

# Cannabis in Thunder Bay District Community Survey Report



September 2020



THUNDER BAY  
Drug Strategy



Thunder Bay District  
Health Unit



## Cannabis in Thunder Bay District: Community Survey Report



In the summer of 2019, the Thunder Bay District Health Unit in collaboration with the Thunder Bay Drug Strategy surveyed residents in Thunder Bay District, aged 14 and older. The purpose of the survey was to understand community members' knowledge needs, preferences and gaps around cannabis in order to inform education and awareness-raising activities. Data were collected on four thematic areas:

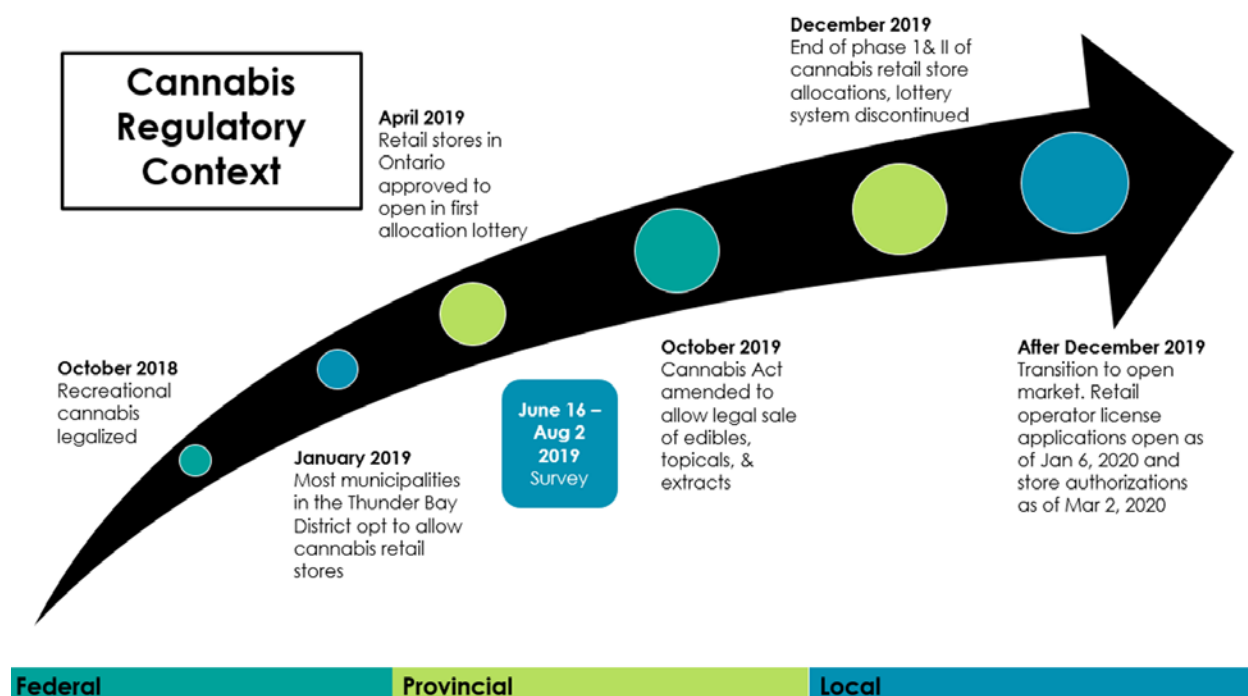
- Cannabis use
- Perceptions of risk
- Intentions regarding edible cannabis post-legalization
- Knowledge needs and preferences

### Summary of Key Findings

1. While more than half of respondents who use cannabis describe their use as recreational, a sizable proportion describe their use as primarily for medical purposes.
2. Most respondents who reported cannabis use in the past three months reported frequent use (daily or almost daily).
3. Many survey respondents displayed inaccurate perceptions of cannabis-related risk.
4. The majority of respondents had not heard of Canada's Lower Risk Cannabis Use Guidelines.
5. Respondents residing in the City of Thunder Bay were more likely than District respondents to report using edible cannabis.
6. Most survey respondents reported at least some intention to try edible cannabis post-legalization.
7. A wide variety of cannabis topics were of interest to survey respondents. The most frequently selected topics were: mental health effects, physical health effects, edible cannabis and medical use.
8. Survey respondents prefer to get their cannabis-related information via the internet from scientists, public health and people who use cannabis.

## Regulatory Context

At the time that the survey was delivered, recreational cannabis had been legal in Canada for several months with the *Cannabis Act (Bill C-45)* passed in October 2018. Ontario's regulatory framework for retail cannabis was announced just prior to legalization and laid the groundwork for storefront retail sales as of April 2019. For residents of Thunder Bay District, legal supply of recreational cannabis at the time of this survey was available through the online Ontario Cannabis Store; no legal storefronts were yet operational in the District. Federal legislation at this time did not yet allow the legal sale of cannabis edibles, topicals and extracts; this legislation was expected in October of 2019 and has since been enacted.



## Definitions

**Cannabis** includes any part of the cannabis plant in forms such as: fresh or dried flowers and leaves, cannabis oil, concentrate, edibles, tinctures, sprays or creams; and, any method of consumption including smoking, vaping, dabbing, drinking, eating or applying to the skin.

Respondents who reported using any cannabis in the past three months are considered current **cannabis users** in this analysis. **Frequent use** is defined as using cannabis daily or almost daily. Respondents who did not report any cannabis use in the past 3 months are considered **non-cannabis users** in this analysis.

**TBDHU** refers to the Thunder Bay District Health Unit catchment area. This is broken down in the analysis by city of **Thunder Bay** respondents and **District** community respondents. The sample size was not large enough to break down District respondents by community.

## Design and Methodology

We used an anonymous cross-sectional survey design and collected data through convenience sampling.

Surveys were available electronically online and in hard copy. Data collection occurred between June 16 and August 2, 2019. The electronic survey was promoted through paid social media posts and through the TBDHU web site. The print survey was administered during five outreach events in Thunder Bay in June and July of 2019. The print surveys accounted for about 10 per cent of the completed surveys. Surveys were available in English only and took approximately five minutes to complete. A gift card draw was offered as an incentive to increase response rates.

