

Canadian Community Health Survey, 2018

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Opioid use has emerged as a major public health issue in Canada in recent years following a rise in opioid-related harms, such as increased hospitalizations and deaths linked to overdose. In a recent Statistics Canada release, the opioid crisis was identified as one of the main reasons why estimates of life expectancy at birth did not increase from 2016 to 2017, remaining unchanged year over year for the first time in over four decades. In 2018, the Canadian Community Health Survey (CCHS) asked Canadians about their use of prescription and non-prescription pain relief medications containing opioids, such as codeine or morphine.

The CCHS collects information annually to provide in-depth insights on the health of Canadians and their emerging health concerns. A wide range of self-reported information is collected including the health status of Canadians, factors impacting their health and their use of health care services.

Opioid medication use in Canada

In 2018, 3.7 million Canadians aged 15 and older (13%) used an opioid pain medication. Females (14%) were more likely than males (11%) to report using them in the past year.

The most commonly-used medications were products containing codeine (76%), followed by those containing hydromorphone or morphine (28%), oxycodone (20%) and fentanyl (5%).

Among the 3.7 million Canadians who used opioid pain medication in the past year, close to one million said they used the medication as needed, for example, following a surgery. Most (40% or 1.1 million) of the other 2.7 million reported using them only once or twice, while close to 600,000 people (21%) reported daily or almost daily usage.

Around one in ten report problematic use of opioid medications

In 2018, around 10% of those who used any opioid pain medication in the past year reported problematic use (351,000 out of the 3.7 million). Problematic use is defined as taking the medication in greater amounts than prescribed or more often than directed, using it to get high, use for reasons other than pain relief, and tampering with a product before taking it. Males (11%) were more likely to report problematic use compared with females (8%).

The most commonly reported problematic use was the usage of medication in greater amounts or more often than directed (7% of past-year prescription opioid users). For other forms of problematic use, 3% reported using the medication for the feeling or to get high, 4% said they used the medication for reasons other than pain relief, and 2% indicated having tampered with an opioid product before taking it (for instance, crushing tablets to swallow, snort or inject).

Cigarette smoking declines

In 2018, 19% of males and 13% of females aged 12 and older smoked cigarettes either daily or occasionally. The proportion of current smokers has declined for both sexes since 2015, when it was 20% for males and 15% for females.

The proportion of young adults who have never smoked by age 24 is a predictor of future smoking rates. In 2018, over 6 in 10 Canadians aged 20 to 24 had never smoked a whole cigarette (63%), an increase from 2015 (58%).

Smoking cigarettes is linked to a number of diseases, such as cancer, heart disease, and chronic obstructive pulmonary disease (COPD). Canadians aged 35 and older who were current smokers were more likely than lifetime abstainers and former smokers to have COPD. In 2018, 8% of smokers had COPD, compared with 2% among lifetime abstainers and 6% among former smokers.



One in five Canadians are heavy drinkers

Roughly 6 million Canadians aged 12 and older reported alcohol consumption that classified them as heavy drinkers in 2018. Heavy drinking refers to males who have had five or more drinks, and females who have had four or more drinks, per occasion, at least once a month during the past year. The proportion of heavy drinkers has remained stable from 2015 to 2018.

In 2018, males were more likely than females to be heavy drinkers. By age group, those aged 18 to 34 were the most likely to be classified as heavy drinkers (29%). Despite the fact that it is illegal to sell alcohol to anyone under 18 in Canada, 26% of Canadian youth aged 12 to 17 reported consuming an alcoholic beverage in the previous 12 months, and 3% were classified as heavy drinkers.

Compared with the national average, residents of Ontario (17%) and Manitoba (16%) were less likely to be heavy drinkers. Most other provinces were similar to the national average, except for Newfoundland and Labrador (28%) and Quebec (21%) where the proportion was higher than the national average. Canadians living in rural areas (22%) were also more likely to be heavy drinkers than those living in urban areas (18%).

Adult obesity rates stable since 2015

Over 1 in 4 Canadians aged 18 and older—roughly 7 million adults—were classified as obese in 2018. The proportion of obese adults has remained stable since 2015. Males (28%) were more likely than females (26%) to be classified as obese.

Canadians aged 35 to 49 and those aged 50 to 64 were most likely to be obese, with just over 3 in 10 people reporting height and weight combinations that classified them as obese.

Quebec (25%) and British Columbia (23%) were the only provinces where the proportion of obese adults was lower than the national average. All other provinces had a higher proportion of obese adults compared with the national average, except for Ontario where the proportion was similar to the national average.

Increased risk of certain health conditions such as diabetes, high blood pressure, and heart disease is associated with obesity. In 2018, Canadians who were obese were more likely to have type 2 diabetes, high blood pressure and heart disease when compared with adults with a normal weight.

Table 1
Selected health conditions, by body mass index classification, population aged 18 years and older, Canada, 2018

	Obese %	Normal weight %
Type 2 diabetes	13	3
High blood pressure	30	10
Heart disease	6	3

Source(s): Canadian Community Health Survey, 2018.

Note to readers

This article features analysis based on data from the 2018 Canadian Community Health Survey (CCHS). The CCHS is an annual population health survey that provides insight into the health conditions and behaviours of the Canadian population.

In this article, when two estimates are said to be different, this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).

Estimates in this article referring to the national average or Canada rate exclude the territories. This is because the coverage of the CCHS in 2018 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2017, and the other half in 2018 so analyses based on the territories are only available for two year cycles of the CCHS (e.g. 2017-2018).

Analysis of **problematic use of opioid pain medication** in this article is based on respondents who reported:

- taking the medication in greater amounts than prescribed or more often than directed;
- intentional use for the experience, the feeling they caused or to get high;
- use for reasons other than pain relief, for example, to feel better (improve mood) or to cope with stress or problems;
- tampering with a product before taking it (i.e. crushing tablets to swallow, snort or inject).

The data on obesity is based on Body Mass Index (BMI), which is derived from self-reported height and weight, is adjusted using correction factors that account for respondent bias in order to better approximate measured BMI data.

For more information on the life expectancy data, see the release "[Changes in life expectancy by selected causes of death, 2017](#)" released in The Daily on May 30, 2019.

Available tables: [13-10-0096-01](#), [13-10-0097-01](#) and [13-10-0619-01](#).

Definitions, data sources and methods: survey number [3226](#).

Additional products featuring the most recent results from the 2018 Canadian Community Health Survey are now available from our website. This includes the following *Health Fact Sheets* ([82-625-X](#)): "Heavy drinking, 2018," "Overweight and obese adults, 2018," "Smoking, 2018," and "Pain relief medication containing opioids, 2018."

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; STATCAN.infostats-infostats.STATCAN@canada.ca) or Media Relations (613-951-4636; STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca).