



Health  
Canada

Santé  
Canada

# Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024) Final report

Prepared for Health Canada

Supplier name: Earnscliffe Strategy Group

Contract number: CW2238166

Contract value: \$214,725.99

Award date: November 20, 2023

Delivery date: April 26, 2024

Registration number: POR 088-23

For more information on this report, please contact Health Canada at:

[hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca)

*Ce rapport est aussi disponible en français.*

Canada 

# Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024)

## Final report

Prepared for Health Canada  
Supplier name: Earnscliffe Strategy Group  
April 26, 2024

This public opinion research report presents the results of an online survey and focus groups conducted by Earnscliffe Strategy Group on behalf of Health Canada. The quantitative research was conducted from February 27 to March 16, 2024, and the qualitative research was conducted from January 24 to January 25, 2024.

Cette publication est aussi disponible en français sous le titre : Enquête de suivi et recherche qualitative sur la sensibilisation, les connaissances, et les comportements liés aux opioïdes aux fins de l'éducation du public (2024)

This publication may be reproduced for non-commercial purposes only. Prior written permission must be obtained from Health Canada. For more information on this report, please contact the Public Health Agency of Canada at: [hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca) or at:

Health Canada, CPAB  
200 Eglantine Driveway, Tunney's Pasture  
Jeanne Mance Building, AL 1915C  
Ottawa, Ontario K1A 0K9

Catalogue Number: H14-629/2024E-PDF

International Standard Book Number (ISBN): 978-0-660-72545-1

Related publications (registration number):

*Enquête de suivi et recherche qualitative sur la sensibilisation, les connaissances, et les comportements liés aux opioïdes aux fins de l'éducation du public (2024)* (Final Report, French)  
ISBN 978-0-660-72546-8

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2024

# Table of contents

Executive summary .....	1
Introduction .....	12
Detailed findings .....	17
Section A: Opioids and illegal drug use.....	18
Section B: Opioid awareness, impressions, and basic understanding.....	27
Section C: Attitudes relating to behaviours, risk, and harms .....	47
Section D: Attitudes regarding stigma .....	53
Section E: Risk behaviour profiling.....	61
Section F: Opioid information .....	85
Section G: Views on chronic pain and chronic pain management .....	93
Section H: The role of stigma .....	100
Section I: Views regarding alcohol consumption and substance use.....	109
Conclusions .....	114
Appendix A: Quantitative methodology report.....	117
Appendix B: Qualitative methodology report .....	122
Appendix C: Discussion guide .....	125
Appendix D: Recruitment screener .....	132
Appendix E: Survey questionnaire.....	144

## Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the follow-up survey and qualitative research on opioid awareness, knowledge, and behaviours for public education.

Canada has seen substantially elevated numbers of opioid-related deaths and other harms since surveillance began in 2016. The overdose crisis is complex and affects all communities, age groups, and socioeconomic strata. In 2018, Health Canada launched a multi-year marketing campaign to address the growing overdose crisis to raise awareness and educate Canadians on: the risks associated with substance use, including but not limited to opioids (legal and illegal); and the role of stigma as a barrier to seek help.

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe to conduct a baseline survey on opioid awareness, knowledge, and behaviours. In 2019 and 2022, we conducted follow-up research to determine whether results had changed since the baseline survey. More recently, further research was required to determine if awareness of and attitudes towards opioid use have changed over the past few years, and if stigma has been reduced. This research provides evidence-based data and insights to guide Health Canada's marketing campaigns and policy development. The contract value for this project was \$214,725.99 including HST.

To meet these objectives, Earnscliffe conducted a two-phased approach involving both qualitative and quantitative research.

The initial phase involved qualitative research, which included a series of ten focus groups over January 24-25 with specific target audiences that face higher rates of drug overdoses: males 20-59 who work in physically demanding jobs outside of construction and Indigenous respondents aged 18-59. Two groups (one with each target audience) were conducted in each of the following regions: British Columbia (BC), the Prairies and Northern Canada, Ontario, Quebec, and Atlantic Canada.

Up to 10 participants were recruited for each group, with the goal that at least 8 be able to participate. In total, 76 people participated in the focus group discussions. The groups in Quebec were conducted in French, while the groups in all other locations were conducted in English. The sessions were approximately 90 minutes in length. Appendix B provides greater detail on how the groups were recruited, while Appendix C provides the discussion guide used

to facilitate the focus groups and Appendix D provide the screeners used for recruiting the focus groups.

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic at a particular point in time. Because of the small numbers involved, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

The initial qualitative phase was followed by a quantitative phase involving an online survey, to update and compare results against baseline measures from the 2017, 2019, and 2021. We conducted a base survey of 1666 Canadians aged 13 and older, plus oversamples of at least 300 additional interviews among each of the following nine specific audiences identified by Health Canada:

- Youth 13-15;
- Parents of youth 13-15;
- Young adults 16-24;
- Males 20-59;
- Indigenous respondents;
- Racialized respondents;
- Male labourers (shortened from men in physically demanding jobs, including construction);
- People who use opioids legally, including prescriptions; and,
- People who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

A total of 3,740 Canadians were surveyed using Leger’s opt-in panel. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when sampling for that target audience, and those found when specifically targeting a different audience. The 3,740 interviews were comprised of the following:

- A base national sample of n=1666 Canadian residents aged 13 and older;
- An additional sample of n=373 youth aged 13-15;
- An additional sample of n=477 parents of youth 13-15;
- An additional sample of n=522 young adults 16-24;
- An additional sample of n=999 men aged 20-59;

- An additional sample of n=422 Indigenous respondents;
- An additional sample of n=338 racialized respondents;
- An additional sample of n=389 male labourers;
- An additional sample of n=567 people who use opioids legally; and,
- An additional sample of n=342 people who use opioids illegally.

The field work was conducted from February 27 to March 16, 2024, in English and French. It took an average of 17 minutes to complete.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13 and older. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys.

The final data for the general population and the youth 13-15, young adults 16-24, men 20-59, Indigenous, and racialized respondents' oversamples, were weighted to replicate actual population distribution by region, age and gender according to the 2021 census data available. The data for the parent, men who work in physically demanding jobs, people who use opioids legally, and people who use opioids illegally oversamples, were weighted based on the profile found in the general population, by age, gender, and region. Appendix A provides full details on the survey methodology and Appendix E provides the survey instrument used.

The key findings from the research are presented below. To ensure comparability, the survey largely remained consistent with questions asked in the 2021 and 2019 surveys. This includes some terminology that Health Canada no longer uses as it is considered stigmatising. Readers are encouraged to use non-stigmatising language when talking about substance use. For more information on changing how we talk about substance use, please see *Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways*.

For statistical information on prevalence, refer to the [Canadian Alcohol and Drugs Survey](#) (CADS) or the [Canadian Student Tobacco, Alcohol and Drugs Survey](#) (CSTADS).

## Section A: Opioid and illegal drug use

- The number of respondents who say that they have taken one of the listed drugs this year (23%), while up slightly from 2021, nonetheless represents a decline from the recorded peak of 29% who said the same in 2019.
- When it comes to whether respondents have prescriptions, Indigenous respondents (67%) are the most likely to say they always have one whereas men in physically demanding jobs (46%) and young adults aged 16-24 (42%) are the least likely to say the same.
- When asked if a doctor had ever refused to prescribe an opioid when it was needed for pain, those most likely to say yes are people who use opioids illegally with one quarter (24%) saying so. This suggests that there is a portion of people who use opioids illegally who are classified as such due to the refusal of a doctor to provide a prescription.
- As with past waves of this research, participants in focus groups were able to easily provide definitions for both “substance use” and “addiction” – the latter of which was frequently understood negatively and conflated with the term “substance abuse.”
- As for “addiction,” it was understood by participants as the inability to easily stop doing something.

## Section B: Opioid awareness, impressions, and basic understanding

- The survey findings suggest that awareness of opioids is unchanged since 2019. At two-in-five, people who use opioids legally (40%) and Indigenous respondents (39%) were the most likely to say they are certain they know what an opioid is.
- Youth remain the least familiar with what opioids are with 29% saying they have never heard of them or do not really know what they are – this number jumps to 39% when prompted with a reference chart listing specific types of opioids.
- There is a broad sense that most (37%) or all (44%) of opioids in the chart provided to respondents are dangerous among the general population with no one saying that none are dangerous (0%). This trend is echoed in most of the other target audiences examined with the exception of people who use opioids illegally, who are the least likely to say that all of the drugs listed are dangerous.

- Levels of familiarity with fentanyl remain consistent with previous waves (with 45% saying they are at least somewhat, if not very familiar) as does its perceived danger (82% saying it is very dangerous).
- As with previous waves of this study, the vast majority believe that the term “illegal opioids” refers to those obtained on the street (89%) – similar to 2021 (89%), 2019 (87%), and 2017 (88%).
- Despite the lower numbers of respondents saying that they are very familiar with the opioid crisis, majorities across all target audiences say that it is at least somewhat, if not very, serious. Indigenous respondents (71%) and people who use opioids legally (67%) being the most likely to say it is very serious.
- There is a marked difference between the number of respondents in the general population sample who say that the opioid crisis in Canada is very serious (61%) versus those who say it is very serious in their community (28%).
- When asked to choose a term to best describe the current situation with overdose deaths in Canada, no clear consensus emerged with roughly equal numbers choosing the “opioid overdose crisis” and the “opioid crisis” with minor variations among the target audiences.
- Majorities across all audiences say that they believe there to be a high risk that an illegal non-opioid drug might be laced with an opioid like fentanyl.
- In the focus groups, a majority were aware of the term opioids, often from media reports. That being said, at least one in each group had some form of personal experience.
- When asked for signs of an overdose, at least some participants in each group offered: altered consciousness; changes to the eyes, pallor, lip colour, or breathing; or the presence of vomit.
- The most common response to a drug overdose for almost all participants would be to call 911, though some mentioned the use of naloxone with a few mentioning that they had a “Narcan” kit.
- While awareness of the Good Samaritan Drug Overdose Act was minimal (and at times confused with the Good Samaritan Act), once read a description of the Act, reactions were very positive.



## Section C: Attitudes relating to behaviours, risk, and harms

- Reversing the trend noted in the last report, there has been a significant increase in the number of respondents agreeing that they understand why opioids are dangerous – from 60% in 2021 to 80% in 2024.
- In line with trends noted above, Indigenous respondents appear to be the most aware of the dangers of opioids, with 86% agreeing that they understand why opioids are dangerous – a number only matched by people who use opioids illegally.
- While male labourers are less likely to say they understand why opioids are dangerous than the general population, they are more likely to agree with all other metrics surrounding accessing resources or identifying overdoses or addiction.
- Majorities across all audiences say that they feel that the terms “opioid use disorder” and “addiction” refer to basically the same thing, if not exactly the same thing.
- These views were nuanced in the focus groups where different substances entailed varying level of acceptance, with alcohol and cannabis seen to be the most acceptable. Participants did appear to be preoccupied with the normalization of alcohol and concerned about the health implications.
- Participants highlighted how substance use seemed to most often be tied to the act of socializing or as a coping mechanism.
- Among male labourers, pain management was more often linked to substance use, including the use of cannabis, but especially the use of prescribed and/or illegal opioids. Illegal stimulants like cocaine appeared more prevalent among men working in physically demanding job so that they could stay up through long hours.

## Section D: Attitudes regarding stigma

- It is clear that there is still stigma surrounding opioid use disorder. Even if on most metrics the tracking data suggests that this stigma has remained fairly stable, there are a few where there has been a slight degradation of opinion – for example, those saying that those who overdose get what they deserve has notched up to 14%.
- If most respondents are cognizant that this stigma exists, with three quarters (73%) of the general population sample agreeing that society is not very friendly toward people

living with a drug addiction, there are important differences in the way in which the target audiences examined in this report understand and interact with this stigma.

- In the focus groups participants easily grasped the concept of stigma, with it often coming up unprompted and being tied to negative perceptions of shame, judgment, stereotypes, and barriers.
- There was near consensus that those who have a substance use addiction are stigmatized, however, most recognized that the amount of stigma or the way it is applied depends on the person being stigmatized and the substance in question. As we have seen in previous waves, there was definitely a sense that ethnic minorities and Indigenous people are stigmatized more than other communities.
- Most participants agreed that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help. This was particularly true of groups with Indigenous people, who pointed to stigma but also cost, limited access to healthcare, and issues of trust.
- Asked whether men in physically demanding jobs would reach out for help if they were worried about their substance use, most participants did not think they would due to the stigma and the fear of reprisal at work. There was also a link drawn by some participants to perceptions of masculinity, and the idea that men are expected to be tough or disciplined enough to handle the situation.

## Section E: Risk behaviour profiling

- Unlike 2021 when proximity to those with opioid dependencies had fallen, this wave marks a reversal in this trend with half (48%) of respondents in the general population sample saying that known at least one friend or family member who has been prescribed an opioid – this up from 42% who said the same in 2021.
- Tragically, one-in-five (20%) respondents in the general population sample say they know someone who died of an overdose of one of these drugs or suffered a non-fatal overdose (19%). These represent new peaks since tracking began in 2017.
- Indigenous respondents report very high levels of personal proximity to opioid use and are the most likely to say they know someone who has become addicted (59%), to know someone who has done them illegally (52%), who has died from an overdose on one of these drugs (46%), or who has experienced a non-fatal overdose (40%).

- Consistent with previous waves of the study, just over half (55%) of the respondents in the general population sample say they store their opioids in a location where only they can access them.
- With regards to leftover opioids respondents who had them were equally split between those who returned them (29%) and those who say they saved them in case they needed them again (28%).
- Half (52%) of respondents who have used unprescribed opioids say they either took them a few times or once or twice with few reporting more frequent usage.
- Among those who have used opioids not prescribed to them, a plurality (35%) say that they got them from a friend or a relative who had a prescription.
- Prompted with the question of whether they would take a non-prescribed opioid they knew contained fentanyl, a majority across all audiences say they either probably, or definitely, would not take it. Despite this, important minorities of young adults (24%) and male labourers (25%) say they probably would regardless.
- Two thirds (67%) of the general population sample who have used opioids at some point say they never mix other drugs or alcohol with opioids. Among those who use multiple substances at once, alcohol (63%) and cannabis (40%) are the top two listed.
- When it comes to the risks of polysubstance use, seven-in-ten in the general population sample (70%) say that they are very familiar (26%) or somewhat familiar (44%) with the risks.
- While only a small number say they have sought treatment for an opioid use disorder (6%), this is up slightly from 2021 (4%).

## Section F: Opioid information

- Consistent with previous waves of this study, a vast majority of respondents can identify a trusted source of information on opioids and their impacts. For most the primary sources of trusted information concerning the effects of opioid use are doctors (83%) and pharmacists (83%).
- Two thirds (67%) of parents of youth aged 13-15 say that they are discussing drug use in general with their children, while a little over half (55%) say they are having discussions on the subject of the use of illegal drugs. Interestingly, the same number

(68%) of youth aged 13-15 report discussing drug use in general while half (50%) say they have talked about the use of illegal drugs with their parents.

- A quarter (26%) of respondents have seen, read, or heard information from the Government of Canada on the opioid crisis or resources for what to do if someone you know is developing an addiction to opioids.
- In focus groups with Indigenous participants, trusted sources mentioned included turning to their family doctor, a mutual aid fellowship, or community centre for information or support. Although the Government of Canada was seen to potentially play a role, there was more skepticism around their credibility and motivation for doing so – a concern which some suggested could be assuaged by providing resources to community healing centres.
- In focus groups with male labourers, there was a preference for anonymous support, family doctors, therapy programs, and online information. Here the Government of Canada was seen as a more positive and trusted source of information with a larger role to play in public awareness.

## **Section G: Views on chronic pain and chronic pain management**

- Pain management remains the primary reason for starting opioid use, including pain resulting from a medical procedure (59%), to manage pain resulting from an injury (31%), or to manage chronic pain (22%). If pain management was the primary reason for most respondents starting their use of opioids, it is also true that it is the dominant reason they continue to use opioids today. This remains consistent with the findings in 2021.
- Among those that have used opioids to manage pain, and consistent with the findings in 2021, the vast majority (84%) have not felt that they have been treated differently by health care providers or first responders due to their opioid use. Just over half (56%) of respondents who felt that they had been treated differently due to their opioid usage for pain management say that they felt worse about how they were treated.
- In the focus groups, men in physically demanding jobs mentioned that in addition to helping to manage stress and the easy availability of these substances, pain management was a primary contributing factor to opioid and drug usage. Nearly everyone had experienced chronic pain, or knew someone who had, with many mentioning they turn to substances to get through the day.

- To manage chronic pain some participants spoke of alternative therapies, like physiotherapy, chiropractic care, and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain. The barriers for treating chronic pain included long wait times, poor access to treatment, the cost of treatment, inflexible work hours/lack of time off and inconvenient provider hours of operation, and rural job locations.

## Section H: The role of stigma

- The overall size of the segments has not shifted dramatically since the last wave, although the unsympathetic segment has decreased slightly since tracking began in 2017. A quarter (25%) are Allies, with an equal number (24%) falling into the Unsympathetic segment. The remaining half (50%) of respondents are considered Ambivalent.
- When it comes to the demographic makeup of each segment, males appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment with their share rising to 67% (up from 56%) in 2021. The inverse trend is witnessed among Allies, of which 64% identify as female (this up from 59% in 2021).
- There is also variation in the personal exposure to opioids across the different segments. Compared with 2021, exposure to almost every single metric tracked has increased across all segments. This has not translated into increased familiarity with the opioids tested or an increased sense of danger, however.
- What has increased is the number of respondents across all segments who believe they would know what to do if they saw someone experiencing an overdose, being able to identify the signs of an opioid overdose or being able to identify signs of an opioid use disorder.

## Section I: Views regarding alcohol consumption and substance use

- In line with the previous waves of this study, a majority of respondents are supportive of alcoholic beverage labels containing health risks and warnings (69%) and ingredients (59%).

- While all are majority supportive of this, racialized respondents (76%), people who use opioids legally (70%), and Indigenous respondents (69%) are all the most likely to say health risks and warnings should feature on alcoholic beverages.
- There is a high degree of awareness and concern with the health risks of alcohol. Three quarters (77%) say that it increases a person’s risk of developing serious health conditions whereas three-in-five (62%) say that any amount of alcohol consumption can have risks to your health.
- There is a greater sense among the general population sample at least that people who have an alcohol use disorder could stop if they wanted to (31%) than those who are taking opioids (20%).

**Research firm: Earncliffe Strategy Group (Earncliffe)**

Contract number: CW2238166

Contract value: \$214,725.99

Award date: November 20,2023

I hereby certify as a representative of Earncliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

Date: April 26, 2024



Stephanie Constable  
Principal, Earncliffe

## Introduction

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the follow-up survey and qualitative research on opioid awareness, knowledge, and behaviours for public education.

Canada has seen substantially elevated numbers of opioid-related deaths and other harms since surveillance began in 2016. The overdose crisis is complex and affects all communities, age groups, and socioeconomic groups.

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe Strategy Group to conduct a Baseline Survey on Opioid Awareness, Knowledge, and Behaviours for Public Education. In 2019 and 2022, Earnscliffe Strategy Group completed follow-up studies to assess if the results had changed since the initial baseline survey. More recently, further research was required to determine if awareness of and attitudes towards opioid use have changed over the past few years, and if stigma has been reduced.

In 2018, Health Canada launched a multi-year public education campaign to address the growing overdose crisis to raise awareness and to educate Canadians on the risks associated with substance use, including the use of opioids (legal and illegal) as well as the role of stigma as a barrier to seek help.

The overall objective of this study was to track changes since the *Follow-up Survey and Qualitative Research on Opioid Awareness, Knowledge and Behaviours for Public Education conducted in 2022*, regarding the current state of awareness, knowledge, attitudes, beliefs (including assessing opinions around varying harm reduction measures), and behaviours with respect to opioids and other controlled substances. This research provides evidence-based data and insights to guide Health Canada’s marketing campaigns and policy development. The contract value for this project was \$214,725.99 including HST.

The specific objectives of the quantitative phase included, but were not limited to:

- Re-assess and compare levels of awareness and knowledge on the issue of controlled substances including opioids, in comparison to pre-campaign levels cited in the 2022 survey;
- Understand current views on this issue (including stigma);
- Identify barriers, knowledge gaps and misperceptions related to controlled substances including opioids (both legal and illegal), substance use disorder, opioid overdose, and

related deaths to develop messaging that is meaningful and will resonate with target audiences; and

- Understand what types of information Canadians need and are looking for as it relates to controlled substances including opioids.

The specific objectives of the qualitative phase included, but were not limited to:

- Gain insight into awareness, perceptions, and attitudes among target audiences on issues related to controlled substances, including:
  - Opioid use in their communities.
  - Government actions; and
  - Opinions on actions to respond to the overdose crisis.

To meet these objectives, Earnscliffe conducted a two-phased approach involving both qualitative and quantitative research to follow-up the survey and qualitative research on controlled substances awareness, knowledge, and behaviours, for public education.

The initial phase involved qualitative research, which included a series of ten focus groups over January 24-25 with specific target audiences that face higher rates of drug overdoses: males 20-59 who work in physically demanding jobs outside of construction and Indigenous respondents aged 18-59. Two groups (one with each target audience) were conducted in each of the following regions: British Columbia (BC), the Prairies and Northern Canada, Ontario, Quebec, and Atlantic Canada.

Up to 10 participants were recruited for each group, with the goal that at least 8 be able to participate. In total, 76 people participated in the focus group discussions. The groups in Quebec were conducted in French, while the groups in all other locations were conducted in English. The sessions were approximately 90 minutes in length. Appendix B provides greater detail on how the groups were recruited, while Appendix C provides the discussion guide used to facilitate the focus groups and Appendix D provide the screeners used for recruiting the focus groups.

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic at a particular point in time. Because of the small numbers involved, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.



The initial qualitative phase was followed by a quantitative phase involving an online survey, to update and compare results against baseline measures from the 2017, 2019, and 2021. We conducted a base survey of 1666 Canadians aged 13 and older, plus oversamples of at least 300 additional interviews among each of the following nine specific audiences identified by Health Canada:

- Youth 13-15;
- Parents of youth 13-15;
- Young adults 16-24;
- Males 20-59;
- Indigenous respondents;
- Racialized respondents;
- Male labourers;
- People who use opioids legally, including prescriptions; and,
- People who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

A total of 3,740 Canadians were surveyed using Leger’s opt-in panel. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when sampling for that target audience, and those found when specifically targeting a different audience. The 3,740 interviews were comprised of the following:

- A base national sample of n=1666 Canadian residents aged 13 and older;
- An additional sample of n=373 youth aged 13-15;
- An additional sample of n=477 parents of youth 13-15;
- An additional sample of n=522 young adults 16-24;
- An additional sample of n=999 men aged 20-59;
- An additional sample of n=422 Indigenous respondents;
- An additional sample of n=421 racialized respondents;
- An additional sample of n=389 men who work in physically demanding jobs, including construction;
- An additional sample of n=567 people who use opioids legally; and,
- An additional sample of n=342 people who use opioids illegally.

The profile of each oversample group is presented in the table below. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when

sampling for that target audience, and those found when specifically targeting a different audience.

The tables below show the sample sources for each of the nine target audiences.

Current wave	
Youth 13-15 oversample	
Gen pop sample	73
Oversample	300
Total	373
Parent of youth 13-15 oversample	
Gen pop sample	96
Oversample	381
Total	477
Young adults 16-24 oversample	
Gen pop sample	145
Oversample	377
Total	522
Men 20-59 oversample	
Gen pop sample	252
Oversample	747
Total	999
Indigenous oversample	
Gen pop sample	129
Oversample	293
Total	422
Ethnic and racialized communities oversample	
Gen pop sample	83
Oversample	338
Total	421
Males who work in physically demanding jobs	
Gen pop sample	83
Oversample	306
Total	389
People who use opioids legally oversample	
Gen pop sample	165
Oversample	402
Total	567
People who use opioids illegally oversample	
Gen pop sample	97
Oversample	245
Total	342

The field work was conducted from February 27 to March 16, 2024, in English and French. It took an average of 17 minutes to complete.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13 and older. Because the online sample is based on those who initially self-selected for participation in the panel, no

estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys.

The final data for the general population and the youth 13-15, young adults 16-24, men 20-59, Indigenous, and racialized respondents' oversamples, were weighted to replicate actual population distribution by region, age and gender according to the 2021 census data available. The data for the parent, men who work in physically demanding jobs, people who use opioids legally, and people who use opioids illegally oversamples, were weighted based on the profile found in the general population, by age, gender and region.

Appendix A provides full details on the survey methodology and Appendix E provides the survey instrument used.

Within the tables included in the body of the report, letters beside percentages indicate results that are significantly different than those found in the specific comparison columns indicated by the letter. Unless otherwise noted, differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Due to rounding, results may not add to 100%. We have chosen not to include a total column to remain consistent with the 2017, 2019, and 2021 reporting as well as the nature of the vast differences the oversample groups bring to the results.

The key findings from the research are presented below. To ensure comparability, the survey largely remained consistent with questions asked in the 2021 and 2019 surveys. This includes some terminology that Health Canada no longer uses as it is considered stigmatising. Readers are encouraged to use non-stigmatising language when talking about substance use. For more information on changing how we talk about substance use, please see [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#).

For statistical information on prevalence, refer to the [Canadian Alcohol and Drugs Survey](#) (CADS) or the [Canadian Student Tobacco, Alcohol and Drugs Survey](#) (CSTADS).

## Detailed findings

The following report presents the analysis of both the quantitative and qualitative research. It is divided into nine main sections:

- Section A: Opioids and illegal drug use;
- Section B: Opioids awareness, impressions and basic understanding;
- Section C: Attitudes relating to behaviours, risk and harms;
- Section D: Attitudes regarding stigma;
- Section E: Risk behaviour profiling;
- Section F: Opioid information;
- Section G: Views on chronic pain;
- Section H: The role of stigma; and,
- Section I: Views regarding alcohol consumption and substance use.

Each section presents the findings of the qualitative research and the quantitative survey. Except where specifically identified, the qualitative findings represent the combined results across the various audiences and for both English and French.

The quantitative findings focus primarily on the differences across the ten target segments: the nine oversamples and the general population as a whole. Appended data tables provide results of findings across a much broader range of characteristics, behaviours, and attitudes. It is also worth noting that in the tracking tables provided in the body of the report below, the statistical testing is only done relatively to the most recent results – i.e., the 2024 results are tested against 2021, 2019, 2017 for significance but 2021 is not tested against 2019.

Details about the survey design, methodology, sampling approach, and weighting of the results may be found in the Quantitative methodology report in Appendix A. Appended data tables provide results of findings across a much broader range of demographics and attitudes.

Details about the focus group design, methodology, and analysis may be found in the Qualitative methodology report in Appendix B. Except where specifically identified, the qualitative findings represent the combined results across the various audiences and for both English and French. Quotations used throughout the report were selected to bring the analysis to life

and provide unique verbatim commentary from participants across the various audiences. Percentages may not add up to 100% due to rounding. “Don’t know” and “no response” are denoted by DK and NR respectively.

## Section A: Opioids and illegal drug use

In order to determine whether respondents had taken any sort of opioid in the past year, they were shown the following table and asked if they had taken any of the drugs listed in the past year or at any point in their lives.

Exhibit A1 – Opioid table

Generic name	Trade name (examples)	Street names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2,3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Abstral®, Duragesic®, Onsolis®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

Just over one-in-five (23%) respondents say that they have taken one of the drugs listed in the above table in the past year with a similar proportion (20%) saying that they have taken one of the drugs listed, but not in the past year.

Among the target audiences examined, the lowest rates reported of respondents having taken one of the tested drugs in the previous year are among youth aged 13-15 years old. The highest rates observed are among male labourers (31%) – i.e., those in physically demanding jobs – and Indigenous respondents (29%).

At three-in-five (62%) saying so, respondents from Quebec are the most likely to say that they have never used any of the listed opioids.

Exhibit A2 – Q12: Have you taken any of the following?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Have taken in the past year	23%	15%	28%	26%	26%	29%	24%	31%	100%	100%
	B	-	B	B	B	A B	B	A B	A B C D E F G H	A B C D E F G H
Have taken, but not in the past year	20%	5%	20%	13%	20%	23%	19%	21%	0%	0%
	B D I J	I J	B D I J	B I J	B D I J	B D I J	B D I J	B D I J	-	-
Have never taken	55%	79%	51%	55%	49%	44%	52%	43%	0%	0%
	E F H I J	A C D E F G H I J	H I J	E F H I J	I J	I J	F H I J	I J	-	-
DK/NR	3%	1%	2%	6%	4%	3%	5%	6%	0%	0%
	B I J	-	I J	A B C I J	A B C I J	B I J	B C I J	B C I J	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

The number of respondents who say that they have taken one of the listed drugs this year (23%) represents a decline from the recorded peak of 29% who said the same in 2019.

Exhibit A3 – Q8. Have you taken any of the following?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	23%	21%	29%	22%
	C	-	A	-
	20%	19%	21%	20%

Have taken, but not in the past year	-	-	-	-
Have never taken	55%	57%	47%	55%
	C	-	A	-
DK/NR	3%	3%	3%	3%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

An important dynamic emerges when looking at patterns surrounding whether respondents are using the drugs listed with a prescription in their name or not – in particular when it comes to the two target audiences with the highest reported rates of having used of these substances in the previous year.

At two thirds (67%), Indigenous respondents are the most likely to say that they always have a prescription in their name when they take one of the drugs or medicines listed. This compared with male labourers where just under half (46%) say the same.

There is also a unique dimension surrounding age, where younger respondents are the most likely to say that they never have a prescription in their name. One-in-five (21%) young adults aged 16-24 report never having a prescription, for example, whereas 18% of youth aged 13-15 say the same.

To note, any respondents who used one of the substances without a prescription in their name are reported as “people who use opioids illegally” in the tables presented throughout this report. Those who exclusively use these drugs and medicines with a prescription in their name are reported as “people who use opioids legally.”

