



Complementary and Alternative Medicine:

Use and Public Attitudes
1997, 2006, and 2016

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Executive Summary

The health care world has changed considerably over the past two decades and continues to undergo significant change. Advances in medical practice and medical and pharmaceutical technologies have greatly advanced conventional medicine's ability to deal with and treat pain and disease. At the same time, the public's knowledge about what health care can do has also grown considerably, in part the result of continually expanding access to information and knowledge via the internet. These changes led to the question of whether or not, and to what degree, Canadians' use of, and public attitudes towards, complementary and alternative medicine (such as chiropractic, naturopathic, and herbal therapies) have changed over the past two decades. To answer this question, the Fraser Institute commissioned Compas to conduct a Canadian national survey to determine the prevalence, costs, and patterns of complementary and alternative medicine (CAM) use in 2016.

This paper is part of a series of survey reports on the use of and public attitudes towards CAM published by the Fraser Institute. The first ever comprehensive study was undertaken in 1997, with a follow-up survey completed in 2006 (Ramsay et al, 1999; Esmail, 2007). This is only the third time a comprehensive study of the use and public attitudes towards CAM by Canadians has been undertaken.

Methodology

The methodology used in the 2016 survey was for the most part similar to that used in both the 2006 and 1997 surveys. In 2016, a total of 2,000 interviews were conducted with a randomly selected sample of adults 18 years of age and older. Respondents were reached both on land lines and cell phones. In order to minimize any potential seasonal bias in responses, the 2016 survey was completed at the same time of year as the 2006 and 1997 surveys.

Respondents were asked to report any health conditions, details of their use of conventional medical services, and whether they had tried any alternative therapies as treatment for these conditions. With respect to CAM, respondents were asked to indicate whether they had used any of 22

commonly used complementary and alternative medicines and therapies. Lastly, respondents were also asked about their attitudes towards health, health care, medical care, and public policy.

Results

With respect to self-reported health, little has changed since 1997. Sixty percent of respondents reported their health to be very good or excellent in 2016, compared to 62 percent in 2006 and 1997, while 12 percent of respondents in 2016 and 11 percent in 2006 and 1997 reported their health to be fair or poor. A little more than one-fifth (21%) of respondents in 2016 felt their daily activities were limited by their health, compared to less than one-fifth (18% in 2006 and 19% in 1997) feeling this way in the past. The most common health conditions reported in the 12 months prior to all three surveys were back or neck problems (34% in 2016, 28% in 2006, 30% in 1997), allergies (27% in 2016, 29% in 2006 and 1997), and arthritis or rheumatism (23% in 2016, 21% in 2006, 20% in 1997).

When asked about conventional health care services, 86 percent of respondents in 2016 “usually” sought medical care from a particular doctor’s office, clinic, or health centre. This compares to 87 percent in 2006 and 88 percent in 1997. On the other hand, only 76 percent of respondents “usually” saw a particular doctor in 2016 (80% in 2006, and 82% in 1997). Canadians generally had confidence in doctors: 72 percent of respondents in 2016 had “total” or “a lot” of confidence that their doctor could help them manage their overall health, compared to 73 percent in both 2006 and 1997. In 2016, half the Canadian population (50%) said they were taking prescription medication, compared to 47 percent in 2006 and 39 percent in 1997.

On average, 72 percent of respondents suffering from one of the conditions listed in the survey sought medical attention for their health problems during the previous year, a decrease from the 73 percent in 2006 and 1997. Those who received care for their condition in the year prior to the survey often felt that care was very or somewhat helpful (77% in 2016, 84% in 2006, and 79% in 1997). Though there were conditions for which every patient suffering who sought help was satisfied, in 2016 those seeking care for problems with alcohol or drugs (0%), addictive problems with prescription medications (0%), and fatigue (58%) were least likely to be happy with the care provided by a doctor.

More than three-quarters of Canadians (79%) had used at least one complementary or alternative therapy sometime in their lives in 2016. This compares to 74% in 2006 and 73% in 1997. Among the provinces in 2016,

British Columbians were most likely to have used an alternative therapy during their lifetime (89%), followed by Albertans (84%) and Ontarians (81%). Conversely, those in Quebec (69%) were least likely to have done so. Similar patterns were observed in the past two surveys, though respondents from the Atlantic provinces were more likely to have reported using at least one complementary and alternative medicine or therapy sometime in their lives in 2016 (77%) than in either 2006 (63%) or 1997 (69%).

In 2016, massage was the most common type of therapy that Canadians used over their lifetime with 44 percent having tried it. Chiropractic care was the next most common type of therapy with 42 percent having tried it. Yoga (27%), relaxation techniques (25%), and acupuncture (22%), were the next most commonly tried therapies. In 2006, the most commonly tried therapies were chiropractic care (40%), massage (35%), relaxation techniques (20%), prayer (18%), and acupuncture (17%). In 1997, the most commonly tried therapies were chiropractic care (36%), massage (23%), relaxation techniques (23%), prayer (21%), and acupuncture (12%).

Nationally, the most rapidly expanding therapies over the past two decades or so (rate of change between 1997 and 2016) were massage, yoga, acupuncture, chiropractic care, osteopathy, and naturopathy. High dose/mega vitamins, herbal therapies, and folk remedies appear to be in declining use over that same time period.

More than half (56%) of Canadians used at least one CAM therapy in the year prior to the 2016 survey, compared to 54% in 2006 and 50% in 1997. In the 12 months prior to the 2016 survey, the most commonly used complementary and alternative medicines and therapies were massage (24%), relaxation techniques (19%), chiropractic care and yoga (16%), and prayer (15%). This is similar to the top 5 lists in 2006 and 1997, though in both prior years herbal therapies was in the top 5 while yoga was not.

Canadians visited providers of complementary and alternative therapies an average of 11.1 times during the year prior to the 2016 survey, which is more frequent than the 8.6 times reported in 2006 and the 8.7 times reported in 1997. The majority of people choosing to use complementary and alternative therapies in the 12 months preceding the 2016 survey continued to do so for “wellness”—to prevent future illness from occurring or to maintain health and vitality. However, there has been a notable shift in the use of complementary and alternative therapies for wellness since the earlier iterations of the survey, with the overwhelming majority of therapies used less for wellness in 2016 than in either 2006 or 1997.

Canadians spent an estimated \$8.8 billion on CAM in the latter half of 2015 and first half of 2016. This is an increase from the estimated \$8.0

billion spent in 2005/06 and the estimated \$6.3 billion spent in 1996/97.¹ Of the \$8.8 billion spent in 2016, more than \$6.5 billion was spent on providers of CAM, while another \$2.3 billion was spent on herbs, vitamins, special diet programs, books, classes, and equipment. While these amounts are not insubstantial, the majority of Canadians believe that alternative therapies should be paid for privately and not by provincial health plans. The highest level of support for private payment comes from the 35- to 44-year-old age group (69%).

Discussion

The most common problems from which Canadians are suffering in 2016 are more likely to require wellness care, not just symptomatic treatment. Those suffering with back or neck problems also reported comparatively low patient satisfaction with medical doctors treating their condition. It is not surprising, then, to find that the majority of Canadians have tried complementary and alternative medicines and therapies at some point during their life despite the fact that coverage of such treatments by government health insurance plans is usually limited.

While more than half of Canadians used CAM in the year preceding the survey, physicians continue to have a predominant role in the delivery of health care. In 2016, 41 percent of respondents saw a doctor before turning to a provider of complementary or alternative therapy. This compares to 22 percent who saw a CAM provider first, 24 percent who saw both a CAM provider and doctor concurrently, and 14 percent who said which medical provider they visited first depended on their medical condition. Patients in 2016 who use complementary and alternative medicines and therapies also appear to be much less fearful or uncomfortable discussing these choices with their medical doctors than they were in the past.

The survey results reveal regional variations in attitudes towards health care, which provides further support for devolution of health policy, both conventional and alternative, to provincial governments. For example, British Columbians, Albertans, and those in Saskatchewan and Manitoba were more likely to perceive value in CAM than residents of Quebec and the Atlantic provinces. Perceptions about the value of conventional medicine in treating health problems, support for various financing approaches for expansions in coverage, and support for private financing of CAM also varied across the provinces.

¹ Spending figures are shown in 2016 dollars, adjusted using Statistics Canada's Consumer Price Index (CPI).

Introduction

In 1999, the Fraser Institute published the first ever comprehensive study of Canadians' use of, and public attitudes towards, complementary and alternative medicine (CAM) (Ramsay et al., 1999). In 2007, the Institute published a follow-up study based on a 2006 survey of Canadians. This report is the third in the series, reporting on a survey undertaken in 2016.

The term “complementary and alternative medicine” is commonly used to describe medical therapies, practices, and products that are not typically seen as a part of conventional Western medicine, or that are not taught widely in medical schools or commonly available in North American hospitals.² Broadly, both the 1999 and 2007 studies found the majority of Canadians had used at least one complementary or alternative therapy in their lifetime. Both studies also discovered that the majority of Canadians (58% in 1997 and 59% in 2006) felt that CAM should be covered privately and not be included in provincial health plans.

The health care world continues to undergo significant change due to advances in medical practice, and medical and pharmaceutical technologies. These advances have enabled conventional medicine to progress significantly in its treatment of pain and disease over the past two decades. At the same time, the public's knowledge about what health care can do has also grown considerably, in part due to continually expanding access to information and knowledge on the internet. This continued progression leads to the question of whether or not, and to what degree, Canadians'

² Eisenberg et al. (1998), upon whose work the Fraser Institute's survey is based, use the functional definition: “interventions neither taught widely in medical schools nor generally available in US hospitals.” The National Center for Complementary and Integrative Health (n.d.), which is part of the National Institutes of Health in the United States, says that “complementary medicine” is a non-mainstream practice used together with conventional medicine, “alternative medicine” is a non-mainstream practice used in place of conventional medicine, and “integrative medicine” or “integrative health care” involves “bringing conventional and complementary approaches together in a coordinated way.”

public attitudes towards, and use of, CAM have changed over the past two decades.³

To answer this question, in 2016, Compas was commissioned to conduct a third iteration of the survey.⁴ The objectives and themes of the 2016 survey were essentially unchanged from the 2006 and 1997 versions. The survey was to:

- Examine patterns of general use of health care services;
- Examine the prevalence and patterns of use of complementary and alternative therapies;
- Examine the use of specific CAM therapies and conditions for which these therapies are employed;
- Examine expenditures on CAM;
- Examine views on health care policy options with respect to CAM (including desires for policy action in this area and attitudes about resource allocation within the health care system); and
- Examine attitudes and perceptions of CAM.

This paper begins by briefly presenting the survey methodology. It then gives the survey results by section in the following order: general use of health care services, use of conventional medical treatments for health conditions, use of complementary and alternative medicines and therapies (CAM), children's use of complementary and alternative therapies, use of conventional and alternative providers of care, attitudes towards complementary and alternative therapies, national projections of use and expenditures, and views on health policy variables. The paper closes with a brief discussion of the survey findings.

³ This paper does not make any judgments about the value of alternative and/or complementary medicine. The use of these terms does not imply in any way that the author is suggesting that the health treatments surveyed are either safe or unsafe, or are effective or ineffective substitutes or complements for conventional medicine and medical treatments.

⁴ Ipsos (previously Ipsos Reid and the Angus Reid Group) operated the 2006 and 1997 surveys.

Methodology in Brief

The methodology used for the 2016 survey was little changed from that used in the 2006 follow-up survey. Selected changes to the survey tool primarily focused on updating the language used in the questions and on French translations of the questions. The principal aim was to ensure results from each of the surveys could be compared with one another.

The original survey questionnaire used in 1997 was based on a survey by the Center for Alternative Medicine Research (based at Harvard Medical School and Beth Israel Hospital) in its pioneering work on alternative medicine use and costs in the United States. This work was published in the *New England Journal of Medicine* in 1993, and followed up with a survey published in the *Journal of the American Medical Association* in 1998 (Eisenberg et al., 1993; Eisenberg et al., 1998). The Fraser Institute and Ipsos (then Angus Reid Group) made several modifications in order to ensure that the survey was appropriate for Canada in 1997, given that the health insurance systems of the two countries differ substantially. As did the 2016 survey, the 2006 follow-up survey used essentially the same questionnaire developed for Canada in 1997. However, due to a long-term trend that is seeing survey response rates becoming lower as a result of the changing environment within which public opinion polling is being conducted, some adjustments, most notably a split sampling approach for the survey sections on beliefs and perceptions and health care policy options, were made to keep questionnaire length as close to 20 minutes as possible.

For the 2016 follow-up report, a professional public opinion and survey research firm was again commissioned to conduct a telephone survey of Canadians about their health status and their attitudes towards, and patterns of use of, conventional and alternative health care. Compas Inc. was commissioned to conduct the 2016 survey, while Ipsos (previously Ipsos Reid, and the Angus Reid Group) conducted the 2006 and 1997 surveys.

Respondents were informed that “Compas Research was consulting Canadians (Quebecers in Quebec) on what they do when they get sick and the health solutions they turn to.” When the respondents were being

selected, the caller made no mention of complementary, alternative, or unconventional therapies.⁵ A total of 2000 surveys were conducted with a randomly selected sample of adults 18 years of age and older. This matches the number of surveys completed in 2006 and is 500 more than were completed in 1997.⁶

There is a 95 percent chance that the average values for the entire Canadian population are within 2.2 percentage points of the survey percentages in 2016. This compares to a 2.2 percentage point margin of error in 2006, and a 2.5 percentage point margin of error in 1997. In order to minimize any potential seasonal bias in responses, the 2016 survey was completed at the same time of year as the 2006 and 1997 surveys.

Response data were weighted to derive an age and gender distribution reflective of the Canadian population. In 2016, 17 percent of respondents were reached on their cell or mobile telephones, with the other 83 percent reached on landlines. The 1997 and 2006 iterations of the survey did not use cell phone interviews. The key advantage of undertaking interviews by cell phone is that they enable greater success in reaching younger people, which in turn allows for less distortional weighting of the sample that would not have been possible if young respondents had been reached exclusively or almost exclusively on land lines.⁷

Because the questionnaire inquired about the use of alternative medicine during the 12 months preceding the interview, 2016 results correspond to the latter half of 2015 and first half of 2016. Similarly, 1997 results correspond to the latter half of 1996 and first half of 1997, while 2006 results correspond to the latter half of 2005 and first half of 2006.

⁵ There may be some unknown bias in the responses to this survey, as respondents to the questionnaire may be more interested in health and health issues than the general population.

⁶ The survey response rate was 17.67%, which can be considered a high participation rate, especially for survey interviews of this length.

⁷ This change should not be considered to invalidate the weighting and approaches used in 2006 or 1997. Most of the adoption of cellular technology and cancellation of landlines has occurred in recent years.

Results

Table 1 summarizes the demographic characteristics of the survey respondents. In 2016, respondents were older and more likely to have reached a higher level of education than respondents in 2006 and 1997. Both changes reflect general demographic trends in Canada. Sample

Table 1: Demographics of Survey Respondents: 1997, 2006, and 2016 (weighted)*

	1997		2006		2016	
	Number	%	Number	%	Number	%
Sex						
Female	766	51.1	1,018	50.9	1030**	51.5
Male	734	48.9	982	49.1	968	48.5
Primary employment status						
Full-time employee***	682	45.4	1,030	51.5	921	46.0
Part-time employee****	161	10.7	212	10.6	191	9.5
Homemaker	124	8.3	108	5.4	82	4.1
Not working but looking for work	37	2.5	24	1.2	42	2.1
Retired	254	16.9	335	16.7	394	19.8
Student	130	8.7	110	5.5	162	8.1
Self-employed*****	43	2.9	74	3.7	98	4.8
Seasonal work	6	0.4	9	0.5	3	0.1
Disabled/welfare recipient/social assistance/ other	55	3.7	74	3.6	84	4.4
Not known/not stated/unemployed	8	0.5	24	1.2	20	1.0
Age (years)						
18-34	503	33.5	585	29.3	558	27.9
35-44	329	21.9	390	19.5	338	16.9
45-64	440	29.3	728	36.4	731	36.6
>65	220	14.7	285	14.3	372	18.6
Not known/not stated	8	0.5	12	0.6	0	0
Marital status						
Married	782	52.1	1,011	50.6	970	48.5
Living with someone, common-law	130	8.7	231	11.6	237	11.8
Widowed/separated/divorced	243	16.1	308	15.5	318	15.9
Never married	337	22.5	441	22.0	457	22.8
Not known/not stated	9	0.6	9	0.4	19	0.9

Table 1 continued next page ...

