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Mental Health, Substance Use, and Polysubstance Use Study (2024) Final Report

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Canada 

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

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

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Executive summary

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

Background and objectives

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

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

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

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

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

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

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

Research design

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

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

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

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

Table 1 - Sampling quotas by audience

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

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

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

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

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

The key findings from the research are presented below.

Key findings

Section A: Profile of substance use and polysubstance use

- Demographically, nearly every subgroup has over 80% identifying at least one substance having been used in the past 12 months and, notably, little variance across nearly all subsets. With the exception of Canadians aged 13 to 17 years, who are less likely to have taken at least one substance (52%). The most commonly used substances overall are alcohol (70%), over-the-counter (OTC) medication (52%), and cannabis (31%).
- There appears to be a correlation between breadth of mental health challenges and the total number of substances used over the past 12 months. Those rating their own

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mental health as Fair/Poor have used, on average, more substances (3.0 on average) than those identifying their mental health as Very Good/Excellent (1.8).

- People who feel they are financially struggling or just keeping up financially have, on average, used a higher variety of substances in the past 12 months than people who report having no financial commitments.
- Canadians aged 18-24 are the segment most likely to indicate polysubstance use with 56% saying they have combined at least one pair of substances in the past year. Conversely, youth aged 13-17 are least likely to report polysubstance use with only 11% saying they have combined any two substances in the past year.
- Those who have been diagnosed with any mental health condition are more likely to indicate polysubstance use than those who have not (68% versus 45%). The highest prevalence of polysubstance use by self-identified mental health conditions are found among those who report having a personality disorder (75%); with a bipolar disorder (70%); and with depression (73%).

Section B: Polysubstance behaviours

After being asked which substances they consumed in the past 12-months, how frequently they consumed them in the past 30 days, and if they ever consumed them with other substances in the same 24-hour period, respondents were classified into different segment use categorizations which are used throughout the report:

- Those engaging in polysubstance use are those who took any two substances within the same 24-hour period. In order to focus on certain behaviours, the analysis throughout the report focuses on those who used at least one combination of substances excluding nicotine as one of the paired substances (referred to as “poly” in the tables included in this report). This segment represents 36% of respondents.
- Those not engaging in polysubstance use are those who took any substances but did not combine any within the same 24-hour period. The analysis throughout this report expands that definition to include the subset of people who paired substance(s) with nicotine only (referred to as “non-poly” in the tables included in this report). This segment represents 51% of respondents.
- Those who did not identify having used any of the 15 substances in the past 12 months are referred to as “No substances” in the tables included in this report. This segment represents 13% of respondents.

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- Half (51%) of those engaging in polysubstance use, including those who use nicotine, say that they have combined three or more of the tested substances within a 24-hour period.
- Among those engaging in polysubstance use, the most common circumstances in which they consumed these substances were when at home (66%), when around friends (58%), and when around family (43%).
- When asked whether they had experienced any side effects from substance use, 46% of those engaging in polysubstance use selected “nothing specific”. The most common side-effects they noted experiencing were feeling unwell after using, including nausea, headaches, or being tired (26%); being unable to stop or reduce the frequency of usage (14%); and having to lie or feeling guilty about the amount used or frequency (14%).

Section C: Mental health and wellbeing

- Those aged 13-17 (50%) and over the age of 25 (49%) are more likely to self-assess their mental health as excellent or very good, while those between the ages of 18-24 are significantly more likely than others to say that their mental health is fair or poor (38%).
- People who engage in polysubstance use are more likely to say that their mental health is fair or poor (32%) compared to those who do not engage in polysubstance use (19%) or those who do not use substances at all (16%).
- When asked if they had faced problems with work, school, or daily life within the last 30 days due to mental or emotional challenges, those aged 18-24 were the most likely to respond yes (at 50%).
- Across all the negative feelings listed, those aged 18-24 were the most likely to say that they experienced these most or all of the time. For every feeling, this was statistically significant when compared to those over the age of 25 and, for all of them except crying and feeling aggressive, it was significant relative to those aged 13-17.
- The most commonly self-reported mental illnesses were anxiety disorder (17%), depression (16%), and attention deficit hyperactivity disorder (9%). People who engage in polysubstance use are significantly more likely than others to say that they have any of the eight most reported mental illnesses.
- Almost three quarters (72%) of respondents who report having a mental illness say that they have received a diagnosis for this.

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

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

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

- A majority (81%) of all respondents say that they are very (31%) or somewhat (50%) knowledgeable about the mental health-related risks and harms associated with substance use.
- Three quarters (77%) of all respondents say they are very (31%) or somewhat (45%) familiar with the risks associated with combining substances.
- When presented with a list of negative implications for mental health and asked which they believed to be side-effects of substance use, over half (56%) of all respondents correctly selected “all of the above”.
- In order to evaluate their level of knowledge, respondents were presented with a series of statements relating to risk associated with substance use and asked if they believe each to be true or false. Respondents were graded on whether they got the responses right as per the guidelines stipulated by Health Canada. At an aggregate level, 43% of respondents got all the answers correctly, 46% got most (66%-99%) of the responses correctly, and 10% got less than 65% of the responses correctly.

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- Those who use substances were asked what, if anything, would help lower their frequency of usage. The top answer was nothing, as respondents believed everything is good (37%). As for actual action items, the most selected were noticing a negative change in one's mental health (24%), sudden health issues or developing a mental illness (14%) or having an accident or sustaining an injury caused by substance use (12%).

Political neutrality statement

Research firm: Earncliffe Strategy Group (Earncliffe)

Contract number: CW2346803

Contract value: \$193,919.30

Award date: January 23, 2024

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

Signed:

Date: August 26, 2024



Douglas Anderson
Principal, Earncliffe

Introduction

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

Background and objectives

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

Health Canada commissioned this quantitative research to understand the prevalence rates of polysubstance use and substance use to cope with mental health issues and/or emotional challenges (and vice-versa), including the level of awareness and knowledge of these issues, as well as the attitudes, perceptions, and behaviours of Canadians.

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

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

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

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

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

Research design

To meet these objectives, Earnscliffe conducted a comprehensive quantitative research study. It was conducted with Canadians aged 13 and over and was done so as to be reflective of the Canadian population based on age (youth 13-17 years old, young adults 18-24 years old, and adults 25 years old or older), region, gender, ethnicity and other key demographics. With the general public sample, specific audiences included:

- People who engage in polysubstance use: people who use more than one substance at the same time or close in time where effects overlap; and,
- People with mental health concerns: people who are struggling with their mental health (self-reported or diagnosed) and who use at least one substance.

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

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

The sample was a hybrid with data collection using two separate sample sources: a probability and a non-probability sample. As the objective of the research is to understand prevalence rate calculations and establish a baseline for polysubstance use in Canada, the probability-based sampling was used for the estimates presented in Section A.

However, some of the oversampling (particularly youth) that was required could not be fully satisfied using a probability sample. As a result, an identically sized study with a non-probability sample was also completed.

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

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Table 2 - Sampling quotas by audience

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

The final data of both the probability and non-probability samples were individually weighted using a target weighting scheme to replicate actual population distribution by region, age, and gender according to the 2021 census data available. As a result, the aggregate data is also weighted to be reflective of same census datapoints.

While no margin of error can be provided for the non-probability sample, the n=4,999 cases from the probability sample have a margin of error of +/- 1.4% at the 95% confidence interval.

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

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

Within the tables included in the body of the report, no statistical significance is included. In the tables provided under separate cover, letters beside percentages indicate results that are significantly different than those found in the specific comparison columns indicated by the letter. Within the tables provided under separate cover, 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.

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Due to rounding, results may not add to 100%. Additionally, due to the way that the survey logic was constructed with parents handing the surveys off to their children, please note that the age groups add up to over 100%.

Detailed findings

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

The following report presents the analysis of the quantitative research.

It is divided into six main sections:

- Section A: Profile of substance use and polysubstance use;
- Section B: Polysubstance behaviours;
- Section C: Mental health and wellbeing;
- Section D: Coping mechanisms for challenges with mental health and substance use
- Section E: Awareness, knowledge, and perception of risks and harms of substance and polysubstance use
- Section F: Target subgroup analysis

Each section presents the findings of the quantitative survey and is guided by one of the research objectives of this study. Section A presents the findings in a primarily narrative format with only a few accompanying tables to help illustrate the data. It also only uses the data from the probability-based panel. The following sections, by contrast, use the combined dataset which includes both the probability-based panel as well as the non-probability panel.

Above each table, the titles provide a short description of the topic examined in each question as well as the crosstabs used to examine it. These are typically age, gender, region, mental health status, and the substance use segmentation (people who engage in polysubstance use excluding nicotine, people who do not engage in polysubstance use excluding nicotine, and those who do not engage in substance use at all). Which crosstabs are used to examine each question vary by section. As many of the questions were only asked of a specific target population, above each table there is a descriptive text of what the base for that particular

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question was. The weighted and unweighted sample sizes (n) can be found at the bottom of each table. Appended data tables provide the results across a much broader range of characteristics.

There are also visual dashboards providing information on individual substances and substance pairings that are provided under separate cover. Details about the survey design, methodology, sampling approach, and weighting of the results may be found in the Quantitative Methodology Report in Appendix A.

Unless otherwise noted the data points and demographic differences highlighted in the body of this report are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Hyphens (-) indicate that there is no data for that particular cell in a table. While inferential statistics were used to support the identification of these differences, they only serve to highlight trends within the existing data set as they cannot be extrapolated to a broader audience.

Percentages may not add up to 100% due to rounding. The response metrics “don’t know” and “no response” are denoted by “DK” and “NR” respectively.

Section A: Profile of substance use and polysubstance use

This initial section of the report provides a very basic overview of trends seen in the data as they relate to substance and polysubstance use.

Throughout the report, substances tested are referenced, often in an abbreviated form to make reading easier. The full description of the 15 specific substances as tested is below:

Cannabis in any form (smoked, vaped, edible, etc.)

Opioids (e.g., oxycodone (OxyContin®), morphine (APO®), or fentanyl, hydromorphone, buprenorphine, Suboxone®, methadone, diacetylmorphine, oxy, OC, percs, roxies, heroin, H, Smack)

Anti-anxiety drugs (e.g. venlafaxine (Effexor®XR), pregabalin (Lyrica®), sertraline (Zoloft®), citalopram (Celexa®), benzos, tranks, K)

Sedatives or sleeping aid (e.g. trazodone (Desyrel®, Trazorel®), lorazepam (Ativan®), zopiclone (Imovane®), clonazepam (Klonopin®, Rivotril®), downers, jellies)

Anti-depressants (e.g. venlafaxine (Effexor®XR), citalopram (Celexa®), escitalopram (Ciprallex®), bupropion (Wellbutrin®))

Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®, beenies, ritz)

Over the counter medication (e.g., cough syrup, decongestants)

Cocaine (e.g., coke, snow, powder) or crack cocaine (e.g., rock, freebase, angie)

MDMA or Ecstasy (e.g., E, X, Molly)

Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD, Acid, blotters)

Methamphetamine (e.g., crystal meth, crank, speed)

Bath salts (e.g., drone, MCAT, vanilla sky, blue magic) – This does not include salts used in a bath

Inhalants (e.g., glue, gasoline, other solvents)

Alcohol (e.g., beer, wines, spirits)

Nicotine in any form (e.g., cigarettes, vaped)

Numerous data tables are appended under separate cover providing many more results than can be highlighted in the body of this report.

Substance use

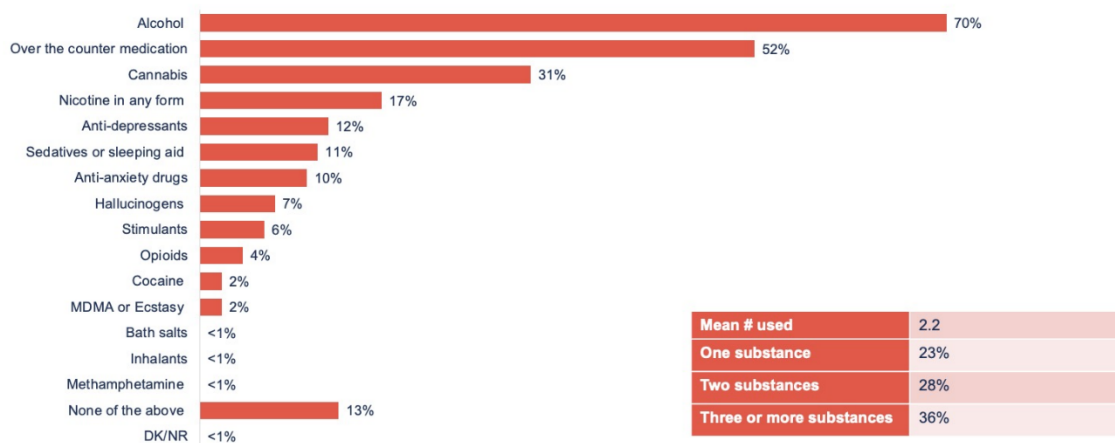
The data show that substance use amongst Canadians is widespread when considering the 15 specific substances tested in this study. While some substances are clearly used more than others and some are used by very few, the vast majority of Canadians (87%) indicate using one or more of these 15 substances in the past 12 months.

The most commonly used substances are alcohol (70%), over-the-counter (OTC) medication (52%), and cannabis (31%). For six specific substances (cannabis, anti-depressants, sedatives or sleeping aids, anti-anxiety drugs, opioids, and stimulants), those who had taken that substance were asked whether they had taken that substance with their own prescription or ever taken it after accessing it through another source (someone else’s prescription or another source altogether). Since people may have taken a substance multiple times in the past year, this was a multiple response question.

Figure 1 - Substance use prevalence (probability sample)

Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only (n=4999)



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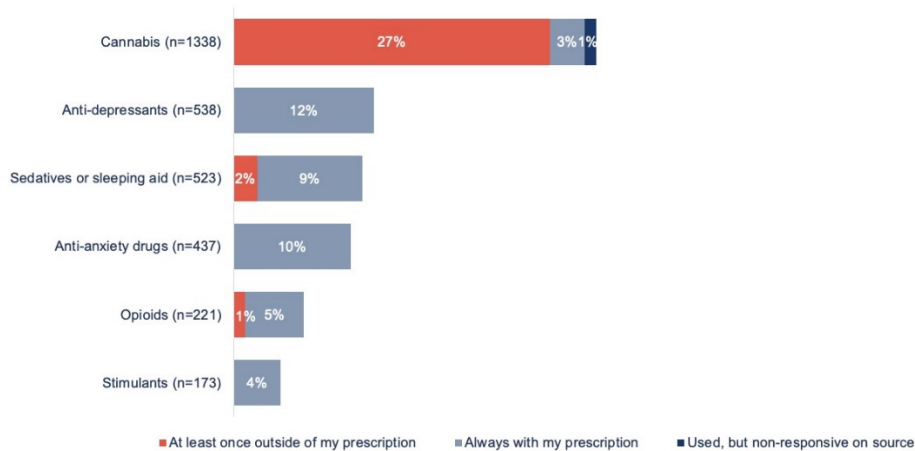
Among the substances that could be obtained through a prescription, most were only sourced as prescription medication. Cannabis was the only substance where the tendency was to obtain it through another source, resulting in 27% of Canadians having used this substance in the past year through some other source than their own prescription and only 3% of Canadians indicating having used cannabis in the past year exclusively with their own prescription.

Figure 2 - Substance use with/without a prescription*

Q8: You indicated having used the substance or substances below in the past 12 months. For each, please indicate whether the times you took it, it was always prescribed to you personally or not always prescribed to you personally. Which of the following best describes the source or sources? Please select all that apply.

Q9: You indicated having used over the counter medication in the past 12 months. Did you always use it to treat related symptoms as indicated on the package?

Base: Respondents from the probability-based panel only (n=varies by substance; percentages are for the total base and not for the row)



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Demographically, nearly every subgroup (80%) have used at least one substance and, notably, little variance across nearly all subsets, except for Canadians aged 13 to 17 years, of whom, only roughly half (52%) say they have taken one of these substances in the past year.

The most commonly used substances are quite similar across most demographic categories with alcohol (70%), over-the-counter (OTC) medication¹ (52%), and cannabis (31%). The most commonly used substances by youth 13-17 are the same but vary in order: OTC medication (36%), followed by alcohol (25%) and cannabis (14%).

Most Canadians (64%) indicate having used more than one substance in the past year.

Table 3 - Prevalence rate of substance use by age and gender

Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only (n=4999)

	Total	Age			Gender		
		13-17	18-24	25+	Male	Female	Other
Alcohol	70%	25%	74%	74%	72%	69%	72%
Over the counter medication	52%	36%	51%	53%	47%	56%	73%
Cannabis	31%	14%	47%	30%	31%	30%	52%
Nicotine in any form	17%	10%	32%	16%	18%	15%	25%
Anti-depressants	12%	4%	15%	12%	7%	16%	26%
Sedatives or sleeping aid	11%	1%	9%	11%	7%	14%	15%
Anti-anxiety drugs	10%	6%	11%	9%	6%	13%	23%
Hallucinogens	7%	2%	11%	7%	7%	5%	20%
Stimulants	6%	4%	17%	4%	5%	5%	29%
Opioids	4%	0%	5%	5%	4%	5%	3%
Cocaine	2%	0%	3%	2%	2%	1%	7%
MDMA or Ecstasy	2%	<1%	1%	2%	2%	1%	7%
Bath salts	<1%	<1%	<1%	0%	0%	0%	<1%
Inhalants	<1%	0%	2%	0%	1%	<1%	6%
Methamphetamine	<1%	0%	0%	0%	1%	<1%	6%
None of the above	13%	48%	12%	10%	14%	12%	16%
DK/NR	<1%	0%	0%	<1%	<1%	0%	0%
<i>Unweighted total</i>	<i>4999</i>	<i>240</i>	<i>149</i>	<i>4610</i>	<i>2683</i>	<i>2249</i>	<i>42</i>
<i>Weighted total</i>	<i>4999</i>	<i>323</i>	<i>472</i>	<i>4204</i>	<i>2446</i>	<i>2436</i>	<i>86</i>

¹ The reference to taking OTC medication includes people who took it as directed and those who say they ever took OTC medication not as directed.

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Regionally, results on substance use show little variance, however, nearly all respondents from the territories identify having used at least one substance and the single biggest explainer is the fact that they are twice as likely as the national average to have said they used nicotine (36% compared to 17% nationally).

Table 4 - Prevalence rate of substance use by region

Exhibit A2 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only

Column %	Total	BC	AB	SK/MB	ON	QC	AC	TERR
Alcohol	70%	76%	69%	63%	71%	69%	69%	68%
Over the counter medication	52%	55%	53%	54%	52%	50%	50%	53%
Cannabis	31%	37%	33%	30%	33%	22%	31%	21%
Nicotine in any form	17%	17%	22%	20%	16%	14%	16%	36%
Anti-depressants	12%	14%	14%	11%	11%	10%	12%	6%
Sedatives or sleeping aid	11%	12%	12%	6%	11%	11%	9%	8%
Anti-anxiety drugs	10%	12%	11%	7%	9%	8%	14%	0%
Hallucinogens	7%	12%	7%	7%	6%	4%	7%	0%
Stimulants	6%	8%	8%	3%	5%	4%	6%	0%
Opioids	4%	5%	2%	4%	5%	4%	5%	1%
Cocaine	2%	2%	5%	1%	2%	1%	2%	2%
MDMA or Ecstasy	2%	2%	3%	1%	2%	1%	1%	0%
Bath salts	<1%	<1%	<1%	<1%	<1%	<1%	0%	0%
Inhalants	<1%	<1%	1%	<1%	1%	<1%	1%	0%
Methamphetamine	<1%	<1%	1%	0%	<1%	1%	<1%	0%
None of the above	13%	10%	12%	13%	13%	16%	13%	3%
DK/NR	<1%	<1%	1%	<1%	<1%	<1%	1%	0%
<i>Unweighted total</i>	<i>4999</i>	<i>647</i>	<i>513</i>	<i>606</i>	<i>1739</i>	<i>928</i>	<i>507</i>	<i>59</i>
<i>Weighted total</i>	<i>4999</i>	<i>689</i>	<i>560</i>	<i>324</i>	<i>1932</i>	<i>1147</i>	<i>333</i>	<i>15</i>

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How people feel about their financial situation also seems to relate to their substance use. People who feel they are financially struggling (86% any substances, 2.6 mean substances) or just keeping up financially have (87%, 2.4), on average, used substances more than people who have no financial commitments (63%, 1.4).

Table 5 - Prevalence rate of substance use by self-assessed financial wellbeing

Exhibit A3 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only

Column %	Total	Finances			
		Keeping up without any problem	Keeping up with little left	Difficulty keeping up	Don't have financial commitments
Alcohol	70%	77%	69%	64%	38%
Over the counter medication	52%	53%	52%	51%	44%
Cannabis	31%	30%	33%	36%	18%
Nicotine in any form	17%	13%	22%	25%	14%
Anti-depressants	12%	10%	14%	22%	5%
Sedatives or sleeping aid	11%	10%	11%	15%	6%
Anti-anxiety drugs	10%	8%	13%	14%	7%
Hallucinogens	7%	6%	9%	8%	2%
Stimulants	6%	4%	7%	13%	7%
Opioids	4%	5%	4%	6%	1%
Cocaine	2%	2%	2%	3%	0%
MDMA or Ecstasy	2%	1%	2%	1%	1%
Bath salts	<1%	<1%	<1%	<1%	0%
Inhalants	<1%	1%	1%	0%	0%
Methamphetamine	<1%	<1%	1%	2%	<1%
None of the above	13%	10%	13%	13%	37%
DK/NR	<1%	<1%	<1%	1%	<1%
Mean number used	2.2	2.2	2.4	2.6	1.4
<i>Unweighted total</i>	4999	2838	1570	282	252
<i>Weighted total</i>	4999	2661	1658	307	312

In terms of occupation, the top three most commonly used substances (alcohol, OTC and cannabis) are the same as found overall and are the same across all occupations. However, there are some differences in terms of the less common substances. As examples, among the occupations of interest for this analysis, there is a higher prevalence of sleeping aids taken among those who work in law (21%) or healthcare (19%) compared to the national average (9%); and people who work in healthcare (12%), are more than twice as likely to use stimulants as the national average (5%).

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Table 6 - Prevalence rate of substance use by occupation

Exhibit A4 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only

Column %	Health care	Senior management	Finance	Construction	Law	Public safety	All others
Alcohol	80%	80%	79%	77%	73%	78%	76%
Over the counter medication	60%	54%	55%	51%	61%	64%	56%
Cannabis	43%	32%	29%	47%	39%	46%	37%
Nicotine in any form	19%	14%	20%	23%	11%	12%	19%
Anti-depressants	18%	7%	10%	6%	8%	18%	13%
Sedatives or sleeping aid	19%	13%	13%	5%	21%	14%	9%
Anti-anxiety drugs	13%	11%	11%	7%	24%	9%	10%
Hallucinogens	13%	8%	9%	8%	6%	5%	9%
Stimulants	12%	5%	8%	5%	7%	2%	7%
Opioids	10%	4%	6%	4%	8%	4%	3%
Cocaine	3%	2%	5%	3%	3%	1%	3%
MDMA or Ecstasy	2%	1%	5%	4%	1%	0%	2%
Bath salts	1%	0%	1%	2%	0%	0%	<1%
Inhalants	1%	0%	1%	0%	0%	0%	1%
Methamphetamine	1%	1%	1%	1%	0%	1%	<1%
None of the above	5%	9%	14%	6%	11%	11%	9%
DK/NR	0%	0%	1%	<1%	0%	0%	<1%
<i>Unweighted total</i>	<i>151</i>	<i>272</i>	<i>114</i>	<i>150</i>	<i>76</i>	<i>61</i>	<i>1980</i>
<i>Weighted total</i>	<i>213</i>	<i>243</i>	<i>114</i>	<i>151</i>	<i>98</i>	<i>62</i>	<i>2213</i>

Polysubstance use

After being asked which substances they consumed in the past 12-months, how frequently they consumed them in the past 30 days, and if they ever consumed them with other substances in the same 24-hour period, respondents were classified into different segment categorizations which are used throughout the report:

- Those engaging in polysubstance use are those who took any two substances within the same 24-hour period. In order to focus on certain behaviours, the analysis throughout the report focuses on those engaging in polysubstance use with at least one combination of substances (referred to as “poly” in the tables included in this report). This segment represents 36% of respondents. Pairs of substances that included nicotine were excluded from the definition of polysubstance use for the purpose of this report.
- Those not engaging in polysubstance use are those who took any substances but did not combine any within the same 24-hour period. The analysis throughout this report expands that definition to include the people who paired any substance(s) with nicotine only (referred to as “non-poly” in the tables included in this report). This segment represents 51% of respondents.
- Those who did not identify having used any of the 15 substances in the past 12 months are referred to as “No substances” in the tables included in this report. This segment represents 13% of respondents.

This report focuses on substance pairings that exclude nicotine in order to focus on the project objectives. While nicotine is included in measuring the prevalence of polysubstance use and co-use with other substances, pairing specific questions were not asked of those including nicotine. Please note that not all possible substance pairings were able to be tested with every respondent who took them due to interview length limitations. For more details on how these pairings were tested, please see the methodology report in Appendix B and the questionnaire in Appendix C.

In total, after accounting for sources of opioids among those who have taken an opioid, a total of 29 different pairs of substances were identified in terms of prevalence and a total of 23 pairings were included in the study for further examination. Medications included did not differentiate between prescription and non-prescription versions, however those only using prescribed medications and no other substances were excluded from the polysubstance use questions. The text included in the questionnaire is provided in Table 8 for each of these 29 pairings, with respective short forms used in charts or tables of this report.

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Table 7 - Description of Polysubstance use pairs evaluated

*Denotes pairings that were excluded from any follow-up questions.

