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Follow-up survey and qualitative research on opioid awareness, knowledge, and behaviours for public education (2021) Final Report

Prepared for Health Canada

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February 2022

This public opinion research report presents the results of focus groups and an online survey conducted by Earnscliffe Strategy Group on behalf of Health Canada. The research was conducted from December 13, 2021 to January 12, 2022.

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 (2021)

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Executive summary

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

The growing number of overdoses and deaths related to the use of opioids is a national public health crisis, and a crisis that is worsening under the COVID-19 pandemic. The opioid crisis is complex, and it affects all communities, all age groups and all socioeconomic groups. In 2018, Health Canada launched a multi-year public education campaign to address the growing opioid overdose crisis to raise awareness and to educate Canadians on the risks associated with problematic substance use, including the use of opioids (legal and illegal) as well as the role of stigma as a barrier to treatment.

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe to conduct a baseline survey on opioid awareness, knowledge and behaviours. In 2019, we conducted follow-up research to determine whether results had changed since the baseline survey. More recently, further research was required to determine if awareness of and attitudes towards problematic opioid use have changed over the past few years, and if stigma has been reduced. This research provides evidence-based data and insights to guide Health Canada's marketing campaigns and policy development. The contract value for this project was \$189,163.06 including HST.

To meet the current objectives, Earnscliffe conducted a two-phased research program involving both qualitative and quantitative research.

The initial phase involved qualitative research, which included a series of ten focus groups over three days (between December 13 and 16, 2021) with two segments of the Canadian population: men ages 20-59 and men (18+) in physically demanding jobs. For the first six groups, a maximum of eight (8) participants were recruited as participants. To increase participation on the third night, a maximum of ten (10) individuals were recruited for those four groups. In total, 76 people participated in the focus group discussions. Two sessions were conducted with participants in each of the following regions: Atlantic Canada, Quebec, Ontario, Prairies and British Columbia (BC). The groups in Quebec were conducted in French, while the groups in all other locations were conducted in English. The sessions were approximately 90 minutes in length.

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. As such, results are directional only.

The initial qualitative phase was followed by a quantitative phase involving an online survey, to update and compare results against baseline measures from the 2017 and 2019. We conducted a base survey

of 1,000 Canadians aged 13 and older, plus oversamples of at least 300 additional interviews among each of the following six specific 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); and,
 - Males (aged 20-59).
- 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 2,827 respondents. 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 2,827 interviews were comprised of the following:

- A base national sample of n=1,017 Canadian residents aged 13 and older;
- An additional sample of n=300 youth aged 13-15;
- An additional sample of n=302 parents or caregivers of youth aged 13-15;
- An additional sample of n=300 young adults aged 16-24
- An additional sample of n=302 males aged 20-59
- An additional sample of n=304 people who used legal drugs in the form of prescribed opioids at some point in the past year; and
- An additional sample of n=302 people who used illegal drugs, either counterfeit prescriptions or other drugs, that could be laced with opioids, at some point in the past year.

Surveys were conducted between December 22, 2021 and January 12, 2022 in English and French. The online survey took an average of 19 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 20-59 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 user 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 provides the survey instrument used.

The key findings from the research are presented below. To ensure comparability, the survey largely remained consistent with questions asked in the 2019 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 *Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways*.

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

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 for the substances 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 refers to those who either used illicit drugs or used opioids without a prescription.
- One fifth of Canadians (21%) report having taken opioids in the past year, down 8% since 2019 and in line with results from the benchmark study conducted in 2017.
- Down from both previous waves of research (69% in 2019 and 66% in 2017), 56% of Canadians who have taken opioids in the past year say they always have a prescription when they take opioids. Parents (61%) are the most likely to say they always have a prescription in their names when they take opioids.
- Few (4%) have been refused a prescription for opioids when they needed it for pain.
- Illicit drug use has decreased slightly since 2019 (at 7%). Supported by the focus groups, illicit drug use may be higher among younger men than others.

Opioid awareness, impressions, and basic understanding

- The survey findings suggest that awareness of opioids is unchanged since 2019. Roughly two thirds (67%) are certain or pretty sure they know what an opioid is, compared to 69% in 2019.
- Despite stable awareness, familiarity and knowledge of opioids appears to have softened over the same period of time. Six in ten (61%) are somewhat or very familiar with at least one of the opioids

referenced, however, a fifth (21%) say that they are not at all familiar with any, which is a significant increase since 2019.

- While focus group participants widely understood the term and spectrum of opioids, few mentioned illegally-produced opioids on their own.
- Returning to 2017 levels, after a 4% increase since 2019, over two in five respondents (43%) believe that all opioids referenced on the chart are dangerous. However, the combined proportion of those who think all or most are dangerous has barely shifted over time, with 81% in both 2021 and 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 (89%) 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 (61%) of respondents sense that the opioid crisis is serious in their community, down 9% since 2019.
- Familiarity with fentanyl has decreased some since 2019; but the predominant view that it is very dangerous has not.
- Two thirds (67%) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl.
- Half (47%) know what naloxone is and what it is used for, though fewer know where to get it (26%) or how to administer it (18%).

Attitudes relating to behaviours, risk, and harms

- Since 2019, there has been a softening in awareness and concern about opioids in a few ways. Compared to 2019, fewer Canadians say they understand what makes opioids so dangerous, they could easily find help for dealing with an opioid use disorder if they needed to, would know what to do if they witnessed an overdose or could identify signs of an opioid use disorder.
- A slight majority (58%) believe that “opioid use disorder” and “addiction” mean basically or exactly the same thing.
- Few focus group participants were confident they would recognize the signs of an opioid overdose. Among those who were, they described the physical symptoms, including altered consciousness/lifelessness, changes to the eyes or breathing, or presence of vomit/vomiting.

- Consensus was not reached in the focus group discussion in regard to recognizing substance use disorders. Some participants felt that quantity was the determining factor, while others felt it was the impact caused by the substance.
- Most focus group participants said they would call 9-1-1 if they witnessed an opioid overdose, though some mentioned the use of naloxone, and a handful said they possess it.

Attitudes regarding stigma

- Respondents remain conflicted, simultaneously holding supportive views that indicate compassion and negative views that indicate stigma. Only 12% of respondents agree with the statement, “People who overdose on opioids get what they deserve.” However, over three-quarters (79%) agree that, “People who have an opioid use disorder deserve the help that they need to lead a healthy lifestyle.”
- Over half (57%) agree we should be using more of our health care resources to deal with opioid use disorder, a 7% decrease since 2019. In contrast, a third of respondents (32%) agree that, “People with any drug addiction are dangerous and untrustworthy.”
- Respondents appear cognizant that stigma exists. Three quarters (74%) acknowledge that, “Society is not very friendly toward people with an opioid use disorder,” which has increased 5% since 2019. Further, 61% agree that, “Society’s attitudes about people with an opioid use disorder affect whether they seek help or treatment.”
- Furthermore, a fifth (21%) agree with the statement “People who are dependent upon or addicted to opioids could stop taking them if they really wanted to,” a quarter (25%) agree that “I don’t have much sympathy for people who misuse opioids” and a third (31%) agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids.”
- Focus group participants uniformly agreed that people with substance use disorders are stigmatized. However, for most, the degree to which and how stigma is applied depends on the substance used and the person using it.

Risk behaviour profiling

- Two fifths (42%) of respondents have at least one friend/family member that has been prescribed one of the referenced opioids (down 12% since 2019). One quarter (27%) of respondents know someone who became addicted (developed an opioid use disorder) to one of these drugs (down 6% since 2019). A quarter (23%) say a friend or family member used one of the drugs listed without a prescription. Nearly one in five have known someone who has died from an opioid overdose (16%) or had a non-fatal overdose of one of these drugs (14%).

- When asked the second time around if current/past opioid users have always, usually, sometimes, rarely, or never had a prescription, over half (57%) report illegal opioid use.
- Half (54%) report keeping their prescribed opioids in a location that is only accessible to them.
- A quarter of respondents (30%) return their unused pills/patches/liquids to their doctor/pharmacy/hospital, however a similar portion (26%) save them in case they need them again.
- Fifteen percent of respondents who have taken non-prescribed opioids do so daily, or many times.
- Over a third (34%) of those who have used non-prescribed opioids obtained them from a relative or friend who has a prescription. One in ten young adults (11%) 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 (14%), for the feeling it causes (11%) or to get high (11%).
- Two thirds of illegal opioid users (65%) definitely would no longer take them if they discovered they contained fentanyl (an 8% decrease since 2019).
- Nearly one fifth (16%) take another drug/alcohol at the same time as an opioid at least sometimes, with the most common substances being alcohol and cannabis.
- Few (4%) who have used opioids have ever sought treatment for an opioid use disorder.
- Over half of parents (54%) whose teens have been prescribed opioids in the past year believe their teen is taking them as prescribed. Few parents (3%) 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 (14%). Among parents who say their teen has not been prescribed an opioid in the past year, fewer (4%) say their teen has been prescribed an opioid at some earlier time in their life.
- Nearly two thirds (62%) of parents feel confident that they would know where to get help for their teen if they needed help for drug use.
- When asked where they think people their age obtain non-prescribed opioids a similar proportion believe the source is a drug dealer/stranger (47%), or a friend's (46%) or relative's (41%) prescription.

Opioid information

- Primary sources of trusted opioid information concerning the effects of opioid use include doctors (82% trust), and pharmacists (79%). However, for youth 13-15 their parents are also among the most trusted sources (79%).
- The least trusted sources of opioid use information include news outlets (32% trust), family members or friends who have never taken opioids before (21%) and people who are currently using opioids regularly (18%).
- Over two thirds (68%) of parents report discussing the topic of drugs in general with their children, whereas 59% of youth report having that discussion.
- In terms of seeking help for substance use, there was a general consensus that men seek help with substance use less often than other genders. Common sources of help or information included the media and online, Employee Assistance Programs, and doctors or other trained professionals.
- Most participants said they would be comfortable speaking to a close friend or family member about substance use or addiction, while fewer felt comfortable talking to a colleague or employer.

Views on chronic pain and chronic pain management

- Most current and past opioid users started taking opioids to control pain resulting from a medical procedure (44%), an injury (20%), or chronic disease (4%). One fifth (17%) started taking opioids to manage chronic pain.
- Current opioid users are more likely to take opioids today to manage chronic pain (42%), and less likely due to pain resulting from a medical procedure (31%) or injury (33%).
- One in ten (11%) opioid users who used opioids to manage pain say they felt they were treated differently by health care workers due to their opioid use. Half (48%) were negatively impacted by that treatment.
- Nearly all focus group participants had experiences or knew someone who has experienced chronic pain, especially among those who work in physically demanding jobs. Men in those jobs consider managing pain a key factor in substance use and addiction.
- Perceptions of treating chronic pain varied. Some spoke of alternative therapies, like physiotherapy, chiropractic care and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain.
- Access to alternative treatments for chronic pain was a barrier, either due to cost or wait times.

The role of stigma

As was undertaken in previous waves of research, 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. However, the data suggests that there may be an erosion of the Unsympathetic segment occurring over time.

- The evidence demonstrates that stigmatizing views about opioid use disorder continue to be held by a significant portion of the population.
- In keeping with the survey results, most focus group participants felt that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help.
- About one in four (24%) belong to the Unsympathetic segment and are defined by their belief that opioid use disorder is largely an issue of self-control, that they don't have much sympathy for people who develop the disorder and they feel the people who overdose get what they deserve. While not significantly different since 2019 (26%), there perhaps is an erosion of this segment occurring, as the membership of the Unsympathetic segment has statistically decreased by 4% since 2017.
- Another quarter (25%) demonstrate holding the opposite opinion on all three of these statements, making them Allies when it comes to addressing the opioid crisis. This is an identical proportion found when compared to 2019 (25%).
- Half of Canadians (51%) fall somewhere in between, holding conflicting or nuanced views on these three statements and making up the segment described as Ambivalent (compared to 49% in 2019).
- 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.
- 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 would appear to hold potential to assist with this aim.

View regarding alcohol consumption and substance use

- Over half support including health risks/warnings (66%) and ingredients (59%) on alcoholic beverage labels. Nearly half support the number of standard serving sizes per container (49%), and calories (46%) being listed.

- Three quarters (77%) agree that alcohol use increases a person’s risk of developing serious health conditions.
- Mirroring the quantitative findings, focus group participants readily identified multiple negative health impacts alcohol has, including to the liver, heart and brain. Some of the specific illnesses linked to alcohol use included: sclerosis of the liver, cardiac issues, high blood pressure, pancreatic cancer, depression and dementia.
- Over half of respondents agree that alcohol use among youth is a serious problem in Canada (56%), and that the federal government should be doing more to address alcohol-related harms (53%).
- Many focus group participants spoke of the pervasiveness of alcohol today with concern. The COVID-19 pandemic is viewed as a factor in the increase in substance use.

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: HT372-213980/001/CY
Contract award date: November 9, 2021

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 Policy on Communications and Federal Identity 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: February 11, 2022

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.

The growing number of overdoses and deaths related to the use of opioids is a national public health crisis, and a crisis that is worsening under the COVID-19 pandemic. The opioid crisis is complex, and it affects all communities, all age groups, and all socioeconomic groups. In 2018, Health Canada launched a multi-year public education campaign to address the growing opioid overdose crisis to raise awareness and to educate Canadians on the risks associated with problematic substance use, including the use of opioids (legal and illegal) as well as the role of stigma as a barrier to treatment.

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe to conduct a baseline survey on opioid awareness, knowledge and behaviours. In 2019, we conducted follow-up research to determine whether results had changed since the baseline survey. In 2021, further research was required to determine if awareness of and attitudes towards problematic opioid use have changed over the past few years, and if stigma has been reduced. This research provides evidence-based data and insights to guide Health Canada's marketing campaigns and policy development. The contract value for this project was \$189,163.07 including HST.

The main objective of the research was to track changes since the Follow-up Survey and Qualitative Research on Opioid Awareness, Knowledge and Behaviours for Public Education conducted in 2019, regarding the current state of awareness, knowledge, attitudes, beliefs (including assessing opinions around varying harm reduction measures), and behaviours with respect to opioids and other controlled substances.

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

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

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 2019 survey;
- Understanding current views on this issue (including stigma);
- Identifying barriers, knowledge gaps and misperceptions related to opioids – including the misuse of opioids (both legal and illegal), problematic 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 involving both qualitative and quantitative research.

We began with qualitative research, which included a series of ten focus groups over three days (between December 13 and 16, 2021) with two segments of the Canadian population: men ages 20-59 and men (18+) in physically demanding jobs. For the first six groups, a maximum of eight (8) participants were recruited as participants. To increase participation on the third night, a maximum of ten (10) individuals were recruited for those four groups. In total, 76 people participated in the focus group discussions. Two sessions were conducted with participants in each of the following regions: Atlantic Canada, Quebec, Ontario, Prairies and BC. The groups in Quebec were conducted in French, while the groups in all other locations were conducted in English. Please refer to the Recruitment Screener in the Appendix D of this report for all relevant screening and qualifications criteria.

The sessions were approximately 90 minutes in length. Focus group participants were given an honorarium as a token of appreciation for their time (\$100 for men ages 20-59 and \$125 for men (18+) in physically demanding jobs). 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 group participants.

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. We took care to replicate the complicated structure and weighting processes employed in previous waves to ensure comparability of results. 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 among each of the following six specific 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); and,
 - Males (aged 20-59).
- People who use opioids, including
 - Those who only use opioids prescribed to them; and,
 - Those who use counterfeit prescriptions and/ or other illegal drugs that could be laced with opioids such as fentanyl.

Men aged 30-39 have been analyzed throughout the report, instead of the broader oversample of men aged 20-59 for consistency and tracking purposes.

The online survey was conducted using Leger’s opt-in panel and upon completion, consisted of a final aggregate sample of 2,827 respondents. A total of 1,017 cases were collected as the sample of the general population. Oversamples (minimum of n=300) were also collected for the following groups:

- Youth (13-15)
- Parents or caregivers of youth (13-15)
- Young adults (16-24)
- Males (20-59)
- People who use legal drugs in the form of prescribed opioids at some point in the past year (incidence of 13%)
- 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%)

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

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

Youth 13-15 Oversample	
Gen pop sample	26
Oversample	325
Total	351
Men 30-39 Oversample	
Gen pop sample	80
Oversample	98
Total	178
Parent of Youth 13-15 Oversample	
Gen pop sample	41
Oversample	331
Total	372
Illegal User Oversample	
Gen pop sample	135
Oversample	521
Total	656
Young Adults 16-24 Oversample	
Gen pop sample	119
Oversample	415
Total	534
Legal User Oversample	
Gen pop sample	122
Oversample	344
Total	466

Surveys were conducted between December 22, 2021, and January 12, 2022, in English and French. The online survey took an average of 19 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 20-59 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 user 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 provides the survey instrument used.

Within the tables included in the body of the report, letters beside percentages indicate results that are significantly different than those found in the specific comparison columns indicated by the letter. Unless otherwise noted, differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Due to rounding, results may not add to 100%. We have chosen not to include a total column to remain consistent with the 2017 and 2019 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 instrument 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 understanding;
- Attitudes relating to behaviours, risk and harms;
- Attitudes regarding stigma;
- Risk behaviour profiling;
- Opioid information;
- Views on chronic pain;
- The role of stigma; and,
- Views regarding alcohol consumption and substance use.

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.

Exhibit A1 – Opioid table

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

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 Alcohol and Drugs Survey](#) (CADS) or the [Canadian Student Tobacco, Alcohol and Drugs Survey](#) (CSTADS).

One in five (21%) report having taken opioids in the past year, down 8% since 2019, but represents a return to the 2017's benchmark study level (22%). A near identical proportion (19%) claim they have taken them, but not in the past year. Among opioid users, slightly over half (56%) say they always have a prescription for the opioids they take. This is a drop from both 2019 and 2017, which saw 69% and 66%, respectively. A larger proportion of Quebecers (64%) say they have never taken opioids, compared to other regions.

Adults 25 and older have the highest incidence of past year opioid use (41%) compared to young adults (23%) and youth (17%). Adults 25 and older are, however, significantly more likely to say they always have a prescription in their name compared to young adults (53% compared to 31%). Parents of 13-15 year olds are the most likely to say they always have a prescription in their name when they take an opioid (at 61%).

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

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Have taken in the past year	21%	17%	23%	41%	100%	77%	1%	32%	26%
	G	G	G	A B C G H I	A B C D F G H I	A B C D G H I	-	A B C G	B G
Have taken, but not in the past year	19%	7%	11%	16%	0%	10%	23%	20%	19%
	B C E F	E	E	B C E F	-	E	A B C D E F	B C E F	B C E F
Have never taken	57%	73%	61%	41%	0%	13%	72%	45%	54%
	D E F H	A C D E F H I	D E F H	E F	-	E	A C D E F H I	E F	D E F
DK/NR	3%	3%	5%	2%	0%	1%	4%	3%	1%
	E F	E	A B D E F	E F	-	E	B D E F I	E F	E
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	21%	29%	22%
	-	A	-
Have taken, but not in the past year	19%	21%	20%
Have never taken	57%	47%	55%
	B	-	-
DK/NR	3%	3%	3%
Sample size	1017	1003	1330
Column label	A	B	C

Exhibit A4 – 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...

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Always have a prescription in your name	56%	55%	31%	53%	100%	14%	0%	61%	55%
	C F G	C F G	F G	C F G	A B C D F G H I	-	-	C F	C F G
Usually have a prescription in your name	14%	4%	21%	13%	0%	28%	0%	12%	13%
	B E	-	B E	B E	-	A B D E G H I	-	E	E
Sometimes have a prescription in your name	8%	17%	21%	7%	0%	16%	0%	12%	11%
	E	E	A D E	E	-	A D E	-	E	E
Rarely have a prescription in your name	5%	5%	7%	5%	0%	9%	0%	4%	7%
	E	E	E	E	-	D E H	-	E	E
Never have a prescription in your name	15%	17%	18%	20%	0%	33%	0%	9%	14%
	E	E	E	E H	-	A C D E G H I	-	E	E
DK/NR	2%	1%	3%	2%	0%	0%	100%	2%	0%
	E F	E	E F	E F	-	-	A B C D E F H I	-	-
Sample size	217	56	119	770	466	520	19*	109	47*
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit A5 – 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...

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always have a prescription in your name	56%	69%	66%
	-	A	A
Usually have a prescription in your name	14%	10%	11%
Sometimes have a prescription in your name	8%	5%	5%
Rarely have a prescription in your name	5%	4%	3%
Never have a prescription in your name	15%	9%	12%
	B	-	-
DK/NR	2%	3%	3%
Sample size	217	282	290
Column label	A	B	C

Overall, few (4%) have ever been refused a prescription for opioids when they needed it for pain. Among those who use drugs illegally, this number rises to 15%.

