

Incidental impacts of COVID-19 series: Alcohol and other substances

Health indicator report

Background

The COVID-19 pandemic has had incidental impacts on health and well-being. **Incidental impacts of COVID-19** are defined as unintended effects that may be related to fear of exposure to COVID-19, the diversion of healthcare or public health resources, or measures to curtail viral transmission or harm (e.g., travel restrictions, physical distancing requirements, the closure of non-essential services). The indicators in this report can help to examine potential effects in Halton.

Key findings

This report contains information about changes in substance use since the start of the COVID-19 pandemic in early 2020, based on the responses of Halton adults aged 18 and over who participated in the 2020 COVID-19 Rapid Risk Factor Surveillance System (RRFSS) survey. RRFSS data were collected during October and November 2020 and represent a snapshot in time. Continued monitoring is required to examine impacts over time including during the recovery period.



Canada

In January 2021, nearly one-quarter (24%) of Canadians reported that their **consumption of alcohol** had increased due to the pandemic, while a similar proportion reduced their consumption (22%) and over half (54%) reported drinking the same amount.¹

Up to 6% of Canadians reported increased use of **tobacco** in 2020.²⁻⁴ However, there was an **overall decline** in the prevalence of smoking from 2019 (12%) to 2020 (10%).^{5,6} Six to nine percent of Canadians reported increased use of **cannabis** during 2020.²⁻⁴

Canadians reporting **poorer mental health** have been more likely to report increased use of alcohol, cannabis and tobacco during the pandemic.^{2-4,7}

Research suggests that **females with children** have also been more likely to report increased use of alcohol and cannabis during the pandemic.⁷

In the early stages of the pandemic, **younger Canadians** were more likely than other age groups to report increased use of alcohol, cannabis and tobacco.² However, in January 2021 younger Canadians were more likely to report decreased alcohol use compared to older age groups.¹



Halton

In October and November of 2020:

One quarter (25%) of Halton respondents indicated they were drinking **more alcohol** since the beginning of the pandemic, while 41% were drinking the same amount and 11% were drinking less. These percentages are not comparable to Canadian estimates due to differing methodologies.

Younger respondents were more likely to report drinking more alcohol since the beginning of the pandemic than older respondents.

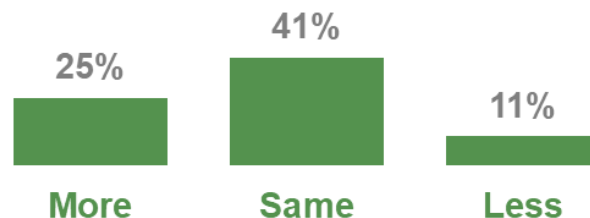
Eleven percent of respondents indicated that they consumed more **cannabis** since the beginning of the pandemic, while 7% reported smoking more **cigarettes** and 3% reported using **e-cigarettes** more.



Changes in consumption of alcohol during the COVID-19 pandemic

Overview

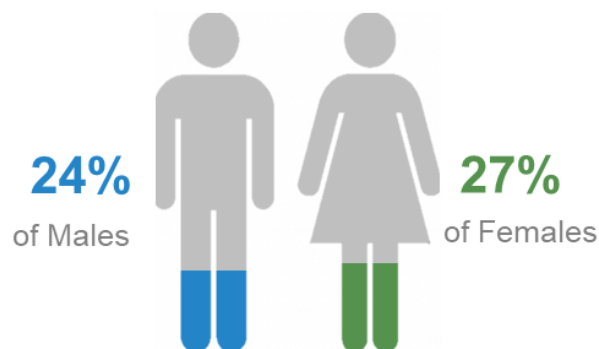
- In October and November of 2020, 25% of Halton respondents indicated they were drinking more alcohol since the beginning of the pandemic, while 41% said they were drinking the same amount and 11% said they were drinking less.



Change in consumption of alcohol since the beginning of the COVID-19 pandemic, respondents aged 18 and over, Halton Region, October/November 2020

Sex

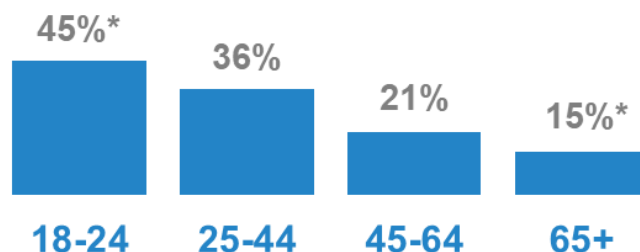
- There was no statistically significant difference by sex in the percentage of respondents who reported drinking more alcohol since the beginning of the pandemic.