### PROJECT LEADS

Miriah Botsford (TBDHU)

Cynthia Olsen (TBDS)

### REPORT PREPARED BY

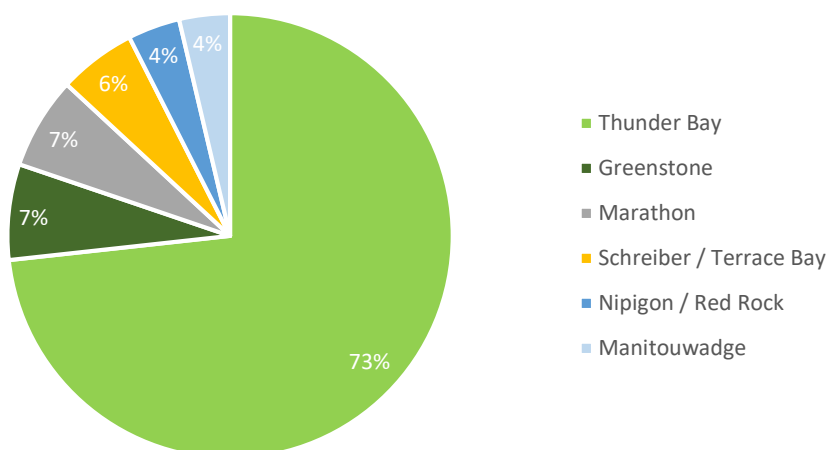
Sheena Albanese (TBDHU)

Adena Miller (TBDHU)

Shelley Aretz (TBDHU)

Overall, 1,903 community members from across the District who completed the survey were included in the analysis. Survey respondents included in the analysis were residents of TBDHU aged 14+. Most respondents (73%) lived in Thunder Bay and surrounding area. Most (71%) self-identified as female and the majority (90%) were over the age of 24 years.

**Figure #1. Respondents' home community**



Open-ended questions were analysed separately at different points in time. Results were combined and then coded into themes agreed upon by the two analysts. (See “Appendix A: Qualitative Analysis”).

For the purposes of this report, the “majority” can be interpreted as 75% of respondents or greater; “most” can be interpreted as more than 50%; “many” can be interpreted to mean between 20% and 50% of respondents; “some” means between 10-20%, a “small” number is less than 10%, and a “few” is less than 2%.

## **Limitations**

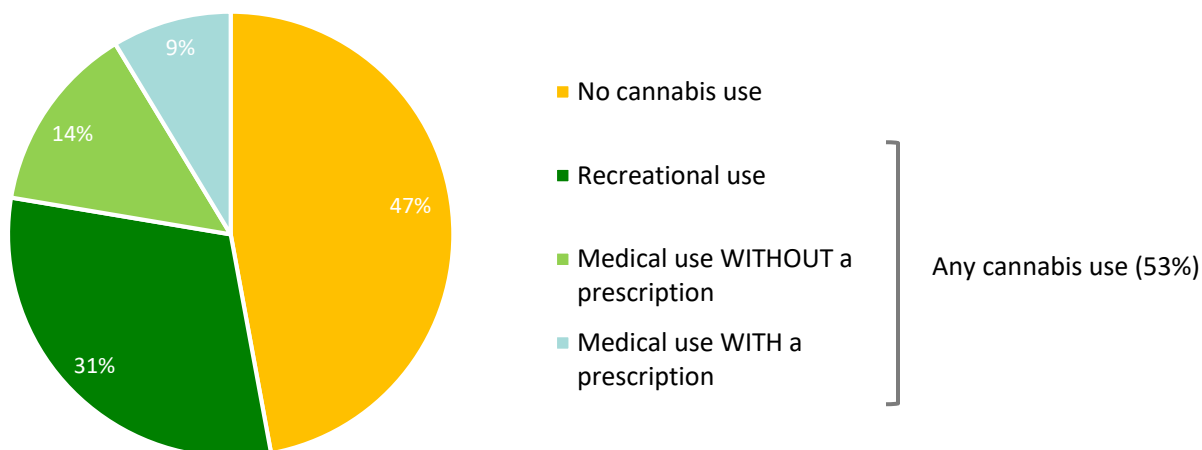
- Studying people who self-select to participate in a survey can create bias as respondents may not be the most representative sources; some groups may be over or underrepresented.
- This survey used a convenience sample, so the findings are not generalizable to the TBDHU population.
- Surveys were available as English-only which may have limited participation by other language groups.
- Self-report of cannabis use, knowledge and preferences may introduce bias (e.g. social desirability bias may lead people to under or over-report in order to align with their perceptions of social acceptability or legality).
- We undertook some cross-sectional analysis of the findings, however these reveal associations only; no causal relationships can be concluded.
- The findings represent a snapshot only, representing how respondents felt at that point in time.

## 8 KEY FINDINGS

**#1. While more than half of respondents who use cannabis describe their use as recreational, a sizeable proportion describe their use as primarily for medical purposes.**

All respondents were asked to select the category that “best describes” their cannabis use in the past three months. Response options included: recreational, medical use WITHOUT a prescription and medical use WITH a prescription.

