



# **Follow-up survey and qualitative research on controlled substances awareness, knowledge, and behaviours for public education (2025-2026)**

## **Final report**

Prepared for Health Canada

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*Ce rapport est aussi disponible en français.*

**Canada** 

# Follow-up survey and qualitative research on controlled substances awareness, knowledge, and behaviours for public education (2025-2026)

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Supplier name: Earnscliffe Strategy Group

February 13, 2026

This public opinion research report presents the results of an online survey and focus groups conducted by Earnscliffe Strategy Group on behalf of Health Canada. The quantitative research was conducted from November 28 to December 27, 2025, and the qualitative research was conducted from November 24 to November 25, 2025.

Cette publication est aussi disponible en français sous le titre : *Enquête de suivi et recherche qualitative sur la sensibilisation, les connaissances et les comportements liés aux opioïdes aux fins de l'éducation du public (2025-26)*

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## Executive summary

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

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

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe to conduct a baseline survey on opioid awareness, knowledge, and behaviours. In 2019, 2021, and 2024 we conducted follow-up research to determine whether results had changed since the baseline survey. More recently, further research was required to determine if awareness of and attitudes towards opioid use have changed over the past few years, and if stigma has been reduced. This research provides evidence-based data and insights to guide Health Canada's marketing campaigns and policy development. The contract value for this project was \$201,670.14 including HST.

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

The initial phase involved qualitative research, which included a series of seven focus groups held from November 24 to 25, 2025 with young adults aged 16-24, including some participants (6 out of 12 recruits) who vape or have vaped in the last 30 days. Atlantic Canada held two groups (one per official language), while the following regions held one group each: Northern Canada (English), British Columbia (English), the Prairies (English), Ontario (English), and Quebec (French). Participants from language minority communities were invited to join in their preferred language.

Up to 12 participants were recruited for each group, with the goal that at least 8-10 be able to participate. In total, 64 people participated in the focus group discussions. The sessions were approximately 120 minutes in length. Appendix C provides greater detail on how the groups were recruited, while Appendix D provides the discussion guide used to facilitate the focus groups, Appendix E the concepts tested, and Appendix F provides the screeners used for recruiting the focus groups.

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

The initial qualitative phase was followed by a quantitative phase involving an online survey, to update and compare results against baseline measures from the 2017, 2019, 2021, and 2024 surveys. We conducted a base survey of 4,203 Canadians aged 13 and older, including 1,436 members of the general population and at least 300 respondents from each of the following nine specific audiences identified by Health Canada:

- Youth aged 13-15 (estimated at 3% of the Canadian population);
- Parents of youth aged 13-15 (estimated at 4% of the Canadian population);
- Young adults aged 16-24 (estimated at 10% of the Canadian population);
- Males aged 20-59 (estimated at 26% of the Canadian population);
- Indigenous populations (estimated at 5% of the Canadian population);
- Ethnic and racialized communities (estimated at 27% of the Canadian population);
- Males who work in physically demanding jobs (estimated at 5% of the Canadian population);
- LGBTQ2+ communities (estimated at 4% of the Canadian population) and,
- People who use opioids, including:
  - Legally, including prescriptions (estimated at 13% of the Canadian population); and,
  - Illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids (estimated at 4% of the Canadian population).

A total of 4,203 Canadians were surveyed using Leger's opt-in panel. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when sampling for that target audience, and those found when specifically targeting a different audience. The 4,203 interviews were comprised of the following:

- A general population survey of 1,200 adults living in Canada;
- Plus an oversample of n=300 additional youth aged 13-15;
- Plus an oversample of n=300 additional parents of youth aged 13-15;
- Plus an oversample of n=200 additional young adults aged 16-24;
- Minimum 300 completions (no oversample required) of males aged 20-59;

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- Plus an oversample of n=300 additional Indigenous adults aged 18 and older;
- Minimum of 300 completions (no oversample required) with those from ethnic and racialized communities;
- Plus an oversample of n=300 additional males who work in physically demanding jobs;
- Plus an oversample of n=300 of those who identify as LGBTQ2+;
- Plus an oversample of n=200 additional people who use opioids legally, including prescriptions; and,
- Plus an oversample of n=300 additional people who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

The field work was conducted from November 28 to December 27, 2025, in English and French. It took an average of 18 minutes to complete.

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

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

The key findings from the research are presented below. To ensure comparability, the survey largely remained consistent with questions asked in the 2024, 2021 and 2019 surveys. This includes some terminology that Health Canada no longer uses as it is considered stigmatising. Readers are encouraged to use non-stigmatising language when talking about substance use. For more information on changing how we talk about substance use, please see [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#).

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

## Section A: Opioids and illegal drug use

- As in the previous wave, nearly one quarter of respondents (23%) report having taken one of the opioids listed in the reference table in the past year, with an additional one in five (20%) saying they have taken one previously but not in the past year. This leaves just over half (54%) saying they have never taken any of the listed opioids.
  - Past-year use is unchanged from 2024 and remains below the peak observed in 2019 (29%).
  - Patterns across target audiences remain consistent with earlier waves. Youth aged 13 to 15 (21%) and young adults aged 16 to 24 (23%) report the lowest levels of past-year opioid use, while the highest rates continue to be seen among men in physically demanding jobs (31%), men aged 20 to 59, and Indigenous respondents (both 29%).
  - Regional differences persist, with respondents in Atlantic Canada most likely to say they have never taken any of the listed opioids (72%), followed by Quebec (59%). In contrast, respondents in Ontario (48%), Alberta (47%), British Columbia (42%), and the Prairies (41%) are more likely to be people who use or used opioids than those in Atlantic Canada (28%) and Quebec (38%).
- Among those who have used opioids, three in five (59%) say they always have a prescription in their name when they take them, while nearly one in five (19%) say they never do.
  - While the share who always have a prescription has remained stable since 2024, the proportion who say they never have a prescription has continued to rise, increasing from 3% in 2017 to 11% in 2024 and now 19% in 2025. Over the same period, those saying they usually have a prescription has declined.
  - Indigenous respondents remain the most likely to say they always have a prescription when using opioids (68%), with very few saying they never do (6%). In contrast, about one in five young adults (22%) and racialized respondents (20%) say they never have a prescription in their name when using these drugs.
- Reports of doctors refusing to prescribe opioids for pain remain rare and stable in the general population (5%), consistent with all previous waves.
- Past-year use of other illegal substances, including cocaine, ecstasy or hallucinogens, benzodiazepines without prescription, and methamphetamine, remains low in the general population (2% to 4%) and largely unchanged from previous years.
  - As in earlier waves, higher rates are consistently observed among Indigenous respondents, men aged 20 to 59, men in physically demanding jobs, and people who use opioids illegally.
  - Regional patterns for non-opioid substances mirror those seen in past waves.

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- Focus group findings continue to reinforce the survey results. Participants across groups demonstrate a solid foundational understanding of both substance use and addiction, often defining substance use broadly and addiction as an inability to stop a behaviour. While negative associations remain common, particularly the conflation of “substance use” with “substance abuse,” participants also showed a more nuanced understanding than in earlier years, frequently linking substance use and addiction to coping with stress, emotional challenges, or past trauma.

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

- Awareness of opioids continues to improve gradually over time. Three in ten respondents (30%) say they are certain they know what an opioid is, up from 26% in 2017, indicating slow but steady gains in confidence.
  - Certainty remains highest among people who use opioids legally, Indigenous respondents, and LGBTQIA+ respondents.
  - Youth and young adults remain the least familiar with opioids. Youth aged 13–15 and young adults aged 16–24 are the most likely to say they have never heard the term or do not really know what it means. When prompted with a reference chart, gaps in familiarity persist, particularly among youth.
- There is strong consensus that opioids are dangerous. Eight in ten respondents believe that all (42%) or most (38%) of the opioids listed are dangerous, consistent with previous waves.
  - While this view is broadly shared across audiences, people who use opioids illegally and men in physically demanding jobs are more likely than others to say only a few or none are dangerous.
- Familiarity with fentanyl remains mixed, but baseline awareness continues to edge upward. Nearly half of respondents (47%) say they are at least somewhat familiar with fentanyl, up modestly since 2021, while just over half remain not very or not at all familiar.
  - Perceived danger remains exceptionally high and unchanged, with eight in ten (80%) describing fentanyl as very dangerous.
- Perceptions of opioid risk remain highest for illegal or non-prescribed use. More than nine in ten respondents say opioids are dangerous for people who use them illegally, teens, and people who use other illegal drugs. Perceived danger is lower, though still substantial, when opioids are prescribed and taken as directed (57%).
- Personal risk perceptions have increased since the previous wave. Nearly three quarters of respondents (74%) now say opioids are dangerous for themselves personally, up from two thirds (67%) in 2024, marking the most notable shift observed across waves.

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- Awareness of Canada’s opioid crisis has strengthened since 2021. Just over seven in ten (71%) say they are at least somewhat aware, including one quarter (25%) who say they are very aware.
  - Awareness remains lower among youth and young adults.
- The opioid crisis is widely seen as serious nationally, but less so locally. While nine in ten respondents describe the crisis in Canada as at least somewhat serious, only three in ten say it is very serious in their own community, continuing the gap observed in previous waves. Perceptions of local seriousness have, however, increased since 2021.
- Most respondents support a combined public health and law-enforcement response. A majority (58%) favour this blended approach, well ahead of either public-health-only or enforcement-only strategies, consistent with earlier waves.
- Belief that illegal drugs are frequently mixed with opioids remains widespread. Two thirds of respondents say this occurs most or some of the time, though uncertainty remains notable, particularly among youth.
- Knowledge of naloxone remains uneven. Just over half of respondents say they know what naloxone is, while fewer say they know where to get it or how to use it.
  - Awareness and confidence are highest among groups with closer proximity to opioid use – people who use opioids (legal and illegal) as well as Indigenous and LGBTQIA+ respondents.
- Qualitative findings align closely with survey results. Focus group participants were generally familiar with opioids and overdose risks, commonly identifying signs of overdose and calling 911 as the primary response. Awareness of the Good Samaritan Drug Overdose Act remained low, but once explained, reactions were consistently positive.

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

- Understanding of opioid risk remains high and elevated compared with earlier waves. Four in five respondents (80%) say they understand what makes opioids dangerous, unchanged from 2024 but well above levels observed in 2021 (60%), 2019 (67%), and 2017 (64%).
- Confidence in recognizing and responding to overdose situations has continued to improve gradually over time. About one third now say they could identify signs of an overdose (33%) and would know what to do if they witnessed one (32%), both higher than in 2021 and 2017.
  - Confidence in identifying signs of opioid use disorder has also rebounded to 37%, returning to levels seen in 2019 after dipping in 2024.
- Despite these gains, confidence in navigating support remains comparatively low. Just over one third (37%) say they would be confident they could easily find help for higher-risk opioid use, a level that remains well below those recorded in 2019 (45%) and 2017 (44%).

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- As in previous waves, awareness and confidence are highest among groups with closer proximity to opioid use.
  - Indigenous respondents and people who use opioids legally consistently report the strongest understanding of opioid dangers and the highest confidence in identifying overdose and addiction, while youth aged 13 to 15 remain the least confident across these measures.
- Regional differences are more pronounced for practical confidence than for general awareness. Understanding why opioids are dangerous is highest in Atlantic Canada and British Columbia, while Ontario stands out for greater confidence in knowing how to find help and recognize signs of overdose or opioid use disorder, and Quebec consistently reports the lowest confidence across these practical measures.
- A clear pattern emerges across the battery: while general awareness of opioid danger is widespread across all audiences, practical confidence in recognizing overdose, responding effectively, and identifying addiction is far more limited.
- Focus group findings continue to contextualize these results. Participants described substance use as closely tied to coping, stress, trauma, socializing, and performance demands. Alcohol and cannabis were viewed as more socially acceptable, while cocaine and opioids were widely recognized as dangerous and addictive, even as participants noted increased visibility of stimulant use in certain social and work-related environments.

## Section D: Attitudes regarding stigma

- Broad majorities continue to hold compassionate and recovery-oriented views toward people living with opioid use disorder. Around eight in ten agree that it takes strength to ask for help (83%), that people deserve support to live a healthy lifestyle (80%), and that stigma around drug use exists (79%).
- At the same time, stigma has not disappeared. A persistent minority continue to endorse stigmatizing beliefs, including that people who misuse opioids are dangerous or untrustworthy (37%) or that people who overdose get what they deserve (14%).
  - As in previous waves, meaningful differences persist across audiences. Indigenous respondents, people who use opioids legally, and LGBTQIA+ respondents consistently express the most supportive and least stigmatizing views, while youth aged 13–15 and men in physically demanding jobs are more likely to agree with punitive or moralizing statements.
- Several attitudes show modest shifts over time. Recognition that addiction can occur even when opioids are taken as prescribed has increased to 77%, up from 73% in 2019, and agreement that society is unfriendly toward people living with addiction has risen to 74% from 69% in 2019.

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- Recognition of stigma as a barrier to care has strengthened. Six in ten (62%) now agree that societal attitudes affect whether people seek help or treatment, up from 58% in 2024, alongside a modest rebound in support for allocating more health-care resources to addiction (58%, up from 55% in 2024).
- Some stigmatizing beliefs have softened but remain present. Agreement that people living with addiction are dangerous or untrustworthy has declined since 2024, though it remains higher than earlier waves, and belief that people could stop using opioids if they really wanted to, has continued a gradual upward trend since 2017.
- Focus group findings reinforce these patterns. Participants readily understood stigma and described it in terms of shame, judgement, stereotyping, and barriers to seeking help. While there was near consensus that stigma exists, participants emphasized that its intensity varies by substance, social context, and identity, and that stigma continues to discourage people from reaching out for support.

## Section E: Risk behaviour profiling and opioid use

- Many Canadians continue to report personal proximity to opioid use through friends and family. In this wave, 45% say at least one friend or family member has been prescribed an opioid, while 35% say they have known someone who became addicted, and 27% say they have known someone who used opioids without a prescription or purchased them illegally.
- Exposure to overdose in personal networks remains significant and continues to rise over the longer tracking period. One in five say they have known someone who died of an overdose (22%) and a similar proportion say they have known someone who has had a non-fatal overdose (19%).
  - These measures are stable versus 2024, but have climbed steadily since 2017 and 2021, including knowing of deaths rising from 12% (2017) to 22% (2025).
  - Reports of knowing someone prescribed opioids are lower than earlier peaks (down from 54% in 2019 and 50% in 2017 to 45% in 2025).
  - At the same time, reports of knowing someone who became addicted (35% in 2025 vs 27% in 2021 and 24% in 2017) and knowing someone who used opioids illegally (27% in 2025 vs 23% in 2021 and 17% in 2017) have increased.
- Across nearly every measure, proximity is highest among Indigenous respondents and those with direct opioid experience. Indigenous respondents consistently report the highest exposure, including 65% knowing someone prescribed opioids, 61% knowing someone who became addicted, 49% knowing someone who used opioids illegally, 45% knowing someone who died of an overdose, and 41% knowing someone who experienced a non-fatal overdose.

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- Parents' reports of a teen being prescribed opioids in the past year have dropped sharply. In 2025, 5% report this, down from 11% in 2024 (and below 9% in 2021, 11% in 2019, and 9% in 2017).
- Pain remains the dominant context for opioid use, but younger respondents stand out more often for non-pain motivations.
  - Starting opioid use is most commonly tied to pain from a medical procedure (52%) or injury (32%), while youth and young adults more often cite stress-related or recreational reasons than the opioid-experienced population overall.
- Regional differences reinforce an exposure gradient. Alberta more often reports knowing someone prescribed opioids (56%) and knowing someone who became addicted (43%), while British Columbia stands out most clearly on overdose-related exposure, including knowing someone who died of an overdose (29%) and knowing someone who used opioids illegally (31%).
  - Quebec consistently reports the lowest exposure levels across these measures.

## Section F: Opioid information

- Nine in ten general population respondents (91%) trust at least one of the opioid information sources tested, while half (50%) place strong trust in at least one.
- Trusted information sources remain anchored in health professionals. Doctors (83%) and pharmacists (82%) continue to be the most trusted sources of information about opioids, followed by public health agencies (70%). Trust in governments is more mixed, with 58% trusting the federal government and 51% trusting provincial governments.
  - Patterns by audience suggest meaningful differences in how information may be received. Youth tend to report relatively high trust across multiple sources, including notably strong trust in teachers (65%), while young adults and men in physically demanding jobs more often sit at the lower end of trust in institutional and government sources. Indigenous respondents are less likely to trust government institutions, and more inclined toward sources tied to lived experience or recovery, while LGBTQIA+ respondents tend to show above-average trust in health professionals and online health information.
  - Regional differences are most evident for government and school-based sources. Trust in the Government of Canada is higher in Atlantic Canada and Quebec (64% each) and lower in the Prairies (49%). Trust in provincial governments is highest in Quebec (58%) and lower in Ontario (45%) and the Prairies (41%). Trust in teachers is higher in Atlantic Canada (62%) than in Ontario (43%) and Alberta (39%).
- Most parents report at least some awareness of what their teen is learning at school, and a clear majority would want information if their teen participated in a Health Canada

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educational session. Parents' preferred channels are school-led communications (email, take-home materials, portals), and many want practical conversation support and clear links to help.

- Youth and parents report some alignment in what gets discussed at home, but conversations remain mostly concentrated on general topics. Drug use in general and peer pressure are discussed more often than topics like overdoses, illegal opioids, or how to get help.
  - A majority of young adults also believe that important substance-use information is missing for youth, most often pointing to gaps in risk information and the realities of addiction and harms.
- Qualitative testing of vaping cessation concepts suggests a persistent challenge in cutting through with young adults. Across concepts, participants often described the ads as easily recognizable as government advertising, which reduced perceived relevance and impact. Many called for more realism and authenticity, including clearer acknowledgement of cravings, relapse, and withdrawal, and several felt upbeat visuals did not reflect lived experience.
- Concept performance varied, with effectiveness tied most strongly to clarity and actionability. “This is your moment” emerged as the clear favourite overall, driven by a supportive tone and tangible benefits, though some felt the visual style skewed too youthful. “Why Wait?” was often seen as the most actionable, with “Make your plan” viewed as the strongest call to action. “You can do this” drew the most criticism, largely because the imagery did not feel meaningfully connected to quitting and the message felt generic.

## Section G: The role of stigma

- Analysis was once again undertaken to define three population segments with different views on stigmatization of people who use opioids: “Allies” (those opposing stigmatizing views), an “Unsympathetic” segment (those holding or not opposing these views) and the “Ambivalent” segment that holds mixed views. The overall size of the segments has remained the same since the last wave, although the Unsympathetic segment has decreased slightly since tracking began in 2017.
  - A quarter (26%) are Allies, with an equal number (24%) falling into the Unsympathetic segment. The remaining half (49%) of respondents are considered Ambivalent.
- When it comes to the demographic makeup of each segment, men appear to continue to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment (59%) while women are more likely to be part of the Allies segment (59%).
- Stigma continues to align with lived exposure and opioid pathways, but not in a simple way. Allies report the highest exposure to opioid-related experiences and are most likely to say

opioids they have taken were always prescribed or provided in a health care setting, even as the longer-term decline in “always prescribed” persists across the segments.

- The most meaningful variations are in practical confidence and segment-level mindsets, including trust in opioid information sources. Confidence to recognize and respond to overdose and to identify opioid use disorder continues to strengthen, especially among Ambivalents and Allies. Trust also remains segmented, with Allies showing the highest trust in information sources overall.

## Section H: Views regarding alcohol consumption

- Support for alcohol labelling remains high, with health risks and warnings continuing to be the top priority. Just over seven in ten (72%) select health risks and warnings as important information to include, edging up from 69% (2024), 66% (2021), and 65% (2019). Ingredients remain a majority preference (56%), while interest in more nutrition-style details is lower than in earlier waves, including the number of standard servings (48% vs 63% in 2019), calories (43% vs 52% in 2019), and nutritional information (40% vs 45% in 2019).
- There is broad consensus that alcohol poses health risks, and perceived risk has strengthened versus earlier waves. In this wave, 80% agree alcohol increases the risk of serious health conditions, up from 75% (2019) and higher than 77% (2024 and 2021). Agreement that any amount of alcohol can carry health risks is 66%, up from 62% last year.
- Views on alcohol policy framing have shifted upward. Six in ten (58%) now agree the federal government should be doing more to address alcohol-related harms, up from 54% (2024) and 53% (2021). Agreement that alcohol use is a public health issue is also 58%, up from 53% in 2024.
- Perceptions that alcohol use among youth is a serious problem remain steady from the past few waves (56%) agreement, but lower than the 2019 results (60%).
- Two belief items continue to surface sharper divides. Agreement that people with alcohol use disorder could stop if they really wanted to, is 30%, up from 24% in 2019 (but in line with 31% (2024) and 30% (2021)). Agreement that drinking during pregnancy can be safely done is at 11%, unchanged from 2024 (11%), but higher than 2021 (7%) and 2019 (9%).
  - Regional differences are present but limited. Quebec is lower on perceived risk from any amount of alcohol, while Atlantic Canada and Ontario are higher on concern about youth alcohol use.

## Section I: Vaping cessation creative concepts

As part of the qualitative phase, participants reviewed three concepts encouraging youth to quit vaping: “You can do this,” “Why Wait?” and “This is your moment.” Each concept included a storyboard for a 15-second video ad and a static web banner.

- Reactions were mixed overall. While participants saw strengths in each concept, many felt the ads did not strongly capture attention or create an emotional connection.
- The ads were quickly recognized as “government ads”, which diminished their perceived impact. This association led some to dismiss the messaging before fully engaging with it.
- While most participants – especially those who vape – said the ads alone would not motivate them to quit, some felt they could prompt reflection or encourage visiting the website for support.
- Participants emphasized the need for greater authenticity, noting that the upbeat imagery did not reflect the challenges of quitting, including cravings, relapse, and withdrawal.
- Visual design elements strongly influenced reactions, with some participants feeling certain styles appeared too juvenile for the seriousness of the topic.
- In terms of concept preference, “This is your moment” emerged as the overall favourite and was viewed as the most effective concept.
- Participants responded positively to the encouraging tone and focus on benefits such as regaining control, saving money, and feeling better conveyed in, “This is your moment”, though some felt the colourful visuals appeared too young.
- For “Why Wait?”, the messaging was the strongest element, with phrases such as “You’re not alone in this” and “Make your plan” seen as clear, relatable and motivating. The call to action, “Why wait? Take the first step. Make your plan.” Was the most compelling and most likely to be clicked.
- Reactions to “You can do this” were mixed to negative, largely due to the weak connection between the imagery and quitting vaping. Participants – particularly those who vape – felt the concept did not reflect the difficulty of quitting and lacked realism.

## Contract details and political neutrality certificate

Research firm: Earnscliffe Strategy Group (Earnscliffe)  
Contract number: CW2422791  
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Award date: October 10, 2025

I hereby certify as a representative of Earnscliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the

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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: February 13, 2026

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

Stephanie Constable  
Principal, Earncliffe

## Introduction

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

Canada has seen substantially elevated numbers of opioid-related deaths and other harms since surveillance began in 2016. The opioid overdose crisis is complex and affects all communities, age groups, and socioeconomic groups.

In 2017, to help inform the ensuing public education campaign, Health Canada contracted Earnscliffe Strategy Group to conduct a Baseline Survey on Opioid Awareness, Knowledge, and Behaviours for Public Education. In 2019, 2021, and 2024, Earnscliffe Strategy Group completed follow-up studies to assess if the results had changed since the initial baseline survey. More recently, further research was required to determine if awareness of and attitudes towards opioid use have changed over the past few years, and if stigma has been reduced.

In 2018, Health Canada launched a multi-year public education campaign to address the growing opioid overdose crisis to raise awareness and to educate Canadians on the risks associated with substance use, including the use of opioids (legal and illegal) as well as the role of stigma as a barrier to seek help.

The overall objective of this study was to track changes since the *Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge, and Behaviours for Public Education in 2024*, regarding the current state of awareness, knowledge, attitudes, beliefs (including assessing opinions around varying harm reduction measures), and behaviours with respect to opioids and other controlled substances. This research provides evidence-based data and insights to guide Health Canada's marketing campaigns and policy development. The contract value for this project was \$201,670.14 including HST.

The specific objectives of the quantitative phase include, but are not limited to:

- Re-assess and compare levels of awareness and knowledge on the issue of controlled substances including opioids, in comparison to the baseline survey in 2017 and across all subsequent years, with particular focus on the target audiences;
- Understand current views on this issue (including stigma);
- Identify barriers, knowledge gaps and misperceptions related to controlled substances including opioids (both legal and illegal), substance use disorder, opioid overdose, and

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related deaths to develop messaging that is meaningful and will resonate with target audiences; and

- Understand what types of information Canadians need and are looking for as it relates to controlled substances including opioids.

The specific objectives of the qualitative phase include, but are not limited to:

- Gain insight into awareness, perceptions, and attitudes among target audiences on issues related to controlled substances, including:
  - Opioid use in their communities;
  - Government actions; and
  - Opinions on actions to respond to the opioid overdose crisis.
- Test up to 3 proposed creative concepts for the vaping campaign to ensure campaign messaging and creative branding is on target and resonates with the target audience.

To meet these objectives, Earncliffe conducted a two-phased approach involving both qualitative and quantitative research to follow-up the survey and qualitative research on controlled substances awareness, knowledge, and behaviours, for public education.

The initial phase involved qualitative research, which included a series of seven focus groups held from November 24 to 25, 2025 with young adults aged 16-24, including some participants (6 out of 12 recruits) who vape or have vaped in the last 30 days. Atlantic Canada held two groups (one per official language), while the following regions held one group each: Northern Canada (English), British Columbia (English), the Prairies (English), Ontario (English), and Quebec (French). Participants from language minority communities were invited to join in their preferred language.

Up to 12 participants were recruited for each group, with the goal that at least 8-10 be able to participate. In total, 64 people participated in the focus group discussions. The group in Quebec and one group in Atlantic Canada were conducted in French, while the groups in all other locations were conducted in English. The sessions were approximately 120 minutes in length. Appendix C provides greater detail on how the groups were recruited, while Appendix D provides the discussion guide used to facilitate the focus groups, Appendix E provides the concepts tested, and Appendix F provides the screeners used for recruiting the focus groups.

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic at a particular point in time. Because of the small numbers involved, the participants cannot be

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expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

The initial qualitative phase was followed by a quantitative phase involving an online survey, to update and compare results against baseline measures from the 2017, 2019, 2021, and 2024 surveys. We conducted a base survey of approximately 3,400 Canadians aged 13 years and older, including in the general population plus oversamples of at least 200-300 respondents, from each of the following nine specific audiences identified by Health Canada:

- Youth aged 13-15 (estimated at 3% of the Canadian population);
- Parents of youth aged 13-15 (estimated at 4% of the Canadian population);
- Young adults aged 16-24 (estimated at 10% of the Canadian population);
- Males aged 20-59 (estimated at 26% of the Canadian population);
- Indigenous populations (estimated at 5% of the Canadian population);
- Ethnic and racialized communities (estimated at 27% of the Canadian population);
- Males who work in physically demanding jobs (estimated at 5% of the Canadian population);
- LGBTQ2+ communities (estimated at 4% of the Canadian population) and,
- People who use opioids, including:
  - Legally, including prescriptions (estimated at 13% of the Canadian population); and,
  - Illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids (estimated at 4% of the Canadian population).

A total of 4,203 Canadians were surveyed using Leger's opt-in panel. Because respondents could qualify for more than one key target audience, the source of respondents was a combination of those found in the general population sample, those found specifically when sampling for that target audience, and those found when specifically targeting a different audience. Target samples were comprised of the following:

- A general population survey of at least 1,200 adults living in Canada;
- Plus an oversample of n=300 additional youth aged 13-15;
- Plus an oversample of n=300 additional parents of youth aged 13-15;
- Plus an oversample of n=200 additional young adults aged 16-24;
- Minimum 300 completions (no oversample required) of males aged 20-59;
- Plus an oversample of n=300 additional Indigenous adults aged 18 and older;
- Minimum 300 completions (no oversample required) with those from ethnic and racialized communities;
- Plus an oversample of n=300 additional males who work in physically demanding jobs;

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- Plus an oversample of n=300 of those who identify as LGBTQ2+;
- Plus an oversample of n=200 additional people who use opioids legally, including prescriptions; and,
- Plus an oversample of n=300 additional people who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

In the end, the general population sample comprised of 1,436 respondents. The profile of each oversample group is presented in the table below.

Current wave	
Youth 13-15 oversample	
Gen pop sample	30
Oversample	278
Total	<b>308</b>
Parent of youth 13-15 oversample	
Gen pop sample	45
Oversample	309
Total	<b>354</b>
Young adults 16-24 oversample	
Gen pop sample	121
Oversample	442
Total	<b>563</b>
Men 20-59 oversample	
Gen pop sample	335
Oversample	1540
Total	<b>1875</b>
Indigenous oversample	
Gen pop sample	37
Oversample	294
Total	<b>331</b>
Ethnic and racialized communities oversample	
Gen pop sample	124
Oversample	476
Total	<b>600</b>
Males who work in physically demanding jobs	
Gen pop sample	118
Oversample	595
Total	<b>713</b>
People who use opioids legally oversample	
Gen pop sample	189
Oversample	389
Total	<b>493</b>
People who use opioids illegally oversample	
Gen pop sample	104
Oversample	389
Total	<b>493</b>
LGBTQIA+	
Gen pop sample	106
Oversample	331
Total	<b>437</b>

The field work was conducted from November 28 to December 27, in English and French. It took an average of 18 minutes to complete.

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

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

Appendix A provides full details on the survey methodology and Appendix B provides the survey instrument used.

Within the tables included in the body of the report, letters beside percentages indicate results that are significantly different than those found in the specific comparison columns indicated by the letter. Unless otherwise noted, differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Due to rounding, results may not add to 100%. We have chosen not to include a total column to remain consistent with the 2017, 2019, 2021 and 2024 reporting as well as the nature of the vast differences the oversample groups bring to the results.

The key findings from the research are presented below. To ensure comparability, the survey largely remained consistent with questions asked in the 2024, 2021 and 2019 surveys. This includes some terminology that Health Canada no longer uses as it is considered stigmatising. Readers are encouraged to use non-stigmatising language when talking about substance use. For more information on changing how we talk about substance use, please see [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#).

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

## Detailed findings

The following report presents the analysis of both the quantitative and qualitative research. It is divided into nine main sections:

- Section A: Opioids and illegal drug use
- Section B: Opioids awareness, impressions, and basic understanding
- Section C: Attitudes relating to behaviours, risk, and harms
- Section D: Attitudes regarding stigma
- Section E: Risk behaviour profiling and opioid use
- Section F: Opioid information
- Section G: The role of stigma
- Section H: Views regarding alcohol consumption
- Section I: Vaping cessation creative concepts

Each section presents the findings of the quantitative survey with nuanced qualitative findings woven throughout.

The quantitative findings focus primarily on the differences across the 10 target segments and the general population as a whole. Appended data tables provide results of findings across a much broader range of characteristics, behaviours, and attitudes. It is also worth noting that in the tracking tables provided in the body of the report below, the statistical testing is only done relatively to the most recent results – i.e., the 2025 results are tested against 2024, 2021, 2019, 2017 for significance; no other years are tested against each other.

Details about the survey design, methodology, sampling approach, and weighting of the results may be found in the Quantitative methodology report in Appendix A.

Except where specifically identified, the qualitative findings represent the combined results across the various audiences and for both English and French. Quotations used throughout the report were selected to bring the analysis to life and provide unique verbatim commentary from participants across the various audiences. Percentages may not add up to 100% due to rounding. “Don’t know” and “no response” are denoted by DK and NR respectively. “Prefer not to say” is denoted by PNTS.

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Details about the focus group design, methodology, and analysis may be found in the Qualitative methodology report in Appendix C.

## Section A: Opioids and illegal drug use

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

Exhibit A1: Opioid table

Generic name	Canadian Trade name (examples)	Other names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2, 3, 4 (codeine, acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Fentanyl citrate injection®, Sandoz Fentanyl Patch®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin		Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Dalmacol®, PDP-Hydrocodone®	Hydro, Vicoprofen, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Meperidine Hydrochloride injection®	Demerol, Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral Sirop®, Sandoz Morphine, Statex®, Kadian®	M, morph, red rockets
Oxycodone	Apo-oxycodone, OxyNEO®, Rivacocet®, Sandoz oxycodone®, PMS-Oxycodone CR	Oxycocet, Oxy, hillbilly heroin, Percocet, percs
Pentazocine		Ts, Ts & Cs

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Tapentadol	Nucynta®	Unknown
Tramadol	Apo-Tramadol®, Mar-tramadol/acet®, Tridural®, Durela®, Zytram ®,	Chill pills, ultras

As was seen in the previous wave, almost a quarter of respondents (23%) say that they have taken one of the drugs listed in the above table in the past year, with another one in five (20%) saying that they have taken one of the drugs listed but not in the past year, making the net percentage of people who use drugs 43%. A small majority (54%) say they have never taken any of these drugs.

The proportion of respondents who say that they have taken one of the listed drugs this year is equal to that recorded last year, and a decline from the recorded peak of 29% who said the same in 2019.

Among the target audiences examined, the lowest rates reported of respondents having taken one of the tested drugs in the previous year are among youth aged 13-15 years old (21%), with young adults 16-24 second-lowest at 23%. The highest rates observed are among male labourers (31%) – i.e., those in physically demanding jobs – and men between 20-59 and Indigenous respondents (29% respectively).

At 72%, respondents in Atlantic Canada are the most likely to say they have never taken any of the listed opioids. This is second-highest in Quebec (59%), and the lowest in Alberta (45%) and Ontario (50%).

Looking at the net measure, then, respondents in Ontario (48%), Alberta (47%), British Columbia (42%) and the Prairies (41%), are more likely than those in Atlantic Canada (28%) and Quebec (38%) to be current or past people who use opioids.

Exhibit A2 – Q12: Have you taken any of the following?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Have taken in the past year	23%	21%	30%	23%	29%	29%	26%	31%	100%	100%	30%
			A B D		A B D			A B D	A B C D E F G H K	A B C D E F G H K	A B D

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Have taken, but not in the past year	20%	7%	27%	15%	22%	21%	20%	25%	0%	0%	28%
	B D I J	I J	A B D E G I J	B I J	B D I J	B D I J	B D I J	A B D I J			A B D E G I J
Have never taken	54%	68%	39%	56%	46%	48%	51%	39%	0%	0%	40%
	C E H I J K	A C D E F G H I J K	I J	C E F H I J K	C H I J	C H I J	C H I J K	I J			I J
DK	2%	2%	2%	4%	3%	2%	2%	3%	0%	0%	1%
	I J	I J	I J	A C F G I J K	I J K	I J	I J	I J K			I J
PNTS	1%	2%	3%	2%	1%	1%	1%	2%	0%	0%	1%
	I J	I J	I J	I J	I J			A I J			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column Names	A	B	C	D	E	F	G	H	I	J	K

Exhibit A3 – Q12: Have you taken any of the following?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	23%	23%	21%	29%	22%
	D			A	
Have taken, but not in the past year	20%	20%	19%	21%	20%
Have never taken	54%	55%	57%	47%	55%
	D			A	
DK/NR	3%	3%	3%	3%	3%
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Next, those who used any of the items on the list were asked whether or not they have a prescription in their name when they take these. Among the general population, three in five (59%) say they always have a prescription in their name and one in five (19%) say they never do.

While the proportion of the general population who always have a prescription has stayed stable since the previous wave, there are now significantly more who say they never did (a jump from 3% in 2017 to 11% in 2024 to 19% in 2025). At the same time, the proportion who say they usually have a prescription dropped by 7 percentage points (from 17% in 2024 to 10% in 2025).

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At close to seven in ten (68%), Indigenous respondents are the most likely to say that they always have a prescription in their name when they take one of the drugs or medicines listed, and only 6% say they never do. By way of comparison, 22% of young adults and 20% of racialized respondents also say they never do.

To note, any respondents who used one of the substances without a prescription in their name are reported as “people who use opioids illegally” in the tables presented throughout this report. Those who exclusively use these drugs and medicines with a prescription in their name are reported as “people who use opioids legally.”

Exhibit A4 – Q13: When you took any of these drugs or medicines in the past year, did you...?

