

Canadian Addiction Survey (CAS)

*A national survey of Canadians' use
of alcohol and other drugs*

Prevalence of Use and Related Harms

November 2004

HIGHLIGHTS



Health
Canada

Santé
Canada



Canadian Executive Council on Addictions
Conseil exécutif canadien sur les toxicomanies



CCSA - CCLAT

Errata: CAS Highlights

August 2007

The CAS included a brief six-item screener to measure problematic drug use. The screener, the ASSIST, was developed by the World Health Organization.

An error was recently found in one symptom (represented by two items: CNAS5 and ASSIS5) of the ASSIST scale. Properly stated, the question is "Have you ever tried [AND FAILED] to control, cut down or stop using cannabis, marijuana or hashish (or other drugs). The phrase "and failed" was not asked of respondents. This error, in turn, affects the following derived variables: ASISTCAN, ASISTCN3, ASISTCN2, ASISTIL and ASISTIL3.

NOTE: A small study to assess the impact of the missing "and failed" phrase suggested that estimates with the missing phrase underestimate the standard ASSIST item, but total scores and their cutoffs do not differ significantly between the two versions. This error should not affect estimates of subgroup differences (i.e., sex, age and regional differences). Caution and warning should be used in making direct comparisons with other studies using the ASSIST.

Page	For	Should read
P.6, column 2, line 22	"The most common concern is failing to control use (4.8%) followed by ..."	"The most common concern is attempts to cut down (4.8%) followed by ..."
P.8, Figure 4	"Failed control"	"Attempts to cut down "

This document was published by
the Canadian Centre on Substance Abuse (CCSA).

For additional copies, contact
CCSA, 75 Albert St., Suite 300
Ottawa ON K1P 5E7
tel.: 613 235-4048
e-mail: info@ccsa.ca

This document can also be downloaded as a PDF at www.ccsa.ca

Ce document est également disponible en français sous le titre
Enquête sur les toxicomanies au Canada (ETC) :
Une enquête nationale sur la consommation d'alcool et d'autres
drogues par les Canadiens : La prévalence de l'usage et les
méfais : Points saillants

ISBN 1-896323-35-9

Preface

The Canadian Addiction Survey (CAS) is a collaborative initiative sponsored by 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), the Prince Edward Island Provincial Health Services Authority, and the Kaiser Foundation—the Centre for Addictions Research of BC (CAR-BC), and the provinces of Nova Scotia, New Brunswick and British Columbia.

The contributions of the following people and organizations are gratefully acknowledged.

Canadian Addiction Survey Research Advisory Team
(west to east):

Ed Sawka, Alberta Alcohol and Drug Abuse Commission (AADAC); David Patton, Addictions Foundation of Manitoba (AFM); Ed Adlaf, Centre for Addiction and Mental Health (CAMH); Juergen Rehm, CAMH; Anca Ialomiteanu, CAMH; Patricia Begin, Canadian Centre on Substance Abuse (CCSA); Eric Single, CCSA; Stéphane Racine, Health Canada; Robert Hanson, Health Canada; Florence Kellner, Carleton University; Andrée Demers, University of Montreal; Christiane Poulin, Dalhousie University.

Canadian Addiction Survey Editorial Team
(alphabetical order):

Ed Adlaf, CAMH; Patricia Begin, CCSA; Anne-Elyse Deguire, CCSA; Richard Garlick, CCSA; Stéphane Racine, Health Canada; Ed Sawka, AADAC; Eric Single, CCSA.

Financial and in-kind contributions
(alphabetical order):

AADAC, AFM, CAMH, CCSA, Health Canada and the provinces of British Columbia, New Brunswick and Nova Scotia.

Introduction

Timely and relevant data are prerequisites for effective health policy and programming, and for the monitoring of established health objectives. Until the launch of the Canadian Addiction Survey (CAS) in December 2003, only two national general population surveys had been specifically dedicated to alcohol and other drug use in Canada: the National Alcohol and Other Drugs Survey (NADS) in 1989 (Eliany, Giesbrecht, and Nelson, 1990) and the Canada's Alcohol and Other Drugs Survey (CADS) in 1994 (MacNeil and Webster, 1997), although alcohol and other drugs use items are occasionally captured in other health surveys.

Current information about prevalence rates, trends, and changes from the CAS will fill a critical gap in population surveillance of alcohol and other drug use and will assist decision-makers in federal and provincial addictions agencies to allocate financial and human resources where they are most needed (Office of the Auditor General of Canada, 2001; Perron, 2002). Health Canada's participation in the CAS is an important initiative within the renewed Canada's Drug Strategy, announced in May 2003. Current plans are to repeat the CAS in the future.