Table 1: Demographics of Survey Respondents: 1997, 2006, and 2016 (weighted)* (continued from previous page)

	1997		2006		2016	
	Number	%	Number	%	Number	%
Education						
< High school graduate	235	15.7	227	11.4	197	9.8
High school graduate	339	22.6	486	24.3	384	19.2
Some post-secondary	234	15.6	216	10.8	200	10.0
College/trade school graduate	254	16.9	467	23.3	473	23.6
University graduate	430	28.7	602	30.1	732	36.6
Not known/not stated	8	0.5	3	0.1	15	0.7
Annual family income						
< \$20,000	241	16.2	184	9.3	193	9.6
\$20,000 - \$39,999	412	27.4	390	19.6	319	15.9
\$40,000 - \$59,999	351	23.4	400	20.0	277	13.8
\$60,000 - \$79,999	189	12.6	297	14.8	257	12.9
> \$79,999	203	13.5	530	26.5	362	18.1
Not known/Not stated	103	6.9	198	9.9	593	29.6
Region*****						
British Columbia	197	13.1	278	13.9	262	13.1
Alberta	135	9.0	192	9.6	235	11.8
Saskatchewan and Manitoba	105	7.0	134	6.7	131	6.6
Ontario	565	37.7	771	38.6	778	38.9
Quebec	376	25.1	473	23.7	463	23.2
Atlantic provinces (NB, NS, PE, NL)	122	8.1	152	7.6	131	6.6
Number of medical conditions reported (past 12 months)						
None	551	36.8	709	35.4	572	28.6
One	325	21.7	400	20.0	498	24.9
Two	204	13.6	317	15.9	353	17.7
Three or more	420	28.0	575	28.7	577	28.9
At least one	949	63.3	1,292	64.6	1428	71.4

* The data in this table were weighted by age and gender to match Statistics Canada parameters on these variables. The weighting for age had less effect than otherwise in 2016 because of the inclusion of cell phone interviews, accounting for 17% of completions.

** Total adds to 1998 because two respondents did not provide this information

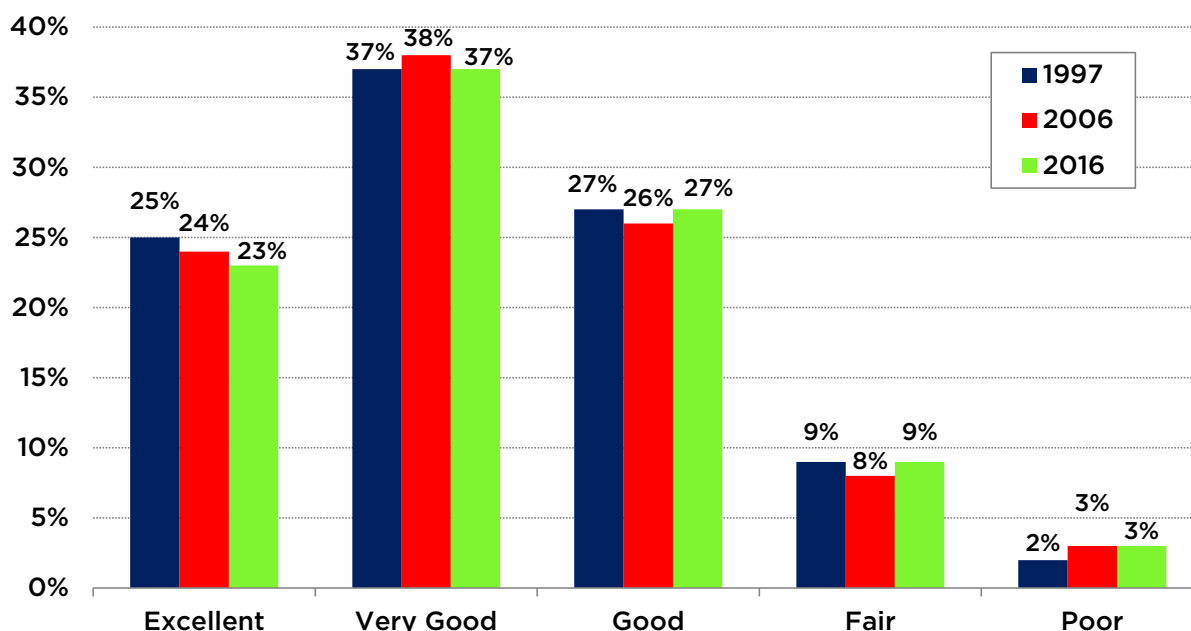
*** Includes assigning approximately 5/6ths of those on maternity leave (n=16) and medical leave (n=2) to this category.

**** Includes approximately 1/6th of those on maternity and medical leave

***** Includes those on contract or project-based (n=5) and those temporarily employed (n=2)

***** The regional numbers are prior to weighting for age and gender

Figure 1: General Health Evaluation of Survey Respondents, 1997, 2006, and 2016



demographics in 2016 were otherwise little changed from those in previous iterations of the survey.

In all three surveys, at least 60 percent of respondents reported their health to be very good or excellent (figure 1). This compares to 12 percent of respondents in 2016, and 11 percent of respondents in 1997 and 2006 who reported their health to be fair or poor.

Table 2 shows the proportion of respondents who felt their daily activities were limited by their health. In 2016, 21 percent of respondents said they had problems that limited them in some way in their daily life. This is a small increase from the 18 percent reported in 2006 and the 19 percent reported in 1997. As reported in previous iterations of the survey, limitations on daily life due to health problems increase with age (figure 2). In 2016, those in the oldest age group were four times more likely than those in the youngest to report limitations in their life caused by health issues. Limitations also generally decreased with education level (figure 3).

The 2016 survey results suggest there may be a reciprocal relationship between education and health limitations. The less educated reported worse health in every age group, suggesting a lack of education may contribute or be associated with life choices that do not enhance health. However, poor health may also affect education: limited educational achievement was associated with poor health even in the youngest cohort,

Table 2: Respondents Who Feel Daily Life is Limited by Health Problems, 1997, 2006, and 2016 (%)

	1997	2006	2016
All respondents	19	18	21
Reported health			
Excellent/very good	7	5	6
Good/fair	37	36	40
Poor	100	95	94
Take prescription medicine			
Yes	35	33	34
No	9	6	9
Age			
18-34	11	9	9
35-44	20	12	13
45-64	23	24	27
> 65	30	34	36
Education			
Less than high school	25	27	36
High school graduate	22	21	25
Some post-secondary	19	22	31
College/technical school grad	16	13	20
University graduate	16	15	13
Region			
British Columbia	20	24	25
Alberta	18	20	20
Saskatchewan/Manitoba	19	20	15
Ontario	21	18	22
Quebec	15	16	19
Atlantic provinces	23	17	25

who may be too young for poor life choices to have yet meaningfully affected their health.⁸

⁸ The Phi correlation between health limitations in the youngest cohort was at least as strong as the correlation among the oldest cohort. A correlation between educational achievements and health limitations in the youngest cohort suggests the relationship of health affecting education may be at least as strong as the alternative model of education affecting health.

Figure 2: Percent with Life Limitation in Each Age Group, 2016

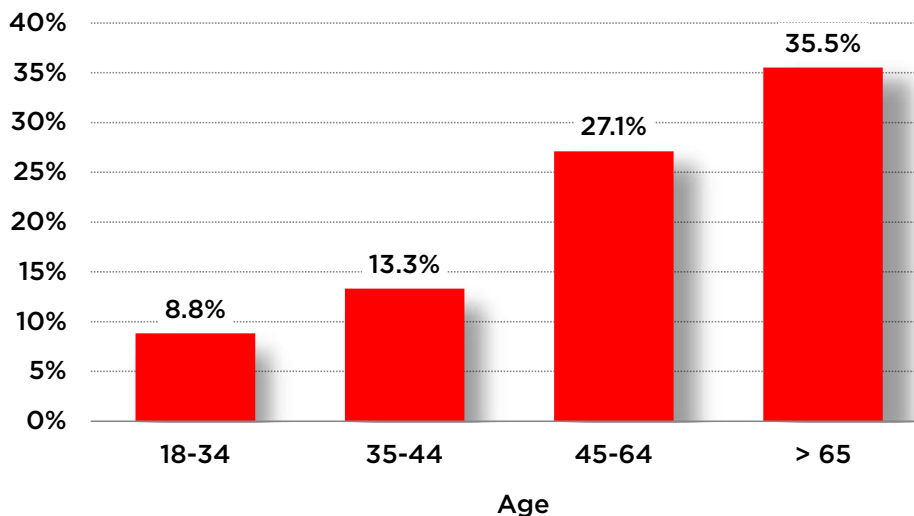
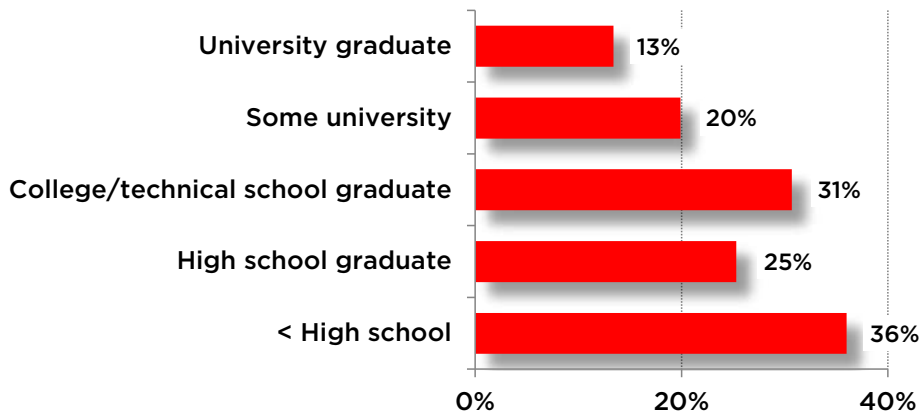


Figure 3: Percent with Life Limitation in Each Educational Stratum, 2016



In 2016, in the 12 months prior to the survey, 54 percent of Canadians had not spent a single day in bed—at home or in hospital—due to illness or injury. This compares to 53 percent in 2006 and 49 percent in 1997. In 2016, 21 percent of respondents had spent one or two days in bed, while 15 percent were bedridden for three to nine days. In both 2006 and 1997, 22 percent of respondents spent one or two days in bed, while 14 percent of respondents in 2006 and 18 percent in 1997 were bedridden for three to nine days. Finally, 10 percent of respondents in 2016 spent ten or more days in bed during the previous year compared to 10 percent in the last two iterations of the survey. The average number of days in bed during the previous 12 months due to illness or injury was 6 days in 2016, 6 days in 2006, and 7 days in 1997.

In the 30 days prior to the 2016 survey, 27 percent of respondents reported that they had had to cut down on their activity levels because of illness, which was not much changed from that in 2006 (26%) and 1997 (24%). The proportion of respondents who had had to cut down on what they did because of illness for 10 or more days was 12 percent in 2016, 12 percent in 2006, and 10 percent in 1997.

In all three surveys, the number of days during which activity was reduced due to illness rose as reported health status decreased. It also rose for those taking prescription medicines, rose for those reporting limits on daily living due to their health, and increased with age. In both 2016 and 2006, women had to reduce their activities more frequently than men (3.8 days on average versus 2.5 days in 2016, and 3.9 versus 2.9 in 2006) while in 1997 there was no statistically significant difference between the genders.

General Use of Health Care Services

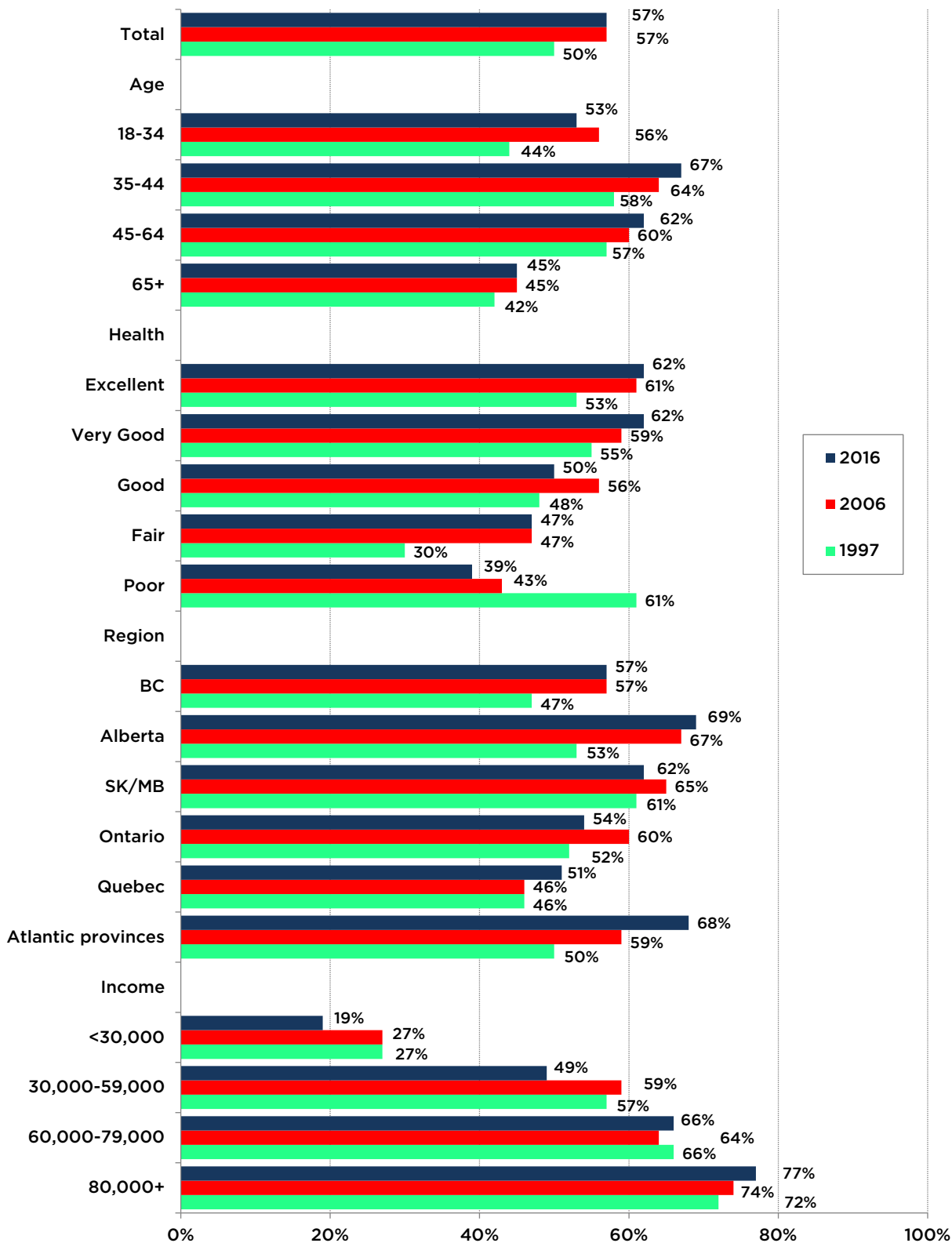
Eighty-six percent of respondents in 2016 “usually” sought medical care from a particular doctor’s office, clinic, or health centre, compared to 87 percent in 2006 and 88 percent in 1997. On the other hand, only 76 percent of respondents “usually” saw a particular doctor, a 4 percentage point decrease from 2006 (80%) and a 6 percentage point decrease from 1997 (82%). As Canadians’ confidence in their physicians increases, so does the likelihood they will seek care from a particular doctor’s office or clinic. This pattern is similar to that observed in the past two versions of the survey. Put another way, according to the results from all three surveys, those who changed doctors were more likely to have little confidence in their doctor. In addition, in all three surveys, Canadians in poor health were more likely to return to the same doctor or medical facility than those in excellent health.

All respondents, both those who were loyal to one clinic or doctor and those who were not, generally had confidence in doctors. In 2016, 72 percent of respondents had “total” or “a lot” of confidence that their doctor could help them manage their overall health. This compares to 73 percent in both 2006 and 1997. In 2016, only 5 percent had no or little confidence in their doctor, which was similar to the 5 percent observed in 2006 and 6 percent observed in 1997. In general, older Canadians were more likely to have total confidence in their doctor than younger Canadians.

In 2016, half the Canadian population (50%) said they were taking prescription medication, compared to 47 percent in 2006 and 39 percent in 1997. There are also differences between genders: 56 percent of women in 2016 (54% in 2006 and 48% in 1997) were taking prescription medication compared to 43 percent of men (39% in 2006 and 29% in 1997).

In 2016, the majority of Canadians (57%) had some form of health insurance coverage beyond that provided by their provincial medical plan (57% in 2006 and 50% in 1997). Extended coverage was most common in the 35-to-44 (67%) and 45-to-64 (62%) age groups, among those with “excellent” and “very good” health (62%), in Alberta (69%) and the Atlantic provinces (68%), and among those with higher incomes (figure 4).

Figure 4: Extended Health Insurance Coverage Beyond that Provided by the Provincial Health Insurance Plan, 1997, 2006, and 2016



Use of Conventional Medical Treatments for Health Conditions

The most common principal conditions from which people suffered during the year prior to the 2016 survey were back or neck problems (34%), allergies (27%), and arthritis or rheumatism (23%). Difficulty with routine walking (20%) and skin or dermatological problems (18%) were next on the list of ailments. Table 3 reports these findings for all three surveys, and shows the use and the perceived effectiveness of conventional medical treatments that individuals received in the 12 months prior to each survey.

On average, 72 percent of respondents suffering from one of the conditions listed sought medical attention for their health problems during the previous year, a decrease from the 73 percent in 2006 and 1997. In 2016, people suffering from addictive problems with prescription medications (100%), problems with alcohol or drugs (100%), diabetes (92%), cancer (91%), and kidney problems (90%) were the most likely to have seen a doctor for their health condition. In 2006, the conditions for which people were most likely to seek medical attention were neurological problems (100%), problems with alcohol or drugs (100%), high blood pressure (96%), and cancer (96%). In 1997, the conditions for which people were most likely to seek medical attention were neurological problems (100%), diabetes (98%), high blood pressure (96%), fatigue (94%), and prostate problems (91%).⁹

On the other hand, respondents in 2016 were less likely to visit a doctor for allergies (24%), impotence (52%), and severe depression (55%).¹⁰ In 2006, the conditions for which respondents were least likely to visit a doctor were allergies (37%), arthritis or rheumatism (60%), and frequent headaches (62%). In 1997, the conditions for which respondents were least

⁹ As some of these conditions or therapies have small bases (that is, few respondents), results must be interpreted with caution.

¹⁰ Those who reported anxiety attacks or severe depression were offered several options for choice of mental health professional including psychiatrist, psychologist, other medical doctor, social worker, or clergy. They were asked specifically if treatment from these providers was helpful prior to being asked about the helpfulness of treatment the last time they received care from a medical doctor.

Table 3: Use and Perceived Effectiveness of Conventional Medical Treatment by Condition in the 12 Months Preceding Interviews, 1997, 2006, and 2016 (%)

	1997			2006			2016		
	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful
Heart problems or chest pain	9	88	91	7	87	90	10	77	85
Diabetes	3	98	95	6	91	97	8	92	95
Cancer	2	89	100	2	96	100	3	91	97
Lung problems (asthma, bronchitis, emphysema)	12	61	93	13	69	92	12	70	96
High blood pressure	13	96	100	18	96	93	15	83	86
Poor circulation in legs	6	73	57	6	73	100	6	70	84
Digestive system problems (ulcers, inflammatory bowel disease, hepatitis, or constipation)	12	67	78	11	71	93	13	64	87
Bladder problems	6	82	47	5	89	82	6	68	83
Kidney problems	2	75	100	2	71	100	2	90	64
Prostate problems	2	91	86	2	82	93	5	72	80
Impotence	2	60	42	3	81	81	10	52	66
Gynaecologic or menstrual problems	10	72	79	9	71	88	16	74	75
Neurological problems (stroke, Parkinson's, multiple sclerosis, neuropathy, or seizures)	1	100	35	2	100	65	4	61	85
Problems related to head injury	1	35	100	3	70	100	3	81	83
Sprains or strains	20	79	85	22	83	86	18	73	77
Edema, swelling, or water retention	6	72	52	8	86	100	8	86	76

Table 3 continued next page ...

Table 3: Use and Perceived Effectiveness of Conventional Medical Treatment by Condition in the 12 Months Preceding Interviews, 1997, 2006, and 2016 (%) (continued from previous page)

	1997			2006			2016		
	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful	Have problem	Saw a medical doctor in past 12 months*	Found care very/somewhat helpful
Skin or dermatological problems	15	86	74	18	71	87	18	61	84
Allergies	29	40	86	29	37	84	27	24	91
Episodes of dizziness	17	71	100	17	89	71	18	60	62
Insomnia	20	87	66	21	68	71	23	56	77
Fatigue	32	94	61	24	94	65	27	79	58
Anxiety attacks**	9	66	N/A	9	58	N/A	14	69	N/A
Severe depression**	5	81	N/A	5	74	N/A	6	55	N/A
Addictive problems with prescription medications	1	N/A	N/A	1	N/A	N/A	1	100	0
Problems with alcohol or drugs	2	34	100	2	100	100	1	100	0
Significant weight problem	16	75	74	18	64	62	17	68	76
Chronic dental problems	4	49	100	6	66	56	7	73	81
Arthritis or rheumatism	20	55	77	21	60	79	23	58	77
Back or neck problems	30	62	76	28	66	74	34	61	66
Frequent headaches	16	63	72	14	62	72	15	63	64
HIV infection	0	N/A	N/A	1	N/A	N/A	<1	60	100
Difficulty with routine walking	17	89	74	17	85	81	20	85	79
Average		73	79		77	84		72	77

* Base: Ever seen a medical doctor for problem.

** Respondents who reported anxiety attacks or severe depression were given a different set of satisfaction questions

likely to visit a doctor were problems with alcohol or drugs (34%), head injuries (35%), and allergies (40%).¹¹

In all three surveys, those who received care for their condition in the year prior to the survey often felt that care was very or somewhat helpful (77% in 2016, 84% in 2006, and 79% in 1997). Though there were conditions for which every patient suffering who sought help was satisfied, in 2016 those seeking care for problems with alcohol or drugs (0%), addictive problems with prescription medications (0%), and fatigue (58%) were least likely to be happy with the care a doctor provided. In 2006, those seeking care for chronic dental problems (56%), significant weight problems (62%), or fatigue or neurological problems (65%) were least likely to be happy. In 1997, those suffering from neurological problems (35%), impotence (42%), or bladder problems (47%) were least likely to be happy.¹²

¹¹ As some of these conditions or therapies have small bases, results must be interpreted with caution.

¹² As some of these conditions or therapies have small bases, results must be interpreted with caution.

Use of Complementary and Alternative Therapies

In 2016, more than three-quarters of Canadians (79%) had used at least one complementary or alternative therapy sometime in their lives.¹³ This compares to 74% in 2006 and 73% in 1997. Among the provinces in 2016, British Columbians were most likely to have used an alternative therapy during their lifetime (89%), followed by Albertans (84%) and Ontarians (81%). Conversely, those in Quebec (69%) were least likely to have done so. Similar patterns were observed in the past two iterations of the survey, though respondents from the Atlantic provinces were far more likely to have reported using at least one complementary and alternative medicine or therapy sometime in their lives in 2016 (77%) than in either 2006 (63%) or 1997 (69%).

Table 4 gives the proportion of Canadians who have ever used an alternative therapy in their lifetime by type of therapy and region for 1997, 2006, and 2016.

In 2016, massage was the most common type of therapy that Canadians used over their lifetime with 44 percent having tried it. Chiropractic care was the next most common type of therapy with 42 percent having tried it. Yoga (27%), relaxation techniques (25%), and acupuncture (22%) were the next most commonly tried therapies. In 2006, the most commonly tried therapies were chiropractic care (40%), massage (35%), relaxation techniques (20%), prayer (18%), and acupuncture (17%). In 1997, the most commonly tried therapies were chiropractic care (36%), massage (23%), relaxation techniques (23%), prayer (21%), and herbal therapies (17%).

¹³ While differences in the general acceptance of various therapies may mean that some therapies are viewed as less conventional than others (for example, massage therapy is more generally accepted than energy healing), the discussions of complementary and alternative medicine use below do not distinguish between therapies based on how generally they are or may be accepted. Rather, the discussion only presents the results of the survey. The questionnaire used for the survey (originally designed by researchers based at Harvard Medical School and Beth Israel Hospital for use in their pioneering work on alternative medicine use in the United States) did not distinguish between various types of complementary and alternative medicine based on general acceptance.

Table 4a: Use of Complementary and Alternative Medicines or Therapies in an Individuals' Lifetime in Canada, 1997, 2006, 2016 (%)

	1997	2006	2016
Used at least one therapy in lifetime	73	74	79
Massage	23	35	44
Chiropractic care	36	40	42
Yoga	10	16	27
Relaxation techniques	23	20	25
Acupuncture	12	17	22
Prayer/spiritual practice	21	18	19
Herbal therapies	17	15	14
Naturopathy	6	9	11
Special diet programs	12	10	10
Homeopathy	9	9	9
Folk remedies	12	9	9
Energy healing	7	9	9
Lifestyle diet	9	7	9
Self-help group	8	9	8
Osteopathy	2	4	8
Aromatherapy	6	8	8
Spiritual or religious healing by others	5	5	6
Hypnosis	5	4	6
Imagery techniques	7	7	5
Biofeedback	2	2	3
High dose/mega vitamins	5	4	2
Chelation	1	1	<1

Spiritual or religious healing by others (6%), hypnosis (6%), imagery techniques (5%), biofeedback (3%) high dose/mega vitamins (2%), and chelation (<1%) were the therapies least tried by Canadians in 2016. This list was similar to that in both 2006 and 1997 except for osteopathy (8% in 2016, 4% in 2006, and 2% in 1997) and imagery techniques (5% in 2016, 7% in both 2006 and 1997).

Nationally, the most rapidly expanding therapies over the past two decades or so (the rate of change between 1997 and 2016) were massage,

Table 4b: Use of Complementary and Alternative Medicines or Therapies in an Individuals' Lifetime by Region, 1997 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in lifetime	84	75	79	73	66	69
Massage	37	29	27	20	20	14
Chiropractic care	48	37	52	36	31	18
Yoga	21	7	9	10	7	8
Relaxation techniques	31	27	23	22	20	22
Acupuncture	16	8	8	11	14	8
Prayer/spiritual practice	24	22	26	21	16	27
Herbal therapies	32	23	15	19	7	13
Naturopathy	14	6	3	6	5	2
Special diet programs	15	12	21	11	10	10
Homeopathy	9	3	4	6	16	4
Folk remedies	20	11	19	11	7	15
Energy healing	10	7	3	8	5	6
Lifestyle diet	17	9	4	9	5	7
Self-help group	14	5	11	9	4	9
Osteopathy	1	1	3	1	3	—
Aromatherapy	13	8	5	6	2	7
Spiritual or religious healing by others	10	7	5	3	3	8
Hypnosis	10	4	4	5	3	3
Imagery techniques	11	4	5	6	9	7
Biofeedback	5	4	—	3	<1	4
High dose/mega vitamins	8	6	3	6	2	2
Chelation	1	1	—	1	1	1

Table 4c: Use of Complementary and Alternative Medicines or Therapies in an Individuals' Lifetime by Region, 2006 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in lifetime	83	84	78	75	67	63
Massage	44	46	38	33	32	20
Chiropractic care	51	54	48	41	28	24
Yoga	20	20	13	17	12	9
Relaxation techniques	26	24	20	21	15	21
Acupuncture	22	21	17	16	16	16
Prayer/spiritual practice	23	22	20	17	15	21
Herbal therapies	20	23	21	17	4	14
Naturopathy	16	9	7	8	8	4
Special diet programs	8	11	10	13	8	9
Homeopathy	10	8	5	9	12	4
Folk remedies	15	13	10	9	4	4
Energy healing	15	13	8	10	6	7
Lifestyle diet	11	6	9	9	4	3
Self-help group	10	10	10	9	7	9
Osteopathy	2	1	—	1	11	3
Aromatherapy	14	15	9	8	3	3
Spiritual or religious healing by others	9	8	6	5	2	4
Hypnosis	7	7	6	4	3	3
Imagery techniques	8	11	6	5	6	6
Biofeedback	3	3	4	3	1	1
High dose/mega vitamins	6	4	4	4	1	2
Chelation	1	3	1	<1	—	1

Table 4d: Use of Complementary and Alternative Medicines or Therapies in an Individuals' Lifetime by Region, 2016 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in lifetime	89	84	77	81	69	77
Massage	50	53	56	41	41	39
Chiropractic care	52	58	59	41	32	28
Yoga	33	34	22	28	19	34
Relaxation techniques	30	25	18	29	18	24
Acupuncture	30	27	15	22	18	21
Prayer/spiritual practice	23	22	23	22	11	21
Herbal therapies	23	20	14	16	5	15
Naturopathy	17	12	10	11	10	7
Special diet programs	11	14	12	10	6	13
Homeopathy	11	12	6	10	10	1
Folk remedies	18	11	11	9	4	13
Energy healing	10	15	8	9	7	11
Lifestyle diet	18	8	7	9	5	7
Self-help group	12	9	11	7	6	12
Osteopathy	4	3	1	6	18	6
Aromatherapy	13	10	8	7	5	6
Spiritual or religious healing by others	8	9	9	5	2	10
Hypnosis	8	8	4	6	5	4
Imagery techniques	7	5	6	4	6	3
Biofeedback	8	2	4	4	1	1
High dose/mega vitamins	7	2	3	3	—	2
Chelation	<1	1	—	1	<1	—

yoga, acupuncture, chiropractic care, osteopathy, and naturopathy. High dose/mega vitamins, herbal therapies, and folk remedies appear to be in declining use over that same time period.

As was the case in previous versions of the survey, there were regional variations in the use of complementary and alternative therapies.¹⁴ For example, in 2016 more than half of British Columbians, Albertans, and those in Saskatchewan and Manitoba had tried chiropractic care versus less than one-third in Quebec and the Atlantic provinces. Among other regional variations in 2016, Quebecers and those in the Atlantic provinces were much more likely to have tried massage than chiropractic care; British Columbians, Albertans, and those in Saskatchewan and Manitoba were more likely to have tried chiropractic care than massage; and British Columbians were the most likely to have tried a number of therapies including naturopathy, folk remedies, lifestyle diet, biofeedback, and high dose/mega vitamins.¹⁵

Table 5 shows the types of therapies used across Canada in the past 12 months. Looking at the use of therapies in the past year rather than over Canadians' lifetimes paints a different picture of the use of complementary and alternative medicine. In 2016, more than half (56%) of Canadians used at least one therapy in the year prior to the survey, compared to 54% in 2006 and 50% in 1997.

The use of alternative therapies over the past 12 months in 2016 was more prevalent in the west, with 65 percent of British Columbians and Albertans having used such therapies compared to 52 percent of Atlantic Canadians and 46 percent of Quebecers. In the 12 months prior to the 2016 survey, the most commonly used complementary and alternative medicines and therapies were massage (24%), relaxation techniques (19%), chiropractic care and yoga (16%), and prayer (15%). This is similar to the top 5 lists in 2006 and 1997, though in both years herbal therapies was in the top 5 while yoga was not.

The most likely users of complementary and alternative therapies over the past 12 months in 2016 were from the 35- to 44-year-old age group (61%). The use of complementary and alternative medicines and treatments diminished with age, with 46 percent of seniors (65 years and

¹⁴ Differences in patterns of use between therapies and provinces may not relate solely to the preferences of individuals. Rather, differences might also be related to differences in insurance coverage for these services. It is possible that the differences observed in the use of therapies (both between therapies and between provinces) are at least partly being driven by differences in the marginal cost of services to users as a result of provincial and private insurance coverage decisions.

¹⁵ As some of these conditions or therapies have small bases, results must be interpreted with caution.

Table 5a: Use of Complementary and Alternative Medicines or Therapies in Canada in the 12 Months Preceding Interviews, 1997, 2006, and 2016 (%)

	Total population*			Therapy users**		
	1997	2006	2016	1997	2006	2016
Used at least one therapy in the past 12 months	50	54	56	—	—	—
Massage	12	19	24	51	55	55
Relaxation techniques	17	14	19	72	71	74
Chiropractic care	13	15	16	36	37	37
Yoga	4	9	16	37	57	57
Prayer/spiritual practice	18	16	15	85	87	77
Herbal therapies	12	10	10	71	63	67
Aromatherapy	5	5	6	81	58	77
Acupuncture	2	4	5	22	25	25
Lifestyle diet	5	4	5	64	53	61
Naturopathy	3	4	5	46	44	43
Folk remedies	6	4	5	50	47	49
Homeopathy	5	4	4	54	42	43
Energy healing	3	5	3	50	49	38
Imagery techniques	5	4	3	67	59	66
Special diet programs	3	4	3	27	40	33
Spiritual or religious healing by others	2	2	3	54	48	54
Osteopathy	<1	1	3	28	36	39
Self-help group	3	3	3	41	36	32
High dose/mega vitamins	3	2	1	61	60	54
Biofeedback	1	1	1	25	32	37
Hypnosis	<1	1	1	10	16	15
Chelation	<1	<1	<1	30	33	32

* Base: Total population

** Base: Those who have used therapies in their lifetimes.

Table 5b: Use of Complementary and Alternative Medicines or Therapies in Canada by Region, in the 12 Months Preceding Interviews, 1997 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in the past 12 months*	60	54	58	50	44	45
Massage	52	42	62	51	52	46
Relaxation techniques	81	73	81	72	69	47
Chiropractic care	39	41	42	39	27	24
Yoga	47	30	34	38	22	42
Prayer/spiritual practice	93	81	84	83	85	87
Herbal therapies	78	65	88	71	46	80
Aromatherapy	82	95	85	73	77	100
Acupuncture	31	28	—	20	20	24
Lifestyle diet	68	66	47	65	62	60
Naturopathy	37	54	41	54	37	100
Folk remedies	46	67	51	57	23	61
Homeopathy	31	57	23	64	53	85
Energy healing	72	57	46	48	28	39
Imagery techniques	59	80	86	73	69	35
Special diet programs	9	33	25	29	41	19
Spiritual or religious healing by others	45	51	19	89	52	35
Osteopathy	—	—	—	46	36	—
Self-help group	57	8	42	43	42	11
High dose/mega vitamins	45	30	100	78	41	31
Biofeedback	31	45	—	15	—	27
Hypnosis	5	45	—	10	8	—
Chelation	58	—	—	25	53	—

* Total population

Base: Those who have used therapies in their lifetimes.

Table 5c: Use of Complementary and Alternative Medicines or Therapies in Canada, by Region, in the 12 Months Preceding Interviews, 2006 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in the past 12 months*	64	68	59	55	45	39
Massage	52	57	59	56	58	30
Relaxation techniques	81	72	74	71	59	64
Chiropractic care	35	52	36	33	39	26
Yoga	53	51	67	66	48	45
Prayer/spiritual practice	94	92	93	86	83	81
Herbal therapies	50	72	56	66	71	63
Aromatherapy	61	67	55	52	73	19
Acupuncture	32	30	17	23	25	18
Lifestyle diet	47	58	54	57	41	67
Naturopathy	35	54	43	42	53	57
Folk remedies	46	63	49	44	39	44
Homeopathy	50	41	14	42	39	58
Energy healing	50	60	47	44	46	68
Imagery techniques	50	75	66	54	50	81
Special diet programs	53	38	22	43	35	26
Spiritual or religious healing by others	53	57	48	47	58	—
Osteopathy	18	—	—	56	32	59
Self-help group	41	39	50	36	27	35
High dose/mega vitamins	47	59	56	64	88	31
Biofeedback	37	35	35	35	—	—
Hypnosis	28	—	11	19	19	—
Chelation	64	47	—	—	—	—

* Total population

Base: Those who have used therapies in their lifetimes.