Exhibit A6 – Q10. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	4%	3%	7%	5%	8%	15%	2%	6%	7%
	G	-	A B G	A G	A B G	A B C D E G H	-	G	G
No	49%	43%	40%	55%	76%	52%	46%	58%	52%
	C	-	-	A B C G	A B C D F G H I	B C G	C	A B C G	C
Not Applicable / Have never asked for this	46%	51%	50%	38%	15%	31%	50%	33%	38%
	D E F H	D E F H I	D E F H I	E F	-	E	D E F H I	E	E
DK/NR	1%	3%	3%	2%	2%	2%	2%	3%	3%
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit A7 – Q10. Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

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

With regards to illicit drugs, the use of illicit drugs appears to have decreased slightly since 2019, with 7% of Canadians indicating they have taken at least one of these drugs in the past year (compared to 8% in 2019). Among those most used by respondents are ecstasy (15% have used) and cocaine (14% have used). Methamphetamine (6%) and heroin (3%) are less used among respondents. Illicit drugs appear to be slightly more popular among men 30-39 and legal opioid users, though incidence is low.

Q11. Have you taken any of the following?

Exhibit A8 – Q11A. Heroin (such as smack, H, skag, junk)

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Have taken in the past year	1%	3%	1%	2%	3%	8%	0%	2%	3%
	G	G	G	A G	A C G	A B C D E G H I	-	G	G
Have taken, but not in the past year	2%	2%	2%	2%	3%	7%	1%	3%	4%
	G	-	-	G	G	A B C D E G H I	-	G	-
Have never taken	96%	94%	93%	95%	92%	84%	97%	94%	91%
	C E F	F	F	F	F		A C D E F H I	F	F
DK/NR	1%	1%	4%	1%	1%	1%	2%	1%	3%
	-	-	A D G	-	-	-	F	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit A9 – Q11A. Heroin (such as smack, H, skag, junk)

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

Exhibit A10 – Q11B. Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Have taken in the past year	3%	3%	4%	5%	7%	20%	0%	1%	8%
	G	G	GH	AGH	ABCGH H	ABCD EGHI	-	G	AGH
Have taken, but not in the past year	11%	3%	5%	12%	14%	18%	8%	14%	15%
	BCG	-	-	BCG	ABCG	ABCD G	BC	BCG	BCG
Have never taken	85%	93%	88%	81%	78%	60%	90%	82%	75%
	DEFI	ACDE FHI	DEFHI	F	F	-	ADEF HI	F	F
DK/NR	1%	1%	3%	1%	1%	1%	2%	2%	2%
	E	-	ABDE GHI	-	-	-	E	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit A11 – Q11B. Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)

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

Exhibit A12 – 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.)

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Have taken in the past year	3%	4%	6%	6%	7%	27%	0%	3%	11%
	G	G	A G H	A G H	A G H	A B C D E G H I	-	G	A B D G H
Have taken, but not in the past year	12%	2%	6%	14%	16%	18%	10%	14%	20%
	B C	-	B	B C G	B C G	A B C D G	B C	B C	A B C G
Have never taken	83%	92%	84%	79%	76%	53%	88%	81%	66%
	D E F I	A C D E F H I	D E F I	F I	F I	-	A C D E F H I	F I	F
DK/NR	1%	3%	4%	1%	1%	2%	2%	1%	3%
	-	-	E D	-	-	-	E	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit A13 – 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.)

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

Exhibit A14 – Q11D. Methamphetamine (such as meth, crystal meth, crank, speed)

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Have taken in the past year	1%	3%	2%	3%	6%	13%	0%	3%	7%
	G	G	G	AG	ACDG	ABCD EGH I	-	G	ACDG
Have taken, but not in the past year	5%	2%	4%	7%	9%	14%	3%	8%	11%
	BG	-	-	BCG	ABCG	ABCD EGH	-	BCG	ABCG
Have never taken	92%	94%	90%	89%	85%	72%	95%	88%	80%
	DEFHI	DEF HI	FI	EFI	F	-	ACDE FHI	FI	F
DK/NR	1%	2%	4%	1%	1%	1%	2%	1%	3%
	E	-	ADEF GH	E	-	-	E	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit A15 – Q11D. Methamphetamine (such as meth, crystal meth, crank, speed)

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

Exhibit A15 – Q11A-D. Total illicit drug use in past year (i.e., used one or more of the illicit drugs above).

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Used one or more of heroin, cocaine, ecstasy, or methamphetamine in the past year	7%	8%	5%
Sample size	1017	1003	1330
Column label	A	B	C

Key takeaways: Opioids and illicit drug use

- One fifth of Canadians (21%) report having taken opioids in the past year, down 8% since 2019 and in line with results from the benchmark study conducted in 2017.
- Down from both previous waves of research, 56% of Canadians who have taken opioids in the past year say they always have a prescription when they take opioids. Parents (61%) are the most likely to say they always have a prescription in their names when they take opioids.
- Few (4%) have been refused a prescription for opioids when they needed it for pain.
- Illicit drug use has decreased slightly since 2019 (at 7%). Supported by the focus groups, illicit drug use may be higher among younger men than others.

Section B: Opioid awareness, impressions and basic understanding

Awareness of opioids is fairly broad and is unchanged since 2019. Roughly two thirds (67%) are certain or pretty sure they know what an opioid is, compared to 69% in 2019. Approximately one third of adults 25 and older (32%) and parents (35%) are certain they know what an opioid is, higher than among young adults (25%) and youth (8%). Identical to 2019, over a quarter of youth (28%) say they have never heard the term opioid or do not really know what it is. The group most certain of their knowledge is legal users – 81% are pretty sure or certain.

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

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
I am certain I know what an opioid is	28%	8%	25%	32%	45%	33%	26%	35%	30%
	B	-	B	B C G	A B C D F G H I	B C G	B	A B C G	B
I am pretty sure I know what an opioid is	39%	31%	38%	40%	36%	33%	40%	35%	40%
	BF	-	-	BF	-	-	BF	-	-
I might know what an opioid is, but I'm unsure	20%	32%	21%	18%	13%	21%	20%	21%	20%
	E	A C D E F G H I	E	E	-	E	E	E	E
I don't really know what an opioid is	8%	17%	12%	6%	4%	7%	8%	4%	7%
	D E H	A D E F G H I	A D E F G H	-	-	E	D E H	-	-
I had never heard the term "opioid" before this survey	3%	11%	3%	3%	2%	4%	3%	4%	0%
	I	A C D E F G H I	I	I	-	E I	I	I	-
DK/NR	1%	2%	1%	1%	0%	2%	2%	1%	2%
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B2 – Q12. Which of these best describes your level of understanding about what an opioid is?

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

Upon being shown the reference chart, claimed familiarity drops, with 61% reporting they are familiar with at least one of the referenced opioids (compared to 65% in 2019). One quarter (24%) of Canadians say they are very familiar with at least one of the opioids referenced on the chart, while another 37% categorize their familiarity as “somewhat familiar.” One fifth (21%), up 5% since 2019, say they are not at all familiar with any of the opioids listed.

Youth are less familiar with opioids than the other age groups. Nearly two in five (39%) say they are not at all familiar with any opioids, compared to 19% of young adults and 15% of adults 25 and older. The incidence of familiarity of opioids among youth has returned to 2017 levels, where an identical 39% said they were not at all familiar (an increase of 12% since 2019).

Legal and illegal users of drugs are more familiar with opioids – 53% and 35% respectively are very familiar. Parents’ and men’s (30-39) familiarity resemble that of the general population.

Exhibit B3 – Q13. How familiar are you with these types of opioids?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very familiar with at least one	24%	10%	22%	29%	53%	35%	17%	27%	24%
	B G	-	B G	A B C G	A B C D F G H I	A B C D G H I	B	B G	B G
Somewhat familiar with at least one	37%	26%	39%	37%	32%	38%	38%	37%	42%
	B	-	B	B E	-	B	B E	B	B E
No more than a little familiar with at least one	18%	23%	18%	17%	13%	19%	18%	17%	21%
Not at all familiar with any	21%	39%	19%	15%	2%	7%	25%	17%	12%
	D E F I	A C D E F G H I	E F I	E F	-	E	A C D E F H I	E F	E
DK/NR	1%	1%	3%	1%	0%	1%	2%	1%	1%
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

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

Qualitative insights: Awareness of and familiarity with opioids

Consistent with the survey findings, awareness of the term opioids was generally high, although, familiarity and knowledge varied widely. Nearly all were aware of the term “opioids” and there was general awareness of the spectrum of opioids, however, few mentioned illegally-produced opioids unaided. It did appear that participants in British Columbia were more familiar with opioids and talked about the crisis in that province, as well as mentioning specific neighbourhoods such as East Hastings, where opioid use was particularly evident and problematic.

Over four in ten respondents (43%) believe that all opioids referenced on the chart are dangerous, compared to 39% in 2019 and 45% in 2017. The combined proportion of those who think all or most are dangerous has barely shifted over time, with 81% in both 2021 and 2019, and 80% in 2017. Respondents from Ontario are less likely to believe all are dangerous (39%) than those from Atlantic Canada (53%), and Manitoba/Saskatchewan (54%).

Young adults are less wary of opioids than youth and adults 25+. Three in ten young adults (29%) believe all opioids are dangerous, compared to 44% of youth and 43% of adults 25+. Males 30-39 are the least likely to believe all the opioids references are dangerous (at 24%), which represents a 7% decrease since 2019. Illegal drug users are perhaps unsurprisingly less inclined to believe all are dangerous (25%), which is identical to the 2019 results (25%).

Exhibit B5 – Q14. In thinking about the types of opioids included in this list, is it your impression that...

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
All are dangerous	43%	44%	29%	43%	45%	25%	46%	42%	24%
	C F I	C F I	-	C F I	C F I	-	C F I	C F I	-
Most are dangerous	38%	36%	41%	39%	35%	42%	38%	40%	45%
	-	-	-	-	-	E	-	-	E
About half are dangerous	5%	5%	11%	6%	7%	12%	5%	4%	12%
	-	-	A B D G H	H	-	A B D E G H	-	-	A B D G H
A few are dangerous	7%	8%	11%	7%	9%	17%	5%	8%	10%
	-	-	A D G	G	G	A B C D E G H	-	G	G
None of these drugs are dangerous	1%	1%	2%	1%	2%	1%	1%	1%	2%
DK/NR	5%	7%	6%	4%	2%	3%	6%	5%	5%
	E F	E	E F	E	-	-	E F	E	E
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B6 – Q14. In thinking about the types of opioids included in this list, is it your impression that...

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

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 (87% very dangerous, 8% somewhat dangerous). Agreement is similarly high when it comes to the danger faced by people who use illegal drugs (82% very dangerous, 11% somewhat dangerous). Youth 13-15 are more concerned (82%) about the danger of opioids to them personally than young adults (70%) and those 25+ (68%). Legal drug users are less concerned about the danger opioids pose to them personally (59%), compared to all other groups.

The only notable change since 2019 is the proportion of Canadians who believe that opioids are dangerous for those who get them through a friend’s/relative’s prescription, which dropped 3% since 2019, but remains high at 91%.

Only half (50%) of Manitobans/Saskatchewanians believe that opioids are dangerous for themselves, personally, which is significantly lower than in all other regions in Canada.

Exhibit B7 – Q15. Based on your impressions, how dangerous would you say opioids are for each of the following? [% very dangerous or somewhat dangerous]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
People who use opioids obtained on the street	95%	94%	90%	97%	98%	93%	96%	96%	94%
	C	-	-	C F	A C F	-	C F	C F	-
People who use illegal drugs such as heroine, cocaine, methamphetamines and/or ecstasy	93%	93%	90%	95%	95%	90%	95%	95%	94%
	F	-	-	C F	C F	-	C F	C F	-
Teens	93%	90%	87%	95%	94%	92%	94%	96%	92%
	C	-	-	C	C	-	C	A B C F	-
People who use opioids prescribed for someone else (friends, parents...)	91%	93%	85%	93%	94%	87%	93%	92%	89%
	C F	C	-	C F	C F	-	C F	C F	-
Young adults	91%	91%	84%	93%	92%	89%	92%	93%	91%
	C	-	-	C F	C	-	C	C F	-
Seniors	85%	86%	78%	86%	82%	84%	86%	89%	83%
	C	-	-	C	-	C	C	C E	-
You, personally	69%	82%	70%	68%	59%	68%	73%	73%	76%
	E	A C D E F G	E	E	-	E	A D E F	E	A D E F
People who use opioids prescribed for them and taken as prescribed	56%	58%	45%	57%	50%	55%	58%	57%	57%
	C E	C	-	C E	-	C	C E	C	C
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B8 – Q15. Based on your impressions, how dangerous would you say opioids are for each of the following? [% very dangerous or somewhat dangerous]

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

The vast majority (89%) believe the term “illegal opioids” means opioids obtained on the street, a similar proportion to 2019 (87%) and 2017 (88%). Just under two thirds (61%) believe the term can include prescription opioids that are taken without a prescription, which is unchanged since 2019 but significantly lower than in 2017 (66%).

Youth (46%) and illegal drug users (54%) are less likely to equate illegal opioids with prescription opioids taken without a prescription. Whereas, Manitobans/Saskatchewanians are more likely to relate non-prescription use of opioids to illegal opioids (at 77%), compared to Canadians in Quebec (52%), Ontario (64%) and BC (57%).

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 those illegally made/manufactured, opioids purchased on the Internet, and opioids that contain other illegal drugs.

Exhibit B9 – Q16. When you hear the term “illegal opioids” which, if any, of the following do you think it means? [check all that apply]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Opioids obtained on the street	89%	87%	86%	91%	92%	86%	90%	90%	89%
	-	-	-	C F	C F	-	-	-	-
Prescription opioids not prescribed to you (shared prescription)	61%	46%	63%	59%	64%	54%	58%	57%	59%
	B F	-	B F	B	B D F G H	B	B	B	B
Other	2%	0%	1%	2%	2%	2%	2%	2%	2%
DK/NR	6%	8%	9%	4%	1%	4%	6%	3%	4%
	E	E	A D E F H I	E	-	E	D E F H	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B10 – Q16. When you hear the term “illegal opioids” which, if any, of the following do you think it means? [check all that apply]

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

Perhaps not surprisingly given the timing of this research (during the fourth wave of the COVID-19 pandemic), overall awareness of Canada’s opioid crisis is lower than in 2019 and 2017. One fifth (19%) considered themselves very aware of the opioid crisis, compared to 25% in 2019 and 28% in 2017. Half (48%) of Canadians say they are somewhat aware of the crisis, which is unchanged since 2019 (at 49%).

Youth (10%) and young adults (14%) are significantly less likely to categorize their awareness as “very aware” than most other groups and are also less likely to say they are somewhat aware (at 36% and 41%, respectively) than adults 25 and older (48%). A greater proportion of Quebecers (53%) are not aware of the opioid crisis, compared to all other regions.

Awareness is highest among legal opioid users. The vast majority (78%) are aware, a similar figure to 2019 (80%) and 2017 (79%). Awareness among parents has decreased – 68% are aware in the most recent data, compared to the 75% and 73% aware in 2019 and 2017, respectively. Less than two thirds (62%) of men 30-39 are aware of the opioid crisis in Canada.

Exhibit B11 – Q17. How aware would you say you are of Canada’s opioid crisis?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very aware	19%	10%	14%	23%	32%	20%	18%	25%	20%
	B C	-	-	A B C G	A B C D F G I	B C	B	A B C G	B
Somewhat aware	48%	36%	41%	48%	46%	44%	46%	43%	42%
	B C	-	-	B C	B	-	B	-	-
Not very aware	24%	33%	30%	21%	17%	26%	25%	23%	26%
	E	A D E G H	A D E G	-	-	D E	D E	E	E
Not at all aware	8%	19%	11%	6%	4%	8%	9%	6%	10%
	E	A C D E F G H I	A D E H	-	-	E	D E	-	E
DK/NR	2%	1%	3%	2%	1%	2%	2%	3%	3%
	-	-	-	-	-	-	-	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B12 – Q17. How aware would you say you are of Canada’s opioid crisis?

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

Except for youth (45%), across the general population and oversamples, a majority or more sense that the opioid crisis is serious in their community. In fact, nearly two thirds of Canadians (61%) view the opioid crisis as very or somewhat serious in their community, which is down since 2019 (70%) but in line with the results in 2017 (65%).

Youth are less likely to view the crisis as serious (45%) compared to young adults (55%) and adults 25 and over (63%). Respondents in BC are particularly sensitive to the severity of the crisis – 44% categorize the crisis as very serious, more than in all regions across Canada.

Exhibit B13 – Q18. Based on your impressions, how serious would you say the opioid crisis is in your community?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very serious	27%	18%	20%	28%	30%	26%	25%	28%	24%
	B C	-	-	B C	B C	B C	B C	B C	-
Somewhat serious	34%	27%	35%	35%	37%	38%	34%	32%	41%
	-	-	-	B	B	B	-	-	B
Not very serious	17%	26%	22%	18%	17%	20%	18%	21%	16%
	-	A D E G I	-	-	-	-	-	-	-
Not at all serious	4%	6%	5%	4%	5%	6%	4%	3%	6%
	-	-	-	-	-	G H	-	-	-
DK/NR	18%	23%	19%	15%	11%	10%	19%	16%	12%
	E F	D E F I	E F I	E F	-	-	D E F I	F	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B14 – Q18. Based on your impressions, how serious would you say the opioid crisis is in your community?

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

Familiarity with fentanyl has dropped since 2019, with over four in ten respondents (44%) claiming they are very or somewhat familiar, compared to 49% in 2019. This year, there is an increase (4%) in the percentage of people who are not at all familiar with fentanyl (22% in 2021 and 18% in 2019), however, the results are consistent with 2017 (23%). There is some regional variation in familiarity – significantly more Quebecers are not familiar (70%) compared to all other regions.

The percentage of youth who are familiar with fentanyl remains lower than other cohorts (34% not at all familiar). Men's (30-39) familiarity with fentanyl is higher (56%) than the general population (44%). Parents' familiarity largely reflects the general population results (48%), however parents are more

likely to say they are very familiar (17% compared to 11%). Familiarity among legal opioid users is the highest among all target groups (58%) and is unchanged since 2019 (59%).

Exhibit B15 – Q19. How familiar would you say you are with fentanyl?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very familiar	11%	5%	11%	12%	20%	15%	9%	17%	15%
	B	-	B	B G	A B C D G	B G	B	A B C G	B
Somewhat familiar	33%	28%	38%	36%	38%	40%	34%	32%	41%
	-	-	B	A B	A B	A B G H	-	-	A B
Not very familiar	32%	30%	32%	31%	25%	29%	32%	33%	31%
	E	-	E	E	-	-	E	E	-
Not at all familiar	22%	34%	17%	19%	16%	15%	22%	15%	10%
	C D E F H I	A C D E F G H I	I	F I	I	-	C D E F H I	-	-
DK/NR	2%	3%	3%	2%	1%	1%	3%	3%	3%
	E F	E	E F	E	-	-	E F	E	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Exhibit B16 – Q19. How familiar would you say you are with fentanyl?

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

Among those familiar with fentanyl, well over three quarters (80%) describe it as very dangerous, comparable to the 81% who felt the same way in 2019. While most across all oversamples agree it is dangerous, fewer young adults (66%), illegal drug users (67%) and men 30-39 (68%) believe fentanyl is very dangerous.

Exhibit B17 – Q20. [If some familiarity with fentanyl] To the best of your knowledge, how dangerous is fentanyl?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very dangerous	80%	75%	66%	80%	81%	67%	80%	77%	68%
	C F I	-	-	C F I	C F I	-	C F I	C F	-
Somewhat dangerous	14%	17%	24%	15%	14%	25%	14%	16%	22%
	-	-	A D E G H	-	-	A D E G H	-	-	A E G
Not very/not at all dangerous	2%	3%	5%	2%	3%	5%	1%	2%	3%
	-	-	A D G	-	-	A D G	-	-	-
DK/NR	4%	5%	5%	3%	2%	3%	4%	5%	7%
Sample size	793	218	437	1577	388	544	1352	307	158
Column label	A	B	C	D	E	F	G	H	I

Exhibit B18 – Q20. [If some familiarity with fentanyl] To the best of your knowledge, how dangerous is fentanyl?

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

Two thirds of those familiar with fentanyl (67%) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl. As in 2019, fewer youth (58%), young adults (55%), illegal drug users (54%) and men 30-39 (52%) perceive this as having a high risk. Very few (2%) believe there is not much or no risk. Respondents in BC perceive greater risk (77%) than those in Quebec (62%) or Ontario (67%). Women are more likely to categorize the risk as high (71%) compared to those that do not identify themselves as female (63%).