Full description as tested	Short form
Cannabis with over-the-counter medications	Cannabis + OTC
Cannabis with nicotine	Cannabis + Nicotine*
Cannabis with opioids not prescribed to you or from another source	Cannabis + Non-Rx Opioids
Cannabis with opioids prescribed to you	Cannabis + Rx Opioids
Cannabis with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants	Cannabis + Other controlled substance
Cannabis with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants	Cannabis + Medication
Cannabis with alcohol	Cannabis + Alcohol
Alcohol with over-the-counter medications	Alcohol + OTC
Alcohol with nicotine	Alcohol + Nicotine*
Alcohol with opioids not prescribed to you or from another source	Alcohol + Non-Rx Opioids
Alcohol with opioids prescribed to you	Alcohol + Rx Opioids
Alcohol with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants	Alcohol + Other controlled substance
Alcohol with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants	Alcohol + Medication
At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with over-the-counter medications	Medication + OTC
At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with nicotine	Medication + Nicotine*
At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids not prescribed to you or from another source	Medication + Non-Rx Opioids
At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids prescribed to you	Medication + Rx Opioids
Two of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants	Medication + Other controlled substance
At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants	Medication + Another Medication
At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with over-the-counter medications	Other controlled substance + OTC
At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with nicotine	Other controlled substance + Nicotine*
At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with opioids not prescribed to you or from another source	Other controlled substance + Non-Rx Opioids
At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with opioids prescribed to you	Other controlled substance + Rx Opioids
Two of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants	Two other controlled substances
Opioids prescribed to you with over-the-counter medications	Rx Opioid + OTC
Opioids prescribed to you with nicotine	Rx Opioid + Nicotine*
Opioids prescribed to you with opioids not prescribed to you or from another source	Rx Opioid + Non-Rx Opioids
Opioids not prescribed to you or from another source with over the counter medications	Non-Rx Opioid + OTC
Opioids not prescribed to you or from another source with nicotine	Non-Rx Opioid + Nicotine*

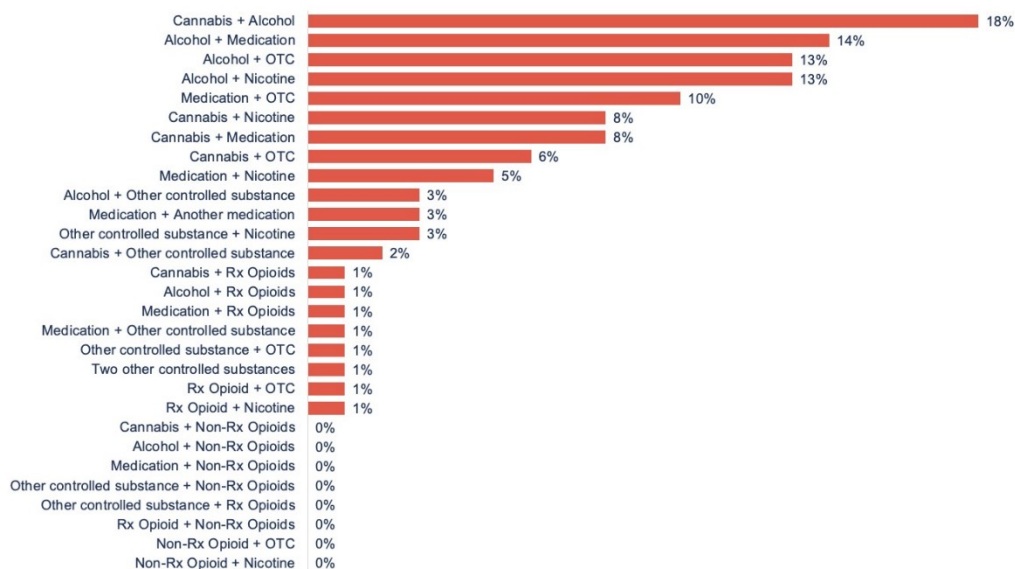
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As can be seen in the chart below, the prevalence of use of these 29 possible pairings varies widely. Overall, 40% reported using two of the substances from these groupings together in the same 24-hour period in the last 12 months. The highest prevalence of a substance pairing was cannabis with alcohol (18%). The next most commonly used pairings were alcohol with medication (14%); alcohol with OTC medication (13%); and alcohol with nicotine (13%).

Figure 3 – Polysubstance use

Exhibit A6 – Q12a to Q17b: Thinking of all the times in the past 12 months that you have used [substance taken], have you also used any of the following within the same 24-hour period? [Pairs only included those that were possible based upon the substances identified as having been taken in the past 12 months]

Base: Respondents from the probability-based panel only (n=4999)



Only 11% of youth aged 13-17 have combined any two substances in the past year, whereas far more of those aged 18-24 (56%) and adults 25+ (41%) have done so. Among youth aged 13-17, the most common pairings indicated are alcohol and cannabis (6%), alcohol and nicotine (6%) and cannabis and nicotine (5%).

Among young adults aged 18-24, the most common pairings indicated are cannabis with alcohol (28%); alcohol with nicotine (28%) and alcohol with “at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants” (20%). Among those aged 25+, the three most common pairings all involve alcohol: cannabis with alcohol (18%); alcohol with “at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants” (14%); and alcohol with OTC medication (13%).

Table 8 – Prevalence rate of polysubstance use by age

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Exhibit A6 – Q12a to Q17b: Thinking of all the times in the past 12 months that you have used [substance taken], have you also used any of the following within the same 24-hour period? [Pairs only included those that were possible based upon the substances identified as having been taken in the past 12 months]

Base: Respondents from the probability-based panel only

Column %	Total	Age		
		13-17	18-24	25+
NET: Any polysubstance use	40%	11%	56%	41%
Cannabis + Alcohol	18%	6%	28%	18%
Alcohol + Medication	14%	2%	20%	14%
Alcohol + OTC	13%	1%	15%	13%
Alcohol + Nicotine	13%	6%	28%	11%
Medication + OTC	10%	1%	15%	10%
Cannabis + Medication	8%	3%	15%	8%
Cannabis + Nicotine	8%	5%	17%	7%
Cannabis + OTC	6%	1%	7%	7%
Medication + Nicotine	5%	2%	10%	4%
Alcohol + Other controlled substance	3%	1%	3%	4%
Other controlled substance + Nicotine	3%	0%	5%	3%
Two medications	3%	1%	5%	2%
Cannabis + Other controlled substance	2%	1%	2%	2%
Rx Opioid + OTC	1%	0%	1%	2%
Medication + Other controlled substance	1%	0%	3%	1%
Medication + Rx Opioids	1%	0%	1%	1%
Other controlled substance + OTC	1%	0%	1%	1%
Cannabis + Rx Opioids	1%	0%	0%	1%
Two other controlled substances	1%	<1%	1%	1%
Alcohol + Rx Opioids	1%	0%	1%	1%
Rx Opioid + Nicotine	1%	0%	1%	1%
Alcohol + Non-Rx Opioids	0%	0%	0%	<1%
Other controlled substance + Rx Opioids	<1%	0%	0%	<1%
Non-Rx Opioid + Nicotine	<1%	0%	0%	<1%
Other controlled substance + Non-Rx Opioids	<1%	0%	0%	<1%
Rx Opioid + Non-Rx Opioids	<1%	0%	0%	<1%
Medication + Non-Rx Opioids	<1%	0%	0%	<1%
Non-Rx Opioid + OTC	<1%	0%	0%	<1%
Cannabis + Non-Rx Opioids	0%	0%	0%	0%
Unweighted total	4999	323	472	4204
Weighted total	4999	240	149	4610

Combining three or more substances

This section expands on the behaviour of those engaging in polysubstance use who had identified at least one ‘pair’ of substances used together in the span of 24-hours and used in total at least 3 substances. Those who had taken substances from at least three of the groups listed and had paired at least one pair of substances were asked “At any time in the past 12 months, did you ever take or combine substances from three or more of these groups within the same 24-hour period”. The seven groups of substances used for this investigation were:

- **Alcohol** - Alcohol (e.g., beer, wines, spirits)
- **Cannabis** - Cannabis in any form (smoked, vaped, edible, etc.)
- **Nicotine** - Nicotine in any form (e.g., cigarettes, vaped)
- **Opioids** - (e.g., oxycodone (OxyContin®), morphine (APO®), or fentanyl, hydromorphone, buprenorphine, Suboxone®, methadone, diacetylmorphine, oxy, OC, percs, roxies, heroin, H, Smack)
- **Over the Counter Medications** - (e.g. cough syrup, decongestants)
- **Other Medications** - At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
- **Other Controlled Substances** - At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants

Half of those who had used at least one pair of substances together had also used three or more substances from these groups together within a 24-hour period (51%). Out of the (40%) of Canadians who engage in polysubstance use, 42% indicated that they were also engaging in multi-polysubstance use. In total, this represents 16% of Canadians aged 13 or older who are engaging in multi-polysubstance use.

Table 9 - Use of three or more substances within 24-hours by age and polysubstance segment

Exhibit A7 – Q18: You’ve indicated that in the past 12 months you have taken or combined substances from at least two of the groups below. At any time in the past 12 months, did you ever take or combine substances from three or more of these groups within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total	Age			Polysubstance use excluding those who use nicotine pairs		No substance
		13-17	18-24	25+	Poly	Non-Poly	
Multi-poly use in past 12 months	51%	N/A	48%	51%	54%	19%	N/A
Unweighted total	1311	22	69	1220	1184	142	N/A
Weighted total	1514	30	231	1253	1373	127	N/A

Section B: Polysubstance behaviours

This section examines the circumstance surrounding polysubstance use among people who engage in polysubstance use other than pairs that involve nicotine. Questions were asked to determine the frequency and the timing of taking substances relative to each other, the reasons behind polysubstance use, and the feelings that were sought. The tables below tell the aggregated story of all responses across all pairs for the total population, as well as by age group (13-17, 18-24, and those aged 25 or older).

To respect the time commitment required by any survey respondent, questions were asked for up to three pairings. Respondents who had indicated having taken four or more pairs of substances in the past year were shown the list of pairs they had indicated and asked to identify the three they had taken most often in the past 12 months and were asked questions related to those specific pairs. As a result, the sample sizes for all pairs tested is not exactly the same as the total number of respondents who had taken that pair. Pair-specific data is available in the data tables provided under separate cover and in the dataset.

Across all people who engage in polysubstance use, there is a fairly even distribution in terms of how often they are doing that and relatively little variation by age. While 21% are taking substances in pairs daily, a quarter (24%) are taking them weekly, another quarter are taking them monthly, and 30% say they are not even taking them as often as monthly. In terms of the differences by ages, those aged 13-17 are more likely to be saying they took multiple substances weekly (30%), those aged 18-24 skew a bit higher in saying monthly (29%) or less often (30%) and those aged 25 and older have a nearly identical tendency as is found overall.

Table 10 - Frequency of using paired substances by age

Exhibit B1 – Q20/Q23/Q26: In the past 12 months, how frequently you have taken [PAIR 1 / PAIR 2 / PAIR 3] within the same 24-hour period?

Base: People who engage in polysubstance use

Column %	Total	Age		
		13-17	18-24	25+
Several times a day, every day	4%	7%	4%	4%
Once per day	16%	15%	18%	16%
2-3 times per week	15%	21%	9%	15%
Once per week	9%	9%	9%	9%
2-3 times per month	15%	16%	15%	15%
Once per month	9%	11%	13%	8%
Less often than once per month	30%	20%	30%	30%
DK/NR	1%	1%	1%	2%
NET: Daily	21%	22%	22%	20%

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NET: Weekly	24%	30%	18%	25%
NET: Monthly	24%	27%	29%	23%
Unweighted total	3090	78	195	2817
Weighted total	3120	89	320	2712

For each of the top three pairs of substances used by respondents within a 24-hour period, they were asked to indicate if they took them together, one after the other or when they no longer feel the effects. At the aggregate across all evaluated pairs, most appear to be taking one substance after the other when it suits them (52%), rather than together simultaneously (27%). In just over one quarter (28%) of the cases studied, the second substance was taken once the effects of the previous substance had worn off.

Table 11 - Chronological timing of pairing substances

Exhibit B2 – Q21/Q24/Q27: When you have taken [PAIR 1 / PAIR 2 / PAIR 3] within the same 24-hour period, did you take them at the same time, or one after the other close enough in time so that the effects may have overlapped? Please select all that apply.

Base: Total number of pair tests for people who engage in polysubstance use

Column %	Total
Together	27%
One after the other, when it suits me	52%
One after the other, when I no longer feel the effect of the previous substance	28%
Other	27%
Unweighted total	3090
Weighted total	3120

Substances the most often taken together or when it suits them included two other controlled substances (90%), cannabis and other controlled substances (85%), alcohol and other controlled substances (86%), and cannabis with alcohol (82%). Those taken after the effects of the other had worn off included pairs that mixed medicines with other substances such as alcohol and prescription opioids (36%), medications and other controlled substances (34%) and prescription opioids and over the counter medication (31%).

Provided with a list of 16 possible reasons for taking the two specific substances within the same 24-hour period, the most common reasons offered were to help ease pain (27%) or to help cope with poor mental health or a mental illness (26%). Almost as many said it was to prolong a high (24%) and 19% said it was because their friends or family were doing it.

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Figure 4 – Reasons for combining substances

Q22: - When you have taken ... within the same 24-hour period, please indicate all of the reasons you were taking those substances together?

Base: Total number of pair tests for people who engage in polysubstance use (Unweighted n=2011; weighted n=2066)



Respondents were asked what feelings they were seeking when they took the specific pairs and were shown a list of nine possible feelings to choose from with the opportunity to specify another feeling. The question was also multiple response, allowing respondents to offer up to three different feelings sought. The most common feeling sought was to be less stressed, relaxed or at peace which was identified by nearly half (49%) of all people who engage in polysubstance use. The next most common reasons were for pain relief (35%) and to be less anxious (31%).

Although the most common reason is the same across all three age groups, there are some interesting differences among the other answers offered.

For youth aged 13-17, the most common feeling sought was to feel less stressed, relaxed or at peace (59%), to happy, euphoric or on top of their game (53%), and to more social, less shy or brave (52%). Just over half (51%) say they do it to be less anxious. Also, although not as common as other feelings sought, youth aged 13-17 who engage in polysubstance use are five times as likely as the national average to say they do it to feel included or accepted by others (35% compared to a national average of 6%).

Among young adults aged 18-24, the most common reasons are very similar to those indicated by youth, but smaller proportions identify each. Half (53%) do it to be less stressed, relaxed or at peace, 44% to be less anxious, 41% to be happy, euphoric or on top of their game and the same proportion (40%) to be more social, less shy, or brave.

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People who engage in polysubstance use aged 25 or older most often pair substances to be less stressed, relaxed or at peace (48%), for pain relief (36%) or to feel less anxious (29%).

Table 12 - Feelings sought when pairing substances by age

Exhibit B3 – Q29a/Q29b/Q29c: For each of the combinations you have identified taking in the past 12 months, please indicate which feeling(s) you were seeking when using that combination substances when you did. Select all that apply.

Base: People who engage in polysubstance use

Column %	Total	Age		
		13-17	18-24	25+
Less stressed, relaxed, at peace	49%	59%	53%	48%
Pain relief	35%	26%	28%	36%
Less anxious	31%	51%	44%	29%
Happy, euphoric, on top of my game	27%	53%	41%	24%
Social, less shy, brave	23%	52%	40%	20%
Less depressed, less sad	20%	33%	32%	18%
Thoughtful, creative	13%	30%	22%	12%
Focused, alert, more awake	9%	17%	14%	9%
Healthy / Relieved of symptoms (unspecified and others)	8%	3%	8%	8%
Sleepy / Rest / Overcome insomnia / etc.	6%	1%	3%	7%
Feeling included or accepted by others	6%	35%	9%	5%
Relief of cold/flu/cough/etc.	5%	2%	2%	5%
Unrelated use / Not at the same time / Not intentional	3%	0%	3%	3%
Pleasure / I like it/felt like it / etc. (unspecified)	2%	0%	1%	3%
Celebrative / Rewarded / On special occasions	<1%	0%	0%	0%
Tasting / Relief of thirst / Enjoying a meal / etc.	3%	0%	<1%	3%
Discovery / To try it / Experience / etc.	1%	2%	0%	1%
Relief of allergies	2%	2%	0%	2%
Habit / Daily ritual / etc.	1%	0%	0%	1%
Other	1%	0%	<1%	1%
High / Drunk / etc.	1%	1%	1%	1%
Sexual pleasure	<1%	0%	0%	1%
Addiction / Relief of withdrawal symptoms/cravings / etc.	<1%	0%	0%	<1%
Normal	<1%	0%	0%	<1%
Mentally/emotionally stable (unspecified and others)	<1%	0%	0%	<1%
None	2%	0%	1%	2%
DK/NR	6%	1%	8%	6%
Unweighted total	3090	78	195	2817
Weighted total	3120	89	320	2712

Circumstances of Substance Use

Respondents were asked to name the kinds of circumstances they were in when using any substances. They were shown a list of possible circumstances to choose from and could select as many as applied. Overall, the three most commonly cited answers were when at home (59%), when around friends (57%), and when around family (46%). There are significant differences when looked at by age. Those over the age of 25 are the most likely to say that they consumed these substances at home (62%) or when around family (48%). However, those aged 18-24 are the most likely to say they consume these substances when around friends (74%) rather than at home (43%) or when around family (34%). This age group is also the most likely to say that they consume substances when they are alone (30%), when at a party (42%), or when bored (22%).

People who engage in polysubstance use are significantly more likely to say that they consume substances when they are at home (66%) than those only engaging in non-polysubstance use (54%). Those who do not engage in polysubstance use, for their part, are significantly more likely to say that they consume them around family than people who engage in polysubstance use (50% versus 43%).

Table 13 - Circumstances in which substances are used by age and polysubstance use

Exhibit B4 – Q31: For the substances you identified having taken in the past 12 months, what kinds of circumstances were you in when you used any of them? Select all that apply. *mentions <1% hidden.

Base: People who engage in substance use excluding those with prescriptions

Column %	Total	Age			Polysubstance use excluding those who use nicotine pairs	
		13-17	18-24	25+	Poly	Non-Poly
When I was home	59%	26%	43%	62%	66%	54%
When I was around friends	57%	67%	74%	55%	58%	56%
When I was around family	46%	31%	34%	48%	43%	50%
When I was alone	26%	11%	30%	26%	35%	19%
When I was at a party, a bar, a nightclub or a rave	23%	26%	42%	21%	29%	19%
Whenever or wherever I want	14%	10%	11%	15%	20%	10%
When I was bored	14%	16%	22%	13%	21%	8%
When I needed to stay awake for school or work	4%	4%	8%	3%	6%	1%
As prescribed (unspecified)	1%	0%	2%	1%	3%	<1%
During a meal / At the restaurant / etc.	1%	1%	<1%	1%	1%	2%
At bedtime / To sleep	1%	0%	0%	1%	1%	0%
For medical reasons (unspecified and others)	<1%	1%	<1%	1%	<1%	<1%

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When I'm in pain	<1%	0%	0%	1%	1%	<1%
Daily / Habit (unspecified)	<1%	0%	1%	<1%	1%	<1%
Other	1%	1%	1%	1%	1%	1%
DK/NR	1%	2%	2%	1%	1%	1%
Unweighted total	7364	195	448	6721	3101	4170
Weighted total	7299	224	684	6391	3132	4081

Respondents were asked if they have felt any of a list of adverse or dangerous effects as a result of taking any of the substances they have taken in the past 12 months. A majority (61%) of respondents indicated experiencing “nothing specific”, very similar to the proportions measured among those aged 13-17 (56%) and those 25 or older (63%).

Those engaging in polysubstance use were significantly more likely than those engaging in non-polysubstance use only to say that they had felt or experienced at least one of the effects tested. While 70% of those who do not engage in polysubstance use indicated experiencing nothing specific, this proportion is only 46% among people who engage in polysubstance use.

Table 14 - Situations or feelings experienced while using substances by age and polysubstance use

Exhibit B5 – Q32: For any of the substances you identified having taken in the past 12 months, have you ever experienced any of these situations and/or feelings? Select all that apply. *mentions <1% hidden.

Base: People who engage in substance use

Column %	Total	Age			Polysubstance use excluding those who use nicotine pairs	
		13-17	18-24	25+	Poly	Non-Poly
Feeling unwell after using, or the next day (nausea, headache, tired)	18%	15%	28%	17%	26%	13%
Being unable to stop or reduce the amount used or the frequency	9%	10%	15%	8%	14%	6%
Having to lie or feeling guilty about the amount used or frequency	8%	13%	16%	7%	14%	5%
Needing one or more substances in the morning to get yourself going or in the evening to sleep	7%	5%	13%	7%	14%	3%
Being unable to remember what happened the night before	6%	9%	12%	6%	11%	3%
Regretting things done or said while under the effects of substances	6%	7%	10%	5%	10%	3%
Sudden mood swings, irritability, agitation, or angry outbursts	5%	8%	9%	5%	9%	3%
Loss of interest in activities you once enjoyed	5%	6%	9%	4%	8%	3%
Drop in attendance or not being able to perform properly the next day (at school, work, home)	4%	5%	10%	3%	7%	2%

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Problems with relationships or isolating yourself	4%	6%	6%	4%	7%	2%
Having to use more and more substances to attain the same effects	3%	4%	6%	2%	6%	1%
Having your friends or family members express concern about your substance use	3%	7%	5%	2%	4%	2%
Spending money on substances rather than on food, rent or other essentials	2%	3%	4%	2%	4%	1%
Sustaining injuries while under the influence	1%	2%	1%	1%	2%	<1%
Going through prescription medication at a faster-than-expected rate	1%	2%	2%	1%	2%	1%
Frequently getting into trouble (fights, accidents, illegal activities)	1%	5%	1%	1%	2%	<1%
Nothing specific	61%	56%	41%	63%	46%	70%
Other	<1%	<1%	<1%	<1%	<1%	<1%
DK/NR	3%	4%	3%	3%	3%	3%
Unweighted total	8487	327	507	7653	3115	5279
Weighted total	8419	369	767	7283	3146	5187

Section C: Mental health and wellbeing

This study included a variety of questions relating to mental health in order to investigate the prevalence of mental health challenges and associated coping mechanisms, including substance and polysubstance use. The first question in this section asked respondents to self-assess their mental health on a scale from “excellent” to “poor”.

Those aged 13-17 (50%) and over the age of 25 (49%) are more likely to rate their own mental health as excellent or very good, than those between the ages of 18-24 (30%). Those between the ages of 18-24 are significantly more likely to say that their mental health is fair or poor (38%) than adults over 25 (21%).

Table 15 - Self-assessed mental health by age

Exhibit C1 – Q34: How would you rate your overall mental health?

Base: All respondents

Column %	Total	Age		
		13-17	18-24	25+
Excellent	17%	17%	10%	17%
Very good	31%	33%	21%	32%
Good	30%	33%	31%	29%
Fair	16%	13%	26%	16%
Poor	6%	3%	12%	5%
DK/NR	1%	1%	1%	1%
NET: Excellent/Very good	47%	50%	30%	49%
NET: Fair/Poor	22%	16%	38%	21%
Unweighted total	10012	573	617	8822
Weighted total	10012	647	945	8420

When broken out by the substance use segmentation, people who engage in polysubstance use are more likely to say that their mental health is fair or poor (32%) than those who do not engage in polysubstance use (19%) or those who do not use substances at all (16%).

Similarly, people who use multiple substances are less likely to report very good or excellent mental health (36%) than people who only use one substance (52%), or people who do not use any substances (53%).

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Table 16 - Self-assessed mental health by substance use segmentation

Exhibit C2 – Q34: How would you rate your overall mental health?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Excellent	17%	11%	18%	22%
Very good	31%	25%	34%	31%
Good	30%	32%	29%	30%
Fair	16%	22%	14%	12%
Poor	6%	10%	4%	4%
DK/NR	1%	<1%	1%	1%
NET: Excellent/Very good	47%	36%	52%	53%
NET: Fair/Poor	22%	32%	19%	16%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

When asked if they had faced problems with work, school, or daily life within the last 30 days due to mental or emotional challenges, nearly a third of respondents (31%) said they had. Those aged 18-24 were the most likely to respond yes (at 50%).

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Table 17 - Problems faced within last 30 days due to mental or emotional challenges by age

Exhibit C3 – Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed?

Base: All respondents

Column %	Total	Age		
		13-17	18-24	25+
Yes	31%	32%	50%	29%
No	66%	64%	46%	68%
DK/NR	3%	4%	4%	3%
Unweighted total	10012	573	617	8822
Weighted total	10012	647	945	8420

Those engaging in polysubstance use are more likely to report having problems with school, work, or daily life due to mental or emotional challenges in the last 30 days (40%) compared to either those engaging only in non-polysubstance use (27%) or people who use no substances (26%).

Table 18 - Problems faced within last 30 days due to mental or emotional challenges by substance use segmentation

Exhibit C4 – Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Yes	31%	40%	27%	26%
No	66%	57%	70%	70%
DK/NR	3%	3%	3%	4%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

All respondents were also asked how often, if at all, they had felt or experienced any of the following mental health or emotional challenges in the past 30 days. The responses reported here show only those who selected “all of the time” or “most of the time” whereas a full breakdown by each response metric can be found in the appended data tables.

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Across all the feelings tested, those aged 18-24 were the more likely than all other respondents to say that they experienced any of these most or all of the time. For every feeling, this was statistically significant when compared to those over the age of 25 and, for all of them except crying and feeling aggressive, it was also significant relative to those aged 13-17.

Table 19 - Those saying they have mental or emotional challenges all or most of the time within last 30 days by age

Exhibit C5 – Q36: Thinking of the past 30 days, how often, if at all, have you felt or experienced any of the following mental health or emotional challenges. (% saying all of the time or most of the time)

Base: All respondents

Column %	Total	Age		
		13-17	18-24	25+
NET: Any challenge at all or most of the time	39%	36%	64%	36%
Feeling tired often	23%	19%	38%	22%
Trouble sleeping	16%	11%	21%	16%
Feeling overwhelmed or stressed	14%	12%	33%	12%
Loss of motivation or interest	12%	12%	24%	10%
Not able to concentrate	10%	13%	26%	8%
Feeling lost or empty	9%	8%	20%	8%
Feeling sad, unhappy	9%	8%	18%	8%
Feeling frustrated or angry	7%	8%	14%	6%
Feeling distressed	6%	6%	17%	5%
Having mood swings	5%	8%	14%	4%
Feeling panicked	4%	5%	14%	3%
Feeling impulsive	4%	8%	13%	3%
Crying	3%	5%	9%	3%
Feeling aggressive	2%	4%	7%	2%
Unweighted total	10012	573	617	8822
Weighted total	10012	647	945	8420

When compared with those engaging in only non-polysubstance use and those who use no substances, those engaging in polysubstance use are significantly more likely to say that they experience any of the challenges tested all or most of the time (52% versus 34% and 31% respectively).

