## 2021 Chronic Disease Prevention Survey Data Release

The aim of the Chronic Disease Prevention (CDP) surveys has been to understand the knowledge, attitudes, and beliefs of policy influencers and the general public on policy topics relevant to the prevention of cancer and other chronic diseases.  Understanding policy influencers' and the general public's perceptions of cancer and chronic diseases, and their level of support for policies to address prevention, can help support evidence-based decision-making.  The 2021 survey data was collected between March and May 2021, from two populations: policy influencers and members of the general public from across Alberta and Manitoba.

In this data summary we provide an overview of the results from both the policy influencer and general public surveys on items related to: cancer and chronic disease etiology; mental health policy; substance use policy; alcohol control policy; tobacco-control policy; healthy eating policy; physical activity policy; and government activities in Alberta and Manitoba in 2021.

Overall, the target population for the policy influencer survey was provincial officials, municipal authorities, school board members, workplace managers, and media reporters and editors.  The target population for the public survey was community-dwelling adults (aged 18 years or older) who could be contacted by mobile telephone at the time of the survey and with access to the internet. The general public sample were given a subsample of questions, while the policy influencer sample received the complete survey. For this reason, some results reported here are only available for the policy influencer sample.

The total number of policy influencer respondents in the CDP census sample was 253 (180 in Alberta, 73 in Manitoba), from a total of 2122 invitations to participate (1295 to Alberta, 827 to Manitoba). This makes the overall policy influencer response rate 12.6%, from 14.7% and 9.4% in Alberta and Manitoba respectively. Data from the general public were collected from participants in Edmonton ($n$ = 520), Calgary ($n$ = 533), Winnipeg ($n$ = 1021), other settlements in Alberta ($n$ = 525), and other settlements in Manitoba ($n$ = 527).  The general public response rate in Alberta was 36.0% and 31.8% in Manitoba, with an overall response rate of 33.8%.  Targets for stratified sampling were achieved.  For the purposes of the data presented here, residents of the Calgary, Edmonton, and Winnipeg CMAs are classified as 'urban', while other settlements are classified as 'rural'.  An approximately equal number of men and women were surveyed in the general public survey, with about 1% of these respondents identifying outside of the binary gender categories.

The demographic background of both policy influencer and general public survey participants is provided in Table 1. The Chronic Disease Prevention Survey results (for policy influencers and for the general public) are provided in Table 2 through Table 15[1].

## *Survey Participant Descriptors*

The following table provides background information for all respondents to the 2021 Chronic Disease Prevention Survey stratified by sample-type and province (**Table 1**)[1].

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[1] Columns in all tables may not exactly total 100% due to rounding.

**Table 1:** Demographics of **all 2021 CDP survey respondents** stratified by sample-type and province

| Demographic Variable | Alberta General Public<br><br>*n* = 1703<br>% (n) | Alberta Policy Influencers<br><br>*n* = 221<br>% (n) | Manitoba General Public<br><br>*n* = 1648<br>% (n) | Manitoba Policy Influencers<br><br>*n* = 94<br>% (n) |
|---|---|---|---|---|
| Gender[1] | | | | |
|     Male | 46.9% (732) | 62.2% (112) | 47% (722) | 52.1% (37) |
|     Female | 51.7% (807) | 37.8% (68) | 52.3% (803) | 47.9% (34) |
|     Gender Diverse | 1.2% (18) | 0% (0) | 0.7% (10) | 0% (0) |
|     Other | 0.2% (3) | 0% (0) | 0.1% (1) | 0% (0) |
| Age[2] (mean (SD)) | 30.28 (15.53) | 40.76 (11.15) | 32.33 (16.84) | 43.14 (10.13) |
| Health Self-Report[3] | | | | |
|     Excellent | 11.1% (174) | 5% (9) | 8.6% (132) | 6.8% (5) |
|     Very Good | 33.8% (532) | 33.1% (60) | 30.7% (472) | 43.8% (32) |
|     Good | 36.5% (575) | 45.3% (82) | 39.5% (608) | 39.7% (29) |
|     Fair | 14.6% (230) | 14.9% (27) | 15.9% (245) | 9.6% (7) |
|     Poor | 4% (63) | 1.7% (3) | 5.3% (81) | 0% (0) |
| Mental Health Self-Report[4] | | | | |
|     Excellent | 14.9% (235) | 8.8% (16) | 12.8% (197) | 23.3% (17) |
|     Very Good | 32.4% (510) | 36.5% (66) | 34.2% (525) | 34.2% (25) |
|     Good | 33% (519) | 43.1% (78) | 32.9% (505) | 35.6% (26) |
|     Fair | 14.7% (231) | 10.5% (19) | 16% (246) | 6.8% (5) |
|     Poor | 5.1% (80) | 1.1% (2) | 4% (61) | 0% (0) |
| Education[5] | | | | |
|     High School Incomplete | 1.7% (27) | 1.1% (2) | 2.5% (39) | 1.4% (1) |
|     High School Complete | 10.1% (159) | 8% (14) | 10.1% (155) | 8.2% (6) |
|     University Undergraduate Certificate, Diploma, or Degree | 24% (377) | 25.6% (45) | 21.2% (325) | 19.2% (14) |
|     University Professional or Graduate Complete | 21.9% (344) | 31.8% (56) | 28.4% (436) | 52.1% (38) |
|     College/Technical/University Incomplete | 18.3% (288) | 13.6% (24) | 17.6% (270) | 12.3% (9) |
|     College or Technical School Complete | 18% (283) | 17% (30) | 17.3% (265) | 5.5% (4) |
|     Trade School Complete | 6% (95) | 2.8% (5) | 3% (46) | 1.4% (1) |
| Household Income[6] | | | | |
|     Under $20,000 | 3.6% (49) | 0% (0) | 3.4% (46) | 0% (0) |
|     $20,000 to just under $40,000 | 8% (110) | 1.3% (2) | 11.7% (157) | 1.7% (1) |
|     $40,000 to just under $70,000 | 18.7% (256) | 8.8% (14) | 22% (297) | 13.3% (8) |
|     $70,000 to just under $100,000 | 20.3% (278) | 16.4% (26) | 22.2% (299) | 16.7% (10) |
|     $100,000 to just under $125,000 | 16.3% (223) | 16.4% (26) | 16% (216) | 20% (12) |
|     $125,000 or more | 33.2% (455) | 57.2% (91) | 24.6% (332) | 48.3% (29) |
| Visible Minority[7] | 13.1% (191) | 5.1% (9) | 10.3% (152) | 7.2% (9) |
| Indigenous[8] | 4.9% (75) | 1.1% (2) | 6.9% (105) | 9.7% (7) |
| Born Outside Canada[9] | 14.3% (224) | 5.6% (10) | 12.6% (194) | 0% (0) |

