

Appendix

eMethods and Results. Data Sources Information, Covariate Details, and Additional Results.

This supplementary material has been provided by the authors to give readers additional information about their work.

Appendix A – Data Sources Information

Appendix B – Cannabis Policy in Ontario

Appendix C – Outcomes

Appendix D – Baseline Characteristics

Appendix E – Additional Results

Appendix A - Data Sources Information

Linked Datasets Used in Study

We obtained study data from de-identified and linked health administrative databases housed at ICES. ICES is an independent, non-profit research institute funded by an annual grant from the Ontario Ministry of Health and Long-Term Care (MOHLTC). As a prescribed entity under Ontario's privacy legislation, ICES is authorized to collect and use health care data for the purposes of health system analysis, evaluation and decision support. Secure access to these data is governed by policies and procedures that are approved by the Information and Privacy Commissioner of Ontario. In 2018, the institute formerly known as the Institute for Clinical Evaluative Sciences formally adopted the initialism ICES as its official name.

The dataset from this study is held securely in coded form at ICES. While legal data sharing agreements between ICES and data providers (e.g., healthcare organizations and government) prohibit ICES from making the dataset publicly available, access may be granted to those who meet pre-specified criteria for confidential access, available at www.ices.on.ca/DAS (email: das@ices.on.ca). The full dataset creation plan and underlying analytic code are available from the authors upon request, understanding that the computer programs may rely upon coding templates or macros that are unique to ICES and are therefore either inaccessible or may require modification.

These datasets were linked using unique encoded identifiers and analyzed at ICES.

We used the following databases:

- National Ambulatory Care Reporting System (NACRS), which captures all ED visits and the cause of the visit within Ontario;
- Discharge Abstract Database (DAD), which includes records for all acute care hospitalizations in Ontario,
- Ontario Mental Health Reporting System Metadata (OMHRS) which includes all adult mental health hospitalizations in Ontario,
- MOMBABY which identifies all hospital liveborn and stillborn maternal–infant pairs,
- OHIP Claims Database (OHIP, which captures all outpatient visits (including virtual) and the reason for visit in Ontario;
- Registered Persons Database (RPDB), which includes the total number of persons at-risk each month and individuals' age and sex; and
- Postal Code Conversation File+ (PCCF+) which contains information on the rurality (urban vs rural) and neighbourhood income for each person's home address.

These datasets were linked using unique encoded identifiers and analyzed at ICES.

Appendix B – Cannabis Policy in Ontario and Canada

In December 2015 the Federal government of Canada committed to legalizing non-medical cannabis and in October 2018, cannabis for non-medical purposes was legalized through the *Cannabis Act*.(1,2) Following legalization of non-medical cannabis the federal government placed restrictions on marketing and promotion of cannabis products such as communications that could be appealing to young persons, create erroneous impressions about the health effects or risks of cannabis, or evoke emotions such as glamour recreation or excitement.(3) The province of Ontario, the setting of this study, set a minimum legal age for purchase and use of 19 years. In Ontario, the implementation of legalization took a multi-phased approach included a phased introduction of cannabis products and stores. Briefly, between October 2018 and the first quarter of 2020 there were restrictions on the number of cannabis stores in the province (maximum of 62 stores, 0.55 per 100,000 individuals) and products (flower, seeds and oils only).(4)(5) Starting in January 2020, the sale of new and extended variety of products with high THC content (concentrates, vapes, and commercially produced edibles) were allowed and in April 2020 restrictions on the number of stores were removed resulting in a rapid expansion of legal stores.(6) Pre-legalization there was widespread access to illicit, and gray market medical and non-medical cannabis dispensaries and online vendors in Ontario.(7) In addition, starting in 2014 individual in Canada who received authorization from a physician that they would therapeutically benefit from medical cannabis could access medical cannabis.(8)

Appendix C - Outcomes

Primary and Control Outcomes – Cannabis, Substance Use and Mental Health Emergency Department Visits and Hospitalizations

ICD-10-CA coding is used for DAD (Hospitalization) and NACRS (ED visits) and was consistent throughout the study period.

