



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

A PUBLIC HEALTH APPROACH TO CANNABIS:

SURVEY OF HEALTH AND SOCIAL SERVICE PROVIDERS - REPORT

**"NORMALIZING CONVERSATIONS, NOT
CONSUMPTION."**

SURVEY OF HEALTH AND SOCIAL SERVICE PROVIDERS - REPORT | AUGUST 2018



THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

A healthy and just world

OUR MISSION

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | info@cpha.ca

www.cpha.ca

Table of Contents

Acknowledgements	6
Background	7
Methodology	7
Limitations	7
Survey Results.....	8
Impact of Legalization	9
Patterns of Consumption.....	10
Regulation of Cannabis.....	12
Drug Impaired Driving	15
Data and Surveillance	17
Service Provider Comfort.....	18
Health Effects of Cannabis.....	23
Priority Concerns.....	26
Education and Training.....	26
Discussion.....	28
Summary.....	30
Appendix A- Results by Positive vs Negative Attitudes towards Legalization.....	32
Appendix B - Results by Work Sector	33
Appendix C - Results by Comfort Discussing Cannabis Consumption with Clients	34
Appendix D – Survey Questions.....	35

List of Figures

Figure 1. Distribution of survey respondents by province (n = 504).....	8
Figure 2. Age breakdown of respondents (n = 504).....	8
Figure 3. Gender breakdown of respondents (n = 504).....	9
Figure 4. Breakdown of responses on whether cannabis consumption among Canadians will increase after legalization (n=504).....	10
Figure 5. Breakdown of responses on whether cannabis use among Canadian youth, under the legal age, will increase after legalization (n = 504).....	11
Figure 6. Breakdown of respondents' responses to what the minimum age of purchase should be for cannabis (n = 505).	12
Figure 7. Breakdown of respondents' responses to where cannabis should be allowed to be smoked (n = 498).....	14
Figure 8. Breakdown of responses on whether the rate of drug impaired driving rates (as measured by roadside stops) will increase after legalization (n = 503).....	15
Figure 9. Breakdown of most important knowledge gaps with regards to drug impaired driving (n = 495).....	16
Figure 10. Breakdown of respondents' beliefs regarding their patients'/clients' understanding of the increased risk of driving under the influence of both cannabis and alcohol (n = 496).	17
Figure 11. Breakdown of respondents' responses with regards to comfort level discussing different methods of using cannabis (n = 500).....	19
Figure 12. Percentage and count of respondents indicating they are comfortable discussing different health outcomes related to cannabis consumption (n = 395).	21
Figure 13. Breakdown of responses on whether respondents considered the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming alcohol (n = 504).....	23
Figure 14. Breakdown of responses on whether detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming tobacco (n = 504).	24

List of Tables

Table 1. Perceptions of respondents on the effects of cannabis legalization in Canada (n = 504).....	10
Table 2. Perception that consumption will increase post-legalization by respondents who indicated a positive or negative view of the impact of cannabis legalization.....	11
Table 3. Perception that youth consumption will increase post-legalization by respondents who indicated a positive or negative view of the effects of cannabis legalization.	12
Table 4. Perception of what the minimum legal age to purchase cannabis should be among respondents with positive and negative view of the health and social effects of cannabis legalization.	13
Table 5. Perception of where it should be legal to smoke cannabis amongst those working in public health and other sectors.	14
Table 6. Perception that drug impaired driving will increase post-legalization by respondents who indicated a positive and negative view of the impact of legalization.....	15
Table 7. Knowledge of local data and surveillance information regarding cannabis consumption among respondents working in public health and in other sectors.....	18
Table 8. Comfort discussing cannabis consumption among respondents working in public health and other sectors.	18
Table 9. Comfort discussing the relative harms and benefits of different methods of cannabis consumption among respondents working in public health and other sectors.....	20
Table 10. Comfort discussing the relative harms and benefits of different health outcomes related to cannabis consumption by respondents working in public health and other sectors.	22
Table 11. Comfort discussing cannabis consumption as a substitute for other harmful substances among respondents working in public health and other sectors.....	22
Table 12. Perception of whether the detrimental health effects of cannabis are greater than or less than that of alcohol by positive and negative views of legalization.	23
Table 13. Perception of whether the detrimental health effects of cannabis are greater than or less than that of tobacco by positive and negative views of legalization.	24
Table 14. Knowledge of the scientific evidence regarding the harmful effects of cannabis consumption by comfort discussing cannabis consumption with patients/clients.	25
Table 15. Knowledge of the scientific evidence regarding the beneficial effects of cannabis consumption by comfort discussing cannabis consumption with patients/clients.	26
Table 16. Knowledge and access of education and training in the form of professional development by topic related to cannabis (n = 501).....	27

Acknowledgements

CPHA would like to extend a thank you to the Expert Reference Group that provided their time, expertise, and guidance in developing the survey. A special thank you to the following members who reviewed the report:

Rebecca Haines-Saah - University of Calgary

Elena Hasheminejad - Ontario Public Health Unit Collaboration on Cannabis

Pamela Leece - Public Health Ontario

Trevor Arnason - Nova Scotia Health Authority

Members of the CPHA project staff included: Greg Penney, Director of Programs // Thomas Ferrao, Project Officer // Polly Leonard, Project Officer // Christine Pentland, Project Officer // Sarah Vannice, Project Officer // Lisa Wright, Project Office

Background

In April 2017, the Government of Canada introduced legislation to legalize and regulate cannabis. With a change from prohibition and criminalization to legalization and regulation, there is a need to ensure that health and social service providers in Canada are prepared to respond to the needs of people who use cannabis and other substances. The Canadian Public Health Association (CPHA) has undertaken a project to engage a range of individuals and organizations from the health, public health and social service communities to identify their knowledge and information needs regarding cannabis consumption and enhance their knowledge of, and capacity to address issues related to the use of cannabis and other substances.

As part of this work, CPHA conducted an online survey to explore providers' knowledge and perceptions of cannabis consumption. We sought to gain a better understanding of potential knowledge and capacity barriers that may exist and establish if this influences provider capacity to support their client populations in the context of cannabis legalization.

Methodology

CPHA used a convenience sample of service providers that attended our community consultation sessions¹ and disseminated the survey via its social media outlets. Purposive and snowball sampling techniques to get a sense of providers' and professionals' attitudes and preparedness in relation to the legalization of cannabis. All questions were multiple choice and some included an "other" option with a fillable text box if the answer that best reflected the respondents' answers was not provided. Respondents were not obligated to provide an answer to each question before proceeding to the following section. The survey was available online from January 15th to March 30th, 2018 and collected 505 submitted responses. Respondents worked in a range of different sectors with the majority working in public health (> 50%), health care (approximately 1/3), and social services (15%). Other sectors represented included non-governmental organizations, and post-secondary institutions. Most respondents were between the ages of 25 and 54 (75.2%) and identified as female (81.9%). The survey received responses from all provinces and territories with the exception of Prince Edward Island. See Figures 1-3 for a breakdown of the survey respondents' province or territory of work, age, and gender.

Limitations

Important limitations of the survey include unequal representation from respondents across provinces and territories and the use of a convenience sample which included participants from CPHA's cannabis community consultations. This method of sampling could be considered a source of selection bias; therefore, the sample population is likely not representative of the opinions of all health and social service providers in Canada. Furthermore, despite the anonymous nature of the online survey, there is the possibility of a social desirability bias when responding to questions regarding attitudes towards substance use.

¹ For more information on CPHA's cannabis community consultation, see:
<https://www.cpha.ca/resources%3Ftopic%3D73/community-consultation-reports>

Survey Results

Figure 1. Distribution of survey respondents by province (n = 504).

