



Canadian Substance Use Survey

Summary of Results 2025



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Introduction

The Canadian Substance Use Survey (CSUS) is conducted every other year by Health Canada (HC). It aims to collect data from people aged 15 and older living in Canada to identify the prevalence of and trends in alcohol and drug use. Data from CSUS are used to develop, implement, and evaluate strategies, policies, and programs surrounding alcohol and drug use in Canada. CSUS and its predecessors have been one of HC's main sources of national substance use data since 2008.

CSUS (previously the Canadian Alcohol and Drugs Survey - CADS) has evolved over time. Details on methodological changes can be found in the [technical notes](#) from the 2023 CSUS. The 2025 iteration of CSUS followed the same methodology for respondent recruitment as in 2023.

The survey asks people about their use of the following substances, regardless of how they were obtained:

- + Alcohol
- + Cannabis
- + Cigarettes and vaping products
- + Opioid, stimulant, and sedative medications
- + Illegal and other substances of concern¹

This summary describes key highlights from the 2025 iteration and provides a comparison to 2023. Data were collected from January 7, 2025, to January 5, 2026, across all 10 provinces. A total of 36,061 respondents completed the survey, weighted to represent 34.9 million people in Canada aged 15+.

An extensive set of figures with results stratified by sociodemographic factors can be found online through the [data tool](#). A public use microdata file (PUMF) is available through the [Open Government Portal](#).

¹ These are: alkyl nitrites, amphetamine or methamphetamine, cocaine, GHB, heroin, ketamine or other dissociatives, kratom, MDMA or similar designer drugs, mephedrone or cathinone-like substances, nitazenes, nitrous oxide, psychedelics, solvents, steroids, and synthetic cannabinoids.



Questionnaire changes in 2025

Some routine changes were made to the questionnaire between 2023 and 2025 to ensure continued relevance, reduce stigma, and for continual improvement purposes. The 2025 CSUS questionnaire can be accessed through the [Open Government Portal](#).

These changes included reordering of questions, separating substances that were grouped together, and adding clarifying plain-language text. Changes in some indicators may reflect better data capture, rather than true changes in behaviour. These have been noted in the findings. We will continue to monitor these metrics in further iterations and to refine questions to capture the most accurate data possible.

Additionally, CSUS 2025 expanded its use of the World Health Organization's (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to all substances. A brief overview of results from this section is included in this summary, providing key insights into the burden of substance use dependence in Canada.