The coding OMHRS (Hospitalization) made the following changes throughout the study:

- From January 1, 2015 to March 31, 2016 OMHRS used DSM-IV/ICD-9-CM.
- From April 1, 2016 to March 31, 2019 OMHRS used DSM-V/ICD-9-CM
- From April 1, 2019 to present (and end of study) OMHRS uses DSM-V/ICD-10-CM.

Type	Name	Database	Codes/Description
Primary Outcome	Cannabis ED visit or Hospitalization	NACRS; DAD; OMHRS	<p>Codes from the CIHI Indicator for Hospital Stays for Harm Caused by Substance Use.(9)</p> <p>ED visit (NACRS) or Hospitalization (DAD) with ICD-10-CA code F12 and T40.7.</p> <p>OMHRS hospitalization with DSM-IV/ICD-9-CM or DSM-V/ICD-9-CM codes 304.30, 305.20 or ICD-10-CM code F12.</p>
Control Outcome	Mental Health ED Visit or Hospitalization	NACRS; DAD; OMHRS	<p>All codes are from the Mental Health Codes from: Mental Health and Addictions Scorecard and Evaluation Framework Indicator.(10)</p> <p>ED visit (NACRS) or Hospitalization (DAD) with the following ICD-10-CA codes.</p> <ul style="list-style-type: none"> ▪ Schizophrenia spectrum and other psychotic disorders– F20 (excl F20.4), F22, F23, F24, F25, F28, F29, F53.1 <ul style="list-style-type: none"> ▪ ICD-10-CA only F24, F53.1 ▪ Mood disorders - F30-F34, F38, F39, F53.0 ▪ Anxiety disorders – F40, F41, F42, F43, F48.8, F48.9, F93.1, F93.2 ▪ Deliberate self-harm <ul style="list-style-type: none"> ▪ DX10CODE2-10 (NADCRS)/DXCODE2-25 (DAD) is X60-84, Y10-Y19, Y28, when DX10CODE1 is F06-F99 ▪ Other: <i>Trauma/stressor-related disorders</i> F43.x, F94.1, F94.2 AND <i>OCD & related disorders</i> F42.x, F45.2, F63.3 AND <i>Personality disorders</i> F07.x (all F07 codes), F21, F60,F61, F62, F68, F69 <p>OMHRS hospitalizations: (Note: Deliberate self-harm is not included in OHMRS) DSM-IV/ICD-9-CM</p>

Type	Name	Database	Codes/Description
			<ul style="list-style-type: none"> • Schizophrenia: 295.x (all 295 codes), 297.x (all 297 codes), 298.x (all 298 codes). Provisional=5 • Mood disorders: 296.x (all 296 codes), 300.4x, 301.13, 311.x. Provisional=6 • Anxiety Disorders: 300, 300.0x, 300.2x, 300.3x, 308.3x, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.8x, 309.9x. Provisional=7, 15 <p>DSM-V/ICD-9-CM</p> <ul style="list-style-type: none"> ▪ Schizophrenia spectrum and other psychotic disorders – 293.81/82, 295.x (all 295 codes), 297.x (all 297 codes), 298.x (all 298 codes). Provisional=2 ▪ Mood disorders – 293.83, 296.x (all 296 codes), 300.4x, 301.13, 311.x, 625.4. Provisional=3, 4 ▪ Anxiety disorders – 293.84, 300, 300.0x, 300.2x, 309.21, 313.23. Provisional=5 ▪ Other includes <i>Trauma/stress-related disorders</i>: 308.3x, 309, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.81, 309.89, 309.9x, 313.89. Provisional=7 AND <i>OCD and related disorders</i>: 300.3x, 300.7x, 312.39, 698.4x. Provisional=6 AND <i>Personality disorders</i>: 301, 301.0x, 301.2x, 301.4x, 301.5x, 301.6x, 301.7x, 301.81-3, 301.89, 301.9x 310.1. Provisional=18 <p>DSM-V/ICD-10-CM</p> <ul style="list-style-type: none"> ▪ Schizophrenia spectrum and other psychotic disorders– F20.81, F20.9, F22, F23, F25, F06.0/.1/.2, F28, F29, Provisional = 2 ▪ Mood disorders – F06.3, F31, F32, F33, F34 Provisional = 3,4 ▪ Anxiety disorders – F06.4, F40.0x, F40.1x, F40.2x, F41.0x/1x, F41.8x/9x, F93.0, F94.0. Provisional=5 ▪ Other includes: <i>Trauma/stressor-related disorders</i>: F43.0, F43.1, F43.2, F43.8/9, F94.1/2. Provisional=7 AND <i>OCD & related disorders</i> F06.8, F42.2x, F42.3, F42.4, F42.8, F42.9, F45.2, F63.3. Provisional=6 AND <i>Personality disorders</i> F07.x (all F07 codes), F21, F60. Provisional=18
Control Outcome	Non-Cannabis Substance Use ED visit or Hospitalization	NACRS; DAD; OMHRS	<p>Codes are adapted from the Substance Use Codes from: Mental Health and Addictions Scorecard and Evaluation Framework indicator.(10)</p> <p>ED visit (NACRS) or Hospitalization (DAD) with the following ICD-10-CA codes.</p> <ul style="list-style-type: none"> ▪ Alcohol – F10 ▪ Opioids – F11 ▪ Other* – F13, F14, F15, F16, F18, F19, F17, F55 <p>OMHRS hospitalizations:</p>

Type	Name	Database	Codes/Description
			<p>DSM-IV/ICD-9-CM</p> <ul style="list-style-type: none"> ▪ Alcohol - 291.x [excl. 291.82], 303.x, 3050 • Opioid - 3040, 3047, 3055 • Other** - 292.x [excl. 292.85], 304 [excl. 3040, 30430, 3047], 305 [excl.3050, 30520, 3055] • Unspecified: SUBSTANCE visit but no corresponding code <p>DSM-V/ICD-9-CM</p> <ul style="list-style-type: none"> • Alcohol - 291.x, 303.x, 3050 • Opioids - 3040, 3047, 3055 • Other** - 292.x, 304 [excl. 3040, 30430, 3047], 305 [excl.3050, 30520, 3055] • Unspecified: SUBSTANCE visit but no corresponding code <p>DSM-V/ICD-10-CM</p> <ul style="list-style-type: none"> • Alcohol – F10 • Opioids – F11 • Other*: F13, F14, F15, F16, F18, F19, F17, Z720 <p>*Other include: Cocaine, Sedatives or hypnotics, Stimulants including caffeine, Hallucinogens, Volatile solvents, Nicotine, multiple drug use of other psychoactive substances, and abuse of non-dependence producing substances</p> <p>**Other include: Sedative, Cocaine, Amphetamine, Halluciogen, Inhalant or phencyclidine, polysubstance dependence, nicotine, or other (unknown) substances</p>

Pregnancy and Neonatal outcomes

The following outcomes are based on the parent's records. We limited the analysis to pregnancies with 1+ live born with a valid identifiable encoded number (ICES Key Number – IKN). All the following variables are flagged for the pregnancies. Therefore if the pregnancy had 1+ offspring and one of the below outcomes, then the pregnancy was counted with that outcome.

Gestational age was captured using MOMBABY for live and still births. Gestational age was captured using DAD, SDS, NACRS, and OHIP for abortions. We estimated the individuals' conception date based on the gestational age.

Type	Name	Database	Codes/Description
Pregnancy Outcome	Live birth	MOMBABY	m_stillbirth='F' Codes from Varner et al 2020 (11)
Pregnancy Outcome	Still birth	MOMBABY	m_stillbirth='T' Codes from Varner et al 2020 (11)
Pregnancy Outcome	Spontaneous abortion	NACRS; DAD; SDS; OHIP	ED visit or Hospitalization, or SDS with ICD-10-CA codes O00, O021, O03. OHIP: ICD-9: 632, 633, 634; OR Fee code: P001, A922, S756, S768, S784, S770; OR Note: codes have been revised since the paper/appendix was published. Codes adapted from Varner et al 2020 (11)
Pregnancy Outcome	Induced abortion	NACRS; DAD; SDS; OHIP	ED visit or Hospitalization, or SDS with ICD-10-CA codes: O04, O08 and CCI procedure codes: 5CA89, 5CA88, 5CA20FK, 5CA24. OHIP: Fee code: S785, S752; OR ICD-9: 635 Note: codes have been revised since the paper/appendix was published. Codes adapted from Varner et al 2020 (11)
Pregnancy Outcome	Threatened abortion and/or other/unspecified hemorrhage at < 20 weeks' gestation with out a recognized pregnancy outcome.	NACRS; DAD; SDS; OHIP	ED visit or Hospitalization, or SDS with ICD-10-CA code: O20. OHIP fee code: 640 Codes from Varner et al 2020 (11) Miscarriage is the most likely pregnancy outcome for threatened abortion without a subsequent recognized pregnancy outcome.

Type	Name	Database	Codes/Description
Acute Care During Pregnancy	Hyperemesis Gravidarum	NACRS; DAD	ED visit or hospitalization with ICD-10-CM codes O21.0, O21.1, O21.2, O21.8, and O21.9
Pregnancy Complications for live births	Pre-term birth < 37 weeks GA	MOMBABY	From the estimated clinical start of pregnancy (i.e. 0 weeks' gestation) to 37 weeks' gestation at the parents' delivery
Pregnancy Complications for live births	Severe Small for Gestational Age (<5 percentile)	MOMBABY	Gestational weight within <5 percentile for baby's gestational age and sex (12)
Pregnancy Complications for live births	NICU in First 28 days of life	DAD	Any special care unit value occurring within the first 28 days of offspring's life.

Appendix D – Baseline Characteristics

Index = estimated conception date.

All covariates were taken at the index date.

Type	Name	Database	Codes/Description
Descriptor	Age	RPDB	Age at index
Descriptor	Rurality	RPDB; PCCF+	We used Statistics Canada’s definition for rurality, which defines a rural residence as living in a town or municipality outside of a census metropolitan areas (CMA, population of 100,000 or more) or census agglomeration (CA, population of 10,000 or more).(13)
Descriptor	Neighbourhood Income Quintile	RPDB; PCCF+	We classified individuals’ neighbourhoods into income quintiles based on the average before-tax income, adjusted for household size and relative to other neighbourhoods either within the same CMA or CA or in rural Ontario.(14)
Descriptor	Asthma	DAD OHIP	One inpatient hospital diagnostic code (DAD) with the ICD-10-CA code of J45 OR two or more outpatient physician billing codes (OHIP) of 493 within a 2 year period.
Descriptor	Diabetes	DAD OHIP	One inpatient hospital diagnostic code (DAD) with the ICD-10-CA code of E10, E11, E13, or E14, OR two or more outpatient physician billing codes (OHIP) of 250 within a 2 year period.
Descriptor	Hypertension	DAD OHIP	One inpatient hospital diagnostic code (DAD) with the ICD-10-CA code of I10-I13 or I15 OR two or more outpatient physician billing codes (OHIP) of 401, 402, 403, 404 or 405 within a 2 year period.
Descriptor	Substance Use ED visit or Hospitalization in Past 2 Years	NACRS; DAD; OMHRS	Substance Use ED visit or hospitalization within 2 years before index. Refer to codes in Appendix C – Primary and Control Outcomes:: Non-cannabis substance use ED visit or hospitalization (all codes included)
Descriptor	Mental Health ED visit or Hospitalization in Past 2 Years	NACRS; DAD; OMHRS	Mental Health ED visit or hospitalization within 2 years before index. Refer to codes in Appendix C – Primary and Control Outcomes:: Mental Health ED visit or hospitalization (all codes included).
Descriptor	Outpatient Substance Use or Mental health Visits in Past 2 Years	OHIP	Substance Use or Mental Health outpatient visit within 2 years before index Codes from: Mental Health and Addictions Scorecard and Evaluation Framework indicator.(10)

Appendix E – Results

eTable 1. Type of acute care event and specific diagnostic codes for pregnancies with acute care visit for cannabis use.

