Canadian Addiction Survey (CAS)

A National Survey of Canadians' Use of Alcohol and Other Drugs

Public Opinion, Attitudes and Knowledge

Health Canada Santé Canada

Canadian Executive Council on Addictions
Conseil exécutif canadien sur les toxicomanies

CCSA - CCLAT

"Health Canada is the federal department responsible for helping Canadians maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians."

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Report prepared by Stéphane Racine, M.Ps., Senior Research Analyst, Jillian Flight, M.A., Research Analyst, Office of Research and Surveillance, Drug Strategy and Controlled Substances Programme, Healthy Environments and Consumer Safety Branch, Health Canada and Edward Sawka, M.A., Director, National Research Coordination, AADAC Research Services, Alberta Alcohol and Drug Abuse Commission.

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Chapter 1: Introduction

The Canadian Addiction Survey (CAS) is a study on alcohol and illicit drugs, the first such dedicated survey since 1994. The first CAS report, released on November 24, 2004 (Canadian Centre on Substance Abuse, 2004), presented highlights of the results. It was followed by a more detailed report on March 23, 2005 (Adlaf, Begin and Sawka, 2005). These two reports focussed on results pertaining to the prevalence of alcohol and illicit drug use and related harms. However, the scope of questions included in the CAS was far more extensive. The present report examines results from the survey on opinions, attitudes and knowledge of the Canadian population about alcohol and other drugs use.

CAS is a collaborative initiative. Partners are Health Canada, the Canadian Executive Council on Addictions (CECA)—which includes the Canadian Centre on Substance Abuse (CCSA), the Alberta Alcohol and Drug Abuse Commission (AADAC), the Addictions Foundation of Manitoba (AFM), the Centre for Addiction and Mental Health (CAMH), Prince Edward Island Provincial Health Services Authority, and the Kaiser Foundation/Centre for Addictions Research of British Columbia (CAR-BC)—and the provinces of Nova Scotia, New Brunswick and British Columbia.

Alcohol and other drugs issues are complex and can have far-reaching implications for individuals, their families and communities in all parts of Canada. Anyone can be affected by these issues, even those who use no substances. Many people have felt the consequences of substance use closely in their life through their own or through someone else's use. Some impacts can be subtle and long term, for example, a health disorder or deteriorating work performance after years of chronic use. Other effects are often dramatic and acute, for example, the personal drama of domestic violence, alcohol or drug impaired driving collisions, or injection drug use in public places.

People in the general population have a wide range of experience with alcohol and illicit drugs. Many are unaware of the impacts and issues associated with these substances or may not be preoccupied with them. Nevertheless, whatever their base of experience, people's view on these matters are generally strongly held—most substance use issues connect to very important and deeply rooted morals and values. This contributes to the debate on current issues, for example, changing the legal status for possession of small amounts of cannabis, and adds to the challenge of reaching social consensus on many of these issues.

Policy and decision makers responsible for attending to alcohol and other drugs issues have an interest in monitoring the public's opinions, attitudes and knowledge, which can serve a number of purposes:

- document approval or disapproval of government actions and policies;
- inform decision makers of the public's priorities;
- provide insight into the public's understanding;
- act as a barometer of the influence of social messaging;
- bring to light shifts in attitude or new patterns in thinking;
- help Canadians make informed decisions about their health.

The objective of this report is to present findings based on further analysis of the CAS data to assess Canadians' opinions, views and knowledge on a range of alcohol and other drugs topics and policies, including identification of possible future policy directions.

Overview and Content

Questions on opinions, attitudes and knowledge were interspersed throughout the CAS interview. The first line of questioning was asking Canadians about their perception of the seriousness of substance use in Canada, in their province or in their own city or town (Chapter 3), then we looked at the perceived harms to oneself or to others that Canadians feel are associated with using the diverse substances once in a while or on a regular basis (Chapter 4). Finally, questions were grouped whether they concerned alcohol (Chapter 5), cannabis (Chapter 6) or illicit drugs (Chapter 7).

It is our hope that these results will allow stakeholders to examine what Canadians perceive and think about substance use issues and to orient and shape messaging and programs in the most efficient manner.

Chapter 2: Methodology

Sample Design

Specific details on the research design and methods can be found in the CAS main national report (Adlaf et al., 2005) and the *Canadian Addiction Survey 2004: Microdata eGuide* (CCSA, 2004) both of which are available online at the CCSA website at www.ccsa.ca. Presented here is a summary of the general methodology of the survey and details specific to the analyses conducted for this report.

The CAS is a general population telephone survey based on a sample design using a two-stage (telephone household, respondent) random sample stratified by region. The sampling frame was based on an electronic inventory (Statplus) of active telephone area codes and exchanges in Canada. Fieldwork for the CAS was conducted by the research firm Jolicoeur et associés. The survey used random-digit-dialling (RDD) methods via Computer Assisted Telephone Interviewing (CATI).

The final unweighted sample consisted of 13,909 interviews, representing an effective response rate of 47.0%. The base sample allocation was for 10,000 completions, 1,000 for each of the 10 provinces. Some provinces purchased additional samples (1,200 in Alberta, 2,000 in British Columbia and 500 in Manitoba). Interviews were conducted from December 16 to December 23, 2003 and from January 9 to April 19, 2004. The median interview time was 23 minutes. The CAS sample represents 24,214,815 Canadians aged 15 and older.

The CAS consisted of over 400 questionnaire items pertaining to the use of alcohol and illicit drugs, and their associated harms and the level of risk demonstrated by such use, including items tapping public opinion, attitudes and knowledge about alcohol and illicit drugs. Questionnaire items were typically drawn from existing national surveys and internationally recognized scales for comparability over time.

To manage the range of items of interest in the CAS without increasing response burden, there were three panels of respondents for some questions. Demographic items and questions on prevalence of use and harms were asked of the full sample, whereas most items on public opinion, knowledge and attitude, and some substance use experience items were distributed over the three panels and asked of independent subsamples, each one including about 4,600 respondents. Accordingly, the number of cases available for analysis with the "panelized" items was reduced. Table 2.1 presents the socio-demographics of the three different panels. There were no significant differences across panels on any of the socio-demographic variables used for analysis in the present report.

Table 2.2 outlines the content of the different panels. Two characteristics of indicators were considered when deciding to ask a series of questions only to a panel: whether the line of questioning uses the full sample (i.e. everybody has an opinion about policy and program regardless of whether they used substances or not); and whether only national-level estimates were adequate to yield meaningful results.

Weighting and Design Effect

The weighting adjustment ensures that weighted CAS distribution compares favourably to Census data for sex, age and province. The weights for the CAS sample are based on 252 population classes based on 21 regional strata by six age groups and by sex. The CAS sample tends to under-represent respondents who were never married and had some post-secondary education and over-represent respondents who were married and had a university degree.

The CAS is a complex sampling design including stratification, weighting and multistage selection. Such complex survey designs underestimate the variance and confidence intervals of estimates if assumptions of simple random sampling (SRS) are used. In the CAS, the design effects are primarily influenced by the two-stage selection and the disproportional sampling fractions related to provincial allocations. The CAS generally has a design effect of about 3.4, which indicates that the sampling design results in national sampling errors are three times higher than they would be if a simple random sample design had been used. All estimates of variances, confidence intervals and related statistical tests are based on Taylor series methods implemented in Stata (Korn and Graubard, 1999; StataCorp, 2003), the statistical software used to account for sample and design effects.

Some comparisons were made with the following two past surveys: the National Alcohol and other Drugs Survey (NADS) (Eliany, Giesbrecht and Nelson, 1989); and Canada's Alcohol and other Drugs Survey (CADS) (MacNeil and Webster, 1994). In these comparisons, significance was evaluated by examining confidence interval overlap. Significance would be achieved when the confidence intervals do not overlap. This method is crude, but conservative.

Precision and Stability

There are two aspects to the statistical quality of survey data: precision—typically measured by the 95% confidence interval (CI), and stability—typically measured by the coefficient of variation (CV). This report follows Statistics Canada guidelines for ensuring the presentation of statistically reliable data. Estimates are evaluated as follows:

CV range	Estimate stability
0–16.5	Estimate stable and reportable
16.6–33.3	Estimate has moderate sampling variability and should be interpreted with caution
33.4+	Estimate unstable and is suppressed

Key Independent Variables

The following variables are commonly used throughout the various chapters. Outcome variables are described in the relevant chapters.

Measure	Categories
Sex	Men; women
Age	9 categories: 15–17; 18–19; 20–24; 25–34; 35–44; 45–54; 55–64; 65–74; 75+
Province	10 provinces
Marital status	Married/partnered; single/never married; widowed/divorced/separated
Education	Less than secondary; completed secondary; some post-secondary; university degree
Income adequacy	Income adequacy is based on the combination of household income and number of residents in household: lowest, <$20K with 1–4 people or <$30K with 5+ people; highest, $60K+ with 1–2 people or $80K+ with 3+ people; not reported, did not report income; middle, all other respondents.
Rural residence	Rural vs. non-rural. Rural is defined by the presence of a "0" in the second character of the respondent's postal code.
User-type	Non-user; alcohol-only; at-least-cannabis; illicit drug.[1]

Description of Analyses

Analysis of the public opinion questions entailed both univariate and multivariate tests. To describe how Canadians felt overall, univariate tests (cross-tabulations) were used to examine the distribution of responses, to various questions, across the major demographic variables of interest. For instance, the degree to which males agreed with a particular statement in relation to females, provinces in relation to one another, respondents in one age category versus those in another were examined.

1. Illicit drug user will be used as a short form to refer to this user-type category throughout this document.

However, it is imperative to go beyond looking at independent variables in isolation (i.e. the cross-tabulation results) in assessing the association between a dependent variable and two or more independent variables (predictors). This is because independent variables are often inter-related to varying degrees. Since the variables of interest are categorical, the method of choice is logistic regression. To determine where differences in the demographic variables lie, multivariate analyses were conducted using logistic regression to examine any differences in the characteristics of respondents who "agree" (or disagree) with a given statement on any of the independent variables of interest (sex, age, province, household location, education, marital status, income adequacy or user-type). The comparison group for each specific variable is indicated in the tables.

The term "logistic regression" comes from the use of "logit" or transformed "odds" as the dependent variable. If a predictor is significant, it can be interpreted in terms of the direction and size of its odds ratio. An odds ratio greater than 1.0 indicates a greater than average odds, while an odds ratio less than 1.0 indicates a smaller than average odds for the dependent variable. The strength of a significant contribution can be judged by the adjusted odds ratio for a predictor. For odds ratios greater than one, the higher the ratio, the stronger the contribution, whereas the opposite holds for odds ratios that are smaller than one. When a given predictor is significant, it is interpreted using the adjusted odds ratio; this indicates that the predictor is significant when taking into account (adjusting for) all other predictors.[2]

Notes on Reporting

Unless otherwise noted, only significant odds ratio are discussed and the adjusted value of the odds ratio is presented in the relevant table in brackets.

Since the present report is primarily descriptive in nature, there was no control or adjustment of the levels of significance to account for the number of tests conducted. When conducting the logistic regression, there was very little variability for some variables. For this reason, regressions were not conducted when all cell proportions were around 80% or more.

The reader is cautioned that respondents who answered "I don't know" were treated differently in the descriptive tables and in the tables presenting the logistic regression analysis. In the descriptive tables respondents who answered "I don't know" were included, whereas they were excluded from the logistic regression tables. For this reason, it is likely that the overall rate will be different (usually higher) in the regression analysis tables.

User-type Variable

In the present analysis, caution is used to control for the potential effect of respondents' experience with substances on their responses—for example, the influence of one's experience with alcohol on the response to such questions as those on changing alcohol taxes. For the present analysis, a user-type variable was created.

The user-type variable is based on a model of differential influence of respondents' use of various substances on their opinions and attitudes about substance use, and how addictions issues should be managed. Respondents were classified whether they used none of the substances included in the model, whether they used only alcohol, whether they used at least cannabis, and finally, whether they used at least one illicit substance other than cannabis. The substances used in the "other illicit drugs" category are cocaine/crack, speed, ecstasy, hallucinogens and heroin.

There are several caveats to note in relation to this classification. First, categories are exclusive in that all respondents were classified into only one group. However, being classified into the "at-least-cannabis" group does not mean one has not had experience with alcohol, and being classified in the "at-least-other-illicit-drug" does not imply having no experience with either cannabis or alcohol. As a matter of fact, this classification scheme produces an increasing gradient of exposure to multiple substances, with 98.8% of respondents classified as "at-least-cannabis" having also had experience with alcohol, and with 96.2% of respondents in the "at-least-other-illicit-drug" having had

2. It is important to note that a significant predictor, or set of predictors, for a given dependent variable, is significant when taking into account all the other predictors included in the model. Following from this, the predictors are significant for that given model; however, adding or subtracting predictors from the model changes the ability to "predict" the dependent variable, and thus may result in some previously non-significant predictors becoming significant, or some previously significant predictors losing significance.

experience with both alcohol and cannabis. See Table 2.3 for the distribution of respondents according to user-type.

A key interest in studying this variable lies in the idea of a "milestone" effect, an assumption of irreversibility. That is, having used "at least once," it is impossible for a person to go back to the status of "never" used. It was the intent in the present analysis to test and control as much as possible for the potential influence this milestone experience may have on responses about opinions and attitudes.[3]

Second, prevalence was the major guide in setting the milestone marker. Alcohol use status was retained as a milestone given that most Canadians drink alcohol. Cannabis was retained as a milestone marker given it is the most frequently used illicit drug and its pattern of use in the population is significantly different from that of all other drugs pooled together. As opposed to alcohol, cannabis use is illegal[4] and, when contrasted with other illicit drugs, the frequency of use of cannabis is disproportionately high. As such, it is not possible to infer a sequence or relation among the characteristics making up the user-type (i.e. one should not assume that alcohol use came before cannabis use in the "at-least-cannabis" category).

Third, this examination is exploratory and no hypotheses are made as to the direction or nature of this influence. The goal of the analysis is to identify whether or not user-type does influence responses to opinion questions and, if so, to allow control of it in examining the influence of other demographic variables. Thus, it is a static variable studied along a cross-section of the Canadian population. This variable and the analyses conducted using it were not introduced to inform the debate on the "stepping stone" or gateway theory and, as such, the results presented here cannot be used to confirm or inform these theoretical models. No assumption is being made of an evolution from one user-type group to another.

Characteristics of Respondents per User-type

Table 2.4 presents the socio-demographic characteristics of the different user-type groups. In terms of the characteristics of respondents classified into the illicit drug use category, there were significant differences in terms of sex, age, province, education, marital status and income. Males were more likely than females to belong to the illicit drug user group. Use of illicit drugs was inversely related to age; as age increased the proportion of respondents who fell into this category decreased. Respondents aged 18–19 years old were more likely than those 15–17 years of age to use illicit drugs, and there was a decrease between ages 45 and 54 and 55 and 64 and between ages 55 and 64 and ages 65 and 74 in the proportion of illicit drug users. Residents of Newfoundland and New Brunswick were less likely to fall into the illicit drug category, and residents from Quebec, Alberta and British Columbia were more likely. Respondents who had completed high school and had a university degree were less likely to be an illicit drug user than those with less than a high school education, and those who were previously married or single were more likely than those currently married to use illicit drugs.

With the at-least-cannabis user group, for those who had used cannabis at least once in their life (but no other illicit drugs), there were differences in terms of age, province and income. Age was inversely related to cannabis use; as age increased the proportion of respondents who fell into this category decreased. A higher proportion of residents from New Brunswick fell into the at-least-cannabis user group, whereas a lower proportion from Prince Edward Island and Ontario fell into this group. In terms of income, a higher proportion of respondents in the highest income group than those in the lowest income category fell into the at-least-cannabis user category.

3. To most effectively control for this milestone effect, a variable with four mutually exclusive categories was devised rather than one with the eight categories that could be produced using all combinations of alcohol status, cannabis status and illicit drug status.

4. Although use for medical purposes is accepted in Canada when authorized under the Medical Marihuana Access Regulations.

Regarding the alcohol-only user group (never used illicit drugs or cannabis), there were differences in terms of sex, age, province, education, marital status and income. Females were more likely than males to fall in the alcohol-only category, and as age increased so too did the proportion of respondents in this category. Residents of Newfoundland, Prince Edward Island and Saskatchewan were more likely than residents from the other provinces to be alcohol-only users, and residents from British Columbia significantly less likely. In terms of education, respondents who had completed high school or had a university degree were more likely than those with less than high school to fall into the alcohol-only user category. Similarly, respondents who were previously married or single/never married were less likely than those who were married to be alcohol-only users.

Among non-users, differences were found in terms of age, province, education, marital status and income. Respondents aged 65 and older were significantly more likely than those who were younger to be non-users; those aged 18–19 were less likely than those aged 15–17 to be non-users. There were no other differences in terms of age. Regarding province, a higher proportion of residents from Newfoundland and New Brunswick and a lower proportion from Saskatchewan were non-users. In terms of education, respondents who had completed high school were less likely than those who had less than high school to be non-users. Respondents who were previously married were less likely than those who are currently married to be non-users, and a lower proportion of those in the middle and highest income groups than those in the lowest income group were non-users.

Data Limitations

The limitations of the CAS are common to large telephone-based surveys involving self-report measures. For example, such surveys tend to over-represent respondents with higher education and under-represent those with lower education.

Telephone surveys assume that everyone in the population lives in a residence with telephone access. However, a small proportion of Canadian households do not have telephones while other groups would not be accessed this way because they are in hospitals, prisons, military establishments or homeless. Nevertheless, since one of the objectives of the CAS is to generate estimates of the prevalence of substance use and abuse for the general population of Canada, the relatively small size of these excluded populations should have minimal effect on the reliability of estimates for the broader population.

Some interviews could not be completed because respondents could not adequately converse in English or French or were too ill.

The CAS deals with a sensitive subject matter—asking people to report behaviours that may not be socially acceptable and possibly even illegal. As a result, it is expected that some under-reporting of such behaviours may occur. However, there is no more efficient way to obtain such information from a sample large enough to be representative of the population of Canada and its 10 provinces (territories not included). Additionally, as noted by Adlaf et al. (2005), while this bias may influence estimates for a single point in time, it likely remains quite stable over time, thus having less of an impact on estimating change over time.

Table 2.1: Socio-demographic characteristics of panels

	Panel A	Panel B	Panel C
Overall	4612	4639	4658
Sex			
Female	2684	2786	2718
Male	1928	1853	1940
Age			
15-17	201	195	185
18-19	141	143	155
20-24	349	357	359
25-34	796	778	768
35-44	882	914	924
45-54	906	930	870
55-64	635	584	634
65-74	372	383	424
75+	231	246	242
Location of Household			
Rural	988	1031	997
Non-rural	3624	3608	3661
Province			
Newfoundland and Labrador	317	345	339
Prince Edward Island	353	325	322
Nova Scotia	334	336	332
New Brunswick	314	322	364
Quebec	337	329	337
Ontario	340	313	347
Manitoba	478	512	512
Saskatchewan	329	345	326
Alberta	811	797	793
British Columbia	999	1015	986
Education			
Less than secondary	826	830	815
Secondary	1298	1269	1359
Some post-secondary	1395	1472	1400
University	1057	1038	1051
Marital Status			
Married/Partner	2593	2655	2682
Divorced/Separated/Widowed	749	750	754
Single/Never married	1233	1201	1198
Income Adequacy			
Lowest	523	517	504
Middle	1793	1806	1851
Highest	1078	1074	1031
Not stated	1218	1242	1272
User-type			
Illicit drug	717	758	702
At-least-cannabis	1369	1365	1308
Alcohol-only	2194	2156	2286
Non-user	301	322	315

Table 2.2: Item distribution per panel

		Panel A	Panel B	Panel C
Number of respondents		4,612	4,639	4,658
Chapter	**Content**	**Number of items**		
3	How serious a problem is? (HCP1 to HCP18)	6 (in Canada)	6 (in your province)	6 (in your community)
	HCP19-HCP23			
6	"People using marijuana today are more likely to use other drugs such as cocaine and crack in future"	1		
7	"All required programs and tools to deal with drug use in Canada are already in place"	1		
7	"Total abstinence is the only effective means to overcome drug problems"	1		
5	"Drug problems such as abuse, addiction, dependence should be addressed only through the doctors and hospitals"	1		
6	"Higher taxes on alcohol are likely to help prevent its abuse"	1		
	HCP24-HCP28			
6	"Marijuana users do not usually become users of stronger drugs"		1	
7	"Canada is not well prepared to deal with drug use among Canadians"		1	
7	"The best approach to deal with drug problems is to make its use criminal"		1	
7	"International strategies are needed to address drug problems"		1	
7	"Governments must provide a variety of drug treatments rather than making drug use a crime"		1	
	HCP29-HCP33			
7	"In Canada adequate measures are already in place to address the drug problem"			1
7	"If you try drugs, you are likely to become dependent"			1
7	"It is possible to have a society free of drugs"			1
7	"Generally, federal, provincial, and local governments are investing enough resources to address drug problems"			1
6	"People should be permitted to use marijuana as it is not a dangerous drug"			1
	HC Opinions govt. on measures (agree/disagree) (HCP19-HCP33)	**5**	**5**	**5**
	HCR1-HCP20			
4	How much do people risk harming themselves when they… once in awhile?	10		
4	How much do people risk harming themselves when they… on a regular basis?	10		
	Risk Scenarios (one's own use)	**20**		
	HCR21-HCP40			
4	How much do people risk harming others when they… once in awhile?		10	
4	How much do people risk harming others when they… on a regular basis?		10	
	Risk Scenarios (harm others)		**20**	
	HCP4-HCP54			
5	"The legal drinking age should be raised"	1		
5	"Taxes on alcoholic beverages should be increased"	1		
5	"The government should prohibit wine, liquor and beer advertising on TV"	1		
7	"Non-jail sentences should be allowed for illegal drug use"	1		
7	"Drug treatment programs should be available to help addicts reduce or stop their consumption of drugs"	1		

Table 2.2: (Continued)

		Panel A	Panel B	Panel C
Chapter	**Content**	**Number of items**		
7	"Programs that offer clean needles or drug kits should be available to drug users to avoid the spread of infectious diseases"	1		
7	"Health programs aimed to reduce the harm from drug use should be available to drug users without requiring clients to stop using drugs"	1		
7	"Night shelters should be available for the homeless where they don't have to give up their alcohol or drugs"	1		
5	"Random police spot checks should be organized on the roads to catch drinking drivers"	1		
7	The government should vigorously pursue legal action against: ■ "users of illicit drugs" ■ "people who sell illicit drugs" ■ "The government should make criminal sentencing tougher for the first drug offenses" ■ "The government should make criminal sentencing tougher for the drug addicts" ■ "The government should invest massively in law enforcement against drugs"	5		
	Govt. action to reduce use/consequences (agree/disagree)	**14**		
	HCP55-HCP62			
6	**Drug use impact on soc. (small, moderate, large, no impact)**		**8**	
	HCP63			
	"Which of following factors do you consider to be the MAIN cause of drug problems?"			
6	**Main cause of drug problem**		**1**	
	HCP64			
	"Who do you think is MOST LIKELY to be at risk of using drugs?"			
6	**Most likely at risk...?**		**1**	
	HCP65			
	"What do you perceive to be the best way to address the drug issue in Canada?"			
6	**HC - Money allocations on prevention/treatment**		**1**	
	ALCP1-ALCP6			
	"Do you think taxes on alcoholic beverages should be increased, decreased, remain same?"			1
	"Do you think legal drinking age should be increased, decreased, remain same?"			1
	"Do you think efforts to prevent drunken customers from being served should be increased, decreased, remain the same?"			1
	"Should the government prohibit wine, liquor and beer advertising on TV?"			1
	■ "The government should close all government run liquor stores and allow privately run stores to sell alcohol" ■ Questions asked differently of Alberta residents			1
	"Do you support random police spot checks to catch drinking drivers?"			1
5	**Alcohol**			**6**
	DRP 1, 1a, 2, 2a, 3, 3a, 4, 4a, 5, 6, 6a **Knowledge (have you heard of) and support of specific programs**			
6	**Drug**			**11**

Table 2.2: (Continued)

		Panel A	Panel B	Panel C
Chapter	**Content**	**Number of items**		
	CANP1 CANP2			
	"Should possession of small amounts of cannabis or marijuana be against the law?"			1
	"Should there be a penalty for possessing a small amount of marijuana?"			1
	CANP3 CANP4 CANP5 asked only to those responding yes to CANP1 and CANP2			
	"Should the outcome be a jail term or a non-jail term such as a fine or probation?"			1
	"Should a person be allowed to grow a small number of cannabis plants for personal use only?"			1
	"Should cannabis or marijuana be legally available?"			1
7	**Cannabis CANP1 to CANP5**			**5**
Total Item Allocation		**45**	**42**	**33**

Table 2.3: User-type variable distribution

User-type categories **Possible alternate Combinations within a category**	**Within full sample**	**Within categories**
Non-user	938 6.8%	
No use known		871 94.8%
Known use of a substance not part of the model (inhalants, steroids, cigarettes)		67 5.2%
Alcohol	6,636 48.1%	
Cannabis	4,042 28.6%	
Cannabis only		48 1.2%
Cannabis + Alcohol		3,994 98.8%
Other Illicit Drug	2,177 16.5%	
Other only		2 0.1%
Other + Alcohol		66 3%
Other + Cannabis		14 0.6%
Other + Alcohol + Cannabis		2,095 96.2%
Total	**13,793**	

Table 2.4: User-type variable by socio-demographic characteristics, Canada excluding the territories, aged 15+, 2004

	Illicit drug user % [CI]	At-least-cannabis % [CI]	Alcohol-only % [CI]	Non-user % [CI]
Canada – Overall	16.5 [15.4-17.6]	28.6 [27.2-30.0]	48.1 [46.6-49.7]	6.8 [6.0-7.6]
Sex	**		**	
Female (comparison group)	12.2 [11.0-13.4]	27.7 [26.0-29.5]	52.2 [50.2-54.2]	7.9 [6.9-9.1]
Male	21.1**(1.87) [19.3-23.0]	29.5 [27.5-31.7]	43.8**(0.74) [41.5-46.2]	5.6 [4.5-6.9]
Age (comparison group is previous group)	**	**	**	**
15-17	10.5 [7.0-15.4]	29.0 [23.3-35.4]	38.0 [31.4-45.1]	22.5 [16.6-29.9]
18-19	30.6**(5.07) [23.3-38.9]	40.4 [32.4-48.8]	26.0**(0.47) [19.6-33.5]	s
20-24	28.1 [23.9-32.8]	41.2 [36.0-46.6]	25.8 [21.5-30.6]	4.8 [2.8-8.1]
25-34	24.7 [21.8-27.8]	33.0**(0.68) [29.8-36.3]	37.3**(1.55) [34.0-40.8]	5.0 [3.6-7.0]
35-44	21.0 [18.3-23.9]	34.6 [31.6-37.8]	39.8 [36.4-43.3]	4.7 [3.2-6.7]
45-54	18.5 [15.9-21.5]	32.8 [29.5-36.3]	43.8 [40.3-47.5]	4.8 [3.4-6.8]
55-64	6.1**(0.27) [4.4-8.4]	22.4**(0.63) [19.2-26.0]	66.9**(2.64) [62.9-70.6]	4.6 [3.2-6.5]
65-74	s	12.0**(0.46) [8.7-16.3]	78.3**(1.91) [73.6-82.4]	8.3*(1.73) [6.1-11.2]
75+	s	s	79.7 [74.0-84.4]	17.0**(2.00) [12.8-22.2]
Location of Household				
Rural (comparison group)	15.1 [12.7-17.9]	27.1 [24.0-30.3]	51.6 [48.2-55.1]	6.2 [4.8-7.9]
Non-rural	16.7 [15.6-18.0]	28.9 [27.4-30.4]	47.5 [45.8-49.2]	6.9 [6.0-7.8]
Province (comparison group is Canada)	**	*	**	**
Newfoundland and Labrador	8.3**(5.07) [6.7-10.4]	30.1 [27.2-33.2]	52.6*(1.19) [49.3-55.9]	8.9 [7.2-11.0]
Prince Edward Island	12.0 [10.0-14.3]	24.9*(0.83) [22.2-27.8]	54.9**(1.23) [51.7-58.1]	8.2 [6.6-10.2]
Nova Scotia	13.3 [11.2-15.7]	30.4 [27.4-33.6]	49.4 [46.1-52.8]	6.9 [5.5-8.7]
New Brunswick	10.8**(0.67) [9.0-13.1]	31.7*(1.16) [28.7-34.8]	48.3 [45.0-51.5]	9.2*(1.32) [7.4-11.4]
Quebec	18.1**(1.30) [15.7-20.7]	29.2 [26.4-32.2]	47.3 [44.1-50.5]	5.4 [4.2-7.0]
Ontario	14.0 [11.9-16.4]	26.9*(0.85) [24.2-29.9]	51.1 [47.8-54.3]	8.0 [6.4-10.0]
Manitoba	14.9 [13.1-16.9]	30.0 [27.6-32.4]	48.7 [46.1-51.3]	6.4 [5.3-7.8]
Saskatchewan	14.3 [12.2-16.6]	27.1 [24.4-30.0]	54.0**(1.20) [50.9-57.2]	4.6**(0.61) [3.4-6.1]
Alberta	18.7**(1.27) [17.1-20.4]	30.6 [28.7-32.6]	44.7 [42.6-46.9]	5.9 [5.0-7.0]
British Columbia	23.0**(2.00) [21.5-24.6]	29.6 [27.9-31.4]	41.2**(0.67) [39.3-43.0]	6.2 [5.4-7.2]

Table 2.4: (Continued)

	Illicit drug user % [CI]	At-least-cannabis % [CI]	Alcohol-only % [CI]	Non-user % [CI]
Education	**		**	**
Less than secondary (comparison group)	14.3 [12.0-16.9]	21.4 [18.7-24.4]	51.3 [47.7-54.9]	13.0 [10.7-15.6]
Secondary	15.9**(0.60) [14.0-18.1]	26.9 [24.5-29.5]	50.5**(1.46) [47.7-53.4]	6.6 [5.2-8.4]
Some post-secondary	21.1 [18.9-23.4]	31.9 [29.5-34.5]	42.7 [40.0-45.4]	4.3**(0.53) [3.3-5.6]
University	13.5**(0.44) [11.6-15.6]	31.2 [28.4-34.1]	49.7**(1.58) [46.6-52.9]	5.6 [4.3-7.4]
Marital Status	**		**	**
Married/Partner (comparison group)	13.7 [12.4-15.2]	27.6 [25.9-29.5]	52.1 [50.1-54.2]	6.5 [5.5-7.7]
Previously married	13.5**(1.76) [11.2-16.2]	22.6**(1.27) [19.7-25.8]	57.0**(0.70) [53.2-60.7]	6.9**(0.56) [5.3-9.0]
Single/Never married	24.0**(1.55) [21.8-26.5]	34.2 [31.5-37.0]	34.5**(0.74) [31.8-37.3]	7.3 [5.8-9.0]
Income Adequacy	*	**	**	**
Lowest (comparison group)	17.9 [14.7-21.5]	25.8 [22.0-30.0]	46.5 [41.9-51.0]	9.8 [7.3-13.2]
Middle	17.4 [15.7-19.3]	28.2 [26.1-30.4]	49.0 [46.5-51.4]	5.4*(0.54) [4.4-6.7]
Highest	19.4 [17.0-21.9]	35.7*(1.42) [32.8-38.7]	41.6 [38.5-44.7]	3.3**(0.33) [2.3-4.8]
Not stated	11.8 [10.1-13.9]	23.5 [21.1-26.1]	53.8 [50.8-56.8]	10.8 [9.1-12.9]

Note : * $p < 0.05$; ** $p < 0.01$; s = suppressed.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.

Chapter 3: Perceptions of the Seriousness of Substance Use

Highlights

- Regarding alcohol and all drugs, the majority of Canadians perceived abuse of these substances to be a very or somewhat serious problem in Canada, their province and their community.
- The perceived seriousness of the issue decreased moving from the national level to the provincial level to the municipal level. Canadians saw these issues as serious, but not necessarily "close to home."
- In order, the issues that the most Canadians were likely to report as serious were:

  In Canada: illicit drug use; injection drug use; alcohol abuse; prescription drug abuse; over-the-counter drug abuse; solvent abuse

  In province: illicit drug use; injection drug use; alcohol abuse; prescription drug abuse; over-the-counter drug abuse; solvent abuse

  In city/town: illicit drug use; alcohol abuse; prescription drug abuse; over-the-counter drug abuse; injection drug use; solvent abuse

Canadians were asked to respond to a set of questions about how serious of a problem they perceived alcohol and drug abuse to be in our society today. The three panels of respondents were each asked to answer from a different perspective: panel A responded how serious they felt it is in Canada; panel B responded for their province; and panel C responded for their city/town. The substance use behaviours are alcohol abuse; illicit drug abuse; injection drug use; prescription drug abuse; over-the counter drug abuse; and solvent abuse.

Overall

Regarding alcohol and all drugs, the majority of Canadians perceived abuse of these substances to be very or somewhat serious problems in Canada, their province and their community (see Table 3.1). Overall, a higher proportion of Canadians perceived illicit drug abuse to be a very serious problem nationally (44.7%), provincially (42.0%) and locally (27.6%) than other use and abuse behaviours; this was followed by those who perceived injection drug use to be a very serious problem (39.1%, 31.9%, 16.2%) and then alcohol abuse (26.2%, 25.5%, 15.7%). As seen in Table 3.1, the perceived seriousness of the issue decreased moving from the national level to the provincial level to the municipal level. Canadians saw these issues as serious, but not necessarily "close to home."

In Canada

Respondents in panel A (n = 4,612) were asked how serious of a problem various substance use behaviours are in Canada (Table 3.2). A majority of Canadians perceived alcohol, illicit drug, injection drug, prescription drug, over-the-counter drug abuse and solvent abuse to be serious problems in Canada. In all cases, males were less likely than females to have perceived the problems caused by these substances as being serious.

Seriousness of alcohol abuse in Canada

Regarding the perception the problem posed by alcohol abuse in Canada, residents in Prince Edward Island (93.4%) were more likely than those in the rest of Canada to have perceived this to be a serious problem, and residents in Quebec (84.6%) and Ontario (83.6%) were the least likely. Respondents who had higher income adequacy (80.7%) and those who refused to provide information on their income were less likely than those in the lowest income bracket (91.9%) to have perceived alcohol abuse as being a serious problem in Canada.

Seriousness of illicit drug abuse in Canada

In terms of perceptions regarding illicit drug abuse, lifetime user-type was associated with the perceived seriousness of use in Canada. Alcohol-only users (97.1%) were more likely to have reported illicit drug use as serious compared with at-least-cannabis users (90.6%) or with non-users (90.7%). There was a direct positive relation with age and, as age increased, perception of the seriousness of the issue increased.

Seriousness of injection drug use in Canada

For perceptions regarding injection drug use, there was a significant main effect of age with the perceived seriousness increasing with age. Provincially, residents in British Columbia (91.5%) were more likely than those in the rest of Canada to have perceived injection drug use as a serious problem in Canada, and residents in Saskatchewan (80.5%) less likely to do so. Respondents with a university degree (81.9%) were less likely than those with less than a high school education (87.2%) to have perceived the problem as serious. Type of lifetime user influenced perception, with a difference emerging between those who were at-least-cannabis users (82.3%) and those who were alcohol-only users (91.2%).

Seriousness of prescription drug abuse in Canada

Regarding prescription drug abuse, provincial differences were apparent. Residents from the east—Newfoundland and Labrador (88.9%), Prince Edward Island (86.5%) and Nova Scotia (86.0%)—were more likely to have perceived prescription drug abuse as being a serious problem in Canada, whereas residents from the west—Manitoba (72.9%), Alberta (76.3%) and British Columbia (76.9%)—were less likely. Respondents who have the highest income adequacy (73.2%) were less likely to have perceived prescription drug abuse as being a serious problem in Canada than those who were in the lowest income adequacy group (83.2%).

Seriousness of over-the-counter drug abuse in Canada

Other than males perceiving the issue as less serious than females, there were no differences in terms of perceived seriousness of over-the-counter drug abuse in Canada for the variables measured.

Seriousness of solvent abuse in Canada

For solvent abuse, there was a significant main effect of age. As age increases, an increased proportion of Canadians perceived solvent abuse to be a serious problem in Canada. Provincially, residents of Ontario (59.4%) and British Columbia (58.2%) were less likely to have perceived the problem as serious and residents in Manitoba (81.3%) and Saskatchewan (75.1%) were more likely when compared to the overall rate for Canada. Respondents with some post-secondary education (57.6%) were less likely to have perceived the problem of solvent abuse in Canada to be serious than those with less than high school education (69.7%).

In Province

Respondents in panel B (n = 4,639) were asked how serious of a problem various substance use behaviours are in their province (Table 3.3). Overall, the majority of Canadians responded they perceived alcohol, illicit drug, injection drug, prescription drug, over-the-counter drug abuse and solvent abuse to be very or somewhat serious problems in their province. With the exception of prescription drug abuse, males were less likely than females to have perceived the problems as being serious. Age was related to perceptions of the seriousness of all substances in one's province, with perceived seriousness increasing as respondents age in all cases. Still, in some cases, this increase accelerated between certain age groups, and these changes will be discussed under the relevant headings.

Seriousness of alcohol abuse in your province

In terms of the perceived seriousness of alcohol abuse in their province, residents from Saskatchewan (91.1%) were more likely to have perceived alcohol abuse in their province to be serious than respondents from the rest of Canada.

Seriousness of illicit drug abuse in your province

Regarding illicit drug abuse, those aged 15–17 were the least likely to have perceived illicit drug abuse as a serious problem (73.9%), whereas those aged 75+ were the most likely to have perceived illicit drug abuse to be serious (98.3%). Residents of Prince Edward Island (84.3%) and New Brunswick (86.1%) were less likely to have perceived illicit drug abuse as serious than the rest of Canada, whereas residents of British Columbia (93.6%) were more likely than the rest of Canada to have perceived it as serious. Education impacted perceptions of seriousness, with respondents having more education less likely to report it as a serious problem. More specifically, those with some post-secondary education or a university degree were less likely to have perceived illicit drug abuse as a serious problem in their province (90.6% and 87.7%, respectively) than those with less than high school education (92.7%). Marital status influenced perceptions: those who were previously married (97.2%) were more likely than those who were married (91.6%) to have perceived illicit drug use as serious and those who were single/never married were less likely (83.7%).