Base: Respondents taking an opioid

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Always have a prescription in your name	59%	54%	60%	39%	52%	68%	44%	55%	100%	0%	53%
	D G J	J	D G J	J	D J	D E G H J K	J	D J	A B C D E F G H J K		D J
Usually have a prescription in your name	10%	14%	15%	14%	15%	10%	12%	17%	0%	28%	17%
	I	I	I	I	A I	I	I	A I		A B C D E F G H I K	I
Sometimes have a prescription in your name	5%	8%	9%	10%	9%	9%	7%	11%	0%	18%	9%
	I	I	I	I	A I	I	I	A I		A B C D E F G H I K	I
Rarely have a prescription in your name	4%	5%	1%	10%	7%	6%	11%	6%	0%	15%	3%
	I			A C I K	A C I K	I	A C I K	C I		A B C E F H I K	
Never have a prescription in your name	19%	17%	13%	22%	15%	6%	20%	10%	0%	40%	16%
	F H I	I	I	F H I	F I	I	F H I	I		A B C D E F G H I K	F I
DK	1%	1%	0%	4%	1%	1%	1%	1%	0%	0%	2%
				C I J							
PNTS	2%	1%	2%	1%	1%	0%	4%	0%	0%	0%	1%
					F I J		F I J				
Sample size	305	70	104	134	523	98	158	226	633	493	129
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit A5 – Q13: When you took any of these drugs or medicines in the past year, did you...

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always have a prescription in your name	59%	59%	56%	69%	66%
	D			A	
Usually have a prescription in your name	10%	17%	14%	10%	11%
	B	A			
Sometimes have a prescription in your name	5%	5%	8%	5%	5%
Rarely have a prescription in your name	4%	5%	8%	5%	5%
Never have a prescription in your name	19%	11%	5%	4%	3%
	B C D E				
DK/NR	3%	3%	15%	9%	12%
		A	A	A	A
Sample size	305	269	217	282	290
Column label	A	B	C	D	E

The following table collapses the above questions and illustrates what percentage of each target audience qualifies as a current person who uses opioids, a person who used opioids, or a person who does not use. Of note, these segments are not reported on in the body of this report but can be found in the appended data tables.

Exhibit A6: Computed opioid use status.

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
People who use opioids	23%	21%	30%	23%	29%	29%	26%	31%	100%	100%	30%
			A B D		A B D			A B D	A B C D E F G H K	A B C D E F G H K	A B D

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People who used opioids	20%	7%	27%	15%	22%	21%	20%	25%	0%	0%	28%
	B D I J	I J	A B D E G I J	B I J	B D I J	B D I J	B D I J	A B D I J			A B D E G I J
(NET) People who use/used opioids	43%	28%	57%	38%	50%	50%	46%	56%	100%	100%	58%
	B		A B D E G	B	A B D	B D	B D	A B D E G	A B C D E F G H K	A B C D E F G H K	A B D E G
People who do not use opioids	57%	72%	43%	62%	50%	50%	54%	44%	0%	0%	42%
	C E H I J K	A C D E F G H I J K	I J	C E F G H I J K	C H I J K	I J	C H I J K	I J			I J
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Findings on doctor refusal to prescribe an opioid for pain continues to align closely with recent waves of the study. When asked if a doctor had ever refused to prescribe an opioid when it was needed for pain, five percent (unchanged since tracking began) said that had been the case for them. While this was more prevalent among most of the target segments, those most likely to say yes are male labourers (15%) and people who use opioids illegally (13%). It is also relatively high among Indigenous respondents (11%), men 20-59 and young adults (9% respectively) and parents of youth 13-15 (8%).

Reports of having been refused an opioid prescription are higher in Ontario and the Prairies, both at 7%, compared with 1% in Atlantic Canada.

Exhibit A7 – Q14: Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	5%	5%	8%	9%	9%	11%	5%	15%	7%	13%	5%
			A	A G K	A G K	A B G K		A B C D E G I K		A B C E G I K	
No	54%	53%	52%	52%	56%	56%	50%	55%	77%	57%	53%
					G				A B C D E F G H J K		

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Not applicable / Have never asked for this	39%	40%	36%	35%	33%	29%	43%	26%	15%	28%	40%
	E F H I J	E F H I J	H I J	H I J	H I J	I	D E F H I J	I		I	E F H I J
DK	1%	1%	1%	3%	1%	4%	1%	2%	1%	1%	1%
				G I K		G I K					
PNTS	0%	1%	2%	1%	1%	0%	1%	1%	0%	1%	0%
			A I		A I			A I			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit A8 – Q14: Has your doctor ever refused to prescribe you an opioid when you needed it for pain?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Yes	5%	6%	4%	6%	-
No	54%	51%	49%	50%	-
	C		A		
Not applicable / Have never asked for this	39%	41%	46%	42%	-
	C		A		-
DK/NR	1%	2%	1%	3%	-
	D			A	
Sample size		1666	1017	1003	0
Column label	A	B	C	D	E

Respondents were also asked if they had taken any of the following drugs: (crack) cocaine, ecstasy or hallucinogens, benzodiazepines (without prescription) or methamphetamine. While past year usage rates for the drugs in question ranged from 2-4% in the general population sample, rates were significantly higher among Indigenous populations, men 20-59, men in physically demanding jobs, and people who use opioids illegally across all drugs tested. Among these segments, past year cocaine, ecstasy and benzo use ranged from 6%-11% and meth use from 4%-9%.

Overall, past year usage of these four substances has stayed unchanged from previous years.

Cocaine use in the past year is highest in Alberta at 9%, followed by the Prairies at 7%, levels that exceed Atlantic Canada (0%), Quebec (2%), British Columbia (3%) and Ontario (4%). While there are no significant regional differences in past year ecstasy use, a larger share of respondents in Atlantic Canada indicate they have never taken these, at 88%, compared with

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Ontario (80%), Alberta (76%), and British Columbia (74%). This is mirrored in the findings regarding methamphetamine, where Atlantic Canada again shows the highest share saying they have never taken this drug, at 97%, compared with Quebec (89%), Ontario (90%), and British Columbia (91%). Again, when looking at benzodiazepine use, Atlantic Canadians are the most likely, at 95% to have never used these and Ontarians (89%) are the least likely say the same.

Exhibit A9 – Q15: Have you taken any of the following? [% have taken in the past year]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)	4%	3%	6%	5%	7%	11%	2%	10%	5%	11%	6%
	G		G	G	A B G	A B C D G I K		A B C D E G I K	G	A B C D E G I K	G
Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)	4%	5%	6%	5%	6%	8%	3%	7%	5%	11%	8%
					A G	G		A G		A B C D E G H I	A G
Methamphetamine (such as meth, crystal meth, crank, speed)	2%	4%	4%	2%	4%	9%	1%	5%	3%	7%	3%
			A G		A D G	A B C D E G I K		A D G	A G	A B C D E G I K	
Benzodiazepines without prescription (benzos, downers)	3%	3%	4%	5%	6%	9%	4%	8%	6%	11%	4%
					A	A B C D G K		A B C D E G K		A B C D E G I K	
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit A10 – Q15A: Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	4%	4%	3%	5%	-
					-
Have taken, but not in the past year	10%	11%	11%	13%	-
	D			A	-

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have never taken	84%	84%	85%	81%	-
					-
DK/NR	1%	2%	1%	2%	-
					-
Sample size	1436	1666	1017	1003	0
Column label	A	B	C	D	E

Exhibit A11 – Q15B: Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	4%	4%	3%	4%	-
					-
Have taken, but not in the past year	13%	13%	12%	14%	-
					-
Have never taken	80%	81%	83%	80%	-
					-
DK/NR	3%	2%	1%	2%	-
	C		A		-
Sample size	1436	1666	1017	1003	0
Column label	A	B	C	D	E

Exhibit A12 – Q15C: Benzodiazepines without prescription (benzos, downers)

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	3%	-	-	-	-
					-
Have taken, but not in the past year	4%	-	-	-	-
					-
Have never taken	90%	-	-	-	-
					-
DK/NR	1%	-	-	-	-
					-
Sample size	1436	0	0	0	0
Column label	A	B	C	D	E

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Exhibit A13 – Q15D: Methamphetamine (such as meth, crystal meth, crank, speed)

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Have taken in the past year	2%	3%	1%	3%	-
Have taken, but not in the past year	6%	5%	5%	8%	-
Have never taken	91% D	91%	92%	88% A	-
DK/NR	2%	2%	1%	2%	-
Sample size	1436	1666	1017	1003	0
Column label	A	B	C	D	E

### Qualitative insights: Awareness and understanding of substance use and addiction

The focus group discussions indicate that participants have a solid foundational understanding of both substance use and addiction.

Participants easily articulated definitions of “substance use” and “addiction,” often without hesitation. When asked unaided, “substance use” was described broadly, ranging from caffeine and alcohol to cannabis, nicotine, and illegal drugs. Across groups, substance use was not viewed as inherently negative, but rather as existing along a spectrum – ranging from medically supervised or socially accepted use to harmful or addictive use.

“To me, that means, like any form of drug use, so that’d be like, recreational, alcohol or weed, maybe even nicotine, but then also harder drugs too.” – Young adult, Prairies

“Like, caffeine is a drug, right? Like, caffeine doesn’t seem too bad.” – Young adult, Prairies

As in previous years, spontaneous associations tended to be negative, with several participants equating “substance use” with “substance abuse”, underscoring how stigma can be embedded in language. However, some young adults in each group readily volunteered neutral or positive forms of “substance use”, such as prescribed medications.

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“To me, substance use sounds like substance abuse; like taking drugs and abusing prescription pills.” – Young adult, North

“Addiction” continued to be understood as an inability to stop a behaviour, typically involving substances, but often extended to non-drug activities.

Across groups, participants emphasized features of addiction such as dependence, cravings, withdrawal, loss of control, and harm; suggesting a more nuanced understanding of addiction compared to earlier years. Participants often distinguished between physical withdrawal and psychological dependence, describing addiction as something that affects both the body and the mind – including constant mental preoccupation, cravings, and emotional reliance. Many young adults described substance use and, in some cases addiction, as closely tied to coping. Substances were frequently described as tools used to manage stress, anxiety, trauma, or difficult life circumstances, rather than purely recreational choices. This framing often reflected empathy toward people who use substances, with participants acknowledging that difficult circumstances can contribute to dependency.

While many participants believed recovery is possible, several emphasized that it is not equally achievable for everyone. Access to financial resources, stable housing, social support, and treatment were seen as key determinants of recovery.

“It’s possible, but I don’t think it’s necessarily possible for everyone. Lots of people that suffer from addiction are under-resourced. They lack support and financial things.” – Young adult, Prairies

## **In summary**

Overall, opioid use remains stable at levels consistent with recent years, with nearly one in four respondents reporting past-year use and 43% indicating either current or past use. While most opioid use appears to occur within prescribed contexts, the proportion reporting use without a prescription has increased compared to earlier waves, particularly among young adults, racialized respondents, and those in physically demanding jobs.

Regional differences persist, with higher net use in Ontario, Alberta, British Columbia and the Prairies, and lower levels in Atlantic Canada and Quebec.

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Past-year use of cocaine, ecstasy, benzodiazepines without a prescription, and methamphetamine remains relatively low in the general population but is disproportionately higher among Indigenous respondents, men aged 20-59, male labourers, and those who use opioids illegally.

Qualitative findings suggest that young adults understand substance use as existing along a spectrum and demonstrate a nuanced grasp of “addiction”, recognizing both psychological and physical dimensions, as well as the role of coping and structural barriers in shaping substance use and recovery.

Together, the quantitative and qualitative findings point to stable overall usage patterns, persistent disparities across specific populations, and a youth population that holds increasingly sophisticated views about substance use and “addiction”.

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

Awareness of opioids remains fairly broad and has seen a gradual evolution over time. Among the general population, three in ten (30%) say they are certain they know what an opioid is, signalling the continuation of a slow upward trend since 2017, when 26% said they were certain they knew what an opioid is.

Another 36% of respondents this wave say they are pretty sure they know what it is, which indicates a slow decline in this sentiment since 2019 (42%), suggesting a subtle redistribution toward stronger confidence. At the same time, the proportion saying they had never heard the term “opioid” remains low overall (5%) and sits below levels recorded in 2017 (7%), though slightly higher than in the two most recent waves. Taken together, these findings point to slow but steady gains in public familiarity over the long term.

People who use opioids legally (45%), LGBTQIA+ respondents (41%), and Indigenous respondents (40%) were the most likely to say they are certain they know what an opioid is.

Continuing trends noted in previous years, those under the age of 25 are the least aware – with their parents far more likely to be in the know. Parents of youth aged 13-15 (36%) are more likely to say they are certain they know what an opioid is than young adults (23%) or youth (14%). Conversely, young adults (9%) and youth (12%) are the most likely to say they have never heard the term before, with another 13% and 19% among these groups saying they don’t really know what an opioid is.

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Certainty is most pronounced in Alberta, where 36% say they are certain they know what an opioid is, as well as in Ontario (33%). This compares to the lowest level in Quebec, where only a quarter are certain (24%). As well, looking at the combined measure of being certain or pretty sure (at 66% among the general population), British Columbia (71%) and Alberta (70%) stand out on the high end, and the Prairies (59%) and Quebec (61%) on the low end.

Exhibit B1 – Q16: Which of these best describes your level of understanding about what an opioid is?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
I am certain I know what an opioid is	30%	14%	36%	23%	30%	40%	27%	29%	45%	29%	41%
	BD		ABDE GHJ	B	BD	ABDE GHJ	B	BD	ABCD EFGHJ	BD	ABDEGH J
I am pretty sure I know what an opioid is	36%	29%	32%	30%	33%	28%	34%	31%	33%	31%	35%
	BDFH										
I might know what an opioid is, but I'm unsure	18%	26%	18%	22%	18%	19%	23%	18%	12%	22%	14%
	I	ACEH IK	I	IK	I	I	EIK	I		IK	
I don't really know what an opioid is	9%	19%	7%	13%	9%	8%	9%	12%	6%	9%	6%
	IK	ACEF GHIJK		ACEFI JK	IK			CIK			
I had never heard the term "opioid" before this survey	5%	12%	4%	9%	6%	4%	5%	8%	4%	7%	3%
		ACEF GIK		ACFIK	AK			ACFIK		AK	
DK/NR	2%	1%	2%	4%	3%	1%	2%	2%	0%	2%	1%
	I		I	ABFIK	ABFIK		I	BI			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit B2 – Q16: Which of these best describes your level of understanding about what an opioid is?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
I am certain I know what an opioid is	30%	29%	28%	27%	26%
	E				A
I am pretty sure I know what an opioid is	36%	37%	39%	42%	37%
	D			A	

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
I might know what an opioid is, but I'm unsure	18%	19%	20%	19%	20%
I don't really know what an opioid is	9%	9%	8%	7%	9%
I had never heard the term "opioid" before this survey	5%	3%	3%	4%	7%
DK/NR	BCE	A	A		A
Sample size	2%	3%	1%	1%	2%
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Upon being shown the reference chart again, a quarter (24%) of the general population say they know a lot about at least one of them, and another 44% say they know a little about at least one of them. On the other hand, a quarter (23%) say they have heard of at least one but don't know much, and 6% say they've never heard of any of these.

Among the target audiences, both people who use opioids legally (43%) and people who use opioids illegally (31%) are more likely to know a lot, along with LGBTQIA+ (33%) and Indigenous respondents (32%).

Youth are the least familiar with any of the opioids listed, with one in five (18%) saying they had never heard of any of them.

Regionally, Ontario stands out for familiarity (knowing a lot or a little about at least one of the listed drugs), with 72% indicating they are familiar with at least one type of opioid, compared with 62% in Quebec. Conversely, Quebec and Atlantic Canada report higher levels of unfamiliarity (not knowing much or never having heard of any) at 37% and 33%, respectively. This compares to a quarter of respondents in Ontario (26%) and Alberta (26%) who can be classified as not familiar.

Exhibit B3 – Q17(New): How well do you know these types of opioids?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
	24%	13%	29%	20%	25%	32%	25%	26%	43%	31%	33%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
I know a lot about at least one of them	B		B D	B	B D	A B D E	B	B D	A B C D E F G H J K	A B D E H	A B D E G H
I know a little about at least one of them	44%	32%	41%	40%	41%	38%	39%	40%	39%	40%	43%
I've heard of at least one but don't know much	23%	34%	24%	27%	23%	23%	27%	24%	16%	23%	21%
I've never heard of any of these	6%	18%	4%	8%	7%	5%	6%	8%	2%	3%	2%
DK/NR	2%	2%	2%	5%	4%	1%	2%	3%	1%	2%	1%
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

When it comes to the perceived danger of the opioids listed in the reference chart, among the general population, findings remain broadly consistent with previous waves. Eight in ten believe that all (42%) or most (38%) of them are dangerous, with only 1% saying that none are dangerous.

Across the target audiences examined, between 66% (among young adults and people who use opioids illegally) and 82% (among youth) say all or most are dangerous. However, those using opioids illegally (17%) are also the most likely to say that none or only a few are dangerous, along with male labourers among whom 16% share this view.

From a regional perspective, respondents from Atlantic Canada (52%) are the most likely to say that all of the listed drugs are dangerous, compared with two in five in Quebec (40%) and Ontario (41%). Looking at the combined measure that all or most are dangerous, respondents from Atlantic Canada (87%) and Quebec (85%) rank higher than Alberta (71%), the Prairies (74%) and British Columbia (77%).

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Exhibit B4 – Q18: In thinking about the types of opioids included in this list, is it your impression that...

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
All are dangerous	42%	41%	39%	28%	33%	38%	41%	30%	37%	23%	31%
	DEHJK	DEHJK	DEHJK		J	DHJ	DEHJK	J	DHJ		J
Most are dangerous	38%	41%	39%	38%	37%	35%	34%	37%	41%	44%	43%
										A E F G H	G
About half are dangerous	7%	7%	9%	13%	11%	11%	10%	12%	8%	13%	10%
				ABC I	A	A		AB I		AB I	A
A few are dangerous	8%	6%	9%	11%	11%	9%	7%	14%	10%	16%	12%
				B	AB G			ABC F G I	B	AB C D E F G I	B G
None of these drugs are dangerous	1%	1%	1%	1%	1%	4%	1%	2%	2%	1%	1%
						A D E G J K					
DK/NR	5%	4%	2%	8%	7%	2%	7%	4%	2%	4%	4%
	C F I			ABC F H I J K	ABC F H I J K		C F I	F I			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit B5 – Q18: In thinking about the types of opioids included in this list, is it your impression that...

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
All are dangerous	42%	44%	43%	39%	45%
Most are dangerous	38%	37%	38%	42%	35%
	D			A	
About half are dangerous	7%	7%	5%	6%	7%
	C		A		
A few are dangerous	8%	7%	7%	7%	7%
None of these drugs are dangerous	1%	0%	1%	2%	1%
DK/NR	5%	5%	5%	5%	5%

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Familiarity with fentanyl is split, with almost half of the general population (47%) either very familiar (10%) or somewhat familiar (37%), and a slightly larger proportion (51%) either not very (30%) or not at all familiar (21%). This split is mostly consistent among the target populations; however, familiarity is higher among Indigenous respondents (57%), LGBTQIA+ respondents and parents of youth 13-15 (56% respectively), when compared to youth 13-15 (41%). Among this latter group, just over a quarter (27%) are not at all familiar.

Regionally, familiarity is strongest in Alberta and British Columbia. At 55% and 57%, respectively, these regions record the highest net familiarity scores, while Quebec respondents (30%) report the lowest.

Familiarity with fentanyl shows modest shifts since earlier waves. While the levels of the highest familiarity remains largely unchanged from recent years, there is a gradual redistribution across familiarity levels: the proportion who say they are somewhat familiar has increased to 37%, up from 33% in 2021. At the same time, fewer respondents say they are not at all familiar compared with 2024 (21% vs 25%). Taken together, these results suggest incremental gains in baseline awareness, even if deep familiarity remains limited.

Exhibit B6 – Q19: How familiar would you say you are with fentanyl?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very familiar	10%	10%	14%	9%	13%	17%	10%	15%	15%	13%	13%
					A D	A B D G		A B D G	A D		
Somewhat familiar	37%	31%	42%	39%	39%	40%	42%	38%	38%	38%	43%
			B	B	B	B	B				A B
Not very familiar	30%	31%	28%	34%	31%	23%	28%	28%	28%	29%	31%
	F			F I	F						F
Not at all familiar	21%	27%	15%	14%	14%	19%	18%	16%	19%	20%	12%
	C D E H K	C D E F G H I K				K	K	K	D E K	D E K	
DK/NR	2%	1%	1%	4%	3%	1%	1%	3%	1%	1%	1%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
	I J			A B C F G I J K	A C F G I J K			I J K			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit B7 – Q19: How familiar would you say you are with fentanyl?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very familiar	10%	11%	11%	12%	12%
Somewhat familiar	37%	34%	33%	37%	36%
	C		A		
Not very familiar	30%	28%	32%	31%	25%
	E				A
Not at all familiar	21%	25%	22%	18%	23%
	B	A			
DK/NR	2%	2%	2%	2%	3%
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Assessments of fentanyl's danger remain overwhelmingly high and stable across waves. Eight in ten respondents (80%) describe fentanyl as very dangerous, consistent with levels observed since 2017, and another 16% say it is somewhat dangerous. The majority of respondents across all segments believe fentanyl to be very dangerous, with proportions between 68% (male labourers) and 81% (among people who use opioids legally) holding this view.

Young adults, who have a relatively low familiarity with fentanyl, are also less likely to say it is very dangerous (69%); however, this segment is more likely to believe that it is somewhat dangerous (22%) and, while larger than in other segments, still only 5% believe it to be not very or not at all dangerous. Male labourers are another group that stands out in this way, with 68% holding the view that it is very dangerous and 19% somewhat – and one in ten (10%) believing it to be not very or not at all dangerous.

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Perceptions that fentanyl is very dangerous are most pronounced in Atlantic Canada, where nine in ten (91%) hold this view. This compares with 77% in Quebec and 67% in Alberta.

Exhibit B8 – Q20: To the best of your knowledge, how dangerous is fentanyl?

Base: Those who are familiar with fentanyl.

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very dangerous	80%	80%	79%	69%	73%	80%	78%	68%	81%	72%	79%
	DEHJ	DEH	DEHJ		H	DEHJ	DEH		DEHJ		DEH
Somewhat dangerous	16%	17%	16%	22%	18%	11%	17%	19%	15%	22%	17%
				AFI	F			F		AFI	
Not very dangerous	2%	1%	2%	4%	4%	5%	1%	9%	2%	4%	2%
				ABG	ABGI	G		ABCD E G I J K		G	
Not at all dangerous	0%	0%	0%	0%	1%	2%	1%	1%	1%	0%	1%
					C			C			
DK/NR	2%	1%	3%	5%	4%	2%	3%	3%	1%	1%	1%
				ABFIJ K	ABFIJ K			IJK			
Sample size	1120	220	300	491	1590	274	513	598	518	402	380
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very dangerous	80%	82%	80%	81%	83%
Somewhat dangerous	16%	14%	14%	15%	13%
Not very/not at all dangerous	2%	2%	2%	3%	1%
DK/NR	2%	1%	4%	2%	2%
Sample size	1120	1167	793	809	975
Column label	A	B	C	D	E

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Across all segments, there is very strong consensus that opioids and other illegal drugs are dangerous across society, with 94% of the general population and between 87% and 96% in every segment rating people who use illegal drugs as being at risk. Perceptions are highest among youth aged 13–15 (96%), people who use opioids legally (96%), and racialized respondents (94%), while they are somewhat lower among young adults (87%) and male labourers (87%), though still overwhelmingly high. A similar pattern appears for people who obtain opioids illegally (95% overall saying that opioids are very or somewhat dangerous for this group), where this sentiment ranges from 88% among male labourers to 96% among LGBTQIA+ respondents and people who use opioids legally, with most other groups clustered around 91% to 95%.

When assessing danger for specific age groups, teens and young adults continue to be widely viewed as vulnerable, but differences are more pronounced. For teens who use, ratings range from 86% among young adults to 96% among parents of youth and people who use opioids legally, while for young adults the range is 83% among young adults themselves, up to 94% among parents of youth. Seniors (86% overall) are consistently perceived as less at risk than younger groups, with ratings generally in the 80% to 88% range across segments.

The greatest variation appears in personal risk perceptions. Overall, three quarters (74%) of the general population view opioids as personally dangerous, but this rises to 87% among youth aged 13–15 and 79% among parents of youth, while dropping to 61% among LGBTQIA+ respondents, 66% among people who use opioids legally, and 69% among people who use opioids illegally. Young adults aged 16–24 and males aged 20–59 also sit lower than average at seven in ten (71% and 70% respectively). Finally, when opioids are prescribed and taken as directed (57% overall saying very or somewhat dangerous), perceived danger declines across all groups, ranging from 45% among LGBTQIA+ respondents and 48% among people who use opioids illegally to 65% among Indigenous respondents, with most other segments falling between 50% and 62%. This reinforces a consistent distinction in public perception between illegal or non-prescribed use and prescribed use.

Perceptions of opioid danger across different populations remain remarkably stable over time. The one area where perceptions have shifted is personal risk: while nearly three-quarters (74%) now say opioids are dangerous for themselves personally, this is up from levels recorded in all previous waves, most notably since 2024 when two thirds (67%) said the same.

Regionally, perceptions that opioids are dangerous for people who use them illegally are highest in Quebec at 97%, compared with 93% in Ontario. Teens are widely viewed as at risk across regions; however, Alberta records a lower level at 86% relative to Quebec and the Prairies, both at 94%. When considering people who use opioids prescribed for someone else, Atlantic

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Canada stands out at 97%, exceeding Quebec (92%), Ontario (92%), Alberta (85%), and British Columbia (90%). Older adults are more often seen as being at risk in Atlantic Canada, where 93% describe opioid use among seniors as somewhat or very dangerous, compared with 83% in Ontario and 85% in Quebec. For those using opioids as prescribed, Quebec reports the lowest perception of danger at 47%, compared with 61% in both Atlantic Canada and the Prairies, 59% in both Ontario, and Alberta, and 58% in British Columbia.

Exhibit B10 – Q21: Based on your impressions, how dangerous would you say opioids are for each of the following. [% very or somewhat dangerous]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
People who use opioids obtained illegally	95%	95%	95%	89%	91%	91%	95%	88%	96%	93%	96%
	DEH	DEH	DEH				DEH		DEFHJ	DH	DEFH
People who use illegal drugs such as heroin, cocaine, methamphetamines and/or ecstasy	94%	96%	94%	87%	90%	91%	94%	87%	96%	93%	92%
	DEH	DEFH	DEH				DEH		DEFHJK	DEH	DH
Teens	92%	94%	96%	86%	90%	92%	94%	88%	96%	92%	92%
	DEH	DEH	ADEHJK			D	DEH		ADEHK	DH	D
People who use opioids prescribed for someone else (friends, parents...)	91%	91%	91%	84%	87%	93%	92%	85%	94%	87%	91%
	DEHJ	DH	DEH		D	DEHJ	DEHJ		ADEHJ		DEH
Young adults	90%	92%	94%	83%	86%	89%	91%	84%	92%	88%	88%
	DEH	DEH	ADEFHJK			DH	DEH		DEHJK	D	D
Seniors	86%	87%	87%	80%	81%	88%	87%	81%	86%	82%	81%
	DEHK	DEH	DEHK			DEHJK	DEHK		DEHK		
You, personally	74%	87%	79%	71%	70%	72%	78%	71%	66%	69%	61%
	EIJK	ACDEF FGHIJ K	ADEF HIJK	K	K	K	DEHIJ K	K		K	

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
People who use opioids prescribed for them and taken as prescribed	H			A B C E F H	H		F H		A B C E F H	A B C E F H	A B C E F G H
	57%	62%	61%	46%	55%	65%	53%	60%	50%	48%	45%
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit B11– Q21: Based on your impressions, how dangerous would you say opioids are for each of the following? [% very dangerous or somewhat dangerous]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
People who use opioids obtained illegally (Pre- 2025: People who use opioids obtained on the street)	95%	94%	95%	94%	95%
People who use illegal drugs such as heroin, cocaine, methamphetamines and/or ecstasy	94%	95%	93%	95%	95%
Teens	92%	93%	93%	94%	93%
People who use opioids prescribed for someone else (friends, parents...)	91%	93%	91%	94%	94%
Young adults	90%	92%	91%	90%	91%
Seniors	86%	88%	85%	87%	86%
You, personally	74%	67%	69%	69%	70%
	BCDE	A	A	A	A
People who use opioids prescribed	57%	58%	56%	53%	52%
	E				A

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
for them and taken as prescribed					
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Awareness of Canada's opioid crisis remains high overall, with 71% of the general population saying they are at least somewhat aware, including a quarter (25%) indicating they are very aware. This has strengthened in the past few years, with a noticeable increase since 2021 (19%). At the same time, fewer respondents describe themselves as not very aware (19%), down from one quarter (24%) in 2021. These shifts point to a recovery in public awareness following the dip observed mid-tracking.

The segments most likely to describe themselves as very aware are Indigenous respondents (37%), LGBTQIA+ respondents (35%), and people who use opioids legally (34%), followed by people who use opioids illegally (29%) and male labourers (27%). By contrast, very high awareness is lower among youth (18%) and young adults (17%), indicating a continued age-related gap in perceived familiarity.

Patterns are similar when looking at lower levels of awareness. Youth are the most likely to report limited familiarity, with a quarter (27%) saying they are not very aware and another 17% not at all aware, compared with 19% and 7% respectively among the general population. Young adults also show comparatively lower awareness, with 22% not very aware and 14% not at all aware.

When looking across the country, (high) awareness is strongest in British Columbia. At four in ten (40%), respondents in that province are the most likely to say they are very aware, exceeding all other regions: Quebec (13%), Atlantic Canada (16%), Alberta (22%), Ontario (28%), and the Prairies (29%). When looking at overall awareness, British Columbia again stands out, with 93% indicating they are at least somewhat aware. Conversely, lower levels of awareness are most pronounced in Quebec, where 12% say they are not at all aware and 32% say they are not very aware, for a total of 44% with very limited awareness, if any. This is between 15% and 27% in all other regions.

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Exhibit B12 – Q22: How aware, if at all, would you say you are of Canada’s opioid crisis?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very aware	25%	18%	28%	17%	25%	37%	25%	27%	34%	29%	35%
	B D		B D		B D	A B C D E G H J	D	B D	A B D E G H	B D	A B C D E G H
Somewhat aware	47%	35%	46%	43%	46%	43%	48%	43%	45%	39%	47%
	B J		B		B J		B J	B	B		B J
Not very aware	19%	27%	19%	22%	18%	16%	18%	19%	15%	24%	11%
	I K	A C E F G H I K	K	I K	K		K	I K		A E F G I K	
Not at all aware	7%	17%	6%	14%	8%	3%	7%	8%	6%	7%	5%
	F	A C E F G H I J K		A C E F G H I J K	F K		F	F	F	F	
DK/NR	2%	2%	2%	4%	3%	0%	3%	2%	0%	1%	1%
	F I	F	F	F I J K	F I J		F I	F I			F
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit B13 – Q22: How aware, if at all, would you say you are of Canada’s opioid crisis?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very aware	25%	24%	19%	25%	28%
	C		A		
Somewhat aware	47%	49%	48%	49%	45%
Not very aware	19%	17%	24%	17%	15%
	C		A		
Not at all aware	7%	7%	8%	7%	8%
DK/NR	2%	2%	2%	2%	4%
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Despite variation in familiarity levels, the opioid crisis continues to be widely regarded as serious across all segments. Among the general population, nearly six in ten (58%) describe the opioid crisis in Canada as very serious, with an additional one third

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(32%) saying it is somewhat serious, resulting in nine in ten considering it at least somewhat serious overall. Perceptions of high severity are most pronounced among Indigenous respondents (66%), LGBTQIA+ respondents (65%), and people who use opioids legally (63%). By contrast, youth aged (51%), young adults aged 16–24 (52%), and male labourers (52%) are among the least likely to rate the crisis as very serious. Of note, one in ten youth say they are not sure of the seriousness of the crisis, which aligns with their relatively low level of familiarity.

Very few respondents in any segment consider the crisis “not very” or “not at all” serious, with these responses generally remaining in the single digits.

The perception that the crisis is very serious is highest in the Prairies at three quarters (73%) and British Columbia at nearly seven in ten (68%), and lowest in Quebec at 43%. Albertans are the most likely to view the crisis as not serious, at 9%, compared with 2% among respondents in British Columbia.

Exhibit B14 – Q23: How serious, if at all, would you say the opioid crisis is in Canada?

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very serious	58%	51%	57%	52%	51%	66%	56%	52%	63%	53%	65%
	DEH					ABCDEFGHIJ			DEHJ		ABCDEFGHIJ
Somewhat serious	32%	33%	34%	34%	37%	25%	32%	35%	30%	35%	27%
	F		FK	FK	AFIK			FK		FK	
Not very serious	5%	5%	3%	7%	6%	7%	4%	8%	3%	6%	4%
				CI	CI	C		ACGIK			
Not at all serious	0%	1%	0%	0%	1%	0%	0%	0%	0%	1%	1%
DK/NR	5%	10%	6%	8%	6%	3%	7%	4%	3%	6%	3%
	I	AHIK		FHIK	FIK		FIK				
Sample size	1330	252	332	484	1720	320	549	658	594	458	414
Column label	A	B	C	D	E	F	G	H	I	J	

When perceptions shift from the national level to respondents’ own communities, intensity softens noticeably, with just over two thirds (69%) saying it is at least somewhat serious. Three in ten in the general population (31%) say the opioid crisis in their community is very serious, while a larger share characterizes it as somewhat serious (37%). This represents a gap of 27%

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between national and local perceptions of it being very serious. These perceived levels of local crisis have intensified in the past few years and are particularly higher than seen in 2021, when overall 61% said it was either a very (27%) or somewhat (34%) serious issue. This edged up to 63% (28% and 35%) in 2024.

Indigenous respondents again stand out, with nearly half (49%) saying the crisis in their community is very serious, followed by LGBTQIA+ respondents (42%) and parents of youth (38%). At the other end, young adults (31%) and males aged 20-59 (31%) align closely with the general population average on the lowest side.

Proportions saying it is not very or not at all serious remain comparatively limited at 18% among the general population and between 17%-22% across segments, with the exception of Indigenous respondents, among whom only 11% hold this view.

Regionally, British Columbians stand out again, with 44% describing the crisis in their community as very serious and fully eight in ten (80%) saying it is at least somewhat serious. This in comparison with Quebecers (12% very serious; 51% very/somewhat), Albertans (23%; 64%) and Atlantic Canadians (27%; 67%).

Exhibit B15 – Q24: Based on your impressions, how serious would you say the opioid crisis is in your community?

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very serious	31%	33%	38%	31%	31%	49%	32%	34%	32%	33%	42%
			A E			A B C D E G H I J					A B D E G H I J
Somewhat serious	37%	33%	30%	37%	39%	34%	32%	39%	39%	35%	34%
	C				C G			C	C G		
Not very serious	15%	18%	16%	17%	17%	9%	19%	16%	16%	16%	14%
	F	F	F	F	F		F	F	F	F	
Not at all serious	3%	3%	3%	3%	3%	1%	3%	3%	2%	4%	3%
	F				F					F	
DK/NR	13%	13%	13%	12%	10%	7%	14%	7%	11%	12%	7%
	E F H K	F H K	F H K	F H K			F H K			F H	
Sample size	1330	252	332	484	1720	320	549	658	594	458	414
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit B16 – Q24: Based on your impressions, how serious would you say the opioid crisis is in your community?

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Very serious	31%	28%	27%	31%	29%
	C		A		
Somewhat serious	37%	35%	34%	39%	36%
Not very serious	15%	16%	17%	14%	16%
Not at all serious	3%	3%	4%	3%	4%
DK/NR	13%	17%	18%	12%	15%
	C		A		
Sample size	1330	1552	1017	1003	1330
Column label	A	B	C	D	E

When asked about approaches they believe would be best to end the opioid crisis, a combined approach that integrates both public health measures and law enforcement emerges as the clear plurality preference. In the general population, the majority (58%) select a combined strategy, well ahead of either a stand-alone public health approach (20%) or a law-enforcement-only approach (16%). Support for a combined response is particularly strong among parents of youth (61%), racialized respondents (61%), and people who use opioids legally (61%). Majorities or near-majorities are also observed among males aged 20–59 (53%), Indigenous respondents (53%), and the LGBTQIA+ community (53%), while young adults (42%) and youth (46%) show comparatively lower, though still leading, support for a blended model – these segments have relatively higher responses of “don’t know”.