	Total pregnancies N=540
	N (%) of pregnancies
ICD-9 and ICD-10 Diagnostic Codes (Code Description)^A	
F12.x (Mental and Behavioural disorders due to the use of cannabinoids)	
F12.0 (Acute Intoxication)	69 (12.8)
F12.1, 305.2 (Harmful Use)	311 (57.6)
F12.2, 305.2 (Dependence)	101 (18.7)
F12.3, F12.4 (Withdrawal)	15 (2.8)
F12.5, F12.7 (Psychotic disorder)	13 (2.4)
F12.6, F12.8, F12.9 (Other and unspecific mental and behavioural disorder)	35 (6.5)
T40.7 (Poisoning by cannabis including derivatives)	41 (7.6)
Type of Acute Care Event during pregnancy^B	
ED visit	390 (72.2)
Acute Care Hospitalization	177 (32.8)
Exclusively OMHRS Hospitalization	15 (2.8)

^APercentage total more than 100% as pregnancies could have more than one cannabis code (e.g. multiple visits or multiple codes per visit).

^BPercentages total more than 100% as pregnancies could have more than one type of acute care visit during pregnancy.

eTable 2. Changes in rates of acute care for cannabis use during pregnancy following non-medical cannabis legalization in Ontario, Canada.

	Per Capita	Per Pregnancy with Acute Care for Substance Use	Per Pregnancy with Acute Care for a Mental Health Condition
	Change per 100,00 pregnancies (95% CI)	Change per 100 pregnancies (95% CI)	
Intercept	10.98 (7.13, 14.83)	19.57 (12.95, 26.19)	6.60 (3.20, 9.99)
Pre-Legalization Quarterly Slope	0.28 (-0.07, 0.63)	0.40 (-0.22, 1.02)	0.12 (-0.21, 0.46)
Legalization Immediate Change	-1.37 (-6.26, 3.53)	-5.22 (-13.85, 3.41)	-2.65 (-7.25, 1.95)
Legalization Gradual Change	1.13 (0.46, 1.79)	1.77 (0.60, 2.95)	1.37 (0.74, 2.01)
Post Legalization Quarterly Slope	1.41 (0.84, 1.98)	2.17 (1.17, 3.18)	1.5 (0.96, 2.03)

eTable 3. Sensitivity analyses of changes in rates of acute care for cannabis use during pregnancy following non-medical cannabis legalization in Ontario, Canada.

	Including ICD-10-CM	Excluding ICD-10-CM
	Change per 100,00 pregnancies (95% CI)	
Intercept	10.98 (7.13, 14.83)	11.01 (7.16, 14.87)
Pre-Legalization Quarterly Slope	0.28 (-0.07, 0.63)	0.29 (-0.05, 0.63)
Legalization Immediate Change	-1.37 (-6.26, 3.53)	-1.02 (-5.77, 3.73)
Legalization Gradual Change	1.13 (0.46, 1.79)	0.88 (0.24, 1.52)
Post Legalization Quarterly Slope	1.41 (0.84, 1.98)	1.16 (0.61, 1.72)

eTable 4. Association between non-medical cannabis legalization, demographic factors, and prior health service use, with acute care for cannabis use during pregnancy including interaction between legalization and acute care for hyperemesis gravidarum.

