

BLUNT TALK II

**A picture of cannabis use
among BC youth**



McCreary
Centre Society

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KEY FINDINGS

PROFILE OF YOUTH CANNABIS USE

In 2018, three quarters of BC youth had never used cannabis, and those who had used it waited longer to first try it. For example, among those who had used cannabis, 47% waited until they were at least 15 years old to first do so, compared to 28% in 2003.

Youth were more likely to have vaped in the past month than they were to have ever used cannabis.

The percentage of students who had used cannabis was lower in each of BC's five health regions than it was 15 years earlier, and was lower than 10 years earlier in all regions except Vancouver Coastal. However, the only region to experience a decrease in cannabis use over the past five years was the North (from 35% in 2013 to 32%). Among the 16 Health Service Delivery Areas, the percentages of youth who had ever used cannabis ranged from 15% in Richmond and Vancouver to 42% in the Northwest.

Most youth who used cannabis did so infrequently and last used it because they wanted to experiment or have fun.

The more frequently youth used cannabis, the more likely they were to experience negative consequences of their use. Those who used on 20 or more days in the past month were the most likely to report direct negative consequences, as well as challenges with their physical health, mental health, and school life.

PREDICTORS OF FREQUENT USE

Most youth who became frequent users (used on 20 or more days in the past month) were those who were early users (first started using before their 13th birthday) and/or were longer-term users (had been using cannabis for two or more years), while the remainder were those who were neither early nor longer-term users but first started using cannabis during a time when they were experiencing trauma or other challenges.

Predictors of starting to use cannabis before age 13 included identifying as lesbian, gay, or bisexual; experiencing poverty and deprivation; experiencing bereavement; living in a rural community; and having a history of abuse. Some of these same risk factors predicted longer-term use, as did experiencing mental health challenges.

Youth who had not used cannabis before their 13th birthday and who had been using cannabis for a year or less were more likely to become frequent users if they were experiencing poverty and deprivation, had attempted suicide in the past year, had someone close to them die of an overdose, had run away or been kicked out in the past year, and/or currently had no close in-person friends.

POTENTIAL HARMS ASSOCIATED WITH CANNABIS USE

Youth who used cannabis on most days in the past month were less likely to report negative consequences of their substance use than those who used alcohol this regularly. However, among youth who had used cannabis (and had not used any other substance), 32% reported that their use resulted in at least one negative consequence in the past year, including 7% who experienced three or more negative consequences.

Fourteen percent of youth who had used cannabis had driven after using it. Males were more likely than females to have driven after using cannabis (18% vs. 11%) and to have done so in the past month (10% vs. 5%).

In the past year, 1 in 10 youth (10%) who had used cannabis reported their use had reached a point where they needed help, including 38% of those who used cannabis on 20 or more days.

SUPPORTING YOUTH WHO USE CANNABIS

Youth who were at risk for frequent cannabis use but had not become frequent users were those who:

- ***Had a supportive family*** including family they could turn to when they had a problem, monitored what they were doing in their spare time, and who understood and respected them.
- ***Felt safe and supported at school*** including those who felt their teachers cared about them, and felt that school staff expected them to do well.
- ***Were part of their community*** including those who felt connected to their community, were engaged in meaningful extracurricular activities, and felt listened to and valued within those activities.
- ***Had supportive adults in their lives*** including adults who helped them with tasks such as making and getting to appointments and homework.
- ***Had healthy peer relationships*** including having friends who would be upset with them for using cannabis or engaging in other health risk behaviours such as getting drunk.
- ***Felt able to manage stress and setbacks*** including those who felt they managed their stress well and persevered in the face of obstacles.

Many youth used cannabis as a way to cope with their emotions and with challenges in their lives. Regardless of whether they began using at 12 or younger, were longer-term users, or had quickly become frequent users, those who were using at the highest levels reported better health and well-being when they had protective factors in their lives including feeling connected to and supported by family, school, community, and peers.

YOUTH'S RECOMMENDATIONS

Members of McCreary's Youth Research Academy reflected on the results in this report and made a number of recommendations. These include:

- Addressing risk factors for frequent cannabis use (such as poverty and deprivation). For example, by providing breakfast and lunch programs at schools and no-cost opportunities for youth to engage in extracurricular activities.
- Offering youth opportunities to try new hobbies and develop new skills, as this can be a protective factor against frequent use.
- Understanding that youth who use cannabis frequently may be doing so to self-medicate.
- Taking a trauma-informed approach is important as youth may have had previous negative experiences with adults. This includes taking the time to build relationships with youth who are frequent users and to understand the role that cannabis use plays in their life.
- Creating safe school and community environments, and addressing discrimination and violence.
- Supporting youth to develop a sense of hope for the future, and to make achievable goals and plans.
- Ensuring youth have access to mental health and substance use supports regardless of where they live in BC.

INTRODUCTION

The reasons adults use substances such as cannabis have been shown to be complex and to be influenced by a number of internal and external factors. Similarly, the reasons youth may begin to use substances, or use in ways that can be detrimental to their health, need to be understood and the root causes of use addressed.

In 2016, McCreary released *Blunt Talk: Harms associated with early and frequent marijuana use among BC youth*. Using data from the 2003, 2008, and 2013 BC Adolescent Health Surveys (BC AHS), this in-depth report provided a snapshot of cannabis use among BC youth in Grades 7 to 12.

Two years later, the federal Cannabis Act came into force which strictly regulates production, distribution, sale, and possession of cannabis across Canada. BC has additional legislation aimed at protecting youth (see www.cannabis.gov.bc.ca and www.canada.ca/content/dam/themes/health/campaigns/marijuana-cannabis/27-16-1808-Cannabis%20Production%20Infographic-B-EN-04.pdf for more details).

The law states that the minimum age at which youth in BC can buy or possess non-medical cannabis is 19. It also prohibits giving or selling cannabis to youth, displaying cannabis and cannabis accessories where they may be visible to youth, packaging or labelling cannabis products in a manner that is appealing to youth; and states that youth found in possession of even a small amount of cannabis may face a fine.

Despite these restrictions, there are concerns that it will become easier for young people to access cannabis and use will become more widespread, during a time when knowledge of the effects it can have on a youth's developing brain is still emerging.

The current report builds on the original Blunt Talk (2016) report by using data from the 2018 BC AHS which was collected in the months (February–June 2018) before cannabis was legalized in Canada. It also considers which cannabis users might be at greatest risk of harms, in order to foster an upstream approach to dealing with potentially harmful use; and provides youth reflections on the data.

BC ADOLESCENT HEALTH SURVEY

This report includes data from the 2003, 2008, 2013, and 2018 BC AHS. The BC AHS is a reliable, comprehensive survey of youth aged 12–19 in BC's public schools. The survey has been conducted every five years since 1992.

The 2018 BC AHS was developed in consultation with young people, parents, and other experts in youth health. It was extensively pilot tested before being administered by Public Health Nurses and nursing students to over 38,000 students in 58 of BC's 60 school districts.

The 2018 BC AHS included several questions about cannabis use which have been asked on the BC AHS in previous years. This allowed us to report trends over time. The survey also included some new items, such as a question about medical cannabis use.

A report of the provincial findings was released in March 2019 (*Balance and connection in BC*) and can be accessed at www.mcs.bc.ca.

A guide to this report

This report is intended for a community audience, and therefore does not detail all aspects of the methodology, including analyses conducted and statistical testing applied. This information is available by email from mccreary@mcs.bc.ca.

The current report is divided into multiple sections. The first offers a profile of BC youth who use cannabis, including a brief look at those who have never used it. The second considers medical cannabis use. The third considers problematic use, including youth who report negative consequences, addiction challenges, and impaired driving. The fourth section looks at the level at which use appears to be associated with harms and precedes a section which identifies youth who are most at risk for using at harmful levels. It also considers what might be going on in the lives of these young people that increases their likelihood of using cannabis in a way that could be harmful.

The sixth section includes an investigation of protective factors which reduce the likelihood that youth identified as at risk for problematic use will use cannabis in this way. It also considers protective factors that can support youth who are current frequent cannabis users.

The final two sections of the report before the conclusion were produced by McCreary's Youth Research Academy (YRA). The YRA is a group of youth aged 16 to 24 with experience of the government care system. Members of the YRA are trained to conduct research projects of interest to youth in and from government care and the agencies that serve them.

The first of their two sections is a thematic analysis of BC AHS participants' qualitative responses about cannabis, where the YRA systematically identified common topics, themes, and comments; and the second offers their key findings and recommendations. They also provided their collective reflections on the data and these are included throughout the report.

The report also includes Appendices which detail regional differences in results and offer a comparison between infrequent and frequent cannabis users.

ABOUT THE RESULTS

Reported results are based on frequencies and crosstabulations. Logistic regression analyses were also conducted to ensure certain results were not driven by age. For example, younger youth were less likely to have used cannabis or to have driven a motor vehicle. Therefore, regressions were run to ensure results in these sections were reflective of youth's use of cannabis rather than as a result of their age. In these instances, all reported results showed the same pattern even after controlling for age.

Similarly, as there was some overlap between youth who had started using cannabis before the age of 13 and those who were longer-term users, analyses were conducted to ensure reported results about longer-term users held when those who started using before their 13th birthday were excluded. These analyses confirmed this to be the case.

A specific set of analyses were conducted to determine which risk factors for current frequent use were most prominent among youth who started using cannabis recently. Odds ratios were used for these analyses.

The 2018 survey included a question about sex assigned at birth (what is listed on a student's original birth certificate) and one about current gender identity. Previous versions of the BC AHS only included male and female options for gender. This means trends can only be reported for males and females (based on the question about sex assigned at birth). For analyses conducted exclusively with the 2018 data, results are reported by current gender identity. This includes male, female, and non-binary youth. Non-binary youth include those who identified as neither male nor female as well as those who were not yet sure of their gender identity.

All reported comparisons to previous survey years and within subgroups of cannabis users (such as frequent cannabis users) are statistically significant at $p < .05$. This means there is up to a 5% likelihood these results occurred by chance. Comparisons between youth who had used cannabis and those who had not used it are statistically significant at $p < .01$, as are comparisons involving all youth who had ever used cannabis. This means there is up to a 1% likelihood the results occurred by chance.

Where it is not obvious, a note is added to a table or chart if there is no statistically significant difference between two percentages.

Any percentage that is marked with an asterisk (*) should be interpreted with caution, as it has a higher than expected standard error, but is still within the releasable range.

LIMITATIONS

When reading this report, it is important to remember that although the findings are considered representative of BC youth in Grades 7 to 12 who were attending mainstream schools, they do not capture the health picture of all young people in this age range, and may have missed those who were experiencing the most serious challenges with their cannabis use.

Also, the survey was only administered in paper format and in English, which excluded some youth with certain disabilities, and literacy or comprehension challenges.

The number of students who had ever used cannabis and identified as non-binary was small. Therefore, although non-binary youth were considered in all gendered analyses, it was often not possible to report the findings due to the risk of deductive disclosure or the possibility that the percentage was unreliable.

The BC AHS is designed to address a number of health topics and although it includes cannabis use, it is not meant to be an in-depth survey on the topic. For example, the survey asks about frequency of use, but it does not consider quantity of use. Unlike alcohol, there is no standardized unit of cannabis. Therefore, asking about quantity is unlikely to provide accurate information about dosage and potency. For example, a youth who smoked one joint may have used the same quantity of cannabis as a youth who smoked three joints. In addition, other factors that may impact youth cannabis use such as the setting and social context in which it is used were not asked on the survey.

Finally, the report provides associations and cannot attribute causation. For example, the link between poorer mental health and frequent cannabis use does not mean that cannabis use causes mental health problems, as the report also shows that it is those with mental health challenges who are more likely to use cannabis. There may also be additional factors involved which are not captured in the analysis. However, what these associations do show, regardless of the direction of the relation, is a need to offer youth alternative ways to address the mental health challenges they experience.

Glossary

For readability, the following terms are used in this report:

Cannabis consists of the leaves, flowers, and resin of the cannabis plant which can have mind-altering and possibly medicinal effects when smoked or consumed. It is used throughout the report to encompass other terms youth might use, such as marijuana, pot, weed, and hash.

Current or recent cannabis users refers to youth who had used cannabis in the month prior to completing the survey.

Deprivation—Youth were considered to be experiencing deprivation if they reported feeling deprived of at least 1 of 10 items on a Youth Deprivation Index developed for the 2018 BC AHS. The 10 items were money to spend on themselves, a smartphone, space of their own to hang out in, money for school supplies/trips/extracurricular activities, lunch for school/money for lunch, access to transportation, equipment/clothes for extracurricular activities, clothes to fit in, a quiet place to sleep, and access to the Internet.

Early users refer to those who first started using cannabis at age 12 or younger.

Exclusive use refers to youth who had used one substance and had not used any other substance.

Frequent use refers to using a substance on 20 or more days in the month prior to completing the survey.

Harmful use refers to use that was associated with poorer physical and mental health, lower school attendance and aspirations, and reduced engagement in community life.

Longer-term cannabis users refer to those who had been using cannabis for at least two years (i.e., started at least two years prior to completing the survey and had used within the past month).

Marijuana is a Mexican slang term for cannabis. Previous McCreary reports such as *Blunt Talk* (2016) used the term marijuana. This term has been replaced with the term cannabis to reflect the current preferred term of the federal and provincial government. The BC AHS used both terms.

Medical use refers to having a prescription for medical cannabis.

Non-binary reflects youth who did not identify as male or female, or were not yet sure of their gender identity.

Poverty was measured primarily using a question which asked youth if they went to bed hungry because there was not enough money for food at home.

Problematic use refers to youth who reported experiencing negative consequences which they attributed to their use, or were using cannabis in ways that could put themselves or others at risk.

Protective factors are supports and assets in someone's life that make it more likely they will experience positive health and well-being. If youth have risk factors but also have protective factors, it can help them to experience more positive health outcomes.

Risk factors are conditions or experiences that have been linked to a higher likelihood of substance use (and other health risk behaviours).

Students and **youth** are used interchangeably to refer to BC AHS participants in Grades 7 to 12.

Where the terms 'ideas listened to', 'felt meaningfully engaged,' 'felt connected,' 'felt hopeful,' 'felt their family understood them,' etc. are used, these refer to youth who felt this way 'quite a bit' or 'very much' unless otherwise stated. Also, the term 'felt happy' refers to youth who felt happy 'most' or 'all of the time' in the past month.

PROFILE OF YOUTH CANNABIS USE IN BC

This section explores youth cannabis use in BC. It begins with a brief discussion of youth who never used cannabis, before profiling the current picture of use across BC, including trends in use, demographics of youth who use cannabis, methods of use, and reasons for using.



I don't need supplements to make myself happy."

GRADE 10 STUDENT



I never use drugs and never will."

GRADE 7 STUDENT

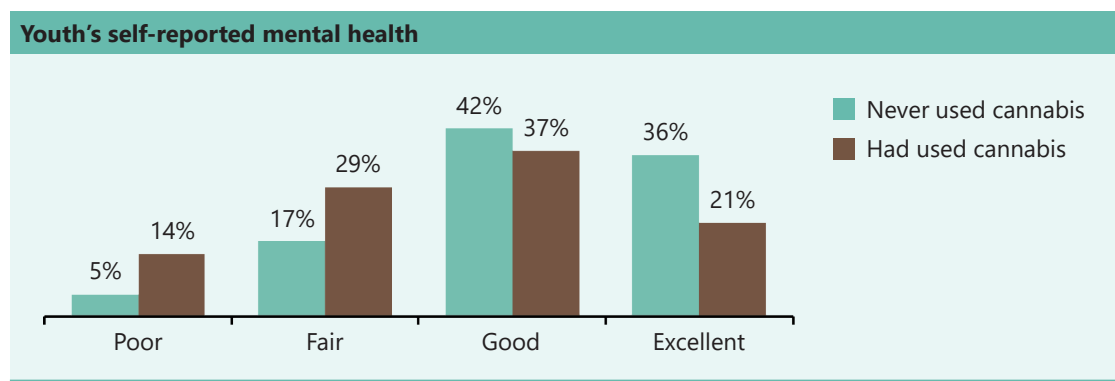
Youth who had not tried cannabis

The focus of this report is on cannabis use. However, three quarters (75%) of BC youth had never used cannabis (including medical cannabis).

Youth who had never used cannabis generally reported more positive physical and mental health than their peers who had used cannabis, although it may not be using (or not using) cannabis which was driving these results.

For example:

- 84% reported good or excellent health (vs. 71% of those who had used cannabis).
- 53% slept eight or more hours the night before taking the survey (vs. 34%).
- 76% reported their life was going well (vs. 62%).
- 69% felt hopeful about their future (vs. 56%).
- 58% felt able to manage their stress well or very well (vs. 41%; among those who experienced stress).
- 47% always pushed themselves to achieve their goals when things went wrong (vs. 35%; among youth who had experienced setbacks).



Note: Percentages for those who had used cannabis do not equal 100% due to rounding.

Youth who had never used cannabis were also more likely to feel connected to their family, school, and community; to be engaged in community life; and to have access to supportive adults. For example, 78% felt their family paid attention to them (vs. 63% who had used cannabis), 63% felt they were a part of their school (vs. 51%), and 45% felt connected to their community (vs. 34%).

Note: As younger youth were more likely to have never used cannabis, additional analyses were conducted which confirmed that these results were representative of youth of all ages who had not used cannabis.

Youth who ever used cannabis



I have never used alcohol or drugs unless weed is a drug."

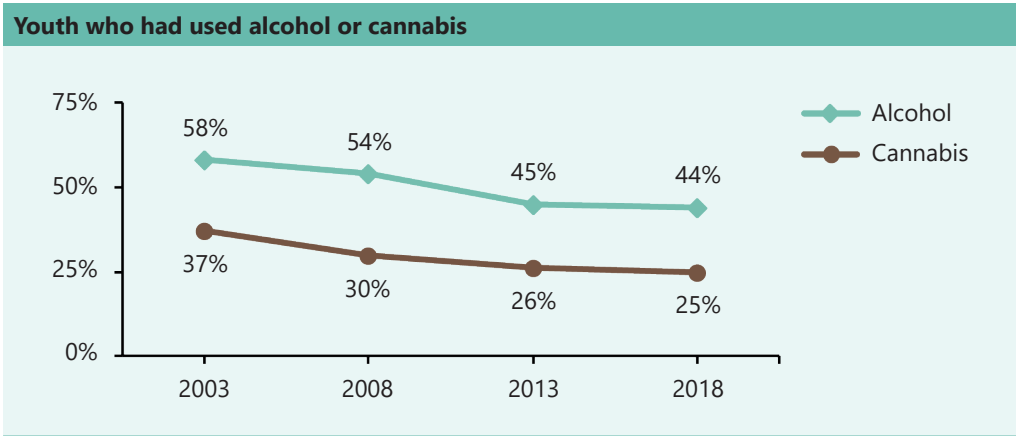
GRADE 7 STUDENT



I wouldn't call marijuana a drug."

GRADE 12 STUDENT

As in previous years, cannabis was the second most common substance used by BC youth (after alcohol). The percentage of BC youth who had ever used cannabis decreased between 2003 and 2013, but this decline did not continue in 2018.



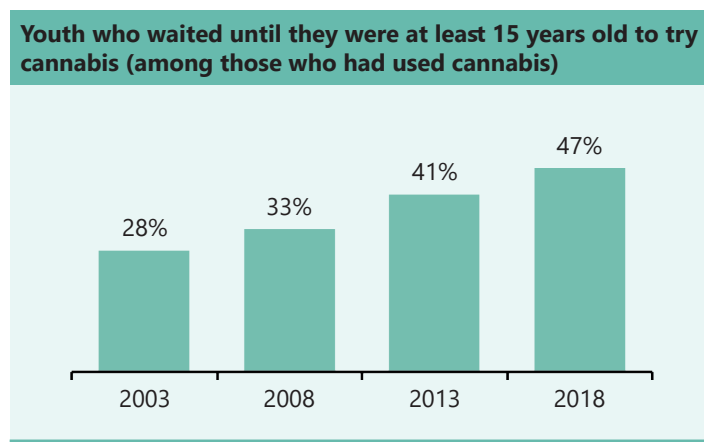
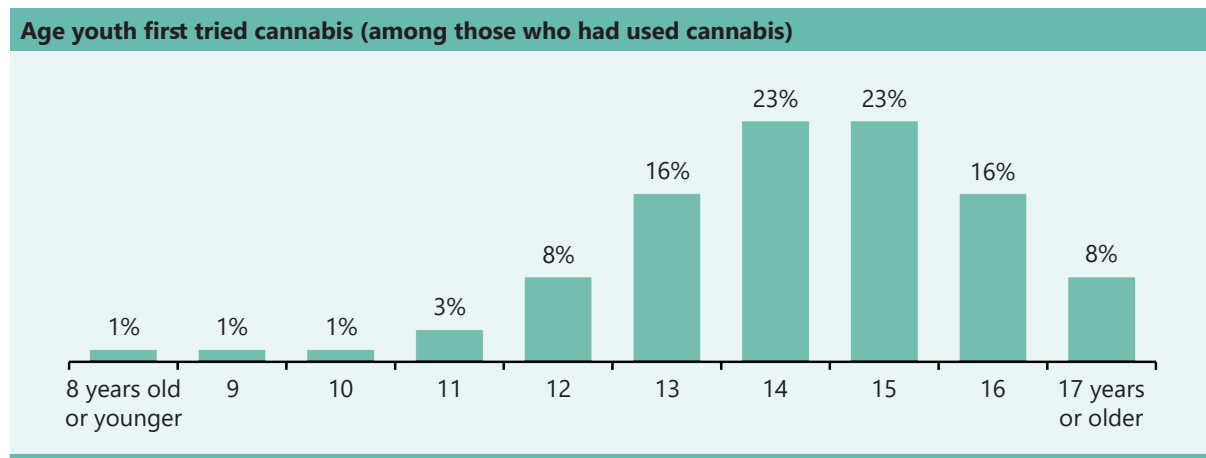
Note: The differences between 2013 and 2018 for alcohol and cannabis were not statistically significant.
Note: In 2018, around a quarter (24%) of youth had used both substances.

