
Canadian Postsecondary Education Alcohol and Drug Use Survey
2024/2025 University of Manitoba Results

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Executive Summary

The aim of the Canadian Postsecondary Education Alcohol and Drug Use Survey (CPADS) is to obtain regular and current surveillance data that can help to describe trends in substance use among postsecondary students in Canada. Comprehensive and regular data collection is required to plan effective prevention and intervention strategies at the national and school level.

The following summary describes key results obtained from all schools participating in the third cycle of the CPADS conducted during the 2024/2025 school year, with an emphasis on changes compared to the previous surveying period (2021/2022 school year).

The survey was conducted from October 2, 2024 to April 15, 2025 and the questions often required respondents to recall their consumption of alcohol, cannabis, and other substances within the preceding year, placing the context of these results in 2024.

Overall, though alcohol and cannabis consumption levels are down, the effects seen during the COVID-19 pandemic of limiting students' opportunities to consume alcohol and cannabis socially seem to be shifting and social consumption levels are increasing compared to those reported in 2021/2022.

- **Students' self-reported mental health has improved somewhat**, with 66% (up from 58%) considering their mental health to be excellent, very good, or good.
- **Spirits, wines, coolers with lower alcohol content (<7%) and beers with higher alcohol content (4.1%+)** are the most commonly consumed beverages. There are strong preferences by sex for some types of drinks; in particular, beers are more widely consumed by male students while coolers with alcohol content <7% and wine are more widely consumed by female students.
- **Consumption of energy drinks both with and without alcohol is on the rise compared to last survey cycle.** Almost one-third (32%, up from 22%) of students consumed an energy drink on its own in the past 30 days, while nearly one-quarter (23%, up from 13%) reported consuming an energy drink at the same time or mixed with alcohol in the past 30 days.
- **Consumption of alcohol in the past 12 months is down compared to 2021/2022** (74%, down from 78%).
 - Past-month heavy drinking is less common (41%, down from 46%), though feeling drunk in the past month is more common (62%, up from 60%).
 - Reporting of various harms to self from drinking alcohol is overall similar to 2021/2022. The top harms are experiencing a hangover (24%, down from 25%), having less energy or feeling tired (19%, unchanged), saying or doing embarrassing things (14%) and drinking on nights when planned not to (14%, down from 16%).
 - 45% of students said they had heard of either Canada's Low Risk Drinking Guidelines or Canada's Guidance on Alcohol and Health, up from 18% who said they were aware of Canada's Low Risk Drinking Guidelines in 2021/2022.
 - Among those who drank on- or off-campus, 55% drank at their or someone else's home.
 - Overall, 23% of students experienced at least one harm within the past 30 days as a result of another person's drinking.

- Nearly all of the most common protective strategies are being employed more often than they were in 2021/2022, the exception being making your own drinks (54%, down from 59%). The shift back to increased levels of protection is not necessarily due to more cautious behaviour but due to a return to increased social drinking. Females and junior students are more likely to employ a number of the protective strategies compared to males and senior students.
- **Consumption of cannabis in the past year is down compared to 2021/2022** (38%, down from 41%).
 - 71% said they had seen or heard education campaigns, public health or safety messages about cannabis somewhere (down from 76% in 2021/2022).
 - Knowledge of specific harms related to cannabis has increased compared to 2021/2022, including 90% (up from 85%) of students reporting that cannabis smoke can be harmful.
 - Among respondents who have used cannabis in the past 12 months, smoking remains the top method of consumption (72%, down from 75%) followed by eating in food (53%, similar to 2021/2022) and vaping (47%, up from 39%).
 - Considering different product types of cannabis, edibles and beverages have maintained their level of popularity (60% and 19%, respectively) while vape pens/cartridges are increasing in popularity (55%, up from 47%). While still used by more than half, dried flower or leaf is declining in popularity (53%, down from 59%).
 - The top source to obtain cannabis was from a legal storefront (70%, up from 64%).
- **Pharmaceuticals are consumed by one-third**: 33% of students used at least one pharmaceutical opioid, stimulant, or sedative in the past 12 months.
 - 22% report experiencing problematic use of pharmaceuticals among those who have consumed one in the past 12 months.
- **Knowledge of naloxone kits is increasing**: 66% have ever heard of them, up from 48% in 2021/2022.
- **Polysubstance use is not uncommon**: 35% of students have ever consumed more than one substance at the same time or close enough in time that the effects overlapped; among those having done so in the past 30 days, 72% typically consumed alcohol and cannabis together.
- **Few feel a need to seek professional help due to use of substances**: 7% feel a need, with 22% of those seeking this help within the past 12 months and 78% of those actually receiving it. Among those seeking professional help, 43% received it for cannabis, 39% for alcohol and 7% for drugs.
- **Having tried vaping is common, but few are frequent vapers; daily smoking is uncommon**.
 - Vaping habits are similar to those in 2021/2022: 40% of students have tried vaping, 16% have vaped in the past month, and 8% vape daily.
 - Over a quarter (27%, unchanged from 2021/2022) have ever smoked a whole cigarette. Among those who have ever smoked a cigarette, nearly half (47%) have smoked at least 100, which is about 4 packs, and only 8% are daily smokers.

Background

In 2018, Health Canada identified the need for a surveillance tool to monitor substance use among the postsecondary student population in Canada. In November 2019, the first cycle of the Canadian Postsecondary Education Alcohol and Drug Use Survey (CPADS) was launched; a national online survey that measures the prevalence of alcohol and drug use among students 17 to 25 years of age, who are attending university or college in Canada. The current report provides an overview of the third CPADS cycle, conducted in the 2024-25 school year among students 16 years of age and older.

Substance use is a significant cause of health and safety issues on Canadian campuses and higher rates of consumption make students more vulnerable to harms such as accidents (e.g., falls, driving accidents) as well as sexual and physical violence. In addition, student success at school can be affected if problematic substance use impedes a student's ability to fulfill educational requirements. Students may use substances under pressure to improve academic performance. Comprehensive and regular data collection for this population is required to plan effective prevention and intervention strategies at the national and school level. These data will also be used to support the development of policy and program initiatives, including public education and awareness activities.

The CPADS is conducted in collaboration with the Postsecondary Education Partnership-Alcohol Harms (PEP-AH), a network of universities and colleges from across Canada that have partnered with the Canadian Centre on Substance Use and Addiction (CCSA) to support campus efforts to reduce the harms related to alcohol consumption¹.

¹ <https://pepah.ca/>

Survey Administration

The survey firm *Advanis* was hired to conduct data collection for the CPADS on behalf of Health Canada. The survey was delivered online to students and all responses were anonymous and confidential. The target population of the CPADS includes students 16 years and older who are enrolled either in a university program or college program/certificate in Canada on a full-time or part-time basis.

Each school was responsible for selecting a random sample of students to invite to the CPADS. There were three ways that students were invited to the survey:

1. Some schools opted to provide a list of student e-mail addresses to Advanis who administered the survey invitations directly to students.
2. Some schools had a school representative work with their registrar's office to select a random sample of student e-mail addresses. Students were then e-mailed an invitation to participate in the CPADS and a link to access the online survey.
3. Some schools posted an open link to the CPADS survey on their school's website and, through passive recruitment, students were invited to participate in the survey.

After clicking on the survey link, students were asked two eligibility questions to confirm their age and location of studies. Students who were 16 years old or older and were studying in Canada at the time they received the survey could proceed with responding to subsequent survey questions.

A total of 43 schools participated in the 2024/25 CPADS; 19 schools participated in the fall of 2024 and 24 schools participated in the winter of 2025. The 2024/25 CPADS was from October 2, 2024 to April 15, 2025 and the results are based on student responses from 29,371 completed surveys (33% male and 67% female). The average survey completion time was 21 minutes.

The following summary describes key results obtained from this institution's participation in the third cycle of the CPADS, conducted during the 2024/2025 school year. School-specific results are compared to overall estimates obtained from the complete sample of 43 schools and only statistically significant differences are discussed in this report. A comprehensive set of data tables can be found in **Appendix 1**. The core CPADS questionnaire can be found in **Appendix 2**.

Technical notes and data limitations

- Results reported as a percentage are accompanied by their associated 95% confidence interval in the data tables, calculated using the Wald Method. Note that exact values for 95% confidence intervals may vary depending on the statistical software used in the analysis and PUMF users may obtain slightly different ranges.
- Some data are not reportable due to low numbers. Data are only reportable if the number of observations (i.e., denominator) was ≥ 50 . Unreportable estimates are suppressed to ensure that participants cannot be identified. When numbers are not reported, this is indicated with the '#' symbol in the data tables. When an indicator is suppressed, the text discussing that indicator is omitted from the report.
- Some numbers are rounded; therefore, totals may not add up to 100%.
- In each section of the report, students were compared on the following demographic and educational dimensions (all reported demographic differences are statistically significant at the 95% confidence level):
 - male students compared to female students, based on biological sex at birth, and
 - junior students (in their 1st and 2nd year) compared to senior students (3rd year or higher).
- School-level results are compared to the results for all other schools combined. When results are statistically different (at the 95% confidence level), they are shown as being higher or lower than all other schools combined.
- National results from the third cycle (2024/2025) are compared to the national results from the second cycle (2021/2022) where possible. Where differences are significant, it is noted that the current cycle's indicator is up or down from the 2021/2022 result, or unchanged. Opportunities to trend results from some questions may be limited by adjustments made to question text and/or addition, or removal, of answer levels as the survey instrument for the third cycle was adapted to include learnings from the first two cycles.
- Survey responses are reported by sex based on the question sex01, which asks about biological sex assigned at birth. This measure was chosen to align with recommendations in Canada's Low-Risk Alcohol Drinking Guidelines (LRDG)ⁱ. The LRDG recommend safe drinking amounts based on sex, given the important biological differences in how alcohol is metabolised between males and females and the increased health risks to females who consume alcohol. Sex at birth may not reflect the respondent's current gender identity, which is asked in question demq01.
- Survey weights were applied to ensure that estimates are representative of the student population at each school by sex and age.
- The overall survey sample includes representation from 9 Canadian provinces and 2 Canadian territories; no schools were sampled from either Newfoundland and Labrador or the Northwest Territories. The overall survey sample is referred to as "national" sample.
- The number of schools recruited represent 22% of all colleges and universities in Canada (total=196). Some schools did not elect to participate, resulting in under representation in Alberta, Newfoundland and Labrador and in the Northwest Territories. Some schools were not eligible to participate because they did not meet the eligibility criteria which included:

- having a registrar office,
- having more than 500 students,
- being a not-for-profit public or private school,
- not offer exclusively online courses, and
- non-theological or military institutions.
- Results are based on self-reported data which are subject to recall bias, data entry errors and prone to under- or over-reporting. Reporting errors may occur because respondents forget actual use with increasing consumption, heavier drinkers have higher rates of non-participation in surveysⁱⁱ and desirability bias, where respondents may answer in a way that they think is socially acceptable. In addition, lack of knowledge of standard serving sizes may contribute to reporting errorsⁱⁱⁱ.
- Lastly, the survey topic is indicated in the title of this project which could lead to a skewed sample of respondents that are more interested and knowledgeable on the topic of substance use. This may have led to over- or under-estimation of prevalence.

Results

Health Status

Participants were asked to rate their overall health and mental health using a 5-point Likert scale with the following categories: “excellent, very good, good, fair, and poor”. Overall, 87% (up from 83% in 2021/2022) of respondent rated their general health as “excellent, very good or good”, while 66% (up from 58%) considered their mental health to be “excellent, very good or good”.

Respondents who rated their mental health as being “excellent, very good or good” were more likely to be men than women (72% vs 62%, respectively), and senior students than junior students (68% vs. 64%, respectively).

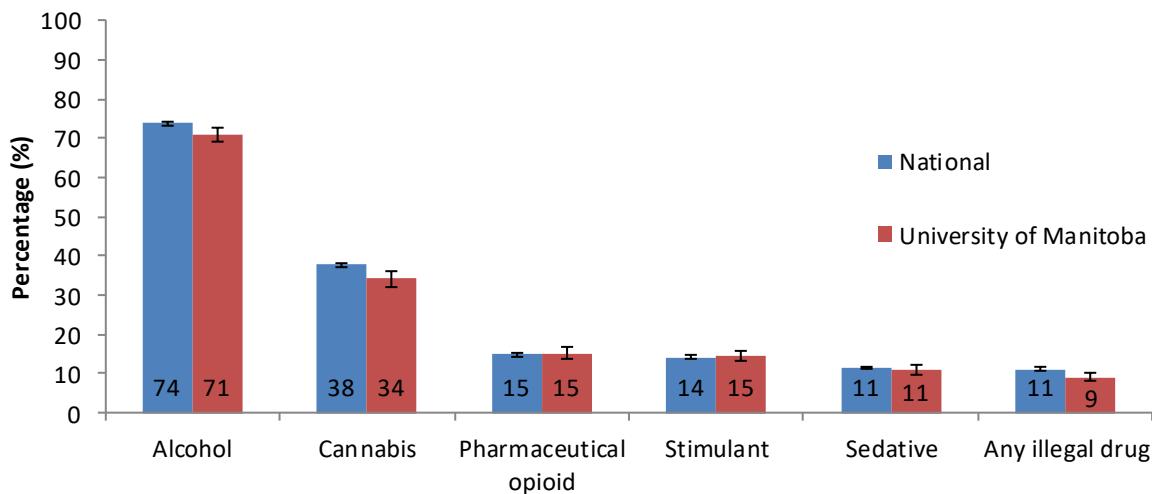
How University of Manitoba compared to other schools:

- The proportion of students rating their *general* health as “excellent, very good or good” was similar (87%). There were no differences by sex or year of study.
- The proportion of students rating their *mental* health as “excellent, very good or good” was similar (66%). Ranking mental health highly was more common among men (70%).

Substance Use

The 2024/25 CPADS measured substance use among postsecondary students for the following substances: alcohol, cannabis, psychoactive pharmaceuticals (i.e., pharmaceutical opioids, stimulants, and sedatives) and illegal drugs (e.g., heroin, cocaine). Based on self-reported use in the past 12 months, the largest proportion of students consumed alcohol, followed by cannabis use and use of psychoactive pharmaceuticals. The smallest proportion of students reported using sedatives and illegal drugs in the past 12 months. Only substances with sufficient use to be reportable are included in this report. Trending data is not available for pharmaceutical opioids and stimulants due to changes to the survey instrument in the third cycle.

Figure 1. Past 12-month use of Alcohol, Cannabis, Psychoactive Pharmaceuticals and illegal drugs*, CPADS 2024/25, University of Manitoba



* Includes: Cocaine or crack, illegal amphetamines / methamphetamines, psychedelics, ecstasy or similar designer drugs, Salvia, Dissociatives, Inhalants, Heroin, Synthetic cannabinoids, Mephedrone, BZP/TFMPP, Nitrous Oxide, Alkyl Nitrites, Fentanyl, Kratom

Nationally, alcohol was consumed by 74% of students in the past year (down from 78%), while cannabis use was 38% (down from 41%), pharmaceutical use was 33%², and illegal drugs were used by 11% of students (unchanged from 2021/2022³).

How University of Manitoba compared to other schools:

Past-year consumption of...

- alcohol was lower (71%),
- cannabis was lower (34%),
- pharmaceuticals was similar (33%), and
- illegal drugs was lower (9%).

ALCOHOL

Participants of the 2024/25 CPADS were asked how familiar they were with Canada's Low-Risk Alcohol Drinking Guidelines (LRDG) (2011) and Canada's Guidance on Alcohol and Health (CGAH) (2023), their perception about what constitutes low risk drinking amounts, and about their alcohol use patterns. Among those who reported using alcohol, subsequent questions were asked to determine which alcoholic beverages they preferred, the quantities of alcohol consumed, alcohol-related harms, protective strategies used to reduce intoxication and about alcohol-impaired driving.

Throughout this report, the LRDG are defined as follows:

² Not trended, as the question text asking about these substances changed for the third cycle questionnaire.

³ Three new drugs were added to the list of illegal drugs for the third cycle questionnaire: Nitrous Oxide, Fentanyl, and Kratom

Canada's Low-Risk Alcohol Drinking Guidelines (LRDG)

The LRDG provide information on how to reduce the risk of alcohol-related harms in both the short-term (acute; e.g., intoxication, injuries, assault) and long-term (chronic; e.g., cancer) among individuals who choose to drink. The LRDG apply to individuals 25 to 65 years of age; **youth in their late teens to age 24 years should never exceed the daily and weekly limits outlined in the chronic LRDG**. Throughout this report, the term LRDG will refer to daily and weekly limits outlined in the following definition:

Low-risk drinking guideline (chronic): people who drink within this guideline must consume "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".

Awareness of the Low-Risk Drinking Guidelines or Guidance on Alcohol and Health

Over two-fifths of respondents (45%) had heard of at least one of the LRDG or the CGAH. This is an increase from 18% in 2021/2022 when respondents were asked about their awareness of the LRDG, before the CGAH was released in 2023.

How University of Manitoba compared to other schools:

Awareness of the LRDG was higher (48%). Awareness of the LRDG was higher among women (50%).

Alcohol use

Survey participants were asked whether they had consumed an alcoholic beverage in the past year or past month, and how frequently they consumed alcohol within those time frames. They were also asked to indicate how frequently they had consumed different *types* of alcoholic beverages, as well as their heaviest drinking amounts on drinking days.

The vast majority of survey participants had consumed alcohol in the past 12 months (74%, down from 78% in 2021/2022) and in the past 30 days (60%, down from 63% in the previous cycle). The mean age of initiating alcohol consumption was 16 years (unchanged from 2021/2022) with men initiating later at 16.1 years compared to 15.8 years old among women. Among respondents who consumed alcohol in the past 12 months, 8% were underage based on the legal drinking age of the province in which their school was located (up from 6% in 2021/2022).

How University of Manitoba compared to other schools:

- Past-year consumption of alcohol was lower (71%).
- Past-month consumption of alcohol was lower (58%).
- Mean age of initiating alcohol consumption was higher (16.3 years old).
- Underage alcohol consumption in the past 12 months was lower (0% under legal age of drinking in Manitoba).

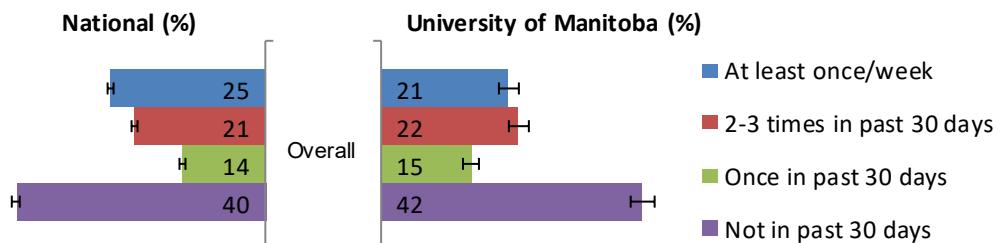
While two-fifths of students (40%, up from 37% in the previous cycle) had not consumed any alcohol in the past month, 25% reported that they consumed alcohol at least once per week (down from 31% in 2021/2022). Respondents who consumed alcohol at least once per week were more likely to be:

- Male (28%), and
- Third- or higher-year students (29%).

How University of Manitoba compared to other schools:

- Proportion consuming alcohol at least once per week was lower (21%). Consuming at least once a week was more common among men (25%) and senior students (24%).
- Proportion of students not consuming alcohol in the past month was higher (42%). This was more common among junior students (47%).

Figure 2. Frequency of past 30-day alcohol use, CPADS 2024/25, University of Manitoba



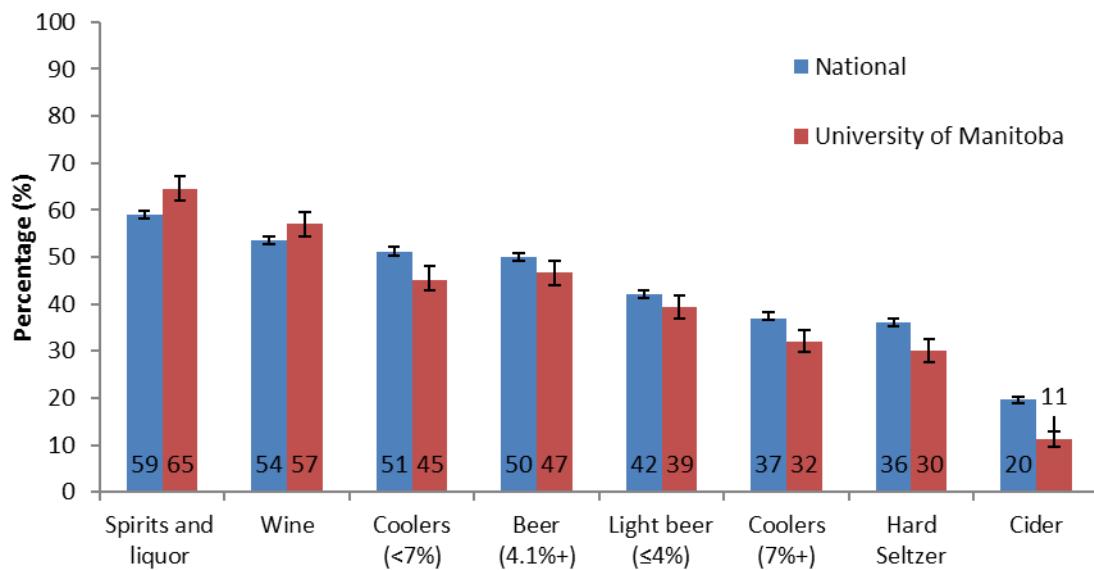
Beverage preferences

Students who had consumed alcohol in the past 30 days were asked about their preferred alcoholic beverages and the frequency of consuming them. Collecting information on beverage types can help determine the level of risk of consuming alcohol, as students may be more likely to become intoxicated depending on the type and concentration of alcohol consumed.

Most commonly consumed beverages

The most commonly reported types of beverages consumed in the past 30 days were spirits/liquor (59%, down from 61% in 2021/2022), wine (54%, down from 60% in 2021/2022), coolers (51%, up from 45% in 2021/2022), and beer with 4.1%+ alcohol content (50%, down from 53% in 2021/2022).

Figure 3. Past 30-day alcohol use by beverage type, CPADS 2024/25, University of Manitoba



The table below shows preferences for some types of alcohol. Comparing by sex, beers and spirits or liquor are more popular with male students, and coolers, wine and hard seltzer are more popular with female students. Comparing years of study, coolers are more popular with junior students, and wines are more popular with senior students.

Table 4. Past-30-day consumption of types of alcoholic beverages, including differences by sex and years of study, CPADS 2024/25, National

Consuming type of beverage in past month, %	Total	Men	Women	Diff., +/-*	Senior	Junior	Diff., +/-*
Spirits or liquor	59	64	55	+9	59	60	—
Wine	54	47	59	-12	59	47	+12
Coolers (less than 7%)	51	41	59	-17 ↑	47	57	-10
Beer (4.1%+)	50	71	35	+36	51	48	+3
Light beer (4% or less)	42	56	31	+25	41	43	—
Coolers (7%+)	37	33	41	-8	34	43	-9
Hard seltzer	36	30	40	-10	34	40	-6
Cider	20	20	19	—	22	17	+5

* Differences shown only when statistically significant.

The symbols ↑ and ↓ refer to the direction of rounding to integers first then taking the difference.

How University of Manitoba compared to other schools:

- Spirits or liquor consumption was higher (65%),
- Wine consumption was higher (57%),
- Coolers (less than 7%) consumption was lower (45%),
- Beer (4.1%+) consumption was lower (47%),

- Light beer (4% or less) consumption was lower (39%),
- Coolers (7% or higher) consumption was lower (32%),
- Hard seltzer consumption was lower (30%), and
- Cider consumption was lower (11%).

Energy drinks and “alcopop” consumption

Consuming energy drinks mixed with alcohol has the potential to increase alcohol consumption and related harms. Caffeine is a stimulant which can mask the effects of alcohol intoxication and lead to overconsumption^{iv}. CPADS participants were asked if they had consumed energy drinks in the past 30 days and if they had consumed various combinations of energy drinks mixed with alcohol (e.g., hand-mixed, pre-mixed).

Almost one-third (32%, up from 22% in 2021/2022) of respondents had consumed an energy drink on its own in the past 30 days. The consumption of energy drinks on the same occasion as alcohol, or mixed with alcohol (hand mixed or pre-mixed), was reported by 23% of respondents within the past 30 days (up from 13% in 2021/2022).

Respondents were asked if they had ever consumed sweetened high alcohol content beverages (i.e., ‘alcopops’) with alcohol content of 7% or higher such as ‘Four Loko’, ‘Clubtails’ or hard seltzer in the past 30 days. In total, 15% of students reported they had consumed such a beverage in the past 30 days (up from 10% in the previous cycle).

How University of Manitoba compared to other schools:

- Past-month consumption of energy drinks *on their own* was similar (32%).
- Past-month consumption of energy drinks *together with alcohol*—on the same occasion, or hand- or pre-mixed—was lower (20%).
- Past-month consumption of sweetened alcoholic beverages was lower (10%).

At-Risk/Harmful drinking

Information collected on the frequency of alcohol consumption can be used concurrently with information on quantity to describe the intensity of alcohol consumption among postsecondary students, and the degree of risk for alcohol related harms.

The main measure used to describe harmful drinking patterns among respondents of the CPADS is heavy drinking.

Heavy drinking: is defined as having four (4) or more drinks for women and five (5) or more drinks for men on one occasion in the past 30 days. ‘On one occasion’ means consuming drinks at the same time (i.e., consecutively) or within a couple of hours of each other.

Based on this definition, 41% of all respondents had engaged in heavy drinking in the past month (down from 46% in 2021/2022). Students engaged in heavy drinking once a month (18%, unchanged), at least

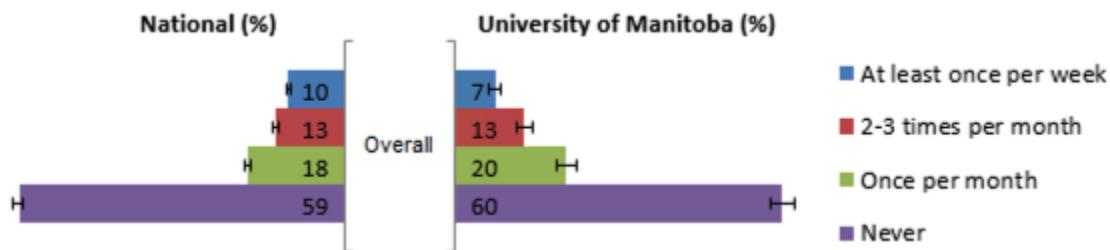
once a week (10%, down from 14%), and 2-3 times per month (13%, down from 14%). The proportion of all students who did not drink heavily in the past month was 59% (up from 54% in the previous cycle).

Students reporting heavy drinking in the past month were more likely to be in their third or higher year (42% compared to 39% of first or second year students). There was no difference by sex.

How University of Manitoba compared to other schools:

- Past-month heavy drinking was similar (40%). There were no differences by sex or year of study.
- Among students, the most common level of drinking heavily was *Not in past 30 days* (60%). Compared to other schools this was similar. There were no differences by sex or year of study.

Figure 5. Frequency of Heavy Drinking in the past 30 days, CPADS 2024/25, University of Manitoba



Drinking quantities

The CPADS asked participants to report the number of drinks typically consumed on drinking days and the number of drinks consumed on their heaviest drinking day in the past month. Measuring harmful alcohol consumption based on the definition of heavy drinking or based on the LRDG has limitations since factors such as body weight, alcohol tolerance, and food intake/hydration prior to drinking can influence alcohol absorption rates and the level of intoxication. Using a single threshold does not always differentiate those most at risk for consequences resulting from intoxication^v. As such, it is important to measure the actual number of drinks consumed by survey participants and ranges of consumption to assess the potential for harm.

Among CPADS respondents who had consumed alcohol in the past 30 days, the 'typical' number of drinks they consumed on drinking days in the past month was approximately four (3.9, higher than 3.6 in 2021/2022). Among those who had a drink within the past 30 days, 25% stated that they had 2 or more drinks on one occasion at least weekly. When students were asked to report the highest number of drinks they remember consuming on a drinking day in the past month, they reported five drinks on average (5.5, unchanged compared to 5.5 drinks in the previous cycle). Thus, students exceeded the LRDG, based on both their reported 'typical' and 'heavy' drinking amounts.

The typical and heaviest drinking amounts were higher for males than females (typical number of drinks: 4.5 males, 3.4 females; heaviest drinking day: 6.6 males, 4.6 females). The average time reported to consume heaviest drinking amounts was similar for men and women (230 minutes for men, 228 for

women). However, male respondents consumed more alcoholic beverages per hour than females on their heaviest drinking day (men consumed 2.5 drinks per hour, and women consumed 1.7).

How University of Manitoba compared to other schools:

- The ‘*typical*’ number of drinks consumed on drinking days in the past month was lower (3.6 drinks). This is below the LRDG.
- The proportion of students who had 2 or more drinks on one occasion at least weekly among those who had a drink in the past month was lower (19%). This was more common among men (26%).
- The *highest* number of drinks consumed on drinking days in the past month was similar (5.5 drinks). This is above the LRDG.
- The average time reported to consume heaviest drinking amounts was similar (234.1 minutes).
- The number of alcoholic beverages consumed per hour on the heaviest drinking day was similar (2.0 beverages per hour).

Drunkenness

Given individual variation can affect the relationship between the amount of alcohol consumed and intoxication, the CPADS specifically asked respondents about drunkenness. Drunkenness is a self-assessed indicator of impairment level and potential for harm. Approximately 62% of respondents who had consumed alcohol in the past month reported feeling drunk (higher than 60% in the previous cycle). Men were more likely to report feeling drunk than women (66% vs. 60%, respectively) and junior students more likely than seniors (67% vs. 60%, respectively).

The proportion of respondents who reported feeling drunk once a week or more often was 14% (lower than 17% in 2021/2022). This is more common among men than women (19% vs 11%, respectively) and junior students than senior students (16% vs. 13%, respectively).

In the past month, 21% of students who got drunk did so intentionally at least once a week (men were more likely to do so, compared to women — 30% compared to 17%). However, just 0.5% of students who had been drunk in the past month said they intentionally got drunk daily or almost daily (i.e., over 5 days a week). More commonly, students who had been drunk in the past month tend to get drunk intentionally once a month (42%), or 2-3 times a month (31%).

How University of Manitoba compared to other schools:

- The proportion of students who had consumed alcohol in the past month and reported feeling drunk was similar (64%). This was more common among men (69%).
- The proportion of students feeling drunk at least once per week was lower (11%). This was more common among men (16%).
- The proportion of students getting drunk intentionally at least once a week was lower (16%). This was more common among men (22%).

Alcohol Harms to Self

Participants in the CPADS were asked if they had experienced a range of different harms as a result of their own drinking. Alcohol-related harms were assessed using an adapted version of the Brief Young Adult Alcohol Consequences Questionnaire (B-YAACQ), which is a measure of alcohol problem severity^{vi}.

Among those who drank alcohol within the past 12 months, 45% had experienced at least one alcohol related harm to self in the past 30 days (similar to 44% in 2021/2022). The top five harms to self were: experiencing a hangover (24%, down from 25%), having less energy or feeling tired (19%, unchanged), saying or doing something embarrassing (14%⁴), drinking on nights when planned not to (14%, down from 16%), and feeling sick to stomach or throwing up (11%, similar to 12%).

Women and men generally reported similar harms to self. However, a few harms are more likely to be reported by men compared to women (reported by men at a higher rate by 2-3%). These harms generally related to overdrinking:

- needing larger amounts of alcohol to feel any effect (more common among men than women, 10% vs. 7%, respectively),
- drinking on nights when not planning to (15% vs. 13%, respectively),
- spending too much time drinking (6% vs. 3%, respectively),
- putting on weight because of drinking (5% vs. 3%, respectively),
- having taken foolish risks when drinking (8% vs. 5%, respectively), and
- experiencing a hangover, headache, or sick stomach the morning after drinking (26% vs. 23%, respectively).

Junior and senior students are also generally similar regarding reported harms to self. However, a couple of harms are more likely to be reported by junior students (at a higher rate by 2-3%). These harms are:

- having said or done embarrassing things while drunk (more common among junior than senior students, 17% vs. 12%, respectively), and
- feeling sick to stomach or throwing up after drinking (13% vs. 10%, respectively).

How University of Manitoba compared to other schools:

- Among past-year alcohol drinkers, experiencing at least one alcohol-related harm to self in the past month was lower (42%). This was more common among men (47%).
- The five most-reported alcohol-related harms to self were:
 1. They have had a hangover (headache, sick stomach) the morning after they had been drinking (23%), which compared to other schools was similar, and more common among men (26%),
 2. They have had less energy or felt tired because of their drinking (17%), which compared to other schools was similar, and there were no differences by sex or year of study,
 3. While drinking, they have said or done embarrassing things (13%), which compared to other schools was similar, and more common among junior students (16%),

⁴ 14.3%, significantly up from 13.6% in 2021/2022

4. They have ended up drinking on nights when they had planned not to drink (11%), which compared to other schools was lower, and more common among junior students (14%), and
5. They have felt very sick to their stomach or thrown up after drinking (11%), which compared to other schools was similar, and more common among men (13%) and junior students (14%).

Table 6. Top five alcohol-related harms experienced due to own drinking in past 30 days, by sex, [among past 12-month drinkers], CPADS 2024/25, National

Top 5 harms caused by own drinking	National (%)			
	Overall	Male	Female	Difference
Had a hangover	24	26	23	Sig.
Less energy or felt tired	19	19	18	Not sig.
Said or did embarrassing things	14	14	14	Not sig.
Drank on nights when planned not to	14	15	13	Sig.
Felt sick to my stomach or thrown up	11	12	11	Not sig.
Experienced at least one harm related to own drinking*	45	47	43	Sig.

* This proportion is based on 28 harms in the B-YAACQ scale

Alcohol Harms Due to Others

Respondents were asked if they had experienced any secondary harms (harms that are caused by another person's drinking)⁵. Approximately 23% of respondents experienced at least one harm within the past 30 days because of another person's drinking. Students were more likely to experience a secondary alcohol-related harm if they were female (25% of women vs. 21% of men), and in their first or second year (26% of juniors vs. 21% of seniors).

Past-month secondary harms that were reported the most were: being upset with or disappointed by another student (10%), having to take care of the drinking person (9%), and the other person's drinking affecting one's sleep (8%).

How University of Manitoba compared to other schools:

- Experiencing at least one harm from another student's drinking within the past month was lower (20%). This was more common among women (22%).
- The most reported alcohol-related harms were those where other student(s):
 1. Upset or disappointed them (9%), which compared to other schools was similar, and more common among women (11%),
 2. Had to be taken care of by them (7%), which compared to other schools was lower, and more common among junior students (8%),
 3. Affected their sleep (7%), which compared to other schools was similar, and there were no differences by sex or year of study,
 4. Caused an argument with them (6%), which compared to other schools was higher, and there were no differences by sex or year of study, and

⁵ Trending not available as the question text changed from asking about "another student" last cycle to asking about "another person" this cycle.

5. Caused a problem in their friendships or relationships (5%), which compared to other schools was similar, and more common among women (6%).

Table 7. Alcohol related harms due to others' drinking in the past 30 days, by sex, [among all respondents], CPADS 2024/25, National

Top 3 harms caused by others' drinking	National (%)			Difference
	Overall	Male	Female	
Upset or disappointed by the other(s)	10	8	11	Sig.
The other(s) had to be taken care of	9	8	9	Sig.
Affected sleep	8	7	8	Sig.
Experienced at least one harm caused by others' drinking*	23	21	25	Sig.

