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# **CANADIAN ALCOHOL AND DRUG USE MONITORING SURVEY (CADUMS)**

SUMMARY OF RESULTS FOR 2012

**Canada** 

## INTRODUCTION

The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) is an annual general population survey of alcohol and illicit drug use among Canadians aged 15 years and older that ran from 2008 through 2012. Derived from and similar to the Canadian Addiction Survey (CAS) of 2004, CADUMS was designed to provide detailed national and provincial estimates of alcohol- and drug-related behaviours and outcomes. The following report presents results from the fifth and final annual CADUMS data collection, which commenced in February 2012. The Canadian Tobacco, Alcohol and Drug Survey (CTADS) will replace CADUMS; it was launched in 2013 and asks key questions about alcohol and drug use on a biennial basis.

The results for 2012 are based on telephone interviews with 11,090 respondents across all 10 provinces, which represent 27,767,855 Canadian residents aged 15 years and older. The current Summary of Results for 2012 presents data from the latest CADUMS with comparisons to CADUMS 2011 and CAS 2004, to identify any changes that have taken place in the past 8 years. A discussion of the results from CADUMS 2012, [detailed tables](#) and some [definitions](#) used in this report are also provided.

### Main indicators, overall, CAS 2004, CADUMS 2008-2012

|   | CAS        | CADUMS            |                   |                     |                   |                         |
|---|------------|-------------------|-------------------|---------------------|-------------------|-------------------------|
|   | 2004       | 2008              | 2009              | 2010                | 2011              | 2012                    |
| N=  | 13,909     | 16,672            | 13,082            | 13,615              | 10,076            | 11,090                  |
|   | %          | %                 | %                 | %                   | %                 | %                       |
| <b>Cannabis Use</b>   |            |                   |                   |                     |                   |                         |
| Cannabis - lifetime   | 44.5       | 43.9              | 42.4              | 41.5                | 39.4 <sup>^</sup> | 41.5                    |
| Cannabis - past-year  | 14.1       | 11.4 <sup>*</sup> | 10.6 <sup>⊛</sup> | 10.7 <sup>(*)</sup> | 9.1 <sup>^‡</sup> | 10.2 <sup>°</sup>       |
| Cannabis - Average age of initiation for youth 15 to 24 years | 15.6 years | 15.5 years        | 15.6 years        | 15.7 years          | 15.6 years        | 16.1 <sup>∇</sup> years |
| <b>Other Illicit drug use in past year</b>                    |            |                   |                   |                     |                   |                         |
| Cocaine/Crack   | 1.9        | 1.6               | 1.2 <sup>Q</sup>  | 0.7 <sup>(*)</sup>  | 0.9 <sup>Q^</sup> | 1.1 <sup>Q</sup>        |
| Speed   | 0.8        | 1.1 <sup>Q</sup>  | 0.4 <sup>Q</sup>  | 0.5 <sup>Q</sup>    | 0.5 <sup>Q</sup>  | S                       |
| Hallucinogens (excluding salvia)                              | 0.7        | N/A               | 0.7 <sup>Q</sup>  | 0.9                 | 0.6 <sup>Q</sup>  | 0.9 <sup>Q</sup>        |
| Hallucinogens (including salvia)                              | --         | --                | 0.9 <sup>Q±</sup> | 1.1                 | 0.9 <sup>Q</sup>  | 1.1 <sup>Q</sup>        |
| Ecstasy   | 1.1        | 1.4               | 0.9 <sup>Q</sup>  | 0.7                 | 0.7 <sup>Q</sup>  | 0.6 <sup>Q</sup>        |
| Salvia  | --         | --                | S                 | 0.3 <sup>Q</sup>    | S                 | S                       |
| Methamphetamine/Crystal meth                                  | 0.2        | S                 | S                 | S                   | S                 | S                       |
| Any 6 drugs <sup>a</sup> (hallucinogens excl. salvia)         | 14.5       | --                | 11.0 <sup>⊛</sup> | 11.0 <sup>(*)</sup> | 9.4 <sup>^‡</sup> | 10.6 <sup>°</sup>       |
| Any 5 drugs <sup>b</sup> (hallucinogens excl. salvia)         | 3.0        | --                | 2.0               | 1.8 <sup>(*)</sup>  | 1.7 <sup>^</sup>  | 2.0 <sup>°</sup>        |
| Any 6 drugs <sup>a</sup> (hallucinogens incl. salvia)         | --         | 12.1              | 11.1              | 11.1                | 9.4 <sup>‡</sup>  | 10.6                    |
| Any 5 drugs <sup>b</sup> (hallucinogens incl. salvia)         | --         | 3.9               | 2.1 <sup>±</sup>  | 2.0                 | 1.9               | 2.0                     |