Seriousness of injection drug use in your province

For perceptions regarding the seriousness of injection drug use (IDU) in one's province, there were age ranges at which the increase in perceived seriousness accelerated. Respondents aged 25–34 were more likely than those 18–24 to have perceived IDU as a serious problem in their province (80.7% vs. 70.6%) and respondents aged 75 and over were more likely than those aged 65–74 to have perceived it as serious (97.8% vs. 91.2%). Residents of British Columbia (93.3%) were more than six times (adjusted odds ratio = 6.6) more likely than the Canadian average to have perceived IDU as a serious problem in their province. Residents of Quebec (87.1%) and Ontario (81.2%) were also more likely than the rest of Canada to have perceived IDU as serious, whereas residents of Newfoundland and Labrador (39.6%), Prince Edward Island (49.2%) and New Brunswick (63.1%) were less likely. In terms of marital status, respondents who were never married were less likely than their married counterparts to have perceived IDU as serious (70.4% vs. 85.3%). There was a main effect of education even though none of the individual group comparisons was significant.

Seriousness of prescription drug abuse in province

Regarding the seriousness of prescription drug abuse in one's province, the increase with age accelerated from the age group 15–17 (45.7%) to 18–19 in which 77.6% felt the issue to be serious. Residents of Manitoba (70.0%), Saskatchewan (69.0%) and British Columbia (69.5%) were less likely to see this problem as serious than the average for Canada, and residents of Newfoundland and Labrador (83.9%) were more likely.

Seriousness of over-the-counter drug abuse in province

Residents of Nova Scotia (72.1%) and Quebec (72.0%) were more likely than the average for Canada to have perceived over-the-counter drug abuse as a serious concern in their province.

Seriousness of solvent abuse in province

In regards to the seriousness of solvent abuse in one's province, the age increase spiked from age 18–19 (29.5%) to age 20–24 (47.0%) and then again at age 25–34 (55.5%). Residents of Prince Edward Island (22.2%), Nova Scotia (39.7%) and New Brunswick (33.8%) were less likely to report this as serious than the national average (54.9%), whereas residents of Quebec (60.7%), Manitoba (80.7%) and Saskatchewan (72.3%) were more likely. Respondents from the middle or higher income adequacy groups were less likely to report this as serious compared with those from the lowest income adequacy group.

In City/Town

Respondents in panel C (n = 4,658) were asked how serious of a problem various substance use behaviours are in their own city or town (Table 3.4). The majority of Canadians perceived alcohol abuse and illicit drug use as very or somewhat serious in their own town. However, for the behaviours of injection drug use, prescription drug abuse, over-the-counter drug abuse or solvent abuse, this proportion falls below majority (50%) if respondents who answered "I don't know" are included.

In all cases, males were less likely to have perceived the problems as being serious in their city or town. Furthermore, while location of household was not a significant predictor for the seriousness of the issue at the national or provincial level, it was significant at the city/town level, with residents from non-rural areas significantly more likely to have reported the problem to be very or somewhat serious compared with residents of rural areas in all cases.

Seriousness of alcohol abuse in city/town

Regarding the perception of the problem posed by alcohol abuse in their city or town, residents of Prince Edward Island (76.0%), Manitoba (79.5%), Saskatchewan (76.2%) and Alberta (77.8%) were more likely to have reported it as a serious problem than the rest of Canada (60.4%). Alternatively, residents of Quebec (50.2%) and Ontario (67.2%) were less likely.

Seriousness of illicit drug use in city/town

Regarding the perception of the problem posed by illicit drug abuse in their city or town, residents of Newfoundland and Labrador (67.2%) and Quebec (62.1%) were less likely than the rest of Canada to have perceived this as a serious problem in their city/town. Residents living in Manitoba (81.4%), Alberta (83.1%) and British Columbia (88.6%) were more likely than the rest of Canada to have rated this as a serious problem.

Seriousness of injection drug use in city/town

In terms of perceived seriousness of the problems caused by injection drug use (IDU) in one's city or town, the increase according to age spiked for the 25–34 age group who were more likely to have reported it as serious than the younger age group of 20–24-year-olds (49.3% vs. 29.5%, respectively). Regarding differences according to province, residents from Newfoundland and Labrador (18.9%), Prince Edward Island (28.3%), New Brunswick (39.7%) and Quebec (37.6%) were less likely than the rest of Canada to have perceived IDU as a serious problem in their town/city, whereas residents from Saskatchewan (46.5%), Alberta (55.2%) and British Columbia (71.5%) were more likely. There was a significant effect of user-type. Although there were no significant differences within groups, a trend is apparent, suggesting that as usage patterns moved from nothing to alcohol-only to at-least-cannabis to illicit drugs, respondents' perception of the seriousness of IDU in their city or town decreased.

Seriousness of prescription drug abuse in city/town

In terms of perceived seriousness of prescription drug abuse in one's city or town, the increasing perception of the seriousness of the problem increased for the 25–34 age group who were more likely to perceive it as a serious problem when compared to those aged 20–24 (55.6% vs. 38.8%). Residents from Prince Edward Island (61.2%) and Nova Scotia (65.8%) were more likely than the rest of Canada to have perceived it as a serious problem, whereas residents from Quebec (48.8%) were less likely. Respondents who completed high school (51.6%) and those with a university degree (52.6%) were less likely than those who never completed high school (58.1%) to have perceived prescription drug abuse as a serious problem in their city or town.

Seriousness of over-the counter drug abuse in city/town

In terms of perceived seriousness of over-the-counter drug abuse in one's city or town, residents of Prince Edward Island (52.7%), Nova Scotia (55.6%) and Alberta (57.0%) were more likely and residents of Manitoba (44.1%) and British Columbia (46.0%) were less likely than the rest of Canada to have perceived it as a serious problem. In terms of income adequacy, respondents in the middle (44.5%) and highest income (46.0%) categories were less likely than those in the lowest income category (64.4%) to have perceived over-the-counter drug abuse as a serious problem in their city or town.

Seriousness of solvent abuse in city/town

In terms of the perceived seriousness of solvent abuse in one's city or town, residents of Newfoundland and Labrador (9.3%), Prince Edward Island (15.6%), Nova Scotia (19.5%) and New Brunswick (16.1%) were less likely, whereas residents of Manitoba (57.4%), Saskatchewan (43.3%) and Alberta (36.0%) were more likely to have perceived solvent abuse as a serious problem in their city or town compared to the overall rate for Canada.

Summary and Discussion

Canadians do perceive a level of seriousness to the issues of substance abuse in Canada. However, the problem is not necessarily seen as "close to home." The relative intensity examined as the rate of agreement is usually stable at the three levels (for Canada, the province or city/town) except for injection drug use, which is less likely to be seen as serious at the city/town level. This pattern of response is likely due to the fact that both IDU and solvent use are issues often likely to be localized and to affect circumscribed high-risk groups of people.

Finally, it is worth noting that there was a high rate of respondents who answered "I don't know" to some of the questions examined in this chapter. This rate was out of proportion when compared with the typical response pattern from this survey. Specifically, when asked about the problems of IDU, prescription drug abuse, over-the-counter drug abuse and solvent abuse nationally, provincially or locally, a substantial proportion of Canadians, ranging from 13% to 24%, responded "I don't know." There could be two likely explanations for this. A first explanation, the most direct one, would be that individuals are not aware whether these are serious issues in Canada or not. An alternative explanation would be that respondents feel a double bind in answering this question in which they recognize it is very serious for individuals confronted with it, but that they do not feel it affects many people. This second explanation would be in agreement with the findings that almost all respondents associated a very high risk of harm with these behaviours.

Table 3.1: How serious is… in Canada, province, city/town, Canada excluding the territories, aged 15+, 2004

	In Canada % [CI]	In Province % [CI]	In City/Town % [CI]
Alcohol abuse			
Very serious	26.2 [24.0-28.5]	25.5 [23.3-27.7]	15.7 [13.9-17.7]
Somewhat serious	57.2 [54.6-59.8]	57.2 [54.6-59.8]	46.8 [44.2-49.5]
Somewhat not serious	11.5 [9.8-13.4]	12.1 [10.4-14.0]	22.4 [20.3-24.7]
Not at all serious	2.8 [2.0-3.9]	2.0 [1.3-3.0]	9.3 [7.8-11.1]
Don't know	2.4 [1.7-3.4]	3.2 [2.4-4.3]	5.7 [4.6-7.2]
Illicit drug abuse			
Very serious	44.7 [42.1-47.3]	42.0 [39.5-44.6]	27.6 [25.3-30.0]
Somewhat serious	44.6 [42.0-47.2]	44.0 [41.4-46.7]	40.9 [38.3-43.4]
Somewhat not serious	6.0 [4.8-7.4]	7.6 [6.4-9.1]	16.4 [14.4-18.5]
Not at all serious	0.9 [0.5-1.5]	1.7 [1.1-2.7]	7.6 [6.2-9.2]
Don't know	3.8 [3.0-5.0]	4.6 [3.6-5.9]	7.7 [6.4-9.2]
Injection drug abuse			
Very serious	39.1 [36.6-41.7]	31.9 [29.6-34.3]	16.2 [14.3-18.2]
Somewhat serious	33.4 [31.0-35.9]	31.8 [29.4-34.3]	20.6 [18.5-22.7]
Somewhat not serious	9.7 [8.2-11.4]	11.4 [9.8-13.2]	18.6 [16.6-20.8]
Not at all serious	1.8 [1.2-2.8]	3.1 [2.4-3.9]	20.6 [18.5-22.8]
Don't know	15.9 [14.0-18.0]	21.8 [19.6-24.1]	24.1 [21.9-26.4]
Prescription drug abuse			
Very serious	23.2 [21.1-25.4]	22.6 [20.4-24.8]	12.0 [10.4-13.9]
Somewhat serious	45.0 [42.4-47.6]	42.5 [39.9-45.1]	30.1 [27.8-32.5]
Somewhat not serious	15.4 [13.6-17.4]	16.3 [14.5-18.2]	22.2 [20.1-24.5]
Not at all serious	3.4 [2.6-4.4]	4.3 [3.4-5.6]	13.0 [11.2-14.9]
Don't know	13.0 [11.3-15.0]	14.4 [12.7-16.2]	22.7 [20.5-24.9]

Table 3.1: (Continued)

	In Canada % [CI]	In Province % [CI]	In City/Town % [CI]
Over-the-counter drug abuse			
Very serious	17.7 [15.8-19.7]	18.0 [16.1-20.2]	10.2 [8.7-12.0]
Somewhat serious	42.4 [39.9-45.1]	38.1 [35.6-40.7]	27.4 [25.1-29.7]
Somewhat not serious	20.5 [18.5-22.7]	21.4 [19.3-23.6]	23.5 [21.3-25.8]
Not at all serious	4.3 [3.4-5.3]	6.5 [5.4-7.9]	15.5 [13.7-17.6]
Don't know	15.1 [13.3-17.1]	15.9 [14.1-17.9]	23.4 [21.2-25.7]
Solvent abuse			
Very serious	18.8 [16.9-20.9]	15.4 [13.7-17.2]	7.1 [5.9-8.5]
Somewhat serious	31.6 [29.3-34.0]	28.4 [26.1-30.8]	15.9 [14.0-17.9]
Somewhat not serious	23.5 [21.3-25.9]	25.1 [22.9-27.6]	21.5 [19.4-23.8]
Not at all serious	6.3 [5.2-7.6]	10.9 [9.4-12.6]	33.3 [30.9-35.9]
Don't know	19.8 [17.8-22.1]	20.2 [18.2-22.4]	22.2 [20.0-24.5]

Table 3.2: How serious is… in Canada – Percentage of respondents who stated serious (very or somewhat) by demographic characteristics, Panel A, aged 15+, 2004

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter % [CI]	Solvent abuse % [CI]
Canada - Overall						
Serious	85.4 [83.3- 87.3]	92.9 [91.4-94.2]	86.3 [84.1-88.2]	78.3 [76.0-80.5]	70.8 [68.2-73.3]	62.9 [60.0-65.7]
Not serious	14.6 [12.7-16.7]	7.1 [5.8-8.6]	13.7 [11.8-15.9]	21.7 [19.5-24.0]	29.2 [26.7-31.8]	37.1 [34.3-40.0]
Sex	**	**	**	*	**	**
Female (comparison group)	91.4 [89.3-93.2]	96.1 [94.6-97.2]	89.9 [87.4-91.9]	81.5 [78.4-84.3]	75.8 [72.5-78.8]	70.9 [67.3-74.2]
Male	79.3**(0.36) [75.7-82.5]	89.6**(0.39) [86.8-91.8]	82.4**(0.56) [78.8-85.6]	75.1**(0.68) [71.4-78.4]	65.6**(0.63) [61.4-69.5]	55.0**(0.50) [50.6-59.3]
Age (comparison group is previous group)		**L+**	**L+****	**L+****		**L+****
15-17	82.2 [71.4-89.5]	87.1 [74.4-94.0]	65.9 [52.4-77.2]	56.1 [43.2-68.2]	63.6 [51.0-74.6]	53.0 [40.3-65.2]
18-19	76.2 [60.5-87.0]	88.4 [78.2-94.1]	77.2 [61.6-87.7]	66.7 [52.0-78.7]	62.1 [47.4-75.0]	44.9 [30.7-60.0]
20-24	81.7 [74.2-87.4]	91.6 [83.8-95.8]	82.5 [73.3-89.0]	73.2 [64.6-80.3]	69.1 [60.3-76.8]	54.0 [44.2-63.5]
25-34	79.6 [73.7-84.4]	89.0 [84.3-92.4]	78.4 [72.3-83.4]	76.8 [71.0-81.7]	67.6 [61.4-73.2]	58.0 [51.5-64.3]
35-44	84.2 [78.8-88.4]	91.5 [87.8-94.2]	86.4 [80.9-90.5]	80.9 [75.3-85.5]	70.3 [64.2-75.8]	60.9 [54.0-67.3]
45-54	89.3 [84.5-92.8]	95.2*(2.3) [92.1-97.1]	88.8 [83.5-92.5]	83.5 [78.2-87.7]	75.6 [69.5-80.8]	64.3 [57.1-70.8]
55-64	90.0 [84.4-93.7]	95.8 [91.5-98.0]	93.9 [89.1-96.6]	82.6 [76.2-87.5]	74.0 [66.8-80.0]	74.2 [66.9-80.4]
65-74	88.8 [80.0-94.0]	97.4 [91.2-99.3]	96.1 [89.4-98.6]	83.1 [74.2-89.4]	71.8 [61.0-80.6]	72.4 [61.6-81.0]
75+	93.5 [82.8-97.8]	100	98.1 [93.8-99.4]	76.6 [61.5-87.0]	74.8 [59.1-85.9]	80.3 [65.2-89.8]
Location of Household						
Rural (comparison group)	86.1 [80.8-90.1]	94.7 [91.4-96.8]	85.0 [79.9-89.0]	77.0 [71.1-82.0]	71.5 [65.3-77.1]	65.1 [58.5-71.2]
Non-rural	85.3 [82.9-87.3]	92.5 [90.8-94.0]	86.5 [84.1-88.6]	78.6 [76.0-81.0]	70.7 [67.8-73.4]	62.4 [59.2-65.5]
Province (comparison group is Canada)	**		**	**		**
Newfoundland and Labrador	89.7 [85.4-92.9]	95.1 [91.5-97.2]	84.9 [79.5-89.0]	88.9**(1.82) [84.2-92.4]	76.9 [71.2-81.8]	72.3 [66.3-77.5]
Prince Edward Island	93.4*(1.83) [89.8-95.8]	93.2 [89.5-95.7]	87.3 [82.2-91.1]	86.5*(1.57) [81.9-90.0]	76.1 [70.7-80.8]	63.9 [58.0-69.4]
Nova Scotia	88.0 [83.6-91.4]	90.5 [86.4-93.5]	84.6 [79.3-88.7]	86.0*(1.51) [81.2-89.7]	75.8 [70.1-80.7]	63.9 [57.6-69.8]
New Brunswick	87.8 [83.2-91.2]	93.3 [90.1-95.8]	88.5 [84.0-91.9]	86.3 [81.4-90.0]	77.0 [71.1-81.9]	65.7 [59.2-71.6]
Quebec	84.6*(0.70) [80.0-88.3]	92.5 [88.8-95.0]	85.9 [81.4-89.5]	77.6 [72.3-82.1]	67.9 [62.2-73.1]	63.9 [58.0-69.4]
Ontario	83.6*(0.66) [78.8-87.5]	93.1 [89.5-95.5]	85.7 [80.5-89.6]	78.6 [73.3-83.0]	72.9 [67.2-78.0]	59.4*(0.72) [52.9-65.6]

Table 3.2: (Continued)

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter % [CI]	Over-the-counter % [CI]
Manitoba	88.9 [85.4-91.7]	94.3 [91.7-96.2]	84.0 [79.7-87.5]	72.9**(0.59) [68.2-77.2]	69.3 [64.3-73.9]	81.3**(2.18) [77.1-84.8]
Saskatchewan	91.3 [87.4-94.0]	93.5 [90.1-95.8]	80.5**(0.62) [75.2-84.9]	78.2 [72.9-82.8]	70.3 [64.6-75.5]	75.1*(1.38) [69.8-79.8]
Alberta	89.3 [86.8-91.3]	92.5 [90.3-94.2]	84.5 [81.4-87.1]	76.3*(0.76) [72.8-79.5]	70.0 [66.3-73.5]	65.1 [61.1-68.8]
British Columbia	85.2 [82.6-87.4]	93.1 [91.2-94.6]	91.5**(1.92) [89.3-93.2]	76.9*(0.77) [73.8-79.8]	68.1 [64.7-71.4]	58.2**(0.71) [54.6-61.8]
Education			**			*
Less than secondary (comparison group)	88.9 [83.8-92.5]	93.1 [88.6-95.9]	87.2 [82.0-91.1]	75.9 [69.6-81.2]	75.0 [68.9-80.2]	69.7 [63.0-75.6]
Secondary	87.4 [83.6-90.5]	94.8 [92.3-96.6]	90.4 [86.9-93.0]	78.4 [73.5-82.5]	71.2 [66.0-75.9]	67.7 [62.3-72.7]
Some post-secondary	83.6 [79.3-87.2]	92.7 [89.5-94.9]	85.8 [81.2-89.4]	78.9 [74.5-82.7]	70.1 [65.2-74.6]	57.6*(0.58) [52.2-62.8]
University degree	83.1 [78.4-86.9]	91.3 [88.0-93.8]	81.9*(0.44) [77.1-85.8]	80.1 [75.5-84.0]	68.2 [62.7-73.2]	59.4 [53.5-65.0]
Marital Status						
Married/Partner (comparison group)	86.9 [84.1-89.3]	93.5 [91.6-95.1]	89.0 [86.3-91.2]	80.1 [76.9-82.9]	71.2 [67.5-74.5]	63.4 [59.4-67.2]
Divorced/Separated/Widowed	92.2 [87.7-95.1]	95.6 [91.5-97.8]	93.0 [88.8-95.6]	82.5 [75.8-87.6]	78.4 [72.2-83.5]	72.9 [65.9-79.0]
Single/Never married	79.0 [74.4-83.0]	90.5 [87.0-93.2]	77.4 [72.4-81.7]	73.3 [68.7-77.5]	66.5 [61.6-71.2]	56.9 [51.6-62.0]
Income Adequacy	*			**		
Lowest (comparison group)	91.9 [86.5-95.3]	95.0 [88.7-97.9]	90.5 [83.8-94.6]	83.2 [76.7-88.2]	74.1 [65.7-81.1]	70.1 [60.6-78.1]
Middle	88.0 [84.8-90.7]	94.4 [92.2-96.0]	88.1 [84.9-90.7]	81.8 [78.3-84.9]	74.3 [70.3-77.9]	64.0 [59.5-68.3]
Highest	80.7*(0.39) [75.7-84.8]	89.8 [86.0-92.7]	81.0 [75.8-85.3]	73.2**(0.46) [67.7-78.1]	65.1 [59.5-70.4]	55.5 [49.7-61.2]
Not stated	83.4*(0.44) [78.9-87.1]	92.7 [89.6-95.0]	87.0 [82.5-90.5]	76.1 [71.2-80.5]	69.8 [64.3-74.7]	66.3 [60.6-71.6]
User-type (comparison group is previous group)		**	*			
Illicit drug	79.4 [73.3-84.5]	85.3 [79.8-89.5]	79.7 [73.2-84.9]	74.3 [68.0-79.7]	63.1 [56.4-69.4]	58.0 [51.3-64.5]
At-least-cannabis	82.1 [77.9-85.6]	90.6 [87.4-93.0]	82.3 [77.9-86.0]	77.5 [73.1-81.3]	71.0 [66.4-75.2]	57.6 [52.4-62.6]
Alcohol-only	88.5 [85.6-91.0]	97.1**(2.77) [95.6-98.1]	91.2*(1.75) [88.6-93.3]	80.9 [77.4-83.9]	73.1 [69.2-76.6]	66.0 [61.7-70.1]
Non-user	91.4 [82.3-96.0]	90.7*(0.31) [79.1-96.2]	82.9 [70.9-90.6]	75.0 [62.6-84.3]	73.3 [60.9-82.9]	77.9 [66.3-86.3]

Note: * $p < 0.05$; ** $p < 0.01$.
L+, L-: testing for age as a continuous variable; L+ increases as age increases, L- decreases as age increases.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 3.1 because respondents who answered "I don't know" were not included in this analysis.

Table 3.3: How serious is… in your province – Percentage of respondents who stated serious, by demographic characteristics, Panel B, aged 15+, 2004

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter drug abuse % [CI]	Solvent abuse % [CI]
Canada - Overall						
Serious	85.4 [83.3- 87.3]	90.2 [88.4-91.7]	81.5 [79.1-83.6]	75.9 [73.5-78.2]	66.8 [64.1-69.4]	54.9 [51.9-57.8]
Not serious]	14.6 [12.7-16.7]	9.8 [8.3-11.6]	18.5 [16.4-20.9]	24.1 [21.8-26.5]	33.2 [30.6-35.9]	45.1 [42.2-48.1]
Sex	**	**	**		**	**
Female (comparison group)	91.3 [89.1-93.0]	92.8 [90.7-94.4]	85.5 [82.7-87.9]	78.5 [75.4-81.4]	72.6 [69.1-75.8]	61.8 [58.0-65.5]
Male	78.9**(0.36) [75.1-82.2]	87.3**(0.52) [84.2-89.8]	76.7**(0.54) [72.7-80.3]	73.0 [69.0-76.6]	60.0**(0.59) [55.6-64.2]	47.3**(0.52) [42.9-51.9]
Age (comparison group is previous group)	**L+** **	**L+***	**L+** **	**L+** **	**L+** **	**L+** **
15-17	70.4 [56.0-81.7]	73.9 [59.6-84.5]	48.7 [36.7-60.9]	45.7 [33.8-58.0]	44.2 [32.8-56.3]	42.3 [30.9-54.7]
18-19	73.6 [58.1-84.9]	80.6 [63.1-90.9]	66.6 [51.4-79.0]	77.6**(3.3) [65.9-86.1]	53.1 [38.6-67.0]	29.5 [19.3-42.4]
20-24	75.7 [66.1-83.2]	85.0 [77.3-90.4]	70.6 [60.4-79.0]	70.4 [60.5-78.8]	65.0 [55.7-73.4]	47.0*(2.4) [37.5-56.6]
25-34	81.2 [75.2-86.0]	87.4 [82.4-91.2]	80.7*(1.9) [75.3-85.2]	71.2 [64.6-77.0]	62.9 [56.2-69.1]	55.5*(1.7) [48.9-61.9]
35-44	85.8 [80.9-89.6]	90.1 [85.9-93.2]	79.3 [73.0-84.4]	76.8 [71.1-81.6]	65.1 [58.8-70.9]	54.9 [48.3-61.4]
45-54	90.2 [85.8-93.3]	94.1 [91.0-96.2]	86.4 [81.7-90.1]	83.3 [78.3-87.4]	71.3 [65.0-76.9]	56.6 [49.8-63.3]
55-64	90.5 [85.4-93.9]	92.6 [87.1-95.9]	89.7 [83.7-93.6]	81.7 [75.1-86.9]	72.1 [64.1-78.9]	62.5 [54.0-70.4]
65-74	93.9 [89.4-96.6]	94.9 [88.7-97.8]	91.2 [82.9-95.7]	78.6 [69.3-85.6]	71.3 [61.1-79.7]	65.1 [53.6-75.0]
75+	90.6 [80.7-95.7]	98.3 [96.7-99.2]	97.8*(3.7) [95.5-99.0]	76.2 [64.8-84.8]	78.9 [66.3-87.7]	51.6 [38.0-65.0]
Location of Household						
Rural (comparison group)	87.9 [83.4-91.3]	90.2 [86.1-93.1]	79.0 [73.6-83.5]	79.2 [73.9-83.7]	67.9 [61.4-73.7]	55.8 [49.2-62.1]
Non-rural	84.9 [82.6-87.1]	90.2 [88.2-91.9]	82.0 [79.3-84.3]	75.3 [72.5-77.9]	66.6 [63.6-69.5]	54.7 [51.4-57.9]
Province (comparison group is Canada)	*	**	**	**	*	**
Newfoundland and Labrador	88.5 [84.3-91.8]	86.1 [81.4-89.8]	39.6**(0.23) [33.3-46.2]	83.9**(1.70) [79.1-87.8]	61.5 [55.4-67.3]	51.8 [45.9-57.6]
Prince Edward Island	83.9 [78.9-87.8]	84.3*(0.65) [79.3-88.3]	49.2**(0.34) [42.6-55.8]	71.0 [64.9-76.5]	60.9 [54.5-66.9]	22.2**(0.26) [17.4-27.8]
Nova Scotia	90.1 [85.9-93.1]	88.4 [83.8-91.8]	69.1 [62.5-75.0]	80.2 [74.6-84.9]	72.1*(1.31) [66.1-77.4]	39.7**(0.59) [33.5-46.3]
New Brunswick	84.1 [79.4-87.8]	86.1*(0.66) [81.5-89.7]	63.1**(0.56) [56.4-69.4]	77.8 [72.3-82.5]	69.9 [63.9-75.3]	33.8**(0.44) [27.9-40.2]
Quebec	85.0 [80.5-88.7]	90.1 [86.1-93.0]	87.1**(2.95) [82.6-90.6]	76.7 [71.3-81.4]	72.0*(1.31) [66.3-77.1]	60.7**(1.56) [54.5-66.5]
Ontario	84.3 [79.3-88.3]	90.4 [86.1-93.4]	81.2**(1.73) [74.8-86.3]	79.3 [73.9-83.9]	66.3 [60.2-71.8]	51.9 [45.3-58.3]

Table 3.3: (Continued)

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter drug-abuse % [CI]	Over-the-counter % [CI]
Manitoba	89.3 [86.1-91.9]	91.0 [88.1-93.3]	68.1 [63.1-72.8]	70.0*(0.79) [65.3-74.3]	67.5 [62.7-72.0]	80.7**(4.30) [76.6-84.2]
Saskatchewan	91.1*(1.55) [87.5-93.8]	88.0 [83.7-91.2]	65.4 [59.2-71.1]	69.0*(0.76) [63.2-74.3]	59.6 [53.5-65.4]	72.3**(2.62) [66.8-77.2]
Alberta	85.5 [82.6-87.9]	87.9 [85.2-90.1]	73.6 [69.6-77.1]	70.3 [66.3-74.0]	62.8 [58.7-66.8]	52.5 [48.3-56.7]
British Columbia	85.5 [82.9-87.7]	93.6**(2.03) [91.8-95.1]	93.3**(6.60) [91.4-94.8]	69.5**(0.72) [66.0-72.8]	61.7 [58.1-65.2]	49.2 [45.5-53.0]
Education		**	*			
Less than secondary (comparison group)	88.2 [83.2-91.9]	92.7 [88.7-95.4]	80.2 [74.3-85.0]	72.3 [66.3-77.6]	67.9 [61.3-73.9]	56.4 [49.4-63.1]
Secondary	86.5 [82.0-89.9]	91.0 [87.0-93.8]	84.8 [80.0-88.6]	76.7 [71.7-81.0]	64.2 [58.7-69.4]	56.1 [50.4-61.7]
Some post-secondary	84.6 [80.6-87.9]	90.6*(0.43) [87.4-93.1]	82.7 [78.5-86.2]	78.4 [74.0-82.2]	68.7 [63.8-73.1]	55.7 [50.4-60.8]
University degree	83.7 [79.2-87.3]	87.7**(0.29) [83.8-90.7]	77.6 [72.3-82.2]	74.3 [69.0-79.0]	65.9 [60.2-71.2]	51.5 [45.6-57.5]
Marital Status		**	*			
Married/Partner (comparison group)	87.6 [85.0-89.7]	91.6 [89.4-93.3]	85.3 [82.4-87.7]	77.2 [73.8-80.2]	65.7 [62.0-69.2]	55.9 [51.9-59.8]
Divorced/Separated/Widowed	89.0 [83.3-92.9]	97.2*(2.20) [95.1-98.4]	87.8 [81.1-92.3]	81.9 [75.8-86.7]	72.8 [65.3-79.2]	57.2 [49.2-64.8]
Single/Never married	79.0 [74.1-83.1]	83.7*(0.58) [79.2-87.3]	70.4* [65.1-75.1]	69.9 [64.7-74.1]	65.2 [60.2-69.8]	51.2 [45.9-56.6]
Income Adequacy						**
Lowest (comparison group)	88.9 [82.1-93.3]	93.0 [88.4-95.9]	85.1 [78.2-90.1]	80.0 [72.7-85.8]	74.2 [66.3-80.8]	68.1 [59.7-75.5]
Middle	85.6 [82.1-88.5]	90.5 [87.6-92.7]	82.1 [78.3-85.3]	74.9 [70.9-78.5]	67.4 [63.0-71.5]	52.8**(0.53) [48.1-57.5]
Highest	82.6 [77.9-86.4]	88.5 [84.7-91.5]	76.3 [70.7-81.0]	76.6 [71.4-81.1]	62.5 [56.8-67.9]	50.7*(0.52) [44.9-56.5]
Not stated	86.6 [82.4-90.0]	90.3 [86.2-93.3]	84.2 [79.6-87.9]	75.3 [70.2-79.8]	67.5 [61.9-72.6]	56.9 [50.9-62.7]
User-type (comparison group is previous group)						
Illicit drug	82.0 [76.3-86.5]	88.0 [83.3-91.5]	77.9 [71.9-83.0]	78.9 [73.1-83.7]	62.6 [55.9-68.9]	55.0 [48.3-61.6]
At-least-cannabis	82.5 [78.3-86.0]	87.6 [83.9-90.5]	78.7 [74.3-82.6]	75.8 [71.3-79.7]	66.8 [61.9-71.3]	51.5 [46.3-56.7]
Alcohol-only	88.8 [86.0-91.1]	93.0 [90.8-94.8]	84.3 [80.8-87.2]	75.4 [71.6-78.9]	67.5 [63.3-71.4]	55.1 [50.5-59.6]
Non-user	86.2 [74.6-93.0]	87.5 [75.6-94.0]	82.6 [70.1-90.6]	73.3 [62.9-81.7]	71.3 [59.7-80.6]	64.2 [52.3-74.6]

Note: * $p < 0.05$; ** $p < 0.01$.
L+, L-: testing for age as a continuous variable; L+ increases as age increases, L- decreases as age increases.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 3.1 because respondents who answered "I don't know" were not included in this analysis.

Table 3.4: How serious is… in your city/town – Percentage of respondents who stated serious, by demographic characteristics, Panel C, aged 15+, 2004

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter drug abuse % [CI]	Solvent abuse % [CI]
Canada - Overall						
Serious	66.4 [63.7-68.9]	74.1 [71.5-76.5]	48.4 [45.4-51.4]	54.5 [51.4-57.5]	49.1 [46.0-52.1]	29.5 [26.9-32.3]
Not serious]	33.6 [31.1-36.3]	25.9 [23.5-28.5]	51.6 [48.6-54.6]	45.5 [42.5-48.6]	50.9 [47.9-54.0]	70.5 [67.7-73.1]
Sex	**	**	**	**	**	**
Female (comparison group)	73.2 [70.0-76.2]	78.9 [75.8-81.7]	54.5 [50.6-58.3]	58.8 [54.9-62.6]	54.6 [50.7-58.4]	35.5 [31.8-39.4]
Male	59.5**(0.51) [55.3-63.5]	69.1**(0.61) [65.0-73.0]	42.6**(0.68) [38.2-47.1]	50.1**(0.71) [45.5-54.7]	43.7**(0.66) [39.2-48.3]	24.1**(0.61) [20.6-28.0]
Age (comparison group is previous group)	*		*	**		
15-17	71.9 [60.5-81.1]	79.0 [68.4-86.8]	35.3 [24.0-48.6]	38.6 [26.8-51.8]	33.2 [22.1-46.5]	29.4 [18.9-42.6]
18-19	72.2 [59.2-82.3]	79.3 [65.1-88.7]	34.8 [21.8-50.5]	45.1 [31.2-59.9]	44.5 [30.8-59.1]	23.4 [13.5-37.4]
20-24	56.8 [47.4-65.8]	70.5 [60.9-78.6]	29.5 [21.8-38.5]	38.8 [29.7-48.7]	44.1 [34.8-53.8]	25.2 [18.3-33.6]
25-34	62.0 [55.6-67.9]	69.4 [63.1-75.1]	49.3**(2.4) [42.6-56.0]	55.6**(2.4) [48.7-62.3]	47.9 [41.2-54.6]	26.9 [21.7-32.9]
35-44	63.6 [57.3-69.4]	71.2 [64.9-76.7]	46.4 [39.8-53.1]	54.5 [47.7-61.2]	50.4 [43.7-57.1]	27.1 [21.8-33.0]
45-54	68.6 [61.9-74.5]	74.0 [67.5-79.6]	48.9 [41.5-56.3]	57.3 [49.8-64.5]	50.0 [42.6-57.4]	28.5 [22.5-35.4]
55-64	70.9 [64.0-77.0]	77.5 [70.5-83.2]	51.1 [42.8-59.3]	65.0 [57.1-72.1]	56.2 [47.9-64.1]	32.9 [25.9-40.8]
65-74	70.2 [60.6-78.3]	79.0 [69.4-86.2]	65.0 [54.2-74.4]	58.4 [47.4-68.6]	51.4 [40.4-62.3]	36.7 [26.5-48.2]
75+	69.1 [57.0-79.1]	80.3 [68.2-88.6]	70.3 [55.8-81.6]	55.6 [40.7-69.6]	51.5 [35.5-67.2]	45.0 [29.4-61.6]
Location of Household	**	**	**	**	**	**
Rural (comparison group)	55.3 [48.8-61.6]	63.1 [56.5-69.2]	23.4 [17.9-30.0]	40.6 [33.9-47.6]	36.8 [30.3-43.9]	16.8 [12.4-22.5]
Non-rural	68.3**(1.73) [65.4-71.0]	75.9**(1.97) [73.1-78.5]	52.7**(4.21) [49.4-56.0]	56.9**(2.36) [53.6-60.2]	51.3**(2.00) [47.9-54.6]	31.7**(2.68) [28.8-34.8]
Province (comparison group is Canada)	**	**	**	**	**	**
Newfoundland and Labrador	64.4 [58.7-69.8]	67.2**(0.68) [61.4-72.6]	18.9**(0.36) [14.4-24.5]	58.7 [52.9-64.3]	45.3 [39.4-51.3]	9.3Ω**(0.32) [6.4-13.3]
Prince Edward Island	76.0**(1.55) [70.6-80.7]	73.5 [67.9-78.4]	28.3*(0.68) [22.6-34.7]	61.2*(1.36) [54.9-67.1]	52.7*(1.36) [46.3-59.0]	15.6**(0.62) [11.6-20.6]
Nova Scotia	71.7 [66.1-76.7]	76.6 [71.0-81.4]	39.4 [32.6-46.6]	65.8**(1.44) [59.6-71.5]	55.6*(1.35) [48.9-62.1]	19.5*(0.67) [14.6-25.5]
New Brunswick	71.8 [66.4-76.6]	75.5 [70.2-80.1]	39.7**(0.63) [33.7-46.2]	64.0 [58.1-69.5]	54.3 [48.2-60.3]	16.1**(0.41) [12.0-21.2]
Quebec	50.2**(0.35) [44.5-55.9]	62.1**(0.46) [56.3-67.5]	37.6*(0.73) [31.7-44.0]	48.8**(0.61) [42.8-54.9]	49.3 [43.3-55.3]	28.9 [23.5-35.1]
Ontario	67.2*(0.74) [61.6-72.4]	73.7 [68.2-78.5]	48.1 [41.9-54.5]	54.1 [47.8-60.3]	48.0 [41.7-54.4]	27.5 [22.2-33.4]

Table 3.4: (Continued)

	Alcohol abuse % [CI]	Illicit drug abuse % [CI]	Injection drug abuse % [CI]	Prescription drug abuse % [CI]	Over-the-counter drug-abuse % [CI]	Over-the-counter % [CI]
Manitoba	79.5**(1.54) [75.7-82.8]	81.4*(1.36) [77.7-84.7]	44.6 [39.9-49.4]	52.8 [47.8-57.7]	44.1*(0.78) [39.1-49.2]	57.4**(4.13) [53.1-61.6]
Saskatchewan	76.2*(1.37) [71.2-80.6]	73.5 [68.3-78.2]	46.5**(1.44) [40.6-52.5]	54.1 [47.7-60.4]	43.6 [37.2-50.2]	43.3**(2.50) [37.6-49.2]
Alberta	77.8**(1.36) [74.5-80.9]	83.1**(1.50) [80.0-85.8]	55.2**(1.63) [51.1-59.3]	58.8 [54.6-62.8]	57.0**(1.30) [52.7-61.1]	36.0**(1.60) [32.3-40.0]
British Columbia	76.7 [73.8-79.4]	88.6**(2.37) [86.3-90.6]	71.5**(3.34) [68.2-74.5]	58.7 [54.8-62.6]	46.0**(0.78) [42.2-49.9]	28.3 [25.0-31.8]
Education				*		
Less than secondary (comparison group)	65.7 [59.1-71.7]	78.3 [72.8-83.0]	46.3 [39.0-53.8]	58.1 [50.8-64.9]	52.4 [45.1-59.7]	31.1 [24.7-38.4]
Secondary	66.4 [61.4-71.0]	74.7 [69.8-79.0]	46.7 [41.1-52.4]	51.6*(0.59) [46.0-57.2]	46.4 [40.9-52.0]	31.0 [25.9-36.5]
Some post-secondary	64.7 [59.8-69.4]	72.2 [67.2-76.6]	47.4 [42.1-52.8]	56.0 [50.5-61.3]	50.1 [44.7-55.5]	27.4 [23.1-32.1]
University degree	68.2 [62.5-73.4]	72.6 [67.0-77.6]	51.6 [45.3-57.8]	52.6**(0.53) [46.3-58.8]	47.4 [41.3-53.6]	29.2 [24.1-34.8]
Marital Status						
Married/Partner (comparison group)	63.7 [60.1-67.1]	74.2 [70.7-77.4]	50.0 [46.0-54.1]	55.5 [51.5-59.5]	49.5 [45.5-53.5]	29.4 [26.0-33.1]
Divorced/Separated/Widowed	73.2 [66.5-78.9]	75.5 [68.4-81.3]	56.0 [48.1-63.6]	58.8 [50.9-66.3]	53.0 [44.9-60.9]	35.8 [28.5-43.7]
Single/Never married	67.5 [62.4-72.3]	73.0 [68.0-77.5]	41.3 [36.0-46.8]	50.2 [44.5-55.8]	46.1 [40.6-51.7]	26.3 [21.8-31.3]
Income Adequacy					**	
Lowest (comparison group)	69.4 [61.2-76.5]	77.1 [69.0-83.6]	53.1 [44.1-62.0]	61.1 [52.5-69.2]	64.4 [55.9-72.1]	36.9 [28.9-45.7]
Middle	64.6 [60.2-68.8]	73.1 [68.7-77.0]	48.1 [43.3-53.0]	53.6 [48.8-58.3]	44.5**(0.46) [39.9-49.2]	30.5 [26.2-35.1]
Highest	62.3 [56.7-67.6]	69.6 [64.0-74.7]	43.8 [38.1-49.8]	50.2 [44.1-56.3]	46.0**(0.48) [40.0-52.0]	22.4 [18.3-27.2]
Not stated	72.0 [67.2-76.4]	79.2 [74.6-83.1]	52.5 [46.4-58.5]	57.9 [51.9-63.7]	54.6 [48.4-60.6]	33.9 [28.3-39.9]
User-type (comparison group is previous group)			*			
Illicit drug user	66.7 [59.9-72.8]	71.9 [65.0-77.9]	37.2 [31.1-43.7]	52.8 [45.5-59.9]	49.1 [42.0-56.2]	25.6 [20.2-31.7]
At-least-cannabis	66.1 [61.2-70.7]	72.9 [68.1-77.2]	42.9 [37.5-48.4]	53.8 [48.2-59.2]	48.9 [43.3-54.5]	23.9 [19.8-28.6]
Alcohol-only	65.8 [61.9-69.5]	74.4 [70.6-77.9]	54.3 [49.8-58.8]	56.4 [52.0-60.7]	49.8 [45.4-54.2]	33.6 [29.5-38.0]
Non-user	70.4 [58.2-80.2]	82.6 [72.8-89.4]	61.0 [48.2-72.4]	47.2 [35.2-59.6]	45.5 [33.5-58.1]	40.0 [28.7-52.5]

Note: * $p < 0.05$; ** $p < 0.01$; Q = qualified: interpret with caution.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 3.1 because respondents who answered "I don't know" were not included in this analysis.

