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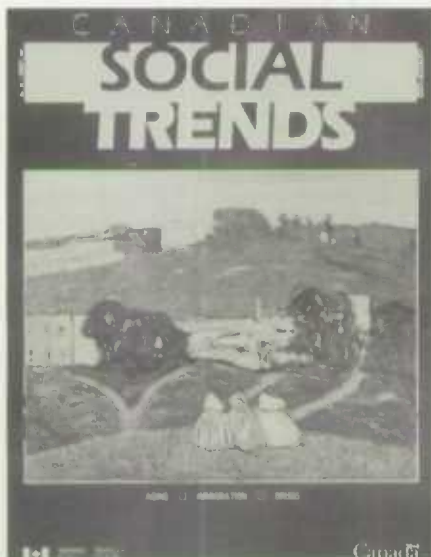
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About the Artist:

Born in Montreal, **James Wilson Morrice** (1865-1924) completed his legal studies in Toronto before departing for Europe to pursue his foremost interest in painting. His works were greatly influenced by artists such as, Matisse, Monet and Gauguin. Much of his time was spent in Paris and Africa, although during his earlier years in Europe, he returned regularly to Canada for a few months at a time to reunite with family and friends. His works have been acquired by various collectors, including the National Gallery of Canada.



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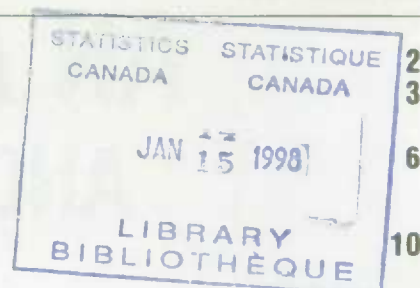
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AN AGING SOCIETY

ANOTHER VIEWPOINT



Dr. Ivan P. Fellegi, Chief Statistician of Canada, in his article, "Can we afford an aging society?", published by Statistics Canada in the October 1988 issue of the *Canadian Economic Observer*, discussed the "greying" of the Canadian population over the next few decades. His article indicated that as a result of the aging of the population, "the total public cost for these three major age-related programs (health care, education, and pensions) would increase over (the next) 50 years at an average annual rate of 1.0 to 2.3%." Dr. Fellegi concluded that should economic growth continue at the rate experienced over the last 30 years, "we should be able to afford the public cost of an aging society."

The following two articles provide a synopsis of another viewpoint on aging populations: that of the Organization for Economic Co-operation and Development (OECD), an international organization whose membership is made up of the industrialized Western nations and Japan. The OECD view relies on different projections than did Dr. Fellegi to explore the impact of changing demography on public expenditure for social programs. Differing assumptions built into the models lead to somewhat different conclusions. Both models, however, demonstrate that the aging of the population is a very real phenomenon for which Canadians will have to make preparations. — Ed.

DEPENDENCY RATIOS

by Raj Chawla

The relative size of the population being supported by people who work is changing rapidly in Canada. For example, the demographic dependency ratio, that is, the number of people either under age 15 or aged 65 and over fell sharply over the last two decades relative to the population aged 15-64. According to projections prepared by the Organization for Economic Co-operation and Development (OECD), the ratio is expected to remain at this relatively low level until early in the next century. By 2010, however, as the large baby-boom generation begins turning 65, the dependency ratio is projected to start climbing rapidly. As a result, by 2030, Canada's dependency ratio is expected to return to the high levels that prevailed in the 1960s.

A major change in the composition of the dependent population has accompanied the changes in the level of dependency ratios. People aged 65 and over account for a growing proportion of this group, while children's representation is declining. As the large baby-boom population enters the 65 and over age group, it is expected that elderly people will make up an ever-increasing component of the dependent population. This shift will have major implications for spending on social programs, according to the OECD (see accompanying article), since program expenditure for elderly people tends to be considerably greater than that associated with people under age 15.

Changes in the size and composition of the dependent population are not unique to Canada. However, while there are similar trends in most other industrialized nations, the shifts in Canada have been more dramatic.

Sharp drop in dependency ratio

Since the mid-1960s, there has been a sharp decline in Canada's demographic dependency ratio. In 1987, for every 100 people aged 15-64, there were 47 people either under age 15 or aged 65 and over, down from 70 in 1965.

The Canadian dependency ratio is projected¹ to be relatively stable over the next couple of decades. However, around 2010,

as people born during the baby boom start turning 65, the ratio will rise sharply, increasing to 67 dependents per 100 people of working age by 2030. The ratio is projected to remain at this high level until the end of the projection period in 2050.

More elderly, fewer children

While the overall dependency ratio in 2030 is projected to be roughly the same as it was in the mid-1960s, the composition of the dependent population will be different. Already, the elderly component has grown, while the proportion of children has dropped.

In 1965, only 19% of the dependent population were aged 65 and over, while 81% were under age 15. By 1987, the proportion of dependents aged 65 and over had risen to 34%, while the figure for young people had fallen to 66%.

Projections indicate that by 2030, more than half (55%) of the dependent population will be aged 65 and over, while just 45% will be under age 15.

International perspective

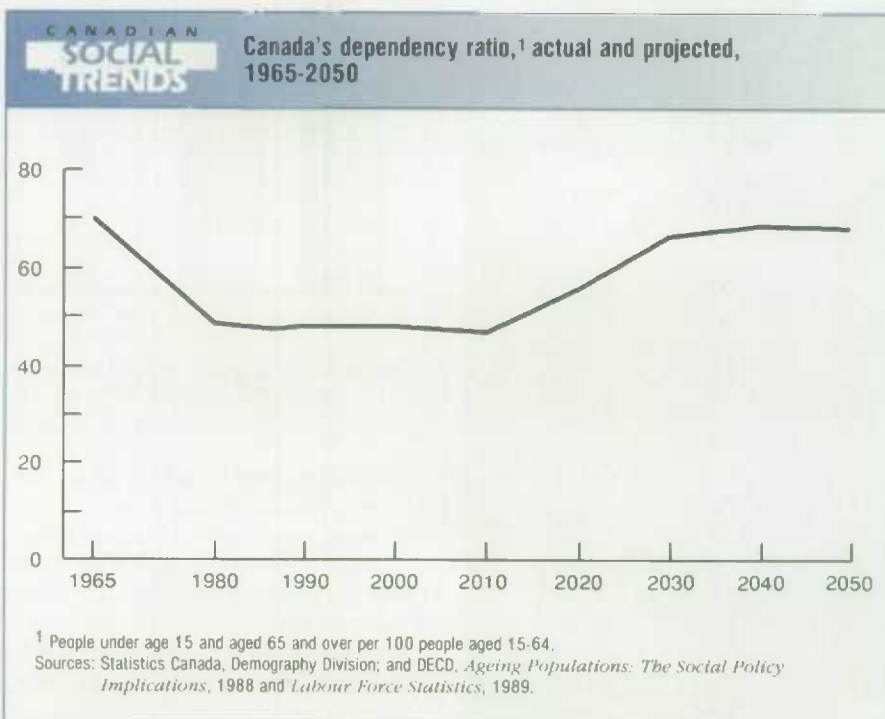
Long-term trends in the demographic

dependency ratios of other major industrialized nations are similar to those in Canada. The United States, the United Kingdom, Japan, West Germany, France, and Italy also have been characterized by U-shaped curves in their dependency ratios over time and by a shift from youth to elderly in the composition of the dependent populations. Changes in Canada, however, tended to be more pronounced than those in other nations.

For example, between 1965 and 1987, Canada's dependency ratio fell 23 points from 70 to 47 dependents per 100 working-age people. The largest drop in the other nations was 16 points in the United States, while the decline was 10 points in West Germany, 9 in France, 5 in Italy, 3 in the United Kingdom, and only 1 in Japan.

Because of the difference in the magnitude of decline, Canada's dependency ratio dropped to fourth highest in 1987.

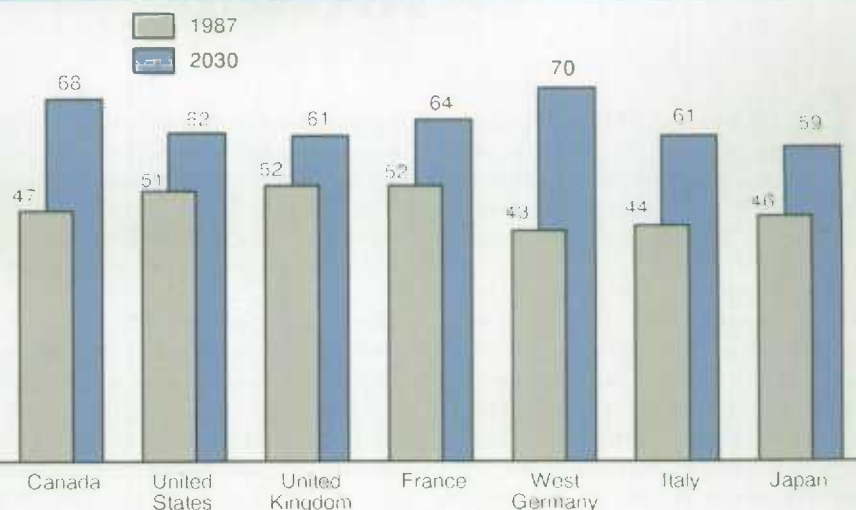
¹ Projections are from the OECD publication, *Ageing Populations: The Social Policy Implications*, 1988.





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Dependency ratios,¹ Canada and selected nations, 1987 and 2030

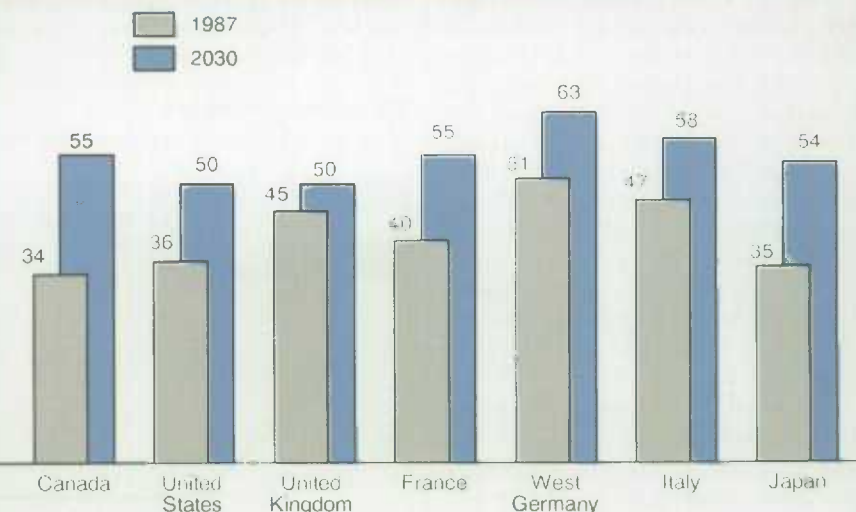


¹ People under age 15 and aged 65 and over per 100 people aged 15-64.

Source: OECD, *Ageing Populations: The Social Policy Implications*, 1988 and *Labour Force Statistics*, 1989.

CANADIAN SOCIAL TRENDS

Proportion of the dependent population aged 65 and over, Canada and selected nations, 1987 and 2030



Source: OECD, *Ageing Populations: The Social Policy Implications*, 1988 and *Labour Force Statistics*, 1989.

whereas it had been the highest in 1965. In 1987, Canada's ratio exceeded West Germany's (43), Italy's (44), and Japan's (46), but was lower than that of the United States (51), France (52), and the United Kingdom (52).

Just as the drop in Canada's dependency ratio was greater than in the other industrialized countries, the increase, pro-

jected to start early in the next century, is expected to be sharper.

Consequently, by 2030, Canada's dependency ratio is projected to be 67 dependents per 100 working-age people, second only to that of West Germany (69). Projected ratios in the other nations range from 64 in France to 60 in Japan.

Canada is also characterized by relatively

Labour force-adjusted dependency ratio

Demographic dependency ratios, as discussed in this article, are crude measures of the dependent and the supporting populations in a society. They do not represent the exact support burden at a given time since, for example, variations in labour force participation and unemployment rates by age and gender are not taken into account. As well, they ignore contributions that the dependent population makes through such things as taxes, volunteer work, and social support networks. Nor do they take into account early retirement, or the possibility that some may choose to work beyond age 65. Legislation with respect to mandatory retirement has the potential to further reduce the usefulness of the measure.

Demographic dependency ratios, however, do allow the impact of demographic change on the support burden to be isolated from other non-demographic factors such as changes in unemployment rates, labour force participation, and levels of social benefits.

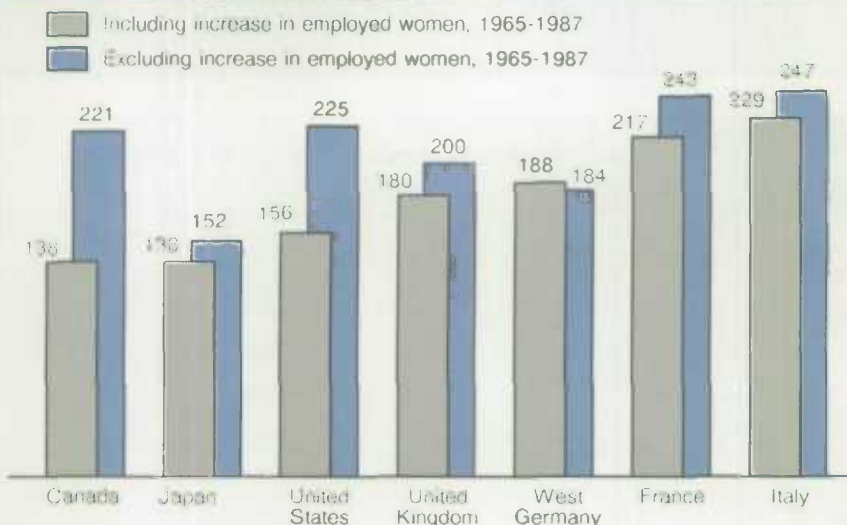
The dependency ratio can be fine-tuned in a number of ways by taking into account some of these factors. For example, the labour force-adjusted dependency ratio measures the balance between the employed population aged 15-64 and those not employed, regardless of age.

In 1987, Canada, along with Japan, had the lowest labour force-adjusted dependency ratio of the seven selected industrialized nations, with 138 people not employed for every 100 employed people. This compared with 156 for the United States; 180 for the United Kingdom; 188 for West Germany; 217 for France; and 229 for Italy.

One factor contributing to Canada's relatively low adjusted dependency ratio is the exceptionally large number of women in the labour force. If, for example, women's labour force participation rate in all countries had been the same in 1987 as in 1965, the labour force-adjusted dependency ratio in Canada would have been fourth highest instead of ranking lowest.

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Labour force-adjusted dependency ratios,¹ Canada and selected industrial nations, 1987



¹ People not employed, regardless of age, per 100 employed people aged 15-64.
Source: OECD, Labour Force Statistics, 1989.

sharp changes in the age composition of its dependent population compared with other countries. As a result, although people aged 65 and over made up a smaller portion of dependents in Canada than in the other countries in 1987, their share is projected to be the largest by 2030.

Raj Chawla is a senior analyst with the Household Surveys Division, Statistics Canada.