At 83%, those in Atlantic Canada are the most likely to say that they always take an opioid with a prescription in their name. This compared with 45% of respondents from British Columbia who say the same. The regions with the highest rates of self-identified people who use opioids illegally are in Ontario (46%) and British Columbia (44%).

Exhibit A4 – Q13: When you took any of these drugs or medicines in the past year, did you...?

Base: Respondents taking an opioid

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
	59%	47%	54%	42%	56%	67%	56%	46%	100%	0%

Always have a prescription in your name	D H J	J	J	J	D J	B C D E H J	J	J	A B C D E F G H J	-
Usually have a prescription in your name	17%	15%	22%	19%	17%	12%	18%	20%	0%	35%
	I	I	F I	I	I	I	I	I	-	A B C D E F G H I
Sometimes have a prescription in your name	5%	8%	13%	8%	11%	6%	5%	13%	0%	19%
	I	I	A G I	I	A I	I	I	A I	-	A B D E F G I
Rarely have a prescription in your name	5%	5%	1%	5%	4%	4%	6%	4%	0%	11%
	C I	-	-	I	I	I	I	I	-	A C E F H I
Never have a prescription in your name	11%	18%	7%	21%	11%	10%	14%	16%	0%	36%
	I	I	I	A C E F I	I	I	I	C I	-	A B C D E F G H I
DK/NR	2%	7%	2%	5%	1%	0%	0%	2%	0%	0%
	F I J	-	-	F I J	-	-	-	-	-	-
Sample size	269	55*	132	129	264	128	103	120	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Notable in this year’s findings are the much higher rates of those saying that they never have a prescription in their name (11%) compared with previous years (3-5%). Given the distribution of the results, it is possible that this does not actually represent an actual increase in absolute numbers but instead a higher proportion of respondents selecting this option instead of “DK/NR” as in previous years.

Exhibit A5 – Q13. When you took any of these drugs or medicines in the past year, did you...

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always have a prescription in your name	59%	56%	69%	66%
	CD	-	A	A
Usually have a prescription in your name	17%	14%	10%	11%
	CD	-	A	A
Sometimes have a prescription in your name	5%	8%	5%	5%
	B	A	-	-
Rarely have a prescription in your name	5%	8%	5%	5%
	B	A	-	-



Never have a prescription in your name	11%	5%	4%	3%
	BCD	A	A	A
DK/NR	3%	15%	9%	12%
	BCD	A	A	A
Sample size	269	217	282	290
Column label	A	B	C	D

The following table collapses the above questions and illustrates what percentage of each target audience qualifies as a current opioid user, a past opioid user, or a non-user. Of note, these segments are not reported on in the body of this report but can be found in the appended data tables.

Exhibit A6 – Computed opioid user status.

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Opioid User	23%	15%	28%	26%	26%	29%	24%	31%	100%	100%
	B		B	B	B	A B	B	A B	A B C D E F G H	A B C D E F G H
Past Opioid User	20%	5%	20%	13%	20%	23%	19%	21%	0%	0%
	B D I J	I J	B D I J	B I J	B D I J	B D I J	B D I J	B D I J	-	-
Non-User	57%	80%	52%	62%	53%	48%	57%	49%	0%	0%
	F H I J	A C D E F G H I J	I J	C E F H I J	I J	I J	F H I J	I J	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

When asked if a doctor had ever refused to prescribe an opioid when it was needed for pain, those most likely to say yes are people who use opioids illegally with one quarter (24%) saying so. This suggests that there is a portion of people who use opioids illegally who are classified as such due to the refusal by a doctor to prescribe them.

Following people who use opioids illegally, the highest rates of those saying they have experienced a doctor refusing them an opioid for pain relief are: male labourers (14%), Indigenous respondents (14%), and young adults aged 16-24 (11%).

Broken down by region, those in Atlantic Canada are the least likely to be told “no” by their physicians at 59%.

Exhibit A7 – Q14: Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	6%	5%	9%	11%	9%	14%	6%	14%	11%	24%
	-	-	A B	A B G	A B G	A B E G	-	A B C E G	A B G	A B C D E F G H I
No	51%	45%	54%	46%	52%	52%	48%	57%	69%	52%
	-	-	B D	-	B D	-	-	A B D G	A B C D E F G H J	-
Not Applicable / Have never asked for this	41%	47%	34%	37%	35%	32%	44%	26%	19%	20%
	C E F H I J	C D E F H I J	H I J	H I J	H I J	I J	C E F H I J	I	-	-
DK/NR	2%	3%	4%	5%	3%	3%	2%	4%	2%	4%
	-	-	-	A F G I	I	-	-	-	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit A8 – Q14. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Yes	6%	4%	6%	-
	B	A	-	-
No	51%	49%	50%	-
Not Applicable / Have never asked for this	41%	46%	42%	-
	B	A	-	-
DK/NR	2%	1%	3%	-
Sample size	1666	1017	1003	0
Column label	A	B	C	D

Respondents were also asked if they had taken any of the following drugs: cocaine, ecstasy, methamphetamine, or heroin. While rates for the drugs in question ranged from 1-4% in the general population sample, rates were significantly higher among Indigenous populations, men in physically demanding jobs, and people who use opioids illegally across all drugs tested.

Exhibit A9 – Q15: Have you taken any of the following? [% have taken in the past year]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)	4%	5%	5%	7%	7%	12%	3%	9%	6%	17%
	-	-	-	-	-	A G	-	A	-	A B C D E G
Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)	4%	5%	5%	6%	7%	8%	6%	11%	6%	14%
	-	-	-	-	-	-	-	A	-	A B C
Methamphetamine (such as meth, crystal meth, crank, speed)	3%	4%	5%	6%	6%	11%	2%	6%	6%	16%
	-	-	-	-	-	A G	-	-	A	A B C D E G H
Heroin (such as smack, H, skag, junk)	1%	3%	4%	4%	3%	4%	2%	6%	4%	7%
	-	-	-	-	-	-	-	A	-	A
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

At the level of the general population, those who say they have taken cocaine, ecstasy or hallucinogens, and methamphetamines in the past year generally edged up slightly when compared to the data from 2021 and 2019.

Exhibit A10 – Q15A. Heroin (such as smack, H, skag, junk)

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	1%	1%	1%	-
Have taken, but not in the past year	3%	2%	3%	-
Have never taken	95%	96%	94%	-
	BC	A	A	-
DK/NR	1%	1%	2%	-
Sample size	1666	1017	1003	0
Column label	A	B	C	D

Exhibit A11 – Q15B. Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angie)

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	4%	3%	5%	-
	BC	A	A	-
Have taken, but not in the past year	11%	11%	13%	-
	-	-	-	-
Have never taken	84%	85%	81%	-
	B	A	-	-
DK/NR	2%	1%	2%	-
Sample size	1666	1017	1003	0
Column label	A	B	C	D

Exhibit A12 – Q15C. Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	4%	3%	4%	-
	BC	A	A	-
Have taken, but not in the past year	13%	12%	14%	-
	B	A	-	-
Have never taken	81%	83%	80%	-
	BC	A	A	-
DK/NR	2%	1%	2%	-
Sample size	1666	1017	1003	0

Column label	A	B	C	D
--------------	---	---	---	---

Exhibit A13 – Q15D. Methamphetamine (such as meth, crystal meth, crank, speed)

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	3%	1%	3%	-
	BC	A	A	-
Have taken, but not in the past year	5%	5%	8%	-
	BC	A	A	-
Have never taken	91%	92%	88%	-
	B	A	-	-
DK/NR	2%	1%	2%	-
Sample size	1666	1017	1003	0
Column label	A	B	C	D

### Qualitative insights: Awareness and understanding of substance use and addiction

As with past waves of this research, participants were able to easily provide definitions for both “substance use” and “addiction.”

Understanding of the term, substance use, continues to be more negative than positive and is often confused with the term, substance abuse. Unaided, participants often refer to substance use as the use of different drugs and/or alcohol. Other mentions included the use of cigarettes and medication. A few participants also volunteered reasons for using substances as part of this discussion which included recreationally, as a stimulant, for pain management, and, to cope with trauma. The other dimension that was raised spontaneously here was addiction.

“The use of any substance used as a ‘boost’.” – man in physically demanding job, Prairies

“Ways people cope with unhealed trauma.” – Indigenous person, Prairies

Addiction was understood by participants as the inability to easily stop doing something whether it be with respect to the use of a wide range of substances, or even activities. Often the descriptions provided conveyed a sense of dependence, a loss of control, and in others, feelings of sadness and despair. The dimension of stigma also came up unaided by a few participants as part of this discussion.

“Loss of control over a substance.” – man in physically demanding job, Atlantic Canada

“A heavy weight to bare.” – man in physically demanding job, Atlantic Canada

“Something you are labelled with.” – man in physically demanding job, Prairies

“Addiction means to me a struggle. It’s not always a choice. It can be hard to ask for help.” – Indigenous person, Atlantic Canada

### **Key takeaways: Opioids and illegal drug use**

- The number of respondents who say that they have taken one of the listed drugs this year (23%), while up slightly from 2021, nonetheless represents a decline from the recorded peak of 29% who said the same in 2019.
- When it comes to whether respondents have prescriptions, Indigenous respondents (67%) are the most likely to say they always have one whereas men in physically demanding jobs (46%) and young adults aged 16-24 (42%) are the least likely to say the same.
- When asked if a doctor had ever refused to prescribe an opioid when it was needed for pain, those most likely to say yes are people who use opioids illegally with one quarter (24%) saying so. This suggests that there is a portion of people who use opioids illegally who are classified as such due to the refusal by a doctor to prescribe them.
- As with past waves of this research, participants were able to easily provide definitions for both “substance use” and “addiction” – the latter of which was frequently understood negatively and conflated with the term “substance abuse.”
- As for “addiction,” it was understood by participants as the inability to easily stop doing something.

### **Section B: Opioid awareness, impressions, and basic understanding**

Awareness of opioids is fairly broad and remains relatively unchanged from levels noted in 2021 and 2019. Two thirds (66%) say they are at least pretty sure, if not certain, they know what an opioid is. At two-in-five, people who use opioids legally (40%) (i.e., those with a prescription in their name) and Indigenous respondents (39%) were the most likely to say they are certain they know what an opioid is.

Echoing trends noted in previous years, parents of youth aged 13-15 (29%) are more likely to say they are certain they know what an opioid is than young adults (20%) or youth (15%). Youth are the most likely to say they do not really know what an opioid is (19%) or that they have never heard the term before (10%).

Exhibit B1 – Q16: Which of these best describes your level of understanding about what an opioid is?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
I am certain I know what an opioid is	29%	15%	29%	20%	28%	39%	22%	32%	40%	31%
	B D G	-	B D G	-	B D G	A B C D E G J	B	B D G	A B C D E G H J	B D G
I am pretty sure I know what an opioid is	37%	27%	33%	33%	37%	34%	36%	30%	37%	32%
	B H	-	-	-	B H	-	B	-	B H	-
I might know what an opioid is, but I'm unsure	19%	26%	21%	22%	18%	14%	27%	20%	14%	20%
	F I	A E F I	F I	F I	F I	-	A C E F H I J	F I	-	F I
I don't really know what an opioid is	9%	19%	13%	12%	10%	7%	10%	10%	4%	10%
	I	A C D E F G H I J	A F I	F I	I	-	I	I	-	I
I had never heard the term "opioid" before this survey	3%	10%	4%	7%	4%	6%	4%	5%	3%	5%
	-	A C E F G H I J	-	A G I	-	-	-	-	-	-
DK/NR	3%	3%	1%	6%	3%	1%	2%	2%	1%	1%
	C F	-	-	A B C E F G H I J	C F I	-	-	-	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

At 6%, respondents from Quebec are the most likely to say that they have never heard the term “opioid” before.

Exhibit B2 – Q16. Which of these best describes your level of understanding about what an opioid is?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
I am certain I know what an opioid is	29%	28%	27%	26%
I am pretty sure I know what an opioid is	37%	39%	42%	37%
	C	-	A	-
I might know what an opioid is, but I'm unsure	19%	20%	19%	20%
I don't really know what an opioid is	9%	8%	7%	9%
I had never heard the term “opioid” before this survey	3%	3%	4%	7%
	D	-	-	A
DK/NR	3%	1%	1%	2%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

Upon being shown the reference chart, the level of assessed familiarity drops to 61% (down from 66%) among the general population sample. Parents of youth aged 13-15, young adults aged 16-24, and males aged 20-59 track with this trend.

Among the target audiences, it is worth noting that the rates of those saying they are very familiar actually increased for both people who use opioids legally (40% to 47%) and people who use opioids illegally (31% to 40%).

As noted above, youth remain the least familiar with any of the opioids listed, with two-in-five (39%) saying they are not at all familiar with any.

Exhibit B3 – Q17: How familiar are you with these types of opioids?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very familiar with at least one	26%	13%	27%	25%	27%	37%	22%	28%	47%	40%
	B	-	B	B	B	A B C D E G H	B	B	A B C D E F G H J	A B C D E G H
Somewhat familiar with at least one	35%	25%	33%	35%	37%	28%	36%	38%	34%	35%
	B F	-	B	B	B F	-	B F	B F	B	B
	18%	20%	19%	17%	17%	17%	20%	13%	14%	16%



No more than a little familiar with at least one	H I	H I	H I	-	-	-	H I	-	-	-
Not at all familiar with any	19%	39%	18%	16%	15%	14%	19%	17%	5%	7%
	E F I J	A C D E F G H I J	I J	I J	I J	I J	I J	I J	-	-
DK/NR	2%	3%	3%	7%	4%	4%	4%	3%	0%	2%
	I	I	I	A B C F G I J	A I J	I	I	I	-	I
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit B4 – Q13. How familiar are you with these types of opioids?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very familiar with at least one	26%	24%	26%	26%
Somewhat familiar with at least one	35%	37%	39%	36%
	C	-	A	-
No more than a little familiar with at least one	18%	18%	17%	17%
Not at all familiar with any	19%	21%	16%	18%
	C	-	A	-
DK/NR	2%	1%	2%	3%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

When it comes to the perceived danger of the opioids provided in the reference chart, there is a broad sense among the general population that most (37%) or all (44%) of them are dangerous, with no one saying that none are dangerous (0%).

For the most part, this same pattern tracks across the target audiences examined. There are slight variations in degree with Indigenous respondents, for example, being the most likely to say that all of the opioids listed are dangerous at half (49%) saying so.

Against this broad consensus, people who use opioids illegally stand out in being the least likely to say that all of the drugs listed are dangerous (24%) and being the most likely to say that only a few (14%) are dangerous.

There is certainly an acknowledgement that danger exists, but the perception appears to be that it is not universal, i.e., there are opioids which are safe or safer. It is unclear from this data whether people who use opioids illegally are identifying the substances they use as safe – perhaps as a mental coping mechanism – or if they acknowledge that their practices with these substances entail a level of danger.

From a regional perspective, respondents from Manitoba and Saskatchewan are the most likely to say that all or most opioids are dangerous (at 88%), this followed closely by Quebec (at 85%).

Exhibit B5 – Q18: In thinking about the types of opioids included in this list, is it your impression that...

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
All are dangerous	44%	44%	41%	32%	36%	49%	41%	38%	42%	24%
	D E H J	D E J	D J	J	J	C D E G H J	D J	J	D E J	-
Most are dangerous	37%	32%	36%	39%	39%	34%	31%	37%	40%	43%
	-	-	-	B G	B G	-	-	-	B G	A B C F G
About half are dangerous	7%	8%	9%	10%	9%	6%	7%	12%	7%	12%
	-	-	-	A F I	-	-	-	A F G I	-	A B F G I
A few are dangerous	7%	6%	6%	10%	8%	6%	10%	6%	8%	14%
	-	-	-	C	-	-	B C F H	-	-	A B C E F H I
None of these drugs are dangerous	0%	1%	0%	1%	1%	1%	1%	1%	0%	1%
DK/NR	5%	10%	9%	8%	8%	4%	9%	6%	3%	5%
	I	A F I J	A F I	F I	F I	-	A F I J	I	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

While the overall levels of respondents saying that most or all of the opioids included in the list provided are dangerous remain relatively stable, the distribution continues to shift slightly with 44% saying that all are dangerous – this up from 39% who said the same in 2019.

Exhibit B6 – Q18. In thinking about the types of opioids included in this list, is it your impression that...

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
All are dangerous	44%	43%	39%	45%
	C	-	A	-
Most are dangerous	37%	38%	42%	35%
	C	-	A	-
About half are dangerous	7%	5%	6%	7%
	B	A	-	-
A few are dangerous	7%	7%	7%	7%
None of these drugs are dangerous	0%	1%	2%	1%
	BCD	A	A	A
DK/NR	5%	5%	5%	5%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

A plurality of respondents in each target audience say they are somewhat familiar with fentanyl, with the exception of youth where more say they are either not very or not at all familiar. When it comes to those who say they are very familiar, in line with general awareness noted above, Indigenous respondents (22%), people who use opioids illegally (18%), and male labourers (17%) are the most likely to say so.

Exhibit B7 – Q19: How familiar would you say you are with fentanyl?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very familiar	11%	9%	12%	12%	14%	22%	9%	17%	14%	18%
	-	-	-	-	A B G	A B C D E G I	-	A B G	B G	A B C D G
Somewhat familiar	34%	22%	37%	41%	38%	33%	36%	39%	36%	36%
	B	-	B	A B F	B	B	B	B	B	B
Not very familiar	28%	32%	28%	29%	27%	22%	25%	21%	27%	25%
	F H	F H J	H	F H	H	-	-	-	H	-
Not at all familiar	25%	34%	21%	13%	18%	20%	26%	20%	21%	21%
	C D E H	A C D E F G H I J	D	-	D	D	D E H	D	D	D
DK/NR	2%	3%	2%	4%	4%	3%	3%	3%	1%	1%
	-	-	-	A I J	I J	-	J	-	-	-

Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit B8 – Q19. How familiar would you say you are with fentanyl?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very familiar	11%	11%	12%	12%
Somewhat familiar	34%	33%	37%	36%
Not very familiar	28%	32%	31%	25%
	B	A	-	-
Not at all familiar	25%	22%	18%	23%
	C	-	A	-
DK/NR	2%	2%	2%	3%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

When asked about the dangers of fentanyl, there is a broad consensus that it is somewhat, if not very, dangerous (96%) with one (0%) saying it is not at all dangerous. This combined proportion has shifted very little over time. Of note, there is a sense that the danger is acute, with strong majorities across all audiences saying that it is very dangerous.

The relationships between awareness and the perceived danger appears to be uneven among the groups that self-assessed as most familiar with fentanyl. Indigenous respondents, for example, are the most likely to say it is very dangerous (at 85%), whereas male labourers (72%) and people who use opioids illegally (69%) are less likely than the general population sample to say the same.

Exhibit B9 – Q20: To the best of your knowledge, how dangerous is fentanyl?

Base: Those who are familiar with fentanyl.

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very dangerous	82%	82%	78%	69%	76%	85%	70%	72%	82%	69%
	D E G H J	D G H J	D G J	-	D G J	C D E G H J	-	-	D E G H J	-
Somewhat dangerous	14%	14%	15%	24%	17%	11%	21%	20%	15%	22%
	-	-	-	A B C E F I	F	-	A B F I	A F	-	A B C F I

Not very dangerous	2%	3%	2%	2%	3%	2%	2%	3%	2%	5%
	-	-	-	-	-	-	-	-	-	A I
Not at all dangerous	0%	0%	1%	1%	1%	1%	1%	2%	0%	1%
	B	-	-	-	B	-	-	B I	-	-
DK/NR	1%	1%	3%	4%	4%	2%	6%	3%	2%	3%
	-	-	-	A B F I	A B F	-	A B F I	-	-	-
Sample size	1,167	233	359	423	785	330	307	299	437	263
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit B10 – Q20. [If some familiarity with fentanyl] To the best of your knowledge, how dangerous is fentanyl?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very dangerous	82%	80%	81%	83%
Somewhat dangerous	14%	14%	15%	13%
Not very/not at all dangerous	2%	2%	3%	1%
	D	-	-	A
DK/NR	1%	4%	2%	2%
Sample size	1167	793	809	975
Column label	A	B	C	D

A majority of respondents across all target audiences say that opioids are at least somewhat, if not very, dangerous for all the populations tested. The one outlier is people who use prescribed opioids and take them as per the instructions on their prescription. While over half of most samples still say that opioids are at least somewhat dangerous for these people, this is substantially lower than any of the other scenarios tested.

It is also worth noting that most respondents say that opioids are less dangerous for themselves than for others. The one target audience that represents an exception in this regard is youth aged 13-15, who at 81% saying that opioids are at least somewhat dangerous for them, are significantly more likely to say so than other target audiences.

Exhibit B11 – Q21: Based on your impressions, how dangerous would you say opioids are for each of the following. [% very or somewhat dangerous]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
People who use illegal drugs such as heroin, cocaine, methamphetamines and/or ecstasy	95%	93%	92%	90%	90%	94%	93%	87%	95%	90%
	E H	-	-	-	-	-	-	-	H	-
People who use opioids obtained on the street	94%	94%	92%	88%	90%	94%	93%	89%	95%	92%
	D	-	-	-	-	-	-	-	-	-
Teens	93%	91%	92%	87%	88%	91%	93%	85%	93%	89%
	D E H	-	-	-	-	-	-	-	-	-
People who use opioids prescribed for someone else (friends, parents...)	93%	90%	90%	87%	89%	94%	90%	86%	93%	89%
	D H	-	-	-	-	-	-	-	-	-
Young adults	92%	91%	93%	84%	87%	93%	92%	86%	94%	89%
	D E H	-	D	-	-	-	-	-	D E H	-
Seniors	88%	87%	88%	81%	84%	89%	89%	81%	89%	84%
	67%	81%	69%	69%	64%	68%	69%	67%	60%	67%
You, personally	-	A C D E F H I J	-	-	-	-	-	-	-	-
People who use opioids prescribed for them and taken as prescribed	58%	60%	65%	48%	59%	64%	56%	63%	52%	56%
	-	-	D I	-	-	D	-	D	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Overall levels of perceived danger remain consistent across waves of this study, with four-in-five saying that opioids are at least somewhat dangerous for people who use illegal drugs (95%), those who use them on the street (94%), people who use opioids prescribed to someone else (93%), youth aged 13-15 (93%), young adults 16-24 (92%), and seniors (88%). Personal risks and the risks to those who have them prescribed continue to be perceived as the lowest.

Exhibit B12– Q15. Based on your impressions, how dangerous would you say opioids are for each of the following? [% very dangerous or somewhat dangerous]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
People who use opioids obtained on the street	94%	95%	94%	95%
People who use illegal drugs such as heroin, cocaine, methamphetamines and/or ecstasy	95%	93%	95%	95%
Teens	93%	93%	94%	93%
People who use opioids prescribed for someone else (friends, parents...)	93%	91%	94%	94%
Young adults	92%	91%	90%	91%
Seniors	88%	85%	87%	86%
	B	A	-	-
You, personally	67%	69%	69%	70%
People who use opioids prescribed for them and taken as prescribed	58%	56%	53%	52%
	CD	-	A	A
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

As with previous waves of this study, the vast majority believe that the term “illegal opioids” refers to those obtained on the street (89%) – similar to 2021 (89%), 2019 (87%), and 2017 (88%). Although still over half, far fewer respondents (59%) perceive opioids not prescribed to them as falling under the umbrella of illegal opioids – although this rate is notably highest among people who use opioids illegally where two thirds (66%) say so.

Those from Manitoba and Saskatchewan are the most likely to say that a prescription opioid not prescribed to you is an illegal opioid, with seven-in-ten (69%) saying so.

Exhibit B13 – Q22: When you hear the term, “illegal opioids” which, if any, of the following do you think it means...

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Opioids obtained on the street	89%	83%	87%	81%	84%	91%	89%	83%	90%	86%
	B D E H		D			B C D E H	B D E H		B D E H	
	59%	49%	59%	55%	53%	56%	52%	50%	66%	55%

Prescription opioids not prescribed to you (shared prescription)	B E G H	-	B E H	-	-	-	-	-	A B C D E F G H J	-
Opioids illegally made/manufactured	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Other	2%	1%	0%	1%	1%	2%	2%	2%	1%	0%
	C D J	-	-	-	-	-	C D J	-	-	-
DK/NR	5%	11%	6%	11%	8%	5%	7%	7%	3%	5%
	I	A C F G H I J	I	A C F G H I J	A F I J	-	I	I	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit B14 – Q16. When you hear the term “illegal opioids” which, if any, of the following do you think it means? [check all that apply]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Opioids obtained on the street	89%	89%	87%	88%
Prescription opioids not prescribed to you (shared prescription)	59%	61%	61%	66%
	D	-	-	A
Other	2%	2%	2%	3%
DK/NR	5%	6%	4%	-
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

On the subject of Canada’s opioid crisis, three quarters (73%) say they are at least somewhat aware if not very aware. Those audiences most likely to say they are very aware are Indigenous respondents where two-in-five (39%) say so and legal (33%) and illegal (30%) opioid users.

As with the overall familiarity data discussed above, younger respondents are less familiar with the opioid crisis with 18% of youth saying they are not at all aware while 13% of young adults say the same. Respondents from ethnic and racialized communities are also less likely than the general population sample to say that they are at least somewhat aware of the crisis.



Exhibit B15 – Q23: How aware, if at all, would you say you are of Canada’s opioid crisis?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very aware	24%	13%	24%	15%	25%	39%	20%	23%	33%	30%
	BD	-	BD	-	BD	A B C D E G H J	BD	BD	A B C D E G H	A B D G
Somewhat aware	49%	40%	46%	42%	46%	43%	46%	48%	48%	44%
	BD	-	-	-	-	-	-	B	B	-
Not very aware	17%	23%	18%	23%	18%	11%	22%	14%	13%	17%
	FI	A F H I	FI	A E F H I	FI	-	A F H I	-	-	F
Not at all aware	7%	18%	8%	13%	7%	3%	7%	9%	4%	5%
	FI	A C E F G H I J	FI J	A C E F G I J	FI	-	F	FI J	-	-
DK/NR	2%	7%	3%	7%	5%	5%	4%	6%	1%	3%
	-	AI	-	A C I J	AI	I	I	AI	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Following a decline in 2021, the number saying they are very aware of Canada’s opioid crisis has notched back up to one quarter (24%).

Exhibit B16 – Q17. How aware would you say you are of Canada’s opioid crisis?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very aware	24%	19%	25%	28%
	BD	A	-	A
Somewhat aware	49%	48%	49%	45%
	B	-	-	A
Not very aware	17%	24%	17%	15%
	B	A	-	-
Not at all aware	7%	8%	7%	8%
DK/NR	2%	2%	2%	4%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

Despite the lower numbers of respondents saying that they are very familiar with the opioid crisis, majorities across all target audiences say that it is at least somewhat, if not very, serious. If there is broad directional alignment, there are differences in degree with Indigenous respondents (71%) and people who use opioids legally (67%) being the most likely to say it is very serious.

Perhaps related to lower levels of familiarity, youth (54%) and young adults (49%) are the least likely to say that is very serious. Despite higher levels of familiarity, people who use opioids illegally also rank lower than other target audiences in terms of the number of respondents who say that it is very serious (54%).

Across all audiences, no one (0%) says it is not at all serious.

Exhibit B17 – Q24: How serious, if at all, would you say the opioid crisis is in Canada?

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very serious	61%	54%	58%	49%	56%	71%	57%	55%	67%	54%
	B D E J	-	D	-	D	A B C D E G H J	D	-	A B C D E G H J	-
Somewhat serious	29%	29%	30%	32%	31%	21%	30%	30%	26%	33%
	F	F	F	F I	F I	-	F	F	-	F I
Not very serious	4%	4%	3%	4%	5%	2%	3%	5%	3%	6%
	-	-	-	-	F G I	-	-	F I	-	F G I
Not at all serious	0%	0%	1%	2%	1%	1%	1%	2%	1%	1%
DK/NR	6%	12%	8%	12%	8%	6%	9%	8%	4%	6%
	I	A E F I J	I	A C E F H I J	I	-	F I	I	-	-
Sample size	1,552	303	434	449	924	405	384	353	541	324
Column Names	A	B	C	D	E	F	G	H	I	J

There is a marked difference between the number of respondents in the general population sample who say that the opioid crisis in Canada is very serious (61%) versus those who say it is very serious in their community (28%). By contrast, there are more respondents opting instead to say that it is not very serious (16%) or even not at all serious (3%).

Though still perceived to be less severe than the opioid crisis in Canada, at half (50%) saying so, Indigenous respondents remain the most likely to say that the crisis in their community is very serious. This followed by people who use opioids legally (37%).

Exhibit B18 – Q25: Based on your impressions, how serious would you say the opioid crisis is in your community?

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very serious	28%	28%	34%	24%	30%	50%	28%	33%	37%	33%
	-	-	A D	-	D	A B C D E G H I J	-	D	A B D E G	D
Somewhat serious	35%	33%	33%	34%	36%	25%	29%	39%	29%	35%
	F G I	F	F	F	F G I	-	-	F G I	-	F
Not very serious	16%	17%	15%	19%	17%	11%	16%	14%	16%	15%
	F	F	-	F	F	-	-	-	-	-
Not at all serious	3%	3%	2%	5%	3%	1%	5%	3%	3%	4%
	F	-	-	F	F	-	C F	F	F	F
DK/NR	17%	18%	16%	18%	14%	13%	22%	11%	15%	13%
	F H J	H	-	H	-	-	C E F H I J	-	-	-
Sample size	1,552	303	434	449	924	405	384	353	541	324
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit B19 – Q18. Based on your impressions, how serious would you say the opioid crisis is in your community?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very serious	28%	27%	31%	29%
Somewhat serious	35%	34%	39%	36%
	C	-	A	-
Not very serious	16%	17%	14%	16%
Not at all serious	3%	4%	3%	4%
DK/NR	17%	18%	12%	15%
	C	-	A	-
Sample size	1,552	1017	1003	1330
Column label	A	B	C	D

When asked to choose a term to best describe the approximately 20 opioid-related overdose deaths in Canada every day, no clear consensus emerged among the general population or any of the target audiences. Instead, roughly equal numbers choose the “opioid overdose crisis” and the “opioid crisis” with minor variations among the target audiences.