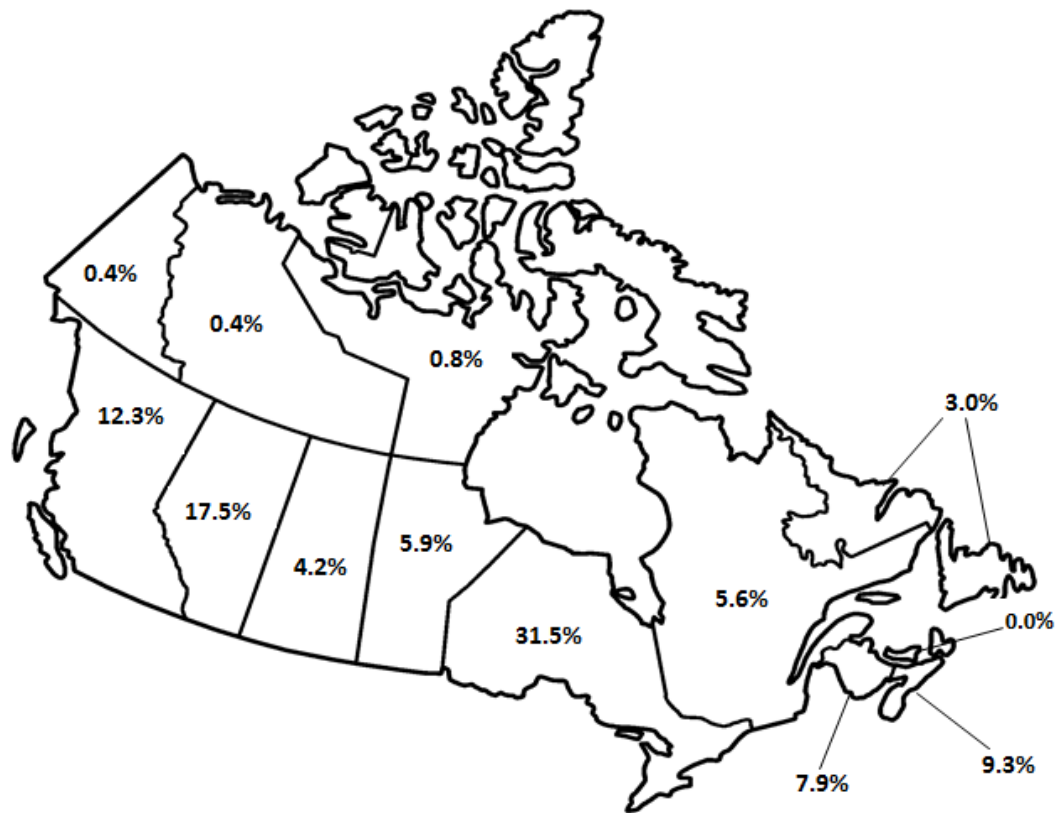
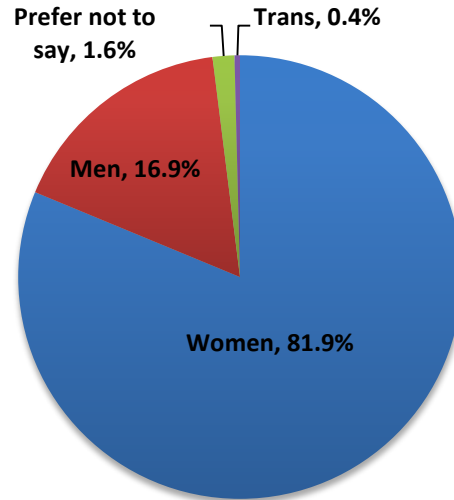


Figure 2. Age breakdown of respondents (n = 504).

	Percentage	Count	
25-34	28.4%	143	<div></div>
45-54	23.8%	120	<div></div>
35-44	23.0%	116	<div></div>
55-64	13.5%	68	<div></div>
19-24	5.2%	26	<div></div>
65 or over	4.4%	22	<div></div>
Prefer not to say	1.6%	8	<div></div>
18 or under	0.2%	1	

Figure 3. Gender breakdown of respondents (n = 504).



Impact of Legalization

The following section includes a summary of respondents' perspectives on whether the legalization and regulation of non-medical cannabis in Canada will have mainly positive or negative health and social effects for Canadians.

When asked, ***"Do you believe that the proposed federal legislative change will have mainly positive or negative health effects for Canadians?"*** respondents were fairly evenly split with approximately one third (**35.5%**) believing that legalizing and regulating cannabis in Canada would have a mainly **negative** effect on the health of Canadians, less than a third (**29.8%**) of respondents believed it would have mainly **positive** effects on the health of Canadians, and the remaining third (**32.7%**) indicated that they believed the effects would be neutral or that they did not know what the effects would be.

When asked, ***"Do you believe that the proposed federal legislative change will have mainly positive or negative social consequences for Canadians?"*** over half of respondents (**54.9%**) believed that legalizing and regulating cannabis in Canada would lead to mainly **positive** consequences for Canadians, while approximately one quarter (**25.8%**) of respondents believed it would lead to mainly **negative** consequences for Canadians, and just under one in five (**18.3%**) indicated that they were neutral or that they did not know what the consequences would be.

Table 1. Perceptions of respondents on the effects of cannabis legalization in Canada (n = 504).

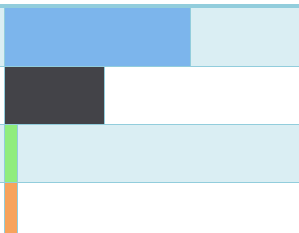
	Positive	Negative	Don't Know/Neutral
Perceived effects of cannabis legalization on health	29.8%	35.5%	32.7%
Perceived effects of cannabis legalization on social effects (e.g., justice, criminal activity)	54.9%	25.8%	18.3%

Patterns of Consumption

The following section includes a summary of respondents' perspectives on changes in cannabis consumption post-legalization. To gain deeper insight, this section also includes findings from a cross-tabulation comparing perspectives on patterns of consumption amongst respondents who believed that the upcoming legalization will have positive health and social effects to those who believed it would have negative health and social effects (as summarized in the section above).

When asked, ***"Do you think that cannabis consumption among Canadians will increase after the pending legalization?"*** the majority of survey respondents (**59.7%**) believed that cannabis consumption will **increase** in the general population after the pending legalization, while almost a third (**31.9%**) believed it would **remain the same** and **4.2%** indicated they were neutral or did not know. Of the **4.2%** who responded "other", most indicated that there will be an initial increase, but that the number of those who consume cannabis would return to that of pre-legalization in the long-term (Figure 4).

Figure 4. Breakdown of responses on whether cannabis consumption among Canadians will increase after legalization (n=504).

Choice	Percentage	Count	
Yes, I think it will increase	59.7%	301	
No, I think it will stay the same	31.9%	161	
Neutral/Don't Know	4.2%	21	
Other	4.2%	21	

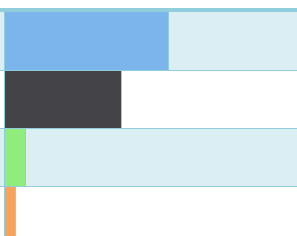
Among the respondents who believed that cannabis legalization would have positive health and social effects for Canadians, approximately one quarter (**24.4%**) believed that cannabis consumption will **increase**, while among respondents who believed that cannabis legalization would have **negative** health and social effects for Canadians, **90.6%** thought that cannabis consumption will **increase** (Table 2).

Table 2. Perception that consumption will increase post-legalization by respondents who indicated a positive or negative view of the impact of cannabis legalization.

	Positive View of Health and Social Effects (n = 136) ²	Negative View of Health and Social Effects (n = 106) ³
Consumption will increase	24.4%	90.6%
Consumption will remain the same	61.5%	7.6%

When asked, *“Do you think that there will be an increase in cannabis use among Canadian youth, under the legal age in your area, after legalization?”* slightly more than half of all respondents (**52.5%**) believed cannabis use will **increase** among Canadian youth under the legal age after legalization, while **37.3%** thought consumption will remain the same and **6.8%** indicated they were neutral or did not know. Among the **3.4%** who responded “other”, many indicated that they felt there will be a **decrease** in consumption among youth (Figure 5).

Figure 5. Breakdown of responses on whether cannabis use among Canadian youth, under the legal age, will increase after legalization (n = 504).

Choice	Percentage	Count	
Yes, I think it will increase	52.5%	263	
No, I think it will stay the same	37.3%	187	
Neutral/Don't Know	6.8%	34	
Other	3.4%	17	

Among the respondents who believed that cannabis legalization would have **positive** health and social effects for Canadians, **12.5%** thought youth consumption under the legal age of purchase would **increase**, while among respondents who believed that legalization of cannabis would lead to **negative** health effects and social effects for Canadians, **92.3%** thought youth consumption under the legal age of purchase would **increase** (Table 3).

² Respondents who answered “positive” to the following 2 questions: “Do you believe that the proposed federal legislative change will have mainly positive or negative health effects for Canadians?” and “Do you believe that the proposed federal legislative change will have mainly positive or negative social consequences for Canadians?”

³ Respondents who answered “negative” to the following 2 questions: “Do you believe that the proposed federal legislative change will have mainly positive or negative health effects for Canadians?” and “Do you believe that the proposed federal legislative change will have mainly positive or negative social consequences for Canadians?”

Table 3. Perception that youth consumption will increase post-legalization by respondents who indicated a positive or negative view of the effects of cannabis legalization.