Table 5d: Use of Complementary and Alternative Medicines or Therapies in Canada, by Region, in the 12 Months Preceding Interviews, 2016 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Used at least one therapy in the past 12 months*	65	65	55	58	46	52
Massage	46	71	51	53	53	62
Relaxation techniques	83	63	77	73	73	82
Chiropractic care	35	45	38	35	34	40
Yoga	53	59	65	59	50	63
Prayer/spiritual practice	80	74	84	74	78	93
Herbal therapies	72	71	80	67	60	48
Aromatherapy	76	74	67	70	91	100
Acupuncture	22	34	24	27	17	21
Lifestyle diet	74	53	80	50	68	56
Naturopathy	49	46	36	45	37	33
Folk remedies	60	46	56	59	6	22
Homeopathy	56	43	44	38	40	100
Energy healing	44	31	46	37	37	47
Imagery techniques	73	46	63	69	69	50
Special diet programs	30	39	56	32	13	41
Spiritual or religious healing by others	53	52	69	60	—	57
Osteopathy	50	38	33	26	45	38
Self-help group	26	39	40	27	28	50
High dose/mega vitamins	33	40	75	61	—	52
Biofeedback	44	—	20	35	75	50
Hypnosis	11	—	20	24	10	25
Chelation	—	50	—	50	—	—

* Total population

Base: Those who have used therapies in their lifetimes.

Table 6: Use of Alternative Therapy Professionals and Visit Volumes by Type of Therapy in the 12 Months Preceding Interviews, 1997, 2006, and 2016

	1997		2006		2016	
	Saw a professional (%)*	Average number of visits per user past 12 months**	Saw a professional (%)*	Average number of visits per user past 12 months**	Saw a professional (%)*	Average number of visits per user past 12 months**
Chiropractic care	88	16.4	86	11.4	74	13.7
Osteopathy	60	3.1	85	5.3	73	7.7
Acupuncture	75	6.0	90	8.3	73	10.6
Massage	76	11.8	82	7.4	66	7.0
Homeopathy	27	2.6	34	4.4	42	7.6
Yoga	14	51.6	35	30.0	36	25.5
Naturopathy	39	4.9	49	5.6	35	4.8
Self-help group	26	21.0	35	15.6	29	9.2
Energy healing	28	21.7	21	5.4	26	4.4
High dose/mega vitamins	17	6.3	26	3.6	24	2.8
Special diet programs	40	10.7	50	13.4	23	24.0
Lifestyle diet	12	1.9	11	4.2	20	4.8
Hypnosis	34	1.0	44	4.7	19	2.0
Herbal therapies	16	5.8	16	3.8	16	3.3
Spiritual or religious healing by others	38	71.7	17	9.6	15	18.0
Imagery techniques	13	7.1	17	14.8	11	2.4
Biofeedback	—	—	—	—	11	14.0
Relaxation techniques	13	9.9	10	16.8	11	16.2
Prayer/spiritual practice	9	44.8	9	31.1	8	15.7
Aromatherapy	20	5.1	8	3.8	7	3.4
Folk remedies	7	1.7	7	6.4	—	—
Chelation	64	7.4	100	3.7	—	—

* Base: Used the therapy in the past 12 months.

** Base: Have seen a professional for therapy in the past 12 months.

older) having used them in the year prior to the survey. Use of complementary and alternative therapies generally rose with income: 51 percent of those in the less-than-\$20,000-a-year income group used such therapies in the 12 months prior to the survey compared to 46 percent of those in the \$20,000 to \$40,000 income group, 59 percent of those in the \$40,000 to \$59,000 income group, 56 percent of those in the \$60,000 to \$79,000 income group, and 62 percent of those in the \$80,000+ group. Complementary and alternative therapy use also rose with education: 61 percent of university graduates had used complementary and alternative medicines and therapies in the year prior to the 2016 survey, while 40 percent of those who had not completed high school had done so. These trends are similar to those observed in 2006 and 1997, though there was no income trend found in 1997.

Seventy-four percent of Canadians who used chiropractic care in the past 12 months in 2016, 73 percent of those who received osteopathy or acupuncture, and 66 percent of those who received massage therapy saw a professional for treatment (defined as someone who is paid for his or her services). In all four cases, the percentage seeing a professional had fallen from 2006, and had fallen since 1997 for all but osteopathy. Those using aromatherapy (7%), prayer (8%) and relaxation techniques, biofeedback, and imagery techniques (11%) were least likely to see a professional in 2016.

Canadians who used complementary and alternative medicines and therapies visited providers of them an average of 11.1 times during the year prior to the 2016 survey, which is more frequent than the 8.6 times reported in 2006 and the 8.7 times reported in 1997. In 2016, Atlantic Canadians visited a provider of complementary and alternative therapy most often (15.8 times on average), compared to 13.2 times in Ontario, 11.9 in Saskatchewan and Manitoba, 10.7 in Alberta, 9.6 in British Columbia, and 6.7 in Quebec. Those aged 35-44 were most likely to have used alternative medicine (61%), compared to 59% of 45-64 year olds and 57% of 18-34 year olds. Those aged 35 to 54 were also most likely to have seen an alternative therapy provider for their treatment in 2016 (36 percent compared with 27 percent of 18 to 34 year olds). The use of providers increased with income and with education.

Yoga was the most frequently used therapy in 2016, with Canadians making an average of 25.5 visits to a provider in the 12 months prior to the survey, followed by special diet programs (24.0), and spiritual or religious healing by others (18.0). While the use of yoga had increased both over Canadians' lifetimes and in the past 12 months, the percentage of users who saw a professional in 2016 (36%) was largely unchanged since 2006 (35%) though it had increased since 1997 (14%). At the same time, the

average number of visits in the past 12 months steadily decreased from 51.6 in 1997 to 30.0 in 2006 to 25.5 in 2016. Those using acupuncture were less likely to see a professional in 2016 (73%) than in 2006 (90%) but made more visits on average in the past 12 months (10.6 in 2016, 8.3 in 2006). This was also the case for users of osteopathy. Massage, another therapy that has expanded over the past two decades or so, saw declines in both the percent of users seeing a professional and the number of visits between 2006 and 2016.

Table 6 presents data from all three surveys on the percentage of users who saw a professional, and the average number of visits they made in the prior 12 months.

For the 10 most commonly used medicines and therapies, respondents in 2016 tended to have first used complementary and alternative medicines and therapies during their mid-30s, with the notable exceptions of prayer (early 20s) and acupuncture (mid-40s). For example, people typically first tried chiropractic care between ages 31 and 34 depending on the province (at age 32 nationally), first tried massage between ages 36 and 38 depending on the province (at age 37 nationally), and first tried relaxation techniques between ages 29 and 35 (at age 32 nationally). The patterns of age at first time of use in 2016 are generally little changed from those in 2006 or 1997. Table 7 shows the average age at time of first use of complementary and alternative therapies for the 10 most commonly used medicines or therapies (during a lifetime) for all three surveys.

Most people who chose to use complementary and alternative therapies in the 12 months prior to the survey continued to do so for “wellness”—to prevent future illness from occurring or to maintain health and vitality. There has, however, been a notable shift in the use of complementary and alternative therapies for wellness since the earlier versions of the survey, with the overwhelming majority of therapies used less for wellness in 2016 than in either 2006 or 1997.¹⁶ In 2016, 100 percent of those using chelation treatments, 86 percent of people using yoga, 84 percent of people using aromatherapy, and 80 percent of people using lifestyle diets did so for wellness. On the other hand, only 28 percent of people using acupuncture, 35 percent of people using hypnosis, and 37 percent of people using spiritual or religious healing by others did so for wellness.

¹⁶ The simple average across therapies fell from 74% in 1997, to 68% in 2006, to 60% in 2016. Compared to 1997, 19 of 22 therapies were used less for wellness in 2016. Compared to 2006, 18 of 22 therapies were used less for wellness in 2016.

Table 7a: Average Age at Time of First Use of Alternative Therapies for 10 Most Commonly Used Medicines and Therapies, 1997, 2006, and 2016

	1997	2006	2016
Massage	33	34	37
Chiropractic care	31	30	32
Yoga	27	31	35
Relaxation techniques	29	29	32
Acupuncture	38	38	43
Prayer/spiritual practice	18	18	22
Herbal therapies	32	31	31
Naturopathy	31	34	37
Special diet programs	32	34	36
Homeopathy	30	30	35

Base: Ever used the therapy.

Table 7b: Average Age at Time of First Use of Alternative Therapies for 10 Most Commonly Used Medicines and Therapies, by Region, 1997

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Massage	35	32	33	33	31	28
Chiropractic care	30	32	33	30	31	33
Yoga	25	30	37	27	29	21
Relaxation techniques	29	29	30	29	28	28
Acupuncture	42	40	43	38	35	40
Prayer/spiritual practice	19	20	22	18	14	14
Herbal therapies	32	28	42	31	35	27
Naturopathy	28	32	37	34	29	31
Special diet programs	32	29	34	33	32	29
Homeopathy	30	30	30	30	30	22

Base: Ever used the therapy.

Table 7c: Average Age at Time of First Use of Alternative Therapies for 10 Most Commonly Used Medicines and Therapies, by Region, 2006

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Massage	34	34	33	34	33	34
Chiropractic care	29	28	27	31	32	34
Yoga	30	32	27	31	30	32
Relaxation techniques	28	28	26	30	29	33
Acupuncture	38	39	36	39	38	37
Prayer/spiritual practice	18	17	15	18	19	19
Herbal therapies	31	32	29	32	27	33
Naturopathy	34	37	30	35	30	38
Special diet programs	37	33	31	33	37	33
Homeopathy	40	50	30	30	30	30

Base: Ever used the therapy.

Table 7d: Average Age at Time of First Use of Alternative Therapies for 10 Most Commonly Used Medicines and Therapies, by Region, 2016

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Massage	36	38	38	36	37	37
Chiropractic care	31	33	34	32	31	31
Yoga	36	36	30	35	34	32
Relaxation techniques	30	35	30	33	29	35
Acupuncture	43	45	43	42	44	43
Prayer/spiritual practice	23	19	24	21	23	27
Herbal therapies	25	34	31	32	30	34
Naturopathy	38	38	40	36	35	44
Special diet programs	37	37	43	35	37	35
Homeopathy	34	34	38	35	34	32

Base: Ever used the therapy.

Table 8: Use of Complementary and Alternative Medicines or Therapies for Wellness in 12 Months Preceding Interviews, by Therapy, 1997, 2006, and 2016 (%)

	1997	2006	2016
Chelation	100	65	100
Yoga	86	92	86
Aromatherapy	66	87	84
Lifestyle diet	87	83	80
Prayer/spiritual practice	83	85	76
Relaxation techniques	84	81	73
Energy healing	64	63	71
High dose/mega vitamins	83	71	69
Imagery techniques	86	56	65
Biofeedback	100	64	61
Naturopathy	69	81	60
Self-help group	74	67	58
Herbal therapies	72	70	58
Massage	66	72	55
Special diet programs	77	83	53
Folk remedies	54	43	53
Chiropractic care	46	55	45
Homeopathy	57	58	42
Osteopathy	100	61	40
Spiritual or religious healing by others	59	56	37
Hypnosis	78	45	35
Acupuncture	32	48	28

Base: Used therapy in past 12 months

Table 8 gives the proportion of Canadians using complementary and alternative medicines and treatments for wellness for all three surveys.

The majority of people using complementary and alternative medicines generally had confidence in their provider in 2016. Overall in 2016, 39 percent of respondents had “total” confidence in their provider, and 65 percent had “total” or “a lot” of confidence. This compares to 27 and 55 percent in 2006, and 24 and 43 percent in 1997 respectively. In 2016, 70 percent of those using aromatherapy, 63 percent of those using prayer, and 60 percent of those using homeopathy or high dose/mega vitamins expressed total confidence in their providers. Table 9 provides the data on the confidence users have with their provider.

Table 9: Proportion of Alternative Therapy Users Who Have Confidence in their Provider, 1997, 2006, and 2016 (%)

	1997		2006		2016	
	Users with total confidence in provider	Users with total/a lot of confidence in provider	Users with total confidence in provider	Users with total/a lot of confidence in provider	Users with total confidence in provider	Users with total/a lot of confidence in provider
Massage	45	70	29	65	28	68
Chiropractic care	39	76	44	81	47	82
Yoga	37	59	25	66	34	58
Relaxation techniques	34	68	32	64	12	55
Acupuncture	50	72	26	61	33	76
Prayer/spiritual practice	67	85	41	76	63	78
Herbal therapies	25	65	33	61	46	79
Naturopathy	15	89	25	65	49	76
Special diet programs	26	50	30	70	19	52
Homeopathy	32	85	46	76	60	92
Folk remedies	31	78	40	70	—	—
Energy healing	19	39	41	63	39	100
Lifestyle diet	10	50	30	89	43	92
Self-help group	35	57	14	54	22	48
Osteopathy	34	66	39	86	41	93
Aromatherapy	18	66	34	55	70	100
Spiritual or religious healing by others	62	73	50	75	44	87
Hypnosis	0	0	35	35	0	100
Imagery techniques	71	100	25	38	0	60
Biofeedback	—	—	—	—	0	100
High dose/mega vitamins	12	12	30	79	60	100
Chelation	0	100	35	35	—	—

Base: Saw a professional in past 12 months.

Table 10: Top 3 Health Conditions Treated by Therapy for the 10 Most Commonly Used Therapies (Lifetime), 1997, 2006, and 2016

	1997		2006		2016	
	Condition	Percent of respondents	Condition	Percent of respondents	Condition	Percent of respondents
Massage	Back or neck problems	42	Back or neck problems	39	Back or neck problems	28
	Relaxation	12	Relaxation	8	Back problems/back pain	14
	Stress	8	Muscle pulls/problems	6	Muscle pulls/problems	10
Chiropractic care	Back or neck problems	75	Back or neck problems	61	Back or neck problems	39
	Frequent headaches	6	Back problems/back pain*	7	Back problems/back pain	28
	General overall health and back problems/back pain	4	Joint problems	7	Joint problems**	6
Yoga	General overall health	19	Back or neck problems	14	General overall health	17
	Back or neck problems	18	General overall health	13	Stress	7
	Relaxation	15	Relaxation	8	Relaxation***	7
Relaxation techniques	Stress	22	Stress	13	Stress	29
	General overall health	14	Back or neck problems	10	Anxiety attacks	17
	Relaxation	14	Anxiety attacks	9	General overall health	11
Acupuncture	Back or neck problems	30	Back or neck problems	30	Back or neck problems	16
	Frequent headaches	13	Joint problems	11	Back problems/back pain	15
	Arthritis or rheumatism	8	Any sprains or strains	10	Frequent headaches, muscle pulls/problems	10

Table 10 continued next page ...

Table 10: op 3 Health Conditions (continued...)

	1997		2006		2016	
	Condition	Percent of respondents	Condition	Percent of respondents	Condition	Percent of respondents
Prayer/ spiritual practice	General overall health	29	General overall health	18	General overall health	16
	Mental health problems	7	Back or neck problems	5	Everything	12
	Back or neck problems	6	Severe depression and spiritual health	5	Stress****	8
Herbal therapies	Colds/flu	20%	Colds/flu	14	Colds/flu	17
	General overall health	18	General overall health	11	General overall health	13
	Digestive system problems	9	Arthritis or rheumatism	10	Frequent headaches*****	6
Naturopathy	General overall health	16	General overall health	10	General overall health	11
	Colds/flu	15	Arthritis or rheumatism	9	Back or neck problems	10
	Digestive system problems	11	Any allergies, problems with fatigue, colds/flu	7	Colds/flu*****	10
Special diet programs	Weight problem	54	Weight problem	28	Weight problem	46
	General overall health	8	Diabetes	8	General overall health	14
	Lung problems	5	General overall health	6	Pregnancy/child birth/labour/miscarriage*****	3
Homeopathy	Colds/flu	19	Colds/flu	24	Colds/flu	16
	General overall health	10	Any allergies	8	General overall health	8
	Digestive system problems	10	General overall health	6	Anxiety attacks, Insomnia*****	8

* The two different back problem variables were treated separately and were not collapsed or combined into a single variable.

** 8% were categorized as "Other"; *** 7% were categorized as "Other"; **** 10% were categorized as "Other"; ***** 12% were categorized as "Other"; ***** 12% were categorized as "Other"; ***** 16% were categorized as "Other"; ***** 19% were categorized as "Other"

Table 10 shows the top three health conditions treated by the 10 most commonly used complementary and alternative medicines and therapies (in an individual's lifetime in the 2016 survey) for all three surveys. In 2016, 28 percent of respondents who used massage in the 12 months prior to the survey used it for back or neck problems, another 14 percent used it for back problems or back pain, and 10 percent used it for muscle pulls or problems.¹⁷ Thirty-nine percent of respondents used chiropractic care for back or neck problems and another 28 percent used it for back problems or back pain, with 6 percent using it for joint problems. Seventeen percent of respondents who used yoga used it for general health, while 7 percent used it for stress and another 7 percent for relaxation. Sixteen percent of respondents who used acupuncture used it for back or neck problems, another 15 percent used it for back problems or back pain, 10 percent used it for frequent headaches, and 10 percent used it for muscle pulls or problems. In 2016, prayer, herbal therapies, naturopathy, special diet programs, relaxation techniques, and homeopathy were used often for general health, though the top three health conditions treated did vary.

