

# BLUNT TALK III

Cannabis use among BC youth aged 12-18



McCreary  
Centre Society

We gratefully acknowledge that the McCreary Centre Society is located on the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the xwməθkwəy'əm (Musqueam), Skwxwú7mesh (Squamish), and Səl'ílwətaʔ/Selilwitulh (Tseil-Waututh) Nations. We also acknowledge the ancestral and continuing connection to this land of the Métis Nation.

# BLUNT TALK III

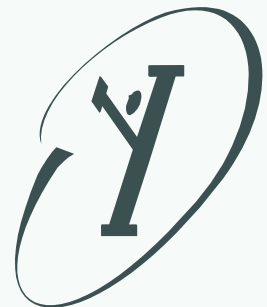
Cannabis use among BC youth aged 12–18

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Copies of this report are available at: [mcs.bc.ca](https://mcs.bc.ca).  
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We are also grateful to the advisory committee for the project:

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Quotes appear throughout the report from  
2023 BC AHS participants.

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# KEY FINDINGS

This is the first Blunt Talk report to be produced since cannabis was legalized for adults following completion of the 2018 BC Adolescent Health Survey (BC AHS). Findings from the 2023 BC AHS showed that the percentage of youth who had tried cannabis was the lowest in 25 years, and decreased from 25% in 2018 to 22%.

- 2023 was the first year females were more likely to have tried cannabis than males. They were also more likely to have first used it at age 14 or younger (58% vs. 53% of males; among those who had tried it), and to report needing help for their use.
- Youth were less likely to have tried cannabis than to have tried alcohol. However, those who had tried cannabis were more likely than those who had tried alcohol to go on to use the substance regularly, and to report needing help for their use. For example, 15% of those who had tried cannabis had used it on 20 or more days in the past month, whereas 2% of those who had tried alcohol drank on this many days.
- Compared to 5 years earlier, youth who used cannabis were less likely to have smoked it (73% vs. 88% in 2018), and were more likely to have eaten it (23% vs. 16%) the last time they used cannabis.
- Youth under the age of 19 are not permitted to purchase cannabis. However, 10% of youth aged 12–18 had bought cannabis at a store and 3% had purchased it online. The percentage who had bought cannabis from a store ranged from 9% in Vancouver Island and Fraser to 13% in the North.
- As in previous survey years, youth commonly reported that the reasons for their most recent cannabis use were to experiment, have fun, and because their friends were doing it. However, they also reported using cannabis to manage symptoms of stress, feeling down or sad, and physical pain.
- Among youth who had exclusively used cannabis (and no other substances), 30% reported negative consequences of their substance use in the past year. This included 14% who had done something they could not remember, and 11% who had passed out.
- Among youth who had used cannabis, 12% had driven a vehicle after using it. This percentage was the lowest in 15 years. There was also a decrease from 5 and 10 years earlier in those who had been a passenger in a vehicle with a cannabis-impaired driver (e.g., 42% vs. 45% in 2013).
- Despite the overall decrease in the percentage of youth who had tried cannabis, there was an increase in those who had used it on 20 or more days in the past month. Also, youth in 2023 were more likely to report their use had reached a point in the past year where they needed help (17% of those who had tried cannabis vs. 10% in 2018 and 2013).
- The longer youth had been using cannabis, the more likely they were to have used it recently and regularly and to report needing help for their use. For example, among 16- to 18-year-olds, 30% who were 12 or younger when they first used cannabis needed help in the past year, compared to 23% of those who were 13 or 14 when they first tried cannabis and 8% who were 15 or older when they first tried it.
- Among youth aged 16–18, those who delayed their first cannabis use until at least age 15 or had not used recently reported more positive health and well-being than those who started earlier and/or used recently.
- Youth who had never used cannabis reported the most positive health and well-being, and those who had used it on 6 or more days in the past month reported the least positive.
- Adverse experiences were associated with youth using cannabis. However, those who had a range of protective factors in their life—such as supportive adults in their school and community—were less likely to have tried cannabis, and those who had tried it were less likely to have used it recently and regularly. Also, the more of their basic needs that were met, the less likely youth were to use cannabis recently and regularly.

# INTRODUCTION

*"I want to learn more about  
cannabis usage in youth."*

– 15-year-old youth

This report is the third to consider cannabis use among youth in British Columbia using data from the BC Adolescent Health Survey (BC AHS). It is the first to use data collected since non-medical cannabis use was legalized for adults in Canada in 2018.

## About the survey

The BC AHS is a self-report survey which asks about health risks and health promoting behaviours. The survey has been administered in BC schools approximately every 5 years since 1992.

The 2023 BC AHS was the seventh wave of the survey, and was completed by youth aged 12–19 in 2,316 classrooms in 59 of BC's 60 school districts. As cannabis use is legal for 19-year-olds, this report focuses on the 38,277 students aged 12–18 who completed the survey.

A fact sheet detailing the methodology and response rates for the BC AHS is available at: [mcs.bc.ca/pdf/2023\\_bcahs\\_factsheet\\_methodology.pdf](https://mcs.bc.ca/pdf/2023_bcahs_factsheet_methodology.pdf).

## About this report

All comparisons and associations in this report are statistically significant at  $p < .05$ . This means there is less than a 5% likelihood that any of these results occurred by chance.

Results are rounded to whole percentages. This may mean that reported results do not always total 100%.

Where it is not obvious, differences in tables or charts that are not statistically significant are noted.

If a finding could have been influenced by age, additional analyses were conducted to ensure it was not age that was driving the results. For example, older youth were more likely than younger ones to work at a paid job, so additional analyses were conducted to ensure the association between youth working at a paid job and regular cannabis use was still present after controlling for age.

Any percentage that is marked with an asterisk (\*) should be interpreted with caution as the standard error was higher than others but still within the releasable range.

In February 2025, youth attached to McCreary's various local and provincial youth groups reviewed the findings in this report and provided their perspectives on the results. Additional discussions took place with youth in Burnaby and in several communities on Vancouver Island, as well as in a substance use treatment program in Surrey. In total, over 120 youth participated in the discussions, and their reflections are included throughout the report. These youth were diverse in terms of gender identity and sexual orientation, Indigenous and other racialized identities, health conditions and disabilities, and experiences living in urban and rural communities in each of the five regions of the province.

## Limitations

The BC AHS is considered representative of 97.6% of youth in Grades 7–12 (aged 12–19) in mainstream schools across the province. However, findings may not be representative of all youth in this age range. For example, the BC AHS does not include students who had a health challenge or learning need that prevented them from completing the survey, were attending independent schools, or were home-schooled. Also, the survey was only available in English and French.

The findings do not include students who were absent on the day the survey was administered. As a result, some youth who used cannabis may not have completed the survey, as survey findings suggest that youth who use cannabis regularly may be more likely to miss school (see [pages 46 & 47](#)).

Non-binary youth were considered in all gender analyses. However, the percentage estimates could not always be reliably reported, partially due to the smaller sample size.

In 2018, the BC AHS asked youth if they had been prescribed cannabis for medical use, and 1% of all BC youth had this experience. This question was not included on the 2023 survey, so it is unknown what percentage of youth who reported using cannabis in 2023 had specifically been prescribed cannabis.

The wording of some survey questions has changed over the years to reflect current terminology. It is unknown if these changes may have affected students' responses.

The survey question about vaping was intended to gather information about the use of vape juice. It is unknown if some youth may have endorsed this item because they had vaped cannabis. However, youth who reviewed the report thought it was unlikely that survey respondents would have confused the two. One stated:

*“Vaping cannabis is still called ‘smoking cannabis’ or ‘taking a hit off a dab pen.’ It’s not vaping!”*

The report refers to the length of time recent cannabis users had been using cannabis. This was calculated based on the length of time since they reported first using cannabis. However, it is unknown if they used cannabis continually during this time.

This report provides associations. The direction of these relationships cannot be determined and may be bidirectional. For example, youth who used cannabis were more likely to report mental health challenges, and also those with mental health challenges were more likely to use cannabis.



# Glossary

- **Exclusive cannabis use/exclusive users** are youth who had used cannabis but had not tried alcohol, tobacco, or any other substance (such as cocaine or ecstasy).
- **Gender** categories of ‘male’, ‘female’, and ‘non-binary’ are used to describe the three gender groups used in the analysis. Non-binary youth were those who did not identify as male or female, or who were questioning their gender identity. These terms reflect the preference of BC youth who participated in discussions about terminology for the 2023 BC AHS, and did not want to be referred to as boys and girls.
- **Needed help for cannabis use** refers to youth who felt or had been told that they needed help for their cannabis use in the past 12 months.
- **Past year/past 12 months and past month/past 30 days** are used interchangeably for these time periods.
- **Protective factors** are relationships and conditions in a youth’s life that are associated with a higher likelihood of positive outcomes. Protective factors can also reduce the negative impact of adverse experiences.
- **Purging** refers to youth who reported vomiting on purpose after eating in the past 12 months.
- **Recent use** of a substance refers to using that substance in the past 30 days.
- **Regular use** refers to using a substance on at least 6 days in the past month, unless otherwise noted.
- **Youth Deprivation Index** is an 11-item index of material deprivation developed with BC youth to identify the items they feel they need to belong, and which if they do not have can lead them to feel excluded.
- ‘Youth’ and ‘student’ are used interchangeably to refer to BC AHS participants aged 12–18.

# BC YOUTH WHO HAD TRIED CANNABIS

*"I did weed twice, only got high once."*

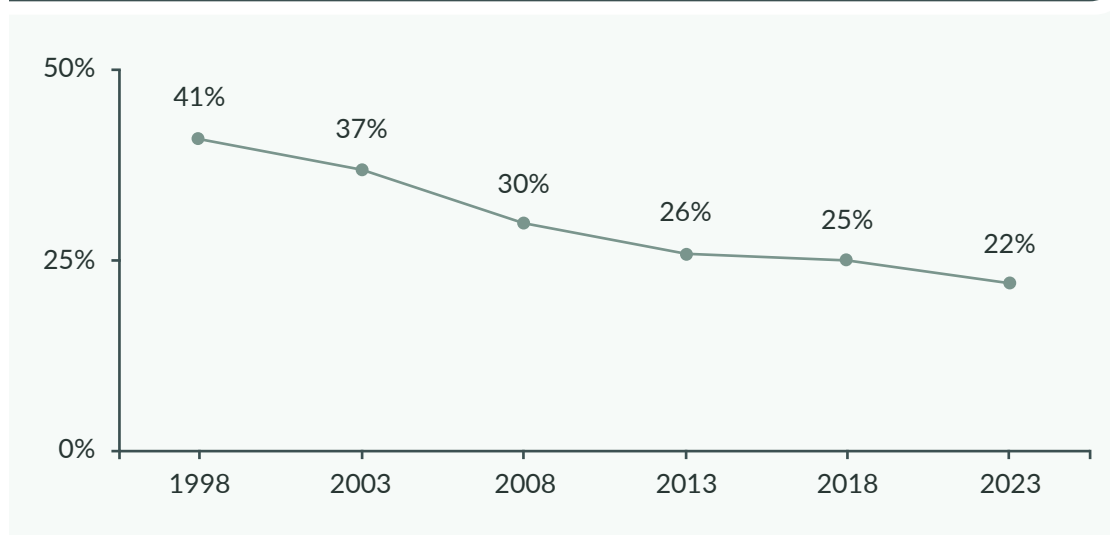
– 15-year-old youth

*"I wanted to experience it once and not have any curiosity about it."*

– 17-year-old youth

In 2023, 22% of BC youth had ever used cannabis (around 8,000 survey respondents). This was a lower percentage than in all previous survey years since 1998, and reflected a decrease since cannabis was legalized for adults immediately following the 2018 BC AHS.

## Trends in youth who had tried cannabis



Note: The difference between 2013 and 2018 was not statistically significant.

## Age youth first tried cannabis

*"I want to learn more about weed."*

– 13-year-old youth

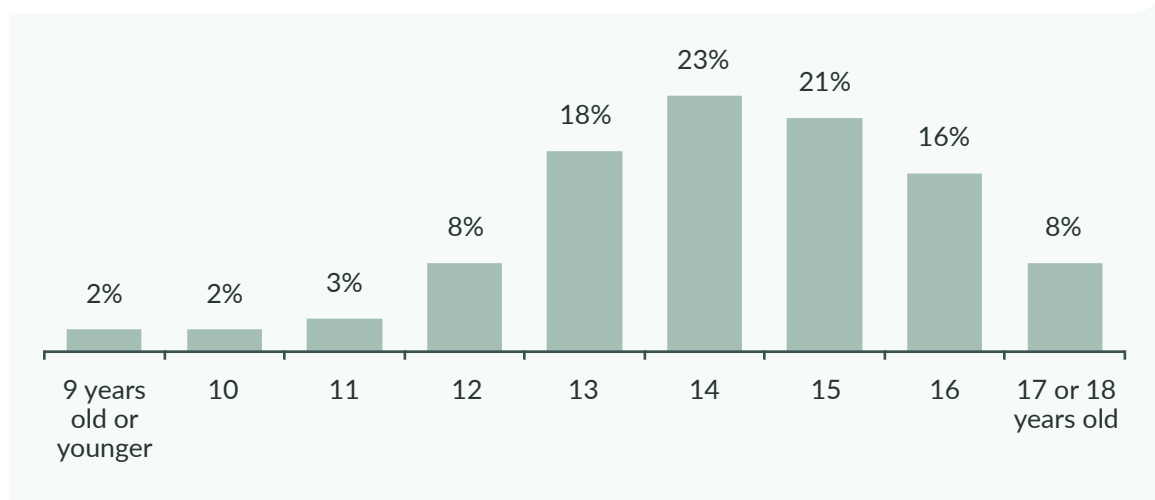
*"The one time I smoked weed was when I was young and dumb. I did it once and have never done it again."*

– 16-year-old youth

As might be expected, older youth were more likely to have tried cannabis than younger ones. For example, 3% of youth aged 12 or younger had tried cannabis, compared to 22% of 15-year-olds and 42% of 18-year-olds.

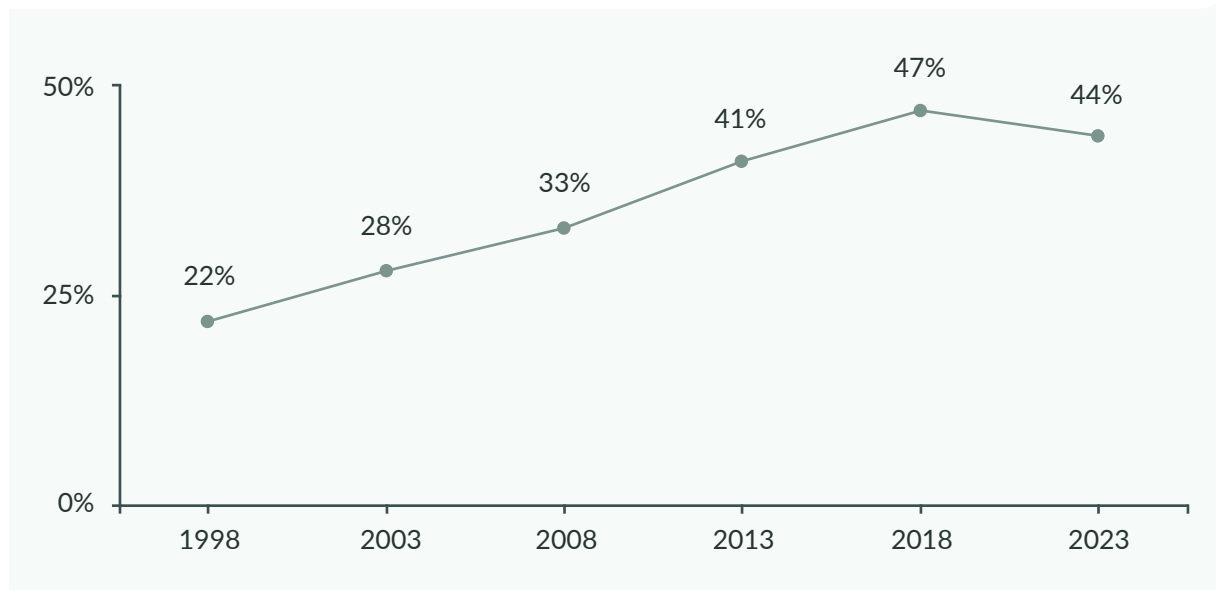
Youth who had used cannabis were asked how old they were when they first tried it. Reflecting results over the past decade, the most common ages youth first tried cannabis were 14 and 15 years old.

Age students first used cannabis (among those who had tried it)



From 1998 to 2018, there was a steady increase in youth who waited until they were at least 15 years old to first use cannabis. However, this trend did not continue in 2023, and the percentage decreased.

### Youth who waited until they were 15 years or older to first try cannabis (among those who had used cannabis)

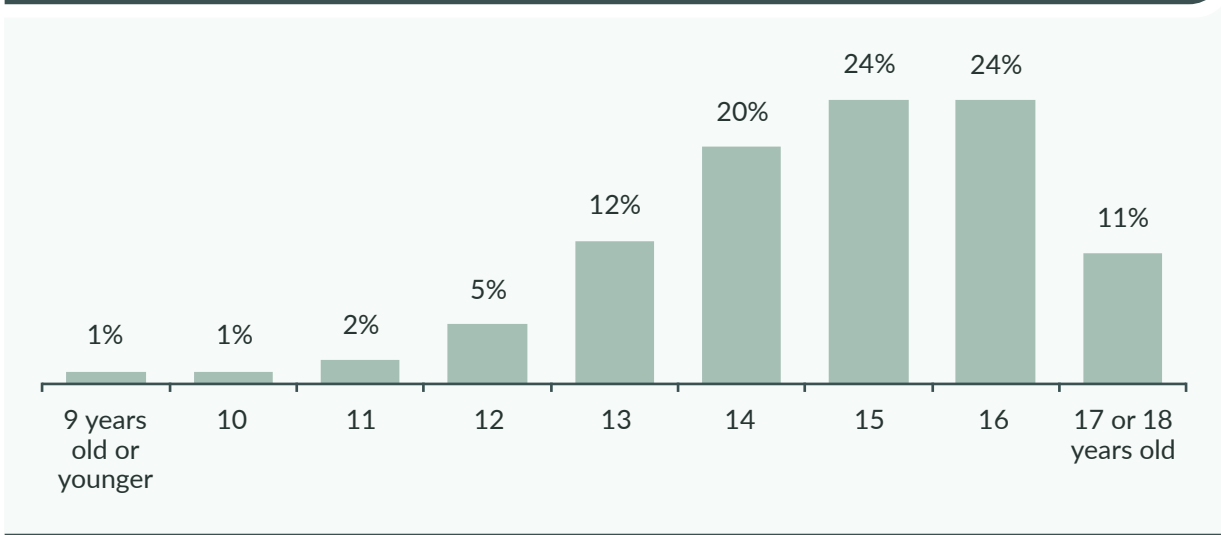


The decrease between 2018 and 2023 in youth waiting until they were 15 or older to first try cannabis was only seen for females, as rates for males and non-binary youth remained stable. Also, for the first time since 1998, there was an increase in females who initially used cannabis at age 14 or younger (e.g., 58% vs. 53% in 2018).

In 2023, females were more likely than males to have first used cannabis at age 14 or younger (58% vs. 53% of males; among those who had tried it). Non-binary youth were the most likely to have used cannabis before their 13<sup>th</sup> birthday (e.g., 25% vs. 15% of females).

As the BC AHS is a snapshot of youth aged 12 and older, the results for those aged 16–18 were analyzed to consider the age that older youth first started using cannabis. They had most commonly first used it at 15- and 16-years-old. However, there was a decrease in the percentage who waited until they were 15 or older to first use it (59% vs. 64% in 2018), and an increase in females who had first used at age 12 or younger (8% vs. 6% in 2018).

### Age that 16–18-year-olds first used cannabis (among those who had tried cannabis)



# Demographic differences in ever trying cannabis

## Gender differences

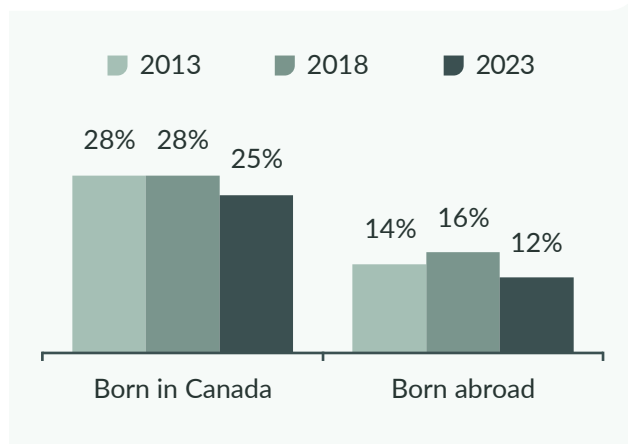
The decrease between 2018 and 2023 in youth trying cannabis was seen for males and females. However, 2023 was the first year when females were more likely than males to have tried cannabis (24% vs. 20%). In contrast, in 2013 males were more likely than females to have tried cannabis (26% vs. 25%); and they tried it at similar rates in 2018.

In 2023, non-binary students had tried cannabis at comparable rates to non-binary students in 2018, as well as to females in 2023.

## Cultural differences

Canadian-born youth have historically been more likely than those born abroad to have tried cannabis. This remained the case in 2023, as 25% of those born in Canada had tried it, compared to 12% of those born abroad. However, rates of trying cannabis were lower in 2023 than in previous survey years for both populations.

Rates of trying cannabis decreased in 2023 for youth born in Canada and those born abroad



Youth of some racial identities were more likely to have tried cannabis. For example, youth who identified as White or Indigenous were more than three times as likely to have tried cannabis as those who identified as Asian. There were also differences in trying it by family background.