IMPLICATIONS OF AN AGING SOCIETY

by Mary Anne Burke

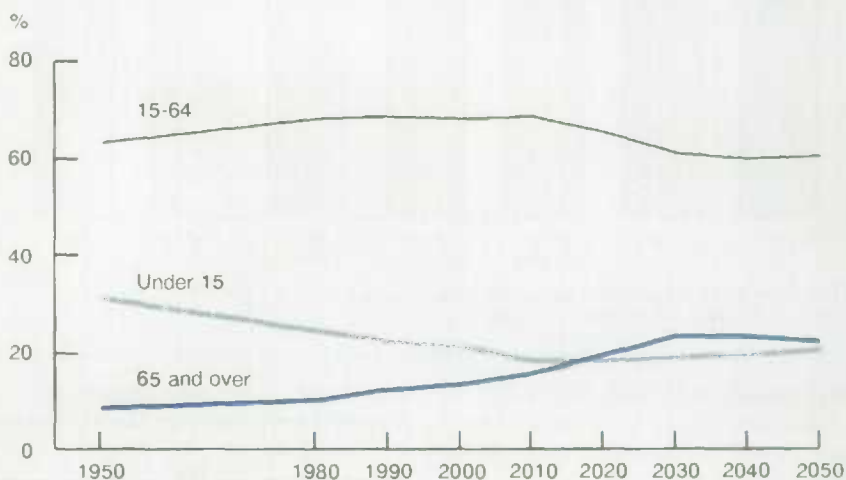


Canada, forty years hence, will be very different demographically from what it is today. The elderly population (arbitrarily defined as those aged 65 and over) is projected to increase dramatically as the people born during the baby boom begin to reach old age around 2010. By the year 2030, for the first time in Canada's history, people aged 65 and over are projected to outnumber dependents under age 15, according to projections from the Organization for Economic Cooperation and Development (OECD). As well, the proportion of people potentially economically dependent on the population aged 15-64 will reach levels not experienced since the height of the baby boom in the mid-1960s.

An aging society has implications for the costs associated with social programs and for the ability of the working population to finance social expenditure. Overall, social spending can be expected to increase, with elderly people consuming a greater share of the resources because of

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Age structure of the population, actual and projected, 1950-2050



Source: DECD, *Ageing Populations: The Social Policy Implications*, 1988.

increased pension expenditure and higher health care costs. Demographic changes will also affect the size of the labour force, and in turn, the capacity to finance social programs.

Most spending on the elderly

According to projections from the OECD, within the next fifty years, half of all social spending in Canada will be on the elderly, if current spending levels continue and demographic projections are realized. This compares with just 26% in 1980. Over the same period, relative spending on the rest of the population is expected to decline. The share of expenditure devoted to the young is projected to drop to 15% from 24%, and for people aged 15-64, to 35% from 50%.

Higher per capita social outlay on the elderly

While the bulge of people entering old age in the next century will be partially offset by declining numbers of young dependents, the OECD expects the demand for social program support to increase substantially. In large part, this is because per capita spending for elderly people in Canada far exceeds that for the young. Overall per capita expenditure in 1980, for example, was \$6,500 for the elderly, 2.7 times greater than the \$2,500

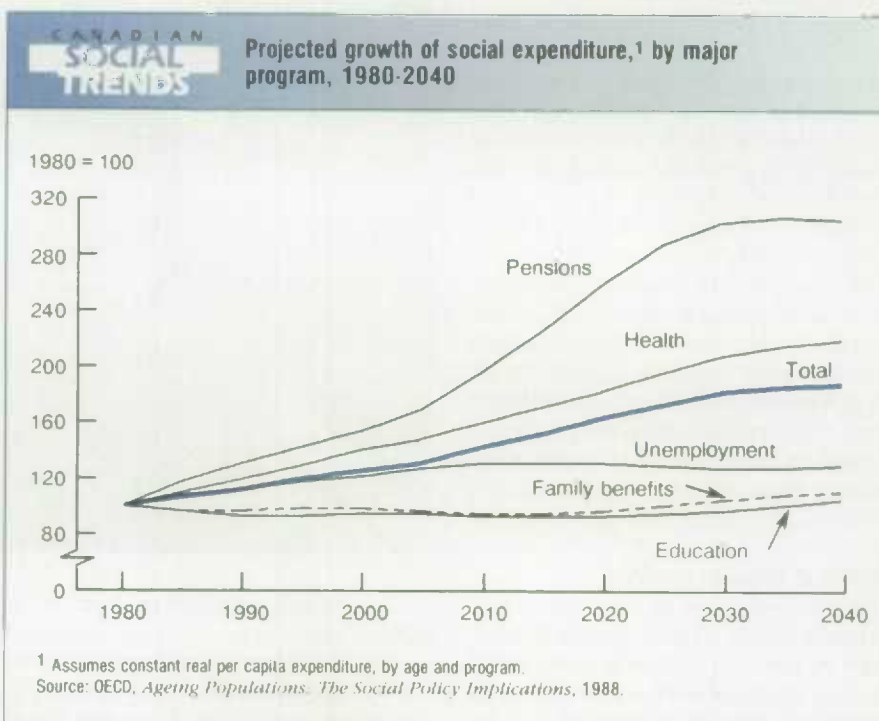
spent on the young, and just \$1,800 for those aged 15-64.

Pension expenditure highest

Pensions (which include publicly financed old age, survivors' and permanent sickness pensions) are expected to account for the largest proportion of social expenditure. With the dramatic increase in the number of elderly people after 2010, overall pension expenditure in Canada is expected to increase 204% over the

projection period – more than for any other social program. As a result, by 2040, pensions are projected to account for 38% of social spending, up from just 24% in 1980.

Spending on health care is expected to account for the next largest proportion of the social program budget. Following a projected 118% increase in total health care spending, such expenditure is projected to account for 33% of all spending, up from 29% in 1980. This is largely



Social expenditure projections

The OECD projected changes in overall social expenditure by combining per capita social spending with demographic projections. Per capita social spending on education, health care, pensions, unemployment compensation, and family benefits was held constant at 1980 levels. Expenditure on housing and income maintenance programs was excluded from the equation. Mortality and migration were held constant at 1980 levels. Current low fertility levels were assumed to continue until 1995, followed by a gradual convergence to replacement level (2.1) by the year 2050.

Lower mortality rates and a continuation or drop in current fertility rates during the projection period would further increase the required level of social spending. Substantially increased migration levels, on the other hand, could have a slight mediating effect.

Distribution of social expenditure, by major program and age, 1980 and 2040

	1980	2040 (projected)
	%	
Major program		
Education	32	18
Health care	29	33
Pensions	24	38
Unemployment	12	9
Family benefits	3	2
Age group		
0-14	24	15
15-64	50	35
65 and over	26	50

Source: OECD, *Ageing Populations: The Social Policy Implications*, 1988.

because health care of the elderly is much more costly than for the rest of the population.

For example, in 1974, health care spending on people aged 65 and over was 4.5 times greater than for those under age 65. Health care of those aged 75 and over was even more costly, 6.7 times greater than for those under age 65. As the elderly and very elderly increase dramatically in number early in the next century, the impact of these numbers will be felt on the public purse, unless there are significant changes in health care expenditure patterns.

Expenditure on other programs is expected to drop as a percentage of all social spending. The proportion spent on education is projected to drop to 18% from 32% in 1980, with unemployment insurance declining to 9% from 12% in 1980, and family benefits, to 2% from 3%.

In large part, the reduction in proportions spent on education, unemployment, and family benefits will occur because growth in spending on these programs will be slower than that for pensions and health care. For example, over the projection period, unemployment insurance expenditure is expected to increase 29%, family benefits, 10%, and education, just 3%.

Growth of social expenditure

One result of these trends is that social expenditure in Canada would substantially increase over the projection period. Overall social spending in Canada is projected to increase 87% by 2040. By comparison, social spending in the United States and Japan is projected to increase 65% and 40%, respectively, while in many European countries it is expected to increase only slightly or even decrease. Since the study assumed constant per capita expenditure on the various social programs, differences in projected social expenditure growth rates of the various countries are related entirely to differing total population trends and growth rates of the elderly population.

Financing growing social expenditure

Social programs in Canada are financed largely through tax and social security contributions of the labour force. Future capacity to finance social expenditure will be affected by the rate of real growth in the economy, the number of employed people and their real earnings, and the rate of increase in the level of real social benefits.



Changes in the demographic structure of the Canadian population are expected to lead to substantial increases in social expenditure between 2005 and 2040. According to OECD projections, social expenditure is projected to increase 43% from 2005 to 2040, following a dramatic growth of almost 50% in the number aged 65 and over, and an increase of just 2% in the size of the working age population.

To finance this increase in social expenditure, the OECD projects that average real earnings of workers would have to increase 40% or 1.7% per annum from 2005 to 2040, assuming that labour force participation and unemployment remain at 1980 levels. Changes in these assumptions would affect the outcome of the projection.¹

According to the OECD, a gap between the living standards of the working population and the levels of social benefits provided by the social programs would likely develop if increases in productivity were used to finance growing social expenditure. Given past social spending trends, however, the OECD expects that benefit levels cannot be held constant

over a long period of time. For example, government expenditure on health, education and pensions had an average annual cost increase of 4.4% between 1961 and 1985, close to double the economic growth rate during the same period.

If the level of social benefits increases, as it has in the past, the OECD projects that Canada will be faced with sharp increases in tax burdens during the 2005 to 2040 period. Canadians will most likely have to choose between increasing tax rates and social security contributions or lower levels of social benefits.

¹ In fact, the labour force participation rate increased to 67% in 1989 from 64% in 1980. On the other hand, the unemployment rate in 1989 was at the same level as in 1980 (7.5%), following a peak of 11.8% during the recession of the early 1980s.

Mary Anne Burke is an Associate Editor with Canadian Social Trends.





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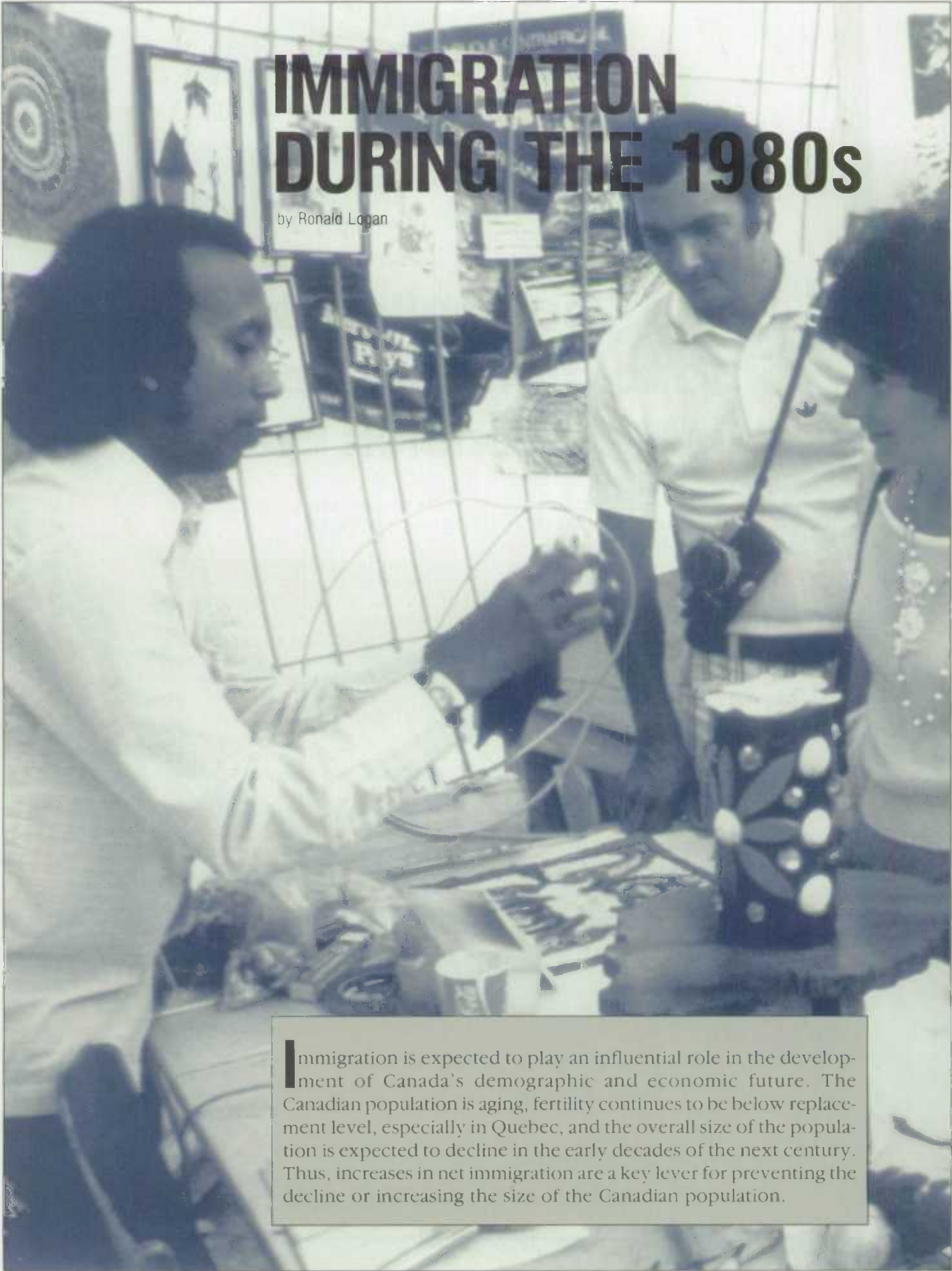


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IMMIGRATION DURING THE 1980s

by Ronald Logan



Immigration is expected to play an influential role in the development of Canada's demographic and economic future. The Canadian population is aging, fertility continues to be below replacement level, especially in Quebec, and the overall size of the population is expected to decline in the early decades of the next century. Thus, increases in net immigration are a key lever for preventing the decline or increasing the size of the Canadian population.

Current trends in immigration levels and streams have resulted in a large number of people with diverse linguistic and cultural backgrounds coming to Canada. The successful integration of these people into Canadian society is a major policy concern.

Immigration levels

In 1989, 192,000 immigrants were admitted to Canada, up from 85,000 in 1985. The increase was a reversal of a downward slide that started in 1974 and continued until the mid-1980s.

Large swings in levels have been characteristic of Canadian immigration since 1867, reflecting the fluctuation of immigration policy between openness and expansionism, and restraint and discouragement. Annual immigration peaked in 1913, with in excess of 400,000 recorded arrivals. In contrast, during the 1930 to 1945 period, annual numbers were consistently about 20,000. After World War II, there was a significant increase, with nearly 300,000 immigrant arrivals in 1957 and approximately 220,000 in 1967 and 1974.

