia/Yukon/Northwest Territories, Prairies, Ontario/Nunavut, Quebec, and Atlantic provinces). Participants included adults 55 years and older, and in each region, two groups were conducted with those using cannabis and two groups were conducted with those not using cannabis. People using cannabis were defined as those who had used cannabis at least once for non-medical and/or medical purposes during the past five years. Participants defined as not using cannabis included those who had never used cannabis, and those who had not used it for at least ten years.

Groups were divided by gender, with a female-identified and a male-identified group conducted for each of the user segments in each region. Participants in each session included a mix of ages (within range), household situation, household income, education, and ethnic background. All lived in their respective regions for at least two years. Those currently employed, or retired from, a sensitive occupation, or who have others in their household in this situation, were excluded from the research. All participants had access to a computer or tablet with high-speed internet that was equipped with a webcam, or a smartphone, to take part in the session.

From 200 recruited individuals, 188 took part across sessions. Each group discussion lasted between 90 minutes and two hours, and all participants received an incentive of \$125 in appreciation for their time. One additional incentive was provided to a recruited individual who was unable to participate in the discussion due to technical issues at the beginning of the focus group session. All discussions were held in English except in Quebec where the sessions were conducted in French. All participants were recruited per the specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met.

This report presents the findings from the study. Caution must be exercised when interpreting the results from this study, as qualitative research is exploratory and cannot infer causality.

## Political Neutrality Certification

I hereby certify as a Representative of Narrative Research that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed

  
Margaret Brigley, CEO & Partner | Narrative Research  
Date: December 14, 2023



## Key Findings

The following provides key highlights from the research:

### Commonality/Normality

- ***Cannabis consumption among older Canadians is perceived to be a relatively common practice in Canada.*** Legalization is considered to have contributed to the normalization of cannabis use for non-medical purposes. While legalization was not considered as having induced increased usage, it was seen as having cultivated a perception that it is of lesser harm, making it more socially acceptable. Despite notable improvements, a few older Canadians, especially those not using cannabis, believe there remains some stigma related to its usage. Further, having cannabis consumption for non-medical purposes endorsed by the government, and sold in regulated stores, legitimizes it as a drug that is not so harmful. Rapid growth and expansion of retail businesses and increased visibility of street-front stores and signage has also created a sense of normalization, making cannabis use appear a more mainstream activity.
- ***Those using cannabis commonly reported having used cannabis for a long period of time.*** A large number of participants across regions mentioned that they, or other older adults they know, had begun consuming cannabis in their teenage or young adult years. For the most part, it was believed that legalization of cannabis has not induced first-time usage among this age cohort, but rather made it more comfortable and socially acceptable to continue usage or start again.

### Reasons for Use

- ***There is considerable overlap between using cannabis for medical and non-medical purposes, with many reporting dual motives for using cannabis.*** For many, cannabis usage amongst older Canadians is believed to be mostly for non-medical purposes, or for both non-medical and medical purposes where they are self-medicating. For non-medical purposes, cannabis is used to relax and unwind from the daily pressures of life, or for pleasure in social settings as an outing or event involving friends or relatives. Cannabis is also consumed alone, for relaxation, to enhance creativity, or for increased concentration. For some, it has become a habitual activity.
- ***Older Canadians identify a wide range of health-related benefits associated with cannabis usage, predominantly helping with pain management, addressing stress/anxiety/depression, and acting as a sleep aid.*** Regardless of usage, participants consistently identified a variety of health benefits associated with cannabis, such as helping to deal with anxiety and stress; coping with depression; improving sleeping habits / eating habits; addressing pain and physical discomfort; providing a sense of calm and relaxation; and providing a break or distraction from undesirable realities or mundane activities. For those using cannabis, it was also often seen as a natural, cost-effective, and less addictive adjunct or alternative to certain prescription medications (e.g., opioids).



- ***While many participants cite using cannabis for medical purposes, very few source it through a medical authorization.*** Sourcing cannabis through a medical authorization was extremely rare among participants, especially following legalization. That said, cannabis is commonly used to address undiagnosed medical conditions, with those who use cannabis relying on their own knowledge and personal experience to self-medicate. Not having a family doctor, physicians' preference for prescription medicine over cannabis, their limited knowledge with the substance, a certain stigma, the higher cost of medical-grade cannabis, and the perception that an authorization is not needed explain why participants using cannabis do not seek an authorization. Regardless of cannabis use, participants do not commonly or frequently discuss usage of cannabis with their family doctor.

### Risks

- ***Overall, cannabis was generally viewed as having minimal risks to its usage. The most common risks reported from cannabis use pertain to potential lung damage from smoking and possible dependency.*** Regardless of usage, older Canadians recognized that using cannabis comes with certain health risks and harms, although the health impacts are not fully understood. Further, the potential for unintended side effects or adverse reactions from cannabis due to its interactions with other medications was not clear due to limited lived or witnessed experiences. The most widely recognized health effect from cannabis use was the impact it can have on lung health, which is not surprising given that smoking was the preferred method of consumption. This was deemed a serious consequence, with the potential for long-term and permanent damage. Addiction and dependency were other commonly cited risks; however, participants who use cannabis tended not to view themselves as being personally dependent on cannabis and generally felt that they would be able to cut down or stop their usage with few exceptions.
- ***Despite clear disapproval of driving after cannabis use, it was believed to be somewhat commonplace.*** Driving after having consumed cannabis was perceived as posing a risk and it was generally not endorsed. That said, it was believed to be commonplace, with the level of risk being influenced by the consumption method, the length of time between usage and driving, and an individual's own tolerance level.
- ***Few participants who use cannabis have experienced negative interactions between cannabis and prescription drugs or other substances.*** Few participants report having had experienced negative experiences when consuming cannabis with other substances, and thus they believed it posed minimal risks to take cannabis with other medications.
- ***Participants using cannabis appeared knowledgeable regarding strategies to lower the risks associated with cannabis.*** Using an alternative consumption method to smoking, not mixing substances, purchasing from a reliable source, and using cannabis in a safe environment and in



the presence of others were identified as ways to minimize the risks and harms associated with cannabis usage.

### Access & Sourcing

- ***Cannabis is most often accessed from regulated stores, and to a lesser extent, online or from home-grown sources.*** Regulated stores are considered to be a convenient and safe experience, with knowledgeable staff, although the product is deemed of lower quality, with limited selection, and higher prices. Online sources offer wider selection, better prices, and fast delivery. That said, there appears to be some confusion as to whether the online retailers used are legal and regulated. A website that appears professionally designed, with safe point of sale practices, and the capability to ship products quickly and easily, was assumed to be a legal vendor.
- ***Regardless of their cannabis usage, participants appreciated that having regulated stores meant that products are generally safer to use, consistent in dosage, and free from dangerous additives.*** One of the perceived benefits of legalization was to provide a safe and trusted point of sale, with set product standards that minimize the risks associated with cannabis usage.
- ***Enhanced product selection, lower costs, and improved product quality would motivate those using cannabis to increasingly purchase from regulated sources.*** Where participants have developed a sense of confidence in purchasing from unregulated retailers, they would look for regulated stores to offer a competitive product offering to be of appeal.

### Polyuse

- ***Polysubstance use was mixed amongst participants using cannabis, though generally infrequent.*** While some reported using cannabis as a supplement to alcohol to avoid the undesirable effects of alcohol the next day, others use it as a replacement. Many intentionally avoid mixing cannabis with other substances as it intensifies negative side effects.

### Public Education

- ***There was limited to no recall of public education about cannabis in recent years, especially any messaging that presents the risks and harms of cannabis use targeting older adults.*** Most recalled public education initiatives related to messaging warning against using cannabis/drinking and driving (notably the campaigns by MADD, and the SAAQ in Quebec).
- ***Cannabis-related information was felt to be available and accessible, especially online, although older Canadians have not actively sought that kind of material to inform their decisions.*** Despite a perception that cannabis information is readily available online, very few participants who use cannabis have felt the need to look for such information to assist with their choices. Instead, they rely on their own experience or that of people they know.





- **Older Canadians showed curiosity in enhancing their understanding regarding the use of cannabis, notably the potential risks and harms to an individual's health, and the potential benefits it offers.** Older Canadians want to better understand risks of long-term cannabis use; however, they were equally interested in knowing both the potential benefits. Questions raised by participants who use cannabis typically relate to dosage and varying effects by strain, including the relative risk levels of each, and clarification or confirmation regarding the potential risks and harms resulting from long-term usage on different health outcomes. Information related to the safe use of cannabis was also of interest among those currently using it.
- **Older Canadians were most receptive to receiving balanced and evidenced-based information about using cannabis in a way that educates people, and from a trusted source.** Participants who use cannabis felt a balanced approach is essential, otherwise the overall credibility of messaging may be in question. As such, trusted sources of cannabis information included people with lived experience and well-recognized online medical sources (e.g., Health Canada and the Mayo Clinic). In addition, cannabis retail store employees are a trusted source of product-related information (e.g., how it is grown, strains, potency levels, usage, and side-effects). While physicians are trusted, they were generally considered less informed, and more judgemental.
- **Distribution of information to older Canadians should be done through a variety of communication mediums, and with important considerations in mind.** Preferred information sources for older Canadians include traditional media, social media (Facebook), online medical websites, pharmacies, health practitioners, and printed materials at the point of purchase (e.g., cannabis stores). In addition, participants shared the following advice to inform the development of a public education campaign:
  - Make any messaging visual, short and concise
  - Individual stories make scientific information more easily digestible and memorable
  - Cite sources of information/ share statistics / factual information
  - Separate analysis/information between medical and non-medical consumption
  - Provide balanced information. Discuss pros and cons of cannabis for older Canadians – recognize the good it can do and that the benefits may outweigh the risks
  - Don't sensationalize; stick to the facts
  - Highlight the importance of medical guidance (while appreciating physicians may not endorse its usage)
  - Share benefits and risks for all ages, rather than focusing on specific age groups



## Introduction

### Context

#### Cannabis Use Among Older Canadians

Cannabis consumption among older Canadians (55 and over) has increased since the legalization and regulation of cannabis. Evidence indicates that older adults are at unique risk for cannabis-related harms, given physiological and psychological changes associated with aging, and the increased risk of experiencing drug interactions with cannabis due to their higher prevalence of comorbidities and poly-medication. That said, there is limited understanding of cannabis use among older adults, including their attitudes, usage patterns, reasons for use, risk perceptions, sourcing of cannabis, knowledge of health risks and exposure to risk-messaging, and their perspectives of cannabis legalization and regulation.