Youth who had tried cannabis by family background

African	23%
Australian, Pacific Islander	26%
Caribbean	30%
East Asian	9%
European	32%
Indigenous	38%
Latin, South, Central American	27%
Middle Eastern	14%
South Asian	10%
Southeast Asian	15%
Other background	22%
Did not know background	21%

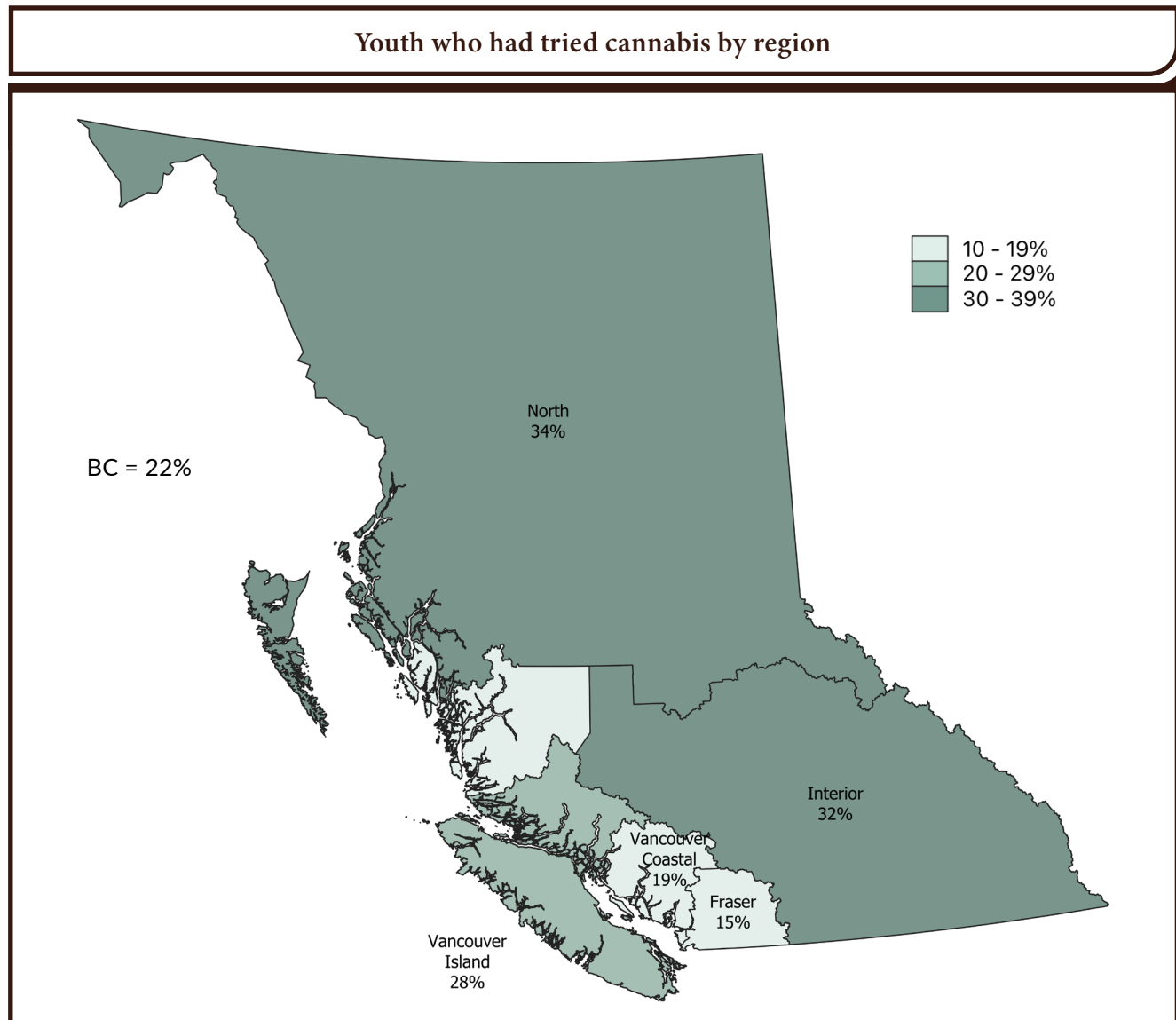
Note: Youth could mark all that applied.

## Geographical differences

Consistent with results over the past 15 years, youth attending schools in urban areas were less likely to have tried cannabis than those attending schools in rural areas (21% vs. 34% in 2023).

There were also some regional differences. Youth in the Fraser region were the least likely to have tried cannabis (15%), and those in the North and Interior were the most likely to have done so (e.g., 34% in the North). At the more localized Health Service Delivery Area (HSDA) level, rates of trying cannabis ranged from 9% in Richmond to 39% in Northwest and Kootenay Boundary (see [Appendix 1](#) for a map with HSDA rates).

Compared to 5 years earlier, there was a decrease in the percentage of youth who had tried cannabis in the Fraser (15% vs. 21% in 2018) and Vancouver Island (28% vs. 32%) regions, while rates in the other regions were comparable to 2018.



Note: The difference between the North and the Interior was not statistically significant.

## Youth who were more likely to have tried cannabis

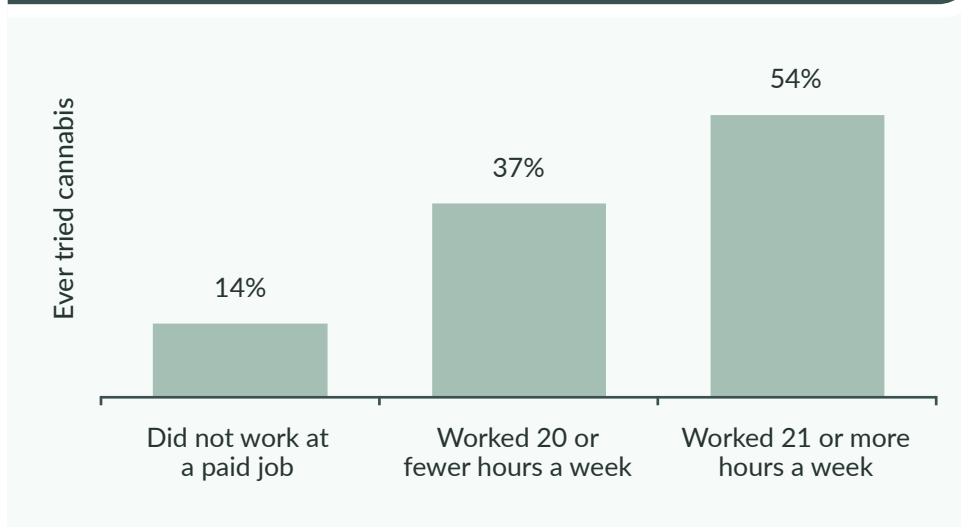
*"I use cannabis to medicate for ADHD and Tourette's. It helps control the hyperactivity."*

- 15-year-old youth

In addition to gender, age, cultural, and geographical differences in youth who had tried cannabis, those who were more likely to have tried cannabis included youth who:

- Had experienced challenges in their life including material deprivation, housing instability, bereavement, victimization, and government care. For example, 42% of those with government care experience had used cannabis, compared to 21% without care experience.
- Had mental health challenges, such as PTSD (52% had used cannabis vs. 21% without PTSD) and extreme stress in the past month (40% vs. 20% who did not experience this level of stress).
- Were in a dating relationship in the past 12 months (36% vs. 12% who had not dated during this time).
- Worked at a paid job during the school year (38% vs. 14% of those who did not work during this time).

### Youth who had used cannabis in relation to working at a paid job during the school year



Note: Findings were consistent when age was controlled for.



## Is trying cannabis harmful?

*“Smoking weed really isn’t that bad. Drunk people cause more problems and are more angry than someone who is high and usually just chilling and smiling.”*

– 14-year-old youth

*“I wanted to try smoking weed within my own free will. Nothing bad happened. It was an interesting/fun experience that I had with a friend or two.”*

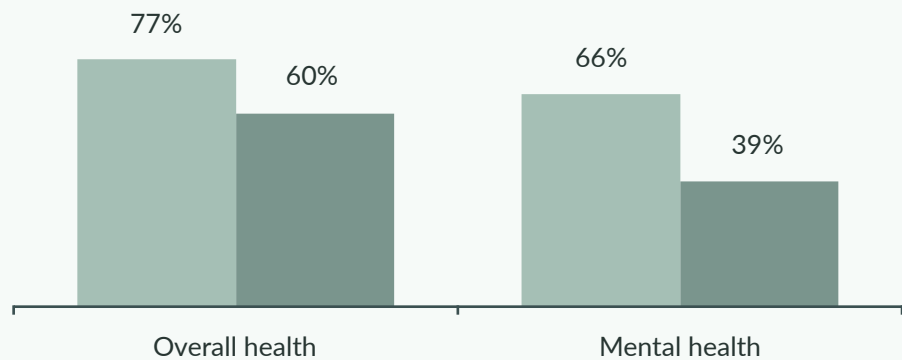
– 14-year-old youth

Trying cannabis can be a normative part of adolescent development. However, it is worth noting that there were some differences in the health and well-being of the 22% of youth who had tried cannabis compared to those who had never done so (even after controlling for age). For example, youth who had never used cannabis were more likely than those who had used it to rate their health and well-being positively.

The majority of youth who had used cannabis had done so recently (in the past month), and the potential harms associated with recent and regular use are explored in more detail later in this report.

### Youth who rated their health as good or excellent

■ Youth who had never used cannabis    ■ Youth who had used cannabis



## Youth's response to the data about those who had tried cannabis

Youth who reviewed the findings in this report said that cannabis was easy to access for those who wanted to use it. However, most felt that substance use was declining among young people, so were not surprised that the percentage who had tried cannabis was lower than in previous survey years. Some attributed the decrease to the COVID-19 pandemic, as youth no longer socialize or attend parties (where they would typically try cannabis) to the same extent as they would have done before lockdown. A few stated that it was less appealing to youth to use cannabis since legalization. However, they did feel that cannabis use had increased among adults since legalization in 2018.

*“Not much has changed since legalization except you see a surplus of [adults] who smoke cannabis, doing it openly now.”*

Asian youth were not surprised at the lower rates of cannabis use among youth of Asian descent. They explained that using cannabis was very much discouraged and stigmatized in Asian communities, whereas alcohol was normalized.

Similarly, youth in rural communities were not surprised that cannabis use was higher in those communities, as they felt it was common for youth to consume cannabis throughout the day using dab pens (vaping THC).

*“I wasn't surprised that cannabis use is higher in rural places. A lot of people smoke weed here. It's a pretty big thing.”*

It also resonated with youth that those who had gone through adverse experiences were more likely to have tried cannabis, because they would be looking for ways to help them cope with their feelings.

*“When things feel intolerable you will try anything to help make you feel better and manage the pain, even if you only do it once or twice and decide it's not for you. You will keep going until you find something that works for you whether it's pills or substances or something else.”*

# RECENT CANNABIS USE

Note: Recent use refers to using cannabis in the past 30 days. Results in this section are among youth who had used cannabis, unless otherwise noted.

Among the 22% of youth who had ever tried cannabis, the majority (61%) had used it in the past month. This percentage was comparable to 2018, and higher than in 2013 and 2008 (e.g., 58% in 2008).

Since 1998, males have generally been more likely than females to have used cannabis in the past month (e.g., in 2018, 64% of males had used in the past month vs. 60% of females). There was no such gender difference in 2023.

There were also few age or geographical differences in youth who used cannabis in the past month. However, youth in the North were more likely to have used it recently than those in Fraser (65% vs. 59%).

The longer youth had been using cannabis, the more likely they were to have used it recently. For example, those who first used cannabis 2 or more years ago were more likely to have used it in the past month (68% vs. 55% who first used it within the past 2 years).

## Used cannabis last Saturday

Around a third of youth (34%) who had tried cannabis used it on the Saturday before taking the survey (with no age differences). This was an increase from 32% in 2018 and 2013. As in 2018, males were more likely than females to have used cannabis that day (38% vs. 31%).

Youth in the North were generally the most likely to have used cannabis last Saturday (e.g., 41% of those who had tried it used last Saturday vs. 34% of Vancouver Island youth). They were also more likely to have done so than youth in the North 5 years earlier (41% vs. 33% in 2018). The percentage of Interior youth who used cannabis last Saturday also increased (38% vs. 32% in 2018), while rates in the other regions remained stable.

Among youth who had tried cannabis, 19% used both alcohol and cannabis last Saturday. This was comparable to 2018, and lower than in 2013 (22%). (Cannabis use in relation to alcohol and other substance use is discussed on [pages 28–33](#).)

## Regular cannabis use

*"I want to learn more about quitting weed."*

– 16-year-old youth

As noted earlier, 61% of youth who had tried cannabis had used it within the past month. They most commonly used it on 1 or 2 days that month.

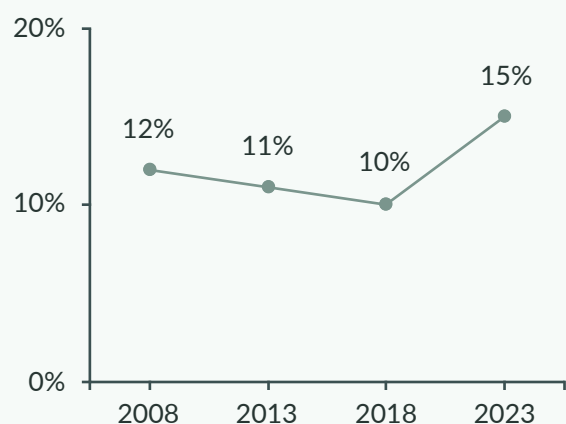
The percentage who used on 1 or 2 days decreased (22% vs. 27% in 2018), as did the percentage who used on 3 to 5 days (10% vs. 12% in 2018). In contrast, the percentage who used on 20 or more days increased from 10% in 2018 to 15%, including an increase in those who used daily (from 6% to 9%).

### Number of days youth used cannabis in the past 30 days (among those who had tried cannabis)

0 days	39%
1 or 2 days	22%
3–5 days	10%
6–9 days	6%
10–19 days	7%
20–29 days	6%
All 30 days	9%

Among youth who had tried cannabis, rates of using on 20 or more days ranged from 11% in Vancouver Coastal to 21% in the North.

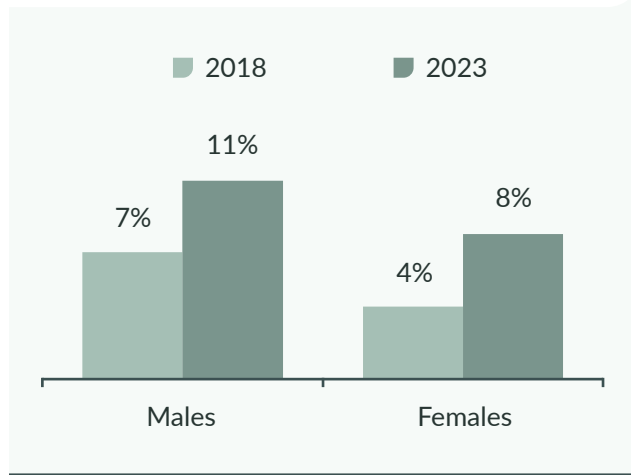
### Youth who used cannabis on 20 or more days in the past month (among those who had tried cannabis)



Note: The differences between 2013 and 2008/2018 were not statistically significant.

The increase between 2018 and 2023 in youth using cannabis on 20 or more days in the past month (among those who had tried it) was seen for males (18% vs. 13% in 2018), females (13% vs. 8%), and non-binary youth. This included an increase in males and females who used daily.

### Youth who used cannabis daily in the past month (among those who had tried cannabis)



## Youth more likely to use cannabis regularly

Note: Results in this section are among youth who had used cannabis, unless otherwise noted.

The majority of youth who had ever tried cannabis had also used it recently. Many of the same factors that predicted trying cannabis also predicted recent and regular use. For example, among youth who had tried cannabis, 46% of those with government care experience had used cannabis on at least 6 days in the past month (vs. 26% of youth who had not been in care). This included 31% who had used it on 20 or more days (vs. 14%).

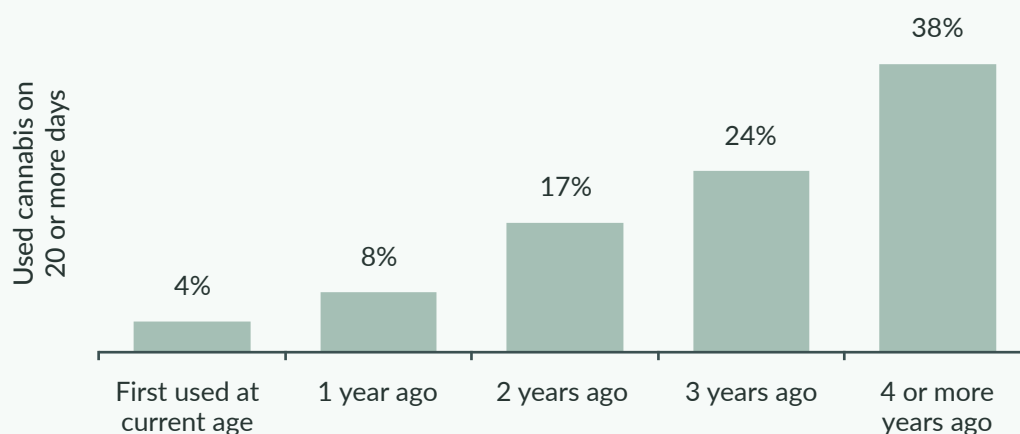
Other youth with adverse experiences who were more likely to go on to use cannabis on at least 6 days in the past month included those who had:

- Been physically abused (37% vs. 25% of those who had not had this experience), sexually abused (35% vs. 25%), and physically sexually harassed in the past year (31% vs. 25%).
- Experienced housing instability in the past year, including homelessness (54% vs. 27%), being kicked out (50% vs. 26%), running away (44% vs. 26%), and moving (33% vs. 27%).
- Experienced extreme despair (37% vs. 27%) and extreme stress (33% vs. 27%) in the past month.
- Been physically attacked by another youth at school or on the way to or from school in the past year (39% vs. 26%).
- Experienced bereavement due to violence (44% vs. 27%), an overdose (43% vs. 25%), and suicide (37% vs. 26%).
- Felt deprived of two or more items from the Youth Deprivation Index (38% vs. 26% who did not feel deprived).

In addition, youth were more likely to use cannabis on 6 or more days (including 20 or more days) in the past month if they had been in a dating relationship in the past year (31% vs. 22% of youth who had not dated during that time), and if they worked in excess of 20 hours a week (39% vs. 29% who worked fewer hours).

Finally, the longer youth had been using cannabis, the more likely they were to have used it recently and regularly, including on 20 or more days in the past month.

### The longer youth had been using cannabis, the more likely they were to use regularly in the past month (among youth who had used cannabis)



### Youth's response to the data about recent use

It made sense to youth who reviewed the findings that those who were working, and working many hours, would be more likely to use cannabis regularly, as they felt youth would be stressed and tired.

*“Working 20 hours a week is a lot when you are juggling school as well, so you need to be able to relax but don’t have time to do much, so cannabis can be good for that.”*

*“You deserve a treat after work, and stopping on the way home to buy cannabis can feel like that.”*

Some youth explained that as well as earning spending money, their job gave them more time and freedom away from their family, so they could buy cannabis without their parents knowing. Also, if they were the only one in their peer group who was working, they might be pressured into buying cannabis for those without any disposable income.

# METHODS OF CANNABIS USE

Note: Results in this section are among youth who had used cannabis.

*“Dab pens are big these days.”*

– 17-year-old youth

Youth who had tried cannabis were asked about all the ways they had consumed it the last time they used it. Most (73%) smoked it, 34% vaped it, 23% ate it, and 1% took it another way (e.g., a cannabis drink). Compared to 5 years earlier, youth were less likely to have smoked cannabis (73% vs. 88% in 2018), and were more likely to have eaten it (23% vs. 16%).

There were few gender or age differences in the ways that youth most recently consumed cannabis, except eating cannabis was more common among younger youth (e.g., 28% of 13-year-olds vs. 22% of 16- and 17-year-olds) and non-binary youth (33% vs. 24% of females vs. 21% of males).

Rural-based youth were more likely than urban-based youth to have most recently smoked cannabis (76% vs. 72%).

Youth who smoked tobacco were more likely to also report that smoking was how they most recently used cannabis. For example, 85% of those who smoked cigarettes in the past month also most recently smoked their cannabis (vs. 69% who did not smoke cigarettes in the past month).

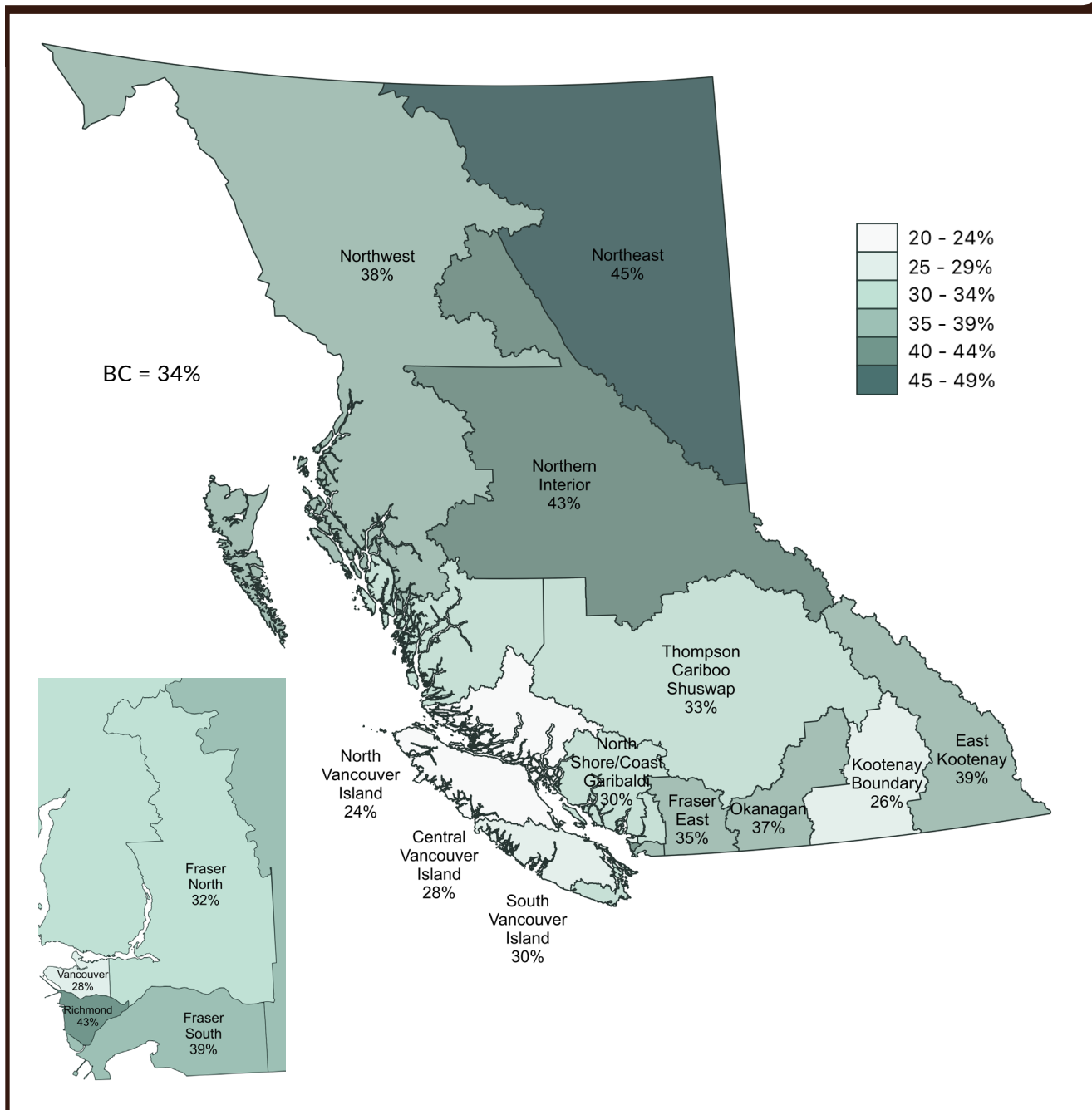
## Vaping cannabis

The 2023 BC AHS was the first to ask youth if they had used vaping as a method of cannabis use. Around a third of youth (34%) most recently consumed cannabis this way, with no age or gender differences.

Reflecting the pattern where smoking tobacco was associated with youth smoking their cannabis, those who vaped were also more likely to have vaped cannabis the last time they used (37% vs. 18% of those who had never vaped).

Other youth who were more likely to have vaped cannabis included those who had first used cannabis at a younger age, used regularly, and needed help for their cannabis use in the past year. For example, 50% of youth who had used cannabis on 20 or more days in the past month vaped it the last time, compared to 31% of youth who used cannabis less frequently.

