

MENTAL HEALTH & SUBSTANCE USE



SURVEY OF BUILDING TRADES UNION MEMBERS BY
CANADA BUILDING TRADES UNIONS



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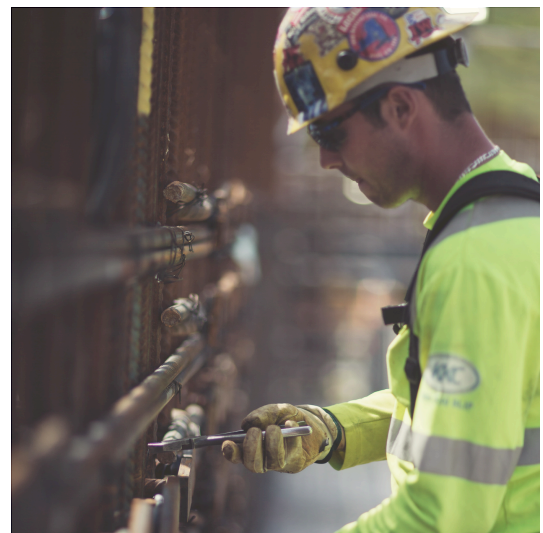
EXECUTIVE SUMMARY

Prepared by the Douglas Coldwell Layton Foundation for Canada's Building Trades Unions (CBTU), representing 600,000 members across 60 skilled trades.

CBTU advocates federally for fair taxation, worker mobility, employment insurance, and industry supports. To better understand tradespeople's health challenges, a confidential, opt-in survey of 1,024 members was conducted between March and May 2024. Survey respondents were given 31 comprehensive questions to provide an overall understanding of the mental health concerns and substance use encountered by skilled tradespeople.

Findings show tradespeople face unique mental health and substance use issues linked to high stress, jobsite hazards, and financial strain. Nearly half rated their mental health as fair (29%) or poor (17%), with significant effects from work environments (42%). Common symptoms include stress (77%), anxiety (62%), burnout (50%), depression (45%), and insomnia (38%).

Only one-third sought help, while 25% use substances daily or weekly to cope. About half reported financial hardship. One-third had a work injury needing pain management, and among them, 50% used substances regularly. Overall, 56% observed on-the-job substance use; 28% reported personal addiction, with higher rates among those with poor mental health.



**UNIONS ARE INHERENTLY
CONNECTED AND SUPPORTIVE**

**LET'S HARNESS THAT STRENGTH TO
BETTER SUPPORT MEMBERS FACING
MENTAL HEALTH AND SUBSTANCE
USE CHALLENGES.**

Still, 84% believe their union offers necessary mental health supports. Most are comfortable discussing mental health (60%) and substance use (62%) with their union. While awareness of support services is high, only 10% have used them.

Top workplace priorities include recognizing pain and mental health challenges and promoting confidential support.

A strong majority (72%) oppose random drug testing.

OBSERVATIONS AND RECOMMENDATIONS

More work may be needed to uncover the best path forward, however this survey allows us to draw some key observations from which recommendations can be made.

KEY OBSERVATIONS

- Nearly 50% of tradespeople surveyed shared their mental health is less than good; in-line with other industry benchmarks.
- Trades work includes some different and specific psychological and environmental hazards contributing to poor mental health.
- Many tradespeople reported having experienced serious pain, which may vary from other sectors and may contribute to substance use.
- There is a strong correlation between tradespeople leveraging substances to help manage physical or psychological pain.
- Broad awareness exists of union-provided mental health and addictions programs; stigma remains the primary barrier deterring tradespeople from accessing the programs available.
- While tradespeople in general, including those with an experience of addiction, feel their unions are doing a good job supporting their health, workers with mental health distress don't share this view.
- Tradespeople who responded to the survey shared they feel supported by the trades community, more than workers from other sectors. The innate nature of unions and the connectedness felt by trade brothers and sisters is a valuable resource and positive difference in the lives of our members.
- Tradespeople value the work they do and have high autonomy in doing it.

RECOMMENDATIONS

- ✓ Work with employers to reduce injuries and ergonomic stressors causing injury and pain.
- ✓ Increase the awareness campaign on addiction and mental health programs
- ✓ Nurture the existing sense of belonging amongst tradespeople to encourage them to reach out for support.
- ✓ Create autonomous pathways to treatment that reflect tradespeople's pride and independence.
- ✓ Leverage tradespeople's intrinsic feelings of belonging and increase efforts to praise tradespeople who seek recovery to create a more supportive culture.
- ✓ Recognize physical pain in the trades and encourage workers to seek medical help to reduce it, rather than self-medicate with drugs and alcohol.



INTRODUCTION & METHODOLOGY

In any given year, about 20% of Canadians experience a mental illness. By the time a Canadian reach 40 years of age, about 50% have experience a mental illness.¹

There is a strong link between mental and physical health - a person with chronic pain or another long-term physical health condition is much more likely to also experience poor mental health.²

A correlation exists between mental health and drug or alcohol use, with at least 20% of people with mental health illness also having a substance use disorder. More than 15% of people with a substance use disorder have co-occurring mental illness.³

Mental health is also linked to income. When Canadians are divided into five income groups, those in the lowest income are about 3.5 times more likely to say they have poor or fair mental health than those in the top income group.⁴



The toll of poor mental health on individuals, families, and friends is high. Previous research from the Douglas Coldwell Layton Foundation has concluded poor mental health costs about \$60 billion a year in treatment costs, lost work time and social support.⁵ An investment of just a portion of that cost in a way that pays off for our mental health would make Canada a better place.

One way to invest in better mental health is through changes to work that prevent mental health distress and treat it. This report is part of the Canadian Building Trades Unions' work to understand how to make that investment in an effective way for CBTU affiliates and their members.

Citation 1 Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

Citation 2 Patten et al. (2005). Long-term medical conditions and major depression: strength of association for specific conditions in the general population. Canadian Journal of Psychiatry, 50: 195-202.

Citation 3 Rush et al. (2008). Prevalence of co-occurring substance use and other mental disorders in the Canadian population. Canadian Journal of Psychiatry, 53: 800-809.