Exhibit B20 – Q26: There are approximately 20 opioid-related overdose deaths in Canada every day. Which term do you think is the clearest way to describe this situation...

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Opioid overdose crisis	25%	20%	25%	25%	24%	26%	25%	26%	29%	27%
	-	-	-	-	-	-	-	-	B E	B
Opioid crisis	23%	24%	26%	24%	24%	21%	26%	23%	21%	21%
Drug overdose crisis	14%	15%	13%	14%	13%	13%	16%	14%	15%	16%
Toxic supply and overdose crisis	16%	12%	11%	12%	13%	17%	13%	12%	17%	13%
	C	-	-	-	-	C	-	-	B C E H	-
Overdose crisis	6%	8%	8%	9%	8%	6%	8%	9%	6%	6%
Toxic drug crisis	5%	7%	4%	4%	5%	6%	3%	7%	5%	4%
	-	C G	-	-	G	-	-	G	-	-
Drug poisoning crisis	2%	3%	3%	2%	2%	4%	2%	2%	2%	3%
Other	2%	2%	2%	1%	2%	3%	1%	1%	2%	4%
	H	-	-	-	H	H	-	-	-	D G H
DK/NR	7%	9%	8%	9%	9%	4%	7%	7%	4%	7%
	F I	F I	F I	F I	F I	-	-	-	-	-
Sample size	1,552	303	434	449	924	405	384	353	541	324
Column Names	A	B	C	D	E	F	G	H	I	J

Majorities across all audiences say that they believe there to be a high risk that an illegal non-opioid drug might be laced with an opioid like fentanyl. Echoing variation on other questions, people who use opioids legally are the most likely to believe this is a high risk (78% saying so) whereas people who use opioids illegally are the least likely (with the exception of young adults) to say the same at 63%.

In line with the lower self-assessed levels of awareness noted above, youth are the most likely to say they do not know or prefer not to respond to this question (18%).

Exhibit B21 – Q27: To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
High risk	72%	64%	69%	61%	64%	72%	67%	67%	78%	63%
	B D E J	-	D E	-	-	B D E J	-	-	A B C D E F G H J	-
Some risk	15%	15%	18%	20%	22%	17%	18%	19%	13%	27%
	-	-	I	A I	A B F I	-	I	I	-	A B C D F G H I
Not very much risk	2%	2%	1%	6%	3%	2%	2%	4%	2%	3%
	C	-	-	A B C E F G I	C	-	-	C	-	C
No risk at all	0%	0%	1%	2%	1%	1%	1%	2%	0%	2%
	-	-	-	I	I	-	-	A I	-	I
DK/NR	10%	18%	11%	13%	11%	8%	11%	7%	7%	5%
	I J	A C D E F G H I J	I J	H I J	I J	-	H I J	-	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

When compared with previous waves, at 10% the of respondents who report saying they do not know or prefer not to respond continues to grow whereas those saying that there is some risk has dropped from 23% in 2021 to 15% this year.

Exhibit B22 – Q21. [If some familiarity with fentanyl] To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
High risk	72%	67%	71%	-
	B	A	-	-
Some risk	15%	23%	23%	-
	BC	A	A	-
Not very much risk/No risk at all	2%	2%	3%	-
	10%	8%	4%	-
DK/NR	C	-	A	-

Sample size	1666	793	809	0
Column label	A	B	C	D

On the subject of Naloxone, there are diverse levels of awareness among the different samples surveyed. Reflecting their lower levels of awareness across a range of opioid related questions and metrics, youth (31%) and young adults (39%) are the least likely to agree that they know what it is or what it is used for. On the other end of the spectrum, people who use opioids legally (63%) and Indigenous respondents (62%) are the most likely to agree that they are aware of what Naloxone is and what it does.

Another target audience with higher reported rates of opioid use, male labourers, interestingly report lower levels of awareness (47%) than even the general population sample.

The knowledge of where one could get Naloxone is lower than the awareness of what it is used for across all audiences surveyed. There does appear to be a correlation between knowledge of what it is and where to get it, however, with people who use opioids legally (44%) and Indigenous respondents (47%) being the most likely to know where to find it.

A quarter (25%) of respondents among the general population sample say that they would know how to administer Naloxone if they needed to – a number which rises to 40% among Indigenous respondents and 34% among people who use opioids legally. Across all audiences, the number who say they could administer it is even lower than those who would know where to get it.

Exhibit B23 – Q28: How much do you agree or disagree with the following statements about Naloxone? [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
I know what naloxone is and what it is used for	53%	31%	49%	39%	50%	62%	39%	47%	63%	52%
	B D G	-	B	-	B D G	B C D E G H	-	B	A B C D E G H	B D
I know where to get naloxone	36%	24%	34%	29%	35%	47%	25%	34%	44%	38%
	B G	-	-	-	B	A B C D E G	-	-	B D E G	B G
I would know how to administer	25%	16%	27%	24%	29%	40%	21%	30%	34%	31%
	-	-	B	-	B	A B D E G	-	B	A B G	B

naloxone if I needed to										
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

### Qualitative insights

Most participants across both audiences were aware of the term, opioids, which may be slightly higher than in years past. Awareness was often tied to media coverage of the opioid crisis, or having viewed one of the many documentaries and shows available for viewing on the topic. Moreover, usually at least one participant in a given group knew someone who was either addicted to opioids, struggled with addiction at some point, or had passed as a result of an overdose. The term ‘fentanyl’ was used conversationally in most groups as part of this conversation; and, at times, this part of the group conversations veered towards the perceived problems around over-prescription of opioids as well as stigma.

“It’s a common term. I seem to hear about it every day.” – man in physically demanding job, Quebec

However, despite having heard the term, many participants did not feel they were all that knowledgeable about opioids.

“I don’t know a lot. I don’t take any drugs. I have heard of opioids on tv or word of mouth.” – man in physically demanding job, Quebec

With respect to the quantitative findings among Indigenous peoples noted above with respect to the higher proportion who say that opioid use is a very serious issue in their communities, the qualitative findings shed some light on this dimension. Indigenous peoples spoke of the pervasive use of opioids in their communities which they spoke of in the context of over-prescription and dependence; stigma and not being able to discuss opioid use or seek help; use, as are other substances, as a way of coping with trauma; and, a personal safety risk around opioid use.

“I have a family member addicted to opioids. She has been for a number of years. She is so desperate to get her hands on these drugs.” – Indigenous person, Atlantic Canada

“It’s a crisis now because they were over-prescribed in the 90s.” – Indigenous person, Quebec

“I take opioids for pain. It’s upsetting because we weren’t given an option in the beginning.” – Indigenous person, Atlantic Canada

“I’m diabetic. I take it for nerve damage. I take it as prescribed, but I keep it very hush-hush. I don’t want people to know.” – Indigenous person, Atlantic Canada

“On First Nations reserves, if they know you have it, it’s not safe. They will follow you when you pick up your prescription and break into your home. You don’t advertise it.” – Indigenous person, Atlantic Canada

In every group, some participants indicated they would recognize the signs and symptoms of an opioid overdose if they saw it. These included altered consciousness or the appearance of lifelessness; changes to the eyes, pallor, lip colour, or breathing; or the presence of vomit or vomiting.

The most common response to a drug overdose for almost all participants would be to call 911, though some mentioned the use of naloxone. A few participants specifically mentioned that they were in possession of a “Narcan” kit, though most did not seem to carry it with them at all times.

“I keep a naloxone kit in my vehicle and at the house.” – Indigenous person, Atlantic Canada

While awareness of the Good Samaritan Drug Overdose Act was minimal (usually one or two participants per group), once read a description of the Act, reactions were very positive. Prior to being read a description, many confused it for the Good Samaritan Act and offered a description of it as relating to being free from liability for causing injury or death if they attempt to give medical attention to someone ill or unconscious.

“This is hugely important. I know someone who passed away [of an overdose] because no one called because they were scared to get in trouble. This would save lives and protect people.” – Indigenous person, Prairies



## Key takeaways: Opioid awareness, impressions and basic understanding

- The survey findings suggest that awareness of opioids is unchanged since 2019. At two-in-five, people who use opioids legally (40%) and Indigenous respondents (39%) were the most likely to say they are certain they know what an opioid is.
- Youth remain the least familiar with what opioids are with 29% saying they have never heard of them or do not really know what they are – this number jumps to 39% when prompted with a reference chart listing opioids.
- There is a broad sense that most (37%) or all (44%) of opioids in the chart provided are dangerous among the general population with no one saying that none are dangerous (0%). This trend is echoed in most of the other target audiences examined with the exception of people who use opioids illegally, who are the least likely to say that all of the drugs listed are dangerous.
- Levels of familiarity with fentanyl remain consistent with previous waves (with 45% saying they are at least somewhat, if not very familiar) as does its perceived danger (82% saying it is very dangerous).
- As with previous waves of this study, the vast majority believe that the term “illegal opioids” refers to those obtained on the street (89%) – similar to 2021 (89%), 2019 (87%), and 2017 (88%).
- Despite the lower numbers of respondents saying that they are very familiar with the opioid crisis, majorities across all target audiences say that it is at least somewhat, if not very, serious. Indigenous respondents (71%) and people who use opioids legally (67%) being the most likely to say it is very serious.
- There is a marked difference between the number of respondents in the general population sample who say that the opioid crisis in Canada is very serious (61%) versus those who say it is very serious in their community (28%).
- When asked to choose a term to best describe the current situation with overdose deaths in Canada, no clear consensus emerged with roughly equal numbers choosing the “opioid overdose crisis” and the “opioid crisis” with minor variations among the target audiences.

- Majorities across all audiences say that they believe there to be a high risk that an illegal non-opioid drug might be laced with an opioid like fentanyl.
- In the focus groups, a majority were aware of the term opioids, often from media reports. That being said, at least one in each group had some form of personal experience.
- When asked for signs of an overdose, at least some participants in each group offered: altered consciousness; changes to the eyes, pallor, lip colour, or breathing; or the presence of vomit.
- The most common response to a drug overdose for almost all participants would be to call 911, though some mentioned the use of naloxone with a few mentioning that they had a “Narcan” kit.
- While awareness of the Good Samaritan Drug Overdose Act was minimal (and at times confused with the Good Samaritan Act), once read a description of the Act, reactions were very positive.

### Section C: Attitudes relating to behaviours, risk, and harms

Reversing the trend noted in the last report, since 2021 there has been an increase in concern and awareness of opioids in a few ways. For example, the number of respondents in the general population sample (80%) who agree or strongly agree that they understand why opioids are dangerous is at the highest level recorded since tracking began in 2017. Of note, this represents a significant jump from 2021, when only 60% said the same.

In line with trends noted above, Indigenous respondents appear to be the most alive to the dangers of opioids, with 86% agreeing that they understand why opioids are dangerous – a number only matched by people who use opioids legally. Unlike in other questions noted above, people who use opioids illegally are here much closer to the benchmark set by the general population with 79% agreeing that they understand why opioids are dangerous.

There is an interesting dynamic with youth in that they self-assessed as the least knowledgeable of opioids (19% saying they do not know what an opioid is) but also saw very high personal risks to themselves (81%). Here they are the least likely to agree

that they understand why opioids are dangerous (72%). This suggests that even in the absence of concrete knowledge of why opioids are dangerous, there is still a strong sense that they do, in fact, pose a danger.

If there appears to be a broad understanding of the dangers – and one that has expanded significantly from previous years – there does not appear to be an equivalent growth on any of the other measures tested. When it comes to being confident in being able to find help for dealing with problematic opioid use or addiction, at 36% agreeing it is consistent with 2021 but still lower than 2019 (45%) and 2017 (44%).

Again, there are important variations by target groups with Indigenous respondents, people who use opioids legally, and people who use opioids illegally being above the general population benchmark in agreement across all measures tested.

Interestingly, while male labourers are less likely to say they understand why opioids are dangerous than the general population, they are more likely to say that they could find help with problematic opioid use, be able to identify signs of an overdose, or know what to do if they someone experiencing an overdose.

This in contrast with racialized respondents and youth who both consistently have lower levels of agreement than the general population.

When broken down by region, respondents from Quebec are the most likely to disagree that they would be able to identify the signs of an overdose (42%) – this compared with 29% of those in British Columbia who say the same.

Exhibit C1 – Q30: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
I understand why opioids are dangerous	80%	72%	81%	72%	77%	86%	78%	76%	86%	79%
	-	-	-	-	-	B D	-	-	B D E	-
If I needed to, I am confident I could easily find help for	36%	33%	38%	37%	40%	45%	33%	43%	46%	47%
	-	-	-	-	-	-	-	-	A B G	-

dealing with problematic opioid use (or an opioid addiction)										
I think I'd be able to identify signs of an opioid use disorder (addiction)	33%	25%	38%	37%	39%	45%	28%	43%	39%	45%
	-	-	-	-	B G	A B G	-	B G	B	A B G
I think I'd be able to identify signs of an opioid overdose if faced with them	31%	25%	33%	36%	37%	41%	28%	41%	40%	42%
	-	-	-	-	B	B	-	B G	A B G	B G
I would know what to do if I saw a person experiencing an overdose	31%	26%	32%	30%	36%	44%	25%	37%	37%	41%
	-	-	-	-	G	A B D G	-	-	B G	B G
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit C2 – Q24. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
I understand what it is about opioids that is so dangerous	80%	60%	67%	64%
	BCD	A	A	A
If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)	36%	36%	45%	44%
	CD	-	A	A
I think I'd be able to identify signs of an opioid overdose if faced with them	31%	27%	33%	28%
	B	A	-	-
I would know what to do if I saw a person experiencing an overdose	31%	27%	30%	26%
	BD	A	-	A
I think I'd be able to identify signs of an opioid use disorder (addiction)	33%	26%	39%	33%
	BC	A	A	-
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

To inform public messaging and education, respondents were asked what they think of the terms “opioid use disorder” and “addiction.” Majorities across all audiences say that they feel that the terms “opioid use disorder” and “addiction” refer to

basically the same thing, if not exactly the same thing. Minorities say they mean different things, with young adults (30%) being the most likely to say so. Respondents from Quebec are the most likely to say that these two terms represent different things, with one third (35%) saying so.

Exhibit C3 – Q29: When you hear the terms “opioid use disorder” and “addiction”, would you say you feel that they are exactly the same thing, basically the same thing, or different things?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Exactly the same thing	15%	17%	15%	13%	14%	19%	11%	16%	16%	12%
	-	G	-	-	-	D G J	-	G	G	-
Basically the same thing	46%	42%	49%	40%	44%	41%	46%	44%	45%	54%
	D	-	D F	-	-	-	-	-	-	A B D E F G H I
Different things	24%	19%	20%	30%	26%	29%	27%	26%	28%	25%
	-	-	-	A B C	B C	B C	B C	B	B C	-
DK/NR	15%	22%	15%	16%	16%	12%	16%	14%	11%	9%
	F I J	A C E F G H I J	J	I J	F I J	-	J	-	-	-
Sample size	1666	373	477	522	999	422	421	389	567	342
Column Names	A	B	C	D	E	F	G	H	I	J

### Qualitative insights

In terms of the public’s level of acceptance of the use of different substances, most participants felt that it does depend on the substance in question. There seemed to be consensus around the view that the use of alcohol and cannabis was more acceptable as compared to other drugs obtained on the illegal market and, to a lesser extent, prescribed opioids. However, as has been noted in the past, use of harder drugs, particularly among male labourers seemed to be more common.

“There is definitely a difference in terms of acceptance. Alcohol and cannabis are totally fine. For illegal or prescribed drugs, illegal is worse, but you’re vilified.” – man in physically demanding job, Atlantic Canada

“Cannabis is more acceptable than harder drugs. Prescription drugs? Good question. There is some judgment.” – man in physically demanding job, Quebec

“People are more accepting of alcohol because it’s legal; not to say that alcoholism isn’t a bad addiction. Now more people are doing cannabis and it’s more accepted. Cocaine and meth users think they’re better than opioid users.” – Indigenous person, Atlantic Canada

Having said that, there appeared to be more preoccupation with alcohol use than we have noted in the past, especially in the context of the perceived normalization of alcohol use coupled with increased awareness of the associated health concerns (and adverse effects) of alcohol use. The qualitative findings certainly seemed to suggest that more participants were looking to reduce their alcohol consumption (which may have been linked to the timing of the groups at the beginning of the year, i.e., “dry January”). A few participants also suggested that alcohol use was more prevalent among older people and lower among younger people, who more readily turn to cannabis or do not use substances altogether.

“Alcohol is almost so normalized that if you don’t drink, people are asking, why not?” – Indigenous person, Prairies

Substance use seemed to most often be tied to the act of socializing or as mentioned throughout, as a coping mechanism (i.e., to help deal with anxiety, stress, or some form of trauma; to relax; to help get through the day). Among male labourers, pain management was more often linked to substance use, including the use of cannabis, but especially the use of prescribed and/or illegal opioids. Drugs obtained on the illegal market, like cocaine, seemed to be more prevalent among men working in physically demanding jobs, especially as a stimulant so that they could stay up through long hours or deal with overtime (particularly effective for shift workers).

“I don’t know very many young people who don’t use coke.” – man in physically demanding job, Prairies

“There is a lot of acceptance depending on industry. For example, if you work in the oil industry, cocaine is more readily accepted.” – man in physically demanding job, Prairies

As mentioned, participants were well aware of a variety of health concerns related to alcohol consumption (i.e., those affecting the liver, kidneys, or heart; high blood pressure; mental health issues). When asked what would motivate people to consume less alcohol, participants tended to link messaging to health and physical well-being; cost; and strained relationships with loved ones.

In discussions among Indigenous peoples, several spoke of a reconnection with culture and Indigenous identity. They explained that traditionally alcohol did not have a place in their lives. They also explained that they were never taught how to deal with trauma, including feelings of abandonment and/or not belonging, or to process their feelings.

### **Key takeaways: Attitudes relating to behaviours, risk, and harms**

- Reversing the trend noted in the last report, there has been a significant increase in the number of respondents agreeing that they understand why opioids are dangerous – from 60% in 2021 to 80% in 2024.
- In line with trends noted above, Indigenous respondents appear to be the most aware of the dangers of opioids, with 86% agreeing that they understand why opioids are dangerous – a number only matched by people who use opioids legally.
- While male labourers are less likely to say they understand why opioids are dangerous than the general population, they are more likely to agree with all other metrics surrounding accessing resources or identifying overdoses or addiction.
- Majorities across all audiences say that they feel that the terms “opioid use disorder” and “addiction” refer to basically the same thing, if not exactly the same thing.
- These views were nuanced in the focus groups where different substances entailed varying level of acceptance, with alcohol and cannabis seen to be the most acceptable. Participants did appear to be preoccupied with the normalization of alcohol and concerned about the health implications.
- Participants highlighted how substance use seemed to most often be tied to the act of socializing or as a coping mechanism.

- Among male labourers, pain management was more often linked to substance use, including the use of cannabis, but especially the use of prescribed and/or illegal opioids. Illegal stimulants like cocaine appeared more prevalent among men working in physically demanding jobs, so that they could stay up through long hours.

## Section D: Attitudes regarding stigma

From the data, it is clear that there is still stigma surrounding opioid use disorder even if the tracking data suggests that, on most metrics tested, it has remained fairly stable. That being said, there appears to be a slight reversal in some of the improvements noted in 2021.

For example, the number of respondents who say that people who overdose get what they deserve has notched up again (to 14% from 12%). Similar increases are noted in the number who agree that people living with a drug addiction should be cut off from services (to 24% from 22%) and who say they do not have much sympathy for those who misuse opioids (to 26% from 25%). At the same time, the percentage who agree that more of our health care resources should be used for dealing with addictions to drugs is at the lowest point recorded (55% agreement, down from a peak of 64% in 2019).

The contour of this stigma shifts in important ways depending on the target audience examined.

Racialized respondents, for example, track fairly closely to the general population sample along many metrics but with a few important distinctions that surround, notably, the intersection of self-discipline and opioid use. At 64%, racialized respondents are the least likely to agree that you can become addicted to opioids even if you follow your doctor's instructions. At the same time, at 44% they are the most likely (along with, interestingly, people who use opioids illegally) to agree with the idea that a lack of self-control is usually what causes a dependence on opioids.

Male labourers, for their part, are the least likely to agree that a stigma exists (65% saying that society is not friendly toward people with addictions) or that it might affect whether someone might seek help (47% saying that society's attitudes affect people seeking help). Perhaps reflective of seeing this as a personal issue, and not a societal one, men in physically demanding jobs are also the most likely to say (at 33%) those addicted to opioids could simply stop taking them if they really wanted to. Despite these counter-indications, there does appear to be some level of shame or stigma associated with this use,



as this target audience is also the most likely to agree (at 32%) that if they were prescribed an opioid they would not want their friends or family to know.

In what appears to be a departure from previous years, parents of youth aged 13-15 now distinguish themselves for their punitive views of those living with opioid use or addiction. At a quarter (25%) agreeing, they are significantly more likely than the general population sample (14%) to say that those who overdose on opioids get what they deserve. At just over half (51%) they are, along with racialized respondents, the most likely to agree that those living with drug addictions cost the healthcare system too much money.

Young adults are fairly consistent with the general population across a number of metrics but are, of note, significantly more likely to see opioid use as stemming from external triggers such as homelessness or other drug use with 38% saying so – this compared with 23% from the general population sample.

Again, tracking with trends noted above, Indigenous respondents and people who use opioids legally appear to be the most empathetic towards those with opioid dependence or addictions of all the target audiences examined.

Exhibit D1 – Q31: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
People who have an opioid use disorder (addiction) deserve the help they need to lead a healthy lifestyle*	78%	72%	77%	74%	69%	79%	75%	67%	78%	76%
	E H	-	-	-	-	-	-	-	-	-
You can become addicted to opioids, even if you follow your doctor's instructions**	75%	65%	71%	71%	71%	78%	64%	68%	77%	76%
	G	-	-	-	-	G	-	-	G	-
I think people living with a drug addiction can recover	74%	72%	72%	73%	73%	75%	74%	72%	78%	79%

Health Canada – Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024) – Research Report

Society is not very friendly toward people living with a drug addiction	73%	68%	69%	70%	65%	80%	75%	65%	77%	74%
	E	-	-	-	-	E H	-	-	E H	-
The opioid crisis in Canada is a public health issue	73%	65%	71%	68%	69%	80%	72%	65%	75%	72%
	-	-	-	-	-	B E H	-	-	-	-
Addiction to opioids is a disease	60%	51%	61%	54%	55%	61%	61%	57%	59%	59%
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment	58%	53%	54%	65%	53%	64%	62%	47%	63%	59%
	-	-	-	E H	-	H	H	-	H	-
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	55%	45%	57%	46%	54%	54%	55%	52%	63%	58%
	-	-	-	-	-	-	-	-	B D	-
We should be using more of our health care resources for dealing with addictions to drugs	55%	53%	54%	57%	51%	63%	54%	54%	60%	54%
If I were ever to feel my teen were living with a drug addiction, I would know how to get help	55%	-	58%	-	56%	56%	55%	53%	55%	62%
If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help	52%	45%	54%	45%	50%	53%	44%	48%	59%	58%
	-	-	-	-	-	-	-	-	B D G	-
People living with a drug addiction cost the system too much money	47%	47%	51%	33%	47%	41%	52%	45%	43%	47%
	D	-	D	-	D	-	D	-	-	-
People who live with any drug addiction are dangerous and/or untrustworthy	40%	45%	44%	41%	42%	33%	41%	42%	39%	40%
I think my friends or family would feel comfortable telling me	32%	33%	30%	37%	33%	38%	29%	37%	32%	34%

Health Canada – Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024) – Research Report

they were living with a drug addiction										
A lack of self-control is usually what causes a dependence on, or an addiction to, opioids	30%	40%	39%	36%	41%	30%	44%	42%	31%	44%
	-	-	-	-	A	-	A F I	A	-	A
I negatively judge people who are living with a drug addiction	29%	34%	38%	31%	34%	24%	33%	34%	28%	33%
I don't have much sympathy for people who misuse opioids	26%	27%	27%	26%	31%	22%	27%	32%	27%	26%
People living with a drug addiction should be cut off from services if they don't try to help themselves	24%	27%	30%	30%	33%	22%	33%	34%	28%	32%
	-	-	-	-	A	-	-	-	-	-
It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)	23%	25%	29%	38%	28%	18%	28%	32%	21%	33%
	-	-	-	A B E F	-	-	-	F	-	A F I
If I were prescribed an opioid, I would not want my friends or family to know that	21%	28%	29%	28%	28%	24%	27%	32%	21%	29%
	-	-	-	-	-	-	-	A	-	-
People who are dependent on or addicted to opioids could stop taking them if they really wanted to	20%	24%	27%	28%	29%	27%	28%	33%	22%	31%
	-	-	-	-	A	-	-	A	-	-
People who overdose on opioids get what they deserve	14%	15%	25%	16%	22%	11%	18%	22%	17%	18%
	-	-	A F	-	A F	-	-	-	-	-
Sample size	1666	373	477	522	999	422	421	389	567	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Note that the response category was updated in 2021 with new language.

\*\*Note that the response category was updated in 2024 with new language.

Exhibit D2 – Q25. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle*	78%	79%	82%	77%
	C	-	A	-
I think people living with a drug addiction can recover	74%	77%	-	-
The opioid crisis in Canada is a public health issue	73%	75%	76%	74%
You can become addicted to opioids, even if you follow your doctor's instructions**	75%	75%	73%	-
Society is not very friendly toward people living with a drug addiction*	73%	74%	69%	-
	C	-	A	-
Addiction to opioids is a disease	60%	63%	63%	61%
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment*	58%	61%	66%	-
	C	-	A	-
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	55%	57%	55%	59%
	D	-	-	A
We should be using more of our health care resources for dealing with addictions to drugs*	55%	57%	64%	56%
	C	-	A	-
If I were ever to feel my teen were living with a drug addiction, I would know how to get help*	55%	56%	-	-
If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help	52%	52%	-	-
People living with a drug addiction cost the system too much money	47%	44%	-	-
People who live with any drug addiction are dangerous and/or untrustworthy*	40%	32%	37%	-
	B	A	-	-
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	30%	31%	33%	33%
I think my friends or family would feel comfortable telling me they were living with a drug addiction*	32%	30%	34%	-

I negatively judge people who are living with a drug addiction	29%	26%	-	-
I don't have much sympathy for people who misuse opioids	26%	25%	26%	27%
Canada's opioid crisis is not as serious a public health crisis as COVID-19 is	-	22%	-	-
People living with a drug addiction should be cut off from services if they don't try to help themselves	24%	22%	-	-
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	20%	21%	19%	17%
	D	-	-	A
If I were prescribed an opioid, I would not want my friends or family to know that	21%	21%	20%	16%
	D	-	-	A
It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)	23%	19%	21%	-
	B	A	-	-
People who overdose on opioids get what they deserve	14%	12%	14%	16%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

\*Note that the response category was updated in 2021 with new language.

\*\*Note that the response category was updated in 2024 with new language.

## Qualitative insights

Participants were easily able to provide an interpretation of the term, stigma. Indeed, as mentioned earlier, the term often came up spontaneously as part of the initial discussion about substance use and addiction. Interpretations were often tied to negative perceptions of shame, judgment, stereotypes, and barriers.

There was near consensus that those who have a substance use addiction are stigmatized, however, most recognized that the amount of stigma or the way it is applied depends on the person being stigmatized and the substance in question. As we have seen in previous waves, there was definitely a sense that ethnic minorities and Indigenous people might receive more stigma than others.

Most participants agreed that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help.

Indigenous participants had the sense that Indigenous peoples reach out for help far less than most other populations. When asked what they thought was preventing them from doing so, most pointed to stigma, anticipated cost, limited access to health care/resources (especially difficult for those in remote communities) and issues of trust.

A few participants who live on reserve also mentioned that the fact of living in small communities can prevent people from reaching out for help as they do not want to share or disclose their stories (i.e., want them known in the community).

“Stigma is a barrier. Even in health care, when you go to the hospital, they just send you home. They assume you’re looking for drugs.” – Indigenous person, Prairies

“When I was putting in my application [for rehab], there was a stereotype. I didn’t want to be another drunk native. Addiction doesn’t discriminate.” – Indigenous person, Atlantic Canada

Asked whether men in physically demanding jobs would reach out for help if they were worried about their substance use and most participants did not think they would. Participants spoke of the personal nature of this conversation, and the stigma around admitting one had a dependency. More importantly, they were concerned about the fear of reprisal (at work) and the fear of isolation (at home).

A few also noted that there is a linkage to one’s sense of masculinity. These comments suggested there is a need to be tough or disciplined enough to handle one’s own challenges.

“In my trade, I don’t think they would [ask for help] unless a family member encouraged them to. I’ve seen people drink or do weed on the job.” – man in physically demanding job, Atlantic Canada

“From my experience, no. I have worked with a wide range of people of different ages. I’ve worked with 55-year old alcoholics who don’t seem to want to or feel they need to get help. It’s a way for them to forget about everything. I also think cause of their masculinity, they don’t want to look for help.” – man in physically demanding job, Atlantic Canada

### **Key takeaways: Attitudes regarding stigma**

- It is clear that there is still stigma surrounding opioid use disorder. Even if on most metrics the tracking data suggests that this stigma has remained fairly stable, there are a few where there has been a slight degradation of opinion – for example, those saying that those who overdose get what they deserve has notched up to 14%.
- If most respondents are cognizant that this stigma exists, with three quarters (73%) of the general population sample agreeing that society is not very friendly toward people living with a drug addiction, there are important differences in the way in which the target audiences examined here understand and interact with this stigma.
- In the focus groups participants easily grasped the concept of stigma, with it often coming up unprompted and being tied to negative perceptions of shame, judgment, stereotypes, and barriers.
- There was near consensus that those who have a substance use addiction are stigmatized, however, most recognized that the amount of stigma or the way it is applied depends on the person being stigmatized and the substance in question. As we have seen in previous waves, there was definitely a sense that ethnic minorities and Indigenous people are stigmatized more than other communities.
- Most participants agreed that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help. This was particularly true of groups with Indigenous people, who pointed to stigma but also cost, limited access to healthcare, and issues of trust.
- Asked whether men in physically demanding jobs would reach out for help if they were worried about their substance use, most participants did not think they would due to the stigma and the fear of reprisal at work. There was also a link drawn by some participants to perceptions of masculinity, and the idea that men are expected to be tough or disciplined enough to handle the situation.