Vaped cannabis the last time they used it (among those who had used cannabis)



Note: Not all differences between HSDAs were statistically significant.



## Youth's response to the data about method of use

Most youth commented that eating cannabis was the healthiest way to ingest it, as smoking and vaping could impact lung health. They had seen health messaging related to smoking and vaping but had not seen any related to eating cannabis, so assumed it was safer and healthier. Younger youth noted preferring to eat cannabis because they *“prefer sugar to smoke.”* They also pointed out that they were less likely to get caught eating cannabis than if they smoked or vaped it, particularly at school.

*“Eating it is just more convenient.”*

*“I usually prefer eating it. It takes a bit longer to kick in but it also lasts longer.”*

Youth who smoked cannabis talked about having to leave their school grounds in order to smoke it.

*“We have a school policy that there’s no smoking on school grounds, but students will go just off the school property and get high so they don’t get in trouble.”*

Those who vaped cannabis described the benefits of doing so over smoking it as being easier to hide, easier to do in public and when travelling around, and not making their clothes and fingers smell. It was also specifically preferred as a way to use cannabis at school, particularly as people often assumed they were vaping nicotine not cannabis.

*“You can just take a puff or two whenever without having to get anything ready first like roll a joint or pack a bowl in the bong.”*

*“The dab pens make it discreet for during school times. But we’ll use bongs on weekends.”*

# SOURCES OF CANNABIS

Note: Results in this section are among youth who had used cannabis.

*“It was from my 19-year-old sister in her home. It was bought legally and was done in a safe environment. I just wanted to try it and she took care of me.”* – 15-year-old youth

In 2023, a new question was added to the BC AHS which asked students who had used cannabis about their most recent source of the substance. They had most commonly shared it among a group of friends.

Younger youth were more likely than older ones to have shared cannabis with their friends (63% of those aged 14 and younger vs. 58% of those 15 and older). (See [Appendix 5](#) for regional differences in sources of cannabis.)

## Most recent source of cannabis (among those who had used cannabis)

It was shared among a group of friends	59%
Friend or family member gave it to them	35%
Bought it from a friend or family member	14%
Bought it from a cannabis store	10%
Bought it from someone they did not know	5%
Someone they did not know gave it to them	3%
Bought it from a website	3%

Note: Youth could mark all that applied.

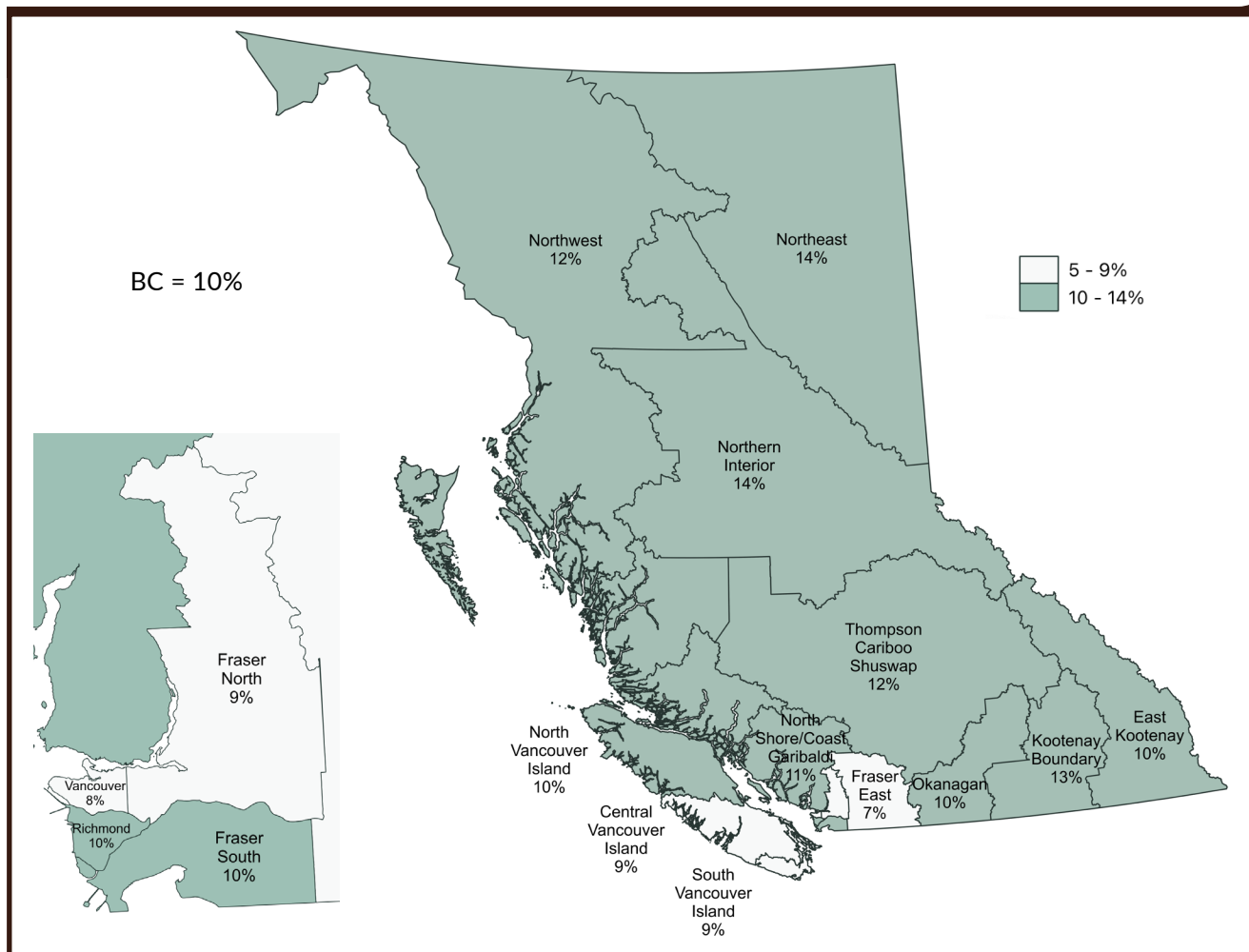
## Purchasing cannabis

Youth under the age of 19 are not permitted to purchase cannabis in person or online, or to enter a cannabis store. However, in addition to legal cannabis retailers operating in most communities across BC, there are also unlicensed retailers in some communities who may not ask for age verification.

### *Bought cannabis from a store*

In 2023, 10% of youth who had used cannabis most recently bought their cannabis from a store (12% of males vs. 9% of females). The percentages who bought cannabis from a store ranged from 9% in Vancouver Island and Fraser to 13% in the North.

### Bought cannabis from a store the last time they used it (among those who had used cannabis)



Note: Not all differences between HSDAs were statistically significant.

Among youth who most recently bought their cannabis from a cannabis store, 47% exclusively got their cannabis there and the remainder also got cannabis from additional sources. The majority of those who exclusively got their cannabis from a store were male (56%).

Youth who worked at a paid job during the school year were more likely than those who did not work to have most recently bought their cannabis from a store (12% vs. 7%), as were those who worked in excess of 20 hours a week (18% vs. 12% of those who worked fewer hours).

Among youth who bought cannabis from a cannabis store and were working, the majority reported that the reason they worked was for spending money (61%).

There did not appear to be an association between the number of cannabis stores near a youth's school and whether youth bought cannabis from a store. However, the more cannabis stores there were within a kilometer of their school, the more likely youth were to have tried cannabis, and to have used it recently and regularly. For example, 42% of youth who had four stores within a kilometer of their school had used cannabis on 6 or more days in the past month, compared to 28% of those who had one cannabis store near their school.

This relationship was not seen for alcohol retailers, as there was no association between the number of liquor stores within a kilometer of a youth's school and an increased likelihood they would have tried alcohol or used it recently.

### *Bought cannabis from a website*

Fewer youth purchased their cannabis online than at a cannabis store (3% vs. 10%). Males and non-binary youth were more likely than females to have bought cannabis from a website (e.g., 4% of males vs. 2% of females).

Among youth who most recently got their cannabis from a website, 32% reported this was their only source. Youth who exclusively purchased cannabis online most commonly lived in the Vancouver Coastal region (34%).

### *Bought cannabis from a stranger*

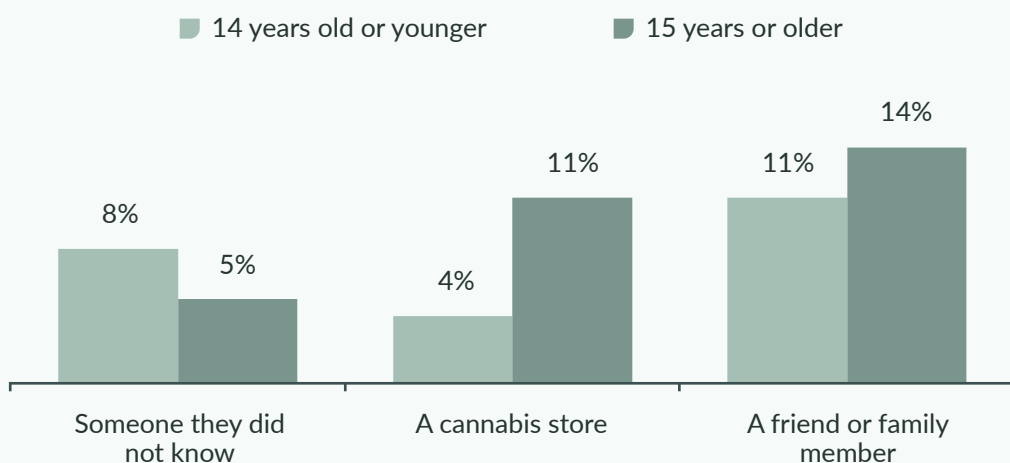
One in 20 youth (5%) most recently bought cannabis from someone they did not know, and rates of doing so ranged from 4% in the North to 7% in the Fraser region. Overall, urban-based youth were more likely than rural-based youth to have bought their cannabis from a stranger (6% vs. 4%).

Youth who experienced challenges, such as homelessness, living alone, and feeling lonely, were more likely to have bought their cannabis from a stranger. For example, 16% who had been homeless in the past 12 months had done so, compared to 5% who had not been homeless during this time.

### *Differences in purchasing cannabis*

There were no age differences in youth who bought cannabis from a website. However, younger youth were more likely than older ones to have bought their cannabis from someone they did not know, whereas older youth were more likely to have bought it at a cannabis store and from a friend or family member.

Where youth purchased their cannabis from the last time they used it  
(among those who had used cannabis)



## Youth's response to the data about sources of cannabis

Youth who shared cannabis among a group of friends explained that sometimes one person brought it to share with everyone, but more commonly they all contributed money and one person bought it on everyone's behalf. They felt that getting cannabis from family and friends was safer than getting it from other sources. For example, one stated that a friend's parent got their cannabis for them, as the parent was worried that the youth would otherwise get it from an unsafe source, and wanted to have some control over youth's method of use and quantity used. Others shared examples of older siblings and older friends getting cannabis for them.

*"Some parents would rather get the cannabis or alcohol so they know what they're buying. It's harm reduction."*

Youth in urban communities shared that students often dealt cannabis at school. It was widely known which students were dealing, but not where those students were getting the cannabis from.

*"Everyone knows the plugs [dealers] at school ... They just say they got it from another guy—they never say their source."*

Youth consistently stated that they felt buying cannabis from a store was a safe way to access it. Some suggested lowering the age when youth could legally buy from a store to 16 years old as a harm reduction approach. They also pointed out that youth who completed the BC AHS might have interpreted a cannabis store to include any kind of shop where they could buy cannabis, and not just regulated ones.

*"Buying it at the store definitely feels less risky than getting it from a guy with a van or in an alley."*

Some youth said it was already easy for those under the age of 19 to purchase from a store, and that youth shared information with each other about stores that would serve underage customers. They also stated that it was normalized for youth to approach an adult outside a cannabis shop and give them money to go in the shop and buy it for them.

*"I know someone who had to wait hours [outside a cannabis store] before they could get someone to buy it for them because they didn't have anyone in their circle who could get [cannabis] for them, but there is always someone who will do it for a cut or a fee eventually."*

Youth reported that buying cannabis from a website was easy because sites often did not ask for ID. As with cannabis stores, they worried that if youth were unable to buy cannabis from a website, they would get it from a riskier source.

*"There's lots of weed stores online that just ask you to check 'yes' that you're over 18. And they say they value your privacy so they won't even see you face-to-face when they drop it off. They just knock and leave it at your door."*

*"Teens are always going to get weed. They always have, throughout history. If those sites shut down, teens will just get them from somewhere else and it might be laced."*

Youth who reviewed the density data agreed that the number of cannabis stores in their community did impact use.

*"We have more cannabis stores than recreational opportunities here."*

# REPORTED REASONS FOR USING CANNABIS

The BC AHS did not ask youth specifically about their reasons for using cannabis, but generally about their reasons for using substances. In order to ascertain reasons for using cannabis, results in this section are among the 5% of youth who exclusively used cannabis (unless otherwise noted).

The three most commonly endorsed reasons for using cannabis the last time were to experiment, to have fun, and because their friends were doing it.

## Reasons youth used cannabis the last time (among those who used cannabis exclusively)

Wanted to experiment	53%
Wanted to have fun	46%
Friends were doing it	30%
Because of stress	21%
Felt down or sad	15%
There was nothing else to do	6%
To manage physical pain	5%
Thought it would help them focus	3%
Felt pressured into doing it/to fit in	3%
Didn't mean to (e.g., drink was spiked)	2%
Because of an addiction	0%
To change the effect of another substance	0%

Note: Youth could mark all that applied.

In 2023, 3% of youth reported using cannabis for reasons other than those listed. Examples included:

*“Broaden my world view, open my mindset, etc.”*

– 14-year-old youth

*“It helped me eat the amount I needed.”*

– 17-year-old youth

*“Weed helps me sleep.”*

– 17-year-old youth

Older youth were more likely than younger ones to report they used cannabis to have fun, to experiment, because they felt down or sad, and because they thought it would help them focus. For example, 17% of youth aged 15 or older last used cannabis because they felt down or sad, compared to 8% of those aged 14 or younger. Also, females were the most likely to report using cannabis because they were stressed (e.g., 32% vs. 15% of males).

The only difference between youth in urban and rural communities in their reasons for using cannabis was that urban-based youth were more likely to have last used because they wanted to have fun (48% vs. 30%\*) and to experiment (56% vs. 36%\*).

## Symptom management

*“I have been in 2 car accidents, have had bad back and knee pains. I use cannabis cream to sometimes help with the pain. I do not use cannabis in any other way.”*

– 14-year-old youth

*“I want to learn more about the medical use of cannabis for youth with conditions [and how] the side effects can be mitigated and controlled.”*

– 15-year-old youth

The primary reasons youth identified for using cannabis were to experiment and for recreational purposes. However, some youth reported using cannabis for other reasons. For example, youth with ADHD were more likely to have used cannabis to help them focus. Also, 27% of youth who experienced stress and did not feel they managed it well reported using cannabis for stress management (vs. 12% of those who managed their stress well or very well). In addition, 14% of youth who did not engage in weekly extracurricular physical activity used cannabis because they had nothing else to do (vs. 3% of those who took part in weekly activities).

Youth may use cannabis for different reasons to the reasons they use other substances. For example, those who exclusively used cannabis were more likely than those who exclusively used alcohol to report that the reason for their most recent substance use was because they were feeling stressed (21% vs. 9%) and to manage physical pain (5% vs. 1%).

## Daily users’ reasons for use

Note: Results in this section are among youth who used cannabis daily (and may have used other substances).

*“Nightly weed use and addiction is muuuuch more common than you think with dabs being so easy to get.”* – 15-year-old youth

Among youth who used cannabis every day in the past month, the majority also used at least one other substance daily (59%), including 54% who vaped every day, 18% who smoked tobacco daily, and 7% who drank alcohol daily. It was therefore not possible to isolate their specific reasons for using cannabis. However, their most commonly reported reason for last using substances was to have fun, around half had last used because of stress, and around a third used because of an addiction.

### Reasons youth used substances the last time (among those whose substance use included daily cannabis use in the past 30 days)

Wanted to have fun	75%
Because of stress	51%
Felt down or sad	44%
Because of an addiction	34%
Friends were doing it	29%
There was nothing else to do	27%
Wanted to experiment	20%
To manage physical pain	19%
Thought it would help them focus	16%
To change the effect of another substance	11%
Felt pressured into doing it/to fit in	5%
Didn't mean to (e.g., drink was spiked)	3%
Other reason	8%

Note: Youth could mark all that applied.

## Youth's response to the data about reasons for using

Youth confirmed that the main reasons they use cannabis are to have fun; experiment; and to manage symptoms of physical and emotional pain, and of conditions such as ADHD. One also noted that youth commonly use cannabis as a way to enhance their performance, including in sports.

*"Some youth consider cannabis a 'hobby'. If you ask them what they do for fun, they'll say they get high. There's nothing else to do."*

*"If you can't find a doctor, you are going to try CBD as a way to deal with it yourself."*

*"I tried it as a way to manage my ADHD, but it actually made it harder to work and study."*

*"I have a friend who uses cannabis to help with their insomnia, and to make them hungry because they have an ED [eating disorder]. It's a joke that it gives you the munchies, but it's the only thing that makes her be able to eat."*

Those in rural communities spoke of using cannabis to alleviate boredom, and because of the challenges associated with living in a small community. The challenges they identified included not feeling like they fit in, missing out on activities that youth in urban communities could enjoy, and a lack of meaningful opportunities for future education and employment.

*"In rural communities, there's the issue of not having anything to do. Nothing's open here. There's nowhere to go and nothing to do."*

*"There's nothing to keep people entertained, so youth get together and get high."*

*"It's a lot funner to walk around and be high than to do nothing, which is the alternative."*

*"You might use even just because you are feeling left out. If you don't belong, there aren't enough people here to find other friends."*

Some used cannabis as a way to reduce their use of other substances (e.g., cocaine, heroin).

*"Weed could almost fall under harm reduction. When I stopped doing other drugs, I started smoking more weed to help with some of the things I was dealing with."*

*"It's like, would you rather have me on harder drugs?"*

Youth also described how parental substance use could influence their choice to use cannabis, as it was considered normalized and a healthier alternative to other substances.

*"A lot of people's parents smoke weed, but a lot of people's parents are alcoholics, too. Some kids don't want to keep that cycle of alcoholism, are afraid to become alcoholics too, so they use cannabis as harm reduction. They use cannabis as an alternative to alcohol."*



# CANNABIS IN RELATION TO OTHER SUBSTANCE USE

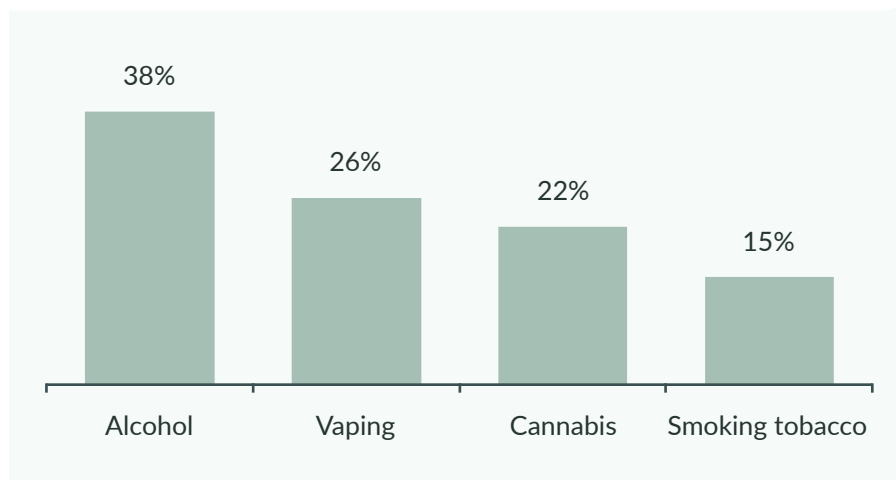
*"I love vaping and smoking weed and smoking cigs and doing magic mushrooms."*

– 16-year-old youth

Overall, cannabis was the third most common substance that BC youth had tried, after alcohol and vapes. Non-binary youth had tried cannabis and vaped at similar rates, whereas males and females were more likely to have vaped than used cannabis.

Overall, youth were less likely to have tried cannabis than alcohol. However, they were more likely to have used cannabis regularly than alcohol regularly. For example, 15% of those who had tried cannabis used it on 20 or more days in the past month, whereas 2% of those who had tried alcohol drank this regularly.

Youth who had ever tried ...



Among youth who had tried cannabis, 61% had used it in the past month. A similar percentage of youth who had tried alcohol had drunk this recently. In contrast, fewer youth who had tried vaping or smoking had used these substances recently. For example, 40% of those who had ever tried tobacco had smoked in the past month.

Among all BC youth, cannabis was the second most common substance they reported needing help for in the past year (4%), after vaping (5%) and ahead of alcohol (3%). Among youth who had used cannabis, 17% reported that their use had become problematic enough that they needed help in the past year.

The majority of youth who had tried cannabis had also tried at least one other substance, including 12% who had used one other substance, 27% who had used two other substances, and 57% who had tried three or more other substances. Alcohol was the most common substance that youth who had tried cannabis had also tried, followed by vaping, tobacco, mushrooms, and the misuse of prescription pills.

Among youth who had tried cannabis, the percentage who had not tried any other substances increased from 4% in 2018 to 5%. Females were less likely than males to have exclusively used it (4% vs. 7%), as were older youth in comparison to younger ones (e.g., 4% of youth aged 15 or older exclusively used cannabis, compared to 11% of those aged 14 or younger).

Youth in the Fraser were the most likely to have used cannabis and not tried any other substance (7% vs. 5% in the other four regions; among those who had tried cannabis).

## Cannabis and alcohol

*"I just want to say that I don't drink or do weed often."*

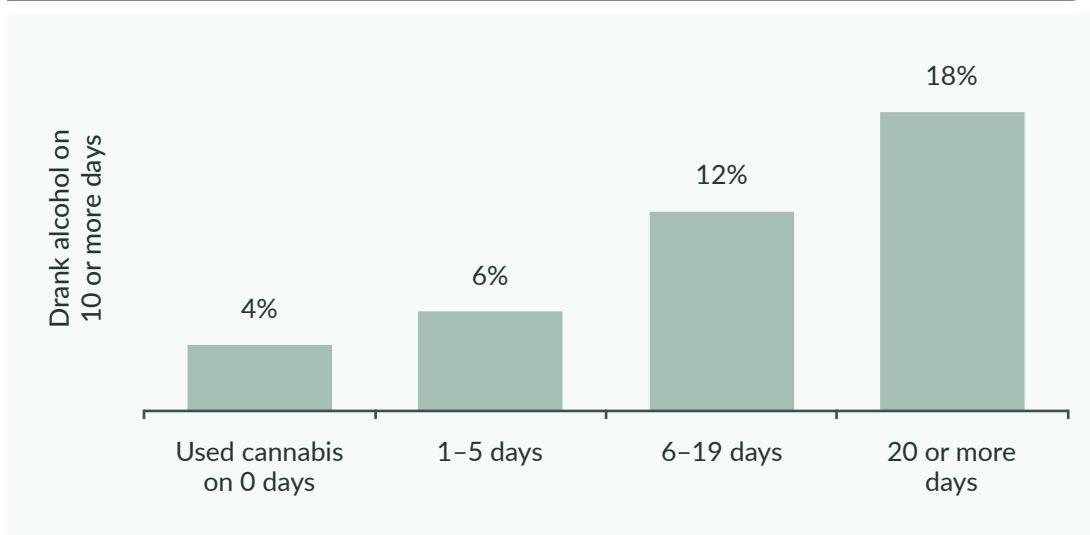
– 15-year-old youth

Among youth who had tried cannabis, 91% had also tried alcohol. Among youth who had tried both, 9% had exclusively tried these two substances and the remainder had also tried other substances.