Citation 4 Statistics Canada, Validation of self-rated mental health, <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2010003/article/11288-eng.pdf?st=gXaN3OID>

Citation 5 Douglas Coldwell Layton Foundation, Mental Health and Wellness in the Workplace https://www.douglascoldwelllayton.ca/final_report_mental_health_and

WORK, PAIN, MENTAL HEALTH & SUBSTANCE USE

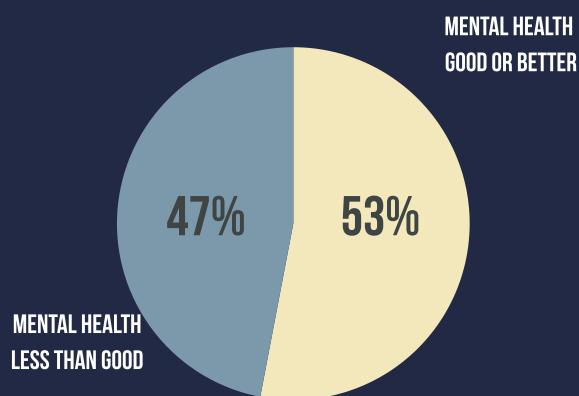
CBTU's research revealed that the level of mental health distress among tradepeople is high, but nearly in-line with all Canadian workers from other sectors. Though the overall results are nearly the same for mental health distress related to work for tradespeople in comparison to other professionals, our research shows that the specific psychological and environmental hazards, and workplace pressures that lead to mental health distress are quite different.

Survey results demonstrate many tradespeople are frequently using drugs and alcohol to manage their mental health distress and pain. A significant number of tradespeople suffer from serious job-related pain and injury. And many are using drugs and alcohol to manage that physical pain, a situation different than among other non-trades workers.

Job-related stress contributes to mental health distress and together with job-related pain are factors contributing to frequent, non-recreational alcohol and drug use among trade workers.

The resulting drug and alcohol use is a challenge, with 28% stating they have experience addiction. Respondents in our survey provided some insight into how unions and employers can better target their effort to reach affected workers and engage them in addiction and mental health treatment.

TRADES PEOPLE FACE SAME LEVELS OF MENTAL HEALTH DISTRESS



Our survey found that 47% of tradespeople surveyed report their mental health is less than good, in-line with a previous study of all Canadian workers.

Good or excellent mental health was reported by 22% of respondents and 32% reported by 29% and poor mental health was reported by 18%

While the level of mental health distress is the same as other workers, the job-related stressors contributing to making mental health less than good are different for tradespeople.

FINDINGS

Tradespeople who indicated they have good mental health in comparison to poor mental health have sharply different assessments in how work affects them.

Three in five (62%) workers who report their mental health is less than good say their mental health is extremely or significantly affected by their job.

Among those who say their mental health is good or better, only one in four (25%) report the same intensity of impact from their job.

Two in five (41%) tradespeople whose mental health is good or better say their job has no effect or only a slight effect on their mental health. Just over one in ten (11%) workers with less than good mental health feels the same.



Stress is the most common mental health issue experienced by tradespeople completing the survey. Almost three in five tradespeople (58%) have experienced job-related stress in the past twelve months. Almost half (47%) have suffered from anxiety over the past twelve months. More than a third have felt burnt out (38%), or depressed (34%).

A recent survey of all Canadian workers used similar questions, finding similar percentages of workers reporting regular or occasional feelings of being depressed. However, among all Canadian workers, the top mental health distress was burnout, which 43% reported experiencing regularly or occasionally. Anxious feelings were reported as regular or occasional by 39% of all workers.

58%

Job-related stress



38%

Have felt anxiety



Among the tradespeople who reported their mental health was less than good, a large number also reported using drugs or alcohol frequently to manage their mental health concerns.

42% of tradespeople who reported their mental health is less than good are using drugs or alcohol daily or weekly to manage their mental health. More than 27% of these respondents use alcohol or drugs daily, and 17% reported using drugs and alcohol weekly to manage their mental health. Compared to 18% who reported good or better mental health indicating they use alcohol daily or weekly to manage mental health.

More than one in three (36%) tradespeople report they've suffered a job injury or strain severe enough to require a program of pain management or a prescription.

Among respondents who have this experience of pain, the rates of alcohol and drug use to manage pain at least monthly is 2.5 times higher than among those who have never suffered a job injury or strain requiring pain management or prescription.

Those with an experience of serious pain, nearly one in four (23%) uses drugs or alcohol daily or weekly to manage pain. Daily, weekly, or monthly use of alcohol or drugs as pain management is about 2.4 times more frequent (30% v 13%), among those with a history of serious pain than other tradespeople.

The result of work stress, mental health distress, and physical pain is the increased use of alcohol and drugs to manage the physical and psychological pain.



MENTAL HEALTH, PAIN, AND ADDICTION

Tradespeople report similar levels of good or better mental health as other sectors, however the hazardous workplace factors potentially causing harm are different.

When considering that poor mental health is a pathway to alcohol or drug use and possible addiction, the first priority is to address the workplace factors to reduce the hazards causing mental health distress.

Sustained use of certain drugs and alcohol can lead to addiction. Our survey found 28% of respondents report they have had an experience of addiction. While we need to exercise caution as this may be referring to the past or the present, their input will help deepen our understanding of the preferences and insights from those with an experience of addiction.

When investigating mental health distress and pain as pathways to addiction, we can also look at the responses of those who have resulted in an experience of addiction, along any pathway, and can see workers with an experience of addiction to have higher rates of work pain and mental health distress.

Among those who have an addiction experience, 54% report their mental health is less than good, and those who have never had an experience of addiction, 43% report their mental health is less than good. Amid those with an addiction experience, 39% report an incidence of serious job-related pain, versus 35% who sustained serious job-related pain, but have never experienced addiction.

JOB-RELATED FACTORS HARMING MENTAL HEALTH

In previous mental health survey work, the Douglas Coldwell Layton Foundation probed various life and workplace factors and determined their correlation to the intensity of reported mental health distress. That study also investigated how common various distress factors are for working Canadians.

This survey of tradespeople finds there are significant differences in the distress factors active in their workplaces and job sites.

In other studies, they found financial insecurity highly correlates to mental health distress. Close to half the respondents to this survey report they are barely covering day-to-day expenses (38%) or are falling behind and don't see a way out (10%).



While worrying, financial security is less of a problem than among all Canadian workers (65%), with 18% of them reporting they are falling behind and don't see a way out.

17%



Feel timelines are unreasonable

Tradespeople (51%) fall below the national average (66%) in reporting their supervisor always or mostly assigns unreasonable timelines to get work done.

21%

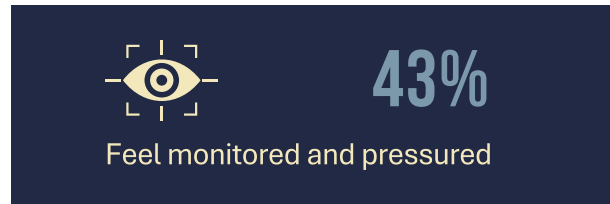


Contradictory management

Contradictory management instructions appears to be significantly more common for tradespeople (62%) than among all Canadian workers (43%).

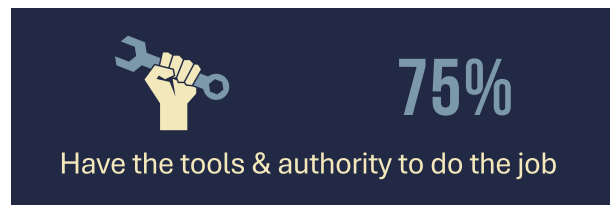
Over-monitoring and pushing workers too hard to produce can contribute to reporting feelings of mental health distress.