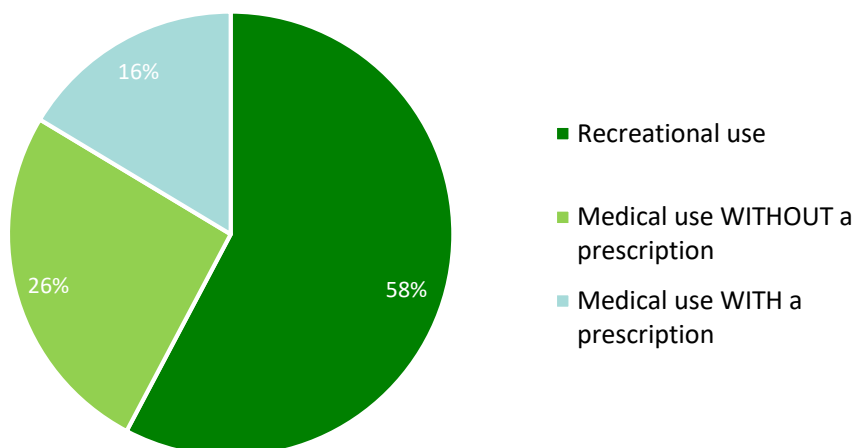
**Figure #2. Self-reported cannabis use in the past three months, ALL respondents**



n=1,892

Survey respondents reported higher cannabis use rates compared to the general population in Ontario. While 47% of respondents reported no cannabis use, 53% reported using ANY cannabis in the past three months, compared to 17.5% of Ontario residents 15 years and over.<sup>1</sup>

**Figure #3. Primary reason for using cannabis among cannabis users**



n = 1,001

Among current cannabis users (respondents who reported using any cannabis in the past three months), use was primarily reported as recreational (58%). Medical use WITHOUT a prescription was also prevalent (26%) with a smaller proportion (16%) reporting cannabis use WITH a prescription. Nearly half (42%) of respondents using any cannabis reported using for primarily medical reasons.

## Discussion

Several studies have shown that the boundaries between recreational and medical (therapeutic) uses of cannabis are blurred; medical users may also use cannabis recreationally, and recreational users may also report using cannabis to manage physical or mental health conditions without consulting a doctor or obtaining a prescription.<sup>2</sup> This phenomenon is also reflected in these results in the following ways:

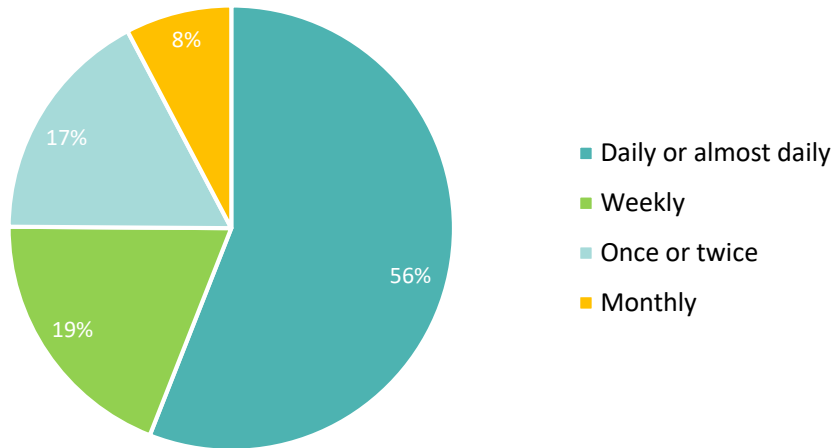
- While delivering the print survey at events in the summer of 2019, survey staff made notes of comments from the public. Many people verbally shared their experiences with recreational cannabis in relation to managing physical or mental health symptoms.
- Similar testimonials also appear in the open-ended fields of the survey and are described in Appendix A: Qualitative Results. The perceived therapeutic benefits of non-medical cannabis is a theme arising from the survey results, as is access to medical cannabis.
- Survey results (see Key Finding #7) show that “medical cannabis” is among the top four topics of interest, selected by 39% of respondents.

Taken together, this suggests that self-medication for management of physical or mental health conditions is a possible motivation for cannabis use among recreational cannabis users.

## #2 Most respondents who reported cannabis use in the past three months reported frequent use (daily or almost daily use).

Respondents who reported current cannabis use (any cannabis use in the past three months) were asked about their frequency of use.

**Figure #4. Cannabis use frequency among current cannabis users**



n = 972

When looking at cannabis users *only*, more than half (56%) of the survey respondents who reported cannabis use in the last three months reported frequent use, that is, daily or almost daily use. Almost one in five (19%) reported weekly use. Overall, the majority (75%) reported using cannabis on a regular basis, weekly or more often.

When analysing by **gender**, males reported more frequent use of cannabis than females. Males were also more likely to report daily or almost daily use: 63% of male vs. 52% of females.

When analysing by **geographic location**, cannabis use frequency was fairly stable across the district in this sample.

## Discussion

The [Lower Risk Cannabis Use Guidelines](#)<sup>3</sup> recommend occasional use at most. Any cannabis use comes with some risk to physical and mental health, but more frequent users are at the highest risk of experiencing problems. Using cannabis frequently can lead to health problems, including substance use disorder and dependency. According to population data, frequent cannabis use is



more common among 15-24-year-olds than among other age groups. Frequent use at an earlier age increases lifetime risk of substance use disorder.<sup>4</sup> Frequent cannabis use therefore is a key indicator deserving public health attention, particularly among youth populations who are at increased risk of harm.

On average, 6% of Ontarians aged 15 and older report using cannabis daily or almost daily in the past three months, which is in line with the national average.<sup>1</sup> However, in our survey, only cannabis users were asked about frequency of use. It is unknown how this sample of cannabis users compares with a representative sample for TBDHU. The finding that males are more likely than females to use cannabis daily or almost daily is consistent with research on patterns of cannabis use among Canadians.<sup>1</sup> Targeted interventions should include male residents and young cannabis users (15-24 years) across the District.

### #3. Many survey respondents displayed inaccurate perceptions of cannabis-related risk.

Respondents were given statements on four cannabis-risk topics and asked to what extent they agreed or disagreed with the statements. The list included three true and one false statement.

#### Youth

*Youth (up to 24 years) are more likely to experience negative effects from cannabis use than other age groups. (TRUE)*<sup>5</sup>

- **One in five** (20%) of respondents disagreed with this true statement

#### Mental health

*Using cannabis can put you at increased risk of mental health challenges. (TRUE)*<sup>3</sup>

- About **one in three** (34%) of respondents disagreed with this true statement

#### Edible cannabis

*Edible cannabis products have an immediate effect on the body. (FALSE)*<sup>6</sup>

- About **one in three** (35%) of respondents agreed with this false statement

#### Driving

*Using cannabis before driving increases the risk of a motor vehicle collision (TRUE)*<sup>7</sup>

- Almost **one in five** (18%) disagreed with this true statement.