Among youth who had used cannabis and alcohol, around half (52%) had used alcohol first, 15% had used cannabis first, and 33% had tried both substances at the same age. Females were more likely than males to have tried alcohol first (55% vs. 48%), while males were more likely to have tried cannabis first (19% vs. 13% of females).

The more recently and regularly youth used cannabis in the past month, the more likely they were to have also consumed alcohol recently and regularly.

Youth who drank alcohol on 10 or more days in the past month in relation to frequency of cannabis use during that time period



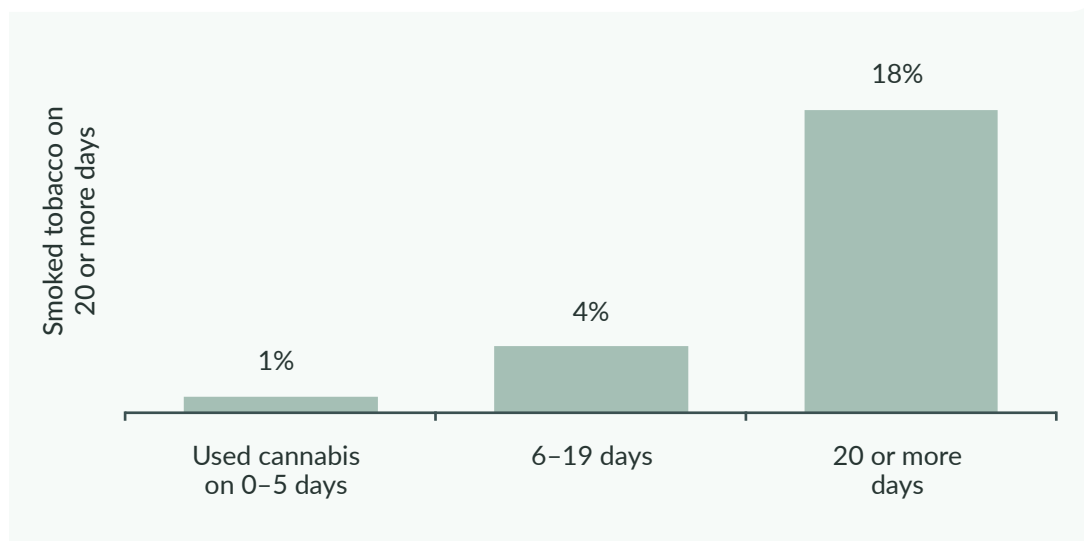
Note: Among youth who had ever used alcohol and cannabis.

## Cannabis and tobacco

Among youth who had tried cannabis, 56% had also smoked tobacco. Among youth who had used both substances, 37% had tried cannabis first, 21% had smoked tobacco first, and 42% had tried both at the same age.

Youth who used cannabis recently and regularly were more likely to have smoked tobacco recently and regularly.

### Youth who smoked tobacco on 20 or more days in the past month in relation to frequency of cannabis use during that time period



Note: Among youth who had ever smoked tobacco and used cannabis.

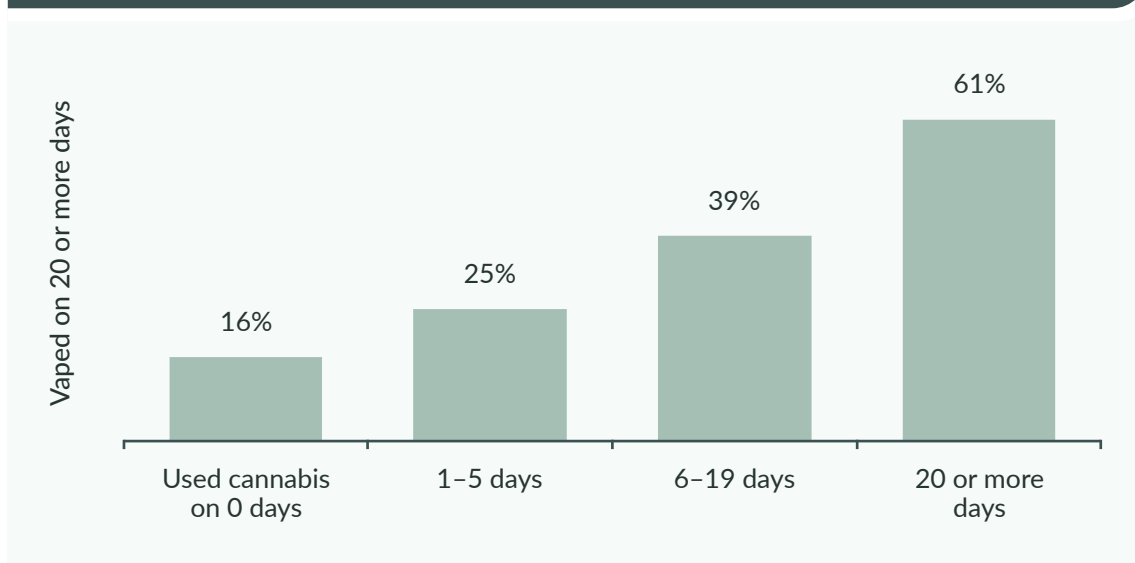
## Cannabis and vaping

Among youth who had tried cannabis, 83% had also vaped. Among youth who had done both:

- 48% vaped first, 13% used cannabis first, and 39% tried both at the same age.
- Females were the most likely to have vaped first (e.g., 52% vs. 40% of non-binary youth).

- Males were more likely than females to have tried cannabis first (15% vs. 11%) and to have tried both at the same age (41% vs. 38%).
- Reflecting the pattern with alcohol and tobacco use, the more recently and regularly youth used cannabis, the more likely they were to have vaped in the past month, and to have vaped regularly during this time.

### Youth who vaped on 20 or more days in the past month in relation to frequency of cannabis use during that time period



Note: Among youth who had ever vaped and used cannabis.

## Cannabis and other substance use

*“Mushrooms are arguably safer than weed because it is straight from the ground. I think mushrooms should be legal as weed is legal.”*

– 16-year-old youth

Youth who had used cannabis were more likely than those who had never used it to have tried one or more other substances (other than vapes, alcohol, and tobacco). Those who used cannabis on a regular basis were the most likely to have tried other substances.

Cannabis and the use of other substances			
Ever tried ...	Never used cannabis	Ever used cannabis	Used cannabis on 20 or more days in the past month
Mushrooms	1%	26%	67%
Hallucinogens (other than mushrooms)	<1%	9%	31%
Prescription pills without a doctor's consent (other than benzodiazepines)	2%	10%	25%
More of their prescription medication than prescribed	4%	12%	23%
Ecstasy/MDMA	<1%	6%	22%
Inhalants	1%	6%	19%
Cocaine	1%	5%	18%
Benzodiazepines without a doctor's consent	1%	6%	17%
Heroin, fentanyl, or other opioids	<1%	3%	10%
Ketamine, GHB	<1%	3%	9%
Amphetamines	<1%	3%	9%
Crystal meth	<1%	2%	8%

Note: Used cannabis on 20 or more days in the past month was among those who had ever used cannabis.

## Youth's response to the data about cannabis in relation to other substances

There was some disagreement among youth about whether alcohol or cannabis was easier to access. Those who thought alcohol was easier to get noted that parents often had alcohol in the house, and there was less stigma around using alcohol. Those who thought cannabis was easier to access felt there were more places where they could get it, including from family members.

*"You can go to a dispensary, doctor, dealer, or grow [cannabis] yourself but not many people make their own moonshine in their garage!"*

Most youth felt that alcohol was more harmful than cannabis. They also noted that using cannabis might be part of a harm reduction approach for youth who were wanting to avoid using alcohol or other substances, as they saw cannabis as more natural and less toxic. One also noted that cannabis might be cheaper than a youth's drug of choice, so might be all they could afford.

*"I think cannabis is less harmful than alcohol, and similar to vaping."*

It made sense to youth that although they were more likely to use alcohol than cannabis, they were more likely to report needing help for their cannabis use.

*"Addiction to cannabis kind of creeps up on you. There are immediate consequences like a hangover when you drink too much, that stops you wanting to overdo it again, whereas it is easier to just keep going with cannabis."*

A few youth noted that it was preferable to consume cannabis than to drink alcohol because "cannabis tastes better".

Some youth echoed quotes from the survey by stating that they felt mushrooms were less harmful than cannabis.

*"Cannabis is not as bad as meth, cocaine, or heroin but I would say mushrooms are safer than cannabis, especially in small doses."*

# REPORTED CONSEQUENCES OF CANNABIS USE

*“Bad episode first time using marijuana (and only time)—felt like I was going to die. Triggered effects that still last 3 months later: depersonalization. Used too much.”*

– 17-year-old youth

*“My friend group is slowly starting to break apart due to someone suddenly changing. She started vaping, smoking weed, and just started treating us differently.”*

– 17-year-old youth

The BC AHS asked about any negative consequences of using substances that youth may have experienced in the past 12 months. To ensure they were referring to consequences of cannabis use, results were considered for youth who exclusively used cannabis. In total, 30% of exclusive cannabis users reported negative consequences of their use. The most common consequences these youth reported were being told they had done something they could not remember and passing out.

## Most common consequences of cannabis use in the past 12 months (among youth who used cannabis exclusively)

Was told they did something they couldn't remember	14%
Passed out	11%
Argued with family members	4%
School work or grades changed	3%

Note: Youth could mark all that applied.

A few youth who had exclusively used cannabis also reported they got into a physical fight, got injured, lost friends or broke up with a romantic partner, overdosed, and had sex when they did not want to as a result of their cannabis use (percentages were too small to report).

## Consequences among daily cannabis users

Most daily cannabis users had also used other substances in the past year, so any negative consequences they reported may not have been directly or exclusively as a result of their cannabis use. Among the 9% of youth who had tried cannabis and used it daily, 45% reported three or more negative consequences of their substance use in the past year.

Consequences of substance use in the past 12 months (among those whose substance use included daily cannabis use in the past 30 days)	
Passed out	50%
Was told they did something they couldn't remember	49%
Got injured	33%
Argued with family members	30%
School work or grades changed	26%
Damaged property	20%
Lost friends or broke up with a romantic partner	19%
Had sex when they didn't want to	17%
Got into a physical fight	16%
Got in trouble with police	13%
Overdosed	7%
Had to get medical treatment	6%

Note: Youth could mark all that applied.



## Youth's response to the data about consequences of using cannabis

Youth recognized that there could be negative consequences associated with cannabis use, but did not think many young people cared or considered the possible consequences before using.

*"As youth, we're not thinking about long-term consequences. We're not even thinking about the short-term ones. If we want to get high, we're going to get high."*

Others shared that they felt their dependence on cannabis had negative consequences on their health and well-being, including lack of energy and motivation, disengagement from school, strains on friendships and other relationships, and negative impacts on their overall health.

*"It's not benefitting me. It makes me tired, lazy, and unmotivated. I used to think it was helping me, but I realize I was just justifying my behaviour. I was still using it as a way to numb my emotions and wasn't paying attention to the way it was still hurting me."*

*"I only hang out with other stoners. My other friends have drifted away. I'm starting to challenge my thinking about weed and the people in my life. Would my real friends pressure me to skip school? Would they just want to sit in a basement and get high all the time? I thought this was just relaxing, but I don't think this is healthy anymore."*

*"I used to think if I was getting high socially, it was ok, it was fun. I said I'd never get high alone. Then I started to get high alone and it started affecting everything in my life: school, my health, my lungs, my motivation, my self-confidence."*

*"Weed was like self-harm for me, just to numb the pain."*

*"I'm starting to see the harms. I'm starting to be a lazy couch potato, it's harder to focus, I get more socially awkward. It depends on the person, but it's not making me feel good anymore."*

## Impaired driving

Note: Results in this section are among youth who had used cannabis.

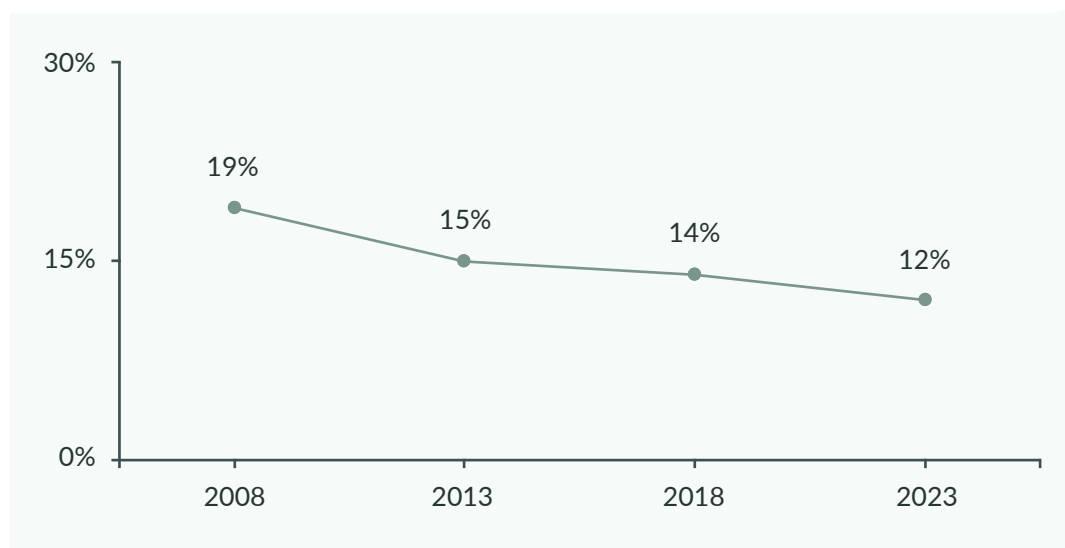
Among youth who had used cannabis, 12% had ever driven a vehicle after they had used cannabis, including 7% who had driven while impaired in the past 30 days. The percentage who had driven after using cannabis was the lowest in 15 years.

Males were more likely than females to have driven after using cannabis (15% vs. 10%), including in the past 30 days (8% vs. 6%).

Other youth more likely to have driven after using cannabis included:

- Rural-based youth (16% vs. 12% of those attending school in an urban community).
- Youth in the North (e.g., 17% vs. 10% in Vancouver Coastal and Vancouver Island).
- Youth with transportation challenges (e.g., 16% who had missed school in the past month due to not having transportation vs. 11% who had not missed school for this reason).

Youth who had ever driven a vehicle when they had been using cannabis  
(among those who had ever used cannabis)



The difference between 2013 and 2018 was not statistically significant.

Compared to 5 and 10 years earlier, there was a decrease in youth who reported they had ever been a passenger in a vehicle with a driver who had been using cannabis (e.g., 42% vs. 45% in 2013). However, the percentage who had this experience in the past 30 days remained stable (23% in 2023).

Reflecting the pattern in previous survey years, females were more likely than males to have been a passenger in a vehicle with a cannabis-impaired driver (45% vs. 38%), including in the past 30 days (25% vs. 21%).

Youth who experienced transportation challenges were at increased risk of riding in a vehicle driven by someone who had been using cannabis, including those who:

- Felt deprived of access to transportation (59% vs. 41% of those who had access).
- Missed school in the past month because they had no transportation (54% vs. 40% of those who had not missed school for this reason).
- Missed out on extracurricular activities in the past year because they had no transportation (51% vs. 39% of those who did not experience this barrier).
- Rarely or never felt safe on transit (51% vs. 42% of those who felt safe sometimes vs. 36% who often or always felt safe on transit).

As with driving after cannabis use, there were regional differences in being a passenger with a driver who had been using cannabis. Rural-based youth (50% vs. 40% of urban-based youth) and those in the North were the most likely to have been a passenger in a vehicle with a cannabis-impaired driver (e.g., 53% vs. 41% in Vancouver Island vs. 32% in Vancouver Coastal).

(See **Appendix 6** for more regional differences in driving after cannabis use and being a passenger in a vehicle with an impaired driver.)

## Youth's response to data about impaired driving

Youth consistently perceived driving after cannabis use as less dangerous than driving after drinking alcohol, and one group also categorized it as less dangerous than driving when tired, distracted, or using a phone.

*"[Cannabis] is not really impairing, not like alcohol."*

*"You can build up a tolerance so that weed doesn't affect you physically, or as much. There's no amount of alcohol you can drink to build up a tolerance. It will always affect you in the same ways. You'll always get drunk."*

*"It's like having a beer or a glass of wine and then driving. You're not drunk, but there's alcohol in your system. You might take a few puffs, but it's not going to affect your driving."*

*"I bet people on their phones are worse drivers than people who are high."*

*"Using cannabis makes your reaction times slower, makes you tired. But it won't affect you more than if you're just tired."*

They also felt that alcohol-related car accidents were much more prevalent than cannabis-related accidents. One group suggested that this was because youth tended to drink alcohol while out at a party but were more likely to use cannabis at home, so would not need to drive afterwards.

*“You see a lot of drunk driving accidents. You don’t see a lot of cannabis-related accidents. It’s Mothers Against Drunk Driving for a reason!”*

*“I rarely see news articles about, oh, this person got high and got into an accident but you see a lot of that with people who get drunk and drive.”*

Some youth mentioned that they felt the method of cannabis use might affect youth’s driving.

*“People who do edibles and drive—that’s not so good because it hits you later.”*

Youth also discussed how frequent cannabis users may not feel the effects of smaller amounts of cannabis, so may have cannabis in their system but not show signs of impairment. They also felt that because cannabis can stay in a person’s system for a while, it might inflate the number of accidents that were attributed to cannabis.

*“It depends on use and tolerance if a youth considers themselves ‘high’ or not. I know people who are high all the time and they’re great drivers.”*

*“Some people have to get high to be normal.”*

Youth in rural communities were not surprised to learn that driving after using cannabis was more common in such communities. They described a lack of public transit, lack of enforcement, and a societal acceptance of driving under the influence as contributing factors.

*“This isn’t surprising. I think everyone knows someone who drinks and drives, gets high and drives. There’s no buses. There’s no way to get around. And no one’s enforcing it, so there’s nothing stopping someone from doing it.”*

One group of youth talked about the prevalence of cannabis use among those who were interested in cars and participated in organized car shows and similar events.

*“The ground is just covered in pre-rolls [pre-rolled cannabis joints] ... Everyone now has a cannabis vape.”*

Youth suggested there should be more advertising of the risk of driving while under the influence of cannabis, as they perceived it as safer than driving after alcohol because there were less warnings against it.

*“There’s more advertised against drunk driving, so you know about the dangers.”*

## Needed help for cannabis use

Note: Results in this section are among youth who had used cannabis.

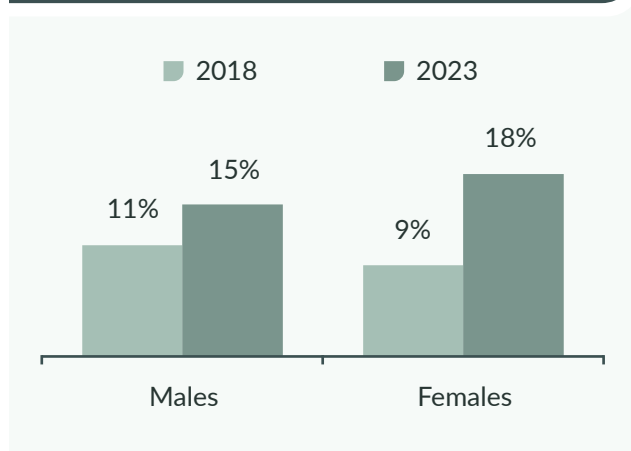
*“As for the questions regarding addiction, I’m getting better. I haven’t used weed for a while, and I just had a lapse of judgment at a party and drank a little. My nicotine addiction is gone, I think. I still want all three of the above things very badly, but I know that I need to stop.”*

– 16-year-old youth

Among youth who had tried cannabis, the percentage who were at a point where they needed help for their use in the past year increased from 10% in 2013 and 2018, to 17%. The increase was seen for males and females.

In 2013 and 2018, males and females were equally likely to report needing help for their cannabis use, whereas in 2023 females were more likely to report needing help (18% vs. 15% of males).

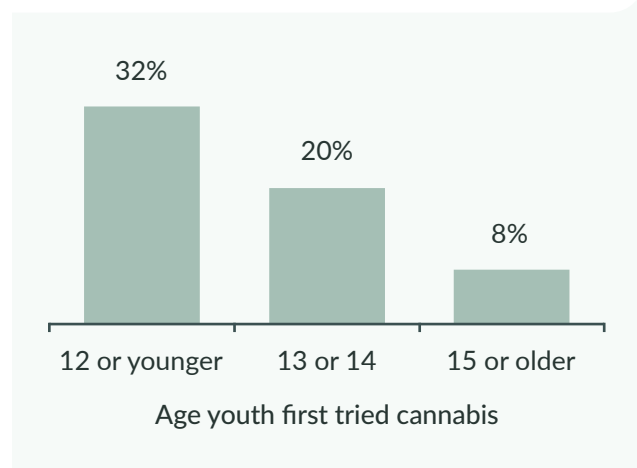
### Youth who needed help for their cannabis use in the past year (among those who had used cannabis)



Note: The difference between males and females was not statistically significant in 2018.

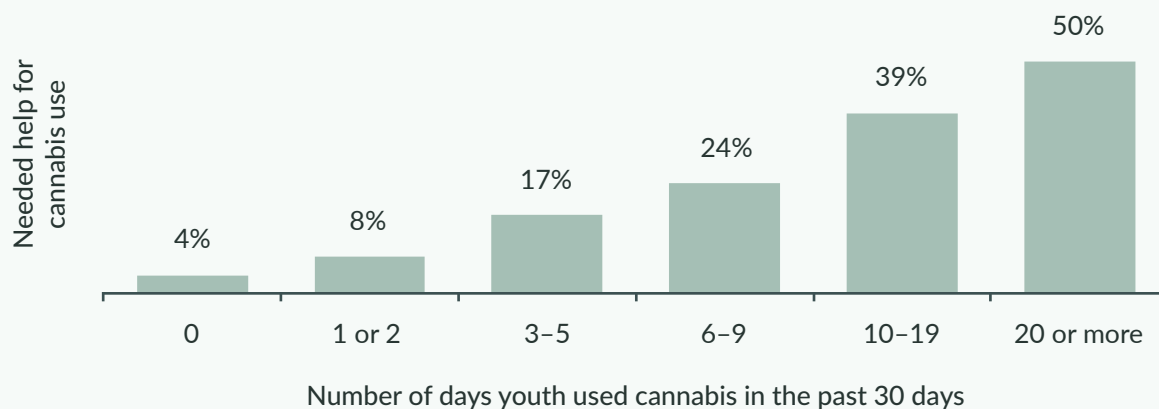
Reflecting the pattern over the past decade, younger youth were more likely than older ones to have felt or been told they needed help for their cannabis use in the past year. For example, 23% of youth aged 14 or younger reported they needed help for their cannabis use, compared to 14% of those aged 17 and 18. Also, the younger youth were when they first used cannabis, the more likely they were to need help for their cannabis use in the past year.