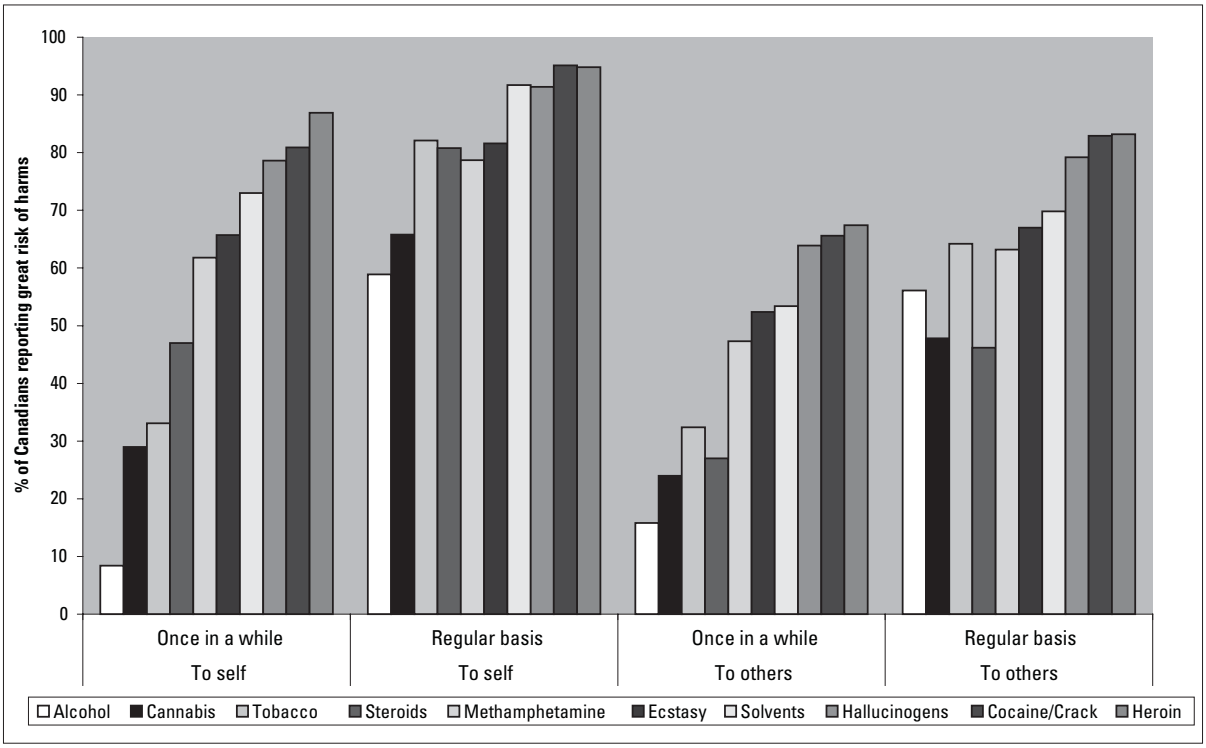
Chapter 4: Perceived Harms of Substance Use

Highlights

- Overall, Canadians report that substance use poses serious risk of harms to self or to others whether used once in a while or on a regular basis.
- There was a gradient of increasing perceived risk going from heroin as presenting the most risk of harms to alcohol presenting the least risk in almost all cases.
- For many of the behaviours analyzed, there was very little variability, with most Canadians reporting very serious risks. A more detailed examination was conducted only for the substances of alcohol and cannabis and for the variable of user versus non-user.
- With regards to alcohol, people were close to twice as likely to have perceived great risk of harms with regular use as opposed to using once in a while.
- When asked to rate the perceived risk associated with drinking alcohol once in a while, Canadians were slightly more likely to have perceived there was a greater risk of harms from someone's else drinking than risk from one's own drinking.
- In terms of cannabis, users were less likely to have reported high risk of harms than non-users in all cases.
- Overall, Canadians did not have a problem acknowledging that substance use poses serious risk of harms to self or to others. The few results that stand out are for alcohol, where only one third of users perceived serious harms from using once in a while and for cannabis, the split was close to one half.

Canadians were asked to provide their opinion about the effects of using different substances. In general, respondents were asked to indicate how much harm they associated with each of a list of substance use behaviours "once in a while" and "on a regular basis." Respondents from panel A were asked to answer from the perspective of one's own use (e.g. How much do people risk harming themselves if they ...?) and respondents from panel B were asked to answer from the perspective of harming someone else (e.g. How much do people risk harming others if they ...?). The overall trends are presented in Table 4.1 and in Figure 4.1.

Figure 4.1: Perceived Harms from Various Substance Use Behaviours



Overall

In general, regardless of the frequency of the behaviour or the person(s) affected, there is a gradient of perceived harm across the 10 substances, ranging from heroin as most harmful to alcohol as least harmful. The exception is perceived harms to others associated with regular use where steroids and cannabis were regarded as less harmful than alcohol (Figure 4.1). Overall, the highest proportion of Canadians felt that heroin (86.9%) was a great risk to self when used once in a while; this was followed by cocaine (80.9%), hallucinogens (78.6%), solvents (73.0%), ecstasy (65.7%), methamphetamine (61.8%), steroids (47.0%), cigarettes (33.1), cannabis (29.0%) and alcohol (8.4%) (Table 4.1).

In terms of perceived harms to self caused by use on a regular basis (Table 4.1), the highest proportion of Canadians (95.1%) felt that cocaine was a great risk; this was followed by heroin (94.8%), solvents (91.7%), hallucinogens (91.4%), cigarettes (82.1%), ecstasy (81.6%), steroids (80.8%), methamphetamine (78.7%), cannabis (65.8%) and alcohol (58.9%).

In terms of harms to others caused by use once in a while (Table 4.1), the highest proportion of Canadians (67.4%) felt that heroin was a great risk; this was followed by cocaine (65.5%), hallucinogens (63.9%), solvents (53.4%), ecstasy (52.4%), methamphetamine (47.3%), cigarettes (32.4%), steroids (27.0%), cannabis (24.0%) and alcohol (15.8%).

Regarding harms to others caused by use on a regular basis (Table 4.1), the highest proportion of Canadians (83.2%) felt that heroin was a great risk; this was followed by cocaine (82.9%), hallucinogens (79.2%), solvents (69.8%), ecstasy (67.0%), cigarettes (64.2%), methamphetamine (63.2%), alcohol (56.1%), cannabis (47.8%) and steroids (46.2%).

Canadians perceived a greater risk to others than to self of using alcohol once in a while (15.8% vs. 8.4%), and an approximately equal risk to others and to self of using alcohol on a regular basis (56.1% and 58.9%).

For many of the behaviours analyzed here, there was very little variability, with most Canadians reporting very serious risks. For this reason, results will be presented only for alcohol and cannabis. Even within these two substances, the logistic regression was not performed when all cells were around 80%.

Alcohol

Results for the perception associated with alcohol are presented in Table 4.2. The first two columns represent harms due to one's own drinking, once in a while (first column) or on a regular basis (second column), and the last two columns present harms due to someone else's drinking, once in a while (third column) or on a regular basis (fourth column). As expected, people were close to twice as likely to have perceived great harms with regular use as opposed to using once in a while. For harms associated with alcohol on a regular basis either from one's own use or from someone else's use, all cells are above 80%. Therefore, results are shown here but further logistic regression was not conducted due to lack of variability.

Overall, when asked to rate the perceived risk associated with drinking alcohol once in a while, Canadians were slightly more likely to have perceived there was a greater risk of harms from someone's else drinking than from one's own drinking. With regards to harms due to one's own drinking once in a while, residents of non-rural areas (34.3%) were less likely to have reported great risk than residents of rural areas (46.7%), and never married respondents (30.2%) were less likely than married respondents (38.6%). There are reverse gradients for education and income adequacy, with the higher the education or the higher the income adequacy, the lower the rate of reported great risk. Finally, users were less likely to have reported great risk than non-users. With regards to harms to others once in a while, males (32.4%) were less likely to have reported great risk. The reverse gradient for education and income adequacy were also present but only significant for the higher education levels and income adequacy level. Users were less likely to have reported great risk.

Cannabis

Table 4.3 presents the same information for cannabis use. In all cases, users were less likely to have reported harms than non-users. With regards to harms from one's use once in a while, respondents aged 35–44 were more likely than the preceding or the following age group to have reported great risk. Residents of Nova Scotia (51.8%) were less likely than Canadians overall (64.0%) to have reported great risk, whereas residents of New Brunswick (69.7%) and Quebec (67.4%) were more likely. There was a reverse gradient of income adequacy, with the higher the income adequacy, the lower the rate of having reported great risk. The regression was not performed for harms due to one's own use on a regular basis due to low variability. With regards to harms from someone else's use once in a while, males (47.1%), those with a university degree (43.6%) and residents of British Columbia (47.3%) were less likely than their respective comparison groups to have reported great risk of harms and residents of Quebec (61.2%) were more likely. Finally, with regards to harms from someone else's regular use, males and users were less likely to have reported risk of great harms.

Users compared with non-users

The logistic regression was conducted only to examine whether people who had used a substance would respond differently in their perception of harms associated with this specific substance. Table 4.4 presents perceived harms for users contrasted with harms for non-users with all other variables kept constant (sex, age, province, location of household, education, marital status and income adequacy).

Recognition of the risk of harms associated with substance use is high for all substances, both for use on a regular basis or once in a while. Results that stand out are for perceived risk of harms to self of alcohol use once in a while, which is reported as being a serious risk by 34.3% of users and 63.5% of non-users, and harms to self from cannabis use once in a while, of which 51.5% of users and 74.2% of non-users perceive this to be a moderate to great risk. The lowest reported perceived risk to self due to use of a substance on a regular basis is for the use of cannabis but is at a high rate of 84.5% as perceived by users. Some rates of perceived risk of harms to others for use once in a while are below the majority especially as perceived by users (alcohol: 38.5%; cannabis: 40.2%; ecstasy: 42.6%), but for regular use the lowest rate is for steroids at 72.3%. Although perceived harms are almost always lower for users than for non-users, most rates are usually at a level that can be considered quite high. Overall, Canadians reported that substance use poses serious risk of harms to self or to others.

Summary and Discussion

Most people reported great risk of harms from most substance use behaviours, an expected response and one that is aligned with the socially desirable answer. Canadians are quite aware that drug use entails important risks.

Alcohol's special status clearly appeared in the results. Excluding tobacco, alcohol is by far the most widely used substance in the group of substances studied and it is the only substance whose use for non-medical purposes is accepted. As such, it puts alcohol in a place where it is actually the substance causing the most harms, the most frequently, while at the same time being the substance used by the greater amount of people, the greater amount of time, without perceived harms.

It is to be noted that the number of people reporting great risk from use of cannabis is always lower than the number who reported great risk from cigarettes. In recent years, the social consensus toward seeing tobacco as a harmful substance has grown strong and it is now well established and accepted that tobacco is harmful. However, the debates around marijuana have been of a different nature, concerning its medical use and the decriminalization or penalties for possession. Many social agents have purported that the many debates around marijuana have sent conflicting messages about its potential harms and risks associated with its use. Whether it is a driver of or a result from these debates, the results presented here do confirm that many Canadians do not perceive cannabis as presenting a high risk for harms.

A last comment concerns the high rate of respondents who answered "I don't know" for ecstasy and methamphetamine, ranging from 14.9% to 21.6%. This may be an indication that, although most Canadians recognized the risk associated with the use of these substances, a non-negligible portion showed lack of awareness. It can be suggested that public education campaigns, aimed at the specific harms associated with ecstasy and methamphetamine, might be beneficial for these substances for which the level of knowledge is low.

Table 4.1: Perceived harms to self/others of using, Canada excluding the territories, aged 15+, 2004

	Self Once in a while %	Self Regular basis %	Others Once in a while %	Others Regular basis %
Cigarettes				
No risk	3.4 [2.7-4.5]	0.7Q [0.4-1.3]	8.7 [7.2-10.4]	3.5 [2.6-4.6]
Slight risk	25.3 [23.1-27.6]	2.4 [1.7-3.3]	27.3 [25.1-29.7]	8.7 [7.3-10.3]
Moderate risk	36.6 [34.1-39.1]	13.6 [11.9-15.4]	30.4 [28.1-32.9]	22.6 [20.5-24.9]
Great risk	33.1 [30.7-35.6]	82.1 [80.0-84.0]	32.4 [30.0-34.9]	64.2 [61.6-66.7]
Don't know	1.6 [1.0-2.5]	1.2 [0.7-2.1]	1.2 [0.6-2.1]	1.1 [0.6-1.9]
Cannabis				
No risk	7.6 [6.4-9.1]	1.0 [0.6-1.4]	15.0 [13.1-17.2]	7.1 [5.6-8.8]
Slight risk	27.0 [24.8-29.3]	8.4 [7.1-10.0]	28.1 [25.9-30.5]	15.3 [13.5-17.2]
Moderate risk	32.5 [30.1-35.0]	21.1 [19.1-23.2]	26.6 [24.4-29.0]	23.4 [21.3-25.6]
Great risk	29.0 [26.6-31.5]	65.8 [63.3-68.2]	24.0 [21.9-26.3]	47.8 [45.2-50.4]
Don't know	3.8 [3.0-4.9]	3.7 [2.9-4.8]	6.2 [5.0-7.6]	6.5 [5.2-8.0]
Alcohol				
No risk	23.8 [21.6-26.1]	1.7 [1.1-2.6]	23.2 [21.0-25.7]	3.9 [2.9-5.3]
Slight risk	39.1 [36.6-41.7]	9.6 [8.2-11.4]	36.2 [33.7-38.8]	10.5 [9.0-12.3]
Moderate risk	27.5 [25.3-29.9]	28.1 [25.8-30.4]	23.4 [21.4-25.5]	27.8 [25.5-30.2]
Great risk	8.4 [7.1-10.0]	58.9 [56.3-61.4]	15.8 [14.0-17.8]	56.1 [53.5-58.7]
Don't know	1.2 [0.7-1.9]	1.7 [1.1-2.5]	1.4 [0.9-2.0]	1.7 [1.1-2.7]
Ecstasy				
No risk	s	s	4.6 [3.6-5.8]	2.2 [1.6-3.1]
Slight risk	3.9 [3.0-5.0]	s	10.0 [8.5-11.7]	4.4 [3.5-5.6]
Moderate risk	13.6 [11.9-15.5]	2.8 [2.1-3.8]	16.0 [14.1-18.1]	8.7 [7.4-10.3]
Great risk	65.7 [63.2-68.2]	81.6 [79.4-83.5]	52.4 [49.7-55.0]	67.0 [64.5-69.5]
Don't know	16.1 [14.2-18.2]	14.9 [13.1-16.9]	17.0 [15.1-19.1]	17.6 [15.6-19.7]

Table 4.1: (Continued)

	Self Once in a while %	Self Regular basis %	Others Once in a while %	Others Regular basis %
Cocaine				
No risk	s	s	2.8 [2.1-3.9]	1.2 [0.7-2.1]
Slight risk	2.6 [2.0-3.4]	s	8.7 [7.4-10.3]	2.5 [1.8-3.5]
Moderate risk	12.1 [10.5-14.0]	1.3 [0.8-2.0]	17.1 [15.2-19.1]	7.8 [6.5-9.2]
Great risk	80.9 [78.7-82.8]	95.1 [93.8-96.1]	65.5 [63.0-68.0]	82.9 [80.8-84.7]
Don't know	3.9 [3.0-5.0]	3.4 [2.6-4.5]	5.9 [4.7-7.3]	5.6 [4.5-7.0]
Hallucinogens				
No risk	s	s	1.8 [1.2-2.8]	1.1 [0.7-1.9]
Slight risk	3.1 [2.4-4.1]	s	8.6 [7.2-10.3]	2.6 [1.8-3.6]
Moderate risk	11.7 [10.1-13.5]	1.8 [1.3-2.7]	16.7 [14.8-18.8]	8.3 [6.9-9.9]
Great risk	78.6 [76.3-80.7]	91.4 [89.8-92.8]	63.9 [61.3-66.4]	79.2 [76.9-81.3]
Don't know	6.0 [4.8-7.4]	6.3 [5.1-7.7]	9.0 [7.5-10.7]	8.9 [7.5-10.5]
Steroids				
No risk	1.2 [0.8-1.9]	s	16.5 [14.5-18.7]	10.8 [9.2-12.8]
Slight risk	9.3 [8.0-10.9]	1.3 [0.8-2.0]	20.1 [18.1-22.2]	12.4 [10.8-14.3]
Moderate risk	32.5 [30.1-35.0]	8.3 [7.0-9.8]	25.9 [23.7-28.3]	19.1 [17.2-21.2]
Great risk	47.0 [44.4-49.6]	80.8 [78.6-82.8]	27.0 [24.8-29.3]	46.2 [43.6-48.8]
Don't know	10.0 [8.4-11.8]	9.2 [7.7-10.9]	10.5 [9.0-12.3]	11.4 [9.8-13.2]
Heroin				
No risk	s	s	3.4 [2.4-4.7]	1.6 [1.0-2.5]
Slight risk	1.5 [1.1-2.3]	s	7.6 [6.3-9.1]	2.3 [1.6-3.5]
Moderate risk	7.4 [6.1-8.9]	1.0 [0.6-1.6]	15.6 [13.8-17.6]	7.0 [5.8-8.5]
Great risk	86.9 [85.0-88.6]	94.8 [93.4-95.9]	67.4 [64.9-69.8]	83.2 [81.0-85.1]
Don't know	3.7 [2.8-4.9]	3.8 [2.9-5.0]	6.0 [4.9-7.3]	5.9 [4.8-7.2]

Table 4.1: (Continued)

	Self Once in a while %	Self Regular basis %	Others Once in a while %	Others Regular basis %
Solvents				
No risk	s	s	5.2 [4.2-6.4]	2.6 [1.9-3.5]
Slight risk	4.0 [3.1-5.1]	s	12.8 [11.1-14.7]	6.3 [5.1-7.7]
Moderate risk	17.6 [15.6-19.8]	2.7 [1.9-3.7]	19.7 [17.7-21.8]	12.2 [10.6-14.0]
Great risk	73.0 [70.6-75.3]	91.7 [90.1-93.0]	53.4 [50.8-56.0]	69.8 [67.3-72.2]
Don't know	5.0 [3.9-6.3]	4.9 [3.9-6.2]	8.9 [7.4-10.7]	9.2 [7.6-11.0]
Methamphetamine				
No risk	s	s	3.2 [2.3-4.4]	1.7 [1.1-2.7]
Slight risk	4.5 [3.5-5.7]	s	9.5 [8.1-11.2]	3.3 [2.5-4.3]
Moderate risk	15.2 [13.4-17.1]	3.0 [2.2-4.1]	18.4 [16.5-20.5]	10.2 [8.7-11.9]
Great risk	61.8 [59.2-64.4]	78.7 [76.3-80.8]	47.3 [44.7-49.9]	63.2 [60.6-65.7]
Don't know	18.1 [16.0-20.3]	17.8 [15.8-20.1]	21.5 [19.4-23.9]	21.6 [19.5-24.0]

Note: Q = qualified: interpret with caution; s = suppressed.

Table 4.2: Perceived harms of alcohol to self and to others, once in a while and on a regular basis – Percentage of Canadians who perceived "great or moderate risk", by demographic characteristics, respective panel, aged 15+, 2004

	Harms to self (Panel A)		Harms to others (Panel B)	
	Once in a while % [CI]	Regular basis† % [CI]	Once in a while % [CI]	Regular basis† % [CI]
Canada - Overall	36.4 [33.9-38.9]	88.4 [86.6-90.1]	39.7 [37.3-42.3]	85.3 [83.2-87.2]
Sex			**	
Female (comparison group)	38.6 [35.3-42.0]	91.6 [89.5-93.3]	46.2 [42.8-49.5]	89.4 [87.1-91.4]
Male	34.1 [30.4-38.0]	85.3 [82.1-87.9]	32.4**(0.6) [28.9-36.2]	80.6 [76.9-83.8]
Age (comparison group is previous group)			*	
15-17	42.0 [30.2-54.8]	92.3 [86.1-95.9]	42.0 [31.0-53.7]	87.6 [78.3-93.2]
18-19	26.8 [16.3-40.8]	89.0 [75.9-95.4]	35.6 [23.6-49.7]	75.2 [57.8-87.1]
20-24	28.9 [21.2-38.1]	88.0 [80.0-93.1]	34.5 [26.6-43.4]	84.7 [77.4-90.0]
25-34	31.5 [26.2-37.3]	85.4 [80.1-89.4]	36.5 [30.9-42.6]	87.7 [83.3-91.0]
35-44	38.2 [32.5-44.3]	89.6 [84.7-93.0]	42.1 [36.4-48.0]	85.5 [80.3-89.4]
45-54	37.8 [32.0-44.0]	89.6 [84.7-93.0]	44.2 [38.2-50.4]	86.8 [81.7-90.7]
55-64	36.6 [30.3-43.4]	88.7 [83.3-92.5]	42.4 [35.4-49.7]	86.2 [80.0-90.6]
65-74	41.1 [32.7-50.1]	88.6 [81.6-93.1]	34.6 [26.8-43.3]	82.9 [73.4-89.5]
75+	43.4 [31.9-55.7]	87.5 [76.8-93.6]	38.2 [28.4-49.0]	80.5 [68.1-88.9]
Location of Household	**			
Rural (comparison group)	46.7 [40.7-52.8]	90.0 [85.4-93.3]	40.4 [34.9-46.2]	87.7 [83.2-91.1]
Non-rural	34.3**(0.7) [31.6-37.1]	88.1 [86.0-89.9	39.6 [36.8-42.4]	84.8 [82.4-87.0]
Province (comparison group is Canada)	**	**	*	**
Newfoundland and Labrador	39.2 [33.6-45.0]	89.3 [84.7-92.6]	46.1 [40.5-51.8]	89.3 [85.1-92.4]
Prince Edward Island	39.1 [33.9-44.6]	89.8 [85.8-92.8]	39.3 [33.9-45.0]	86.0 [81.3-89.6]
Nova Scotia	33.2 [28.0-38.8]	88.2 [83.9-91.5]	38.9 [33.4-44.7]	85.3 [80.2-89.2]
New Brunswick	36.5 [31.2-42.2]	90.5 [86.4-93.5]	44.9 [39.3-50.7]	86.0 [81.5-89.5]
Quebec	42.0 [36.6-47.5]	93.6 [90.2-95.9]	46.4 [40.9-52.0]	90.5 [86.7-93.3]
Ontario	34.9 [29.7-40.4]	85.7 [81.3-89.2]	34.6 [29.4-40.1]	82.2 [76.9-86.5]

Table 4.2: (Continued)

	Harms to self (Panel A)		Harms to others (Panel B)	
	Once in a while % [CI]	Regular basis† % [CI]	Once in a while % [CI]	Regular basis† % [CI]
Manitoba	34.4 [30.1-38.9]	90.4 [87.3-92.8]	42.2 [37.9-46.7]	85.5 [82.0-88.4]
Saskatchewan	36.7 [31.5-42.1]	90.2 [86.1-93.3]	42.8 [37.5-48.2]	86.3 [82.0-89.7]
Alberta	35.1 [31.7-38.8]	87.7 [84.8-90.1]	40.4 [36.8-44.1]	86.8 [84.0-89.2]
British Columbia	32.3 [29.3-35.3]	86.1 [83.7-88.3]	38.2 [35.2-41.4]	82.1 [79.4-84.5]
Education	*		**	
Less than secondary (comparison group)	49.2 [43.1-55.3]	91.2 [87.2-94.1]	48.9 [42.7-55.1]	89.8 [85.5-92.9]
Secondary	36.7*(0.7) [32.0-41.6]	90.0 [86.4-92.8]	43.1 [38.2-48.1]	86.0 [81.5-89.6]
Some post-secondary	32.7**(0.6) [28.3-37.5]	85.4 [81.3-88.7]	39.5*(0.7) [35.0-44.1]	85.6 [81.8-88.7]
University	30.3**(0.6) [25.6-35.5]	88.2 [84.4-91.2]	30.7**(0.5) [26.0-35.9]	80.9 [75.8-85.2]
Marital Status	*			
Married/Partner (comparison group)	38.6 [35.2-42.2]	88.6 [86.0-90.7]	38.3 [35.0-41.6]	86.1 [83.3-88.5]
Previously	38.4 [32.1-45.1]	91.8 [87.3-94.7]	39.0 [32.9-45.5]	83.9 [77.7-88.7]
Never	30.2*(0.7) [25.9-34.8]	86.2 [82.3-89.4]	42.9 [38.1-47.9]	84.4 [80.3-87.9]
Income Adequacy	**		*	
Lowest (comparison group)	46.7 [38.6-55.0]	88.2 [81.0-92.9]	55.5 [48.0-62.8]	88.9 [88.9-92.6]
Middle	37.5*(0.6) [33.6-41.6]	89.5 [86.3-92.0]	41.5 [37.4-45.7]	86.8 [83.4-89.6]
Highest	27.9**(0.4) [23.4-32.9]	85.3 [81.0-88.8]	31.1**(0.5) [26.5-36.1]	81.9 [77.1-86.0]
Not stated	38.4 [33.5-43.6]	90.0 [86.7-92.5]	39.5*(0.6) [34.8-44.5]	84.9 [80.4-88.6]
User Status	**		**	
Non-user (comparison group)	63.5 [52.6-73.1]	95.7 [90.7-98.0]	55.2 [45.3-64.7]	93.0 [84.1-97.1]
User	34.3**(0.3) [31.8-36.9]	87.9 [85.9-89.6]	38.5**(0.5) [35.9-41.1]	84.7 [82.4-86.6]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Regression analysis not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 4.1 because respondents who answered "I don't know" were not included in this analysis.

Table 4.3: Perceived harms of cannabis to self and to others, once in a while and on a regular basis – Percentage of Canadians who perceived "great or moderate risk", by demographic characteristics, respective panel, aged 15+, 2004

	Harms to self (Panel A)		Harms to others (Panel B)	
	Once in a while % [CI]	Regular basis† % [CI]	Once in a while % [CI]	Regular basis % [CI]
Canada - Overall	64.0 [61.4-66.5]	90.2 [88.6-91.6]	54.0 [51.3-56.7]	76.1 [73.7-78.4]
Sex			**	**
Female (comparison group)	67.5 [64.2-70.6]	92.6 [90.7-94.1]	60.0 [56.6-63.4]	81.7 [78.9-84.3]
Male	60.5 [56.5-64.3]	87.9 [85.1-90.1]	47.1**(0.6) [43.0-51.3]	69.7**(0.5) [65.5-73.5]
Age (comparison group is previous group)	*			
15-17	72.0 [61.5-80.6]	94.3 [91.0-96.5]	50.0 [38.3-61.7]	83.9 [76.5-89.2]
18-19	50.2 [36.0-64.4]	85.9 [72.4-93.4]	38.7 [26.4-52.7]	64.3 [48.5-77.6]
20-24	57.9 [48.9-66.5]	82.0 [74.9-87.5]	48.2 [39.1-57.4]	63.1 [53.6-71.6]
25-34	57.5 [51.5-63.3]	87.4 [82.7-91.0]	47.4 [41.3-53.6]	74.3 [68.6-79.2]
35-44	69.9*(1.6) [64.6-74.7]	90.6 [86.8-93.4]	54.5 [48.4-60.4]	75.7 [69.6-80.8]
45-54	56.2**(0.5) [49.8-62.4]	90.1 [85.8-93.2]	56.4 [50.1-62.6]	77.8 [72.0-82.7]
55-64	63.5 [56.1-70.2]	92.5 [87.9-95.4]	60.8 [53.3-67.9]	80.2 [73.1-85.8]
65-74	75.0 [65.8-82.4]	96.1 [90.5-98.4]	56.6 [46.4-66.3]	81.1 [71.1-88.2]
75+	71.5 [58.4-81.7]	94.6 [79.3-98.8]	68.1 [54.7-79.1]	90.4 [81.8-95.1]
Location of Household				
Rural (comparison group)	69.1 [63.4-74.3	91.5 [87.7-94.2]	58.1 [52.0-64.0]	80.2 [75.0-84.6]
Non-rural	63.0 [60.1-65.7]	90.0 [88.2-91.6]	53.2 [50.2-56.2]	75.3 [72.5-77.9]
Province (comparison group is Canada)	**		*	
Newfoundland and Labrador	62.0 [55.9-67.7]	92.1 [88.0-94.9]	55.3 [49.5-61.0]	78.1 [72.8-82.7]
Prince Edward Island	64.3 [58.8-69.5]	92.5 [88.9-95.0]	56.5 [50.5-62.2]	81.9 [76.7-86.1]
Nova Scotia	51.8**(0.7) [45.9-57.6]	83.0 [78.0-87.1]	55.5 [49.4-61.5]	78.4 [73.0-83.0]
New Brunswick	69.7**(1.5) [63.8-75.0]	92.4 [88.8-94.9]	60.4 [54.6-66.0]	83.1 [78.3-87.1]
Quebec	67.4*(1.3) [61.9-72.4]	92.2 [88.7-94.7]	61.2*(1.4) [55.4-66.6]	80.2 [75.3-84.3]
Ontario	65.6 [60.1-70.7]	91.3 [87.5-94.0]	51.4 [45.4-57.3]	72.5 [66.6-77.6]

Table 4.3: (Continued)

	Harms to self (Panel A)		Harms to others (Panel B)	
	Once in a while % [CI]	Regular basis† % [CI]	Once in a while % [CI]	Regular basis % [CI]
Manitoba	58.1 [53.3-62.8]	87.8 [84.2-90.6]	51.9 [47.3-56.5]	75.4 [71.2-79.2]
Saskatchewan	61.7 [56.1-67.1]	90.0 [86.0-92.9]	54.6 [49.1-60.1]	79.7 [74.8-83.8]
Alberta	62.4 [58.7-65.9]	86.2 [83.4-88.6]	53.6 [49.7-57.4]	78.7 [75.5-81.6]
British Columbia	58.3 [55.0-61.5]	88.3 [86.0-90.3]	47.3*(0.8) [44.1-50.6]	73.9 [70.9-76.7]
Education			**	
Less than secondary (comparison group)	72.8 [67.1-77.8]	91.2 [87.2-94.0]	57.5 [50.9-63.8]	81.5 [75.9-86.0]
Secondary	65.5 [60.5-70.1]	91.9 [89.1-94.0]	56.5 [51.2-61.6]	74.1 [68.9-78.7]
Some post-secondary	61.3 [56.5-65.8]	89.3 [86.1-91.7]	58.4 [53.7-63.0]	78.4 [74.2-82.0]
University	59.1 [53.7-64.3]	88.8 [84.7-91.9]	43.6*(0.6) [38.3-49.0]	71.5 [65.8-76.5]
Marital Status				
Married/Partner (comparison group)	66.9 [63.5-70.2]	91.5 [89.3-93.3]	54.9 [51.2-58.5]	78.5 [75.1-81.5]
Previously	64.0 [57.4-70.2]	92.3 [88.3-95.0]	58.9 [51.8-65.7]	77.9 [71.2-83.4]
Never	58.3 [53.5-63.0]	86.7 [83.2-89.5]	49.2 [44.2-54.2]	70.3 [65.4-74.7]
Income Adequacy	**			
Lowest (comparison group)	75.4 [68.3-81.3]	87.8 [80.9-92.5]	55.6 [47.9-63.0]	74.8 [67.6-80.9]
Middle	62.1**(0.5) [57.9-66.1]	90.5 [87.8-92.6]	56.8 [52.4-61.1]	79.0 [75.2-82.3]
Highest	60.1**(0.5) [54.8-65.2]	88.3 [84.4-91.4]	47.0 [41.6-52.5]	71.6 [66.1-76.6]
Not stated	66.0**(0.5) [60.9-70.7]	92.7 [90.3-94.6]	56.2 [50.8-61.5]	76.9 [71.7-81.5]
User Status	**		**	**
Non-user (comparison group)	74.2 [70.8-77.2]	95.0 [93.1-96.3]	66.4 [62.6-70.0]	85.7 [82.5-88.4]
User	51.5**(0.4) [47.6-55.3]	84.5 [81.7-87.0]	40.2**(0.3) [36.5-43.9]	65.5**(0.4) [61.7-69.2]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Regression analysis not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 4.1 because respondents who answered "I don't know" were not included in this analysis.

Table 4.4: Perceived harms to self and to others, once in a while and on a regular basis, associated with substance use behaviours – Percentage of Canadians who perceived "moderate to great risk," respective panels, aged 15+, 2004

	Harms to self (Panel A)				Harms to others (Panel B)			
	Once in a while		Regular basis		Once in a while		Regular basis	
	Users % [CI] (OR)	Non-users % [CI] (OR)	Users % [CI] (OR)	Non-users % [CI] (OR)	Users % [CI] (OR)	Non-users % [CI] (OR)	Users % [CI] (OR)	Non-users % [CI] (OR)
Alcohol	34.3** [31.8-36.9] (0.3)	63.5 [52.6-73.1]	87.9* [85.9-89.6] (0.3)	95.7 [90.7-98.0]	38.5** [35.9-41.1] (0.5)	55.2 [45.3-64.7]	84.7 [82.4-86.6]	93.0 [84.1-97.1]
Cannabis	51.5** [47.6-55.3] (0.4)	74.2 [70.8-77.2]	84.5** [81.7-87.0] (0.4)	95.0 [93.1-96.3]	40.2** [36.5-43.9] (0.2)	66.4 [62.6-70.0]	65.5** [61.7-69.2] (0.5)	85.7 [82.5-88.4]
Steroids	77.3 [55.1-90.4]	88.4 [86.6-89.9]	91.1** [73.2-97.4] (0.1)	98.1 [97.2-98.8]	57.1 [23.5-85.2]	59.1 [56.4-61.8]	72.3 [36.7-92.2]	73.7 [71.1-76.2]
Methamphetamine	84.6** [73.2-91.8] (0.3)	94.6 [93.2-95.8]	98.1 [93.7-99.5]	99.5 [98.9-99.8]	68.4** [56.2-78.5] (0.4)	85.2 [82.8-87.2]	93.7 [87.1-97.0]	93.6 [91.9-95.0]
Ecstasy	83.0** [70.7-90.8] (0.4)	95.1 [93.8-96.2]	99.7 [97.9-100]	99.2 [98.5-99.5]	42.6** [31.3-54.6] (0.2)	85.1 [82.9-87.0]	72.9** [61.2-82.1] (0.3)	93.2 [91.6-94.5]
Solvents	83.9* [63.0-94.1] (0.3)	95.6 [94.3-96.5]	91.0** [72.2-97.5] (0.0)	99.4 [98.8-99.7]	78.3 [55.4-91.3]	80.2 [78.0-82.3]	93.2 [72.2-98.6]	90.2 [88.4-91.7]
Hallucinogens	88.5** [82.8-92.5] (0.3)	96.9 [95.7-97.8]	98.2 [92.0-99.6]	99.7 [99.1-99.9]	75.0** [67.9-81.0] (0.3)	90.6 [88.6-92.2]	90.3** [84.3-94.1] (0.3)	96.8 [95.5-97.7]
Cocaine/Crack	89.6** [83.7-93.6] (0.2)	97.6 [96.7-98.3]	100	99.7 [99.3-99.9]	72.0** [64.3-78.7] (0.3)	90.0 [88.2-91.5]	92.5 [86.8-95.8]	96.5 [95.3-97.5]
Heroin	97.8 [91.3-99.5]	97.9 [97.0-98.6]	100	99.5 [98.9-99.8]	87.8 [72.2-95.2]	88.3 [86.3-90.1]	93.8 [80.4-98.2]	95.8 [94.4-96.9]

Note: * $p < 0.05$; ** $p < 0.01$.
Regression analysis compared users to non-users within frequency mode.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Respondents who answered "I don't know" were not included in this analysis.

