

Cannabis Data Overview

2013 to 2022

At a glance

A Peel Public Health technical report



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Overview

This report highlights the key findings reported by Peel Public Health in the 'Cannabis Data Overview - A look at cannabis use and related harms in Peel, 2013 to 2022. A Peel Public Health Technical Report. 2024'.¹ Readers can request a copy of the full report by sending an email request to: zzg-healthstatusdata@peelregion.ca. Data for many indicators in the cannabis report can also be found on the [Health Status Data Website: https://peelregion.ca/health/health-status-data/cannabis-use-data](https://peelregion.ca/health/health-status-data/cannabis-use-data).

On October 17, 2018, cannabis was legalized in Canada. The *Cannabis Act* (2018) outlines rules to control the production, distribution, sale, and possession of cannabis for use across Canada.² The goals of the Act are to prevent young people from accessing cannabis, deter criminal activity and reduce the burden on the criminal justice system, and protect public health and safety by allowing adults access to legal cannabis.²

Ongoing public health and safety implications of cannabis legalization and policy changes need to be understood at the local level. Monitoring data on population health outcomes, behaviours and risk factors for harms is therefore essential. This report considered important indicators related to cannabis. Data sources that were available at the local level were used to inform an overview for Peel region.³

Key Messages

Cannabis use has increased in Peel.

In Peel, past year cannabis use increased from 8% of residents aged 12 years and older in 2015/2016 to 15% in 2019/2020 (Figure 1, Table 1). Young adults aged 19 to 24 years (37%*) were more likely to use cannabis in the past year compared to other age groups. Past year cannabis use in Peel was lower than Ontario.^{A1} This may be due, in part, to differences in the social and demographic makeup of the two populations and differences in risk perceptions. Since cannabis use has increased in Peel, there are more people who might be exposed to the associated health risks (depending on the frequency and methods of use). It will be important to keep monitoring trends in cannabis use over time.

Figure 1. Cannabis use at least once in the past 12 months by year, Peel and Ontario, 2015/2016, 2017/2018, 2019/2020

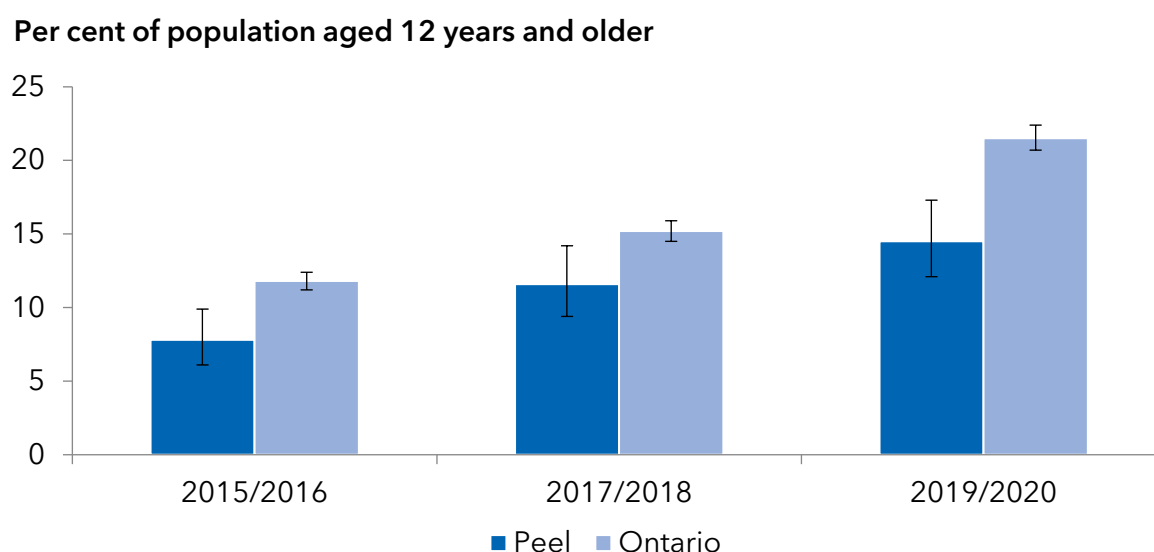


Table 1. Per cent of population aged 12 years and older who used cannabis in the past 12 months by year, Peel and Ontario, 2015/2016, 2017/2018, 2019/2020

	2015/2016	2017/2018	2019/2020
Peel	7.8	11.6	14.5
Ontario	11.8	15.2	21.5

Notes: Error bars represent 95% confidence interval of the estimate.