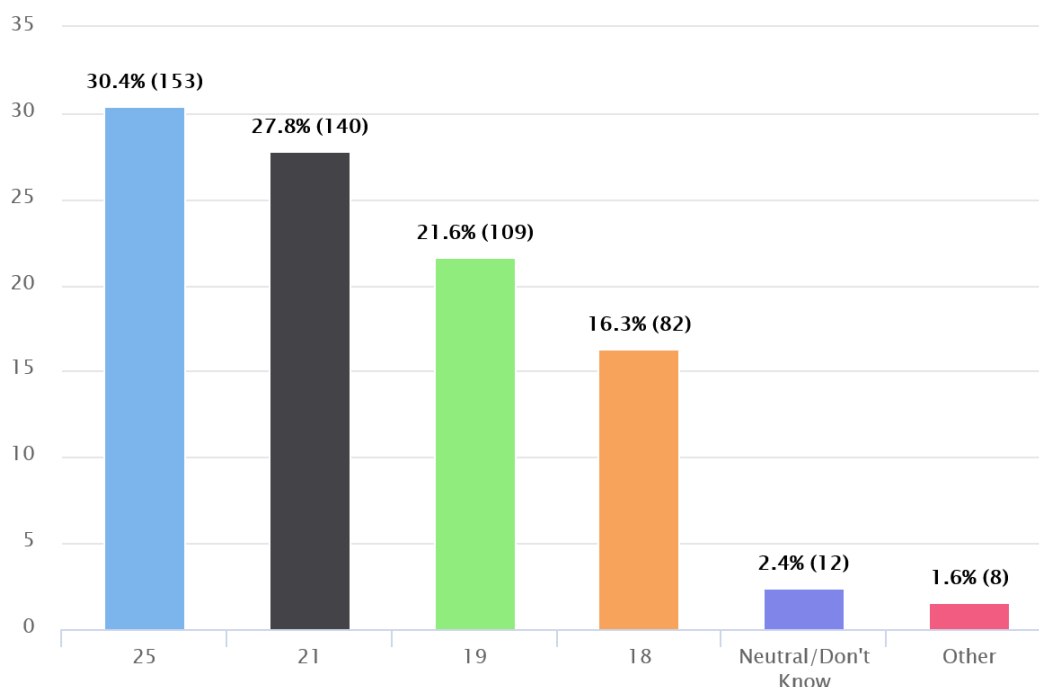
	Positive View of Health and Social Effects (n = 136)	Negative View of Health and Social Effects (n = 106)
Youth consumption will increase	12.5%	92.3%
Youth consumption will remain the same	68.4%	4.8%

Regulation of Cannabis

The following section summarizes respondents' beliefs with regards to the regulatory framework, such as minimum age of purchase and the locations where smoking cannabis should be permitted. To gain a deeper insight, a cross-tabulation was performed to compare respondents who felt that the upcoming legalization will have positive health and social effects to those who believed it would have negative health and social effects, and those working in public health as opposed to other sectors.

When asked, ***“What do you think should be the minimum age to purchase cannabis?”*** opinion was fairly split as **30.4%** believed that 25 should be the minimum age to purchase cannabis in Canada, **27.8%** believed it should be 21, **21.6%** felt it should be 19, and only **16.3%** felt it should be 18. (Figure 6).

Figure 6. Breakdown of respondents' responses to what the minimum age of purchase should be for cannabis (n = 505).



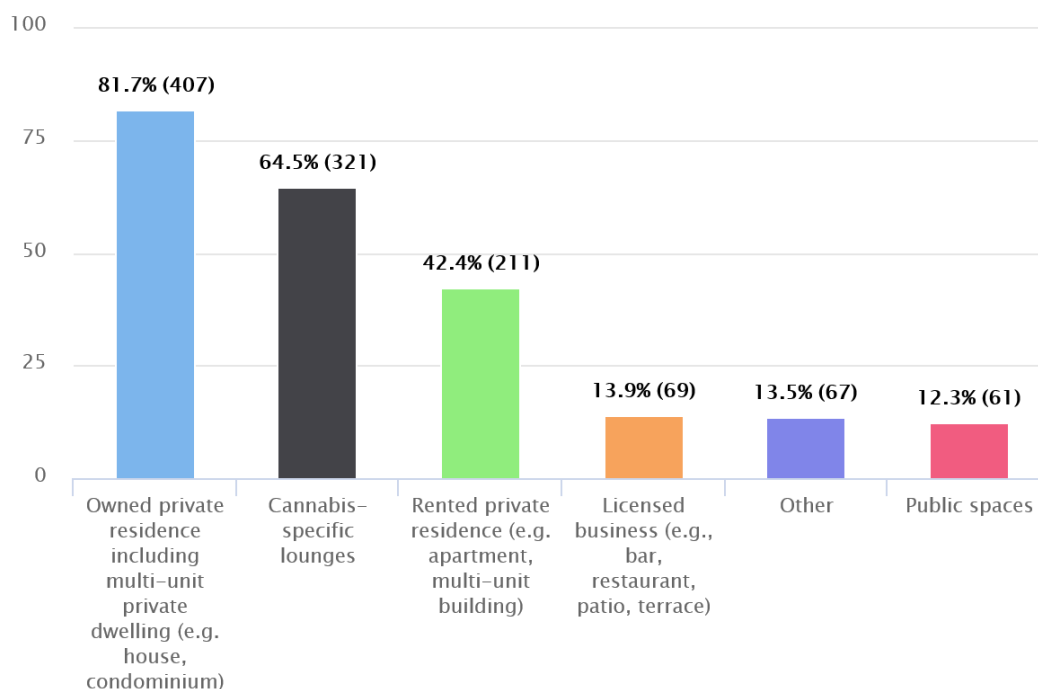
Among respondents who believed that cannabis would have mainly **positive** health and social effects, **approximately two thirds** believed that the legal age of purchase should be set to 18 or 19, while among respondents who believed that cannabis would have mainly **negative** health and social effects, **exactly half** believed that the legal age of purchase should be set to 25 (Table 4).

Table 4. Perception of what the minimum legal age to purchase cannabis should be among respondents with positive and negative view of the health and social effects of cannabis legalization.

The minimum legal age to purchase cannabis should be...	Positive Health and Social Effects (n = 136)	Negative Health and Social Effects (n = 106)
18 years of age	29.4%	5.7%
19 years of age	34.6%	4.7%
21 years of age	22.8%	32.1%
25 years of age	11.0%	50.0%
Neutral/Don't Know	1.5%	3.8%

When asked, ***“Where do you think that it should be legal to smoke cannabis?”*** (respondents could select more than one option listed below) the vast majority (**81.7%**) of respondents believed smoking cannabis in a privately owned residence, including private multi-unit dwellings, should be legal, while approximately half as many respondents (**42.4%**) believed that it should be legal to smoke in rented residences such as apartments or multi-unit buildings (Figure 7). The majority (**64.5%**) also believed that cannabis-specific lounges would be an appropriate space for smoking cannabis once it becomes legal.

Figure 7. Breakdown of respondents' responses to where cannabis should be allowed to be smoked (n = 498).



Among respondents who self-identified as working in the Public Health sector, **59.7%** were in favour of cannabis-specific lounges; amongst those working in other sectors, **69.8%** were in favour of cannabis-specific lounges (Table 5). The most common responses amongst those who selected the “other” option were “similar to tobacco” and “outdoors.”

Table 5. Perception of where it should be legal to smoke cannabis amongst those working in public health and other sectors.





Where should it be legal to smoke cannabis?	Work in Public Health (n = 263)	Work in Other Sectors (n = 235)
Owned private residence	81.0%	82.6%
Rented private residence	39.5%	45.5%
Licensed business	12.9%	14.9%
Cannabis-specific lounges	59.7%	69.8%
Public spaces	13.7%	10.6%
Other	16.7%	9.8%

Drug Impaired Driving

The following section included questions to understand respondents' perspectives on impaired driving. To gain a deeper insight, the cross-tabulation performed compared those who responded that the upcoming legalization will have positive health and social effects to those who believed it would have negative health and social effects.

When asked, *“Do you think that the rate of drug impaired driving (as measured by roadside stops) will increase after legalization?”* the majority (**61.8%**) of respondents believed that drug impaired driving rates as measured by roadside stops will increase after legalization while roughly a quarter (**25.4%**) thought the rate will remain the same, and **9.3%** indicated they were neutral or did not know. Among the **3.4%** that responded “other”, many focused on increased efforts for detection as well as challenges with testing for impairment at the roadside (Figure 8).

Figure 8. Breakdown of responses on whether the rate of drug impaired driving rates (as measured by roadside stops) will increase after legalization (n = 503).

Choice	Percentage	Count	
Yes, I think it will increase	61.8%	311	
No, I think it will stay the same	25.4%	128	
Neutral/Don't Know	9.3%	47	
Other	3.4%	17	

Among those who believed that cannabis would have **negative** health and social effects for Canadians, **95.2%** believed that the number of roadside stops will increase after legalization compared to **27.2%** among those who believed legalization would have **positive** effects (Table 6).