In 2013, males were slightly more likely to have used cannabis than females. However, in 2018 as in 2003 and 2008, there was no such gender difference.

As would be anticipated, older youth were more likely to have used cannabis than younger ones. For example, 3% of BC youth aged 12 or younger had used cannabis, compared to 26% of 15-year-olds and 45% of 18-year-olds. The most common ages for youth to first try cannabis were 14 and 15 years old.

Over the past 15 years youth have been waiting longer to first try cannabis, with the percentage who waited until they were at least 15 steadily increasing. In 2018, 14% of youth who had used cannabis first tried it before the age of 13, 39% at 13 or 14, and 47% waited until they were at least 15 to first try.

Non-binary youth were the least likely to wait until they were at least 15 years old to first try cannabis (33% vs. 47% of males and females).



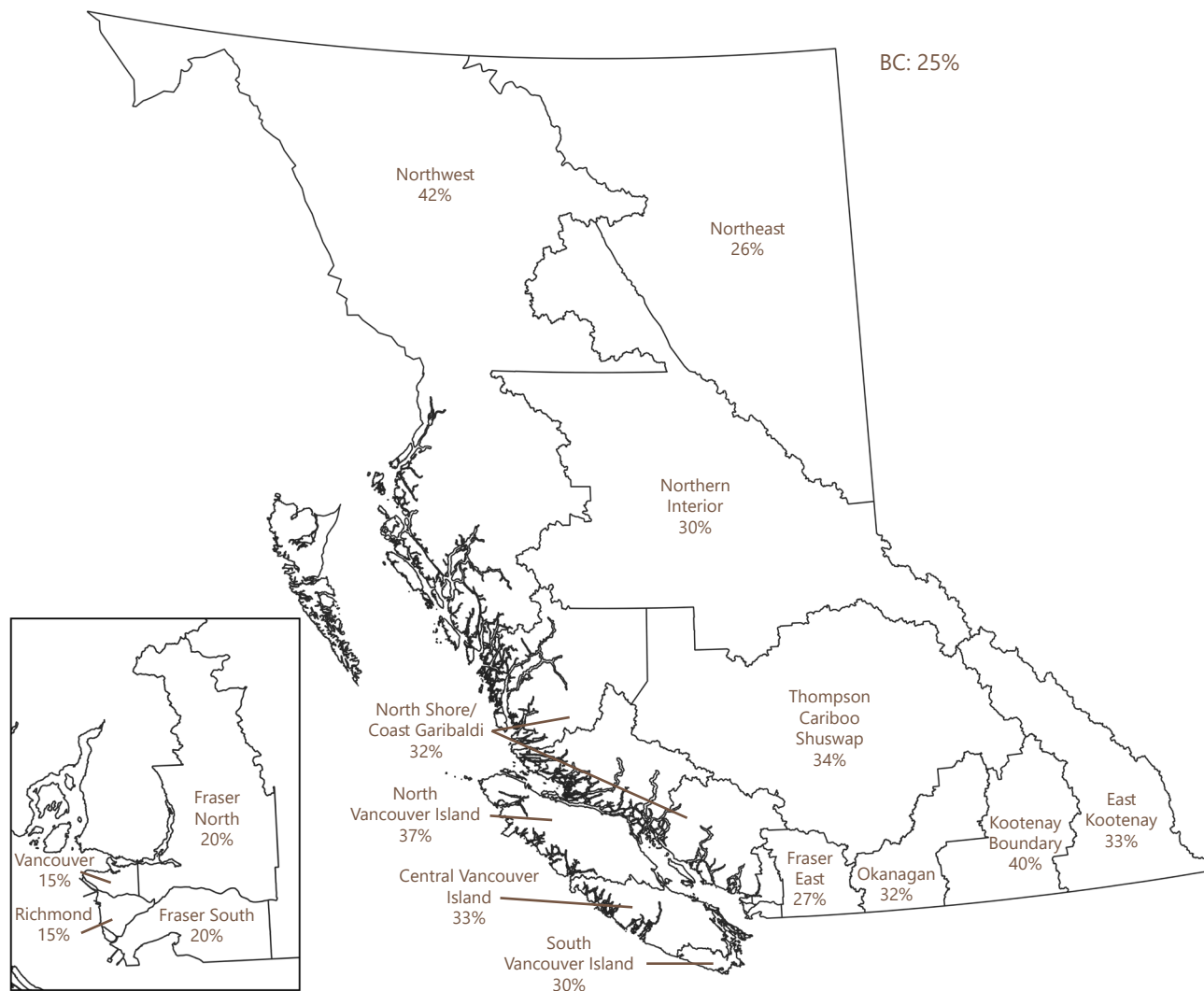
REGIONAL USE

Youth attending schools in urban areas of BC were less likely to have used cannabis than those in rural areas (25% vs. 33%).

Reflecting the picture over the past 15 years, youth in Vancouver Coastal and Fraser regions were less likely to have used cannabis than their peers in the Interior, North, and Vancouver Island (see **Appendix 1**). Also, just over half of youth in Vancouver Coastal and Fraser waited until they were at least 15 years old to first try cannabis, compared to about 4 in 10 youth in the province's other regions (see **Appendix 2**).

The percentage of students who had used cannabis was lower in each of BC's five health regions than it was 15 years earlier, and was lower than 10 years earlier in all regions except Vancouver Coastal. However, the only region to experience a decrease in cannabis use over the past five years was the North (32% vs. 35% in 2013). Among the province's 16 Health Service Delivery Areas, the percentages of youth who had ever used cannabis ranged from 15% in Richmond and Vancouver to 42% in the Northwest (see **Appendix 1**).

Youth who had ever used cannabis



Note: Not all differences between HSDAs were statistically significant (see **Appendix 1** for details).

CULTURAL DIFFERENCES IN CANNABIS USE

Students born in Canada were more likely than those born abroad to have used cannabis (28% vs. 16%). However, there was an increase in the percentage of students born outside Canada who had used this substance (16% vs. 14% in 2013).

The longer youth had lived in Canada, the more likely they were to have used cannabis. For example, 20% of students who were born abroad and had been here at least six years had used it, compared to 11% of those who had been here between two and five years.

Youth who were recent immigrants were more likely to wait until they were older to first try cannabis. For example, 73% of immigrant youth who had lived in Canada for less than two years waited until they were at least 15 years old to first try cannabis, compared to 61% of those who had lived in Canada for two to five years, and 46% of youth who had lived in Canada for six or more years.

Youth who identified as East Asian were the least likely to have used cannabis. Also, youth who identified as East Asian (10% had used cannabis), South Asian (17%), and Southeast Asian (19%) were less likely to have used cannabis than students of European heritage (34%).

Youth Research Academy reflections

It was surprising to us that fewer youth are using cannabis than in the 2000s. Maybe it's because it is not as popular in pop culture or it could be that it is now so normalized that it is not as cool anymore. These days, using pills and other party drugs might be more popular with youth who are looking for a more energizing experience, and they see cannabis as more relaxing than energizing.

Method of use

All results in this section are among youth who had used cannabis, and refer to the last time youth used cannabis.

‘Eating/ate it’ refers to youth who consumed their cannabis by eating it from a cooked recipe (such as a brownie). It did not include gummies.

Students were asked about all the ways they had consumed cannabis on the last occasion they had used it. Most (89%) had smoked it, while 16% ate it, and 6% specified another method such as oil, tincture, or gummies. There were a few regional differences in methods of use (see **Appendix 3**).

Females were more likely than males to have eaten it (18% vs. 14%) and were the least likely to have used a method other than smoking it or eating it (5% vs. 7% of males and 11% of non-binary youth). This pattern was seen regardless of their level of use.



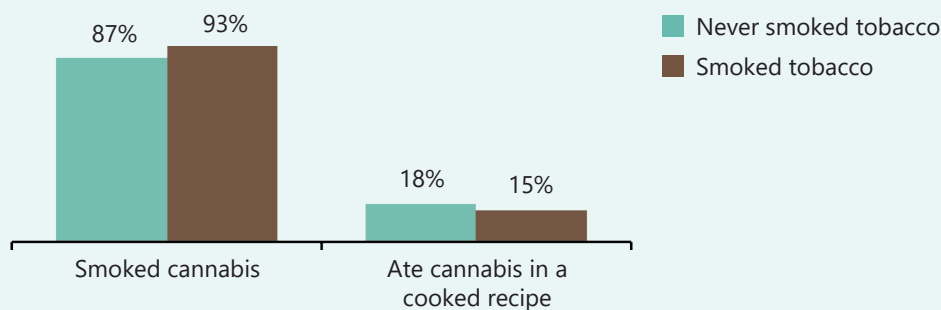
Many youth do not smoke marijuana and only get high on marijuana concentrate or ‘Dabs’.

GRADE 12 STUDENT

Youth were more likely to have smoked cannabis the last time they used it if they had:

- Started using cannabis before their 15th birthday (91% vs. 86% who first used at 15 or older).
- Been using cannabis for at least two years (93% vs. 86% who had been using for a shorter time).
- Used frequently in the past month (e.g., 87% of youth who used on 1 or 2 days in the past month had smoked it, compared to 92% who used it on 6 to 9 days, and 97% who used on 20 to 29 days).
- Smoked tobacco or vaped (e.g., 92% of those who had vaped in the past month vs. 86% who had not vaped during this time).

Most recent method of cannabis use in relation to whether youth had smoked tobacco (among youth who had used cannabis)



Youth Research Academy reflections

It was initially surprising to us that only 16% of youth ate their cannabis because we see eating it as potentially less harmful to your body than smoking it. However, youth often don't really know much about edibles and that they could be dangerous for youth. You have to be careful where you get it from, know how much you are eating, and understand what is in your edible. Otherwise, it's really easy to have too much.

Some weed is stronger than others, so if you or a friend makes an edible it's really hard to know how much is too much. In contrast, with smoking cannabis it is easier to control the level of high that you get, and there isn't the same wait period for the high that there is with an edible. Also, edibles may not be as easily accessible, and no one shares them in the way they pass a joint.

Exclusive cannabis use

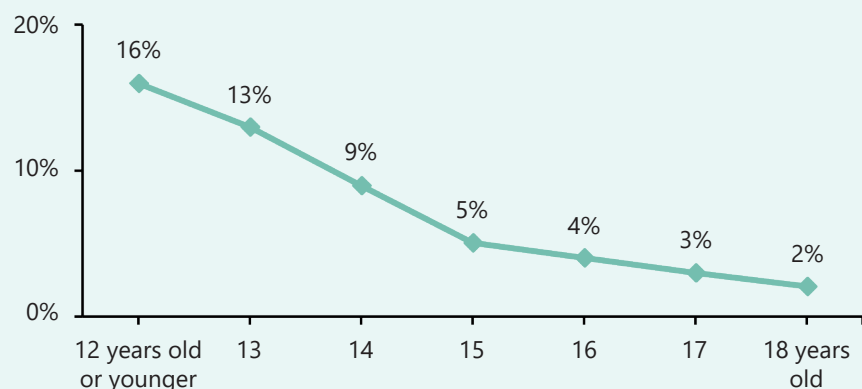
Exclusive cannabis use refers to youth who had used cannabis and had not used alcohol or any other substance.

As in 2008 and 2013, 1% of all BC youth reported that cannabis was the only substance they had used (with no urban-rural differences). Among youth who had used cannabis, 5% had not used any other substance.

Among youth who had used cannabis, females were less likely than males and non-binary youth to have exclusively used cannabis (e.g., 3% vs. 6% of males), as were older youth in comparison to younger ones (e.g., 4% of youth aged 15 to 18 exclusively used it, while 11% of youth aged 14 or younger had done so).

Youth who reported that the reason they last used substances was to manage physical pain were more likely to use multiple substances than to use cannabis exclusively. For example, 4% of these youth had used cannabis exclusively, while 14% had used cannabis, alcohol, and at least one other substance (e.g., cocaine, ecstasy).

Youth who exclusively used cannabis (among those who had used cannabis)



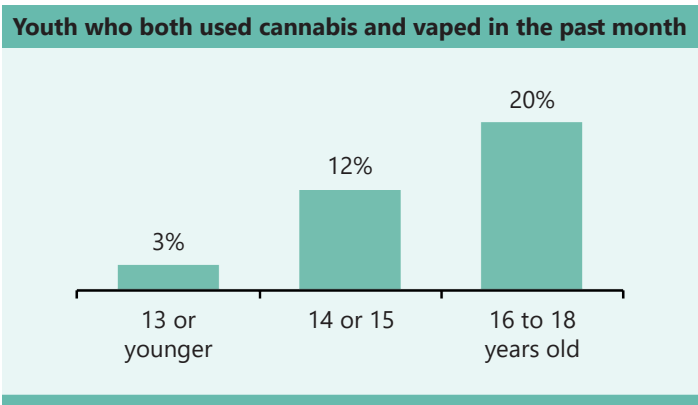
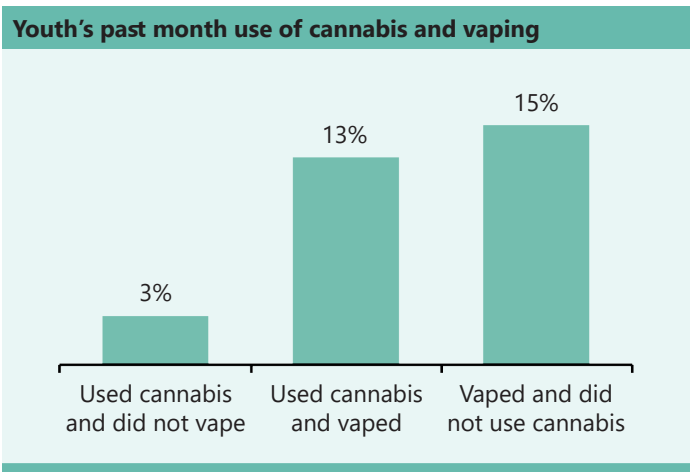
Note: Differences between ages were not statistically significant at every point.

Cannabis and vaping

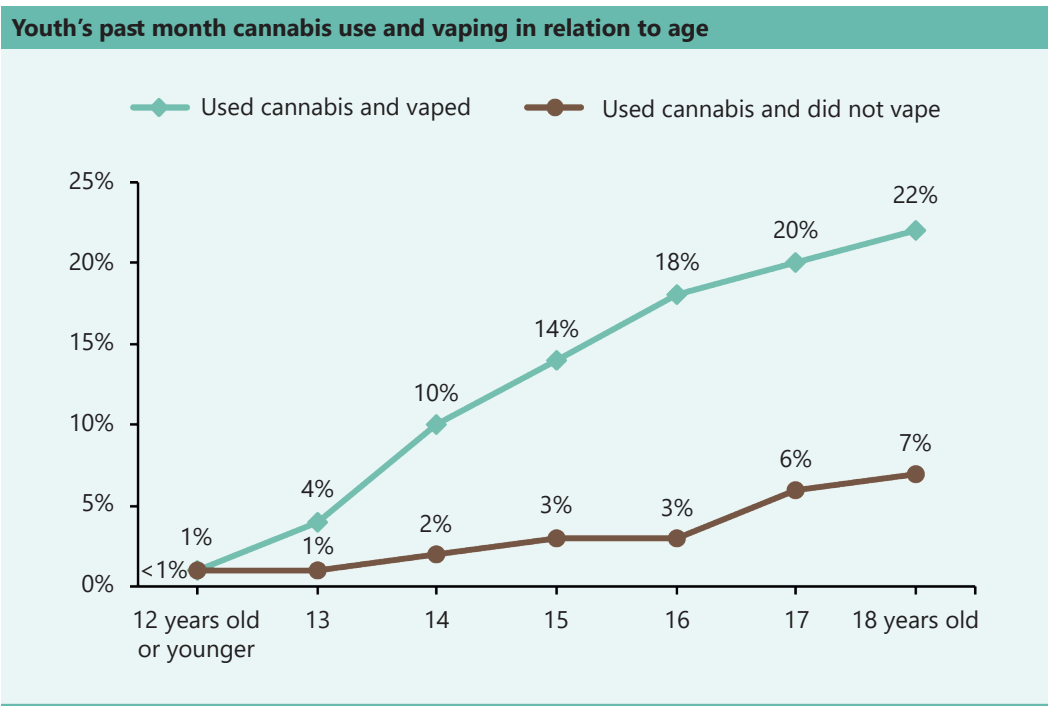
The BC AHS did not ask specifically about vaping cannabis but asked more generally about vaping with and without nicotine.

Youth were more likely to have vaped in the past month than to have ever used cannabis (27% vs. 25%), or to have used cannabis in the past month (16%).

Youth in rural areas of BC were more likely than those in urban areas to have both used cannabis and vaped in the past month (15% vs. 13%), and to have exclusively used cannabis in the past month (5% vs. 3%). Regionally, youth in Vancouver Coastal and Fraser were less likely than those in other regions to have used both cannabis and vaped in the past month (see **Appendix 2**).



Younger youth were less likely than older youth to have used both substances in the past month.



Note: Differences between data points were not statistically significant across every age.

Current cannabis use

All results in this section are among youth who had used cannabis.



[I have] been clean of [cannabis] for over a year as of last month."

GRADE 11 STUDENT



I don't do weed anymore."

GRADE 11 STUDENT

Among youth who had tried cannabis, the majority (62%) used it at least once in the past month. This was an increase from five and ten years earlier (58%). Although there was no gender difference in the percentage of youth who had used cannabis, males remained more likely than females to have used cannabis recently (64% vs. 60%).

Youth aged 14 and 15 were more likely than 16- to 18-year-olds to have used it in the past month (64% vs. 61%). Also, half (50%) of youth aged 12 or younger who had used cannabis had used it in the past month.

FREQUENCY OF USE IN THE PAST MONTH



I use marijuana quite a bit, usually every day. I don't know how it will affect me in the future."

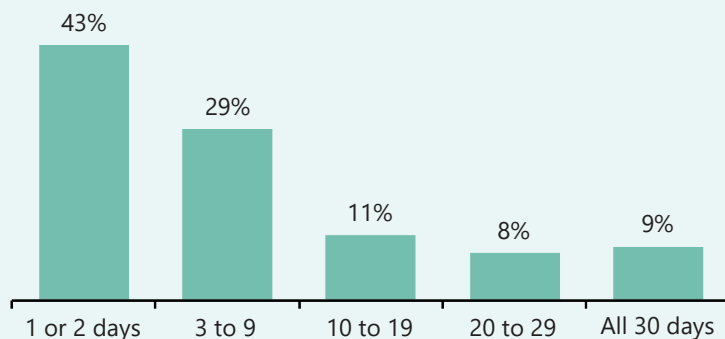
GRADE 11 STUDENT

Among youth who had used cannabis in the past month, 43% used it on 1 or 2 days (vs. 41% in 2013), while 17% used it on 20 or more days, including 9% who used it daily (vs. 12% in 2013).

Females were more likely than males to have used cannabis on 1 or 2 days (48% vs. 39%; among those who used in the past month), and were less likely to have used it on 20 or more days (14% vs. 20% of males), including on all 30 days (7% vs. 11%).

Although youth in 2018 were more likely than youth five years earlier to have used cannabis in the past month, the frequency with which males used was lower than in 2013. For example, 39% of males who had used cannabis in the past month used on 1 or 2 days that month (vs. 34% in 2013), and 20% used on 20 or more days (vs. 26%), including 11% who used daily (vs. 16%). Females continued to use cannabis at a similar frequency to five years earlier.

Number of days youth had used cannabis (among youth who had used cannabis in the past month)



There were few age differences in more moderate use of cannabis. However, older youth were more likely to have used it on most days. For example, 18% of 16- to 18-year-olds who used cannabis in the past month had used it on 20 or more days, compared to 15% of 14- and 15-year-olds, and 11% of those aged 13 or younger.

USED LAST SATURDAY

Unchanged from five years earlier, about a third (32%) of youth who had used cannabis used it on the Saturday before completing the survey. Females were less likely than males to have used it last Saturday (29% vs. 35%). There were no age or regional differences.

Among all youth who completed the BC AHS, students were slightly less likely than five years earlier to have used both alcohol and cannabis on the Saturday before completing the survey (5% vs. 6% in 2013).

Reasons for using cannabis

All results in this section are among the 1% of BC youth (5% of cannabis users) who had used cannabis and had not used any other substance (i.e., had used cannabis exclusively). This ensured that the reasons youth gave for using substances could be attributed to using cannabis and not to using alcohol or another substance.