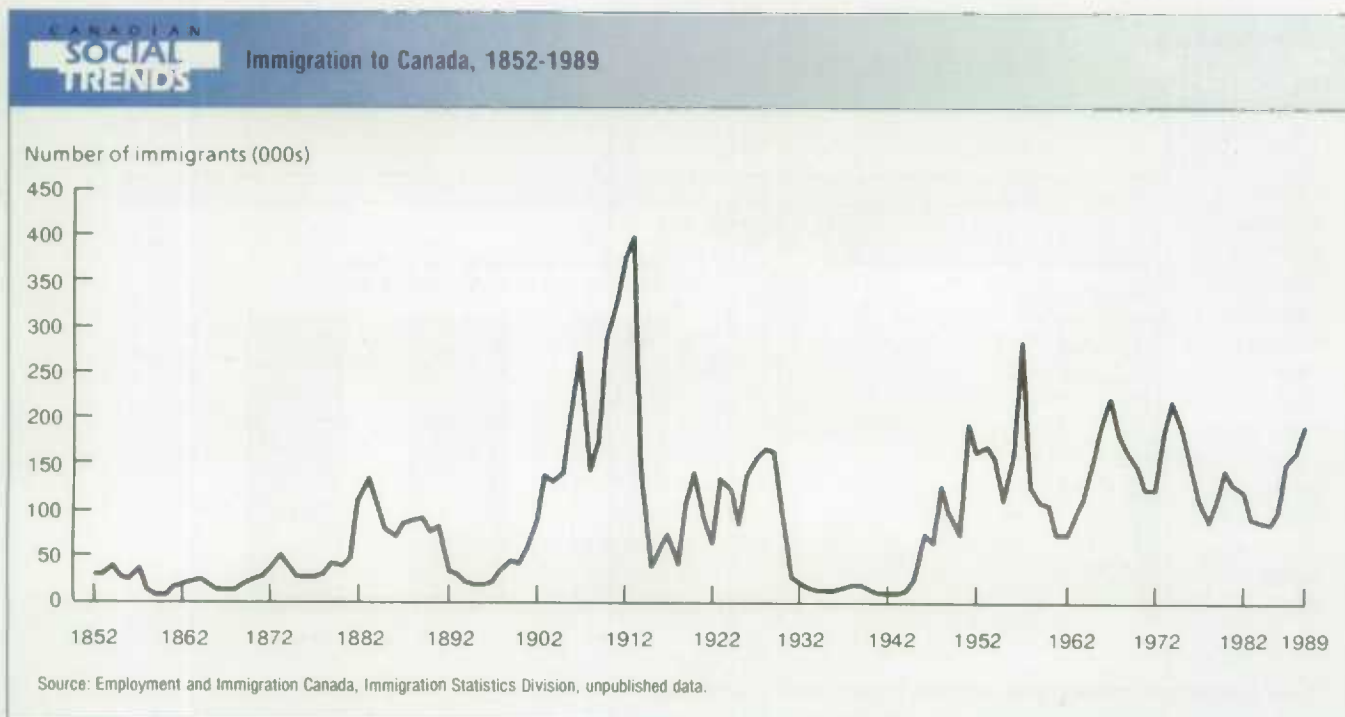
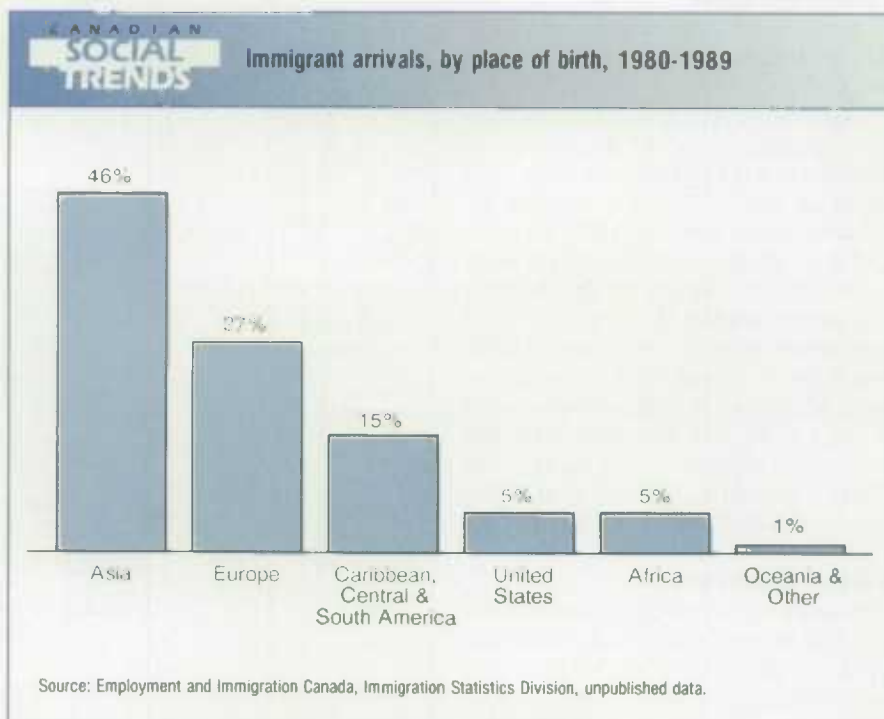
Origins of immigrants, 1980-1989

Most immigrant arrivals in 1989 came from Asia and Europe, reflecting the pattern that prevailed throughout the 1980s. In 1989, 50% of immigrants originated in Asia, 26% in Europe, 13% in the Caribbean and Central and South America, 7% in Africa, 3% in the United States, and 1% in Oceania.

This, however, is a considerable shift from patterns that characterized most of the century. Beginning in the early 1960s, the traditional European and North American source countries for immigrants to Canada have been increasingly replaced by Asian, Caribbean, and to a lesser degree, South American and African countries. Removal of national origin restrictions in 1962, introduction of the point system in the Immigration Act of 1967, and closer alignment of immigration to

labour market needs are viewed as key elements behind the change in the composition of immigrants to Canada since the early 1960s.

The shift to Asian immigrants is reflected in the list of major source countries. In 1989, six of the top seven countries of origin were Asian. Poland was the top country of origin for immigrants to Canada, followed by six Asian countries: Hong Kong, the Philippines, India, Viet Nam, China, and Lebanon.



Throughout the 1980s, the trend was similar. During the decade, Viet Nam was the number one source country of immigrants to Canada, followed by the United Kingdom, India, Hong Kong, and China. As was the case in 1989, 10 of the top 20 countries of origin during the 1980s were Asian. In contrast, during the 1956-1962 period, 17 of the top 20 source countries were European and accounted for over 90% of total immigrants.

Youthful immigrants

In 1989, most immigrant arrivals were young. Almost 80% were under age 40 and 56% were under 30. This was the case throughout the decade. Slightly more than three-quarters (77%) of all immigrants admitted to Canada during the 1980s were under age 40 and 57% were under age 30.

Immigrants originating in the Caribbean and Central and South America were especially concentrated in the under 30 age group. During the 1980s, 64% of immigrants from these countries were under age 30. As well, 57% of immigrants from Africa and the United States were under age 30, and 56% from Asia. And although immigrants from Europe and Oceania tended to be somewhat older, nearly 50% of them were under age 30.

Classes of immigrants

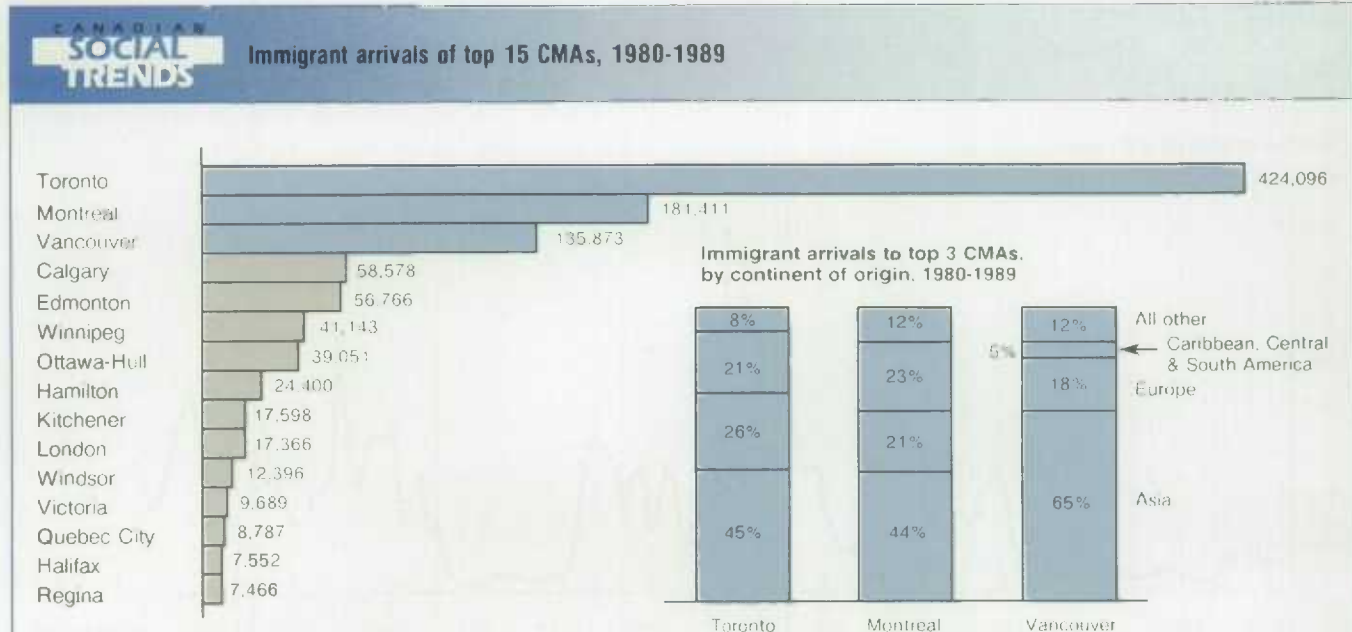
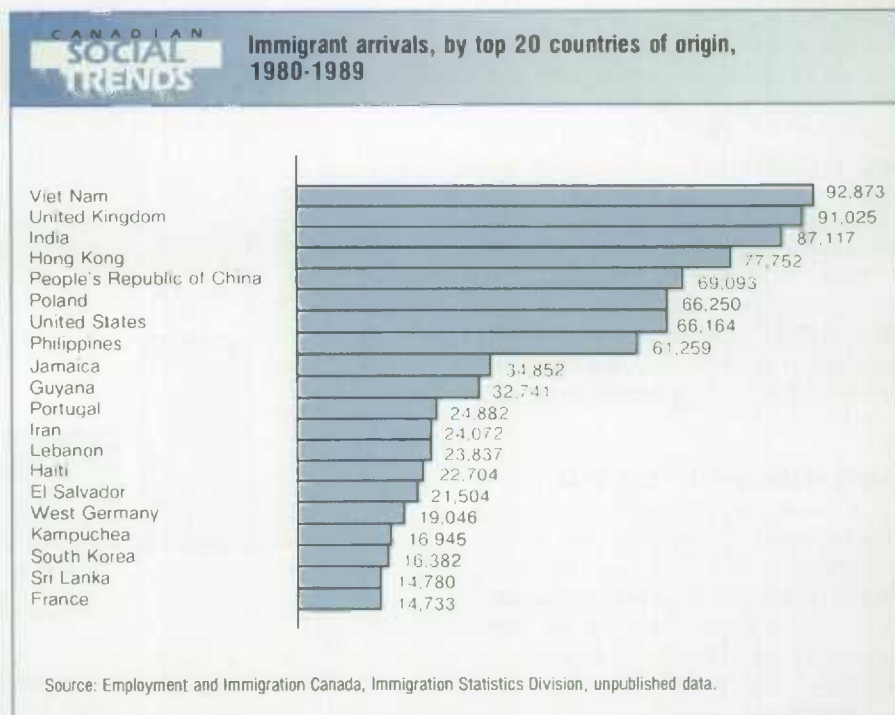
Immigrants are admitted to Canada under the following three broad categories: family, independent, and refugee. The independent class is the only category subject to point-system criteria and is

composed of six sub-categories, including assisted relatives, entrepreneurs, self-employed, investor, retired, and other independents.

Since 1967, independent applicants have been rated on a point system based on their age, education, training and occupational skills, demand for their occupation in Canada, existence of pre-arranged employment, and knowledge of one of Canada's official languages. Pre-arranged employment and knowledge of

French and English are waived if applicants have relatives in Canada willing to help them relocate and settle. These persons are still considered independent applicants, but they fall into the assisted relative category, established in 1967.

Most immigrants admitted to Canada in 1989 came as independent applicants. That year, 49% of immigrants belonged to this category, 32% were family immigrants, and 19% were refugees. Totals for the decade followed a similar pattern with





43% of immigrants in the independent category, 39% in the family class, and 18% refugees.

Immigrants classified as entrepreneurs significantly increased each year to nearly 7% in 1989 from less than 1% of total immigrants in 1980. Overall, entrepreneurs, self-employed, and investors accounted for 7% of all immigrants during the 1980s.

While the majority of immigrants were Asian, most self-employed immigrants were European. Throughout the decade, 47% of self-employed immigrants came from Europe, compared with 34% from Asia. Asians, however, were greatly over-represented in the entrepreneur and investor sub-classes, and slightly over-represented in the refugee class. Over the decade, Asians, who represented 46% of all immigrants, accounted for 80% of entrepreneur class immigrants, 92% of investors, and 51% of refugees.

Intended destinations

Most immigrants entering Canada during the 1980s settled in Ontario, Quebec, British Columbia, and Alberta. Over 90% of all immigrants reported these four provinces as their intended province of residence. During the 1980-1989 period, 49% of all immigrants to Canada reported Ontario as their province of intended destination. Quebec was the next most popular province with 17%, followed by

British Columbia (15%), and Alberta (11%). Only about 4% of all immigrants planned on settling permanently in Manitoba, and just 2% in both the Atlantic Provinces or Saskatchewan.

Some regionalization by class of immigrant and continent of birth also tends to occur. For example, independent applicants were over-represented in Quebec and Ontario. Refugees, on the other hand, were over-represented in Manitoba, Saskatchewan, and Alberta, but under-represented in British Columbia.

While the main immigration streams tended to be to Ontario, Quebec, British Columbia and Alberta, there was a very noticeable flow within these streams from the various continents of birth. Asian immigrants most closely followed the overall pattern of regional distribution, with a slight over-representation in British Columbia. As well, proportionately large flows to British Columbia and Alberta came from Oceania and the United States. Ontario had an over-representation of European, Caribbean and Central and South American immigrants, while Quebec drew more than its share of immigrants from Africa and the Caribbean and Central and South America.

Urban concentration

Most immigrants entering Canada during the 1980-1989 period chose to settle in Canada's largest Census Metropolitan Areas

(CMAs). During that time, 60% of all immigrants entering Canada intended to settle in Toronto, Montreal, or Vancouver, and an additional 10% in Calgary or Edmonton.

The Toronto CMA was the most frequently cited intended destination among immigrants during the period, reported by 34% of all immigrants. Montreal was next with 14%, followed by Vancouver (10%), and Calgary and Edmonton (5% each).

Immigration flows to Toronto and Montreal reflect overall migration streams to Canada. Over the decade, 45% of those intending to settle in Toronto originated in Asia, 26% in Europe, and 20% in the Caribbean and Central and South America. Montreal was similar with 44% from Asia, 21% from Europe, and 23% from the Caribbean and Central and South America.

Vancouver's experience, on the other hand, was quite different. A full 65% of all immigrants intending to settle in Vancouver were born in Asia, 18% came from Europe, and just 5% from the Caribbean and Central and South America.

Ronald Logan is an analyst with the Housing, Family and Social Statistics Division, Statistics Canada.



SENIORS WITH DISABILITIES

Having a disability can be a major barrier to full participation in Canadian life. This is a particular problem for Canada's elderly population. In fact, nearly half of all people aged 65 and over, and eight out of ten individuals aged 85 and over, have some form of disability.

The majority of elderly people with disabilities are able to lead relatively normal lives: for example, most live at home, and most are able to get out and participate in leisure activities. However, a significant proportion of elderly people with disabilities are severely limited in the range of normal activities that they are able to pursue because of economic and environmental barriers.

More than a million

In 1986, 1.2 million elderly Canadians, 46% of all people aged 65 and over, had some form of disability.¹ The proportion of the elderly population with a disability is considerably above rates among younger people. For example, 16% of people aged 35-64 had a disability, while the figure was 6% among 15-34 year-olds.

Greatest among the very old

The likelihood of having a disability is greatest among older segments of the elderly population. In 1986, 82% of people aged 85 and over had some form of disability, as did more than half (54%) of people aged 75-84. At the same time, 37% of individuals aged 65-74 had a disability.

Very old people are also the most likely to have severe disabilities. Almost half (49%) of seniors aged 85 and over with a disability had a severe disability. This was also the case for 30% of disabled people aged 75-84. In contrast, the proportion of disabled people aged 65-74 with a severe disability (20%) was close to the figure for people aged 15-64 (15%).

Mobility/agility problems

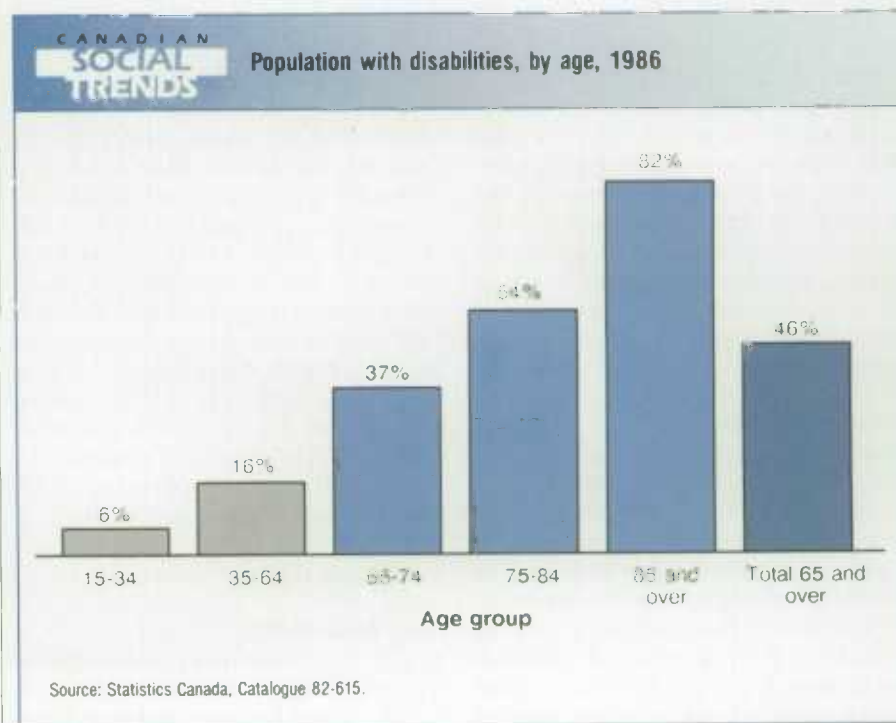
Problems with mobility/agility are the most common form of disability reported by elderly Canadians. In 1986, 81% of all seniors with a disability had a mobility/agility problem.