A clear majority (57%) of tradespeople disagree their work is monitored or they are always pressed to do more.



Work autonomy is a significant contributing factor to positive mental health in workers.

Tradespeople far out-reported all working Canadians (43%) in feeling they have the tools and authority to do their jobs the best they can be done.



MENTAL HEALTH SUPPORTS IN THE WORKPLACE

Building tradespeople report (63%) levels of support from supervisors similar to other workers (65%), however they report feeling a higher level of support from their co-workers (76%) than other industries (69%) and report a greater likelihood of having a “good friend” (65%) at work than all Canadian workers (60%).

In four key areas, tradespeople were at least as likely as other workers to report their job was important, meaningful, educational, and creative. This affirmation for their trade and work, and the support tradespeople generally feel from their co-workers and friendships are important details for treatment programs to leverage.

WORKPLACE ‘BUFFERS’

TO MITIGATE PSYCHOLOGICAL HAZARDS



AFFIRMING WORK



SUPPORTIVE CO-WORKERS



FRIENDS AT WORK

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LET'S HARNESS THAT STRENGTH TO BETTER SUPPORT
MEMBERS FACING MENTAL HEALTH AND SUBSTANCE USE
CHALLENGES.

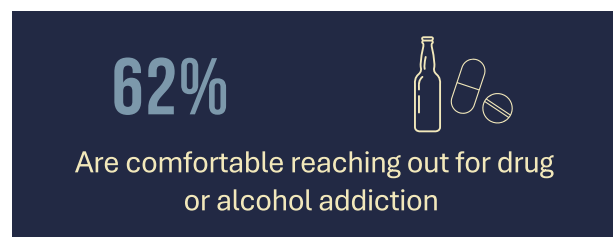
Tradespeople with less than good mental health feel less supported at work and only 48% reported having a good friend at work, versus 80% of tradespeople who reported good mental health. Among tradespeople with good mental health, 89% reported feeling supported from their coworkers, and only 61% of tradespeople with less than good mental health reported feeling supported.

REACHING OUT TO TRADESPEOPLE WITH ADDICTIONS & MENTAL HEALTH DISTRESS

In-line with all Canadian workers, nearly 50% of tradespeople surveyed reported less than good mental health. While tradespeople reported a high level of awareness regarding the union programs for drug and alcohol use, they reported slightly lower awareness on union mental health programs.

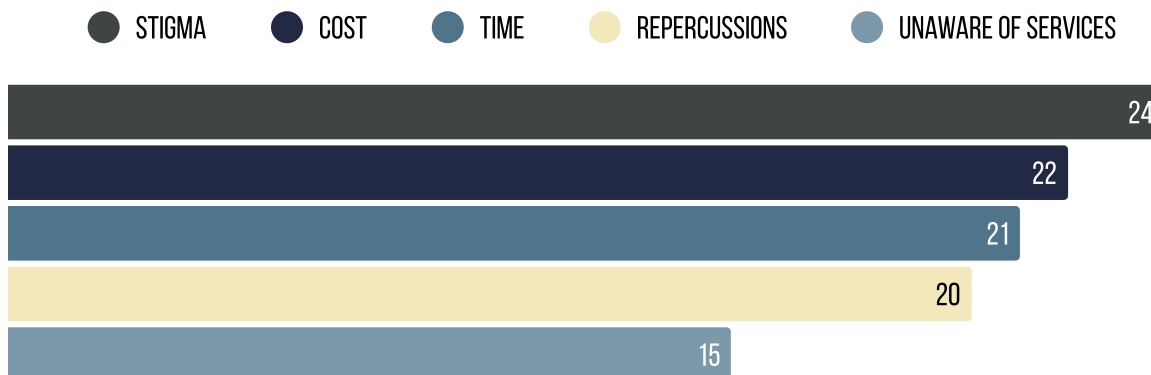


More work should be done to ensure all tradespeople see information about services their union provides to support their mental health or drug and alcohol use.



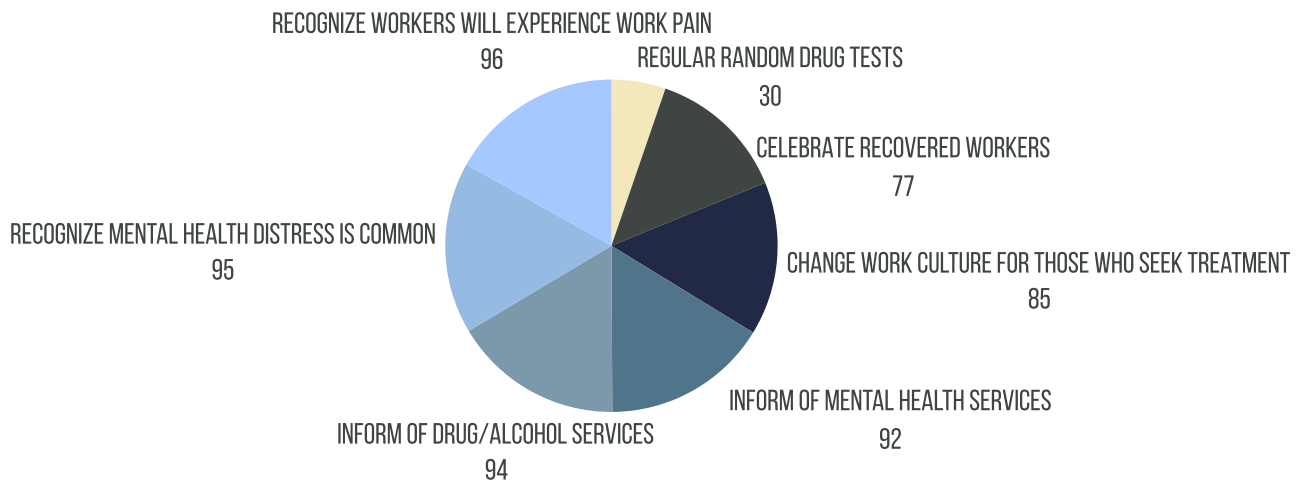
A clear majority (62%) of tradespeople surveyed reported feeling comfortable speaking to their union about getting help for an addiction, or mental health concerns (60%), however nearly 40% remain uncomfortable broaching these topics with their unions. Among members who reported fair or poor mental health, only 48% felt comfortable approaching their union for support.

BARRIERS TO SEEKING HELP



The top barrier tradespeople face in seeking help is still the stigma associated with getting help for mental health or substance use.

UNIONS & EMPLOYERS SHOULD DO MORE TO:



Tradespeople surveyed provided important information about how to reach out to member who need mental health or drug treatment. On 4 of the 7 options that were asked, members were nearly unanimous in reporting that unions and employers should be doing more.

Taking a deeper look at tradespeople surveyed who reported experiences with addiction, 67% were opposed to random drug testing versus 34% of members who did not have an experience with addiction.

Among workers with an experience with addiction, 86% support changing the workplace culture to help members in recovery, and 44% strongly supported a strategy focused around celebrating and supporting workers in recovery.



It may be helpful to leverage the support tradespeople generally feel from their coworkers and friendships at work



CONCLUSION WITH PRESCRIPTIVE SOLUTIONS

KEY FINDINGS HIGHLIGHT SIMILARITIES AND DIFFERENCES WITH OTHER CANADIAN WORKERS:

- Nearly half of trades workers report poor mental health—concerning, but consistent with other Canadian workers.
- Trades work involves unique psychological hazards that contribute to poor mental health.
- Many trades workers experience significant physical pain, adding a distinct dimension to addiction risks not typically seen in the general workforce.

MANY WORKERS USE DRUGS AND ALCOHOL FOR PAIN MANAGEMENT, OFTEN LEADING TO ADDICTION

- Awareness of union mental health and addiction programs is high; stigma, not awareness, remains the main barrier to participation.
- While most trades workers, including those with addiction experience, feel supported by their unions, those with mental health distress often do not—highlighting the need to understand their perspective.
- Trades workers generally feel supported by their community more than other workers do, but those with mental health distress are divided on this.
- Trades workers value their work and enjoy high autonomy.

**AN AREA OF FOCUS FOR THE BUILDING TRADES SHOULD BE ON DEVELOPING MORE
PATHWAYS TO REACH MEMBERS DEALING WITH MENTAL HEALTH DISTRESS**

SOLUTIONS



Work with employers to reduce the pain of work. Pain prevention is addiction prevention. Trades workers recognize the broad experience of work-caused pain. The cost to employers from this pain goes beyond lost work time or productivity from the painful injury. Our research clearly shows pain drives alcohol and drug use and potential addiction, causing a further loss of skilled and valuable workers. Efforts should extend beyond awareness campaigns and extend into improvement in the use of tools and equipment to reduce ergonomic injury.



Create social permission to seek pain and injury treatment. To divert workers from using drugs or alcohol to mask the pain of workplace injury, heighten the social permission workers may need to recognize their pain and seek help from physiotherapists, registered massage therapists or other medical professionals who can help them reduce or eliminate pain. Social permission means changing the culture to prioritize seeking help to feel fit and healthy over “working through it,” “toughing it out” or accepting pain is inevitable.



Work with employers and training centres to improve the quality of site supervision and coordination. Building projects require coordination.



Develop a campaign to increase awareness of union mental health and addiction programs supported by a single message jointly developed but customized and branded by the union. While awareness of union programs is high, it is not universal. View this as an opportunity to tell workers their unions care about them beyond the bargaining table and dispatch office. Project the values of trade workers and their unions. Leverage the sense of community our research found. Find a message of compassion that resonates with workers and support each union in projecting it in their unique brand, voice and style.



Explore and adopt the perspective of workers in mental health distress to improve program reach. Our research shows many workers in mental health distress feel isolated from the trades community. Review how that isolation feels from the perspective of a worker feeling mental health distress. While our research reports those without mental health distress feel there’s no stigma to it, those actually experiencing it do not feel the same. That divergence will not likely be changed by those not feeling distress insisting there is no stigma. Messages from those who’ve experienced the stigma may land better.



Celebrate workers who’ve succeeded through union programs and let them speak to workers feeling distress. Our research shows trades workers, included those with an experience of addiction or poor mental health, want success to be celebrated. It also shows workers feel equipped to dovetail this desire to celebrate with an attempt to use those who’ve experienced the stigma to give permission to those currently in distress.



Change culture by changing norms and experiences. In any community, members learn to expect certain outcomes from their participation based on understood social norms of that community. Our research shows workers want a work culture that gives more thought to those in recovery. To shift culture it is necessary to break the existing culture by setting new norms that lead to different experiences. Consider the impact of saying Yes where the norm was to say No. Think of situations to break from past practice in ways that improve the experience of workers seeking mental well-being. Review points of membership interaction where these shifts can be implemented.

APPENDIX 1 - DEFINITIONS

HAZARD TYPE	HAZARD EXAMPLES
Job demands	<ul style="list-style-type: none"> • Work volume/insufficient staffing • Unreasonable work pace • Excessive emotional demand
Offensive behaviours	<ul style="list-style-type: none"> • Sexual harassment • Threats of violence • Physical violence • Bullying
Work-life balance	<ul style="list-style-type: none"> • Insufficient job satisfaction • Work-family conflict
Work Organization	<ul style="list-style-type: none"> • Insufficient influence (over work issues or tasks) • Insufficient possibilities for development at work • Little meaning of work • Lack of commitment to the workplace
Work relationship	<ul style="list-style-type: none"> • Unpredictability • Little or no recognition • Need for role clarity • Poor quality of leadership • Little or no social support from supervisor
Work values	<ul style="list-style-type: none"> • Low trust regarding management • Insufficient justice and respect



Workplace mental health distress is different from mental illness because it is caused by the workplace environment. Just like physical hazards, hazards causing mental health distress can be controlled, which prevents harm to worker's mental health.

APPENDIX 2 - THE BUILDING TRADES

The Douglas Coldwell Layton Foundation, working from the framework developed by OHCOW and others, has measured positive and negative effects on mental health from work on the general population of Canadian workers and on building tradespeople.

Building trades' work environment is a unique combination.

Change is ongoing. Due to the project-based nature of trades work, people on the job site change almost every day, as will the specific physical hazards as the project is underway. Many tradespeople conduct their work outside, and are often exposed to the elements.

Their work is organized around skill, and requires specialization. Our research finds tradespeople are more likely than the average Canadian worker to say they use their skills and learn through work. These projects also require coordination amongst the varied trades. Without proper coordination and communication, there is great potential for frustration with supervisors and other trades' crews. This may be why our research suggests tradespeople are more frustrated than the average Canadian worker about management coordination. Perhaps because of the shared unique experience of building trades work, our research shows a strong sense of a trade community and support among tradespeople.

The work can be physically demanding with ergonomic challenges that can take a toll on the body. For many, one recurring outcome is pain, which our study finds often results in therapies to help the individual manage their pain. In addition to prescription therapies, respondents reported using drugs or alcohol to help relieve pain.