## Section E: Risk behaviour profiling

In 2021 it was noted that the proximity of respondents to those with dependencies on opioids, or who had experiences with addiction or overdoses, had declined across all metrics measured. This most recent wave of data marks a sharp reversal in this trend. Half (48%) of respondents in the general population sample say that they know at least one friend or family member who has been prescribed an opioid – this up from 42% who said the same in 2021.

At one third (33%), the number who say they have known someone who became addicted to one of these drugs has climbed back up to its peak from 2019 while those say they know someone who has used one of these drugs illegally has inched up slightly to 24%.

Tragically, one-in-five (20%) respondents in the general population sample – this reflective of the national Canadian population – say they know someone who died of an overdose of one of these drugs. Almost the same number (19%) say they know someone who has had a non-fatal overdose. In both cases, these represent new peaks since tracking began in 2017.

This high-level picture obscures very different stories when you break things down by target audiences. Racialized respondents who, as noted above, appeared to view these issues through the lens of individual self-discipline, are also the least likely of all target audiences to say know someone who has been in any of the situations tested (with the minor exception of having a child who was prescribed one of these drugs).

Among the other target audiences, parents of youth aged 13-15 and males between the age of 20-59 track fairly closely with the general population across most metrics. Male labourers, people who use opioids legally, and people who use opioids illegally, all report frequencies above the general population sample across all issues tested.

Although the data does not speak to the root causes driving this in Indigenous communities, the story it does tell is one in which Indigenous respondents are disproportionately exposed to the pernicious consequences of opioid misuse. They are the most likely to say they know someone who has become addicted (59%), to know someone who has done them illegally (52%), who has died from an overdose on one of these drugs (46%), or who has experienced a non-fatal overdose (40%).



Exhibit E1 – Q32: Please indicate whether any of the following is true to the best of your knowledge or recollection. [% true]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
At least one friend or family member has been prescribed one of these drugs	48%	33%	43%	34%	42%	62%	38%	45%	70%	56%
	B D	-	-	-	-	A B C D E G H	-	-	A B C D E G H J	B C D E G
I have known someone who became addicted to one of these drugs	33%	20%	36%	28%	37%	59%	22%	43%	47%	50%
	B G	-	B G	-	B G	A B C D E G H I	-	B D G	A B c D E G	A B C D E G
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	24%	18%	26%	23%	28%	52%	18%	36%	36%	48%
	-	-	-	-	B G	A B C D E G H I	-	A B D G	A B D G	A B C D E G
I have known someone who died of an overdose of one of these drugs	20%	13%	26%	18%	26%	46%	19%	31%	29%	34%
	-	-	B	-	B	A B C D E G H I	-	A B D G	A B D	A B D G
I have known someone who has had a non-fatal overdose of one of these drugs	19%	13%	23%	19%	25%	40%	15%	30%	26%	37%
	-	-	B	-	B G	A B C D E G I	-	A B G	B G	A B C D E G
I have a teen child who has been prescribed one of these drugs in the past year	11%	-	7%	-	8%	12%	9%	8%	13%	18%

Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit E2 – Q26. Please indicate whether any of the following are true, to the best of your knowledge or recollection. [% true]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
At least one friend or family member has been prescribed one of these drugs	48%	42%	54%	50%
	BC	A	A	-
I have known someone who became addicted to one of these drugs	33%	27%	33%	24%
	BD	A	-	A
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	24%	23%	25%	17%
	D	-	-	A
I have known someone who died of an overdose of one of these drugs	20%	16%	17%	12%
	BD	A	-	A
I have known someone who has had a non-fatal overdose of one of these drugs	19%	14%	17%	10%
	BD	A	-	A
I have a teen child who has been prescribed one of these drugs in the past year	11%	9%	11%	9%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

Three-in-ten (29%) respondents indicate that, of the opioids they have ever taken, they have always been prescribed to them personally or provided in a healthcare setting such as a hospital – this a steep drop from 2021 when 41% said the same. This year a plurality (34%), however, say that this is rarely the case.

There is minor variation among the target audiences. Of note, young adults (16%) are the most likely to say that they never take these in the context of a healthcare setting or as prescribed to them personally by medical provider.

Exhibit E3 – Q37: You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital...?

Base: If present or past opioid user

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Always	29%	22%	29%	14%	21%	27%	22%	19%	40%	19%
	D E H J	-	D E H J	-	D	D J	-	-	A B C D E F G H J	-
Usually	7%	10%	8%	10%	10%	11%	7%	10%	9%	13%
	-	-	-	-	-	-	-	-	-	A G
Sometimes	18%	16%	19%	26%	22%	23%	24%	26%	17%	22%
	-	-	-	I	-	-	-	A I	-	-
Rarely	34%	32%	32%	25%	32%	29%	36%	31%	27%	25%
	D I J	-	-	-	J	-	D I J	-	-	-
Never	7%	9%	7%	16%	11%	9%	6%	8%	4%	14%
	-	-	-	A C F G H I	A I	I	-	-	-	A C G I
DK/NR	5%	12%	5%	9%	5%	1%	6%	5%	2%	6%
	F	F I	F	F I	F	-	F	F	-	F I
Sample size	635	72*	222	186	468	227	175	200	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E4 – Q37: You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital...?

Base: If present or past opioid user

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always	29%	41%	23%	34%
	BC	A	A	-
Usually	7%	8%	4%	8%
	C	-	A	-
Sometimes	18%	11%	17%	9%

	BD	A	-	A
Rarely	34%	28%	47%	38%
	BC	A	A	-
Never	7%	10%	7%	9%
DK/NR	5%	3%	2%	2%
Sample size	635	412	497	562
Column label	A	B	C	D

Consistent with previous waves of the study, just over half (55%) of the respondents in the general population sample say they store their opioids in a location where only they can access them. This peaks at three-in-five (62%) of people who use opioids legally who say the same and bottoms out with young adults, where only two-in-five (42%) are on the same page.

Exhibit E5 – Q38: When you had opioids prescribed to you, would you say you stored them....?

Base: Those who have or had prescription opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
In a location that could only be accessed by you	55%	52%	47%	42%	52%	54%	57%	50%	62%	51%
	D	-	-	-	-	D	D	-	A C D E H J	-
In a location that could be accessed by others	40%	43%	43%	56%	42%	43%	38%	41%	33%	42%
	I	-	I	A C E F G H I J	I	I	-	-	-	I
DK/NR	5%	4%	10%	3%	6%	3%	5%	9%	5%	7%
	-	-	D F I	-	-	-	-	D F	-	D
Sample size	571	58*	195	142	395	206	152	172	529	270
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E6 – Q38. [Among those who always, usually, sometimes, rarely had a prescription for opioids] When you had opioids prescribed to you, would you say you stored them...?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
In a location that could only be accessed by you	55%	54%	56%	52%

In a location that could be accessed by others	40%	42%	39%	45%
DK/NR	5%	4%	5%	3%
Sample size	571	357	463	501
Column label	A	B	C	D

When asked what they did with leftover opioids, a plurality (31%) say that it does not apply in their circumstance as they went through the full course and had no leftovers. Among those who did, respondents were equally split between those who returned them (29%) and those who say they saved them in case they needed them again (28%). These are consistent with the numbers seen in previous waves.

At one-in-five (19%), young adults were the most likely to say that they gave them to someone who needed them whereas male labourers were the most likely to say that they flushed them (23%).

Exhibit E7 – Q39: When you had opioids prescribed to you, what did you do with leftover pills/patches/liquids?

Base: Those who have or had prescription opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Does not apply, had no leftover pills/patches/liquids	31%	27%	30%	23%	32%	39%	29%	25%	35%	28%
	-	-	-	-	D	D H J	-	-	D H	-
Returned to pharmacy, hospital or doctor	29%	22%	28%	27%	27%	20%	26%	28%	27%	26%
	F	-	-	-	-	-	-	-	-	-
Saved them in case I need them again	28%	28%	25%	28%	22%	25%	24%	20%	28%	27%
	E H	-	-	-	-	-	-	-	E H	-
Flushed them or disposed of them in garbage	10%	13%	15%	14%	18%	11%	18%	23%	10%	14%
	-	-	-	-	A F I	-	I	A F I J	-	-
Gave them to someone who needed them	3%	10%	9%	19%	9%	7%	10%	14%	4%	11%
	-	-	A I	A C E F G I J	A I	-	A	A F I	-	A I
Did something else with them	2%	2%	3%	4%	2%	4%	3%	4%	1%	4%
	-	-	-	-	-	-	-	-	-	I
DK/NR	2%	7%	3%	2%	3%	3%	3%	2%	1%	3%
	-	-	-	-	-	-	-	-	-	-
Sample size	571	58*	195	142	395	206	152	172	529	270

Column Names	A	B	C	D	E	F	G	H	I	J
--------------	---	---	---	---	---	---	---	---	---	---

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E8 – Q39: When you had opioids prescribed to you, what did you do with leftover pills/patches/liquids?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Does not apply, had no leftover pills/patches/liquids	31%	33%	29%	37%
	D	-	-	A
Returned to pharmacy, hospital or doctor	29%	30%	27%	28%
Saved them in case I need them again	28%	26%	27%	27%
Flushed them or disposed of them in garbage	10%	9%	13%	8%
Gave them to someone who needed them	3%	4%	4%	3%
Did something else with them	2%	1%	3%	2%
DK/NR	2%	3%	3%	-
Sample size	571	357	463	501
Column label	A	B	C	D

Half (52%) of respondents who have used unprescribed opioids say they either took them a few times or once or twice. People who use opioids illegally (8%) and youth (9%) are the most likely to say that they took them daily, although it is worth noting that the youth sample size is small and that these results must be interpreted with caution.

At two-in-five (41%) saying so, respondents from Alberta are the most likely to admit they have used opioids that were not prescribed to them.

Exhibit E9 – Q40: Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Daily	4%	9%	0%	3%	2%	6%	1%	4%	1%	8%
	C G I	C	-	-	-	C G I	-	-	-	C D E G I
Almost daily	4%	4%	3%	8%	4%	4%	5%	5%	5%	3%
	-	-	-	-	-	-	-	-	-	-
Many times	9%	17%	14%	19%	13%	11%	11%	18%	6%	14%
	-	-	I	A I	I	-	-	A I	-	I
A few times	22%	18%	31%	19%	24%	20%	20%	25%	17%	36%
	-	-	D F G I	-	I	-	-	I	-	A B D E F G H I
Once or twice	30%	36%	27%	28%	31%	37%	33%	27%	33%	26%
	-	-	-	-	-	-	-	-	-	-
DK/NR	32%	16%	25%	24%	26%	22%	30%	21%	39%	14%
	B F H J	-	J	J	J	J	B J	-	B C D E F H J	-
Sample size	402	48*	142	142	349	153	125	151	328	249
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E10 – Q40. [Among those who never, rarely, sometimes, usually had a prescription] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Almost daily	4%	3%	3%	3%
Many times	9%	12%	8%	7%
A few times	22%	28%	26%	24%
Once or twice	30%	34%	34%	36%
DK/NR	32%	24%	29%	30%
Sample size	402	230	308	304
Column label	A	B	C	D

Among those who have used opioids not prescribed to them, a plurality (35%) say that they got them from a friend or a relative who had a prescription. This jumps to three-in-five (58%) among youth and half (48%) of Indigenous respondents. All target audiences except racialized respondents and people who use opioids legally report higher incident rates of seeking unprescribed opioids on the streets than the general population sample. In terms of opioids procured over the internet, this is most prevalent among young adults, of which 16% say that’s where they got their unprescribed opioids.

In line with what was mentioned above, respondents from Alberta are the most likely of any region to say that they have used a friend or family member’s prescription (at 48% saying so).

Exhibit E11 – Q41: Thinking of the opioids you took that were not prescribed to you, where did you get them?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
A friend’s or relative’s prescribed opioid	35%	58%	37%	32%	36%	48%	35%	44%	39%	44%
	-	A C D E G I	-	-	-	A D E	-	-	-	A D E
On the street	15%	23%	18%	29%	22%	29%	10%	27%	11%	27%
	-	-	-	A C G I	A G I	A C G I	-	A G I	-	A C G I
The Internet	4%	9%	11%	16%	10%	1%	12%	12%	5%	10%
	F	-	A F	A F I	A F I	-	A F I	A F I	F	A F I
Pharmacy / over the counter (e.g. Tylenol)	4%	8%	3%	3%	3%	3%	6%	3%	1%	8%
	I	-	-	-	-	-	-	-	-	C D E F H I
From a friend / relative (unspecified)	1%	0%	0%	0%	1%	0%	0%	0%	0%	1%
	-	-	-	-	-	-	-	-	-	-
Had a prescription by doctor/ hospital/ dentist	4%	3%	1%	1%	3%	4%	3%	2%	3%	2%
	-	-	-	-	-	-	-	-	-	-
Other	1%	0%	1%	3%	1%	0%	2%	1%	1%	2%
	-	-	-	-	-	-	-	-	-	B F
	12%	2%	11%	3%	5%	9%	7%	3%	17%	3%



Did not take any/ never taken opioids not prescribed to me	B D E H J	-	B D H J	-	-	B	-	-	B D E F G H J	-
DK/NR	27%	7%	30%	22%	29%	15%	31%	20%	28%	16%
	B F J	-	B F J	B	B F H J	-	B F H J	B	B F J	-
Sample size	402	48*	142	142	349	153	125	151	328	249
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit E12 – Q41: Thinking of the opioids you took that were not prescribed to you, where did you get them?

Base: Those who used unprescribed opioids

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
A friend's or relative's prescribed opioid	35%	34%	42%	45%
	-	-	A	A
On the street	15%	18%	15%	12%
	-	C	-	-
Pharmacy / over the counter (e.g. Tylenol)	4%	7%	-	-
The Internet	4%	5%	6%	2%
	-	C	-	-
From a friend / relative (unspecified)	1%	1%	-	-
Other	1%	2%	2%	14%
	-	-	-	A
Did not take any/ never taken opioids not prescribed to me	12%	-	-	-
DK/NR	27%	39%	37%	35%
Sample size	402	230	308	304
Column label	A	B	C	D

In the sample of respondents who have used opioids that were not prescribed to them, echoing what was noted above with the primary reason for initially taking an opioid, pain management tops the list in the general population (49%) and in all target

audiences (48-64%). This nonetheless represents a decline from the previous wave in 2021 and 2019 where 54% and 63% said the same respectively.

Among the target audiences, young adults aged 16-24 (26%), male labourers (18%), Indigenous respondents (16%), and males 20-59 (15%) were more likely to have used opioids that were not prescribed to them to try them and see what they felt like.

Young adults aged 16-24 (18%), and male labourers (16%) were also more likely to have had opioids not prescribed for them for the feeling it causes.

Exhibit E13 – Q42: When you had opioids that were not prescribed for you, for what reason(s) did you take them?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Pain relief	49%	58%	53%	48%	50%	59%	52%	53%	51%	64%
	-	-	-	-	-	-	-	-	-	A C D E G H I
To try it out/see what it felt like	9%	14%	12%	26%	15%	16%	14%	18%	7%	13%
	-	-	-	A C E G I J	A I	I	-	A I	-	I
For the feeling it causes	8%	9%	15%	18%	13%	11%	8%	16%	9%	13%
	-	-	-	A G I	-	-	-	A G	-	-
To get high	12%	23%	13%	13%	14%	16%	9%	15%	6%	19%
	I	G I	I	I	I	I	-	I	-	A G I
To manage stress or mental health	6%	5%	7%	11%	9%	13%	11%	13%	8%	13%
	-	-	-	-	-	A	-	A	-	A B C I
Other	1%	0%	1%	1%	0%	1%	1%	1%	0%	2%
	-	-	-	-	-	-	-	-	-	B
Did not take any/ never taken opioids not prescribed to me	11%	3%	9%	3%	5%	8%	6%	3%	13%	1%
	B D E H J	-	J	-	J	J	J	-	B D E G H J	-
DK/NR	18%	13%	18%	13%	16%	9%	17%	10%	20%	10%

	F H J	-	F H J	-	F J	-	-	-	F H J	-
Sample size	402	48*	142	142	349	153	125	151	328	249
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E14 – Q42. [Among those who never, rarely, sometimes, usually had a prescription] When you had opioids that were not prescribed for you, for what reason(s) did you take them? Select all that apply.

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Pain relief	49%	54%	63%	61%
	CD	-	A	A
To try it out/see what it felt like	9%	14%	13%	9%
For the feeling it causes	8%	11%	10%	8%
To get high	12%	11%	9%	10%
Other	1%	1%	1%	1%
DK/NR	18%	22%	19%	24%
Sample size	402	230	308	304
Column label	A	B	C	D

Prompted with the question of whether they would take a non-prescribed opioid they knew contained fentanyl, a majority across all audiences say they either probably, or definitely, would not take it. At the level of the general population, the number who say they definitely would not jumped 5% from last year (65% to 70%).

That being said, there are important minorities within specific target audiences that exhibit more willingness to take risks when it comes to opioids laced with fentanyl. A quarter of young adults (24%) and male labourers (25%) say they probably would take the opioid regardless. While youth appear to be the most likely to definitely take a non-prescribed opioid containing fentanyl at 11%, this must be caveated with the low sample size and understood in the context of their lower awareness of opioids as a whole.

Exhibit E15 – Q43: If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Definitely would	1%	11%	5%	7%	4%	5%	4%	4%	3%	6%
	-	-	-	A	-	-	-	-	-	A
Probably would	10%	10%	16%	24%	16%	9%	13%	25%	7%	16%
	-	-	I	A B F G I	A F I	-	-	A B E F G I	-	A F I
Probably would not	15%	14%	12%	21%	16%	16%	19%	17%	12%	19%
	-	-	-	C I	-	-	-	-	-	I
Definitely would not	70%	63%	59%	42%	59%	65%	56%	51%	72%	56%
	C D E G H J	D	D	-	D	D H	D	-	C D E G H J	D
DK/NR	4%	2%	7%	6%	5%	5%	8%	3%	6%	3%
	-	-	-	-	-	-	-	-	H	-
Sample size	402	48*	142	142	349	153	125	151	328	249
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E16 – Q43. [Among those who never, rarely, sometimes, usually had a prescription] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Definitely would	1%	1%	1%	2%
Probably would	10%	8%	10%	6%
	D	-	-	A
Probably would not	15%	21%	14%	19%
Definitely would not	70%	65%	73%	61%
	D	-	-	A
DK/NR	4%	5%	3%	12%
	D	-	-	A
Sample size	402	230	308	304
Column label	A	B	C	D

Two thirds (67%) of the general population sample who have used opioids at some point say they never mix other drugs or alcohol with opioids. In line with the propensity for higher risk tolerances noted above, young adults, male labourers, and people who use opioids illegally all report higher frequencies of polysubstance use.

Exhibit E17– Q44: How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Base: Those who are past or present opioids users

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Always	2%	5%	6%	5%	5%	5%	3%	7%	3%	5%
	-	-	-	-	A	-	-	A	-	-
Usually	4%	7%	9%	10%	8%	4%	7%	12%	6%	10%
	-	-	A F	A F	A F	-	-	A F I	-	A F I
Sometimes	10%	15%	14%	17%	17%	13%	11%	21%	11%	16%
	-	-	-	A	A I	-	-	A F G I	-	A I
Rarely	14%	5%	6%	11%	12%	14%	10%	15%	11%	14%
	B C	-	-	-	B C	B C	-	B C	C	B C
Never	67%	62%	61%	49%	55%	61%	66%	41%	66%	52%
	D E H J	H	D H	-	H	D H	D E H J	-	D E H J	H
DK/NR	3%	5%	4%	7%	4%	3%	2%	4%	2%	3%
	-	-	-	G I	-	-	-	-	-	-
Sample size	635	72	222	186	468	227	175	200	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit E18 – Q44: How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Base: Those who are past or present opioids users

Column %	Gen Pop 2024	Gen Pop 2021
Always	2%	2%
Usually	4%	4%
Sometimes	10%	10%
Rarely	14%	12%
Never	67%	69%
DK/NR	3%	3%
Sample size	635	412
Column Names	A	B

The other substances most commonly used at the same time as opioids are alcohol (63%), cannabis (40%), and cocaine (26%). These are consistent with the results from 2021, although fewer options were provided so the data is not directly comparable.

Exhibit E19 – Q45: Which of the following have you taken in addition to an opioid? Check all that apply.

Base: Those who are past or present opioids user and who are a polysubstance user

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Alcohol	63%	57%	66%	58%	63%	72%	51%	57%	68%	62%
	-	-	-	-	-	G H	-	-	G	-
Cannabis	40%	56%	49%	37%	45%	49%	29%	44%	33%	55%
	-	-	G I	-	G I	G I	-	-	-	A D G I
Cocaine	26%	29%	39%	38%	32%	38%	14%	32%	18%	40%
	-	-	G I	G I	G I	G I	-	G I	-	A G I
Methamphetamine	15%	20%	16%	16%	19%	32%	13%	15%	14%	23%
	-	-	-	-	-	A C D E G H I	-	-	-	I
Benzos	6%	12%	15%	18%	12%	23%	11%	11%	8%	16%
	-	-	-	A I	-	A H I	-	-	-	A I
None	2%	4%	0%	0%	1%	0%	4%	2%	2%	0%
Other medication/prescription (unspecified)	1%	0%	1%	0%	0%	0%	0%	0%	1%	0%
Anti-inflammatory	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Vitamins	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	1%	0%	0%	3%	1%	1%	5%	2%	3%	4%
	-	-	-	-	-	-	-	-	C	C
DK/NR	13%	0%	9%	4%	6%	0%	14%	7%	5%	5%
	D E F I J	-	F	-	F	-	F	F	F	F
Sample size	158	25*	68*	79*	196	77*	58*	103	172	145
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E20 – Q45: Which of the following have you taken in addition to an opioid? Check all that apply.

Base: Those who are past or present opioids user and who are a polysubstance user

Column %	Gen Pop 2024	Gen Pop 2021
Alcohol	63%	63%
Cannabis	40%	50%

Cocaine	26%	18%
Methamphetamine	15%	10%
Benzos	6%	6%
None	2%	-
Other medication/prescription (unspecified)	1%	-
Anti-inflammatory	0%	-
Vitamins	0%	-
Other	1%	3%
DK/NR	13%	10%
Sample size	158	114
Column Names	A	B

When asked of all respondents, just over a quarter (27%) say that they have mixed more than one of the following substances: alcohol, cannabis, methamphetamine, benzos, or cocaine. This polysubstance use was significantly higher among Indigenous respondents (43%), people who use opioids illegally (40%), and male labourers (37%).

Exhibit E21 – Q46: Have you ever taken more than one of the following at the same time: alcohol, cannabis, methamphetamine, benzos or cocaine?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	27%	12%	27%	27%	34%	43%	16%	37%	29%	40%
	B G	-	B G	B G	A B C D G	A B C D E G I	-	A B C D G I	B G	A B C D G I
No	71%	86%	70%	66%	62%	53%	82%	58%	69%	56%
	E F H J	A C D E F H I J	E F H J	F H J	F J	-	A C D E F H I J	-	E F H J	-
DK/NR	3%	2%	2%	8%	4%	3%	3%	5%	2%	4%
	-	-	-	A B C E F G I	I	-	-	I	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

All respondents were asked how familiar they are, if at all, with the risks associated with polysubstance use. Seven-in-ten in the general population sample (70%) say that they are very familiar (26%) or somewhat familiar (44%) with the risks.

Indigenous respondents (38%) and people who use opioids legally (41%) are the most likely audiences to report being very familiar. The latter is particularly interesting in contrast with people who use opioids illegally whose reported familiarity tracks with that of the general population, suggesting that there is a knowledge gap between the two audiences.

Youth, who report being the least familiar with opioids generally, are also the most likely to say that they are not at all familiar with the risks of taking multiple drugs and/or alcohol at the same time at 15% saying so.

That respondents from Quebec are the most likely to mix substances might be related to the fact that over a third (37%) say they are not at all or not very familiar with the associated risks.

Exhibit E22 – Q47: How familiar, if at all, would you say you are with the risks associated with taking multiple drugs or/and alcohol at the same time?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very familiar	26%	18%	28%	22%	27%	38%	23%	23%	41%	27%
	B	-	B D	-	B	A B C D E G H J	-	-	A B C D E G H J	B
Somewhat familiar	44%	38%	41%	44%	41%	36%	46%	43%	39%	46%
	F I	-	-	F	-	-	B F I	F	-	F
Not very familiar	17%	21%	20%	19%	18%	17%	19%	19%	11%	15%
	I	I	I	I	I	I	I	I	-	-
Not at all familiar	8%	15%	7%	6%	7%	5%	8%	7%	6%	8%
	-	A C D E F G H I J	-	-	-	-	--	-	-	-
DK/NR	4%	8%	5%	9%	7%	4%	4%	7%	3%	4%
	I	I	-	A C F G I J	A F G I J	-	-	F G I J	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Any respondent who has taken an opioid at some point in their life was asked if they had ever sought treatment for an opioid use disorder. While only a small number say they have sought treatment (6%), this is up slightly from 2021.



This rate is higher, however, among every target audience examined. Indigenous respondents report the highest rates of seeking treatment at 17%, this followed by young adults (14%), youth (14%), male labourers (13%), and people who use opioids illegally (13%).

It is also worth noting that, in every target audience tracked in the previous wave of this study (youth aged 13-15, young adults aged 16-24, parents of youth aged 13-15, people who use opioids legally and illegally), the rates of those seeking treatment have risen.

Exhibit E23 – Q48: Have you ever sought treatment for an opioid use disorder (opioid addiction)?

Base: Those who are past or present opioid users

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	6%	14%	11%	14%	10%	17%	7%	13%	8%	13%
	-	-	-	A G	A	A E G I	-	A	-	A G
No	89%	77%	84%	74%	83%	80%	86%	80%	89%	81%
	B D E F H J	-	D	-	D	-	D	-	B D E F H J	-
DK/NR	5%	8%	6%	12%	7%	4%	6%	8%	3%	7%
	-	-	-	A C F I	I	-	I	I	-	I
Sample size	635	72*	222	186	468	227	175	200	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E24 – Q48. [If opioid user or past opioid user] Have you ever sought treatment for an opioid use disorder (addiction)?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Yes	6%	4%	5%	4%
No	89%	93%	92%	94%
	BD	A	-	A
DK/NR	5%	3%	3%	4%
Sample size	635	412	497	562
Column label	A	B	C	D

For the following question, the results must be interpreted with caution due to the small sample sizes across all audiences. With that caveat in mind, three-in-five (62%) of parents of youth aged 13-15 who have been prescribed an opioid say that their child has been taking the medication as prescribed. This represents a jump from just over half (54%) who said the same in 2021.

Exhibit E25 – Q49: You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?

Base: Parents of youth aged 13-15 years old who were prescribed an opioid

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	68%	-	62%	-	57%	17%	26%	54%	69%	82%
No	32%	-	35%	-	43%	83%	74%	46%	31%	9%
DK/NR	0%	-	3%	-	0%	0%	0%	0%	0%	9%
Sample size	7*	0	29*	0	15*	3*	6*	5*	10*	9*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E26 – Q49. [Parents of youth aged 13-15 prescribed opioids] You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?

Column %	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	62%	54%	61%	81%
No	35%	22%	37%	19%
DK/NR	3%	20%	2%	-
Sample size	29*	20*	35*	29*
Column label	A	B	C	D

When all parents of youth aged 13-15 were asked if their teen had ever been prescribed an opioid, 7% say that they had.

Although the sample sizes are small, there are variations between the target audiences, with no racialized respondents saying that their child has ever been prescribed an opioid – this in contrast with 11% of Indigenous respondents who say the same.

Exhibit E27 – Q50: To the best of your knowledge, has your teen ever been prescribed an opioid?

Base: Parents of youth aged 13 to 15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	10%	-	7%	-	8%	11%	0%	9%	9%	14%
	G	-	G	-	G	-	-	G	G	G
No	87%	-	90%	-	88%	84%	99%	85%	90%	81%
	-	-	-	-	-	-	A C E H I J	-	-	-
DK/NR	3%	-	3%	-	5%	5%	1%	6%	1%	5%
Sample size	89	0	448	0	185	26*	54*	64*	67*	42*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E28 – Q50. [Parents of youth aged 13-15 not prescribed opioids] To the best of your knowledge, has your teen ever been prescribed an opioid?

Column %	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	7%	4%	9%	6%
No	90%	93%	90%	92%
DK/NR	3%	3%	1%	1%
Sample size	448	357	362	322
Column label	A	B	C	D

When parents of youth aged 13-15 were asked if, to their knowledge, their children had ever tried an opioid that had not been prescribed to them, 5% affirmed that they had. In spite of the small sample sizes, it is worth noting that Indigenous parents of youth aged 13-15 (15%) and parents who are people who use opioids illegally (14%) are the most likely to say that their child has experimented with non-prescribed opioids.

Exhibit E29 – Q51: And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed for them?

Base: Parents of youth 13-15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	3%	-	5%	-	5%	15%	1%	5%	9%	14%
	-	-	G	-	G	-	-	-	G	A G
No	89%	-	89%	-	87%	71%	91%	87%	84%	66%
	J	-	J	-	J	-	J	J	J	-
DK/NR	7%	-	6%	-	8%	15%	8%	8%	7%	20%
	-	-	-	-	-	-	-	-	-	C I
Sample size	96	0	477	0	200	29*	60*	69*	77*	51*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E30 – Q51. [All parents of youth aged 13-15] And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed to them?

