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# Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education Final Report

## Prepared for Health Canada

Supplier name: Earnscliffe Strategy Group

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Ce rapport est aussi disponible en français.

# Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education

## Final Report

Prepared for Health Canada

Supplier name: Earncliffe Strategy Group  
July 2019

This public opinion research report presents the results of focus groups and an online survey conducted by Earncliffe Strategy Group on behalf of Health Canada. The research was conducted from June 2019 to July 2019.

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

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## Executive summary

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

Canada is facing a national opioid crisis, evidenced by the growing number of overdoses and opioid related deaths. In 2018, Health Canada launched a multi-year public education campaign to address the growing opioid crisis and to educate Canadians on the risks associated with opioids as well as the role of stigma as a barrier to treatment. The current research project was undertaken to help Health Canada gain insights Canadians' attitudes and perceptions toward opioids. Feedback from the research will provide Health Canada with evidence-based data and insights to guide their public education campaigns.

The objective of the research was to follow-up on the 2017 baseline survey regarding the current state of awareness, knowledge, attitudes, beliefs and behaviours regarding opioids. This phase also included research into impressions of alcohol use, knowledge of Canada's Low-Risk Alcohol Drinking Guidelines, and views on chronic pain and pain management. This project included both quantitative and qualitative methodologies. The contract value for this project was \$198,115.86 including HST.

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

- Re-assessing and comparing levels of awareness and knowledge on the issue of opioids, in comparison to pre-campaign levels cited in the 2017 baseline survey;
- Understanding current views on this issue (including stigma);
- Identifying barriers, knowledge gaps and misperceptions related to opioids – including the problematic use of opioids (both legal and illegal), substance use disorder, opioid overdose and related deaths to develop messaging that is meaningful and will resonate with target audiences; and,
- Understanding what types of information Canadians need and are looking for as it relates to opioids.

To meet these objectives, Earnscliffe conducted a two-phased research program.

We began with qualitative research, which included a series of ten focus groups with two segments of the Canadian population: men ages 30-39 and members of the general population 18 or older. For each group, a maximum of ten (10) individuals were recruited as participants. In total, 85 people participated in the focus group discussions. Two sessions were conducted in each of the following five cities: Toronto (June 10, 2019); Halifax (June 11, 2019); Montreal (June 11, 2019); Calgary (June 12, 2019); and Vancouver (June 13, 2019). The groups in Montreal were conducted in French, while the groups in all other locations were conducted in English. Please refer to the Recruitment Screener in the Appendix of this report for all relevant screening and qualifications criteria.

In each city, the groups with men aged 30-39 began at 5:30 pm and were followed by the groups with members of the general population (18+) at 7:30 pm. The sessions were approximately 2 hours in length. Focus group participants were given an honorarium of \$100 as a token of appreciation for their time. Appendix B provides greater detail on how the groups were recruited, while Appendix C provides the discussion guide used for the focus groups and Appendix D provides the screener used for recruiting the focus groups.

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

The initial phase of qualitative research was followed by a quantitative phase involving an online survey, to provide current information and to compare results against baseline measures from the 2017 survey. Health Canada required the conduct of a base survey of 1,000 Canadians aged 13 and older, plus oversamples of at least 300 additional interviews conducted among each of the following six specific target audiences identified by Health Canada:

- Subsets of the general public
  - Youth (aged 13-15);
  - Parents of youth aged 13-15;
  - Young adults (aged 16-24);
  - Males (aged 30-39);
- People who use opioids, including
  - Those who use opioids and only use opioids prescribed to them; and
  - Those who use counterfeit prescriptions and/ or other legal or illegal drugs that could be laced with opioids such as fentanyl.

The online survey was conducted using Leger’s opt-in panel and upon completion, consisted of a final aggregate sample of 2,833 respondents. The 2,833 interviews were comprised of the following:

- A base national sample of n=1,003 Canadian residents aged 13 and older;
- An additional sample of n=308 youth aged 13-15;
- An additional sample of n=310 parents or caregivers of youth aged 13-15;
- An additional sample of n=310 young adults aged 16-24
- An additional sample of n=300 males aged 30-39
- An additional sample of n=302 people who used legal drugs in the form of prescribed opioids at some point in the past year; and
- An additional sample of n=300 people who used illegal drugs, either counterfeit prescriptions or other drugs, that could be laced with opioids, at some point in the past year.

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

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

Youth 13-15 Oversample	
Gen pop sample	23
Teen oversample	308
Other oversamples	0
Total	331
Men 30-39 Oversample	
Gen pop sample	84
Men oversample	300
Other oversamples	11
Total	395
Parent of Youth 13-15 Oversample	
Gen pop sample	60
Parent oversample	310
Other oversamples	27
Total	397
Illegal User Oversample	
Gen pop sample	138
Illegal user oversample	300
Other oversamples	232
Total	670
Young Adults 16-24 Oversample	
Gen pop sample	119
Young adult oversample	310
Other oversamples	4
Total	433
Legal User Oversample	
Gen pop sample	194
Legal user oversample	302
Other oversamples	230
Total	726

Surveys were conducted between June 10 and July 3, 2019 in English and French. The online survey took an average of 16 minutes to complete.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13 and older. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described

as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys.

The final data for the general population and the youth 13-15, young adults 16-24, and men 30-39 oversamples were weighted to replicate actual population distribution by region, age and gender according to the most recent Census (2016) data available. The data for the parent, legal and illegal user oversamples was weighted based on the profile found in the general population, by age, gender and region. Appendix A provides full details on the survey methodology and Appendix E provide the survey instrument used.

The key findings from the research are presented below. Bolded results indicate that the result of the demographic group mentioned is significantly higher (at the 95% confidence interval) than the result found in other subgroups discussed in same analysis. To ensure comparability, the survey remained consistent with questions asked in the 2017 survey. This includes some terminology that Health Canada no longer uses as it is considered stigmatising. Readers are encouraged to use non-stigmatising language when talking about substance use. For more information on changing how we talk about substance use, please see: <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html>. Due to the use of non-probability online opt-in panels for data collection, statistical significance testing differences in results between years (2017 vs. 2019) is not appropriate and therefore, not provided.

For statistical information on prevalence, refer to the Canadian Tobacco and Alcohol Survey (CTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html>) or the Canadian Student Tobacco and Alcohol Survey (CSTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>).

## Opioid and illicit drug use

- The study included investigation into a wide variety of opioids, referencing generic, trade and street names in order to ensure participants' responses on opioids related to the appropriate group of drugs. Those who have used opioids were also categorized on the basis of whether they used opioids legally (always with a prescription) or illegally (not always with a prescription). Participants were also asked to indicate use of a variety of illicit drugs including heroin, cocaine, ecstasy and methamphetamine, again including references to respective street names in each case. Those who use any illicit drugs are categorized as illicit drug users. For the purposes of this report, reference to illegal drug users mean any people who either used illicit drugs or used opioids without a prescription.
- Three in ten (29%) report having taken opioids at some point in the past year. This is a 7% increase since 2017 where two in ten (22%) reported the same. The percentage of people who have taken opioids but not in the past year is unchanged (21%, 2019; 20%, 2017). Among teens aged 13-15, the percentage claiming opioid use is 19%, up from 10% measured in 2017.
- Among those who have taken opioids in the past year, over two-thirds (69%) report always having had a prescription – roughly the same as the proportion measured in 2017 (66%).
- The number of respondents who report having taken illicit drugs in the past year (8%) is higher than was found in 2017 (5%).

## Opioid awareness, impressions and basic understanding

- The survey and focus group findings suggest that awareness of opioids has increased since 2017. Over two-thirds (69%) of respondents report being knowledgeable about what an opioid is, a 6% increase since 2017 (63%). Perhaps relatedly, some focus group participants volunteered having seen the Government of Canada public education ads about opioids.
- Despite the increased awareness stated above, familiarity and knowledge of opioids appears to have remained the same over time, with 26% of people reporting they are very familiar with at least one of the referenced opioids.
- Two in five respondents (39%) believe that all opioids are dangerous, compared to 45% in 2017. However, the number of respondents who think most are dangerous (42%) has increased since 2017 (35%), so the combined proportion of those who think all or most are dangerous has barely shifted (81% in 2019 and 80% in 2017).
- With respect to opioids obtained on the street, there is universal agreement across all segments that they are very/somewhat dangerous.
- The majority of respondents (87%) believe the term illegal opioids means opioids obtained on the street. Fewer (61%) also believe the term can include prescription opioids that are taken without a prescription.
- A majority of respondents (70%) sense that the opioid crisis is serious in their community; consistent with focus group findings.
- Familiarity with fentanyl (49% very or somewhat familiar) has not changed since 2017 (48%); nor has the predominant view that it is very dangerous (81% in 2019 and 83% in 2017).
- Almost three-quarters (71%) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl.

## Attitudes relating to behaviours, risk and harms

- Since 2017, there has been a slight increase in concern about a number of opioid related impacts, scenarios and related attitudes. More respondents understand what is so dangerous about opioids; are worried that opioids might harm people they care about; worry that if prescribed an opioid, they could become addicted (develop an opioid use disorder); think people in their families or friends could experience an overdose; and, seem slightly more comfortable identifying and reacting to opioid use disorder and overdoses although most do not feel they would be able to identify signs of an opioid use disorder or overdose.
- Concern about teens using opioids as prescribed has risen slightly since 2017, from 76% to 81%.
- Concern about teens using opioids without a prescription is roughly equal to 2017. Just over three-quarters (76%) are very concerned, compared to 75% in 2017.
- The focus group discussions explored a number of additional topics related to opioid overdoses and treatment options. Awareness and knowledge of naloxone was fairly limited although some participants had acquired a kit from a pharmacy in case of emergency.



- Irrespective of their views of supervised consumption sites, most agreed that the availability of onsite medical assistance, the ability to help people who wanted to deal with a substance use disorder, and the benefit of having people use while under supervision were benefits of this treatment approach.
- In the focus group discussions, reactions to the *Good Samaritan Drug Overdose Act* were also generally positive although some did question the exceptions, especially in the context of a dealer or someone with an outstanding warrant for a petty crime who could help save someone overdosing.

## Attitudes regarding stigma

- Respondents remain conflicted with regards to their attitudes towards stigma; nearly two-thirds (64%) of respondents disagree with the statement, “People who overdose on opioids get what they deserve.” However, over three quarters (82%) agree that, “People who have an opioid use disorder deserve the help that they need to lead a healthy lifestyle.”
- Almost two-thirds (64%) agree we should be using more of our health care resources to deal with the opioid use disorder, a 9% increase since 2017. Despite the improvement, stigma is still prevalent throughout Canada. Over a third of respondents (37%) agree that, “People with an opioid use disorder are dangerous and untrustworthy.”
- Respondents appear cognizant that stigma exists; two thirds (69%) acknowledge that, “Society is not very friendly towards people with an opioid use disorder.” Further, 66% agree that, “Society’s attitudes about people with an opioid use disorder affect whether they seek help or treatment.”
- However, a fifth (19%) agree with the statement “People who are dependent upon or addicted (developed an opioid use disorder) to opioids could stop taking them if they really wanted to,” a quarter (26%) agree that “I don’t have much sympathy for people who misuse opioids,” and a third (32%) agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids.”

## Risk behaviour profiling

- The claimed use of opioids among one’s acquaintances has increased in all instances since 2017. More respondents report having one friend or family member that has been prescribed an opioid, knowing someone who became addicted (developed an opioid use disorder), having one friend or family member that has used an opioid obtained illegally or without a prescription, as well as knowing people who have had fatal or non-fatal overdoses.
- Over half (54%) of respondents have at least one friend/family member who has been prescribed one of the referenced opioids. A third (33%) of respondents know someone who became addicted (developed an opioid use disorder) to one of these drugs. A quarter say a friend or family member used one of the drugs listed without a prescription. Roughly one in five (17%) have known someone who has had a non-fatal overdose from one of these drugs, while the same proportion know someone who has had a fatal overdose.

- In terms of one's lifetime experience with opioids (rather than just the past year), only 23% of respondents who have ever taken an opioid say the opioids they have taken have always been prescribed for them. Even among those who are current legal opioid users, this proportion is only as high as 33%.
- A variety of risk behaviours are fairly common. A third (34%) of those who had opioids prescribed to them either saved leftover pills/patches/liquids (27%), gave them to someone who needed them (4%) or did something else with them that may involve the risk of use (3%); a third (35%) of those who have used non-prescribed opioids obtained them from a relative or friend who has a prescription; one in ten respondents (10%) who have taken non-prescribed opioids do so daily (3%), or many times (7%); and, 21% of those who took non-prescribed opioids indicate there is still some chance they would still take them if they knew they contained fentanyl.
- A majority (54%) took the opioids that were not prescribed to them for pain relief. Fewer took them to see what it would feel like (11%), for the feeling it causes (8%) or to get high (8%).
- Few (5%) who have used opioids have ever sought treatment for an opioid use disorder.
- Over half of parents (61%) whose teens have been prescribed opioids in the past year believe their teen is taking them as prescribed.
- When asked where they think people their age may obtain non-prescribed opioids, the majority (66%) of youth believe it would be from a drug dealer or stranger.

## Opioid information

- The most trusted sources of opioid information concerning the effects of opioid use include doctors (82%, and pharmacists (81%). However, for youth 13-15, their parents are also among the most trusted sources (81%).
- The least trusted sources of opioid use information include news outlets (31%), family members or friends who have never taken opioids before (24%) and people who are currently using opioids regularly (20%).
- Almost two thirds (63%) of parents report discussing the topic of drugs in general with their children, and a near identical portion (64%) of youth report doing the same with their parents.
- Among a list of seven topics related to drugs in general or opioids specifically that may be discussed between parents and youth, the use of prescription opioids remains among the least discussed topics among parents and youth (19%).

## The role of stigma

As was undertaken in the 2017 study, the sample was segmented into three groups based on their answers to three statements relating to either withholding sympathy or assigning blame to those who use opioids – Unsympathetic, Ambivalent, and Allies. The evidence demonstrates that stigmatizing views about opioid use disorder continue to be held by a significant portion of the population and the incidence of each segment has remained fairly static.

- The Unsympathetic segment believe that opioid use disorder is largely an issue of self-control, they don't have much sympathy for people who develop the disorder and feel those people who overdose get what they deserve. This segment is measured at 26% compared to 28% in 2017.
- Roughly equal in size is the Allies segment that holds views opposite to the Unsympathetic on all three points. In this benchmark study, the Allies segment is slightly higher (25%) that was measured in 2017 (21%).
- The Ambivalent segment is the remaining half of the respondent population (49% vs 50% in 2017) and falls somewhere in between, holding conflicting or nuanced views on these three statements.
- The segment to which one belongs appears to continue to relate to one's familiarity with, or exposure to, opioids – either personally or among their friends or family. Allies continue to have more experience with opioids in their immediate circle of family and friends.
- As focus groups suggest, people who hold stigmatizing views often have difficulty recognizing that the views they hold are, in fact, stigmatizing. Believing that anyone can develop an opioid use disorder is used as proof their views are not prejudiced, even as they describe people with opioid use disorder in undesirable terms.

### Views on chronic pain and chronic pain management (qualitative only)

- Most participants indicated knowing someone dealing with chronic pain. Some clearly felt chronic pain affects many people today and expressed that it is still somewhat misunderstood and mysterious. Some also pointed out that it comes with stigma because people living with pain are often questioned about whether their claims of constant pain are overstated or even real. That said, when compared with conditions such as cancer, it was difficult for many to see chronic pain as serious, given the possible (fatal) outcomes of a condition like cancer.
- Nearly all participants were aware that one of the most common treatments for chronic pain is prescription drugs. The widespread sense was that there seemed to be little or no trouble with access to pain medication (opioids). A small number indicated having had some difficulty getting painkillers, but the general sense was certainly that if a participant needed medicine for chronic pain, they would have little trouble getting it – provided they could see their doctor. Some offered there are alternative treatments such as physiotherapy, yoga, meditation or homeopathic medicines but that they are not always factored into treatment plans and they can be cost prohibitive.

### Alcohol consumption

- A third of respondents (32%) report being familiar with Canada's Low-Risk Alcohol Drinking Guidelines. More than half (52%) are aware that a standard serving of a typical 5% beer is a 341ml bottle, though one in five (18%) believe it is a pint, and 12% say they do not know what a standard serving size is.
- In terms of number of servings, the plurality (29%) believe that 3-5 drinks per week would be 'low-risk' for men and women, and 0-2 would be more appropriate for youth (41%) and those aged 65+ (34%).

- In terms of labelling, two-thirds (65%) of respondents feel health risks/warnings should be included on the labels of alcoholic beverages. Roughly the same number (63%) feel that the number of standard serving sizes per container should also be included.
- The majority of respondents (75%) agree that alcohol use can increase the risk of developing serious health conditions.
- Over half of respondents agree that alcohol use among youth is a serious problem in Canada (60%), and that the federal government should be doing more to address alcohol-related harms (56%).

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)  
Contract Number: HT372-184591/001/CY  
Contract award date: March 19, 2019

I hereby certify as a Representative of Earnscliffe 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: July 19, 2019

Doug Anderson  
Principal, Earnscliffe

## Introduction

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

Canada is facing a national opioid crisis, evidenced by the growing number of overdoses and opioid related deaths. In 2018, Health Canada launched a multi-year public education campaign to address the growing opioid crisis and to educate Canadians on the risks associated with opioids as well as the role of stigma as a barrier to treatment. The current research project was undertaken to help Health Canada gain insights Canadians' attitudes and perceptions toward opioids. Feedback from the research will provide Health Canada with evidence-based data and insights to guide their public education campaigns.

The objective of the research was to follow-up on the 2017 baseline survey regarding the current state of awareness, knowledge, attitudes, beliefs and behaviours regarding opioids. This phase also included research into impressions of alcohol use, knowledge of Canada's Low-Risk Alcohol Drinking Guidelines, and views on chronic pain and pain management. This project included both quantitative and qualitative methodologies.

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

- Gather research on the current state of awareness, knowledge, attitudes, beliefs and behaviours regarding opioids.

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

- Re-assessing and comparing levels of awareness and knowledge on the issue of opioids, in comparison to pre-campaign levels cited in the 2017 baseline survey;
- Understanding current views on this issue (including stigma);
- Identifying barriers, knowledge gaps and misperceptions related to opioids – including problematic use of opioids (both legal and illegal), substance use disorder, opioid overdose and related deaths to develop messaging that is meaningful and will resonate with target audiences; and,
- Understanding what types of information Canadians need and are looking for as it relates to opioids.

To meet these objectives, Earnscliffe conducted a two-phased research program.

The first phase was qualitative and included a series of ten focus groups with two segments each of the Canadian population: men (30-39) and members of the general population (18+). For each group, a maximum of ten (10) individuals were recruited as participants. In total, 85 people participated in this phase of focus group discussions. Two sessions were conducted in each of the following five cities: Toronto (June 10, 2019); Halifax (June 11, 2019); Montreal (June 11, 2019); Calgary (June 12, 2019); and Vancouver (June 13, 2019). The groups in Montreal were conducted in French whereas all other locations were conducted in English. Please refer to the Recruitment Screener in the Appendix of this report for all relevant screening and qualifications criteria.

In each city, the groups with men aged 30-39 began at 5:30 pm and the groups with members of the general population (18+) began at 7:30 pm. The sessions were approximately 2 hours in length. Focus group participants

were given an honorarium of \$100 as a token of appreciation for their time. Appendix D provides greater detail on how the groups were recruited, while Appendix C provides the discussion guide used for the focus groups.

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

The initial phase of qualitative research was followed by a quantitative phase involving an online survey, conducted in collaboration with the quantitative sub-contractor, Leger Marketing. The online survey was conducted using Leger’s opt-in panel and consisted of a sample of 2,833 Canadian residents aged 13 and older. A total of 1,003 cases were collected as the sample of the general population. In addition to the base sample of 1,003, oversamples were also collected, achieving the following sample sizes in each of the six audiences below:

- Youth (13-15) (n=308)
- Parents or caregivers of youth (13-15) (n=310)
- Young adults (16-24) (n=310)
- Males (30-39) (n=300)
- People who use legal drugs in the form of prescribed opioids at some point in the past year (incidence of 13%) (n=302)
- People who use illegal drugs, either counterfeit prescriptions or other drugs that could be laced with opioids at some point in the past year (incidence of 2%) (n=300)

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

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

Youth 13-15 Oversample	
Gen pop sample	23
Teen oversample	308
Other oversamples	0
Total	331
Men 30-39 Oversample	
Gen pop sample	84
Men oversample	300
Other oversamples	11
Total	395
Parent of Youth 13-15 Oversample	
Gen pop sample	60
Parent oversample	310
Other oversamples	27
Total	397
Illegal User Oversample	
Gen pop sample	138
Illegal user oversample	300
Other oversamples	232
Total	670
Young Adults 16-24 Oversample	
Gen pop sample	119
Young adult oversample	310
Other oversamples	4
Total	433
Legal User Oversample	
Gen pop sample	194
Legal user oversample	302
Other oversamples	230
Total	726

Surveys were conducted between June 10 and July 3, 2019 in English and French. The online survey took an average of 16 minutes to complete.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13 and older. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described

as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys.

The final data for the general population, youth, and young adult oversamples were weighted to replicate actual population distribution by region, age and gender according to the most recent Census (2016) data available. The data for the parents, men aged 30-39, legal and illegal user oversamples was weighted based on the profile found in the general population sample, by age, gender and region.

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

The detailed findings from this research are presented in subsequent sections of this report. Appended to this report are the survey instruments and data tables (presented under a separate cover).

## Detailed findings

The following report is divided into nine sections: opioids and illicit drug use; opioids awareness, impressions and basic knowledge; attitudes relating to behaviours, risk and harm; attitudes regarding stigma; risk behaviour profiling; opioid information; views on chronic pain; the role of stigma; and, alcohol. Each section presents the findings informed by the initial qualitative research and the follow-up quantitative survey. Except where specifically identified, the qualitative findings represent the combined results across the various audiences and for both English and French. The quantitative findings focus primarily on the differences across the seven target segments: the six oversamples and the general population as a whole. Appended data tables provide results of findings across a much broader range of characteristics, behaviours and attitudes.

Details about the survey design, methodology, sampling approach, and weighting of the results may be found in the Survey Methodology Report in Appendix A. Percentages may not add up to 100% due to rounding. “Don’t know” and “no response” are denoted by DK and NR respectively.

### Section A: Opioids and illicit drug use

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

For statistical information on prevalence, refer to the Canadian Tobacco and Alcohol Survey (CTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html>) or the



Canadian Student Tobacco and Alcohol Survey (CSTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>).

Exhibit A1 – Opioid table

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

As respondents for the online survey were selected from among those who have volunteered/registered to participate in online surveys and thus constitute a non-probability sample, the results of this survey cannot be described as statistically projectable to the full population. For statistical information on prevalence, refer to the Canadian Tobacco and Alcohol Survey (CTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html>) or the Canadian Student Tobacco and Alcohol Survey (CSTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>).

Over one-quarter (**29%**) report having taken opioids in the past year, up 7% from 2017’s benchmark study. A near identical proportion (**21%**) compared to 2017 (20%) claim they have taken them, but not in the past year. Among opioid users, almost identical proportions in 2019 and 2017 (**69%** and 66%) say they always have a prescription for the opioids they take. A slightly larger proportion of Quebecers (**58%**) and residents of Manitoba and Saskatchewan (**56%**) say they have never taken opioids, compared to other regions. Respondents 55+ (**80%**) are most likely to have always had a prescription in their name.

The percentage of youth who have taken opioids in the past year has risen from 10% in 2017 to **19%** in 2019. A greater proportion of youth also report having taken them, though not in the past year (8% vs 3%). Young adults have the highest incidence of opioid use (**29%**) compared to youth (**19%**) and adults 25+ (**27%**). Parents (33%) are more likely than youth and adults 25+ to have taken opioids in the past year.

A higher proportion of youth say they have always had a prescription in their name when they have taken opioids, compared to 2017 (**54%** vs 37%). While the proportion of young adults (**52%**) is similar, the incidence of adults who have always had a prescription is much higher (**70%**). Almost two-thirds of men 30-39 (**63%**) say they always have a prescription in their name.

Exhibit A2 – Q8. Have you taken any of the following?

Opioid use in the past year										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Have taken in the past year	<b>29%</b>	22%	<b>19%</b>	<b>29%</b>	<b>27%</b>	<b>100%</b>	<b>79%</b>	1%	<b>33%</b>	<b>30%</b>
	<b>BG</b>	-	<b>G</b>	<b>BG</b>	<b>BG</b>	<b>ABCDFGH I</b>	<b>ABCDGHI</b>	-	<b>BDG</b>	<b>BG</b>
Have taken, but not in the past year	<b>21%</b>	20%	8%	<b>16%</b>	<b>24%</b>	-	10%	<b>30%</b>	<b>26%</b>	<b>19%</b>
	<b>BCF</b>	-	-	<b>BF</b>	<b>ABCFI</b>	-	-	<b>ABCDFI</b>	<b>BCFI</b>	<b>BF</b>
Have never taken	<b>47%</b>	55%	<b>71%</b>	<b>49%</b>	<b>46%</b>	-	10%	<b>66%</b>	<b>38%</b>	<b>46%</b>
	<b>FH</b>	-	<b>ACDFGH I</b>	<b>FH</b>	<b>FH</b>	-	-	<b>ACDFHI</b>	<b>F</b>	<b>FH</b>
DK/NR	3%	3%	2%	5%	2%	-	1%	3%	3%	5%

Exhibit A3 – Q9. [If opioid user in the past year, in reference to the opioid reference table] When you took any of these drugs or medicines in the past year, did you...

Prescribed opioid use in the past year										
	Gen Pop 2019 (n=282)	Gen Pop 2017 (n=290)	Youth 13-15 (n=66*)	Young adults 16-24 (n=129)	Adults 25+ (n=415)	Legal Opioid users (n=726)	Illegal Drug users (n=532)	Neither (n=16*)	Parents 13-15 (n=129)	Men 30-39 (n=118)
	A		B	C	D	E	F	G	H	I
Always have prescription in your name	69%	66%	54%	52%	70%	100%	22%	-	64%	63%
	BCF	-	F	F	BCF	-	-	-	F	F
Usually have prescription in your name	10%	11%	15%	15%	10%	-	24%	-	14%	17%
	-	-	-	-	-	-	ABCDHI	-	-	D
Sometimes have a prescription in your name	5%	5%	8%	8%	6%	-	16%	-	13%	5%
	-	-	-	-	-	-	ABCDI	-	ADI	-
Rarely have prescription in your name	4%	3%	5%	2%	4%	-	8%	-	2%	4%
	-	-	-	-	-	-	ACDHI	-	-	-
Never have prescription in your name	9%	12%	14%	17%	9%	-	30%	-	7%	9%
	-	-	-	ADH	-	-	ABCDHI	-	-	-
DK/NR	3%	3%	4%	7%	1%	-	-	100%	-	2%

\*Bear in mind the small sample sizes for this question, results should be regarded with caution.