Overall, between 20% - 35% of responses were *incorrect*, indicating that a sizeable proportion of respondents hold inaccurate perceptions of cannabis-related risk and possess limited knowledge of lower-risk cannabis use.

When analysed by **cannabis-use status**, non-users were more likely to perceive a greater level of risk than respondents who reported cannabis use.

Perceptions of risk were fairly stable across **age groups**.

### Discussion

These results point to a continuing need for public education on cannabis health risks and lower-risk use with a focus on addressing cannabis myths with consistent, fact-based messages.

**Youth:** The majority of respondents (90%) were adults over the age of 24; to a large extent these results represent adult views of youth risk in the sample surveyed. This suggests the potential benefit of educating adults who have responsibility for youth on the increased risks of harm for young people (e.g. parents, caregivers, teachers).

**Mental health:** As discussed under Key Finding #1, respondents frequently tied cannabis use to perceived mental and physical health benefits. This may account in part for a lowered perception of risk related to mental health. Almost half of survey respondents identified “mental health” as a cannabis topic which interested them (see Key Finding #7). Cannabis education should therefore include conversations about mental health effects and provide resources for individuals looking for help with physical or mental health conditions.

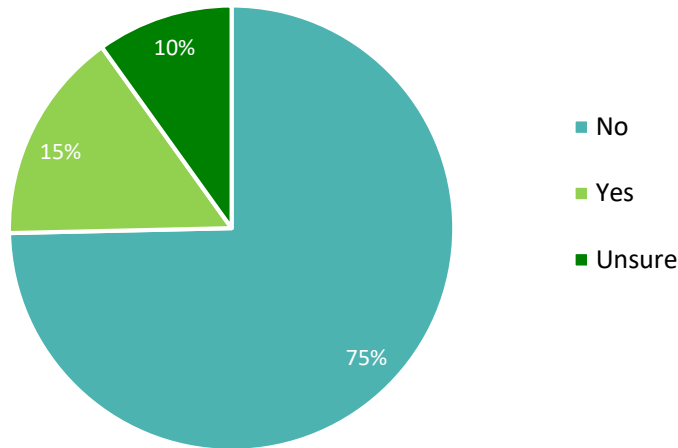
**Edible cannabis:** These results reflect the status of edible cannabis as a novel mode of consumption for many respondents. Many respondents were unaware of the timeframe for physiological effects from edible cannabis, and are therefore more likely to overconsume and experience adverse effects. Respondents’ health perceptions regarding edible cannabis makes apparent the need for greater education in this area.

**Driving:** Even though cannabis-impaired driving knowledge is greater in this sample compared to the other knowledge topics included in the survey, there is reason for concern. Almost one in five respondents did not acknowledge the link between cannabis use and motor vehicle collisions, and there is information locally that drug-impaired driving rates (charges / interceptions) are trending upward.<sup>8</sup> Interventions will continue to be needed to reduce cannabis-impaired driving.

#### #4. The majority of respondents had not heard of Canada’s Lower Risk Cannabis Use Guidelines.

Respondents were asked if they had heard of Canada’s Lower Risk Cannabis Use Guidelines (LRCUG).

Figure #5. Awareness of Canada’s Lower Risk Cannabis Use Guidelines



n = 1,838

The majority of respondents (75%) had not heard of the LRCUG. Some (15%) had heard of the guidelines; 10% were unsure.

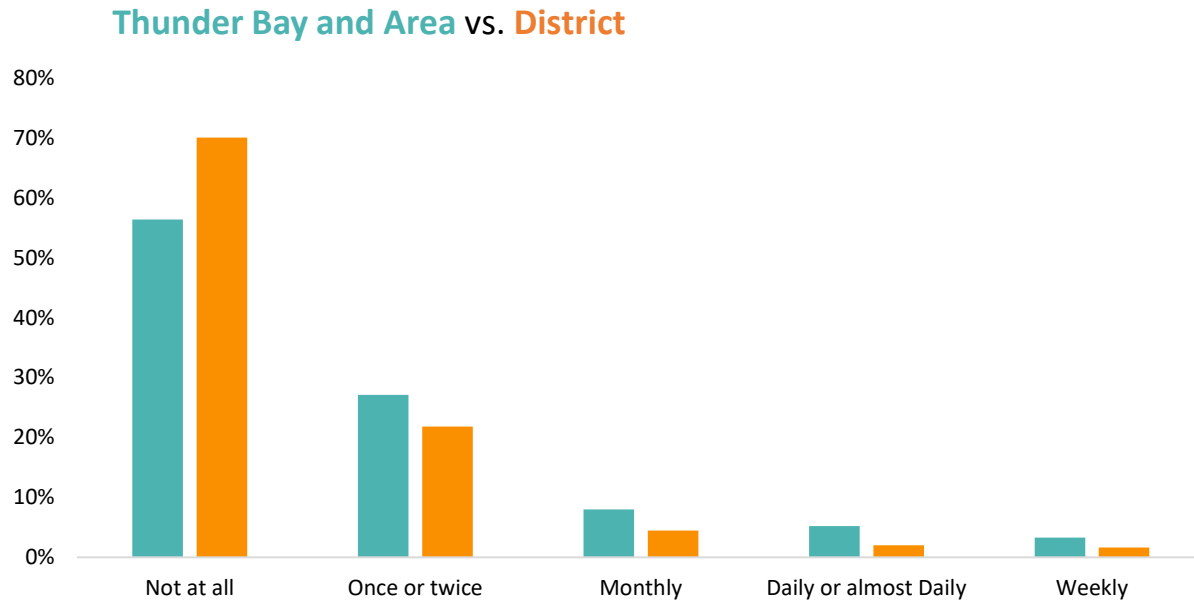
#### Discussion

Awareness of the LRCUG among survey respondents is low. These findings correspond to the discussion under Key Findings #3. Residents require accurate and credible information to make safer choices around substance use. Indeed, the need for public education was also voiced by respondents themselves (see Key Finding #7).