### Youth who needed help for their cannabis use in the past year in relation to when they first used (among those who used cannabis)



As might be expected, the more days on which youth used cannabis, the more likely they were to feel they needed help for their use.

### Youth who needed help for their cannabis use in the past year in relation to days used cannabis in the past month (among those who used cannabis)



### Youth's response to the data about needing help for cannabis use

Most youth expressed that it made sense to them that cannabis was the substance youth were most likely to feel they needed help with.

*"Alcohol is so normalized and you have alcohol, nicotine, vaping, cigarettes, caffeine, all these are legal but only cannabis has psychedelic properties so it makes sense it is the one you are going to worry about being addicted to. It feels more like a substance."*

Some reiterated that it was easier to become a daily user of cannabis than alcohol without it really impacting their functioning, but by that point they have developed a dependency. One youth added that needing help came when youth realized that the effect they thought they were getting from their cannabis use was *'an illusion'*.

*"You think it is relieving your stress, but actually it just relieves the stress of needing to use."*

A few youth acknowledged that they had used cannabis as an alternative to other substances but in time their cannabis use had become problematic.

*"At a point, harm reduction turned to harm. I was still using drugs to cope."*

Youth suggested that teachers and other adults could better support youth who were struggling with cannabis addiction and trying to quit. For example, adults could be understanding when youth might be irritable and anxious during their withdrawal.

# CANNABIS USE AND MENTAL HEALTH

*“Using cannabis has improved my mental state in some positive ways.”*

– 14-year-old youth

*“I think schools in general need to teach people about how addiction and mental health issues work rather than just saying, ‘that’s bad don’t do it.’ I did an extremely enlightening project on how addiction works and it was a better anti-drug lesson than anything I had done at school.”*

– 17-year-old youth

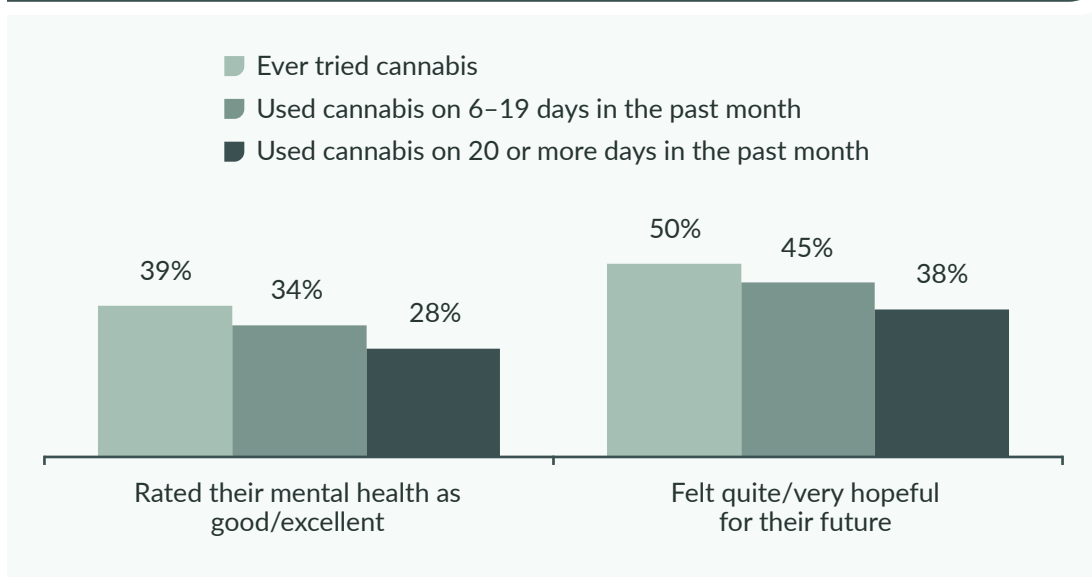
Studies have found that regular cannabis use is associated with lower life satisfaction; increased risk of depression, anxiety, and suicidal thoughts; and can lead to dependence and a worsening of mental health. For more information about the link between cannabis use and mental health, visit [www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/mental-health.html](http://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/mental-health.html).

This report has already shown that youth who had used cannabis reported less positive mental well-being than their peers who had never used cannabis, and that some youth were using cannabis as a way to cope with mental health challenges, such as stress and low mood. This section examines the link between cannabis use and mental health in more detail.

Youth who had used cannabis were more likely than their peers who had never used it to report having a mental health condition (42% vs. 16%), including an anxiety disorder (39% vs. 18%), depression (29% vs. 9%), an eating disorder (17% vs. 5%), and PTSD (10% vs. 3%).

There was a link between recent cannabis use and recent challenges to mental well-being. For example, among youth who had used cannabis, those who used it in the past month were less likely to have felt happy that month (41% felt happy most or all the time vs. 49% of those who had not used cannabis in the past month). They were also more likely to have experienced extreme stress (25% vs. 21%) and extreme despair (16% vs. 12%) in the past month. Also, the more regularly youth used cannabis, the less likely they were to rate their mental health positively, feel satisfied with their life, and feel hopeful for their future.

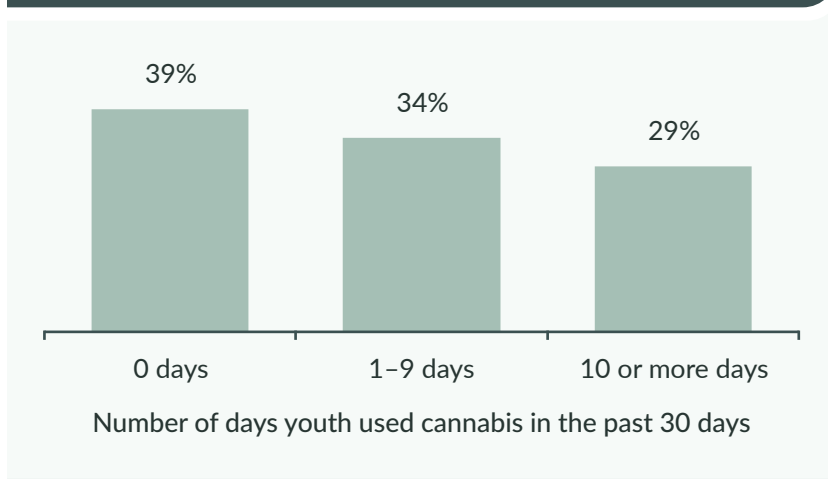
## Mental well-being and cannabis use



Note: Youth who used cannabis on 6-19 days or 20 or more days in the past month are among those who had ever used cannabis.

Among youth who reported experiencing stress, 35% of those who used cannabis felt they managed their stress well or very well, compared to 53% of those who had never used cannabis. The more regularly youth used cannabis the less likely they were to feel they managed their stress well.

## Youth who felt they managed their stress well or very well and frequency of cannabis use in the past 30 days (among those who had tried cannabis)



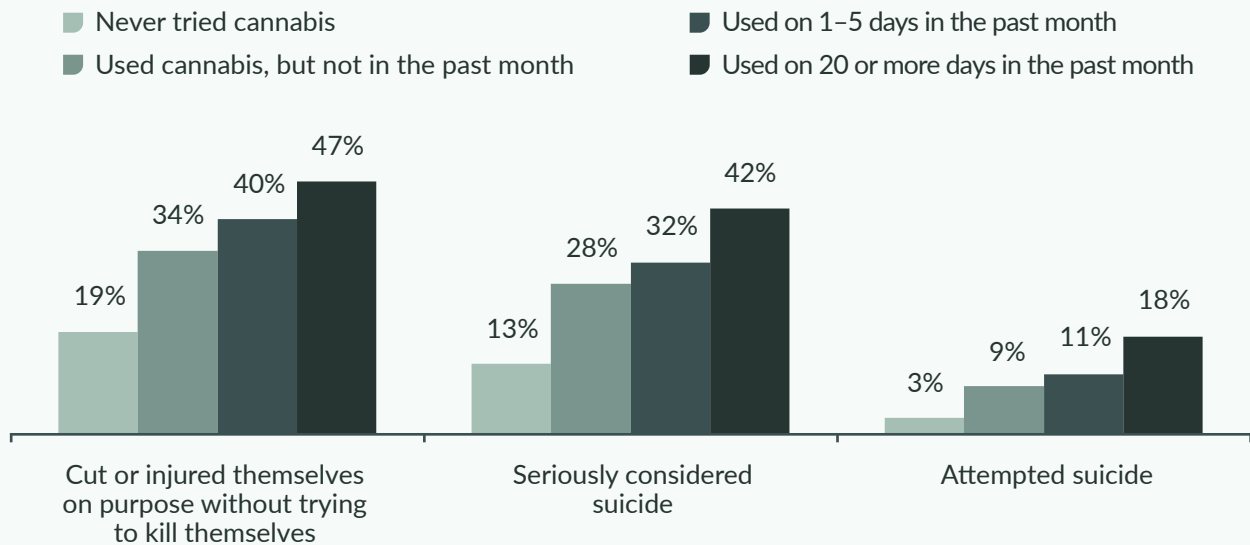
Note: Results are among those who experienced stress.



## Self-harm and suicidality

Youth who had used cannabis were more likely than those who had not tried it to have intentionally self-harmed, seriously considered suicide, and attempted suicide in the past year. Also, the more regularly they used cannabis, the more likely they were to have self-harmed and been suicidal.

### Self-harm and suicidality in the past 12 months in relation to cannabis use (among youth in BC)



Note: For attempted suicide, the difference between 'Used cannabis, but not in the past month' and 'Used on 1-5 days in the past month' was not statistically significant.

## Youth's response to the data about cannabis use and mental health

Some youth stated that cannabis had a positive impact on mental health, including in the treatment of eating disorders and anxiety. However, others felt that it actually increased their anxiety, particularly when consumed in larger quantities.

*"Weed is good for mental health, but alcohol has a bad effect on community vibe."*

Youth consistently reported wanting more information about the negative effect that cannabis could have on their brain and their mental health, as this was not something they had learned about at school or at home.

*"I think some of us might think twice about using it if we thought we might get paranoid or psychotic, and we should also know what to do if this does happen or happens to someone we know."*

*"I am worried I might get schizophrenia if I don't stop, but don't know what the signs are that I should stop."*

Youth felt that substance use education should include information about the impact that struggling with mental health could have on someone's cannabis use.

*"Emphasize the importance of your mindset going into it. If you're in a bad state, you're going to have a bad time."*

# POTENTIAL HEALTH RISKS ASSOCIATED WITH CANNABIS USE

Note: Results in this section are among youth who had used cannabis.

*“I want to learn more about the effects of weed and other common substances on youth health. Never learned about it in school and did my own research which is why I am trying to cut back.”*

– 17-year-old youth

*“Many of my friends have no clue of the risk. We need more info about the danger of THC, etc.”*

– 14-year-old youth

Some youth use cannabis as a way to treat chronic pain, seizures, multiple sclerosis, and other conditions. However, consistent with the lower risk cannabis use guidelines for youth, the previous section showed an association between cannabis use and poorer mental health, and particularly when use was recent and regular. The guidelines also note cannabis use can be associated with problems with cognition, psychomotor control, attention, concentration, decision making skills, impulsivity, and reaction time ([uvic.ca/research/centres/cisur/assets/docs/youth-cannabis-guidelines.pdf](http://uvic.ca/research/centres/cisur/assets/docs/youth-cannabis-guidelines.pdf)).

Cannabis has also been shown to have a greater impact on adolescents than adults due to its effects on the developing brain (e.g., see Canadian Pediatrics Association; [cps.ca/documents/position/cannabis-children-and-youth](http://cps.ca/documents/position/cannabis-children-and-youth)).

This report has already shown that youth who had used cannabis identified negative consequences of their use (see [pages 34 and 35](#)). This section explores additional potential health risks associated with cannabis use, and particularly recent and regular use.

## School

*“Weed is the only thing that makes school worth it.”*

– 14-year-old youth

*“I want to learn more about cannabis in the schools/its benefits.”*

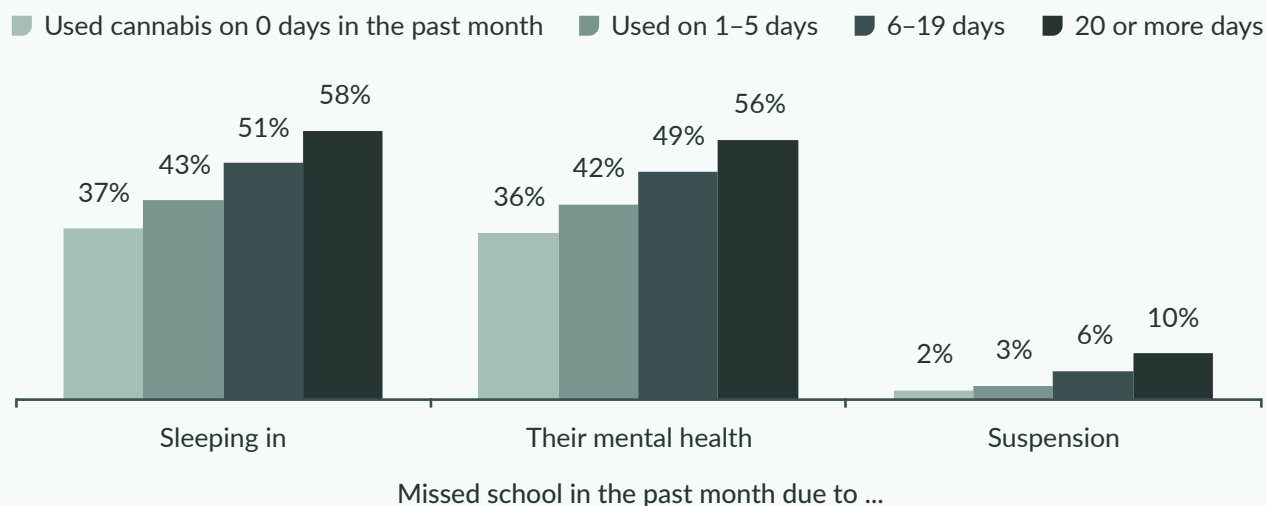
– 17-year-old youth

The more regularly youth used cannabis in the past month, the more likely they were to have missed school that month. For example, among youth who had tried cannabis, 49% of those who had not used it recently had skipped school in the past month, compared to 61% who used it on 1–5 days that month, and 73% who used it on 20 or more days.

More regular cannabis use was also associated with reduced educational plans. For example, 59% of youth who used cannabis on 20 or more days planned to attend post-secondary education, which was lower than the 71% who used it on 6–19 days, and 78% who used it on less than 6 days in the past month.

Also, youth who used cannabis on 20 or more days in the past month were four times more likely to expect they would not complete high school, compared to youth who used it on fewer days (4% vs. 1%).

### School absences in relation to frequency of cannabis use that month (among those who had used cannabis)



## Health ratings and sleep

More regular cannabis use in the past month was associated with poorer health. For example, less than half of youth who used cannabis on 20 or more days (47%) rated their overall health as good or excellent, compared to 56% of those who used cannabis on 6–19 days, and 64% who used it on 5 or fewer days. Similarly, youth who used cannabis regularly were more likely to have slept fewer than 6 hours the night before taking the survey (31% of youth who used cannabis on 6 or more days vs. 24% who used it on fewer days that month).

## Injuries

Cannabis has been linked to poorer coordination, reaction time, and decision making, which may be reflected in higher injury rates among recent and regular cannabis users. For example, youth who used cannabis on 6 or more days in the past month were more likely than those who used it less often or not at all that month to have:

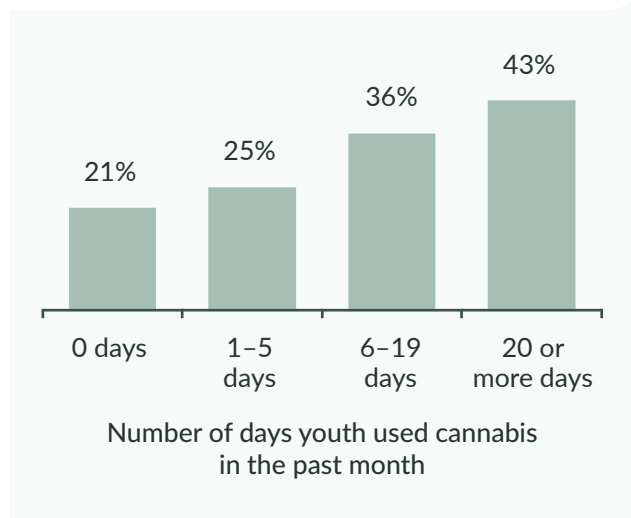
- Experienced a concussion in the past 12 months (34% vs. 27% who used on 1–5 days vs. 22% who did not use cannabis in the past month).
- Had three or more concussions during this time (5% vs. 3% who used less often).

Among youth who used cannabis and had experienced a concussion in the past 12 months, those who reported they were using substances when they got their concussion were less likely to have accessed treatment for their head injury (25% vs. 46% of those who were not using substances when they got their concussion).

## Eating behaviours

The more regularly youth used cannabis in the past month, the less likely they were to eat healthily the day before taking the BC AHS. They were more likely to have consumed energy drinks and fast food (e.g., 58% of those who used cannabis on 10 or more days ate fast food the previous day vs. 51% of those who used cannabis on 1–9 days vs. 46% who did not use it in the past month).

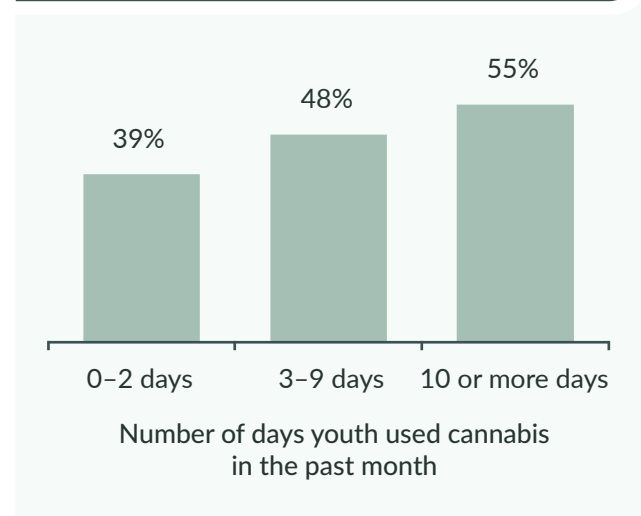
**Youth who drank energy drinks the day before taking the survey in relation to recent cannabis use (among those who had used cannabis)**



The more regularly youth used cannabis in the past month, the less likely they were to have eaten meals consistently in the past week. For example, 19% of those who used cannabis on 20 or more days ate lunch every day, compared to 29% who used cannabis on 6–19 days, 34% who used cannabis on 1–5 days, and 38% who did not use cannabis that month.

Youth who used cannabis on a greater number of days were also less likely to have eaten breakfast in the past week, and were more likely to report never eating breakfast on school days.

**Youth who did not eat breakfast on school days in relation to recent cannabis use (among those who had used cannabis)**



Youth who used cannabis more regularly in the past month were also more likely to engage in purging during that time (e.g., 16% of youth who used cannabis on 10 or more days purged at least a couple of times a month vs. 13% of those who used cannabis on 3–9 days vs. 8% who used it on 0–2 days).

## Youth's response to the data about potential harms associated with using cannabis



When asked to identify and prioritize the health-related issues having the biggest impact on youth in their community, Grade 7-12 students across BC commonly included cannabis in their top three (see examples above).

Several youth mentioned using cannabis to help them sleep but felt that over time they had become dependent on it to fall asleep, and it was then hard to reduce the amount of cannabis they consumed. Others reported that they felt cannabis use among adults had increased recently. They stated that this impacted their interactions with those adults, especially when those adults appeared to be 'stoned'.

## DELAYING CANNABIS USE

In order to look at youth who may have chosen to delay their cannabis use, results in this section are among youth aged 16–18 who had ever used cannabis.

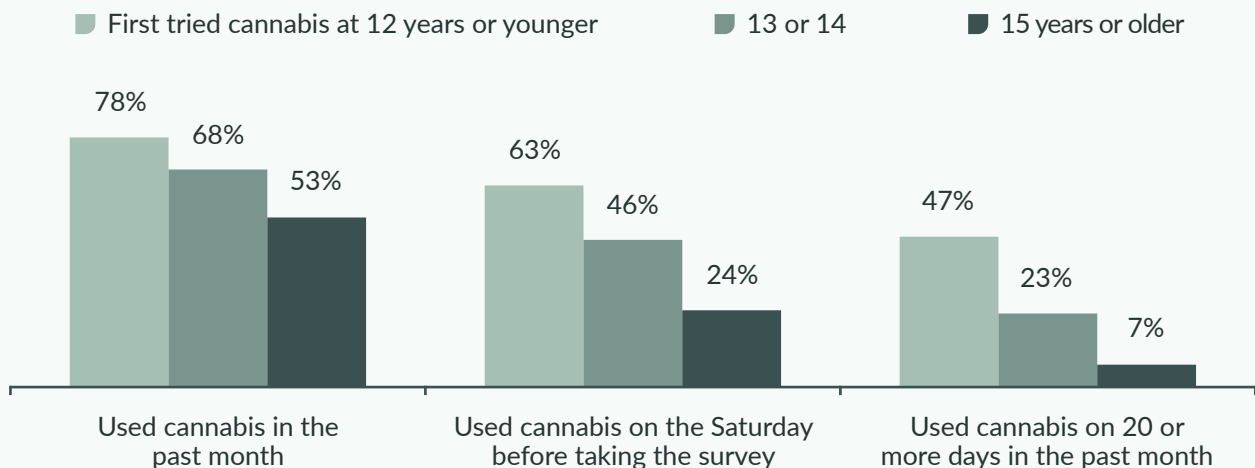
*“I would like to learn more about how to avoid drugs.”*

– 14-year-old youth

Youth who faced challenges in their lives were more likely to have started using cannabis at a younger age. For example, youth with government care experience were four times as likely to have first tried cannabis at age 12 or younger (28% vs. 7% of 16- to 18-year-olds who had not been in care). Similarly, those who had experienced abuse were more than twice as likely to have first tried cannabis before their 13<sup>th</sup> birthday (e.g., 13% of those who had experienced sexual abuse vs. 6% who did not have this experience).

Among youth aged 16–18, the older they were when they first tried cannabis, the less likely they were to have used it recently and regularly, and to report that their use had become problematic. For example, 8% of those who were 15 or older when they first tried cannabis felt that they needed help for their use in the past year, compared to 23% of those who were 13 or 14 when they first tried it, and 30% who were 12 or younger.