A public-health-led approach, centred on prevention, education, and expanded treatment and support services, is the preference among one in five in the general population (20%), but rises notably among some groups, including those with closer lived or community connection to substance use. Roughly a quarter of young adults aged 16–24 (25%) and Indigenous respondents (24%) favour this route, increasing further to 28% among people who use opioids illegally and one third of LGBTQIA+ respondents (33%).

By contrast, a law-enforcement-focused approach garners more limited overall support (16% among the general population) but resonates more strongly with some segments. More than one quarter of youth (28%) and male labourers (27%) select stricter penalties and policing as the preferred solution, alongside one quarter of young adults (25%) and one in five males aged 20–59

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(21%). Support for a law-enforcement-only strategy is comparatively lower among racialized respondents (15%), people who use opioids legally (15%), and especially the LGBTQIA+ community (11%).

A combined public health and law enforcement approach is most widely supported in the Prairies and British Columbia, both at 64% and in Atlantic Canada (63%), compared with half of those in Quebec (50%) and Alberta (51%) who indicate this as their preference. Support for a public health–focused approach is strongest, at a quarter, in Quebec (26%) and Alberta (24%), compared with one in five (19%) in Ontario and only 15% in British Columbia.

Exhibit B17 – Q25: Which approach do you believe would work best to end the opioid crisis in Canada?

Base: Aware of the opioid crisis

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
A public health approach, focussing on prevention, education, and increased funding for treatment and support services	20%	15%	16%	25%	20%	24%	19%	20%	19%	28%	33%
				A B C E		B C				A B C E G H I	A B C D E F G H I
A law enforcement approach focussing on stricter penalties for drug trafficking and organized crime	16%	28%	17%	25%	21%	18%	15%	27%	15%	20%	11%
	K	A C E F G I J K	K	A C F G I K	A G I K	K		A C E F G I J K		I K	
A combined approach using both public health and law enforcement	58%	46%	61%	42%	53%	53%	61%	48%	61%	45%	53%
	B D E H J		B D E H J K		D J	D	B D E F H J K		B D E F H J K		D J
DK/NR	6%	10%	6%	8%	6%	6%	4%	5%	5%	6%	3%
	K	G H I K	K	K	K					K	
Sample size	1330	252	332	484	1720	320	549	658	594	458	414
Column label	A	B	C	D	E	F	G	H	I	J	K

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Most respondents (65%) believe that illegal drugs are unknowingly mixed with opioids with some regularity. Among the general population, 28% say this happens most of the time and 37% some of the time, while only 6% think it occurs seldom and 3% never. A notable quarter (26%) are unsure.

The largest segment differences centre on perceived frequency and certainty. The belief that mixing occurs most of the time is higher among people who use opioids legally (37%) and Indigenous respondents (36%). At the other end, young adults (23%) and youth (24%) are less likely to select the most frequent option and more likely to express uncertainty, with 37% of youth choosing “don’t know.”

Perceptions that it occurs only seldom (6%) are most pronounced among male labourers (13%), while the view that it never happens (3%) remains minimal across all segments, peaking at 6% among youth and dropping to 1% among LGBTQIA+ respondents.

Quebec respondents stand out on the view that this happens most of the time, at 40%, which is almost twice as high as among those in Atlantic Canada (21%), Alberta (21%) and Ontario (22%). British Columbia, at a third (32%) falls in the middle in this measure. On the other hand, belief that this never happens is lowest in British Columbia, at 0%, compared with 5% in Atlantic Canada and the Prairies, 6% in Alberta, and 4% in Ontario.

Exhibit B18 – Q26: To the best of your knowledge, how often are illegal drugs (like methamphetamine or cocaine) mixed with opioids, without the person taking them knowing?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Some of the time	37%	31%	37%	42%	38%	38%	35%	41%	36%	42%	43%
	B			B G	B			B		B G	A B G I
Most of the time	28%	24%	29%	23%	26%	36%	26%	26%	37%	27%	30%
	D					A B D E G H J			A B C D E G H J		D
Seldom	6%	3%	7%	8%	9%	5%	8%	13%	5%	9%	5%
	B		B	B	A B F I K		B	A B C D E F G I K		A B I K	
Never	3%	6%	3%	4%	4%	2%	4%	4%	3%	3%	1%
	K	F K		K	F K		K	F K			

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
DK/NR	26%	37%	24%	23%	23%	20%	28%	17%	19%	19%	20%
	EFHIJK	ACDEFG HIJK	HJ	H	H		EFHIJK				
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Awareness and practical knowledge of naloxone vary considerably across audiences. Just over half of the general population (54%) agree that they know what naloxone is and what it is used for. Consistent with broader opioid-awareness patterns, youth aged 13 to 15 (32%) report the lowest familiarity, followed by young adults aged 16 to 24 (46%). At the other end of the spectrum, awareness is notably higher among Indigenous respondents (70%), LGBTQIA+ respondents (71%), and people who use opioids legally (67%).

Knowing where to obtain naloxone is less common than knowing what it is. Only 36% of the general population say they would know where to get it. Again, youth are least likely to report this knowledge (18%), with young adults somewhat higher (30%). The highest reported levels are among LGBTQIA+ respondents (55%), people who use opioids legally (52%), and Indigenous respondents (47%), suggesting stronger practical awareness within communities more directly connected to opioid-related realities.

Confidence in how to administer naloxone is lower still across all segments. Just under three in ten in the general population (28%) say they would know how to use it if needed. Youth remain the least confident (16%), while the highest levels are again seen among Indigenous respondents (45%), people who use opioids legally (43%), and LGBTQIA+ respondents (39%).

Familiarity with naloxone is highest in British Columbia, where two thirds (65%) agree that they know what naloxone is and what it is used for. This compares with half among Quebecers (49%) and four in ten among those living in the Prairie provinces (41%). Knowledge of where to obtain naloxone is strongest in Ontario at 40%, Alberta (38%) and British Columbia (37%), and lowest in Quebec (32%) and the Prairies (24%). When asked whether they would know how to administer naloxone if needed, three in ten residents of Ontario and Alberta agree they do (31%), while in Quebec this knowledge is lowest at 23%.

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Exhibit B19 – Q27: Please indicate how strongly you agree or disagree with each of the following statements about Naloxone: [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
I know what naloxone is and what it is used for	54%	32%	55%	46%	51%	70%	46%	48%	67%	52%	71%
	B D G H		B D G	B	B	A B C D E G H J	B	B	A B C D E G H J	B	A B C D E G H J
I know where to get naloxone	36%	18%	42%	30%	37%	47%	31%	36%	52%	36%	55%
	B D		B D G	B	B D G	A B D E G H J	B	B D	A B C D E G H J	B	A B C D E G H J
I would know how to administer naloxone if I needed to	28%	16%	36%	26%	32%	45%	27%	36%	43%	31%	39%
	B		A B D G	B	A B D G	A B C D E G H J	B	A B D G	A B D E G H J	B	A B D E G J
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

### Qualitative insights: Understanding of opioids and overdoses

Most participants were familiar with the term “opioids”, often referencing media coverage, school-based awareness campaigns, or broader discussions about the “opioid crisis”. However, familiarity was frequently superficial. While the term was widely recognized, several participants struggled to define it clearly or distinguish opioids from other types of drugs. For some, the word had become associated with warning messages rather than specific knowledge.

“I... okay, I have no clue. I just see that on the school posters.” – Young adult, North

When shown the opioid reference table, many participants expressed genuine surprise at seeing familiar prescription medications listed alongside drugs like heroin and fentanyl. Several acknowledged that they had not previously considered commonly prescribed pain medications as part of the same category or associated them with overdose risk. For some, the reference table challenged an implicit assumption that “medical” equates to safe, reinforcing the broader distinction participants often made between prescribed and illegal opioid use.

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“I’d be fine taking it in that case, because the doctors have prescribed it to me specifically.” – Young adult, British Columbia

Across groups, fentanyl was frequently referenced as emblematic of the broader crisis. Many young adults articulated a belief that “any drug could be contaminated”, reflecting a widespread perception that unpredictability has become a defining feature of the illegal drug supply. This framing extended beyond opioids; participants spoke about pills or powders more generally as carrying unknown risk.

“There’s usually no way to tell, unless you do testing, but to the average person, you wouldn’t be able to tell what a safe drug is or unsafe drug. Even marijuana can be laced with something. Usually you can’t tell.” – Young adult, Atlantic Canada

While some participants described strategies intended to reduce risk, such as purchasing from familiar sources, many acknowledged that such precautions are not a guarantee of safety. This reflects an underlying awareness of risk, even among those who believe they are taking steps to manage it.

“Well, if it’s from somebody you bought from before, maybe, if it’s the same thing each time. I would trust that.” – Young adult, Prairies

Many participants were able to describe recognizable signs of overdose, including unresponsiveness, slowed or absent breathing, and skin discolouration. While participants felt they could identify an emergency, several acknowledged that they would not necessarily know what substance was involved.

“Obviously, if they’re non-responsive, like unconscious, with difficulty breathing, they feel cold... There’s a lot of different things that you can tell. I couldn’t say if it’s opioids or something else, but it seems obvious.” – Young adult, Prairies

Calling 911 was consistently identified as the primary response. While awareness of naloxone was relatively widespread, confidence in administering it varied. Some described clear understanding of how to use it, while others expressed uncertainty about whether they would feel capable in a real emergency. In some cases, familiarity reflected lived experience or training.

“If I was sure, I do carry around a naloxone kit with me. There’s needles in there. So just inject it into their muscle.” – Young adult, British Columbia

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Awareness of the Good Samaritan Drug Overdose Act was consistently low across groups. Prior to explanation, several participants expressed uncertainty or concern that calling 911 could result in legal consequences for themselves or others present. Once the Act was explained, reactions shifted noticeably and were strongly positive. Many described feeling reassured and indicated that this knowledge would increase their likelihood of calling for help.

“I think that’s a good thing overall. To not have someone second-guessing themselves and thinking, ‘should I actually step in and help?’ What are the negative side effects to me if I do so?” – Young adult, Atlantic Canada

Participants responded favourably to the wallet-style card, noting that concise, accessible information increased clarity. Several suggested social media graphics, posters or digital formats as more accessible and shareable – particularly for reaching young audiences who may not seek out formal information sources.

## In summary

The findings show familiarity with opioids varies meaningfully by region and audience, with Ontario respondents more likely to report knowing at least a little about opioids, while unfamiliarity is higher in Quebec and Atlantic Canada.

Despite these differences in familiarity, perceptions of danger are consistently high: most Canadians believe all or most opioids are dangerous, and fentanyl in particular is overwhelmingly viewed as dangerous – patterns that have remained stable across waves.

Views of the opioid crisis also follow a consistent pattern, with high awareness and seriousness nationally, but noticeably lower intensity when respondents assess the crisis in their own communities. When asked how best to address the crisis, a combined public health and law enforcement approach is the dominant preference across segments, alongside a widely held belief that illegal drugs are sometimes unknowingly mixed with opioids (though uncertainty is higher among youth).

Awareness of naloxone is moderate overall but drops when it comes to knowing where to obtain it and how to administer it, particularly among youth and young adults.

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Qualitatively, participants' discussions reinforced these patterns: many associated opioids with fentanyl and contamination risk, described recognizable overdose signs and a default intention to call 911, and reacted very positively to learning about the Good Samaritan Overdose Act as a measure that reduces hesitation and encourages help-seeking.

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

Four in five respondents (80%) now say they understand what makes opioids dangerous, and while this is a level unchanged from 2024, it remains notably higher than in 2021 (60%), 2019 (67%), and 2017 (64%). At the same time, confidence in recognizing overdose situations continues to improve: one third now say they could identify signs of an overdose (33%) and would know what to do if they witnessed one (32%), both up slightly from 2024 and significantly from 2021 and 2017. Perceived ability to identify signs of opioid use disorder has also rebounded to 37% (from 33% in 2024 and 26% in 2021), returning to levels seen earlier in the tracking (39% in 2019).

Of note, while current confidence in being able to easily find help for higher-risk opioid use edged up slightly by one point over 2024 (to 37%), this remains below levels observed in 2019 (45%) and 2017 (44%), suggesting that improvements in awareness have not been matched by greater clarity around pathways to support.

When looking at the various segments, understanding of why opioids are dangerous is markedly higher than the 80% noted in the general population among people who use opioids legally (87%) and about the mid-eighties among Indigenous respondents (86%) and LGBTQIA+ respondents (83%). Racialized respondents and parents of youth aged 13 to 15 also report high understanding at around eight in ten. Youth themselves are the lowest at seven in ten (69%), although this still represents a clear majority. Overall, this item shows the strongest consensus in the battery, with all segments sitting well above two thirds saying they understand why opioids are dangerous.

Confidence in being able to find help for higher-risk opioid use is notably lower than general awareness of danger. In the general population, 37% say that if needed, they would be confident they could easily find help for opioid addiction. This increases to half (50%) among people who use opioids legally and just under half (48%) among Indigenous respondents. On the other end of the spectrum, agreement drops to below four in ten (36%) among youth aged 13 to 15 and racialized

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respondents. This marks a substantial drop from general awareness of opioid danger to practical confidence in navigating support systems.

Knowledge of how to respond to an overdose situation is similarly limited. About a third (32%) in the general population agree that they would know what to do if they saw someone experiencing an overdose. This rises to close to half among Indigenous respondents (48%) and people who use opioids legally (48%), while LGBTQIA+ respondents (43%) and parents of youth aged 13 to 15 (42%) are slightly higher than average. Youth again sit lowest at three in ten (30%), reinforcing a consistent pattern of lower response confidence among younger respondents.

Self-reported ability to identify the signs of an opioid overdose follows a near-identical pattern. In the general population, a third (33%) feel they could identify overdose signs if faced with them. This increases significantly among Indigenous respondents (47%) and people who use opioids legally (44%), LGBTQIA+ respondents (44%) as well as among male labourers (42%). Youth aged 13 to 15 remain lowest at three in ten (30%).

Confidence in identifying the signs of opioid use disorder is modest but slightly stronger than overdose recognition. Just under four in ten (37%) in the general population believe they could identify signs of opioid addiction. This rises to just over half (53%) among Indigenous respondents and about half (49%) among people who use opioids legally. Parents of youth aged 13 to 15 and male labourers both sit at 43%, while youth aged 13 to 15 are again lowest at three in ten (31%).

Across these questions, a clear gradient emerges: general understanding of opioid danger is high across all segments, but practical confidence in recognizing and responding to overdose or addiction is considerably lower, with Indigenous respondents and people who use opioids legally consistently reporting the highest levels of confidence, and youth aged 13 to 15 consistently reporting the lowest.

When broken down by region, understanding why opioids are dangerous is strongest in Atlantic Canada, where nine in ten (89%) agree; at 85%, British Columbians are not far behind. This compares with rates of 75% in Quebec and 78% in Alberta. Ontarians stand out on confidence they could easily find help for dealing with higher risk opioid use (or an opioid addiction), with 41% agreement, while Quebecers stand out on the low end, at a third (32%). Recognition of overdose signs is higher in Atlantic Canada (44%) and Manitoba/Saskatchewan (43%). When asked about identifying signs of opioid use disorder, Ontario again records higher agreement at 35%, and Quebec lowest (28%).

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Exhibit C1 – Q28: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
I understand why opioids are dangerous	80%	69%	80%	72%	75%	86%	79%	72%	87%	81%	83%
	B D E H		B D E H			A B D E G H	B D H		A B C D E G H J	B D E H	B D E H
If I needed to, I am confident I could easily find help for dealing with higher risk opioid use (or an opioid addiction)	37%	36%	42%	38%	40%	48%	36%	41%	50%	40%	44%
						A B D E G J			A B C D E G H J		A G
I think I'd be able to identify signs of an opioid use disorder (addiction)	37%	31%	43%	37%	40%	53%	35%	43%	49%	45%	43%
			B G		B	A B C D E G H J K		A B G	A B D E G H	A B D G	B G
I think I'd be able to identify signs of an opioid overdose if faced with them	33%	30%	42%	36%	39%	47%	33%	42%	44%	43%	44%
			A B G		A B G	A B D E G		A B G	A B D G	A B D G	A B D G
I would know what to do if I saw a person experiencing an overdose	32%	30%	42%	32%	38%	48%	32%	40%	48%	35%	43%
			A B D G		A B D G	A B D E G H J		A B D G	A B D E G H J		A B D G J
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column Names	A	B	C	D	E	F	G	H	I	J	K

Exhibit C2 – Q28: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
I understand why opioids are dangerous (Pre-2025:) I understand what it is about	80%	80%	60%	67%	64%
	C D E		A	A	A

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
opioids that is so dangerous					
If I needed to, I am confident I could easily find help for dealing with higher risk opioid use (or an opioid addiction)	37%	36%	36%	45%	44%
	DE			A	A
I think I'd be able to identify signs of an opioid overdose if faced with them	33%	31%	27%	33%	28%
	CE		A		A
I would know what to do if I saw a person experiencing an overdose	32%	31%	27%	30%	26%
	CE		A		A
I think I'd be able to identify signs of an opioid use disorder (addiction)	37%	33%	26%	39%	33%
	BCE	A	A		A
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

### Qualitative insights: Perceptions and attitudes regarding behaviours, risk, and harms

While the survey results show high levels of general understanding about why opioids are dangerous, focus group discussions suggest that this awareness coexists with more complicated attitudes toward substance use. Participants articulated nuanced views about normalization, coping, and social context; often acknowledging risk while simultaneously describing substance use as manageable, situational, or socially embedded.

Several participants distinguished between “knowing something is dangerous” and believing it will happen to them personally, reinforcing the gap observed in the survey between general awareness and perceived personal risk.

“There’s this big range. Cocaine is definitely more tolerated than meth. There is still this social hierarchy of what drugs are permissible.” – Young adult, Prairies

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Participants articulated a wide range of motivations for substance use, often framing it less as reckless behaviour and more as situational coping. Substances were described as tools used to manage stress, trauma, mental health challenges, social pressures, boredom, or performance demands. This framing frequently emphasized functionality – substances were seen as helping individuals get through something (a shift, a social situation, emotional strain) rather than as inherently self-destructive choices.

“When you’re constantly thinking about when you’re going to get another hit, your life starts revolving around it instead of it just being an occasional thing.” – Young adult, British Columbia

Alcohol and cannabis were generally viewed as more socially acceptable, especially compared to illegal drugs or misused prescription opioids. Alcohol, in particular, was rarely discussed in terms of addiction risk; rather, harms were framed as situational (e.g., drinking too much at a party) rather than chronic.

“I think acceptance varies depending on legality. Like, people are becoming more accepting of weed smokers because it’s legal. People don’t bat an eye when you say you’re drinking alcohol.” – Young adult, Ontario

“Nicotine, smoking weed, and then drinking. Like, those are, like, three things that you can openly talk about, and it’s just normal.” – Young adult, British Columbia

Perceptions of youth alcohol use were complex. Many participants maintained that younger people drink less frequently than older generations; however, several noted that when they do drink, consumption tends to be more episodic and high-intensity such as drinking ‘to oblivion’ at parties. These patterns were described as tied to social environments, celebrations, and pressures rather than routine consumption. In some groups, young adults mentioned psychedelics, prescription medications, and harder drugs as part of the broader landscape.

“If you’re gonna drink, you may as well go all the way. At least that’s what I’ve witnessed.” – Young adult, British Columbia

Cocaine surfaced more prominently in discussions than in previous waves. While not described as universally used, participants often spoke about cocaine with a tone of normalization in terms of exposure (i.e., “you see it more now”), even as they maintained strong moral and health-based caution around its use. It was frequently framed as a stimulant to sustain energy, extend social experiences, or manage demanding schedules, particularly in urban and Northern locales. Importantly, while

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cocaine was perceived as more socially present than in past discussions, it was not normalized to the same extent as alcohol or cannabis. Participants consistently described it as dangerous, addictive, and high-risk, even among those who acknowledge its growing visibility.

“Personally, I think I’m seeing a huge rise in cocaine. I feel like more people are doing cocaine than people are smoking weed or drinking. People go out for a drink, and they will do cocaine to keep themselves going.” – Young adult, Atlantic Canada

### In summary

Taken together, the findings point to a landscape characterized by high general awareness but uneven practical readiness. Canadians broadly understand that opioids are dangerous, and self-reported confidence in recognizing overdose or addiction has strengthened compared with earlier waves. However, this knowledge remains more conceptual than operational. Confidence in navigating support systems, identifying warning signs in real time, or responding effectively in an emergency continues to lag behind general awareness of risk.

Qualitative insights further underscore this tension. While young adults articulate nuanced understanding of substance use and openly acknowledge harm, many simultaneously frame use as situational, manageable, or socially embedded. The results is a complex attitudinal environment in which risk is recognized but not always internalized or translated into action.

### Section D: Attitudes regarding stigma

Broad majorities across the general population express supportive and recovery-oriented views toward people living with opioid use disorder. Around eight in ten agree that it takes strength to ask for help (83%) and that people with opioid addiction deserve help to live a healthy lifestyle (80%). Three quarters or more agree that stigma exists around drug use (79%), addiction is a public health issue (76%) and that people can recover (74%). At the same time, a smaller but notable minority endorse more stigmatizing or punitive views, such as agreeing that people who misuse opioids are dangerous or untrustworthy (37%) or that people who overdose “get what they deserve” (14%).

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Patterns again vary meaningfully by audience. Indigenous respondents, people who use opioids legally, and LGBTQIA+ respondents are generally the most supportive and least stigmatizing. For example, 92% of people who use opioids legally and 91% of LGBTQIA+ respondents agree that it takes strength to ask for help, and 87% of people who use opioids legally agree that people with opioid addiction deserve help. These groups are also more likely to reject stigmatizing statements in the disagree summaries, with 69% of people who use opioids legally and 74% of LGBTQIA+ respondents disagreeing that people who overdose get what they deserve.

Youth aged 13 to 15 show more mixed attitudes. While majorities still support recovery-oriented statements, they are more likely than other groups to agree with stigmatizing beliefs. For instance, 45% of youth agree that people living with addiction are dangerous or untrustworthy, and a quarter (23%) agree that people who overdose get what they deserve. Disagreement with these stigmatizing statements is correspondingly lower among youth than in most other audiences.

Male labourers also display somewhat higher endorsement of stigma-related items. They are more likely to agree that addiction stems from a lack of self-control (44%), that people dependent on opioids could stop if they really wanted to (34%), and that people who overdose get what they deserve (22%). Conversely, they are less likely than several other groups to agree with empathy-oriented statements such as society being unfriendly toward people with addiction or that it takes strength to seek help.

Overall, the data point to broad consensus around compassion and recovery, paired with persistent pockets of stigma that are more pronounced among younger respondents and the male labourer segments, while Indigenous respondents, people who use legal opioids, and LGBTQIA+ respondents consistently show the strongest recovery- and support-focused perspectives.

Several attitudes have shifted over time. For example, agreement that people can become addicted to opioids even when following a doctor's instructions has continued to edge upward, with 77% in agreement, up from 73% in 2019. A similar pattern is observed for perceptions of societal unfriendliness toward people living with a drug addiction, rising to 74% from 69% in 2019.

Recognition of stigma as a barrier to care has also strengthened. Six in ten (62%) now agree that society's attitudes affect whether people with addiction seek help or treatment, up from 58% in 2024. Support for using more health care resources to address drug addiction has rebounded somewhat from last year (from 55% to 58%), though still below the 64% recorded in 2019.

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At the same time, some stigmatizing beliefs show shifts over time. Agreement that people living with any drug addiction are dangerous or untrustworthy has declined slightly compared with 2024 (from 43% to 37%) but is still significantly higher than the 32% measured in 2021. More than one in five (22%) now agree that people who are dependent upon or addicted to opioids could stop taking them if they really wanted to, which has risen gradually from 17% in 2017. At the same time, comfort within personal networks has increased modestly, with 35% now saying friends or family would feel comfortable telling them they were living with a drug addiction, up from 30% in 2021 and 32% in 2024.

There is also evidence of a gradual shift towards from attributing opioid addiction primarily to social marginalization. Agreement that opioid use disorder mostly affects people who are homeless, down on their luck, or already have other drug use problems has risen to 27%, compared with 23% in 2024, 19% in 2021, and 21% in 2019.

All other measures in this battery, including views on recovery, sympathy, personal help-seeking, and whether addiction reflects a lack of self-control, have remained largely unchanged from previous waves.

When looking at regional differences, recognition of strength in asking for help is high across regions, with at least four-in-five agreeing. Respondents from Atlantic Canada and the Prairies rate agreement highest at 85%, while Albertans are the lowest 76%. Support for people with opioid use disorder deserving help is strongest in Atlantic Canada (84%) and Quebec (83%), and with 73%, lowest in the Prairies. Agreement that the opioid crisis is a public health issue is most pronounced with eight in ten agreeing in Ontario (80%) and British Columbia (79%), and lowest in Alberta at 64%. Belief that people living with addiction can recover is highest in Atlantic Canada (81%) and Manitoba/Saskatchewan (80%), and lowest at 69% in Alberta.

Quebecers have the highest agreement that society is not very friendly toward people living with addiction at 69%, compared with 73% to 78% elsewhere. Perceptions that societal attitudes influence whether people seek help are lower in British Columbia (55%) than in Quebec (65%) and Ontario (64%). Parents in the Prairie provinces and Alberta are more likely to say they would know how to get help for a teen living with addiction, with 73% and 68% respectively in agreement, while Ontario parents are the least likely to say they know this (54%).

Support for allocating more health-care resources to addiction is highest in Quebec (69%), compared to only half of Albertans and Prairie respondents agreeing with this sentiment (48% and 49%). Comfort with personally seeking help for opioid use disorder is the highest in Ontario (62%) and the lowest in Atlantic Canada (47%) and Alberta (48%).

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Stigmatizing beliefs also show a clear regional spread. Agreement that people who misuse opioids do not deserve sympathy is highest in Alberta (35%) and British Columbia (34%), compared with half those numbers in Atlantic Canada (17%). Similarly, the view that people could stop using opioids if they really wanted to is most common in Alberta at 30%, compared with 18% in Atlantic Canada and Quebec. Agreement with the statement that overdose victims get what they deserve is notably higher in Alberta (22%) and Ontario (17%) and again lowest in Atlantic Canada (7%).

Exhibit D1 – Q29: Please indicate how strongly you agree or disagree with each of the following statements.

[% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
It takes strength for a person with a substance addiction to ask for help	83%	76%	82%	73%	76%	85%	84%	69%	92%	83%	91%
	B D E H		D E H		H	B D E H	B D E H		A B C D E F G H J	B D E H	A B C D E F G H J
People who have an opioid use disorder (addiction) deserve the help they need to lead a healthy lifestyle	80%	72%	78%	75%	71%	81%	77%	67%	87%	79%	87%
	B D E H		E H	H		B E H	E H		A B C D E F G H J	E H	A B C D E F G H J
There is a stigma around people who use drugs	79%	73%	79%	66%	73%	87%	80%	68%	87%	79%	91%
	D E H		D E H		D H	A B C D E G H J	B D E H		A B C D E G H J	D E H	A B C D E G H I J
You can become addicted to opioids, even if you follow your doctor's instructions	77%	67%	76%	65%	68%	81%	70%	64%	84%	74%	83%
	B D E G H		B D E H			B D E G H J	H		A B C D E G H J	D E H	A B C D E G H J
The opioid crisis in Canada is a public health issue	76%	64%	77%	70%	72%	74%	77%	64%	79%	73%	83%
	B D E H		B D H	H	B H	B H	B D H		B D E H J	B H	A B C D E F G H J
I think people living with a drug addiction can recover	74%	67%	74%	73%	72%	74%	74%	68%	81%	74%	84%
	B H								A B C D E G H J	H	A B C D E F G H J

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Society is not very friendly toward people living with a drug addiction	74%	68%	70%	70%	68%	72%	75%	64%	81%	73%	86%
	E H		H	H		H	E H		A B C D E F G H J	E H	A B C D E F G H I J
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment	62%	52%	64%	62%	60%	70%	64%	53%	72%	69%	76%
	B H		B H	B H	B H	A B D E H	B H		A B C D E G H	A B D E H	A B C D E G H J
Addiction to opioids is a disease	62%	58%	69%	56%	57%	59%	66%	56%	68%	62%	65%
	D E H		A B D E F H				B D E H		A B D E F H	D H	D E H
If I were ever to feel my teen were living with a drug addiction, I would know how to get help [PARENTS OF TEENS ONLY]	60%		55%		55%	61%	54%	56%	68%	56%	58%
		-		-					C E G H J		
We should be using more of our health care resources for dealing with addictions to drugs	58%	55%	65%	58%	55%	58%	61%	54%	66%	62%	68%
			A B D E H				E H		A B D E F H	E H	A B D E F G H
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	57%	55%	55%	43%	54%	57%	56%	52%	70%	58%	55%
	D	D	D		D	D	D	D	A B C D E F G H J K	D	D
People who live with any drug addiction are dangerous and/or untrustworthy	37%	45%	39%	38%	40%	35%	46%	42%	32%	41%	26%
	K	A F I K	K	K	I K	K	A D F I K	I K		I K	
I think my friends or family would feel comfortable telling	35%	37%	40%	36%	38%	44%	34%	39%	41%	39%	42%
						A G			A G		A G

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
me they were living with a drug addiction											
A lack of self-control is usually what causes a dependence on, or an addiction to, opioids	33%	42%	32%	41%	39%	34%	46%	44%	31%	39%	24%
	K	A C I K	K	A C I K	A C I K	K	A C E F I K	A C E F I K	K	A C I K	
It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)	27%	38%	29%	40%	31%	32%	31%	38%	24%	35%	24%
		A C E I K		A C E F G I K	A I K	I K	I K	A C E G I K		A I K	
I don't have much sympathy for people who misuse opioids	25%	30%	23%	22%	28%	19%	26%	32%	19%	25%	17%
	F I K	D F I K	K		D F I K		F I K	A C D F I J K		I K	
People who are dependent on or addicted to opioids could stop taking them if they really wanted to	22%	32%	22%	25%	28%	24%	26%	34%	22%	28%	16%
	K	A C I K	K	K	A C I K	K	K	A C D E F G I K	K	A I K	
I would see myself as weak if I had to ask for help because of my substance use	21%	20%	23%	26%	24%	20%	18%	30%	22%	27%	23%
				A G	A G			A B C E F G I K		A G	
If I were prescribed an opioid, I would not want my friends or family to know that	20%	31%	21%	23%	25%	27%	22%	29%	20%	25%	20%
		A C D G I K			A I K	A I K		A C D G I K			
	14%	23%	15%	15%	20%	12%	20%	22%	12%	20%	13%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
People who overdose on opioids get what they deserve		A C D F I K			A C D F I K		A F I K	A C D F I K		A C D F I K	
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

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

\*\*Note that the response category was updated in 2024 with new language.

Exhibit D2 – Q29: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
It takes strength for a person with a substance addiction to ask for help	83%	-	-	-	-
People who have an opioid use disorder (addiction) deserve the help they need to a lead healthy lifestyle*	80%	78%	79%	82%	77%
There is a stigma around people who use drugs	79%	-	-	-	-
You can become addicted to opioids, even if you follow your doctor's instructions**	77%	75%	75%	73%	-
	D			A	
The opioid crisis in Canada is a public health issue	76%	73%	75%	76%	74%
I think people living with a drug	74%	74%	77%	-	-

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
addiction can recover					
Society is not very friendly toward people living with a drug addiction*	74%	73%	74%	69%	-
	D			A	
Addiction to opioids is a disease	62%	60%	63%	63%	61%
Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment*	62%	58%	61%	66%	-
	BD	A		A	
If I were ever to feel my teen were living with a drug addiction, I would know how to get help* (Parents of teens; 2025 n=318)	60%	55%	56%	-	-
We should be using more of our health care resources for dealing with addictions to drugs*	58%	55%	57%	64%	56%
	D			A	
If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help	57%	55%	57%	55%	59%
People who live with any drug addiction are dangerous and/or untrustworthy*	37%	40%	32%	37%	-
	C		A		
I think my friends or family would feel comfortable telling	35%	32%	30%	34%	-
	C		A		

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
me they were living with a drug addiction*					
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	33%	30%	31%	33%	33%
It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)	27%	23%	19%	21%	-
	BCD	A	A	A	
I don't have much sympathy for people who misuse opioids	25%	26%	25%	26%	27%
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	22%	20%	21%	19%	17%
	E				A
I would see myself as weak if I had to ask for help because of my substance use	21%	-	-	-	-
If I were prescribed an opioid, I would not want my friends or family to know that	20%	21%	21%	20%	16%
	E				A
People who overdose on opioids get what they deserve	14%	14%	12%	14%	16%

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

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

\*\*Note that the response category was updated in 2024 with new language.

### Qualitative insights: Awareness and understanding of stigma

The focus groups also explored how participants understand stigma related to substance use. Consistent with the survey, which reflect high levels of empathy but continued presence of certain stigmatizing attitudes, participants demonstrated a clear and intuitive understanding of the term “stigma”. Rather than requiring prompting, discussions of shame, judgement, labelling, and social exclusion surfaced organically throughout conversations about substance use. Participants described stigma as something that shapes how people are treated, spoken about, and perceived in their communities – often reducing individuals to labels (e.g., “addict”) and reinforcing assumptions about personal failure or moral weakness.

“I feel, like, that it centralizes around, like, judgment of people, and almost, like, embarrassing them. Putting a label, I would say, on people for doing certain things.” – Young adult, Ontario

There was nearly universal agreement that people with substance use disorders face stigma, though the degree and form of stigma vary by substance and the person involved. Participants noted that substances such as alcohol or cannabis tend to carry less overt stigma than opioids or “hard drugs”. Alcohol and cannabis were often framed as socially embedded or normalized, whereas opioid use was more likely to be associated with assumptions of loss of control, dependency, or personal weakness. Participants also noted that stigma can be amplified depending on age, community context, or broader social stereotypes.

Participants consistently emphasized that stigma affects help-seeking behaviour. Fear of being judged by family or peers, concerns about confidentiality (particularly in small or Northern communities), and anxiety about legal or parental consequences were all described as reasons someone might conceal substance use. Several participants also referenced an internalized belief that individuals should be able to “handle it themselves”, reflecting a form of self-stigma that can further delay intervention. Together, these pressures were seen as contributing to secrecy, isolation, and worsening outcomes over time.

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“[People] Are a little more afraid to talk about it because they don’t think people are gonna believe their reasoning because substance abuse starts from very many different places, and sometimes, it’s a choice, but sometimes it isn’t. And, so I think some people are afraid to be invalidated when they tell their story.” – Young adult, Atlantic Canada

Despite these barriers, participants also described potential pathways to support. Young adults indicated they would most likely turn to close friends, family members, trusted adults, or health care professionals. At the same time, there was strong interest in anonymous, low-barrier options – particularly online or text-based supports – that would allow individuals to seek information privately. Participants emphasized the importance of clear, centralized information outlining practical next steps (e.g., how to find a therapist, rehabilitation services, or local supports). Privacy concerns were especially pronounced among participants in smaller or Northern communities, where anonymity was perceived as difficult to maintain.

“I think in family settings, and even friend settings, the conversations we have are just, I think, identifying that someone is using something more than they should, and that other people are being affected by it. But a lot of the time, a lot of these conversations can be negative and feel heavy, because, obviously it’s not really a good thing. And people have a really hard time accessing resources, so I think it’s also a lot of time complaining about not having resources that would be beneficial to us and our families to be able to stop or lower our substance use.” – Young adult, North

While empathy and recovery-oriented attitudes dominated discussions, a minority of participants expressed more individualistic interpretations of addiction, suggesting that notions of personal responsibility or self-control continue to shape how some young adults interpret substance dependence. This coexistence of compassion and residual blame mirrors the survey findings and underscores that stigma has softened but not disappeared.

## **In summary**

The findings suggest that public attitudes toward opioid use disorder in Canada are characterized by strong baseline compassion alongside persistent and unevenly distributed stigma. Broad agreement that people deserve help, that recovery is possible, and that addiction is a public health issue signals continued normalization of supportive, recovery-oriented perspectives.