Exhibit B19 – Q21. [If some familiarity with fentanyl] To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
High risk	67%	58%	55%	70%	73%	54%	70%	72%	52%
	C F I	-	-	B C F I	A B C F I	-	B C F I	B C F I	-
Some risk	23%	27%	32%	21%	18%	35%	20%	20%	33%
	E	-	A D E G H	-	-	A D E G H	-	-	A D E G H
Not very much risk/No risk at all	2%	4%	6%	2%	4%	7%	1%	1%	4%
	-	G H	A D G H	-	G H	A D E G H	-	-	G H
DK/NR	8%	12%	7%	7%	5%	4%	9%	7%	12%
	F	F	-	-	-	-	E F	-	E F
Sample size	793	218	437	1577	388	544	1352	307	158
Column label	A	B	C	D	E	F	G	H	I

Exhibit B20 – Q21. [If some familiarity with fentanyl] To the best of your knowledge, for those who use an illegal non-opioid drug like methamphetamine or cocaine, how much of a risk is there that the drug might be laced with an opioid like fentanyl?

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
High risk	67%	71%	-
Some risk	23%	23%	-
Not very much risk/No risk at all	2%	3%	-
DK/NR	8%	4%	-
	B	-	-
Sample size	793	809	0
Column label	A	B	C

For the first time, survey respondents were asked about the awareness of naloxone, as well as where to get it and how to administer it. Nearly half (47%) of Canadians say they know what naloxone is and what it is used for, however, fewer know where to get it (26%) or how to administer it (18%).

Legal opioid users and illegal drug users have the strongest familiarity with naloxone than any other group. Despite that, the minority know where to get it (35% and 32%, respectively) or how to administer it (27% for both). Only a small proportion of youth know what naloxone is/what it is used for (21%), where to get it (13%) or how to administer it (12%).

Some regional differences exist as it pertains to familiarity with naloxone. Canadians in Quebec and Atlantic Canada are the least likely to know what naloxone is (28% and 37%, respectively) or where to get it (24% and 18%). Conversely, Albertans have the highest awareness of naloxone (59%), where to get it (36%) and how to administer it (23%).

Exhibit B21 – Q22. How much do you agree or disagree with the following statements about Naloxone? [%Strongly agree or agree]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
I know what Naloxone is and what it is used for	47%	21%	43%	49%	56%	50%	45%	44%	48%
	B	-	B	B C G	A B C D F G H	B C G	B	B	B
I know where to get Naloxone	26%	13%	27%	27%	35%	32%	23%	27%	30%
	B	-	B	B G	A B C D G H	A B D G	B	B	B
I would know how to administer Naloxone if I needed to	18%	12%	21%	19%	27%	27%	16%	21%	21%
	B	-	B G	B G	A B D G H	A B C D G H	-	B	B
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Note that this question was not asked in 2017 or 2019.

Key takeaways: Opioid awareness, impressions, and basic understanding

- The survey findings suggest that awareness of opioids is unchanged since 2019. Roughly two thirds (67%) are certain or pretty sure they know what an opioid is, compared to 69% in 2019.
- Despite stable awareness, levels of familiarity and knowledge of opioids appears to have softened over the same period of time. Six in ten (61%) are somewhat or very familiar with at least one of the opioids referenced, however, a fifth (21%) say that they are not at all familiar with any, which is a significant increase since 2019.
- While focus group participants widely understood the term and spectrum of opioids, few mentioned illegally-produced opioids on their own.
- Returning to 2017 levels, after a 4% increase since 2019, over two in five respondents (43%) believe that all opioids referenced on the chart are dangerous. However, the combined proportion of those who think all or most are dangerous has barely shifted over time, with 81% in both 2021 and 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 (89%) 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 (61%) of respondents sense that the opioid crisis is serious in their community, down 9% since 2019.
- Familiarity with fentanyl has decreased some since 2019; but the predominant view that it is very dangerous has not.
- Two thirds (67%) think there is a high risk that illegal non-opioid drugs could be laced with fentanyl.
- Half (47%) know what naloxone is and what it is used for, though fewer know where to get it (26%) or how to administer it (18%).

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

Since 2019, there has been a softening in awareness and concern about opioids in a few ways. For instance, while the majority of Canadians say they understand what makes opioids so dangerous (60%), this represents a significant decrease since 2019 (67%) and is directionally lower than in 2017 (64%). Compared to 2019, fewer Canadians agree that they could easily find help for dealing with an opioid use disorder if they needed to (36% versus 45% in 2019), would know what to do if they witnessed an overdose (27% versus 33% in 2019) or could identify signs of an opioid use disorder (26% versus 39% in 2019). Unchanged since 2019, one quarter (27%) of Canadians agree that they would know what to do if they saw a person experiencing an overdose.

Legal opioid users have the highest incidence of agreement across all measures, followed by illegal drug users, while youth have the lowest. Fewer young adults say they know what makes opioids so dangerous in 2021 (59%) compared to in 2019 (66%), whereas the reverse is true of men 30-39 (67% in 2021 versus 60% in 2019).

Regionally, Albertans are the most confident that they could find help for an opioid use disorder if they needed to (49% agree). Along with British Columbians, Albertans are also the most likely to agree that they would know what to do if they saw someone experiencing an overdose (34% for both) and could identify the signs of an opioid overdose if faced with one (34% and 35%, respectively).

Exhibit C1 – Q24. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
I understand what it is about opioids that is so dangerous	60%	53%	59%	64%	79%	65%	58%	66%	67%
	-	-	-	A B G	A B C D F G H I	B G	-	B C G	B G
If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)	36%	31%	36%	36%	47%	40%	31%	36%	40%
	G	-	-	G	A B C D F G H	B G	-	-	G
I would know what to do if I saw a person experiencing an overdose	27%	18%	31%	28%	40%	37%	24%	33%	29%
	B G	-	B G	B G	A B C D G I	A B D G	-	B G	B
I think I'd be able to identify signs of an opioid overdose if faced with them	27%	14%	33%	28%	39%	38%	23%	31%	33%
	B G	-	A B D G	B G	A B D G H	A B D G H	B	B G	B G
I think I'd be able to identify signs of an opioid use disorder (addiction)	26%	19%	32%	27%	39%	38%	22%	30%	33%
	B G	-	A B D G	B G	A B D G H	A B D G H	-	B G	B G
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

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

To inform public messaging and education, respondents were asked what they think of the terms “opioid use disorder” and “addiction.” Just over half of Canadians (58%) believe that the terms are basically or exactly the same thing, while one quarter (25%) believe they are different. Roughly one third of illegal drug users (31%) and males 30-39 (36%) think they are different.

Exhibit C3 – Q23. When you hear the terms “opioid use disorder” and “addiction”, would you say you feel that they are exactly the same thing, basically the same thing, or different things?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Exactly the same thing	10%	13%	8%	10%	11%	10%	10%	9%	10%
Basically the same thing	48%	52%	50%	50%	53%	48%	49%	54%	41%
Different things	25%	18%	28%	23%	25%	31%	22%	22%	36%
	-	-	B G	-	-	A B D G H	-	-	A B D E G H
DK/NR	18%	17%	14%	16%	11%	11%	19%	15%	13%
	E F	-	-	E F	-	-	C E F	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

Qualitative insights: Substance use disorder and addiction

Focus group participants readily provided definitions of the term “addiction.” While a variety of different interpretations were offered, the inability to easily stop doing something was common to all definitions. A lot of examples were offered, but it was clear that participants felt there were a wide range of substances (and even activities) to which people could be addicted.

On the individual level, substance use addiction was commonly deemed a combination issue, affecting health and social aspects of life, as well as community safety and law enforcement. However, at the societal level, it was commonly perceived that society does not regard those with a substance use addiction very well, and some noted that public awareness needs to improve.

In terms of the need to seek help related to substance use or addiction, there was consensus that men do so less often/readily than other genders. Some described seeking help as admitting failure, and that men are socialized to not accept/admit failure. The other factors preventing men from reaching out included a sense of denial among men and/or a lack of accountability among men.

Invariably in every group with men in physically demanding jobs, there was at least one participant who voluntarily identified themselves as “in recovery” from a substance use addiction.

Focus group participants were divided when it came to recognizing the signs of a substance use disorder. Some felt that there was a certain quantity that would determine if the use was problematic (e.g., daily use), others felt that substance use was only problematic when it had an impact on the user’s personal/professional life, and some felt it was a combination of the two. Many recognized that it could be difficult to identify among men as substance use was so prevalent in today’s society.

“If I told my buddies that I wasn’t going to have a beer tonight, they would ask me what’s the matter” – man in physically demanding job, Atlantic Canada

Recognizing problematic substance use was also dependent on the substance being considered. While most participants commonly referred to alcohol and cannabis when discussing substance use, some mentioned that substance use disorder is easier to identify when the substance is an illegal substance.

“You can’t have moderate use of heroin” – man in physically demanding job, BC

Few participants indicated they would recognize the signs and symptoms of an opioid overdose if they saw it, and those who said they would recognize an overdose described the physical symptoms of altered consciousness/lifelessness, changes to the eyes or breathing, or presence of vomit/vomiting.

If encountering an opioid overdose, the most common response for participants was to call 9-1-1, though some mentioned the use of naloxone and clearing the individual's airway (if obstructed). A few participants specifically mentioned they were in possession of a "Narcan" kit or naloxone though most did not seem to carry it with them at all times.

"I trust emergency services to be better informed than I!" – man in physically demanding job, Prairies

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

- Since 2019, there has been a softening in awareness and concern about opioids in a few ways. Compared to 2019, fewer Canadians say they understand what makes opioids so dangerous, they could easily find help for dealing with an opioid use disorder if they needed to, would know what to do if they witnessed an overdose or could identify signs of an opioid use disorder.
- A slight majority (58%) believe that "opioid use disorder" and "addiction" mean basically or exactly the same thing.
- Few focus group participants were confident they would recognize the signs of an opioid overdose. Among those who were, they described the physical symptoms, including altered consciousness/lifelessness, changes to the eyes or breathing, or presence of vomit/vomiting.
- Consensus was not reached in the focus group discussion in regard to recognizing substance use disorders. Some participants felt that quantity was the determining factor, while others felt it was the impact caused by the substance.
- Most focus group participants said they would call 9-1-1 if they witnessed an opioid overdose, though some mentioned the use of naloxone, and a handful said they possess it.

Section D: Attitudes regarding stigma

While people with an opioid use disorder still encounter stigma, the tracking data suggest, on balance, it has not worsened. There are some signs it may be improving over time. For example, in 2017 16% of Canadians felt that people who overdose on opioids get what they deserve. While that remained statistically unchanged in 2019 (14%), the proportion of respondents who agree with that statement has significantly dropped this year compared to the baseline metric (now at 12%). In 2019, respondents were asked if they agree or disagree with the statement that “people with an opioid use disorder are dangerous and/or untrustworthy” and 37% agreed. While the statement was changed to include “any drug addiction,” fewer Canadians now agree that those with a drug addiction are dangerous/untrustworthy (32%).

Not all perceptions changed in the same manner. Fewer Canadians agree that more of our health care resources should be dedicated to dealing with drug addiction (57% compared to 64% in 2019; however, note the timing of this research (during the COVID-19 pandemic) and that this wording was also changed to be more inclusive of drug addiction). Increasing since 2017 (17%), one fifth of Canadians (21%) believe that those addicted to opioids could stop taking them if they “really want to.” There is also a heightened level of agreement that society is not very friendly to people living with a drug addiction (74% versus 69% in 2019), and a decrease in perception that society’s attitude has an impact on someone’s likelihood to seek treatment (61% in 2021 versus 66% in 2019).

Despite any changes, stigma is still prevalent throughout Canada. Nearly a third of respondents (31%) agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids,” and one quarter say, “I negatively judge people who are living with a drug addiction” (26%), and “I don’t have much sympathy for people who misuse opioids” (25%). One fifth agree that “People living with a drug addiction should be cut off from services if they don’t try to help themselves” (22%), and “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)” (19%).

There are also some additional conflicting perceptions. For example, a strong majority of Canadians agree that people living with an opioid use disorder deserve the help they need in order to live a healthy lifestyle (79%), that people living with a drug addiction can recover (77%) and that addiction to opioids is a disease (63%), however, nearly half (44%) agree that people living with a drug addiction cost the system too much money.

Most Canadians agree that the opioid crisis in Canada is a public health issue (75%), which has not changed over the tracking period (76% in 2019 and 74% in 2017). Furthermore, only one fifth (22%) agree that the opioid crisis is not as serious as COVID-19.

In terms of finding and seeking help, roughly half of Canadians feel they would be comfortable seeking help for an opioid use disorder if they ever developed one (57%) and would know how to get help (52%). A similar proportion of parents (55%) agree that they would know how to get help if they were ever to feel their teen were living with a drug addiction. That said, nearly one-third do not agree that they think their friends or family would be comfortable sharing with them that they had a drug addiction (30%). Only a fifth of Canadians (21%) would not want their friends or family to know if they were

prescribed an opioid.

In keeping with 2019 (73%), three quarters of Canadians (75%) agree that “When following your doctor’s instructions for taking an opioid painkiller, you can still become addicted.”

Adults 25 and older appear to have a broader understanding of the causes of opioid use disorder, its consequences, and how to get help. Specifically, adults 25 and older are more likely to agree with the following statements than both youth and young adults:

- People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle (82%);
- I think people living with a drug addiction can recover (79%);
- Society is not very friendly toward people living with a drug addiction (77%);
- When following your doctor’s instructions for taking an opioid painkiller, you can still become addicted (76%);
- The opioid crisis in Canada is a public health issue (75%);
- If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help (61%); and,
- If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help (56%).

Altogether, legal opioid users have the highest levels of understanding of the causes and consequences of opioid use disorder, and lowest levels of agreement with stigma-related views. Most notably, over three quarters of legal opioid users agree with the statements, “People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle” (84%), “I think people living with a drug addiction can recover” (84%), “When following your doctor’s instructions for taking an opioid painkiller, you can still become addicted” (80%), “The opioid crisis in Canada is a public health issue” (78%), and “Society is not very friendly toward people living with a drug addiction” (77%).

Illegal drug users are more likely to agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids” (35%), “Canada’s opioid crisis is not as serious a public health crisis as COVID-19 is” (28%), “People who are dependent upon or addicted to opioids could stop taking them if they really wanted to” (25%), “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)” (25%), and “People who overdose on opioids get what they deserve” (18%). In keeping with an increase in these stigma-related views, illegal drug users are also more likely to say that they would not want their friends/family to know if they were prescribed an opioid (30%).

Perceptions held by parents and men 30-39 are largely in line with the general population. Of note, men 30-39 are more likely to agree that “Canada’s opioid crisis is not as serious a public health crisis as COVID-19 is” (31%), compared to the general population (22%).

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

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle*	79%	70%	72%	82%	84%	77%	79%	74%	76%
	B C	-	-	B C F H	A B C F G H I	-	B C	-	-
I think people living with a drug addiction can recover	77%	69%	73%	79%	84%	79%	75%	77%	78%
	-	-	-	B C G	A B C D F G H	B	-	-	-
The opioid crisis in Canada is a public health issue	75%	63%	69%	75%	78%	71%	73%	71%	70%
	B C	-	-	B C	B C F G H	B	B	-	-
When following your doctor's instructions for taking an opioid painkiller, you can still become addicted	75%	59%	68%	76%	80%	74%	72%	72%	74%
	B C	-	-	B C G	A B C F G H	B	B	B	B
Society is not very friendly toward people living with a drug addiction*	74%	66%	69%	77%	77%	71%	77%	73%	67%
	-	-	-	B C F I	B C I	-	B C F I	-	-
Addiction to opioids is a disease	63%	57%	54%	63%	67%	64%	60%	61%	61%
	C	-	-	C	B C G	C	C	-	-
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment*	61%	51%	65%	62%	65%	63%	61%	57%	59%
	B	-	B	B	B	B	B	-	-
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	57%	48%	41%	61%	67%	56%	56%	56%	53%
	B C	-	-	B C G	A B C D F G H I	C	C	C	C
We should be using more of our health care resources for dealing with addictions to drugs*	57%	51%	57%	58%	64%	64%	54%	55%	55%
	-	-	-	G	A B C D G H	A B C D G H	-	-	-
If I were ever to feel my teen were living with a drug addiction, I would know how to get help	55%**	-	-	54%	73%	62%	48%	55%	69%**
	-	-	-	-	D G H	-	-	-	-
If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help	52%	43%	40%	56%	68%	53%	50%	53%	51%
	B C	-	-	A B C G	A B C D F G H I	B C	C	C	C
People living with a drug addiction cost the system too much money	44%	48%	31%	46%	44%	44%	43%	47%	49%
	C	C	-	C	C	C	C	C	C
People who live with any drug addiction are dangerous and/or untrustworthy*	32%	41%	25%	34%	35%	34%	32%	37%	33%
	C	A C G	-	C	C	C	C	C	-

A lack of self-control is usually what causes a dependence upon or an addiction to opioids	31%	34%	32%	29%	31%	35%	28%	29%	35%
	-	-	-	-	-	D G H	-	-	G
I think my friends or family would feel comfortable telling me they were living with a drug addiction*	30%	31%	35%	29%	38%	37%	26%	31%	37%
	G	-	G	-	A D G J	A D G J	-	-	G
I negatively judge people who are living with a drug addiction	26%	29%	30%	27%	26%	31%	28%	31%	30%
I don't have much sympathy for people who misuse opioids	25%	24%	21%	24%	25%	24%	24%	25%	25%
Canada's opioid crisis is not as serious a public health crisis as COVID-19 is	22%	23%	22%	23%	25%	28%	21%	26%	31%
	-	-	-	-	-	A C D G	-	-	A G
People living with a drug addiction should be cut off from services if they don't try to help themselves	22%	19%	18%	20%	23%	24%	20%	23%	22%
	-	-	-	-	-	C	-	-	-
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	21%	22%	19%	19%	20%	25%	18%	19%	24%
	-	-	-	-	-	C D G H	-	-	-
If I were prescribed an opioid, I would not want my friends or family to know that	21%	20%	22%	21%	23%	30%	19%	26%	28%
	-	-	-	-	-	A B C D E G	-	G	G
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)	19%	26%	26%	16%	17%	25%	16%	14%	24%
	H	D E G H	A D E G H J	-	-	A D E G H	-	-	D H
People who overdose on opioids get what they deserve	12%	17%	13%	12%	11%	18%	11%	15%	17%
	-	G	-	-	-	A C D E G	-	G	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

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

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

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
People who have an opioid use disorder (addiction) deserve the help they need to lead a healthy lifestyle*	79%	82%	77%
I think people living with a drug addiction can recover	77%	-	-
The opioid crisis in Canada is a public health issue	75%	76%	74%
When following your doctor's instructions for taking an opioid painkiller, you can still become addicted	75%	73%	-
Society is not very friendly toward people living with a drug addiction*	74%	69%	-
	B	-	-
Addiction to opioids is a disease	63%	63%	61%
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment*	61%	66%	-
	-	A	-
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	57%	55%	59%
We should be using more of our health care resources for dealing with addictions to drugs*	57%	64%	56%
	-	A	-
If I were ever to feel my teen were living with a drug addiction, I would know how to get help (n=55)	56%	-	-
If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help	52%	-	-
People living with a drug addiction cost the system too much money	44%	-	-
People who live with any drug addiction are dangerous and/or untrustworthy*	32%	37%	-
	-	A	-
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	31%	33%	33%
I think my friends or family would feel comfortable telling me they were living with a drug addiction*	30%	34%	-
I negatively judge people who are living with a drug addiction	26%	-	-
I don't have much sympathy for people who misuse opioids	25%	26%	27%
Canada's opioid crisis is not as serious a public health crisis as COVID-19 is	22%	-	-
People living with a drug addiction should be cut off from services if they don't try to help themselves	22%	-	-
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	21%	19%	17%
	C	-	-
If I were prescribed an opioid, I would not want my friends or family to know that	21%	20%	16%
	C	-	-
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)	19%	21%	-
People who overdose on opioids get what they deserve	12%	14%	16%
	-	-	A
Sample size	1017	1003	1330
Column label	A	B	C

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

Qualitative insights: Views related to stigma

Focus group participants were asked to share their interpretation of the word “stigma” and participants did so readily. While the responses differed, ranging from ideas of shame, barriers, or stereotypes, most identified it as a negative perception.

There was near consensus that those who have a substance use addiction are stigmatized, however, most recognized that the amount of stigma or the way it is applied depends on the person being stigmatized. Some participants mentioned that affluent individuals receive less stigma, whereas those in lower economic classes receive more stigma. Some noted that Indigenous people might receive more stigma than others.

“[The degree to which you are stigmatized] starts with your status in society” – man 20-59, Ontario

Further, participants felt that social acceptance and stigma differed based on substance use. For example, most seemed to suggest that there is not a lot of stigma associated with cannabis use and alcohol use (if not completely inebriated); whereas, illegal drug use was much more commonly seen as stigmatized. No participants offered their assessment of the degree to which those with opioid use disorder are stigmatized.

When it comes to how stigma associated with substance use and addiction impacts men, most agree that it is different. However, the perceptions of how it is different were mixed. Some think that men are stigmatized more than other genders, whereas others think it is more accepted among men and therefore, they are stigmatized less.

For some, it was perhaps not the stigma of having a substance use disorder, but instead the stigma of needing help for it. Many participants indicated that men are expected and taught not to show any signs of weakness and admitting that you cannot control your substance use could be seen as a sign of weakness.

“It’s acceptable for women to go get treatment...Look at the Betty Ford Treatment Centre; there’s no Buzz Aldrin Treatment Centre!” – man 20-59, Atlantic Canada

Perhaps in contrast to the survey findings, no participants shared an opinion that self-control had any impact on one’s likelihood of developing a substance use disorder. In fact, many explicitly said the opposite. Common causes of

substance use disorder mentioned by participants included trauma, mental health conditions, genetics and environmental factors.

Referring to how self-control does not have a role in addiction, one man in a physically demanding job from the Prairies said, “If you can stop, I don’t think it’s addiction.”

When asked, many participants believed that someone could recover from a substance use disorder, though consensus was not reached. There was an additional divide on what recovery looked at, with some indicating abstinence is necessary while others thought that was not a requirement for all.

Focus group participants suggested possible ways to encourage a reduction in substance use, including: more public education on the short- and long-term side effects of substance use; increasing awareness of better coping mechanisms (e.g., meditation, exercise); fewer advertisements (for alcohol); and increasing the cost (as it relates to legal substances).

Key takeaways: Attitudes regarding stigma

- To some degree, there remains a level of agreement with both supportive views that indicate compassion and negative views that indicate stigma exists. Only 12% of respondents agree with the statement, “People who overdose on opioids get what they deserve.” However, over three quarters (79%) agree that, “People who have an opioid use disorder deserve the help that they need to lead a healthy lifestyle.”
- Over half (57%) agree we should be using more of our health care resources to deal with opioid use disorder, a 7% decrease since 2019. Perhaps contributing to that, a third of respondents (32%) agree that, “People with any drug addiction are dangerous and untrustworthy.”
- Respondents appear cognizant that stigma exists. Three quarters (74%) acknowledge that, “Society is not very friendly toward people with an opioid use disorder,” which has increased 5% since 2019. Further, 61% agree that, “Society’s attitudes about people with an opioid use disorder affect whether they seek help or treatment.”
- Furthermore, a fifth (21%) agree with the statement “People who are dependent upon or addicted to opioids could stop taking them if they really wanted to,” a quarter (25%) agree that “I don’t have much sympathy for people who misuse opioids” and a third (31%) agree that “A lack of self-control is usually what causes a dependence upon or an addiction to opioids.”
- Focus group participants uniformly agreed that people with substance use disorders are stigmatized. However, for most, the degree to which and how stigma is applied depends on the substance used and the person using it.

Section E: Risk behaviour profiling

The frequency of respondents' acquaintances use of opioids has decreased since 2019. Two fifths (42%) of Canadians have at least one friend/family member that has been prescribed one of the referenced opioids, a 12% decrease since 2019. A quarter (27%) say that they have known someone who became addicted to one of these drugs, which is a notable 6% drop since 2019. A similar proportion (23%) report knowing someone who has used an opioid obtained without a prescription or on the street. Nearly one in five (16%) have known someone who has died from an opioid overdose, and 14% know someone who has had a non-fatal opioid overdose. One in ten (9%) of those with a teen child say their teen has been prescribed an opioid in the past year.

When compared to the general population, legal opioid users and illegal drug users are both more likely to report knowing someone who has been prescribed an opioid (72% and 50%, respectively), has become addicted to an opioid (43% and 41%, respectively), has used an unprescribed opioid (31% and 40%, respectively), has died from an opioid overdose (23% and 24%, respectively), and has suffered a non-fatal opioid overdose (23% and 27%, respectively).

Respondents living in Quebec are less likely to have a family member or friend who has been prescribed an opioid (24%) or have known someone who has become addicted to an opioid (18%) than other regions in Canada. Respondents in Alberta and BC are more likely to know someone who has died of an opioid overdose (both 22%), than residents in Quebec and Ontario (both 13%).

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

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
At least one friend or family member has been prescribed one of these drugs	42%	33%	36%	50%	72%	50%	38%	42%	41%
	B C G	-	-	A B C G H I	A B C D F G H I	A B C G H I	-	-	-
I have known someone who became addicted to one of these drugs	27%	21%	21%	32%	43%	41%	23%	33%	29%
	C G	-	-	A B C G	A B C D G H I	A B C D G H I	-	B C G	C
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	23%	19%	23%	25%	31%	40%	18%	20%	24%
	G	-	G	B G H	A B C D G H	A B C D E G H I	-	-	-
I have known someone who died of an overdose of one of these drugs	16%	12%	14%	18%	23%	24%	13%	18%	13%
	-	-	-	B C G	A B C D G I	A B C D G H I	-	G	-
I have known someone who has had a non-fatal overdose of one of these drugs	14%	11%	14%	16%	23%	27%	11%	15%	14%
	G	-	-	B G	A B C D G H I	A B C D G H I	-	-	-
I have a teen child who has been prescribed one of these drugs in the past year	9%*	-	-	6%	7%	18%	3%	7%	14%*
	-	-	-	-	-	D G	-	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

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

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

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

Over half (57%) of current and past opioid users indicate having taken opioids illegally (not always with a prescription) at some point in their life. In 2019, more responded that they had taken opioids illegally at some point (75%). Of the 466 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 41% now report having always had a prescription for all opioids they have ever taken. When compared to the general population, youth (25%), young adults (24%), illegal drugs users (22%) and males 30-39 (26%) are less likely to say they always had a prescription for the opioids they have ever taken.

Exhibit E3 – Q31. [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 or given to you by a healthcare provider or provided in a healthcare setting such as a hospital?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Always	41%	25%	24%	43%	52%	22%	44%	39%	26%
	B C F I	-	-	B C F I	A B C D F H I	-	B C F	C F	-
Usually	8%	4%	7%	7%	8%	10%	6%	9%	10%
Sometimes	11%	24%	17%	11%	11%	18%	10%	13%	16%
	-	-	-	-	-	A D E G	-	-	-
Rarely	28%	30%	26%	27%	23%	30%	29%	33%	32%
	-	-	-	-	-	E	-	E	-
Never	10%	9%	14%	8%	4%	16%	7%	2%	10%
	E H	-	E G H	E H	-	A D E G H	E H	-	-
DK/NR	3%	7%	11%	4%	3%	6%	5%	4%	5%
	-	-	A D E F G H	-	-	-	-	-	-
Sample size	412	79	174	1092	466	579	360	186	81
Column label	A	B	C	D	E	F	G	H	I

Exhibit E4 – Q31. [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 or given to you by a healthcare provider or provided in a healthcare setting such as a hospital?

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always	41%	23%	34%
	B	-	A
Usually	8%	4%	8%
	B	-	-
Sometimes	11%	17%	9%
	-	A	-
Rarely	28%	47%	38%
	-	A	A
Never	10%	7%	9%
	B	-	-
DK/NR	3%	2%	2%
Sample size	412	497	562
Column label	A	B	C

As in 2019, a little over half of prescribed opioid users (54%) 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 young adults (46%), illegal drug users (53%) and those who do not use opioids (52%).

Exhibit E5 – Q32. [Among those who always, usually, sometimes, rarely had a prescription for opioids] When you had opioids prescribed to you, would you say you stored them...?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
In a location that could only be accessed by you	54%	58%	46%	57%	61%	53%	52%	58%	51%
	-	-	-	C	C F G	-	-	-	-
In a location that could be accessed by others	42%	40%	49%	40%	38%	44%	42%	39%	48%
	-	-	E	-	-	-	-	-	-
DK/NR	4%	3%	4%	3%	1%	3%	6%	4%	1%
	E	-	-	E	-	-	D E F I	-	-
Sample size	357	60	125	954	434	448	309	171	68
Column label	A	B	C	D	E	F	G	H	I

Exhibit E6 – Q32. [Among those who always, usually, sometimes, rarely had a prescription for opioids] When you had opioids prescribed to you, would you say you stored them...?

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
In a location that could only be accessed by you	54%	56%	52%
In a location that could be accessed by others	42%	39%	45%
DK/NR	4%	5%	3%
Sample size	357	463	501
Column label	A	B	C

Prescribed opioid user behaviours with leftover opioids are largely unchanged since 2019. One third of Canadians (33%) report not having any leftovers when prescribed an opioid. For those with leftover prescribed opioids, a similar proportion are returning them to a pharmacy/hospital (30%) or saving them in the event of a future need (26%). One in ten (9%) are flushing/dispersing of opioids in the garbage. Few (4%) gave them to others, though it is worth noting that more youth (14%), young adults (13%) and illegal drug users (12%) gave their leftovers to someone who needed them.

Exhibit E7 – Q33. [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.

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Does not apply, had no leftover pills/patches/liquids	33%	34%	27%	31%	32%	24%	36%	29%	27%
	F	-	-	F	F	-	F	-	-
Returned to pharmacy, hospital or doctor	30%	24%	20%	31%	31%	25%	32%	37%	31%
	C	-	-	C F	C	-	C	C F	-
Saved them in case I need them again	26%	21%	31%	30%	33%	33%	21%	26%	22%
	-	-	-	G	A G	A G	-	-	-
Flushed them or disposed of them in garbage	9%	24%	16%	8%	6%	12%	9%	7%	15%
	-	DEH	DEH	-	-	DEH	-	-	-
Gave them to someone who needed them	4%	14%	13%	4%	2%	12%	3%	7%	8%
	-	E	A D E G	-	-	A D E G H	-	E	-
Did something else with them	1%	0%	3%	1%	1%	2%	1%	2%	4%
	B	-	-	B	B	B	-	-	-
DK/NR	3%	1%	4%	2%	2%	2%	3%	1%	8%
	-	-	-	-	-	-	-	-	H
Sample size	357	60	125	954	434	448	309	171	68
Column label	A	B	C	D	E	F	G	H	I

Exhibit E8 – Q33. [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.

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

The proportion of respondents using opioids without a prescription almost daily or many times is slightly higher than in 2019 (15% vs 11%). At 28%, the proportion who have used them a few times has remained unchanged. As could be expected, more illegal drug users say they have used unprescribed opioids almost daily or many times (18%). What may be more surprising is that parents are just as likely to describe the same usage (19% daily or many times).

Exhibit E9 – Q34. [Among those who never, rarely, sometimes, usually had a prescription] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Almost daily	3%	0%	1%	2%	4%	3%	1%	7%	5%
	-	-	-	-	-	G	-	G	-
Many times	12%	5%	18%	9%	7%	15%	6%	12%	10%
	G	-	D E G	-	-	D E G	-	-	-
A few times	28%	44%	34%	31%	24%	39%	27%	24%	45%
	-	-	-	-	-	A D E G H	-	-	A E G H
Once or twice	34%	39%	30%	38%	40%	31%	39%	35%	27%
	-	-	-	F	F	-	-	-	-
DK/NR	24%	12%	17%	20%	25%	11%	27%	22%	13%
	F	-	-	F	F I	-	C D F I	F	-
Sample size	230	53	113	608	211	409	193	105	55
Column label	A	B	C	D	E	F	G	H	I

Exhibit E10 – Q34. [Among those who never, rarely, sometimes, usually had a prescription] Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

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

Fewer overall are relying on a friend or relative's prescribed opioid (34% vs 42% in 2019 and 45% in 2017), but when compared to 2017, more are getting them on the street (18% versus 12%) and the Internet (5% vs 2%). More males (15%), young adults (11%) and illegal drug users (9%) say they obtained their illegal opioids on the Internet than other cohorts. Compared to the general population, legal opioid users are more likely to say they got them from a friend's/relative's prescription (44%), whereas illegal drug users (12%) and adults 25+ (11%) are more likely to get them at a pharmacy.

Exhibit E11 – Q35. [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.

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
A friend's or relative's prescribed opioid	34%	33%	41%	37%	44%	37%	31%	34%	34%
	-	-	-	-	A G	-	-	-	-
On the street	18%	28%	21%	15%	13%	23%	13%	15%	21%
	-	-	-	-	-	D E G	-	-	-
Pharmacy / over the counter (eg. Tylenol)	7%	3%	8%	11%	3%	12%	5%	5%	7%
	E	-	-	A E G H	-	A E G H	-	-	-
The Internet	5%	0%	11%	4%	4%	9%	3%	7%	15%
	-	-	D G	-	-	D E G	-	-	A B D E G
From a friend / relative (unspecified)	1%	3%	0%	1%	2%	1%	0%	4%	0%
Other	2%	0%	2%	1%	1%	1%	2%	0%	0%
DK/NR	39%	35%	30%	34%	38%	25%	49%	37%	34%
	F	-	-	F	F	-	C D F	F	-
Sample size	230	53	113	608	211	409	193	105	55
Column label	A	B	C	D	E	F	G	H	I

Exhibit E12 – Q35. [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.

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
A friend's or relative's prescribed opioid	34%	42%	45%
	-	A	A
On the street	18%	15%	12%
	C	-	-
Pharmacy / over the counter (eg. Tylenol)	7%	-	-
The Internet	5%	6%	2%
	C	-	-
From a friend / relative (unspecified)	1%	-	-
Other	2%	2%	14%
	-	-	A
DK/NR	39%	37%	35%
Sample size	230	308	304
Column label	A	B	C

Compared to the previous years, pain relief was a less predominant reason to take opioids not prescribed to them (54% in 2021, compared to 63% in 2019 and 61% in 2017). Fewer took them to see what it would feel like (14%), for the feeling it causes (11%) or to get high (11%). More young adults and illegal drug users took the opioids to see what it feels like (30% and 21%, respectively) or for the feeling it causes (25% and 16%, respectively). A greater proportion of men 30-39 (23%) took it for the feeling it causes compared to the general population. Fewer young adults (45%) took an opioid not prescribed to them to treat pain, when compared to legal opioid users (67%), adults 25+ (66%), parents 13-15 (64%) and illegal drug users (61%).

Exhibit E13 – Q36. [Among those who never, rarely, sometimes, usually had a prescription] When you had opioids that were not prescribed for you, for what reason(s) did you take them? Select all that apply.

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Pain relief	54%	72%	45%	66%	67%	61%	51%	64%	54%
	-	-	-	A C G	A C G	C G	-	C G	-
To try it out/see what it felt like	14%	27%	30%	10%	11%	21%	8%	6%	13%
	H	-	A D E G H I	-	-	A D E G H	-	-	-
For the feeling it causes	11%	3%	25%	9%	9%	16%	7%	17%	23%
	-	-	A D E G	-	-	A D E G	-	G	A D E G
To get high	11%	7%	12%	7%	6%	9%	9%	11%	11%
Other	1%	0%	0%	1%	0%	1%	2%	0%	0%
DK/NR	22%	9%	15%	16%	16%	10%	31%	16%	16%
	F	-	-	-	-	-	B C D E F H	-	-
Sample size	230	53	113	608	211	409	193	105	55
Column label	A	B	C	D	E	F	G	H	I

Exhibit E14 – Q36. [Among those who never, rarely, sometimes, usually had a prescription] When you had opioids that were not prescribed for you, for what reason(s) did you take them? Select all that apply.

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

Two thirds (65%) of illegal opioid users say they definitely would no longer take illegal opioids if they discovered they contained fentanyl. This number has dropped since 2019, when 73% 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 (47%), young adults (44%), illegal drug users (48%) and males (30-39) (43%) who definitely would not take them is markedly lower than other comparison groups.

Exhibit E15 – Q37. [Among those who never, rarely, sometimes, usually had a prescription] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Definitely would	1%	0%	6%	2%	4%	3%	2%	6%	3%
Probably would	8%	16%	22%	8%	9%	16%	5%	12%	18%
	-	-	A D E G	-	-	A D G	-	-	G
Probably would not	21%	28%	23%	17%	17%	28%	8%	11%	26%
	G H	G	G	G	G	A D E G H	-	-	G
Definitely would not	65%	47%	44%	67%	63%	48%	78%	68%	43%
	C F I	-	-	C F I	C F I	-	A B C D E F I	C F I	-
DK/NR	5%	10%	5%	6%	8%	4%	8%	3%	10%
Sample size	230	53	113	608	211	409	193	105	55
Column label	A	B	C	D	E	F	G	H	I

Exhibit E16 – Q37. [Among those who never, rarely, sometimes, usually had a prescription] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

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

Respondents in 2021 were asked how often, if at all, they took other drugs or alcohol at the same time as an opioid, and what that substance was that they took. The majority (69%) of current and past opioid users say they never took other drugs or alcohol at the same time as taking an opioid, though 22% report having done so sometimes or rarely. The proportion of “never” drops to approximately half among youth (57%), young adults (53%), illegal drug users (52%) and males 30-39 (52%).

Among those who have taken another substance alongside an opioid, the most common “pairing” is with alcohol (63%) or cannabis (50%). Fewer report taking cocaine (18%), methamphetamine (10%) or benzos (6%) with an opioid. It is worth noting that both young adults and parents are significantly more likely to have taken benzos in addition to an opioid (21% and 23%, respectively).

Exhibit E17 – Q38. [If opioid user or past opioid user] How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Always	2%	3%	3%	2%	2%	3%	0%	0%	3%
Usually	4%	3%	2%	3%	3%	5%	1%	5%	1%
	-	-	-	-	-	G	-	-	-
Sometimes	10%	18%	21%	9%	8%	18%	6%	9%	10%
	G	-	A D E G H	-	-	A D E G H I	-	-	-
Rarely	12%	14%	15%	13%	16%	17%	8%	14%	26%
	-	-	-	-	G	A D G	-	-	A D G H
Never	69%	57%	53%	71%	69%	52%	81%	69%	52%
	C F I	-	-	C F I	C F I	-	A B C D E F H I	C F I	-
DK/NR	3%	5%	7%	3%	3%	4%	3%	2%	8%
Sample size	412	79	174	1092	466	579	360	186	81
Column label	A	B	C	D	E	F	G	H	I

Exhibit E18 – Q39. [Among those have taken another drug/alcohol at the same time as an opioid] Which of the following have you taken in addition to an opioid? Check all that apply.

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Alcohol	63%	56%	63%	65%	57%	60%	69%	60%	64%
Cannabis	50%	36%	46%	45%	44%	46%	44%	47%	52%
Cocaine	18%	18%	17%	18%	17%	21%	19%	26%	15%
Methamphetamine	10%	8%	16%	10%	7%	14%	12%	20%	15%
	-	-	-	-	-	E	-	-	-
Benzos	6%	4%	21%	8%	8%	12%	4%	23%	7%
	-	-	A D E G	-	-	G	-	A D E G	-
Other	3%	0%	1%	4%	6%	1%	1%	9%	0%
	-	-	-	F	C F	-	-	-	-
DK/NR	10%	4%	7%	10%	10%	9%	15%	9%	11%
Sample size	114	26	61	292	127	225	66	47	32
Column label	A	B	C	D	E	F	G	H	I

In keeping with results from 2019, few (4%) 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 5% of young adults and 3% of those 25+, which is in line with 2019 results.

The proportion of illegal drug users who have sought treatment is slightly higher than the general population (8%) and is slightly lower than the 2019 results (11%). Men 30-39 are also slightly more likely to report they have sought treatment (8%).

Exhibit E19 – Q40. [If opioid user or past opioid user] Have you ever sought treatment for an opioid use disorder (addiction)?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	4%	12%	5%	3%	4%	8%	1%	4%	8%
	G	A D G	G	G	G	A D E G	-	-	G
No	93%	84%	89%	95%	94%	88%	97%	93%	83%
	F I	-	-	B C F I	B F I	-	B C F I	F I	-
DK/NR	3%	4%	5%	2%	2%	4%	2%	3%	9%
	-	-	-	-	-	-	-	-	D E
Sample size	412	79	174	1092	466	579	360	186	81
Column label	A	B	C	D	E	F	G	H	I

Exhibit E20 – Q40. [If opioid user or past opioid user] Have you ever sought treatment for an opioid use disorder (addiction)?

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Yes	4%	5%	4%
No	93%	92%	94%
DK/NR	3%	3%	4%
Sample size	412	497	562
Column label	A	B	C

Over half of parents (54%) 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 is slightly lower than the proportion in 2019 (61%) and significantly lower than in 2017 (81%). Few parents (3%) say their teen has taken an opioid that was not prescribed to them, which is also consistent with the previous research wave (6%). Among parents who say their teen has not been prescribed an opioid in the past year, fewer (4%) say their teen has been prescribed an opioid at some earlier time in their life when compared to 2019 (9%).

Asked for the first time in 2021, two thirds (66%) of parents of teens are very (27%) or somewhat (39%) confident that if they believed their teen needed help for drug use, they would know where to get it. That said, a fifth (18%) are not very confident that they would know where to find help and one in ten (9%) were not confident at all. Among the target segments, legal opioid users are the most likely to have this confidence (46% are very confident).