### Age students first used cannabis in relation to recent cannabis use (among 16–18-year-olds who had used cannabis)



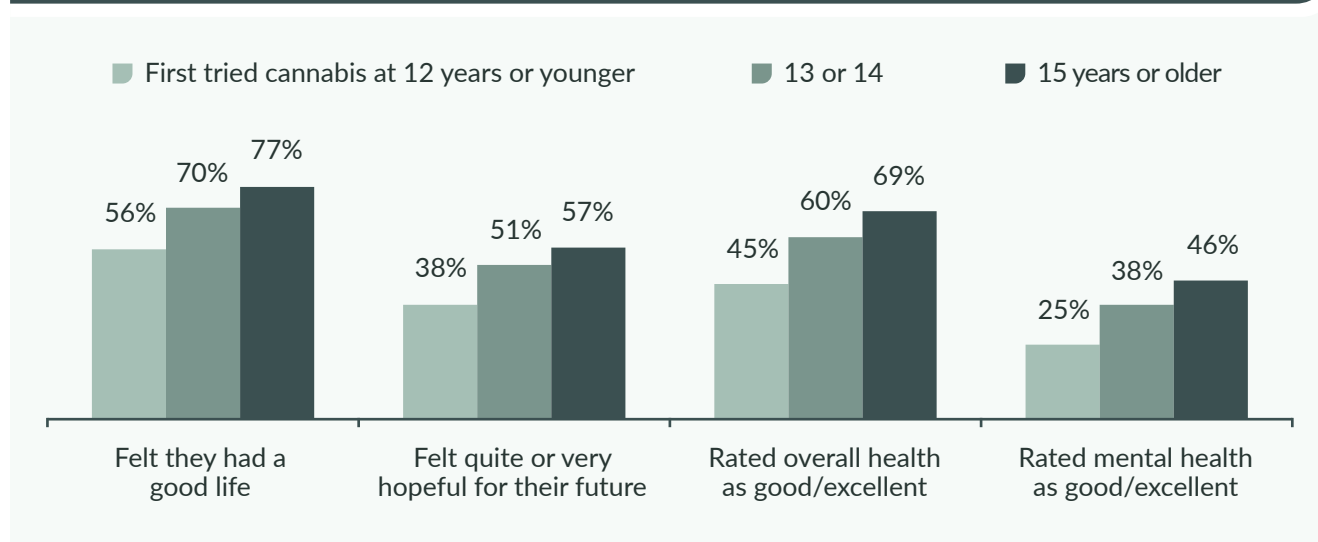
## Benefits of delaying first cannabis use

The older youth were when they first used cannabis, the less likely they were to have engaged in risk behaviours relating to their use. For example, youth who waited until they were 15 or older to first use cannabis were less likely to have last got their cannabis from someone they did not know (2% vs. 7% of those who had first tried it before their 13<sup>th</sup> birthday) and to have bought it from a stranger (3% vs. 12%). They were also less likely to have driven a vehicle after using cannabis and to have done so recently (e.g., 9% of youth who first tried cannabis at 15 or older had driven after using cannabis vs. 18% of those who first used it at 13 or 14 years old vs. 33% who first tried it at 12 or younger).

The older youth were when they first used cannabis, the more likely they were to rate their overall health and mental health positively, feel satisfied with their life, and feel hopeful for their future. For example, 45% of youth who first tried cannabis at 15 or older felt good about themselves, compared to 39% of those who first tried it at 13 or 14, and 28% who were 12 or younger.

Delayed use of cannabis was also associated with a lower likelihood of using other substances. For example, 44% of 16- to 18-year-olds who waited until they were 15 or older to try cannabis had also smoked tobacco, compared to 69% of those who first used cannabis at age 13 or 14, and 86% of those who were 12 or younger when they used cannabis for the first time. Similarly, 14% of those who first used cannabis at age 12 or younger had also used opioids, compared to 2% of those who first used cannabis at age 13 or 14, and 1% of those who waited until they were at least 15 years old to first use cannabis.

Age youth first used cannabis in relation to health and well-being  
(among 16-18-year-olds who had used cannabis)





## Benefits of not using recently

Youth aged 16–18 who had used cannabis at a younger age but had not done so recently reported better health and well-being than those who were currently using. For example, youth who tried cannabis before their 13<sup>th</sup> birthday but had not used cannabis in the past month were more likely to:

- Rate their mental health as good or excellent (34% vs. 22% of those who had first used before age 13 and used recently).
- Feel they had what they wanted in life (37% vs. 25%).
- Feel like a part of their school (37% vs. 25%).
- Participate in extracurricular activities (e.g., 36% played weekly organized sports vs. 21% of those who had first used before age 13 and used recently).

### Youth's response to the data about delaying cannabis use

Youth felt that having a support system in place and understanding the benefits of delaying first use would encourage more youth to wait until they were older before trying cannabis.

*"I think if we had 'addiction sessions' at school and counsellors you could talk to when you were thinking of starting to use, that would be helpful. Maybe someone with real-life experience of early use telling you why they wish they had waited."*

*"When you've got close friends and family and good social supports you don't want to mess that up, so are more likely to wait to start using any substance."*

*"There should be more information in elementary school about cannabis and all substances, as you might have been using for a while before you even know the dangers."*

# REDUCING THE LIKELIHOOD OF CANNABIS USE

*“For about a year I was heavily addicted to weed. Now I am almost 2 months sober.”*

– 18-year-old youth

This report has shown that youth who had never used cannabis reported more positive health and well-being compared to those who had used it. Also, among those who used cannabis, the more recently and regularly they used it, the poorer their health and well-being.

This section considers protective factors in youth’s lives that were associated with a reduced likelihood they would try cannabis; as well as factors among youth who had tried cannabis that were associated with them waiting until they were older to first use it, and not going on to use regularly.

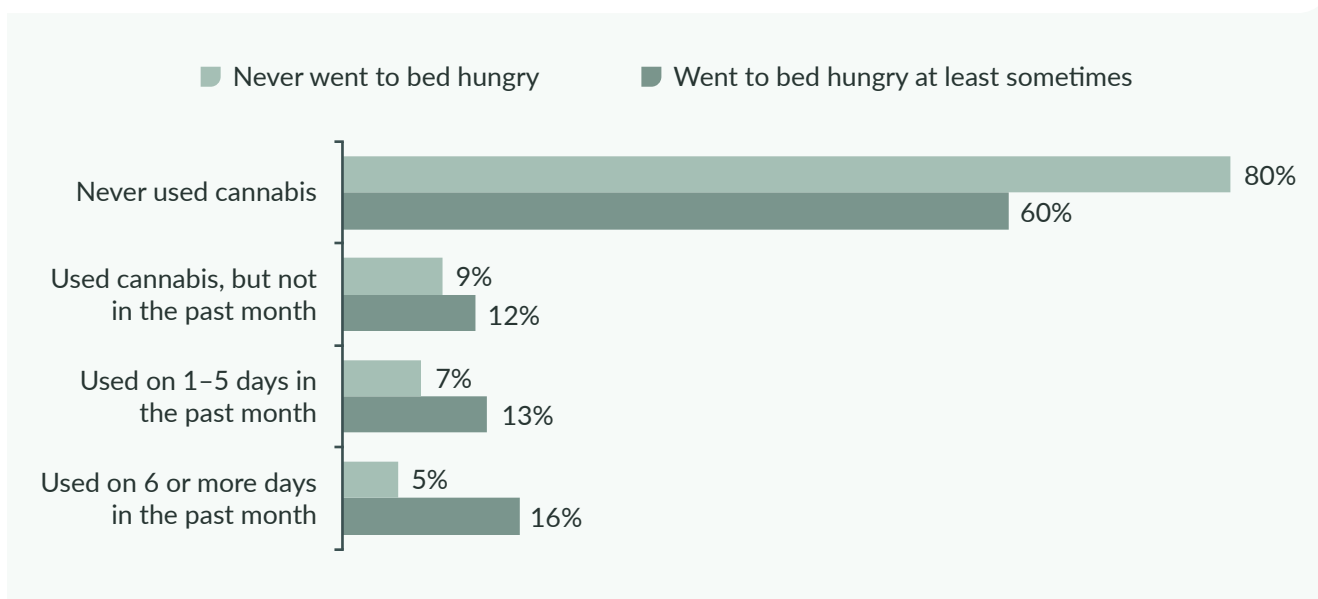
## Had their basic needs met

BC youth who had their basic needs met were less likely to have tried cannabis, and if they had tried it, were less likely to have used it recently and regularly. For example, 21% of those who experienced housing security in the past 12 months had tried cannabis (vs. 55% of those who had experienced homelessness in that time). Also, among those who had used cannabis, youth who experienced housing security were less likely to use it on 6 or more days in the past month (27% vs. 54% of those who had experienced homelessness).

The percentage of BC youth who used cannabis regularly in the past month decreased the fewer items they felt deprived of. For example, based on their responses to the Youth Deprivation Index, 5% of those who did not experience material deprivation used cannabis on 6 or more days in the past month, compared to 8% of youth who were deprived of one item, and 12% of those who were deprived of two or more items.

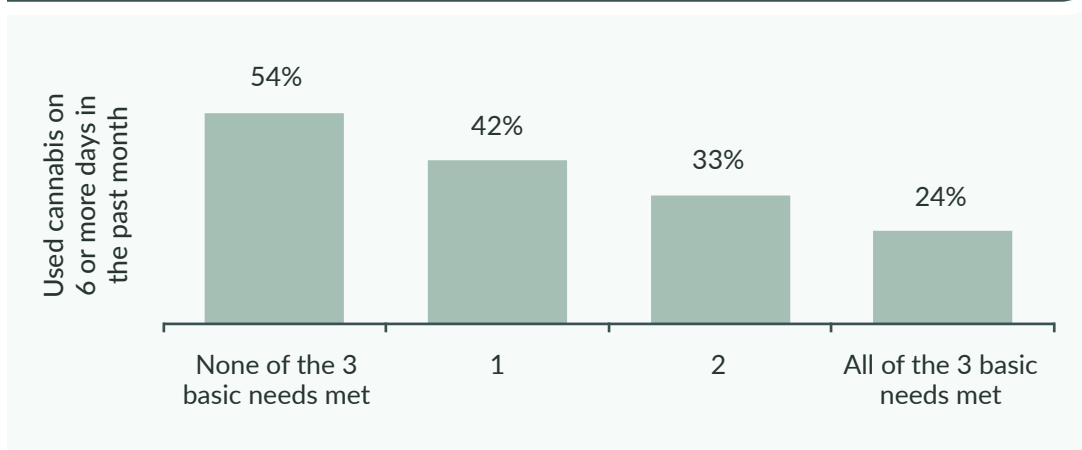
Youth who experienced food security (i.e., had never gone to bed hungry because of a lack of money for food) were also less likely to have tried cannabis or to have used it recently and regularly.

### Going to bed hungry in relation to cannabis use (among youth in BC)



The more of their basic needs that were met, the less likely youth were to use cannabis regularly. For example, youth who had tried cannabis were less likely to use on 6 or more days in the past month when they experienced greater food security (i.e., never went to bed hungry due to lack of money), housing stability (i.e., did not experience homelessness in the past year), and did not report material deprivation (i.e., were not deprived of any items from the Youth Deprivation Index).

### Youth who had more of their basic needs met were the least likely to use cannabis regularly (among those who had tried cannabis)

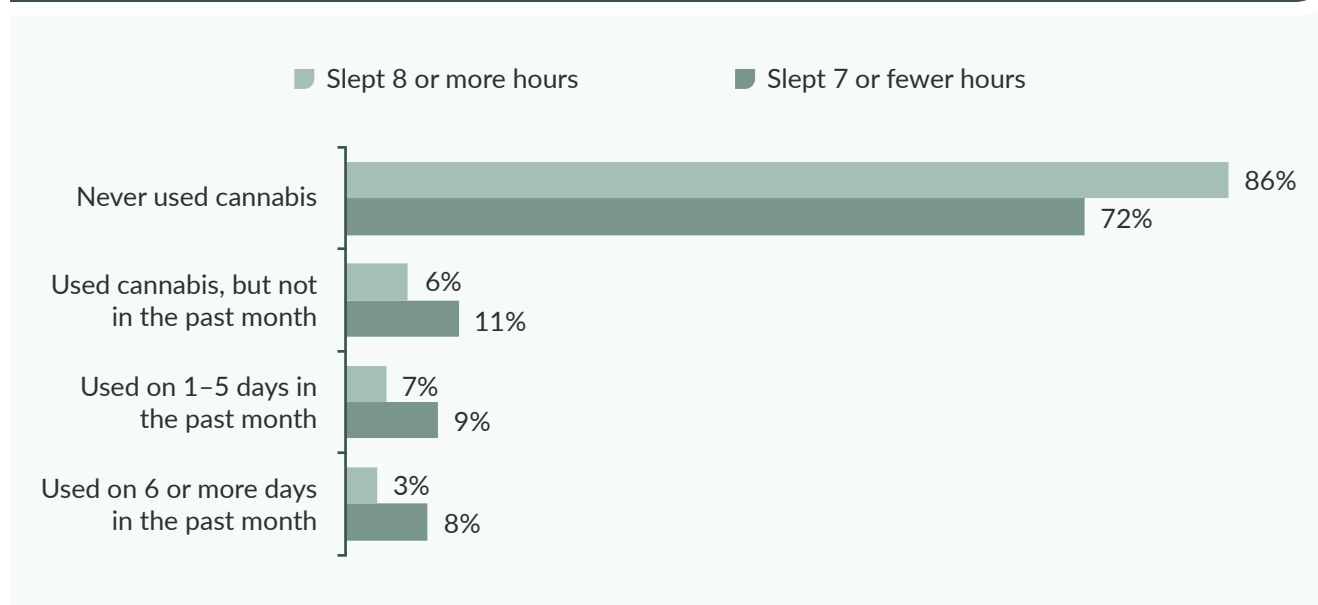


Note: The three basic needs included food security, housing stability, and no material deprivation.

## Health promoting behaviours

Getting 8 or more hours of sleep the night before taking the survey was associated with youth being less likely to have tried cannabis, as well as less likely to have used it recently and regularly.

### Hours of sleep on the previous night in relation to cannabis use (among youth in BC)



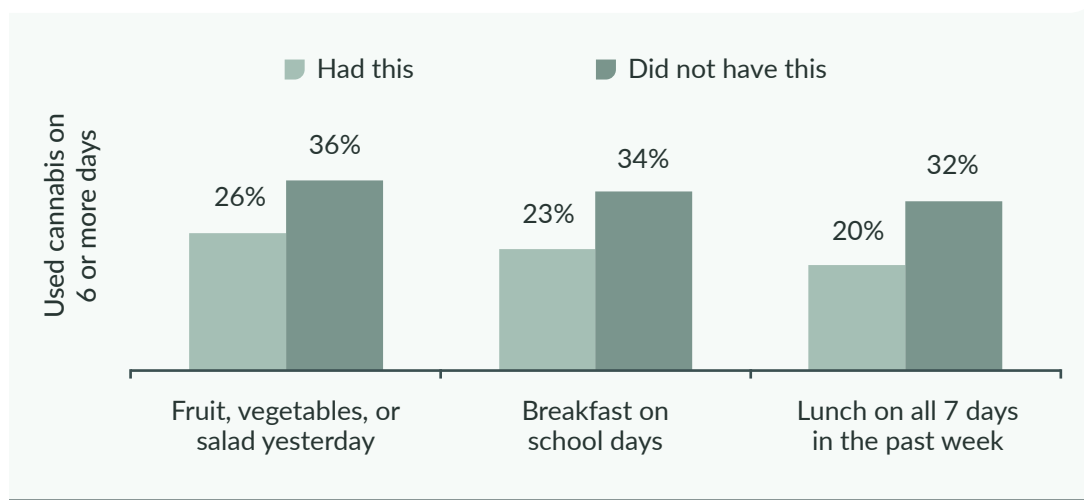
Among youth who had tried cannabis and got 8 or more hours of sleep the previous night:

- 43% did not use cannabis in the past month (vs. 38% of those who slept for 7 hours or less the previous night).
- 25% used cannabis on 6 or more days in the past month (vs. 30%).

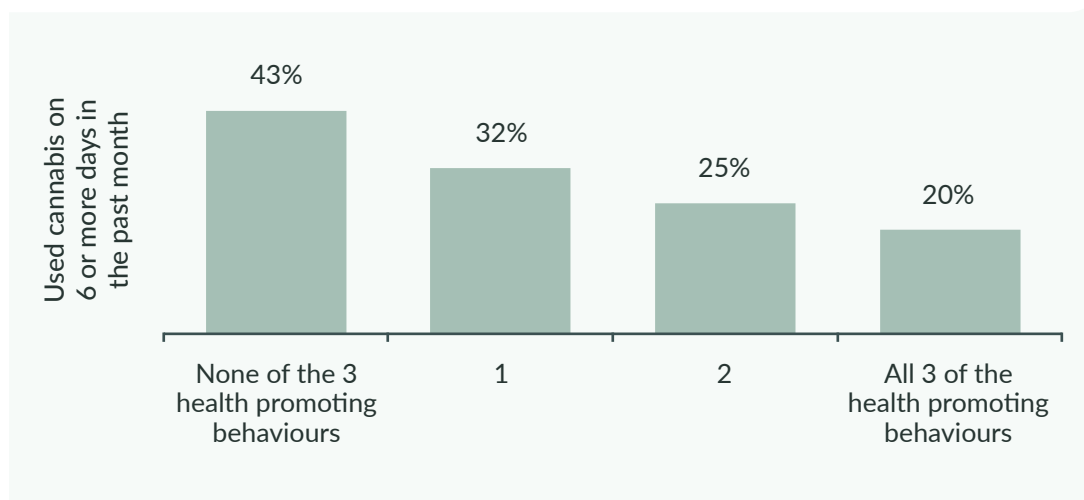
Having access to healthy food and consistent meals was also associated with a reduced likelihood of trying cannabis, as well as a reduced likelihood of using cannabis recently and regularly. For example, among youth who had tried cannabis, those who ate healthy foods the previous day, ate breakfast on school days, and ate lunch daily in the past week were less likely to use cannabis on 6 or more days in the past month.

The more behaviours that youth engaged in that promoted their health, the less likely they were to use cannabis regularly. For example, youth who got 8 or more hours of sleep the night before taking the survey; ate fruit, vegetables, or salad that day; and ate breakfast on school days were the least likely to use cannabis on 6 or more days in the past month, and those who engaged in none of these behaviours were the most likely to have used cannabis this regularly.

### Eating behaviours in relation to cannabis use in the past month (among those who had tried cannabis)



### Youth who slept at least 8 hours; ate fruit, vegetables, or salad; and ate breakfast on school days were the least likely to use cannabis regularly (among those who had tried cannabis)



## Family

Family connectedness has previously been associated with reduced cannabis use. This was also the case in the 2023 BC AHS, as youth who felt their family understood them, paid attention to them, respected them, and had fun together were less likely to have tried cannabis, and to have used it recently and regularly. For example, 18% of those who felt their family respected them quite a bit or very much had tried cannabis, compared to 41% of those who felt their family respected them only a little or not at all.

Also, among those who had tried cannabis, youth with positive family relationships were less likely to have used cannabis recently and regularly. For example:

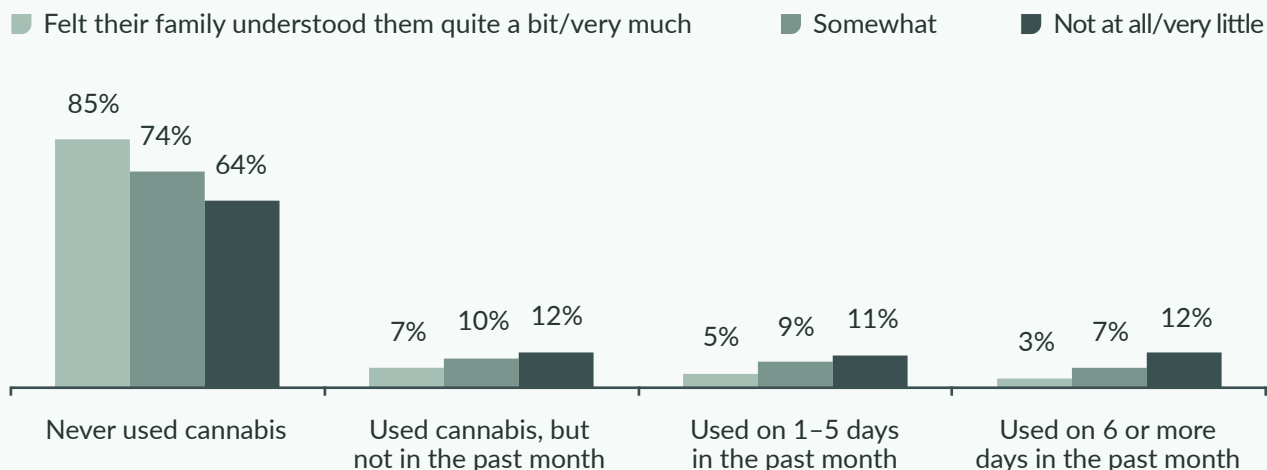
- Youth who felt their family paid attention to them quite a bit or very much were less likely to have used cannabis in the past month (57% vs. 65% of those who felt this way only a little or not at all).
- Youth who had fun with their family quite a bit or very much were less likely to have used cannabis on 6 or more days that month (23% vs. 38% of those who felt this way only a little or not at all).

Also, 19% of youth who had an adult in their family they could talk to about their problems had tried cannabis (vs. 31% who did not have such an adult). Among youth who had tried cannabis, those who had such an adult in their life were less likely to have used in the past month and to have used regularly (e.g., 26% used on 6 or more days that month vs. 33% who did not have such an adult).

Spending time with family was also important. For example, 26% of youth who had used cannabis and felt they spent the right amount of time with their family had used it on 6 or more days in the past month, compared to 32% who felt they spent insufficient time with their family.

Youth who felt their parents or guardians were aware of how they spent their time were less likely to have used cannabis (e.g., 17% of those who felt their parents or guardians knew what they were doing in their free time most or all of the time vs. 40% who felt their parents or guardians rarely or never knew). Also, if these youth had used cannabis, they were less likely to have done so recently (57% used in the past month vs. 69%) and regularly (e.g., 22% used on 6 or more days in the past month vs. 39%).

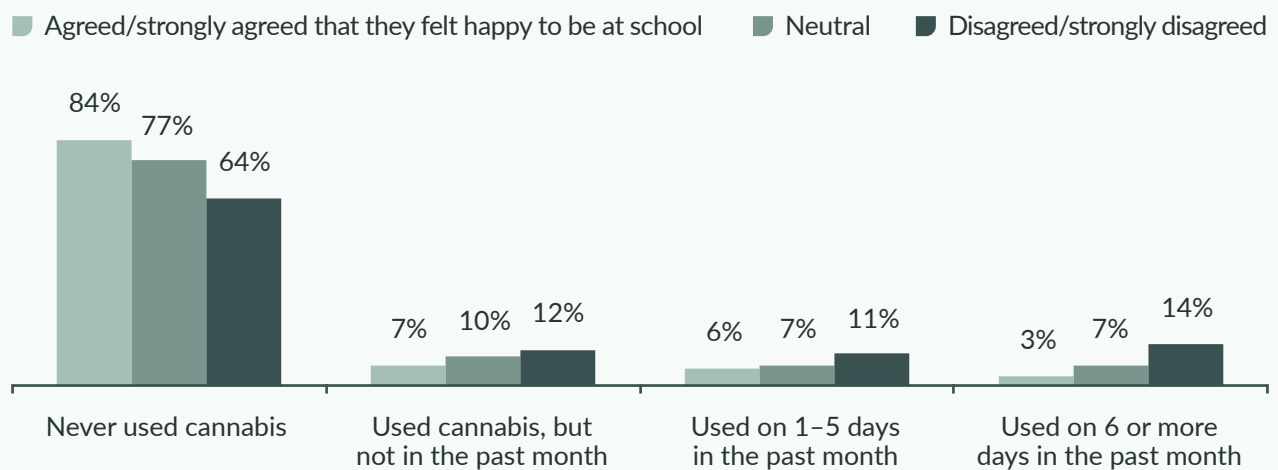
### Family connectedness in relation to cannabis use (among youth in BC)



## School

Youth who felt connected to their school were less likely to have used cannabis. For example, 17% of those who felt like a part of their school had used cannabis, compared to 35% who did not feel like a part of their school. Also, among those who had used cannabis, those who felt their teachers cared about them were less likely to have used in the past month (57% vs. 69% of those who did not feel their teachers cared) and on 6 or more days that month (23% vs. 40%).