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At the same time, the endurance – and in some cases gradual re-emergence – of beliefs tied to personal responsibility, dangerousness, or the idea that individuals should be able to stop their use indicates that stigma has not disappeared but instead coexists with empathy. Segment and regional differences further underscore that attitudes are shaped by lived experience, proximity, and broader social context.

Overall, the findings point to incremental progress in reducing stigma, tempered by enduring narratives that may continue to influence help-seeking, public discourse, and policy preferences.

## Section E: Risk behaviour profiling and opioid use

Across the general population, a substantial minority of Canadians report personal proximity to opioid use and its consequences through friends or family members. Just under half (45%) say that at least one friend or family member has been prescribed one of these drugs. This figure rises notably among several segments, including among Indigenous respondents (65%) and people who use opioids legally (69%), while youth aged 13 to 15 are lowest at one third (32%).

Knowing someone who became addicted is also common. Just over one third of the general population (35%) report having known someone who became addicted to one of these drugs. This climbs to six in ten Indigenous respondents (61%) and half of people who use opioids legally (49%). People who use opioids illegally (44%) and LGBTQIA+ respondents (45%) are also much more likely to experience this. Male labourers sit somewhat above the general population at just over four in ten (42%), reinforcing a pattern of higher reported proximity among this group as well. Youth aged 13 to 15 and young adults aged 16 to 24 again report the lowest levels at about one quarter.

Experiences with fatal overdoses, while less common, remain significant. Just over one in five (22%) in the general population say they have known someone who died of an overdose of one of these drugs. This figure more than doubles among Indigenous respondents at close to half (45%) and is also higher at around three in ten among male labourers (30%) and people who use opioids legally (32%). Youth aged 13 to 15 are again lowest at just under one in five (17%).

Illegal or non-prescribed use among friends or family members is reported by just over one quarter (27%) of the general population. This rises sharply among Indigenous respondents (49%), and to around four in ten among people who use opioids

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illegally (39%). Youth aged 13 to 15 and racialized respondents again report the lowest levels, at around one in five. This item continues the consistent pattern seen across the battery, where Indigenous respondents and those with direct opioid use experience report substantially higher proximity.

Knowing someone who has had a non-fatal overdose is somewhat less common but still notable. One in five (19%) general population respondents report this experience. Among Indigenous respondents this is more than double at 41%, while male labourers and people who use opioids legally and illegally cluster in the high twenties. Youth aged 13 to 15 once again report the lowest exposure at just over one in ten (12%).

Among parents of youth aged 13 to 15 specifically, a small proportion (7%) report that their own teen child has been prescribed one of these drugs in the past year.

Taken together, this battery paints a picture in which awareness of opioid-related harm is not abstract for many Canadians but instead tied to personal networks. The pattern across nearly all items is consistent: Indigenous respondents report the highest proximity across every experience tested, often at roughly double the general population rate. People who use opioids legally or illegally, and male labourers, also consistently report above-average exposure, while youth aged 13 to 15 and racialized respondents are the least likely to report knowing someone affected. Parents of youth aged 13 to 15 and males aged 20 to 59 generally track close to the general population across most measures.

Several indicators of proximity to opioid use and related harms show meaningful movement over time since tracking began; however, it must be noted that they have been stable from the 2024 wave. Reports of knowing at least one friend or family member who has been prescribed one of these drugs have declined since earlier peaks, with 45% saying this is true now, down from 54% in 2019 and 50% in 2017.

At the same time, familiarity with more severe outcomes has continued to rise. Just over one third (35%) now say they have known someone who became addicted to one of these drugs, up from 27% in 2021 and 24% in 2017. Similarly, the share who say they know someone who has used one of these drugs without a prescription or purchased them illegally has increased to 27%, compared with 23% in 2021 and 17% in 2017.

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Tragically, exposure to overdose has also increased. More than one in five respondents (22%) report knowing someone who died of an overdose, rising steadily from 12% in 2017. One in five (19%) say they have known someone who experienced a non-fatal overdose, up from 14% in 2021 and 10% in 2017.

In contrast, reports of having a teen child prescribed one of these drugs in the past year have fallen sharply since the past wave. At 5% in 2025, this is notably lower than levels reported in 2024 (11%), 2021 (9%), 2019 (11%), and 2017 (9%).

Across the full set of statements, a clear west to east gradient is evident in reported exposure to opioids and overdose-related experiences. Respondents from British Columbia and Alberta consistently report higher levels of direct or indirect exposure, while Quebecers report the lowest.

Alberta stands out across several measures. More than half of Albertans (56%) say at least one friend or family member has been prescribed opioids, compared with 50% in Ontario and just 26% in Quebec. Alberta is also among the most likely to report knowing someone who became addicted, at 43%, compared with 37% in Ontario, 38% in British Columbia, and 30% in Quebec.

British Columbia most clearly leads on overdose-related experiences. Nearly three in ten British Columbians (29%) say they know someone who died of an overdose, compared with 26% in Alberta, 24% in Ontario, and just 12% in Quebec. Similarly, 31% in British Columbia report knowing someone who has used opioids without a prescription or purchased them illegally, higher than 22% in Atlantic Canada and 29% and 30% in Alberta and Ontario, respectively.

Exhibit E1 – Q30: Please indicate whether any of the following is true to the best of your knowledge or recollection. [% true]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
At least one friend or family member has been prescribed one of these drugs	45%	32%	46%	35%	41%	65%	39%	43%	69%	48%	57%
	B D E		B D		B D	A B C D E G H J		B D	A B C D E G H J K	B D E G	A B C D E G H J
I have known someone who became addicted to one of these drugs	35%	26%	36%	25%	34%	61%	27%	42%	49%	44%	45%
	B D G		B D G		B D G	A B C D E G H I J K		A B D E G	A B C D E G H	A B C D E G	A B C D E G

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
At least one friend or family member has used one of these drugs without a prescription in their name or purchased illegally	27%	20%	26%	19%	26%	49%	18%	31%	35%	39%	33%
	B D G		D G		D G	A B C D E G H I J K		B D E G	A B C D E G	A B C D E G H	A B C D E G
I have known someone who died of an overdose of one of these drugs	22%	17%	24%	18%	24%	45%	20%	30%	32%	28%	27%
	D		D		B D	A B C D E G H I J K		A B C D E G	A B C D E G	A B D G	B D G
I have known someone who has had a non-fatal overdose of one of these drugs	19%	12%	20%	16%	22%	41%	16%	29%	27%	27%	24%
	B		B		A B D G	A B C D E G H I J K		A B C D E G	A B C D E G	A B C D G	A B D G
[PARENTS OF 13-15 ONLY] I have a teen child who has been prescribed one of these drugs in the past year	5%		7%		9%	2%	0%	10%	9%	13%	10%
		-	G	-	G	-		G	G	G	-
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E2 – Q30: Please indicate whether any of the following are true, to the best of your knowledge or recollection. [% true]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
At least one friend or family member has been prescribed one of these drugs	45%	48%	42%	54%	50%
	DE			A	A
I have known someone who became addicted to one of these drugs	35%	33%	27%	33%	24%
	CE		A		A
At least one friend or family member	27%	24%	23%	25%	17%
	CE		A		A

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
has used one of these drugs without a prescription in their name or purchased illegally (Pre 2025: on the street)					
I have known someone who died of an overdose of one of these drugs	22%	20%	16%	17%	12%
	CDE		A	A	A
I have known someone who has had a non-fatal overdose of one of these drugs	19%	19%	14%	17%	10%
	CE		A		A
I have a teen child who has been prescribed one of these drugs in the past year (Parents; 2025 n=354)	5%	11%	9%	11%	9%
	B	A			
Sample size	1436	1666	1017	1003	1330
Column label	A	B	C	D	E

Starting opioid use is most often tied to pain management. Among the general population, just over half of respondents (52%) said they started to manage pain from a medical procedure (such as surgery). This reason was notably lower among youth aged 13 to 15 (33%) and young adults aged 16 to 24 (37%) and also lower among male labourers (38%) and people who use opioids illegally (42%). There is a drop of 7 points in this response since 2024 (59%).

A third (32%) report starting opioids to manage pain from an injury. Differences across segments were more limited here, though people who use opioids illegally (41%) are more likely than several other groups to cite injury-related pain.

One quarter (25%) say they started to manage chronic pain. This reason was more often mentioned among people who use opioids legally (35%) than other groups, consistent with a stronger medical context for use among that segment.

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One in ten (10%) started opioids to manage pain from another chronic disease (such as cancer), and this is higher among youth aged 13 to 15 (21%). A small proportion (1%) say they started specifically to manage headaches.

Non-pain motivations are less common overall, but several stand out for youth and young adults in particular. Smaller proportions overall say they started opioids to address stress (8%) or for recreational purposes (7%, down from 11% in 2024), but both were higher among younger groups. For example, youth (15%) and young adults (17%) are more likely than the general population to report starting opioids to address stress, and youth (15%) are more likely to say they started for recreational purposes.

Exhibit E3 – Q31: You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) you started using opioids?

Base: If present or past people who use opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
To manage pain resulting from a medical procedure (e.g., surgery)	52%	33%	56%	37%	47%	51%	54%	38%	53%	42%	56%
	B D H J		B D E H J		B D H	B D H	B D H J		B D E H J		B D E H J
To manage pain resulting from an injury	32%	33%	37%	36%	36%	39%	32%	36%	35%	41%	31%
										A G K	
To manage chronic pain	25%	24%	21%	26%	22%	30%	24%	27%	35%	25%	24%
									A B C D E G H J K		
To address stress	8%	15%	6%	17%	12%	15%	8%	18%	7%	12%	9%
		C I		A C G I K	A C I	A C I		A C E G I J K		C I	
For recreational purposes	7%	15%	8%	8%	12%	15%	5%	14%	6%	14%	11%
		G I			A G I	A G I		A C D G I		A C D G I	G
To manage pain resulting from another chronic	10%	21%	13%	10%	11%	11%	9%	10%	12%	10%	11%
		A D E G H J									

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
disease (e.g., cancer)											
Headache	1%	2%	1%	0%	1%	0%	0%	1%	0%	3%	1%
	D				D I					A C D E F G H I	
Other	3%	1%	1%	2%	1%	1%	1%	1%	2%	3%	3%
	H										
DK/NR	6%	14%	3%	9%	6%	1%	9%	6%	2%	6%	4%
	F I	C F I K		C F I K	C F I		C F I	F I		F I	
Sample size	596	94	201	218	929	172	279	399	633	493	246
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E4 – Q31: You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) you started using opioids?

Base: If present or past people who use opioids

Column %	Gen Pop 2025	Gen Pop 2024
To manage pain resulting from a medical procedure (e.g., surgery)	52%	59%
	B	A
To manage pain resulting from an injury	32%	31%
To manage chronic pain	25%	22%
For recreational purposes	7%	11%
	B	A
To manage pain resulting from another chronic disease (e.g., cancer)	10%	10%
To address stress	8%	8%
Headaches	1%	0%

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Column %	Gen Pop 2025	Gen Pop 2024
Other	3%	4%
DK/NR	6%	3%
Sample size	596	635
Column label	A	B

Current reasons for opioid use are again primarily related to pain. One third (33%) say they use opioids today to manage chronic pain, and this is higher among Indigenous respondents (41%) than some other segments.

Managing pain from an injury is also common at about one in five (22%), which is notably higher among racialized respondents (42%). Using opioids to manage pain from a medical procedure is also reported by 22% of general population respondents and is higher among parents of youth aged 13 to 15 (35%) and racialized respondents (38%). Use tied to pain from another chronic disease (such as cancer) sits at 13% and is higher among racialized respondents (21%).

Stress-related use is less common overall (8%) but higher among several groups, including male labourers (20%), parents of youth (18%), and young adults (15%). Recreational use is reported by 7% overall and is higher among people who use opioids illegally (11%) than some other groups.

While the percentages for all reasons provided have declined since this question was first asked in the past wave, this is more likely due to a larger proportion of respondents this wave indicating that while they have used opioids in the past year, they no longer do so today (31%, compared to 8% in the previous wave) rather than an actual decline.

Exhibit E5 – Q32: What is the primary reason(s) for using opioids today?

Base: If people who use opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
To manage chronic pain	33%	23%	31%	25%	27%	41%	33%	33%	32%	28%	29%
						B D E J					
To manage pain resulting from an injury	22%	20%	31%	30%	31%	29%	42%	32%	28%	29%	28%
					A		A B E I J K	A		A	
	22%	25%	35%	26%	28%	29%	38%	30%	26%	24%	24%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
To manage pain resulting from a medical procedure (e.g., surgery)			A J				A I J K				
To manage pain resulting from another chronic disease (e.g., cancer)	13%	18%	15%	14%	15%	18%	21%	14%	13%	13%	11%
							I J K				
To address stress	8%	13%	18%	15%	16%	12%	11%	20%	7%	12%	13%
			A I	I	A I			A G I J		A I	
For recreational purposes	7%	12%	9%	11%	10%	11%	6%	11%	5%	11%	7%
					I			I		A I	
To manage pain (unspecified)	1%	0%	0%	1%	0%	0%	0%	0%	1%	1%	1%
										B C E F G H	
Headache	1%	1%	0%	0%	1%	1%	0%	1%	0%	2%	2%
										C D I	
I no longer use opioids	31%	27%	18%	26%	22%	17%	29%	20%	30%	23%	25%
	C E F H J								C E F H J		
Other	1%	1%	0%	0%	1%	0%	0%	1%	0%	1%	1%
										C D F I	
DK/NR	9%	10%	6%	14%	9%	11%	7%	5%	8%	11%	7%
				H						H	
Sample size	305	70	104	134	523	98	158	226	633	493	129
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E6 – Q32: What is the primary reason(s) for using opioids today?

Base: If people who use opioids

Column %	Gen Pop 2025	Gen Pop 2024
To manage pain resulting from a medical procedure (e.g., surgery)	22%	34%
	B	A
To manage chronic pain	33%	35%
To manage pain resulting from an injury	22%	30%
	B	A
	13%	21%

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Column %	Gen Pop 2025	Gen Pop 2024
To manage pain resulting from another chronic disease (e.g., cancer)	B	A
For recreational purposes	7%	9%
To address stress	8%	11%
None / I don't use opioids today	31%	8%
	B	A
Other	1%	0%
Headache	1%	0%
Pain (unspecified)	1%	0%
DK/NR	9%	13%
Sample size	305	269
Column label	A	B

As was seen in the previous wave, among those who have used or currently use opioids for pain management, one in ten (10%) say they had felt treated differently by a health care provider or first responder as a result of their opioid use for pain management, while the large majority (84%) say they had not.

Indigenous respondents stand out, with three in ten (30%) reporting being treated differently. Reports are also higher among youth aged 13 to 15 (20%), male labourers (19%), young adults aged 16 to 24 (17%), and people who use opioids illegally (17%). In contrast, people who use opioids legally (12%) are closer to the general population, and racialized respondents (11%) are also closer to the general population (10%).

Among those who say they were treated differently, general population responses are divided in terms of the impact this had on them. Just over one quarter (28%) say it made them feel better about how they were being treated, about one third (35%) say it had no impact, and just over one third (37%) say it made them feel worse.

The most notable differences are among the core opioid-use segments. About half of people who use opioids legally (47%) and opioids illegally (49%) say the experience made them feel worse.

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Exhibit E7 – Q33: Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

Base: If past or present people who use opioids to manage pain

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	10%	20%	14%	17%	16%	30%	11%	19%	12%	17%	11%
					A	A C D E G H I J K		A G I K		A	
No	84%	78%	80%	79%	80%	66%	82%	79%	84%	76%	84%
	F J		F	F	F		F	F	F J		F J
DK/NR	5%	2%	6%	4%	5%	3%	6%	2%	4%	7%	5%
	H									B H I	
Sample size	524	80	187	186	798	154	243	343	593	413	220
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E8 – Q33: Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

Base: If past or present people who use opioids to manage pain

Column %	Gen Pop 2025	Gen Pop 2024
Yes	10%	11%
	-	-
No	84%	84%
	-	-
DK/NR	5%	5%
	-	-
Sample size	524	567
Column label	A	B

Exhibit E9 – Q34: Did this difference make you feel any better or worse about how you were being treated?

Base: If past or present people who use opioids to manage pain who has been treated differently\*

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
	28%	40%	23%	28%	25%	29%	31%	34%	24%	20%	14%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous populations	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
I felt better about how I was being treated		-	-	-		-	-				-
No impact on how I felt I was being treated	35%	31%	32%	46%	37%	32%	31%	45%	26%	30%	17%
		-	-	-		-	-				-
I felt worse about how I was being treated	37%	23%	46%	27%	36%	37%	39%	20%	47%	49%	65%
		-	-	-	H	-	-		H	H	-
DK/NR	0%	6%	0%	0%	2%	3%	0%	0%	3%	1%	4%
		-	-	-		-	-				-
Sample size	48	17	25	27	118	43	32	57	85	72	28
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Exhibit E10 – Q34: Did this difference make you feel any better or worse about how you were being treated?

Base: If past or present people who use opioids to manage pain who has been treated differently\*

Column %	Gen Pop 2025	Gen Pop 2024
I felt better about how I was being treated	28%	23%
	-	-
No impact on how I felt I was being treated	35%	21%
	-	-
I felt worse about how I was being treated	37%	56%
	-	-
DK/NR	0%	0%
	-	-
Sample size	48*	49*
Column label	A	A

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

Most respondents (88%) indicate that opioids they have taken were prescribed or provided in a health care setting. Among them, half (49%) say it happened at least *sometimes*, and at the high end among this group, 28% say opioids were always

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prescribed or provided in a health care setting. This is higher among people who use opioids legally (38%) and Indigenous respondents (32%), and lower among people who use opioids illegally (13%).

A smaller proportion say opioids were never prescribed or provided in a health care setting (8%), but this is higher among young adults aged 16 to 24 (16%) and people who use opioids illegally (17%).

These overall findings are consistent with what was observed in the past wave.

Exhibit E11 – Q35: You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital?

Base: If present or past people who use opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Always	28%	19%	25%	20%	23%	32%	26%	21%	38%	13%	30%
	D H J		J		J	B D H J	J	J	A B C D E G H J K		D H J
Usually	7%	13%	8%	7%	8%	11%	6%	7%	6%	9%	12%
											A G I
Sometimes	14%	26%	19%	18%	20%	20%	14%	27%	16%	19%	10%
		A G I K	K	K	A G I K	K		A C D E G I J K	K	K	
Rarely	39%	23%	36%	31%	34%	29%	37%	33%	32%	36%	34%
	B D F I		B		B		B			B	
Never	8%	13%	9%	16%	10%	6%	8%	7%	5%	17%	10%
	I	I		A C E F G H I	I					A C E F G H I K	I
DK/NR	4%	5%	2%	8%	5%	2%	9%	4%	4%	6%	4%
				A C F	C		A C F H I			C	
Sample size	596	94	201	218	929	172	279	399	633	493	246
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit E12 – Q35: You previously indicated that you have taken at least one of the opioids on this list. Thinking about the opioid(s) you have used, how often were they prescribed specifically for you? By this we mean opioids prescribed specifically for you, or that were given to you by a healthcare provider, or that were administered to you in a healthcare setting (e.g., hospital or clinic)? [Question wording pre-2025: You previously indicated that you have taken at least one of the opioids on this list. Of the opioid(s) you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital...?]

Base: If present or past people who use opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Always	28%	29%	41%	23%	34%
	CE		A		A
Usually	7%	7%	8%	4%	8%
	D			A	
Sometimes	14%	18%	11%	17%	9%
	E				A
Rarely	39%	34%	28%	47%	38%
	C D		A	A	
Never	8%	7%	10%	7%	9%
DK/NR	4%	5%	3%	2%	2%
Sample size	596	635	412	497	562
Column label	A	B	C	D	E

Among those who had opioids not prescribed specifically for them, the most common reported pattern is limited use: about one third (34%) say they used them once or twice, and one in five (20%) say a few times. More frequent use is less common: one in ten (9%) say many times, and small proportions report use almost daily (3%) or daily (1%). These findings have not changed materially since the 2024 wave.

Notable for this question is uncertainty or non-response: one third (33%) select “don’t know or prefer not to answer.” This response is higher among several groups, including people who use opioids legally (40%), and lower among male labourers (14%).

Youth (21%) and young adults (23%) are more likely than some other groups to say they have used non-prescribed opioids “many times.” Young adults are also more likely to report “almost daily” use (8%) than most groups.

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Exhibit E13 – Q36: Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Daily	1%	1%	2%	0%	1%	3%	0%	1%	1%	3%	1%
					D G					A D G I	
Almost daily	3%	4%	2%	8%	4%	3%	2%	6%	3%	4%	5%
				A C G I				C I			
Many times	9%	21%	8%	23%	13%	15%	9%	18%	9%	14%	9%
		A C I		A C E G I J K				A C E G I K			
A few times	20%	18%	17%	22%	27%	29%	16%	28%	13%	28%	21%
	I			I	A C G I	G I		A C G I		A C G I	I
Once or twice	34%	27%	37%	26%	34%	31%	35%	32%	34%	30%	35%
			D								
DK/NR	33%	30%	33%	21%	22%	20%	37%	14%	40%	22%	28%
	D E F H J	H	D E F H J		H		D E F H J		D E F H J K	H	H
Sample size	406	70	144	154	665	118	193	298	376	403	164
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E14 – Q36: Thinking of the opioids you took that were not prescribed to you, how many times would you say you used them?

Base: Those who used unprescribed opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Daily	1%	0%	0%	0%	0%
	BCDE	A	A	A	A
Almost daily	3%	4%	3%	3%	3%
Many times	9%	9%	12%	8%	7%
A few times	20%	22%	28%	26%	24%
	C		A		
Once or twice	34%	30%	34%	34%	36%

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
DK/NR	33%	32%	24%	29%	30%
	C		A		
Sample size	406	402	230	308	304
Column label	A	B	C	D	E

Consistent with the previous wave of research, among those who have used opioids not prescribed to them, the most common source is a personal network. More than one third (36%) say they obtained non-prescribed opioids from a friend’s or relative’s prescribed opioid. This is higher among Indigenous respondents (57%) and male labourers (50%), indicating greater reliance on informal sources in these groups. Racialized respondents are less likely to say this was the case for them (30%) than several other segments.

A second route is from the illegal market, whether online, by phone, or in person, reported by 13% overall, but much higher among youth aged 13 to 15 (35%) than other groups, and also substantially higher among Indigenous respondents at 25%.

Smaller proportions get them from the pharmacy or through OTC medications (6%). Notably, a large group of respondents (42%) do not provide an answer to this question.

Exhibit E15 – Q37: Thinking of the opioids you took that were not prescribed specifically for you, where did you get them? Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
A friend’s or relative’s prescribed opioid	36%	37%	38%	42%	44%	57%	30%	50%	40%	37%	42%
				G	A G J	A B C D E G I J K		A C G I J	G		G
From the illegal market (online, by phone or in-person)	13%	35%	16%	20%	22%	25%	16%	29%	12%	19%	14%
		A C D G I J K		I	A I K	A I K		A C G I J K		A I	
Pharmacy / over the counter (e.g. Tylenol)	6%	0%	4%	9%	4%	2%	3%	2%	2%	12%	8%
	B G H I		B	B F G H I	B			B	B	A B C E F G H I	B H I
Doctor / hospital (unspecified)	2%	1%	0%	1%	1%	0%	0%	1%	1%	1%	1%
	C F										
	1%	0%	2%	0%	1%	0%	1%	0%	1%	1%	1%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Leftover opioids from a previous prescription											
Other	0%	0%	1%	0%	1%	0%	0%	0%	0%	2%	1%
										A B D E F G H I	
DK/NR	42%	29%	40%	30%	32%	25%	52%	22%	47%	31%	39%
	D E F H J		F H		H		B D E F H J K		B D E F H J	H	F H
Sample size	406	70	144	154	665	118	193	298	376	403	
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E16 – Q37: Thinking of the opioids you took that were not prescribed specifically for you, where did you get them?

Base: Those who used unprescribed opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
A friend's or relative's prescribed opioid	36%	35%	34%	42%	45%
	E				A
From the illegal market (online, by phone or in-person) / On the street	13%	15%	18%	15%	12%
Pharmacy / over the counter (e.g. Tylenol)	6%	4%	7%	-	-
The Internet (2025: included in "illegal market")	0%	4%	5%	6%	2%
From a friend / relative (unspecified)	0%	1%	1%	-	-
Other	0%	1%	2%	2%	14%
	E				A
DK/NR	42%	27%	39%	37%	35%
	B	A			
Sample size	406	402	230	308	304
Column label	A	B	C	D	E

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In the sample of respondents who have used opioids that were not prescribed to them, echoing what was noted above with the primary reason for initially taking an opioid, the most common reason for taking non-prescribed opioids is still pain relief. Just over half (52%) say they took them for pain relief. This is higher among parents of youth aged 13 to 15 (63%) and among people who use opioids illegally (63%) as well as among Indigenous respondents (62%).

Experimentation is much more concentrated among youth. One in ten (10%) overall say they took non-prescribed opioids to try it out or see what it felt like, but this rises to three in ten among youth aged 13 to 15 (31%), well above other groups.

Motivations related to intoxication or enjoyment are less common but show some segment differences. About one in ten general population respondents (9%) say they took them to get high, rising to 13% among young adults and males 20-59, to 16% among youth, 17% among Indigenous respondents and 18% among male labourers, while racialized respondents are lower on this response (5%). Similarly, 8% report taking them “for the feeling it causes,” which is highest among youth (18%) and young adults (17%).

Taking non-prescribed opioids to manage stress or mental health is reported by 7% overall and is higher among Indigenous respondents (16%) and lower among parents of youth aged 13 to 15 (1%).

Overall, the findings are in line with those seen in the previous wave.

Exhibit E17 – Q38: When you had opioids that were not prescribed for you, for what reason(s) did you take them?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Pain relief	52%	43%	63%	52%	57%	62%	56%	54%	54%	63%	58%
			A B			B				A B D	
To try it out/see what it felt like	10%	31%	4%	13%	15%	13%	12%	18%	7%	13%	12%
	C	A C D E F G I J K		C	A C I	C	C	A C I		C I	C
To get high	9%	16%	7%	13%	13%	17%	5%	18%	7%	12%	13%
		G		G	A C G I	C G I		A C G I J		C G I	G I
For the feeling it causes	8%	18%	8%	17%	13%	13%	7%	16%	6%	11%	9%
		I		A C G I	A G I			A C G I K		I	

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
To manage stress or mental health	7%	9%	1%	10%	9%	16%	10%	10%	6%	11%	9%
	C			C	C	A C I	C	C	C	C I	C
Other	1%	2%	0%	0%	0%	1%	0%	0%	1%	2%	2%
										A C D E G H I	
DK/NR	28%	18%	23%	13%	16%	11%	27%	10%	31%	13%	22%
	D E F H J		D F H J		H		D E F H J		B D E F H J		D F H J
Sample size	406	70	144	154	665	118	193	298	376	403	164
Column label	A	B	C	D	E	F	G	H	I	J	

Exhibit E18 – Q38: When you had opioids that were not prescribed for you, for what reason(s) did you take them?

Base: Those who used unprescribed opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Pain relief	52%	49%	54%	63%	61%
	D E				
To try it out/see what it felt like	10%	9%	14%	13%	9%
For the feeling it causes	8%	8%	11%	10%	8%
To get high	9%	12%	11%	9%	10%
To manage stress or mental health	7%	6%	-	-	-
Other	1%	1%	1%	1%	1%
DK/NR	28%	18%	22%	19%	24%
	B C D E	A	A	A	A
Sample size	406	402	230	308	304
Column label	A	B	C	D	E

Prompted with the question of whether they would take a non-prescribed opioid they knew contained fentanyl, a majority across all audiences say they either probably, or definitely, would not take it. At the level of the general population, the number who say they definitely would not has remained the same as last year at 70%. Another 14% say they probably would not.

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A smaller share indicate they might still take it. One in ten (10%) say they definitely or probably would take it, including 7% who say probably would and 3% who say they definitely would. These topline findings are unchanged from the previous wave.

There were several important differences by segment. Overall, while refusal was the dominant response across every audience, the data shows higher stated willingness among youth, young adults, and male labourers.

Youth aged 13 to 15 are notably less likely to say they would definitely not take it (36%) and more likely to say they would probably not (33%). Youth are also more likely to say they would still take it, with nearly a quarter (23%) saying they would definitely or probably take at least some.

Young adults aged 16 to 24 also stood out, with a quarter (25%) saying they would definitely or probably take it, including 18% who say they probably would. Male labourers were similarly higher on willingness, with again a quarter (26%) saying they would definitely or probably take it, including one in five (20%) saying they probably would.

Looking at opioid-use segments, people who use opioids legally are the most likely to say they would not take it (85% say definitely or probably would not), and only 9% say they would definitely or probably take it. People who use opioids illegally are more mixed: about three quarters (77%) say they would definitely or probably not take it, while 16% say they would definitely or probably take it.

Exhibit E19 – Q39: If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Base: Those who used unprescribed opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Definitely would	3%	13%	6%	7%	4%	3%	2%	5%	2%	5%	2%
		A E F G I K									
Probably would	7%	10%	10%	18%	15%	13%	6%	20%	7%	12%	9%
				A C G I K	A G I K			A B C E G I J K		G I	
Probably would not	14%	33%	17%	19%	21%	25%	21%	27%	13%	17%	13%
		A C I J K			A I K	A I K		A C I J K			
Definitely would not	70%	36%	59%	51%	55%	53%	63%	43%	72%	61%	67%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
	B C D E F H J		B H		B H	B	B H		B C D E F H J	B H	B D E F H
DK/NR	6%	8%	8%	5%	5%	5%	8%	4%	6%	6%	9%
Sample size	406	70	144	154	665	118	193	298	376	403	164
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E20 – Q39: If you knew that the non-prescribed opioid you were taking contained fentanyl, would you still take any of it?

Base: Those who used unprescribed opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Definitely would	3%	1%	1%	1%	2%
Probably would	7%	10%	8%	10%	6%
Probably would not	14% C	15%	21% A	14%	19%
Definitely would not	70% E	70%	65%	73%	61% A
DK/NR	6% DE	4%	5%	3% A	12% A
Sample size	406	402	230	308	304
Column label	A	B	C	D	E

In line with the results from the previous two waves of research, two thirds (65%) of the general population sample who have used opioids at some point say they never mix other drugs or alcohol with opioids. While about one in eight (13%) say they rarely do this, just over one in ten (12%) say sometimes, and only small minorities report doing this usually (4%) or always (2%).

Youth aged 13 to 15 are notably more likely than the overall population to report polysubstance use, with only half (51%) saying never and one in three (31%) at least sometimes. Male labourers also stand out, with just under half (47%) reporting never and roughly one third (32%) at least sometimes. Indigenous respondents are above average on more frequent categories, resulting in four in ten (42%) reporting at least rare polysubstance use.

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Along with racialized respondents, people who use opioids legally are comparatively less likely than average to report frequent mixing, with seven in ten saying never and just over one in ten at least sometimes among these segments.

Exhibit E21– Q40: How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Base: Those who are past or present people who use opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Always	2%	3%	2%	3%	3%	4%	1%	2%	2%	2%	3%
Usually	4%	9%	2%	8%	6%	10%	4%	10%	2%	7%	5%
	C	C		C I	C I	A C I		A C E G I K		C I	
Sometimes	12%	19%	11%	15%	13%	12%	7%	20%	9%	14%	9%
	G	G I K		G I	G I			A C E F G I J K		G I	
Rarely	13%	13%	13%	12%	15%	17%	10%	17%	14%	14%	12%
Never	65%	51%	69%	57%	59%	55%	71%	47%	70%	60%	68%
	B E F H		B D E F H J	H	H		B D E F H J		B D E F H J	H	B D E F H J
DK/NR	3%	5%	3%	5%	4%	3%	6%	4%	3%	3%	4%
Sample size	596	94	201	218	929	172	279	399	633	493	246
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E22 – Q40: How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

Base: Those who are past or present people who use opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021
Always	2%	2%	2%
Usually	4%	4%	4%
Sometimes	12%	10%	10%
Rarely	13%	14%	12%
Never	65%	67%	69%

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021
DK/NR	3%	3%	3%
Sample size	596	635	412
Column label	A	B	C

Alcohol is once again the most commonly cited substance for polysubstance use across all segments, selected by a majority (57%) of the general population. This is as high as six in ten (61%) among Indigenous respondents and seven in ten (70%) among LGBTQIA+ respondents.

Cannabis follows at 44% overall, with higher levels among Indigenous respondents at about half (52%). Cocaine or crack cocaine is selected by one in ten (10%, down significantly from 26% in 2024 and 18% in 2021) but is substantially higher among youth aged 13 to 15 at more than one quarter (27%) and among Indigenous respondents, at 28%. Methamphetamine shows similar patterns, at one in ten (9%, down from 15% in 2024) overall but one in five youth (20%) and nearly one quarter of Indigenous respondents (23%). Benzodiazepines without a prescription are selected by 6% overall but approximately doubled among several segments (men 20-59, male labourers and people who use opioids illegally, most prominently).

Exhibit E23 – Q41: Which of the following have you taken at the same time as an opioid? Check all that apply.\*

Base: Those who are past or present people who use opioids and who are people who use polysubstance

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Alcohol	57%	52%	53%	51%	57%	61%	49%	59%	66%	62%	70%
Cannabis	44%	35%	32%	34%	44%	52%	47%	39%	40%	43%	39%
Cocaine	10%	27%	13%	20%	20%	28%	16%	19%	12%	19%	17%
Methamphetamine	9%	20%	16%	6%	13%	23%	5%	12%	10%	16%	15%
Benzos	6%	15%	5%	10%	12%	13%	14%	13%	7%	12%	13%
Prescribed medication (unspecified)	1%	0%	0%	0%	1%	0%	2%	0%	2%	1%	3%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Other	3%	2%	4%	2%	0%	6%	1%	1%	5%	2%	6%
									E H		
DK/NR	13%	9%	13%	12%	8%	2%	11%	7%	6%	8%	7%
	F		F	F	F			F		F	
Sample size	168	42	52	78	336	74	69	188	183	192	75
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Exhibit E24 – Q41: Which of the following have you taken at the same time as an opioid? Check all that apply. [Pre-2025 question: Which of the following have you taken in addition to an opioid? Check all that apply.]

Base: Those who are past or present people who use opioids and who are people who use polysubstance

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021
Alcohol	57%	63%	63%
Cannabis	44%	40%	50%
Cocaine	10%	26%	18%
		A	A
Methamphetamine	9%	15%	10%
		A	
Benzos	6%	6%	6%
Other medication/prescription (unspecified)	1%	1%	-
Other	3%	1%	3%
DK/NR	13%	13%	10%
Sample size	168	158	114
Column label	A	B	C

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There is near-universal recognition of the risk that polysubstance use poses on health across all segments. In the general population, the majority agrees (86%, among whom 60% strongly) that taking multiple drugs and/or alcohol at the same time increases the risk of developing serious health problems.

Strong agreement is particularly high among LGBTQIA+ respondents (64%) and racialized respondents (63%). Young adults and males aged 20 to 59 show somewhat lower strong agreement at just over half (53% each), though overall agreement still remains strong. Disagreement is limited to about one in twenty (5%) overall but rises to one in ten (10%) among male labourers. Neutral responses (at 6% among the general population) are most evident among young adults and male labourers at around one in ten.

Exhibit E25 – Q42: To what extent do you agree or disagree with the following statement? Taking multiple drugs or/and alcohol at the same time increases the risk of developing serious health problems.

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Strongly agree	60%	61%	62%	53%	53%	59%	63%	48%	61%	58%	64%
	D E H	E H	D E H		H	H	D E H		D E H	H	D E H
Agree	26%	27%	24%	24%	27%	27%	21%	27%	25%	24%	23%
					G						
Neither agree nor disagree	6%	4%	6%	9%	9%	6%	7%	11%	5%	9%	5%
				B	A B C I K			A B C F G I K		A B I K	
Disagree	2%	2%	2%	5%	3%	2%	2%	6%	2%	2%	1%
				A C F G J K				A B C E F G I J K			
Strongly disagree	3%	3%	5%	4%	4%	4%	3%	4%	2%	5%	3%
			I	I	I					I	
DK/NR	3%	4%	2%	6%	5%	2%	4%	5%	4%	3%	3%
				A C F J K	A C F J		F	F			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

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All respondents were asked how familiar they are, if at all, with the risks associated with polysubstance use. As was seen in the previous wave, the majority among the general population (68%) say that they are very familiar (25%) or somewhat familiar (44%) with the risks.