In the context of cannabis legalization and regulation in Canada, minimizing the harms associated with cannabis use is an overarching goal of the *Cannabis Act*. Health Canada aims to gather qualitative information to support multiple files surrounding cannabis use and broader substance use including informing public education, data surveillance, and access to cannabis for medical purposes.

### Objectives

The objectives of this POR were to explore older adults’:

- attitudes and experiences surrounding cannabis use (e.g., use history, medical and/or non-medical use, sourcing cannabis, perceived benefits/risks, polyuse, cannabis-impaired driving)
- perspectives on the impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences, awareness of risks)
- perspectives on public education on cannabis use (e.g., awareness and exposure, perceived impact, knowledge of risk, desired content, and delivery)

This report presents the findings of the research. It also includes a description of the methodology, the recruitment screener (Appendix A) and the moderator’s guide (Appendix B).



## Research Methodology

### Target Audience

The target audience for the study included Canadian adults 55 years or older.

### Research Approach

A total of 20 online focus groups were conducted from November 1<sup>st</sup> to 8<sup>th</sup>, 2023. The following table provides an overview of sessions by audience, segments, location, and language.

Breakdown of Focus Group Sessions – Adults 55yrs+							
		BC & North (YT, NT)	Prairies (MB, SK, AB)	Ontario/ Nunavut	Atlantic (NL, PE, NS, NB)	Quebec	Total Groups
		English					
Older adults who use cannabis	Male	1	1	1	1	1	5
	Female	1	1	1	1	1	5
Older adults who do not use cannabis	Male	1	1	1	1	1	5
	Female	1	1	1	1	1	5
<b>Total</b>		<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>20</b>

Each group included a mix of communities (within each region), ages (within range), household living situation, household income, education, and ethnic background. Participants who use cannabis were defined as those who had used cannabis at least once during the past five years. Participants defined as not using cannabis included those who had never used cannabis, and those who had not used it for at least ten years.

Individuals with current or past employment in sensitive occupations were excluded from the research, in addition to those who have others in the household in this situation. These sectors included marketing, marketing research, public relations, advertising, media, , graphic design, provincial or federal government departments or agencies related to healthcare, the field of drug treatment, licensed cultivators, processors, or sellers of cannabis, law enforcement, and the legal sector. In addition, individuals who have been to at least five qualitative sessions in the past five years, those who have attended a session in the past six months, and those who have participated in group discussions related to cannabis were excluded from the research during the recruitment process.

In total, 10 people were recruited for each focus group. From 200 recruited individuals, 188 took part across all group sessions. Each group discussion lasted between 90 minutes and two hours. In total, 189 incentives of \$125 each were distributed, including one to a recruited individual who was unable to participate due to technical difficulties during the login process. All discussions were held in English except in Quebec where the sessions were conducted in French. For the focus groups, all participants had access to a computer or tablet with high-speed internet and a webcam, or a smartphone, to take part in the session.



All participants were recruited per the recruitment specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met. Three moderators were involved in this project to accommodate the timeline and language requirement. Sessions were video recorded for analysis purposes, and online polls were used to capture participants' individual opinions to be incorporated into the analysis. An online chat function was also made available for participants to use in addition to the verbal discussion, as desired, and the inputs were considered in the analysis of findings.

## Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are exploratory and cannot infer causation.



## Research Findings

### Commonality / Normality

#### Current Situation

***Cannabis consumption among adults 55 years and older was perceived to be an increasingly common practice.***

Across the country, the use of cannabis was generally considered to be a common and accepted practice among those aged 55 years or older, especially since it was legalized in Canada. It was believed that cannabis consumption is something that more people now admit to doing, and a choice that people are increasingly comfortable with in social settings. As would be expected, participants who use cannabis were notably more likely than those who do not to describe usage as common place, with most reporting using cannabis daily or weekly. Across participants who do not use cannabis, several people indicated they were unaware of anyone in their age group, within their immediate social circle (i.e., close friends and family), who consumed cannabis on a regular basis.

*“I think it’s used a lot by people in my age group. We were raised in the sixties and seventies when it was a really a big thing and I think a lot of us kept it up.” Female using cannabis*

*“I’m going to say [it’s] extremely common right now...in terms of my age group, all the way up to my parents’ age.” Female using cannabis*

*“I don’t think it’s terribly common, at least in my circle of friends anyway.” Male not using cannabis*

***Legalization has normalized the use of cannabis, reduced stigma, and contributed to a perception that it is of lesser harm.***

It was generally felt that the negative stigma has diminished notably, and the public is more open to cannabis usage since it was legalized in Canada. The fact that cannabis consumption was made legal by the government, and that it is sold in regulated stores, was perceived by participants as meaning it was not so harmful. Rapid growth and expansion of retail businesses, increased visibility of street-front stores and signage (with an increased frequency more than coffee shops), seeing cannabis use in public, witnessing friends and family members using cannabis, smelling cannabis in public spaces, and witnessing cannabis usage be more mainstream and acceptable to the general public contributed to its normalization. Some participants using cannabis indicated that the use of cannabis at a social setting is very common, with a perception that Canadians are generally more comfortable in discussing cannabis usage openly and publicly, and those using it are more likely to discuss the benefits they have experienced from using cannabis for medical purposes.



*“My mother who is in her eighties wouldn’t ever consider smoking, even for medical reasons, when it was illegal. But as soon as it was legalized, the next day we had her trying it and she quite enjoyed it.” Female not using cannabis*

*“Legalizing it has made it more prevalent and I haven’t found that there’s anybody in my circle that thinks negatively of anybody who smokes.” Male not using cannabis*

## Use History

***The majority of participants initiated cannabis use long before legalization.***

For many participants who use cannabis, usage dates back to early teenage years when they smoked cannabis for non-medical purposes. As such, many participants reported being long-term users of cannabis, consuming cannabis for multiple decades, at various frequencies. For some females who use cannabis, a break from cannabis usage was taken to have a family, with usage resuming once their children reached a certain age (e.g., teenagers, who did not require as much supervision) or were grown, while others indicated that a resurgence of usage happened following legalization.

*“While I was pregnant and raising my kids I stopped, then when they were both in school, I slowly started a little bit here and there.” Female using cannabis*

*“I’ve been smoking for 45 plus years - recreationally as a youngster, and now more infrequently and focused toward pain management.” Male using cannabis*

For the few who reported starting cannabis usage in recent years, or following legalization, usage typically started for medical purposes (e.g., pain management, sleep aid, etc.). Regardless of when they started, cannabis is now primarily relied on by those using it for non-medical purposes in social settings, and/or at home, alone, to treat symptoms related to pain or a sleep disorder.

## Reasons for Use

***There is considerable overlap between using cannabis for medical and non-medical purposes, with many reporting dual motives.***

The reasons older Canadians consume cannabis was believed to be for the most part for non-medical purposes, notably in small social settings with friends and family, and for both non-medical and medical purposes whereby most are self-medicating. This perception was shared regardless of personal cannabis consumption, with participants using cannabis also often describing their cannabis usage as being pleasurable, and often habitual (e.g., using cannabis as a way to unwind at the end of a day). Non-medical usage is predominantly done in social settings, during an outing or event involving friends or relatives. In those situations, cannabis is consumed for pleasure, as a means of sharing a moment or experience with others.



*“Sometimes it’s a nice social thing. Just to share a joint with a group and chat.” Male using cannabis*

*“It becomes part of your life, becomes part of your lifestyle after a while, you know, it’s just part of how you live.” Male using cannabis*

*“[My neighbours] I think they just [use cannabis] because they sit and relax and talk with the family as a group and unwind...and it’s only on the weekends.” Male not using cannabis*

*“In my opinion they use it for the feelings they get from it, or to be social.” Male not using cannabis*

*“I like the act of smoking, though, like the culture around it. Rolling. Social part if there are other people around.” Male using cannabis*

*“It helps you unwind after a long day, [and it’s] better than drinking.” Male using cannabis*

*“It’s good to relax and talk. Lots of people open up after they’ve smoked a little bit, and they want to have a conversation.” Male using cannabis*

*“Cannabis sends serotonin to the brain, which gives me a sense of well-being.” (Original quote: Le cannabis envoie de la sérotonine au cerveau ce qui me crée un sentiment de bien-être.) Female using cannabis*

Cannabis is also consumed alone, for relaxation or to enhance creativity (e.g., music / art / sexual), or improve concentration. For some, it has become a habitual activity (e.g., part of their ‘morning/evening routine’) or is considered a lifelong hobby. That said, participants using cannabis, even those who report frequent cannabis use (e.g., daily) generally did not believe they themselves are physically or psychologically dependent on cannabis, although they recognized that this may be an issue for others.

*“I use cannabis for relaxation and also to be more connected to nature. It allows me to feel good.” (Original quote: J’utilise du cannabis pour la détente et aussi pour être plus connecté à la nature. Ça me permet de me sentir bien.) Female using cannabis*

*“[Unlike alcohol] there is no hangover! It helps me to open [my] mind and see what is in front of me.” Male using cannabis*



## Medical Use

***Cannabis was seen as a natural, cost-effective and less addictive alternative to prescription medication that helps people cope with their condition(s).***

For many, cannabis has provided an enhanced quality of life and has allowed them to reduce or eliminate prescription or over-the-counter drugs to address their situation or reduce their alcohol intake (e.g., using cannabis as an alternative to alcohol). Further, cannabis was considered less expensive than alcohol if purchased online, on reserve, or if home grown. Regardless of cannabis usage, participants also reported that they believe cannabis can help older Canadians sleep, act as a coping mechanism for certain issues/conditions (e.g., social anxiety disorders), in addition to addressing health concerns that become more prevalent or acute with age, such as pain.