While many elderly people with these types of disabilities have assistive devices that enable them to be more active, many others who require such aids lack them. For example, 18% of those who needed a wheelchair did not have one. Overall, 9% of seniors requiring these and other mobility aids did not have them.

At the same time, 29% of seniors with a disability who needed special features to assist them to move about their home, as well as 39% of those requiring special features to assist them entering and leaving their residences, did not have them.

Significant proportions of elderly Canadians with disabilities also have problems using public transportation. In 1986, 25% of these people with access to public transportation indicated they experienced some difficulty using the service. Getting on and off public transportation vehicles was the most often cited problem.

Approximately 23% of seniors with a disability reported they were prevented from taking long distance trips because of their condition or health problem. In addition, of those able to travel long distances, 9% indicated they had some trouble using buses, trains, or airplanes. Again, the barrier most frequently cited was difficulty boarding and disembarking. The accessibility of terminals was also reported as a problem by a significant share of those unable to travel long distances.



Hearing/vision impairments

Hearing and vision problems are also common among the elderly. In 1986, 43% of people aged 65 and over with a disability had problems hearing, while 24% reported vision difficulties. Again, while many of these people had aids which alleviated the problem, significant proportions who required such assistive devices did not have them. Overall, 31% of seniors with a hearing disability were in need of a hearing device, while 10% had unmet needs for visual aids.

Most in the community

The majority of elderly people with a disability are able to live at home: in 1986, 84%

lived in the community, and, except for heavy household chores, most were able to handle basic daily tasks without assistance.

Nevertheless, significant proportions of elderly people with a disability require help with some, or all, daily living activities. In 1986, 34% of people aged 65 and over with a disability required assistance shopping, and 34% needed help with housework. As well, 22% had problems handling their personal finances, 18% required assistance preparing meals, and 15% needed help with personal care.

The proportion of elderly people with a disability requiring assistance with daily tasks is highest among the very old. For example, 66% of people aged 85 and over

with a disability needed help with shopping, 57% required assistance with housework, 49% had problems with personal finances, 41% could not prepare their own meals without help, and 27% needed assistance with personal care.

Families are the principal source of support for those elderly people with disabilities who require assistance with daily living activities, while agencies and neighbours also make important contributions.

Leisure activities

Most seniors with disabilities who live in the community are able to participate in leisure activities outside their homes: in 1986, 91% indicated they participated in such activities.

The Health and Activity Limitation Survey

The data in this article are from the Health and Activity Limitation Survey. This survey of people with disabilities was undertaken as part of Statistics Canada's ongoing commitment to build and maintain a national database on disability.

The survey was conducted in households in the fall of 1986 and in health-related institutions in the spring of 1987. The target population consisted of all persons with physical or psychological disabilities who were living in Canada at the time of the 1986 Census. The survey covered approximately 112,000 people with disabilities who lived in private households and 20,000 who lived in institutions. It included residents of all provinces and both territories, persons living on Indian reserves, and permanent residents of most collective dwellings and health-related institutions.

More information on Canadians with disabilities is available in *Highlights: Disabled Persons in Canada*, Statistics Canada, Catalogue 82-602; or by calling Janet Pantalone, Post-Censal Survey Program, 1-613-951-0025.

Elderly with a disability in institutions

While most seniors with a disability lived in the community, almost 200,000 of them (16% of the total disabled elderly population) resided in institutions. In fact, 98% of all people aged 65 and over living in institutions had a disability.

As might be expected, the very oldest people with a disability are the most likely to reside in an institution. In 1986, 43% of people aged 85 and over with a disability, and 25% of those aged 80-84 were living in institutions. In contrast, this was the case for only about 5% of disabled people aged 65-74.

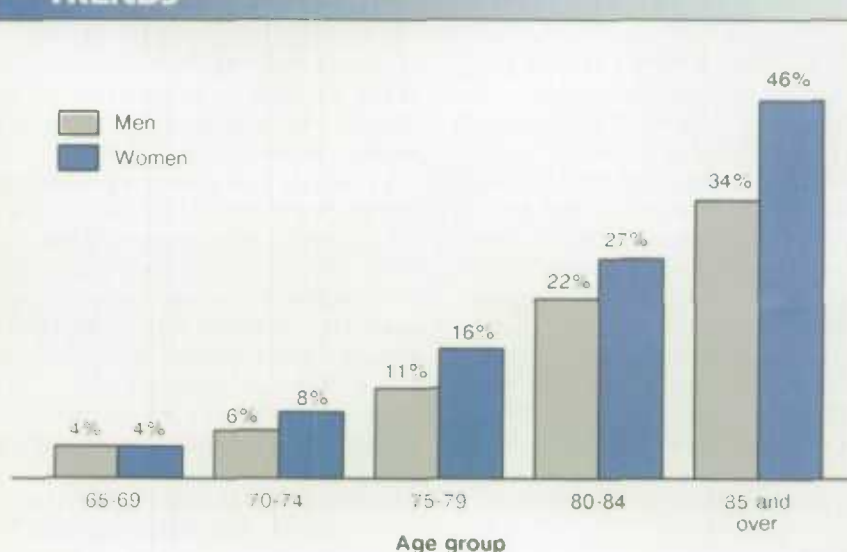
Elderly women with a disability are generally more likely than their male

counterparts to live in institutions. In 1986, close to half (46%) of women aged 85 and older with a disability were in an institution, compared with 34% of disabled men in this age group.

That elderly women with disabilities are more likely than men to be in institutions may, in part, be attributable to the considerably smaller proportion of these women who have spouses to help look after them at home. For example, just 35% of women aged 65 and over with a disability were married compared with 76% of men. In contrast, elderly women with a disability were more than four times as likely as men (56% compared with 13%) to be widowed.

CANADIAN
SOCIAL
TRENDS

Seniors with disabilities living in institutions, by age and sex, 1986



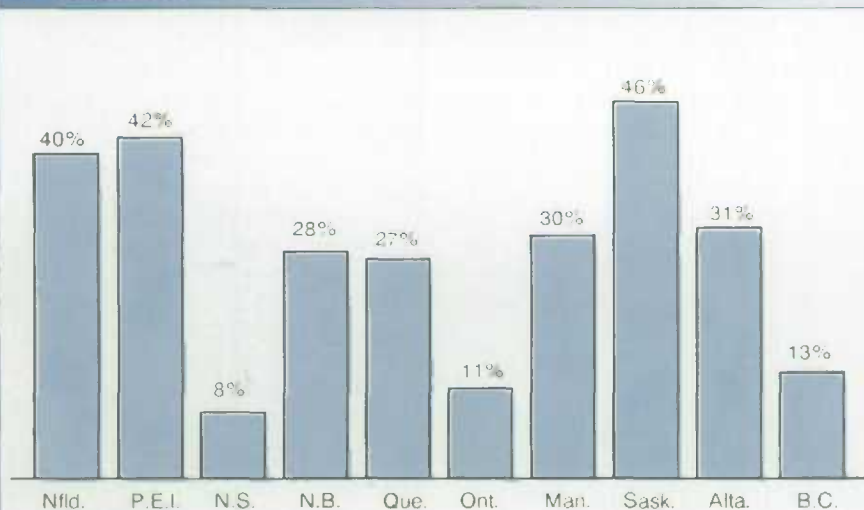
Source: Statistics Canada, Catalogue 82-615.

¹ This report uses the definition of disability which has been adopted by the World Health Organization: that is, a disability is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. For a limitation to be considered a disability, it has to have lasted, or be expected to last, six months or more. Individuals are not considered to have a disability, however, if they use a technical aid that completely eliminates the limitation.



CANADIAN SOCIAL TRENDS

Seniors with disabilities making out-of-pocket expenditures on prescription drugs, by province, 1986



Source: Statistics Canada, Catalogue 82-615.

Visiting friends (89%) and shopping (84%) were the most commonly reported activities of seniors with a disability who did engage in leisure activities.

In addition, a significant proportion of seniors with a disability take part in physical activities. In 1986, 27% participated in some physical activity three or more times a week, while another 10% took part at least once a week.

At the same time, though, almost one in four (23%) seniors with a disability would like to undertake more physical activities. The vast majority (81%) of them reported that they did not participate more because they were physically unable to do so.

Incomes

The incomes of elderly Canadians with a disability are relatively low. In 1986, 60%

of seniors with a disability had incomes below \$10,000. In comparison, about 51% of seniors without disabilities had incomes below this level.

A relatively high percentage of elderly Canadians with a disability have incomes below official low-income cut-offs. In 1986, 22% of seniors with a disability were members of a low-income household. This compares with an estimated 17% of seniors without disabilities and 13% of all people aged 15-64.

Income problems are particularly severe among elderly women with a disability. Over 70% of these women had incomes below \$10,000, compared with 45% of elderly men with a disability.

Housing affordability is also an issue for many seniors with a disability. This is especially true for those who rent. In

1986, 39% of seniors with a disability who rented their homes paid more than 30% of their income in rent.

Housing affordability was less of a problem among seniors with a disability who own their own homes; still, 10% of these people paid more than 30% of their incomes on mortgage payments in 1986.

Income problems among elderly Canadians with a disability are further compounded by the fact that many have disability-related out-of-pocket expenses that are not reimbursed by insurance or government programs. In 1986, 20% of seniors with a disability reported out-of-pocket expenses for prescription and non-prescription drugs. In addition, 9% said they made such expenditures on transportation, while 7% reported expenses on special supplies, 6% made personal service expenditures, and 5% had expenses on other medical services.

There is, however, considerable variation across the country in the proportion of elderly people with a disability reporting out-of-pocket expenses. For example, around 40% of seniors with a disability in Saskatchewan (46%), Prince Edward Island (42%), and Newfoundland (40%) had expenses for prescription and non-prescription drugs; in contrast, the figures were only around 10% in Nova Scotia (8%), Ontario (11%), and British Columbia (13%).

Conclusion

Although the barriers facing disabled seniors are numerous, many services and programs have been developed to enable them to live independently. As a result, these people can more easily undertake their own daily living activities such as shopping, personal care, and personal finances. Many barriers, however, still affect the lives of a significant share of the disabled elderly population, and the further reduction and eradication of these barriers will help the aging population in Canada to pursue productive and active lives.

• This article has been adapted from *Statistics Canada, Catalogue 82-615, Barriers Confronting Seniors with Disabilities in Canada*, by Dr. Peter A. Dunn. Dr. Dunn undertook this research with the Center for Social Welfare Studies, Faculty of Social Work, Wilfrid Laurier University.



EDUCATIONAL ATTAINMENT OF LINGUISTIC GROUPS IN CANADA

by Alain Baril and George A. Mori

Canadians are better educated than ever before. Steady improvements in levels of educational attainment occurred over the past few decades.¹ More younger Canadians today have university degrees and fewer have less than a Grade 9 education than did earlier cohorts. But while the gaps are narrowing, there remain differences in the level of educational attainment among Canada's linguistic groups.²

Despite improvements in their overall educational attainment, francophones continue to lag behind anglophones.

Allophones – those with a single mother tongue that is neither English nor French – have the highest proportion with a university education. And while allophones are also the most highly represented among those with less than Grade 9, there are indications that this, too, is changing.

English-French differences

Anglophones in Canada tend to have more years of formal schooling than do francophones. In 1986, 10% of anglophones had a university degree, compared with

8% of francophones. At the same time, just 11% of anglophones had less than a Grade 9 education, compared with 24% of francophones.

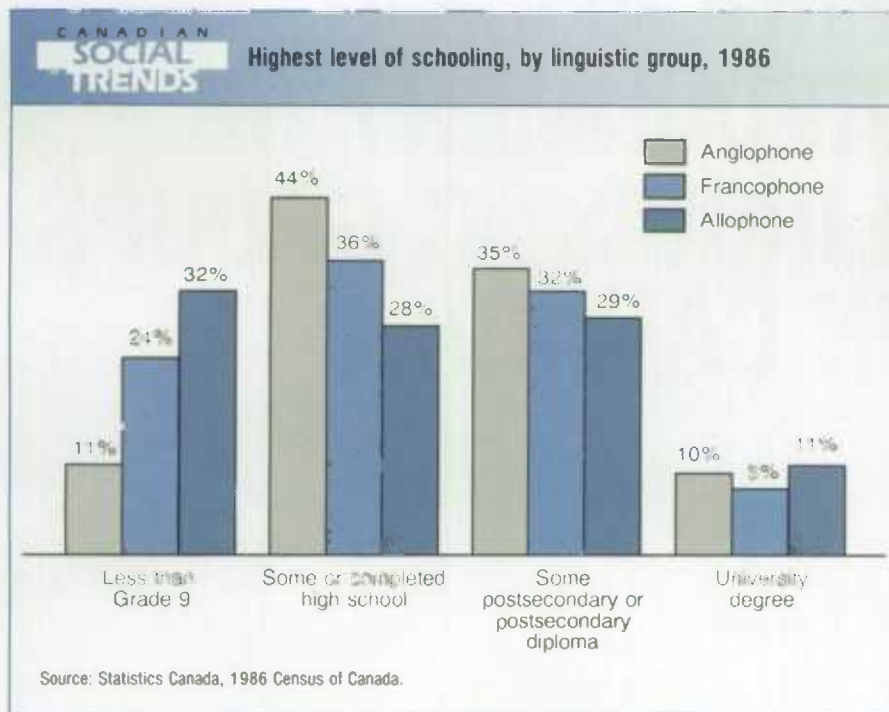
¹ For an overview of education trends, please see the article, "Changes in Educational Attainment," by George A. Mori and Brian Burke in the Summer 1990 issue of *Canadian Social Trends*.

² Data in this article are based on persons who provided only a single response to the mother tongue question.

However, the differences in educational attainment between the two linguistic groups have become smaller over time. For example, among those who have

recently finished school, differences are much smaller than was the case for earlier cohorts. In 1986, there was a 2 percentage-point difference between the proportion

of anglophones and francophones aged 15-24 with less than Grade 9. The gap was just 7 percentage points among those aged 25-44, increased to 26 percentage points among 45-64-year-olds, and to 32 percentage points among those aged 65 and over.



Allophones

Allophones fall into the two extremes of educational attainment. On the one hand, they have the highest proportion of university graduates and, on the other, the highest proportion with less than a Grade 9 education. In 1986, 11% of allophones had a university degree, and 32% had less than Grade 9.

The gap between the proportion of allophones with less than Grade 9 and similarly educated people from the two other linguistic groups has been narrowing over time. However, it has been widening among those with a university degree. For example, in 1986, 19% of allophones aged 25-44 had a university degree, compared with 16% of anglophones and 12% of francophones in the same age group. Among those who had, for the most part, finished their schooling at an earlier date, anglophones had the highest proportion with a university degree. In 1986, 5% of anglophones aged 65 and over had a university degree, compared with 3% of similarly aged allophones and francophones.

Highest level of schooling, by age and linguistic group, 1986

	Less than Grade 9	Grades 9-13		Some post-secondary	University degree	Total
		No certificate	With certificate			
%						
Aged 15-24						
Anglophone	3.8	45.6	16.1	30.5	4.1	100.0
Francophone	5.7	32.7	17.9	40.2	3.5	100.0
Allophone	9.9	37.9	14.8	32.4	5.0	100.0
Total	4.8	41.8	16.5	33.0	4.0	100.0
Aged 25-44						
Anglophone	4.5	23.7	13.6	42.4	15.9	100.0
Francophone	11.3	19.9	18.6	38.2	12.0	100.0
Allophone	16.7	17.0	10.5	37.0	18.8	100.0
Total	7.9	21.9	14.5	40.6	15.1	100.0
Aged 45-64						
Anglophone	17.7	31.8	9.5	31.8	9.1	100.0
Francophone	44.1	15.6	11.9	22.4	5.9	100.0
Allophone	41.0	17.7	6.2	27.6	7.5	100.0
Total	29.2	24.9	9.5	28.6	7.9	100.0
Aged 65 and over						
Anglophone	32.9	31.0	8.2	23.0	4.9	100.0
Francophone	64.4	13.1	7.6	11.9	3.0	100.0
Allophone	63.4	14.7	4.6	13.9	3.4	100.0
Total	45.6	23.9	7.4	18.9	4.2	100.0

Source: Statistics Canada, 1986 Census of Canada.

Exception to recent trends

While levels of educational attainment have generally increased in Quebec, there are indications that the proportion of young men with less than a Grade 9 education has increased, in contrast to the trend across the country. Between 1981 and 1986, the proportion of anglophone males aged 15-24 with less than Grade 9 increased from 4.7% to 5.1%. Among comparable francophones, the proportion increased from 6.5% to 6.8%, and among allophones, from 10.4% to 10.7%.

Both authors, **Alain Baril** and **George A. Mori**, are analysts with the Housing, Family and Social Statistics Division, Statistics Canada.



ALCOHOL AND DRUG USE

by Marc Eliany

National Alcohol and Other Drugs Survey

The National Alcohol and Other Drugs Survey (NADS) was conducted by Statistics Canada on behalf of Health and Welfare Canada in March 1989. Data were collected through telephone interviews from a sample of close to 12,000 Canadians aged 15 and over in the ten provinces, excluding residents of institutions such as prisons and hospitals. Also excluded were the Territories, where separate surveys must be conducted due to special sampling requirements.

Despite the size and scope of the survey, limitations to the data exist. For example, not all drugs could be considered

in this survey. Therefore, the focus was on those drugs, including alcohol, that, by virtue of their frequency, quantity and circumstances of use, were most likely to be linked to health or other problems.

A major concern in any survey of alcohol and other drug use is the accuracy of self-reported data. It is believed that some degree of under-reporting is likely to occur. However, research has shown self-reports of drinking to be quite reliable. Also, the high response rate (79%) to the NADS greatly increases the probability of data being reliable and accurate.



ALCOHOL

The drinking patterns of adult Canadians have changed over the last decade. Although most adults consume alcoholic beverages from time to time, there has been a trend toward moderation. A smaller proportion of people are drinking, those who do drink are consuming less, and many have stopped drinking. Even so, a substantial number of Canadians have experienced problems because of their own or someone else's alcohol consumption. These difficulties can involve health, finances, home life, and friendships.

Most Canadians drink

While the majority of Canadians drink alcoholic beverages, the proportion who do so has declined during the past decade. In 1989, 78% of people aged 15 and over identified themselves as current drinkers in that they had consumed at least one drink in the previous year. This proportion was down from 82% in 1978. (A drink was defined as one bottle of beer or glass of draft; one glass of wine or a wine cooler; or one straight or mixed drink with 44 ml (1.5 oz.) of hard liquor.)

Drinking less

At the end of the 1980s, Canadian adults were not drinking as often as they did at the end of the 1970s. In 1989, about a quarter (26%) of current drinkers reported having consumed alcohol less than once per month during the previous year. In 1978, just 15% of current drinkers had limited the frequency of their consumption to this extent.

In addition, the average number of drinks consumed has declined. In 1989, current drinkers averaged 3.7 drinks per week, down from 5.1 in 1985.

Moreover, average weekly consumption figures tend to be inflated by the heavy drinking of a small minority. For example, in 1989, 6% of current drinkers reported having 15 or more drinks during the week before the survey; another 9% had 8 to 14 drinks. On the other hand, almost half of current drinkers (47%) did not have a drink that week, and 38% had 1 to 7 drinks.

As well, a significant percentage of Canadians have stopped drinking. Former drinkers accounted for 16% of adults in 1989, up sharply from just 4% in 1978.

The proportion of people who have never consumed alcohol was actually

lower in 1989 than in 1978. In 1989, 7% of adults identified themselves as never having been drinkers, whereas the figure for 1978 was 13%.

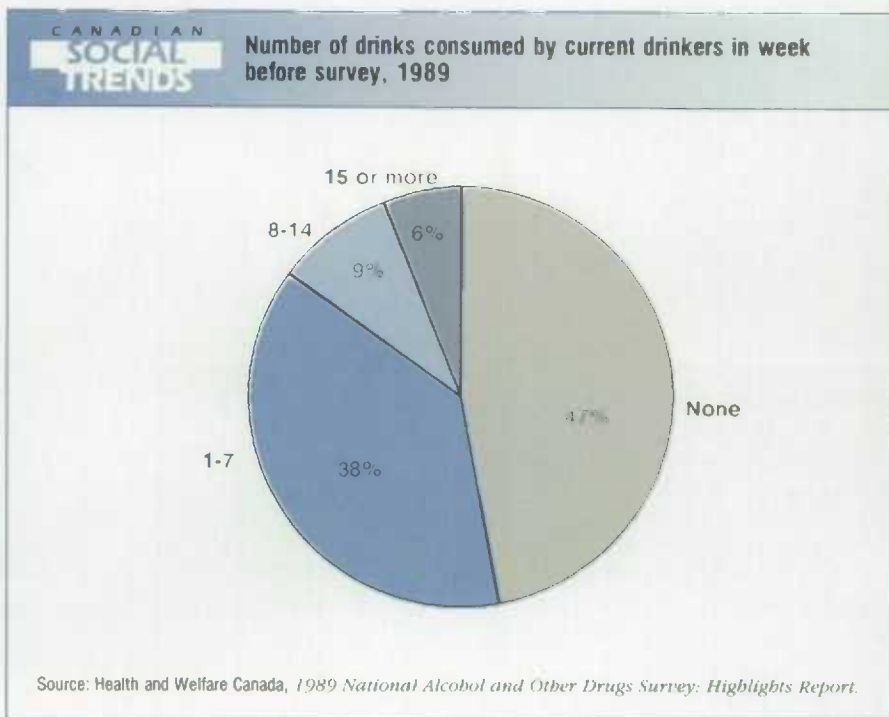
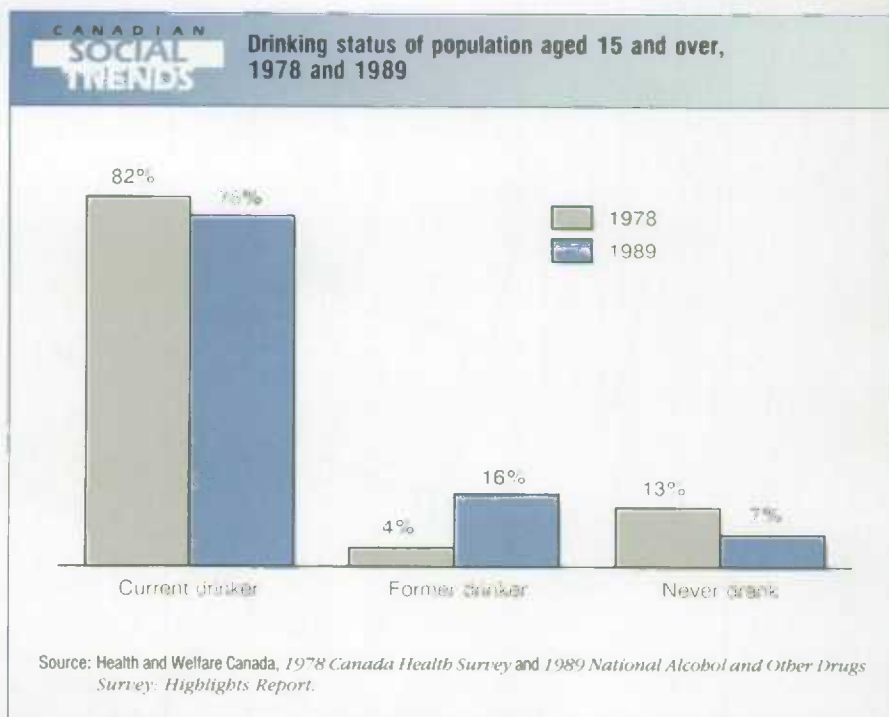
Higher proportion of drinkers in West

In general, current drinkers make up a higher percentage of the population in Western Canada than in the Eastern provinces.

In 1989, the proportion of people who were current drinkers was highest in

British Columbia (83%), closely followed by Alberta (82%).

The prevalence of current drinkers among residents of Manitoba (79%), Saskatchewan and Ontario (both 78%), and Quebec (76%) was closer to the national figure (78%). By contrast, current drinkers made up the smallest share of the population in Prince Edward Island (64%). Rates were also relatively low in Newfoundland and New Brunswick (both 68%) and Nova Scotia (71%).



Most common among young

Drinking tends to be most common among young adults. In 1989, the proportions of current drinkers peaked at ages 20-24 (88%) and ages 25-34 (87%).

Among 15-19-year-olds, drinking was less prevalent, with 74% reporting that they had consumed alcohol in the previous year. However, legislation governing drinking ages limits the availability of alcohol for many teenagers. The legal drinking age is 19 in all provinces except

Quebec, Manitoba, and Alberta, where it is 18.

The proportion of current drinkers declines in successively older age groups. While 83% of 35-44-year-olds were current drinkers in 1989, the figure dropped to 77% at ages 45-54, 72% at ages 55-64, and 54% among people aged 65 and over.

More drinking among men

Regardless of age, men are more likely than women to consume alcohol. Overall,

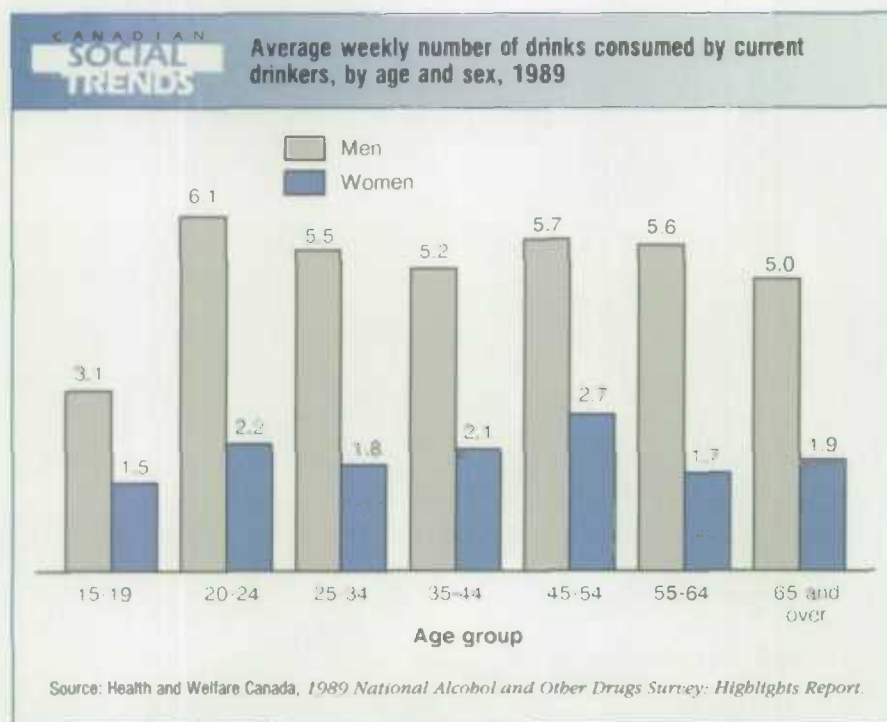
84% of men aged 15 and over were current drinkers in 1989, compared with 72% of women.

Differences in the use of alcohol by men and women widen at older ages. For example, among 20-24-year-olds, 93% of men and 83% of women were current drinkers – a difference of 10 percentage points. By ages 65 and over, the comparable figures were 66% for men and 46% for women – a 20-percentage point gap.

Men drink more frequently than women. While 15% of male current drinkers consumed alcohol at least four times a week, just 6% of female drinkers drank that often.

Men also consume greater quantities of alcohol than do women. Ten percent of male current drinkers had 15 or more drinks in the week before the survey; only 1% of female drinkers consumed that much.

Average weekly alcohol consumption peaks at different ages for men and women. In 1989, men aged 20-24 had more drinks per week than any other age group, averaging 6.1. For women, consumption was highest among those aged 45-54, who averaged 2.7 drinks per week.



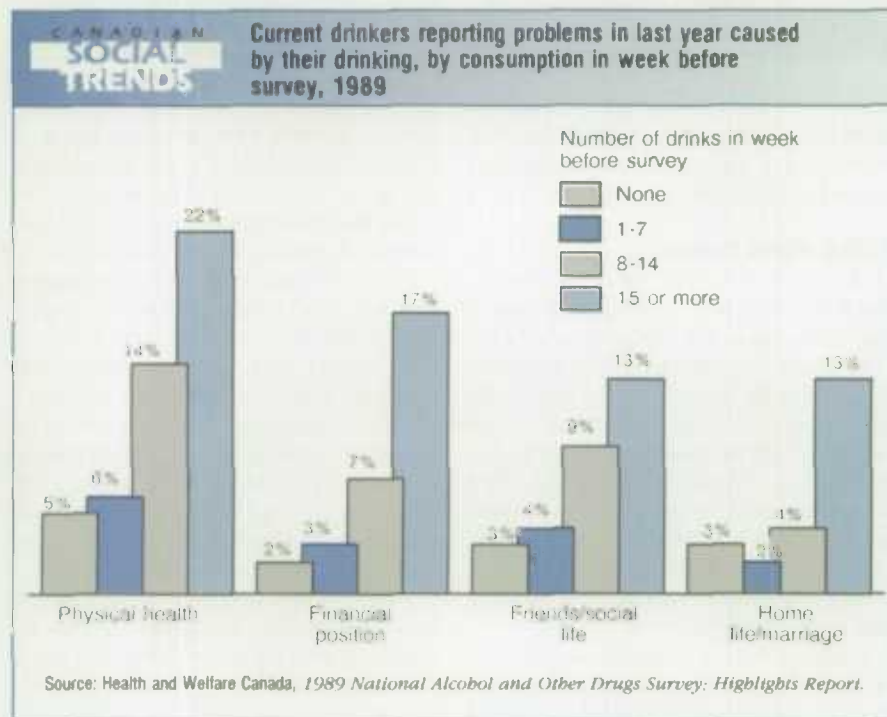
High income/high consumption

In general, alcohol use is more common among high-income Canadians than among those in less affluent households. In 1989, 89% of adults in households with incomes of \$40,000 or more were current drinkers, compared with 60% of those whose household income was less than \$10,000.

Similarly, current drinkers in high-income households tend to consume more alcohol per week than do those in households with lower incomes. For example, average weekly consumption for current drinkers in households with incomes of \$40,000 or more was 4.2 drinks, compared with 2.7 drinks for those in households with incomes below \$10,000.

The higher weekly consumption of affluent drinkers reflects more frequent drinking. Whereas 50% of those in the highest income bracket reported that they usually drink once a week or more, the figure for those in the lowest income group was 23%.

However, when people in lower income groups do drink, they tend to consume more than those in other income groups. For instance, in 1989, current drinkers whose annual household income was less than \$10,000 had an average of 3.3 drinks per occasion, compared with 2.7 drinks for those with household incomes of \$40,000 or more.



Drinking and driving

One in five Canadian adults admits to drinking and driving. In 1989, 19% of current drinkers reported that sometime in the year before the survey they had driven within an hour of consuming two or more drinks.