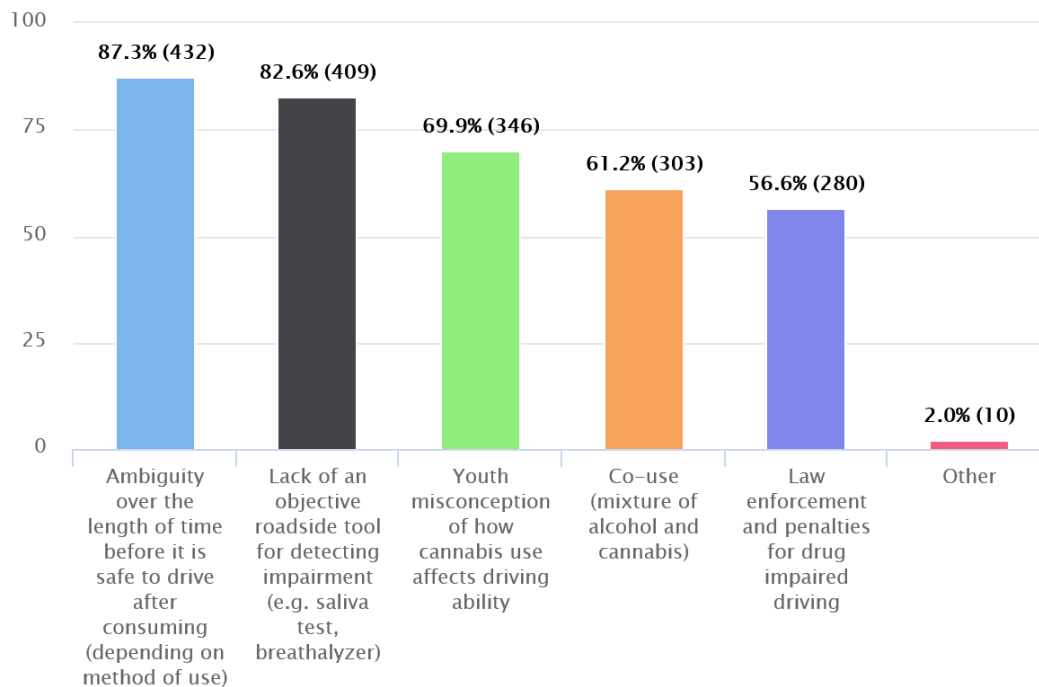
Table 6. Perception that drug impaired driving will increase post-legalization by respondents who indicated a positive and negative view of the impact of legalization.

After legalization...	Positive Health and Social Effects (n = 136)	Negative Health and Social Effects (n = 106)
Drug Impaired driving will increase	27.2%	95.2%
Drug impaired driving rates will remain the same	50.0%	1.9%
Neutral/Don't know	18.4%	1.9%
Other	4.4%	0.0%

When asked, *“With regards to traffic safety and drug impaired driving, what do you perceive*

are your most important knowledge gaps? (Check all that apply)”, ambiguity over the length of time before it is safe to drive after consuming cannabis (**87.3%**) and a lack of an objective roadside test (**82.6%**) were considered the most commonly acknowledged gaps, followed by youth misconception of how cannabis use affects driving (**69.9%**), co-use of alcohol and cannabis (**61.2%**), and law enforcement penalties for drug impaired driving (**56.6%**). Among the **2.0%** who responded other, answers included “all of the above” “none of the above” and “passive exposure in a vehicle” (Figure 9).

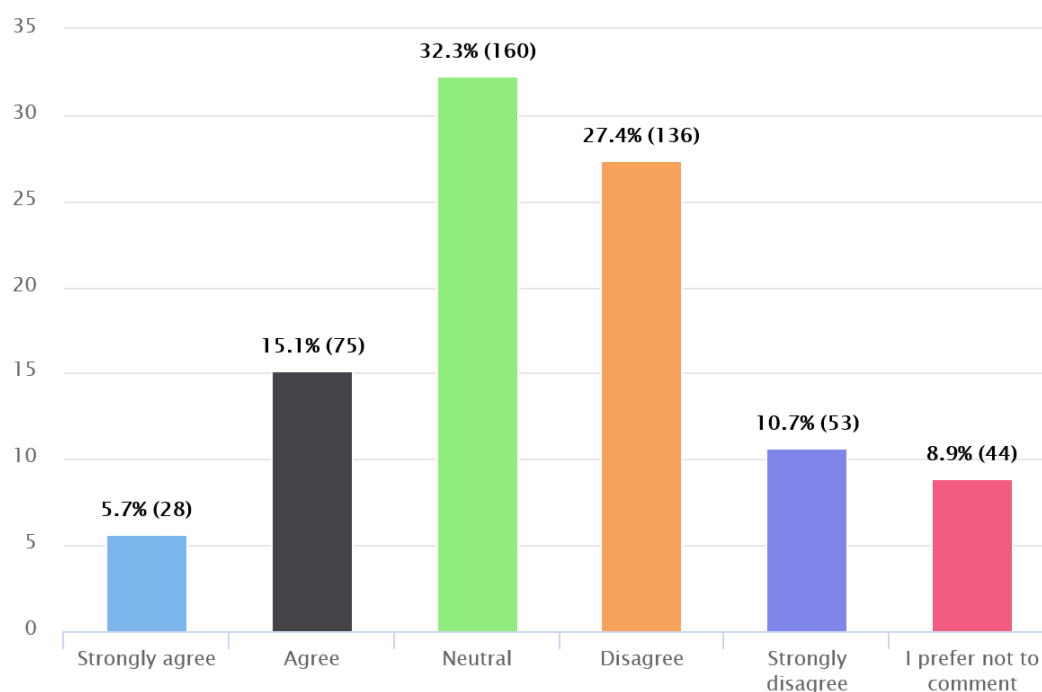
Figure 9. Breakdown of most important knowledge gaps with regards to drug impaired driving (n = 495).



When asked the extent to which they agreed with the following statement⁴, *“My patients/clients understand the increased risk of driving under the influence of both cannabis and alcohol”*, only **20.8%** of respondents agreed or strongly agreed that their clients or patients understood the increased risk of driving under the influence of cannabis and alcohol, while **38.4%** of respondents disagreed or strongly disagreed with this statement. Just under one third (**32.3%**) were neutral with regards to their patients’ or clients’ understanding of the increased risk associated with driving under the influence of cannabis and alcohol, and **8.9%** preferred not to comment (Figure 10).

⁴Response options included: “Strongly agree”, “Agree”, “Neutral”, “Disagree”, “Strongly disagree” and “I prefer not to comment”

Figure 10. Breakdown of respondents' beliefs regarding their patients'/clients' understanding of the increased risk of driving under the influence of both cannabis and alcohol (n = 496).



Data and Surveillance

The following section includes a summary of respondents' knowledge of the most recent data and surveillance information regarding cannabis consumption at a local level. To gain a deeper insight, the cross-tabulation performed compared respondents working in public health to those working in all other sectors.

When asked the extent to which they agreed with the following statement⁵, ***"I have knowledge of the most recent data and surveillance information regarding cannabis consumption in my area"*** over half of respondents (**54.9%**) disagreed or strongly disagreed with having knowledge of the most recent local data and surveillance information regarding cannabis consumption, while **22.0%** indicated that they agreed or strongly agreed with this statement and **22.2%** remained neutral.

Among respondents who identified as working in public health, **24.7%** agreed or strongly agreed with having knowledge of the most recent data and surveillance information regarding cannabis consumption in their area compared to **18.8%** of those working in other sectors (Table 7).

⁵ Response options included: "Strongly agree", "Agree", "Neutral", "Disagree", "Strongly disagree" and "I prefer not to comment"

Table 7. Knowledge of local data and surveillance information regarding cannabis consumption among respondents working in public health and in other sectors.

	Work in Public Health (n = 267)	Work in other sectors (n = 234)
Respondents with knowledge of the most recent data and surveillance information	24.7%	18.8%
Respondents without knowledge of the most recent data and surveillance information	54.0%	56.0%

Service Provider Comfort

The following section summarizes respondents' comfort level in discussing cannabis consumption in general as well as the relative benefits or harms of cannabis consumption. To gain a deeper insight, the cross-tabulation performed compared respondents who worked in public health to those working in other sectors.

When asked the extent to which they agreed with the following statement, *"I feel comfortable discussing cannabis consumption with my patients/clients"* over half of respondents (53.2%) replied that they agree or strongly agree, whereas just under a quarter (23.7%) indicated that they disagree or strongly disagree, and 15.5% remained neutral.

Among respondents working in public health, 41.3% agreed or strongly agreed with feeling comfortable discussing cannabis consumption with their clients/patients, compared to two thirds (66.7%) of respondents working in other sectors (Table 8).