Youth are the least familiar (50%), with only 15% very familiar and 35% somewhat familiar, and many (43%) reporting low familiarity. At the other end, people who use opioids legally show the highest familiarity at three quarters (77%), including four in ten (39%) who feel very familiar. Indigenous and LGBTQIA+ respondents show similarly high agreement, both at around three quarters net familiarity.

Familiarity is lowest in Quebec (48%; 16% not at all familiar and 30% not very familiar), while it is significantly higher in Alberta (82%), Ontario (76%), and the Prairies (73%), with British Columbia at 71% and Atlantic Canada at 64%.

Exhibit E26 – Q43: How familiar, if at all, would you say you are with the risks associated with taking multiple drugs or/and alcohol at the same time?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very familiar	25%	15%	30%	19%	25%	34%	23%	27%	39%	28%	28%
	B D		B D G		B D	A B D E G H	B	B D	A B C D E G H J K	B D	B D
Somewhat familiar	44%	35%	43%	44%	43%	42%	41%	42%	38%	37%	47%
	B I J		B	B J	B I J						B I J
Not very familiar	19%	30%	17%	21%	18%	16%	19%	17%	11%	18%	17%
	I	A C D E F G H I J K	I	I	I		I	I		I	I
Not at all familiar	7%	13%	6%	7%	7%	4%	11%	8%	8%	13%	4%
	F K	A C D E F K			F K		A C D E F K	F K	F K	A C D E F H I K	
DK/NR	5%	7%	4%	9%	6%	4%	6%	6%	3%	4%	3%
	K	K		A C F I J K	I J K		K	K			
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit E27 – Q43: How familiar, if at all, would you say you are with the risks associated with taking multiple drugs or/and alcohol at the same time?

Base: All respondents

Column %	Gen Pop 2025	Gen Pop 2024
Very familiar	25%	26%
Somewhat familiar	44%	44%
Not very familiar	19%	17%
Not at all familiar	7%	8%
DK/NR	5%	5%
Sample size	1436	1666
Column label	A	B

A new question was added this wave regarding intentionality of polysubstance use. Overall, just over half (53%) agree that people may unintentionally consume multiple substances, including about one in ten (11%) who strongly agree. Nearly one in five (19%) remain neutral and about one in six (17%) disagree.

Agreement is highest among LGBTQIA+ respondents at two thirds (67%) and Indigenous respondents at six in ten (59%). Male labourers are less likely to agree at just under half (47%) and more likely than average to disagree, at about one in five (21%).

Exhibit E28 – Q44: To what extent do you agree or disagree with the following statement? People can consume multiple substances at the same time or close in time unintentionally.

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Strongly agree	11%	9%	14%	14%	15%	17%	11%	13%	12%	14%	21%
					A B	B					A B C D E G H I J

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Agree	42%	41%	39%	38%	39%	43%	42%	34%	39%	37%	46%
	H				H	H	H				DEHIJ
Neither agree nor disagree	19%	24%	20%	19%	21%	21%	20%	25%	19%	22%	16%
		K			K			ADEIK		K	
Disagree	10%	7%	12%	10%	10%	9%	9%	12%	12%	11%	7%
	K		BK		BK			BK	BK	K	
Strongly disagree	7%	4%	9%	5%	7%	4%	7%	9%	12%	9%	5%
	B		BF					BDFK	ABDEFGK	BDFK	
DK/NR	10%	15%	6%	13%	9%	5%	11%	6%	6%	8%	5%
	CFHIK	CEFH JK		CEFH JK	FIK		CFHIK				
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Any respondent who has taken an opioid at some point in their life was asked if they had ever sought treatment for an opioid use disorder. Similar to past waves of research, only one in twenty (5%) of the general population report having sought treatment. Rates are three times higher among youth aged 13 to 15 at 15%, and more than twice as high among young adults (11%) and Indigenous respondents (12%).

Exhibit E29 – Q45: Have you ever sought treatment for an opioid use disorder (opioid addiction)?

Base: Past or present people who use opioids

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	5%	15%	4%	11%	8%	12%	5%	13%	5%	7%	3%
		ACGI K		ACGI K	ACIK	ACGI K		ACEG IJK		K	
No	92%	82%	93%	81%	88%	83%	90%	82%	91%	89%	95%
	BDEF H		BDEF H		DH		DH		DFH	DH	BDEFHJ
DK/NR	3%	2%	3%	8%	4%	5%	6%	5%	4%	4%	2%
				ABCK				K			
Sample size	596	94	201	218	929	172	279	399	633	493	246

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Column label	A	B	C	D	E	F	G	H	I	J	

Exhibit E30 – Q45: Have you ever sought treatment for an opioid use disorder (opioid addiction)?

Base: Past or present people who use opioids

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Yes	5%	6%	4%	5%	4%
No	92%	89%	93%	92%	94%
DK/NR	3%	5%	3%	3%	4%
Sample size	596	635	412	497	562
Column label	A	B	C	D	E

For the following questions, the results must be interpreted with caution due to the small sample sizes across all audiences.

With that caveat in mind, half (48%) of parents of youth aged 13-15 who have been prescribed an opioid say that their child has been taking the medication as prescribed.

When all parents of youth aged 13-15 were asked if their teen had ever been prescribed an opioid, 7% (no change from the past wave) said that they had. When parents of youth aged 13-15 were asked if, to their knowledge, their children had ever tried an opioid that had not been prescribed to them, 6% affirmed that they had, which is in line with levels seen over time.

Youth respondents are most likely to believe that kids their age who get opioids without a prescription get them from a drug dealer or other stranger (62%). Many also believe they get them from someone else who was prescribed an opioid, including a friend (32%) or a relative (36%). Smaller proportions believe they get them online (25%), or with a fake prescription (20%). Findings are in line with those from the previous wave of research.

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Among parents of youth 13-17, most are confident (67%) they know where to get help for their teen for drug use, if they needed it. Three in ten (29%) are very confident and 38% somewhat confident. Among parents of the youngest teens (13-15), seven in ten are also confident – 25% very and 45% somewhat.

Parents who use opioids legally (85%), LGBTQIA+ parents (80%) and Indigenous parents (80%) are the most confident.

Exhibit E31 – Q46: You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?\*

Base: Parents of youth aged 13-15 years old who were prescribed an opioid

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	0%		48%		44%	100%		23%	88%	0%	100%
No	100%		49%		51%	0%		77%	12%	100%	-
DK/NR	0%		3%		5%	0%		0%	0%	0%	0%
Sample size	2	0	23	0	14	1	0	7	7	5	1
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Exhibit E32 – Q46: You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking his or her opioid medication as prescribed?\*

Base: Parents of youth aged 13-15 years old who were prescribed an opioid

Column %	Parents of youth 13-15 2025	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	48%	62%	54%	61%	81%
No	49%	35%	22%	37%	19%
DK/NR	3%	3%	20%	2%	-
Sample size	23*	29*	20*	35*	29*
Column label	A	B	C	D	E

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

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Exhibit E33 – Q47: To the best of your knowledge, has your teen ever been prescribed an opioid?\*

Base: Parents of youth aged 13 to 15 years old who has not been prescribed an opioid in the past year.

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	16%	-	7%	-	10%	16%	5%	16%	7%	5%	6%
		-		-		-					-
No	84%	-	89%	-	83%	84%	95%	74%	86%	93%	84%
		-	H	-		-	E H			H	-
DK/NR	0%	-	4%	-	6%	0%	0%	11%	6%	2%	9%
		-	A G	-	A G	-		A G			-
Sample size	43	0	331	0	149	21	44	61	57	34	11
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Exhibit E34 – Q47: To the best of your knowledge, has your teen ever been prescribed an opioid?

Base: Parents of youth aged 13 to 15 years old who has not been prescribed an opioid in the past year.

Column %	Parents of youth 13-15 2024	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	7%	7%	4%	9%	6%
No	89%	90%	93%	90%	92%
DK/NR	4%	3%	3%	1%	1%
	DE			A	A
Sample size	331	448	357	362	322
Column label	A	B	C	D	E

Exhibit E35 – Q48: And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed for them?\*

Base: Parents of youth 13-15 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	4%		6%		8%	18%	0%	15%	8%	9%	9%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
		-	G	-	G	-		C G	G		-
No	90%		90%		88%	82%	100%	80%	84%	87%	91%
		-		-		-	A C E H I J				-
DK/NR	6%		4%		5%	0%	0%	5%	8%	4%	0%
		-	G	-	G	-			G		-
Sample size	45	0	354	0	163	22	44	68	64	39	12
Column label	A	B	C	D	E	F	G	H	I	J	K

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

Exhibit E36 – Q48: And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed to them?

Base: Parents of youth 13-15 years old

Column %	Parents of youth 13-15 2025	Parents of youth 13-15 2024	Parents of youth 13-15 2021	Parents of youth 13-15 2019	Parents of youth 13-15 2017
Yes	6%	5%	3%	6%	4%
No	90%	89%	90%	88%	92%
DK/NR	4%	6%	7%	5%	5%
Sample size	354	477	381	397	351
Column label	A	B	C	D	E

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Exhibit E37 – Q49: If people your age get opioids without a real prescription, where do you think they get them?\*

Base: Youth 13-15 years old.

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

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
A drug dealer or other stranger	77%	62%	-	-	-	65%	57%	-	58%	43%	90%
The Internet	39%	25%	-	-	-	12%	20%	-	31%	33%	34%
A friend's prescribed opioid	31%	32%	-	-	-	35%	46%	-	47%	19%	69%
A relative's prescribed opioid	21%	36%	-	-	-	13%	52%	-	45%	24%	46%
A fake prescription (e.g. a forged, altered or counterfeited prescription)	14%	20%	-	-	-	30%	38%	-	25%	16%	22%
Other	0%	1%	-	-	-	0%	2%	-	0%	3%	0%
DK/NR	9%	19%	-	-	-	13%	15%	-	17%	15%	0%
Sample size	30	308	0	0	0	18	45	0	36	32	8
Column Names	A	B	C	D	E	F	G	H	I	J	K

Exhibit E38 – Q49: If people your age get opioids without a real prescription, where do you think they get them? Base: Youth 13-15 years old

Column %	Youth 13-15 2025	Youth 13-15 2024	Youth 13-15 2021	Youth 13-15 2019	Youth 13-15 2017
A drug dealer or other stranger	62%	58%	51%	66%	66%
A friend's prescribed opioid	32%	32%	32%	40%	41%
A relative's prescribed opioid	36%	34%	35%	42%	48%
The Internet	25%	21%	25%	21%	18%

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Column %	Youth 13-15 2025	Youth 13-15 2024	Youth 13-15 2021	Youth 13-15 2019	Youth 13-15 2017
A fake prescription	20%	15%	12%	22%	24%
	C		A		
Other	1%	1%	1%	1%	-
DK/NR	19%	27%	26%	15%	17%
	BC	A	A		
Sample size	308	373	351	331	357
Column label	A	B	C	D	E

Exhibit E39 – Q50: If your teen needed help for drug use, how confident are you that you would know where to get it?

Base: Parents of youth aged 13-17 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Very confident	29%		25%		24%	36%	30%	24%	41%	21%	35%
		-		-		-			C E H J		-
Somewhat confident	38%		45%		45%	44%	34%	47%	45%	42%	46%
		-		-		-					-
Not very confident	26%		20%		20%	12%	25%	17%	11%	29%	12%
	I	-	I	-	I	-				I	-
Not at all confident	6%		6%		8%	6%	5%	9%	4%	5%	7%
		-		-		-					-
DK/NR	2%		4%		3%	2%	7%	2%	0%	2%	0%
		-	I	-	I	-					-
Sample size	66	0	354	0	221	29	57	101	76	57	18
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit E40 – Q50: If your teen needed help for drug use, how confident are you that you would know where to get it?

Base: Parents of youth aged 13-17 years old

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021
Very confident	29%	24%	28%
Somewhat confident	38%	49%	34%
Not very confident	26%	15%	25%
Not at all confident	6%	6%	11%
DK/NR	2%	7%	2%
Sample size	66*	134	41*

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021
Column label	A	B	C

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

## In summary

The results reinforce that opioid risk and harm are not abstract for many Canadians. Substantial minorities report direct exposure through personal networks, and that exposure has deepened over time even as some indicators of routine prescribing in close circles have eased.

Across nearly every measure, proximity is highest among Indigenous respondents and those with direct opioid use experience (legal or illegal), with male labourers also consistently above the general population; patterns that point to unequal burdens of harm across communities and social contexts.

The data also highlight a persistent distinction between the medical origins of opioid use (still most often tied to pain management) and the pathways through which risk can escalate, including non-prescribed access through friends/relatives, episodic but meaningful levels of polysubstance use among certain groups, and continued exposure to overdose in personal networks.

Finally, youth-related findings underscore both lower reported proximity and higher-risk signals (e.g., experimentation, willingness to take fentanyl-containing opioids, and lower familiarity with polysubstance use risks), suggesting that prevention needs to remain focused not only on people already closest to harm, but also on groups where knowledge, confidence, and risk perceptions are less developed.

## Section F: Opioid information

A large majority of Canadians (91%) trust at least one of the opioid information sources tested, while half (50%) place strong trust in at least one.

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Consistent with previous waves of this study, medical professionals dominate as trusted sources on this topic. Doctors are trusted by more than eight in ten respondents (83%) and pharmacists by a similar share (82%), with very low levels of distrust.

Trust in government sources is more mixed, with the most trust in regional or municipal health authorities at 70%, followed by just under six in ten (58%) trusting the federal government and half (51%) trusting provincial governments. Half (50%) also trust health websites and fewer trust news outlets (31%).

Youth display especially high trust in teachers at nearly two thirds (65%), compared to just under half (47%) overall.

Lived experience receives mixed reviews, with 43% trusting those who had an opioid use disorder or survived an overdose, and a similar proportion (44%) trusting friends or family who have taken opioids, while trust in people who currently use opioids remains lowest, at fewer than one in five (17%). On the other hand, a quarter (27%) trust friends and family who have never taken them before.

Looking at the target segments reveals several consistent patterns in who tends to be more or less trusting overall. Youth aged 13 to 15 are generally among the most trusting audiences across many sources, particularly doctors, pharmacists, teachers, and friends and family, suggesting a broader openness to authority and interpersonal guidance. In contrast, young adults aged 16 to 24 and male labourers frequently appear at the lower end of trust in institutional or government sources, including public health agencies and both levels of government. Racialized respondents tend to show comparatively higher trust in government and media sources than the general population, while Indigenous respondents are less likely to trust government institutions but are somewhat more inclined to trust people with lived experience of opioid use or recovery. LGBTQIA+ respondents often register above-average trust in health professionals, online health information, and individuals who have experienced opioid use disorder or overdose, indicating greater receptivity to both professional and experiential sources of information.

Across regions, trust in most information sources is broadly consistent, with a few differences emerging. Among medical professionals, trust in pharmacists is significantly lower in the Prairies (73%) and highest in Atlantic Canada (87%), though trust remains high overall.

Clearer regional variation appears for government sources. Trust in the Government of Canada is significantly higher in Atlantic Canada and Quebec (both 64%), while it hovers around half among respondents from the Prairie provinces (49%), Alberta

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(52%), and British Columbia (55%). For provincial governments, trust is significantly higher in Quebec (58%) and lowest in Ontario (45%) and the Prairie provinces (41%).

Differences also emerge for school teachers as an information source. Atlantic Canadians report significantly higher trust in teachers (62%) compared to those from Ontario (43%) and Alberta (39%). Among peer-based sources, one significant regional distinction is observed: trust in friends and family who have taken opioids before is significantly higher in the Prairies (56%) and lowest in Quebec (40%) and British Columbia (38%), suggesting stronger reliance on personal experience in that region.

Exhibit F1 – Q51: Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Your parents (Only asked of youth 13-15)	97%	82%				72%	80%		61%	70%	100%
Your doctor	83%	90%	86%	75%	80%	79%	86%	73%	90%	80%	85%
	DH	ADEFHJ	DEH		H		DEH		ADEFHJK	H	DH
A pharmacist	82%	87%	84%	72%	77%	77%	84%	73%	87%	84%	88%
	DEH	DEFH	DEH				DEH		ADEFH	DEH	ADEFH
Your regional or municipal public health agency	70%	70%	69%	61%	65%	63%	71%	58%	69%	65%	75%
	DEH	H	H		H		DH		DH		DEFHJ
The Government of Canada	58%	55%	55%	55%	54%	45%	62%	47%	54%	51%	62%
	FHJ	FH	FH	FH	FH		DEFHIJ		FH		DEFHIJ
Websites focused on health issues/health content	50%	51%	52%	51%	50%	42%	51%	47%	51%	51%	59%
											AEFHIJ
Your provincial government	51%	51%	47%	49%	48%	40%	53%	44%	49%	42%	44%
	FHJ						FHJK				
School teachers	47%	65%	49%	45%	46%	45%	50%	42%	47%	44%	48%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
		A C D E F G H I J K									
Friends and family who have taken opioids before	44%	52%	45%	49%	46%	49%	45%	49%	50%	44%	49%
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	43%	41%	43%	43%	43%	47%	40%	45%	44%	43%	53%
											A B C D E G I J
Friends and family who have never taken opioids before	27%	46%	35%	28%	33%	34%	31%	35%	32%	29%	21%
	K	A C D E F G H I J K	A K	K	A K	K	K	A K	K	K	
A news outlet	31%	39%	37%	22%	33%	26%	39%	30%	33%	31%	31%
	D	D F	D F		D F		A D F H	D	D	D	D
A person who currently uses opioids regularly	17%	17%	20%	19%	21%	26%	16%	24%	18%	22%	24%
					A	A G		A G I			A G
Sample size ( <i>note that these are variable – the maximum sample size is indicated</i> )	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F2 – Q51: Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Your doctor	83%	83%	82%	82%	83%
A pharmacist	82%	83%	79%	81%	83%
	C		A		
Your parents	97%*	86%*	79%*	80%*	89%
	70%	67%	69%	68%	70%

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Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Your regional or municipal public health agency					
The Government of Canada	58% B	54% A	59%	59%	57%
Your provincial government	51% C	52%	57% A	53%	54%
Websites focused on health issues/health content	50%	48%	50%	47%	49%
School teachers	47% BCD	42% A	41% A	42% A	43%
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	43% C	42%	38% A	39%	39%
Friends and family who have taken opioids before	44% C	41%	36% A	41%	40%
A news outlet	31%	30%	32%	31%	32%
Friends and family who have never taken opioids before	27% C	26%	21% A	24%	28%
A person who currently uses opioids regularly	17%	19%	18%	20%	20%
Sample size	Varies	Varies	Varies	Varies	Varies
Column label	A	B	C	D	E

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

Parents of teenagers 13-15 and teens themselves were asked a number of questions about substance use education.

Most parents indicate they know at least something about the substance use education their young teens are receiving at school. Almost three quarters say they either know a lot (5%), a fair amount (30%), or a little (39%), with one in five saying they know nothing about this at all (22%).

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Nearly three quarters of parents of teens aged 13 to 15 (73%) say they would want to receive information if their teen participated in a Health Canada educational session on substance use. Interest is higher among parents who identify as racialized (83%) and those who use legal opioids (81%) and lowest among male labourers (63%).

Parents most commonly prefer receiving information directly from the school. Six in ten (60%) prefer information sent by email from the school or teacher, followed by just under four in ten (38%) who prefer printed materials sent home. A third (34%) prefer receiving information through a parent portal or school messaging app, while one quarter (26%) are interested in a follow-up session or webinar for parents. Fewer (15%) prefer information via school social media channels.

Parents most often identify high-level and practical information as useful types of information to receive about their teen's substance use education. Two thirds (65%) want a summary of the topics that were covered, while just over half (54%) want practical tips for continuing the substance use conversation with their teen. Half want information about the role of parents in preventing or delaying substance use (49%), and four in ten (42%) want more information about specific drugs, with a similar share (41%) wanting links for help with substance use. A third (32%) want opportunities to ask questions or provide feedback.

When asked if there is information that would be helpful to support a conversation with their teen about substance use, parents most commonly identify age-appropriate conversation topics as useful (58%). Just over half (52%) want information on the do's and don'ts of conversations about substance use, and a similar share (50%) want help understanding their teen's perspective, behaviours, and mindset. Somewhat fewer want to learn more about signs of use or addiction (43%) or information on preparing for the conversation (40%). One third (35%) are interested in discussion guides or scenarios, and three in ten are interested in what to say when they, as a parent, use substances (29%).

Parents most often say they would turn to health professionals when looking for information on having a conversation with their teen about drugs and substance use. Six in ten (61%) would look to a health practitioner, followed by nearly half (48%) who would look online. Around a third would look to the Government of Canada or to school services (36% each). Social media is the least popular source at 16%.

Given a list of topics and asked which they have discussed with their teens, most parents report having discussed some substance-related topics. Most commonly, they say they have discussed drug use in general (64%), and over half (56%) have discussed peer pressure and/or the risks of illegal drugs generally (54%). Fewer discuss other topics such as experimenting

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with drugs (37%), overdoses (30%), or the risks of illegal opioids (30%). Fewer parents report discussing higher-risk drug use or addiction (28%), the use of prescription opioids (18%), or how to get help for substance use (18%).

Teens (aged 13 to 17; divided for analysis and reporting purposes into youth aged 13 to 15 and young adults aged 16 to 17) were also asked which topics they have discussed with their parents. Aligned with results from parents, among young adults, two thirds (66%) say they have discussed drug use in general with a parent; among youth, this is nearly two thirds (63%). Almost half (49% of young adults and 45% of youth) say they have discussed illegal drug use in general. Fewer report discussions about overdoses (22% and 18% respectively), prescribed opioids (15% and 17%), or use of illegal opioids (14% and 17%). Discussions about how to get help for higher-risk use (12% and 17%) or addiction (13% and 15%) are even less common. Nearly one in five (19% and 18%) say they do not know or prefer not to answer, perhaps indicating they have not had any of these discussions.

Moreover, a majority of young adults feel that important information about substance use is missing or is not being communicated to young people as it should be. The majority of respondents aged 16 to 24 (57%) are of this belief, while one quarter (25%) say this is not the case, and about two in ten (18%) are unsure.

When asked what they think is missing, young adults most often point to gaps in risk-related information. Most importantly, 16% feel the dangers of drugs or opioids are not communicated enough, while a similar share cite the effects or risks (15%). Smaller proportions of about one in ten mention general information or details on the topic (11%), how quickly addiction can develop (10%), real-life impacts or outcomes (9%), prevention messages or drug awareness (9%), or how to get help for addiction (9%). Fewer than one in ten say information is missing on drug or opioid overdoses, signs of overdose, uses of naloxone, how to avoid overdose, peer pressure, causes, correct dosage or safety rules, reducing stigma, health or mental health effects, long-term effects, or the role of medication in causing opioid addiction.

Exhibit F3 – Q52: How much do you currently know about the substance use education your teen receives at school?

Base: Parents of youth 13-15

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Nothing at all	20%		22%		23%	21%	17%	19%	24%	15%	29%
		-		-		-					-

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
A little	39%		39%		38%	42%	55%	40%	37%	40%	15%
		-		-		-					-
A fair amount	35%		30%		32%	24%	20%	35%	27%	34%	29%
		-		-		-					-
A lot	4%		5%		4%	4%	4%	6%	4%	5%	7%
		-		-		-					-
DK/NR	1%		5%		3%	9%	3%	0%	7%	7%	20%
		-	H	-	H	-			H		-
Sample Size	45	0	354	0	163	22	44	68	64	39	12
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F4 – Q53: If your teen participated in an educational session about the risks of substance use delivered by Health Canada, would you want information about the session?

Base: Parents of youth 13-15

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	67%		73%		69%	79%	83%	63%	81%	65%	80%
		-		-		-	H		H		-
No	20%		18%		22%	21%	8%	29%	11%	30%	5%
		-		-	G I	-		C G I		G I	-
DK/NR	13%		9%		8%	0%	9%	8%	8%	6%	15%
		-		-		-					-
Sample Size	45	0	354	0	163	22	44	68	64	39	12
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit F5 – Q54: If you want to receive information about substance use to have a conversation with your child, how would you want to receive this information?

Base: Parents of youth 13-15

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
From the school or teacher in an e-mail	51%		60%		55%	63%	77%	43%	66%	54%	78%
		-	H	-		-	A C E H J		H		-
With printed material sent home with the student	42%		38%		36%	30%	46%	30%	46%	24%	37%
		-		-		-			J		-
From the school or teacher in a parent portal or messaging app (School Messenger or otherwise)	29%		34%		37%	43%	50%	45%	26%	35%	34%
		-		-		-	I	I			-
A follow-up session or webinar for parents	21%		26%		27%	24%	38%	23%	27%	15%	30%
		-		-		-	J				-
On social media through the school's social media	23%		15%		17%	13%	17%	19%	14%	12%	10%
		-		-		-					-
Other (please specify)	2%		1%		1%	0%	1%	1%	1%	0%	10%
		-		-		-					-
DK/NR	7%		7%		7%	11%	2%	6%	10%	5%	0%
		-		-		-					-
Sample size	45	0	354	0	163	22	44	68	64	39	12
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F6 – Q55: What types of information would be most useful to receive about your teen's substance use education?

Base: Parents of youth 13-15

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Practical tips for continuing the	51%		54%		48%	52%	62%	41%	52%	43%	72%
		-	H	-		-	H				-

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
substance use conversation with your teen											
A summary of the topics that were covered	50%		65%		51%	44%	70%	41%	67%	53%	58%
		-	A E H	-		-	A E H		E H		-
Information about the role of parents in preventing, delaying or encouraging informed decisions about substance use	50%		49%		46%	51%	52%	43%	47%	42%	49%
		-		-		-					-
More information about specific drugs	44%		42%		40%	45%	46%	40%	49%	37%	50%
		-		-		-					-
Links for help with substance use	43%		41%		39%	31%	49%	34%	49%	33%	49%
		-		-		-					-
Opportunities to ask questions or provide feedback	31%		32%		28%	32%	41%	26%	31%	13%	37%
A summary of the topics that were covered	J	-	J	-	J	-	J	J	J		-
Other	0%		0%		0%	0%	2%	0%	1%	0%	0%
		-		-		-					-
DK/NR	11%		6%		7%	9%	5%	7%	3%	5%	7%
		-		-		-					-
Sample size	66	0	354	0	221	29	57	101	76	57	18
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit F7 – Q56: Is there information that would be helpful to support a conversation with your teen about substance use?

Base: Parents of youth 13-17

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Age appropriate conversation topics	47%		58%		49%	78%	66%	43%	62%	39%	75%
		-	H J	-		-	E H J		H J		-
The do's and don'ts	51%		52%		52%	68%	63%	51%	62%	46%	68%
		-		-		-					-
Understanding your teen (their perspective, behaviors/mind-set, attitude)	53%		50%		43%	48%	45%	42%	51%	43%	58%
		-		-		-					-
Signs of use and/or addiction	50%		43%		37%	40%	57%	38%	39%	29%	47%
	J	-	J	-		-	E H J				-
How to prepare for a conversation	42%		40%		44%	50%	36%	43%	37%	37%	56%
		-		-		-					-
Discussion guide/scenarios	37%		35%		32%	42%	42%	36%	35%	21%	45%
		-	J	-		-	J				-
What to say when you as a parent use substances	29%		29%		26%	45%	25%	25%	31%	36%	51%
		-		-		-					-
Other	0%		0%		1%	0%	0%	0%	1%	0%	7%
		-		-		-					-
DK/NR	13%		9%		10%	0%	11%	9%	9%	5%	7%
		-		-		-					-
Sample size	66	0	354	0	221	29	57	101	76	57	18
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F8 – Q57: Where would you look for information on having a conversation with your teen about drugs and substance use?

Base: Parents of youth 13-17

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Health practitioner	69%		61%		60%	71%	71%	56%	66%	51%	58%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
		-		-		-	J				
Internet	41%		48%		47%	36%	48%	50%	48%	42%	52%
		-		-		-					-
Government of Canada	44%		36%		42%	38%	49%	49%	31%	35%	58%
		-		-		-		C I			-
School services	47%		36%		37%	29%	55%	35%	37%	27%	37%
	J	-		-		-	C E H J				-
Social media	16%		16%		17%	22%	21%	25%	15%	8%	21%
		-		-	J	-		J			-
Other	2%		3%		2%	2%	0%	1%	7%	3%	7%
		-	G	-	G	-			G		-
DK/NR	6%		5%		6%	0%	3%	4%	4%	3%	4%
		-		-		-					-
Sample size	66	0	354	0	221	29	57	101	76	57	18
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F9 – Q58: Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply.

Base: Parents of youth aged 13-17 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Drug use in general	65%		64%		56%	70%	68%	51%	69%	49%	61%
		-	H	-		-	H		E H J		-
Peer pressure	52%		56%		45%	57%	50%	42%	55%	42%	55%
		-	E H	-		-					-
The risk of illegal drugs in general	58%		54%		51%	53%	54%	43%	59%	50%	65%
		-		-		-			H		-
Experimenting with drugs	42%		37%		36%	39%	25%	34%	41%	34%	49%
		-		-		-					-
Drug or opioid overdoses	31%		30%		27%	38%	27%	29%	39%	32%	31%
		-		-		-					-

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
The risk of illegal opioids, meaning opioids that have not been prescribed to the person using them	30%		30%		30%	33%	24%	32%	37%	25%	46%
		-		-		-					-
Higher risk drug or opioid use (drug or opioid addiction)	27%		28%		31%	29%	20%	37%	35%	20%	24%
		-		-		-		G J			-
The use of prescribed opioids	19%		18%		21%	37%	15%	24%	18%	18%	12%
		-		-		-					-
DK/NR	21%		18%		15%	14%	24%	19%	28%	12%	11%
		-		-		-			E J		-
Sample size	66	0	354	0	221	29	57	101	76	57	18
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F10 – Q59: Among the following topics, which ones have you already had a discussion with one of your parents about, if any? Check all that apply.

Base: Youth aged 13-17 years old

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Drug use in general	57%	63%		66%		84%	62%	0%	55%	59%	75%
			-		-	-		-	-	-	-
The use of illegal drugs in general	36%	45%		49%		51%	42%	0%	46%	53%	62%
			-		-	-		-	-	-	-
Drug or opioid overdoses	11%	18%		22%		20%	28%	0%	22%	19%	27%
			-		-	-	A	-	-	-	-
The use of prescribed opioids	14%	17%		15%		33%	25%	100%	38%	21%	31%
			-		-	-		-	-	-	-
The use of illegal opioids, meaning opioids that have not been prescribed	10%	17%		14%		14%	20%	0%	16%	20%	48%
			-		-	-		-	-	-	-

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
to the person using them											
How to get help with higher risk drug or opioid use (drug or opioid addiction)	17%	17%		12%		19%	12%	0%	16%	19%	17%
			-		-	-		-	-	-	-
Higher risk drug or opioid use (drug or opioid addiction)	13%	15%		13%		19%	19%	0%	18%	17%	18%
			-		-	-		-	-	-	-
DK/NR	25%	18%		19%		1%	18%	0%	8%	10%	0%
			-		-	-		-	-	-	-
Sample size	52	308	0	83	0	31	60	1	42	40	10
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit F11 – Q60: Do you think information about substance use is missing or not being communicated to young people that should be?

Base: Young adults 16-24

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Yes	57%			57%	50%	40%	58%	53%	69%	68%	66%
		-	-			-			E	E	E
No	30%			25%	32%	49%	24%	42%	28%	19%	25%
		-	-		J	-		D G J K			
DK/NR	13%			18%	18%	12%	18%	5%	3%	13%	9%
	I	-	-	H I K	H I K	-	H I				
Sample size	122	0	0	563	178	38	127	91	55	72	92
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit F12 – Q61: What information is missing or not being communicated to young people that should be?

Base: Youth 16-24 who think information is missing or not being communicated

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
The dangers of drugs/opioids	19%			16%	13%	13%	19%	19%	19%	12%	7%
	K	-	-	K		-	K		-		
The effects/risks	15%			15%	18%	3%	17%	11%	12%	12%	14%
		-	-			-			-		
How fast you get addicted / the addiction	12%			10%	8%	0%	10%	13%	17%	13%	10%
		-	-			-			-		
More educational programs / presentations in schools	11%			6%	5%	22%	9%	3%	2%	10%	3%
		-	-			-			-		
The real life impacts/outcomes	10%			9%	2%	3%	9%	0%	2%	6%	9%
	H	-	-	E H		-	H		-	-	H
More information/details on the topic (types, illegal drugs, statistics, etc.)	9%			11%	16%	3%	12%	12%	15%	12%	19%
		-	-			-			-		
How to get help with drug or opioid addiction	8%			9%	12%	12%	10%	9%	8%	3%	9%
		-	-	J	J	-			-		
Prevention message / drug awareness / the scare factor	7%			9%	9%	9%	9%	9%	18%	5%	14%
		-	-			-			-		
Drug or opioid overdoses / signs of overdose / uses of Naloxone	7%			7%	3%	6%	8%	4%	7%	8%	7%
		-	-			-			-		
How to avoid it / peer pressure / causes	6%			7%	3%	6%	13%	6%	7%	4%	11%
		-	-			-	E		-		
Reducing the stigma / more empathy	6%			5%	3%	6%	5%	6%	5%	3%	13%
		-	-			-			-		
	6%			4%	4%	3%	5%	0%	4%	6%	9%

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
The long term effects	H	-	-	H		-	H		-		H
The correct dosage / safety rules / dosage	5%			6%	9%	0%	7%	9%	5%	5%	5%
		-	-			-			-		
The opioid addiction can be caused by medication	4%			3%	4%	0%	3%	2%	6%	5%	6%
		-	-			-			-		
More ad on social media / more advertisement	3%			2%	2%	0%	0%	0%	2%	4%	2%
		-	-	G H		-			-		
The effects of drugs on health/mental health	1%			5%	1%	6%	5%	0%	10%	10%	5%
		-	-	A E H		-	H		-	A H	
How to recover / treatment	0%			2%	3%	0%	4%	3%	2%	0%	1%
		-	-	A J		-			-		
Testimonies of a person having a lived and living experience of substance use	0%			2%	0%	10%	0%	0%	0%	0%	1%
		-	-	A E G H J		-			-		
Drug use in general	0%			1%	0%	0%	0%	0%	0%	0%	2%
		-	-			-			-		
Other	3%			5%	6%	3%	8%	2%	2%	9%	5%
		-	-			-			-		
Nothing / None / I don't use drugs	0%			3%	4%	20%	2%	7%	7%	10%	1%
		-	-	A		-			-	A	
DK/NR	10%			9%	12%	3%	8%	13%	3%	8%	8%
		-	-			-			-		
Sample size	77	0	0	329	93	20	74	45	38	50	60
Column label	A	B	C	D	E	F	G	H	I	J	K

### In summary

Taken together, there are only very few Canadians who do not place trust in at least one of the opioid information sources tested.

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The trust hierarchy for opioid information remains stable. Medical professionals (doctors and pharmacists) and public health agencies continue to anchor credibility, while trust in government is more conditional and varies by region and audience. The segment patterns reinforce that a single channel will not reach everyone equally. Youth appear broadly receptive, including to teachers and parents, whereas young adults and male labourers tend to be less trusting of institutional sources and may require more tailored messengers and framing.

The findings also suggest there is still room to better integrate lived-experience voices. They are trusted by a meaningful minority (especially among some segments), but not at levels that would support relying on them alone.

Finally, the parent/youth education results point to a clear opportunity. Parents want timely, practical, school-linked information (topic summaries, conversation guidance, and links to help), to help move conversations beyond general risks and peer pressure to overdoses, illegal opioids, addiction, or help-seeking.

## Section G: The role of stigma

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

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

Each of the statements relates to either withholding sympathy or assigning blame and the level of consistency in agreement, disagreement or neutrality on them was used to divide the population into distinct segments. The "Allies" segment disagrees with all three statements, indicating a consistent pattern of willingness to oppose stigmatizing points of view. Conversely, the "Unsympathetic" segment agrees with, or are neutral to, all three statements. The logic of including the neutral is based on the

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hypothesis that being unwilling to actually disagree with any of these statements suggests a consistent pattern of assuming there are scenarios in which one might agree with these sentiments and scenarios in which one might disagree with them. The fact that there are times when unsympathetic opinions might be held was deemed enough to identify the respondent as accepting stigmatizing points of view and never disagreeing outright with any of them. Finally, the relatively large “Ambivalent” segment is the remaining portion of the population that holds a mix of agreement and disagreement, and/or non-response across these three statements. The inconsistency makes it impossible to define them as truly being an Ally or truly being Unsympathetic. The percentage of each segment as a proportion of the general population sample is presented in Exhibit G1.