Men were three times more likely than women to report drinking and driving. While 27% of current male drinkers had driven after drinking, just 9% of female drinkers had done so.

Younger people have a greater tendency than older people to drink and drive. Nearly a quarter (23%) of current drinkers aged 15-34 reported that they had driven within an hour of consuming two or more drinks; the figures were 20% for drinkers aged 35-54 and 7% for those aged 55 and over.

The more people drink, the more likely they are to report driving after drinking. For example, 43% of current drinkers who had 8 or more drinks during the week before the survey reported that they had driven after drinking. The corresponding proportions were 20% for drinkers who had consumed 1 to 7 drinks and 9% for those who did not drink that week.

In addition, a substantial minority of adults (10%) reported that sometime during the previous year they had been passengers in a vehicle with a drunk driver.

Drinking companions

Drinking in Canada is a social activity, usually carried out in the company of friends or family.

In 1989, about half (49%) of drinkers consumed alcohol with their friends a few times a month or more. As well, 25% of drinkers drank with their family at least a few times a month.

In general, drinking alone is rare. In 1989, just 6% of current drinkers reported that they drank alone once a week or more. On the other hand, 77% of current drinkers never drank alone.

Drinking alone, however, is relatively common among heavy drinkers. About a quarter (26%) of those who consumed 15 or more drinks in the week before the survey reported drinking by themselves once a week or more, compared with 5% of those who had 1 to 7 alcoholic beverages that week.

As well, older people are more likely than those in younger age groups to drink



alone. Whereas 11% of current drinkers aged 55 and over drank by themselves at least once a week, the corresponding figure for those under age 35 was 3%.

Alcohol-related problems

Problems with health, finances, family, and friendship may be caused by one's own drinking or the drinking of others.

As might be expected, heavy drinking is associated with a relatively high incidence of such difficulties. For example, 22% of those who had 15 drinks or more in the week before the 1989 survey reported a problem with their health during the previous year; the comparable proportion among current drinkers who did not consume alcohol that week was 5%.

Similarly, 17% of heavy drinkers reported financial problems in the previous 12 months, compared with 2% of those who

did not drink in the week before the survey. As well, 13% of heavy drinkers reported difficulties with friends or home life in the preceding year, whereas the figure was 3% for those who had not consumed alcohol in the previous week.

Problems caused by others' drinking are reported more frequently than those stemming from one's own consumption.

In 1989, 26% of Canadian adults reported that they had been disturbed during the past year by loud parties or by the behaviour of people drinking. Almost as many (21%) had been insulted by someone who had been drinking. Serious arguments due to someone drinking were reported by 17% of Canadians.

Seven percent of adults reported having been assaulted in the previous year by someone who had been drinking. Family problems related to alcohol affected 8% of adults, and 6% had lost friends.



PRESCRIPTION AND OVER-THE-COUNTER DRUGS

Prescription and over-the-counter drugs are helpful and often essential in dealing with health problems. However, many of these drugs have the potential for dependence, and as such, even their legitimate use may open the door to abuse. Also, some of these drugs are diverted to the illegal drug market, where abuse is almost certain to occur.

In 1989, the proportion of people who reported using prescription and over-the-counter drugs was relatively low. About one in twenty adult Canadians used painkillers or prescription opiates such as codeine, demerol, and morphine in the month before the survey, and even fewer took sleeping pills or tranquilizers. However, the use of both sleeping pills and tranquilizers was much higher among older than young people. Also, women were more likely than men to report using prescription and over-the-counter drugs.

Painkillers most common

Of the five classes of prescription and over-the-counter drugs studied in the 1989 National Alcohol and Other Drugs Survey, painkillers (prescribed opiates such as codeine, demerol, and morphine) were the most widely used. That year, 5.0% of adults aged 15 and over reported use during the 30 days before the survey.

Tranquilizers down, sleeping pills up slightly

While trend data for Canada as a whole are lacking, Ontario figures indicate a relatively steep downturn in tranquilizer use. According to the Addiction Research Foundation, the proportion of Ontario men who reported using tranquilizers in the year before the survey dropped from 8.7% in 1977 to 3.5% in 1987. Over the same period, rates for women fell from 15.9% to 9.6%.

On the other hand, reported sleeping pill use in Ontario was somewhat higher in 1987 than at the end of the 1970s. In 1987, 7.1% of men had taken sleeping pills in the preceding year, compared with 6.0% in 1977. Comparable figures for women were 10.8% in 1987, up from the 9.3% reported 10 years earlier.

Somewhat smaller proportions of the population reported having used sleeping pills (3.6%) or tranquilizers such as Valium (3.1%).

Reported use of anti-depressants and stimulants was even more limited. In 1989, 2.0% of adults had used anti-depressants in the month before the survey, while 0.9% had used diet pills or other stimulants.¹

While the 1989 survey did not question respondents about multiple drug use, the 1985 Health Promotion Survey had found that many people used more than one kind of drug. For example, one-third (34%) of sleeping pill users also reported using tranquilizers, and 14% of tranquilizer users said they took sleeping pills.

Higher use among older people

The use of prescription and over-the-counter drugs varies at different ages. Elderly people are much more likely than younger ones to use sleeping pills. In fact, more than one in ten people aged 65 and over (11.1%) reported the use of sleeping pills in the month before the 1989 survey. This is at least double the rate of use by any other age group. For example, just under 5% of people aged 45-64 said that they had taken sleeping pills over the same period.

Tranquilizer use is highest at ages 55-64, although the rate is also quite high among elderly people. In 1989, 6.0% of 55-64-year-olds reported taking tranquilizers in the month before the survey, while the rate was 5.4% for those aged 65

and over. The proportion of 45-54-year-olds who had used these drugs over the same period was 5.0%. Rates were half this or less for younger people.

The use of painkillers did not vary as greatly by age. In 1989, about 6% of people aged 20-44 reported taking codeine, demerol, or morphine in the month before the survey. The rate was 4.9% for 15-19-year-olds and about 4% for those aged 45 and over.

... and among women

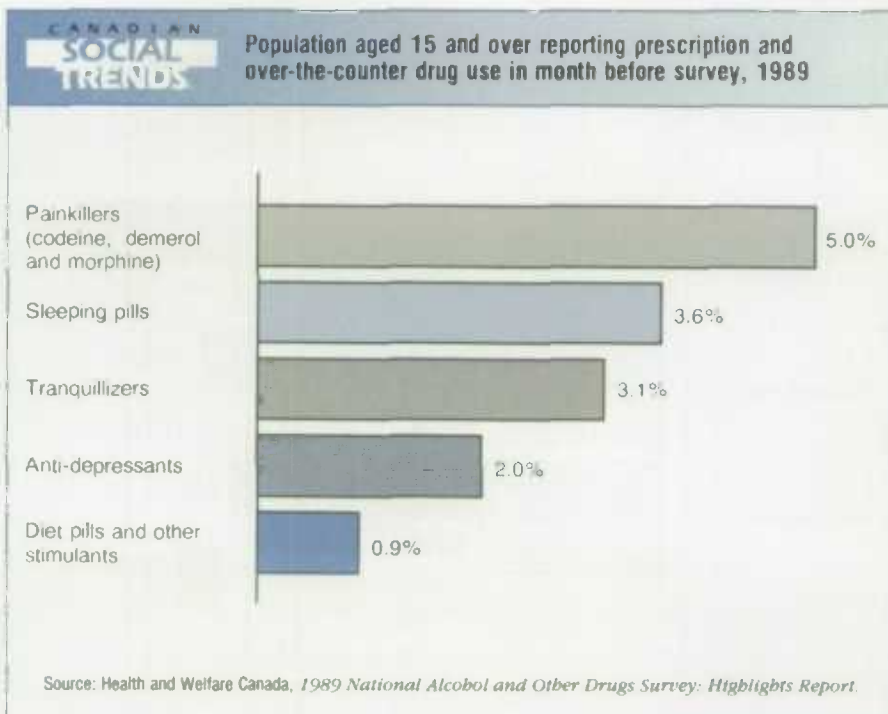
Regardless of age, women are more likely than men to use painkillers, sleeping pills, and tranquilizers.

In 1989, 5.7% of women reported taking codeine, demerol, or morphine in the month before the survey, while the proportion for men was 4.3%. At the same time, the proportion of women who had used sleeping pills was 4.6%, compared with 2.5% for men.

Women were more than twice as likely as men to report having taken tranquilizers in the 30 days before the survey: 4.3% compared with 1.8%.

Use varies by education and income

People with limited formal education are most likely to use sleeping pills and tranquilizers. For example, in 1989, 4.4% of adults with a secondary school education or less used sleeping pills in the month before the survey, while the proportion was just 2.5% for those with a postsecondary degree. Figures were almost the same for tranquilizer use.



These differences may, in part, be due to the ages of people with different educational qualifications. Overall, older people, whose use of both sleeping pills and tranquilizers is relatively high, also tend to have lower levels of schooling than younger people.

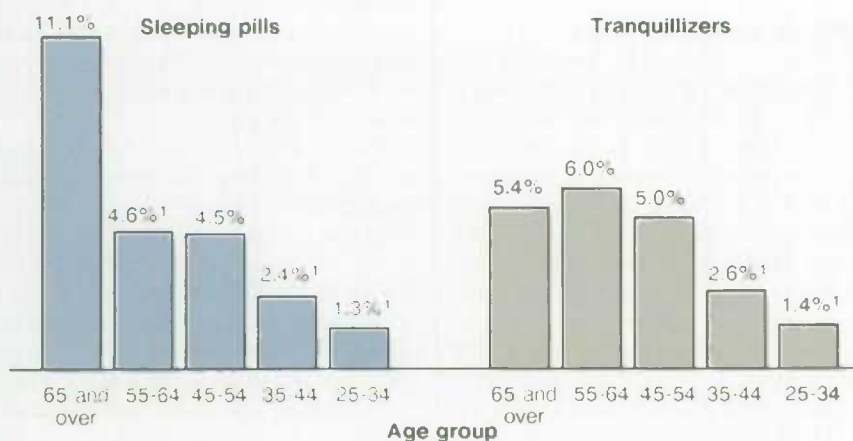
Given the strong correlation between education and income, it is not surprising that people with relatively low incomes are also most likely to use sleeping pills or tranquilizers. In 1989, 8.9% of people

with an annual income below \$10,000 reported taking sleeping pills in the month before the survey, compared with 2.0% of those having an income of \$40,000 or more. Comparable figures for tranquilizers were 6.8% and 1.7%, respectively.

¹ The relatively small populations of users of anti-depressants and diet pills and other stimulants inhibits detailed descriptions of user characteristics.

CANADIAN SOCIAL TRENDS

Population aged 15 and over reporting sleeping pill and tranquilizer use in month before survey, by age, 1989

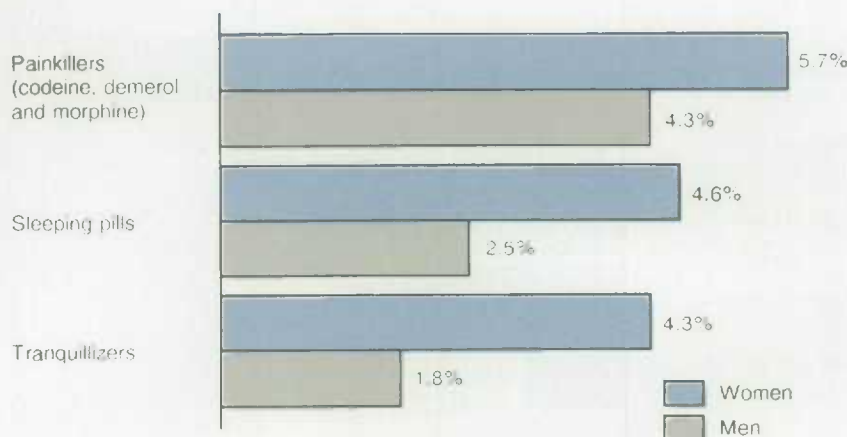


¹ High sampling variability.

Source: Health and Welfare Canada, 1989 National Alcohol and Other Drugs Survey: Highlights Report.

CANADIAN SOCIAL TRENDS

Population aged 15 and over reporting prescription and over-the-counter drug use in month before survey, by sex, 1989



Source: Health and Welfare Canada, 1989 National Alcohol and Other Drugs Survey: Highlights Report.



ILLICIT DRUGS

A small minority of Canadians use illicit drugs, and an even smaller proportion use them regularly. However, while some drug users do not suffer lasting consequences, others experience severe problems. These range from the various legal ramifications for possession or supply of illicit substances to serious financial difficulties, which may lead to criminal activities. As well, long-term physical or mental health problems may result from abuse, and death may occur from overdose of certain illicit drugs.

According to various surveys conducted over the last decade, cannabis (marijuana, hashish, and hashish oil) is the most widely used illicit drug, although its use has declined. Young adults, particularly men, are more likely than older people to be drug users. Also, men are more likely than women to use cannabis on a regular basis. For most people, however, drug use is not a lifetime habit, but one that is abandoned later in life.

Cannabis most common

According to the 1989 National Alcohol and Other Drugs Survey, 6.5% of people aged 15 and over were considered current users of cannabis, having stated that they had used the drug at least once in the year before the survey.

Regular use of this drug is even less common. In fact, fewer than half of current cannabis users reported using it regularly. In 1989, 22.4% of people who had used cannabis in the year before the survey reported use at least once a week. A further 24.8% reported use one to three times a month.

The proportion of adults who reported being current users of potentially more dangerous illicit drugs was much lower than for cannabis. In 1989, 1.4% of people aged 15 and over were current users of cocaine or crack, and fewer than half of one percent reported using LSD, speed, or heroin.²

Use declining

Few national trend data are available about illicit drug use. However, indications are that cannabis use declined over the first half of the 1980s and has been relatively

² The relatively small population of cocaine and LSD users inhibits detailed descriptions of user characteristics. However, when possible, breakdowns are provided.

stable since then. In 1989, 6% of people aged 18 and over reported using cannabis in the year before being surveyed, almost the same proportion as in 1985 (5%). These figures were about half the 1980 level of 12%.

Also, data from studies conducted in Ontario indicate a substantial decrease in the use of cannabis by young people. According to the Addiction Research Foundation, in 1989, 14% of Ontario students in Grades 7, 9, 11, and 13 reported using

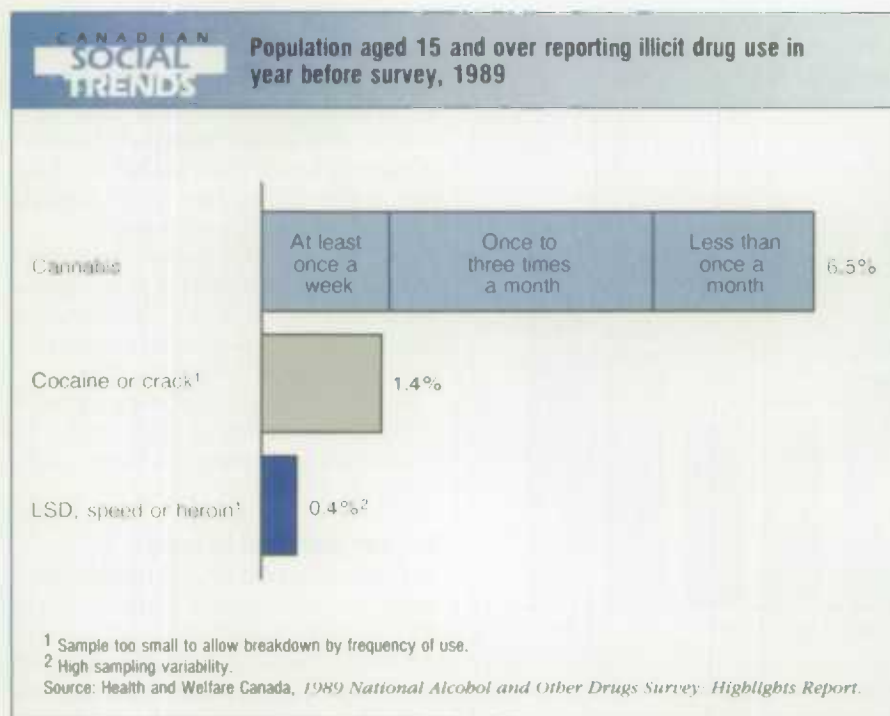
cannabis in the year before the survey. This was less than half the 32% who reported use in 1979.

