



Canadian Centre
on Substance Use
and Addiction

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Bringing Expertise to Needed Systems Change

A STARTING PLACE

**Understanding Systematic Stigma Barriers
to Knowledge About Substance Use Health
and Associated Services in Canada**

2024





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RATIONALE FOR THIS SURVEY

In Canada, 76% of people (ages 15 years and older) consume alcohol, tobacco and other substances across a spectrum of use - socially and medically, with lower risks and higher risks, and to the point of a disorder (Statistics Canada, 2019). The vast majority do not have substance use disorder (SUD), commonly referred to as “addiction.” The most recent statistics put 4.4% of Canadians (ages 12 years and older) as meeting the criteria for SUD (Huỳnh et al., 2022).

Literature, best practices and media narratives can be readily found for people with SUD. Much less is known about how we do or do not support the health of everyone else in Canada who uses substances. For instance, in a global scan of standard health literature databases from 1946 to present, only nine articles moved beyond a focus on SUD to consider the health and information needs of the broader population when it comes to their substance use (CAPSA & Ottawa Public Health, 2024).

This survey is a first step to quantify the health service and knowledge gap across the spectrum of substance use (including non-use). It is meant to stimulate discussions about an equitable and cost-effective allotment of resources that could improve the health of more people regarding their substance use. Given the wide-ranging impacts of substance use and the contributions that can be made to narrow the knowledge gap across sectors, the audiences for this study are broad and include the general public, researchers, health service providers, policy makers and the media.

METHODS

The survey was designed and analyzed by CAPSA, an organization led by systemic stigma experts who also have lived and living experience with substance use, as well as the Canadian Centre on Substance Use and Addiction (CCSA), a nongovernmental organization that provides national leadership on substance use. The survey was administered by Leger, a market research and analytics company, which conducted a cross-Canada poll of 4,023 people from December 2022 to January 2023.

CAPSA led the development of 24 survey questions, based on its expertise of systemic stigma in the health-care system. Specifically, the survey sought answers to the following questions:

- Where does the general population turn to for information about substance use and health
- Who do they talk to if they have questions or need help
- Are they are being offered services to support their needs, regardless of how much or what type of substance they use

KEY FINDINGS

Survey responses show that most respondents believed they are making healthy decisions about their substance use: 86% self-identified with substance use that involves no risk, low risk, or benefits to their health (e.g., non-use, social use, medical use); 4% reported problems occurring because of their substance use; 3% have self-diagnosed disorders; and 1% have been medically diagnosed with SUD by a health-care professional.

However, a deeper look at the data raises questions about where average Canadians are turning to for health information about their substance use and whether these sources accurately inform perceptions about healthy consumption. Below are the main findings of the survey.

1. Substance Use Health is an important issue to survey participants

- 78% believe Substance Use Health is an urgent issue
- 80% believe individuals need more access to Substance Use Health information and services to increase lifelong wellness

2. Most respondents reported getting their information about substance use from outside the health-care system

- 49% turn to the media, 37% read studies, 34% consult family and friends, and 29% consult their health-care providers
- Three times as many respondents relied on a self-diagnosis of SUD than on the diagnosis made by a health-care professional
- When asked how they “knew they had a disorder,” the most common responses were one or more of the following:
 - “I know what a disorder looks like” (38%)
 - “I did my own research” (33%)
 - “I talked to family and friends” (15%)

3. More than a fifth of people who completed the survey had a false belief about substance use

- 21.6% believe “addiction [substance use disorder] is a choice”

4. According to those surveyed, health-care providers are not asking about substance use

- 62% of those surveyed have never been asked about their substance use by a health-care provider
- 79% have never received any direct support (e.g., education, advice, strategies to maintain health or reduce harms) or did not think the question applied to them

5. The majority of those surveyed have not asked their health-care providers about their substance use

- 83% have never asked their health-care providers about their substance use. When asked why, the most common responses include:

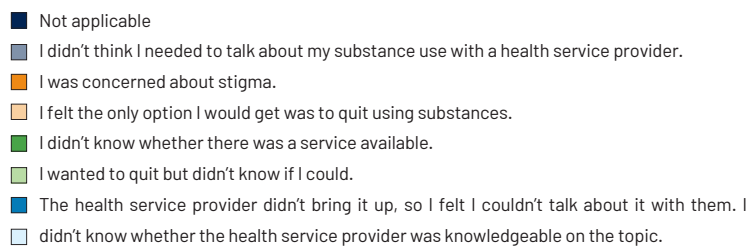


Figure 1: Why survey respondents do not talk to their health-care provider about substance use

