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

Executive Summary

Prepared for Health Canada

Prepared by Narrative Research

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For more information, please contact: cpab_por-rop_dgcap@hc-sc.gc.ca

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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 1st and 8th, 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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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 1st to 8th, 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 group