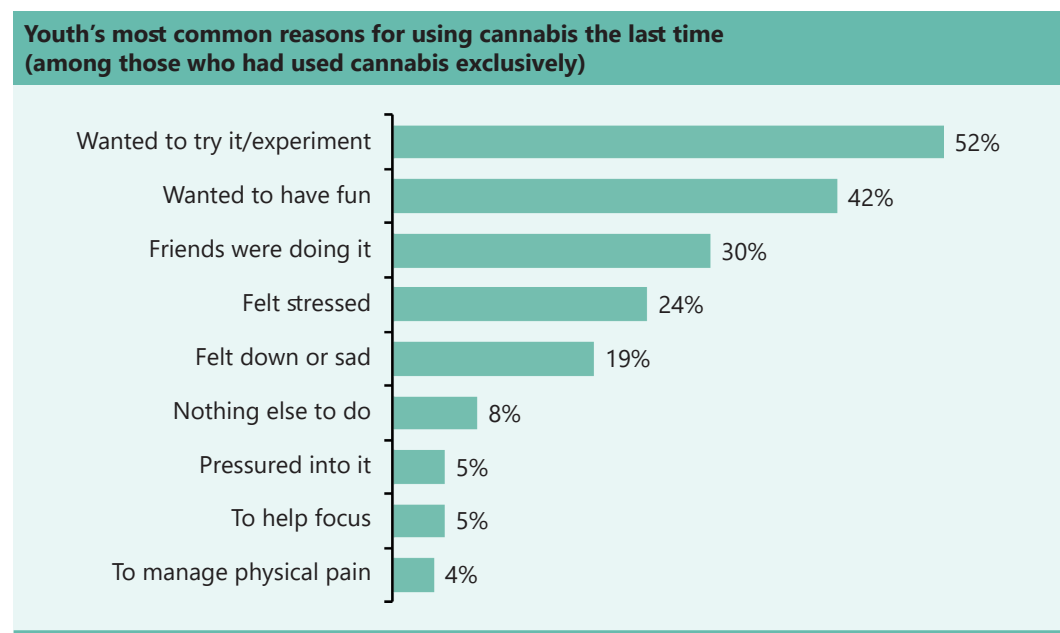
“ I smoke a weed strain ‘charlottes web’ to help with my muscle spasms. It also helps to regulate my mood.”
GRADE 9 STUDENT

“ When I first began using marijuana, I noticed I slept much better and I was much more focused in school. That’s why I use it.”
GRADE 11 STUDENT

“ Marijuana is very good and can help with stress, anxiety, as well as be fun.”
GRADE 11 STUDENT

In 2013 and 2018, BC AHS participants were asked about their reasons for using substances the last time they had done so. Among students who had exclusively used cannabis, the most common reason was to try it or experiment, which was also the most common reason in 2013. Other common reasons included wanting to have fun, because their friends were doing it, and to manage their emotions (such as feeling stressed, or feeling down or sad).

There were few urban-rural or regional differences in reasons for use (see **Appendix 4**). Reasons were also generally similar to five years earlier and for youth of all ages and genders, except females were more likely than males to use cannabis because they felt down or sad (30% vs. 13%).



Note: Youth could choose more than one response.

Although most youth who last used cannabis did so to experiment, 47% indicated multiple reasons for using it. For example, 68%* of those who used it because they felt down or sad also reported using it because they felt stressed.

Youth who had experienced challenges in the past year were more likely to have last used cannabis because they felt down or sad, including those who were bullied (26% vs. 11% of those who had not had this experience), discriminated against (28% vs. 12%), and went to bed hungry at least sometimes because there was not enough money for food at home (36%* vs. 16%).

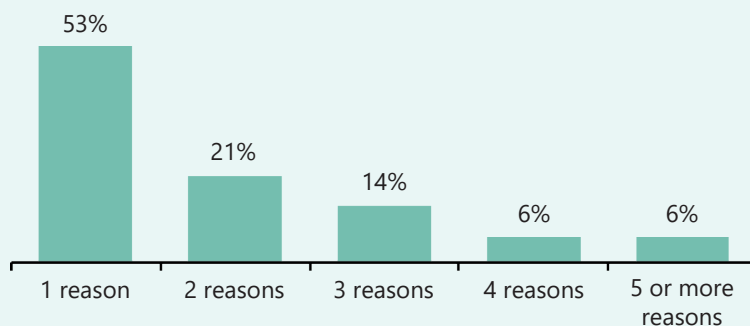
Understanding the reasons youth might choose to use cannabis instead of, or in addition to, alcohol and other substances is important when thinking about how best to support young people. For example, when youth were asked about their reasons for using substances the last time they

used, youth who had used cannabis exclusively were more likely than youth who had used alcohol exclusively to indicate that they had used the substance because they wanted to experiment (52% vs. 35%), they were stressed (24% vs. 11%), they felt down or sad (19% vs. 9%), to help them focus (5% vs. 1%), and to manage physical pain (4% vs. 1%). In contrast, youth were more likely to use alcohol because they wanted to have fun (57% vs. 42% of those who used cannabis exclusively).

Youth Research Academy reflections

Sometimes youth smoke cannabis at a young age because there is nothing else to do. Having after-school programs could help youth stay connected and engaged in fun activities. It could also give youth access to a supportive adult which is very important, especially if they do not have one at home.

Number of reasons youth reported for using cannabis the last time they used it (among those who used cannabis exclusively)



MEDICAL CANNABIS USE

“ I have been smoking weed for a while now and it seems to really help me get through since I started. I am too young to get a prescription and I don't know if I should tell my doctor.”

GRADE 9 STUDENT

“ Don't you have to be over 19 [to have a prescription for cannabis]?”

GRADE 10 STUDENT

“ I use CBD oil for my epilepsy.”

GRADE 12 STUDENT

Cannabis has been used medicinally for thousands of years, and is currently used by some young people with health conditions (such as multiple sclerosis, epilepsy, and other long-term/chronic medical conditions) as a way to manage pain, nausea, side effects from other medications, and as an appetite stimulant. The preceding section of this report also showed that some youth are using cannabis as a way to help them cope with a range of emotions. In this section we consider the use of medical cannabis among BC youth.

The 2018 BC AHS asked students if they had been prescribed medical cannabis. In total, 1% of all youth who completed the survey reported they either currently or previously had a prescription. Non-binary youth were the most likely to have ever been prescribed cannabis (2% vs. 1% of males and females).

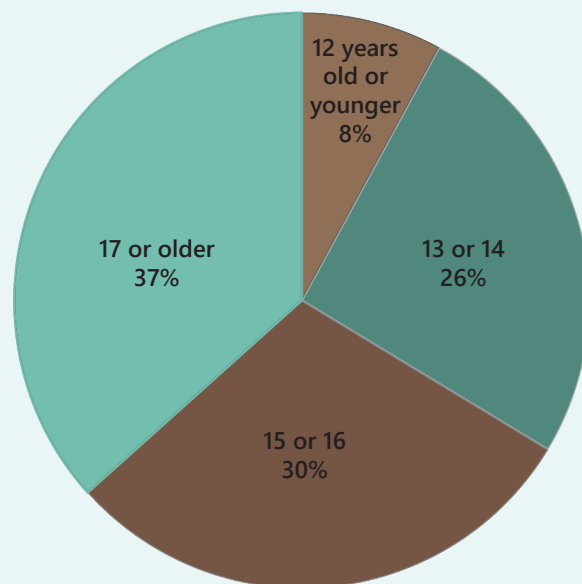
Youth aged 12 and younger were generally the least likely to have been prescribed cannabis.

There were no regional differences in the percentage of youth who had been prescribed cannabis.

Among youth who had used cannabis, those who had been prescribed it were more likely to have used it in the past month (82% vs. 61% of those who had not been prescribed cannabis), and to have used it daily (26% vs. 5%).

Reflecting the pattern among youth who had never been prescribed cannabis, most youth who had a prescription had smoked it the last time they used it (86%), and 16% had eaten it (among those who had used cannabis). However, youth with a prescription were more likely than other youth to report taking cannabis in another form such as in a medical cream, oil, tincture, or pill (20% vs. 6% of those who used cannabis but had never been prescribed it).

Age distribution of youth who reported they had been prescribed medical cannabis



Note: Percentages do not equal 100% due to rounding.

HEALTH PROFILE OF YOUTH WHO HAD BEEN PRESCRIBED CANNABIS

In total, 61% of youth who had been prescribed cannabis reported having at least one type of health condition or disability, compared to 28% who had never been prescribed cannabis. The most common types of conditions were a mental health condition (39% vs. 15% of those who had never been prescribed cannabis) and a long-term or chronic medical condition (17% vs. 8%).

When asked about certain specific conditions, two thirds (67%) of youth who had been prescribed cannabis reported having at least one of those conditions, which was more than double the rate among those who had never been prescribed cannabis (29%).

Cannabis is sometimes used in the treatment of eating disorders. Among youth with a prescription for cannabis, 42% reported vomiting on purpose after eating in the past year (vs. 12% of youth who had never been prescribed cannabis).

Cannabis is also prescribed for pain management. Youth who had a prescription for cannabis were more likely than those without one to report they last used substances for pain (22% vs. 6%; among those who had used substances), had been seriously injured in the past year (46% vs. 26%), and experienced a concussion during that time period (32% vs. 13%).

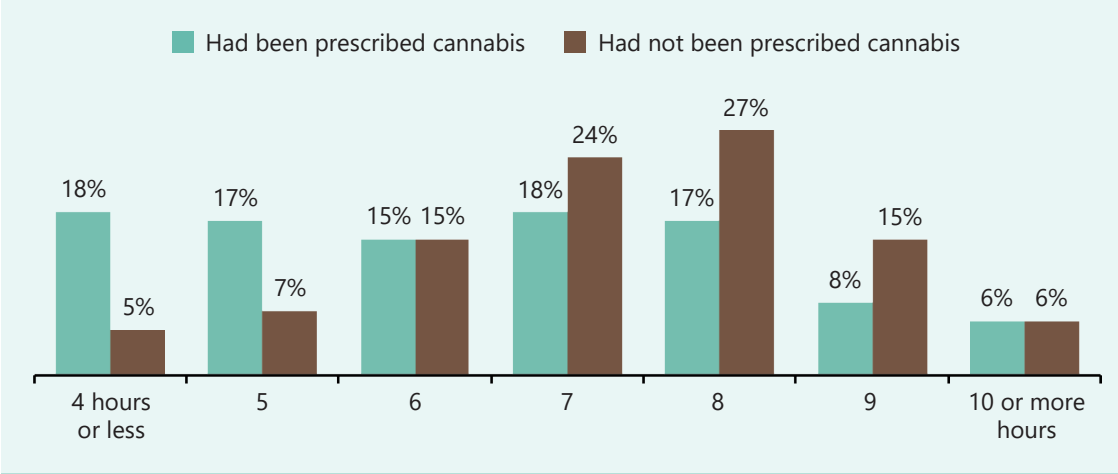
In comparison to youth who had never been prescribed cannabis, those who had received a prescription were less likely to report good or excellent overall health (61% vs. 81%) and mental health (53% vs. 73%). They were also less likely to have slept for eight or more hours the previous night (31% vs. 48%) and to feel hopeful for their future (51% vs. 66%).

Most youth who had been prescribed cannabis had also used alcohol, and over half had used another substance (56% vs. 16% of youth who had never been prescribed cannabis).

Most commonly reported specific conditions or disabilities		
	Had been prescribed cannabis	Had not been prescribed cannabis
Anxiety Disorder or panic attacks	43%	18%
Depression	38%	15%
Post-Traumatic Stress Disorder (PTSD)	18%	3%
Attention Deficit Hyperactivity Disorder (ADHD)	18%	7%
Alcohol or other substance use addiction	15%	3%

Note: Youth could mark all conditions or disabilities that applied.

Number of hours youth slept the previous night



Note: The difference for 7 hours was not statistically significant.

Note: Percentages for each group do not equal 100% due to rounding.

Use of substances other than cannabis

	Had been prescribed cannabis	Had not been prescribed cannabis
Alcohol	76%	44%
Hallucinogenic mushrooms	38%	5%
Prescription pills without a doctor's consent	32%	8%
More of my own prescription medication than prescribed	28%	5%
Hallucinogens (excluding mushrooms, ketamine, and ecstasy/MDMA)	23%	3%
Ecstasy/MDMA	23%	3%
Cocaine	21%	2%
Amphetamines (excluding crystal meth and ecstasy/MDMA)	13%	1%
Inhalants	13%	2%
Heroin	12%	<1%
Ketamine/GHB	11%	1%
Crystal meth	10%	1%

Over 1 in 5 youth (22%) who had been prescribed cannabis had been told or felt they needed help for their cannabis use, compared to 3% of youth who had never been prescribed cannabis.

Among youth who had used cannabis, those with a prescription were more likely than those without a prescription to have:

- Missed out on needed medical care (15% vs. 8%).
- Missed out on needed mental health services (31% vs. 18%).
- Driven after using cannabis (33% vs. 14%), and to have done so in the past month (22% vs. 7%).

Youth Research Academy reflections

Cannabis could be beneficial because it may help to reduce feelings of anxiety, depression, anger, and aches and pains. CBD oil in particular might be really beneficial for certain illnesses. Cannabis could also be seen by youth as a safer way to manage pain than opioids, depending on personal circumstances.

It is important that youth who use cannabis medicinally use it as prescribed, as it can be really easy to become dependent on it to cope with your feelings instead of actually dealing with them.

If you're using cannabis medicinally, it's important to consult an open-minded doctor that you trust, and who is genuinely knowledgeable about how cannabis can be used medicinally. It's easy to use it incorrectly and to make the symptoms you're experiencing worse. For example, if you're using cannabis to manage anxiety, some kinds of cannabis may make your anxiety worse.

We think cannabis might be a good tool for harm reduction. If you're trying to quit using drugs like heroin or opioids, then cannabis can be a less harmful thing to help you when you're having cravings.

Youth who have a medical cannabis prescription could benefit from help from their parents to manage their medication and ensure it is being used the way it is prescribed.

PROBLEMATIC USE

Most youth in BC did not use cannabis at a level that was potentially harmful; and when they did use, they were doing so to experiment and to have fun. However, some youth reported experiencing problems with their use or were using cannabis in ways that could put themselves or others at risk.

Needed help for cannabis use

All results in this section are among youth who had used cannabis, unless otherwise noted.

The BC AHS asked students if they felt or had been told they needed help for their cannabis, alcohol, or other substance use in the past year. Reflecting findings five years earlier, 1 in 10 youth (10%) who had used cannabis reported their use had reached a point where they needed help, including 4% of those who had used cannabis and had not used any other substance.

The percentages needing help for their use were similar in all regions of the province and between youth in urban and rural areas. Males were more likely than females to have needed help for their cannabis use (11% vs. 9%), as were younger youth in comparison to older ones. For example, 15% of youth aged 14 and younger reported they needed help for their use, compared to 9% of those aged 15 and older.

The longer youth had been using cannabis, the more likely they were to have needed help for their use. For example, 18% of those who had been using for at least two years reported needing help in the past year, compared to 11% who started using more recently.

The percentage of youth who needed help for their cannabis use was higher than for other substances (10% vs. 6% of youth who used alcohol and needed help for their alcohol use, and 7% who used other substances and needed help for their use of those substances).

Youth who had used cannabis, alcohol, and at least one other substance (i.e., had used at least three substances) were more likely to report needing help for their cannabis use in the past year than needing help for their alcohol or other substance use. Specifically, 20% of these youth felt they needed help for their cannabis use, 14% for their alcohol use, and 10% for their use of other substances.

Youth Research Academy reflections

It makes sense to us that younger youth were more likely to feel or to be told they needed help for their cannabis use. It feels much more concerning to see a 13-year-old smoking cannabis than it is for an 18-year-old.

It also makes sense that youth were more likely to feel or to be told they needed help for their cannabis use than their alcohol use. While some youth feel that cannabis is not a drug, most probably feel that alcohol is more acceptable, even though there can sometimes be more dangers associated with using alcohol. Also, many youth might think that having a problem with alcohol means drinking every day but wouldn't consider binge drinking to the point of consequences to be a problem.

Many youth don't think that cannabis is addictive, but people can become dependent on it—especially if they are using it to deal with their problems.

We believe accurate information is key. Youth need to know the pros and cons of using cannabis, and they need to know the actual risks.

Specific consequences of cannabis use

Among youth who had used cannabis, 3% had not used any other substance in the past year (i.e., had used cannabis exclusively). All results in this section are among this group of exclusive cannabis users. This ensured that the consequences youth reported could be attributed to the use of cannabis and not to alcohol or another substance.

Among youth who had used cannabis exclusively in the past year, 32% reported that their use resulted in at least one negative consequence during this time, including 7% who had experienced three or more negative consequences. The most common consequence youth reported was being told they did something they could not remember.

Fifteen percent of females had argued with a family member as a result of their cannabis use, which was more than three times the rate among males. Females were also twice as likely to have done something they could not remember (23% vs. 11%).



WEED doesn't kill you. If you know where you are getting it from, it's completely harmless. My health stays the same after smoking. Instead of trying to stop us, why not try and make it safer—more accessible drug test kits."

GRADE 12 STUDENT

Youth were more likely to experience negative consequences of their use if they:

- Last used cannabis because they felt down or sad (49%* vs. 27% of those who did not use for this reason).
- Had Anxiety Disorder or panic attacks (45%* vs. 27% of those without this condition).
- Did not manage stress well (42% vs. 22% of those who managed their stress well or very well).

Most commonly reported consequences of cannabis use (among youth who had used cannabis exclusively in the past year)	
Was told they did something they could not remember	16%
Passed out	9%
School work or grades changed	8%
Argued with family members	8%
Lost friends or broke up with boyfriend, girlfriend, or significant other	6%

Note: Youth could choose more than one response.

Impaired driving

All results in this section are among youth who had used cannabis, unless noted.

In BC, it is a criminal offence to operate a motor vehicle while impaired by cannabis or another substance. Learner and Novice drivers are not allowed to have any amount of THC (the ingredient in cannabis responsible for most of its psychoactive effects) in their system while driving (see www.icbc.com/driver-licensing/tickets/Pages/drug-impaired-driving-new-laws.aspx for more details).

Compared to a decade earlier, there was a decrease in the percentage of youth who had ever driven a motor vehicle after using cannabis (14% vs. 20% in 2008). Rates in 2018 were similar to those five years earlier, except there was a decrease in the percentage who had driven under the influence in the past month (7% vs. 9% in 2013).

As in 2013, males were more likely than females to have ever driven after using cannabis (18% vs. 11%) and to have done so in the past month (10% vs. 5%). There were no urban-rural differences in driving under the influence of cannabis, although there were some regional differences (see **Appendix 5**).

As might be expected, older youth were more likely than younger ones to have driven after using cannabis. For example, 23% of youth aged 17 or 18 had ever driven under the influence of cannabis, compared to 7% of youth aged 14 or 15.



My parents smoke weed with me in the car.”

GRADE 7 STUDENT



I’m very scared of impaired driving.”

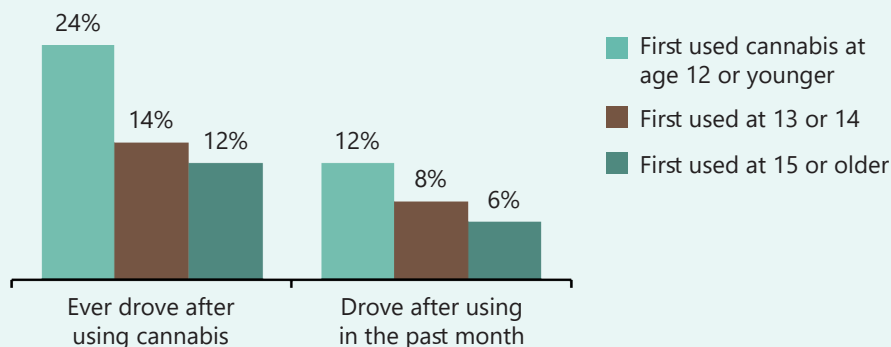
GRADE 8 STUDENT

Youth’s method of cannabis use may have affected whether they drove after using it, as those who smoked it the last time they used it were more likely to have ever driven after using cannabis (15% vs. 8% of those who did not smoke it), and to have done so in the past month (8% vs. 4%).

The longer youth had been using cannabis and the younger they were when they first tried cannabis, the more likely they were to have driven after using it. For example, 19% of current cannabis users who had been using for at least two years drove after using it in the past month, compared to 5% of those who had started using cannabis more recently.

Access to transportation and experiences with public transit were associated with youth driving after using cannabis. For example, 11% of youth who had missed school in the past month because of transportation issues had driven after using cannabis during this time period (vs. 7% who had not missed school for this reason). Also, 17% of those who rarely or never felt safe using public transit had driven under the influence of cannabis (vs. 13% who more frequently felt safe).

Youth who drove after using cannabis (among youth who had used cannabis)



BC youth were more likely to drive after using cannabis than after using other substances. For example, among all youth who completed the BC AHS, 4% had driven after using cannabis, while 3% had driven after drinking alcohol, and 1% had driven under the influence of another substance.

However, youth who had exclusively used cannabis were less likely than those who had also used other substances to have driven after using it. For example, 3% of those who had exclusively used cannabis had driven after using it, compared to 8% of those who had used both cannabis and alcohol.

