The Impact of COVID-19 on Substance Use:
Illegal Substances and Legal substances

Inter-American Observatory on Drugs
Dr. Matthew M. Young & Dr. Catherine Paradis
Canadian Centre on Substance Use and Addiction
July 8th, 2020
About CCSA

- **Vision:** A healthier Canadian society where evidence transforms approaches to substance use.
- **Mission:** To address issues of substance use in Canada by providing national leadership and harnessing the power of evidence to generate coordinated action.
- **Value Proposition:** Provide national leadership to address substance use in Canada. A trusted counsel, we provide guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.
- National non-profit organization with a pan-Canadian and international role.
Strategic Core Functions

- **Providing National Leadership**
  Create a common focus and purpose to achieve collective impact

- **Advancing Research**
  Synthesize and generate timely evidence to inform practice and policies

- **Building Strategic Partnerships**
  Bring people and knowledge together to develop collective responses and coordinated action

- **Mobilizing Knowledge**
  Expand the reach and adoption of new and emerging practices
CCSA’s National Priorities

- Problematic Substance use & Co-occurring Issues
- Children & Youth
- Indigenous Peoples of Canada
- Monitoring & Surveillance
- Workforce Development
- Treatment & Recovery
- Impaired Driving
- Prescription Drugs
- Alcohol
- Cannabis

Canada's National Framework for Action

The Impact of COVID-19 on Substance Use: Illegal Substances

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Outline

• About Canada
• The illegal drugs situation before COVID-19
• The illegal drugs situation since COVID-19
About Canada
About Canada

~35 million
one of the highest per-capita immigration rates in the world
59.7 % English
23.2 % French
6.6 % other
2\textsuperscript{nd} largest country in the world
six different time zones
one land border
13 provinces and territories

large differences in data collection on drug use across provinces

provincial police forces, as well as one national police force

health care administered by province/territory
About Canada (cont.)

Substance use

Alcohol – about 1 in 4 report > 3-4 drinks at one time in past year

Cannabis legalized in October 2019 – before legalization approx.. 1 in 10 report past year use, 1 in 4 among young adults

Drug use trends more common north– south than east-west
The illegal drugs situation before COVID-19
Costs of substance use in Canada

- The overall economic cost of substance use in Canada in 2017 was estimated to be **$46.0 billion**.
- This overall estimate represents a cost of almost **$1,258** for every man, woman and child in Canada.
- In 2017, the legally available and most widely used psychoactive substances, alcohol and tobacco, contributed almost **63%** of these costs.
Canada has been in the midst of an opioid harm crisis.
Opioid harms were increasing before COVID-19

• Between 2015 and 2017, per-person lost productivity costs due to opioids increased 34.1% from $86.65 to $116.20 per person

• While opioids accounted for 6.8% of deaths (5,084 deaths), they were responsible for 29.5% of all potential years of productive life lost (99,836 PYPLLs)
Stimulant harms were increasing before COVID-19

- Between 2015 and 2017,
  - Cocaine per-person costs increased **10.5%**, from $92 to $102 per person
  - Per-person costs for other CNS stimulants increased **22.1%**, from $44 to $54 per person
Why the increases in harms before COVID-19?
Multiple, complex factors that include, but not limited to:

- **Prescription opioid crisis**
  - A misunderstanding of the addictive risk of prescription opioids;
  - Frequent opioid prescribing and high amounts being prescribed for pain relief;
  - Lack of awareness or access to alternative treatments for pain;
  - Use of prescription opioids by individuals to whom they are not prescribed, such as friends and family members;
  - Lack of access to prescription opioids leading to illicit opioid use;

- Psychological, social and biological risk factors like genetics, mental health, early life experiences, trauma, poverty, lack of secure housing and other social determinants of health;

- Stigma towards substance use disorders;

- Unpredictable illegal drug supply
Canadian Community Epidemiology Network on Drug Use

Réseau communautaire canadien d’épidémiologie des toxicomanies

https://www.ccsa.ca/ccendu
CCENDU Bulletin

Adulterants, Contaminants and Co-occurring Substances in Drugs on the Illegal Market in Canada

Summary

The inherent risks of substance use are significantly increased for drugs procured on the illegal market, as there is no quality control and drug contents are unpredictable. This bulletin provides a snapshot of drug contents on the illegal market in Canada, with the view to raising awareness among people who use drugs, service providers and policy makers that drug contamination is extensive and pervasive, and contributes significantly to drug-related harms. Key findings are described below.