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Table 20 - Those saying they have mental or emotional challenges all or most of the time within last 30 days by substance use segmentation

Exhibit C6 – Q36: Thinking of the past 30 days, how often, if at all, have you felt or experienced any of the following mental health or emotional challenges. (% saying all of the time or most of the time)

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
NET: Any challenge at all, all or most of the time	39%	52%	34%	31%
Feeling tired often	23%	31%	21%	17%
Trouble sleeping	16%	23%	14%	12%
Feeling overwhelmed or stressed	14%	20%	11%	11%
Loss of motivation or interest	12%	17%	9%	10%
Not able to concentrate	10%	13%	7%	9%
Feeling lost or empty	9%	14%	6%	7%
Feeling sad, unhappy	9%	12%	7%	7%
Feeling frustrated or angry	7%	9%	5%	6%
Feeling distressed	6%	9%	5%	6%
Having mood swings	5%	7%	3%	5%
Feeling panicked	4%	7%	3%	5%
Feeling impulsive	4%	7%	3%	3%
Crying	3%	4%	3%	3%
Feeling aggressive	2%	3%	2%	2%
Unweighted total	10012	3115	5187	1525
Weighted total	10012	3146	5279	1593

The most commonly reported mental illnesses were anxiety disorder (17%), depression (16%), and attention deficit hyperactivity disorder (9%). Those aged 18-24 are the most likely to cite having one of these mental illnesses.

Table 21 - Mental disorders by age

Exhibit C7 – Q37: Do you have any of the following mental illness(es)? Please select all that apply. *mentions <1% hidden.

Base: All respondents

Column %	Total	Age		
		13-17	18-24	25+
Anxiety disorder	17%	16%	26%	16%
Depression	16%	8%	21%	16%
Attention deficit hyperactivity disorder (ADHD)	9%	13%	17%	7%

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Post-traumatic stress disorder (PTSD)	6%	3%	6%	6%
Eating disorder	3%	3%	8%	2%
Personality disorder	2%	1%	3%	1%
Bipolar disorder	2%	1%	2%	2%
Oppositional defiant disorder (ODD)	1%	3%	1%	1%
Autism spectrum disorder (ASD)	1%	1%	1%	<1%
Other, please specify	1%	1%	<1%	1%
None of the above	62%	64%	47%	64%
DK/NR	6%	7%	9%	6%
Unweighted total	10012	573	617	8822
Weighted total	10012	647	945	8420

For the eight most cited mental illnesses – that is, from anxiety disorder to bipolar disorder – those engaging in polysubstance use are significantly more likely to say that they have said illness than those engaging only in non-polysubstance use or not using substances. The prevalence rates for the top three most cited mental illnesses among those who engage in polysubstance are 31% for depression, 29% for anxiety disorders, and 16% for attention deficit hyperactivity disorder.

Table 22 - Mental disorders by substance use segmentation

Exhibit C8 – Q37: Do you have any of the following mental illness(es)? Please select all that apply. *mentions <1% hidden.

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Anxiety disorder	17%	29%	12%	7%
Depression	16%	31%	10%	7%
Attention deficit hyperactivity disorder (ADHD)	9%	16%	6%	5%
Post-traumatic stress disorder (PTSD)	6%	10%	4%	3%
Other, please specify	1%	2%	1%	1%
Eating disorder	3%	5%	2%	2%
Personality disorder	2%	3%	1%	<1%
Bipolar disorder	2%	3%	1%	1%
Oppositional defiant disorder (ODD)	1%	2%	<1%	<1%
Autism spectrum disorder (ASD)	1%	1%	<1%	<1%
None of the above	62%	42%	70%	76%
DK/NR	6%	5%	6%	8%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

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Overall, almost three quarters (72%) of respondents who report having a mental illness say that they have received a diagnosis.

Table 23 - Mental disorder diagnosis by age

Exhibit C9 – Q38: Have you received a diagnosis from a mental health professional for any of these mental illness(es)?

Base: Respondents who report having a mental illness

Column %	Total	Age		
		13-17	18-24	25+
Yes	72%	80%	69%	72%
No	26%	18%	27%	26%
DK/NR	2%	2%	4%	2%
Unweighted total	3062	163	279	2620
Weighted total	3188	188	413	2587

Not only are those engaging in polysubstance use more likely to report having a mental illness, they are significantly more likely to say that they have received a diagnosis from a mental health professional for it at 80% saying so (this compared with 66% of those who do not engage in polysubstance use or 60% of those who do not engage in substance use at all).

Table 24 - Mental disorder diagnosis by substance use segmentation

Exhibit C10 – Q38: Have you received a diagnosis from a mental health professional for any of these mental illness(es)?

Base: Respondents who report having a mental illness

Column %	Total	Poly	Non-Poly	No substances
Yes	72%	80%	66%	60%
No	26%	19%	32%	35%
DK/NR	2%	1%	2%	5%
Unweighted total	3062	1566	1223	246
Weighted total	3188	1649	1249	261

The data above demonstrate that there is a correlation between substance or polysubstance use and mental illness, and that mental health varies across the age groups. In terms of the likelihood to have used at least one of the 15 substances listed in the past 12 months, there is no real correlation between having mental health challenges and the prevalence of having used substances, with all groups having a strong tendency to have identified at least one substance taken. However, there does appear to be a correlation between breadth of mental health challenges and the total number of substances used over the past 12 months.

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Those who self-assess their mental health as fair or poor are more likely to say that they use any of the substances tested with the exception of alcohol (68% versus 71-72% among those who self-assess their mental health as in better condition) and over the counter medication (56% – the same rate as those who self-assess their mental health as good).

Table 25 - Prevalence rate of substance use by mental health

Exhibit C11 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Base: Respondents from the probability-based panel only

Column %	Total	Mental health		
		Excellent/Very good	Good	Fair/Poor
Alcohol	70%	71%	72%	68%
Over the counter medication	52%	48%	56%	56%
Cannabis	31%	23%	34%	44%
Nicotine in any form	17%	12%	19%	25%
Anti-depressants	12%	4%	13%	27%
Sedatives or sleeping aid	11%	7%	12%	19%
Anti-anxiety drugs	10%	4%	12%	21%
Hallucinogens	7%	5%	7%	10%
Stimulants	6%	2%	7%	12%
Opioids	4%	4%	4%	6%
Cocaine	2%	1%	2%	3%
MDMA or Ecstasy	2%	1%	2%	2%
Bath salts	<1%	<1%	<1%	<10%
Inhalants	<1%	<1%	<1%	1%
Methamphetamine	<1%	<1%	<1%	1%
None of the above	13%	15%	11%	10%
DK/NR	<1%	<1%	<1%	<1%
Unweighted total	4999	2743	1328	900
Weighted total	4999	2492	1463	1017
Mean number of substances used	2.2	1.8	2.4	3.0

Those who have been diagnosed with any mental health condition are more likely to indicate any polysubstance use than those who have not (68% versus 45%). The highest prevalence of polysubstance use by mental health conditions are found among those who have been diagnosed with a personality disorder (75%); with depression (73%); or with a bipolar disorder (70%).

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Those who self-assess their mental health as fair or poor are more likely to say that they use any of the substance pairings tested than those who self-assess their mental health as good, very good or excellent. They are also the more likely to indicate having taken a higher mean number of substance pairs (2.9) than those who say that their mental health is good (1.9) or excellent or very good (1.2).

Table 26 – Prevalence rate of polysubstance use by mental health

Exhibit C12 – Q12a to Q17b: Thinking of all the times in the past 12 months that you have used [substance taken], have you also used any of the following within the same 24-hour period? [Pairs only included those that were possible based upon the substances identified as having been taken in the past 12 months]

Base: Respondents from the probability-based panel only

Column %	Total	Mental health		
		Excellent/Very good	Good	Fair/Poor
NET: Any polysubstance use	40%	31%	47%	55%
Cannabis + Alcohol	18%	14%	23%	24%
Alcohol + Medication	14%	6%	17%	26%
Alcohol + OTC	13%	10%	14%	16%
Alcohol + Nicotine	13%	9%	15%	18%
Medication + OTC	10%	4%	12%	21%
Cannabis + Medication	8%	3%	9%	19%
Cannabis + Nicotine	8%	5%	8%	14%
Cannabis + OTC	6%	4%	7%	12%
Medication + Nicotine	5%	1%	5%	12%
Alcohol + Other controlled substance	3%	2%	4%	6%
Other controlled substance + Nicotine	3%	2%	3%	6%
Two medications	3%	1%	3%	6%
Cannabis + Other controlled substance	2%	2%	2%	3%
Rx Opioid + OTC	1%	1%	1%	2%
Medication + Other controlled substance	1%	<1%	2%	3%
Medication + Rx Opioids	1%	1%	1%	2%
Other controlled substance + OTC	1%	<1%	1%	1%
Cannabis + Rx Opioids	1%	<1%	1%	2%
Two controlled substances	1%	1%	<1%	1%
Alcohol + Rx Opioids	1%	1%	<1%	1%
Rx Opioid + Nicotine	1%	<1%	<1%	1%
Alcohol + Non-Rx Opioids	<1%	<1%	<1%	1%
Other controlled substance + Rx Opioids	<1%	<1%	<1%	<1%
Non-Rx Opioid + Nicotine	<1%	<1%	0%	<1%
Other controlled substance + Non-Rx Opioids	<1%	<1%	0%	<1%
Rx Opioid + Non-Rx Opioids	<1%	0%	0%	<1%
Medication + Non-Rx Opioids	<1%	<1%	0%	0%

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Non-Rx Opioid + OTC	<1%	0%	0%	<1%
Cannabis + Non-Rx Opioids	<1%	0%	0%	0%
Unweighted total	4999	2743	1328	900
Weighted total	4999	2492	1463	1017
Mean number of pairs	1.8	1.2	1.9	2.9

The top circumstances identified where people who use substances engage in substance use include when at home (59%), when around friends (57%), and when around family (46%). Those who assess their mental health as fair or poor are more likely to say they consume substances at home (67% compared to 59%), when alone (41% compared to 26% overall), and when bored (22%, compared to 14% overall).

Table 27 - Circumstances in which substances are used by mental health

Exhibit C13 – Q31: For the substances you identified having taken in the past 12 months, what kinds of circumstances were you in when you used any of them? Select all that apply. *mentions <1% hidden.

Base: People who engage in substance use excluding those with prescriptions

Column %	Total	Mental health		
		Excellent/Very good	Good	Fair/Poor
When I was home	59%	56%	58%	67%
When I was around friends	57%	57%	60%	54%
When I was around family	46%	49%	47%	40%
When I was alone	26%	19%	26%	41%
When I was at a party, a bar, a nightclub or a rave	23%	21%	25%	25%
Whenever or wherever I want	14%	13%	14%	17%
When I was bored	14%	8%	15%	22%
When I needed to stay awake for school or work	4%	2%	4%	6%
As prescribed (unspecified)	1%	1%	2%	2%
During a meal / At the restaurant / etc.	1%	2%	1%	1%
At bedtime / To sleep	1%	1%	1%	1%
Other	1%	1%	1%	1%
DK/NR	1%	1%	1%	2%
Unweighted total	7364	3646	2132	1553
Weighted total	7299	3409	2178	1677

Those who self-assessed their mental health as fair or poor were significantly more likely to say that they had experienced any of the adverse or dangerous effects listed – i.e., from feeling unwell (25% compared with 13% of those who describe their mental health as excellent or very good) all the way down to frequently getting into fights (1% compared with less than 1% of those who describe their mental health as excellent or very good).

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Table 28 - Situations or feelings experienced while using substances by mental health

Exhibit C14 – Q32: For any of the substances you identified having taken in the past 12 months, have you ever experienced any of these situations and/or feelings? Select all that apply. *mentions <1% hidden.

Base: People who engage in substance use

Column %	Total	Mental health		
		Excellent/ Very good	Good	Fair/Poor
Feeling unwell after using, or the next day (nausea, headache, tired)	18%	13%	20%	25%
Being unable to stop or reduce the amount used or the frequency	9%	6%	10%	15%
Having to lie or feeling guilty about the amount used or frequency	8%	5%	9%	14%
Needing one or more substances in the morning to get yourself going or in the evening to sleep	7%	4%	8%	13%
Being unable to remember what happened the night before	6%	4%	7%	10%
Regretting things done or said while under the effects of substances	6%	3%	6%	10%
Sudden mood swings, irritability, agitation, or angry outbursts	5%	2%	5%	12%
Loss of interest in activities you once enjoyed	5%	2%	4%	11%
Drop in attendance or not being able to perform properly the next day (at school, work, home)	4%	2%	4%	8%
Problems with relationships or isolating yourself	4%	2%	3%	10%
Having to use more and more substances to attain the same effects	3%	1%	3%	6%
Having your friends or family members express concern about your substance use	3%	2%	2%	5%
Spending money on substances rather than on food, rent or other essentials	2%	1%	2%	4%
Sustaining injuries while under the influence	1%	<1%	1%	2%
Going through prescription medication at a faster-than-expected rate	1%	<1%	1%	3%
Frequently getting into trouble (fights, accidents, illegal activities)	1%	<1%	1%	1%
Nothing specific	61%	70%	58%	47%
Other	<1%	<1%	<1%	<1%
DK/NR	3%	4%	3%	2%
Unweighted total	8487	4155	2456	1832
Weighted total	8419	3893	2514	1965

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

This section looks at how respondents are coping with mental health and/or substance use challenges. Asked if they have ever used substances to cope with mental illness or emotional challenges, the majority (59%) respondents say they never have, but well over a third of Canadians (38%) have, including one in ten (11%) who say they often or always do this. Those between the ages of 18-24 (46%), and those who assess their own mental health as fair or poor (62%), are the most likely to say that they have used a substance as a coping mechanism. Indeed, those who self-assess their mental health as poor or only fair are more than twice as likely (24%) as the national average to say this is something they do often or always.

Table 29 - Use of substances to cope with mental or emotional challenges by age and mental health

Exhibit D1 – Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges?

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/Very good	Good	Fair/Poor
Always	5%	4%	6%	5%	2%	5%	10%
Often	6%	4%	8%	6%	2%	7%	14%
Sometimes	11%	8%	18%	11%	5%	14%	21%
Rarely	14%	7%	12%	14%	11%	16%	16%
Once only	2%	2%	2%	2%	2%	2%	2%
Never	59%	72%	51%	60%	76%	53%	34%
DK/NR	3%	2%	3%	3%	2%	3%	4%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

People who engage in polysubstance use are also significantly more likely (64%) than those who do not engage in polysubstance use (31%) and people who do not engage in substance use at all (12%) to say that they have used substances to cope with mental illness or emotional challenges.

Please note that the following question was asked of all respondents as it deals with if respondents have ever taken a substance as a coping mechanism. Those in the no substance segment are respondents who say they have not used anything in the past 12 months, but their responses demonstrate that some have used substances as a coping mechanism at some earlier point in their lives.

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Table 30 - Use of substances to cope with mental or emotional challenges by substance use segmentation

Exhibit D2 – Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Always	5%	11%	3%	1%
Often	6%	13%	3%	1%
Sometimes	11%	21%	8%	3%
Rarely	14%	17%	14%	4%
Once only	2%	2%	2%	2%
Never	59%	33%	67%	86%
DK/NR	3%	3%	2%	2%
Unweighted total	10012	3146	5187	1525
Weighted total	10012	3115	5279	1593

Among those who said they had used substances to cope with mental health issues at some point in time, there is a tendency to have done this in the past 30 days, specifically. Fully two thirds (67%) of those who have ever done so, say they have in the past 30 days.

People who have ever used a substance to cope and who self-assessed as having fair or poor mental health are a lot more likely than everyone else to have used a substance to cope within the past 30 days specifically. The vast majority (80%) of this segment have used a substance to cope in the past month compared to 68% among those with good mental health who have used substances to cope and 50% among those who feel they have very good or excellent mental health and have used substances to cope at some point.

Table 31 - Frequency of substances use to cope with mental or emotional challenges by age and mental health

Exhibit D3 – Q40: How often, if ever, do you think you have used one or more substances to help cope with your mental illness or emotional challenges in the past 30 days?

Base: Those who have used substances to cope with mental or emotional challenges

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/Very good	Good	Fair/Poor
Always	15%	17%	15%	15%	12%	12%	21%
Often	11%	13%	14%	10%	7%	10%	15%
Sometimes	18%	21%	23%	17%	11%	19%	23%

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Rarely	18%	22%	18%	17%	15%	21%	17%
Once only	5%	8%	7%	5%	6%	6%	4%
Never	32%	17%	20%	4%	49%	31%	19%
DK/NR	1%	3%	1%	1%	1%	1%	2%
Unweighted total	3655	144	283	3228	1108	1252	1278
Weighted total	3790	168	439	3184	1082	1308	1382

People who engage in polysubstance use who have previously used a substance to cope are significantly more likely to say that they have done so in the past 30 days (75% saying so compared with 58% and 52% among those who do not engage in polysubstance use or who do not engage in substance use at all respectively). They also say that they use substances to cope more frequently than these other audiences with 20% of those who engage in polysubstance use saying they always use substances to cope (compared with 11% of those who do not engage in polysubstance use or 5% of those who do not engage in substance use at all).

Table 32 - Frequency of substances use to cope with mental or emotional challenges by substance use segmentation

Exhibit D4 – Q40: How often, if ever, do you think you have used one or more substances to help cope with your mental illness or emotional challenges in the past 30 days?

Base: Those who have used substances to cope with mental or emotional challenges

	Total	Poly	Non-Poly	No substances
Column %				
Always	15%	20%	11%	5%
Often	11%	14%	7%	4%
Sometimes	18%	21%	14%	15%
Rarely	18%	17%	19%	19%
Once only	5%	4%	7%	8%
Never	32%	24%	41%	44%
DK/NR	1%	1%	1%	4%
Unweighted total	3655	1897	1551	179
Weighted total	3790	2002	1571	187

Respondents were also asked about other mechanisms they use to cope with their mental illness or emotional challenges. The top five selected by respondents are connecting with family or friends (45%), being physically active (41%), reading or listening to books (35%), watching a lot of TV or playing video games (33%), or eating healthy (28%). Those with worse self-assessed mental health gravitate more towards watching TV or playing video games (50%) than those with better mental health, whereas respondents whose assessed their

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mental health as excellent or very good are the most likely to say that they do nothing (23%) to cope.

Table 33 - Other mechanisms to cope with mental or emotional challenges by age and mental health

Exhibit D5 – Q41: What actions, if any, do you take that help you cope with your mental illness or emotional challenges? Please select all that apply.

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/ Very good	Good	Fair/Poor
Connecting with friends or family	45%	45%	51%	44%	44%	49%	41%
Being physically active	41%	38%	39%	41%	42%	43%	37%
Reading or listening to books	35%	23%	30%	36%	34%	35%	37%
Watching a lot of TV/videos or playing video games	33%	40%	43%	32%	24%	37%	50%
Eating healthy	28%	18%	25%	29%	29%	30%	23%
Engaging in a creative hobby	27%	25%	31%	27%	25%	29%	30%
Cooking and/or baking	24%	16%	21%	25%	23%	27%	24%
Eating junk food	22%	22%	26%	21%	13%	25%	35%
Spending a lot of time on social media	16%	22%	28%	14%	9%	18%	28%
Practicing meditation or yoga	15%	6%	11%	16%	14%	16%	15%
Going shopping	15%	12%	19%	15%	11%	19%	18%
Nothing	15%	12%	7%	16%	23%	9%	6%
Counselling	12%	11%	15%	12%	7%	14%	22%
Doing volunteer work	11%	5%	7%	11%	12%	11%	8%
Writing in a journal	10%	12%	18%	9%	8%	11%	14%
Going to the spa or well-being center	7%	3%	5%	8%	7%	9%	7%
Other	7%	6%	6%	7%	7%	8%	8%
Using self-help guides and apps	6%	5%	6%	7%	5%	7%	9%
After school program	1%	10%	2%	1%	1%	2%	1%
Using a substance use tracker (e.g., app)	1%	1%	2%	1%	1%	1%	2%
DK/NR	2%	2%	3%	2%	2%	2%	1%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

People who engage in polysubstance use are more likely to say that they use any of the coping mechanisms tested, whereas those who do not engage in polysubstance use and people who do not engage in substance use at all are more likely to say that they do nothing.

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The top three methods selected overall were connecting with friends or family (45%), being physically active (41%), or reading and listening to books (35%). These rates rise to 50%, 44%, and 41% among those who engage in polysubstance use respectively.

Table 34 - Other mechanisms to cope with mental or emotional challenges by substance use segmentation

Exhibit D6 – Q41: What actions, if any, do you take that help you cope with your mental illness or emotional challenges? Please select all that apply.

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Connecting with friends or family	45%	50%	44%	36%
Being physically active (playing a sport, going to the gym, doing yoga)	41%	44%	42%	32%
Reading or listening to books	35%	41%	34%	26%
Watching a lot of TV/videos or playing video games	33%	41%	31%	27%
Eating healthy	28%	33%	27%	23%
Engaging in a creative hobby (creating art, playing a musical instrument, doing a craft)	27%	32%	26%	22%
Cooking and/or baking	24%	29%	23%	19%
Eating junk food	22%	27%	20%	16%
Spending a lot of time on social media	16%	21%	14%	13%
Practicing meditation or yoga	15%	18%	14%	10%
Going shopping	15%	17%	14%	13%
Nothing	15%	9%	17%	20%
Counselling	12%	20%	10%	6%
Doing volunteer work	11%	12%	10%	9%
Writing in a journal	10%	13%	9%	9%
Going to the spa or well-being center	7%	10%	7%	4%
Using self-help guides and apps	6%	9%	5%	4%
After school program	1%	2%	1%	2%
Using a substance use tracker (e.g., app)	1%	2%	1%	1%
Other	7%	7%	7%	7%
DK/NR	2%	2%	2%	3%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

Respondents were also asked if they had received any type of support for mental health or substance use in the past 12 months. Mental health support was the most frequently used

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(16%), rather than substance use supports (1%) or both mental and substance use support (2%). Those aged 18-24 and those with poor self-assessed mental health are the most likely to say that they have sought support for mental health, but regardless of the segment, the majority say they have not done this.

Table 35 - Support received for mental health or substance use by age and mental health

Exhibit D7 – Q48: In the past 12 months, have you received any type of support for mental health and/or substance use?

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/Very good	Good	Fair/Poor
Yes, for mental health only	16%	16%	24%	15%	7%	17%	33%
Yes, for substance use only	1%	1%	3%	1%	1%	2%	2%
Yes, for both mental health and substance use	2%	3%	4%	2%	1%	3%	4%
No	79%	78%	65%	81%	91%	77%	59%
DK/NR	1%	2%	3%	1%	1%	1%	2%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

People who engage in polysubstance use are more likely to have sought support for mental health issues (26%) than those who do not engage in polysubstance use (12%) and people who do not engage in substance use at all (8%). They are also slightly more likely to have sought support for substance use (3%) than those who do not engage in polysubstance use (1% and less than 1% respectively).

Table 36 - Support received for mental health or substance use by substance use segmentation

Exhibit D8 – Q48: In the past 12 months, have you received any type of support for mental health and/or substance use?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Yes, for mental health only	16%	26%	12%	8%
Yes, for substance use only	1%	3%	1%	0%
Yes, for both mental health and substance use	2%	4%	1%	2%
No	79%	66%	85%	87%
DK/NR	1%	1%	1%	3%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

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When asked if respondents would know where to find mental health or substance use support services if needed, just under half (44%) say they would know where to find information on both. Very few say they would only know where to access substance use resources (1%) while more say they know where to access only resources for mental health (12%).

Table 37 - Knowledge of where to access support by age and mental health

Exhibit D9 – Q49: Would you know where to access both mental health and substance use support services if you needed them?

Base: Those who have not already received support for both mental health and substance use in the past 12 months

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent /Very good	Good	Fair /Poor
Yes, but for mental health only	12%	14%	17%	11%	8%	13%	18%
Yes, but for substance use only	1%	1%	3%	1%	1%	1%	2%
Yes, for both mental health and substance use	44%	29%	35%	46%	46%	44%	40%
Not sure (would have to ask around or do research)	27%	31%	22%	27%	30%	25%	22%
No	14%	21%	20%	13%	13%	15%	15%
DK/NR	2%	3%	3%	2%	2%	2%	2%
Unweighted total	9822	556	593	8673	4950	2817	1994
Weighted total	9800	629	904	8267	4698	2906	2133

People who engage in polysubstance use are more likely to say that they would know where to access supports for both mental health and substance use challenges (56%) if need be, than those who do not engage in substance use at all (27%).

Table 38 - Knowledge of where to access support by substance use segmentation

Exhibit D10 – Q49: Would you know where to access both mental health and substance use support services if you needed them?

Base: Those who have not already received support for both mental health and substance use

Column %	Total	Poly	Non-Poly	No substances
Yes, but for mental health only	12%	12%	12%	12%
Yes, but for substance use only	1%	2%	1%	0%
Yes, for both mental health and substance use	44%	56%	42%	27%
Not sure (would have to ask around or do research)	27%	19%	30%	29%
No	14%	10%	13%	28%

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DK/NR	2%	1%	2%	5%
Unweighted total	9822	3010	5226	1496
Weighted total	9800	3023	5127	1568

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

This section covers the levels of awareness and knowledge of the risks and harms of substance and polysubstance use, including the perceived risks and existing supports.

When asked how knowledgeable they are about the mental health-related risks and harms associated with substance use, four-in-five (81%) say that they are very (31%) or somewhat (50%) knowledgeable about the mental health-related risks and harms associated with substance use.

Table 39 - Knowledge of mental health-related risks associated with substance use by age and mental health

Exhibit E1 – Q42: How knowledgeable would you say you are about mental health-related risks and harms associated with substance use?

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent /Very good	Good	Fair /Poor
Very knowledgeable	31%	19%	26%	33%	34%	29%	30%
Somewhat knowledgeable	50%	52%	51%	50%	49%	53%	49%
Not very knowledgeable	13%	20%	16%	12%	11%	14%	16%
Not at all knowledgeable	3%	7%	3%	3%	3%	2%	3%
DK/NR	2%	2%	4%	2%	2%	2%	2%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

People who engage in polysubstance use are significantly more likely to indicate that they are very knowledgeable (38%) about the mental health-related risks and harms associated with substance use than those who do not engage in polysubstance use and those who do not use any substances.

