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# Mental Health, Substance Use, and Polysubstance Use Study (2024) Executive Summary

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Canada 

# Mental Health, Substance Use, and Polysubstance Use Study (2024)

## Executive Summary

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This public opinion research report presents the results of an online survey conducted by Earncliffe Strategy Group on behalf of Health Canada. The quantitative research was conducted from March 27 to April 30, 2024.

Cette publication est aussi disponible en français sous le titre: *Étude sur la santé mentale, la consommation de substances et la polyconsommation (2024)*

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## Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of a quantitative research study on mental health, substance use, and polysubstance use.

### Background and objectives

The goal of the renewed Canadian Drugs and Substances Strategy (CDSS) is to improve the health and safety of all Canadians by minimizing substance-related harms for individuals, families, and communities. As polysubstance use – the use of more than one substance at the same time or close in time where effects overlap – is on the rise and contributing to the increased severity of overdoses and the mental health crisis, there is a need to advance the public conversation and to raise awareness of its risks, harm reduction measures, and approaches to seeking help.

Health Canada commissioned this quantitative research to better understand the relationship between the prevalence of polysubstance use as well as substance use and mental health issues and/or emotional challenges, including the level of awareness and knowledge of these issues, as well as the attitudes, perceptions, and behaviours of Canadians.

These findings will help establish a contemporary view of the Canadian substance and polysubstance use landscape and inform the development of a public education strategy, help identify key issues and considerations and inform policy decisions and possible future public education requirements.

The primary objective of this study was to collect information about mental health, substance use, and polysubstance use. More specifically, the research objectives were to:

- Measure prevalence and patterns of polysubstance use (e.g., age of initiation, frequency of use over time, quantities used, and products used/mixed);
- Assess attitudes and perception of risk and normalization of polysubstance use;
- Measure patterns of substance(s) use in relation to mental health issues and/or emotional challenge and vice-versa (which substance(s) are used for which mental health issue/illness);
- Understand public knowledge and awareness about the relationship between mental health and substance use, including perception of risks and substance use normalization (e.g., do people even realize they are using a substance as a coping mechanism; do they

know and realize they have or may be displaying higher-risk behaviours or have a substance use disorder);

- Measure level of awareness and knowledge of existing supports (e.g., people, programs) when experiencing with mental health and substance use challenges or co-occurring disorders, as well as barriers to seek help (e.g., lack of awareness, stigma).

## Research design

To meet these objectives, Earnscliffe conducted a quantitative research study. It was conducted with Canadians aged 13 and over and was done so as to be reflective of the Canadian population based on age (youth 13-17 years old, young adults 18-24 years old, and adults 25 years old or older), region, gender, ethnicity and other key demographics. Within the general public sample, specific subgroups of interest included people who engage in polysubstance use and people with mental health concerns.

Throughout the report, people who use substances and people who engage in polysubstance use are the terms used as person-first language is preferred to minimize stigmatizing those who are using substances.

In total 10,012 respondents living in Canada over the age of 13 years old were surveyed. The survey was conducted in both English and French and was an average of 16 minutes in length. The survey was in field from March 27<sup>th</sup> to April 30<sup>th</sup>, 2024.

Additionally, minimum quotas were set for the following target audiences:

**Table 1 - Sampling quotas by audience**

	<b>Minimum quota</b>	<b>Probability sample (n)</b>	<b>Non-probability sample (n)</b>	<b>Total sample (n)</b>
Manitoba	200	312	170	482
Saskatchewan	200	294	145	439
Territories	180	59	155	214
Atlantic Canada	645	507	331	838
Youth 13-17	175	240	333	573
Young adults 18-24	100	149	468	617

The final data of both the probability and non-probability samples were individually weighted using a target weighting scheme to replicate actual population distribution by region, age, and gender according to the 2021 census data available. As a result, the aggregate data is also weighted to be reflective of the same census datapoints. While no margin of error can be provided for the non-probability sample, the n=4,999 cases from the probability sample have a margin of error of +/- 1.4% at the 95% confidence interval.

The results of the combined samples are not statistically projectable to the target population because the inclusion of the non-probability sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Other than where the probability sample has been exclusively used (Section A), the reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the combined sample results and the broader target population it may be intended to reflect.

The treatment here of both the non-probability and probability samples are aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys. A more comprehensive discussion of research design, sampling, and data collection can be found in the quantitative methodology report in Appendix B.

An incredible wealth of data has been generated with this study. The questionnaire was designed specifically to ensure the ability to examine aggregate trends in behaviours and use across multiple substance groups and types as well as allow for analysis at the substance level, resulting in hundreds of variables to examine within the dataset. With a sample of just over 10,000 respondents and including stratified quotas to enable examination across a multitude of characteristics, the range of analysis enabled by this dataset is massive. Producing a summary report cannot do justice to the insights the data can yield and, as a result, this report has been designed with a limited scope in mind and by no means represents

all the possible findings to be gleaned from the dataset. Data tables with the results are published alongside this report.

The key findings from the research are presented below.