Column %	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	5%	3%	6%	4%
No	89%	90%	88%	92%
DK/NR	6%	7%	5%	5%
Sample size	477	381	397	351
Column label	A	B	C	D

Three quarters (73%) of parents of youth aged 13-15 are at least somewhat confident that they could get the help their teen needed for drug use if need be. Although the sample sizes are small and the results must be interpreted with caution, directionally Indigenous parents of youth aged 13-15 (42%) are the most likely to say that they are very confident they could find resources for their teens – this compared with 14% of racialized respondents who say the same.

Base: Parents of youth aged 13-15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Very confident	24%	-	26%	-	26%	42%	14%	26%	31%	34%
		-	G	-	G	G	-	-	G	G
Somewhat confident	49%	-	41%	-	40%	37%	33%	30%	38%	37%
	G H	-	H	-	-	-	-	-	-	-
Not very confident	15%	-	17%	-	18%	11%	20%	24%	20%	14%
	-	-	-	-	-	-	-	-	-	-
Not at all confident	6%	-	7%	-	7%	7%	17%	8%	5%	7%
	-	-	-	-	-	-	A C I	-	-	-
DK/NR	7%	-	9%	-	9%	3%	16%	11%	7%	8%
	-	-	-	-	-	-	F	-	-	-
Sample size	134	0	477	0	239	42*	67*	92	89	65*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E32 – Q53: If your teen needed help for drug use, how confident are you that you would know where to get it?

Base: Parents of youth aged 13-15 years old

Column %	Gen Pop 2024	Gen Pop 2021
Very confident	24%	28%
Somewhat confident	49%	34%
Not very confident	15%	25%
Not at all confident	6%	11%
DK/NR	7%	2%
Sample size	134	41*
Column Names	A	B

\*Bear in mind the small sample sizes. Results should be regarded with caution.

The primary source for opioids without a real prescription identified by youth aged 13-15 is a drug dealer (58%) – this followed by a friend’s (32%) or relative’s prescription (34%).

Exhibit E33 – Q52: When people your age get opioids without a real prescription, where do you think they are getting them?

Base: Youth aged 13-15 years old (n=583)

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
A drug dealer or other stranger	55%	58%	-	-	-	84%	44%	-	42%	40%
	-	G	-	-	-	-	-	-	-	-
A friend's prescribed opioid	29%	32%	-	-	-	44%	30%	-	40%	32%
A relative's prescribed opioid	27%	34%	-	-	-	34%	33%	-	19%	23%
The Internet	30%	21%	-	-	-	24%	20%	-	36%	18%
	-	-	-	-	-	-	-	-	-	-
A fake prescription (e.g. a forged, altered or counterfeited prescription)	19%	15%	-	-	-	20%	21%	-	30%	13%
Other	1%	1%	-	-	-	0%	2%	-	0%	0%
DK/NR	16%	27%	-	-	-	11%	28%	-	8%	18%
	-	A	-	-	-	-	-	-	-	-
Sample size	73*	373	0	0	0	31*	56*	0	25*	25*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit E34 – Q52. [Youth aged 13-15 years old] When people your age get opioids without a real prescription, where do you think they are getting them? Check all that apply.

Column %	Youth 13-15 2024	Youth 13-15 2021	Youth 13-15 2019	Youth 13-15 2017
A drug dealer or other stranger	58%	51%	66%	66%
A friend's prescribed opioid	32%	32%	40%	41%
A relative's prescribed opioid	34%	35%	42%	48%
	D	-	-	A
The Internet	21%	25%	21%	18%
A fake prescription	15%	12%	22%	24%

Other	1%	1%	1%	-
DK/NR	27%	26%	15%	17%
Sample size	73*	351	331	357
Column label	A	B	C	D

\*Bear in mind the small sample sizes. Results should be regarded with caution.

### Key takeaways: Risk behaviour profiling

- Unlike 2021 when proximity to those with opioid dependencies had fallen, this wave marks a reversal in this trend with half (48%) of respondents in the general population sample saying that known at least one friend or family member who has been prescribed an opioid – this up from 42% who said the same in 2021.
- Tragically, one-in-five (20%) of respondents in the general population sample say they know someone who died of an overdose of one of these drugs or suffered a non-fatal overdose (19%). These represent new peaks since tracking began in 2017.
- Indigenous respondents report very high levels of personal proximity to opioid use and are the most likely to say they know someone who has become addicted (59%), to know someone who has done them illegally (52%), who has died from an overdose on one of these drugs (46%), or who has experienced a non-fatal overdose (40%).
- Consistent with previous waves of the study, just over half (55%) of the respondents in the general population sample say they store their opioids in a location where only they can access them.
- Respondents who had leftover opioids were equally split between those who returned them (29%) and those who say they saved them in case they needed them again (28%).
- Half (52%) of respondents who have used unprescribed opioids say they either took them a few times or once or twice with few reporting more frequent usage.
- Among those who have used opioids not prescribed to them, a plurality (35%) say that they got them from a friend or a relative who had a prescription. Youth aged 13-15 (58%) and Indigenous respondents (48%) were more likely to say this.

- Prompted with the question of whether they would take a non-prescribed opioid they knew contained fentanyl, a majority across all audiences say they either probably, or definitely, would not take it. Despite this, important minorities of young adults (24%) and male labourers (25%) say they probably would regardless.
- Two thirds (67%) of the general population sample who have used opioids at some point say they never mix other drugs or alcohol with opioids. Among those who use multiple substances at once, alcohol (63%) and cannabis (40%) are the top two listed.
- When it comes to the risks of polysubstance use, seven-in-ten in the general population sample (70%) say that they are very familiar (26%) or somewhat familiar (44%) with the risks.
- While only a small number say they have sought treatment for an opioid use disorder (6%), this is up slightly from 2021 (4%).

## Section F: Opioid information

Consistent with previous waves of this study, the primary sources of trusted information concerning the effects of opioid use include doctors (83%) and pharmacists (83%). Youth also place high degrees of trust in their parents (86%) and to a lesser extent, school teachers (66%).

As has often been the case throughout this report, the high numbers obscure stories specific to target audiences. For example, Indigenous respondents place lower trust in traditional institutional sources of medical knowledge (e.g., doctors, pharmacists, regional health authorities) than other target audiences, but are slightly more likely to trust those with lived experiences of opioid use.

People who use opioids legally, on the other hand, place a high degree of trust in doctors (90%) and pharmacists (88%) whereas racialized respondents stand out relative to other audiences by the trust they place in the government of Canada (62%) and provincial governments (61%).



Despite audience specific variation, the vast majority of respondents have at least one source of information that they deem to be trustworthy.

Exhibit F1 – Q54: Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Your parents	96%	86%	-	-	-	77%	90%	-	89%	88%
Your doctor	83%	85%	82%	72%	77%	76%	85%	72%	90%	78%
	D H	-	-	-	-	-	D	-	D E F H J	-
A pharmacist	83%	84%	81%	76%	74%	77%	80%	70%	88%	78%
	E H	-	-	-	-	-	-	-	E H	-
Your regional or municipal public health agency	67%	66%	65%	59%	61%	59%	73%	62%	68%	67%
The Government of Canada	54%	52%	51%	53%	49%	44%	62%	47%	54%	50%
	-	-	-	-	-	-	E F H	-	-	-
Your provincial government	52%	46%	46%	48%	47%	41%	61%	46%	49%	41%
	-	-	-	-	-	-	F J	-	-	-
Websites focused on health issues/health content	48%	56%	50%	51%	46%	46%	61%	48%	45%	46%
School teachers	42%	66%	49%	46%	42%	39%	50%	45%	42%	38%
	-	A D E F H I J	-	-	-	-	-	-	-	-
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	42%	34%	38%	50%	39%	46%	44%	43%	41%	48%
Friends and family who have taken opioids before	41%	45%	40%	47%	40%	43%	41%	46%	45%	52%
A news outlet	30%	31%	32%	30%	29%	20%	40%	30%	24%	30%
	-	-	-	-	-	-	F I	-	-	-
	26%	42%	29%	30%	29%	31%	30%	35%	25%	28%

Health Canada – Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024) – Research Report

Friends and family who have never taken opioids before	-	A	-	-	-	-	-	-	-	-
A person who currently uses opioids regularly	19%	19%	20%	26%	20%	22%	20%	27%	22%	25%
Sample Size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit F2 – Q54 (a to m). Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Your doctor	83%	82%	82%	83%
A pharmacist	83%	79%	81%	83%
	BCD	A	A	A
Your parents (2024 n=44; 2021 n=54; 2019 n=23; 2017 n=51)	86%*	79%*	80%*	89%
	BCD	A	A	A
Your regional or municipal public health agency	67%	69%	68%	70%
The Government of Canada	54%	59%	59%	57%
	BC	A	A	-
Your provincial government	52%	57%	53%	54%
	B	A	-	-
Websites focused on health issues/health content	48%	50%	47%	49%
School teachers	42%	41%	42%	43%
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	42%	38%	39%	39%
	B	A	-	-
Friends and family who have taken opioids before	41%	36%	41%	40%
	B	A	-	-
A news outlet	30%	32%	31%	32%
Friends and family who have never taken opioids before	26%	21%	24%	28%
	B	A	-	-
A person who currently uses opioids regularly	19%	18%	20%	20%
Sample size	1666	1017	1003	1330
Column label	A	B	C	D

\*Bear in mind the small sample sizes. Results should be regarded with caution.

There remains a divide between which opioid and drug-related subjects youth and their parents say they discussed. Two thirds (67%) of parents of youth aged 13-15 say that they are discussing drug use in general with their children, while a little over half (55%) say they are having discussions on the subject of illegal drugs. By contrast, 68% of youth aged 13-15 report discussing drug use in general while half (50%) say they have talked about illegal drugs with their parents.

Exhibit F3 – Q55: Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply.

Base: Parents of youth aged 13-15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Drug use in general	61%	-	67%	-	59%	67%	56%	59%	73%	52%
	-	-	J	-	-	-	-	-	E G J	-
The use of prescribed opioids	17%	-	18%	-	17%	14%	16%	18%	27%	21%
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	29%	-	29%	-	26%	33%	21%	25%	42%	22%
	-	-	-	-	-	-	-	-	C E G H J	-
The use of illegal drugs in general	47%	-	55%	-	50%	68%	40%	46%	60%	42%
	-	-	G	-	-	-	-	-	G J	-
Problematic drug or opioid use (drug or opioid addiction)	30%	-	33%	-	29%	32%	22%	26%	47%	30%
	-	-	-	-	-	-	-	-	A C E G H J	-
Drug or opioid overdoses	36%	-	32%	-	26%	59%	35%	30%	46%	30%
	-	-	-	-	-	-	-	-	C E	-
How to get help with problematic drug or opioid use (drug or opioid addiction)	15%	-	17%	-	11%	22%	15%	10%	26%	22%
	-	-	E	-	-	-	-	-	E H	-
DK/NR	18%	-	14%	-	17%	15%	20%	13%	9%	18%
Sample size	96	0	477	0	200	29*	60*	69*	77*	51*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit F4 – Q56: Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply.

Base: Youth aged 13-15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Drug use in general	58%	68%	-	-	-	72%	63%	-	41%	56%
The use of prescribed opioids	25%	20%	-	-	-	25%	13%	-	38%	26%
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	25%	23%	-	-	-	28%	25%	-	39%	21%
The use of illegal drugs in general	40%	50%	-	-	-	53%	51%	-	31%	44%
Problematic drug or opioid use (drug or opioid addiction)	23%	24%	-	-	-	39%	22%	-	16%	17%
Drug or opioid overdoses	24%	27%	-	-	-	33%	22%	-	26%	25%
How to get help with problematic drug or opioid use (drug or opioid addiction)	20%	16%	-	-	-	21%	13%	-	23%	25%
DK/NR	9%	15%	-	-	-	12%	16%	-	4%	8%
Sample size	73*	373	-	-	-	31*	56*	-	25*	25*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit F5 – Q47/48. [parents of youth aged 13-15] Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [Youth aged 13-15] Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply.

Column %	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017	Youth 13-15 2024	Youth 13-15 2021	Youth 13-15 2019	Youth 13-15 2017
Drug use in general	67%	68%	63%	77%	68%	59%	64%	72%
	DF	-	-	A	-	A	-	-
The use of illegal drugs in general	55%	56%	48%	66%	50%	40%	52%	57%
	CDF	-	A	A	-	A	-	-
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	33%	27%	30%	31%	27%	15%	25%	24%
	FGH	-	-	-	-	A	A	A

Drug or opioid overdoses	32%	32%	29%	31%	24%	20%	31%	29%
	EF	-	-	-	A	A	-	-
Problematic drug or opioid use (drug or opioid addiction)	29%	29%	31%	35%	23%	22%	25%	25%
	EF	-	-	-	A	A	-	-
The use of prescribed opioids	18%	17%	19%	23%	20%	16%	19%	16%
How to get help with problematic drug or opioid use (drug or opioid addiction)	17%	17%	20%	19%	16%	11%	18%	18%
	-	-	-	-	-	A	-	-
DK/NR	14%	14%	17%	-	15%	22%	15%	-
Sample size	477	372	397	351	373	351	331	357
Column label	A	B	C	D	E	F	G	H

A quarter (26%) of respondents have seen, read, or heard information from the Government of Canada on the opioid crisis or resources on what to do if someone they know is developing an addiction to opioids. In line with lower levels of awareness on the subject of opioids noted throughout the report, youth are the least likely to have received any of this information (at 16%). People who use opioids legally and illegally are the most likely to have been exposed to this information at 34% and 33% respectively.

Respondents in British Columbia are the most likely to say that they have seen, read, or heard information from the Government of Canada on the opioid crisis or about knowing what to do if someone is developing an addiction to opioids.

Exhibit F6 – Q57: Have you seen, read or heard any information from the Government of Canada on the opioid crisis or about what to do if someone you know is developing an addiction to opioids?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	26%	16%	26%	22%	24%	30%	19%	25%	34%	33%
	B G	-	B G	B	B G	B D G	-	B G	A B C D E G H	A B C D E G H
No	59%	72%	60%	60%	62%	54%	68%	60%	54%	56%
	I	A C D E F H I J	-	I	F I	-	A C D E F H I J	-	-	-
DK/NR	15%	11%	14%	18%	13%	16%	14%	14%	12%	10%
	J	-	-	B I J	-	-	-	-	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

## Qualitative insights

In groups with Indigenous participants, trusted sources of information on how to support someone with a substance use addiction included turning to their family doctor, a mutual aid fellowship (i.e., Alcoholics Anonymous, Narcotic Anonymous, Cocaine Anonymous), or community centre (i.e., Indigenous healing and/or friendship centres) for information or support.

In terms of the Government of Canada, Indigenous participants felt that the Government could play a role in making information available online though there was some skepticism around their credibility (and motivation). Asked if there were other useful ways the Government of Canada could share information about substance use and addiction, participants suggested sharing stories of those who have lived experience, whether that be online, through advertisements, or arranging community visits. In fact, many Indigenous participants spoke of the importance and impact of lived experience and shared stories when thinking of successful approaches for support and rehabilitation. To assuage concerns around trust, several suggested the Government of Canada provide resources to Indigenous healing and friendship centres, rather than be the source of the actual support/care.

“It would be more helpful if the government had someone come face-to-face and host in-person sessions for larger groups in our community. It would make people feel less targeted.” – Indigenous person, Atlantic Canada

“Government should bring addicts to do speaking engagements.” – Indigenous person, Prairies

In groups with male labourers discussions surrounding getting the support they needed, participants agreed that they would prefer anonymous support. Posters should be displayed at work in a private (i.e., the washroom), rather than public, setting. A family doctor was often raised as a trusted source for information or potential entry point as was consulting online information. Therapy programs were mentioned as having been successful for others, or for them in the past.

The Government of Canada was viewed by male labourers as a trusted source for information. Male labourers would be looking to the Government for public awareness and education about available resources and how to access those

resources. They also felt the Government could play a role in improving access to the health care system and health care providers, as well as benefits packages, including helping with time off to seek alternative therapies.

### **Key takeaways: Opioid information**

- Consistent with previous waves of this study, a vast majority of respondents can identify a trusted source of information on opioids and their impacts. For most the primary sources of trusted information concerning the effects of opioid use are doctors (83%) and pharmacists (83%).
- Two thirds (67%) of parents of youth aged 13-15 say that they are discussing drug use in general with their children, while a little over half (55%) say they are having discussions on the subject of illegal drugs. By contrast, 68% of youth aged 13-15 report discussing drug use in general while half (50%) say they have talked about illegal drugs with their parents.
- A quarter (26%) of respondents have seen, read, or heard information from the Government of Canada on the opioid crisis or resources for what to do if someone they know is developing an addiction to opioids.
- In groups with Indigenous participants trusted sources mentioned included turning to their family doctor, a mutual aid fellowship, or community centre for information or support. Although the Government of Canada was seen to potentially play a role, there was more skepticism around their credibility and motivation for doing so – a concern which some suggested could be assuaged by providing resources to community healing centres.
- In groups with male labourers, there was a preference for anonymous support, family doctors, therapy programs, and online information. Here the Government of Canada was seen as a more positive and trusted source of information with a larger role to play in public awareness.

## Section G: Views on chronic pain and chronic pain management

When asked about the reasons for having taken one of the opioids on the list provided, the primary responses for the general population – but also true across the target audiences – were to manage pain resulting from a medical procedure (59%), to manage pain resulting from an injury (31%), or to manage chronic pain (22%).

While the focus across all audiences was on various forms of pain management, there was some variation among the other reasons tested. Indigenous respondents (19%), male labourers (19%), and people who use opioids legally (19%) were all the most likely to say they primarily started using opioids for recreational purposes.

Young adults, for their part, were the most likely to say they had started taking opioids to address stress, with one-in-five saying so (20%). Male labourers (17%) also stood out in this regard.

Exhibit G1 – Q33: You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) you started using opioids?

Base: Those who've taken an opioid (n=3,094)

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
To manage pain resulting from a medical procedure (e.g., surgery)	59%	39%	50%	35%	45%	54%	45%	39%	54%	41%
	B C D E G H J	-	D H	-	D	B D E H J	-	-	B D E G H J	-
To manage pain resulting from an injury	31%	38%	29%	26%	31%	34%	31%	27%	35%	32%
	-	-	-	-	-	-	-	-	D	-
To manage chronic pain	22%	16%	22%	21%	23%	29%	24%	25%	31%	27%
	-	-	-	-	-	B	-	-	A B C D E	B
For recreational purposes	11%	17%	10%	16%	16%	19%	10%	19%	7%	19%
	I	I	-	I	A C G I	A C G I	-	A C G I	-	A C G I
To address stress	8%	10%	12%	20%	14%	11%	10%	17%	7%	16%
	-	-	I	A B C F G I	A I	-	-	A G I	-	A I
	10%	11%	12%	8%	11%	10%	17%	11%	13%	9%



To manage pain resulting from another chronic disease (e.g., cancer)	-	-	-	-	-	-	A D J	-	-	-
Headache	0%	2%	0%	2%	0%	0%	1%	0%	1%	1%
	-	-	-	-	-	-	-	-	C H	C H
Other	4%	4%	3%	2%	1%	2%	2%	1%	2%	2%
	E H	-	-	-	-	-	-	-	-	-
DK/NR	3%	5%	4%	11%	5%	1%	4%	6%	2%	6%
	-	-	-	A C E F G I	F I	-	-	F I	-	A F I
Sample size	635	72*	222	186	468	227	175	200	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Please note that the tracking data for this question is not directly comparable from wave to wave because the logic of the question changed. In 2021 respondents were asked to provide a single response, whereas in 2024 they were allowed to select multiple reasons. It does nonetheless suggest that pain management remains a dominant feature of opioid usage.

Exhibit G2 – Q27. [Current and past opioid users] What is the primary reason(s) for starting opioid use?

Column %	Gen Pop 2024	Gen Pop 2021
To manage pain resulting from a medical procedure (e.g., surgery)	59%	44%
	B	A
To manage pain resulting from an injury	31%	20%
	B	A
To manage chronic pain	22%	17%
	B	A
For recreational purposes	11%	5%
	B	A
To manage pain resulting from another chronic disease (e.g., cancer)	10%	4%
	B	A
To address stress	8%	4%
	B	A
Headaches	0%	1%
	B	A
Other	4%	2%
DK/NR	3%	3%
Sample size	635	412
Column Names	A	B

If pain management was the primary reason for most respondents starting their use of opioids, it is also true that it is the dominant reason they continue to use opioids today. Roughly a third say that it is to reduce pain from a medical procedure (34%), to manage chronic pain (35%), or to manage pain from an injury (30%). Another one-in-five (21%) say that it is to manage pain resulting from another chronic disease.

As was noted above, there are variations by target audience. At a quarter (24%), young adults are the most likely to say that they use opioids today to manage stress. Relative to the general population and people who use opioids legally in particular, men aged 20-59 (17%), Indigenous respondents (21%), and male labourers (18%) are the most likely to say they take them for recreational purposes.

Exhibit G3 – Q34: What is the primary reason(s) for using opioids today?

Base: Those who've taken opioids today

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
To manage pain resulting from a medical procedure (e.g., surgery)	34%	31%	29%	32%	37%	31%	33%	39%	41%	29%
	-	-	-	-	J	-	-	J	C F J	-
To manage chronic pain	35%	21%	34%	30%	32%	38%	31%	31%	40%	30%
	B	-	-	-	-	B	-	-	B D E J	-
To manage pain resulting from an injury	30%	27%	34%	33%	31%	28%	32%	34%	36%	30%
To manage pain resulting from another chronic disease (e.g., cancer)	21%	11%	19%	22%	20%	19%	27%	18%	25%	17%
	-	-	-	-	-	-	B J	-	B J	-
For recreational purposes	9%	12%	16%	17%	17%	21%	14%	18%	11%	17%
	-	-	-	-	A I	A I	-	A	-	A I
To address stress	11%	10%	13%	24%	14%	13%	17%	15%	8%	16%
	-	-	-	A B C E F I	I	-	I	-	-	I
None / I don't use opioids today	8%	2%	5%	3%	4%	8%	6%	4%	7%	8%
	B	-	-	-	-	-	-	-	B	B E
Other	0%	1%	1%	2%	0%	2%	2%	2%	1%	1%
	-	-	-	-	-	-	-	-	-	-
Headache	0%	2%	0%	0%	0%	1%	0%	0%	0%	1%
	-	-	-	-	-	-	-	-	-	-

Pain (unspecified)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	13%	16%	15%	18%	11%	9%	17%	10%	9%	13%
	-	-	-	1	-	-	1	-	-	1
Sample size	269	55*	132	129	264	128	103	120	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Unlike the previous question, respondents in both waves were able to select multiple responses and so the data is comparable. As with in the previous wave, the primary reasons listed for continued opioid usage was for pain management of various forms.

#### Exhibit G4 – Q34: What is the primary reason(s) for using opioids today?

Base: Those who've taken opioids today (n=2,108)

Column %	Gen Pop 2024	Gen Pop 2021
To manage pain resulting from a medical procedure (e.g., surgery)	34%	31%
To manage chronic pain	35%	42%
To manage pain resulting from an injury	30%	33%
To manage pain resulting from another chronic disease (e.g., cancer)	21%	17%
For recreational purposes	9%	11%
To address stress	11%	10%
None / I don't use opioids today	8%	4%
Other	0%	1%
Headache	0%	1%
Pain (unspecified)	0%	-
DK/NR	13%	8%
Sample size	269	217
Column Names	A	B

Among those have used opioids to manage pain and consistent with the findings in 2021, the vast majority (84%) have not felt that they have been treated differently by health care providers or first responders due to their opioid use. Younger respondents are more likely to say that they feel as if they have been treated differently, with 29% of youth and 23% of young adults saying so. One-in-five (22%) Indigenous respondents say the same,

Exhibit G5 – Q35: Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

Base: Uses opioids for pain management

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Yes	11%	29%	17%	23%	15%	22%	10%	19%	13%	19%
	-	A E G I	-	A G I	-	A G I	-	A G	-	A G I
No	84%	62%	76%	69%	77%	73%	81%	72%	81%	72%
	B C D E F H J	-	-	-	B	-	B D J	-	B D F H J	-
DK/NR	5%	9%	8%	8%	7%	5%	9%	9%	6%	8%
Sample size	567	58*	192	147	391	197	154	164	537	282
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Although the sample sizes are small and the results must accordingly be interpreted with caution, just over half (56%) of respondents who felt that they had been treated differently due to their opioid usage for pain management say that they felt worse about how they were treated. This is consistent with 2021 where 48% said the same.

Exhibit G6 – Q36: Did this difference make you feel any better or worse about how you were being treated?

Base: Felt they've been treated differently for taking opioids as pain management

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
I felt better about how I was being treated	23%	30%	42%	38%	36%	12%	35%	47%	25%	22%
	-	-	-	F	F	-	-	-	-	-

No impact on how I felt I was being treated	21%	35%	24%	41%	28%	26%	24%	30%	21%	22%
I felt worse about how I was being treated	56%	32%	34%	21%	36%	62%	33%	24%	53%	52%
	D	-	-	-	-	D E	-	-	D	D
DK/NR	0%	3%	0%	0%	0%	0%	8%	0%	1%	4%
Sample size	49*	17*	27*	34*	60*	41*	19*	30*	68*	53*
Column Names	A	B	C	D	E	F	G	H	I	J

\*Bear in mind the small sample sizes. Results should be regarded with caution.

Exhibit G7 – Q36: Did this difference make you feel any better or worse about how you were being treated?

Column %	Gen Pop 2024	Gen Pop 2021
I felt better about how I was being treated	23%	16%
No impact on how I felt I was being treated	21%	36%
I felt worse about how I was being treated	56%	48%
DK/NR	0%	3%
Sample size	49*	18*
Column Names	A	B

\*Bear in mind the small sample sizes. Results should be regarded with caution.

### Qualitative insights

Some of the factors that men in physically demanding jobs think may be contributing to more people in these jobs experiencing substance use and addiction included pain management, stress, and availability.

In fact, nearly everyone had experienced or knew someone who has experienced chronic pain. Chronic pain makes it hard to go to work and given the long hours and toll of the physical nature of the job on their body and mind, male labourers explained they turn to substance use to get through the day (cocaine and/or prescribed opioids) and to relax after a long day (alcohol and/or cannabis).

“I can’t go one day without meds.” – man in physically demanding job, Quebec

Perceptions of treating chronic pain varied. Some spoke of maintaining a healthy lifestyle with exercise and healthy eating. They also spoke of alternative therapies, like physiotherapy, chiropractic care, and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain. The barriers for treating chronic pain included long wait times, poor access to treatment, the cost of treatment, inflexible work hours/lack of time off, inconvenient provider hours of operation, and rural job locations.

“If you pay attention to your process [healthy lifestyle, eating right and exercise], you’ll help yourself. You just have to make an effort.” – man in physically demanding job, Quebec

“I know people with chronic pain, and it can be treated, but they need to be off work, which they can’t afford, and they can’t afford the physio.” – man in physically demanding job, Atlantic Canada

### **Key takeaways: Views on chronic pain and chronic pain management**

- Pain management remains the primary reason for starting opioid use, including pain resulting from a medical procedure (59%), to manage pain resulting from an injury (31%), or to manage chronic pain (22%). If pain management was the primary reason for most respondents starting their use of opioids, it is also true that it is the dominant reason they continue to use opioids today. This remains consistent with the findings in 2021.
- Among those who have used opioids to manage pain and consistent with the findings in 2021, the vast majority (84%) have not felt that they have been treated differently by health care providers or first responders due to their opioid use. Just over half (56%) of respondents who felt that they had been treated differently due to their opioid usage for pain management say that they felt worse about how they were treated.
- In the focus groups, men in physically demanding jobs mentioned that in addition to helping to manage stress and the easy availability of these substances, pain management was a primary contributing factor to opioid and drug usage. Nearly everyone had experienced chronic pain, or knew someone who had, with many mentioning they turn to substances to get through the day.

- To manage chronic pain some participants spoke of alternative therapies, like physiotherapy, chiropractic care, and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain. The barriers for treating chronic pain included long wait times, poor access to treatment, the cost of treatment, inflexible work hours/lack of time off and inconvenient provider hours of operation, and rural job locations.

## Section H: The role of stigma

As was undertaken in previous waves of research, an analysis of the data was completed to better understand the role of stigma in respondents' views regarding people who use opioids and how those views may relate to support policies that address the opioid crisis. Keeping with the segmentation as defined in the baseline survey, three questions were used for this investigation:

- I don't have much sympathy for people who misuse opioids
- People who overdose on opioids get what they deserve
- A lack of self-control is usually what causes a dependence upon or an addiction to opioids

Each of the statements relates to either withholding sympathy or assigning blame and the level of consistency in agreement, disagreement or neutrality on them was used to divide the population into distinct segments. The "Allies" segment disagrees with all three statements, indicating a consistent pattern of willingness to oppose stigmatizing points of view. Conversely, the "Unsympathetic" segment agrees with, or are neutral to, all three statements. The logic of including the neutral is based on the hypothesis that being unwilling to actually disagree with any of these statements suggests a consistent pattern of assuming there are scenarios in which one might agree with these sentiments and scenarios in which one might disagree with them. The fact that there are times when unsympathetic opinions might be held was deemed enough to identify the respondent as accepting stigmatizing points of view and never disagreeing outright with any of them. Finally, the relatively large "Ambivalent" segment is the remaining portion of the population that holds a mix of agreement and disagreement, and/or non-response across these three statements. The inconsistency makes it impossible to define them as truly being an Ally or truly being Unsympathetic. The percentage of each segment as a proportion of the general population sample is presented in Exhibit H1.