Table 40 - Knowledge of mental health-related risks associated with substance use by substance use segmentation

Exhibit E2 – Q42: How knowledgeable would you say you are about mental health-related risks and harms associated with substance use?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
Very knowledgeable	31%	38%	30%	22%

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Somewhat knowledgeable	50%	49%	51%	47%
Not very knowledgeable	13%	10%	14%	18%
Not at all knowledgeable	3%	2%	3%	7%
DK/NR	2%	1%	2%	6%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

When asked specifically about the risks of combining substances, most (77%) feel they are either very (31%) or somewhat (45%) familiar with the health risks and harms associated with combining substances. Although the degree of familiarity varies, this proportion is relatively the same across age groups and based upon self-assessed mental health.

Table 41 - Knowledge of health risks associated with combining substances by age and mental health

Exhibit E3 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances?

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/Very good	Good	Fair/Poor
Very familiar	31%	19%	24%	33%	34%	28%	31%
Somewhat familiar	45%	43%	46%	46%	43%	49%	45%
Not very familiar	15%	24%	21%	14%	14%	16%	16%
Not at all familiar	5%	11%	6%	5%	6%	4%	5%
DK/NR	3%	3%	4%	2%	3%	2%	2%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

Similarly, 81% of Canadians feel they are either somewhat (50%) or very knowledgeable (31%) about mental health-related risks and harms associated with substance use. The proportion who are very or somewhat familiar with the risk and harms associated with combining substances is higher among people who engage in polysubstance use (85%) or people who do not engage in polysubstance use (77%) than among those who did not indicate using any substance (59%).

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Table 42 - Knowledge of health risks associated with combining substances by substance use segmentation

Exhibit E4 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances?

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
NET: Very or somewhat familiar	77%	85%	77%	59%
Very familiar	31%	36%	32%	22%
Somewhat familiar	45%	50%	45%	37%
Not very familiar	15%	12%	16%	20%
Not at all familiar	5%	2%	5%	14%
DK/NR	3%	1%	2%	6%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

From an accurate list of known impacts, respondents were asked to identify which, if any, possible long-term effects of using substances on mental health they believed were accurate. Over half (56%) feel that all are potential effects. Notably, those who self-assessed as having excellent or very good mental health were more likely (61%) to correctly select “all of the above” than those who rated their mental health as good (53%), fair, or poor (50%).

Table 43 - Knowledge of possible long-term side effects of using substances on mental health by age and mental health

Exhibit E5 – Q47: Which of the following do you believe are possible long-term effects of using substances on mental health? Select all that apply.

Base: All respondents

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/ Very good	Good	Fair /Poor
All of the above	56%	45%	49%	57%	61%	53%	50%
Feeling out of control (cannot stop using substances)	16%	24%	19%	15%	14%	16%	21%
Loss of motivation, fatigue	15%	18%	19%	15%	12%	17%	21%
Depression	15%	21%	19%	14%	11%	17%	21%
Problems with relationships	13%	18%	11%	12%	11%	13%	17%
Having sudden mood changes	13%	19%	17%	12%	10%	14%	16%
Becoming isolated from others	12%	17%	12%	12%	10%	13%	16%

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Having a negative outlook on life	12%	17%	12%	11%	9%	13%	16%
Becoming secretive (e.g., having to lie about how much and how often you use or hide when using substances)	11%	17%	13%	11%	10%	12%	14%
Anxiety disorder	11%	17%	13%	10%	8%	12%	15%
Experiencing delusions and hallucinations as withdrawal symptoms (episodes of drug-induced psychosis)	8%	13%	11%	7%	7%	8%	9%
None of the above	6%	5%	7%	7%	8%	6%	5%
DK/NR	8%	7%	5%	9%	8%	8%	7%
Unweighted total	10012	573	617	8822	4980	2896	2073
Weighted total	10012	647	945	8420	4735	2986	2226

Among the substance use segmentations, nearly two thirds of those who do not engage in polysubstance use (62%) correctly indicated “all of the above”, compared to people who engage in polysubstance use (46%).

Table 44 - Knowledge of possible long-term side effects of using substances on mental health by substance use segmentation

Exhibit E6 – Q47: Which of the following do you believe are possible long-term effects of using substances on mental health? Select all that apply.

Base: All respondents

Column %	Total	Poly	Non-Poly	No substances
All of the above	56%	46%	62%	57%
Feeling out of control (cannot stop using substances)	16%	18%	16%	15%
Loss of motivation, fatigue	15%	21%	13%	11%
Depression	15%	19%	14%	12%
Problems with relationships	13%	15%	12%	10%
Having sudden mood changes	13%	15%	12%	11%
Becoming isolated from others	12%	14%	12%	10%
Having a negative outlook on life	12%	14%	11%	10%
Becoming secretive (e.g., having to lie about how much and how often you use or hide when using substances)	11%	13%	11%	10%
Anxiety disorder	11%	13%	10%	10%

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Experiencing delusions and hallucinations as withdrawal symptoms (episodes of drug-induced psychosis)	8%	6%	8%	10%
None of the above	6%	10%	4%	8%
DK/NR	8%	8%	7%	10%
Unweighted total	10012	3115	5279	1525
Weighted total	10012	3146	5187	1593

In order to investigate knowledge of potential effects of substance use, respondents were presented with a series of accurate and inaccurate statements and asked if they believe them to be true or false. The table below summarizes the proportions that correctly identified each statement as either true or false. For each statement, a strong majority of respondents offered the correct assessment of any statement. While there is little difference on the basis of self-assessed mental health, there are some noteworthy differences by age and by substance use segments.

Respondents were graded on whether they got the responses right as per the guidelines stipulated by Health Canada. At an aggregate level, 43% of respondents got all of the answers correct, 46% got most (66%-99%) of the responses correct, and 10% got less than 65% of the responses correct. For a full breakdown of the scores, please see the appended data tables.

Youth aged 13-17 are less likely than others to correctly identify two statements as false: substances like alcohol, tobacco and cannabis are less harmful than other drugs because they are legal (59% correctly identify it as false, compared to 79% overall); and substance addiction is a choice, anyone can stop (58% correctly identify it as false, compared to 70% overall).

Table 45 - Those who correctly identify each statement is either true or false by age and mental health

Exhibit E7 – Q50: For each of the following statements, please indicate whether you feel it is true or false.

[Respondents randomly shown half of statements]

Base: All respondents (n=4829 to 5,165 per statement); Ages 13-17 (n=269 to 308); Ages 18-24 (n=295 to 325); Ages 25+(n=4265 to 4552); Excellent/very good (n=2429 to 2549); Good (n=1392 to 1521); Fair/Poor (n=974 to 1093);

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent /Very good	Good	Fair /Poor
Substance use can have a negative impact on mental health (T)	93%	90%	85%	94%	94%	94%	91%
Combining substances can increase the risk of overdose and in some cases death (T)	93%	93%	85%	93%	94%	93%	90%

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Higher risk substance use (use that has a harmful and negative impact to a person and others), can lead to risky behaviours (combining multiple substances, impaired driving, binge drinking, loss of consciousness, etc.) (T)	92%	88%	88%	93%	93%	92%	91%
Poor mental health or mental illness can lead to substance use that has a harmful and negative impact on a person and others (T)	91%	85%	85%	92%	91%	92%	91%
Only “hard” drugs like cocaine and heroin are addictive (F)	90%	80%	83%	91%	90%	90%	89%
Combining substances like alcohol, tobacco and cannabis is safer because they are legal (F)	84%	75%	73%	86%	85%	85%	81%
Combining substances can increase the risk of addiction (T)	80%	80%	76%	80%	81%	81%	77%
Substances like alcohol, tobacco and cannabis are less harmful than other drugs because they are legal (F)	79%	59%	68%	82%	81%	79%	78%
Combining substances can result in poorer substance use treatment outcomes (T)	73%	70%	68%	74%	73%	74%	73%
People who engage in higher risk substance use (use that has a harmful and negative impact to a person and others), are more likely to be diagnosed with a mental illness (T)	72%	70%	74%	72%	72%	72%	71%
Drug-induced psychosis (having delusions or hallucinations) is often caused by taking too much of a certain drug (T)	72%	70%	70%	72%	74%	69%	71%
Substance addiction is a choice, anyone can stop (F)	70%	58%	63%	71%	68%	71%	72%

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In terms of the substance use segments, those who use no substances are less likely than others to accurately identify substance addiction is a choice, anyone can stop as false (56%).

Table 46 - Those who correctly identify each statement is either true or false by substance use segmentation

Exhibit E8 – Q50: For each of the following statements, please indicate whether you feel it is true or false.

[Respondents randomly shown two of options A through D – available in the questionnaire in the Appendix – and randomly shown four of the rest]

Base: All respondents (n=4829 to 5,165 per statement); Polysubstance (excl Nicotine) (n=1495 to 1647); Non-Poly excl Nicotine (n=2569 to 2742); No substances (n=717 to 807);

Column %	Total	Poly	Non-Poly	No substances
Substance use can have a negative impact on mental health (T)	93%	93%	95%	87%
Combining substances can increase the risk of overdose and in some cases death (T)	93%	93%	94%	87%
Higher risk substance use (use that has a harmful and negative impact to a person and others), can lead to risky behaviours (combining multiple substances, impaired driving, binge drinking, loss of consciousness, etc.) (T)	92%	94%	94%	84%
Poor mental health or mental illness can lead to substance use that has a harmful and negative impact on a person and others (T)	91%	94%	92%	82%
Only “hard” drugs like cocaine and heroin are addictive (F)	90%	90%	92%	80%
Substances like alcohol, tobacco and cannabis are less harmful than other drugs because they are legal (F)	79%	82%	81%	71%
Combining substances can increase the risk of addiction (T)	80%	76%	83%	78%
Combining substances like alcohol, tobacco and cannabis is safer because they are legal	84%	85%	86%	76%
Combining substances can result in poorer substance use treatment outcomes (T)	73%	73%	76%	65%
People who engage in higher risk substance use (use that has a harmful and negative impact to a person and others), are more likely to be diagnosed with a mental illness (T)	72%	73%	72%	68%
Drug-induced psychosis (having delusions or hallucinations) is often caused by taking too much of a certain drug (T)	72%	76%	72%	65%
Substance addiction is a choice, anyone can stop (F)	70%	75%	71%	56%

Respondents who indicated that they had consumed substances were asked what, if anything, would help them consider lowering the number of substances they consume. The most

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common answer was nothing, as respondents believed everything is good (37%). As for actual action items, the most selected were noticing a negative change in one's mental health (24%), sudden health issues or developing a mental illness (14%) or having an accident or sustaining an injury caused by substance use (12%).

People engaging in substance use who assessed their own mental health as excellent or very good are most likely to say that nothing needs to change as the situation is currently all good (44%), whereas those with fair or poor mental health are most likely to say that not having enough money (11%) or having access to free mental health and/or substance use support (6%) would catalyze a change in consumption patterns.

Table 47 - Methods for lowering frequency of substance use by age and mental health

Exhibit E9 – Q51: What would help, if anything, for you to consider lowering the amount or frequency of the substances you use? You can select up to two responses. *mentions <1% hidden.

Base: People who engage in substance use

Column %	Total	Age			Mental health		
		13-17	18-24	25+	Excellent/ Very good	Good	Fair/ Poor
Noticing a negative change in your mental health	24%	17%	27%	24%	23%	25%	23%
Sudden health issues or developing a mental illness	14%	13%	11%	15%	14%	16%	13%
Having an accident or sustaining an injury caused by substance use	12%	12%	16%	12%	13%	12%	13%
Losing friendships or difficulties with family members	8%	12%	9%	8%	7%	9%	9%
Surviving a life-threatening event or illness	8%	10%	9%	7%	7%	8%	8%
Not having enough money	7%	5%	9%	7%	5%	6%	11%
Having access to a health provider	5%	6%	5%	5%	3%	5%	7%
Plummeting school grades or work performance	3%	5%	8%	2%	3%	3%	3%
Having access to free mental health and/or substance use support	3%	2%	4%	3%	1%	3%	6%
Losing my job	3%	1%	4%	3%	2%	4%	4%
Getting into trouble with the law	3%	4%	4%	3%	3%	3%	3%
Group support (I cannot do this alone)	3%	5%	4%	3%	2%	3%	4%
Not applicable to me (I can't/don't need to reduce/currently don't/rarely do use / etc.)	2%	1%	2%	2%	3%	2%	2%
Knowing more about the effects and risks of substance use on mental health	2%	3%	3%	2%	2%	2%	2%
Knowing more about the risks of combining substances	2%	4%	3%	1%	1%	1%	2%
Knowing a loved one that struggled with substance use	2%	4%	2%	2%	2%	2%	2%
Being able to find a health provider or mental health professional, even if I have to pay	1%	1%	1%	1%	1%	2%	2%

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Having access to information or support in my community	1%	1%	2%	1%	1%	1%	1%
Health provider's advice/prescription	1%	<1%	<1%	1%	<1%	1%	1%
Curing/improving my health condition (various)	1%	0%	<1%	1%	1%	1%	1%
Nothing to change, all is good	37%	29%	28%	38%	44%	35%	26%
DK/NR	7%	12%	7%	7%	6%	7%	9%
Unweighted total	8487	327	507	7653	4155	2456	1832
Weighted total	8419	369	767	7283	3893	2514	1965

People who engage in polysubstance use offer answers in line with the national results, whereas people who engage in non-polysubstance use are more likely to say there's nothing to change as their situation is all good (42%).

Table 48 - Methods for lowering frequency of substance use by substance use segmentation

Exhibit E10 – Q51: What would help, if anything, for you to consider lowering the amount or frequency of the substances you use? You can select up to two responses. *mentions <1% hidden.

Base: People who engage in substance use

Column %	Total	Poly	Non-Poly
Noticing a negative change in your mental health	24%	29%	21%
Sudden health issues or developing a mental illness	14%	18%	12%
Having an accident or sustaining an injury caused by substance use	12%	13%	12%
Losing friendships or difficulties with family members	8%	10%	7%
Surviving a life-threatening event or illness	8%	8%	7%
Not having enough money	7%	8%	6%
Having access to a health provider	5%	6%	4%
Plummeting school grades or work performance	3%	4%	2%
Having access to free mental health and/or substance use support	3%	4%	2%
Losing my job	3%	4%	3%
Getting into trouble with the law	3%	3%	3%
Group support (I cannot do this alone)	3%	4%	2%
Not applicable to me (I can't/don't need to reduce/currently don't/rarely do use / etc.)	2%	2%	2%
Knowing more about the effects and risks of substance use on mental health	2%	2%	2%
Knowing more about the risks of combining substances	2%	2%	1%
Knowing a loved one that struggled with substance use	2%	2%	2%
Being able to find a health provider or mental health professional, even if I have to pay	1%	2%	1%
Having access to information or support in my community	1%	1%	1%
Health provider's advice/prescription	1%	1%	1%
Curing/improving my health condition (various)	1%	1%	1%

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Nothing to change, all is good	37%	29%	42%
DK/NR	7%	5%	9%
Unweighted total	8487	3115	5279
Weighted total	8419	3146	5187

Section F: Audience specific analysis

This chapter provides additional analysis on the following audiences: those who identify as Indigenous respondents, those from ethno-cultural groups and visible minorities, those who identify as 2SLGBTQI+, those aged 13-17 years old, and those aged 18-24 years old.

The data show that polysubstance use is more prevalent than the total sample (40%) among those who identify as 2SLGBTQI+ (62%), among those who identify as Indigenous (53%) and among respondents in the 18-24-year-old segment (56%). Polysubstance use is slightly less prevalent than the total sample (40%) among those who identify as ethno-cultural or visible minorities (33%) and respondents in the 13-17-year-old segment (11%).

For a description of which respondents are reported in each table, please refer to the base description provided above each table. Please also note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. Any questions or substance pairings where the sample size is below n=30 have not been included in this report.

For the questions on reported use of substances or prevalence among the target audience – either on their own or two substances taken within a 24-hour period – only responses from the probability sample were used. While a margin of error was calculated for the total probability sample, each of these tables in this section focuses on target audience subgroups. Due to their smaller sample sizes the precision of these tables has not been calculated. For all other results, the full aggregated sample of all respondents from the target audience is used.

As such, the results highlighted in this section are to be considered directional as they cannot be said to be representative of the population.

Indigenous respondents

This section focuses on the subset of the sample that identified as Indigenous. For the questions on reported use of substances – on their own or two substances taken within a 24-hour period – only responses from the probability sample of n=188 are used. For all other results, the full aggregated sample of all n=399 Indigenous respondents are used.

Substance use

Compared to the national averages, Indigenous respondents report a similar tendency to use each substance. There is one exception, nicotine (in any form), where reported use is significantly higher with 26% of Indigenous respondents saying they have used it in the past 30 days – this compared with 14% of the total sample saying the same.

Table 49 - Frequency of substance use

Exhibit F1 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Q11: For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all? [Rebased to total respondents]

Base: Respondents from the probability-based panel only

Column %	Past 12 months		Past 30 days	
	Total sample	Indigenous	Total	Indigenous
Alcohol	70%	65%	62%	50%
OTC	52%	53%	N/A	N/A
OTC not as directed	N/A	N/A	2%	1%
Cannabis	31%	38%	22%	28%
Nicotine	17%	31%	14%	26%
Anti-depressants	12%	13%	11%	11%
Sedatives or sleeping aid	11%	12%	8%	12%
Anti-anxiety drugs	10%	10%	8%	10%
Hallucinogens	7%	5%	2%	2%
Stimulants	6%	8%	5%	6%
Opioids	4%	5%	N/A	N/A
Rx Opioids	N/A	N/A	2%	4%
Non-Rx Opioids	N/A	N/A	0%	0%
Cocaine	2%	3%	1%	3%
MDMA or Ecstasy	2%	1%	1%	0%
Bath salts	<1%	<1%	0%	0%
Inhalants	<1%	0%	0%	0%
Methamphetamine	<1%	<1%	0%	0%
None of the above	13%	10%	N/A	N/A

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DK/NR	<1%	0%	N/A	N/A
Unweighted total	4999	188	4999	188
Weighted total	4999	185	4999	185

Substance pair use

Compared to the national averages, Indigenous respondents report a similar tendency to use any of the specific combinations of substance pairs, although the total proportion of Indigenous who report using at least one pair of substances (53%) was significantly higher than the national average (40%). The largest difference measured is the higher propensity among Indigenous respondents to combine alcohol with nicotine, with 19% reporting having done this compared to a national average of 13%.

Among Indigenous people who engage in polysubstance use, the most common pairings are alcohol with nicotine (19%); cannabis with alcohol (17%); and alcohol with “at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants” (14%).

Table 50 – The percentage of those using in the past 12 months

Exhibit F2 - Q12a - Q17b: Thinking of all the times in the past 12 months that you have used [SUBSTANCE], have you also used any of the following [SUBSTANCES] within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total sample	Indigenous
Cannabis + Alcohol	18%	17%
Alcohol + Medication	14%	14%
Alcohol + OTC	13%	14%
Alcohol + Nicotine	13%	19%
Medication + OTC	10%	8%
Cannabis + Medication	8%	10%
Cannabis + Nicotine	8%	7%
Cannabis + OTC	6%	8%
Medication + Nicotine	5%	8%
Alcohol + Other controlled substances	3%	5%
Other controlled substances + Nicotine	3%	5%
Two Medications	3%	3%
Cannabis + Other controlled substances	2%	2%
Rx Opioids + OTC	1%	2%
Medication + Stimulant	1%	3%
Medication + Rx Opioids	1%	2%
Other controlled substances + OTC	1%	0%
Cannabis + Rx Opioids	1%	2%

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Other controlled substances+ Another stimulant	1%	0%
Alcohol + Rx Opioids	1%	1%
Rx Opioids + Nicotine	1%	<1%
Alcohol + Non-Rx Opioids	<1%	0%
Other controlled substances + Rx Opioids	<1%	0%
Non-Rx Opioids + Nicotine	<1%	0%
Other controlled substances + Non-Rx Opioids	<1%	0%
Rx Opioids + Non-Rx Opioids	<1%	0%
Medication + Non-Rx Opioids	<1%	0%
Non-Rx Opioids + OTC	<1%	0%
Cannabis + Non-Rx Opioids	0%	0%
Unweighted total	4999	188
Weighted total	4999	185

When asked about their reasons for taking substances together within the span of 24 hours, Indigenous respondents are more likely than the general population to select a majority of the responses. The top three responses selected by Indigenous respondents overall were: to manage physical pain (34%), to help cope with emotional challenges (33%), and because their friends or family were doing it (32%).

Table 51 - Reasons for taking substances together within a 24-hour period (Top 5)

Exhibit F3 – Q22/Q25/Q28: When you have taken [PAIR 1/2/3] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Total number of pair tests for people who engage in polysubstance use

Column %	Total sample	Indigenous
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	27%	34%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	26%	33%
To enhance or prolong a high	24%	26%
My friends/family were doing it	19%	32%
To try it, experiment	14%	18%
The combination of medications is prescribed by a health care provider	13%	25%
The substances were easy to get	12%	23%
To offset or balance the effect(s) of a substance with those of another	10%	20%
To reduce overall use (using one substance to reduce the amount of another)	8%	19%
Experiencing cravings	8%	17%
For pleasure / I like it/felt like it / etc. (unspecified)	7%	9%
To relieve a cold / flu / cough / allergies / headaches / etc.	7%	3%
Unrelated use / Not at the same time / Not intentional	5%	2%

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To improve academic or work performance	5%	13%
To ease withdrawal symptoms	5%	16%
Medical purposes / Daily prescription (unspecified and others)	5%	4%
To sleep / rest / overcome insomnia / etc.	5%	2%
For a social setting (party, family gathering, etc.)	4%	4%
To mimic the effect of another substance that is unavailable or more expensive	4%	15%
For the taste / To relief a thirst/enjoy a meal/etc.	2%	2%
To reduce stress / relax / be at peace	2%	2%
Habit / Daily ritual	1%	0%
To get high / drunk	1%	0%
No risk of overlap/side effects	1%	1%
Low dose / Rarely used / Responsible usage	<1%	0%
Entertainment (watching TV, playing sports, etc.) / I was bored	<1%	0%
It was the right moment (unspecified)	<1%	0%
To celebrate / reward myself / It was a special occasion / etc.	<1%	0%
For sexual pleasure	<1%	0%
Unweighted total	2011	131
Weighted total	2066	109

This section looks at the reasons for consuming specific pairings, beginning with the most common set identified within the target audience of Indigenous respondents. Please also note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. One pair had a sufficient sample size above the reporting threshold of n=30 and is, as such, the only one reported on.

Focusing specifically now on those respondents who consumed cannabis and alcohol within the same 24-hour period, a similar percentage of Indigenous respondents (32%) say they are doing so to enhance or prolong a high as the general population (33%).

Indigenous respondents are more likely than the total sample to consume alcohol and cannabis together in order to cope with emotional challenges or mental illness (22% versus 15%) or to manage physical pain (22% versus 10%).

Table 52 - Reasons for taking cannabis and alcohol together within a 24-hour period (Top 5)

Exhibit F4 - Q22/Q25/Q28: When you have taken [MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Indigenous who had taken cannabis with alcohol

Column %	Total sample	Indigenous
To enhance or prolong a high	33%	32%

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My friends / family were doing it	25%	31%
To try it, experiment	16%	9%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	15%	22%
The substances were easy to get	12%	10%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	10%	22%
Unweighted total	1098	52
Weighted total	1039	49

The perceived personal health risks noted by Indigenous respondents for cannabis and alcohol tracks closely with that noted in the total sample (6% versus 7%).

Table 53 - Summary of those saying each substance pairing they have taken poses a high health risk

Exhibit F5 – Q44a/Q44b/Q44c: Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances? (% saying high risk)

Base: Those who had taken the specified substance

Column %	Total sample	Indigenous
Cannabis + Alcohol	6%	7%
Unweighted total	1278	63
Weighted total	1334	61

Mental health profile

The table below combines three different questions relating to mental health. It is notable that across all three measures, Indigenous respondents are more likely to report negative outcomes with 31% rating their overall mental health as fair or poor, with 45% saying they have experienced problems due to their mental health in the last 30 days, and 52% saying they have used substances to cope with mental illness at least one in the last 30 days compared to the general population (22%, 31% and 52% respectively).

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Table 54 - Combined measures of mental health

Exhibit F6 – Q34: How would you rate your overall mental health? (% saying fair/poor)

Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed? (% saying yes)

Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges? (% saying at least once)

Base: ALL

Column %	Total sample	Indigenous
Mental health self-assessed as fair/poor	22%	31%
Have had problems or challenges in past 30 days	31%	45%
Have used a substance to cope at least once	38%	52%
Unweighted total	10012	399
Weighted total	10012	362

Familiarity with risks of combining substances

When asked about the familiarity of the health risks and harms associated with combining substances, Indigenous respondents are as likely to say they are very or somewhat familiar as the general population (78% versus 77%).

Table 55 - Those very or somewhat familiar with the risk and harms of combining substances

Exhibit F7 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances? (% saying very/somewhat familiar)

Base: ALL

Column %	Total sample	Indigenous
Very/somewhat familiar with risks and harms	77%	78%
Unweighted total	10012	399
Weighted total	10012	362

Ethno-cultural or visible minority focus

This sub-section focuses on the subset of the sample that identified as being an ethno-cultural or visible minority. For the questions on reported use of substances – on their own or two substances taken within a 24-hour period – only responses from the probability sample of n=449 are used. For all other results, the full aggregated sample of all n=998 ethno-cultural or visible minority respondents are used.

Substance use

Compared to the national averages, ethno-cultural and visible minorities report a similar tendency to use each substance. The one exception is alcohol, where respondents from ethnocultural or visible minority groups report lower levels of consumption in both the past 12 months (64% versus 70%) and the past 30 days (52% versus 62%) than the general population.