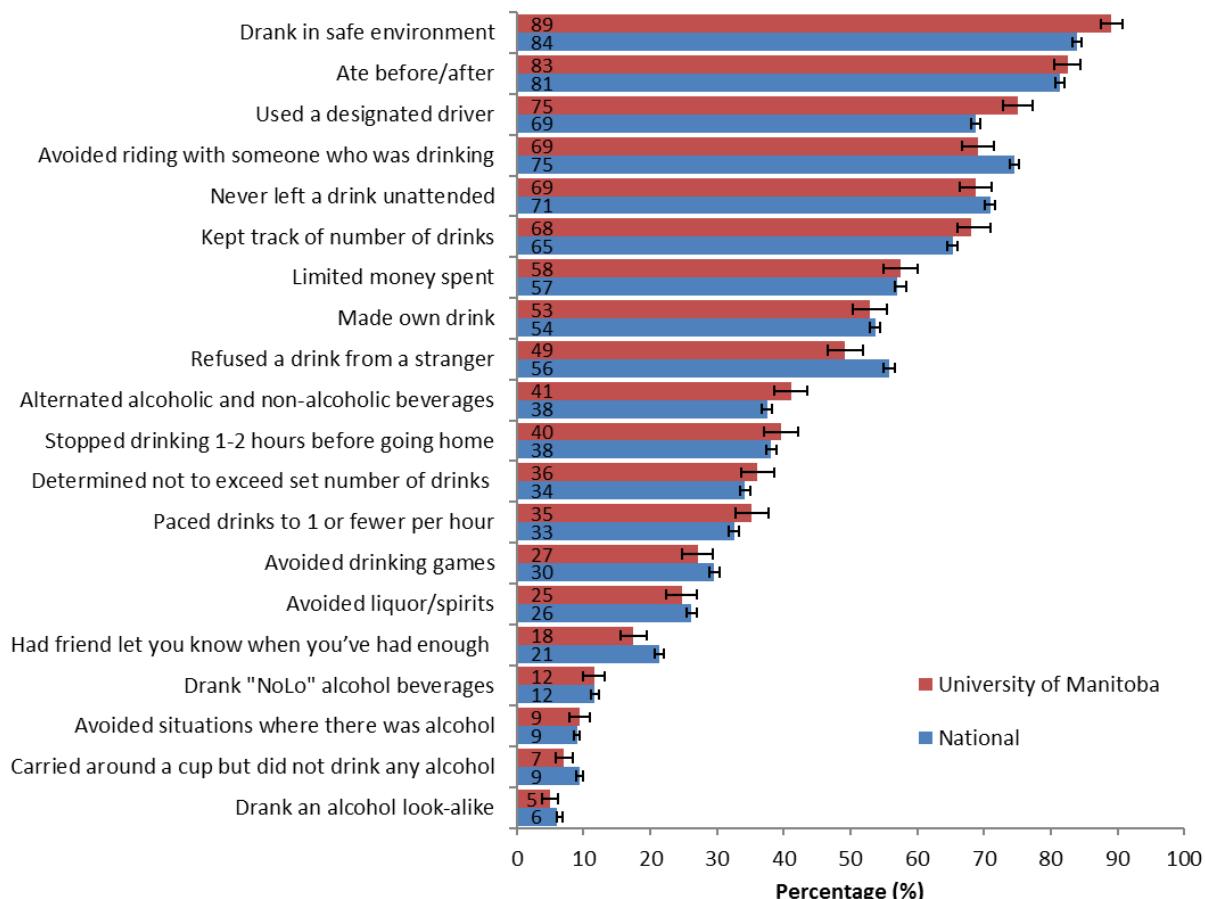
*This proportion is based on 11 harms that could be caused by others drinking.

Alcohol Protective Strategies

Nearly all respondents (99%, up from 97% in 2021/2022⁶) who consumed alcohol in the past 30 days employed protective strategies to slow down alcohol consumption, avoid intoxication and prevent dangerous alcohol-related consequences. However, some strategies were used more frequently than others. The strategies most often reported as 'always' or 'usually' used by respondents included: only drinking alcohol in safe environments (84%, up from 82% in 2021/2022), eating before and/or during drinking (81%, up from 78%), avoiding getting in a car with someone who had been drinking (75%, up from 68%), never leaving a drink unattended (71%, up from 61%), and using a designated driver (69%, up from 63%). The strategies least likely to be reported as 'always' or 'usually' used included drinking alcohol look-alikes (6%, up from 5%), avoiding situations where there is alcohol (9%, up from 7%), and carrying around a cup but not drinking (9%, up from 8%).

⁶ One new strategy was added to the list of strategies for the third cycle questionnaire: "Drank 'NoLo' alcohol beverages that have no or very low alcohol content".

Figure 8. Alcohol protective strategies used 'always' or 'usually' when drinking in the past 30 days, CPADS 2024/25, University of Manitoba



Only one behaviour decreased in occurrence in the current cycle compared to 2021/2022: made your own drinks (54%, down from 59%). Many of the protective strategies are dependent on the context of alcohol consumption being social; due to the pandemic, there had been fewer opportunities to employ protective strategies, as many of them are to be applied in a social environment. In the current cycle, there is a shift back to increased levels of protection not necessarily due to more cautious behaviour, but due to a return to increased social drinking.

Nearly all protective strategies are significantly more likely to be undertaken by women compared to men to at least some extent. However, the following six strategies are much more prevalent among women, who are 7%+ more likely to:

- never leave a drink unattended (women more likely than men, 79% vs. 60%, respectively),
- refuse a drink from a stranger (63% vs. 47%, respectively),
- pace drinks to 1 or fewer per hour (38% vs. 25%, respectively),
- avoid getting in a car with someone who had been drinking (78% vs. 70%, respectively),
- use a designated driver (72% vs. 64%, respectively), and
- alternate non-alcoholic and alcoholic beverages during one occasion (40% vs. 34%, respectively).

The higher degree of employing these strategies indicate that women tend to behave more cautiously while drinking. The table below illustrates the differences between female and male protective strategies while consuming alcohol.

Table 9. Individual protective behaviours, by sex, [among all respondents]: comparison between women and men, CPADS 2024/25, National

Employing an individual protective behaviour in the past 30 days, %—sorted by difference (women vs. men)	+/-*	Women	Men	Total
<i>Never left a drink unattended</i>	+19	79	60	71
<i>Refused a drink from a stranger</i>	+16	63	47	56
<i>Paced your drinks to 1 or fewer per hour</i>	+13	38	25	33
<i>Avoided getting in a car with someone who had been drinking</i>	+8	78	70	75
<i>Used a designated driver</i>	+7 ↑	72	64	69
<i>Alternated non-alcoholic beverages and alcohol beverages</i>	+7 ↓	40	34	38
<i>Made your own drinks</i>	+6	56	50	54
<i>Determined, in advance, not to exceed a set number of drinks</i>	+6	37	31	34
<i>Only drank alcohol in safe environments (e.g. at home, friends')</i>	+5	86	81	84
<i>Ate before and/or during drinking</i>	+5	84	79	81
<i>Had a friend let you know when you've had enough</i>	+5	24	19	21
<i>Limited money spent on alcohol</i>	+5 ↓	59	55	57
<i>Kept track of how many drinks you were having</i>	+4	67	63	65
<i>Avoided drinking games</i>	+3	31	28	30
<i>Avoided hard liquor or spirits</i>	+3 ↓	27	25	26
<i>Carried around a cup but did not drink any alcohol</i>	+2	10	8	9
<i>Drank "NoLo" alcohol beverages (no/very low alcohol content)</i>	+2	13	11	12
<i>Stopped drinking at least 1-2 hours before going home</i>	+2	39	37	38
<i>Drank an alcohol look-alike</i>	+1 ↑	7	5	6
<i>Avoided situations where there was alcohol</i>	—	9	9	9

* Difference shown only if statistically significant.

The symbols ↑ and ↓ refer to the direction of rounding to integers first then taking the difference.

Junior students (in their first or second year) are more likely to employ the following strategies—primarily those related to avoidance, and minding own safety and awareness while consuming alcoholic drinks:

- avoid getting in a car with someone who had been drinking (junior students more likely than senior, 77% vs. 73%, respectively),
- never leave a drink unattended (73% vs. 70%, respectively),
- use a designated driver (70% vs. 68%, respectively),
- limit money spent on alcohol (60% vs. 56%, respectively),
- refuse a drink from a stranger (59% vs. 54%, respectively),
- have a friend let them know when they have had enough (25% vs. 18%, respectively),
- carry around a cup but not drink any alcohol (11% vs. 9%, respectively)
- avoid situations where there is alcohol (10% vs. 8%, respectively), and

- drink an alcohol look-alike (7% vs. 6%, respectively).

Senior students (in their third year and above) are more likely to employ the following strategies—primarily those related to limiting consumption:

- eat before and/or during drinking (senior students more likely than junior students, 83% vs. 80%, respectively),
- keep track of how many drinks they are having (66% vs. 64%, respectively),
- pace drinks to 1 or fewer per hour (34% vs. 30%, respectively), and
- avoid hard liquor or spirits (27% vs. 25%, respectively).

How University of Manitoba compared to other schools:

- The proportion of students who consumed alcohol in the past month and have employed protective strategies to slow down alcohol consumption, avoid intoxication and prevent dangerous alcohol-related consequences was similar (99%). There were no differences by sex or year of study.
- The most common protective strategies among female students were:
 1. Only drinking alcohol in safe environments (e.g., in the presence of others, at home, at a friend's house, at a restaurant) (91%),
 2. Eating before and/or during drinking (85%),
 3. Using a designated driver (78%),
 4. Never leaving a drink unattended (77%), and
 5. Avoiding getting in a car with someone who had been drinking (74%).
- The most common protective strategies among male students were:
 1. Only drinking alcohol in safe environments (e.g., in the presence of others, at home, at a friend's house, at a restaurant) (87%),
 2. Eating before and/or during drinking (79%),
 3. Using a designated driver (71%),
 4. Keeping track of how many drinks they were having (65%), and
 5. Avoiding getting in a car with someone who had been drinking (63%).

Alcohol Impaired Driving

Respondents were asked to indicate if they had ever been a passenger in a motor vehicle driven by someone who consumed two (2) or more alcoholic drinks in the past two (2) hours prior to driving, or if they had ever driven after doing so themselves. Young adults, 20-24 years of age, are more likely than drivers in other age groups to be accused of impaired driving. In 2015, the rate of impaired driving among this age group was 480 incidents per 100,000 drivers, compared to 201 per 100,000 among the general population. The rate of impaired driving among young adults has been declining over time^{vii}.

The proportion of students in the CPADS who reported driving within 2 hours of consuming at least 2 drinks was 13%⁷. Fifteen percent (up from 14% in the previous cycle) of students reported being a passenger with a driver who had consumed 2 or more drinks 2 hours prior to driving.

⁷ Not trended as this question was asked to a different set of respondents than in the previous cycle.

How University of Manitoba compared to other schools:

- The proportion of students who have driven within 2 hours of consuming at least 2 drinks was lower (6%). Driving after consumption was more common among men (7%).
- The proportion of students who have been a passenger with a driver who had consumed at least 2 drinks within 2 hours of driving was lower (13%). There were no differences by sex or year of study.

Drinking Environment

Participants were asked questions regarding the environment in which they consumed alcohol, such as their preferred location for drinking, if they took advantage of alcohol promotions offered on campus during the past 12 months, and how much they paid for alcoholic beverages.

Drinking location: Among participants who reported consuming alcohol in the past 30 days, 93% reported off campus as where they consume alcohol most often, and 7% reported consuming on campus most often. Among those who drank on- or off-campus, 55% drank at their or someone else's home.

Drinking company: During the past 30 days, the most frequently-mentioned company in which respondents consumed alcohol included (close) friends (64%, up from 55% in the previous cycle), followed by partner (14%, down from 20%) and family (11%, down from 13%). Fewer than one in ten (6%), down from 9% in 2021/2022, reported drinking alone in the past month. These trends are all consistent with people drinking in more social situations than they would have during the pandemic years. Male students (9%) were twice as likely as female students (4%) to drink alone.

Alcohol promotional events: In the 30 days before the survey, 30%⁸ of respondents took advantage of at least one alcohol promotional event.

Respondents were most likely to participate in happy hour (18%), followed by low-priced promotions such as ladies' night or 2 drinks for the price of 1 (11%) and special promotions hosted by alcohol companies (8%). Just more than one in ten (11%) reported getting a free cover charge to enter an establishment early, and 3% reported paying a cover charge for unlimited drinks.

The recommended price for a standard serving of alcohol is \$1.71 and was established by the National Alcohol Strategy Advisory Committee Working Group in 2015 as part of the development of the CCSA's National Strategy for Alcohol^{viii,ix}. Students' minimal spending on alcohol is increasing. Participants reported that the lowest amount they spent on one alcoholic beverage over the past month was, on average, \$6.96 (up from \$6.67 in the previous cycle).

How University of Manitoba compared to other schools:

- The proportion of students consuming alcohol off campus was higher (97%). There were no differences by sex or year of study.
- The most frequently mentioned company to consume alcohol with were:
 1. Friend(s) or close friend(s) (60%), which compared to other schools is lower, and more common among men (63%),

⁸ Not trended as asked about past 30 days in this survey cycle vs past 12 months in the previous cycle.

- 2. Family (15%), which compared to other schools is higher, and more common among women (18%), and
- 3. Partner, boyfriend, girlfriend (15%), which compared to other schools is similar, and more common among women (18%) and senior students (16%).
- The proportion of students drinking alone in the past month was similar (7%) and drinking alone was more common among men (11%).
- The proportion of students taking advantage of at least one promotional event in the past year was similar (31%). There were no differences by sex or year of study.
- The following promotional events were the most common to participate in:
 1. Happy hour (22%), which compared to other schools is higher, and there were no differences by sex or year of study,
 2. Low priced (11%), which compared to other schools is similar, and more common among junior students (15%), and
 3. Special promo (8%), which compared to other schools is similar, and more common among men (10%).
- The cheapest amount spent over the past month on *one alcoholic beverage* was lower (\$6.70).

CANNABIS

The 2024/25 CPADS included questions to determine students' general knowledge and sources of information related to cannabis. Questions also determined the prevalence and patterns of cannabis use among respondents in the past 12 months and in the past 30 days. Most questions about cannabis did not differentiate between medical and non-medical use as it was anticipated that the proportion of young adults who use cannabis exclusively for medical purposes would be small and would not greatly impact estimates.

Those who reported using cannabis were subsequently asked detailed questions about their frequency of cannabis use, age of initiation, types of cannabis products used, typical THC to CBD ratio preferences in cannabis products, usual source of cannabis, impaired driving and cannabis-related harms.

Cannabis Use

Within the past 12 months, 38% of respondents had used cannabis (down from 41% in 2021/2022). Respondents who reported using cannabis in the past 12 months were more likely to be female (39%) or senior students in their third year or greater (41%).

Among those who said they consume cannabis, the average age of initiating was 17.6 years (unchanged from the previous cycle).

Approximately 24% of respondents had used cannabis in the past 30 days (down from 28%), which was higher among females (25%) and senior students in their third year or greater (26%).

The majority of respondents in the CPADS had not used cannabis in the past 30 days (76%, up from 72%). Among all respondents, in the past 30 days cannabis was used for a median of 0.0 days and a mean of 2.6 days. The mean number of days used is higher among senior students in their third year or greater (2.9 days).

How University of Manitoba compared to other schools:

- The proportion of students who have used cannabis within the past *year* was lower (34%). Past-year consumption was more common among senior students (37%).
- The proportion of students who have used cannabis within the past *month* was lower (22%). Past-month consumption was more common among senior students (24%).
- Among those who reported using cannabis, the average age of initiating was higher (18.1 years old). Respondents reporting an older age of initiation were more likely to be senior students (18.5).

Exposure to education campaigns, public health or safety messages

Respondents were asked if they had seen or heard education campaigns, public health or safety messages about cannabis in various locations in the past 12 months.

In total, 71% of respondents reported they had seen or heard education campaigns, public health or safety messages about cannabis somewhere (down from 76% in 2021/2022). The five most common locations to have seen or heard these messages were (respondents could select more than one location or type of media):

- social media (44%, down from 54%),
- school (42%, up from 38%),
- public display of posters or billboards (27%, down from 30%),
- health care setting (22%, down from 24%), and
- TV/radio (21%, down from 31%).

Respondents who said they used cannabis were less likely to say they had seen a campaign about cannabis (70% compared to 72% of those who said they did not use cannabis); in the previous cycle, those who used cannabis were more likely to have seen a campaign (78% compared to 74% of those who said they did not use cannabis).

How University of Manitoba compared to other schools:

- The proportion of students who saw or heard education campaigns, public health, or safety messages about cannabis somewhere is higher (76%). There were no differences by sex or year of study.

Knowledge of harms related to cannabis

Respondents were asked if they knew cannabis smoke to be harmful, whether cannabis use during pregnancy or breastfeeding can be harmful, if frequent cannabis use can increase the risk of mental health problems, and whether teenagers are at greater risk of harm from cannabis use than adults. For all these harms, the majority of students reported they believe these risks to be true:

- 90% (up from 85% in 2021/2022) of people reported cannabis smoke can be harmful,
- 94% (up from 90%) believe cannabis can be harmful during pregnancy,
- 87% (up from 79%) reported they believe frequent cannabis use can increase the risk of mental health problems, and
- 86% (up from 82%) agreed that teenagers are at greater risk of harm from cannabis use than adults.

Those who said they used cannabis in the past 12 months consider the risks to be greater than those who said they did not use cannabis in the past 12 months for the following three risks of the four above:

- 93% reported cannabis smoke can be harmful (vs. 88% among those who did not use cannabis),
- 95% believe cannabis can be harmful during pregnancy (vs. 94% among those who did not use cannabis), and
- 89% agreed that teenagers are at greater risk of harm from cannabis use than adults (vs. 84% among those who did not use cannabis).

Female students were more likely to indicate that cannabis smoke can be harmful (91% of female students vs. 89% of male students), that cannabis use can be harmful during pregnancy or breastfeeding (96% vs. 92%, respectively), and that frequent cannabis use can increase the risk of mental health problems (88% vs. 86%, respectively). Students in first or second year were more likely to indicate that cannabis use can be harmful during pregnancy or breastfeeding (95% of junior students vs. 94% of senior students) while

students in third year or greater were more likely to report that cannabis smoke can be harmful⁹ and that teenagers are at greater risk of harm from cannabis use than adults (86% of senior students vs. 85% of junior students).

How University of Manitoba compared to other schools:

The proportion of students who believe the following risks of cannabis consumption to be true:

- Cannabis smoke is harmful was similar (90%),
- Consumption is harmful during pregnancy was similar (93%),
- Frequent use can increase the risk of mental health problems was lower (84%), and
- Teenagers are at a greater risk of harm than adults was lower (84%).

Methods of Consumption

There are various ways to consume cannabis. Respondents who said they used cannabis in the past 12 months were asked which consumption methods they had used in the past year. The most common methods of consuming cannabis were smoking (employed by 72% of respondents who use cannabis, down from 75% in 2021/2022), eating in food (53%, similar to the previous cycle), and vaping (47%, up from 39%). Less common uses include drinking (13%, similar to the previous cycle), oral use of oil (10%, down from 16%), dabbing (3%, down from 5%), and skin application (3%, unchanged from the previous cycle).

Differences in consumption include:

- Female respondents who reported using cannabis are more likely to consume edibles (55% of women vs. 51% of men) and apply it to skin (4% vs 2%, respectively);
- Male respondents who reported using cannabis are more likely to smoke (77% of men vs. 68% of women), use oils (11% vs. 9%, respectively), and dab (4% vs. 3%, respectively);
- Junior students are more likely to smoke (74% of junior students vs. 71% of senior students), vape (50% vs. 44%, respectively), and dab (4% vs. 3%, respectively); and
- Senior students are more likely to consume edibles (55% of senior students vs. 51% of junior students), drink it (15% vs. 11%, respectively), use oils (11% vs. 9%, respectively), and apply it to skin (4% vs. 3%, respectively).

How University of Manitoba compared to other schools:

The most common methods of consuming cannabis were:

- Eating it in food (64%), compared to other schools this is higher, and there were no differences by sex or year of study,
- Smoking (60%), compared to other schools this is lower, and more common among men (65%), and
- Vaping it (48%), compared to other schools this is similar, and there were no differences by sex or year of study.

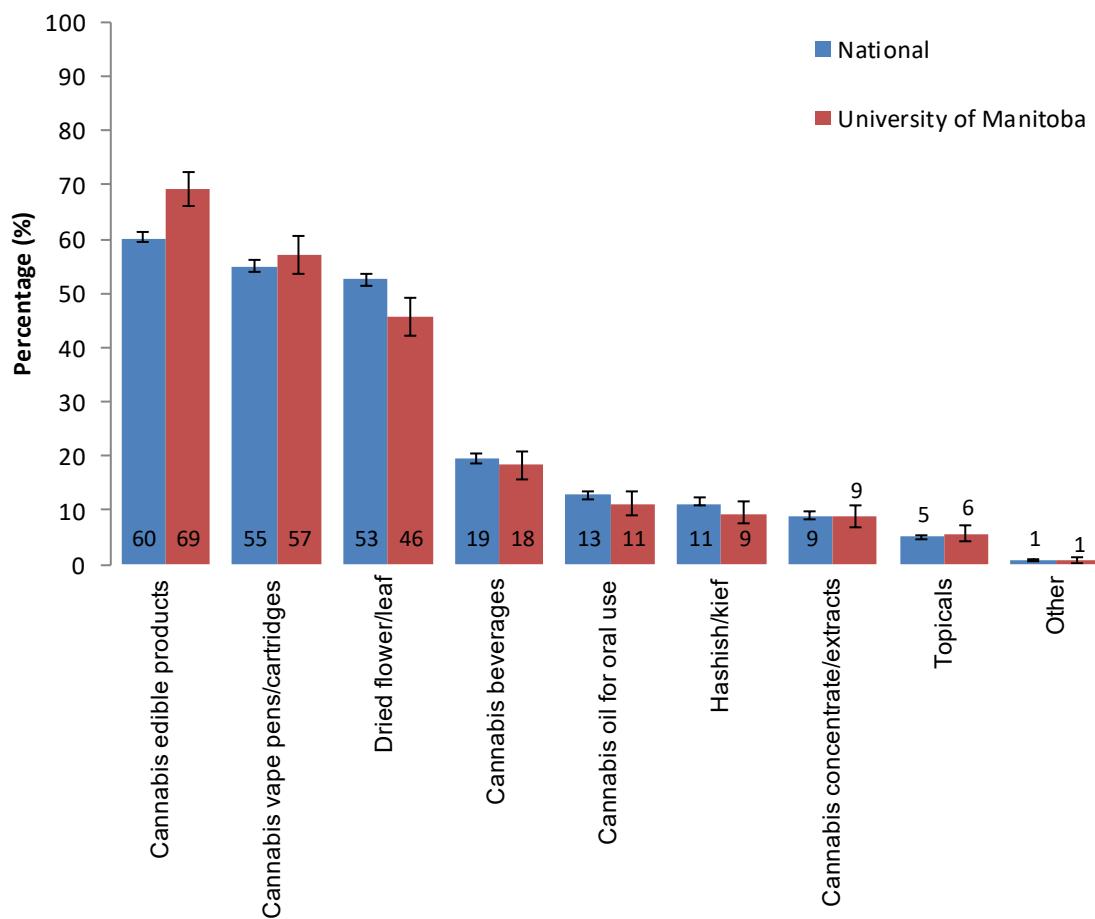
⁹ 90.4% of senior students vs. 89.6% of junior students, statistically significant

Types of cannabis products used and frequency

People who used cannabis in the past 12 months were asked about the types of cannabis products they had used in the past year and the frequency with which these were consumed. The six most common products used were:

- Cannabis edible products (60%, similar to 62% in the previous cycle),
- Cannabis vape pens/cartridges (55%, up from 47%),
- Dried flower/leaf (53%, down from 59%),
- Beverages (19%, unchanged),
- Cannabis oil for oral use (13%, down from 22%), and
- Hashish/kief (11%, down from 14%).

Figure 10. Cannabis products used among those who reported using cannabis in the past year, CPADS 2024/25, University of Manitoba



Importantly, there are big changes between the current and previous cycle in the relative popularity of different product types. In particular,

- Edibles have largely maintained their level of popularity;
- Vape pens/cartridges are increasing in popularity;

- Dried flower/leaf is declining in popularity; and
- Cannabis oil for oral use is declining in popularity.

The table below lists cannabis products by change in the proportion of consumption by means of each type of product.

Table 11. Year-to-year change in past-year consumption of cannabis products, CPADS 2024/25, National

% of consumption of cannabis products—sorted by change between cycles	2021/2022	2024/2025	Change vs. previous year*
Vape pens/cartridges	47	55	+8
Beverages	19	19	—
Edibles	62	60	—
Topicals	6	5	-1
Concentrate/extracts	11	9	-2
Hashish/kief	14	11	-3
Dried flower or leaf	59	53	-7 ↓
Oil	22	13	-9

* % change is shown where statistically significant.

The symbols ↑ and ↓ refer to the direction of rounding to integers first then taking the difference.

How University of Manitoba compared to other schools:

Among those who reported using cannabis in the past year, the most common types of cannabis products to consume were:

1. Edibles (69%), compared to other schools this is higher, and more common among women (73%),
2. Vape pens/cartridges (57%), compared to other schools this is similar, and more common among junior students (61%), and
3. Dried flower (46%), compared to other schools this is lower, and more common among men (53%).

Types of cannabis products vaped and frequency

Students who vaped cannabis in the past 12 months were asked about the types of cannabis products they had vaped in the past year and the frequency with which these were consumed. The most common products used were:

- Liquid cannabis oil/extract (e.g., butane honey oil (BHO), vaping liquid with THC/CBD, etc.) (92%, up from 83% in 2021/2022),
- Dried flower/leaf (16%, down from 36%),
- Solids cannabis extract (e.g., shatter, hash, kief, etc.) (8%, down from 14%), and
- Other cannabis products (1%, unchanged).

Males were more likely to vape dried flower/leaf (20% males vs. 13% females) and solids cannabis extracts (10% males vs. 6% females) than females. Conversely, females were more likely to vape liquid cannabis extract than males (93% females vs. 90% males). Junior students were also more likely to vape liquid cannabis extracts than senior students (93% juniors vs. 91% seniors).

Among students who vape cannabis, 35% do so at least once per week (similar to 37% in 2021/2022), and 15% vaped daily (unchanged from 2021/2022). Senior students were more likely to vape cannabis at least once a week compared to junior students (37% vs. 34%, respectively).

How University of Manitoba compared to other schools:

- Among those who have vaped cannabis in the past year, the most common products to use were:
 1. Liquid cannabis extract (93%), compared to other schools this was similar, and there were no differences by sex or year of study,
 2. Dried flower/leaf (17%), compared to other schools this was similar, and more common among men (23%), and
 3. Solids cannabis extract (8%), compared to other schools this was similar, and more common among men (13%).
- Among those who vape, the proportion of students who did so *at least once per week* was similar (32%). There were no differences by sex or year of study.
- Among those who vape, the proportion of students who did so *daily* was similar (14%). There were no differences by sex or year of study.

Relative levels of Tetrahydrocannabinol (THC) and Cannabidiol (CBD) in cannabis products

Respondents who used cannabis in the past 12 months were asked about the relative levels of THC and CBD in the cannabis products they typically use. CBD attenuates the effect of THC on the body and cannabis products with higher ratios of THC compared to CBD have stronger psychoactive properties. More than three in ten (31%, unchanged since previous cycle) of students indicated selecting cannabis products with higher levels of THC and lower CBD, while 9% indicated higher CBD and lower THC (down from 11%), and 12% said they typically use a mix of THC and CBD (down from 13%). In total, 23% (unchanged) of students indicated they did not know the relative levels of THC and CBD.

How University of Manitoba compared to other schools:

Among those who reported using cannabis in the past year, the proportion of those who use...

- Products with higher THC levels and lower CBD was similar (30%), and more common among men (36%) and senior students (32%), and
- Products with higher CBD levels and lower THC was similar (10%), and there were no differences by sex or year of study.

Sources used to obtain the cannabis product

Respondents who indicated using cannabis in the past 12 months were asked who they usually obtained cannabis from, including if cannabis was purchased from a legal or illegal source. The top source to obtain cannabis was from a legal storefront (70%, up from 64% in 2021/2022). Nearly four-fifths (78%) of respondents who used cannabis in the past 12 months stated that was “very easy” to get legal cannabis, compared to 23% who stated it was “very easy” to get illegal cannabis.

How University of Manitoba compared to other schools:

- Among those who reported using cannabis in the past year, the most common way to obtain cannabis was legal storefront (77%), compared to other schools it was higher, and more common among senior students (81%).
- Among those who reported using cannabis in the past year, the proportion who stated it was “very easy” to get legal cannabis is higher (84%), and more common among senior students (89%).
- Among those who reported using cannabis in the past year, the proportion who stated it was “very easy” to get illegal cannabis is similar (20%), and more common among men (25%).

Frequency of cannabis use before school

Students who had used cannabis in the past 12 months were asked how frequently they had attended class (either in person or online) within 4 hours of ingesting or 2 hours of inhaling cannabis.

Overall, 22% (down from 26% in 2021/2022) of respondents who consume cannabis in the past year reported attending class post-cannabis use (as defined in the previous paragraph), and 9% (down from 11%) reported doing so rarely (less than once a month). Males are more likely than females to have done so in the past 12 months (24% vs. 20%, respectively) and junior students more likely than senior students (23% vs. 20%, respectively).

How University of Manitoba compared to other schools:

The proportion of those who reported using cannabis in the past year who have in the past year attended class within 2-4 hours of consuming cannabis was lower (16%). There were no differences by sex or year of study.

Cannabis Impaired Driving

People who had used cannabis in the past 12 months were asked about their driving habits relative to their cannabis use. All respondents were asked if they had ever been a passenger in a vehicle driven by someone who used cannabis within the previous two hours.

Among students who had used cannabis in the past 12 months, 15%¹⁰ reported that they had ever driven within two hours of smoking or vaporizing cannabis or within four hours of ingesting cannabis.

The proportion of students who reported being a passenger with a driver who had smoked or vaped cannabis within two hours or inhaled cannabis within four hours, was 32% (up from 30% in the previous cycle). These respondents were more likely to be male (33%), and students in third year or greater (35%).

How University of Manitoba compared to other schools:

- The proportion of students reporting ever driving within 2 hours of smoking or vaping cannabis was lower (12%). There were no differences by sex or year of study.
- The proportion of students reporting being a passenger with a driver who had smoked or vaped cannabis at least 2 hours prior was lower (28%). Being a passenger with a driver who

¹⁰ Not trended due to asking this question among all past 12 month users of cannabis and not just those who had also driven in the past 12 months, as was done in the previous cycle.

had recently smoked or vaped cannabis was more common among women (30%) and senior students (31%).

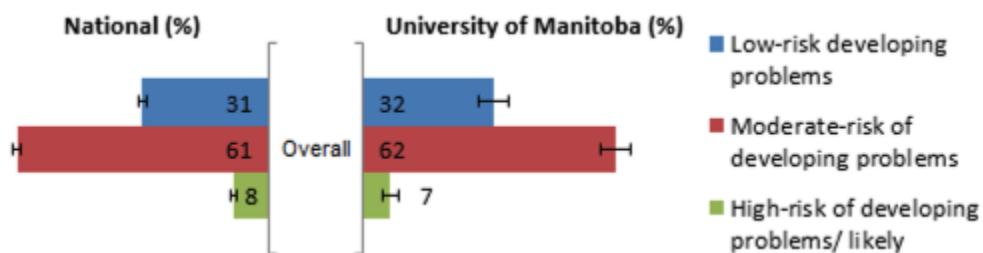
ASSIST

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of researchers specialised in problematic substance use to detect and manage substance use and related problems in primary and general medical care settings. The ASSIST module is used to screen respondents of the CPADS for problematic cannabis use.

Respondents are categorised based on their consumption as follows:

1. Low risk of developing health and other problems (score of 0-3)
2. Moderate risk of developing health and other problems (score of 4-26)
3. High risk of developing health and other problems and likely to be dependent (score of 27+)

Figure 12. ASSIST scores among past 3-months for respondents who reported using cannabis, CPADS 2024/25, University of Manitoba



Among those who reported using cannabis in the past three months, 63% (similar to 62% in 2021/2022) experienced at least one of the five cannabis-related harms asked in the ASSIST module. The most commonly reported harm related to their use was a desire or urge to use cannabis (60%, up from 58%), followed by failing others' expectations (21%, up from 20%).

A cannabis substance involvement score was calculated for respondents who reported using cannabis in the past three months based on their responses to the ASSIST module. Approximately 31% of respondents were at low risk of developing cannabis related health problems (score 0-3). The proportion of respondents with a score of 4-27, indicative of moderate risk of developing cannabis related health problems was 61%. The proportion of respondents with a score of 27 or more, indicating the likelihood of cannabis dependence, was 8%.

More than half of students (61%) reported an ASSIST score indicating they were at moderate risk of developing health and other problems due to their cannabis use.

How University of Manitoba compared to other schools:

- According to their ASSIST scores, among those who reported having used cannabis in the past 3 months,

- The proportion of those with a low risk of developing health and other problems (ASSIST score of 0-3) was similar (32%), and there were no differences by sex or year of study,
- The proportion of those with a moderate risk of developing health and other problems (ASSIST score of 4-26) was similar (62%), and there were no differences by sex or year of study, and
- The proportion of those with a high risk of developing health and other problems (ASSIST score of 27-39) was similar (7%), and more common among men (10%) and senior students (8%).
- The proportion of those who experienced at least one of the five cannabis-related harms asked in the ASSIST module was similar (62%). There were no differences by sex or year of study.

PSYCHOACTIVE PHARMACEUTICALS

Participants were asked about their use of four classes of pharmaceuticals, namely opioids, stimulants (such as medication prescribed for Attention Deficit Hyperactivity Disorder), sedatives and over-the-counter medications. While these drugs are intended for therapeutic purposes, they have the potential to be abused due to their psychoactive properties.

The first three classes of pharmaceuticals were asked of all participants to determine the prevalence of use in the past 12 months. Among those who reported using pharmaceuticals in the past 12 months, problematic use was also assessed.

Problematic use was defined as using a larger dose than recommended or using more frequently than recommended.

The prevalence of using over-the-counter medication was not asked since use of these substances is common. However, the CPADS included one question to ask respondents if they had used the following over-the-counter medications for reasons other than health or medical purposes: anti-motion sickness or nausea medicine (e.g., Gravol®); sleeping medicine (e.g., Nytol®); and cold or cough medicine (e.g., Robitussin®, Benadryl®, Benylin®, also known as "robos", "dex" and "DXM").

[Psychoactive pharmaceutical use](#)

Overall, 33% of students used at least one pharmaceutical opioid, stimulant, or sedative in the past 12 months.

Overall, 15% of respondents used a pharmaceutical opioid in the past 12 months, 14% used stimulants, and 11% (up from 10% in previous cycle) used sedatives¹¹.

[Problematic use of psychoactive pharmaceuticals](#)

Problematic use of psychoactive pharmaceuticals was calculated among those who have consumed a psychoactive pharmaceutical in the past 12 months.

Problematic use was reported by 22% of respondents who reported past-year use of any pharmaceutical (including pharmaceutical opioids, stimulants, sedatives or over-the-counter medication).

[Naloxone kits](#)

Approximately 66% (up from 48% in 2021/2022) of respondents had heard of naloxone kits in their lifetime. Women (70%) and students in their third year or greater (70%) were more likely to have heard of naloxone kits in comparison to men (61%) and students in their first and second year (61%), respectively.

How University of Manitoba compared to other schools:

- The proportion of students who had used at least one pharmaceutical opioid, stimulant or sedative in the past year was similar (33%), and overall more common among women (37%).

¹¹ Only sedatives are able to be trended due to question text changes compared to the previous cycle.

- The proportion of students...
 - Using pharmaceutical opioids was similar (15%), and there were no differences by sex or year of study;
 - Using stimulants was similar (15%), and there were no differences by sex or year of study;
 - Using sedatives was similar (11%), and the use of sedatives was more common among women (15%); and
 - Having heard of Naloxone kits was lower (63%), and hearing about naloxone was more common among women (66%) and senior students (68%).

OTHER DRUGS

Illegal Drug use

CPADS participants were asked if they had ever used any of the following 15 illegal drugs: cocaine and crack; illegal amphetamines / methamphetamines; psychedelics; ecstasy or others similar designer drugs; dissociatives; heroin; inhalants; salvia; synthetic cannabinoids; mephedrone; BZP/TFMPP; Nitrous Oxide; Alkyl Nitrites; fentanyl and Kratom. Approximately 11% (unchanged from 2021/2022¹²) of CPADS participants reported using at least one of these substances during the past 12 months. The most common modes of consumption among those who have ever tried or used one of these illegal drugs are oral ingestion (86%), inhalation (38%) and nasal (37%).

POLYSUBSTANCE USE

Participants were asked if they had ever consumed more than one substance at the same time or close enough in time that the effects overlapped; 13% stated they had done so in the past 30 days, while 65% have never done so. Among those who had done so in the past 30 days, 32% had done so at least once a week and 72% typically consumed alcohol and cannabis together.

How University of Manitoba compared to other schools:

- The proportion of students who had consumed more than one substance at the same time or close enough in time that the effects overlapped within the past 30 days was lower (12%). There were no differences by sex or year of study.
- The proportion of students who have never done this was higher (68%). This was more common among junior students (75%).
- Among those who had done so in the past 30 days, the proportion of students who had done so at least once a week was lower (27%). This was more common among men (35%).
- The proportion of students who typically consumed alcohol and cannabis together was similar (72%). There were no differences by sex or year of study.

DRUG HARMS

CPADS respondents who reported using any illegal drug or who had engaged in problematic use of psychoactive pharmaceuticals or over-the-counter medication in the past 12 months were asked if they had experienced any harm as a result of their use. Respondents were asked if there was ever a time they felt their general drug use had a harmful effect on one of nine factors: physical health; mental health; friendships and social life; financial position; home life or marriage; work, studies, or employment opportunities; legal problems; difficulty learning; or housing problems.

In total, 5% of all respondents (16% of those who reported using drugs in the past year) experienced at least one of these harms due to their substance use. The most common harms respondents experienced by those who reported using drugs in the past year were to mental health (10%), physical health (7%), and work, study, or employment opportunities (6%).

¹² Three new drugs were added to the list of illegal drugs for the third cycle questionnaire: Nitrous Oxide, Fentanyl, and Kratom

How University of Manitoba compared to other schools:

- The proportion of students who experienced at least one drug harm due to their substance use was similar (4%). Students who experienced at least one drug harm were more likely to be men (5%).
- The proportion of students who reported harm on mental health (11%) as the most commonly-experienced harm due to substance use was similar. This harm was more common among men (14%).

SEEKING PROFESSIONAL HELP

Participants were asked questions regarding seeking professional help due to use of substances. Overall, 7% (up from 6% in 2021/2022) of students said they *felt a need* to seek professional help. Of all students, 4% (similar to 3% in 2021/2022) have felt they needed help with their alcohol use, 4% (up from 3%) with cannabis use, and 2% (up from 1%) with drugs.

Among those who felt they needed help, 55% said they had ever *sought* professional help for their alcohol, cannabis or drug use and 22% said they had *sought* this help within the past 12 months. Among those who sought professional help within the past 12 months, 78% received it in the past 12 months. Among those who sought professional help, 43% received help for cannabis, 39% for alcohol and 7% for drugs.

The most often-cited reasons given by respondents for not having received professional help among those who said they needed it include:

- Being too busy (26%),
- Afraid of what people might think of them (24%),
- Feeling they did not need treatment in the past 12 months (21%),
- Treatment not covered by insurance (16%), and
- The waiting list being too long (13%).

How University of Manitoba compared to other schools:

- The proportion of students who ever *felt a need* to seek professional help for their use of substances was lower (6%). There were no differences by sex or year of study.
- The proportion of students who needed help with their...
 - Alcohol use was similar (3%) and there were no differences by sex or year of study,
 - Cannabis use was lower (2%) and more common among senior students (3%), and
 - Drug use was lower (1%) and there were no differences by sex or year of study.
- The proportion of students who ever *sought* professional help for their use of substances in the past 12 months was similar (22%). Seeking help was unreportable for men.
- The most common *reasons for not having sought professional help* were:
 1. They were too busy (30%), compared to other schools this was similar, and unreportable for men,
 2. They were afraid of what people would think of them (27%), compared to other schools this was similar, and unreportable for men,
 3. They felt they did not need treatment in the past 12 months (19%), compared to other schools this was similar, and unreportable for men,

4. The treatment was not covered by insurance (14%), compared to other schools this was similar, and unreportable for men, and
5. They had personal or family responsibilities (14%), compared to other schools this was similar, and unreportable for men.

The number of respondents was insufficient to provide results on the following:

- the proportion of students who received professional help in the past 12 months for their alcohol, cannabis or drug use

SMOKING TOBACCO AND VAPING

Information was collected on current smoking status and the frequency of using an e-cigarette or vaporiser. Respondents who use vaporisers were also asked their motivations for using these devices.

Over one-quarter (27%, unchanged from the previous cycle) of respondents had ever smoked a whole cigarette. This was more common among male students (28% of male students vs. 26% of female students), and more common among senior students (31% of senior students vs. 22% of junior students). Among those who had ever smoked a cigarette, nearly half (47%, similar to 46% in 2021/2022) had smoked at least 100 cigarettes (approximately 4 packs). Students who have smoked at least 100 cigarettes make up 13% (similar to 12% in 2021/2022) of all students.

Of students who had ever smoked a whole cigarette, over one-third (37%, up from 31% in 2021/2022) had smoked in the past month and approximately one in ten (8%, similar to 9%) were daily smokers. Daily smoking is more common among male students (10%) in comparison to female students (7%).

Vaping is more common compared to smoking cigarettes: 40% (down from 41% in the previous cycle) of students had tried vaping, 16% (similar to 15%) had vaped in the past month, and 8% (similar to 7%) vaped daily. Among past-month vapers, the most-cited reasons to vape are for enjoyment (41%, similar to 39%), to reduce stress (16%, up from 14%), out of curiosity (10%, down from 12%), and to quit smoking cigarettes (7%, down from 10%).

How University of Manitoba compared to other schools:

- The proportion of students *who have ever smoked a cigarette* was lower (23%). Ever smoking a cigarette was more common among men (25%) and senior students (26%).
- Among those who have ever smoked a cigarette, the proportion of students who...
 - *Have smoked at least 100 cigarettes in their life* was higher (52%), and was more common among men (57%),
 - *Were past-month smokers* was similar (36%), and was more common among men (42%), and
 - *Were daily smokers* was similar (9%), and was more common among men (12%).
- The proportion of students who *have tried vaping* was lower (38%). Having tried vaping was more common among senior students (40%).
- The proportion of students who are *past-month vapers* was lower (13%). There were no differences by sex or year of study.

Appendix 1: 2024/25 CPADS Data Tables University of Manitoba

In the tables below, “Overall” is for the 2024/2025 data.

Table 1. Participation rates and average survey length, CPADS 2024/2025 University of Manitoba

Field statistics	National	University of Manitoba
Field start	2024-10-02	2025-01-17
Field end	2025-04-15	2025-03-17
Average survey length (mm:ss)	21:14	20:05
Students invited***	396,190	32,357
Surveys accessed*	46,882	4,161
Survey drop-offs (did not complete, ineligible**)	13,743	1,069
Not eligible	2,781	294
Surveys completed	29,371	2,710
Response rate (among eligible students)**	7.4%	8.4%

*the term “accessed” refers to the number of students who clicked on the survey link.

** the term “eligible” refers to students who met survey eligibility criteria (Studying in Canada online or in-person and at least 16 years old)

***Students invited is an estimate since there were different recruit method options. Any school where a static link was sent or posted has used the population size from the file provided for weighting. Schools that sent their own invites have been entered based on the number of links provided, but Advanis cannot guarantee that many were sent out.

Note that the Northwest Territories and Newfoundland and Labrador have been excluded as no schools were sampled from these regions.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 2. Student demographic profile, CPADS 2024/2025 University of Manitoba (UNWEIGHTED DATA)

	TOTAL (all sites)		University of Manitoba	
	N	%	N	%
Total invited**	396,190	100.0%	32,357	8.2%
Total completes	29,371	100.0%	2,710	9.2%
Response rate	-	7.4%	-	8.4%
Survey language				
English	22,800	77.6%	2,706	99.9%
French	6,571	22.4%	4	0.1%
Sex at birth				
Male	9,683	33.2%	907	33.6%
Female	19,502	66.8%	1,789	66.4%
Gender				
Female	18,226	62.6%	1,668	62.1%
Male	9,381	32.2%	892	33.2%
Transgender female	115	0.4%	10	0.4%
Transgender male	281	1.0%	27	1.0%
Non-binary gender	780	2.7%	66	2.5%
Gender-fluid	228	0.8%	18	0.7%
Another gender	97	0.3%	7	0.3%
Age groups				
16 to 19 yrs	8,980	30.6%	759	28.0%
20 to 22 yrs	9,808	33.4%	884	32.6%
23 to 25 yrs	4,193	14.3%	458	16.9%
26 or older	6,390	21.8%	609	22.5%
Sexual orientation				
Heterosexual	20,196	73.2%	1,891	74.7%
Gay or lesbian	1,435	5.2%	128	5.1%
Bisexual	4,604	16.7%	390	15.4%
Two spirited	79	0.3%	12	0.5%
Another	1,295	4.7%	112	4.4%
Field of study				
Arts/Humanities/Social Science	8,235	28.3%	711	26.5%

Science/Technology	5,680	19.5%	684	25.5%
Engineering	2,943	10.1%	247	9.2%
Business/commerce	2,464	8.5%	205	7.6%
Medicine	1,383	4.8%	160	6.0%
Health science	3,624	12.5%	315	11.7%
Law	910	3.1%	44	1.6%
Education	2,133	7.3%	94	3.5%
Other	1,726	5.9%	227	8.4%
Year of study				
1st and 2nd year	13,421	47.3%	1,167	44.0%
3rd yr or higher	14,946	52.7%	1,487	56.0%
Student status				
Full-time	26,651	91.4%	2,500	92.7%
Part-time	2,505	8.6%	198	7.3%
International student status				
Yes	3,400	11.6%	430	15.9%
No	25,800	88.4%	2,267	84.1%
Living location				
Off-campus with family	14,307	49.1%	1,872	69.5%
Off-campus with friends/roommates	7,831	26.9%	451	16.7%
Off-campus alone	2,911	10.0%	243	9.0%
University or college residence	3,674	12.6%	106	3.9%
Other on-campus housing	167	0.6%	6	0.2%
I do not have stable housing	43	0.1%	2	0.1%
Other location	223	0.8%	13	0.5%

*Individual cells may not add up to totals when rolled up- "don't know" and refused not shown here and account for the difference.

**Students invited is an estimate since there were different recruit method options. Any school where a static link was sent or posted has been estimated at their approximate enrolment size, which may overestimate the total number of students invited. Schools that sent their own invites have been entered based on the number of links provided, but Advanis cannot guarantee that many were sent out.

Note that the Northwest Territories and Newfoundland and Labrador have been excluded as no schools were sampled from these regions.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 3. Past 12 month health status indicators, by alcohol/cannabis use, by sex and year of study, CPADS 2024/2025
University of Manitoba

	National (%)	School-specific (%)						
		Overall	Past 30 day alcohol use	Past 30 day cannabis use	Males	Females	Year of study	
							1 st and 2 nd	3 rd +
General health								
Excellent, very good, good	86.7 [86.3-87.2]	87.5↓ [86.2-88.8]	88.4 [86.7-90.0]	82.2 [79.0-85.5]	88.4 [86.3-90.5]	86.7 [85.1-88.3]	86.5↓ [84.4-88.5]	88.3 [86.6-90.0]
Fair or poor	13.3 [12.8-13.7]	12.5↑ [11.2-13.8]	11.6 [10.0-13.3]	17.8 [14.5-21.0]	11.6 [9.5-13.7]	13.3 [11.7-14.9]	13.5↑ [11.5-15.6]	11.7 [10.0-13.4]
Mental health								
Excellent, very good, good	66.1 [65.5-66.7]	65.6 [63.7-67.4]	63.4 [60.9-65.9]	55.3 [51.1-59.6]	70.4 [67.5-73.4] B	61.4 [59.1-63.7]	64.1 [61.3-67.0]	66.8 [64.3-69.2]
Fair or poor	33.9 [33.3-34.5]	34.4 [32.6-36.3]	36.6 [34.1-39.1]	44.7 [40.4-48.9]	29.6 [26.6-32.5]	38.6 [36.3-40.9] A	35.9 [33.0-38.7]	33.2 [30.8-35.7]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 4. Awareness of the Low-Risk Drinking Guidelines¹ or Canada's Guidance on Alcohol and Health, by sex and year of study, CPADS 2024/2025 University of Manitoba

Alcohol literacy	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
LRDG or CGAH awareness²						
Yes	44.5↑ [43.9-45.2]	47.8 [45.8-49.8]	45.6 [42.4-48.9]	49.6 [47.3-52.0] A	46.1 [43.1-49.1]	48.6 [46.0-51.2]
No	52.2 [51.6-52.9]	49.6 [47.7-51.6]	51.9 [48.7-55.2] B	47.7 [45.4-50.0]	50.9 [47.9-53.9]	49.3 [46.6-51.9]
Don't know	3.2 [3.0-3.5]	2.6 [1.9-3.2]	2.4 [1.4-3.4]	2.7 [1.9-3.4]	3.0 [2.0-4.1]	2.1 [1.4-2.9]

¹ Refers to the Canadian Low Risk Drinking Guidelines (LRDG): <http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx>

² Based on ALC01: 'Have you heard of or are you aware of Canada's Low Risk Drinking Guidelines (2011) or Canada's Guidance on Alcohol and Health (2023)?'

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 5. Alcohol use, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study 1 st and 2 nd 3 rd +
		Overall	Males	Females	Year of study	
					A	
Alcohol use						
Alcohol - lifetime	81.9 [81.4-82.4]	80.2 [78.6-81.7]	77.1 [74.4-79.8]	82.8 [81.0-84.5] A	75.6 [73.0-78.1]	83.0 [81.0-85.0] C
Alcohol - past year	73.8 [73.3-74.4]	71.1 [69.4-72.9]	68.4 [65.4-71.4]	73.5↓ [71.4-75.5] A	69.0 [66.2-71.8]	72.4 [70.0-74.7]
Mean age of initiation (years)	16.0 [16 - 16]	16.3 [16.2 - 16.4]	16.3 [16.1 - 16.5]	16.3 [16.2 - 16.4]	16.2 [16.0 - 16.4]	16.4 [16.2 - 16.6]
Under age drinking - among past year drinkers	8.3 [7.9-8.7]	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0
Alcohol - past month	59.6 [59.0-60.3]	57.6 [55.6-59.5]	55.9 [52.7-59.1]	59.0 [56.7-61.3]	53.3 [50.3-56.3]	60.2 [57.6-62.7] C
Alcohol - past month frequency						
At least once/week	25.1 [24.5-25.6]	20.7 [19.1-22.3]	24.5↑ [21.7-27.3] B	17.4 [15.6-19.1]	16.3 [14.1-18.6]	23.8 [21.5-26.0] C
2-3 times in past 30 days	21.1 [20.6-21.6]	22.2 [20.6-23.9]	18.8 [16.2-21.3]	25.2 [23.2-27.3] A	21.6 [19.2-24.1]	22.5↑ [20.3-24.7]
Once in past 30 days	13.5↓ [13.1-13.9]	14.6 [13.2-16.0]	12.6 [10.4-14.7]	16.4 [14.7-18.1] A	15.3 [13.1-17.5]	13.9 [12.1-15.7]
Not in past 30 days	40.4 [39.7-41.0]	42.4 [40.5-44.4]	44.1 [40.9-47.3]	41.0 [38.7-43.3]	46.7 [43.7-49.7] D	39.8 [37.3-42.4]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 6a. Alcoholic beverages consumed in the past 30 days, by sex and year of study, CPADS 2024/2025
 University of Manitoba

	National (%)	School-specific (%)								
		Overall	Males	Females	Year of study					
					1 st and 2 nd	3 rd +				
A B C D										
Beverage choice - past 30 days										
Light beer (4% alcohol content or less)	42.1 [41.3-42.9]	39.4 [36.9-41.9]	53.0 [48.6-57.3] B	28.3 [25.6-31.1]	39.5↑ [35.5-43.5]	39.2 [35.9-42.6]				
Beer (4.1%+ alcohol content)	50.0 [49.2-50.9]	46.6 [44.1-49.2]	68.1 [64.0-72.2] B	29.2 [26.4-32.0]	44.3 [40.2-48.3]	48.2 [44.8-51.6]				
Wine	53.5↑ [52.7-54.3]	57.0 [54.5-59.6]	49.7 [45.3-54.1]	62.9 [59.9-65.8] A	48.5↓ [44.4-52.6]	62.0 [58.7-65.3] C				
Hard Seltzer	36.1 [35.3-36.9]	30.1 [27.7-32.5]	23.7 [20.0-27.5]	35.2 [32.3-38.1] A	32.6 [28.7-36.4]	28.4 [25.3-31.5]				
Cooler and pre-mixed cocktails (<7% alcohol content)	51.2 [50.4-52.1]	45.5↓ [42.9-48.0]	36.8 [32.5-41.0]	52.5↓ [49.4-55.5] A	51.2 [47.1-55.3] D	42.4 [39.0-45.8]				
Cooler and pre-mixed cocktails (>7% alcohol content)	37.5↓ [36.7-38.3]	32.1 [29.7-34.5]	27.0 [23.0-30.9]	36.2 [33.3-39.2] A	36.3 [32.4-40.2] D	29.4 [26.3-32.5]				
Cider	19.6 [18.9-20.3]	11.2 [9.5-12.8]	9.9 [7.2-12.5]	12.2 [10.2-14.2]	9.9 [7.4-12.3]	12.4 [10.1-14.6]				
Spirits and liquor	59.1 [58.3-59.9]	64.6 [62.1-67.1]	70.0 [65.9-74.0] B	60.3 [57.3-63.3]	64.5↓ [60.6-68.4]	65.0 [61.8-68.2]				

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 6b. Frequency of alcohol use in past 30 days, by beverage type, CPADS 2024/2025 University of Manitoba

Frequency of any alcohol use by those consuming each beverage type	Beverage type (%)							
	Light beer (4% alcohol content or less)	Beer (4.1%+ alcohol content)	Wine	Hard Seltzer	Cooler or premixed cocktails < <u>7%</u>	Cooler or premixed cocktails <u>7%</u> +	Cider	Spirits and liquor
Among past 30 day drinkers								
At least once/week	51.2 [46.9-55.6]	54.3 [50.3-58.3]	45.0 [41.6-48.3]	43.2 [38.7-47.8]	38.1 [34.4-41.7]	44.7 [40.3-49.1]	52.8 [45.1-60.5]	45.7 [42.5-49.0]
2-3 times in past 30 days	31.5↓ [27.5-35.5]	32.2 [28.4-35.9]	38.4 [35.1-41.7]	43.3 [38.8-47.9]	41.6 [38.0-45.3]	36.8 [32.5-41.1]	34.5↑ [27.2-41.8]	38.1 [35.0-41.3]
Once in past 30 days	17.3 [14.0-20.5]	13.5↑ [10.8-16.3]	16.6 [14.1-19.2]	13.5↓ [10.4-16.6]	20.3 [17.3-23.3]	18.5↓ [15.0-21.9]	12.6 [7.5-17.8]	16.1 [13.7-18.5]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Statistical testing has not been conducted as columns are not independent.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 7. Energy drink use in the past 30 days, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Energy drinks - past month						
Energy drink- consumed alone	32.4 [31.8-33.0]	31.8 [29.9-33.6]	34.2 [31.1-37.3] B	29.7 [27.5-31.8]	34.7 [31.8-37.6] D	29.6 [27.2-32.0]
Sweetened beverage with high alcohol content	15.0 [14.4-15.6]	10.4 [8.8-12.0]	8.1 [5.7-10.5]	12.2 [10.2-14.2] A	14.4 [11.6-17.3] D	8.1 [6.2-10.0]
Alcohol and energy drink - consumed separately	18.1 [17.5-18.8]	15.4 [13.5-17.3]	16.5↓ [13.2-19.7]	14.5↑ [12.4-16.7]	16.0 [13.0-19.0]	15.1 [12.6-17.5]
Alcohol and energy drink - hand mixed together	13.5↓ [12.9-14.0]	10.6 [9.0-12.2]	13.0 [10.0-15.9] B	8.7 [7.0-10.4]	12.0 [9.3-14.7]	10.0 [7.9-12.0]
Store bought pre-mixed alcoholic beverage	3.0 [2.8-3.3]	2.9 [2.0-3.8]	3.0 [1.5-4.5]	2.8 [1.8-3.8]	3.6 [2.0-5.1]	2.4 [1.4-3.5]
Any alcohol + energy drink¹	22.8 [22.1-23.5]	20.0 [17.9-22.1]	22.2 [18.5-25.9]	18.2 [15.8-20.5]	22.2 [18.8-25.6]	18.8 [16.1-21.5]
Any alcohol + energy drink - past 30 days						
At least once/week	0.5↓ [0.4-0.6]	0.3 [0.0-0.6]	0.6 [-0.1-1.3]	0.1 [-0.1-0.2]	0.3 [-0.1-0.8]	0.3 [-0.1-0.7]
2-3 times in past 30 days	0.6 [0.5-0.7]	0.2 [-0.0-0.5]	0.2 [-0.2-0.7]	0.2 [-0.1-0.5]	0.4 [-0.1-0.8]	0.2 [-0.1-0.4]
Once in past 30 days	1.9 [1.7-2.2]	2.4 [1.6-3.2]	2.2 [0.9-3.5]	2.5↑ [1.5-3.5]	2.9 [1.5-4.2]	2.0 [1.0-2.9]
Never	97.0 [96.7-97.2]	97.1 [96.2-98.0]	97.0 [95.5-98.5]	97.2 [96.2-98.2]	96.4 [94.9-98.0]	97.6 [96.5-98.6]

¹ The prevalence of consuming an energy drink and alcohol separately, hand mixed or pre-mixed at one occasion. Measured among those who reported consuming an energy drink mixed with alcohol in the past 30 days.

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 8a. Typical/heavy alcohol consumption patterns, [among past 30 day drinkers], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)					
		Overall	Males	Females	Year of study		
					1 st and 2 nd	3 rd +	
		A	B	C	D		
2+ drinks on one occasion							
At least once a week		24.8 [24.1-25.5]	19.1 [17.0-21.1]	26.4 [22.5-30.2] B	13.1 [11.0-15.1]	17.9 [14.8-21.0]	20.1 [17.4-22.8]
Typical drinking day¹							
Typical number of drinks consumed in one day (average)		3.9 [3.8 - 4]	3.6 [3.5 - 3.7]	4.2 [3.9 - 4.5] B	3.1 [3.0 - 3.2]	4.0 [3.7 - 4.3] D	3.3 [3.1 - 3.5]
5+ drinks on average		27.9 [27.1-28.6]	26.6 [24.3-28.9]	35.0 [30.8-39.2] B	19.8 [17.4-22.3]	31.3 [27.5-35.1] D	24.1 [21.2-27.0]
8+ drinks on average		10.2 [9.7-10.7]	10.4 [8.8-12.0]	15.6 [12.5-18.8] B	6.1 [4.6-7.5]	12.5↓ [9.8-15.2]	9.4 [7.4-11.4]
Heaviest drinking day²							
Highest number of drinks consumed in one day (average)		5.5↓ [5.4 - 5.6]	5.5↑ [5.3 - 5.7]	6.6 [6.1 - 7.1] B	4.6 [4.4 - 4.8]	6.0 [5.6 - 6.4] D	5.2 [4.9 - 5.5]
Number of minutes to consume highest number of drinks (average)		229.0 [226.7 - 231.3]	234.1 [226.6 - 241.6]	235.8 [221.9 - 249.7]	232.8 [224.1 - 241.5]	226.4 [215.4 - 237.4]	240.6 [230.2 - 251.0]
Heaviest drinking pace (average number of drinks/hour)		2.1 [2 - 2.2]	2.0 [1.7 - 2.3]	2.4 [2.0 - 2.8] B	1.8 [1.5 - 2.1]	2.1 [1.9 - 2.3]	2.0 [1.6 - 2.4]

¹ Based on Q. ALC10: "During the past 30 days, on those days when you drank alcoholic beverages, how many drinks did you usually have?"

² Based on Q. ALC13a: "During the past 30 days, what is the highest number of alcoholic drinks you have had on a drinking day?"

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 8b. Typical/heavy alcohol consumption patterns, [among past 30 day drinkers], by beverage type, CPADS 2024/2025 University of Manitoba

	Beverage type (%)							
	Light beer (4% alcohol content or less)	Beer (4.1%+ alcohol content)	Wine	Hard Seltzer	Cooler or premixed cocktails < 7%	Cooler or premixed cocktails 7% +	Cider	Spirits and liquor
2+ drinks on one occasion								
At least once a week	29.4 [25.5-33.4]	31.6 [27.8-35.3]	24.6 [21.7-27.5]	26.4 [22.3-30.4]	20.3 [17.3-23.3]	24.6 [20.8-28.5]	28.9 [21.9-35.9]	25.2 [22.4-28.0]
Typical drinking day¹								
Typical number of drinks consumed in one day (average)	4.2 [3.9 - 4.5]	4.2 [4.0 - 4.4]	3.5↑ [3.3 - 3.7]	4.3 [4.0 - 4.6]	3.9 [3.7 - 4.1]	4.4 [4.1 - 4.7]	3.7 [3.3 - 4.1]	4.1 [3.9 - 4.3]
5+ drinks on average	35.9 [31.7-40.1]	34.7 [30.9-38.6]	24.7 [21.8-27.7]	35.9 [31.5-40.3]	30.0 [26.6-33.5]	36.8 [32.4-41.1]	28.3 [21.3-35.3]	33.6 [30.5-36.7]
8+ drinks on average	15.6 [12.4-18.7]	15.6 [12.7-18.6]	8.6 [6.7-10.5]	13.5↑ [10.4-16.7]	12.1 [9.6-14.5]	15.7 [12.4-19.0]	8.5↑ [4.2-12.9]	13.6 [11.4-15.9]
Heaviest drinking day²								
Highest number of drinks consumed in one day (average)	6.9 [6.4 - 7.4]	7.1 [6.7 - 7.5]	5.7 [5.4 - 6.0]	6.9 [6.5 - 7.3]	6.1 [5.8 - 6.4]	7.0 [6.6 - 7.4]	6.0 [5.4 - 6.6]	6.7 [6.4 - 7.0]
Number of minutes to consume highest number of drinks (average)	262.5↑ [249.0 - 276.0]	265.0 [252.8 - 277.2]	251.6 [241.4 - 261.8]	276.3 [263.3 - 289.3]	251.1 [241.1 - 261.1]	257.5↑ [244.7 - 270.3]	272.9 [252.1 - 293.7]	262.0 [252.9 - 271.1]
Heaviest drinking pace (average number of drinks/hour)	2.0 [1.6 - 2.4]	2.0 [1.7 - 2.3]	1.7 [1.5 - 1.9]	1.8 [1.7 - 1.9]	1.9 [1.6 - 2.2]	2.2 [1.7 - 2.7]	1.5↑ [1.3 - 1.7]	2.2 [1.8 - 2.6]

¹ Based on Q. ALC10: "During the past 30 days, on those days when you drank alcoholic beverages, how many drinks did you usually have?"

² Based on Q. ALC13a: "During the past 30 days, what is the highest number of alcoholic drinks you have had on a drinking day?"

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Statistical testing has not been conducted as columns are not independent.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 9a. Drinking within the Low Risk Drinking Guidelines, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	1 st and 2 nd	
					3 rd +	
		A	B	C	D	
Heavy drinking¹	40.5↑ [39.8-41.3]	40.3 [38.1-42.5]	41.3 [37.7-44.9]	39.4 [36.8-42.0]	38.2 [34.9-41.6]	41.4 [38.4-44.4]
Frequency of heavy drinking in past 30 days						
At least once per week	10.2 [9.7-10.6]	7.3 [6.1-8.4]	9.9 [7.7-12.1] B	4.9 [3.8-6.1]	7.1 [5.4-8.9]	7.6 [6.0-9.2]
2-3 times per month	12.6 [12.1-13.1]	12.7 [11.2-14.2]	13.3 [10.8-15.8]	12.3 [10.5-14.0]	11.3 [9.2-13.5]	13.5↓ [11.4-15.5]
Once per month	17.8 [17.2-18.3]	20.3 [18.5-22.1]	18.1 [15.3-20.9]	22.2 [20.0-24.4] A	19.8 [17.0-22.5]	20.4 [17.9-22.8]
Never	59.5↓ [58.7-60.2]	59.7 [57.5-61.9]	58.7 [55.1-62.3]	60.6 [58.0-63.2]	61.8 [58.4-65.1]	58.6 [55.6-61.6]

¹ Heavy drinking is defined as consumption of 4 or more drinks for women and 5 or more drinks for men on one occasion in the past 30 days

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 9b. Drinking within the Low Risk Drinking Guidelines, by beverage type, CPADS 2024/2025 University of Manitoba

	Beverage type (%)							
	Light beer (4% alcohol content or less)	Beer (4.1%+ alcohol content)	Wine	Hard Seltzer	Cooler or premixed cocktails < 7%	Cooler or premixed cocktails 7% +	Cider	Spirits and liquor
Heavy drinking¹	65.2 [61.1-69.3]	67.3 [63.5-71.0]	58.5↓ [55.1-61.8]	73.4 [69.4-77.5]	63.5↓ [59.9-67.1]	71.7 [67.7-75.7]	67.9 [60.7-75.1]	68.5↓ [65.5-71.5]
Frequency of heavy drinking in past 30 days								
At least once per week	17.6 [14.3-20.9]	17.0 [14.0-20.0]	11.8 [9.6-14.0]	15.9 [12.6-19.3]	11.7 [9.3-14.1]	15.0 [11.8-18.2]	14.6 [9.1-20.0]	13.4 [11.2-15.6]
2-3 times per month	19.9 [16.5-23.4]	21.8 [18.4-25.1]	19.7 [17.0-22.4]	25.8 [21.8-29.8]	20.2 [17.2-23.2]	24.3 [20.5-28.1]	22.4 [16.0-28.9]	22.5↑ [19.8-25.2]
Once per month	27.7 [23.8-31.5]	28.5↓ [24.9-32.1]	27.0 [24.0-30.1]	31.7 [27.4-35.9]	31.6 [28.1-35.0]	32.4 [28.2-36.6]	30.9 [23.7-38.0]	32.6 [29.5-35.6]
Never	34.8 [30.7-38.9]	32.7 [29.0-36.5]	41.5↑ [38.2-44.9]	26.6 [22.5-30.6]	36.5↑ [32.9-40.1]	28.3 [24.3-32.3]	32.1 [24.9-39.3]	31.5↑ [28.5-34.5]

¹ Heavy drinking is defined as consumption of 4 or more drinks for women and 5 or more drinks for men on one occasion in the past 30 days

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Statistical testing has not been conducted as columns are not independent.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 10a. Drunkenness, by sex and year of study, CPADS 2024/2025 University of Manitoba

Drunkenness	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Ever drunk - among lifetime drinkers	83.4 [82.9-83.9]	82.0 [80.3-83.7]	80.4 [77.4-83.4]	83.2 [81.2-85.1]	77.0 [74.1-79.9]	85.0 [83.0-87.1] C
Mean age when first drunk - among lifetime drinkers	16.7 [16.7 - 16.7]	17.0 [16.9 - 17.1]	17.0 [16.8 - 17.2]	16.9 [16.7 - 17.1]	16.8 [16.6 - 17.0]	17.1 [16.9 - 17.3] C
Drunk in past 30 days - among past 30 day drinkers	62.4 [61.6-63.3]	64.2 [61.6-66.9]	69.3 [65.0-73.6] B	60.2 [57.0-63.3]	66.9 [62.7-71.1]	62.6 [59.2-66.1]
Intentionally got drunk at least once a week in the past 30 days	21.5↓ [20.6-22.4]	15.6 [13.1-18.2]	21.7 [17.1-26.3] B	9.9 [7.4-12.4]	17.5↓ [13.3-21.6]	14.8 [11.6-18.1]
Frequency of being drunk in past 30 days						
Once a week or more often	14.1 [13.5-14.7]	10.9 [9.2-12.6]	16.2 [12.7-19.6] B	6.6 [5.0-8.2]	12.2 [9.3-15.2]	10.2 [8.0-12.4]
2 to 3 times in past month	20.5↓ [19.8-21.2]	21.4 [19.1-23.6]	23.9 [19.9-27.9]	19.3 [16.7-21.9]	20.5↑ [16.9-24.1]	21.7 [18.8-24.7]
Once in past month	27.9 [27.1-28.7]	32.0 [29.4-34.6]	29.2 [24.9-33.4]	34.3 [31.2-37.4]	34.1 [29.9-38.3]	30.7 [27.4-34.0]
Not in the past 30 days	37.6 [36.7-38.4]	35.8 [33.1-38.4]	30.7 [26.4-35.0]	39.8 [36.7-43.0] A	33.1 [28.9-37.3]	37.4 [33.9-40.8]
Beverage choice when drunk in past 30 days						
Light beer (4% alcohol content or less)	4.8 [4.3-5.2]	5.9 [4.3-7.6]	10.2 [6.8-13.6]	1.9 [0.8-3.1]	5.8 [3.2-8.4]	6.0 [3.8-8.1]

			B			
Beer (4.1%+ alcohol content)	21.4 [20.5-22.3]	17.7 [15.1-20.4]	29.5↓ [24.3-34.6] B	6.7 [4.6-8.8]	16.4 [12.3-20.5]	18.8 [15.2-22.4]
Wine	11.9 [11.2-12.6]	12.2 [9.9-14.5]	6.0 [3.3-8.7]	18.1 [14.8-21.3] A	7.5↓ [4.6-10.4]	15.0 [11.7-18.2] C
Hard Seltzer	5.8 [5.3-6.3]	4.7 [3.3-6.2]	2.4 [0.7-4.1]	6.9 [4.8-9.0] A	3.3 [1.3-5.3]	5.6 [3.5-7.7]
Coolers or pre-mixed cocktails (with alcohol content of less than 7%)	14.9 [14.1-15.7]	11.4 [9.2-13.6]	5.6 [3.0-8.2]	16.8 [13.7-20.0] A	15.1 [11.2-19.1] D	8.8 [6.2-11.4]
Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)	9.8 [9.1-10.4]	7.0 [5.2-8.7]	4.2 [1.9-6.4]	9.6 [7.1-12.0] A	7.1 [4.3-10.0]	7.1 [4.8-9.5]
Cider	1.7 [1.4-2.0]	1.0 [0.3-1.6]	0.4 [-0.3-1.1]	1.5↓ [0.5-2.5]	1.0 [-0.1-2.0]	1.0 [0.1-1.9]
Spirits or liquor	29.8 [28.8-30.9]	40.1 [36.7-43.5]	41.8 [36.2-47.4]	38.5↓ [34.4-42.5]	43.8 [38.3-49.2]	37.8 [33.3-42.2]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 10b. Drunkenness, by beverage consumed in past 30 days, CPADS 2024/2025 University of Manitoba

	Beverage type (%)							
	Light beer (4% alcohol content or less)	Beer (4.1%+ alcohol content)	Wine	Hard Seltzer	Cooler or premixed cocktails < 7%	Cooler or premixed cocktails 7% +	Cider	Spirits and liquor
Drunkenness								
Drunk in past 30 days - among past 30 day drinkers	70.9 [66.8-75.1]	73.5↑ [69.8-77.2]	68.6 [65.2-71.9]	78.9 [75.1-82.8]	70.4 [66.8-74.0]	78.2 [74.3-82.0]	71.0 [63.7-78.3]	74.8 [71.9-77.8]
Intentionally got drunk at least once a week in the past 30 days	22.4 [17.9-27.0]	22.0 [18.0-26.0]	16.2 [12.9-19.4]	19.7 [15.5-24.0]	17.8 [14.2-21.4]	18.9 [14.7-23.1]	16.9 [9.7-24.0]	16.6 [13.7-19.5]
Frequency of being drunk in past 30 days								
Once a week or more often	17.0 [13.6-20.4]	17.4 [14.2-20.5]	12.3 [9.9-14.7]	16.0 [12.5-19.5]	13.2 [10.5-15.9]	15.8 [12.4-19.2]	13.4 [7.9-18.8]	13.5↑ [11.3-15.8]
2 to 3 times in past month	24.3 [20.4-28.2]	26.3 [22.6-29.9]	25.5↓ [22.3-28.6]	29.8 [25.4-34.1]	25.3 [21.8-28.7]	28.6 [24.4-32.8]	28.8 [21.5-36.1]	26.2 [23.2-29.1]
Once in past month	29.6 [25.5-33.8]	29.9 [26.1-33.7]	30.8 [27.5-34.1]	33.2 [28.7-37.6]	32.0 [28.3-35.6]	33.7 [29.3-38.1]	28.8 [21.5-36.1]	35.2 [31.9-38.4]
Not in the past 30 days	29.1 [24.9-33.2]	26.5↓ [22.8-30.2]	31.4 [28.1-34.8]	21.1 [17.2-24.9]	29.6 [26.0-33.2]	21.8 [18.0-25.7]	29.0 [21.7-36.3]	25.2 [22.2-28.1]
Beverage choice when drunk in past 30 days								
Light beer (4% alcohol content or less)	13.6 [9.8-17.3]	8.5↑ [5.8-11.3]	4.6 [2.7-6.4]	5.8 [3.3-8.4]	4.2 [2.3-6.1]	3.9 [1.8-6.0]	2.0 [-0.7-4.7]	5.1 [3.4-6.8]
Beer (4.1%+ alcohol content)	26.2 [21.4-31.0]	31.5↓ [26.9-36.0]	15.1 [11.9-18.2]	7.8 [4.9-10.6]	9.6 [6.8-12.4]	9.6 [6.4-12.7]	21.6 [13.7-29.6]	14.9 [12.1-17.7]
Wine	8.0 [5.0-11.0]	9.6 [6.7-12.5]	19.7 [16.2-23.3]	11.5↓ [8.1-14.9]	10.1 [7.3-13.0]	9.2 [6.1-12.3]	17.6 [10.2-24.9]	9.9 [7.5-12.2]

Hard Seltzer	4.7 [2.4-7.1]	3.4 [1.6-5.2]	5.1 [3.2-7.1]	11.9 [8.4-15.3]	6.7 [4.3-9.1]	5.1 [2.7-7.4]	0.6 [-0.9-2.1]	4.5↓ [2.8-6.1]
Coolers or pre-mixed cocktails (with alcohol content of less than 7%)	6.1 [3.5-8.8]	5.4 [3.2-7.6]	10.1 [7.4-12.7]	15.1 [11.2-18.9]	21.8 [17.9-25.8]	14.5↑ [10.7-18.3]	7.7 [2.6-12.9]	10.6 [8.2-13.0]
Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)	3.5↓ [1.5-5.5]	4.4 [2.4-6.4]	5.3 [3.4-7.3]	10.1 [6.9-13.3]	10.8 [7.9-13.8]	16.4 [12.4-20.3]	6.5↑ [1.8-11.3]	5.8 [4.0-7.7]
Cider	0.6 [-0.2-1.5]	0.5↑ [-0.2-1.2]	1.4 [0.4-2.5]	1.4 [0.2-2.7]	0.9 [0.0-1.8]	0.7 [-0.2-1.6]	7.5↑ [2.4-12.6]	1.0 [0.2-1.7]
Spirits or liquor	37.3 [31.9-42.6]	36.7 [32.0-41.5]	38.7 [34.4-43.0]	36.5↓ [31.3-41.6]	35.9 [31.3-40.4]	40.7 [35.4-46.0]	36.4 [27.2-45.7]	48.3 [44.4-52.2]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Statistical testing has not been conducted as columns are not independent.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 11. Drinking location, promotions and expenditure, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Most frequent drinking location in the past 30 days						
Off campus	93.0 [92.6-93.4]	97.5↓ [96.6-98.3]	96.5↓ [94.9-98.1]	98.2 [97.4-99.0]	96.5↓ [95.0-98.0]	97.9 [97.0-98.9]
On campus	7.0 [6.6-7.4]	2.5↑ [1.7-3.4]	3.5↑ [1.9-5.1]	1.8 [1.0-2.6]	3.5↑ [2.0-5.0]	2.1 [1.1-3.0]
Someone's home / my home	54.9 [54.1-55.7]	55.1 [52.5-57.7]	56.6 [52.2-60.9]	53.9 [50.8-56.9]	49.5↑ [45.4-53.6]	58.1 [54.8-61.5] C
Uptake of alcohol promotions in the past 12 months						
Happy hour	18.3 [17.7-19.0]	22.4 [20.3-24.6]	23.0 [19.3-26.7]	21.9 [19.4-24.5]	20.7 [17.4-24.0]	24.2 [21.3-27.1]
Low-priced promotions (e.g. ladies night)	10.6 [10.1-11.1]	11.3 [9.6-12.9]	10.7 [8.0-13.4]	11.7 [9.8-13.7]	14.5↑ [11.6-17.4] D	9.7 [7.7-11.7]
Special promotions by alcohol companies	8.0 [7.5-8.4]	8.1 [6.7-9.5]	10.0 [7.3-12.6] B	6.6 [5.1-8.1]	9.3 [6.9-11.7]	7.7 [5.9-9.5]
Cover charge for unlimited drinks	3.1 [2.8-3.4]	1.9 [1.2-2.6]	1.7 [0.6-2.8]	2.0 [1.1-2.9]	3.0 [1.6-4.4] D	1.2 [0.5-2.0]
Free cover charge to enter an establishment early	10.6 [10.1-11.1]	7.7 [6.3-9.0]	7.6 [5.3-10.0]	7.7 [6.1-9.3]	9.8 [7.4-12.3] D	6.6 [5.0-8.3]
Any alcohol promotion						
Among past 12 month drinkers	29.7 [28.9-30.4]	31.2 [28.8-33.6]	31.4 [27.3-35.4]	31.1 [28.3-33.9]	32.6 [28.8-36.4]	31.5↓ [28.3-34.6]
Among heavy drinkers ¹	42.6	44.2	44.1	44.2	44.7	45.5↓

	[41.5-43.7]	[40.7-47.7]	[38.4-49.8]	[40.0-48.5]	[39.2-50.1]	[40.8-50.2]
Alcohol expenditure (\$)						
Lowest amount paid for a drink in the past 30 days (average)	7.0 [6.9 - 7.1]	6.7 [6.5 - 6.9]	6.3 [6.0 - 6.6]	7.0 [6.7 - 7.3] A	6.4 [6.1 - 6.7]	6.8 [6.5 - 7.1] C

¹ Heavy drinking is defined as consumption of 4 or more drinks for women and 5 or more drinks for men on one occasion in the past 30 days
[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 12. Whom students consumed alcohol with most often during the past 30 days, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
With friend(s) or close friend(s)	64.1 [63.3-64.9]	59.5↑ [57.0-62.1]	63.2 [59.0-67.4] B	56.6 [53.6-59.6]	62.9 [59.0-66.8]	57.8 [54.5-61.2]
With partner, boyfriend, girlfriend	14.3 [13.7-14.9]	14.6 [12.8-16.5]	10.0 [7.3-12.6]	18.4 [16.1-20.8] A	12.2 [9.5-14.8]	16.0 [13.5-18.5] C
With school colleagues	2.0 [1.8-2.2]	1.6 [1.0-2.3]	2.3 [1.0-3.6]	1.0 [0.4-1.7]	1.4 [0.5-2.4]	1.8 [0.9-2.7]
With work colleagues	1.3 [1.1-1.5]	1.3 [0.7-1.8]	0.8 [0.0-1.6]	1.6 [0.9-2.4]	0.8 [0.1-1.6]	1.6 [0.7-2.4]
With family	11.1 [10.5-11.6]	15.2 [13.4-17.1]	12.1 [9.2-14.9]	17.7 [15.4-20.1] A	15.8 [12.8-18.8]	14.8 [12.4-17.2]
Alone	6.4 [6.0-6.8]	6.9 [5.6-8.2]	10.7 [8.0-13.4] B	3.9 [2.7-5.1]	6.3 [4.3-8.3]	7.1 [5.4-8.8]
Other	0.8 [0.7-1.0]	0.8 [0.4-1.3]	1.0 [0.1-1.9]	0.7 [0.2-1.2]	0.5↑ [-0.1-1.1]	0.9 [0.3-1.5]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 13a. Alcohol related harms due to own drinking in the past 30 days, by sex and year of study, CPADS 2024/2025
University of Manitoba

Individual harms caused by own drinking	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Not able to remember large stretches of time	5.6 [5.2-5.9]	4.5↓ [3.5-5.4]	5.6 [3.7-7.4]	3.6 [2.6-4.6]	5.7 [4.0-7.4] D	3.7 [2.5-4.8]
Had a hangover	24.0 [23.4-24.7]	22.9 [21.0-24.8]	26.2 [22.7-29.7] B	20.3 [18.1-22.5]	22.0 [19.0-25.0]	23.7 [21.1-26.3]
Less energy or felt tired	18.6 [18.0-19.2]	17.2 [15.5-19.0]	18.7 [15.6-21.9]	16.1 [14.0-18.1]	15.7 [13.1-18.3]	18.3 [15.9-20.7]
Drank on nights when planned not to	13.8 [13.3-14.3]	11.5↓ [10.0-13.0]	12.5↑ [9.9-15.1]	10.7 [9.0-12.4]	13.8 [11.3-16.2] D	10.1 [8.2-11.9]
Said or did embarrassing things	14.3 [13.8-14.8]	13.2 [11.6-14.8]	14.6 [11.8-17.4]	12.1 [10.3-13.9]	16.0 [13.3-18.6] D	11.7 [9.7-13.7]
Felt sick to my stomach or threw up	11.4 [10.9-11.9]	10.6 [9.2-12.0]	12.7 [10.1-15.3] B	8.9 [7.4-10.5]	13.6 [11.1-16.1] D	8.7 [6.9-10.4]
Needed larger amounts to feel effect	7.9 [7.5-8.3]	6.0 [4.9-7.2]	7.0 [5.0-9.1]	5.3 [4.0-6.5]	7.9 [6.0-9.9] D	4.8 [3.4-6.1]
Felt badly about myself	8.3 [7.9-8.8]	7.7 [6.5-9.0]	8.2 [6.0-10.3]	7.4 [5.9-8.8]	7.9 [5.9-9.8]	7.8 [6.1-9.4]
Took foolish risks	6.2 [5.9-6.6]	4.6 [3.7-5.6]	5.8 [4.0-7.7] B	3.7 [2.7-4.7]	5.4 [3.8-7.1]	4.3 [3.1-5.6]
Did impulsive things	6.7 [6.3-7.0]	6.3 [5.1-7.4]	7.5↓ [5.4-9.6]	5.3 [4.1-6.5]	7.3 [5.4-9.2]	5.7 [4.3-7.2]

Found it difficult to limit amount consumed	6.4 [6.0-6.8]	5.3 [4.2-6.3]	5.7 [3.8-7.5]	4.9 [3.8-6.1]	5.8 [4.1-7.5]	4.9 [3.5-6.2]
Have put on weight	3.9 [3.6-4.2]	4.0 [3.1-5.0]	5.1 [3.3-6.9]	3.2 [2.2-4.2]	4.0 [2.5-5.4]	4.0 [2.7-5.2]
Spent too much time drinking	4.4 [4.1-4.8]	3.9 [3.0-4.8]	4.4 [2.8-6.1]	3.5↓ [2.5-4.5]	4.2 [2.8-5.7]	3.6 [2.5-4.8]
Missed work or classes	3.9 [3.6-4.2]	3.1 [2.3-3.9]	3.7 [2.2-5.2]	2.6 [1.8-3.5]	3.3 [2.0-4.6]	3.0 [2.0-4.1]
Became rude or obnoxious	3.0 [2.8-3.3]	3.0 [2.2-3.8]	3.3 [1.9-4.8]	2.7 [1.8-3.6]	3.2 [2.0-4.5]	2.8 [1.8-3.8]
Neglected obligations to family, work or school	3.3 [3.1-3.6]	3.0 [2.2-3.8]	4.0 [2.4-5.5] B	2.2 [1.4-3.0]	3.1 [1.8-4.3]	3.0 [1.9-4.0]
Quality of work or school work suffered	3.2 [2.9-3.4]	2.1 [1.4-2.8]	2.4 [1.2-3.6]	1.9 [1.1-2.6]	1.9 [0.9-2.9]	2.2 [1.3-3.2]
Passed out	2.6 [2.4-2.9]	2.9 [2.1-3.6]	3.5↓ [2.0-4.9]	2.3 [1.5-3.2]	2.9 [1.7-4.1]	2.9 [1.8-3.9]
Harm to physical appearance	2.2 [2.0-2.5]	2.2 [1.5-2.9]	2.4 [1.1-3.6]	2.1 [1.3-2.9]	2.6 [1.4-3.7]	2.1 [1.2-3.0]
Got into sexual situations that I later regretted	2.3 [2.0-2.5]	1.9 [1.3-2.5]	2.0 [0.9-3.0]	1.8 [1.1-2.6]	2.6 [1.5-3.8]	1.5↓ [0.7-2.2]
Drinking created problem with partner/spouse/family	1.5↑ [1.3-1.7]	1.5↓ [0.9-2.0]	1.7 [0.6-2.7]	1.3 [0.7-1.9]	1.3 [0.5-2.1]	1.6 [0.8-2.4]
Woke up in unexpected place	1.2 [1.1-1.4]	1.2 [0.7-1.7]	1.5↓ [0.5-2.4]	0.9 [0.4-1.5]	1.5↑ [0.7-2.4]	1.0 [0.4-1.6]
Needed a drink after woke up	1.7	2.2	2.9	1.6	3.3	1.5↓

	[1.5-1.9]	[1.5-2.9]	[1.6-4.2]	[0.9-2.3]	[2.0-4.5) D	[0.7-2.2]
Drove a motor vehicle when drank too much	0.9 [0.7-1.0]	0.7 [0.3-1.1]	1.1 [0.3-2.0]	0.4 [0.0-0.7]	0.6 [0.1-1.2]	0.8 [0.2-1.3]
Had trouble with the police	0.3 [0.2-0.3]	0.2 [-0.0-0.4]	0.4 [-0.1-0.8]	0.1 [-0.1-0.2]	0.2 [-0.1-0.5]	0.2 [-0.1-0.5]
Had used drugs that I had not planned to use	3.5↓ [3.2-3.8]	3.0 [2.2-3.8]	4.4 [2.8-6.0] B	1.9 [1.2-2.7]	3.3 [2.0-4.5]	2.7 [1.7-3.7]
Myself or someone else have been physically injured	1.7 [1.5-1.9]	1.0 [0.5-1.4]	1.0 [0.2-1.8]	0.9 [0.4-1.5]	0.9 [0.2-1.6]	1.0 [0.4-1.7]
Needed to seek help for acute intoxication	0.2 [0.1-0.3]	0.1 [-0.1-0.2]	0.1 [-0.2-0.4]	0.0 0.0	0.2 [-0.1-0.4]	0.0 0.0
Any harm	44.5↑ [43.8-45.3]	41.7 [39.3-44.1]	46.5↑ [42.4-50.7] B	37.9 [35.2-40.7]	43.8 [40.1-47.5]	40.2 [37.0-43.3]
Any harm - among heavy drinkers¹	78.0 [77.0-79.0]	72.8 [69.6-76.1]	75.2 [70.1-80.3]	70.7 [66.7-74.7]	76.9 [72.1-81.7]	70.6 [66.2-75.0]

¹ Heavy drinking is defined as consumption of 4 or more drinks for women and 5 or more drinks for men on one occasion in the past 30 days

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 13b. Alcohol related harms due to own drinking in the past 30 days, by sex and year of study, CPADS 2024/2025
University of Manitoba

Harms by theme	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
School effects ¹	6.9 [6.5-7.3]	5.3 [4.3-6.4]	6.1 [4.2-8.0]	4.7 [3.6-5.9]	5.5↓ [3.8-7.1]	5.4 [4.0-6.8]
Sexual situations later regretted	2.3 [2.0-2.5]	1.9 [1.3-2.5]	2.0 [0.9-3.0]	1.8 [1.1-2.6]	2.6 [1.5-3.8]	1.5↓ [0.7-2.2]
Dependence ²	12.7 [12.2-13.2]	10.8 [9.3-12.2]	12.2 [9.5-14.8]	9.7 [8.0-11.3]	13.0 [10.6-15.5] D	9.2 [7.4-11.1]
Acute physical effects ³	34.6 [33.9-35.4]	32.8 [30.6-35.1]	37.4 [33.4-41.3] B	29.3 [26.7-31.8]	32.5↑ [29.1-35.9]	33.0 [30.0-36.0]
Driving intoxicated	0.9 [0.7-1.0]	0.7 [0.3-1.1]	1.1 [0.3-2.0]	0.4 [0.0-0.7]	0.6 [0.1-1.2]	0.8 [0.2-1.3]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

¹ School effects include:

*ahs_k: I have missed work or classes at school because of drinking, a hangover or illness cause by my drinking

*ahs_r: The quality of my work or schoolwork has suffered because of my drinking

*ahs_t: I have neglected my obligations to family, work of school because of drinking

² Dependence effects defined as:

*ahs_g: I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get drunk on the amount that use to get me drunk.

*ahs_m: I have found it difficult to limit how much I drink

*ahs_x: I have felt like I needed a drink after I'd gotten up (that is, before breakfast)

*ahs_ab: Needed to seek help for acute intoxication as a result of my drinking (e.g., go to emergency room, call 911 or poison control centre)

³ Acute physical effects defined as experiencing:

*ahs_b: I have had a hangover (headache, sick stomach) the morning after I had been drinking

*ahs_c: I have felt very sick to my stomach or thrown up after drinking

*ahs_f: I have passed out from drinking

*ahs_i: I've not been able to remember large stretches of time while drinking heavily

*ahs_q: I have had less energy or felt tired because of my drinking

*ahs_v: I have put on weight because of drinking

*ahs_w: Harm to physical appearance

*ahs_aa: Myself or someone else have been physically injured as a result of my drinking

Table 14a. Alcohol related harms due to others' drinking in the past 30 days, [among all respondents], by sex and year of study, CPADS 2024/2025 University of Manitoba

Individual harms	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Had to be taken care of by you	8.9 [8.5-9.3]	7.1 [6.1-8.1]	6.8 [5.2-8.4]	7.3 [6.1-8.5]	8.5↓ [6.8-10.2] D	6.2 [4.9-7.5]
Affected sleep	7.6 [7.2-7.9]	6.6 [5.7-7.6]	5.8 [4.3-7.4]	7.3 [6.1-8.5]	7.1 [5.6-8.7]	6.2 [4.9-7.5]
Interrupted studies	4.3 [4.1-4.6]	2.9 [2.2-3.5]	2.5↑ [1.5-3.5]	3.2 [2.4-4.0]	2.9 [1.9-3.9]	2.8 [1.9-3.7]
Caused an argument with you	5.4 [5.1-5.7]	6.5↓ [5.5-7.5]	5.5↓ [4.0-6.9]	7.4 [6.1-8.6]	7.3 [5.7-8.8]	6.0 [4.8-7.3]
Made you feel unsafe	4.9 [4.6-5.2]	4.1 [3.3-4.9]	2.5↓ [1.5-3.5]	5.5↑ [4.4-6.6] A	5.1 [3.7-6.4]	3.5↑ [2.6-4.5]
Harassed or bothered you	4.8 [4.6-5.1]	4.5↑ [3.7-5.3]	3.9 [2.6-5.2]	5.0 [4.0-6.1]	5.4 [4.0-6.7]	3.9 [2.9-4.9]
Messed up living space	2.4 [2.2-2.6]	1.3 [0.9-1.8]	1.1 [0.4-1.7]	1.5↑ [1.0-2.1]	1.2 [0.5-1.8]	1.3 [0.7-1.9]
Pushed hit or assaulted you	1.5↓ [1.3-1.6]	1.3 [0.8-1.7]	1.5↑ [0.7-2.3]	1.0 [0.6-1.5]	1.7 [1.0-2.5]	1.0 [0.4-1.5]
Sexually harassed or assaulted you	1.4 [1.3-1.6]	1.0 [0.6-1.4]	0.7 [0.2-1.2]	1.2 [0.7-1.7]	1.4 [0.7-2.1]	0.7 [0.3-1.2]
Upset or disappointed you	9.7 [9.3-10.1]	9.5↓ [8.3-10.6]	7.4 [5.7-9.2]	11.2 [9.7-12.7] A	9.8 [8.0-11.6]	9.2 [7.7-10.8]

Caused a problem in your friendship or relationship	4.7 [4.4-4.9]	4.7 [3.8-5.5]	3.1 [2.0-4.3]	6.0 [4.8-7.1] A	5.5↓ [4.1-6.8]	4.1 [3.0-5.1]
Any harm	22.9 [22.4-23.5]	20.1 [18.5-21.7]	18.0 [15.4-20.6]	21.9 [19.9-23.9] A	21.9 [19.3-24.4]	19.0 [16.9-21.1]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 14b. Alcohol related harms due to others' drinking in the past 30 days, [among all respondents], by sex and year of study, CPADS 2024/2025 University of Manitoba

Harms by theme	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Sexual assault	1.4 [1.3-1.6]	1.0 [0.6-1.4]	0.7 [0.2-1.2]	1.2 [0.7-1.7]	1.4 [0.7-2.1]	0.7 [0.3-1.2]
Violence ¹	6.3 [6.0-6.6]	5.2 [4.3-6.1]	3.8 [2.6-5.1]	6.4 [5.2-7.6] A	6.5↑ [5.0-8.0] D	4.4 [3.3-5.5]
Disruption ²	10.2 [9.8-10.6]	8.0 [6.9-9.1]	7.0 [5.3-8.7]	8.9 [7.6-10.2]	8.5↑ [6.8-10.2]	7.5↓ [6.1-8.9]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

¹ Violence harms include:

*aho_c: Made you feel unsafe

*aho_f: Pushed, hit or assaulted you

*aho_g: Sexually harassed or sexually assaulted you

² Disruption harms include:

*aho_a: Interrupted your studies

*aho_b: Affected your sleep

*aho_d: Messed up your living space or ruined your belongings

Table 15. Alcohol protective behaviours in the past 30 days, [among past 30 day drinkers], reported as 'always' or 'usually' used, by sex and year of study, CPADS 2024/2025 University of Manitoba

Alcohol protective behaviours	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Alternated non-alcoholic beverages and alcohol beverages	37.5↑ [36.7-38.3]	41.1 [38.6-43.6]	38.0 [33.7-42.2]	43.6 [40.6-46.7] A	44.1 [40.1-48.2]	39.6 [36.3-42.9]
Determined, in advance, not to exceed a set number of drinks	34.2 [33.4-35.0]	36.1 [33.6-38.6]	31.8 [27.7-35.9]	39.6 [36.6-42.5] A	36.2 [32.3-40.1]	36.2 [33.0-39.5]
Ate before and/or during drinking	81.4 [80.7-82.0]	82.6 [80.6-84.5]	79.2 [75.6-82.7]	85.3 [83.1-87.5] A	79.4 [76.1-82.6]	84.5↑ [82.0-87.0] C
Had a friend let you know when you've had enough	21.4 [20.7-22.1]	17.5↑ [15.6-19.5]	15.0 [11.8-18.1]	19.6 [17.2-22.0] A	21.7 [18.3-25.0] D	14.8 [12.4-17.2]
Kept track of how many drinks you were having	65.3 [64.5-66.1]	68.5↓ [66.1-70.9]	64.9 [60.7-69.1]	71.4 [68.7-74.2] A	67.7 [63.9-71.5]	68.7 [65.5-71.8]
Paced your drinks to 1 or fewer per hour	32.6 [31.8-33.3]	35.2 [32.8-37.7]	27.2 [23.2-31.1]	41.8 [38.8-44.8] A	29.9 [26.1-33.6]	38.1 [34.8-41.4] C
Avoided drinking games	29.6 [28.8-30.4]	27.1 [24.8-29.4]	25.2 [21.4-29.0]	28.6 [25.9-31.4]	24.7 [21.2-28.3]	28.4 [25.3-31.4]
Stopped drinking at least 1-2 hours before going home	38.1 [37.3-38.9]	39.6 [37.1-42.2]	38.4 [34.2-42.7]	40.6 [37.7-43.6]	34.3 [30.4-38.2]	42.1 [38.8-45.5] C
Limited money spent on alcohol	57.5↓ [56.6-58.3]	57.5↑ [55.0-60.1]	53.1 [48.7-57.4]	61.2 [58.2-64.2] A	59.1 [55.1-63.1]	57.0 [53.7-60.4]
Only drank alcohol in safe environments	83.9 [83.3-84.6]	89.1 [87.5-90.7]	86.7 [83.7-89.7]	91.0 [89.3-92.7] A	88.5↓ [85.9-91.1]	89.6 [87.5-91.6]

Made your own drinks	53.7 [52.9-54.5]	52.9 [50.3-55.4]	53.3 [48.9-57.6]	52.6 [49.5-55.6]	49.1 [45.0-53.2]	55.3 [51.9-58.7] C
Avoided hard liquor or spirits	26.2 [25.5-26.9]	24.7 [22.4-26.9]	20.7 [17.1-24.2]	27.9 [25.2-30.7] A	24.8 [21.3-28.3]	24.7 [21.8-27.6]
Refused a drink from a stranger	55.8 [55.0-56.7]	49.2 [46.6-51.8]	37.4 [33.1-41.6]	58.7 [55.7-61.7] A	52.0 [47.9-56.0]	47.1 [43.7-50.5]
Never left a drink unattended	70.9 [70.1-71.6]	68.8 [66.4-71.2]	59.2 [54.9-63.5]	76.5↑ [73.9-79.1] A	72.0 [68.4-75.7]	67.3 [64.1-70.5]
Drank an alcohol look-alike	6.5↓ [6.0-6.9]	4.9 [3.8-6.1]	4.0 [2.3-5.8]	5.7 [4.2-7.1]	5.4 [3.5-7.2]	4.4 [2.9-5.8]
Carried around a cup but did not drink any alcohol	9.4 [8.9-9.9]	7.1 [5.8-8.4]	4.7 [2.9-6.6]	9.0 [7.3-10.8] A	7.3 [5.2-9.4]	6.9 [5.2-8.6]
Avoided situations where there was alcohol	9.0 [8.5-9.5]	9.4 [7.9-10.9]	8.5↓ [6.0-10.9]	10.1 [8.3-11.9]	11.2 [8.6-13.8]	8.1 [6.3-10.0]
Used a designated driver	68.7 [68.0-69.5]	75.1 [72.9-77.3]	71.0 [67.1-75.0]	78.4 [75.9-80.9] A	73.6 [70.0-77.1]	76.0 [73.1-78.9]
Avoided getting in a car with someone who had been drinking	74.6 [73.8-75.3]	69.1 [66.7-71.5]	62.7 [58.5-67.0]	74.3 [71.6-76.9] A	70.9 [67.1-74.6]	68.0 [64.8-71.2]
Drank "NoLo" alcohol beverages that have no or very low alcohol content	11.7 [11.2-12.3]	11.6 [9.9-13.2]	9.6 [7.0-12.2]	13.1 [11.1-15.2] A	12.8 [10.0-15.5]	11.0 [8.9-13.1]
Any alcohol protective behaviours	98.6 [98.4-98.8]	99.0 [98.4-99.5]	98.3 [97.2-99.4]	99.5↑ [99.1-99.9]	99.2 [98.4-99.9]	98.9 [98.2-99.6]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 16. Alcohol impaired driving, within 2 hours of consuming 2 or more drinks, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Been a passenger in a vehicle of someone who had been drinking						
Among all respondents	15.0 [14.6-15.5]	12.7 [11.4-14.1]	12.3 [10.1-14.5]	13.0 [11.4-14.7]	11.5↓ [9.5-13.4]	13.9 [12.0-15.8]
Among past 12 month drinkers	18.7 [18.1-19.3]	16.6 [14.8-18.4]	16.9 [13.8-20.0]	16.3 [14.2-18.4]	16.2 [13.5-19.0]	17.2 [14.8-19.6]
Among past 12 month non-drinkers	5.6 [4.5-6.6]	5.8 [2.6-8.9]	5.6 [0.4-10.8]	5.9 [2.0-9.8]	2.2 [-1.3-5.8]	7.5↓ [3.1-11.9]
Drove a vehicle after drinking						
Among past 12 month drinkers	12.8 [12.4-13.3]	5.7 [4.7-6.8]	7.4 [5.4-9.4]	4.4 [3.3-5.5]	5.1 [3.6-6.6]	6.3 [4.9-7.7]

[95% confidence intervals in brackets]

The symbols \uparrow and \downarrow refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 17. Reported education campaigns and public health or safety messages about cannabis, [among all respondents], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)					
		Overall	Used cannabis in past 12 months	Males	Females	Year of study	
						1 st and 2 nd	3 rd +
				A	B	C	D
School	42.5↓ [41.8-43.2]	33.1 [31.1-35.0]	32.2 [28.8-35.5]	34.7 [31.4-38.0]	31.7 [29.5-34.0]	37.4 [34.3-40.5] D	30.4 [27.9-32.9]
Social media	43.8 [43.1-44.5]	42.1 [40.1-44.2]	41.2 [37.6-44.7]	42.6 [39.2-46.1]	41.7 [39.3-44.1]	44.5↑ [41.4-47.7]	40.5↑ [37.8-43.3]
Non-social media websites	10.3 [9.9-10.7]	8.5↑ [7.3-9.7]	7.0 [5.2-8.8]	10.0 [7.9-12.1] B	7.3 [6.0-8.5]	9.6 [7.7-11.5]	7.7 [6.2-9.2]
Events (sporting events, concerts, festivals or markets)	9.5↑ [9.1-9.9]	10.9 [9.6-12.2]	9.8 [7.7-11.9]	11.4 [9.2-13.6]	10.6 [9.1-12.1]	11.8 [9.7-13.8]	10.2 [8.6-11.9]
Kiosks or temporary sales locations	5.4 [5.1-5.7]	6.0 [5.0-6.9]	4.7 [3.1-6.2]	5.8 [4.1-7.4]	6.1 [5.0-7.3]	5.9 [4.4-7.4]	5.8 [4.5-7.1]
Inside/outside legal cannabis stores	12.6 [12.1-13.0]	17.6 [16.0-19.2]	24.3 [21.3-27.4]	17.7 [15.0-20.3]	17.5↑ [15.6-19.4]	17.1 [14.7-19.4]	17.6 [15.5-19.7]
Public display of posters or billboards	27.4 [26.8-28.0]	46.2 [44.1-48.2]	51.8 [48.2-55.4]	45.3 [41.8-48.8]	46.9 [44.4-49.3]	43.9 [40.7-47.0]	47.6 [44.8-50.4]
Health care setting	21.6 [21.0-22.2]	22.6 [20.8-24.3]	22.5↑ [19.5-25.5]	19.4 [16.6-22.1]	25.2 [23.0-27.3] A	23.6 [20.9-26.3]	21.4 [19.1-23.7]
Print newspapers or magazines	5.6 [5.3-5.9]	6.3 [5.3-7.3]	3.9 [2.5-5.3]	7.4 [5.5-9.2]	5.3 [4.2-6.4]	6.9 [5.3-8.5]	5.6 [4.3-6.9]
TV/radio	21.2	20.9	19.6	23.1	19.1	18.9	22.2

	[20.6-21.7]	[19.2-22.6]	[16.7-22.4]	[20.1-26.0) B	[17.1-21.0]	[16.4-21.3]	[19.9-24.5]
Inside/outside illegal cannabis stores	2.0 [1.8-2.2]	2.0 [1.4-2.5]	2.1 [1.1-3.2]	2.3 [1.3-3.3]	1.7 [1.1-2.3]	2.2 [1.3-3.1]	1.8 [1.0-2.5]
Community-base/not for profit organizations	5.3 [5.0-5.6]	4.7 [3.9-5.6]	4.1 [2.7-5.5]	5.1 [3.6-6.6]	4.5↓ [3.5-5.5]	4.7 [3.4-6.0]	4.7 [3.5-5.8]
Workplace	6.8 [6.4-7.1]	6.5↑ [5.5-7.5]	4.6 [3.1-6.1]	7.6 [5.7-9.4]	5.7 [4.5-6.8]	7.5↓ [5.8-9.1]	5.7 [4.4-6.9]
Other	0.4 [0.3-0.5]	0.3 [0.1-0.5]	0.3 [-0.1-0.7]	0.4 [-0.0-0.9]	0.2 [-0.0-0.4]	0.1 [-0.1-0.4]	0.4 [0.0-0.7]
I didn't notice any education campaigns or public health messages	28.7 [28.1-29.3]	23.6 [21.8-25.3]	19.9 [17.0-22.8]	23.1 [20.2-26.1]	23.9 [21.8-26.0]	24.1 [21.4-26.8]	23.0 [20.7-25.4]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 18. Perception of cannabis harms based on what you know, [among all respondents and those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)					
		Overall (%)	Used cannabis in past 12 months (%)	Males (%)	Females (%)	Year of study (%)	
						1 st and 2 nd	3 rd +
Can cannabis smoke be harmful?							
Yes	89.9 [89.5-90.3]	89.9 [88.7-91.1]	93.2 [91.5-94.9]	90.0 [88.1-92.0]	89.8 [88.4-91.2]	90.1 [88.3-91.9]	89.8 [88.2-91.4]
No	3.4 [3.1-3.6]	2.5↑ [1.9-3.1]	2.6 [1.5-3.6]	2.8 [1.7-3.8]	2.3 [1.6-3.0]	2.0 [1.2-2.8]	3.0 [2.1-3.9]
Don't know/not sure	6.7 [6.4-7.1]	7.6 [6.5-8.6]	4.2 [2.9-5.6]	7.2 [5.5-8.9]	7.9 [6.6-9.1]	7.9 [6.3-9.6]	7.3 [5.9-8.6]
Can it be harmful to use cannabis when pregnant or breastfeeding?							
Yes	94 [93.7-94.3]	93.4 [92.4-94.4]	94.3 [92.8-95.9]	91.6 [89.8-93.4]	94.9 [93.9-95.9]	94.3 [92.9-95.7]	93.0 [91.6-94.3]
No	0.8 [0.6-0.9]	1.0 [0.6-1.4]	1.2 [0.4-1.9]	1.3 [0.6-2.0]	0.7 [0.3-1.1]	0.8 [0.2-1.3]	1.0 [0.5-1.5]
Don't know/not sure	5.3 [5.0-5.5]	5.6 [4.7-6.5]	4.5↓ [3.1-5.9]	7.1 [5.4-8.7]	4.4 [3.4-5.3]	4.9 [3.6-6.2]	6.0 [4.8-7.3]
Can frequent use of cannabis increase the risk of mental health problems?							
Yes	86.8 [86.3-87.2]	84.2 [82.8-85.7]	84.2 [81.8-86.7]	83.1 [80.6-85.5]	85.2 [83.6-86.9]	83.3 [81.0-85.5]	84.6 [82.8-86.5]
No	2.7 [2.4-2.9]	3.0 [2.3-3.7]	4.8 [3.4-6.3]	3.5↓ [2.3-4.7]	2.5↑ [1.8-3.3]	3.5↓ [2.4-4.6]	2.8 [1.9-3.6]

Don't know/not sure	10.6 [10.2-11.0]	12.8 [11.5-14.1]	10.9 [8.8-13.0]	13.4 [11.2-15.7]	12.2 [10.7-13.8]	13.2 [11.2-15.3]	12.6 [10.9-14.3]
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Are teenagers at greater risk of harm from using cannabis than adults?

Yes	85.6 [85.2-86.1]	84.2 [82.7-85.6]	87.7 [85.5-89.9]	83.2 [80.8-85.7]	85.0 [83.3-86.6]	84.1 [81.9-86.3]	84.4 [82.5-86.3]
No	3.6 [3.4-3.9]	2.8 [2.1-3.4]	3.0 [1.9-4.2]	2.9 [1.8-4.0]	2.6 [1.9-3.4]	2.7 [1.7-3.7]	2.7 [1.9-3.6]
Don't know/not sure	10.7 [10.3-11.1]	13.1 [11.7-14.4]	9.3 [7.3-11.2]	13.8 [11.6-16.1]	12.4 [10.9-13.9]	13.2 [11.2-15.2]	12.9 [11.1-14.6]

[95% confidence intervals in brackets]

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Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 19. Cannabis use, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	1 st and 2 nd	
					A	
Cannabis use						
Cannabis - past year	37.8 [37.2-38.4]	34.2 [32.3-36.0]	32.4 [29.4-35.5]	35.6 [33.4-37.9]	30.0 [27.2-32.8]	37.1 [34.5-39.6] C
Mean age of initiation (years)	17.6 [17.5 - 17.7]	18.1 [17.9 - 18.3]	18.0 [17.6 - 18.4]	18.2 [17.9 - 18.5]	17.4 [17.1 - 17.7]	18.5↑ [18.2 - 18.8] C
Cannabis - past month use	24.4 [23.9-25.0]	21.6 [20.0-23.3]	21.0 [18.4-23.7]	22.2 [20.2-24.1]	18.0 [15.7-20.3]	24.3 [22.0-26.6] C
Cannabis - past 30 day frequency						
Not in past 30 days	75.6 [75.0-76.1]	78.4 [76.7-80.0]	79.0 [76.3-81.6]	77.8 [75.9-79.8]	82.0 [79.7-84.3] D	75.7 [73.4-78.0]
Median number of days	0.0 [-0.1 - 0.1]	0.0 [-0.3 - 0.3]	0.0 [-0.4 - 0.4]	0.0 [-0.3 - 0.3]	0.0 [-0.4 - 0.4]	0.0 [-0.4 - 0.4]
Mean number of days	2.6 [2.5 - 2.7]	2.2 [1.9 - 2.5]	2.3 [1.9 - 2.7]	2.1 [1.8 - 2.4]	1.9 [1.5 - 2.3]	2.5↓ [2.1 - 2.9] C

[95% confidence intervals in brackets]

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Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 20. Methods to consume cannabis, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Smoked	72.1 [71.2-73.0]	59.5↑ [56.2-62.8]	64.9 [59.3-70.4] B	55.4 [51.5-59.3]	61.5↑ [56.2-66.9]	58.6 [54.3-62.8]
Eaten it in food	53.3 [52.2-54.3]	64.1 [60.8-67.3]	60.8 [55.1-66.5]	66.6 [62.9-70.3]	60.7 [55.3-66.1]	65.9 [61.8-70.0]
Drank it	13.4 [12.7-14.1]	12.8 [10.5-15.0]	14.7 [10.6-18.8]	11.3 [8.8-13.8]	11.8 [8.2-15.3]	13.0 [10.1-15.9]
Vaped it	46.9 [45.8-47.9]	48.1 [44.7-51.5]	49.4 [43.5-55.2]	47.1 [43.2-51.1]	51.9 [46.4-57.4]	45.7 [41.4-50.0]
Cannabis oil for oral use	9.9 [9.3-10.6]	8.6 [6.7-10.5]	10.6 [7.0-14.1]	7.1 [5.1-9.1]	6.9 [4.1-9.7]	9.4 [6.9-11.9]
Dabbing	3.2 [2.8-3.6]	3.9 [2.6-5.2]	5.5↑ [2.9-8.1]	2.7 [1.4-4.0]	3.8 [1.7-5.9]	3.8 [2.2-5.5]
Applied to skin	3.3 [2.9-3.7]	3.5↓ [2.2-4.7]	2.0 [0.4-3.7]	4.6 [2.9-6.2] A	3.4 [1.4-5.4]	3.4 [1.8-5.0]
Used it some other way	0.5↑ [0.4-0.7]	0.5↑ [0.0-1.0]	0.4 [-0.3-1.0]	0.6 [0.0-1.3]	0.5↑ [-0.3-1.3]	0.5↑ [-0.1-1.2]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 21. Vaping cannabis, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)								
		Overall	Males	Females	Year of study					
					1 st and 2 nd	3 rd +				
A B C D										
Vaping cannabis - past 30 day frequency										
Daily (5+ days/week)	15.4 [14.3-16.5]	13.5↑ [10.2-16.8]	15.0 [9.1-20.8]	12.4 [8.6-16.1]	12.2 [7.2-17.2]	14.3 [9.8-18.8]				
3 or 4 days per week	8.9 [8.0-9.8]	8.7 [6.0-11.5]	6.9 [2.7-11.0]	10.3 [6.8-13.7]	8.1 [4.0-12.3]	9.5↓ [5.7-13.2]				
1 or 2 day(s) per week	11.2 [10.2-12.2]	9.3 [6.5-12.1]	12.5↓ [7.1-17.9]	6.8 [3.9-9.6]	9.9 [5.4-14.4]	8.2 [4.7-11.8]				
2 or 3 days in the past 30 days	17.8 [16.6-19.0]	17.1 [13.5-20.8]	16.3 [10.2-22.3]	17.8 [13.5-22.2]	18.7 [12.8-24.6]	16.1 [11.4-20.8]				
1 day in the past 30 days	15.7 [14.6-16.9]	17.8 [14.1-21.5]	19.3 [12.8-25.8]	16.6 [12.4-20.8]	19.3 [13.3-25.3]	17.0 [12.2-21.8]				
Not in the past 30 days	31.0 [29.5-32.4]	33.5↓ [28.9-38.0]	30.1 [22.6-37.7]	36.2 [30.7-41.7]	31.8 [24.7-38.8]	34.9 [28.8-41.0]				
Cannabis products used when vaping										
Liquid cannabis oil/extract	91.6 [90.6-92.5]	92.9 [90.1-95.6]	91.0 [85.9-96.1]	94.4 [91.5-97.3]	91.9 [87.3-96.5]	93.4 [90.0-96.8]				
Dried flower/leaf	15.8 [14.6-17.0]	17.1 [13.1-21.1]	23.1 [15.6-30.6] B	12.1 [8.1-16.2]	16.2 [10.0-22.4]	17.5↑ [12.3-22.7]				
Solids cannabis extract	8.0 [7.1-8.9]	8.2 [5.3-11.1]	13.1 [7.1-19.2] B	4.2 [1.7-6.7]	6.3 [2.2-10.4]	9.0 [5.0-12.9]				

Other cannabis product	1.2 [0.9-1.6]	1.8 [0.4-3.1]	1.6 [-0.6-3.9]	1.9 [0.2-3.5]	1.4 [-0.6-3.5]	1.7 [-0.1-3.5]
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[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 22. Cannabis products used¹ in the past 12 months, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Dried flower/leaf	52.6 [51.5-53.7]	45.8 [42.3-49.2]	52.9 [46.9-58.8] B	40.2 [36.2-44.2]	41.8 [36.1-47.5]	47.5↑ [43.1-52.0]
Hashish/kief	11.5↓ [10.8-12.2]	9.4 [7.4-11.5]	12.6 [8.7-16.6] B	6.9 [4.9-9.0]	12.5↓ [8.7-16.3] D	7.5↑ [5.2-9.9]
Cannabis oil for oral use (e.g., in dropper/syringe, soft gel/capsules, spray bottle, tincture)	12.8 [12.1-13.5]	11.2 [9.0-13.3]	11.5↑ [7.7-15.3]	10.9 [8.3-13.4]	7.6 [4.5-10.6]	12.5↑ [9.6-15.5] C
Cannabis vape pens/cartridges	55.0 [54.0-56.1]	57.2 [53.7-60.6]	59.8 [53.9-65.6]	55.1 [51.1-59.2]	61.4 [55.8-67.0] D	54.2 [49.8-58.6]
Cannabis concentrate/extracts (e.g., shatter, wax, budder, butane honey oil, rosin, etc.)	9.0 [8.3-9.6]	8.8 [6.8-10.7]	10.4 [6.7-14.0]	7.5↑ [5.4-9.7]	9.4 [6.1-12.8]	8.3 [5.8-10.7]
Cannabis edible food products (e.g., chocolate, baked goods, soft chews)	60.5↓ [59.4-61.5]	69.2 [66.0-72.4]	64.7 [59.0-70.3]	72.7 [69.1-76.4] A	66.2 [60.8-71.7]	70.9 [66.9-74.9]
Cannabis beverages (e.g., sparkling water, tea, dissolvable powder)	19.4 [18.6-20.3]	18.3 [15.6-20.9]	20.4 [15.6-25.2]	16.6 [13.5-19.6]	15.8 [11.6-20.0]	18.8 [15.4-22.3]
Topicals (e.g., lotion, ointment, creams applied to skin)	5.0 [4.5-5.4]	5.7 [4.1-7.3]	4.0 [1.6-6.3]	7.0 [5.0-9.1]	4.8 [2.3-7.2]	6.2 [4.1-8.3]
Other (e.g., seeds, suppository, etc.)	0.9 [0.7-1.1]	0.7 [0.1-1.2]	0.0 0.0	1.2 [0.3-2.1]	0.8 [-0.2-1.9]	0.6 [-0.1-1.3]

¹ Multiple products may have been reported.

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 23. Levels of THC and CBD typically used, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
					A	B
Higher THC, lower CBD	31.1 [30.2-32.1]	29.6 [26.5-32.7]	36.4 [30.8-42.0] B	24.4 [21.0-27.8]	25.3 [20.5-30.1]	31.6 [27.6-35.6] C
Higher CBD, lower THC	8.9 [8.3-9.5]	9.6 [7.6-11.6]	9.7 [6.2-13.1]	9.5↑ [7.2-11.9]	10.2 [6.8-13.5]	9.3 [6.8-11.8]
Balanced	15.7 [14.9-16.4]	18.0 [15.4-20.6]	14.8 [10.7-18.9]	20.5↑ [17.3-23.7] A	15.3 [11.3-19.3]	19.6 [16.1-23.0]
THC only	7.4 [6.8-8.0]	6.7 [5.0-8.4]	7.0 [4.0-9.9]	6.5↓ [4.5-8.4]	10.8 [7.4-14.3] D	4.5↓ [2.7-6.3]
CBD only	1.6 [1.3-1.8]	1.4 [0.6-2.2]	0.7 [-0.3-1.6]	2.0 [0.9-3.1]	1.5↓ [0.1-2.8]	1.3 [0.3-2.3]
I typically use a mix of the products above	11.9 [11.2-12.5]	13.8 [11.4-16.1]	10.8 [7.2-14.4]	16.1 [13.2-19.0] A	12.9 [9.2-16.6]	14.4 [11.3-17.4]
Other	0.9 [0.7-1.1]	0.8 [0.2-1.4]	1.1 [-0.1-2.2]	0.5↑ [-0.0-1.1]	0.7 [-0.2-1.7]	0.8 [0.0-1.6]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 24. Sources used to obtain cannabis products in the past 12 months, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	1 st and 2 nd	
					A	B
Grow my own/grown for me	1.3 [1.0-1.5]	0.3 [-0.1-0.7]	0.7 [-0.3-1.6]	0.0 0.0	0.4 [-0.3-1.1]	0.2 [-0.2-0.7]
From a legal storefront	69.5↑ [68.5-70.5]	76.9 [74.0-79.7]	76.0 [71.0-80.9]	77.6 [74.3-80.9]	70.1 [65.0-75.2]	80.7 [77.2-84.1] C
From a legal online source (Health Canada licensed producer, provincial regulated retailer)	2.5↑ [2.2-2.8]	2.3 [1.3-3.3]	2.1 [0.4-3.8]	2.4 [1.2-3.7]	2.8 [0.9-4.6]	2.1 [0.9-3.3]
From an illegal storefront	0.9 [0.7-1.2]	0.1 [-0.1-0.4]	0.3 [-0.3-0.9]	0.0 0.0	0.4 [-0.3-1.1]	0.0 0.0
From an illegal online source	1.2 [1.0-1.5]	0.9 [0.2-1.5]	0.7 [-0.3-1.6]	1.0 [0.2-1.8]	0.0 0.0	1.2 [0.3-2.2]
Shared around a group of friends	7.4 [6.8-7.9]	4.9 [3.5-6.4]	4.5↑ [2.1-6.9]	5.3 [3.5-7.0]	6.1 [3.4-8.8]	4.1 [2.4-5.8]
Family member	3.0 [2.7-3.4]	2.1 [1.1-3.0]	1.3 [-0.0-2.7]	2.6 [1.4-3.9]	3.4 [1.4-5.5]	1.4 [0.4-2.4]
Friend	12.3 [11.6-13.0]	11.6 [9.4-13.8]	13.1 [9.2-17.1]	10.4 [8.0-12.9]	15.6 [11.5-19.6] D	9.6 [7.0-12.1]
Acquaintance	0.5↓	0.4	0.6	0.3	0.8	0.2

	[0.3-0.6]	[-0.0-0.9]	[-0.3-1.6]	[-0.1-0.7]	[-0.2-1.8]	[-0.2-0.6]
Dealer	0.6 [0.4-0.8]	0.2 [-0.1-0.4]	0.4 [-0.3-1.1]	0.0 0.0	0.5↓ [-0.3-1.2]	0.0 0.0
Other source	0.7 [0.5-0.9]	0.3 [-0.1-0.7]	0.4 [-0.3-1.1]	0.3 [-0.1-0.8]	0.0 0.0	0.5↑ [-0.1-1.2]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 25. Ease or difficulty to get cannabis, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Legal cannabis						
Very difficult	1.5↑ [1.3-1.8]	0.2 [-0.1-0.6]	0.4 [-0.3-1.1]	0.1 [-0.2-0.4]	0.2 [-0.3-0.7]	0.3 [-0.2-0.7]
Fairly difficult	1.8 [1.5-2.1]	1.0 [0.3-1.7]	2.0 [0.3-3.6]	0.3 [-0.1-0.7]	2.0 [0.4-3.6]	0.5↑ [-0.1-1.1]
Fairly easy	18.2 [17.4-19.1]	14.8 [12.4-17.3]	13.6 [9.5-17.6]	15.8 [12.9-18.7]	23.3 [18.5-28.1]	10.0 [7.4-12.6]
Very easy	78.4 [77.6-79.3]	83.9 [81.4-86.4]	84.1 [79.8-88.4]	83.8 [80.9-86.7]	74.5↑ [69.6-79.4]	89.2 [86.5-91.9]
Illegal cannabis						
Very difficult	22.3 [21.0-23.5]	26.2 [21.7-30.7]	20.5↑ [13.8-27.3]	31.4 [25.7-37.1]	24.5↑ [17.0-32.1]	27.2 [21.5-32.9]
Fairly difficult	23.1 [21.8-24.4]	25.5↑ [21.1-30.0]	23.8 [16.6-30.9]	27.1 [21.7-32.6]	20.4 [13.4-27.5]	27.8 [22.0-33.5]
Fairly easy	31.9 [30.5-33.3]	28.6 [24.0-33.2]	30.9 [23.2-38.6]	26.5↑ [21.1-31.9]	37.4 [28.9-45.9]	25.0 [19.5-30.6]
Very easy	22.7 [21.4-24.0]	19.7 [15.6-23.7]	24.8 [17.6-32.0]	15.0 [10.6-19.4]	17.6 [11.0-24.3]	20.1 [14.9-25.2]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 26. Frequency of cannabis use 2 hours before or after school in the past 12 months, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Rarely (less than one day per month)	9.3 [8.7-9.9]	6.7 [5.0-8.4]	7.8 [4.7-11.0]	5.9 [4.0-7.7]	7.7 [4.7-10.6]	6.1 [4.0-8.1]
Sometimes (1 to 3 days per month)	5.6 [5.1-6.1]	3.1 [1.9-4.2]	2.0 [0.3-3.6]	3.9 [2.4-5.4]	4.0 [1.8-6.2]	2.5↑ [1.1-3.9]
Often (weekly)	3.3 [2.9-3.6]	3.5↑ [2.3-4.8]	5.7 [3.0-8.5] B	1.9 [0.8-2.9]	3.7 [1.6-5.9]	3.5↑ [1.9-5.1]
Always or almost always (most days you attend school)	3.5↓ [3.1-3.9]	2.5↓ [1.4-3.5]	3.0 [1.0-5.0]	2.0 [0.9-3.2]	2.0 [0.4-3.5]	2.5↑ [1.2-3.9]
Have not done this in the past 12 months	78.4 [77.5-79.3]	84.2 [81.7-86.7]	81.4 [76.9-86.0]	86.3 [83.6-89.0]	82.6 [78.4-86.9]	85.4 [82.3-88.4]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 27a. Cannabis related harms and signs of dependence, by sex and year of study, [among those who used in the past 3 months], CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study (%)	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Desire or urge to use	59.8 [58.6-60.9]	59.2 [55.4-62.9]	61.4 [55.0-67.8]	57.5↓ [53.1-61.8]	58.6 [52.3-64.9]	59.3 [54.6-64.0]
Health social, legal or financial problems	16.1 [15.2-16.9]	13.1 [10.6-15.7]	17.5↓ [12.4-22.5] B	9.9 [7.3-12.5]	12.6 [8.3-16.8]	13.1 [9.9-16.4]
Failed expectations	21.4 [20.4-22.3]	18.5↓ [15.6-21.4]	23.6 [18.1-29.2] B	14.6 [11.5-17.7]	16.0 [11.3-20.7]	19.3 [15.5-23.1]
Others expressed concern	9.7 [9.0-10.4]	7.1 [5.2-9.1]	11.2 [7.0-15.3] B	4.0 [2.3-5.8]	4.8 [2.1-7.5]	8.2 [5.6-10.9]
Failed to control	13.4 [12.6-14.2]	10.8 [8.5-13.2]	13.7 [9.1-18.2]	8.7 [6.2-11.1]	9.2 [5.5-12.9]	10.8 [7.8-13.8]
Any harm	63.3 [62.2-64.5]	62.4 [58.7-66.1]	65.4 [59.1-71.7]	60.1 [55.7-64.4]	62.2 [56.0-68.4]	62.1 [57.4-66.7]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 27b. ASSIST¹ scores [among those who used in the past 3 months], by sex and year of study, CPADS 2024/2025
University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study (%)	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Low-risk developing problems	30.6 [29.5-31.7]	31.7 [28.2-35.3]	28.9 [22.8-35.0]	33.9 [29.6-38.2]	31.6 [25.5-37.6]	32.4 [27.8-36.9]
Moderate-risk of developing problems	61.0 [59.9-62.2]	61.5↑ [57.8-65.3]	60.7 [54.2-67.3]	62.1 [57.8-66.5]	64.4 [58.1-70.6]	59.9 [55.2-64.7]
High-risk of developing problems/ likely	8.3 [7.7-9.0]	6.7 [4.8-8.7]	10.4 [6.3-14.5] B	4.0 [2.2-5.7]	4.1 [1.5-6.7]	7.7 [5.1-10.3] C

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

¹ WHO - Alcohol, smoking and substance involvement screening test.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

What the score means:

Low: You are at low risk of health and other problems from your current pattern of use.

Moderate: You are at risk of health and other problems from your current pattern of substance use.

High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

Table 28. Cannabis impaired driving, within 4 hours of ingesting or 2 hours of inhaling cannabis, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Passenger in a vehicle driven by someone who used cannabis¹						
Among all respondents	32.0 [31.4-32.6]	28.3 [26.4-30.1]	26.2 [23.2-29.2]	30.0 [27.8-32.2] A	24.5↓ [21.8-27.1]	31.2 [28.7-33.8] C
Among those who used cannabis in the past 12 months	54.2 [53.1-55.3]	50.4 [46.9-53.9]	49.0 [42.9-55.1]	51.4 [47.4-55.5]	50.8 [45.1-56.5]	50.4 [46.0-54.9]
Among those who did not use in the past 12 months	18.5↑ [17.9-19.2]	17.1 [15.2-19.0]	15.8 [12.8-18.8]	18.2 [15.9-20.5]	13.6 [11.0-16.1]	20.0 [17.2-22.8] C
Drove a vehicle after smoking or vaporizing²						
Among those who used cannabis in the past 12 months	15.3 [14.5-16.1]	12.5↓ [10.2-14.7]	15.1 [10.8-19.3]	10.5↑ [8.1-12.9]	10.8 [7.3-14.3]	13.0 [10.1-15.9]

¹ Driven by someone within 4 hours of ingesting or 2 hours of inhaling cannabis

² Drove a vehicle within 4 hours of ingesting or 2 hours of inhaling cannabis

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 29. Psychoactive pharmaceutical drug use in past 12 months, by sex and year of study, CPADS 204/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Pharmaceutical opioids						
Pharmaceutical opioid use - Past 12 months	14.9 [14.5-15.4]	15.3 [13.9-16.7]	14.0 [11.7-16.3]	16.4 [14.7-18.2]	17.0 [14.7-19.3]	14.2 [12.3-16.0]
Problematic use of pharmaceutical opioids - past 12 months	12.6 [11.3-13.9]	14.3 [10.3-18.3]	12.6 [5.6-19.7]	15.3 [10.7-20.0]	15.2 [9.2-21.1]	14.1 [8.6-19.6]
Stimulants						
Stimulant use - Past 12 months	14.1 [13.6-14.6]	14.6 [13.2-16.0]	13.3 [11.1-15.6]	15.7 [14.0-17.5]	13.1 [11.0-15.1]	15.5↑ [13.6-17.4]
Problematic use of stimulants - among those who used in the past 12 months	19.4 [17.9-20.8]	16.6 [12.5-20.6]	20.5↓ [12.6-28.3]	13.9 [9.5-18.2]	18.3 [11.6-25.0]	15.6 [10.4-20.8]
Sedatives						
Sedative use - Past 12 months	11.4 [11.0-11.8]	10.9 [9.7-12.2]	6.0 [4.4-7.5]	15.2 [13.5-16.9] A	9.8 [8.1-11.6]	11.6 [9.9-13.3]
Problematic use of sedatives - among those who used in the past 12 months	14.4 [13.1-15.8]	13.0 [9.1-16.9]	15.1 [5.3-24.8]	12.3 [8.2-16.4]	16.0 [9.3-22.8]	11.4 [6.6-16.2]
Any pharmaceutical						
Any pharmaceutical¹ - Past 12 months	32.5↑ [31.9-33.1]	33.3 [31.5-35.2]	28.5↑ [25.5-31.5]	37.4 [35.1-39.7] A	32.5↓ [29.6-35.4]	33.7 [31.2-36.2]
	22.0 [21.1-23.0]	19.5↓ [16.7-22.2]	21.1 [15.9-26.2]	18.4 [15.4-21.5]	20.7 [16.4-25.1]	18.9 [15.3-22.5]

Problematic use² of any pharmaceutical - among those who used in the past 12 months						
Problematic use of any pharmaceutical or over-the-counter medications - among all respondents³	9.9 [9.6-10.3]	9.0 [7.9-10.2]	8.3 [6.5-10.1]	9.7 [8.3-11.1]	8.2 [6.5-9.8]	9.7 [8.1-11.3]

¹ Includes use of pharmaceutical opioids, stimulants and sedatives in the past 12 months among all respondents. Does not include over the counter medication.

² Problematic use includes using more (quantity) or using more often (frequency) among those who used in the past 12 months. Includes pharmaceutical opioids, sedatives and stimulant use.

³ Problematic use includes using more (quantity) or using more often (frequency) among all respondents. Includes pharmaceutical opioids, sedatives, stimulants and over-the-counter medication use.

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 30. Primary reason for using psychoactive pharmaceuticals other than prescribed in the past 12 months, by sex and year of study, CPADS 2024/2025 University of Manitoba

Reasons for using other than prescribed	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Pharmaceutical opioids						
To manage physical pain	75.4 [73.1-77.8]	76.5↑ [69.9-83.1]	66.5↓ [53.7-79.3]	84.0 [77.4-90.7] A	79.2 [70.2-88.2]	75.1 [65.5-84.7]
To manage mental health	8.5↓ [7.0-10.0]	10.6 [5.8-15.4]	14.9 [5.2-24.5]	7.4 [2.6-12.1]	7.7 [1.8-13.7]	12.6 [5.2-19.9]
To help you sleep	4.8 [3.6-6.0]	2.9 [0.3-5.5]	5.5↑ [-0.7-11.7]	0.9 [-0.8-2.6]	3.5↓ [-0.6-7.5]	2.5↓ [-1.0-5.9]
To be social	1.7 [1.0-2.4]	2.6 [0.1-5.0]	3.7 [-1.4-8.8]	1.7 [-0.6-4.1]	1.1 [-1.2-3.4]	4.0 [-0.4-8.3]
To experience the effect / get high	4.0 [2.9-5.0]	1.7 [-0.3-3.7]	3.9 [-1.3-9.2]	0.0 0.0	1.6 [-1.2-4.3]	1.9 [-1.1-4.9]
To try it / new experience	2.5↓ [1.6-3.3]	2.9 [0.3-5.5]	2.0 [-1.8-5.8]	3.5↑ [0.2-6.8]	2.8 [-0.9-6.4]	3.1 [-0.8-6.9]
Other reason	3.1 [2.2-4.1]	2.9 [0.3-5.5]	3.5↑ [-1.5-8.5]	2.5↓ [-0.3-5.3]	4.2 [-0.3-8.6]	1.0 [-1.2-3.1]
Stimulants						
To help with academics	66.7 [64.0-69.4]	65.4 [57.2-73.6]	68.1 [55.9-80.3]	62.2 [51.6-72.8]	62.3 [49.0-75.7]	66.7 [56.0-77.3]
To decrease appetite	4.8 [3.6-6.0]	4.7 [1.0-8.4]	3.5↓ [-1.3-8.3]	6.1 [0.9-11.3]	8.1 [0.6-15.6]	2.8 [-0.9-6.5]

To experience the effect (to get high)	5.3 [4.0-6.5]	4.4 [0.8-7.9]	5.1 [-0.6-10.9]	3.5↓ [-0.5-7.5]	1.2 [-1.8-4.3]	6.4 [0.9-12.0]
To be social	3.3 [2.3-4.3]	1.7 [-0.5-3.9]	0.0 0.0	3.6 [-0.4-7.7]	3.0 [-1.7-7.8]	0.9 [-1.2-3.1]
To try it (new experience)	3.5↑ [2.5-4.6]	1.6 [-0.6-3.7]	0.0 0.0	3.4 [-0.5-7.4]	1.2 [-1.8-4.3]	1.9 [-1.2-4.9]
To help with ADHD symptoms (recoded from 'other')	7.7 [6.2-9.2]	9.1 [4.1-14.1]	7.2 [0.4-13.9]	11.4 [4.4-18.3]	9.1 [1.2-17.1]	8.7 [2.4-15.1]
Other reason	8.7 [7.1-10.3]	13.2 [7.3-19.0]	16.1 [6.5-25.7]	9.7 [3.3-16.2]	14.9 [5.1-24.7]	12.6 [5.1-20.1]

Sedatives

To experience the effect (to get high)	15.1 [12.2-18.0]	22.1 [11.3-32.9]	#	#	#	#
To try it (new experience)	10.3 [7.8-12.8]	5.0 [-0.7-10.7]	#	#	#	#
To be social	8.8 [6.4-11.1]	11.2 [3.0-19.4]	#	#	#	#
To sleep (recoded from 'other')	17.9 [14.7-21.0]	8.7 [1.4-16.0]	#	#	#	#
For stress / anxiety (recoded from 'other')	33.5↑ [29.7-37.4]	31.7 [19.6-43.7]	#	#	#	#
For coping with depression or other mental illness (recoded from 'other')	5.2 [3.4-7.0]	4.6 [-0.8-10.0]	#	#	#	#
Other reason	9.2 [6.9-11.6]	16.7 [7.0-26.3]	#	#	#	#

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 31a. Current smoking status, by sex and year of study, CPADS 2024/2025 University of Manitoba

Smoking status	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Have ever smoked a cigarette	26.9 [26.3-27.5]	23.1 [21.4-24.8]	25.0 [22.1-27.8] B	21.5↑ [19.6-23.4]	19.5↓ [17.1-21.9]	25.5↑ [23.2-27.8] C
Have smoked at least 100 cigarettes (about 4 packs) in their life	12.5↑ [12.1-13.0]	11.8 [10.6-13.1]	13.8 [11.6-16.1] B	10.1 [8.7-11.5]	9.7 [7.9-11.5]	13.2 [11.4-15.0] C
Past 30 day smoker	9.9 [9.5-10.3]	8.3 [7.2-9.4]	10.5↑ [8.5-12.5] B	6.4 [5.2-7.5]	7.3 [5.7-8.9]	8.8 [7.3-10.3]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 31b. Frequency of smoking, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Past month frequency						
Daily	2.3 [2.1-2.4]	2.1 [1.5-2.6]	2.9 [1.8-4.0] B	1.4 [0.8-1.9]	1.5↑ [0.8-2.2]	2.4 [1.6-3.2]
At least once a week	1.9 [1.7-2.1]	1.9 [1.4-2.5]	2.8 [1.7-3.9] B	1.2 [0.7-1.7]	2.4 [1.5-3.4]	1.6 [0.9-2.2]
At least once in the past month	5.7 [5.4-6.0]	4.3 [3.5-5.1]	4.9 [3.5-6.3]	3.8 [2.9-4.7]	3.4 [2.3-4.4]	4.9 [3.7-6.0]
Did not smoke in the past month	90.1 [89.7-90.5]	91.7 [90.6-92.8]	89.5↓ [87.5-91.5]	93.6 [92.5-94.8] A	92.7 [91.1-94.3]	91.2 [89.7-92.7]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 32. Frequency of vaping and e-cigarette use in the past 30 days, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	1 st and 2 nd	
					A	
Past month frequency						
Daily	7.7 [7.3-8.0]	5.9 [5.0-6.9]	4.7 [3.3-6.1]	7.0 [5.8-8.1] A	6.9 [5.4-8.4]	5.2 [4.0-6.3]
Less than daily, but at least once a week	3.0 [2.8-3.2]	2.5↓ [1.9-3.1]	3.2 [2.0-4.3]	1.9 [1.3-2.5]	2.8 [1.8-3.8]	2.1 [1.3-2.8]
Less than weekly, but at least once in the past 30 days	4.8 [4.6-5.1]	4.4 [3.6-5.2]	4.1 [2.8-5.4]	4.6 [3.6-5.6]	4.4 [3.1-5.6]	4.4 [3.3-5.4]
Tried, but did not use in the last 30 days	24.3 [23.7-24.8]	25.2 [23.4-26.9]	24.5↓ [21.6-27.3]	25.7 [23.7-27.8]	20.3 [17.9-22.7]	28.7 [26.3-31.0] C
I have never tried	60.2 [59.5-60.8]	62.1 [60.2-64.0]	63.5↑ [60.4-66.7]	60.8 [58.5-63.1]	65.6 [62.8-68.5] D	59.7 [57.1-62.3]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 33. Primary reason for using an e-cigarette or vaping device, by sex and year of study, CPADS 2024/2025
University of Manitoba

Reason for use	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
A	B	C	D			
Because I enjoy(ed) it	41.3 [39.7-42.9]	40.6 [35.2-46.0]	42.3 [33.0-51.7]	39.3 [33.0-45.5]	40.1 [32.5-47.8]	42.0 [34.3-49.8]
To reduce stress or calm down	16.4 [15.2-17.6]	16.7 [12.7-20.8]	16.1 [9.1-23.1]	17.2 [12.4-22.1]	21.3 [14.9-27.6]	11.6 [6.6-16.6]
Curiosity, just wanted to try them	10.0 [9.0-11.0]	8.8 [5.7-11.9]	5.6 [1.3-10.0]	11.3 [7.3-15.3]	9.0 [4.5-13.4]	9.2 [4.7-13.7]
To quit smoking cigarettes	6.9 [6.1-7.8]	9.8 [6.5-13.0]	9.6 [4.0-15.1]	9.9 [6.1-13.7]	6.2 [2.4-10.0]	13.3 [8.0-18.6]
Social/peer pressure	6.6 [5.8-7.4]	7.6 [4.7-10.5]	9.3 [3.8-14.8]	6.2 [3.2-9.3]	7.6 [3.5-11.8]	7.5↑ [3.4-11.6]
For the flavours	5.3 [4.6-6.1]	5.5↑ [3.0-8.0]	3.8 [0.2-7.4]	6.8 [3.6-10.1]	6.8 [2.9-10.7]	4.4 [1.2-7.6]
To cut down on smoking cigarettes	3.0 [2.5-3.6]	2.7 [0.9-4.5]	3.8 [0.2-7.4]	1.8 [0.1-3.5]	1.5↑ [-0.4-3.4]	3.8 [0.8-6.8]
To avoid returning to smoking	3.0 [2.4-3.6]	2.1 [0.5-3.7]	3.0 [-0.2-6.3]	1.4 [-0.1-2.9]	0.6 [-0.6-1.7]	2.6 [0.1-5.1]
To use when I cannot or am not allowed to smoke	3.4 [2.8-4.0]	4.6 [2.3-6.9]	5.5↑ [1.2-9.9]	3.9 [1.4-6.3]	5.3 [1.8-8.8]	3.9 [0.8-6.9]
Some other reason	3.9 [3.3-4.6]	1.6 [0.2-3.0]	0.9 [-0.9-2.7]	2.1 [0.3-4.0]	1.7 [-0.3-3.6]	1.6 [-0.3-3.6]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 34. Cigarette smoking among students who ever smoked a whole cigarette, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Has ever smoked at least...						
A whole cigarette	26.9 [26.3-27.5]	23.1 [21.4-24.8]	25.0 [22.1-27.8] B	21.5↑ [19.6-23.4]	19.5↓ [17.1-21.9]	25.5↑ [23.2-27.8] C
100 cigarettes (about 4 packs) in their life	12.5↑ [12.1-13.0]	11.8 [10.6-13.1]	13.8 [11.6-16.1] B	10.1 [8.7-11.5]	9.7 [7.9-11.5]	13.2 [11.4-15.0] C

Among smokers, how often cigarettes were smoked in the past 30 days

Daily	8.4 [7.7-9.1]	8.9 [6.5-11.3]	11.5↑ [7.3-15.7] B	6.3 [3.8-8.8]	7.7 [4.0-11.5]	9.3 [6.2-12.4]
Less than daily, but at least once a week	7.1 [6.4-7.7]	8.4 [6.0-10.7]	11.1 [7.0-15.3] B	5.6 [3.2-8.0]	12.6 [7.9-17.2] D	6.1 [3.6-8.6]
Less than once a week, but at least once in the past month	21.3 [20.2-22.3]	18.6 [15.3-21.8]	19.5↓ [14.3-24.7]	17.7 [13.7-21.6]	17.2 [12.0-22.5]	19.1 [14.9-23.3]
Not at all	63.3 [62.1-64.5]	64.2 [60.2-68.2]	57.9 [51.4-64.4]	70.4 [65.7-75.1] A	62.5↓ [55.7-69.3]	65.5↑ [60.5-70.5]

[95% confidence intervals in brackets]

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Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 35. Use of Illegal drugs in the past 12 months, by sex and year of study, CPADS 2024/2025 University of Manitoba

Illegal drug	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Cocaine or crack	2.9 [2.6-3.1]	2.2 [1.6-2.8]	2.8 [1.7-3.8]	1.7 [1.1-2.3]	1.7 [0.9-2.5]	2.6 [1.7-3.4]
Illegal Amphetamines / Methamphetamine	0.6 [0.5-0.7]	0.5↓ [0.2-0.7]	0.6 [0.1-1.1]	0.3 [0.1-0.6]	0.6 [0.2-1.1]	0.4 [0.0-0.7]
Psychedelics	8.6 [8.2-9.0]	7.2 [6.2-8.3]	9.4 [7.5-11.3] B	5.4 [4.4-6.5]	4.8 [3.5-6.0]	9.1 [7.5-10.6] C
Ecstasy or similar designer drugs	2.4 [2.2-2.6]	2.6 [1.9-3.2]	3.2 [2.1-4.4]	2.0 [1.3-2.6]	1.4 [0.7-2.1]	3.3 [2.4-4.3] C
Salvia	0.2 [0.1-0.2]	0.1 [-0.0-0.2]	0.1 [-0.1-0.3]	0.0 [-0.1-0.1]	0.1 [-0.1-0.2]	0.1 [-0.1-0.2]
Dissociatives	1.0 [0.9-1.1]	0.6 [0.3-1.0]	0.7 [0.2-1.3]	0.6 [0.2-1.0]	0.4 [0.0-0.8]	0.8 [0.4-1.3]
Inhalants	0.5↑ [0.4-0.6]	0.3 [0.1-0.5]	0.3 [-0.0-0.7]	0.3 [0.0-0.5]	0.2 [-0.1-0.4]	0.4 [0.1-0.8]
Heroin	0.2 [0.1-0.2]	0.1 [-0.0-0.2]	0.2 [-0.1-0.6]	0.0 0.0	0.1 [-0.1-0.4]	0.1 [-0.1-0.2]
Synthetic cannabinoids	0.3 [0.2-0.4]	0.2 [0.0-0.3]	0.3 [-0.0-0.7]	0.1 [-0.1-0.2]	0.2 [-0.1-0.5]	0.1 [-0.1-0.3]
Mephedrone	0.2 [0.1-0.2]	0.1 [-0.0-0.1]	0.1 [-0.1-0.3]	0.0 0.0	0.0 0.0	0.1 [-0.1-0.2]

BZP/TFMPP	0.2 [0.1-0.2]	0.1 [-0.0-0.1]	0.1 [-0.1-0.3]	0.0 0.0	0.0 0.0	0.1 [-0.1-0.2]
Nitrous Oxide	0.8 [0.7-0.9]	0.7 [0.4-1.0]	1.0 [0.4-1.7]	0.4 [0.1-0.7]	0.3 [-0.0-0.6]	1.0 [0.5-1.5] C
Alkyl Nitrites	0.6 [0.5-0.7]	0.5↑ [0.2-0.8]	1.0 [0.3-1.6] B	0.1 [-0.0-0.3]	0.0 0.0	0.9 [0.4-1.4]
Fentanyl	0.1 [0.1-0.2]	0.2 [0.0-0.3]	0.3 [-0.0-0.7]	0.0 [-0.1-0.1]	0.3 [-0.0-0.7]	0.1 [-0.1-0.2]
Kratom	0.3 [0.2-0.3]	0.3 [0.1-0.5]	0.5↓ [0.0-0.9]	0.1 [-0.1-0.2]	0.0 0.0	0.4 [0.1-0.8]
Any illegal drug ¹	11.2 [10.8-11.6]	9.2 [8.0-10.3]	11.6 [9.5-13.7] B	7.1 [5.9-8.3]	5.9 [4.5-7.3]	11.6 [9.9-13.2] C
Any of 6 illegal drugs²	10.5↓ [10.1-10.9]	8.6 [7.5-9.7]	10.7 [8.7-12.8] B	6.7 [5.5-7.9]	5.7 [4.3-7.1]	10.7 [9.0-12.3] C

¹ "Any illegal drug" includes any substance listed in Table 35.

² Cocaine/crack, amphetamines/methamphetamine, ecstasy, psychedelics, heroin, dissociatives

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 36. Modes of consumption tried with illegal drugs, [among those who have ever tried or used] by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Oral ingestion	86.0 [85.0-86.9]	89.2 [86.3-92.1]	89.6 [85.0-94.3]	88.8 [85.1-92.4]	90.4 [85.2-95.6]	88.8 [85.2-92.4]
Inhalation	38.3 [37.0-39.7]	35.2 [30.7-39.7]	35.3 [28.0-42.5]	35.1 [29.6-40.6]	36.1 [27.6-44.5]	35.3 [29.9-40.7]
Injection	2.3 [1.9-2.7]	2.9 [1.3-4.5]	2.9 [0.4-5.5]	2.9 [1.0-4.9]	4.3 [0.7-7.8]	2.3 [0.6-3.9]
Topical	2.4 [2.0-2.8]	1.7 [0.5-2.9]	2.4 [0.1-4.7]	1.0 [-0.1-2.2]	2.1 [-0.4-4.6]	1.6 [0.2-3.0]
Sublingual or buccal	16.3 [15.3-17.4]	15.4 [12.0-18.8]	17.6 [11.8-23.4]	13.4 [9.4-17.3]	12.4 [6.6-18.3]	16.7 [12.5-20.9]
Rectal	1.1 [0.8-1.4]	2.1 [0.8-3.5]	2.9 [0.3-5.4]	1.5↓ [0.1-2.8]	3.2 [0.1-6.3]	1.8 [0.3-3.3]
Nasal	37.2 [35.9-38.6]	36.6 [32.1-41.2]	33.5↓ [26.3-40.7]	39.5↓ [33.8-45.1]	33.7 [25.4-42.0]	37.6 [32.1-43.1]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 37. Drug related harms¹ in the past 12 months, by sex and year of study, CPADS 2024/2025 University of Manitoba

Harms	National (%)	School-specific (%)				Year of study
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Physical health	7.0 [6.4-7.6]	6.6 [4.7-8.4]	7.3 [4.1-10.6]	6.0 [3.8-8.1]	7.1 [3.9-10.3]	6.1 [3.8-8.4]
Difficulty learning things	5.1 [4.6-5.6]	3.7 [2.3-5.1]	4.0 [1.6-6.4]	3.5↓ [1.8-5.1]	4.6 [2.0-7.2]	2.8 [1.3-4.4]
Work, studies, or employment opportunities	5.5↑ [5.0-6.0]	4.0 [2.6-5.5]	4.9 [2.2-7.5]	3.3 [1.7-4.9]	4.3 [1.8-6.8]	3.7 [1.9-5.5]
Financial position	5.0 [4.5-5.5]	3.2 [1.9-4.5]	3.5↑ [1.3-5.8]	2.9 [1.4-4.4]	3.2 [1.0-5.4]	3.0 [1.4-4.6]
Home life, family or relationship	4.5↑ [4.0-5.0]	4.3 [2.8-5.8]	5.1 [2.4-7.8]	3.5↑ [1.9-5.2]	5.1 [2.4-7.8]	3.7 [1.9-5.4]
Friendships or social life	4.9 [4.4-5.4]	3.7 [2.3-5.1]	4.0 [1.6-6.4]	3.4 [1.8-5.1]	4.9 [2.2-7.6]	3.2 [1.5-4.9]
Mental health	10.1 [9.4-10.8]	11.1 [8.8-13.5]	14.2 [9.8-18.5] B	8.5↑ [6.0-11.1]	12.2 [8.1-16.3]	10.7 [7.7-13.6]
Housing problems	1.0 [0.8-1.2]	0.1 [-0.1-0.4]	0.0 0.0	0.2 [-0.2-0.6]	0.3 [-0.4-1.0]	0.0 0.0
Legal problems	1.1 [0.8-1.3]	0.2 [-0.1-0.6]	0.5↓ [-0.4-1.3]	0.0 0.0	0.0 0.0	0.3 [-0.2-0.9]
Any harm¹		4.9	4.2	5.3	3.3	4.0
				106		4.3

Any drug harm to self - total population	[4.6-5.2]	[3.4-5.0]	[3.8-6.8] B	[2.5-4.2]	[2.8-5.2]	[3.2-5.4]
Any drug harm to self among those who have used any of 6 drugs²	29.1 [27.2-31.0]	33.9 [27.1-40.7]	37.7 [27.8-47.6]	28.6 [19.9-37.2]	38.2 [25.2-51.3]	32.0 [24.0-40.0]
Any drug harm to self among those with problematic use of pharmaceuticals³	26.2 [23.9-28.5]	26.8 [19.8-33.9]	36.5↓ [23.2-49.7] B	19.6 [12.2-27.0]	26.8 [15.8-37.7]	26.2 [17.0-35.5]
Any drug harm to self among those who have used any illegal drug or engaged in problematic use of pharmaceuticals⁴	25.1 [23.7-26.6]	27.2 [22.2-32.2]	32.6 [24.6-40.7] B	21.2 [15.4-26.9]	30.0 [21.3-38.7]	25.2 [19.2-31.3]

1 At least one of 9 harms [among those who have used illegal drugs in the past 12 months], including harm to: physical health; mental health; friendships and social life; financial position; home life or marriage; work, studies, or employment opportunities; legal problems; difficulty learning; housing problems.

2 Among those who have used any of 6 drugs (Cocaine/crack, amphetamines/methamphetamine, ecstasy, psychedelics, heroin, dissociatives) in the past year. Those who have used any of 6 drugs may also have used other drugs, including cannabis, or problematic use of pharmaceuticals.

3 Among those with problematic use of prescription pharmaceuticals and over the counter medication in the past year. Problematic use includes using more or using more often. Those with problematic use of pharmaceuticals may also have used illegal drugs and/or cannabis.

4 Among those who have used any drug (cocaine/crack, illegal amphetamines/methamphetamines, psychedelics, ecstasy or other similar drugs, salvia, dissociatives, inhalants, heroin, synthetic cannabinoids, mephedrone, BZP/TFMPP, nitrous oxide, alkyl nitrites, fentanyl or kratom) or engaged in problematic use of pharmaceuticals in the past year.

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 38. Polysubstance use, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Ever consumed more than one substance at the same time or close enough in time that the effects overlapped						
Yes, in the past 30 days	13.5↓ [13.0-13.9]	11.7 [10.4-12.9]	12.8 [10.6-15.0]	10.7 [9.3-12.2]	10.3 [8.5-12.1]	12.6 [10.8-14.3]
Yes, more than 30 days ago but within the past 12 months	10.1 [9.8-10.5]	9.0 [7.9-10.2]	8.6 [6.8-10.5]	9.4 [8.0-10.8]	8.4 [6.7-10.1]	9.5↓ [7.9-11.0]
Yes, but more than 12 months ago	11.7 [11.2-12.1]	11.1 [9.9-12.3]	9.0 [7.1-10.8]	12.9 [11.3-14.5] A	6.8 [5.3-8.3]	14.1 [12.3-16.0] C
Never	64.7 [64.1-65.3]	68.2 [66.3-70.0]	69.6 [66.5-72.6]	67.0 [64.8-69.2]	74.5↑ [71.9-77.1] D	63.9 [61.3-66.4]
Frequency of consuming more than one substance, among those doing so in the past 30 days						
At least once a week	31.9 [30.2-33.5]	26.5↑ [21.4-31.7]	34.5↑ [25.7-43.3] B	18.4 [12.9-24.0]	21.2 [13.4-29.0]	29.3 [22.4-36.2]
Daily or almost daily (5+ days/week)	7.7 [6.8-8.7]	6.9 [3.9-9.8]	9.3 [3.9-14.6]	4.4 [1.5-7.4]	4.4 [0.5-8.4]	7.8 [3.7-11.8]
2 to 5 times a week	9.3 [8.2-10.3]	8.4 [5.2-11.7]	9.6 [4.1-15.1]	7.3 [3.6-11.0]	6.4 [1.7-11.0]	9.9 [5.4-14.4]
Once a week	14.9 [13.7-16.2]	11.2 [7.5-14.9]	15.6 [8.9-22.4] B	6.7 [3.2-10.3]	10.4 [4.6-16.2]	11.6 [6.8-16.5]
2 to 3 times in the past 30 days	30.5↓ [28.8-32.1]	27.2 [22.0-32.4]	23.0 [15.2-30.8]	31.5↓ [24.9-38.1]	27.9 [19.4-36.5]	27.5↑ [20.7-34.3]
Once in the past 30 days	37.7	46.2	42.5↓	50.1	50.9	43.2

	[35.9-39.4]	[40.4-52.1]	[33.3-51.6]	[42.9-57.2]	[41.4-60.3]	[35.7-50.7]
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Substances typically consumed together, among those doing so in the past 30 days

Alcohol and cannabis	71.5↑ [69.9-73.2]	71.6 [66.3-77.0]	75.0 [66.8-83.2]	68.3 [61.6-75.0]	76.7 [68.7-84.8]	68.9 [61.8-76.0]
Alcohol and nicotine (includes vaped nicotine, cigarettes, tobacco, nicotine pouches, etc.)	13.0 [11.8-14.2]	12.4 [8.5-16.4]	13.4 [6.9-19.8]	11.5↑ [6.9-16.1]	11.0 [5.0-16.9]	13.8 [8.5-19.1]
Alcohol and cocaine	1.7 [1.2-2.1]	1.9 [0.3-3.5]	0.9 [-0.9-2.8]	2.8 [0.4-5.2]	1.7 [-0.8-4.1]	2.1 [-0.1-4.3]
Cannabis and nicotine (includes vaped nicotine, cigarettes, tobacco, nicotine pouches, etc.)	4.4 [3.7-5.2]	3.8 [1.6-6.1]	3.9 [0.2-7.5]	3.8 [1.0-6.6]	2.7 [-0.4-5.8]	4.6 [1.4-7.9]
Alcohol, cannabis and nicotine together	0.8 [0.5-1.1]	0.4 [-0.3-1.2]	0.0 0.0	0.9 [-0.5-2.2]	1.2 [-0.9-3.3]	0.0 0.0
Alcohol and prescription medication	1.7 [1.3-2.2]	1.3 [-0.0-2.7]	0.0 0.0	2.6 [0.3-4.9]	1.2 [-0.9-3.3]	0.9 [-0.6-2.3]
Cannabis and prescription medication	0.5↓ [0.2-0.7]	0.7 [-0.3-1.7]	0.9 [-0.9-2.8]	0.4 [-0.5-1.4]	1.3 [-0.9-3.5]	0.0 0.0
Nicotine and prescription medication	0.2 [0.0-0.3]	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0	0.0 0.0
Other	16.0 [14.6-17.3]	15.2 [11.0-19.5]	13.0 [6.7-19.4]	17.4 [12.0-22.9]	12.3 [6.1-18.6]	16.8 [11.0-22.5]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 39. Use of other drugs, [among all respondents], by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
			A	B	C	D
Other drug use						
Use of new psychoactive substances ¹ - lifetime use		1.0 [0.9-1.2]	0.9 [0.5-1.3]	1.0 [0.3-1.6]	0.8 [0.4-1.2]	0.7 [0.2-1.3]
Used other drugs - past 12 month use ²		0.8 [0.7-0.9]	0.6 [0.3-0.9]	0.9 [0.3-1.6]	0.3 [0.0-0.5]	0.7 [0.2-1.3]
						0.5↓ [0.1-0.8]

¹ New Psychoactive Substances (NPS) are substances formulated to contain chemicals that mimic the effects of controlled substances, and are often referred to as alternatives to controlled substances. classic street drugs.

² In the past 12 months, have you used or tried any other substance or illegal drug for the experience or to get high?

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 40. Naloxone use by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Naloxone use						
Heard about naloxone	65.9 [65.2-66.5]	62.7 [60.7-64.6]	58.3 [55.1-61.6]	66.3 [64.1-68.5] A	54.5↑ [51.5-57.5]	68.3 [65.8-70.8] C
Obtained a naloxone kit in the past 12 months	19.1 [18.5-19.8]	10.4 [8.8-11.9]	8.0 [5.7-10.4]	12.1 [10.2-14.0] A	10.5↓ [8.0-13.0]	10.4 [8.5-12.4]
Main reason for obtaining naloxone:						
In case someone on the street or at a venue needs it	63.2 [61.4-65.0]	72.7 [65.9-79.5]	#	72.7 [65.1-80.3]	62.6 [50.5-74.7]	77.8 [69.7-85.9] C
Need it for family, friend	20.3 [18.8-21.8]	11.6 [6.7-16.4]	#	13.5↑ [7.7-19.3]	19.5↑ [9.6-29.4] D	7.4 [2.3-12.5]
In case you need it for yourself	2.1 [1.5-2.6]	0.5↓ [-0.6-1.6]	#	0.7 [-0.7-2.2]	0.0 0.0	0.8 [-0.9-2.5]
I need it for work / am required to have one (recoded from 'other')	9.0 [7.9-10.0]	9.8 [5.2-14.3]	#	11.2 [5.8-16.5]	13.5↓ [4.9-22.0]	7.9 [2.6-13.1]
Other reason	5.5↑ [4.7-6.4]	5.5↓ [2.0-9.0]	#	1.9 [-0.4-4.2]	4.4 [-0.7-9.6]	6.1 [1.5-10.8]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 41. Professional help needs, by sex and year of study, CPADS 2024/2025 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
Felt you needed professional help for...						
Alcohol use	3.7 [3.4-3.9]	3.5↓ [2.8-4.2]	3.2 [2.0-4.3]	3.8 [2.9-4.7]	3.3 [2.2-4.4]	3.7 [2.7-4.7]
Cannabis use	3.5↑ [3.3-3.8]	2.3 [1.7-2.9]	2.5↓ [1.5-3.5]	2.2 [1.5-2.9]	1.5↑ [0.8-2.3]	3.0 [2.1-3.9] C
Drug use	1.7 [1.5-1.9]	1.2 [0.8-1.6]	1.2 [0.5-1.9]	1.1 [0.6-1.6]	0.9 [0.4-1.5]	1.2 [0.7-1.8]
None of the above	92.9 [92.6-93.2]	94.3 [93.4-95.2]	94.7 [93.2-96.1]	94.0 [92.9-95.1]	95.2 [93.9-96.5]	93.7 [92.4-95.0]
Among those needing help, sought help for alcohol, cannabis or drug use						
Yes, within the past 12 months	22.0 [20.0-24.1]	22.2 [15.3-29.1]	#	14.9 [8.0-21.9]	18.3 [7.7-28.8]	23.4 [14.5-32.3]
Yes, but more than 12 months ago	33.3 [31.0-35.6]	30.4 [22.8-38.0]	#	31.8 [22.7-40.9]	24.0 [12.3-35.7]	33.8 [23.8-43.8]
No, never	44.6 [42.2-47.1]	47.4 [39.1-55.7]	#	53.3 [43.6-63.1]	57.7 [44.2-71.2]	42.8 [32.4-53.2]
Among those seeking help in the past 12 months, received professional help						
Yes, for alcohol	39.4 [34.1-44.7]	#	#	#	#	#
Yes, for cannabis	43.3 [37.9-48.6]	#	#	#	#	#
Yes, for drugs	6.9	#	#	#	#	#

	[4.2-9.7]					
Yes, for cocaine (recode from 'drugs')	4.8 [2.5-7.2]	#	#	#	#	#
I did not receive professional help in the past 12 months	22.1 [17.6-26.6]	#	#	#	#	#

Among those who did not seek help, reasons preventing during the past 12 months

You were too busy	26.3 [24.2-28.5]	29.7 [22.0-37.4]	#	25.8 [17.1-34.4]	26.3 [14.2-38.3]	31.0 [21.0-41.0]
You felt you did not need treatment in the past 12 months	20.6 [18.6-22.6]	19.4 [12.8-26.0]	#	24.2 [15.8-32.7]	15.5↓ [5.6-25.4]	22.1 [13.2-31.1]
The treatment was not covered by insurance	15.5↑ [13.7-17.3]	14.3 [8.4-20.2]	#	14.2 [7.3-21.1]	14.4 [4.8-24.0]	14.7 [7.0-22.3]
You had personal or family responsibilities	11.9 [10.3-13.5]	13.8 [8.0-19.6]	#	17.2 [9.8-24.7]	8.6 [1.0-16.3]	17.1 [9.0-25.2]
The waiting list was too long	13.0 [11.3-14.7]	9.5↑ [4.6-14.5]	#	13.2 [6.6-19.9]	10.9 [2.4-19.5]	9.1 [2.9-15.3]
Transportation was difficult	5.6 [4.5-6.7]	7.8 [3.3-12.4]	#	4.8 [0.6-9.1]	7.7 [0.4-14.9]	8.2 [2.3-14.1]
The type of treatment desired was not available	8.5↑ [7.1-9.9]	8.4 [3.7-13.1]	#	6.3 [1.5-11.1]	9.0 [1.2-16.9]	8.3 [2.4-14.3]
The treatment was not available in your preferred language	0.8 [0.4-1.3]	1.6 [-0.5-3.8]	#	1.0 [-1.0-2.9]	0.0 0.0	2.6 [-0.8-6.0]
The treatment available was not culturally competent/culturally appropriate	2.5↓ [1.7-3.2]	2.9 [0.1-5.7]	#	1.9 [-0.8-4.6]	1.3 [-1.8-4.4]	3.8 [-0.3-7.9]
	23.8	27.4	#	25.2	22.3	28.8

You were afraid of what people would think of you	[21.7-25.9]	[19.9-34.9]		[16.6-33.8]	[10.9-33.7]	[19.0-38.5]
Other	5.6 [4.5-6.8]	4.5↑ [1.0-8.0]	#	7.9 [2.6-13.3]	5.1 [-0.9-11.2]	3.7 [-0.4-7.7]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Table 42. School Specific Questions, CPADS 2024/2025 University of Manitoba

	School-specific (%)				
	Overall	Males	Females	Year of study	
				1 st and 2 nd	3 rd +
	A	B	C	D	
Please indicate which of the following University of Manitoba services you are aware of that support education for substance use.					
Take Home Naloxone Program	6.0 [5.0-7.0]	4.3 [2.9-5.7]	7.5↑ [6.2-8.8] A	3.8 [2.6-5.1]	7.3 [5.9-8.8] C
Addictions Counsellor	18.7 [17.1-20.3]	16.7 [14.1-19.3]	20.4 [18.4-22.4] A	18.2 [15.7-20.6]	19.0 [16.8-21.2]
Coordinator, Student Health and Wellness Education	30.3 [28.4-32.2]	27.8 [24.7-30.9]	32.4 [30.1-34.7] A	28.4 [25.5-31.2]	31.6 [29.0-34.1]
University Health Service	46.0 [43.9-48.0]	42.8 [39.4-46.3]	48.6 [46.1-51.1] A	44.1 [40.9-47.2]	47.3 [44.5-50.1]
Student Support Case Management	10.3 [9.0-11.5]	10.4 [8.3-12.5]	10.1 [8.6-11.6]	10.0 [8.1-11.9]	10.4 [8.7-12.1]
Healthy U	19.7 [18.0-21.4]	15.2 [12.7-17.7]	23.5↑ [21.4-25.7] A	17.3 [14.9-19.8]	21.4 [19.1-23.7] C
Student Wellness Centre	59.6 [57.5-61.6]	53.4 [49.9-56.9]	64.8 [62.5-67.2] A	57.6 [54.4-60.8]	61.2 [58.5-63.9]
Safer Social Event Team	5.6 [4.6-6.6]	4.4 [3.0-5.8]	6.6 [5.4-7.8] A	4.2 [2.9-5.5]	6.5↓ [5.1-7.8] C
Student Counselling Centre	46.3 [44.2-48.4]	39.2 [35.8-42.6]	52.3 [49.8-54.8] A	41.8 [38.6-44.9]	49.6 [46.8-52.3] C
Indigenous Student Centre Advisors	21.0 [19.3-22.7]	16.9 [14.3-19.5]	24.6 [22.4-26.7]	20.5↓ [17.9-23.1]	21.2 [18.9-23.4]

			A		
Elders-in-Residence	10.8 [9.5-12.1]	7.9 [6.0-9.8]	13.2 [11.5-14.9] A	9.0 [7.1-10.8]	12.0 [10.2-13.8] C
Indigenous Circle of Empowerment	10.7 [9.4-12.0]	9.3 [7.3-11.3]	11.9 [10.3-13.5] A	10.0 [8.1-11.9]	11.2 [9.4-12.9]
Other	0.3 [0.1-0.6]	0.3 [-0.1-0.8]	0.3 [0.0-0.6]	0.4 [-0.0-0.8]	0.3 [-0.0-0.6]
None of these	20.4 [18.7-22.1]	27.0 [23.9-30.1] B	14.8 [13.0-16.6]	22.2 [19.5-24.9]	19.0 [16.9-21.2]

At which UM campus are your studies primarily based?

Fort Garry Campus	89.4 [88.2-90.6]	92.9 [91.2-94.6] B	86.4 [84.8-88.0]	94.6 [93.2-95.9] D	86.5↓ [84.7-88.3]
Bannatyne Campus	8.6 [7.5-9.7]	6.2 [4.6-7.8]	10.7 [9.3-12.1] A	4.1 [2.9-5.3]	11.3 [9.6-13.0] C
Other (William Norrie Centre, Smartpark, James W. Burns Executive Education Centre, Northern Social Work Program, Glenlea Research Station, Ian N. Morrison Research Farm, etc.)	2.0 [1.4-2.5]	0.9 [0.3-1.5]	2.9 [2.1-3.7] A	1.3 [0.6-2.0]	2.2 [1.4-3.0]

[95% confidence intervals in brackets]

The symbols ↑ and ↓ refer to the direction of rounding to integers.

Low base size (denominator <50) - although an estimate may be determined from the table if the base is above 0, data should be suppressed.

Capitalized letters (e.g. A, B), indicate differences at the 95% significance level.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2024/2025 school year

Appendix 2: 2024/25 CPADS CORE Questionnaire

CPADS 2024

Government of Canada (Non-protected)

Generated on 2025-02-12 at 13:04:48 MT



Languages: English, French, Inuktitut, Inuinnaqtun

Section

LoginA, LoginB, PSE1, PSE2, IND, DEMQ01, SEX01, HWBQ01, HWBQ02

Page Consent

LoginA Show if Is login 1A

Thank you for agreeing to participate in the Canadian Postsecondary Education Alcohol and Drug Use Survey, distributed by the survey firm Advanis on behalf of Health Canada. **Si vous préférez répondre au questionnaire en français, veuillez utiliser le bouton ci-dessus.**

[If you would like to speak to someone after you complete the survey or for more information on resources related to substance use available at your school, resources can be found at various points throughout the survey.]

If you are unable to complete the survey in one session, your partial response will be saved for this survey.

This survey is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service. The project verification number is: 20240927-AD200. Click here ([opens in a new window](#)) (<https://www.canadianresearchinsightscouncil.ca/rvs/home/>) to verify the legitimacy of this survey.

- ₁ If you require a screen reader or assistive device to complete this survey, check this box to access a compatible version
- ₂ Start Survey

LoginB Show if Is login1b

Thank you for agreeing to participate in the Canadian Postsecondary Education Alcohol and Drug Use Survey, distributed by the survey firm Advanis on behalf of Health Canada. **Si vous préférez répondre au questionnaire en français, veuillez utiliser le bouton ci-dessus.**

Health Canada is conducting this survey to measure alcohol and drug use among college and university [college, university and polytechnic] students in Canada. This research is being conducted in partnership with the Postsecondary Education Partnership-Alcohol Harms (PEP-AH), a group of student service representatives working to improve alcohol prevention programs on

your campus. The results from this survey will be used to develop health programs for [school name].

[This survey will take approximately 20 minutes to complete, and you may skip any questions that you do not feel comfortable answering. **If you require more than one session to complete the survey, please copy the link below and save it to your computer** (i.e. in a MS Word document, a note in Outlook etc.). In order to resume the survey where you left off, simply paste the link into your Internet browser. https://surveys.advanis.ca/cpads24?r=<<reference_id>>]

Some questions may be uncomfortable to answer as they ask about illegal activities or sensitive topics such as physical or sexual harms related to alcohol use. [\[If you would like to speak to someone after you complete the survey or for more information on resources related to substance use available at your school, resources can be found at various points throughout the survey.\]](#)

This research has been approved by the Health Canada and Public Health Agency of Canada Research Ethics Board. Any reports or publications produced by Health Canada based on this research will use grouped data and will not identify you or link you to these survey results.

The personal information you provide is governed in accordance with the Privacy Act. It will be used to help promote student health and safety across the country. Your survey responses will be given a unique ID number, all direct identifiers will be removed, and other steps will also be taken so that the risk of identification is extremely low. Your de-identified information will be provided to Health Canada and possibly your school and external researchers.

If you are unable to complete the survey, your partial response will be saved for this survey.

[You may contact \[school contact name\] if you have any other questions or concerns about the survey. Should you have any ethical questions or concerns regarding your participation in this research study, you may contact your school's ethics board.](#)

This survey is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service. The project verification number is: 20240927-AD200. [Click here \(opens in a new window\)](#) (<https://www.canadianresearchinsightscouncil.ca/rvs/home/>) to verify the legitimacy of this survey.

- ₁ If you require a screen reader or assistive device to complete this survey, check this box to access a compatible version
- ₂ Start Survey

PSE1

Are you currently studying at a university, college, [\[polytechnic\]](#) or cégep in Canada?

Please select one.

- ₁ Yes, I am studying in Canada and attending class **100% in person**

- ₂ Yes, I am studying in Canada **100% online**
- ₃ Yes, I am studying in Canada both **online and in person**
- ₄ No, I am studying outside of Canada
- _{.8} I prefer not to answer
- _{.9} I don't know

PSE2 *Show if Studying in Canada (PSE1 = 1,2,3)*

What is your age?

Please enter a number.

Minimum: 10, Maximum: 120

_____ years

- _{.8} I prefer not to answer
- _{.9} I don't know

IND *Show if Not Studying in Canada or not in age range ((PSE1 = 4,I prefer not to answer,I don't know) OR ((PSE2 = 99) OR (PSE2 = I prefer not to answer,I don't know)))*

Thank you for your interest in our survey.

Based on your responses to one or more of the previous questions, you are unfortunately not eligible to participate.

(<http://www.advanis.net>)

Status Code: 501

Page Introduction

DEMQ01

What is your gender?

Please select one.

- ₁ Woman
- ₂ Man
- ₃ Transgender woman
- ₄ Transgender man
- ₅ Non-binary
- ₆ Gender fluid

₇ You don't have an option that applies to me. I identify as (please specify): _____

₋₈ I prefer not to answer

₋₉ I don't know

SEX01

What was your sex at birth?

Please select one.

₁ Male

₂ Female

HWBQ01

Please rate your **physical health**, according to the following scale:

Please select one.

₁ Excellent

₂ Very good

₃ Good

₄ Fair

₅ Poor

₋₈ I prefer not to answer

HWBQ02

Please rate your **mental health**, according to the following scale:

Please select one.

₁ Excellent

₂ Very good

₃ Good

₄ Fair

₅ Poor

₋₈ I prefer not to answer

Section Alcohol

ALC03, ALC04, ALC05, ALC06, ALC09, AEDtxt, AED01, ALC2, ALC10, ALC34, ALC12F, ALC12M, ALC13a, ALC13b, ALC14, ALC15, ALC16a, ALC16b, ALC17, ALC11a, ALC11b, ALC18, ALC08, ALC07, ALC07w, ALCDR01, ALCDR02, ALC01, APB, AHS, AHO

Page Alcohol

ALC03

Have you ever had an alcoholic drink?

Drinking does not include having a few sips of alcohol for religious or other purposes.

Please select one.

- 1 Yes
- 2 No
- 8 I prefer not to answer

ALC04 Show if ALC03 Lifetime drinker (ALC03 = 1)

Not counting small sips, how old were you when you had your first alcoholic beverage?

Drinking does not include having a few sips of alcohol for religious or other purposes.

Minimum: 5, Maximum: 99

_____ years

- 8 I prefer not to answer
- 9 I don't know

ALC05 Show if ALC03 Lifetime drinker (ALC03 = 1)

In the **past 12 months**, did you drink alcoholic beverages?

Drinking does not include having a few sips of alcohol for religious or other purposes.

Please select one.

- 1 Yes
- 2 No
- 8 I prefer not to answer
- 9 I don't know

ALC06 Show if ALC05 Past 12 month drinker (ALC05 = 1)

During the **past 30 days**, how often did you drink alcoholic beverages?

Please select one.

- 1 Daily or almost daily (5+days/week)

- ₂ 2 to 5 times a week
- ₃ Once a week
- ₄ 2 to 3 times in the past 30 days
- ₅ Once in the past 30 days
- ₆ Not in the past 30 days
- ₋₈ I prefer not to answer
- ₋₉ I don't know

ALC09 *Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)*

During the **past 30 days**, how often did you consume the following alcoholic beverages?

Please select one per row.

1. Light beer (4% alcohol content or less)
2. Beer (4.1%+ alcohol content)
3. Wine
4. Hard Seltzer
5. Coolers or pre-mixed cocktails (with alcohol content of less than 7%)
6. Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)
7. Cider
8. Spirits or liquor

- ₁ Daily or almost daily (5+ days/week) *(Show if ALC06 1 Daily or almost daily (ALC06 = 1))*
- ₂ 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))*
- ₃ Once a week *(Show if ALC06 Once a week or more (ALC06 = 1,2,3))*
- ₄ 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))*
- ₅ Once in the past 30 days
- ₆ Not in the past 30 days
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Alcohol

AEDtxt

The following questions are about energy drinks, such as Red Bull®, Rockstar® or another brand.

Energy drinks are beverages usually containing caffeine and other stimulant substances, such as

guarana, taurine or L-carnitine. These drinks may be marketed as providing mental and physical stimulation.

[Press the next button to continue.]

AED01

In the **past 30 days**, how often did you drink any of the following?

Please select one per row.

1. An energy drink like Red Bull®, Monster® and Rockstar®, not sports drinks. *[(Exclude coffee, tea, other naturally caffeinated beverages, and sports drinks marketed to replace water or electrolytes before or after exercise, e.g., Gatorade or Powerade.)]*
2. Alcohol and an energy drink consumed separately on one occasion *(Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5))*
3. Alcohol and an energy drink hand-mixed together by you or someone else *(Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5))*
4. Store-bought pre-mixed alcoholic beverages with energy drink names (such as Rockstar®+Vodka) *(Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5))*
5. Sweetened beverages with high alcohol content (7% or higher) such as FourLoko, Clubtails, hard seltzer *(Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5))*

₁ Daily or almost daily (5+days/week)
 ₂ 2 to 5 times a week
 ₃ Once a week
 ₄ 2 to 3 times in the past 30 days
 ₅ Once in the past 30 days
 ₆ Not in the past 30 days
 ₋₈ I prefer not to answer
 ₋₉ I don't know

ALC2

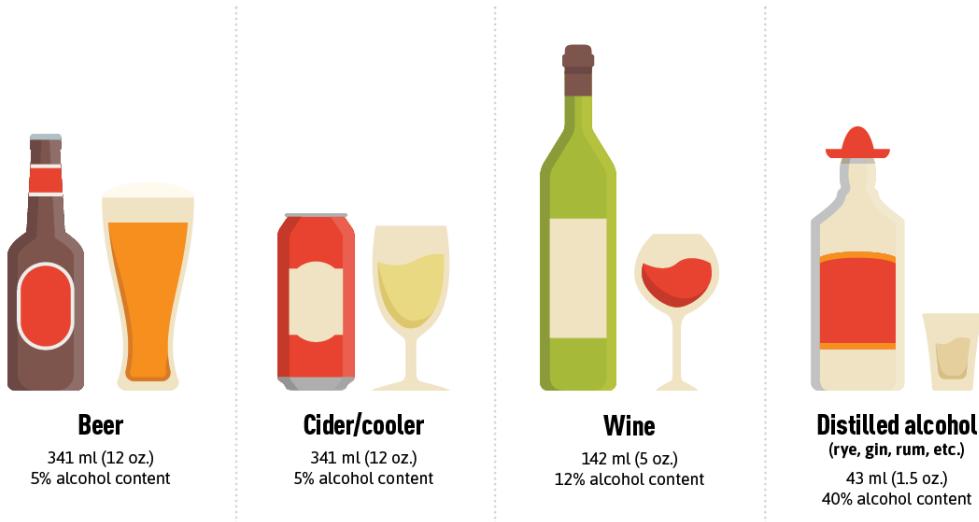
The following questions are about your alcohol consumption. When we use the word **drink** it means:

A 341 ml (12 oz.) bottle of beer, cider or ready to drink cooler with 5% alcohol content

A 142 ml (5 oz.) glass of wine with 12% alcohol content

A 43 ml (1.5 oz.) shot glass of spirits with 40% alcohol content (whisky, vodka, gin, etc.)

Include light beer, but **DO NOT** include de-alcoholised beer or coolers (0.5% alcohol) or alcohol-free cocktails such as Virgin Mary or Shirley Temple.



[Press the next button to continue.]

ALC10 Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)

During the **past 30 days**, on those days when you drank alcoholic beverages, how many drinks did you **usually** have?

Please enter a number.

Minimum: 1, Maximum: 99

_____ drink(s)

-8 I prefer not to answer

ALC34 Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)

During the **past 30 days**, how often did you have **2 or more drinks** on one occasion?

"On one occasion" means at the same time or within a couple of hours of each other.

Please select one.

- 1 Daily or almost daily (5+ days/week) *(Show if ALC06 1 Daily or almost daily (ALC06 = 1))*
- 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))*
- 3 Once a week *(Show if ALC06 Once a week or more (ALC06 = 1,2,3))*
- 4 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))*
- 5 Once in the past 30 days

- 6 Not in the past 30 days
- 8 I prefer not to answer
- 9 I don't know

ALC12F *Show if SEX01 Female AND ALC06 Past 30 day drinker ((SEX01 = 2,Not Answered) AND (ALC06 = 1,2,3,4,5))*

During the **past 30 days**, how often did you have **4 or more drinks** on one occasion?

"On one occasion" means at the same time or within a couple of hours of each other.

Please select one.

- 1 Daily or almost daily (5+ days/week) *(Show if ALC06 1 Daily or almost daily (ALC06 = 1))*
- 2 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))*
- 3 Once a week *(Show if ALC06 Once a week or more (ALC06 = 1,2,3))*
- 4 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))*
- 5 Once in the past 30 days
- 6 Not in the past 30 days
- 8 I prefer not to answer
- 9 I don't know

ALC12M *Show if SEX01 Male AND ALC06 Past 30 day drinker ((SEX01 = 1) AND (ALC06 = 1,2,3,4,5))*

During the **past 30 days**, how often did you have **5 or more drinks** on one occasion?

"On one occasion" means at the same time or within a couple of hours of each other.

Please select one.

- 1 Daily or almost daily (5+ days/week) *(Show if ALC06 1 Daily or almost daily (ALC06 = 1))*
- 2 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))*
- 3 Once a week *(Show if ALC06 Once a week or more (ALC06 = 1,2,3))*
- 4 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))*
- 5 Once in the past 30 days
- 6 Not in the past 30 days
- 8 I prefer not to answer
- 9 I don't know

ALC13a *Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)*

During the **past 30 days**, what is the **highest** number of alcoholic drinks you have had on a drinking day?

Please enter a number.

Minimum: 1, Maximum: 30

_____ drinks

- 8 I prefer not to answer
- 9 I don't know

ALC13b Show if ALC06 Past 30 day drinker AND ALC13a Gave response ((ALC06 = 1,2,3,4,5) AND (ALC13a != I prefer not to answer,I don't know,Not Answered))

How long did it take you to consume the <>ALC13a.value>> drinks you indicated in the previous question?

Please enter a number.

Minimum: 0, Maximum: 59

Hours: _____
Minutes: _____

-8 I prefer not to answer
 -9 I don't know

ALC14 Show if ALC03 Lifetime drinker (ALC03 = 1)

Have you ever been drunk?

Please select one.

1 Yes
 2 No
 -8 I prefer not to answer
 -9 I don't know

ALC15 Show if ALC14 Got drunk (ALC14 = 1)

How old were you when you first got drunk?

Please enter a number.

Minimum: 4, Maximum: 50

_____ years

-8 I prefer not to answer
 -9 I don't know

ALC16a Show if ALC06 Past 30 Day Drinker AND ALC14 Got drunk in lifetime ((ALC06 = 1,2,3,4,5) AND (ALC14 = 1))

During the **past 30 days**, how often would you say you drank enough to be drunk?

Please select one.

1 Daily or almost daily (5+ days/week) (Show if ALC06 1 Daily or almost daily (ALC06 = 1))
 2 2 to 5 times a week (Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))
 3 Once a week (Show if ALC06 Once a week or more (ALC06 = 1,2,3))
 4 2 to 3 times in the past 30 days (Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))
 5 Once in the past 30 days
 6 Not in the past 30 days

-8 I prefer not to answer
 -9 I don't know

ALC16b *Show if ALC16 Got Drunk past 30 days (ALC16a = 1,2,3,4,5)*

During the **past 30 days**, how often did you intentionally get drunk?

Please select one.

1 Daily or almost daily (5+ days/week) *(Show if ALC06 1 Daily or almost daily (ALC06 = 1))*
 2 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more (ALC06 = 1,2))*
 3 Once a week *(Show if ALC06 Once a week or more (ALC06 = 1,2,3))*
 4 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more (ALC06 = 1,2,3,4))*
 5 Once in the past 30 days
 6 Not in the past 30 days
 -8 I prefer not to answer
 -9 I don't know

ALC17 *Show if ALC16 Got Drunk past 30 days (ALC16a = 1,2,3,4,5)*

During the past 30 days, when you drank enough to get drunk, did you **mostly** consume ...?

Please select one.

1 Light beer (4% alcohol content or less)
 2 Beer (4.1%+ alcohol content)
 3 Wine
 4 Hard Seltzer
 5 Coolers or pre-mixed cocktails (with alcohol content of less than 7%)
 6 Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)
 7 Cider
 8 Spirits or liquor
 -8 I prefer not to answer
 -9 I don't know

ALC11a *Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)*

In the **past 30 days**, what is the location where you consumed alcohol **most often**?

Please select one.

1 Off campus
 3 On campus
 -8 I prefer not to answer
 -9 I don't know

ALC11b *Show if ALC11a Drank on or off campus (ALC11a = 1,2,3)*

More specifically, when you drank [off/on] campus, where did most of the drinking take place?

Please select one.

- 2 Parents' home *(Show if Drank off campus (ALC11a = 1,2))*
- 3 Fraternity/sorority house off campus *(Show if Drank off campus (ALC11a = 1,2))*
- 4 A bar/pub off campus *(Show if Drank off campus (ALC11a = 1,2))*
- 5 A restaurant off campus *(Show if Drank off campus (ALC11a = 1,2))*
- 6 A festival or event off campus *(Show if Drank off campus (ALC11a = 1,2))*
- 7 Car or vehicle
- 1 Someone's home/my home
- 8 University residence *(Show if Drank on campus (ALC11a = 3))*
- 9 Campus grounds/building (except residence) *(Show if Drank on campus (ALC11a = 3))*
- 10 Fraternity or sorority house on campus *(Show if Drank on campus (ALC11a = 3))*
- 11 A bar/pub on campus *(Show if Drank on campus (ALC11a = 3))*
- 12 A restaurant on campus *(Show if Drank on campus (ALC11a = 3))*
- 13 A festival/event on campus *(Show if Drank on campus (ALC11a = 3))*
- 14 Other, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

ALC18 *Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)*

During the past 30 days, with whom did you consume alcohol **most often**?

Please select one.

- 1 Alone
- 2 With friend(s) or close friend(s)
- 3 With partner, boyfriend, girlfriend
- 4 With school colleagues
- 5 With work colleagues
- 6 With family
- 7 Other, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

ALC08 Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)

During the **past 30 days**, have you participated in the following promotions when you drank alcohol in a public drinking venue (e.g. pub, bar, club)?

Please select one per row.

1. Happy hour (period of the day when drinks are sold at reduced prices in a bar or restaurant) *
2. Low-priced promotion (ladies' night, 2 drinks for the price of 1, etc.) *
3. Special promotions by breweries/liquor/wine companies *
4. Cover charge for unlimited drinks *
5. Free cover charge to enter an establishment early *

*Levels marked with * are randomized*

₁ Yes
 ₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

ALC07 Show if Not WCAG ALC06 Past 30 day drinker ((ALC06 = 1,2,3,4,5))

When you paid for an alcoholic beverage for yourself in bars/restaurants/festivals, what is the cheapest amount you have paid for a drink in the **past 30 days**?

Please select one.

₀ I have not paid for a drink in the past 30 days
 ₁ \$0.50
 ₂ \$1.00
 ₃ \$1.50
 ₄ \$2.00
 ₅ \$2.50
 ₆ \$3.00
 ₇ \$3.50
 ₈ \$4.00
 ₉ \$4.50
 ₁₀ \$5.00
 ₁₁ \$5.50
 ₁₂ \$6.00
 ₁₃ \$6.50
 ₁₄ \$7.00
 ₁₅ \$7.50
 ₁₆ \$8.00
 ₁₇ \$8.50
 ₁₈ \$9.00

- ₁₉ \$9.50
- ₂₀ \$10.00
- ₂₁ \$10.50
- ₂₂ \$11.00
- ₂₃ \$11.50
- ₂₄ \$12.00
- ₂₅ \$12.50
- ₂₆ \$13.00
- ₂₇ \$13.50
- ₂₈ \$14.00
- ₂₉ \$14.50
- ₃₀ \$15.00
- ₃₁ \$15.50
- ₃₂ \$16.00
- ₃₃ \$16.50
- ₃₄ \$17.00
- ₃₅ \$17.50
- ₃₆ \$18.00
- ₃₇ \$18.50
- ₃₈ \$19.00
- ₃₉ \$19.50
- ₄₀ \$20.00
- ₄₂ More than \$20.00
- ₋₈ I prefer not to answer
- ₋₉ I don't know

ALC07w Show if WCAG ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)

When you paid for an alcoholic beverage for yourself in bars/restaurants/festivals, what is the cheapest amount you have paid for a drink in the **past 30 days**?

Please enter a dollar amount. If you did not pay for a drink please enter 0.

Minimum: 0.00, Maximum: 35.00

\$ _____

- ₋₈ I prefer not to answer
- ₋₉ I don't know

ALCDR01

Have you ever been a **passenger** in a motor vehicle (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV)) driven by someone who had **2 or more** drinks of alcohol in the **previous 2 hours**?

Please select one.

- ₁ Yes, in the past 30 days

- ₂ Yes, more than 30 days ago but within the past 12 months
- ₃ Yes, but more than 12 months ago
- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

ALCDR02 *Show if ALC03 Lifetime drinker (ALC03 = 1)*

Have you ever **driven** a motor vehicle (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV) after having **2 or more** drinks in the **previous 2 hours**?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₃ Yes, but more than 12 months ago
- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

ALC01

Have you heard of or are you aware of Canada's Low Risk Drinking Guidelines (2011) or Canada's Guidance on Alcohol and Health (2023)?

Please select one.

- ₁ Yes, I've heard of Canada's Low Risk Drinking Guidelines (2011)
- ₂ Yes, I've heard of Canada's Guidance on Alcohol and Health (2023)
- ₃ Yes, I've heard of both
- ₄ Yes, I've heard of guidelines/guidance but I'm not sure which one
- ₅ No, I've not heard of either
- ₋₈ I prefer not to answer
- ₋₉ I don't know

APB *Show if ALC06 Past 30 day drinker (ALC06 = 1,2,3,4,5)*

The following are strategies that can be used to slow down alcohol consumption, avoid intoxication and prevent dangerous alcohol-related consequences.

Please indicate how often you have used the following strategies during the **past 30 days**.

Please select one per row.

1. Alternated non-alcoholic beverages and alcohol beverages on the same occasion *
2. Determined, in advance, not to exceed a set number of drinks *
3. Ate before and/or during drinking *
4. Had a friend let me know when I've had enough *

5. Kept track of how many drinks I was having *
6. Paced my drinks to 1 or fewer per hour *
7. Avoided drinking games *
8. Stopped drinking at least 1-2 hours before going home *
9. Limited money spent on alcohol *
10. Only drank alcohol in safe environments (*e.g., in the presence of others, at home, at a friend's house, at a restaurant*) *
11. Made my own drinks *
12. Avoided hard liquor or spirits *
13. Refused a drink from a stranger *
14. Never left a drink unattended *
15. Drank an alcohol look-alike *
16. Carried around a cup but did not drink any alcohol *
17. Avoided situations where there was alcohol *
18. Used a designated driver *
19. Avoided getting in a car with someone who had been drinking *
20. Drank "NoLo" alcohol beverages (such as beer, spirits, wine, and cocktails) that have no or very low alcohol content *

*Levels marked with * are randomized*

- ₅ Always
- ₄ Usually
- ₃ Sometimes
- ₂ Rarely
- ₁ Never
- ₆ Does not apply
- _{.8} I prefer not to answer
- _{.9} I don't know

AHS *Show if ALC05 Past 12 month drinker (ALC05 = 1)*

The following is a list of things that can sometimes happen to people either during or after they have been drinking alcohol.

Please indicate whether the statement describes something that has happened to you in the **past 30 days** because of **your own drinking**.

Please select one per row.

1. While drinking, I have said or done embarrassing things *
2. I have had a hangover (headache, sick stomach) the morning after I had been drinking *
3. I have felt very sick to my stomach or thrown up after drinking *
4. I have ended up drinking on nights when I had planned not to drink *
5. I have taken foolish risks when I have been drinking *
6. I have passed out from drinking *
7. I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get drunk on the amount that used to get me drunk *
8. When drinking, I have done impulsive things that I regretted later *

9. I've not been able to remember large stretches of time while drinking *
I have driven a motor vehicle when I knew I had too much to drink to drive safely *
11. I have missed work or classes at school because of drinking, a hangover, or illness caused by drinking *
12. I have been in sexual situations that I later regretted because of my drinking *
13. I have found it difficult to limit how much I drink *
14. I have become very rude, obnoxious or insulting as a result of my drinking *
15. I have woken up in an unexpected place after drinking *
16. I have felt badly about myself because of my drinking *
17. I have had less energy or felt tired because of my drinking *
18. The quality of my work or schoolwork has suffered because of my drinking *
19. I have spent too much time drinking *
20. I have neglected my obligations to family, work, or school because of drinking *
21. My drinking has created problems between myself and my boyfriend/girlfriend/spouse/partner, parents, or other near relatives *
22. I have put on weight because of drinking *
23. My physical appearance has been harmed by my drinking *
24. I have felt like I needed a drink after I'd gotten up (that is, before breakfast) *
25. I have had trouble with the police as a result of my drinking *
26. When drinking, I have used drugs that I had not planned to use. *
27. Myself or someone else have been physically injured as a result of my drinking. *
28. Needed to seek help for acute intoxication as a result of my drinking (e.g., go to emergency room, call 911 or poison control centre) *

*Levels marked with * are randomized*

- ₃ Yes, within the past 30 days
- ₂ Yes, but more than 30 days ago
- ₁ No, never happened to me
- ₋₈ I prefer not to answer
- ₋₉ I don't know

AHO

The following is a list of things that sometimes happen **because of another person's drinking**.

Please indicate whether the statement describes something that has happened to you in the **past 30 days** because of **another person's** drinking.

Please select one per row.

1. Interrupted your studies *
2. Affected your sleep *
3. Made you feel unsafe *
4. Messed up your living space or ruined your belongings *
5. Harassed or bothered you, called you names or insulted you *
6. Pushed, hit or assaulted you *
7. Sexually harassed or sexually assaulted you *
8. Caused an argument with you *
9. Had to be taken care of by you *

10. Upset or disappointed you *
11. Caused a problem in your friendships or relationships *

*Levels marked with * are randomized*

₃ Yes, within the past 30 days
 ₂ Yes, but more than 30 days ago
 ₁ No, never happened to me
 ₋₈ I prefer not to answer
 ₋₉ I don't know

Section Cannabis

CAN, CAN05, CAN07, CAN06, CAN20a, CAN10, CAN11a, CAN11b, CAN20b, CAN21, CAN22, CAN23, CAN12, CAN19, CAN19A, CAN19B, CAN19C, CAN19D, CAN24, CAN04, CAN16, CAN13, CAA, CAA00, CAA01, CAA02, CAA03, CAA04, CAA05, CAN01, CAN02

Page Cannabis

CAN

In this survey when we use the term "**cannabis**", this includes marijuana (e.g., weed, pot), hashish, hash oil or any other products made from the cannabis plant. Include products containing THC, CBD, or any other cannabinoids (e.g., CBN, CBG, delta-8 THC), but not synthetic cannabinoids (e.g., K2, spice).

When we ask about use, this includes using cannabis in its dry form or when mixed or processed into another product such as an edible, an extract, including hashish, a liquid, or other product.

Unless specified when we ask about cannabis use, this includes use for both non-medical and medical purposes.

By non-medical purposes we mean recreational (e.g., for enjoyment, pleasure, amusement), socially, for spiritual, lifestyle and other similar non-medical uses.

By medical purposes we mean used to treat a disease/disorder or to improve symptoms.

[Press the next button to continue.]

CAN05

In the **past 12 months**, have you used cannabis?

Please select one.

₁ Yes, for non-medical purposes only
 ₂ Yes, for medical purposes only **with** a medical document from a health professional
 ₃ Yes, for medical purposes only **without** a medical document from a health professional
 ₄ Yes, for both non-medical **and** medical purposes (with or without a medical document)
 ₅ No, I have **not** used cannabis in the past 12 months

-8 I prefer not to answer
 -9 Don't know/Not sure

CAN07 *Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)*

How old were you when you first tried or started using cannabis?

Please enter a number.

Minimum: 4, Maximum: 99

_____ years

-8 I prefer not to answer
 -9 I don't know

CAN06 *Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)*

In the **past 30 days**, on how many days did you use cannabis?

Please enter a number.

Minimum: 0, Maximum: 30

_____ days

-8 I prefer not to answer
 -9 I don't know

CAN20a *Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)*

In the **past 12 months**, which of the following methods did you use to consume cannabis?

Select all that apply.

1 Smoked (e.g., a joint, bong, pipe or blunt)
 2 Eaten it in food (e.g., chocolate, baked goods, soft chews)
 3 Drank it (e.g., sparkling water, tea, dissolvable powder)
 4 Vaped it (e.g., vape pen or vaporizer)
 5 Cannabis oil for oral use (e.g., in dropper/syringe, softgel/capsules, spray bottle, tincture)
 6 Dabbing (e.g., including hot knife/nail, dab ring)
 7 Applied to skin (e.g., topicals)
 8 Used it some other way (please specify): _____
 -8 I prefer not to answer

CAN10 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

When choosing cannabis products, what levels of THC and CBD do you typically use?

Please select one.

- ₁ Higher THC, Lower CBD
- ₂ Higher CBD, Lower THC
- ₃ Balanced (e.g., low THC/low CBD or high THC/high CBD)
- ₄ THC only
- ₅ CBD only
- ₆ I typically use a mix of the products above
- ₇ Other (please specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN11a Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

In the **past 12 months**, have you used the following cannabis products?

Select all that apply.

- ₁ Dried flower/leaf *
- ₂ Hashish/kief *
- ₃ Cannabis oil for oral use - e.g., in dropper/syringe, softgel/capsules, spray bottle, tincture *
- ₄ Cannabis in vape pens/cartridges *
- ₅ Cannabis concentrate/extracts - e.g., shatter/wax/budder/butane honey oil/rosin *
- ₆ Cannabis edible food products - e.g., chocolate, baked goods, soft chews *
- ₇ Cannabis beverages - e.g., sparkling water, tea, dissolvable powder *
- ₉ Topicals - e.g., lotion, ointment, creams applied to skin *
- ₈ Other (e.g., seeds, suppository, etc.) (please specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

*Levels marked with * are randomized*

CAN11b Show if CAN11a at least one ((CAN11a_1 = 1) OR (CAN11a_2 = 1) OR (CAN11a_3 = 1) OR (CAN11a_4 = 1) OR (CAN11a_5 = 1) OR (CAN11a_6 = 1) OR (CAN11a_7 = 1) OR (CAN11a_9 = 1) OR (CAN11a_8 = 1))

In the **past 12 months**, how often have you used the following cannabis products?

Please select one per row.

1. Dried flower/leaf * (Show if CAN11a 1 Dried flower (CAN11a_1 = 1))
2. Hashish/kief * (Show if CAN11a 2 Hashish kief (CAN11a_2 = 1))
3. Cannabis oil for oral use - e.g., in dropper/syringe, softgel/capsules, spray bottle, tincture * (Show if CAN11a 3 Cannabis oil for oral (CAN11a_3 = 1))

4. Cannabis in vape pens/cartridges * *(Show if CAN11a 4 Cannabis in vape (CAN11a_4 = 1))*
5. Cannabis concentrate/extracts – e.g., shatter/wax/budder/butane honey oil/rosin * *(Show if CAN11a 5 Cannabis concentrate (CAN11a_5 = 1))*
6. Cannabis edible food products – e.g., chocolate, baked goods, soft chews * *(Show if CAN11a 6 Cannabis edibles (CAN11a_6 = 1))*
7. Cannabis beverages – e.g., sparkling water, tea, dissolvable powder * *(Show if CAN11a 7 Cannabis beverages (CAN11a_7 = 1))*
9. Topicals – e.g., lotion, ointment, creams applied to skin *(Show if CAN11a 9 Topicals (CAN11a_9 = 1))*
8. Other: <<CAN11a.specify(8)>> *(Show if CAN11a 8 Other (CAN11a_8 = 1))*

Levels marked with * are randomized

- ₃ Less than 1 day per month
- ₄ 1 day per month
- ₅ 2 or 3 days per month
- ₆ 1 or 2 day(s) per week
- ₇ 3 or 4 days per week
- ₉ 5 or 6 days per week
- ₁₀ Daily
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN20b *Show if CAN20a Vapourized (CAN20a_4 = 1)*

What cannabis products did you use when vaping cannabis?

Select all that apply.

- ₁ Dried flower/leaf
- ₂ Liquid cannabis extract (e.g., butane honey oil (BHO), vaping liquid with THC/CBD, etc.)
- ₃ Solids cannabis extract (e.g., shatter, hash, kief, etc.)
- ₄ Other cannabis product (specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN21 *Show if CAN20a Vapourized (CAN20a_4 = 1)*

During the past 30 days, how often did you vape cannabis?

Please select one.

- ₁ Not in the past 30 days
- ₂ 1 day in the past 30 days
- ₃ 2 or 3 days in the past 30 days
- ₄ 1 or 2 day(s) per week
- ₅ 3 or 4 days per week
- ₆ Daily (5+ days/week)
- ₋₈ I prefer not to answer

_{.9} Don't know/Not sure

CAN22 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

How easy or difficult is it for you to get **legal** cannabis?

Please select one.

- ₁ Very difficult
- ₂ Fairly difficult
- ₃ Fairly easy
- ₄ Very easy
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN23 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

How easy or difficult is it for you to get **illegal** cannabis?

Please select one.

- ₁ Very difficult
- ₂ Fairly difficult
- ₃ Fairly easy
- ₄ Very easy
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN12 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

In the **past 12 months**, from whom did you **usually** buy or receive the cannabis you used?

Please select one.

- ₁ I grew my own
- ₂ It was specifically grown for me
- ₃ From a legal storefront/provincially authorized retailer
- ₄ From a legal online source (provincially authorized retailer)
- ₅ From an illegal storefront
- ₆ From an illegal online source
- ₇ It was shared around a group of friends
- ₈ From a family member
- ₉ From a friend
- ₁₀ From an acquaintance
- ₁₁ From a dealer
- ₁₂ Other
- ₋₈ I prefer not to answer

₋₉ I don't know

CAN19 Show if CAN05 Past 12 month medical cannabis user (CAN05 = 2,3,4)

For which of the following symptoms, diseases, or disorders did you use cannabis for medical purposes?

Select all that apply

- ₁ Sleep disorders or mental health *
- ₂ Pain management *
- ₃ Neurological or neurodevelopmental conditions *
- ₄ Gastrointestinal or nausea related *
- ₅ Diabetes *
- ₆ Cancer/tumours *
- ₇ Other (please specify without providing any identifiable information):

- ₋₈ I prefer not to answer

Levels marked with * are randomized

CAN19A Show if CAN19 Sleep disorders or mental health (CAN19_1 = 1)

For which of the following **sleep related or mental health reasons** did you use cannabis for medical purposes?

Select all that apply

- ₁ Problems sleeping or insomnia
- ₂ Challenges related to anxiety
- ₃ Challenges related to low mood (e.g., depression)
- ₄ Challenges related to general life stress or post-traumatic stress
- ₅ Challenges related to mood swings or mood stability (e.g., bipolar disorder, mania)
- ₆ Other (please specify without providing any identifiable information):

CAN19B Show if CAN19 Pain management (CAN19_2 = 1)

For which of the following **pain reasons** did you use cannabis for medical purposes?

Select all that apply

- ₁ Acute pain (severe or sudden pain that is usually temporary such as surgical pain, fractures, cuts, burns, toothaches, etc.)
- ₂ Chronic pain (persistent pain typically lasting three months or longer such as back pain, nerve pain, cancer pain, fibromyalgia, etc.)
- ₃ Arthritis
- ₄ Headaches or migraines

5 Pain related to female reproductive health (e.g., menstrual cramps, endometriosis, pelvic pain)

6 Other (please specify without providing any identifiable information): _____

-8 I prefer not to answer

CAN19C *Show if CAN19 Neurological (CAN19_3 = 1)*

For which of the following **neurological or neurodevelopmental reasons** did you use cannabis for medical purposes?

Select all that apply

1 Seizures or epilepsy

2 Multiple sclerosis, Amyotrophic Sclerosis (ALS), or spinal cord injury

3 Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)

4 Other (please specify without providing any identifiable information): _____

-8 I prefer not to answer

CAN19D *Show if CAN19 Gastrointestinal (CAN19_4 = 1)*

For which of the following **gastrointestinal or nausea reasons** did you use cannabis for medical purposes?

Select all that apply

1 Gastrointestinal issues (including irritable bowel syndrome, inflammatory bowel disease, Crohn's, colitis)

2 Nausea or vomiting

3 Lack of appetite, wasting/weight loss, or eating disorder

4 Other (please specify without providing any identifiable information): _____

-8 I prefer not to answer

CAN24 *Show if CAN05 Past 12 month non medical user (CAN05 = 1,4)*

During the past 12 months, for which of the following **non-medical reasons** did you use cannabis?

Select all that apply

1 To reduce stress/relax

2 To improve sleep

3 Out of curiosity/to experiment

4 To get high/for fun

5 To socialize

6 To improve performance (school/work/sport/etc.)

7 Other (please specify): _____

-8 I prefer not to answer
 -9 I don't know

CAN04

Have you ever **been a passenger** in a motor vehicle (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV)) **driven by someone who had used cannabis** within 4 hours of ingesting (eating/drinking/capsules) or 2 hours of inhaling (smoking/vaping) before driving?

Please select one.

1 Yes, in the past 30 days
 2 Yes, more than 30 days ago but within the past 12 months
 3 Yes, but more than 12 months ago
 4 Never
 -8 I prefer not to answer
 -9 Don't know/Not sure

CAN16 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

Have you driven a motor vehicle (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV)) **within 2 hours of inhaling (smoking/vaping) or 4 hours of ingesting (eating/drinking/capsules)** cannabis?

Please select one.

1 Yes, in the past 30 days
 2 Yes, more than 30 days ago but within the past 12 months
 3 Yes, but more than 12 months ago
 4 Never
 -8 I prefer not to answer
 -9 I don't know

CAN13 Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)

In the **past 12 months**, how often did you attend class (either in person or online) within 4 hours of ingesting or 2 hours of inhaling cannabis?

Please select one.

1 Rarely (less than one day per month)
 2 Sometimes (1 to 3 days per month)
 3 Often (weekly)
 4 Always or almost always (most days you attend school)
 5 Have not done this in the past 12 months
 -8 I prefer not to answer

_{.9} I don't know

Page Cannabis *Show if CAN05 Past 12 months Cannabis user (CAN05 = 1,2,3,4)*

CAA

The next few questions are about problems you might have had regarding the use of cannabis.
[Press the next button to continue.]

CAA00

During the **past 3 months**, how often have you used cannabis?

Please select one.

- ₁ Never
- ₂ Once or twice
- ₃ Monthly
- ₄ Weekly
- ₅ Daily or almost daily
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAA01

During the past **3 months**, how often have you had a strong desire or urge to use cannabis?

[Campus resource info button]

Please select one.

- ₁ Never
- ₂ Once or twice
- ₃ Monthly
- ₄ Weekly
- ₅ Daily or almost daily
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAA02 *Show if CAA00 Past 3 months Cannabis user (CAA00 = 2,3,4,5)*

During the **past 3 months**, how often has your use of cannabis led to health, social, legal or financial problems? **[Campus resource info button]**

Please select one.

- ₁ Never
- ₂ Once or twice
- ₃ Monthly

₄ Weekly
 ₅ Daily or almost daily
 ₋₈ I prefer not to answer
 ₋₉ I don't know

CAA03 *Show if CAA00 Past 3 months Cannabis user (CAA00 = 2,3,4,5)*

During the **past 3 months**, how often have you failed to do what was normally expected of you because of your use of cannabis? [\[Campus resource info button\]](#)

Please select one.

₁ Never
 ₂ Once or twice
 ₃ Monthly
 ₄ Weekly
 ₅ Daily or almost daily
 ₋₈ I prefer not to answer
 ₋₉ I don't know

CAA04

Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis?

[\[Campus resource info button\]](#)

Please select one.

₃ Yes, in the past 3 months
 ₂ Yes, but not in the past 3 months
 ₁ No, never
 ₋₈ I prefer not to answer
 ₋₉ I don't know

CAA05

Have you **ever** tried to cut down on using cannabis but failed? [\[Campus resource info button\]](#)

Please select one.

₃ Yes, in the past 3 months
 ₂ Yes, but not in the past 3 months
 ₁ No, never
 ₋₈ I prefer not to answer
 ₋₉ I don't know

Page Cannabis

CAN01

In the past 12 months, have you seen/heard **education campaigns, public health or safety messages** about cannabis in any of the following places?

Select all that apply

- 1 School (e.g., university campus, institutional e-mail)
- 2 Social media (e.g., Twitter, YouTube)
- 3 Non-social media websites
- 4 Events (e.g., sporting events, concerts, festivals or markets)
- 5 Kiosks or temporary sales locations (in shopping centers or on the street)
- 6 Inside/outside legal stores that sell cannabis
- 7 Public display of posters or billboards (e.g., in public transit, at bars/restaurants)
- 8 Health care setting (e.g., pharmacy, doctors office)
- 9 Print newspapers or magazines
- 10 TV/radio
- 11 Inside/outside illegal stores that sell cannabis
- 12 Community-based/not for profit organizations
- 13 Workplace
- 14 Other (please specify): _____
- 15 I have not noticed any education campaigns or public health messages *(Exclusive)*
- 8 I prefer not to answer
- 9 I don't know

CAN02

Based on what you know ...

Please select one per row.

1. Can cannabis smoke be harmful?
2. Can it be harmful to use cannabis when pregnant or breastfeeding?
3. Does using cannabis daily or near-daily increase the risk of mental health problems?
4. Are young adults at greater risk of harm from using cannabis than adults?
5. Does consuming cannabis products with lower levels of THC lead to greater impairment?
6. Can it take up to 4 hours to feel the full effects from eating or drinking cannabis?
7. Are the effects of inhaling cannabis longer-lasting than eating/drinking cannabis products?
8. Can using cannabis become habit forming for some people?
10. Can cannabis vaping be harmful?
11. Can cannabis change the way other medications work in the body?
12. Are legal cannabis products tested for contaminants such as bacteria, moulds, and pesticides?

1 Yes

₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

Section Opioids

PR, OPI01, OPI01b, OPI05, OPI10, OPI04b, OPI11A, OPI11B, OPI02, OPI03, OPI06, OPI08

Page Opioids

PR

The next series of questions are about various medications, starting with pharmaceutical opioids.

Opioids are drugs with pain relieving properties. They are used primarily to treat acute or chronic pain, though they may also be prescribed for other conditions (e.g., moderate to severe cough). Most of these products require a prescription, although some do not.

Exclude drugs such as Regular Tylenol® or Extra Strength Tylenol®, Aspirin®, Advil®, Motrin ® or their generic equivalents.

Include prescribed or non-prescribed pharmaceutical opioids such as acetysalicylic acid with codeine, acetaminophen with codeine (such as T3's), Dilaudid® (hydromorphone), Oxy (oxycodone) and Tramadol.

[Press the next button to continue.]

OPI01

Have you ever used any pharmaceutical opioids?

Exclude drugs such as regular Tylenol® or Extra Strength Tylenol®, Aspirin®, Advil®, Motrin ® or their generic equivalents.

Please select one.

₁ Yes, in the past 30 days
 ₂ Yes, but within the past 12 months
 ₃ Yes, but more than 12 months ago
 ₄ Never
 ₋₈ I prefer not to answer
 ₋₉ I don't know

Page Opioids

Show if OPI01 Used opioids in past 12 months (OPI01 = 1,2)

OPI01b

During the **past 12 months**, which pharmaceutical opioids did you use?

Exclude drugs such as regular Tylenol® or Extra Strength Tylenol®, Aspirin®, Advil®, Motrin® or their generic equivalents.

Select all that apply

- 1 Low-dose codeine product (e.g., Tylenol® 1, Robaxacet-8®, AC&C, Mersyndol, Calmylin)
- 5 Hydromorphone (e.g., Dilaudid®, dillies, juice, dust, D)
- 2 Oxycodone (e.g., oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®)
- 3 Fentanyl
- 4 Other, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

OPI05

During the **past 12 months**, were the pharmaceutical opioids you used prescribed or recommended to you by a medical professional?