6. Most people surveyed do not talk about substance use

- 86% of those surveyed have never spoken to someone about how they personally overcame issues related to their substance use
- 64% have never heard about how someone overcame their substance use issues to achieve better health or other beneficial outcomes

7. Less than a third of those surveyed knew where to go for help if they needed it

- 29% of those surveyed reported knowing where to turn if they wanted to “change or manage their substance use in some way”
- Of the 29% who did know where to go, only 0.7% thought their doctor could help them

8. Most survey respondents think they have enough information to make informed decisions

- 76% believe they personally have enough information about their health and substance use
- 79% believe they do not have any reason to talk to their health-care provider about their substance use - or the question does not apply

SUMMARY

The data suggests that there is very little health information or services available for people who do not have substance use disorder and that people do not know where to go to find this information or they do not feel they need it. Outside of a disorder, substance use and health are distinctly separate conversations, usually held with family and friends, online or through the media and not with health-care professionals. These conversations are largely focused on illness. Incomplete or questionable information about substance use from outside the health-care system contributes to false beliefs (e.g., stigma), which are barriers to care for anyone seeking support.

WHY DO THESE FINDINGS MATTER?

Two recent examples show how silence on Substance Use Health for people without disorders presents significant concerns.

Uninformed decision-making about the health risks of substance use

In January 2023, the CCSA released updated guidelines on alcohol consumption and health: No amount of alcohol is healthy, but if you are going to drink, 3 to 6 standard drinks per week have a moderate risk and 7 or more standard drinks per week put Canadians at a high risk of premature death. The causes of death include not only liver disease but multiple cancers, stroke, heart disease, diabetes, epilepsy, tuberculosis, lower respiratory infections, hypertension, and several types of injuries.

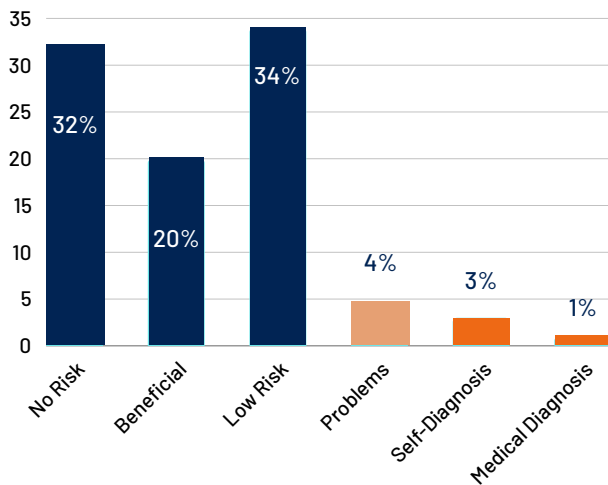
Canada's Guidance on Alcohol and Health, 2023



Figure 2: Canada's Guidance on Alcohol and Health (Canadian Centre on Substance Use and Addiction, 2023)

Forty percent of Canadians fall into this high risk category and 17% fall into the moderate risk category (Paradis, et al. 2023). When we juxtapose this combined 57% with the 86% of survey respondents who believe their substance use is healthy or low risk, we see a clear discrepancy between what survey respondents believe about the risks of their substance use and the actual risks. The graphs below highlight this discrepancy.

Self-Reported Substance Use Risk of Survey Participants



Actual Substance Use Risk (Alcohol)