Table 56 - Frequency of substance use

Exhibit F8 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Q11: For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all? [Rebased to total respondents]

Base: Respondents from the probability-based panel only

Column %	Past 12 months		Past 30 days	
	Total sample	Ethno-cultural or Visible Minority Group	Total sample	Ethno-cultural or Visible Minority Group
Alcohol	70%	64%	62%	52%
OTC	52%	51%	N/A	N/A
OTC not as directed	N/A	N/A	2%	2%
Cannabis	31%	29%	22%	22%
Nicotine in any form	17%	16%	14%	13%
Anti-depressants	12%	8%	11%	7%
Sedatives or sleeping aid	11%	8%	8%	6%
Anti-anxiety drugs	10%	7%	8%	5%
Hallucinogens	7%	7%	2%	1%
Stimulants	6%	5%	5%	5%
Opioids	4%	4%	N/A	N/A
Rx Opioids	N/A	N/A	2%	1%
Non-Rx Opioids	N/A	N/A	0%	0%
Cocaine	2%	3%	1%	1%
MDMA or Ecstasy	2%	4%	1%	1%
Bath salts	<1%	<1%	0%	0%
Inhalants	<1%	2%	0%	1%

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Methamphetamine	<1%	1%	0%	0%
None of the above	13%	18%	N/A	N/A
DK/NR	<1%	0%	N/A	N/A
Unweighted total	4999	449	4999	449
Weighted total	4999	614	4999	614

Substance pair use

When looking at the rates at which ethno-cultural and visible minorities report using any of the specific combinations of substances, they report a similar tendency as that found in the general population.

Table 57 - The percentage of those using in the past 12 months

Exhibit F9 – Q12a - Q17b: Thinking of all the times in the past 12 months that you have used [SUBSTANCE], have you also used any of the following [SUBSTANCES] within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total sample	Ethno-Cultural or Visible Minority
Cannabis + Alcohol	18%	15%
Alcohol + Medication	14%	9%
Alcohol + OTC	13%	9%
Alcohol + Nicotine	13%	13%
Medication + OTC	10%	8%
Cannabis + Anti-anxiety	8%	6%
Cannabis + Nicotine	8%	8%
Cannabis + OTC	6%	6%
Medication + Nicotine	5%	4%
Alcohol + Other controlled substances	3%	4%
Other controlled substances + Nicotine	3%	4%
Two Anti-anxiety	3%	2%
Cannabis + Other controlled substances	2%	2%
Rx Opioids + OTC	1%	0%
Medication + Other controlled substances	1%	2%
Medication + Rx Opioids	1%	0%
Other controlled substances + OTC	1%	1%
Cannabis + Rx Opioids	1%	<1%
Two other controlled substances	1%	<1%
Alcohol + Rx Opioids	1%	0%
Rx Opioids + Nicotine	1%	0%

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Alcohol + Non-Rx Opioids	<1%	0%
Other controlled substances + Rx Opioids	<1%	<1%
Non-Rx Opioids + Nicotine	<1%	0%
Other controlled substances + Non-Rx Opioids	<1%	0%
Rx Opioids + Non-Rx Opioids	<1%	0%
Medication + Non-Rx Opioids	<1%	0%
Non-Rx Opioids + OTC	<1%	0%
Cannabis + Non-Rx Opioids	0%	0%
Unweighted total	4999	449
Weighted total	4999	614

At the aggregate level of all pairs, the primary reasons cited by ethno-cultural and visible minorities for combining substances within a 24-hour period are to enhance or prolong a high (33%); manage physical pain (30%); because friends or family were doing it (30%); and to help cope with emotional challenges (26%). For all except coping with emotional challenges (where both are 26%), ethno-cultural and visible minority respondents are more likely than the national average to say the same.

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Table 58 - Reasons for taking substances together within a 24-hour period

Exhibit F10 – Q22/Q25/Q28: When you have taken [PAIR 1/2/3] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: People who engage in polysubstance use (summarized across pairs evaluated)

Column %	Total sample	Ethno-Cultural or Visible Minority
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	27%	30%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	26%	26%
To enhance or prolong a high	24%	33%
My friends / family were doing it	19%	30%
To try it, experiment	14%	25%
The combination of medications is prescribed by a health care provider	13%	13%
The substances were easy to get	12%	19%
To offset or balance the effect(s) of a substance with those of another	10%	15%
To reduce overall use (using one substance to reduce the amount of another)	8%	14%
Experiencing cravings	8%	12%
For pleasure / I like it / felt like it / etc. (unspecified)	7%	5%
To relieve a cold / flu / cough / allergies / headaches / etc.	7%	5%
Unrelated use / Not at the same time / Not intentional	5%	4%
To improve academic or work performance	5%	12%
To ease withdrawal symptoms	5%	9%
Medical purposes / Daily prescription (unspecified and others)	5%	4%
To sleep / rest / overcome insomnia / etc.	5%	2%
For a social setting (party, family gathering, etc.)	4%	2%
To mimic the effect of another substance that is unavailable or more expensive	4%	11%
For the taste / To relief a thirst / enjoy a meal / etc.	2%	1%
To reduce stress / relax / be at peace	2%	<1%
Habit / Daily ritual	1%	<1%
To get high / drunk	1%	0%
No risk of overlap/side effects	1%	<1%
Low dose / Rarely used / Responsible usage	<1%	1%
Entertainment (watching TV, playing sports, etc.) / I was bored	<1%	1%
It was the right moment (unspecified)	<1%	<1%
To celebrate / reward myself / It was a special occasion / etc.	<1%	0%
For sexual pleasure	<1%	0%
Unweighted total pairs tested	2011	167
Weighted total pairs tested	2066	194

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This section looks at the reasons for consuming specific pairings, beginning with the most common set identified within the target audience of ethno-cultural and visible minority respondents. Please also note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. The two pairs presented in this section are the only ones where the sample sizes are above the reporting threshold of n=30.

The most common substance pairing among ethno-cultural and visible minorities is cannabis and alcohol. As with the total sample, these respondents are most likely to say that they combine these two substances to enhance or prolong a high (37%). Unlike the total sample, however, ethno-cultural and visible minorities are significantly more likely to say that they are using this substance combination as their friends and families are also doing so (36% versus 25%).

Table 59 - Reasons for taking cannabis and alcohol together within a 24-hour period (Top 5)

Exhibit F11 – Q22/Q25/Q28: When you have taken [MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Ethno-cultural or visible minorities who had taken cannabis + alcohol

Column %	Total sample	Ethno-Cultural or Visible Minority
To enhance or prolong a high	33%	37%
My friends / family were doing it	25%	36%
To try it / experiment	16%	21%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	15%	20%
The substances were easy to get	12%	18%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	10%	9%
Unweighted total	1098	87
Weighted total	1039	115

Respondents from ethno-cultural or visible minority groups are more likely to say that they combine over the counter medications with alcohol in order to manage physical pain (44%) or emotional challenges (22%) than the general population (37% and 11% respectively). Respondents in this group are also more likely to say that they are combining these substances to offset each other (14%) than the total sample (7%).

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Table 60 - Reasons for taking over the counter medication and alcohol together within a 24-hour period (Top 5)

Exhibit F12 – Q22/Q25/Q28: When you have taken [SECOND MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Ethno-cultural or visible minorities who had taken alcohol + over-the-counter medication

Column %	Total sample	Ethno-Cultural or Visible Minority
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	37%	44%
To relieve a cold / flu / cough / allergies / headaches / etc.	17%	10%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	11%	22%
Unrelated use / Not at the same time / Not intentional	8%	10%
To offset or balance the effect(s) of a substance with those of another	7%	14%
The substances were easy to get	6%	9%
Unweighted total	361	32
Weighted total	375	37

When asked about the perceived personal health risks of consuming various substance pairs, respondents from ethno-cultural or visible minority groups are more likely to see them as high risk than the general population across the two pairings reported here.

Table 61 - Summary of those saying each substance pairing they have taken poses a high health risk

Exhibit F13 – Q44a/Q44b/Q44c: Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances? (% saying high risk)

Base: Those who had taken the specified substance

Column %	Total sample	Ethno-Cultural or Visible Minority
Cannabis + Alcohol	6%	10%
Alcohol + OTC	8%	12%
Unweighted total	10012	106
Weighted total	10012	134

Mental health profile

The table below combines three different questions relating to mental health. While respondents from ethno-cultural or visible minority groups are slightly more likely to assess their mental health as fair or poor (27% versus total sample 22%), for the other two measures

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reported here – problems in the past 30 days and using substances to cope – the rates indicated align with those noted in the general population sample.

Table 62 - Combined measures of mental health

Exhibit F14 – Q34: How would you rate your overall mental health? (% saying fair/poor)

Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed? (% saying yes)

Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges? (% saying at least once)

Base: ALL

Column %	Total sample	Ethno-Cultural or Visible Minority
Mental health self-assessed as fair/poor	22%	27%
Have had problems or challenges in past 30 days	31%	34%
Have used a substance to cope at least once	38%	36%
Unweighted total	10012	998
Weighted total	10012	1133

Familiarity with risks of combining substances

Respondents from ethno-cultural or visible minority groups are slightly less likely (70% versus 77%) than the general population sample to say that they are very or somewhat familiar with the risks or harms associated with combining substances.

Table 63 - Those very or somewhat familiar with the risk and harms of combining substances

Exhibit F15 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances? (% saying very/somewhat familiar)

Base: ALL

Column %	Total sample	Ethno-Cultural or Visible Minority
Very/somewhat familiar with risks and harms	77%	70%
Unweighted total	10012	998
Weighted total	10012	1133

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2SLGBTQI+ focus

This sub-section focuses on the subset of the sample that identified as being a 2SLGBTQI+. For the questions on reported use of substances – on their own or two substances taken within a 24-hour period – only responses from the probability sample of n=351 are used. For all other results, the full aggregated sample of all n=688 2SLGBTQI+ respondents are used.

Substance use

Compared to the national averages, 2SLGBTQI+ respondents report significantly higher use of over-the-counter medication, cannabis, anti-depressants, anti-anxiety drugs, hallucinogens, and stimulants than other respondents.

Table 64 - Frequency of substance use

Exhibit F16 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Q11: For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all? [Rebased to total respondents]

Base: Respondents from the probability-based panel only

Column %	Past 12 months		Past 30 days	
	Total sample	2SLGBTQI+	Total sample	2SLGBTQI+
Alcohol	70%	77%	62%	65%
OTC	52%	67%	N/A	N/A
OTC not as directed	N/A	N/A	2%	3%
Cannabis	31%	49%	22%	36%
Nicotine in any form	17%	24%	14%	19%
Anti-depressants	12%	24%	11%	22%
Sedatives or sleeping aid	11%	14%	8%	11%
Anti-anxiety drugs	10%	19%	8%	17%
Hallucinogens	7%	17%	2%	5%
Stimulants	6%	22%	5%	20%
Opioids	4%	6%	N/A	N/A
Rx Opioids	N/A	N/A	2%	4%
Non-Rx Opioids	N/A	N/A	0%	0%
Cocaine	2%	5%	1%	3%
MDMA or Ecstasy	2%	4%	1%	2%
Bath salts	<1%	0%	0%	0%
Inhalants	<1%	2%	0%	2%
Methamphetamine	<1%	3%	0%	0%
None of the above	13%	6%	N/A	N/A
DK/NR	<1%	0%	N/A	N/A

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Unweighted total	4999	351	4999	351
Weighted total	4999	535	4999	535

Substance pair use

Respondents who identify as 2SLGBTQI+ are more likely to report using almost all substances pairings tested. Compared to the general population, the different levels of use are especially notable when looking at the cannabis and alcohol pairing (32% versus 18%); the alcohol and medication pairing (35% versus 14%); the medication and over the counter medication pairing (27% versus 10%); and the cannabis and anti-anxiety pairing (24% versus 8%).

Among 2SLGBTQI+ people who engage in polysubstance use, the most common pairings are alcohol with “at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants” (35%); cannabis with alcohol (32%); and “at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants” with OTC medication (27%).

Table 65 - The percentage of those using in the past 12 months

Exhibit F17 – Q12a - Q17b: Thinking of all the times in the past 12 months that you have used [SUBSTANCE], have you also used any of the following [SUBSTANCES] within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total sample	2SLGBTQI+
Cannabis + Alcohol	18%	32%
Alcohol + Medication	14%	35%
Alcohol + OTC	13%	24%
Alcohol + Nicotine	13%	18%
Medication + OTC	10%	27%
Cannabis + Medication	8%	24%
Cannabis + Nicotine	8%	13%
Cannabis + OTC	6%	15%
Medication + Nicotine	5%	11%
Alcohol + Other controlled substances	3%	8%
Other controlled substances + Nicotine	3%	8%
Two of Anti-anxiety	3%	5%
Cannabis + Other controlled substances	2%	4%
Rx Opioids + OTC	1%	3%
Medication + Other controlled substances	1%	6%
Medication + Rx Opioids	1%	2%
Other controlled substances + OTC	1%	4%

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Cannabis + Rx Opioids	1%	2%
Two controlled substances	1%	2%
Alcohol + Rx Opioids	1%	2%
Rx Opioids + Nicotine	1%	1%
Alcohol + Non-Rx Opioids	<1%	1%
Other controlled substances + Rx Opioids	<1%	<1%
Non-Rx Opioids + Nicotine	<1%	<1%
Other controlled substances + Non-Rx Opioids	<1%	<1%
Rx Opioids + Non-Rx Opioids	<1%	0%
Medication + Non-Rx Opioids	<1%	<1%
Non-Rx Opioids + OTC	<1%	0%
Cannabis + Non-Rx Opioids	0%	0%
Unweighted total	4999	351
Weighted total	4999	535

When asked about their reasons for taking substances together within the span of 24 hours, 2SLGBTQI+ respondents are more likely than the total sample to cite managing physical pain (32%) or emotional challenges or mental illness (35%). Again, across almost all response metrics, 2SLGBTQI+ respondents are more likely to select each than the general population.

Table 66 - Reasons for taking substances together within a 24-hour period

Exhibit F18 – Q22/Q25/Q28: When you have taken [PAIR 1/2/3] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Total number of pair tests for people who engage in polysubstance use

Column %	Total sample	2SLGBTQI+
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	27%	32%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	26%	35%
To enhance or prolong a high	24%	26%
My friends / family were doing it	19%	18%
To try it, experiment	14%	12%
The combination of medications is prescribed by a health care provider	13%	19%
The substances were easy to get	12%	19%
To offset or balance the effect(s) of a substance with those of another	10%	16%
To reduce overall use (using one substance to reduce the amount of another)	8%	12%
Experiencing cravings	8%	9%
For pleasure / I like it / felt like it / etc. (unspecified)	7%	7%
To relieve a cold / flu / cough / allergies / headaches / etc.	7%	8%
Unrelated use / Not at the same time / Not intentional	5%	10%
To improve academic or work performance	5%	7%

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To ease withdrawal symptoms	5%	7%
Medical purposes / Daily prescription (unspecified and others)	5%	9%
To sleep / rest / overcome insomnia / etc.	5%	4%
For a social setting (party, family gathering, etc.)	4%	4%
To mimic the effect of another substance that is unavailable or more expensive	4%	4%
For the taste / To relief a thirst / enjoy a meal / etc.	2%	2%
To reduce stress / relax / be at peace	2%	1%
Habit / Daily ritual	1%	1%
To get high / drunk	1%	1%
No risk of overlap / side effects	1%	1%
Low dose / Rarely used / Responsible usage	<1%	1%
Entertainment (watching TV, playing sports, etc.) / I was bored	<1%	1%
It was the right moment (unspecified)	<1%	<1%
To celebrate / reward myself / It was a special occasion / etc.	<1%	0%
For sexual pleasure	<1%	<1%
Unweighted total	2011	254
Weighted total	2066	293

This section looks at the reasons for consuming specific pairings, beginning with the most common set identified within the target audience of 2SLGBTQ+ respondents. Please note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. As the sample sizes are sufficiently large to include in this section, the top five pairs are presented.

For cannabis and alcohol, the most common pairing among this audience, the rates are similar with those noted in the general population sample with the most commonly cited reason being to enhance or prolong a high (35%).

Table 67 - Reasons for taking cannabis and alcohol together within a 24-hour period (Top 5)

Exhibit F19 – Q22/Q25/Q28: When you have taken [MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: 2SLGBTQ+ who had taken cannabis + alcohol

Column %	Total sample	2SLGBTQ+
To enhance or prolong a high	33%	35%
My friends / family were doing it	25%	21%
To try it, experiment	16%	18%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	15%	17%
The substances were easy to get	12%	18%

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To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	10%	10%
Unweighted total	1039	148
Weighted total	1098	125

The second most common substance pairing among 2SLGBTQ+ respondents is medications and over the counter medications. Here the top two reasons for consuming this pairing selected by 2SLGBTQ+ respondents – both at rates higher than the general population – are to manage emotional challenges or mental illness (47%) or to manage physical pain (43%). Of note, 2SLGBTQ+ respondents are also significantly more likely to say that this combination is for medical purposes or for daily prescriptions (20% versus 9%).

Table 68 - Reasons for taking medications and over the counter medications within a 24-hour period (Top 5)

Exhibit F20 – Q22/Q25/Q28: When you have [2ND MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: 2SLGBTQ+ who had taken medications + OTC

Column %	Total sample	2SLGBTQ+
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	39%	43%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	36%	47%
The combination of medications is prescribed by a health care provider	32%	35%
To relieve a cold / flu / cough / allergies / headaches / etc.	18%	24%
Unrelated use / Not at the same time / Not intentional	9%	17%
Medical purposes / Daily prescription (unspecified and others)	9%	20%
Unweighted total	304	48
Weighted total	319	59

The third most common pairing among this target audience is cannabis and medications. As with the previous pairing, the top two reasons for consuming this pairing within a 24-hour period is to cope with emotional challenges or mental illness (44%) or to manage physical pain (27%). With this pairing, however, the reasons reported by 2SLGBTQ+ respondents are similar to those witnessed in the general population.

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Table 69 - Reasons for taking cannabis and medications within a 24-hour period (Top 5)

Exhibit F6 – Q22/Q25/Q28: When you have taken [3RD MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: 2SLGBTQ+ who had taken cannabis + medications

Column %	Total sample	2SLGBTQ+
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	47%	44%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	26%	27%
The combination of medications is prescribed by a health care provider	16%	13%
To improve academic or work performance	9%	11%
To offset or balance the effect(s) of a substance with those of another	8%	8%
To enhance or prolong a high	9%	6%
Unweighted total	211	44
Weighted total	228	50

The combination of alcohol and medications is the fourth most common pair in this audience. Here again the reasons selected by 2SLGBTQ+ respondents track closely with the general population sample, with coping with emotional challenges or mental illness being the most selected at 41%.

Table 70 - Reasons for taking alcohol and medications within a 24-hour period (Top 5)

Exhibit F21 – Q22/Q25/Q28: When you have taken [4TH MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: 2SLGBTQ+ who had taken alcohol + medications

Column %	Total sample	2SLGBTQ+
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	40%	41%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	15%	12%
The combination of medications is prescribed by a health care provider	13%	15%
Unrelated use / Not at the same time / Not intentional	9%	18%
My friends / family were doing it	9%	10%
Medical purposes / Daily prescription (unspecified and others)	8%	12%
Unweighted total	330	44
Weighted total	332	49

The final pairing included here is alcohol and over the counter medications. Here 2SLGBTQ+ respondents are significantly more likely to use this pairing to manage physical pain (47% versus 37%) and to cope with mental challenges (22% versus 11%) than the general population.

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Table 71 - Reasons for taking alcohol and over the counter medication within a 24-hour period (Top 5)

Exhibit F22 – Q22/Q25/Q28: When you have taken [5TH MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: 2SLGBTQ+ who had taken alcohol + over-the-counter medication

Column %	Total sample	2SLGBTQ+
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	37%	47%
To relieve a cold / flu / cough / allergies / headaches / etc.	17%	17%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	11%	22%
Unrelated use / Not at the same time / Not intentional	8%	10%
To offset or balance the effect(s) of a substance with those of another	7%	14%
The substances were easy to get	6%	7%
Unweighted total	375	38
Weighted total	361	44

Respondents were asked what they thought the risk levels were to them personally of consuming each of the substance pairings they identified as having taken at least once in the past 12 months. Across the five pairings included here the rates of 2SLGBTQ+ respondents say that each poses a high risk to them align with those of the general population.

Table 72 - Summary of those saying each substance pairing they have taken poses a high health risk

Exhibit F23 – Q44a/Q44b/Q44c: Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances? (% saying high risk)

Base: Those who had taken the specified substance

Column %	Total sample	2SLGBTQ+
Alcohol + Medication	12%	13%
Alcohol + OTC	8%	12%
Medication + OTC	6%	8%
Cannabis + Alcohol	6%	7%
Cannabis + Medication	5%	5%
Unweighted total	221-1039	38-152
Weighted total	238-1098	44-182

Mental health profile

The table below combines three different questions relating to mental health. It is notable that across all three measures, 2SLGBTQ+ respondents are significantly more likely to report

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negative outcomes than the general population, with 40% rating their overall mental health as fair or poor, with 55% saying they have experienced problems due to their mental health in the last 30 days, and 59% saying they have used substances to cope with mental illness at least once in the last 30 days. These are the highest rates seen among any of the target audiences examined in this chapter.

Table 73 - Combined measures of mental health

Exhibit F24 – Q34: How would you rate your overall mental health? (% saying fair/poor)

Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed? (% saying yes)

Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges? (% saying at least once)

Base: ALL

Column %	Total sample	2SLGBTQ+
Mental health self-assessed as fair/poor	22%	40%
Have had problems or challenges in past 30 days	31%	55%
Have used a substance to cope at least once	38%	59%
Unweighted total	10012	688
Weighted total	10012	777

Familiarity with risks of combining substances

At 84% saying so, 2SLGBTQ+ respondents are slightly more likely to say that they are very or somewhat familiar with the risks and harms of combining substances than the general population sample (77%).

Table 74 - Those very or somewhat familiar with the risk and harms of combining substances

Exhibit F25 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances? (% saying very/somewhat familiar)

Base: ALL

Column %	Total sample	2SLGBTQ+
Very / somewhat familiar with risks and harms	77%	84%
Unweighted total	10012	688
Weighted total	10012	777

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Ages 13-17 focus

This sub-section focuses on the subset of the sample that identified as being between the ages 13-17. For the questions on reported use of substances – on their own or two substances taken within a 24-hour period – only responses from the probability sample of n=240 are used. For all other results, the full aggregated sample of all n=573 respondents aged 13-17 are used.

Substance use

Compared to the national averages, respondents ages 13-17 are less likely to say that they have used any of the substances tested in the past 12 months than the general population – a pattern which holds when looking at use in the past 30 days as well. This is particularly noticeable with consumption of alcohol where a quarter (25%) of those aged 13-17 say they have consumed it in the past 12 months, compared to 70% of the general population.

Table 75 - Frequency of substance use

Exhibit F26 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Q11: For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all?

Base: Respondents from the probability-based panel only

Column %	Past 12 months		Past 30 days	
	Total sample	13-17	Total sample	13-17
Alcohol	70%	25%	62%	18%
OTC	52%	36%	N/A	N/A
OTC as directed	N/A	N/A	2%	2%
Cannabis	31%	14%	22%	10%
Nicotine in any form	17%	10%	14%	8%
Anti-depressants	12%	4%	11%	3%
Sedatives or sleeping aid	11%	1%	8%	1%
Anti-anxiety drugs	10%	6%	8%	6%
Hallucinogens	7%	2%	2%	0%
Stimulants	6%	4%	5%	4%
Opioids	4%	0%	N/A	N/A
Rx Opioids	N/A	N/A	2%	0%
Non-Rx Opioids	N/A	N/A	0%	0%
Cocaine	2%	0%	1%	0%
MDMA or Ecstasy	2%	<1%	1%	0%
Bath salts	<1%	0%	0%	0%

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Inhalants	<1%	0%	0%	0%
Methamphetamine	<1%	<1%	0%	0%
None of the above	13%	48%	N/A	N/A
DK/NR	<1%	0%	N/A	N/A
Unweighted total	4999	240	4999	240
Weighted total	4999	323	4999	323

Substance pair use

Given the lower rates of substance use in the 13-17-year-old segment, it is not surprising that the prevalence of consuming substance pairings within the past 12 months is lower as well. While only used by a small minority of the segment, the most common pairings were cannabis and alcohol (6%); alcohol and nicotine (6%); and cannabis and nicotine (5%).

Table 76 - The percentage of those using in the past 12 months

Exhibit F27 – Q12a - Q17b: Thinking of all the times in the past 12 months that you have used [SUBSTANCE], have you also used any of the following [SUBSTANCES] within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total sample	Ages 13-17
Cannabis + Alcohol	18%	6%
Alcohol + Medications	14%	2%
Alcohol + OTC	13%	1%
Alcohol + Nicotine	13%	6%
Medications + OTC	10%	1%
Cannabis + Medications	8%	3%
Cannabis + Nicotine	8%	5%
Cannabis + OTC	6%	1%
Medications + Nicotine	8%	2%
Alcohol + Other controlled substances	3%	1%
Other controlled substances + Nicotine	3%	0%
Two medications	3%	1%
Cannabis + Other controlled substances	2%	1%
Rx Opioids + OTC	1%	0%
Medications + Other controlled substances	1%	0%
Medications + Rx Opioids	1%	0%
Other controlled substances + OTC	1%	0%
Cannabis + Rx Opioids	1%	0%
Two controlled substances	1%	<1%
Alcohol + Rx Opioids	1%	0%

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Rx Opioids + Nicotine	1%	0%
Alcohol + Non-Rx Opioids	<1%	0%
Other controlled substances + Rx Opioids	<1%	0%
Non-Rx Opioids + Nicotine	<1%	0%
Other controlled substances + Non-Rx Opioids	<1%	0%
Rx Opioids + Non-Rx Opioids	<1%	0%
Medications + Non-Rx Opioids	<1%	0%
Non-Rx Opioids + OTC	<1%	0%
Cannabis + Non-Rx Opioids	0%	0%
Unweighted total	4999	240
Weighted total	4999	323

At the aggregate level – that is, among all substance pairs consumed – the top reasons cited by respondents aged 13-17 for taking substances together diverge notably from the general population. While those aged 13-17 are less likely than the general population to say they are using a pairing to manage physical pain (24%), they are even more likely to say that they are using it to cope with emotional challenges (31%), that they are experimenting (49%), that family or friends were doing it (41%), or that it was to enhance or prolong a high (36%).