The overall size of the segments remained the same since the last wave, although the unsympathetic segment has decreased slightly since tracking began in 2017. A quarter (26%) are Allies, consistent in their rejection of opinions that signal stigma; conversely, an almost equal number (24%) of Canadians fall into a segment of Unsympathetic by consistently agreeing with all three statements that signal holding stigmatizing views of people with opioid use disorder; and the remaining half of respondents (49%) would be considered Ambivalent in that they neither reject all three stigmatizing views nor agree with all three.

Exhibit G1: Stigma segment sizes

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Percentage	24%	24%	24%	26%	28%	49%	50%	51%	49%	50%	26%	25%	25%	25%	21%
Sample size	349	398	244	258	377	709	829	524	493	671	378	446	249	252	282

When it comes to the demographic makeup of each segment, men continue to be more likely to hold more stigmatizing views and constitute a larger proportion of the Unsympathetic segment than women (59% vs 41%), while the inverse is true as well – six in ten women (61%) are Allies, compared to four in ten men (39%). This trend has softened a bit since 2024 and is closer to levels seen in 2021 and earlier. Close to half (47%) of older Canadians (55+) are identified as Allies, which has risen from 35% in 2021 and 44% in 2024.

When looking across the country, a larger proportion of Allies than in the past are from Quebec (27%, compared to 20-23% in past waves).

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Exhibit G2: Stigma segment demographics

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Male	59%	67%	56%	60%	56%	48%	46%	48%	46%	49%	39%	34%	40%	39%	35%
Female	41%	31%	44%	40%	42%	51%	54%	51%	53%	50%	61%	64%	59%	60%	63%
Other	0%	1%	0%	0%	1%	1%	0%	0%	1%	-	1%	1%	1%	1%	1%
Atlantic	5%	8%	4%	5%	6%	7%	6%	7%	9%	7%	7%	7%	9%	4%	5%
QC	18%	16%	23%	18%	21%	24%	27%	25%	27%	26%	27%	22%	20%	23%	20%
ON	41%	42%	38%	38%	42%	38%	38%	38%	38%	37%	37%	37%	41%	41%	39%
MB/SK	6%	7%	4%	9%	7%	8%	6%	7%	6%	6%	4%	7%	7%	5%	7%
AB	12%	13%	16%	15%	10%	11%	10%	10%	10%	11%	10%	13%	9%	11%	15%
BC	18%	14%	15%	16%	15%	11%	12%	12%	11%	13%	14%	13%	15%	17%	14%
13-17	9%	9%	11%	10%	8%	7%	8%	5%	7%	7%	2%	5%	5%	2%	3%
18-34	28%	25%	27%	30%	28%	26%	24%	25%	26%	26%	21%	20%	26%	19%	24%
35-54	34%	31%	33%	34%	33%	30%	26%	30%	31%	30%	31%	31%	34%	32%	33%
55+	29%	35%	29%	26%	32%	37%	42%	40%	36%	37%	47%	44%	35%	47%	40%
Under \$40,000	16%	19%	20%	23%	22%	18%	18%	18%	28%	21%	12%	20%	16%	21%	18%
\$40,000-<\$80,000	25%	30%	29%	36%	27%	26%	31%	31%	27%	28%	32%	25%	30%	30%	29%
>\$80,000	50%	40%	43%	30%	39%	46%	39%	37%	33%	37%	48%	45%	44%	38%	42%

A number of differences by oversample segment are noted. The Unsympathetic segment is most likely to be found among male labourers (33%), youth 13 - 15 (32%) and racialized respondents (31%), while LGBTQIA+ respondents (17%), Indigenous respondents and people who use opioids legally (20% respectively) are the least likely to belong to this stigma segment.

Conversely, most likely to be Allies are those in the LGBTQIA+ community (45%) and people who use opioids legally (30%), particularly compared to the smaller proportions of Allies among youth 13 - 15 and male labourers (12% respectively) and men 20 - 59 (17%).

Exhibit G3: Oversample breakdown by stigma segment

Column %	Gen pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Unsympathetic	26%	32%	25%	24%	30%	20%	31%	33%	20%	27%	17%
	I K	D F I K	K	K	A C D F I K		A D F I K	A C D F I K		F I K	
Ambivalent	48%	52%	49%	50%	48%	52%	47%	52%	50%	50%	37%
	K	K	K	K	K	K	K	K	K	K	

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Column %	Gen pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Allies	24%	12%	25%	20%	17%	27%	19%	12%	30%	22%	45%
	B E G H		B E H	B H	B H	B D E G H	B H		A B D E G H J	B E H	A B C D E F G H I J
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

As discussed in previous iterations of this study, the three segments continue to vary in terms of their personal behaviours with opioids, with Allies (35%) and Ambivalents (29%) remaining more likely than the Unsympathetic (18%) to report that the opioids they have taken were always prescribed to them personally or provided by a healthcare professional.

However, the longer-term decline observed in earlier waves continues to hold. Among Allies, the proportion saying the opioids they have taken were always prescribed or provided in a healthcare setting is 16 points lower than the level recorded in 2021, when about half reported this. A similar pattern appears among Ambivalents, where the share reporting that opioids were always prescribed is also lower than in 2021 (-14 points).

Exhibit G4 – Q35: Of the opioids you have ever taken, how often were they prescribed for you personally or given to you by a healthcare provider or provided in a healthcare setting such as in a hospital?

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Always	18%	20%	27%	17%	26%	29%	28%	43%	19%	32%	35%	39%	51%	34%	44%
	CE		A		A	A HI		F	F		A MO		K		K
Usually	9%	6%	9%	6%	8%	6%	7%	7%	4%	9%	6%	8%	8%	4%	8%
						J				F					
Sometimes	24%	23%	18%	26%	13%	13%	20%	9%	15%	7%	9%	12%	8%	10%	9%
	FK E				A	GHJ	F	F		F					
Rarely	34%	35%	29%	43%	40%	41%	34%	29%	50%	40%	41%	34%	25%	47%	31%
	D			A		GHI	F	F	F		LMO	K	K		K
Never	9%	11%	15%	9%	10%	7%	6%	9%	8%	9%	8%	5%	7%	5%	7%
	C		A												
DK/NR	6%	6%	2%	1%	2%	6%	5%	5%	5%	3%	0%	2%	1%	-	-

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Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
	K CD		A	A		K J				F	L	K			
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

There is also once again variation in the personal exposure to opioids across the different segments, with Allies generally reporting the highest levels of exposure. Among Allies, exposure continues to stand out relative to the other segments. Allies are significantly more likely to report that a friend or family member has been prescribed one of these drugs (58%; compared to 42% among Ambivalents and 36% among the Unsympathetic), more likely to have known someone who became addicted (27%, compared to 21% and 20%, respectively) and they are also significantly more likely to say that someone they know has used one of these drugs without a prescription (34%, compared to 25% and 26%, respectively).

Compared with earlier waves, some indicators of exposure have shifted, though the pattern is not uniform across all measures.

Exhibit G5 – Q30 (a, b, c, e): Please indicate whether the following is true, to the best of your knowledge or recollection. [% true]

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
At least one friend or family member has been prescribed one of these drugs	36%	41%	31%	47%	43%	42%	45%	42%	51%	46%	58%	63%	55%	66%	68%
	B	A				I			F		AF NO			K	K
I have known someone who became addicted to one of these drugs	20%	31%	26%	26%	21%	21%	33%	26%	32%	22%	27%	38%	31%	42%	31%
											AF				
At least one friend or family member has used one of these drugs without a prescription in their name or purchased on the street	26%	18%	23%	27%	14%	25%	25%	21%	22%	15%	34%	31%	27%	29%	25%
	BE	A			A	J				F	AF O				K
I have known someone who has had a non-fatal overdose of one of these drugs	19%	18%	12%	20%	9%	18%	20%	15%	15%	6%	21%	21%	15%	19%	17%
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

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When it comes to familiarity with various types of opioids, Allies are the most likely to know about them, with eight in ten among this segment saying they know either a lot (32%) or a little (48%) about at least one of the opioids on the list provided. On the other side, just over six in ten among the Unsympathetic group say the same, with 21% knowing a lot and 42% a little.

Specifically about fentanyl, familiarity is also highest among allies (55% somewhat or very familiar) and lowest among those who are Ambivalent (41%), with the Unsympathetic segment in the middle (50%).

Exhibit G6 – Q17(New): How well do you know these types of opioids?

Column %	Unsympathetic	Ambivalent	Allies
I know a lot about at least one of them	21%	23%	32%
			AB
I know a little about at least one of them	42%	43%	48%
I've heard of at least one but don't know much	29%	23%	19%
	BC		
I've never heard of any of these	7%	9%	1%
	C	C	
DK/NR	2%	3%	-
Column label	A	B	C

– Q19: How familiar would you say you are with fentanyl?

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Very familiar	11%	9%	11%	14%	12%	9%	10%	9%	11%	8%	12%	15%	17%	13%	18%
											O				K
Somewhat familiar	40%	34%	32%	34%	36%	32%	30%	31%	34%	33%	43%	41%	36%	44%	48%
	F		A								F				
	C														
Not very familiar	28%	28%	31%	31%	27%	31%	30%	32%	30%	27%	30%	24%	31%	34%	19%
											O				K
Not at all familiar	22%	28%	25%	19%	23%	25%	27%	24%	22%	28%	14%	19%	16%	9%	14%
	K					K									
DK/NR	0%	2%	1%	2%	3%	3%	2%	4%	3%	5%	0%	1%	0%	-	-
						K									
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

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While Allies remain the most likely of the segments to say that all types of opioids are dangerous (46%, vs 41% of the Unsympathetic segment and 43% among those Ambivalent), this sentiment has dropped off among this group (-8 points) since the last wave of research, making the distinction somewhat weaker.

Exhibit G8 – Q18: In thinking about the types of opioids included in this list, is it your impression that...:

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
All are dangerous	41%	40%	41%	37%	45%	40%	41%	40%	38%	42%	46%	54%	51%	44%	52%
											AF L	K			
Most are dangerous	35%	37%	37%	36%	33%	38%	38%	40%	42%	35%	41%	34%	37%	47%	37%
											L	K			
About half are dangerous	8%	11%	7%	9%	8%	8%	6%	5%	5%	5%	3%	5%	3%	4%	9%
	K					K HI		F	F		O				K
A few are dangerous	11%	8%	11%	11%	8%	8%	7%	6%	7%	9%	7%	5%	5%	4%	1%
											O				K
None of these drugs are dangerous	1%	0%	1%	4%	0%	1%	0%	1%	1%	1%	1%	0%	1%	1%	1%
	D			A											
DK/NR	4%	4%	3%	3%	6%	6%	7%	8%	7%	8%	2%	2%	3%	1%	0%
						K					O				K
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

Again notable, despite the levels of exposure described above, this does not appear to translate into substantial increases in the share saying that the opioid crisis is very serious in their community. Among the Unsympathetic segment, perceptions remain largely stable, with the share saying the crisis is very serious (28%) not significantly different from earlier waves. However, this segment is significantly less likely than in 2021 to say the crisis is somewhat serious and correspondingly more likely to say it is not very serious. Among Ambivalents, there is a significant increase since 2024 in the proportion saying the crisis is very serious in their community (51%, up 6 points). Allies continue to register the highest levels of concern overall (36%), which is similar to earlier waves.

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Exhibit G9 – Q24: Based on your impressions, how serious would you say the opioid crisis is in your community?

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Very serious	28%	27%	23%	28%	26%	31%	25%	25%	28%	27%	36%	35%	34%	42%	38%
						GH	F	F							
Somewhat serious	43%	40%	35%	38%	39%	34%	34%	33%	39%	34%	37%	35%	34%	41%	39%
	F C		A												
Not very serious	14%	17%	25%	17%	18%	15%	16%	14%	15%	17%	14%	16%	18%	9%	11%
	C		A								N			K	
Not at all serious	3%	5%	6%	6%	4%	4%	4%	5%	2%	3%	2%	1%	3%	2%	4%
DK/NR	11%	12%	12%	11%	13%	17%	21%	23%	15%	19%	10%	12%	12%	7%	8%
						AK GH	F	F							
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

When it comes to whether respondents believe they would know what to do if they saw someone experiencing an overdose, or be able to identify the signs of an opioid overdose or opioid use disorder, levels of confidence are generally highest among Allies and lowest among Ambivalents. Allies are significantly more likely than Ambivalents to agree that they would know what to do in the event of an overdose and that they would be able to identify signs of an overdose or opioid use disorder.

Over time, Allies have shown increases in agreement with all the statements. As well, several increases are evident within the Ambivalent segment. Compared with 2021, Ambivalents are significantly more likely to say they would know what to do if they saw someone experiencing an overdose and more likely to say they could identify the signs of an opioid overdose or opioid use disorder. On the other hand, Unsympathetics are less likely now than in 2019 to agree with any of the statements.

Exhibit G10 – Q28C, D, E: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
I would know what to do if I saw a person experiencing an overdose	34%	34%	32%	41%	32%	26%	28%	22%	22%	18%	42%	36%	33%	34%	36%
						J				F	AF MN		K	K	

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Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
I think I'd be able to identify signs of an opioid overdose if faced with them	33%	33%	32%	43%	34%	30%	28%	22%	30%	23%	39%	36%	32%	31%	36%
	D			A		HJ		F		F	F N			K	
I think I'd be able to identify signs of an opioid use disorder (addiction)	37%	32%	31%	45%	38%	35%	32%	22%	35%	27%	42%	39%	28%	42%	39%
	D			A		HJ		F		H	F M		K		
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

Attitudes toward addiction continue to vary substantially across the three segments. Unsympathetic respondents remain significantly more likely than Ambivalents and Allies to believe that opioid addiction is primarily caused by a lack of self-control and that people addicted to opioids could stop if they really wanted to. In contrast, Allies are the most likely to view addiction as a disease and to support allocating more health care resources to address drug addiction, with Ambivalents generally falling between the other two segments.

Over time, the Unsympathetic segment shows a significant decline since 2024 in the share agreeing that addiction is caused by a lack of self-control (63%, down from 71%), going back to levels seen pre-2024. Among Ambivalents, agreement that people addicted to opioids could stop if they really wanted to has increased significantly compared with earlier waves (21%, vs 14% in 2019 and 13% in 2017), while support for using more health care resources to address addiction remains broadly consistent with previous waves. Among Allies, attitudes toward addiction as a disease and support for increased health care resources remain high and relatively stable over time.

Exhibit G11 – Q29C, D, E, F: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly or somewhat agree]

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
A lack of self-control is usually what causes a dependence upon or an addiction to opioids	63%	71%	62%	64%	64%	33%	27%	31%	33%	30%	0%	0%	0%	0%	0%
	FK B	A				K G	F								
	52%	51%	54%	53%	54%	60%	57%	60%	61%	60%	77%	79%	78%	77%	76%

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Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Addiction to opioids is a disease						A					AF				
We should be using more of our health care resources for dealing with addictions to drugs	45%	40%	45%	49%	42%	56%	53%	54%	63%	57%	75%	75%	76%	83%	70%
						A I			F		AF N			K	
People who are dependent upon or addicted to opioids could stop taking them if they really wanted to	41%	44%	44%	42%	36%	21%	18%	19%	14%	13%	3%	3%	4%	5%	3%
	FK					K IJ			F	F					
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

Trust in sources of information about opioid use and its effects continues to vary across the segments. Allies consistently register the highest levels of trust across most sources, including doctors, pharmacists, public health agencies, and individuals with lived experience, while Unsympathetic respondents are generally the least trusting.

Over time, several shifts are evident within the Unsympathetic segment. Trust in pharmacists, friends or family who have taken opioids before, and people with lived experience of opioid use disorder is significantly higher than in 2021. At the same time, trust in doctors among the Unsympathetic segment is significantly lower than in 2024. Across segments, trust in the Government of Canada is has inched up over the previous wave, yet still somewhat lower than in pre-2024 waves, particularly among Allies where current levels are significantly below those recorded in 2021.

Exhibit G12 – Q51A, B, D, E, G, J-M: Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [% strongly trust or trust]

Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
Your doctor	74%	84%	74%	71%	76%	83%	80%	84%	83%	83%	92%	91%	87%	92%	92%
	B	A				A					AF M		K		
A pharmacist	78%	75%	70%	70%	74%	79%	84%	78%	80%	83%	92%	90%	92%	92%	94%

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Column %	Unsympathetic					Ambivalent					Allies				
	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017	2025	2024	2021	2019	2017
	CD			A	A	G	F				AF				
Your parents	100%	96%*	68%*	58%*	84%*	95%	96%*	88%*	96%*	91%*	100%	100%*	84%*	100%*	100%*
	-					-					-				
Your regional or municipal public health agency	62%	60%	60%	57%	61%	66%	67%	66%	67%	69%	87%	77%	85%	83%	84%
											AF L	K			
The Government of Canada	51%	45%	53%	51%	50%	56%	53%	57%	58%	56%	68%	64%	70%	70%	72%
											AF				
A person who had an opioid use disorder (addiction) or who has survived an opioid overdose	33%	36%	23%	29%	30%	44%	39%	38%	39%	39%	51%	54%	53%	54%	53%
	C		A			A GH	F	G			A				
Friends and family who have taken opioids before	38%	35%	26%	35%	36%	46%	41%	39%	39%	38%	47%	49%	40%	52%	49%
	C		A			GHIJ	F	F	F	F					
A news outlet	30%	35%	22%	27%	29%	30%	27%	31%	29%	31%	35%	34%	42%	37%	39%
	C		A												
A person who currently uses opioids regularly	16%	17%	13%	23%	20%	16%	18%	16%	18%	18%	21%	23%	28%	23%	23%
	D			A							M		K		
Column label	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

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

**In summary:**

Using the segmentation framework applied in previous waves of this study, Canadians continue to fall into three stigma-related segments based on their responses to statements about opioid use and addiction. Roughly one quarter are Allies (26%), consistently rejecting stigmatizing views, while a similar proportion are Unsympathetic (24%), indicating acceptance of stigmatizing perspectives. About half of Canadians fall into the Ambivalent segment (49%), reflecting mixed or inconsistent

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attitudes. The overall distribution of these segments remains largely stable compared with the previous wave, although the Unsympathetic segment has declined modestly since tracking began in 2017.

The segments differ not only in their attitudes but also in their exposure to opioids and familiarity with the issue. Allies tend to report personal exposure to opioid use through friends or family and demonstrate higher familiarity with opioids and fentanyl. They are also more likely to express confidence in recognizing the signs of opioid use disorder or overdose and knowing how to respond, while Unsympathetic respondents generally report lower levels of exposure and confidence.

Underlying beliefs about addiction also continue to distinguish the segments. Unsympathetic respondents are more likely to attribute opioid addiction to personal failings such as a lack of self-control, whereas Allies are most likely to view addiction as a disease and to support allocating more health care resources to address it. Ambivalents typically fall between the two groups on most measures, suggesting that attitudes toward opioid use remain nuanced and not fully settled for a large portion of Canadians.

## Section H: Views regarding alcohol consumption

Health risk warnings are once again the most consistently supported label item that respondents believe should appear on alcohol products, selected by seven in ten among the general population (72%). This has edged up over time, from 65% in 2017, to 66% in 2021 and to 69% in 2024.

Ingredients are also selected by a majority (56%) as must-haves on alcohol labels. The number of standard servings is chosen by about half (48%), which has declined from 63% recorded in 2019. Calories (43%, down from 52% in 2019) and nutritional information (40%, down from 45% in 2019) follow. Only one in twenty (5%) indicates none of the above, suggesting broad overall support for comprehensive alcohol labelling. When looking over time, interest in more detailed nutritional-style information has eased compared with earlier waves.

When looking at the segments, racialized respondents and respondents who identify as LGBTQIA+ are more likely to want any of the types of labelling information, while male labourers are generally the least likely.

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Support for adding information to alcohol labels is high across all regions, with only a few regional differences emerging. Health risks and warnings are more strongly supported in Atlantic Canada (80%) and Ontario (75%) compared with Quebec (68%).

When looking at the listing of ingredients, support is lower in Alberta (50%) and Quebec (49%) than in British Columbia (62%) and Ontario (58%). For the number of standard servings per container, Ontario residents (52%) are ten points more likely to support this information appearing on labels than those in the Prairie provinces (42%).

Exhibit H1 – Q62: Which of the following types of information, if any, do you think should appear on labels for alcoholic beverages?

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Health risks/warnings	72%	69%	67%	65%	63%	68%	82%	56%	75%	68%	74%
	DEH	H	H	H	H	H	A B C D E F H I J K		C D E H J	H	C D E H J
Ingredients	56%	49%	50%	50%	51%	53%	58%	47%	54%	55%	66%
	EH						B C D E H		H	H	A B C D E F G H I J
Number of standard servings that are in the container	48%	39%	46%	50%	45%	42%	56%	38%	47%	47%	64%
	BH		H	B F H	H		A B C E F H I J		H	BH	A B C D E F G H I J
Calories	43%	33%	38%	43%	44%	43%	46%	38%	42%	45%	52%
	BH			B	B C H	B	B C H		B	B C H	A B C D E F H I
Nutritional information	40%	32%	37%	40%	40%	33%	45%	34%	35%	39%	52%
	B F H I			B H	B F H I		B C F H I				A B C D E F H I J
None of the above	5%	6%	5%	3%	6%	6%	2%	7%	3%	5%	4%
	D G	G	G		D G I K	G		D G I		G	
DK/NR	5%	9%	5%	10%	7%	6%	5%	6%	5%	5%	4%
		A C G K		A C E F G H I J K	A K						

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Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

Exhibit H2 – Q62: Which of the following types of information, if any, do you think should appear on labels for alcoholic beverages? [Pre-2025 question: Of the following list of possibilities, which information, if any, should appear on alcoholic beverage labelling?]

Base: All respondents

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Health risks/warnings	72%	69%	66%	65%	-
	CD		A	A	-
Ingredients	56%	59%	59%	57%	-
					-
Number of standard servings that are in the container	48%	49%	49%	63%	-
	D			A	-
Calories	43%	43%	46%	52%	-
	D			A	-
Nutritional information	40%	39%	37%	45%	-
	D			A	-
None of the above	5%	5%	7%		-
	C		A		-
DK/NR	5%	8%	5%	8%	-
	BD	A		A	-
Sample size	1436	1666	1017	1003	0
Column label	A	B	C	D	E

Across the general population, there is broad consensus that alcohol poses health risks. Four in five (80%) agree that alcohol use increases a person's risk of developing serious health conditions, and two thirds (66%) agree that any amount of alcohol consumption can carry health risks. Agreement that alcohol increases serious health risks has risen since 2019 (75%) and remains higher than both 2024 and 2021 (77% respectively). Similarly, agreement that any amount of alcohol consumption carries risks has increased from 62% in 2024.

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Agreement on both statements is somewhat lower among males aged 20 to 59, where roughly seven in ten (72%) agree on serious health risks and six in ten (61%) on risks from any amount. Racialized respondents (84% and 73%) and LGBTQIA+ respondents (82% and 70%) are most likely to recognize these risks.

Views are more mixed regarding policy and public health framing. Still, a majority (58%) agree that the federal government should be doing more to address alcohol-related harms, continuing a gradual upward shift from 54% in 2024 and 53% in 2021. This opinion is more prevalent among racialized respondents (70%), among people who use opioids legally (66%) and LGBTQIA+ respondents (64%). Similarly, about six in ten (58%) agree that alcohol use is a public health issue, with higher agreement among people who use opioids legally (64%) and LGBTQIA+ respondents (65%).

Perceptions of youth drinking as a national concern also show majority agreement at a little over half (56%) overall. This represents a decline from 60% in 2019, while remaining consistent with more recent waves. Overall, this view is more strongly held among Indigenous respondents (63%).

Two belief statements reveal clearer attitudinal divides. Three in ten (30%) agree that people with alcohol use disorder could stop if they really wanted to, while 43% disagree. This has increased compared with 24% in 2019, while remaining in line with more recent waves. Agreement with this statement is notably higher among youth aged 13 to 15 (43%) and male labourers (45%), while it drops to about one quarter among LGBTQIA+ respondents (24%). A similar pattern appears for the statement that drinking alcohol during pregnancy can be safely done, which draws agreement from about one in ten (11%; 77% disagree) overall but rises to around one in five among youth (21%) and male labourers (22%), compared with fewer than one in ten among LGBTQIA+ respondents (7%). And while this sentiment is stronger than in 2021 (7%) and 2019 (9%), it is unchanged from 2024.

Only a few regional variations in attitudes emerge. With respect to perceptions of risk from any amount of alcohol consumption, Quebec respondents (57%) are less likely than those in the Prairie provinces (71%), British Columbia (71%), Atlantic Canada (69%) and Ontario (67%) to agree that any amount of alcohol consumption can pose health risks. Regional differences also emerge in views about youth alcohol use. Atlantic Canadians (64%) and Ontarians (59%) are significantly more likely than Quebecers (51%) and British Columbians (50%) to agree that alcohol use among youth is a serious problem in Canada.

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Exhibit H3 – Q63: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Base: All respondents

Column %	Gen Pop	Youth 13-15	Parents of youth 13-15	Young adults 16-24	Males 20-59	Indigenous respondents	Racialized respondents	Male labourers	People who use opioids legally	People who use opioids illegally	LGBTQIA+
Alcohol use increases a person's risk of developing serious health conditions	80%	79%	80%	76%	72%	79%	84%	67%	81%	78%	82%
	E H	E H	E H	H	H	E H	D E H J		D E H	E H	D E H
Any amount of alcohol consumption can have risks to your health	66%	70%	70%	65%	61%	64%	73%	58%	67%	63%	70%
	E H	E H	E H	H			A D E F H J		E H		E H J
The federal government should be doing more to address alcohol-related harms	58%	59%	59%	59%	55%	62%	70%	54%	66%	60%	64%
						E H	A B C D E H J		A D E H		A E H
Alcohol use is a public health issue	58%	53%	59%	52%	53%	60%	60%	50%	64%	59%	65%
	D E H		D H			D E H	D E H		A B D E H	D H	A B D E H
Alcohol use among youth is a serious problem in Canada	56%	54%	56%	56%	50%	63%	59%	51%	60%	54%	51%
	E		E	E		A B E H J K	E H K		E H K		
People who have alcohol use disorder (addiction) could stop if they really wanted to	30%	43%	36%	33%	38%	29%	36%	45%	33%	38%	24%
	K	A D F I K	A K	K	A D F I K		A K	A C D E F G I J K	K	A F K	
Drinking alcohol during pregnancy can be safely done	11%	21%	12%	12%	15%	12%	11%	22%	10%	15%	7%
	K	A C D E F G I J K	K	K	A G I K			A C D E F G I J K		I K	
Sample size	1436	308	354	563	1875	331	600	713	633	493	437
Column label	A	B	C	D	E	F	G	H	I	J	K

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Exhibit H4 – Q63: Please indicate how strongly you agree or disagree with each of the following statements. [% strongly agree or agree]

Column %	Gen Pop 2025	Gen Pop 2024	Gen Pop 2021	Gen Pop 2019	Gen Pop 2017
Alcohol use increases a person's risk of developing serious health conditions	80%	77%	77%	75%	-
	BD	A		A	
Any amount of alcohol consumption can have risks to your health	66%	62%	-	-	-
	B	A			
Alcohol use is a public health issue	58%	53%	-	-	-
	B	A			
The federal government should be doing more to address alcohol-related harms	58%	54%	53%	56%	-
	BC	A	A		
Alcohol use among youth is a serious problem in Canada	56%	55%	56%	60%	-
	D			A	
People who have alcohol use disorder (addiction) could stop if they really wanted to	30%	31%	30%	24%	-
	D			A	
Drinking alcohol during pregnancy can be safely done	11%	11%	7%	9%	-
	C		A		
The federal government should be doing more to address alcohol-related harms	58%	54%	53%	56%	-
	BC	A	A		
Sample size	1436	1666	1017	1003	0
Column label	A	B	C	D	E

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## In summary

Overall, the results suggest that alcohol is increasingly being viewed through a public-health lens, with strong and growing support for risk-oriented labelling (especially health warnings) alongside continued interest in detailed nutrition-style information. Most Canadians recognize alcohol's health risks, and a majority now agree both that any amount can carry risk and that the federal government should do more to address alcohol-related harms.

At the same time, the data point to persistent pockets of misunderstanding and stigma-like attributions (e.g., the belief that people with alcohol use disorder could stop if they wanted to, and higher-than-average agreement with misconceptions around drinking during pregnancy), which are more pronounced among youth and male labourers.

## Section I: Vaping cessation creative concepts

The qualitative phase explored reactions to creative concepts aimed at encouraging young adults to quit vaping.

Three concepts were tested: “You can do this”, “Why Wait?”, and “This is your moment”. For each concept, a storyboard for a 15-second video ad and a static web banner ad were shown to participants.

### General observations

Participants identified strengths in each concept but expressed uneven engagement overall. While elements of the messaging resonated, many felt the ads did not break through or create a strong emotional connection. The ads were quickly recognized as “government ads”, which diminished their perceived impact. This immediate categorization reduced perceived authenticity and, for some, led to early disengagement before the message was fully processed.

While many, especially those who vape, said they would not be motivated to quit based solely on these ads, some said the messages might encourage them to think about quitting, consult the website for helpful tips/guidance, or encourage someone else who is trying to quit. Indeed, reactions varied by vaping status. Participants who currently vape were consistently more skeptical and more sensitive to messaging that did not reflect the realities of withdrawal and relapse, while those who do not vape were generally more receptive to motivational framing.

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Participants also seemed to want more authenticity and realism – messaging that acknowledges cravings, relapse, and withdrawal. Several felt the upbeat, “happy” imagery was disconnected from the lived experience of quitting and contrasted the current concepts with earlier anti-tobacco campaigns, suggesting that stronger or more hard-hitting depictions of health consequences might be more attention-grabbing.

Visual design elements including colour palettes, layout, and the use of playful or child-like shapes generated strong reactions. While it was attention-grabbing for several, the design seemed to influence their initial sense of credibility more than the written message itself, with certain visual styles making the ads feel too juvenile or not “serious enough” for the subject matter.

In terms of language, French-speaking participants indicated that “vaper” is the term most commonly used in everyday conversations. While “vapoter” was widely understood, it was described as sounding more formal or “correct”; language more likely to be used with adults or parents, or associated with media, school-based messaging, or government communications.

In contrast, participants explained that in casual peer-to-peer settings they are more likely to use expressions such as « je vape » / “I vape”, « je fume une vape » / “I’m using a vape”, or refer directly to the device itself (e.g., « ma vape » / “my vape”). These informal constructions were described as more natural and reflective of how vaping is actually discussed among friends.

### **Concept preference**

When asked which concept was the most effective and which they would want the Government of Canada to produce, “This is your moment” emerged as the clear favourite. A strong majority selected it as the most effective overall, citing its tone, relatability, and motivational framing. Participants described it as the most emotionally resonant and personally empowering of the three concepts.

However, call to action testing revealed a more nuanced pattern. While “This is your moment” led in overall appeal, the call to action, “Ready to take the first step?”, ranked lowest in direct preference. In contrast, the call to action, “Why wait? Take the first step. Make your plan.” performed best, followed by, “Quitting vaping is possible... get started”.

This suggests a meaningful distinction between emotional resonance and perceived behavioural clarity. While the concept, “This is your moment” connected most strongly at a motivational level, participants responded more favourably to calls to action that felt concrete, directive, and action-oriented – particularly language that emphasized planning and next steps.

### **This is your moment**

Participants responded positively to the concept's encouraging and affirming tone, particularly its focus on tangible benefits of quitting vaping such as regaining control, saving money, and feeling better. Many described the message as empowering and personally relevant, especially compared to more directive or information-heavy approaches.

« J'ai vraiment aimé comment vous expliquez comment sauver de l'argent. Que c'est vrai que ça coûte cher. Tu ne réalises pas que c'est 20 \$, 25 \$, mais après un moment, ça devient cher. » / "I really liked how you explained how to save money. It's true it's expensive. You don't realize that it's \$20, \$25, but after a while, it becomes expensive." – Young adult, Atlantic Canada

However, the colourful visual treatment drew mixed reactions. While some found it attention-grabbing, others felt the bright palette and graphic elements leaned too youthful or playful for a topic they perceive as serious. For these participants, the design reduced credibility and made the ad feel less aligned with the realities of addiction and withdrawal.

"It low-key has a Spotify-wrapped vibe. It feels like it's more, 'hey, look!'; not like an advisory sort of thing." – Young adult, Prairies

Reactions also varied by vaping status. Young adults who currently vape were more likely to question the realism of the imagery. The portrayal of happy, energetic individuals was seen by some as disconnected from the difficulty of quitting, including cravings, relapse, and withdrawal. Several participants suggested that by emphasizing benefits without acknowledging challenges, the concept understated the severity of nicotine dependence and therefore felt less persuasive.

Although the call to action "Ready to take the first step?" ranked lowest in direct preference testing, it was generally well received in tone. Participants appreciated that it spoke to contemplation rather than commitment, offering a gentle non-judgmental nudge. However, compared to more directive language such as "Make your plan", it was perceived as less concrete and less action-oriented, which may explain its lower selection despite the concept's overall strength.

### **Why Wait?**

The strength of "Why Wait?" lies in its messaging. Participants consistently described the language as clear, relatable, and action-oriented. Phrases such as, "You already have your reasons", "You're not alone in this", "Why wait?" and "Make your

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plan” resonated most strongly. These prompts were viewed as both motivating and empathetic - acknowledging the internal struggle associated with quitting while offering a tangible and manageable next step.

“It added some urgency for me that I think would be, more effective” – Young adult, Prairies

Participants who currently vape were particularly receptive to the line, “You’re not alone in this”. The idea of quitting alongside others or being part of a broader effort was seen as encouraging and emotionally validating. For these individuals, change felt more achievable when framed as a shared experience rather than an isolated challenge.

“I like the concept that you’re not alone, because I think especially if you’re young, you can feel really pressured to keep vaping if all your other friends are vaping and stuff. Just going through stuff with other people is always nice.” – Young adult, Atlantic Canada

The call to action, “Why wait? Take the first step. Make your plan at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping).” was the strongest-performing element of the concept. Many described it as the version they would be most likely to click, citing its clarity and directness.

While the imagery was often characterized as somewhat generic and not especially emotionally compelling, the overall colour palette was viewed as appropriately serious and better aligned with the topic and target age group.

“I think it’s a really good message, but the formatting, it just doesn’t work at all for me. It looks really out of place” – Young adult, North

### **You can do this**

Reactions to this concept were mixed to negative overall. While participants understood the intended message – that quitting is difficult but achievable – the connection between the imagery (hiking, guitar playing, skateboarding) and quitting vaping was widely viewed as unclear and unconvincing. Many noted that these activities can easily be done while vaping, which weakened the credibility of the message and diluted the intended symbolism.

“The main thing I have kind of an issue with is all of these activities, you’re actively doing something, whereas when you’re quitting vaping, you’re actively trying to not do something, so it’s a little different in a sense, you know? Like, guitar, you practice every day, whereas vaping, you’re trying to practice not practicing every day.” – Young adult, Ontario

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Participants who currently vape tended to be especially critical of this concept. They felt the concept did not reflect the lived realities of quitting, underestimated the difficulty of nicotine withdrawal, and failed to acknowledge the physical and psychological challenges involved. Without acknowledging struggle or presenting relatable quitting scenarios, the message felt distant and less authentic.

“For most people, vaping is not something they do because they enjoy it or because they want to. It’s something that they’ve gotten into a habit of doing because they need to feel a certain way.” – Young adult, British Columbia

When asked how the concept could be strengthened, participants suggested shifting toward imagery that conveys greater personal stakes or emotional significance (e.g., family milestones, academic achievements, travel goals), or toward visuals that more clearly signal effort, commitment, and perseverance. Others commented that the colour palette and layout felt visually busy or somewhat juvenile, which reduced the perceived seriousness of the topic.