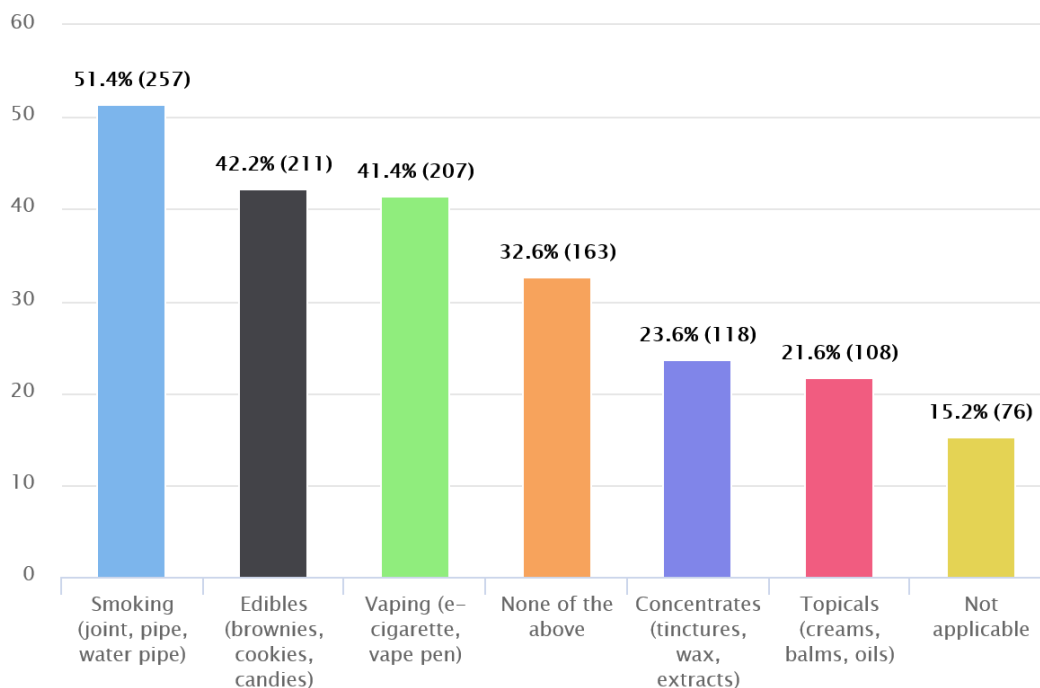
Table 8. Comfort discussing cannabis consumption among respondents working in public health and other sectors.

"I feel comfortable discussing cannabis consumption with my patients/clients"	Work in Public Health (n = 264)	Work in other sectors (n = 234)
Agree or strongly agree	41.3%	66.7%
Neutral	19.3%	11.1%
Disagree or strongly disagree	31.4%	15.0%

When asked if they agreed with the following statement⁶, *“I am comfortable discussing the relative benefits and harms of the following methods of cannabis use with my patients/clients”*, just over half of respondents (**51.4%**) indicated that they felt comfortable discussing the benefits and harms of smoking cannabis with their patients or clients. Far less indicated being comfortable discussing the use of concentrates (tinctures, wax, extracts) (**23.6%**) or topicals (e.g. creams, balms, oils) (**21.6%**).

Just under one third (**32.6%**) of respondents selected “none of the above”, indicating they were not comfortable discussing the relative benefits and harms of any method of cannabis use (Figure 11).

Figure 11. Breakdown of respondents’ responses with regards to comfort level discussing different methods of using cannabis (n = 500).



For all methods of cannabis consumption, respondents working in public health reported lower levels of comfort as compared to those working in other sectors (**Table 9**).

⁶ Response options included: “Strongly agree”, “Agree”, “Neutral”, “Disagree”, “Strongly disagree” and “I prefer not to comment”

Table 9. Comfort discussing the relative harms and benefits of different methods of cannabis consumption among respondents working in public health and other sectors.

I am comfortable discussing the relative harms or benefits of:	Work in Public Health (n = 269)	Other sectors (n = 235)
Smoking	40.4%	52.8%
Vaping	33.2%	44.3%
Edibles	31.7%	44.7%
Concentrates	18.9%	22.7%
Topicals	16.6%	23.1%
None of the above	40.4%	33.0%
Not applicable	17.7%	13.8%

When asked if they agreed with the following statement⁷, *“I am comfortable discussing the relative benefits and harms of cannabis use relevant to the following health outcomes”*, approximately **70%** of respondents were comfortable discussing the benefits and harms of cannabis related to mental health and unintentional injuries while almost **63%** were comfortable discussing psychosocial outcomes, and co-use with other substances (Figure 12).

Approximately **50%** of respondents were comfortable discussing cannabis consumption as it relates to respiratory disease, perinatal health, and medicinal or therapeutic effects

⁷ Response options included: “Strongly agree”, “Agree”, “Neutral”, “Disagree”, “Strongly disagree” and “I prefer not to comment”

Figure 12. Percentage and count of respondents indicating they are comfortable discussing different health outcomes related to cannabis consumption (n = 395).

“I am comfortable discussing the harms and benefits of cannabis use as it relates to...”	Percentage	Count		
Mental health (e.g. dependence, effects of the developing brain etc...)	70.4%	278		
Unintentional injuries (e.g. drug impaired driving)	70.1%	277		
Psychosocial outcomes (e.g. learning, memory, attention, educational outcomes, social relationships etc...)	62.8%	248		
Co-use with other substances (e.g. tobacco, alcohol, other illicit drugs)	62.5%	247		
Respiratory disease	50.9%	201		
Perinatal health (e.g. pregnancy, nursing)	49.9%	197		
Therapeutic effects (medicinal use)	47.6%	188		

With the exception of perinatal health (e.g. pregnancy, nursing), more respondents working in sectors other than public health answered that they felt comfortable discussing the health outcomes around cannabis consumption (Table 10).

Table 10. Comfort discussing the relative harms and benefits of different health outcomes related to cannabis consumption by respondents working in public health and other sectors.

"I am comfortable discussing the harms and benefits of cannabis use as it relates to..."	Work in Public Health (n = 269)	Other sectors (n = 235)
Unintentional injuries	68.0%	72.2%
Co-use	59.4%	65.7%
Perinatal health	55.3%	44.4%
Therapeutic effects	40.1%	55.1%
Mental health	64.5%	76.3%
Psychosocial outcomes	56.9%	68.7%
Respiratory disease	50.3%	51.5%

When asked to what extent they agreed with the following statement: *"I would feel comfortable discussing the consumption of cannabis with my patients/clients as a substitute for other harmful substances (e.g. people using cannabis instead of alcohol, opioids, or other substances)"*, just over one third of respondents (34.4%) disagreed or strongly disagreed with the above statement while (36.6%) either agreed or strongly agreed and (22.0%) were neutral.

Among respondents working in sectors other than public health, 44.5% agreed or strongly agreed with being comfortable discussing cannabis consumption as a substitute for more harmful substances compared to 26.3% of respondents working in public health (Table 11).

Table 11. Comfort discussing cannabis consumption as a substitute for other harmful substances among respondents working in public health and other sectors.

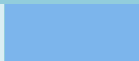




"I would feel comfortable discussing cannabis consumption as a substitute for other harmful substances"	Work in Public Health (n = 269)	Other sectors (n = 235)
Agree or strongly agree	26.3%	44.5%
Neutral	22.9%	20.9%
Disagree or strongly disagree	43.6%	28.6%

Health Effects of Cannabis

The following section offers a summary of respondents' beliefs with regards to the health impacts of consuming cannabis. To gain a deeper insight, the cross-tabulation performed compared the responses of those with positive views of the health and social effects of legalization to those with negative views, as well as the responses of those who indicated they were comfortable discussing cannabis consumption with their patients or clients to those who indicated they were not comfortable.

When asked, ***“Do you consider the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming alcohol?”***, **44.4%** considered the detrimental effects of consuming cannabis to be less detrimental than alcohol while **47.4%** considered them to be equal or more detrimental alcohol (Figure 13).

Figure 13. Breakdown of responses on whether respondents considered the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming alcohol (n = 504).

Choice	Percentage	Count	
Less than	44.4%	224	
Equal	32.9%	166	
Greater than	14.5%	73	
Neutral/Don't Know	5.4%	27	
Other	2.8%	14	

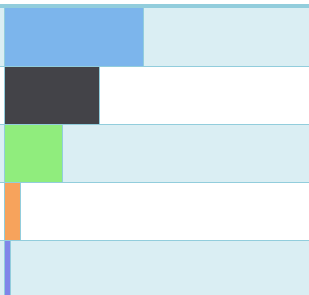
Among respondents with **positive views** of the health and social effects of legalization, nearly three quarters (**72.1%**) believed that the health effects of cannabis were less detrimental than those of alcohol. Among respondents with **negative views** of the effects of legalization, **79.3%** believed the detrimental health effects of cannabis were greater than or equal to those of alcohol (Table 12).

Table 12. Perception of whether the detrimental health effects of cannabis are greater than or less than that of alcohol by positive and negative views of legalization.

The detrimental effects of cannabis are...	Positive views of health and social effects (n = 135)	Negative views of health and social effects (n = 106)
More detrimental than alcohol	1.5%	32.1%
Less detrimental than alcohol	72.1%	13.2%
Equal	22.1%	47.2%
Neutral/Don't Know	2.2%	5.7%

When asked, *“Do you consider the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming tobacco?”*, **44.4%** considered the detrimental health effects of consuming cannabis to be less than the effects of tobacco, while **48.6%** considered the detrimental health effects of cannabis consumption to be equal than or greater than that of tobacco (Figure 14). These results were consistent with the question about alcohol consumption.