|  | CAS        | CADUMS            |                   |                     |                   |                         |
|--|------------|-------------------|-------------------|---------------------|-------------------|-------------------------|
|  | 2004       | 2008              | 2009              | 2010                | 2011              | 2012                    |
| <b>Drug related harms in past year</b>                       |            |                   |                   |                     |                   |                         |
| Any drug harm to self – among users of any drug              | 17.5       | 21.7              | --                | 17.0                | 17.6              | 16.6                    |
| Any drug harm to self – among total population               | 2.8        | 2.7               | --                | 2.1                 | 1.8 <sup>^</sup>  | 2.0 <sup>Q</sup>        |
| <b>Alcohol use</b>   |            |                   |                   |                     |                   |                         |
| Lifetime Use   | 92.8       | 90.2 <sup>*</sup> | 88.6 <sup>⊛</sup> | 88.9 <sup>(*)</sup> | 89.7 <sup>^</sup> | 91.0                    |
| Past 12 month Use  | 79.3       | 77.3              | 76.5 <sup>⊛</sup> | 77.0                | 78.0              | 78.4                    |
| Alcohol - Average age of initiation for youth 15 to 24 years | 15.6 years | 15.6 years        | 15.9 years        | 15.9 years          | 16.0 years        | 16.2 <sup>◇</sup> years |
| <b>Low-risk drinking guidelines (LRDG) - past 12 months</b>  |            |                   |                   |                     |                   |                         |
| Exceeds LRDG chronic   | 14.3       | 15.0              | 14.5              | 14.5                | 14.4              | 14.4                    |
| Exceeds LRDG acute   | 10.2       | 10.9              | 11.7              | 10.5                | 10.1              | 9.9                     |
| Exceeds LRDG chronic – among drinkers                        | 18.0       | 19.8              | 19.1              | 19.1                | 18.7              | 18.6                    |
| Exceeds LRDG acute – among drinkers                          | 12.9       | 14.3              | 15.5              | 13.8                | 13.1              | 12.8                    |

N – Sample size

\* Indicates that the difference between 2008 and 2004 is statistically significant.

⊛ Indicates that the difference between 2009 and 2004 is statistically significant.

(\*) Indicates that the difference between 2010 and 2004 is statistically significant.

<sup>^</sup> Indicates that the difference between 2011 and 2004 is statistically significant.

◇ Indicates that the difference between 2012 and 2004 is statistically significant.

± Indicates that the difference between 2008 and 2009 is statistically significant.

There are no statistically significant differences between 2010 and 2009 in this table.

‡ Indicates that the difference between 2011 and 2010 is statistically significant.

∇ Indicates that the difference between 2012 and 2011 is statistically significant.

