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

Prepared for Health Canada

Supplier name: Earnscliffe Strategy Group

Contract number: CW2238166

Contract value: \$214,725.99

Award date: November 20, 2023

Delivery date: April 26, 2024

Registration number: POR 088-23

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

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

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Catalogue Number: H14-629/2024E-PDF

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

Related publications (registration number):

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

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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.

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

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

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

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

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

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

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

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

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

- A base national sample of n=1666 Canadian residents aged 13 and older;
- An additional sample of n=373 youth aged 13-15;
- An additional sample of n=477 parents of youth 13-15;
- An additional sample of n=522 young adults 16-24;
- An additional sample of n=999 men aged 20-59;
- An additional sample of n=422 Indigenous respondents;
- An additional sample of n=338 racialized respondents;
- An additional sample of n=389 male labourers;
- An additional sample of n=567 people who use opioids legally; and,

- An additional sample of n=342 people who use opioids illegally.

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

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

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

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

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

Section A: Opioid and illegal drug use

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

Section B: Opioid awareness, impressions, and basic understanding

- The survey findings suggest that awareness of opioids is unchanged since 2019. At two-in-five, people who use opioids legally (40%) and Indigenous respondents (39%) were the most likely to say they are certain they know what an opioid is.
- Youth remain the least familiar with what opioids are with 29% saying they have never heard of them or do not really know what they are – this number jumps to 39% when prompted with a reference chart listing specific types of opioids.
- There is a broad sense that most (37%) or all (44%) of opioids in the chart provided to respondents are dangerous among the general population with no one saying that none are dangerous (0%). This trend is echoed in most of the other target audiences examined with the exception of people who use opioids illegally, who are the least likely to say that all of the drugs listed are dangerous.
- Levels of familiarity with fentanyl remain consistent with previous waves (with 45% saying they are at least somewhat, if not very familiar) as does its perceived danger (82% saying it is very dangerous).

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

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

- Reversing the trend noted in the last report, there has been a significant increase in the number of respondents agreeing that they understand why opioids are dangerous – from 60% in 2021 to 80% in 2024.

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

Section D: Attitudes regarding stigma

- It is clear that there is still stigma surrounding opioid use disorder. Even if on most metrics the tracking data suggests that this stigma has remained fairly stable, there are a few where there has been a slight degradation of opinion – for example, those saying that those who overdose get what they deserve has notched up to 14%.
- If most respondents are cognizant that this stigma exists, with three quarters (73%) of the general population sample agreeing that society is not very friendly toward people living with a drug addiction, there are important differences in the way in which the target audiences examined in this report understand and interact with this stigma.
- In the focus groups participants easily grasped the concept of stigma, with it often coming up unprompted and being tied to negative perceptions of shame, judgment, stereotypes, and barriers.
- There was near consensus that those who have a substance use addiction are stigmatized, however, most recognized that the amount of stigma or the way it is applied

depends on the person being stigmatized and the substance in question. As we have seen in previous waves, there was definitely a sense that ethnic minorities and Indigenous people are stigmatized more than other communities.

- Most participants agreed that stigma negatively impacts those with substance use addiction and makes them less likely to reach out for help. This was particularly true of groups with Indigenous people, who pointed to stigma but also cost, limited access to healthcare, and issues of trust.
- Asked whether men in physically demanding jobs would reach out for help if they were worried about their substance use, most participants did not think they would due to the stigma and the fear of reprisal at work. There was also a link drawn by some participants to perceptions of masculinity, and the idea that men are expected to be tough or disciplined enough to handle the situation.

Section E: Risk behaviour profiling

- Unlike 2021 when proximity to those with opioid dependencies had fallen, this wave marks a reversal in this trend with half (48%) of respondents in the general population sample saying that known at least one friend or family member who has been prescribed an opioid – this up from 42% who said the same in 2021.
- Tragically, one-in-five (20%) respondents in the general population sample say they know someone who died of an overdose of one of these drugs or suffered a non-fatal overdose (19%). These represent new peaks since tracking began in 2017.
- Indigenous respondents report very high levels of personal proximity to opioid use and are the most likely to say they know someone who has become addicted (59%), to know someone who has done them illegally (52%), who has died from an overdose on one of these drugs (46%), or who has experienced a non-fatal overdose (40%).
- Consistent with previous waves of the study, just over half (55%) of the respondents in the general population sample say they store their opioids in a location where only they can access them.
- With regards to leftover opioids respondents who had them were equally split between those who returned them (29%) and those who say they saved them in case they needed them again (28%).
- Half (52%) of respondents who have used unprescribed opioids say they either took them a few times or once or twice with few reporting more frequent usage.