## Key findings

### Section A: Profile of substance use and polysubstance use

- Demographically, nearly every subgroup has over 80% identifying at least one substance having been used in the past 12 months and, notably, little variance across nearly all subsets. With the exception of Canadians aged 13 to 17 years, who are less likely to have taken at least one substance (52%). The most commonly used substances overall are alcohol (70%), over-the-counter (OTC) medication (52%), and cannabis (31%).
- There appears to be a correlation between breadth of mental health challenges and the total number of substances used over the past 12 months. Those rating their own mental health as Fair/Poor have used, on average, more substances (3.0 on average) than those identifying their mental health as Very Good/Excellent (1.8).
- People who feel they are financially struggling or just keeping up financially have, on average, used a higher variety of substances in the past 12 months than people who report having no financial commitments.
- Canadians aged 18-24 are the segment most likely to indicate polysubstance use with 56% saying they have combined at least one pair of substances in the past year. Conversely, youth aged 13-17 are least likely to report polysubstance use with only 11% saying they have combined any two substances in the past year.
- Those who have been diagnosed with any mental health condition are more likely to indicate polysubstance use than those who have not (68% versus 45%). The highest prevalence of polysubstance use by self-identified mental health conditions are found among those who report having a personality disorder (75%); with a bipolar disorder (70%); and with depression (73%).

### Section B: Polysubstance behaviours

After being asked which substances they consumed in the past 12-months, how frequently they consumed them in the past 30 days, and if they ever consumed them with other

substances in the same 24-hour period, respondents were classified into different segment use categorizations which are used throughout the report:

- Those engaging in polysubstance use are those who took any two substances within the same 24-hour period. In order to focus on certain behaviours, the analysis throughout the report focuses on those who used at least one combination of substances excluding nicotine as one of the paired substances (referred to as “poly ” in the tables included in this report). This segment represents 36% of respondents.
- Those not engaging in polysubstance use are those who took any substances but did not combine any within the same 24-hour period. The analysis throughout this report expands that definition to include the subset of people who paired substance(s) with nicotine only (referred to as “non-poly” in the tables included in this report). This segment represents 51% of respondents.
- Those who did not identify having used any of the 15 substances in the past 12 months are referred to as “No substances” in the tables included in this report. This segment represents 13% of respondents.
- Half (51%) of those engaging in polysubstance use, including those who use nicotine, say that they have combined three or more of the tested substances within a 24-hour period.
- Among those engaging in polysubstance use, the most common circumstances in which they consumed these substances were when at home (66%), when around friends (58%), and when around family (43%).
- When asked whether they had experienced any side effects from substance use, 46% of those engaging in polysubstance use selected “nothing specific”. The most common side-effects they noted experiencing were feeling unwell after using, including nausea, headaches, or being tired (26%); being unable to stop or reduce the frequency of usage (14%); and having to lie or feeling guilty about the amount used or frequency (14%).

### **Section C: Mental health and wellbeing**

- Those aged 13-17 (50%) and over the age of 25 (49%) are more likely to self-assess their mental health as excellent or very good, while those between the ages of 18-24 are significantly more likely than others to say that their mental health is fair or poor (38%).

- People who engage in polysubstance use are more likely to say that their mental health is fair or poor (32%) compared to those who do not engage in polysubstance use (19%) or those who do not use substances at all (16%).
- When asked if they had faced problems with work, school, or daily life within the last 30 days due to mental or emotional challenges, those aged 18-24 were the most likely to respond yes (at 50%).
- Across all the negative feelings listed, those aged 18-24 were the most likely to say that they experienced these most or all of the time. For every feeling, this was statistically significant when compared to those over the age of 25 and, for all of them except crying and feeling aggressive, it was significant relative to those aged 13-17.
- The most commonly self-reported mental illnesses were anxiety disorder (17%), depression (16%), and attention deficit hyperactivity disorder (9%). People who engage in polysubstance use are significantly more likely than others to say that they have any of the eight most reported mental illnesses.
- Almost three quarters (72%) of respondents who report having a mental illness say that they have received a diagnosis for this.

## **Section D: Coping mechanisms for challenges with mental health and substance use**

- More than half (59%) of respondents say they have never used substances to cope with mental illness or emotional challenges. Those engaging in polysubstance use are significantly more likely (64%) to say that they have ever used substances to cope with mental illness or emotional challenges than those not engaging in polysubstance use (30%) and those not using substances (12%).
- Among those who have used substances as a coping mechanism for mental illness or emotional challenges, two thirds (67%) say they have done so in the past 30 days.
- The most selected mechanisms for coping with mental or emotional challenges other than substances are connecting with family or friends (45%), being physically active (41%), and reading or listening to books (35%).
- When asked if respondents would know where to find mental health or substance use support service if needed, just under half (44%) say they would know where to find information on both.



## Section E: Awareness, knowledge, and perception of risk and harms of substance and polysubstance use

- A majority (81%) of all respondents say that they are very (31%) or somewhat (50%) knowledgeable about the mental health-related risks and harms associated with substance use.
- Three quarters (77%) of all respondents say they are very (31%) or somewhat (45%) familiar with the risks associated with combining substances.
- When presented with a list of negative implications for mental health and asked which they believed to be side-effects of substance use, over half (56%) of all respondents correctly selected “all of the above”.
- In order to evaluate their level of knowledge, respondents were presented with a series of statements relating to risk associated with substance use and asked if they believe each to be true or false. Respondents were graded on whether they got the responses right as per the guidelines stipulated by Health Canada. At an aggregate level, 43% of respondents got all the answers correctly, 46% got most (66%-99%) of the responses correctly, and 10% got less than 65% of the responses correctly.
- Those who use substances were asked what, if anything, would help lower their frequency of usage. The top answer was nothing, as respondents believed everything is good (37%). As for actual action items, the most selected were noticing a negative change in one’s mental health (24%), sudden health issues or developing a mental illness (14%) or having an accident or sustaining an injury caused by substance use (12%).

### Political neutrality statement

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

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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: August 26, 2024

A handwritten signature in black ink, appearing to read "Doug Anderson", with a long horizontal flourish extending to the right.

Douglas Anderson  
Principal, Earncliffe