Exhibit E21 – Q41. [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?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	47%	-	-	58%	74%	58%	62%	54%	100%
No	26%	-	-	32%	0%	29%	38%	25%	0%
DK/NR	27%	-	-	10%	26%	12%	0%	20%	0%
Sample size	4*	-	-	20*	5*	9*	7*	20*	1*
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit E22 – Q41. [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?

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

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

Exhibit E23 – Q42. [Parents of children 13-15 not prescribed opioids] To the best of your knowledge, has your teen ever been prescribed an opioid?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	11%	-	-	5%	4%	7%	4%	4%	0%
No	89%	-	-	93%	96%	84%	94%	93%	100%
DK/NR	0%	-	-	3%	0%	9%	2%	3%	0%
	-	-	-	-	-	-	-	-	-
Sample size	37*	0	0	352	61	44*	249	352	5*
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit E24 – Q42. [Parents of children 13-15 not prescribed opioids] To the best of your knowledge, has your teen ever been prescribed an opioid?

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

Exhibit E25 – Q43. [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?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	2%	-	-	3%	0%	14%	1%	3%	0%
	-	-	-	-	-	A D E G H	-	-	-
No	96%	-	-	90%	91%	76%	93%	90%	86%
	-	-	-	-	-	-	F	F	-
DK/NR	2%	-	-	6%	9%	10%	6%	7%	14%
Sample size	41*	0	0	372	66	53	256	372	6*
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit E26 – Q43. [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?

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

Exhibit E27 – Q45. [All parents of teens 13-15] If your teen needed help for drug use, how confident are you that you would know where to get it?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Very confident	28%	-	-	26%	47%	23%	23%	27%	29%
	-	-	-	-	A D F G H	-	-	-	-
Somewhat confident	34%	-	-	41%	34%	43%	41%	39%	55%
Not very confident	25%	-	-	19%	9%	19%	21%	18%	0%
Not at all confident	11%	-	-	9%	5%	14%	8%	9%	0%
DK/NR	2%	-	-	6%	5%	1%	6%	7%	17%
Sample size	41*	0	0	372	66	53	256	372	6*
Column label	A	B	C	D	E	F	G	H	I

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

Half (51%) of youth believe that their peers are relying on a drug dealer or other stranger to get opioids without a prescription, a marked decrease since 2019 (66%). Fewer believe people their age are using a friend's prescribed opioids than in 2019 (32% versus 40%) or a fake prescription (12% versus 22%), while there is only a directional decrease in the percentage who believe their peers are using a relative's prescription opioids (35% versus 42%). There appears to be an increasing trend among youth who feel people their age get their opioids on the Internet (25% in 2021; 21% in 2019; 18% in 2017).

Exhibit E28 – Q44. [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.

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
A drug dealer or other stranger	47%	51%	-	-	29%	43%	64%	-	-
	-	-	-	-	-	-	B F	-	-
A friend's prescribed opioid	46%	32%	-	-	13%	20%	35%	-	-
	-	-	-	-	-	-	F	-	-
A relative's prescribed opioid	41%	35%	-	-	24%	30%	44%	-	-
	-	-	-	-	-	-	B	-	-
The Internet	25%	25%	-	-	28%	20%	23%	-	-
A fake prescription	11%	12%	-	-	9%	6%	16%	-	-
	-	-	-	-	-	-	F	-	-
Other	0%	1%	-	-	0%	2%	0%	-	-
DK/NR	24%	26%	-	-	24%	18%	20%	-	-
Sample size	26*	351	0	0	24*	47*	290	0	0
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit E29 – Q44. [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.

Column %	Youth 13-15 2021	Youth 13-15 2019	Youth 13-15 2017
A drug dealer or other stranger	51%	66%	66%
	-	A	A
A friend's prescribed opioid	32%	40%	41%
	-	A	A
A relative's prescribed opioid	35%	42%	48%
The Internet	25%	21%	18%
	C	-	-
A fake prescription	12%	22%	24%
	-	A	A
Other	1%	1%	-
DK/NR	26%	15%	17%
	B C	-	-
Sample size	351	331	357
Column label	A	B	C

Key takeaways: Risk behaviour profiling

- Two fifths (42%) of respondents have at least one friend/family member that has been prescribed one of the referenced opioids (down 12% since 2019). One quarter (27%) of respondents know someone who became addicted (developed an opioid use disorder) to one of these drugs (down 6% since 2019). A quarter (23%) say a friend or family member used one of the drugs listed without a prescription. Nearly one in five have known someone who has died from an opioid overdose (16%) or had a non-fatal overdose of one of these drugs (14%).
- When asked the second time around if current/past opioid users have always, usually, sometimes, rarely, or never had a prescription, over half (57%) report illegal opioid use.
- Half (54%) report keeping their prescribed opioids in a location that is only accessible to them.
- A quarter of respondents (30%) return their unused pills/patches/liquids to their doctor/pharmacy/hospital, however a similar portion (26%) save them in case they need them again.
- Fifteen percent of respondents who have taken non-prescribed opioids do so daily, or many times.
- Over a third (34%) of those who have used non-prescribed opioids obtained them from a relative or friend who has a prescription. One in ten young adults (11%) 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 (14%), for the feeling it causes (11%) or to get high (11%).
- Three-quarters of illegal opioid users (65%) definitely would no longer take them if they discovered they contained fentanyl (an 8% decrease since 2019).

- Nearly one fifth (16%) take another drug/alcohol at the same time as an opioid at least sometimes, with the most common substances being alcohol and cannabis.
- Few (4%) who have used opioids have ever sought treatment for an opioid use disorder.
- Over half of parents (54%) whose teens have been prescribed opioids in the past year believe their teen is taking them as prescribed. Few parents (3%) 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 (14%). Among parents who say their teen has not been prescribed an opioid in the past year, roughly one in ten (11%) say their teen has been prescribed an opioid at some earlier time in their life.
- Nearly two thirds (62%) of parents feel confident that they would know where to get help for their teen if they needed help for drug use.
- When asked where they think people their age obtain non-prescribed opioids a similar proportion believe the source is a drug dealer/stranger (47%), or a friend's (46%) or relative's (41%) prescription.

Section F: Opioid information

Primary sources of trusted opioid information concerning the effects of opioid use include doctors (82% trust) and pharmacists (79%). Both were also highly trusted in both previous waves. Youth also trust their parents (79%). In keeping with 2019 data, government follows next – 69% trust their regional/municipal health authority, 59% trust the Government of Canada and 57% trust their provincial/territorial government. Slightly fewer trust websites focused on health issues or content (50%) or school teachers (41%). The least trusted sources of opioid use information include news outlets (32% trust), family members or friends who have never taken opioids before (21%) and people who are currently using opioids regularly (18%).

There are a number of differences between age groups in level of trust. Youth and young adults place greater trust in school teachers (66% and 49%, respectively). Parents of teens are also particular trusting of school teachers (49%). Young adults are more trusting of websites (55%), and people who currently use opioids regularly (27%). Youth are more open to information from news outlets (42%) and friends/family who have never used opioids before (41%).

Quebecers and British Columbians are more trusting of their provincial governments (66% and 74%, respectively) than those who live in Ontario (50%), Manitoba/Saskatchewan (47%) and Alberta (42%).

Those making less than \$40,000 per year are less likely to trust their doctor (71%) or a pharmacist (69%), compared to those making \$40,000 or more.

As described above, the vast majority of Canadians have at least one trusted source of information on opioid use and its effects. However, not all sources of information consistently or reliably share quality information. Understanding this, five sources of information were identified as reliable sources, including the Government of Canada, provincial governments, regional or municipal public health agencies, doctors, and pharmacists. We then counted the number of respondents who trust (including both trust or strongly trust response options) at least one of those five sources. Using this measure, 86% of Canadians indicate trusting at least one of these reliable sources.

Exhibit F1 – Q46. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Your doctor	82%	82%	74%	84%	86%	72%	84%	86%	81%
	C F	F	-	C F	C F	-	C F	C F	-
A pharmacist	79%	83%	76%	82%	84%	70%	82%	80%	77%
	F	F	-	F	C F	-	C F	F	-
Your parents	79%	79%	76%	-	78%*	79%	79%	-	-
Your regional or municipal public health agency	69%	65%	66%	69%	71%	64%	69%	62%	67%
The Government of Canada	59%	58%	60%	58%	57%	56%	60%	55%	63%

Your provincial government	57%	54%	54%	56%	52%	50%	58%	58%	54%
	F	-	-	F	-	-	F	-	-
Websites focused on health issues/health content	50%	42%	55%	46%	50%	49%	48%	45%	56%
	-	-	B D G H	-	-	-	-	-	-
School teachers	41%	66%	49%	40%	38%	38%	44%	49%	44%
	-	A C D E F G H I	A D E F	-	-	-	D F	D E F	-
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	38%	24%	43%	38%	41%	42%	39%	37%	39%
	B	-	B	B	B	B	B	B	B
Friends and family who have taken opioids before	36%	36%	42%	38%	44%	38%	36%	44%	40%
	-	-	-	-	A D G	-	-	-	-
A news outlet	32%	42%	29%	29%	29%	28%	32%	31%	35%
	-	A C D E F G H	-	-	-	-	-	-	-
Friends and family who have never taken opioids before	21%	41%	27%	21%	24%	25%	23%	21%	31%
	-	A C D E F G H	A D	-	-	-	-	-	A D
A person who currently uses opioids regularly	18%	14%	27%	17%	20%	22%	16%	21%	20%
	-	-	A B D G	-	-	G	-	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit F2 – Q46. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Your doctor	82%	82%	83%
A pharmacist	79%	81%	83%
Your parents (2021 n=54; 2019 n=23; 2017 n=51)	79%	80%*	89%
	-	-	A
Your regional or municipal public health agency	69%	68%	70%
The Government of Canada	59%	59%	57%
Your provincial government	57%	53%	54%
Websites focused on health issues/health content	50%	47%	49%
School teachers	41%	42%	43%
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	38%	39%	39%
Friends and family who have taken opioids before	36%	41%	40%
	-	A	-

A news outlet	32%	31%	32%
Friends and family who have never taken opioids before	21%	24%	28%
	-	-	A
A person who currently uses opioids regularly	18%	20%	20%
Sample size	1017	1003	1330
Column label	A	B	C

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

There is a sizeable divide between teens and their parents when it comes to discussing opioids and drugs. The majority of parents say they are having discussions with their teens about drugs (68%) and illegal drugs in general (56%), whereas 59% and 40% of teens, respectively, say those conversations have happened. Among teens, there has been a significant or directional decrease in conversations with their parents on each of these topics since 2019, whereas the proportion of parents who say the conversations have happened have either not changed, or in the case of the use of illegal drugs in general, have significantly increased since 2019 (56% versus 48%).

Exhibit F3 – Q47/48. [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.

Column %	Parents 13-15 2021	Parents 13-15 2019	Parents 13-15 2017	Teens 13-15 2021	Teens 13-15 2019	Teens 13-15 2017
Drug use in general	68%	63%	77%	59%	64%	72%
	D	-	C	-	-	D
The use of illegal drugs in general	56%	48%	66%	40%	52%	57%
	B D	-	A	-	-	-
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	27%	30%	31%	15%	25%	24%
	D	-	-	-	D	D
Drug or opioid overdoses	32%	29%	31%	20%	31%	29%
	D	-	-	-	D	D
Problematic drug or opioid use (drug or opioid addiction)	29%	31%	35%	22%	25%	25%
	D	-	-	-	-	-
The use of prescribed opioids	17%	19%	23%	16%	19%	16%
	-	-	A	-	-	-
How to get help with problematic drug or opioid use (drug or opioid addiction)	17%	20%	19%	11%	18%	18%
	-	-	-	-	D	D
DK/NR	14%	17%	-	22%	15%	-
	-	-	-	E	-	-
Sample size	372	397	351	351	331	357
Column label	A	B	C	D	E	F

Qualitative insights: Sourcing of opioid help, advice, and treatment

There was a general consensus that men seek help with substance use less often than other genders. Some described seeking help as admitting failure, and that men are socialized to not accept/admit failure. Aside from gender norms, other factors preventing men from reaching out include ideas of denial among men and lack of accountability for men.

Despite a strong level of agreement that men, in general, talk about these kinds of issues less frequently than other genders, most said they would be comfortable reaching out if someone in their life had a substance use addiction.

Most seemed to feel more comfortable having those discussions with close family members and friends, but less comfortable having those discussions with a colleague.

They described approaching the conversation with empathy and without judgment and serving as a sounding board or support. In this sense, they seemed to feel they could easily find helpful information they could provide in terms of support, if needed.

Respondents found it easy to provide sources that could help themselves or others with a substance use addiction or felt it would be easy enough to find them if needed. Sources identified included media and online, Employee Assistance Programs, and doctors or other trained professionals. Upon probing, there were mixed feelings about whether they personally would seek the help of anonymous trained professionals or community/religious leaders, especially in smaller communities.

Most would not feel comfortable seeking help from a supervisor or colleague, with many citing that their employment could be terminated if their employer was aware of a substance use addiction.

There were three main obstacles identified by respondents impacting one's ability to seek help. These were access to and wait times to receive professional help, stigma of those who have a substance use addiction, and financial ability to secure treatment (due to the cost of the treatment itself or need to take time off work).

Key takeaways: Opioid information

- Primary sources of trusted opioid information concerning the effects of opioid use include doctors (82% trust), and pharmacists (79%). However, for youth 13-15 their parents are also among the most trusted sources (79%).
- The least trusted sources of opioid use information include news outlets (32% trust), family members or friends who have never taken opioids before (21%) and people who are currently using opioids regularly (18%).
- Over two thirds (68%) of parents report discussing the topic of drugs in general with their children, whereas 59% of youth report having that discussion.
- In terms of seeking help for substance use, there was a general consensus that men seek help with substance use less often than other genders. Common sources of help or information included the media and online, Employee Assistance Programs, and doctors or other trained professionals.
- Most participants said they would be comfortable speaking to a close friend or family member about substance use or addiction, while fewer felt comfortable talking to a colleague or employer.

Section G: Views on chronic pain and chronic pain management

For the first time in 2021, survey respondents were asked a series of questions to better understand the relationship between chronic pain, its management, and opioids, in conjunction with topics covered in the qualitative phase of this research.

Pain is the predominant reason past and present opioid users took opioids in the first place. The most common source of pain resulted from a medical procedure (44%) or an injury (20%), though 17% of opioid users say they started taking opioids for chronic pain and 4% say the pain was a result of a chronic disease. Few started taking opioids for recreational purposes (5%) or due to stress (4%). Compared to the general population, illegal drug users and males 30-39 are more likely to have started taking opioids for recreational purposes (10% and 14%, respectively).

Among current opioid users, the top reason for using opioids today is due to chronic pain (at 42%). Approximately one third use opioids today as a result of an injury (33%) or a medical procedure (31%). Young adults are significantly more likely than the general population to use opioids to manage stress (20%). While not common reasons for use, those who currently use opioids are more likely to do so recreationally (11%) or to address stress (10%).

Exhibit G1 – Q27. [Current and past opioid users] What is the primary reason(s) for starting opioid use?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
To manage pain resulting from a medical procedure (e.g., surgery)	44%	19%	31%	42%	38%	26%	62%	43%	37%
	B C F	-	-	B C F	B F	-	A B C D E F H I	B C F	-
To manage pain resulting from an injury	20%	39%	25%	20%	21%	22%	18%	25%	23%
	-	A D E F G	-	-	-	-	-	-	-
To manage chronic pain	17%	10%	14%	19%	25%	19%	6%	17%	14%
	G	-	G	G	A B C D G H I	G	-	G	-
For recreational purposes	5%	7%	7%	4%	3%	10%	3%	4%	14%
	-	-	-	-	-	A D E G H	-	-	A D E G H
To manage pain resulting from another chronic disease (e.g., cancer)	4%	8%	5%	5%	7%	6%	2%	2%	6%
To address stress	4%	9%	5%	3%	2%	6%	2%	5%	2%
	-	D E G I	-	-	-	D E G I	-	-	-
Headaches	1%	2%	3%	2%	0%	4%	1%	0%	0%
	-	-	-	-	-	A	-	-	-
Other	2%	0%	1%	2%	2%	2%	2%	2%	0%
DK/NR	3%	5%	9%	3%	2%	4%	5%	2%	4%
	-	-	D E	-	-	-	-	-	-
Sample size	412	79	174	1092	466	579	360	186	81
Column label	A	B	C	D	E	F	G	H	I

Exhibit G2 – Q28. [Current opioid users] What is the primary reason(s) for using opioids today?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
To manage pain resulting from a medical procedure (e.g., surgery)	31%	19%	33%	33%	37%	26%	36%	28%	34%
	-	-	-	F	B F	-	-	-	-
To manage pain resulting from an injury	33%	45%	40%	32%	34%	32%	27%	43%	40%
To manage chronic pain	42%	21%	31%	40%	42%	33%	13%	34%	37%
	B F	-	-	B F	B C F	-	-	-	-
For recreational purposes	11%	10%	14%	8%	8%	11%	4%	6%	8%
To manage pain resulting from another chronic disease (e.g., cancer)	17%	10%	23%	20%	25%	14%	13%	17%	17%
	-	-	-	F	A B F	-	-	-	-
To address stress	10%	12%	20%	7%	5%	13%	4%	2%	6%
	H	-	A D E H I	H	-	D E H	-	-	-
Headaches	1%	1%	1%	2%	0%	3%	0%	0%	0%
	-	-	-	E H I	-	E H I	-	-	-
Other	1%	0%	0%	3%	1%	3%	0%	2%	0%
	-	-	-	A B C I	A B C I	A B C I	-	-	-
None / Don't use opioids today	4%	4%	7%	7%	7%	5%	10%	5%	2%
	-	-	-	I	-	-	-	-	-
DK/NR	8%	8%	11%	10%	8%	11%	30%	8%	9%
Sample size	217	56	119	770	466	520	19	109	47
Column label	A	B	C	D	E	F	G	H	I

Among those who have used opioids to manage pain, the vast majority (84%) have not felt that they have been treated differently by health care providers or first responders due to their opioid use. That said, one quarter (26%) of young adults feel they have been treated differently, which is significantly higher than the general population (11%) and adults 25 and older (9%).

For those who did feel they were treated differently, half (48%) were negatively impacted due to their treatment while one third (36%) were not impacted. Nearly a fifth (16%) felt it had a positive impact on them. Note that caution should be exercised when analyzing these results due to the small sample sizes.

Exhibit G3 – Q29. [Used opioids to manage pain] Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Yes	11%	16%	26%	9%	12%	17%	2%	9%	17%
	G	G	A D E G H	G	G	D G	-	G	G
No	84%	83%	66%	87%	85%	78%	90%	87%	83%
	C	-	-	C F	C	-	C F	C	-
DK/NR	5%	1%	7%	4%	3%	5%	8%	5%	0%
Sample size	167	35*	74	477	240	273	101	76	35*
Column label	A	B	C	D	E	F	G	H	I

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

Exhibit G4 – Q30. [Felt treatment by health care provider/first responder was different due to their opioid use] Did this difference make you feel any better or worse about how you were being treated?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
I felt better about how I was being treated	16%	76%	20%	21%	8%	29%	88%	0%	31%
	-	E H	-	-	-	-	A C D E F H	-	-
No impact on how I felt I was being treated	36%	13%	42%	25%	20%	36%	0%	57%	52%
I felt worse about how I was being treated	48%	12%	38%	54%	72%	35%	12%	43%	17%
Sample size	18*	4*	16*	45*	28*	42*	3*	7*	5*
Column label	A	B	C	D	E	F	G	H	I

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

Qualitative insights: chronic pain, chronic pain management and men in physically demanding jobs

Nearly everyone had experienced or knew someone who has experienced chronic pain.

Chronic pain was seen as something that impacts all areas of the sufferer's life. It was said that chronic pain makes it hard to go to work and maintain relationships.

Managing pain is also considered to be a key factor that results in substance use and addiction among men in physically demanding jobs. The range of substances used to manage that pain was over-the-counter-medications (e.g., naproxen) to opioids, as well as alcohol and cannabis.

“I just want to stay in bed. Hard to get up and get going some days” – man in physically demanding job, Atlantic Canada

Perceptions of treating chronic pain varied. Some spoke of alternative therapies, like physiotherapy, chiropractic care and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain. There was a sense from some that if you do not take control of managing the pain, your only other option was to go to the hospital where they will give you “morphine.”

The barriers for treating chronic pain were the same as those mentioned for treating substance use addiction. Namely, long wait times or poor access to treatment and the costs associated, and to a lesser extent, social barriers like not wanting to seem weak.

“Easier to get a pill than a therapy” – man aged 20-59, Ontario

“It’s our culture. Men are the big, tough, strong, so you don’t piss about your aches and pains” – man in physically demanding job, Ontario

In addition to the barriers for men reaching out for help, men in physically demanding jobs often share a concern for their job security if they admitted having a substance use addiction. Like the men in the other groups, men in physically demanding jobs were not inclined to broach their substance use concerns in the workplace for fear of reprisal. Most understood that they could not be terminated for their substance use if they were seeking help, however, many were confident that their employer would find other ways to terminate them following that admission.