*“For pain - there's a huge transition between you know when you were in your forties and all of a sudden 50 hits and it hits you like a bus, you know.” Female using cannabis*

*“I use it both recreationally and [for] pain. I have fibromyalgia...for about 10 years now [so I use it for that].” Male using cannabis*

*“The benefits are amazing because I'm not in good shape and it really helps me cope with my [health] condition.” Male using cannabis*

*“[It] relieves pain and discomfort, [and is an] alternative to alcohol.” Male using cannabis*

*“[There are many benefits.] Stress relief, anxiety relief, pain relief, help sleeping, creative boost, relaxation and enjoyment.” Female using cannabis*

*“Physical functionality, mental functionality, especially if anxiety is an issue, better sleep, which results in better physical health.” Female using cannabis*

*“[I use it] usually for health reasons. CBD handles arthritis, neurological issues, and numerous other things, topically and internally. THC is also useful, especially [in helping with] stress.” Female using cannabis*

*“It helps reduce anxiety, and it's good for 'feeling good'.” Male using cannabis*

*“It provides pain relief after intense physical activity.” (Original quote: Ça me permet de soulager la douleur après des activités physiques intenses.) Male using cannabis*

*“I started two years ago when I had a breakdown. I saw the positive effects right away; I felt better and less negative.” (Original quote: J'ai commencé il y a deux ans quand j'ai*





*fait une dépression. J'ai vu les effets positifs tout de suite; je me sentais mieux et moins négative.) Female using cannabis*

*"[I know a lot of] the older ladies at work are actually using edibles or gummies at nighttime these days because work is stressful, and they just need to sleep." Female using cannabis*

*"I've always used [cannabis] to help me sleep as I have bad insomnia." Female using cannabis*

Key health-related benefits associated with cannabis usage include:

- helping deal with anxiety, depression, and/or stress (sometimes as a result of work and homelife demands)
- improving quality of sleep / making it easier to fall asleep, which in turn can improve physical and mental functionality
- addressing pain and physical discomfort (e.g., injury, chronic conditions such as arthritis, multiple sclerosis, cancer, glaucoma)
- stimulating a person's appetite / managing nausea (deemed especially useful for someone going through cancer treatment)
- creating a sense of calm /relaxation
- providing a break or distraction from life's realities (e.g., distraction while doing household chores)

While participants not using cannabis were sometimes more skeptical of the effectiveness of cannabis use when looking to treat certain severe and/or chronic conditions, others noted having friends and family in their age group using cannabis for effective pain management, which further contributes to positive perceptions of its usage.

*"[There are medical benefits, but] I'm not convinced the benefits outweigh the dangers." Male not using cannabis*

The usage of cannabis in combination with prescription medication and/or over the counter medications (e.g., acetaminophen and ibuprofen) varied. Some, particularly those who use cannabis for medical purposes, saw cannabis as a natural, cost-effective, and less addictive adjunct or alternative to prescription medication (e.g., opioids) to treat certain ailments or conditions.

*"I had major surgery, and they send you home with these like heavy duty narcotics and I found for pain, they weren't touching it. My husband recommended I use cannabis ...and it made the world of difference for the pain. It was unreal. I couldn't believe it." Female using cannabis*



*"I went off the [prescription] medication [I was using] and I went strictly to smoking cannabis. And, I've never had a problem since." Male using cannabis*

*"I've stopped sleeping pills and some of the other stuff since I started reusing weed for that specific reason, but I still got a bag full of [prescription drugs] I got to take every day." Male using cannabis*

*"[It's] perhaps a better substitute to Oxycontin or other pain killers. [It's] better than using sleeping pills." Male not using cannabis*

***While many cited using cannabis for medical purposes, most are not authorized to use cannabis by a health care practitioner.***

Sourcing cannabis through a medical authorization was extremely rare among participants, especially following legalization. Very few participants reported having consulted with a medical professional regarding their cannabis use for medical purposes. That said, cannabis was routinely cited as being used to address undiagnosed medical conditions as mentioned above, with participants who have been using cannabis for a long time relying on their own knowledge and experience to guide their dosage, and/or on the advice and expertise from other people using cannabis they know.

*"[Originally] I did [have medical authorization] because in those days, when [my doctor] had given me that, there were the stores, medical stores, but you had to have that [authorization] in order to go to them. And then when it became legal, I stopped."*

While many indicated that their family doctor is aware of their cannabis usage, most do not discuss it during regular appointments (or when it is discussed, it is typically only done in passing). Participants, regardless of cannabis usage, generally felt that doctors can be judgemental about cannabis use.

*"I was about to [try and get medical authorization for using cannabis] and then we went legal. My family doctor does know [I use it], but he's never ...commented [outside of asking if I was a smoker.]" Female using cannabis*

*"I think it's still not promoted or accepted by a lot of doctors, which might impact some people not trying it... [I know my current doctor] hasn't got there yet [in terms of considering cannabis as a form of treatment]." Male not using cannabis*

Others felt that doctors generally consider cannabis a last resort and not a viable substitute for prescription medications. This proved problematic to many participants using cannabis, as prescription drugs are sometimes cost prohibitive. Further, it was a point of frustration to many that 'medical cannabis' is taxed and is not covered by a health plan and it cannot be claimed as a taxable health benefit on tax returns. With many older Canadians being on a fixed income in retirement years, some seek out more cost-effective sources as a matter of course.



## Risks

*Cannabis use was viewed as having minimal risks or harms, apart from potential lung damage from smoking, and dependency.*

### Health Risks and Harms

While participants most often professed to have a moderate knowledge level of the health risks and harms of cannabis, those using cannabis were specifically more likely than those who do not to report having a higher overall knowledge level of the health risks associated with cannabis use.

Across locations, and regardless of cannabis usage, the side effects of smoking cannabis (similar to smoking cigarettes) relating to lung damage and breathing problems were most noted as associated risks. Other side effects included an increased risk of lung cancer due to overuse or extended use, and potential damage to other organs (e.g., heart), albeit to less of an extent. Of note, a few of those using cannabis indicated they had already changed to alternative cannabis products, such as edibles, or were interested in making such a change, in order to lower their risk of experiencing issues with their lungs.

*“I assume it is bad for your health – the same as cigarette smoking.” Male not using cannabis*

*“Our lungs were not designed to inhale smoke. Look at what happened during the wildfires – people were having all sorts of breathing issues because of smoke. Well, if you’re sitting there, if you’re lighting up a cigarette or you’re lighting up a joint, you’re sucking smoke into your lungs. I’ve never smoked. So, for me, I can’t understand why people would do that.” Male not using cannabis*

*“I have a lot of bronchial issues now so actually smoking a joint is a horrific experience.” Female using cannabis*

*“[I smoke less now.] It’s just these little hits here and there. There are no whole joints anymore. You cough your guts out if you smoke the whole joint.” Male using cannabis*

Other harms, although mentioned to a lesser extent, included risk of addiction/dependency, impaired driving, long-term memory issues, increased heart rate / blood pressure (with an increased risk of heart disease/stroke), fatigue or lethargy, unhealthy eating habits / overconsumption and weight gain.

*“In small doses, I’m not sure if there are any significant risks [to using cannabis]; however, as with any drug, there is always a risk of becoming dependant and over-using, especially for pain management or anxiety...” Female using cannabis*



*“If I used cannabis, it would prevent me from controlling my diabetes. I know other diabetics [who used cannabis] who have suffered and died [because they weren’t taking proper care of themselves].” Male not using cannabis*

A few also noted that cannabis use can negatively affect someone’s personality and behaviour (e.g., being more withdrawn, lacking focus, being inattentive/unmotivated, etc., depending on whether the person is using), thus making them less productive in their day-to-day life, and less able to make important life-decisions as they may not have a full understanding of the consequences of their actions.

*“Consuming too much is like any excess... This can be detrimental to health, especially mental health.” (Original quote: Trop consommer est comme tout excès...cela peut nuire à la santé, notamment la santé mentale.) Male using cannabis*

*“One of the reasons that I stopped for a while also was [at the time I really] didn't know what I was getting and I became extremely paranoid as a pot smoker and I had to take a break.” Female using cannabis*

*“Serious risks of psychosis, mental health disorders, increased anxiety and suicidal ideation, especially amongst young adults with developing brains.” Female not using cannabis*

In addition, a few participants who use cannabis noted that, depending on the particular strain or potency level, cannabis could actually increase their level of anxiety, or make them paranoid. Finally, although not considered a risk, the unappealing smell of cannabis smoke was cited as a negative by some.

For some, particularly participants who are not using cannabis, cannabis is sometimes thought of as a ‘gateway drug’, which may lead to the use of ‘harder’ and/or more addictive drugs that may be more harmful. That said, many, especially those using cannabis, felt that there were potentially few risks of negative side effects especially in comparison to alcohol and other prescription medications.

*“[It] can be a gateway drug and reduce energy and productivity.” Male not using cannabis*

*“My husband, who has a very addictive personality, he avoids smoking pot because it has led him down a really bad path of other drugs and alcohol.” Female using cannabis*

*“Risks would be like most things – overuse, causing impairment or addiction.” Male not using cannabis*

*“To me there is a risk with everything, and if I enjoy it – at my age, I’m going to do it.” Female using cannabis*



Personal experience, or that of others, is often used to determine the potential risks or harms from using cannabis. Indeed, several participants using cannabis reported not having experienced negative effects, or noted having a wide circle of friends/family who have used cannabis for a long time, and who do not appear to be suffering any visible repercussions, nor have they experienced negative drug interactions as a result of their cannabis use. These experiences reinforced the beliefs that the risks cannot be extreme.

*“I haven’t found any risks yet.” Male using cannabis*

Across multiple locations, participants not using cannabis spoke of the harms of cannabis use to youth, particularly in relation to brain development, cognitive development, and mental health implications. Associated risks to younger adults held particular relevance to this audience since many participants were parents or grandparents of teenagers or young adults who have used cannabis, with many having experienced mental health issues. As such, it was generally felt that using cannabis when the brain is not fully developed poses significant risk to youth, especially for those who may be genetically predisposed to certain mental health conditions.

*“Not being specific to my age group, [but] I think the harms include impaired driving, dependence on substances to cope with life rather than solving problems. Zoning out on real life. The fallout is very prevalent.” Female not using cannabis*

*“Not all long-term effects are known, but [cannabis is] probably not good for youth whose brains are still developing.” Male not using cannabis*

*“I do think from what I’ve studied, it affects frontal cortex development. So, I’m pretty hardcore against people not using it before 25.” Female using cannabis*

*“[With cannabis use there are] serious risks of psychosis, mental health disorders, increased anxiety and suicidal ideation, especially amongst young adults with developing brains.” Female not using cannabis*

## Cannabis Use and Driving

***Despite clear disapproval of driving after cannabis use, it was believed to be somewhat commonplace.***

When considering risks, across audiences and locations, older Canadians generally concurred that driving after consuming cannabis poses a clear risk and is not recommended. Further, some expressed concern that it is not easy for authorities to determine if drivers are under the influence, especially with some consumption methods. The duration that cannabis can stay in a person’s system was also seen as another key concern when evaluating influence. While most participants using cannabis professed that they did not drive after consuming cannabis, others felt that some people using cannabis believe they know their tolerance to drive, and a few considered themselves a more attentive or cautious driver after consuming cannabis.