Youth Research Academy reflections

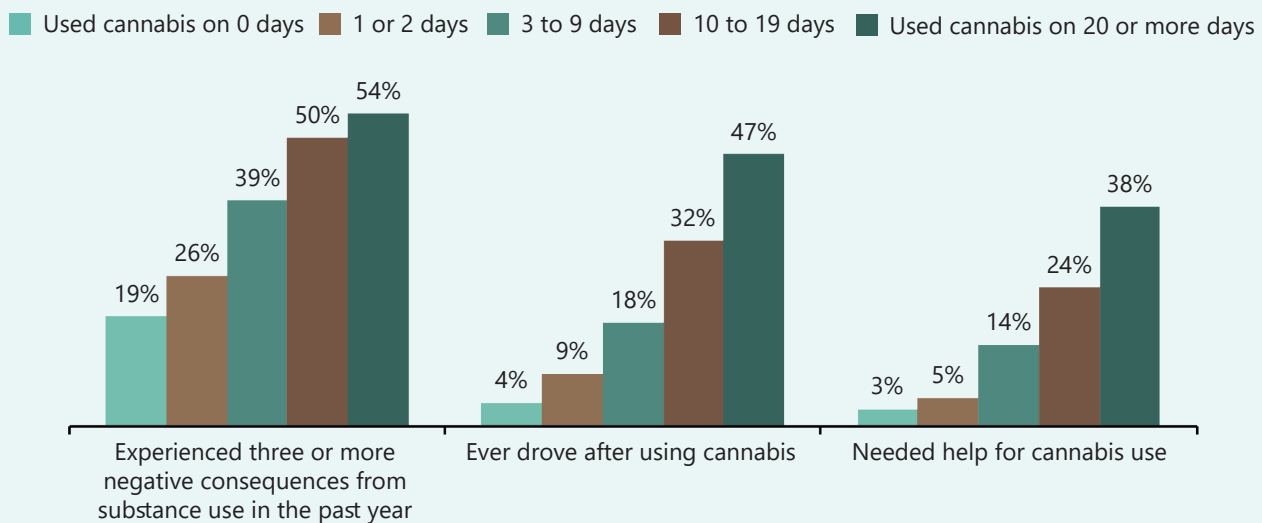
There needs to be more information about the dangers of driving under the influence of cannabis. The symptoms of impairment can be easy to hide, and there doesn't seem to be the same way of measuring impairment as there is for alcohol.

Problematic use and frequency of use

The more frequently youth used cannabis in the past month, the more likely they were to report multiple negative consequences, to drive after using cannabis, and to report needing help for their cannabis use. They were also more likely to need help for their use of substances other than

alcohol or cannabis. For example, 15% of those who used cannabis on 20 or more days needed help for their use of these substances, compared to 8% who used on 10 to 19 days and 2% who did not use cannabis in the past month.

Consequences of substance use in relation to frequency of cannabis use in the past month (among youth who had used cannabis)



Note: For 'experienced three or more negative consequences from substance use in the past year', the difference between 10 to 19 days and 20 or more days was not statistically significant.

POTENTIALLY HARMFUL USE

All results in this section are among youth who had used cannabis, and all references to frequency of cannabis use are for use during the month prior to youth completing the survey.

As has been highlighted in previous sections of this report, youth use cannabis for many reasons, including to help them cope with mental health challenges and to manage physical pain. However, the report has also shown that for some youth, their use can become problematic (resulting in negative consequences which they attribute to their cannabis use, a feeling that their use is problematic, and in risk behaviours such as impaired driving). This section moves beyond these self-identified problems to consider other potential harms which may be associated with youth's cannabis use, and to establish the frequency of use at which these associations occur.

Although the BC AHS could not definitively establish if cannabis was responsible for the links which were found between frequency of use and potential harms, reflecting the pattern with self-reported problematic use, there generally appeared to be a stair-stepping effect, with more frequent use associated with more harmful use.



Youth, particularly at the high school level, believe that certain drugs (particularly marijuana) are 'harmless,' and neglect to do the research to see that they can be extremely harmful."

GRADE 11 STUDENT

Youth who used cannabis infrequently in the past month (used on 1 or 2 days) often reported similar health and risk behaviours to those who had not used recently, while those using on 20 or more days appeared to be at greatest risk for poorer health and well-being.

Youth Research Academy reflections

Although it is important to identify and talk about the harms associated with using cannabis too often, it is also really important for adults to remember that most youth in BC did not use cannabis at a level that was potentially harmful, and when they did use it, they were doing so to experiment and to have fun.

Use of other substances



Please create more resources for educating youth about the risks associated with marijuana use, alcohol use, as well as other drugs (Adderall, molly, vaping, etc.).”

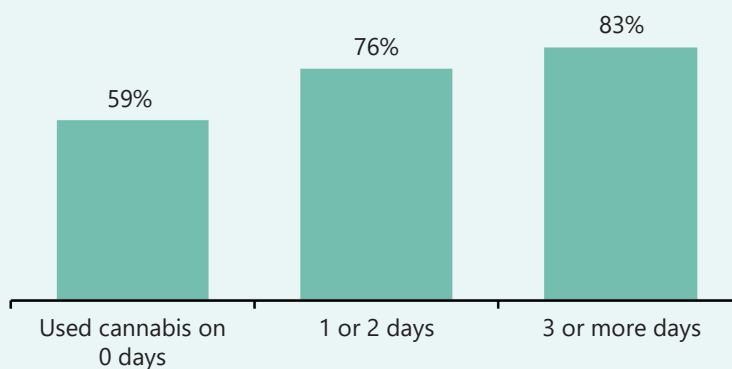
GRADE 11 STUDENT

Although there is little evidence to suggest that cannabis is a ‘gateway’ drug (i.e., that there is a causal link between using cannabis and using other substances), some studies have found that frequent early use of cannabis has been associated with the use of other substances.

SMOKING AND VAPING

Youth who used cannabis on most days were more likely than those who used it on fewer days to have also smoked tobacco on a daily basis (e.g., 23% of youth who used cannabis on 20 or more days also smoked tobacco daily vs. 7% of those who used cannabis on 10 to 19 days vs. 3% of those who used cannabis on fewer than 3 days). Youth who used cannabis on at least three days in the past month were also more likely to have vaped during that same time period.

Vaped in the past month in relation to frequency of cannabis use during that time period (among those who had used cannabis)



ALCOHOL

Among youth who had used cannabis, 94% had also used alcohol; and the more frequently youth used cannabis, the more likely they were to use alcohol regularly. For example, 22% of daily cannabis users had more than two drinks on at least three days in the past week, compared to 11% of those who used cannabis on 3 to 9 days in the past month, and 4% who used it on fewer than three days.

In comparison to their peers who used less frequently, youth who used cannabis on most days in the past month were more likely to use both alcohol and cannabis on the previous Saturday.

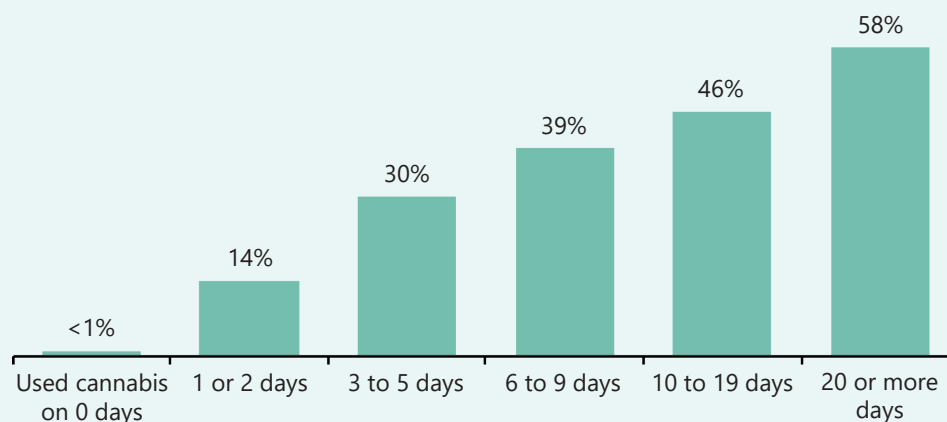


I think I need help for my alcohol use which is weird because I smoke waaay more weed than I drink [alcohol]."

GRADE 9 STUDENT

Also, the more frequently youth used cannabis in the past month, the more likely they were to engage in heavy sessional drinking (consuming five or more drinks within a couple of hours) during that time. For example, 33% of those who did not use cannabis engaged in heavy sessional drinking, compared to 55% who used it on one or two days and 66% who used it on three or more days.

Used alcohol and cannabis last Saturday (among those who had used cannabis)



Note: The difference between 6 to 9 days and 10 to 19 days was not statistically significant.

Comparison of potential harms associated with alcohol use vs. cannabis use

All results in this section are among youth who had used cannabis and those who had used alcohol.

When comparing youth who used alcohol exclusively with those who used cannabis exclusively, the picture among those who used cannabis was generally less positive. For example, exclusive cannabis users were less likely to report good/excellent mental health (66% vs. 74% of exclusive alcohol users), to be motivated to push themselves when things went wrong (32% always pushed themselves when they experienced setbacks vs. 45% of exclusive alcohol users), and to plan to attend post-secondary (77% vs. 87%). However, when asked how well they manage their stress, students who exclusively used cannabis were more likely to indicate they did not feel stressed (10% vs. 6% of students who exclusively used alcohol).

Youth who used cannabis at the most frequent level (on 20 or more days in the past month) were more likely than those who used alcohol this regularly to have experienced high levels of stress (57% experienced quite a bit or extreme stress in the past month vs. 48%). However, they were less likely to report direct negative consequences of their use such as damaging property (22% vs. 32% of frequent alcohol users), getting into a physical fight (21% vs. 39%), breaking up with a partner (21% vs. 31%), and having sex when they did not want to (17% vs. 32%).

Youth Research Academy reflections

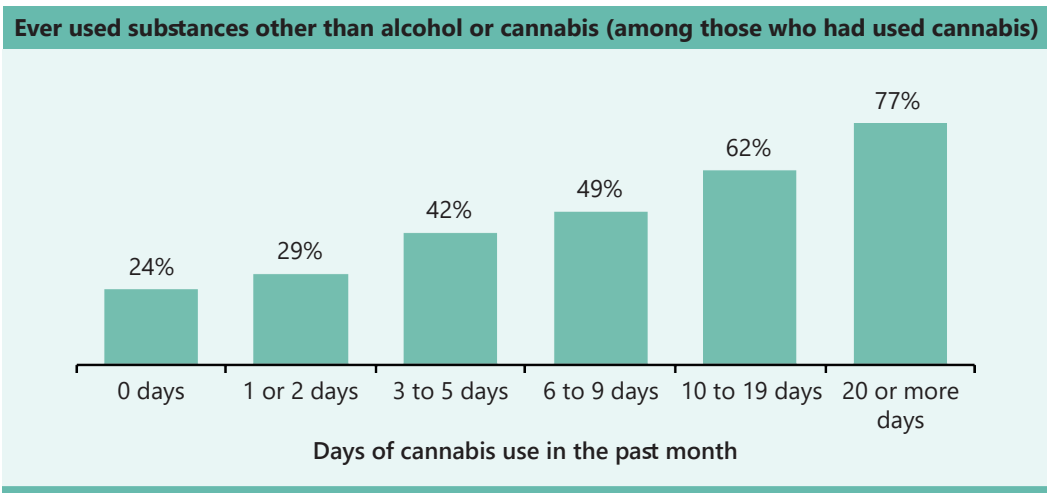
Cannabis and alcohol are very different. With cannabis, it seems you are way less likely to do something really angry and impulsive like destroy property or get into a fight.

SUBSTANCES OTHER THAN ALCOHOL OR CANNABIS

The more days on which youth used cannabis in the past month, the more likely they were to have used substances other than alcohol or cannabis (such as cocaine or hallucinogens), and the more likely they were to have used these substances multiple times. For example, 1% of those who used cannabis on fewer than 3 days had used

hallucinogens three or more times, compared to 3% of those who used cannabis on 6 to 9 days, 13% of those who used on 20 to 29 days, and 21% of those who used daily in the past month.

In addition, most youth who had used substances other than alcohol or cannabis had also used cannabis.



Note: The difference between 3 to 5 days and 6 to 9 days was not statistically significant.
Note: Substances other than alcohol or cannabis included cocaine, hallucinogens, amphetamines, inhalants, heroin, and the misuse of prescription pills.

Relation between cannabis and other substance use	
Among those who had used...	Percentage who had also ever used cannabis
Ecstasy/MDMA	96%
Hallucinogens (excluding mushrooms, ketamine, and ecstasy/MDMA)	93%
Hallucinogenic mushrooms	92%
Amphetamines (excluding crystal meth and ecstasy/MDMA)	88%
Cocaine	83%
Ketamine, GHB	82%
Crystal meth	81%
Heroin	78%
Inhalants	65%
Prescription pills without a doctor’s consent	54%
More of own prescription than prescribed	48%
Other	71%

Physical health

Frequent cannabis use was associated with poorer health. For example, 59% of youth who used cannabis on 20 or more days in the past month rated their health as good or excellent, compared to 69% of those who used it on 3 to 9 days.

NUTRITION

Youth who used cannabis frequently ate less healthily. For example, 61% of those who used on 20 or more days in the past month ate fast food the day before taking the survey (vs. 53% of those who used on 3 to 9 days) and 53% consumed pop (vs. 42% of those who used on 3 to 9 days), whereas 84% ate fruit and/or vegetables (vs. 91% of those who used on fewer than 10 days).

Also, the more frequently youth used cannabis, the less likely they were to eat three meals a day on school days. For example, 10% of youth who used cannabis on 20 or more days ate three meals a day, compared to 17% of those who used it on 3 to 9 days and 23% who used on fewer days. This was true even for youth who never went to bed hungry because there was not enough money for food at home.

SLEEP

Frequent users of cannabis also exhibited poorer sleep. For example, youth who used cannabis on 10 or more days were more likely to have slept for less than five hours the night before taking the survey (14% vs. 11% of those who used on 3 to 9 days vs. 8% who used on fewer than 3 days).

They were also more likely to have missed classes due to sleeping in. For example, 51% of youth who had used cannabis on at least 10 days in the past month missed classes that month because they had slept in, compared to 38% of those who used cannabis on 1 or 2 days.

In addition, cannabis use was associated with engaging in various activities after the time youth were supposed to be asleep. For example, 45% of those who used cannabis on 10 or more days were online gaming after bedtime, compared to 30% of those who used on fewer than 3 days.

Youth Research Academy reflections

The statistics around cannabis and sleep suggest that some youth might not know how to use cannabis to get the effect they want. Youth use cannabis to help them sleep, but there are many different strains of cannabis that can have different effects—some might keep them awake, which is the opposite effect to what they want.

Most youth either seem to receive no information about cannabis and how to use it, or they only get scare tactics (e.g., being told exaggerated or false information on the consequences of cannabis use), which then discredits other information youth get from adults.

Mental health

Youth's ratings of their mental health generally declined the more frequently they used cannabis. Among youth who used cannabis on fewer than 3 days in the past month, 60% rated their mental health as good or excellent, compared to 56% who used it on 3 to 5 days, and 48% who used it on 20 or more days.

Frequent use was also associated with youth feeling less happiness and greater despair in the past month. While 45% of youth who used cannabis every day in the past month felt happy most or all of that time, 55% of those who used it on 1 or 2 days felt that way. Similarly, a fifth (20%) of daily users felt so much despair that they could not function properly, in comparison to 12% of those who used on 1 or 2 days.

The more frequently youth used cannabis, the more likely they were to have cut or injured themselves on purpose without trying to kill themselves, and to have seriously considered and attempted suicide in the past year. For example, 14% of youth who used cannabis on three or more days had attempted suicide in the past year (vs. 8% of youth who used cannabis on fewer days), and 30% had self-harmed (vs. 24% who used less frequently).

The greater the number of days on which youth used cannabis, the greater the likelihood they had missed school in the past month because of their mental health. For example, 43% of those who used cannabis on 20 or more days missed classes for this reason, compared to 35% who used on 3 to 9 days, and 28% who used on 1 to 2 days.

Youth who used cannabis in the past month and who missed classes due to their mental health identified having various mental health conditions including Anxiety Disorder/panic attacks (66%), Depression (62%), an alcohol or substance use addiction (21%), Attention Deficit/Hyperactivity Disorder (ADHD; 18%), and Post Traumatic Stress Disorder (PTSD; 14%).

Youth Research Academy reflections

Many youth use cannabis to manage anxiety or depression, and to numb their feelings. It is therefore important to teach youth coping skills to manage their mental health and understand any symptoms they experience.

School counsellors are often overworked—there might be just three or four for the entire school—and they are often more like academic advisors than counsellors. Youth therefore need more non-judgmental adults available to support them with depression and anxiety, and general life struggles.

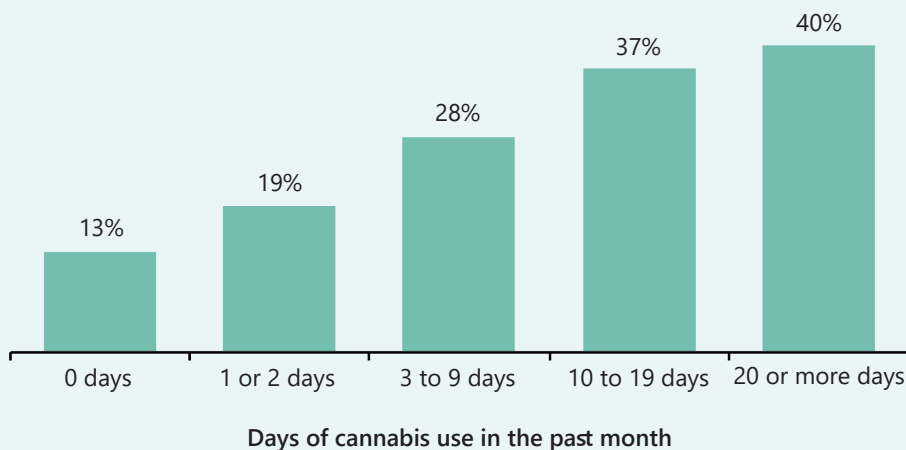
School

More frequent cannabis users were more likely to skip classes in the past month, and were less likely to plan to pursue post-secondary education. For example, 83% of youth who used cannabis on fewer than three days in the past month planned to go on to post-secondary, compared to 77% of those who used on 3 to 9 days, and 64% of those who used on 20 or more days (including 58% who used on a daily basis).

Youth Research Academy reflections

It makes sense to us that youth who use cannabis more often might not have plans for post-secondary, because the BC AHS shows a link between using cannabis and experiencing poverty and deprivation. It might be that youth who smoke cannabis and are more deprived don't make plans for post-secondary because they know they can't afford to go.

**Skipped classes on three or more days in the past month
(among those who had used cannabis)**



Note: The difference between 10 to 19 days and 20 or more days was not statistically significant.

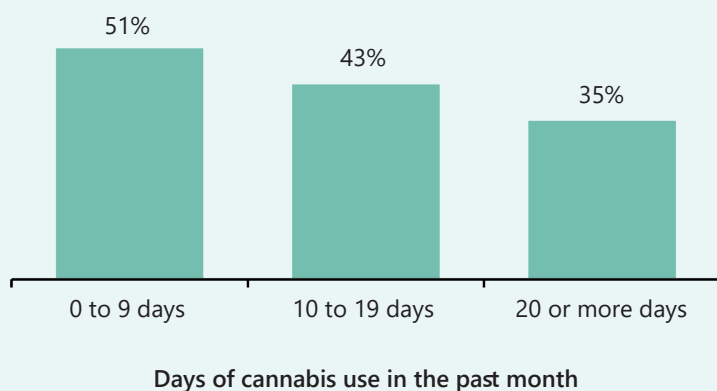
Participation in community activities

Students who used cannabis frequently were less likely to participate in weekly extracurricular activities such as organized sports (i.e., sports with a coach). However, frequency of cannabis use was generally not associated with regular participation in activities such as art, drama, or music; clubs or groups; or cultural or traditional activities.

More frequent cannabis use was also associated with a lower likelihood of feeling meaningfully engaged in activities. For example, 55% of youth who used on three or more days felt meaningfully engaged in their extracurricular activities, compared to 65% of those who used cannabis on fewer days.

Youth were asked about any barriers they experienced to participating in extracurricular activities. Those who used cannabis on at least three days in the past month were more likely to indicate they could not afford to participate (22% vs. 16% of those who used cannabis on fewer than three days), or they were too anxious or depressed to participate (26% vs. 20%).

**Participated in organized sports on a weekly basis in the past year
(among youth who had used cannabis)**



YOUTH AT RISK FOR CURRENT FREQUENT USE

The results in this section are among youth who had used cannabis.

The previous sections have shown that the more frequently youth use cannabis, the more likely they are to report their use is problematic and to appear to experience harms to their physical and mental health; school attendance and aspirations; and engagement in community life.

For the most part, the results show a stair-stepping effect, with those using on 20 or more days in the past month the most likely to experience a negative impact on their health and well-being. It is therefore important to establish who is most at risk for frequent cannabis use.

PREDICTORS OF CURRENT FREQUENT USE

Previous McCreary reports including Blunt Talk (2016) established that certain youth were more likely to become current frequent users, and this was the case in 2018 as well. These youth included those who:

- Had been in government care (16% used on 20 or more days vs. 10% of those who had never been in care).
- Went to bed hungry often or always because there was not enough money for food at home (26% vs. 10% of those who never or sometimes did so).
- Had been abused physically (15% vs. 9% of those who had not been abused) or sexually (13% vs. 10%).
- Experienced mental health challenges (14% vs. 9% of those without such challenges).
- Engaged in risk taking behaviours such as illegal gambling (12% vs. 10% of those who did not gamble) and breaking seat belt laws (39% of those who never wore a seat belt vs. 9% who always wore one).

Youth with government care experience

Youth with government care experience were particularly at risk for becoming current frequent users, and 11% of these youth who had used cannabis were current daily users. There was an even greater likelihood that youth with care experience used cannabis on 20 or more days in the past month if they had moved house at least three times in the past year (21% vs. 12% who had not had this experience), had lost someone close to them due to a fentanyl overdose (29% vs. 14%) or to suicide (21% vs. 13%), or if they had experienced physical abuse (19% vs. 12%).

Among youth in care who had used cannabis, the most common age to have first used cannabis was 13 years old (21%), and 35% had first done so when they were 12 or younger. Also, most youth with care experience who had used cannabis were longer-term users (59%).