« Peut-être quelque chose de plus extrême. Mettons si tu mets genre un saut en ‘bungee’. » / “Maybe something more extreme. Let’s say you do something like a bungee jump.” – Young adult, Quebec

The call to action performed moderately well and was generally understood. However, it was consistently seen as less compelling than “Make your plan” from “Why Wait?”. The phrase “Quitting vaping is possible” was viewed as encouraging, though somewhat generic, and “Get started” offered direction but lacked the specificity and sense of guided support that was conveyed by “Make your plan” in “Why Wait?”.

## **In summary**

The findings suggest that effective vaping cessation messaging for young adults must strike a careful balance between emotional resonance and behavioural clarity. While participants responded positively to supportive, empowering language, they were most persuaded by messaging that paired motivation with concrete next steps. Authenticity emerged as a critical driver of credibility, particularly among those who currently vape, who were quick to disengage from messaging that felt overly polished, overly optimistic, or disconnected from the realities of withdrawal and relapse.

Visual tone and language choices, including culturally and linguistically appropriate terminology in French, also played an important role in shaping perceptions of seriousness and trust.

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Overall, the results indicate that future creative executions may benefit from combining emotionally affirming framing with realistic depictions of challenge, alongside clear, actionable guidance that makes the quitting process feel structured, achievable and personally relevant.

## Conclusions

With five waves of research now completed since the 2017 baseline, the 2025 findings reinforce a central and persistent story: many core behaviours and attitudes related to opioids in Canada remain remarkably stable over time, even as the context surrounding substance use, public discourse, and policy continues to evolve.

Across much of the study, long-term trends show incremental change rather than transformation. For example, levels of claimed opioid use have remained broadly consistent, perceptions of danger are still high, and fentanyl continues to be widely viewed as extremely dangerous. In this sense, the data suggest a relatively steady state in public attitudes and self-reported behaviours, with few indicators pointing to sudden shifts or reversals.

That said, stability does not mean stagnation, and several developments in the 2025 wave merit close attention.

Most notably, self-assessed understanding has continued to improve. Confidence in understanding why opioids are dangerous remains substantially higher than it was earlier in the tracking period, and abilities related to recognizing overdoses or opioid use disorder have rebounded or strengthened compared with the mid-tracking dip observed in 2021. At the same time, these gains are uneven. While general awareness of danger is widespread, practical confidence in navigating help, responding to overdoses, or identifying addiction remains comparatively limited, pointing to a persistent gap between knowing that opioids are dangerous and knowing what to do about it.

Another important signal comes from changes in proximity and exposure. While fewer respondents now report having a friend or family member prescribed opioids compared with earlier peaks, exposure to more severe outcomes such as addiction and overdose has continued to rise over the longer term. This suggests that for many Canadians, opioid-related harms are becoming less abstract and more personally situated, even as overall usage levels remain relatively stable.

The findings also continue to underscore that not all segments experience or interpret opioid-related risks in the same way. As in previous waves, Indigenous respondents and men working in physically demanding jobs stand out as groups whose responses diverge meaningfully from the general population, though in different directions.

For men in physically demanding jobs, the data again point to higher exposure, greater willingness to accept risk, and more challenging attitudes in certain areas, including lower perceived danger and higher stated openness to risky behaviours. Qualitative insights reinforce

that stigma, workplace culture, and concerns about anonymity remain powerful barriers to seeking help within this group.

Indigenous participants, by contrast, continue to report very high proximity to opioid use and its harms, paired with comparatively strong awareness of risks and higher confidence in overdose recognition and response. However, these strengths coexist with significant structural and contextual barriers, including cost, access to services, concerns about stigma, and lower trust in government institutions. The findings again make clear that Indigenous experiences with opioids are shaped not only by individual behaviour but by broader social, geographic, and historical factors.

Beyond opioids specifically, the 2025 study also highlights emerging and adjacent dynamics. Polysubstance use remains relatively limited overall, but awareness of its risks is high and concern is widespread. Alcohol, in particular, occupies a complex space: widely normalized, yet increasingly recognized as carrying serious health risks. Public support for alcohol labelling and for framing alcohol-related harms as a public health issue has edged upward, suggesting a gradual recalibration of how risk is understood beyond illegal drugs alone.

Qualitative findings continue to play a critical role in contextualizing the survey data. Focus group discussions consistently reveal nuanced, experience-based understandings of substance use, addiction, and stigma. Participants readily describe the social and emotional drivers of use, the normalization of certain substances, and the ways stigma shapes silence, secrecy, and reluctance to seek help. At the same time, testing of vaping cessation concepts underscores an ongoing challenge for public communications: messages that feel generic, overly optimistic, or disconnected from lived experience struggle to resonate, particularly with young adults.

Taken together, the 2025 findings suggest a landscape characterized by durable attitudes, modest gains in knowledge, and persistent gaps in action and access. While awareness continues to improve and compassion remains widespread, practical confidence, structural barriers, and segment-specific needs remain key challenges. The evidence once again points to the importance of tailored, trust-based, and context-sensitive approaches that reflect how different groups experience risk, stigma, and support in very different ways.

In short, the story of opioids in Canada in 2025 is not one of dramatic change, but of gradual evolution layered onto deeply entrenched patterns. Understanding where those patterns hold, where they are beginning to shift, and for whom they differ most remains essential for informing effective policy, communication, and intervention going forward.

## Appendix A: Quantitative methodology report

### Survey methodology

Earncliffe Strategy Group's overall approach for this study was to conduct an online survey of a minimum of 3,400 Canadians aged 13 and older using an online panel sample. A detailed discussion of the approach used to complete this research is presented below.

### Questionnaire design

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

A minimum of 1,200 cases were collected as part of the sample of the general population. Oversamples (minimum of n=200-300) were also collected for the following groups:

- Plus an oversample n=300 additional youth aged 13-15 (est. incidence 3%);
- Plus an oversample n=300 additional parents of youth aged 13-15 (est. incidence 4%);
- Plus an oversample n=200 additional young adults aged 16-24 (est. incidence 10%);
- Plus an oversample n=300 additional Indigenous adults aged 18 and older (est. incidence 5%);
- Plus an oversample n=300 additional males who work in physically demanding jobs (est. incidence 5%);
- Plus an oversample n=300 of those who identify as LGBTQ2IA+ (est. incidence 4%);
- Plus an oversample n=200 additional people who use opioids legally, including prescriptions (estimated at 13%); and,
- Plus an oversample n=300 additional people who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids (estimated at 4%).

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

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Current wave	
Youth 13-15 oversample	
Gen pop sample	30
Oversample	278
Total	<b>308</b>
Parent of youth 13-15 oversample	
Gen pop sample	45
Oversample	309
Total	<b>354</b>
Young adults 16-24 oversample	
Gen pop sample	121
Oversample	442
Total	<b>563</b>
Men 20-59 oversample	
Gen pop sample	335
Oversample	1540
Total	<b>1875</b>
Indigenous oversample	
Gen pop sample	37
Oversample	294
Total	<b>331</b>
Ethnic and racialized communities oversample	
Gen pop sample	124
Oversample	476
Total	<b>600</b>
Males who work in physically demanding jobs	
Gen pop sample	118
Oversample	595
Total	<b>713</b>
People who use opioids legally oversample	
Gen pop sample	189
Oversample	389
Total	<b>493</b>
People who use opioids illegally oversample	
Gen pop sample	104
Oversample	389
Total	<b>493</b>
LGBTQIA+	
Gen pop sample	106
Oversample	331
Total	<b>437</b>

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

## Data collection

The online survey was conducted in English and French from November 28 to December 27, 2025 and took an average of 18 minutes to complete. The survey was undertaken by Leger using their proprietary online panel. For the surveys with respondents under 18, Leger initially screened adults to see whether they were a parent with a child between the ages of 13 and 17. For those who qualified, we randomly assigned youth or parent interviews to ensure representativeness (rather than filling all youth categories first and then parents of youth aged 13-15). All necessary and required permissions (including parental/guardian consent for youth 13-15) were obtained before proceeding with any youth surveys.

## Targets/weighting

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

The final data for the general population sample was weighted based on 2021 Census information. Weighting was applied based on region, age, and gender statistics to help ensure that the final dataset was in proportion to the Canadian population aged 13 and older.

Specific targets with regards to the oversamples were as follows:

- A general population survey of 1,200 adults living in Canada;
- Plus an oversample of n=300 additional youth aged 13-15;
- Plus an oversample of n=300 additional parents of youth aged 13-15;
- Plus an oversample of n=200 additional young adults aged 16-24;
- Plus an oversample of n=300 additional Indigenous adults aged 18 and older;
- Plus an oversample of n=300 additional males who work in physically demanding jobs;
- Plus an oversample of n=300 of those who identify as LGBTQIA+;
- Plus an oversample of n=200 additional people who use opioids legally, including prescriptions; and,
- Plus an oversample of n=300 additional people who use opioids illegally, including counterfeit prescriptions and/or other drugs that could be laced with opioids.

Quotas by demographics were set for the oversamples of youth 13-15, parents of youth aged 13-15, young adults 16-24, Indigenous adults, male labourers, and members of the LGBTQIA+ community but were not set for the oversamples of people who use opioids legally or illegally as the incidence rates are low for these two segments.

## Nonresponse

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 even before being invited to participate in this particular survey, let alone in deciding to answer any particular question within the survey.

## Quality controls

Prior to launching the survey, Earnscliffe and Health Canada tested the links to ensure programming matched the questionnaires. Leger 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

Results with upper-case subscript in the tables in this report, as well as those presented under a 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.

## Margin of error

Respondents for the online survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The data have been weighted to reflect the demographic composition of the Canadian population aged 13+. 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.

## Appendix B: Survey questionnaire

**PROGRAMMING NOTES:**  
**SECTION TITLES SHOULD NOT APPEAR ON SCREEN FOR RESPONDENTS.**  
**DO NOT PRESENT QUESTION NUMBERS ON SCREEN FOR RESPONDENTS.**  
**INCLUDE A PROGRESS BAR.**  
**ALL QUESTIONS ARE MANDATORY, BUT INCLUDE A DON'T KNOW AND/OR A PREFER NOT TO ANSWER OPTION.**  
**“OTHER (PLEASE SPECIFY)” QUESTIONS WILL NOT BE CODED.**

### Initial Panel-member Landing Page

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

**[NEXT]**

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

### Intro Page All Respondents

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#### 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 assess the knowledge, attitudes, and behaviours of Canadians when it comes to drugs and alcohol. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions regarding drugs and alcohol.

#### How does the online survey work?

- a. You are being asked to offer your opinions and experiences related to drugs through an online survey.
- b. We anticipate that the survey will take 15 minutes to complete.
- c. Your participation in the survey is completely voluntary.
- d. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

#### What about your personal information?

- e. The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- f. **Purpose of collection:** We require your personal information such as demographic information to better understand the topic of the research. However, your responses

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are always combined with the responses of others for analysis and reporting; no attempt will be made to identify you based on information provided.

- g. **For more information:** This personal information collection is described in the standard personal information bank [Public Communications – PSU 914](#), in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- h. **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

### What happens after the online survey?

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

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

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

**[CONTINUE]**

## Section 1: Initial Screening

1. What gender do you identify with?

Man	1
Woman	2
Other gender identity (please specify)	3
Prefer not to answer	9

2. In what year were you born?

[INSERT YEAR]

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

Newfoundland and Labrador	1
Nova Scotia	2
Prince Edward Island	3
New Brunswick	4
Quebec	5
Ontario	6
Manitoba	7
Saskatchewan	8

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Alberta	9
British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to answer [TERMINATE]	99
4. [EDITED] 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 LGBTQIA+ community	3
None of the above	4
Prefer not to answer	99
4a. [NEW] [IF AN INDIGENOUS PERSON AT Q4] Are you Two-Spirit?	
Yes	1
No	2
Prefer not to answer	9
5. What is your current employment status?	
Student/Apprentice	1
Employed	2
Unemployed	3
Prefer not to answer	99
6. In which of the following jobs or industries do you work, if any?	
Trades, transport and equipment operators and related occupations including:	1
Maintenance and equipment operation	
Installers, repairers, materials handlers	
Transport and heavy equipment operation and related maintenance occupations	
Natural resources, agriculture and related production, including:	2
Mining, oil and gas service workers, operators and labourers	
Machining, metal forming, shaping and erecting trades	
Logging and forestry workers	
Agriculture and horticulture workers	
Other workers in fishing, trapping and hunting occupations	
Harvesting labourers	
Landscaping and grounds maintenance labourers	
Manufacturing and utilities including:	3
Machine operators and production workers	
Assemblers	

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Labourers	
Construction/General labourer including:	4
Contractors and supervisors, industrial, electrical and construction trades and related workers	
Electrical trades and electrical power line and telecommunications workers	
Plumbers, pipefitters and gas fitters	
Carpenters and cabinetmakers	
Masonry and plastering trades	
Other construction trades	
Trades helpers, construction labourers and related occupations	
Other (please specify)	88
Prefer not to answer	99

**MALES WORKING IN PHYSICALLY DEMANDING JOBS: Q1=1 AND Q6=1 THRU 4**

**RESPONDENTS AGED 16 TO 24 PROCEED TO Q12**

7. [IF AGED 25 OR OLDER] Are you a parent or legal guardian of a child that is under 18 years old? If so, please indicate whether you have a child in each of the following age categories. Please select all that apply. [SELECT ALL WITH NONE/PNA MUTUALLY EXCLUSIVE]

- None
- Under 13 years of age
- 13-15 years of age
- 16-17 years of age
- Prefer not to answer

IF NO CHILDREN AGED 13-15 OR 16-17 ASSIGN TO GENPOP, SKIP TO Q12

IF RESPONDENT HAS A CHILD 13-15 AND/OR A CHILD 16-17, RANDOMLY ASSIGN TO ONE OF GENPOP (AND SKIP TO Q12); YOUTH 13-15 (AND ADVANCE TO PARENT CONSENT PAGE); OR YOUTH 16-17 (AND ADVANCE TO PARENT CONSENT PAGE)

**IF SELECTED FOR YOUTH INTERVIEW: Parent Consent Page**

We would like to include your teenager aged [INSERT 13-15/16-17 AS APPROPRIATE] in this very important study and are asking your permission to include them in our sample.

- Yes      NEXT SCREEN
- No        TERMINATE

**Background information**

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

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

#### **How does the online survey work?**

- a) Your child is being asked to offer their opinions and experiences related to drugs and alcohol through an online survey.
- b) We anticipate that the survey will take 15 minutes to complete.
- c) Your child's participation in the survey is completely voluntary.
- d) 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?**

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

#### **What happens after the online survey?**

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

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

Please click continue once the youth respondent is ready to participate. [ROUTE TO APPLICABLE BACKGROUND INFORMATION FOR TEEN]

**[CONTINUE]**

**Youth Landing Page**

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Your parent or guardian has suggested that you might agree to take part in this short survey on drugs and alcohol. We anticipate that the survey will take approximately 15 minutes to complete. Please click “NEXT” if you would like to continue.

**[NEXT]**

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

### **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 assess the knowledge, attitudes, and behaviours of Canadians when it comes to drugs and alcohol. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions regarding drugs and alcohol.

[YOUTH 13-15 ONLY]: Your parent or legal guardian has given permission for you to participate in this very important study.]

[YOUTH 16-17 ONLY]: Your parent or legal guardian has agreed to let us invite you to participate in this very important study.]

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

### **How does the online survey work?**

- a) You are being asked to offer your opinions and experiences related to drugs and alcohol through an online survey.
- b) We anticipate that the survey will take 15 minutes to complete.
- c) Your participation in the survey is completely voluntary.
- d) Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

### **What about your personal information?**

- e) The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- f) **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; no attempt will be made to identify you based on information provided.

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- g) **For more information:** This personal information collection is described in the standard personal information bank [Public Communications – PSU 914](#), in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).
- h) **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

#### **What happens after the online survey?**

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

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

**[CONTINUE]**

## **Section 2: Youth Screening**

8. [EDITED] What gender do you identify with?

- |                                        |   |
|----------------------------------------|---|
| Man (or boy)                           | 1 |
| Woman (or girl)                        | 2 |
| Other gender identity (please specify) | 3 |
| Prefer not to answer                   | 9 |

9. In what year were you born?

[INSERT YEAR]

10. 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 |

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Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to answer [TERMINATE]	99

11. [EDITED] 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 LGBTQIA+ community	3
None of the above	4
Prefer not to answer	99

**INDIGENOUS:** Q4=1 OR Q11=1

**ETHNIC OR RACIALIZED COMMUNITY:** Q4=2 OR Q11=2

11a.[NEW] [IF AN INDIGENOUS PERSON AT Q11] Are you Two-Spirit?

Yes	1
No	2
Prefer not to answer	9

### Section 3: Drug Use Screening

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

12. Have you taken any of the following?

[TABLED EDITED]

Generic name	Canadian Trade name (examples)	Other names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2, 3, 4 (codeine, acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Fentanyl citrate injection ®, Sandoz Fentanyl Patch ®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin		Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Dalmacol®, PDP-Hydrocodone®	Hydro, Vicoprofen, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Meperidine Hydrochloride injection®	Demerol, Demmies

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Generic name	Canadian Trade name (examples)	Other names
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral Sirop®, Sandoz Morphine, Statex®, Kadian®	M, morph, red rockets
Oxycodone	Apo-oxycodone, OxyNEO®, Rivacocet®, Sandoz oxycodone®, PMS-Oxycodone CR	Oxycocet, Oxy, hillbilly heroin, Percocet, percs
Pentazocine		Ts, Ts & Cs
Tapentadol	Nucynta®	Unknown
Tramadol	Apo-Tramadol®, Mar-tramadol/acet®, Tridural®, Durela®, Zytram ®,	Chill pills, ultras

- Have taken in the past year [“People who use opioids”] 1
- Have taken, but not in the past year [“People who used opioids”] [SKIP TO Q14] 2
- Have never taken [SKIP TO Q14] 3
- Prefer not to answer [SKIP TO Q14] 8
- Don’t know [SKIP TO Q14] 9

[IF Q12=1 (PEOPLE WHO USE OPIOIDS), ASK Q13]

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

- Always have a prescription in your name [“People who use opioids legally”] 1
- Usually have a prescription in your name [“People who use opioids illegally”] 2
- Sometimes have a prescription in your name [“People who use opioids illegally”] 3
- Rarely have a prescription in your name [“People who use opioids illegally”] 4
- Never have a prescription in your name [“People who use opioids illegally”] 5
- Prefer not to answer 8
- Don’t know 9

**[People who use opioids: Q12=1. People who used opioids: Q12=2. People who use opioids legally: Q13=1. People who use opioids illegally: Q13=2 THRU 5.]**

14. [EDITED] Has your doctor ever refused to prescribe you or provide refills of an opioid when you needed it for pain?

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

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15. [EDITED] Have you taken any of the following? (RANDOMIZE)

- a) Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angie)
- b) Ecstasy (such as E, X, Molly), or hallucinogens (such as Psilocybin, also known as magic mushrooms/shrooms, LSD, also known as Acid, blotters, etc.)
- c) Benzodiazepines without prescription (benzos, downers)
- d) Methamphetamine (such as meth, crystal meth, crank, speed)

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

[**People who use opioids illegally:** Q13=2 THRU 5 OR Q15A=1 OR Q15B=1 OR Q15C=1 OR Q15D=1.]

#### Section 4: Awareness, Impressions and Basic Understanding

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

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

Opioids are medicines/and or drugs generally used to manage pain. Opioids can be prescribed medications or they can also be produced or obtained illegally.

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

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## [EDITED TABLE]

Generic name	Canadian Trade name (examples)	Other names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2, 3, 4 (codeine, acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Fentanyl citrate injection®, Sandoz Fentanyl Patch®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin		Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Dalmacol®, PDP-Hydrocodone®	Hydro, Vicoprofen, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Meperidine Hydrochloride injection®	Demerol, Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral Sirop®, Sandoz Morphine, Statex®, Kadian®	M, morph, red rockets
Oxycodone	Apo-oxycodone, OxyNEO®, Rivacocet®, Sandoz oxycodone®, PMS-Oxycodone CR	Oxycocet, Oxy, hillbilly heroin, Percocet, percs
Pentazocine		Ts, Ts & Cs
Tapentadol	Nucynta®	Unknown
Tramadol	Apo-Tramadol®, Mar-tramadol/acet®, Tridural®, Durela®, Zytram®	Chill pills, ultras

## 17. [EDITED] How well do you know these types of opioids?

- I've never heard of any of these 1
- I've heard of at least one but don't know much 2
- I know a little about at least one of them 3
- I know a lot about at least one of them 4
- Don't know/Prefer not to answer 9

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

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

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19. How familiar, if at all, would you say you are with fentanyl?

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

20. [IF Q19>1] To the best of your knowledge, how dangerous, if at all, is fentanyl?

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

21. Based on your impressions, how dangerous, if at all, would you say opioids are for each of the following? [RANDOMIZE]

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

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

22. How aware, if at all, would you say you are of Canada's opioid crisis?

Not at all aware [SKIP TO Q26]	1
Not very aware	2
Somewhat aware	3
Very aware	4
Don't know/Prefer not to answer	9

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23. How serious, if at all, would you say the opioid crisis is in Canada?

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

24. Based on your impressions, how serious, if at all, would you say the opioid crisis is in your community?

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

25. Which approach do you believe would work best to end the opioid crisis in Canada?

A public health approach, focussing on prevention, education, and increased funding for treatment and support services	1
A law enforcement approach focussing on stricter penalties for drug trafficking and organized crime	2
A combined approach using both public health and law enforcement	3
Don't know/Prefer not to answer	9

26. [EDITED] To the best of your knowledge, how often are illegal drugs (like methamphetamine or cocaine) mixed with opioids, without the person taking them knowing?

Never	4
Seldom	3
Some of the time	2
Most of the time	1
Don't know/Prefer not to answer	9

27. Please indicate how strongly you agree or disagree with each of the following statements about Naloxone. [RANDOMIZE]

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

Strongly disagree	1
Disagree	2

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

### Section 5: Attitudes Relating to Behaviours, Risk and Harms

28. [EDITED] Please indicate how strongly you agree or disagree with each of the following statements. [RANDOMIZE]

- a) I understand why opioids are dangerous
- b) If I needed to, I am confident I could easily find help for dealing with higher risk opioid use (or an opioid addiction)
- c) I would know what to do if I saw a person experiencing an overdose
- d) I think I'd be able to identify signs of an opioid overdose if faced with them
- e) I think I'd be able to identify signs of an opioid use disorder (addiction)

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

### Section 6: Attitudes Regarding Stigma

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

- a) I don't have much sympathy for people who misuse opioids
- b) People who overdose on opioids get what they deserve
- c) A lack of self-control is usually what causes a dependence on, or an addiction to, opioids
- d) People who are dependent on or addicted to opioids could stop taking them if they really wanted to
- e) Addiction to opioids is a disease
- f) We should be using more of our health care resources for dealing with addictions to drugs
- g) If I were prescribed an opioid, I would not want my friends or family to know that
- h) If I ever developed opioid use disorder (addiction), I would feel comfortable seeking help
- i) People who have an opioid use disorder (addiction) deserve the help they need to lead a healthy lifestyle
- j) The opioid crisis in Canada is a public health issue

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- k) You can become addicted to opioids, even if you follow your doctor's instructions
- l) It's mostly people who are homeless, down on their luck, or who already have other drug use problems who develop an opioid use disorder (addiction)
- m) People who live with any drug addiction are dangerous and/or untrustworthy
- n) Society is not very friendly toward people living with a drug addiction
- o) I think my friends or family would feel comfortable telling me they were living with a drug addiction
- p) Society's attitudes about people living with a drug addiction affect whether people living with a drug addiction seek help or treatment
- q) I think people living with a drug addiction can recover
- r) I would see myself as weak if I had to ask for help because of my substance use
- s) It takes strength for a person with a substance addiction to ask for help
- t) There is a stigma around people who use drugs
- u) [PARENTS ONLY] If I were ever to feel my teen were living with a drug addiction, I would know how to get help

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

## Section 7: Risk Behaviour Profiling

[EDITED TABLE]

Generic name	Canadian Trade name (examples)	Other names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2, 3, 4 (codeine, acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Fentanyl citrate injection®, Sandoz Fentanyl Patch®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin		Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Dalmacol®, PDP-Hydrocodone®	Hydro, Vicoprofen, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Meperidine Hydrochloride injection®	Demerol, Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, dolls, wafers
Morphine	Doloral Sirop®, Sandoz Morphine, Statex®, Kadian®	M, morph, red rockets

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Oxycodone	Apo-oxycodone, OxyNEO®, Rivacocet®, Sandoz oxycodone®, PMS-Oxycodone CR	Oxycocet, Oxy, hillbilly heroin, Percocet, percs
Pentazocine		Ts, Ts & Cs
Tapentadol	Nucynta®	Unknown
Tramadol	Apo-Tramadol®, Mar-tramadol/acet®, Tridural®, Durela®, Zytram ®,	Chill pills, ultras

30. Please indicate whether any of the following are true or false, to the best of your knowledge or recollection. [RANDOMIZE]

- At least one friend or family member has been prescribed one of these drugs
- [EDITED SLIGHTLY] At least one friend or family member has used one of these drugs without a prescription in their name or purchased illegally
- I have known someone who has had a non-fatal overdose of one of these drugs
- I have known someone who died of an overdose of one of these drugs
- I have known someone who became addicted to one of these drugs
- [ASK PARENTS OF 13-15 ONLY] I have a teen child who has been prescribed one of these drugs in the past year

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

## PEOPLE WHO USE OPIOIDS SECTION

[EDITED TABLE]

Generic name	Canadian Trade name (examples)	Other names
Buprenorphine	BuTrans®	Bupe, bute, subs, tems
Buprenorphine-naloxone	Suboxone®	Subby, bupe, sobos
Codeine	Tylenol® 2,3, 4 (codeine _ acetaminophen)	Cody, captain cody, T1, T2, T3, T4
Fentanyl	Fentanyl citrate injection®, Sandoz Fentanyl Patch®	Patch, sticky, sticker, Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash, Fenty
Heroin		Smack, H, brown sugar, junk, skag, horse
Hydrocodone	Dalmacol®, PDP-Hydrocodone®	Hydro, Vicoprofen, Vike
Hydromorphone	Dilaudid®	Juice, dillies, dust
Meperidine	Meperidine Hydrochloride injection®	Demerol, Demmies
Methadone	Methadose®, Metadol®	drink done, metho, jungle juice, , dolls, wafers
Morphine	Doloral Sirop®, Sandoz Morphine, Statex®, .®, Kadian®,	M, morph, red rockets

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Oxycodone	Apo-oxycodone, OxyNEO®, Rivacocet®, Sandoz oxycodone®, PMS-Oxycodone CR	Oxycocet, Oxy, hillbilly heroin, Percocet, percs
Pentazocine		Ts, Ts & Cs
Tapentadol	Nucynta®	Unknown
Tramadol	Apo-Tramadol®, Mar-tramadol/acet®, Tridural®, Durela®, Zytram ®,	Chill pills, ultras

31. [IF PEOPLE WHO USE OR USED OPIOIDS] You previously indicated that you have taken at least one of the opioids on this list. What is the primary reason(s) you started using opioids? Check all that apply. [RANDOMIZE. SELECT ALL THAT APPLY]

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5
- To manage pain resulting from a medical procedure (e.g., surgery) 6
- Other (please specify) 8
- Don't know/Prefer not to answer 9

32. [IF PEOPLE WHO USE OPIOIDS] What is the primary reason(s) for using opioids today? Check all that apply.

- To manage pain resulting from an injury 1
- To manage pain resulting from another chronic disease (e.g., cancer) 2
- To manage chronic pain 3
- To address stress 4
- For recreational purposes 5
- To manage pain resulting from a medical procedure (e.g., surgery) 6
- While I have used opioids in the past year, I no longer use opioids [ANCHOR] 7
- Other (please specify) [ANCHOR] 8
- Don't know/Prefer not to answer [ANCHOR] 9

33. [IF USED OPIOIDS TO MANAGE PAIN] Have you ever felt you have been treated differently by a health care provider or a first responder as a result of your opioid use for the management of your pain?

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

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34. [IF YES] Did this difference make you feel any better or worse about how you were being treated?

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

35. [EDITED] [IF PEOPLE WHO USE OR USED OPIOIDS] You previously indicated that you have taken at least one of the opioids on this list.

Thinking about the opioid(s) you have used, how often were they prescribed specifically for you?

By this we mean opioids prescribed specifically for you, or that were given to you by a healthcare provider, or that were administered to you in a healthcare setting (e.g., hospital or clinic)?

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

36. [IF Q35<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed specifically for you, how many times would you say you used them?

Once or twice	1
A few times	2
Many times	3
Almost daily	4
Daily	5
Don't know/Prefer not to answer	9

37. [EDITED SLIGHTLY] [IF Q35<5 (Never, Rarely, Sometimes, Usually)] Thinking of the opioids you took that were not prescribed specifically for you, where did you get them? Check all that apply. [SELECT ALL THAT APPLY]

A friend's or relative's prescribed opioid	1
From the illegal market (online, by phone or in-person)	2
Other (please specify)	8
Don't know/Prefer not to answer	9

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38. [IF Q35<5 (Never, Rarely, Sometimes, Usually)] When you had opioids that were not prescribed specifically for you, for what reason(s) did you take them? [SELECT ALL THAT APPLY]

Pain relief	1
To try it out/see what it felt like	2
For the feeling it causes	3
To get high	4
To manage stress or mental health	5
Other (please specify)	8
Don't know/Prefer not to answer	9

39. [IF Q35<5 (Never, Rarely, Sometimes, Usually)] If you knew that the non-prescribed opioid(s) you were taking contained fentanyl, would you still take any of it?

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

40. [IF PEOPLE WHO USE OR USED OPIOIDS] How often did/do you take other drugs or alcohol at the same time as an opioid(s)?

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

41. [EDITED] [IF Q40=2 THRU 5] Which of the following have you taken at the same time as an opioid? Check all that apply. [RANDOMIZE]

Alcohol (beer, cider, wine, spirit)	1
Cannabis (smoking weed, grass, herb, edibles, vaped)	2
Methamphetamine (meth, crystal meth, crank, speed)	3
Benzodiazepines without prescription (benzos, downers)	4
Cocaine (such as coke, snow, powder) or crack cocaine (such as rock, freebase, angle)	5
Other (please specify)	8
Don't know/Prefer not to answer	9

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42. [NEW QUESTION] To what extent do you agree or disagree with the following statement?

Taking multiple drugs or/and alcohol at the same time increases the risk of developing serious health problems.

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

43. How familiar, if at all, are you with the risks associated with taking multiple drugs or/and alcohol at the same time?

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

44. [NEW QUESTION] To what extent do you agree or disagree with the following statement?

People can consume multiple substances at the same time or close in time unintentionally

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

45. [IF PEOPLE WHO USE OR USED OPIOIDS] Have you ever sought treatment for an opioid use disorder (opioid addiction)?

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

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46. [IF Q30F=1 (PARENT OF 13-15 YEAR-OLD WHO USES OPIOIDS LEGALLY)] You indicated that you have a teenager who has been prescribed an opioid in the past year. To the best of your knowledge, has your teen been taking their opioid medication as prescribed?
- |                                 |   |
|---------------------------------|---|
| Yes                             | 1 |
| No                              | 2 |
| Don't know/Prefer not to answer | 9 |
47. [IF Q30F>1 (PARENT OF 13-15 YEAR-OLD WHO HAS NOT BEEN PRESCRIBED OPIOID IN THE PAST YEAR)] To the best of your knowledge, has your teen ever been prescribed an opioid?
- |                                 |   |
|---------------------------------|---|
| Yes                             | 1 |
| No                              | 2 |
| Don't know/Prefer not to answer | 9 |
48. [IF PARENT OF TEEN 13-15] And to the best of your knowledge, has your teen ever tried an opioid that had not been prescribed for them?
- |                                 |   |
|---------------------------------|---|
| Yes                             | 1 |
| No                              | 2 |
| Don't know/Prefer not to answer | 9 |
49. [EDITED] [IF 13-15 YEAR-OLD TEEN] If people your age get opioids without a real prescription, where do you think they get them? Check all that apply.
- |                                                                            |   |
|----------------------------------------------------------------------------|---|
| A fake prescription (e.g. a forged, altered or counterfeited prescription) | 1 |
| A friend's prescribed opioid                                               | 2 |
| A relative's prescribed opioid                                             | 3 |
| A drug dealer or other stranger                                            | 4 |
| The Internet                                                               | 5 |
| Other (please specify)                                                     | 8 |
| Don't know/Prefer not to answer                                            | 9 |
50. [IF PARENT OF 13-15 YEAR-OLD OR 16-17 YEAR-OLD TEEN] If your teen needed help for drug use, how confident are you that you would know where to get it?
- |                                 |   |
|---------------------------------|---|
| Not at all confident            | 1 |
| Not very confident              | 2 |
| Somewhat confident              | 3 |
| Very confident                  | 4 |
| Don't know/Prefer not to answer | 9 |

## Section 8: Opioid Information

51. Please indicate how much you would trust or distrust each of the following if they were providing you with information on opioid use and its effects. [ASK ALL RESPONDENTS ITEM a. RANDOMLY SELECT AN ADDITIONAL 7 OF THE 12 ITEMS b TO m. RANDOMIZE ALL ITEMS TO BE ASKED.]

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

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

52. [NEW QUESTION] [IF PARENT OF TEEN 13-15] How much do you currently know about the substance use education your teen receives at school?

Nothing at all	1
A little	2
A fair amount	3
A lot	4
Don't know/Prefer not to answer	9

53. [NEW QUESTION] [IF PARENT OF TEEN 13-15] If your teen participated in an educational session about the risks of substance use delivered by Health Canada, would you want information about the session?

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

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54. [NEW QUESTION] [IF PARENT OF TEEN 13-15] If you want to receive information about substance use to have a conversation with your child, how would you want to receive this information? Check all that apply.

From the school or teacher in an e-mail	1
From the school or teacher in a parent portal or messaging app (School Messenger or otherwise)	2
On social media through the school's social media	3
With printed material sent home with the student	4
A follow-up session or webinar for parents	5
Other (please specify)	8
Don't know/Prefer not to answer	9

55. [NEW QUESTION] [IF PARENT OF TEEN 13-17] What types of information would be most useful to receive about your teen's substance use education? Check all that apply.

A summary of the topics that were covered	1
Practical tips for continuing the substance use conversation with your teen	2
More information about specific drugs	3
Information about the role of parents in preventing, delaying or encouraging informed decisions about substance use	4
Links for help with substance use	5
Opportunities to ask questions or provide feedback	6
Other	8
Don't know/Prefer not to answer	9

56. [NEW QUESTION] [IF PARENT OF TEEN 13-17] Is there information that would be helpful to support a conversation with your teen about substance use? (Select all that apply)

Age appropriate conversation topics	
How to prepare for a conversation	
The do's and donts	
Understanding your teen (their perspective, behaviors/mind-set, attitude)	
What to say when you as a parent use substances	
Discussion guide/scenarios	
Signs of use and/or addiction	
Other	
Don't know/Prefer not to answer	

57. [NEW QUESTION] [IF PARENT OF TEEN 13-17] Where would you look for information on having a conversation with your teen about drugs and substance use? Check all that apply.

Health practitioner	1
---------------------	---

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School services	2
Government of Canada	3
Internet	4
Social media	5
Other	8
Don't know/Prefer not to answer	9
58. [IF PARENT OF TEEN 13-17] Among the following topics, which ones have you discussed with your teenage child/children, if any? [RANDOMIZE ORDER. SELECT ALL THAT APPLY.]	
Drug use in general	1
The use of prescribed opioids	2
The risk of illegal opioids, meaning opioids that have not been prescribed to the person using them	3
The risk of illegal drugs in general	4
Higher risk drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with drug or opioid use (drug or opioid addiction)	7
Peer pressure	8
Experimenting with drugs	9
Don't know/Prefer not to answer	99
59. [IF 13-17 YEAR-OLD TEEN] Among the following topics, which ones have you already had a discussion with one of your parents about, if any? [RANDOMIZE ORDER. SELECT ALL THAT APPLY.]	
Drug use in general	1
The use of prescribed opioids	2
The use of illegal opioids, meaning opioids that have not been prescribed to the person using them	3
The use of illegal drugs in general	4
Higher risk drug or opioid use (drug or opioid addiction)	5
Drug or opioid overdoses	6
How to get help with higher risk drug or opioid use (drug or opioid addiction)	7
Don't know/Prefer not to answer	9
60. [NEW QUESTION] [IF 16-24 YEAR OLD] Do you think information about substance use is missing or not being communicated to young people that should be?	
Yes [continue]	1
No [skip to Q62]	2
Don't know/Prefer not to answer [skip to Q62]	9

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61. [NEW QUESTION] [IF 16-24 YEAR OLD] [IF YES TO Q60] What information is missing or not being communicated to young people that should be?