Overall, few (6%) have ever been refused a prescription for opioids when they needed it for pain. Among those who use drugs illegally, this number rises to 20%.

Exhibit A4 – Q10. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Doctor refusal of prescription									
	Gen Pop 2019 (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F	G	H	I
Yes	6%	7%	11%	6%	12%	20%	3%	10%	12%
	G	-	ADG	G	ABDG	ABCDEGHI	-	ADG	ABDG
No	50%	43%	44%	52%	70%	53%	46%	56%	50%
	BCG	-	-	ABCG	ABCDGHI	BCG	-	ABCG	-
Not Applicable / Never asked for this	42%	46%	43%	40%	17%	26%	49%	33%	35%
	EFHI	EFHI	EFHI	EFHI	-	E	ACDEFHI	EF	EF
DK/NR	3%	4%	2%	2%	1%	2%	2%	1%	3%

Respondents take cocaine (18%) and ecstasy (18%) more often than methamphetamine (11%) and heroin (4%). Illicit drug use has increased slightly since 2017, from 5% to 8% having taken at least one illicit drug in the past year. Each drug is slightly more popular among young adults 16-24. Men are more likely to have tried any of the drugs listed than women. For example, **22%** of men have taken cocaine, compared to 13% of women.

Q11. Have you taken any of the following?

Exhibit A5 – Q11A. Heroin (such as smack, H, skag, junk)

Opioid use in the past year									
	Gen Pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F	G	H	I
Have taken in the past year	1%	3%	4%	2%	5%	14%	-	10%	3%
	-	-	AD	-	ABDI	ABCDEHI	-	ABCDEI	-
Have taken, but not in the past year	3%	4%	4%	3%	4%	11%	1%	11%	8%
	G	-	G	G	G	ABCDEG I	-	ABCDEG I	ABDEG
Have never taken	94%	92%	89%	94%	89%	72%	97%	79%	87%
	CEFHI	FHI	FH	CEFHI	FH	-	ACDEFHI	F	FH
DK/NR	2%	1%	2%	1%	1%	2%	1%	1%	3%

Exhibit A6 – Q11B. Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angie)

Opioid use in the past year									
	Gen Pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F	G	H	I
Have taken in the past year	5%	2%	9%	4%	8%	29%	-	9%	6%
	-	-	ABD	-	ABD	ABCDEHI	-	ABD	BD
Have taken, but not in the past year	13%	6%	8%	13%	14%	19%	10%	20%	19%
	BCG	-	-	BCG	BCG	ABCDEG	-	ABCDEG	ABCDEG
Have never taken	81%	90%	79%	82%	76%	49%	88%	68%	72%
	EFHI	ACDEFHI	FHI	EFHI	FH	-	ACDEFHI	F	F
DK/NR	2%	2%	4%	1%	2%	3%	1%	3%	3%

Exhibit A7 – Q11C. Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)

Opioid use in the past year									
	Gen Pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F	G	H	I
Have taken in the past year	<b>4%</b>	4%	<b>10%</b>	3%	<b>8%</b>	<b>25%</b>	-	<b>9%</b>	<b>6%</b>
	<b>D</b>	-	<b>ABDI</b>	-	<b>ABD</b>	<b>ABCDEHI</b>	-	<b>ABD</b>	<b>D</b>
Have taken, but not in the past year	<b>14%</b>	4%	<b>13%</b>	<b>14%</b>	<b>14%</b>	<b>26%</b>	<b>11%</b>	<b>19%</b>	<b>24%</b>
	<b>BG</b>	-	<b>B</b>	<b>BG</b>	<b>B</b>	<b>ABCDEG H</b>	<b>B</b>	<b>ABCDEG</b>	<b>ABCDEG</b>
Have never taken	<b>80%</b>	<b>90%</b>	<b>74%</b>	<b>82%</b>	<b>76%</b>	46%	<b>87%</b>	<b>69%</b>	<b>67%</b>
	<b>CEFHI</b>	<b>ACDEFHI</b>	<b>FI</b>	<b>CEFHI</b>	<b>FHI</b>	-	<b>ACDEFHI</b>	<b>F</b>	<b>F</b>
DK/NR	2%	2%	4%	2%	2%	3%	1%	3%	3%

Exhibit A8 – Q11D. Methamphetamine (such as meth, crystal meth, crank, speed)

Opioid use in the past year									
	Gen Pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F	G	H	I
Have taken in the past year	3%	3%	<b>6%</b>	2%	<b>7%</b>	<b>20%</b>	-	<b>11%</b>	<b>4%</b>
	-	-	<b>AD</b>	-	<b>ABDI</b>	<b>ABCDEHI</b>	-	<b>ABCDEI</b>	<b>D</b>
Have taken, but not in the past year	<b>8%</b>	2%	<b>7%</b>	<b>8%</b>	<b>8%</b>	<b>17%</b>	5%	<b>13%</b>	<b>13%</b>
	<b>BG</b>	-	<b>B</b>	<b>BG</b>	<b>BG</b>	<b>ABCDEG HI</b>	-	<b>ABCDEG</b>	<b>ABCDEG</b>
Have never taken	<b>88%</b>	<b>93%</b>	<b>84%</b>	<b>89%</b>	<b>83%</b>	60%	<b>94%</b>	<b>75%</b>	<b>80%</b>
	<b>CEFHI</b>	<b>ACDEFHI</b>	<b>FH</b>	<b>CEFHI</b>	<b>FH</b>	-	<b>ACDEFHI</b>	<b>F</b>	<b>F</b>
DK/NR	2%	2%	3%	1%	1%	3%	1%	1%	3%

### Key takeaways: Opioids and illicit drug use

- Over one-quarter of Canadians (29%) report having taken opioids in the past year, up 7% from our benchmark study conducted in 2017. The percentage of youth who have taken opioids in the past year has also risen 9% (from 10% to 19%) since 2017.
- Roughly two-thirds of opioid users in both 2019 and 2017 say they always have a prescription for the opioids they take. With respect to youth, just over half (52%) say they always have a prescription in their names when they take opioids.
- Consistent with the focus group findings, few (6%) have been refused a prescription for opioids when they needed it for pain.
- Illicit drug use has also increased slightly since 2017 (5% to 8%).

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

Awareness of opioids is fairly broad and has increased slightly since 2017. Roughly two-thirds (**69%**) are certain or pretty sure they know what an opioid is, up 6% since 2017. Over one-quarter of adults 25 and older are certain they know what an opioid is (**28%**), higher than among young adults (**23%**) and youth (14%). Over a quarter of youth (**28%**) say they have never heard the term opioid or do not really know what it is, less than in 2017 (36%). A greater percentage of Quebecers (**17%**) have never heard of/don't really know what an opioid is compared to respondents in Atlantic Canada (6%), Ontario (9%), Manitoba/Saskatchewan (7%) and Alberta (9%).

Over half of men 30-39 (**60%**) are pretty sure or certain they know what an opioid is. A very similar proportion of illegal drug users (**62%**) say the same. The group most certain of their knowledge is legal users – **75%** are pretty sure or certain.

Exhibit B1 – Q12. Which of these best describes your level of understanding about what an opioid is?

Knowledge of opioids										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
I am certain I know what an opioid is	27%	26%	14%	23%	28%	39%	27%	24%	28%	27%
	BG	-	-	B	BCG	ABCDFGH I	B	B	B	B
I am pretty sure I know what an opioid is	42%	37%	30%	36%	42%	36%	35%	42%	37%	33%
	BCEFI	-	-	-	BCEFHI	-	-	BCEFHI	-	-
I might know what an opioid is, but I'm unsure	19%	20%	26%	22%	20%	16%	21%	21%	25%	24%
	-	-	ADE	E	E	-	E	ADE	ADE	ADE
I don't really know what an opioid is	7%	9%	20%	10%	6%	4%	9%	8%	4%	10%
	E	-	ACDEFGH I	ADEH	EH	-	DEH	DEH	-	DEH
I had never heard the term "opioid" before this survey	4%	7%	8%	7%	4%	5%	7%	3%	6%	5%
	-	-	ADEG	ADG	-	-	DG	-	-	-
DK/NR	1%	2%	1%	2%	1%	-	1%	1%	-	1%
	E	-	-	EH	E	-	EH	DEH	-	E

Familiarity with opioids has remained the same since 2017, with **26%** of people reporting they are very familiar with at least one of the referenced opioids. Almost two-thirds (**65%**) are at least somewhat familiar with one, and just **16%** are not familiar with any. More men are not at all or just a little familiar with at least one (**36%**) than women (30%).

Youth are less familiar with opioids than the other age groups. One quarter (**27%**) say they are not at all familiar with any opioids, compared to **15%** of young adults and **16%** of adults 25 and older. However, fewer youth now are not at all familiar with opioids than was the case in 2017 (39%).

Legal and illegal users of drugs are more familiar with opioids – **48%** and **39%** respectively are very familiar. These proportions are similar to the 2017 results (51% and 43%). Parents’ and men’s (30-39) familiarity resemble that of the general population.

Exhibit B2 – Q13. How familiar are you with these types of opioids?

Familiarity with opioids										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very familiar with at least one	<b>26%</b>	26%	12%	<b>23%</b>	<b>26%</b>	<b>48%</b>	<b>39%</b>	18%	<b>27%</b>	<b>24%</b>
	<b>BG</b>	-	-	<b>BG</b>	<b>BG</b>	<b>ABCDFGH I</b>	<b>ABCDGHI</b>	-	<b>BG</b>	<b>BG</b>
Somewhat familiar with at least one	39%	36%	33%	<b>45%</b>	<b>39%</b>	35%	38%	<b>40%</b>	<b>41%</b>	37%
	-	-	-	<b>ABDEFGI</b>	<b>B</b>	-	-	<b>B</b>	<b>B</b>	-
No more than a little familiar with at least one	<b>17%</b>	17%	<b>26%</b>	14%	<b>18%</b>	11%	15%	<b>19%</b>	<b>19%</b>	<b>19%</b>
	<b>E</b>	-	<b>ACDEFG HI</b>	-	<b>E</b>	-	-	<b>ACDEF</b>	<b>E</b>	<b>EF</b>
Not at all familiar with any	<b>16%</b>	18%	<b>27%</b>	<b>15%</b>	<b>16%</b>	5%	<b>8%</b>	<b>22%</b>	<b>13%</b>	<b>19%</b>
	<b>EF</b>	-	<b>ACDEFG HI</b>	<b>EF</b>	<b>EF</b>	-	<b>E</b>	<b>ACDEFH</b>	<b>EF</b>	<b>EFH</b>
DK/NR	<b>2%</b>	3%	2%	<b>3%</b>	1%	1%	-	<b>2%</b>	-	1%
	<b>DEFH</b>	-	-	<b>EFH</b>	-	-	-	<b>DEFH</b>	-	-

### Qualitative insights: Awareness of and familiarity with opioids among focus groups participants?

Consistent with the survey findings, awareness of the term opioids was generally high, although, familiarity and knowledge varied widely across the country and the two focus group segments. Members of the general population (across all regions) and those in Eastern Canada (including Toronto, Halifax and Montreal) were less knowledgeable than men 30-39 and participants in Western Canada (both Calgary and Vancouver). Some, usually at least one or two participants in each group (other than those in Montreal), either had personal experience with opioid use or knew someone who had developed a substance use disorder.

When asked what drugs participants considered to be opioids, top-of-mind mentions, especially among members of the general population and those in Eastern Canada, were more often than not prescription medications. Those volunteered most often included: oxycodone, codeine, morphine, Percocet, and Dilaudid. There seemed to be a little more confusion and uncertainty around drugs like cocaine, meth, and heroin. Some participants, usually men 30-39, thought these drugs and others such as ecstasy, MDMA, and cannabis could be laced with fentanyl, but this

was not commonly understood. Those less knowledgeable often confused opioids with illicit drugs (i.e., cocaine, heroin, etc.), generally; ignorant of the fact that these drugs are not dangerous because they are opioids but rather because they could be laced with opioids such as fentanyl.

Two in five respondents (**39%**) believe that all opioids referenced on the chart are dangerous, compared to 45% in 2017. However, the number of respondents who think most are dangerous (**42%**) has increased since 2017 (35%), so the combined proportion of those who think all or most are dangerous has barely shifted (**81%** in 2019 and 80% in 2017). Respondents from Quebec are less likely to believe all are dangerous (30%) than those from Atlantic Canada (**46%**), Ontario (**42%**), Manitoba/Saskatchewan (**47%**) and Alberta (**44%**).

Young adults are less wary of opioids than youth and adults 25+. A quarter (25%) believe all opioids are dangerous, compared to **43%** of youth and **42%** of adults 25+. Illegal drug users are perhaps unsurprisingly less inclined to believe all are dangerous (25%), a decline since the 2017 survey (30%).

Exhibit B3 – Q14. In thinking about the types of opioids included in this list, is it your impression that...

Perceived danger of opioids										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
All are dangerous	<b>39%</b>	45%	<b>43%</b>	25%	<b>42%</b>	<b>39%</b>	25%	<b>43%</b>	<b>34%</b>	<b>31%</b>
	<b>CFI</b>	-	<b>CFHI</b>	-	<b>ACFHI</b>	<b>CFI</b>	-	<b>ACFHI</b>	<b>CF</b>	<b>CF</b>
Most are dangerous	<b>42%</b>	35%	40%	<b>48%</b>	<b>41%</b>	<b>43%</b>	<b>41%</b>	<b>41%</b>	<b>42%</b>	34%
	<b>I</b>	-	-	<b>ABDFGI</b>	<b>I</b>	<b>I</b>	<b>I</b>	<b>I</b>	<b>I</b>	-
About half are dangerous	6%	7%	6%	<b>10%</b>	6%	6%	<b>16%</b>	5%	<b>9%</b>	<b>12%</b>
	-	-	-	<b>ABDEG</b>	-	-	<b>ABCDEG H</b>	-	<b>ADG</b>	<b>ABDEG</b>
A few are dangerous	<b>7%</b>	7%	7%	<b>11%</b>	<b>7%</b>	<b>9%</b>	<b>14%</b>	5%	<b>12%</b>	<b>13%</b>
	<b>G</b>	-	-	<b>ADG</b>	<b>G</b>	<b>G</b>	<b>ABDEG</b>	-	<b>ABDG</b>	<b>ABDEG</b>
None of these are dangerous	<b>2%</b>	1%	1%	<b>2%</b>	1%	1%	<b>3%</b>	1%	-	<b>2%</b>
	<b>DGH</b>	-	-	<b>DGH</b>	-	<b>H</b>	<b>DEGH</b>	-	-	<b>DGH</b>
DK/NR	<b>5%</b>	5%	3%	<b>4%</b>	<b>4%</b>	1%	2%	<b>5%</b>	3%	<b>7%</b>
	<b>EF</b>	-	-	<b>EF</b>	<b>EF</b>	-	-	<b>DEF</b>	-	<b>ABCDEF H</b>

There is almost universal agreement across the general population and oversamples that opioids obtained on the street are very/somewhat dangerous to those who use them (88% very dangerous, 6% somewhat dangerous). Agreement is similarly high when it comes to the danger faced by people who use illegal drugs (82% very dangerous, 12% somewhat dangerous). Youth 13-15 are more concerned (**82%**) about the danger of opioids to them personally than young adults (**69%**) and those 25+ (**70%**). Legal drug users are less concerned about the danger opioids pose to them personally (60%), compared to the general population (**69%**).



Exhibit B4 – Q15. Based on your impressions, how dangerous would you say opioids are for each of the following? [% very dangerous or somewhat dangerous]

Perceived danger of opioids to various groups										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
People who use illegal drugs such as cocaine, ecstasy	95%	95%	96%	94%	95%	97%	92%	95%	96%	89%
	FI	-	FI	I	FI	ACDFI	-	FI	FI	-
People who use opioids obtained on the street	94%	95%	96%	95%	96%	98%	92%	96%	95%	91%
	FI	-	FI	FI	AFI	ACFI	-	AFI	FI	-
People who use opioids prescribed for someone else	94%	94%	94%	90%	95%	95%	89%	95%	93%	86%
	CFI	-	CFI	-	CFI	CFI	-	CFI	FI	-
Teens	94%	93%	93%	92%	95%	94%	89%	95%	95%	89%
	FI	-	F	-	ACFI	FI	-	ACFI	FI	-
Young adults	90%	91%	90%	87%	92%	91%	87%	92%	91%	83%
	CFI	-	I	-	ACFI	CFI	-	ACFI	CFI	-
Seniors	87%	86%	85%	84%	87%	88%	83%	88%	90%	81%
	FI	-	-	-	FI	FI	-	FI	CFI	-
You, personally	69%	70%	82%	69%	70%	60%	68%	74%	76%	70%
	E	-	ACDEFG I	E	E	-	E	ACDEF	ACDEFI	E
People who use opioids prescribed for them (follow Rx)	53%	52%	58%	47%	55%	46%	48%	56%	56%	55%
	CEF	-	CEF	-	CEF	-	-	ACEF	CEF	CEF

The vast majority (87%) believe the term “illegal opioids” means opioids obtained on the street, a similar proportion to 2017 (88%). Just under two-thirds (61%) also believe the term can include prescription opioids that are taken without a prescription, slightly lower than in 2017 (66%).

Men 30-39 (78%) and illegal drug users (76%) are the least likely of all the oversamples to equate illegal opioids with opioids obtained on the street, though large majorities still do. Non-users (59%), men 30-39 (58%) and youth (47%) are least likely to relate the term to prescription opioids taken without a prescription.

In terms of other demographic differences, women (90%) are more likely to say the term means opioids obtained on the street than men (84%). A greater percentage of Ontarians (63%), as well as those in Alberta (71%) and BC (66%) believe illegal opioids could include prescription opioids taken without a prescription. While virtually all respondents picked one of these two responses, a small number (2%) said that “illegal opioids” means something

else to them. Asked to explain these responses, the more common answers were that illegal opioids means both those purchased on the street and those used without a prescription, or means those that are homemade or purchased online.

Exhibit B5 – Q16. When you hear the term “illegal opioids” which, if any, of the following do you think it means? [check all that apply]

Understanding of illegal opioids										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Opioids obtained on the street	<b>87%</b>	88%	<b>86%</b>	<b>84%</b>	<b>89%</b>	<b>86%</b>	76%	<b>90%</b>	<b>82%</b>	78%
	<b>FHI</b>	-	<b>FI</b>	<b>FI</b>	<b>ACFHI</b>	<b>FHI</b>	-	<b>ACDEFHI</b>	<b>F</b>	-
Prescription opioids not prescribed to you	<b>61%</b>	66%	47%	<b>65%</b>	<b>61%</b>	<b>67%</b>	<b>62%</b>	<b>59%</b>	64%	58%
	<b>B</b>	-	-	<b>BGI</b>	<b>BG</b>	<b>ABDFGI</b>	<b>B</b>	<b>B</b>	BGI	<b>B</b>
Other	<b>2%</b>	3%	-	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	1%	<b>2%</b>
	<b>B</b>	-	-	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	-	<b>B</b>
DK/NR	<b>4%</b>	-	<b>6%</b>	<b>5%</b>	<b>3%</b>	1%	2%	<b>4%</b>	3%	<b>8%</b>
	<b>DEF</b>	-	<b>EF</b>	<b>EF</b>	<b>E</b>	-	-	<b>DEF</b>	-	<b>ADEFGH</b>

Overall awareness of Canada’s opioid crisis remains virtually unchanged since 2017 (73% vs. **74%** in 2019 very or somewhat aware). The number of respondents who state they are ‘very aware’ has fallen slightly from 28% to **25%**. More youth (58%) say they are aware of the opioid crisis than in 2017 (50%). However, they, along with young adults (69%), are less aware than adults 25 and older (**77%**). A greater proportion of Quebecers (**42%**) are not aware of the opioid crisis, compared to all other regions. Those with a household income of less than \$40,000 are also less familiar (**30%** not aware) compared to those with incomes between \$40,000-\$80,000 (21%) and \$80,000 or more (22%).

Awareness is highest among legal opioid users. The vast majority (80%) are aware, a similar figure to 2017 (79%). Three-quarters of illegal users are aware (75%), slightly higher than 2017 (70%). Awareness among parents has not changed – 75% are aware in the most recent data, similar to the 73% aware in 2017. Two-thirds (64%) of men 30-39 are aware of the opioid crisis in Canada.

Exhibit B6 – Q17. How aware would you say you are of Canada’s opioid crisis?

Awareness of Canada’s opioid crisis										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very aware	25%	28%	15%	20%	25%	36%	27%	22%	21%	22%
	BCG	-	-	-	BCG	ABCDFGH I	BCGH	B	B	B
Somewhat aware	49%	45%	43%	49%	52%	44%	48%	52%	54%	42%
	EI	-	-	-	ABEI	-	-	BEI	BEFI	-
Not very aware	17%	15%	26%	22%	16%	15%	17%	17%	18%	24%
	-	-	ADEFGH	ADEFG	-	-	-	D	-	ADEFG
Not at all aware	7%	8%	14%	7%	6%	4%	7%	7%	5%	9%
	E	-	ACDEFG HI	-	E	-	-	E	-	E
DK/NR	2%	4%	2%	2%	1%	1%	1%	2%	1%	3%
	E	-	-	-	-	-	-	D	-	DEF

Across the general population and oversamples, a majority or more, sense that the opioid crisis is serious in their community. In fact, over two-thirds (**70%**) view the opioid crisis as very or somewhat serious in their community, up slightly from 2017 (65%). Respondents in BC are particularly sensitive to the severity of the crisis – **43%** agree it is very serious, significantly more than in Atlantic Canada (22%) and Quebec (19%). Respondents with a university degree are also more likely to view the crisis as serious in their community (**74%**) than those with only a high school diploma (67%).

Youth are less likely to view the crisis as serious (61%) compared to young adults (64%) and adults 25 and over (72%). Men 30-39 are less likely than the general population to rate the crisis as serious (61%). Parents are more concerned about the severity of the crisis than they were in 2017 (73% vs 68%). Those who use neither legal or illegal opioids feel the crisis is less serious (68%) than those who use legal (76%) or illegal (**73%**) opioids.

Exhibit B7 – Q18. Based on your impressions, how serious would you say the opioid crisis is in your community?

Awareness of opioid crisis in your community										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very serious	31%	29%	24%	27%	31%	38%	28%	29%	25%	21%
	BGHI	-	-	I	BGHI	ABCDFGH I	I	I	-	-
Somewhat serious	39%	36%	37%	37%	41%	38%	45%	39%	48%	40%
	-	-	-	-	-	-	ABCEG	-	ABCDEG I	-
Not very serious	14%	16%	21%	24%	13%	15%	18%	15%	17%	21%
	-	-	ADEG	ADEFGH	-	-	AD	D	-	ADEG
Not at all serious	3%	4%	3%	4%	3%	2%	4%	3%	2%	4%
	-	-	-	-	-	-	E	-	-	DE
DK/NR	12%	15%	15%	8%	12%	8%	5%	14%	9%	14%
	CEFH	-	CEFH	F	CEFH	F	-	CDEFH	F	CEFH

### Qualitative insights: scale and cause of the opioid crisis

Based on what they had heard, seen or read in the media, participants felt that there currently was an opioid crisis in Canada although the crisis in the United States was felt to be much more acute. Most, including those in Eastern Canada, had the sense that the crisis was more serious in Western Canada, although the majority acknowledged that their communities were not immune, and some felt it was only a matter of time before it spread to their communities.

Despite the broad awareness of the term and the general tendency to describe the situation as a crisis, a lack of knowledge and/or inconsistency of knowledge was demonstrated as participants discussed the cause(s) of the opioid crisis. Most reasoned that it is the highly addictive nature of opioids that creates substance use disorder challenges that leads to black market activity.

When asked, the overwhelming majority of participants blamed the health care system for the crisis. The following were cited as causes:

- Doctors are overworked and cannot spend enough time with each patient to properly diagnosis health concerns, and that it is much easier and more efficient for them to write a prescription than to explore alternatives.
- Doctors are not following or concerned with the rules around the prescription of opioids and they are not being held accountable for prescribing opioids.
- Doctors are receiving kick-backs from pharmaceutical companies for prescribing opioids.
- Pharmaceutical companies are making drugs available in volumes and ways they know are suspicious and problematic.
- Lack of education.

As mentioned previously, very few – outside the groups with men 30-39 in Calgary and Vancouver – instinctively linked the crisis to fentanyl (specifically recreational drugs being laced with fentanyl). Worth noting, however, some men 30-39 in Calgary and Vancouver did attribute fentanyl to the opioid crisis describing it as highly addictive, easily accessible (some mentioned having heard of frequent large shipments of fentanyl from China), and inexpensive especially in the context of their feeling that a very small amount can produce a fairly significant feeling/impact.

Familiarity with fentanyl has not changed since 2017, with half (49%) of respondents claiming they are very or somewhat familiar. There was a slight (5%) decrease in the percentage of people who are not at all familiar with fentanyl. There is some regional variation in familiarity – significantly more Quebecers are not familiar (66%) compared to all other regions. Those with a household income of less than \$40,000 are also less familiar (57% not familiar) compared to those with a household income of \$80,000 or more (40%).

The percentage of youth who are not at all familiar has fallen by nine percentage points from 35% in 2017 to 26%, and they remain less familiar than older cohorts. Parents’ familiarity with fentanyl is slightly higher (56%) than the general population (49%). Men’s (30-39) familiarity largely reflects the general population results. Familiarity among legal (59%) and illegal (57%) drug users has increased slightly since 2017, when it was 52% and 56%, respectively.

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

Familiarity with fentanyl										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very familiar	12%	12%	10%	15%	12%	19%	20%	11%	10%	14%
	-	-	-	BGH	G	ABDGH	ABCDGHI	-	-	-
Somewhat familiar	37%	36%	30%	38%	38%	40%	37%	36%	46%	39%
	B	-	-	B	BG	B	B	-	ABCDEF	B
									GI	
Not very familiar	31%	25%	31%	27%	31%	22%	28%	32%	29%	28%
	E	-	E	-	E	-	E	CE	E	E
Not at all familiar	18%	23%	26%	17%	18%	18%	13%	19%	13%	15%
	FH	-	ACDEFG	-	FH	FH	-	DFH	-	-
			HI							
DK/NR	2%	3%	3%	3%	2%	1%	1%	2%	1%	4%
	E	-	E	E	-	-	-	DE	-	DEFH

## Qualitative insights: Awareness of and familiarity with fentanyl

As with the term opioids, participants seemed to be aware of the term fentanyl, but familiarity and knowledge varied significantly across region and segment. In several groups, one or two participants described fentanyl as a particularly strong painkiller (i.e., specifically a horse tranquilizer) and/or that it could cause an overdose with even the most minute exposure. A few participants referenced news stories about first responders having to wear special equipment to avoid the effects of coming into physical contact with fentanyl on the job.