Drugs on the illegal market tend to contain unexpected substances.

- Opioids and stimulants were accompanied by other psychoactive substances in 5% to 13% of samples analyzed by Health Canada’s Drug Analysis Service (DAS) (up to 69% when including cutting agents).
- This co-occurrence was often unexpected, as noted by drug checking services and a study comparing self-reported drug use to urinalysis results.
• Opioids and stimulants were accompanied by other psychoactive substances in 5% to 13% of samples analyzed by Health Canada’s Drug Analysis Service (DAS) (up to 69% when including cutting agents).
• This co-occurrence was often unexpected, as noted by drug checking services and a study comparing self-reported drug use to urinalysis results.

• Fentanyl or its analogues were present in nearly two-thirds (62%) of opioid-containing samples and up to 3% of stimulant-containing samples nationally (DAS data).

• Among methamphetamine-containing samples (n = 37,625), more than one in ten (11%) contained another psychoactive substance, increasing to almost half (46%) when including cutting agents; and
• Among cocaine-containing samples (n = 38,429), one in 20 (5%) contained another psychoactive substance, increasing to almost a third (29%) when including cutting agents.
Existing Context of Contamination

- Fentanyl and analogues (e.g., carfentanil)
  - Present in 62% of opioid-containing and up to 3% of stimulant-containing samples (DAS)
- Non-fentanyl synthetic opioids (e.g., isotonitazene)
- Benzodiazepines (e.g., etizolam, flualprazolam, flubromazolam)
  - Particularly problematic: Difficulty reversing OD
- Synthetic cannabinoids (e.g., AMB-FUBINACA)

Opioid samples containing fentanyl

- 88% in B.C.
- 74% in Toronto
OPIOIDS

Contaminant Facts

Substances detected in samples expected to be opioids by drug checking services in B.C. and Ontario in 2019

OPIOIDS: FENTANYL (present in 74% (Toronto) to 88% (B.C.) of opioid samples), CARFENTANIL, DESPROPIONYL FENTANYL, ACETYLFENTANYL, ACRYLFENTANYL, FURANYLFENTANYL, BUTYRFENTANYL, FENTANYL PRECURSORS (4-ANPP), 6-MAM, MECONIN, PAPaverINE, FURANYL (UF-17), U-47700, U-49900

STIMULANTS: COCAINE, METHAMPHETAMINE, MDMA, METHYLONE

BENZODIAZEPINES: ETIZOLAM, FLUBROMAZOLAM, FLUALPRAZOLAM, ALPRAZOLAM

OTHER PSYCHOACTIVE ADULTERANTS: AMB-FUBINACA, KETAMINE, DEXTROMETHORPHAN

CUTTING AGENTS: CAFFEINE (present in 85% of opioid samples in Toronto), PHENACETIN (present in 37% of opioid samples in Toronto; carcinogenic), DIPHENHYDRAMINE, ACETAMINOPHEN, ASCORBIC ACID, LACTOSE, POLYETHYLENE GLYCOL, NOSCAPINE, XYLAZINE, DIMETHYL SULFONE, PLASTER
Contaminant Facts

Substances detected in samples expected to be stimulants by drug checking services in B.C. and Ontario in 2019

OPIOIDS: CODEINE, FENTANYL, FURANYLFENTANYL, ACYRFENTANYL, U-47700, U-49900
STIMULANTS: BENZOYLECGONINE, AEME, ECGONINE METHYL ESTER, METHYLONE, METHAMPHETAMINE (in cocaine)
OTHER PSYCHOACTIVE ADULTERANTS: 2C-T-7
CUTTING AGENTS: ACETAMINOPHEN, LEVAMISOLE (present in 32% of stimulant samples in Toronto; linked to vascular problems and tissue necrosis), CAFFEINE, PHENACETIN (present in 19% of stimulant samples in Toronto; carcinogenic), PROCAINE, BENZOCAINE, CREATINE, GLUTAMINE, DETERGENT
The illegal drugs situation since COVID-19
CCENDU Alert
Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms

Summary

This alert is based on information collected by the Canadian Community Epidemiology Network on Drug Use (CCENDU) between March 31 and May 10, 2020. It focuses on the impact of containment efforts related to COVID-19 on the illegal drug supply and access to services, and the associated health harms. Although there were limited data sensitive to these changes collected systematically, there was a convergence of reports from multiple sources in several regions across Canada, so that CCSA and CCENDU judged it better to share imperfect, timely information than no information.

Analysis of the reports provided by CCENDU members revealed the following overarching themes:

- Business closures, border closures, physical distancing directives and other COVID-19-related social changes are affecting the illegal drug supply in Canada in several ways:
  - A decrease or change in the availability of different drugs;
  - Increased prices or drugs sold at the same price, but more diluted; and
  - Increased drug adulteration and associated health consequences.
Disruptions to an already unpredictable illegal drug market coupled with reduced access to direct services could pose significant health risks to people who use substances.
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  - Increased drug adulteration and associated health consequences.

- COVID-19-related social changes have resulted in a decrease in the availability of direct services for people who use drugs, including harm reduction and treatment services, and other services (e.g., homeless shelters, community health centres, outreach services).
Disruptions to an already unpredictable illegal drug market coupled with reduced access to direct services could pose significant health risks to people who use substances.

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- COVID-19-related social changes have resulted in a decrease in the availability of direct services for people who use drugs, including harm reduction and treatment services, and other services (e.g., homeless shelters, community health centres, outreach services).

- Reduction in the supply and increase in cost and adulteration are occurring as people who use drugs may be experiencing greater isolation, impacts on mental health, decreased income and more limited access to direct services and supports.
Summary of Circumstances

- People are using drugs that are more toxic
- People can’t access or afford their regular supply
- People may have reduced tolerance due to (involuntary) abstinence
- People are using in isolation
- Fewer direct services available; if open, facing capacity issues, staff shortages, limited hours
  - Drug checking services
  - Homeless shelters
  - Community health centres
  - Needle exchange programs
  - Outreach services
  - Community residential treatment

www.ccsa.ca  •  www.ccdus.ca
Health Consequences

• Drug poisoning reports ↑
  – Toronto: 3 alerts March, April, May
    • Cluster of suspected opioid poisonings from smoking crack
    • April: 343 opioid OD calls, 25 deaths – highest number since September 2017
  – B.C.: May 21 Provincial Overdose Alert
    • Increased toxicity related to both stimulants and “down”
    • April coroner data: 117 drug toxicity deaths – 39% increase over April 2019 and 4% increase over March 2020 (112)

• Reports of increasing drug-involved deaths in single-occupancy rooms and other residences
Sure enough … tragedy

1. BC Illicit Drug Toxicity Death Monthly Trends 2015 to May 2020

Source: BC Coroners Service

BC Centre for Disease Control
Health Consequences

Number of fatal suspected opioid overdose calls received by Toronto Paramedic Services, by month, Toronto\textsuperscript{1,2}

https://public.tableau.com/profile/tphseu#!/vizhome/TOISDashboard_Final/ParamedicResponse
Possible Response Options

• Access to a more reliable and safer drug supply
  – Health Canada exemption changes:
    • Facilitate prescribing and providing controlled substances
    • Allow adjustments to service operations (supervised consumption, drug checking, etc.) to allow for distancing
  – B.C. interim clinical guidance on implementation

• Access to harm reduction services and tools
  – Universal access to naloxone
  – Ensure harm reduction services are deemed essential and have resources to comply with physical distancing guidelines

• Access to virtual care and harm reduction options
Questions and Comments
The Impact of COVID-19 on Substance Use: Legal substances

Inter-American Observatory on Drugs

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July 8th, 2020
Agenda

• Welcome and Introduction
• Using evidence to inform Canadians
• Canadians’ Alcohol and Cannabis Use Since the Onset of COVID-19
  – National Polls
  – National Survey
  – Emergency Room Data
• Explanatory Mechanisms
• Canadians’ Opinion about Cannabis and Liquor Retail Stores
• Next Steps & Discussion
Using Evidence to Inform Canadians
CCSA Resources on COVID-19 and Substance Use

ALCOHOL and the IMMUNE SYSTEM: 4 Things You Should Know

WHAT YOU SHOULD KNOW
1. Alcohol consumption compromises the immune system and can weaken the body's immune system.
2. Alcohol interferes with the body's ability to fight off infections.
3. Alcohol use can weaken the immune system, making it more susceptible to infections.

WHAT YOU CAN DO
1. Reduce alcohol consumption to improve your immune system.
2. Eat a healthy diet to support your immune system.
3. Get enough sleep to help your immune system function properly.

COVID-19 and CANNABIS SMOKING: 4 things you should know

What you should know:
1. Cannabis smoke contains chemicals that are known to negatively affect lung health.
2. Smoking cannabis regularly can cause coughing, wheezing, and tightness in your chest. Long-term cannabis smoking can also cause chronic bronchitis.
3. Smoking cannabis can suppress the immune system, which can make you more prone to infection.
4. Vaporizing cannabis products that are purchased from the illegal market has been linked to severe lung illnesses and should be avoided.

What you can do:
1. Avoid smoking cannabis.
2. Use cannabis products that are purchased from legal sources.

For more information on alcohol and the immune system, see COVID-19, alcohol and cannabis use.

For more information visit www.ccssa.ca

COPING WITH STRESS, ANXIETY, AND SUBSTANCE USE DURING COVID-19

What you’ll experience if you’re feeling stressed or anxious:
1. Fear or worry about what others think of you.
2. Change in sleep patterns, including insomnia or over-sleeping.
3. Difficulty concentration.
4. Difficulty breathing.
5. Imaginary and feelings.
6. Decreased appetite.
7. Anxiety in others.

Open versus Closed: The Risks Associated with Retail Liquor Stores during COVID-19


Should liquor outlets really be deemed essential services?

Opinion by Joanne MacInnis, Consultant in Addictions and Mental Health, University of New Brunswick.

Key considerations:
1. Essential services: including liquor outlets, are being deemed essential in the public health response to COVID-19. This decision is based on the need to ensure public health and safety.
2. Public health risks: include transmission of COVID-19 through the consumption of alcohol in a retail setting.

For more information, please visit www.ccssa.ca.
Alcohol and Cannabis Use Since the Onset of COVID-19
Nanos Poll 1 – March 30th to April 2nd

- CCSA commissioned Nanos to conduct an RDD dual frame (land- and cell-lines) hybrid telephone and online random survey of 1,036 Canadians, 18 years of age or older.

- Participants were randomly recruited by telephone using live agents and administered a survey online.
Nanos Poll 1 – Cannabis

QUESTION – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19] Since you have been home more, has your cannabis consumption increased, decreased or remained the same?

Change in consumption of cannabis

- Increased
- Decreased
- Remained the same

<table>
<thead>
<tr>
<th>Region</th>
<th>Remain the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic (n=86)</td>
<td>88.3%</td>
</tr>
<tr>
<td>Quebec (n=235)</td>
<td>92.3%</td>
</tr>
<tr>
<td>Ontario (n=326)</td>
<td>88.9%</td>
</tr>
<tr>
<td>Prairies (n=182)</td>
<td>90.0%</td>
</tr>
<tr>
<td>British Columbia (n=143)</td>
<td>86.8%</td>
</tr>
<tr>
<td>Male (n=490)</td>
<td>87.4%</td>
</tr>
<tr>
<td>Female (n=482)</td>
<td>91.5%</td>
</tr>
<tr>
<td>18 to 34 (n=205)</td>
<td>79.9%</td>
</tr>
<tr>
<td>35 to 54 (n=435)</td>
<td>91.2%</td>
</tr>
<tr>
<td>55 plus (n=332)</td>
<td>94.9%</td>
</tr>
</tbody>
</table>

*Weighted to the true population proportion. *Charts may not add up to 100 due to rounding.
Change in consumption of alcohol

**QUESTION** – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19] Since you have been home more, has your alcohol consumption increased, decreased or stayed the same?

- **Increased**: 18%
- **Decreased**: 12%
- **Remained the same**: 70%

### Remained the same
- Atlantic (n=86): 67.1%
- Quebec (n=235): 69.6%
- Ontario (n=326): 69.0%
- Prairies (n=182): 74.6%
- British Columbia (n=143): 71.8%
- Male (n=490): 66.3%
- Female (n=482): 74.3%
- 18 to 34 (n=205): 66.6%
- 35 to 54 (n=435): 63.8%
- 55 plus (n=332): 78.9%

*Weighted to the true population proportion. *Charts may not add up to 100 due to rounding.
Nanos Poll 1 – Reasons

* Women were more likely to cite stress (57%) as a reason for consuming more as compared to men (32%).

* Men were more likely to cite boredom (54%) as a reason for consuming more as compared to women (44%).
Nanos Poll 1 – Reasons

* Women were more likely to cite being too busy (15%) as a reason for consuming less as compared to men (5%).

* Women were more likely to cite not having enough left (24%) as a reason for consuming less as compared to women (4%).
Nanos Poll 2 – May 26th to 28th

- Same methodology as the first Poll
- Sample = 1,009 Canadians, 18 years of age or older.
- Focus on alcohol
  - Patterns of use
  - Problematic alcohol use
  - May compared to the pre-COVID period
  - May compared to April

Canadians staying more at home whose alcohol use is about the same or less than before the pandemic: 80%
Nanos Poll 2 – Frequency Change

Change in frequency of alcohol consumption – Period comparison

Since the beginning of May (i.e. the last three weeks) compared to the month of April

14% Less often
77% About the same
9% More often

QUESTION – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19 AND DRINKS ALCOHOL] Please tell us how your alcohol consumption since the beginning of May (i.e. the last three weeks) compares to the month of April. Would it be....
QUESTION – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19 AND DRINKS ALCOHOL] Please tell us how your alcohol consumption since the beginning of May (i.e. the last three weeks) compares to the time before the onset of COVID-19. Would it be....
Nanos Poll 2 – Quantity change

Change in quantity of alcohol consumption – Period comparison

Since the beginning of May (i.e. the last three weeks) compared to the month of April

- 14% Smaller quantity
- 77% About the same quantity
- 9% Larger quantity

QUESTION – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19 AND DRINKS ALCOHOL] Please tell us how your alcohol consumption since the beginning of May (i.e. the last three weeks) compares to the month of April. Would it be a...

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Nanos Poll 2 – Frequency

Frequency of alcohol consumption

QUESTION – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19 AND DRINKS ALCOHOL] Since the beginning of May (i.e. the last three weeks), how often have you consumed alcohol?
Nanos Poll 2 – Quantity

**Number of alcoholic drinks since the beginning of May**

<table>
<thead>
<tr>
<th>Men</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.8 drinks</td>
<td>2.0 drinks</td>
</tr>
</tbody>
</table>

**Men exceeding LRDGs for short-term harm (5+ drinks)** 12%

<table>
<thead>
<tr>
<th>Women</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.4 drinks</td>
<td>2.0 drinks</td>
</tr>
</tbody>
</table>

**Women exceeding LRDGs for long-term harm (>2 drinks)** 19%

**Women exceeding LRDGs for short-term harm (4+ drinks)** 12%

**QUESTION** – [IF STAYING HOME MORE DUE TO CORONAVIRUS/COVID-19 AND DRINKS ALCOHOL] Since the beginning of May (i.e. the last three weeks), on those days when you drank alcohol, how many alcoholic drinks did you usually have? ___ alcoholic drinks
CCSA commissioned Léger to conduct a national survey about the COVID-19 pandemic and substance use.