For this question, **include** opioids given to you from a health care provider consultation (e.g., doctor, pharmacist, etc.) or from a hospital/emergency department as being prescribed.

Please select one.

- 2 Yes, they were all prescribed/recommended
- 3 Some were prescribed/recommended and others were not
- 1 No, none were prescribed/recommended
- 8 I prefer not to answer
- 9 I don't know

OPI10

During the past 12 months, how often have you used pharmaceutical opioids for reasons other than those indicated/recommended to you by a medical professional?

If not recommended by a medical professional, examples of non-indicated reasons include to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb, to help you sleep, or for any other reason.

If you are taking pharmaceutical opioids that are not prescribed to you, any reason for use would be considered not indicated by a medical professional to you.

Please select one.

- ₁ Daily or almost daily
- ₂ 3 or 4 times a week
- ₃ About once or twice a week
- ₄ 2 or 3 times a month
- ₅ About once a month
- ₆ 7 to 11 times a year
- ₇ 3 to 6 times a year
- ₈ Once or twice
- ₉ Never
- ₋₈ I prefer not to answer

OPI04b *Show if OPI10 Used for non medical purposes (OPI10 = 1,2,3,4,5,6,7,8)*

In the **past 12 months**, what is the main reason you used pharmaceutical opioids for reasons other than those indicated/recommended **to you** by a medical professional?

Please select one.

- ₁ To manage physical pain (without a prescription, or the prescribed amount was not enough)
- ₂ To manage mental health (improve mood, feel better, cope with stress, feel numb)
- ₃ To help you sleep
- ₄ To be social (partying, friends were doing it, peer pressure)
- ₅ To experience the effect / get high
- ₆ To try it / new experience
- ₇ Other reason, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

OPI11A *Show if OPI04b Physical pain (OPI04b = 1)*

For which of the following **pain reasons** did you use pharmaceutical opioids?

Select all that apply

- ₁ Acute pain (severe or sudden pain that is usually temporary such as surgical pain, fractures, cuts, burns, toothaches, etc.)
- ₂ Chronic pain (persistent pain typically lasting three months or longer such as back pain, nerve pain, cancer pain, fibromyalgia, etc.)
- ₃ Arthritis
- ₄ Headaches or migraines
- ₅ Pain related to female reproductive health (e.g., menstrual cramps, endometriosis, pelvic pain)
- ₆ Other (please specify without providing any identifiable information): _____

-8 I prefer not to answer

OPI11B *Show if OPI04b Sleep or mental health (OPI04b = 2,3)*

For which of the following **sleep related or mental health reasons** did you use pharmaceutical opioids?

Select all that apply

- 1 Problems sleeping or insomnia
- 2 Challenges related to anxiety
- 3 Challenges related to attention (e.g., ADHD)
- 4 Challenges related to low mood (e.g., depression)
- 5 Challenges related to general life stress or post-traumatic stress
- 6 Challenges related to mood swings or mood stability (e.g., bipolar disorder, mania)
- 7 Other (please specify without providing any identifiable information):

-8 I prefer not to answer

OPI02 *Show if OPI05 Some or all opioids prescribed (OPI05 = 2,3)*

During the past 12 months, have you taken a **higher dose** of pharmaceutical opioids than the dose recommended to you by a medical professional for medical purposes?

Please select one.

- 1 Yes, in the past 30 days
- 2 Yes, more than 30 days ago but within the past 12 months
- 4 No
- 8 I prefer not to answer
- 9 I don't know

OPI03 *Show if OPI05 Some or all opioids prescribed (OPI05 = 2,3)*

During the past 12 months, have you taken pharmaceutical opioids **more often** than recommended to you by a medical professional for medical purposes?

Please select one.

- 1 Yes, in the past 30 days
- 2 Yes, more than 30 days ago but within the past 12 months
- 4 No
- 8 I prefer not to answer
- 9 I don't know

OPI06 Show if OPI05 Some or all opioids prescribed (OPI05 = 2,3)

During the past 12 months, have you sold, traded, or given away pharmaceutical opioids that were prescribed to you or provided to you by a medical professional?

Exclude returning medication to pharmacy or drug store.

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₃ Yes, but more than 12 months ago
- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

OPI08 Show if OPI05 None or some were prescribed (OPI05 = 1,3)

During the **past 12 months**, where did you obtain pharmaceutical opioids that were not prescribed or recommended to you by a medical professional?

Select all that apply

- ₁ From a friend or relative
- ₂ From a drug dealer or stranger
- ₃ From the internet
- ₇ Stolen
- ₈ From another country
- ₉ Other (specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Section Stimulants

STI, STI01, STI05, STI09, STI04b, STI02, STI03, STI06, STI08

Page Stimulants

STI

The next few questions are about **your** use of various **prescription stimulants**.

For the purpose of this survey, "prescription stimulants" are products that **require a prescription** such as Ritalin®, Concerta®, Adderall®, Dexedrine®, or Modafinil. They help people who have attention or concentration problems such as ADHD or sleep disorders.

Exclude over-the-counter medications.

[Press the next button to continue.]

STI01

Have you ever used a prescription stimulant?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₃ Yes, but more than 12 months ago
- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Stimulants *Show if STI01 Used stimulant past 12 months (STI01 = 1,2)*

STI05

During the **past 12 months**, were **all** the stimulants you used prescribed or recommended to you by a medical professional?

Please select one.

- ₂ Yes, they were all prescribed/recommended
- ₃ Some were prescribed/recommended and others were not
- ₁ No, none were prescribed/recommended
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI09

During the past **12 months**, how often have you used prescribed stimulants for reasons other than those indicated/recommended **to you** by a medical professional?

If you are taking prescribed stimulants that are not prescribed to you, any reason for use would be considered not indicated by a medical professional to you.

Please select one.

- ₁ Daily or almost daily
- ₂ 3 or 4 times a week
- ₃ About once or twice a week
- ₄ 2 or 3 times a month

- ₅ About once a month
- ₆ 7 to 11 times a year
- ₇ 3 to 6 times a year
- ₈ Once or twice
- ₉ Never
- ₋₈ I prefer not to answer

STI04b *Show if STI09 Used stimulants for non medical purposes (STI09 = 1,2,3,4,5,6,7,8)*

In the past **12 months**, what is the main reason you used prescription stimulants for reasons other than those indicated/recommended **to you** by a medical professional?

Please select one.

- ₁ To help with academics (e.g., to cram for exams, to stay up all night to finish a project)
- ₃ To decrease appetite
- ₄ To experience the effect (to get high)
- ₇ To be social (partying, friends were doing it, peer pressure)
- ₈ To try it (new experience)
- ₆ Other reason, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI02 *Show if STI05 some or all prescribed (STI05 = 2,3)*

During the past **12 months**, have you taken a **higher dose** of prescription stimulants than the dose recommended to you by a medical professional for medical purposes?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI03 *Show if STI05 some or all prescribed (STI05 = 2,3)*

During the past **12 months**, have you taken prescribed stimulants **more often** than recommended to you by a medical professional for medical purposes?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI06 *Show if STI05 some or all prescribed (STI05 = 2,3)*

During the past 12 months, have you sold, traded, or given away prescribed stimulants that were prescribed to you or provided to you by a medical professional?

Exclude returning medication to pharmacy or drug store.

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI08 *Show if STI05 None or some were prescribed (STI05 = 1,3)*

During the past **12 months**, where did you obtain prescription stimulants that were not prescribed or recommended to you by a medical professional?

Select all that apply

- ₁ From a friend or relative
- ₂ From a drug dealer or stranger
- ₃ From the internet
- ₇ Stolen
- ₈ From another country
- ₉ Other (specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Section Sedatives

SED, SED01, SED05, SED09, SED04b, SED02, SED03, SED06, SED08

Page Sedatives

SED

The next few questions are about your use of various sedatives or anti-anxiety medications.

For the purpose of this survey, “sedatives or anti-anxiety medications” are products that **require a prescription** such as diazepam (Valium®), lorazepam (Ativan®), alprazolam (Xanax®), clonazepam (Rivotril®), zolpidem (Ambien®), zopiclone (Lunesta®), or others.

Sedatives or anti-anxiety medications are sometimes prescribed to help people manage anxiety or sleep.

Exclude over-the-counter medications and anti-depressants.

[Press the next button to continue.]

SED01

Have you ever used any sedatives or anti-anxiety medication?

Exclude over-the-counter medications and anti-depressants.

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₃ Yes, but more than 12 months ago
- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Sedatives *Show if SED01 Used sedatives past 12 months (SED01 = 1,2)*

SED05

During the **past 12 months**, were **all** the sedatives or anti-anxiety medication you used prescribed or recommended to you by a medical professional?

Please select one.

- ₂ Yes, they were all prescribed/recommended
- ₃ Some were prescribed/recommended and others were not
- ₁ No, none were prescribed/recommended
- ₋₈ I prefer not to answer
- ₋₉ I don't know

SED09

During the **past 12 months**, how often have you used sedatives or anti-anxiety medication for reasons other than those indicated/recommended **to you** by a medical professional?

If you are taking prescribed sedatives or anti-anxiety medication that are not prescribed to you, any reason for use would be considered not indicated by a medical professional to you.

Please select one.

- ₁ Daily or almost daily
- ₂ 3 or 4 times a week
- ₃ About once or twice a week
- ₄ 2 or 3 times a month
- ₅ About once a month
- ₆ 7 to 11 times a year
- ₇ 3 to 6 times a year
- ₈ Once or twice
- ₉ Never
- ₋₈ I prefer not to answer

SED04b *Show if SED09 Used for non medical purpose (SED09 = 1,2,3,4,5,6,7,8)*

In the **past 12 months**, what is the main reason you used sedatives or anti-anxiety medication for reasons other than those **indicated/recommended to you** by a medical professional?

Please select one.

- ₁ To experience the effect (to get high)
- ₂ To try it (new experience)
- ₄ To be social (partying, friends were doing it, peer pressure)
- ₃ Other reason, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

SED02 *Show if SED05 some or all sedatives prescribed (SED05 = 2,3)*

During the past **12 months**, have you taken a **higher dose** of sedatives or anti-anxiety medication than the dose recommended to you by a medical professional for medical purposes?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

SED03 *Show if SED05 some or all sedatives prescribed (SED05 = 2,3)*

During the past **12 months**, have you taken sedatives or anti-anxiety medication **more often** than recommended to you by a medical professional for medical purposes?

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

SED06 *Show if SED05 some or all sedatives prescribed (SED05 = 2,3)*

During the past **12 months**, have you sold, traded, or given away sedatives or anti-anxiety medications that were prescribed to you or provided to you by a medical professional?

Exclude returning medication to pharmacy or drug store.

Please select one.

- ₁ Yes, in the past 30 days
- ₂ Yes, more than 30 days ago but within the past 12 months
- ₄ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

SED08 *Show if SED05 None or some sedatives were prescribed (SED05 = 1,3)*

During the past **12 months**, where did you obtain prescription sedatives or anti-anxiety medications that were not prescribed or recommended to you by a medical professional?

Select all that apply

- ₁ From a friend or relative
- ₂ From a drug dealer or stranger
- ₃ From the internet
- ₇ Stolen
- ₈ From another country
- ₉ Other (specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Section Over-the-counter medications

OTH01, OTH02

Page Over-the-Counter Medications

OTH01

The next question is about over-the-counter medications. Over-the-counter medications are products that can be sold directly to people without a prescription, such as:

Anti-motion sickness or nausea medicine, (e.g., Gravol®)

Sleeping medicine (e.g., Nytol)

Cold or cough medicine, (e.g., Robitussin®, Benadryl®, Benylin® also known as "robos", "dex" and "DXM")

During the **past 12 months**, have you used or tried any over-the counter medication **not for health or medical reasons**, but for the experience, the feeling they caused, to get "high" or numb?

- 1 Yes
- 2 No
- 8 I prefer not to answer
- 9 I don't know

OTH02

In the **past 12 months**, have you used or tried any other medication for reasons other than why they were indicated (e.g., for the experience or to get "high" or numb)?

Please enter name of medication(s) below

- 8 None / No other
- 9 I prefer not to answer
- 5 I don't know

Section Illegal Drugs

DRU, DRU01, DRU06, DRU03, DRU07, DRU04, DRU08, DRU05, PSU01, PSU02, PSU03, DHA, DHA01, DHA02, DHA03, DHA04, TRE, TRE01, TRE02, TRE04, TRE03, TRE05, KAB02, KAB03, KAB04

Page Illegal Drugs

DRU

The next series of questions ask about your use of illegal drugs.

Remember that all the information you provide will remain strictly confidential.

[Press the next button to continue.]

DRU01

Have you ever used or tried ...

Please select one per row.

1. Cocaine or crack (rock) (e.g., coke, freebase, powder, blow, snow, or yayo)
2. Illegal amphetamines/ methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines)
13. Psychedelics (e.g., LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's)
4. Ecstasy or similar designer drugs (e.g., MDMA, E, Xtc, Adam, Molly or X)
5. Salvia (e.g., Salvia divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, divine sage, magic mint or Sally D)
6. Dissociatives (e.g., PCP (angel dust), ketamine (Special K))
7. Inhalants (e.g., sniffing or huffing glue, gasoline or other solvents)
8. Heroin (e.g., junk, horse or smack)
9. Synthetic cannabinoids (e.g., Spice, K2, science, herbal mixtures or herbal incense)
10. Mephedrone (e.g., meph, MCAT, meow, bath salts, drone, 4-MMC, magic, meow-meow, plant food or bubbles)
11. BZP/TFMPP (e.g., Legal E, Legal X, piperazine, A2, frenzy or nemesis)
14. Nitrous Oxide (e.g., whippets, laughing gas, hippy crack)
12. Alkyl Nitrites (e.g., poppers, amyl nitrite, methyl nitrite, etc.)
15. Fentanyl (do not include prescription fentanyl)
16. Kratom

₁ Yes, within the past 12 months
 ₂ Yes, but more than 12 months ago
 ₃ No, never
 ₋₈ I prefer not to answer
 ₋₉ I don't know

DRU06 Show if Ever tried or used hard drugs ((DRU01_a = 1,2) OR (DRU01_b = 1,2) OR (DRU01_m = 1,2) OR (DRU01_d = 1,2) OR (DRU01_e = 1,2) OR (DRU01_f = 1,2) OR (DRU01_g = 1,2) OR (DRU01_h = 1,2) OR (DRU01_i =

1,2) OR (DRU01_j = 1,2) OR (DRU01_k = 1,2) OR (DRU01_n = 1,2) OR (DRU01_l = 1,2) OR (DRU01_o = 1,2) OR (DRU01_p = 1,2))

What was the main reason you used or tried...

Please select one per row.

1. Cocaine or crack (rock) (e.g., coke, freebase, powder, blow, snow, or yayo) *(Show if DRU01_1 Cocaine (DRU01_a = 1,2))*
2. Illegal amphetamines/ methamphetamines (e.g., speed, crystal meth, ice) (do not include prescription amphetamines) *(Show if DRU01_2 Illicit amphetamines (DRU01_b = 1,2))*
13. Psychedelics (e.g., LSD (acid), magic mushrooms, psilocybin, mescaline, peyote, 2C's, or NBOMe's) *(Show if DRU01_13 Psychedelics (DRU01_m = 1,2))*
4. Ecstasy or similar designer drugs (e.g., MDMA, E, Xtc, Adam, Molly or X) *(Show if DRU01_4 Ecstasy (DRU01_d = 1,2))*
5. Salvia (e.g., Salvia divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, divine sage, magic mint or Sally D) *(Show if DRU01_5 Salvia (DRU01_e = 1,2))*
6. Dissociatives (e.g., PCP (angel dust), ketamine (Special K)) *(Show if DRU01_6 Dissociatives (DRU01_f = 1,2))*
7. Inhalants (e.g., sniffing or huffing glue, gasoline or other solvents) *(Show if DRU01_7 Inhalants (DRU01_g = 1,2))*
8. Heroin (e.g., junk, horse or smack) *(Show if DRU01_8 Heroin (DRU01_h = 1,2))*
9. Synthetic cannabinoids (e.g., Spice, K2, science, herbal mixtures or herbal incense) *(Show if DRU01_9 Synthetic cannabinoids (DRU01_i = 1,2))*
10. Mephedrone (e.g., meph, MCAT, meow, bath salts, drone, 4-MMC, magic, meow-meow, plant food or bubbles) *(Show if DRU01_10 Mephedrone (DRU01_j = 1,2))*
11. BZP/TFMPP (e.g., Legal E, Legal X, piperazine, A2, frenzy or nemesis) *(Show if DRU01_11 BZ TFMPP (DRU01_k = 1,2))*
14. Nitrous Oxide (e.g., whippets, laughing gas, hippy crack) *(Show if DRU01_14 Nitrous Oxide (DRU01_n = 1,2))*
12. Alkyl Nitrites (e.g., poppers, amyl nitrite, methyl nitrite, etc.) *(Show if DRU01_12 Alkyl Nitrites (DRU01_l = 1,2))*
15. Fentanyl (do not include prescription fentanyl) *(Show if DRU01_15 Fentanyl (DRU01_o = 1,2))*
16. Kratom *(Show if DRU01_16 Kratom (DRU01_p = 1,2))*

- ₁ To experience the effect (to get high)
- ₂ To try it (new experience)
- ₃ To be social (partying, friends were doing it, peer pressure)
- ₄ To cope with stress or negative emotions
- ₅ To relieve physical pain
- ₆ Other reason, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

DRU03

Have you ever used or tried any other substance or illegal drug to get high **without asking or knowing what it was?**

Please select one.

- ₁ Yes, within the past 12 months
- ₂ Yes, but more than 12 months ago
- ₃ No, never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

DRU07 Show if Ever tried or used hard drugs $((DRU01_a = 1,2) \text{ OR } (DRU01_b = 1,2) \text{ OR } (DRU01_m = 1,2) \text{ OR } (DRU01_d = 1,2) \text{ OR } (DRU01_e = 1,2) \text{ OR } (DRU01_f = 1,2) \text{ OR } (DRU01_g = 1,2) \text{ OR } (DRU01_h = 1,2) \text{ OR } (DRU01_i = 1,2) \text{ OR } (DRU01_j = 1,2) \text{ OR } (DRU01_k = 1,2) \text{ OR } (DRU01_n = 1,2) \text{ OR } (DRU01_l = 1,2) \text{ OR } (DRU01_o = 1,2) \text{ OR } (DRU01_p = 1,2))$

When taking illegal drugs, which of the following modes of consumption have you **ever** tried?

Select all that apply

- ₁ Oral ingestion (e.g., swallowing tablets, capsules, or liquids)
- ₂ Inhalation (e.g., breathing in substances in smoke, vapor, or gas form)
- ₃ Injection (e.g., injecting yourself or having someone else inject you)
- ₄ Topical (e.g., patches, creams, gels, or ointments applied to the skin)
- ₅ Sublingual or buccal (e.g., substance placed under tongue or in cheek)
- ₆ Rectal (e.g., suppositories or enemas)
- ₇ Nasal (e.g., sniffing or snorting through the nose)
- ₋₈ I prefer not to answer

DRU04

New Psychoactive Substances (NPS) are substances designed to mimic the effects of controlled substances, and are often referred to as alternatives to controlled substances. NPS may be referred to as "legal highs", "research chemicals", or designer drugs. Examples include 1P-LSD, 4-AcO-DMT, and 3-fluorophenmetrazine.

Exclude: cannabis, mushrooms, cocaine, speed, ecstasy, heroin, LSD.

According to this definition, have you **ever** used an NPS or mixture of NPSs to get high?

Select all that apply

- ₃ Yes, within the past 12 months (please specify the name of the substance(s)): _____
- ₂ Yes, but more than 12 months ago (please specify the name of the substance(s)): _____
- ₁ No, never *(Exclusive)* _____

-8 I prefer not to answer
 -9 I don't know

DRU08 Show if DRU04 Ever used or tried NPS or mixture of NPSs (DRU04_2 = 1 OR DRU04_3 = 1)

What was the main reason you used or tried an NPS or mixture of NPSs?

Please select one.

1 To experience the effect (to get high)
 2 To try it (new experience)
 3 To be social (partying, friends were doing it, peer pressure)
 4 To cope with stress or negative emotions
 5 To relieve physical pain
 6 Other reason, please specify: _____
 -8 I prefer not to answer
 -9 I don't know

DRU05

In the **past 12 months**, have you used or tried any other substance or illegal drug for the experience or to get high?

Exclude those prescribed by a health care professional and any drugs already mentioned in this survey.

Please select one.

1 Yes (specify): _____
 2 No
 -8 I prefer not to answer
 -9 I don't know

Page Polysubstance Use

PSU01

Have you ever consumed more than one substance at the same time or close enough in time that the effects overlapped?

Please include any substances used at the same time, including alcohol, cannabis, tobacco, vaping with nicotine, opioids, stimulants, sedatives, prescribed medications, over the counter medications, and any illegal drugs.

Please select one.

1 Yes, in the past 30 days
 2 Yes, more than 30 days ago but within the past 12 months
 3 Yes, but more than 12 months ago

- ₄ Never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

PSU02 *Show if PSU01 Polysubstance use past 30 days (PSU01 = 1)*

During the **past 30 days**, how often did you consume more than one substance at the same time or close enough in time that effects overlapped?

Please select one.

- ₁ Daily or almost daily (5+ days/week)
- ₂ 2 to 5 times a week
- ₃ Once a week
- ₄ 2 to 3 times in the past 30 days
- ₅ Once in the past 30 days
- ₋₈ I prefer not to answer

PSU03 *Show if PSU01 Polysubstance use past 30 days (PSU01 = 1)*

When you consume more than one substance at the same time, or close enough in time that effects overlap, what are you typically consuming?

Select all that apply

- ₁ Alcohol and cannabis
- ₂ Other, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ Don't know/Not sure

Page Drug Experiences

Show if Ever used or tried hard drugs OR Illegally used Opioids

Sedatives Stimulants (((DRU01_a = 1,2) OR (DRU01_b = 1,2) OR (DRU01_m = 1,2) OR (DRU01_d = 1,2) OR (DRU01_e = 1,2) OR (DRU01_f = 1,2) OR (DRU01_g = 1,2) OR (DRU01_h = 1,2) OR (DRU01_i = 1,2) OR (DRU01_j = 1,2) OR (DRU01_k = 1,2) OR (DRU01_n = 1,2) OR (DRU01_l = 1,2) OR (DRU01_o = 1,2) OR (DRU01_p = 1,2)) OR

$((OPI02 = 1,2) OR (OPI03 = 1,2) OR (OPI10 = 1,2,3,4,5,6,7,8)) OR ((SED02 = 1,2) OR (SED03 = 1,2) OR (SED09 = 1,2,3,4,5,6,7,8)) OR ((STI02 = 1,2) OR (STI03 = 1,2) OR (STI09 = 1,2,3,4,5,6,7,8)))$

DHA

The following questions are about experiences you may have had as a result of your drug use,
exclude alcohol and cannabis use.

[Press the next button to continue.]

DHA01

During the **past 12 months**, has your drug use had a harmful effect ... [\[Campus resource info button\]](#)

Please do not include cannabis. Please select one per row.

1. on your friendships or social life? *
2. on your physical health? *
3. on your home life, family or relationship? *
4. on your work, studies, or employment opportunities? *
5. on your financial position? *
6. on your mental health? *

*Levels marked with * are randomized*

₁ Yes
 ₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

DHA02

During the **past 12 months**, have you had:

Legal problems because of your drug use? [\[Campus resource info button\]](#)

Please select one.

₁ Yes
 ₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

DHA03

During the **past 12 months**, have you had:

Housing problems because of your drug use? [Campus resource info button]

Please select one.

- ₁ Yes
- ₂ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

DHA04

During the **past 12 months**, have you had:

Difficulty learning things because of your drug use? [Campus resource info button]

Please select one.

- ₁ Yes
- ₂ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Treatment

TRE

The following questions are about professional help, such as treatment or counselling, that you might have received for reasons related to your alcohol, cannabis, or drug use.

Include any treatment or counselling given by doctors, counsellors, social workers or other health professionals. Include Indigenous focused services, such as Elder-led and land-based care.

Exclude appointments with a health care professional to obtain a referral to professional treatment or a counselling plan. Exclude self-help support groups such as Alcoholics Anonymous (AA).

[Press the next button to continue.]

TRE01

Have you **ever felt that you needed** professional help for your alcohol, cannabis, or drug use?

Select all that apply

- ₁ Yes, for alcohol
- ₂ Yes, for cannabis
- ₃ Yes, for drugs

4 No, never *(Exclusive)*
 -8 I prefer not to answer

TRE02 Show if TRE01 Needed help (TRE01_1 = 1 OR TRE01_2 = 1 OR TRE01_3 = 1)

Have you **ever sought** professional help for your alcohol, cannabis, or drug use?

“Sought professional help” means looking for a professional treatment or counselling plan (even if you did not end up accessing help).

Please select one.

1 Yes, within the past 12 months
 2 Yes, but more than 12 months ago
 3 No, never
 -8 Prefer not to answer

TRE04 Show if TRE02 Sought treatment (TRE02 = 1)

During the **past 12 months**, did you **receive** professional help?

“Received professional help” means starting a professional treatment or counselling plan, no matter the length of the plan or how many sessions you actually attended.

Select all that apply

1 Yes, for alcohol
 2 Yes, for cannabis
 3 Yes, for drugs (please specify the type of drugs):

 4 I did not receive professional help in the past 12 months *(Exclusive)*
 -8 I prefer not to answer

TRE03 Show if TRE01 Needed help (TRE01_1 = 1 OR TRE01_2 = 1 OR TRE01_3 = 1)

During the **past 12 months**, did any of the following reasons prevent you from receiving professional help?

Select all that apply

1 The waiting list was too long
 2 The type of treatment desired was not available
 3 The treatment was not covered by insurance
 4 Transportation was difficult
 5 You had personal or family responsibilities
 6 You were too busy
 7 You felt you did not need treatment in the past 12 months
 10 The treatment was not available in your preferred language
 11 The treatment available was not culturally competent/culturally appropriate

₁₂ You were afraid of what people would think of you
 ₉ Other, please specify: _____
 ₁₃ No, none of the above *(Exclusive)*
 ₋₈ I prefer not to answer

TRE05

Have you ever called 911 (or someone called on your behalf), visited an emergency room or department, or been hospitalized as a result of using alcohol or drugs?

Select all that apply

₁ No, never *(Exclusive)*
 ₂ Yes, for alcohol in the past 12 months
 ₃ Yes, for drugs in the past 12 months
 ₄ Yes, for both in the past 12 months
 ₅ Yes, for either alcohol or drugs, but not in the past 12 months
 ₋₈ I prefer not to answer

Page Naloxone

KAB02

Have you heard of naloxone (e.g., Narcan®)?

Please select one.

₁ Yes
 ₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

KAB03 Show if KAB02 Heard of naloxone (KAB02 = 1)

In the **past 12 months**, have you obtained a naloxone kit?

Please select one.

₁ Yes
 ₂ No
 ₋₈ I prefer not to answer
 ₋₉ I don't know

KAB04 Show if KAB03 Obtained Naloxone kit (KAB03 = 1)

What is the **main** reason you obtained a naloxone kit?

Please select one.

- ₁ In case you need it for yourself
- ₂ In case someone in your family needs it
- ₃ In case a friend needs it
- ₄ In case someone on the street or at a venue needs it
- ₅ Other (please specify): _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Section Tobacco

TOB, TOB02, TOB04, TOB03, VAP, VAP01, VAP03, STU, STU01, STU03, STU04, STU05, DEM12, STU02, DEMQ6, DEMQ7, DEM05, DEMQ02,
end

Page Tobacco

TOB

The following questions are about your cigarette smoking.

Include cigarettes that are bought ready-made as well as cigarettes that you make yourself.

Exclude e-cigarettes, vaping and other tobacco products.

[Press the next button to continue.]

TOB02

Have you ever smoked a whole cigarette?

Please select one.

- ₁ Yes
- ₂ No
- ₋₈ I prefer not to answer
- ₋₉ I don't know

TOB04 Show if TOB02 Has smoked whole cigarette (TOB02 = 1)

Have you smoked at least 100 cigarettes (about 4 packs) in your life?

Please select one.

- ₁ Yes
- ₂ No

₋₈ I prefer not to answer
 ₋₉ I don't know

TOB03 Show if TOB02 Has smoked whole cigarette (TOB02 = 1)

During the **past 30 days**, how often did you smoke cigarettes?

Please select one.

₁ Daily
 ₂ Less than daily, but at least once a week
 ₃ Less than once a week, but at least once in the past month
 ₄ Not at all
 ₋₈ I prefer not to answer

Page Vaping

VAP

The following questions are about vaping or using e-cigarettes.

"Vaping" involves using devices that heat liquid into vapour that you inhale.

Include

vaping e-liquid with nicotine and without nicotine (i.e., just flavouring).
all e-cigarettes, vape mods, vaporizers and vape pens.

Exclude

vaping cannabis (dried cannabis and cannabis extracts)

[Press the next button to continue.]

VAP01

During the **past 30 days**, how often did you vape?

Please select one.

₁ Daily
 ₂ Less than daily, but at least once a week
 ₃ Less than weekly, but at least once in the past 30 days
 ₄ Tried, but did not use in the last 30 days
 ₅ I have never tried
 ₋₈ I prefer not to answer
 ₋₉ I don't know

VAP03 Show if VAP01 Vape user (VAP01 = 1,2,3)

What is (was) your **primary reason** for using an e-cigarette or vaping device
Please select one.

- ₁ To quit smoking cigarettes
- ₂ To cut down on smoking cigarettes
- ₃ To use when I cannot or am not allowed to smoke
- ₄ To avoid returning to smoking
- ₅ Because I enjoy(ed) it
- ₆ Curiosity, just wanted to try them
- ₇ To reduce stress or calm down
- ₈ For the flavours
- ₉ Social/peer pressure
- ₁₀ Some other reason, please specify _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Demographics

STU

We would now like to ask you a few questions to better understand your student life.
Press the next button to continue.

STU01

Which field of study **best** represents the area in which you are currently enrolled?
Please select one.

- ₁ Arts/Humanities/Social Science
- ₂ Science/Technology
- ₃ Engineering
- ₅ Business/Commerce
- ₆ Medicine
- ₇ Health Science
- ₈ Law
- ₉ Education
- ₁₀ Other, please specify _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STU03

What is your current year of study?

Please select one.

- Undergraduate/college/CEGEP[/polytechnic] 1st year
- Undergraduate/college/CEGEP[/polytechnic] 2nd year
- Undergraduate/college/CEGEP[/polytechnic] 3rd year
- Undergraduate/college[/polytechnic] 4th year
- Undergraduate/college[/polytechnic] 5th year or more
- Master's degree
- PhD
- Graduate certificate
- Professional degrees (Law, Pharmacy, Medical school)
- Not seeking a degree
- Other
- I prefer not to answer
- I don't know

STU04

Are you currently enrolled as a full-time or part-time student?

Please select one.

- Full-time
- Part-time
- I prefer not to answer
- I don't know

STU05

In which province or territory do you **currently** live?

Please select one.

- Alberta (AB)
- British Columbia (BC)
- Manitoba (MB)
- New Brunswick (NB)
- Newfoundland and Labrador (NL)
- Northwest Territories (NT)
- Nova Scotia (NS)
- Nunavut (NU)
- Ontario (ON)
- Prince Edward Island (PE)
- Quebec (QC)

- ₁₂ Saskatchewan (SK)
- ₁₃ Yukon (YT)
- ₋₈ I prefer not to answer

DEM12

Have you ever experienced homelessness, that is, having to live in a shelter, on the street or in parks, in a makeshift shelter or in a vehicle or an abandoned building?

Please select one.

- ₁ Yes, within the past 12 months
- ₂ Yes, but more than 12 months ago
- ₃ No, never
- ₋₈ I prefer not to answer

STU02

Where do you currently live?

Please select one.

- ₁ [University, college, or polytechnic residence / University or college residence]
- ₂ Other on-campus housing (e.g., Fraternity or sorority house)
- ₃ Off-campus with family (e.g., parent/guardian's home, spouse, children)
- ₄ Off-campus alone
- ₅ Off-campus with friends or roommates
- ₆ I do not have stable housing (e.g., couch-surfing, living in a vehicle, facing eviction)
- ₇ Other, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

Page Demographics

DEMQ6

In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health.

Which race/ethnicity category best describes you?

Select all that apply

- ₁ Black (African, Afro-Caribbean, African Canadian descent)
- ₂ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ₃ Indigenous (First Nations, Métis, Inuk/Inuit descent)

4 Latino (Latin American, Hispanic descent)
 5 Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish))
 6 South Asian (South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean))
 7 White (European descent)
 8 Other, please specify _____
 -8 Prefer not to say
 -9 Don't know/Not sure

DEMQ7 *Show if DEMQ6 Indigenous (DEMQ6_3 = 1)*

Which Indigenous group(s) do you identify as?

Select all that apply

1 First Nations
 2 Métis
 3 Inuk/Inuit
 -8 Prefer not to say

DEMO5

Are you an international student?

Please select one.

1 Yes
 2 No
 -8 I prefer not to answer
 -9 I don't know

DEMQ02

If you are comfortable disclosing, what term best describes your sexual orientation?

Please select one.

12 Heterosexual
 14 Gay or lesbian
 16 Bisexual
 18 Two spirited
 20 Another - Please specify _____
 -8 I prefer not to answer
 -9 I don't know

Page Conclusion

end

You have now completed this survey.

Thank you for your participation in this study!

Recommendations for alcohol consumption to limit health and safety risks, can be found [here](https://www.canada.ca/en/health-canada/services/substance-use/alcohol/health-risks.html) (<https://www.canada.ca/en/health-canada/services/substance-use/alcohol/health-risks.html>). [Campus resource info button]

(<http://www.advanis.net>)

Status Code: -1

ⁱ Canada's Low-Risk Alcohol Drinking Guidelines. Canadian Centre on Substance use and Addictions. Available: <https://ccsa.ca/canadas-low-risk-alcohol-drinking-guidelines-brochure> (accessed 2020 Jun. 03)

ⁱⁱ Alcohol Consumption Measures. National Institute on Alcohol abuse and Alcoholism. Available: <https://pubs.niaaa.nih.gov/publications/AssessingAlcohol/measures.htm> (Accessed 2020 Jun. 03)

ⁱⁱⁱ White et. al. Students lack knowledge of standard drink volumes: Implications for definitions of risk drinking based on survey data. Available: <https://onlinelibrary.wiley.com/doi/abs/10.1097/01.ALC.0000158836.77407.E6?sid=nlm%3Apubmed> (first published May 3, 2006).

^{iv} Canadian Centre on Substance Abuse: Report on caffeinated alcoholic beverages, May 2012. Available: http://www.ccdus.ca/Resource%20Library/CCSA-caffeinated-alcoholic-beverages-news-release-2012_en.pdf (accessed 2020 Jun. 6)

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^{vii} Impaired Driving in Canada, 2015. Statistics Canada. Available: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14679-eng.htm> (accessed 2020 Jun.03)

^{viii} House of Commons. Standing committee on health. Monday April 30, 2018. Available: <https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/meeting-103/evidence>

^{ix} National Alcohol Strategy Advisory Committee. 2015. *Social reference prices for alcohol: A tool for Canadian governments to promote a culture of moderation*. Ottawa: Canadian Centre on Substance Abuse. Available: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Social-Reference-Prices-for-Alcohol-Canada-Report-2015-en.pdf>