The CAS is one of the most detailed and extensive addiction surveys ever conducted in Canada, with over 400 unique questionnaire items; the key objectives of the survey are as follows:

1. To determine the prevalence, incidence and frequency of alcohol and other drug use in the Canadian population aged 15 and older;
2. To measure the extent of harms that are associated with those individuals who use alcohol and other drugs;
3. To assess the context of use and identify the risk and protective factors related to the use and consequences of alcohol and other drug use;
4. To measure the public's opinions, views and knowledge regarding existing and potential addiction policies, and to identify emerging policy issues;
5. To provide baseline data for future evaluations of the effectiveness of Canada's Drug Strategy and other efforts to reduce the harm associated with alcohol and other drug use.

Survey design and methodology

The CAS sample included 13,909 Canadians aged 15 and older who were interviewed by telephone between December 16, 2003, and April 19, 2004. The survey, based on a two-stage (telephone household, respondent) random sample, used random-digit-dialing methods. All telephone interviews were conducted by the research firm, Jolicoeur et associés. In each province, a minimum of 1,000 people were interviewed. In order to assess trends in substance use, questionnaire items were typically drawn from existing national surveys.

The survey's scope precludes presenting analyses of all of the items in a single report. In this report, national data on alcohol and other drug use and related harms, findings across provinces, and changes over time in alcohol and other drug use are set out. These data are presented by demographic characteristics, including age, province, marital status, education, income adequacy and household location. Further results from the Canadian Addiction Survey (CAS) will be presented through a forthcoming series of reports and research papers.

TABLE 1: Overview of major CAS indicators

	CAN	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC	***
N=	13909	1001	1000	1002	1000	1003	1000	1502	1000	2401	3000	
Alcohol												
Current drinkers—past year	79.3	73.9	70.2	76.0	73.8	82.3	78.7	76.5	78.2	79.5	79.3	**
<i>Drinking Type</i>												
Abstainer—never in life	7.3	9.5	8.6	7.1	10.1	6.2	8.3	7.1	4.7	6.5	6.9	**
Former drinker—not in past year	13.7	17.1	21.5	17.2	16.5	11.7	13.3	17.0	17.5	14.3	14.1	**
Light infrequent—past year	38.7	34.4	36.9	40.1	39.8	39.0	37.8	40.0	43.6	40.5	37.9	**
Light frequent—past year	27.7	16.5	15.2	18.3	16.0	33.8	28.3	21.1	19.5	23.4	27.8	**
Heavy infrequent—past year	5.6	11.5	9.6	9.2	9.1	3.7	5.0	7.2	7.8	7.5	6.0	**
Heavy frequent—past year	7.1	11.1	8.2	8.1	8.5	5.7	7.3	7.7	6.9	7.9	7.3	*
Monthly heavy drinking	20.2	26.1	18.3	20.8	20.6	20.7	19.6	20.9	18.9	21.0	19.3	**
Exceeded drinking guidelines	17.8	20.1	15.2	17.6	17.5	18.6	17.6	16.2	16.7	17.8	17.6	NS
Exceeded drinking guidelines ¹	22.6	27.3	21.7	23.3	23.7	22.7	22.6	21.4	21.5	22.5	22.4	NS
AUDIT hazardous drinking	13.6	16.9	14.8	15.8	14.1	11.9	13.7	15.1	13.8	15.3	13.4	NS
Other drug use												
Cannabis—lifetime	44.5	38.5	36.5	43.4	42.1	46.4	40.4	44.6	41.0	48.7	52.1	**
Cannabis—past year	14.1	11.6	10.7	14.4	11.1	15.8	12.4	13.4	11.4	15.4	16.8	**
Any drug (incl. cannabis)—life	45.1	38.5	36.9	43.7	42.5	47.3	40.9	44.8	41.3	49.3	52.7	**
Any drug (incl. cannabis)—past year	14.5	11.7	10.7	14.5	11.1	16.4	12.6	13.7	11.8	15.9	17.5	**
Any drug (excl. cannabis)—life	16.5	8.3	11.9	13.4	10.8	18.1	14.0	14.8	14.2	18.7	23.0	**
Any drug (excl. cannabis)—past year	3.0	1.4 ^Q	2.2 ^Q	2.3 ^Q	1.5 ^Q	4.0	2.3 ^Q	2.6	2.8 ^Q	3.3	4.0	**
Cocaine/crack—life	10.6	3.7	5.5	7.1	4.2	12.2	8.7	8.9	8.0	12.3	16.3	**
Cocaine/crack—past year	1.9	0.9 ^Q	1.1 ^Q	1.1 ^Q	s	2.5 ^Q	1.3 ^Q	2.0 ^Q	1.7 ^Q	2.4 ^Q	2.6	**
Speed—life	6.4	1.2 ^Q	3.3 ^Q	3.2 ^Q	4.5	8.9	5.5	4.5	4.0	6.1	7.3	**
Ecstasy—life	4.1	1.5 ^Q	2.6 ^Q	3.4 ^Q	1.9 ^Q	3.7	3.7	2.6 ^Q	3.1 ^Q	5.1	6.5	**
Hallucinogens—life	11.4	6.2	9.1	10.6	7.3	11.0	10.5	10.6	9.3	12.3	16.5	**
Inhalants—life	1.3	0.7 ^Q	1.4 ^Q	1.1 ^Q	1.0 ^Q	2.1 ^Q	s	1.6 ^Q	1.6 ^Q	1.6 ^Q	1.7 ^Q	NS
Alcohol and drug-related harms												
Any alcohol harm (to self) ² —past year	8.8	7.2	9.3	8.7	7.3	8.4	9.1	7.6	8.9	9.5	9.1	NS
Any alcohol harm (from others) ³ —past year	32.7	29.7	33.6	32.1	31.4	30.2	31.8	36.2	35.7	38.0	35.4	**
Any drug harm (to self) ⁴ —past year	17.5	20.3	15.9	19.9	14.7	21.6	12.9	19.2	24.4	18.4	17.6	NS