CANNABIS USERS AT RISK FOR CURRENT FREQUENT USE

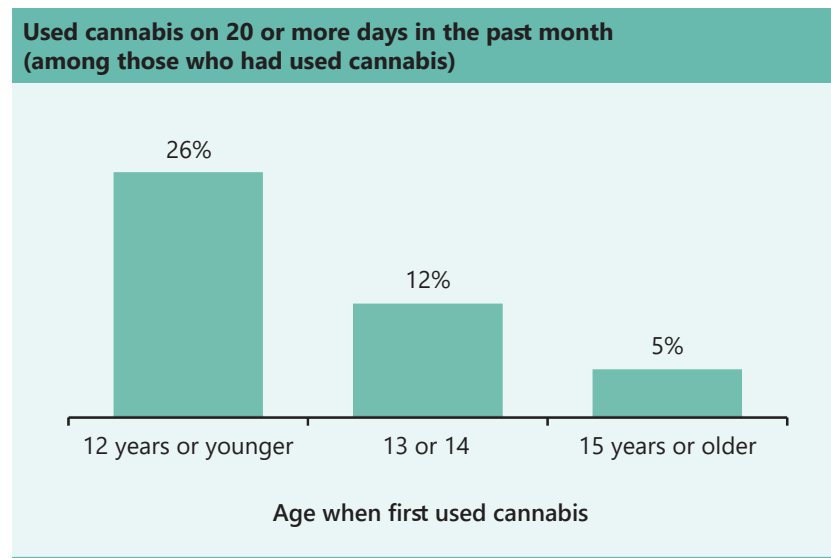
Having identified groups of youth (such as those with government care experience) who are at increased risk for current frequent use, it is important to note that most youth in these groups had not gone on to become frequent users, despite their elevated risk. This section therefore focuses on identifying youth who are current frequent users.

Overall, two groups of cannabis users accounted for 81% of those who used cannabis on 20 or more days in the past month. These were youth who had started using cannabis before the age of 13 (early users), and youth who had been using cannabis for two or more years (longer-term users). The remaining 19% of frequent users were made up of youth who had not used before the age of 13 and were not longer-term users but were experiencing trauma or challenges in their life and had recently started using cannabis.

This section considers the risks and experiences reported by these three groups of cannabis users and can inform efforts to foster an upstream approach to dealing with potentially harmful use.

Youth who used cannabis at age 12 or younger

In 2018, 14% of youth who had used cannabis had first done so before the age of 13. The earlier youth started using cannabis, the more likely they were to have used it in the past month (73% of those who started before age 13 vs. 66% who started at 13 or 14 vs. 56% who started at 15 or older), and to have used frequently.



PREDICTORS OF FIRST USING CANNABIS AT AGE 12 OR YOUNGER

All results in this section are among youth who had used cannabis, unless noted.

In this section, early use refers to those who first used cannabis when they were aged 12 or younger.

Youth were more likely to have started using cannabis at age 12 or younger if they:

- Went to school in a rural area of BC (20% vs. 13% of those who lived in an urban area).
- Lived in the North, Interior, or Vancouver Island (vs. Vancouver Coastal and Fraser; see Appendix 2).
- Identified as lesbian, gay, or bisexual (19% vs. 12% of those who identified as straight).
- Identified as non-binary (30% vs. 14% of males and 12% of females).
- Experienced poverty (55%* of youth who reported always going to bed hungry vs. 24% who sometimes went to bed hungry vs. 10% of those who never experienced this level of poverty).
- Experienced deprivation (e.g., 38% of those who wanted but did not have access to the Internet vs. 13% of those who had access). The more items youth felt deprived of, the more likely they were to be early cannabis users.

- Had a history of physical abuse (22% vs. 11% of those who had not been physically abused) and/or sexual abuse (20% vs. 11% of those who had not been sexually abused).
- Experienced bereavement (15% vs. 10% of those who had not experienced the death of someone close to them), including as a result of a fentanyl overdose (29% vs. 13%), an overdose from a substance other than fentanyl (30% vs. 12%), violence (29% vs. 12%), an accident (19% vs. 12%), or suicide (23% vs. 11%).
- Experienced a family member attempt or die by suicide (22% vs. 10% of those who had not had this experience).
- Experienced a close friend attempt or die by suicide (18% vs. 9% of those who had not had this experience).

Youth Research Academy reflections

It is important to educate parents on the potential risks of youth using cannabis at a young age, as some youth are first given it by their parents or another trusted adult. Youth and their parents need to know the risks so they can make an informed choice.

It is also important for adults to try and understand why youth are using cannabis and support them when they are struggling.

Longer-term cannabis users

Results in this section are among youth who had used cannabis and were current users (i.e., had used in the past month). Longer-term use refers to using cannabis for two years or more.

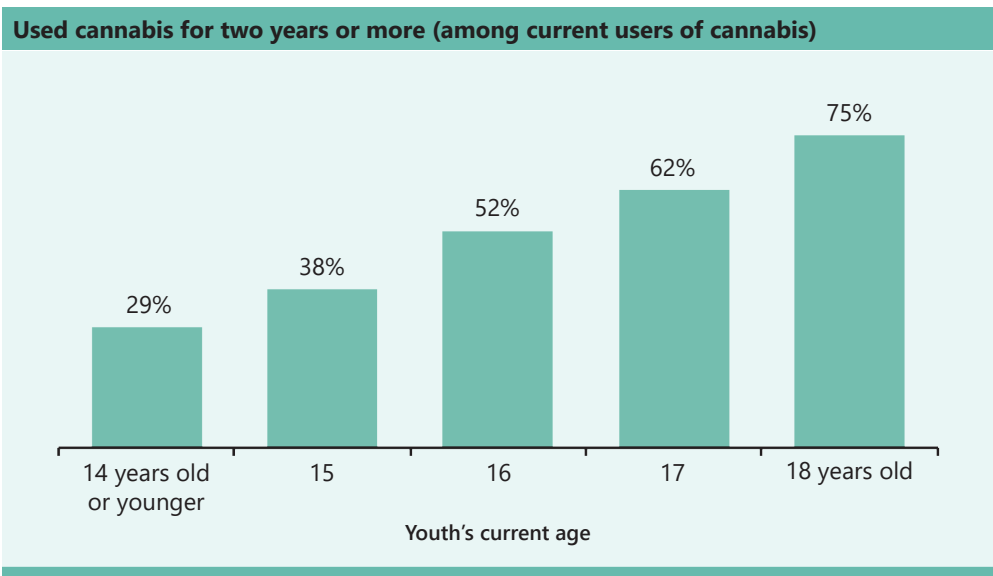
Note: As 32% of longer-term users were also youth who started using cannabis before their 13th birthday, additional analyses were conducted to ensure results held even when these youth were removed. Further analyses also confirmed that age was not driving these results.

This section considers the length of time youth had been using cannabis. In order to establish length of use, the age at which current cannabis users first used cannabis was considered in relation to their age at the time of taking the survey. When these were the same, youth were categorized as having used for less than a year. Otherwise, the difference between the two ages was considered to represent the number of years since they first used cannabis. For example, a 16-year-old student who reported first using cannabis at the age of 14 was categorized as having used for two years.

About a fifth (19%) of youth first used cannabis at their current age, 30% had been using for a year, 22% for two years, 14% for three years, and 15% had been using for four or more years. There were no gender differences in how long youth had been using cannabis.

As might be expected, youth who were older were less likely to have used for a shorter period of time and were more likely to have used for at least two years.

Canadian-born youth were more likely to be longer-term cannabis users than those born abroad. For example, 30% of Canadian-born youth had been using cannabis for three or more years, compared to 21% of those who were born outside of Canada.



CURRENT LEVELS OF USE

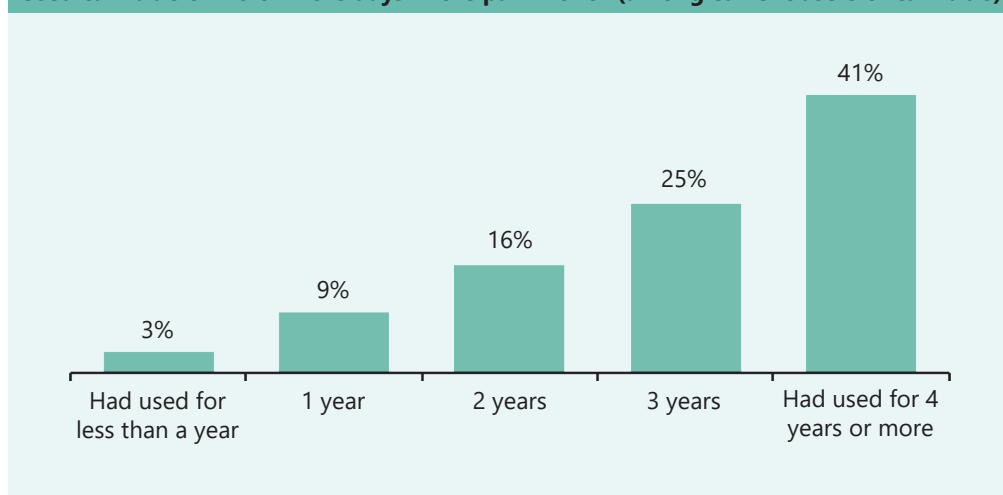
Just over half (51%) of current cannabis users had been using cannabis for at least two years. The longer youth had been using cannabis, the more likely they were to be frequent users. For example, among those who had been using for at least four years, 27% had used daily in the past month (vs. 3% who had been using for less than a year), and 21% had used on 1 or 2 days (vs. 57% who had been using for up to a year).

PREDICTORS OF LONGER-TERM USE

All results in this section are among current cannabis users unless noted.

As longer-term use of cannabis is a strong predictor of current frequent use, this section sought to establish predictors for becoming a longer-term user. Many of the predictors of first using cannabis at 12 or younger also predicted longer-term use. However, gender, sexual orientation, and living in a rural community were not predictors of longer-term use, as they were for early use.

Used cannabis on 20 or more days in the past month (among current users of cannabis)

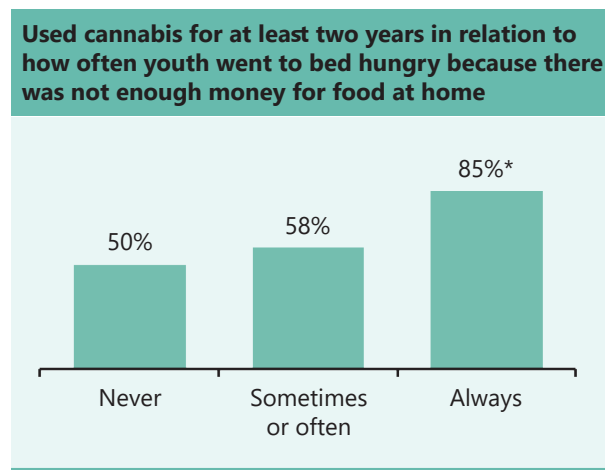


Health conditions and disabilities

Youth with a mental health condition (e.g., depression, eating disorder) were more likely to be a longer-term user (57% vs. 49% of those without a mental health condition), as were youth with a learning disability (58% vs. 51% of youth without a learning disability).

Some specific conditions were also associated with longer-term use, including having an alcohol or drug addiction (67% had been using cannabis for two or more years vs. 49% of those without such a condition), PTSD (63% vs. 51%), ADHD (61% vs. 50%), Depression (57% vs. 49%), and an Anxiety Disorder or panic attacks (55% vs. 49%).

Youth whose health condition or disability prevented them from doing things their peers could do (e.g., school activities, sports) were more likely to be longer-term cannabis users than those whose condition or disability was not this debilitating (56% vs. 52%).



*Percentage should be interpreted with caution as the standard error was higher than expected but is still within the releasable range.

Poverty and deprivation

Reflecting the pattern for youth who used cannabis at a very early age, longer-term use was associated with living in poverty and experiencing deprivation. For example, youth who could not afford to participate in extracurricular activities were more likely to be longer-term cannabis users than those who did not have this barrier (56% vs. 50%). Youth who went to bed hungry were also more likely to be longer-term cannabis users.

Similarly, the more items youth were deprived of, the more likely they were to be longer-term cannabis users. For example, 60% of those who were deprived of three or more items which their peers had (such as lunch for school, equipment for extracurricular activities, and a quiet place to sleep) were longer-term users, compared to 51% of those who felt deprived of fewer items.

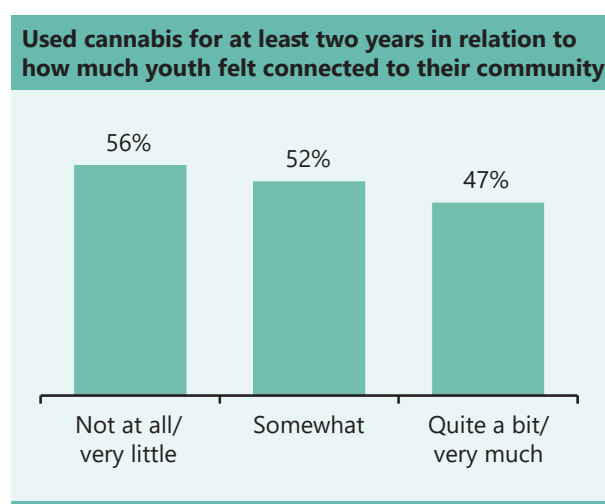
Youth Research Academy reflections

If you are dealing with a difficult life, this can make you really sad. Cannabis might take away the sad feelings for a while.

It makes sense that youth who don't get to participate in extracurricular activities would smoke cannabis more often. Smoking cannabis turns 'having nothing to do' into something to do.

Lack of connections

The less connected youth felt to their community and the activities they engaged in, the more likely they were to be a longer-term cannabis user. For example, 56% of those who did not find their activities meaningful had used cannabis for at least two years, compared to 50% of those who found their activities meaningful.



Note: The difference between 'Not at all/very little' and 'Somewhat' was not statistically significant.

Lack of hope

Youth's feelings about their life appeared to be associated with longer-term use. For example, they were more likely to be longer-term users if they did not feel hopeful for their future (55% vs. 49% of those who felt hopeful).

Traumatic experiences

As with early users, youth who had experienced trauma and violence were more likely to be longer-term users. For example, 58% of those who had been physically abused had used cannabis for at least two years (vs. 49% of those who had not been physically abused). Similarly, 59% of youth who had been sexually abused had used cannabis for at least two years (vs. 49%).

Youth were also more likely to be longer-term users if they had experienced someone close to them die (52% vs. 47% of those who had not had this experience), had a family member attempt or die by suicide (57% vs. 49%), had a close friend attempt or die by suicide (56% vs. 47%), or had attempted suicide themselves (56% vs. 51%).

Youth Research Academy reflections

It is important to provide cannabis-specific treatment options for youth who have been using for a long time and want help for their use. It can feel ridiculous to ask for help for substance use when other youth are using drugs like heroin, and you just smoke too much cannabis.

Other ways to support longer-term users include providing non-judgemental information about harm-reduction and access to harm-reduction supports. Some youth might find going from longer-term use to no use difficult, but even cutting down consumption could be helpful.

Also, youth need to feel supported and to have goals for their future as this might help them feel motivated to want to reduce their use.

Other youth at risk for current frequent use

All results in this section are among youth who had started using cannabis after their 13th birthday and were shorter-term users.

As previously noted, youth who first used cannabis at age 12 or younger and those who had been using for at least two years accounted for the majority of BC youth who used cannabis on 20 or more days in the past month. However, 19% of youth who were using cannabis on most days in the past month had not tried cannabis before their 13th birthday nor used it for two or more years.

Among youth who had started using recently and had quickly become frequent users, most were males (63%), born in Canada (88%), and/or of European heritage (56%). They were also more likely to be currently dealing with traumatic events or challenges than their peers who had started using recently but had not become frequent users.

Youth Research Academy reflections

Maybe one of the reasons that it was males who were more likely to quickly become frequent users is that it they might not have to worry about their safety as much. For example, a male probably won't have the same concerns about being high in public at night when they have to walk home as a female might.

PREDICTORS OF QUICKLY BECOMING FREQUENT USERS

Housing instability

Housing challenges were associated with youth who started using cannabis recently becoming frequent users. For example, they were more likely to have used cannabis on 20 or more days within the past month if they had been kicked out (10% vs. 3% of those without this experience), run away from home (8% vs. 3%), or moved house (6% vs. 3%) in the past year.

Recent self-harm and suicidal behaviour

Just as longer-term users were more likely to have ever had a family or friend attempt or die by suicide, youth with a family member who attempted or died by suicide within the past year were more likely to have quickly become frequent cannabis users (6% vs. 4% of those who did not have this experience in the past year).

Youth who had started using cannabis recently were also more likely to have used at the highest frequency if they had recently been suicidal or engaged in self-harm. For example, 9% of those who attempted suicide in the past year used cannabis on 20 or more days in the past month (vs. 3% of those who had not attempted suicide).

Mental health challenges

Youth who were currently dealing with mental health challenges were also more likely to have become frequent cannabis users within a year of first trying the substance. This included youth with Depression (6% vs. 3% of those without the condition), PTSD (10% vs. 4%), and ADHD (7% vs. 3%).

Experienced violence and safety challenges

Experiences of violence were associated with becoming a frequent cannabis user. For example, youth were more likely to have used cannabis on 20 or more days in the past month if they had been physically attacked in the past year (6% vs. 3% of those who had not been attacked), and if they did not feel safe at school (6% vs. 3% of those who felt safe).

As with other groups of youth who used frequently, they were also more likely to have been physically abused (5% used cannabis on most days in the past month vs. 3% of those who had not been physically abused), or sexually abused (5% vs. 4%).

Poverty and deprivation

As with other groups of frequent users, youth who started using recently were more likely to quickly become frequent users if they experienced poverty and deprivation. For example, they were more likely to use cannabis on most days in the past month if they regularly went to bed hungry because there was not enough money for food at home (18% vs. 4% of those who went to bed hungry sometimes or never), could not afford to participate in extracurricular activities (6% vs. 3% who could afford to), or felt deprived of clothes to fit in (12% vs. 4% of those who had these).

Also, the more items youth were deprived of, the more likely they were to be frequent cannabis users. For example, 10% of youth who were deprived of 3 or more items were frequent users, compared to 5% who were deprived of 1 or 2 items, and 3% who were deprived of no items.

Having no friends

Youth who had no close friends in their school or neighbourhood were more likely to have used cannabis on most days in the past month (10% vs. 4% of those who had at least one close friend).

Bereaved due to an overdose

Youth who reported that someone close to them had died of a fentanyl overdose were more likely than youth who had not had this experience to have used cannabis on most days in the past month (10% vs. 4%). Losing someone as a result of an overdose other than fentanyl was also linked to a greater risk of using cannabis on 20 or more days in the past month (10% vs. 4%).

Additive effect of risks

Eight robust risk factors were identified among youth who had not used cannabis before their 13th birthday and who had started using within the past year, which were associated with using cannabis on 20 or more days in the past month. These were going to bed hungry (often or always), being deprived of three or more items which their peers had, having attempted suicide in the past year, having someone close to them die of a fentanyl overdose, having someone close to them die of another type of overdose, having run away from home in the past year, having been kicked out in the past year, and/or having no friends.

The more of these risks youth had, the more likely they were to have used cannabis on 20 or more days. For example, those who had four or more of the identified risks were around five times as likely as those who had one of the risks to have used cannabis on most days in the past month.

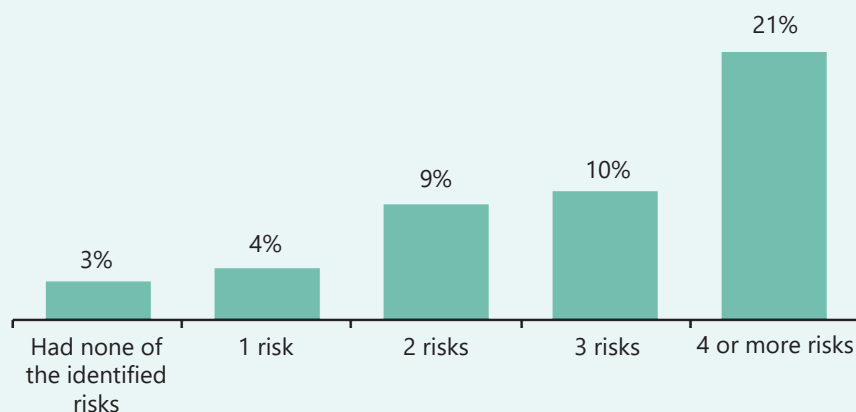
Youth Research Academy reflections

Youth could really benefit from more accessible helping services like grief counselling, peer mentors, and school staff who can provide outreach services. Having supportive people reach out and connect you with the help you need makes a big difference. Many youth don't know that they can get grief counselling after a family member passes away—they think they just have to deal with it on their own.

Having adults in your life who are consistent is also important. Once you've built a relationship with a supportive adult, losing their support can be really difficult.

Regardless of whether youth begin using at 12 or younger, are longer-term users, or have quickly become frequent users, it is important to find ways to support those who are using at the highest levels.

**Youth who used cannabis on 20 or more days in the past month
(among those who started using it in the past year and not before their 13th birthday)**



Note: The difference between 2 risks and 3 risks was not statistically significant.

SUPPORTING YOUTH WHO USE CANNABIS

Protective factors linked to lower levels of cannabis use

All results in this section are among youth who are at risk of becoming frequent cannabis users—early users; longer-term users; and shorter-term users who started using after their 13th birthday and reported multiple adverse experiences which increased their likelihood of becoming frequent users.

Although the BC AHS does not definitively show that frequent cannabis use causes harm, this report has shown that youth who are at highest risk for harms associated with their cannabis use are those who are current frequent users. It has also shown which cannabis users are most likely to become frequent users.

