
Canadian Postsecondary Education Alcohol and Drug Use Survey
2021/2022 University of Manitoba Results

Contents

Executive Summary.....	5
Background	7
Survey Administration	8
Technical notes and data limitations	9
Results.....	11
Health Status.....	11
Substance Use	11
ALCOHOL.....	12
Awareness of the Low-Risk Drinking Guidelines.....	13
Alcohol use.....	13
Beverage preferences	14
At-Risk/Harmful drinking	16
Drinking quantities.....	17
Blood Alcohol Concentrations	18
Drunkenness	19
Alcohol Harms to Self.....	19
Alcohol Harms to Others.....	21
Alcohol Protective Strategies.....	21
Alcohol Impaired Driving.....	25
Drinking Environment	25
Consumption of Alcohol during the COVID-19 Pandemic	26
CANNABIS.....	28
Cannabis Use.....	28
Exposure to education campaigns, public health or safety messages	29
Knowledge of harms related to cannabis	29
Changes in use over time	30
Methods of Consumption	31
Types of cannabis products used and frequency.....	31

Types of cannabis products vaped and frequency	33
Relative levels of Tetrahydrocannabinol (THC) and Cannabidiol (CBD) in cannabis products	34
Sources used to obtain the cannabis product	34
Frequency of cannabis use before school.....	34
Cannabis Impaired Driving.....	35
Consumption of cannabis during the COVID-19 Pandemic	35
ASSIST.....	36
Polysubstance use.....	37
PSYCHOACTIVE PHARMACEUTICALS.....	37
Psychoactive pharmaceutical use	38
Problematic use of psychoactive pharmaceuticals.....	38
Naloxone kits.....	38
OTHER DRUGS.....	38
Illegal Drug use.....	38
DRUG HARMS.....	39
SEEKING PROFESSIONAL HELP	39
SMOKING TOBACCO AND VAPING.....	40
Appendix 1: 2021/22 CPADS Data Tables University of Manitoba.....	41
Appendix 2: 2021/22 CPADS CORE Questionnaire	119

Figure 1. Past 12-month use of Alcohol, Cannabis, Psychoactive Pharmaceuticals and illegal drugs*, CPADS 2021/22 University of Manitoba	12
Figure 2. Frequency of past 30-day alcohol use, CPADS 2021/2022 University of Manitoba	14
Figure 3. Past 30-day alcohol use by beverage type, CPADS 2021/22 University of Manitoba	15
Table 4. Past-30-day consumption of types of alcoholic beverages, including differences by gender and years of study.....	15
Figure 5. Frequency of Heavy Drinking in the past 30 days, CPADS 2021/22 University of Manitoba	17
Table 6. Top five alcohol-related harms experienced due to own drinking in past 30 days, by sex, [among past 12-month drinkers], CPADS 2021/22 National	20
Table 7. Alcohol related harms due to others drinking in the past 30 days, by sex, [among all respondents], CPADS 2021/22 National	21
Figure 8. Alcohol protective strategies used ‘always’ or ‘usually’ when drinking in the past 30 days, CPADS 2021/22 University of Manitoba	22
Table 9. Individual protective behaviours, by sex, [among all respondents]: comparison between women and men, CPADS 2021/22 National	23
Figure 10. Frequency of past 30-day cannabis use, CPADS 2021/22 University of Manitoba	28
Figure 11. Cannabis products used among those who reported using cannabis in the past year, CPADS 2021/22 University of Manitoba.....	32
Table 12. Year-to-year change in past-year consumption of cannabis products	33
Figure 13. ASSIST scores among past 3-months for respondents who reported using cannabis, CPADS 2021/22 University of Manitoba.....	36

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 second cycle of the CPADS conducted during the 2021/2022 school year, with an emphasis on changes compared to the previous surveying period (2019/2020 school year). Questions related to substance consumption during the COVID-19 pandemic were also added.

The survey was conducted from November 29, 2021 to April 19, 2022 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 2021—the second year of the COVID-19 pandemic.

Overall, the pandemic has limited students' opportunities to consume alcohol and cannabis socially, which is a possible reason for reduced alcohol and cannabis consumption.

- **Students' self-reported mental health has declined somewhat**, with 58% (down from 66%) considering their mental health to be excellent, very good, or good.
- **Spirits, wines, and beers with higher alcohol content (4.1%+) are the most commonly consumed beverages.** There are strong gendered preferences for some types of drinks, particularly for beers, which are more widely consumed by male students.
- **Consumption of alcohol in the past 12 months is down compared to 2019/2020** (78%, down from 84%).
 - 72% consumed *less or the same amount* of alcohol due to the COVID-19 pandemic.
 - Past-month heavy drinking is less common (46%, down from 60%), as is feeling drunk (60%, down from 74%), and reporting of various harms to self from drinking alcohol has reduced as well, such as experiencing a hangover (25%, down from 33%), having less energy or feeling tired (19%, down from 25%), drinking on nights when planned not to (16%, down from 22%).
 - 18% said they were aware of Canada's Low Risk Drinking Guidelines.
 - Among those who drank on- or off-campus, 74% drank at their or someone else's home.
 - Secondary harms (experienced due to other students' drinking) were half as prevalent (15%, down from 31% in 2019/2020, of respondents experienced at least one harm within the past 30 days). This was possibly associated with limited opportunities to go out during the pandemic, and hence reduced exposure to others while drinking.
 - Many of the most common protective strategies are being employed less often, including avoiding getting in a car with someone who had been drinking (68%, down from 75%), never leaving a drink unattended (61%, down from 69%), and using a designated driver (63%, down from 69%).
- **Consumption of cannabis is down compared to 2019/2020** (41%, down from 48%).

- 76% said they had seen or heard education campaigns, public health or safety messages about cannabis somewhere (down from 93% in 2019/2020).
- 63% of respondents who reported using cannabis have seen health warning messages on cannabis products/packages, or on Health Canada's website.
- More people are purchasing cannabis from legal storefronts (64%, up from 34% in 2019/2020).
- In the current cycle, 45% report using more cannabis (up from 25%) compared to before legalisation, and 32% (down from 49%) report using a similar amount. Fewer reported using smaller amounts (13%, down from 18%).
- Compared to the previous cycle, there has been a lot of change in how cannabis is consumed. Edibles are now the most common way to consume cannabis (used by 62% of those reporting consuming cannabis, up from 59%), followed by dried leaf/flower (59%, down from 74%). Other methods of consumption that are becoming increasingly popular are: cannabis beverages (used by 19%, up from 3%), vape pens (used by 47%, up from 40%). Other methods of consumption that are losing in popularity are: hashish/kief (used by 14%, down from 24%), concentrate/extracts (used by 11%, down from 17%), and oils (used by 22%, down from 24%).
- As a result of the pandemic, 81% of respondents who mention they consumed cannabis in the past year said they used the same or increased quantity of cannabis, and 79% used at the same or higher frequency. **Consumption of pharmaceuticals has remained generally at the same level:** 37% (up from 36% in 2019/2020) of students used at least one opioid pain reliever, stimulant, or sedative in the past 12 months.
 - In the current cycle, 32% report experiencing problematic use of pharmaceuticals (down from 37%).
- **Having tried vaping is common, but few are frequent vapers; daily smoking is uncommon.**
 - 41% of students have tried vaping, 15% have vaped in the past month, and 7% vape daily.
 - Over a quarter (27%) have ever smoked a whole cigarette. Among those who have ever smoked a cigarette, nearly half (46%) have smoked at least 100, which is about 4 packs.
 - About one in ten students are past-month smokers (9%), and just 2% 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 second CPADS cycle, conducted in the 2021-22 school year among students 17 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 17 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 17 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 45 schools participated in the 2021/22 CPADS; 2 schools participated in the fall of 2021 and 43 schools participated in the winter of 2022. The 2021/22 CPADS was from November 29, 2021 to April 19, 2022 and the results are based on student responses from 40,931 completed surveys (36% male and 64% female). The average survey completion time was 20 minutes.

The following summary describes key results obtained from this institution's participation in the second cycle of the CPADS, conducted during the 2021/2022 school year. School-specific results are compared to overall estimates obtained from the complete sample of 45 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. 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.
- Estimates with moderate sampling variability are indicated throughout the text with the symbol ‘*’ and should be interpreted with caution.
- Some data are not reportable due to low numbers. Data are only reportable if the number of mentions (i.e., numerator) is ≥ 10 , the number of observations (i.e., denominator) was ≥ 50 , and the coefficient of variation for the estimate was $< 33.3\%$. 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).
- Tables in the appendix show results by region.
- 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.
- At the national level, results from the second cycle (2021/2022) are compared to the results from the first cycle (2019/2020) where possible. Where differences are significant, it is noted that the current cycle’s indicator is up or down from the 2019/2020 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 second cycle was adapted to include learnings from the first cycle.
- 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 all Canadian regions except for Nunavut, Northwest Territories, and Yukon. The overall survey sample is referred to as “national” sample.
- The number of schools recruited represent 23% of all colleges and universities in Canada (total=196). Some schools did not elect to participate, resulting in under representation in BC and in the northern

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, 83% (down from 87% in 2019/2020) of respondent rated their general health as “excellent, very good or good”, while 58% (down from 66%) 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 (65% vs 53%, respectively), and senior students than junior students (60% vs. 56%, respectively).

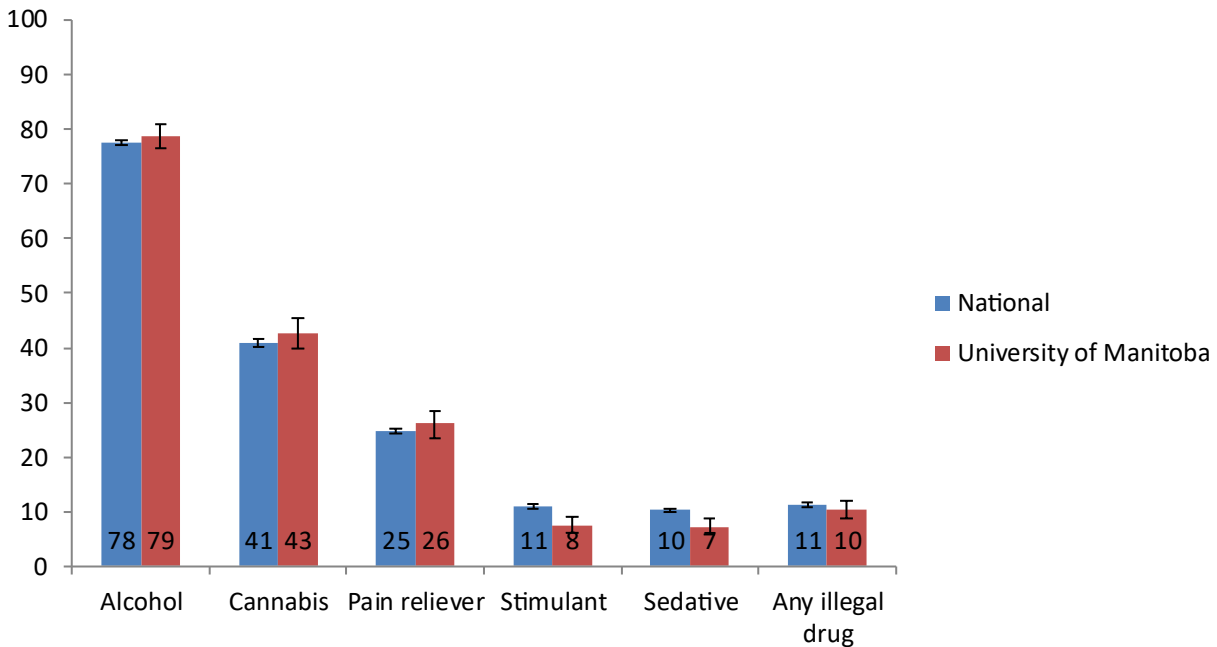
How University of Manitoba compared to other schools:

- The proportion of students rating their *general* health as “excellent, very good or good” was similar (82%). Ranking general health highly was more common among senior students (85%).
- The proportion of students rating their *mental* health as “excellent, very good or good” was lower (51%). Ranking mental health highly was more common among men (59%) and senior students (54%).

Substance Use

The 2021/22 CPADS measured substance use among postsecondary students for the following substances: alcohol, cannabis, psychoactive pharmaceuticals (i.e., pain relievers, sedatives, and stimulants) 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 illegal drugs in the past 12 months. Only substances with sufficient use to be reportable are included in this report.

Figure 1. Past 12-month use of Alcohol, Cannabis, Psychoactive Pharmaceuticals and illegal drugs*, CPADS 2021/22 University of Manitoba



* Includes: Cocaine or crack, amphetamines, methamphetamines, ecstasy or similar designer drugs, Salvia, Hallucinogens, Sniffed glue, gasoline or other solvents, Heroin, Synthetic cannabinoids, Mephedrone, BZP/TFMPP, Alkyl Nitrites

Nationally, alcohol was consumed by 78% of students in the past year (down from 84%), while cannabis use was 41% (down from 48%), pharmaceutical use was 37% (up from 36%), and illegal drugs were used by 11% of students (down from 15%).

How University of Manitoba compared to other schools:

Past-year consumption of...

- alcohol was similar (79%),
- cannabis was similar (43%),
- pharmaceuticals was similar (36%), and
- illegal drugs was similar (10%).

ALCOHOL

Participants of the 2021/22 CPADS were asked how familiar they were with Canada’s Low-Risk Alcohol Drinking Guidelines (LRDG), 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:

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**. The CPADS calculates the proportion of respondents who exceed the chronic LRDG based on alcohol consumption in the 7 days prior to the survey. 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 habitⁱ.

Awareness of the Low-Risk Drinking Guidelines

Approximately one-fifth of respondents (18%, up from 16% in 2019/2020) had heard of the LRDG.

How University of Manitoba compared to other schools:

Awareness of the LRDG was similar (19%). Awareness of the LRDG was higher among senior students (23%).

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 (78%, down from 84% in 2019/2020) and in the past 30 days (69%, down from 77% in the previous cycle). The mean age of initiating alcohol consumption was 16 years (up from 15.6 in 2019/2020) with men initiating later at 16.1 years compared to 15.9 years old among women. Among respondents who consumed alcohol in the past 12 months, 6% were underage based on the legal drinking age of the province in which their school was located (down from 10% in 2019/2020).

How University of Manitoba compared to other schools:

- Past-year consumption of alcohol was similar (79%).
- Past-month consumption of alcohol was similar (66%).
- Mean age of initiating alcohol consumption was higher (16.2 years old).

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

- Underage alcohol consumption in the past 12 months

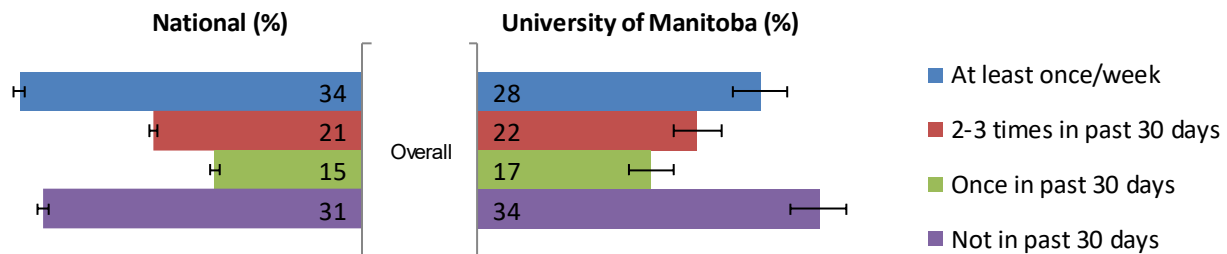
While almost a third of students (31%, up from 23% in the previous cycle) had not consumed any alcohol in the past month, 34% reported that they consumed alcohol at least once per week (down from 40% in 2019/2020). Respondents who consumed alcohol at least once per week were more likely to be:

- Male (36%), and
- First- or second-year students (37%).

How University of Manitoba compared to other schools:

- Proportion consuming alcohol at least once per week was lower (28%). Consuming at least once a week was more common among men (32%) and senior students (31%).
- Proportion of students not consuming alcohol in the past month was similar (34%). This was more common among junior students (39%).

Figure 2. Frequency of past 30-day alcohol use, CPADS 2021/2022 University of Manitoba



Beverage preferences

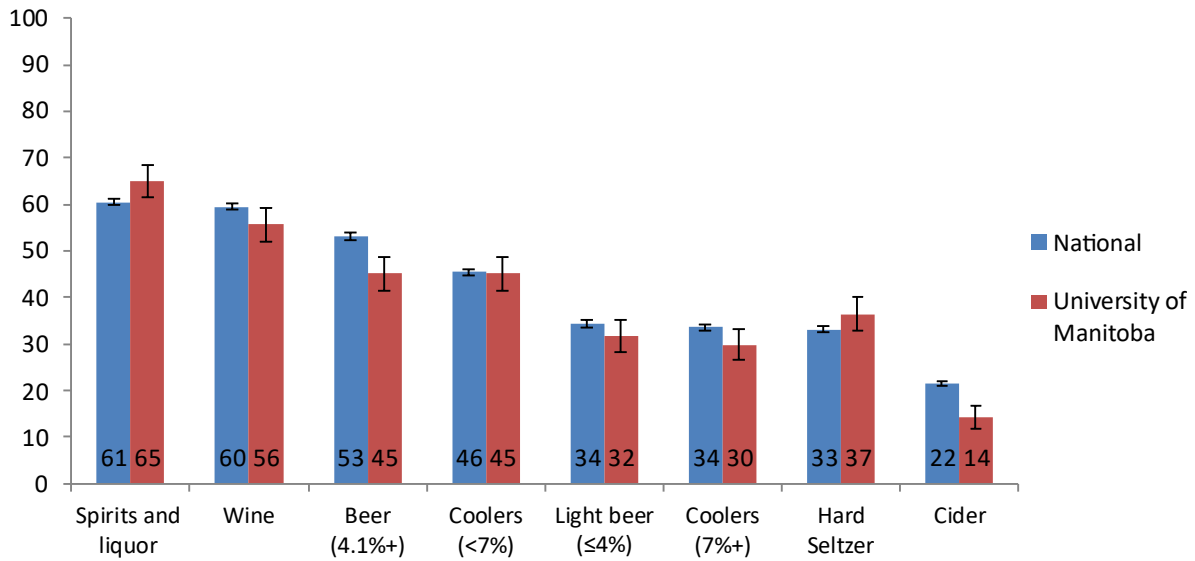
Students who had consumed alcohol in the past 30 days were asked about their preferred alcoholic beverages and the frequency of consuming them. Collecting information on beverage types can help determine the level of risk of consuming alcohol, as students may be more likely to become intoxicated depending 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 (61%), wine (60%), beer with 4.1%+ alcohol content (53%), and coolers (45%).²

² Not trended, as more types of alcohol were added for the second cycle questionnaire, including hard seltzer and separating beer in two types (4% or less and 4.1%+ alcohol content).

Figure 3. Past 30-day alcohol use by beverage type, CPADS 2021/22 University of Manitoba



The table below shows preferences for some types of alcohol. Comparing genders, beers are more popular with male students, and coolers and wine 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 gender and years of study.

Consuming type of beverage in past month, %	Total	Men	Women	Diff., +/-*	Senior	Junior	Diff., +/-*
Spirits or liquor	61	64	58	+6	61	61	—
Wine	60	51	66	-15	65	54	11
Beer (4.1%+)	53	72	38	+34	55	51	4
Coolers (less than 7%)	45	33	55	-22	41	52	-12
Light beer (4% or less)	34	44	26	+18	35	34	—
Coolers (7%+)	34	27	39	-11	30	39	-10
Hard seltzer	33	29	37	-8	31	36	-5
Cider	21	20	23	-3	23	20	3

* Differences shown only when statistically significant.

How University of Manitoba compared to other schools:

- Spirits or liquor consumption was higher (65%),
- Wine consumption was lower (56%),
- Coolers (less than 7%) consumption was lower (45%),
- Beer (4.1%+) consumption was similar (45%),
- Hard seltzer consumption was similar (36%),
- Light beer (4% or less) consumption was similar (32%),

- Coolers (7%+) consumption was lower (30%), and
- Cider consumption was lower (14%).

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).

About one fifth (22%, down from 24% in 2019/2020) 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 14% of respondents within the past 30 days (down from 19% in 2019/2020).

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’, ‘FCKD UP’ or ‘Clubtails’ in the past 30 days. In total, 10% of students reported they had consumed such a beverage in the past 30 days (up from 6% in the previous cycle).

How University of Manitoba compared to other schools:

- Past-month consumption of energy drinks *on their own* was similar (21%).
- Past-month consumption of energy drinks *together with alcohol*—on the same occasion, or hand- or pre-mixed—was lower (11%).
- Past-month consumption of sweetened alcoholic beverages was similar (9%).

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 measures used to describe harmful drinking patterns among respondents of the CPADS include heavy drinking and adherence to the LRDG.

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.

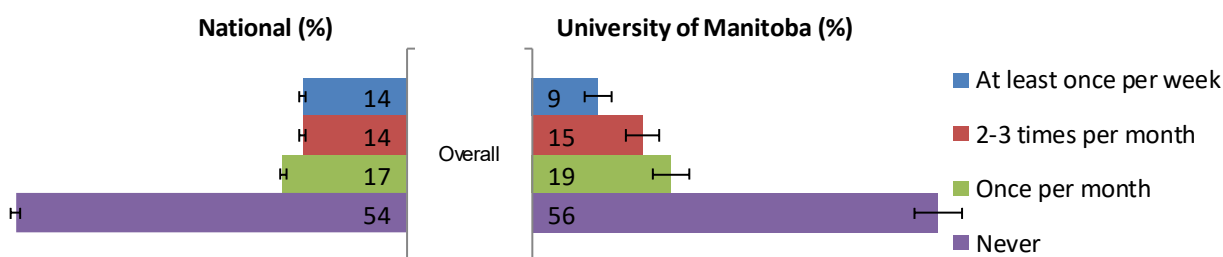
Based on this definition, 46% of all respondents had engaged in heavy drinking in the past month (down from 60% in 2019/2020). Students engaged in heavy drinking once a month (17%, down from 23%), at least once a week (14%, down from 23%), and 2-3 times per month (14%, down from 23%). The proportion of all students who did not drink heavily in the past month was 54% (up from 30% in the previous cycle).

Students reporting heavy drinking in the past month were more likely to be women (47%), and students in their first and second year (47%).

How University of Manitoba compared to other schools:

- Past-month heavy drinking was similar (44%). Students reporting heavy drinking in the past month were more likely to be senior students (48%).
- Among University of Manitoba students, the most common level of drinking heavily was *Not in past 30 days* (56%). This was similar to other schools. This was more common among junior students (62%).

Figure 5. Frequency of Heavy Drinking in the past 30 days, CPADS 2021/22 University of Manitoba



Drinking quantities

Adherence to the LRDG is calculated based on alcohol consumption among respondents who consumed alcohol within the seven (7) days prior to the survey. This calculation has limitations since student drinking patterns are influenced by events throughout the school year (e.g., exams, frosh week) and examining drinking within the past week may not be a representative snapshot of typical behaviour.

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 intoxication⁹. 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 year, the ‘typical’ number of drinks they consumed on drinking days in the past month was approximately four (3.6, unchanged compared to 4.5 in 2019/2020). When students were asked to report the highest number of drinks they remember consuming on a drinking day in the past month, they reported six drinks on average (5.5, unchanged compared to 6.9 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: 4.0 males, 3.2 females; heaviest drinking day: 6.5 males, 4.7 females). The average time reported to consume heaviest drinking amounts was similar for men and women (227 minutes for men, 226 for women). However, male respondents consumed more alcoholic beverages per hour than females on their heaviest drinking day (men consumed 2.4 drinks per hour, and women consumed 1.6).

How University of Manitoba compared to other schools:

- The 'typical' number of drinks consumed on drinking days in the past month was similar (3.4 drinks). This is below the LRDG.
- The *highest* number of drinks consumed on drinking days in the past month was similar (5.6 drinks). This exceeds the LRDG.
- The average time reported to consume heaviest drinking amounts was lower (206 minutes).
- The number of alcoholic beverages consumed per hour on the heaviest drinking day was higher (2.6 beverages per hour).

Blood Alcohol Concentrations

The calculation of blood alcohol concentrations (BAC) for the heaviest drinking day in the past month incorporates adjustments for individual factors that can affect alcohol metabolism and impairment. BAC is used as a proxy measure of the degree of intoxication in an individual. The estimated BAC among CPADS respondents is calculated using a formula developed by Seidl et. al^{vi}, that considers the amount of alcohol consumed, the time period over which it was consumed and the individual's height and weight, which can all impact how alcohol is metabolised. Students who reported zero drinks on their heaviest drinking day were excluded from analysis, as were students with a BAC level of 500mg/dL (0.50g/dL) or higher since this level is presumed to result in death.

Results are presented as the proportion of respondents who exceeded the legal blood alcohol limit of 80mg/dL (0.08g/dL) or 0.08%. Only respondents who have consumed at least one beverage on the heaviest reported drinking day in the past month are included in the analysis.

It is important to note, that BAC levels are a proxy for impairment and should not be used to determine the legal blood alcohol level of participants. BAC calculations based on self-reported alcohol consumption is subject to limitations and has been shown to overestimate levels when compared to BAC measured using breath samples^{vi}. Also, BAC calculations do not account for food intake, respondent's perception/recall of alcohol use and the use of other substances which may affect how alcohol is metabolized^v.

By calculating a BAC based on the number of drinks reported by students on their heaviest drinking day in the past month, the proportion of respondents who exceeded the legal threshold for alcohol-impaired driving of 0.08% was 65% (lower than 78% in 2019/2020).

How University of Manitoba compared to other schools:

The proportion of students exceeding the legal threshold for alcohol-impaired driving of 0.08% was similar (64%).

Drunkness

Given individual variation can affect the relationship between the amount of alcohol consumed and intoxication, the CPADS specifically asked respondents about drunkness. Drunkness is a self-assessed indicator of impairment level and potential for harm. Approximately 60% of respondents who had consumed alcohol in the past month reported feeling drunk (lower than 74% in the previous cycle). Men were more likely to report feeling drunk than women (63% vs. 59%, respectively).

The proportion of respondents who reported feeling drunk once a week or more often was 17% (lower than 23% in 2019/2020). This is more common among men than women (21% vs 14%, respectively) and junior students than senior students (19% vs. 16%, respectively).

In the past month, 16% of students got drunk intentionally at least once a week (men were more likely to do so, compared to women — 19% compared to 13%). However, just 0.3% of students said they got drunk daily or almost daily (i.e., over 5 days a week). More commonly, students tend to get drunk intentionally once a month (23%), or 2-3 times a month (17%).

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 (60%).
- The proportion of students feeling drunk at least once per week was lower (12%). This was more common among men (15%).
- The proportion of students getting drunk intentionally at least once a week was lower (10%). This was more common among men (13%).