The overall size of the segments has not shifted dramatically since the last wave, although the unsympathetic segment has decreased slightly since tracking began in 2017. That there have not been larger movements in the segments is itself notable given the other shifts highlighted in the report. A quarter (25%) are Allies, consistent in their rejection of opinions that signal stigma; conversely, an equal number (24%) of Canadians fall into a segment of Unsympathetic by consistently agreeing with all three statements that signal holding stigmatizing views of people with opioid use disorder; and the remaining half of respondents (50%) would be considered Ambivalent in that they neither reject all three stigmatizing views nor agree with all three.

### Exhibit H1 – Stigma segment sizes

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Percentage	24%	24%	26%	28%	50%	51%	49%	50%	25%	25%	25%	21%
Sample size	398	244	258	377	829	524	493	671	446	249	252	282

When it comes to the demographic makeup of each segment, males appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment with their share rising to 67% (up from 56%) in 2021. The inverse trend is witnessed among Allies, of which 64% identify as female (this up from 59% in 2021).

There have been some minor regional shifts as well with respondents from Ontario coming to represent a larger segment of the Unsympathetic segment (42%, up from 38%). By contrast, fewer respondents from Quebec are now part of the Unsympathetic segment (16%, down from 23%) and instead appear to have shifted to becoming Ambivalent (27%, up from 25%) or Allies (22%, up from 20%).

### Exhibit H2 – Stigma segment demographics

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Male	67%	56%	60%	56%	46%	48%	46%	49%	34%	40%	39%	35%
Female	31%	44%	40%	42%	54%	51%	53%	50%	64%	59%	60%	63%
Other	1%	0%	0%	1%	0%	0%	1%	-	1%	1%	1%	1%
Atlantic	8%	4%	5%	6%	6%	7%	9%	7%	7%	9%	4%	5%
QC	16%	23%	18%	21%	27%	25%	27%	26%	22%	20%	23%	20%
ON	42%	38%	38%	42%	38%	38%	38%	37%	37%	41%	41%	39%
MB/SK	7%	4%	9%	7%	6%	7%	6%	6%	7%	7%	5%	7%
AB	13%	16%	15%	10%	10%	10%	10%	11%	13%	9%	11%	15%



BC	14%	15%	16%	15%	12%	12%	11%	13%	13%	15%	17%	14%
13-17	9%	11%	10%	8%	8%	5%	7%	7%	5%	5%	2%	3%
18-34	25%	27%	30%	28%	24%	25%	26%	26%	20%	26%	19%	24%
35-54	31%	33%	34%	33%	26%	30%	31%	30%	31%	34%	32%	33%
55+	35%	29%	26%	32%	42%	40%	36%	37%	44%	35%	47%	40%
Under \$40,000	19%	20%	23%	22%	18%	18%	28%	21%	20%	16%	21%	18%
\$40,000-<\$80,000	30%	29%	36%	27%	31%	31%	27%	28%	25%	30%	30%	29%
>\$80,000	40%	43%	30%	39%	39%	37%	33%	37%	45%	44%	38%	42%

Exhibit H3 – Oversample breakdown by stigma segment

Column %	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Unsympathetic	27%	30%	23%	33%	25%	27%	31%	23%	28%
Ambivalent	59%	51%	57%	51%	46%	52%	57%	52%	52%
Allies	13%	18%	19%	15%	28%	20%	12%	25%	20%
Sample size	373	477	522	999	422	421	389	566	342

As discussed in previous iterations of this study, the three segments vary in terms of their personal behaviours with opioids with Allies and Ambivalents being the most likely to say that the opioids they have taken were always prescribed to them personally or given to them by a healthcare provider. That being said, there has been a decline in the number reporting that they always receive their opioids in these contexts across all segments, most notably among allies where it has dropped from half (51%) in 2021 to two-in-five (39%) in 2024.

Exhibit H4 – Q37. Of the opioids you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital?

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Always	20%	27%	17%	26%	28%	43%	19%	32%	39%	51%	34%	44%
Usually	6%	9%	6%	8%	7%	7%	4%	9%	8%	8%	4%	8%
Sometimes	23%	18%	26%	13%	20%	9%	15%	7%	12%	8%	10%	9%
Rarely	35%	29%	43%	40%	34%	29%	50%	40%	34%	25%	47%	31%
	-	-	-	-	G	-	E	-	K	-	I	-

Never	11%	15%	9%	10%	6%	9%	8%	9%	5%	7%	5%	7%
	B	A	-	-	-	-	-	-	-	-	-	-
DK/NR	6%	2%	1%	2%	5%	4%	5%	3%	2%	1%	-	-
Column label	A	B	C	D	E	F	G	H	I	J	K	L

There is also variation in the personal exposure to opioids across the different segments. Compared with 2021, exposure to almost every single metric tracked has increased across all segments – i.e., everyone has more exposure to all kinds of experiences with opioids. Given the significant jumps among the Unsympathetic segment, their exposure now tracks closely with the Ambivalent segment suggesting a complex relationship between exposure and the psychological traits driving these segments.

Exhibit H5 – Q32 (a, b, c, e). Please indicate whether the following is true, to the best of your knowledge or recollection. [% true]

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
At least one friend or family member has been prescribed one of these drugs	41%	31%	47%	43%	45%	42%	51%	46%	63%	55%	66%	68%
	BCI	A	A	-	G	-	E	-	AJ	I	-	-
I have known someone who became addicted to one of these drugs	31%	26%	26%	21%	33%	26%	32%	22%	38%	31%	42%	31%
	D	-	-	A	FH	E	-	E	-	-	-	-
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	18%	23%	27%	14%	25%	21%	22%	15%	31%	27%	29%	25%
	C	-	A	-	H	-	-	E	-	-	-	-
I have known someone who has had a non-fatal overdose of one of these drugs	18%	12%	20%	9%	20%	15%	15%	6%	21%	15%	19%	17%
	BD	A	-	A	FGH	E	E	E	J	I	-	-
Column label	A	B	C	D	E	F	G	H	I	J	K	L

When it comes to familiarity with various types of opioids, levels remain fairly static across the segments. Given that, as per the last question, personal exposure to various experiences with opioids has increased across all segments, it is interesting to note

that this hasn't necessarily translated into a greater familiarity with the opioids themselves. The same can be also said of familiarity with fentanyl specifically, as highlighted in the subsequent table.

Exhibit H6 – Q17. How familiar are you with these types of opioids?

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Very familiar with at least one	19%	15%	25%	24%	25%	23%	25%	22%	36%	35%	30%	38%
		-	A	A		A	-	-		A D	-	-
Somewhat familiar with at least one	38%	39%	37%	36%	34%	35%	37%	35%	36%	38%	45%	39%
No more than a little familiar with at least one	16%	20%	21%	17%	20%	17%	17%	18%	15%	16%	12%	15%
Not at all familiar with any	25%	24%	16%	19%	19%	24%	19%	22%	12%	11%	12%	7%
		G	-	-		G	-	-		-	-	-
DK/NR	3%	2%	1%	4%	2%	1%	2%	3%	1%	0%	1%	-
		G	-	-		G	-	-		-	-	-
Column label		A	B	C		D	E	F		G	H	I

Exhibit H7 – Q19. How familiar would you say you are with fentanyl?

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Very familiar	9%	11%	14%	12%	10%	9%	11%	8%	15%	17%	13%	18%
		-	-	-		-	-	-		D	-	-
Somewhat familiar	34%	32%	34%	36%	30%	31%	34%	33%	41%	36%	44%	48%
		-	-	-		-	-	-		-	-	G
Not very familiar	28%	31%	31%	27%	30%	32%	30%	27%	24%	31%	34%	19%
		-	-	-		-	-	-		I	-	-
Not at all familiar	28%	25%	19%	23%	27%	24%	22%	28%	19%	16%	9%	14%
		G	-	-		G	-	-		H	-	-
DK/NR	2%	1%	2%	3%	2%	4%	3%	5%	1%	0%	-	-
		-	-	-		A G	-	-		-	-	-
Column label		A	B	C		D	E	F		G	H	I

The increase in exposure to opioids noted above has not necessarily translated into an increased perception that substances are dangerous. That being said, the overall levels of those saying that most, if not all, are dangerous across all segments is already a strong majority across all segments. As with previous waves of this study, Allies are the most likely to say that all the opioids presented in the table are dangerous.

Exhibit H8 – Q18. Is it your impression that: [in reference to the opioid table]

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
All are dangerous	40%	41%	37%	45%	41%	40%	38%	42%	54%	51%	44%	52%
		-	-	-		-	-	-		A D	-	-
Most are dangerous	37%	37%	36%	33%	38%	40%	42%	35%	34%	37%	47%	37%
		-	-	-		-	-	-		-	G	-
About half are dangerous	11%	7%	9%	8%	6%	5%	5%	5%	5%	3%	4%	9%
		-	-	-		-	-	-		-	-	G
A few are dangerous	8%	11%	11%	8%	7%	6%	7%	9%	5%	5%	4%	1%
		G	-	-		-	-	-		I	-	-
None of these drugs are dangerous	0%	1%	4%	-	0%	1%	1%	1%	0%	1%	1%	1%
		-	-	-		-	-	-		-	-	-
DK/NR	4%	3%	3%	6%	7%	8%	7%	8%	2%	3%	1%	-
		-	-	-		A G	-	-		-	-	-
Column label		A	B	C		D	E	F		G	H	I

Again notable given the increased exposure to opioids across all segments and all tracked scenarios, this has not necessarily translated into substantial increases in those saying that the opioids crisis is very serious in their community in the Ambivalent or Allied segments, and only a small increase in the Unsympathetic segment.

Exhibit H9 – Q25. Based on your impressions, how serious would you say the opioid crisis is in your community?

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Very serious	27%	23%	28%	26%	25%	25%	28%	27%	35%	34%	42%	38%
		-	-	-		-	-	-		A D	-	-
Somewhat serious	40%	35%	38%	39%	34%	33%	39%	34%	35%	34%	41%	39%
Not very serious	17%	25%	17%	18%	16%	14%	15%	17%	16%	18%	9%	11%
		D	B	-		-	-	-		H I	-	-
Not at all serious	5%	6%	6%	4%	4%	5%	2%	3%	1%	3%	2%	4%
		-	-	-		-	-	-		-	-	-
DK/NR	12%	12%	11%	13%	21%	23%	15%	19%	12%	12%	7%	8%
		-	-	-		A G E	-	-		-	-	-
Column label		A	B	C		D	E	F		G	H	I

When it comes to whether respondents believe they would know what to do if they saw someone experiencing an overdose, being able to identify the signs of an opioid overdose or being able to identify signs of an opioid use disorder, the number who agree have gone up across all segments.

This is especially true among those in the Ambivalent segment, where those who agree, or strongly agree, that they would be able to identify signs of an opioid addiction now sits at one third (32%) – up from 22% who said the same in 2021. A similar jump is witnessed among Allies, where two-in-five (39%) agree they would be able to identify the signs of an opioid use disorder compared with 28% who said the same in the previous wave.

Exhibit H10 – Q30C, D, E. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
I would know what to do if I saw a person experiencing an overdose	34%	32%	41%	32%	28%	22%	22%	18%	36%	33%	34%	36%
		D	A	-		-	-	-		D	-	-
I think I'd be able to identify signs of an opioid overdose if faced with them	33%	32%	43%	34%	28%	22%	30%	23%	36%	32%	31%	36%
		D	A	-		-	D	-		D	-	-
I think I'd be able to identify signs of an opioid use disorder (addiction)	32%	31%	45%	38%	32%	22%	35%	27%	39%	28%	42%	39%
		D	A	-		-	D	-		-	G	G
Column label		A	B	C		D	E	F		G	H	I

Exhibit H11 – Q31C, D, E, F. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
A lack of self-control is usually what causes a	71%	62%	64%	64%	27%	31%	33%	30%	0%	0%	0%	-
		D G	-	-		G	-	-		-	-	-

dependence upon or an addiction to opioids												
Addiction to opioids is a disease	51%	54%	53%	54%	57%	60%	61%	60%	79%	78%	77%	76%
		-	-	-		-	-	-		A D	-	-
We should be using more of our health care resources for dealing with addictions to drugs	40%	45%	49%	42%	53%	54%	63%	57%	75%	76%	83%	70%
		-	-	--		A	D	-		A D	-	-
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	44%	44%	42%	36%	18%	19%	14%	13%	3%	4%	5%	3%
		D G	-	-		G	-	-		-	-	-
Column label		A	B	C		D	E	F		G	H	I

If the levels of trust placed in various sources of information about opioids and their effects remain relatively static across the Ambivalent and Allied segments, among the Unsympathetic segment there has been an increase in the levels of trust placed in most sources tested. The major exception is the Government of Canada which has seen declining trust in all segments – a trend paralleled to a lesser degree in the trust placed in regional health authorities.

Exhibit H12 – Q54A, B, D, E, G, J-M. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Unsympathetic				Ambivalent				Allies			
	2024	2021	2019	2017	2024	2021	2019	2017	2024	2021	2019	2017
Your doctor	84%	74%	71%	76%	80%	84%	83%	83%	91%	87%	92%	92%
		-	-	-		A	-	-		A	-	-
A pharmacist	75%	70%	70%	74%	84%	78%	80%	83%	90%	92%	92%	94%
		-	-	-		-	-	-		A D	-	-
Your parents	96%*	68%*	58%*	84%*	96%*	88%*	96%*	91%*	100%*	84%*	100%*	100%*
		B	-	A		A	D	-		A	G	G
	60%	60%	57%	61%	67%	66%	67%	69%	77%	85%	83%	84%

Your regional or municipal public health agency		-	-	-		-	-	-		A	-	-
The Government of Canada	45%	53%	51%	50%	53%	57%	58%	56%	64%	70%	70%	72%
		-	-	-		-	-	-		A	-	-
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	36%	23%	29%	30%	39%	38%	39%	39%	54%	53%	54%	53%
			-	-		A	-	-		A D	-	-
Friends and family who have taken opioids before	35%	26%	35%	36%	41%	39%	39%	38%	49%	40%	52%	49%
		-	A	A		A	-	-		A	G	G
A news outlet	35%	22%	27%	29%	27%	31%	29%	31%	34%	42%	37%	39%
		-	-	-		A	-	-		A D	-	-
A person who currently uses opioids regularly	17%	13%	23%	20%	18%	16%	18%	18%	23%	28%	23%	23%
		-	A	A		-	-	-		A D	-	-
Column label		A	B	C		D	E	F		G	H	I

\*Bear in mind the small sample sizes. Results should be regarded with caution.

### Key takeaways: The role of stigma

- The overall size of the segments has not shifted dramatically since the last wave, although the unsympathetic segment has decreased slightly since tracking began in 2017. A quarter (25%) are Allies, with an equal number (24%) of falling into the Unsympathetic segment. The remaining half of respondents (50%) are considered Ambivalent.
- When it comes to the demographic makeup of each segment, males appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment with their share rising to 67% (up from 56%) in 2021. The inverse trend is witnessed among Allies, of which 64% identify as female (this up from 59% in 2021).
- There is also variation in the personal exposure to opioids across the different segments. Compared with 2021, exposure to almost every single metric tracked has increased across all segments. This has not translated into increased familiarity with the opioids tested or an increased sense of danger, however.

- What has increased is the number of respondents across all segments who believe they would know what to do if they saw someone experiencing an overdose, being able to identify the signs of an opioid overdose, or being able to identify signs of an opioid use disorder.

## Section I: Views regarding alcohol consumption and substance use

In line with the previous waves of this study, a majority of respondents are supportive of alcoholic beverage levels containing health risks and warnings (69%) and ingredients (59%). There is the most variation by audience on the subject of health risk and warnings. While all are majority supportive of this, racialized respondents (76%), people who use opioids legally (70%), and Indigenous respondents (69%) are all the most likely to say they should feature on alcoholic beverages.

With regards to whether calories should be featured, the downward trend pointed out in 2021 continues with the number saying that this should appear on alcoholic beverages down to 43% (from 46% in 2021 and 52% in 2019).

Exhibit I1 – Q58: Of the following list of possibilities, which information, if any, should appear on alcoholic beverages?

Base: All respondents (n=3,740)

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Health risks/warnings	69%	63%	65%	66%	58%	69%	76%	56%	70%	62%
	B E H J	-	E H	E H	-	E H	A B C D E F H J	-	B E H J	-
Ingredients	59%	46%	55%	56%	53%	55%	62%	53%	55%	54%
	B E H	-	B	B	B	B	B E H I J	-	B	B
Number of standard servings that are in the container	49%	42%	47%	51%	43%	49%	56%	39%	48%	38%
	B E H J	--	H J	B E H J	-	H J	A B C E H I J	-	E H J	-
Calories	43%	37%	40%	43%	44%	40%	47%	39%	41%	40%
	B	-	-	-	B	-	B H	-	-	-



Health Canada – Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education (2024) – Research Report

Nutritional information	39%	33%	38%	44%	39%	38%	47%	34%	35%	37%
	B	-	-	B H I J	B	-	A B C E F H I J	-	-	-
None of the above	5%	4%	6%	3%	7%	6%	3%	8%	5%	5%
	-	-	D	-	A B D G	D	-	A B D G	-	-
DK/NR	8%	15%	8%	12%	8%	6%	7%	8%	6%	9%
	-	A C E F G H I J	-	A F I	-	-	-	-	-	-
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit I2 – Q49. Of the following list of possibilities, which information, if any, should appear on alcoholic beverage labelling?

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Health risks/warnings	69%	66%	65%	-
	C	-	A	-
Ingredients	59%	59%	57%	-
Number of standard servings that are in the container	49%	49%	63%	-
	C	-	A	-
Calories	43%	46%	52%	-
	C	-	A	-
Nutritional information	39%	37%	45%	-
	C	-	A	-
None of the above	5%	7%	-	-
	B	A	-	-
DK/NR	8%	5%	8%	-
Sample size	1666	1017	1003	0
Column label	A	B	C	D

As with previous waves, respondents are for the most part aware and concerned about the health consequences of alcohol consumption. Three quarters (77%) say that it increases a person’s risk of developing serious health conditions whereas three-

in-five (62%) say that any amount of alcohol consumption can have risks to one’s health. Tracking with previous waves of this study, just over half (55%) say that alcohol use among youth is a serious problem in Canada and that the federal government should be doing more to address alcohol-related harms (54%). Far fewer believe that drinking alcohol during pregnancy can be safely done (11%), although this is slightly higher among parents of youth aged 13-15 (19%) and male labourers (19%).

There is a greater sense among the general population sample at least that people who have an alcohol use disorder could stop if they wanted to (31%) than those who are taking opioids (20%). In both cases, male labourers are the most likely to say that a person would quit each substance if they really wanted to, perhaps suggesting that their openness to more risk-taking behaviour (at least as seen in the data on opioids) might stem, if only partially, from the sense that they could stop taking the substance in question if they really wanted to.

Exhibit I3 – Q59: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally
Alcohol use increases a person’s risk of developing serious health conditions	77%	72%	76%	69%	71%	78%	78%	70%	75%	74%
Any amount of alcohol consumption can have risks to your health	62%	62%	63%	58%	58%	66%	58%	56%	61%	59%
Alcohol use among youth is a serious problem in Canada	55%	53%	55%	55%	47%	61%	58%	52%	60%	55%
	-	-	-	-	-	E	-	-	E	-
The federal government should be doing more to address alcohol-related harms	54%	57%	55%	55%	49%	61%	64%	52%	59%	57%
	-	-	-	-	-	-	E	-	-	-
Alcohol use is a public health issue	53%	51%	57%	49%	49%	56%	56%	50%	55%	56%
People who have alcohol use disorder (addiction)	31%	37%	37%	34%	39%	31%	35%	41%	32%	37%

could stop if they really wanted to										
Drinking alcohol during pregnancy can be safely done	11%	13%	19%	13%	17%	13%	12%	19%	12%	20%
	-	-	-	-	-	-	-	A	-	A
Sample size	1666	373	477	522	999	422	421	389	566	342
Column Names	A	B	C	D	E	F	G	H	I	J

Exhibit I4 – Q50. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Alcohol use increases a person's risk of developing serious health conditions	77%	77%	75%	-
Alcohol use among youth is a serious problem in Canada	55%	56%	60%	-
	C	-	A	-
People who have alcohol use disorder (addiction) could stop if they really wanted to	31%	30%	24%	-
	C	-	A	-
Alcohol use is not a public health issue*	-	15%	16%	-
Drinking alcohol during pregnancy can be safely done	11%	7%	9%	-
	B	A	-	-
The federal government should be doing more to address alcohol-related harms	54%	53%	56%	-
Sample size	1666	1017	1003	-
Column label	A	B	C	D

\*In 2024 this was changed to “Alcohol use is a public health issue.”

### Key takeaways: Views regarding alcohol consumption and substance use

- In line with the previous waves of this study, a majority of respondents are supportive of alcoholic beverage levels containing health risks and warnings (69%) and ingredients (59%).
- While all are majority supportive of this, racialized respondents (76%), people who use opioids legally (70%), and Indigenous respondents (69%) are all the most likely to say health risks and warnings should feature on alcoholic beverages.

- There is a high degree of awareness and concern with the health risks of alcohol. Three quarters (77%) say that it increases a person’s risk of developing serious health conditions whereas three-in-five (62%) say that any amount of alcohol consumption can have risks to your health.
- There is a greater sense among the general population sample that people who have an alcohol use disorder could stop if they wanted to (31%) than those who are taking opioids (20%).

## Conclusions

Having now completed four waves of study since the baseline in 2017, there is an abundance of evidence about what has changed and, more commonly, what has not changed in Canadian behaviours and attitudes relating to opioids.

When we reported on the previous findings in 2021, there had been some shifts in key variables over the first three waves that were cause for consideration. At the time, the report offered some conjecture about whether the results in question were shifting slightly as a result of changing mindsets or as a result of external factors (specifically the pandemic and the effect it had on the share of news coverage being devoted to the opioid crisis, as well as on behaviours).

In this wave, for metric after metric in this study, the general tendency is to see results that are either consistent across all four waves or showing slight returns to levels measured in three of the four waves. This suggests fairly static long-term trends.

Claimed opioid usage, for example, has remained fairly flat and is currently at 23%, with a set of responses that are no more than a rounding-error level of difference from what was found in 2017. It is basically the same when it comes to key variables such as the perceived danger of opioids and the level of familiarity with fentanyl.

Generally speaking, the tendency is for stability in numbers. However, this strong tendency makes the differences that appear all the more interesting.

There has been a slight increase, for example, in the proportion who indicate never having had a prescription for the opioid they have used. As well, we are seeing what may be a gradual long-term trend of increasing self-assessed knowledge of opioids. Relatedly, the proportion who agree they know what it is about opioids that makes them so dangerous has seen quite a marked increase compared to all three previous waves of study.

Another finding that seems to have evolved relates to polysubstance use. While claimed polysubstance use is still fairly low, it may be rising over time. The change, however, is too early to describe as a trend. Among those who are using another substance with an opioid, the substances they are reporting have changed somewhat. Fewer people name cannabis as a substance used with an opioid and there are more people saying they have taken either cocaine or methamphetamine with an opioid.

Conversations in qualitative research often added valuable commentary to enable clearer, if sometimes more nuanced, interpretation of survey findings. In the case of cocaine, while it is impossible to track qualitative results over time, the way that substance was discussed seemed

different this wave – more frequently discussed and more casually mentioned, although often in describing behaviour second-hand, rather than describing their own actions.

Taken together, it would suggest that most behaviours may be static, but some knowledge has been acquired and it is possible that some behaviours tangential to opioid use may be in flux.

Perhaps the more valuable and interesting learnings from this study emerge from the analysis of the various segments specifically targeted for analysis this wave. Specifically, the results among Indigenous participants and men who work in physically demanding jobs both shed light on some unique differences those segments have compared to the general population, and to each other. Both frequently had responses that differed significantly from the general population.

In the case of male labourers, claimed usage was higher than average, the sense that all opioids are dangerous lower, and although they show a higher level of familiarity with fentanyl, they are less inclined to describe it as very dangerous and more inclined to take a non-prescribed opioid even if they knew it contained fentanyl. Opioid use disorder is not high with any segment but is higher among men working in physically demanding jobs than it is among the general population. In focus groups, these men offered some valuable advice on how to communicate with them on the dangers of opioids and on getting help for substance use disorder, including the need to ensure anonymity and if communicating at the workplace, to do so in a discreet manner, such as putting up posters in a washroom.

In summary, men working in physically demanding jobs clearly represent a population holding more challenging views and indicating more challenging behaviours when it comes to opioids.

Indigenous participants in our research showed some of the same differentiation from the general public as men working in physically demanding jobs but differed in some very important ways – both from that segment and from the general population as a whole.

The Indigenous segment also report a higher-than-average incidence of opioid usage and greater knowledge of opioids and fentanyl and the dangers they pose. Self-assessed opioid use disorder incidence is also higher among the Indigenous segment. Contrasting with the men in physically demanding jobs, there seems to be more inclination to avoid the risks associated with opioids.

In the focus group discussions, Indigenous participants shared some valuable context that may be unique to their circumstances. Barriers to getting help for substance use disorder frequently came up, for example, citing such things as the cost, accessibility (particularly among those living in remote communities), the stigma associated with having an opioid use disorder and also about the personal safety concerns related to being known to use opioids. As well, and in line with a variety of studies we have conducted among Indigenous Peoples living in Canada,

there are very different views on the trustworthiness of various sources of information, including the Government of Canada.

Overall, the body of evidence clearly demonstrates that the situation facing Indigenous People, their attitudes and their needs are often unique and deserving of unique consideration and approaches.

## Appendix A: Quantitative methodology report

### Survey methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of a minimum of 3,700 Canadians aged 13 and older using an online panel sample. A detailed discussion of the approach used to complete this research is presented below.

### Questionnaire design

The questionnaires for this study were designed by Earnscliffe and provided to Health Canada for feedback. The surveys were offered to respondents in both English and French and completed based on their preferences.

### Sample design and selection

The sampling plan for the study was designed by Earnscliffe in collaboration with Health Canada, and the sample was drawn by Leger based on Earnscliffe's instructions. The surveys were completed using Leger's opt-in online research panel. Digital fingerprinting was used to help ensure that no respondent took the online survey more than once.

A total of 1,666 cases were collected as the sample of the general population. Oversamples (minimum of n=300) were also collected for the following groups:

- Youth 13-15;
- Parents of youth 13-15;
- Young adults 16-24;
- Males 20-59;
- Indigenous respondents;
- Racialized respondents;
- Male labourers;
- People who use opioids legally, including prescriptions; and,
- People who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

The profile of each of the nine oversample target groups is presented in the table below. The source of respondents was a combination of those found in the general population sample,



those found specifically when sampling for oversamples, and those found when specifically targeting a different audience.

Current wave	
Youth 13-15 oversample	
Gen pop sample	73
Oversample	300
Total	373
Parent of youth 13-15 oversample	
Gen pop sample	96
Oversample	381
Total	477
Young adults 16-24 oversample	
Gen pop sample	145
Oversample	377
Total	522
Men 20-59 oversample	
Gen pop sample	252
Oversample	747
Total	999
Indigenous oversample	
Gen pop sample	129
Oversample	293
Total	422
Ethnic and racialized communities oversample	
Gen pop sample	83
Oversample	338
Total	421
Males who work in physically demanding jobs oversample	
Gen pop sample	83
Oversample	306
Total	389
People who use opioids legally oversample	
Gen pop sample	165
Oversample	402
Total	567
People who use opioids illegally oversample	
Gen pop sample	97

Oversample	245
Total	342

The final data for the general population and the youth 13-15, young adults 16-24, men 20-59, Indigenous, and racialized respondents' oversamples, were weighted to replicate actual population distribution by region, age and gender according to the 2021 census data available. The data for the parent, men who work in physically demanding jobs, people who use opioids legally, and people who use opioids illegally oversamples, were weighted based on the profile found in the general population, by age, gender, and region.

## Data collection

The online survey was conducted in English and French from February 27, 2024, to March 16, 2024. The survey was undertaken by Leger using their proprietary online panel. For the surveys with respondents under 18, Leger initially screened adults to see whether they were a parent with a child between the ages of 13 and 17. For those who qualified, we randomly assigned youth or parent interviews to ensure representativeness (rather than filling all youth categories first and then parents of youth aged 13-15). All necessary and required permissions (including parental/guardian for youth 13-15) were obtained before proceeding with any youth surveys.

## Targets/weighting

Quotas were used for the general population sample to help ensure that, prior to any additional weighting, minimum numbers of completed surveys by gender, age group and region were achieved. This quota distribution was designed to allow for subsets of the data to be analyzed.

The final data for the general population sample was weighted based on 2021 Census information. Weighting was applied based on region, age, and gender statistics to help ensure that the final dataset was in proportion to the Canadian population aged 13 and older.

Specific targets with regards to the oversamples were as follows:

- Target n=300 of youth 13-15;
- Target n=300 of parents of youth 13-15;
- Target n=300 of young adults 16-24;
- Target n=300 of males 20-59;
- Target n=300 of Indigenous respondents;
- Target n=300 of racialized respondents;

- Target n=300 of male labourers (shortened from men in physically demanding jobs, including construction);
- Target n=300 of people who use opioids legally, including prescriptions; and,
- Target n=300 of people who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

Quotas by demographics were set for the oversamples of youth 13-15, parents of youth aged 13-15, young adults 16-24, and men 20-59, but were not set for the oversamples of people who use opioids legally or illegally as the incidence rates are low for these two segments.

## Nonresponse

Respondents for the survey were selected from among those who have volunteered to participate in surveys by joining an opt-in panel. The notion of non-response is more complex than for random probability studies that begin with a sample universe that can, at least theoretically, include the entire population being studied. In such cases, non-response can occur at a number of points before being invited to participate in this particular survey, let alone in deciding to answer any particular question within the survey.

## Quality controls

Prior to launching the survey, Earnscliffe and Health Canada tested the links to ensure programming matched the questionnaires. Leger conducted a pre-test of the surveys, and the data was reviewed by Earnscliffe and Health Canada prior to a full launch of the surveys. Upon completion of the pre-test, Earnscliffe reviewed the data to ensure all skip patterns were working and the questionnaire was easily understood by all respondents.