Source: Canadian Community Health Survey Share File, 2015/2016, 2017/2018, 2019/2020, Statistics Canada. Ontario Ministry of Health.

* Use estimate with caution

Some Peel residents engage in higher-risk cannabis use.

Higher-risk cannabis use behaviours can include the use of more harmful methods and products. For example, in 2019/2020, smoking was the most common method of consumption among people who use cannabis in Peel (74%) (Figure 2, Table 2). This is concerning because smoking is a more harmful way of using cannabis. It will be important to promote lower-risk cannabis use. Cannabis use in Peel should continue to be monitored, including behaviours we do not currently have data for (e.g., product potency, co-use with other substances).

Figure 2. Usual method of cannabis consumption in the past year, Peel and Ontario, 2019/2020

Per cent of past year cannabis users aged 12 years and older

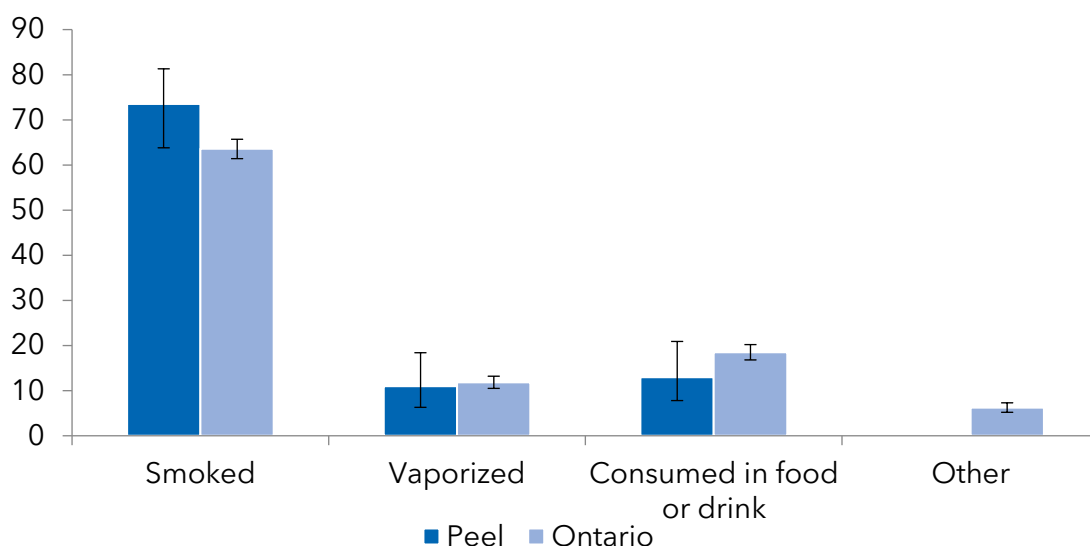


Table 2. Per cent of past year cannabis users aged 12 years and older by usual method of cannabis consumption and year, Peel and Ontario, 2019/2020

	Smoked	Vaporized	Consumed in food or drink	Other
Peel	73.5	11.0*	13.0*	NR
Ontario	63.6	11.8	18.5	6.2

* Use estimate with caution.

NR = Not releasable due to small numbers.

Notes: Error bars represent 95% confidence intervals.

Source: Canadian Community Health Survey Share File, 2019/2020, Statistics Canada. Ontario Ministry of Health

Many factors influence youth cannabis use.

Peel students who try cannabis, tend to try it for the first time during high school.^{B1} Regular exposure to cannabis and ease of access to it, can normalize it and influence attitudes around its use. In 2019, about one in three students in grades 7 to 12 believed that it would be easy to get cannabis if they wanted some.^{B1} One in four students said they were exposed to second-hand cannabis smoke in the past week.^{B1} Almost half of Peel students (45%) believed that there is a great risk of harm with smoking cannabis regularly.^{B1} There were some differences in perceptions of risk by sex and immigrant status (refer to full report).^{B1} Promoting delayed initiation of cannabis use and preventing its normalization among students are key areas to address.

Cannabis-related health care use is higher among males and young adults.

Health care use for cannabis-related mental health conditions generally increased in Peel over the past ten years, and use was higher among males and young adults (refer to full report). For example, the rate of hospitalizations increased after legalization, peaking in 2021 (refer to full report). Health care use for cannabis-related poisoning was less common than mental health conditions (Figure 3, Table 3). The rate of ED visits for cannabis poisoning in children increased in Peel after legalization, peaking in 2021 when there were 20 visits (refer to full report).^{C1} It will be important to support efforts to reduce harms from cannabis use and continue to monitor trends over time.

Figure 3. Cannabis-related emergency department visits by cause and year, Peel, 2013 to 2022

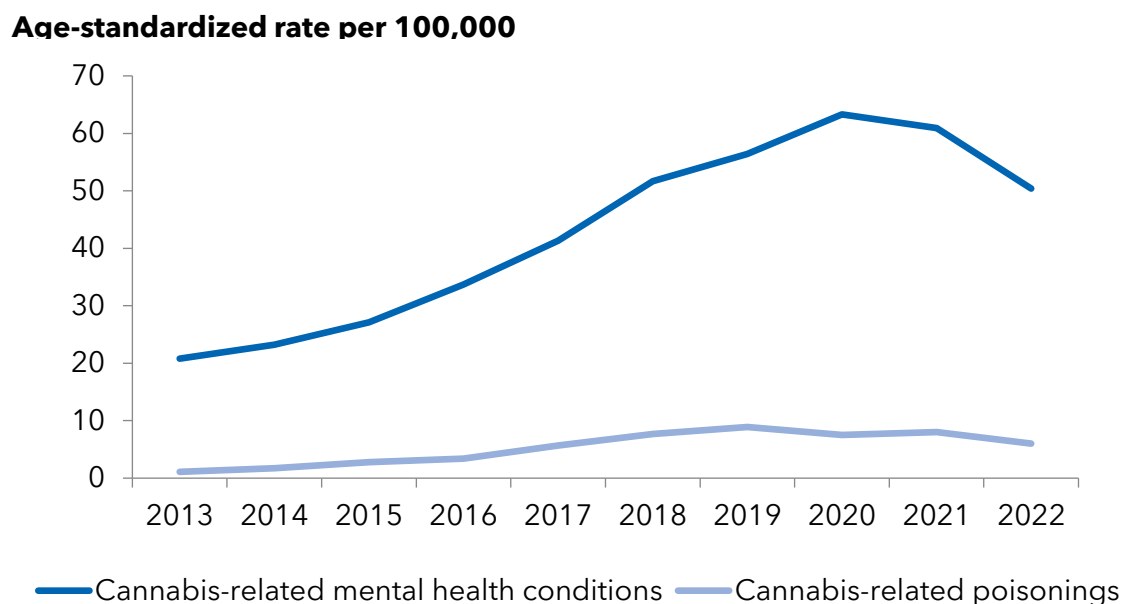


Table 3. Rate of cannabis-related emergency department visits (per 100,000) by cause and year, Peel, 2013 to 2022

Year	Cannabis-related mental health conditions	Cannabis-related poisonings
2013	20.8	1.1
2014	23.2	1.7
2015	27.1	2.8
2016	33.7	3.4
2017	41.3	5.7
2018	51.7	7.7
2019	56.4	8.9
2020	63.3	7.5
2021	60.9	8.0
2022	50.4	6.0

Notes: Rates are age-standardized to the 2011 Canadian population
 Rates for 2020 to 2022 should be interpreted with caution due to impacts of the COVID-19 pandemic.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario).
 Snapshots: Cannabis harms snapshot: Emergency department visits for cannabis-related mental health conditions and cannabis-related poisonings - age standardized (both sexes) 2013-2022 [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Apr 11]
 Available from: publichealthontario.ca/en/data-and-analysis/substance-use/cannabis-harms

Cannabis is commonly used for medical reasons in Peel.

In 2019/2020, about four in 10 Peel residents who used cannabis did so for medical purposes to some degree (with or without a medical document) (Figure 4, Table 4). Pain, anxiety and depression, and problems sleeping were the most commonly self-reported medical reasons for its use (refer to full report).^{A1} Most cannabis users who reported using it for medical reasons (70%) did not have a medical document from a health care professional for its use.^{A1} There is an opportunity to learn more about the use of cannabis for medical reasons and health needs that may not be met.