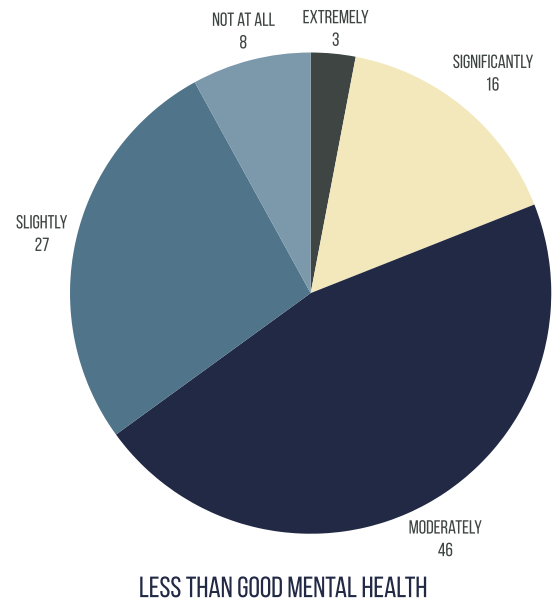
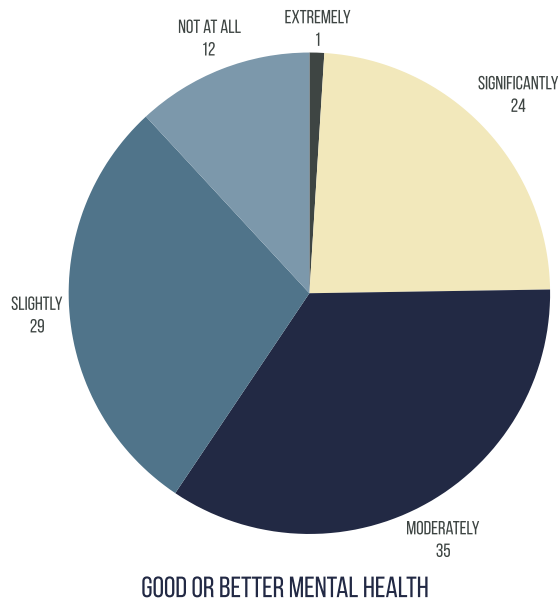
The skilled trades continues to be a career pursued more by men than women, resulting in male-dominated job sites. Previous research conducted by The Douglas Coldwell Layton Foundation found that workplaces dominated by a gender have higher incidences of mental health distress.

Tradespeople can point to the tangible ways they've contributed to create the world we live in, while workers in the sectors struggle to find meaning in their work.

Each of these factors plays an important role in how the work, the people at work, and the job site itself uniquely contribute to the mental health success or distress tradespeople. While our study finds many variables in common with other sectors, it should be no surprise that a very different kind of work results in a vastly different effect on workplace-caused mental health.

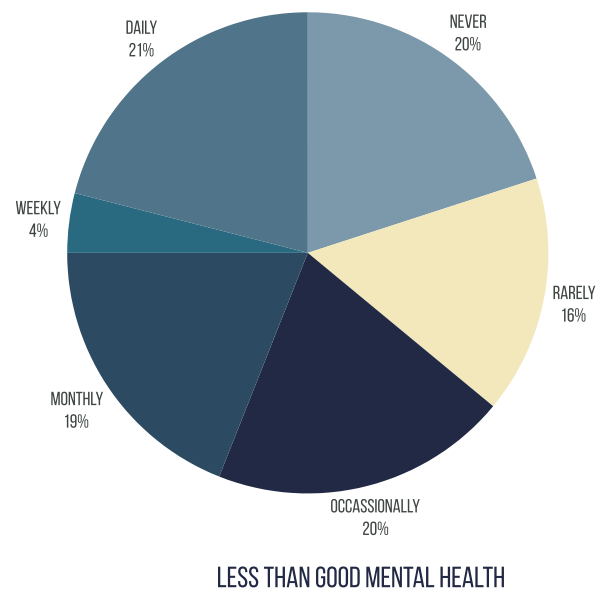
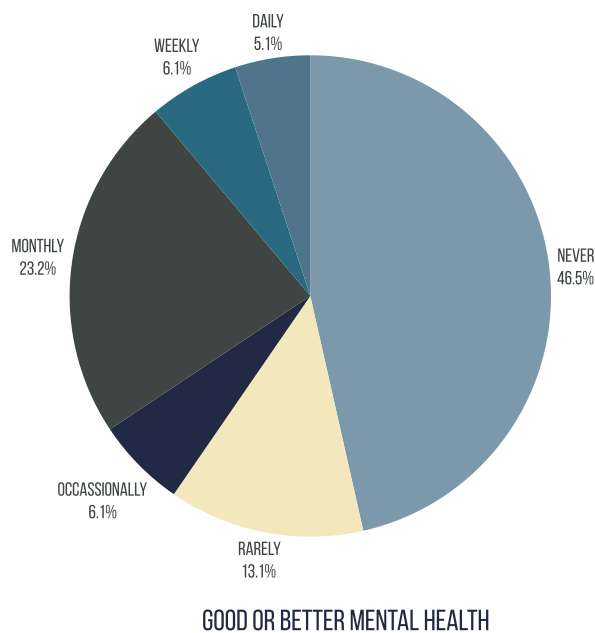
APPENDIX 3 - ADDITIONAL CHARTS

EXTENT WORKPLACE AFFECTS MENTAL HEALTH



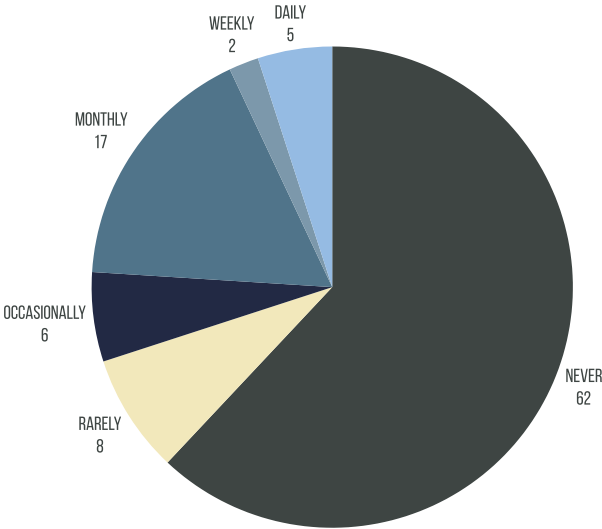
62% of workers who report their mental health is less than good say their mental health is extremely or significantly affected by their job. Among those who say their mental health is good or better, only 25% report the same intensity of impact from their job.

USE DRUGS OR ALCOHOL TO MANAGE MENTAL HEALTH

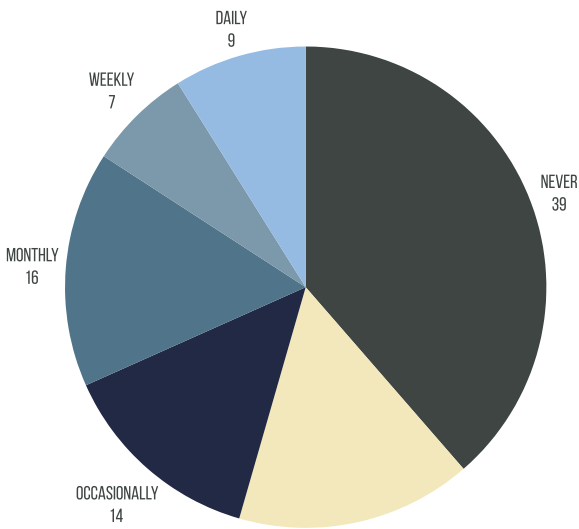


Among those who report their mental health is good or better, only 18% reported using alcohol daily or weekly to manage mental health.

USE ALCOHOL OR DRUGS TO MANAGE PHYSICAL PAIN



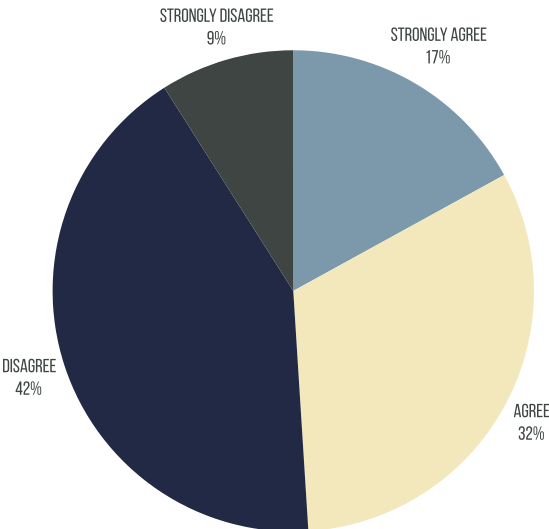
NO PAIN TREATMENT



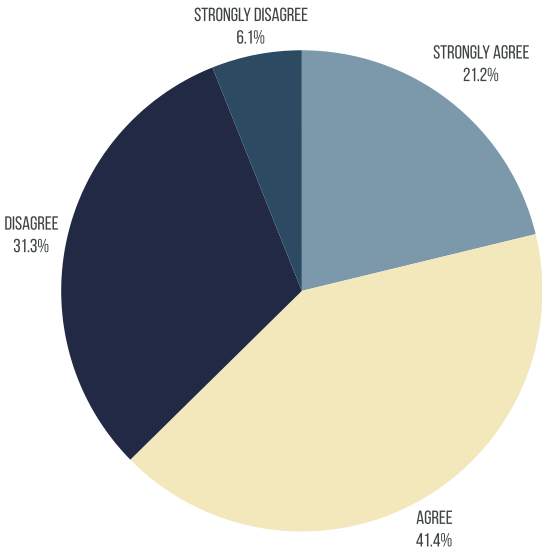
TREATED FOR PAIN

36% of tradespeople reported having suffered a job injury or strain severe enough to require a program of pain management or a prescription. Among those with this experience of pain, rates of alcohol and drug use to manage pain at least monthly is 2.5 times higher than those who have never suffered a job injury or strain.

MISMANAGEMENT

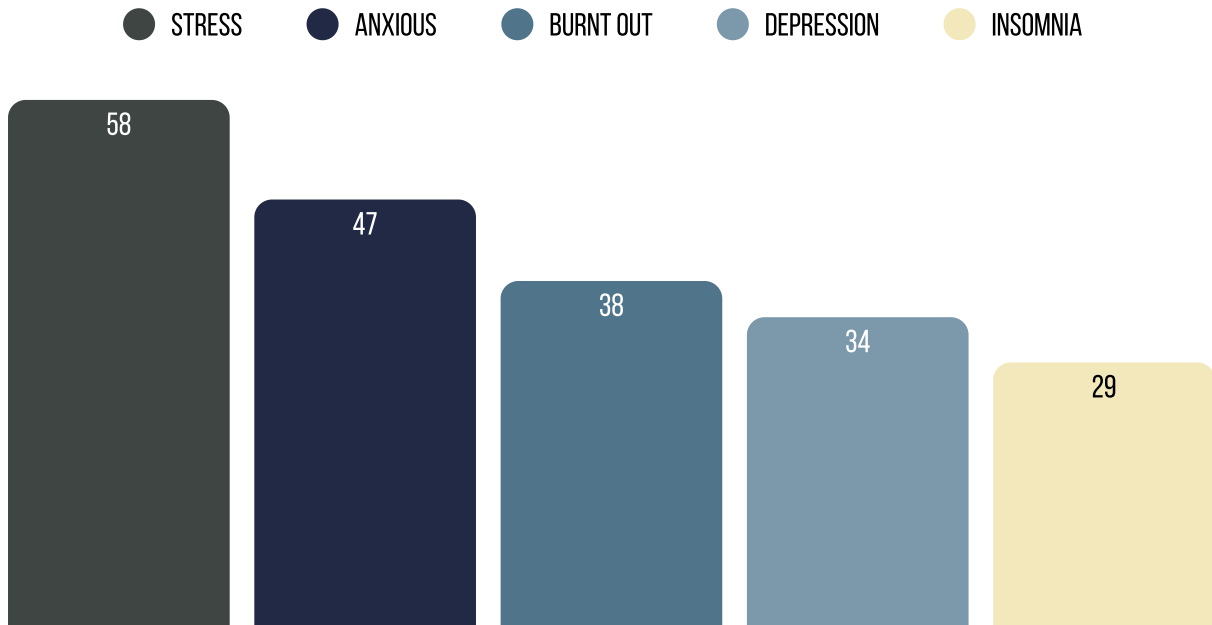


WORK ASSIGNED WITH UNREASONABLE TIMELINES

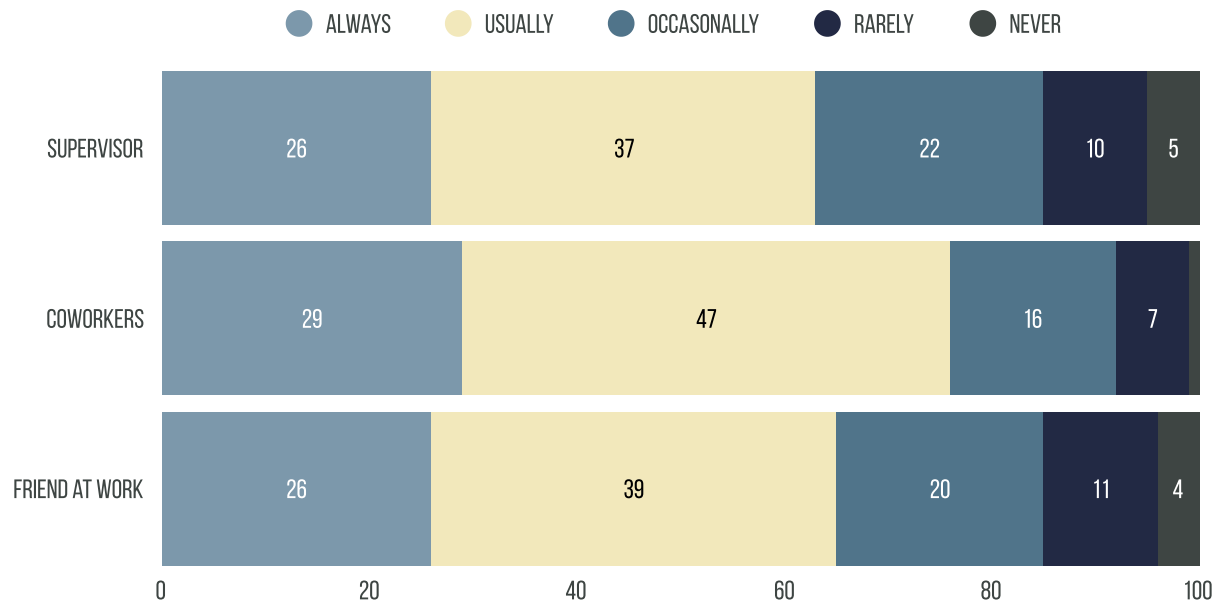


DIFFERENT DIRECTIONS FROM MANAGERS

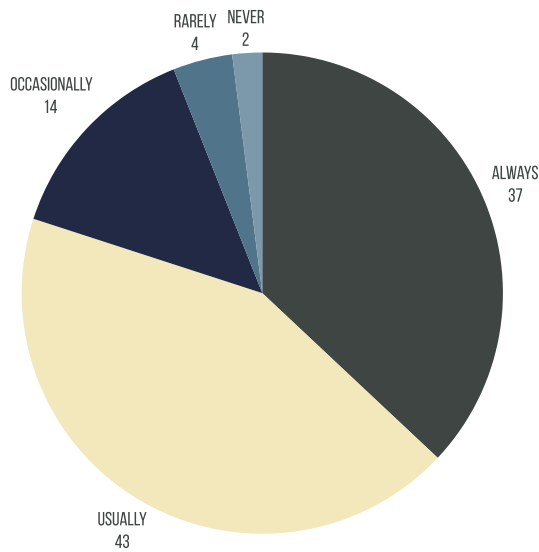
COMMON JOB-RELATED MENTAL HEALTH DISTRESSES



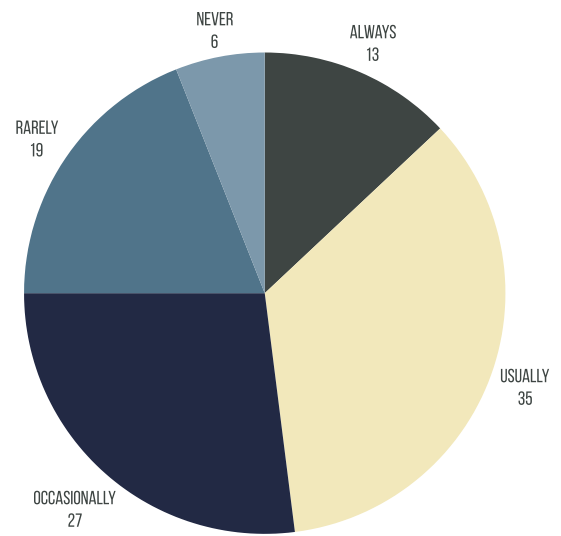
SUPPORTIVE WORKPLACE



Affirming work and supportive co-workers, supervisor, and friends at work are valuable workplace buffers that protect mental health. Building tradespeople reported similar levels of support from supervisors as all Canadian workers, but reported a higher level of support from their co-workers and a higher likelihood of having a 'good friend' at work than other sectors.



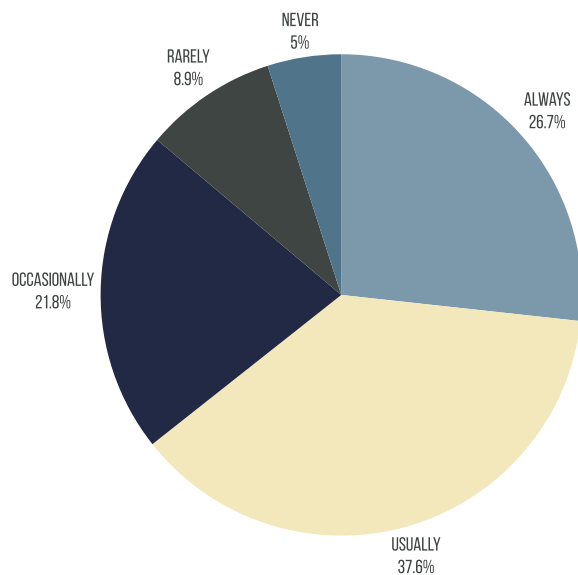
GOOD OR BETTER MENTAL HEALTH



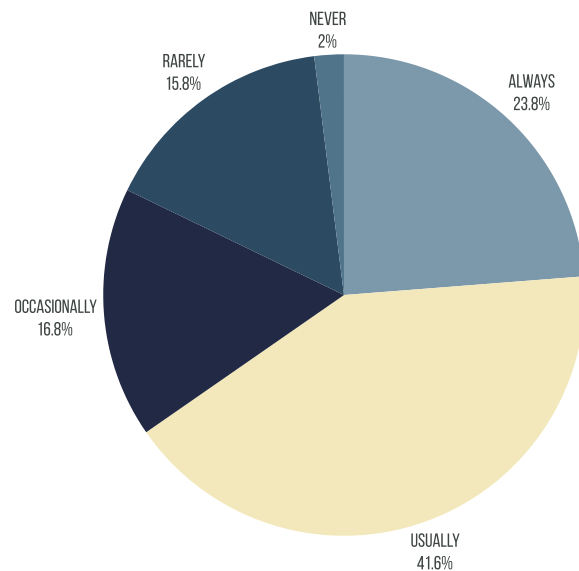
LESS THAN GOOD MENTAL HEALTH

HAVE A GOOD FRIEND AT WORK

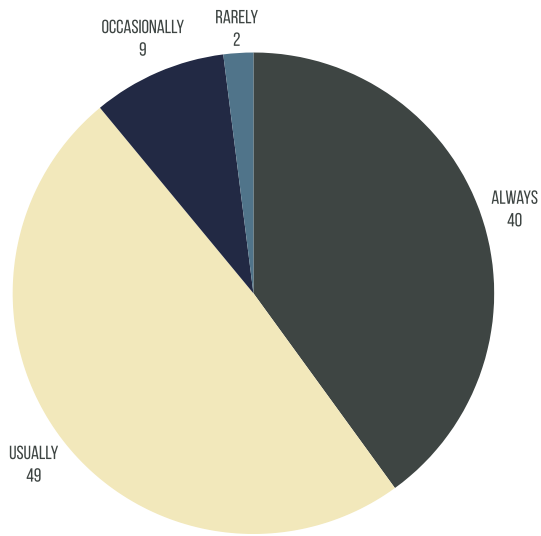
Workers with mental health distress feel lower workplace support and this support is an important buffer to help mitigate the impact of mental health distress. Supportive friends and coworkers are more commonly reported by tradespeople than other workers, and these positive relationships could be leveraged to help bring workers into union treatment programs.