¹ among past-year drinkers (N= 10696); ² among past-year drinkers (N= 10696);³ among respondents 18 years and older (N= 13328); ⁴ among past-year illicit drug users (cannabis included; N=1909)

NS not significant; * p<.05; ** p<.01

^Q Qualified release due to high sampling variability

s estimate suppressed

Alcohol use and problems

Prevalence

Most Canadians drink in moderation. In the 12 months before the survey, 79.3% of Canadians aged 15 or older report consuming alcohol, 14% are former drinkers and 7% lifetime abstainers. Of the past-year drinkers, 44% report drinking weekly. The rate of past-year drinking is significantly higher among males than females (82.0% vs. 76.8%, respectively). Past-year drinking rates peak among youth 18 to 24 years of age, with about 90% of people in that age range consuming alcohol during the course of the year.

People who drank alcohol in the past 12 months can be divided into four categories depending on the frequency with which they drank and the quantity of alcohol consumed. Approximately 4 in 10 (38.7%) people who drank in the past 12 months are *light infrequent* drinkers (less than once a week, fewer than five drinks when alcohol is used); 27.7% of them are *light frequent* drinkers (once a week or more, fewer than five drinks when alcohol is used); 5.6% are *heavy infrequent* drinkers (less than once a week, five drinks or more when alcohol is used); and 7.1% are *heavy frequent* drinkers (more than once a week, five drinks or more).

	Less than 5 drinks	5 drinks or more
Less than once a week	38.7%	5.6%
	Light infrequent	Heavy infrequent
More than once a week	27.7%	7.1%
	Light frequent	Heavy frequent

Heavy drinking

Of past-year drinkers, 6.2% report heavy drinking (five or more drinks on a single occasion for men and four or more drinks on a single occasion for women) at least once a week, and 25.5% report this pattern of drinking at least once a month. Males, persons 18 to 24 years of age, and single persons are more likely to report heavy drinking than their counterparts.

According to established Low-Risk Drinking Guidelines, weekly alcohol intake should not exceed 14 standard drinks for males and nine standard drinks for females, and daily consumption should not exceed two drinks. Overall, 22.6% of past-year drinkers exceeded the low-risk drinking guidelines. Males, persons 18 to 24 years of age, and single persons are more likely to have exceeded the low-risk drinking guidelines.

Hazardous alcohol use as indicated by Alcohol Use Disorders Identification Test (AUDIT)

Most drinking occasions occur without harm, and most people do not have problems with alcohol. The proportion of those reporting harm increases substantially and significantly with increases in the frequency of heavy drinking. The AUDIT helps identify hazardous and harmful drinking, alcohol dependence and some specific consequences of such drinking. A score of 8 or more on the AUDIT scale is used here to define high-risk drinking.