Figure 4. Purpose of cannabis use† in the past year, Peel and Ontario, 2019/2020

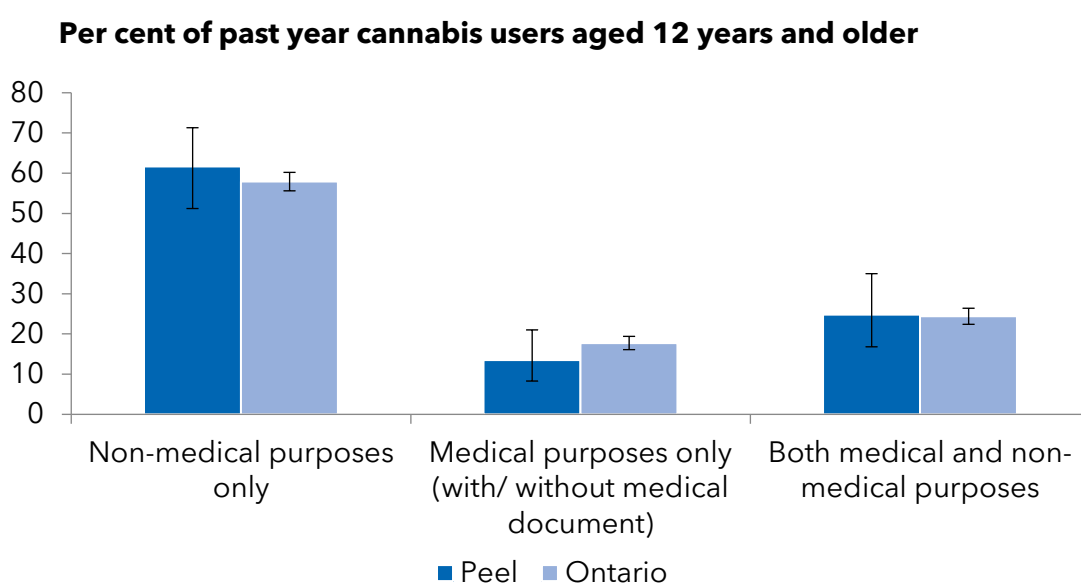


Table 4. Per cent of past year cannabis users aged 12 years and older by purpose of cannabis use, Peel and Ontario, 2019/2020

	Non-medical purposes only	Medical purposes only (with/without medical document)	Both medical and non-medical purposes
Peel	61.7	13.5*	24.8*
Ontario	57.9	17.7	24.4

†Based on population who tried cannabis more than once and used it in the past year.

* Use estimate with caution.

Note: Error bars represent 95% confidence intervals.

Source: Canadian Community Health Survey Share File, 2019/2020, Statistics Canada. Ontario Ministry of Health.

Our understanding of cannabis use in Peel has improved, however there are still gaps in what we know.

Improvements in monitoring cannabis use and harms have positioned us to better understand the cannabis landscape in Peel since legalization. However, important knowledge gaps remain. One example is the lack of data about second-hand exposure to cannabis smoke or vape for the general population. We also know that almost one in four cannabis users in Peel use it every day^{A1}, but there is limited information to show if daily use is more common among some groups of people than others. We need to explore ways to fill these information gaps in the future.

Text References

1. Peel Public Health. Cannabis Data Overview – A look at cannabis use and related harms in Peel, 2013- 2022. A Peel Public Health Technical Report. 2024.
2. Government of Canada. Cannabis Legalization and Regulation [Internet]. Ottawa (ON): Department of Justice; 2023 [updated 2021 Jul 7; cited 2024 Feb 12]. Available from: <https://www.justice.gc.ca/eng/cj-jp/cannabis/>
3. Wilkins, R. Maxowita, B. Rotermann, M. Preparing the social statistics system for the legalization of cannabis. Insights on Canadian Society. 2018. Available from: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2018001/article/54979-eng.htm>

Data References

- A1 Canadian Community Health Survey, 2019/2020, Statistics Canada. Ontario Ministry of Health.
- B1 Ontario Student Drug Use and Health Survey, 2019, Centre for Addiction and Mental Health. Region of Peel – Public Health.
- C1 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Cannabis harms snapshot: Emergency department visits for cannabis-related mental health conditions and cannabis-related poisonings - age standardized (both sexes) 2013-2022 [Internet]. Toronto, ON: King's Printer for Ontario; c2024 [cited 2024 Apr 11] Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/cannabis-harms>

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