| Demographic Variable | Alberta General Public | Alberta Policy Influencers | Manitoba General Public | Manitoba Policy Influencers |
|---|---|---|---|---|
| | *n* = 1703 % (n) | *n* = 221 % (n) | *n* = 1648 % (n) | *n* = 94 % (n) |
| Political alignment[10] | | | | |
|     Extreme Left | 2.8% (41) | 1.8% (3) | 3.7% (53) | 0% (0) |
|     2 | 2.5% (36) | 0.6% (1) | 3.9% (56) | 1.6% (1) |
|     3 | 11.1% (162) | 6.7% (11) | 13.9% (198) | 10.9% (7) |
|     4 | 13.1% (190) | 9.1% (15) | 17.2% (245) | 10.9% (7) |
|     5 | 17.9% (261) | 20.1% (33) | 17.3% (246) | 26.6% (17) |
|     6 | 18.1% (264) | 28.7% (47) | 15% (214) | 20.3% (13) |
|     7 | 14.4% (210) | 17.7% (29) | 11.2% (159) | 15.6% (10) |
|     8 | 10.5% (153) | 9.8% (16) | 8.9% (127) | 6.2% (4) |
|     9 | 4.7% (68) | 3% (5) | 4.2% (60) | 1.6% (1) |
|     10 | 2% (29) | 0.6% (1) | 2.1% (30) | 3.1% (2) |
|     Extreme Right | 2.8% (41) | 1.8% (3) | 2.6% (37) | 3.1% (2) |
| Living with Chronic Disease[11] | 53.5% (816) | 57.7% (101) | 57.3% (854) | 56.9% (41) |
| Employment Status[12] | | | | |
|     Self-Employed | 13.4% (209) | | 10.2% (157) | |
|     Employed Full Time (>30hrs/Week) | 47.2% (734) | | 46.3% (711) | |
|     Employed Part Time (<30hrs/Week) | 7.6% (118) | | 7% (107) | |
|     Unemployed | 4% (62) | N/A | 3.1% (48) | N/A |
|     Student | 4% (62) | | 4.2% (64) | |
|     Homemaker | 4.1% (64) | | 2.3% (36) | |
|     Retired | 17.6% (274) | | 23.8% (365) | |
|     Other | 2% (31) | | 3.1% (47) | |
| Organization Type[13] | | | | |
|     Media | | 18.6% (41) | | 10.6% (10) |
|     Municipal authorities | | 51.6% (114) | | 48.9% (46) |
|     Provincial Government | N/A | 4.5% (10) | N/A | 6.4% (6) |
|     School or School Board | | 12.7% (28) | | 12.8% (12) |
|     Private Workplace | | 12.7% (28) | | 21.3% (20) |
| Nature of Position[14] | | | | |
|     Elected | | 37.1% (63) | | 31.0% (22) |
|     Appointed | | 7.6% (13) | | 2.8% (2) |
|     Hired | N/A | 47.6% (81) | N/A | 62.0% (44) |
|     Volunteer | | 0.0% (0) | | 1.4% (1) |
|     Other | | 7.6% (13) | | 2.8% (2) |

[1] missingness: AB GP: n= (8.4%), AB PI: n= (18.6%), MB GP: n= (6.8%), MB PI: n= (24.5%)

[2] missingness: AB GP: n= (0.0%), AB PI: n= (3.6%), MB GP: n= (0.0%), MB PI: n= (4.2%)

[3] missingness: AB GP: n= (7.6%), AB PI: n= (18.1%), MB GP: n= (6.7%), MB PI: n= (22.3%)

[4] missingness: AB GP: n= (7.5%), AB PI: n= (18.1%), MB GP: n= (6.9%), MB PI: n= (22.3%)

[5] missingness: AB GP: n= (7.6%), AB PI: n= (20.4%), MB GP: n= (6.8%), MB PI: n= (22.3%)

[6] missingness: AB GP: n= (19.5%), AB PI: n= (28.1%), MB GP: n= (18.3%), MB PI: n= (36.2%)

[7] missingness: AB GP: n= (12.8%), AB PI: n= (20.8%), MB GP: n= (10.9%), MB PI: n= (26.6%)

[8] missingness: AB GP: n= (9.3%), AB PI: n= (19.5%), MB GP: n= (8.1%), MB PI: n= (23.4%)

[9] missingness: AB GP: n= (7.8%), AB PI: n= (19.5%), MB GP: n= (6.6%), MB PI: n= (22.3%)

[10] missingness: AB GP: n= (14.5%), AB PI: n= (25.8%), MB GP: n= (13.5%), MB PI: n= (31.9%)

[11] missingness: AB GP: n= (10.5%), AB PI: n= (20.8%), MB GP: n= (9.5%), MB PI: n= (23.4%)

[12] missingness: AB GP: n= (8.7%), MB GP: n= (6.9%)

[13] missingness: AB PI: n= 0 (0.0%), MB PI: n=0 (0.0%)

[14] missingness: AB PI: n= (23.1%), MB PI: n= (24.5%)

## Data Summary: Cancer and Chronic Disease Etiology
### Policy Influencers and the General Public: Perceived Behavioural and Environmental Links to Cancer and Chronic Disease

Table 2 reports valid percentages of respondents for each sample who responded "Definitely Linked" or "Might be Linked" when asked whether they believe the listed exposures are linked to cancer or other chronic diseases.