Figure 14. Breakdown of responses on whether detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming tobacco (n = 504).

Choice	Percentage	Count	
Less than	44.4%	224	
Equal	30.2%	152	
Greater than	18.4%	93	
Neutral/Don't know	5.2%	26	
Other	1.8%	9	

Nearly three quarters (**73.3%**) of respondents with **positive** views of the health and social effects of legalization believed that the health effects of cannabis were less detrimental than those of tobacco. Among respondents with **negative** views of the effects of legalization, **79.3%** indicated that the effects of cannabis consumption were more detrimental or equal to those of tobacco (Table 13).

Table 13. Perception of whether the detrimental health effects of cannabis are greater than or less than that of tobacco by positive and negative views of legalization.

The detrimental effects of cannabis are:	Positive Views of Health and Social Effects (n = 135)	Negative Views of Health and Social Effects(n = 106)
More detrimental than tobacco	2.2%	36.8%
Less detrimental than tobacco	73.3%	14.2%
Equal	19.3%	42.5%

When asked the extent to which they agreed with the following statement, *“I have knowledge of the scientific evidence regarding the harmful effects of cannabis consumption”* the majority (**58.0%**) of all respondents either agreed or strongly agreed, while **21.7%** disagreed or strongly disagreed with this statement, and one out of five (**20.3%**) indicated they were neutral towards this statement. Among respondents who expressed comfort discussing cannabis consumption with patients/ clients, almost three out of four (**74.3%**) agreed or strongly agreed with having knowledge of the scientific evidence

regarding the harmful effects of cannabis consumption while **37.5%** of those who did not express comfort claimed to have knowledge of this evidence (Table 14).

Table 14. Knowledge of the scientific evidence regarding the harmful effects of cannabis consumption by comfort discussing cannabis consumption with patients/clients.

"I have knowledge of the harmful effects of cannabis consumption"	Expressed comfort discussing cannabis consumption⁸ (n = 264)	Did not express comfort discussing cannabis consumption⁹ (n = 195)
Agree or strongly agree	74.3%	37.5%
Neutral	15.2%	25.1%
Disagree or strongly disagree	10.7%	36.9%

When asked the extent to which they agreed with the following statement, *"I have knowledge of the scientific evidence regarding the beneficial effects of cannabis consumption"*, less than half (**45.7%**) of all respondents agreed or strongly agreed compared to the **29.6%** who disagreed or strongly disagreed with this statement and the **23.7%** who indicated they were neutral.

Among respondents who expressed comfort discussing cannabis consumption with patients/ clients, almost two thirds (**62.1%**) agreed or strongly agreed with having knowledge of the scientific evidence regarding the beneficial effects of cannabis consumption, while **22.5%** of those who did not express comfort claimed to have knowledge of this evidence (Table 15).

⁸ Respondents who answered "agree" or "strongly agree" to the following question: "I feel comfortable discussing cannabis consumption with my patients/clients"

⁹ Respondents who answered "neutral" "disagree" or "strongly disagree" to the following question: "I feel comfortable discussing cannabis consumption with my patients/clients"

Table 15. Knowledge of the scientific evidence regarding the beneficial effects of cannabis consumption by comfort discussing cannabis consumption with patients/clients.

“I have knowledge of the beneficial effects of cannabis consumption”	Expressed comfort discussing cannabis consumption (n = 264)	Did not express comfort discussing cannabis consumption (n = 195)
Agree or strongly agree	62.1%	22.5%
Neutral	21.6%	26.7%
Disagree or strongly disagree	15.9%	50.3%

Priority Concerns

The following section summarizes the concerns regarding cannabis legalization prioritized by respondents. A fillable textbox was provided so that respondents could identify additional topics not on the list that they felt should be prioritized.

When asked to rank concerns that should be prioritized regarding cannabis legalization from most important to least important:

The most important concern prioritized by over **half** of respondents (**52.5%**) was “*effects on youth brain development*.” The next top concern for respondents was traffic safety and impaired driving, as **22.8%** named it to be the most important priority and **28.3%** of respondents ranked it as the second most important priority.

Overall, respondents ranked the concerns in the following order:

1. Effects on youth brain development
2. Traffic safety/impaired driving
3. Setting the appropriate legal age for purchase
4. Workplace safety
5. Increased use/consumption
6. Cannabis consumption in public spaces
7. Retail regulations

Other concerns that were frequently listed included: public education, use during pregnancy, concerns related to marketing, and risks related to self-medicating.

Education and Training

With respect to the questions, “*Please indicate whether you have access to education and training in the form of professional development on the following topics related to cannabis*”, the percentage of respondents who reported access to education and training ranged from

29.7% on the topic of unintentional injuries such as drug impaired driving to **46.9%** on some form of cannabis 101 (Table 16).

Table 16. Knowledge and access of education and training in the form of professional development by topic related to cannabis (n = 501).

Topic	I am aware and have access	I am aware, but do not have access	I am not aware and interested in learning more	I am not interested in this topic
Unintentional injuries (e.g. drug impaired driving)	29.7%	26.8%	38.9%	4.6%
Co-use of cannabis and other substances (e.g. tobacco, alcohol, illicit drugs)	40.4%	23.6%	34.1%	1.8%
Cannabis use and perinatal health (e.g. pregnancy, nursing)	33.2%	22.7%	38.2%	5.8%
Therapeutic effects (medicinal use of cannabis)	38.7%	27.6%	29.4%	4.3%
Cannabis consumption and mental health (e.g. cannabis use disorder, effects on the developing brain etc...)	41.0%	25.4%	32.4%	1.2%
Harm reduction and lowering risk	45.0%	21.1%	31.7%	2.2%
Cannabis 101 (what are cannabinoids, how and why cannabis is consumed)	46.9%	20.8%	27.7%	4.6%

Discussion

The main objective of this survey was to supplement the findings of CPHA's community consultations with a snapshot of health and social service providers' perceived knowledge of cannabis consumption and attitudes towards legalization, to better identify capacity barriers that may be addressed in the future. To this end, many of the findings from the data collected from the consultations were confirmed by this survey. For instance, when asked about the impacts of the legalization of cannabis, 54.9% of respondents felt that legalizing cannabis would have positive *social* effects for Canadians, while only 35.5% felt that legalizing cannabis would have a positive *health* effects for Canadians. This may indicate that while many see the societal benefit of eliminating criminalization, the possible net health benefits at a population level, are being overshadowed by concerns over individual health outcomes. Despite the perception of cannabis as less harmful to individual health than other substances, concerns over specific physical harms and the potential effects of legalization on vulnerable groups seem to outweigh the possible net health benefits at a societal level for many providers. More specifically, the groups identified as most vulnerable and described as the most concerning by respondents were youth under the legal age of consumption and impaired drivers.

Perhaps unsurprisingly, those who responded that legalization would have negative health and social effects overwhelmingly believed that cannabis consumption would increase. Over 90% of respondents who believed legalization would lead to negative health and social impacts for Canadians believed cannabis consumption would increase in the general population and in youth under the legal age, and over 95% believed that impaired driving rates would increase. Data from American jurisdictions that have legalized non-medical cannabis have not detected significant changes in prevalence of cannabis use, however studies conducted using survey-based analysis in these states have found increases in frequency of cannabis use among high school aged youth, but not prevalence compared to states where cannabis has not been legalized.¹⁰ Among university students, an increase in prevalence and frequency was found post-legalization in Washington, many of whom would be considered above the legal age in Canada.¹¹ While this may provide some insight regarding potential post-legalization trends of cannabis consumption in Canada, it is important to note the limitations of survey-based reporting regarding a substance that was previously illegal (i.e. people may be more likely to report use in a legal context).