Chapter 5: Public Opinion on Alcohol

Highlights

- 59.1% of Canadians disagreed that taxes on alcoholic beverages should be increased. The proportion of Canadians who stated that the level of taxation on alcohol should remain unchanged saw an increase in 2004 when compared with data from 1994 and 1989.
- 71.5% of Canadians did not believe that higher taxes on alcohol would help prevent its abuse.
- Canadians were divided on the question of whether the legal drinking age should be raised. The proportion of Canadians who felt that the legal drinking age should remain the same saw an increase in 2004 when compared with data from 1994 and 1989.
- Canadians were divided on the question of whether the government should prohibit wine, beer and liquor advertising on TV, and it was not possible to draw conclusions.
- More than 80% of Canadians strongly agreed with random spot check for drinking and driving.
- 73.5% of Canadians stated that efforts to prevent drunken customers from being served should be increased. This proportion saw a decrease in 2004 when compared with data from 1994 and 1989.
- 66.6% of Canadians were against the privatization of alcohol sales. However, among residents of Alberta, the only province to have fully privatized alcohol sales, 57.6% were in agreement with this having been done in their province.

Canadians were surveyed about various issues and policy options for addressing alcohol. Most of these questions were asked using alternative formulations to the different panels. One formulation was a statement for which respondents were asked whether they agreed. The answer categories were "strongly agree," "somewhat agree," "somewhat disagree" or "strongly disagree." The value of this formulation is that it allows knowing if a respondent feels strongly about an issue. The alternative formulation was positioning the policy question according to its possible options. For example, in the case of taxes on alcohol, Canadians were asked whether they felt taxes should be increased, decreased or remain the same. In both formulations, Canadians were allowed to reply, "I don't know." Some of the questions were asked in past surveys (NADS: Eliany, Giesbrecht and Nelson, 1989; CADS: MacNeil and Webster, 1994) and will be re-examined in a historical perspective in the last section of this chapter.

Alcohol Policies

The issues that were examined are taxes, the legal drinking age, alcohol advertising, random police spot checks for drinking and driving, efforts to prevent drunken customers from being served, and privatization of alcohol sales.

Taxes on alcoholic beverages

When asked whether they "strongly agree," "somewhat agree," "somewhat disagree" or "strongly disagree" on whether taxes on alcoholic beverages should be increased, a small majority (59.1%) of respondents disagreed (strongly + somewhat) that taxes on alcoholic beverages should be increased (Table 5.1). When given the option to specify whether they thought alcohol taxes should be increased, decreased or remain the same, a small majority (60.8%) of Canadians responded that taxes on alcoholic beverages should remain the same.

In terms of the characteristics associated with agreeing to this statement (see Table 5.9), males (32.7%) were less likely than females (47.4%) to have agreed. Respondents aged 35–44 were more likely than those 25–34 to have agreed (42.4% vs. 30.2%). In the 55–64 age category, there was another shift in opinion, with those aged 55–64 less likely than those aged 45–54 to have agreed (36.1% vs. 43.0%); and then in the age group 65–74 there was again an increase in agreement, with those aged 65–74 being more likely than those aged 55–64 to have agreed (52.9% vs. 36.1%). Residents of Ontario (46.7%) were more likely than the rest of Canada to agree that taxes on alcoholic beverages should be increased, whereas residents from Quebec (33.3%) and Alberta (33.9%) were less likely. Respondents in the highest income adequacy group were less likely to have agreed (31.9%) compared with respondents in the lowest income group (49.4%). Finally, user-type influenced respondents' opinions; specifically, alcohol-only users (46.7%) were almost twice as likely to have agreed compared with at-least-cannabis users (26.7%) and the odds of non-users thinking that taxes on alcohol beverages should be increased was almost four times higher than that for alcohol-only users (79.7% versus 46.7%).

Effect of higher taxes on alcohol

Most Canadians drink alcohol. As such, increasing taxes on alcohol implies paying more for a consumer product that most Canadians use. It is a normal reaction of any consumer to not want to pay more for goods; therefore, questioning about taxation was asked in an alternative way that examined whether Canadians thought alcohol taxes help prevent its abuse. The majority (71.5%) of Canadians disagreed with this statement (Table 5.2) while only 26.7% of respondents strongly or somewhat agreed that higher taxes on alcohol would help prevent its abuse.

Regarding the characteristics associated with agreement that higher alcohol taxes would prevent its abuse (Table 5.9), respondents aged 15–17 were more likely than those aged 18–19 to have agreed (58.1% vs. 21.4%) and there was a decrease in the 55–64 age group category (17.9%). Residents of Newfoundland and Labrador were more likely (34.3%) and residents of British Columbia less likely (20.8%) than the rest of Canada. Education influenced opinions regarding this matter; those who had less than a high school education were more likely (40.6%) than respondents who had completed high school (24.6%) and those who had some post-secondary education (21.3%) to have agreed. Respondents in the highest income adequacy group were less likely than those in the lowest to have agreed (20.9% vs. 33.1%). In terms of user-type, the odds of alcohol-only users (31.5%) having agreed were almost two times higher than those of at-least-cannabis users (19.8%). Non-users (49.9%) were also much more likely, by a margin of nearly 20 percentage points, than alcohol-only users (31.5%) to have said they thought that higher taxes on alcohol are likely to help prevent its abuse.

Legal drinking age

When asked whether they "strongly agree," "somewhat agree," "somewhat disagree" or "strongly disagree" with whether the legal drinking age should be raised, respondents were divided with 47.4% agreeing (strongly + somewhat) and 51.3% disagreeing (strongly + somewhat) with this statement (Table 5.3). When given the option to specify whether the legal drinking age should be increased, decreased or remain the same, a small majority of respondents (57.2%) stated that they felt the legal drinking age should remain the same.

In terms of opinions regarding whether the legal drinking age should be raised (see Table 5.9), males were less likely (41.4%) than females (54.6%) to have agreed. There was a significant linear relation between age and agreement: older respondents were more likely than younger respondents to have agreed. In addition, there was a shift in opinion with those aged 35–44 (54.4%) approximately twice as likely to have agreed compared with those aged 25–34 (34.6%). Residents from Newfoundland and Labrador (61.1%) and Alberta (53.1%) were more likely to have agreed than the rest of Canada (48.0%), whereas residents from Quebec (44.1%) and Saskatchewan (43.9%) were less likely. There was a relation between respondents who agreed and level of education. As education level increased, agreement with whether the legal drinking age should be raised decreased. Respondents who have completed high school (52.8%), some post-secondary (45.4%) or university (36.4%) were less likely to have agreed than those who have not finished high school (59.7%). Respondents who have never been married (31.7%)

were less likely than those who have been married (53.0%) to have agreed. There were differences according to user-type. Alcohol-only users were almost twice as likely as at-least-cannabis users to have agreed (56.8% vs. 32.4%, respectively). Finally, there was a difference between alcohol-only users and those who have not used any substance. Non-users were significantly more likely than alcohol-only users to have agreed that the legal drinking age should be raised (78.8% versus 56.8%). In addition, the odds of non-users agreeing to this statement was almost four times higher than that of alcohol-only users.

Wine, beer and liquor advertising on TV

When asked whether they "strongly agree," "somewhat agree," "somewhat disagree" or "strongly disagree" on whether the government should prohibit wine, beer and liquor advertising on TV, responses were divided with 50.1% of respondents agreeing and 47.9% disagreeing (Table 5.4). When the question was asked differently providing only a yes or no answer, 57.9% of respondents answered no and 38.9% answered yes. These results showed ambivalence on the part of Canadians regarding this issue and it is not possible to draw conclusions.

In terms of the characteristics associated with agreement (51.1%, see Table 5.9), males (42.7%) were less likely than females (59.4%) to have agreed. There was a linear relation between age and agreement with this statement. Specifically, as age increased, respondents were more likely to have agreed. In addition, there was a shift in opinion in the 35–44 age category, with respondents in this age category being more likely than those aged 25–34 to have agreed (54.8% vs. 42.1%). Residents of Newfoundland and Labrador (61.8%) were more likely to have agreed, whereas residents of Alberta (45.1%) were less likely. Income adequacy was related to opinions regarding this issue. Respondents in the highest income adequacy category (42.0%) were less likely to have agreed when compared with those in the lowest income group (58.2%). In terms of user-type, non-users were the most likely to have agreed that wine, beer and liquor advertising on TV should be prohibited (75.3%).

Random police spot checks

Agreement by Canadians to random police spot checks for drinking drivers was measured using two alternate formulations with similar answer categories (Table 5.5). Both formulations produced comparable and high levels of agreement, with more than 80% strongly agreeing and agreement of more than 95% when "somewhat" and "strongly" responses are combined. Detailed results for one formulation are presented in Table 5.9; the logistic regression was not conducted for this variable given the very high rate of agreement and lack of variability.

Efforts to prevent drunken customers from being served

When asked whether efforts to prevent drunken customers from being served should be increased, decreased or remain the same, 73.5% of Canadians felt that efforts to prevent drunken customers from being served should be increased and 20.6% felt they should remain the same (Table 5.6).

In terms of the characteristics associated with Canadians who thought that efforts to prevent drunken customers from being served should be increased, there were significant main effects of sex, age and user-type (Table 5.7). Males were less likely than females to have asked for an increase (70.6% vs. 80.7%). Agreement with an increase in efforts spiked starting at age 25, with those aged 25–34 more likely than those aged 20–24 to have agreed that such efforts should be increased (73.9% vs. 62.0%), and then remained above 75% for all other age groups. Although there was a significant main effect of user-type, there was no significant difference between levels of user-type.

The characteristics associated with Canadians who were in favour of decreased efforts to prevent drunken customers from being served could not be examined due to the large variability of the estimates and small sample sizes.

Of the Canadians who thought that efforts should remain the same, males were more likely than females to have felt this way (26.6% vs. 16.0%). There was also a shift in opinion at around ages 45–54, with respondents in this age category less likely than those aged 35–44 to have stated that efforts to prevent drunken customers should remain the same (14.4% vs. 22.5%).

Privatization of alcohol sales

A question asked Canadians their opinions about the possible privatization of alcohol sales. Since 1993, Alberta has had a policy that transferred the retail sales of all alcoholic beverages to the private sector, Albertans were thus asked to state their agreement with whether "the provincial government *was right in closing* all government run liquor stores *and allowing* privately run stores to sell alcohol." Residents of other provinces were asked to state their agreement with whether "the provincial government *should close* all government run liquor stores *and allow* privately run stores to sell alcohol."

In considering the question as posed to residents of Canada, excluding Alberta, two thirds (66.6%) of Canadians were against the privatization of alcohol sales (Table 5.8). Only 9.9% of Canadians strongly agreed that the provincial government should close all government run liquor stores and allow privately run stores to sell alcohol, while 46.1% of Canadians were strongly against this.

A small majority of Albertans (57.6%) were in agreement with their provincial government's decision to have closed all government run liquor stores and to have allowed privately run stores to sell alcohol.[5]

In examining the characteristics associated with agreement with the privatization of alcohol sales (Table 5.9), a higher proportion of males than females agreed with the privatization of alcohol (34.4% vs. 24.7%). Residents of Newfoundland and Labrador (42.7%) and Saskatchewan (41.0%) were more likely than residents from the rest of Canada (29.5%) to have agreed with the privatization of alcohol sales, while residents of Quebec (20.8%) were less likely. There was a significant main effect of user-type, which expressed itself as a gradient, going from lifetime abstainers who were the least likely to have agreed (21.0%) to those who were illicit drug users who were the most likely (36.6%). There were no significant differences in terms of agreement with the privatization of alcohol sales for age, household location, education, marital status or income adequacy.

Changes Across Surveys

Although the CAS was inspired and built on the model of the National Alcohol and other Drugs Survey (NADS) of 1989 and the Canadian Alcohol and other Drugs Survey (CADS) of 1994, most questions on public opinion are either new or asked in alternative ways that prevents them from being comparable across surveys. The questions that were comparable have been extracted and are presented in Table 5.10 for Canada and by province in Table 5.11.

Taxes on alcoholic beverages

In 2004, most Canadians preferred the status quo in terms of the level of taxation on alcoholic beverages, with over half (60.8%) of respondents favouring no change in taxes. This was a strengthening of opinion across time compared with 1989 when 45.6% of Canadians reported they preferred that taxes remain unchanged and 1994 when 44.8% chose that option. The proportion of respondents favouring a tax increase (21.8%) dropped from the 1989 NADS (26.8%) and the 2004 CAS (25.4%).

Legal drinking age

Regarding the legal drinking age, a growing proportion of Canadians across studies indicated their preference that it remain "unchanged"—44.5% in the 1989 NADS, 54.7% in the 1994 CADS and 57.2% in the 2004 CAS. In terms of the percentage of respondents favouring a rise in the legal drinking age over time, that proportion dropped by over 15 percentage points between the 1989 NADS (49.3%) and the 2004 CAS (34.0%).

Efforts preventing drunken customers from being served

In 2004, most Canadians favoured an increase in efforts to prevent drunken customers from being served (73.5%). This proportion of respondents favouring an increase in efforts has decreased from the 1989 NADS (81.2%) and the 1994 CADS (75.5%). This translated into an increase in the proportion of respondents who stated that efforts to prevent drunken customers from being served should remain the same: 9.9% in the 1989 NADS, 15.3% in the 1994 CADS and 20.6% in the 2004 CAS.

5. Further results for Alberta can be found in: Alberta Alcohol and Drug Abuse Commission. (2005). *Canadian Addiction Survey 2004, Alberta Report. Edmonton,* Alberta, Canada: Author.

Summary and Discussion

On most measures to address alcohol issues, Canadians are most likely to be calling for status quo. A small majority (59.1%) of Canadians disagreed that taxes on alcoholic beverages should be increased, an increase when compared with data from 1994 and 1989. A majority (71.5%) did not believe that higher taxes on alcohol would help prevent its abuse.

Canadians were divided on some issues such as the legal drinking age or prohibition of advertising. They were strongly in favour of random spot checks for drinking and driving (83.8%) and in favour of increased efforts to prevent drunken customers from being served (73.5%). Two thirds (66.6%) of Canadians expressed being against the privatization of alcohol sales although residents of Alberta, the only province to have fully privatized alcohol sales, were in agreement (57.6%) with this having been done in their province. In summary, Canadians do not seem unsatisfied with the major social policies in place to address alcohol issues. However, it should be noted that Canadians' satisfaction with the overall state of treatment approaches for helping people with problems related to alcohol use and abuse was mostly examined through generic statements addressing the field of substance abuse as a whole. The results concerning these more generic statements will be found in Chapter 7 and we will see then that Canadians' satisfaction with specific approaches is not reflected in their overall satisfaction at how substance abuse issues are being addressed in Canada.

Table 5.1: Canadians' opinions about taxes on alcohol, Canada excluding the territories, aged 15+, 2004

Taxes on alcoholic beverages should be increased?	**% [CI]**
Strongly agree	21.8 [19.7-24.0]
Somewhat agree	17.7 [15.8-19.8]
Somewhat disagree	22.2 [20.2-24.4]
Strongly disagree	36.9 [34.4
Don't know	1.4 [0.9-2.2]
Do you think taxes on alcoholic beverages should be…?	
Increased	21.8 [19.7-24.0]
Decreased	13.2 [11.4-15.1]
Remain the same	60.8 [58.2-63.4]
Don't know	4.3 [3.4-5.4]

Table 5.2: Canadians' opinions about the impact of taxes on alcohol abuse, Canada excluding the territories, aged 15+, 2004

Higher taxes on alcoholic are likely to help prevent its abuse?	**% [CI]**
Strongly agree	12.6 [10.9-14.6]
Somewhat agree	14.1 [12.3-16.1]
Somewhat disagree	23.7 [21.6-26.0]
Strongly disagree	47.8 [45.2-50.4]
Don't know	1.7 [1.1-2.7]

Table 5.3: Canadians' opinions about the legal drinking age, Canada excluding the territories, aged 15+, 2004

The legal drinking age should be raised?	**% [CI]**
Strongly agree	32.1 [29.7-34.6]
Somewhat agree	15.3 [13.5-17.2]
Somewhat disagree	22.3 [20.2-24.5]
Strongly disagree	29.0 [26.6-31.5]
Don't know	1.4 [0.9-2.1]
Do you think the legal drinking age should be…?	
Increased	34.0 [31.6-36.5]
Decreased	5.3 [4.1-6.7]
Remain the same	57.2 [54.6-59.8]
Don't know what legal drinking age is	2.3 [1.6-3.3]
Don't know	1.2 [0.8-1.9]

Table 5.4: Canadians' opinions about alcohol advertising, Canada excluding the territories, aged 15+, 2004

Government should prohibit wine, beer and liquor advertising on TV?	**% [CI]**
Strongly agree	32.5 [30.1-35.0]
Somewhat agree	17.6 [15.7-19.7]
Somewhat disagree	23.3 [21.2-25.5]
Strongly disagree	24.6 [22.4-27.0]
Don't know	2.0 [1.4-2.9]
Should the government prohibit wine, liquor and beer advertising on TV?	
Increased	38.9 [36.3-41.5]
Decreased	57.9 [55.3-60.5]
Remain the same	3.2 [2.4-4.3]

Table 5.5: Canadians' opinions on random police spot checks for drinking drivers, Canada excluding the territories, aged 15+, 2004

Random police spot checks should be organized to catch drinking drivers	**% [CI]**
Strongly agree	83.8 [81.9-85.6]
Somewhat agree	12.8 [11.2-14.6]
Somewhat disagree	1.6 [1.1-2.5]
Strongly disagree	1.5 [1.0-2.3]
Don't know	0.2Q [0.1-0.5]
Do you support random police spot checks to catch drinking drivers?	
Strongly support	84.4 [82.3-86.3]
Somewhat support	10.9 [9.3-12.7]
Somewhat oppose	2.2 [1.5-3.2]
Strongly oppose	2.0 [1.3-2.9]
Don't know	0.6Q [0.3-1.2]

Note: Q = qualified: interpret with caution.

Table 5.6: Canadians' opinions on efforts to prevent serving drunken customers, Canada excluding the territories, aged 15+, 2004

Do you think efforts to prevent drunken customers from being served should be	**% [CI]**
Increased	73.5 [71.1-75.8]
Decreased	2.9 [2.2-3.9]
Remain the same	20.6 [18.5-22.9]
Don't know	3.0 [2.2-3.9]

For Table 5.7 see next page.

Table 5.8: Canadians' opinions on privatization of alcohol sales, Canada excluding the territories, aged 15+, 2004

The provincial government should close all government run liquor stores and allow privately run stores to sell alcohol (Alberta has been omitted from this question)	**% [CI]**
Strongly agree	9.9 [8.3-11.7]
Somewhat agree	18.0 [15.9-20.4]
Somewhat disagree	20.5 [18.3-22.9]
Strongly disagree	46.1 [43.3-49.0]
Don't know	5.4 [4.3-6.7]
The provincial government was right in closing all government run liquor stores and allowing privately run stores to sell alcohol (Alberta only)	
Strongly agree	24.3 [21.2-27.6]
Somewhat agree	33.3 [29.9-36.9]
Somewhat disagree	15.4 [12.9-18.3]
Strongly disagree	18.9 [16.3-21.8]
Don’t know	8.1 [6.2-10.5]

Table 5.7: Efforts to prevent drunken customers from being served – Percentage of respondents who answered it should be increased, decreased or remain the same by socio-demographic characteristics, Panel C, aged 15+, 2004

	Increased % [CI]	Decreased % [CI]	Remain same % [CI]
Canada - Overall	73.5 [71.1-75.8]	2.9 [2.2-3.9]	20.6 [18.5-22.9]
Sex	**		**
Female (comparison group)	80.7 [77.7-83.4]	3.2 [2.1-4.9]	16.0 [13.6-18.8]
Male	70.6**(0.56) [66.7-74.2]	2.8 [1.8-4.3]	26.6**(1.87) [23.2-30.4]
Age (comparison group is previous group)	**		**
15-17	55.4 [42.8-67.3]	s	43.0 [31.1-55.7]
18-19	69.5 [57.1-79.6]	s	29.1 [19.2-41.4]
20-24	62.0 [52.7-70.4]	s	31.7 [23.9-40.8]
25-34	73.9*(1.68) [67.9-79.1]	s	22.9 [18.0-28.6]
35-44	76.0 [70.2-81.0]	s	22.5 [17.6-28.4]
45-54	82.8 [77.3-87.3]	s	14.4*(0.58) [10.3-19.7]
55-64	84.3 [78.6-88.7]	s	14.1 [9.9-19.8]
65-74	77.5 [68.2-84.8]	s	18.9 [12.1-28.2]
75+	77.4 [65.3-86.2]	s	14.2 [7.8-24.2]
Location of Household			
Rural (comparison group)	75.1 [69.0-80.4]	2.1 [1.2-3.7]	22.8 [17.6-28.9]
Non-rural	75.8 [73.2-78.3]	3.2 [2.3-4.4]	21.0 [18.7-23.6]
Province (comparison group is Canada)			
Newfoundland and Labrador	75.5 [70.2-80.0]	s	18.4 [14.4-23.2]
Prince Edward Island	75.0 [69.4-79.8]	s	20.9 [16.4-26.2]
Nova Scotia	77.2 [71.9-81.8]	s	21.5 [17.1-26.7]
New Brunswick	74.8 [69.6-79.4]	s	20.4 [16.1-25.5]
Quebec	80.6 [75.5-84.8]	s	15.8 [11.9-20.6]
Ontario	73.6 [68.3-78.2]	s	23.8 [19.3-28.9]

Table 5.7: (Continued)

	Increased % [CI]	Decreased % [CI]	Remain same % [CI]
Manitoba	72.9 [68.6-76.8]	s	23.0 [19.3-27.1]
Saskatchewan	73.4 [68.0-78.1]	s	24.0 [19.5-29.3]
Alberta	75.4 [72.0-78.5]	s	21.2 [18.3-24.4]
British Columbia	75.2 [72.2-78.0]	s	22.6 [20.0-25.6]
Education			
Less than secondary (comparison group)	72.7 [66.2-78.3]	4.8 [2.5-8.8]	22.6 [17.4-28.8]
Secondary	75.8 [71.3-79.8]	2.4 [1.3-4.4]	21.8 [17.9-26.2]
Some post-secondary	75.1 [70.5-79.2]	4.0 [2.4-6.6]	20.9 [17.1-25.2]
University	78.6 [73.7-82.9]	1.5 [0.7-3.2]	19.8 [15.7-24.7]
Marital Status			
Married/Partner (comparison group)	78.5 [75.3-81.3]	2.2 [1.5-3.3]	19.3 [16.5-22.4]
Divorced/Separated/Widowed	79.7 [73.4-84.8]	s	16.9 [12.3-22.6]
Single/Never married	67.9 [62.9-72.5]	4.2 [2.6-6.8]	27.8 [23.5-32.7]
Income Adequacy		*	
Lowest (comparison group)	75.3 [67.3-81.9]	s	21.0 [14.7-29.0]
Middle	75.8 [71.8-79.3]	2.2 [1.4-3.6]	22.0 [18.5-25.9]
Highest	76.8 [71.8-81.0]	s	21.9 [17.7-26.7]
Not stated	74.8 [69.9-79.2]	5.5*(2.60) [3.4-8.9]	19.7 [15.8-24.2]
User-type (comparison group is previous group)	*	*	
Illicit drug	66.6 [60.1-72.6]	s	28.4 [22.8-34.7]
At-least-cannabis	73.4 [68.7-77.7]	s	24.7 [20.6-29.4]
Alcohol-only	80.7 [77.4-83.6]	2.2 [1.5-3.4]	17.1 [14.2-20.3]
Non-user	72.8 [61.3-81.8]	s	18.0 [10.8-28.3]

Note: * $p < 0.05$; ** $p < 0.01$; s = suppressed.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Tables 5.1 to 5.7 because respondents who answered "I don't know" were not included here.

Table 5.9: Selected questions about alcohol policy – Percentage of respondents who agree, by demographic characteristics, respective panels, aged 15+, 2004

	Taxes on alcoholic beverages should be increased (Panel A) % [CI]	Higher taxes on alcohol are likely to help prevent its abuse (Panel A) % [CI]
Canada - Overall	40.1 [37.5-42.7]	27.2 [24.8-29.7]
Sex	**	
Female (comparison group)	47.4 [44.0-50.8]	27.4 [24.5-30.7]
Male	32.7**(0.6) [28.9-36.7]	27.0 [23.4-30.9]
Age (comparison group is previous group)	*	**
15-17	48.9 [36.7-61.1]	58.1 [46.2-69.2]
18-19	28.6 [17.1-43.6]	21.4*(0.33) [12.7-33.8]
20-24	29.2 [21.3-38.6]	24.3 [17.1-33.3]
25-34	30.2 [25.1-35.8]	24.4 [19.6-29.9]
35-44	42.4**(1.6) [36.5-48.6]	26.4 [21.1-32.5]
45-54	43.0 [36.8-49.3]	26.1 [20.8-32.3]
55-64	36.1**(0.5) [30.0-42.8]	17.9**(0.44) [13.5-23.3]
65-74	52.9*(1.8) [43.8-61.9]	31.0 [22.5-40.9]
75+	54.2 [41.9-66.0]	41.3 [30.1-53.4]
Location of Household		
Rural (comparison group)	41.1 [35.2-47.2]	26.7 [21.6-32.6]
Non-rural	39.9 [37.0-42.8]	27.3 [24.7-30.1]
Province (comparison group is Canada)	*	**
Newfoundland and Labrador	45.0 [39.2-50.9]	34.3**(1.4) [28.9-40.1]
Prince Edward Island	43.5 [38.1-49.0]	28.4 [23.6-33.7]
Nova Scotia	39.8 [34.2-45.6]	26.0 [21.2-31.5]
New Brunswick	46.4 [40.7-52.2]	27.0 [22.1-32.5]
Quebec	33.3*(0.7) [28.4-38.7]	29.6 [24.8-34.9]
Ontario	46.7*(1.3) [41.1-52.3]	29.4 [24.5-34.9]

The legal drinking age should be raise (Panel A) % [CI]	Government should prohibit wine, liquor, beer TV advertising (Panel A) % [CI]	Random police spot checks should be organized to catch drinking drivers† (Panel A) % [CI]	Provincial governments should close all government run liquor stores and allow private stores to sell alcohol (Panel C) % [CI]
48.0 [45.4-50.7]	51.1 [48.5-53.7]	96.8 [95.8-97.6]	29.5 [26.9-32.3]
**	**		**
54.6 [51.1-57.9]	59.4 [56.0-62.7]	98.1 [97.1-98.8]	24.7 [21.6-28.1]
41.4**(0.6) [37.5-45.4]	42.7**(0.6) [38.8-46.8]	95.5 [93.5-96.9]	34.4**(1.5) [30.2-38.7]
**	**		
28.0 [17.5-41.7]	38.2 [26.9-50.9]	96.9 [91.1-99.0]	40.6 [27.8-54.8]
20.0 [11.2-33.0]	29.6 [18.5-43.8]	93.2 [82.6-97.5]	21.2 [12.4-33.9]
31.0 [23.2-40.0]	43.4 [34.5-52.8]	97.9 [96.2-98.8]	35.1 [26.0-45.3]
34.6 [29.3-40.4]	42.1 [36.3-48.1]	97.6 [95.1-98.8]	32.2 [26.0-39.1]
54.4**(2.0) [48.4-60.3]	54.8**(1.6) [48.8-60.7]	97.7 [95.0-98.9]	28.4 [22.7-34.9]
52.4 [46.1-58.7]	55.4 [49.1-61.6]	97.3 [94.4-98.7]	28.1 [22.2-34.8]
56.3 [49.2-63.2]	54.9 [47.8-61.9]	96.4 [92.5-98.3]	29.7 [23.0-37.5]
61.4 [52.2-69.9]	63.6 [54.2-72.0]	96.9 [91.5-98.9]	26.2 [18.3-36.1]
66.5 [53.9-77.0]	61.4 [48.6-72.8]	96.5 [87.2-99.1]	24.2 [14.7-37.2]
48.4 [42.4-54.4]	51.7 [45.6-57.8]	96.0 [92.4-97.9]	29.8 [24.0-36.3]
47.9 [45.0-50.9]	51.0 [48.1-53.9]	97.0 [95.8-97.8]	29.5 [26.6-32.6]
**	*		**
61.1*(1.4) [55.2-66.7]	61.8*(1.3) [55.9-67.4]	97.5 [94.3-98.9]	42.7**(1.4) [37.0-48.5]
48.4 [43.0-53.9]	55.4 [49.8-60.8]	98.6 [96.6-99.4]	33.2 [27.9-39.0]
51.1 [45.3-56.8]	55.6 [49.8-61.3]	97.0 [94.2-98.4]	34.7 [29.1-40.8]
54.8 [48.9-60.6]	53.9 [48.0-59.8]	97.6 [95.0-98.9]	36.5 [31.3-42.0]
44.1**(0.7) [38.8-49.6]	48.1 [42.6-53.6]	96.8 [94.1-98.3]	20.8**(0.5) [16.6-25.8]
49.3 [43.7-54.9]	53.4 [47.7-59.0]	96.7 [94.1-98.2]	30.0 [25.0-35.5]

Table 5.9: (Continued)

	Taxes on alcoholic beverages should be increased (Panel A) % [CI]	Higher taxes on alcohol are likely to help prevent its abuse (Panel A) % [CI]
Manitoba	39.3 [34.8-43.9]	21.2 [17.6-25.2]
Saskatchewan	44.4 [39.0-50.0]	27.3 [22.7-32.5]
Alberta	33.9*(0.8) [30.5-37.4]	22.6 [19.7-25.8]
British Columbia	34.8 [31.8-38.0]	20.8**(0.7) [18.3-23.6]
Education		*
Less than secondary (comparison group)	49.2 [43.1-55.3]	40.6 [34.7-46.9]
Secondary	40.6 [35.7-45.7]	24.6*(0.6) [20.3-29.4]
Some post-secondary	35.0 [30.5-39.9]	21.3*(0.6) [17.4-25.7
University	38.2 [33.1-43.6]	27.1 [22.4-32.3]
Marital Status		
Married/Partner (comparison group)	42.6 [39.1-46.2]	25.7 [22.6-29.2]
Divorced/Separated/Widowed	43.1 [36.7-49.8]	25.7 [20.3-32.0]
Never married	33.1 [28.7-37.9]	30.6 [26.2-35.3]
Income Adequacy	*	
Lowest (comparison group)	49.4[41.3-57.6]	33.1[25.8-41.4]
Middle	41.5[37.4-45.6]	27.3[23.6-31.3]
Highest	31.9**(0.5)[27.1-37.2]	20.9*(0.6)[16.6-26.0]
Not stated	41.9[36.8-47.3]	30.7[26.0-35.9]
User-type (comparison group is previous group)	**	**
Illicit drug	27.3 [22.0-33.3]	19.0 [14.5-24.6]
At-least-cannabis	26.7 [22.8-31.1]	19.8 [16.2-23.8]
Alcohol-only	46.7**(2.1) [42.8-50.6]	31.5**(1.9) [27.9-35.3]
Non-user	79.7**(4.0) [71.5-86.0]	49.9*(1.8) [38.7-61.2]

Note: * $p < 0.05$; ** $p < 0.01$.
† Regression analysis not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Tables 5.1 to 5.7 because respondents who answered "I don't know" were not included here.

The legal drinking age should be raise (Panel A) % [CI]	Government should prohibit wine, liquor, beer TV advertising (Panel A) % [CI]	Random police spot checks should be organized to catch drinking drivers† (Panel A) % [CI]	Provincial governments should close all government run liquor stores and allow private stores to sell alcohol (Panel C) % [CI]
53.7 [49.0-58.3]	49.2 [44.5-53.8]	93.2 [90.4-95.2]	35.1 [30.8-39.6]
43.9*(0.7) [38.4-49.4]	53.4 [47.8-58.9]	96.2 [93.2-97.9]	41.0*(1.3) [35.4-46.8]
53.1**(1.3) [49.4-56.7]	45.1**(0.8) [41.5-48.8	98.8 [97.7-99.4]	**See Table 5.7**
43.6 [40.4-46.9]	51.3 [48.1-54.6]	96.5 [95.0-97.5]	36.2 [33.0-39.5]
**			
59.7 [53.6-65.5]	56.6 [50.4-62.6]	97.49 [5.0-98.6]	34.2 [27.5-41.5]
52.8**(0.6) [47.8-57.8]	50.9 [45.8-55.9]	95.8 [93.0-97.6]	27.5 [23.1-32.4]
45.4**(0.5) [40.6-50.3]	47.9 [43.1-52.8]	97.1 [95.1-98.3]	27.6 [23.0-32.7]
36.4**(0.3) [31.5-41.6]	50.5 [45.1-55.9	97.1 [94.5-98.5]	31.1 [25.7-37.1]
*		**	
53.0 [49.4-56.6]	52.6 [48.9-56.1	98.0 [96.8-98.7]	30.3 [26.8-34.1]
59.2 [52.5-65.6]	61.5 [54.9-67.7]	96.1 [91.2-98.3]	23.8 [18.4-30.2]
31.7**(0.6) [27.4-36.3]	42.4 [37.6-47.3]	95.0 [92.5-96.7]	31.6 [26.6-37.1]
	*		
54.6 [46.3-62.6]	58.2 [50.0-66.0]	95.7 [91.8-97.8]	32.3 [24.5-41.2]
50.8 [46.6-55.0]	52.7 [48.5-56.8]	97.9 [96.4-98.8]	28.5 [24.5-32.9]
39.1 [34.1-44.3]	42.0*(0.6) [36.8-47.3]	97.3 [94.8-98.6]	32.7 [27.2-38.8]
49.8 [44.6-54.9]	54.6 [49.4-59.7]	95.2 [92.3-97.1]	26.9 [22.1-32.2]
**	**		*
35.7 [30.0-41.9]	44.1 [37.9-50.5]	93.7 [89.1-96.4]	36.6 [29.8-44.0]
32.4 [28.4-36.7]	43.9 [39.3-48.7]	97.2 [95.1-98.4]	30.5 [25.8-35.8]
56.8**(2.6) [52.9-60.6]	54.3 [50.4-58.2]	97.3 [95.7-98.3]	27.5 [23.9-31.5]
78.8**(3.7) [68.8-86.2]	75.3**(3.4) [63.8-84.1]	98.9 [97.5-99.5]	21.0 [12.7-32.6]

Table 5.10: Selected measures about alcohol access, Canada excluding the territories, aged 15+, comparisons 1989, 1994, 2004

	NADS 1989 %	CADS 1994 %	CAS 2004 %
Taxes on alcoholic beverages should be			
Increased	26.8	25.4	21.8
Unchanged	45.6	44.8	60.8
Decreased	18.0	25.4	13.2
Don't know	8.7	3.3	4.3
Refused	1.0	1.2	
Legal drinking age should be			
Increased	49.3	38.3	34.0
Unchanged	44.5	54.7	57.2
Decreased	2.8	4.1	5.3
Don't know	2.5	1.7	2.3
Refused	0.9	1.2	1.2
Preventing drunken customers from being served should be			
Increased	81.2	75.5	73.5
Unchanged	9.9	15.3	20.6
Decreased	3.0	5.2	2.9
Don't know	4.7	2.7	3.0
Refused	1.1	1.3	

Table 5.11: Selected measures about alcohol access by province, Canada excluding the territories, aged 15+, comparisons 1989, 1994, 2004

	Higher taxes			Higher drinking age			More server training		
	NADS 1989 %	CADS 1994 %	CAS 2004 %	NADS 1989 %	CADS 1994 %	CAS 2004 %	NADS 1989 %	CADS 1994 %	CAS 2004 %
Canada - Overall	26.8	25.4	21.8	49.3	38.3	34.0	81.2	75.5	73.5
Newfoundland and Labrador	31.1	31.3	23.7	51.1	42.8	36.8	80.9	83.9	72.9
Prince Edward Island	24.7	22.5	24.0	37.3	33.5	31.8	77.8	82.5	73.2
Nova Scotia	25.2	24.0	24.4	45.5	36.7	32.7	76.8	82.8	74.1
New Brunswick	31.0	27.1	24.2	47.2	34.5	32.0	80.5	76.3	72.9
Quebec	28.4	21.7	24.5	49.5	37.2	33.1	85.4	76.5	77.3
Ontario	25.4	23.0	18.8	46.3	37.4	32.2	78.5	69.0	72.1
Manitoba	27.4	28.6	23.4	55.1	45.9	43.5	82.0	82.1	70.2
Saskatchewan	29.6	34.4	23.3	46.7	39.0	31.8	76.9	79.2	69.6
Alberta	25.1	31.6	24.3	60.0	46.8	45.0	83.1	82.3	72.9
British Columbia	26.3	31.0	22.0	50.4	35.5	31.7	81.7	81.4	73.1

Chapter 6: Public Opinion on Cannabis

Highlights

- 61.4% of Canadians thought that individuals using marijuana today were more likely to use other drugs in the future and 50.2% of Canadians thought that marijuana users usually become users of harder drugs.
- 60% of Canadians disagreed with the statement that "People should be permitted to use marijuana as it is not a dangerous drug."
- 73.0% of Canadians had heard of the proposed federal government proposition to modify cannabis legislation and 57% supported the proposed change. Support was 62.8% when examined only among people who had heard about it.
- Canadians were split whether they thought possession of small amounts of cannabis should be against the law (46.1% for and 49.8% against). However, the majority (78.3%) agreed that there should be some form of penalty, with 66.4% saying it should be a fine or probation, 17.0% saying it should be a jail term, 10.0% saying it should be a combined jail term and a fine, and 6.6% saying they did not know.
- 57.7% of Canadians felt that people should not be allowed to grow cannabis for personal purposes.

Cannabis was given special attention in the CAS for two main reasons. First, it is by far the most frequently used illicit drug, with 44.5% of Canadians reporting having used it at least once in their lifetime and 14.1% at least once in the 12 months preceding the survey, as opposed to 16.5% of Canadians who used at least one of the other major illicit drugs (cocaine/crack, speed, ecstasy, hallucinogens and heroin) at least once in their lifetime and 3.0% in the last 12 months. With such a high rate of use for cannabis, it is possible to ask users questions about their use and still have a sufficient number of cases for analysis. With most other substances, the number of respondents who answer questions about use dropped so steeply that it became unreportable. Secondly, some debates surrounding marijuana have received a lot of media attention, and yet they are still not always properly understood at large (e.g. the debate around medical marijuana or decriminalization of possession offences). The fact that there have been regulations authorizing the use of marijuana for medical purposes since 2001 is sometimes misunderstood as implying that marijuana is a "safe" substance and should be made legal. In 2002, two government committees examined the non-medical use of drugs and the role of the federal government in drug control and have since made recommendations for a re-evaluation of the sentencing scheme for possession of marijuana. A bill was introduced and debated in parliament. It is therefore highly valuable to obtain the opinions, attitudes and knowledge of Canadians on these matters.