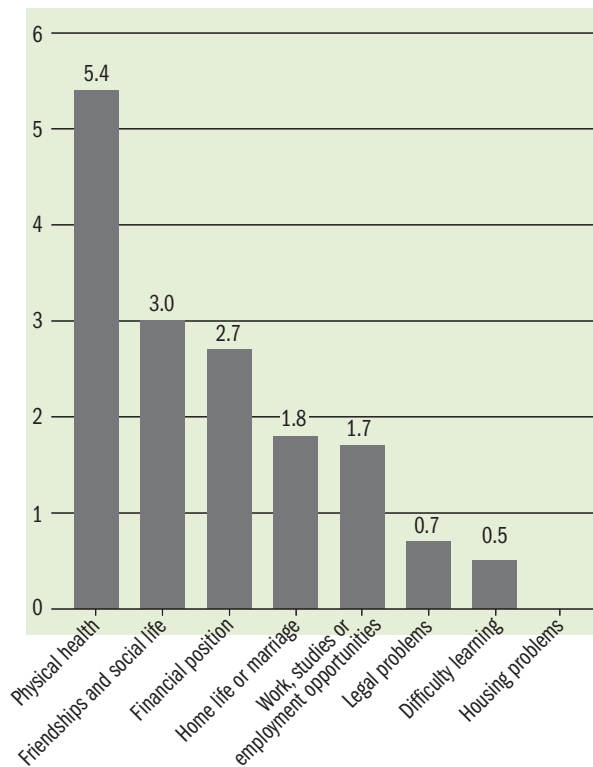
Among past-year drinkers, an estimated 17% (13.6% of all Canadians) are considered high-risk drinkers. The proportion of women drinkers identified as high-risk drinkers is 8.9% and of men, 25.1%. More than 30% of those under 25 scored 8 or more on the AUDIT, compared with less than 5% for people aged 65 or older.

Harm from one's own use of alcohol

Nearly a quarter of former and current drinkers report that their drinking has caused harm to themselves and to others sometime in their lives.

Almost 1 in 10 current drinkers report that they experienced harm from their drinking during the past year. Among these drinkers, 3% report adverse effects of drinking on friendships and social life, and 5.4% report that their drinking had harmed their physical health.

FIGURE 1: Percentage reporting harm experienced in the past 12 months resulting from one's own drinking, past-year drinkers, age 15+, Canada 2004

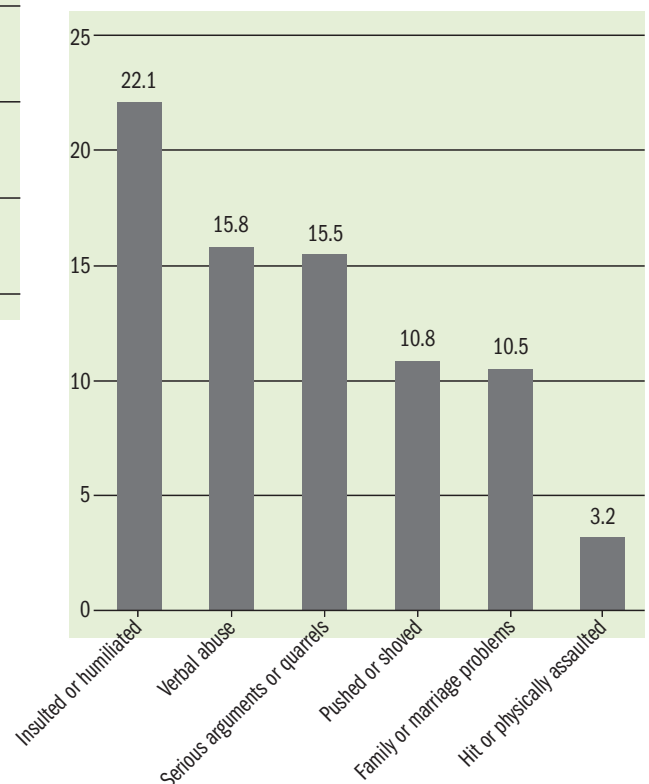


Harm because of others' use of alcohol

Almost a third of respondents (32.7%) report having been harmed at least once in the past year because of someone's drinking. One in 10 respondents, 18 years and older, reports that someone's drinking was responsible for family and marriage problems. About one-fifth (22.1%) of respondents indicate that they were insulted and humiliated and 15.5% report they had serious arguments or quarrels because of someone's drinking, and 15.8% report verbal abuse. Physical altercations were less frequent, but rates were substantial: 10.8% were pushed or shoved, and 3.2% were physically assaulted.

Rates of all three measures of alcohol problems for married people are lower than for single people and for those formerly married (widowed or divorced). When people are married, they are less likely to drink heavily and/or to drink heavily often. When married people do drink heavily, they are as likely to experience harm as unmarried people.

FIGURE 2: Percentage reporting harm experienced in the past 12 months resulting from others' drinking, total population age 18+*, Canada 2004



* Due to the sensitivity of some items, harms from others' drinking was asked only of those 18+

Cannabis use and problems

Prevalence

Overall, 44.5% of Canadians report using cannabis at least once in their lifetime, and 14.1% report use during the 12 months before the survey. Males are more likely than females to have used cannabis in their lifetime (50.1% vs 39.2%) and during the past year (18.2% vs. 10.2%). Younger people are more likely to have ever used cannabis in their lifetime, with almost 70% of those between 18 and 24 having used it at least once. Younger people are also more likely to be past-year users. Almost 30% of 15-17 year olds and just over 47% of 18 and 19 year olds have used cannabis in the past year. Beyond age 45, less than 10% of the population has used cannabis in the past year.