S - Estimate suppressed due to high sampling variability

Q - Estimate qualified due to high sampling variability; interpret with caution

-- No comparable estimates

N/A –In 2008, the list of substances under hallucinogens included salvia and “magic mushrooms”; as a result the estimate is not comparable to 2004, 2009-2012.

a Cannabis, cocaine/crack, speed, ecstasy, hallucinogens, heroin

b Cocaine/crack, speed, ecstasy, hallucinogens, heroin

## Detailed Tables (separate document):

- Table 1: Main 2012 CADUMS indicators by sex and age – Drugs
- Table 2: Main 2012 CADUMS indicators by province – Drugs
- Table 3: Prevalence of drug use and harms, total population, CAS 2004, CADUMS 2008 - 2012
- Table 4: Prevalence of drug use and harms, by age group, CAS 2004, CADUMS 2008 - 2012
- Table 5: Prevalence of drug use and harms, by sex, CAS 2004, CADUMS 2008 - 2012
- Table 6: Main 2012 CADUMS indicators by sex and age – Alcohol
- Table 7: Main 2012 CADUMS indicators by province – Alcohol
- Table 8: Prevalence of alcohol use and exceeding LRDG, total population, CAS 2004, CADUMS 2008 - 2012
- Table 9: Prevalence of alcohol use and exceeding LRDG, by age, CAS 2004 and CADUMS 2008 - 2012
- Table 10: Prevalence of alcohol use and exceeding LRDG, by sex, CAS 2004 and CADUMS 2008 - 2012

**All reported increases and decreases in the text below are statistically significant changes. The words “statistically significant” will not be used so as to allow for more readable text.**

## Cannabis Use

The prevalence of past-year cannabis use among Canadians aged 15 years and older was 10.2% in 2012, unchanged from 9.1% in 2011, but lower than in 2004 (14.1%). There was an increase in past-year cannabis use among adults aged 25 years and older to 8.4% in 2012 from 6.7% in 2011, and no change from 2011 among youth aged 15 to 24 years. However, the prevalence of past-year cannabis use among youth (20.3%) remains higher than that of adults (8.4%). Youths initiated use of cannabis at an older age in 2012 than in 2011 (16.1 versus 15.6 years).

The prevalence of past-year cannabis use in 2012 was lower than in 2004 among males (13.7% versus 18.2%), females (7.0% versus 10.2%) and youth aged 15 to 24 years (20.3% versus 37.0%), with the prevalence among males remaining twice as high as that of females (13.7% versus 7.0%, respectively). Prevalence among adults aged 25 years and older was unchanged between 2012 and 2004.

Provincial prevalence of past-year cannabis use ranged from 8.5% in New Brunswick to 13.8% in British Columbia. There were no year-to-year changes in provincial rates of cannabis use. Each province's past-year cannabis prevalence was compared with the average prevalence for the nine remaining provinces. Of these, only British Columbia shows higher than average prevalence.

## Other Illicit Drug Use

In 2012, past-year use of the most commonly reported illicit drugs after cannabis was estimated to be about 1% for each (ecstasy (0.6%), hallucinogens including salvia (1.1%) and cocaine or crack (1.1%)). Past-year use of speed, methamphetamine or heroin is not reportable. There were no changes in prevalence of any of these drugs individually, between 2012 and 2011 or between 2012 and 2004.

Use of at least one of five illicit drugs excluding cannabis [cocaine or crack, speed, ecstasy, hallucinogens (including salvia) or heroin] was reported by 2.0% of Canadians and is not different from 2011 (1.9%). The reported rate of such use by males (3.1%) was almost triple that reported

by females (1.1%), while the rate of use by youth (6.5%) was five times higher than that reported by adults (1.2%). Rates are not comparable to 2004 because salvia was not included in the CAS.

Users of illicit drugs were asked how easy it would be for them to get that specific drug if they wanted some “now”. Most users of cannabis (84.5%) and cocaine (77.8%) said it would be easy or very easy to get. Results for other drugs are not reportable due to low numbers and small sample size.