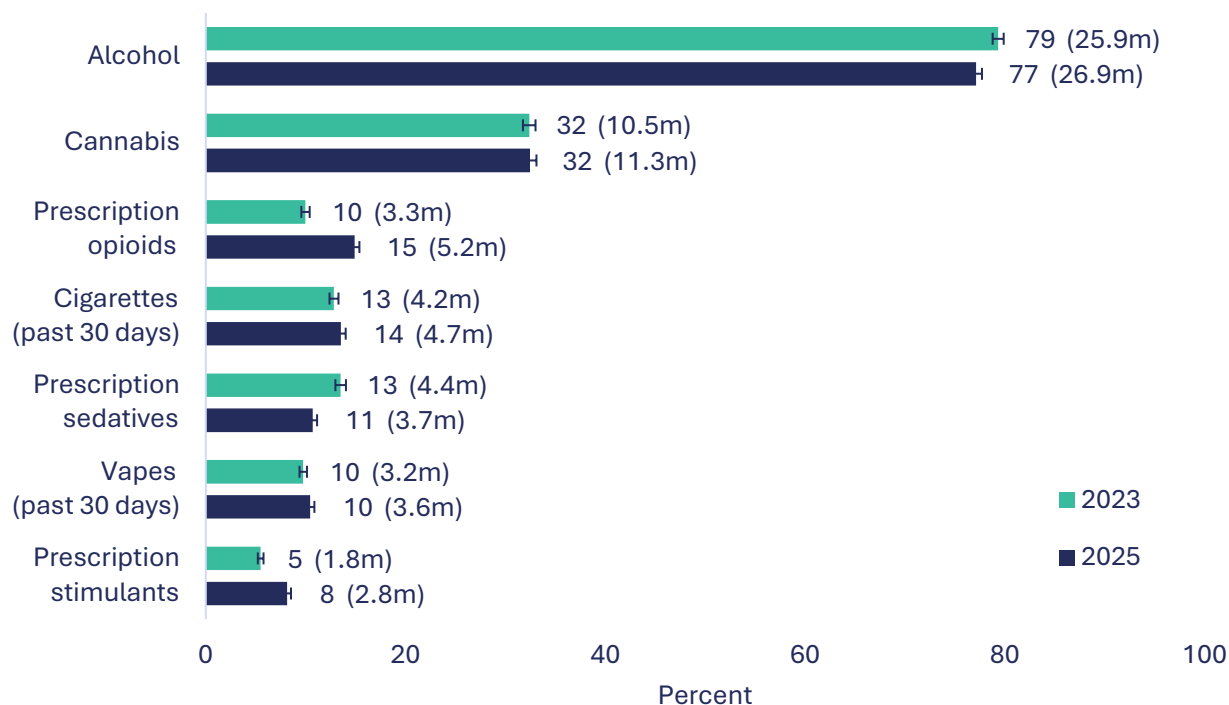
Key Findings

- + 84% (29.3 million) of people in Canada used at least one substance in the past 12 months.
- + Alcohol remains the most commonly used substance in Canada (77%, 26.9 million people), followed by cannabis, prescription opioids, and cigarettes.
- + 3% (1.2 million) of people obtained an opioid, sedative, or stimulant usually only available by prescription, from outside of the medical system.
- + 10% (3.5 million) of people used an illegal or other substance of concern in the past 12 months.
- + Psychedelics are the most commonly used illegal drugs (7%, 2.6 million people), and psilocybin is the most commonly used psychedelic.
- + 1.4 million (4%) of people report a need for professional help related to their substance use.
- + Among people who have used substances in the past 3 months, 4% (907,000 people) were at high risk of dependence, based on the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test.
- + People who used dissociatives were the most likely to be at high risk of dependence, but because cannabis is so widely used, people who used cannabis made up the largest portion of people at high risk of substance use dependence.
- + Low self-rated mental health is associated with a higher prevalence of most substance use in the general population. Alcohol follows the opposite pattern.
- + Youth with fair or poor self-rated mental health had a higher prevalence of use of most substances, including alcohol, compared to youth with positive self-rated mental health.



Substance use in the general population

Figure 1. Percentage and number of people aged 15+ in Canada reporting legal² substance use in the past 12 months, 2023-2025



+ Comparing 2025 to 2023:

- Alcohol and prescription sedative use declined.
- To be interpreted with caution: Prescription stimulant and prescription opioid use increased. This may be related to questionnaire changes as described in the introduction. In 2025, prescription stimulants were asked about under the term “ADHD or narcolepsy medications” instead of by brand name, and opioids were asked about individually rather than as grouped categories.
- The remaining past-12-month and 30-day prevalences presented remained similar.
- Daily or almost daily use of cannabis (9%), daily use of cigarettes (9%), and daily use of vaping products (6%) were similar.

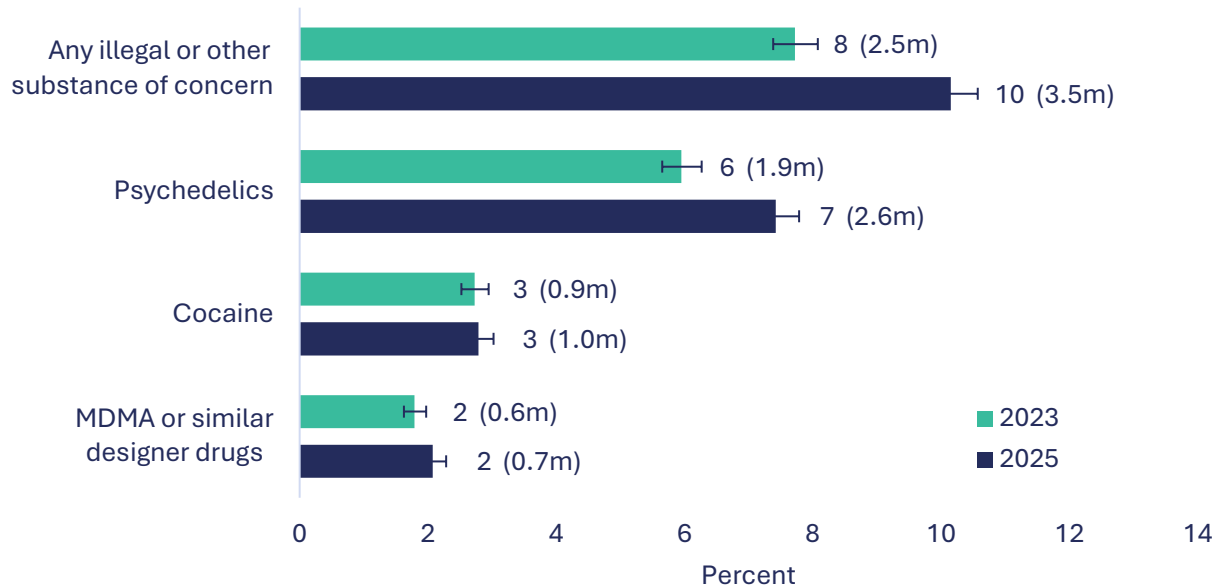
+ Other notable findings for 2025:

- For 37% of people, alcohol was the only substance they used in the past 12 months.
- The most commonly used prescription opioids were products containing codeine.
- Most people who used prescription opioids (63%) used them to treat acute pain, 33% to treat chronic pain, and 3% to treat or manage symptoms of opioid use disorder or withdrawal.

² refers to the legal status of the substance, but not the legality of use for every respondent in terms of age of use or where the substance was sourced from.



Figure 2. Percentage and number of people aged 15+ in Canada reporting use of illegal and other substances of concern in the past 12 months, 2023-2025



Not shown in the figure are substances with a past-12-month prevalence of use less than 2%:

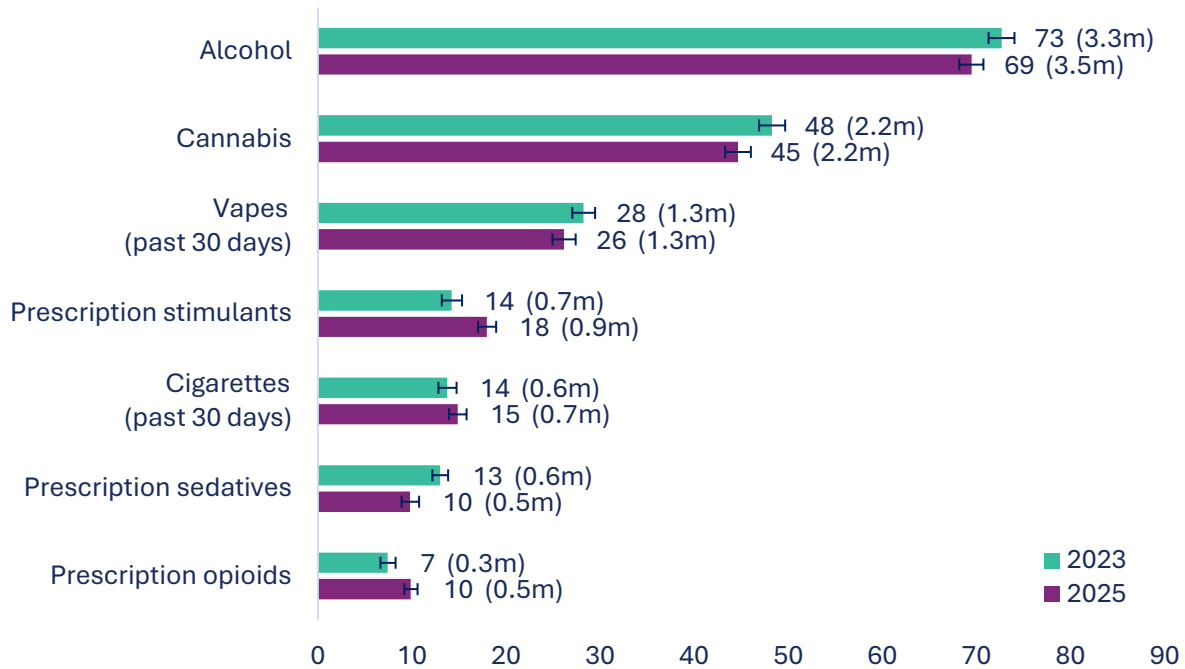
- ketamine or other dissociatives (1%)
- amphetamine or methamphetamine (0.9%)
- nitrous oxide (0.7%)
- alkyl nitrites (0.6%)
- steroids (0.4%)
- GHB (0.3%)
- solvents (0.2%)
- kratom (0.2%)
- heroin (0.1%)
- synthetic cannabinoids (0.1%)
- mephedrone or cathinone-like substances (0.1%)
- nitazenes (<0.05%)

- + Comparing 2025 to 2023, statistically significant increases were observed in the use of ketamine or other dissociatives, amphetamine or methamphetamine, and kratom.
- + To be interpreted with caution:
 - Use of any illegal or other substance of concern increased. This may be related to questionnaire changes including the addition of synthetic cannabinoids, GHB, cathinone-like substances, steroids, and alkyl nitrites.
 - An increase in psychedelic use was observed, however, this may be due to the shift from grouped substance categories to more specific questions in 2025.
- + Psilocybin was the most commonly used psychedelic. Among people who used an illegal or other substance of concern in the past 12 months, 43% reported psilocybin was the only illegal substance they used.



Substance use among youth and young adults

Figure 3. Percentage and number of youth and young adults (aged 15-24) reporting legal³ substance use in the past 12 months, 2023-2025



- + Comparing 2025 to 2023, statistically significant results showed a decline in use of alcohol, cannabis, and prescription sedatives.
- + Interpret with caution: Use of prescription stimulants and prescription opioids increased. This may be related to questionnaire changes as described in the introduction. In 2025, prescription stimulants were asked about under the term “ADHD medications” instead of by brand name, and opioids were asked about individually rather than as grouped categories.
- + All other prevalences remained similar, including daily cigarette smoking, daily vaping, and daily or almost daily cannabis use.

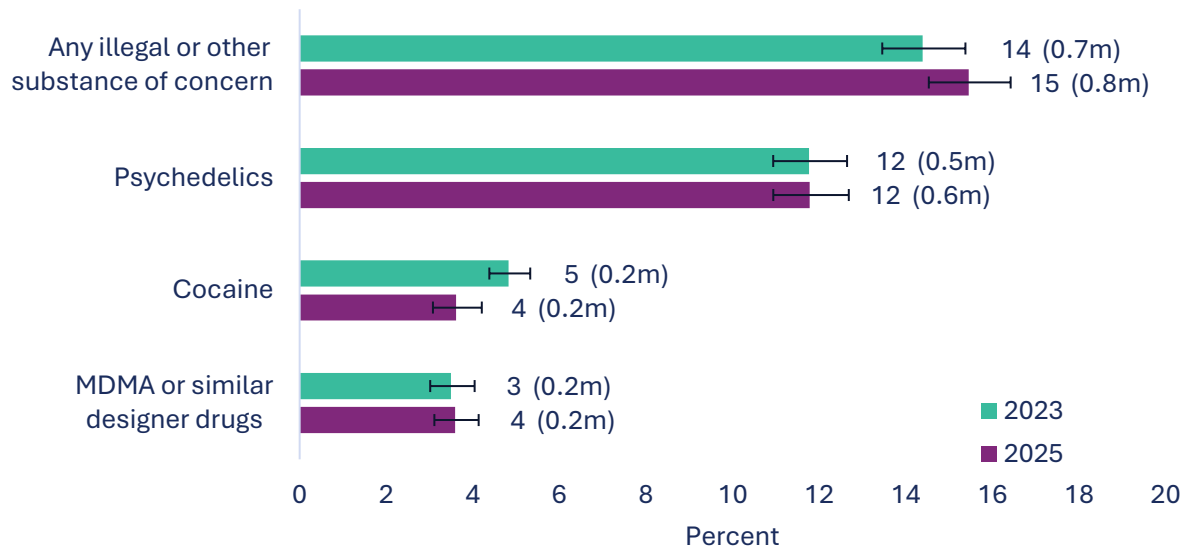
Both in 2023 and 2025, compared to adults aged 25-54, youth and young adults were:

- + more likely to have used cannabis, vapes and prescription stimulants
- + equally as likely to have used cigarettes and prescription sedatives
- + less likely to have used alcohol and prescription opioids

³ refers to the legal status of the substance, but not the legality of use for every respondent in terms of age of use or where the substance was sourced from.



Figure 4. Percentage and number of youth and young adults (aged 15-24) reporting use of illegal or other substance of concern in the past 12 months, 2023-2025



+ Among youth and young adults, use of most illegal or other substances of concern remained stable between 2023 and 2025. The only statistically significant change since 2023 was a slight decrease in cocaine use.

In both 2023 and 2025, compared to adults aged 25-54, youth and young adults were:

- + more likely to have used psychedelics, nitrous oxide and solvents.
- + equally as likely to have used the remaining illegal and other substances of concern.