The Ontario student study also indicates a drop in cocaine use over the last decade. For example, 2.7% of the students reported using cocaine in the year before the 1989 survey, down from 5.1% reported in the 1979 survey. Questions on the use of crack were asked for the first time in 1987: reported use was around 1% in both 1987 and 1989.

Provincial differences

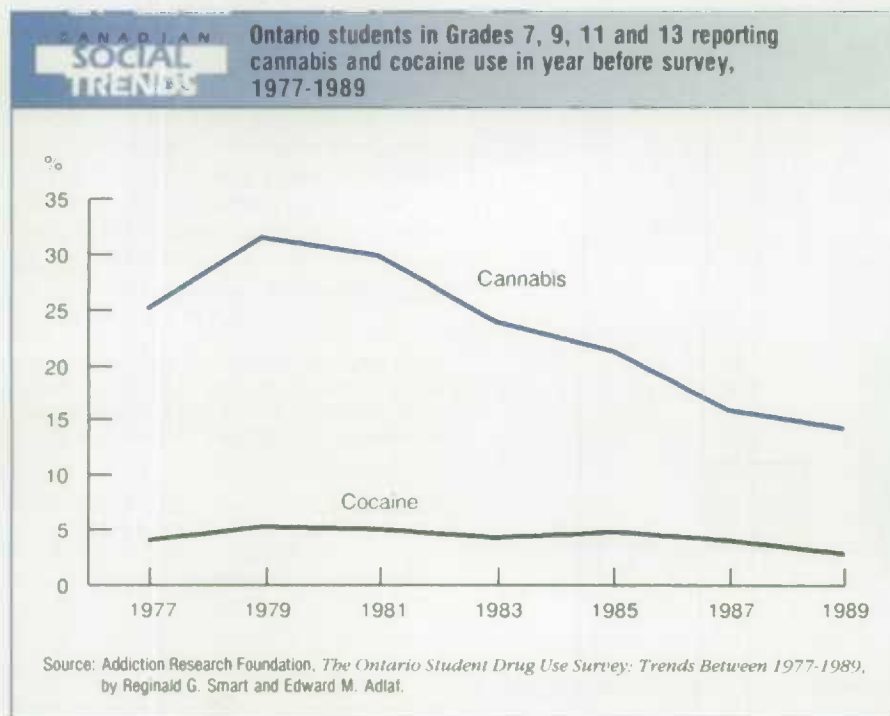
The extent of drug use varies considerably from province to province. Overall, British Columbia residents are most likely to use illicit substances. In 1989, almost one in ten (9.6%) adults living in British Columbia reported using cannabis in the year before the survey. The rate in Nova Scotia was also quite high, where 7.4% of the population were current cannabis users.

The proportion of current cannabis users equalled the national average (6.5%) in both Quebec and Alberta, while rates were somewhat lower in Ontario and New Brunswick.



Marijuana and other drugs

Marijuana use appears to be strongly related to the use of both tobacco and alcohol. For instance, according to a 1985 Gallup Poll conducted for Health and Welfare Canada, marijuana users were twice as likely as non-users to smoke cigarettes daily (66% compared with 32%). Also, while 98% of marijuana users drank alcohol on a monthly basis, the proportion was 64% for non-users.



Newfoundland residents were least likely to report using cannabis in the year before the 1989 survey (4.5%). Levels of use were only slightly higher than this in Prince Edward Island, Saskatchewan, and Manitoba.

British Columbia residents were also most likely to use other drugs, with 7.2% having used cocaine or crack at some point in their lives and 6.1% reporting the use of LSD, speed, or heroin. Quebec had the second highest proportion of people

who had ever used cocaine (4.1%); the rate in Alberta was only slightly lower (3.7%). Also, Alberta residents reported the second highest level of LSD, speed, or heroin use (5.5%).

Use highest among young people

Young adults are more likely than older people to use illicit drugs. For instance, almost one in five (18.4%) 20-24-year-olds had used cannabis during the 12 months preceding the 1989 survey, as had 12.3%

of people aged 15-19 and 10.5% of those aged 25-34. The proportion was considerably lower at ages 35-54, and use was virtually non-existent among those aged 55 and over.

The proportion of people who had used cocaine or crack in the year before the survey was highest at ages 25-34 (3.3%) and 20-24 (3.1%). The level of current cocaine use among 15-19-year-olds was 1.9%, while almost no one 35 and over reported being a current user.

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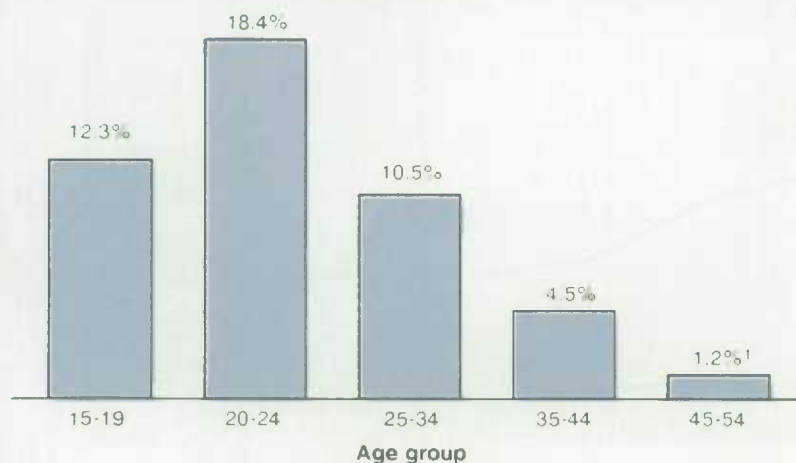
Population aged 15 and over reporting cannabis use in year before survey, by province, 1989



Source: Health and Welfare Canada, 1989 National Alcohol and Other Drugs Survey: Highlights Report.

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Population aged 15 and over reporting cannabis use in year before survey, by age, 1989



¹ High sampling variability.

Source: Health and Welfare Canada, 1989 National Alcohol and Other Drugs Survey: Highlights Report.

Men more likely users

At all ages, men are more likely than women to be current users of illicit drugs. For example, men were more than twice as likely as women to have used cannabis in the year before the 1989 survey. That year, 8.9% of men had used cannabis, compared with 4.1% of women.

Men are also far more likely than women to use cannabis at least once a week. In 1989, 25.6% of current male users reported using cannabis at least once a week, compared with 15.8% of women.

Also, in 1989, 2.0% of men reported having used cocaine or crack in the 12 months before the survey, compared with just 0.8% of women.

Drug use abandoned by many

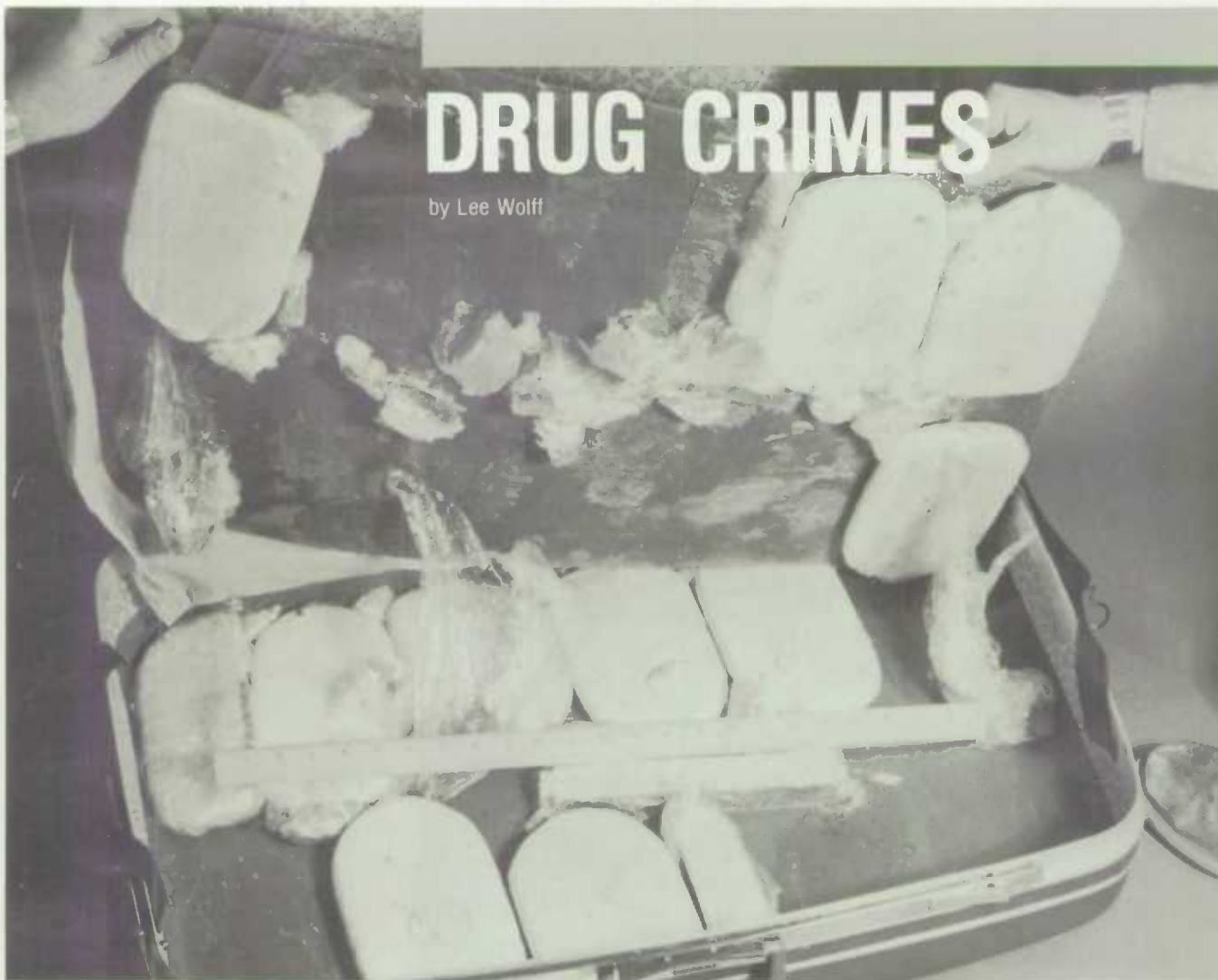
The vast majority of people who use illicit drugs do not continue using them throughout their lives. One indication of this is the relatively high proportions of adults who reported having used illicit drugs at some point, compared with the proportion who were still using them. For example, in 1989, almost one-quarter (23.2%) of people aged 15 and over reported ever having used cannabis, but just 6.5% were current users. Corresponding proportions for cocaine or crack were 3.5% and 1.4%. Similarly, the rate for those who reported having used LSD, speed, or heroin at some point in their lives was 4.1%, compared with 0.4% of adults who were current users.

Marc Eliany is the National Alcohol and Other Drugs Survey Project Manager, and a senior analyst with the Health Services and Promotion Branch, Health and Welfare Canada.

• More information on this topic is available in the 1989 National Alcohol and Other Drugs Survey: Highlights Report, Alcohol in Canada, and Licit and Illicit Drugs, Health and Welfare Canada.

DRUG CRIMES

by Lee Wolff



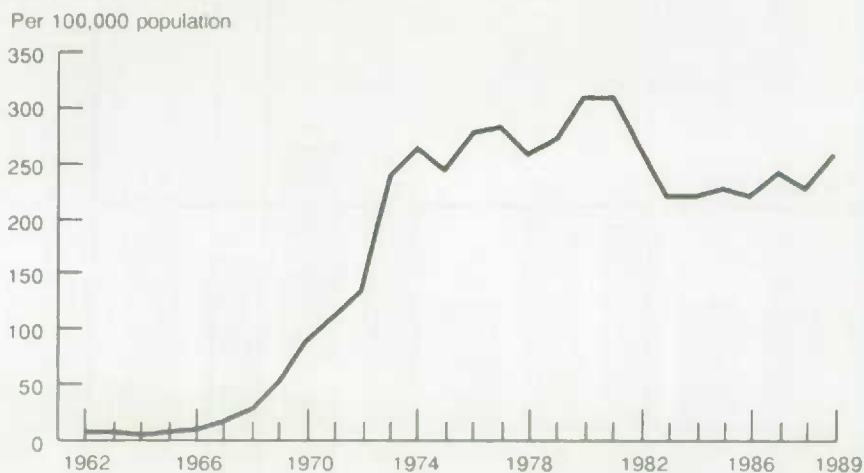
Significant shifts are occurring in the nature of drug crimes. Supply offences, in particular trafficking, account for an increasing proportion of drug crimes, while possession offences make up a declining majority. Also, cocaine-related drug crimes are much more prevalent than they were a decade ago, while the proportion of drug crimes involving cannabis is considerably lower. These shifts do not necessarily reflect trends in drug use, but rather changes in the focus of enforcement toward more serious offences and more dangerous drugs.

Higher rates

Drug crimes have historically accounted for fewer than 3% of all offences reported by the police. While this proportion has remained relatively steady over the years, the number of drug crimes per 100,000 people is now considerably higher than it was at the beginning of the 1960s. In 1989, drug crimes numbered 68,000 or 259 per

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Drug crime rate, 1962-1989



Source: Statistics Canada, Canadian Centre for Justice Statistics.

100,000 people. By contrast, the rate in 1962 was just 5 per 100,000 people.

The increase in drug crime rates, however, has not been consistent over the past three decades. Rates rose sharply from the mid-1960s until the early 1980s. In 1980 and 1981, drug crime was at its peak, with rates of 309 per 100,000 people. A sharp drop occurred in the following two years, but since then, drug crime rates have been rising slowly.

Provincial differences

Drug crime rates are generally higher in the provinces west of Quebec than in the eastern provinces. While these rates may, in some cases, be an indication of drug use, they also reflect jurisdictional differences in the allocation of drug enforcement resources.

British Columbia had, by far, the highest rate of any province in 1989, at 443 drug crimes per 100,000 people. Rates were

also well above the national level in Manitoba, Ontario, and Alberta.

In contrast, rates were exceptionally low in Newfoundland, Prince Edward Island, and Quebec, at about 140 drug crimes per 100,000 people.

Supply - a growing proportion

Supply offences (trafficking, importation, and cultivation) now account for a much larger proportion of drug crimes than they did in the past. Overall, they made up 36% of drug crimes in 1989, more than double



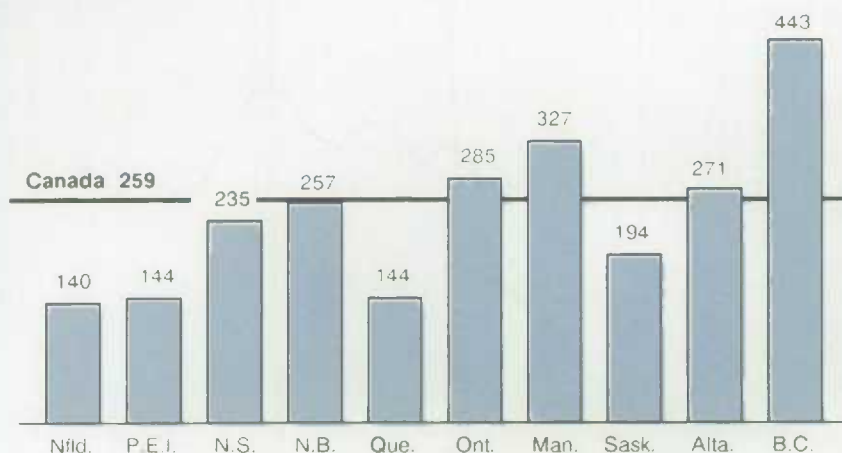
Domestic marijuana increasing

Cultivation offences, although still a small proportion of overall drug crimes, doubled in number during the late 1980s. In 1989, there were 1,390 such offences, compared with 680 in 1986.