Table 11 shows which complementary and alternative medicines and therapies were used for the 10 most common medical conditions reported. As discussed previously, back or neck problems (34%), allergies (27%), and arthritis or rheumatism (23%) were the most common ailments suffered by respondents in 2016. The most commonly used therapies among respondents reporting one of the 10 most common medical conditions were relaxation techniques, massage, and chiropractic care. In 2006, massage therapy, prayer, and relaxation techniques were the most commonly used by respondents reporting one of the 10 most common medical conditions. In 1997, prayer, relaxation techniques, and chiropractic care were most commonly used among respondents reporting one of these medical conditions.

¹⁷ The two different back problem options in the survey questionnaire have been treated separately in survey reporting rather than being collapsed or combined into a single variable.

Table 11a: Use of Alternative Therapy for 10 Most Frequently Reported Principal Medical Conditions, 1997

Condition	Percent reporting condition	Percent using alternative therapy in past 12 months*	Percent who saw a provider in past 12 months*	3 most commonly used alternative therapies
Allergies	29	62	34	Massage therapies, prayer, relaxation techniques
Back or neck problems	28	71	47	Massage therapies, chiropractic care, prayer
Arthritis or rheumatism	21	61	31	Prayer, massage therapies, chiropractic care
Difficulty with routine walking	17	64	39	Prayer, massage therapies, chiropractic care
Frequent headaches	14	70	41	Prayer, massage therapies, relaxation techniques
Lung problems	13	63	33	Prayer, relaxation techniques, massage therapies
Digestive problems	11	64	39	Prayer, massage therapies, relaxation techniques
Gynaecological problems	9	66	40	Massage therapies, relaxation techniques, prayer
Anxiety attacks	9	72	45	Relaxation techniques, prayer, massage therapies
Heart problems or chest pain	7	60	30	Prayer, relaxation techniques, massage therapies

* Percentages are of those who reported the condition.

Table 11b: Use of Alternative Therapy for 10 Most Frequently Reported Principal Medical Conditions, 2006

Condition	Percent reporting condition	Percent using alternative therapy in past 12 months*	Percent who saw a provider in past 12 months*	3 most commonly used alternative therapies
Back or neck problems	30	71	41	Chiropractic care, prayer, relaxation techniques
Allergies	29	60	30	Relaxation techniques, prayer, chiropractic care
Arthritis or rheumatism	20	60	27	Prayer, relaxation techniques, chiropractic care
Difficulty with routine walking	17	67	31	Prayer, relaxation techniques, chiropractic care
Frequent headaches	16	65	34	Prayer, relaxation techniques, massage therapies
Lung problems	12	63	34	Prayer, relaxation techniques, herbal therapies
Digestive problems	12	63	32	Prayer, massage therapies, chiropractic care
Gynaecological problems	10	70	36	Relaxation techniques, prayer, chiropractic care
Anxiety attacks	9	69	30	Prayer, relaxation techniques, massage therapies, herbal therapies
Heart problems or chest pain	9	59	26	Prayer, relaxation techniques, chiropractic care

* Percentages are of those who reported the condition.

Table 11c: Use of Alternative Therapy for 10 Most Frequently Reported Principal Medical Conditions, 2016

Condition	Percent reporting condition	Percent using alternative therapy in past 12 months*	Percent who saw a provider in past 12 months*	3 most commonly used alternative therapies
Back or neck problems	34	70	38	Massage therapies, chiropractic care, relaxation techniques
Allergies	27	64	33	Massage therapies, relaxation techniques, osteopathy
Arthritis or rheumatism	23	61	28	Prayer, massage therapies, relaxation techniques
Difficulty with routine walking	20	61	27	Relaxation techniques, chiropractic care massage therapies
Gynaecologic or menstrual problems	16	77	50	Massage therapies, yoga, relaxation techniques
Frequent headaches	15	70	41	Relaxation techniques, massage therapies, chiropractic care
Anxiety attacks	14	76	50	Relaxation techniques, massage therapies, chiropractic care
Digestive system problems (ulcers, inflammatory bowel disease, hepatitis, or constipation)	13	70	36	Relaxation techniques, massage therapies, yoga
Lung problems (asthma, bronchitis, emphysema)	12	57	25	Chiropractic care, relaxation techniques, yoga
Impotence	10	47	13	Massage techniques, prayer, relaxation techniques

* Percentages are of those who reported the condition.

Children's Use of Complementary and Alternative Therapies

Twenty percent of households with children under the age of 18 used complementary and alternative medicines and therapies for their children in the 12 months prior to the 2016 survey. This compares to 15 percent in 2006 and 17 percent in 1997. As table 12 shows, the therapies most widely used by children in 2016 included chiropractic care (34%), massage (25%), and herbal therapies (23%). The most commonly used therapies in the 12 months prior to the 2006 survey were chiropractic care (43%), herbal therapies (22%), and massage (21%). In 1997, that list was chiropractic care (39%), herbal therapies (29%), and homeopathy (21%).

In 2016, more children used high dose/mega vitamins, self-help groups, folk remedies, naturopathy, acupuncture, lifestyle diets, homeopathy, and osteopathy to treat an illness than to maintain wellness. On the other hand, yoga, relaxation techniques, prayer, spiritual or religious healing by others, massage, imagery techniques, aromatherapy, energy healing, and chiropractic care were used more often for maintaining wellness. While there have been changes between the three surveys in the use and application of complementary and alternative medicines and therapies among children, including sizable expansions in the use of both yoga and aromatherapy, there are no consistent trends to note.

Table 12a: Proportion of Children Who Used Complementary or Alternative Medicine or Therapy in the 12 Months Preceding Interviews, Among Households with Children, 1997 (%)

	Have used it	Reasons for using therapies*		
		Treat an illness	Maintain wellness	Both
Chiropractic Care	39	48	22	31
Massage	16	37	33	30
Herbal therapies	29	33	34	33
Aromatherapy	5	31	56	13
Yoga	4	27	73	—
Relaxation techniques	17	10	57	33
Homeopathy	21	38	16	47
Prayer/spiritual practice	16	12	45	44
Folk remedies	17	78	6	16
Osteopathy	3	33	—	34
Acupuncture	2	48	—	52
Spiritual or religious healing by others	4	—	40	45
Lifestyle diet	16	—	67	29
Naturopathy	5	16	53	31
Energy healing	1	—	—	100
Imagery techniques	6	19	29	53
Self-help group	2	—	64	36
Hypnosis	—	—	—	—
High dose/mega vitamins	3	32	—	68
Biofeedback	—	—	—	—
Special diet programs	2	—	100	—
Chelation	—	—	—	—

* Among children under 18 years who have ever used the therapy.

Table 12b: Proportion of Children Who Used Complementary or Alternative Medicine or Therapy in the 12 Months Preceding Interviews, Among Households with Children, 2006 (%)

	Have used it	Reasons for using therapies*		
		Treat an illness	Maintain wellness	Both
Chiropractic Care	43	33	41	27
Massage	21	25	58	13
Herbal therapies	22	34	30	37
Aromatherapy	8	11	67	22
Yoga	4	81	—	20
Relaxation techniques	8	12	67	22
Homeopathy	20	42	22	36
Prayer/spiritual practice	15	11	59	24
Folk remedies	10	56	—	45
Osteopathy	5	37	22	41
Acupuncture	10	36	—	64
Spiritual or religious healing by others	5	48	17	35
Lifestyle diet	10	9	82	8
Naturopathy	14	37	24	39
Energy healing	7	36	26	38
Imagery techniques	6	13	59	28
Self-help group	1	—	100	—
Hypnosis	—	—	—	—
High dose/mega vitamins	4	43	33	23
Biofeedback	4	21	21	57
Special diet programs	2	—	100	—
Chelation	—	—	—	—

* Among children under 18 years who have ever used the therapy.

Table 12c: Proportion of Children Who Used Complementary or Alternative Medicine or Therapy in the 12 Months Preceding Interviews, Among Households with Children, 2016 (%)

	Have used it	Reasons for using therapies*		
		Treat an illness	Maintain wellness	Both
Chiropractic Care	34	27	42	30
Massage	25	17	49	35
Herbal therapies	23	25	26	49
Aromatherapy	22	14	37	49
Yoga	17	3	74	24
Relaxation techniques	15	8	60	32
Homeopathy	15	32	20	47
Prayer/spiritual practice	12	7	43	51
Folk remedies	12	35	7	57
Osteopathy	11	40	34	26
Acupuncture	11	44	24	32
Spiritual or religious healing by others	10	9	41	50
Lifestyle diet	9	55	37	8
Naturopathy	9	58	33	10
Energy healing	8	5	26	69
Imagery techniques	7	13	35	47
Self-help group	3	44	—	56
Hypnosis	2	50	50	—
High dose/mega vitamins	1	100	—	—
Biofeedback	1	—	—	100
Special diet programs	1	—	100	—
Chelation	—	—	—	—

* Among children under 18 years who have ever used the therapy.

Conventional and Alternative Providers of Care

Figure 5 shows the percentages of respondents in all three surveys who saw a medical doctor or an alternative therapy provider (some saw both) for treatment of the 10 most common conditions. In most instances, a higher proportion of respondents saw a medical doctor for their condition, though there were no cases where a higher proportion of respondents saw an alternative therapy provider in 2006.

In 2016, 41 percent of respondents saw a doctor before turning to a complementary or alternative therapy provider compared to 22 percent who saw a CAM provider first. In both 1997 and 2006, nearly half of the respondents saw a doctor first, while 16 percent and 17 percent respectively turned to a CAM provider first (see figure 6). In 2016, 24 percent of

Figure 5a: Percent of Respondents With a Medical Condition Seeing a Medical Doctor or Other Provider for Conventional or Alternative Medical Care, 10 Most Common Conditions, 1997

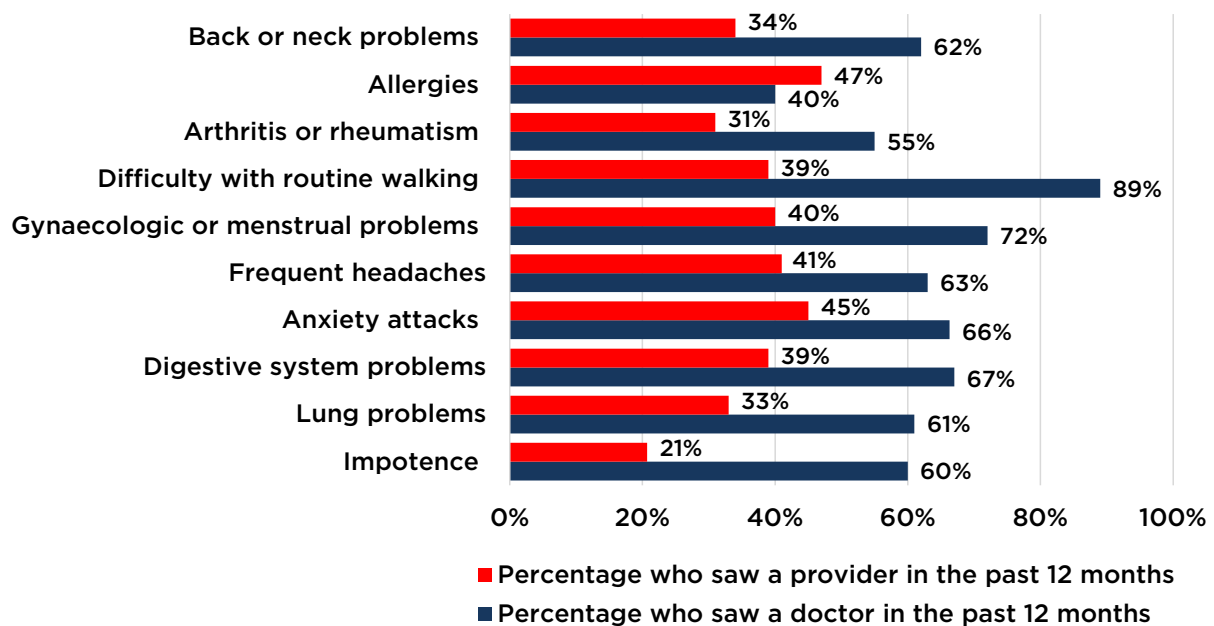


Figure 5b: Percent of Respondents With a Medical Condition Seeing a Medical Doctor or Other Provider for Conventional or Alternative Medical Care, 10 Most Common Conditions, 2006

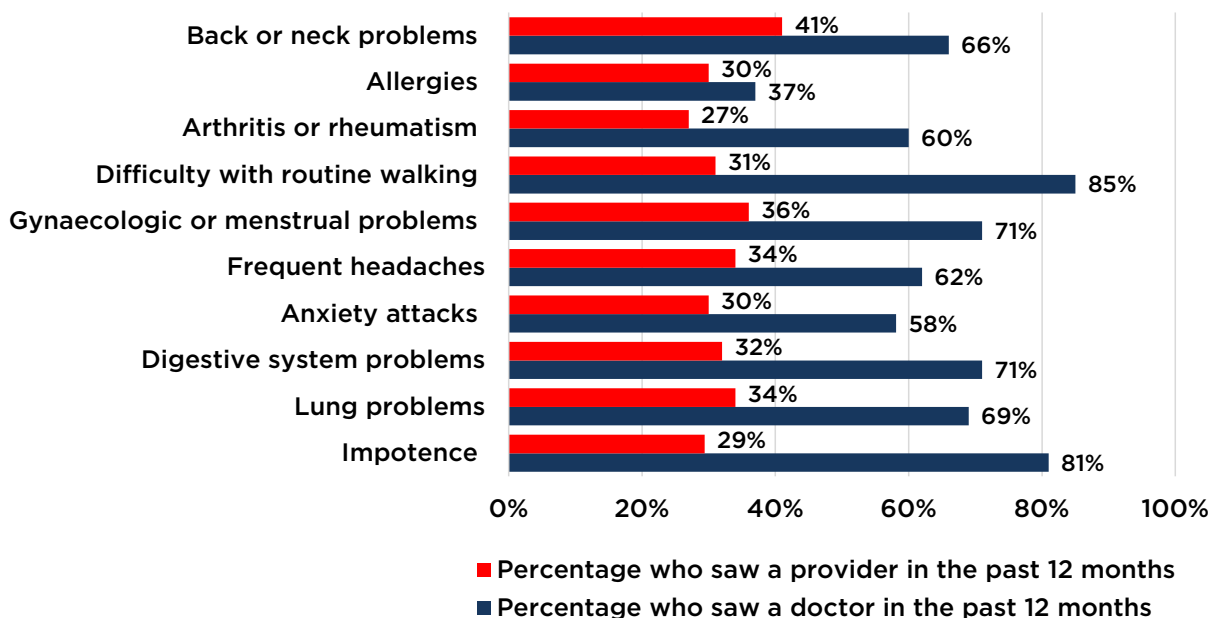


Figure 5c: Percent of Respondents With a Medical Condition Seeing a Medical Doctor or Other Provider for Conventional or Alternative Medical Care, 10 Most Common Conditions, 2016