The various questions are designed to obtain insights into the perceived harms associated with marijuana reported by Canadians, to document their perceptions of some controversial issues about marijuana, and to know their opinions about decriminalization.

Marijuana use as precursor

One highly debated issue about marijuana is the "gateway theory." According to this theory, marijuana use would act as a precursor, gateway or stepping-stone to use of other drugs. Many hypotheses have been put forward to explain how this would occur, ranging from contact with criminal elements through purchasing of marijuana ("hanging with the wrong crowd") to chemical changes in the brain due to marijuana use. One of the major arguments on which the gateway theory is based is the fact that most users of "hard" drugs, such as cocaine or heroin, have started by using cannabis earlier in their drug experimentation. This is a reliable finding that has been replicated across cultures, countries and over time. However, it is a statistical fallacy to confuse a correlation with causation, no matter how reliable the correlation. Even if there was a direct causal link between cannabis use and other "harder" drugs use, the theory would likely need intervening variables to explain why the Canadian lifetime rate of use of other drugs is at 16.5% when 44.5% have used cannabis. If cannabis use caused other drugs use, these two rates should be converging more. The critical element of science that will solve the debate around the gateway theory is not in yet. Still, the idea that cannabis use leads to harder drug use is a commonly held belief by many, professionals and laypersons alike. Its examination is therefore of great interest when it comes to public opinions regarding cannabis

Canadians were asked to state their agreement with the statement that "Those using marijuana today are more likely to use other drugs in the future" and "marijuana users usually become users of stronger drugs." The main difference between these two statements is the use of the qualifier "likely" or "usually," the latter making the statement stronger. Overall, a majority of respondents felt that individuals using marijuana today are more likely to use other drugs in the future; 29.5% strongly agreed with this statement and 31.9% somewhat agreed. Responses were more mixed with the stronger statement, with fewer respondents agreeing that marijuana users usually become users of stronger drugs; 23.2% strongly agreed and 27.0% somewhat agreed (Table 6.1).

In terms of the characteristics of Canadians who agreed that those using marijuana are more likely to use other drugs in the future (63.4%), differences were apparent in terms of income adequacy and user-type (Table 6.2). Respondents in the highest income adequacy category were less likely than those in the lowest to agree with this statement (51.1% vs. 70.2%). At-least-cannabis users were less likely than alcohol-only users to agree that marijuana users are more likely to use other drugs in the future (48.8% vs. 76.6%). There was no difference between at-least-cannabis users and illicit drug users, or between non-users and alcohol-only users. Those using illicit drugs were not more likely to view marijuana use as a precursor to other drugs use than at-least-cannabis users.

In terms of the characteristics of Canadians who agree that marijuana users *usually* become users of stronger drugs (53.6%), there were differences (Table 6.2) for age, education and user-type. In terms of age, results varied in a seesaw fashion, sometimes at significant levels. It is difficult to interpret such a pattern. It may be indicative of cohort or of life-stage effects but this cannot be examined with the available information. Respondents with a university degree were less likely than those who had not completed high school to agree with this statement (42.0% vs. 56.3%). Finally, the same cut-off between at-least-cannabis and alcohol-only users was found as in the previous alternative question. At-least-cannabis users were less likely than alcohol-only users to agree that marijuana users usually become users of stronger drugs (44.5% vs. 61.1%), whereas there were no other differences across user-type groups.

Should people be allowed to use marijuana?

Canadians were asked to state their agreement with the statement that "People should be allowed to use marijuana as it is not a dangerous drug" (Table 6.3). A small majority of respondents disagreed with this statement; 40.2% strongly disagreed and 19.8% somewhat disagreed, suggesting that many Canadians perceived that people should not be allowed to use marijuana.

In terms of the characteristics associated with Canadians who agreed that people should be allowed to use marijuana because it is not a dangerous drug (37.9%), there were differences in terms of sex, province and user-type (Table 6.4). Males were more likely than females to have agreed with the statement that "People should be allowed to use marijuana as it is not a dangerous drug" (43.8% vs. 32.2%). Residents from British Columbia (44.0%), Manitoba (39.5%) and Ontario (41.5%) were more likely than the rest of Canada to have agreed with this statement, and residents from Quebec (31.3%) and Saskatchewan (29.2%) were less likely to have agreed. Respondents' agreement with this statement was inversely related to user-type. More specifically, those who used illicit drugs were more likely than those who used cannabis to have agreed (68.0% vs. 48.9%), and those who used cannabis were more likely than those who used alcohol only (48.9% vs. 23.4%).

Knowledge of and agreement with change in cannabis legislation

It was explained to respondents that the federal government was considering changes to the legislation that would make the possession of less than 15 grams of marijuana a fine rather than a criminal penalty (Table 6.5). Close to three quarters of Canadians (73.0%) stated that they had heard about this proposal. When asked to identify the degree to which they supported this proposed change in legislation, a small majority of Canadians supported this proposal, 28.6% strongly and 28.4% somewhat.

In terms of the characteristics associated with knowledge about the change in legislation, differences were apparent in terms of sex, age, province, education, income adequacy and user-type (Table 6.6). Males were more likely than females to have heard about the proposal (80.1% vs. 66.9%). There were spikes in knowledge of this proposal: respondents aged 45–54 were more likely than those aged 35–44 to have heard about such a proposal (82.5% vs. 74.2%), and those aged 75+ were less likely than those 65–74 to have heard about it (49.1% vs. 79.1%). In terms of provincial differences, residents of Quebec (67.9%) and Manitoba (64.3%) were less likely than the rest of Canada to have heard about the proposal, and residents from Saskatchewan were more likely to have heard about it (77.5%). Regarding education, as respondents' level of education increased, so too did their knowledge of this proposal. Those who had completed high school (71.2%), some post-secondary education (77.9%) or had a university degree (80.1%) were more likely than those with less than high school (56.8%) to have heard about it. Respondents in the highest income adequacy group were more likely than those in the lowest bracket (83.9% vs. 60.3%) to have heard about it. In terms of user-type, knowledge of this proposal was inversely related to type of user. Those who had used cannabis were less likely than those who had used other illicit drugs to have heard about it (77.6% vs. 87.1%), those who had used alcohol were less likely than those who had used cannabis to have heard about this (70.0% vs. 77.6%), and those who were non-users were less likely than alcohol-only users to have had knowledge of it (42.6% vs. 70.0%).

To examine whether there was a relation between knowledge of the proposed change and support of such a proposal, a separate regression was conducted with support as the dependent variable and adding knowledge about the proposal as an independent variable to the list of previously examined predictors (data not shown). Results revealed that when taking the other factors into account, knowledge about the proposal was not significantly related to support for such a change. However, it was noted that the relation between user-type and knowledge was particularly high. Such a high correlation could result in a suppression of the influence of one variable over another. To test for this, we conducted the regression, adding knowledge and excluding the user-type variable. When removing the effect of user-type, support for the proposed change in legislation was significantly influenced by knowledge. Respondents who had knowledge of the proposal were more likely to support it than those who had not heard about it (62.8% vs. 53.2%). This suggests that non-users were less likely to have approved of this proposal while they were also less likely to have been aware of it. It is likely that if efforts were made to increase awareness of this proposal among the people less likely to have heard about it, then support for it would increase accordingly.

In terms of the characteristics associated with Canadians who support making possession of marijuana a fine rather than a penalty (60.3%), there were differences in terms of province and user-type (Table 6.6). Residents from Saskatchewan (49.0%) were less likely to support this proposal and residents from British Columbia (66.5%) were more likely to support it. In terms of user-type, those who had used illicit drugs were more likely than at-least-cannabis users to support making possession of marijuana a fine rather than a criminal penalty (84.3% vs. 70.5%), and those who had used cannabis were more likely than alcohol-only users to support this option (70.5% vs. 47.3%).

Opinions on sentencing for cannabis possession offences

Another series of questions, presented in Table 6.7, examined in detail Canadians' perceptions about sentencing for cannabis possession offences. Respondents were divided over whether possession of small amounts of marijuana should be against the law; 46.1% of respondents felt that it should be while 49.8% felt that it should not be.

In terms of the characteristics associated with the agreement that possessing small amounts of marijuana should be against the law, there were significant differences in terms of province, marital status and user-type (Table 6.8). Residents of Saskatchewan (59.9%) were more likely than the rest of Canada (48.0%) to feel that possession should be against the law, and residents from British Columbia (42.1%) and Quebec (44.2%) were less likely. Respondents who were single were less likely than their married counterparts to agree (32.5% vs. 53.2%). Agreement was inversely related to type of use. Illicit drug users were less likely than at-least-cannabis users to feel that this should be against the law (17.0% vs. 32.0%), and at-least-cannabis users were less likely than alcohol-only users to feel that this should be against the law (32.0% vs. 66.3%).

The majority of Canadians (78.3%) felt that there should be a penalty for possessing a small amount of marijuana (Table 6.7). As can be seen in Table 6.8, residents of Quebec (64.4%) were less likely to agree with this statement than residents from the rest of Canada, and residents from Saskatchewan (93.5%) were more likely to do so.

Canadians were then asked whether they felt the outcome of the sentence should be a jail or a non-jail term or probation (Table 6.9). Alcohol-only users and non-users were more likely than at-least-cannabis users to think that the penalty should be a jail term only (17.9% and 39.7% vs. 9.8%), and less likely to think that the penalty should be a fine or a probation (70.9% and 50.6% vs. 78.3%). Those who had some post-secondary education (75.9%) or a university degree (75.7%) were more likely than those with less than high school (61.0%) to think that the penalty should be a fine or probation.

Finally, Canadians were asked whether they thought a person should be allowed to grow a small number of cannabis plants for personal use only (Table 6.7). A small majority of respondents (57.7%) felt that a person should not be allowed to grow a small number of cannabis plants for personal use. In examining the characteristics of respondents who agreed that a person should be allowed to grow a small number of cannabis plants for personal use (40.1%), there were significant differences in terms of age, province, marital status and lifetime user-type (Table 6.8). Regarding age, there was a spike in agreement with this statement at ages 25–34. Those aged 25–34 were less likely than those aged 20–24 to have agreed that people should be allowed to grow a small number of cannabis plants for personal use (41.9% vs. 57.7%). In addition, there was another difference for the age group of 75+, with respondents in this age category less likely than those aged 65–74 to have agreed (14.0% vs. 31.3%). Residents of British Columbia (48.1%) and Quebec (50.7%) were more likely than the rest of Canada to have agreed that people should be allowed to grow a small number of cannabis plants for personal use, and residents from Newfoundland and Labrador (28.0%) and Saskatchewan (29.8%) were less likely to have agreed. Those who were single were more likely than those who were married to have agreed (52.8% vs. 34.6%). Agreement with this statement was directly related to user-type. Illicit drug users were more likely than at-least-cannabis users to have agreed (78.2% vs. 50.4%), and at-least-cannabis users were more likely than alcohol-only users to have agreed (50.4% vs. 23.2%).

Summary and Discussion

This chapter examined questions that focussed specifically on cannabis. Many Canadians reported regarded cannabis use as involving at least some danger and believed that people who use marijuana may move on to other drugs. However, their belief was nuanced; they were more likely to agree to a statement that suggests an increased risk of other drugs use rather than to one implying this to be the usual occurrence.

Canadians were asked about the legal status of marijuana in the CADS 1994, and questions addressing this issue were asked again in the CAS. However, the situation was different in that at the time of completion of the CAS, the prospect of a modification to the legal status of marijuana was not a hypothetical question since there was a proposal to modify legislation of marijuana being reviewed by the House of Commons. In 1994, 27% of respondents had expressed that possession of marijuana should be legal, 42.1% believed it should be illegal but subject to a fine or non-jail sentence, 16.8% felt it should be illegal with even a first offence leading to a jail sentence and 14.1% did not express an opinion. In 2004, 16.7% of respondents had expressed that possession of marijuana should be legal, 55.1% believed it should be illegal but subject to a fine or non-jail sentence, 22.4% felt it should lead to a jail sentence and 5.8% did not express an opinion. Almost three quarters of Canadians had heard about the proposal and a small majority (57%) approved of this proposal. Both knowledge and support for this proposal were associated with a respondent's user-status, with people who had less experience with substances less likely to know and to support the proposal. Once the effect of user-type is removed, knowledge was associated with support, with support increasing as knowledge of the proposal increased. This suggests that the majority of Canadians still favour a change in the sentencing status associated with marijuana but seem to be more satisfied with a fine than with legalization. Results also suggest that this level of approval would increase with enhanced communication about such a proposal, particularly if this communication is aimed at non-users.

Table 6.1: Marijuana as a precursor of other drugs use, Canada excluding the territories, aged 15+, 2004

Those using marijuana today are more likely to use other drugs in future	% [CI]
Strongly agree	29.5 [27.2-31.9]
Somewhat agree	31.9 [29.5-34.4]
Somewhat disagree	20.2 [18.2-22.4]
Strongly disagree	15.3 [13.4-17.2]
Don't know	3.1 [2.3-4.3]
Marijuana users usually become users of stronger drugs	
Strongly agree	23.2 [21.2-25.4]
Somewhat agree	27.0 [24.7-29.4]
Somewhat disagree	28.7 [26.4-31.2]
Strongly disagree	14.8 [13.1-16.8]
Don't know	6.2 [5.0-7.6]

Table 6.2: Opinions on cannabis use – Percentage of respondents who agree, by demographic characteristics, respective panels, aged 15+, 2004

	Those using marijuana today more likely to use other drugs such as cocaine in future (Panel A) % [CI]	**Marijuana users usually become users of stronger drugs (Panel B) % [CI]**
Canada - Overall	63.4 [60.8-65.9]	53.6 [50.9-56.3]
Sex		
Female (comparison group)	67.8 [64.5-70.9]	56.0 [52.5-59.4]
Male	58.9 [54.8-62.8]	50.9 [46.7-55.1]
Age (comparison group is previous group)		*
15-17	68.5 [56.6-78.4]	50.3 [38.6-62.1]
18-19	54.1 [39.4-68.1]	66.6*(2.4) [52.7-78.1]
20-24	60.5 [51.6-68.7]	45.6*(0.45) [36.7-54.8]
25-34	53.2 [47.2-59.1]	49.7 [43.5-55.9]
35-44	56.5 [50.4-62.5]	52.8 [46.7-58.8]
45-54	59.5 [53.0-65.6]	50.3 [44.1-56.6]
55-64	74.4 [67.6-80.2]	67.5**(1.8) [60.6-73.8]
65-74	75.0 [65.4-82.6]	54.7**(0.5) [44.6-64.5]
75+	86.3 [76.0-92.6]	55.4 [43.2-67.0]
Location of Household		
Rural (comparison group)	66.9 [60.9-72.4]	56.9 [50.9-62.8]
Non-rural	62.7 [59.8-65.5]	52.9 [49.9-55.9]
Province (comparison group is Canada)		
Newfoundland and Labrador	73.5 [67.9-78.5]	52.5 [46.8-58.2]
Prince Edward Island	71.1 [65.7-75.9]	56.8 [51.0-62.5]
Nova Scotia	60.0 [54.1-65.6]	52.8 [46.8-58.8]
New Brunswick	72.0 [66.3-77.0]	55.0 [49.1-60.8]
Quebec	62.7 [57.1-67.9]	54.0 [48.1-59.7]
Ontario	63.6 [58.0-68.8]	51.9 [45.9-57.8]

Table 6.2: (Continued)

	Those using marijuana today more likely to use other drugs such as cocaine in future (Panel A) % [CI]	Marijuana users usually become users of stronger drugs (Panel B) % [CI]
Manitoba	67.2 [62.6-71.4]	57.5 [53.0-62.0]
Saskatchewan	67.1 [61.6-72.2]	64.5 [59.1-69.6]
Alberta	61.5 [57.9-65.1]	55.5 [51.7-59.3]
British Columbia	61.4 [58.2-64.6]	52.2 [48.9-55.5]
Education		**
Less than secondary (comparison group)	68.7 [62.7-74.1]	56.3 [49.8-62.6]
Secondary	68.6 [63.7-73.0]	58.7 [53.5-63.7]
Some post-secondary	59.1 [54.2-63.8]	57.8 [53.0-62.4]
University	58.9 [53.4-64.1]	42.0**(0.6) [36.7-47.5]
Marital Status		
Married/Partner (comparison group)	64.6 [61.1-68.0]	54.2 [50.5-57.7]
Divorced/Separated/Widowed	69.4 [63.0-75.1]	54.2 [47.1-61.2]
Single/Never married	58.1 [53.2-62.8]	52.5 [47.5-57.5]
Income Adequacy	**	
Lowest (comparison group)	70.2 [62.4-77.0]	59.1 [51.3-66.5]
Middle	65.5 [61.4-69.3]	54.2 [49.8-58.5
Highest	51.1**(0.5) [45.7-56.5]	50.8 [45.3-56.2]
Not stated	69.1 [64.1-73.6]	53.5 [48.1-58.8]
User-type (comparison group is previous group)	**	**
Illicit drug	41.7 [35.7-48.0]	45.5 [39.3-51.8]
At-least-cannabis	48.8 [44.1-53.6]	44.5 [39.8-49.4]
Alcohol-only	76.6**(3.0) [73.1-79.8]	61.1**(2.0) [56.9-65.2]
Non-user	83.8 [72.3-91.1]	67.4 [57.1-76.2]

Note: * $p < 0.05$; ** $p < 0.01$.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 6.1 because respondents who answered "I don't know" were not included here.

Table 6.3: People should be allowed to use marijuana as it is not a dangerous drug, Canada excluding the territories, aged 15+, 2004

People should be allowed to use marijuana as it is not a dangerous drug	% [CI]
Strongly agree	13.7 [11.9-15.7]
Somewhat agree	22.9 [20.7-25.2]
Somewhat disagree	19.8 [17.9-22.0]
Strongly disagree	40.2 [37.6-42.8]
Don't know	3.4 [2.6-4.5]

Table 6.4: People should be allowed to use marijuana as it is not a dangerous drug – Percentage of respondents who agree, by demographic characteristics, Panel C, aged 15+, 2004

	People should be allowed to use marijuana as it is not a dangerous drug % [CI]
Canada - Overall	37.9 [35.3-40.5]
Sex	**
Female (comparison group)	32.2 [29.0-35.5]
Male	43.8**(1.4) [39.8-48.0]
Age (comparison group is previous group)	
15-17	49.8 [37.5-62.2]
18-19	62.4 [48.4-74.7]
20-24	56.0 [46.9-64.7]
25-34	43.0 [36.9-49.2]
35-44	38.3 [32.7-44.3]
45-54	33.4 [27.6-39.8]
55-64	32.5 [25.9-39.8]
65-74	24.4 [17.1-33.7]
75+	19.4 [12.1-29.6]
Location of Household	
Rural (comparison group)	34.3 [28.6-40.6]
Non-rural	38.5 [35.6-41.4]
Province (comparison group is Canada)	**
Newfoundland and Labrador	32.9 [27.7-38.5]
Prince Edward Island	32.1 [26.9-37.8]
Nova Scotia	34.9 [29.4-40.8]
New Brunswick	29.2 [24.4-34.7]
Quebec	31.3*(0.8) [26.2-36.8]
Ontario	41.5**(1.4) [36.1-47.1]

Table 6.4: (Continued)

	People should be allowed to use marijuana as it is not a dangerous drug % [CI]
Manitoba	39.5*(1.3) [35.1-44.0]
Saskatchewan	29.2*(0.8) [24.4-34.6]
Alberta	37.3 [33.8-41.0]
British Columbia	44.0**(1.4) [40.7-47.3]
Education	
Less than secondary (comparison group)	34.4 [28.2-41.1]
Secondary	38.3 [33.5-43.4]
Some post-secondary	38.8 [34.2-43.6]
University	38.6 [33.4-44.0]
Marital Status	
Married/Partner (comparison group)	34.4 [31.1-37.9]
Divorced/Separated/Widowed	28.0 [22.4-34.4]
Single/Never married	51.1 [46.0-56.2
Income Adequacy	
Lowest (comparison group)	36.9[29.2-45.3]
Middle	38.3[34.3-42.6]
Highest	43.2[37.8-48.8]
Not stated	32.2[27.6-37.3]
User-type (comparison group is previous group)	**
Illicit drug	68.0 [61.8-73.5]
At-least-cannabis	48.9**(0.5) [44.0-53.9]
Alcohol-only	23.4**(0.3) [20.3-26.9]
Non-user	16.9 [10.3-26.3]

Note: * $p < 0.05$; ** $p < 0.01$.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 6.3 because respondents who answered "I don't know" were not included here.

Table 6.5: Opinions regarding change to legislation for cannabis possession, Canada excluding the territories, aged 15+, 2004

The federal government intends to change legislation that would make possession of less than 15 grams of marijuana a fine rather than a criminal penalty. Have you heard about this change?	**% [CI]**
Yes	73.0 [70.6-75.2]
No	26.5 [24.3-28.9]
Don't know	s
Do you support this change in legislation?	
Strongly support	28.6 [26.3-31.1]
Somewhat support	28.4 [26.1-30.8]
Somewhat oppose	11.0 [9.5-12.7]
Strongly oppose	26.5 [24.2-29.0]
Don't know	5.5 [4.4-6.8]

Note: s = suppressed.

Table 6.6: Opinions about proposed legislation change for cannabis possession – Percentage of respondents who have heard about or support, by demographic characteristics, Panel C, aged 15+, 2004

	Heard about change in legislation % [CI]	**Support this change % [CI]**
Canada - Overall	73.3 [71.0-75.6]	60.3 [57.6-63.0]
Sex	**	
Female (comparison group)	66.9 [63.6-70.0]	57.1 [53.6-60.6]
Male	80.1**(1.6) [76.7-83.1]	63.7 [59.6-67.6]
Age (comparison group is previous group)	**	
15-17	66.4 [54.4-76.5]	57.4 [44.6-69.2]
18-19	68.2 [55.2-78.9]	75.6 [60.7-86.2]
20-24	67.2 [58.4-75.0]	74.2 [66.4-80.7]
25-34	71.3 [65.5-76.5]	65.1 [59.2-70.6]
35-44	74.2 [68.6-79.0]	55.5 [49.3-61.4]
45-54	82.5**(2.0) [77.4-86.6]	64.4 [58.0-70.3]
55-64	76.3 [69.9-81.7]	54.0 [46.7-61.1]
65-74	79.1 [71.1-85.3]	54.5 [44.6-64.0]
75+	49.1**(0.3) [37.2-61.0]	39.4 [28.0-52.1]
Location of Household		
Rural (comparison group)	72.3 [66.8-77.3]	60.6 [54.4-66.4]
Non-rural	73.5 [70.9-76.0]	60.3 [57.3-63.2]
Province (comparison group is Canada)	**	**
Newfoundland and Labrador	64.0 [58.5-69.2]	52.7 [46.9-58.5]
Prince Edward Island	73.5 [68.2-78.2]	59.1 [53.2-64.8]
Nova Scotia	71.8 [66.3-76.7]	59.7 [53.8-65.4]
New Brunswick	72.5 [67.4-77.0]	55.4 [49.8-60.8]
Quebec	67.9*(0.7) [62.5-72.8]	59.9 [54.2-65.4]
Ontario	77.3 [72.4-81.6]	60.4 [54.8-65.8]

Table 6.6: (Continued)

	Heard about change in legislation % [CI]	Support this change % [CI]
Manitoba	64.3**(0.7) [59.9-68.4]	62.1 [57.5-66.4]
Saskatchewan	77.5*(1.4) [72.7-81.6]	49.0**(0.7) [43.3-54.7]
Alberta	74.6 [71.3-77.7]	58.4 [54.6-62.1]
British Columbia	73.5 [70.5-76.3]	66.5**(1.3) [63.3-69.6]
Education	**	
Less than secondary (comparison group)	56.8 [50.3-63.0]	57.0 [50.2-63.5]
Secondary	71.2**(1.7) [66.6-75.4]	57.1 [52.1-62.0]
Some post-secondary	77.9**(2.5) [73.9-81.4]	61.4 [56.6-66.1]
University	80.1**(3.0) [75.2-84.3]	63.8 [58.2-69.1]
Marital Status		
Married/Partner (comparison group)	73.9 [70.7-76.9]	57.2 [53.6-60.8]
Divorced/Separated/Widowed	71.2 [64.9-76.8]	53.5 [46.5-60.3]
Single/Never married	73.6 [69.3-77.6]	70.7 [65.9-75.1]
Income Adequacy	*	
Lowest (comparison group)	60.3 [52.4-67.6	60.0 [51.7-67.8]
Middle	74.8 [71.1-78.2]	59.8 [55.5-64.0]
Highest	83.9*(1.9) [79.8-87.4]	65.4 [60.0-70.4]
Not stated	65.7 [60.6-70.5]	55.8 [50.3-61.1]
User-type (comparison group is previous group)	**	**
Illicit drug	87.1 [82.9-90.5]	84.3 [79.4-88.1]
At-least-cannabis	77.6**(0.5) [73.5-81.2	70.5**(0.4) [65.9-74.8]
Alcohol-only	70.0**(0.6) [66.4-73.3]	47.3**(0.4) [43.4-51.3]
Non-user	42.6**(0.4) [32.6-53.2]	43.0 [32.1-54.7]

Note: * $p < 0.05$; ** $p < 0.01$.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 6.5 because respondents who answered "I don't know" were not included here.

Table 6.7: Opinions regarding sentencing for cannabis possession offence, Canada excluding the territories, aged 15+, 2004

Should possession of small amounts of marijuana be against the law?	**% [CI]**
Yes	46.1 [43.5-48.7]
No	49.8 [47.2-52.5]
Don't know	4.1 [3.2-5.3]
The penalty for possession of marijuana can vary. Should there be a penalty for possessing a small amount of marijuana?	
Yes	78.3 [75.1-81.2]
No	16.7 [14.1-19.6]
Don't know	5.1 [3.7-7.0]
Should the outcome of the sentence be a jail term or a non-jail term or probation?	
Jail term	17.0 [14.1-20.4]
Fine or probation	66.4 [62.4-70.1]
Fine and jail	10.0 [7.7-12.7]
Don't know	6.6 [5.0-8.8]
Do you think that a person should be allowed to grow a small number of cannabis plants for personal use?	
Yes	38.7 [36.2-41.2]
No	57.7 [55.1-60.3]
Don't know	3.6 [2.7-4.7]

Table 6.8: Opinions on sentencing for cannabis possession offences – Percentage of respondents who support, by demographic characteristics, Panel C, aged 15+, 2004

	Possessing small amounts should be against law (Panel C) % [CI]	Should be penalty for possessing small amounts (Panel C) % [CI]	People should be allowed to grow a small number of plants for self (Panel C) % [CI]
Canada - Overall	48.0 [45.4-50.8]	82.5 [79.4-85.1]	40.1 [37.6-42.7]
Sex			
Female (comparison group)	52.8 [49.3-56.3]	80.7 [76.7-84.1]	36.3 [33.1-39.7]
Male	43.2 [39.2-47.3]	84.7} [79.5-88.8]	44.1 [40.1-48.2]
Age (comparison group is previous group)			*
15-17	43.1 [31.6-55.4]	80.7 [63.6-90.9]	49.8 [37.5-62.1]
18-19	26.5 [16.5-39.6]	74.8 [39.0-93.2]	63.5 [49.7-75.4]
20-24	28.4 [21.2-36.8]	86.9 [74.4-93.9]	57.7 [48.5-66.4]
25-34	45.4 [39.4-51.6]	84.3 [77.2-89.5]	41.9*(0.6) [36.0-48.1]
35-44	49.5 [43.5-55.5]	84.6 [77.7-89.7]	40.7 [35.0-46.7]
45-54	41.5 [35.3-47.9]	77.4 [68.3-84.6]	40.0 [34.0-46.3]
55-64	56.7 [49.5-63.6]	87.5 [79.6-92.6]	32.9 [26.6-40.0]
65-74	63.4 [53.5-72.4]	78.6 [68.9-85.9]	31.3 [23.3-40.6]
75+	79.6 [70.2-86.6]	80.6 [63.3-90.9]	14.0**(0.4) [8.9-21.3]
Location of Household			
Rural (comparison group)	53.1 [46.8-59.4]	77.6 [69.3-84.2]	38.0 [32.0-44.4]
Non-rural	47.2 [44.3-50.2]	83.3 [80.0-86.2]	40.5 [37.7-43.3]
Province (comparison group is Canada)	**	**	**
Newfoundland and Labrador	58.8 [53.0-64.3]	82.9 [76.5-87.8]	28.0*(0.7) [23.1-33.4]
Prince Edward Island	58.0 [52.3-63.6]	91.4 [86.1-94.8]	31.9 [26.8-37.6]
Nova Scotia	57.0 [50.9-62.9]	85.2 [78.5-90.0]	34.9 [29.4-40.9]
New Brunswick	57.4 [51.9-62.8]	86.5 [81.0-90.6]	33.7 [28.7-39.0]
Quebec	44.2*(0.7) [38.7-49.8]	64.4**(0.2) [56.3-71.8]	50.7**(1.8) [45.0-56.4]
Ontario	48.1 [42.5-53.8]	86.0 [79.5-90.7]	34.6 [29.5-40.1]

Table 6.8: (Continued)

	Possessing small amounts should be against law (Panel C) % [CI]	Should be penalty for possessing small amounts (Panel C) % [CI]	People should be allowed to grow a small number of plants for self (Panel C) % [CI]
Manitoba	52.8 [48.3-57.4]	89.2 [84.4-92.6]	38.1 [33.8-42.6]
Saskatchewan	59.9*(1.3) [54.3-65.3]	93.5**(2.4) [89.0-96.2]	29.8*(0.7) [24.9-35.3]
Alberta	52.6 [48.8-56.3]	90.0 [86.2-92.9]	36.4 [32.9-40.1]
British Columbia	42.1**(0.7) [38.9-45.4	89.8 [86.3-92.4]	48.1**(1.6) [44.8-51.4]
Education			
Less than secondary (comparison group)	55.0 [48.4-61.5]	80.2 [72.0-86.5]	39.3 [33.0-46.0]
Secondary	50.3 [45.3-55.3]	85.4 [79.9-89.5]	38.8 [34.1-43.8]
Some post-secondary	42.4 [37.7-47.2]	80.9 [74.8-85.7]	45.3 [40.6-50.2]
University	48.3 [42.7-54.0]	82.0 [74.6-87.6]	35.9 [31.0-41.2]
Marital Status	**		*
Married/Partner (comparison group)	53.2 [49.6-56.8]	82.3 [78.3-85.7]	34.6 [31.4-38.0]
Divorced/Separated/Widowed	55.9 [49.1-62.4]	80.7 [72.5-86.9]	37.3 [31.1-44.0]
Single/Never married	32.5**(0.6) [28.1-37.3]	84.3 [77.1-89.6]	52.8*(1.5) [47.7-57.9]
Income Adequacy			
Lowest (comparison group)	50.8 [42.7-58.8]	79.2 [69.8-86.3]	43.0 [35.1-51.3]
Middle	46.7 [42.4-51.0]	79.4 [73.9-84.1]	42.0 [37.8-46.2]
Highest	41.5 [36.2-47.0]	83.1 [75.8-88.5]	44.5 [39.2-50.0]
Not stated	55.6 [50.2-60.8]	87.1 [81.4-91.2]	32.1 [27.5-37.1]
User-type (comparison group is previous group)	**		**
Illicit drug	17.0 [13.0-22.0]	71.8 [55.8-83.8]	78.2 [72.7-82.8]
At-least-cannabis	32.0**(2.2) [27.6-36.6]	80.0 [73.1-85.4]	50.4**(0.3) [45.5-55.4]
Alcohol-only	66.3**(3.7) [62.5-69.9]	83.3 [79.4-86.6]	23.2**(0.3) [20.2-26.5]
Non-user	71.3 [60.0-80.4]	88.2 [75.1-94.9]	15.5 [8.9-25.7]

Note: * $p < 0.05$; ** $p < 0.01$.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 6.7 because respondents who answered "I don't know" were not included here.

Table 6.9: Should the outcome of a sentence for cannabis possession be a jail term, a non-jail term or probation? – Percentage of respondents who support, by demographic characteristics, Panel C, aged 15+, 2004

	Jail (Panel C) % [CI]	Fine or probation (Panel C) % [CI]	Fine and jail (Panel C) % [CI]
Canada - Overall	18.2 [15.1-21.8]	71.1 [67.1-74.9]	10.7 [8.3-13.6]
Sex			
Female (comparison group)	18.4 [14.5-23.1]	69.0 [63.7-74.0]	12.5 [9.1-17.1]
Male	18.0 [13.3-23.9]	73.6 [67.3-79.0]	8.4 [5.7-12.3]
Age (comparison group is previous group)	*	**	
15-17	s	56.0 [35.9-74.2]	s
18-19	s	83.4 [68.8-91.9]	s
20-24	s	55.1**(0.2) [37.8-71.2]	s
25-34	21.3 [13.9-31.2]	68.8 [58.8-77.4]	9.8 [5.5-16.9]
35-44	16.3 [10.2-25.2]	72.0 [62.4-79.9]	11.7 [6.8-19.4]
45-54	15.4 [8.8-25.6]	75.1 [64.5-83.3]	9.6 [5.2-16.9]
55-64	18.1 [10.8-28.6]	69.4 [58.9-78.3]	12.5 [7.3-20.6]
65-74	9.5*(0.3) [5.8-15.1]	84.5**(3.7) [74.2-91.2]	6.0Ω [1.7-19.0]
75+	25.0*(2.8) [13.2-42.3]	63.2*(0.3) [45.6-78.0]	11.7 [3.9-30.3]
Location of Household			
Rural (comparison group)	15.5 [10.5-22.4]	73.9 [65.6-80.9]	10.5 [6.0-17.8]
Non-rural	18.7 [15.2-22.8]	70.6 [66.1-74.8]	10.7 [8.1-14.0]
Province (comparison group is Canada)			
Newfoundland and Labrador	18.2 [12.8-25.2]	73.0 [65.2-79.6]	s
Prince Edward Island	17.1 [12.0-23.8]	74.2 [66.7-80.4]	s
Nova Scotia	s	77.6 [70.1-83.6]	s
New Brunswick	s	75.9 [68.4-82.1]	s
Quebec	s	80.4 [71.1-87.2]	s
Ontario	22.0 [15.6-30.1]	65.5 [56.8-73.3]	s

Table 6.9: (Continued)

	Jail (Panel C) % [CI]	Fine or probation (Panel C) % [CI]	Fine and jail (Panel C) % [CI]
Manitoba	20.6 [15.5-26.9]	69.7 [63.0-75.6]	s
Saskatchewan	s	73.2 [65.7-79.6	s
Alberta	18.5 [14.5-23.3]	71.2 [65.9-76.0]	10.3 [7.4-14.1]
British Columbia	15.9 [12.3-20.2]	73.3 [68.2-77.8]	10.9 [7.9-14.8]
Education		**	*
Less than secondary (comparison group)	24.4 [16.7-34.1]	61.0 [50.9-70.3]	14.6 [8.4-24.2]
Secondary	18.1 [13.2-24.4]	68.9 [61.4-75.5]	13.0 [8.4-19.6]
Some post-secondary	13.8 [9.0-20.5]	75.9**(2.3) [68.5-82.1]	10.3 [6.4-16.0]
University	18.2 [11.9-27.0]	75.7**(2.8) [66.8-82.7]	6.1*(0.3) [3.4-10.7]
Marital Status			
Married/Partner (comparison group)	17.8 [14.1-22.3]	71.9 [66.8-76.4]	10.3 [7.4-14.2]
Divorced/Separated/Widowed	20.4 [12.7-31.1]	70.6 [59.6-79.6]	9.1 [4.6-17.2]
Single/Never married	17.2 [11.0-25.7]	69.4 [60.3-77.2]	13.4 [8.3-21.0]
Income Adequacy			
Lowest (comparison group)	20.9 [13.1-31.8	61.7 [49.1-73.0]	s
Middle	19.5 [14.4-25.9]	70.5 [63.6-76.5]	10.0 [6.5-15.0]
Highest	12.9 [7.5-21.3]	79.1 [70.6-85.6]	8.0 [4.7-13.3]
Not stated	19.8 [14.3-26.7]	68.9 [61.2-75.7]	11.3 [6.9-17.9]
User Status	**	**	**
Illicit drug	s	84.6 [68.8-93.2]	s
At-least-cannabis	9.8 [5.6-16.7]	78.3 [69.6-85.1]	11.9**(4.5) [6.9-19.7]
Alcohol-only	17.9*(2.3) [14.2-22.4]	70.9*(0.5) [65.8-75.6]	11.1 [8.1-15.1]
Non-user	39.7**(2.7) [26.9-54.0]	50.6*(0.5) [37.4-63.7]	s

Note: * $p < 0.05$; ** $p < 0.01$; Q = qualified: interpret with caution, s = suppressed.
Totals may not equal 100 due to rounding.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 6.7 because respondents who answered "I don't know" were not included here.