*"I don't get high and drive. I won't do it. You've got to treat it with the same respect you give to alcohol. Know your limits." Male using cannabis*

*"I don't drive, but even if I did, I wouldn't [drive after using cannabis]. It's the same as driving [and] drinking alcohol." Male using cannabis*

*"It's a drug...therefore it affects your reactions and perspective...don't do it." Female using cannabis*

*"I drive, but not immediately after [using cannabis]. I'm going to take some, but I'm going to go home only at the end of the night. A good two hours passes between the time I smoke and the time I drive." (Original quote: *Moi je conduis mais pas immédiatement après [avoir consommé du cannabis]. Je vais en prendre, mais je vais rentrer chez moi juste en fin de soirée. Il s'est passé un bon deux heures entre le temps que je fume et que je conduis.*) Female using cannabis*

## Lower-risk strategies

***Participants using cannabis appeared knowledgeable regarding strategies to lower the risks associated with cannabis.***

Participants noted a range of strategies to reduce the risks, harms, or negative effects of cannabis. Given the prevalence of smoking as a form of cannabis consumption, it is not surprising that use of alternative consumption methods was most often suggested as an action to reduce the potential negative effects of cannabis (i.e., avoiding combusted cannabis inhalation, giving preference to non-smoking methods including edibles, tincture, topical). In addition, controlling the quantity, dosage amount (THC/CBD level), and frequency of usage was mentioned as ways to reduce the potential risks of cannabis consumption, especially those participants using cannabis who may be predisposed to experience negative effects. Not mixing substances (cannabis and alcohol or other drugs), using cannabis from a reputable supplier, and using cannabis in a safe environment and in the presence of trusted individuals (especially for the first time, or when using new products/higher dosages) were also perceived as ways to mitigate the potential risks of usage. That said, many participants having used cannabis for a long time felt their previous experience, and knowing their 'limit', well-positioned them to manage the effects of cannabis, although they recognized the need for such information amongst those whose usage of cannabis is recent.

A few participants also suggested that those using cannabis should self-reflect on their usage from time to time, especially when using cannabis for medical purposes to ensure they are not simply relying on it out of habit (e.g., if using it as a sleep aid, checking to see if you can have an effective night's sleep without cannabis). Such self-reflection could help people using cannabis to identify an overreliance of cannabis, and if support is needed.

*"When you're getting it off someone, you don't know what's added in there." Female using cannabis*



*“You have to be able to assess yourself. If you are alone and your mood isn’t good, you don’t smoke.” (Original quote: Il faut être capable de s’évaluer; si on est seul et que le moral n’est pas bon, on ne fume pas.) Male using cannabis*

*“I try to limit myself during the week when I work and when I am with my son.” (Original quote: J’essaie de me limiter durant la semaine quand je travaille et quand je suis avec mon fils.) Female using cannabis*

## Access & Sourcing

Cannabis sourcing varied based on familiarity and ease of access. Despite long-time sourcing preferences for some, legalization was perceived to have notably increased access to cannabis. Cannabis is generally accessed through three primary means:

### Regulated Stores

***Cannabis is most often accessed from in-store regulated sources.***

Purchases of cannabis via regulated, local stores is often done due to ease of access and a lack of familiarity with other retail options. In addition, staff were often seen as highly knowledgeable, trusted sources for information on product options. That said, there was some criticism that regulated stores offer products that are perceived to be of lower quality (e.g., less fresh; lower potency) and higher priced with limited product selection.

*“Most of the people I know who are purchasing it always used to buy it from private dealers, but all eventually switched to government regulated stuff, just for safety reasons. They didn’t switch right away after it was legalized, but eventually, it seems like the ones I talk to, that’s where they get it from.” Male not using cannabis*

*“I go to the [retail] stores because I don’t trust anybody.” Female using cannabis*

*“Having these shops actually made it a little safer...I feel comfortable knowing that [people] are going to a place that’s regulated rather than somebody who just put some fentanyl or something else inside there...” Female using cannabis*

### Online Stores

***Online orders are common, though whether the websites sell regulated or unregulated products is unclear to most.***

While in-store purchases at regulated, local stores are common, some participants who use cannabis choose to buy it online to avail themselves of a wider product selection, with products being offered at notably lower costs. That said, there appears to be some confusion as to whether the online retailers used are legal and regulated. Participants using online stores did not believe they are doing anything wrong by purchasing product from such sources and felt that these businesses are legitimate retail stores. A website that appears professionally designed, with



safe point of sale practices, and the capability to ship product quickly and easily, was assumed to be a legal vendor. As such, online stores hold high appeal for some, especially those using cannabis who are price sensitive.

*“Recently I've been going online. I find the stuff that I buy online, I can't even get it matched in price in the stores. Price is much better online, and it's always good [product].” Female using cannabis*

*“[I've bought online for years, and] I'm very happy with the prices. And every now and then they'll send me a little jar of hash free just to say thank you for your orders.” Female using cannabis*

*“I get it online. I don't know if it's regulated. The [growers] have to be regulated, but I don't know if [the online stores] do.” Male using cannabis*

*“I order [cannabis] online...I've only ever gone to NSLC once actually. [Online they use] local delivery companies. There are local people here that deliver it to you just order it online and they deliver it for a \$5 fee... [I think] they grow it themselves as far as I know...but I'm really not a hundred percent sure.” Female using cannabis*

*“I don't [know if online is regulated,] and is that important? I think the owners, the growers themselves, regulate themselves.” Male using cannabis*

### **Home Grown**

***Home-grown sources of cannabis are less common, though still mentioned by participants.***

A few participants who use cannabis, especially those in more rural areas, reported that they grow it themselves, and have for some time. A few others commonly get their cannabis from people they know (e.g., friend/family member, or a dealer for whom they have known for years) who grow it themselves and/or obtain it from other suppliers (presumably from other local growers; however, the origin may not be known). In some instances, cannabis is supplied at no-cost, being received as a ‘home grown gift’. While lower cost was seen as a clear advantage for using home grown products, participants who use cannabis noted disadvantages as well, specifically having less knowledge about the product being consumed, and a lack of product choice.

*“...I think the stuff I've been getting recently from friends isn't actually that great...If I'm going to smoke a joint, I actually want to get high when I'm finished. Cause what's the point of smoking it. If I'm not going to feel something, and I find that the ones that I now get from the government stores or any of the other dispensaries - I have a few favorites - I can look at what the THC content is in it and I can know like I can get a blend or I can get [exactly] what I'm looking for.” Female using cannabis*





*“The only reason I would ever go and buy it at a store would be to get like a specialty thing like a joint rolled in hash or something like that- a treat.” Female using cannabis*

**Regardless of their cannabis usage, participants appreciated that having regulated stores meant that products are generally safer to use, consistent in dosage, and free from dangerous additives.**

In addition to increasing the accessibility of cannabis generally, across groups, several participants noted that legalization provided a safe and trusted point of sale source, with set standards in place that ensure products are both safe and pose less potential risk compared to products from an unknown source and of unknown potency. Regulated stores were clearly seen as the ‘safest’ choice for those using cannabis, offering consumers the highest level of consistency in quality standards, and making a range of products readily available for consumers, despite somewhat lacking in variety of formats. Participants using cannabis also saw clear benefit in terms of knowing more about the product they are consuming and having more choice in terms of the types of products available compared to pre-legalization.

*“What I like about it being legal now [is] before you didn’t know if you were getting a Sativa or [some other strain]. You didn’t [know]. You just got what you got from your drug dealer – not knowing what it was or how it was going to affect you. Whereas now – like my preference is to smoke Sativa, because Indica just makes me too stupid, and not motivated. So, it’s given me choice.” Female using cannabis*

*“I’m not worried about making sure that there’s no fentanyl in it [when buying from a regulated store], that there’s nothing [else] in it. I know that’s also something that’s happening a lot, especially in my area. Where I work in the city, the overdose crisis is crazy and they’re saying that it’s mixed in pot now. I just know that it’s clean, and I can go home and smoke a joint and I’m not going to have a problem.” Female using cannabis*

*“I find that there’s a lot of people using cannabis now. They’re trying it and smoking new and different stuff because now it’s not just marijuana anymore. Now we have new things.” Female using cannabis*

**Enhanced product selection, lower costs, and improved product quality would motivate those using cannabis to increasingly purchase from regulated sources.**

While accessing a safe product is an important factor in their choice of retailer, there was a perception that trusted sources are safe, regardless of whether they are regulated or not. As such, accessing a safer product is not as much of a differentiator for regulated retailers, with consumers looking for an expanded and more price-competitive product offering that is more aligned with what they are used to accessing through unregulated retailers (e.g., availability of various cannabis forms and potency levels and fresher product). A few noted that they would be reluctant to switch their supply providers, regardless.



*"I find the effects of non-regulated lasts longer than the effects of [products bought at the regulated, retail stores]." Female using cannabis*

*"I think that the public aspect of it being available through government stores is a positive thing, but I know a lot of people that won't buy from the government stores [regardless]. They go back to their regular growers." Female using cannabis*

## Poly-substance use

***Poly-substance use was mixed amongst participants using cannabis. While some reported using cannabis as a supplement to alcohol, others use it as a replacement.***

Cannabis was noted by some participants as being a replacement to alcohol, believing cannabis caused milder and shorter lasting side-effects, and minimizing the undesirable effects of alcohol the next day (e.g., no hangover). Moreover, several participants who use cannabis noted they intentionally avoid mixing the two because each intensified the negative side-effects experienced. Others reported using cannabis and alcohol in combination; however, this was typically done on an irregular or limited basis, and often in social situations (e.g., consuming a small amount of cannabis during an evening where alcohol is also being served).

*"I came from an alcoholic family. My mother was extremely alcoholic, and I often wished [cannabis was legal back then]; she'd probably still be alive today if she had just smoked weed." Male using cannabis*

*"I don't have a problem having alcohol when I smoke weed. It just enhances the experience." Male using cannabis*

*"If I am out like for a drinking evening, like we, you know, have at a party or in a pub or something, I smoke less weed than I normally would if I wasn't drinking... I will smoke some, but I definitely smoke less because I know that the effects for me ... it will hit me a lot harder [if I use too much of both]." Female using cannabis*

Cannabis was generally seen as a replacement for prescription medication among those using cannabis to relieve symptoms. That said, few participants, regardless of cannabis usage, considered the potential risks posed by using cannabis and prescription medication concurrently.