Security and discretion (or a “circle of trust”) were the two most common factors that should be in place to help support men working in physically demanding jobs who may be worried about their substance use.

One aspect that came up on a number of occasions was the difference between being in a union and being an employee or independent contractor. Those in unions were often quite vocal about being unwilling to approach their local foreman about a substance use problem, but quite comfortable with raising it with a union representative. Unions were frequently lauded for having valuable support programs and the right approach (confidential, non-judgemental, supportive) to getting a worker healthy and doing so with less impact on them professionally or financially than would be the case if they were not in the union.

Key takeaways: Views on chronic pain and chronic pain management

- Most current and past opioid users started taking opioids to control pain resulting from a medical procedure (44%), an injury (20%) or chronic disease (4%). One fifth (17%) started taking opioids to manage chronic pain.
- Current opioid users are more likely to take opioids today to manage chronic pain (42%), and less likely due to pain resulting from a medical procedure (31%) or injury (33%).
- One in ten (11%) opioid users who used opioids to manage pain say they felt they were treated differently by health care workers due to their opioid use. Half (48%) were negatively impacted by that treatment.
- Nearly all focus group participants had experiences or knew someone who had experienced chronic pain, especially among those who work in physically demanding jobs. Men in those jobs consider managing pain a key factor in substance use and addiction.
- Perceptions of treating chronic pain varied. Some spoke of alternative therapies, like physiotherapy, chiropractic care and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain.
- Access to alternative treatments for chronic pain was a barrier, either due to cost or wait times.

Section H: The role of stigma

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

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

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

One quarter (25%) of the population are Allies, consistent in their rejection of opinions that signal stigma; conversely, an equal number (24%) of Canadians fall into a segment of Unsympathetic by consistently agreeing with all three statements that signal holding stigmatizing views of people with opioid use disorder; and the remaining half of respondents (51%) would be considered Ambivalent in that they neither reject all three stigmatizing views nor agree with all three. The proportions within these segments appear to be fairly consistent over time, with the exception of the Unsympathetic segment, which may be trending downward. The survey results show the membership of this segment has decreased when comparing this year’s results to 2017.

Exhibit H1

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

In terms of demographics, in line with findings outlined earlier in this report, males appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment (55%) relative to females (45%). Conversely, as found in the baseline survey, a significantly larger percentage

of the Allies segment (57%) is made up of females. There is not a significant variation in the demographic makeup of these segments as it relates to region, age or income.

Among the oversample groups, most segments have roughly half of its members falling into the Ambivalent segment. Youth have the highest proportion of respondents who fall into the Unsympathetic segment (29%) and the lowest incidence of Allies (14%). In contrast, legal opioid users have the lowest incidence of respondents who fall into the Unsympathetic segment (21%) and the highest incidence of Allies (29%).

Exhibit H2 – Stigma segment demographics

Column %	Unsympathetic			Ambivalent			Allies		
	2021	2019	2017	2021	2019	2017	2021	2019	2017
Male	56%	60%	56%	48%	46%	49%	40%	39%	35%
Female	44%	40%	42%	51%	53%	50%	59%	60%	63%
Other gender identity	0%	0%	1%	0%	1%	-	1%	1%	1%
Atlantic	4%	5%	6%	7%	9%	7%	9%	4%	5%
QC	23%	18%	21%	25%	27%	26%	20%	23%	20%
ON	38%	38%	42%	38%	38%	37%	41%	41%	39%
MB/SK	4%	9%	7%	7%	6%	6%	7%	5%	7%
AB	16%	15%	10%	10%	10%	11%	9%	11%	15%
BC	15%	16%	15%	12%	11%	13%	15%	17%	14%
13-17	11%	10%	8%	5%	7%	7%	5%	2%	3%
18-34	27%	30%	28%	25%	26%	26%	26%	19%	24%
35-54	33%	34%	33%	30%	31%	30%	34%	32%	33%
55+	29%	26%	32%	40%	36%	37%	35%	47%	40%
Under \$40,000	20%	23%	22%	18%	28%	21%	16%	21%	18%
\$40,000-<\$80,000	29%	36%	27%	31%	27%	28%	30%	30%	29%
>\$80,000	43%	30%	39%	37%	33%	37%	44%	38%	42%

Exhibit H3 – Oversample breakdown by stigma segment

Column %	Youth 13-15	Young adults 16-24	Legal Opioid Users	Illegal Drug Users	Parents of 13-15	Males 30-39
Unsympathetic	29%	25%	21%	28%	26%	27%
Ambivalent	56%	51%	50%	47%	47%	53%
Allies	14%	24%	29%	25%	27%	21%
Sample size	351	534	466	656	372	178

The three segments vary in terms of their personal behaviours with opioids and first-hand exposure to users. Allies and the Ambivalent are more likely to have always followed a prescription when taking opioids (51% and 43%, respectively) than the Unsympathetic segment (27%). Allies and to a lesser extent, the Ambivalent, 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 (55% and 42%, respectively). Slightly more Allies have known someone who has become addicted to an opioid (31%) than the Ambivalent and Unsympathetic (both 26%). Over a quarter (27%) of Allies claim to have a friend or family member who has taken an illegally obtained opioid, compared to 21% of the Ambivalent and 23% of the Unsympathetic.

Exhibit H4 – Q31. Of the opioids you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital?

Column %	Unsympathetic			Ambivalent			Allies		
	2021	2019	2017	2021	2019	2017	2021	2019	2017
Always	27%	17%	26%	43%	19%	32%	51%	34%	44%
	B	-	-	A E F	-	-	A H I	-	-
Usually	9%	6%	8%	7%	4%	9%	8%	4%	8%
Sometimes	18%	26%	13%	9%	15%	7%	8%	10%	9%
	D G	A	-	-	E	-	-	-	-
Rarely	29%	43%	40%	29%	50%	40%	25%	47%	31%
	-	A	A	-	D	D	-	G	-
Never	15%	9%	10%	9%	8%	9%	7%	5%	7%
	B	-	-	-	-	-	-	-	-
DK/NR	2%	1%	2%	4%	5%	3%	1%	-	-
Column label	A	B	C	D	E	F	G	H	I

Exhibit H5 – Q26A. Please indicate whether the following is true, to the best of your knowledge or recollection.

Column %	Unsympathetic			Ambivalent			Allies		
	2021	2019	2017	2021	2019	2017	2021	2019	2017
At least one friend or family member has been prescribed one of these drugs	31%	47%	43%	42%	51%	46%	55%	66%	68%
	-	A	-	A	E	-	A D	G	G
I have known someone who became addicted to one of these drugs	26%	26%	21%	26%	32%	22%	31%	42%	31%
	-	-	-	-	-	-	-	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	23%	27%	14%	21%	22%	15%	27%	29%	25%
	C	-	-	-	-	-	-	-	-
I have known someone who has had a non-fatal overdose of one of these drugs	12%	20%	9%	15%	15%	6%	15%	19%	17%
	-	A	-	F	-	-	-	-	-
Column label	A	B	C	D	E	F	G	H	I

Fitting with their higher proportions of experience with opioids among their family and friends, Allies and the Ambivalent are also more likely to describe themselves as very familiar with at least one opioid

(35% and 23%, respectively) compared to the Unsympathetic segment (15%). Respondents in both the Unsympathetic and Ambivalent segments are significantly more likely to say they are not at all familiar with any opioid on the reference chart (both 24%), compared to only 11% of Allies. Allies are also more likely to be very familiar with fentanyl (17%), than those who fall into the Ambivalent (9%) and Unsympathetic (11%) segments.

Exhibit H6 – Q13. How familiar are you with these types of opioids?

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

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

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

While the majority of members across all three segments feel that most or all opioids are dangerous, Allies are more likely to say that all the opioids on the chart are dangerous (at 51%), compared to the Ambivalent (40%) and Unsympathetic (41%). Respondents in the Ambivalent segment are more likely to be unable to provide an opinion (at 8%) than the other segments.

Perhaps relatedly, there is a distinction between one's segment and the perceived seriousness of the opioid crisis in their community. Allies are more likely to have the view that the crisis is very serious in

their community (34%), whereas roughly one quarter of the Ambivalent (25%) and Unsympathetic (23%) describe the crisis this way. And again, at 23%, those within the Ambivalent segment are more likely to say they don't know how to classify the seriousness of the crisis.

Exhibit H8 – Q14. Is it your impression that: [in reference to the opioid table]

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

Exhibit H9 – Q18. Based on your impressions, how serious would you say the opioid crisis is in your community?

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

When it comes to being prepared when faced with an opioid addiction or overdose, Allies and the Unsympathetic are more the same than different. Roughly three in ten among those groups feel they would know what to do if they saw someone experiencing an overdose (33% and 32%, respectively), think they would be able to identify the signs of an opioid overdose (both 32%) and know the signs of an opioid use disorder (28% and 31%, respectively). Conversely, only one fifth (22%) of those in the Ambivalent segment feel the same way on each of those sentiments.

Exhibit H10 – Q24C, D, E. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

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

As found in 2017 and 2019, those who are Unsympathetic are the most likely to feel that problematic substance use disorder stems from issues of self-control (62%). Half that amount (31%) feel that way among the Ambivalent and 0% of Allies agree. The plurality of Unsympathetic (44%) believe people who are dependent on opioids could stop taking them if they really wanted to. Few (19%) of the Ambivalent feel this way and almost no Allies (4%) hold this opinion. Allies are more likely to agree that addiction to opioids is a disease (78%), compared to both the Ambivalent (60%) and Unsympathetic (54%). Allies are also more likely than both the Ambivalent and Unsympathetic segments to believe that we should be using more of our health care resources for dealing with addictions to drugs (76%, compared to 54% and 45%, respectively).

Exhibit H11 – Q25C, D, E, F. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

Column %	Unsympathetic			Ambivalent			Allies		
	2021	2019	2017	2021	2019	2017	2021	2019	2017
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	62%	64%	64%	31%	33%	30%	0%	0%	-
	D G	-	-	G	-	-	-	-	-
Addiction to opioids is a disease	54%	53%	54%	60%	61%	60%	78%	77%	76%
	-	-	-	-	-	-	A D	-	-
We should be using more of our health care resources for dealing with addictions to drugs	45%	49%	42%	54%	63%	57%	76%	83%	70%
	-	-	--	A	D	-	A D	-	-
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	44%	42%	36%	19%	14%	13%	4%	5%	3%
	D G	-	-	G	-	-	-	-	-
Column label	A	B	C	D	E	F	G	H	I

When it comes to trust in information sources, there are marked differences between the three segments. Allies are more trusting of all the information sources listed below compared to respondents in the Unsympathetic segment. Allies are also more likely than the Ambivalent to trust a pharmacist, a person who had an opioid use disorder, a news outlet, a person who currently uses opioids regularly, the Government of Canada and their regional or municipal public health agency.

Exhibit H12 – Q46A, B, D, E, G, J-M. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Unsympathetic			Ambivalent			Allies		
	2021	2019	2017	2021	2019	2017	2021	2019	2017
Your doctor	74%	71%	76%	84%	83%	83%	87%	92%	92%
	-	-	-	A	-	-	A	-	-
A pharmacist	70%	70%	74%	78%	80%	83%	92%	92%	94%
	-	-	-	-	-	-	A D	-	-
Your parents	68%*	58%*	84%*	88%*	100%*	91%*	84%*	100%*	100%*
	B	-	A	A	D	-	A	G	G
Your regional or municipal public health agency	60%	57%	61%	66%	67%	69%	85%	83%	84%
	-	-	-	-	-	-	A	-	-
The Government of Canada	53%	51%	50%	57%	58%	56%	70%	70%	72%
	-	-	-	-	-	-	A	-	-
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	23%	29%	30%	38%	39%	39%	53%	54%	53%
	-	-	-	A	-	-	A D	-	-
Friends and family who have taken opioids before	26%	35%	36%	39%	39%	38%	40%	52%	49%
	-	A	A	A	-	-	A	G	G
A news outlet	22%	27%	29%	31%	29%	31%	42%	37%	39%
	-	-	-	A	-	-	A D	-	-
A person who currently uses opioids regularly	13%	23%	20%	16%	18%	18%	28%	23%	23%
	-	A	A	-	-	-	A D	-	-
Column label	A	B	C	D	E	F	G	H	I

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

Qualitative insights: The role of stigma

As was cited earlier, focus group participants reached near consensus that people with substance use disorder are stigmatized. Furthermore, most participants believed that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help. There was a connection between stigma and shame, and shame is isolating. A few participants believed that stigma could motivate people with substance use addiction to get help. A handful thought that stigma had no effect.

“The effects are that it weighs down on them. It’s a place of shame.” – man in physically demanding job, Atlantic Canada

While not a direct objective of the focus groups, a positive observation was made in regard to stigma. While there was agreement that “society”

stigmatizes those with substance use disorders, the men in the focus groups talked openly about how they personally do not hold those views and how those views have a negative impact on this issue. Follow-up research will be required to validate this trend, however, it may bear out that there is a shift occurring in the perceptions of those who have drug or alcohol addiction.

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.
- In keeping with the survey results, most focus group participants felt that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help.
- About one in four (24%) 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. While not significantly different since 2019, there perhaps is an erosion of this segment occurring, as the membership of the Unsympathetic segment has statistically decreased by 4% since 2017.
- 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 (51%) 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.
- 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 would appear to hold potential to assist with this aim.

Section I: Views regarding alcohol consumption and substance use

In keeping with the 2019 results, the majority of Canadians support alcoholic beverage labels containing health risks/warnings (66%) and ingredients (59%). Representing a decrease since 2019, just shy of half believe the number of standard servings that are in the container (49%) and calories (46%) should be listed. Just over one third (37%) think that the nutritional information should be listed on the label, down 8% since 2019.

Compared to the general population, young adults are more likely to approve of ingredients (65%), number of standard servings (58%), calories (52%), and nutritional information (50%) being listed on alcoholic beverage labels. Males 30-39 are also more likely to approve of calories (54%) and nutritional information (48%) than the general population.

Exhibit I1 – Q49. Of the following list of possibilities, which information, if any, should appear on alcoholic beverage labelling?

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Health risks/warnings	66%	57%	69%	68%	68%	60%	70%	68%	63%
	B F	-	B F	B F	B F	-	B F	B F	-
Ingredients	59%	47%	65%	58%	59%	56%	57%	55%	57%
	B	-	A B D F G H	B	B	B	B	-	-
Number of standard servings that are in the container	49%	42%	58%	46%	46%	44%	49%	50%	50%
	F	-	A B D E F G H	-	-	-	D F	-	-
Calories	46%	34%	52%	44%	45%	48%	43%	44%	54%
	B	-	A B D E G H	B	B	B	B	B	A B D E G H
Nutritional information	37%	28%	50%	35%	38%	38%	36%	38%	48%
	B	-	A B D E F G H	-	B	B	B	B	A B D E F G H
None of the above	7%	7%	5%	7%	7%	7%	7%	5%	6%
	-	-	-	-	-	-	-	-	-
DK/NR	5%	13%	6%	5%	4%	3%	6%	5%	6%
	-	A C D E F G H I	-	-	-	-	F	-	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

*Note that the response option “None of the above” was added in 2021.

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

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

Respondents seem aware and, in some cases, concerned about the health consequences of alcohol use. Three quarters (77%) of respondents agree that alcohol use increases the risk of developing serious health conditions. Over half agree that alcohol use among youth is a serious problem (56%) and that the federal government should be doing more to address alcohol-related harms (53%). Further, few (7%) agree that drinking alcohol during pregnancy can be done safely and 15% agree that alcohol use is not a public health issue.

While most results are in line with the results in 2019, one perception, that people who have alcohol use disorder could stop if they really wanted to, is now shared by 30% of Canadians and has increased 6% since 2019.

Youth, males 30-39, and illegal drug users are both more likely than the general population to believe that alcohol use is not a public health issue (21%, 21% and 20%, respectively). Illegal drug users and males 30-39 are more likely to think that drinking alcohol during pregnancy can be done safely (14% and 16%, respectively). Compared to the general population, parents of teens are more likely to agree that the Government of Canada should be doing more to address alcohol-related harms (63%).

Respondents living in Alberta (20%) and BC (21%) were twice as likely as those living in Quebec (10%) and Manitoba/Saskatchewan (7%) to agree that alcohol use is not a public health issue. Two in five respondents (40%) from Quebec agree that people who have alcohol use disorder (addiction) could stop if they really wanted to, compared to those living in Manitoba/Saskatchewan (21%). Residents in Atlantic Canada are more likely to believe that alcohol use among youth is a serious problem (68%) than those in Ontario (54%), Alberta (53%) and BC (52%).

Exhibit I3 – Q50. Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2021	Youth 13-15	Young adults 16-24	Adults 25+	Legal Opioid Users	Illegal Drug Users	Neither	Parents 13-15	Males 30-39
Alcohol use increases a person's risk of developing serious health conditions	77%	70%	72%	78%	78%	73%	78%	79%	72%
	B C F	-	-	B C F	B C	-	B C F	B C	-
Alcohol use among youth is a serious problem in Canada	56%	46%	55%	55%	60%	54%	54%	55%	46%
	B I	-	B	B I	B G I	-	B	-	-
People who have alcohol use disorder (addiction) could stop if they really wanted to	30%	30%	29%	30%	30%	35%	29%	31%	34%
	-	-	-	-	-	D G	-	-	-
Alcohol use is not a public health issue	15%	21%	17%	15%	17%	20%	14%	15%	21%
	-	A G	-	-	-	A D G	-	-	G
Drinking alcohol during pregnancy can be safely done	7%	4%	8%	8%	7%	14%	7%	9%	16%
	-	-	-	B	-	A B C D E G H	-	B	A B C D E G H
The federal government should be doing more to address alcohol-related harms	53%	52%	58%	55%	58%	53%	54%	63%	47%
	-	-	I	-	I	-	-	A B D F G I	-
Sample size	1017	351	534	1942	466	656	1765	372	178
Column label	A	B	C	D	E	F	G	H	I

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

Column %	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Alcohol use increases a person's risk of developing serious health conditions	77%	75%	-
Alcohol use among youth is a serious problem in Canada	56%	60%	-
People who have alcohol use disorder (addiction) could stop if they really wanted to	30%	24%	-
	B	-	-
Alcohol use is not a public health issue	15%	16%	-
Drinking alcohol during pregnancy can be safely done	7%	9%	-
The federal government should be doing more to address alcohol-related harms	53%	56%	-
Sample size	1017	1003	0
Column label	A	B	C

Qualitative insights: Views regarding alcohol and substance use

When asked, participants defined “substance use” with specific reference to drugs, and with a mix of opinions over whether it is problematic, appropriate, or uncharacterized. Understanding of the term tended to be more negative than positive and it often conjured up the term substance abuse (which has a negative connotation).

Opinion was mixed over whether either substance use (like drinking alcohol and consuming drugs) or addiction are more common in men. While a few were certainly of the view that it is, most would not go that far, instead tending to say they think it does not vary much by gender. Some reasoned that substance use is not more prevalent among men but rather the visibility of it is (which speaks to the social acceptability of substance use).

There appeared to be a difference on this point based upon group segmentation, with men working in physically demanding jobs showing a greater consensus that men may be responsible for more of the substance use addiction. Some of the debate was whether men are only a bit more or a lot more of the people with addictions.

For those who think addiction is higher among men, there was a tendency to describe men with problem drinking as men who did not just consume substances socially or with meals, but rather did so as a coping or escape mechanism. For the most part, the kind of addiction that immediately came to mind was alcohol.

Regardless of whether one felt it was more common among men than among other genders, there was a broader consensus that it was more acceptable – or at least tolerated – among men. Some pointed to substance use portrayals in the media where men addicted to substance use were treated as sympathetic or even comical, as compared to women who are treated either more tragically or criticized.

In terms of gender roles, there was definitely a sense that men need to be more stoic and often place a burden/responsibility on themselves to deal with their own issues/struggles. Conversely, they argued that women tend to be more communicative, interventionist and have a “sisterhood” they can rely on.

For alcohol specifically, focus groups participants were largely familiar with the negative health effects it can have. The most common mentions were negative impacts to one’s liver, heart, brain and mental health, and weight. Some of the specific illnesses linked to alcohol use included: sclerosis of the liver, cardiac issues, high blood pressure, pancreatic cancer, depression, and dementia. In addition to this awareness, there was also a common perception

that alcohol use is pervasive today, to a fault. Some participants marked an increase on substance use since the beginning of the COVID-19 pandemic.