- Among those who have used opioids not prescribed to them, a plurality (35%) say that they got them from a friend or a relative who had a prescription.
- Prompted with the question of whether they would take a non-prescribed opioid they knew contained fentanyl, a majority across all audiences say they either probably, or definitely, would not take it. Despite this, important minorities of young adults (24%) and male labourers (25%) say they probably would regardless.
- Two thirds (67%) of the general population sample who have used opioids at some point say they never mix other drugs or alcohol with opioids. Among those who use multiple substances at once, alcohol (63%) and cannabis (40%) are the top two listed.
- When it comes to the risks of polysubstance use, seven-in-ten in the general population sample (70%) say that they are very familiar (26%) or somewhat familiar (44%) with the risks.
- While only a small number say they have sought treatment for an opioid use disorder (6%), this is up slightly from 2021 (4%).

Section F: Opioid information

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

- In focus groups with male labourers, there was a preference for anonymous support, family doctors, therapy programs, and online information. Here the Government of Canada was seen as a more positive and trusted source of information with a larger role to play in public awareness.

Section G: Views on chronic pain and chronic pain management

- Pain management remains the primary reason for starting opioid use, including pain resulting from a medical procedure (59%), to manage pain resulting from an injury (31%), or to manage chronic pain (22%). If pain management was the primary reason for most respondents starting their use of opioids, it is also true that it is the dominant reason they continue to use opioids today. This remains consistent with the findings in 2021.
- Among those that have used opioids to manage pain, and consistent with the findings in 2021, the vast majority (84%) have not felt that they have been treated differently by health care providers or first responders due to their opioid use. Just over half (56%) of respondents who felt that they had been treated differently due to their opioid usage for pain management say that they felt worse about how they were treated.
- In the focus groups, men in physically demanding jobs mentioned that in addition to helping to manage stress and the easy availability of these substances, pain management was a primary contributing factor to opioid and drug usage. Nearly everyone had experienced chronic pain, or knew someone who had, with many mentioning they turn to substances to get through the day.
- To manage chronic pain some participants spoke of alternative therapies, like physiotherapy, chiropractic care, and acupuncture, whereas others mentioned the use of medications or cannabis to manage the pain. The barriers for treating chronic pain included long wait times, poor access to treatment, the cost of treatment, inflexible work hours/lack of time off and inconvenient provider hours of operation, and rural job locations.

Section H: The role of stigma

- The overall size of the segments has not shifted dramatically since the last wave, although the unsympathetic segment has decreased slightly since tracking began in 2017. A quarter (25%) are Allies, with an equal number (24%) falling into the

Unsympathetic segment. The remaining half (50%) of respondents are considered Ambivalent.

- When it comes to the demographic makeup of each segment, males appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment with their share rising to 67% (up from 56%) in 2021. The inverse trend is witnessed among Allies, of which 64% identify as female (this up from 59% in 2021).
- There is also variation in the personal exposure to opioids across the different segments. Compared with 2021, exposure to almost every single metric tracked has increased across all segments. This has not translated into increased familiarity with the opioids tested or an increased sense of danger, however.
- What has increased is the number of respondents across all segments who believe they would know what to do if they saw someone experiencing an overdose, being able to identify the signs of an opioid overdose or being able to identify signs of an opioid use disorder.

Section I: Views regarding alcohol consumption and substance use

- In line with the previous waves of this study, a majority of respondents are supportive of alcoholic beverage labels containing health risks and warnings (69%) and ingredients (59%).
- While all are majority supportive of this, racialized respondents (76%), people who use opioids legally (70%), and Indigenous respondents (69%) are all the most likely to say health risks and warnings should feature on alcoholic beverages.
- There is a high degree of awareness and concern with the health risks of alcohol. Three quarters (77%) say that it increases a person's risk of developing serious health conditions whereas three-in-five (62%) say that any amount of alcohol consumption can have risks to your health.
- There is a greater sense among the general population sample at least that people who have an alcohol use disorder could stop if they wanted to (31%) than those who are taking opioids (20%).

Research firm: Earncliffe Strategy Group (Earncliffe)

Contract number: CW2238166

Contract value: \$214,725.99

Award date: November 20, 2023

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

Signed:

Date: April 26, 2024

A handwritten signature in black ink, appearing to read "Stephanie Constable". The signature is written in a cursive, flowing style.

Stephanie Constable
Principal, Earncliffe