### Felt happy at school in relation to cannabis use (among youth in BC)



Having plans to continue their education after high school was associated with youth being less likely to have tried cannabis (21% who planned to go to post-secondary had used cannabis vs. 36% of those who did not have such plans).

Among those who had used cannabis, those who had post-secondary ambitions were less likely to have used in the past 30 days (58% vs. 71%), and to have used regularly that month (e.g., 25% used on 6 or more days vs. 43% of those who did not plan to pursue post-secondary education).

Having supportive adults within the school system could be particularly helpful for those who did not have these supports at home. For example, among youth who had tried cannabis and did not have an adult in their family they could talk to about their problems, those who felt a teacher cared about them were less likely to have used cannabis in the past month (63% vs. 70% of those who did not feel their teachers cared). They were also less likely to have used cannabis on 6 or more days that month (26% vs. 39%).

## Supportive adults

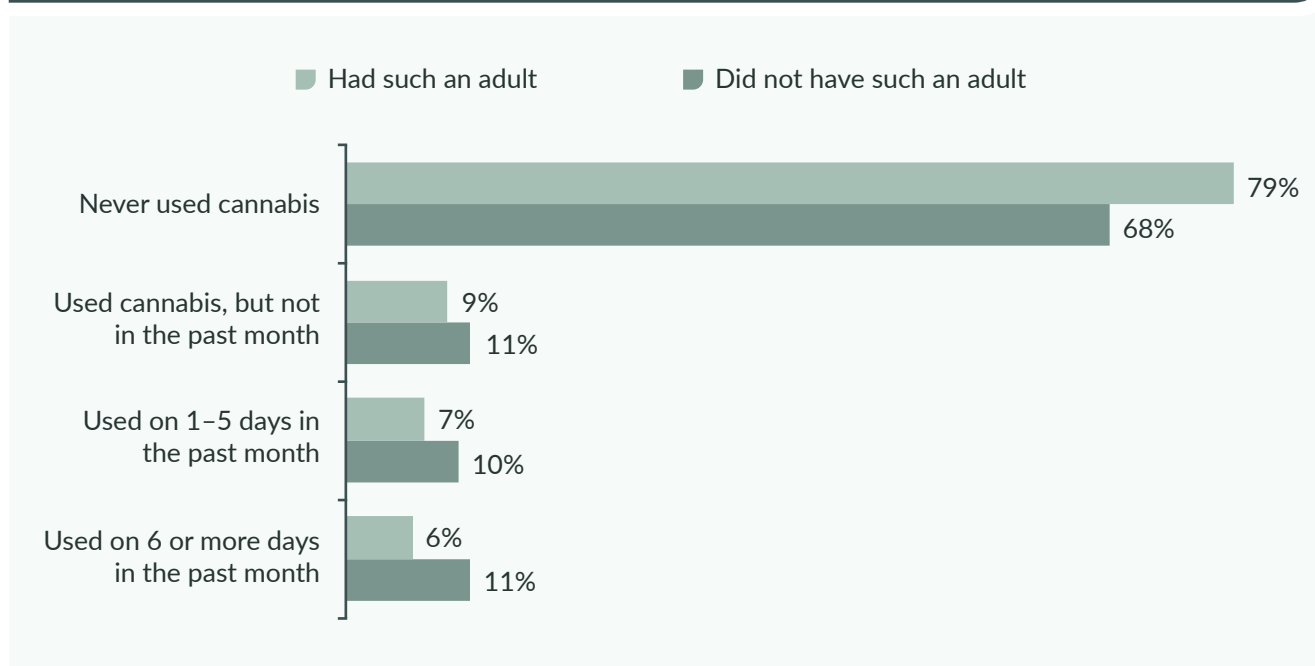
Not all youth have access to supportive adults within their family or school. Youth were also less likely to be regular cannabis users if they had caring adults in their community. For example, youth who used cannabis who had three or more caring adults in their neighbourhood or community were less likely to have used cannabis on 6 or more days in the past month (26% vs. 30% of those who did not have this type of adult support).

This was also the case for youth who experienced challenges, such as unstable housing. For example, among youth who had used cannabis and experienced homelessness in the past year, those who had three or more caring adults in the community were less likely to have used cannabis on 6 or more days in the past month (44%\* vs. 57% of those who had fewer or no such adults).

Youth who had an adult in their life to help with tasks such as homework, preparing for post-secondary, learning life skills, and making/getting to appointments were less likely to have tried cannabis and to use it regularly. For example, among those who felt they needed this help, 18% who had an adult to help them with their homework had tried cannabis, compared to 36% who did not have an adult to help them with homework.

Also, among those who had tried cannabis and needed help learning life skills, 27% of those who had an adult to help them in this area had used cannabis on 6 or more days in the past month, compared to 36% of those who did not have such an adult.

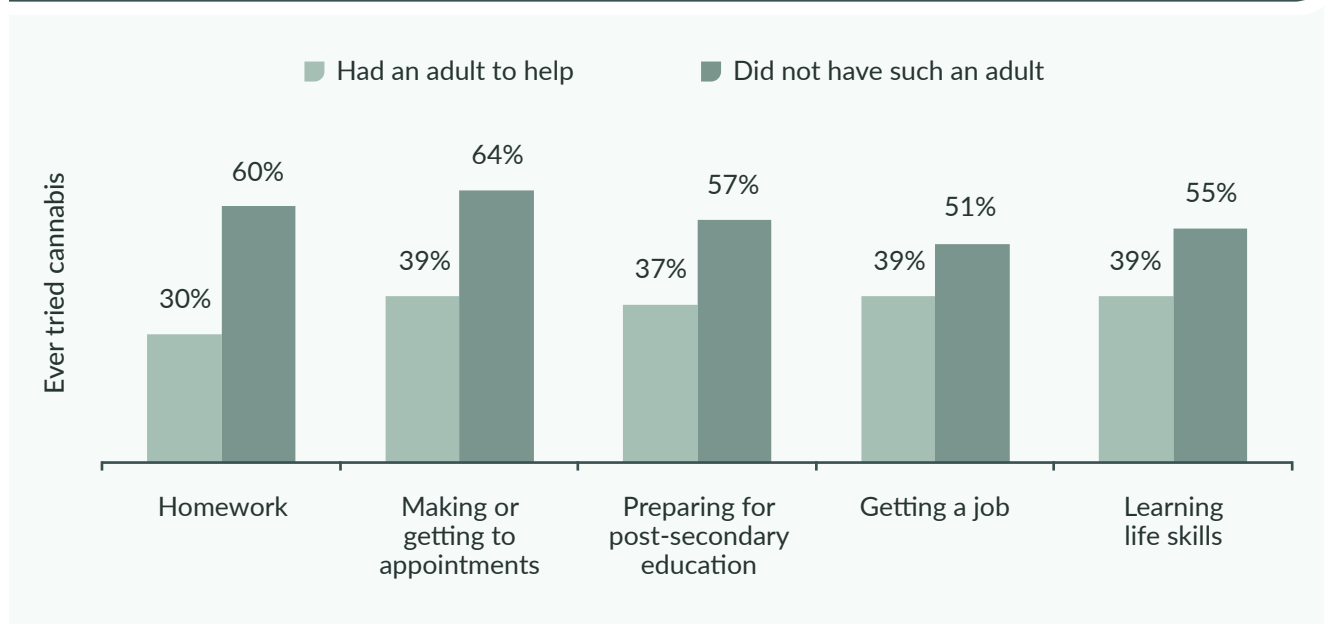
### Having an adult to help with learning life skills in relation to cannabis use (among youth in BC)





Having an adult to help with tasks was also protective for youth who faced additional challenges in their life. For example, among youth with government care experience who had tried cannabis, those who had an adult to help them with making or getting to appointments were less likely to have used cannabis on 6 or more days in the past month (43% vs. 55% of those who did not have an adult to help them with appointments).

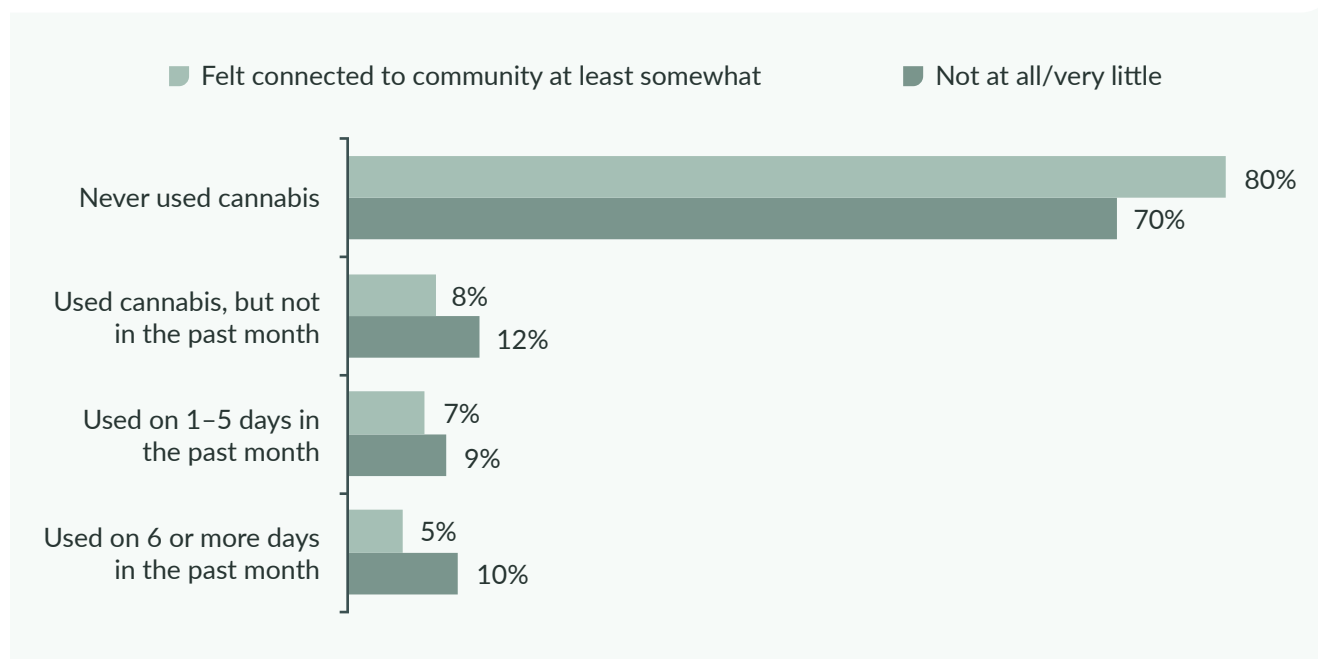
### Having supportive adults to help with tasks in relation to trying cannabis (among youth with government care experience)



## Community connectedness

Youth who felt connected to their community were less likely to have used cannabis, and to have used it recently and regularly.

### Community connection in relation to cannabis use (among youth in BC)



Among youth who had tried cannabis and felt quite or very connected to their community:

- 42% did not use cannabis in the past month (vs. 37% of those who felt not at all or only a little connected).
- 23% used cannabis on 6 or more days in the past month (vs. 34%).

Reflecting the pattern with other protective factors, youth who faced additional challenges in their life reported lower cannabis use when they felt connected to their community. For example, among youth with government care experience who had tried cannabis, those who felt quite or very connected to their community were less likely to have used cannabis in the past month (63% vs. 76% of those who felt only a little or not at all connected), including on 20 or more days (25% vs. 37%).

## Cultural pride

Cultural pride was also protective. For example, 19% of youth who felt quite or very proud of their background had tried cannabis, compared to 30% who felt less proud.

Among youth who had tried cannabis and felt quite or very proud of their background:

- 42% did not use cannabis in the past month (vs. 35% of those who felt not at all or only a little proud).
- 26% used cannabis on 6 or more days that month (vs. 31%).

## Meaningful participation in activities

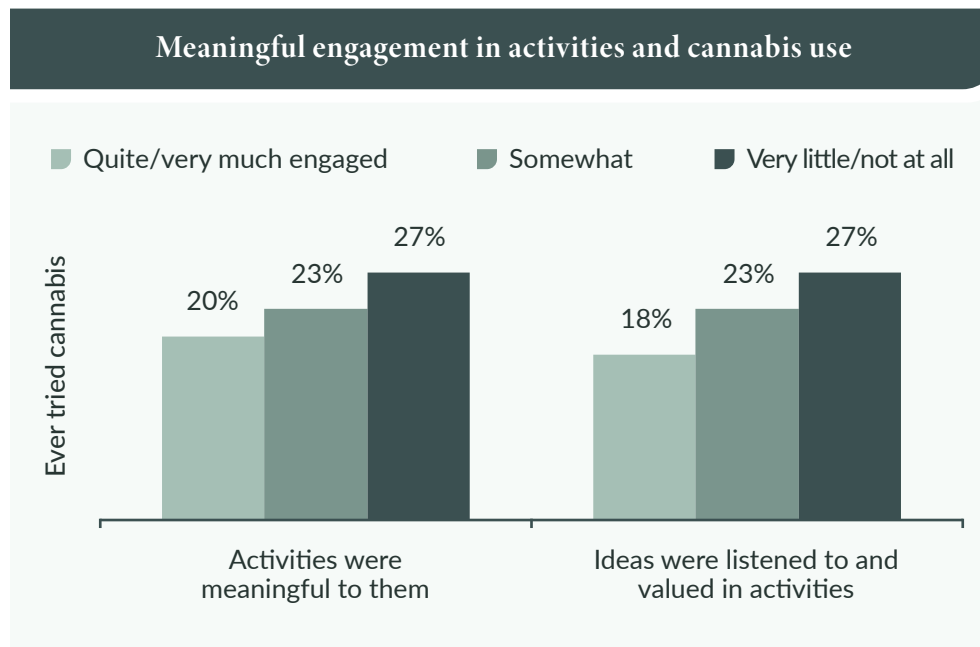
Youth who engaged in community-based extracurricular activities at least weekly were less likely to have used cannabis, and to have used recently and regularly. For example, 15% of youth who participated in weekly cultural or traditional activities had used cannabis, compared to 23% who participated less regularly. Among those who had used cannabis, 55% who participated in these activities at least weekly had used cannabis in the past month, compared to 61% who participated in cultural activities less regularly.

Similarly, youth who had used cannabis were less likely to have used it on 6 or more days in the past month if they engaged at least weekly in volunteering without pay (20% vs. 29% of those who participated less often or not at all), organized dance and exercise classes (23% vs. 28%), organized sports (23% vs. 32%), informal sports (26% vs. 30%), and exercise at a gym or rec centre (25% vs. 30%).

Participating in extracurricular activities was also protective for youth who had experienced adversity in their life. For example, among those who had experienced physical or sexual abuse and had used cannabis, those who participated in weekly organized sports were less likely to have used cannabis on 6 or more days in the past month (28% vs. 38%).

Feeling listened to and valued in their activities and that their activities were meaningful to them was also associated with a lower likelihood of youth using cannabis. The more engaged and valued they felt, the less likely they were to have tried cannabis. Also, among youth who had tried cannabis, those who found the activities they engaged in to be quite or very meaningful were less likely to have used on 6 or more days in the past month (24% vs. 33% of those who found their activities not at all or only a little meaningful).

In addition, among youth who had tried cannabis, those who enjoyed exercising quite a bit or very much were less likely to have used cannabis on 6 or more days (25% vs. 32% of those who enjoyed exercising only a little or not at all).

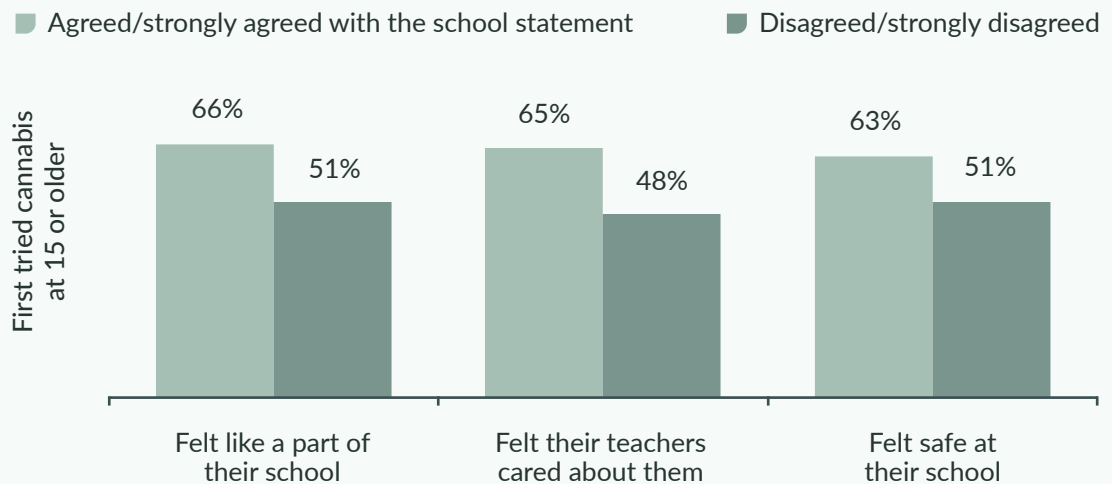


## Protective factors associated with delayed use

The protective factors identified in the previous pages were also associated with youth aged 16–18 delaying the age they first used cannabis. Among 16- to 18-year-olds who had tried cannabis, youth more likely to wait until they were at least 15-years-old to first try cannabis included those who:

- Felt their family understood them quite a bit or very much (65% vs. 60% of those who felt somewhat understood vs. 52% who felt their family understood them very little or not at all).
- Felt quite or very connected to their community (67% vs. 60% of those who felt somewhat connected vs. 52% who felt less connected).
- Had friends they could share their ups and downs with (61% vs. 54% of those who did not have such friends).
- Felt connected to school, including feeling like a part of their school, their teachers cared about them, and safe at school.

### Youth who felt connected to school were more likely to have first tried cannabis at age 15 or older (among 16–18-year-olds who had tried cannabis)



## Protective factors across domains

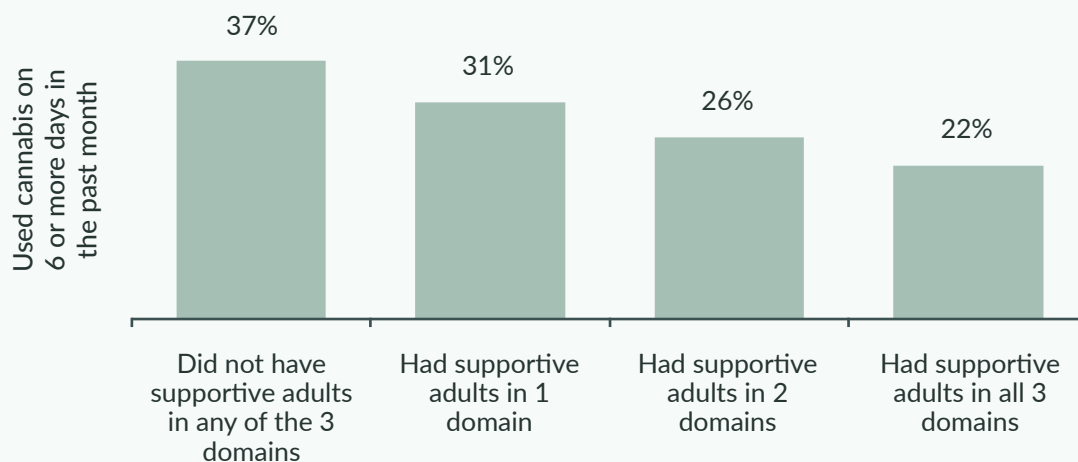
The preceding sections looked at protective factors in different domains, such as family and school. Findings showed that the presence of these factors can be associated with a lower likelihood of youth trying cannabis, delaying their first use, and using recently and regularly, even when youth had experienced adversity. This final section looks at the effects that protective factors may have when they are present across multiple domains.

### *Supportive connections*

Having supportive adults was associated with a lower likelihood of cannabis use, and the more parts of a youth's life where they had supportive adults, the less likely they were to use cannabis recently and regularly.

Among youth who had tried cannabis, those who had supportive adults across the three domains of family, school, and community (i.e., those who felt they had an adult in their family to turn to for support, teachers who cared about them, and adults in the community who cared about them) were the least likely to have used cannabis recently and regularly.

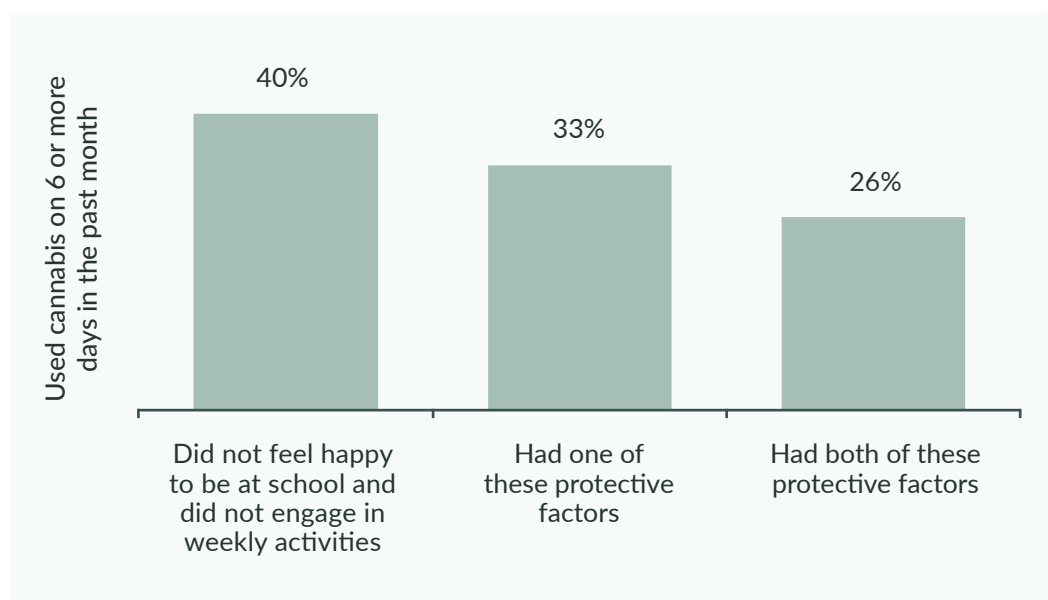
**Youth who had supportive adults in their family, school, and community were the least likely to use cannabis regularly (among those who had tried cannabis)**



Youth who lacked supports and connections in one domain reported lower cannabis use when they had positive connections in other areas of their life. For example, a supportive family is a robust protective factor that has been linked to reduced cannabis use. However, youth who had tried cannabis but had lower family connectedness (i.e., they felt less strongly that their family respected them, understood them, paid attention to them, or had fun together) were less likely to use cannabis regularly when they felt happy at school and were engaged in weekly extracurricular activities.

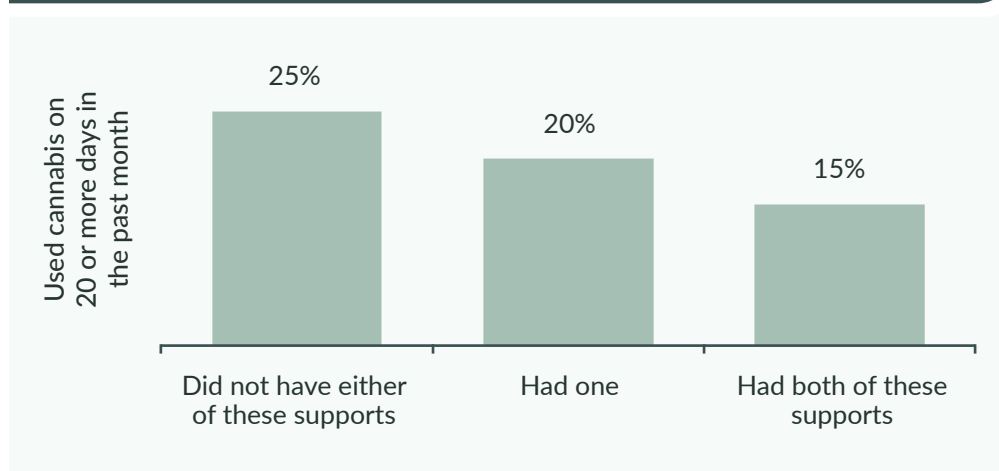
Also, youth with lower family connectedness who had tried cannabis were less likely to use cannabis regularly when they had an adult to help them prepare for post-secondary education, and supportive friends to share their ups and downs with.

**Youth who felt happy to be at school and engaged in weekly extracurricular activities were less likely to use cannabis regularly (among those who had lower family connectedness)**



Note: Among youth who used cannabis.

**Youth who had an adult to help them prepare for post-secondary and friends to share their ups and downs with were less likely to use cannabis frequently (among those who felt less connected to their family)**



Note: Among youth who used cannabis.

Similarly, when youth who had tried cannabis lacked supports and connections both at home and at school, they reported less frequent cannabis use when they had other meaningful connections, such as engagement in weekly extracurricular activities.

## Youth's response to the data about factors associated with reducing the likelihood of youth using cannabis

Youth agreed that supportive adults (and peers) could play a role in reducing the likelihood they would use cannabis by helping them to not succumb to peer pressure to use, and by answering any questions they might have about cannabis use in a non-judgmental and open way.

*"When adults are approachable and don't judge or get weird, you can feel comfortable coming to them with your questions and problems."*

*"My recommendation to adults is the three E's: extensively emphasize empathy."*

It resonated with youth that young people who participated in extracurricular activities were less likely to use cannabis and to use it regularly. They also felt that unequal access to extracurriculars might explain the regional differences in cannabis use.

*"Smoking weed makes nothing to do something to do."*

Some youth felt that engaging in extracurricular physical activity was a particularly useful way for them to avoid cannabis use, as it kept them busy, reduced stress, and helped them sleep, which were the effects they might otherwise use cannabis to attain.



# YOUTH'S KEY MESSAGES ABOUT THE REPORT FINDINGS

Youth who reviewed the findings in this report were asked for their suggestions on how youth who used cannabis could be better supported. Their suggestions are summarized below.

- Ensure youth receive comprehensive, non-judgmental substance use education, which starts in elementary school. Avoid scare tactics and 'don't do drugs' presentations. Instead, have conversations with youth that involve explaining the effects of cannabis, how to use more safely, why it might be good to wait until an older age to try it, what using in moderation looks like, and what youth can do if they think their use is becoming problematic.

*"Fearmongering doesn't work and just makes people feel more shame about using cannabis. It makes them do it more in secret."*

*"Don't focus on the goal of getting no youth to smoke weed. That's never going to happen."*

*"General info about strains [of cannabis] would be good. Like this is what indica does to you, this is what sativa does to you."*

- Find out the reasons youth are using cannabis and support them to address those in healthier ways that work for them. Examples might include teaching youth sleep hygiene; healthy, balanced eating; and stress management tools and techniques, such as mindfulness.

*"Provide diet and eating disorder resources like understanding hunger cues, because some youth don't feel physically hungry without [cannabis]."*

*"Some youth use cannabis to fall asleep and can't fall asleep without it, so teach us how to have good sleep and deal with insomnia."*

*"Help us to set healthy habits, and [provide] resources for dealing with schoolwork and mental health."*

- Ensure youth in rural communities have access to meaningful activities at school and in the community. This may reduce the amount of free time youth have to use cannabis, as well as reduce cannabis use as a coping strategy.

*"Provide alternative entertainment and activities for youth in rural communities. It would keep them busy but also make them feel better, mentally and emotionally and physically."*

- Ensure counsellors and other substance use service providers accept that youth might sometimes relapse in their journey towards sobriety, especially if they are dealing with a challenging or tumultuous home life. Also, provide ongoing support to youth who may be using cannabis to reduce their use of other substances.

*“Adults make negative assumptions—degrading teens for using cannabis isn’t going to help. Take a minute to educate yourself before you get mad. There’s so much more to youth than their cannabis use.”*

*“I’m not getting high to piss you off. I’m getting high to feel better, feel normal.”*

*“Having a relapse prevention plan is needed. Recovery is never finished.”*

*“There needs to be more psychiatrists available. A lot of youth might self-medicate with weed so if you want us to stop self-medicating, listen to us and help us get the health care we need.”*

- Finally, youth suggested schools should not use suspensions or expulsions to punish youth who use cannabis at school, as these approaches may contribute to further disengagement from school, and to increased cannabis use. They also suggested that there could be a safe, calm space at school where youth could go if they were under the influence or struggling with their cannabis use.

*“It would be helpful not to punish kids by suspending them. Actually support them and support them with the reasons why they’re smoking weed.”*

*“Knowing you have a safe space or a reassuring presence when you’re high can help you have a better come down.”*

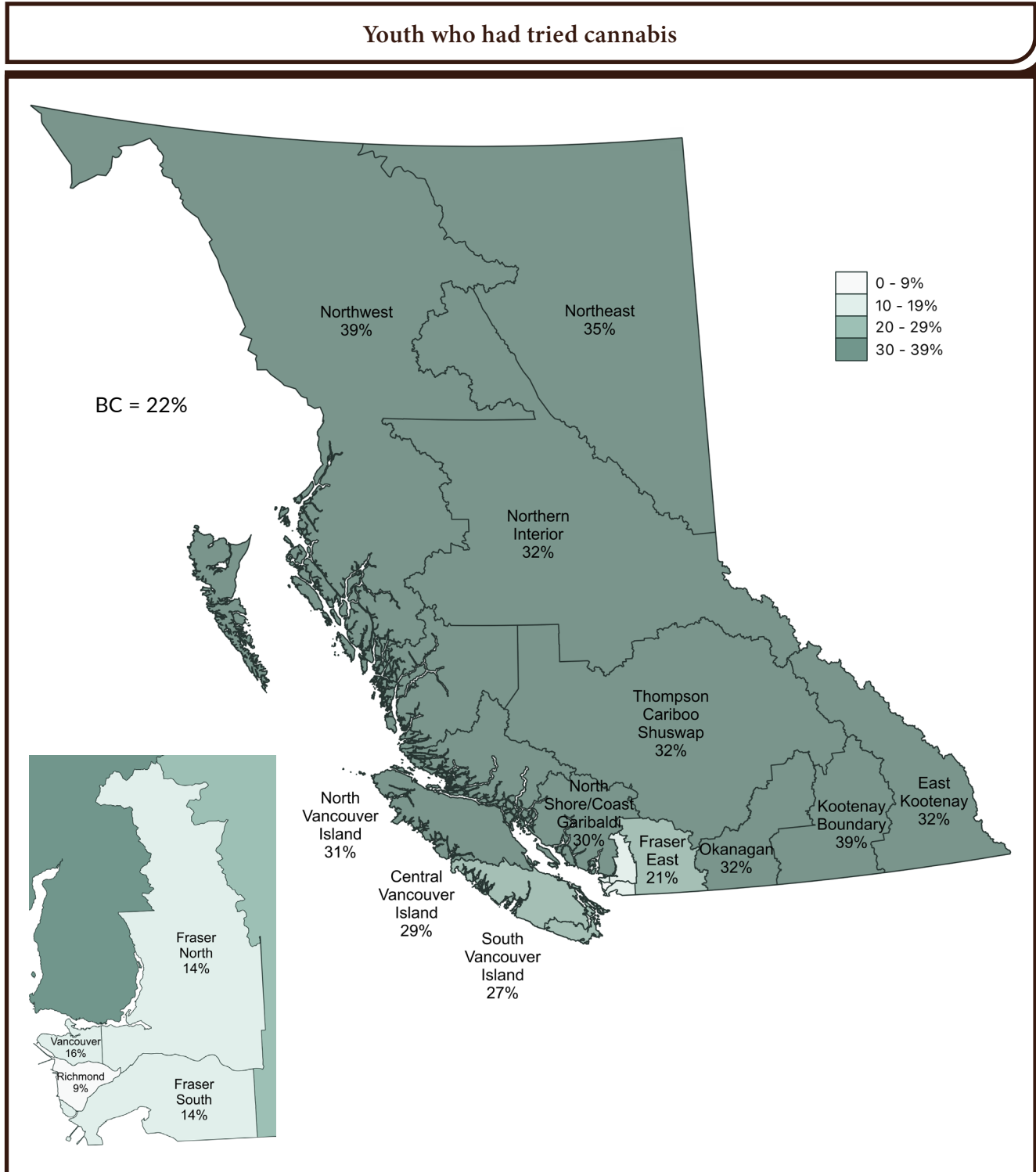
Published in 2023 ([uvic.ca/research/centres/cisur/assets/docs/youth-cannabis-guidelines.pdf](https://uvic.ca/research/centres/cisur/assets/docs/youth-cannabis-guidelines.pdf)), the lower risk cannabis use guidelines were created by older youth with experience of using cannabis for youth planning to use cannabis:

- Get educated before you use.
- Know your reasons for using cannabis and pay attention to how it’s affecting you.
- It’s okay to wait until you’re older or to not use cannabis at all.
- Start low, go slow.
- Consider where you are and who you use with.
- Consider your products, and how you use, carefully whenever possible.

Additional Canadian guidelines for cannabis use are available at:

- [camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf](https://camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf)
- [substanceuse.ca/lower-risk-cannabis-use-guidelines-psychosis-lrcug-psych-evidence-brief](https://substanceuse.ca/lower-risk-cannabis-use-guidelines-psychosis-lrcug-psych-evidence-brief).

## Appendix 1: Regional differences in youth who had tried cannabis



Note: Not all differences between HSDAs were statistically significant.

## Appendix 2: Regional differences in recent and regular cannabis use

There were few regional differences in youth who had used cannabis in the past month. However, there was greater regional variation in those who used on 6 or more days, and on 20 or more days that month.

Recent and regular cannabis use (among those who had ever used cannabis)			
	Used cannabis in the past month	Used on 6 or more days that month	Used on 20 or more days that month
<b>Health Service Delivery Areas</b>			
<b>North</b>			
Northwest (A)	64% <sup>M</sup>	33% <sup>J,K,L</sup>	23% <sup>G,H,J,K,L,M,O,P</sup>
Northeast (B)	66% <sup>M</sup>	39% <sup>J,K,L,M,N,O</sup>	25% <sup>H,K,L,M,O,P</sup>
Northern Interior (C)	64% <sup>M</sup>	32% <sup>J,L</sup>	17% <sup>L</sup>
<b>Interior</b>			
Thompson Cariboo Shuswap (D)	61%	33% <sup>J,K,L,O</sup>	17% <sup>L</sup>
Okanagan (E)	63%	32% <sup>J,L</sup>	18% <sup>L</sup>
Kootenay Boundary (F)	63%	34% <sup>J,K,L,O</sup>	20% <sup>K,L,O,P</sup>
East Kootenay (G)	63%	31% <sup>J</sup>	16% <sup>A,L</sup>
<b>Vancouver Island</b>			
North Vancouver Island (H)	59%	29%	14% <sup>A,B</sup>
Central Vancouver Island (I)	63%	30%	17% <sup>L</sup>
South Vancouver Island (J)	60%	23% <sup>A,B,C,D,E,F,G</sup>	15% <sup>A,L</sup>
<b>Vancouver Coastal</b>			
North Shore/Coast Garibaldi (K)	63% <sup>M</sup>	26% <sup>A,B,D,F</sup>	13% <sup>A,B,F</sup>
Vancouver (L)	60%	23% <sup>A,B,C,D,E,F</sup>	9% <sup>A,B,C,D,E,F,G,I,J</sup>
Richmond (M)	52% <sup>A,B,C,K</sup>	24% <sup>B</sup>	12% <sup>A,B</sup>
<b>Fraser</b>			
Fraser North (N)	59%	26% <sup>B</sup>	16%
Fraser South (O)	58%	26% <sup>B,D,F</sup>	13% <sup>A,B,F</sup>
Fraser East (P)	60%	28%	13% <sup>A,B,F</sup>

Note: Superscripts indicate Health Service Delivery Areas (HSDAs) for which there were statistically significant differences between percentage estimates. For example, youth in the Northwest were more likely than those in Richmond to have used cannabis on at least 1 of the past 30 days.

## Appendix 3: Regional differences in needing help for cannabis use

Youth who needed help for their cannabis use in the past 12 months (among those who had ever used cannabis)	
<b>Health Service Delivery Areas</b>	
<b>North</b>	
Northwest (A)	22% <sup>G,O</sup>
Northeast (B)	24% <sup>G,J,L,O</sup>
Northern Interior (C)	18%
<b>Interior</b>	
Thompson Cariboo Shuswap (D)	16%
Okanagan (E)	17%
Kootenay Boundary (F)	16%
East Kootenay (G)	14% <sup>A,B</sup>
<b>Vancouver Island</b>	
North Vancouver Island (H)	19%
Central Vancouver Island (I)	16%
South Vancouver Island (J)	15% <sup>B</sup>
<b>Vancouver Coastal</b>	
North Shore/Coast Garibaldi (K)	16%
Vancouver (L)	15% <sup>B</sup>
Richmond (M)	18%
<b>Fraser</b>	
Fraser North (N)	21%
Fraser South (O)	15% <sup>A,B</sup>
Fraser East (P)	16%

Note: Superscripts indicate Health Service Delivery Areas (HSDAs) for which there were statistically significant differences between percentage estimates. For example, youth in Vancouver were less likely than those in the Northeast to have needed help for their cannabis use in the past year.

## Appendix 4: Regional differences in method of cannabis use

How youth used cannabis the last time (among those who had ever used cannabis)			
	Smoked it	Vaped it	Ate it
<b>Health Service Delivery Areas</b>			
<b>North</b>			
Northwest (A)	76% <sup>O</sup>	38% <sup>F,H,I,K,L</sup>	24% <sup>K</sup>
Northeast (B)	69% <sup>H</sup>	45% <sup>D,F,H,I,J,K,L,N,P</sup>	20%
Northern Interior (C)	68% <sup>F,H,I,J,K,N</sup>	43% <sup>D,F,H,I,J,K,L,N</sup>	22%
<b>Interior</b>			
Thompson Cariboo Shuswap (D)	75% <sup>O</sup>	33% <sup>B,C,H</sup>	24% <sup>K</sup>
Okanagan (E)	73% <sup>O</sup>	37% <sup>F,H,I,J,K,L</sup>	24% <sup>K</sup>
Kootenay Boundary (F)	78% <sup>C,G,O</sup>	26% <sup>A,B,C,E,G,M,O,P</sup>	19% <sup>M,O</sup>
East Kootenay (G)	68% <sup>F,H,I,J,K,N</sup>	39% <sup>F,H,I,L</sup>	18% <sup>M,O</sup>
<b>Vancouver Island</b>			
North Vancouver Island (H)	80% <sup>B,C,G,L,O,P</sup>	24% <sup>A,B,C,D,E,G,M,O,P</sup>	25% <sup>K</sup>
Central Vancouver Island (I)	76% <sup>C,G,O</sup>	28% <sup>A,B,C,E,G,O</sup>	23%
South Vancouver Island (J)	76% <sup>C,G,O</sup>	30% <sup>B,C,E,O</sup>	22%
<b>Vancouver Coastal</b>			
North Shore/Coast Garibaldi (K)	76% <sup>C,G,O</sup>	30% <sup>A,B,C,E,O</sup>	17% <sup>A,D,E,H,L,M,N,O</sup>
Vancouver (L)	70% <sup>H</sup>	28% <sup>A,B,C,E,G,M,O</sup>	25% <sup>K</sup>
Richmond (M)	67%	43% <sup>F,H,L</sup>	33% <sup>F,G,K</sup>
<b>Fraser</b>			
Fraser North (N)	76% <sup>C,G,O</sup>	32% <sup>B,C</sup>	24% <sup>K</sup>
Fraser South (O)	65% <sup>A,D,E,F,H,I,J,K,N,P</sup>	39% <sup>F,H,I,J,K,L</sup>	25% <sup>F,G,K</sup>
Fraser East (P)	72% <sup>H,O</sup>	35% <sup>B,F,H</sup>	22%

Note: Superscripts indicate Health Service Delivery Areas (HSDAs) for which there were statistically significant differences between percentage estimates. For example, youth in the Northwest were more likely than youth in Fraser South to have smoked cannabis the last time they used it.

## Appendix 5: Regional differences in sources of cannabis

Where youth got their cannabis from the last time they used (among those who had ever used cannabis)					
	Health Authority				
	Northern (a)	Interior (b)	Vancouver Island (c)	Vancouver Coastal (d)	Fraser (e)
Shared among a group of friends	55% <sup>c,d</sup>	56% <sup>d</sup>	61% <sup>a</sup>	64% <sup>a,b,e</sup>	59% <sup>d</sup>
Friend or family member gave it to them	39% <sup>d</sup>	38% <sup>d</sup>	35% <sup>d</sup>	27% <sup>a,b,c,e</sup>	34% <sup>d</sup>
Bought it from a friend or family member	15%	13%	13%	13%	15%
Bought it from a cannabis store	13% <sup>c,e</sup>	11%	9% <sup>a</sup>	10%	9% <sup>a</sup>
Bought it from someone they did not know	4% <sup>e</sup>	4%	5%	6%	7% <sup>a</sup>
Someone they did not know gave it to them	3%	3%	2%	2%	4%
Bought it from a website	3%	2% <sup>d</sup>	2% <sup>d</sup>	4% <sup>b,c</sup>	3%

Note: Superscripts indicate Health Authority (HA) regions for which there were statistically significant differences between percentage estimates. For example, Fraser youth were more likely than youth in the North to have bought their cannabis from someone they did not know.

**Youth who got their cannabis from a cannabis store the last time they used  
(among those who had ever used cannabis)**

<b>Health Service Delivery Areas</b>	
<b>North</b>	
Northwest (A)	12% <sup>P</sup>
Northeast (B)	14%
Northern Interior (C)	14% <sup>P</sup>
<b>Interior</b>	
Thompson Cariboo Shuswap (D)	12% <sup>P</sup>
Okanagan (E)	10%
Kootenay Boundary (F)	13% <sup>P</sup>
East Kootenay (G)	10%
<b>Vancouver Island</b>	
North Vancouver Island (H)	10%
Central Vancouver Island (I)	9%
South Vancouver Island (J)	9%
<b>Vancouver Coastal</b>	
North Shore/Coast Garibaldi (K)	11%
Vancouver (L)	8%
Richmond (M)	10%
<b>Fraser</b>	
Fraser North (N)	9%
Fraser South (O)	10%
Fraser East (P)	7% <sup>A,C,D,F</sup>

Note: Superscripts indicate Health Service Delivery Areas (HSDAs) for which there were statistically significant differences between percentage estimates. For example, youth in Fraser East were less likely than those in the Northwest, Northern Interior, Thompson Cariboo Shuswap, and Kootenay Boundary to have bought their cannabis from a cannabis store.



## Appendix 6: Regional differences in impaired driving after cannabis use

Youth who had ever driven and/or been the passenger in a vehicle when they or someone else had been using cannabis (among those who had ever used cannabis)		
	Driven a vehicle	Been the passenger in a vehicle
<b>Health Service Delivery Areas</b>		
<b>North</b>		
Northwest (A)	18% <sup>I,J,L,M,N</sup>	54% <sup>D,J,K,L,M,N,O,P</sup>
Northeast (B)	23% <sup>C,D,E,G,H,I,J,K,L,M,N,O,P</sup>	61% <sup>C,D,E,F,H,I,J,K,L,M,N,O,P</sup>
Northern Interior (C)	14% <sup>B,J,L</sup>	49% <sup>B,J,K,L,M,N,O</sup>
<b>Interior</b>		
Thompson Cariboo Shuswap (D)	13% <sup>B,J,L</sup>	42% <sup>B,L</sup>
Okanagan (E)	13% <sup>B,L</sup>	48% <sup>B,J,K,L,M,N,O</sup>
Kootenay Boundary (F)	18% <sup>I,J,L,M,N</sup>	50% <sup>B,J,K,L,M,N,O</sup>
East Kootenay (G)	14% <sup>B,J,L</sup>	51% <sup>J,K,L,M,N,O</sup>
<b>Vancouver Island</b>		
North Vancouver Island (H)	13% <sup>B,L</sup>	46% <sup>B,J,K,L,M,N</sup>
Central Vancouver Island (I)	11% <sup>A,B,F</sup>	45% <sup>B,J,K,L,M,N</sup>
South Vancouver Island (J)	8% <sup>A,B,C,F,G,O</sup>	35% <sup>A,B,C,E,F,G,H,I,L,P</sup>
<b>Vancouver Coastal</b>		
North Shore/Coast Garibaldi (K)	13% <sup>B,L</sup>	36% <sup>A,B,C,E,F,G,H,I,L</sup>
Vancouver (L)	7% <sup>A,B,C,D,E,F,G,H,K,O</sup>	26% <sup>A,B,C,D,E,F,G,H,I,J,K,N,O,P</sup>
Richmond (M)	9% <sup>A,B,F</sup>	32% <sup>A,B,C,E,F,G,H,I</sup>
<b>Fraser</b>		
Fraser North (N)	11% <sup>A,B,F</sup>	36% <sup>A,B,C,E,F,G,H,I,L</sup>
Fraser South (O)	13% <sup>B,J,L</sup>	40% <sup>A,B,C,E,F,G,L</sup>
Fraser East (P)	12% <sup>B</sup>	43% <sup>A,B,J,L</sup>

Note: Superscripts indicate Health Service Delivery Areas (HSDAs) for which there were statistically significant differences between percentage estimates. For example, youth in the Okanagan were less likely than those in the Northeast and more likely than those in Vancouver to have driven a vehicle after using cannabis.



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