Key takeaways: Views regarding alcohol consumption and substance use

- Over half support including health risks/warnings (66%) and ingredients (59%) on alcoholic beverage labels. Nearly half support the number of standard serving sizes per container (49%), and calories (46%) being listed.
- Three quarters (77%) agree that alcohol use increases a person’s risk of developing serious health conditions.
- Mirroring the quantitative findings, focus group participants readily identified multiple negative health impacts alcohol has, including to the liver, heart and brain. Some of the specific illnesses linked to alcohol use included: sclerosis of the liver, cardiac issues, high blood pressure, pancreatic cancer, depression, and dementia
- Over half of respondents agree that alcohol use among youth is a serious problem in Canada (56%), and that the federal government should be doing more to address alcohol-related harms (53%).
- Many focus group participants spoke of the pervasiveness of alcohol today with concern. The COVID-19 pandemic is viewed as a factor in the increase in substance use.

Conclusions

As was the case in 2019, 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 shown little, if any, change, while claimed familiarity has not improved and appears likely to have softened. When provided with a list of ways one might have a connection to opioids in their life, responses indicate lower or static 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, which has dropped 12% since 2019. Notably, compared to the previous study, fewer also say they have known someone who has become addicted to an opioid. While stable compared to 2019, the incidence of those who know someone who has obtained an illegal opioid, suffered a non-fatal opioid overdose, or has died from an opioid overdose all remain higher than measured in the baseline study of 2017.

Claimed usage of opioids is lower in this survey than was measured in 2019. This measure has seen decreases across almost all groups studied, with the lone exception being adults 25+. Without corroborating evidence to support this change, there are a variety of possible hypotheses that may explain the change in results. First, it is possible usage has decreased. Second, it is possible that respondents are more accurately indicating their usage of opioids – perhaps due to a better understanding of what is and what is not an opioid. 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 necessarily 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 Alcohol and Drugs Survey \(CADS\)](#) or the [Canadian Student Tobacco, Alcohol and Drugs Survey \(CSTADS\)](#).

Among those who took opioids in the past year, the majority continue to report having had at least one prescription and most of those people only took opioids that were prescribed to them. Two fifths of those who used an opioid in the past year did not always have a prescription for the opioid they took, an incidence which is higher than in both previous waves of research. Young adults are less inclined than younger and older respondents to indicate they always had a prescription, with fewer than one third making this claim.

Among those who indicated they have used opioids without a prescription, the most common source remains a friend's or relative's prescription, for the general population and all target groups. Possibly contributing to this, roughly half of prescription opioid users say they do not keep their opioids in a location that is only accessible to them. Youth have the highest incidence of obtaining opioids on the street, along with illegal drug users, young adults and males (30-39). While not the most significant source, more young adults and males (30-39) are obtaining illegal opioids on the Internet. Roughly 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.

While respondents remain concerned about the potential impact of opioids on them, their family and friends, the level of seriousness attributed to the topic of opioids has decreased since 2019. The timing of this survey during the COVID-19 pandemic may contribute to respondents' ability to assess and

triage serious public health concerns. There continues to be general agreement that opioids are dangerous, particularly for those consuming them illegally, and for teens – results consistent with the previous wave of research. The vast majority of respondents also believe that fentanyl is dangerous and there is a high risk that other street drugs contain fentanyl (also unchanged since 2019). However, most respondents still do not necessarily feel well equipped to respond to opioid use disorder or overdose, backed by results that have worsened since 2019.

Investigating the topic of stigma more deeply, as in 2019, 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.

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 of the population fall into the “Ambivalent” segment that neither rejects all three stigmatizing views nor agrees with all three. Encouragingly, both the qualitative and quantitative data suggest that there may be an erosion occurring over time among the Unsympathetic segment. The survey results show the membership of that segment has decreased when comparing this year’s results to 2017. Furthermore, it was observed in the focus groups that participants widely accepted that those with substance use disorder were stigmatized in society, but they themselves did not hold those views.

On balance, 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 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. The proportion of teens 13-15 years old claiming to have taken an opioid in the past year continues to be much lower than the proportion of adults who have done so. Teens also continue to 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, however, they are the most likely to believe that opioids are dangerous for them, personally.

Likely due to their age and varying life-stage, young adults aged 16-24 are at times aligned with youth and at times with adults. They stand out from those groups with a higher proportion of likelihood to use prescribed opioids to manage stress and illegal opioids for the feeling it causes; feel they have been treated differently by health care providers due to their opioid use; would still take a non-prescribed opioid if they knew it contained fentanyl; and, their desire for alcohol to have more informative labelling.

While men aged 30-39 hold a lot of views that are similar to those measured for the general population, they also yielded some results that demonstrate they remain a uniquely challenging segment of the population. They are far more likely than average to have used non-opioid illegal drugs in the past year and are three times as likely to have used an opioid recreationally. They are a lot less likely than the public at large to say that all listed opioids are dangerous. As well, while they are more familiar with fentanyl, they are less likely to describe it as particularly dangerous and less likely to see a high risk of fentanyl exposure when using an illegal non-opioid.

Legal opioid users have a heightened awareness of opioids and their dangers, as well as confidence in their ability to identify and find help for opioid use disorder.

Compared to legal opioid users and the general population, illegal opioid users are more likely to report illegal opioid use (perhaps due, in part, to their increased experience being refused a prescription from a doctor), are more likely to feel that those who suffer an overdose get what they deserve and are twice as likely as legal users to indicate having sought treatment for an opioid use disorder.

Recommendations

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

Since the results from this wave of qualitative and quantitative research tend to show only subtle or minor changes from the previous waves of study, several past recommendations remain valid today.

There remains benefit to be achieved by continuing to broaden the awareness, and improving the level of understanding of, opioids and the opioid crisis. As the data from the youth 13-15 audience indicates, at any given point in time, this cohort will likely always be lagging far behind older Canadians, so awareness and education among youth this age, or perhaps even younger, will continue to be helpful for improving performance on this metric with this target audience.

It continues to be the case that reducing stigma associated with opioid use disorder should help broaden public support for devoting more resources to the issue and aid in removing barriers to seeking treatment. 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. Qualitative discussions this wave suggested the level of sophistication among those knowledgeable about opioids may have increased, regardless of the fact that self-assessed knowledge in the survey shows little or no difference.

In addition to supporting the ongoing validity of previous recommendations, this latest wave of study also leads to some new recommendations.

The questions that have been used to identify “illegal opioid users” are clear, but open-ended responses to some questions demonstrate that the main screening question that determines whether someone qualifies for the illegal opioid user questions are not being interpreted identically by all respondents. As a result, we recommend that Health Canada revise this screening approach to more clearly establish that the question is about the percentage of time – or perhaps number of times – one has taken an opioid that was neither prescribed to them personally nor provided to them by a health care professional and/or in a health care setting.

The data suggests an erosion in a single key metric – familiarity – has occurred over the past two years. This happens to coincide with the span of time in which attention paid to the opioid crisis – whether by news media, public health officials or even health care providers – has undoubtedly been reduced to accommodate the level of priority given to all things pandemic-related. It is a reasonable hypothesis that the coverage, attention and priority given to the pandemic has been a factor influencing the level of familiarity with the ongoing opioid crisis, however, this study does not have the media analysis data to determine whether there truly is a correlation. Health Canada may benefit from gathering data on earned media coverage spanning the timeframe of all three waves of study to investigate whether or how changes in earned media coverage correlate with key metrics like familiarity or concern. If there is a correlation, it can provide valuable interpretive context both for the results in this study and to better understand future fluctuations.

The changes in familiarity, concern and stigma segment sizes may not all be significant yet, but the data suggests there are shifts occurring, even if it at a very slow pace. Continuing to track these measures will help Health Canada maintain a sightline into the shifts over time. It may be worth considering placing a few key questions on an omnibus survey periodically (perhaps on a quarterly basis). This would be an extremely cost-effective way to monitor some basic metrics as well as provide evidence of seasonal fluctuation, if there is any.

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. 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 1,017 cases were collected as the sample of the general population. Oversamples (minimum of n=300) were also collected for the following groups:

- Youth (13-15);
- Parents or caregivers of youth (13-15);
- Young adults (16-24);
- Males (20-59)¹;
- People who use legal drugs in the form of prescribed opioids at some point in the past year (incidence of 13%); and
- 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%).

The profile of each of the six oversample target groups is presented in the table below. The source of respondents was a combination of those found in the general population sample, those found specifically when sampling for oversamples and those found when specifically targeting a different audience.

Youth 13-15 Oversample	
Gen pop sample	26
Oversample	325
Total	351
Men 30-39 Oversample	
Gen pop sample	80
Oversample	98

¹ Despite conducting an oversample of males between the ages of 20-59, in order to maintain comparability with previous waves, the Men 30-39 target audience was preserved for analysis and reporting.

Total	178
Parent of Youth 13-15 Oversample	
Gen pop sample	41
Oversample	331
Total	372
Illegal User Oversample	
Gen pop sample	135
Oversample	521
Total	656
Young Adults 16-24 Oversample	
Gen pop sample	119
Oversample	415
Total	534
Legal User Oversample	
Gen pop sample	122
Oversample	344
Total	466

The final data for the general population and the youth 13-15, young adults 16-24, and men 20-59 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 user 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 December 22, 2021, to January 12, 2022. 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:

Category	Percent	Target quota
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
Total	100%	1,000
Age		
13-17	6.6%	66
18-34	27.0%	270
35-54	32.7%	327
55+	33.7%	337
Total	100%	1,000
Gender		
Female	50.8%	508
Male	49.2%	492
Total	100%	1,000

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 20-59 years²;
- 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 of 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 20-59, 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

² Despite conducting an oversample of males between the ages of 20-59, in order to maintain comparability with previous waves, the Men 30-39 target audience was preserved for analysis and reporting.

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 18,421 individuals entered the online survey, of which 2,827 qualified as valid and completed the survey. The response rate for this survey was 26.7%.

Total entered survey: 18,421
Completed: 2,827
Not qualified/screen out: 6,158
Over quota: 8,150
Suspend/drop-off: 1,286

Unresolved (U): 45,795
Email invitation bounce-backs: 38
Email invitations unanswered: 45,757

In-scope non-responding (IS): 1,286
Qualified respondent break-off: 1,286

In-scope responding (R): 17,135
Completed surveys disqualified – quota filled: 8,150
Completed surveys disqualified – other reasons: 6,158
Completed surveys – valid: 2,827

Response rate = $R/(U+IS+R)$: 26.7%

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	7%	7%
Quebec	23%	23%
Ontario	40%	39%
Manitoba/Saskatchewan	6%	7%
Alberta	11%	11%
British Columbia/Territories	13%	14%

Age	Unweighted Sample	Weighted Sample
13-15	3%	3%
16-17	3%	3%
18-34	24%	26%
35-54	33%	32%
55+	38%	36%

Gender	Unweighted Sample	Weighted Sample
Male	48%	48%
Female	51%	51%
Other gender identity	1%	1%

Education	Unweighted Sample	Weighted Sample
Some High school or less	5%	5%
High school	20%	20%
College/University	60%	60%
Post-grad	14%	14%

Household Income	Unweighted Sample	Weighted Sample
Under \$40,000	18%	18%
\$40,000 to just under \$80,000	30%	30%
\$80,000 and above	41%	40%

Language Spoken Most Often	Unweighted Sample	Weighted Sample
English	73%	73%
French	23%	23%
Other	3%	3%

Ethnicity	Unweighted Sample	Weighted Sample
Caucasian	77%	77%
Indigenous	3%	3%
Black	2%	3%
Chinese	8%	8%
Asian (South, Southeast, West)	10%	10%

Other	3%	3%
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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 19 minutes to complete.

Appendix B: Focus group methodology report

Methodology

The research program began with an initial qualitative phase which involved ten online focus groups with two segments of the Canadian population: men age 20-59 and men (18+) in physically demanding jobs. Two sessions were conducted with participants in each of the following locations across Canada: Atlantic Canada, Ontario, Quebec, the Prairies, and British Columbia. All groups were 90 minutes in length. The groups with participants in Quebec were conducted in French; all others were conducted in English.

Schedule and composition of the focus groups

Group #	Audience	Region	Time	Number of participants
Monday, December 13, 2021				
1	Men age 20-59	Atlantic Canada (EN)	4:00 pm EST/5:00 pm AST	6
2	Men age 20-59	Ontario (EN)	6:00 pm EST	6
Wednesday, December 15, 2021				
3	Men age 20-59	Quebec (FR)	5:00 pm EST	5
4	Men age 20-59	Prairies (EN)	7:00 pm EST/6:00 pm CST/5:00 pm MST	10
5	Men (18+) in physically demanding jobs	Atlantic Canada (EN)	5:00 pm EST/6:00 pm AST	7
6	Men (18+) in physically demanding jobs	Prairies (EN)	7:30 pm EST/6:30 pm CST/5:30 pm MST	6
Thursday, December 16, 2021				
7	Men (18+) in physically demanding jobs	Quebec (FR)	6:00 pm EST	9
8	Men age 20-59	British Columbia (EN)	8:00 pm EST/5:00 pm PST	10
9	Men (18+) in physically demanding jobs	Ontario (EN)	6:00 pm EST	8
10	Men (18+) in physically demanding jobs	British Columbia (EN)	8:00 pm EST/5:00 pm PST	9

In addition to the audience and regional specifications above, a minimum number of key cities/regions were recruited within each region, as follows:

- British Columbia: minimum of 2 in each Vancouver, Thompson-Cariboo and Fraser region
- Prairies: minimum of 2 in each Calgary, Edmonton and Saskatoon
- Ontario: minimum of 2 in each Guelph, Toronto and Ottawa

- Quebec: minimum of 2 in each Montreal and Québec City
- Atlantic Canada: minimum of 2 in each Halifax, Fredericton and Moncton

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, age and occupation (men 20-59 and adult men in physically demanding jobs), 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.

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 at the end of the group discussion (\$100 for men aged 20-59 and \$125 for men (18+) in physically demanding jobs).

For the first six groups, a total of eight participants were recruited for each group. After witnessing lower than expected turn out, a total of 10 participants were screened for the last four groups. All participants agreed to the presence of observers and recording of the session during the screening process and at the beginning of the session (for those who attended).

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 (3 nights).

Both moderators attended the kick-off night of focus groups. This ensured that both were aware of the flow of the focus groups and were 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, or technology; 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, when reading the qualitative findings, that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is designed 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 min 10 min

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

- The name of the firm the moderator works for, and the type of firm that employs them (i.e., an independent marketing research firm).
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other.
- Results are confidential and reported all together/individuals are not identified/participation is voluntary.
- The length of the session (1.5 hours).
- The presence of any observers, their role and purpose, and the means of observation (observers viewing and listening in remotely).
- The presence and purpose of any recording being made of the session.
- Confirm participants are comfortable with the platform and some of the specific settings such as: how to mute and unmute themselves; where the hand raise button is; and the chat box.
- As mentioned, when we invited you to participate in this discussion group, we're conducting research on behalf of Health Canada. The purpose is to explore issues related to health care in Canada.

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

Introduction of participants: To get started, please tell us your first name, what you do during the day, and one of your favourite interests or hobbies.

Awareness and understanding of addiction

5 min 15 min

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

Today we will be talking about substance use. When we say substance use, we mean consuming things like alcohol and drugs. This can include taking both legal and illegal drugs. Substance use can be seen on a scale. Some substance use is beneficial (like prescription medication taken as directed), some substance use can be low risk (such as a glass of wine or beer with dinner), some patterns of use can become more harmful (like using illegal drugs) and at the end of the spectrum, addiction can occur if someone uses substances to a level that is harming themselves or others but they can't stop (even if they want to).

Specifics to target groups

35 min 50 min

- *[HANDS UP]* Who thinks that substance use (like drinking and consuming drugs) is more common in men? Why?
 - In general, do you think addiction is more common in men? Why?
 - What's your impression of how each of these substances are typically being used these days, if at all?
 - Why do you think people consume or use it?
 - What would be the threshold where use of one of these substances is problematic or worrying? How does that threshold differ by substance, if at all?
 - Do you think it is more acceptable for men than other genders to use substances?
[IF YES]
 - What is it about being a man that might make it more acceptable?
 - How do you think gender norms (such as men being tough and strong) contribute to men using substances?
 - In general, how would you describe the public's level of acceptance of the use of different substances (like drinking and consuming drugs)? Does it differ by substance? How so?
 - What do you think would motivate people to consume less alcohol?
 - Do you get the sense that men reach out for help more, less or the same frequency than others? Why?
[IF LESS]
 - What do you think is preventing men from reaching out for help?
 - How are these barriers different for men than other genders? Why do you say that?
 - If someone in your life had a substance use addiction, would you feel comfortable reaching out to them? How would you talk to them?
 - Would you answer this question differently for different individuals? What are those factors (gender/age/relationship (friend/family/colleague))?
 - Would you know how to support them or provide them the information they need to reach out for help?
 - If you were experiencing an addiction and wanted support, would you talk to someone? If so, who would this person be?
[ONLY IF NEEDED, PROBE]
 - Anonymously with a trained professional?
 - A supervisor/co-worker?
 - Family?
 - A doctor or another health care provider?
 - A community/religious leader?
 - What obstacles do you think you might encounter if you were to seek help?
 - How would you find information? And where would you look for it?
 - Would you find this help from:
 - Your workplace?
 - Your doctor's/other medical provider's office?
 - Advertising? Online? Social media?
 - Another source?
- [FOR MEN IN PHYSICALLY DEMANDING JOBS]*
- Do you think it is more socially acceptable for men in physical demanding jobs (i.e., those who work in transportation/warehousing; manufacturing; transport/equipment operators; and

trades/construction) than in other sectors/industries to consume substances (like alcohol and drugs)?
Why or why not?

- What are some of the factors that you think may be contributing to more people experiencing substance use and addiction in physically demanding jobs?
- Do you think men working in this type of job would reach out for help if they were worried about their substance use? Why or why not?
 - *[IF NOT]* What would keep men from asking for help about their substance use?
- If so, what types of people or professionals do you think they would consult?
[PROMPT IF NECESSARY]:
 - Anonymously with a trained professional?
 - A supervisor/co-worker?
 - Family? A friend?
 - A doctor or another health care provider?
 - A community/religious leader?
- Why do you think they would reach out to this person? Is there anyone you think they would avoid telling? Do you think they would tell their supervisor or work colleagues? Why or why not?
- What do you think would be their preferred way of accessing help?
- And where do you think they would be looking for information or help? Would it be from:
 - Their workplace?
 - Their doctor's office?
 - Advertising? Online? On social media?
 - Another source? If so, what would that source be?
- What should be in place to help support men working in physically demanding jobs who may be worried about their substance use?

Awareness and understanding of stigma

15 min 65 min

- What does the word stigma mean to you? Please use the chat box to record your answer.
- Do you think that people who use drugs, or who are addicted to alcohol or drugs are stigmatized? Why or why not?
[IF YES]
 - How do you think this impacts them?
 - As far as you're concerned, does this cause barriers for them in terms of reaching out for help? Why do you feel that way?
- What does substance use stigma look like for men? How would you describe it?
- Does the stigma associated with substance use and addiction impact men differently? How? Tell me why you feel that way.
- What do you think causes addiction?
- Do you think people who are addicted to drugs or alcohol could stop if they wanted to? In other words, to what extent do you think people can control their addiction?
- Do you feel society sees addiction as a health and/or social issue; a community safety or law enforcement issue; or some combination of these?
- How do you think people with an addiction are treated in society?
- Would you say that recovery is possible for individuals who have an addiction? Why or why not?
- What does recovery look like? Does recovery mean full abstinence?
- What do you think could help shift peoples' perceptions about people with an addiction?

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

Understanding of opioids and overdoses

10 min 75 min

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

- *[HANDS UP]* How many of you are familiar with the term opioids? What do you know about opioids? Where did you get that knowledge?
 - *[MODERATOR MAY PROVIDE]* Opioids can be prescribed medications (like codeine, morphine, oxycodone) but are also illegally produced and sold (like heroin, illegally produced fentanyl and other counterfeit pills containing opioids), and can be present in other non-opioid illegal drugs (tainted).
- Do you think you could recognize the signs or symptoms of an opioid overdose?
- Would you know what to do if you thought someone was experiencing an opioid overdose? What steps would you take? Would you call for help? Why or why not?

Views on chronic pain and chronic pain management 10 min 85 min

[MODERATOR TO DEFINE] Chronic pain is defined as pain that continues for longer than three months.

- Has anyone ever experienced, or does anyone know someone who lives with chronic pain?
- To the best of your knowledge, do you know how their chronic pain affects their daily life, or their ability to work?
- From your perspective, what treatments are currently available for people who live with chronic pain?
- Other than the impacts of COVID, to the best of your knowledge, is anything preventing people living with chronic pain from gaining access to any of these treatments? Why do you feel that way?

Conclusion

5 min 90 min

[MODERATOR TO REQUEST ADDITIONAL QUESTIONS ARE SENT VIA THE CHAT BOX DIRECTLY TO THE MODERATOR AND PROBE ON ANY ADDITIONAL AREAS OF INTEREST.]