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^{vii}.

Among those who drank alcohol within the past 12 months, 44% had experienced at least one alcohol related harm to self in the past 30 days (56% in 2019/2020). The top five harms to self were: experiencing a hangover (25%, down from 33%), having less energy or feeling tired (19%, down from 25%), drinking on nights when planned not to (16%, down from 22%), saying or doing something embarrassing (14%, down from 22%), and feeling sick to stomach or throwing up (12%, down from 17%).

Generally, the reporting of harms to self resulting from alcohol consumption has reduced compared to the 2019/2020 cycle—which may be a result of the general reduction in consumption among students.

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),
- putting on weight because of drinking (6% vs. 4%, respectively),

- spending too much time drinking (6% vs. 4%, respectively), and
- experiencing a hangover, headache, or sick stomach the morning after drinking (26% vs. 24%, respectively).

Junior and senior students are also generally similar regarding reported harms to self. However, some harms are more likely to be reported by junior students (at a higher rate by 2-3%). These harms generally related to both overdrinking and impulsive, embarrassing behaviour while drunk:

- having said or done embarrassing things while drunk (more common among junior than senior students, 16% vs. 13%, respectively),
- feeling sick to stomach or throwing up after drinking (14% vs. 11%, respectively),
- having taken foolish risks when drinking (7% vs. 5%, respectively),
- needing larger amounts of alcohol to feel any effect (10% vs. 8%, respectively),
- having done regretful impulsive things (8% vs. 6%, respectively), and
- being unable to remember large stretches of time while drinking heavily (7% vs. 5%, 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 (40%).
- The five most-reported alcohol-related harms to self were:
 1. Experiencing a hangover, headache, or sick stomach the morning after drinking (23%), which was similar to other schools, and more common among senior students (25%),
 2. Having less energy or feeling tired because of their drinking (14%), which was lower than other schools, and more common among senior students (16%),
 3. Ending up drinking on nights when they had planned not to drink (12%), which was lower than other schools,
 4. Saying or doing embarrassing things (12%), which was similar to other schools, and
 5. Feeling very sick to their stomach or throwing up after drinking (11%), which was similar to other schools.

Table 6. Top five alcohol-related harms experienced due to own drinking in past 30 days, by sex, [among past 12-month drinkers], CPADS 2021/22 National

Top 5 harms caused by own drinking	National (%)			
	Overall	Male	Female	Difference
Had a hangover	25	26	24	Sig.
Less energy or felt tired	19	18	19	Not sig.
Drank on nights when planned not to	16	16	15	Sig.
Said or did embarrassing things	14	13	14	Sig.
Felt sick to my stomach or thrown up	12	11	12	Sig.
Experienced at least one harm related to own drinking*	44	45	43	Sig.

* This proportion is based on 11 harms in the B-YAACQ scale

Alcohol Harms to Others

Respondents were asked if they had experienced any secondary harms (harms that are caused by another student's drinking). Approximately 15% (down from 31% in 2019/2020) of respondents experienced at least one harm within the past 30 days because of another student's drinking. Students were more likely to experience a secondary alcohol-related harm if they were female (16% of women vs. 14% of men), and in their first or second year (17% of juniors vs. 13% of seniors).

Past-month secondary harms that were reported the most were: the other student's drinking affecting one's sleep (6%, down from 14% in 2019/2020), having to take care of the drinking student (6%, down from 14% in the previous cycle) and being upset with or disappointed by another student (5%, down from 11%).

Although the relative occurrence of various harms has remained generally the same compared to 2019/2020, all secondary harms were half as prevalent. The drastic reduction in experiencing all secondary harms was possibly associated with limited social interactions during the pandemic, and hence less exposure to others while drinking.

How University of Manitoba compared to other schools:

- Experiencing at least one harm from another student's drinking within the past month was lower than other schools (10%).
- The most reported alcohol-related harms were those where other student(s):
 1. Had to be taken care of by them (4%), which was lower than other schools,
 2. Affected their sleep (4%), which was lower than other schools,
 3. Upset or disappointed them (3%), which was lower than other schools,
 4. Caused an argument with them (2%), which was similar to other schools, and
 5. Caused a problem in their friendships or relationships (2%), which was similar to other schools.

Table 7. Alcohol related harms due to others drinking in the past 30 days, by sex, [among all respondents], CPADS 2021/22 National

Top 3 harms caused by others drinking	National (%)			Difference
	Overall	Male	Female	
Affected sleep	6	6	7	Sig.
The other(s) had to be taken care of	6	5	7	Sig.
Upset or disappointed by the other(s)	5	5	6	Sig.
Experienced at least one harm caused by others drinking*	15	14	16	Sig.

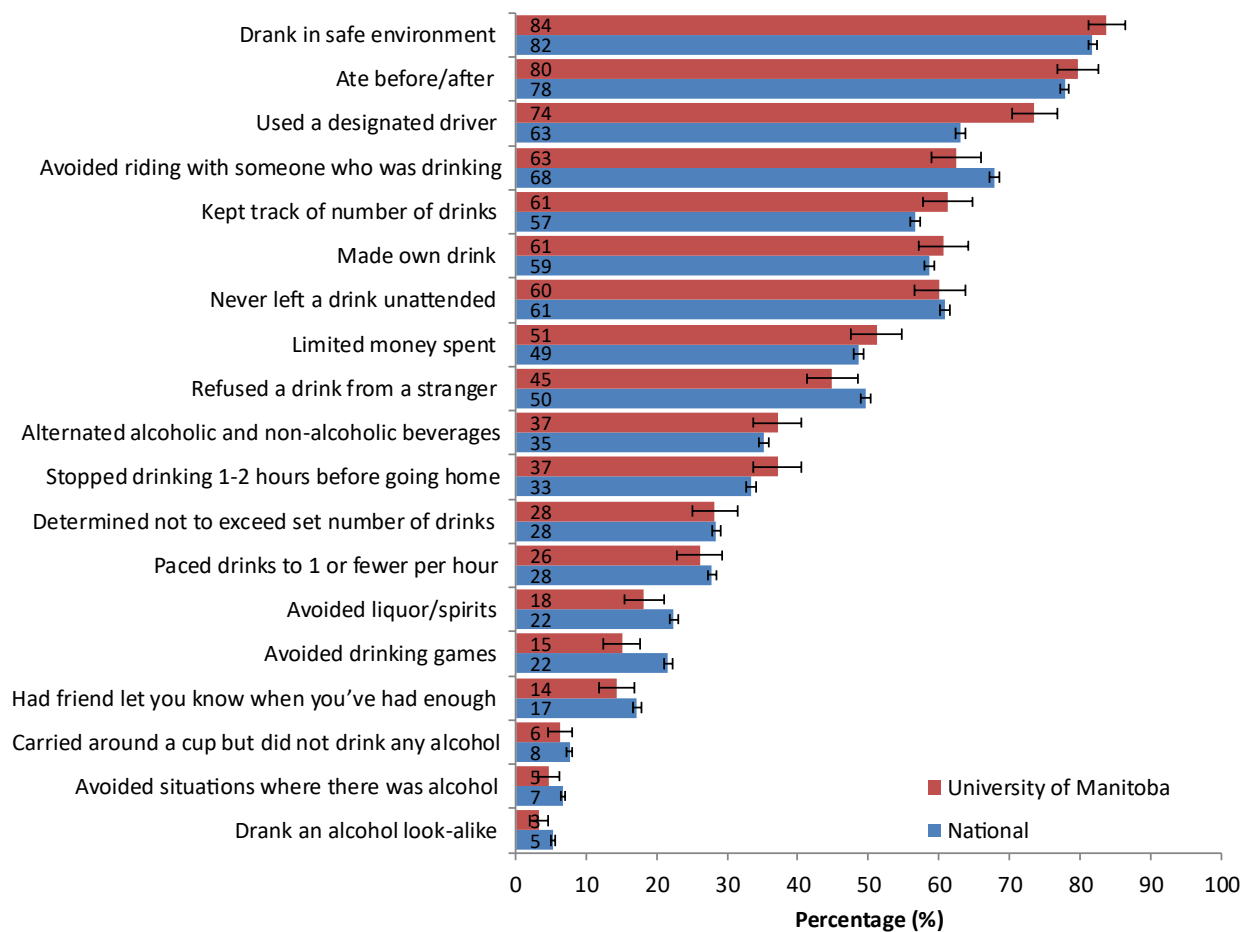
*This proportion is based on 11 harms that could be caused by others drinking.

Alcohol Protective Strategies

The overwhelming majority of respondents (97%, down from 98% in 2019/2020) 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 (82%, up from 78% in 2019/2020), eating before and/or during drinking (78%, down from 79%), avoiding getting in a car with someone who had been drinking (68%, down from 75%), never leaving a drink unattended (61%, down from 69%), and using a designated driver (63%, down from 69%). The strategies least likely to be reported as ‘always’ or ‘usually’ used included drinking alcohol look-alikes (5%, unchanged compared to previous cycle), avoiding situations where there is alcohol (7%, down from 8%), and carrying around a cup but not drinking (8%³).

Figure 8. Alcohol protective strategies used ‘always’ or ‘usually’ when drinking in the past 30 days, CPADS 2021/22 University of Manitoba



Only two behaviors increased in occurrence in the current cycle compared to 2019/2020: drinking in a safe environment, such as at home, at friends’, at a restaurant (82%, up from 78%), and pacing drinks to 1 or fewer per hour (28%, up from 22%). Many of the protective strategies are dependent on the context of alcohol consumption being social. In other words, although a behaviour such as refusing a drink from a stranger has reduced from 55% to 50% in the current cycle, this should not be taken to indicate a stronger incidence of not employing protective strategies, or less cautious behavior—rather, due to the pandemic,

³ Significantly down from 8.45% to 7.67%.

there had been fewer opportunities to employ protective strategies, as many of them are to be applied in a social environment.

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

- never leave a drink unattended (women more likely than men, 68% vs. 51%, respectively),
- refuse a drink from a stranger (55% vs. 43%, respectively),
- pace drinks to 1 or fewer per hour (32% vs. 22%, respectively),
- alternate non-alcoholic and alcoholic beverages during one occasion (38% vs. 31%, respectively), and
- only drink alcohol in safe environments (85% vs. 78%, 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 2021/22 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>	+17	68	51	61
<i>Refused a drink from a stranger</i>	+12	55	43	50
<i>Paced your drinks to 1 or fewer per hour</i>	+10	32	22	28
<i>Alternated non-alcoholic beverages and alcohol beverages</i>	+7	38	31	35
<i>Only drank alcohol in safe environments (e.g. at home, friends')</i>	+7	85	78	82
Used a designated driver	+6	66	59	63
Avoided getting in a car with someone who had been drinking	+5	70	65	68
Made your own drinks	+3	60	57	59
Ate before and/or during drinking	+3	79	76	78
Determined, in advance, not to exceed a set number of drinks	+3	30	27	28
Had a friend let you know when you've had enough	+3	18	16	17
Kept track of how many drinks you were having	+2	58	55	57
Avoided hard liquor or spirits	+2	24	21	22
Limited money spent on alcohol	+2	50	47	49
Avoided drinking games	+2	22	21	22
Carried around a cup but did not drink any alcohol	+2	9	7	8
Drank an alcohol look-alike	+1	6	5	5
Avoided situations where there was alcohol	—	7	7	7
Stopped drinking at least 1-2 hours before going home	—	33	34	33

* Difference shown only if statistically significant.

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:

- refuse a drink from a stranger (junior students more likely than senior, 53% vs. 48%, respectively),
- avoid getting in a car with someone who had been drinking (71% vs. 66%, respectively),
- have a friend let them know when they have had enough (20% vs. 15%, respectively),
- limit money spent on alcohol (51% vs. 47%, respectively),
- never leave a drink unattended (63% vs. 60%, respectively),
- avoid situations where there is alcohol (8% vs. 6%, respectively), and
- carry around a cup but not drink any alcohol (8% vs. 7%, respectively).

Senior students (in their third year and above) are more likely to employ the following strategies—primarily those related to limiting consumption, and minding own safety and awareness while consuming alcoholic drinks:

- pace drinks to 1 or fewer per hour (senior students more likely than junior students, 30% vs. 25%, respectively),
- alternate non-alcoholic beverages and alcohol beverages (36% vs. 34%, respectively),
- avoid hard liquor or spirits (24% vs. 21%, respectively),
- eat before and/or during drinking (80% vs. 76%, respectively),
- make their own drinks (60% vs. 58%, respectively),
- keep track of how many drinks they are having (58% vs. 56%, respectively), and
- stop drinking at least 1-2 hours before going home (34% vs. 32%, 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 higher (98%).
- 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) (87%),
 2. Eating before and/or during drinking (80%),
 3. Using a designated driver (77%),
 4. Never leaving a drink unattended (70%), and
 5. Avoiding getting in a car with someone who had been drinking (68%).
- The most common protective strategies among male students were:
 - Only drinking alcohol in safe environments (e.g., in the presence of others, at home, at a friend's house, at a restaurant) (80%),
 - Eating before and/or during drinking (80%),
 - Using a designated driver (70%),
 - Making their own drinks (63%), and
 - Keeping track of how many drinks they were having (60%).

Alcohol Impaired Driving

Respondents were asked to indicate if they had ever been a passenger in a car 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^{viii}.

The proportion of students in the CPADS who reported driving within 2 hours of consuming at least 2 drinks was 11% (up from 9% in 2019/2020). Fourteen percent (down from 16% 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.

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 higher (15%). Driving after consumption was more common among men (19%) and senior students (18%).
- 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 higher (18%). Students who reported having been such a passenger were more likely to be senior students (20%).

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, 96% reported off campus as where they consume alcohol most often, and 4% reported consuming on campus most often. For 89% of respondents, off campus is their usual drinking location, and 7% usually drink on campus during a typical school year. Among those who drank on- or off-campus, 74% 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 (56%), followed by partner (21%) and family (15%). One in ten (9%) reported drinking alone in the past month. Male students (13%) were twice as likely as female students (6%) to drink alone.

Alcohol promotional events: In the 12 months before the survey, 44% (down from 59% in 2019/2020) of respondents took advantage of at least one alcohol promotional event.

Respondents were most likely to participate in happy hour (31%, down from 41% in the previous cycle), followed by low-priced promotions such as ladies' night (20%, down from 35%) and special promotions hosted by alcohol companies (18%, down from 27%). Reflecting the closure of establishments during the pandemic, just 12% reported getting a free cover charge to enter an establishment early, and 6% reported paying a cover charge for unlimited drinks (down from 13%).

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^{ix,x}. 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, \$6.70 (up from \$4.96 in the previous cycle).

How University of Manitoba compared to other schools:

- The proportion of students consuming alcohol off campus was higher (98%).
- The most frequently mentioned company to consume alcohol with were:
 1. Friend(s) or close friend(s) (53%), similar to other schools,
 2. Partner, boyfriend, girlfriend (17%), similar to other schools, and more common among women (22%) and senior students (20%), and
 3. Family (16%), similar to other schools.
- The proportion of students drinking alone in the past month was higher (12%) and drinking alone was more common among men (17%).
- The proportion of students taking advantage of at least one promotional event in the past year was higher (53%). This was more common among women (56%).
- The following promotional events were the most common to participate in:
 1. Happy hour (43%), higher than other schools, and more common among senior students (48%),
 2. Low-priced promotion (23%), higher than other schools, and
 3. Special promotions by breweries/liquor/wine companies (19%), similar to other schools.
- The cheapest amount spent over the past month on *one alcoholic beverage* was lower (\$6.30).

Consumption of Alcohol during the COVID-19 Pandemic

Respondents were asked questions regarding the effects that the COVID-19 pandemic had on their consumption of alcohol. In terms of self-assessed amount or quantity of alcohol consumed, 72% consumed less or the same amount: 28% of respondents said they consumed more since the onset of the pandemic, while 31% said they consumed less, and 40% said they consumed the same amount. Further, 27% of respondents said they consumed more frequently since the onset of the pandemic, while 35% said they consumed less frequently, and 38% said their frequency of consumption has not changed. Senior students were more likely to say they consumed alcohol less frequently (40%, +11% compared to junior students).

Among the most frequently mentioned reasons provided for *consuming more* alcohol due to the pandemic are boredom (49%), lack of regular schedule (41%), and having more social gatherings (38%).

Senior students were more likely to cite the following reasons for consuming more alcohol due to the pandemic:

- Lack of regular schedule (50% among senior students vs. 34% among junior students),
- Boredom (57% vs. 41%, respectively),
- Stress (43% vs. 29%, respectively),

- Depression/low mood (41% vs. 30%, respectively),
- Anxiety (36% vs. 25%, respectively), and
- Loneliness (27% vs. 20%, respectively).

Women were more likely to cite the following reasons for consuming more alcohol due to the pandemic:

- More social gatherings (41% among women compared to 35% among men),
- Stress (37% vs. 33%, respectively), and
- Anxiety (32% vs. 28%, respectively).

Among the most frequently mentioned reasons provided for *consuming less* alcohol due to the pandemic are fewer social gatherings (76%), trying to save money (16%), and living at home with parents (12%).

Senior students were more likely to cite the following reasons for consuming less alcohol due to the pandemic:

- Fewer social gatherings (81% among senior students compared to 71% among junior students),
- Living at home with parents (13% vs. 10%, respectively), and
- Depression/low mood (10% vs. 8%, respectively).

Women were more likely to cite the following reasons for consuming less alcohol due to the pandemic:

- Anxiety (9% among women compared to 4% among men),
- Fewer social gatherings (78% vs. 74%, respectively), and
- Living at home with parents (13% vs. 9%, respectively).

How University of Manitoba compared to other schools:

- The proportion of students consuming *less or the same amount of alcohol* due to the pandemic was higher (75%). This rate of consumption was more common among senior students (78%).
- The proportion of students consuming *less alcohol* due to the pandemic was similar (34%). This rate of consumption was more common among senior students (37%).
- The most frequently mentioned reasons to consume *less* alcohol due to the pandemic were:
 1. Fewer social gatherings (online or at home) (79%), similar to other schools, and more common among women (83%) and senior students (85%),
 2. Trying to save money (21%), higher than other schools, and more common among senior students (24%), and
 3. Living at home with parents (14%), similar to other schools.
- The most frequently mentioned reasons to consume *more* alcohol due to the pandemic were:
 1. Boredom (51%), similar to other schools, and more common among senior students (68%),
 2. Lack of regular schedule (47%), higher than other schools, and more common among senior students (57%), and
 3. Stress (41%), similar to other schools, and more common among senior students (47%).

CANNABIS

The 2021/22 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. 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^x.

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.

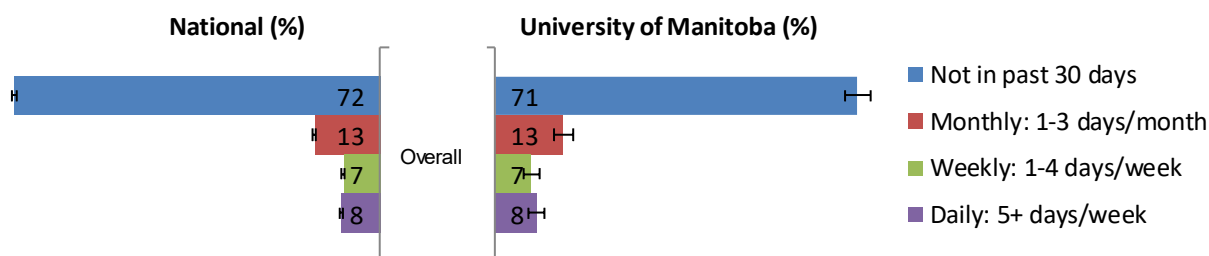
Cannabis Use

Within the past 12 months, 41% of respondents had used cannabis (down from 48% in 2019/2020). Respondents who reported using cannabis in the past 12 months were more likely to be senior students in their third year or greater (43%).

Among those who said they consume cannabis, the average age of initiating was 17.6 years (up from 17.1 years in previous cycle).

Approximately 28% of respondents had used cannabis in the past 30 days (down from 33%), which was higher among senior students in their third year or greater (30%).

Figure 10. Frequency of past 30-day cannabis use, CPADS 2021/22 University of Manitoba



The majority of respondents in the CPADS had not used cannabis in the past 30 days (72%, up from 67%), while the greatest proportion of those who reported using cannabis in the past month had used one to three days per month (13%, down from 17%), followed by one to four days per week (7%, down from 8%).

How University of Manitoba compared to other schools:

- The proportion of students who have used cannabis within the past *year* was similar (43%). Past-year consumption was more common among senior students (45%).
- The proportion of students who have used cannabis within the past *month* was similar (29%).
- Among those who reported using cannabis, the average age of initiating was higher (17.9 years old). Respondents reporting an older age of initiation were more likely to be women (18.1 years old) and senior students (18.1 years old).

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 since the cannabis law came into effect on October 17, 2018.

In total, 76% of respondents reported they had seen or heard education campaigns, public health or safety messages about cannabis somewhere (down from 93% in 2019/2020). 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 (54%, down from 74%),
- school (38%, down from 71%),
- TV/radio (31%, down from 50%),
- public display of posters or billboards (30%, down from 51%), and
- health care setting (24%, down from 41%).

Respondents who said they used cannabis were more likely to say they had seen a campaign about cannabis (78% compared to 74% of those who said they did not use cannabis).

Health warning messages on cannabis products/packages, or on Health Canada's website, have been seen by 40% of students. The messages reach those who said they use cannabis to a higher extent than those who said they do not: 63% have seen the messages, compared to 23% of respondents that did not use cannabis. Among respondents who reported consuming cannabis and who have seen the health warning messages, 96% recall having seen them on cannabis products/packages, and 21% recall seeing them on the Health Canada website. Respondents who said they use cannabis (77%) and those who do not (78%) find the warning messages credible and believable. The second group is more likely to feel that the warning messages increase their knowledge of potential harms related to cannabis use: 57% of respondents saying they do not use cannabis feel this way, compared to 41% of respondents who say they use cannabis (16% difference).

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 (81%).
- Again, compared to other schools, the proportion of students who saw or heard *education campaigns, public health or safety messages* about cannabis on cannabis packages or on Health Canada's website...
 - Was similar to other schools (67%) among those who reported using cannabis. This was more common among men (73%).
 - Was similar to other schools (22%) among those who reported *not* using cannabis.
- Compared to other schools, the proportion of those reporting using cannabis and seeing *health warnings on cannabis products or packages* was similar (64%). This was more common among men (70%).

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:

- 85% (up from 83% in 2019/2020) of people reported cannabis smoke can be harmful,
- 90% (unchanged from 2019/2020) believe cannabis can be harmful during pregnancy,
- 80% (down from 85%) reported they believe frequent cannabis use can increase the risk of mental health problems, and
- 82% (down from 88%) agreed that teenagers are at greater risk of harm from cannabis use than adults.

Those who said they used cannabis and those who said they did not are similar in considering the risks listed above to be true, with one exception: 86% of respondents who use cannabis, compared to 80% of respondents who do not take cannabis (6% difference), believe teenagers are at a greater risk of harm.

Female students were more likely to indicate that cannabis use can be harmful during pregnancy or breastfeeding (92% of female students vs. 87% of male students), while students in third year or greater were more likely to report that cannabis smoke can be harmful (87% of senior students vs. 84% 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 lower (83%),
- Consumption is harmful during pregnancy was lower (88%),
- Frequent use can increase the risk of mental health problems was lower (75%), and
- Teenagers are at a greater risk of harm than adults was lower (80%).

[Changes in use over time](#)

Those who reported consuming cannabis among CPADS respondents were asked to indicate if they had changed the amount of cannabis they use since the cannabis law came into effect October 17, 2018.

In the current cycle, a larger proportion of those who report using cannabis have reported using more cannabis rather than the same amount, in contrast to the previous cycle, when 49% reported using a similar amount, and 25% reported using more. Now, 45% report using more (up from 25%), and 32% (down from 49%) report using a similar amount. Fewer respondents who said they consume cannabis reported using smaller amounts (13%, down from 18%).

Women (47%, compared to 43% of men) and senior students (48%, compared to 44% of junior students) were more likely to report they have used more since the legalisation of cannabis.

How University of Manitoba compared to other schools:

- The proportion of those who reported consuming cannabis who also reported using *more cannabis* since the legalisation was higher (54%).
- The proportion of those who reported consuming cannabis who also reported using *the same amount of cannabis* since the legalisation was lower (26%).

Methods of Consumption

There are various ways to consume cannabis. Respondents who said they use cannabis were asked which consumption methods they had used in the past year. The most common methods of consuming cannabis are smoking (employed by 75% of respondents who use cannabis), eating in food (52%), and vaping (39%). Less common uses include oral use of oil (16%), drinking (13%), dabbing (5%), and skin application (3%).

Notable differences in consumption include:

- Female respondents who reported using cannabis are more likely to consume edibles (56% of women vs. 48% of men),
- Male respondents who reported using cannabis are more likely to smoke (78% of men vs. 72% of women),
- Junior students are more likely to vape (42% of junior students vs. 37% of senior students), and
- Senior students are more likely to use oils (18% of senior students vs. 14% of junior students).

How University of Manitoba compared to other schools:

The most common methods of consuming cannabis were:

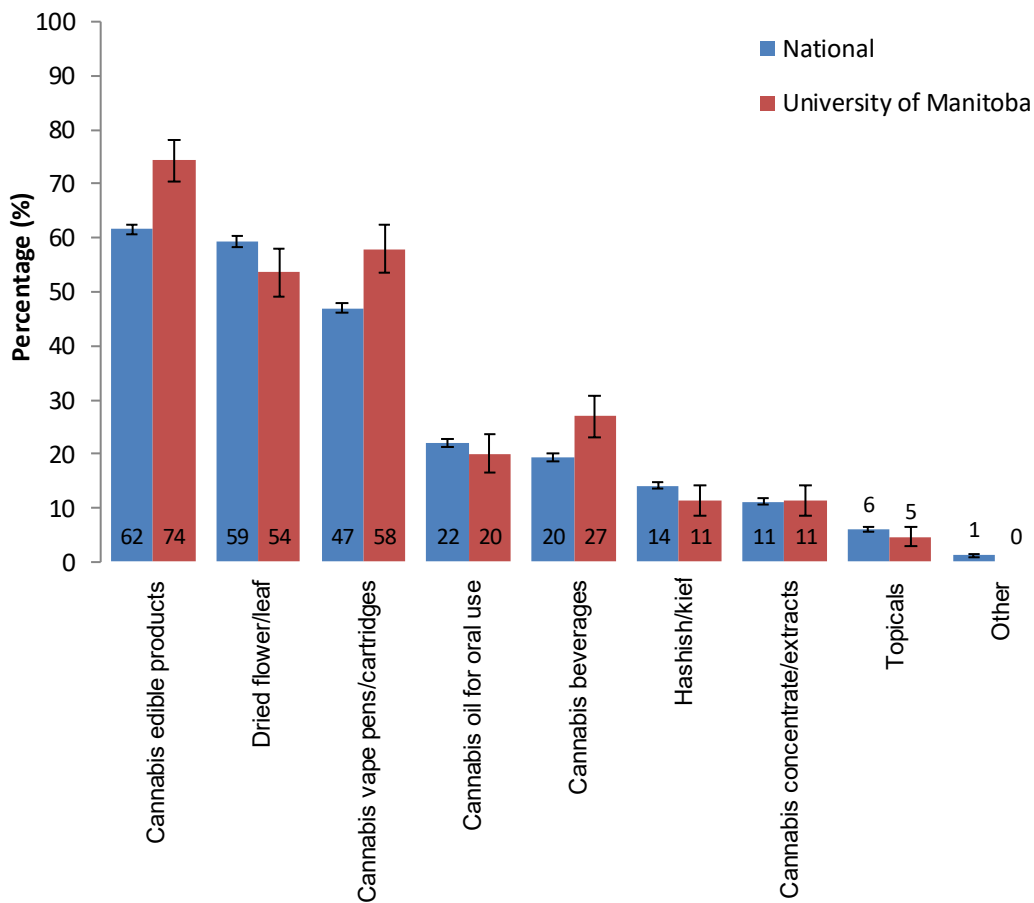
- Smoking (e.g., a joint, bong, pipe or blunt) (66%), lower than other schools,
- Eating in food (e.g., brownies, cakes, cookies or candy) (63%), higher than other schools, and
- Vapourizing (with a vapourizer, vape pen or e-cigarette) (51%), higher than other schools.

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 (62%, up from 59% compared to the previous cycle),
- Dried flower/leaf (59%, down from 74%),
- Cannabis vape pens/cartridges (47%, up from 40%),
- Cannabis oil for oral use (22%, down from 24%),
- Beverages (19%, up from 3%), and
- Hashish/kief (14%, down from 24%).

Figure 11. Cannabis products used among those who reported using cannabis in the past year, CPADS 2021/22 University of Manitoba



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

- Dried flower/leaf is no longer the most popular way to consume, replaced with edibles, which have largely maintained their level of popularity;
- Beverages were the least popular way to consume cannabis in the previous cycle, but have increased in popularity nearly ten-fold in the current cycle;
- Hashish/kief, similarly to dried leaf, has become less popular; and
- Vape pens/cartridges are increasing in popularity.

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

Table 12. Year-to-year change in past-year consumption of cannabis products

% of consumption of cannabis products—sorted by change between cycles	2019/2020	2021/2022	Change vs. previous year*
Beverages	3	19	+17↑
Dried flower or leaf	74	59	-14↑
Hashish/kief	24	14	-9↑
Vape pens/cartridges	40	47	+7
Concentrate/extracts	17	11	-6
Edibles	59	62	+3
Oil	24	22	-2
Topicals	5	6	—

* % change is shown where statistically significant.

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

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 (74%), compared to other schools this is higher,
2. Vape pens/cartridges (58%), compared to other schools this was higher, and more common among junior students (65%), and
3. Dried flower or leaf (54%), compared to other schools this was lower, and more common among men (61%).

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.) (83%),
- Dried flower/leaf (36%),
- Solids cannabis extract (e.g., shatter, hash, etc.) (14%),
- Other cannabis products (1%).

Among students who vape cannabis, 37% do so at least once per week, and 15% vaped daily.

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 oil/extract (e.g., butane honey oil (BHO), vaping liquid with THC/CBD, etc.) (84%), compared to other schools this was similar,
 2. Dried flower/leaf (31%), compared to other schools this was lower, and
 3. Solids cannabis extract (e.g., shatter, hash, etc.) (11%), compared to other schools this was similar.

- Among those who vape, the proportion of students who did so *at least once per week* was similar (38%).
- Among those who vape, the proportion of students who did so *daily* was similar (16%).

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. Thirty percent (30%, unchanged since previous cycle) of students indicated selecting cannabis products with higher levels of THC and lower CBD, while 10% indicated higher CBD and lower THC (unchanged), and 13% said they typically use a mix of THC and CBD. In total, 23% (down from 40%) 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 higher (37%), and more common among men (44%), and
- Products with higher CBD levels and lower THC was lower (8%), and more common among women (12%).

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 (64%, up from 34% in 2019/2020).

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 from a legal storefront (73%), higher than other schools.

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, 26% (down from 36% in 2019/2020) of respondents who consume cannabis in the past year reported attending class post-cannabis use (as defined in the previous paragraph), and 11% (down from 21%) reported doing so rarely (less than once a month).

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 similar (26%). Students attending class after consumption were more likely to be junior students (32%).

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% (down from 17% in 2019/2020) reported that they had ever driven within two hours of smoking or vaporizing cannabis.

The proportion of students who reported being a passenger with a driver who had smoked or vaped cannabis within 2 hours, was 30% (unchanged since previous cycle, 31%). These respondents were more likely to be male (32%), and students in third year or greater (34%).

How University of Manitoba compared to other schools:

- The proportion of students reporting ever driving within 2 hours of smoking or vaping cannabis was similar (17%). Driving after smoking or vaping cannabis was more common among men (21%).
- The proportion of students reporting being a passenger with a driver who had smoked or vaped cannabis at least 2 hours prior was similar (32%).

Consumption of cannabis during the COVID-19 Pandemic

Respondents who used cannabis in the past year were asked about the effect the COVID-19 pandemic had on their use of cannabis. For most, the frequency of consumption as well as the *quantities* consumed either stayed the same or increased. In terms of quantities, 81% of those who reported using cannabis in the past year said they used more or the same amount: 45% used more since the onset of the pandemic, 36% used the same amount, while 19% consumed less. Similarly, for *frequency*, 79% used more or at the same frequency: 43% of those who reported using cannabis in the past year said they used more frequently, 36% have maintained the same frequency, and 20% used less frequently.

The most frequently mentioned reasons for using *more* cannabis due to the pandemic are boredom (62%), stress (49%), and anxiety (49%). The most frequently mentioned reasons for using *less* cannabis due to the pandemic are fewer social gatherings (42%), anxiety (17%), and living at home with parents (14%).

How University of Manitoba's students who reported using cannabis in the past year compared to other schools':

- The proportion of those who use *more* cannabis since the COVID-19 pandemic was higher (54%).
- The most common reasons for using *more cannabis* were:
 1. Boredom (65%), similar to other schools, and more common among men (72%),
 2. Stress (49%), similar to other schools, and
 3. Anxiety (48%), similar to other schools.
- The proportion of those who reported using cannabis in the past year who use *less* cannabis since the COVID-19 pandemic was lower (15%), and more common among men (18%).
- The most common reasons for using *less cannabis* were:
 1. Fewer social gatherings (online or at home) (47%), similar to other schools,
 2. Anxiety (15%), similar to other schools, and

3. Living at home with parents (12%), similar to other schools.

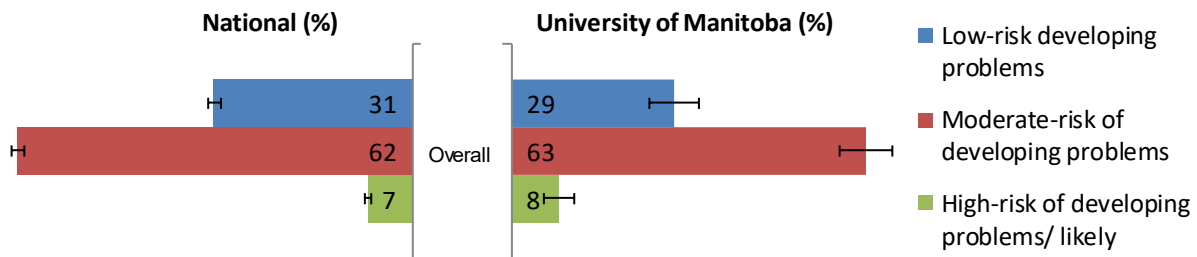
ASSIST

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 13. ASSIST scores among past 3-months for respondents who reported using cannabis, CPADS 2021/22 University of Manitoba



Among those who reported using cannabis in the past three months, 62% (up from 60% in 2019/2020) 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 (58%, up from 54%), followed by failing others’ expectations (20%, unchanged compared to 21% in previous cycle).

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 33% 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 6%.

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 (29%), and more common among women (34%),
- The proportion of those with a moderate risk of developing health and other problems (ASSIST score of 4-26) was similar (63%), and
- The proportion of those with a high risk of developing health and other problems (ASSIST score of 27-39) was similar (8%).
- The proportion of those who experienced at least one of the five cannabis-related harms asked in the ASSIST module was similar (66%).

Polysubstance use

Those who reported using cannabis within the past 12 months, were asked if they had used another substance at the same time as cannabis. The largest proportion of respondents who reported using cannabis in the past year have used cannabis with alcohol (74%, down from 79% in 2019/2020), followed by tobacco and e-cigarettes with nicotine (22%).

Overall, 15% of respondents who have said they used cannabis in the past year reported using cannabis together with illegal substances (such as hallucinogens, stimulants, opioids), and 12% with prescription drugs (stimulants, opioids, sedatives).

How University of Manitoba compared to other schools:

- Percent of respondents who reported using cannabis in the past year at the same time as...
 - alcohol was similar (74%),
 - tobacco and e-cigarettes was lower (13%),
 - prescription drugs was similar (10%), and
 - illegal substances was similar (14%), and more common among men (19%) and senior students (17%).

PSYCHOACTIVE PHARMACEUTICALS

Participants were asked about their use of four classes of pharmaceuticals, namely opioid pain relievers, 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, using more frequently than recommended or using with the intention to get high.

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 DM®, Benylin® DM, also known as "robos", "dex" and "DXM").

Psychoactive pharmaceutical use

Overall, 37% (up from 36% in 2019/2020) of students used at least one opioid pain reliever, stimulant, or sedative in the past 12 months.

Overall, 25% (unchanged from 24% in 2019/2020) of respondents used a prescription opioid pain reliever in the past 12 months, 11% (down from 12% in previous cycle) used stimulants, and 10% (up from 9% in previous cycle) used sedatives.

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 32% of respondents who reported past-year use of any pharmaceutical (including pain relievers, stimulants, sedatives or over-the-counter medication).

Naloxone kits

Approximately 48% (up from 40% in 2019/2020) of respondents had heard of naloxone kits in their lifetime. Women (55%) and students in their third year or greater (55%) were more likely to have heard of naloxone kits in comparison to men (41%) and students in their first and second year (41%), respectively.

How University of Manitoba compared to other schools:

- The proportion of students who had used at least one opioid pain reliever, stimulant or sedative in the past year was similar (36%), and overall more common among junior students (40%).
- The proportion of students...
 - Using a prescription opioid pain reliever was similar (26%), and the use of opioids was more common among junior students (30%),
 - Using stimulants was lower (8%),
 - Using sedatives was lower (7%), and the use of sedatives was more common among women (11%), and
 - Having heard of Naloxone kits was similar (46%), and hearing about naloxone was more common among women (51%) and senior students (53%).

OTHER DRUGS

Illegal Drug use

CPADS participants were asked if they had ever used any of the following 11 illegal drugs: cocaine and crack; amphetamines; methamphetamine; ecstasy or others similar designer/club drugs; hallucinogens; heroin; sniffed glue, gasoline or other solvents; salvia; synthetic cannabinoids; mephedrone; BZP/TFMPP;

and Alkyl Nitrites. Approximately 11% (down from 15%) of CPADS participants reported using at least one of these substances during the past 12 months.

DRUG HARMS

CPADS respondents who reported using cannabis, 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 eight factors: physical 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, 6% of all respondents (13% 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 physical health (6%), learning difficulties (5%), and work, study, or employment opportunities (5%).

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 lower (5%).
- The proportion of students who reported harm to physical health (5%) as the most commonly-experienced harm due to substance use was similar.

SEEKING PROFESSIONAL HELP

Participants were asked questions regarding seeking professional help due to use of substances. Overall, 6% of students said they *felt a need* to seek professional help. Of all students, 3% have felt they needed help with their alcohol use, 3% with cannabis use, and 1% with drugs.

Among those who felt they needed help, 48% said they had ever *sought* professional help. Of those who sought help, 26% did so in relation to alcohol use, 20% to cannabis use, and 15% due to the use of other drugs.

The most often-cited reasons given by respondents for not having sought professional help include:

- Being too busy (47%),
- Feeling they did not need treatment (47%),
- Treatment not covered by insurance (20%),
- Having personal or family responsibilities (17%), and
- The waiting list being too long (16%).

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 (4%). Feeling a need to seek help was more common among men (6%).
- The proportion of students who needed help with their...
 - Alcohol use was lower (2%),

- Cannabis use was similar (2%) and more common among men (3%), and
- Drug use was lower (1%).
- The proportion of students who ever *sought* professional help for their use of substances was similar (36%).
- The proportion of students who ever sought help with their...
 - Alcohol use was similar (20%), and
 - Cannabis use was similar (14%).

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

- the proportion of students who ever sought professional help with their drug use
- the most common reasons for not having sought professional help

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%) of respondents had ever smoked a whole cigarette. This was more common among male students (31% of male students vs. 25% of female students), and more common among senior students (30% of senior students vs. 25% of junior students). Among those who had ever smoked a cigarette, nearly half (46%) had smoked at least 100 cigarettes (approximately 4 packs). Students who have smoked at least 100 cigarettes make up 12% of all students.

Of students who had ever smoked a whole cigarette, approximately three in ten (31%) had smoked in the past month and approximately one in ten (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: 41% of students had tried vaping, 15% had vaped in the past month, and 7% vaped daily. Among past-month vapers, the most-cited reasons to vape are for enjoyment (39%), to reduce stress (14%), out of curiosity (12%), and to quit smoking cigarettes (10%).

How University of Manitoba compared to other schools:

- The proportion of students *who have ever smoked a cigarette* was lower (19%). Ever smoking a cigarette was more common among men (23%) and senior students (21%).
- Among those who have ever smoked a cigarette, the proportion of students who...
 - *Have smoked at least 100 cigarettes in their life* was lower (39%),
 - *Were past-month smokers* was similar (26%), and more common among women (34%) and junior students (35%), and
 - *Were daily smokers* was lower (5%).
- The proportion of students *who have tried vaping* was higher (45%).
- The proportion of students who are *past-month vapers* was similar (14%).

Appendix 1: 2021/22 CPADS Data Tables University of Manitoba

In the tables below, "Overall" is for the 2021/2022 data.

Table 1. Participation rates and average survey length by region, CPADS 2021/2022 University of Manitoba

Field statistics	National	University of Manitoba
Field start	2021-11-19	2022-02-03
Field end	2022-04-19	2022-03-06
Average survey length (mm:ss)	20:53	20:02
Students invited*	393,504	10,000
Surveys accessed**	62,030	1,831
Survey drop-offs (did not complete, ineligible**)	17,373	396
Not eligible	3,954	396
Surveys completed	40,931	1,356
Response rate (among eligible students)**	10.4%	13.6%

*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 Northern Territories (Nunavut, Northwest Territories and Yukon) have been excluded as no schools were sampled from these regions.

**Table 2. Student demographic profile, by region, CPADS 2021/2022
University of Manitoba (UNWEIGHTED DATA)**

	TOTAL (all sites)		University of Manitoba	
	N	%	N	%
Total invited***	393,504	100.0%	10,000	2.5%
Total completes	40,931	100.0%	1,356	3.3%
Response rate	-	10.4%	-	13.6%
Survey language				
English	32,217	78.7%	1,354	99.9%
French	8,714	21.3%	2	0.1%
Sex at birth				
Male	14,683	36.1%	533	39.6%
Female	25,968	63.9%	812	60.4%
Gender				
Female	24,852	61.1%	781	58.2%
Male	14,448	35.5%	521	38.8%
Transgender female	76	0.2%	2	0.1%
Transgender male	169	0.4%	3	0.2%
Non-binary gender	757	1.9%	21	1.6%
Gender-fluid	266	0.7%	11	0.8%
Another gender	100	0.2%	4	0.3%
Age groups				
16 to 19 yrs	10,356	25.3%	311	22.9%
20 to 22 yrs	14,225	34.8%	731	53.9%
23 to 25 yrs	7,075	17.3%	308	22.7%
26 or older	9,275	22.7%	6	0.4%
Sexual orientation				
Heterosexual	29,692	76.6%	1,012	77.6%
Gay or lesbian	1,689	4.4%	47	3.6%
Bisexual	5,768	14.9%	200	15.3%
Two spirited	97	0.3%	4	0.3%
Another	1,502	3.9%	41	3.1%
Field of study				
Arts/Humanities/Social Science	9,354	23.2%	335	25.2%

Science/Technology	8,240	20.4%	389	29.3%
Engineering	4,913	12.2%	144	10.8%
Business/commerce	4,525	11.2%	116	8.7%
Medicine	1,995	4.9%	40	3.0%
Health science	5,532	13.7%	158	11.9%
Law	1,170	2.9%	14	1.1%
Education	2,114	5.2%	38	2.9%
Other	2,534	6.3%	94	7.1%
Year of study				
1st and 2nd year	17,674	46.0%	551	41.3%
3rd yr or higher	20,754	54.0%	782	58.7%
Student status				
Full-time	37,111	91.4%	1,243	92.5%
Part-time	3,473	8.6%	101	7.5%
International student status				
Yes	5,476	13.5%	170	12.6%
No	35,095	86.5%	1,175	87.4%
Living location				
Off-campus with family	19,589	48.3%	981	73.0%
Off-campus with friends/roommates	11,977	29.6%	242	18.0%
Off-campus alone	4,298	10.6%	75	5.6%
University or college residence	4,030	9.9%	39	2.9%
Other on-campus housing	289	0.7%	2	0.1%
I do not have stable housing	51	0.1%	1	0.1%
Other location	286	0.7%	3	0.2%

**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 Northern Territories (Nunavut, Northwest Territories and Yukon) have been excluded as no schools were sampled from these regions.

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

**Table 3. Past 12 month health status indicators, by alcohol/cannabis use, by sex and year of study, CPADS 2021/2022
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 +
			A	B	C	D		
General health								
Excellent, very good, good	83.2 [82.7-83.6]	82.3 [80.1-84.4]	84.1 [81.4-86.7]	81.5↓ [77.4-85.6]	82.5↑ [79.2-85.9]	82.0 [79.3-84.7]	78.9 [75.4-82.5]	85.0 [82.3-87.7] C
Fair or poor	16.8 [16.4-17.3]	17.7 [15.6-19.9]	15.9 [13.3-18.6]	18.5↑ [14.4-22.6]	17.5↓ [14.1-20.8]	18.0 [15.3-20.7]	21.1 [17.5-24.6] D	15.0 [12.3-17.7]
Mental health								
Excellent, very good, good	58.2 [57.7-58.8]	50.9 [48.1-53.7]	48.9 [45.3-52.5]	36.2 [31.1-41.2]	59.3 [54.9-63.7] B	42.9 [39.4-46.3]	47.5↓ [43.2-51.8]	53.5↑ [49.8-57.3] C
Fair or poor	41.8 [41.2-42.3]	49.1 [46.3-51.9]	51.1 [47.5-54.7]	63.8 [58.8-68.9]	40.7 [36.3-45.1]	57.1 [53.7-60.6] A	52.5↑ [48.2-56.8] D	46.5↓ [42.7-50.2]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

**Table 4. Awareness of the Low-Risk Drinking Guidelines¹, by sex and year of study, CPADS 2021/2022
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 awareness²						
Yes	17.7 [17.3-18.1]	19.1 [16.9-21.3]	17.8 [14.4-21.2]	20.4 [17.6-23.2]	15.0 [12.0-18.1]	22.7 [19.5-25.8] C
No	74.8 [74.4-75.3]	73.4 [70.9-75.8]	76.2 [72.4-80.0] B	70.6 [67.5-73.8]	77.9 [74.4-81.5] D	69.5↓ [66.0-72.9]
Don't know	7.4 [7.1-7.7]	7.5↑ [6.0-9.0]	6.0 [3.9-8.1]	9.0 [7.0-11.0] A	7.0 [4.8-9.2]	7.9 [5.8-9.9]

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 Canada's Low Risk Drinking Guidelines?'

³ Based on alc02_a: " For a woman/man: How many drinks in a typical day do you think is considered a low risk amount?". The threshold for reporting is based on the Low Risk Drinking Guidelines for chronic health effects.

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 5. Alcohol use, by sex, year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Alcohol use						
Alcohol - lifetime	85.4 [85.0-85.8]	85.6 [83.7-87.6]	83.1 [79.7-86.4]	88.1 [85.8-90.3] A	81.8 [78.4-85.1]	88.9 [86.5-91.2] C
Alcohol - past year	77.6 [77.1-78.0]	78.7 [76.4-81.0]	76.5↓ [72.7-80.2]	80.8 [78.1-83.5]	75.5↓ [71.8-79.2]	81.4 [78.5-84.4] C
Mean age of initiation (years)	16.0 [16 - 16]	16.2 [16.1 - 16.3]	16.2 [16.0 - 16.4]	16.1 [15.9 - 16.3]	16.1 [15.9 - 16.3]	16.2 [16.0 - 16.4]
Under age drinking - among past year drinkers	5.8 [5.5-6.1]	#	#	#	#	#
Alcohol - past month	68.6 [68.1-69.2]	66.4 [63.7-69.2]	66.1 [61.7-70.4]	66.7 [63.3-70.1]	61.2 [56.9-65.6]	70.8 [67.3-74.4] C
Alcohol - past month frequency						
At least once/week	33.6 [33.1-34.2]	27.8 [25.1-30.4]	32.0 [27.8-36.3] B	23.6 [20.5-26.7]	22.1 [18.4-25.8]	31.5↓ [27.9-35.1] C
2-3 times in past 30 days	20.5↑ [20.1-21.0]	21.6 [19.2-24.0]	19.6 [16.0-23.2]	23.6 [20.5-26.7]	19.3 [15.8-22.8]	24.1 [20.8-27.5]
Once in past 30 days	14.5↓ [14.0-14.9]	17.0 [14.8-19.2]	14.4 [11.2-17.7]	19.5↓ [16.6-22.4] A	19.9 [16.3-23.4] D	15.2 [12.4-18.0]
Not in past 30 days	31.4 [30.8-31.9]	33.6 [30.8-36.3]	33.9 [29.6-38.3]	33.3 [29.9-36.7]	38.8 [34.4-43.1] D	29.2 [25.6-32.7]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 6a. Alcoholic beverages consumed in the past 30 days, by sex and year of study, CPADS 2021/2022 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)	34.4 [33.7-35.1]	31.7 [28.3-35.1]	43.3 [37.6-49.0] B	20.5↑ [16.9-24.1]	26.4 [21.3-31.5]	34.8 [30.3-39.3] C
Beer (4.1%+ alcohol content)	53.1 [52.4-53.8]	45.1 [41.5-48.7]	66.0 [60.5-71.5] B	25.5↓ [21.6-29.4]	37.9 [32.2-43.5]	49.3 [44.6-54.0] C
Wine	59.5↑ [58.8-60.2]	55.7 [52.1-59.3]	45.5↑ [39.8-51.3]	65.4 [61.2-69.7] A	48.1 [42.3-53.8]	60.7 [56.1-65.3] C
Hard Seltzer	33.2 [32.5-33.9]	36.5↓ [33.0-40.0]	33.3 [27.8-38.7]	39.6 [35.2-43.9]	36.6 [31.1-42.2]	36.1 [31.6-40.6]
Cooler and pre-mixed cocktails (<7% alcohol content)	45.5↓ [44.7-46.2]	45.1 [41.5-48.8]	31.4 [26.1-36.8]	58.3 [53.8-62.7] A	49.4 [43.6-55.2]	42.2 [37.6-46.9]
Cooler and pre-mixed cocktails (>7% alcohol content)	33.7 [33.0-34.3]	29.9 [26.6-33.2]	25.3 [20.3-30.3]	34.3 [30.0-38.6] A	37.3 [31.7-42.9] D	24.1 [20.1-28.2]
Cider	21.5↓ [20.9-22.1]	14.3 [11.8-16.9]	13.3 [9.4-17.2]	15.3 [12.1-18.5]	12.6 [8.7-16.4]	15.2 [11.8-18.6]
Spirits and liquor	60.5↑	65.0	69.1	61.2	62.1	66.5↑

	[59.8-61.2]	[61.6-68.5]	[63.7-74.4] B	[56.8-65.5]	[56.5-67.7]	[62.1-70.9]
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[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 6b. Frequency of alcohol use in past 30 days, by beverage type, CPADS 2021/2022 University of Manitoba

Frequency of use by beverage type	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
At least once/week	57.6 [51.0-64.3]	62.2 [56.7-67.8]	51.4 [46.6-56.2]	55.8 [49.9-61.7]	45.2 [40.1-50.4]	53.0 [46.5-59.5]	61.2 [51.9-70.5]	52.5↑ [48.0-57.0]
2-3 times in past 30 days	27.9 [21.9-34.0]	27.1 [22.0-32.1]	31.9 [27.4-36.4]	33.2 [27.6-38.8]	35.9 [31.0-40.9]	32.6 [26.5-38.7]	30.4 [21.6-39.1]	31.3 [27.2-35.5]
Once in past 30 days	14.4 [9.7-19.2]	10.7 [7.2-14.2]	16.7 [13.1-20.3]	11.0 [7.2-14.7]	18.8 [14.8-22.9]	14.4 [9.8-19.0]	8.4* [3.1-13.7]	16.1 [12.8-19.5]
Not in past 30 days	#	#	#	#	#	#	#	#

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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

Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 7. Energy drink use in the past 30 days, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Energy drinks - past month						
Energy drink- consumed alone	22.2 [21.7-22.6]	21.1 [18.8-23.4]	25.2 [21.3-29.0] B	17.3 [14.6-19.9]	22.8 [19.1-26.4]	20.0 [17.0-23.0]
Sweetened beverage with high alcohol content	10.3 [9.9-10.7]	9.0 [7.2-10.8]	7.8 [5.0-10.5]	10.2 [7.8-12.5]	10.5↓ [7.4-13.5]	8.0 [5.8-10.3]
Alcohol and energy drink - consumed separately	9.9 [9.5-10.3]	7.6 [6.0-9.3]	8.5↑ [5.7-11.4]	6.9 [4.9-8.8]	8.3 [5.6-11.1]	7.2 [5.0-9.3]
Alcohol and energy drink - hand mixed together	9.0 [8.7-9.4]	5.6 [4.1-7.0]	7.2 [4.5-9.8]	4.1* [2.6-5.7]	6.2* [3.8-8.5]	5.1* [3.2-6.9]
Store bought pre-mixed alcoholic beverage	2.4 [2.2-2.6]	2.4* [1.4-3.3]	2.3* [0.8-3.8]	2.4* [1.3-3.6]	3.6* [1.8-5.5]	#
Any alcohol + energy drink¹	14.0 [13.5-14.4]	10.6 [8.6-12.6]	12.6 [9.2-16.0]	8.8 [6.6-11.0]	12.1 [8.8-15.3]	9.6 [7.1-12.0]

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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 8a. Typical/heavy alcohol consumption patterns and Blood Alcohol Concentration (eBAC), [among past 30 day drinkers], by sex, year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Typical drinking day¹						
Typical number of drinks consumed in one day (average)	3.6 [3.6 - 3.6]	3.4 [3.2 - 3.6]	3.9 [3.5 - 4.3] B	3.0 [2.8 - 3.2]	3.6 [3.2 - 4.0]	3.3 [3.1 - 3.5]
5+ drinks on average	24.5 [†] [23.9-25.1]	24.0 [20.9-27.1]	29.1 [23.8-34.3] B	19.1 [15.6-22.7]	25.1 [20.1-30.1]	22.7 [18.7-26.6]
8+ drinks on average	8.7 [8.3-9.1]	10.2 [8.0-12.4]	15.9 [11.7-20.1] B	4.5 ^{†*} [2.7-6.4]	11.2 [7.6-14.9]	9.3 [6.6-12.0]
Heaviest drinking day²						
Highest number of drinks consumed in one day (average)	5.5 [†] [5.4 - 5.6]	5.6 [5.2 - 6.0]	6.7 [5.9 - 7.5] B	4.6 [4.3 - 4.9]	5.6 [4.7 - 6.5]	5.6 [5.2 - 6.0]
Number of minutes to consume highest number of drinks (average)	226.2 [224.3 - 228.1]	205.8 [195.6 - 216.0]	207.2 [190.0 - 224.4]	204.4 [192.4 - 216.4]	184.7 [167.2 - 202.2]	218.4 [206.0 - 230.8] C
Heaviest drinking pace (average number of drinks/hour)	2.0 [1.9 - 2.1]	2.6 [2.1 - 3.1]	3.1 [2.4 - 3.8] B	2.1 [1.5 - 2.7]	3.1 [2.2 - 4.0]	2.3 [1.8 - 2.8]
Heaviest drinking day in in past month - % with Blood Alcohol Concentration (eBAC) above 0.08 g/dL	65.0 [64.3-65.8]	64.1 [60.4-67.9]	58.5 [†] [52.6-64.5]	70.0 [65.5-74.5] A	62.9 [56.9-68.9]	64.4 [59.6-69.3]

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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 8b. Typical/heavy alcohol consumption patterns and Blood Alcohol Concentration (eBAC), [among past 30 day drinkers], by beverage type, CPADS 2021/2022 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
Typical drinking day¹								
Typical number of drinks consumed in one day (average)	4.1 [3.7 - 4.5]	4.0 [3.6 - 4.4]	3.4 [3.1 - 3.7]	4.4 [4.0 - 4.8]	3.7 [3.4 - 4.0]	4.3 [3.9 - 4.7]	3.2 [2.7 - 3.7]	4.2 [3.9 - 4.5]
5+ drinks on average	34.3 [27.9-40.8]	29.8 [24.5-35.0]	24.2 [20.0-28.3]	36.5 [↑] [30.8-42.3]	27.2 [22.6-31.8]	34.7 [28.4-40.9]	18.4* [11.0-25.9]	33.5 [↑] [29.2-37.8]
8+ drinks on average	16.7 [11.6-21.7]	16.9 [12.6-21.2]	8.8 [6.0-11.5]	15.1 [10.8-19.4]	10.1 [7.0-13.2]	14.3 [9.7-18.9]	#	14.5 [↓] [11.3-17.7]
Heaviest drinking day²								
Highest number of drinks consumed in one day (average)	7.3 [6.6 - 8.0]	7.5 [↓] [6.7 - 8.3]	6.1 [5.5 - 6.7]	7.7 [6.8 - 8.6]	6.4 [5.7 - 7.1]	7.5 [↑] [6.4 - 8.6]	5.8 [5.0 - 6.6]	6.8 [6.4 - 7.2]
Number of minutes to consume highest number of drinks (average)	253.7 [233.1 - 274.3]	243.4 [226.5 - 260.3]	229.3 [215.5 - 243.1]	256.8 [239.8 - 273.8]	222.0 [208.8 - 235.2]	231.0 [214.4 - 247.6]	242.2 [208.6 - 275.8]	237.0 [224.1 - 249.9]
Heaviest drinking pace (average number of drinks/hour)	2.2 [1.7 - 2.7]	2.1 [1.9 - 2.3]	2.3 [1.8 - 2.8]	2.5 [↓] [1.8 - 3.2]	2.2 [1.7 - 2.7]	2.5 [↑] [1.7 - 3.3]	1.6 [1.4 - 1.8]	2.6 [2.0 - 3.2]
Heaviest drinking day in in past month - % with Blood Alcohol Concentration (eBAC) above 0.08 g/dL	75.3 [69.1-81.5]	72.0 [66.5-77.4]	72.6 [67.9-77.3]	84.1 [79.4-88.9]	75.7 [70.9-80.5]	79.7 [74.0-85.4]	77.1* [68.3-85.9]	78.0 [73.9-82.0]

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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 9a. Drinking within the Low Risk Drinking Guidelines, by sex, and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Heavy drinking¹	45.8 [45.2-46.5]	43.7 [40.4-46.9]	43.6 [38.5-48.6]	43.8 [39.7-47.8]	38.0 [33.1-42.9]	47.6 [43.3-52.0] C
Frequency of heavy drinking in past 30 days						
At least once per week	14.3 [13.9-14.8]	9.1 [7.2-11.0]	10.9 [7.7-14.1]	7.3 [5.2-9.4]	6.8* [4.3-9.4]	10.2 [7.5-12.8]
2-3 times per month	14.4 [13.9-14.8]	15.3 [12.9-17.6]	15.1 [11.4-18.7]	15.5↓ [12.5-18.4]	11.4 [8.2-14.6]	18.2 [14.9-21.6] C
Once per month	17.1 [16.6-17.6]	19.3 [16.7-21.9]	17.6 [13.8-21.5]	21.0 [17.7-24.3]	19.7 [15.7-23.7]	19.2 [15.8-22.7]
Never	54.2 [53.5-54.8]	56.3 [53.1-59.6]	56.4 [51.4-61.5]	56.2 [52.2-60.3]	62.0 [57.1-66.9] D	52.4 [48.0-56.7]

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

² A measure of the proportion of respondents who exceeding the chronic low risk drinking guidelines. Calculations are based on respondents' alcohol intake in the 7 days prior to the survey.

LRDG Chronic: People who drink within this guideline must drink no more than 10 drinks a week for women, with no more than 2 drinks a day most days and 15 drinks a week for men, with no more than 3 drinks a day most days. Plan non-drinking days every week to avoid developing a habit.

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 9b. Drinking within the Low Risk Drinking Guidelines, by beverage type, CPADS 2021/2022 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	69.3 [63.1-75.6]	67.2 [61.9-72.6]	61.0 [56.3-65.7]	72.9 [67.6-78.2]	61.4 [56.4-66.5]	70.3 [64.3-76.3]	63.5↓ [54.3-72.7]	69.4 [65.2-73.6]
Frequency of heavy drinking in past 30 days								
At least once per week	19.6 [14.3-25.0]	20.1 [15.5-24.6]	13.9 [10.6-17.3]	20.3 [15.5-25.1]	14.8 [11.1-18.5]	19.7 [14.5-24.9]	16.4* [9.3-23.5]	15.9 [12.6-19.2]
2-3 times per month	25.7 [19.8-31.6]	25.3 [20.3-30.3]	22.9 [18.8-27.0]	26.6 [21.3-31.8]	21.3 [17.0-25.5]	22.0 [16.6-27.4]	22.3* [14.3-30.2]	25.3 [21.3-29.2]
Once per month	24.0 [18.3-29.8]	21.9 [17.2-26.6]	24.2 [20.0-28.3]	26.1 [20.8-31.3]	25.4 [20.9-29.9]	28.6 [22.7-34.5]	24.8 [16.6-33.1]	28.2 [24.1-32.3]
Never	30.7 [24.4-36.9]	32.8 [27.4-38.1]	39.0 [34.3-43.7]	27.1 [21.8-32.4]	38.6 [33.5-43.6]	29.7 [23.7-35.7]	36.5↑ [27.3-45.7]	30.6 [26.4-34.8]

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

² A measure of the proportion of respondents who exceeding the chronic low risk drinking guidelines. Calculations are based on respondents' alcohol intake in the 7 days prior to the survey.

LRDG Chronic: People who drink within this guideline must drink no more than 10 drinks a week for women, with no more than 2 drinks a day most days and 15 drinks a week for men, with no more than 3 drinks a day most days. Plan non-drinking days every week to avoid developing a habit.

[95% confidence intervals in brackets]

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

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High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 10a. Drunkenness, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Drunkenness						
Ever drunk - among lifetime drinkers	83.4 [82.9-83.8]	80.8 [78.4-83.2]	83.3 [79.6-87.0] B	78.5↓ [75.4-81.6]	79.3 [75.4-83.1]	81.7 [78.6-84.8]
Mean age when first drunk- among lifetime drinkers	16.7 [16.7 - 16.7]	16.6 [16.5 - 16.7]	16.6 [16.4 - 16.8]	16.7 [16.5 - 16.9]	16.5↓ [16.3 - 16.7]	16.7 [16.5 - 16.9] C
Drunk in past 30 days - among past 30 day drinkers	60.3 [59.6-61.1]	60.5↓ [56.7-64.3]	62.6 [56.8-68.5]	58.3 [53.6-63.0]	55.7 [49.5-61.8]	62.9 [58.0-67.7]
Intentionally got drunk at least once a week in the past 30 days	15.8 [15.3-16.4]	9.8 [7.5-12.2]	12.6 [8.6-16.6] B	7.1* [4.6-9.5]	7.9* [4.6-11.2]	10.9 [7.8-14.0]

Frequency of being drunk in past 30 days

Once a week or more often	16.9 [16.4-17.5]	11.5↑ [9.1-14.0]	15.2 [10.9-19.6] B	7.8* [5.3-10.4]	9.9* [6.3-13.6]	12.4 [9.1-15.7]
2 to 3 times in past month	18.7 [18.1-19.3]	19.7 [16.6-22.8]	20.8 [15.8-25.7]	18.7 [14.9-22.4]	18.4 [13.6-23.1]	19.7 [15.7-23.7]
Once in past month	24.7 [24.1-25.4]	29.2 [25.7-32.7]	26.6 [21.3-32.0]	31.8 [27.3-36.3]	27.3 [21.9-32.8]	30.8 [26.1-35.4]
Not in the past 30 days	39.7 [38.9-40.4]	39.5↑ [35.7-43.3]	37.4 [31.5-43.2]	41.7 [37.0-46.4]	44.3 [38.2-50.5]	37.1 [32.3-42.0]

Beverage choice when drunk in past 30 days

Light beer (4% alcohol content or less)	3.7 [3.3-4.1]	6.2* [3.8-8.6]	11.0* [6.2-15.8]	#	6.5↓* [2.4-10.6]	5.5↓* [2.6-8.4]
Beer (4.1%+ alcohol content)	22.9 [22.1-23.7]	20.1 [16.1-24.1]	34.7 [27.3-42.0] B	4.7* [2.0-7.3]	17.4* [11.1-23.7]	22.3 [17.0-27.6]
Wine	16.3 [15.6-17.1]	13.6 [10.2-17.0]	5.8* [2.2-9.4]	21.8 [16.7-27.0] A	8.1* [3.6-12.6]	16.5↑ [11.8-21.2] C
Hard Seltzer	7.4 [6.9-8.0]	8.8 [6.0-11.7]	5.6* [2.1-9.1]	12.3* [8.2-16.4] A	5.5↑* [1.8-9.3]	10.6* [6.7-14.5]
Coolers or pre-mixed cocktails (with alcohol content of less than 7%)	11.4 [10.8-12.1]	10.1 [7.0-13.1]	#	18.0 [13.2-22.9]	14.3* [8.5-20.1]	7.9* [4.5-11.3]
Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)	7.6 [7.1-8.1]	4.3* [2.3-6.3]	#	6.5↓* [3.4-9.5]	#	4.4* [1.8-7.1]
Cider	1.6 [1.4-1.9]	#	#	#	#	#
Spirits or liquor	28.9 [28.0-29.8]	35.8 [31.0-40.6]	37.0 [29.6-44.5]	34.5↑ [28.6-40.5]	41.9 [33.7-50.0]	32.2 [26.3-38.2]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 10b. Drunkenness, by beverage consumed in past 30 days, CPADS 2021/2022 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

Statistical testing not completed since columns are not independent

Drunkenness

Drunk in past 30 days - among past 30 day drinkers	71.7 [65.4-78.1]	69.5 [↑] [64.1-74.9]	64.9 [60.1-69.8]	74.3 [69.0-79.7]	71.0 [66.0-76.0]	73.1 [67.0-79.1]	72.1 [62.9-81.2]	71.8 [67.6-76.0]
Intentionally got drunk at least once a week in the past 30 days	14.5 [↑] [9.5-19.5]	15.9 [11.6-20.2]	10.1 [7.0-13.2]	16.4 [11.8-20.9]	11.6 [8.0-15.1]	14.7 [9.8-19.5]	12.0* [5.3-18.6]	13.6 [10.4-16.8]

Frequency of being drunk in past 30 days

Once a week or more often	18.2 [12.8-23.7]	18.9 [14.3-23.5]	12.4 [9.0-15.7]	18.0 [13.3-22.7]	13.4 [9.7-17.2]	17.7 [12.5-22.9]	15.4* [8.0-22.8]	15.0 [11.6-18.3]
2 to 3 times in past month	25.8 [19.6-31.9]	24.9 [19.8-29.9]	21.3 [17.1-25.4]	29.0 [23.5-34.5]	24.4 [19.7-29.2]	25.6 [19.6-31.5]	23.0* [14.4-31.6]	25.3 [21.2-29.3]
Once in past month	27.7 [21.4-34.1]	25.8 [20.6-30.9]	31.2 [26.5-35.9]	27.4 [21.9-32.8]	33.2 [28.0-38.4]	29.8 [23.6-36.0]	33.7 [24.0-43.3]	31.5 [↑] [27.2-35.9]
Not in the past 30 days	28.3 [21.9-34.6]	30.5 [↓] [25.1-35.9]	35.1 [30.2-39.9]	25.7 [20.3-31.0]	29.0 [24.0-34.0]	26.9 [20.9-33.0]	27.9 [18.8-37.1]	28.2 [24.0-32.4]

Beverage choice when drunk in past 30 days

Light beer (4% alcohol content or less)	16.2* [10.0-22.4]	8.5 [↓] * [4.5-12.4]	4.0* [1.6-6.5]	8.2* [4.3-12.0]	#	#	#	6.2* [3.5-8.9]
Beer (4.1%+ alcohol content)	31.3 [23.5-39.1]	34.9 [28.2-41.7]	16.0 [11.4-20.6]	13.3* [8.5-18.1]	11.3* [7.1-15.4]	10.8* [5.8-15.8]	14.7* [6.3-23.2]	17.4 [13.2-21.6]
Wine	11.4*	9.3*	21.7	11.8*	14.1	11.8*	17.8*	12.2

	[6.0-16.8]	[5.2-13.4]	[16.5-26.9]	[7.2-16.3]	[9.5-18.7]	[6.6-17.0]	[8.7-26.9]	[8.6-15.8]
Hard Seltzer	7.3* [2.9-11.7]	8.0* [4.1-11.8]	8.7* [5.2-12.2]	18.4 [12.9-23.9]	10.8* [6.7-14.9]	11.9* [6.7-17.2]	#	8.9* [5.7-12.0]
Coolers or pre-mixed cocktails (with alcohol content of less than 7%)	#	#	9.5 [↑] * [5.9-13.2]	13.8* [8.9-18.7]	18.9 [13.7-24.1]	14.0* [8.4-19.6]	#	8.0* [5.0-10.9]
Coolers or pre-mixed cocktails (with alcohol content of 7% or greater)	#	#	4.7* [2.1-7.4]	6.5 [↑] * [3.0-10.0]	6.7* [3.4-9.9]	10.0* [5.1-14.8]	#	4.5 [↓] * [2.2-6.8]
Cider	#	#	#	#	#	#	#	#
Spirits or liquor	26.5 [↑] [19.1-34.0]	31.8 [25.2-38.4]	34.3 [28.4-40.3]	27.0 [20.7-33.3]	34.1 [27.8-40.3]	36.1 [28.3-43.8]	35.9* [24.5-47.3]	41.9 [36.4-47.3]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 11. Drinking location, promotions and expenditure, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Uptake of alcohol promotions in the past 12 months						
Happy hour	30.9 [30.3-31.5]	42.9 [39.8-46.1]	40.5↓ [35.4-45.5]	45.1 [41.3-49.0]	35.9 [31.2-40.7]	47.6 [43.4-51.7] C
Low-priced promotions (e.g. ladies night)	19.9 [19.4-20.4]	23.5↓ [20.8-26.2]	20.8 [16.6-25.0]	25.9 [22.5-29.3]	23.3 [19.1-27.5]	23.1 [19.6-26.7]
Special promotions by alcohol companies	17.6 [17.1-18.1]	18.6 [16.1-21.1]	17.6 [13.7-21.6]	19.5↑ [16.4-22.6]	17.9 [14.1-21.8]	18.6 [15.4-21.9]
Cover charge for unlimited drinks	6.0 [5.7-6.3]	3.6 [2.4-4.8]	3.7* [1.8-5.6]	3.5↑* [2.1-4.9]	4.7* [2.6-6.8]	2.9* [1.5-4.3]
Any alcohol promotion						
Among past 12 month drinkers	44.2 [43.6-44.9]	53.0 [49.9-56.2]	49.6 [44.5-54.7]	56.1 [52.3-60.0] A	50.1 [45.1-55.1]	54.8 [50.7-59.0]
Among heavy drinkers ¹	63.1 [62.1-64.0]	73.1 [68.6-77.5]	69.5↓ [62.2-76.7]	76.8 [71.5-82.0]	70.3 [62.8-77.8]	73.9 [68.3-79.6]
Alcohol expenditure (\$)						
Lowest amount paid for a drink in the past 12 months (average)	6.7 [6.6 - 6.8]	6.3 [6.0 - 6.6]	6.1 [5.6 - 6.6]	6.5↓ [6.1 - 6.9]	6.2 [5.7 - 6.7]	6.2 [5.8 - 6.6]

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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 12. Amount and frequency of alcohol consumption since March of 2020 with the onset of the COVID-19 pandemic, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Change in amount/quantity of alcohol consumed						
Consumed more	28.4 [27.8-29.0]	25.5↓ [22.7-28.2]	26.8 [22.3-31.3]	24.3 [21.0-27.6]	29.9 [25.3-34.4] D	22.3 [18.8-25.7]
Consumed less	31.3 [30.7-31.9]	33.6 [30.6-36.5]	32.5↑ [27.7-37.3]	34.5↑ [30.9-38.2]	28.3 [23.9-32.8]	36.7 [32.7-40.7] C
Consumed the same amount	40.3 [39.6-40.9]	41.0 [37.9-44.1]	40.7 [35.8-45.7]	41.2 [37.3-45.0]	41.8 [36.9-46.7]	41.0 [36.9-45.1]
Change in frequency of alcohol consumption						
More frequently	27.0 [26.4-27.5]	25.1 [22.4-27.8]	24.7 [20.3-29.1]	25.4 [22.1-28.8]	27.7 [23.3-32.1]	23.1 [19.6-26.6]
Less frequently	35.1 [34.5-35.7]	39.8 [36.7-42.9]	39.1 [34.2-44.1]	40.4 [36.6-44.2]	36.7 [31.9-41.5]	41.7 [37.6-45.8]
Same frequency	37.9 [37.3-38.6]	35.1 [32.1-38.1]	36.2 [31.3-41.0]	34.1 [30.5-37.8]	35.6 [30.9-40.3]	35.2 [31.3-39.2]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

**Table 13. Reasons why more alcohol was consumed during COVID-19, by sex and year of study, CPADS 2021/2022
University of Manitoba**

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Boredom	48.5↑ [47.3-49.7]	51.3 [45.0-57.6]	54.0 [44.2-63.7]	48.6 [40.7-56.6]	32.8 [24.4-41.2]	67.9 [59.4-76.3] C
Lack of regular schedule	40.8 [39.7-42.0]	47.2 [40.9-53.5]	48.4 [38.6-58.1]	46.0 [38.0-53.9]	35.8 [27.3-44.4]	57.3 [48.3-66.2] C
More social gatherings (online or at home)	38.4 [37.2-39.6]	31.9 [26.0-37.8]	24.7 [16.3-33.1]	39.1 [31.3-46.9] A	38.5↓ [29.8-47.2] D	25.8 [17.9-33.8]
Stress	35.6 [34.4-36.8]	40.6 [34.4-46.8]	41.5↑ [31.9-51.2]	39.6 [31.9-47.4]	33.8 [25.4-42.3]	47.2 [38.1-56.3] C
Depression/low-mood	35.5↓ [34.3-36.6]	38.7 [32.5-44.8]	40.7 [31.1-50.3]	36.6 [28.9-44.3]	36.1 [27.5-44.7]	40.5↑ [31.6-49.4]
Anxiety	29.8 [28.7-30.9]	32.5↓ [26.6-38.4]	37.3 [27.9-46.7]	27.6 [20.5-34.8]	27.8 [19.8-35.8]	36.8 [28.0-45.5]
Loneliness	23.4 [22.3-24.4]	26.2 [20.7-31.8]	30.5↓ [21.5-39.5]	21.9 [15.4-28.5]	24.4 [16.8-32.1]	28.1 [20.0-36.3]
Turn to legal drinking age	6.7 [6.1-7.3]	7.4* [4.1-10.6]	#	8.7* [4.2-13.2]	15.5↓* [9.0-22.0]	#
Started college/university	1.1 [0.9-1.4]	#	#	#	#	#
Other	8.1 [7.5-8.8]	8.1* [4.6-11.5]	7.8* [2.5-13.0]	8.4* [4.0-12.8]	10.2* [4.8-15.6]	6.3* [1.9-10.8]

No reason	5.3 [4.7-5.8]	7.0* [3.8-10.2]	8.3* [2.9-13.7]	#	9.3* [4.1-14.5]	#
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[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 14. Reasons why less alcohol was consumed during COVID-19, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Fewer social gatherings (online or at home)	76.4 [75.4-77.4]	78.7 [74.3-83.1]	73.3 [65.4-81.2]	83.3 [78.5-88.1] A	69.4 [60.7-78.0]	84.9 [80.1-89.7] C
Trying to save money	16.3 [15.5-17.2]	21.1 [16.7-25.6]	26.0 [18.1-33.8]	17.0 [12.1-21.9]	15.6* [8.8-22.4]	24.5↓ [18.7-30.3] C
Living at home with parents	11.7 [10.9-12.4]	13.8 [10.1-17.6]	12.0* [6.2-17.8]	15.4* [10.7-20.0]	12.5↑* [6.3-18.7]	15.1 [10.3-19.9]
Depression/low-mood	9.1 [8.4-9.7]	9.2 [6.1-12.4]	6.8* [2.3-11.3]	11.3* [7.2-15.4]	10.2* [4.5-15.9]	8.6* [4.9-12.4]
Lack of regular schedule	8.7 [8.1-9.4]	10.7 [7.3-14.0]	9.3* [4.1-14.5]	11.8* [7.6-16.0]	14.3* [7.7-20.8]	8.7* [4.9-12.5]
Anxiety	6.8 [6.2-7.4]	6.2* [3.6-8.8]	#	8.9* [5.2-12.6]	#	6.0* [2.8-9.2]

Stress	6.2 [5.7-6.8]	5.3* [2.9-7.8]	#	7.4* [4.0-10.8]	#	5.2* [2.2-8.2]
Health concerns / wanting to be healthier / Other health issues	5.2 [4.7-5.7]	6.2* [3.6-8.8]	7.8* [3.0-12.6]	4.8* [2.0-7.6]	#	6.6* [3.3-10.0]
More difficulty accessing it	4.3 [3.9-4.8]	3.0* [1.1-4.8]	#	#	#	#
Lost interest in alcohol / don't like it anymore / didn't feel the need to drink	3.4 [2.9-3.8]	#	#	#	#	#
Pregnancy / Had/want a baby / Breastfeeding / became a parent	0.6 [0.4-0.8]	#	#	#	#	#
School / studies / get better grades	0.5↑ [0.4-0.7]	#	#	#	#	#
Pub/clubs/ closed or reduced capacity (go out less)	0.5↓ [0.3-0.6]	#	#	#	#	#
Other	3.7 [3.2-4.1]	#	#	#	#	#
No reason	9.2 [8.5-9.9]	10.2 [6.9-13.4]	10.3* [4.9-15.8]	10.0* [6.1-13.9]	16.0* [9.1-22.9] D	6.8* [3.4-10.2]

[95% confidence intervals in brackets]

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* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 15. Where and with whom students consumed alcohol with most often during the past 30 days, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Whom students consumed alcohol with most often during the past 30 days						
Off campus	95.9 [95.6-96.2]	98.5↓ [97.6-99.4]	97.9 [96.2-99.5]	99.1 [98.2-99.9]	97.3 [95.5-99.2]	99.2 [98.4-100.0]
On campus	4.1 [3.8-4.4]	1.5↑* [0.6-2.4]	#	#	#	#
Whom students consumed alcohol with most often during the past 30 days						
With friend(s) or close friend(s)	54.9 [54.2-55.7]	53.1 [49.5-56.7]	52.8 [47.0-58.5]	53.5↓ [49.1-57.9]	55.3 [49.6-60.9]	51.6 [46.9-56.3]
With partner, boyfriend, girlfriend	19.9 [19.3-20.4]	17.5↓ [14.7-20.2]	13.2 [9.3-17.1]	21.6 [17.9-25.2] A	13.8 [9.9-17.8]	19.9 [16.2-23.7] C
With school colleagues	1.2 [1.1-1.4]	#	#	#	#	#
With work colleagues	0.7 [0.5-0.8]	#	#	#	#	#
With family	13.1 [12.7-13.6]	15.6 [12.9-18.2]	14.7 [10.7-18.8]	16.3 [13.0-19.6]	18.8 [14.3-23.3]	13.6 [10.4-16.9]
Alone	9.5↓ [9.1-9.9]	11.7 [9.4-14.0]	17.0 [12.7-21.3] B	6.5↑* [4.3-8.7]	10.6 [7.1-14.1]	12.3 [9.2-15.3]
Other	0.7 [0.5-0.8]	#	#	#	#	#

[95% confidence intervals in brackets]

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 16a. Alcohol related harms due to own drinking in the past 30 days, by sex and year of study, CPADS 2021/2022 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	5.8 [5.5-6.1]	3.7 [2.5-5.0]	4.4* [2.3-6.5]	3.1* [1.8-4.5]	3.0* [1.3-4.7]	4.2* [2.6-5.9]
Had a hangover	25.1 [24.5-25.7]	22.7 [20.0-25.3]	23.7 [19.3-28.0]	21.8 [18.6-25.0]	19.2 [15.3-23.1]	25.2 [21.6-28.8] C
Less energy or felt tired	18.9 [18.4-19.4]	13.8 [11.6-16.0]	15.4 [11.7-19.2]	12.3 [9.7-14.9]	10.3 [7.3-13.4]	15.8 [12.7-18.8] C
Drank on nights when planned not to	15.7 [15.2-16.2]	11.7 [9.7-13.7]	12.3 [9.0-15.7]	11.2 [8.7-13.6]	10.6 [7.6-13.7]	12.1 [9.4-14.9]
Said or did embarrassing things	13.6 [13.1-14.0]	11.6 [9.6-13.6]	11.7 [8.4-15.0]	11.5↑ [9.0-14.0]	12.1 [8.9-15.3]	11.1 [8.5-13.7]
Felt sick to my stomach or threw up	11.8 [11.4-12.2]	10.5↑ [8.6-12.5]	9.6 [6.6-12.6]	11.4 [9.0-13.9]	11.1 [8.0-14.3]	9.9 [7.4-12.4]
Needed larger amounts to feel effect	8.6 [8.3-9.0]	6.9 [5.3-8.6]	9.2 [6.2-12.1] B	5.0* [3.3-6.7]	5.8* [3.4-8.1]	7.8 [5.6-10.1]
Felt badly about myself	8.7	5.6	5.6*	5.6*	3.7*	6.9

	[8.4-9.1]	[4.1-7.1]	[3.2-7.9]	[3.8-7.4]	[1.8-5.6]	[4.8-9.1] C
Took foolish risks	5.9 [5.6-6.2]	4.1 [2.8-5.4]	4.6* [2.4-6.7]	3.7* [2.2-5.2]	3.4* [1.6-5.2]	4.6* [2.8-6.3]
Did impulsive things	6.7 [6.4-7.1]	4.8 [3.4-6.1]	5.5↑* [3.2-7.9]	4.0* [2.5-5.6]	3.2* [1.5-5.0]	5.6 [3.7-7.6]
Found it difficult to limit amount consumed	7.0 [6.6-7.3]	5.2 [3.8-6.6]	5.9* [3.5-8.4]	4.5↓* [2.9-6.1]	4.0* [2.1-6.0]	5.9 [3.9-7.9]
Have put on weight	5.0 [4.7-5.3]	4.4 [3.1-5.8]	6.9* [4.2-9.5] B	2.2* [1.0-3.4]	#	6.1 [4.0-8.2]
Spent too much time drinking	5.3 [5.0-5.6]	3.0* [1.9-4.1]	4.1* [2.0-6.1]	2.0* [0.9-3.1]	#	3.9* [2.3-5.5]
Missed work or classes	3.8 [3.5-4.0]	2.5↓* [1.5-3.4]	2.8* [1.1-4.4]	2.2* [1.0-3.3]	2.9* [1.3-4.6]	1.9* [0.7-3.0]
Became rude or obnoxious	2.9 [2.7-3.1]	2.1* [1.2-3.0]	3.1* [1.3-4.9]	#	#	1.9* [0.8-3.1]
Neglected obligations to family, work or school	4.0 [3.8-4.3]	2.0* [1.1-2.9]	2.0* [0.6-3.4]	2.0* [0.9-3.1]	#	2.3* [1.0-3.5]
Quality of work or school work suffered	3.5↑ [3.3-3.8]	2.4* [1.4-3.4]	2.8* [1.1-4.5]	2.0* [0.9-3.1]	2.3* [0.8-3.8]	2.2* [1.0-3.4]
Passed out	3.3 [3.1-3.6]	3.1* [2.0-4.2]	4.4* [2.3-6.4]	2.0* [0.9-3.1]	3.4* [1.6-5.2]	2.8* [1.5-4.2]
Harm to physical appearance	2.8 [2.6-3.0]	2.5↓* [1.5-3.5]	3.7* [1.7-5.6]	#	#	3.2* [1.7-4.7]
Got into sexual situations that I later regretted	2.3 [2.1-2.5]	2.1* [1.2-3.0]	2.1* [0.6-3.5]	2.1* [1.0-3.2]	2.3* [0.8-3.8]	1.8* [0.7-3.0]

Drinking created problem with partner/spouse/family	1.8 [1.6-1.9]	1.4* [0.6-2.1]	#	#	#	2.1* [0.9-3.2]
Woke up in unexpected place	1.5↑ [1.4-1.7]	#	#	#	#	#
Needed a drink after woke up	1.9 [1.7-2.1]	1.3* [0.6-2.0]	#	1.6* [0.6-2.6]	#	1.7* [0.6-2.8]
Drove a motor vehicle when drank too much	0.7 [0.6-0.8]	#	#	#	#	#
Had trouble with the police	0.3 [0.2-0.3]	#	#	#	#	#
Had used drugs that I had not planned to use	3.9 [3.7-4.2]	2.9* [1.8-4.0]	3.2* [1.4-5.0]	2.7* [1.4-3.9]	#	3.4* [1.9-5.0]
Myself or someone else have been physically injured	2.1 [1.9-2.3]	1.5↑* [0.8-2.3]	1.8* [0.5-3.2]	#	#	#
Needed to seek help for acute intoxication	0.2 [0.2-0.3]	#	#	#	#	#
Any harm	44.0 [43.3-44.7]	39.6 [36.4-42.8]	41.4 [36.2-46.6]	38.0 [34.1-41.9]	36.7 [31.7-41.6]	41.3 [37.0-45.6]
Any harm - among heavy drinkers¹	76.9 [76.1-77.7]	73.8 [69.3-78.3]	74.3 [67.3-81.3]	73.4 [67.8-78.9]	70.7 [63.1-78.3]	75.6 [70.0-81.2]

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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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

Table 16b. Alcohol related harms due to own drinking in the past 30 days, by sex and year of study, CPADS 2021/2022 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	7.3 [7.0-7.6]	4.4 [3.1-5.7]	4.8* [2.6-7.0]	4.0* [2.5-5.5]	4.4* [2.4-6.5]	4.1* [2.5-5.8]
Sexual situations later regretted	2.3 [2.1-2.5]	2.1* [1.2-3.0]	2.1* [0.6-3.5]	2.1* [1.0-3.2]	2.3* [0.8-3.8]	1.8* [0.7-3.0]
Dependence ²	13.5↑ [13.1-14.0]	10.8 [8.8-12.8]	13.2 [9.6-16.7]	8.7 [6.5-11.0]	9.0 [6.1-11.8]	12.1 [9.3-14.8]
Acute physical effects ³	35.3 [34.7-36.0]	31.0 [28.0-34.0]	33.6 [28.7-38.6]	28.6 [25.0-32.3]	26.2 [21.7-30.7]	34.0 [30.0-38.1]
Driving intoxicated	0.7 [0.6-0.8]	#	#	#	#	#

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 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)

³ Acute physical effects**

*Acute physical effects defined as experiencing:

*ahs_k: 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

Table 17a. Alcohol related harms due to others drinking in the past 30 days, [among all respondents], by sex and year of study, CPADS 2021/2022 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	6.0 [5.7-6.2]	4.1 [3.0-5.2]	4.3* [2.5-6.1]	3.9* [2.5-5.2]	5.0* [3.1-6.9]	3.5↑* [2.2-4.9]
Affected sleep	6.2 [5.9-6.5]	3.7 [2.6-4.8]	3.8* [2.1-5.5]	3.6* [2.3-4.9]	4.1* [2.4-5.9]	3.3* [2.0-4.7]
Interrupted studies	3.5↑ [3.3-3.8]	1.6* [0.9-2.3]	1.8* [0.6-3.0]	1.4* [0.6-2.2]	1.9* [0.7-3.0]	1.5↓* [0.6-2.4]
Caused an argument with you	3.0 [2.8-3.2]	2.4* [1.5-3.2]	2.9* [1.4-4.3]	1.9* [1.0-2.9]	2.6* [1.3-4.0]	2.3* [1.1-3.4]
Made you feel unsafe	2.4 [2.3-2.6]	0.9* [0.4-1.4]	#	#	#	#

Harassed or bothered you	2.2 [2.1-2.4]	1.5↓* [0.8-2.2]	1.9* [0.7-3.1]	#	#	1.5↑* [0.6-2.4]
Messed up living space	2.0 [1.8-2.1]	#	#	#	#	#
Pushed hit or assaulted you	0.9 [0.8-1.0]	#	#	#	#	#
Sexually harassed or assaulted you	0.8 [0.7-0.9]	#	#	#	#	#
Upset or disappointed you	5.4 [5.2-5.7]	3.3 [2.3-4.3]	3.5↓* [1.8-5.1]	3.1* [1.9-4.4]	3.8* [2.1-5.4]	2.9* [1.7-4.2]
Caused a problem in your friendship or relationship	2.5↑ [2.3-2.7]	2.0* [1.2-2.7]	1.9* [0.7-3.1]	2.0* [1.0-3.0]	2.2* [1.0-3.5]	1.8* [0.8-2.8]
Any harm	14.8 [14.3-15.2]	9.5↑ [7.9-11.2]	9.6 [7.0-12.3]	9.5↓ [7.4-11.5]	10.7 [8.0-13.4]	8.7 [6.5-10.9]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 17b. Alcohol related harms due to others' drinking in the past 30 days, [among all respondents], by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Sexual assault ¹	0.8 [0.7-0.9]	#	#	#	#	#
Violence ²	3.2 [3.0-3.4]	1.6* [0.9-2.3]	2.0* [0.7-3.2]	#	1.7* [0.6-2.8]	1.5 [↑] * [0.6-2.5]
Disruption ³	8.1 [7.8-8.4]	4.1 [3.0-5.3]	4.3* [2.5-6.1]	3.9* [2.6-5.3]	4.4* [2.6-6.2]	3.9* [2.5-5.4]

1 Sexual assault defined as being sexually harassed or sexually assaulted you in the past 30 days (aho_g)

2 Violence defined as being made you feel unsafe (aho_c)--pushed, hit or assaulted (aho_f), sexually harassed or sexually assaulted you (aho_g) in the past 30 days.

3 Disruption includes interrupted studies (aho_a), affected sleep (aho_b), messed up your living space or ruined your belongings (aho_d)"

[95% confidence intervals in brackets]

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High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 18. 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 2021/2022 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	35.1 [34.4-35.8]	37.1 [33.6-40.6]	35.5 [↑] [30.0-41.0]	38.6 [34.2-42.9]	33.1 [27.7-38.5]	40.0 [35.4-44.6]
Determined, in advance, not to exceed a set number of drinks	28.4 [27.8-29.0]	28.2 [25.0-31.5]	26.7 [21.6-31.8]	29.7 [25.6-33.7]	31.9 [26.5-37.3]	26.3 [22.2-30.4]
Ate before and/or during drinking	77.9 [77.3-78.5]	79.8 [76.9-82.7]	79.8 [75.2-84.5]	79.7 [76.1-83.3]	77.9 [73.2-82.7]	81.1 [77.4-84.8]
Had a friend let you know when you've had enough	17.2 [16.7-17.8]	14.4 [11.8-16.9]	14.5 [↓] [10.4-18.5]	14.2 [11.1-17.4]	17.3 [13.0-21.7]	12.3 [9.2-15.4]
Kept track of how many drinks you were having	56.7 [55.9-57.4]	61.3 [57.8-64.8]	60.1 [54.5-65.7]	62.5 [↓] [58.2-66.8]	62.4 [56.8-67.9]	61.1 [56.6-65.7]
Paced your drinks to 1 or fewer per hour	27.8 [27.2-28.4]	26.1 [22.9-29.3]	20.9 [16.2-25.6]	31.1 [26.9-35.2] A	24.3 [19.4-29.3]	27.2 [23.0-31.4]
Avoided drinking games	21.6 [21.0-22.2]	15.1 [12.5-17.7]	16.1 [11.8-20.3]	14.1 [11.0-17.2]	18.7 [14.2-23.2] D	12.7 [9.6-15.8]
Stopped drinking at least 1-2 hours before going home	33.3 [32.6-34.0]	37.1 [33.6-40.6]	36.9 [31.3-42.5]	37.3 [33.0-41.6]	37.3 [31.7-42.9]	37.1 [32.6-41.7]
Limited money spent on alcohol	48.6 [47.9-49.3]	51.2 [47.5-54.8]	50.3 [44.5-56.1]	52.0 [47.5-56.4]	53.5 [↑] [47.8-59.3]	49.4 [44.7-54.1]
Only drank alcohol in safe environments	81.8 [81.3-82.4]	83.8 [81.2-86.5]	80.1 [75.5-84.7]	87.4 [84.5-90.4]	85.8 [81.8-89.8]	82.4 [78.8-86.0]

				A		
Made your own drinks	58.7 [58.0-59.4]	60.7 [57.2-64.2]	63.3 [57.8-68.9]	58.2 [53.8-62.6]	59.1 [53.5-64.8]	61.8 [57.2-66.3]
Avoided hard liquor or spirits	22.4 [21.8-23.0]	18.2 [15.5-21.0]	16.6 [12.3-20.9]	19.8 [16.3-23.4]	16.2 [12.0-20.5]	19.6 [15.9-23.4]
Refused a drink from a stranger	49.7 [49.0-50.4]	44.9 [41.3-48.5]	40.3 [34.7-46.0]	49.2 [44.7-53.6]	46.3 [40.6-52.0]	43.8 [39.2-48.5]
Never left a drink unattended	60.9 [60.2-61.6]	60.1 [56.5-63.7]	49.5↓ [43.6-55.3]	70.1 [66.0-74.2]	58.2 [52.5-63.9]	62.0 [57.4-66.6]
Drank an alcohol look-alike	5.3 [5.0-5.6]	3.2* [1.9-4.5]	2.5↑* [0.7-4.4]	3.8* [2.1-5.6]	4.9* [2.3-7.4]	1.9* [0.6-3.3]
Carried around a cup but did not drink any alcohol	7.7 [7.3-8.1]	6.3 [4.6-8.1]	5.0* [2.5-7.6]	7.6* [5.2-9.9]	8.0* [4.9-11.1]	5.2* [3.1-7.3]
Avoided situations where there was alcohol	6.8 [6.4-7.1]	4.7 [3.2-6.3]	4.7* [2.3-7.1]	4.7* [2.9-6.6]	8.0* [4.9-11.2]	2.5↑* [1.1-4.0]
Used a designated driver	63.1 [62.4-63.8]	73.6 [70.4-76.8]	70.0 [64.8-75.3]	77.0 [73.3-80.8]	75.7 [70.8-80.7]	72.5↑ [68.4-76.7]
Avoided getting in a car with someone who had been drinking	67.9 [67.2-68.5]	62.5↓ [58.9-66.0]	56.5↓ [50.8-62.2]	68.1 [64.0-72.3]	64.1 [58.6-69.7]	61.2 [56.7-65.8]
Any alcohol protective behaviours	96.5↑ [96.3-96.8]	97.8 [96.8-98.9]	97.5↑ [95.7-99.3]	98.1 [96.9-99.3]	98.7 [97.4-100.0]	97.4 [95.9-98.9]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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

Table 19. Alcohol impaired driving, within 2 hours of consuming 2 or more drinks, by sex and year of study, CPADS 2021/2022 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 drinking¹						
Among all respondents	14.1 [13.6-14.5]	18.2 [15.9-20.4]	18.9 [15.3-22.5]	17.5↓ [14.7-20.2]	15.3 [12.1-18.5]	20.1 [17.1-23.2] C
Among past 12 month drinkers	17.2 [16.7-17.7]	22.2 [19.5-24.9]	23.2 [18.8-27.6]	21.2 [17.9-24.5]	19.3 [15.2-23.4]	23.9 [20.3-27.5]
Among past 12 month non-drinkers	3.5↑ [2.8-4.3]	#	#	#	#	#
Drove a vehicle after drinking²						
Among past 12 month drinkers	11.1 [10.6-11.5]	15.0 [12.5-17.5]	18.6 [14.3-22.9] B	11.5↑ [8.8-14.3]	10.0 [6.7-13.3]	17.5↑ [14.1-20.9] C

[95% confidence intervals in brackets]

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High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 20. Reported education campaigns and public health or safety messages about cannabis, [among all respondents], by sex and year of study, CPADS 2021/2022 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	37.7 [37.2-38.3]	36.5↓ [33.7-39.3]	38.2 [33.8-42.6]	40.7 [36.1-45.2]	32.6 [29.2-36.0]	34.2 [29.9-38.5]	38.1 [34.3-41.9]
Social media	53.9 [53.3-54.5]	58.9 [56.0-61.8]	64.8 [60.5-69.1]	59.4 [54.8-64.0]	58.5↑ [54.9-62.1]	58.6 [54.1-63.0]	58.9 [55.1-62.8]
Non-social media websites	15.2 [14.7-15.6]	14.8 [12.7-16.9]	16.9 [13.5-20.3]	16.6 [13.2-20.1]	13.1 [10.6-15.5]	14.3 [11.1-17.4]	15.3 [12.4-18.1]
Events (sporting events, concerts, festivals or markets)	8.6 [8.2-8.9]	11.2 [9.3-13.0]	13.8 [10.7-16.9]	12.5↓ [9.4-15.6]	9.9 [7.8-12.1]	9.9 [7.2-12.5]	11.9 [9.4-14.5]
Kiosks or temporary sales locations	6.0 [5.7-6.3]	10.4 [8.6-12.2]	16.0 [12.7-19.3]	11.7 [8.7-14.7]	9.2 [7.1-11.3]	10.5↑ [7.7-13.3]	9.9 [7.5-12.2]
Inside/outside legal cannabis stores	19.9 [19.4-20.3]	27.6 [25.0-30.2]	43.3 [38.8-47.7]	28.5↑ [24.3-32.7]	26.8 [23.5-30.0]	22.6 [18.9-26.4]	31.0 [27.3-34.6]
Public display of posters or billboards	30.3 [29.7-30.8]	44.1 [41.2-47.0]	53.9 [49.4-58.4]	43.0 [38.4-47.6]	45.1 [41.5-48.8]	36.2 [31.9-40.5]	49.7 [45.8-53.6]
Health care setting	23.7 [23.2-24.2]	25.1 [22.5-27.6]	28.3 [24.3-32.4]	22.5↑ [18.6-26.4]	27.5↑ [24.3-30.8]	23.1 [19.3-26.9]	26.1 [22.6-29.5]
Print newspapers or magazines	7.8 [7.5-8.1]	9.3 [7.6-11.0]	11.8 [8.9-14.7]	11.8 [8.7-14.8]	7.0 [5.2-8.9]	8.9 [6.3-11.5]	9.4 [7.1-11.7]
TV/radio	31.2 [30.7-31.8]	33.0 [30.3-35.8]	34.3 [30.0-38.5]	36.0 [31.6-40.5]	30.2 [26.9-33.6]	29.9 [25.8-34.1]	35.6 [31.8-39.3]
Inside/outside illegal cannabis stores	3.2 [3.0-3.4]	3.0 [2.0-4.1]	3.6* [2.0-5.3]	2.9* [1.3-4.5]	3.2* [1.9-4.5]	3.3* [1.7-5.0]	2.9* [1.6-4.2]

Inside/outside illegal cannabis stores	4.4 [4.1-4.6]	3.9 [2.8-5.0]	5.4* [3.4-7.4]	3.6* [1.9-5.4]	4.2* [2.7-5.6]	3.8* [2.1-5.5]	3.9* [2.3-5.4]
Inside/outside illegal cannabis stores	7.0 [6.7-7.3]	6.7 [5.2-8.1]	7.9 [5.4-10.3]	6.0 [3.8-8.2]	7.3 [5.4-9.2]	6.7 [4.4-8.9]	6.9 [4.9-8.8]
Other	0.5↑ [0.5-0.6]	#	#	#	#	#	#
I didn't notice any education campaigns or public health messages	24.3 [23.7-24.8]	18.8 [16.5-21.1]	12.1 [9.2-15.0]	18.6 [14.9-22.2]	19.1 [16.3-22.0]	20.3 [16.7-23.9]	17.7 [14.7-20.7]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 21. Awareness and effectiveness of health warning messages on cannabis products/packages or on Health Canada's website, by sex and year of study, CPADS 2021/2022 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		
Where health warning messages have been seen in the past 12 months							
Saw on cannabis products/packages	33.6 [33.0-34.1]	35.4 [32.7-38.0]	64.1 [60.0-68.3]	39.1 [34.8-43.4]	31.8 [28.6-35.0]	33.0 [28.9-37.0]	37.1 [33.5-40.7]
Saw on Health Canada's website	14.6 [14.2-15.0]	12.5↑ [10.7-14.4]	13.3 [10.3-16.2]	12.5↓ [9.6-15.4]	12.6 [10.3-14.9]	10.1 [7.5-12.7]	14.3 [11.7-17.0]
Did not see	60.5↓ [59.9-61.0]	59.2 [56.4-61.9]	33.3 [29.2-37.4]	55.2 [50.8-59.6]	63.0 [59.6-66.3]	61.8 [57.6-66.0]	57.1 [53.3-60.8]
Was the information you saw in the health warning messages credible/believable?							
Yes	77.4 [76.6-78.2]	75.0 [71.2-78.8]	76.1 [71.6-80.6]	74.1 [68.3-79.9]	76.0 [71.2-80.9]	73.9 [67.8-80.0]	76.1 [71.2-81.0]
Somewhat	12.1 [11.5-12.7]	12.9 [10.0-15.9]	14.2 [10.5-18.0]	13.6 [9.1-18.2]	12.1* [8.4-15.9]	13.4* [8.6-18.1]	12.0 [8.2-15.7]
No	2.2 [1.9-2.5]	2.0* [0.7-3.2]	#	#	#	#	#
Don't know/Not sure	8.3 [7.8-8.8]	10.1 [7.4-12.7]	7.9* [5.1-10.8]	9.5↓* [5.6-13.4]	10.8* [7.2-14.3]	11.7* [7.2-16.2]	9.3* [6.0-12.7]
Have the health warning messages increased your knowledge of the potential harms related to cannabis use?							
Yes	45.9 [45.0-46.8]	49.5↑ [45.1-53.9]	47.5↓ [42.1-52.8]	52.6 [46.0-59.2]	46.0 [40.3-51.7]	52.9 [45.9-59.8]	47.7 [42.0-53.5]
Somewhat	22.8	24.7	24.7	23.6	25.9	23.3	26.1

	[22.0-23.6]	[20.9-28.5]	[20.1-29.3]	[18.0-29.2]	[20.9-30.9]	[17.4-29.2]	[21.0-31.2]
No	25.7 [24.9-26.5]	20.5↑ [17.0-24.1]	23.6 [19.0-28.1]	21.1 [15.7-26.5]	19.9 [15.3-24.4]	19.1 [13.6-24.5]	20.7 [16.0-25.3]
Don't know/Not sure	5.6 [5.2-6.0]	5.3* [3.3-7.2]	4.3* [2.1-6.4]	#	8.2* [5.1-11.3]	4.8* [1.8-7.8]	5.5↓* [2.8-8.1]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 22. 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 2021/2022 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
Can cannabis smoke be harmful?							
Yes	85.4 [85.0-85.8]	83.2 [81.1-85.3]	84.5↓ [81.3-87.6]	84.2 [81.0-87.5]	82.1 [79.4-84.8]	83.2 [80.0-86.4]	83.4 [80.6-86.2]
No	6.0 [5.7-6.3]	6.3 [4.9-7.6]	6.8 [4.6-9.0]	6.6 [4.4-8.8]	6.0 [4.3-7.6]	6.4 [4.3-8.5]	6.1 [4.3-7.9]
Don't know/not sure	8.7 [8.3-9.0]	10.6 [8.8-12.3]	8.8 [6.3-11.2]	9.2 [6.6-11.7]	11.9 [9.6-14.2]	10.4 [7.8-13.0]	10.5↑ [8.2-12.8]

Can it be harmful to use cannabis when pregnant or breastfeeding?

Yes	89.8 [89.5-90.1]	87.5 [↑] [85.7-89.4]	89.7 [87.0-92.3]	85.0 [81.9-88.2]	89.9 [87.8-92.0] A	87.7 [84.9-90.5]	87.7 [85.2-90.2]
No	1.0 [0.9-1.1]	#	#	#	#	#	#
Don't know/not sure	9.2 [8.9-9.6]	11.9 [10.1-13.7]	9.7 [7.1-12.2]	14.3 [11.2-17.4] B	9.6 [7.5-11.6]	11.2 [8.5-14.0]	12.2 [9.7-14.6]

Can frequent use of cannabis increase the risk of mental health problems?

Yes	79.1 [78.6-79.6]	74.6 [72.1-77.0]	76.1 [72.5-79.8]	74.4 [70.6-78.3]	74.7 [71.6-77.7]	73.5 [↓] [69.7-77.3]	75.8 [72.5-79.0]
No	5.4 [5.1-5.6]	5.4 [4.1-6.7]	7.9 [5.6-10.3]	5.5 [↑] [3.5-7.6]	5.3 [3.8-6.9]	6.2 [4.1-8.2]	4.7 [3.1-6.3]
Don't know/not sure	15.5 [↑] [15.1-16.0]	20.0 [17.8-22.3]	15.9 [12.8-19.1]	20.0 [16.5-23.6]	20.0 [17.2-22.8]	20.4 [16.9-23.8]	19.5 [↑] [16.5-22.5]

Are teenagers at greater risk of harm from using cannabis than adults?

Yes	82.5 [↓] [82.0-82.9]	80.2 [78.0-82.4]	84.1 [80.9-87.2]	78.6 [74.9-82.2]	81.7 [79.1-84.4]	77.5 [↑] [73.9-81.1]	82.5 [↓] [79.6-85.3] C
No	4.5 [↑] [4.3-4.8]	4.6 [3.4-5.8]	5.0* [3.1-6.8]	5.7 [3.6-7.7]	3.6* [2.3-4.9]	5.1* [3.2-7.0]	4.2* [2.7-5.7]
Don't know/not sure	13.0 [12.6-13.4]	15.2 [13.2-17.2]	11.0 [8.3-13.7]	15.8 [12.6-19.0]	14.7 [12.2-17.2]	17.4 [14.1-20.7]	13.4 [10.8-15.9]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 23. Cannabis use, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Cannabis use						
Cannabis - past year	40.9 [40.3-41.5]	42.6 [39.8-45.4]	43.6 [39.2-48.0]	41.6 [38.2-45.1]	39.0 [34.8-43.2]	45.2 [41.4-48.9] C
Mean age of initiation (years)	17.6 [17.5 - 17.7]	17.9 [17.7 - 18.1]	17.6 [17.3 - 17.9]	18.1 [17.8 - 18.4] A	17.4 [17.1 - 17.7]	18.1 [17.8 - 18.4] C
Cannabis - past month use	28.1 [27.6-28.6]	28.7 [26.2-31.3]	30.3 [26.2-34.4]	27.2 [24.1-30.3]	27.8 [23.9-31.7]	29.7 [26.3-33.2]
Cannabis - past 30 day frequency¹						
Not in past 30 days	71.9 [71.4-72.4]	71.3 [68.7-73.8]	69.7 [65.6-73.8]	72.8 [69.7-75.9]	72.2 [68.3-76.1]	70.3 [66.8-73.7]
Monthly- 1 to 3 days per month	13.0 [12.6-13.4]	13.4 [11.5-15.3]	12.8 [9.8-15.8]	14.0 [11.6-16.4]	12.8 [9.9-15.7]	13.9 [11.3-16.5]
Weekly- 1 to 4 days per week	7.3 [7.0-7.6]	7.1 [5.7-8.6]	7.5↓ [5.1-9.8]	6.8 [5.0-8.6]	6.7 [4.5-8.8]	7.6 [5.6-9.6]
Daily/Almost daily- 5+ days per week	7.7 [7.4-8.1]	8.2 [6.6-9.7]	10.0 [7.4-12.7] B	6.4 [4.7-8.1]	8.3 [5.9-10.7]	8.2 [6.1-10.3]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 24. Change in amount of cannabis used since the cannabis law came into effect, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
I use more	45.5↓ [44.6-46.4]	54.0 [49.6-58.3]	52.7 [45.9-59.5]	55.3 [49.9-60.8]	53.6 [46.6-60.6]	54.7 [49.0-60.3]
I use less	13.3 [12.7-13.9]	9.3 [6.8-11.8]	10.7* [6.5-14.9]	7.8* [4.9-10.8]	7.7* [3.9-11.4]	10.1 [6.6-13.5]
I use the same amount	32.1 [31.3-33.0]	26.4 [22.6-30.3]	27.6 [21.5-33.7]	25.2 [20.5-30.0]	25.7 [19.5-31.8]	27.2 [22.1-32.2]
Don't know/Not sure	9.1 [8.6-9.6]	10.3 [7.6-13.0]	9.0* [5.1-12.9]	11.6 [8.1-15.2]	13.1* [8.4-17.9]	8.1* [5.0-11.1]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 25. Amount and frequency of cannabis consumption since March of 2020 with the onset of the COVID-19 pandemic, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Change in amount/quantity of cannabis consumed						
Consumed more	45.3 [44.4-46.2]	53.9 [49.6-58.2]	54.9 [48.2-61.6]	52.9 [47.5-58.3]	58.3 [51.5-65.1]	51.2 [45.5-56.8]
Consumed less	18.7 [18.0-19.4]	15.2 [12.1-18.3]	18.5↓ [13.3-23.7]	11.8 [8.3-15.3]	12.7* [8.1-17.3]	17.3 [13.0-21.5]
Consumed the same amount	36.0 [35.2-36.9]	30.9 [27.0-34.9]	26.7 [20.7-32.6]	35.3 [30.1-40.5]	29.0 [22.7-35.2]	31.6 [26.4-36.8]
Change in frequency of cannabis consumption						
More frequently	43.3 [42.5-44.2]	50.8 [46.5-55.2]	51.4 [44.7-58.1]	50.2 [44.8-55.6]	55.1 [48.3-61.9]	48.1 [42.5-53.7]
Less frequently	20.2 [19.5-20.9]	17.9 [14.6-21.2]	20.5↑ [15.1-25.9]	15.2 [11.3-19.1]	14.9 [10.0-19.8]	20.1 [15.6-24.6]
Same frequency	36.4 [35.6-37.3]	31.3 [27.3-35.3]	28.1 [22.0-34.1]	34.5↑ [29.4-39.7]	30.0 [23.7-36.3]	31.8 [26.5-37.0]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

**Table 26. Reasons why more cannabis was consumed during COVID-19, by sex and year of study, CPADS 2021/2022
University of Manitoba**

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Boredom	61.6 [60.3-62.9]	64.9 [59.3-70.5]	71.7 [63.6-79.7] B	57.7 [50.4-65.1]	62.8 [54.0-71.5]	67.5↓ [60.2-74.7]
Stress	49.1 [47.8-50.4]	48.9 [43.0-54.8]	48.0 [39.1-57.0]	49.8 [42.3-57.3]	48.6 [39.5-57.7]	49.6 [41.9-57.4]
Anxiety	48.9 [47.5-50.2]	48.3 [42.5-54.2]	46.3 [37.4-55.2]	50.4 [43.0-57.9]	51.1 [42.0-60.1]	46.4 [38.6-54.1]
Depression/low-mood	45.8 [44.5-47.1]	46.6 [40.7-52.4]	48.0 [39.0-56.9]	45.1 [37.7-52.6]	47.4 [38.3-56.4]	46.4 [38.7-54.2]
Lack of regular schedule	43.2 [41.9-44.5]	42.0 [36.3-47.8]	45.9 [37.0-54.8]	38.0 [30.7-45.3]	39.5↑ [30.7-48.4]	44.4 [36.7-52.1]
Loneliness	33.2 [31.9-34.4]	34.3 [28.7-39.8]	43.4 [34.5-52.3] B	24.7 [18.2-31.1]	36.7 [27.9-45.4]	33.2 [25.9-40.5]
More social gatherings (online or at home)	25.6 [24.4-26.7]	23.2 [18.3-28.2]	19.4 [12.4-26.5]	27.2 [20.5-33.8]	27.2 [19.2-35.3]	21.0 [14.6-27.3]
Turn to legal age	3.2 [2.7-3.7]	5.4* [2.7-8.0]	6.9* [2.4-11.5]	#	11.7* [5.9-17.6]	#
For fun/curiosity/ First time	3.1 [2.6-3.6]	5.5↑* [2.8-8.2]	6.3* [1.9-10.6]	#	#	#
Help sleeping / insomnia issues	1.9 [1.6-2.3]	#	#	#	#	#

Chronic pain / other health issues	1.4 [1.1-1.7]	#	#	#	#	#
Other	6.3 [5.6-6.9]	6.1* [3.3-8.9]	#	7.3* [3.4-11.2]	#	7.9* [3.7-12.1]
No reason	5.6 [5.0-6.2]	4.9* [2.4-7.4]	#	6.2* [2.6-9.8]	#	6.3* [2.5-10.1]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 27. Reasons why less cannabis was consumed during COVID-19, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Fewer social gatherings (online or at home)	42.5↓ [40.4-44.6]	46.7* [35.4-57.9]	#	#	#	47.7* [33.7-61.7]
Anxiety	17.4 [15.8-19.0]	14.6* [6.7-22.5]	#	#	#	18.2* [7.4-29.0]
Living at home with parents	14.0 [12.5-15.4]	12.3* [4.9-19.7]	#	#	#	#
Trying to save money	12.7 [11.4-14.1]	11.7* [4.5-18.9]	#	#	#	13.5↓* [3.9-23.1]

Depression/low-mood	11.9 [10.6-13.3]	#	#	#	#	#
Stress	11.2 [9.9-12.5]	#	#	#	#	#
Didn't like it / less enjoyable / Quit	8.5↑ [7.4-9.7]	9.6* [3.0-16.3]	#	#	#	#
Lack of regular schedule	7.6 [6.5-8.7]	#	#	#	#	#
More difficulty accessing it	6.5↓ [5.5-7.5]	10.1* [3.3-16.9]	#	#	#	#
Health concerns / wanting to be healthier / Lifestyle changes	4.9 [4.0-5.8]	#	#	#	#	#
Pregnancy / Had a baby / Breastfeeding	#	#	#	#	#	#
Other	5.1 [4.1-6.0]	#	#	#	#	#
No reason	22.1 [20.4-23.9]	30.2* [19.9-40.5]	#	#	#	27.9* [15.3-40.4]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 28. Methods to consume cannabis, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Smoked	74.7 [74.0-75.5]	66.4 [62.3-70.4]	69.2 [63.0-75.4]	63.5↓ [58.3-68.7]	68.7 [62.3-75.1]	65.1 [59.8-70.5]
Eaten it in food	52.3 [51.4-53.2]	63.0 [58.8-67.1]	59.9 [53.3-66.5]	66.1 [61.0-71.2]	62.9 [56.2-69.5]	63.3 [57.9-68.7]
Vapourizer, vape pen or e-cigarette	39.2 [38.4-40.1]	50.8 [46.5-55.1]	53.2 [46.5-59.9]	48.4 [43.0-53.8]	55.9 [49.0-62.7]	48.5↓ [42.9-54.1]
Cannabis oil for oral use	16.0 [15.4-16.7]	14.7 [11.6-17.7]	15.1 [10.3-19.9]	14.2 [10.5-18.0]	11.6* [7.2-16.0]	16.7 [12.5-20.8]
Drank it	12.7 [12.1-13.3]	17.0 [13.8-20.2]	15.6 [10.7-20.5]	18.4 [14.2-22.6]	14.2 [9.4-19.0]	18.0 [13.7-22.3]
Dabbing	4.6 [4.2-4.9]	5.7* [3.7-7.6]	8.6* [4.8-12.4]	#	6.7* [3.2-10.1]	5.2* [2.7-7.7]
Applied to skin	3.3 [3.0-3.7]	3.1* [1.6-4.6]	#	3.5↓* [1.5-5.5]	#	3.8* [1.7-6.0]
Used it some other way	0.6 [0.5-0.8]	#	#	#	#	#

[95% confidence intervals in brackets]

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 29. Vaping cannabis, by sex and year of study, CPADS 2021/2022 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 frequency¹						
Daily (5+ days/week)	15.4 [14.3-16.4]	15.5 [↑] [11.1-19.9]	17.2* [10.3-24.1]	13.6* [8.3-19.0]	14.3* [7.8-20.8]	16.6* [10.6-22.6]
3 or 4 days per week	9.5 [↓] [8.6-10.3]	9.5 [↑] * [6.0-13.1]	7.0* [2.3-11.6]	12.3* [7.2-17.4]	12.2* [6.1-18.2]	7.7* [3.4-12.0]
1 or 2 day(s) per week	12.1 [11.1-13.0]	12.8 [8.8-16.9]	16.7* [9.9-23.6] B	8.5 [↓] * [4.1-12.8]	12.1* [6.1-18.2]	13.5 [↑] * [8.0-19.0]
2 or 3 days in the past 30 days	18.1 [17.0-19.2]	18.4 [13.7-23.1]	17.2* [10.3-24.1]	19.8* [13.6-26.0]	16.9* [10.0-23.8]	18.8 [12.5-25.1]
1 day in the past 30 days	17.4 [16.3-18.5]	17.6 [13.0-22.2]	17.7* [10.7-24.6]	17.6* [11.7-23.5]	17.0* [10.0-23.9]	18.4 [12.1-24.6]
Not in the past 30 days	27.6 [26.3-28.9]	26.1 [20.8-31.4]	24.2 [16.4-32.0]	28.2 [21.1-35.2]	27.6 [19.3-35.8]	25.0 [18.0-31.9]
Cannabis products used when vaping						
Liquid cannabis oil/extract	83.2 [82.2-84.3]	84.0 [79.5-88.4]	83.1 [76.4-89.9]	84.9 [79.3-90.4]	88.7 [82.9-94.5]	80.6 [74.3-87.0]
Dried flower/leaf	36.4 [35.0-37.8]	30.7 [25.2-36.3]	33.1 [24.6-41.6]	28.1 [21.1-35.1]	25.5 [↑] [17.5-33.5]	34.6 [27.0-42.3]
Solids cannabis extract	14.2	11.0*	13.7*	8.0*	11.1*	11.0*

	[13.2-15.2]	[7.2-14.7]	[7.5-19.9]	[3.8-12.2]	[5.4-16.9]	[6.0-16.1]
Other cannabis product	1.4 [1.1-1.8]	#	#	#	#	#

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 30. Cannabis products used in the past 12 months, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2021/2022 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	59.3 [58.3-60.2]	53.6 [49.1-58.1]	61.1 [54.3-68.0] B	46.1 [40.5-51.7]	50.3 [43.1-57.6]	55.9 [50.2-61.7]
Hashish/kief	14.1 [13.5-14.8]	11.3 [8.5-14.2]	16.3 [11.1-21.5] B	6.3* [3.6-9.0]	11.6* [6.9-16.2]	11.1 [7.5-14.7]
Cannabis oil for oral use (e.g., in dropper/syringe, soft gel/capsules, spray bottle)	22.1 [21.3-22.9]	20.1 [16.5-23.7]	23.2 [17.3-29.1]	17.0 [12.8-21.2]	15.7 [10.4-21.0]	22.4 [17.5-27.2]
Cannabis vape pens/cartridges	47.0 [46.0-47.9]	57.9 [53.4-62.3]	58.9 [52.0-65.8]	56.8 [51.3-62.4]	64.7 [57.8-71.6] D	54.3 [48.6-60.1]
Cannabis concentrate/extracts (e.g., shatter, budder, etc.)	11.1 [10.5-11.7]	11.4 [8.6-14.3]	17.2 [11.9-22.5] B	5.7* [3.1-8.3]	8.7* [4.6-12.7]	13.0 [9.1-16.9]
Cannabis edible products (e.g., cookies, candy)	61.6	74.3	72.8	75.7	75.1	74.2

	[60.7-62.5]	[70.3-78.2]	[66.6-79.1]	[70.9-80.5]	[68.8-81.3]	[69.1-79.2]
Cannabis beverages (e.g., cola, tea, coffee)	19.5↓ [18.7-20.2]	27.0 [23.0-30.9]	27.7 [21.4-34.0]	26.2 [21.3-31.2]	22.4 [16.3-28.4]	28.5↑ [23.3-33.8]
Topicals (e.g., lotion, ointment, creams applied to skin)	6.0 [5.5-6.4]	4.7* [2.8-6.5]	3.7* [1.0-6.3]	5.6* [3.1-8.2]	#	5.1* [2.6-7.7]
Other (e.g., seeds, cannabis tincture, suppository, etc.)	1.3 [1.0-1.5]	#	#	#	#	#

¹ Multiple products may have been reported.

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 31. Prevalence of using other substances in combination with cannabis in the past 12 months, [among those who used cannabis in the past 12 months], CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Alcohol	73.7 [72.9-74.5]	74.4 [70.6-78.2]	75.3 [69.5-81.1]	73.5↓ [68.7-78.2]	76.3 [70.5-82.2]	73.5↓ [68.5-78.4]
Tobacco or e-cigarette with nicotine	22.0 [21.3-22.7]	13.3 [10.3-16.2]	14.9 [10.1-19.7]	11.6 [8.1-15.1]	11.7* [7.2-16.1]	14.5↓ [10.5-18.4]
Prescription opioids (e.g., oxy, Dilaudid®, morphine, Demerol®, Tylenol #3®)	4.0 [3.6-4.3]	3.2* [1.7-4.8]	#	4.4* [2.2-6.6]	#	3.0* [1.1-4.9]
Prescription stimulants (e.g., Ritalin®, Concerta®, Adderall®, Dexedrine®)	8.2 [7.7-8.7]	6.4 [4.3-8.5]	7.5↓* [3.9-11.0]	5.4* [2.9-7.8]	5.0* [2.0-7.9]	7.6* [4.6-10.5]
Prescription sedatives/tranquilizers (e.g., diazepam, lorazepam, Valium®, Ativan®, alprazolam, Xanax®, clonazepam, Rivotril®)	3.6 [3.2-3.9]	#	#	#	#	#
Illegal opioids (e.g., heroin, non-pharmaceutical fentanyl)	0.6 [0.5-0.7]	#	#	#	#	#
Illegal stimulants (e.g., cocaine, crack, methamphetamine, ecstasy/MDMA)	6.6 [6.2-7.0]	6.3 [4.2-8.4]	8.2* [4.5-11.9]	4.4* [2.2-6.6]	#	8.2* [5.1-11.2]
Illegal hallucinogens/dissociatives (e.g., LSD, magic mushrooms, PCP)	12.5↑ [11.9-13.1]	12.3 [9.4-15.1]	18.0 [12.8-23.2]	6.5↓* [3.8-9.1]	8.1* [4.4-11.9]	15.3 [11.3-19.4]
Other (e.g., seeds, cannabis tincture, suppository, etc.)	1.3 [1.0-1.5]	3.1* [1.6-4.6]	5.6* [2.5-8.6]	#	#	4.6* [2.3-7.0]
Any illegal drug	15.0	13.6	19.0	8.2*	8.5↓*	17.1

	[14.3-15.6]	[10.7-16.6]	[13.7-24.3] B	[5.2-11.1]	[4.6-12.3]	[12.9-21.3] C
Any prescription drug	11.9 [11.3-12.5]	9.7 [7.1-12.2]	9.2* [5.3-13.1]	10.1* [6.8-13.3]	8.7* [4.8-12.6]	10.3 [6.9-13.7]

¹ Multiple substances may have been reported.

[95% confidence intervals in brackets]

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* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 32. Levels of THC and CBD typically used, [among those who used cannabis in the past 12 months], by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Higher THC, lower CBD	30.9 [30.1-31.7]	37.3 [33.1-41.5]	44.3 [37.6-51.1] B	30.3 [25.3-35.3]	40.0 [33.2-46.8]	35.5↓ [30.1-40.9]
Higher CBD, lower THC	10.7 [10.2-11.3]	7.7 [5.4-10.0]	3.4* [0.9-5.9]	12.0 [8.4-15.5] A	5.2* [2.1-8.3]	9.0* [5.8-12.2]
Equal levels of THC and CBD	12.0 [11.5-12.6]	10.4 [7.7-13.0]	12.2 [7.8-16.7]	8.5↑* [5.5-11.6]	9.2* [5.2-13.2]	11.4 [7.8-15.0]
THC only	7.0 [6.5-7.4]	7.5↓ [5.2-9.8]	9.3* [5.4-13.3]	5.7* [3.2-8.2]	8.0* [4.2-11.7]	6.8* [4.0-9.7]
CBD only	1.9 [1.7-2.2]	#	#	#	#	#

Other	1.0 [0.9-1.2]	#	#	#	#	#
Don't know/not sure	22.9 [22.2-23.7]	22.4 [18.8-26.0]	17.9 [12.7-23.2]	26.8 [22.0-31.6] A	27.4 [21.2-33.5] D	19.3 [14.8-23.7]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 33. 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 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Grow my own/grown for me	3.1 [2.8-3.4]	#	#	#	#	#
From a legal storefront	63.8 [63.0-64.7]	73.5↓ [69.6-77.3]	69.7 [63.5-75.9]	77.2 [72.7-81.7]	69.7 [63.4-76.1]	75.0 [70.1-79.8]
From a legal online source (Health Canada licensed producer, provincial regulated retailer)	5.7 [5.3-6.1]	4.1* [2.4-5.8]	6.7* [3.3-10.1]	#	#	4.4* [2.1-6.7]
From an illegal storefront	1.2 [1.0-1.4]	#	#	#	#	#
From an illegal online source	1.8 [1.5-2.0]	2.4* [1.1-3.7]	3.1* [0.8-5.5]	#	#	#

Shared around a group of friends	6.8 [6.4-7.3]	4.5↓* [2.7-6.3]	4.1* [1.4-6.8]	4.9* [2.6-7.2]	6.5↓* [3.0-9.9]	3.4* [1.4-5.4]
Family member	2.8 [2.5-3.0]	#	#	#	#	#
Friend	12.5↓ [11.9-13.1]	11.5↑ [8.8-14.3]	11.1* [6.8-15.3]	12.0 [8.5-15.5]	13.5↓* [8.7-18.2]	10.7 [7.2-14.1]
Acquaintance	0.5↓ [0.4-0.6]	#	#	#	#	#
Dealer	1.2 [1.0-1.4]	#	#	#	#	#
Other source	0.6 [0.5-0.7]	#	#	#	#	#

[95% confidence intervals in brackets]

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* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 34. 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 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Rarely (less than one day per month)	11.5↓ [10.9-12.1]	11.2 [8.5-13.9]	12.1 [7.7-16.5]	10.3* [7.0-13.6]	15.3 [10.3-20.4] D	8.5↑* [5.4-11.7]
Sometimes (1 to 3 days per month)	5.4 [5.0-5.8]	3.8* [2.2-5.5]	3.8* [1.2-6.4]	3.8* [1.8-5.9]	4.0* [1.3-6.7]	3.8* [1.6-6.0]
Often (weekly)	4.1 [3.8-4.5]	5.0* [3.1-6.9]	7.3* [3.7-10.8]	#	4.8* [1.8-7.7]	5.3* [2.8-7.9]
Always or almost always (most days you attend school)	5.2 [4.8-5.6]	5.8* [3.8-7.9]	5.9* [2.7-9.1]	5.8* [3.3-8.4]	7.9* [4.2-11.7]	4.4* [2.1-6.7]
Have not done this in the past 12 months	73.8 [73.0-74.6]	74.1 [70.3-77.9]	71.0 [64.8-77.2]	77.2 [72.6-81.7]	68.0 [61.5-74.5]	78.0 [73.3-82.6] C

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 35a. Cannabis related harms and signs of dependence, by sex and year of study, [among those who used in the past 3 months], CPADS 2021/2022 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	58.0 [57.0-59.0]	63.8 [59.2-68.3]	68.1 [61.3-75.0]	59.4 [53.5-65.2]	62.3 [55.1-69.5]	64.6 [58.7-70.6]
Health social, legal or financial problems	14.2 [13.6-14.9]	15.2 [11.8-18.6]	19.2 [13.4-25.0] B	11.2* [7.5-15.0]	14.6* [9.4-19.8]	15.4 [10.9-19.9]
Failed expectations	19.9 [19.1-20.7]	18.4 [14.7-22.0]	22.5↑ [16.3-28.7] B	14.2 [10.1-18.4]	16.3 [10.9-21.8]	19.5↑ [14.6-24.5]
Others expressed concern	9.3 [8.7-9.9]	8.1 [5.5-10.6]	8.9* [4.7-13.1]	7.3* [4.2-10.3]	10.2* [5.7-14.7]	6.4* [3.3-9.4]
Failed to control	11.8 [11.1-12.4] A	11.7 [8.7-14.8]	16.0 [10.6-21.3] B	7.5↓* [4.3-10.6]	10.5↑* [6.0-15.0]	12.9 [8.7-17.1]
Any harm	62.0 [61.1-63.0]	66.3 [61.8-70.8]	70.0 [63.2-76.7]	62.6 [56.8-68.3]	65.3 [58.2-72.3]	66.9 [61.1-72.8]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 35b. ASSIST¹ scores [among those who used in the past 12 months], by sex and year of study, CPADS 2021/2022 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	31.1 [30.2-32.0]	28.8 [24.5-33.2]	23.7 [17.3-30.1]	34.0 [28.3-39.7] A	27.1 [20.4-33.8]	30.0 [24.2-35.8]
Moderate-risk of developing problems	62.0 [61.0-63.0]	62.8 [58.1-67.4]	65.8 [58.7-72.9]	59.7 [53.8-65.7]	65.1 [58.0-72.3]	61.4 [55.2-67.6]
High-risk of developing problems/ likely	6.9 [6.4-7.4]	8.4 [5.7-11.1]	10.5↓* [5.9-15.0]	6.3* [3.4-9.2]	7.8* [3.8-11.8]	8.6* [5.1-12.2]

[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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 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 36. Cannabis impaired driving, within 2 hours of using cannabis, by sex and year of study, CPADS 2021/2022 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	30.1 [29.5-30.6]	31.9 [29.2-34.6]	34.1 [29.8-38.5]	29.8 [26.5-33.1]	29.0 [25.0-33.1]	33.9 [30.2-37.5]
Among those who used cannabis in the past 12 months	50.1 [49.2-51.0]	52.0 [47.6-56.5]	54.6 [47.6-61.5]	49.6 [44.1-55.1]	49.8 [42.7-56.8]	52.8 [47.1-58.6]
Among those who did not use in the past 12 months	16.0 [15.4-16.5]	17.0 [14.1-19.8]	18.3 [13.6-23.0]	15.7 [12.3-19.2]	15.7 [11.5-19.8]	18.5↓ [14.4-22.5]
Drove a vehicle after smoking or vaporizing²						
Among those who used cannabis in the past 12 months	14.9 [14.2-15.6]	16.7 [13.3-20.2]	21.4 [15.5-27.3] B	12.0* [8.2-15.7]	15.7* [10.2-21.2]	17.9 [13.3-22.5]

¹ Driven by someone within 2 hours of using cannabis

² Drove a vehicle within 2 hours of smoking or vaping cannabis

[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, 2021/2022 school year

Table 37. Psychoactive pharmaceutical drug use in past 12 months, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Pain Relievers						
Pain reliever use- Past 12 months	24.7 [24.2-25.2]	26.1 [23.6-28.5]	25.4 [21.5-29.2]	26.7 [23.6-29.8]	30.0 [26.0-34.0] D	23.1 [19.9-26.3]
Problematic use of pain relievers- among those who used in the past 12 months	21.9 [20.9-22.8]	19.3 [14.8-23.7]	17.6* [10.7-24.5]	20.8 [15.2-26.4]	23.0 [16.1-29.8]	15.3* [9.6-21.0]
Stimulants						
Stimulant use-Past 12 months	11.0 [10.6-11.3]	7.6 [6.1-9.1]	8.3 [5.8-10.8]	7.0 [5.2-8.8]	6.8 [4.6-9.0]	8.2 [6.1-10.3]
Problematic use of stimulants- among those who used in the past 12 months	30.2 [28.9-31.5]	27.9 [19.7-36.0]	30.1* [17.8-42.5]	25.0* [15.1-34.8]	#	29.3* [18.9-39.7]
Sedatives						
Sedative use - Past 12 months	10.3 [10.0-10.7]	7.3 [5.8-8.8]	3.7* [2.0-5.4]	10.7 [8.6-12.9] A	7.9 [5.6-10.3]	6.9 [5.0-8.8]
Problematic use of sedatives- among those who used in the past 12 months	6.5↑ [5.8-7.2]	5.8* [1.9-9.6]	#	#	#	#
Any pharmaceutical						
Any pharmaceutical¹ - Past 12 months	37.4 [36.8-37.9]	35.6 [32.9-38.3]	33.5↓ [29.2-37.7]	37.6 [34.2-41.0]	39.5↑ [35.2-43.8] D	32.9 [29.3-36.4]
	32.2	29.2	31.8	27.0	29.7	28.8

Problematic use² of any pharmaceutical - among those who used in the past 12 months	[31.3-33.1]	[24.8-33.6]	[24.3-39.3]	[21.8-32.2]	[23.1-36.2]	[22.7-34.9]
Problematic use of any pharmaceutical or over-the-counter medications - among all respondents³	13.2 [12.8-13.6]	11.0 [9.3-12.8]	11.5↑ [8.7-14.4]	10.6 [8.4-12.7]	12.1 [9.3-14.9]	10.2 [7.9-12.5]

¹ Includes use of pain relievers, 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), using more often (frequency) or using in a way other than prescribed (e.g. to get high)- among those who used in the past 12 months. Includes pain relievers, sedatives and stimulant use.

³ Problematic use includes using more (quantity), using more often (frequency) or using in a way other than prescribed (e.g. to get high)- among all respondents. Includes pain relievers, sedatives, stimulants and over-the-counter medication use.

[95% confidence intervals in brackets]

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Source: Canadian Postsecondary Education Alcohol and Drug Use Survey, 2021/2022 school year

Table 38. Primary reason for using psychoactive pharmaceuticals other than prescribed in the past 12 months, by sex and year of study, CPADS 2021/2022 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 +
		A	B	C	D	
Pain relievers						
To help you sleep	43.7 [39.9-47.4]	#	#	#	#	#
To feel better	18.1 [15.2-21.0]	#	#	#	#	#
To improve mood	4.9 [3.3-6.5]	#	#	#	#	#
To cope with stress	11.7	#	#	#	#	#

	[9.3-14.1]					
For the experience	7.1 [5.2-9.0]	#	#	#	#	#
To feel numb	7.7 [5.7-9.7]	#	#	#	#	#
To party with friends	3.4* [2.0-4.8]	#	#	#	#	#
Other reason	3.4* [2.1-4.8]	#	#	#	#	#

Stimulants

To cram for exams	42.7 [39.7-45.7]	#	#	#	#	#
To stay up all night to finish a project	23.2 [20.7-25.8]	#	#	#	#	#
To decrease appetite	5.4 [4.1-6.8]	#	#	#	#	#
For the experience	4.7 [3.4-5.9]	#	#	#	#	#
To get high	6.9 [5.4-8.4]	#	#	#	#	#
To party with friends	9.2 [7.5-10.9]	#	#	#	#	#
Other reason	7.8 [6.2-9.4]	#	#	#	#	#

Sedatives

For the experience	11.0 [6.9-15.0]	#	#	#	#	#
To get high/the feeling they caused	63.1 [56.9-69.4]	#	#	#	#	#
Other reason	10.0 [6.1-13.9]	#	#	#	#	#
To sleep	9.4* [5.6-13.2]	#	#	#	#	#
For stress / anxiety	6.5↓* [3.3-9.7]	#	#	#	#	#

[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, 2021/2022 school year

Table 39a. Current smoking status, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Smoking status						
Have ever smoked a cigarette	43.7 [39.9-47.4]	18.8 [16.6-21.0]	23.1 [19.3-26.8] B	14.8 [12.3-17.3]	14.8 [11.7-17.8]	21.4 [18.3-24.5] C
Have smoked at least 100 cigarettes (about 4 packs) in their life	43.7 [39.9-47.4]	7.0 [5.6-8.4]	8.1 [5.7-10.5]	6.0 [4.3-7.6]	5.9* [3.9-8.0]	7.1 [5.2-9.1]
Past 30 day smoker	43.7 [39.9-47.4]	5.0 [3.7-6.2]	4.9* [3.0-6.8]	5.1 [3.5-6.6]	5.2* [3.3-7.1]	4.7 [3.1-6.3]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 39b. Frequency of smoking, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Past month frequency						
Daily	2.5↓ [2.3-2.6]	0.9* [0.4-1.4]	#	#	#	#
At least once a week	1.6 [1.5-1.8]	0.9* [0.4-1.4]	#	#	#	#
At least once in the past month	4.5↓ [4.2-4.7]	3.2 [2.2-4.2]	3.3* [1.7-4.9]	3.1* [1.9-4.3]	3.2* [1.7-4.7]	3.2* [1.9-4.5]
Did not smoke in the past month	91.4 [91.1-91.7]	95.0 [93.8-96.3]	95.1 [93.2-97.0]	94.9 [93.4-96.5]	94.8 [92.9-96.7]	95.3 [93.7-96.9]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 40. Frequency of vaping and e-cigarette use in the past 30 days, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Past month frequency						
Daily	7.4 [7.1-7.7]	6.0 [4.7-7.3]	5.4 [3.4-7.4]	6.6 [4.9-8.3]	7.2 [5.0-9.4]	5.2 [3.5-6.8]
Less than daily, but at least once a week	3.1 [2.9-3.3]	3.6 [2.6-4.7]	3.9* [2.2-5.6]	3.4* [2.1-4.6]	4.1* [2.4-5.8]	3.4* [2.0-4.7]
Less than weekly, but at least once in the past 30 days	4.6 [4.4-4.9]	4.7 [3.5-5.9]	6.0 [3.9-8.1]	3.4* [2.2-4.7]	5.3* [3.4-7.3]	4.3* [2.8-5.9]
Tried, but did not use in the last 30 days	25.6 [25.1-26.1]	30.6 [28.0-33.2]	32.5 [↑] [28.3-36.7]	28.9 [25.7-32.0]	29.0 [25.1-32.9]	32.0 [28.5-35.5]
I have never tried	59.3 [58.7-59.8]	55.0 [52.2-57.8]	52.2 [47.7-56.7]	57.7 [54.3-61.2]	54.3 [50.0-58.6]	55.1 [51.4-58.9]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

**Table 41. Primary reason for using an e-cigarette or vaping device, by sex and year of study, CPADS 2021/2022
University of Manitoba**

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Reason for use						
Because I enjoy(ed) it	39.5↓ [38.0-40.9]	42.7 [35.5-50.0]	52.0* [41.1-63.0] B	32.4 [23.5-41.3]	42.4* [31.9-52.8]	42.7 [32.6-52.7]
To reduce stress or calm down	14.5↓ [13.4-15.5]	18.5↓ [12.8-24.1]	17.6* [9.2-25.9]	19.4* [11.9-27.0]	16.6* [8.7-24.4]	20.4* [12.2-28.7]
Curiosity, just wanted to try them	11.7 [10.8-12.7]	12.6* [7.7-17.5]	11.7* [4.7-18.8]	13.5↑* [7.0-20.1]	9.2* [3.1-15.4]	15.9* [8.4-23.4]
To quit smoking cigarettes	10.5↓ [9.6-11.4]	#	#	#	#	#
Social/peer pressure	5.3 [4.7-6.0]	7.9* [3.9-11.8]	#	12.4* [6.1-18.7]	10.5↑* [4.0-17.0]	#
For the flavours	5.3 [4.6-5.9]	5.4* [2.1-8.7]	#	#	#	#
To cut down on smoking cigarettes	3.9 [3.3-4.5]	#	#	#	#	#
To avoid returning to smoking	3.1 [2.6-3.6]	#	#	#	#	#
To use when I cannot or am not allowed to smoke	2.8 [2.3-3.3]	#	#	#	#	#
Some other reason	3.4	#	#	#	#	#

	[2.9-4.0]					
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[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 42. Cigarette smoking among students who ever smoked a whole cigarette, by sex and year of study, CPADS 2021/2022 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	27.4 [26.9-28.0]	18.8 [16.6-21.0]	23.1 [19.3-26.8] B	14.8 [12.3-17.3]	14.8 [11.7-17.8]	21.4 [18.3-24.5] C
100 cigarettes (about 4 packs) in their life	12.4 [12.1-12.8]	7.0 [5.6-8.4]	8.1 [5.7-10.5]	6.0 [4.3-7.6]	5.9* [3.9-8.0]	7.1 [5.2-9.1]

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

Daily	9.0 [8.4-9.6]	4.8* [1.9-7.7]	#	#	#	#
Less than daily, but at least once a week	6.0 [5.5-6.5]	4.7* [1.9-7.5]	#	#	#	#
Less than once a week, but at least once in the past month	16.3 [15.5-17.2]	16.9 [11.9-21.9]	14.3* [7.7-20.8]	20.9* [13.6-28.2]	21.7* [12.2-31.2]	14.8* [8.9-20.7]
Not at all	68.7	73.6	78.8	65.8	64.7*	78.0

	[67.7-69.7]	[67.7-79.5]	[71.2-86.5] B	[57.3-74.3]	[53.6-75.7]	[71.1-84.9] C
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[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 43. Use of Illegal drugs in the past 12 months, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Illegal drug						
Cocaine or crack	4.0 [3.7-4.2]	2.7 [1.8-3.7]	3.2* [1.7-4.8]	2.3* [1.2-3.3]	#	3.6* [2.2-5.0]
Non-Prescription Amphetamines	0.7 [0.6-0.8]	#	#	#	#	#
Methamphetamine	0.2 [0.2-0.3]	#	#	#	#	#
Ecstasy or similar designer drugs	2.7 [2.5-2.9]	3.6 [2.5-4.6]	3.5↑* [1.9-5.1]	3.6* [2.3-4.9]	#	4.9 [3.3-6.5]
Salvia	0.1 [0.1-0.2]	#	#	#	#	#
Hallucinogens	8.0 [7.7-8.3]	8.0 [6.5-9.5]	10.8 [8.0-13.5] B	5.3 [3.8-6.9]	5.2* [3.3-7.2]	10.0 [7.8-12.3] C

Sniffed glue, gasoline or other solvents	0.4 [0.3-0.5]	#	#	#	#	#
Heroin	0.1* [0.0-0.1]	#	#	#	#	#
Synthetic cannabinoids	0.2 [0.1-0.2]	#	#	#	#	#
Mephedrone	0.1* [0.0-0.1]	#	#	#	#	#
BZP/TFMPP	0.1* [0.0-0.1]	#	#	#	#	#
Any illegal drug¹	11.2 [10.9-11.6]	10.4 [8.7-12.1]	12.7 [9.8-15.7] B	8.2 [6.3-10.1]	7.5↓ [5.2-9.7]	12.3 [9.8-14.8] C
Any of 6 illegal drugs²	10.7 [10.3-11.0]	10.0 [8.3-11.7]	12.5↑ [9.6-15.5] B	7.6 [5.8-9.5]	6.9 [4.7-9.1]	12.0 [9.6-14.5] C

¹"Any illegal drug" includes any substance listed in Table 34.

² Cocaine/crack, amphetamines/methamphetamine, ecstasy, hallucinogens, heroin.

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 44. Drug related harms¹ in the past 12 months, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Harms						
Physical health	6.5↓ [6.1-6.9]	4.9* [3.2-6.7]	6.1* [3.1-9.1]	3.8* [1.9-5.7]	4.5↑* [1.9-7.2]	5.1* [2.8-7.4]
Difficulty learning things	5.4 [5.0-5.7]	4.6* [2.9-6.3]	6.5↓* [3.3-9.7]	2.8* [1.1-4.4]	4.3* [1.7-6.9]	4.7* [2.4-6.9]
Work, studies, or employment opportunities	5.3 [4.9-5.6]	4.5↑* [2.8-6.2]	5.2* [2.4-8.0]	3.8* [1.9-5.8]	4.2* [1.6-6.8]	4.6* [2.4-6.8]
Financial position	4.4 [4.0-4.7]	2.7* [1.4-4.0]	3.4* [1.1-5.7]	#	#	2.7* [1.0-4.5]
Home life, family or relationship	4.0 [3.7-4.3]	2.8* [1.5-4.2]	3.4* [1.1-5.7]	#	#	3.0* [1.2-4.8]
Friendships or social life	3.9 [3.6-4.2]	2.9* [1.6-4.3]	3.0* [0.8-5.1]	2.9* [1.2-4.6]	#	4.1* [2.0-6.1]
Housing problems	0.6 [0.5-0.7]	#	#	#	#	#
Legal problems	0.4 [0.3-0.5]	#	#	#	#	#
Any harm¹						
Any drug harm to self - total population	6.4 [6.1-6.7]	4.6 [3.4-5.8]	5.7 [3.6-7.8]	3.6* [2.3-4.9]	4.1* [2.4-5.8]	5.0 [3.4-6.7]

Any drug harm to self among those who have used any of 6 drugs²	29.0 [27.3-30.6]	27.4 [18.7-36.0]	29.5↓* [17.2-41.7]	24.0* [12.9-35.0]	#	26.3* [15.5-37.0]
Any drug harm to self among those with problematic use of pharmaceuticals³	22.0 [20.6-23.4]	20.4* [12.8-28.0]	#	16.1* [7.4-24.7]	#	26.0* [14.3-37.6]
Any drug harm to self among those who have used any illegal drug or engaged in problematic use of pharmaceuticals⁴	21.9 [20.8-23.1]	19.4 [13.7-25.0]	22.1* [13.2-31.0]	16.2* [9.5-22.9]	16.3* [8.3-24.2]	21.4* [13.5-29.3]

¹ At least one of 8 harms [among those who have used illegal drugs in the past 12 months], including harm to: physical 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, hallucinogens, heroin) 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, using more often or using other than prescribed (e.g. to get high). 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, methamphetamine, methamphetamine, ecstasy or other similar drugs, hallucinogens excluding salvia, heroin, salvia, glue and other inhalants, synthetic cannabinoids mephedrone, BZP) 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.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 45. Use of other drugs, [among all respondents] by sex and year of study, CPADS 2021/2022 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 [0.9-1.1]	#	#	#	#	#
Used other drugs - past 12 month use ²	1.3 [1.2-1.5]	#	#	#	#	#

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 apart from those mentioned so far?

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 46. Naloxone use by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Naloxone use						
Heard about naloxone	48.4 [47.9-49.0]	46.4 [43.6-49.3]	42.1 [37.7-46.6]	50.5 [↑] [47.0-54.0] A	37.1 [32.9-41.3]	53.2 [49.4-57.0] C
Obtained a naloxone kit in the past 12 months	10.9 [10.4-11.5]	1.7* [0.6-2.8]	#	#	#	2.7* [1.0-4.4]
Main reason for obtaining naloxone:						
In case someone on the street or at a venue needs it	61.0 [58.6-63.5]	#	#	#	#	#
Need it for family, friend	25.0 [22.8-27.2]	#	#	#	#	#
In case anyone needs it (recoded from 'other')	7.1 [5.8-8.4]	#	#	#	#	#
In case you need it for yourself	3.0 [2.1-3.8]	#	#	#	#	#
I need it for work / am required to have one (recoded from 'other')	#	#	#	#	#	#
Other reason	3.9 [2.9-4.8]	#	#	#	#	#

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, data should be suppressed.

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

Table 47. Professional help needs, by sex and year of study, CPADS 2021/2022 University of Manitoba

	National (%)	School-specific (%)				
		Overall	Males	Females	Year of study	
					1 st and 2 nd	3 rd +
		A	B	C	D	
Felt you needed professional help for...						
Alcohol use	3.4 [3.2-3.6]	1.9* [1.1-2.7]	2.3* [1.0-3.6]	1.5 [↑] * [0.7-2.4]	#	2.5 [↓] * [1.3-3.7]
Cannabis use	3.0 [2.8-3.2]	2.4* [1.5-3.2]	3.3* [1.7-4.9] B	1.5 [↓] * [0.6-2.3]	2.1* [0.9-3.4]	2.6* [1.4-3.8]
Drug use	1.5 [↓] [1.4-1.6]	0.8* [0.3-1.3]	#	#	#	1.2* [0.4-2.1]
None of the above	93.5 [↑] [93.3-93.8]	95.7 [94.6-96.9]	94.3 [92.3-96.4]	97.1 [95.9-98.2] A	96.9 [95.4-98.4]	94.8 [93.1-96.5]
Among those needing help, sought help, even if not used, for...						
Alcohol use	25.9 [23.9-27.9]	20.2* [8.4-31.9]	#	#	#	#
Cannabis use	20.3 [18.5-22.1]	13.6* [3.5-23.6]	#	#	#	#
Drug use	14.7 [13.1-16.3]	#	#	#	#	#
None of the above	51.8 [49.5-54.1]	63.9* [49.8-77.9]	#	#	#	#

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

You were too busy	47.0 [43.8-50.2]	#	#	#	#	#
You felt you did not need treatment	46.7 [43.5-49.9]	#	#	#	#	#
The treatment was not covered by insurance	19.7 [17.1-22.2]	#	#	#	#	#
You had personal or family responsibilities	16.8 [14.4-19.2]	#	#	#	#	#
The waiting list was too long	16.1 [13.8-18.5]	#	#	#	#	#
Transportation was difficult	6.8 [5.2-8.5]	#	#	#	#	#
The type of treatment desired was not available	6.4 [4.9-8.0]	#	#	#	#	#
You had language or cultural difficulties	2.0* [1.1-2.9]	#	#	#	#	#
Other	16.4 [14.0-18.8]	#	#	#	#	#

[95% confidence intervals in brackets]

The symbols † and ‡ refer to the direction of rounding to integers.

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Table 48. School Specific Questions, CPADS 2021/2022 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 harm reduction for substance use.					
Naloxone Program	3.8 [2.6-5.0]	3.8* [1.9-5.7]	3.7* [2.3-5.2]	3.5↑* [1.7-5.3]	3.9* [2.3-5.5]
Addictions Foundation of Manitoba Counsellor	10.7 [8.8-12.7]	9.2 [6.3-12.0]	12.2 [9.7-14.7]	10.4 [7.4-13.4]	10.9 [8.4-13.5]
Health and Wellness Educator	21.3 [18.8-23.9]	20.9 [16.9-24.9]	21.7 [18.6-24.9]	22.8 [18.7-27.0]	20.5↑ [17.2-23.8]
University Health Service	43.0 [39.9-46.1]	43.4 [38.5-48.4]	42.7 [38.8-46.5]	39.9 [35.2-44.7]	45.3 [41.3-49.4]
Student Support Case Management	9.5↓ [7.6-11.3]	9.1 [6.3-12.0]	9.8 [7.5-12.1]	11.6 [8.5-14.8]	7.9 [5.7-10.1]
Healthy U	12.6 [10.5-14.7]	10.0 [7.0-13.0]	15.0 [12.3-17.8] A	10.6 [7.6-13.6]	14.0 [11.2-16.9]
Student Counselling Centre	53.6 [50.5-56.7]	46.6 [41.6-51.5]	60.3 [56.5-64.0] A	47.5↓ [42.6-52.4]	58.1 [54.1-62.2] C
AA group on campus	7.0 [5.5-8.6]	6.7 [4.2-9.2]	7.4 [5.4-9.4]	8.6 [5.9-11.4]	6.1 [4.2-8.1]
Indigenous Student Centre Advisors	14.0 [11.8-16.2]	11.9 [8.7-15.1]	16.0 [13.2-18.9]	13.1 [9.8-16.4]	14.6 [11.7-17.5]

Elders-in-Residence	4.6 [3.3-5.9]	4.4* [2.4-6.5]	4.7* [3.1-6.3]	3.3* [1.5-5.0]	5.1* [3.3-6.9]
Indigenous Circle of Empowerment	8.1 [6.4-9.8]	8.4 [5.6-11.2]	7.9 [5.8-9.9]	7.8 [5.2-10.4]	8.2 [6.0-10.5]
Other	#	#	#	#	#
None of these	31.9 [29.0-34.8]	39.0 [34.2-43.9] B	25.2 [21.8-28.5]	37.4 [32.7-42.2] D	28.0 [24.4-31.7]

[95% confidence intervals in brackets]

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

* Moderate sampling variability, interpret with caution.

High sampling variability - although an estimate may be determined from the table, 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, 2021/2022 school year

Appendix 2: 2021/22 CPADS CORE Questionnaire

CPADS 2021

Government of Canada (Non-protected)

Generated on 2022-11-18 at 11:22:31 MT



Languages: English, French

Section

Page

LoginA *Show if Is login*

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-dessous.**

[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, please click the following symbol [?] which 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.

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

© 2022 Advanis Privacy Policy (https://www.advanis.ca/privacy_policy2.html) CRIC Pledge

(<https://www.canadianresearchinsightscouncil.ca/wp-content/uploads/2020/09/CRIC-Pledge-to-Canadians.pdf>)

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-dessous.**

Health Canada is conducting this survey to measure alcohol and drug use among college and university 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. You may complete the survey in several sessions from different devices by logging back in using your unique survey link. / 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/cpads21?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, please click the following symbol [?] which 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 and collected under the authority of the Controlled Drugs and Substances Act. Personal information is collected in accordance with Health Canada's Controlled Drugs and Substances Strategy, 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.

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

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PSE1

Are you currently studying at a university or college/cégep in Canada?

- 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*

What is your age?

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*

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 Intro

DEMQ01

How do you describe yourself?

- 1 Female
- 2 Male
- 3 Transgender female
- 4 Transgender male
- 5 Non-binary gender
- 6 Gender-fluid
- 7 [\[You don't have an option that applies to me. I identify as \(please specify\): / Other gender, please specify: \]](#) _____
- 8 I prefer not to answer
- 9 I don't know

SEX01

What was your sex at birth?

- 1 Male
- 2 Female
- 8 I prefer not to answer

HWBQ01

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 I prefer not to answer
- 9 I don't know

HWBQ02

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 I prefer not to answer
- 9 I don't know

Page Alcohol

ALC01

Have you heard or are you aware of Canada's Low Risk Drinking Guidelines?

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

ALC2

The following questions are about your alcohol consumption. For the purpose of this survey, a **drink** means:

- 341 ml or 12 oz. of beer or cooler (bottle, can or draft)
- 142 ml or 5 oz. of wine
- 43 ml or 1.5 oz. of liquor or spirit (straight or mixed)

Include: light beer.

Exclude: de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as Virgin Mary or Shirley Temple.



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Press the right arrow to continue

ALC03

Have you ever had an alcoholic drink?

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

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

ALC04 *Show if ALC03 1 Lifetime drinker*

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

Drinking does not include having a few sips of wine 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 1 Lifetime drinker*

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

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

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

COVID1ALC *Show if ALC05 1 Past 12 month drinker*

Has the **amount/quantity of alcohol** you consume changed since March 2020 with the onset of the COVID-19 pandemic?

- 1 I consume more
- 2 I consume less
- 3 I consume the same amount

COVID2aALC *Show if COVID1ALC consumed more*

Why did your **alcohol consumption** change due to the COVID-19 pandemic?

Select all that apply

- 1 Stress
- 2 Anxiety
- 3 Depression/low-mood
- 4 Lack of regular schedule
- 5 More social gatherings (online or at home)

- 6 Boredom
- 7 Loneliness
- 8 Other (please specify): _____
- 9 No reason (Exclusive)

COVID2bALC Show if COVID1ALC consumed less

Why did your **alcohol consumption** change due to the COVID-19 pandemic?

Select all that apply

- 1 Stress
- 2 Anxiety
- 3 Depression/low-mood
- 4 Trying to save money
- 5 Living at home with parents
- 6 More difficulty accessing it
- 7 Lack of regular schedule
- 8 Fewer social gatherings (online or at home)
- 9 Other (please specify): _____
- 10 No reason (Exclusive)

COVID3ALC Show if ALC05 1 Past 12 month drinker

Has the **frequency of your alcohol consumption** changed since March 2020 with the onset of the COVID-19 pandemic?

- 1 I consume more frequently
- 2 I consume less frequently
- 3 I consume at the same frequency

ALC08 Show if ALC05 1 Past 12 month drinker

During the **past 12 months**, have you participated in the following promotions when you drank alcohol in a public drinking venue (e.g., pub, bar, club)?

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

ALC06 Show if ALC05 1 Past 12 month drinker

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

- 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

ALC10 Show if ALC06 1 to 5 Past 30 day drinker

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

Minimum: 1, Maximum: 99

_____ drink(s)

- 8 I prefer not to answer
- 9 None (I have not had a drink in the past 30 days)

ALC07 Show if ALC06 1 to 5 Past 30 day drinker

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**?

- 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

ALC09 *Show if ALC06 1 to 5 Past 30 day drinker*

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

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)*
 - 2 2 to 5 times a week *(Show if ALC06 2 to 5 times week or more)*
 - 3 Once a week *(Show if ALC06 Once a week or more)*
 - 4 2 to 3 times in the past 30 days *(Show if ALC06 2to3 times or more)*
 - 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

ALC11a Show if ALC06 1 to 5 Past 30 day drinker

In the **past 30 days**, where did you consume alcohol **most often**?

- 1 Off campus and this is my usual drinking location
- 2 Off campus, but I usually drink on campus during a typical school year (COVID-19 restrictions have affected where I drink)
- 3 On campus
- 8 I prefer not to answer
- 9 I don't know

ALC11b Show if ALC11a Drank on or off campus

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

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

ALC18 Show if ALC06 1 to 5 Past 30 day drinker

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

- 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

ALC12F Show if SEX01 Female AND ALC06 Past 30 day drinker

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.

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

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.

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

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

Minimum: 1, Maximum: 99

_____ drinks

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

ALC13b Show if ALC06 Past 30 day drinker AND ALC13a Gave response

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

Minimum: 0, Maximum: 59

Hours: _____
Minutes: _____

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

ALC14 Show if ALC03 1 Lifetime drinker

Have you ever been drunk?

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

ALC15 Show if ALC14 Got drunk

How old were you when you first got drunk?

Minimum: 4, Maximum: 25

_____ 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

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

- 1 Daily or almost daily (5+ days/week) (Show if ALC06 1 Daily or almost daily)
- 2 2 to 5 times a week (Show if ALC06 2 to 5 times week or more)
- 3 Once a week (Show if ALC06 Once a week or more)
- 4 2 to 3 times in the past 30 days (Show if ALC06 2to3 times or more)
- 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 ALC06 Past 30 Day Drinker AND ALC14 Got drunk in lifetime

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

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

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

- 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

Section

Page

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 right arrow to continue.

AED01

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

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 ALC05 1 Past 12 month drinker)*
3. Alcohol and an energy drink hand-mixed together by you or someone else *(Show if ALC05 1 Past 12 month drinker)*
4. Store-bought pre-mixed alcoholic beverages with energy drink names (such as Rockstar®+Vodka) *(Show if ALC05 1 Past 12 month drinker)*
5. Sweetened beverages with high alcohol content (7% or higher) such as FourLoko, Clubtails, hard seltzer *(Show if ALC05 1 Past 12 month drinker)*

- 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

ALCDR01

Have you ever been a **passenger** in a motor vehicle ***?*** driven by someone who had **2 or more** drinks of alcohol in the **previous 2 hours**?

? motor vehicle: (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV))

- 1 Yes, in the past 30 days
- 2 Yes, but in 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

ALCDR03

Do you have a driver's license?

- 1 Yes (includes learners license, intermediate and full license)
- 2 No
- 8 I prefer not to answer
- 9 I don't know

ALCDR04 *Show if ALCDR03 has license*

Have you **driven** a vehicle such as a car, motorbike, van or truck?