**Table 2:**     Valid percentages of **all respondents**, stratified by province and sample type, who indicated they believe the listed exposures are linked to cancer or other chronic diseases

| Exposure in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Participating in regular exercise | 73.6% | 80.4% | 72.5% | 80.3% | 74.7% | 80.6% |
| Eating a healthy balanced diet | 74.5% | 83.4% | 74.6% | 83.7% | 74.5% | 82.8% |
| Eating sufficient servings of fruits and vegetables | 71.6% | 82.4% | 71.6% | 83.3% | 71.6% | 80.4% |
| Smoking cigarettes | 99.0% | 99.0% | 98.7% | 99.1% | 99.3% | 98.9% |
| Vaping (i.e., e-cigarettes, aerosols, e-liquids) | 96.6% | 98.7% | 96.2% | 98.6% | 97.0% | 98.9% |
| Using other tobacco products (e.g., chewing tobacco, cigars) | 98.6% | 99.0% | 98.5% | 99.1% | 98.8% | 98.9% |
| Exposure to tobacco smoke | 97.3% | 98.1% | 97.3% | 98.2% | 97.2% | 97.9% |
| Smoking marijuana | 75.5% | 88.2% | 75.1% | 88.7% | 76.0% | 86.9% |
| Drinking excessive alcohol | 92.5% | 94.5% | 92.6% | 94.9% | 92.5% | 93.4% |
| Using cannabis products (e.g., oils, edibles) | 61.1% | 73.8% | 61.2% | 73.6% | 60.9% | 74.4% |
| Illegal substance use | 90.6% | 94.8% | 90.0% | 93.9% | 91.3% | 96.6% |
| Social determinants of health | 76.4% | 86.2% | 74.1% | 87.3% | 78.8% | 83.7% |

*Policy Influencers and the General Public: Beliefs about Cancer and Healthy Public Policy*

**Table 3** reports valid percentages of respondents for each sample who responded "Strongly Agree" or "Agree" when provided with various statements about cancer and healthy public policy.

**Table 3:** Valid percentages of **all respondents**, stratified by province and sample type, who indicated they agree with the listed statements about cancer and healthy public policy.

| Statement in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Most cancers are preventable | 45.6% | 51.3% | 46.8% | 50.3% | 44.4% | 53.4% |
| Cancer is just bad luck it is not preventable | 18.8% | 11.8% | 19.2% | 11.3% | 18.4% | 12.9% |
| Cancer treatment is more important than prevention | 35.4% | 38.8% | 35.9% | 41.0% | 34.8% | 33.7% |
| Most cancers are caused by genetics | 53.3% | 49.4% | 53.4% | 46.6% | 53.2% | 55.8% |
| There is insufficient evidence social policy can reduce cancer risk | N/A | 44.6% | N/A | 44.5% | N/A | 44.7% |
| There is insufficient evidence economic policy can reduce cancer risk | N/A | 49.4% | N/A | 50.3% | N/A | 47.2% |
| Health Care system should be more focused on prevention | N/A | 92.1% | N/A | 94.6% | N/A | 86.0% |

### Policy Influencers and the General Public: Beliefs about Chronic Disease Etiology and Responsibility

Table 4 reports valid percentages of respondents for each sample who responded "Strongly Agree" or "Agree" when provided with various statements about causes and responsible parties for in chronic disease etiologies (i.e., cause is an individual's own fault, cause is circumstances beyond an individual's control, responsibility is an individual's to address, responsibility is society's to address).

**Table 4:** Valid percentages of **all respondents,** stratified by province and sample type, who agreed with the given statements around responsibilities for chronic disease etiologies

| Statement in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Healthy eating problem "Cause OWN FAULT" | N/A | 41.0% | N/A | 38.9% | N/A | 46.4% |
| Healthy eating problem "Cause CIRCUMSTANCES BEYOND CONTROL" | N/A | 43.8% | N/A | 46.7% | N/A | 36.4% |
| Healthy eating problem "Responsibility to address OWN" | N/A | 73.0% | N/A | 71.6% | N/A | 76.5% |
| Healthy eating problem "Responsibility to address SOCIETAL" | N/A | 38.1% | N/A | 34.9% | N/A | 46.4% |
| PA problem "Cause OWN FAULT" | N/A | 61.3% | N/A | 60.5% | N/A | 63.2% |
| PA problem "Cause CIRCUMSTANCES BEYOND CONTROL" | N/A | 40.8% | N/A | 39.5% | N/A | 43.9% |
| PA problem "Responsibility to address OWN" | N/A | 84.3% | N/A | 84.3% | N/A | 84.3% |
| PA problem "Responsibility to address SOCIETAL" | N/A | 35.5% | N/A | 32.9% | N/A | 42.0% |
| Alcohol problem "Cause OWN FAULT" | 61.5% | 49.2% | 62.2% | 48.8% | 60.7% | 50.0% |