## Use and Abuse of Psychoactive Pharmaceutical Drugs

CADUMS includes questions relating to the abuse of three classes of psychoactive pharmaceutical drugs. The three classes of drugs are: opioid pain relievers, (such as Percodan®, Demerol® and OxyContin®); stimulants, (such as Ritalin®, Concerta®, Adderall® and Dexedrine®); and tranquilizers and sedatives, (such as Valium®, Ativan® and Xanax®). While these drugs are prescribed for therapeutic purposes, they have the potential to be abused due to their psychoactive properties. To provide a baseline on overall **use**, including therapeutic use and abuse, respondents were asked whether or not they had used opioid pain relievers, stimulants, or sedatives. Among those who had **used** these drugs, further questions were asked to determine whether the drugs were used for reasons other than for prescribed therapeutic purposes.

Although the overall rate of psychoactive pharmaceutical use among Canadians aged 15 years and older was unchanged between 2012 (24.1%) and 2011 (22.9%), the rate of such use among youth increased to 24.7% in 2012 from 17.6% in 2011. Use of psychoactive pharmaceuticals was similar between youth aged 15 to 24 years and adults aged 25 years and older (23.9%) while prevalence was higher among females (26.7%) than males (21.3%).

In 2012, of Canadians aged 15 years and older who indicated they had used a psychoactive pharmaceutical in the past year, 6.3% (or 410,000 Canadians, corresponding to 1.5% of the total population) reported they **abused** such a drug (i.e. used it for the experience, the feeling it caused, to get high or for “other” reasons). These rates of abuse are higher than in 2011, when 3.2% of users (corresponding to 0.7% of the total population) reported they had abused such a drug. Higher rates of abuse were also observed among male users in 2012, with 7.8% (corresponding to 1.6% of the male population) abusing these drugs compared to 2011 rates of 3.1% and 0.6%, respectively. There was no change in prevalence among adults aged 25 years and older, while changes among youth and females cannot be estimated because their rates for 2011 are not reportable.

### *Opioid Pain Relievers*

Of the three categories of pharmaceuticals, opioid pain relievers were the most commonly used in 2012, with one in six (16.9%) Canadians aged 15 years and older reporting their use in the 12 months preceding the survey. There were no changes in the prevalence of past-year use of opioid pain relievers compared with 2011, nor were there any within-year differences, by sex or age group.

Among users of opioid pain relievers, 5.2% (or 243,000 Canadians representing 0.9% of the total population) reported **abusing** them. The change from 2011 cannot be estimated because the rate for 2011 is not reportable. Among adult users of opioid pain relievers, 3.1% (corresponding to 0.5% of the total adult population) abused such drugs, an increase over the 2011 rates (1.3% among users and 0.2% within the total population).

A question was added in 2012 to determine whether users of opioid pain relievers tampered with their medication prior to use: “During the past 12 months did you ever tamper with a pain reliever product before taking it, for example, crush tablets to swallow, snort or inject?” When “tampering” was added to the existing definition of abuse, it did not result in any change in pain reliever abuse

compared with 2011, nor were there any differences in the 2012 results between the existing definition of abuse and that definition with tampering added.

#### *Stimulants*

There was an increase in the use of stimulants between 2012 (1.5%) and 2011 (0.9%) among Canadians aged 15 years and older. Prevalence among youth aged 15 to 24 years (4.9%) was higher than among adults aged 25 years and older (0.9%), while there was no difference in prevalence between males (1.9%) and females (1.1%). There were no changes between 2012 and 2011 in the prevalence of past-year use of stimulants by sex or age group.

Forty percent (40.1%) of people who used stimulants (or 168,000 Canadians, representing 0.6% of the total population) reported **abusing** them. This rate is unchanged from 2011 when 27.4% of users reported abusing stimulants. The 2012 rates of abuse for the total population and among users by sex or age group, cannot be compared to the 2011 rates because the 2011 rates are not reportable.

#### *Sedatives*

There were no changes in the prevalence of past-year use of sedatives (10.2%) by Canadians aged 15 years and older. There was higher prevalence of such use by females (12.8%) compared with males (7.5%), and no difference between youth and adults. **Abuse** of sedatives, measured by use for the experience, the feeling they cause or to get high, is not reportable due to the low numbers of users and small sample size.