*"I had a triple bypass four years ago and they put me on a string of medications for pain - a whole bunch of stuff, and I did the research on the medications and you know you take this stuff and it's supposed to fix one thing, and it does damage to something else like your liver...[and] my doctor suggested cannabis, [but to] not go off my medication, but I did it my own way. I went off the medication and I went strictly to smoking cannabis and I've never had a problem since." Male using cannabis*



***Few participants who use cannabis have experienced negative interactions between cannabis and prescription drugs or other substances.***

Given their experience with using cannabis, most were comfortable in their long-term usage and professed to be well aware of its interactions when taken with other substances, or felt such negative interactions were uncommon.

## Public Education

### Exposure and Recall of Public Education

***There was limited to no recall of public education about cannabis in recent years, especially messaging that presents the risks and harms of cannabis use.***

Top of mind information or advertisements were generally limited to campaigns targeting a younger age group, or specific to messaging related to drinking alcohol and consuming cannabis while driving. MADD, and the SAAQ in Quebec, were consistently identified as the source for these campaigns.

While the information presented was generally perceived to be trustworthy, exposure was limited and infrequent, with little detail remembered. In most instances, of the few ads participants recalled, the purpose of the ad was generally felt to be more directive rather than informative in nature (e.g., being told not to drive after consuming cannabis, rather than simply listing out the potential risks and harms that may be experienced).

### Perceived Trusted Sources of Information

***The most trusted sources of cannabis information involved those with lived experiences, although older Canadians appreciate the overall ease of obtaining information via online sources. It was generally felt that staff in stores (both regulated and non-regulated) are well versed in the products they sell and able to provide advice on cannabis to help with consumers' choices.***

Someone with extensive experience using cannabis was often seen as a trusted source of information on cannabis and its health effects or risks. The accessibility, volume of content and confidentiality provided by the Internet also makes it an attractive source of information, with general Google searches being the most common starting point. Very few specific sites mentioned, apart from Health Canada and the Mayo Clinic, were seen as credible and trustworthy sources for all topics related to health. Those working in cannabis retail stores were generally deemed to be trusted sources of information, given their wide exposure to cannabis products. They were considered well versed in various aspects of the industry (how the product is grown, strains, potency level, uses, side-effects, etc.).

*"I would ask my daughter-in-law [for advice or recommendations when it comes to questions I would have about cannabis] because she's very knowledgeable...[through her past employment at a cannabis dispensary] she's educated herself on the [potential risks and harms, usage limits, etc.]." Female using cannabis*



*“In the couple of times I was at a dispensary [not for myself, but with someone else], I did ask a few questions, and [staff] seemed knowledgeable. It’s like when you go to the liquor store; if you want to ask the staff some questions, they can quite often advise you...they’re kind of the front line [in terms of knowledge of effects and forms most beneficial for specific situations].” Male not using cannabis*

Doctors, while considered trustworthy, were largely deemed less informed on cannabis, with a perceived stigma against patients undergoing treatment with cannabis. Moreover, due to doctor shortages across the country, with a notable portion of Canadians without a primary care physician and those with a physician having difficulty securing timely appointments, older Canadians tended to believe cannabis information is more easily accessed through alternative sources within the healthcare field, such as pharmacists.

*“To be credible, I believe that the information should be in the form of pamphlets in pharmacies, clinics, doctors’ offices, hospitals; In fact, any place that relates to health.” (Original quote: Pour être crédible je crois que l’information devrait se trouver sous forme de dépliants dans des pharmacies, des cliniques, chez les médecins, dans les hôpitaux; en fait, partout en ce qui a trait à la santé.) Female not using cannabis*

## Desired Content

***Despite expressing limited interest in receiving information about cannabis, when prompted, participants using cannabis were interested in having additional retail consumer information available, particularly in relation to the risks of consuming cannabis over the long-term.***

Regardless of usage, older Canadians generally felt they know what they need to know about cannabis and its health risks/effects, or lack interest in the topic/product. Participants using cannabis considered themselves well versed on the topic. Questions they raised typically related to dosage and varying effects by strain, including the relative risk levels of each, and clarification or confirmation regarding the potential risks and harms that may be experienced due to long-term usage. They would like to understand what they should know in their usage to ensure a safe and consistent experience, with participants using cannabis commonly expressing interest in receiving such information at retail locations and via pharmacists. For those not using cannabis, interest in such information was generally limited solely to youth related issues.

*“[I] would like to learn about long-term medical effects because there’s really nothing there that says what the long-term effects of cannabis are.” Male using cannabis*

*“I would advise them to prioritize the schools more than maybe sending pamphlets at houses for parents and children to read together.” Participant not using cannabis*

*“I’d like to know how bad it can be on the brain. And also understand the younger ones and what they see in cannabis. I would share the information with my daughters-in-law.*



*To talk about it together.” (Original quote: J’aimerais savoir le côté néfaste que ça peut avoir sur le cerveau. Et aussi pour comprendre les plus jeunes et ce qu’ils voient [dans le cannabis]. Je partagerais l’information avec mes belles filles. Pour en parler ensemble.) Male not using cannabis*

When asked what advice they would give Health Canada if it wanted to inform older Canadians of the health risks and benefits associated with cannabis use, participants offered a wide range of suggestions, with key directives including:

- Make any messaging visual, short and concise
- Individual stories make scientific information more easily digestible and memorable
- Cite sources of information/ share statistics / factual information
- Separate analysis/information between medical and non-medical consumption
- Provide balanced information. Discuss pros and cons of cannabis for older Canadians – recognize the good it can do and that the benefits may outweigh the risks
- Don’t sensationalize; stick to the facts
- Highlight the importance of medical guidance (while appreciating physicians may not endorse its usage)

*“For an older demographic, the main message should be communicated mainly through traditional media - TV, Radio, Newspaper. Specific information should be available online and through pamphlets at doctors’ offices and pharmacies. It should outline scientifically based risks and benefits.” Male not using cannabis*

*“[Make it] one page, simple, endorsed by unrelated, arms-length bodies with nothing to gain.” Male not using cannabis*

*“To make available studies on the potentially harmful effects on the brain and lungs for people over 55 years of age! The idea of doing an insert or podcast is interesting.” (Original quote: De rendre disponible les études sur les effets potentiellement nuisibles pour le cerveau et les poumons pour les personnes de plus de 55 ans! L’idée de faire un encart ou une balado est intéressante.) Male using cannabis*

*“I would like them to clarify exactly the differences in products and their effects depending on the age of the person who is using. Specify a section by age group and distinguish between consumption patterns.” (Original quote: J’aimerais qu’ils précisent exactement les différences de produits et leurs effets selon l’âge de la personne qui consomme. Spécifier une section par groupe d’âge et distinguer les habitudes de consommation.) Male using cannabis*



*“Health Canada should clarify that just because consumption is legal does not mean there are no adverse health effects. I remember an ad campaign that said “moderation tastes much better.” Health Canada should advertise this.” (Original quote: Santé Canada devrait préciser que ce n'est pas parce que la consommation est légale qu'il n'y a pas d'effets néfastes sur la santé. Je me souviens d'une campagne publicitaire qui disait que “la modération a bien meilleur goût”. Santé Canada devrait faire une publicité dans ce sens.) Female not using cannabis*

*“[Make it like] the advertisements for prescription medicine, and they say ‘this is what it's good for’ and then you get all of those [risks lists out, that] it may cause this [or that]...it needs to be balance.” Female using cannabis*

## Perceived Ways to Inform / Educate Older Canadians About Risks

***Older Canadians, particularly those using cannabis, were most receptive to receiving balanced and evidence-based information about using cannabis, including its benefits and risks. Distribution of information to older Canadians should be done through a variety of communication mediums.***

Distribution of information for older Canadians will require use of multiple distribution channels. Suggestions reflected participants’ preference for printed material as a reference, and that they typically place trust in health care professionals. With many older Canadians not having a family doctor and many participants questioning the level of in-depth knowledge physicians tend to have concerning cannabis, the importance of pharmacists was highlighted, particularly given their expertise related to potential drug interactions.

Key information distribution sources included:

- Traditional media (TV, radio, newspaper, billboard)
- Social media (Facebook)
- Online (Health Canada website)
- Pharmacies
- Health practitioners/ doctors’ offices
- Printed materials at the point of purchase (at cannabis stores, with products purchased)

*“[Government] always do big ad campaigns for smoking or alcohol use ... Why can't they do the same thing about cannabis [talking about the risks and harms]?...making it more in the public’s eye – what are some of the side-effects or what some of the hazards can be. It’s all well and fine to say that it’s legal, but [you need to inform them of the potential risks].” Male not using cannabis*



When asked what approach and format should be used as Health Canada considers how to best inform and educate older Canadians about the risks and health effects of cannabis, participants provided general direction. Across groups, older Canadians appeared most receptive to receiving balanced information based on factual evidence, with a focus on the issues deemed to be personally relevant. If there are notable, clear health risks associated with long-term cannabis use, that are especially relevant to people their age, participants were interested in learning more; however, they were equally interested in learning more about the potential benefits associated with cannabis. Consistently, participants using cannabis noted that focusing on just the risks and harms of cannabis would limit the overall credibility and trustworthiness of the information presented. As such, presenting factual information about cannabis in a balanced manner is key.

In addition, a few older Canadians expressed interest in hearing testimonials from their peers who have experienced challenges or harms as a result of using cannabis. Such stories can be seen as relatable and add credibility to the risks and harms of cannabis use for those who may not have personally experienced serious adverse reactions.

Of note, across groups, a few participants felt that older Canadians in general, particularly those who have used cannabis for extended periods, may be a difficult audience to try and sway behaviours when it comes to making 'less risky' decisions pertaining to cannabis consumption. As such, some felt there would be greater value in targeting the younger generation.

*"I think it's the young people we need to protect. [People our age] we're going to do what we're going to do. Nothing is going to change our minds at this point...the older people, that's a harder market...we're stubborn." Male not using cannabis*



## Conclusions

The following provides broad conclusions from the research findings.