Chapter 7: Public Opinion on Illicit Drugs

Highlights

- Canadians reported they perceived that the major reason they thought people use drugs is because of their availability (28.4%); this is followed by psychological distress (15.1%), family problems (14.6%), stress (10.9%), poverty (9.0%) and other reasons.
- When asked who they felt was most at risk of using drugs, the answer Canadians gave most frequently (52.3%) was anyone; other groups Canadians see as most likely at risk were youth (23.5%), individuals with a history of drug abuse (7.0%), low-income people (4.7%), street kids (4.1%) and prostitutes (3.5%).
- When asked to select the area of society on which substance use has the most impact, Canadians reported criminality (38.7%), followed by family problems (29.0%), law enforcement costs (12.8%), health care costs (6.6%) and other reasons.
- A small majority of Canadians felt that Canada was not dealing with drug use adequately: 53.6% disagreed that "all required programs and tools to deal with drug use in Canada are in place," 64.9% disagreed that "Canada is well prepared to deal with drug use," 50.5% did not think that "adequate measures are in place to address drug problems" and 58.7% did not think that "the governments are investing enough resources to deal with drug use."
- About two thirds (65.6%) of Canadians agreed that "total abstinence is the only effective means to overcome drug problems."
- A small majority (58.7%) of Canadians disagreed with the following statement: "Drug problems such as abuse, addiction, dependence should only be addressed through doctors/hospitals."
- A majority (64.8%) of Canadians agreed that "if you try drugs you are likely to become dependent."
- The majority of Canadians (85.3%) agreed that "international strategies are needed to address drug problems."
- The majority of Canadians (71.4%) did not think that "it is possible to have a society free of drugs."
- Canadians preferred prevention and treatment (78.0%) to law enforcement and incarceration (18.7%) as means of addressing drug issues, and 82.8% of Canadians thought the government should provide a variety of treatments rather than make drug use a criminal act.
- However, Canadians still see a role for enforcement, with about half of them split on the value of making drug use criminal but a majority (78.3%) recognizing the need for increased investments in enforcement.
- Canadians stated they agreed that the government should pursue legal action against people who sell illicit drugs (94.5%) or who use drugs (77.7%), 65.6% reported that the government should make criminal sentencing tougher against drug addicts and 67.1% felt that criminal sentencing should be made tougher for the first drug offence.
- Canadians were asked whether they agreed or disagreed with various options for addressing substance use issues: 96.4% agreed (80.3% of those strongly) with drug treatment programs, 74.4% (50.0% strongly) agreed with programs that offer clean needles and 56.5% (28.4% strongly) agreed with health programs to reduce harms without requiring users to stop. However, 58.4% (36.1% strongly) were not in favour of night shelters for the homeless that do not require them to give up their drugs/alcohol use, and Canadians were also split about the use of non-jail sentences, with 47.3% (20.5% strongly) agreeing and 47.4% (29.9% strongly) disagreeing.
- A majority of Canadians reported having heard of needle exchange programs (82.5%), methadone (64.2%) and methadone maintenance programs (54.7%) but less than the majority reported having heard of drug treatment court programs (34.7%) or of harm reduction as a strategy (20.2%).
- Canadians' level of approval of specific approaches are relatively high: 78.9% for drug treatment programs, 72.1% for needle exchange programs and 77.9% for methadone maintenance programs. However, although all of these types of programs are usually defined as harm reduction, not as many Canadians (59%) are willing to report they support harm reduction as a strategy. Understanding this last result could be important in communications about strategies.

This chapter examines the perception of Canadians on various issues related to the use of illicit drugs. The reader is cautioned that most questions refer to "drug" in a generic manner, as this was not defined specifically for respondents. The first series of questions queried Canadians' perceptions of the causes, groups-at-risk and impacts of drug use on society. The next group of questions was designed to address Canadians' views on the issue in general or with concepts and basic principles that form the underlying foundation on which drug strategies, policies and programs are being developed in Canada. Many questions on the role of the justice and legal system in addressing drug issues are examined. Finally, the last series of questions addressed Canadians' perceptions on specific approaches such as methadone maintenance, drug treatment courts, needle exchange programs and others.

While there are a range of factors that determine the adoption and success of any initiative as part of a drug strategy, it is of critical importance to monitor the support for such approaches because public support is often essential for successful implementation.

The Why, Who and What of Drug Use According to Canadians

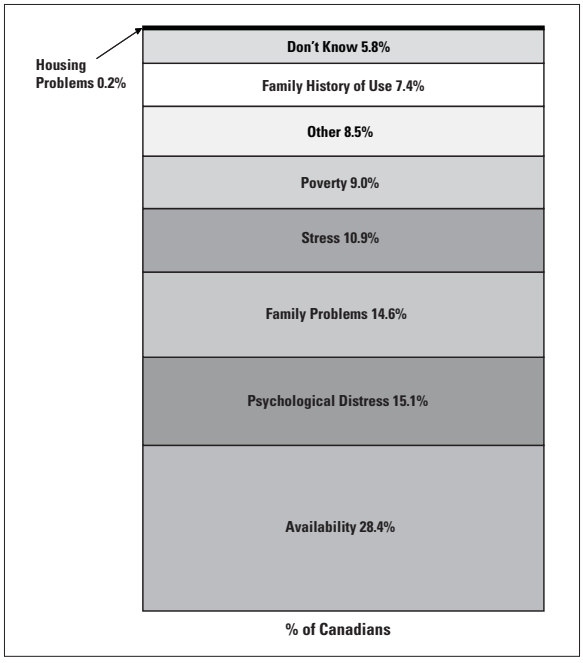
The first section begins with an examination of the why, who and what of drug use according to Canadians. Canadians were asked what they consider to be the main cause of drug problems, who are the groups they feel are most at risk of using drugs, a series of questions on whether they thought drug use had an impact on many spheres of life, and finally about which of these areas of life drug use has the most impact.

What do you consider to be the main cause of drug problems?

Canadians were asked to identify what they considered to be the main cause of drug problems. Although respondents were asked to provide their answer freely, it was not an open-ended question. Once the respondent gave an answer, the interviewer confirmed from an available pre-coded list and confirmed if that corresponded to what had been said. If not, the answer was coded as "other." If necessary, the list was read to the respondent.

Responses to this question varied (Figure 7.1), with the most frequently quoted answer being that Canadians felt that the availability of drugs (28.4%) is the main cause of drug problems. This was followed by psychological distress (15.1%), family problems (14.6%), stress (10.9%), poverty (9.0%), other (8.5%) and a family history of drug problems (7.4%).

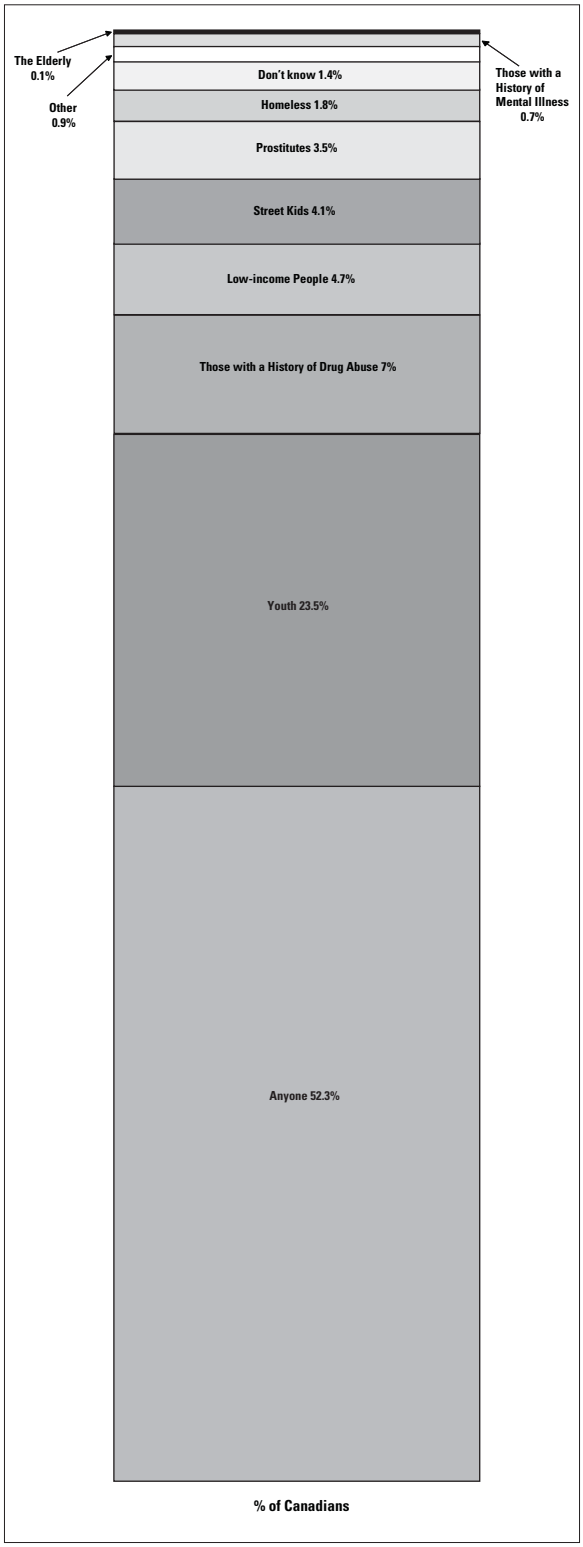
Figure 7.1: Factors Seen as the Main Cause of Drug Problems by Canadians



Who do you think is most likely to be at risk of using drugs?

Using a similar coding scheme, Canadians were asked to identify who they thought was the most likely to be at risk of using drugs from a list (Figure 7.2). The most frequent answer chosen by Canadians (52.3%) was to say that anyone is likely at risk of using drugs. Following this, about a quarter (23.5%) of respondents felt that youth in general were the most likely to be at risk of using drugs; this was followed by individuals with a history of drug abuse (7.0%), low-income people (4.7%), street kids (4.1%) and prostitutes (3.5%).

Figure 7.2: Groups Canadians See Most at Risk of Using Drugs

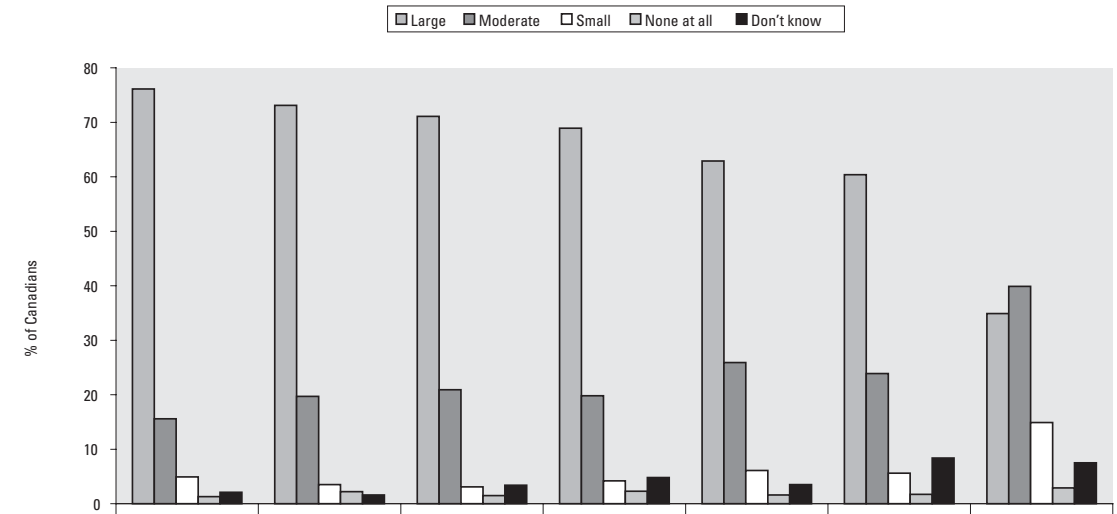


From a list of possible ways drug use can have an impact on society, which one do you think drug use has the largest impact on?

This question was asked in two steps. In a first step, respondents were asked to respond to each option whether they felt drug use had a large, moderate, small or no impact at all. Then they were asked to select the one for which they felt the impact was the greatest.

Figure 7.3 shows that the majority of Canadians felt that drug use has a large impact on criminality (76.1%), family problems (73.1%), law enforcement costs (71.1%), costs to the welfare system (68.9%), costs to the health care system (62.9%) and costs of HIV and AIDS (60.4%). Only for problems in the workplace (34.9%) was there less than the majority reporting large impact even though the majority still reported impact when the moderate and large impact categories are added together (34.9% + 39.9% = 74.8%).

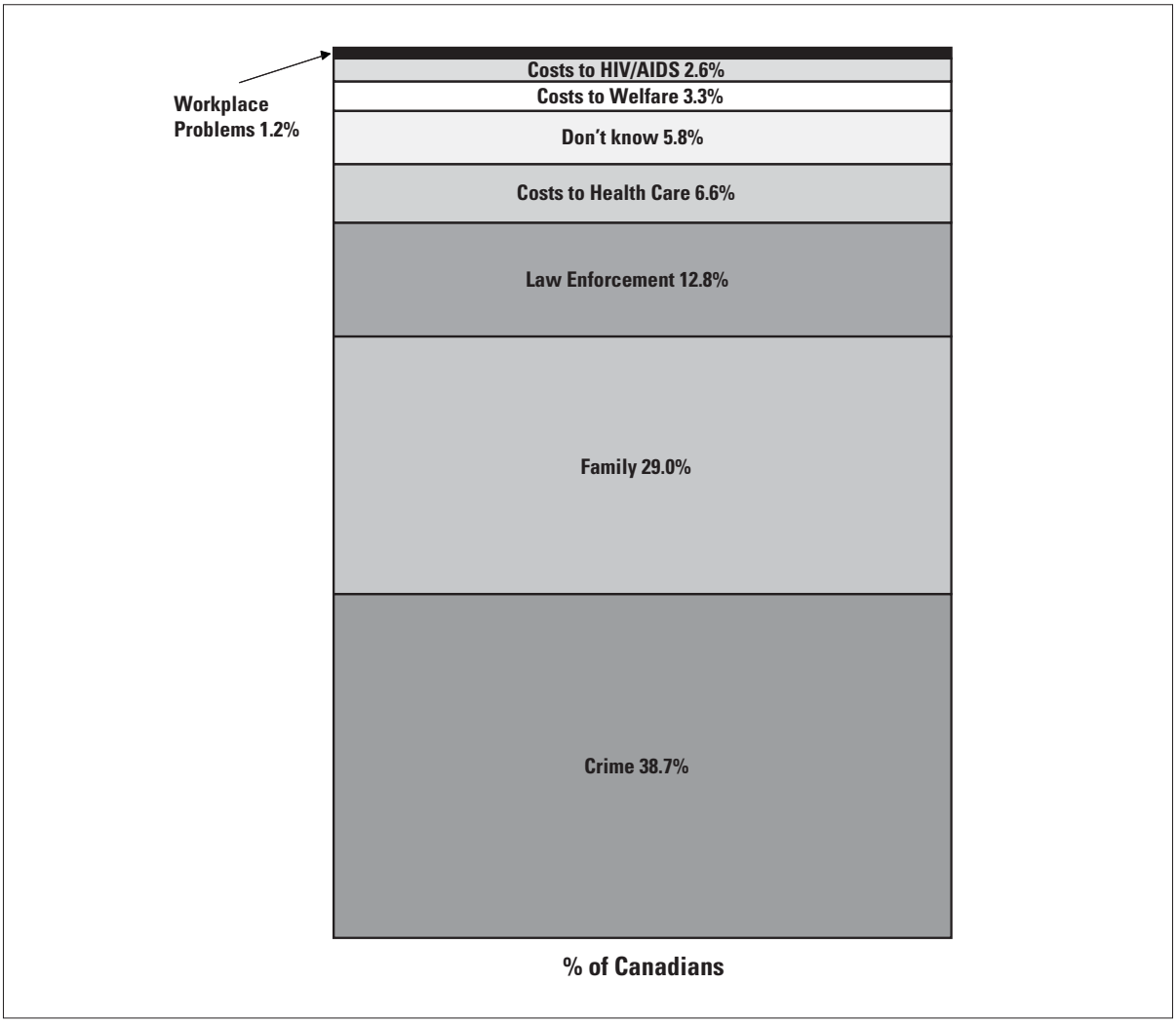
Figure 7.3: Canadians' Opinion Regarding the Impact of Drug Use



	Crime	Family	Law enforcement costs	Costs to welfare system	Costs of health care system	Costs of HIV/AIDS	Workplace
Large	76.1	73.1	71.1	68.9	62.9	60.4	34.9
Moderate	15.6	19.7	20.9	19.8	25.9	23.9	39.9
Small	4.9	3.5	3.1	4.2	6.1	5.6	14.9
None at all	1.3	2.2	1.5	2.3	1.6	1.7	2.9
Don't know	2.1	1.6	3.4	4.8	3.5	8.4	7.5

Figure 7.4 presents results when respondents were asked to pick the one option for which they felt drug use has the most impact. Criminality was the answer selected most often by 38.7% of Canadians followed by family problems (29.0%), law enforcement costs (12.8%), health care costs (6.6%), "I don't know" (5.8%), welfare system costs (3.3%), HIV/AIDS care costs (2.6%) and workplace problems (1.2%). These findings indicate that Canadians see a fairly strong association between drug use and criminality.

Figure 7.4: Canadians' Opinion on Area Most Impacted by Drug Use



Canadians' Perceptions on the Country's Readiness to Address Drug Use

A number of questions were asked so that respondents could identify how they felt Canada is dealing with drug use (Table 7.1). Specifically, respondents were asked to state their level of agreement with the following statements: "All required programs and tools to deal with drug use in Canada are already in place," "Canada is well prepared to deal with drug use among Canadians," "Adequate measures are in place to address drug problems" and "Governments are investing enough resources to deal with drug use." Taken together, responses to these questions reflect that a majority of Canadians did not feel that Canada was dealing with drug use adequately. A slim majority of Canadians did not feel that all required programs and tools are in place to deal with drug use in Canada (53.6%); 64.9% answered they did not think that Canada is well prepared to deal with drug use; 50.5% did not agree that adequate measures are in place to address drug problems; and 58.7% did not think that governments are investing enough resources to deal with drug use.

Taking into account only respondents who provided an answer that reflected their level of agreement or disagreement with the above statements (i.e. omitting those who said they did not know), 58.6% did not think that all required programs and tools are in place to deal with drug use in Canada; 69.7% did not think that Canada is well prepared to deal with drug use; 52% did not think that adequate measures are in place to address drug problems; and 63.1% did not think that governments are investing enough resources to deal with drug use (Table 7.2).

All required programs and tools to deal with drug use in Canada are in place

Among respondents who felt that all required programs and tools to deal with drug use in Canada are in place (41.4%) (Table 7.2), those aged 55–64 were less likely than those aged 45–54 to have agreed with the statement (29.9% vs. 41.1%). Residents of New Brunswick (48.9%) were the most likely to have agreed while residents of British Columbia were the least likely (32.6%). In terms of education, the higher the education level achieved, the lower the level of respondents' agreement with this statement. Respondents who had obtained a university education were less likely than those who had less than a high school education to have agreed with this statement (28.3% vs. 50.8%). No other differences in respondents' agreement with this statement were apparent in terms of household location, marital status, income adequacy or user-type.

Canada is well prepared to deal with drug use among Canadians

Only 30.3% of Canadians agreed with the statement that "Canada is well prepared to deal with drug use." There was a significant inverse relation between agreement with the statement and age (i.e. as age increased agreement with this statement decreased). In addition, there was a shift in opinion evident in the 25–34 age category; respondents aged 25–34 were less likely than the preceding younger age group to agree with the notion that Canada is well prepared to deal with drug use (30.9% vs. 42.8%). There was a significant main effect of education with respondents at the end of the spectrum, with those either with less than secondary or university education more likely to agree. However, none of the specific group comparisons was significant. No other differences in respondents' agreement with this statement were apparent in terms of sex, household location, province, marital status, income adequacy or user-type.

Adequate measures are in place to address drug problems

Almost half (48.0%) of Canadians stated that they felt adequate measures are in place to address drug problems (Table 7.2). There was also a significant inverse relation between age and agreement; as age increased respondents were less likely to feel that adequate measures are in place to address drug problems. Among these respondents, there was a shift in opinion apparent with respondents aged 25–34 being less likely than those aged 20–24 to agree (50.6% vs. 64.3%). There was a difference in opinion apparent in terms of household location. Residents from non-rural areas were less likely than residents from rural areas to agree (46.9% vs. 54.4%). In terms of provincial differences, residents of Saskatchewan (45.2%) and British Columbia (38.4%) were less likely than residents from the rest of Canada to agree. As education level increased, respondents were less likely to agree. Residents with some post-secondary (43.7%) and university (42.2%) were less likely than those with less than a high school education (62.3%) to agree. No other differences in respondents' agreement with this statement were apparent in terms of sex, marital status, income adequacy or user-type.

Governments are investing enough resources to deal with drug use

A minority of people (36.9%) agreed that governments are investing enough resources to deal with drug use (Table 7.2). Of these respondents, males were more likely than females to agree with this statement (40.3% vs. 33.6%). Again, there was a significant inverse relation between age and agreement with this statement. As age increased, respondents were less likely to agree. Regarding provincial differences, residents of Manitoba (44.3%) and Alberta (42.1%) were more likely than the rest of Canadians to agree with this statement, and residents from British Columbia were the least likely to agree (30.0%). Again, as with the previous statements, respondents' level of agreement tended to decrease as their education level increased. Respondents who had some post-secondary education (32.2%) or university degree (33.1%) were less likely than those with less than a high school education (46.1%) to feel that governments are investing enough resources to deal with drug use. No other differences in respondents' agreement with this statement were apparent in terms of household location, marital status, income adequacy or user-type.

Various Opinions and Beliefs of Canadians About Drug Use

Table 7.3 includes various summary statements addressing basic concepts or beliefs that are important for programs or policies addressing drug issues. Results are presented broken down by major demographic variables in Table 7.4.

Total abstinence is the only effective means to overcome drug problems

Overall, about two thirds (65.6%, of those 46.7% strongly) of Canadians agreed with the statement that "Total abstinence is the only effective means to overcome drug problems" (Table 7.3). The characteristics associated with agreement (68.1%) with this statement were examined (Table 7.4). Respondents with a university degree were less likely to believe this was the case (57.5%) compared with those having less than a high school education (75.6%). There was a change in opinion among user-type. Respondents who use alcohol only were more likely to have agreed that total abstinence is the only effective means to overcome drug problems, compared with those who had consumed at-least-cannabis (77.2% vs. 59.1%). There were no significant differences arising from any other comparisons among user-types. The results suggest that those who have consumed any illicit drug (including cannabis) were less likely to agree that total abstinence is the only effective means to overcome drug problems.

Drug problems such as abuse, addiction and dependence should be addressed only through doctors/hospitals

Overall, a small majority (58.7%, of those 32.0% strongly) of Canadians disagreed with the statement that "Drug problems such as abuse, addiction dependence should be addressed only through doctors/hospitals," and the largest proportion of respondents strongly disagreed with this statement (32.0%) (Table 7.3).

In examining the characteristics of Canadians who agree with this statement (40.4%), males (43.4%) were more likely than females (37.4%) to agree (Table 7.4). Residents of Newfoundland and Labrador were more likely (51.2%) and residents of Manitoba were less likely (34.6%) than residents of the rest of Canada (40.4%) to agree with this statement. Education plays a role in respondents' opinions regarding this issue, and respondents with some post-secondary education (33.3%) and those with a university degree (27.1%) were less likely than respondents with less than a high school education (58.5%) to agree. Income adequacy was another significant factor in respondents' opinions. Respondents in the highest income category (28.8%) and income not stated (43.4%) were less likely than those in the lowest income group (52.7%) to agree. Opinions and agreement with this issue were significantly and directly related to user-type. At-least-cannabis users (32.4%) were more likely than illicit drug users (25.5%) to think that drug problems should be addressed only through doctors and hospitals, with agreement growing in significant increments to 46.4% for alcohol-only users and 65.3% for non-users.

If you try drugs you are likely to become dependent

Almost two thirds of Canadians (64.8%, of those 39.0% strongly) agreed with the notion that "If you try drugs you are likely to become dependent" (Table 7.3). The characteristics associated with agreement with this statement were examined (Table 7.4). Of the 67.1% of respondents who felt that if you try drugs you are likely to become dependent, males were less likely than females (63.5% vs. 70.5%) to have agreed with this statement. In terms of differences among age groups, there was a significant linear relation between agreement and age; as age increased so too did respondents' agreement with this statement. In addition, there was a shift in opinion apparent at ages 45–54. Respondents in the 45–54 age category were more likely than those in the previous age group 35–44 to agree (71.7% vs. 62.2%). Among the provinces, residents of New Brunswick (75.4%) and Quebec (82.8%) were more likely than residents from the rest of Canada (67.1%) to agree with this statement, and those from Ontario (59.1%) and Manitoba (60.6%) were less likely to agree. There is a significant difference in opinion between respondents who do and who do not use illicit drugs. There is a change in opinion between those who have used only alcohol (78.8%) and those who have used at-least-cannabis (55.4%). No other significant differences are seen between other groups, suggesting that drug use exposure had an influence on opinions regarding this statement.

International strategies are needed to address drug problems

The great majority of Canadians (85.3%, of those 60.0% strongly) strongly agreed with the statement that "International strategies are needed to address drug problems" (Table 7.3). There was a very strong level of agreement and very little variability regarding this question so a logistic regression was not performed (Table 7.4). This high level of approval is consistent with the view held by many in the addictions field that international strategies are considered to be essential for addressing the global drug problem and is reflective of Canada's involvement in many international fora and initiatives.

It is possible to have a society free of drugs

The majority of Canadians (71.4%, of those 45.5% strongly) did not think that "It is possible to have a society free of drugs" (Table 7.3). In examining the characteristics of respondents who thought this possible (27.3%), there were significant differences in terms of sex, age, province, income adequacy and user-type (Table 7.4). Males were more likely to have answered that it is possible to have a society free of drugs than females (28.0% vs. 26.5%). There was a significant inverse relation between age and agreement with this statement. Older respondents were less likely than younger respondents to agree. Residents of New Brunswick (34.3%) and Quebec (39.1%) were more likely, and residents from Nova Scotia (19.5%) and Manitoba (22.3%) were less likely than residents from the rest of Canada to agree. In terms of income adequacy, respondents' agreement decreased as income increased. Specifically, the middle (26.9%) and highest (19.9%) income adequacy groups were less likely than those in the lowest income adequacy group (39.9%) to think that it is possible to have a society free of drugs.

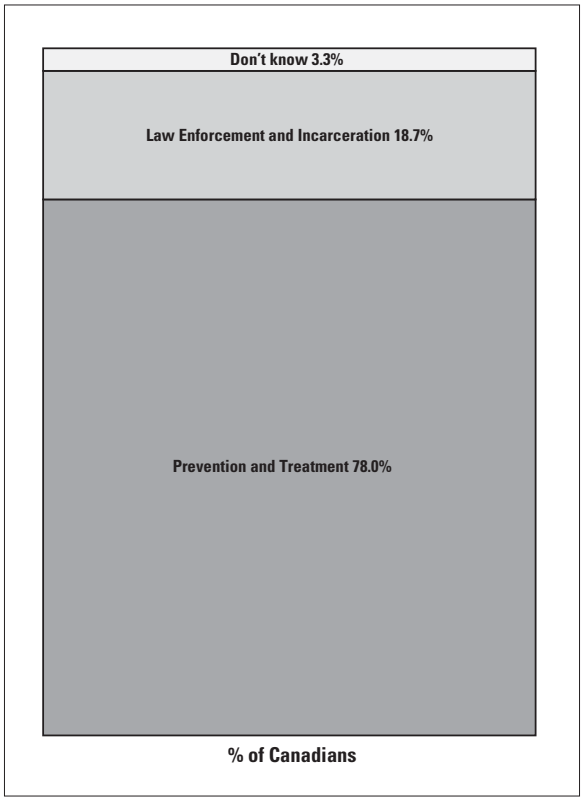
There were differences in agreement with this statement between those who have used cannabis and those who have consumed only alcohol in their lifetime. Alcohol-only users (32.0%) were more likely than at-least-cannabis users (21.7%) to agree. There were no significant differences between illicit drug users and at-least-cannabis users, or between alcohol-only users and non-users, suggesting that there was a significant difference in the opinion between those who have used illicit drugs (including cannabis) and those who had not. Respondents who have used drugs were significantly less likely to think that it is possible to have a society free of drugs. There were no differences in agreement with this statement in terms of household location, education or marital status.

Canadians' Perceptions of Options for Addressing Drug Use

The next series of question focussed on Canadians' perceptions of options, including law enforcement and legal ones, for addressing drug use.

When asked to choose between prevention and treatment and law enforcement and incarceration (Figure 7.5), Canadians preferred prevention and treatment by a wide margin (78.0% vs. 18.7%). Canadians confirmed this preference by expressing agreement with an alternative wording of this question stating "Governments must provide a variety of treatments rather than making drug use a crime" (55.4% strongly and 27.4% somewhat) (Table 7.5). Still, when not forced to make a choice between health and justice as means to address drug issues, Canadians were split about stating that making drug use criminal is the best way to deal with drug use, with 47.9% strongly and somewhat agreeing and 47.6% strongly and somewhat disagreeing (Table 7.5). While it is clear that Canadians prefer health approaches to enforcement, this does not imply that they do not see enforcement as important. This is highlighted by the fact that 78.3% of Canadians strongly or somewhat agreed that governments should invest massively in law enforcement (Table 7.5). Next is an examination of the characteristics of respondents who agreed to these statements.

Figure 7.5: What do you perceive to be the best way to address the drug issue in Canada?



Governments must provide a variety of treatments rather than making drug use illegal

The logistic regression was not conducted for this variable because there was a very strong level of agreement with this statement and low variability (Table 7.6).

The best approach to deal with drug problems is to make its use criminal

In examining the characteristics associated with Canadians who agree (50.1%) with this statement (Table 7.6), males (45.2%) were less likely than females (54.5%) to agree. Regarding age, there were two significant shifts in opinion: first, at ages 45–54, and again, at ages 65–74. Those aged 45–54 were less likely than those aged 35–44 to agree (45.8% vs. 55.4%), and those aged 65–74 were less likely than those aged 55–64 to agree (49.0% vs. 53.5%). In terms of education, those

with some post-secondary education (49.1%) or a university degree (36.0%) were less likely than those who had not finished high school (61.1%) to agree. In terms of user-type, the non-users (77.0%) were more likely to agree than the alcohol-only users (59.2%), who in turn were more likely than at-least-cannabis users (40.8%). There was no significant difference between the illicit drug users and at-least-cannabis users regarding agreement with this statement, suggesting that the significant difference in opinion was between those who have tried drugs and those who have not. There were no differences in agreement with this statement in terms of household location, province, marital status or income adequacy.

The government should invest massively in law enforcement against drugs

In terms of the characteristics associated with agreement with this statement (80.2%), there were significant differences in terms of sex, age, province, education, income adequacy and user-type (Table 7.6). Males were less likely than females to be in agreement (74.1% vs. 86.3%). In addition, respondents aged 75+ were less likely than those 65–74 to agree with this (81.7% vs. 90.0%). Compared with the rest of Canada, residents of Newfoundland and Labrador (89.5%) and Prince Edward Island (87.4%) were more likely to be in favour, whereas residents from British Columbia were less likely to agree (73.7%). Respondents with some post-secondary education or a university degree were less likely than those with less than a high school education to agree with massive investment in law enforcement against drugs (79.6% and 70.7% vs. 86.6%, respectively). Respondents in the middle (83.1%) and highest (71.3%) income adequacy groups were less likely than those in the lowest income group (88.5%) to be in favour. Respondents who were illicit drugs users were less likely than those who were at-least-cannabis users to have responded that they thought the government should invest massively in law enforcement against drugs (57.9% vs. 76.2%), and those who had consumed at-least-cannabis were less likely than those who had used only alcohol (or non-users) to agree with this (76.2% vs. 87.8%).

Should the Government Pursue Legal Action and Make Sentencing Tougher?

As mentioned earlier, Canadians do agree to a role of enforcement in addressing drug use. Two questions asked Canadians if they felt the government should pursue legal action; one question asked about legal action aimed at users, the other about legal action aimed at those who sell drugs (Table 7.7). In both cases Canadians agreed, but at stronger levels for those who sell drugs. When asked whether governments should pursue legal action against those who use drugs, 77.7% agreed (50.9% of those strongly). When asked whether governments should pursue legal action against individuals who sell illicit drugs, 94.5% agreed (82.2% strongly). When asked whether governments should make criminal sentencing tougher for drug addicts, 65.6% agreed (37.2% strongly). When asked whether governments should make criminal sentencing tougher for first drug offences, 67.1% agreed (41.4% strongly). The characteristics of Canadians who agreed to these statements have been examined.

The government should pursue legal action against illicit drug users

There were significant differences in terms of sex, provinces, education and user-type (Table 7.8). Males were less likely than females to be in favour (74.1% vs. 84.0%). Residents from Prince Edward Island (89.8%) were more likely than the rest of Canada (79.1%) to agree, whereas residents from Quebec (66.5%) and British Columbia (73.6%) were less likely to agree. In terms of education, as respondents' level of education increased, their agreement decreased. Those with a university degree (71.0%) or some post-secondary education (76.8%) were less likely than those with less than high school (86.3%) to agree. There was an increasing gradient in terms of user-type, with agreement significantly higher for at-least-cannabis users than for illicit drug users (74.7% vs. 48.8%), higher for alcohol-only users than for at-least-cannabis users (89.1% vs. 74.7%) and higher for non-users than for alcohol-only users (94.3% vs. 89.1%).

The government should pursue legal action against those who sell illicit drugs

The logistic regression was not conducted for this variable because there was a very strong level of agreement with this statement and low variability (Table 7.8).

Tougher criminal sentencing for drug addicts

In terms of the characteristics associated with Canadians in favour of tougher criminal sentencing for drug addicts (67.7%), there were significant differences in terms of sex, age, education, income and user-type (Table 7.8). Males were less likely than females to be in favour (62.7% vs. 72.6%). In terms of age, respondents aged 45–54 (60.6%) were less likely than those aged 35–44 (70.8%) to be in favour. Respondents with some post-secondary education or university degree were less likely than those who had not completed high school to be in favour (66.8% and 54.1% vs. 79.9%). In terms of income adequacy, respondents in the highest group were less likely than those in the lowest group (55.1% vs. 78.0%). There were differences in opinion in terms of user-type. Respondents who had used illicit drugs were less likely than at-least-cannabis users to agree (41.6% vs. 61.0%), and those who were at-least-cannabis users were less likely than alcohol-only users to be in favour (61.0% vs. 76.8%). Substance use is inversely related to favouring tougher criminal sentencing (i.e. the fewer substances used during their lifetime, the more they were in favour with tougher sentencing).

Tougher criminal sentencing for first drug offences

In terms of the characteristics associated with Canadians in favour of tougher criminal sentencing for first drug offences (69.8%), there were significant differences in terms of sex, age, province, education, marital status, income adequacy and user-type (Table 7.8). Males were less likely than females to be in favour (65.0% vs. 74.5%). In terms of age, respondents aged 45–54 were less likely than those aged 35–44 to be in favour (63.8% vs. 71.5%). Residents of Prince Edward Island (77.1%) were more likely to be in favour of tougher sentencing than the rest of Canada (69.8%), whereas residents from Nova Scotia (62.0%) and Saskatchewan (65.7%) were the least likely to be in favour. Respondents with some post-secondary education or university degree were less likely than those who had not completed high school to be in favour (65.8% and 60.7 vs. 79.9%). Respondents who were single were less likely than those who were married (63.0% vs. 71.3%) to be in favour. In terms of income adequacy, respondents in the highest group were less likely than those in the lowest group to be in favour (58.6% vs. 76.5%). Finally, those who had used illicit drugs were less likely than at-least-cannabis users to agree (43.3% vs. 59.7%), and those who were at-least-cannabis users were less likely than alcohol-only users to be in favour (59.7% vs. 81.3%). These findings suggest that substance use is inversely related to one's position on tougher criminal sentencing, and that the fewer substances used during their lifetime, the more likely they are to be in favour of tougher criminal sentencing for first drug offences.

Canadians' Perceptions of Various Programs to Address Drug Use

In this section, Canadians were asked questions concerning their opinion, knowledge and support for various specific programs to address drug use. A first set of questions related to a series of program options: use of non-jail sentences, drug treatment programs, needle exchange, harm reduction and "wet" shelters for homeless people. In a second set of questions, Canadians were asked whether they had heard of a specific type of program and then, whether they supported it. These programs were drug treatment courts, harm reduction strategies, needle exchange programs and methadone maintenance programs.

Non-jail sentences

Canadians were divided in terms of whether non-jail sentences should be allowed for illegal drug use (Table 7.9). In examining the characteristics of Canadians who agree with this statement (50%), there were significant differences in terms of province, education and lifetime user-type (Table 7.10). Residents of Nova Scotia (56.4%) were more likely than residents from other provinces to agree. Respondents with a university degree were more likely than those who had less than secondary education to agree (56.9% vs. 49.5%). In terms of user-type, those who had used illicit drugs were more likely than those who had used at-least-cannabis to agree (59.9% vs. 53.3%). Those who had used at-least-cannabis were more likely to agree than

those who had used only alcohol (53.3% vs. 45.5%). There were no differences in agreement with this statement in terms of sex, age, household location, marital status or income adequacy.

Drug treatment programs

The majority of Canadians (80.3%) strongly agreed with the statement that "Drug treatment programs should be available to help addicts reduce or stop their consumption of illicit drugs" (Table 7.9). Given the high level of approval, the logistic regression was not conducted (Table 7.10).

Programs that offer clean needles or drug kits

Close to two thirds of Canadians agreed (50.0% strongly, 24.4% somewhat) with the statement that "Programs that offer clean needles or drug kits should be available to users to avoid the spread of infectious diseases" (Table 7.9). In examining the characteristics of Canadians who agreed with this statement (Table 7.10), there were differences in terms of province, income adequacy and user-type. Residents of Quebec (83.5%) were more likely than residents from the rest of Canada to agree and residents from Ontario (71.3%) and Manitoba (72.9%) were less likely. In terms of income adequacy, respondents who were in the middle group were more likely than those in the lowest group to agree (79.8% vs. 67.6%). There were no differences between respondents in the highest group and those in the lowest. Respondents who have used illicit drugs other than cannabis were more likely to agree than those who had used at-least-cannabis to agree with such programs (85.2% vs. 78.2%). Those who had used at-least-cannabis were more likely than alcohol-only users to agree (78.2% vs. 73.2%). There were no differences in terms of age, household location, education or marital status.

Health programs to reduce harm without requiring users to stop

When asked to identify their level of agreement with the statement that "Health programs aimed to reduce the harm from drug use should be available to drug users without requiring clients to stop using drugs," a small majority (56.5%) of Canadians agreed with this statement (Table 7.9). In examining the characteristics associated with respondents who agreed with these programs, there were significant differences in terms of province and education (Table 7.10). Residents of Prince Edward Island (68.2%) were more likely than the rest of Canada (59.3%) to agree with these harm reduction health programs (68.2%) and residents of Quebec were the least likely to do so (49.0%). In terms of education, having a university degree was related to support as compared to having less than high school (67.2% vs. 59.0%). There were no differences in terms of sex, age, household location, marital status, income adequacy or user-type.

Night shelters for the homeless not requiring them to give up their drugs/alcohol use

The majority of Canadians strongly disagreed (36.1%) and somewhat disagreed (22.3%) with the statement that "Night shelters should be available for the homeless without requiring them to give up their alcohol or drugs" (Table 7.9). Such programs are often referred to as "wet shelters." In examining the characteristics of Canadians who agreed with this statement (40.0%), there were differences in terms of age, province, education and marital status (Table 7.10). Regarding age, there was a significant linear relation between age and agreement; as age increased so too did respondents' agreement. In addition, there was a shift in opinion around ages 45–54, with those aged 45–54 more likely than those aged 35–44 to agree with allowing night shelters for the homeless without requiring them to give up their alcohol or drugs (45.3% vs. 36.0%). Respondents above age 45 were more likely to agree with night shelters for the homeless than those below the age of 45. Residents from Prince Edward Island were more likely (50.5%) than the rest of Canada to agree, whereas residents from Quebec (30.8%) and Alberta (37.5%) were the least likely to agree. In terms of education, respondents with a university degree were more likely to agree with this statement, compared with those with less than a high school education (49.6% vs. 36.2%). Although marital status showed a main effect, none of the intergroup comparisons was significant. There were no significant differences in terms of sex, household location, income adequacy or user-type.