Table 77 - Reasons for taking substances together within a 24-hour period

Exhibit F28 – Q22/Q25/Q28: When you have taken [PAIR 1/2/3] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Total number of pair tests for people who engage in polysubstance use

Column %	Total sample	Ages 13-17
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	27%	24%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	26%	31%
To enhance or prolong a high	24%	36%
My friends / family were doing it	19%	41%
To try it, experiment	14%	49%
The combination of medications is prescribed by a health care provider	13%	14%
The substances were easy to get	12%	29%
To offset or balance the effect(s) of a substance with those of another	10%	23%
To reduce overall use (using one substance to reduce the amount of another)	8%	11%
Experiencing cravings	8%	21%
For pleasure / I like it / felt like it / etc. (unspecified)	7%	2%
To relieve a cold / flu / cough / allergies / headaches / etc.	7%	3%
Unrelated use / Not at the same time / Not intentional	5%	2%
To improve academic or work performance	5%	17%

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To ease withdrawal symptoms	5%	10%
Medical purposes / Daily prescription (unspecified and others)	5%	2%
To sleep / rest / overcome insomnia / etc.	5%	1%
For a social setting (party, family gathering, etc.)	4%	2%
To mimic the effect of another substance that is unavailable or more expensive	4%	11%
For the taste / To relief a thirst / enjoy a meal / etc.	2%	0%
To reduce stress / relax / be at peace	2%	0%
Habit / Daily ritual	1%	0%
To get high / drunk	1%	0%
No risk of overlap / side effects	1%	0%
Low dose / Rarely used / Responsible usage	<1%	0%
Entertainment (watching TV, playing sports, etc.) / I was bored	<1%	0%
It was the right moment (unspecified)	<1%	0%
To celebrate/reward myself / It was a special occasion / etc.	<1%	0%
For sexual pleasure	<1%	0%
Unweighted total	2011	65
Weighted total	2066	76

This section looks at the reasons for consuming specific pairings, beginning with the most common set identified within the target audience of those aged 13-17 respondents. Please also note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. One pair had a sufficient sample size above the reporting threshold of n=30 and is, as such, the only one reported on.

Cannabis and alcohol is the most common substance pairing noted among those aged 13-17 and the only one with sufficient sample to include in this section. When looking at reasons for consuming this pairing within a 24-hour period, it is notable that younger respondents appear to be significantly more susceptible to experimenting (54% say they did so to try it) and are influenced by experiences with peers (41% say they did so as friends or family were doing it) than the general population.

Table 78 - Reasons for taking cannabis and alcohol together within a 24-hour period

Exhibit F29 – Q22/Q25/Q28: When you have taken [MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Respondents aged 13-17 who had taken cannabis + alcohol

Column %	Total sample	Ages 13-17
To enhance or prolong a high	33%	32%

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My friends / family were doing it	25%	41%
To try it, experiment	16%	54%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	15%	20%
The substances were easy to get	12%	18%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	10%	12%
Unweighted total	1039	32
Weighted total	1098	39

When asked about the perceived personal health risks of consuming cannabis and alcohol within the same period, only a minority of respondents in both the general population (6%) and those aged 13-17 (8%) say that it is high risk. As noted above, no other substance pairings had sufficient sample to include.

Table 79 - Summary of those saying each substance pairing they have taken poses a high health risk

Exhibit F30 – Q44a/Q44b/Q44c: Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances? (% saying high risk)

Base: Those who had taken the specified substance

Column %	Total sample	Ages 13-17
Cannabis + Alcohol	6%	8%
Unweighted total	1278	35
Weighted total	1334	42

Mental health profile

The table below combines three different questions relating to mental health. Unlike other target audiences examined, respondents aged 13-17 are less likely to self-assess their mental health as fair or poor (16%) or that they have used a substance to cope at least once (26%) than the general population (22% and 38% respectively). The percentage who say they have had problems or challenges in the past 30 days, however, is in line with the general population (32% versus 31%).

Table 80 - Combined measures of mental health

Exhibit F31 – Q34: How would you rate your overall mental health? (% saying fair/poor)

Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed? (% saying yes)

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Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges? (% saying at least once)

Base: ALL

Column %	Total sample	Ages 13-17
Mental health self-assessed as fair / poor	22%	16%
Have had problems or challenges in past 30 days	31%	32%
Have used a substance to cope at least once	38%	26%
Unweighted total	10012	573
Weighted total	10012	647

Familiarity with risks of combining substances

Familiarity with the health risks and harms associated with combining substances is significantly lower among those aged 13-17 than the general population, with 61% saying they are very or somewhat familiar (this compares with 77% of the total sample who say the same).

Table 81 - Those very or somewhat familiar with the risk and harms of combining substances

Exhibit F32 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances? (% saying very/somewhat familiar)

Base: ALL

Column %	Total sample	Ages 13-17
Very / somewhat familiar with risks and harms	77%	61%
Unweighted total	10012	573
Weighted total	10012	647

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Ages 18-24 focus

This sub-section focuses on the subset of the sample that identified as being ages 18-24. For the questions on reported use of substances – on their own or two substances taken within a 24-hour period – only responses from the probability sample of n=150 are used. For all other results, the full aggregated sample of all n=617 respondents aged 18-24 are used.

Substance use

Respondents aged 18-24 report a similar tendency to use each substance as found in the general population across a range of substances. There are several substances where they are more likely than the general population to report use in the past 12 months. These include cannabis (47% versus 31%), nicotine in any form (32% versus 17%), and stimulants (17% versus 6%). The same trends hold true when looking at consumption in the past 30 days as well.

Table 82 - Frequency of substance use

Exhibit F33 – Q7: Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all?

Q11: For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all? [Rebased to total respondents]

Base: Respondents from the probability-based panel only

Column %	Past 12 months		Past 30 days	
	Total sample	18-24	Total sample	18-24
Alcohol	70%	74%	62%	61%
Over the counter medication	52%	51%	N/A	N/A
OTC not as directed	N/A	N/A	2%	2%
Cannabis	31%	47%	22%	35%
Nicotine in any form	17%	32%	14%	24%
Anti-depressants	12%	15%	11%	14%
Sedatives or sleeping aid	11%	9%	8%	5%
Anti-anxiety drugs	10%	11%	8%	11%
Hallucinogens	7%	11%	2%	4%
Stimulants	6%	17%	5%	15%
Opioids	4%	5%	N/A	N/A
Rx Opioids	N/A	N/A	2%	2%
Non-Rx Opioids	N/A	N/A	0%	1%
Cocaine	2%	3%	1%	2%
MDMA or Ecstasy	2%	1%	1%	0%

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Bath salts	<1%	0%	0%	0%
Inhalants	<1%	2%	0%	0%
Methamphetamine	<1%	0%	0%	0%
None of the above	13%	12%	N/A	N/A
DK/NR	<1%	0%	N/A	N/A
Unweighted total	4999	149	4999	150
Weighted total	4999	472	4999	473

Substance pair use

Compared to the national averages and in line with the higher usage among certain substances noted in the previous table, respondents aged 18-24 are more likely to cite pairings with cannabis and nicotine than the general population. The three most common substance pairings noted in this age group are cannabis and alcohol (28%); alcohol and nicotine (28%); and alcohol and medications (20%).

Table 83 - The percentage of those using in the past 12 months

Exhibit F34 – Q12a - Q17b: Thinking of all the times in the past 12 months that you have used [SUBSTANCE], have you also used any of the following [SUBSTANCES] within the same 24-hour period?

Base: Respondents from the probability-based panel only

Column %	Total sample	Ages 18-24
Cannabis + Alcohol	18%	28%
Alcohol + Medication	14%	20%
Alcohol + OTC	13%	15%
Alcohol + Nicotine	13%	28%
Medication + OTC	10%	15%
Cannabis + Medication	8%	15%
Cannabis + Nicotine	8%	17%
Cannabis + OTC	6%	7%
Medication + Nicotine	8%	17%
Alcohol + Other controlled substances	3%	3%
Other controlled substances + Nicotine	3%	5%
Two Medications	3%	5%
Cannabis + Other controlled substances	2%	2%
Rx Opioids + OTC	1%	1%
Medication + Other controlled substances	1%	2%
Medication + Rx Opioids	1%	0%
Other controlled substances + OTC	1%	3%
Cannabis + Rx Opioids	1%	1%

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Two controlled substances	1%	3%
Alcohol + Rx Opioids	1%	1%
Rx Opioids + Nicotine	1%	1%
Alcohol + Non-Rx Opioids	<1%	0%
Other controlled substances + Rx Opioids	<1%	0%
Non-Rx Opioids + Nicotine	<1%	0%
Other controlled substances + Non-Rx Opioids	<1%	0%
Rx Opioids + Non-Rx Opioids	<1%	0%
Medication + Non-Rx Opioids	<1%	0%
Non-Rx Opioids + OTC	<1%	0%
Cannabis + Non-Rx Opioids	0%	0%
Unweighted total	10012	149
Weighted total	10012	472

When asked about their reasons for taking substances together within the span of 24 hours, at the aggregate level respondents aged 18-24 are more likely than the general population to say they are combining substances to enhance a high (36%), to try it (26%), or because their friends or family are doing it (24%).

Table 84 - Reasons for taking substances together within a 24-hour period

Exhibit F35 – Q22/Q25/Q28: When you have taken [PAIR 1/2/3] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Total number of pair tests for people who engage in polysubstance use

Column %	Total sample	Ages 18-24
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	27%	18%
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	26%	26%
To enhance or prolong a high	24%	36%
My friends / family were doing it	19%	24%
To try it, experiment	14%	26%
The combination of medications is prescribed by a health care provider	13%	15%
The substances were easy to get	12%	18%
To offset or balance the effect(s) of a substance with those of another	10%	12%
To reduce overall use (using one substance to reduce the amount of another)	8%	7%
Experiencing cravings	8%	13%
For pleasure / I like it/felt like it / etc. (unspecified)	7%	5%
To relieve a cold / flu / cough / allergies / headaches / etc.	7%	1%
Unrelated use / Not at the same time / Not intentional	5%	4%
To improve academic or work performance	5%	10%

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To ease withdrawal symptoms	5%	9%
Medical purposes / Daily prescription (unspecified and others)	5%	7%
To sleep/rest/overcome insomnia/etc.	5%	1%
For a social setting (party, family gathering, etc.)	4%	2%
To mimic the effect of another substance that is unavailable or more expensive	4%	5%
For the taste / To relief a thirst/enjoy a meal/etc.	2%	0%
To reduce stress/relax/be at peace	2%	0%
Habit / Daily ritual	1%	0%
To get high/drunk	1%	1%
No risk of overlap/side effects	1%	0%
Low dose / Rarely used / Responsible usage	<1%	0%
Entertainment (watching TV, playing sports, etc.) / I was bored	<1%	1%
It was the right moment (unspecified)	<1%	0%
To celebrate/reward myself / It was a special occasion / etc.	<1%	0%
For sexual pleasure	<1%	0%
Unweighted total	2011	143
Weighted total	2066	239

This section looks at the reasons for consuming specific pairings, beginning with the most common set identified within the target audience of those aged 18-24 respondents. Please also note that many sample sizes reported here are below n=100 when reporting on substance pairing specific responses and these results should be interpreted with caution. One pair had a sufficient sample size above the reporting threshold of n=30 and is, as such, the only one reported on.

Cannabis and alcohol, as with many of the other target audiences, is the most cited pairing in the 18-24 age group. This audience is significantly more likely than the general population to say that they are combining these substances to enhance or prolong a high (53% versus 33%) or to try it (30% versus 16%).

Table 85 - Reasons for taking cannabis and alcohol together within a 24-hour period (Top 5)

Exhibit F36 – Q22/Q25/Q28: When you have taken [MOST COMMON PAIR AMONG SEGMENT] within the same 24-hour period, please indicate all of the reasons you were taking those substances together.

Base: Respondents aged 18-24 who had taken cannabis + alcohol

Column %	Total sample	Ages 18-24
To enhance or prolong a high	33%	53%
My friends / family were doing it	25%	31%
To try it, experiment	16%	30%

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To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)	15%	12%
The substances were easy to get	12%	15%
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)	10%	2%
Unweighted total	1039	80
Weighted total	1098	136

The perceived personal health risks of combining cannabis and alcohol among those aged 18-24 (8%) is similar to the general population (6%).

Table 86 - Summary of those saying each substance pairing they have taken poses a high health risk (Top 5)

Exhibit F37 – Q44a/Q44b/Q44c: Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances? (% saying high risk)

Base: Those who had taken the specified substance

Column %	Total sample	Ages 18-24
Cannabis + Alcohol	6%	8%
Unweighted total	30-1039	30-97
Weighted total	30-1098	30-162

Mental health profile

The table below combines three different questions relating to mental health. Respondents aged 18-24 report worse outcomes across all measures than the general population. Of note, the rates of negative outcomes among this age cohort are far higher than those aged 13-17.

Table 87 - Combined measures of mental health

Exhibit F38 – Q34: How would you rate your overall mental health? (% saying fair/poor)

Q35: During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed? (% saying yes)

Q39: How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges? (% saying at least once)

Base: ALL

Column %	Total sample	Ages 18-24
Mental health self-assessed as fair/poor	22%	38%
Have had problems or challenges in past 30 days	31%	50%
Have used a substance to cope at least once	38%	46%
Unweighted total	10012	617
Weighted total	10012	945

Health Canada – Mental Health and Substance Use Survey (2024) – Research Report

Familiarity with risks of combining substances

When asked about the health risks and harms associated with combining substances, those age 18-24 are slightly less likely to say that they are very or somewhat familiar (70% versus 77%).

Table 88 - Those very or somewhat familiar with the risk and harms of combining substances

Exhibit F39 – Q43: How familiar would you say you are with the health risks and harms associated with combining substances? (% saying very/somewhat familiar)

Base: ALL

Column %	Total sample	Ages 18-24
Very/somewhat familiar with risks and harms	77%	70%
Unweighted total	10012	617
Weighted total	10012	945

Conclusions

In terms of the conclusions that can be drawn from the analysis to date, the data demonstrate a number of conclusions relating to the objectives above:

- Among the 15 substances listed, usage of each substance varies widely, both relative to each other and across age groups and other demographic subsets of the Canadian population. Alcohol is, by far, the most commonly used substance among those responding with a strong majority indicating using this. A distant second is over-the-counter medication used by half the population (a vast majority of which indicate always using it as directed on the package) followed by cannabis. Conversely, several other substances tested (opioids; cocaine; MDMA or ecstasy; methamphetamine; bath salts; and, inhalants) are used by less than one in 20 Canadians, with some not even registering as being used by a percentage point, even with rounding.
- Similarly, polysubstance use behaviours vary widely. The most common combinations of substances are: cannabis with alcohol; alcohol with other controlled substances; alcohol with over-the-counter medication; and alcohol with nicotine.
- The data also suggest that perceptions of risk of taking two substances within the same 24-hour period are quite different. Some of the data hints at the possibility that certain types of combinations may not be seen by all as “combining” substances, but rather coincidences that are completely unrelated. This seems to be particularly true for alcohol being consumed within 24 hours of some other substance (e.g., over-the-counter medication or medication). Qualitative research may be able to shed more light on whether the timing of any two specific substances within a 24-hour period may be seen as higher risk or not. As the survey only asked about a 24-hour period, it is possible that respondents envision scenarios where, as one plausible example, they took an over-the-counter sleep aid at night and had a glass of wine for dinner on the following day – technically consuming both within a 24-hour period – and see those as being unrelated experiences by the respondent.
- In terms of the likelihood to have used at least one of the 15 substances listed in the past 12 months, there is no real correlation between having mental health challenges and the prevalence of having used substances, with all groups having a strong tendency to have identified at least one substance taken. However, there does appear to be a correlation between the breadth of mental health challenges and the total number of substances used over the past 12 months.

Health Canada – Mental Health and Substance Use Survey (2024) – Research Report

- The data demonstrates there are clear correlations between polysubstance use and mental health across the indicators assessed in this study (e.g., mental health self-assessment). Certain substances such as medication and cannabis are more often included in polysubstance behaviours among those with mental health challenges or illnesses, as compared to the rest of the survey sample.
- In terms of the awareness and understanding of perceived risks, the survey results demonstrate that there are widely varying perceptions of risk, but some trends appear. The perceived risk of substances that are typically prescribed (e.g., anti-depressants, sedatives, anti-anxiety medication) tends to be much lower than other substances, particularly other controlled substances. That said, more Canadians see taking nicotine as riskier than cannabis, alcohol, any prescription medication, over-the-counter medication and even some other controlled drugs. With every substance, the perceived risk of using it in combination with another substance is generally seen as higher and, depending upon the substance, sometimes much higher.
- On the topic of awareness and knowledge of existing supports (e.g., people, programs), when dealing with mental health and substance use challenges or co-occurring disorders, the data shows that more than half of the population feels they know where to access support for at least one of either mental health or substance use. The fact that two out of five Canadians do not feel they know how to access either may be a concerning level. Further, the data clearly shows that the awareness of supports relating to mental health is more widespread than the awareness of supports relating to substance use. Perhaps encouragingly, the awareness of either is significantly higher among those who have been diagnosed with a mental health illness those who have faced mental health challenges recently, and those who often or always use a substance to help cope with mental health challenges.

These are, by no means, the full extent of the conclusions that can be drawn from this survey dataset and it is expected that many more insights will be developed as researchers explore the data in testing any number of hypotheses going forward.

In terms of recommendations, should Health Canada decide to augment this study with qualitative research, that is something likely to place the quantitative responses in a clearer context.

Appendix A: Quantitative methodology report

Survey methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of 10,012 Canadians aged 13 years and older. A detailed discussion of the approach used to complete this research is presented below.

Questionnaire design

The questionnaires for this study were designed by Earnscliffe and provided to Health Canada for feedback. The surveys were offered to respondents in both English and French and completed based on their preferences.

Sample design and selection

The sampling plan for the study was designed by Earnscliffe in collaboration with Health Canada. A hybrid approach to data collection was adopted using two separate sample sources: a probability and a non-probability sample. As one of the objectives of this research was to understand prevalence rate calculations and establish a baseline for polysubstance use in Canada, probability-based sampling was used for those estimates – this is dealt with in Section A of the detailed findings.

Due to the need to oversample specific populations (e.g., youth and young adults), the decision was made to include a non-probability sample to ensure a sufficiently large sample size. Collecting sample in this hybrid manner provided the ability to determine a number of representative metrics within a reasonable margin of error while also providing the ability to analyze vital subsets of the population such as LGBTQ2S+, Indigenous as well as other subsets that are of particular interest.

The minimum quotas, and total completes from each source, are summarized below:

	Minimum quota	Probability sample (n)	Non-probability sample (n)	Total sample (n)
Manitoba	200	312	170	482
Saskatchewan	200	294	145	439
Territories	180	59	155	214
Atlantic Canada	645	507	331	838

Youth 13-17	175	240	333	573
Young adults 18-24	100	149	468	617

The probability-based panel is operated by EKOS Research Associates Inc. (EKOS) and is called Probit. Probit is a probability panel which covers the entire population (on and offline, cell only and landline). The survey platform permits surveying panellists via online or offline (telephone) methods in order to provide full coverage of the study population. EKOS’ Probit panel currently consists of over 100,000 randomly recruited individuals. All respondents on the panel are recruited by telephone using random digit dialling and are confirmed by live interviewers. The seed sample is generated from landlines and cell phones. The distribution of the recruitment process for the panel mirrors the actual population in Canada (as defined by Statistics Canada). As such, EKOS’ panel can be considered representative of the general public (survey results from online panel support confidence intervals and error testing, which is unique in Canada). Random stratified samples were drawn from the panel database for this research assignments using demographic information collected during recruitment to ensure required quotas (e.g., age, gender, region) are met.

The non-probability panel was drawn from Leger’s opt-in online panel. Leger’s panel is the largest Canadian owned proprietary panel in Canada with over 400,000 members. Because the recruitment method can greatly influence the quality of a panel, Leger Opinion’s panel is primarily based on random selection using traditional and mobile telephone methodologies with more than seven-in-ten panelists recruited through Leger’s own call centre. The remainder are recruited through a multifaceted approach that includes word of mouth, social media, and refer-a-friend programs.

Both studies were run on separate panels and were run concurrently. The data was merged after the fact but identifying variables were included so that the data source could be identified. Additionally, there are separate tables among those appended which focus exclusively on either the probability-based sample or the non-probability sample.

The table below summarizes the anticipated sample from each panel, as well as the total ultimately collected:

	Probability Panel (EKOS)		Non-Probability Panel (Leger)	
	Estimate	Collected	Estimate	Collected
Total	5000	4999	5000	5013
Age				
13-17	240	240	328	332

18-24	150	150	472	468
25 up	4610	4849	4200	4544
Region				
BC	636	647	673	677
AB	510	513	543	544
SK	305	294	145	145
MB	323	312	170	170
ON	1710	1739	1860	1856
QC	932	928	1137	1135
ATL	525	507	331	331
TERR	59	59	141	155

To supplement sample in the territories, Leger purchased a small amount of additional sample.

Data collection

For the surveys with respondents under 18, we initially screened adults to see whether they are a parent with a child between the ages of 13 and 17. For those who qualify, we randomly determined whether we are prioritizing the interview with the youth or parent to ensure representativeness (rather than filling all youth categories first and then parents).

All necessary and required permissions (including parental/guardian consent for youth 13-15) were obtained before proceeding with any youth surveys.

As per Canadian Research Insights Council (CRIC) guidelines, our approach to conducting research with youth aged 13-15 ensured that we considered:

- The name of the responsible adult and the method by which consent was obtained (online survey interview);
- How the potential disclosure of mental health and substance use by youth will be handled and clearly outlined to their responsible adult;
- Adult consent only allows the researcher to invite the child to participate. We will inform the youth of the general purpose of the research and the methodology in a way that is likely to be understood and the youth must agree to participate; and,

- All explanations related to data protection, privacy policy, adult consent and other notices will be provided in a manner that is understood by children.

Frequencies were checked following a soft launch to ensure that the data collected matched client specifications. In this instance, several revisions were made following the soft launch data to ensure that that was the case.

In-survey quality measures were also put in place to ensure "real" respondents completed this study. These included:

- Length of interview checks (minimum 30% of estimated survey length); and,
- Digital fingerprinting to ensure only one complete per respondent and that they are in the province they say they are in (geo IP validation).

The data was then checked again at the end of the collection process and cleaned to Health Canada's specifications.

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.

Specific targets with regards to the oversamples were as follows:

- Target n=200 of respondents from Manitoba;
- Target n=200 of respondents from Saskatchewan;
- Target n=180 of respondents from the Territories;
- Target n=645 of respondents from Atlantic Canada;
- Target n=175 of youth aged 13-17; and,
- Target n=100 of young adults aged 18-24.

Known proportions, or target weighting, was used. The final data was weighted based on 2021 Census information. Target weighting was done by age, gender, and region (nested) and within each sample type (probability and non-probability). For each sample, a weight scheme consisting of 84 specific cells was used, comprised of seven (7) separate age breaks, two (2) gender categories, and six (6) regional breaks. Both probability and non-probability samples were weighted to the exact same proportions for age, gender, and region. RIM weighting was also used for the distribution of the respondents across the Territories.

The table below provides the target proportions to which each sample was weighted.

	BC	AB	MB/SK	ON	QC	ATL	Row Total
M 13-17	0.4169%	0.4315%	0.2559%	1.3022%	0.7250%	0.1990%	3.3305%
M 18-24	0.6465%	0.5660%	0.3627%	1.9844%	1.0107%	0.3023%	4.8726%
M 25-34	1.1073%	0.9490%	0.5324%	3.0940%	1.6787%	0.4343%	7.7957%
M 35-44	1.0517%	1.0216%	0.5176%	2.7998%	1.7620%	0.4339%	7.5866%
M 45-49	0.4737%	0.4431%	0.2304%	1.3530%	0.8156%	0.2325%	3.5483%
M 50-64	1.5877%	1.2669%	0.7239%	4.4967%	2.7574%	0.8405%	11.6731%
M 65+	1.4983%	0.9341%	0.6186%	3.7671%	2.5198%	0.7947%	10.1326%
F 13-17	0.3888%	0.4046%	0.2419%	1.2231%	0.6903%	0.1859%	3.1346%
F 18-24	0.6091%	0.5309%	0.3313%	1.8423%	0.9697%	0.2809%	4.5642%
F 25-34	1.0979%	0.9533%	0.5257%	3.0541%	1.6621%	0.4350%	7.7281%
F 35-44	1.0831%	1.0294%	0.5245%	2.9762%	1.7667%	0.4644%	7.8443%
F 45-49	0.5088%	0.4380%	0.2323%	1.4580%	0.8072%	0.2478%	3.6921%
F 50-64	1.7072%	1.2788%	0.7389%	4.7666%	2.7862%	0.8900%	12.1677%
F 65+	1.7144%	1.0560%	0.7282%	4.5210%	2.9900%	0.9200%	11.9296%
Col. Total	13.8914%	11.3032%	6.5643%	38.6385%	22.9414%	6.6612%	100.0000%

Nonresponse

Any survey that is conducted is potentially subject to bias or error.

For the probability-based sample, the possibility of non-response bias exists within the current sample. In particular, this survey would not include members of the population who do not have access to a telephone or who are not capable of responding to a survey in either English or French. In addition, some groups within the population are systemically less likely to answer surveys.

For the non-probability based-panel, respondents for the survey were selected from among those who have volunteered to participate in surveys by joining an opt-in panel. The notion of non-response 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, non-response 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.

Quality controls

In addition to the in-survey controls mentioned above, prior to launching the survey Earnscliffe and Health Canada tested the links to ensure programming matched the questionnaires. Leger also conducted a pre-test of the surveys, and the data was reviewed by Earnscliffe and Health Canada prior to a full launch of the surveys. Upon completion of the pre-test, Earnscliffe reviewed the data to ensure all skip patterns were working and the questionnaire was easily understood by all respondents.

Reporting

The tables included in this report do not include statistical significance. The data tables provided under separate cover do contain statistical significance testing. Results with upper-case subscript in these tables provided under separate cover indicate that the difference between the demographic groups analysed are significantly higher than results found in other columns in the table. Uppercase letters indicate that the difference is significant at the 0.05 level.

In the text of the report, unless otherwise noted, demographic 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.

Results

Final dispositions

A total of 12,590 individuals entered the online survey, of which 10,021 qualified as valid and completed the survey. The response rate for this survey was 13%.