In total, 2,101 Canadians (1,060 females and 1,035 males, mean age of 47) were randomly recruited from Léger’s online panel. The online panel platform, LegerWeb, ensured the recruited sample was geographically representative of the Canadian population.

Focus on
- Alcohol, cannabis and gambling
- Methods of supply
- Explanatory mechanisms
- Public opinion
Léger Survey – Alcohol Quantity per Occasion

Changes in reported behaviour (quantity per occasion) before and since the onset of COVID-19, according to sex
Changes in reported behaviour (Frequency) before and since the onset of COVID-19, according to sex
Léger Survey – Alcohol, Cannabis and Gambling

Changes in reported behaviour before and since the onset of COVID-19, according to sex

![Graph showing changes in substance consumption per sex since the isolation.](image)
Léger Survey – Low Risk Drinking Guidelines

Proportions of Canadians drinking within the LRDGs before and since the onset of COVID-19

Before COVID-19
- Male: 31%
- Female: 29.5%
- All: 30.3%

Since COVID-19
- Male: 35.1%
- Female: 32.2%
- All: 33.7%

YOUR LIMITS
Reduce your long-term health risks by drinking no more than:
- 10 drinks a week for women, with no more than 2 drinks a day most days
- 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.
### Sherbrooke – Emergency Room Data

#### ED admissions for an alcohol-related emergency

<table>
<thead>
<tr>
<th>General population</th>
<th>Moyenne 2017-2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td>April</td>
<td>44</td>
<td>18</td>
</tr>
<tr>
<td>May</td>
<td>44</td>
<td>30 (partial data)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (12-24 years old)</th>
<th>Average 2017-2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>April</td>
<td>13</td>
<td>less than 5 cases</td>
</tr>
<tr>
<td>May</td>
<td>9</td>
<td>less than 5 cases</td>
</tr>
</tbody>
</table>
Explanatory Mechanisms
Respondents who experienced negative emotions since the isolation also increased their substance use (using the substance use scale and the negative emotions scale).
Social interactions and Substance Use

Respondents with more social interactions have also increased their substance use since the isolation (using the substance use scale).
Perceived Changes in Alcohol Use

Since the onset of COVID-19, have you been experiencing more or less of the following?
Since the onset of the COVID-19 pandemic, do you think that people are using more or less of the followings?
Public Opinion about Cannabis and Liquor Retail Stores
“Essential Service” Designation JUSTIFIED (Cannabis)

Q24br2: How justified is it that the following be designated an essential service during the COVID-19 pandemic? Cannabis stores

Proportion (%)
“Essential Service” Designation IMPORTANT (Cannabis)

Q24r2: How important is it that the following remain open during the COVID-19 pandemic?
Cannabis stores

Proportion (%)
“Essential Service” Designation JUSTIFIED (Alcohol)

Q24br1: How justified is it that the following be designated an essential service during the COVID-19 pandemic? Alcohol stores (Liquor stores, beer stores)
“Essential Service” Designation IMPORTANT (Alcohol)

Q24r1: How important is it that the following remain open during the COVID-19 pandemic?
Alcohol stores (Liquor stores, beer stores)

<table>
<thead>
<tr>
<th>Proportion (%)</th>
<th>Men</th>
<th>Women</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-20%</td>
<td>28.4</td>
<td>33.6</td>
<td>31</td>
</tr>
<tr>
<td>21%-40%</td>
<td>10.2</td>
<td>11.8</td>
<td>11.1</td>
</tr>
<tr>
<td>41%-60%</td>
<td>25</td>
<td>21.8</td>
<td>23.4</td>
</tr>
<tr>
<td>61%-80%</td>
<td>17.9</td>
<td>12.9</td>
<td>15.4</td>
</tr>
<tr>
<td>81%-100%</td>
<td>18.4</td>
<td>19.9</td>
<td>19.2</td>
</tr>
</tbody>
</table>
“Essential Service” Designation and Substance use

** Unweighted Data
Next Steps
Questions and Comments