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

Appendix D: Recruitment screener

Online focus group summary

- Ten groups total.
- Recruit eight participants per group.
- Groups are 90 minutes long.
- Participants must have high speed internet access and a webcam.
- In each group, must meet minimum number of participants from each city/town/region identified:
 - For Atlantic Canada, residents are of Fredericton, Moncton and Halifax;
 - For Quebec, residents are of Montreal and Québec City;
 - For Ontario, residents are of Toronto, Guelph and Ottawa;
 - For Prairies, residents are of Calgary, Edmonton and Saskatoon;
 - For BC, residents are of Vancouver (minimum of 2), Thompson-Cariboo region (minimum of 2), and Fraser region (minimum of 2). From Thompson-Cariboo, prioritize residents of Lillooet, Merritt and North Thompson; and, from Fraser, prioritize residents of Surrey.
- For residents of official language minority communities (OLMCs), please fit in a group of their preferred language at a time convenient to them.
- Men in physically demanding jobs should be prioritized for groups 5, 6, 7, 9 and 10, but will not be excluded from the other groups if quotas filled, to a maximum of 2 in the groups with men age 20-59.
- Must ensure good mix of other demographics (age, income, education, etc.).

Group #	Audience	Region	Time
Monday, December 13, 2021			
1	Men age 20-59	Atlantic Canada (EN)	4:00 pm EST/5:00 pm AST
2	Men age 20-59	Ontario (EN)	6:00 pm EST
Wednesday, December 15, 2021			
3	Men age 20-59	Quebec (FR)	5:00 pm EST
4	Men age 20-59	Prairies (EN)	7:00 pm EST/6:00 pm CST/5:00 pm MST
5	Men (18+) in physically demanding jobs	Atlantic Canada (EN)	5:00 pm EST/6:00 pm AST
6	Men (18+) in physically demanding jobs	Prairies (EN)	7:30 pm EST/6:30 pm CST/5:30 pm MST
Thursday, December 16, 2021			
7	Men (18+) in physically demanding jobs	Quebec (FR)	6:00 pm EST
8	Men age 20-59	British Columbia (EN)	8:00 pm EST/5:00 pm PST
9	Men (18+) in physically demanding jobs	Ontario (EN)	6:00 pm EST
10	Men (18+) in physically demanding jobs	British Columbia (EN)	8:00 pm EST/5:00 pm PST

Respondent's name:

Interviewer:

Respondent's phone number: (work)

Date:

Respondent's phone number: (cell)

Validated:

Respondent's email:

Hello/Bonjour, my name is _____ and I'm calling on behalf of Earnsccliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada, specifically for Health Canada. We are looking for people who would be willing to participate in an online discussion group that will last up to 90 minutes.

Up to eight participants will be taking part and for their time, participants will receive an honorarium of \$[INSERT AMOUNT]. May I continue?

- Yes [CONTINUE]
No [THANK AND TERMINATE]

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

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

- Yes [CONTINUE]
No [THANK AND TERMINATE]

MONITORING TEXT:

READ TO ALL: “This call may be monitored or audio taped for quality control and evaluation purposes.

ADDITIONAL CLARIFICATION IF NEEDED:

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

S1. Do you or any member of your household work for...

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

[IF “YES” TO ANY OF THE ABOVE, THANK AND TERMINATE]

S2. Please indicate your gender. Do you identify as...?

A man	1	
A woman	2	[THANK AND TERMINATE]
Gender diverse	3	[THANK AND TERMINATE]
Prefer not to say	99	[THANK AND TERMINATE]

S3. Which province or territory do you live in?

Newfoundland and Labrador	1	[THANK AND TERMINATE]
Nova Scotia	2	[CONTINUE FOR ATLANTIC CANADA]
Prince Edward Island	3	[THANK AND TERMINATE]
New Brunswick	4	[CONTINUE FOR ATLANTIC CANADA]
Quebec	5	[CONTINUE FOR QUEBEC]
Ontario	6	[CONTINUE FOR ONTARIO]
Manitoba	7	[THANK AND TERMINATE]
Saskatchewan	8	[CONTINUE FOR PRAIRIES]
Alberta	9	[CONTINUE FOR PRAIRIES]
British Columbia	10	[CONTINUE FOR BRITISH COLUMBIA]
Yukon	11	[THANK AND TERMINATE]
Nunavut	12	[THANK AND TERMINATE]
Northwest Territories	13	[THANK AND TERMINATE]
Prefer not to say	99	[THANK AND TERMINATE]

S4. And in which of the following cities, towns, or regions, if any, do you live?

[IF BRITISH COLUMBIA IN S3, READ:]

Vancouver 1 [VANCOUVER; MIN OF 2; CONTINUE FOR BC]

THOMPSON-CARIBOO

Cariboo/Chilcotin	2	}	[THOMPSON-CARIBOO; MIN OF 2; PREFERENCE FOR: NORTH THOMPSON, LILLOOET, AND MERRITT, CONTINUE FOR BC]
100 Mile House	2		
North Thompson	2		
Lillooet	2		
South Cariboo	2		
Merritt	2		
Salmon Arm	2		
Kamloops	2		
Revelstoke	2		

FRASER

Burnaby	3	}	[FRASER; MIN OF 2; PREFERENCE FOR SURREY, CONTINUE FOR BC]
Coquitlam	3		
Port Moody	3		
Port Coquitlam	3		
Maple Ridge	3		
Pitt Meadows	3		
Mission	3		
Abbotsford	3		
Delta	3		
Surrey	3		
South Surrey	3		
White Rock	3		
Langley	3		
Chilliwack	3		
Harrison Hot Springs	3		
Agassiz	3		
Other	77	[THANK AND TERMINATE]	

[IF ALBERTA IN S3, READ:]

Calgary	4	[MIN OF 2; CONTINUE FOR PRAIRIES]
Edmonton	5	[MIN OF 2; CONTINUE FOR PRAIRIES]
Other	77	[THANK AND TERMINATE]

[IF SASKATCHEWAN IN S3, READ:]

Saskatoon	6	[MIN OF 2; CONTINUE FOR PRAIRIES]
Other	77	[THANK AND TERMINATE]

[IF ONTARIO IN S3, READ:]

Guelph	7	[MIN OF 2; CONTINUE FOR ONTARIO]
Toronto	8	[MIN OF 2; CONTINUE FOR ONTARIO]
Ottawa	9	[MIN OF 2; CONTINUE FOR ONTARIO]
Other	77	[THANK AND TERMINATE]

[IF QUEBEC IN S3, READ:]

Montreal	10	[MIN OF 2; CONTINUE FOR QUEBEC]
Quebec City	11	[MIN OF 2; CONTINUE FOR QUEBEC]
Other	77	[THANK AND TERMINATE]

[IF NOVA SCOTIA IN S3, READ:]

Halifax	12	[MIN OF 2; CONTINUE FOR ATLANTIC CANADA]
Other	77	[THANK AND TERMINATE]

[IF NEW BRUNSWICK IN S3, READ:]

Fredericton	13	[MIN OF 2; CONTINUE FOR ATLANTIC CANADA]
Moncton	14	[MIN OF 2; CONTINUE FOR ATLANTIC CANADA]
Other	77	[THANK AND TERMINATE]

Prefer not to say 99 [THANK AND TERMINATE]

S5. Could you please tell me which of the following age categories you fall into? Are you...? *[ENSURE GOOD MIX]*

18-19 years	1	[MEN IN PHYSICALLY DEMANDING JOBS ONLY]
20-29 years	2	
30-39 years	3	
40-49 years	4	
50-59 years	5	
60+ years	6	[MEN IN PHYSICALLY DEMANDING JOBS ONLY]
Prefer not to say	99	[THANK AND TERMINATE]

S6. What is your current employment status?

Student (full time or part time)	1	[SKIP S7, IF NOT ALSO EMPLOYED]
Employed (full time or part time)	2	
Unemployed	3	[SKIP S7]
Prefer not to say	99	[THANK AND TERMINATE]

S7. In which of the following jobs or industries do you work, if any? *[ENSURE GOOD MIX]*

Transportation and warehousing	1	[PHYSICALLY DEMANDING JOBS]
Manufacturing	2	[PHYSICALLY DEMANDING JOBS]
Equipment operator	3	[PHYSICALLY DEMANDING JOBS]
Trades and/or construction	4	[PHYSICALLY DEMANDING JOBS]
Other	77	[MEN 20-59 ONLY, GO TO S10]
Prefer not to say	99	[THANK AND TERMINATE]

S8. Do you work in a supervisory position? [DO NOT READ] *[ENSURE A GOOD MIX]*

Yes	1	
No	2	
Prefer not to say	99	[THANK AND TERMINATE]

S9. Are you a member of a union? [DO NOT READ] *[ENSURE GOOD MIX]*

Yes	1	
No	2	
Prefer not to say	99	[THANK AND TERMINATE]

S10. What is the last level of education that you have completed? *[ENSURE GOOD MIX]*

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

S11. What is your ethnic background? [DO NOT READ] [ENSURE GOOD MIX]

Caucasian	1	
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
East or 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	77	
Don't know/Prefer not to say	99	[THANK AND TERMINATE]

S12. Which of the following categories best describes your total household income; that is, the total income of all persons in your household combined, before taxes? [READ LIST] [ENSURE GOOD MIX]

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

This research will require participating in a video call online.

S13. Do you have access to a computer, smartphone or tablet with high-speed internet which will allow you to participate in an online discussion group?

Yes	1	
No	2	[THANK AND TERMINATE]

S14. Does your computer/smartphone/tablet have a camera that will allow you to be visible to the moderator and other participants as part of an online discussion group?

Yes	1	
No	2	[THANK AND TERMINATE]

S15. Do you have a personal email address that is currently active and available to you?

Yes	1	[PLEASE RECORD EMAIL]
No	2	[THANK AND TERMINATE]

S16. Have you participated in a discussion or focus group before? A discussion group brings together a few people to understand their opinion about a given subject.

Yes	1	[MAX 1/3 PER GROUP]
No	2	[SKIP TO S20]
DK/NR	99	[THANK AND TERMINATE]

S17. When was the last time you attended a discussion or focus group?

If within the last 6 months	1	[THANK AND TERMINATE]
If not within the last 6 months	2	
DK/NR	99	[THANK AND TERMINATE]

S18. How many of these sessions have you attended in the last five years?

If 4 or less	1	
If 5 or more	2	[THANK AND TERMINATE]
DK/NR	99	[THANK AND TERMINATE]

S19. 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

INVITATION QUESTIONS

S20. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you...? [READ LIST]

Very comfortable	1	[MINIMUM 4 PER GROUP]
Fairly comfortable	2	
Comfortable	3	
Not very comfortable	4	[THANK AND TERMINATE]
Not at all comfortable	5	[THANK AND TERMINATE]
DK/NR	99	[THANK AND TERMINATE]

S21. Sometimes participants are asked to read text, review images, or type out answers during the discussion. Is there any reason why you could not participate?

Yes	1	[ASK S22A]
No	2	[SKIP TO S23]
DK/NR	9	[THANK AND TERMINATE]

S22A. Is there anything we could do to ensure that you can participate?

Yes	1	[ASK S22B]
No	2	[THANK AND TERMINATE]
DK/NR	9	[THANK AND TERMINATE]

S22B. What specifically? [OPEN END]

[INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW]

S23. Based on your responses, it looks like you have the profile we are looking for. I would like to invite you to participate in a small group discussion, called an online focus group, we are conducting at [TIME], on [DATE]

As you may know, focus groups are used to gather information on a particular subject matter; in this case, the discussion will touch on your views related to health-related topics that may impact Canadians. The discussion will consist of up to eight people and will be very informal.

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

Yes	1	[RECRUIT]
No	2	[THANK AND TERMINATE]
Don't know/Prefer not to say	9	[THANK AND TERMINATE]

PRIVACY QUESTIONS

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

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

Yes	1	[GO TO P2]
No	2	[GO TO P1A]

We need to provide the first names and background of the people attending the focus group because only the individuals invited are allowed in the session and this information is necessary for verification purposes. Please be assured that this information will be kept strictly confidential.
GO TO P1A

P1A. Now that I've explained this, do I have your permission to provide your first name and profile?

Yes	1	[GO TO P2]
No	2	[THANK & TERMINATE]

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

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

Yes	1	[THANK & GO TO P3]
No	2	[READ RESPONDENT INFO BELOW & GO TO P2A]

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

- P2A Now that I've explained this, do I have your permission for recording?

Yes	1	[THANK & GO TO P3]
No	2	[THANK & TERMINATE]

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

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

Yes	1	[THANK & GO TO INVITATION]
No	2	[THANK & TERMINATE]

INVITATION:

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

Group #	Audience	Region	Time
Monday, December 13, 2021			
1	Men age 20-59	Atlantic Canada (EN)	4:00 pm EST/5:00 pm AST
2	Men age 20-59	Ontario (EN)	6:00 pm EST
Wednesday, December 15, 2021			
3	Men age 20-59	Quebec (FR)	5:00 pm EST
4	Men age 20-59	Prairies (EN)	7:00 pm EST/6:00 pm CST/5:00 pm MST
5	Men (18+) in physically demanding jobs	Atlantic Canada (EN)	5:00 pm EST/6:00 pm AST
6	Men (18+) in physically demanding jobs	Prairies (EN)	7:30 pm EST/6:30 pm CST/5:30 pm MST
Thursday, December 16, 2021			
7	Men (18+) in physically demanding jobs	Quebec (FR)	6:00 pm EST
8	Men age 20-59	British Columbia (EN)	8:00 pm EST/5:00 pm PST
9	Men (18+) in physically demanding jobs	Ontario (EN)	6:00 pm EST
10	Men (18+) in physically demanding jobs	British Columbia (EN)	8:00 pm EST/5:00 pm PST

Can I confirm your email address so that we can send you the link to the online discussion group?

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

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

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

First name:

Last name:

Email:

Daytime phone number:

Evening phone number:

If the respondent refuses to give his/her first or last name, email or phone number please assure them that this information will be 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

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

Background information

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

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to 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! 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! 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.

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 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. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

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

If you have any questions about the survey, you may contact Earncliffe Strategies at info@earncliffe.ca or research@phoenixspi.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

You may continue once the youth respondent is ready to participate. [route to applicable background information]

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? If so, how many children are in each of the following age categories?

None	assign to genpop, skip to q8
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, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin©	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

- Have taken in the past year ["opioid user"] 1
- Have taken, but not in the past year ["past opioid user"] [skip to 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, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

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 heroine, 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? Please check all that apply.

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

22. How much do you agree or disagree with the following statements about Naloxone? [randomize]

- a) I know where to get naloxone
- b) I know what naloxone is and what it is used for
- c) I would know how to administer naloxone if I needed to

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

Section 5: Attitudes relating to behaviours, risk and harms

23. When you hear the terms “opioid use disorder” and “addiction”, would you say you feel that they are exactly the same thing, basically the same thing, or different things?

Exactly the same thing	1
Basically the same thing	2
Different things	3
Don't know/Prefer not to say	9

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

- a) I understand what it is about opioids that is so dangerous
- b) If I needed to, I am confident I could easily find help for dealing with problematic opioid use (or an opioid addiction)

- c) I would know what to do if I saw a person experiencing an overdose
- d) I think I'd be able to identify signs of an opioid overdose if faced with them
- e) I think I'd be able to identify signs of an opioid use disorder (addiction)

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Don't know/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. [ask all respondents items a, b, c, e, and k. randomly select an additional 15 of the 18 items d, f thru j, l thru w. randomize all items to be asked.]

- a) [ask all] I don't have much sympathy for people who misuse opioids
- b) [ask all] People who overdose on opioids get what they deserve
- c) [ask all] A lack of self-control is usually what causes a dependence upon or an addiction to opioids
- d) People who are dependent upon or addicted to opioids could stop taking them if they really wanted to
- e) [ask all] Addiction to opioids is a disease
- f) We should be using more of our health care resources for dealing with addictions to drugs
- g) If I were prescribed an opioid, I would not want my friends or family to know that
- h) If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help
- i) People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle
- j) Canada's opioid crisis is not as serious a public health crisis as COVID-19 is
- k) [ask all] The opioid crisis in Canada is a public health issue
- l) When following your doctor's instructions for taking an opioid painkiller, you can still become addicted
- m) 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)
- n) People who live with any drug addiction are dangerous and/or untrustworthy
- o) Society is not very friendly toward people living with a drug addiction
- p) I think my friends or family would feel comfortable telling me they were living with a drug addiction
- q) Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment
- r) I think people living with a drug addiction can recover
- s) I negatively judge people who are living with a drug addiction
- t) People living with a drug addiction should be cut off from services if they don't try to help themselves
- u) People living with a drug addiction cost the system too much money
- v) If I were ever to feel I may have developed an opioid or other substance use disorder (addiction), I would know how to get help
- w) [parents only] If I were ever to feel my teen were living with a drug addiction, I would know how to get help

Strongly disagree	1
Disagree	2

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

Section 7: Risk behaviour profiling

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

- At least one friend or family member has been prescribed one of these drugs
- At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street
- I have known someone who has had a non-fatal overdose of one of these drugs
- I have known someone who died of an overdose of one of these drugs
- I have known someone who became addicted to one of these drugs
- [ask parents of 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, Fenty
Heroin	Diaphin	Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Tussionex®, Vicoprofen®	Hydro, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Demerol®	Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral®, Statex®, M.O.S.®	M, morph, red rockets
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxy, hillbilly heroin, percs
Pentazocine	Talwin®	Ts, Ts & Cs
Tapentadol	Nycynta®	Unknown
Tramadol	Ultram®, Tramacet®, Tridural®, Durela®	Chill pills, ultras

27. [if opioid user or past opioid user] You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) for starting opioid use? [randomize]

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5
- To manage pain resulting from a medical procedure (e.g., surgery) 6
- Other (please specify) 7
- Don't know/Prefer not to say 9

28. [if opioid user] What is the primary reason(s) for using opioids today? Check all that apply. [randomize in same order as previous]

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5
- To manage pain resulting from a medical procedure (e.g., surgery) 6
- Other (please specify) 7
- Don't know/Prefer not to say 9

29. [if used opioids to manage pain] Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

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

30. [if yes] Did this difference make you feel any better or worse about how you were being treated?

I felt better about how I was being treated	1
No impact on how I felt I was being treated	2
I felt worse about how I was being treated	3
Don't know/Prefer not to say	9

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

Never	1
Rarely	2
Sometimes	3
Usually	4
Always	5
Don't know/Prefer not to say	9

32. [if q31>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

33. [if q31>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

34. [if q31<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

35. [if q31<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

36. [If q31<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

37. [if q31<5 (never, rarely, sometimes, usually)] If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Definitely would not	1
Probably would not	2
Probably would	3
Definitely would	4
Don't know/Prefer not to say	9

38. [if opioid user or past opioid user] How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Never	1
Rarely	2
Sometimes	3
Usually	4
Always	5
Don't know/Prefer not to say	9

39. [if q38>never (rarely, sometimes, usually, always) Which of the following have you taken in addition to an opioid? Check all that apply. [randomize]

Alcohol	1
Cannabis	2
Methamphetamine	3
Benzos	4
Cocaine	5
Other [specify]	7
Don't know/Prefer not to say	9

40. [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

41. [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

42. [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

43. [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

44. [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 |

45. [if parent of a teen] If your teen needed help for drug use, how confident are you that you would know where to get it?

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

Section 8: Opioid information

46. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [ask all respondents item a. randomly select an additional 7 of the 12 items b to m. randomize all items to be asked.]

- a) [ask all] The Government of Canada
- b) Friends and family who have taken opioids before
- c) Friends and family who have never taken opioids before
- d) Your doctor
- e) [if 13-15 or 16-17 year-old teen] Your parents
- f) Your provincial government
- g) Your regional or municipal public health agency
- h) Websites focused on health issues/health content
- i) School teachers
- j) A news outlet
- k) A person who had an opioid use disorder (addiction) or who has survived an opioid overdose
- l) A pharmacist
- m) A person who currently uses opioids regularly

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

47. [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

48. [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.

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

Ingredients	1
Calories	2
Nutritional information	3
Health risks/warnings	4
Number of standard servings that are in the container	5
None of the above	6
Don't know/Prefer not to say	9

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

- Alcohol use is not a public health issue
- Alcohol use increases a person's risk of developing serious health conditions
- People who have alcohol use disorder (addiction) could stop if they really wanted to
- 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.

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

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

52. 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

53. [if q52=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

54. 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

55. [if > 15 years of age] Which of the following categories best describes your total household income for 2020? 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

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

[insert first three digits of postal code. Format a1a]	
Prefer not to answer	9

[pre-test only add questions a thru j]

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

This concludes the survey. Thank you for your participation!

If the survey makes you feel like you would like to talk to someone about this topic, visit <https://www.canada.ca/en/health-canada/services/substance-abuse/get-help/get-help-with-drug-abuse.html> to find someone in your province.

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