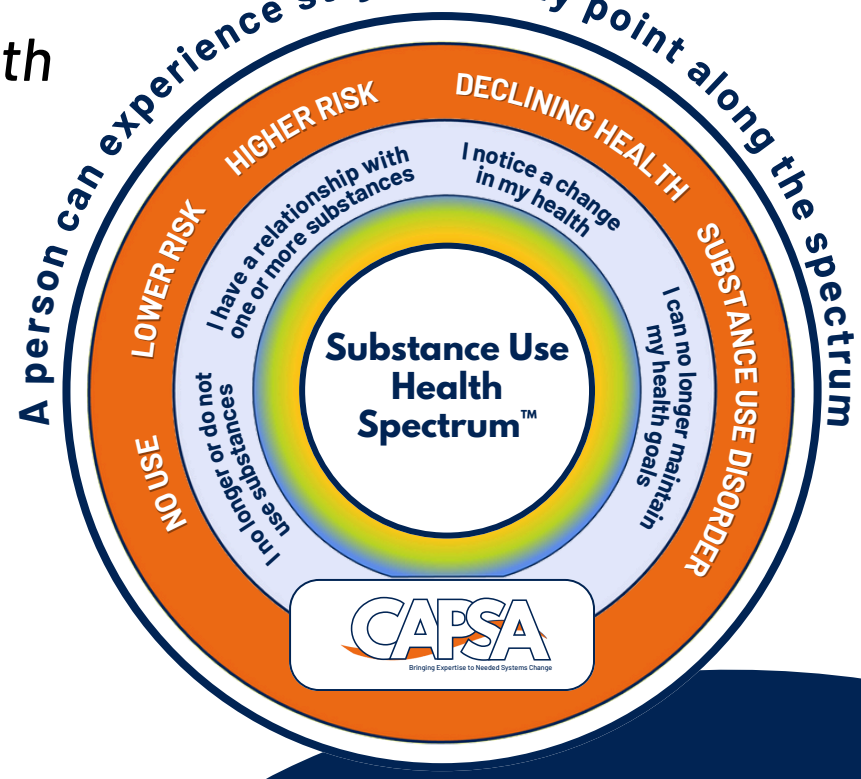
National Survey

Recommendations to Improve Access to Substance Use Health Information and Supports in Canada



2025

Peters, B., De Moor, C., Garner, G., Williamson, L., & Epp, T. (2025). *Recommendations to improve access to Substance Use Health information and supports in Canada.* Ottawa, Ont.: CAPSA and Canadian Centre on Substance Use and Addiction.

Table of Contents

Executive Summary

In January 2023, CAPSA and the Canadian Centre on Substance Use and Addiction (CCSA) conducted a national survey of more than 4,000 people living in Canada to explore how much people know about their substance use and health (Substance Use Health). Participants represented the full spectrum of Substance Use Health, including non-use, low-risk use, high-risk use, and substance use disorder (SUD). The survey revealed overwhelming support for more access to health information and supports — no matter how much or what type of substance they used or wellness pathway they were on. 80% believed this need for access was urgent.

In June 2024, CAPSA and CCSA went back to the public with a follow-up survey. This time, we asked more than 2,000 people living in Canada for concrete recommendations to make it easier to access the kinds of health information and supports they needed.

- Respondents strongly supported integrating Substance Use Health into routine primary care, with 78% wanting to talk about substance use with their family doctor, nurse practitioners or clinician, and 75% favouring centralized hubs for assessments and referrals.
- Compassionate care is also critical. 77% wanted safe, empathetic spaces to discuss substance use in health-care settings without fear of conditions or consequences.
- Most people emphasized the need for proactive supports across the spectrum of use, with 83% advocating for resources to maintain health, not just to treat illness.
- Health-care professionals echoed these needs, with 88% asking for better training to understand the links between substance use and overall health, and how to support individuals without SUD who still need care.

These recommendations provide a framework to move toward more health-focused solutions that reduce stigma and reach more people living in Canada.

Why This Matters

In Canada, 76% of people reported using alcohol, tobacco and other substances (Health Canada, 2023; Statistics Canada, 2023). Despite widespread use, 83% of people living in Canada have never discussed their substance use with a health-care provider, and 62% have never been asked by one (Peters et al., 2024). The public and political discourse continues to prioritize SUD (addiction) and crises, with health promotion and population-level health often on the periphery (Canadian Drug Policy Coalition, n.d.; Epp et al., 2024; Ottawa Public Health & CAPSA, 2021; Senate of Canada, 2023).