The RCMP estimates that the proportion of domestic marijuana on the market also doubled over roughly the same period. In 1988, an estimated 20% of the market share was produced in Canada, compared with 10% in 1986. This increase is largely attributed to advancements in hydroponic and other sophisticated indoor cultivation techniques, which make it possible to grow crops year round in any part of the country.

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Drug crime rates, by province, 1989



Source: Statistics Canada, Canadian Centre for Justice Statistics.

Drug crime statistics

The Canadian Centre for Justice Statistics collects drug crime statistics through the Uniform Crime Reporting (UCR) Survey, which began in 1962. In 1977, the survey was expanded to measure drug crime by offence type. The UCR Survey classifies each offence by the most serious violation within a criminal incident. This means that if, for example, a violent crime and a drug crime are committed within the same incident, the incident is classified as a violent offence and the drug offence is not counted. Similarly, if a trafficking offence and a possession offence occur within the same incident, the possession offence is not counted.

In the UCR Survey, drug crime includes all offences listed under the Narcotic Control Act and the Food and Drugs Act. Related offences of conspiracy, which fall under the Criminal Code, are not included.

the proportion of 17% in 1977. This increase was due mostly to the rise of trafficking offences, which accounted for 32% of drug crimes in 1989, compared with 15% in 1977. At the same time, importation and cultivation offences together rose to around 4% of all drug crimes in 1989, from just under 2% in 1977.

Despite the large increases in supply offences, most drug crimes are still for possession. In 1989, possession offences accounted for 64% of drug crimes. This,

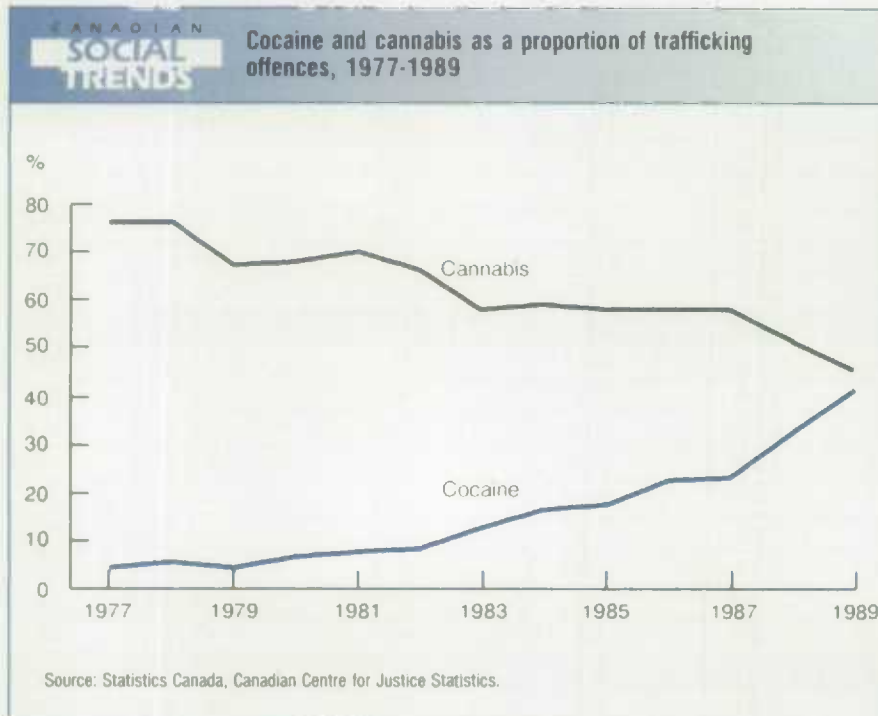
however, was down considerably from 83% in 1977.

Cocaine crime increasing

Cocaine-related offences have increased substantially as a proportion of all drug crimes during the last decade. In 1989, trafficking in cocaine comprised 41% of all trafficking offences, up sharply from just 4% in 1977. Similarly, 34% of importation offences involved cocaine in 1989, compared with 18% in 1977. Cocaine

possession, although still relatively uncommon, accounted for 16% of all possession offences in 1989; the proportion was only 1% in 1977.

Over the same period, the proportion of crimes involving cannabis declined sharply. Nonetheless, such offences still made up the majority of all drug crimes in 1989. That year, 45% of trafficking offences involved cannabis, down from 76% in 1977. Likewise, cannabis importation dropped to 43% from 54%. Cannabis possession accounted for 67% of possession offences in 1989, compared with 93% in 1977.



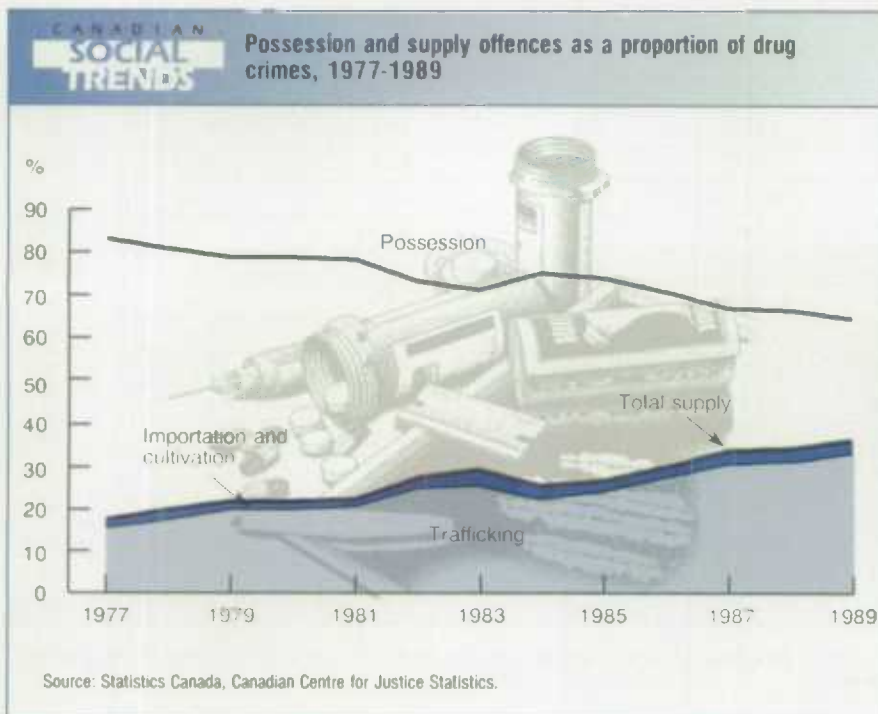
Most illicit drugs imported

Most cultivated substances, such as cannabis, coca, and opium, are produced in other countries and smuggled into Canada. According to the RCMP, Colombia was Canada's primary cocaine supplier in 1988, accounting for an estimated 60% of the market. Other principal source countries were Peru (20%) and Bolivia (15%).

The heroin that reaches Canada is produced in the developing countries of Asia. In 1988, Myanmar (formerly Burma), Laos, and Thailand supplied an estimated 78% of Canada's illicit heroin; the remainder originated in Iran, Afghanistan, and Pakistan.

Unlike cocaine and heroin, a significant share of the cannabis derivatives (marijuana, hashish, and hashish oil) on the Canadian market is produced domestically. While Jamaica, Southeast Asia, Colombia, and Mexico supplied most of the marijuana in 1988 (estimated at 70%), an estimated 20% was produced in Canada.

India and Southwest Asia supplied over one-half (55%) of the hashish market in 1988. Lebanon, the other principal source country, accounted for an estimated 40%. Almost all (90%) liquid hashish came from Jamaica, although 10% was produced domestically.



Lee Wolff is a senior analyst with the Canadian Centre for Justice Statistics, Statistics Canada.

ANNUAL LABOUR FORCE ESTIMATES, 1946-1990

	Population aged 15 and over (000s)	Labour Force (000s)			Participa- tion rate (%)	Unem- ployment rate (%)	Employment/ population ratio (%)
		Total	Employed	Unemployed			
1946	8,779	4,829	4,666	163	55.0	3.4	53.1
1947	9,007	4,942	4,832	110	54.9	2.2	53.6
1948	9,141	4,988	4,875	114	54.6	2.3	53.3
1949	9,268	5,055	4,913	141	54.5	2.8	53.0
1950	9,615	5,163	4,976	186	53.7	3.6	51.8
1951	9,732	5,223	5,097	126	53.7	2.4	52.4
1952	9,956	5,324	5,169	155	53.5	2.9	51.9
1953	10,164	5,397	5,235	162	53.1	3.0	51.5
1954	10,391	5,493	5,243	250	52.9	4.6	50.5
1955	10,597	5,610	5,364	245	52.9	4.4	50.6
1956	10,807	5,782	5,585	197	53.5	3.4	51.7
1957	11,123	6,008	5,731	278	54.0	4.6	51.5
1958	11,388	6,137	5,706	432	53.9	7.0	50.1
1959	11,605	6,242	5,870	372	53.8	6.0	50.6
1960	11,831	6,411	5,965	446	54.2	7.0	50.4
1961	12,053	6,521	6,055	466	54.1	7.1	50.2
1962	12,280	6,615	6,225	390	53.9	5.9	50.7
1963	12,536	6,748	6,375	374	53.8	5.5	50.9
1964	12,817	6,933	6,609	324	54.1	4.7	51.6
1965	13,128	7,141	6,862	280	54.4	3.9	52.3
1966 ¹	13,083	7,493	7,242	251	57.3	3.4	55.4
1967	13,444	7,747	7,451	296	57.6	3.8	55.4
1968	13,805	7,951	7,593	358	57.6	4.5	55.0
1969	14,162	8,194	7,832	362	57.9	4.4	55.3
1970	14,528	8,395	7,919	476	57.8	5.7	54.5
1971	14,872	8,639	8,104	535	58.1	6.2	54.5
1972	15,186	8,897	8,344	553	58.6	6.2	54.9
1973	15,526	9,276	8,761	515	59.7	5.5	56.4
1974	15,924	9,639	9,125	514	60.5	5.3	57.3
1975	16,323	9,974	9,284	690	61.1	6.9	56.9
1976	16,701	10,203	9,477	726	61.1	7.1	56.7
1977	17,051	10,500	9,651	849	61.6	8.1	56.6
1978	17,377	10,895	9,987	908	62.7	8.3	57.5
1979	17,702	11,231	10,395	836	63.4	7.4	58.7
1980	18,053	11,573	10,708	865	64.1	7.5	59.3
1981	18,368	11,899	11,001	898	64.8	7.5	59.9
1982	18,608	11,926	10,618	1,308	64.1	11.0	57.1
1983	18,805	12,109	10,675	1,434	64.4	11.8	56.8
1984	18,996	12,316	10,932	1,384	64.8	11.2	57.5
1985	19,190	12,532	11,221	1,311	65.3	10.5	58.5
1986	19,397	12,746	11,531	1,215	65.7	9.5	59.4
1987	19,642	13,011	11,861	1,150	66.2	8.8	60.4
1988	19,890	13,275	12,244	1,031	66.7	7.8	61.6
1989	20,141	13,503	12,486	1,018	67.0	7.5	62.0
1990	20,430	13,681	12,572	1,109	67.0	8.1	61.5

¹ Includes the population aged 15 and over beginning in 1966. Data prior to 1966 are based on the population aged 14 and over. Estimates for 1966 to 1974 have been adjusted to conform to current concepts. Estimates prior to 1966 have not been revised.



SOCIAL INDICATORS

	1983	1984	1985	1986	1987	1988	1989	1990
POPULATION								
Canada, June 1 (000s)	24,787.2	24,978.2	25,165.4	25,353.0	25,617.3	25,909.2	26,223.2	26,584.0
Annual growth (%)	0.8	0.8	0.7	0.7	1.0	1.1	1.2	1.4
Immigration ¹	105,286	87,504	84,062	88,051	125,696	152,285	161,024	207,067
Emigration ¹	50,249	48,826	46,252	44,816	51,040	40,528	37,314	37,915
FAMILY								
Birth rate (per 1,000)	15.0	15.0	14.8	14.7	14.4	14.5	*	*
Marriage rate (per 1,000)	7.4	7.4	7.3	6.9	7.1	7.2	7.3	*
Divorce rate (per 1,000)	2.8	2.6	2.4	3.1	3.4	3.1	3.1 ^p	*
Families experiencing unemployment (000s)	1,066	1,039	990	915	872	789	776	*
LABOUR FORCE								
Total employment (000s)	10,675	10,932	11,221	11,531	11,861	12,244	12,486	12,572
- goods sector (000s)	3,317	3,404	3,425	3,477	3,553	3,693	3,740	3,626
- services sector (000s)	7,359	7,528	7,796	8,054	8,308	8,550	8,745	8,946
Total unemployment (000s)	1,434	1,384	1,311	1,215	1,150	1,031	1,018	1,109
Unemployment rate (%)	11.8	11.2	10.5	9.5	8.8	7.8	7.5	8.1
Part-time employment (%)	15.4	15.3	15.5	15.5	15.2	15.4	15.1	15.4
Women's participation rate (%)	52.6	53.6	54.6	55.3	56.4	57.4	57.9	58.4
Unionization rate - % of paid workers	35.7	35.1	34.4	34.1	33.3	33.7	*	*
INCOME								
Median family income	30,986	32,739	34,736	36,858	38,851	41,238	44,460	*
% of families with low income	13.8	13.9	12.6	11.8	11.3	10.5	9.6	*
Women's full time earnings as a % of men's	64.6	65.6	64.9	65.8	65.9	65.3	65.8	*
EDUCATION								
Elementary and secondary enrolment (000s)	4,974.9	4,946.1	4,927.8	4,938.0	4,972.9	5,024.1	5,074.7 ^p	*
Full-time postsecondary enrolment (000s)	766.7	782.8	789.8	796.9	805.4	817.1	836.6 ^p	*
Doctoral degrees awarded	1,821	1,878	2,000	2,218	2,384	2,415	2,600	*
Government expenditures on education - as a % of GDP	6.2	5.8	6.0	5.8	5.6	5.5	5.3	*
HEALTH								
% of deaths due to cardiovascular disease								
- men	43.8	42.8	41.7	41.4	40.5	39.5	*	*
- women	47.2	46.6	45.3	44.9	44.0	43.4	*	*
% of deaths due to cancer - men	24.4	25.5	25.4	25.9	26.4	27.0	*	*
- women	24.8	25.5	25.7	25.5	26.1	26.4	*	*
Government expenditures on health - as a % of GDP	6.0	5.7	5.7	6.0	5.8	5.8	5.8	*
JUSTICE								
Crime rates (per 100,000)								
- violent	692	714	749	808	856	898	950	*
- property	5,717	5,607	5,560	5,714	5,731	5,630	5,514	*
- homicide	2.7	2.7	2.8	2.2	2.5	2.2	2.5	*
GOVERNMENT								
Expenditures on social programmes ² (1989 \$000,000)	142,862.8	143,725.3	148,347.9	152,023.5	154,460.2	157,281.5	161,734.0	*
- as a % of total expenditures	57.2	55.6	55.8	56.9	56.3	56.5	56.2	*
- as a % of GDP	27.3	26.2	26.1	26.3	25.6	24.8	24.8	*
UI beneficiaries (000s)	3,396.1	3,221.9	3,181.5	3,136.7	3,079.9	3,016.4	3,025.2	*
OAS/GIS beneficiaries ^m (000s)	2,425.7	2,490.9	2,569.5	2,652.2	2,748.5	2,835.1	2,919.4	3,005.8
Canada Assistance Plan beneficiaries ^m (000s)	1,832.9	1,894.9	1,923.3	1,892.9	1,904.9	1,853.0	1,856.1	1,930.1
ECONOMIC INDICATORS								
GDP (1986 \$) - annual % change	+3.2	+6.3	+4.8	+3.3	+4.0	+4.4	+3.0	*
Annual inflation rate (%)	5.8	4.4	4.0	4.1	4.4	4.1	5.0	4.8
Urban housing starts	134,207	110,874	139,408	170,863	215,340	189,635	183,323	*

- Not available * Not yet available ^p Preliminary estimates ^m Figures as of March.

¹ For year ending May 31st.

² Includes Protection of Persons and Property; Health; Social Services; Education; Recreation and Culture.



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