| Statement in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Alcohol problem "Cause CIRCUMSTANCES BEYOND CONTROL" | 39.8% | 43.9% | 38.4% | 46.2% | 41.3% | 38.2% |
| Alcohol problem "Responsibility to address OWN" | 85.4% | 78.5% | 85.5% | 76.7% | 85.3% | 82.9% |
| Alcohol problem "Responsibility to address SOCIETAL" | 53.0% | 49.4% | 49.4% | 48.0% | 56.7% | 52.9% |
| Tobacco problem "Cause OWN FAULT" | 80.9% | 74.0% | 81.5% | 75.1% | 80.2% | 71.0% |
| Tobacco problem "Cause CIRCUMSTANCES BEYOND CONTROL" | 25.6% | 30.1% | 24.9% | 29.2% | 26.4% | 32.4% |
| Tobacco problem "Responsibility to address OWN" | 91.8% | 85.5% | 92.0% | 84.8% | 91.6% | 87.3% |
| Tobacco problem "Responsibility to address SOCIETAL" | 38.6% | 36.7% | 36.7% | 33.7% | 40.4% | 44.3% |
| Obesity problem "Cause OWN FAULT" | 44.9% | 46.2% | 45.8% | 46.4% | 44.0% | 45.6% |
| Obesity problem "Cause CIRCUMSTANCES BEYOND CONTROL" | 41.1% | 61.7% | 39.6% | 61.9% | 42.6% | 61.2% |
| Obesity problem "Responsibility to address OWN" | 76.2% | 82.7% | 75.6% | 81.5% | 76.7% | 85.7% |
| Obesity problem "Responsibility to address SOCIETAL" | 33.0% | 47.3% | 32.0% | 45.6% | 34.1% | 51.4% |
| Mental health problem "Cause OWN FAULT" | 7.4% | 10.2% | 8.0% | 11.6% | 6.8% | 7.0% |
| Mental health problem "Cause CIRCUMSTANCES BEYOND CONTROL" | 73.1% | 80.8% | 71.7% | 82.5% | 74.5% | 76.5% |

| Statement in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Mental health problem "Responsibility to address OWN" | 58.7% | 61.7% | 58.4% | 59.5% | 59.0% | 67.1% |
| Mental health problem "Responsibility to address SOCIETAL" | 69.1% | 82.5% | 66.3% | 84.6% | 72.1% | 77.5% |
| Substance use problem "Cause OWN FAULT" | 58.0% | 62.7% | 57.6% | 64.5% | 58.4% | 58.2% |
| Substance use problem "Cause CIRCUMSTANCES BEYOND CONTROL" | 41.2% | 48.1% | 39.3% | 49.7% | 43.1% | 43.9% |
| Substance use problem "Responsibility to address OWN" | 79.0% | 85.4% | 78.7% | 85.2% | 79.4% | 85.9% |
| Substance use problem "Responsibility to address SOCIETAL" | 58.2% | 58.9% | 55.8% | 57.7% | 60.6% | 62.0% |

## Data Summary: Mental Health Policy
### Policy Influencers and the General Public: Support for Evidence-Based Mental Health Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to mental health** (Table 5).

**Table 5:** Valid percentages of **all respondents**, stratified by province and sample type, who supported given mental health policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Mandate curricula/ training related to mental health promotion, anti-stigma awareness, and suicide prevention among healthcare professionals | 94.6% | 97.8% | 93.7% | 98.9% | 95.4% | 95.1% |
| Implement a school-based prevention programming that incorporates curricula on suicide and related issues (e.g., anxiety-prevention, resiliency-building, socio-emotional health) and expand workshops and peer support programs in schools | 92.7% | 95.8% | 91.5% | 97.3% | 93.9% | 92.3% |
| Subsidize recovery and support programs in shelters to aid in breaking the cycle of family violence | N/A | 97.8% | N/A | 97.9% | N/A | 97.6% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Provide maternal mental health resources in all healthcare settings (i.e., trained staff, information for referrals) | N/A | 98.1% | N/A | 97.8% | N/A | 98.8% |
| Provide programs for parents to develop parenting skills and early intervention programs for parents of preschool-aged children | 93.0% | 97.4% | 92.8% | 98.4% | 93.2% | 95.1% |
| Publicly fund the development and implementation of virtual, technology-based applications to help people access tools, information, and services to address and mental health issues | N/A | 94.2% | N/A | 94.5% | N/A | 93.7% |
| Build or facilitate partnerships across organizations to develop community-service based hubs, which provide a single point of access for multiple social services at one location for families or at-risk population groups (e.g., LGBTQ2+, newcomers, people with disabilities, veterans…) | N/A | 94.6% | N/A | 94.6% | N/A | 94.8% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Legally protect student groups that support the safety and inclusion of marginalized students, including Gay/Straight Alliances as a means of reducing stigma and discrimination in the LGBTQ2+ population | N/A | 85.2% | N/A | 84.2% | N/A | 87.7% |
| Develop and implement inclusive, culturally competent program delivery and training (e.g., by engaging Black, Indigenous, and other people of colour in the development and implementation) for individuals working in suicide prevention, frontline workers, volunteers, and health care practitioners | N/A | 91.5% | N/A | 91.2% | N/A | 92.3% |
| Provide information to new immigrants and refugees upon arrival about common mental health problems that may occur with adjustment to Canada and available resources | 89.2% | 91.7% | 86.5% | 91.5% | 92.0% | 92.1% |
| Fund housing services and income supports for individuals with mental health issues | 90.1% | 91.4% | 88.3% | 91.1% | 91.9% | 92.2% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Promote help-seeking behaviours in men, seniors and other at-risk groups through phone help-lines, reduced individual cost, incentives, and reducing barriers to care | N/A | 98.9% | N/A | 98.9% | N/A | 98.7% |
| Fund media campaigns and targeted education and programming that emphasize the importance of psychological health and safety in the workplace | N/A | 95.5% | N/A | 95.7% | N/A | 95.0% |
| Develop public awareness campaigns against physical and sexual assault | N/A | 98.9% | N/A | 98.4% | N/A | 100.0% |
| Support First Nations, Métis, and Inuit control of mental health services | 84.8% | 89.5% | 84.3% | 88.1% | 85.2% | 92.4% |
| Adapt best practices in suicide prevention used in training healthcare providers in collaboration with First Nations, Métis, and Inuit representatives | N/A | 94.3% | N/A | 93.5% | N/A | 96.2% |
| Publicly fund programs to train health practitioners to deliver trauma-informed care | N/A | 97.3% | N/A | 97.2% | N/A | 97.5% |

# Data Summary: Substance Use Policy
## Policy Influencers and the General Public: Support for Evidence-Based Substance Use Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to substance use (Table 6)**.