The consequences are costly. By framing substance use solely through the lens of disorder, we create barriers that separate "us" and "them." This approach strips substance use of its broader health context, leaving most people living in Canada unrepresented and unsupported, and leaving people who need help with more shame and fear. Addressing substance use as a shared health issue — not a separate crisis — is critical to improving the health outcomes of more people in Canada.

Introduction

In Canada, 21 million people aged 18 years and older (76%) use alcohol, tobacco, and other substances (Health Canada, 2023; Statistics Canada, 2023). Given this prevalence, CAPSA and the Canadian Centre on Substance Use and Addiction (CCSA) conducted a national poll of people living in Canada to explore what they know about the effects of substance use on health (Substance Use Health) and where they go if they have a question or need support. Respondents were drawn from across a spectrum of use — non-use, low to high-risk use, and substance use disorder (SUD), as shown in Figure 1.

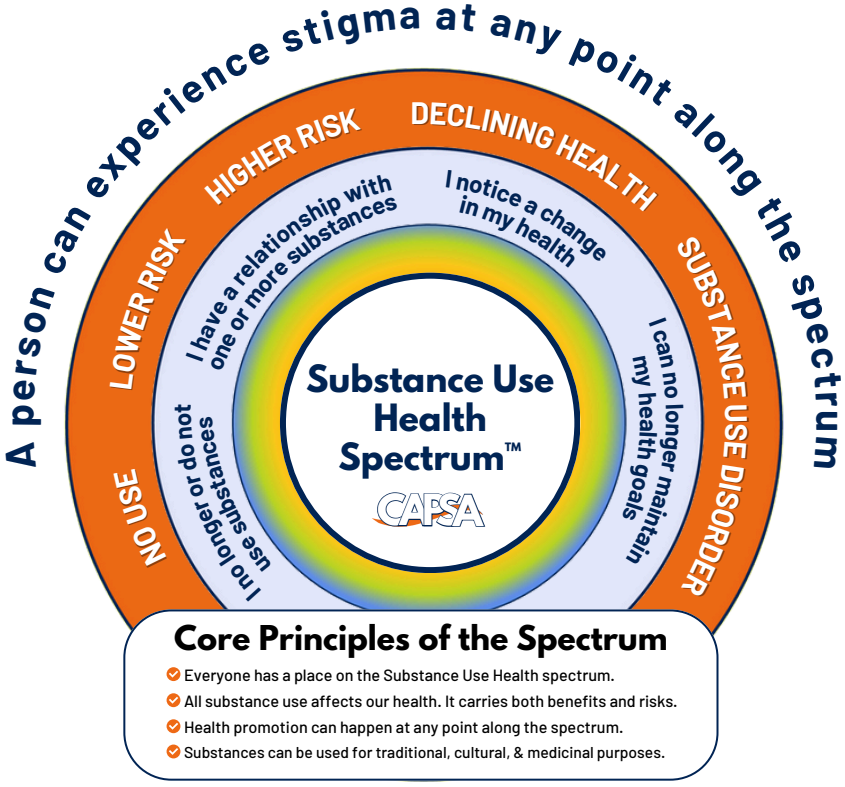


Figure 1: Substance Use Health Spectrum™, CAPSA, 2024
Refer to Appendix A for a long description of this graphic.

The first survey (Peters, et al., 2024) revealed 3 broad findings.

1. Most people do not make the connection between substance use and their health. 83% had never asked their health-care provider about their substance use, and 62% had never been asked about it by a health-care provider. Most respondents turned to the media (49%), their own research (37%), and family and friends (34%) for advice, with fewer than 1% choosing their doctor as a source of information.

2. Health literacy is low in Canada. 22% of respondents believe an SUD is a choice, not a health condition. 86% did not know that consuming more than 6 drinks per week puts them at increasingly high risk of developing heart, brain, and liver conditions. Among respondents who identified as health professionals, 86% also did not know.