## #5. Respondents residing in the City of Thunder Bay were more likely than District respondents to report using edible cannabis.

All respondents were asked how often they had used cannabis edibles.

Chart # 7. Cannabis edibles use in the past 12 months, Thunder Bay vs. District



Thunder Bay: n=1,171

District: n=453

When analysed by **geographic location**, some differences emerged. Approximately one third (30%) of District residents reported using edible cannabis in the past 12 months; most (70%) reported that they did not use edible cannabis. In comparison, Thunder Bay respondents were more evenly split, with 43% reporting edible cannabis use and 56% reporting no use in the past 12 months.

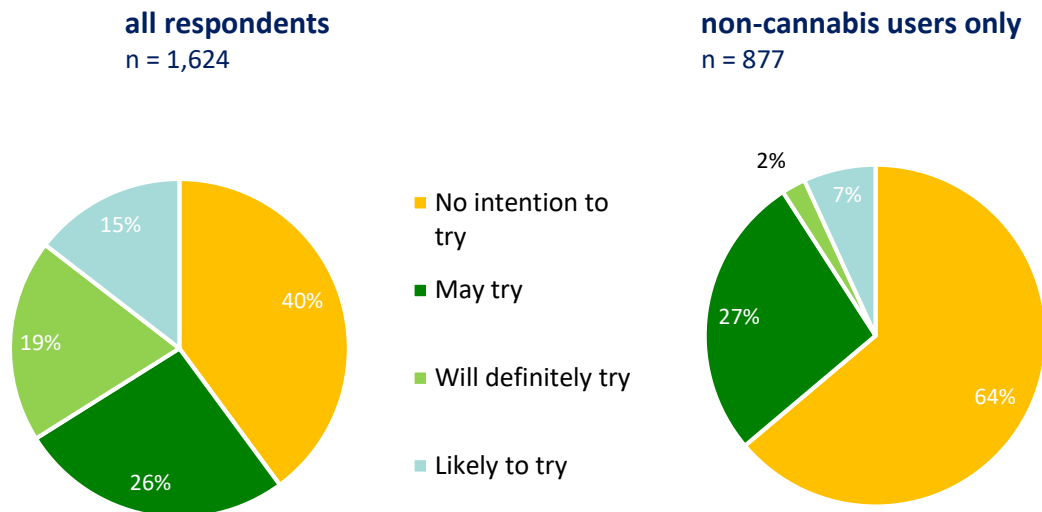
### Discussion

While this survey cannot accurately characterize edible cannabis use in TBDHU, this finding is noteworthy given the recent legalization of edible cannabis products. Education related to safer consumption of cannabis edibles may be directed to all TBDHU residents, however, additional efforts may be warranted in the Thunder Bay area.

## #6. Most survey respondents reported at least some intention to try edible cannabis post-legalization.

Respondents were asked about their intentions regarding edible cannabis post-legalization.

Figure #8. Reported intention to try edible cannabis post-legalization



Most (60%) of all survey respondents reported at least some intention to try edible cannabis products when they became legal; 40% of respondents reported no intention.

Among *non-cannabis* users, 64% reported no intention to try edible cannabis post-legalization, however, 36% of non-cannabis users reported some intention to try edible cannabis post-legalization.

### Discussion

The survey results show considerable interest in trying edible cannabis products post-legalization, which is similar to other Canadian research findings.<sup>9</sup> The survey does not distinguish between home-prepared cannabis edibles and retail products, however, the post-legalization environment may see an increase in use as new products become available and more storefronts become operational. Other Canadian research has shown similar curiosity about cannabis edibles, but also a lack of confidence in using cannabis at home in their cooking.<sup>9</sup> Edible cannabis presents its own set of risks and requires mitigation measures distinct from other modes of consumption that may be unknown to consumers whether they use other forms of cannabis or are new users (see Key Finding # 3). Risks particular to edible cannabis include accidental ingestion and over-consumption.<sup>10</sup>

Survey respondents - both cannabis users and non-users - indicated a lack of awareness of the delayed effects of consuming edible cannabis products. As well, products such as baked goods and candies may facilitate over-consumption due to a lack of awareness of serving sizes / dosing. Of particular concern are novice users who may have minimal knowledge and little or no experience making decisions around safer use (36% of non-users indicate some intention to try edible cannabis post-legalization).

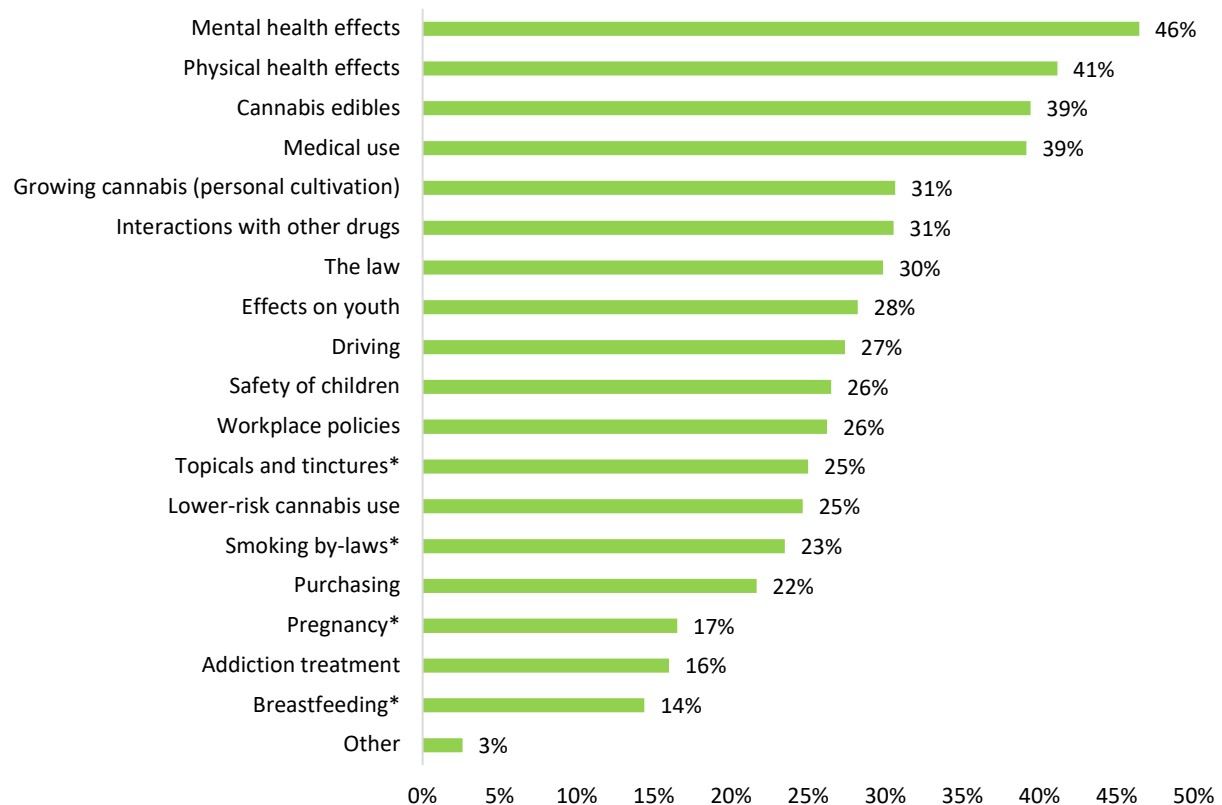
The survey did not query respondents' reasons for trying edible cannabis, or whether they intend to purchase prepared edible cannabis products or prepare at home.