Among those familiar with fentanyl, well over three-quarters (**81%**) describe it as very dangerous, comparable to the 83% who felt the same way in 2017. Respondents in Atlantic Canada (**91%**) and BC (**90%**) are more likely to believe fentanyl is very dangerous, particularly compared to Quebecers (76%), Ontarians (79%), and those in Manitoba/Saskatchewan (77%). While most across all oversamples agree it is dangerous, fewer youth (**77%**), young adults (**74%**), parents (**72%**), illegal drug users (65%) and men 30-39 (69%) believe fentanyl is very dangerous.

Exhibit B9 – Q20. [If some familiarity with fentanyl] To the best of your knowledge, how dangerous is fentanyl?

Familiarity with fentanyl										
	Gen Pop 2019 (n=809)	Gen Pop 2017 (n=975)	Youth 13-15 (n=239)	Young adults 16-24 (n=348)	Adults 25+ (n=1198)	Legal Opioid users (n=595)	Illegal Drug users (n=578)	Neither (n=1205)	Parents 13-15 (n=335)	Men 30-39 (n=320)
	A		B	C	D	E	F	G	H	I
Very dangerous	<b>81%</b>	83%	<b>77%</b>	<b>74%</b>	<b>82%</b>	<b>82%</b>	65%	<b>85%</b>	<b>72%</b>	69%
	<b>CFHI</b>	-	<b>FI</b>	<b>F</b>	<b>CFHI</b>	<b>CFHI</b>	-	<b>ABCFHI</b>	<b>F</b>	-
Somewhat dangerous	<b>15%</b>	13%	19%	<b>19%</b>	<b>15%</b>	15%	<b>27%</b>	12%	<b>24%</b>	<b>23%</b>
	<b>G</b>	-	-	<b>G</b>	<b>G</b>	-	<b>ABCDEG</b>	-	<b>ADEG</b>	<b>ADEG</b>
Not very/ Not at all dangerous	<b>3%</b>	1%	3%	<b>5%</b>	2%	2%	<b>5%</b>	1%	3%	<b>5%</b>
	<b>DG</b>	-	-	<b>DEG</b>	-	-	<b>ADEG</b>	-	-	<b>ADEG</b>
DK/NR	<b>2%</b>	2%	2%	2%	1%	1%	<b>3%</b>	1%	1%	<b>3%</b>
	<b>H</b>	-	-	-	-	-	<b>DH</b>	-	-	<b>DH</b>

Almost three-quarters (**71%**) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl. Fewer youth (62%), young adults (63%), parents (61%), men 30-39 (51%) and illegal users (53%) agree. Very few (3%) believe there is not much or no risk. Respondents in BC perceive greater risk (79%) than those in Quebec or Ontario (68%).

Exhibit B10 – Q21. [If some familiarity with fentanyl] To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

Risk of illegal drugs being laced with fentanyl									
	Gen Pop 2019 (n=809)	Youth 13-15 (n=239)	Young adults 16-24 (n=348)	Adults 25+ (n=1198)	Legal Opioid users (n=595)	Illegal Drug users (n=578)	Neither (n=1205)	Parents 13-15 (n=335)	Men 30-39 (n=320)
	A	B	C	D	E	F	G	H	I
High risk	71%	62%	63%	72%	73%	53%	72%	61%	51%
	BCFHI	FI	FI	BCFHI	BCFHI	-	BCFHI	FI	-
Some risk	23%	29%	30%	21%	23%	35%	23%	31%	36%
	-	D	ADEG	-	-	ADEG	-	ADEG	ADEG
Not very much/No risk at all	3%	4%	3%	2%	3%	9%	1%	4%	6%
	G	-	-	G	-	ABCDEG HI	-	G	ADEG
DK/NR	4%	5%	4%	5%	2%	3%	5%	4%	6%
	E	E	-	E	-	-	E	-	EF

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

- The survey and focus group findings suggest that awareness of opioids has increased since 2017. In fact, some focus groups participants volunteered having seen the Government of Canada public education ads about opioids.
- Roughly two-thirds (69%) are certain or pretty sure they know what an opioid is, up 6% since 2017.
- Despite the increased awareness, familiarity and knowledge of opioids appears to have remained the same over time, with 26% of people reporting they are very familiar with at least one of the referenced opioids.
- Two in five respondents (39%) believe that all opioids referenced on the chart are dangerous, compared to 45% in 2017. However, the number of respondents who think most are dangerous (42%) has increased since 2017 (35%), so the combined proportion of those who think all or most are dangerous has barely shifted (81% in 2019 and 80% in 2017).
- With respect to opioids obtained on the street, there is universal agreement across all segments that they are very/somewhat dangerous.
- The majority of respondents (87%) believe the term illegal opioids means opioids obtained on the street. Fewer (61%) also believe the term can include prescription opioids that are taken without a prescription.
- A majority (70%) of respondents sense that the opioid crisis is serious in their community; consistent with focus group findings.
- Familiarity with fentanyl has not changed since 2017; nor has the predominant view that it is very dangerous.
- Almost three-quarters (71%) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl.

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

Since 2017, there has been a slight increase in concern about opioids in a number of ways. For example, concern that opioids might harm someone respondents care about has risen by 6% to 56%. Though over half are concerned that opioids might harm the people close to them, fewer believe friends and family members could be at risk of developing opioid use disorder (**37%**) or overdosing (**27%**).

Respondents seem slightly more comfortable identifying and reacting to opioid use disorder and overdoses. More than in 2017, though still less than the majority, feel they would be able to identify signs of an opioid use disorder (**39%** vs 33%) or overdose (**33%** vs 29%), or would know what to do if they saw someone experiencing an overdose (**30%** vs 26%). As was the case in 2017, respondents are more confident in their ability to handle their own interactions with opioids. For example, **45%** are confident they could easily find help for dealing with problematic opioid use, and almost all (**80%**) would ask their doctors for more information about side effects, risks or alternatives if they were prescribed an opioid.

In some respects, respondents' sense that opioids can be dangerous. Two-thirds (**67%**) agree they know what makes them so dangerous, and only one in five (22%) agree it is difficult to develop an opioid use disorder if following a prescription. However, just under half (47%) worry they could become addicted (develop an opioid use disorder) if prescribed an opioid. Few (**10%**) believe there are any circumstances under which it is acceptable to share a prescription for opioids.

Youth's attitudes towards opioids vary somewhat from those of young adults and adults 25+. Youth are less confident that they understand what makes opioids so dangerous (53% vs **66%** of young adults and **66%** of adults 25+) and more agree it is difficult to become addicted (develop an opioid use disorder) to opioids if using a prescription (**31%** vs 22% of adults 25+).

Legal opioid users claim to be more cognizant of the dangers of these drugs (**75%**) than illegal users (**69%**) and the general population (67%). Both legal and illegal drug users are more concerned about their ability to obtain a prescription – **30%** of legal users and **34%** of illegal users agree. They also claim to be better equipped than the general population when it comes to recognizing opioid use disorder (**50%** of legal and **50%** of illegal users), an overdose (both **48%**) and treating an overdose (**42%** and **43%**, respectively). The percentage of both groups of users who are confident they could identify opioid use disorder (addiction) and overdose, as well as treat an overdose, has risen since 2017. For instance, notably fewer legal (29%) and illegal (31%) drug users in 2017 felt they would know what to do if they observed someone experiencing an overdose.

Parents are the most likely of all oversamples to think their family or friends could develop an opioid use disorder (addiction) (**48%**). Aside from illegal drug users, they are also most likely to agree their family/friends might experience an overdose (**38%**).

In contrast, men aged 30-39 are less concerned that opioids may harm people they care about (51%) and that family or friends might become develop an opioid use disorder (addiction) (32%). Similar to the findings among parents, men aged 30-39 are relatively more confident in their ability to identify signs of addiction (**46%**) or an overdose (**39%**) than the general population. They are also more likely to agree it is difficult to become addicted (develop an opioid use disorder) if you are following a prescription (**34%**).

Other notable demographic differences in attitudes about behaviour, risk and harms include that Quebecers



(**60%**), Albertans (**60%**) and residents of BC (**59%**) are more concerned opioids might harm the people they care about. At the same time, Quebecers are least likely to think their friends/family might develop an opioid use disorder (28%, compared to **44%** of those in BC and **40%** of Albertans). Respondents in BC claim to be most capable to deal with an overdose – **40%** say they would know what to do, compared to just 24% in Quebec and Manitoba/Saskatchewan. Indigenous respondents are more comfortable sharing opioid prescriptions – **32%** say there are times when it is acceptable, compared to 9% of non-Indigenous respondents.

Respondents with higher levels of education claim to be more knowledgeable about opioids. For example, **77%** of those with a post-grad degree and **71%** of those with an undergrad degree say they know what it is about opioids that makes them so dangerous, compared to 61% of those with a high school education only.

Respondents with a household income between \$40,000 and \$80,000 appear more comfortable dealing with overdoses and opioid use disorder. A third (**34%**) would know what to do if they saw someone experiencing an overdose, compared to 24% of those with an income lower than \$40,000 and 30% of those with an income greater than \$80,000. Those with higher incomes are more confident they could get help with an opioid use disorder. Almost half (**49%**) of respondents with an income of \$80,000 or more agree, compared to 40% of those with incomes lower than \$40,000.

Exhibit C1 – Q22. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Behaviours, risk & harm					
	Gen Pop 2019 (n=1003) A	Gen Pop 2017 (n=1330)	Youth 13- 15 (n=331) B	Young adults 16-24 (n=433) C	Adults 25+ (n=1471) D
If prescribed, I would ask my doctor for more info about the risks, the side effects or alternatives to using an opioid	<b>80%</b> BCEFI	77% -	73% -	75% -	<b>81%</b> BCEFI
I understand what it is about opioids that is so dangerous	<b>67%</b> BGI	64% -	53% -	<b>66%</b> B	<b>66%</b> BGI
I'm worried that opioids might harm people I care about	56% -	50% -	<b>61%</b> I	56% -	<b>56%</b> GI
I worry that if I am prescribed an opioid, I could become addicted	47% -	42% -	<b>52%</b> I	46% -	47% -
If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)	<b>45%</b> G	44% -	41% -	<b>49%</b> BDG	<b>44%</b> G
I think I'd be able to identify signs of an OUDA*	<b>39%</b> BDG	33% -	32% -	<b>44%</b> BDG	<b>36%</b> G
I think people in my family and/or friends could develop OUDA*	<b>37%</b> BG	37% -	29% -	34% -	<b>38%</b> BGI
I think I'd be able to identify signs of an opioid overdose if faced with them	<b>33%</b> DG	29% -	30% -	<b>39%</b> ABDG	<b>31%</b> G
I would know what to do if I saw a person experiencing an overdose	<b>30%</b> G	26% -	24% -	<b>35%</b> ABDG	<b>30%</b> G
I think people in my family and/or friends could experience an opioid-related overdose or poisoning	<b>27%</b> G	24% -	27% -	27% -	<b>27%</b> G
If you are following a prescription, it is difficult to develop OUDA*	22% -	19% -	<b>31%</b> ADG	<b>30%</b> ADG	<b>22%</b> G
I'm worried I won't be able to obtain a prescription for opioids when I need it	<b>15%</b> G	- -	<b>19%</b> G	<b>19%</b> G	<b>16%</b> G
There are certain times when it is acceptable to share an opioid prescription with someone else	<b>10%</b> G	10% -	<b>18%</b> ADG	<b>17%</b> ADG	<b>9%</b> G

\*OUDA = Opioid Use Disorder (Addiction)

Exhibit C2 – Q22. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Behaviours, risk & harm					
	Legal Opioid users (n=726) E	Illegal Drug users (n=670) F	Neither (n=1552) G	Parents 13-15 (n=397) H	Men 30-39 (n=395) I
If prescribed, I would ask my doctor for more info about the risks, the side effects or alternatives to using an opioid	76% I	73% -	81% BCEFI	78% FI	70% -
I understand what it is about opioids that is so dangerous	75% ABCDGFI	69% BGI	64% B	71% BDGI	60% -
I'm worried that opioids might harm people I care about	58% I	62% ACDGI	54% -	60% GI	51% -
I worry that if I am prescribed an opioid, I could become addicted	45% -	52% ACDEGI	47% -	52% EI	44% -
If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)	56% ABCDGI	54% ABDGI	40% -	53% ABDG	48% BDG
I think I'd be able to identify signs of an OUDA*	50% ABDG	50% ABCDG	33% -	45% ABDG	46% ABDG
I think people in my family and/or friends could develop OUDA*	42% ABCDGI	44% ABCDGI	33% -	48% ABCDEGI	32% -
I think I'd be able to identify signs of an opioid overdose if faced with them	48% ABCDGI	48% ABCDGI	26% -	45% ABDG	39% ABDG
I would know what to do if I saw a person experiencing an overdose	42% ABCDG	43% ABCDG	25% -	41% ABDG	38% ABDG
I think people in my family and/or friends could experience an opioid-related overdose or poisoning	35% ABCDGI	41% ABCDEGI	22% -	38% ABCDGI	27% -
If you are following a prescription, it is difficult to develop OUDA*	29% ADG	38% ACDEG	20% -	34% ADG	34% ADEG
I'm worried I won't be able to obtain a prescription for opioids when I need it	30% ABCDGI	34% ABCDGHI	10% -	27% ABCDG	25% ACDG
There are certain times when it is acceptable to share an opioid prescription with someone else	17% ADG	28% ABCDEGI	7% -	24% ABCDEG	20% ADG

\*OUDA = Opioid Use Disorder (Addiction)

Concern about teens using opioids as prescribed has risen only slightly since 2017, from 76% to 81%. Parents are also slightly more concerned – **87%** compared to 82%. However, the percentage of youth who say they are very concerned has risen substantially, from 19% in 2017 to **32%**. Another 41% are somewhat concerned, for a total of 73%, compared to 61% in 2017.

Exhibit C3 – Q23. How concerned are you about the risk to teens who are using opioid medication as prescribed?

Concern about teen opioid use										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very concerned	39%	35%	32%	25%	43%	42%	36%	41%	42%	30%
	BCI	-	C	-	ABCFGI	BCFI	CI	BCI	BCI	-
Somewhat concerned	42%	41%	41%	46%	40%	39%	42%	41%	45%	40%
	-	-	-	DEG	-	-	-	-	D	-
Not very concerned	12%	15%	17%	21%	11%	13%	17%	12%	10%	18%
	-	-	ADH	ADEFGH	-	-	ADEGH	-	-	ADEGH
Not at all concerned	2%	3%	4%	3%	2%	4%	4%	2%	1%	5%
	H	-	H	-	-	ADGH	H	-	-	ADGH
DK/NR	5%	5%	7%	5%	4%	2%	2%	5%	2%	6%
	DEFH	-	EFH	EF	EFH	-	-	DEFH	-	DEFH

Concern among the general population about teens using opioids without a prescription is roughly equal to 2017. Just over three-quarters (**76%**) are very concerned, compared to 75% in 2017. Less youth are very concerned about their peers using opioids without a prescription (62%) compared to young adults (**70%**), and adults (**79%**).

Exhibit C4 – Q24. How concerned are you about the risk to teens who are using prescription opioids without a prescription?

Concern about teen prescription opioid use										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Very concerned	76%	75%	62%	70%	79%	80%	65%	78%	69%	61%
	BCFHI	-	-	BI	ABCFHI	ABCFHI	-	BCFHI	BI	-
Somewhat concerned	17%	18%	28%	21%	16%	16%	26%	15%	27%	26%
	-	-	ACDEG	ADEG	-	-	ADEG	-	ADEG	ADEG
Not very / Not at all concerned	4%	4%	6%	5%	3%	2%	8%	3%	3%	8%
	-	-	DEH	E	-	-	ACDEGH	-	-	ACDEGH
DK/NR	3%	4%	4%	4%	2%	2%	1%	3%	1%	4%
	DEFH	-	EFH	EFH	F	-	-	DFH	-	DEFH

## Qualitative insights: Understanding of opioid overdoses and naloxone

When asked to describe signs related to an opioid overdose, symptoms were offered that seemed to be more related to overdoses of other drugs than specifically opioids (e.g., foaming at the mouth), but generally people assumed they would witness disorientation, blackouts or unconsciousness, slurred speech, and perhaps perspiring or “clamminess.”

In terms of aiding in the event of a drug overdose, most participants described having an immediate instinctive reaction to call 911. Many said they would do the “right thing” but beyond calling 911, few knew what more they could or should do and opinions varied widely. Participants in Montreal felt that they would be inclined to more readily take an active role in helping with things like CPR, ensuring airways were not blocked, trying to keep people awake/conscious until help arrived, etc. Elsewhere, participants were a little less inclined to do anything beyond calling 911. They questioned whether they felt prepared or educated enough to know how to help someone experiencing an overdose, whether they might make things worse, or expose themselves to harmful substances.

Awareness and knowledge of naloxone was limited. Some participants in each group had heard the term but knowledge varied considerably from group to group and by location. In some groups, there were those who knew what naloxone was, including those who referred to it by the brand name “Narcan”, and mentioned that naloxone kits could be easily acquired for free in any pharmacy. In some groups, few were certain of what it was; often guessing it was an overdose kit. Typically, about one or two participants per city had obtained a naloxone kit simply in the event they were out with friends and something went wrong.

Initial discussions suggested that most participants were in favour of supervised consumption sites, although there seemed to be some polarization of opinion. Whether in support or opposed to them, most participants agreed that the main benefit to the community was the provision of clean equipment and keeping people safe from discarded syringes and the spread of disease. Among those who were supportive, they praised the availability of medical assistance if necessary, the ability to help people who wanted to deal with a substance use disorder, and the benefit of having people do the drugs under supervision rather than alone. Conversely, those uncomfortable with or opposed to supervised consumption sites tended to feel that the existence of such sites may encourage drug use, that they tended to create a location that attracted undesirable people to a community, and some wrongly assumed that drugs were provided. Correcting this misconception typically helped the person feel less opposed, but rarely made the individual supportive.

On an unaided basis, generally one or two participants in each group were familiar with laws that protected witnesses and bystanders, sometimes mentioning the “Good Samaritan Law” on an unprompted basis. Those familiar tended to be able to recall the main points that someone who helps a person in overdose is not going to get in trouble themselves. These individuals tended to feel positively about the law, based on what they had heard.

Participants were then read the following description:

“The Good Samaritan Drug Overdose Act became law in 2017 and provides some legal protection for individuals who seek emergency help (call 911 or your local emergency number) during an overdose. More specifically, the Act protects individuals from being charged with simple possession of a controlled substance (drugs). It covers by-standers who call for help or people experiencing overdose who call for help. It will protect you if you choose to stay with the victim or leave the scene. Instances where you are

not protected: outstanding warrants, possessing with intent to distribute, production or trafficking of drugs, other crimes, etc.”

On an aided basis, reactions continued to be quite positive. The assumed context tended to fall into two categories: those who assumed this meant coming across someone on a street who had overdosed; and, those who imagined friends being together as one or more used recreational drugs. Those who imagined the latter context tended to more immediately be able to describe the net effect as positive as friends would otherwise be scared to call if they themselves possessed or had taken drugs. Those who assumed this was about coming across a stranger in crisis appeared less in need of the protection.

Regardless of the assumed context, there was no observed opposition to the concept although some participants still had concerns about whether they could really count on the Act being executed as written and, more importantly, whether the exceptions were problematic. Some participants, particularly men 30-39, felt that the exceptions may be counter-productive and questioned whether they were ill-advised in some circumstances such as where a dealer or someone with an outstanding warrant for a petty crime or parking ticket could help save someone who is overdosing. Inevitably, some reasoned that unshackling the dealers would be problematic as it may encourage use.

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

- Since 2017, there has been a slight increase in concern about opioids in a number of ways. More respondents understand what is so dangerous about opioids that; are worried that opioids might harm people they care about; worry that if prescribed an opioid, they could become addicted (develop an opioid use disorder); think people in their families or friends could experience an overdose; and, seem slightly more comfortable identifying and reacting to opioid use disorder and overdoses although most do not feel they would be able to identify signs of an opioid use disorder or overdose.
- Concern about teens using opioids as prescribed has risen slightly since 2017, from 76% to 81%.
- Concern about teens using opioids without a prescription is roughly equal to 2017. Just over three-quarters (76%) are very concerned, compared to 75% in 2017.
- The focus groups discussions explored a number of additional topics related to opioid overdoses and treatment options. Awareness and knowledge of naloxone was fairly limited although some participants had acquired a kit from a pharmacy in case of emergency.
- Irrespective of their views of supervised consumption sites, most agreed that the availability of onsite medical assistance, the ability to help people who wanted to deal with a substance use disorder, and the benefit of having people use while under supervision were benefits of this treatment approach.
- Reactions to the Good Samaritan Drug Overdose Act were also generally positive although some did question the exceptions, especially in the context of a dealer or someone with an outstanding warrant for a petty crime who could help save someone overdosing.

## Section D: Attitudes regarding stigma

While people with an opioid use disorder still encounter stigma, the tracking data shows it has not worsened since 2017. For example, 64% of respondents disagree with the statement, “People who overdose on opioids get what they deserve.” which is a 9% increase since 2017. Furthermore, over three-quarters (**82%**) agree that, “People who have an opioid use disorder deserve the help they need to lead a healthy lifestyle.” This is a 5% increase since 2017. Support for addressing the crisis has also risen, with almost two-thirds (**64%**) agreeing we should be using more of our health care resources to deal with opioid use disorder, compared to 55% in 2017.

Despite the improvement, stigma is still prevalent throughout Canada. Over a third of respondents (**37%**) agree that, “People with an opioid use disorder are dangerous and/or untrustworthy.” Furthermore, there has not been much change in the proportion who say that, “People who are dependent upon or addicted to opioids could stop taking them if they really wanted to.” (**19%** in 2019 vs 17% in 2017), “I don’t have much sympathy for people who misuse opioids.” (26% in 2019 and 27% in 2017) and, “A lack of self-control is usually what causes a dependence upon or an addiction to opioids.” (**33%** in both 2019 and 2017).

Respondents appear cognizant that stigma exists and acknowledge that there are attitudes prevalent in society that might stop those who have an opioid use disorder, or even themselves, from discussing it with others. For example, two-thirds (69%) acknowledge that, “Society is not very friendly toward people with an opioid use disorder.” Further, 66% agree that, “Society’s attitudes about people with an opioid use disorder affect whether they seek help or treatment.” Over two-thirds (**69%**) also agree that people who have an opioid use disorder may be embarrassed to seek help, and three-quarters (**74%**) agree it may also be uncomfortable to share this information with family and friends. Fewer, though still a majority (60%), say that if they ever developed an opioid use disorder, they would find it difficult to tell friends and family.

As was noted in 2017, youth ages 13-15 are more likely to hold various stigmatizing views than those older than them. Very similar proportions in 2017 (45%) and 2019 (**43%**) agree that a lack of self-control is usually how people become addicted to opioids (develop an opioid use disorder). In contrast, **42%** of young adults and **32%** of those 25 and older agree. One in five (**19%**) youth agree that people who overdose on opioids get what they deserve, identical to the 2017 results (19%) and higher than the percentage of young adults 16-24 (**18%**) and adults 25+ who feel the same way (**12%**). Two in five (**42%**) youth also feel individuals with an opioid use disorder are untrustworthy and two-thirds (**67%**) would be disappointed if they found out a friend or family member had an opioid use disorder.

Adults 25+, in contrast, appear to have a broader understanding of the causes of opioid use disorder and its consequences. Almost three-quarters (**73%**) agree one can become addicted to opioids (develop an opioid use disorder), even if they are following a doctor’s prescription, and slightly more agree the opioid crisis is a public health issue (**77%**). They are also more comfortable seeking help for an opioid use disorder (**56%**) compared to youth (45%) and young adults (41%). One topic all respondents agree on, regardless of age, is that addiction to opioids (opioid use disorder) is a disease – **64%** of youth, 61% of young adults and **62%** of adults 25+ agree.

Although legal and illegal drug users’ attitudes about opioids and stigma are similar in some respects, there are notable distinctions. They have similar understandings of some of the causes and impacts of the crisis. A little over half of legal (**56%**) and illegal (**59%**) drug users agree people are overdosing because they did not realize the drugs they were consuming contained opioids and just under two-thirds (**67%** and **63%** respectively) agree addiction to opioids is a disease. Over half of legal opioid users (**54%**), and illegal drug users (**56%**) believe opioids are over-prescribed. However, illegal drug users seem more likely to stigmatize. Among illegal users, **49%**, compared to

**40%** of legal users, believe a lack of self-control is what causes addiction to opioids. A quarter of illegal users (**26%**) agree that people who overdose get what they deserve, compared to **18%** of legal users, and a third of illegal users (**34%**) agree it is mostly people who are either homeless or already addicted (living with substance use disorder) to another drug who become addicted to opioids (develop an opioid use disorder), compared to **22%** of legal users. A third (33%) of illegal users think people who are addicted to opioids (living with opioid use disorder) could stop if they really wanted to, compared to **25%** of legal users. The results from 2017 reinforce the difference in stigmatizing attitudes when it comes to legal vs illegal users. For example, 41% of illegal drug users agreed that a lack of self-control causes addiction (opioid use disorder), compared to 32% of legal users.

Men 30-39 are notably more likely to hold stigmatizing views about opioids or those who use opioids than the general population. More believe people who are addicted (living with opioid use disorder) could stop taking opioids if they really wanted to (**30%** vs **19%** in the general population), do not have sympathy for people who are addicted (**33%** vs 26%) and believe a lack of self-control is generally what causes one to become addicted (**50%** vs **33%**).

Respondents in Alberta and BC (**61%** agree) are more likely to connect overdoses to people taking drugs they didn't realize had opioids or had higher doses than they expected, compared to respondents in Atlantic Canada (43%), Quebec (47%), Ontario (51%) and Manitoba/Saskatchewan (44%). Ontarians (**24%**) and respondents in BC (**28%**) are most likely to agree that it is people who are down on their luck, homeless or already addicted to drugs who develop an opioid use disorder. However, at least when it comes to BC respondents, they do not necessarily feel these people are dangerous – just 29% agree, significantly lower than the **50%** in Manitoba/Saskatchewan who feel the same way. Fewer respondents in BC (66%) agree that even when following a prescription, one can become addicted to opioids (develop an opioid use disorder) than in any other region. In Ontario, **77%** agree.

Those with a higher level of education claim to be more aware of stigma in society but are also more likely to hide their own opioid use. Three-quarters of those with an undergrad or postgrad degree (**74%**) agree society is not friendly toward people with an opioid use disorder, compared to 62% of those with a high school education and 57% of those who have not completed high school. At the same time, **65%** of those with a postgrad and **63%** of those with an undergrad degree say if they developed an opioid use disorder, they would find it difficult to tell friends and family, compared to 58% of those who have a high school diploma and 46% of those who have not completed high school.

Indigenous respondents hold some stigmatizing attitudes (**38%** agree people who overdose get what they deserve, compared to 12% of non-Indigenous respondents) and are also less likely to disclose prescribed opioid use (**42%** vs 19% among those who are not Indigenous).



Exhibit D1 – Q25. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Attitudes towards stigma					
	Gen Pop 2019 (n=1003) A	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331) B	Young adults 16-24 (n=433) C	Adults 25+ (n=1471) D
People who have an OUDA* deserve the help they need to lead a healthy lifestyle	82%	77%	75%	79%	83%
	I	-	-	I	BGI
The opioid crisis in Canada is a public health issue	76%	74%	71%	75%	77%
	I	-	-	-	BI
I expect that people who have an OUDA* find it embarrassing or uncomfortable to tell friends/family they have an OUDA*	74%	-	73%	73%	74%
	I	-	I	I	GI
When following your doctor's instructions for taking an opioid painkiller, you can still become addicted	73%	-	66%	67%	73%
	BCGI	-	-	-	BCGI
Society is not very friendly toward people with an OUDA*	69%	-	71%	70%	69%
	-	-	-	-	G
I expect that people who have an OUDA* must find it embarrassing/uncomfortable to seek help with their OUDA*	69%	-	71%	68%	69%
	I	-	I	-	GI
Society's attitudes about people with an OUDA* affect whether people with an opioid use disorder seek help	66%	-	62%	71%	66%
	-	-	-	ABDGI	G
We should be using more of our health care resources for dealing with OUDA*	64%	55%	64%	65%	63%
	GI	-	-	I	GI
Addiction to opioids is a disease	63%	61%	64%	61%	62%
	I	-	I	-	GI
If I ever developed an OUDA*, I would find it embarrassing or uncomfortable to tell friends or family	60%	-	62%	64%	59%
	-	-	-	-	-
I'd feel disappointed or upset if I found out one of my family or friends developed an OUDA*	59%	-	67%	61%	56%
	DI	-	ADEFGHI	FI	I
If I were to use an opioid obtained on the street, I would not want my friends or family to know that	56%	49%	56%	57%	56%
	-	-	-	-	G
If I ever developed an OUDA*, I would feel completely comfortable seeking help	55%	59%	45%	41%	56%
	BCG	-	-	-	BCG
I think opioids are overprescribed in Canada	54%	55%	46%	44%	57%
	BC	-	-	-	ABCGI
People are overdosing on opioids b/c they used drugs that they didn't realize had opioids/higher doses than they expected	52%	49%	51%	51%	51%
	G	-	-	-	G
If I were to use a prescription opioid not prescribed to me, I would not want my friends or family to know that	48%	42%	53%	56%	46%
	G	-	DGI	ADGI	-
People with an OUDA* are dangerous and/or untrustworthy	37%	-	42%	33%	34%
	DG	-	CDG	-	G
I think my friends or family would feel comfortable telling me they had an OUDA*	34%	-	37%	35%	32%
	G	-	G	G	G
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	33%	33%	43%	42%	32%
	G	-	ADG	ADG	G
I don't have much sympathy for people who misuse opioids	26%	27%	31%	26%	25%
	-	-	DG	-	G
It's mostly people who are homeless/down on their luck/ already have drug use problems who develop an OUDA*	21%	-	28%	32%	18%
	DG	-	ADEG	ADEG	-
If I were prescribed an opioid, I would not want my friends or family to know that	20%	16%	31%	29%	19%
	G	-	ADG	ADG	G

Attitudes towards stigma					
	Gen Pop 2019 (n=1003) A	Gen Pop 2017 (n=1330) C	Youth 13-15 (n=331) B	Young adults 16-24 (n=433) C	Adults 25+ (n=1471) D
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	19% G	17% -	28% ADG	27% ADG	17% G
Canada's opioid crisis is not as serious a public health crisis as SARS or H1N1 were	17% G	17% -	22% ADG	25% ADG	15% G
People who overdose on opioids get what they deserve	14% DG	16% -	19% ADG	18% DG	12% G

\*OUDA = Opioid Use Disorder (Addiction)

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

Attitudes towards stigma					
	Legal Opioid users (n=726) E	Illegal Drug users (n=670) F	Neither (n=1552) G	Parents 13-15 (n=397) H	Men 30-39 (n=395) I
People who have an OUDA* deserve the help they need to lead a healthy lifestyle	86% ABCFGHI	80% I	81% I	80% I	71% -
The opioid crisis in Canada is a public health issue	80% ABCDGI	76% I	75% I	76% -	70% -
I expect that people who have an OUDA* find it embarrassing or uncomfortable to tell friends/family they have an OUDA*	78% ADFGI	72% I	72% I	73% I	64% -
When following your doctor's instructions for taking an opioid painkiller, you can still become addicted	77% ABCDGI	73% BCI	71% I	75% BCI	64% -
Society is not very friendly toward people with an OUDA*	77% ABCDFGHI	70% -	67% -	69% -	66% -
I expect that people who have an OUDA* must find it embarrassing/uncomfortable to seek help with their OUDA*	75% ACDFGI	69% I	67% I	71% I	62% -
Society's attitudes about people with an OUDA* affect whether people with an opioid use disorder seek help	72% ABDGI	68% -	64% -	69% BGI	62% -
We should be using more of our health care resources for dealing with OUDA*	70% ADGI	68% ADGI	60% -	67% GI	58% -
Addiction to opioids is a disease	67% DGI	63% I	61% I	65% I	55% -
If I ever developed an OUDA*, I would find it embarrassing or uncomfortable to tell friends or family	60% -	63% -	60% -	66% ADEGI	58% -
I'd feel disappointed or upset if I found out one of my family or friends developed an OUDA*	58% I	55% -	57% I	60% I	49% -
If I were to use an opioid obtained on the street, I would not want my friends or family to know that	62% ADGI	62% ADGI	54% -	60% G	56% -
If I ever developed an OUDA*, I would feel completely comfortable seeking help	62% ABCDFGHI	54% BC	51% C	55% BC	53% C
I think opioids are overprescribed in Canada	54% BC	56% BCI	54% BC	59% BCGI	49% -
People are overdosing on opioids b/c they used drugs that they didn't realize had opioids/higher doses than they expected	56% DGI	59% ABCDGHI	48% -	51% -	48% -
If I were to use a prescription opioid not prescribed to me, I would not want my friends or family to know that	51% DG	55% ADGI	45% -	51% G	45% -
People with an OUDA* are dangerous and/or untrustworthy	39% CDG	41% CDG	32% -	41% CDG	43% CDG

Attitudes Towards Stigma					
	Legal Opioid users (n=726) E	Illegal Drug users (n=670) F	Neither (n=1552) G	Parents 13-15 (n=397) H	Men 30-39 (n=395) I
I think my friends or family would feel comfortable telling me they had an OUDA*	39%	42%	29%	40%	38%
	ADG	ACDG	-	ADG	DG
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	40%	49%	29%	45%	50%
	ADG	ACDEG	-	ADG	ACDEG
I don't have much sympathy for people who misuse opioids	27%	33%	24%	32%	33%
	-	ACDEG	-	ADG	ACDEG
It's mostly people who are homeless/down on their luck/already have drug use problems who develop an OUDA*	22%	34%	16%	30%	31%
	DG	ADEG	-	ADEG	ADEG
If I were prescribed an opioid, I would not want my friends or family to know that	25%	37%	17%	33%	33%
	ADG	ABCDEG	-	ADEG	ADEG
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	25%	33%	15%	28%	30%
	ADG	ACDEGH	-	ADG	ADEG
Canada's opioid crisis is not as serious a public health crisis as SARS or H1N1 were	23%	30%	13%	30%	29%
	ADG	ABDEG	-	ABDEG	ABDEG
People who overdose on opioids get what they deserve	18%	26%	10%	21%	25%
	ADG	ABCDEGH	-	ADG	ACDEG

\*OUDA = Opioid Use Disorder (Addiction)

### Qualitative insights: Views related to stigma

Virtually all participants agreed that people with a substance use disorder face stigma and that stigma is a problem. The major contradiction that consistently showed up was that there was widespread sympathy for people with substance use disorder, agreement that the stigma has important negative effects (on mental health; on seeking help; on causing isolation and withdrawal from those who do not use drugs), and yet often a failure to recognize that their own descriptions of people with substance use disorder represent problematic stigma. One impression common to all is that people with substance use disorder cannot be trusted because they are beholden to their disorder. Several said people with substance use disorder will burn through their money and seem unhesitant to steal from loved ones, if necessary. As one sympathetic participant put it, people with substance use disorder should not be feared, but they should not be trusted either.

Participants agreed that recovery from substance use disorder is possible but that it is typically a long, difficult, expensive process that is fraught with challenges. Participants often offered that those with substance use disorder may have to restart treatment multiple times, having given into temptation – particularly, if they are still associating with those who enable use. In most groups, two barriers consistently came up as significant and in need of removal: the limited accessibility of public programs and the cost of private options. Public programs were typically seen as having waiting times that are months long, leading to a sense of futility.

## Key takeaways: Attitudes regarding stigma

- Respondents remain conflicted, simultaneously holding supportive views that indicate compassion and negative views that indicate stigma. Nearly two-thirds (64%) of respondents disagree with the statement, “People who overdose on opioids get what they deserve.” However, over three-quarters (82%) agree that, “People who have an opioid use disorder deserve the help that they need to lead a healthy lifestyle.”
- Almost two-thirds (64%) agree we should be using more of our health care resources to deal with opioid use disorder, a 9% increase since 2017. Despite the improvement, stigma is still prevalent throughout Canada. Over a third of respondents (37%) agree that, “People with an opioid use disorder are dangerous and untrustworthy.”
- Respondents appear cognizant that stigma exists. Two-thirds (69%) acknowledge that, “Society is not very friendly toward people with an opioid use disorder.” Further, 66% agree that, “Society’s attitudes about people with an opioid use disorder affect whether they seek help or treatment.”
- Though a fifth (19%) agree with the statement “People who are dependent upon or addicted to opioids could stop taking them if they really wanted to.”, a quarter (26%) agree that “I don’t have much sympathy for people who misuse opioids” and a third (33%) agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids.”

## Section E: Risk behaviour profiling

The frequency of respondents' acquaintances use of opioids has increased slightly since 2017. Over half (**54%**) have at least one friend/family member that has been prescribed one of the referenced opioids, a 4% rise from 2017. A quarter say a friend or family member used one of the drugs listed without a prescription, compared to 17% in 2017. A third (**33%**) of respondents know someone who became addicted (developed an opioid use disorder) to one of these drugs, whereas only a quarter (24%) reported the same in 2017. Roughly one in five (**17%**) have known someone who has had a non-fatal overdose of one of these drugs and an equal number (17%) have known someone who has had a fatal overdose. In 2017 one in ten (10%) knew someone who had experienced a non-fatal overdose and 12% knew someone who had a fatal overdose.

Legal opioid users, as one might expect, are more likely than those who use drugs illegally or who do not use drugs at all to report that one of their friends/family members has been prescribed an opioid (**71%**). Illegal users are most likely to report a friend or family member has used an opioid not prescribed to them (**46%**), known someone who has an addiction to opioids (**53%**), and had a fatal or non-fatal overdose (**30%** and **33%**, respectively).

In terms of demographic differences, significantly more women (**57%**) have a friend or family member who has been prescribed an opioid compared to men (50%). Further, those living in Alberta were most likely to know someone who has been prescribed an opioid (**69%**), which is more than twice the amount of Quebecers who knew someone (33%). Interestingly, those living in Alberta were the least likely (8%) to have known someone who has had a non-fatal opioid overdose, while those living in Atlantic Canada were the most likely (**29%**).

Respondents living in British Columbia were most likely to know someone who has died of an overdose of one of these drugs (**27%**) and they were the most likely to know an illegal drug user (**31%**). Indigenous respondents were roughly three times more likely (**63%**) than non-Indigenous respondents (23%) to have a friend or family member who has used an opioid without a prescription or obtained on the street. With regards to education, post graduates were twice as likely to know someone who became addicted (developed an opioid use disorder) to opioids (**45%**), compared to respondents that did not complete high school (20%).

Exhibit E1 – Q26. Please indicate whether any of the following are true, to the best of your knowledge or recollection. [% true]

Acquaintance opioid use										
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
At least one friend or family member has been prescribed one of these drugs	54%	50%	40%	47%	54%	71%	61%	46%	53%	42%
	BCGI	-	-	B	BCGI	ABCDGHI	ABCDGHI	-	BGI	-
I have known someone who became addicted to one of these drugs	33%	24%	26%	31%	33%	47%	53%	25%	32%	29%
	BG	-	-	G	BG	ABCDGHI	ABCDEGH I	-	G	-
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	25%	17%	19%	27%	24%	33%	46%	19%	29%	26%
	BG	-	-	BG	G	ABCDGI	ABCDEGH I	-	BDG	BG
I have known someone who has had a non-fatal overdose of one of these drugs	17%	10%	14%	17%	16%	24%	33%	11%	22%	20%
	G	-	-	G	G	ABCDG	ABCDEGH I	-	BDG	BDG
I have known someone who died of an overdose of one of these drugs	17%	12%	14%	18%	16%	24%	30%	12%	20%	19%
	G	-	-	G	G	ABCDG	ABCDEGH I	-	BDG	G
I have a teen child who has been prescribed one of these drugs in the past year*	11% (n=60)	9% (n=62)	-	-	8% (n=395)	20% (n=101)	27% (n=108)	3% (n=245)	10% (n=397)	23% (n=40*)
	G	-	-	-	G	DGH	ADGH	-	G	DGH

\*Bear in mind the small sample sizes for question 26F. Results should be regarded with caution. This question was only asked of parents of teens 13-15.

Three-quarters (75%) of current and past opioid indicate having taken opioids illegally (not always with a prescription) at some point in their life. In 2017, fewer had ever taken them illegally (64%). Of the 726 identified as 'legal opioid users' (have used an opioid in the past year and always had a prescription when using an opioid in

the past year), when expanding the timeframe to their entire lifetime, only 33% now report having always had a prescription for all opioids they have ever taken.

Exhibit E2 – Q27. [Current and past opioid users] You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally?

Prescription opioid use										
	Gen Pop 2019 (n=497)	Gen Pop 2017 (n=562)	Youth 13-15 (n=93)	Young adults 16-24 (n=199)	Adults 25+ (n=751)	Legal Opioid users (n=726)	Illegal Drug users (n=598)	Neither (n=404)	Parents 13-15 (n=225)	Men 30-39 (n=191)
	A		B	C	D	E	F	G	H	I
Always	<b>23%</b>	34%	13%	17%	<b>24%</b>	<b>33%</b>	11%	<b>18%</b>	17%	<b>17%</b>
	<b>BFG</b>	-	-	-	<b>BCFGHI</b>	<b>ABCDFGH I</b>	-	<b>F</b>	-	<b>F</b>
Usually	4%	8%	5%	7%	5%	<b>7%</b>	<b>9%</b>	4%	<b>9%</b>	7%
	-	-	-	-	-	<b>AG</b>	<b>ADG</b>	-	<b>ADG</b>	-
Sometimes	<b>17%</b>	9%	<b>26%</b>	<b>21%</b>	<b>16%</b>	<b>19%</b>	<b>27%</b>	8%	<b>25%</b>	<b>20%</b>
	<b>G</b>	-	<b>DG</b>	<b>G</b>	<b>G</b>	<b>DG</b>	<b>ACDEGI</b>	-	<b>ADG</b>	<b>G</b>
Rarely	<b>47%</b>	38%	44%	38%	<b>49%</b>	38%	33%	<b>63%</b>	<b>43%</b>	<b>43%</b>
	<b>BCEF</b>	-	-	-	<b>CEF</b>	-	-	<b>ABCDE F HI</b>	<b>F</b>	<b>F</b>
Never	<b>7%</b>	9%	8%	<b>12%</b>	<b>6%</b>	3%	<b>16%</b>	<b>6%</b>	6%	<b>11%</b>
	<b>E</b>	-	-	<b>ADEGH</b>	<b>E</b>	-	<b>ABDEGH</b>	<b>E</b>	-	<b>DEGH</b>
DK/NR	<b>2%</b>	2%	4%	<b>5%</b>	1%	1%	<b>3%</b>	2%	-	2%
	<b>H</b>	-	-	<b>DEGH</b>	-	-	<b>DEH</b>	-	-	-

Slightly more prescribed opioid users (**56%** vs 52%) are reportedly storing their prescribed opioids in a location that can only be accessed by them. Legal opioid users are the most likely to claim they store their opioids in a location only they can access (**61%**) compared to illegal users (**59%**) and those who do not use opioids (51%).

Exhibit E3 – Q28. [Among those who always, usually, sometimes, rarely had a prescription for opioids] When you had opioids prescribed to you, would you say you stored them...?

Opioid storage										
	Gen Pop 2019 (n=463)	Gen Pop 2017 (n=501)	Youth 13-15 (n=85)	Young adults 16-24 (n=173)	Adults 25+ (n=701)	Legal Opioid users (n=706)	Illegal Drug users (n=501)	Neither (n=373)	Parents 13-15 (n=213)	Men 30-39 (n=170)
	A		B	C	D	E	F	G	H	I
In a location that could only be accessed by you	<b>56%</b>	52%	43%	56%	<b>56%</b>	<b>61%</b>	<b>59%</b>	51%	<b>60%</b>	<b>62%</b>
	<b>BG</b>	-	-	-	<b>BG</b>	<b>ABDG</b>	<b>BG</b>	-	<b>BG</b>	<b>BG</b>
In a location that could be accessed by others	39%	45%	<b>50%</b>	41%	40%	37%	37%	<b>45%</b>	38%	36%
	-	-	<b>EFI</b>	-	-	-	-	<b>ADEF</b>	-	-
DK/NR	<b>5%</b>	3%	7%	3%	3%	2%	4%	<b>4%</b>	2%	1%
	<b>DEI</b>	-	-	-	-	-	-	<b>I</b>	-	-

More prescribed opioid users are flushing/disposing of opioids in the garbage (13%) than in 2017 (8%). Slightly fewer did not have leftover patches/pills/liquids (29% vs 37%). Roughly a quarter in both waves returned their

opioids to a doctor or pharmacy or saved them in case they need them again. Few (**4%**) gave them to others, though it is worth noting that more men 30-39 (**11%**) and illegal drug users (**9%**) gave their leftovers to someone who needed them.

Exhibit E4 – Q29. [Among those who always, usually, sometimes, rarely had a prescription for opioids] When you had opioids prescribed to you, what did you do with the leftover pills/patches/liquids? Check all that apply.

Disposal of prescription opioids										
	Gen Pop 2019 (n=463)	Gen Pop 2017 (n=501)	Youth 13-15 (n=85)	Young adults 16-24 (n=173)	Adults 25+ (n=701)	Legal Opioid users (n=706)	Illegal Drug users (n=501)	Neither (n=373)	Parents 13-15 (n=213)	Men 30-39 (n=170)
	A		B	C	D	E	F	G	H	I
Does not apply, had no leftover pills/patches/liquids	29%	37%	31%	34%	30%	<b>35%</b>	28%	27%	<b>34%</b>	25%
	-	-	-	-	-	<b>ADFGI</b>	-	-	<b>I</b>	-
Returned to pharmacy, hospital or doctor	<b>27%</b>	28%	15%	17%	<b>29%</b>	<b>26%</b>	21%	<b>34%</b>	22%	21%
	<b>BCF</b>	-	-	-	<b>BCFHI</b>	<b>BCF</b>	-	<b>ABCDEF HI</b>	-	-
Saved them in case I need them again	27%	27%	27%	<b>30%</b>	<b>26%</b>	<b>27%</b>	<b>30%</b>	21%	25%	<b>35%</b>
	G	-	-	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	-	-	<b>DGH</b>
Flushed them or disposed of them in garbage	13%	8%	16%	<b>21%</b>	12%	12%	15%	15%	17%	17%
	-	-	-	<b>ADE</b>	-	-	-	-	-	-
Gave them to someone who needed them	<b>4%</b>	3%	<b>11%</b>	6%	3%	2%	<b>9%</b>	2%	<b>6%</b>	<b>11%</b>
	<b>EG</b>	-	<b>DEG</b>	-	-	-	<b>ADEG</b>	-	<b>DEG</b>	<b>ADEGH</b>
Did something else with them	<b>3%</b>	2%	5%	<b>4%</b>	1%	2%	<b>4%</b>	1%	1%	2%
	<b>DGH</b>	-	-	<b>D</b>	-	-	<b>DEH</b>	-	-	-
DK/NR	3%	-	3%	<b>5%</b>	3%	1%	<b>4%</b>	3%	2%	3%
	E	-	-	<b>E</b>	-	-	<b>E</b>	-	-	-

The proportion of respondents using opioids without a prescription almost daily or many times is roughly the same as found in 2017 (10% vs 9%). The proportion who have used them a few times has remained unchanged (23%). As could be expected, more illegal drug users say they have used unprescribed opioids almost daily or many times (**20%**). What may be more surprising is that parents are just as likely to describe the same usage (**21%** daily or many times).



Exhibit E5 – Q30. [Among those who never, rarely, sometimes, usually had a prescription] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Frequency of use of non-prescribed opioids										
	Gen Pop 2019 (n=375)	Gen Pop 2017 (n=356)	Youth 13-15 (n=78)	Young adults 16-24 (n=158)	Adults 25+ (n=579)	Legal Opioid users (n=488)	Illegal Drug users (n=519)	Neither (n=327)	Parents 13-15 (n=181)	Men 30-39 (n=152)
	A		B	C	D	E	F	G	H	I
Almost daily	3%	3%	6%	2%	3%	4%	4%	3%	5%	1%
	I	-	-	-	I	I	I	-	I	-
Many times	7%	6%	7%	8%	8%	7%	16%	6%	16%	13%
	-	-	-	-	-	-	ABCDEG	-	ABCDEG	ADEG
A few times	23%	23%	31%	39%	22%	19%	37%	19%	26%	35%
	-	-	-	ADEGH	-	-	ADEGH	-	-	ADEGH
Once or twice	32%	33%	43%	37%	35%	39%	34%	34%	36%	33%
	-	-	-	-	-	A	-	-	-	-
DK/NR	34%	36%	13%	14%	32%	32%	9%	38%	17%	18%
	BCFHI	-	-	-	BCFHI	BCFHI	-	BCDFHI	F	F

Fewer overall are relying on a friend or relative’s prescribed opioid (35% vs 38% in 2017), but slightly more are getting them on the street (13% vs 11%) and the Internet (5% vs 1%). More youth (14%) and young adults (13%) say they obtained their illegal opioids on the Internet than adults 25+ (3%). Youth (56%) also say they obtained them from a friend more often than young adults (31%) or adults (34%) have. Men 30-39 (23%), illegal drug users (23%), young adults (26%) and parents (20%) are all more likely than the general population sample to have taken opioids without a prescription from the street (13%).

Exhibit E6 – Q31. [Among those who never, rarely, sometimes, usually had a prescription] Thinking of the opioids you took that were not prescribed to you, where did you get them? Check all that apply.

Sources of non-prescribed opioids										
	Gen Pop 2019 (n=375)	Gen Pop 2017 (n=356)	Youth 13-15 (n=78)	Young adults 16-24 (n=158)	Adults 25+ (n=579)	Legal Opioid users (n=488)	Illegal Drug users (n=519)	Neither (n=327)	Parents 13-15 (n=181)	Men 30-39 (n=152)
	A		B	C	D	E	F	G	H	I
A friend’s or relative’s prescribed opioid	35%	38%	56%	31%	34%	37%	43%	30%	45%	43%
	-	-	ACDEFG	-	G	-	ACDG	-	ACDG	CDG
On the street	13%	11%	16%	26%	11%	9%	23%	10%	20%	23%
	-	-	-	ADEG	-	-	ADEG	-	ADEG	ADEG
The Internet	5%	1%	14%	13%	3%	4%	10%	1%	5%	8%
	G	-	ADEG	ADEGH	-	-	ADEGH	-	G	DEG
Other	22%	23%	7%	20%	25%	21%	16%	26%	17%	9%
	BFI	-	-	BI	BFGHI	BFI	BI	BFI	BI	-
DK/NR	32%	32%	13%	20%	31%	33%	16%	34%	21%	26%
	BCFH	-	-	-	BCFH	BCFH	-	BCFH	-	BF

As in 2017, a majority (54%) took the opioids that were not prescribed to them for pain relief. Fewer took them to see what it would feel like (11%), for the feeling it causes (8%) or to get high (8%). More young adults took the opioids to get high (17%) or for the feeling it causes (20%). A greater proportion of youth (23%) and men 30-39

(22%) took it to try it out our see what it felt like compared to the general population. Illegal drug users are more likely to have taken opioids without a prescription for all the reasons listed, compared to the general population sample.

Upon further investigation of the 2017 and 2019 ‘other’ responses, it was determined that the majority of these respondents misinterpreted the qualifier question (Q27) and had in fact always had a prescription for opioids or obtained them over the counter (Tylenol 3). This could also be the reason for the increase in DK/NR for Q30, 31, and 32. This speculation is a result of the majority of answers given for ‘other’ (Q31&32), including: prescription from doctor/hospital/dentist; it was over the counter; and, I did not take/have never taken opioids not prescribed to me.

Exhibit E7 – Q32. [Among those who never, rarely, sometimes, usually had a prescription] When you had opioids that were not prescribed for you, for what reason(s) did you take them? Select all that apply.

Reasons for taking non-prescribed opioids										
	Gen Pop 2019 (n=375)	Gen Pop 2017 (n=356)	Youth 13-15 (n=78)	Young adults 16-24 (n=158)	Adults 25+ (n=579)	Legal Opioid users (n=488)	Illegal Drug users (n=519)	Neither (n=327)	Parents 13-15 (n=181)	Men 30-39 (n=152)
	A		B	C	D	E	F	G	H	I
Pain relief	54%	53%	61%	<b>62%</b>	<b>55%</b>	<b>61%</b>	<b>61%</b>	50%	54%	52%
	-	-	-	<b>G</b>	<b>G</b>	<b>AG</b>	<b>ADGI</b>	-	-	-
To try it out/see what it felt like	<b>11%</b>	8%	<b>23%</b>	<b>15%</b>	8%	5%	<b>20%</b>	7%	<b>15%</b>	<b>22%</b>
	<b>E</b>	-	<b>ADEG</b>	<b>DEG</b>	-	-	<b>ADEG</b>	-	<b>DEG</b>	<b>ADEG</b>
For the feeling it causes	<b>8%</b>	6%	9%	<b>20%</b>	7%	5%	<b>18%</b>	5%	<b>17%</b>	<b>13%</b>
	<b>EG</b>	-	-	<b>ABDEG</b>	-	-	<b>ABDEGI</b>	-	<b>ADEG</b>	<b>DEG</b>
To get high	<b>8%</b>	9%	12%	<b>17%</b>	6%	4%	<b>15%</b>	6%	<b>13%</b>	<b>13%</b>
	<b>E</b>	-	-	<b>ADEG</b>	-	-	<b>ADEG</b>	-	<b>ADEG</b>	<b>DEG</b>
Other	<b>13%</b>	2%	4%	4%	<b>14%</b>	<b>14%</b>	3%	<b>17%</b>	<b>9%</b>	4%
	<b>BCFI</b>	-	-	-	<b>BCFI</b>	<b>BCFI</b>	-	<b>BCFHI</b>	<b>B</b>	-
DK/NR	<b>19%</b>	22%	7%	10%	<b>17%</b>	<b>16%</b>	7%	<b>23%</b>	8%	<b>18%</b>
	<b>BCFH</b>	-	-	-	<b>BCFH</b>	<b>BCFH</b>	-	<b>BCDEFH</b>	-	<b>BCFH</b>

Half (**52%**) of illegal opioid users say they definitely would no longer take illegal opioids if they discovered they contained fentanyl. This number has dropped since 2017, when 58% said they would definitely no longer take them. While the general population is more likely to definitely avoid illegal opioids containing fentanyl, the percentage of youth 13-15 who definitely would not take them has remained fairly steady and lower than the general population – 49% this wave, aligned with the 46% in 2017. Similarly, fewer young adults would definitely not take non-prescribed opioids if they thought they also risked consuming fentanyl (**53%**).

A slightly lesser proportion of parents of 13-15 year-olds would definitely avoid non-prescription opioids that could contain fentanyl – **53%**, down from 56% in 2017.

Men 30-39 are the least concerned about non-prescription opioids containing fentanyl, with under half (41%) saying they would definitely not take them.

Exhibit E8 – Q33. [Among those who never, rarely, sometimes, usually had a prescription] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Presence of fentanyl in non-prescribed opioids										
	Gen Pop 2019 (n=375)	Gen Pop 2017 (n=356)	Youth 13-15 (n=78)	Young adults 16-24 (n=158)	Adults 25+ (n=579)	Legal Opioid users (n=488)	Illegal Drug users (n=519)	Neither (n=327)	Parents 13-15 (n=181)	Men 30-39 (n=152)
	A		B	C	D	E	F	G	H	I
Definitely would	1%	2%	2%	-	2%	2%	3%	1%	6%	4%
	-	-	-	-	A	-	-	-	ADEG	-
Probably would	8%	5%	20%	16%	7%	6%	20%	4%	21%	20%
	G	-	ADEG	ADEG	G	-	ADEG	-	ADEG	ADEG
Probably would not	12%	17%	26%	26%	12%	12%	21%	11%	15%	25%
	-	-	ADEG	ADEGH	-	-	ADEGH	-	-	ADEGH
Definitely would not	75%	64%	49%	53%	73%	74%	52%	76%	53%	41%
	BCFHI	-	-	I	BCFHI	BCFHI	I	BCFHI	I	-
DK/NR	4%	12%	4%	5%	7%	6%	5%	8%	6%	10%
	-	-	-	-	A	-	-	A	-	AF

In keeping with results from 2017, few (5%) who have used opioids have ever sought treatment for an opioid use disorder. Just over one in ten (12%) of youth who have used opioids say they have sought treatment, compared to 9% of young adults and 4% of those 25+. This result also represents an increase from 2017, when just 6% of youth said they had sought treatment.

The proportion of illegal drug users who have sought treatment is slightly higher than the general population (11%) and reflects 2017 results (8%). Men 30-39 are also more likely to report they have sought treatment (13%).

Exhibit E9 – Q34. [If opioid user or past opioid user] Have you ever sought treatment for an opioid use disorder (addiction)?

Opioids use disorder treatment										
	Gen Pop 2019 (n=497)	Gen Pop 2017 (n=562)	Youth 13-15 (n=132)	Young adults 16-24 (n=199)	Adults 25+ (n=793)	Legal Opioid users (n=726)	Illegal Drug users (n=598)	Neither (n=404)	Parents 13-15 (n=225)	Men 30-39 (n=191)
	A		B	C	D	E	F	G	H	I
Yes	5%	4%	12%	9%	4%	6%	11%	2%	9%	13%
	G	-	DG	DG	G	G	ADEG	-	ADG	ADEG
No	92%	94%	84%	89%	94%	92%	84%	96%	89%	84%
	FI	-	-	-	BCFHI	FI	-	ABCDEF HI	F	-
DK/NR	3%	2%	4%	2%	2%	1%	5%	1%	2%	3%
	G	-	-	-	-	-	ADEGH	-	-	-

Over half of parents (61%) whose teens have been prescribed opioids in the past year believe their teen is taking them as prescribed. While caution must be taken when interpreting these results due to small sample size, this represents a smaller proportion than in 2017 (81%). Few parents (6%) say their teen has taken an opioid that was not prescribed to them, however this proportion is significantly higher among parents who are illegal drug users (17%). Among parents who say their teen has not been prescribed an opioid in the past year, roughly one in ten (9%) say their teen has been prescribed an opioid at some earlier time in their life.

Exhibit E10 – Q35. [Parents of children 13-15 prescribed opioids] You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?

Parents on teen opioid use							
	Parents 13-15 2019 (n=35*) A	Parents 13-15 2017 (n=29*)	Adults 25+ (n=35*) B	Legal Opioid Users (n=20*) C	Illegal Drug users (n=27*) D	Neither (n=7*) E	Men 30-39 (n=7*) F
Yes	<b>61%</b>	81%	62%	80%	63%	73%	100%
No	<b>37%</b>	19%	35%	20%	32%	27%	-
DK/NR	2%	-	3%	-	4%	-	-

\*Bear in mind the small sample sizes for this question, results should be regarded with caution.

Exhibit E11 – Q36. [Parents of children 13-15 not prescribed opioids] To the best of your knowledge, has your teen ever been prescribed an opioid?

Parents on teen opioid use							
	Parent 13-15 2019 (n=362) A	Parents 13-15 2017 (n=322)	Adults 25+ (n=360) B	Legal Opioid Users (n=81*) C	Illegal Drug users (n=81) D	Neither (n=238*) E	Men 30-39 (n=33*) F
Yes	9%	6%	9%	12%	10%	7%	11%
No	90%	92%	90%	88%	85%	<b>92%</b>	89%
DK/NR	1%	1%	1%	-	5%	<b>B</b>	-

\*Bear in mind the small sample sizes for this question, results should be regarded with caution.

Exhibit E12 – Q37. [All parents of teens 13-15] And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed to them?

Parents on teen opioid use							
	Parent 13-15 2019 (n=397) A	Parents 13-15 2017 (n=351)	Adults 25+ (n=395) B	Legal Opioid Users (n=101) C	Illegal Drug users (n=108) D	Neither (n=245) E	Men 30-39 (n=40*) F
Yes	6%	4%	<b>6%</b>	<b>10%</b>	<b>17%</b>	4%	13%
	-	-	<b>E</b>	<b>BD</b>	<b>ABE</b>	-	-
No	88%	92%	<b>89%</b>	<b>87%</b>	75%	<b>92%</b>	82%
	-	-	<b>D</b>	<b>D</b>	-	<b>C</b>	-
DK/NR	5%	5%	<b>6%</b>	2%	<b>9%</b>	4%	4%
	-	-	<b>CE</b>	-	<b>C</b>	-	-

\*Bear in mind the small sample sizes for this question, results should be regarded with caution.

Two-thirds (**66%**) of youth believe that their peers are relying on a drug dealer or other stranger to get opioids without a prescription. Slightly fewer (42%) believe people their age are using a relative's prescribed opioids than in 2017 (48%), while there has been little change in the percentage who believe their peers are using a friend's prescription opioids (40% vs 41%) or a fake prescription (22% vs 24%). Slightly more (**21%** vs 18%) feel people their age get their opioids on the Internet.

Exhibit E13 – Q38. [13-15 year-old teens] When people your age get opioids without a real prescription, where do you think they are getting them? Check all that apply.

Method of Obtaining Opioids Without a Prescription					
	Youth 13-15 2019 (n=331) A	Youth 13-15 2017 (n=357)	Legal Opioid Users (n=45*) B	Illegal Drug users (n=81*) C	Neither (n=261) D
A drug dealer or other stranger	<b>66%</b>	66%	49%	50%	<b>71%</b>
	<b>BC</b>	-	-	-	<b>BC</b>
A relative's prescribed opioid	42%	48%	33%	36%	45%
A friend's prescribed opioid	40%	41%	32%	39%	41%
A fake prescription	22%	24%	21%	30%	23%
The Internet	<b>21%</b>	18%	12%	10%	21%
	<b>C</b>	-	-	-	-
Other	1%	-	-	-	-
DK/NR	<b>15%</b>	17%	15%	6%	14%
	<b>C</b>	-	-	-	-

\*Bear in mind the small sample sizes for this question, results should be regarded with caution.

### Key takeaways: Risk behaviour profiling

- Over half (54%) of respondents have at least one friend/family member that has been prescribed one of the referenced opioids. A third (33%) of respondents know someone who became addicted (developed an opioid use disorder) to one of these drugs. A quarter say a friend or family member used one of the drugs listed without a prescription. Roughly one in five (17%) have known someone who has had a non-fatal overdose of one of these drugs. The same proportion know someone who has had a fatal overdose.
- When asked the second time around if current/past opioid users have always, usually, sometimes, rarely, or never had a prescription, three-quarters reported illegal opioid use.
- A quarter of respondents (27%) return their unused pills/patches/liquids to their doctor/pharmacy/hospital, however an equal portion (27%) save them in case they need them again.
- One in ten respondents who have taken non-prescribed opioids do so daily, or many times.
- Over a third (35%) of those who have used non-prescribed opioids obtained them from a relative or friend who has a prescription. Over one in ten youth (14%) and young adults (13%) relied on the Internet for their non-prescription opioids compared to 5% of the general population who have taken non-prescribed opioids.
- A majority (54%) took the opioids that were not prescribed to them for pain relief. Fewer took them to see what it would feel like (11%), for the feeling it causes (8%) or to get high (8%).
- Three-quarters of illegal opioid users (75%) definitely would no longer take them if they discovered they contained fentanyl.
- Few (5%) who have used opioids have ever sought treatment for an opioid use disorder.
- Over half of parents (61%) whose teens have been prescribed opioids in the past year believe their teen is taking them as prescribed. Few parents (6%) say their teen has taken an opioid that was not prescribed to them, however this proportion is significantly higher among parents who are illegal drug users (**17%**). Among parents who say their teen has not been prescribed an opioid in the past year, roughly one in ten (9%) say their teen has been prescribed an opioid at some earlier time in their life.

- When asked where they think people their age obtain non-prescribed opioids the majority (66%) of youth believe it would be from a drug dealer or stranger.

## Section F: Opioid information

Primary sources of trusted opioid information concerning the effects of opioid use include doctors (**82%** trust), and pharmacists (**81%**). Both were also highly trusted in 2017 (83% each). Youth also trust their parents (80%). In keeping with 2017 data, government follows next – 68% trust their regional/municipal health authority, 59% trust the Government of Canada and 53% trust their provincial government. The least trusted sources of opioid use information include news outlets (31% trust), family members or friends who have never taken opioids before (24%) and people who are currently using opioids regularly (**20%**).

There are a number of differences between age groups in level of trust. Youth and young adults place greater trust in websites (**58%** and **53%**, respectively) compared to those 25+ (47%). Youth are more trusting of school teachers (**67%**), news outlets (**35%**), and friends/family who have not taken opioids before (**44%**). Young adults are more open to information from someone who had an opioid use disorder (**51%**).

Illegal drug users are also more trusting of those with previous experience using opioids. For example, **50%** would trust someone who had an opioid use disorder, over half (**52%**) would trust family/friends who have taken opioids before, and more than a third (**34%**) would trust someone currently using opioids. In 2017, illegal users were also more likely than the general population to trust all of these sources.

Compared to the population as a whole, men 30-39 are generally less trusting of most sources, although the hierarchy of trust is similar to the general population with doctors (75%) and pharmacists (73%) the most trusted sources.

Respondents living in Alberta were the most trusting of friends and family members who have taken opioids before (**45%**) when being provided with information about opioids. Respondents living in Manitoba and Saskatchewan are significantly more likely (**17%**) to strongly trust websites focused on health issues and health content for information on opioid use, while those living in Atlantic Canada were the least likely (1%).

Notably, those 55 and older were almost twice as likely (**47%**) to strongly trust their doctor as a source of information compared to those 16 and 17 years old (27%). Respondents aged 18-34 were twice as likely to trust (**28%**) a person who currently uses opioid regularly for information on opioids, compared to those aged 55 and older (13%).

Men were more likely (**20%**) than women (15%) to strongly trust the Government of Canada as a source of information. Post graduates were three times more likely (**31%**) than those without a high school degree (10%) to strongly trust the Government of Canada as a source of information on opioid use and its effects. Those making more than 80,000 were more likely (**44%**) than those making less than 40,000 (37%) to trust a person who had an opioid use disorder (addiction) or who has survived an opioid overdose for information about opioids.

Exhibit F1 – Q39. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

	Trust in Information Sources									
	Gen Pop 2019 (n=1003)	Gen Pop 2017 (n=1330)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Legal Opioid users (n=726)	Illegal Drug users (n=670)	Neither (n=1552)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A		B	C	D	E	F	G	H	I
Your doctor	82%	83%	87%	81%	83%	87%	79%	82%	83%	75%
	I	-	ACFI	I	I	ACDFGI	-	I	I	-
Your parents*	80% (n=23)	89% (n=51)	81% (n=331)	-	-	73% (n=45)	73% (n=81)	84% (n=261)	-	-
A pharmacist	81%	83%	85%	81%	82%	87%	79%	81%	82%	73%
	I	-	ACFI	I	I	ACDFGI	I	I	I	-
Your regional/ municipal public health agency	68%	70%	68%	69%	70%	71%	65%	70%	72%	67%
	-	-	-	-	F	F	-	-	F	-
The Government of Canada	59%	57%	61%	64%	58%	61%	57%	58%	62%	59%
	-	-	-	DFG	-	-	-	-	-	-
Your provincial government	53%	54%	57%	55%	51%	56%	53%	50%	53%	54%
	-	-	-	-	-	DG	-	-	-	-
Websites focused on health issues/health content	47%	49%	58%	53%	47%	50%	53%	46%	54%	45%
	-	-	ADEGI	ADGI	-	-	ADGI	-	ADGI	-
School teachers	42%	43%	67%	46%	42%	48%	48%	42%	51%	45%
	-	-	ACDEFGH I	-	-	ADG	ADG	-	ADG	-
Friends/ family who have taken opioids before	41%	40%	46%	45%	38%	47%	52%	38%	45%	42%
	DG	-	DG	DG	-	ADG	ACDGH	-	DG	-
A person who had an OUDA** or who has survived an opioid overdose	39%	39%	42%	51%	39%	43%	50%	39%	42%	39%
	-	-	-	ABDEGHI	-	D	ABDEGHI	-	-	-
A news outlet	31%	32%	35%	28%	30%	32%	35%	29%	39%	26%
	-	-	CDGI	-	-	I	ACDGI	-	ACDEGI	-
Friends/ family who have never taken opioids before	24%	28%	44%	29%	24%	31%	34%	23%	37%	31%
	-	-	ACDEFGI	ADG	-	ADG	ADG	-	ACDEGI	ADG
A person who currently uses opioids regularly	20%	20%	22%	27%	18%	26%	34%	17%	27%	26%
	DG	-	-	ADG	G	ADG	ABCDEGH I	-	ADG	ADG

\*Bear in mind the small sample sizes for question 39D (Your parents). Results should be regarded with caution. Only asked of teens 13-15.



\*\*OUDA = Opioid Use Disorder (Addiction)

Fewer parents report discussing drug use in general (63% vs 77% in 2017) and the use of illegal drugs in general (48% vs 66%). Fewer youth say they discussed these topics with their parents than in 2017, though the discrepancy is not as large. Parents are more likely to claim they have discussed problematic drug or opioid use and the use of illegal opioids with their children than youth are to report their parents have discussed these topics with them. The same pattern was observed in the 2017 data.

Exhibit F2 – Q40/41. [parents of teens 13-15] Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [TEENS 13-15] Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply.

Topics Discussed with Parents/Teens				
	Parents 2019 (n=397)	Parents 2017 (n=351)	Youth 13-15 2019 (n=331)	Youth 13-15 2017 (n=357)
Drug use in general	63%	77%	64%	72%
The use of illegal drugs in general	48%	66%	52%	57%
Problematic drug or opioid use	31%	35%	25%	25%
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	30%	31%	25%	24%
Drug or opioid overdoses	29%	31%	31%	29%
How to get help with problematic drug or opioid use	20%	19%	18%	18%
The use of prescribed opioids	19%	23%	19%	16%
DK/NR	17%	-	15%	-

## Key takeaways: Opioid information

- Primary sources of trusted opioid information concerning the effects of opioid use include doctors (82% trust), and pharmacists (81%). However, for youth 13-15 their parents are also among the most trusted sources (81%).
- The least trusted sources of opioid use information include news outlets (31% trust), family members or friends who have never taken opioids before (24%) and people who are currently using opioids regularly (20%).
- Less than two-thirds (63%) of parents report discussing the topic of drugs in general with their children, a near identical portion (64%) of youth report doing the same with their parents.
- The use of prescription opioids remains among the least discussed topics among parents and youth (19%).

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

As part of the qualitative phase, we introduced the topic of chronic pain and chronic pain management into the focus group discussions. Participants were asked: whether they had or knew someone who had experienced or suffers from chronic pain; how these conditions compare to other health challenges such as diabetes, cancer or heart disease; what sorts of treatments are available for people who suffer from chronic pain; and, what is needed to ensure access to medications and alternative treatments for chronic pain.

### Qualitative insights: Views on chronic pain and chronic pain management

In every group, most participants indicated knowing someone dealing with chronic pain. Some clearly felt chronic pain affects many people today and expressed that it is still somewhat misunderstood and mysterious. Some also pointed out that it comes with stigma because their sense is that people living with pain are often questioned about whether their claims of constant pain are overstated or even real. That said, when compared with conditions such as cancer, it was difficult for participants to think of chronic pain as being as serious, given the possible (fatal) outcomes of cancer.

Nearly all participants were aware that one of the most common treatments for chronic pain was prescription drugs; however, the majority of participants did not instinctively make the link to opioids when the topic of chronic pain was raised. A number of participants suggested that a central challenge in pain management, and health care in general, was gaining access to a doctor. They elaborated that if people are able to obtain a doctor to help manage their condition, there was a widespread sense that they would not have any challenges obtaining opioid medications.

In terms of other treatments available to those suffering from chronic pain, participants were able to volunteer a number of alternatives such as physiotherapy, yoga, meditation and homeopathic medicines. However, many complained that these alternatives are not always factored into treatment plans; and, reinforced their earlier comments that doctors do not take the necessary time to understand patients' needs or to work through what does or does not work for individual patients. Finally, there was a sense that these treatments are cost prohibitive especially for those without adequate health benefits. Participants argued the limitations of the fact that most employment benefit plans more readily cover prescription medications than they do alternative therapies.

## Section H: The role of stigma

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

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

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

Exhibit H1

	Stigma segments					
	Unsympathetic		Ambivalent		Allies	
	2019	2017	2019	2017	2019	2017
Unweighted n	258	377	493	671	252	282
Percentage	26%	28%	49%	50%	25%	21%

The “Unsympathetic” segment consists of two subgroups – those respondents who explicitly agree with all three statements, and those who agree with one or two and are neutral on the rest. For the purposes of this analysis, the tables below highlight differences between Unsympathetic, Ambivalent and Allies.

In terms of demographics, in line with findings outlined earlier in this report, men appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment (60%) relative to women (40%). Conversely, as found in the baseline survey, a significantly larger percentage of the Allies segment (60%) is made up of women. Allies tend to be older – 47% are over the age of 55, compared to 36% in the Ambivalent segment and 26% in the Unsympathetic segment. Allies also appear to be slightly wealthier than the respondents in the other segments. There is little variation in regional makeup, with the exception of a slightly higher proportion of the Ambivalent segment being from Quebec (27%) compared to the other segments.

Among the oversample groups, most segments have roughly half of its members falling into the Ambivalent segment. Men aged 30 to 39 have the highest proportion of respondents who fall into the Unsympathetic

segment (40%) and in contrast legal opioid users (27%) and young adults 16-24 (28%) have the lowest incidence of Unsympathetic members. Legal users have the largest proportion of Allies (26%), compared to 18% of Illegal Opioid Users.

Exhibit H2 – Stigma segment demographics

	Stigma segments					
	Unsympathetic		Ambivalent		Allies	
	2019	2017	2019	2017	2019	2017
Male	60%	56%	46%	49%	39%	35%
Female	40%	42%	53%	50%	60%	63%
Other	0%	1%	1%	-	1%	1%
Atlantic	5%	6%	9%	7%	4%	5%
QC	18%	21%	27%	26%	23%	20%
ON	38%	42%	38%	37%	41%	39%
MB/SK	9%	7%	6%	6%	5%	7%
AB	15%	10%	10%	11%	11%	15%
BC	16%	15%	11%	13%	17%	14%
13-17	10%	8%	7%	7%	2%	3%
18-34	30%	28%	26%	26%	19%	24%
35-54	34%	33%	31%	30%	32%	33%
55+	26%	32%	36%	37%	47%	40%
Under \$40,000	23%	22%	28%	21%	21%	18%
\$40,000-<\$80,000	36%	27%	27%	28%	30%	29%
>\$80,000	30%	39%	33%	37%	38%	42%
DK/NR	11%	13%	12%	14%	11%	10%

Exhibit H3 – Oversample breakdown by stigma segment

	Stigma segments					
	Parents 13-15 (n=445)	Youth 13-15 (n=331)	Young adults 16-24 (n=473)	Men 30-39 (n=438)	Legal Users (n=726)	Illegal Users (n=670)
Unsympathetic	37%	32%	28%	40%	27%	35%
Ambivalent	42%	51%	52%	47%	48%	47%
Allies	21%	17%	20%	14%	26%	18%

The three segments vary in terms of their personal behaviours with opioids and first-hand exposure to users. Allies are more likely to have always followed a prescription when taking opioids (**34%**) than the Ambivalent (19%) and Unsympathetic segments (17%). Allies also appear to have more experience with opioids in their immediate circle of family and friends. They are more likely to say that they have a family member or friend who has been prescribed an opioid (**66%**). Across the segments, similar proportions claim that they know someone who has had a non-fatal overdose, although the portion is slightly higher among Unsympathetic (20%) and Allies (19%) than those who are Ambivalent (15%) and the data suggests these incidence levels are rising among the Unsympathetic and Ambivalent segments. Allies are also more likely to know someone who has become addicted (developed an opioid use disorder) to opioids (**42%**) and this incidence appears to be rising across all segments.

Exhibit H4 – Q27. Of the opioids you have ever taken, how often were they prescribed for you personally?

Opioid use						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
<b>Always</b>	17%	26%	19%	32%	<b>34%</b>	44%
	-	-	-	-	<b>AB</b>	-
<b>Usually</b>	6%	8%	4%	9%	4%	8%
<b>Sometimes</b>	<b>26%</b>	13%	15%	7%	10%	9%
	<b>BC</b>	-	-	-	-	-
<b>Rarely</b>	43%	40%	50%	40%	47%	31%
<b>Never</b>	9%	10%	8%	9%	5%	7%
<b>DK/NR</b>	1%	2%	<b>5%</b>	3%	-	-
	-	-	<b>A</b>	-	-	-

Exhibit H5 – Q26A. Please indicate whether the following is true: At least one family member or friend has been prescribed one of these drugs.

Acquaintance with opioids						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
<b>True</b>	47%	43%	51%	46%	<b>66%</b>	68%
	-	-	-	-	<b>AB</b>	-
<b>False</b>	<b>40%</b>	37%	<b>34%</b>	34%	23%	23%
	<b>C</b>	-	<b>C</b>	-	-	-
<b>DK/NR</b>	12%	21%	15%	19%	10%	9%

Exhibit H6 – Q26B. Please indicate whether the following is true: At least one family member or friend has used one of these drugs without a prescription in their name or on the street.

Acquaintance with opioids						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
<b>True</b>	27%	14%	22%	15%	29%	25%
<b>False</b>	59%	64%	60%	60%	53%	61%
<b>DK/NR</b>	15%	22%	19%	25%	18%	14%

Exhibit H7 – Q26C. Please indicate whether the following is true: I have known someone who has had a non-fatal overdose of one of these drugs.

Acquaintance with opioids						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
<b>True</b>	20%	9%	15%	6%	19%	17%
<b>False</b>	73%	76%	75%	79%	73%	76%
<b>DK/NR</b>	7%	15%	10%	15%	8%	7%

Exhibit H8 – Q26E. Please indicate whether the following is true: I have known someone who became addicted to one of these drugs.

Acquaintance with opioids						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
<b>True</b>	26%	21%	32%	22%	<b>42%</b>	31%
	-	-	-	-	<b>AB</b>	-
<b>False</b>	<b>64%</b>	64%	58%	64%	52%	61%
	<b>C</b>	-	-	-	-	-
<b>DK/NR</b>	10%	15%	10%	14%	7%	8%

Fitting with their higher proportions of experience with opioids among their family and friends, Allies are also more likely to describe themselves as at least somewhat familiar with at least one opioid (75%) than either the Ambivalent (62%) or Unsympathetic segments (62%). However, they are not particularly more familiar than the other segments with it comes to fentanyl specifically. While 57% of Allies feel they are at least somewhat familiar with fentanyl, compared with 45% among the Ambivalent and 48% among the Unsympathetic, most are only describing themselves as somewhat rather than very familiar with fentanyl.

Exhibit H9 – Q13. How familiar are you with these types of opioids?

Aided familiarity with opioids among stigma segments						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
Very familiar with at least one	25%	24%	25%	22%	30%	38%
Somewhat familiar with at least one	37%	36%	37%	35%	45%	39%
No more than a little familiar with at least one	<b>21%</b>	17%	17%	18%	12%	15%
	<b>C</b>	-	-	-	-	-
Not at all familiar with any	16%	19%	19%	22%	12%	7%
<b>DK/NR</b>	1%	4%	2%	3%	1%	-

Exhibit H10 – Q19. How familiar are you with fentanyl?

Familiarity with fentanyl among stigma segments						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
Very familiar	14%	12%	11%	8%	13%	18%
Somewhat familiar	34%	36%	34%	33%	<b>44%</b>	48%
	-	-	-	-	<b>B</b>	-
Not very familiar	31%	27%	30%	27%	34%	19%
Not at all familiar	<b>19%</b>	23%	<b>22%</b>	28%	9%	14%
	<b>C</b>	-	<b>C</b>	-	-	-
<b>DK/NR</b>	2%	3%	3%	5%	-	-

While the majority of members across all three segments feel that most or all opioids are dangerous, the Unsympathetic are more likely than others to see some as less dangerous than others. Where 9% of Allies and

13% of Ambivalent feel that half or fewer of the opioids listed are dangerous, among the Unsympathetic one in four (24%) feel this is the case.

Perhaps relatedly, there is a mild correlation between segment membership and one’s sense of how serious the opioid crisis is in one’s community. Allies are more uniformly of the view that the crisis is at least somewhat serious in their community (83%), whereas roughly two-thirds of the Ambivalent (67%) and Unsympathetic (66%) describe the crisis in these terms.

Exhibit H11 – Q14. Is it your impression that: [in reference to the opioid table]

	Perceived danger of opioids					
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
All are dangerous	37%	45%	38%	42%	44%	52%
Most are dangerous	36%	33%	42%	35%	<b>47%</b>	37%
	-	-	-	-	<b>A</b>	-
About half are dangerous	<b>9%</b>	8%	5%	5%	4%	9%
	<b>C</b>	-	-	-	-	-
A few are dangerous	<b>11%</b>	8%	7%	9%	4%	1%
	<b>C</b>	-	-	-	-	-
None of these drugs are dangerous	<b>4%</b>	-	1%	1%	1%	1%
	<b>BC</b>	-	-	-	-	-
DK/NR	3%	6%	<b>7%</b>	8%	1%	-
	-	-	<b>C</b>	-	-	-

Exhibit H12 – Q18. How serious would you say the opioid crisis is in your community?

	Perceived severity of the opioid crisis					
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
Very serious	28%	26%	28%	27%	<b>42%</b>	38%
	-	-	-	-	<b>AB</b>	-
Somewhat serious	38%	39%	39%	34%	41%	39%
Not very serious	<b>17%</b>	18%	15%	17%	9%	11%
	<b>C</b>	-	-	-	-	-
Not at all serious	<b>6%</b>	4%	2%	3%	2%	4%
	<b>BC</b>	-	-	-	-	-
DK/NR	11%	13%	<b>15%</b>	19%	7%	8%
	-	-	<b>C</b>	-	-	-

Among Allies (49%) and Unsympathetic (52%), only half agree they are worried that they could become addicted (develop an opioid use disorder) to an opioid if prescribed one and this number is no higher among the Ambivalent (43%). While no segment indicates being particularly confident they would be able to identify the signs of an opioid use disorder or an opioid overdose, or would know what to do if they saw someone experiencing an overdose, the Unsympathetic show slightly higher levels of self-confidence on two of these measures. When it comes to being able to identify an overdose, 43% of the Unsympathetic feel they could, compared to 31% among the Allies and 30% among the Ambivalent. Similarly, 41% of the Unsympathetic feel they would know what to do if witnessing an overdose, compared to 34% among the Allies and only 22% among the Ambivalent.

Exhibit H13 – Q22D, J, K, L. How strongly do you agree or disagree with [% strongly or somewhat agree]

Attitudes towards behaviours, risk and harms among stigma segments						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
I worry that if I am prescribed an opioid I could become addicted	<b>52%</b> B	48%	43%	37%	<b>49%</b> B	47%
I think I'd be able to identify signs of an opioid use disorder	<b>45%</b> BC	38%	35%	27%	42%	39%
I think I'd be able to identify signs of an opioid overdose if faced with them	<b>43%</b> BC	34%	30%	23%	31%	36%
I would know what to do if I saw someone experiencing an overdose	<b>41%</b> B	32%	22%	18%	<b>34%</b> B	36%

As found in 2017, those who are Unsympathetic are the most likely to feel that problematic substance use disorder stems from issues of self-control. The plurality of Unsympathetic (**42%**) believe people who are dependent on opioids could stop taking them if they really wanted to. Few (**14%**) of the Ambivalent feel this way and almost no Allies (5%) hold this opinion. The Unsympathetic (53%) are less likely than the Ambivalent segment (**61%**) and Allies (**77%**) to believe that opioid use disorder is a disease. Almost two-thirds of the Unsympathetic (64%) continue to agree that a lack of self-control is usually what causes dependence upon opioids. Directly relating to public policy initiatives to address the opioids crisis, those in the Unsympathetic segment are unlikely to agree that we should be using more health care resources to deal with opioid use disorder – 49% agree, compared to **63%** of the Ambivalent segment, and fully **83%** of the Allies segment. That said, it should be noted the proportions agreeing with the notion of using more health care resources to address this problem have risen in every segment compared to the findings from 2017.

Exhibit H14 – Q25A, B, F, G, P. How strongly do you agree or disagree with [% strongly or somewhat agree]

Attitudes towards behaviours, risk and harms among stigma segments						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
When following your doctor's instructions for taking an opioid painkiller, you can still become addicted*	66%	44%	70%	55%	87%	<b>77%</b> AB
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	<b>64%</b> B	64%	33%	30%	0%	-
Addiction to opioids is a disease	53%	54%	61%	60%	<b>77%</b> AB	76%
We should be using more of our health care resources for dealing with opioid addiction	49%	42%	<b>63%</b> A	57%	<b>83%</b> AB	70%
People who are dependent on opioids could stop taking them if they really wanted to	<b>42%</b> BC	36%	<b>14%</b> C	13%	5%	3%

\*Note: Different question structure in 2019 compared to 2017. In 2017, the statement was "If you are following a prescription, it is difficult to become dependent upon or addicted to an opioid." In order to make the results more comparable, the 2017 data in this table represents the percent who disagree.



When it comes to trust in information sources, there are marked differences between the three segments. As found in 2017, Allies are more trusting of almost every information source tested (the exceptions being teachers, a person who is currently using opioids, and family/friends who have never taken opioids). Of note from a public policy perspective, there continues to be differences across the segments when it comes to trust in federal and provincial governments – **70%** of Allies trust the Government of Canada to provide information about opioid use, compared to 58% of the Ambivalent segment, and 51% of the Unsympathetic segment. Over two-thirds (**60%**) of Allies trust their provincial government, compared to 48% of the Unsympathetic segment.

Exhibit H15 – Q39. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Trust in sources of opioid information among stigma segments						
	Unsympathetic		Ambivalent		Allies	
	2019 A	2017	2019 B	2017	2019 C	2017
Your doctor	71%	76%	<b>83%</b>	83%	<b>92%</b>	92%
	-	-	<b>A</b>	-	<b>AB</b>	-
A pharmacist	70%	74%	<b>80%</b>	83%	<b>92%</b>	94%
	-	-	<b>A</b>	-	<b>AB</b>	-
Your parents	58%	84%	<b>100%</b>	91%	<b>100%</b>	100%
	-	-	<b>A</b>	-	<b>A</b>	-
Your regional/municipal public health agency	57%	61%	<b>67%</b>	69%	<b>83%</b>	84%
	-	-	<b>A</b>	-	<b>AB</b>	-
The Government of Canada	51%	50%	58%	56%	<b>70%</b>	72%
	-	-	-	-	<b>AB</b>	-
Your provincial government	48%	46%	52%	52%	<b>60%</b>	68%
	-	-	-	-	<b>AB</b>	-
Websites focused on health issues/health content	37%	47%	<b>46%</b>	48%	<b>59%</b>	54%
	-	-	<b>A</b>	-	<b>AB</b>	-
School teachers	37%	39%	44%	43%	43%	46%
Friends/family who have taken opioids before	35%	36%	39%	38%	<b>52%</b>	49%
	-	-	-	-	<b>AB</b>	-
Friends/family who have never taken opioids before	<b>32%</b>	31%	23%	26%	15%	27%
	<b>BC</b>	-	-	-	-	-
Someone who has an opioid use disorder/survived an overdose	29%	30%	<b>39%</b>	39%	<b>54%</b>	53%
	-	-	<b>A</b>	-	<b>AB</b>	-
A news outlet	27%	29%	29%	31%	<b>37%</b>	39%
	-	-	-	-	<b>AB</b>	-
A person who currently uses opioids regularly	23%	20%	18%	18%	23%	23%

### Qualitative insights: The role of stigma

The issue of stigma proved to be complex. Participants often demonstrated quite contradictory or conflicting impressions of people with substance use disorder. Throughout the groups, many would organically use descriptions such as homeless or street people when talking about people who run into difficulties with opioids. When asked to provide a description of people with substance use disorder, there were two general tendencies. In one tendency, participants described people who were in relatively dire circumstances (e.g., homeless, unemployed, dirty, unreliable, untrustworthy). For those who offered demographic characteristics, more often than not, they were mentioning between the ages of 30 and 50 and being male. In the other tendency,

participants described that it really could be anyone and were much less likely to say it was any particular type of person more than any other. Offering proof of their sympathy for those with opioid use disorder, some demonstrated feeling supportive of people with the disorder, while also feeling the need to protect themselves from being taken advantage of or stolen from, because the disorder can make a good person do things they would not normally do to a friend or family member.

Testimonials of “normal” people who develop substance use disorder, particularly those who have successfully recovered, are widely named as what is required to help remove stigma. Ensuring that people understand that truly anyone can easily develop a substance use disorder, demonstrating what recovery options are available, and sharing how people have helped their loved ones with substance use disorder are the kinds of stories that participants suggest would help remove stigma and achieve better outcomes.

From a communications standpoint, participants did tend to link substance use disorder to both mental health and other health conditions. In this sense, the notion that substance use disorder could be characterized as a treatable medical condition was accepted. How communicating this might influence public support for initiatives was unclear, but many felt it could not hurt.

### Key takeaways: The role of stigma

- The evidence demonstrates that stigmatizing views about opioid use disorder continue to be held by a significant portion of the population.
- About one in four (26%) are particularly unsympathetic and believe that opioid use disorder is largely an issue of self-control, they don't have much sympathy for people who develop the disorder and they feel the people who overdose get what they deserve.
- Another quarter demonstrate holding the opposite opinion on all three of these statements, making them allies when it comes to addressing the opioid crisis.
- Half of Canadians (49%) fall somewhere in between, holding conflicting or nuanced views on these three statements and making up the segment described as ambivalent.
- The segment to which one belongs appears to continue to relate to one's familiarity or exposure to opioids – either personally or among their friends or family.
- As focus groups suggest, people who hold stigmatizing views often have difficulty recognizing that the views they hold are, in fact, stigmatizing. Believing that anyone can develop an opioid use disorder is used as proof their views are not prejudiced, even as they describe people with opioid use disorder in undesirable terms.
- Moving people from being Ambivalent, or even Unsympathetic, to being Allies would appear to bring with it a greater appreciation for the need for increased public health resources being allocated to dealing with the crisis.
- Demonstrating that developing an opioid use disorder is not a matter of self-control and that treatment can be effective at restoring a person to their previous self would appear to hold potential to assist with this aim.

## Section I: Views regarding alcohol consumption

A third (32%) are familiar with *Canada’s Low-Risk Alcohol Drinking Guidelines*. The plurality (38%) are not at all familiar, while another quarter (26%) are not very familiar. Young adults are more familiar (38%) than those older (31%) and younger (30%) than them.

Notable demographic differences include 40% of respondents from Quebec reporting they are familiar with *Canada’s Low-Risk Alcohol Drinking Guidelines*, compared to familiarity among the rest of the provinces which were between 22% and 31% familiar. Indigenous respondents reported being twice as familiar (63%) compared to non-Indigenous respondents (30%).

Exhibit I1 – Q42. How familiar would you say you are with *Canada’s Low-Risk Alcohol Drinking Guidelines*?

Familiarity with <i>Canada’s Low-Risk Alcohol Drinking Guidelines</i>						
	Gen pop (n=1003) A	Youth 13-15 (n=331) B	Young adults 16-24 (n=433) C	Adults 25+ (n=1471) D	Parents 13-15 (n=397) E	Men 30-39 (n=395) F
Very familiar	6%	5%	8%	6%	9%	8%
Somewhat familiar	26%	25%	30%	25%	35%	30%
Not very familiar	26%	25%	28%	27%	25%	28%
Not at all familiar	38%	40%	30%	38%	29%	29%
	CFHI	CEF	-	CEF	-	-
DK/NR	4%	4%	4%	3%	2%	5%
	D	-	-	-	-	-

There is some agreement that the number of alcohol servings for youth and those over 65 that qualify as “low-risk” are fewer than for men and women in general. Forty-one percent (41%) believe 0-2 drinks per week for youth would qualify as low risk, while another 23% say 3-5 servings would qualify. A third (34%) feel 0-2 drinks would be low risk for those 65+, and a quarter (26%) say 3-5 drinks. When it comes to women, just over a quarter believe 0-2 (27%) or 3-5 (29%) servings qualify as low risk. One in five (16%) believe 0-2 qualifies as low-risk for men, and 29% suspect it is 3-5.

Q43: Canada’s Low-Risk Alcohol Drinking Guidelines provide advice on how many standard servings of alcoholic beverages per week is considered “low-risk alcohol drinking.” For each of the following, please indicate how many standard servings per week you think would qualify as “low-risk alcohol drinking”.

Exhibit I2 – Q43. Women

Perceived ‘low-risk alcohol drinking’ standard servings						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
0-2	27%	27%	26%	25%	27%	28%
3-5	29%	30%	<b>32%</b>	29%	24%	23%
	-	<b>F</b>	<b>EF</b>	-	-	-
6-10	<b>19%</b>	16%	13%	<b>20%</b>	15%	15%
	<b>CE</b>	-	-	<b>BCEF</b>	-	-
11+	2%	3%	3%	3%	3%	<b>6%</b>
	-	-	-	-	-	<b>AD</b>
DK/NR	22%	24%	26%	24%	<b>31%</b>	<b>28%</b>
	-	-	-	-	<b>AD</b>	<b>A</b>

Exhibit I3 – Q43. Men

Perceived ‘low-risk alcohol drinking’ standard servings						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
0-2	16%	15%	12%	15%	17%	<b>19%</b>
	-	-	-	-	-	<b>C</b>
3-5	29%	29%	<b>35%</b>	28%	27%	23%
	-	-	<b>ABDEF</b>	-	-	-
6-10	<b>22%</b>	23%	19%	<b>21%</b>	16%	17%
	<b>E</b>	<b>E</b>	-	<b>E</b>	-	-
11+	11%	8%	8%	<b>12%</b>	9%	<b>13%</b>
	-	-	-	<b>BC</b>	-	<b>BC</b>
DK/NR	22%	24%	26%	24%	<b>31%</b>	<b>28%</b>
	-	-	-	-	<b>AD</b>	<b>A</b>

Exhibit I4 – Q43. Youth (late teens through 24 years of age)

Perceived 'low-risk alcohol drinking' standard servings						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
0-2	<b>41%</b>	42%	41%	40%	39%	36%
	<b>F</b>	-	-	-	-	-
3-5	<b>23%</b>	22%	21%	22%	19%	21%
	<b>E</b>	-	-	-	-	-
6-10	11%	10%	9%	<b>12%</b>	8%	8%
	-	-	-	<b>ACEF</b>	-	-
11+	2%	3%	3%	2%	3%	<b>7%</b>
	-	-	-	-	-	<b>ABCDE</b>
DK/NR	22%	24%	26%	24%	<b>31%</b>	<b>28%</b>
	-	-	-	-	<b>AD</b>	<b>A</b>

Exhibit I5 – Q43. Those aged 65 or older

Perceived 'low-risk alcohol drinking' standard servings						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
0-2	34%	34%	39%	32%	33%	33%
3-5	26%	28%	27%	25%	23%	24%
	-	-	-	-	-	-
6-10	<b>15%</b>	<b>12%</b>	7%	<b>17%</b>	<b>11%</b>	11%
	<b>CF</b>	<b>C</b>	-	<b>BCEF</b>	<b>C</b>	-
11+	2%	2%	1%	3%	2%	<b>5%</b>
	-	-	-	-	-	<b>ACD</b>
DK/NR	22%	24%	26%	23%	<b>31%</b>	<b>28%</b>
	-	-	-	-	<b>AD</b>	<b>A</b>

Half (**52%**) correctly identify a 341 ml bottle as a standard serving of alcohol. More youth do not offer a response (18%) compared to young adults (12%) and those 25+ (10%). One-in-five (18%) believe it is a pint.

Three in five men (**61%**) knew the standard serving size of a typical beer with 5% alcohol is a 341 ml bottle, compared to less than half (44%) of women. Exactly two-thirds (**66%**) of those living in rural communities were correct, compared to just over half (52%) of those not living in rural communities,

Exhibit I6 – Q44. Thinking of a typical beer with 5% alcohol, which of the following do you think is a standard serving?

Perceived 'low-risk alcohol drinking' standard servings						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
A 341 ml bottle	<b>52%</b>	48%	44%	<b>53%</b>	48%	<b>51%</b>
	<b>C</b>	-	-	<b>C</b>	-	<b>C</b>
A pint	18%	18%	19%	19%	16%	17%
A half-pint	<b>9%</b>	5%	<b>12%</b>	<b>9%</b>	<b>11%</b>	<b>11%</b>
	<b>B</b>	-	<b>B</b>	<b>B</b>	<b>B</b>	<b>BD</b>
A 491 ml tallboy can	<b>4%</b>	4%	<b>7%</b>	3%	<b>11%</b>	5%
		-	<b>ABD</b>	-	<b>ABDF</b>	-
Something smaller than any of these	5%	5%	6%	5%	5%	5%
Something larger than any of these	1%	1%	1%	1%	<b>3%</b>	1%
	-	-	-	-	<b>ACDF</b>	-
DK/NR	<b>12%</b>	<b>18%</b>	<b>12%</b>	<b>10%</b>	6%	10%
	<b>E</b>	<b>ACDEF</b>	<b>E</b>	<b>E</b>	-	-

Over half support including ingredients (57%), calories (52%), health risks/warnings (65%), and the number of standard serving sizes per container (63%) on alcoholic beverage labels. Just shy of half (45%) believe nutritional information should also be included. Youth are less convinced of the need to include all this information compared to those older than them. For example, 38% of youth feel calories should be listed, compared to **54%** of young adults and **50%** of adults 25+.

Post graduates were much more likely to seek calories (**60%** versus 28%) and nutritional information (**50%** versus 30%) compared to respondents who have not completed high school.

Exhibit I7 – Q45. Of the following list of possibilities, which information, if any, should appear on alcoholic beverage labelling?

Alcoholic beverage labelling						
	Gen pop (n=1003)	Youth 13-15 (n=331)	Young adults 16-24 (n=433)	Adults 25+ (n=1471)	Parents 13-15 (n=397)	Men 30-39 (n=395)
	A	B	C	D	E	F
Health risks/warnings	65%	61%	69%	66%	60%	54%
	F	-	BEF	EF	-	-
Number of standard servings that are in the container	63%	55%	67%	65%	62%	54%
	BF	-	BF	BF	BF	-
Ingredients	57%	47%	63%	58%	53%	58%
	B	-	BE	BE	B	B
Calories	52%	38%	54%	50%	44%	48%
	BE	-	BE	BE	-	B
Nutritional information	45%	37%	55%	42%	41%	45%
	BD	-	ABDEF	-	-	B
DK/NR	8%	14%	6%	9%	11%	10%
	-	ACD	-	-	CD	C

Respondents seem aware and, in some cases, concerned about the health consequences of alcohol use. Three-quarters (**75%**) of respondents agree that alcohol increases the risk of developing serious health conditions. Over half (**60%**) agree that alcohol use among youth is a serious problem. Further, half (51%) strongly disagree that drinking alcohol during pregnancy can be done safely and few (16%) agree that alcohol use is not a public health issue. Just over half of respondents (56%) feel the federal government should be doing more to address alcohol-related harms.

Respondents living in Alberta (**21%**) and Ontario (**19%**) were twice as likely as those living in Atlantic Canada (12%) and Manitoba/Saskatchewan (9%) to agree that alcohol use is not a public health issue. Two in five respondents (39%) from Quebec disagree that people who have alcohol use disorder (addiction) could stop if they really wanted to, this number increases by twenty percent when looking at Ontario (**60%**). The majority of respondents (**82%**) living in Manitoba/Saskatchewan agree that alcohol use increases a person’s risk of developing serious health conditions, compared to two-thirds (65%) in Atlantic Canada.

Post graduates were more likely (**69%**) than respondents with a high school degree (57%) or less (52%) to disagree that alcohol use is not a public health issue. Roughly twice as many post graduates (**63%**) disagree that people who have alcohol use disorder (addiction) could stop if they really wanted to compared to respondents without a high school degree (34%).

Three-quarters of Indigenous respondents (**77%**) agree that alcohol use among youth is a serious problem in Canada compared to 59% of non-Indigenous respondents.

The majority of those aged 55 and older disagree (**85%**) that drinking alcohol during pregnancy can be done safely compared to 61% aged 16/17, 69% aged 18-34, and 76% aged 35-54.

Exhibit I8 – Q46. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Attitudinal statements about alcohol use						
	Gen pop (n=1003) A	Youth 13-15 (n=331) B	Young adults 16-24 (n=433) C	Adults 25+ (n=1471) D	Parents 13-15 (n=397) E	Men 30-39 (n=395) F
Alcohol use increases a person's risk of developing serious health conditions	75% F	76% F	71% -	75% F	77% F	67% -
Alcohol use among youth is a serious problem in Canada	60% F	57% F	62% F	59% F	62% F	48% -
The federal government should be doing more to address alcohol-related harms	56% -	64% ADF	60% F	57% F	60% F	50% -
People who have alcohol use disorder (addiction) could stop if they really wanted to	24% -	35% AD	28% -	23% -	32% AD	35% AD
Alcohol use is not a public health issue	16% -	19% -	22% AD	16% -	25% AD	30% ABCD
Drinking alcohol during pregnancy can be safely done	9% -	13% AD	11% -	8% -	20% ACD	17% ACD

### Qualitative insights: Views regarding alcohol consumption

In every group, many participants could easily name health effects or diseases associated with alcohol. Liver disease, addiction and blood pressure were most commonly mentioned.

Impressions on how many weekly servings of alcohol constitute “low-risk” consumption varied widely and appeared related to one’s own behaviour. Perhaps the most common range was 5 to 10 drinks per week, although some found the higher end of that range riskier than others. In terms of what constitutes “high risk” behaviour, participants pointed to drinking more than the low-risk range, binge drinking, drinking to the point of inebriation, etc. as examples.

Almost no participants were aware of the low-risk drinking guidelines, although some certainly assumed they existed.

Participants tended to feel that youth and underage alcohol consumption was either a major problem or a problem that was not overly worrying. While many indicated that youth can get themselves into bad situations due to alcohol and that care needs to be taken, some argued that it has always been this way.

Many felt that educating people about the health effects associated with drinking, including going as far as creating a visual campaign like the anti-smoking campaign, could help diminish consumption of alcohol. Where youth were concerned, however, some questioned whether the current (perceived strict) guidelines around alcohol consumption triggered overconsumption. Many spoke of the consumption of alcohol in other countries



and cultures as less taboo and normalized to the point that they argued youth might not turn to alcohol as a form of rebellion if alcohol consumption was more broadly acceptable.

### Key takeaways: Views regarding alcohol consumption

- A third (32%) are familiar with Canada’s Low-Risk Alcohol Drinking Guidelines.
- In terms of number of servings, the plurality (29%) believe that 3-5 drinks per week would be ‘low-risk’ for men and women, and 0-2 would be more appropriate for youth (41%) and those aged 65+ (34%).
- Half (52%) correctly identify a 341 ml bottle as the standard serving of alcohol.
- Over half support including ingredients (57%), calories (52%), health risks/warnings (65%), and the number of standard serving sizes per container (63%) on alcoholic beverage labels.
- Three-quarters (75%) agree that alcohol use increases a person’s risk of developing serious health conditions.
- Over half of respondents agree that alcohol use among youth is a serious problem in Canada (60%), and that the federal government should be doing more to address alcohol-related harms (56%).

## Conclusions

As was the case in 2017, respondents in this study claim both some familiarity with opioids, prescribed or otherwise, and with the opioid crisis in Canada. Self-assessments on knowledge have increased slightly, and although the claimed sense of familiarity shows little, if any, change, additional evidence exists to suggest familiarity may be higher now than in 2017. When provided with a list of ways one might have a connection to opioids in their life, responses indicated higher incidences across the board. The most common connection continues to be the half of respondents who have a family member or friend who has been prescribed an opioid and this has only slightly increased since 2017. There have been more notable increases in the proportion who know someone who has become addicted (developed an opioid use disorder), know a family member or friend who has used an opioid without a prescription and knowing someone who has had a non-fatal opioid overdose. Together, this suggests the population has only become more aware of opioids.

Claimed usage of opioids is higher in this survey than was measured in 2017. This measure has seen increases across all age groups studied. Without corroborating evidence to support this change, there are a variety of possible explanations for the change in results. First, it is possible usage has increased. Second, it is possible that respondents are more accurately indicating their usage of opioids – perhaps due to increased attention paid to the prescriptions that have been given in the past year. Third, it is also possible there is some sort of error associated with the sample source or process. These three possibilities are neither mutually exclusive nor the full range of possible explanations. For the purposes of the study, the data is accepted as respondents provided it. For statistical information on prevalence, refer to the Canadian Tobacco and Alcohol Survey (CTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html>) or the Canadian Student Tobacco and Alcohol Survey (CSTADS, available at <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>).

Among those who took opioids in the past year, it continues to be the case that the vast majority report having had at least one prescription and most of those people only took opioids that were prescribed to them. Less than one third of those who used an opioid in the past year did not always have a prescription for the opioid they took, a figure comparable to what was found in 2017. Youth aged 13 to 15 are less inclined than older respondents to indicate they always had a prescription, although roughly half do make this claim.

Among those who indicated they have used opioids without a prescription, an analysis of their open-ended responses demonstrates that in a significant portion of these cases, their response was not accurate and in fact, they say they have not taken opioids without a prescription. Among those who have, the most common source remains a friend's or relative's prescription. Among teens 13 to 15 and young adults 16 to 24, a friend's or relative's prescription is the most common source, but both of these segments are more likely than others to have acquired them on the street or on the Internet. Half or more of any target audience studied name pain relief as the reason they took opioids that were not prescribed for them. However, young adults 16 to 24 are more likely than most others to indicate more recreational or experimental purposes.

Overall, respondents remain concerned about the potential impact of opioids on them, their family and friends and if anything, the level of seriousness attributed to topic of opioids has only increased since 2017. There continues to be general agreement that opioids are dangerous, particularly for those consuming them illegally, and for teens. Although there appears to have been some slight improvement, most respondents still do not necessarily feel well equipped to respond to opioid use disorder or overdose. Encouragingly, fewer respondents now feel that it is difficult to develop opioid use disorder if one is following a prescription.

A specific focus on fentanyl demonstrates that it continues to be seen as very dangerous by the vast majority of respondents and more than two-thirds of respondents feel that for those who use an illegal opioid, there is a high risk that it might be laced with an opioid like fentanyl.

Investigating the topic of stigma more deeply, the 2019 study finds that most respondents expect that those with an opioid use disorder must find it embarrassing to seek help for it and agree that society is not very friendly toward people in this situation. Both the quantitative and qualitative research uncover a complex set of opinions that relate to stigma, sometimes indicating evidence that people simultaneously hold contradictory views. Respondents demonstrate sympathy, but they also demonstrate holding some stigmatizing opinions. In the survey, only one-in-five respondents would disagree with the statement that people with an opioid use disorder are dangerous or untrustworthy, confirming some of the sentiment uncovered in focus group discussions.

Qualitative research also found a fair degree of negative word association relating to people with opioid use disorder, even among participants who indicated having sympathy and agreeing that these individuals deserve support and not stigma. The evidence suggests respondents and participants do not see the stereotyping as stigmatizing.

Multivariate analysis of survey results shows that Canadians continue to be divided into three distinct segments when it comes to stigma: a quarter of the population are “Allies” consistent in their rejection of opinions that signal stigma; conversely, an equal number of Canadians fall into a segment of “Unsympathetic” by consistently agreeing with all three statements that signal holding stigmatizing views of people with opioid use disorder; and the remaining half the population fall into the “Ambivalent” segment that neither rejects all three stigmatizing views or agree with all three. These proportions are nearly identical to those measured in the 2017 baseline study and as was found in 2017, the segment to which one belongs continues to relate to one’s familiarity with or exposure to opioids, as well as to one’s level of appreciation for public health initiatives.

For the most part, each of the target audiences that were oversampled (parents of teens aged 13-15; teens aged 13-15; youth aged 16-24; men aged 30-39; those who have used legal opioids in the past year; and, those who have used illicit drugs or illegal opioids in the past year) tend to hold views that are very similar to the general population. Parents in particular hold views that are very similar to the general population. However, demographically and across the oversample groups, there are a few patterns that are noteworthy.

Teens vary considerably from both parents and the general population on a number of dimensions, many undoubtedly relating to their age. Compared to 2017, the proportion of teens 13-15 claiming to have taken an opioid in the past year is much higher now, though still much lower than the proportion of adults who have done so. Most other findings relating to teens are more reflective of what was found in 2017. As examples, compared to all other Canadians, teens report lower levels of knowledge of and familiarity with opioids and less awareness that there is an opioid crisis in Canada. They are less likely to identify the risks of prescribed opioids, and less likely to want friends or family to know they have been taking an opioid, whether prescribed or not. Teens are also the most likely to feel that opioid use disorder is caused by a lack of self-control and have less sympathy for those who use opioids problematically.

On most questions, youth aged 16-24 tend to be more aligned with the adult population. The important exception is their higher illicit drug use. These youth indicate having more confidence than either their younger or elder peers when it comes to identifying signs of opioid use disorder, identifying signs of opioid overdose and knowing what to do if they did witness an opioid overdose.

Legal opioid users continue to be more likely than the rest of the general population to have also used illicit drugs in the past year.

Compared to legal opioid users and the general population, illegal opioid users remain less likely to disclose opioid use (whether legal or illegal) and appear slightly less comfortable seeking help, despite being more likely to know someone who has been addicted (developed an opioid use disorder), overdosed or died. That said, illegal users are twice as likely as legal users to indicate having sought treatment for an opioid use disorder. They are also less concerned than others about the risk to teens who are using opioid medication as prescribed. Unlike what was found in 2017, illegal users indicate greater levels of confidence compared to the general population when it comes to ability to identify or handle an opioid overdose or use disorder.

## Recommendations

Based on the results of this research, we would make the following recommendations.

In support of the basic public health objective of reducing harm, the data suggest there remains more benefit to be achieved by continuing to broaden the awareness of and improving the level of understanding of opioids and the opioid crisis, particularly among youth and perhaps even more so among young adults aged 16-24. Ensuring that these groups understand the risks of prescribed opioids, and that the decision of whether or not to use opioids is not always a simple matter of personal choice or willpower, may be important to preventing future opioid use disorders or overdose incidents, particularly among that young segment.

It continues to be the case that reducing stigma associated with opioid use disorder could help broaden public support for devoting more resources to the issue and aid in removing barriers to seeking treatment. While the baseline study proved the existence, scope and impact of stigma, this phase of research deepened the understanding of that factor, shedding more light on the complexity of the challenge. On the surface, most of the public accepts there is an opioid crisis, accepts that anyone can fall victim to opioid use disorder, and agrees that those who do are probably stigmatized.

Evidence from this latest research suggests the efforts of Health Canada and others may be having a positive impact. Among other key metrics, the survey encouragingly shows that the segment of Allies has grown slightly. The qualitative research added evidence that Canadians have clearly heard messaging from the Government of Canada and are modifying their understanding of opioids and sympathy for those dealing with opioid use disorder.

However, the research suggests a foundation of unconscious bias exists regarding those who develop opioid use disorder and working to remove this bias may lead to an improvement in outcomes. The findings from this study suggest there is benefit in providing Canadians with real-life stories of the many paths to an opioid use disorder, highlighting that for many, the disorder takes root long before, or without ever, becoming the stereotypical image of a person with a drug use disorder. Further, the qualitative research suggested there is value in educating Canadians on the success and availability of treatment programs, as well as how and when a person should consider one, and what to expect from the process. Changing the image of the person who needs attention, understanding and care, and explaining how to identify and deal with a potential disorder at the earliest stages

can both improve outcomes and remind people that the individuals they envisage as the ones who have an opioid use disorder are much more like themselves than they currently think.

Continuing to improve Canadians' ability to recognize and respond to an opioid use disorder or overdose may stimulate additional harm-reduction benefits. These include increasing awareness of signs of opioid use disorder or overdose treatment, preventative measures to avoid them and what specific steps one should take if they are recognized.

The data re-confirmed the value of using health professionals to help deliver opioid-related messages, given the high degree of trust in these professionals as a source of information on the issue.

## Appendix A: Survey methodology report

### Survey methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of a minimum of 2,800 Canadians aged 13 and older using an online panel sample. A detailed discussion of the approach used to complete this research is presented below.

### Questionnaire design

The questionnaire for this study was designed by Earnscliffe, in collaboration with Health Canada, and provided for fielding to Leger Marketing. The survey was offered to respondents in both English and French and completed based on their preferences. All questions were mandatory.

### Sample Design and Selection

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

A total of 1,003 cases were collected as the sample of the general population. Oversamples were also collected for the following groups:

- Youth (13-15) (n=308)
- Parents or caregivers of youth (13-15) (n=310)
- Young adults (16-24) (n=310)
- Males (30-39) (n=300)
- People who use legal drugs in the form of prescribed opioids at some point in the past year (incidence of 13%) (n=302)
- People who use illegal drugs, either counterfeit prescriptions or other drugs, that could be laced with opioids, at some point in the past year (incidence of 2%) (n=300)

The profile of each of the six oversample groups is presented in the tables below. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when sampling for that target audience, and those found when specifically targeting a different audience. Any respondents found among the oversample of legal opioid users or the oversample of illegal drug users were excluded from total samples among youth 13-15, parents of 13-15, young adults 16-24 and men 30-39, due to their unique skews.

Youth 13-15 Oversample		Parent of Youth 13-15 Oversample		Young Adults 16-24 Oversample	
Gen pop sample	23	Gen pop sample	60	Gen pop sample	119
Teen oversample	308	Parent oversample	310	Young adult oversample	310
Other oversamples	0	Other oversamples	27	Other oversamples	4
Total	331	Total	397	Total	433
Men 30-39 Oversample		Illegal User Oversample		Legal User Oversample	
Gen pop sample	84	Gen pop sample	138	Gen pop sample	194
Men oversample	300	Illegal user oversample	300	Legal user oversample	302
Other oversamples	11	Other oversamples	232	Other oversamples	230
Total	395	Total	670	Total	726

The final data for the general population and the youth 13-15, young adults 16-24, and men 30-39 oversamples were weighted to replicate actual population distribution by region, age and gender according to the most recent Census (2016) data available. The data for the parent, legal and illegal user oversamples was weighted based on the profile found in the general population, by age, gender and region.

## Data Collection

The online survey was conducted in English and French from June 10th to July 3rd, 2019. The survey was undertaken by Leger using their proprietary online panel. For the surveys with respondents under 18, Leger initially screened adults to see whether they were a parent with a child between the ages of 13 and 17. For those who qualified, we randomly assigned youth or parent interviews to ensure representativeness (rather than filling all youth categories first and then parents). All necessary and required permissions (including parental/guardian for youth 13-15) were obtained before proceeding with any youth surveys.

## Targets/Weighting

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

Region/province		
Atlantic Canada	7.7%	77
Quebec	22.7%	227
Ontario	37.3%	373
Prairies	7.7%	77
Alberta	11.3%	113
British Columbia	13.3%	133
<b>Total</b>	<b>100%</b>	<b>1,000</b>
Age		
13-17	6.6%	66
18-34	27.0%	270
35-54	32.7%	327
55+	33.7%	337
<b>Total</b>	<b>100%</b>	<b>1,000</b>
Gender		
Female	50.8%	508
Male	49.2%	492
<b>Total</b>	<b>100%</b>	<b>1,000</b>

The final data for the general population sample was weighted based on 2016 Census information. Weighting was applied based on region, age and gender statistics to help ensure that the final dataset was in proportion to the Canadian population aged 13 and older.

Specific targets with regards to the oversamples were as follows:

- Target n=300 males aged 30-39 years;
- Target n=300 young adults aged 16-24 years;
- Target n=300 youth aged 13-15 years either directly or through their parents, ensuring that we obtain all necessary and required permissions (including parental/guardian);
- Target n=300 parents of youth 13-15;
- Target n=300 users of prescription opioids; and
- Target n=300 users use illegal drugs, either counterfeit prescriptions or other drugs, that could be laced with opioids.

Quotas by demographics were set for the oversamples of youth 13-15, parents of 13-15 year olds, young adults 16-24 and men 30-39, but were not set for the oversamples of legal or illegal opioid users as the incidence rates are low for these two segments and there was a desire to ensure completions for these oversamples were left to fall out naturally.

## Quality Controls

Leger’s panel is actively monitored for quality through a number of approaches (digital fingerprinting, in-survey quality measures, incentive redemption requirements, etc.) to ensure that responses are only collected from legitimate Canadian panel members.



## Results

### Final dispositions

A total of 10,112 individuals entered the online survey, of which 2,833 qualified as eligible and completed the survey. The response rate for this survey was 28%.

Total Entered Survey	10,112
Completed	2,833
Not Qualified/Screen out	1,287
Over quota	5,255
Suspend/Drop-off	737

### Nonresponse

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

That being said, in order to provide some indication of whether the final sample is unduly influenced by a detectable nonresponse bias, the tables below compare the unweighted and weighted distributions of each sample's demographic characteristics.

All weighting was determined based upon the most recent Census data available from Statistics Canada. The variables used for the weighting of each sample were age and gender within each region for the general population sample.

### Genpop 13+ sample profile: unweighted versus weighted distributions

Region	Unweighted Sample	Weighted Sample
Atlantic	75	68
Quebec	225	234
Ontario	386	386
Manitoba/Saskatchewan	71	66
Alberta	111	113
British Columbia/Territories	135	135

Age	Unweighted Sample	Weighted Sample
13-15	23	34
16-17	25	31
18-34	249	256
35-54	341	320
55+	365	362

Gender	Unweighted Sample	Weighted Sample
Male	493	484
Female	505	514
Other gender identity/Prefer not to say	5	5

Education	Unweighted Sample	Weighted Sample
Grade 8 or less	10	12
Some high school/High school diploma	260	269
Apprenticeship/Trade cert/College/CEGEP	279	280
Some/Graduated university (Bachelor's level)	334	322
Post graduate degree above bachelor's level	106	105
Prefer not to answer	14	15

Household Income	Unweighted Sample	Weighted Sample
Under \$40,000	239	242
\$40,000 to just under \$80,000	296	290
\$80,000 and above	335	325
Prefer not to answer	110	111

Language Spoken Most Often	Unweighted Sample	Weighted Sample
English	759	748
French	210	217
Other	24	26
Prefer not to answer	10	11

Ethnicity	Unweighted Sample	Weighted Sample
Caucasian	777	770
Indigenous	48	55
Black	23	23
Chinese	52	52
Asian (South, Southeast, West)	77	78
Other	55	46
Prefer not to answer	23	23

Margin of error

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

Survey duration

The online survey took an average of 16 minutes to complete.

## Appendix B: Focus group methodology report

### Methodology

The research program began with an initial qualitative phase which involved ten in-person focus groups with two segments of the Canadian population: general population (18+) and men aged 30-39. Two sessions were conducted in each of the following locations across Canada: Toronto; Halifax; Montreal; Calgary; and, Vancouver. All groups were 2 hours in length. The groups in Montreal were conducted in French; all others were conducted in English.

#### Schedule and composition of the focus groups

City	Group	Audience	Number of Participants	Date/Time
Toronto, ON	Group 1	Men 30-39	8	Monday, June 10, 5:30 pm
	Group 2	Gen pop (18+)	10	Monday, June 10, 7:30 pm
Halifax, NS	Group 1	Men 30-39	10	Tuesday, June 11, 5:30 pm
	Group 2	Gen pop (18+)	9	Tuesday, June 11, 7:30 pm
Montreal, QC	Group 1	Men 30-39	8	Tuesday, June 11, 5:30 pm
	Group 2	Gen pop (18+)	8	Tuesday, June 11, 7:30 pm
Calgary, AB	Group 1	Men 30-39	8	Wednesday, June 12, 5:30 pm
	Group 2	Gen pop (18+)	8	Wednesday, June 12, 7:30 pm
Vancouver, BC	Group 1	Men 30-39	8	Thursday, June 13, 5:30 pm
	Group 2	Gen pop (18+)	8	Thursday, June 13, 7:30 pm

#### Recruitment

Participants were recruited using a five-minute screening questionnaire (included in Appendix D).

The screener contained a series of standard screening questions to ensure participants qualified based on their gender and age (Canadians 18+ and men 30-39), ensuring a good mix of other demographics such as education, household income, ethnicity, etc.

Our fieldwork subcontractor, Quality Response, relied on panels and databases of Canadians. This is the approach employed most often. Quality Response reaches out to members of their database first via email and follows-up with telephone calls to pre-qualify respondents. We also included a re-screening service in which focus group participants were re-screened onsite upon arrival at the focus group facility to ensure the utmost quality of participants.

Quality Response’s database includes approximately 35,000 Canadians with profiling on a range of attributes including standard personal demographics, household composition, medical background, technology usage, financial services, health and wellness, business profiles, and other relevant criteria. Their database is constantly being updated and replenished and operates out of their own, onsite telephone room in Toronto, Ontario. Potential group participants are recruited to their database via mixed-mode: following a proprietary telephone survey, online, referral, social media and print advertising. Initial contact is often made via email or online pre-screening for speed and economies, followed up by personal telephone recruitment and pre-group attendance confirmation.

Quality Response understands the nuances of qualitative recruiting and the importance of locating qualified, interested respondents. Their recruiting is undertaken in strict accordance with the Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research.

Reminder calls were made prior to the groups to confirm participants' intention to attend and to encourage higher rates of participation. As well, all participants received a cash honorarium of \$100 at the end of the group discussion. This amount is consistent with honorariums for groups of this duration being conducted in major urban centres and is in line with the amount proposed to the federal government for this contract.

A total of 10 participants were recruited for each group. Upon arrival at the focus group facility, all participants were required to provide photo identification to ensure they were the individual who had been recruited for that particular focus group. As mentioned earlier, every participant was re-screened upon arrival to ensure they met the screening qualifications, were capable of communicating in the appropriate language of the group, and capable of contributing to the discussion in constructive ways. We have found that this added verification ensures better quality discussions.

All participants signed a document, prior to conducting the groups, acknowledging their consent to be recorded, for the purposes of review and analysis in preparation of this report. All groups were digitally recorded, and live online webstreaming was made available for observers to view the groups remotely.

#### Moderation

We relied on two qualified moderators. Given the timeline for the project, using two moderators allowed us to conduct all of the focus groups over the course of one week (4 nights).

Both moderators attended the kick-off night of focus groups in Toronto. This ensured that both were aware of the flow of the focus groups and involved in any conversation about potential changes to the discussion guide or flow of conversation for each subsequent night.

In our experience, there is value in using multiple moderators (within reason) as it ensures that no single moderator develops early conclusions. Each moderator takes notes and summarizes their groups after each night. The moderators each provide a debrief on their groups including the functionality of the discussion guide; any issues relating to recruiting, turnout, technology or the facility; and key findings including noting instances where they were unique and where they were similar to previous sessions. Together, they discuss the findings both on an ongoing basis in order to allow for probing of areas that require further investigation in subsequent groups and before the final results are reported.

#### A note about interpreting qualitative research results

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

## Appendix C: Discussion guide

### Introduction: 10 minutes

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

- The name of the firm the moderator works for, and the type of firm that employs them (i.e. an independent marketing research firm)
- The research purpose and research sponsor, described, at a minimum. The Government of Canada, Health Canada, specifically, is seeking to understand the current state of awareness, knowledge, attitudes, beliefs and behaviours regarding opioids.
- Role of participants: speak openly and frankly about opinions, remember that there are no wrong answers and no need to agree with each other
- Results are confidential and reported all together/individuals are not identified/participation is voluntary.
- The length of the session (2 hours)
- The presence of any observers, their role and purpose, and the means of observation (one-way mirror, teleconference/webstreaming; colleagues viewing in the back room and listening in remotely)
- The presence and purpose of any recording being made of the session (audio and video taping of the discussion)
- Turn off cell phones for the duration of the discussion

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

### Familiarity and awareness of opioids/opioid crisis: 10 minutes

- [Hands up] How many of you are familiar with the term opioids? What do you know about opioids? Where did you get that knowledge?
- To the best of your knowledge, how are opioids typically used? Probe: prescription medication vs. illegal? Why do you say that?
- [Hands up] Have you recently seen, heard or read anything in the media or elsewhere about opioids?

[If yes]

- What did you see, hear or read?
- Where did you get this information? [Moderator be sure to probe for specifics]
- To the best of your knowledge, is there currently an opioid crisis...
  - In Canada? If so, how serious do think the situation is? Why do you feel this way?
  - In [insert community]? If so, how serious do think the situation is? Why do you feel this way?
- How would you characterize your personal experience with the opioid crisis? Do you know anyone who is dealing with a substance use disorder (or addiction)?
  - How has this personal experience affected your views of the opioid crisis? Why do you say that?
- To the best of your knowledge, what is/are the cause/causes of the opioid crisis? Why do you think this? Where did you get this information?

### Understanding of opioids, overdoses and naloxone: 20 minutes

Now I would like to spend a bit of time to get a better understand of your knowledge of opioids.

- What drugs would you consider to be opioids?
- [HANDS UP] How many of you are aware of fentanyl?
- To the best of your knowledge, what is fentanyl? Where is it found? Which drugs contain fentanyl – e.g. are there any illegal (street) drugs that could be laced with fentanyl? Which ones? Why do you say that?
- What drugs do you think would put you at risk of an opioid overdose?
  - Prescription?
  - Street drugs?
- What do you think would be signs or symptoms of an overdose?
- What would you do if you thought someone was experiencing an overdose? What steps would you take? Would you call for help? Why or why not?
- [Hands up] Is anyone familiar with the term naloxone?

[If yes]

- What have you heard?
- What is it? How is it used? Where can you get it?
- Where did you get this information? [Moderator be sure to probe for specifics]

- [Hands up] Has anyone ever obtained naloxone before?

[If yes]

- From where?
- For what purpose?

- [Hands up] Has anyone ever had to administer naloxone before?

[If yes]

- In what circumstances?
- Can you describe what that was like?

- If you were in a situation where you suspected an overdose, would you feel comfortable administering naloxone? Why or why not?
- [Hands up] Has anyone heard about supervised consumption sites?

[If yes]

- What are they for?

[For those who have not heard about them]

Supervised consumption sites provide a safe, clean space where people bring their own drugs to consume under supervision. They are staffed by trained staff who can provide basic health services and save lives in case of overdose. They can also act as an entry point to treatment and social services for people who are ready to stop or reduce their use of substances.

- What are your thoughts on supervised consumption sites? Why?

### Awareness of the Good Samaritan Drug Overdose Act: 10 minutes

- Is anyone aware of any laws put in place to protect witnesses and bystanders who help victims of overdose?
- [Hands up] How many of you have heard of the Good Samaritan Drug Overdose Act?

[If yes]

- What have you heard?
- Where did you get this information? [Moderator be sure to probe for specifics]

So that we are all on the same page, the Good Samaritan Drug Overdose Act became law in 2017 and provides some legal protection for individuals who seek emergency help (call 911 or your local emergency number) during an overdose. More specifically, the Act protects individuals from being charged with simple possession of a controlled substance(drugs). It covers by-standers who call for help or people experiencing overdose who call for help. It will protect you if you choose to stay with the victim or leave the scene. Instances where you are not protected are: outstanding warrants, possessing with intent to distribute, production or trafficking of drugs, other crimes, etc.

- Having heard this description, what do you think about this law?
- Has/Would this law influence how you behave/would behave in the event of an overdose? How so? Why?

### Views related to stigma/shifting perceptions of people who use drugs: 40 minutes

Now I would like to spend a bit of time discussing your perceptions of people who have substance use disorder (e.g. addiction)

- [Projection activity] On the paper in front of you, I want you to imagine a person who has substance use disorder.
- Please describe that person to me – how old are they, what do they look like, do they have a job, hobby/interests, etc.?
- How would you compare substance use disorder to mental illness or another medical condition like diabetes or heart disease?
- How do you think people with substance use disorder are treated?
- Would you say they face stigma (negative perceptions and attitudes)?
- What does that stigma look like? How would you describe it? What impact does stigma have?
- What can be done to help eliminate stigma?
- [Hands up] Have you ever had any interactions with someone who has a substance use disorder?
- Would you encourage these individuals to receive treatment?
  - What kind of treatment do you think they would need?
- Would you say that recovery is possible for individuals who have a substance use disorder? Why or why not?
  - Do you think they are capable of recovering? What does that look like? Probe – does recovery mean full abstinence?
- What do you think could help shift peoples' perceptions about people with substance use disorder?



- Do you think people would feel more compassionate towards people with substance use disorder if substance use disorder was more widely acknowledged as a treatable medical condition?
- And if it were more widely acknowledged as a treatable medical condition do you think people would be more supportive of public initiatives to help people with substance use disorder?

#### Views on chronic pain and chronic pain management: 10 minutes

- Has anyone ever experienced, or does anyone know someone who suffers with conditions of chronic pain, arthritis, fibromyalgia, migraines, lower back pain, joint pain, etc.?
- How do you think these conditions compare to other chronic conditions or health challenges such as diabetes, cancer, or heart disease? Do you think they are more or less concerning as a public health challenge or about the same?
- What sorts of treatments do you think are available for people who suffer from chronic pain and other related illnesses?
  - To the best of your knowledge, is anything preventing people suffering from chronic pain from gaining access to any of these treatments? Why do you feel that way?
- Have you ever known anyone who has been denied treatment options for pain management? Has anyone experienced this personally?
- Do you know of people with chronic pain who use substances or controlled substances not prescribed to them to manage their pain? Has anyone experienced this personally?
- Have you ever personally been worried about gaining access to opioids or other medications needed for pain management? Why or why not?
- What do you see as being needed to help ensure individuals have access to the medications they require for chronic pain? What is needed to ensure access to other types of therapies?

#### Views regarding alcohol consumption: 15 minutes

For the remainder of our conversation, I would like to focus on alcohol consumption.

- To the best of your knowledge, what, if any, are the health effects and or diseases associated with alcohol consumption?
  - What organs does it affect? In what ways does it affect the body?
- On average, how many alcoholic drinks do you think the average person consumes on a weekly basis?
  - Would you consider this to be 'low-risk' or 'high-risk' behaviour? Why do you say that?
- What would you consider to be 'low-risk' in terms of alcoholic drinks per week? Why do you say that?
- And, what would you consider to be 'high-risk' in terms of alcoholic drinks per week? Why do you say that?
- To the best of your knowledge, how big a problem is alcohol consumption among youth and underage drinkers? Why do you say that?
- What do you think would motivate people to consume less alcohol?
- Would you say your community is in need of more support to protect youth and young adults (underage drinkers) from harmful drinking? What would be the best way in your opinion to protect and prevent youth and young adults from harmful drinking?
- [Hands up] How many of you are aware of the low-risk drinking guidelines and standard drinks?  
[If yes]
  - What have you heard?
  - Where did you get this information? [Moderator be sure to probe for specifics]
  - Have these guidelines affected your behaviour in any way? How so?

Conclusions: 5 minutes

[Moderator to check in the back room and probe on any additional areas of interest]

- This concludes what we needed to cover tonight. We really appreciate you taking the time to come down here to share your views. Your input is very important.
- Reminder to those in the first group about reserving comments so as not to influence those waiting at reception for the next group.
- Materials are available at the reception desk after the meeting to help inform you of what opioids are. You may also find more information by visiting [Canada.ca/opioids](http://Canada.ca/opioids).
- As a disclaimer, Health Canada wants to ensure you are aware that consuming any illegal drug could potentially put someone at risk of an opioid overdose.

## Appendix D: Recruitment screener

### Focus group summary

Group 1 men 20-39	Group 2 general population
<ul style="list-style-type: none"> <li>▪ Male (QS2)</li> <li>▪ Aged 30-39 (QS3)</li> <li>▪ Good mix of demos (age, income, household situation, ethnicity, etc.)</li> <li>▪ Recruit 10 for 8 to show</li> </ul>	<ul style="list-style-type: none"> <li>▪ Good mix of demos (gender, age, income, household situation, ethnicity, etc.)</li> <li>▪ Recruit 10 for 8 to show</li> </ul>
<hr/>	
<p>Toronto Monday, June 10, 2019</p> <p>Group 1: Men 30-39</p> <p>Group 2: Gen pop</p>	<p>Honorarium: \$100</p> <p>5:30 pm</p> <p>7:30 pm</p>
<hr/>	
<p>Halifax Tuesday, June 11, 2019</p> <p>Group 1: Men 30-39</p> <p>Group 2: Gen pop</p>	<p>Honorarium: \$100</p> <p>5:30 pm</p> <p>7:30 pm</p>
<hr/>	
<p>Montreal Tuesday, June 11, 2019</p> <p>Group 1: Men 30-39</p> <p>Group 2: Gen pop</p>	<p>Honorarium: \$100</p> <p>5:30 pm</p> <p>7:30 pm</p>
<hr/>	
<p>Calgary Wednesday, June 12, 2019</p> <p>Group 1: Men 30-39</p> <p>Group 2: Gen pop</p>	<p>Honorarium: \$100</p> <p>5:30 pm</p> <p>7:30 pm</p>
<hr/>	
<p>Vancouver Thursday, June 13, 2019</p> <p>Group 1: Men 30-39</p> <p>Group 2: Gen pop</p>	<p>Honorarium: \$100</p> <p>5:30 pm</p> <p>7:30 pm</p>
<hr/>	
<p>Respondent's name:</p> <p>Respondent's phone number: (cell)</p> <p>Respondent's phone number: (work)</p> <p>Respondent's email:</p> <p>Sample source: panel random client referral</p>	<p>Interviewer:</p> <p>Date:</p> <p>Validated:</p> <p>Quality Central:</p> <p>On list:</p> <p>On quotas:</p>

Hello/Bonjour, my name is \_\_\_\_\_ and I'm calling on behalf of the Earncliffe Strategy Group, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada, specifically for Health Canada. We are looking for people who would be willing to participate in a discussion group that will last up to 2 hours. These people must be 18 years of age or older. Up to 10 participants will be taking part and for their time, participants will receive an honorarium of \$100.00. May I continue?