A much greater percentage of those with negative perceptions of legalization believed the minimum age for legally purchasing cannabis should be 25 years old (50% compared to 11%), and that the detrimental effects of cannabis were greater than the detrimental effects of tobacco (36.8% to 2.3%) and alcohol (32.8% to 1.5%). Moreover, fewer respondents holding negative perceptions of cannabis legalization indicated they were comfortable discussing cannabis consumption with their clients or patients as compared to those with positive perceptions (47.1% compared to 65.5%). There is a growing body of evidence suggesting that early onset of heavy use before the ages 16 to 18 is associated with

¹⁰ Lake et al., 2018. Public health and safety metrics for cannabis regulation in Canada

¹¹ Miller AM, Rosenman R, Cowan BW. Recreational marijuana legalization and college student use: Early evidence. *SSM Popul Health*. 2017; 3:649-57.

trajectories of problematic use into adulthood.¹² Due to this evidence, as well as concerns over how early and frequent cannabis use can impact cognitive development and brain maturation, some health and social service organizations have advocated for age limits of 21 or 25. The data from this study may be a reflection of this advocacy and research. However, this emphasis on individual-level harms to health stands in contrast to perspectives from population health, which argue that given that youth age 20-24 are the demographic with the highest prevalence of use, setting an age limit in the mid-twenties would likely have little effect for curtailing underage cannabis use and would reintroduce what are perhaps the more significant social harms of criminalization in that age group.¹³

At the large majority of CPHA's community consultations, respondents expressed their concerns related to increased prevalence of drug impaired driving. This was reflected in our survey responses as well, with 61.8% of respondents indicating that they believed the rate of roadside stops would increase after legalization, but whether this is as a result of cases of impaired driving or more resources aimed at detecting impairment behind the wheel remains to be seen. Interestingly, only 20.8% of respondents agreed or strongly agreed that their patients or clients were aware of the increased effect of consuming cannabis and alcohol on impaired driving while 32.3% remained neutral and 8.9% preferred not to comment. Cannabis is the second most common substance used non-medically (after alcohol) found in cross-sectional studies of injured or fatally-injured drivers and there is evidence to suggest that driving under the influence of cannabis almost doubles the likelihood of a motor vehicle accident compared with unimpaired driving.¹⁴ Drug-impaired driving is still poorly understood when compared to alcohol-impaired driving, however studies have shown that combining cannabis with alcohol before driving can exacerbate negative effects for driving.¹⁵ Given that so few respondents agreed that their clients have an understanding of the effects of alcohol and cannabis on driving, additional knowledge translation tools and resources would be beneficial to enable these conversations between respondents and clients.

One of the central tenets of CPHA's project is to improve health equity by addressing the barriers of health and service provision through education, thereby reducing harms and enabling conversations between providers and their clients. Overall, 52.5% of respondents agreed or strongly agreed that they were comfortable discussing cannabis consumption in general, and 51.4% responded that they were comfortable discussing the harms and benefits of the most common method of cannabis consumption, namely, inhalation of the dried flower in a joint or a pipe. The number of respondents indicating their comfort with discussing certain methods of use for cannabis declined to approximately 40% for edibles and vaping and to approximately 20% for concentrates and topical applications, indicating the need for more education regarding these less common methods of cannabis consumption. Similarly, over 70% of respondents indicated being able to discuss the effects of cannabis

¹² Benedikt Fischer et al. "Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations", *American Journal of Public Health* 107, no. 8 (August 1, 2017): pp. e1-e12.

¹³ Tara Marie Watson & Patricia G. Erickson (2018): Cannabis legalization in Canada: how might 'strict' regulation impact youth?, *Drugs: Education, Prevention and Policy*

¹⁴ Asbridge M, Hayden JA, Cartwright JL. Acute cannabis consumption and motor vehicle collision risk: Systematic review of observational studies and meta-analysis. *BMJ* 2012;344:e536.

¹⁵ Brubacher, Jeffrey R., et al. "Prevalence of alcohol and drug use in injured British Columbia drivers." *BMJ open* 6.3 (2016): e009278.

on adverse mental health outcomes (e.g. dependence, effects of the developing brain etc.) and unintentional injuries (e.g. drug-impaired driving), but on other topics such as respiratory disease, perinatal health, and the therapeutic effects of cannabis, just under 50% of respondents felt they could discuss the related harms and benefits of cannabis use.

Finally, an important takeaway from this survey and our consultations proved to be that providers indicated they had low baseline knowledge of the effects of cannabis consumption. This was reflected in the survey responses, as 53.1% to 70.3% of respondents were either not aware of or did not have access to education and training on a variety of topics related to cannabis. This indicates that the majority of respondents are facing a knowledge gap in terms of their needs to properly inform their clients on the benefits and risks related to cannabis consumption, and need more training and tools that are accessible. To reinforce this, almost three quarters (74.3%) of respondents who felt comfortable having a conversation with their patients or clients about their cannabis consumption were aware of the scientific evidence around the harmful effects of cannabis consumption, while only 37.5% of respondents who did not express comfort felt they were knowledgeable on the topic. Therefore, to enable conversations between health and social service providers and their clients, accessible training, tools and education are vital.

Summary

Overall, the results of this survey highlight the polarization of perspectives regarding cannabis legalization and consumption among respondents working in different sectors across Canada. Those who perceived that cannabis has negative outcomes related to health and social issues were more inclined to answer that consumption will increase, and that they were less comfortable discussing cannabis consumption. This lack of comfort in discussing cannabis may negatively affect provider responses to cannabis consumption in Canada as research demonstrates that provider attitudes and values can influence service provision.¹⁶ Therefore, negative attitudes of legalization from providers impeding conversations about cannabis may negatively impact the lives of consumers, in turn contributing to poor health and well-being outcomes.

Notably, a large proportion of respondents identified knowledge gaps on the subject of cannabis consumption and indicated that they lacked access to education and training around cannabis. This is an important point, as providers will be positioned as objective sources of information for consumers, and any knowledge gaps could leave clients/patients at a deficit for reliable and evidence-based information. Furthermore, it is important that providers receive the training and education needed to provide equitable services to respond to clients in ways appropriate to their needs which are culturally safe, trauma-and-violence informed, and founded in harm reduction.¹⁷ These approaches may mitigate the

¹⁶ Akhavan, Sharareh, and Per Tillgren. "Client/patient perceptions of achieving equity in primary health care: a mixed methods study." *International journal for equity in health* 14, no. 1 (2015): 65.

¹⁷ EQUIP Health Care. (2017). Key Dimensions of Equity-Oriented Care: 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Health Care. Retrieved from : www.equiphealthcare.ca

potential for negative outcomes associated with legalization and be helpful for educating Canadians about reducing the risks of cannabis consumption.

Appendix A- Results by Positive vs Negative Attitudes towards Legalization

	Legalization will have positive Health and Social Effects (n = 136)	Legalization will have Negative Health and Social Effects (n = 106)
Age under 45	71.8%	33.0%
Consumption will increase	24.4%	90.6%
Youth Consumption will increase	12.5%	92.3%
Drug Impaired driving will increase	27.2%	95.2%
Cannabis is worse than alcohol	1.5%	32.1%
Cannabis is worse than tobacco	2.2%	36.8%
Knowledge of data and surveillance	27.4%	20.0%
Knowledge of the harmful effects of cannabis	61.8%	54.8%
Knowledgeable of the benefits of cannabis	64.7%	32.1%
Comfort discussing cannabis consumption with clients	65.5%	47.1%
Comfort discussing cannabis consumption as a substitute	61.8%	18.9%
Minimum age of purchase:		
- 18	29.4%	5.7%
- 19	34.6%	4.7%
- 21	22.8%	32.1%
- 25	11.0%	50.0%
Where should smoking cannabis be legal?		
- Owned private residence	94.1%	67.6%
- Rented private residence	61.0%	21.6%
- Licensed business	25.7%	3.9%
- Cannabis-specific lounges	72.8%	51.0%
- Public Spaces	25.0%	2.0%
Comfortable discussing the harms and benefits of:		
- Smoking	64.9%	40.4%
- Vaping	55.2%	31.7%
- Edibles	59.0%	31.7%
- Concentrates	37.3%	17.3%
- Topicals	34.3%	14.4%
- None of the above	20.9%	46.2%
- N/a	14.2%	11.5%

Appendix B - Results by Work Sector

	Work in Public Health (n = 269)	Other sectors (n = 235)
Positive Health effects	29.7%	29.8%
Positive Social effects	52.4%	57.7%
Consumption will increase	61.3%	57.9%
Youth Consumption will increase	53.9%	50.9%
Drug Impaired driving will increase	64.6%	58.7%
Worse than alcohol	13.0%	16.2%
Worse than tobacco	17.1%	20.0%
Knowledge of data and surveillance	24.7%	18.8%
Knowledge of the harms of cannabis	54.9%	61.7%
Knowledgeable of the benefits of cannabis	40.7%	51.5%
Comfort discussing cannabis consumption with clients	41.3%	66.7%
Comfort discussing cannabis consumption as a substitute	26.3%	44.5%
Minimum age of purchase:		
- 18	16.3%	16.2%
- 19	21.6%	20.0%
- 21	27.8%	29.4%
- 25	30.4%	31.5%
Where should smoking cannabis be legal?		
- Owned private residence	81.7%	82.6%
- Rented private residence	42.4%	45.5%
- Licensed business	13.9%	14.9%
- Cannabis-specific lounges	64.5%	69.8%
- Public Spaces	12.2%	10.6%
Comfortable discussing the harms and benefits of:		
- Smoking	51.4%	63.8%
- Vaping	42.2%	50.6%
- Edibles	41.4%	54.0%
- Concentrates	32.6%	28.9%
- Topicals	21.6%	27.2%
- None of the above	32.6%	23.8%
- N/a	15.2%	12.3%