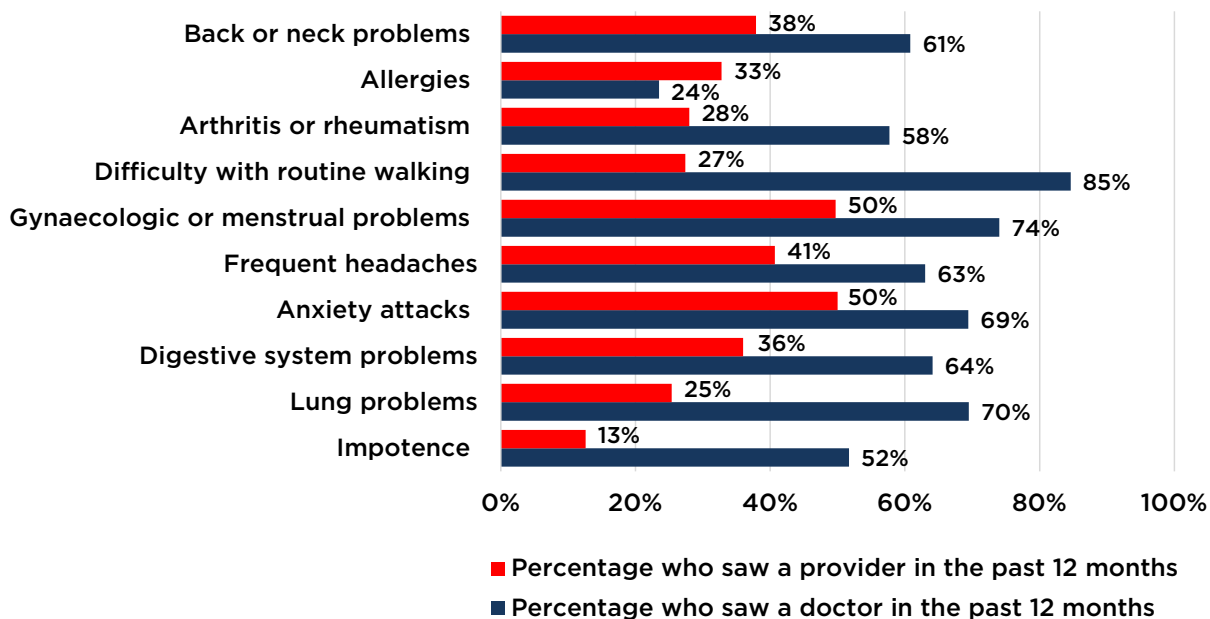
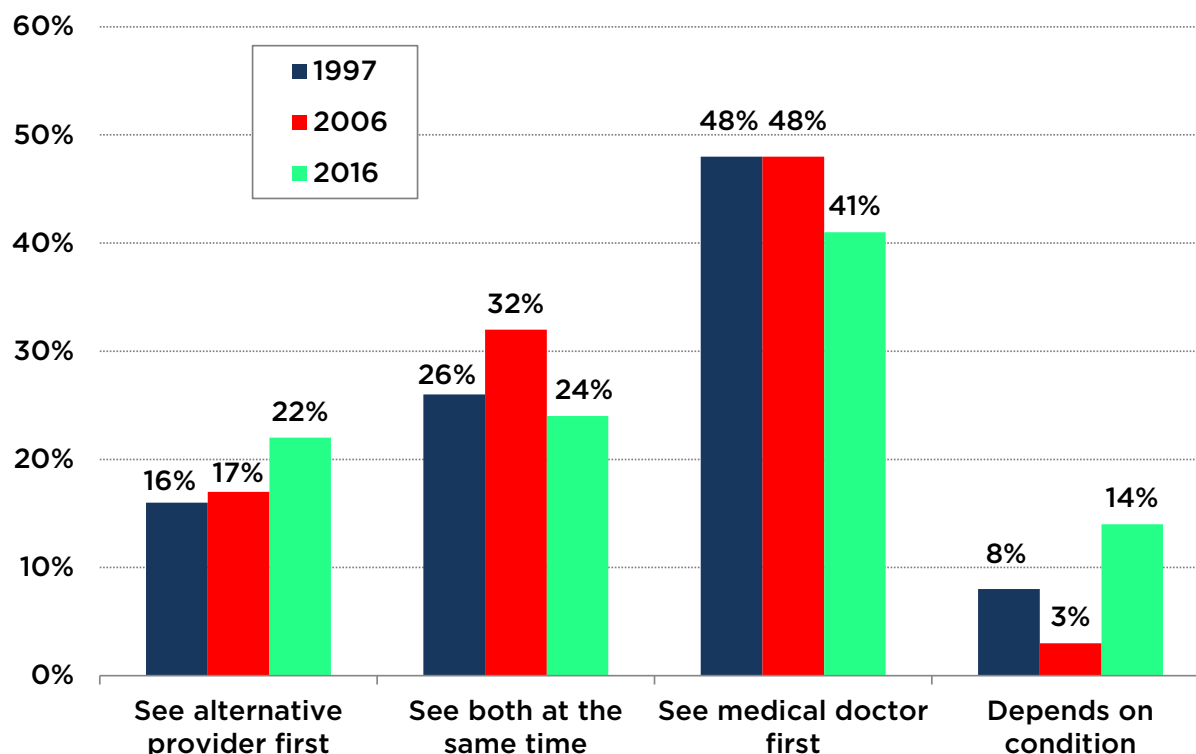


Figure 6: Order of Accessing Health Care Providers, 1997, 2006, and 2016

Note: Categories may not sum to 100% due to rounding and the omission of "don't know/not sure."

respondents saw both a CAM provider and doctor concurrently (down from 32 percent in 2006 and similar to the 26 percent in 1997), while 14 percent (up from 3 percent in 2006 and from 8 percent in 1997) said which medical provider they visited first depended on their medical condition.

On average, 58 percent of respondents in 2016 had not discussed their use of alternative medicine with their doctor. This compares to 53 percent in 2006 and 56 percent in 1997. As table 13 shows, users of high dose/mega vitamins, biofeedback, aromatherapy, self-help groups, homeopathy, herbal therapies, lifestyle diets, naturopathy, relaxation techniques, and spiritual or religious healing by others were more likely than not to have discussed their use of complementary and alternative medicine or therapy with their doctor in 2016. There have been some changes in this list since previous iterations of the survey. In 2006, users of self-help groups, lifestyle diets, special diet programs, high dose/mega vitamins,

Table 13: Percent of Users Who Have Discussed Specific Therapies with Their Medical Doctors in 12 Months Preceding Interviews, By Therapy, 1997, 2006, and 2016

	1997	2006	2016
High dose/mega vitamins	—	62	100
Biofeedback	—	—	100
Aromatherapy	0	0	79
Self-help group	100	100	72
Homeopathy	20	57	70
Herbal therapies	40	38	60
Lifestyle diet	100	78	57
Naturopathy	42	27	54
Relaxation techniques	36	42	52
Spiritual or religious healing by others	73	53	51
Osteopathy	100	50	48
Chiropractic care	51	43	44
Massage	44	47	40
Acupuncture	44	45	39
Special diet programs	33	71	36
Yoga	46	49	35
Energy healing	54	28	8
Prayer/spiritual practice	32	46	4
Hypnosis	0	50	0
Imagery techniques	0	32	0
Folk remedies	100	0	N/A
Chelation	0	0	N/A

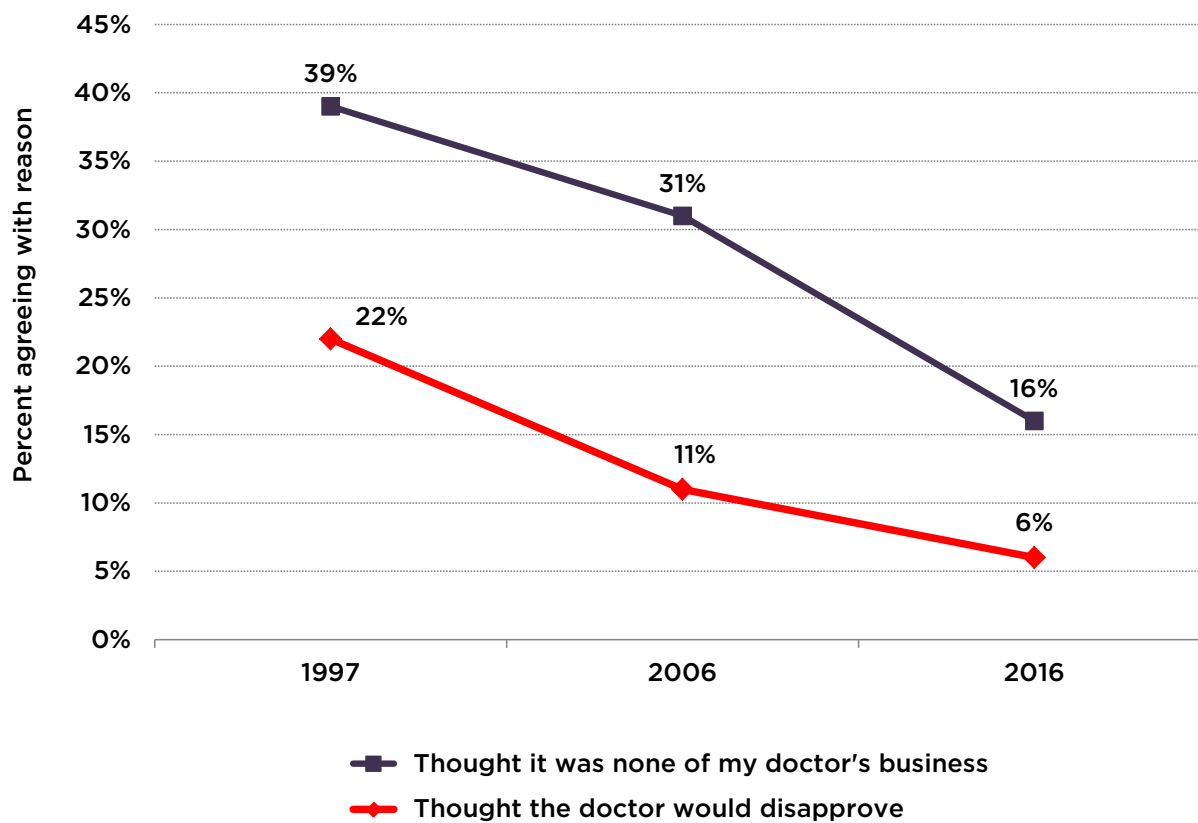
Table 14: Percent Agreeing with Reasons for Not Discussing Certain Therapies with a Medical Doctor, 1997, 2006, and 2016

	1997	2006	2016
Doctor never asked about these therapies	54	56	57
Thought it was none of my doctor's business	39	31	16
Thought the doctor would disapprove	22	11	6

homeopathy, and spiritual healing by others were more likely than not to have discussed their use of alternative therapy with their doctor. In 1997, this list included users of self-help groups, lifestyle diets, spiritual healing by others, osteopathy, chiropractic care, energy healing, and folk remedies. Looking more closely at changes over time reveals that users of aromatherapy, homeopathy, herbal therapies, and relaxation techniques are increasingly disposed to discussing their use of complementary and alternative medicines and therapies with their doctors.

The reasons for patients not having a discussion with their doctor about their use of complementary and alternative medicines and therapies varied. Respondents were given a list of possible explanations (shown in table 14) as to why people in general would not discuss CAM use with their doctor, and were asked whether these explanations applied to them. Respondents were allowed to opt for more than one explanation. Patients in 2016 who use complementary and alternative medicines and therapies appear to be much less fearful or uncomfortable discussing these choices with their medical doctors than they were in the past. As figure 7 illustrates, respondents in 2016 were about a third as likely as those in 1997 to feel their physician would disapprove and about half as likely to feel that it was none of their doctor's business. The answer "doctor never asked about these therapies" appears to be just as common a response in 2016 as in 2006 and 1997.

Figure 7: Decline in Percent Agreeing with Negative Reasons for Not Discussing Alternative Therapies with Doctors



Attitudes Toward Complementary and Alternative Medicine and Therapies

Sixty-nine percent of Canadians in 2016 who had ever used a complementary or alternative medicine or therapy did so because they believed that using them together with conventional medicine was better than using either alone. This is down slightly from the 74 percent who felt this way in 2006 and the 72 percent who felt this way in 1997. Support for this belief did vary across the provinces, being higher in Alberta, Saskatchewan and Manitoba, and Quebec, and lower in BC, Ontario, and the Atlantic provinces. There was a notable decrease in support for this belief in BC (68% in 2016, compared to 78% in 2006) and the Atlantic provinces (64% in 2016, compared to 80% in 2006 but 59% in 1997).

Nearly half of Canadians felt that alternative care providers spent more time with them than their doctors did (47%). This ranged from a low of 39% in British Columbia to a high of 54% in Saskatchewan and Manitoba and Quebec. There was a notable decrease in support for this belief in BC (39% in 2016 compared to 57% in 2006 and 41% in 1997) and in Alberta (45% in 2016 compared to 54% in 2006).

Almost half of the Canadians in 2016 who used complementary and alternative medicines and therapies did so because they experienced real and prompt physical relief from them in contrast to what they experienced from conventional care. The lowest proportion of Canadians who felt this way was in Quebec (29%), while 100% of respondents in Saskatchewan and Manitoba and 58% of British Columbians reported this experience.

In 2016, 33 percent of Canadians who had ever used a complementary and alternative medicine or therapy felt that providers of alternative medicine are better listeners than conventional medical doctors. This value falls between the 35 percent recorded in 2006 and the 31 percent who felt this way in 1997. Twenty-nine percent of Canadians felt that alternative providers offered a more understandable and useful explanation of medical problems than conventional doctors in 2016, compared to 30 percent in 2006 and 37 percent who felt this way in 1997. This ranged from a low of 17 percent in the Atlantic provinces to a high of 33 percent in Saskatchewan and Manitoba.

Table 15a: Reasons for Using Alternative Therapies, in Canada, 1997, 2006, and 2016 (%)

	1997	2006	2016
Using both conventional and alternative therapies is better than using either one alone	72	74	69
Alternative provider spends more time with me than my conventional medical doctor	37	49	47
Experience real and prompt physical relief from alternative therapies in contrast to visits for conventional care	47	48	46
Alternative medicine providers are better listeners than conventional medical doctors	31	35	33
Alternative medicine providers offer a more understandable and useful explanation of medical problems than conventional medical doctors	37	30	29
Alternative therapies are superior to conventional therapies	20	16	13

Base: Those who have ever used an alternative therapy.

Table 15b: Reasons for Using Alternative Therapies, by Region, 1997 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Using both conventional and alternative therapies is better than using either one alone	79	71	77	70	72	59
Alternative provider spends more time with me than my conventional medical doctor	41	28	27	39	38	41
Experience real and prompt physical relief from alternative therapies in contrast to visits for conventional care	45	45	51	43	59	39
Alternative medicine providers are better listeners than conventional medical doctors	39	15	23	28	40	24
Alternative medicine providers offer a more understandable and useful explanation of medical problems than conventional medical doctors	44	17	30	37	40	41
Alternative therapies are superior to conventional therapies	28	19	15	14	28	13

Base: Those who have ever used an alternative therapy.

Table 15c: Reasons for Using Alternative Therapies, by Region, 2006 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Using both conventional and alternative therapies is better than using either one alone	78	77	74	74	69	80
Alternative provider spends more time with me than my conventional medical doctor	57	54	51	48	42	46
Experience real and prompt physical relief from alternative therapies in contrast to visits for conventional care	62	51	58	41	44	46
Alternative medicine providers are better listeners than conventional medical doctors	37	36	42	31	37	31
Alternative medicine providers offer a more understandable and useful explanation of medical problems than conventional medical doctors	29	32	28	32	28	20
Alternative therapies are superior to conventional therapies	18	13	25	14	16	16

Base: Those who have ever used an alternative therapy.

Finally, 13 percent of Canadians felt that complementary and alternative medicines and therapies are superior to conventional therapies. This compares to 16 percent of Canadians who felt this way in 2006 and 20 percent who felt this way in 1997. Support for this view ranged from a low of 8 percent in Alberta and the Atlantic provinces to a high of 17 percent in BC (see table 15).

Despite the survey response showing that only 13 percent of users feel that alternative therapies are superior to conventional therapies in 2016, 72 percent of Canadians agreed that conventional medicine does not have all of the answers to our health problems, and 66 percent agreed that since alternative medicine has been used for centuries in other countries there must be something good about it. In 2016, 63 percent also agreed that just because alternative medicines have not been scientifically tested and approved by Canadian and provincial medical bodies does not mean they are not effective. Just 22 percent of Canadians agreed with the statement “I don’t think alternative medicine works.” Similar trends were observed in 2006 and 1997 (table 16).

Table 15d: Reasons for Using Alternative Therapies, by Region, 2016 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Using both conventional and alternative therapies is better than using either one alone	68	76	75	66	71	64
Alternative provider spends more time with me than my conventional medical doctor	39	45	54	46	54	48
Experience real and prompt physical relief from alternative therapies in contrast to visits for conventional care	58	45	100	43	29	46
Alternative medicine providers are better listeners than conventional medical doctors	21	29	40	32	37	48
Alternative medicine providers offer a more understandable and useful explanation of medical problems than conventional medical doctors	24	31	33	31	28	17
Alternative therapies are superior to conventional therapies	17	8	16	13	16	8

Base: Those who have ever used an alternative therapy.

Openness toward alternative medicine has shifted since earlier iterations of the survey. In 2006, British Columbians and Albertans were found to be the most receptive and open towards alternative medicine while residents of Atlantic Canada tended to be the most skeptical or cautious. In 2016, caution and skepticism in Atlantic Canada appears to have waned somewhat, while openness has increased in Saskatchewan and Manitoba. For example, 49 percent of Canadians in 2016 agreed with the statement “when it comes to my health, I don’t like to try anything new that hasn’t been proven,” ranging from a high of 57 percent in Quebec to 40 percent in Alberta. In 2006, 64 percent of Atlantic Canadians agreed with that statement compared to 49 percent in 2016. In Saskatchewan and Manitoba, the percent of those agreeing with that statement has fallen from 53 percent in 2006 to 42 percent in 2016. Overall, British Columbians and those in Saskatchewan and Manitoba were most receptive and open towards alternative medicine, while those in Quebec and Atlantic Canada tended to be most skeptical or cautious.

Table 16a: Attitudes Towards Complementary and Alternative Medicines and Therapies, in Canada, 1997, 2006, 2016 (%)

	1997	2006	2016
Conventional medicine does not have all the answers to our health problems.	77	76	72
Alternative medicine has been used for centuries in other countries; there must be something good about it.	74	68	66
Just because alternative medicine hasn't been scientifically tested and approved by Canadian and provincial medical bodies doesn't mean it isn't effective.	69	67	63
When it comes to my health, I don't like to try anything new that hasn't been proven.	53	52	49
I like alternative medicine because it takes my whole lifestyle into consideration rather than just my physical well-being.	46	45	46
If my doctor doesn't recommend I use alternative medicine, I'm not going to try it.	35	36	38
I just don't know enough about alternative medicine to want to try it.	44	42	36
I don't think alternative medicine works.	18	20	22

Base: All respondents.

Note: Percentages are those who agree with each statement, or all who rated their level of agreement as 5, 6, or 7 on a 7-point scale where 1 means "completely disagree" and 7 means "completely agree."