#### *Other*

The **abuse** of dextromethorphan, an active ingredient found in many over-the-counter cough-suppressant cold medicines, is not reportable due to the low numbers of users and small sample size.

## **Harms Related to Illicit Drug Use**

In 2012, 2.0% of Canadians aged 15 years and older reported experiencing at least one harm in the past year due to their illicit drug use, a rate unchanged from 2011 (1.8%) and from 2004 (2.8%). The prevalence of reported harm due to their own drug use was four times higher among youth aged 15 to 24 years (5.5%) than adults aged 25 years and older (1.4%). Among current users of any drug, including abuse of psychoactive pharmaceuticals since 2008, the reported rate of past-year harm has not changed since 2004, with approximately one in six (16.6%) users reporting having experienced some harm in the past year due to their drug use.

## **ALCOHOL**

### **Prevalence of Alcohol Use**

In 2012, 78.4% of Canadians reported drinking alcohol in the past year, a rate similar to that reported in 2011 (78.0%). There was, however, a decrease in past-year alcohol use among youth 15 to 24 years of age compared to CAS in 2004, from 82.9% to 70.0% in 2012. Similar to previous years, in 2012, a higher percentage of males than females reported past-year alcohol use (82.7% versus 74.4%, respectively) while the prevalence of past-year drinking among adults aged 25 years and older (80.0%) was higher than among youth (70.0%).

Provincial rates of current drinking ranged from 72.3% in Nova Scotia to 82.1% in Quebec. Each province's past-year alcohol prevalence was compared with the average for the nine remaining provinces. Three provinces had lower than average prevalence (Nova Scotia, New Brunswick (73.8%) and Prince Edward Island (74.0%)) while the prevalence of past-year alcohol use in

Quebec was higher than average. Prevalence of past-year alcohol use since 2011 was unchanged for all provinces.

## Low-risk Alcohol Use

In November 2011, the Canadian federal, provincial, and territorial health ministers received Canada's Low-Risk Alcohol Drinking Guidelines<sup>1</sup> (LRDG), which consist of five guidelines and a series of tips. Guidelines 1 and 2, and acute and chronic effects, are explained in the [definitions](#) section below. People who drink within the low-risk alcohol drinking guidelines consume no more than the recommended quantity of alcohol within the number of days specified, whereas those who exceed the guidelines consume more alcohol than recommended within the stated timeframe.

The basis of the LRDG is reported alcohol consumption in the 7 days prior to the survey. Because this information is available for CAS 2004 and each year of CADUMS (2008-2012), exceedance of the new LRDG has been analysed for all previous survey years to allow comparison.

Among people who consumed alcohol in the past 12 months, 18.6% (representing 14.4% of the total population) exceeded guideline 1 for chronic effects and 12.8% (9.9% of the total population) exceeded guideline 2 for acute effects. A higher percentage of males than females drank in patterns that exceeded both guidelines. The chronic-risk guideline was exceeded by 21.2% of male drinkers and 15.9% of female drinkers, while the acute-risk guideline was exceeded by 15.8% of male drinkers and 9.7% of female drinkers. The guidelines were exceeded by youth aged 15 to 24 years at higher rates than among adults aged 25 years and older. One in four (24.4%) youth drinkers versus 17.6% of adult drinkers exceeded the guideline for chronic risk, while the acute-risk guideline was exceeded by 17.9% of youth drinkers and 11.9% of adult drinkers. There were no differences in year-to-year comparisons by age or sex.

In 2012, 26.0% of Canadians aged 15 years and older had ever seen or heard about Canada's low-risk drinking guidelines. There was no difference in awareness level by drinking status or according to whether one drank within or in excess of the guidelines.