- ***Cannabis consumption among older Canadians was perceived to be a relatively common practice and was increasingly viewed as a normalized behaviour since legalization in Canada.*** Legalization was considered to be a major contributor to the normalization of cannabis use for non-medical purposes, including a perception that it is of lesser harm compared to other substances (e.g., alcohol). In addition, rapid growth and expansion of retail businesses and increased visibility of street-front stores and signage has created a sense of normalization, making cannabis use appear a more mainstream activity. Though legalization was deemed to help curb stigma of cannabis use, some participants noted that stigma still exists.
- ***Aside from non-medical purposes, participants also commonly report using it for -medical purposes, predominantly for helping with pain management, stress/anxiety/depression, and acting as a sleep aid.*** Cannabis usage amongst older Canadians was believed to be mostly for non-medical purposes (for relaxation or pleasure, alone or in social settings), or for both non-medical and medical purposes. For those using cannabis, it is also often seen as a natural, cost-effective, and less addictive adjunct or alternative to certain prescription medications (e.g., opioids). Cannabis used for medical purposes is seldom sourced through a medical authorization.
- ***Overall, cannabis was generally viewed as having minimal health risks, with potential lung damage and possible dependency being most commonly mentioned.*** A few broad risks or potential harms from cannabis use were commonly identified, though the potential for health risks, unintended side effects or adverse reactions from cannabis on its own, or due to its interactions with other medications, was unclear. Given the reported preferred method of cannabis consumption, the most widely recognized health effect from cannabis use was the impact smoking cannabis can have on long-term lung health. Addiction and dependency were other commonly cited risks associated with cannabis use; however, participants using cannabis tended not to view themselves as being personally dependent on cannabis and generally felt that they would be able to cut down or stop their usage, if desired, with few exceptions. Despite clear disapproval of cannabis-impaired driving given the risks it poses, it was believed to be somewhat commonplace.
- ***Cannabis is most often accessed from regulated stores.*** Regulated stores provide a safe and convenient experience, with knowledgeable staff, despite the product selection, price, and quality being lesser than online retailers. There appears to be some confusion as to whether the online retailers used are legal and regulated, with the quality of the website and online retail experience, and familiarity with the retailer suggesting that they are legal vendors. Home-grown sources of cannabis are less common.





Regardless of their cannabis usage, participants appreciated that having regulated stores meant that products are generally safer to use, consistent in dosage, and free from dangerous additives. While safety is important, enhanced product selection, lower costs and improved product quality would motivate cannabis purchases from regulated sources.

- ***Polyuse was mixed amongst participants using cannabis, though generally infrequent.*** While some reported using cannabis as a supplement to alcohol to avoid the undesirable effects of alcohol the next day or to enhance effects, others use it as a replacement. Many intentionally avoid mixing cannabis with other substances as it intensifies negative side effects.
- **There was limited recall of information or messaging on the risks and harms of cannabis use.** Older Canadians were most receptive to receiving balanced and evidenced-based information about using cannabis in a way that educates people on the potential risks and harms to an individual's health, while at the same time acknowledging the potential benefits it offers. The most trusted sources of cannabis information involved those with lived experiences, retail staff, and to a lesser extent, online and through health practitioners, such as pharmacists. Sites like Health Canada and the Mayo Clinic were mentioned by some as trustworthy sources since they provide research-based information and statistics.

Appendix A:  
Recruitment Screener

## Cannabis use among older adults in Canada: Exploring perspectives and experiences following cannabis legalization - Recruitment Screener – Final

Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date	Group	AST	EST	Participant Time	Audience	Language	Moderator
Wed Nov 1	1	6:30PM	5:30PM	7:00PM/6:30PM	Atlantic – Female Non-Users	EN	LG
	2	7:00PM	6:00PM	6:00PM	Ontario/Nunavut – Male Non-Users	EN	CP
	3	9:00PM	8:00PM	7:00PM/6:00PM	Prairies – Female Non-Users	EN	LG
	4	9:30PM	8:30PM	6:30/5:30PM	BC/North – Male Non-Users	EN	CP
Thur Nov 2	5	6:30PM	5:30PM	7:00PM/6:30PM	Atlantic – Male Non-Users	EN	LG
	6	6:30PM	5:30PM	5:30PM	Quebec – Male Non-Users	FR	CP
	7	7:30PM	6:30PM	6:30PM	Ontario/Nunavut – Female Non-Users	EN	MB
	8	9:00PM	8:00PM	7:00PM/6:00PM	Prairies – Male Non-Users	EN	LG
	9	8:30PM	7:30PM	7:30PM	Quebec – Female Non-Users	FR	CP
	10	9:30PM	8:30PM	6:30/5:30PM	BC/North – Female Non-Users	EN	MB
Mon Nov 6	11	6:00PM	5:00PM	6:30PM/6:00PM	Atlantic – Female Users	EN	CP
	12	7:00PM	6:00PM	6:00PM	Ontario/Nunavut – Male Users	EN	LG
	13	7:30PM	6:30PM	6:30PM	Ontario/Nunavut – Female Users	EN	MB
	14	8:30PM	7:30PM	6:30PM/5:30PM	Prairies – Male Users	EN	CP
	15	9:00PM	8:00PM	6:00/5:00PM	BC/North – Female Users	EN	LG
	16	9:30PM	8:30PM	6:30/5:30PM	BC/North – Male Users	EN	MB
Tues Nov 7	17	6:30PM	5:30PM	5:30PM	Quebec – Male Users	FR	CP
	18	8:30PM	7:30PM	7:30PM	Quebec – Female Users	FR	CP
Wed Nov 8	19	6:30PM	5:30PM	7:00PM/6:30PM	Atlantic – Male Users	EN	LG
	20	9:00PM	8:00PM	7:00PM/6:00PM	Prairies – Female Users	EN	LG

Breakdown of Focus Group Sessions							
		BC & North (YT, NT)	Prairies (MB, SK, AB)	Ontario/ Nunavut	Quebec	Atlantic (NL, PE, NS, NB)	Total Groups
Cannabis users	Male	1	1	1	1	1	5
	Female	1	1	1	1	1	5
Non-users	Male	1	1	1	1	1	5
	Female	1	1	1	1	1	5
<b>Total</b>		<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>20</b>

Specification Summary	
<ul style="list-style-type: none"> <li>• 20 <u>online</u> focus groups:               <ul style="list-style-type: none"> <li>○ <b>Four (4) English groups</b> with <b>Males aged 55+</b> in each of <b>Atlantic</b> (NB, NL, NS, PE); <b>Ontario; Prairies</b> (AB, SK, MB); <b>British Columbia &amp; North</b> (NT, NU, YT) who are <b>cannabis users</b></li> <li>○ <b>Four (4) English groups</b> with <b>Males aged 55+</b> in each of <b>Atlantic</b> (NB, NL, NS, PE); <b>Ontario; Prairies</b> (AB, SK, MB); <b>British Columbia &amp; North</b> (NT, NU, YT) who are <b>non-cannabis users</b></li> <li>○ <b>Four (4) English groups</b> with <b>Females aged 55+</b> in each of <b>Atlantic</b> (NB, NL, NS, PE); <b>Ontario; Prairies</b> (AB, SK, MB); <b>British Columbia &amp; North</b> (NT, NU, YT) who are <b>cannabis users</b></li> <li>○ <b>Four (4) English groups</b> with <b>Females aged 55+</b> in each of <b>Atlantic</b> (NB, NL, NS, PE); <b>Ontario; Prairies</b> (AB, SK, MB); <b>British Columbia &amp; North</b> (NT, NU, YT) who are <b>non-cannabis users</b></li> <li>○ <b>One (1) French group</b> with <b>Males aged 55+</b> in <b>Quebec</b> who are <b>cannabis users</b></li> <li>○ <b>One (1) French group</b> with <b>Males aged 55+</b> in <b>Quebec</b> who are <b>non-cannabis users</b></li> <li>○ <b>One (1) French group</b> with <b>Females aged 55+</b> in <b>Quebec</b> who are <b>cannabis users</b></li> <li>○ <b>One (1) French group</b> with <b>Females aged 55+</b> in <b>Quebec</b> who are <b>non-cannabis users</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• In all groups, mix of age (within range), household situation and ethnic backgrounds</li> <li>• All have lived in their respective market for at least two years</li> <li>• Incentive: <b>\$125</b> per participant</li> <li>• 10 recruited per group</li> <li>• Group discussion lasts <b>90 minutes</b> although participants commit to a 2-hour session.</li> </ul>

**RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY:** "Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours."

**RECRUITER NOTE: If a respondent wishes to verify the validity of the study, please contact:**  
**Government of Canada: 1-800-926-9105; questions@tpsgc-pwgsc.gc.ca**  
**Narrative Research: 888-272-6777; focusgroups@narrativeresearch.ca**

## SECTION G: General Introduction

Hello, my name is \_\_\_\_\_ and I am calling on behalf of Narrative Research, a national market research company. Would you prefer that I continue in English or French? / Préférez-vous continuer en français ou anglais?

**RECRUITER NOTE - FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH: "J'appelle aujourd'hui concernant les groupes de discussion qui se tiendront en anglais. Désirez-vous qu'un collègue vous rappelle afin de vous inviter à participer à un groupe de discussion qui aura lieu en français?" IF YES, ARRANGE CALL BACK**

Let me assure you that we are not trying to sell you anything. We are conducting a public opinion research project for the Government of Canada, and we are looking for adults aged 55 or older to take part in a 2-hour online focus group that will be scheduled from <INSERT DATE> to <INSERT DATE>. Participants will receive a financial incentive if they qualify to take part. Is this something you might be interested in?

Yes ..... 1

No ..... 2 **THANK & TERMINATE**

The purpose of this group discussion is to explore opinions and perceptions on the topic of cannabis, also known as weed, or marijuana, and the impacts of cannabis legalization and regulation. The intention is not to talk about personal consumption, although the topic may come up in conversation. Health Canada will use this information in different ways, one of which to inform cannabis public education. Your participation is voluntary and the discussion will not be attributed to you in report publication. No attempt will be made to sell you anything or change your point of view.

[IF ONLINE, PROVIDE A LINK TO NARRATIVE RESEARCH'S PRIVACY POLICY AT THE BOTTOM OF EACH PAGE: <https://narrativeresearch.ca/privacy-policy/#politique-de-confidentialite%C3%A9> ]

[IF BY PHONE: Narrative Research's privacy policy is available upon request. IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]

This research is registered with the Canadian Research Insights Council Research Verification Service.

[IF NEEDED, SPECIFY: to verify the research, you can visit

<https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en>

The survey registration number is: **20231005-NA500**

The format of the focus group is an informal small online group discussion led by a professional moderator. May I ask you a few quick questions to see if you are the type of participant we are looking for? This should take about 7 or 8 minutes.

Yes ..... 1

No ..... 2 **SCHEDULE CALL BACK IF POSSIBLE & THANK & TERMINATE**

*\*IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly.*

## SECTION P: Profiling Questions

To begin, do you or any member of your household currently work in or has retired from...? [SHOW RESPONSES – RANDOMIZE – CODE ALL THAT APPLY]

- Marketing/Market Research.....1
- Public relations.....2
- Advertising .....3
- Media (TV, Radio, Newspaper) .....4
- Graphic Design .....5
- Provincial or federal government department or agency related to healthcare .....6
- An organization in the field of drug treatment .....7
- A licensed cultivator, processor or seller of cannabis .....8
- Law enforcement .....9

A legal or law firm .....10

**INSTRUCTIONS: If yes to any of the above, thank & terminate**

Into which age group are you? Stop me when I reach your age group. Are you...? **[SHOW RESPONSES IN ORDER]**

Less than 55..... 1  
 55-59 ..... 2  
 60-64 ..... 3  
 65-69 ..... 4  
 70-74 ..... 5  
 75-79 ..... 6  
 80 and older ..... 7

**INSTRUCTIONS: If Less than 55 (Codes 1) Thank & Terminate. Recruit a good mix of ages in each session.**

Are you **[READ]**?

Male..... 1  
 Female; or ..... 2  
 Another gender ..... 3  
 Prefer not to answer ..... 4

**INSTRUCTIONS: If Male (Code 1), consider for MALE groups. If Female (Code 2), consider for FEMALE groups. If 'Another gender' or 'Prefer not to answer' mentioned at P3, ask P3A.**

P3A. We are conducting a session primarily with those who identify as male, and another session primarily with those who identify as female. In which of the two sessions would you prefer to participate?

Male..... 1  
 Female; or ..... 2  
 Neither ..... 3

**INSTRUCTIONS: If Male (Code 1), consider for MALE groups. If Female (Code 2), consider for FEMALE groups. If Neither (code 3), say "There are no sessions scheduled for people identifying as another gender as part of the current study. This audience is included in another study." and thank & terminate**

Approximately when did you last use cannabis (also known as marijuana, pot, or weed) for recreational and/or medicinal purposes? **[SINGLE RESPONSE]**

In the past year ..... 1  
 More than a year, but less than 5 years ago ..... 2  
 More than 5 years, but less than 10 years ago ..... 3

- 10 years or more ..... 4
- I have never used cannabis..... 5
- Prefer not to say..... 6

**INSTRUCTIONS:** If “in the past year” (code 1), or “more than one year ago, but less than 5” (code 2), consider for USER groups. If “never” (code 5) or “10 years or more” (code 4), consider for NON-USER groups. If “more than 5 year, but less than 10 years ago” (code 3), keep on hold and check with supervisor; and if “prefer not to say” (code 6), thank & terminate

In which community and province or territory do you currently live?

Record name of city/village/community: \_\_\_\_\_

Record name of province/territory: \_\_\_\_\_

**INSTRUCTIONS:** Recruit mix of communities within each region

Which of the following best describes your current household situation? Are you living...? **[SINGLE RESPONSE]**

- By yourself.....1
- With a spouse or partner (without children).....2
- With a spouse or partner and my/their children .....3
- With my children.....3
- With one or more roommates.....4
- With your parents and/or siblings .....5
- In a retirement home, or an assisted living facility .....6
- Other (Specify: \_\_\_) .....7

**INSTRUCTIONS:** Aim for a mix in each group

What is your current employment status? **[SHOW RESPONSES IN ORDER]**

- Working full-time (at least 30 hours per week).....1
- Working part-time (less than 30 hours per week) .....2
- Self-employed .....3
- Retired.....4
- Unemployed.....5
- Student .....6
- Other (Specify: \_\_\_\_\_) .....7
- Unsure/Prefer not to answer.....8

What was your household’s total income last year? That is, the total income of all persons in your household combined, before taxes? Note that this information will remain confidential. **[SHOW RESPONSES IN ORDER]**

- Under \$20,000 ..... 1
- \$20,000 to under \$40,000 ..... 2

\$40,000 to under \$60,000 .....	3
\$60,000 to under \$80,000 .....	4
\$80,000 to under \$100,000 .....	5
\$100,000 or more .....	6
Unsure/Prefer not to answer.....	7

**INSTRUCTIONS: Aim for a mix in each group**

What is the highest level of education that you have completed? **[SHOW RESPONSES IN ORDER]**

Some high school or less.....	1
Completed high school .....	2
Some CEGEP/college/university .....	3
Completed CEGEP/college/university.....	4
Post-graduate studies .....	5
Unsure/Prefer not to answer.....	8

**INSTRUCTIONS: Aim for a mix in each group**

To make sure that we speak to a diversity of people, could you tell me what is your ethnic background?  
**[MULTIPLE RESPONSES KEEPING CODE 9 EXCLUSIVE]**

White/European (for example, German, Irish, English, Italian, French, Polish, etc.) .....	1
Hispanic, Latino, Spanish (for example, Mexican, Cuban, Salvadoran, Colombian, etc.) .....	2
Black or African Canadian (for example, African Canadian, Jamaican, Haitian, Nigerian, Ethiopian, etc.) .....	3
East Asian (for example, Chinese, Filipino, Vietnamese, Korean, etc.) .....	4
South Asian (for example, East Indian, Pakistani, etc.) .....	5
Middle Eastern or North African (for example, Lebanese, Iranian, Syrian, Moroccan, Algerian, etc.) .....	6
Indigenous (e.g. First Nations, Métis, Inuit).....	7
Other (Specify: ____ ) .....	8
Unsure/Prefer not to answer .....	9

**INSTRUCTIONS: Recruit good mix of ethnic background and good representation of racialized communities in each group**

## SECTION N: *Netfocus* Questions

The focus groups for this project will be conducted online on the Zoom platform and will require the use of a laptop or desktop computer, or a computer tablet, connected to high-speed Internet and equipped with a webcam, a microphone and speakers. **Note that you cannot use a smartphone to access the online session. The screen of those electronics is simply too small for the purpose of this research project.**

NF1. Do you have access to a laptop or desktop computer, or a computer tablet, with high-speed Internet to take part in this focus group? **[MULTIPLE RESPONSES KEEPING CODE 3 EXCLUSIVE]**



- Yes, laptop or desktop computer ..... 1  
 Yes, computer tablet ..... 2  
 No ..... 3

**INSTRUCTIONS: If no, thank & terminate**

NF2. Is the computer or tablet you will use for the focus group equipped with a webcam, a microphone and speakers you will be able to use?

- Yes, webcam, microphone, and speakers ..... 1  
 Yes, microphone and speakers only ..... 2  
 No ..... 3

**INSTRUCTIONS: If no, thank & terminate**

NF3. You will need to be in a place that is quiet and free of distractions for the duration of the session. This includes being on your own, without pets, children or other people nearby, and in a quiet room. An outdoor area, a vehicle, or a public place are **NOT acceptable** locations. Are you able to secure a quiet environment without distractions or noises for the duration of the focus group session?

- Yes ..... 1  
 No ..... 2

**INSTRUCTIONS: If no, thank & terminate**

**INSTRUCTIONS FOR NF1-NF3 THANK & TERMINATE: Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.**

## SECTION R: Previous Focus Group Experience Questions

I just have a few more questions...

Have you ever attended a group discussion or interview for which you received a sum of money?

- Yes ..... 1  
 No ..... 2

**INSTRUCTIONS: Max 4 recruits per group who answered "yes". If "yes" continue. If "no", go to SECTION I: Invitation**

When was the last time you attended a group discussion or interview? \_\_\_\_\_

How many groups or interviews have you attended in the past 5 years? \_\_\_\_\_ **MAX 4**

What was the subject(s) of the focus group(s) or interview? \_\_\_\_\_

**THANK AND TERMINATE IF THEY HAVE...**

- been to 5 or more groups in the past 5 years (max 4 groups/interviews attended)
- attended a focus group in the past six months.
- ever attended a group discussion on cannabis, or any other related names, marijuana, pot, weed, etc.

**SECTION I: Invitation**

Based on your responses so far, we would like to invite you to participate in a small group discussion that will be conducted online at <INSERT TIME> on <INSERT DATE>. The session will bring together 8 to 10 people and it will last **up to 2 hours**. We will send you a link to join the online focus group via Zoom and during the session, you will provide input on questions developed by the Government of Canada. In appreciation for your time to attend the focus group, you will receive **\$125** after the session.

Are you available and interested in taking part in this focus group?

Yes ..... 1

No ..... 2

**INSTRUCTIONS: If no, thank & terminate**

The discussion in which you will be participating will be video recorded for research purposes only.

Be assured that your comments and responses are collected only for the purpose of this research study and shared only with the project team, on a need-to-know basis. The recordings will be only provided to the research team, and they will be destroyed after one year, as per our industry standards. Further, your name will not be included in the research report. Knowing this, are you comfortable with the discussion being video recorded?

Yes ..... 1

No ..... 2

**INSTRUCTIONS: If no, thank & terminate**

There may be employees from the Government of Canada who will be listening in on the discussion. Your first name, and the first letter of your last name, will be shown during the focus group, and we will see you if you are using your webcam, but no other personal information will be shared with other participants, or with government employees listening in. Knowing this, are you comfortable with having observers?

Yes ..... 1

No ..... 2

**INSTRUCTIONS: If no, thank & terminate**

Which of the two official languages, English or French, do you speak most often on a regular basis?

**[SINGLE RESPONSE]**

English ..... 1

French..... 2  
Both equally ..... 3

**INSTRUCTIONS: Must answer French (code 2) or both (code 3) for Quebec groups**

The group discussion will be held [GROUPS X,X,X in French] [ALL OTHER GROUPS: in English].

Participants may be asked to read simple text, write simple responses and/or review images during the session. Are you able to take part in these activities [GROUPS X,X,X in French] [ALL OTHER GROUPS: in English] on your own, without assistance?

Yes ..... 1  
No ..... 2  
Unsure ..... 8

**INSTRUCTIONS: If “no” or Unsure, thank & terminate**

Could we please confirm the email address where we can send you the instructions to log in to the focus group session?

**Record email address (and verify):** \_\_\_\_\_.

We will send you by email the log-in instructions at least 1 day in advance of the group. The group discussion will begin promptly at <TIME> and will **last up to 2 hours**. Please log in on time to ensure that the session is not delayed. If you arrive late, we will not be able to include you in the discussion and will not provide you with the incentive.

As mentioned, we will be pleased to provide everyone who participates with **\$125**, provided by e-Transfer or cheque, as you’d prefer. It takes approximately 5 business days to receive an incentive by e-Transfer or approximately 2-3 weeks following your participation to receive an incentive by cheque.

Would you prefer to receive your incentive by e-Transfer or cheque?

e-Transfer ..... 1  
Cheque ..... 2

**[IF PREFER TO RECEIVE INCENTIVE BY E-TRANSFER – CODE 1 IN Q16]** Could you please confirm the e-mail address where you would like the e-transfer sent after the focus groups?

Email address: \_\_\_\_\_

And please confirm the spelling of your name: \_\_\_\_\_

The e-transfer password will be provided to you via email following the group.

**[IF PREFER TO RECEIVE INCENTIVE BY CHEQUE – CODE 2 IN Q16]** Could I have the mailing address where you would like the cheque mailed after the focus groups?

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

And please confirm the spelling of your name: \_\_\_\_\_

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. If you are unable to take part in the study, please call \_\_\_\_\_ (collect) at \_\_\_\_\_ as soon as possible so a replacement may be found. Please do not arrange for your own replacement.

So that we can call you to remind you about the focus group or contact you should there be any last-minute changes, can you please confirm your name and contact information for me? **[CONFIRM INFORMATION ALREADY COLLECTED AND CHANGE/COMPLETE AS NECESSARY]**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**INSTRUCTIONS: If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be protected in accordance with the Privacy Act and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. Only their first name and the first letter of their last name will be shown during the session. If they still refuse THANK & TERMINATE.**

Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

#### **Attention Recruiters**

Recruit **10 respondents per group**

CHECK QUOTAS

Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE

Do not put names on profile sheet unless you have a firm commitment.

Repeat the date, time and verify email before hanging up.

#### **Confirming – DAY BEFORE GROUP**

Confirm in person with the participant the day prior to the group– do not leave a message unless necessary

Confirm all key qualifying questions

Confirm date and time

Confirm they have received the login instructions

Appendix B:  
Moderator's Guide

## Moderator's Guide – Final

*Cannabis use among older adults in Canada: Exploring perspectives and experiences following cannabis legalization (POR #056-23)*

### Introduction

10 minutes

- **Welcome:** Introduce self & research firm & role as moderator (keep on time/on topic)
- **Length, Topic & Sponsor:** For the next hour and a half, we will explore your thoughts about cannabis, a drug also known as weed or marijuana. Our discussion is part of research being undertaken by the Government of Canada.
- **Your Role:** Share your opinions freely and honestly; not testing your knowledge.
- **Process:** Explain focus groups; all opinions are important; no right/wrong answers; respect opinions of others; looking to understand different opinions – so if you don't feel the same as others, that's fine; talk one at a time (raise virtual hand); interested in hearing from everyone but participation is voluntary.
- **Logistic:** Audio/video taping for reporting only; observation from government employees.
- **Confidentiality:** Your comments will not be attributed to you in any reports; no names/other information that could identify you will be in reports.
- **Online Platform:** Review online tools: raise hand; mute/unmute; chat box; polls.
- **Participant Introduction:** who lives with you; and what is your main occupation (without naming employers if you are employed).

### General Thoughts and Experience with Cannabis

[45 min – users; 30 min – non users]

*Objective: Examine older adults' attitudes and experiences surrounding cannabis use (e.g., use history, medical and/or non-medical use, sourcing cannabis, perceived benefits/risks, polysubstance use, cannabis-impaired driving).*

As I mentioned, we'll be talking about cannabis today. To begin, I have a few poll questions to ask you individually – you can base your responses on personal experience or on what you have heard or know about cannabis, this is your personal opinion. I'll be the only person seeing your responses and I will not ask you to share them with the group:

#### [POLLS – OPINIONS]

1. Why do people your age use cannabis?
2. What, if anything, are the benefits to using cannabis?
3. What, if anything, are the risks or harms to using cannabis?

#### General Discussion – ASK ALL:

- How common do you think it is for people your age to use cannabis?
- Do you think there is a stigma associated with cannabis use among people your age? If so, what is that stigma?
- What are your general thoughts/opinions on someone driving after using cannabis?

## Cannabis Usage - [ASK USERS ONLY]

One thing all of you have in common is you use cannabis. I'd like to learn a little more about your usage of cannabis. I've got another poll for you...

### [POLL – USAGE]

1. **Is your cannabis use generally for non-medical purposes (known as 'recreational use'), medical purposes (known as therapeutic use), or both? [Non-medical purposes, medical purposes, both]**
  - How long have you been using cannabis?
    - *[If had used years ago then stopped, then re-started]*: Why did you re-start? (Can probe 'legalization' if needed)
  - Is your current cannabis use tied in any way to your previous experiences with cannabis (teenage years, young adulthood)?
  - If you only started using cannabis recently or in adulthood, and not in your youth, why did you start using cannabis?
  - How do you see your usage in 5-10 years? Do you see your usage changing?
  - What are the reasons you use cannabis? PROBE: is that for non-medical purposes (known as 'recreational use'), medical purposes (known as therapeutic use), both)?
  - What do you enjoy about using cannabis? Does it benefit your life in any way?
  - Is there anything you dislike about using cannabis? In what ways do you think cannabis use negatively impacts your life?
  - Are you aware of strategies to lower the risk of harms associated with cannabis?
  - **[non-medical purposes, users]** – For those of you who are using cannabis for recreational or non-medicinal purpose, take me through a typical week/day when you use cannabis? How do you prefer to use cannabis (probe for consumption method, amount/dose, cannabinoid type (THC and/or CBD) and if with a friend/alone).
  - **[medical purposes, users]** – For those of who using cannabis for medicinal purpose...was cannabis ever recommended to you by anyone to help treat your medical condition (can probe family, friend, doctor, media)? If not, why do you use cannabis for medical purposes? How do you know what product and dose to use?
    - Do you have an official medical authorization from a health care practitioner to use cannabis for medical purposes?
      - If no, are there reasons/barriers why you did not ask for or receive a medical authorization from a health care practitioner?
      - If yes, what are you authorized to use (probe dose, product type/consumption method)? What do you see as the benefits of having a health care practitioner involved? Why did you choose to seek out an authorization from a HCP rather than seek out cannabis products directly from retail stores?
  - Have you ever experienced unintended side effects/adverse reactions from cannabis (e.g., from interactions with other medications, from using too much, from little guidance)?
    - If yes, did you communicate these to your health care practitioner? If not, why not?
  - How often do you follow up with your health care practitioner regarding your cannabis use?

- If yes, do you find that helpful?
  - If no, why not?
- How often do you use cannabis with alcohol, nicotine, or other drugs? What about prescription medication?
- Does using cannabis change your use of other medications?
  - Did you communicate this effect to your health care practitioner?
- Does your doctor generally ask you about your cannabis use?
- Have you ever felt that you are physically or psychologically dependent on cannabis?
  - If yes, tell us about your experience?
- Have you wanted to cut down or stop your cannabis use in the past?
  - If so, what was your experience with trying to reduce your cannabis use?
- Where do you typically get your cannabis? (legal/illegal in-store, online, someone gave it to me, home grown)
  - Are you able to tell the difference between a regulated cannabis store/retail that sells cannabis (in-person or online) and an unregulated cannabis store/retail that sells cannabis? How so?
- *[If source cannabis through someone else]*: Why do you get your cannabis from that source? Do you know where they get the cannabis from?

### **Cannabis Usage [ASK NON-USERS ONLY]**

- Have you ever used cannabis? If so, when? For what purpose?
- Why do you think people your age use cannabis? **PROBE:** (is that for non-medical purposes (known as ‘recreational use’), medical purposes (known as therapeutic use), both)?
- In what ways, if any, do you think cannabis use can benefit someone’s life?
- And how do you think cannabis use can negatively impact someone’s life? Any other health risks or harms?
- What are your impressions of the ‘pros and cons’ of cannabis use for medical purposes?
- If you or someone you know was thinking of using cannabis for medical purposes, what would you consider?
- What if anything, could be done to reduce the risks or harms of cannabis use?
- Do you think it’s important for older adults who use cannabis for medical purposes to be monitored by a health care practitioner? Why / why not?

### **Impact of Legalization**

*15 minutes*

*Objective: Determine older adults’ perspective on the impact of cannabis legalization and regulation on various cannabis-related indicators (e.g., stigma, use patterns, access/source of cannabis, consumption methods, product preferences, awareness of risks).*

### **ASK ALL**

It’s been five years since cannabis was legalized in Canada.

- Did legalization of cannabis for non-medical purposes change the way you think about or use cannabis?



- If so, how? (**PROBE:** *changes in attitudes, perceived stigma, patterns of use, sourcing, consumption methods, product preference and potency, public consumption*).
- What are your thoughts on Canada legalizing cannabis for non-medical purposes?
  - Have there been advantages - if so, what are they?
  - What about disadvantages? What do they include?

### Knowledge / Public Education / Influences

25 minutes

**Objective:** Determine older adults' perspective on public education on cannabis use (e.g., awareness and exposure, perceived impact, knowledge of risk, desired content, and delivery)

**ASK ALL** - Our attitudes, knowledge, and behaviours are influenced by what we learn.

- Generally, where do you get trusted information on cannabis? Why do you trust these sources?

### [POLL – OVERALL KNOWLEDGE]

1. How would you rate your overall knowledge of cannabis' health risks? [Excellent, Very Good, Good, Fair, Poor]

### Exposure:

- Within the last year, have you seen information or public education on the risks or harm of using cannabis? Where did you see this information? How trustworthy was it?
- Do you recall what it was about?
  - Have you ever noticed public messaging about the risks of using cannabis specifically **among older age groups**?
  - Where have you most often seen information on cannabis health effects?

### Awareness / Risk Knowledge

- How would you rate your overall knowledge of the health risks associated with cannabis? [*reference results of poll*]
- Have you ever found it difficult to get information about cannabis to help you with your choices? If so, what's been challenging?

### Desired Content & Delivery / Trusted Sources

- What other information on cannabis would you like to know? [*record on screen*]
- How would you like such information delivered? In what format? By whom? [PROBE if not mentioned] online, by mail, from your doctor etc..
- If you were looking to find out information on cannabis and its health effects or risks, where or to whom would you turn? Why?
- Who or what sources do you trust the most for information about cannabis health effects/risks or support for substance use? Why?
  - What information was trustworthy and which one did you question?

- What makes information about cannabis trustworthy? [PROBE, IF NOT MENTIONED: source; type of information (facts; testimonials; research); format (visuals)]
- What could be done to improve the credibility of messaging?

Before we finish up, I would like you to complete one more poll.

**[POLL – CONCLUSION]**

1. If Health Canada wanted to inform you of the risks and health effects associated with cannabis use, what advice would you give them? This could be in terms of the messaging or the way to convey this information to you. [Record verbatim response]

***Thanks & Closing***

That's all my questions. On behalf of the Government of Canada, thank you for your time and input. We will be in touch with you by email about the incentive distribution. For those interested in reading the research report, it can be accessed online through Library & Archives Canada in about six month