Total entered survey: 12,590

Completed: 10,012

Not qualified/screen out: 171

Over quota: 427

Suspend/drop-off: 1,971

Unresolved (U): 66,131

Email invitation bounce-backs: 542

Email invitations unanswered: 65,589

In-scope non-responding (IS): 1,971
Qualified respondent break-off: 1,971

In-scope responding (R): 10,034
Completed surveys disqualified – quota filled: 0
Completed surveys disqualified – other reasons: 13
Completed surveys – valid: 10,012

Response rate = $R/(U+IS+R)$: 13%

Margin of Error

For the non-probability sample, 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 for the entire sample. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research for online surveys.

While no margin of error can be provided for the non-probability sample, the n=4,999 cases from the probability sample have a margin of error of +/- 1.4% at the 95% confidence interval.

Length of Interview

The median survey duration was 16 minutes.

Other study Limitations

The design for this study was complex and carefully engineered to maximize the value of the data that can be gathered from a large sample, but in making some of the necessary choices over what to focus on, it is possible that some valuable data was left unpursued. This suggests there may be improvements that can provide additional data in subsequent undertakings. The main issue on this point is in the specific polysubstance combinations tested for their frequency of use, motivations, circumstances, and outcomes, as well as the use in correlation with demographics and mental health variables. Because the design had to be limited to testing a maximum of three polysubstance pairings per respondent (to ensure the length was not unreasonable for those who have taken multiple polysubstance combinations over the past year), respondents who indicated having taken four or more polysubstance combinations in the past 12 months were asked to identify the three most common combinations and were asked the additional questions only of those three combinations. It meant that the most common ones have ample data for analysis, while many others which are used less often have cell samples

insufficient for analysis, regardless of the specific risk that one may face in combining those two substances they have taken together. If Health Canada were to undertake this study or one like it in the future, our recommendation would be to develop an ability to gather data on the less common pairings, either in addition or to augment the understanding already gleaned from this study on the more common pairings.

Appendix B: Survey questionnaire

SURVEY QUESTIONNAIRE

Health Canada 2024 Survey on Mental Health and Substance Use

Landing Page

Thank you for agreeing to take part in this short survey on health information. We anticipate that the survey will take approximately 10 to 20 minutes to complete.

[NEXT]

Pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

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 policies, processes, and practices relating to Canadians' health. The primary objective of this research is to collect information about mental health and substance use.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 10 to 20 minutes to complete.
- Your participation in the survey is completely voluntary.
- 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?

1. 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*. We only collect the information we need to conduct the research project.
2. **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 not be directly identified.

3. **Your rights under the *Privacy Act*:** You have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact the cpab_por-rop_dgcap@hc-sc.gc.ca

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>) six months after the end of fieldwork.

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

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

[CONTINUE]

Screening

1. Which is your gender?

Male	1
Female	2
Another gender	3
Prefer not to answer	9

2. What is your current age (in years)?

[INSERT AGE. IF YOUNGER THAN 16 YEARS, THANK & TERMINATE]

2a. [IF RESPONDENT REFUSES TO PROVIDE BIRTH YEAR, ASK:] Into which of the following age categories do you fit?

Under 16	0
16-17	1
18-19	2
20-24	3
25-29	4
30-34	5
35-39	6
40-49	7
50-64	8
65+	9

[IF UNDER 16 OR STILL REFUSAL, THANK & TERMINATE]

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 answer [THANK & TERMINATE]	
99	

4. [IF OVER 24 YEARS OF AGE & IN YOUTH SAMPLE INVITES] Are you a parent or legal guardian of a child that is between the ages of 13 and 17 years old?

No	THANK AND TERMINATE
Yes	REQUEST INTERVIEW WITH YOUTH (13-17)

IF PARENT OF AT LEAST ONE TEEN (13-17) YEARS OF AGE: Consent

We would like to include your 13–17-year-old teenager in this very important study and are asking your permission to include them in our sample. If you have more than one teen between the ages of 13 and 17 years old, we would like to interview the one who had the most recent birthday.

Yes, NEXT SCREEN

No THANK AND TERMINATE

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 policies, processes, and practices relating to Canadians' health. The primary objective of this research is to collect information about mental health and substance use.

How does the online survey work?

- Your child is being asked to offer his/her opinions and experiences through an online survey.
- We anticipate that the survey will take 10 to 20 minutes to complete.
- Your child's participation in the survey is completely voluntary.
- Your child's responses are confidential and will only ever be reported in aggregate – to reduce the risk that anyone could identify any individual respondent or their responses.
- Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

What about your child's personal information?

1. The personal information your child will provide to Health Canada is governed in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. We only collect the information we need to conduct the research project.
2. **Purpose of collection:** We require your child's personal information such as demographic information to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will not be directly identified.
3. **Your rights under the Privacy Act:** You have the right to file a complaint with the Privacy Commissioner of Canada if you think your child personal information has been handled improperly. For more information about these rights, or about how we

handle your personal information, please contact the [insert program contact information].

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>) six months after the end of fieldwork.

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

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

Teen Landing Page

Your parent or legal guardian has agreed to let us invite you to participate in this very important study.

- Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do!
- Your responses are confidential and will only ever be reported in aggregate – to reduce the risk that anyone could identify any individual respondent or their responses.
- You can do the survey on your computer, laptop, tablet or phone.
- You can stop at any time if you feel uncomfortable, or just choose not to respond to any question.
- To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked.
- Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

Thank you for agreeing to take part. We anticipate that the survey will take approximately 10 to 20 minutes to complete.

[NEXT]

Pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

Teen Introduction

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 policies, processes, and practices relating to Canadians' health. The primary objective of this research is to collect information about mental health and substance use.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 10 to 20 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate – to reduce the risk that anyone could identify any individual respondent or their responses.
- 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?

1. 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. We only collect the information we need to conduct the research project.
2. **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 not be directly identified.
3. **Your rights under the Privacy Act:** You have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact the [insert program contact information].

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>) six months after the end of fieldwork.

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

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

[CONTINUE TO TEEN SCREENING]

Teen Screening (13-17)

5. Which is your gender?

- Male 1
- Female 2
- Another gender 3
- Prefer not to answer 9

6. What is your current age (in years)?

[INSERT AGE. IF YOUNGER THAN 13 YEARS OR OVER 24, THANK & TERMINATE]

6a. [IF RESPONDENT REFUSES TO PROVIDE BIRTH YEAR, ASK:] Would you be willing to indicate in which of the following age categories you belong?

- Under 13 0
- 13-14 1
- 15-17 2
- 18-19 3
- 20-24 4
- 25+ 5

[IF UNDER 13, 25+, OR STILL REFUSAL, THANK & TERMINATE]

Section 1: Substance use

7. People use substances such as cannabis, tobacco/nicotine and alcohol for many different reasons (medical purposes, personal enjoyment, religious or ceremonial purposes, to cope with stress, trauma or pain). They can come from a variety of different sources as well, be it from a pharmacy, over the counter at a store, from friends or family members or from other sources. We are interested in all substances that you may have used in the past 12 months for any reason and from any source.

As a reminder, we want to reassure you that your responses will be used for research purposes only. Individual responses will be combined together with those of other respondents and reported as a group.

Please indicate which, if any, of the substances listed below you have used in the past 12 months for any reason at all. Please select as many as apply. [RANDOMIZE. SELECT ALL.]

Cannabis in any form (smoked, vaped, edible, etc.)	1
Opioids (e.g., oxycodone (OxyContin®), morphine (APO®), or fentanyl, hydromorphone, buprenorphine, Suboxone®, methadone, diacetylmorphine, oxy, OC, percs, roxies, heroin, H, Smack)	2
Anti-anxiety drugs (e.g. venlafaxine (Effexor®XR), pregabalin (Lyrica®), sertraline (Zoloft®), citalopram (Celexa®), benzos, tranks, K)	3
Sedatives or sleeping aid (e.g. trazodone (Desyrel®, Trazorel®), lorazepam (Ativan®), zopiclone (Imovane®), clonazepam (Klonopin®, Rivotril®), downers, jellies) ,	4
Anti-depressants (e.g. venlafaxine (Effexor®XR), citalopram (Celexa®), escitalopram (Cipralex®), bupropion (Wellbutrin®))	5
Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®, beenies, ritz)	6
Over the counter medication (e.g., cough syrup, decongestants)	7
Cocaine (e.g., coke, snow, powder) or crack cocaine (e.g., rock, freebase, angie)	8
MDMA or Ecstasy (e.g., E, X, Molly)	9
Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD, Acid, blotters)	10
Methamphetamine (e.g., crystal meth, crank, speed)	11
Bath salts (e.g., drone, MCAT, vanilla sky, blue magic) – This does not include salts used in a bath	12
Inhalants (e.g., glue, gasoline, other solvents)	13
Alcohol (e.g., beer, wines, spirits)	14
Nicotine in any form (e.g., cigarettes, vaped)	15
None of the above	0
Don't know/Prefer not to answer	98

NOTE FOR ANALYSIS:

THERE IS SOME INHERENT OVERLAP BETWEEN 4,5 AND 6 IN Q7 AS SIMILAR DRUG CATEGORIES USED FOR THESE PURPOSES MAY NOT BE OVERT TO PUBLIC

[IF Q7=NONE OF THE ABOVE OR DK/PNA, SKIP TO Q33 MENTAL HEALTH AND WELLBEING SECTION]

8. [IF Q7=1 THRU 6] You indicated having used the substance or substances below in the past 12 months. For each, please indicate whether the times you took it, it was always prescribed to you personally or not always prescribed to you personally. Which of the following best describes the source or sources? Please select all that apply [SELECT ALL THAT APPLY]
- a. [IF Q7=1] **Cannabis in any form** (smoked, vaped, edible, etc.)
 - b. [IF Q7=2] **Opioids** (e.g., oxycodone (OxyContin®), morphine (APO®), or fentanyl, hydromorphone, buprenorphine, Suboxone®, methadone, diacetylmorphine, oxy, OC, percs, roxies, heroin, H, Smack)
 - c. [IF Q7=3] **Anti-anxiety drugs** (e.g. venlafaxine (Effexor®XR), pregabalin (Lyrica®), sertraline (Zoloft®), citalopram (Celexa®), benzos, tranks, K)
 - d. [IF Q7=4] **Sedatives or sleeping aid** (e.g. trazodone (Desyrel®, Trazorel ®), lorazepam (Ativan®), zopiclone (Imovane®), clonazepam (Klonopin®, Rivotril®), downers, jellies)
 - e. [IF Q7=5] **Anti-depressants** (e.g. venlafaxine (Effexor®XR), citalopram (Celexa®), escitalopram (Cipralex®), bupropion (Wellbutrin®))
 - f. [IF Q7=6] **Stimulants** (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®, beenies, ritz)

[SELECT ALL THAT APPLY]

My prescription

Someone else's prescription

Another source

Don't know

Prefer not to answer

9. [IF Q7=7] You indicated having used over the counter medication in the past 12 months. Did you always use it to treat related symptoms as indicated on the package?

Always as indicated on the package	1
Not always as indicated on the package	2
Never as indicated on the package	3
Don't know/Prefer not to answer	99

IF 1 SELECTED IN Q7, QUALIFIES AS “**CANNABIS**” GROUP

IF 14 SELECTED IN Q7, QUALIFIES AS “**ALCOHOL**” GROUP

IF 15 SELECTED IN Q7, QUALIFIES AS “**NICOTINE**” GROUP

IF 2 SELECTED IN Q7 AND 1 SELECTED IN Q8b, QUALIFIES AS “**PRESCRIBED OPIOIDS**” GROUP

IF 2 SELECTED IN Q7 AND 2 OR 3 SELECTED IN Q8b OR 12 SELECTED AT Q7, QUALIFIES AS “**NON-PRESCRIBED OPIOIDS**” GROUP

IF 3 THRU 6 SELECTED IN Q7 QUALIFIES AS “**MEDICATION**” GROUP

IF 7 SELECTED IN Q7, QUALIFIES AS “**OTC**” GROUP

IF 8 THRU 13 SELECTED IN Q7, QUALIFIES AS “**ILLEGALS**” GROUP

IF 3 THRU 6 SELECTED IN Q7 AND Q8c=2,3 OR Q8d=2,3 OR Q8f=2,3, QUALIFIES AS “**NON-PRESCRIPTION MEDICATION**” GROUP

IF 1 THRU 6 SELECTED IN Q7 AND ALL SELECTED AT Q8=1 ONLY QUALIFIES AS “**PRESCRIBED MEDICATION ONLY**” GROUP

10. [IF Q7=1 THRU 16] For each of the substances you identified, how old were you when you used that substance for the first time? [LIMIT NUMERICAL RESPONSE TO <=AGE]

- | | |
|---|----|
| a. [IF Q7=1] Cannabis | 1 |
| b. [IF Q7=2 AND Q8b=1] Opioids prescribed to you | 2 |
| c. [IF Q7=2 AND Q8b=2,3] Opioids not prescribed to you | 3 |
| d. [IF Q7=3] Anti-anxiety drugs | 4 |
| e. [IF Q7=4] Sedatives or sleeping aid | 5 |
| f. [IF Q7=5] Anti-depressants | 6 |
| g. [IF Q7=6] Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®, beenies, ritz) | 7 |
| h. [IF Q7=7 AND Q9=2,3] Over the counter medication not used as directed | 8 |
| i. [IF Q7=8] Cocaine or crack cocaine | 9 |
| j. [IF Q7=9] MDMA or Ecstasy | 10 |
| k. [IF Q7=10] Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD, Acid, blotters) | 11 |
| l. [IF Q7=11] Methamphetamine | 12 |
| m. [IF Q7=12] Bath salts | 13 |
| n. [IF Q7=13] Inhalants | 14 |
| o. [IF Q7=14] Alcohol | 15 |
| p. [IF Q7=15] Nicotine in any form | 16 |

11. [IF Q7=1 THRU 16] For each of the substances you identified as having used in the past 12 months, how often have you used the substance in the past 30 days, if at all?

- | | |
|--|---|
| a. [IF Q7=1] Cannabis | 1 |
| b. [IF Q7=2 AND Q8b=1] Opioids prescribed to you | 2 |
| c. [IF Q7=2 AND Q8b=2,3] Opioids not prescribed to you | 3 |

- d. [IF Q7=3] Anti-anxiety drugs 4
- e. [IF Q7=4] Sedatives or sleeping aid 5
- f. [IF Q7=5] Anti-depressants 6
- g. [IF Q7=6] Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®,
beenies, ritz) 7
- h. [IF Q7=7 AND Q9=2,3] Over the counter medication not used as directed 8
- i. [IF Q7=8] Cocaine or crack cocaine 9
- j. [IF Q7=9] MDMA or Ecstasy 10
- k. [IF Q7=10] Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD,
Acid, blotters) 11
- l. [IF Q7=11] Methamphetamine 12
- m. [IF Q7=12] Bath salts 13
- n. [IF Q7=13] Inhalants 14
- o. [IF Q7=14] Alcohol 15
- p. [IF Q7=15] Nicotine in any form 16

Several times a day, every day

Once per day

2-3 times per week

Once per week

2-3 times per month

Once

Have not used this in past 30 days

Don't know/Prefer not to answer

[IF NO MORE THAN ONE SUBSTANCE SELECTED IN Q7, SKIP TO Q30 – MENTAL HEALTH AND SUBSTANCE USE EFFECTS]

[IF ONLY PRESCRIBED MEDICATIONS ONLY AND/OR OTC AS DIRECTED - 1 THRU 7 SELECTED IN Q7 AND 1 SELECTED EXCLUSIVELY AT Q8/Q9, SKIP TO Q30 – MENTAL HEALTH AND SUBSTANCE USE EFFECTS]

#	Script ID		Name for respondent	Description
1	OTC	a	Over the Counter Medications	Over the counter medication
2	NICOTINE	b	Nicotine	Nicotine in any form
3	OPIOIDS_NP	c	Non-Prescription Opioids	Opioids not prescribed to you or from another source
4	OPIOIDS_P	d	Prescription Opioids	Opioids prescribed to you
5	ILLEGAL	e	Other Substances	At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants

6	MEDICATION S	f	Other Medications	At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
7	ALCOHOL	g	Alcohol	Alcohol
8	CANNABIS	h	Cannabis	Cannabis in any form

Section 2: Polysubstance use

12. [IF QUALIFIES AS “CANNABIS” AND AT LEAST ONE OTHER GROUP] You’ve indicated you have used more than one type of substance in the past 12 months. We’re trying to better understand how and why people may use more than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **cannabis**, have you also used any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form
- c. [IF "OPIOIDS_NP "] **Opioids not prescribed to you or from another source**
- d. [IF "OPIOIDS_P "] **Opioids prescribed to you**
- e. [IF "ILLEGAL"] At least one of **cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants**
- f. [IF "MEDICATIONS "] At least one of **anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants**
- g. [IF "ALCOHOL "] **Alcohol**

Yes

No

Don’t know/ Prefer not to answer

13. [IF QUALIFIES AS “ALCOHOL” AND AT LEAST ONE OTHER GROUP] You’ve indicated you have used more than one type of substance in the past 12 months. We’re trying to better understand how and why people may use more than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **alcohol**, have you also used any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form

- c. [IF "OPIOIDS_NP "] **Opioids not prescribed to you or from another source**
- d. [IF "OPIOIDS_P "] **Opioids prescribed to you**
- e. [IF "ILLEGAL"] At least one of **cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants**
- f. [IF "MEDICATIONS "] At least one of **anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants**

Yes

No

Don't know/ Prefer not to answer

14. [IF (QUALIFIES AS “NON-PRESCRIPTION MEDICATION” AND EITHER 2 OR MORE OF 2 THRU 6 SELECTED IN Q7) OR QUALIFIES AS “MEDICATION” AND AT LEAST ONE OTHER GROUP] You've indicated you have used more than one type of substance in the past 12 months. We're trying to better understand how and why people may use more than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **an anti-anxiety drug, an anti-depressant, a sedative/tranquilizer, or a stimulant**, have you also used any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form
- c. [IF "OPIOIDS_NP "] **Opioids not prescribed to you or from another source**
- d. [IF "OPIOIDS_P "] **Opioids prescribed to you**
- e. [IF "ILLEGAL"] At least one of **cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants**
- f. [IF "MEDICATIONS "] At least one other **anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants**

Yes

No

Don't know/ Prefer not to answer

15. [IF QUALIFIES AS “ILLEGALS” AND EITHER 2 OR MORE OF 7 ,8, 9, 12 OR 13 SELECTED IN Q7 OR QUALIFIES AS “ILLEGALS” AND AT LEAST ONE OTHER GROUP] You've indicated you have used more than one type of substance in the past 12 months. We're trying to better understand how and why people may use more

than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **one of either ecstasy, bath salts, hallucinogens, cocaine, crack cocaine, methamphetamine or inhalants**, have you also used any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form
- c. [IF "OPIOIDS_NP "] **Opioids not prescribed to you or from another source**
- d. [IF "OPIOIDS_P "] **Opioids prescribed to you**
- e. [IF "ILLEGAL"] At least one other of **cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants**

Yes

No

Don't know/ Prefer not to answer

16. [IF QUALIFIES AS "OPIOIDS_P" AND AT LEAST ONE OTHER GROUP] You've indicated you have used more than one type of substance in the past 12 months. We're trying to better understand how and why people may use more than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **an opioid prescribed to you**, have you also any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form
- c. [IF "OPIOIDS_NP "] **Opioids not prescribed to you or from another source**

Yes

No

Don't know/ Prefer not to answer

17. [IF QUALIFIES AS "OPIOIDS_P" AND AT LEAST ONE OTHER GROUP] You've indicated you have used more than one type of substance in the past 12 months. We're trying to better understand how and why people may use more than one substance. **To make it easier to ask questions about using multiple substances at once, we have grouped them into different types.**

Thinking of all the times in the past 12 months that you have used **an opioid not prescribed to you or from another source**, have you also any of the following **within the same 24-hour period?**

- a. [IF "OTC"] **Over the counter medication**
- b. [IF "NICOTINE "] **Nicotine** in any form

Yes

No

Don't know/ Prefer not to answer

***TOTAL COUNT**

COUNT TOTAL NUMBER OF "YES" RESPONSES OF Q12a THRU Q17b. CODE AS 0-29.

IF COUNT=0, CODE AS "**NON-POLY**"

IF COUNT>0, CODE AS "**POLY INCL NICOTINE**"

IF COUNT=1, CODE AS "**ONE POLY INCL NICOTINE**"

IF COUNT=2, CODE AS "**TWO POLY INCL NICOTINE**"

IF COUNT=3, CODE AS "**THREE POLY INCL NICOTINE**"

IF COUNT>3, CODE AS "**MULTI POLY INCL NICOTINE**"

IF ONLY Q12b, Q13b, Q14b, Q15b, Q16b OR Q17b=1, CODE AS "**NICOTINE POLY ONLY**"

***OTC COUNT**

IF Q7=7, COUNT TOTAL NUMBER OF "YES" RESPONSES OF Q12a, Q13a, Q14a, Q15a, Q16a, AND Q17a.

IF COUNT=0 AND Q9=1, CODE AS "OTC AS INDICATED"

IF COUNT>0 OR Q9=2,3, CODE AS "OTC NOT AS DIRECTED"

IF ONLY Q12a, Q13a, Q14a, Q15a, Q16a, OR Q17a = YES, CODE AS "**OTC POLY ONLY**".

***COUNT EXCL NICOTINE**

COUNT TOTAL NUMBER OF "YES" RESPONSES OF Q12a THRU Q17b EXCLUDING NICOTINE (Q12b, Q13b, Q14b, Q15b, Q16b OR Q17b). CODE AS 0-23.

IF COUNT=0, CODE AS "**NON-POLY EXCL NICOTINE**"

IF COUNT>0, CODE AS "**POLY EXCL NICOTINE**"

IF COUNT=1, CODE AS "**ONE POLY EXCL NICOTINE**"

IF COUNT=2, CODE AS "**TWO POLY EXCL NICOTINE**"

IF COUNT=3, CODE AS “**THREE POLY EXCL NICOTINE**”
IF COUNT>3, CODE AS “**MULTI POLY EXCL NICOTINE**”

18. [IF “POLY INCL NICOTINE”] You’ve indicated that in the past 12 months you have taken or combined substances from at least two of the groups below. At any time in the past 12 months, did you ever take or combine substances from **three or more of these groups within the same 24-hour period?**

[FILTER LIST SHOWN BASED ON Q7]

[IF Q7=11] **Alcohol** - Alcohol (e.g., beer, wines, spirits)

[IF Q7=1] **Cannabis** - Cannabis in any form (smoked, vaped, edible, etc.)

[IF Q7=12] **Nicotine** - Nicotine in any form (e.g., cigarettes, vaped)

[IF Q7=2] **Opioids** - (e.g., oxycodone (OxyContin®), morphine (APO®), or fentanyl, hydromorphone, buprenorphine, Suboxone®, methadone, diacetylmorphine, oxy, OC, percs, roxies, heroin, H, Smack)

[IF Q7=16] **Over the Counter Medications** - (e.g. cough syrup, decongestants)

[IF Q7=3,4,5,6] **Other Medications** - At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants

[IF Q7=8,9,13,14,15] **Other Substances** - At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants

Yes

No

Don’t know/ Prefer not to answer

[IF **NICOTINE POLY ONLY** SKIP TO Q29]

19. [IF “MULTI POLY EXCL NICOTINE”] You have indicated that in the past 12 months, you have taken or combined substances in at least four different combinations. From the list of combinations that you identified; please **identify the three combinations you have had most often** in the past 12 months.

[PIPE LIST OF PAIRS PICKED IN Q12a THRU Q17b. MINIMUM 4 PAIRS, MAXIMUM OF 23 PAIRS. SELECT UP TO THREE.]

- a. [IF Q12a=YES] Cannabis with over the counter medications
- b. [IF Q12c=YES] Cannabis with opioids not prescribed to you or from another source
- c. [IF Q12d=YES] Cannabis with opioids prescribed to you
- d. [IF Q12e=YES] Cannabis with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- e. [IF Q12f=YES] Cannabis with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants

- f. [IF Q12g=YES] Cannabis with alcohol
- g. [IF Q13a=YES] Alcohol with over the counter medications
- h. [IF Q13c=YES] Alcohol with opioids not prescribed to you or from another source
- i. [IF Q13d=YES] Alcohol with opioids prescribed to you
- j. [IF Q13e=YES] Alcohol with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- k. [IF Q13f=YES] Alcohol with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
- l. [IF Q14a=YES] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with over the counter medications
- m. [IF Q14c=YES] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids not prescribed to you or from another source
- n. [IF Q14d=YES] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids prescribed to you
- o. [IF Q14e=YES] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- p. [IF Q14f=YES] Two of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
- q. [IF Q15a=YES] At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with over the counter medications
- r. [IF Q15c=YES] At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with opioids not prescribed to you or from another source
- s. [IF Q15d=YES] At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants with opioids prescribed to you
- t. [IF Q15e=YES] Two of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- u. [IF Q16a=YES] Opioids prescribed to you with over the counter medications
- v. [IF Q16c=YES] Opioids prescribed to you with opioids not prescribed to you or from another source
- w. [IF Q17a=YES] Opioids not prescribed to you or from another source with over the counter medications
- x. Don't know/Prefer not to answer 99

FOR RESPONDENTS WHO ARE "POLY EXCL NICOTINE", ASK Q20 THRU 22.
IF "TWO POLY EXCL NICOTINE", "THREE POLY EXCL NICOTINE" OR "MULTI POLY EXCL NICOTINE", PICK FIRST PAIR FOR Q20 THRU 22.

MUST BE ABLE TO ANALYZE RESPONSES BY PAIRING.
IF “ONE POLY”, AFTER Q22, SKIP TO Q29

20. [IF “POLY EXCL NICOTINE”] In the past 12 months, how frequently you have taken [PAIR 1] within the same 24-hour period?