Percentage of respondents aged 18 and over who reported drinking more alcohol since the beginning of the COVID-19 pandemic, by sex, Halton Region, October/November 2020

Age

- The percentage of respondents who reported drinking more alcohol since the beginning of the pandemic decreased as age increased. These differences were **statistically significant** when comparing respondents aged 18-24 and 25-44 to respondents aged 45-64 and 65+.



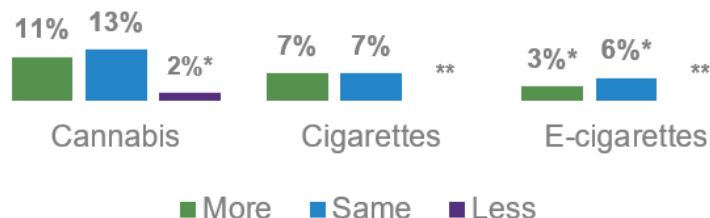
Percentage of respondents aged 18 and over who reported drinking more alcohol since the beginning of the COVID-19 pandemic, by age, Halton Region, October/November 2020



Changes in consumption of other substances during the COVID-19 pandemic

Overview

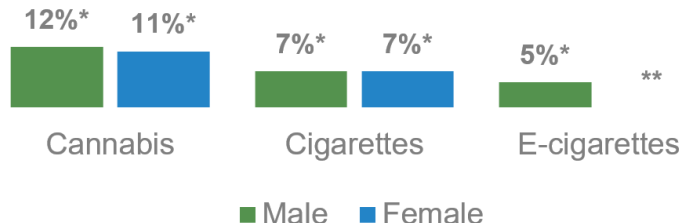
- In October and November of 2020, 11% of respondents indicated that they consumed more cannabis since the beginning of the pandemic, while 7% reported smoking more cigarettes and 3% reported using e-cigarettes more.



Changes in substance use since the beginning of the COVID-19 pandemic reported by respondents aged 18 and over, Halton Region, October/November 2020

Sex

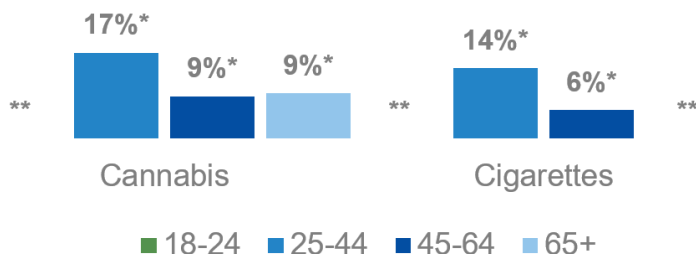
- There were no statistically significant differences by sex in the percentage of respondents who reported consuming more cannabis, smoking more cigarettes or using e-cigarettes more since the beginning of the pandemic.



Percentage of respondents aged 18 and over who reported using more substances since the beginning of the COVID-19 pandemic, by sex, Halton Region, October/November 2020

Age

- There were no statistically significant differences by age in the percentage of respondents who reported consuming more cannabis or smoking more cigarettes since the beginning of the pandemic. Estimates for the percentage of respondents who reported using e-cigarettes more since the beginning of the pandemic were not reportable for any age group due to low numbers.



Percentage of respondents aged 18 and over who reported using more substances since the beginning of the COVID-19 pandemic, by age, Halton Region, October/November 2020

About the COVID-19 Rapid Risk Factor Surveillance System (RRFSS) survey

- The COVID-19 Rapid Risk Factor Surveillance System (RRFSS) survey was conducted by the Institute of Social Research at York University. Data were collected from October 27th 2020 to November 15th 2020 among adults aged 18 and over living in Halton Region.
- Data were collected using an online survey panel sample (400 respondents) and convenience sample (834 respondents). For the panel sample, Canadian census data were used in an effort to generate samples that were representative of the population and incentives were used for survey participation. For the convenience sample, a link to the survey was promoted through the Halton Region website (Halton.ca) and social media accounts.
- Data for this report were analyzed with the convenience sample and panel sample combined. It is important to keep in mind that the survey respondents may not be representative of the population of Halton Region in terms of sex, age, income, education and other sociodemographic characteristics. Weights were used to adjust for differences in the age and sex distributions of the sample populations compared to the population of Halton Region.
- Statistical significance between groups was determined using non-overlapping confidence intervals. Statistically significant differences are differences that are unlikely to be due to chance alone.

For more health indicator and health status reports, visit the Halton Health Statistics webpage at halton.ca.

Data notes

Data Source: COVID-19 Rapid Risk Factor Surveillance System [2020], Halton Region Health Department and Institute for Social Research, York University.

Estimates marked with an asterisk (*) should be interpreted with caution due to high variability. Estimates marked with a double asterisk (**) are not reportable.

References

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