Knowledge of and Support for Specific Programs

This section examines responses to questions that addressed Canadians' perceptions of specific programs but used an alternate type of formulation. The questions were subdivided; the first part of the question defined what the program was and asked whether respondents had ever heard of such a program, then a follow-up question was asked whether they supported it. This type of formulation demands more time in the interview but has the advantage of measuring both knowledge and support, and allows examination of the extent of interrelation between knowledge and support.

Knowledge of and support for drug treatment courts

Drug treatment courts were described to respondents as programs that provide court-supervised treatment for addicted users of cocaine or heroin who have been charged with drug offences as an alternative to a jail sentence. When asked if they have ever heard or read about drug treatment court programs, almost two thirds of Canadians (64.5%) had never heard or read about drug treatment court programs and only 34.7% stated that they had heard about them (Table 7.11). When asked if they supported drug treatment court programs, Canadians were generally in support of such programs, with 42.6% stating that they strongly support, and 36.3% stating that they somewhat support such programs.

In terms of the characteristics of Canadians who had heard about drug treatment court programs, there were differences in age and user-type (Table 7.12). There was a significant linear relation between age and knowledge of drug treatment court programs; older respondents were more likely than younger respondents to have heard about these programs. In addition, respondents aged 45–54 were more likely than those aged 35–44 (39.0% vs. 29.3%), and those aged 65–74 were more likely than those aged 55–64 (52.2% vs. 40.5%) to have heard about it. In terms of user-type, respondents who only used alcohol in their lifetime were less likely than those who had used at-least-cannabis to have heard about drug treatment court programs (34.4% vs. 36.0%). There were no significant differences between illicit drug users and at-least-cannabis users, or between alcohol-only users and non-users, suggesting that those who had engaged in illicit drug use in their lifetime (be it cannabis or other illicit drugs) were more likely than those who had not to have heard about drug treatment court programs.

Regarding differences between respondents in terms of support for drug treatment court programs, the logistic regression was not conducted due to a high approval rate and low variability (Table 7.12).

Knowledge of and support for harm reduction strategies

Harm reduction strategies were described to respondents as public health policies or programs that intend to reduce the harms caused by drug use and that these programs do not necessarily require users to stop their substance use. When asked if they have ever heard or read about harm reduction strategies, the majority of Canadians (77.8%) stated that they had never heard or read about such programs, and only 20.2% stated that they had (Table 7.11). When asked if they support harm reduction strategies, Canadians were generally in support of such programs, with 24.8% strongly supporting and 34.2% somewhat supporting such programs.

In terms of the characteristics of Canadians who had heard or read about harm reduction strategies (Table 7.12), there were significant differences in terms of sex, age, province, education and user-type. Males were more likely than females to have read or heard about harm reduction strategies (24.3% vs. 17.1%). The older the age group, the more likely respondents were to have heard about them. There was a significant shift in opinion at age 45; those respondents who were 45–54 were more likely than those aged 35–44 to have heard about these strategies (27.9% vs. 17.6%). Residents of Saskatchewan (25.1%) and British Columbia (33.1%) were more likely than the rest of Canada to have heard about harm reduction strategies, and residents from Nova Scotia (15.8%) and Quebec (15.1%) were less likely to have heard or read about them. In terms of education, respondents with a university degree were more likely than those with less than high school to have heard about these strategies (28.2% vs. 13.2%). Finally, respondents who had used at-least-cannabis were more likely than those who had used only alcohol

to have heard or read about harm reduction strategies (24.2% vs. 16.4%). There were no significant differences between illicit drug users and at-least-cannabis users, or between alcohol-only users and non-users, suggesting that those who had used some illicit drug were more likely to also have heard about harm reduction strategies than those who had never used drugs.

Regarding Canadians' support for harm reduction strategies, there were no significant individual differences in terms of sex, age, province, household location, education, marital status, income adequacy or user-type.

Knowledge of and support for needle exchange programs

Needle exchange programs (NEP) were described to respondents as being programs that provide clean needles to drug users in order to reduce the spread of infectious disease. When asked if they had ever heard or read about NEP, most Canadians (82.5%) stated that they had heard or read about such programs, with only 17.2% stating that they had not (Table 7.11). In terms of support for such programs, 45.9% of Canadians strongly supported needle exchange programs and 26.2% stated that they somewhat supported these programs (Table 7.11).

In terms of the characteristics associated with Canadians who had heard about NEP (Table 7.12), there were significant differences in age, household location, province, education and user-type. There was a significant linear relation between age and knowledge, as age increased, so too does knowledge of NEP. In addition, there was a spike in opinion at age 25; respondents aged 25–34 were more likely than those aged 20–24 to have heard about NEP (83.2% vs. 72.6%). In terms of household location, those from non-rural areas were less likely than those from rural areas to have heard about NEP (82.3% vs. 85.9%). Residents from British Columbia (92.8%) were more likely than residents from the rest of Canada (82.8%) to have heard about NEP, and residents from Newfoundland and Labrador (65.0%) and Ontario (78.8%) were less likely. In terms of education, as education level increases, respondents' knowledge of NEP also increases. Respondents with some post-secondary education (90.7%) or a university degree (87.6%) were more likely than those who had not completed high school (69.9%) to have heard about such programs. Knowledge of NEP increased with user-type. Respondents who had used at-least-cannabis were more likely than those who had used only alcohol to have heard about NEP (86.9% vs. 81.1%), and those who had used alcohol were more likely to have heard about such programs than non-users (81.1% vs. 57.4%).

Regarding the characteristics of Canadians who support NEP, there were differences in terms of province, education and user-type. Residents of Prince Edward Island (81.1%) and Quebec (83.2%) were more likely to support such programs while residents from Saskatchewan (68.9%) were less likely to support such programs. In terms of education, respondents with some post-secondary education (76.5%) or a university degree (82.4%) were more likely than those who had not completed high school (68.1%) to support NEP. Regarding user-type, there were no differences between at-least-cannabis users and alcohol-only users in their support for NEP, but there were differences between illicit drug users and at-least-cannabis users and between alcohol-only users and non-users. At-least-cannabis users were less likely than illicit drug users to support NEP (76.6% vs. 86.7%), and non-users were less likely than alcohol-only users to support such programs (54.1% vs. 73.5%).

Knowledge of and support for methadone and methadone maintenance programs

In measuring respondents' support and knowledge of methadone maintenance programs (MMP) an extra step was added; respondents were first asked whether they had heard about the drug methadone, then whether they had heard about MMP, and finally, whether they supported this program (Table 7.11). Methadone was described to respondents as being a drug similar to morphine and heroin that is often used to treat heroin addiction. Almost two thirds of Canadians (64.2%) had heard or read about the drug methadone (Table 7.11). Methadone maintenance programs were described as programs that allow doctors to provide methadone as a safer substitute for heroin users in order to treat their addiction. When asked if they had ever heard or read about MMP, a slight majority (54.7%) had heard about such programs and 44.0% of Canadians had not. In

terms of support for such programs, Canadians were generally in support of MMP, with 39.6% of respondents stating that they strongly support and 38.3% stating that they somewhat support such programs.

In terms of the characteristics associated with knowledge of methadone and MMP, there were significant differences in terms of age, province, education and user-type (Table 7.12). There was a significant linear relation between age and knowledge of methadone and MMP; older respondents were more likely than younger respondents to have heard about these two issues. Respondents aged 35–44 were more likely than those aged 25–34 to have heard about methadone (67.8 vs. 58.8%) and MMP (60.0% vs. 49.3%), and respondents aged 45–54 were more likely than those aged 35–44 to have heard about methadone (76.1% vs. 67.8%) and MMP (68.1% vs. 60.0%). Regarding provincial differences, residents of Newfoundland and Labrador, New Brunswick and Quebec were less likely than residents from the rest of Canada to have heard about methadone and MMP, and residents from Saskatchewan and British Columbia were more likely than the rest of Canada to have heard about them. In terms of education, respondents with more education were more likely to have heard about methadone and MMP. Respondents with some post-secondary or university education were more likely than those with less than high school to have heard about methadone (71.6% and 75.8% vs. 48.2%) and MMP (63.1% and 68.7% vs. 37.0%). Regarding user-type, there was an increasing gradient with increasing use. Illicit drug users were more likely than at-least-cannabis users to have heard about methadone (80.4% vs. 70.7%) and MMP (74.1% vs. 58.4%), at-least-cannabis users were more likely than alcohol-only users to have heard about methadone (70.7% vs. 60.1%) and MMP (58.4% vs. 50.3%), and alcohol-only users were more likely than non-users to have heard about methadone (60.1% vs. 30.8%) and MMP (50.3% vs. 30.0%).

There was a high level of approval in terms of support for MMP and the logistic regression was not conducted due to lack of variability (Table 7.12).

Relation between knowledge and support

In order to examine whether there was a significant relation between knowledge of a program and support for it each of the previous four regressions were re-run, including knowledge of such programs as an independent variable (data not shown). The programs for which support was influenced by knowledge were needle exchange programs and methadone maintenance programs. Canadians who had heard about needle exchange programs were more likely to support such programs than those who had not heard about them (79.3% vs. 56.1%) and Canadians who had heard about methadone maintenance programs were more likely to support them than those who had not (90.2% vs. 83.4%). These two programs are among the oldest and most accepted harm reduction approaches in the field. These results confirm that understanding and acceptance of these programs are also shared by the Canadian public. The strong relation between knowledge and support suggests that efforts to publicly discuss programs for addressing drug use could have beneficial effects in terms of support for such programs.

Differences Between Users and Non-users

Level of involvement with substance use, as measured by the user-type variable, was not associated with perceptions of how well Canada is dealing with illicit drug use. However, users and non-users differed in their opinion of how best to deal with the issue. The influence of the user-type variable on levels of agreement to various items usually followed one of three patterns: the variable did not predict differences between users and non-users; it predicted a dichotomy between illicit drug users (illicit drugs and at-least cannabis) and non-illicit drug users (alcohol-only and non-users); or finally, it predicted a gradient with at least three, in some cases four, significant differences across groups following an ordered increase or decrease (from non-use to alcohol to at-least cannabis to illicit drug use).

Cases when the user-type variable did not come out as significant in the regression equation, indicating users and non-users agreed, corresponded almost exclusively to the questions for which there was a high level of consensus across the population as a whole: disagreement that Canada is dealing well with substance use issues overall; low level of support for wet shelters; strong support for international drug strategies, drug treatment programs and MMP, and agreement for legal action against those who sell drugs. The one exception to this concerned support of harm reduction measures on which agreement and disagreement was split close to the middle both for users and non-users. This may be an indication that the controversy surrounding harm reduction is not one of users against non-users but one of fundamental disagreement about how best to deal with the issue. For example, in the case of non-users, it is possible to infer that the split in responses may be driven by ideological conflicts between those who hold compassion for the users and those who feel that harm reduction programs may in some ways act to condone drug use. In the case of those classified as users, the ideological divide may be between those promoting abstinence (no use) as the best approach and those who see reducing harms, not ending use, as the first priority.

The second pattern of responses, characteristic of those who had used at least one illicit drug, appeared for the following items: the role of abstinence, the belief that smoking cannabis leads to other drug use, the possibility of having a society free of drugs, whether making drug use criminal is the best way to deal with the issue, and in some cases, the knowledge of programs designed to address drug use issues. Two possible hypotheses could explain these findings, particularly on the abstinence, dependence and society free of drug items: (1) illicit drug users are in denial of the true dangers of experimenting with and using drugs; or (2) users have a more accurate understanding of the risks of illicit drug use since they are personally acquainted with them. Unfortunately, the present data do not allow favour of one hypothesis over the other.

Finally, there are the cases where the predictions of the user-type variable follow more or less a gradient from non-use to illicit drug use: substance use should be dealt with by doctors and hospitals; there should be increases in law enforcement for drugs, tougher sentencing for addicts and first-time offences, pursuit of legal action against users, and finally, knowledge and support of NEP and knowledge of MMP. Needle exchange programs and MMP are established approaches in the field, and it is not surprising that increasing experience with substances comes with increasing knowledge of these approaches. All but one of the other items concerned the status of law enforcement to address drug use. It is interesting to note that at-least-cannabis users seem to have a tendency to differ from only illicit drug users mostly when it comes to enforcement-related issues, while they seem to be more alike in regards to more sociological-type issues (abstinence, dependence, society free of drugs).

The sum of these conclusions suggests that the user-type variable was useful in confirming that personal experiences with substances have measurable and distinct influences on opinions. This result would have been missed if the data had been pooled instead of broken out by user-type. Furthermore, that the variable did not produce results along a sew-saw pattern is promising and can seen as indicative that it is truly measuring an underlying phenomenon existing along a graded continuum.

Summary and Discussion

Canadians were most likely to have identified that the availability of drugs, psychological distress and family problems are the main causes of drug problems. They saw everybody to be at risk but youth in general as the highest risk group. Canadians responded that criminality was the area most impacted by drugs.

Canadians did not believe that alcohol and other drug issues are being addressed adequately in Canada. While they clearly expressed a preference for treatment and prevention approaches, Canadians still saw a need for enforcement and legal approaches, particularly as it applies to those who sell drugs. However, it can be inferred that the low satisfaction of Canadians towards the country's antidrug efforts is more an issue of quantity rather than of quality since Canadians tended to be in support of existing programs.

Canadians' level of approval of specific approaches was relatively high: 78.9% for drug treatment programs; 72.1% for needle exchange programs; and 77.0% for methadone maintenance programs. It is somewhat contradictory to note, however, that even though both needle exchange and methadone maintenance programs are normally considered as exemplars of "harm reduction," fewer Canadians (59%) responded that they supported harm reduction as a general strategy. The only specific program for which support fell below the majority line was for wet shelters, shelters that accept homeless people without requiring them to give up their substance use. One possible explanation would be that Canadians expressed favour for programs that were described according to their positive aspects (e.g. clean needles, maintenance), whereas favour dropped when the idea of maintained use was made more explicit (e.g. supplying alcohol to residents of wet shelters). This could be an interesting subject of investigation in further surveys or polls.

Level of involvement with substance use, as measured by the user-type variable, was not associated with perceptions of how well Canada is dealing with illicit drug use. Users and non-users differ in their opinion about how to best deal with the issue according to meaningful patterns, suggesting that the user-type variable was useful in confirming that personal experience with substances has a measurable influence on opinions.

The level of agreement was usually satisfying for specific approaches, whereas the level of agreement with harm reduction or the level of satisfaction with how Canadians feel the country is dealing with the issue was disputed. It appears that there would be benefits for maintaining or enhancing the dialogue between Canadians and their governments, if only to ensure that perceptions do not diverge too much about the extent to which the issue is properly addressed.

Table 7.1: Canadians' perceptions on the country's readiness to address drug use, Canada excluding the territories, aged 15+, 2004

All required programs and tools to deal with drug use in Canada are already in place	**% [CI]**
Strongly agree	10.0 [8.5-11.7]
Somewhat agree	28.0 [25.7-30.4]
Somewhat disagree	29.8 [27.5-32.2]
Strongly disagree	23.8 [21.7-26.1]
Don't know	8.4 [7.0-10.2]
Canada is well prepared to deal with drug use among Canadians	
Strongly agree	7.1 [5.9-8.6]
Somewhat agree	21.1 [18.9-23.4]
Somewhat disagree	32.9 [30.5-35.4]
Strongly disagree	32.0 [29.6-34.4]
Don't know	6.9 [5.6-8.5]
Adequate measures are in place to address drug problems	
Strongly agree	11.1 [9.5-12.9]
Somewhat agree	35.4 [33.0-38.0]
Somewhat disagree	26.7 [24.4-29.1]
Strongly disagree	23.8 [21.6-26.1]
Don't know	3.0 [2.3-3.9]
Governments are investing enough resources to deal with drug use	
Strongly agree	10.4 [8.7-12.3]
Somewhat agree	24.0 [21.9-26.3]
Somewhat disagree	28.4 [26.1-30.9]
Strongly disagree	30.3 [28.0-32.8]
Don't know	6.8 [5.6-8.4]

Table 7.2: Canadians' perceptions on the country's readiness to address drug use by demographic variables – Percentage of respondents who agree, by demographic characteristics, respective panels, aged 15+, 2004

	All required programs and tools to deal with drug use in Canada are in place (Panel A) % [CI]	Canada is well prepared to deal with drug use (Panel B) % [CI]	Adequate measures in place to address drug problem (Panel C) % [CI]	Governments are investing enough resources to deal with drug use (Panel C) % [CI]
Canada - Overall	41.4 [38.8-44.1]	30.3 [27.8-32.9]	48.0 [45.3-50.7]	36.9 [34.3-39.6]
Sex				**
Female (comparison group)	38.6 [35.3-42.1]	27.8 [24.7-31.1]	47.3 [43.9-50.8]	33.6 [30.3-37.1]
Male	44.3 [40.2-48.4]	33.1 [29.2-37.2]	48.6 [44.5-52.7]	40.3**(1.5) [36.3-44.5]
Age (comparison group is previous group)	**	*	**	**
15-17	56.1 [43.4-68.0]	46.5 [34.8-58.6]	80.0 [67.7-88.4]	42.8 [31.2-55.2]
18-19	62.8 [47.7-75.7]	44.7 [30.7-59.6]	56.8 [42.8-69.9]	49.7 [35.7-63.8]
20-24	47.0 [38.0-56.3]	42.8 [33.8-52.3]	64.3 [54.9-72.6]	41.3 [32.8-50.4]
25-34	43.1 [37.2-49.3]	30.9*(0.6) [25.4-37.0]	50.6*(0.6) [44.4-56.7]	42.3 [36.1-48.7]
35-44	36.4 [30.7-42.6]	25.8 [20.9-31.4]	45.5 [39.6-51.6]	36.7 [31.0-42.8]
45-54	41.1 [34.9-47.6]	25.8 [20.9-31.4]	40.2 [34.1-46.7]	30.7 [25.0-37.1]
55-64	29.9**(0.53) [24.0-36.7]	23.1 [17.0-30.5]	40.0 [33.4-47.1]	30.9 [24.5-38.1]
65-74	41.4 [32.5-50.9]	26.0 [18.3-35.5]	41.0 [32.1-50.4]	35.2 [26.6-44.8]
75+	50.3 [37.0-63.6]	22.6 [14.4-33.5]	54.4 [41.8-66.4]	44.5 [32.1-57.5]
Location of Household			*	
Rural (comparison group)	49.5 [43.3-55.8]	30.5 [25.1-36.6]	54.4 [48.1-60.6]	38.9 [32.7-45.4]
Non-rural	39.8 [36.9-42.8]	30.3 [27.5-33.2]	46.9*(0.7) [44.0-49.9]	36.6 [33.7-39.5]
Province (comparison group is Canada)	**		**	**
Newfoundland and Labrador	45.4 [39.4-51.5]	28.1 [23.1-33.7]	53.2 [47.6-58.8]	38.5 [33.0-44.2]
Prince Edward Island	43.1 [37.6-48.7]	33.1 [27.8-38.9]	54.4 [48.5-60.1]	40.1 [34.5-45.8]
Nova Scotia	39.6 [34.0-45.5]	28.3 [23.3-33.8]	52.2 [46.2-58.1]	37.1 [31.4-43.1]
New Brunswick	48.9**(1.4) [42.9-54.9]	24.9 [20.1-30.3]	53.3 [47.8-58.7]	41.8 [36.4-47.3]
Quebec	42.5 [37.0-48.1]	26.2 [21.4-31.7]	48.5 [42.9-54.2]	33.2 [28.0-38.8]
Ontario	42.5 [36.8-48.4]	35.4 [29.8-41.5]	49.1 [43.5-54.6]	39.3 [33.8-45.0]

Table 7.2: (Continued)

	All required programs and tools to deal with drug use in Canada are in place (Panel A) % [CI]	Canada is well prepared to deal with drug use (Panel B) % [CI]	Adequate measures in place to address drug problem (Panel C) % [CI]	Governments are investing enough resources to deal with drug use (Panel C) % [CI]
Manitoba	44.6 [39.9-49.4]	29.5 [25.5-33.8]	54.2 [49.7-58.7]	44.3*(1.3) [39.8-48.9]
Saskatchewan	42.6 [37.0-48.4]	29.3 [24.5-34.6]	45.2*(0.8) [39.5-51.0]	34.4 [29.1-40.2]
Alberta	43.2 [39.5-47.0]	30.9 [27.5-34.6]	49.3 [45.6-53.1]	42.1*(1.2) [38.3-45.9]
British Columbia	32.6**(0.7) [29.6-35.8]	26.0 [23.2-29.0]	38.4**(0.7) [35.2-41.6]	30.0**(0.7) [27.0-33.2]
Education	**	*	**	**
Less than secondary (comparison group)	50.8 [44.4-57.1]	33.5 [27.7-39.9]	62.3 [55.8-68.4]	46.1 [39.4-52.9]
Secondary	46.7 [41.5-51.9]	28.3 [23.7-33.4]	50.8 [45.8-55.8]	41.0 [36.1-46.2]
Some post-secondary	41.4 [36.6-46.4]	27.4 [23.3-32.0]	43.7**(0.5) [39.0-48.6]	32.2**(0.5) [27.8-36.9]
University	28.3**(0.5) [23.6-33.5]	34.0 [28.8-39.6]	42.2**(0.5) [36.8-47.8]	33.1*(0.6) [27.9-38.7]
Marital Status				
Married/Partner (comparison group)	38.4 [34.9-42.0]	27.9 [24.7-31.3]	45.2 [41.6-48.8]	35.0 [31.6-38.5]
Divorced/Separated/Widowed	40.3 [33.5-47.5]	25.5 [19.9-32.0]	44.6 [37.9-51.5]	42.3 [35.5-49.4]
Single/Never married	47.8 [42.8-52.7]	38.3 [33.4-43.5]	55.5 [50.3-60.5]	37.5 [32.7-42.6]
Income Adequacy				
Lowest (comparison group)	45.2 [36.8-53.9]	31.0 [23.9-39.2]	54.7 [46.5-62.7]	42.5 [34.7-50.6]
Middle	43.0 [38.8-47.2]	30.4 [26.5-34.5]	45.8 [41.6-50.1]	36.3 [32.2-40.6]
Highest	36.1 [30.9-41.7]	26.6 [21.9-31.8]	46.7 [41.3-52.2]	33.5 [28.4-39.0]
Not stated	42.7 [37.4-48.0]	33.6 [28.6-39.0]	49.9 [44.6-55.2]	39.2 [34.0-44.6]
User-type (comparison group is previous)				
Illicit drug	40.5 [34.3-47.0]	37.2 [31.3-43.6]	46.3 [39.8-52.8]	38.0 [31.7-44.8]
At-least-cannabis	37.5 [32.9-42.3]	31.6 [27.0-36.4]	46.7 [41.9-51.7]	32.8 [28.3-37.5]
Alcohol-only	43.4 [39.5-47.4]	26.3 [22.8-30.1]	47.9 [44.0-51.8]	38.2*(1.4) [34.4-42.1]
Non-user	46.5 [34.8-58.7]	34.7 [24.9-46.0]	59.9 [48.4-70.5]	42.4 [31.8-53.9]

Note: * $p < 0.05$; ** $p < 0.01$.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.1 because respondents who answered "I don't know" were not included here.

Table 7.3: Canadians' opinions on various principles to address drug use, Canada excluding the territories, aged 15+, 2004

Total abstinence is the only effective means to overcome drug problems	**% [CI]**
Strongly agree	46.7 [44.1-49.3]
Somewhat agree	18.9 [17.0-21.0]
Somewhat disagree	19.4 [17.3-21.6]
Strongly disagree	11.4 [9.9-13.2]
Don't know	3.6 [2.7-4.8]
Drug problems such as abuse, addiction dependence should be addressed only through doctors/hospitals	
Strongly agree	22.3 [20.1-24.7]
Somewhat agree	17.4 [15.5-19.5]
Somewhat disagree	26.7 [24.4-29.0]
Strongly disagree	32.0 [29.6-34.4]
Don't know	1.7 [1.2-2.4]
If you try drugs you are likely to become dependent	
Strongly agree	39.0 [36.6-41.5]
Somewhat agree	25.8 [23.6-28.2]
Somewhat disagree	17.0 [15.1-19.0]
Strongly disagree	14.8 [12.9-16.9]
Don't know	3.3 [2.4-4.5]
International strategies are needed to address drug problems	
Strongly agree	60.0 [57.4-62.5]
Somewhat agree	25.3 [23.1-27.6]
Somewhat disagree	5.7 [4.7-7.1]
Strongly disagree	4.7 [3.8-5.9]
Don't know	4.2 [3.2-5.5]
It is possible to have a society free of drugs	
Strongly agree	13.4 [11.7-15.4]
Somewhat agree	13.3 [11.7-15.1]
Somewhat disagree	25.9 [23.7-28.3]
Strongly disagree	45.5 [42.9-48.2]
Don't know	1.8 [1.2-2.5]

Table 7.4: Canadians' opinions on various principles to address drug use by demographic variables – Percentage of respondents who agree, by demographic characteristics, respective panels, aged 15+, 2004

	Total abstinence is the only effective means to overcome drug problems (Panel A) % [CI]	Drug problems should only be addressed through doctors and hospitals (Panel A) % [CI]	If you try drugs you are likely to become dependent (Panel C) % [CI]	International strategies are needed to address drug problems (Panel B)† % [CI]	It is possible to have a society free of drugs (Panel C) % [CI]
Canada - Overall	68.1 [65.5-70.5]	40.4 [37.8-43.0]	67.1 [64.5-69.6]	89.1 [87.3-90.6]	27.3 [25.0-29.7]
Sex		**	*		*
Female (comparison group)	71.9 [68.7-74.9]	37.4 [34.1-40.8]	70.5 [67.2-73.6]	91.3 [89.3-93.0]	26.5 [23.7-29.6]
Male	64.2 [60.2-68.0]	43.4**(1.6) [39.4-47.5]	63.5*(0.8) [59.5-67.4]	86.5 [83.5-89.1]	28.0*(1.3) [24.5-31.9]
Age (comparison group is previous group)			*		*
15-17	68.6 [56.2-78.9]	53.8 [41.6-65.6]	61.3 [48.6-72.5]	79.8 [68.9-87.5	38.0 [26.8-50.7]
18-19	63.9 [49.7-76.0	42.7 [29.0-57.7]	44.5 [31.3-58.6]	85.8 [74.5-92.6]	24.5 [14.9-37.4]
20-24	62.2 [53.3-70.3]	34.8 [26.3-44.3]	49.4 [40.4-58.4]	81.9 [72.8-88.4]	21.6 [15.4-29.4]
25-34	65.3 [59.3-70.7]	28.2 [23.2-33.8]	63.6 [57.5-69.3]	87.0 [82.4-90.5]	26.9 [21.8-32.8]
35-44	66.3 [60.1-71.9]	33.7 [28.0-40.0]	62.2 [56.1-67.9]	90.8 [86.9-93.6]	29.0 [23.8-34.8]
45-54	63.3 [56.9-69.4]	39.5 [33.6-45.9]	71.7*(1.5) [65.6-77.1]	89.6 [85.2-92.8]	27.4 [22.0-33.7]
55-64	75.9 [69.3-81.5]	41.0 [34.4-48.0]	73.8 [66.8-79.9]	92.2 [86.8-95.5]	28.2 [22.1-35.1]
65-74	72.7 [63.0-80.7]	57.4 [47.9-66.3]	82.8 [74.1-89.0]	93.1 [87.6-96.2]	20.2*(0.5) [14.4-27.5]
75+	87.9 [78.8-93.3]	68.8 [56.4-79.0]	86.6 [74.2-93.6]	92.5 [84.3-96.6]	36.1*(2.2) [24.9-49.0]
Location of Household					
Rural (comparison group)	74.1 [68.2-79.2]	47.6 [41.6-53.6]	68.0 [61.8-73.7]	88.2 [83.3-91.8]	29.6 [24.3-35.6]
Non-rural	66.8 [64.0-69.6]	38.9 [36.1-41.9]	66.9 [64.1-69.7]	89.3 [87.4-90.9]	26.9 [24.4-29.5]
Province (comparison group is Canada)		**	**		**
Newfoundland and Labrador	75.9 [70.4-80.7]	51.2**(1.5) [45.3-57.1]	68.6 [63.0-73.6]	89.2 [85.0-92.4]	34.3 [29.1-39.9]
Prince Edward Island	72.8 [67.6-77.5]	38.0 [32.8-43.4]	64.0 [58.2-69.4]	91.4 [87.3-94.3]	25.5 [20.8-30.8]
Nova Scotia	65.7 [60.0-71.0]	41.4 [35.7-47.2]	69.7 [63.9-74.8]	88.8 [84.6-92.0]	19.5**(0.6) [15.3-24.5]
New Brunswick	72.5 [66.8-77.5]	41.2 [35.5-47.2]	75.4*(1.4) [70.4-79.8]	93.0 [89.5-95.3]	34.3*(1.3) [29.4-39.6
Quebec	69.6 [64.2-74.4]	42.8 [37.4-48.4]	82.8**(2.6) [78.1-86.6]	88.0 [83.8-91.3]	39.1**(2.0) [33.7-44.8]
Ontario	68.0 [62.4-73.0]	41.4 [36.0-47.1]	59.1**(0.6) [53.5-64.6]	90.2 [86.1-93.1]	23.0 [18.7-28.0]

Table 7.4: (Continued)

	Total abstinence is the only effective means to overcome drug problems (Panel A) % [CI]	Drug problems should only be addressed through doctors and hospitals (Panel A) % [CI]	If you try drugs you are likely to become dependent (Panel C) % [CI]	International strategies are needed to address drug problems (Panel B)† % [CI]	It is possible to have a society free of drugs (Panel C) % [CI]
Manitoba	71.1 [66.6-75.2]	34.6**(0.7) [30.3-39.2]	60.6**(0.7) [56.1-64.9]	87.7 [84.3-90.3]	22.3**(0.7) [18.8-26.2
Saskatchewan	72.3 [67.0-77.0]	37.7 [32.5-43.3]	67.8 [62.3-72.8]	88.0 [84.0-91.1]	26.7 [22.0-31.9]
Alberta	67.8 [64.2-71.2]	36.3 [32.8-39.9]	64.5 [60.9-68.0]	88.9 [86.2-91.1]	24.8 [21.8-28.0
British Columbia	62.6 [59.4-65.8]	36.5 [33.4-39.7]	64.0 [60.7-67.1]	88.2 [85.9-90.2]	22.1 [19.5-24.9]
Education	**	**			
Less than secondary (comparison group)	75.6 [69.9-80.6]	58.5 [52.3-64.5]	70.0 [63.5-75.8]	87.5 [82.5-91.2]	35.0 [29.1-41.4]
Secondary	75.2 [70.5-79.3]	47.0 [41.9-52.1]	67.4 [62.5-72.0]	87.7 [83.7-90.9]	30.2 [25.8-35.1]
Some post-secondary	65.5 [60.6-70.0]	33.3**(0.5) [28.8-38.2]	63.9 [59.1-68.5]	90.7 [87.7-93.0]	22.4 [18.8-26.5]
University	57.5**(0.5) [52.1-62.8]	27.1**(0.4) [22.3-32.4]	68.1 [62.8-73.0]	89.6 [86.3-92.3]	24.8 [20.4-29.9]
Marital Status					
Married/Partner (comparison group)	69.5 [66.0-72.8]	40.5 [36.9-44.1]	70.5 [67.1-73.7]	90.8 [88.5-92.6]	27.6 [24.5-30.9]
Divorced/Separated/Widowed	71.2 [64.7-76.9]	46.7 [40.1-53.4]	72.9 [66.4-78.5]	90.2 [85.5-93.5]	29.3 [23.5-35.8]
Single/Never married	63.7 [58.9-68.2]	37.0 [32.3-41.8]	56.8 [51.7-61.7]	85.0 [81.1-88.3]	25.0 [20.9-29.5]
Income Adequacy		*			**
Lowest (comparison group)	68.4 [60.1-75.7]	52.7 [44.6-60.6]	70.4 [62.1-77.5]	92.3 [88.4-95.0]	39.9 [32.3-47.9]
Middle	70.2 [66.2-74.0]	42.4 [38.3-46.6]	67.2 [63.1-71.1]	89.6 [86.7-92.0]	26.9**(0.6) [23.4-30.8]
Highest	59.1 [53.6-64.3]	28.8**(0.5) [24.2-33.9]	64.8 [59.4-69.8]	87.0 [82.8-90.3]	19.9**(0.4) [15.8-24.7]
Not stated	73.3 [68.6-77.6]	43.4*(0.6) [38.3-48.6]	68.0 [62.8-72.8]	89.0 [85.7-91.7]	30.6*(0.6) [25.9-35.7]
User-type (comparison group is previous group)	**	**	**		**
Illicit drug	52.9 [46.6-59.1]	25.5 [20.3-31.4]	48.2 [41.9-54.7]	85.7 [81.1-89.3]	17.3 [13.0-22.5]
At-least-cannabis	59.1 [54.2-63.8]	32.4*(1.5) [28.0-37.1]	55.4 [50.5-60.3]	85.9 [82.2-89.0]	21.7 [18.0-26.0]
Alcohol-only	77.2**(2.1) [73.8-80.3]	46.4**(1.6) [42.5-50.3]	78.8**(2.7) [75.4-81.8]	93.0 [90.9-94.6]	32.0**(1.9) [28.4-35.7]
Non-user	75.4 [63.1-84.6]	65.3*(2.0) [54.3-74.8]	80.3 [69.7-87.8]	91.6 [82.9-96.1]	44.6 [34.0-55.8]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Logistic regression not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.3 because respondents who answered "I don't know" were not included here.

Table 7.5: Canadians' perceptions on using legal options for addressing drug use, Canada excluding the territories, aged 15+, 2004

Governments must provide a variety of treatments rather than making drug use a crime	**% [CI]**
Strongly agree	55.4 [52.8-58.0]
Somewhat agree	27.4 [25.2-29.8]
Somewhat disagree	7.8 [6.5-9.3]
Strongly disagree	6.2 [5.0-7.5]
Don't know	3.2 [2.2-4.4]
The best approach to deal with drug problems is to make its use criminal	
Strongly agree	29.6 [27.2-32.0]
Somewhat agree	18.3 [16.5-20.3]
Somewhat disagree	23.1 [20.9-25.4]
Strongly disagree	24.5 [22.2-26.9]
Don't know	4.5 [3.5-5.8]
The government should invest massively in law enforcement against drugs	
Strongly agree	48.3 [45.7-50.9]
Somewhat agree	30.0 [27.6-32.4]
Somewhat disagree	11.7 [10.1-13.5]
Strongly disagree	7.6 [6.4-9.0]
Don't know	2.5 [1.8-3.4]

Table 7.6: Percentage of respondents who agree with statements on using legal options for addressing drug use, by demographic characteristics, respective panels, aged 15+, 2004

	Governments must provide a variety of treatments rather than making drug use a crime (Panel B)† % [CI]	The best approach to deal with drug use is to make its use criminal (Panel B) % [CI]	The government should invest massively in law enforcement against drugs (Panel A) % [CI]
Canada - Overall	85.6 [83.7-87.3]	50.1 [47.5-52.8]	80.2 [78.1-82.2]
Sex		*	**
Female (comparison group)	85.3 [82.7-87.6]	54.5 [51.0-57.9]	86.3 [84.0-88.3]
Male	85.9 [83.0-88.4]	45.2*(0.8) [41.1-49.4]	74.1**(0.5) [70.5-77.4]
Age (comparison group is previous group)		**	**
15-17	89.1 [79.8-94.4]	52.6 [40.7-64.2]	77.4 [66.3-85.6]
18-19	90.1 [84.6-93.8]	35.0 [23.7-48.4]	68.4 [52.7-80.8
20-24	87.8 [81.6-92.2]	39.4 [31.0-48.5]	74.6 [66.5-81.3]
25-34	87.9 [83.1-91.4]	49.8 [43.5-56.0]	80.3 [75.2-84.5]
35-44	82.8 [77.8-86.9]	55.4 [49.3-61.2]	82.5 [77.9-86.2]
45-54	85.8 [81.0-89.5]	45.8**(0.6) [39.6-52.0]	76.1 [70.2-81.1]
55-64	87.1 [81.3-91.3]	53.5 [46.0-60.9]	81.2 [74.8-86.2]
65-74	80.8 [72.1-87.2]	49.0*(0.5) [39.6-58.4]	90.0 [83.8-93.9]
75+	85.7 [76.3-91.7]	67.2 [54.8-77.5]	81.7*(0.3) [69.9-89.5]
Location of Household			
Rural (comparison group)	85.3 [80.7-89.0]	52.2 [46.1-58.2]	81.1 [75.7-85.6]
Non-rural	85.6 [83.5-87.6]	49.7 [46.8-52.7]	80.1 [77.7-82.2]
Province (comparison group is Canada)			**
Newfoundland and Labrador	91.3 [87.6-93.9]	59.4 [53.8-64.8]	89.5*(1.7) [84.9-92.9]
Prince Edward Island	85.5 [80.9-89.2]	63.3 [57.6-68.7]	87.4**(1.6) [83.0-90.9]
Nova Scotia	87.3 [83.0-90.7]	52.9 [46.9-58.9	79.6 [74.5-83.9]
New Brunswick	87.5 [83.1-90.9]	58.9 [53.1-64.5]	84.8 [80.0-88.5]
Quebec	88.3 [84.1-91.5]	49.7 [43.9-55.5]	82.3 [77.6-86.3]
Ontario	85.2 [80.5-88.9]	49.2 [43.3-55.1]	81.8 [77.0-85.7]

Table 7.6: (Continued)

	Governments must provide a variety of treatments rather than making drug use a crime (Panel B) % [CI]	The best approach to deal with drug use is to make its use criminal (Panel B) % [CI]	The government should invest massively in law enforcement against drugs (Panel A) % [CI]
Manitoba	82.2 [78.4-85.4]	52.1 [47.5-56.6]	78.5 [74.4-82.2]
Saskatchewan	82.2 [77.5-86.0]	57.2 [51.7-62.5]	77.8 [72.6-82.3]
Alberta	81.9 [78.6-84.7]	52.3 [48.5-56.1]	76.7 [73.4-79.7]
British Columbia	84.8 [82.3-87.0]	46.0 [42.7-49.2]	73.7**(0.7) [70.7-76.5]
Education		**	**
Less than secondary (comparison group)	86.7 [81.7-90.4]	61.1 [54.6-67.3]	86.6 [82.1-90.0]
Secondary	84.7 [80.8-87.8]	58.3 [53.0-63.3]	84.9 [81.1-88.0]
Some post-secondary	83.3 [79.5-86.5]	49.1**(0.6) [44.3-53.8]	79.6*(0.6) [75.5-83.2]
University	88.4 [84.5-91.5]	36.0**(0.3) [30.9-41.4]	70.7**(0.3) [65.5-75.4]
Marital Status			
Married/Partner (comparison group)	83.8 [80.9-86.3]	52.8 [49.2-56.4]	82.4 [79.6-84.9]
Divorced/Separated/Widowed	86.0 [80.8-90.0]	53.8 [46.8-60.6]	83.3 [78.0-87.6]
Single/Never married	89.3 [86.4-91.6]	42.3 [37.5-47.3]	74.3 [69.8-78.3]
Income Adequacy			**
Lowest (comparison group)	90.4 [85.3-93.8]	54.5 [46.7-62.1]	88.5 [83.5-92.2]
Middle	85.8 [82.6-88.5]	52.0 [47.6-56.3]	83.1*(0.6) [79.9-85.9]
Highest	84.6 [80.1-88.2]	42.6 [37.3-48.0]	71.3**(0.4) [66.1-76.0]
Not stated	84.5 [80.5-87.7]	53.4 [48.0-58.7]	81.1**(0.4) [76.8-84.8]
User-type (comparison group is previous group)		**	**
Illicit drug	92.8 [89.3-95.1]	33.2 [27.5-39.4]	57.9 [51.5-64.0]
At-least-cannabis	89.1 [86.1-91.6]	40.8 [36.2-45.5]	76.2**(2.7) [71.9-80.1]
Alcohol-only	81.4 [78.1-84.3]	59.2**(2.3) [55.0-63.1]	87.8**(2.2) [85.1-90.1]
Non-user	80.3 [71.0-87.2]	77.0*(1.9) [67.4-84.3]	92.0 [84.2-96.1]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Logistic regression not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.5 because respondents who answered "I don't know" were not included here.