Appendix C - Results by Comfort Discussing Cannabis Consumption with Clients

	Expressed comfort (n = 264)	Did not express comfort (n = 194)
Positive Health effects	37.5%	21.0%
Positive Social effects	62.4%	44.1%
Consumption will increase	56.1%	63.1%
Youth Consumption will increase	45.6%	61.7%
Drug Impaired driving will increase	54.4%	69.7%
Worse than alcohol	13.6%	15.9%
Worse than tobacco	16.3%	22.6%
Knowledge of data and surveillance	31.0%	9.8%
Knowledge of the harms of cannabis	74.3%	37.5%
Knowledgeable of the benefits of cannabis	62.1%	22.5%
Comfort discussing cannabis consumption as a substitute	57.6%	0.0%
Minimum age of purchase:		
- 18	18.9%	15.4%
- 19	20.8%	21.0%
- 21	28.4%	26.2%
- 25	28.8%	33.3%
Where should smoking cannabis be legal?		
- Owned private residence	83.7%	79.0%
- Rented private residence	47.4%	34.7%
- Licensed business	18.9%	8.4%
- Cannabis-specific lounges	66.7%	61.1%
- Public Spaces	15.2%	7.9%
Comfortable discussing the harms and benefits of:		
- Smoking	79.1%	23.4%
- Vaping	66.5%	15.1%
- Edibles	68.4%	14.6%
- Concentrates	41.4%	4.7%
- Topicals	36.9%	5.2%
- None of the above	12.1%	60.9%
- N/a	6.9%	14.6%

Appendix D – Survey Questions

1) Do you believe that the proposed federal legislative change will have mainly positive or negative health effects for Canadians?

- ☐ Positive
- ☐ Negative
- ☐ Neutral/Don't Know
- ☐ Other

Please specify

2) Do you believe that the proposed federal legislative change will have mainly positive or negative social consequences for Canadians? (e.g., justice, criminal activity)

- ☐ Positive
- ☐ Negative
- ☐ Neutral/Don't Know
- ☐ Other

Please specify

3) Do you think that cannabis consumption among Canadians will increase after the pending legalization?

- ☐ Yes, I think it will increase
- ☐ No, I think it will stay the same
- ☐ Neutral/Don't Know

☐ Other

Please Specify

4) Do you think that there will be an increase in cannabis use among Canadian youth, under the legal age in your jurisdiction, after legalization?

☐ Yes, I think it will increase

☐ No, I think it will stay the same

☐ Neutral/Don't Know

☐ Other

Please specify

5) Do you think that the rate of drug impaired driving rates (as measured by roadside stops) will increase after legalization?

☐ Yes, I think it will increase

☐ No, I think it will stay the same

☐ Neutral/Don't Know

☐ Other

Please specify

6) What do you think should be the minimum age to purchase cannabis?

☐ 18

- ☐ 19
- ☐ 21
- ☐ 25
- ☐ Neutral/Don't Know
- ☐ Other

Please specify

7) Do you consider the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming alcohol?

- ☐ Greater than
- ☐ Less than
- ☐ Equal
- ☐ Neutral/Don't Know
- ☐ Other

Please specify

8) Do you consider the detrimental health effects of consuming cannabis to be greater than, less than or equal to the detrimental health effects of consuming tobacco?

- ☐ Greater than
- ☐ Less than
- ☐ Equal
- ☐ Neutral/Don't know

☐ Other

Don't Know

9) Rank the following concerns to you personally that should be prioritized regarding cannabis legalization from most important to least important (1 is most important - 7 is least important)

	1	2	3	4	5	6	7
Increased use/consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effects on youth brain development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic safety/impaired driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis use in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting the appropriate legal age for purchase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How it's sold (retail aspect)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any other concerns you feel should be prioritized regarding cannabis legalization

10) Please indicate whether you have access to education and training in the form of professional development on the following topics related to cannabis

	I am aware and have access	I am aware, but do not have access	I am not aware and interested in learning more	I am not interested in this topic
Unintentional injuries (e.g. drug impaired driving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-use of cannabis and other substances (e.g. tobacco, alcohol, illicit drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis use and perinatal health (e.g. pregnancy, nursing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic effects (medicinal use of cannabis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cannabis consumption and mental health (e.g. cannabis use disorder, effects on the developing brain etc...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harm reduction and lowering risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis 101 (what are cannabinoids, how and why cannabis is consumed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11) Where do you think that it should be legal to smoke cannabis? (Check all that apply)

- ☐ Owned private residence including multi-unit private dwelling (e.g. house, condominium)
- ☐ Rented private residence (e.g. apartment, multi-unit building)
- ☐ Licensed business (e.g., bar, restaurant, patio, terrace)
- ☐ Cannabis-specific lounges
- ☐ Public spaces
- ☐ Other

(Please Specify)

12) I am comfortable discussing the relative benefits and harms of the following methods of cannabis use with my patients/clients (Check all that apply)

- ☐ Smoking (joint, pipe, water pipe)
- ☐ Vaping (e-cigarette, vape pen)
- ☐ Edibles (brownies, cookies, candies)
- ☐ Concentrates (tinctures, wax, extracts)
- ☐ Topicals (creams, balms, oils)
- ☐ None of the above

☐ Not applicable

13) I am comfortable discussing the relative benefits and harms of cannabis relevant to the following health outcomes

☐ Unintentional injuries (e.g. drug impaired driving)

☐ Co-use with other substances (e.g. tobacco, alcohol, other illicit drugs)

☐ Perinatal health (e.g. pregnancy, nursing)

☐ Therapeutic effects (medicinal use)

☐ Mental health (e.g. dependence, effects of the developing brain etc...)

☐ Psychosocial outcomes (e.g. learning, memory, attention, educational outcomes, social relationships etc...)

☐ Respiratory disease

14) With regards to traffic safety and drug impaired driving, what do you perceive are your most important knowledge gaps? (Check all that apply)

☐ Co-use (mixture of alcohol and cannabis)

☐ Youth misconception of how cannabis use affects driving ability

☐ Ambiguity over the length of time before it is safe to drive after consuming (depending on method of use)

☐ Lack of an objective roadside tool for detecting impairment (e.g. saliva test, breathalyzer)

☐ Law enforcement and penalties for drug impaired driving

☐ Other

Please specify

15) I use the following source(s) of information for evidence related to cannabis (Check all that apply)

- ☐ Federal reports
- ☐ Provincial reports (government, agency)
- ☐ National Academies of Sciences
- ☐ Canadian Centre for Substance Use and Addiction (CCSA)
- ☐ Centre for Addictions and Mental Health (CAMH)
- ☐ Canadian Institute for Substance Use Research (CISUR, formerly CARBC)
- ☐ Peer reviewed journals (accessed through google scholar, pubmed etc...)
- ☐ Authorized licensed producers of cannabis
- ☐ Media outlets (ex: CBC, Globe and Mail, Vice etc...)
- ☐ Professional associations (CPHA, CMA, CPS etc...)
- ☐ Guidance from licensing bodies
- ☐ None of the above
- ☐ Other

Please Specify

To what extent do you agree or disagree with the following statements?

16) I have knowledge of the scientific evidence regarding the harmful effects of cannabis consumption

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree

- ☐ Strongly disagree
- ☐ I prefer not to comment

17) I have knowledge of the scientific evidence regarding the beneficial effects of cannabis consumption

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I prefer not to comment

18) I have knowledge of the most recent data and surveillance information regarding cannabis consumption in my area

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I prefer not to comment

19) I feel comfortable discussing cannabis consumption with my patients/clients

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral

- ☐ Disagree
- ☐ Strongly disagree
- ☐ I prefer not to comment

20) I would feel comfortable discussing the consumption of cannabis with my patients/clients as a substitute for other harmful substances (e.g. people using cannabis instead of alcohol, opioids, or other substances)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I prefer not to comment

21) My patients/clients understand the increased risk of driving under the influence of both cannabis and alcohol.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I prefer not to comment

The following questions are being asked for demographic purposes

22) What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Trans
- ☐ None of the above
- ☐ Prefer not to say

Please specify

23) What is your age?

- ☐ 18 or under
- ☐ 19-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or over
- ☐ Prefer not to say

24) In what sector do you work? (if multiple, check all that apply)

- ☐ Public Health
- ☐ Healthcare
- ☐ Social Services
- ☐ Non-Governmental Organization

☐ Post-Secondary Institution

☐ Private Sector

☐ Self-Employed

☐ Retired

☐ Other

Please specify

25) In what province or territory do you work?

☐ BC

☐ AB

☐ SK

☐ MB

☐ ON

☐ QC

☐ NB

☐ NS

☐ PE

☐ NL

☐ YT

☐ NWT

☐ NT

☐ Prefer not to say



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

For more information, contact:

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

T: 613-725-3769 | F: 613-725-9826 | info@cpha.ca

www.cpha.ca