[open end]

Don't know/Prefer not to answer 9

## Section 9: Alcohol

Switching topics, the next few questions are about alcohol.

62. [EDITED] Which of the following types of information, if any, do you think should appear on labels for alcoholic beverages? [RANDOMIZE ORDER. SELECT ALL THAT APPLY.]

Ingredients 1

Calories 2

Nutritional information 3

Health risks/warnings 4

Number of standard servings that are in the container 5

None of the above 6

Don't know/Prefer not to answer 9

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

a) Alcohol use is a public health issue

b) Alcohol use increases a person's risk of developing serious health conditions

c) People who have alcohol use disorder (addiction) could stop if they really wanted to

d) Alcohol use among youth is a serious problem in Canada

e) Drinking alcohol during pregnancy can be safely done

f) The federal government should be doing more to address alcohol-related harms

g) Any amount of alcohol consumption can have risks to your health

Strongly disagree 1

Disagree 2

Neither agree nor disagree 3

Agree 4

Strongly agree 5

Don't know/Prefer not to answer 9

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## Section 10: Demographics

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

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

English	1
French	2
Other (please specify)	8
Prefer not to answer	9

65. [IF INDIGENOUS] You have identified yourself as an Indigenous person. Are you...?  
[SELECT ALL THAT APPLY]

First Nations	1
Métis	2
Inuk (Inuit)	3
Prefer not to answer	9

66. [IF INDIGENOUS] In what language would you prefer to receive digital or printed information from the Government of Canada?

Cree (Atikamekw, Eastern, Moose, Plains, Swampy and Woods)	1
Denesuline	2
English	3
French	4
Inuktitut	5
Mikmaq	6
Montagnais (Innu)	7
Nunavimmiutut	8
Ojibwa (Central, Eastern, North-Western, Oji-Cree, Saulteau)	9
Other (please specify)	88
Prefer not to answer	99

67. [IF NOT INDIGENOUS] Are you...? [SELECT UP TO THREE]

White	1
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	2
Chinese	3
Black	4
Filipino	5
Latin American	6
Arab	7
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)	8

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West Asian (e.g., Iranian, Afghan, etc.)	9
Korean	10
Japanese	11
Other (please specify)	88
Prefer not to answer	99

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

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

69. [IF >15 YEARS OF AGE] Which of the following categories best describes your total household income for 2024? 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

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

[INSERT FIRST THREE DIGITS OF POSTAL CODE. FORMAT A1A]	
Prefer not to answer	9

[PRE-TEST ONLY ADD QUESTIONS A THRU J]

- A. Did you find any aspect of this survey difficult to understand? Y/N
- B. [IF A=YES] If so, please describe what you found difficult to understand.
- C. Did you find the way of the any of the questions in this survey were asked made it impossible for you to provide your answer? Y/N
- D. [IF C=YES] If so, please describe the problem with how the question was asked.
- E. Did you experience any difficulties with the language? Y/N

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- F. [IF E=YES] If so, please describe what difficulties you had with the language.
- G. Did you find any terms confusing? Y/N
- H. [IF G=YES] If so, please describe what terms you found confusing.
- I. Did you encounter any other issues during the course of this survey that you would like us to be aware of? Y/N
- J. [IF I=YES] If so, what are they?

This concludes the survey. Thank you for your participation!

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

## Appendix C: Qualitative methodology report

### Methodology

The overall objective of the study was to track changes since the Follow-up Survey and Qualitative Research on Controlled Substances Awareness, Knowledge and Behaviours for Public Education conducted in 2024, regarding the current state of awareness, knowledge, attitudes, beliefs (including assessing opinions around varying harm reduction measures), and behaviours with respect to opioids and other controlled substances.

The research commenced with qualitative research to:

- Gain insights into awareness, perceptions, and attitudes among target audiences on issues related to controlled substances, including:
  - Opioid use in their communities;
  - Government actions; and,
  - Opinions on actions to respond to the opioid overdose crisis.
- Test up to three proposed creative concepts for the vaping campaign to ensure campaign messaging and creative branding are on target and resonate with the target audience.

The following results are based on a series of seven focus groups that were conducted between November 24th and 25th, 2025. The target audiences for the focus groups were comprised of young adults aged 16-24, with some (6 out of 12) participants who vape or have vaped in the last 30 days. Atlantic Canada held two groups (one per official language), while the following regions held one group each: Northern Canada (English), British Columbia (English), the Prairies (English), Ontario (English), and Quebec (French). Participants from language minority communities were invited to join in their preferred language.

The following table outlines the focus group schedule and turnout:

Group	Audience	Region/Language	No of recruits	No of participants
1	Young adults	Atlantic Canada (English)	12	9
2	Young adults	Quebec (French)	12	10
3	Young adults	Prairies (English)	12	9
4	Young adults	Atlantic Canada (French)	12	9
5	Young adults	Ontario (English)	12	11
6	Young adults	British Columbia (English)	12	9
7	Young adults	North (English)	12	7
Total			84	64

### Recruitment

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Participants were recruited using recruitment screeners (see Appendix E).

For each focus group, up to 12 participants were recruited with residents of locations across the country selected specifically because they are currently facing higher rates of drug overdoses. Our field work subcontractor, Quality Response, and their selected suppliers reached out to members of their respective databases first via email and followed up with telephone calls to pre-qualify participants. They then conducted telephone recruitment to supplement in each market.

## Moderation

Two moderators were used to conduct the focus groups. Our team debriefed with Health Canada after evenings of focus groups to discuss the functionality of the discussion guide, any issues relating to recruitment, turnout, and technology.

## A note about interpreting qualitative research results

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

## Glossary of terms

The following is a glossary of terms which explains the generalizations and interpretations of qualitative terms used throughout the report. These phrases are used when groups of participants share a specific point of view and emerging themes can be reported. Unless otherwise stated, it should not be taken to mean that the rest of participants disagreed with the point; rather others either did not comment or did not have a strong opinion on the question.

Generalization	Interpretation
Few	Few is used when less than 10% of participants have responded with similar answers.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
Majority/Plurality	Majority or plurality are used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous/Almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

## Appendix D: Discussion guide

### Introduction

Section time: 10 min / Cumulative time: 10 min

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

- The name of the firm the moderator works for, and the type of firm that employs them (i.e., an independent marketing research firm).
- I would like to acknowledge that I am joining from the traditional, unceded territory of the Algonquin Anishinaabe nation. I recognize that we are all joining from different places and encourage you to share the Indigenous traditional territory you are joining from as part of your introduction later.
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other.
- Results are confidential (to be kept secret or private) and reported all together/individuals are not identified/participation is voluntary.
- I also want to acknowledge the sensitive nature of our conversation today and to reassure you that you should feel completely at ease declining to answer any questions you prefer not to answer or to answer in the chat if you're more comfortable. What you share will be treated respectfully.
- The length of the session (up to 2 hours).
- The presence of any observers, their role and purpose, and the means of observation (observers viewing and listening in remotely).
- The presence and purpose of any recording being made of the session.
- Confirm participants are comfortable with the platform and some of the specific settings such as: how to mute and unmute themselves; where the hand raise button is; and the chat box.
- As mentioned, when we invited you to participate in this discussion group, we're conducting research on behalf of Health Canada. The purpose is to explore issues related to health care in Canada.

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

Introduction of participants: To get started, please tell us your first name, where you are joining us from, and one of your favourite interests or hobbies.

### Awareness and understanding of substance use and addiction

Section time: 10 min / Cumulative time: 20 min

- [chat box] What does the term 'substance use' mean to you? Please use the chat box to record your answer. You can share it with "everyone". For those who can't use the chat box, I will ask for your answer verbally in sequence.

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- Is all substance use negative? Do you see any benefits?
- [chat box] What does the term 'addiction' mean to you? Again, please use the chat box to record your answer.

Today we will be talking about substance use.

[show on screen] There are many ways people think about substance use. When we talk about substance use for today's conversation, we mean using things like alcohol, drugs and vaping. We're also talking about the full range – some substance use can be beneficial (like taking prescribed medication or ceremonial tobacco), lower risk (like using cannabis following the lower-risk guidelines) or higher-risk (like binge drinking or addiction). When we talk about addiction, we mean when someone is harming themselves or others with their substance use and they can't stop even if they want to. Today, the conversation will include legal and illegal substances.

### Vaping cessation creative concepts

Section time: 40 min / Cumulative time: 60 min

We are going to be sharing with you some advertisement concepts that are meant to encourage young adults to consider quitting vaping.

Before we look at the concepts, quick question for everyone, [hands up] do you vape?

I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you three (3) ad concepts that are currently being considered by the Government of Canada to produce video ads that could eventually appear on digital media such as social media or on websites. For each concept I will also show a static banner ad, in other words a clickable image that would be used online. Also keep in mind that depending on where you see these ads, you would be able to click on them to get more information from a website.

Here is what we will be looking at for the video concepts:

Each of the video ad concepts have images and text.

- The images you will see look like a comic strip. This is called a "storyboard".
- You will also see text on these storyboards.
- Some of this text is for a voice that will be heard over the ad, spoken by a voice actor. And some of this text explains what is happening in one of the images.
- What you will see is not what the final product will look like. Your input from tonight will help improve them. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

So, when you look at them you will have to use your imagination.

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[the moderator will present each concept and go through the discussion questions after each concept is presented].

- [poll] To begin, please rate this concept on a scale of 1 to 10 where 10 is excellent and 1 is terrible.
- Overall, what are your initial thoughts and feelings about this concept?
  - What did you like and dislike about this ad?
- In a few words, what do you think is the main message? What are they trying to tell us?
- What do you think this concept is trying to get us to do?
- **Concept A (You can do this):** Do you like the activities that are featured? Are there other activities or things that are hard to accomplish that you think should be featured instead?

For those who vape:

- Do you think this approach would get you to consider quitting vaping? If so, to what extent (high/low)?
- Would this approach motivate you to stay away from vaping or for you to encourage others to quit vaping? Why or why not?
- Would you click through this ad? Why or why not?

We have seen and discussed three approaches for the advertising campaign. I would like to show you all of them again for a final exercise.

[moderator to share images of all three concepts again on one screen.]

- [poll] Which is the one (1) advertising concept that you think is the most effective? The one that you would want the Government of Canada to produce.
  - For those who chose A...why did you select that concept?
  - For those who chose B...why did you select that concept?
  - For those who chose C...why did you select that concept?
- [poll] The ads all have a call to action at the end. Which one do you like the most or find the most motivating, and why? Which one do you think is the most likely to prompt someone to take action?
  - Concept A (You can do this): Quitting vaping is possible, too. Get started at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)
  - Concept B (Why wait?): Why wait? Take to first step. Make your plan at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)
  - Concept C (This is your moment): Ready to take the first step? Visit [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)
- Do you see an opportunity for the Government of Canada to improve the one you picked?

## Understanding of opioids and overdoses

Section time: 15 min / Cumulative time: 75 min

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

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- [chat box] When we use the term illegal drugs, what comes to mind?
- [show of hands] Have you heard about illegal drugs being mixed with other substances? What do you know about that? Where did you hear about it?
  - If needed: Have you heard of illegal drugs being tainted with opioids such as fentanyl? If so, where did you hear about it?
- [show of hands] How many of you are familiar with the term opioids?
  - What do you know about opioids?
  - Where did you get that knowledge?

[show opioids chart on screen and read the following description] Opioids are drugs with pain relieving properties that are used primarily to treat pain. Opioids can be prescribed medications (like codeine, morphine, oxycodone) but are also illegally produced and sold (like heroin, illegally produced fentanyl and other counterfeit pills containing opioids) and can be present in other non-opioid illegal drugs (tainted).

- If you knew that illegal drugs could contain opioids like fentanyl, would that affect your decision to take them? Why or why not?
- What would influence or make you more or less likely to use an illegal drug if you thought it might contain opioids like fentanyl?
- Can someone tell if illegal drugs are safe or unsafe? If so, how would someone know if the drugs are safe or not?
- [show of hands] Do you think it is possible to recognize the signs or symptoms of an opioid overdose?
  - What signs or symptoms are you thinking of?
- Would you know what to do if you thought someone was experiencing an opioid overdose?
  - What steps would you take? Would you call for help? Why or why not?
- [show of hands] Have you heard of Naloxone?
  - [if yes] Would you be able to tell us what it is used for? Where would you find it?
  - [if no] It is also referred to as Narcan. Have you heard of that?
  - [moderator may provide] Naloxone is a fast-acting drug used to temporarily reverse the effects of opioid overdoses. Take-home naloxone kits are available at most pharmacies. A prescription is not needed. Ask the pharmacist.
- [show of hands] Does anyone know what the Good Samaritan Drug Overdose Act is?
  - If so, do you have any thoughts on it? Do you think it is beneficial or not?

[show on screen] The Good Samaritan Drug Overdose Act provides some legal protection for individuals who experience or witness an overdose and call 911 or their local emergency number for help. The Act can protect you from charges for possession of drugs and breach of conditions regarding simple possession of drugs. The Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The Act protects the person who seeks help, whether they stay or leave the overdose scene before help arrives. The Act also protects anyone else who is at the scene when help arrives.

- Now that you have heard the Good Samaritan Drug Overdose Act definition (and we know that it is separate from the provincial first responder law – if relevant), do you have any thoughts on it? Do you think it is beneficial or not?

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[show on screen]



Image Description: A Health Canada three-panel wallet card about recognizing and responding to an opioid overdose.

Left panel: titled "Know the Signs of an Opioid Overdose". Six icons illustrate signs of an overdose: blue or grey lips or nails; dizziness and confusion; can't be woken up; choking, gurgling or snoring sounds; slow, weak or no breathing; and drowsiness or difficulty staying awake.

Middle panel: titled "Suspect an Overdose?" Instructions say to call 911 or the local emergency number, administer naloxone if you have it, and stay with the person until help arrives. It adds, "You have the power to save a life," and directs readers to learn more at [Canada.ca/Opioids](https://Canada.ca/Opioids) with the hashtag: "Together we can #StopOverdoses". Health Canada and Government of Canada logos appear at the bottom.

Right panel: titled "Saving a life is the number one priority during an overdose". Below this, it states: "Even if you've taken drugs or have some on you, The Good Samaritan Drug Overdose Act protects you from: simple drug possession charges; violation of conditions regarding simple possession in pre-trial release, conditional sentences, probation orders, parole. Below this it states: "This law applies to the person who has overdosed, the person who seeks help and anyone at the scene when help arrives."

- Have you seen this wallet card before?
- What is your first impression of it? What stands out to you?
  - What do you like about this – what don't you like?
- Would this information be useful in another format? Would a digital version of this information – like a saved photo or phone lockscreen – be more helpful to you? Why or why not?

## Perceptions and attitudes regarding substance use and alcohol consumption

Section time: 10 min / Cumulative time: 85 min

I would like to take a little bit of time to get a better understanding of attitudes and knowledge about substances, including alcohol, cannabis, prescribed opioids, or drugs obtained on the

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illegal market. I want to remind everyone that the experiences and opinions shared here will remain completely confidential and no responses will ever be attributed to you personally.

- How would you describe the public’s level of acceptance of the use of substances like these? Does it differ by substance? How so?
- What’s your impression of how each of these substances are typically being used by your peers these days, if at all?
- Are they using drugs and/or alcohol more than other age groups?
- Do you think your age group is at higher-risk than other age groups of substance use related harms?
- And for each of these substances, why do you think it is that people consume or use it?
- At what point do you think using a drug becomes higher-risk or concerning? Does that point change depending on the substance?
- To the best of your knowledge, what, if any, are the health effects and/or diseases associated with alcohol consumption?
- What do you think would motivate people to consume less alcohol?
- Do you ever talk about substance use with your peers? With other people? (examples, if needed: your parents? Your extended family? A health professional?)
  - [if yes] What kinds of conversations are they? How comfortable of a conversation is it?
  - [if no] Why not? Would anything help to encourage a conversation about the risks of using drugs and alcohol?

## Awareness and understanding of stigma

Section time: 15 min / Cumulative time: 100 min

- Do you think people in your age group would reach out for help if they were worried about their substance use? Why or why not?
  - If you think someone wouldn’t reach out for help, what would stop people in your age group from asking for help about their substance use?
- If a person in your age group reached out for help:
  - What do you think would be their preferred way of accessing help?
  - And where do you think they would be looking for information or help?  
[probe only if needed to stimulate further discussion]
    - Their school or workplace
    - Their doctor’s office
    - Family or friends
    - Online, on a website or social media
    - Another source? If so, what would that source be?
- [chat box] What does the word stigma mean to you? What does stigma related to substance use look like to you? Please use the chat box to record your answer. You can share it with “everyone”. For those who can’t use the chat box, I will ask for your answer verbally in sequence.

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

- Do you think that people who have an addiction to alcohol or drugs are stigmatized? Why or why not?  
[if yes]
  - How do you think this stigma impacts them? Why?
- What do you think causes addiction?
- Would you say that recovery is possible for individuals who have an addiction? Why or why not?
- What do you think could help shift peoples' perceptions and beliefs about people with an addiction?

## Conclusion

Section time: 5 min / Cumulative time: 105 min

[moderator to request additional questions are sent via the chat box directly to the moderator and probe on any additional areas of interest]

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

## Appendix E: Vaping cessation creative concepts

### You can do this

**Quitting vaping can be hard.**

[A young adult with vaping aerosol in the background.]

**But you weren't sure you could do this.**

[On a rigorous hike.]

**Or this.**

[Playing guitar.]

**Or this.**

[Doing a skateboarding trick.]

**Quitting vaping is possible, too.**

[A confident or defiant young adult]

Get started at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

[Canada wordmark and jingle.]



Image description: A six panel graphic of a proposed Government of Canada video ad encouraging young adults to quit vaping, using images of various challenging activities to emphasize the message that quitting vaping is also possible.

Top left panel: a young adult with vaping aerosol in the background. The text reads, “Quitting vaping can be hard.”

Top right panel: young adults on a rigorous hike. The text reads, “But you weren’t sure you could do this.”

Middle left panel: a young adult plays a guitar. The text reads, “Or this.”

Middle right panel: a young adult performs a skateboard trick. The text reads, “Or this.”

Bottom left panel: a young adult looks confident. The text reads, “Quitting vaping is possible, too. Get started at [Canada.ca/quit vaping.](https://Canada.ca/quit-vaping)”

Bottom right panel: the panel displays the Canada wordmark on a black background.



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Image description: A visual of a proposed three panel Government of Canada banner ad encouraging young adults to quit vaping.

Left panel: an image of a young adult with a serious expression on their face lying on their side.

The text above reads, “Quitting vaping can be hard.”

Middle panel: an image is split into two scenes. On the left, a smiling young adult rides a roller coaster. On the right, the same young adult performs a skateboard trick. The text below the image reads, “But you’ve pushed yourself before.”

Right panel: an image shows a black vaping device split in two pieces. The text beside it reads, “Quitting vaping is possible, too.” Below it says, “GET STARTED.” Health Canada and Government of Canada logos appear at the bottom.

## Why wait?

[A young adult pondering life, thinking about quitting vaping.]  
**You already have your reasons to quit vaping.**

[Quick cuts of other people — a pair and a group of young adults.]

**So does she. They do, too.**

[A group of happy looking young adults.]

**You're not alone in this.**

**Why wait? Take the first step.**

Make your plan at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

[Canada wordmark and jingle.]



Image description: A six-panel visual of a proposed Government of Canada video ad encouraging young adults to quit vaping and emphasizing that they are not alone in wanting to quit.

Top-left panel: four young adults are shown in grayscale with colourful graphic accents behind them. A thought bubble above one person contains an illustration of a broken vape device. Text reads, “You already have your reasons to quit vaping.”

Top-right panel: two of the individuals from the first panel are shown with the same colourful accents. A thought bubble appears above one person, again containing a broken vape device. Text reads, “So does she.”

Middle-left panel: the original four individuals reappear with the same colourful accents. A thought bubble above one contains the same broken vape device illustration. Text reads, “They do, too.”

Middle-right panel: the original four individuals again reappear with the same accents. Large capitalized text reads, “YOU’RE NOT ALONE IN THIS.”

Bottom-left panel: an image shows a broken vape device. Large capitalized text reads, “WHY WAIT? TAKE THE FIRST STEP.” Below it, it says: “Make your plan at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping).”

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Bottom-right panel: A black background with the Government of Canada wordmark on it.



Image description: A visual of a proposed three-panel Government of Canada banner ad encouraging young adults to quit vaping.

Left panel: an image of an individual with colourful graphic accents behind them. A thought bubble above them contains an illustration of a broken vape device. The text reads: “You already have your reasons to quit vaping.”

Middle panel: an image of three individuals, with the same thought bubble from the previous panel above one of them. An arrow points from the thought bubble to another one of the individuals. The text below reads: “They do too.”

Right panel: large capitalized purple text reads: “WHY WAIT?” Below this, the text says, “Make your plan.” A broken vaping device appears at the top right. At the bottom are the Government of Canada symbols and the Canada wordmark.

## This is your moment

**When you quit vaping**  
[A young adult looking contemplative.]

**You'll feel better, save money, and**  
[Young adults doing something active.]

**Take back control.**  
[Young adults enjoying life.]

**You have so much to gain from quitting.**

**Ready to take the first step?**

Visit [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

[Canada wordmark and jingle.]

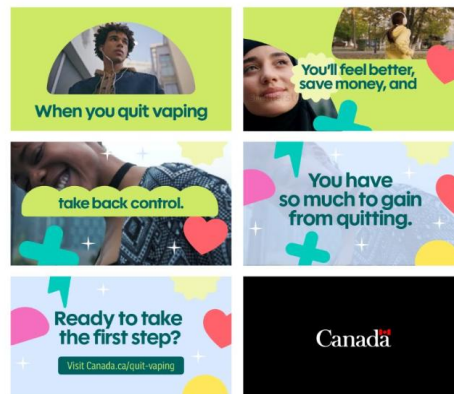


Image description: A six-panel visual of a proposed Government of Canada video ad encouraging young adults to quit vaping and emphasizing what they have to gain by quitting.

Top left panel: an image of a young adult looking contemplative. Text reads, “When you quit vaping”.

Top right panel: two images of young adults; in one image, the individual is running; in the other image, the individual looks content. Text reads, “You’ll feel better, save money, and”.

Middle left panel: an image of a happy young adult. Text reads, “take back control.”

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Middle right panel: the panel features abstract shapes. Text reads, “You have so much to gain from quitting.”

Bottom left panel: the panel also features abstract shapes. Text reads, “Ready to take the first step?” with a button-style graphic below it that says “Visit [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping).”

Bottom right panel: the panel contains a black background with the Government of Canada wordmark on it.

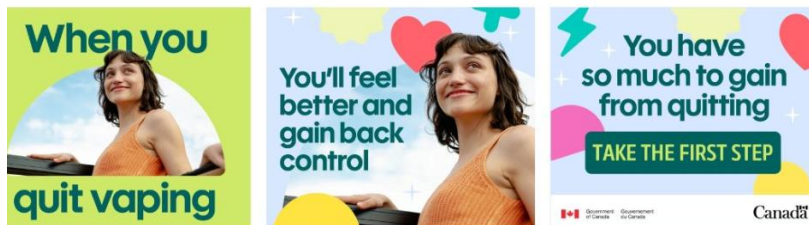


Image description: A visual of a proposed three-panel Government of Canada banner ad encouraging young adults to quit vaping.

Left panel: An image of a happy young adult. Text reads, “When you quit vaping”.

Middle panel: An image of the same happy young adult with colourful shapes in the background. The text reads: “You’ll feel better and gain back control”.

Right panel: The panel features more colourful shapes. The text reads, “You have so much to gain from quitting”. A button-style graphic below it says “TAKE THE FIRST STEP”. At the bottom are the Government of Canada wordmark and logos.

### Calls to action

You can do this: Quitting vaping is possible, too. Get started at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

Why Wait?: Why wait? Take the first step. Make your plan at [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

This is your moment: Ready to take the first step? Visit [Canada.ca/quit-vaping](https://Canada.ca/quit-vaping)

## Appendix F: Recruitment screener

### Online focus group summary

- Seven groups total.
- Recruit 12 participants per group.
- Groups are 120 minutes long.
- All are young adults aged 16-24, with some (6/12 recruits) participants who vape or have vaped in the last 30 days.
- In each group, must meet minimum number of participants from each city/town/region identified:
  - For Atlantic Canada, residents are from Fredericton, Moncton and Halifax.
  - For Quebec, residents are from Montreal and Quebec City.
  - For Ontario, residents are from Toronto, Guelph and Ottawa.
  - For Prairies, residents are from Calgary, Edmonton, Saskatoon.
  - For the North, residents are from the North.
  - For BC, residents are from Vancouver (minimum of 2), Thompson-Cariboo region (minimum of 2), and Fraser region (minimum of 2). From Thompson-Cariboo, prioritize residents of Lillooet, Merritt and North Thompson; and, from Fraser, prioritize residents of Surrey.
- For residents of official language minority communities (OLMCs), please fit in a group of their preferred language at a time convenient to them.
- Must ensure good mix of other demographics (age, income, education, employment status, ethnicity etc.).
- Participants must have high speed internet access and a webcam. It will be mandatory to keep the webcam on for the duration of the session.

Group #	Audience	Region	Time
Monday, November 24, 2025			
1 (SC)	Young adults (English)	Atlantic Canada	4:00 pm ET / 5:00 pm AT
2 (SC)	Young adults (French)	Quebec	6:30 pm ET
3 (SEC)	Young adults (English)	Prairies	6:30 pm ET / 5:30 pm CT / 4:30 pm MT
Tuesday, November 25, 2025			
4 (SC)	Young adults (French)	Atlantic Canada	4:00 pm ET / 5:00 pm AT
5 (SEC)	Young adults (English)	Ontario	4:00 pm ET
6 (SC)	Young adults (English)	British Columbia	7:00 pm ET / 4:00 pm PT
7 (SEC)	Young adults (English)	North	7:00 pm ET / 6:00 pm CT / 5:00 pm MT / 4:00 pm PT

Hello/Bonjour, my name is \_\_\_\_\_ and I'm calling on behalf of Earnscliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada, specifically for Health Canada. I am collecting your personal information under the Department of Health Act, and it will be handled in accordance with the Privacy Act. I am only collecting the information necessary to determine your eligibility to participate in the discussion group. We are looking for people who would be willing to participate in an online discussion group about controlled

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substances including opioids and vaping, that will last up to 2 hours. Up to 10 participants will be taking part, and for their time, participants will receive an honorarium of \$125.00.

May I continue?

Yes [Continue]  
No [Thank and terminate]

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

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

Yes [Continue]  
No [Thank and terminate]

Monitoring text:

[Read to all]: “This call may be monitored or audio taped for quality control and evaluation purposes.”

[Additional clarification if needed]:

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

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

	<b>Yes</b>	<b>No</b>
A public opinion or marketing research firm	1	2
A magazine or newspaper, online or print	1	2
A radio or television station	1	2
A public relations company	1	2
An advertising agency or graphic design firm	1	2
An online media company or as a blog writer	1	2

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The government, whether federal, provincial, or municipal	1	2
The field of drug treatment	1	2
Law enforcement	1	2
The medical and/or pharmaceutical sector	1	2

[If “yes” to any of the above, thank and terminate]

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

A man	1	
A woman	2	
Gender diverse	3	
Prefer not to say	99	[Thank and terminate]

3. Could you please tell me which of the following age categories you fall into? Are you...?

16-19 years	1	
20-24 years	2	
25+ years	3	[Thank and terminate]
Prefer not to say	99	[Thank and terminate]

4. Which province or territory do you live in?

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

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

[If British Columbia at Q4]

Vancouver 1 [Minimum of 2 recruits]

Thompson-Cariboo	
Cariboo/Chilcotin	2
100 Mile House	2
North Thompson	2

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Lillooet	2	[Minimum of 2; Preference for: North Thompson, Lillooet, Merritt, Continue for BC]
South Cariboo	2	
Salmon Arm	2	
Kamloops	2	
Revelstoke	2	
Fraser		
Burnaby	3	
Coquitlam	3	
Port Moody	3	
Port Coquitlam	3	
Maple Ridge	3	
Pitt Meadows	3	
Mission	3	
Abbotsford	3	[Minimum of 2; Preference for Surrey, Continue for BC]
Delta	3	
Surrey	3	
South Surrey	3	
White Rock	3	
Langley	3	
Chilliwack	3	
Harrison Hot Springs	3	
Agassiz	3	
Other	77	[Thank and terminate]
[If Alberta at Q4]		
Calgary	4	[Minimum of 2, Continue for Prairies]
Edmonton	5	[Minimum of 2, Continue for Prairies]
Other	77	[Thank and terminate]
[If Saskatchewan at Q4]		
Saskatoon	6	[Minimum of 2, Continue for Prairies]
Other	77	[Thank and terminate]
[If Ontario at Q4]		
Guelph	7	[Minimum of 2, Continue for Ontario]
Toronto	8	[Minimum of 2, Continue for Ontario]
Ottawa	9	[Minimum of 2, Continue for Ontario]
Other	77	[Thank and terminate]
[If Quebec at Q4]		
Montreal	10	[Minimum of 2, Continue for Quebec]
Quebec City	11	[Minimum of 2, Continue for Quebec]
Other	77	[Thank and terminate]
[If Nova Scotia at Q4]		
Halifax	12	[Minimum of 2, Continue for Atlantic Canada]
Other	77	[Thank and terminate]

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[If New Brunswick at Q4]		
Fredericton	13	[Minimum of 2, Continue for Atlantic Canada]
Moncton	14	[Minimum of 2, Continue for Atlantic Canada]
Other	77	[Thank and terminate]
North		
Nunavut	15	[Minimum of 2, Continue for North]
Northwest Territories	15	[Minimum of 2, Continue for North]
Yukon	15	[Minimum of 2, Continue for North]
Other	77	[Thank and terminate]
Prefer not to say	99	[Thank and terminate]

6. Thinking of the past 30 days, how often, if at all, did you vape? When we talk about vaping, this involves using devices that heat liquid into vapour that you inhale such as:

- Vaping e-liquid with nicotine and without nicotine (i.e., just flavouring, cannabis)
- All electronic cigarettes, e-cigarettes, electronic nicotine delivery systems (ENDS), vapes, mods, vape pens, sub-ohms, e-hookahs, or tank systems

Please do not count the times you vaped cannabis.

Every day	1
Less than daily, but at least once a week	2
Less than once a week, but at least once in the past month	3
Not at all but I have done this in the past	4
Have never done this	5
Don't know/Prefer not to answer	9

Ensure a minimum of 6/12 who vape or have vaped in the last 30 days (1-3); and a good mix of those who said, “every day”, “less than daily, but at least once a week”, “less than once a week, but at least once a week, but at least once in the past month”.

7. Are you an Indigenous person, that is, First Nations (Status or non-Status), Métis, or Inuk (Inuit)?

Yes	1	Continue
No	2	Go to Q8
Don't know/Prefer not to say	9	

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8. Are you First Nations, Métis, or Inuk (Inuit)? [Ensure good mix]

First Nations (North American Indian)	1	Continue
Métis	2	Go to Q10
Inuk (Inuit)	3	Go to Q10
Don't know/Prefer not to say	9	

9. [Only First Nations] Do you live... [Ensure good mix]

On-reserve	1
Off-reserve	2
Other	3
Don't know/Prefer not to say	9

10. [If not Indigenous at Q7] To make sure that we speak to a diversity of people, could you please tell me what is your ethnic background? [Do not read, ensure good mix]

Caucasian	1
Chinese	2
South Asian (i.e., East Indian, Pakistani, etc.)	3
Black	4
Filipino	5
Latin American	6
Southeast Asian (i.e. Vietnamese, etc.)	7
Arab	8
West Asian (i.e. Iranian, Afghan, etc.)	9
Korean	10
Japanese	11
Other (please specify)	12
Don't know/Prefer not to say	99

11. What is your current employment status?

Student (full time or part time)	1	Skip to Q13
Employed (full time or part time)	2	
Unemployed	3	Skip to Q13
Prefer not to say	99	

12. What is the last level of education that you have completed? [Ensure good mix]

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

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13. Which of the following categories best describes your total household income; that is, the total income of all persons in your household combined, before taxes? [Read list]  
[Ensure good mix]

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

This research will require participating in a video call online.

14. Do you have access to a desktop computer or laptop with high-speed internet which will allow you to participate in an online discussion group?

Yes	1	
No	2	[Thank and terminate]

15. Does your desktop computer or laptop have a camera that will allow you to be visible to the moderator and other participants as part of an online discussion group?

Yes	1	
No	2	[Thank and terminate]

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

Yes	1	[Please record email]
No	2	[Thank and terminate]

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

Yes	1	[Max 1/3 per group]
No	2	[Go to Q18]
DK/NR	99	[Thank and terminate]

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

If within the last 6 months	1	[Thank and terminate]
If not within the last 6 months	2	
DK/NR	99	[Thank and terminate]

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

If 4 or less	1	
If 5 or more	2	[Thank and terminate]
DK/NR	99	[Thank and terminate]

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Invitation:

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

Very comfortable	1	[Minimum 4 per group]
Fairly comfortable	2	
Comfortable	3	
Not very comfortable	4	[Thank and terminate]
Not at all comfortable	5	[Thank and terminate]
DK/NR	99	[Thank and terminate]

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

Yes	1	[Ask 21a]
No	2	[Go to Q22]
DK/NR	9	[Thank and terminate]

21a. Is there anything we could do to ensure that you can participate?

Yes	1	[Ask 21b]
No	2	[Thank and terminate]
DK/NR	9	[Thank and terminate]

21b. What specifically? [Open end]

[Interviewer to note for potential one-on-one interview]

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

As you may know, focus groups are used to gather information on a particular subject matter; in this case, the discussion will touch on your views related to health-related topics that may impact Canadians. The discussion will consist of up to 8 people and will be very informal.

It will last up to up to 2 hours and you will receive \$125.00 as a thank you for your time. Would you be willing to attend?

Yes	1	[Recruit]
No	2	[Thank and terminate]
Don't know/Prefer not to say	9	[Thank and terminate]

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## Privacy questions

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

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

Yes	1	[Go to P2]
No	2	[Go to P1a]

We need to provide the first names and background of the people attending the focus group because only the individuals invited are allowed in the session and this information is necessary for verification purposes. Please be assured that this information will be kept strictly confidential. Go to P1a

P1a. Now that I've explained this, do I have your permission to provide your first name and profile?

Yes	1	[Go to P2]
No	2	[Thank and terminate]

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

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

Yes	1	[Thank and go to P3]
No	2	[Read info below and go to P2a]

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

P2a. Now that I've explained this, do I have your permission for recording?

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

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

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

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

Invitation:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place on [date] at [time] for up to 120 minutes.

Group #	Audience	Region	Time
Monday, November 24, 2025			
1 (SC)	Young adults (English)	Atlantic Canada	4:00 pm ET / 5:00 pm AT
2 (SC)	Young adults (French)	Quebec	6:30 pm ET
3 (SEC)	Young adults (English)	Prairies	6:30 pm ET / 5:30 pm CT / 4:30 pm MT
Tuesday, November 25, 2025			
4 (SC)	Young adults (French)	Atlantic Canada	4:00 pm ET / 5:00 pm AT
5 (SEC)	Young adults (English)	Ontario	4:00 pm ET
6 (SC)	Young adults (English)	British Columbia	7:00 pm ET / 4:00 pm PT
7 (SEC)	Young adults (English)	North	7:00 pm ET / 6:00 pm CT / 5:00 pm MT / 4:00 pm PT

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

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

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

First name:

Last name:

Email:

Daytime phone number:

Evening phone number:

If the respondent refuses to give his/her first or last name, email or phone number please assure them that this information will be protected in accordance with the *Privacy Act* and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse, thank and terminate.

\*IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel

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your personal information has been handled improperly. For more information, the collection of your personal information is described in Info Source at [infosource.gc.ca](https://infosource.gc.ca). Refer to the personal information bank (PIB) PSU 914 – Public Communications.

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