Those who were never married are more likely to have used cannabis. More than half (57.5%) of the never-married had used cannabis in their lifetime, compared with 35.2% of those who had been previously married, and 40.9% of those who are currently married or living with a partner. However, after adjusting for age differences between marital status groups, both lifetime and past-year cannabis use was significantly lower among married respondents compared with never-married and previously married respondents.

Lifetime cannabis use increases with education, rising from 34.9% among those without high school completion to a peak of 52.4% among those with some post-secondary education and 44.2% among those with a university degree.

Lifetime experiences with cannabis use increases with income adequacy (income relative to the number of people in a household), from 42.9% of those with a low income adequacy to 44.6% of those with a moderate income and 54.8% of those with a high income adequacy. The association between income adequacy and past-year use is not significant.

The frequency of cannabis use among past-year users shows wide variation: about 21% of users do not report use during the past three months, while 24.9% report use just once or twice, 16% report use monthly, 20.3% weekly, and 18.1% daily

Hazardous or harmful cannabis use as measured by the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

About 1 in 20 Canadians report a cannabis-related concern. The most common concern is failing to control use (4.8%), followed by a strong desire to use (4.5%), and friends' concerns about the respondent's cannabis use (2.2%). Problems such as unfulfilled obligations and experiencing health, social and legal problems are reported by 1% or lower. Among past-year cannabis users, about one-third report failing to control their use (34.1%) and a strong desire to use (32%). In addition, about 16% report that friends or relatives expressed concern about the respondent's cannabis use, 6.9% report failed expectations, and 4.9% report experiencing health, social or legal problems due to their use.

Other illicit drug use and problems

Prevalence

The use of illicit drugs is generally limited to cannabis only. About 28.7% of Canadians (63.4% of lifetime users) report using only cannabis during their lifetime, and 11.5% (79.1% of past-year users) used only cannabis during the past year.

Excluding cannabis, the illicit drug most commonly used during one's lifetime is reported to be hallucinogens, used by 11.4% of respondents, followed closely by cocaine (10.6%), speed (6.4%) and ecstasy (4.1%). The lifetime use of drugs such as inhalants, heroin, steroids and drugs taken intravenously is about 1% or less of the population. The percentage reporting the use of any five drugs other than cannabis (cocaine or crack; hallucinogens, PCP or LSD; speed or amphetamines; heroin; ecstasy [MDMA]), is 16.5%, and the percentage reporting the use of any of the eight drugs, including cannabis, is 45.2%.

Although about one in six Canadians has used an illicit drug other than cannabis in their lifetime, few have used these drugs during the past year. Rates of drug use in the past 12 months are generally 1% or less, with the exception of cocaine use (1.9%). About 3% of Canadians (4.3% of males and 1.8% of females) report using at least one of the five drugs other than cannabis, and 14.5% (18.7% of males and 10.6% of females) report using any of the eight drugs, including steroids and inhalants.

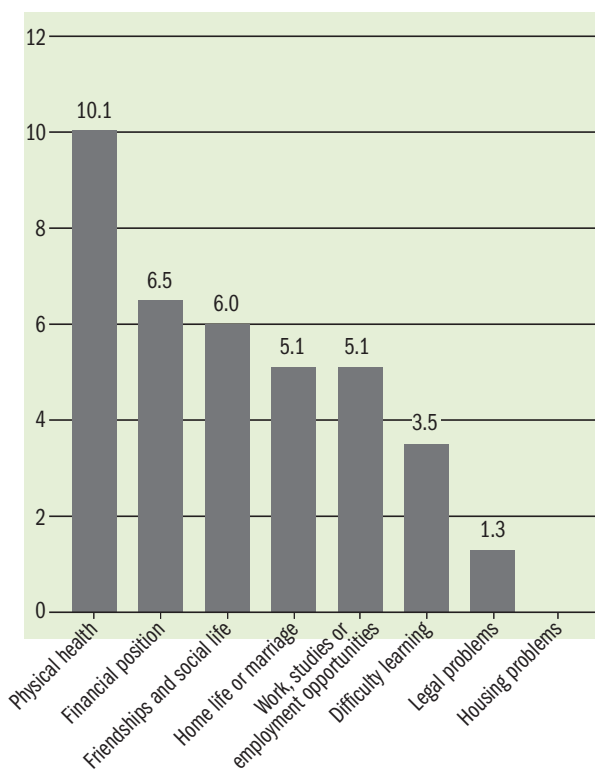
The rate of lifetime and past-year illicit drug use other than cannabis (16.5% and 3%) is highest among men (21.1% and 4.3%, respectively), 18 to 19 year olds (30.6% and 17.8%) and 20 to 24 year olds (28.1% and 11.5%), residents of Quebec (18.1% and 4%), and British Columbia (23% and 4%) and Alberta (18.7% lifetime use only), and single (24% and 8.9%) and previously married respondents (13.5% lifetime only).