Table 7.7: Should the government pursue legal action and make sentencing tougher? Canada excluding the territories, aged 15+, 2004

The government should pursue legal action against illicit drug users	**% [CI]**
Strongly agree	50.9 [48.3-53.5]
Somewhat agree	26.8 [24.6-29.2]
Somewhat disagree	12.5 [11.0-14.2]
Strongly disagree	8.0 [6.7-9.6]
Don't know	1.7 [1.2-2.5]
The government should pursue legal action against those who sell illicit drugs	
Strongly agree	82.2 [80.1-84.0]
Somewhat agree	12.3 [10.7-14.0]
Somewhat disagree	3.3 [2.5-4.4]
Strongly disagree	1.7 [1.2-2.5]
Don't know	0.6 [0.3-1.0]
The government should make criminal sentencing tougher for drug addicts	
Strongly agree	37.2 [34.7-39.8]
Somewhat agree	28.4 [26.1-30.8]
Somewhat disagree	19.9 [18.0-22.1]
Strongly disagree	11.4 [9.9-13.1]
Don't know	3.1 [2.3-4.1]
The government should make criminal sentencing tougher for first drug offences	
Strongly agree	41.4 [38.9-44.0]
Somewhat agree	25.7 [23.5-28.0]
Somewhat disagree	17.0 [15.1-19.0]
Strongly disagree	12.1 [10.5-13.9]
Don't know	3.8 [2.9-5.0]

Table 7.8: Percentage of respondents who agree that government should pursue legal action and make sentencing tougher, by demographic characteristics, Panel A, aged 15+, 2004

The government should…	…pursue legal action against illicit drug users (Panel A) % [CI]	…pursue legal action against those who sell illicit drugs (Panel A)† % [CI]	…make criminal sentencing tougher for drug addicts (Panel A) % [CI]	…make criminal sentencing tougher for first drug offences (Panel A) % [CI]
Canada - Overall	79.1 [77.0-81.1]	95.0 [93.7-96.0]	67.7 [65.2-70.0]	69.8 [67.3-72.1]
Sex	**		**	*
Female (comparison group)	84.0 [81.6-86.2]	97.6 [96.3-98.4]	72.6 [69.5-75.4]	74.5 [71.5-77.4]
Male	74.1**(0.6) [70.6-77.4]	92.3 [90.0-94.1]	62.7**(0.7) [58.8-66.5]	65.0*(0.7) [61.1-68.7]
Age (comparison group is previous group)			**	*
15-17	80.8 [70.8-88.0]	90.9 [78.6-96.4]	82.8 [74.9-88.6]	72.7 [62.8-80.8]
18-19	81.1 [69.5-89.0]	85.7 [72.3-93.3]	70.6 [56.6-81.6]	66.4 [52.0-78.3]
20-24	69.5 [60.7-77.0]	88.6 [81.5-93.2]	68.5 [60.1-76.0]	62.0 [52.7-70.4]
25-34	74.3 [68.7-79.1]	92.9 [88.7-95.7]	63.1 [57.1-68.8]	65.8 [59.9-71.3]
35-44	77.5 [72.3-82.0]	94.1 [90.9-96.2]	70.8 [65.3-75.7]	71.5 [65.9-76.4]
45-54	75.5 [69.6-80.5]	97.9 [96.9-98.6]	60.6**(0.6) [54.3-66.6]	63.8*(0.7) [57.4-69.7]
55-64	82.6 [76.3-87.5]	98.4 [95.5-99.5]	66.8 [59.7-73.2]	68.7 [61.5-75.1]
65-74	91.8 [86.4-95.1]	99.6 [98.9-99.8]	71.3 [61.8-79.3]	82.4 [74.0-88.5]
75+	91.1 [80.6-96.2]	97.6 [85.1-99.7]	77.7 [65.5-86.5]	83.8 [72.1-91.2]
Location of Household				
Rural (comparison group)	81.4 [76.2-85.7]	95.7 [92.5-97.6]	72.3 [66.5-77.5]	71.2 [65.2-76.5]
Non-rural	78.6 [76.3-80.8]	94.8 [93.4-96.0]	66.7 [63.9-69.4]	69.5 [66.8-72.1]
Province (comparison group is Canada)	**			*
Newfoundland and Labrador	88.5 [84.0-91.9]	96.3 [93.0-98.1]	77.4 [71.9-82.2]	74.7 [68.8-79.8]
Prince Edward Island	89.8**(1.9) [85.7-92.8]	95.1 [91.9-97.1]	73.4 [68.2-78.1]	77.1*(1.4) [72.1-81.5]
Nova Scotia	83.3 [78.3-87.4]	95.3 [92.0-97.3]	65.9 [60.2-71.2]	62.0**(0.7) [56.2-67.4]
New Brunswick	84.9 [80.3-88.6]	95.7 [92.4-97.6]	74.2 [68.7-79.0]	76.4 [71.1-81.1]
Quebec	66.5**(0.4) [61.1-71.5]	93.5 [90.1-95.7]	63.6 [58.1-68.8]	68.7 [63.2-73.6]
Ontario	86.6 [82.3-90.1]	95.7 [92.7-97.5]	72.3 [67.0-77.1]	72.8 [67.5-77.6]

Table 7.8: (Continued)

The government should…	…pursue legal action against illicit drug users (Panel A) % [CI]	…pursue legal action against those who sell illicit drugs (Panel A)† % [CI]	…make criminal sentencing tougher for drug addicts (Panel A) % [CI]	…make criminal sentencing tougher for first drug offences (Panel A) % [CI]
Manitoba	81.0 [77.0-84.4]	95.2 [92.7-96.9]	68.4 [63.9-72.7]	71.5 [67.0-75.6]
Saskatchewan	82.1 [77.3-86.1]	95.4 [92.5-97.2]	67.3 [61.7-72.4]	65.7*(0.7) [60.1-70.9]
Alberta	80.8 [77.7-83.5]	96.0 [94.3-97.2]	66.0 [62.4-69.4]	65.5 [61.9-69.0]
British Columbia	73.6**(0.8) [70.6-76.4]	94.2 [92.5-95.6]	60.3 [57.1-63.5]	66.2 [63.0-69.3]
Education	**		**	**
Less than secondary (comparison group)	86.3 [82.2-89.6	95.3 [92.0-97.3]	79.9 [74.9-84.2]	79.9 [75.2-83.9]
Secondary	83.9 [79.9-87.1]	95.3 [92.7-97.0]	72.0 [67.4-76.2]	75.0 [70.5-79.0]
Some post-secondary	76.8**(0.5) [72.5-80.6]	95.2 [92.8-96.9]	66.8*(0.6) [62.1-71.1]	65.8**(0.5) [60.9-70.3]
University	71.0**(0.3) [66.0-75.5]	93.8 [90.6-96.0]	54.1**(0.3) [48.6-59.4]	60.7**(0.3) [55.2-65.9]
Marital Status				*
Married/Partner (comparison group)	81.3 [78.4-83.8]	96.1 [94.6-97.2]	67.9 [64.4-71.2]	71.3 [67.9-74.4]
Divorced/Separated/Widowed	82.8 [77.6-86.9]	97.8 [95.4-99.0]	70.3 [64.2-75.7]	76.6 [70.7-81.7]
Single/Never married	72.6 [68.2-76.7]	91.1 [87.7-93.7]	65.5 [60.9-69.9]	63.0*(0.7) [58.2-67.5]
Income Adequacy			**	*
Lowest (comparison group)	84.2 [77.8-89.0]	96.0 [92.3-98.0]	78.0 [71.3-83.4]	76.5 [69.4-82.4]
Middle	79.4 [75.9-82.5]	95.0 [92.7-96.6]	69.5 [65.5-73.1]	72.3 [68.5-75.8]
Highest	71.8 [66.8-76.3]	92.9 [89.5-95.3]	55.1**(0.5) [49.6-60.4]	58.6*(0.6) [53.1-63.8]
Not stated	83.4 [79.6-86.7]	96.4 [94.3-97.7]	72.7 [68.2-76.9]	74.2 [69.6-78.3]
User-type (comparison group is previous group)	**		**	**
Illicit drug	48.8 [42.6-55.1]	81.3 [75.6-85.9]	41.6 [35.6-47.9]	43.3 [37.2-49.7]
At-least-cannabis	74.7**(3.3) [70.5-78.6]	95.2 [92.7-96.9]	61.0**(2.5) [56.3-65.5]	59.7**(2.2) [54.9-64.4]
Alcohol-only	89.1**(2.4) [86.5-91.2]	98.8 [97.7-99.4]	76.8**(2.4) [73.3-80.0]	81.3**(3.0) [78.1-84.1]
Non-user	94.3**(3.3) [85.4-97.9]	96.3 [85.0-99.2]	89.0 [81.3-93.8]	90.0 [83.4-94.1]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Logistic regression not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.7 because respondents who answered "I don't know" were not included here.

Table 7.9: Canadians' opinions on options that should be available, Canada excluding the territories, aged 15+, 2004

Non-jail sentences should be allowed for illegal drug use	**% [CI]**
Strongly agree	20.5 [18.5-22.8]
Somewhat agree	26.8 [24.5-29.2]
Somewhat disagree	17.5 [15.6-19.5]
Strongly disagree	29.9 [27.5-32.4]
Don't know	5.3 [4.3-6.6]
Drug treatment programs should be available to help addicts stop using	
Strongly agree	80.3 [78.1-82.4]
Somewhat agree	16.1 [14.3-18.2]
Somewhat disagree	1.0 [0.6-1.7]
Strongly disagree	1.8 [1.2-2.7]
Don't know	0.7Q [0.4-1.2]
Programs that offer clean needles should be available to users	
Strongly agree	50.0 [47.4-52.6]
Somewhat agree	24.4 [22.3-26.7]
Somewhat disagree	9.2 [7.8-11.0]
Strongly disagree	13.6 [11.9-15.6]
Don't know	2.7 [2.0-3.7]
Health programs to reduce harm should be available to users without requiring them to stop using	
Strongly agree	28.4 [26.1-30.9]
Somewhat agree	28.1 [25.9-30.5]
Somewhat disagree	17.1 [15.2-19.1]
Strongly disagree	21.7 [19.7-24.0]
Don't know	4.6 [3.6-5.8]
Night shelters should be available to the homeless without requiring them to give up their drugs/alcohol	
Strongly agree	17.0 [15.1-19.1]
Somewhat agree	21.9 [19.9-24.1]
Somewhat disagree	22.3 [20.2-24.4]
Strongly disagree	36.1 [33.6-38.6]
Don't know	2.8 [2.1-3.8]

Note: Q = qualified: interpret with caution.

Table 7.10: Canadians' opinions on options that should be available – Percentage of respondents who agree, by demographic characteristics, Panel A, aged 15+, 2004

	Non-jail sentences (Panel A) % [CI]	Drug treatment court (Panel A)† % [CI]	Programs that offer clean needles or drug kits (Panel A) % [CI]	Health programs to reduce harm without requiring users to stop (Panel A) % [CI]	Night shelters to the homeless without requiring them to give up their drugs/alcohol (Panel A) % [CI]
Canada - Overall	50.0 [47.3-52.7]	97.1 [96.1-97.9]	76.5 [74.1-78.7]	59.3 [56.7-61.9]	40.0 [37.5-42.6]
Sex					
Female (comparison group)	49.5 [46.0-53.0]	98.0 [96.8-98.7]	77.7 [74.6-80.5]	60.4 [57.0-63.7]	40.2 [36.9-43.6]
Male	50.4 [46.3-54.5]	96.3 [94.4-97.5]	75.3 [71.5-78.7	58.2 [54.2-62.2]	39.8 [36.0-43.8]
Age (comparison group is previous group)					**
15-17	59.8 [46.9-71.4]	95.3 [78.6-99.1]	69.4 [56.8-79.7]	66.8 [54.0-77.6]	43.0 [31.2-55.6]
18-19	57.2 [42.4-70.8]	99.3 [97.3-99.8]	77.3 [62.2-87.6]	53.0 [38.2-67.4]	32.2 [20.8-46.1]
20-24	45.5 [36.5-54.8]	97.5 [93.8-99.0]	65.5 [55.5-74.4]	53.5 [44.1-62.6]	27.5 [20.3-36.2]
25-34	45.1 [39.1-51.2]	99.0 [96.8-99.7]	78.0 [72.3-82.8]	62.2 [56.3-67.8]	33.2 [27.8-39.1]
35-44	49.2 [43.0-55.4]	97.8 [95.2-99.0]	76.7 [70.8-81.8]	60.3 [54.1-66.1]	36.0 [30.5-41.9]
45-54	53.6 [47.2-59.9]	97.1 [94.2-98.6]	80.7 [75.4-85.1]	60.3 [54.1-66.2]	45.3**(1.6) [39.1-51.7]
55-64	51.2 [44.1-58.2]	95.9 [92.0-98.0]	80.9 [74.6-85.9]	56.2 [49.0-63.0]	44.9 [38.0-52.0]
65-74	50.6 [41.1-60.0]	96.7 [93.2-98.4]	77.7 [69.7-84.0]	59.1 [49.4-68.2]	52.0 [42.7-61.1]
75+	47.8 [35.1-60.8]	94.4 [86.4-97.8]	66.9 [54.0-77.7]	61.7 [48.7-73.2]	41.2 [29.3-54.1]
Location of Household					
Rural (comparison group)	46.7 [40.6-52.9]	98.2 [97.2-98.9]	74.3 [68.3-79.4]	58.3 [52.1-64.3]	38.1 [32.5-44.1]
Non-rural	50.6 [47.6-53.6]	96.9 [95.7-97.8]	76.9 [74.3-79.4]	59.5 [56.6-62.4]	40.4 [37.6-43.3]
Province (comparison group is Canada)	*		**	**	**
Newfoundland and Labrador	40.9 [35.1-47.0]	96.4 [92.9-98.2]	77.8 [72.5-82.3]	61.7 [55.7-67.4]	48.6 [42.6-54.6]
Prince Edward Island	42.7 [37.2-48.4]	97.1 [94.2-98.6]	79.2 [74.2-83.4]	68.2*(1.3) [62.8-73.1]	50.5*(1.3) [44.9-56.1]
Nova Scotia	56.4**(1.4) [50.5-62.0]	98.0 [96.0-99.0]	82.1 [77.0-86.2]	66.0 [60.1-71.4]	49.6 [43.8-55.4]
New Brunswick	43.3 [37.4-49.3]	98.9 [96.5-99.7]	78.5 [73.0-83.1]	60.6 [54.6-66.2]	43.9 [38.1-49.8]
Quebec	51.1 [45.5-56.6]	96.2 [93.2-97.9]	83.5*(1.4) [79.0-87.2]	49.0**(0.6) [43.5-54.6]	30.8**(0.6) [25.8-36.2]
Ontario	49.2 [43.5-55.0]	97.7 [95.1-99.0]	71.3*(0.7) [65.9-76.2]	62.8 [57.2-68.2]	42.5 [37.0-48.2]

Table 7.10: (Continued)

	Non-jail sentences (Panel A) % [CI]	Drug treatment court (Panel A)† % [CI]	Programs that offer clean needles or drug kits (Panel A) % [CI]	Health programs to reduce harm without requiring users to stop (Panel A) % [CI]	Night shelters to the homeless without requiring them to give up their drugs/alcohol (Panel A) % [CI]
Manitoba	51.8 [47.0-56.6]	96.7 [94.6-98.0]	72.9*(0.8) [68.6-76.9]	60.9 [56.1-65.4]	46.5 [41.8-51.2]
Saskatchewan	47.2 [41.5-52.9]	97.4 [94.7-98.7]	71.8 [66.5-76.6]	59.5 [53.8-64.9]	42.0 [36.5-47.6]
Alberta	49.2 [45.4-53.0]	97.1 [95.3-98.2]	76.7 [73.3-79.8]	61.5 [57.8-65.1]	37.5**(0.8) [34.0-41.2]
British Columbia	51.9 [48.5-55.2]	96.9 [95.4-97.8]	79.2 [76.4-81.8]	63.3 [60.0-66.4]	45.1 [41.8-48.4]
Education	**			**	**
Less than secondary (comparison group)	49.5 [43.2-55.8]	96.1 [92.4-98.0]	76.5 [70.9-81.4]	59.0 [52.7-65.1]	36.2 [30.6-42.3]
Secondary	49.7 [44.6-54.9]	97.0 [94.7-98.3]	75.0 [70.2-79.2]	53.4 [48.3-58.5]	38.1 [33.2-43.2]
Some post-secondary	44.7 [39.9-49.6]	97.7 [95.5-98.8]	73.8 [69.1-78.0]	58.3 [53.4-63.0]	36.1 [31.6-40.8]
University	56.9**(1.9) [51.4-62.3]	97.4 [95.3-98.6]	81.2 [76.3-85.3]	67.2*(1.6) [62.0-72.1]	49.6**(2.2) [44.1-55.1]
Marital Status					*
Married/Partner (comparison group)	47.3 [43.6-51.0]	97.3 [95.9-98.2]	76.6 [73.4-79.6]	57.9 [54.3-61.4]	40.3 [36.8-43.9]
Divorced/Separated/Widowed	56.4 [49.6-63.0]	96.3 [92.4-98.2]	77.5 [71.0-82.9]	59.8 [53.0-66.2]	39.1 [32.8-45.7]
Never married	52.2 [47.2-57.1]	97.4 [95.0-98.7]	75.6 [70.9-79.8]	61.6 [56.6-66.2]	39.5 [34.9-44.3]
Income Adequacy			*		
Lowest (comparison group)	55.4 [46.9-63.5]	97.2 [94.4-98.7]	67.6 [58.9-75.2]	60.1 [51.8-67.8]	38.0 [30.3-46.3]
Middle	44.7 [40.5-48.9]	97.1 [94.8-98.4]	79.8*(1.8) [76.2-83.0]	56.2 [52.0-60.3]	38.4 [34.4-42.5]
Highest	52.6 [47.1-58.0]	97.0 [94.4-98.4]	74.6 [69.3-79.2]	62.3 [56.8-67.4]	41.7 [36.5-47.1]
Not stated	52.9 [47.6-58.3]	97.3 [95.6-98.4]	77.2*(1.9) [72.5-81.3]	60.9 [55.5-66.0]	41.7 [36.6-47.0]
User-type (comparison group is previous group)	**		**		
Illicit drug	59.9 [53.5-66.0]	98.0 [95.6-99.1]	85.2 [80.1-89.3]	62.6 [56.3-68.5]	35.3 [29.7-41.4]
At-least-cannabis	53.3*(0.7) [48.4-58.1]	97.3 [95.2-98.5]	78.2**(0.5) [73.8-82.0]	57.3 [52.5-62.0]	38.0 [33.5-42.7]
Alcohol-only	45.5**(0.7) [41.5-49.5]	97.4 [96.1-98.3]	73.2*(0.7) [69.4-76.6]	58.5 [54.6-62.3]	41.2 [37.4-45.1]
Non-user	45.5 [34.3-57.3]	92.4 [80.9-97.2]	72.5 [61.5-81.4]	66.9 [55.2-76.9]	48.9 [37.6-60.3]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Logistic regression not conducted due to lack of variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.9 because respondents who answered "I don't know" were not included here.

Table 7.11: Knowledge and support of specific approaches, Canada excluding the territories, aged 15+, 2004

Drug treatment courts are programs that provide court-supervised treatment for addicted users of cocaine or heroin who have been charged with drug offences. People receive a non-jail sentence instead of a jail sentence. Have you ever heard or read about drug treatment court programs?	**% [CI]**
Yes	34.7 [32.2-37.3]
No	64.5 [62.0-67.0]
Don't know	0.8Ω [0.4-1.4]
Do you support drug treatment court programs?	
Strongly support	42.6 [40.0-45.2]
Somewhat support	36.3 [33.8-38.8]
Somewhat oppose	6.3 [5.1-7.6]
Strongly oppose	7.7 [6.4-9.2]
Don't know	7.2 [5.9-8.7]
Harm reduction strategies are public health policies or programs intended to reduce the harm caused by drug use. These programs do not necessarily require users to stop their use. Have you heard or read about harm reduction strategies?	
Yes	20.2 [18.2-22.3]
No	77.8 [75.6-79.9]
Don't know	2.0 [1.3-3.0]
Do you support harm reduction strategies?	
Strongly support	24.8 [22.5-27.2]
Somewhat support	34.2 [31.8-36.7]
Somewhat oppose	11.6 [10.0-13.4]
Strongly oppose	11.2 [9.6-13.0]
Don't know	18.2 [16.2-20.3]

Table 7.11: (Continued)

Needle exchange programs provide clean needles to drug users in order to reduce the spread of infectious disease. Have you ever heard or read about needle exchange programs?	**% [CI}**
Yes	82.5 [80.2-84.5]
No	17.2 [15.1-19.4]
Don't know	s
Do you support needle exchange programs?	
Strongly support	45.9 [43.3-48.6]
Somewhat support	26.2 [24.0-28.5]
Somewhat oppose	7.4 [6.2-8.8]
Strongly oppose	15.9 [14.0-18.0]
Don't know	4.6% [3.6-5.9]
Methadone is a drug similar to morphine and heroin that is often used to treat heroin addiction. Have you ever heard or read about the drug methadone?	
Yes	64.2 [61.6-66.7]
No	34.9 [32.4-37.5]
Don't know	0.9 [0.5-1.7]
Methadone maintenance programs allow doctors to provide methadone as a safer substitute for heroin users in order to treat their addiction. Have you ever heard or read about methadone maintenance programs?	
Yes	54.7 [52.0-57.3]
No	44.0 [41.3-46.6]
Don't know	1.3 [0.9-2.1]
Do you support methadone maintenance programs?	
Strongly support	39.6 [37.1-42.2]
Somewhat support	38.3 [35.8-40.8]
Somewhat oppose	5.4 [4.4-6.5]
Strongly oppose	6.0 [4.8-7.4]
Don't know	10.8 [9.2-12.6]

Note: Q = qualified: interpret with caution; s = suppressed.

Table 7.12: Percentage of respondents reporting that they had heard about or support specific approaches, by demographic characteristics, Panel C, aged 15+, 2004

	Drug treatment court		Harm reduction strategies	
	Heard about % [CI]	Support† % [CI]	Heard about % [CI]	Support % [CI]
Canada - Overall	35.0 [32.5-37.6]	85.0 [82.9-86.8]	20.6 [18.6-22.8]	72.1 [69.5-74.6]
Sex			*	
Female (comparison group)	34.4 [31.1-37.7]	85.4 [82.9-87.6]	17.1 [14.8-19.7]	71.0 [67.5-74.2]
Male	35.6 [31.8-39.6]	84.5 [81.2-87.3]	24.3*(1.4) [21.0-27.9]	73.3 [69.2-77.0]
Age (comparison group is previous group)	**		**	
15-17	26.5 [17.6-38.0]	87.3 [77.2-93.3]	12.8 [7.4-21.2]	80.1 [67.9-88.5]
18-19	34.4 [22.4-48.9]	79.0 [65.7-88.1]	s	76.9 [61.5-87.5]
20-24	31.1 [23.1-40.5]	87.6 [81.3-92.0]	18.4 [12.8-25.7]	75.8 [67.6-82.5]
25-34	25.9 [21.0-31.4]	80.9 [75.6-85.3]	21.2 [16.5-26.8]	68.1 [61.8-73.8]
35-44	29.3 [24.3-34.8]	80.2 [74.3-85.0]	17.6 [13.8-22.1]	74.1 [68.2-79.3]
45-54	39.0**(1.7) [32.9-45.4]	86.4 [81.4-90.2]	27.9**(2.0) [22.4-34.2]	72.7 [66.0-78.5]
55-64	40.5 [33.8-47.6]	85.9 [79.7-90.5]	24.0 [18.5-30.6]	69.4 [61.8-76.2]
65-74	52.2*(1.7) [43.1-61.2]	95.2 [92.4-97.0]	17.2 [11.5-24.8]	70.8 [59.8-79.9]
75+	40.1 [28.8-52.5]	89.1 [81.9-93.7]	21.5 [13.1-33.2]	60.8 [44.8-74.8]
Location of Household				
Rural (comparison group)	36.7 [30.8-43.1]	85.6 [80.6-89.5]	20.9 [16.0-26.9]	73.8 [67.5-79.3]
Non-rural	34.7 [31.9-37.5]	84.8 [82.6-86.8]	20.5 [18.4-22.9]	71.8 [68.9-74.6]
Province (comparison group is Canada)			**	
Newfoundland and Labrador	29.9 [25.0-35.2]	84.0 [79.2-87.8]	17.6 [13.7-22.4]	72.0 [66.2-77.1]
Prince Edward Island	34.7 [29.5-40.3]	80.7 [75.5-85.0]	20.4 [16.1-25.4]	75.1 [69.3-80.1]
Nova Scotia	28.9 [23.9-34.4]	87.2 [82.5-90.7]	15.8*(0.7) [11.9-20.6]	72.8 [66.7-78.2]
New Brunswick	31.9 [27.1-37.1]	84.0 [79.7-87.6]	18.0 [14.1-22.7]	74.5 [69.1-79.3
Quebec	34.3 [29.2-39.8]	83.1 [78.4-86.9]	15.1*(0.7) [11.3-20.0]	64.6 [58.3-70.4]
Ontario	35.9 [30.7-41.3]	86.2 [81.8-89.6]	19.7 [15.6-24.4]	75.9 [70.3-80.7]

Needle exchange programs		Methadone	Methadone maintenance programs	
Heard about % [CI]	Support % [CI]	Heard about % [CI]	Heard about % [CI]	Support† % [CI]
82.8 [80.6-84.8]	75.6 [73.2-77.9]	64.8 [62.2-67.3]	55.4 [52.8-58.1]	87.3 [85.4-88.9]
		*		
82.1 [79.2-84.7]	75.9 [72.7-78.9]	65.5 [62.1-68.7]	54.2 [50.7-57.6]	86.4 [83.7-88.7]
83.5 [80.0-86.5]	75.3 [71.6-78.7]	64.0*(0.7) [60.0-67.9]	56.7 [52.6-60.7]	88.2 [85.4-90.5]
**		**	**	
55.5 [43.1-67.2]	69.7 [57.3-79.8]	22.5 [14.4-33.4]	14.3 [8.4-23.4]	85.7 [74.8-92.4]
60.8 [45.7-74.1]	74.9 [60.0-85.5]	47.5 [34.0-61.3]	38.9 [26.3-53.3]	79.3 [63.4-89.5]
72.6 [63.5-80.1]	71.6 [62.4-79.2]	57.3 [48.0-66.0]	42.6 [33.8-51.9]	82.4 [74.2-88.4]
83.2*(2.0) [77.8-87.4]	77.4 [71.7-82.2]	58.8 [52.5-64.7]	49.3 [43.2-55.4]	85.2 [80.5-88.9]
84.3 [78.7-88.6]	77.9 [72.4-82.5]	67.8**(1.7) [61.8-73.2]	60.0**(1.8) [54.0-65.7]	88.4 [84.0-91.6]
87.6 [82.2-91.5]	78.1 [72.1-83.1]	76.1**(2.1) [70.2-81.1]	68.1**(1.9) [61.8-73.8]	90.1 [86.0-93.2]
90.1 [84.6-93.8]	78.6 [72.0-84.0]	73.7 [66.9-79.5]	66.1 [59.1-72.5]	88.1 [81.9-92.4]
92.1 [85.6-95.9]	74.7 [65.6-82.0]	68.0 [58.8-75.9]	60.1 [50.7-68.7]	91.5 [86.0-94.9]
79.6*(0.4) [67.0-88.3]	62.3 [49.2-73.9]	57.2 [45.2-68.4]	39.6*(0.5) [28.6-51.8]	84.2 [71.6-91.8]
*				
85.9 [81.2-89.6]	77.3 [71.9-81.9]	58.6 [52.3-64.6]	48.5 [42.3-54.7]	86.4 [81.6-90.1]
82.3*(0.6) [79.8-84.5]	75.3 [72.6-77.8]	65.8 [62.9-68.5]	56.6 [53.7-59.5]	87.4 [85.3-89.2]
**	**	**	**	
65.0**(0.4) [59.5-70.1]	71.5 [66.2-76.3]	45.8**(0.6) [40.4-51.3]	37.5**(0.6) [32.3-43.1]	85.9 [81.2-89.6]
86.7 [82.3-90.1]	81.1*(1.4) [76.1-85.3]	63.7 [58.0-68.9]	53.9 [48.2-59.5]	88.9 [84.6-92.1]
86.3 [81.9-89.8]	74.2 [68.7-79.0]	67.0 [61.3-72.2]	57.2 [51.4-62.8]	87.9 [83.4-91.3]
78.3 [73.4-82.6]	71.9 [66.8-76.5]	55.7*(0.7) [50.3-60.9]	46.8*(0.7) [41.5-52.2]	88.0 [83.8-91.2]
84.2 [79.7-87.9]	83.2**(1.6) [78.6-86.9]	56.7**(0.6) [51.2-62.1]	49.7**(0.7) [44.2-55.3]	92.2 [88.5-94.8]
78.8**(0.6) [73.8-83.0]	72.3 [66.9-77.1]	64.8 [59.4-69.9]	54.2 [48.6-59.7]	87.3 [83.0-90.6]

Table 7.12: (Continued)

	Drug treatment court		Harm reduction strategies	
	Heard about % [CI]	**Support† % [CI]**	**Heard about % [CI]**	**Support % [CI]**
Manitoba	32.7 [28.6-37.0]	81.8 [78.0-85.1]	20.3 [16.9-24.2]	72.6 [67.9-76.7]
Saskatchewan	34.4 [29.2-40.0]	84.9 [80.3-88.7]	25.1*(1.4) [20.5-30.3]	71.3 [65.4-76.6]
Alberta	35.0 [31.5-38.7]	84.0 [81.0-86.5]	22.9 [19.8-26.2]	69.2 [65.3-72.8]
British Columbia	36.8 [33.7-40.0]	86.1 [83.5-88.3]	33.1**(1.7) [30.1-36.3]	74.7 [71.5-77.6]
Education			**	
Less than secondary (comparison group)	35.6 [29.5-42.1]	89.5 [85.8-92.3]	13.2 [9.7-17.8]	70.8 [64.0-76.8]
Secondary	31.3 [27.0-36.0]	81.9 [77.9-85.4]	18.3 [14.9-22.3]	71.5 [66.3-76.3]
Some post-secondary	37.1 [32.5-41.9]	83.7 [79.7-87.0]	19.7 [16.2-23.8]	70.9 [66.2-75.3]
University	36.1 [31.0-41.5]	87.1 [82.5-90.6]	28.2**(2.3) [23.6-33.3]	75.1 [69.5-79.9]
Marital Status				
Married/Partner (comparison group)	36.3 [32.9-39.8]	83.4 [80.5-85.9]	21.7 [18.9-24.7]	72.6 [69.2-75.8]
Divorced/Separated/Widowed	36.5 [30.4-43.0]	91.0 [86.6-94.1]	18.5 [13.9-24.2]	67.3 [59.5-74.2]
Single/Never married	31.3 [26.7-36.3]	84.4 [80.4-87.8]	19.5 [15.9-23.6]	74.0} [68.9-78.6]
Income Adequacy				
Lowest (comparison group)	37.2 [29.6-45.4]	84.6 [78.0-89.4]	12.5 [8.3-18.4]	73.4 [65.2-80.2]
Middle	37.0 [32.9-41.3]	86.7 [83.6-89.3]	21.7 [18.4-25.4]	70.1 [65.8-74.2]
Highest	33.8 [29.0-39.0]	83.7 [79.0-87.5]	24.7 [20.4-29.5]	76.5 [71.2-81.0]
Not stated	32.3 [27.7-37.3]	83.7 [79.6-87.1]	17.8 [14.3-22.0]	70.0 [64.3-75.2]
User-type (comparison group is previous group)	**		**	
Illicit drug	39.2 [33.1-45.7]	84.4 [79.1-88.6]	29.7 [24.1-36.0]	77.1 [71.1-82.1]
At-least-cannabis	36.0 [31.3-41.0]	86.8 [83.3-89.6]	24.2 [20.2-28.7]	74.8 [70.2-79.0]
Alcohol-only	34.4*(0.7) [30.8-38.2]	84.8 [81.7-87.4]	16.4**(0.5) [13.8-19.3]	68.7 [64.4-72.6]
Non-user	27.2 [19.1-37.1]	79.8 [68.8-87.6]	14.9 [8.9-23.7]	72.1 [61.0-80.9]

Note: * $p < 0.05$; ** $p < 0.01$.
† = Logistic regression not conducted due to low variability.
Adjusted odds ratio presented in brackets (OR) beside percentage only when significant.
Numbers differ from Table 7.11 because respondents who answered "I don't know" were not included here.

Needle exchange programs		Methadone	Methadone maintenance programs	
Heard about % [CI]	Support % [CI]	Heard about % [CI]	Heard about % [CI]	Support† % [CI]
80.9 [77.1-84.2]	71.8 [67.4-75.8]	59.9 [55.4-64.1]	49.7 [45.3-54.2]	85.2 [81.3-88.4]
88.0 [84.0-91.1]	68.9*(0.7) [63.3-74.0]	70.5**(1.5) [65.3-75.2]	61.0**(1.6) [55.4-66.2]	82.3 [77.1-86.5]
84.8 [82.0-87.3]	75.3 [71.8-78.5]	67.1 [63.5-70.5]	56.4 [52.7-60.1]	83.4 [80.4-86.1]
92.8**(2.7) [91.0-94.4]	76.0 [73.0-78.8]	81.5**(2.3) [78.8-83.9]	73.1**(2.1) [70.1-75.9]	82.9 [80.1-85.3]
**	**	**	**	
69.9 [63.4-75.6]	68.1 [61.8-73.8]	48.2 [41.8-54.7]	37.0 [31.0-43.6]	81.2 [75.6-85.7]
77.0 [72.2-81.2]	72.7 [67.9-77.0]	55.8 [50.8-60.7]	44.9 [40.1-49.8]	85.2 [81.1-88.6]
90.7**(4.0) [87.4-93.2]	76.5*(1.6) [72.0-80.5]	71.6**(1.8) [67.1-75.7]	63.1**(2.2) [58.4-67.5]	87.2 [83.7-90.1]
87.6**(3.5) [83.0-91.1]	82.4**(2.8) [77.6-86.3]	75.8**(2.7) [70.5-80.5]	68.7**(3.2) [63.2-73.7]	92.7 [89.3-95.0]
84.1 [81.1-86.7]	74.8 [71.6-77.8]	67.3 [63.9-70.6]	58.6 [55.1-62.0]	87.0 [84.3-89.2]
88.5 [83.0-92.4]	81.1 [75.4-85.7]	67.1 [60.6-73.1]	58.6 [51.9-65.1]	90.8 [87.3-93.4]
76.5 [71.8-80.7]	73.9 [68.9-78.3]	58.3 [53.2-63.3]	47.2 [42.1-52.3]	85.8 [81.7-89.1]
		*		
77.6 [70.0-83.8]	76.0 [68.8-82.0]	58.9 [50.9-66.5]	50.0 [42.0-58.0]	85.3 [79.2-89.8]
83.9 [80.2-87.0]	77.8 [74.0-81.3]	63.5 [59.3-67.6]	56.4 [52.1-60.6]	86.1 [82.7-88.9]
88.9 [84.6-92.2]	79.7 [74.9-83.8]	75.8 [70.7-80.2]	64.9 [59.4-69.9]	92.5 [89.8-94.5]
77.1 [72.2-81.3]	67.7 [62.5-72.6]	57.8 [52.6-62.8]	46.7 [41.6-51.9]	84.0 [79.4-87.8]
**	**	**	**	
89.6 [84.1-93.3]	86.7 [81.9-90.4]	80.4 [75.1-84.8]	74.1 [68.4-79.1]	86.8 [82.4-90.3]
86.9 [83.0-90.0]	76.6**(0.5) [71.9-80.7]	70.7**(0.5) [66.0-75.0]	58.4**(0.4) [53.4-63.2]	89.4 [85.9-92.1]
81.1**(0.4) [77.8-84.1]	73.5 [69.9-76.8]	60.1**(0.5) [56.3-63.9]	50.3**(0.6) [46.4-54.1]	87.2 [84.4-89.6]
57.4**(0.4) [46.3-67.9]	54.1**(0.5) [42.6-65.2]	30.8**(0.3) [22.6-40.5]	30.0**(0.5) [21.5-40.1]	78.2 [66.0-86.9]

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