Several times a day, every day
Once per day
2-3 times per week
Once per week
2-3 times per month
Once per month
Less often than once per month
Don't know/Prefer not to answer

21. [IF “POLY EXCL NICOTINE”] When you have taken [PAIR 1] **within the same 24-hour period**, did you take them at the same time, or one after the other close enough in time so that the effects may have overlapped? Please select all that apply. [SELECT ALL]

Together
One after the other, when it suits me
One after the other, when I no longer feel the effect of the previous substance
Other
Don't know/ Prefer not to answer

22. [IF “POLY EXCL NICOTINE” AND ONE OF Q21=“Together” OR “One after the other, when it suits me” SELECTED] When you have taken [PAIR 1] **within the same 24-hour period**, please indicate all of the reasons you were taking those substances together. [SELECT ALL] [RANDOMIZE]

To offset or balance the effect(s) of a substance with those of another
To enhance or prolong a high
My friends/family were doing it
To try it, experiment
To reduce overall use (using one substance to reduce the amount of another)
To mimic the effect of another substance that is unavailable or more expensive
To help cope with emotional challenges or a mental illness (anxiety, depression, attention deficit)
To manage physical pain (pain from a chronic disease, pain resulting from an injury or post-surgery)
Experiencing cravings
To ease withdrawal symptoms

The combination of medications is prescribed by a health care provider
The substances were easy to get
To improve academic or work performance
Other, please specify _____
Don't know/Prefer not to answer

FOR RESPONDENTS WHO ARE "TWO POLY EXCL NICOTINE", "THREE POLY EXCL NICOTINE", OR "MULTI POLY EXCL NICOTINE", ASK Q23 THRU 25 THEN SKIP TO Q27
MUST BE ABLE TO ANALYZE RESPONSES BY PAIRING.
IF "TWO POLY EXCL NICOTINE", AFTER Q25, SKIP TO Q29

23. [IF "TWO POLY EXCL NICOTINE", "THREE POLY EXCL NICOTINE", OR "MULTI POLY EXCL NICOTINE"] In the past 12 months, how frequently you have taken [PAIR 2] **within the same 24-hour period?**

Several times a day, every day
Once per day
2-3 times per week
Once per week
2-3 times per month
Once per month
Less often than once per month
Don't know/Prefer not to answer

24. [IF "TWO POLY EXCL NICOTINE", "THREE POLY EXCL NICOTINE", OR "MULTI POLY EXCL NICOTINE"] When you have taken [PAIR 2] **within the same 24-hour period**, did you take them at the same time, or one after the other close enough in time so that the effects may have overlapped? Please select all that apply. [SELECT ALL]

Together
One after the other, when it suits me
One after the other, when I no longer feel the effect of the previous substance
Other
Don't know/ Prefer not to answer

25. [IF "TWO POLY EXCL NICOTINE", "THREE POLY EXCL NICOTINE", OR "MULTI POLY EXCL NICOTINE" AND ONE OF Q24="Together" OR "One after the other, when it suits me" SELECTED] When you have taken [PAIR 2] **within the same 24-hour period**, please indicate all of the reasons you were taking those substances together. [SELECT ALL][RANDOMIZE]

To offset or balance the effect(s) of a substance with those of another

- To enhance or prolong a high
- My friends/family were doing it
- To try it, experiment
- To reduce overall use (using one substance to reduce the amount of another)
- To mimic the effect of another substance that is unavailable or more expensive
- To help cope with poor mental health or a mental illness (anxiety, depression, attention deficit)
- To manage pain (pain from a chronic disease, pain resulting from an injury or post-surgery)
- Experiencing cravings
- To ease withdrawal symptoms
- The combination of medications is prescribed by a health care provider
- The substances were easy to get
- To improve academic or work performance
- Other, please specify _____
- Don't know/Prefer not to answer

FOR RESPONDENTS WHO ARE “THREE POLY EXCL NICOTINE”, OR “MULTI POLY EXCL NICOTINE”, ASK Q26 THRU 28 THEN SKIP TO Q27
MUST BE ABLE TO ANALYZE RESPONSES BY PAIRING.
IF “TWO POLY EXCL NICOTINE”, AFTER Q28, SKIP TO Q29

26. [IF “THREE POLY EXCL NICOTINE”, OR “MULTI POLY EXCL NICOTINE”] In the past 12 months, how frequently you have taken [PAIR 3] **within the same 24-hour period?**

- Several times a day, every day
- Once per day
- 2-3 times per week
- Once per week
- 2-3 times per month
- Once per month
- Less often than once per month
- Have done this but not in the past 30 days
- Don't know/Prefer not to answer

27. [IF “THREE POLY EXCL NICOTINE”, OR “MULTI POLY EXCL NICOTINE”] When you have taken [PAIR 3] **within the same 24-hour period**, did you take them at the same time, or one after the other close enough in time so that the effects may have overlapped? Please select all that apply. [SELECT ALL]

- Together
- One after the other, when it suits me
- One after the other, when I no longer feel the effect of the previous substance

Other

Don't know/ Prefer not to answer

28. [IF “THREE POLY EXCL NICOTINE”, OR “MULTI POLY EXCL NICOTINE” AND ONE OF Q27=“Together” OR “One after the other, when it suits me” SELECTED]
When you have taken [PAIR 3] **within the same 24-hour period**, please indicate all of the reasons you were taking those substances together. Please select all that apply [SELECT ALL] [RANDOMIZE]

To offset or balance the effect(s) of a substance with those of another

To enhance or prolong a high

My friends/family were doing it

To try it, experiment

To reduce overall use (using one substance to reduce the amount of another)

To mimic the effect of another substance that is unavailable or more expensive

To help cope with poor mental health or a mental illness (anxiety, depression, attention deficit)

To manage pain (pain from a chronic disease, pain resulting from an injury or post-surgery)

I am experiencing cravings

To ease withdrawal symptoms

The combination of medications is prescribed by a health care provider

The substances are easy to get

To improve academic or work performance

Other, please specify _____

Don't know/Prefer not to answer

Section 3: Substance use and mental health effects

29. [IF ANSWERED QUESTIONS ON PAIR 1, PAIR 2, OR PAIR 3] For each of the combinations you have identified taking in the past 12 months, please indicate which feeling(s) you were seeking when using that combination substances when you did. Select all that apply.

- a. [INSERT PAIR 1]
- b. [INSERT PAIR 2 IF APPLICABLE]
- c. [INSERT PAIR 3 IF APPLICABLE]

Happy, euphoric, on top of my game

Less stressed, relaxed, at peace

Less anxious

Focused, alert, more awake

Thoughtful, creative

Pain relief
Social, less shy, brave
Less depressed, less sad
Feeling included or accepted by others
Other
Don't know/Prefer not to answer

30. [IF Q7=1 THRU 15] For each of the individual substances you identified as having used in the past 12 months, which feeling(s) you were seeking when using that substance. Select all that apply. [SELECT ALL THAT APPLY.]

- | | |
|--|----|
| a. [IF Q7=1] Cannabis | 1 |
| b. [IF Q7=2 AND Q8b=1] Opioids prescribed to you | 2 |
| c. [IF Q7=2 AND Q8b=2,3] Opioids not prescribed to you | 3 |
| d. [IF Q7=3] Anti-anxiety drugs | 4 |
| e. [IF Q7=4] Sedatives or sleeping aid | 5 |
| f. [IF Q7=5] Anti-depressants | 6 |
| g. [IF Q7=6] Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®,
beenies, ritz) | 7 |
| h. [IF Q7=7 AND Q9=2,3] Over the counter medication not used as directed | 8 |
| i. [IF Q7=8] Cocaine or crack cocaine | 9 |
| j. [IF Q7=9] MDMA or Ecstasy | 10 |
| k. [IF Q7=10] Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD,
Acid, blotters) | 11 |
| l. [IF Q7=11] Methamphetamine | 12 |
| m. [IF Q7=12] Bath salts | 13 |
| n. [IF Q7=13] Inhalants | 14 |
| o. [IF Q7=14] Alcohol | 15 |
| p. [IF Q7=15] Nicotine in any form | 16 |

Happy, euphoric, on top of my game
Less stressed, relaxed, at peace
Less anxious
Focused, alert, more awake
Thoughtful, creative
Pain relief
Social, less shy, brave
Less depressed, less sad
Feeling included or accepted by others
Other, please specify
Don't know/Prefer not to answer

31. [IF Q7=1 THRU 16 EXCLUDING PRESCRIPTION MEDICATION ONLY] For the substances you identified having taken in the past 12 months, what kinds of circumstances were you in when you used any of them? Select all that apply. [SELECT ALL]

When I was around friends
When I was around family
When I was bored
When I was at a party, a bar, a nightclub or a rave
When I needed to stay awake for school or work
When I was home
When I was alone
Whenever or wherever I want
Other
Don't know/Prefer not to answer

32. [IF Q7=1 THRU 16] For any of the substances you identified having taken in the past 12 months, have you ever experienced any of these situations and/or feelings? Select all that apply. [SELECT ALL]

Being unable to stop or reduce the amount used or the frequency
Having to lie or feeling guilty about the amount used or frequency
Needing one or more substances in the morning to get yourself going or in the evening to sleep
Being unable to remember what happened the night before
Drop in attendance or not being able to perform properly the next day (at school, work, home)
Feeling unwell after using, or the next day (nausea, headache, tired)
Problems with relationships or isolating yourself
Frequently getting into trouble (fights, accidents, illegal activities)
Sudden mood swings, irritability, agitation, or angry outbursts
Spending money on substances rather than on food, rent or other essentials
Sustaining injuries while under the influence
Having to use more and more substances to attain the same effects
Going through prescription medication at a faster-than-expected rate
Having your friends or family members express concern about your substance use
Regretting things done or said while under the effects of substances
Loss of interest in activities you once enjoyed
Other
Nothing specific
Don't know/Prefer not to answer

Section 4: Mental Health and wellbeing

33. How satisfied would you say you are with your life right now?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied
- Prefer not to answer
- Don't know

34. How would you rate your overall mental health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer
- Don't know

35. During the last 30 days, have you had any problems with school, your work or daily life due to your mental health or emotional challenges, like feeling depressed, sad, overwhelmed, unmotivated, anxious, or distressed?

- Yes
- No
- Prefer not to answer
- Don't know

36. Thinking of the past 30 days, how often, if at all, have you felt or experienced any of the following mental health or emotional challenges. [RANDOMIZE. ANCHOR OTHER LAST.]

- a. Trouble sleeping
- b. Feeling sad, unhappy
- c. Feeling overwhelmed or stressed
- d. Feeling distressed
- e. Feeling frustrated or angry
- f. Feeling panicked
- g. Feeling impulsive
- h. Feeling aggressive
- i. Having mood swings

- j. Crying
- k. Not able to concentrate
- l. Feeling lost or empty
- m. Feeling tired often
- n. Loss of motivation or interest

None of the time	0
A little of the time	1
Some of the time	2
Most of the time	3
All of the time	4
Don't know	
Prefer not to answer	

37. Do you have any of the following mental illness(es)? Please select all that apply.
[SELECT ALL THAT APPLY.]

- Anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Oppositional defiant disorder (ODD)
- Bipolar disorder
- Schizophrenia
- Personality disorder
- Eating disorder
- Other, please specify _____
- None of the above
- Prefer not to answer
- Don't know

38. [IF Q37=YES SKIP IF Q37=None of the above, PNR OR DK] Have you received a diagnosis from a mental health professional for any of these mental illness(es)?

- Yes
- No
- Don't know/Prefer not to answer

39. How often, if ever, have you used a substance to help cope with your mental illness or emotional challenges?

- Always
- Often
- Sometimes

Rarely
Once only
Never
Don't know/Prefer not to answer

40. [IF Q39 IS ONCE OR MORE] How often, if ever, do you think you have used one or more substances to help cope with your mental illness or emotional challenges **in the past 30 days?**

Always
Often
Sometimes
Rarely
Once only
Never
Don't know/Prefer not to answer

41. [ASK ALL, BUT IF Q39 OR Q40=ALWAYS, OFTEN, OR SOMETIMES INSERT "Other than using substances"] What actions, if any, do you take that help you cope with your mental illness or emotional challenges? Please select all that apply. [RANDOMIZE. SELECT ALL.]

Writing in a journal
Connecting with friends or family
Engaging in a creative hobby (creating art, playing a musical instrument, doing a craft)
Reading or listening to books
Counselling
Doing volunteer work
Watching a lot of TV/videos or playing video games
Spending a lot of time on social media
Cooking and/or baking
Eating junk food
After school program
Being physically active (playing a sport, going to the gym, doing yoga)
Eating healthy
Going shopping
Going to the spa or well-being center
Using a substance use tracker (e.g., app)
Using self-help guides and apps
Practicing meditation or yoga
Other
Nothing
Don't know/Prefer not to answer

Section 5: Awareness, knowledge and perception of risks and harms of substance and polysubstance use

42. [ASK ALL] How knowledgeable would you say you are about mental health-related risks and harms associated with substance use?

- Not at all knowledgeable
- Not very knowledgeable
- Somewhat knowledgeable
- Very knowledgeable
- Don't know/Prefer not to answer

43. [ASK ALL] How familiar would you say you are with the health risks and harms **associated with combining substances**?

- Not at all familiar
- Not very familiar
- Somewhat familiar
- Very familiar
- Don't know/Prefer not to answer

44. [IF ANSWERED QUESTIONS ON PAIR 1, PAIR 2, OR PAIR 3] Going back to each combination of substances you identified as having taken in the past 12 months, what health risk do you believe exists for you personally when using that particular combination of substances?

- a. [INSERT PAIR 1]
- b. [INSERT PAIR 2 IF APPLICABLE]
- c. [INSERT PAIR 3 IF APPLICABLE]

- No risk at all
- Not very much risk
- Some risk
- High risk
- Don't know/Prefer not to answer

45. [IF Q7=1 THRU 16] Going back to each substance you identified as having taken in the past 12 months, what risk do you believe exists for you personally when using that substance?

- a. [IF Q7=1] Cannabis 1
- b. [IF Q7=2 AND Q8b=1] Opioids prescribed to you 2
- c. [IF Q7=2 AND Q8b=2,3] Opioids not prescribed to you 3
- d. [IF Q7=3] Anti-anxiety drugs 4

e. [IF Q7=4] Sedatives or sleeping aid	5
f. [IF Q7=5] Anti-depressants	6
g. [IF Q7=6] Stimulants (e.g., methylphenidate, Ritalin®, Concerta®, Biphentin®, beenies, ritz)	7
h. [IF Q7=7 AND Q9=2,3] Over the counter medication not used as directed	8
i. [IF Q7=8] Cocaine or crack cocaine	9
j. [IF Q7=9] MDMA or Ecstasy	10
k. [IF Q7=10] Hallucinogens (e.g., Psilocybin, magic mushrooms/shrooms, LSD, Acid, blotters)	11
l. [IF Q7=11] Methamphetamine	12
m. [IF Q7=12] Bath salts	13
n. [IF Q7=13] Inhalants	14
o. [IF Q7=14] Alcohol	15
p. [IF Q7=15] Nicotine in any form	16

No risk at all

Not very much risk

Some risk

High risk

Don't know/Prefer not to answer

46. [IF TWO OR MORE SELECTED Q7=1 THRU 16 AND NON-POLY] For each of the following combinations of substances, what risk do you believe exists for you personally if you were to use that combination? [RANDOMIZE] [SHOW MAX 5]

- [IF Q7=1 AND Q7=7 AND Q12a=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with over the counter medication
- [IF Q7=1 AND Q7=2 AND Q8b=2,3 AND Q12c=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with Opioids not prescribed to you or from another source
- [IF Q7=1 AND Q7=2 AND Q8b=1 AND Q12d=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with Opioids prescribed to you
- [IF Q7=1 AND Q7=8 THRU 14 AND Q12e=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with At least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- [IF Q7=1 AND Q7=3 THRU 6 AND Q12f=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
- [IF Q7=1 AND Q7=10 AND Q12g=NO OR NR] Cannabis in any form (smoked, vaped, edible, etc.) with Alcohol

- g. [IF Q7=15 AND Q7=7 AND Q13a=NO OR NR] Alcohol with over the counter medication
- h. [IF Q7=15 AND Q7=2 AND Q8b=2,3 AND Q13c=NO OR NR] Alcohol with Opioids not prescribed to you or from another source
- i. [IF Q7=15 AND Q7=2 AND Q8b=1 AND Q13d=NO OR NR] Alcohol with Opioids prescribed to you
- j. [IF Q7=15 AND Q7=8 THRU 14 AND Q13e=NO OR NR] Alcohol with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- k. [IF Q7=15 AND Q7=3 THRU 6 AND Q13f=NO OR NR] Alcohol with at least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants
- l. [IF Q7=3 THRU 6 AND Q7=7 AND Q14a=NO OR NR] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with over the counter medication
- m. [IF Q7=3 THRU 6 AND Q7=2 AND Q8b=2,3 AND Q14c=NO OR NR] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids not prescribed to you or from another source
- n. [IF Q7=3 THRU 6 AND Q7=2 AND Q8b=1 AND Q14d=NO OR NR] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with opioids prescribed to you
- o. [IF Q7=3 THRU 6 AND Q7=8 THRU 14 AND Q14e=NO OR NR] At least one of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; prescription stimulants with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- p. [IF Q7=3 THRU 6 AND Q7=3 THRU 6 AND Q14f=NO OR NR] Two of anti-anxiety drugs; sedatives or sleeping aid; anti-depressants; or prescription stimulants
- q. [IF Q7=8 THRU 14 AND Q7=7 AND Q15a=NO OR NR] Over the counter medication with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- r. [IF Q7=8 THRU 14 AND Q7=2 AND Q8b=2,3 AND Q15c=NO OR NR] Opioids not prescribed to you or from another source (e.g., oxy, OC, percs, roxies) with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- s. [IF Q7=8 THRU 14 AND Q7=2 AND Q8b=1 AND Q15d= NO OR NR] Opioids prescribed to you with at least one of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, inhalants
- t. [IF Q7=8 THRU 14 AND Q7=8 THRU 14 AND Q15e= NO OR NR] Two of cocaine, ecstasy, hallucinogens, methamphetamine, bath salts, or inhalants

- u. [IF Q7=2 AND Q8b=1 AND Q7=7 AND Q16a= NO OR NR] Opioids prescribed to you with over the counter medication
- v. [IF Q7=2 AND Q8b=1 AND Q7=2 AND Q8b=2,3 AND Q16c= NO OR NR] Opioids prescribed to you with opioids not prescribed to you or from another source
- w. [IF Q7=2 AND Q8b=2,3 AND Q7=7 AND Q17a=NO OR NR] Opioids not prescribed to you or from another source with over the counter medication

No risk at all
Not very much risk
Some risk
High risk
Don't know/Prefer not to answer

47. [ASK ALL] Which of the following do you believe are possible long-term effects of using substances on mental health? Select all that apply. [SELECT ALL]

Feeling out of control (cannot stop using substances)
Having sudden mood changes
Having a negative outlook on life
Loss of motivation, fatigue
Depression
Anxiety disorder
Problems with relationships
Becoming secretive (e.g., having to lie about how much and how often you use or hide when using substances)
Becoming isolated from others
Experiencing delusions and hallucinations as withdrawal symptoms (episodes of drug-induced psychosis)
All of the above
None of the above
Don't know/Prefer not to answer

48. [ASK ALL] In the past 12 months, have you received any type of support for mental health and/or substance use?

Yes, for mental health only
Yes, for substance use only
Yes, for both mental health and substance use
No
Don't know/Prefer not to answer

49. [ASK ALL EXCEPT Q48="YES, FOR BOTH"] Would you know where to access both mental health and substance use support services if you needed them?

- Yes, but for mental health only
- Yes, but for substance use only
- Yes, for both mental health and substance use
- No
- Not sure (would have to ask around or do research)
- Don't know/Prefer not to answer

50. [ASK ALL] For each of the following statements, please indicate whether you feel it is true or false. [RANDOMLY SELECT TWO OF A THRU D AND FOUR OF THE REST. RANDOMIZE ORDER.]

- a. Substance addiction is a choice, anyone can stop
- b. Combining substances like alcohol, tobacco and cannabis is safer because they are legal
- c. Only “hard” drugs like cocaine and heroin are addictive
- d. Substances like alcohol, tobacco and cannabis are less harmful than other drugs because they are legal
- e. Substance use can have a negative impact on mental health
- f. Poor mental health or mental illness can lead to substance use that has a harmful and negative impact on a person and others
- g. Combining substances can increase the risk of overdose and in some cases death
- h. People who engage in higher risk substance use (use that has a harmful and negative impact to a person and others), are more likely to be diagnosed with a mental illness
- i. Combining substances can increase the risk of addiction
- j. Higher risk substance use (use that has a harmful and negative impact to a person and others), can lead to risky behaviours (combining multiple substances, impaired driving, binge drinking, loss of consciousness, etc.)
- k. Drug-induced psychosis (having delusions or hallucinations) is often caused by taking too much of a certain drug
- l. Combining substances can result in poorer substance use treatment outcomes

- True
- False
- Don't know/Prefer not to answer

51. [FOR ANYONE TAKING AT LEAST ONE SUBSTANCE IN Q7] What would help, if anything, for you to consider lowering the amount or frequency of the substances you use? You can select up to two responses. [RANDOMIZE ORDER. SELECT UP TO TWO.]

Noticing a negative change on your mental health
Having an accident or sustaining an injury caused by substance use
Surviving a life-threatening event or illness
Sudden health issues or developing a mental illness
Group support (I cannot do this alone)
Having access to a health provider
Losing friendships or difficulties with family members
Knowing more about the risks of combining substances
Knowing more about the effects and risks of substance use on mental health
Plummeting school grades or work performance
Knowing a loved one that struggled with substance use
Being able to find a health provider or mental health professional, even if I have to pay
Losing my job
Not having enough money
Having access to free mental health and/or substance use support
Getting into trouble with the law
Having access to information or support in my community
Nothing to change, all is good
Other, please specify:
Don't know/Prefer not to answer

Section 6: Demographics

52. What is the highest level of formal education that you have completed?

Less than a High School diploma or equivalent
High School diploma or equivalent
Registered Apprenticeship or other trades certificate or diploma
College, CEGEP or other non-university certificate or diploma
University certificate or diploma below bachelor's level
Bachelor's degree
Post graduate degree above bachelor's level
Prefer not to answer

53. Which of the following categories best describes your current status? Are you...
[SELECT ALL THAT APPLY.]

Working full-time or having multiple jobs (over 45 hours per week)
Working full-time (35 to 44 hours per week)
Working part-time (less than 35 hours per week)
Self-employed
Unemployed, but looking for work
A student attending school full-time
A student attending school part-time

A volunteer (unpaid less than 35 hours per week)

Retired

A full-time homemaker or parent

Not in the workforce (e.g., unemployed and not looking for work)

Other employment status.

Prefer not to answer

54. [IF Q53 = 01, 02, 03, 04] Which of the following categories best describes your main occupation? Please select all that apply.

[IF Q53 = 04, 08] Which of the following categories best describes your most recent occupation? Please select all that apply.

- a. **Senior management** (e.g. CEO, President, Director)
- b. **Middle-management** (e.g., manager, supervisor)
- c. **Finance or banking** (e.g. Auditors, accountants and investment professionals)
- d. **Business and administrative services** (e.g. human resources, administrative assistants, payroll officer, property administrator)
- e. **Information technology** (e.g. IT analyst, computer systems analyst, MIS consultant)
- f. **Natural and applied sciences** (e.g. scientist, engineer, architecture)
- g. **Health care** (e.g. doctor, nurse, dentist, physiotherapist, EMTs)
- h. **Veterinary services** (e.g. veterinarian, veterinary technician, animal care workers)
- i. **Education and childcare** (e.g., teacher, school counsellor, early childhood educator)
- j. **Social, community and government services** (e.g. social worker, community support worker)
- k. **Law** (e.g. Lawyer, Paralegal)
- l. **Public safety, policing and military** (e.g. police officers, firefighters, military)
- m. **Arts, culture, recreation and sport** (e.g. athlete, musician, actor, production worker)
- n. **Hospitality** (e.g. restaurant, food service, accommodation)
- o. **Sales and services**
- p. **Construction, industrial, and electrical trades** (e.g., builder, electrician, plumber, power system workers, machinist)
- q. **Transportation** (e.g. transport drivers, railway crew, transportation officers, controllers)
- r. **Maintenance, operations, manufacturing and utilities trades** (e.g., machine operators, repairers, installers, assemblers)

- s. **Mining or mineral extraction** (e.g. mine service workers, operators in oil and gas drilling)
- t. **Agricultural, forestry, fishing, landscaping labourer/general worker**
- u. None of the above
- v. Don't know / Prefer not to answer

55. What language do you speak most often at home? [Accept all that apply]

- English
- French
- Other [Specify]
- Prefer not to answer

56. In total, how many people (including you) live in your home?

- 1 (live alone)
- 2
- 3
- 4 or more
- Prefer not to answer

57. Do you identify as any of the following? [SELECT ALL THAT APPLY]

- | | |
|---|---|
| An Indigenous person, that is, First Nations, Métis or Inuk (Inuit) | 1 |
| A member of an ethno-cultural or a visible minority group | 2 |
| A member of the 2SLGBTQ+ community | 3 |
| None of the above | 5 |
| Prefer not to answer | 9 |

58. [IF Q57=1] Are you...?

- First Nations living on reserve
- First Nations not living on reserve
- Inuit
- Métis
- None of the above
- I prefer not to answer

59. [IF Q57=2] Which of the following ethnicities do you identify as? Select all that apply.

- Western European (UK, Spain, Portugal, France, Germany, Austria, Switzerland, etc.)
- Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.)
- African (Nigeria, Ethiopia, Tanzania, etc.)
- Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)

- South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.)
- Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.)
- East Asian (China, Korea, Japan, Taiwan, etc.)
- South/Central/Latin American (Argentina, Mexico, Brazil, etc.)
- West Indian (Caribbean)
- Indigenous from within North America (First Nations, Métis, Inuit (Inuk), etc.)
- Other, please specify: _____
- Prefer not to answer

60. Where were you born?

- born in Canada
- born outside Canada, Specify the country:

61. [IF BORN OUTSIDE CANADA] In what year did you move to Canada?

- [ENTER YEAR]
- [MIGRANT = <5 YEARS]
- Prefer not to answer

62. When it comes to bills and other financial commitments, would you say that you are...

- Keeping up without any problems (bills paid on time, able to set money aside)
- Keeping up, but it is sometimes a struggle (very little to no money left at the end of the month)
- Keeping up but I need to cut on certain expenses (bills paid on time but cutting on leisure expenses)
- Having trouble keeping up and falling behind with bills or credit commitments
- Having trouble and having to cut on essential expenses or rely on donations (e.g. food bank)
- Don't have any bills or credit commitments
- Don't know/Prefer not to answer

63. [ONLY ASK THOSE 18 AND OLDER] Which of the following categories best describes your total household income for 2023? 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