3. Survey respondents overwhelmingly wanted access to more health information and supports on substance use. 78% believe Canadians need more education, information, and supports. 80% see it as an urgent issue, with 83% wanting health promotion supports available across a spectrum of use, not only SUD.

The second survey — the focus of this report — is a follow-up to the first. From June 17 to 24, 2024, 2,000 people living in Canada were asked to share their ideas about what would make it easier for them to ask for and receive support for their Substance Use Health.

Their recommendations include:

- integrating Substance Use Health into primary care,
- expanding public health education,
- increasing the capacity of health-care workers to provide compassionate care,
- improving data collection and research, and
- enhancing workplace benefits.

These recommendations call on governments, health-care providers, employers, and the public to collaborate to create a system that prioritizes health, reduces stigma, and increases access to comprehensive Substance Use Health services.

Methods

The survey was conducted online from June 17 to 24, 2024, using a 15-minute questionnaire developed by CAPSA and CCSA in collaboration with Leger, the largest market research company in Canada. The questionnaire included 20 questions to explore the public's knowledge of and practices around Substance Use Health, and recommendations to improve access to information and supports.

The research team used a mixed-methods approach, incorporating Likert-type scale questions, multiple-choice prompts, and open-ended questions to capture quantitative and qualitative insights. Optional demographic questions were included to identify participant location, community type, age, gender identity, sexual orientation, ethnicity, employment status, income, and household composition.

Respondents were recruited using stratified random sampling to ensure a representative sample of people aged 18 years and older.

Data was weighted to align with the 2021 census, ensuring representation across key demographics to increase the generalizability of the findings to the broader population.

The survey included 2,014 participants, with 80% completing the English version and 20% completing the French version. 51% identified as women and 48% as men. Most respondents were of European descent (76%), with 47% working full-time, with others part-time, retired, unemployed, or students. Most participants resided in urban (43%) or suburban (36%) areas, primarily in Ontario (39%), Quebec (22%), British Columbia (14%), and Alberta (11%). Ages ranged from 18 to 96 years, with 96% between 20 and 69 years old. Sexual orientation was predominantly heterosexual (88%). Additionally, 8% of respondents identified as health-care professionals.

Main Findings

1. **Respondents wanted Substance Use Health services to be offered as part of routine primary care.**
   - 78% wanted to be able to ask a family doctor, community clinic, or nurse practitioner about their substance use before seeking more intense supports.
   - 74% would rather not walk through a separate "addiction services" door.
   - 75% supported a centralized hub for assessments and referrals in primary care; 91% of health-care professionals agreed that these hubs would improve service delivery.

2. Health-care professionals recognized the need for more training on Substance Use Health.

- 88% wanted to better understand how physical and mental health conditions affect Substance Use Health and vice versa (e.g., the links between substance use and cancer, dementia, anxiety, pain management).
- 88% needed guidance about how to talk about substance use in a health-focused, non-stigmatizing way.
- 83% wanted to learn how to support someone *without* an SUD who still requires support.

3. When asked what would make it easier for people to ask for information or support, the following responses were provided.

a. Supports across a spectrum of use and wellness pathways

- 83% wanted access to proactive health supports to maintain or improve Substance Use Health, not just to manage illness or problems.
- 80% wanted service providers who can refer them to appropriate supports if more help is required.
- 78% felt it should be acceptable to ask about substance use without needing to identify as having an SUD.
- 75% want access to, and the ability to choose from multiple wellness pathways (e.g., education, counselling, peer support, medication).

b. Compassionate care practices

- 82% of respondents said they believed it is important that health-care providers understand the effects of stigma on health outcomes.
- 77% wanted to feel comfortable speaking openly about their substance use without fear of judgment, discrimination, conditions or consequences.
- 77% indicated that they valued feeling safe, cared for and treated with empathy.
- 76% wanted to feel reassured that it is OK to revisit their health-care provider if their wellness plan is not working.
- 78% and 75% of respondents would like assurance that they will not be turned away for symptoms deemed either “too severe” or “not severe enough”, respectively.

c. Complementary public health initiatives

- 80% would like access to widely available public information about the benefits and risks of any type or level of substance use.
- 73% supported explicit product labelling for substances sold in stores (e.g., standard serving, ingredients, benefits, risks).
- 58% believed access to workplace health benefits and supports would improve health outcomes and productivity.