**Table 6:** Valid percentages of **all respondents**, stratified by province and sample type, who supported given substance use policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Develop medical school curricula, medical association guidelines, and professional development programs to train health care practitioners about their responsibility to counteract stigma towards people who use drugs | N/A | 88.4% | N/A | 88.6% | N/A | 87.7% |
| Dedicate more funding for substance use education and prevention programs and updated curricula in elementary and high schools | N/A | 93.6% | N/A | 94.2% | N/A | 92.1% |
| Develop programs for teachers to connect students who violate school substance use policies with prevention and treatment services | N/A | 94.4% | N/A | 95.3% | N/A | 92.2% |
| Develop screening tools and interventions to identify and assist students at risk of developing substance use disorders or experiencing substance-related harm | N/A | 94.7% | N/A | 96.2% | N/A | 91.1% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Develop public information campaigns on evidence-based treatment options for people living with substance use disorders | N/A | 95.4% | N/A | 96.2% | N/A | 93.4% |
| Implement specialized inpatient and outpatient addiction medicine care in hospital facilities | 87.8% | 89.1% | 84.6% | 89.1% | 91.1% | 89.2% |
| Facilitate access to substance use services for children and adults involved with the criminal justice system | N/A | 86.4% | N/A | 86.0% | N/A | 87.3% |
| Implement harm reduction interventions like sterile syringe distribution and supervised consumption services in correctional facilities | N/A | 68.1% | N/A | 64.4% | N/A | 77.5% |
| Create publicly-funded permanent supportive housing units for those living with severe substance use disorders | 72.0% | 77.5% | 66.9% | 76.1% | 77.2% | 80.8% |
| Create more social supports (e.g., child care) for women that are accessing substance use services | N/A | 89.8% | N/A | 89.6% | N/A | 90.3% |
| Expand the scope of practice for pharmacists to take on a larger role in providing medications for treating opioid addiction for patients | N/A | 87.9% | N/A | 86.4% | N/A | 91.4% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Increase access to injectable medications for treating opioid addiction (e.g., hydromorphone) for people with severe opioid use disorders | 76.2% | 78.1% | 71.7% | 78.1% | 80.8% | 77.9% |
| Support qualified physicians to prescribe limited quantities of prescription opioids as a harm reduction measure for people dependent on street-sourced illegal fentanyl or other opioids | N/A | 80.0% | N/A | 77.8% | N/A | 85.1% |
| Prohibit exclusionary zoning policies that prevent sterile needle exchange programs, substance use treatment programs, or supervised injection facilities within municipalities | 62.3% | 58.7% | 57.2% | 56.1% | 67.6% | 64.8% |
| Promote the practice of Screening, Brief Intervention, and Referral to Treatment in primary care settings (i.e., early intervention protocol to assess severity of substance use and appropriate level of treatment) | 93.7% | 96.1% | 92.2% | 97.3% | 95.4% | 93.2% |
| Improve access to medications for treating opioid addiction in provincial correctional facilities | N/A | 84.9% | N/A | 83.1% | N/A | 89.3% |
| Allocate more public funding for pharmacotherapies to treat people with substance use disorders | 77.2% | 81.2% | 71.8% | 79.4% | 82.9% | 85.7% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Increase access to harm reduction services (e.g., sterile syringe distribution, supervised consumption services, peer outreach) for people who are not ready or able to access treatment | N/A | 72.9% | N/A | 69.9% | N/A | 80.6% |
| Improve integration of medications for treating opioid addiction and other pharmacotherapies for substance use disorders within primary care | N/A | 91.7% | N/A | 92.2% | N/A | 90.4% |
| Create funding for First Nations, Métis, Inuit, and urban Aboriginal communities to ensure culturally appropriate and community-driven programming and resources | N/A | 82.0% | N/A | 81.3% | N/A | 83.8% |
| Publicly fund residential addiction treatment programs to eliminate cost barriers to attendance | 83.2% | 87.8% | 78.9% | 89.2% | 87.5% | 84.2% |
| Publicly fund the development and implementation of virtual, technology-based applications to help people access tools, information, and services to address substance use disorders | N/A | 92.5% | N/A | 92.3% | N/A | 93.0% |

# Data Summary: Alcohol Control Policy
## Policy Influencers and the General Public: Support for Evidence-Based Alcohol Control Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to alcohol control (**Table 7).

**Table 7:** Valid percentages of **all respondents**, stratified by province and sample type, who supported given alcohol control policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Align restrictions for alcohol advertising on media outlets accessible to minors with strong regulations for tobacco and cannabis | 85.2% | 86.9% | 82.5% | 85.7% | 87.9% | 89.6% |
| Restrict alcohol marketing targeting youth (product packaging, contests, parties, sport endorsements) | N/A | 83.7% | NA | 80.5% | N/A | 91.1% |
| Regulate alcohol more like tobacco and cannabis, with much tighter restrictions on marketing | 68.8% | 66.0% | 67.6% | 65.9% | 70.1% | 66.2% |
| Governments should apply any new alcohol revenue directly to disease prevention and wellness programs | 85.3% | 82.0% | 84.4% | 82.1% | 86.2% | 81.8% |
| Mandatory front of package health warning labels on alcoholic beverages | 66.1% | 68.6% | 65.5% | 66.8% | 66.8% | 72.7% |
| Label alcoholic beverages to display quantity relative to standard number of drinks | N/A | 80.7% | N/A | 79.7% | N/A | 83.3% |
| Increase enforcement against alcohol sales to minors | 86.9% | 93.5% | 85.8% | 92.4% | 88.1% | 96.2% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Public monopoly system for the sale of alcohol (e.g., all stores are operated by the government) | N/A | 34.1% | N/A | 25.6% | N/A | 54.8% |
| Zoning to limit the number of alcohol retail outlets per square kilometer | N/A | 52.6% | N/A | 52.0% | N/A | 54.4% |
| Require minimum retail prices per standard unit drink | N/A | 47.5% | N/A | 45.2% | N/A | 52.9% |
| Tax alcoholic beverages based on ethyl alcohol content | 51.1% | 56.6% | 51.0% | 57.8% | 51.3% | 54.1% |
| Increase access to inpatient and speciality addiction treatment for individuals suffering from alcohol use disorder | N/A | 95.3% | N/A | 94.5% | N/A | 97.4% |
| Increase access to alcohol screening and brief interventions in primary care and emergency room settings | N/A | 93.4% | N/A | 92.4% | N/A | 95.9% |
| Increase the legal drinking age from 18 or 19 to 21 years of age | N/A | 46.0% | N/A | 46.0% | N/A | 45.9% |
| Provide culturally safe counselling services as one option to support people to recover from alcohol use disorder | N/A | 96.2% | N/A | 96.7% | N/A | 94.9% |
| Publicly fund the development and implementation of virtual, technology-based applications to help people access tools, information, and services to address alcohol use disorder | N/A | 88.2% | N/A | 89.2% | N/A | 85.7% |