	Model Without Interaction	Model With Interaction
	Odds Ratio (95% CI)	
Cannabis Legalization (ref= pre-legal)	1.76 (1.48 - 2.10)	1.55 (1.26 - 1.91)
Acute care for Hyperemesis Gravidarum (ref = none)		
Overall	9.73 (8.01 - 11.82)	NA
Pre-legal	NA	8.00 (6.13 - 10.44)
After Legalization		12.28 (9.28 - 16.24)
Age (ref = 35+ y)		
10-18 y	9.55 (6.05 - 15.08)	9.59 (6.07 - 15.14)
19-24 y	6.89 (4.59 - 10.36)	6.91 (4.60 - 10.38)
25-34 y	2.62 (1.75 - 3.93)	2.63 (1.76 - 3.94)
Income (ref = Q5 richest)		
Q1 Poorest	2.10 (1.53 - 2.88)	2.10 (1.53 - 2.88)
Q2	1.40 (0.99 - 1.98)	1.40 (0.99 - 1.98)
Q3	1.35 (0.95 - 1.92)	1.35 (0.95 - 1.92)
Q4	1.09 (0.75 - 1.58)	1.09 (0.75 - 1.58)
Rurality (ref = urban)	1.56 (1.24 - 1.97)	1.56 (1.24 - 1.97)
Pre-Pregnancy Substance Use Disorder (ref = no substance use disorder)		
Alcohol	2.12 (1.48 - 3.05)	2.12 (1.47 - 3.05)
Opioids	2.37 (1.32 - 4.27)	2.39 (1.33 - 4.30)
Cannabis	5.15 (3.33 - 7.97)	5.22 (3.37 - 8.07)
Other	2.77 (1.89 - 4.04)	2.79 (1.91 - 4.08)
Pre-Pregnancy Mental Health Disorder (ref = no mental health disorder)		
Anxiety	1.28 (0.97 - 1.68)	1.28 (0.97 - 1.68)
Depression	1.31 (0.96 - 1.77)	1.31 (0.96 - 1.77)
Schizophrenia	4.74 (3.12 - 7.22)	4.73 (3.11 - 7.21)
Self-Harm	1.34 (0.94 - 1.91)	1.32 (0.92 - 1.88)
Other	1.45 (1.00 - 2.11)	1.45 (1.00 - 2.11)
Pre-Pregnancy Mental Health Service use (ref = no mental health service use)		
Family Medicine	1.97 (1.62 - 2.40)	1.97 (1.62 - 2.4)
Psychiatry	2.33 (1.83 - 2.95)	2.33 (1.83 - 2.96)

eTable 5. Association between non-medical cannabis legalization, demographic factors, and prior health service use, with acute care for cannabis use during pregnancy with legalization period categorized based on pregnancy start versus pregnancy end date.

	Model with Legalization Assigned Based on Pregnancy Start Date	Model with Legalization Assigned Based on Pregnancy End Date
	Odds Ratio (95%CI)	
Cannabis Legalization (ref= pre-legal)	1.55 (1.26 - 1.91)	1.55 (1.26 - 1.90)
Acute care for Hyperemesis Gravidarum (ref = none)		
Overall	NA	NA
Pre-legal	8.00 (6.13 - 10.44)	7.35 (5.45 - 9.93)
After Legalization	12.28 (9.28 - 16.24)	11.8 (9.17 - 15.19)
Age (ref = 35+ y)		
10-18 y	9.59 (6.07 - 15.14)	9.6 (6.08 - 15.16)
19-24 y	6.91 (4.60 - 10.38)	6.9 (4.59 - 10.38)
25-34 y	2.63 (1.76 - 3.94)	2.61 (1.75 - 3.91)
Income (ref = Q5 richest)		
Q1 Poorest	2.10 (1.53 - 2.88)	2.09 (1.52 - 2.87)
Q2	1.40 (0.99 - 1.98)	1.39 (0.99 - 1.96)
Q3	1.35 (0.95 - 1.92)	1.34 (0.94 - 1.91)
Q4	1.09 (0.75 - 1.58)	1.09 (0.75 - 1.59)
Rurality (ref = urban)		
	1.56 (1.24 - 1.97)	1.56 (1.24 - 1.97)
Pre-Pregnancy Substance Use Disorder (ref = no substance use disorder)		
Alcohol	2.12 (1.47 - 3.05)	2.16 (1.51 - 3.11)
Opioids	2.39 (1.33 - 4.30)	2.37 (1.31 - 4.28)
Cannabis	5.22 (3.37 - 8.07)	5.11 (3.3 - 7.91)
Other	2.79 (1.91 - 4.08)	2.76 (1.89 - 4.03)
Pre-Pregnancy Mental Health Disorder (ref = no mental health disorder)		
Anxiety	1.28 (0.97 - 1.68)	1.28 (0.97 - 1.68)
Depression	1.31 (0.96 - 1.77)	1.31 (0.97 - 1.77)
Schizophrenia	4.73 (3.11 - 7.21)	4.73 (3.11 - 7.2)
Self-Harm	1.32 (0.92 - 1.88)	1.33 (0.93 - 1.9)
Other	1.45 (1.00 - 2.11)	1.46 (1 - 2.12)
Pre-Pregnancy Mental Health Service use (ref = no mental health service use)		
Family Medicine	1.97 (1.62 - 2.4)	1.97 (1.62 - 2.4)
Psychiatry	2.33 (1.83 - 2.96)	2.33 (1.84 - 2.96)