Table 16b: Attitudes Towards Complementary and Alternative Medicines and Therapies, by Region, 1997 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Conventional medicine does not have all the answers to our health problems.	85	76	69	77	78	69
Alternative medicine has been used for centuries in other countries; there must be something good about it.	78	73	69	73	76	71
Just because alternative medicine hasn't been scientifically tested and approved by Canadian and provincial medical bodies doesn't mean it isn't effective.	84	60	71	70	64	62
When it comes to my health, I don't like to try anything new that hasn't been proven.	46	44	53	52	55	59
I like alternative medicine because it takes my whole lifestyle into consideration rather than just my physical well-being.	54	37	45	42	53	37
If my doctor doesn't recommend I use alternative medicine, I'm not going to try it.	22	29	40	40	37	41
I just don't know enough about alternative medicine to want to try it.	42	29	43	45	45	50
I don't think alternative medicine works.	14	18	11	19	22	21

Base: All respondents.

Note: Percentages are those who agree with each statement, or all who rated their level of agreement as 5, 6, or 7 on a 7-point scale where 1 means "completely disagree" and 7 means "completely agree."

Table 16c: Attitudes Towards Complementary and Alternative Medicines and Therapies, by Region, 2006 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Conventional medicine does not have all the answers to our health problems.	79	78	74	77	73	79
Alternative medicine has been used for centuries in other countries; there must be something good about it.	73	74	67	68	64	66
Just because alternative medicine hasn't been scientifically tested and approved by Canadian and provincial medical bodies doesn't mean it isn't effective.	65	77	63	65	63	55
When it comes to my health, I don't like to try anything new that hasn't been proven.	47	44	53	52	56	64
I like alternative medicine because it takes my whole lifestyle into consideration rather than just my physical well-being.	42	51	46	42	47	36
If my doctor doesn't recommend I use alternative medicine, I'm not going to try it.	31	25	30	38	37	45
I just don't know enough about alternative medicine to want to try it.	33	33	31	39	43	48
I don't think alternative medicine works.	23	15	24	18	25	30

Base: All respondents.

Note: Percentages are those who agree with each statement, or all who rated their level of agreement as 5, 6, or 7 on a 7-point scale where 1 means "completely disagree" and 7 means "completely agree."

Table 16d: Attitudes Towards Complementary and Alternative Medicines and Therapies, by Region, 2016 (%)

	BC	AB	SK/MB	ON	QC	Atlantic provinces
Conventional medicine does not have all the answers to our health problems.	76	62	83	74	69	68
Alternative medicine has been used for centuries in other countries; there must be something good about it.	74	62	71	67	62	58
Just because alternative medicine hasn't been scientifically tested and approved by Canadian and provincial medical bodies doesn't mean it isn't effective.	64	61	75	64	60	62
When it comes to my health, I don't like to try anything new that hasn't been proven.	46	40	42	50	57	49
I like alternative medicine because it takes my whole lifestyle into consideration rather than just my physical well-being.	53	46	44	45	46	43
If my doctor doesn't recommend I use alternative medicine, I'm not going to try it.	40	33	33	37	39	44
I just don't know enough about alternative medicine to want to try it.	31	30	26	35	43	40
I don't think alternative medicine works.	19	20	5	21	28	25

Base: All respondents.

Note: Percentages are those who agree with each statement, or all who rated their level of agreement as 5, 6, or 7 on a 7-point scale where 1 means "completely disagree" and 7 means "completely agree."

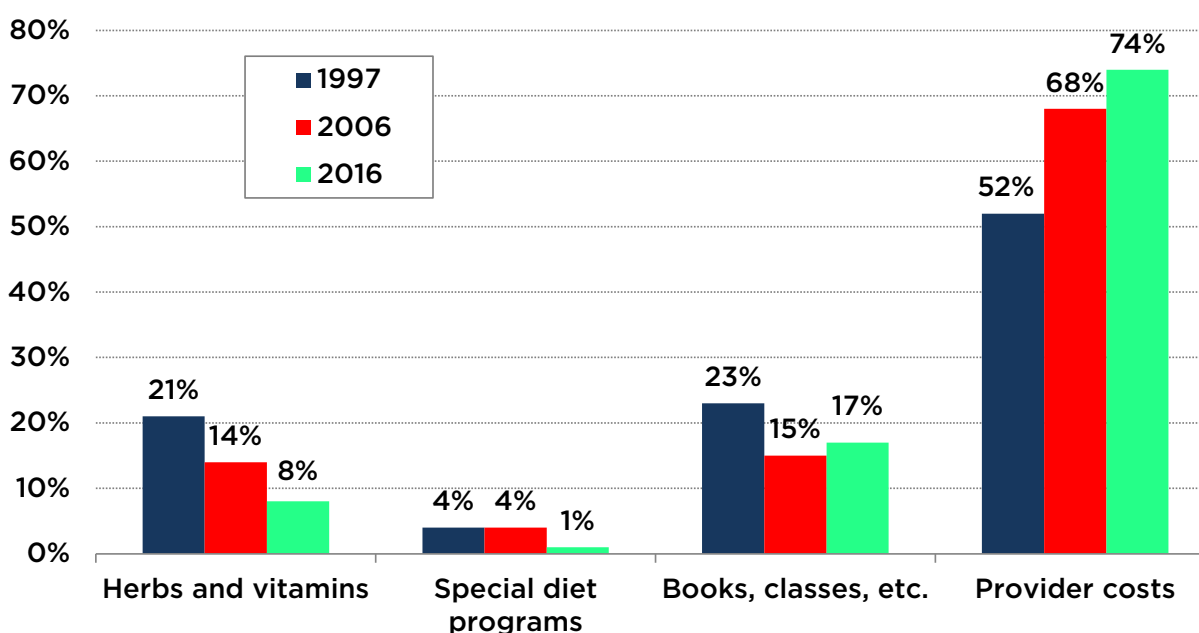
National Projections of Use and Expenditures

In 2016, 56 percent of Canadians used complementary and alternative medicines and therapies compared to 54 percent in 2006 and 50 percent in 1997. These percentages mean that in 2016 more than 20 million Canadians spent their own money on complementary and alternative medicine. This is in addition to their taxes (which mainly go toward conventional modes of health care), and in addition to the monies spent both privately and through tax-funded sources on conventional medicines, including pharmaceuticals, dental care, and conventional medical treatment by physicians and hospitals.

Respondents who used chiropractic care reported in 2016 that about 76 percent of the costs were covered by health insurance. Those who used massage therapy reported that about 69 percent of the costs were covered by health insurance. Insurance coverage was below 10 percent for respondents using folk remedy (7%), lifestyle diet (6%), biofeedback (6%), energy healing (5%), aromatherapy (5%), imagery techniques (4%), spiritual or religious healing by others (3%), yoga (3%), herbal therapies (2%), prayer or spiritual practice (2%), and chelation (0%). Since 2006, the costs of massage therapy that are covered by insurance rose 12 percentage points (57% to 69%), acupuncture increased by 8% (to 62%), naturopathy increased by 12% (to 35%), special diet programs increased by 10% (to 22%), and high-dose/mega vitamins increased by 7% (to 15%). Notable decreases in coverage were observed for homeopathy (fell by 6% to 15%), imagery techniques (decreased by 10% to 4%), self-help groups (decreased by 10% to 17%), and osteopathy (decreased by 11% to 61%).

The distribution of average out-of-pocket expenditures for complementary and alternative medicines per capita continues to change over time, following a trend towards a greater focus on providers observed between the first and second surveys (figure 8). In 2016, provider costs were the largest expenditure component making up 74 percent of average per capita expenditures compared to 68 percent in 2006 and 52 percent in 1997. Books, classes, equipment, etc. was the next largest category at 17 percent compared to 15 percent in 2006 and 23 percent in 1997. Herbs and

Figure 8: Breakdown of CAM Expenditures, Percent Distribution, 1997, 2006, and 2016



vitamins continued to decline as a share of spending, at 8 percent in 2016 compared to 14 percent in 2006 and 21 percent in 1997. Expenditures on special diets were the smallest expenditure per capita at just 1 percent in 2016 compared to 4 percent in both 2006 and 1997.

Average out-of-pocket expenditures on providers of several alternative therapies, herbs and vitamins, and special diet programs have fallen since 2006.¹⁸ For example, average spending for imagery techniques fell \$273, for high dose/mega vitamins fell \$267, for hypnosis fell \$261, and for self-help groups fell \$149. Smaller spending declines were observed for herbal therapies (\$67), folk remedies (\$45), massage therapies (\$33), bio-feedback (\$29), and naturopathy (\$23). Conversely, spending increased for special diet programs (\$202), energy healing (\$194), relaxation techniques (\$164), osteopathy (\$158), chiropractic care (\$58), aromatherapy (\$47), yoga (\$40), lifestyle diets (\$22), and acupuncture (\$16).¹⁹ Average spending on herbs and vitamins fell \$98, and on special diet programs fell \$160.

¹⁸ Spending figures for 1997 and 2006 in the text and tables 17a through 17c are shown in 2016 dollars, adjusted using Statistics Canada's Consumer Price Index (CPI).

¹⁹ As some of these conditions or therapies have small bases, results must be interpreted with caution.

Tables 17a, 17b, and 17c show how the average expenditure data from the survey results were extrapolated to the Canadian population.²⁰ The first column shows the number of respondents who spent money on a particular alternative therapy; the second column indicates what proportion of all survey respondents (2,000 in 2016 and 2006, 1,500 in 1997) each group represents. For example, 54 users of acupuncture were responsible for some part of the costs of their treatment by a professional provider during the 12 months preceding the survey which represents 2.7% of survey respondents. The average spent during the same time on acupuncture services was \$388. Thus the projected Canadian expenditures (the product of the percent of respondents, their average expenditure, and the Canadian population) is \$378,667,262.

Using this method, the projected total out-of-pocket expenditure on providers of complementary and alternative medicines and therapies in Canada during the 12 months preceding the 2016 survey is more than \$6.5 billion, compared to nearly \$5.5 billion in 2006 and nearly \$3.3 billion in 1997. In the latter half of 2015 and first half of 2016, Canadians are also estimated to have spent nearly \$700 million on herbs and vitamins (down from \$1.1 billion in 2006 and \$1.3 billion in 1997), more than \$93 million on special diet programs (down from \$288 million in 2006 and \$255 million in 1997), and more than \$1.5 billion on books, classes, equipment, etc. (compared to \$1.2 billion in 2006 and \$1.4 billion in 1997).

In total, Canadians spent an estimated \$8.79 billion on complementary and alternative medicines and therapies in the latter half of 2015 and first half of 2016. This compares to \$8.03 billion estimated to have been spent in the 12 months preceding the 2006 survey, and \$6.31 billion estimated to have been spent in the 12 months preceding the 1997.²¹

²⁰ All data for 2006 and 1997 in these tables have been reweighted and recalculated from the underlying survey data by Compas and adjusted to 2016 dollars using Statistics Canada's Consumer Price Index (CPI).

²¹ Spending figures for 1997 and 2006 are shown in 2016 dollars, adjusted using Statistics Canada's CPI.

Table 17a: Estimates of the National Expenditure on Complementary and Alternative Medicines and Therapies, 1997

Alternative therapy	Number of users who spent money on alternative therapies in past year	Proportion of total respondent sample (users and non-users)	Mean annual expenditure (\$)*	Canadian population (1997)*	Projected Canadian expenditure (col. 3 x col. 4 x col. 5)
Chiropractic care	149	9.9	\$275	29,907,172	\$816,909,705
Massage	102	6.8	\$248	29,907,172	\$504,457,145
Relaxation techniques	64	4.3	\$144	29,907,172	\$184,487,184
Prayer/spiritual practice	—	—	\$—	29,907,172	\$—
Acupuncture	20	1.3	\$269	29,907,172	\$107,391,438
Yoga	16	1.1	\$109	29,907,172	\$34,817,434
Herbal therapies	89	5.9	\$164	29,907,172	\$291,765,578
Special diet programs	31	2.1	\$333	29,907,172	\$205,880,689
Energy healing	14	0.9	\$276	29,907,172	\$77,152,269
Naturopathy	12	0.8	\$251	29,907,172	\$60,026,161
Homeopathy	24	1.6	\$176	29,907,172	\$84,104,452
Folk remedies	25	1.7	\$87	29,907,172	\$43,097,879
Self-help group	10	0.7	\$363	29,907,172	\$72,347,915
Aromatherapy	25	1.7	\$259	29,907,172	\$129,293,638
Imagery techniques	9	0.6	\$1,745	29,907,172	\$313,102,561
Lifestyle diet	28	1.9	\$201	29,907,172	\$112,365,356
Spiritual or religious healing by others	—	—	\$—	29,907,172	\$—
Hypnosis	1	0.1	\$70	29,907,172	\$1,413,046
Osteopathy	3	0.2	\$34	29,907,172	\$2,034,785
High dose/mega vitamins	25	1.7	\$416	29,907,172	\$207,011,126
Biofeedback	—	—	\$—	29,907,172	\$—
Chelation	1	0.1	\$1,417	29,907,172	\$28,260,904
Herbs and vitamins	290	19.3	\$232	29,907,172	\$1,344,088,617
Special diet programs	43	2.9	\$298	29,907,172	\$255,195,968
Books, classes, etc.	203	13.5	\$355	29,907,172	\$1,434,240,902
Totals					
Provider costs (acupuncture, chiropractic, etc.)				29,907,172	\$3,275,919,264
Other costs (herbs, vitamins, diet programs, books, etc.)				29,907,172	\$3,033,525,487
Total spending on complementary and alternative health care				29,907,172	\$6,309,444,751

* Values are shown in 2016 dollars, adjusted using Statistics Canada's CPI. Population values are from CANSIM Table 0051-0001.

Table 17b: Estimates of the National Expenditure on Complementary and Alternative Medicines and Therapies, 2006

Alternative therapy	Number of users who spent money on alternative therapies in past year	Proportion of total respondent sample (users and non-users)	Mean annual expenditure (\$)*	Canadian population (2006)*	Projected Canadian expenditure (col. 3 x col. 4 x col. 5)
Chiropractic care	211	10.6	\$284	32,623,490	\$982,097,543
Massage	248	12.4	\$301	32,623,490	\$1,217,639,141
Relaxation techniques	55	2.8	\$195	32,623,490	\$178,124,255
Prayer/spiritual practice	—	—	\$—	32,623,490	\$—
Acupuncture	60	3.0	\$372	32,623,490	\$364,078,148
Yoga	84	4.2	\$262	32,623,490	\$358,988,884
Herbal therapies	105	5.3	\$276	32,623,490	\$477,216,412
Special diet programs	55	2.8	\$599	32,623,490	\$547,161,174
Energy healing	22	1.1	\$214	32,623,490	\$76,795,695
Naturopathy	30	1.5	\$418	32,623,490	\$204,549,282
Homeopathy	23	1.2	\$488	32,623,490	\$191,043,157
Folk remedies	29	1.5	\$210	32,623,490	\$102,763,994
Self-help group	10	0.5	\$251	32,623,490	\$40,942,480
Aromatherapy	36	1.8	\$95	32,623,490	\$55,786,168
Imagery techniques	9	0.5	\$313	32,623,490	\$51,055,762
Lifestyle diet	25	1.3	\$669	32,623,490	\$283,726,493
Spiritual or religious healing by others	—	—	\$—	32,623,490	\$—
Hypnosis	4	0.2	\$297	32,623,490	\$19,378,353
Osteopathy	15	0.8	\$258	32,623,490	\$67,334,883
High dose/mega vitamins	25	1.3	\$520	32,623,490	\$220,534,792
Biofeedback	1	0.1	\$59	32,623,490	\$1,924,786
Chelation	2	0.1	\$230	32,623,490	\$7,503,403
Herbs and vitamins	169	8.5	\$393	32,623,490	\$1,089,787,683
Special diet programs	68	3.4	\$259	32,623,490	\$287,282,543
Books, classes, etc.	233	11.7	\$316	32,623,490	\$1,206,155,672
Totals					
Provider costs (acupuncture, chiropractic, etc.)				32,623,490	\$5,448,644,806
Other costs (herbs, vitamins, diet programs, books, etc.)				32,623,490	\$2,583,255,809
Total spending on complementary and alternative health care				32,623,490	\$8,031,870,615

* Values are shown in 2016 dollars, adjusted using Statistics Canada's CPI. Population values are from CANSIM Table 0051-0001.