Information about edible cannabis should address safe use with both commercial ready-to-consume edibles and home preparation, and inform users of the delayed effects associated with edible cannabis as well as what constitutes a serving. Information may be better communicated through targeted edible-specific education efforts in addition to broader cannabis education initiatives.

**#7. A wide variety of cannabis topics were of interest to survey respondents. The most frequently selected topics were: mental health effects, physical health effects, edible cannabis and medical use.**

Survey respondents were asked to select their cannabis-related topics of interest (check all that apply) from a list of nineteen topics.

**Figure #9. Ranking of cannabis-related topics of interest (% respondents selecting the topic)**



n = 1903

\*These topics were added after some surveys had already been completed. For these topics n=1,836

Almost half of survey respondents (46%) selected mental health effects, followed by physical health effects (41%). Tied in fourth place were edible cannabis products (39%) and medical use (39%).

Additionally, respondents could submit other topics not included on the list. Additional topics provided by respondents included:

- Benefits / therapeutic effects of cannabis
- Affordability and access to medical cannabis
- The need for public education



When analysed by **cannabis-use status**, some differences emerged.

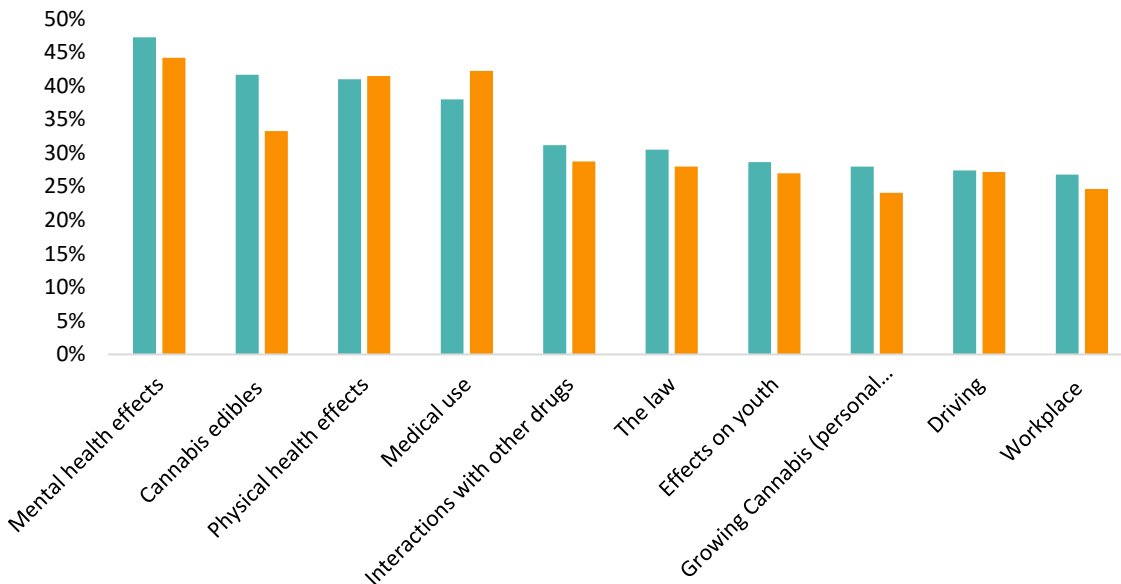
- Respondents who did not use cannabis in the past three months were more interested in “precautionary” topics such as mental health effects, effects on youth and children’s safety.
- Respondents who used cannabis in the past three months were more interested in “consumer-oriented” topics such as edible cannabis products, growing cannabis and medical use.

When analysed by **age group**, some differences emerged:

- All age groups except 55+ were most interested in mental health effects. The 55+ aged group was more interested in medical use.

When analysed by **geographic location**, respondents from District communities were more interested in medical cannabis compared to Thunder Bay and surrounding area.