Discussion

The survey revealed strong support for a health-focused approach to substance use, emphasizing the need for education and integrated supports across a spectrum, particularly in primary care settings. Achieving the recommendations, provided in the next section, will require considerable changes in policies, funding priorities and public perceptions.

Insufficient funding and data gaps remain significant barriers, with most provinces allocating less than 10% of federal health transfers to mental health and Substance Use Health services (Canadian Alliance on Mental Illness and Mental Health, 2024). Federal research funding is also limited, with only 1% of the annual $1 billion health research budget allocated to Substance Use Health. This research focuses mostly on SUD and crises, leaving key areas like population health largely unexplored (Canadian Institutes of Health Research, 2024). National data collection is similarly inadequate, often excluding community-based and private services, which limits planning capacity and resource allocation to meet population needs (Canadian Alliance on Mental Illness and Mental Health, 2024).

Compounding these challenges are persistent public stigma and outdated beliefs about substance use. These misconceptions are reinforced on social media, where a recent analysis of Reddit discussions in major Canadian cities found that 75% of posts included discriminatory language, stereotypes or blame toward individuals with SUD, with little discussion of health (Epp et al., 2024). Addressing these systemic and social barriers is critical to improving support for Substance Use Health in Canada.

Study Limitations

The online survey format excluded individuals without internet access or digital literacy, which may have introduced bias. Self-selection bias from Leger's panel, while controlled for through stratified sampling, may still not fully represent the general population. Limited regional representation posed another constraint, particularly from the territories and smaller population groups. Language constraints restricted participation to English and French speakers, potentially excluding people more comfortable in other languages. Finally, voluntary panel membership may have introduced non-random sampling biases.

Conclusion

Overall, these findings emphasize the need for a co-ordinated response to address Substance Use Health across all sectors. Bridging the gap between substance use and health will require systemic changes, as outlined in the following recommendations. By shifting the focus from crises and addiction to a comprehensive health lens, the recommendations have the potential to reduce stigma, improve health outcomes and ensure that everyone living in Canada — regardless of their substance use — feels represented and supported.

Recommendations

The recommendations provide a clear and actionable framework for addressing long-standing gaps. Some of these emerge directly from survey respondents; others are the underpinning policies and resources necessary to support them.

Increase Resources for Substance Use Health
(Federal and provincial governments)

- Allocate a larger proportion of federal health transfers to address Substance Use Health.
- Review and update the language and resources dedicated to health promotion in existing substance use strategies (e.g., *Canadian Drugs and Substances Strategy*).

Improve Data Collection and Reporting
(Canadian Institute for Health Information)

- Expand data collection to include community-based and private Substance Use Health services.
- Establish standardized metrics to track Substance Use Health outcomes, funding and service access.
- Publish targeted, accessible annual reports on Substance Use Health to inform systems planning, policy and program development.

Integrate Substance Use Health into Primary Care
(Health planners and providers)

- Provide clear guidelines and protocols for integrating Substance Use Health into primary care pathways.
- Embed routine screening to normalize discussions and improve early identification of needs.
- Develop centralized hubs for assessments and referrals for supports tailored to individual needs.

Enhance Education and Training for Health-Care Providers
(Health planners and providers, colleges, universities and training institutions)

- Offer continuing education programs on the links between Substance Use Health, physical health and mental health (e.g., substance use and cancer, dementia, pain management).
- Equip providers with tools for discussing Substance Use Health and directing patients to appropriate services if more support is needed.
- Train health-care providers on the impact of stigma on patient outcomes, emphasizing the importance of empathy and nonjudgmental communication.
- Include multiple wellness pathways in care, encouraging patient autonomy and choice.

Expand Public Health Education and Campaigns
(Public health agencies and community based organizations)

- Launch national campaigns on the risks and benefits of substance use across a spectrum of use and wellness pathways.
- Create accessible resources that challenge stigmatizing beliefs and include Substance Use Health as part of overall wellness.

Dismantle Stigma in Public Discourse
(Public health agencies, community based organizations, and civil society)

- Promote accurate and balanced portrayals of people who use substances in the media.
- Partner with social media platforms to reduce discriminatory language and inaccurate information.

Strengthen Research on Substance Use Health
(Canadian Institutes of Health Research, other research funding agencies, and academic institutions)

- Fund studies on the connections between Substance Use Health and population health, including health promotion across a spectrum of use and wellness pathways.