## Reporting

Results with upper-case sub-script in the tables in this report, as well as those presented under a separate cover, indicate that the difference between the demographic groups analysed are significantly higher than results found in other columns in the table. Uppercase letters indicate that the difference is significant at the 0.05 level. In the text of the report, unless otherwise noted, demographic differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test.

## Margin of Error

Respondents for the online survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The data have been weighted to reflect the demographic composition of the Canadian population aged 13+. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated for the entire sample. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research for online surveys.

## Appendix B: Qualitative methodology report

### Methodology

The overall objective of study to track changes since the Follow-up Survey and Qualitative Research on Opioid Awareness, Knowledge and Behaviours for Public Education conducted in 2021, regarding the current state of awareness, knowledge, attitudes, beliefs (including assessing opinions around varying harm reduction measures), and behaviours with respect to opioids and other controlled substances.

The research commenced with qualitative research to:

- Gain insights into awareness, perceptions, and attitudes among target audiences on issues related to controlled substances;
- Opioid use in their communities;
- Government actions; and,
- Opinions on actions to respond to the overdose crisis.

The following results are based on a series of ten focus groups that were conducted between January 24th and 25th, 2024. The target audiences for the focus groups were comprised of males who work in physically demanding jobs outside of construction – used interchangeably here with male labourers – and Indigenous respondents aged 18-59. Two focus groups sessions (one for each target audience) were conducted with residents of the following regions of the country: British Columbia, Prairies and the Territories, Ontario, Quebec, and Atlantic Canada. Focus groups were conducted in English in all provinces except Quebec where they were conducted in French. Participants from language minority communities were invited to join in their preferred language.

The following table outlines the focus group schedule and turnout:

Group	Audience	Region/Language	No of recruits	No of participants
1	Men (18+) in physically demanding jobs (outside of construction)	Atlantic Canada (English)	10	9
2	Men (18+) in physically demanding jobs (outside of construction)	Quebec (French)	10	7

3	Men (18+) in physically demanding jobs (outside of construction)	Ontario (English)	10	8
4	Men (18+) in physically demanding jobs (outside of construction)	Prairies/North (English)	11	9
5	Men (18+) in physically demanding jobs (outside of construction)	British Columbia (English)	10	4
6	Indigenous respondents (18-59)	Atlantic Canada (English)	10	9
7	Indigenous respondents (18-59)	Québec (French)	10	8
8	Indigenous respondents (18-59)	Ontario (English)	10	5
9	Indigenous respondents (18-59)	Prairies/North (English)	11	9
10	Indigenous respondents (18-59)	British Columbia (English)	10	8
<b>Total</b>			<b>102</b>	<b>76</b>

## Recruitment

Participants were recruited using recruitment screeners (see Appendix D).

For each focus group, 10 participants were recruited with residents of locations across the country selected specifically because they are currently facing higher rates of drug overdoses. Our field work subcontractor, Quality Response, and their selected suppliers reached out to members of their respective databases first via email and followed up with telephone calls to pre-qualify participants. They then conducted telephone recruitment to supplement in each market.

## Moderation

Two moderators were used to conduct the focus groups. Our team debriefed with Health Canada after evenings of focus groups to discuss the functionality of the discussion guide, any issues relating to recruitment, turnout, and technology.

## A note about interpreting qualitative research results

It is important to note that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

## Glossary of terms

The following is a glossary of terms which explains the generalizations and interpretations of qualitative terms used throughout the report. These phrases are used when groups of participants share a specific point of view and emerging themes can be reported. Unless otherwise stated, it should not be taken to mean that the rest of participants disagreed with the point; rather others either did not comment or did not have a strong opinion on the question.

Generalization	Interpretation
Few	Few is used when less than 10% of participants have responded with similar answers.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants respondents with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
Majority/Plurality	Majority or plurality are used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous/Almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

## Appendix C: Discussion guide

### Introduction

**Section time: 10 min / Cumulative time: 10 min**

Moderator introduces herself/himself and her/his role: role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest.

- The name of the firm the moderator works for, and the type of firm that employs them (i.e., an independent marketing research firm).
- I would like to acknowledge that I am joining from the traditional, unceded territory of the Algonquin Anishinaabe nation. I recognize that we are all joining from different places and encourage you to share the Indigenous traditional territory you are joining from as part of your introduction later.
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other.
- Results are confidential (to be kept secret or private) and reported all together/individuals are not identified/participation is voluntary.
- I also want to acknowledge the sensitive nature of our conversation today and to reassure you that you should feel completely at ease declining to answer any questions you prefer not to answer or to answer in the chat if you're more comfortable. What you share will be treated respectfully.
- The length of the session (1.5 hours).
- The presence of any observers, their role and purpose, and the means of observation (observers viewing and listening in remotely).
- The presence and purpose of any recording being made of the session.
- Confirm participants are comfortable with the platform and some of the specific settings such as: how to mute and unmute themselves; where the hand raise button is; and the chat box.
- As mentioned, when we invited you to participate in this discussion group, we're conducting research on behalf of Health Canada. The purpose is to explore issues related to health care in Canada.

Moderator will go around the table and ask participants to introduce themselves.

Introduction of participants: To get started, please tell us your first name, where you are joining us from, and one of your favourite interests or hobbies.



## Awareness and understanding of addiction

Section time: 10 min / Cumulative time: 20 min

- What does the term ‘substance use’ mean to you? Please use the chat box to record your answer. You can share it with “everyone”. For those who can’t use the chat box, I will ask for your answer verbally in sequence.
  - Is all substance use negative? Do you see any benefits?
- What does the term ‘addiction’ mean to you? Again, please use the chat box to record your answer.

Today we will be talking about substance use. When we say substance use, we mean consuming things like alcohol and drugs. This can include taking both legal and illegal drugs. Substance use is different for everyone and can be viewed on a spectrum with different stages of benefit and harm. Some stages of the substance use spectrum are beneficial (like taking medication as prescribed or ceremonial/religious use of tobacco (such as smudging), some substance use can be lower risk (such as drinking following the low-risk alcohol guidelines or using cannabis according to the lower-risk cannabis use guidelines). Some patterns of use can become more harmful (like binge drinking, use of illegal drugs, increasing quantity and frequency or combining multiple substances) and at the end of the spectrum, addiction, also known as substance use disorder, can occur if someone uses substances to a level that is harming themselves or others but they can’t stop even if they want to.

## Understanding of opioids and overdoses

Section time: 15 min / Cumulative time: 35 min

I would like to spend a bit of time to get a better understanding about your knowledge of opioids.

- [Hands up] How many of you are familiar with the term opioids? What do you know about opioids? Where did you get that knowledge?
  - [Moderator to show opioids chart on screen and read the following description.] Opioids can be prescribed medications (like codeine, morphine, oxycodone) but are also illegally produced and sold (like heroin, illegally produced fentanyl and other counterfeit pills containing opioids) and can be present in other non-opioid illegal drugs (tainted).
- Do you think you could recognize the signs or symptoms of an opioid overdose?
- Would you know what to do if you thought someone was experiencing an opioid overdose?
  - What steps would you take? Would you call for help? Why or why not?
- [Hands up] Have you heard of Naloxone?
  - If so, would you be able to tell us what it is used for? Where would you find it?

- [Moderator may provide] Naloxone is a fast-acting drug used to temporarily reverse the effects of opioid overdoses. Take-home naloxone kits are available at most pharmacies. A prescription is not needed. Ask the pharmacist.
- [Hands up] Does anyone know what the Good Samaritan Drug Overdose Act is?
  - If so, do you have any thoughts on it? Do you think it is beneficial or not?
  - [Moderator may provide] The Good Samaritan Drug Overdose Act provides some legal protection for individuals who experience or witness an overdose and call 911 or their local emergency number for help. The Act can protect you from charges for possession of drugs and breach of conditions regarding simple possession of drugs. The Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The Act protects the person who seeks help, whether they stay or leave from the overdose scene before help arrives. The Act also protects anyone else who is at the scene when help arrives.

## Habits/views on substance/alcohol consumption

Section time: 10 min / Cumulative time: 45 min

I would like to take a little bit of time to get a better understanding of how substances, including alcohol, cannabis, prescribed opioids, or drugs obtained on the illegal market might be consumed. I want to remind everyone that the experiences and opinions shared here will remain completely confidential and no responses will ever be attributed to you personally.

- How would you describe the public's level of acceptance of the use of substances like these? Does it differ by substance? How so?
- What's your impression of how each of these substances are typically being used these days, if at all?
- And for each of these substances, why do you think it is that people consume or use it?
- What would be the threshold where use of one of these substances is at higher-risk or worrying? How does that threshold differ by substance, if at all?
- How comfortable are you discussing these substances among your circle of friends? Does it ever come up? What kinds of conversations are they?
- If you use any of these substances, do you think your consumption is higher, lower or the same in your peer group?
- To the best of your knowledge, what, if any, are the health effects and/or diseases associated with alcohol consumption?
- What do you think would motivate people to consume less alcohol?

## Awareness and understanding of stigma

Section time: 15 min / Cumulative time: 60 min

- [Chat] What does the word stigma mean to you? Please use the chat box to record your answer. You can share it with “everyone”. For those who can’t use the chat box, I will ask for your answer verbally in sequence.

So that we are all on the same page, substance use stigma refers to people being discriminated against and treated poorly because of their substance use (e.g., at a doctor’s office).

- Do you think that people who use drugs, or who have an addiction to alcohol or drugs are stigmatized? Why or why not?  
[If yes]
  - How do you think this stigma impacts them?
  - As far as you’re concerned, does stigma cause barriers for them in terms of reaching out for help? Why do you feel that way?
- What does substance use stigma look like to you?
- What do you think causes addiction?
- Would you say that recovery is possible for individuals who have an addiction? Why or why not?
- What do you think could help shift peoples’ perceptions about people with an addiction?

## Groups with Indigenous peoples

Section time: 25 min / Cumulative time: 85 min

- Do you get the sense that Indigenous peoples reach out for help for substance use more, less or with the same frequency than other populations? Why?  
[If less]
- What do you think is preventing Indigenous peoples from reaching out for help?
- If you were concerned that someone in your life had a substance use addiction, would you feel comfortable reaching out to them? Why or why not? And how would you talk to them?
- How would you support them or provide them the information they need to reach out for help?
- If you were looking for information on how to support someone with a substance use addiction, where would you look for information?

[Only if needed, probe]

- Online
- A phone call to a service
- Talk to friends/family
- Doctor/Healthcare provider

- A community member or Elder
- If you were concerned about your substance use and wanted information or support, where would you first look for it?

[Only if needed, probe]

- Government of Canada website
  - Online
  - A phone call to a service
  - Talk to friends/family
  - Doctor/Healthcare provider
  - A community member or Elder
- [If more prompting is needed] If you needed to talk to someone, who would this person be?
- [Only if needed, probe]
- Anonymously with a trained professional?
  - Family?
  - A doctor or another health care provider?
  - A community member or Elder?
- Do you think that the Government of Canada is a trustworthy source for information about how to get help or support for substance use?
- What type of information would you like to get about substance use and addiction from the Government of Canada?

[Only if needed, probe]

- Would it be about how to reduce substance use harms?
  - Would it be about how to reach out for help or providing support to someone struggling with substance use and addiction?
- Are there any topics about substance use and addiction that you would like to receive from the Government of Canada or partners that would be helpful? Are there any other ways that the Government of Canada could share information about substance use and addiction with Indigenous peoples that would be useful?
- Translate into Indigenous languages?
  - Posters in community centres?
  - Printed material to take home?
  - Advertisements on popular websites or social media?

## Groups with Male labourers

Section time: 25 min / Cumulative time: 85 min

- What are some of the factors that you think may be contributing to more people in physically demanding jobs (whose work involves physical labour) experiencing substance use and addiction?
- Do you think men working in this type of job would reach out for help if they were worried about their substance use? Why or why not?
  - [If not] What would keep men from asking for help about their substance use?
- Is there anyone you think they would avoid telling? Do you think they would tell their supervisor or work colleagues? Why or why not?
- What do you think would be their preferred way of accessing help?
- And where do you think they would be looking for information or help?
  - Their workplace
  - Their doctor's office
  - Family or friends
  - Advertising, online, on social media
  - Another source? If so, what would that source be?
- What should be in place to help support men working in physically demanding jobs who may be worried about their substance use?
- If someone in your life had a substance use addiction, would you feel comfortable reaching out to them? Why or why not? How would you talk to them?
- How would you support them or provide them the information they need to reach out for help?
- Are there any other ways that the Government of Canada could share information about substance use and addiction with Male labourers that would be useful?
  - Posters on job sites - private area (bathroom) vs. more public?
  - Printed material to take home - discuss where to get it from? Family doctor? Community Centre?
  - Advertisements on popular websites
  - Use of social media tools

[Moderator may provide the following definition] Chronic pain is defined as pain that continues for longer than three months.

- From your perspective, how common is chronic pain for men working in physically demanding jobs? What would be the impact of chronic pain in these men's ability to work and fully participate in daily activities?
- From your perspective, what treatments are currently available for people who live with chronic pain? How easy is it for men in the trade to access these services?
- What do you see as being needed to help ensure individuals have access to the medications they require for chronic pain? What is needed to ensure access to other types of therapies?

## Conclusion

**Section time: 5 min / Cumulative time: 90 min**

[Moderator to request additional questions are sent via the chat box directly to the moderator and probe on any additional areas of interest.]

- This concludes what we needed to cover today/tonight. We really appreciate you taking the time to share your views. Your input is very important and will be treated confidentially.
- One thing I would like to note is that you may have noticed I never used the word substance abuse or addict. As we have discussed, there is a lot of stigma surrounding addiction and we are trying to change the way we speak about addiction to make people feel less to blame for this legitimate medical condition.
- As a disclaimer, Health Canada wants to ensure you are aware that consuming any illegal drug could potentially put someone at risk of an opioid overdose.
- And, again, all of your responses will be kept confidential.

## Appendix D: Recruitment screener

### Online focus group summary

- Ten groups total.
- Recruit 10 participants per group.
- Groups are 90 minutes long.
- Participants must have high speed internet access and a webcam.
- In each group, must meet minimum number of participants from each city/town/region identified:
  - For Atlantic Canada, residents are of Fredericton, Moncton and Halifax.
  - For Quebec, residents are of Montreal and Quebec City.
  - For Ontario, residents are of Toronto, Guelph and Ottawa.
  - For Prairies and the North, residents are of Calgary, Edmonton, Saskatoon and the North.
  - For British Columbia, residents are of Vancouver (minimum of 2), Thompson-Cariboo region (minimum of 2), and the Fraser region (minimum of 2). From Thompson-Cariboo, prioritize residents of Lillooet, Merritt and North Thompson; and, from Fraser, prioritize residents of Surrey.
- For residents of official language minority communities (OLMCs), please fit in a group of their preferred language at a time convenient to them.
- In each region, one group is with Male labourers outside of construction and one group is with Indigenous respondents 18-59 years of age.
- Must ensure good mix of other demographics (age, income, education, etc.).

Group #	Audience	Region	Time
Wednesday, January 24, 2024			
1 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Atlantic Canada (EN)	4:00 pm ET/5:00 pm AT
2 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Quebec (FR)	6:00 pm ET
3 (DA)	Men (18+) in physically demanding jobs (outside of construction)	Ontario (EN)	6:00 pm ET
4 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Prairies/North (EN)	8:00 pm ET/6:00 pm CT/6:00 pm MT
5 (DA)	Men (18+) in physically demanding jobs (outside of construction)	British Columbia	8:00 pm ET/5:00 pm PT
Thursday, January 25, 2024			
6 (SC)	Indigenous respondents (18-59)	Atlantic Canada (EN)	4:00 pm ET/5:00 pm AT
7 (SC)	Indigenous respondents (18-59)	Quebec (FR)	6:00 pm ET
8 (DA)	Indigenous respondents (18-59)	Ontario (EN)	6:00 pm ET
9 (SC)	Indigenous respondents (18-59)	Prairies/North (EN)	8:00 pm ET/6:00 pm CT/6:00 pm MT
10 (DA)	Indigenous respondents (18-59)	British Columbia (EN)	8:00 pm ET/5:00 pm PT

Respondent's name: Interviewer:  
Respondent's phone number: (work) Date:  
Respondent's phone number: (cell) Validated:  
Respondent's email:

Hello/Bonjour, my name is \_\_\_\_\_ and I'm calling on behalf of Earncliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada, specifically for Health Canada. We are looking for people who would be willing to participate in an online discussion group about opioids (medicines and/or drugs generally used to manage pain) and alcohol that will last up to 90 minutes. Up to 10 participants will be taking part and for their time, participants will receive an honorarium of \$[INSERT AMOUNT]. May I continue?

Yes [Continue]  
No [Thank and terminate]

Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? [IF FRENCH, CONTINUE IN FRENCH OR ARRANGE A CALL BACK WITH FRENCH INTERVIEWER: Nous vous rappellerons pour mener cette entrevue de recherche en français. Merci. Au revoir].

Participation is voluntary and confidential. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is an open discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions? This will only take about 5 minutes.

Yes [Continue]  
No [Thank and terminate]

Monitoring text:

[Read to all]: "This call may be monitored or audio taped for quality control and evaluation purposes.

[Additional clarification if needed]:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we're asking the right questions to meet our clients' research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.



1. Do you or any member of your household work for...

	Yes	No
A public opinion or marketing research firm	1	2
A magazine or newspaper, online or print	1	2
A radio or television station	1	2
A public relations company	1	2
An advertising agency or graphic design firm	1	2
An online media company or as a blog writer	1	2
The government, whether federal, provincial, or municipal	1	2
The field of drug treatment	1	2
Law enforcement	1	2
The medical and/or pharmaceutical sector	1	2

[If “yes” to any of the above, thank and terminate]

2. Please indicate your gender. Do you identify as...?

A man	1	
A woman	2	
Gender diverse	3	
Prefer not to say	99	[Thank and terminate]

For the groups with Male labourers (groups 1-5), only those who identify as a man qualify.  
For the groups with Indigenous respondents (groups 6-10), all qualify.

3. Which province or territory do you live in?

Newfoundland and Labrador	1	[Thank and terminate]
Nova Scotia	2	[Continue for Atlantic Canada]
Prince Edward Island	3	[Thank and terminate]
New Brunswick	4	[Continue for Atlantic Canada]
Quebec	5	[Continue for Quebec]
Ontario	6	[Continue for Ontario]
Manitoba	7	[Thank and terminate]
Saskatchewan	8	[Continue for Prairies/North]
Alberta	9	[Continue for Prairies/North]
British Columbia	10	[Continue for British Columbia]
Yukon	11	[Continue for Prairies/North]
Nunavut	12	[Continue for Prairies/North]
Northwest Territories	13	[Continue for Prairies/North]
Prefer not to say	99	[Thank and terminate]

4. And in which of the following cities, towns, or regions, if any, do you live?

[If British Columbia at Q3]

Vancouver	1	[Minimum of 2 recruits]
Thompson-Cariboo		
Cariboo/Chilcotin	2	[Minimum of 2; Preference for: North Thompson, Lillooet, Merritt, Continue for BC]
100 Mile House	2	
North Thompson	2	
Lillooet	2	
South Cariboo	2	
Salmon Arm	2	
Kamloops	2	
Revelstoke	2	
Fraser		
Burnaby	3	[Minimum of 2; Preference for Surrey, Continue for BC]
Coquitlam	3	
Port Moody	3	
Port Coquitlam	3	
Maple Ridge	3	
Pitt Meadows	3	
Mission	3	
Abbotsford	3	
Delta	3	
Surrey	3	
South Surrey	3	
White Rock	3	
Langley	3	
Chilliwack	3	
Harrison Hot Springs	3	
Agassiz	3	
Other	77	[Thank and terminate]

[If Alberta at Q3]

Calgary	4	[Minimum of 2, Continue for Prairies/North]
Edmonton	5	[Minimum of 2, Continue for Prairies/North]
Other	77	[Thank and terminate]

[If Saskatchewan at Q3]

Saskatoon	6	[Minimum of 2, Continue for Prairies/North]
Other	77	[Thank and terminate]

[If Ontario at Q3]		
Guelph	7	[Minimum of 2, Continue for Ontario]
Toronto	8	[Minimum of 2, Continue for Ontario]
Ottawa	9	[Minimum of 2, Continue for Ontario]]
Other	77	[Thank and terminate]
[If Quebec at Q3]		
Montreal	10	[Minimum of 2, Continue for Quebec]
Quebec City	11	[Minimum of 2, Continue for Quebec]
Other	77	[Thank and terminate]
[If Nova Scotia at Q3]		
Halifax	12	[Minimum of 2, Continue for Atlantic Canada]
Other	77	[Thank and terminate]
[If New Brunswick at Q3]		
Fredericton	13	[Minimum of 2, Continue for Atlantic Canada]
Moncton	14	[Minimum of 2, Continue for Atlantic Canada]
Other	77	[Thank and terminate]
Nunavut	15	} [Minimum of 2, Continue for Prairies/North]
Northwest Territories	15	
Yukon	15	
Other	77	[Thank and terminate]
Prefer not to say	99	[Thank and terminate]

5. Are you an Indigenous person, that is, First Nations (Status or non-Status), Métis, or Inuk (Inuit)?

Yes	1	Continue
No	2	Go to Q8
Don't know/Prefer not to say	9	Thank and terminate

6. Are you First Nations, Métis, or Inuk (Inuit)? [Ensure good mix]

First Nations (North American Indian)	1	Continue
Métis	2	Go to Q9
Inuk (Inuit)	3	Go to Q9
Don't know/Prefer not to say	9	Thank and terminate

7. [Only First Nations] Do you live... [Ensure good mix]

On-reserve	1	Go to Q9
Off-reserve	2	Go to Q9
Other	3	Go to Q9
Don't know/Prefer not to say	9	Thank and terminate

8. [If not Indigenous at Q5, for Groups with men working in physically demanding jobs] To make sure that we speak to a diversity of people, could you please tell me what is your ethnic background? [Do not read, ensure good mix]

Caucasian	1	
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
Southeast Asian (i.e. Vietnamese, etc.)	7	
Arab	8	
West Asian (i.e. Iranian, Afghan, etc.)	9	
Korean	10	
Japanese	11	
Other (please specify)	12	
Don't know/Prefer not to say	99	Thank and terminate

9. Could you please tell me which of the following age categories you fall into? Are you...?  
[Ensure good mix]

18-19 years	1	
20-29 years	2	
30-39 years	3	
40-49 years	4	
50-59 years	5	
60+ years	6	
Prefer not to say	99	[Thank and terminate]

For the groups with Male labourers (groups 1-5), all ages qualify. For the groups with Indigenous respondents (groups 6-10), please thank and terminate participants 60+ years.

10. What is your current employment status?

Student (full time or part time)	1	Skip to Q14
Employed (full time or part time)	2	
Unemployed	3	Skip to Q14
Prefer not to say	9	[Thank and terminate]

Groups with Male labourers (groups 1-5), all must be employed.

11. In which of the following jobs or industries do you work, if any? [Ensure good mix]

- i. Trades, transport and equipment operators and related occupations including:
    - a. Maintenance and equipment operation
    - b. Installers, repairers, materials handlers
    - c. Transport and heavy equipment operation and related maintenance occupations
  - ii. Natural resources, agriculture and related production, including:
    - a. Mining, oil and gas service workers, operators and labourers
    - b. Machining, metal forming, shaping and erecting trades
    - c. Logging and forestry workers
    - d. Agriculture and horticulture workers
    - e. Other workers in fishing, trapping and hunting occupations
    - f. Harvesting labourers
    - g. Landscaping and grounds maintenance labourers
  - iii. Manufacturing and utilities including:
    - a. Machine operators and production workers
    - b. Assemblers
    - c. Labourers
  - iv. EXCLUDE: Construction/General labourer including:
    - a. Contractors and supervisors, industrial, electrical and construction trades and related workers
    - b. Electrical trades and electrical power line and telecommunications workers
    - c. Plumbers, pipefitters and gas fitters
    - d. Carpenters and cabinetmakers
    - e. Masonry and plastering trades
    - f. Other construction trades
    - g. Trades helpers, construction labourers and related occupations
  - v. Other
  - vi. Prefer not to say [Thank and terminate]
- For groups with Male labourers, please exclude those who work in iv. Construction/General labourer. For groups with Indigenous respondents, we can accept anyone working in any of these professions.

12. [If yes to Q11 i, ii, iii) Are you a manager/supervisor, or do you work in a clerical position?

Yes	1	
No	2	
Prefer not to say	99	[Thank and terminate]

Please limit the number of managers/supervisors/clerical workers.

13. Are you a member of a union?

Yes	1	
No	2	
Prefer not to say	99	[Thank and terminate]

14. What is the last level of education that you have completed? [Ensure good mix]

Some high school	1	
Completed high school	2	
Some vocational studies	3	
Completed vocational studies (without high school diploma)	4	
Completed vocational studies (with high school diploma)	5	
Some college/university	6	
Completed college/university	7	
Prefer not to say	99	[Thank and terminate]

15. Which of the following categories best describes your total household income; that is, the total income of all persons in your household combined, before taxes? [Read list] [Ensure good mix]

Under \$20,000	1	
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
Prefer not to say	9	[Thank and terminate]

This research will require participating in a video call online.

16. Do you have access to a computer, smartphone or tablet with high-speed internet which will allow you to participate in an online discussion group?

Yes	1	
No	2	[Thank and terminate]

17. Does your computer/smartphone/tablet have a camera that will allow you to be visible to the moderator and other participants as part of an online discussion group?

Yes	1	
No	2	[Thank and terminate]

18. Do you have a personal email address that is currently active and available to you?

Yes	1	[Please record email]
No	2	[Thank and terminate]

19. Have you participated in a discussion or focus group before? A discussion group brings together a few people to understand their opinion about a given subject.

Yes	1	[Max 1/3 per group]
No	2	[Go to Q22]

DK/NR	99	[Thank and terminate]
-------	----	-----------------------

20. When was the last time you attended a discussion or focus group?

If within the last 6 months	1	[Thank and terminate]
If not within the last 6 months	2	
DK/NR	99	[Thank and terminate]

21. How many of these sessions have you attended in the last five years?

If 4 or less	1	
If 5 or more	2	[Thank and terminate]
DK/NR	99	[Thank and terminate]

Invitation:

22. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you...? [Read list]

Very comfortable	1	[Minimum 4 per group]
Fairly comfortable	2	
Comfortable	3	
Not very comfortable	4	[Thank and terminate]
Not at all comfortable	5	[Thank and terminate]
DK/NR	99	[Thank and terminate]

23. Sometimes participants are asked to read text, review images, or type out answers during the discussion. Is there any reason why you could not participate?

Yes	1	[Ask 23a]
No	2	[Go to Q24]
DK/NR	9	[Thank and terminate]

23a. Is there anything we could do to ensure that you can participate?

Yes	1	[Ask 23b]
No	2	[Thank and terminate]
DK/NR	9	[Thank and terminate]

23b. What specifically? [Open end]

[Interviewer to note for potential one-on-one interview]

24. Based on your responses, it looks like you have the profile we are looking for. I would like to invite you to participate in a small group discussion, called an online focus group, we are conducting at [time], on [date].

As you may know, focus groups are used to gather information on a particular subject matter; in this case, the discussion will touch on your views related to health-related topics

that may impact Canadians. The discussion will consist of up to 10 people and will be very informal.

It will last up to up to 90 minutes and you will receive \$[Insert amount] as a thank you for your time. Would you be willing to attend?

Yes	1	[Recruit]
No	2	[Thank and terminate]
Don't know/Prefer not to say	9	[Thank and terminate]

#### Privacy questions

Now I have a few questions that relate to privacy, your personal information, and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

- P1. First, we will be providing a list of respondents' first names and profiles (screener responses) to the moderator so that they can sign you into the group. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	[Go to P2]
No	2	[Go to P1a]

We need to provide the first names and background of the people attending the focus group because only the individuals invited are allowed in the session and this information is necessary for verification purposes. Please be assured that this information will be kept strictly confidential. Go to P1a

- P1a. Now that I've explained this, do I have your permission to provide your first name and profile?

Yes	1	[Go to P2]
No	2	[Thank and terminate]

- P2. A recording of the group session will be produced for research purposes. The recordings will be used by the research professional to assist in preparing a report on the research findings and may be used by the Government of Canada for internal reporting purposes.

Do you agree to be recorded for research and reporting purposes only?

Yes	1	[Thank and go to P3]
No	2	[Read info below and go to P2a]

It is necessary for the research process for us to record the session as the researchers need this material to complete the report.



P2a. Now that I've explained this, do I have your permission for recording?

- Yes 1 [Thank and go to P3]
- No 2 [Thank and terminate]

P3. It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups online. They will be there simply to hear your opinions firsthand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

Do you agree to be observed by Government of Canada employees?

- Yes 1 [Thank and go to invitation]
- No 2 [Thank and terminate]

Invitation:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place on [date] at [time] for up to 90 minutes.

Group #	Audience	Region	Time
Wednesday, January 24, 2024			
1 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Atlantic Canada (EN)	4:00 pm ET/5:00 pm AT
2 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Quebec (FR)	6:00 pm ET
3 (DA)	Men (18+) in physically demanding jobs (outside of construction)	Ontario (EN)	6:00 pm ET
4 (SC)	Men (18+) in physically demanding jobs (outside of construction)	Prairies/North (EN)	8:00 pm ET/6:00 pm CT/6:00 pm MT
5 (DA)	Men (18+) in physically demanding jobs (outside of construction)	British Columbia	8:00 pm ET/5:00 pm PT
Thursday, January 25, 2024			
6 (SC)	Indigenous respondents (18-59)	Atlantic Canada (EN)	4:00 pm ET/5:00 pm AT
7 (SC)	Indigenous respondents (18-59)	Quebec (FR)	6:00 pm ET
8 (DA)	Indigenous respondents (18-59)	Ontario (EN)	6:00 pm ET
9 (SC)	Indigenous respondents (18-59)	Prairies/North (EN)	8:00 pm ET/6:00 pm CT/6:00 pm MT
10 (DA)	Indigenous respondents (18-59)	British Columbia (EN)	8:00 pm ET/5:00 pm PT

We ask that you login a few minutes early to be sure you are able to connect and to test your sound (speaker and microphone). If you require glasses for reading, please make sure you have them handy as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at [insert phone number] at our office. Please ask for [name]. Someone will call you in the days leading up to the discussion to remind you.