## Data Summary: Tobacco Control Policy
### Policy Influencers and the General Public: Support for Evidence-Based Healthy Tobacco Control Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to tobacco control (Table 8)**.

**Table 8:**       Valid percentages of **all respondents**, stratified by province and sample type, who supported given tobacco control policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Fully enforce current tobacco and vaping reduction legislation (e.g., by hiring more inspectors) | N/A | 85.9% | N/A | 86.3% | N/A | 85.0% |
| Governments should apply any new tobacco tax revenue directly to disease prevention and wellness programs | N/A | 93.7% | N/A | 93.6% | N/A | 94.0% |
| Effective evidence-based stop smoking treatment and counselling services should be fully funded by the (public) health care system | N/A | 77.1% | N/A | 76.4% | N/A | 78.6% |
| Ban smoking and vaping in all public outdoor spaces where children are permitted (e.g., children's playgrounds, parks, sports fields, public events, and beaches) | 81.9% | 90.3% | 78.9% | 90.7% | 85.0% | 89.4% |
| Ban the use of water pipes (hookahs) in all public places where tobacco use is banned | 80.9% | 91.9% | 78.5% | 90.9% | 83.4% | 94.0% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Strengthen retailer regulations to prevent illegal tobacco and vaping device sales to minors (e.g., mandatory ID check for anyone under 25, staff training, no employees under age 18) | 90.8% | 92.6% | 90.1% | 93.2% | 91.6% | 91.4% |
| Prohibit the sale of vaping products in pharmacies until they are officially approved as medical devices for smoking cessation | N/A | 90.3% | N/A | 90.8% | N/A | 89.3% |
| Increase tobacco taxes by at least $1 per pack of 20 cigarettes to help reduce youth smoking | 72.2% | 78.0% | 69.8% | 77.0% | 74.6% | 80.2% |
| Governments should require tobacco companies to pay for the cost of tobacco reduction efforts | 84.9% | 88.5% | 82.3% | 87.3% | 87.6% | 91.4% |

## Data Summary: Healthy Eating Policy
### Policy Influencers and the General Public: Support for Evidence-Based Healthy Eating Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to healthy eating (Table 9)**.

**Table 9:** Valid percentages of **all respondents**, stratified by province and sample type, who supported given healthy eating policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Fund government media campaigns that encourage healthy food and beverage choices | N/A | 85.4% | N/A | 83.4% | N/A | 90.1% |
| Mandate priority space for healthy foods and beverages in all public buildings | N/A | 73.3% | N/A | 71.7% | N/A | 77.3% |
| Mandate priority space for healthy foods and beverages in all public recreation facilities | 82.1% | 76.1% | 79.4% | 76.0% | 84.9% | 76.5% |
| Mandate government-led front of package nutrition labelling on all processed foods and beverages | N/A | 83.0% | N/A | 79.9% | N/A | 90.0% |
| Mandate government-led logos or symbols in grocery stores to help identify healthy foods and beverages | N/A | 80.4% | N/A | 79.5% | N/A | 82.7% |
| Remove sales taxes on pre-cut vegetables and fruits in grocery stores | N/A | 92.6% | N/A | 91.5% | N/A | 95.1% |
| Regulate portion sizes in food outlets | N/A | 43.2% | N/A | 39.6% | N/A | 51.9% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Eliminate all forms of subsidies that make unhealthy food cheaper than healthy food | N/A | 88.1% | N/A | 88.0% | N/A | 88.3% |
| Tax sugary drinks and energy drinks on top of sales taxes | 58.2% | 66.4% | 55.5% | 65.2% | 61.0% | 69.1% |
| Subsidize the purchase of healthy foods and beverages | N/A | 68.9% | N/A | 65.8% | N/A | 76.2% |
| Ensure sufficient social assistance food allowances for recipients to purchase a nutritious food basket | N/A | 87.8% | N/A | 86.9% | N/A | 89.9% |
| Enact zoning to increase the number of small grocery stores that people can walk to in every neighbourhood | N/A | 71.0% | N/A | 72.1% | N/A | 68.5% |
| Enact zoning that limits the number of fast food restaurants per square kilometre | 49.3% | 34.1% | 48.0% | 33.5% | 50.6% | 35.6% |
| Restrict or ban new fast food restaurant drive-through facilities | 30.1% | 18.7% | 28.5% | 18.6% | 31.8% | 19.0% |
| Ban sugary drinks in schools and childcare settings | N/A | 75.1% | N/A | 73.5% | N/A | 78.6% |
| Restrict unhealthy foods in schools and childcare settings | N/A | 77.4% | N/A | 74.6% | N/A | 84.0% |
| Mandate policies for healthy foods and beverages at schools and childcare settings | 89.4% | 87.3% | 88.2% | 85.0% | 90.7% | 92.7% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Provide free fruit and vegetable subscription programs for schools and childcare settings | N/A | 85.1% | N/A | 83.2% | N/A | 89.6% |
| Create incentives to foster local food and beverage producers to provide healthy foods to schools and childcare settings | N/A | 89.6% | N/A | 86.7% | N/A | 96.3% |
| Monitor and evaluate food and beverage initiatives in school and childcare settings | N/A | 87.6% | N/A | 87.6% | N/A | 87.7% |
| Restrict sugary drink sales in all public buildings | N/A | 51.5% | N/A | 48.4% | N/A | 59.0% |
| Ensure breastfeeding is permitted and adequate facilities exist in all public buildings | 93.8% | 95.4% | 93.0% | 95.1% | 94.6% | 96.2% |
| Restrict unhealthy foods sales in all recreation facilities | 54.8% | 53.0% | 51.6% | 50.8% | 58.2% | 58.2% |
| Mandate priority space in grocery stores for healthy foods and beverages (e.g., Fruit stand instead of candy "powerwalls" in checkout aisles) | N/A | 68.8% | N/A | 67.8% | N/A | 71.2% |
| Prohibit advertising and promotion of unhealthy foods and beverages to children | 76.7% | 75.6% | 73.8% | 72.3% | 79.6% | 83.3% |
| Mandate nutrition information on all restaurant menus | N/A | 76.4% | N/A | 76.3% | N/A | 76.5% |
| Permit zoning to restrict the supply of junk food near schools | N/A | 48.3% | N/A | 47.0% | N/A | 51.3% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Adopt and implement an evidence-based food and beverage rating system for meals and snacks consumed by children | N/A | 90.9% | N/A | 91.0% | N/A | 90.9% |
| Provide comprehensive nutrition education in schools and childcare settings | N/A | 98.2% | N/A | 98.4% | N/A | 97.6% |