Improve Workplace Supports for Substance Use Health
(Employers, unions and employee assistance programs)

- Include Substance Use Health in workplace wellness programs and benefits packages, such as counselling, education and peer support.

References & Resources

References

Canadian Alliance on Mental Illness and Mental Health. (2024, February 9). *Submission to federal government's Let's Talk Budget 2024.* https://www.camimh.ca/_files/ugd/b625ef_3ef18260c78b459c974f0c23b70e906a.pdf

Canadian Drug Policy Coalition. (n.d.) The history of drug policy in Canada. [Summary based on Boyd, S. (2017). *Busted: An illustrated history of drug prohibition in Canada.* Halifax, N.S.: Fernwood Publishing. https://drugpolicy.ca/about/history/

Canadian Institutes of Health Research. (2024, August 19). Research in substance use: Funding. https://cihr-irsc.gc.ca/e/50930.html

Epp, T., Peters, B., Bartram, M., Gabrys, R., Weekes, J., Bacon, B., & Hellemans, K. (2024). A mixed methods approach to analyzing Reddit discussions on substance use, stigma, and policy in Canada. [Manuscript in preparation].

Health Canada. (2023). *Canadian Alcohol and Drugs Survey (CADS): summary of results for 2019.* Ottawa, Ont.: Government of Canada. https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html

Ottawa Public Health & CAPSA. (2025). The spectrum of substance use. Ottawa, Ont.: Authors. https://www.ottawapublichealth.ca/en/public-health-services/resources/Images/mentalhealth/Spectrum-EN-2025.png

Peters, B., Garner, G., & Williamson, L. (2024). *A starting place: Understanding systemic stigma barriers to knowledge about Substance Use Health and associated services in Canada.* Ottawa, Ont.: CAPSA and the Canadian Centre on Substance Use and Addiction. https://capsa.ca/2023/wp-content/uploads/2024/05/ENGLISH-Starting-Place-Understanding-System-Stigma-Barriers-compressed-1.pdf

Senate of Canada. (2023). Health-centred approach to substance use bill, Bill to amend--Second Reading--Debate Continued, March 28, 2023. https://sencanada.ca/en/senators/coyle-mary/interventions/602779/32.

Statistic Canada. (2024, October 2). A snapshot of alcohol consumption levels in Canada: Half of Canadian adults reported not drinking any alcohol in the past seven days, 2023. *The Daily.* Ottawa, Ont.: Government of Canada. https://www150.statcan.gc.ca/n1/daily-quotidien/241002/dq241002a-eng.htm

Statistics Canada. (2023). *Canadian Tobacco and Nicotine Survey*. Ottawa, Ont.: Government of Canada. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=1492763

Resources

Budden, F., Esposti, A., & Brimacombe, G. (2024, Oct. 7).. Governments must remove barriers to improve access to mental health and substance use services: Now is the time to take action to support the mental and substance use health of Canadians. *The Hill Times*. https://www.hilltimes.com/story/2024/10/07/governments-must-remove-the-barriers-to-improve-access-to-mental-health-and-substance-use-health-care/436443/

Canadian Alliance on Mental Illness and Mental Health (2024, December) *Take the money and run? How accountable are the provinces and territories in spending federal funding on mental health & substance use health care? A review of 2023 and 2017 bi-lateral funding agreements for mental health & substance use health services, 2023/24 – 2025/26*. https://www.camimh.ca/_files/ugd/b625ef_cef0e2066ed24254b610ffb623ee223b.pdf

Canadian Public Health Association. (2024). Framework for a public health approach to substance use. https://www.cpha.ca/framework-public-health-approach-substance-use#:~:text=CPHA%20understands%20a%20public%20health,harms%20and%20maximizing%20potential%20benefits

Canadian Substance Use Costs and Harms Scientific Working Group. (2023). *Canadian substance use costs and harms 2007–2020.* (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. https://csuch.ca/resources/costs-and-harms/

CAPSA. (2024). Healthy workplace services suite. Ottawa, Ont.: Author. https://capsa.ca/services/healthy-workplaces/

CAPSA. (2024). What do we mean by Substance Use Health? Ottawa, Ont.: Author. https://capsa.ca/2023/wp-content/uploads/2024/10/Substance-Use-Health-Spectrum-Poster-Oct2024.pdf.

CAPSA (2023). Compassionate care: Deepening the practice. CAPSA. Ottawa, Ont.: Authors. https://capsa.ca/training/compassionate-care-deepening-the-practice/

CAPSA. (2020). Understanding Substance Use Health: A matter of equity. Ottawa, Ont.: Author. https://capsa.ca/2023/wp-content/uploads/2023/11/CAPSA-Substance-Use-Health-EN-1.pdf

CAPSA & Ottawa Public Health. (2022). Environmental scan of Substance Use Health in the literature [Manuscript in preparation]. Ottawa, Ont.: Authors.

Carleton University Mental Health and Wellness. (n.d.). Substance use health: What is substance use health? https://wellness.carleton.ca/substance-use-health/substance-use-health/

Department of National Defence. (2012). The mental health continuum model. Ottawa, Ont.: Government of Canada. https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness/mental-health-continuum-model.html.

EQUIP Health Care. (n.d.). Substance use health. https://equiphealthcare.ca/resources/equity-essentials/substance-use-health/

Health Canada. (2018). Pillars of the Canadian drugs and substances strategy. Ottawa, Ont.: Government of Canada. https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html.

Health Canada. (2022). *Substance use spectrum*. Ottawa, Ont.: Government of Canada. https://www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-spectrum-infographic.html.

Health Canada. (2019). *What we heard. Strengthening Canada's approach to substance use issues.* Ottawa, Ont.: Government of Canada. https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/what-we-heard-strengthening-approach-substance-use-issues/What-We-Heard-Report-Opioids-EN.pdf.

Huỳnh, C., Kisely, S., Rochette, L., Pelletier, É., Morrison, K. B., Li, S.,... Lesage, A. (2022). Measuring substance-related disorders using Canadian administrative health databanks: Interprovincial comparisons of recorded diagnostic rates, incidence proportions and mortality rate ratios. *Canadian Journal of Psychiatry*, 67(2), 117–129. https://doi.org/10.1177/07067437211043446

Leger. (2024, June 28), The next step: Moving from knowledge to action on substance use health in Canada survey. Methodology report.

Meister, S. R. (2018). *A review of workplace substance use policies in Canada: Strengths, gaps and key considerations.* Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. https://www.ccsa.ca/review-workplace-substance-use-policies-canada-strengths-gaps-and-key-considerations

Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, & Community Addictions Peer Support Association. (2023). *Summary report: Experience and expertise of people with lived and living experience on the integration of mental health and substance use health services in Canada.* https://capsa.ca/2023/wp-content/uploads/2024/12/CAPSA-SummaryReport-EN.pdf

Ottawa Public Health. (2025). have THAT talk about substance use health. Ottawa, Ont.: Author. https://www.ottawapublichealth.ca/en/public-health-services/have-that-talk-about-substance-use-health.aspx.

Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). *Canada's guidance on alcohol and health: final report*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. https://ccsa.ca/canadas-guidance-alcohol-and-health-final-report

Standards Council of Canada. (2024). *The mental health and substance use health standardization roadmap.* Ottawa, Ont.: Author. https://scc-ccn.ca/resources/publications/mental-health-and-substance-use-health-standardization-roadmap.

Appendix A

The Substance Use Health Spectrum, which is trademarked by CAPSA, is at the centre of a circle with rings around it. Around the outside of the outer ring are the words a person can experience stigma at any point along the spectrum. The outer ring includes the words no use, lower risk, higher risk, declining health and substance use disorder. In the middle ring are the words I no longer or do no use substances, which is aligned with no use in the outer ring. Beside it are the words I have a relationship with one or more substances, which aligns with lower risk and higher risk in the outer ring. Next in the middle ring are the words I notice a change in my health, which aligns with declining health in the outer ring. The middle ring ends with the words I can no longer maintain my health goals, which aligns with substance use disorder. In a rounded box at the bottom of the spectrum are the words core principles of the spectrum:

- Everyone has a place on the Substance Use Health Spectrum.
- All substance use affects our health. It carries both benefits and risks.
- Health promotion can happen at any point along the spectrum.
- Substances can be used for traditional, cultural, & medicinal purposes.

Return to Figure 1.