Table 17c: Estimates of the National Expenditure on Complementary and Alternative Medicines and Therapies, 2016

Alternative therapy	Number of users who spent money on alternative therapies in past year	Proportion of total respondent sample (users and non-users)	Mean annual expenditure (\$)*	Canadian population (2016)*	Projected Canadian expenditure (col. 3 x col. 4 x col. 5)
Chiropractic care	197	9.8	\$342	36,155,487	\$1,211,078,655
Massage	294	14.7	\$268	36,155,487	\$1,424,381,566
Relaxation techniques	51	2.6	\$359	36,155,487	\$337,569,320
Prayer/spiritual practice	19	1.0	\$77	36,155,487	\$27,803,570
Acupuncture	54	2.7	\$388	36,155,487	\$378,667,262
Yoga	147	7.3	\$302	36,155,487	\$797,083,866
Herbal therapies	75	3.8	\$209	36,155,487	\$287,696,441
Special diet programs	42	2.1	\$801	36,155,487	\$607,791,814
Energy healing	19	0.9	\$408	36,155,487	\$132,795,488
Naturopathy	37	1.9	\$395	36,155,487	\$271,346,930
Homeopathy	22	1.1	\$489	36,155,487	\$194,639,449
Folk remedies	21	1.1	\$166	36,155,487	\$65,821,064
Self-help group	7	0.4	\$103	36,155,487	\$14,823,750
Aromatherapy	27	1.3	\$142	36,155,487	\$66,790,031
Imagery techniques	7	0.4	\$40	36,155,487	\$5,770,416
Lifestyle diet	28	1.4	\$691	36,155,487	\$349,768,181
Spiritual or religious healing by others	2	0.1	\$25	36,155,487	\$903,887
Hypnosis	6	0.3	\$36	36,155,487	\$3,893,946
Osteopathy	38	1.9	\$416	36,155,487	\$285,841,665
High dose/mega vitamins	8	0.4	\$253	36,155,487	\$36,560,428
Biofeedback	1	<0.1	\$30	36,155,487	\$54,233
Chelation	—	—	\$—	36,155,487	\$—
Herbs and vitamins	129	6.5	\$295	36,155,487	\$692,811,442
Special diet programs	53	2.6	\$99	36,155,487	\$93,440,241
Books, classes, etc.	259	13.0	\$320	36,155,487	\$1,505,948,345
Totals					
Provider costs (acupuncture, chiropractic, etc.)				36,155,487	\$6,501,081,962
Other costs (herbs, vitamins, diet programs, books, etc.)				36,155,487	\$2,292,200,027
Total spending on complementary and alternative health care				36,155,487	\$8,793,281,989

*Population values are from CANSIM Table 051-0005 and are for the second quarter of 2016.

Policy Variables

When respondents were asked about how to pay for alternative care through government funding if alternative care were to be paid for by governments, the most popular option in all three surveys was the diversion of funding from other parts of the health care system into alternative therapies (35% in 2016, 34% in 2006, and 39% in 1997), though those 65 and older were consistently more opposed to this option than others (figure 9). The least popular method of funding in 2016 (22%) and 2006 (21%) was other ministry budgets, while in 1997 the least popular method was borrowing money (19%). Table 18 breaks down the levels of support for the financing of alternative health care from current health budgets, from other ministry budgets, from an increase in taxes, and from an increase in government borrowing.

Respondents were then asked whether they would prefer to have complementary and alternative therapies covered by the provincial health plan or paid for by individuals (see table 19). Despite the large out-of-

Figure 9: Lower Support among Oldest Group for Money Transfer from Conventional Medicine to Alternative Medicine

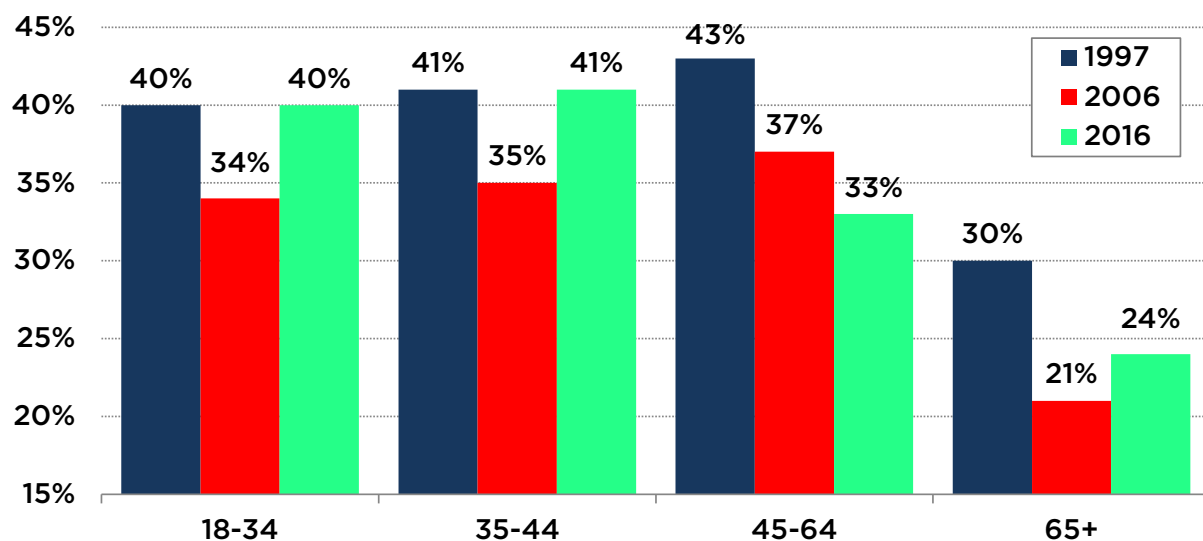


Table 18: Support for Various Public Financing Arrangements for Alternative Therapies, by Region, Age, Education, and Income, 1997, 2006, and 2016* (%)

	Current health budget, even if it means less money for conventional health care			Other ministry budgets, even if it means less spending in these areas			An increase in taxes			Borrowing money		
	1997	2006	2016	1997	2006	2016	1997	2006	2016	1997	2006	2016
All respondents	39	34	35	20	21	22	24	25	25	19	23	24
Region												
BC	47	38	38	20	21	16	35	29	39	22	26	34
AB	42	35	34	15	19	20	29	21	24	16	26	24
SK/MB	36	25	39	18	21	28	24	18	26	26	20	24
ON	41	38	33	19	24	19	25	30	24	19	26	24
QC	37	29	34	24	17	25	16	17	17	17	17	19
Atlantic provinces	26	26	33	18	23	34	20	29	42	18	20	25
Age (years)												
18-34	40	34	40	18	20	22	21	24	27	19	24	29
35-44	41	35	41	20	22	19	22	21	25	20	24	24
45-64	43	37	33	22	21	24	27	29	24	19	25	23
65+	30	21	24	20	24	20	28	22	22	16	16	19
Education												
Less than high school	33	29	24	23	29	28	21	24	21	21	19	21
High school	39	39	35	23	26	21	24	31	28	17	26	28
Some post-secondary	41	33	47	19	15	26	25	28	25	22	24	36
Completed post-secondary	42	32	34	17	19	21	25	22	25	18	22	21
Annual family income												
<\$30k	39	35	46	24	26	32	26	26	28	22	29	31
\$30k-\$59k	43	36	38	18	21	27	25	29	30	20	22	29
\$60k-\$79k	41	33	32	20	23	18	20	19	29	16	22	23
>\$80k	37	31	27	16	18	17	25	25	23	13	22	21

* Percent scoring strongly or moderately. Other options were oppose strongly or moderately with do-not-know or refuse as a volunteered option.

Table 19: Alternative Therapies Paid for by Province or Individuals, by Region, Age, Education, and Income, 1996, 2006, and 2016

	Covered by province* (%)			Individuals themselves pay* (%)		
	1997	2006	2016	1997	2006	2016
All respondents	38	39	36	58	59	58
Region						
BC	49	37	34	49	61	58
AB	35	40	35	60	60	61
SK/MB	29	32	26	65	66	71
ON	36	41	38	59	55	56
QC	42	33	35	54	66	60
Atlantic Provinces	26	49	44	71	50	44
Age						
18-34	35	36	40	63	62	54
35-44	39	38	29	56	60	69
45-64	43	41	37	52	57	55
65+	33	38	32	60	59	59
Education						
Less than high school	47	41	44	49	56	48
High school	35	42	35	60	56	57
Some post-secondary	39	45	43	57	51	55
Completed post-secondary	31	32	33	65	66	61
Annual family income						
<\$30k	46	46	53	50	50	39
\$30k-\$59k	37	42	39	59	57	56
\$60k-\$79k	31	32	37	66	65	60
>\$80k	30	34	24	65	64	72

* The “don’t know” category has been excluded from this table.

pocket expenses that Canadians are incurring to use these medicines and therapies, the majority believe that it should be covered privately and not be included in provincial health plans (58% in 2016, 59% in 2006, and 58% in 1997).²² The greatest support for private payment of alternative therapies was from the 35- to 44-year-old age group (69%).

Regionally, support for private payment in 2016 was strongest in Saskatchewan/Manitoba (71%), and weakest in Atlantic Canada (44%). In 2006, support for private payment was strongest in Quebec and Saskatchewan and Manitoba (66%) and weakest in Atlantic Canada (50%). In 1997, support was strongest in Atlantic Canada (71%) and weakest in British Columbia (48%).

The groups least likely to support private payment for alternative therapies in their separate demographic categories in 2016 were those with less than high school education (48%), those with an annual income under \$30,000 (38%), and those aged 18 to 34 (54%).

With respect to what should be covered by provincial health insurance plans, 47 percent of respondents in 2016 felt that these decisions should be made by all health care providers, both alternative and conventional (39% in 2006 and 37% in 1997). On the other hand, 18 percent felt the provincial ministry of health should be responsible for these decisions (16% in 2006 and 13% in 1997), 9 percent said it was the federal ministry of health (11% in 2006 and 9% in 1997), 4 percent said the regional health authorities (9% in 2006 and 1997), and 12 percent of respondents (21% in 2006 and 17% in 1997) felt that medical doctors should make the decisions as to insurance plan coverage (see table 20).

The plurality of respondents in all three surveys felt that the most important factor in determining what should be covered by provincial health plans was scientific evidence that the service or treatment is effective in improving a person's health (41% in 2016, 40% in 2006, and 36% in 1997), or whether or not the service is deemed medically necessary (37% in 2016, 34% in 2006, and 35% in 1997). Public demand for the service was considered important by 13 percent of respondents in 2016 (17% in 2006 and 20% in 1997), while 4 percent in 2016 (6% in 2006 and 5% in 1997) thought the cost of a particular health service should be a determinant of whether it is insured by government (table 21).

²² The interesting results in this data could be, to some extent, a function of sequencing. In other words, the fact that respondents were asked about how these services should be paid for if funded by provincial governments before they were asked about whether or not such services should be privately or publicly funded could have had an effect on how they answered this question.

Table 20a: Who Should Make Decisions about What is Covered in Provincial Health Plans, 1997 (%)

	Provincial ministry of health	Federal ministry of health	Regional health authorities in your province	Medical doctors	All health care practitioners
All respondents	13	9	9	17	37
Region					
BC	11	6	9	12	43
AB	12	8	10	20	36
SK/MB	12	11	5	20	36
ON	15	11	10	15	32
QC	13	7	9	16	43
Atlantic provinces	11	7	6	30	35
Age					
18-34	14	7	11	12	42
35-44	11	9	9	12	43
45-64	14	9	7	21	36
65+	13	11	7	29	23
Education					
Less than high school	13	6	8	22	32
High school	14	10	10	18	38
Some post-secondary	14	8	9	10	44
Completed post-secondary	17	10	6	14	39
Annual family income					
<\$30k	12	9	9	21	35
\$30k-\$59k	15	8	10	15	40
\$60k-\$79k	11	9	7	14	43
>\$80k	17	12	8	13	35

Table 20b: Who Should Make Decisions about What is Covered in Provincial Health Plans, 2006 (%)

	Provincial ministry of health	Federal ministry of health	Regional health authorities in your province	Medical doctors	All health care practitioners
All respondents	16	11	9	21	39
Region					
BC	16	10	4	21	43
AB	19	12	13	15	39
SK/MB	13	13	6	26	38
ON	15	10	9	20	39
QC	16	8	10	22	41
Atlantic provinces	15	16	9	23	34
Age					
18-34	17	12	9	19	40
35-44	13	11	9	22	41
45-64	15	9	8	19	43
65+	17	12	8	28	27
Education					
Less than high school	8	11	8	26	41
High school	15	13	6	26	38
Some post-secondary	22	8	8	16	33
Completed post-secondary	19	9	9	20	37
Annual family income					
<\$30k	14	11	8	25	40
\$30k-\$59k	13	11	7	22	42
\$60k-\$79k	19	12	10	15	40
>\$80k	18	9	10	16	40

Table 20c: Who Should Make Decisions about What is Covered in Provincial Health Plans, 2016 (%)

	Provincial ministry of health	Federal ministry of health	Regional health authorities in your province	Medical doctors	All health care practitioners
All respondents	18	9	4	12	47
Region					
BC	14	11	10	12	45
AB	19	4	5	13	55
SK/MB	23	6	4	12	45
ON	22	11	4	11	42
QC	15	11	2	15	46
Atlantic provinces	11	3	5	6	65
Age					
18-34	20	14	7	3	50
35-44	23	10	5	15	34
45-64	17	8	3	13	50
65+	14	6	2	19	46
Education					
Less than high school	11	5	5	19	47
High school	16	8	5	13	49
Some post-secondary	17	6	10	11	45
Completed post-secondary	20	11	3	11	47
Annual family income					
<\$30k	11	10	2	17	46
\$30k-\$59k	16	10	2	15	50
\$60k-\$79k	18	6	4	7	54
>\$80k	22	7	7	9	51

Table 21: Factors for Determining What is Covered by Provincial Health Plan, 1997, 2006, and 2016 (%)

	Scientific evidence that the service or treatment is effective			Public demand for the service			Cost of delivering the service			Whether or not the service is deemed medically necessary		
	1997	2006	2016	1997	2006	2016	1997	2006	2016	1997	2006	2016
All respondents	36	40	41	20	17	13	5	6	4	35	34	37
Region												
BC	40	45	37	24	20	19	3	2	5	29	29	31
AB	31	37	48	22	16	15	2	7	4	41	35	28
SK/MB	35	43	24	14	18	12	4	4	8	43	35	53
ON	38	42	49	20	16	12	4	5	4	33	33	30
QC	34	32	30	20	17	11	6	8	2	36	39	50
Atlantic provinces	34	42	47	17	23	16	8	10	2	39	25	34
Age												
18-34	35	41	46	25	17	15	5	3	3	34	35	31
35-44	35	40	45	22	19	18	3	7	4	35	33	29
45-64	39	41	38	16	18	12	4	6	3	36	32	42
65+	35	33	34	13	13	8	7	10	6	33	37	44
Education												
Less than high school	33	25	22	16	18	6	9	6	3	35	43	53
High school	34	39	30	19	16	18	3	9	6	39	33	41
Some post-secondary	33	44	40	19	24	13	5	2	7	34	30	35
Completed post-secondary	37	44	47	20	17	13	2	6	3	37	31	34
Annual family income												
<\$30k	32	32	29	22	17	13	7	10	5	35	37	46
\$30k-\$59k	38	40	37	20	18	19	4	5	5	34	33	32
\$60k-\$79k	40	42	41	19	17	20	3	7	3	34	32	32
>\$80k	37	46	52	16	18	9	5	4	2	39	30	35

Discussion

The most common problems from which Canadians are suffering in 2016 are back or neck problems, allergies, and arthritis and rheumatism. These conditions are more likely to require wellness care, not just symptomatic treatment. Those suffering with back or neck problems also reported comparatively low patient satisfaction with medical doctors treating their condition. It is not surprising, then, to find that the majority of Canadians have tried complementary and alternative medicines and therapies at some point during their life, despite the fact that coverage of such treatments by government health insurance plans is usually limited.

Not only have more than three-quarters of Canadians tried complementary and alternative medicines and therapies at some point in their lives, more than half did so in the year prior to the survey. In both measures, there appears to be an upward trend in the use of CAM among Canadians, with use remaining more prevalent in the western provinces than in Quebec and Atlantic Canada. There have also been shifts in the medicines and therapies that Canadians are using, with massage, yoga, acupuncture, chiropractic care, osteopathy, and naturopathy having expanded since 1997. The use of high dose/mega vitamins, herbal therapies, and folk remedies appear to be declining over that same time period.

The majority of CAM users cite wellness as their reason for doing using these therapies, which is in keeping with the results of past surveys. However, the overwhelming majority of therapies in 2016 were used less for wellness than in the past, whether the comparison is made to 2006 or 1997. In 2016, chelation treatments, yoga, aromatherapy, and lifestyle diets were primarily used for wellness, while relatively fewer users cited wellness as their reason for using acupuncture, hypnosis, and spiritual or religious healing by others.

While more than half of Canadians used CAM in the year preceding the survey, physicians continue to have a predominant role in the delivery of care. In 2016, 41 percent of respondents saw a doctor before turning to a provider of complementary or alternative therapy. This compares to 22 percent who saw a CAM provider first, 24 percent of respondents who saw both a CAM provider and doctor concurrently, and 14 percent who said that the medical provider they visited first depended on their medical condition. Patients in 2016 who use complementary and alternative medicines and therapies also appear to be much less fearful or uncomfortable discussing these choices with their medical doctors than they were in the past.

Canadians spent an estimated \$8.8 billion on CAM in the latter half of 2015 and first half of 2016. This is an increase from the estimated \$8.0 billion spent in 2005/06 and the estimated \$6.3 billion spent in 1996/97.²³ Of the \$8.8 billion spent in 2016, more than \$6.5 billion was spent on providers of CAM, while another \$2.3 billion was spent on herbs, vitamins, special diet programs, books, classes, and equipment. While these amounts are not insubstantial, the majority of Canadians believe that alternative therapies should be paid for privately and not by provincial health plans.

The regional variations in attitudes towards health care revealed in the survey results provide further support for devolution of health policy, both conventional and alternative, to provincial governments. For example, British Columbians, Albertans, and those in Saskatchewan and Manitoba were more likely to perceive value in CAM than residents of Quebec and the Atlantic provinces. Perceptions about the value of conventional medicine in treating health problems, support for various financing approaches for expansions in coverage, and support for private financing of CAM also varied across the provinces.

²³ Spending figures for 1997 and 2006 are adjusted for inflation and given in 2016 dollars.

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