Sources of prescription opioids, sedatives, and stimulants

CSUS includes source questions for prescription opioids, sedatives, and stimulants. This measures how much use can be attributed to products obtained outside of the medical system.

Figure 5. Among people who used prescription opioids, stimulants, and sedatives, percent who sourced them from the medical system



- + In the population, an estimated 3% of people (1.2 million) obtained a prescription substance from outside of the medical system (either some or all).
- + 6% of youth and young adults used a prescription product obtained outside of the medical system, compared to 4% of adults 25-54, and 1% of adults 55+.
- + Of those who used products obtained out of the medical system, 79% obtained them from friends or family with their permission, 16% from drug dealers or strangers, and 8% took them without asking or stole them.



Polysubstance use

CSUS defines polysubstance use as the use of two or more substances at the same time or on the same occasion.

In 2025, polysubstance use questions were reduced to common and high-risk combinations to reduce burden on the respondent. Only combinations that were asked in both 2023 and 2025 are presented here.

- + Comparing 2025 to 2023, past-12-month polysubstance use:
 - Declined in the general population from 25% (8.3 million people) to 19% (6.6 million).
 - Declined among youth and young adults, from 40% (1.8 million) to 32% (1.6 million).

- + The most common substance combinations in 2025 were:
 - alcohol and cannabis (16%)
 - alcohol and stimulants (4%)
 - alcohol and psychedelics (3%)

- + 300,500 reported engaging in polysubstance use daily in the past 30 days.

Mental health and substance use

- + Low self-rated mental health was associated with higher prevalence of use of most substances, and with polysubstance use in both 2023 and 2025.
 - Contrary to the other substances, in 2025, alcohol use was higher among those with positive self-rated mental health (78%) compared to those with low self-rated mental health (75%). For 2023, alcohol use was similar among both groups (79%).

- + In 2025, the prevalence of use was at least twice as high among those with low self-rated mental health than those with positive self-rated mental health for:
 - Vapes (21% vs. 8%)
 - Prescription sedatives (21% vs. 8%)
 - Prescription stimulants (18% vs. 6%)
 - Psychedelics (13% vs. 6%)
 - Cocaine (6% vs. 2%)
 - MDMA or similar designer drugs (4% vs. 2%)

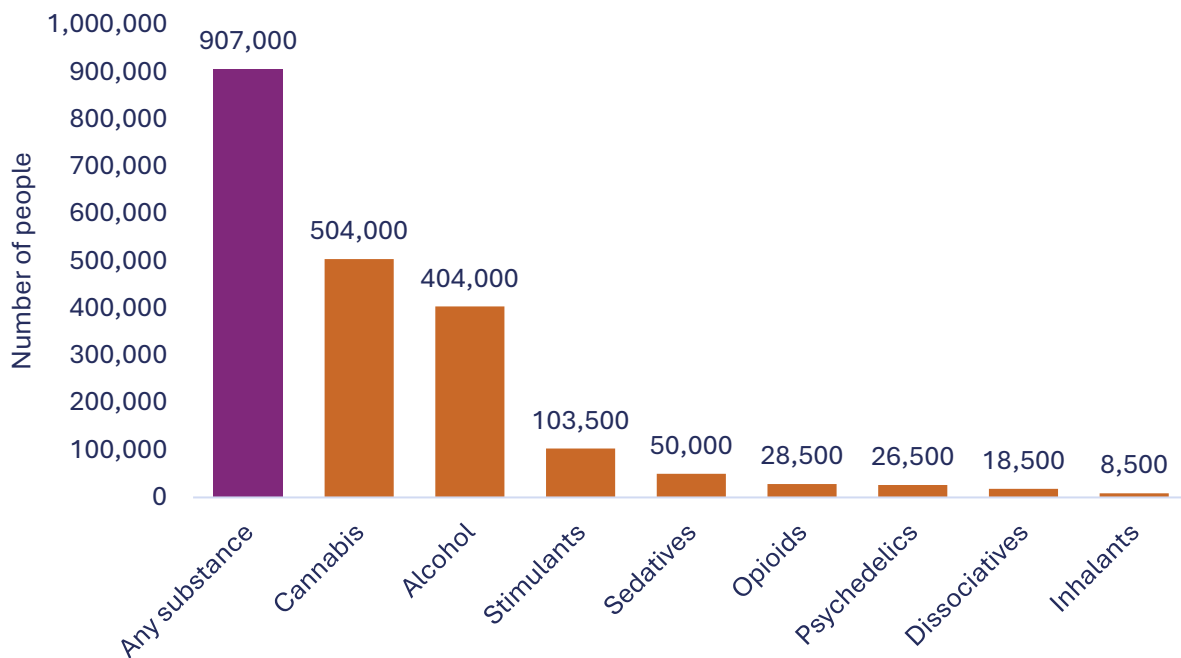
- + Among youth and young adults, use of most substances was higher among those with low self-rated mental health. In this age group, alcohol followed the same pattern.