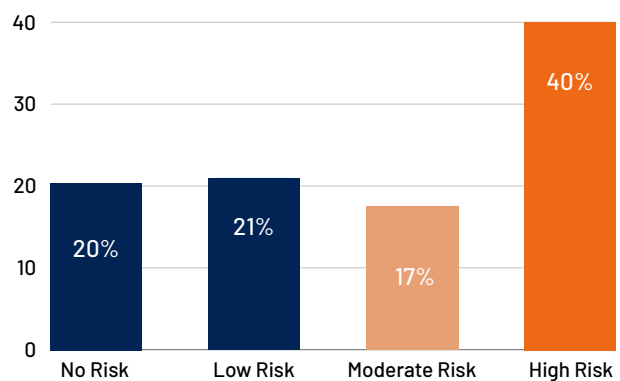


Figure 3: Self-reported and actual risks of substance use

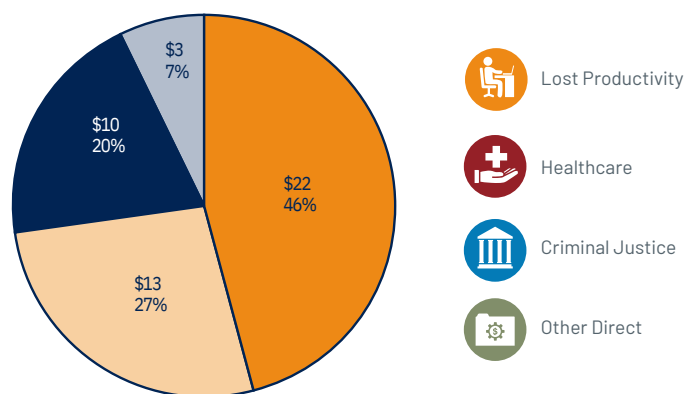
This discrepancy presents a clear need for minimum expectations around basic and accurate information about effects substances have on health so a) people can decide for themselves the level of risk they are willing to tolerate, and b) policy makers can accurately, equitably and cost-effectively respond to health issues arising from substance use across the spectrum.

The costs of substance use on the health of the economy

The most recent report on the Costs of Substance Use in Canada (2020) sheds light on the total costs associated with substance use in the general population, including but not limited to people with substance use disorder. The report puts the total cost of all substance use at \$49.1 billion per year. Over 25% of the total costs (\$13.4 billion) were for health care.

Often overlooked, however, is the source of the largest total cost of substance use: the lost productivity of statistically “average” consumers of substances from the general population, which far outweighs health-care costs by \$9 billion annually (Canadian Substance Use Costs and Harms Scientific Working Group, 2020). Again, this example shows the considerable losses associated with the 86% of people who consider their use of substances to be healthy (when it may or may not be). It also presents a case for more targeted education initiatives that move beyond people with substance use disorder or who are at risk of developing one.

The Costs of Substance Use in Canada



The four substances associated with the largest costs were (in order):

- Alcohol: \$19.7 billion or 40.1% of the total costs
- Tobacco: \$11.2 billion or 22.7% of the total costs
- Opioids: \$7.1 billion or 14.4% of the total costs and
- Cocaine: \$4.2 billion or 8.5% of the total costs

Figure 4: The Costs and Harms of Substance Use in Canada (Canadian Substance Use Costs and Harms Scientific Working Group, 2020)

CONCLUSIONS

The purpose of this survey was to capture baseline knowledge about Substance Use Health and associated services among the general population in Canada. Specifically, it sought to answer the following questions:

Where does the general population get their substance use and health information and who do they turn to for help?

The short answer is not the health-care system. The overwhelming majority – the general public and health-care providers alike – do not talk about substance use until there is a perceived problem. Survey respondents were far more likely to turn to the media, the internet and family and friends than a health-care provider for a diagnosis, for advice or to ask questions.

The result of relying on information outside the health-care system is an overemphasis of extremes: illness on the one hand (“addiction”) and “healthy” use on the other. This polarizing narrative overshadows the health and financial costs associated with the largest proportion of people who use substances and who are between the extremes. Consequently, what this population believes about their use versus what the scientific evidence proves is not congruent.

Are Canadians being offered services to support their health, regardless of what type of substance they use or how much they use?

The short answer is no, unless you are among the 1% of survey respondents with a diagnosed disorder (and even then, the wait lists are often long). Crisis is the entry point for health services when it comes to substance use. Most people believe their substance use is healthy and the risks of their use are low or nonexistent. This belief, in part, comes from the failure of the health-care system to even discuss it.

RECOMMENDATIONS

The results of this survey show clear gaps when it comes to knowledge about and information on substance use and health. Little to no information leads to false beliefs about substance use and uninformed decision-making. These barriers to care are systemically created and can be systemically reversed with some relatively quicker wins than the course we are currently on. Given the diverse contributions that can be made to narrowing the knowledge gap, these recommendations apply to a broad audience that includes the public, researchers, service providers across sectors and policy makers:

- 1. Make any entry point the right entry point. Raise an awareness of Substance Use Health anywhere along the spectrum as a health-care provider in any sector, researcher, policy maker, family member or friend, just as you would with physical health and mental health.**
- 2. Provide basic and accurate health information about the substances people living in Canada are using and raise an awareness of existing resources.**
- 3. Question inaccurate or incomplete narratives about substance use in the media and literature and among family and friends. Contribute to spreading more accurate and complete narratives in your life and work.**
- 4. Talk about substance use and health, not only substance use disorder.**

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