## Data Summary: Physical Activity Policy
### Policy Influencers and the General Public: Support for Evidence-Based Physical Activity Policy

The following table reports valid percentages for the sample of **policy influencers and the general public**, stratified by province, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to physical activity** (Table 10).

**Table 10:** Valid percentages of **all respondents**, stratified by province and sample type, who supported given physical activity policies

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Subsidize programs for those who cannot afford to participate in organized sport, physical activity, and recreation | N/A | 91.9% | N/A | 92.6% | N/A | 90.1% |
| Provide incentives for workplaces to implement physical activity policies for workers and provide access to physical activity opportunities and facilities | N/A | 86.6% | N/A | 85.5% | N/A | 89.0% |
| Provide incentives for workplaces to reduce extended sitting time among their employees (e.g., standing desks and walking meetings) | 89.2% | 84.2% | 87.8% | 82.3% | 90.6% | 88.8% |
| Provide resources to reduce sedentary behaviours on school grounds for all children, including those living with disabilities (e.g., classroom and recess movement activities, physically active learning, outdoor classrooms, etc.) | 96.8% | 96.3% | 96.8% | 97.4% | 96.8% | 94.0% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Mandate physical activity requirements of 180 minutes per day in all childcare settings, including 60 minutes of energetic play for all children, including those living with disabilities | 86.9% | 83.7% | 86.0% | 83.0% | 87.9% | 85.3% |
| Provide more high-quality resources to support the implementation of physical education school curriculum for all children, including those living with disabilities | N/A | 98.2% | N/A | 98.4% | N/A | 97.6% |
| Building and maintenance of accessible active transportation infrastructure in communities to support walking, bicycling, and public transit year-round | 90.6% | 92.2% | 87.9% | 89.8% | 93.3% | 97.6% |
| Restrict vehicular traffic in high-use pedestrian areas during peak hours to support active transportation (e.g., walking, cycling) or public transportation | N/A | 73.6% | N/A | 69.2% | N/A | 83.5% |
| Promote safe active transportation to school through walk or cycle-to-school programs and crossing patrols | 95.6% | 96.3% | 95.1% | 96.8% | 96.2% | 95.1% |
| Invest in public transit improvements including frequency, routes, and scheduling to encourage multi-modal active transportation | 86.1% | 83.7% | 82.6% | 79.3% | 89.5% | 93.5% |

| Policy in Question | Overall | | Alberta | | Manitoba | |
|---|---|---|---|---|---|---|
| | General Public | Policy Influencer | General Public | Policy Influencer | General Public | Policy Influencer |
| Improve opportunities for physical activity through neighbourhood revitalization programs | N/A | 97.4% | N/A | 97.3% | N/A | 97.5% |
| Amend provincial legislation to ensure municipalities are empowered to establish minimum standards for health promoting environments that developers need to address | N/A | 81.7% | N/A | 81.8% | N/A | 81.3% |
| Enhance the quantity, quality, and accessibility of green spaces in all neighbourhoods | 96.7% | 98.5% | 96.1% | 98.4% | 97.2% | 98.8% |
| Modify bylaws to allow the safe use of sporting equipment (hockey and soccer nets) in neighbourhood streets | N/A | 81.7% | N/A | 82.0% | N/A | 81.0% |
| Mandate the consideration of active transit infrastructure when updating current features (e.g., adding bike lanes when roads are improved) | N/A | 78.6% | N/A | 73.4% | N/A | 90.2% |
| Mandating improvements to quality of outdoor play spaces in childcare settings | N/A | 88.9% | N/A | 86.9% | N/A | 93.7% |
| The provincial government should engage stakeholders to develop, adopt, and implement a provincial active transportation strategy | N/A | 88.5% | N/A | 86.7% | N/A | 92.5% |

## Data Summary: Government Activities
### Policy Influencers: Attitudes on the Legitimate Scope of Government Activities

The following table reports valid percentages for the sample of **policy influencers**, stratified by province, who responded "Strongly Agree" or "Agree" when asked to indicate their level of agreement with statements regarding government activities (Table 11).