## Harms Related to Other People's Alcohol Use

In 2012, for the first time, CADUMS asked about four harms people may have experienced in the past 12 months due to someone else's alcohol use. Types of harm include being verbally abused, feeling threatened, being emotionally hurt or neglected and being physically hurt because of someone else's drinking. One in seven (14.2%) Canadians aged 15 years and older experienced at least one of these harms as a result of another person's drinking. Verbal abuse was the harm reported by the largest percentage of Canadians (8.9%), followed by being emotionally hurt or neglected (7.1%) and feeling threatened (6.3%), while being physically hurt was experienced by 2.2%.

## Definitions

The terms used above have the following definitions:

**Acute effects** – possible short-term effects of alcohol use include injuries and overdoses.

**Age of initiation** – the age at which a person first used alcohol or a drug.

**Harm** – Drug related harms include harms in any of the following 8 areas: physical health; friendships and social life; financial position; home life or marriage; work, studies or employment opportunities; legal problems; difficulty learning; and housing problems.



**Chronic effects** – possible long-term effects of alcohol use include liver disease and certain cancers.

**Low-risk drinking guideline 1** (chronic) – People who drink within this guideline must drink “no more than 10 drinks a week for women, with no more than 2 drinks a day most days and 15 drinks a week for men, with no more than 3 drinks a day most days. Plan non-drinking days every week to avoid developing a habit.”<sup>1</sup>

**Low-risk drinking guideline 2** (acute) – Those who drink within this guideline do so by “drinking no more than 3 drinks (for women) or 4 drinks (for men) on any single occasion. Plan to drink in a safe environment. Stay within the weekly limits outlined”<sup>1</sup> in Guideline 1.

**Past-year use** – reported use in the 12 months preceding the interview.

**Prevalence** – the proportion of a group or population reporting the indicated behaviour or outcome, usually expressed as a percentage.

## Reference Information

The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) is an annual general population survey of alcohol and illicit drug use among Canadians aged 15 and older, sponsored by Health Canada. It was developed in collaboration with the Centre for Addictions and Mental Health (CAMH), the Centre for Addiction Research – British Columbia (CAR-BC), Alberta Health Services (formerly, Alberta Alcohol and Drug Abuse Commission), Manitoba Health, the Centre québécois de lutte aux dépendances (CQLD), and the Canadian Centre on Substance Abuse (CCSA). Designed to provide annual national and provincial estimates of alcohol and drug-related behaviours and outcomes, CADUMS was launched in April 2008.

Within each year, the targeted number of CADUMS interviews to be conducted by telephone is 1,008 per province, randomly selected to produce a national survey of 10,080 interviews annually. Due to methodological issues, the territories are not included in the survey. Provinces have the option to buy additional interviews to allow for more detailed analysis of results within their jurisdiction. For the 2012 calendar year, the province of British Columbia arranged for their sample to be increased to 2,008. This resulted in a final sample of 11,090 respondents in 2012, representing approximately 27,767,855 Canadians aged 15 and older. The response rate for the 2012 CADUMS was 39.8%, a decrease from 45.5% in 2011, due in part to the cessation of introductory letters mailed to potential respondents. For the purposes of this report only univariate and bivariate analyses were conducted, with statistical significance being determined by confidence interval overlap for 2012 to 2004 comparisons, and t-testing for 2012 to 2011 comparisons. The data presented in this report have been weighted to allow the results to be generalized to the Canadian population using the Canadian Census 2011. A technical guide with further details on the survey methodology will be available upon request after September 1, 2013.

For more information about the survey and its results, please write to the Office of Research and Surveillance, Controlled Substances and Tobacco Directorate, Health Canada, 150 Tunney's Pasture Driveway, Address Locator 0301A, Ottawa, ON, K1A 0K9, or send an e-mail request to [CADUMS-ESCCAD@hc-sc.gc.ca](mailto:CADUMS-ESCCAD@hc-sc.gc.ca).

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<sup>1</sup> Canadian Centre on Substance Abuse. Canada's Low-Risk Alcohol Drinking Guidelines [brochure], 2013. Accessed May 24, 2013. <http://www.ccsa.ca/2012%20CCSA%20Documents/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>