- 1 Yes, in past the 30 days
- 2 Yes, but in 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 ALC05 1 Past 12 month drinker and has driven in past 12 months*

Have you ever **driven** a motor vehicle ***?*** after having **2 or more** drinks in the **previous 2 hours**?

**?* motor vehicle: (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV))*

- ₁ Yes, in the past 30 days
- ₂ Yes, but in 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

AHS *Show if ALC05 1 Past 12 month drinker*

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**.

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 *
10. 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 other student's drinking**.

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

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

APB *Show if ALC06 1 to 5 Past 30 day drinker*

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**.

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 *

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

Section

Page

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, but not synthetic cannabinoids.**

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.

When we ask about use of cannabis, this may include use for medical and/or non-medical purposes. There will be questions on use of cannabis for medical purposes only later on.

Press the right arrow to continue.

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 ...

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?
 9. Is it okay for cannabis topicals to be swallowed or applied internally or to broken, irritated or itching skin?
-
- ₁ Yes
 - ₂ No
 - ₋₈ I prefer not to answer
 - ₋₉ I don't know

CAN04a

In the **past 12 months**, have you seen **health warning messages** on cannabis products/packages or on Health Canada's website?

- 1 Yes, on cannabis products/packages
- 2 Yes, on Health Canada's website
- 3 Yes, both of the above
- 4 No
- 5 Don't know/Not sure

CAN04b *Show if CAN04a Has seen health messages*

Was the information you saw in the health warning messages credible/believable?

- 1 Yes
- 2 No
- 3 Somewhat
- 4 Don't know/Not sure

CAN04c *Show if CAN04a Has seen health messages*

Have the health warning messages increased your knowledge of the potential harms related to cannabis use?

- 1 Yes
- 2 No
- 3 Somewhat
- 4 Don't know/Not sure

CAN05

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

- 1 Yes
- 2 No
- 8 I prefer not to answer
- 9 Don't know/Not sure

CAN17 *Show if CAN05 Past 12 months Cannabis user*

Are you more willing to publicly say whether you use cannabis now that cannabis is legal for adults in Canada?

- 1 Yes, I am more willing to publicly say whether I use cannabis
- 2 No, I was already willing to publicly say whether I use cannabis
- 3 No, I am not more willing to publicly say whether I use cannabis
- 4 Don't know/Not sure

CAN08 Show if CAN05 Past 12 months Cannabis user

Are you using a different amount of cannabis now that the new cannabis law is in effect (October 17, 2018)?

- 1 I use more
- 2 I use less
- 3 I use the same amount
- 8 I prefer not to answer
- 9 I don't know

COVID1CAN Show if CAN05 Past 12 months Cannabis user

Has the **amount/quantity** of cannabis you use changed since March 2020 with the onset of the COVID-19 pandemic?

- 1 I use more
- 2 I use less
- 3 I use the same amount

COVID2aCAN Show if COVID1CAN Uses more cannabis

Why did your cannabis use change due to the COVID-19 pandemic?

Select all that apply

- 1 Stress
- 2 Anxiety
- 3 Depression/low-mood
- 4 Lack of regular schedule
- 5 More social gatherings (online or at home)
- 6 Boredom
- 7 Loneliness
- 8 Other (please specify): _____
- 9 No reason (Exclusive)

COVID2bCAN Show if COVID1CAN Uses less cannabis

Why did your cannabis use change due to the COVID-19 pandemic?

Select all that apply

- 1 Stress
- 2 Anxiety
- 3 Depression/low-mood
- 4 Trying to save money
- 5 Living at home with parents
- 6 More difficulty accessing it
- 7 Lack of regular schedule
- 8 Fewer social gatherings (online or at home)
- 9 Other (please specify): _____
- 10 No reason (Exclusive)

COVID3CAN *Show if CAN05 Past 12 months Cannabis user*

Has the **frequency** of your cannabis use changed since March 2020 with the onset of the COVID-19 pandemic?

- 1 I use more frequently
- 2 I use less frequently
- 3 I use at the same frequency

CAN07 *Show if CAN05 Past 12 months Cannabis user*

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

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*

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

- 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

CAN20a *Show if CAN05 Past 12 months Cannabis user*

In the **past 12 months**, did you use the following method to consume cannabis?

Select all that apply

- 1 Smoked (e.g., a joint, bong, pipe or blunt)
- 2 Eaten it in food (e.g., brownies, cakes, cookies or candy)
- 3 Drank it (e.g., sparkling water, tea, dissolvable powder)
- 4 Vapourized it with a vapourizer, vape pen or e-cigarette
- 5 Cannabis oil for oral use (e.g., in dropper/syringe, softgel/capsules, spray bottle)
- 6 Dabbing (e.g., including hot knife/nail)
- 7 Applied to skin (e.g., topicals)
- 8 Used it some other way (please specify):

CAN20b *Show if CAN20a Vapourized*

What cannabis products did you use when vapourizing cannabis?

Select all that apply

- ₁ Dried flower/leaf
- ₂ Liquid cannabis oil/extract (e.g., butane honey oil (BHO), vaping liquid with THC/CBD, etc.)
- ₃ Solids cannabis extract (e.g., shatter, hash, etc.)
- ₄ Other cannabis product (specify):

CAN21 *Show if CAN20a Vapourized*

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

- 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

CAN10 *Show if CAN05 Past 12 months Cannabis user*

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

- ₁ Higher THC, Lower CBD
- ₂ Higher CBD, Lower THC
- ₃ Equal levels of THC and 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*

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 *
- ₄ Cannabis in vape pens/cartridges *
- ₅ Cannabis concentrate/extracts – e.g., shatter/wax/budder/butane honey oil *
- ₆ Cannabis edible food products – e.g., cookies, candy *

- 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, cannabis tincture, 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*

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

1. Dried flower/leaf * *(Show if CAN11a 1 Dried flower)*
2. Hashish/kief * *(Show if CAN11a 2 Hashish kief)*
3. Cannabis oil for oral use – e.g., in dropper/syringe, softgel/capsules, spray bottle *
(Show if CAN11a 3 Cannabis oil for oral)
4. Cannabis in vape pens/cartridges * *(Show if CAN11a 4 Cannabis in vape)*
5. Cannabis concentrate/extracts – e.g., shatter/wax/budder/butane honey oil * *(Show if CAN11a 5 Cannabis concentrate)*
6. Cannabis edible food products – e.g., cookies, candy * *(Show if CAN11a 6 Cannabis edibles)*
7. Cannabis beverages – e.g., sparkling water, tea, dissolvable powder * *(Show if CAN11a 7 Cannabis beverages)*
9. Topicals – e.g., lotion, ointment, creams applied to skin *(Show if CAN11a 9 Topicals)*
8. Other: <<CAN11a.specify(8)>> *(Show if CAN11a 8 Other)*

Levels marked with * are randomized

- ₁ Not in past 12 months
- ₂ Once in past 12 months
- 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
- ₈ Daily (5+ days/ week)
- ₋₈ I prefer not to answer
- ₋₉ I don't know

CAN14 *Show if CAN05 Past 12 months Cannabis user*

During the **past 12 months**, when you used cannabis, how often did you combine it with any of the following substances?

"Combine" means mixed or consumed at the same time.

1. Alcohol
2. Tobacco cigarettes (“batching”)
4. Prescription opioids (e.g., oxy, Dilaudid®, morphine, Demerol®, Tylenol #3®)
5. Prescription stimulants (e.g., Ritalin®, Concerta®, Adderall®, Dexedrine®)

- 6. Prescription sedatives/tranquilizers (e.g., diazepam, lorazepam, Valium®, Ativan®, alprazolam, Xanax®, clonazepam, Rivotril®)
- 7. Illegal opioids (e.g., heroin, non-pharmaceutical fentanyl)
- 8. Illegal stimulants (e.g., cocaine, crack, methamphetamine, ecstasy/MDMA)
- 9. Illegal hallucinogens/dissociative (e.g., LSD, magic mushrooms, PCP)
- 10. Some other substance or illegal drug

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- 8 I prefer not to answer
- 9 I don't know

CAN140th *Show if CAN14 Combined with other*

During the **past 12 months**, when you used cannabis, what other substance or illegal drug did you combine cannabis with?

"Combine" means mixed or consumed at the same time.

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

CAN12 *Show if CAN05 Past 12 months Cannabis user*

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

- 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

CAN13 Show if CAN05 Past 12 months Cannabis user

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?

- 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

CAN04

Have you ever been a passenger in a motor vehicle ***?*** driven by someone who had used cannabis within 4 hours of ingesting or 2 hours of inhaling before driving?

? motor vehicle: (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV))

- 1 Yes, in the past 30 days
- 2 Yes, but in 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 and has driven in past 12 months

Have you driven a motor vehicle ***?*** **within 2 hours of inhaling or 4 hours of ingesting** cannabis?

? motor vehicle: (e.g., car, snowmobile, motor boat or all-terrain vehicle (ATV))

- 1 Yes, in the past 30 days
- 2 Yes, but in 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

CAN18 Show if CAN05 Past 12 months Cannabis user

In the **past 12 months**, have you used cannabis for **medical** purposes (used to treat disease/disorder or improve symptoms)?

- 1 Yes, **with a medical document** from a healthcare professional
- 2 Yes, **without a medical document** from a healthcare professional
- 3 No

CAN19 Show if CAN18 Used medical cannabis in past 12 months

For which of the following symptoms do you use cannabis for **medical** purposes?

Select all that apply

- 1 Acute pain (severe or sudden pain that resolves within a certain amount of time)
- 2 Chronic pain (persistent pain, lasting for months or even longer)
- 3 Headaches/migraines
- 4 Problems sleeping
- 5 Alcohol withdrawal symptoms
- 6 Feelings of anxiety
- 7 Feelings of depression
- 8 Other (please specify without providing any identifiable information):

Page Show if CAN05 Past 12 months Cannabis user

CAA

The next few questions are about possible problems you might have had regarding the use of cannabis.

Press the right arrow to continue.

CAA00

During the **past 3 months**, how often have you used cannabis?

- 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](#)]

- 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*

During the **past 3 months**, how often has your use of cannabis led to health, social, legal or financial problems? [[Campus resource info button](#)]

- 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*

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](#)]

- 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](#)]

- 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 and failed to control, cut down or stop using cannabis? [[Campus resource info button](#)]

- 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

Section

PR

The next series of questions are about various medications, starting with pain relievers.

For the purpose of this survey, "pain relievers" are products that contain opioids such as codeine, morphine or related drugs. 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 drugs such as Tylenol® 1, 2, 3, and 4, or 292s.

Press the right arrow to continue.

OPI01

Have you ever used any pain relievers?

Exclude drugs such as regular Tylenol® or Extra Strength Tylenol®, Aspirin®, Advil®, Motrin® or their generic equivalent.

- 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 *Show if Used pain relievers in past 12 months*

OPI01b

Did you use any of the following pain relievers?

Exclude drugs such as regular Tylenol® or Extra Strength Tylenol®, Aspirin®, Advil®, Motrin® or their generic equivalent.

Select all that apply

- 1 Low-dose codeine product (e.g., Tylenol® 1, Robaxacet-8®, AC&C, Mersyndol, Calmylin)
- 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

OPI02

Have you taken a **higher dose** of pain relievers than the dose indicated to you?

- 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

OPI03

Have you taken pain relievers **more often** than indicated to you?

- 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

OPI04a

Have you used pain relievers for reasons other than pain relief?

e.g., to help you sleep, to feel better, to improve your mood, to cope with stress, for the experience, for the feeling they caused, to feel numb or for any other reason than indicated.

- 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

OPI04b *Show if OPI04a used for reasons beyond recommended in past 12 month*

In the **past 12 months**, what is the main reason you used pain relievers other than for pain relief or as indicated?

- ₁ To help you sleep
- ₂ To feel better
- ₃ To improve mood
- ₄ To cope with stress
- ₅ For the experience
- ₆ To feel numb

- 8 To party with friends
- 7 Other reason, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

OPI5

For the next series of questions, please only consider those pain relievers that require a prescription, do not consider codeine products available from a pharmacist without a prescription such as Tylenol® #1 or 292s®.

Press the right arrow to continue

OPI05

During the **past 12 months**, were the pain relievers you have used prescribed for you?

For this question, do not consider codeine products you obtained from a pharmacist without a prescription such as Tylenol® #1 or 292s®.

Consider pain relievers given to you from a health care provider consultation or those given to you while you were admitted in **hospital/ER** as being prescribed

- 2 Yes, they were all prescribed
- 3 Some were prescribed and others were not
- 1 No, none were prescribed
- 8 I prefer not to answer
- 9 I don't know

OPI06 *Show if OPI05 some or all prescribed*

Have you ever sold, traded, or given away pain relievers that were prescribed to you?

Exclude returning medication returned to pharmacy or drug store

- 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

OPI08 *Show if OPI05 None or some were prescribed*

Where do/did you **usually** obtain pain relievers that were not prescribed to you?

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
- 13 My usual source was not available due to COVID-19
- 9 Other (specify): _____
- 8 I prefer not to answer
- 9 I don't know

Section

STI

The next few questions are about **your** use of various **stimulants**.

For the purpose of this survey, "stimulants" are products that **require a prescription** such as Ritalin[®], Concerta[®], Adderall[®], Dexedrine[®] to help people who have attention or concentration problems such as ADHD.

Exclude over-the-counter medications.

Press the right arrow to continue.

STI01

Have you ever used any stimulant?

- 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 *Show if Used stimulant*

STI02

Have you taken **higher doses** of stimulants than the dose indicated?

- 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

STI03

Have you taken stimulants **more often** than indicated?

- 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

STI04a

Have you used stimulants for reasons other than why they are indicated?

for example, to cram for exams, to stay up all night to finish a project, to decrease your appetite, for the experience, to get high or for any other reason.

- 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

STI04b *Show if STI04a used for reasons beyond recommended in past 12 months*

In the past **12 months**, what is the main reason you used stimulants for reasons other than why they are indicated?

- ₁ To cram for exams
- ₂ To stay up all night to finish a project
- ₃ To decrease appetite
- ₄ For the experience
- ₅ To get high
- ₇ To party with friends
- ₆ Other reason, please specify: _____
- ₋₈ I prefer not to answer
- ₋₉ I don't know

STI05 *Show if STI01 Used stimulant past 12 months*

During the **past 12 months**, were **all** the stimulants you have used prescribed to you?

- ₂ Yes, they were all prescribed
- ₃ Some were prescribed and others were not
- ₁ No, none were prescribed
- ₋₈ I prefer not to answer
- ₋₉ I don't know

ST106 Show if ST105 some or all prescribed

Have you sold, traded, or given away stimulants that were prescribed to you? Exclude returning medication to the pharmacy or drug store.

- 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

ST108 Show if ST105 None or some were prescribed

Where did you **usually** obtain stimulants that were not prescribed to you?

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
- 13 My usual source was not available due to COVID-19
- 9 Other (specify): _____
- 8 I prefer not to answer
- 9 I don't know

Section

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® or others.

Sedatives or anti-anxiety medications are sometimes prescribed to help people sleep or relax.

Exclude over-the-counter medications and anti-depressants.

Press the right arrow to continue.

SED01

Have you ever used any sedatives or anti-anxiety medication?

Exclude over-the-counter medications and anti-depressants.

- 1 Yes, in past 30 days
- 2 Yes, but within 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 *Show if Used sedatives*

SED02

Have you taken a **higher dose** of sedatives or anti-anxiety medications than the dose indicated?

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

SED03

Have you taken sedatives or anti-anxiety medication **more often** than indicated?

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

SED04a

Did you use sedatives or anti-anxiety medication for reasons other than why they are indicated?

e.g., for the experience, the feeling they caused or to get high

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

SED04b Show if SED04a used for reasons beyond recommended

In the **past 12 months**, what is the main reason you used sedatives or anti-anxiety medication for reasons other than why they are indicated?

- 1 For the experience
- 2 To get high/the feeling they caused
- 3 Other reason, please specify: _____
- 8 I prefer not to answer
- 9 I don't know

SED05 Show if Used sedatives in past 12 months

During the **past 12 months**, were all the sedatives or anti-anxiety medication you have used prescribed to you?

- 2 Yes, they were all prescribed
- 3 Some were prescribed and others were not
- 1 No, none were prescribed
- 8 I prefer not to answer
- 9 I don't know

SED06 Show if SED05 some or all prescribed

Have you sold, traded, or given away sedatives or anti-anxiety medications that were prescribed to you? Exclude returning medication to the pharmacy or drug store.

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

SED08 Show if SED05 None or some were prescribed

Where do/did you **usually** obtain sedatives or anti-anxiety medications that were not prescribed to you? 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
- 13 My usual source was not available due to COVID-19
- 9 Other (specify): _____
- 8 I prefer not to answer
- 9 I don't know

Section

OTH01

The next question is about over-the-counter medicine such as:

- anti-motion sickness or nausea medicine, e.g., Gravol®
- cold or cough medicine, e.g., Nytol®, Robitussin®, 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

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 right arrow to continue.

DRU01

Have you ever used or tried ...

1. Cocaine or crack (rock)
Also known as coke, freebase, powder, blow or snow or yayo.
 2. Illicit amphetamines (do not include prescription amphetamines)
Also known as speed.
 3. Methamphetamine
Also known as crystal meth or ice.
 4. Ecstasy or similar designer drugs
Also known as MDMA, E, Xtc, Adam, Molly or X.
 5. Salvia
Also known as Salvia divinorum, Ska pastora, Herb of the Shepherdess, Hierba de María, divine sage, magic mint or Sally D.
 6. Hallucinogens/dissociatives
Include PCP, angel dust, LSD, acid, ayahuasca, magic mushrooms, shrooms, psilocybin, mescaline, peyote, 2-C's, NBOMes.
 7. Sniffed glue, gasoline or other solvents
 8. Heroin
Also known as junk, horse or smack.
 9. Synthetic cannabinoids
Also known as Spice, K2, science, herbal mixtures or herbal incense.
 10. Mephedrone
Also known as meph, MCAT, meow, bath salts, drone, 4-MMC, magic, meow-meow, plant food or bubbles.
 11. BZP/TFMPP
Also known as Legal E, Legal X, piperazine, A2, frenzy or nemesis.
 12. Alkyl Nitrites
Also known as whippets, nitrous oxides and balloons
-
- ₃ Yes, within the past 12 months
- ₂ Yes, but more than 12 months ago
- ₁ No, never
- ₋₈ I prefer not to answer
- ₋₉ I don't know

DRU02

Have you **ever** injected any drug?

Include being injected by someone else.

Exclude:

Instances where you have injected someone else with a drug or drugs

- Any drug that was prescribed for you to inject or received at the hospital or medical clinic.
- ₃ Yes, within the past 12 months
- ₂ Yes, but more than 12 months ago
- ₁ No, never
- ₋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?**

- 3 Yes, within the past 12 months
- 2 Yes, but more than 12 months ago
- 1 No, never
- 8 I prefer not to answer
- 9 I don't know

DRU04

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. For example,

NPS may include: "legal highs", "herbal highs", synthetic cannabinoids, "research chemicals", fentanyl analogues (**i.e., fentanyl-like substances**), cathinone analogues (**i.e., cathinone-like substances**) and designer drugs.

NPS do not include: cannabis, cocaine, speed, ecstasy, heroin.

According to this definition, have you **ever** used an NPS to get high?

- 3 Yes, within the past 12 months
- 2 Yes, but more than 12 months ago
- 1 No, never
- 8 I prefer not to answer
- 9 I don't know

DRU04open *Show if DRU04 Yes*

Which New Psychoactive Substances (NPS) have you used in the past?

- 8 Prefer not to answer
- 9 Don't know

Condition to apply after REB approval is DRU04_Yes.

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.

- 1 Yes (specify): _____
- 2 No
- 8 I prefer not to answer
- 9 I don't know

Page Show if Past12Month user drugs OPI SED STI CAN

DHA

The following questions are about experiences you may have had as a result of your drug use, **exclude alcohol use**.

Press the right arrow 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.

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? *

*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? [\[Campus resource info button\]](#)

- 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](#)]

- 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](#)]

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

Page

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.

Exclude self-help support groups such as Alcoholics Anonymous (AA).

Press the right arrow 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 Prefer not to answer

TRE02 *Show if TRE01 Needed help*

Have you **ever sought** professional help for your alcohol, cannabis, or drug use (even if you did not end up accessing help)?

Select all that apply

- 1 Yes, for alcohol
- 2 Yes, for cannabis
- 3 Yes, for drugs
- 4 No, never *(Exclusive)*
- 8 Prefer not to answer

TRE03 *Show if TRE02 Did not seek help*

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
- 8 You had language or cultural difficulties
- 9 Other, please specify

Page

KAB02

Have you heard of naloxone (e.g., Narcan®)?

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

KAB03 *Show if KAB02 Heard of naxalone*

In the **past 12 months**, have you obtained a naloxone kit?

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

KAB04 *Show if KAB03 Obtained Naloxone kit*

What is the **main** reason you obtained a naloxone kit?

- 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 (specify): _____
- 8 I prefer not to answer
- 9 I don't know

Section

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 right arrow to continue.

TOB02

Have you ever smoked a whole cigarette?

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

TOB03 *Show if TOB02 Has smoked whole cigarette*

During the **past 30 days**, how often did you smoke cigarettes?

- 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 Prefer not to answer

TOB04 *Show if TOB02 Has smoked whole cigarette*

Have you smoked at least 100 cigarettes (about 4 packs) in your life?

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

Page

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 right arrow to continue.

VAP01

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

- 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*

What is (was) your **primary reason** for using an e-cigarette or vaping device?

- 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

STU

We would now like to ask you a few questions to better understand your student life.

Press the right arrow to continue.

STU01

Which field of study **best** represents the area in which you are currently enrolled?

- 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?

- 1 Undergraduate/college degree 1st year
- 2 Undergraduate/college degree 2nd year
- 3 Undergraduate/college degree 3rd year
- 4 Undergraduate/college degree 4th year
- 5 Undergraduate/college degree 5th year or more
- 6 Master's degree
- 7 PhD
- 8 Graduate certificate
- 9 Professional degrees (Law, Pharmacy, Medical school)
- 10 Not seeking a degree
- 11 Other, please specify _____
- 8 I prefer not to answer
- 9 I don't know

STU04

Are you currently enrolled as a full-time or part-time student?

- 1 Full-time
- 2 Part-time
- 8 I prefer not to answer
- 9 I don't know

STU05

In which province or territory do you currently live?

- 1 Alberta (AB)
- 2 British Columbia (BC)
- 3 Manitoba (MB)
- 4 New Brunswick (NB)
- 5 Newfoundland and Labrador (NL)
- 6 Northwest Territories (NT)
- 7 Nova Scotia (NS)
- 8 Nunavut (NU)
- 9 Ontario (ON)
- 10 Prince Edward Island (PE)
- 11 Quebec (QC)
- 12 Saskatchewan (SK)
- 13 Yukon (YT)
- 8 I prefer not to answer

STU02

Where do you currently live?

- 1 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

DEMQ6

What ethnicity are you?

NOTE: We know that people of different ethnicities do not have significantly different genetics. But our ethnic origin still has important consequences, including how we are treated by different individuals and institutions.

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) *(Show if NOT School 32)*
- 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*

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

DEMQ02

If you are comfortable disclosing, what term best describes your sexual orientation?

- 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

DEMQ3

What is your height?

- 1 Less than 4' 10" or 147 cm
- 2 4' 10" or 147 cm
- 3 4' 11" or 150 cm
- 4 5' 0" or 152 cm
- 5 5' 1" or 155 cm
- 6 5' 2" or 157 cm
- 7 5' 3" or 160 cm
- 8 5' 4" or 163 cm
- 9 5' 5" or 165 cm
- 10 5' 6" or 168 cm
- 11 5' 7" or 170 cm
- 12 5' 8" or 173 cm
- 13 5' 9" or 175 cm
- 14 5' 10" or 178 cm
- 15 5' 11" or 180 cm
- 16 6' 0" or 183 cm
- 17 6' 1" or 185 cm
- 18 6' 2" or 188 cm
- 19 6' 3" or 190 cm
- 20 6' 4" or 193 cm
- 21 6' 5" or 195 cm
- 22 6' 6" or 198 cm
- 23 6' 7" or 200 cm
- 24 More than 6' 7" or 200 cm
- 8 I prefer not to answer
- 9 I don't know

DEMQ4

What is your weight?

- 1 Less than 95 lb or 43 kg
- 2 95 lb or 43 kg
- 3 100 lb or 45 kg
- 4 105 lb or 48 kg
- 5 110 lb or 50 kg
- 6 115 lb or 52 kg
- 7 120 lb or 54 kg
- 8 125 lb or 57 kg
- 9 130 lb or 59 kg
- 10 135 lb or 61 kg
- 11 140 lb or 64 kg
- 12 145 lb or 66 kg

- 13 150 lb or 68 kg
- 14 155 lb or 70 kg
- 15 160 lb or 73 kg
- 16 165 lb or 75 kg
- 17 170 lb or 77 kg
- 18 175 lb or 80 kg
- 19 180 lb or 82 kg
- 20 185 lb or 84 kg
- 21 190 lb or 86 kg
- 22 195 lb or 89 kg
- 23 200 lb or 91 kg
- 24 205 lb or 93 kg
- 25 210 lb or 96 kg
- 26 215 lb or 98 kg
- 27 220 lb or 100 kg
- 28 225 lb or 102 kg
- 29 230 lb or 105 kg
- 30 235 lb or 107 kg
- 31 240 lb or 109 kg
- 32 245 lb or 112 kg
- 33 250 lb or 114 kg
- 34 255 lb or 116 kg
- 35 260 lb or 118 kg
- 36 265 lb or 121 kg
- 37 270 lb or 123 kg
- 38 275 lb or 125 kg
- 39 280 lb or 128 kg
- 40 285 lb or 130 kg
- 41 290 lb or 132 kg
- 42 295 lb or 134 kg
- 43 300 lb or 137 kg
- 44 More than 300 lb or 137 kg
- 8 I prefer not to answer
- 9 I don't know

DEMOS

Are you an international student?

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

end

You have now completed this survey.

Thank you for your participation in this study!

Recommendation for alcohol consumption to limit health and safety risks, can be found [here](https://ccsa.ca/sites/default/files/2019-04/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf)
(<https://ccsa.ca/sites/default/files/2019-04/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>)

The following resources are available to you at your school:

[[Campus resource info button](#)]

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

Status Code: -1

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- 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).
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- ^v Patrick M., Terry –McElrath Y.,Kloska D., Shulenberg J. High-intensity drinking among young adults in the United States: Prevalence, frequency and development change. Aug 4, 2016. Available: <https://onlinelibrary.wiley.com/doi/full/10.1111/acer.13164>. (accessed 2020 Jun. 3).
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- ^{viii} 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)
- ^{ix} House of Commons. Standing committee on health. Monday April 30, 2018. Available: <https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/meeting-103/evidence>
- ^x 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>