Appendix References

1. Task Force on Cannabis Legalization and Regulation. A Framework for the Legalization and Regulation of Cannabis in Canada. Available at: <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/task-force-cannabis-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html>; 2016 Dec.
2. Parliament of Canada. Cannabis Act . Parliament of Canada, (S.C. 2018, c. 16) Canada: Available from: <https://laws-lois.justice.gc.ca/eng/acts/c-24.5/>; 2018.
3. Parliament of Canada. Bill C-45: The Cannabis Act. 2018.
4. Myran DT, Staykov E, Cantor N, Taljaard M, Quach BI, Hawken S, et al. How has access to legal cannabis changed over time? An analysis of the cannabis retail market in Canada 2 years following the legalisation of recreational cannabis. *Drug Alcohol Rev* [Internet]. 2021 [cited 2022 Jan 26]; Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/dar.13351>
5. Myran DT, Pugliese M, Tanuseputro P, Cantor N, Rhodes E, Taljaard M. The association between recreational cannabis legalization, commercialization and cannabis-attributable emergency department visits in Ontario, Canada: an interrupted time–series analysis. *Addiction* [Internet]. 2022 [cited 2022 Mar 3]; Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/add.15834>
6. Myran DT, Imtiaz S, Konikoff L, Douglas L, Elton-Marshall T. Changes in health harms due to cannabis following legalisation of non-medical cannabis in Canada in context of cannabis commercialisation: A scoping review. *Drug Alcohol Rev* [Internet]. 2022 Sep 27 [cited 2022 Nov 7]; Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/dar.13546>
7. Myran DT, Staykov E, Cantor N, Taljaard M, Quach BI, Hawken S, et al. How has access to legal cannabis changed over time? An analysis of the cannabis retail market in Canada 2 years following the legalisation of recreational cannabis. *Drug Alcohol Rev* [Internet]. 2022 Feb 1 [cited 2023 Feb 1];41(2):377–85. Available from: <https://pubmed.ncbi.nlm.nih.gov/34250645/>
8. Fischer B, Kuganesan S, Room R. Medical Marijuana programs: implications for cannabis control policy--observations from Canada. *Int J Drug Policy* [Internet]. 2015 Jan 1 [cited 2023 Jan 31];26(1):15–9. Available from: <https://pubmed.ncbi.nlm.nih.gov/25287942/>
9. Canadian Institute for Health Information. Hospital Stays for Harm Caused by Substance Use - Appendices to Indicator Library, May 2020. Ottawa ON: CIHI; 2020.
10. MHASEF Research Team. Mental Health and Addictions System Performance in Ontario: A Baseline Scorecard [Internet]. 2018 [cited 2022 Mar 21]. Available from: <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/MHASEF>
11. Varner CE, Park AL, Little D, Ray JG. Emergency department use by pregnant women in Ontario: a retrospective population-based cohort study. *CMAJ Open*. 2020 Apr 1;8(2):E304–12.

12. Canadian Perinatal Surveillance System, Health Canada. Birth Weight for Gestational Age (GA) [Internet]. 2001 [cited 2022 Nov 3]. Available from: <http://www.hc-sc.gc.ca/pphb-dgspss/rhs-ssg/index.html>
13. Statistics Canada. Population Centre and Rural Area Classification 2016. 2016.
14. Canadian Institute for Health Information. Measuring Health Inequalities: A Toolkit Area-Level Equity Stratifiers Using PCCF and PCCF+. 2018.