**Figure #10. Top ten cannabis-related topics of interest, Thunder Bay vs. District**



Thunder Bay: n = 1,392

District: n = 511

**Discussion**

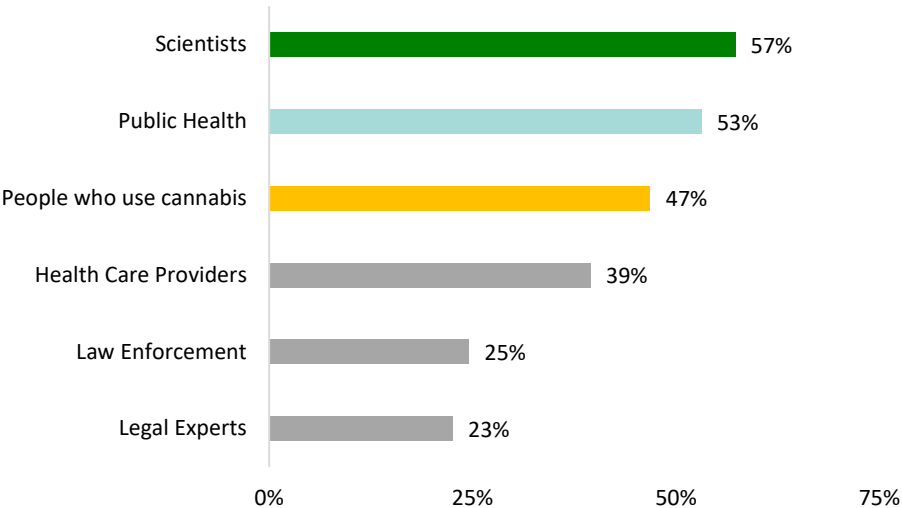
Clear and balanced messaging about cannabis is integral to a public health approach to reducing substance-related health harms. The main topics of interest described above, along with themes arising from the qualitative analysis (see Appendix A) provide touchpoints for developing public health messaging. An overarching theme emerges from these two sources of information: residents want to better understand the physical and mental health risks and benefits of cannabis use. Secondary to this are specific areas of interest with regard to different cannabis formulations/products (edibles foremost among them).

The analysis by age and by cannabis use status identifies potential audiences for targeted public health interventions. The top four topics of interest are fairly consistent across the Thunder Bay and District with the exception of cannabis edibles where city of Thunder Bay respondents were more likely to report interest in this topic. This finding is consistent with Key Finding #5 where Thunder Bay residents reported higher rates of cannabis edible use compared to the District.

**#8. Survey respondents prefer to get their cannabis-related information via the internet from scientists, public health and people who use cannabis.**

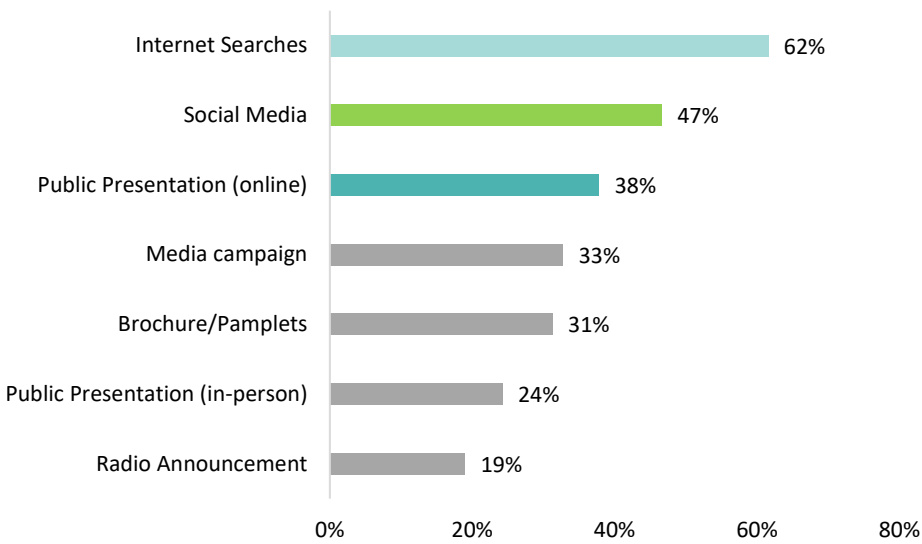
The survey provided predetermined options for preferred sources and channels for receiving cannabis information. Preferred sources and channels were calculated by combining the proportions rated as “4” or “5” on a scale of 1 (least preferred) to 5 (most preferred).

**Figure #11. Preferred SOURCES for receiving cannabis information**



The top three choices for preferred sources of cannabis information were: **scientists**, **public health**, and **people who use cannabis**.

**Figure #12. Preferred CHANNELS for receiving cannabis information**



The top three preferred **channels** for receiving cannabis information were: **internet searches**, **social media** and **online presentations**.

## Discussion

“People who use cannabis” are a preferred source of cannabis information in this sample. This may be reflective of legal status of cannabis prior to 2018, stigma associated with cannabis use and reliance on peer education. “Official” sources of cannabis information may not be perceived as credible. However, as this survey shows, people who use cannabis may not have current or science-based information to share, particularly with regard to cannabis risks. The fact that scientists and public health are also preferred sources presents an opportunity for public health and scientists to collaborate with people who use cannabis in disseminating credible information on cannabis.

At the time that this survey was conducted, there were no storefronts for cannabis sales. Cannabis retailers may emerge as important sources of cannabis information as they interact with shoppers directly.

The preference for internet searches and social media presents an opportunity to reach a wide audience across the district of Thunder Bay. However, misinformation can flourish online and on social media. Cannabis education should include information on where to get credible info on cannabis online and how to critically assess information sources.

## Summary of Recommendations

### Education and Awareness

- Provide credible, science-based sources and knowledge products to TBDHU residents related to the physiological effects of cannabis.
- Develop a comprehensive communications strategy to provide education and raise awareness of cannabis risks and safer modes of use. Increase community awareness of the LRCUG and develop targeted education interventions for priority topics, settings and populations including:
  - People using cannabis to manage mental or physical health conditions
  - Novice users of edible cannabis
  - Youth 15-24 years
  - Other priority groups as identified by the Working Group

### Collaboration

- Collaborate with intersecting topic area experts such as: tobacco, family health, school health, road safety, mental health promotion, etc.
- Explore opportunities to partner scientists and public health with people who use cannabis in education and awareness activities.
- Consider how public health can encourage retailers in TBDHU to enhance sharing of fact-based information on reducing risks associated with cannabis use.