Harms related to illicit drug use

The most commonly reported drug-related harm involves physical health, reported by 30.3% of lifetime and 23.9% of past-year users of drugs other than cannabis, and 15.1% of lifetime and 10.1% of past-year users of any drug. Following physical health, a cluster of harms, represented somewhat equally, includes harms to one's friendship and social life (22.3% and 16.4% of users excluding cannabis, 10.7% and 6% of any drug users), home and marriage (18.9% and 14.1% excluding cannabis, 8.7% and 5.1% of any drug users), work (18.9% and 14.2% excluding cannabis, 9.2% and 5.1% of any drug users), and financial (19.6% and 18.9% excluding cannabis, 8.4% and 6.5% of any drug users).

About 17.5% of past-year users of illicit drugs, including cannabis, and 36.7% of past-year users, excluding cannabis, report experiencing one or more of the eight harms.

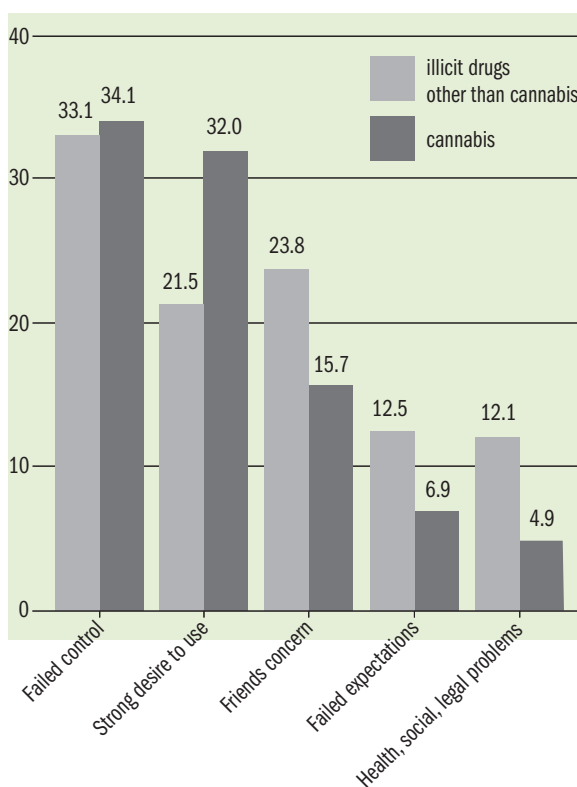
FIGURE 3: Percentage reporting harms from one's own drug use (including cannabis), past-year drug users, age 15+, Canada 2004



Hazardous or harmful illicit drug use as measured by the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Among past-year users of illicit drugs other than cannabis, 42.1% report symptoms indicative of the need for intervention, as determined by the ASSIST scale.

FIGURE 4: Percentage reporting drug use risk indicators (ASSIST) among past-year cannabis and other drug users, age 15+, Canada 2004



Provincial comparisons

Alcohol use

Across provinces, past-year alcohol use is fairly close to the national average of 79.3%, although notably lower rates are recorded for the Atlantic provinces of Prince Edward Island (70.2%), New Brunswick (73.8%) and Newfoundland and Labrador (73.9%) and a higher rate for Quebec (82.3%).

About two-thirds of the population across the country may be classified as light drinkers. There is also a minority who are either heavy infrequent drinkers, ranging from 6% in British Columbia to 11.5% in Newfoundland and Labrador, or, are heavy frequent drinkers, ranging from 5.7% in Quebec to 11.1% in Newfoundland and Labrador. About 1 in 10 Canadians has these styles of heavier drinking, with significantly higher percentages in the four Atlantic Provinces and in Alberta.

Harms related to alcohol use

The most striking overall finding is the general pattern among current and former drinkers of consistently higher lifetime rates of alcohol-related harms for five provinces: Prince Edward Island, Manitoba, Saskatchewan, Alberta, and British Columbia. Harm related to friendships ranges from 9.6% in Quebec to 17.7% in British Columbia, and harm to physical health ranges from 10.5% in Newfoundland and Labrador to 18% in British Columbia.

Significantly higher rates of past-year harms experienced because of others' drinking tend to be reported in the four western provinces.

Cannabis use

Compared with the national average of 44.5%, lifetime use of cannabis is significantly higher in British Columbia (52.1%) and Alberta (48.7%), and lower than average in Ontario (40.4%), Newfoundland and Labrador (38.5%) and Prince Edward Island (36.5%). Also, compared with the national average of 14.1%, past-year use is significantly higher in British Columbia (16.8%) and Quebec (15.8%), and lower in Saskatchewan (11.4%) and Prince Edward Island (10.7%).