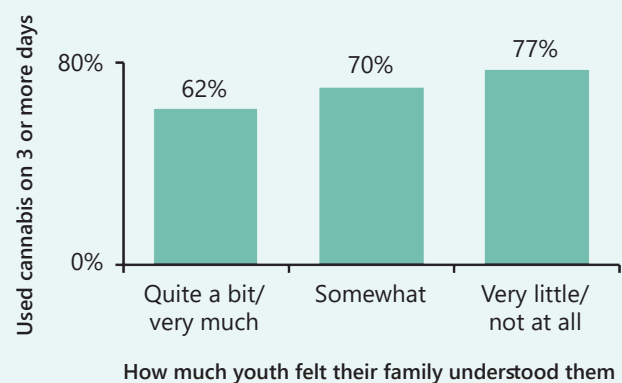
This section looks at the protective factors that were present in the lives of early users, longer-term users, and those who started using recently and reported multiple adverse experiences who had not gone on to become frequent users. Specifically, because using on 1 or 2 days appeared to be the least risky frequency of use, it highlights protective factors associated with a reduced risk of these three types of cannabis users using cannabis on three or more days in the past month.

It also highlights the 'stair-step' effect of many of these protective factors. Whilst a strong presence of the protective factor is most strongly correlated with less frequent use, even a lesser presence of that protective factor appears to have a positive effect on reduced cannabis usage.

SUPPORTIVE FAMILY

Youth who felt their family understood and respected them were less likely to have used cannabis on three or more days in the past month. For example, among shorter-term users who started using cannabis after their 13th birthday, and were at increased risk for becoming frequent users, those who felt their family respected them were less likely to have used cannabis on three or more days in the past month (34% vs. 46% of those who did not feel their family respected them).

Youth who felt their family understood them in relation to using cannabis on three or more days in the past month (among youth who had been using cannabis for at least two years)



The more often youth's parents (or guardians) knew what they were doing in their free time and online, the less likely youth were to have used cannabis on three or more days in the past month. For example, among youth who started using cannabis at 12 or younger, 48% of those whose parents usually or always knew what they were doing online reported using cannabis on three or more days, compared to 58% of those whose parents rarely or never knew what the youth were doing online.

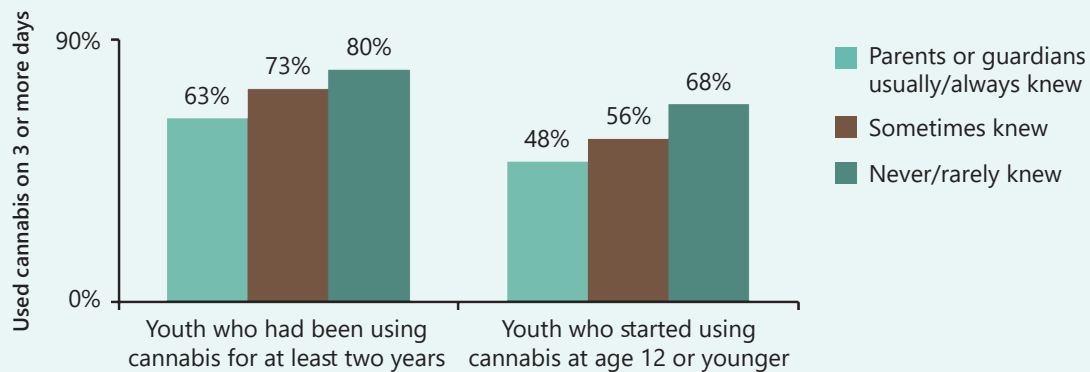


[My] parents said it's not acceptable, so I stopped [using cannabis]."

GRADE 9 STUDENT

Having an adult in their family they would feel comfortable talking to if they had a serious problem was protective for youth. For example, longer-term cannabis users who had such an adult in their family were less likely to have used cannabis on three or more days than those who did not have such a person in their life (66% vs. 74%).

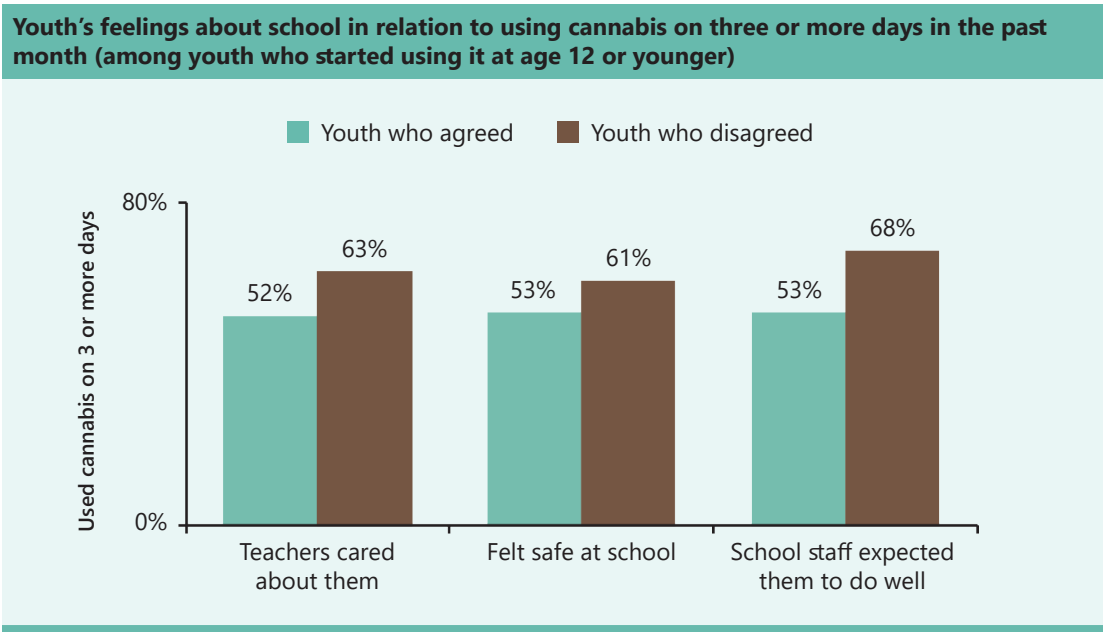
Parents or guardians knew what youth were doing with their free time in relation to youth using cannabis on three or more days in the past month



SAFE AND SUPPORTIVE SCHOOL

Youth who felt safe at school, felt their teachers cared about them, and felt that school staff expected them to do well were less likely to have used cannabis on three or more days than youth who did not feel this way. For example, among longer-term cannabis users, 67% of those who felt school staff expected them to do well had used cannabis on three or more days, compared to 80% of youth who did not feel that school staff expected them to do well.

Among youth who recently started using cannabis after their 13th birthday and were at increased risk of becoming frequent users, those who felt happy at school were less likely to have used cannabis on three or more days than those who did not feel happy at school (33% vs. 44%).

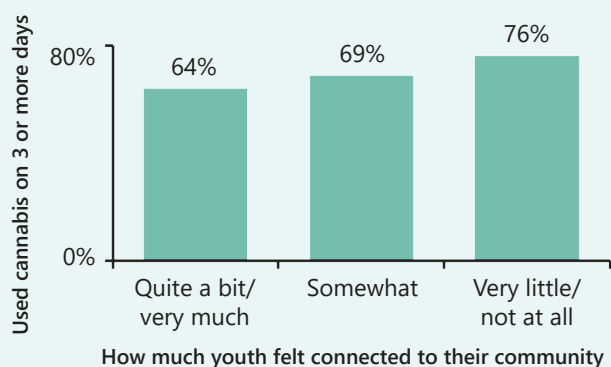


CONNECTED TO COMMUNITY

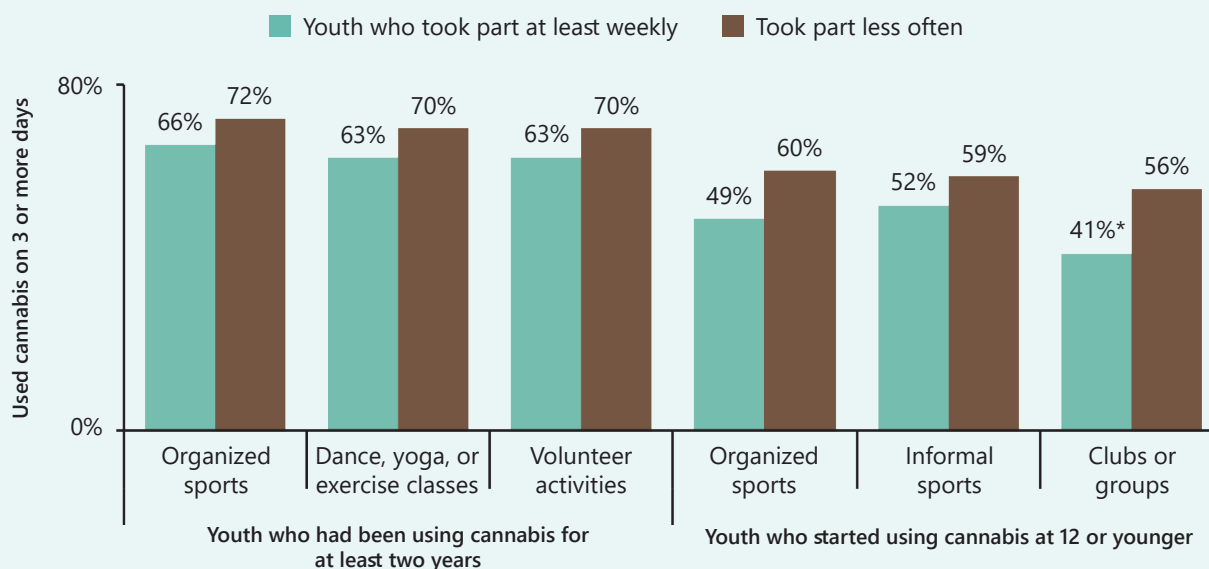
Youth who felt more connected to their community were less likely to have used cannabis on three or more days in the past month. For example, among youth who first used cannabis at age 12 or younger, 54% of those who felt connected to their community had used cannabis on three or more days, compared to 65% of youth who did not feel connected.

Taking part in weekly extracurricular activities in the community was protective. Among longer-term cannabis users, taking part in weekly organized sports; dance, yoga, or exercise classes; and volunteer activities was associated with lower rates of using cannabis on three or more days in the past month. Among youth who started using cannabis at 12 or younger, weekly participation in organized sports, informal sports, and clubs or groups reduced the risk of using cannabis on three or more days.

Community connectedness in relation to using cannabis on three or more days in the past month (among youth who had been using cannabis for at least two years)



Weekly participation in community activities in relation to using cannabis on three or more days in the past month



*Percentage should be interpreted with caution as the standard error was higher than expected but is still within the releasable range.

Youth who felt the activities they took part in were meaningful to them, and their ideas were listened to and acted upon within those activities, were less likely to have used cannabis on three or more days. For example, among longer-term cannabis users, 65% of those who found their activities meaningful had used cannabis on three or more days, which was lower than for youth who found their activities only a little or not at all meaningful (76%).

Similarly, among youth who started using cannabis at age 12 or younger, 50% of those who felt their ideas were valued within their activities had used cannabis on three or more days in the past month, compared to 61% of those who felt their ideas were valued only a little or not at all.

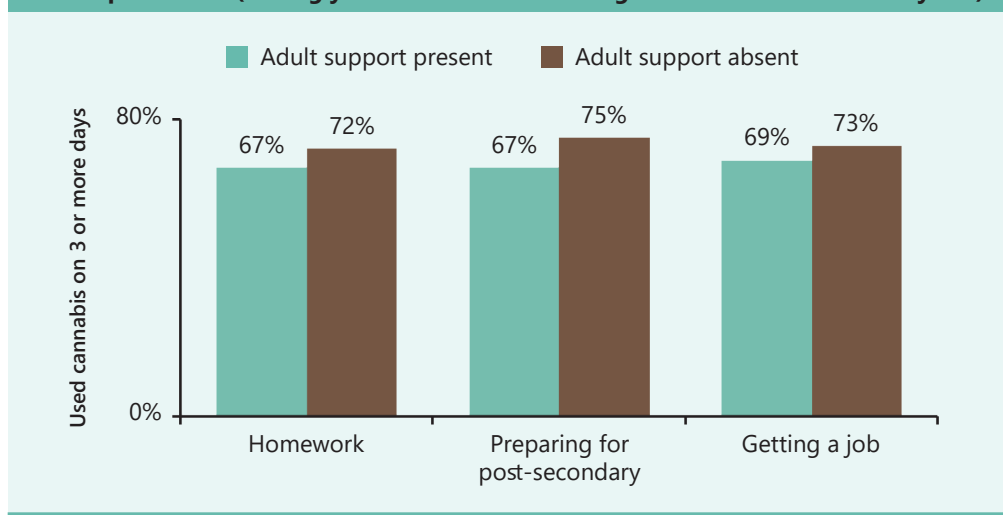
SUPPORTIVE ADULTS

Youth who had adults in their life who helped them in various areas were less likely to have used cannabis on three or more days in the past month. For example, among longer-term cannabis users, those who had an adult who helped them with tasks such as their homework were less likely to have used cannabis on more than two days compared to those who did not have adult support in these areas.

Youth Research Academy reflections

It is important to provide more guidance to parents and other adults on how to support youth who are having problems with their cannabis use. If youth do not have a supportive or understanding parent they can talk to, they need another non-judgemental adult who they can talk to and get advice.

Using cannabis on three or more days in the past month in relation to having an adult who helped with... (among youth who had been using cannabis for at least two years)



FRIENDS WITH HEALTHY ATTITUDES

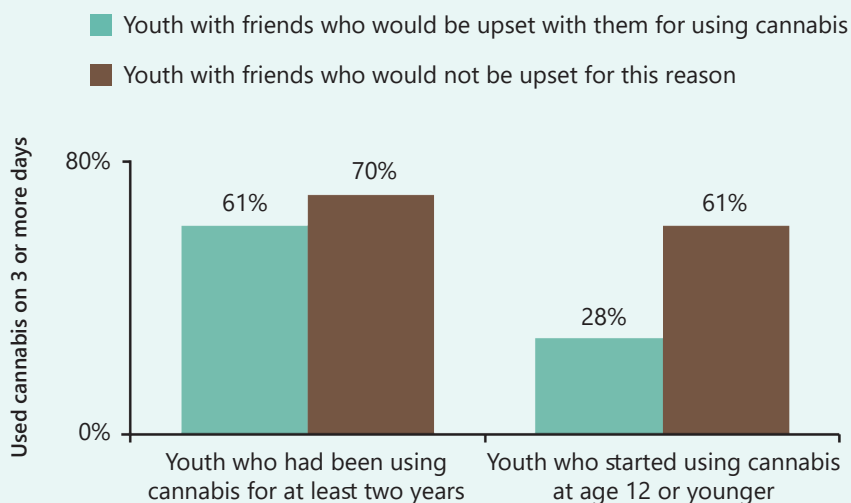
Although the number of close friends that youth had in person or online did not appear to contribute to reductions in their level of cannabis use, the attitudes of their friends were associated with frequency of use.

Having friends who would be upset with youth for using cannabis or other substances was associated with a lower likelihood of using cannabis on three or more days. For example, among longer-term cannabis users, youth whose friends would be upset with them for getting drunk were less likely to have used cannabis on more than two days (34% vs. 59% of those whose friends would not be upset with them for getting drunk).

This pattern was also seen among shorter-term users who started using after their 13th birthday and were at increased risk of becoming frequent users. For example, those who had friends who would be upset with them if they used cannabis were less likely to have used it on three or more days compared to youth whose friends would not be upset with them for this reason (18% vs. 44%).

Having supportive friends was also important. For example, among youth at increased risk who were shorter-term users who started using after their 13th birthday and had asked a friend for help in the past year, those who found their friend helpful were less likely to have used cannabis on three or more days than those who did not find their friend helpful (39% vs. 56%*).

Friends who would be upset if youth used cannabis in relation to using it on three or more days in the past month

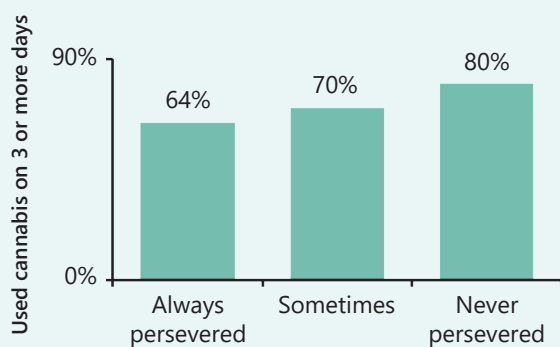


INTERNAL ASSETS

Having internal strengths and assets can also be protective. This report has shown that some youth use cannabis as a way to help them manage the stress in their life. Longer-term cannabis users who currently felt able to manage their stress were less likely to use cannabis on three or more days (65% of those who felt they managed their stress well or very well vs. 72% of those who felt they managed their stress only fairly well or poorly).

Persevering in the face of obstacles was linked to a lower likelihood of using cannabis on three or more days in the past month. For example, among youth who first tried cannabis at age 12 or younger, those who always pushed themselves to achieve their goals when things went wrong were less likely to have used cannabis on three or more days compared to those who never pushed themselves (53% vs. 64%).

Perseverance in relation to using cannabis on three or more days in the past month (among youth who had been using cannabis for at least two years)



Supporting vulnerable youth

Youth with government care experience were noted as one group at particular risk of current frequent use, and who were over-represented in the different types of cannabis users who had become current frequent users. Other McCreary reports have shown these youth are less likely to have protective factors in their lives (e.g., *We all have a role*, 2016). However, youth with care experience who had used cannabis were less likely to have used it on more than a couple of days in the past month if they had positive relationships in their school and community. For example, if they:

- Felt safe at school (39% used on three or more days vs. 53% of those who did not feel this way), school staff expected them to do well (42% vs. 60%*), school staff treated them fairly (40% vs. 54%), their teachers cared about them (40% vs. 54%), and they were happy to be at school (37% vs. 50%).
- Felt connected to their community (38% vs. 49% of those who did not feel connected).
- Had an adult in their neighbourhood/community who really cared about them (42% vs. 50% of those without such an adult).
- Had friends who would be upset with them if they used cannabis (15% vs. 50%) or got drunk (22% vs. 49%).

Supporting current frequent cannabis users

All results in this section are among youth who used cannabis frequently (i.e., on at least 20 days in the past month).

This report has shown that using cannabis less frequently is associated with reduced harms. It has also shown that many youth use cannabis as a way to cope with their emotions and with challenges in their lives. Regardless of whether youth began using at age 12 or younger, were longer-term users, or recent initiators who had quickly become frequent users, it is important to find ways to support those who are currently using at the highest levels.

THE ROLE OF FAMILY

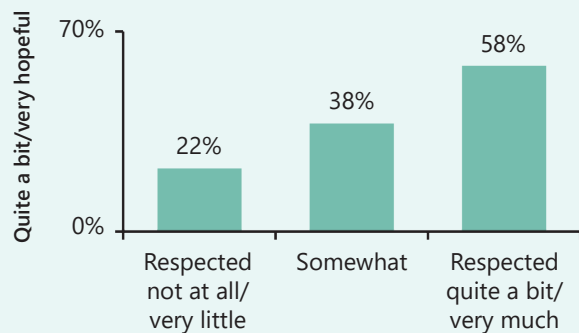
Youth who used cannabis on most days in the past month were the least connected to their family. For example, 31% of those who used cannabis on 20 or more days felt their family understood them, compared to 40% who used on 3 to 5 days, and 48% of those who used on fewer than 3 days.

However, if youth who used cannabis frequently did feel respected, understood, and supported by their family, it was associated with positive well-being and reduced use of substances other than cannabis. For example, the more respected and understood youth felt, the more likely they were to feel good about themselves and to feel hopeful for their future.

In addition, those who felt respected by their family were less likely than those who did not feel respected to have also consumed alcohol on 10 or more days in the past month (15% vs. 36%; among those who had used both substances) and to have mixed cannabis and alcohol on the Saturday before completing the survey (56% vs. 70%).

Youth who felt they had the right amount of time to do the things they wanted with their family were more likely than those who felt they had insufficient time with their family to feel happy in the past month (53% vs. 33%) and to report feeling satisfied with their quality of life, including feeling their life was going well (57% vs. 38%) and they had a good life (71% vs. 46%).

Youth who felt respected by their family in relation to feeling hopeful for their future (among those who used cannabis on 20 or more days in the past month)



Youth who felt they had an adult relative they could talk to if they had a serious problem were more likely to rate their mental health as good or excellent (57% vs. 36% of those who did not have such an adult in their family), and were less likely to have experienced extreme stress (19% vs. 33%) and despair (10% vs. 27%) in the past month. They were also less likely to have missed out on accessing needed medical help (14% vs. 29%) and mental health services (26% vs. 46%) in the past year.