- Yes    Continue  
 No    Thank and terminate



S3. Could you please tell me which of the following age categories you fall in to? Are you... *[grid]*

18-19 years	1	
20-29 years	2	
30-39 years	3	
40-49 years	4	
50-59 years	5	
60+ years	7	
DK/NR	9	Thank and terminate

[Group 1 all are between the ages of 30-39. Group 2 is a mix of ages. Ensure good mix in all groups.]

S4. Do you normally reside in the [insert city] area?

Yes	1	Continue
No	2	Thank and terminate

S5. What is your current employment status? *[grid]*

Working full-time	1	Continue to S6
Working part-time	2	Continue to S6
Self-employed	3	Continue to S6
Retired	4	Skip to S7
Unemployed	5	Skip to S7
Student	6	Skip to S7
Other	7	Skip to S7
DK/NR	9	Thank and terminate

S6. Which of the following best describes the industry you primarily work in? *[read list]* *[grid]*

Ensure good mix

Agriculture, forestry, or fisheries	1	
Mining	2	
Construction	3	
Manufacturing	4	
Transportation	5	
Wholesale trade	6	
Retail	7	
Finance, insurance or real estate	8	
Remediation/Other services	9	
Public Administration/Government	10	Thank and terminate
High tech	11	
Utilities	12	
Healthcare and social assistance	13	Thank and terminate
Arts, entertainment, and recreation	14	

Professional, scientific and technical services	15	
Waste management	16	
Education	17	
Hospitality, accommodation and food services	18	
Emergency services/public safety/security	19	Thank and terminate
Engineering	20	
Legal	21	
Sales	22	
Telecommunications	23	
Other (please specify)	24	
DK/NR		

S7. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes [read list]? [grid]

Under \$20,000	1	Ensure good mix of income
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
DK/NR	9	Thank and terminate

S8. What is the last level of education that you have completed? [grid]

Some high school only	1	
Completed high school	2	
Some college/university	3	
Completed college/university	4	
Post-graduate studies	5	
DK/NR	9	Thank and terminate

S9. To make sure that we speak to a diversity of people, could you tell me what is your ethnic background? [Do not read] [grid]

Caucasian	1	Ensure good mix
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
Southeast Asian (i.e. Vietnamese, etc.)	7	
Arab	8	
West Asian (i.e. Iranian, Afghan, etc.)	9	

Korean	10
Japanese	11
Indigenous (First Nations, Métis, or Inuit)	12
Other (please specify)	13
DK/NR	14

S10. Have you participated in a discussion or focus group before? A discussion group brings together a few people in order to know their opinion about a given subject.

Yes	1	(Max 1/3 per group)
No	2	Skip to S14
Dk/nr	9	Thank and terminate

S11. When was the last time you attended a discussion or focus group?

if within the last 6 months	1	Thank and terminate
if not within the last 6 months	2	Continue
Dk/nr	9	Thank and terminate

S12. How many of these sessions have you attended in the last five years?

If 4 or less	1	Continue
If 5 or more	2	Thank and terminate
Dk/nr	9	Thank and terminate

S13. And what was/were the main topic(s) of discussion in those groups?

[If related to opioids, drugs, government policy on drugs, thank and terminate]

S14. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you... (read list)

Very comfortable	1	Minimum 4 per group
Somewhat comfortable	2	Continue
Not very comfortable	3	Thank and terminate
Not at all comfortable	4	Thank and terminate
DK/NR	9	Thank and terminate

S15. Sometimes participants are asked to write out their answers to a questionnaire, read materials or watch TV commercials during the discussion. Is there any reason why you could not participate? [Read if needed: I can assure you that everything written or discussed in the groups will remain confidential.]

Yes	1	Thank and terminate
No	2	Continue
DK/NR	9	Thank and terminate

[Interviewer note: terminate if respondent offers any reason such as sight or hearing problem, a written or verbal language problem, a concern with not being able to communicate effectively or if you have a concern.]

S16. The discussion group will take place on [date @ time] for 2 hours and participants will receive \$100.00 for their time. Would you be willing to attend?

Yes	1	Recruit
No	2	Thank and terminate
DK/NR	9	Thank and terminate

### Privacy questions

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

P1) First, we will be providing the hosting facility and session moderator with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. This information will not be shared with the Government of Canada department organizing this research. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	Go to P2
No	2	Go to P1A

P1A) We need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. [Go to P1A]

Now that I've explained this, do I have your permission to provide your name and profile to the facility?

Yes	1	Go to P2
No	2	Thank and terminate

P2) An audio and/or video tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

Do you agree to be audio and/or videotaped for research purposes only?

Yes	1	Thank and go to P3
No	2	Go to P2A



P2A) It is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete the report.

Now that I've explained this, do I have your permission for audio/video taping?

Yes	1	Thank and go to P3
No	2	Thank and terminate

P3) Employees from Health Canada and/or the Government of Canada may be onsite to observe the groups in-person from behind a one-way mirror.

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

Yes	1	Thank and go to invitation
No	2	Go to P3a

P3A) It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups in person. They will be seated in a separate room and observe from behind a one-way mirror. They will be there simply to hear your opinions first hand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

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

Yes	1	Thank and go to invitation
No	2	Thank and terminate

### Invitation

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place the evening of [Day, Month, Date] @ [Time] for up to 2 hours.

Do you have a pen handy so that I can give you the address where the group will be held? It will be held at:

---

Toronto Monday, June 10, 2019	Honorarium: \$100
	5:30 pm
CRC Midtown	7:30 pm
1867 Yonge St., Suite 200	
Toronto, ON M4S 1Y5	
T: 416.488.2328	
Halifax Tuesday, June 11, 2019	Honorarium: \$100
	5:30 pm
Corporate Research Associates Inc. (CRA)	7:30 pm
5001-7071 Bayers Road	
Halifax, NS B3L 4V2	
T: 902.453.0344	

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Montreal Tuesday, June 11, 2019	Honorarium: \$100
MBA Recherche	5:30 pm
1470 Peel Street, Suite 800	7:30 pm
Montreal, QC H3A 1T1	
T: 514.284.9644	
Calgary Wednesday, June 12, 2019	Honorarium: \$100
Qualitative Coordination	5:30 pm
707 10th Avenue SW, Suite 120	7:30 pm
Calgary, AB T2R 0B3	
T: 403.229.3500	
Vancouver Thursday, June 13, 2019	Honorarium: \$100
Vancouver Focus	5:30 pm
503-1080 Howe Street	7:30 pm
Vancouver, BC V6Z 2T1	
T: 604.682.4292	

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We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts may be checking respondents' identification prior to the group, so please be sure to bring some personal identification with you (for example, a health card, a student card, or a driver's license). If you require glasses for reading make sure you bring them with you as well.

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

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

First name

Last Name

email

Daytime phone number

Evening phone number

[If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse thank & terminate.]

## Appendix E: Survey instrument

### Landing page

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

[Next]

### Intro page all respondents

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#### Background information

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

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions regarding opioids.

13-15 year-old teens only (13-15): Your parent or legal guardian has given permission for you to participate in this very important study. Your participation is voluntary, so it is up for you to decide whether you are willing to answer, but we hope you do! Your responses are confidential and will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses. You can do the survey on your computer, laptop, tablet or phone. You can stop at any time, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

16-17 year-old teens only (16-17): Your parent or legal guardian has agreed to let us invite you to participate in this very important study. Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do! Your responses are confidential and will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses. You can do the survey on your computer, laptop, tablet or phone. You can stop at any time if you feel uncomfortable, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

How does the online survey work?

- a) You are being asked to offer your opinions and experiences related to opioids through an online survey.
- b) We anticipate that the survey will take 15 minutes to complete.
- c) Your participation in the survey is completely voluntary.
- d) Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.
- e) Your responses are confidential and will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses.

What about your personal information?

- a) The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- b) Purpose of collection: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- c) For more information: This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- d) Your rights under the *Privacy Act*: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

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

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

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

[Continue]

## If selected for youth interview: Parent page consent

---

We would like to include your teenager in this very important study and are asking your permission to include them in our sample.

- a) Yes                Next screen
- b) No                Terminate

### Background information

This research is being conducted by Earnsccliffe Strategy Group, a Canadian public opinion research firm on behalf of Health Canada.

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

How does the online survey work?

- f) Your child is being asked to offer his/her opinions and experiences related to opioids through an online survey.
- g) We anticipate that the survey will take 15 minutes to complete.
- h) Your child's participation in the survey is completely voluntary.
- i) Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.
- j) Your responses are confidential and will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses.

What about your child's personal information?

- e) The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- f) Purpose of collection: We require your child's personal information such as demographic information to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.
- g) For more information: This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- h) Your rights under the *Privacy Act*: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your child's personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your child personal information has been handled improperly.

### What happens after the online survey?

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

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

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

#### Programming notes:

Section titles should not appear on screen for respondents.

Do not present question numbers on screen for respondents.

Include a progress bar.

All questions are mandatory but include a don't know and/or a prefer not to answer option.

## Section 1: Adult Screening

### 1. What gender do you identify with?

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

### 2. In what year were you born?

[insert year]

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

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

4. Are you a parent or legal guardian of a child that is under 18 years old?

Oui	Assign to genpop, skip to Q8
Non	Proceed to Q4A

4A. How many children are in each of the following age categories?

Under 13 years of age	Assign to genpop, skip to Q8
13-15 years of age	Randomly select as parent (genpop/parents 13-15) or youth (13-15)
16-17 years of age	Randomly select as parent (genpop) or youth (genpop 16-17)

## Section 2: Youth Screening (13-15 or genpop 16-17)

5. What gender do you identify with?

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

6. In what year were you born?

[insert year]

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

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

### Section 3: Drug Use Screening

The first questions are about what drugs or medicines you may have taken in the past year.

8. Have you taken any of the following?

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

- Have taken in the past year [“opioid user”] 1
- Have taken, but not in the past year [“past opioid user”] [skip to Q10] 2
- Have never taken [skip to Q10] 3
- Prefer not to say [skip to Q10] 8
- Don’t know [skip to Q10] 9

[if Q8=1 (opioid users), ask Q9]

9. When you took any of these drugs or medicines in the past year, did you ?

- Always have a prescription in your name [“legal opioid user”] 1
- Usually have a prescription in your name [“illegal opioid user”] 2
- Sometimes have a prescription in your name [“illegal opioid user”] 3
- Rarely have a prescription in your name [“illegal opioid user”] 4
- Never have a prescription in your name [“illegal opioid user”] 5
- Prefer not to say 8
- Don’t know 9

[Opioid user: Q8=1. Past opioid user: Q8=2. Legal opioid user: Q9=1. Illegal opioid user: Q9=2 thru 5.]



10. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Not Applicable / Have never asked for this	0
Yes	1
No	2
Prefer not to say	8
Don't know	9

11. Have you taken any of the following? [randomize]

- a) Heroin (such as smack, H, skag, junk)
- b) Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angie)
- c) Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)
- d) Methamphetamine (such as meth, crystal meth, crank, speed)

Have taken in the past year	1
Have taken, but not in the past year	2
Have never taken	3
Prefer not to say	8
Don't know	9

[illegal drug user: Q9=2 thru 5 or Q11a=1 or Q11b=1 or Q11c=1 or 11d=1.]

#### Section 4: Awareness, impressions and basic understanding

12. Which of these best describes your level of understanding about what an opioid is?

I had never heard the term "opioid" before this survey	1
I don't really know what an opioid is	2
I might know what an opioid is, but I'm unsure	3
I am pretty sure I know what an opioid is	4
I am certain I know what an opioid is	5
Don't know/prefer not to say	9

Opioids are medicines and/or drugs generally used to manage pain. They relieve pain by acting on specific nerve cells of the spinal cord and brain. Opioids are also used to control moderate to severe cough, control diarrhea, and treat opioid use disorder.

For the purposes of this survey, opioids refers to any of the following:

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

13. How familiar are you with these types of opioids?

- Not at all familiar with any 1
- No more than a little familiar with at least one 2
- Somewhat familiar with at least one 3
- Very familiar with at least one 4
- Don't know/Prefer not to say 9

14. In thinking about the types of opioids included in this list, is it your impression that...

- None of these drugs are dangerous 1
- A few are dangerous 2
- About half are dangerous 3
- Most are dangerous 4
- All are dangerous 5
- Don't know/prefer not to say 9

15. Based on your impressions, how dangerous would you say opioids are for each of the following? [randomize]

- a) You, personally
- b) People who use opioids prescribed for them and taken as prescribed
- c) People who use opioids prescribed for someone else (friends, parents...)
- d) People who use opioids obtained on the street
- e) People who use illegal drugs such as cocaine, methamphetamines and/or ecstasy
- f) Teens
- g) Young adults
- h) Seniors

Not at all dangerous	1
Not very dangerous	2
Somewhat dangerous	3
Very dangerous	4
Don't know/prefer not to say	9

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

Prescription opioids not prescribed to you (shared prescription)	1
Opioids obtained on the street	2
Other, please specify:	3
Don't know/Prefer not to say	9

17. How aware would you say you are of Canada's opioid crisis?

Not at all aware	1
Not very aware	2
Somewhat aware	3
Very aware	4
Don't know/Prefer not to say	9

18. Based on your impressions, how serious would you say the opioid crisis is in your community?

Not at all serious	1
Not very serious	2
Somewhat serious	3
Very serious	4
Don't know/Prefer not to say	9

19. How familiar would you say you are with fentanyl?

Not at all familiar	1
Not very familiar	2
Somewhat familiar	3
Very familiar	4
Don't know/Prefer not to say	9

20. [If Q19>1] To the best of your knowledge, how dangerous is fentanyl?

Not at all dangerous	1
Not very dangerous	2
Somewhat dangerous	3
Very dangerous	4
Don't know/Prefer not to say	9

21. [If Q19>1] To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

No risk at all	1
Not very much risk	2
Some risk	3
High risk	4
Don't know/Prefer not to say	9

## Section 5: Attitudes relating to behaviours, risk and harms

22. Please indicate how strongly you agree or disagree with each of the following statements. [randomize]

- a) I'm worried that opioids might harm people I care about
- b) There are certain times when it is acceptable to share an opioid prescription with someone else
- c) If I was prescribed an opioid, I would ask my doctor for more information about the risks, the side effects or alternatives to using an opioid
- d) I worry that if I am prescribed an opioid I could become addicted
- e) I think people in my family and/or friends could experience an opioid-related overdose or poisoning
- f) I think people in my family and/or friends could develop opioid use disorder (addiction)
- g) If you are following a prescription, it is difficult to develop opioid use disorder (addiction)
- h) I understand what it is about opioids that is so dangerous
- i) If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)
- j) I would know what to do if I saw a person experiencing an overdose
- k) I think I'd be able to identify signs of an opioid overdose if faced with them
- l) I think I'd be able to identify signs of an opioid use disorder (addiction)
- m) I'm worried I won't be able to obtain a prescription for opioids when I need it

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know/Prefer not to say	9

23. How concerned are you about the risk to teens who are using opioid medication as prescribed?

Not at all concerned	1
Not very concerned	2
Somewhat concerned	3
Very concerned	4
Don't know/Prefer not to say	9

24. How concerned are you about the risk to teens who are using prescription opioids without a prescription?

Not at all concerned	1
Not very concerned	2
Somewhat concerned	3
Very concerned	4
Don't know/Prefer not to say	9

## Section 6: Attitudes regarding stigma

25. Please indicate how strongly you agree or disagree with each of the following statements. [Randomize, separate into 2 blocs]

- a) People who are dependent upon or addicted to opioids could stop taking them if they really wanted to
- b) Addiction to opioids is a disease
- c) I don't have much sympathy for people who misuse opioids
- d) People who overdose on opioids get what they deserve
- e) People are overdosing on opioids because they used drugs that they didn't realize had opioids or higher doses of opioids than they expected
- f) A lack of self-control is usually what causes a dependence upon or an addiction to opioids
- g) We should be using more of our health care resources for dealing with opioid use disorder (addiction)
- h) If I were prescribed an opioid, I would not want my friends or family to know that
- i) If I were to use a prescription opioid not prescribed to me, I would not want my friends or family to know that
- j) If I were to use an opioid obtained on the street, I would not want my friends or family to know that
- k) If I ever developed opioid use disorder (addiction), I would feel completely comfortable seeking help
- l) People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle
- m) I think opioids are overprescribed in Canada
- n) Canada's opioid crisis is not as serious a public health crisis as SARS or H1N1 were
- o) The opioid crisis in Canada is a public health issue
- p) When following your doctor's instructions for taking an opioid painkiller, you can still become addicted

- q) It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)
- r) People with an opioid use disorder (addiction) are dangerous and/or untrustworthy
- s) I expect that people who have an opioid use disorder (addiction) must find it embarrassing or uncomfortable to tell friends or family they have an opioid use disorder
- t) I expect that people who have an opioid use disorder (addiction) must find it embarrassing or uncomfortable to seek help with their opioid use disorder
- u) If I ever developed an opioid use disorder (addiction), I would find it embarrassing or uncomfortable to tell friends or family
- v) I'd feel disappointed or upset if I found out one of my family or friends developed an opioid use disorder (addiction)
- w) Society is not very friendly toward people with an opioid use disorder (addiction)
- x) I think my friends or family would feel comfortable telling me they had an opioid use disorder (addiction)
- y) Society's attitudes about people with an opioid use disorder (addiction) affect whether people with an opioid use disorder seek help or treatment

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know/Prefer not to say	9

## Section 7: Risk behaviour profiling

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

26. Please indicate whether any of the following are true, to the best of your knowledge or recollection.  
[randomize]

- a) At least one friend or family member has been prescribed one of these drugs
- b) At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street
- c) I have known someone who has had a non-fatal overdose of one of these drugs
- d) I have known someone who died of an overdose of one of these drugs
- e) I have known someone who became addicted to one of these drugs
- f) [Ask parents of 13-15 only] I have a teen child who has been prescribed one of these drugs in the past year

True	1
False	2
Don't know/Prefer not to say	9

Opioid users section

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

27. [If opioid user or past opioid user] You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally?

Never	1
Rarely	2
Sometimes	3
Usually	4
Always	5
Don't know/Prefer not to say	

28. [If Q27>1 (Rarely, Sometimes, Usually, Always)] When you had opioids prescribed to you, would you say you stored them....?

In a location that could only be accessed by you	1
In a location that could be accessed by others	2
Don't know/Prefer not to say	9

29. [If Q27>1 (Rarely, Sometimes, Usually, Always)] When you had opioids prescribed to you, what did you do with leftover pills/patches/liquids? Check all that apply

Does not apply, had no leftover pills/patches/liquids	0
Returned to pharmacy, hospital or doctor	1
Gave them to someone who needed them	2
Flushed them or disposed of them in garbage	3
Saved them in case I need them again	4
Did something else with them	5
Don't know/Prefer not to say	9

30. [If Q27<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Once or twice	1
A few times	2
Many times	3
Almost daily	4
Don't know/Prefer not to say	9



31. [If Q27<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed to you, where did you get them? Check all that apply

A friend’s or relative’s prescribed opioid	1
On the street	2
The Internet	3
Other: [SPECIFY]	4
Don’t know/Prefer not to say	9

32. [If Q27<5 (Never, Rarely, Sometimes, Usually)] When you had opioids that were not prescribed for you, for what reason(s) did you take them? [select all that apply]

Pain relief	1
To try it out/see what it felt like	2
For the feeling it causes	3
To get high	4
Other (Please specify: [text box])	5
Don’t know/Prefer not to say	9

33. [IF Q27<5 (Never, Rarely, Sometimes, Usually)] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Definitely would not	1
Probably would not	2
Probably would	3
Definitely would	
Don’t know/Prefer not to say	

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

Yes	1
No	2
Don’t know/Prefer not to say	9

35. [If Q26f=1 (parent of 13-15 year-old legal opioid user)] You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?

Yes	1
No	2
Don’t know/Prefer not to say	9

36. [If Q26f>1 (parent of 13-15 year-old who has not been prescribed opioid in the past year)] To the best of your knowledge, has your teen ever been prescribed an opioid?

Yes	1
No	2
Don't know/Prefer not to say	9

37. [If parent of teen 13-15] And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed for them?

Yes	1
No	2
Don't know/Prefer not to say	9

38. [If 13-15 year-old teen] When people your age get opioids without a real prescription, where do you think they are getting them? Check all that apply

A fake prescription (e.g. a forged, altered or counterfeited prescription)	1
A friend's prescribed opioid	2
A relative's prescribed opioid	3
A drug dealer or other stranger	4
The Internet	5
Other: [specify]	6
Don't know/Prefer not to say	9

## Section 8: Opioid Information

39. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [randomize]

- a) Friends and family who have taken opioids before
- b) Friends and family who have never taken opioids before
- c) Your doctor
- d) [If 13-15 year-old teen] Your parents
- e) The Government of Canada
- f) Your provincial government
- g) Your regional or municipal public health agency
- h) Websites focused on health issues/health content
- i) School teachers
- j) A news outlet
- k) A person who had an opioid use disorder (addiction) or who has survived an opioid overdose
- l) A pharmacist
- m) A person who currently uses opioids regularly

Strongly distrust	1
Distrust	2
Neither trust nor distrust	3
Trust	4
Strongly trust	5
Don't know/Prefer not to say	9

40. [If parent of teen 13-15] Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [randomize]

Drug use in general	1
The use of prescribed opioids	2
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	3
The use of illegal drugs in general	4
Problematic drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with problematic drug or opioid use (drug or opioid addiction)	7
Don't know/Prefer not to say	9

41. [If 13-15 year-old teen] Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply. [randomize]

Drug use in general	1
The use of prescribed opioids	2
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	3
The use of illegal drugs in general	4
Problematic drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with problematic drug or opioid use (drug or opioid addiction)	7
Don't know/Prefer not to say	9

## Section 9: Alcohol

Switching topics, the next few questions are about alcohol.

42. How familiar would you say you are with *Canada's Low-Risk Alcohol Drinking Guidelines*?

Not at all familiar	1
Not very familiar	2
Somewhat familiar	3
Very familiar	4
Don't know/Prefer not to say	9

43. *Canada's Low-Risk Alcohol Drinking Guidelines* provide advice on how many standard servings of alcoholic beverages per week is considered “low-risk alcohol drinking.” For each of the following, please indicate how many standard servings per week you think would qualify as “low-risk alcohol drinking.” [Randomize order, open-end numeric response.]

- a) Women
- b) Men
- c) Youth (late teens through 24 years of age)
- d) Those aged 65 or older
- e) Don't know/Prefer not to answer

44. Thinking of a typical beer with 5% alcohol, which of the following do you think is a standard serving?

- |                                     |   |
|-------------------------------------|---|
| A pint                              | 1 |
| A half-pint                         | 2 |
| A 341 ml bottle                     | 3 |
| A 491 ml tallboy can                | 4 |
| Something smaller than any of these | 5 |
| Something larger than any of these  | 6 |
| Don't know/Prefer not to say        | 9 |

45. Of the following list of possibilities, which information, if any, should appear on alcoholic beverage labelling? [Randomize order. Select all that apply.]

- Ingredients
- Calories
- Nutritional information
- Health risks/warnings
- Number of standard servings that are in the container
- Don't Know/Prefer not to answer

46. Please indicate how strongly you agree or disagree with each of the following statements. [randomize]

- a) Alcohol use is not a public health issue
- b) Alcohol use increases a person’s risk of developing serious health conditions
- c) People who have alcohol use disorder (addiction) could stop if they really wanted to
- d) Alcohol use among youth is a serious problem in Canada
- e) Drinking alcohol during pregnancy can be safely done
- f) The federal government should be doing more to address alcohol-related harms

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don’t know/Prefer not to say	9

## Section 10: Demographics

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

47. What is the language you speak most often at home?

English	1
French	2
Other (SPECIFY)	3
Prefer not to answer	9

48. Are you an Indigenous person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?

Yes	1
No	2
Prefer not to answer	9

49. [If Q48=2 or 9] Are you...? [select up to three]

White	1
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	2
Chinese	3
Black	4
Filipino	5
Latin American	6
Arab	7
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)	8
West Asian (e.g., Iranian, Afghan, etc.)	9
Korean	10
Japanese	11
Other [SPECIFY]	12
Prefer not to answer	99

50. What is the highest level of schooling that you have completed?

Grade 8 or less	1
Some high school	2
High school diploma or equivalent	3
Registered apprenticeship or other trades certificate or diploma	4
College, CEGEP or other non-university certificate or diploma	5
University certificate or diploma below bachelor's level	6
Bachelor's degree	7
Post graduate degree above bachelor's level	8
Prefer not to answer	9

51. [If > 15 years of age] Which of the following categories best describes your total household income for 2018?  
That is, the total income of all persons in your household combined, before taxes?

Under \$20,000	1
\$20,000 to just under \$40,000	2
\$40,000 to just under \$60,000	3
\$60,000 to just under \$80,000	4
\$80,000 to just under \$100,000	5
\$100,000 to just under \$150,000	6
\$150,000 and above	7
Prefer not to answer	9

52. What are the first three digits of your postal code?

[Insert first three digits of postal code. Format A1A]	
Prefer not to answer	9

[Pre-test only add questions A thru J]

- A. Did you find any aspect of this survey difficult to understand? Y/N
- B. [If A = yes] Please describe what you found difficult to understand.
- C. Did you find the way of the any of the questions in this survey were asked made it difficult for you to provide your answer? Y/N
- D. [If C = yes] Please describe the problem with how the question was asked.
- E. Did you experience any difficulties with the language? Y/N
- F. [If E = yes] Please describe what difficulties you had with the language.
- G. Did you find any terms confusing? Y/N
- H. [If G = yes] Please describe what terms you found confusing.
- I. Did you encounter any other issues during the course of this survey that you would like us to be aware of? Y/N
- J. [If I = yes] What are they?

This concludes the survey. Thank you for your participation!

If the survey makes you feel like you would talk to someone about this topic, [find out how you can get help](#) near you.

Looking for help specifically for teens? Visit <https://kidshelpphone.ca/>.