Other illicit drug use

Other than cannabis, all other illicit drug use across provinces remains relatively low with past-year use levels at 3% or less. There are significantly lower usage rates of most illicit drugs in Prince Edward Island, New Brunswick and Newfoundland and Labrador, and rates above the national average in Quebec, Alberta, and, most notably, in British Columbia.

Harms related to illicit drug use

Use of illicit drugs can have negative impacts for the drug user. The general finding, in terms of provincial differences, is that living in Newfoundland and Labrador and New Brunswick is significantly associated with lower rates of lifetime harms, while living in Alberta and British Columbia is associated with higher rates.

The major effect of drug use is on physical health while the smallest effect across provinces is on legal matters. There are differences among provinces in the lifetime effects on physical health with a lower rate in Newfoundland and Labrador (8.7%) and higher rates in Quebec (17.4%), Alberta (16%) and British Columbia (17.5%).

Changes in alcohol and other drug use

Changes in alcohol and other drug use were examined by comparing results from the CAS with those of the 1989 National Alcohol and Other Drugs Survey (NADS) and the 1994 Canada's Alcohol and Other Drugs Survey (CADS).

TABLE 2: Changes in alcohol and other drug use for comparable major indicators

	NADS 1989	CADS 1994	CAS 2004
Alcohol			
Drinkers—past year	77.7	72.3*	79.3
Drinking Type ^a			
Abstainer	6.6	12.8*	7.2
Former drinker	15.7*	13.5	13.5
Light infrequent	35.5	33.6*	38.1
Light frequent	31.3*	29.2	27.3
Heavy infrequent	3.6*	3.3*	5.5
Heavy frequent	6.7	5.4*	7.0
Other drug use			
Cannabis—lifetime	23.2*	28.2*	44.5
Cannabis—past year	6.5*	7.4*	14.1
Any drug ^b (incl. cannabis)—life	N.A.	28.5*	45.0
Any drug (incl. cannabis)—past year	N.A.	7.6*	14.4
Cocaine/crack—life	3.5*	3.8*	10.6
Cocaine/crack—past year	1.4	0.7*	1.9
LSD/speed/heroin—life	4.1*	5.9*	13.2
LSD/speed/heroin—past year	0.4 ^Q	1.1	1.3
Inhalants—life	N.A.	0.8	1.3
Steroids—life	N.A.	0.3 ^Q	0.6

a “Not stated” was used in the calculation of rates in Table 2 and not used in Table 1 (Overview); this accounts for differences in the prevalence rates from the CAS between the two Tables.

b “Any illicit” category excludes ecstasy; this accounts for differences in the prevalence rates between Table 1 (Overview) and Table 2.

^Q Qualified release due to high sampling variability

N.A. Not available

* Significantly different from CAS

Alcohol use and problems

According to this examination, the overall percentage of drinkers in Canada declined from 77.7% in 1989 to 72.3% in 1994 and has now risen again to 79.3% in 2004. Variations in drinking patterns across studies are consistent with the corresponding variations in rates of alcohol use. Furthermore, changes in rates of self-reported alcohol use are consistent with alcohol sales data.

More drinkers in 2004 report harms due to their drinking during their lifetime than did drinkers in earlier years. However, when we examine harms experienced in the 12 months before the survey in 2004, drinkers are usually less likely to report harm from their own drinking, but are more likely, for most categories of harms, to report harm from others' drinking.

TABLE 3: Changes in harms associated with alcohol use

	NADS 1989	CADS 1994	CAS 2004
Alcohol			
	%	%	%
Harms due to one's own alcohol use			
Friendships or social life			
Lifetime ^a	10.5*	10.1*	14.2
Past year ^b	4.7*	3.4	3.0
Physical Health			
Lifetime	11.6*	12.2*	14.8
Past year	7.1*	6.2	5.4
Home life or marriage			
Lifetime	5.5*	N.A.	8.1
Past year	3.0*	N.A.	1.8
Work, studies or employment opportunities			
Lifetime	3.5*	4.9*	6.8
Past year	2.0	1.7	1.7
Financial position			
Lifetime	5.4*	6.9	6.9
Past year	3.8	4.0*	2.7
Harms from others' drinking			
Past year^c			
Insulted or humiliated	21.3	19.2*	22.1
Arguments/Quarrels	16.6	14.0	15.5
Family problems or marriage difficulties	7.7*	5.4*	10.5
Passenger with drunk driver	10.4*	7.5*	17.8
Pushed or shoved	N.A.	10.8	10.8
Hit/Assaulted	7.2*	4.4*	3.2

* Significantly different from CAS

a Lifetime harms among lifetime users, age 15+ (NADS only includes past-year drinkers)

b Past-year harms among past-year users, age 15+

c Past-year harms among total population, age 18+

N.A. Not available

Other drug use

Self-reported rates of illicit drug use are increasing in Canada. The proportion of Canadians reporting any illicit drug use in their lifetime rose from 28.5% in 1994 to 45.0% in 2004, and in the past 12 months from 7.6% to 14.4%.