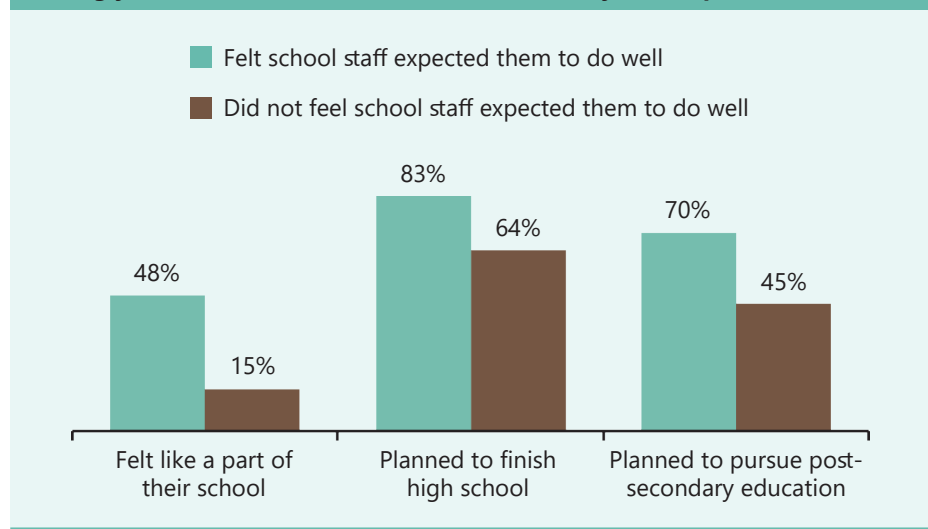
Among youth who asked a family member for support in the past year, those who found the assistance helpful were more likely to report good or excellent mental health, and were less likely to have seriously considered suicide (30% vs. 70%* of those who did not find the support helpful) and to have attempted suicide (11% vs. 29%) in the past year.

THE ROLE OF SCHOOL

Among youth who had used cannabis, those who used it on most days were generally the least likely to feel connected to school. For example, 33% of youth who used on 20 or more days felt happy to be at school, compared to 41% who used on 6 to 9 days, and 51% who used on fewer than 3 days in the past month.

Among youth who used cannabis frequently, those who felt their teachers cared about them were more likely than those who did not feel this way to report feeling safe at school (78% vs. 28%) and were less likely to have missed class in the past month due to their mental health (40% vs. 51%). They were also more likely to expect to finish high school (81% vs. 66%) and plan to pursue post-secondary education (70% vs. 49%).

**Feelings about school and education plans
(among youth who used cannabis on 20 or more days in the past month)**



Youth who reported that school staff expected them to do well were more likely to feel like a part of their school, to expect to graduate from high school, and to plan to pursue post-secondary education, compared to youth who did not feel that school staff had these expectations of them.

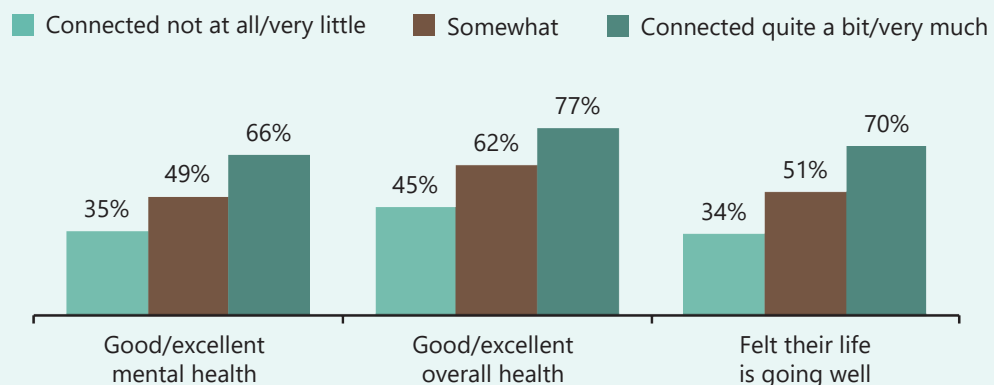
Students who approached school staff such as a teacher or school counsellor for support and found the assistance helpful were less likely to experience extreme stress. For example, 26% of youth who found a school counsellor helpful reported extreme stress in the past month, compared to 40% of those who did not find the support helpful (among those who approached a school counsellor for help in the past year).

Youth who felt safe at school were less likely than those who did not feel safe to have experienced extreme stress (21% vs. 34%), to have missed school due to bullying (4% vs. 23%), and to always carry a weapon at school (4% vs. 19%) in the past month. Those who felt safe at school were also more likely to report good or excellent overall health (67% vs. 43% of youth who did not feel safe at school) and mental health (56% vs. 32%).

THE ROLE OF A SUPPORTIVE COMMUNITY

Youth who used cannabis on most days in the past month were less likely to feel connected to their community and to participate in community activities, compared to those who used cannabis less frequently. For example, 24% of youth who used on 20 or more days felt connected to their community, compared to 33% of those who used on 3 to 9 days, and 37% of those who used on fewer than 3 days. However, when frequent cannabis users felt connected and supported by their community, they reported better health and well-being.

**Community connectedness and well-being
(among youth who used cannabis on 20 or more days in the past month)**



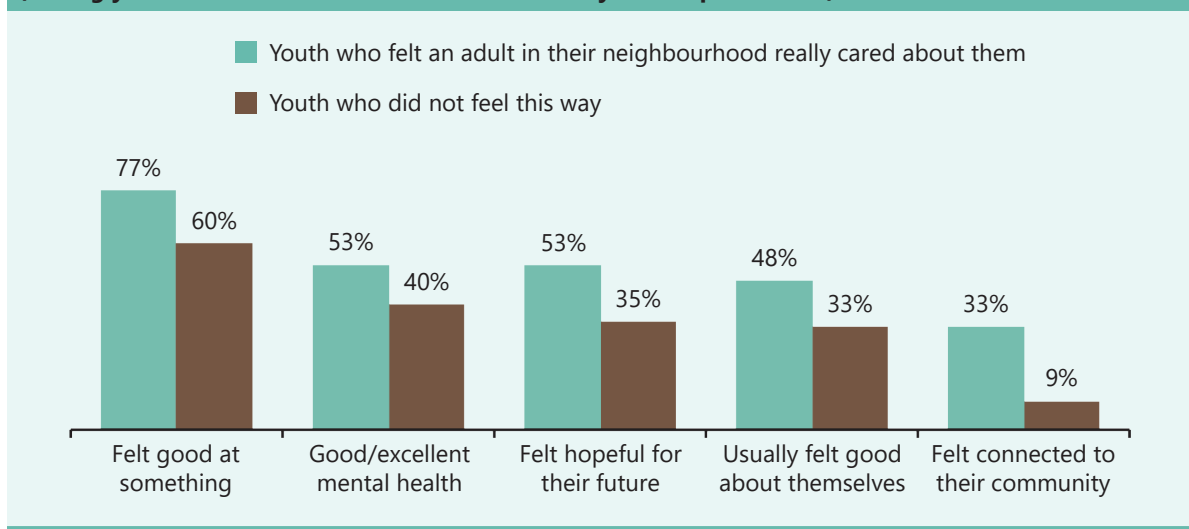
SUPPORTIVE ADULTS IN THE COMMUNITY

Among frequent cannabis users, those who felt there was an adult in their neighbourhood or community (outside their family or school) who really cared about them were more likely to report positive mental health and to feel connected to their community than youth who did not feel an adult in their neighbourhood cared about them.

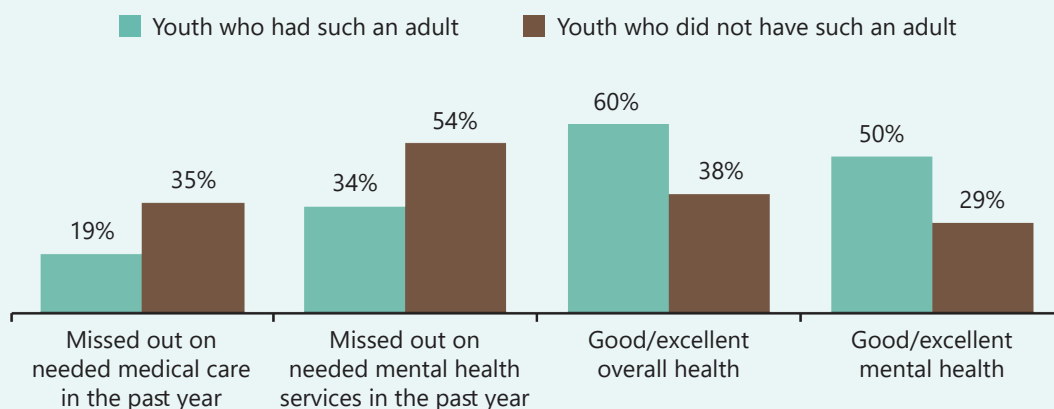
Youth who had an adult in their life who helped them with appointments were less likely to have missed out on accessing needed medical help and mental health services, and were more likely to report good or excellent overall health and mental health compared to youth who did not have such an adult in their life. For example, 35% of youth who had an adult who helped them get to appointments had missed out on accessing needed mental health services in the past year, which was lower than the percentage among youth who did not have such an adult in their life (47%).

Among youth who approached adults in the community for help in the past year, those who found the support helpful were generally more likely to report better mental health than those who did not find the support helpful. For example, youth were more likely to rate their mental health as good or excellent if they found helpful the support they had received from a friend's parent (53% vs. 27% of youth who did not find the support helpful), a doctor (49% vs. 17%), or a youth worker (42% vs. 18%).

Feeling an adult in their neighbourhood or community really cared about them in relation to well-being (among youth who used cannabis on 20 or more days in the past month)



**Youth who had an adult in their life who helped them with making appointments
(among youth who used cannabis on 20 or more days in the past month)**

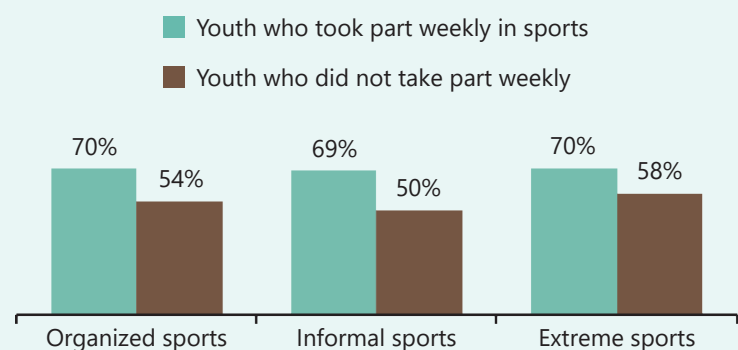


ENGAGEMENT IN COMMUNITY ACTIVITIES

Youth who took part in extracurricular activities in the past year were more likely to report better overall health than those who did not take part in any activities (62% vs. 44%). Further, those who took part in weekly sports activities were more likely than those who took part less often to report good or excellent overall health.

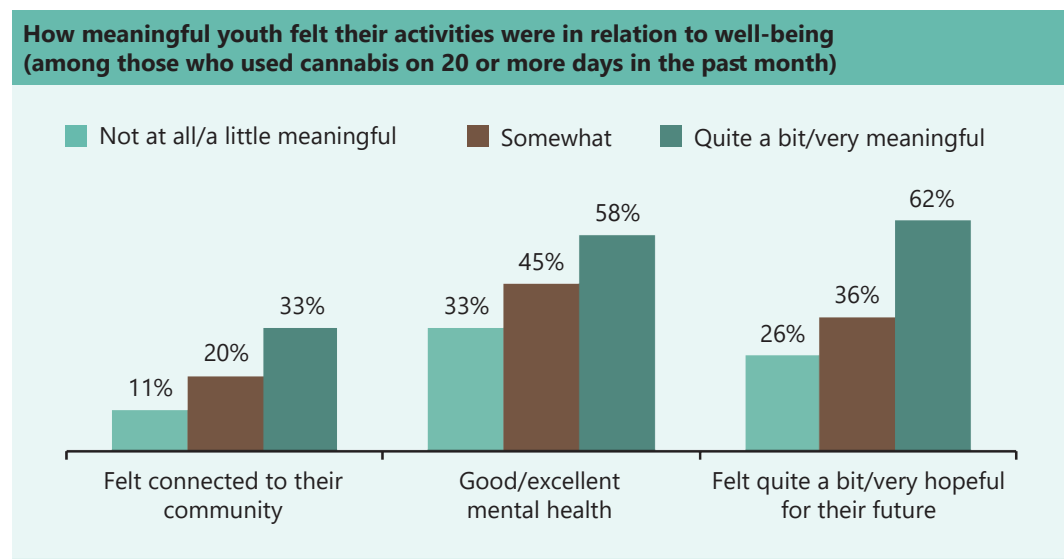
Also, youth were less likely to experience extreme stress in the past month if they took part weekly in organized sports (19% vs. 29% of those who took part less often or not at all) and extreme sports (18% vs. 27%).

**Youth who rated their overall health as good or excellent
(among youth who used cannabis on 20 or more days in the past month)**



Taking part in activities outside in nature was also protective. For example, youth who felt they had the right amount of time to spend in nature were more likely than those who felt they had insufficient time in nature to feel happy (56% vs. 34%), and to report satisfaction with their life, including feeling their life was going well (55% vs. 43%), they had a good life (69% vs. 53%), and they had what they wanted in life (44% vs. 25%).

In addition to involvement in activities, the meaningfulness of youth's activities was associated with positive well-being. The more meaningful youth felt their community activities were to them—and the more they felt their ideas were listened to and acted upon in their activities—the more likely they were to feel connected to their community, to rate their mental health positively, and to feel hopeful.



FRIENDS

Having three or more close in-person friends has generally been found to be protective for BC youth, as has having friends with prosocial attitudes. Youth who used cannabis on most days in the past month were less likely to report having three or more close friends in their school or neighbourhood (77% vs. 82% of those who used on fewer than 20 days), and the friends they did have were less likely to have healthy attitudes to risk behaviours. For example, 29% of those who used on 20 or more days had friends who would be upset with them if they beat someone up, compared to 50% of those who used cannabis on 3 to 9 days, and 59% of those who used on less than three days.

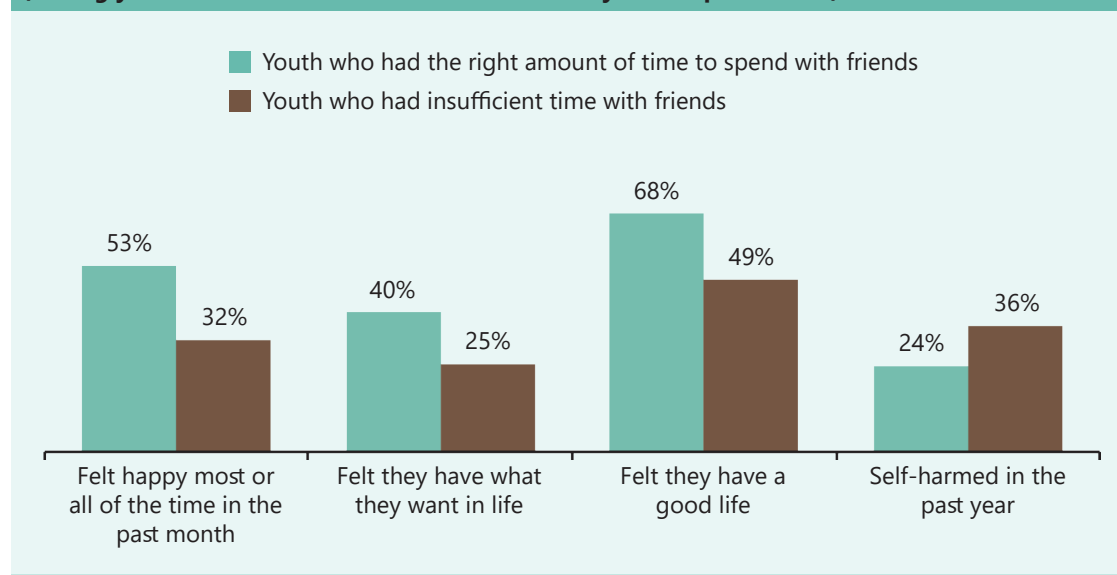
However, among youth who used cannabis frequently, those who did have three or more close in-person friends were more likely than those who had fewer friends to rate their overall health as good or excellent (64% vs. 42%), as well as their mental health (53% vs. 32%), and to feel happy in

the past month (51% vs. 29%). They were also less likely to have seriously considered suicide in the past year (33% vs. 48%).

Having friends with healthy attitudes towards risk behaviours was also protective among frequent cannabis users. For example, those with friends who would be upset with them for dropping out of school were more likely to plan to complete high school (82% vs. 69% of those whose friends would not be upset with them for this reason), and to plan to continue their education beyond high school (71% vs. 50%).

Youth who felt they had the right amount of time to spend with friends were more likely to report positive well-being than those who felt they did not have enough time to spend with their friends. For example, they were more likely to feel satisfied with their life, and were less likely to have self-harmed in the past year.

Having enough time to spend with friends in relation to well-being (among youth who used cannabis on 20 or more days in the past month)



Youth Research Academy reflections

If your friends smoke, you might be more likely to join them, and eventually it could be hard to relate to people who don't smoke cannabis. Also, if you're lonely, you might want to hang out with people who won't judge you. Smoking can be a way to socialize and connect, and it can be hard to quit if your friends or partner are all using cannabis. It is important to have supportive friends who are aware of how cannabis use could be harmful and encourage you to use in a safer way.

YOUTH'S INTERNAL STRENGTHS AND RESILIENCY

The more frequently youth used cannabis, the less likely they were to push themselves when faced with setbacks, to manage their stress well, feel hopeful for the future, feel good about themselves, and to be satisfied with their life. However, if they did have these internal assets, they reported better health and well-being.

Among frequent cannabis users, those who felt they managed their stress well or very well were more likely to experience positive well-being than those who managed their stress less well. For example, they were less likely to experience extreme stress in the past month (11% vs. 36%) and were more likely to rate their mental health as good or excellent (63% vs. 36%).

Youth who identified something they were really good at (e.g., sports, the arts) were more likely than those who did not indicate they were good at anything to report feeling good about themselves (49% vs. 27%) and hopeful for their future (52% vs. 31%).

Youth who felt they had enough time to do what they wanted on their own were more likely to report satisfaction with their life and positive well-being than those who felt they had insufficient time on their own. For example, they were more likely to feel happy in the past month (54% vs. 32% of youth who felt they had insufficient time on their own) and to feel their life was going well (55% vs. 39%), and were less likely to have self-harmed in the past year (25% vs. 37%).

COMMENTS FROM BC AHS PARTICIPANTS

Qualitative comments from the 2018 BC AHS were compiled and analyzed by members of the Youth Research Academy.

Approximately 150 comments and questions about cannabis were provided by students who completed the 2018 BC AHS. These included comments from youth who currently or previously used cannabis, and from those who had not used it. Most comments from youth who had used cannabis described the reasons they had used it, and the positive or negative effects they had experienced from using it.

Youth shared that they used cannabis to alleviate various symptoms and health conditions including epilepsy, stress, anxiety, insomnia, challenges focusing, and physical pain. They also reported using it to have fun, and a few reported they had inadvertently used it.

“***Marijuana is very good and can help with stress, anxiety, as well as be fun.***”
GRADE 11 STUDENT

“***I got tricked into eating [cannabis]***”
GRADE 9 STUDENT

The majority of comments from youth who had never used cannabis indicated they did not intend to try it.

“***Seriously? Have you ever used “medical” cocaine? Wake up.***”

GRADE 10 STUDENT

Youth Research Academy reflections

We were not surprised by the positive comments about cannabis use written on the back page and margins of the BC AHS, as we see recreational cannabis use as fairly common among youth.

Even though some youth might not see cannabis use as risky, it's important to not disregard the potential risks of using. Youth need accurate information about how cannabis affects young brains differently than adults, how it can affect people with mental illness differently, and that it can be habit-forming.

FEEDBACK ON BC AHS SURVEY ITEMS

Some youth provided feedback on the BC AHS question which asked participants if their friends would be upset with them for using cannabis, including not being sure if their friends would be upset, noting it would depend on the situation, or that some friends would be upset while some would not. For example, one Grade 11 student commented that their older friends would be upset with them for using cannabis, while the friends who were the same age as them would not be upset.

“ *Depends on the reason—disappointed—a little.*”
GRADE 8 STUDENT

“ *Depends which friend.*”
GRADE 9 STUDENT

A few youth provided comments on the questions which asked about impaired driving, noting they were unsure if they had been in a car with someone who had used cannabis.

“ *I didn't know [they had been using cannabis] until after.*”
GRADE 10 STUDENT

Youth Research Academy reflections

It makes sense that youth have friends with different opinions about cannabis use. Cannabis use can have negative effects on young people, but those consequences might not be as dire as they can be for other substances. There is also a lot of mixed information given to youth about the risks of cannabis.

TOPICS YOUTH WANTED TO LEARN MORE ABOUT

The most common cannabis-related topic youth wanted to learn more about was the long-term positive and negative effects of use.



[I want to learn more about the] effects of marijuana on the teenage brain: long-term and short-term effects."

GRADE 10 STUDENT



[I want to learn more about] the benefits of cannabis."

GRADE 11 STUDENT

COMPARISON TO COMMENTS IN 2013

A comparison of comments provided on the 2013 and 2018 BC AHS showed youth were less likely to write about cannabis and its benefits in 2018 than in 2013. In 2013, most comments were positive about cannabis and related to calls to legalize it (which was not an issue in 2018).

Also in 2018, fewer youth commented about their daily use, giving up using, and that their friends would be upset if they used. More youth reported not using any drugs, wanting information on the effects of cannabis use, and had negative opinions about cannabis.

Youth Research Academy reflections

After reviewing the comments on the BC AHS, we think schools should make sure they don't punish youth who use cannabis. Suspensions are not helpful at all—they can even be a reward, or just give youth more time to use cannabis. Instead, provide support and information. Offer help that the youth can choose to accept if they want. Youth are interested in accurate, transparent information that isn't trying to scare them. It would also be helpful to have a class on substances and how they can affect you, and how to know the difference between recreational use and problematic use.

Youth Research Academy reflections

It might be that fewer youth wrote about cannabis in 2018 because of legalization. Since cannabis was about to be legalized in 2018, it might not have been as much of a hot topic as it was in 2013.