So that we can call you to remind you about the discussion group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name:

Last name:

Email:

Daytime phone number:

Evening phone number:

If the respondent refuses to give his/her first or last name, email or phone number please assure them that this information will be protected in accordance with the Privacy Act and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse, thank and terminate.

\*IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly. For more information, the collection of your personal information is described in Info Source at <https://www.oic-ci.gc.ca/en/info-source>. Refer to the personal information bank (PIB) [PSU 914 – Public Communications](#).

## Appendix E: Survey questionnaire

### SURVEY QUESTIONNAIRE

#### Health Canada Follow-up Survey on Opioids

**PROGRAMMING NOTES:**  
**SECTION TITLES SHOULD NOT APPEAR ON SCREEN FOR RESPONDENTS.**  
**DO NOT PRESENT QUESTION NUMBERS ON SCREEN FOR RESPONDENTS.**  
**INCLUDE A PROGRESS BAR.**  
**ALL QUESTIONS ARE MANDATORY, BUT INCLUDE A DON'T KNOW AND/OR A PREFER NOT TO ANSWER OPTION**

#### Initial Panel-member Landing Page

---

Thank you for agreeing to take part in this short survey on opioids and alcohol. We anticipate that the survey will take approximately 15 minutes to complete.

**[NEXT]**

Alternativement, pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

#### Intro Page All Respondents

---

##### **Background information**

This research is being conducted by Earncliffe Strategies, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to assess the knowledge, attitudes, and behaviours of Canadians when it comes to opioids (medicines and/or drugs generally used to manage pain) and alcohol. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions regarding opioids and alcohol.

##### **How does the online survey work?**

- a. You are being asked to offer your opinions and experiences related to opioids through an online survey.
- b. We anticipate that the survey will take 15 minutes to complete.
- c. Your participation in the survey is completely voluntary.
- d. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

##### **What about your personal information?**

- a) The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.

- b) **Purpose of collection:** We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; no attempt will be made to identify you based on information provided.
- c) **For more information:** This personal information collection is described in the standard personal information bank [Public Communications – PSU 914](#), in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- d) **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information.'. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

### **What happens after the online survey?**

The final report written by Earncliffe Strategies will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earncliffe Strategies at [info@earncliffe.ca](mailto:info@earncliffe.ca).

Your help is greatly appreciated, and we look forward to receiving your feedback.

**[CONTINUE]**

## **Section 1: Initial Screening**

1. What gender do you identify with?

- |                       |   |
|-----------------------|---|
| Male                  | 1 |
| Female                | 2 |
| Other gender identity | 3 |
| Prefer not to answer  | 9 |

2. In what year were you born?

[INSERT YEAR]

3. Which of the following provinces or territories do you live in?

- |                           |   |
|---------------------------|---|
| Newfoundland and Labrador | 1 |
| Nova Scotia               | 2 |
| Prince Edward Island      | 3 |
| New Brunswick             | 4 |
| Quebec                    | 5 |
| Ontario                   | 6 |
| Manitoba                  | 7 |
| Saskatchewan              | 8 |
| Alberta                   | 9 |

British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to say [TERMINATE]	99
4. Do you identify as any of the following? [SELECT ALL THAT APPLY]	
An Indigenous person, that is First Nations, Métis, or Inuk (Inuit)	1
A member of an ethno-cultural or a visible minority group	2
A member of the 2SLGBTQI+ community	3
None of the above	4
Prefer not to answer	99
5. What is your current employment status?	
Student/Apprentice	1
Employed	2
Unemployed	3
Prefer not to say	99
6. [ALL EXCEPT UNEMPLOYED AT Q5] In which of the following jobs or industries do you work, if any?	
Trades, transport and equipment operators and related occupations including:	1
Maintenance and equipment operation	
Installers, repairers, materials handlers	
Transport and heavy equipment operation and related maintenance occupations	
Natural resources, agriculture and related production, including:	2
Mining, oil and gas service workers, operators and labourers	
Machining, metal forming, shaping and erecting trades	
Logging and forestry workers	
Agriculture and horticulture workers	
Other workers in fishing, trapping and hunting occupations	
Harvesting labourers	
Landscaping and grounds maintenance labourers	
Manufacturing and utilities including:	3
Machine operators and production workers	
Assemblers	
Labourers	
Construction/General labourer including:	4
Contractors and supervisors, industrial, electrical and construction trades and related workers	
Electrical trades and electrical power line and telecommunications workers	
Plumbers, pipefitters and gas fitters	
Carpenters and cabinetmakers	
Masonry and plastering trades	
Other construction trades	
Trades helpers, construction labourers and related occupations	

Other	98
Prefer not to say	99

**MALES WORKING IN PHYSICALLY DEMANDING JOBS: Q1=1 AND Q6=1 THRU 4**

RESPONDENTS AGED 16 TO 24 PROCEED TO Q12

7. [IF AGED 25 OR OLDER] Are you a parent or legal guardian of a child that is under 18 years old? If so, please indicate whether you have a child in each of the following age categories. Please select all that apply. [SELECT ALL WITH NONE/PNS MUTUALLY EXCLUSIVE]

None  
Under 13 years of age  
13-15 years of age  
16-17 years of age  
Prefer not to say

IF NO CHILDREN AGED 13-15 OR 16-17 ASSIGN TO GENPOP, SKIP TO Q12

IF RESPONDENT HAS A CHILD 13-15 AND/OR A CHILD 16-17, RANDOMLY ASSIGN TO ONE OF GENPOP (AND SKIP TO Q12); YOUTH 13-15 (AND ADVANCE TO PARENT CONSENT PAGE); OR YOUTH 16-17 (AND ADVANCE TO PARENT CONSENT PAGE)

**IF SELECTED FOR YOUTH INTERVIEW: Parent Consent Page**

We would like to include your teenager aged [INSERT 13-15/16-17 AS APPROPRIATE] in this very important study and are asking your permission to include them in our sample.

- a) Yes       NEXT SCREEN  
b) No        TERMINATE

**Background information**

This research is being conducted by Earncliffe Strategies, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to assess the knowledge, attitudes, and behaviours of Canadians when it comes to opioids and alcohol. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions regarding opioids and alcohol.

**How does the online survey work?**

- e. Your child is being asked to offer his/her opinions and experiences related to opioids and alcohol through an online survey.
- f. We anticipate that the survey will take 15 minutes to complete.
- g. Your child's participation in the survey is completely voluntary.
- h. Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

### What about your child's personal information?

- e) The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- f) **Purpose of collection:** We require your child's personal information such as demographic information to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.
- g) **For more information:** This personal information collection is described in the standard personal information bank [Public Communications – PSU 914](#), in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- h) **Your rights under the *Privacy Act*:** Your personal information will be protected in accordance with the *Privacy Act*. In addition, you have the right to file a complaint with the Privacy Commissioner of Canada if you think your child's personal information has been handled improperly.

### What happens after the online survey?

The final report written by Earncliffe Strategies will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earncliffe Strategies at [info@earncliffe.ca](mailto:info@earncliffe.ca).

Please click next once the youth respondent is ready to participate. [ROUTE TO APPLICABLE BACKGROUND INFORMATION FOR TEEN]

[CONTINUE]

[Youth Landing Page](#)

---

Your parent or guardian has suggested that you might agree to take part in this short survey on opioids and alcohol. We anticipate that the survey will take approximately 15 minutes to complete. Please click "NEXT" if you would like to continue.

[NEXT]

Alternativement, pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

### Background information

This research is being conducted by Earncliffe Strategies, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to assess the knowledge, attitudes, and behaviours of Canadians when it comes to opioids and alcohol. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions regarding opioids and alcohol.

[**YOUTH 13-15 ONLY:** Your parent or legal guardian has given permission for you to participate in this very important study.]

[**YOUTH 16-17 ONLY:** Your parent or legal guardian has agreed to let us invite you to participate in this very important study.]

Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do! You can do the survey on your computer, laptop, tablet or phone. You can stop at any time if you feel uncomfortable, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions, and once you complete the questionnaire, it is locked. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

### **How does the online survey work?**

- i. You are being asked to offer your opinions and experiences related to opioids through an online survey.
- j. We anticipate that the survey will take 15 minutes to complete.
- k. Your participation in the survey is completely voluntary.
- l. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

### **What about your personal information?**

- i) The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- j) **Purpose of collection:** We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; no attempt will be made to identify you based on information provided.
- k) **For more information:** This personal information collection is described in the standard personal information bank [Public Communications – PSU 914](#), in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- l) **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

### **What happens after the online survey?**

The final report written by Earncliffe Strategies will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earncliffe Strategies at [info@earncliffe.ca](mailto:info@earncliffe.ca).

Your help is greatly appreciated, and we look forward to receiving your feedback.

[CONTINUE]



## Section 2: Youth Screening

8. What gender do you identify with?

Male	1
Female	2
Other gender identity	3
Prefer not to answer	9

9. In what year were you born?

[INSERT YEAR]

10. Which of the following provinces or territories do you live in?

Newfoundland and Labrador	1
Nova Scotia	2
Prince Edward Island	3
New Brunswick	4
Quebec	5
Ontario	6
Manitoba	7
Saskatchewan	8
Alberta	9
British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to say [TERMINATE]	99

11. Do you identify as any of the following? [SELECT ALL THAT APPLY]

An Indigenous person, that is First Nations, Métis, or Inuk (Inuit)	1
A member of an ethno-cultural or a visible minority group	2
A member of the 2SLGBTQI+ community	3
None of the above	4
Prefer not to answer	99

**INDIGENOUS:** Q4=1 OR Q11=1

**ETHNIC OR RACIALIZED COMMUNITY:** Q4=2 OR Q11=2

### Section 3: Drug Use Screening

The next questions are about what drugs or medicines you may have taken in the past year.

12. Have you taken any of the following?

Generic name	Trade name (examples)	Street names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2,3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Abstral®, Duragesic®, Onsolis®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

- Have taken in the past year ["OPIOID USER"] 1
- Have taken, but not in the past year ["PAST OPIOID USER"] [SKIP TO Q14] 2
- Have never taken [SKIP TO Q14] 3
- Prefer not to say [SKIP TO Q14] 8
- Don't know [SKIP TO Q14] 9

[IF Q12=1 (OPIOID USERS), ASK Q13]

13. When you took any of these drugs or medicines in the past year, did you?

- Always have a prescription in your name ["PERSON WHO USES OPIOIDS LEGALLY"] 1
- Usually have a prescription in your name ["PERSON WHO USES OPIOIDS ILLEGALLY"] 2
- Sometimes have a prescription in your name ["PERSON WHO USES OPIOIDS ILLEGALLY"] 3
- Rarely have a prescription in your name ["PERSON WHO USES OPIOIDS ILLEGALLY"] 4
- Never have a prescription in your name ["PERSON WHO USES OPIOIDS ILLEGALLY"] 5
- Prefer not to say 8
- Don't know 9

**[PERSON WHO USES OPIOIDS: Q12=1. PERSON WHO USED OPIOIDS IN THE PAST: Q12=2. PERSON WHO USES OPIOIDS LEGALLY: Q13=1. PERSON WHO USES OPIOIDS ILLEGALLY: Q13=2 THRU 5.]**

14. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Not Applicable / Have never asked for this	0
Yes	1
No	2
Prefer not to say	8
Don't know	9

15. Have you taken any of the following? (RANDOMIZE)

- a) Heroin (such as smack, H, skag, junk)
- b) Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angie)
- c) Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)
- d) Methamphetamine (such as meth, crystal meth, crank, speed)

Have taken in the past year	1
Have taken, but not in the past year	2
Have never taken	3
Prefer not to say	8
Don't know	9

**[ILLEGAL DRUG USER: Q13=2 THRU 5 OR Q15A=1 OR Q15B=1 OR Q15C=1 OR Q15D=1.]**

## Section 4: Awareness, Impressions and Basic Understanding

16. Which of these best describes your level of understanding about what an opioid is?

I had never heard the term “opioid” before this survey	1
I don't really know what an opioid is	2
I might know what an opioid is, but I'm unsure	3
I am pretty sure I know what an opioid is	4
I am certain I know what an opioid is	5
Don't know	8
Prefer not to say	9

Opioids are medicines and/or drugs generally used to manage pain. Opioids can be prescribed medications or they can also be produced or obtained illegally.

For the purposes of this survey, opioids refers to any of the following:

Generic name	Trade name (examples)	Street names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems

Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2, 3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Abstral®, Duragesic®, Onsolis®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

17. How familiar are you with these types of opioids?

- Not at all familiar with any 1
- No more than a little familiar with at least one 2
- Somewhat familiar with at least one 3
- Very familiar with at least one 4
- Don't know 8
- Prefer not to say 9

18. In thinking about the types of opioids included in this list, is it your impression that...

- None of these drugs are dangerous 1
- A few are dangerous 2
- About half are dangerous 3
- Most are dangerous 4
- All are dangerous 5
- Don't know 8
- Prefer not to say 9

19. How familiar, if at all, would you say you are with fentanyl?

- Not at all familiar 1
- Not very familiar 2
- Somewhat familiar 3
- Very familiar 4
- Don't know 8
- Prefer not to say 9

20. [IF Q19>1] To the best of your knowledge, how dangerous, if at all, is fentanyl?

Not at all dangerous	1
Not very dangerous	2
Somewhat dangerous	3
Very dangerous	4
Don't know	8
Prefer not to say	9

21. Based on your impressions, how dangerous, if at all, would you say opioids are for each of the following? [RANDOMIZE]

- a) You, personally
- b) People who use opioids prescribed for them and taken as prescribed
- c) People who use opioids prescribed for someone else (friends, parents...)
- d) People who use opioids obtained on the street
- e) People who use illegal drugs such as heroin, cocaine, methamphetamines and/or ecstasy
- f) Teens
- g) Young adults
- h) Seniors

Not at all dangerous	1
Not very dangerous	2
Somewhat dangerous	3
Very dangerous	4
Don't know	8
Prefer not to say	9

22. When you hear the term, "illegal opioids" which, if any, of the following do you think it means? Please check all that apply.

Prescription opioids not prescribed to you (shared prescription)	1
Opioids obtained on the street	2
Other, please specify:	3
Don't know	8
Prefer not to say	9

23. How aware, if at all, would you say you are of Canada's opioid crisis?

Not at all aware [SKIP TO Q27]	1
Not very aware	2
Somewhat aware	3
Very aware	4
Don't know	8
Prefer not to say	9

24. How serious, if at all, would you say the opioid crisis is in Canada?

Not at all serious	1
Not very serious	2
Somewhat serious	3
Very serious	4
Don't know	8
Prefer not to say	9

25. Based on your impressions, how serious, if at all, would you say the opioid crisis is in your community?

Not at all serious	1
Not very serious	2
Somewhat serious	3
Very serious	4
Don't know	8
Prefer not to say	9

26. There are approximately 20 opioid-related overdose deaths in Canada every day. Which term do you think is the clearest way to describe this situation:

Opioid overdose crisis	1
Opioid crisis	2
Toxic supply and overdose crisis	3
Drug overdose crisis	4
Overdose crisis	5
Toxic drug crisis	6
Drug poisoning crisis	7
Other (SPECIFY)	8
Don't know	8
Prefer not to say	9

27. To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, do you think there is a risk is that the drug might be laced with an opioid like fentanyl?

No risk at all	1
Not very much risk	2
Some risk	3
High risk	4
Don't know	8
Prefer not to say	9

28. How much do you agree or disagree with the following statements about Naloxone?  
[RANDOMIZE]

- a) I know where to get naloxone
- b) I know what naloxone is and what it is used for
- c) I would know how to administer naloxone if I needed to

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know	8
Prefer not to say	9

### Section 5: Attitudes Relating to Behaviours, Risk and Harms

29. When you hear the terms “opioid use disorder” and “opioid addiction”, would you say you feel that they are exactly the same thing, basically the same thing, or different things?

Exactly the same thing	1
Basically the same thing	2
Different things	3
Don't know	8
Prefer not to say	9

30. Please indicate how strongly you agree or disagree with each of the following statements.  
[RANDOMIZE]

- a) I understand why opioids are dangerous
- b) If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)
- c) I would know what to do if I saw a person experiencing an overdose
- d) I think I'd be able to identify signs of an opioid overdose if faced with them
- e) I think I'd be able to identify signs of an opioid use disorder (addiction)

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know	8
Prefer not to say	9

## Section 6: Attitudes Regarding Stigma

31. Please indicate how strongly you agree or disagree with each of the following statements.  
[ASK ALL RESPONDENTS ITEMS a, b, c, e, and k. RANDOMLY SELECT AN ADDITIONAL 15 OF THE 18 ITEMS d, f THRU j, l THRU w. RANDOMIZE ALL ITEMS TO BE ASKED.]

- a) [ASK ALL] I don't have much sympathy for people who misuse opioids
- b) [ASK ALL] People who overdose on opioids get what they deserve
- c) [ASK ALL] A lack of self-control is usually what causes a dependence on, or an addiction to, opioids
- d) People who are dependent on or addicted to opioids could stop taking them if they really wanted to
- e) [ASK ALL] Addiction to opioids is a disease
- f) We should be using more of our health care resources for dealing with addictions to drugs
- g) If I were prescribed an opioid, I would not want my friends or family to know that
- h) If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help
- i) People who have an opioid use disorder (addiction) deserve the help they need to lead a healthy lifestyle
- j) [ASK ALL] The opioid crisis in Canada is a public health issue
- k) You can become addicted to opioids, even if you follow your doctor's instructions
- l) It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)
- m) People who live with any drug addiction are dangerous and/or untrustworthy
- n) Society is not very friendly toward people living with a drug addiction
- o) I think my friends or family would feel comfortable telling me they were living with a drug addiction
- p) Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment
- q) I think people living with a drug addiction can recover
- r) I negatively judge people who are living with a drug addiction
- s) People living with a drug addiction should be cut off from services if they don't try to help themselves
- t) People living with a drug addiction cost the system too much money
- u) If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help
- v) [PARENTS OF YOUTH 13-15 ONLY] If I were ever to feel my teen were living with a drug addiction, I would know how to get help

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know	8
Prefer not to say	9



## Section 7: Risk Behaviour Profiling

Generic name	Trade name (examples)	Street names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2,3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Abstral®, Duragesic®, Onsolis®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

32. Please indicate whether any of the following are true or false, to the best of your knowledge or recollection. [RANDOMIZE]

- At least one friend or family member has been prescribed one of these drugs
- At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street
- I have known someone who has had a non-fatal overdose of one of these drugs
- I have known someone who died of an overdose of one of these drugs
- I have known someone who became addicted to one of these drugs
- [ASK PARENTS OF YOUTH 13-15 ONLY] I have a teen child who has been prescribed one of these drugs in the past year

True	1
False	2
Don't know	8
Prefer not to say	9

## OPIOID USERS SECTION

Generic name	Trade name (examples)	Street names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2,3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Abstral®, Duragesic®, Onsolis®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

33. [IF OPIOID USER OR PAST OPIOID USER] You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) you started using opioids? Check all that apply. [RANDOMIZE. SELECT ALL THAT APPLY]

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5
- To manage pain resulting from a medical procedure (e.g., surgery) 6
- Other (please specify) 7
- Don't know 8
- Prefer not to say 9

34. [IF OPIOID USER] What is the primary reason(s) for using opioids today? Check all that apply. [RANDOMIZE IN SAME ORDER AS PREVIOUS. SELECT ALL THAT APPLY]

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5

To manage pain resulting from a medical procedure (e.g., surgery)	6
Other (please specify)	7
Don't know	8
Prefer not to say	9
35. [IF USED OPIOIDS TO MANAGE PAIN] Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
36. [IF Q35= YES] Did this difference make you feel any better or worse about how you were being treated?	
I felt better about how I was being treated	1
No impact on how I felt I was being treated	2
I felt worse about how I was being treated	3
Don't know	8
Prefer not to say	9
37. [IF OPIOID USER OR PAST OPIOID USER] You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital...?	
Never	1
Rarely	2
Sometimes	3
Usually	4
Always	5
Don't know	8
Prefer not to say	9
38. [IF Q37>1 (Rarely, Sometimes, Usually, Always)] When you had opioids prescribed to you, would you say you stored them....?	
In a location that could only be accessed by you	1
In a location that could be accessed by others	2
Don't know	8
Prefer not to say	9

39. [IF Q37>1 (Rarely, Sometimes, Usually, Always)] When you had opioids prescribed to you, what did you do with leftover pills/patches/liquids? Check all that apply. [SELECT ALL THAT APPLY]

Does not apply, had no leftover pills/patches/liquids	0
Returned to pharmacy, hospital or doctor	1
Gave them to someone who needed them	2
Flushed them or disposed of them in garbage	3
Saved them in case I need them again	4
Did something else with them	5
Don't know	8
Prefer not to say	9

40. [IF Q37<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Once or twice	1
A few times	2
Many times	3
Almost daily	4
Daily	5
Don't know	8
Prefer not to say	9

41. [IF Q37<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed to you, where did you get them? Check all that apply. [SELECT ALL THAT APPLY]

A friend's or relative's prescribed opioid	1
On the street	2
The Internet	3
Other: [SPECIFY]	4
Don't know	8
Prefer not to say	9

42. [IF Q37<5 (Never, Rarely, Sometimes, Usually)] When you had opioids that were not prescribed for you, for what reason(s) did you take them? [SELECT ALL THAT APPLY]

Pain relief	1
To try it out/see what it felt like	2
For the feeling it causes	3
To get high	4
To manage stress or mental health	5
Other (Please specify: [TEXT BOX])	8
Don't know	8
Prefer not to say	9

43. [IF Q37<5 (Never, Rarely, Sometimes, Usually)] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Definitely would not	1
Probably would not	2
Probably would	3
Definitely would	4
Don't know	8
Prefer not to say	9

44. [IF OPIOID USER OR PAST OPIOID USER] How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Never	1
Rarely	2
Sometimes	3
Usually	4
Always	5
Don't know	8
Prefer not to say	9

45. [IF Q44=2 THRU 5) Which of the following have you taken in addition to an opioid? Check all that apply. [RANDOMIZE]

Alcohol	1
Cannabis	2
Methamphetamine	3
Benzos	4
Cocaine	5
Other [SPECIFY]	7
Don't know	8
Prefer not to say	9

46. Have you ever taken more than one of the following at the same time: alcohol, cannabis, methamphetamine, benzos or cocaine?

Yes	1
No	2
Don't know	8
Prefer not to say	9

47. How familiar, if at all, would you say you are with the risks associated with taking multiple drugs or/and alcohol at the same time?

Not at all familiar	1
Not very familiar	2
Somewhat familiar	3
Very familiar	4
Don't know	8

Prefer not to say	9
48. [IF OPIOID USER OR PAST OPIOID USER] Have you ever sought treatment for an opioid use disorder (opioid addiction)?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
49. [IF Q32F=1 (PARENT OF 13-15 YEAR-OLD WHO USES OPIOIDS LEGALLY)] You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
50. [IF Q32F>1 (PARENT OF 13-15 YEAR-OLD WHO HAS NOT BEEN PRESCRIBED OPIOID IN THE PAST YEAR)] To the best of your knowledge, has your teen ever been prescribed an opioid?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
51. [IF PARENT OF YOUTH 13-15] And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed for them?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
52. [IF 13-15 YEAR-OLD YOUTH] When people your age get opioids without a real prescription, where do you think they are getting them? Check all that apply	
A fake prescription (e.g. a forged, altered or counterfeited prescription)	1
A friend's prescribed opioid	2
A relative's prescribed opioid	3
A drug dealer or other stranger	4
The Internet	5
Other: [SPECIFY]	6
Don't know	8
Prefer not to say	9

ASK

53. [IF PARENT OF 13-15 YEAR-OLD OR 16-17 YEAR-OLD TEEN] If your teen needed help for drug use, how confident are you that you would know where to get it?

Very confident	1
Somewhat confident	2
Not very confident	3
Not at all confident	4
Don't know	8
Prefer not to say	9

Section 8: Opioid Information

54. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [ASK ALL RESPONDENTS ITEM a. RANDOMLY SELECT AN ADDITIONAL 7 OF THE 12 ITEMS b TO m. RANDOMIZE ALL ITEMS TO BE ASKED.]

- a) [ASK ALL] The Government of Canada
- b) Friends and family who have taken opioids before
- c) Friends and family who have never taken opioids before
- d) Your doctor
- e) [IF 13-15 YEAR-OLD YOUTH] Your parents
- f) Your provincial government
- g) Your regional or municipal public health agency
- h) Websites focused on health issues/health content
- i) School teachers
- j) A news outlet
- k) A person who had an opioid use disorder (addiction) or who has survived an opioid overdose
- l) A pharmacist
- m) A person who currently uses opioids regularly

Strongly distrust	1
Distrust	2
Neither trust nor distrust	3
Trust	4
Strongly trust	5
Don't know	8
Prefer not to say	9

55. [IF PARENT OF YOUTH 13-15] Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [RANDOMIZE]

Drug use in general	1
The use of prescribed opioids	2
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	3

The use of illegal drugs in general	4
Problematic drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with problematic drug or opioid use (drug or opioid addiction)	7
Don't know	8
Prefer not to say	9

56. [IF 13-15 YEAR-OLD YOUTH] Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply. [RANDOMIZE]

Drug use in general	1
The use of prescribed opioids	2
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	3
The use of illegal drugs in general	4
Problematic drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with problematic drug or opioid use (drug or opioid addiction)	7
Don't know	8
Prefer not to say	9

57. Have you seen, read or heard any information from the Government of Canada on the opioid crisis or about what to do if someone you know is developing an addiction to opioids?

Yes	1
No	2
Don't know	8
Prefer not to say	9

## Section 9: Alcohol

Switching topics, the next few questions are about alcohol.

58. Of the following list of possibilities, which information, if any, should appear on labels for alcoholic beverages? [RANDOMIZE ORDER. SELECT ALL THAT APPLY.]

Ingredients	1
Calories	2
Nutritional information	3
Health risks/warnings	4
Number of standard servings that are in the container	5
None of the above	6
Don't know	8
Prefer not to say	9



59. Please indicate how strongly you agree or disagree with each of the following statements.  
[RANDOMIZE]

- a) Alcohol use is a public health issue
- b) Alcohol use increases a person’s risk of developing serious health conditions
- c) People who have alcohol use disorder (addiction) could stop if they really wanted to
- d) Alcohol use among youth is a serious problem in Canada
- e) Drinking alcohol during pregnancy can be safely done
- f) The federal government should be doing more to address alcohol-related harms
- g) Any amount of alcohol consumption can have risks to your health

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don’t know	8
Prefer not to say	9

## Section 10: Demographics

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

60. What is the language you speak most often at home?

English	1
French	2
Other (SPECIFY)	3
Prefer not to answer	9

61. [IF INDIGENOUS] You have identified yourself as an Indigenous person. Are you...?  
[SELECT ALL THAT APPLY]

First Nations	1
Métis	2
Inuk (Inuit)	3
Prefer not to answer	9

62. [IF INDIGENOUS] In what language would you prefer to receive digital or printed information from the Government of Canada?

- Cree (Atikamekw, Eastern, Moose, Plains, Swampy and Woods)
- Denesuline
- English
- French
- Inuktitut

Mikmaq	
Montagnais (Innu)	
Nunavimmiutut	
Ojibwa (Central, Eastern, North-Western, Oji-Cree, Saulteau)	
Other, please specify	
Prefer not to answer	9

63. [IF NOT INDIGENOUS] Are you...? [SELECT UP TO THREE]

Arab	1
Black	2
Chinese	3
Filipino	4
Japanese	5
Korean	6
Latin American	7
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	8
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)	9
West Asian (e.g., Iranian, Afghan, etc.)	10
White	11
Other [SPECIFY]	12
Prefer not to answer	99

64. [ONLY FOR THOSE 16+] What is the highest level of schooling that you have completed?

Grade 8 or less	1
Some high school	2
High school diploma or equivalent	3
Registered apprenticeship or other trades certificate or diploma	4
College, CEGEP or other non-university certificate or diploma	5
University certificate or diploma below bachelor's level	6
Bachelor's degree	7
Post graduate degree above bachelor's level	8
Prefer not to answer	9

65. [IF >15 YEARS OF AGE] Which of the following categories best describes your total household income for 2016? That is, the total income of all persons in your household combined, before taxes?

Under \$20,000	1
\$20,000 to just under \$40,000	2
\$40,000 to just under \$60,000	3
\$60,000 to just under \$80,000	4
\$80,000 to just under \$100,000	5
\$100,000 to just under \$150,000	6
\$150,000 and above	7
Prefer not to answer	9

66. What are the first three digits of your postal code?

[INSERT FIRST THREE DIGITS OF POSTAL CODE. FORMAT A1A]

Prefer not to answer

9

[PRE-TEST ONLY ADD QUESTIONS A THRU J]

- A. Did you find any aspect of this survey difficult to understand? Y/N
- B. [IF A=YES] If so, please describe what you found difficult to understand.
- C. Did you find the way of the any of the questions in this survey were asked made it impossible for you to provide your answer? Y/N
- D. [IF C=YES] If so, please describe the problem with how the question was asked.
- E. Did you experience any difficulties with the language? Y/N
- F. [IF E=YES] If so, please describe what difficulties you had with the language.
- G. Did you find any terms confusing? Y/N
- H. [IF G=YES] If so, please describe what terms you found confusing.
- I. Did you encounter any other issues during the course of this survey that you would like us to be aware of? Y/N
- J. [IF I=YES] If so, what are they?

This concludes the survey. Thank you for your participation!

If the survey makes you feel like you would like to talk to someone about this topic, visit <https://www.canada.ca/en/health-canada/services/substance-use/get-help-with-substance-use.html> to find someone in your province.