The lifetime use of cannabis increased from 23.2% in 1989, to 28.2% in 1994, and to 44.5% in 2004. For cocaine, use rose from 3.5% in 1989, to 3.8% in 1994, and to 10.6% in 2004. For LSD/speed/heroin, the rate rose from 4.1% in 1989 to 5.9% in 1994, and to 13.2% in 2004.

The past-year use of cannabis rose from 6.5% in 1989 to 7.4% in 1994, and to 14.1% in 2004. For cocaine and crack, rates declined from 1.4% in 1989 to 0.7% in 1994, and rose again to 1.9% in 2004. While past-year rates for the combined category of LSD/speed/heroin rose slightly from 0.4% in 1989, to 1.1% in 1994, and to 1.3% in 2004, these findings are not statistically significant.

Use of steroids and inhalants remain very low. Indications are that lifetime use of steroids is increasing among males.

Ecstasy is a relatively new substance of abuse and was not surveyed for the NADS (1989) or the CADS (1994). For this reason, rates of ecstasy use were compared with the Canadian Community Health Survey (CCHS) cycle 1.2: Focus on Mental Health, conducted in 2002 by Statistics Canada. Rates of use for ecstasy were 2.9% (lifetime) and 0.8% (past 12 months) in the 2002 CCHS 1.2 (Tjepkema, 2004) in contrast to rates of use of 4.1% (lifetime) and 1.1% (past 12 months) in the 2004 CAS.

Harms related to other drug use

This overall trend of increasing rates of illicit drug use does not translate into changes in reported harms among most of the variables that can be compared across surveys.

TABLE 4: Changes in harms from one's own drug use

	CADS	CAS
	1994	2004
Illicit drug use	%	%
Friendships or social life		
Lifetime ^a	10.6	11.9
Past year ^b	6.6	6.0
Physical Health		
Lifetime	17.6	16.5
Past year	12.5	10.1
Work, studies or employment opportunities		
Lifetime	12.8	10.3
Past year	7.5	5.1
Financial position		
Lifetime	12.6	9.5
Past year	10.3*	6.5

* Significantly different from CAS

a Lifetime harms among lifetime users of at least one of the following: cannabis (excluding "one-time only" use), cocaine/crack, LSD or hallucinogens, speed, heroin, steroids or solvents.

b Past-year harms among past-year users, age 15+

The data indicate that the number of Canadians who report having used an injectable drug at some point in their life increased from 1.7 million in 1994 to a little over 4.1 million in 2004. Of those, 7.7% (132,000) reported having used a drug by injection in 1994 compared with 6.5% (269,000) in 2004.

Conclusion

For a country of Canada's size and diversity, there is considerable convergence in findings across provinces regarding the prevalence of alcohol and illicit drug use and related harms. There are also important differences in terms of levels and patterns of use, and risk of harms that are of significance not only to researchers, but to decision-makers and ultimately to all Canadians.

This report represents a first step toward an overview of the alcohol and other drugs situation in Canada using key variables. Additional analysis would provide further insights into the picture of alcohol and illicit drug use on a regional, provincial or local basis. Such efforts would yield useful results for policy and program decision-makers and would contribute to the addictions knowledge base in Canada.

References

Eliany, M., Giesbrecht, N., & Nelson, M. (Eds.). (1990). *National Alcohol and Other Drugs Survey: Highlights Report*. Ottawa: Health and Welfare Canada.

MacNeil, P., & Webster, I. (Eds.). (1997). *Canada's Alcohol and Other Drugs Survey 1994: A Discussion of the Findings* (Vol. Cat: H39-338/1-1994E). Ottawa: Minister of Public Works and Government and Services Canada.

Office of the Auditor General of Canada. (2001). *Report of the Auditor General, Chapter 11: Illicit Drugs: The Federal Government's Role*. Ottawa.

Perron, M. (2002). *What do we need in a national drug strategy?* Paper presented at the Presentation on behalf of the Canadian Executive Council on Addictions to the Parliamentary Committee on the Non-Medical Use of Drugs, August 29, Ottawa.

Tjepkema, M. (2004). Use of Cannabis and Other Illicit Drugs. *Health Reports, Vol. 15 (No. 4)*, 43-47.