Risk of substance use dependence

In 2025, CSUS expanded the use of the World Health Organization's (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to assess potential risk of dependence across more substances. While screening tests cannot diagnose a substance use disorder, they can estimate the number of people who are at high risk of substance dependence.

Figure 6. Number of people at high risk of substance use dependence, among people who used substances in the past 3 months



- + An individual may be at high risk of dependence on more than one substance. Overall, it is estimated that 907,000 people (4% of people who had used any substance in the past 3 months) in Canada are at high risk of dependence.
- + 56% of people at high risk of dependence to any substance were at high risk of dependence on cannabis, 45% on alcohol, and 11% on stimulants.
- + Across all substances measured, people who used dissociatives in the past 3 months had the highest likelihood of being at high risk of dependence (11%).

The reported number of people at high risk of substance dependence is likely an underestimate. The screening tool was only given to respondents who had used a substance in the past 3 months. As substance use disorders can be episodic, some individuals who had not used a substance in the past 3 months may still be at high risk.



Need for substance use treatment

The following presents the percent (and number of people) who reported that they needed professional care related to their use of substances. “Sought care” is the percentage of those who needed care who looked for it, and “needs fully met” reflects the percentage of people who found care and received all that they needed.

Figure 7. Care cascade for treatment related to alcohol use among people who used it in the past 12 months



Figure 8. Care cascade for treatment related to cannabis use among people who used it in the past 12 months

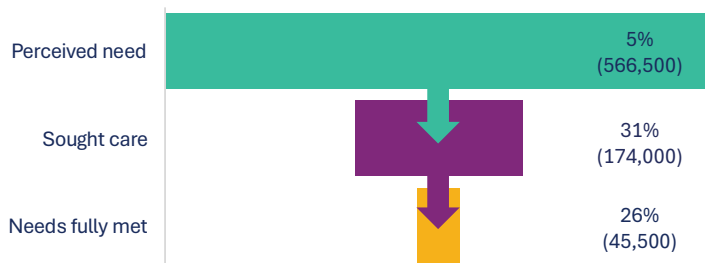


Figure 9. Care cascade for treatment related to the use of illegal and other substances of concern amongst people who used them in the past 12 months



An individual may have a perceived need for care related to multiple substances. Combining perceived need responses identified that:

- + 123,500 people perceive a need for care related to more than one substance
- + 650,000 related to alcohol only
- + 483,500 related to cannabis only
- + 126,500 related to an illegal or another substance of concern

Perceived need for care was more than four times higher among people with low self-rated mental health than those with positive self-rated mental health.



Technical Notes

Methodology for the surveillance of substance use in Canada has evolved over time. Details are available in the [technical notes](#) from the 2023 CSUS. The 2025 CSUS recruitment followed the same methodology as 2023.

The final number of respondents in 2025 was 36,061. In order to recruit these individuals, more than 1.2 million phone numbers were called through random digit dialling (RDD). Approximately half of calls reached a potential respondent. Of the potential respondents, 114,373 agreed to receive the survey link. This includes individuals who would have participated but were ineligible (younger than 15 or living outside of the Canadian provinces) and complete, and partial responses.

RDD cannot identify individuals that did not respond because there is no comprehensive list that links phone numbers to specific people or households. This means the results cannot be adjusted to account for non-response. As a result, the margins of error may appear smaller than they really are, which can make the findings seem more precise and increase the risk of identifying differences that may not actually exist in the population.

To address the above, differences discussed in the report were identified using a conservative approach; that is, where confidence intervals did not overlap, differences were further assessed using contextual factors, including effect size and corroborating evidence from other data sources. This helped ensure that differences identified were meaningful, consistent, and unlikely to be statistical artifacts.

For 2025, the data were weighted to add up to the population projections for 2024 from the 2021 census, based on province, age, and sex at birth.