**Table 11:** Valid percentages of **policy influencers**, stratified by province, who agree with the given statements on government activities

| Statement in Question | Overall | Alberta | Manitoba |
|---|---|---|---|
| The government should lower taxes | 46.8% | 48.7% | 42.2% |
| The government has taken over too many things that should be handled by individuals, families, and private businesses | 48.8% | 50.6% | 44.3% |
| The government should be actively involved in solving problems that develop between groups, businesses, and individuals | 51.3% | 52.8% | 47.7% |
| The government should reduce its assistance to the poor | 11.9% | 13.4% | 8.5% |
| The government should not formally intervene to prevent chronic diseases because it interferes with an individual's decision on how to behave | 22.3% | 23.1% | 20.3% |

### *Policy Influencers: Attitudes on Current Policies*

The following table reports valid percentages for the sample of **policy influencers**, stratified by province, who responded "Strongly Agree" or "Agree" when asked **to indicate their level of agreement with statements regarding current government policies (Table 12)**.

**Table 12:** Valid percentages of **policy influencers**, stratified by province, who agree with the given statements on current policies

| Statement in Question | Overall | Alberta | Manitoba |
|---|---|---|---|
| Policies on mental health in my province make the healthy choice the easy choice | 52.7% | 55.3% | 47.1% |
| Policies on substance use in my province make the healthy choice the easy choice | 45.9% | 51.6% | 32.3% |
| Policies on alcohol in my province make the healthy choice the easy choice | 53.4% | 51.6% | 57.8% |
| Policies on tobacco in my province make the healthy choice the easy choice | 65.5% | 63.0% | 71.2% |
| Policies on nutrition in my province make the healthy choice the easy choice | 47.3% | 49.1% | 43.1% |
| Policies on physical activity in my province make the healthy choice the easy choice | 53.9% | 57.9% | 43.8% |

## Policy Influencers: Stakeholder Meetings

The following tables report valid percentages for the sample of **policy influencers** who responded "Yes" when asked **to indicate whether they had had contact with external stakeholders on healthy public policy issues,** stratified by province **(Table 13)**; and what the content focus of this contact was overall **(Table 14)** and stratified by province **(Table 15)**.

**Table 13:** Valid percentages of **policy influencers**, stratified by province, who had contact with external stakeholders on given healthy public policy issues

| Organization in Question | Overall | Alberta | Manitoba |
|---|---|---|---|
| Stakeholders outside organization for mental health | 61.9% | 67.8% | 48.0% |
| Stakeholders outside organization for substance use | 37.7% | 42.5% | 25.7% |
| Stakeholders outside organization for alcohol | 32.6% | 34.2% | 28.4% |
| Stakeholders outside organization for tobacco | 31.3% | 36.7% | 19.0% |
| Stakeholders outside organization for nutrition | 31.5% | 33.9% | 25.7% |
| Stakeholders outside organization for physical activity | 50.4% | 53.8% | 42.1% |

**Table 14:** Valid percentages of the content of stakeholder contact with various external stakeholders according to the overall **policy influencer** sample

| Focus of Contact with Stakeholders | Overall | | | |
|---|---|---|---|---|
| | Mainly Health Promotion | Mainly Commercial | Equally on Both | Other |
| Mental Health | 70.9% | 2.6% | 16.6% | 9.9% |
| Substance Use | 70.8% | 1.0% | 20.8% | 7.3% |
| Alcohol | 48.2% | 13.3% | 27.7% | 10.8% |
| Tobacco | 80.0% | 3.8% | 12.5% | 3.8% |
| Nutrition | 59.5% | 10.1% | 26.6% | 3.8% |
| Physical Activity | 50.0% | 7.8% | 31.2% | 10.9% |

**Table 15:** Valid percentages of the content of stakeholder contact with various external stakeholders according to the **policy influencer** sample, by province

| Focus of Contact with Stakeholders | Alberta | | | | Manitoba | | | |
|---|---|---|---|---|---|---|---|---|
| | Mainly Health Promotion | Mainly Commercial | Equally on Both | Other | Mainly Health Promotion | Mainly Commercial | Equally on Both | Other |
| Mental Health | 73.1% | 2.5% | 16.0% | 8.4% | 62.5% | 3.1% | 18.8% | 15.6% |
| Substance Use | 72.7% | 1.3% | 16.9% | 9.1% | 63.2% | 0.0% | 36.8% | 0.0% |
| Alcohol | 49.2% | 12.7% | 27.0% | 11.1% | 45.0% | 15.0% | 30.0% | 10.0% |
| Tobacco | 78.5% | 4.6% | 13.8% | 3.1% | 86.7% | 0.0% | 6.7% | 6.7% |
| Nutrition | 60.7% | 6.6% | 31.1% | 1.6% | 55.6% | 22.2% | 11.1% | 11.1% |
| Physical Activity | 48.5% | 8.2% | 33.0% | 10.3% | 54.8% | 6.5% | 25.8% | 12.9% |

## *Addendum: Key Considerations for Data Use*

- Provision of the data in no way implies transfer of ownership by the University of Alberta.
- The APCCP must be **named** and given credit for conducting the research in all dissemination of the data herein.
- The APCCP Research Committee member(s)/investigator(s) who led the research must be **named** on all internal and external releases of data and be provided with the opportunity to ensure that any technical aspects and/or interpretation of data are technically correct. Please contact the PLACE Research Lab for details.
- Data released to APCCP stakeholders are immediately free to share them *internally* within their organizations.
- Data released to *external* partners, stakeholders, or the media are subject to additional conditions (see below).

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The APCCP Research Committee member(s)/investigator(s) via the PLACE Research Lab:

- Must be notified in writing (*minimum* of 48 hours notice), in advance of any planned media releases involving data reported here. Should the APCCP *Research Committee* fail to respond within a timely manner or decline to participate, data requesters can proceed with a public release of the data *unless otherwise notified*.
- Will ensure that the interpretation of data is consistent with other APCCP messaging.
- May elect to participate directly through a joint media release with the stakeholder.
- **May request the temporary or permanent delay of the release in order to fulfill their research obligations**.

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