YOUTH RESEARCH ACADEMY'S KEY FINDINGS AND RECOMMENDATIONS

Members of McCreary's Youth Research Academy identified the findings they thought were most important for policy makers and other adults to know, and explained why they thought these were the most important ones to focus on to best support youth. Overall, they felt the findings show the need to focus on building resiliency, promoting protective factors, and reducing risk factors.

Three quarters of youth had never used cannabis.

Policy makers should recognize that not all youth use cannabis, and the percentage who do so is not increasing.



In every generation there is always a demonizing of teenagers—this stat shows that not all youth are using marijuana.”

There are regional variations in cannabis use.

Focus resources where they are most needed – not just for cannabis but for mental health and medical issues, which can lead youth to self-medicate with cannabis.



When you have a problem and can't get the help you need, it makes you desperate and you will try anything to feel better.”

Youth who had supportive friends were less likely to use cannabis frequently.

There should be more opportunities for youth to learn how to support their friends. There should also be more opportunities for youth to make positive friendships with youth who are less likely to use cannabis, such as by providing access to no-cost sports and other after-school activities.

Youth who felt their activities were meaningful, and their ideas were listened to and valued, were less likely to use cannabis frequently.

This illustrates the impact that boredom and a lack of meaningful connection can have. It highlights the need to support youth to be able to try different hobbies and be engaged in extracurricular activities.

Youth with a history of trauma were more likely to have used cannabis at an early age.

This finding shows the need to have more trauma-informed supports available for youth, and to have more adults trained in trauma-informed approaches (including teachers and health care workers).

These adults should understand that youth with a history of abuse and trauma can find it difficult to reach out for help. They should do things to help youth feel comfortable and to build a relationship by taking part in activities that youth are interested in, such as playing video games.

Youth who experienced poverty and deprivation were more likely to use cannabis because they felt stressed or down.

It is important to teach youth healthy coping skills and how to manage emotions without substances. However, it is also important to address poverty and deprivation. For example, school breakfast and lunch programs should be provided, as it is hard for youth to work on developing healthy coping skills if their basic needs are not met.

Some youth who used cannabis could not participate in extracurricular activities because they could not afford to or were too anxious.

These findings show the need for extracurricular activities that are accessible, adaptable, and can meet the needs of young people dealing with challenges, such as social anxiety and the effects of poverty.

Most youth who use cannabis do so to have fun.

Knowing the reasons youth use cannabis is important, and means that responses can be tailored to this.

Experimenting is part of being a teenager and should not be blown out of proportion by adults who probably also experimented with something when they were younger.



Experimenting does not equal a big horrible epidemic.”

YOUTH RESEARCH ACADEMY’S SUMMARY

It is important to educate youth about the effects of cannabis, and how to access supports if they want to stop or reduce their use. However, supporting youth to learn how to access accurate information is not sufficient on its own. It is also important to make sure youth are supported to find healthy coping mechanisms, and to address the root causes of any problematic use – such as poverty, trauma, and disadvantage.

CONCLUSION

Identifying the reasons youth use cannabis—and who is most at risk for using in ways that are problematic or which can be harmful now and in the future—can ensure we are better able to support young people who use cannabis to make the safest choices possible.

This report has shown that the reasons youth use cannabis are complex. There is no clear threshold at which use is 'good' or 'bad', although more frequent use did appear to be associated with youth reporting more problems with their use and a greater risk of harms. It is therefore important to understand each young person's unique experiences, the context in which they are using cannabis, and their relationship with cannabis to gain a better understanding of their choices and the supports they might require.

The BC Ministry of Health has identified the need to focus on four key areas: Providing effective substance use education, promoting healthy activity (which includes building social connections and providing opportunities for meaningful engagement), focusing on equity and justice, and supporting adults to create positive environments for youth. The data in this report clearly supports those suggestions.

Young people are currently growing up in a province where they are exposed to cannabis, alcohol, and other substances on a regular basis, often within their homes, schools, and communities. Supporting them to interact with these substances in a healthy way, and to understand the potential harms, is key to addressing the issues which have been highlighted in this report, and will allow youth to make informed decisions about their substance use.

Youth might receive what appears to be conflicting information about the benefits and risks associated with a substance such as cannabis. Ensuring they are able to identify reliable sources of information, understand how to reduce risk and optimize wellness, have opportunities to ask questions, and have those questions answered respectfully and empathetically are key to supporting their healthy development.

In addition to ensuring that youth, their parents/guardians, and other adults they interact with are knowledgeable about cannabis, it is important to ensure they have access to the resources and opportunities they need to thrive. Members of McCreary's Youth Research Academy who participated in the preparation of this report offered their suggestions on how this can be achieved.

This report has shown that frequency of use seems to be influenced by factors such as poverty, deprivation, victimization, and trauma. The findings suggest that rather than focusing on cannabis as a substance which youth should avoid, attention should be turned to addressing social determinants of health and the inequities that exist in BC.

Cannabis has been legalized since the data for this report was collected. It will be important to continue to survey youth and engage them in a dialogue about this substance as part of a broader conversation about their health and development.

RESOURCES

Infographic poster and PowerPoint of the results



An infographic poster of this report is available at www.mcs.bc.ca. A PowerPoint of the findings is also available to anyone wishing to share the results, and McCreary staff are available to conduct in-person and web-based presentations of the results.

Youth Research Academy poster



The Youth Research Academy have created a poster of the findings aimed at youth.

Beyond health education: Preventing problematic substance use by enhancing students' well-being



The Government of Canada has issued a number of resources aimed at schools and others wanting to support youth in the area of cannabis use: www.canada.ca/en/public-health/services/beyond-health-education-preventing-substance-use-enhancing-students-well-being/infographic.html.

iMinds curriculum



iMinds is a curriculum which encourages students to think critically about their current beliefs, attitudes, and behaviours towards cannabis and other substances.

To accompany this report, the Canadian Institute for Substance Use Research (CISUR) created the following lessons to talk to youth about cannabis use:

- <https://www.uvic.ca/research/centres/cisur/assets/docs/iminds/drug-blunt-talk-reasons.pdf>
- <https://www.uvic.ca/research/centres/cisur/assets/docs/iminds/drug-blunt-talk-risk-management.pdf>
- <https://www.uvic.ca/research/centres/cisur/assets/docs/iminds/drug-blunt-talk-cann-alcohol-vaping.pdf>

Additional resources



Additional resources about cannabis use created by the CISUR are available at www.uvic.ca/research/centres/cisur/publications/cannabis-resources/index.php.

APPENDIX

Each table begins with Health Authority comparisons. Superscripts indicate Health Authority regions for which the percentage estimate was statistically different. For example, Vancouver Coastal (D) and Fraser (E) youth were less likely than youth in the Northern (A), Interior (B), and Vancouver Island (C) to report having used cannabis. However, there were no significant differences between the Northern (A), Interior (B), and Vancouver Island (C), or between Vancouver Coastal (D) and Fraser (E).

Comparisons at the Health Service Delivery Area (HSDA) level compare the HSDAs which are in each Health Authority. For example, Northwest (F) is compared against Northeast (G) and Northern Interior (H), but not against HSDAs which are not in the Northern Health Authority.

Appendix 1: Regional comparisons of ever used cannabis, exclusively used cannabis, and used cannabis in the past month

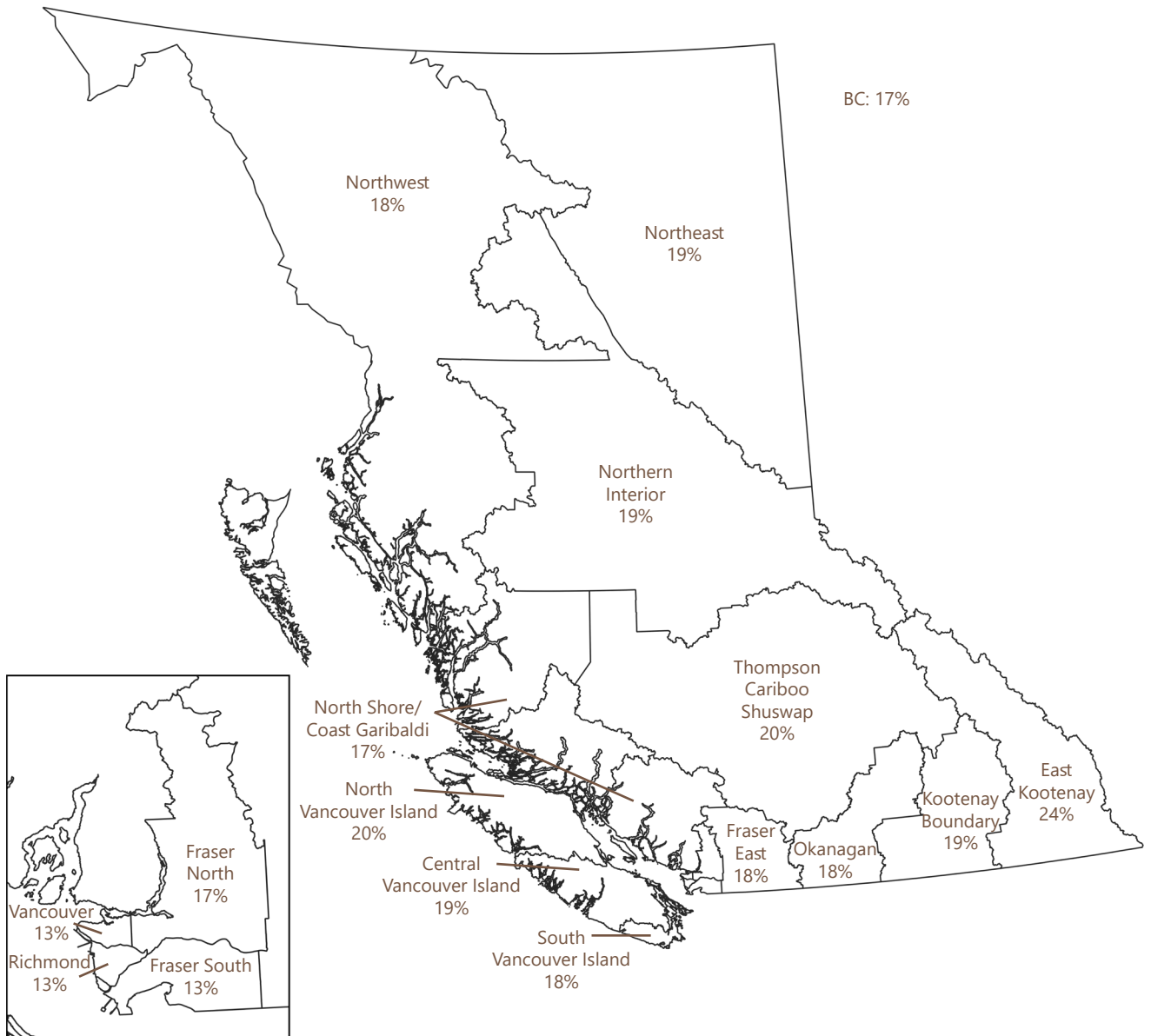
	Ever used cannabis (among all youth)	Exclusively used cannabis (among youth who had used cannabis)	Used cannabis in the past month (among youth who had used cannabis)	Used cannabis on 20 or more days in the past month (among current users)
Health Authority				
Northern (A)	32% ^{D,E}	4% ^E	59%	19%
Interior (B)	34% ^{D,E}	3% ^{C,E}	59% ^E	20% ^{D,E}
Vancouver Island (C)	32% ^{D,E}	5% ^B	64%	19%
Vancouver Coastal (D)	20% ^{A,B,C}	4%	62%	15% ^B
Fraser (E)	21% ^{A,B,C}	6% ^{A,B}	63% ^B	16% ^B
Health Service Delivery Areas continued on next page				

Appendix 1 continued

	Ever used cannabis (among all youth)	Exclusively used cannabis (among youth who had used cannabis)	Used cannabis in the past month (among youth who had used cannabis)	Used cannabis on 20 or more days in the past month (among current users)
Health Service Delivery Areas				
Northern HSDAs				
Northwest (F)	42% ^{G,H}	6% ^{H, G}	62%	18%
Northeast (G)	26% ^F	NR ^F	54%	19%
Northern Interior (H)	30% ^F	3% ^{F, G}	60%	19%
Interior HSDAs				
Thompson Cariboo Shuswap (I)	34%	4%	62%	20%
Okanagan (J)	32% ^K	3%	59%	18%
Kootenay Boundary (K)	40% ^{J,L}	4%	59%	19%
East Kootenay (L)	33% ^K	3%	55%	24%
Vancouver Island HSDAs				
North Vancouver Island (M)	37% ^O	8%	66%	20%
Central Vancouver Island (N)	33%	5%	63%	19%
South Vancouver Island (O)	30% ^M	4%	63%	18%
Vancouver Coastal HSDAs				
North Shore/ Coast Garibaldi (P)	32% ^{Q,R}	3% ^Q	62%	17%
Vancouver (Q)	15% ^P	5% ^P	58% ^R	13%
Richmond (R)	15% ^P	8%	69% ^Q	13%
Fraser HSDAs				
Fraser North (S)	20% ^U	6%	61%	17%
Fraser South (T)	20% ^U	7%	66%	13%
Fraser East (U)	27% ^{S,T}	6%	60%	18%

NR: Not releasable due to the risk of deductive disclosure.

Appendix 1a: Map of youth who used cannabis on 20 or more days in the past month (among current cannabis users)



Note: Not all differences between HSDAs were statistically significant.

Appendix 2: Regional comparisons of age of first use, used for two or more years, and used cannabis and vaped in the past month

	First used cannabis at age 12 or younger (among youth who had used cannabis)	First used cannabis at age 15 or older (among youth who had used cannabis)	Used cannabis for 2 or more years (among current users)	Used cannabis in the past month and vaped in the past month (among all youth)
Health Authority				
Northern (A)	19% ^{D,E}	41% ^{D,E}	55%	14% ^{D,E}
Interior (B)	18% ^{D,E}	41% ^{D,E}	53%	16% ^{D,E}
Vancouver Island (C)	17% ^{D,E}	43% ^{D,E}	53%	16% ^{D,E}
Vancouver Coastal (D)	9% ^{A,B,C}	51% ^{A,B,C}	50%	10% ^{A,B,C}
Fraser (E)	11% ^{A,B,C}	52% ^{A,B,C}	49%	11% ^{A,B,C}
Health Service Delivery Areas				
Northern HSDAs				
Northwest (F)	23%	34% ^G	60% ^G	20% ^{G,H}
Northeast (G)	16%	51% ^F	46% ^F	9% ^{F,H}
Northern Interior (H)	17%	41%	56%	15% ^{F,G}
Interior HSDAs				
Thompson Cariboo Shuswap (I)	20%	38% ^J	51%	17%
Okanagan (J)	15%	45% ^{I,K}	52%	16%
Kootenay Boundary (K)	20%	36% ^J	61%	19% ^L
East Kootenay (L)	17%	38%	60%	14% ^K
Vancouver Island HSDAs				
North Vancouver Island (M)	23% ^{N,O}	37% ^O	56%	20% ^O
Central Vancouver Island (N)	15% ^M	42%	55%	17%
South Vancouver Island (O)	15% ^M	46% ^M	51%	14% ^M
Vancouver Coastal HSDAs				
North Shore/ Coast Garibaldi (P)	10% ^R	50% ^R	55%	16% ^{Q,R}
Vancouver (Q)	9% ^R	48% ^R	49%	7% ^P
Richmond (R)	4% ^{P,Q}	62% ^{P,Q}	40%	9% ^P
Fraser HSDAs				
Fraser North (S)	11% ^{T, U}	54% ^U	52%	10%
Fraser South (T)	7% ^{S, U}	55% ^U	45%	11%
Fraser East (U)	20% ^{S,T}	45% ^{S,T}	54%	13%

Appendix 3: Regional comparisons of method of use the last time youth used cannabis

	Among youth who ever used cannabis			Among youth who used cannabis in the past month		
	Smoked it	Ate it in a cooked recipe	Other	Smoked it	Ate it in a cooked recipe	Other
Health Authority						
Northern (A)	88%	16%	6%	91%	16%	7%
Interior (B)	88%	16%	7%	91%	15%	7%
Vancouver Island (C)	90%	15%	5% ^D	92%	15%	5% ^D
Vancouver Coastal (D)	88%	14% ^E	8% ^{C,E}	90%	13% ^E	10% ^C
Fraser (E)	89%	17% ^D	6% ^D	91%	18% ^D	7%
Health Service Delivery Areas						
Northern HSDAs						
Northwest (F)	91%	16%	6%	93%	15%	7%
Northeast (G)	89%	14%	6%	91%	11%	9%
Northern Interior (H)	86%	18%	7%	90%	18%	6%
Interior HSDAs						
Thompson Cariboo Shuswap (I)	86% ^L	19% ^{K,L}	7%	89% ^L	17% ^L	8%
Okanagan (J)	88%	16% ^L	7%	91%	16% ^L	7%
Kootenay Boundary (K)	89%	13% ^I	7%	92%	13%	7%
East Kootenay (L)	92% ^I	9% ^{I,J}	6%	95% ^I	7% ^{I,J}	5%
Vancouver Island HSDAs						
North Vancouver Island (M)	89%	15%	7%	92%	14%	8%
Central Vancouver Island (N)	89%	15%	5%	91%	15%	5%
South Vancouver Island (O)	90%	15%	4%	92%	15%	4%
Vancouver Coastal HSDAs						
North Shore/ Coast Garibaldi (P)	88%	13%	8%	90%	12%	9%
Vancouver (Q)	89%	14%	8%	92%	13%	9%
Richmond (R)	86%	14%	10%	88%	12%	12%
Fraser HSDAs						
Fraser North (S)	90%	16%	6%	90%	18%	8%
Fraser South (T)	87%	19%	6%	89%	19%	6%
Fraser East (U)	91%	16%	5%	94%	18%	6%

Appendix 4: Regional comparisons of most common reasons for using substances the last time youth used them (among exclusive cannabis users)

Reasons for using cannabis the last time:	Wanted to try it/ experiment	Wanted to have fun	Because my friends were doing it	Because of stress	Felt down or sad
Health Authority					
Northern (A)	40%*	45%*	22%*	NR	NR
Interior (B)	58%*	30% ^E	23%*	25%	23%
Vancouver Island (C)	54%*	39%*	26%	23%	22%
Vancouver Coastal (D)	52%*	44%*	38%*	18%	17%
Fraser (E)	50%	45% ^B	31%*	27%	18%

NR: Not releasable due to the risk of deductive disclosure.

*Percentage should be interpreted with caution as the standard error was higher than expected but is still within the releasable range.

Note: HSDA percentages were not included because they were not releasable due to the risk of deductive disclosure.

Note: Youth could choose more than one reason.

Appendix 5: Regional comparisons of driving after using cannabis

	Ever drove after cannabis use (among youth who had used cannabis)	Drove after cannabis use in the past month (among youth who had used cannabis)
Health Authority		
Northern (A)	19% ^{C,D,E}	9% ^D
Interior (B)	16% ^D	7%
Vancouver Island (C)	13% ^A	7%
Vancouver Coastal (D)	11% ^{A,B}	6% ^A
Fraser (E)	14% ^A	8%
Health Service Delivery Areas		
Northern HSDAs		
Northwest (F)	19%	9%
Northeast (G)	15%	6%
Northern Interior (H)	21%	10%
Interior HSDAs		
Thompson Cariboo Shuswap (I)	15%	7%
Okanagan (J)	16%	8%
Kootenay Boundary (K)	16%	8%
East Kootenay (L)	16%	6%
Vancouver Island HSDAs		
North Vancouver Island (M)	18%	8%
Central Vancouver Island (N)	13%	6%
South Vancouver Island (O)	11%	7%
Vancouver Coastal HSDAs		
North Shore/Coast Garibaldi (P)	13%	7%
Vancouver (Q)	9%	5%
Richmond (R)	12%	8%
Fraser HSDAs		
Fraser North (S)	13%	8%
Fraser South (T)	14%	7%
Fraser East (U)	15%	10%

Appendix 6: Comparison of infrequent and frequent cannabis users

	Among youth who used cannabis on	
	1 or 2 days in the past month	20 or more days in the past month
Problematic cannabis use		
Experienced three or more negative consequences from their cannabis use in the past year	26%	54%
Ever drove after using cannabis	9%	47%
Needed help for their cannabis use in the past year	5%	38%
Use of other substances		
Smoked tobacco on a daily basis in the past month	3%	23%
Vaped in the past month	76%	83%
Had more than two drinks on at least three days in the past week	5%	17%
Used both alcohol and cannabis last Saturday	14%	58%
Ever used substances other than alcohol or cannabis	29%	77%
Physical health		
Rated their health as good/excellent	75%	59%
Ate fruit and/or vegetables the day before the survey	91%	84%
Ate fast food the day before the survey	52%	61%
Ate three meals a day on school days	23%	10%
Slept fewer than five hours the night before the survey	8%	14%
Mental health		
Rated their mental health as good/excellent	60%	48%
Felt happy most or all the time in the past month	55%	47%
Felt extreme despair in the past month	12%	18%
Attempted suicide in the past year	8%	16%
Missed school in the past month due to their mental health	28%	43%
School		
Skipped classes on three or more days in the past month	19%	40%
Had plans to pursue post-secondary education	83%	64%
Community activities		
Participated in weekly organized sports in the past year	52%	35%
Did not participate in extracurricular activities because they could not afford to participate	15%	26%
Did not participate in extracurricular activities because they were too anxious or depressed	20%	28%
Were meaningfully engaged in their activities	66%	50%

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