### Screening and Early Intervention

- Encourage residents of TBDHU to talk to their health care provider about cannabis in relation to their health concerns.
- Encourage health care providers to talk to their patients about their cannabis use.
- Investigate the evidence on cannabis screening and brief interventions by health care providers.

### Harm Reduction

- Continue to promote Lower-Risk Cannabis Use Guidelines
- Explore evidence-based resources that may assist people to reduce how frequently they use cannabis.

### Surveillance

- Monitor cannabis-related behaviours and perceptions in TBDHU and respond to emerging trends, including impacts of the COVID-19 pandemic.
- Gather information to better understand priority populations for risks related to edible cannabis products.

## References

- <sup>1</sup> Statistics Canada. Health Reports: What has changed since cannabis was legalized? (Feb 19, 2020) Retrieved 03/04/2020 from: <https://www.doi.org/10.25318/82-003-x202000200002-eng>.
- <sup>2</sup> Bostwick J. M. (2012). Blurred boundaries: the therapeutics and politics of medical marijuana. *Mayo Clinic proceedings*, 87(2), 172–186.  
<https://doi.org/10.1016/j.mayocp.2011.10.003>
- <sup>3</sup> Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Roll, B., Hall, W., Rehm, J., and Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health*, 107(8). Retrieved 03/04/2020 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508136/>
- <sup>4</sup> Hall W, Renstrom M, Poznyak V. (2016). The health and social effects of nonmedical cannabis use. World Health Organization: Geneva. Retrieved 03/04/2020 from: [https://www.who.int/substance\\_abuse/publications/msbcannabis.pdf](https://www.who.int/substance_abuse/publications/msbcannabis.pdf)
- <sup>5</sup> Christina N Grant, Richard E Bélanger. (2017). Cannabis and Canada’s children and youth. *Paediatric Child Health* 2017;22(2):98-102. Retrieved 03/04/2020 from <https://www.cps.ca/en/documents/position/cannabis-children-and-youth>
- <sup>6</sup> Barrus, D. G., Capogrossi, K. L., Cates, S. C., Gourdet, C. K., Peiper, N. C., Novak, S. P., Lefever, T. W., & Wiley, J. L. (2016). Tasty THC: Promises and Challenges of Cannabis Edibles. *Methods report (RTI Press)*, 2016, 10.3768/rtipress.2016.op.0035.1611. Retrieved 03/04/2020 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260817/>
- <sup>7</sup> Rogeberg, O., & Elvik, R. (2016). The effects of cannabis intoxication on motor vehicle collision revisited and revised. *Addiction (Abingdon, England)*, 111(8), 1348–1359. Retrieved 03/04/2020 from: <https://pubmed.ncbi.nlm.nih.gov/26878835/>
- <sup>8</sup> Thunder Bay Police Services, personal communication M. Cattani, January 16, 2020.
- <sup>9</sup> Charlebois, S. Somogyi, S., and Sterling, B. 2018. Cannabis-infused food and Canadian consumers’ willingness to consider “recreational” cannabis as a food ingredient. *Trends Food Science and Technology*. 74: 112-118. Doi: 10.1016/j.tifs.2018.02.009.
- <sup>10</sup> Canadian Centre on Substance Abuse. 2015. Cannabis regulation: Lessons learned in Colorado and Washington State. Retrieved 02/28/20 from <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Cannabis-Regulation-Lessons-Learned-Report-2015-en.pdf>

## APPENDIX A: Qualitative Analysis – Summary

Survey participants were invited to share their questions and thoughts on the topic of cannabis in two open-ended question fields. Responses were combined and coded into themes. While many of the themes described below align with the topics selected by respondents (above), the themes emerging from open-ended responses provide further insight into the nature of respondents' interest in cannabis and evolving community norms around cannabis use.

### Health Risks and Benefits

Echoing previous analysis on topics of interest, many respondents had questions about the health effects of cannabis.

*How does it affect the brain – short and long term?*

**There were several questions framed around the potential risks of cannabis use.**

*Is it safe for people with heart issues?*

*How safe is it?*

Specific areas of concern included: long term effects, mental health problems, drug interactions, safety during pregnancy. Youth, children and novice users were identified by some respondents as being at greater risk.

*When used for a long period of time can cannabis cause mental health issues?*

*Does it interact with prescription medications?*

*How long before getting pregnant should I stop use?*

*Is it risky for people under 25 who's [sic] brains aren't fully developed yet?*

*Where can you buy locking storage for edibles to keep safe from children?*

A few respondents had questions specifically about dependency and addiction, and accessing treatment.

*Is it addicting once starting to use it everyday?*

*What type of assistance will be provided to individuals who abuse cannabis?*

*How to help someone who has a problem with cannabis and clinical depression?*

**There were several questions raised about the benefits of cannabis use for a variety of mental and physical health conditions.**

*In what ways can it help my health?*

*Positive treatment options for insomnia, chronic pain, PTSD, anxiety, anger and depression?*

Some respondents provided testimonials of how cannabis had helped them; others proposed cannabis as a potential substitute for other medications.

*I suffered with asthma/depression/anxiety my whole life. Since I have been using cannabis my asthma has improved.*

*Is cannabis better to use for lowering anxiety than prescription medication?*

## Product Information

Respondents had questions about specific cannabis products, their risks or benefits, and modes of use including: CBD formulations, edible cannabis, topicals, tinctures, vaping and synthetic THC.

*How effective is CBD oil?*

*How many edibles would be considered safe to eat?*

*Topicals; what can they effectively treat? How to obtain these legally?*

*How a vaporizer works & if it is safer than using a pipe?*

There were also questions related to home cultivation of cannabis.

*What is the proper way to grow and harvest cannabis at home?*

*How can I use my own personal crop safely at home?*

For a few respondents, access to medical cannabis was an area of concern.

*When will we be able to use medically Rx'ed cannabis through our benefits carriers?*

*When will ODSP cover it?*

## Public education and stigma reduction

Some respondents commented on the need for public education.

*How do we address the stigma associated with medical use of cannabis?*

*How do you plan to educate youth in our city?*