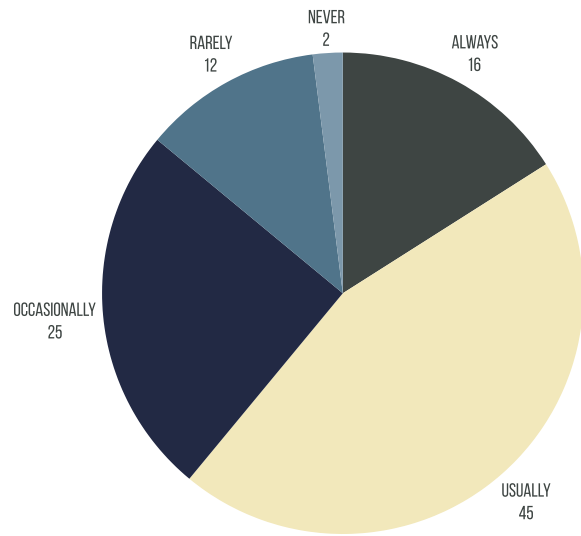
NO ADDICTION EXPERIENCE



ADDICTION EXPERIENCE



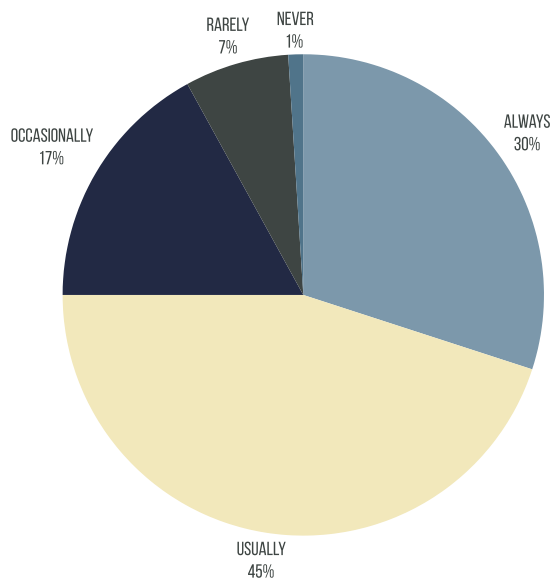
GOOD OR BETTER MENTAL HEALTH



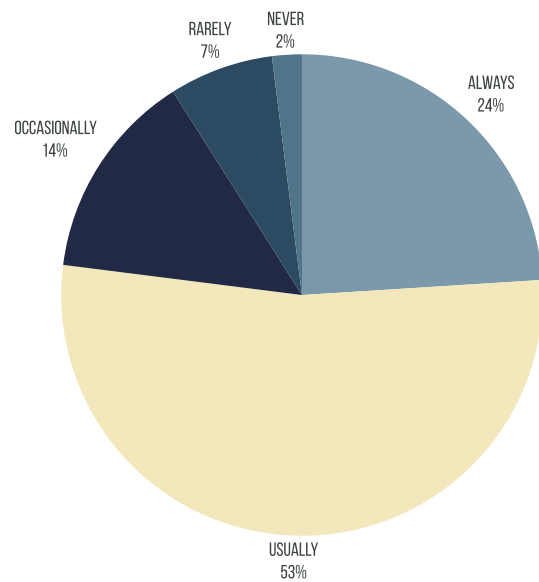
LESS THAN GOOD MENTAL HEALTH

HAVE SUPPORTIVE CO-WORKERS

Among workers with good or better mental health, 89% say their co-workers are supportive always or most of the time. Among those with less than good mental health, only 61% report feeling they have supportive co-workers.

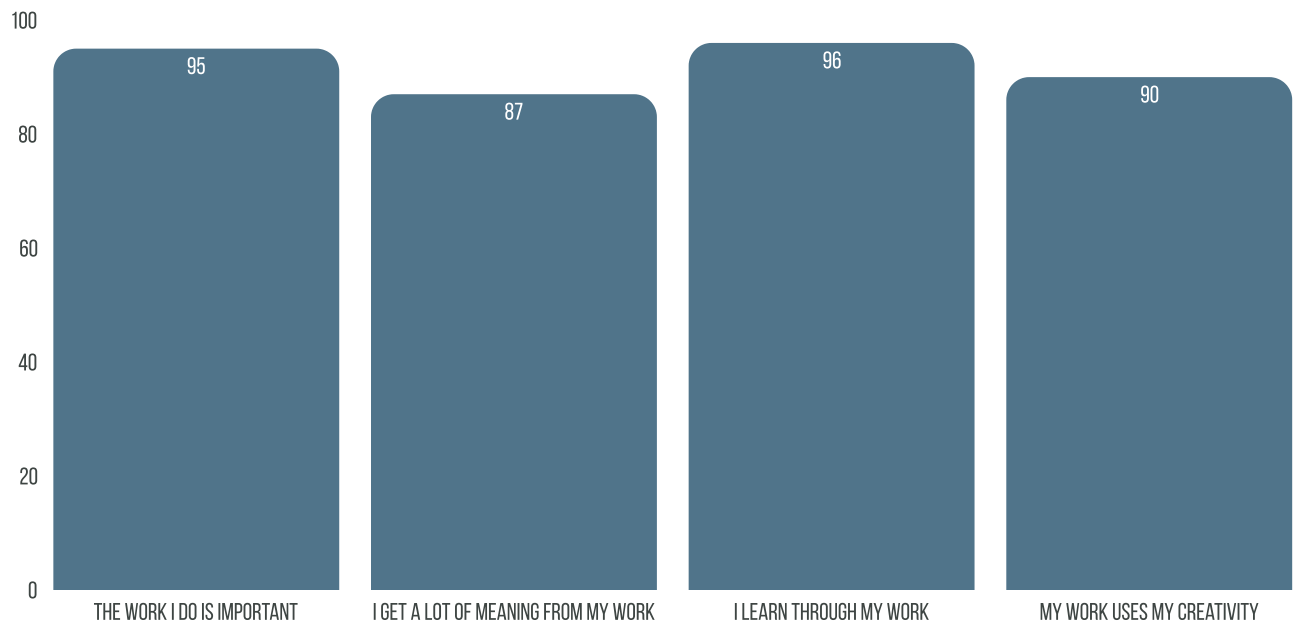


NO ADDICTION EXPERIENCE



ADDICTION EXPERIENCE

MEANING AND WORK



Tradespeople are buffered from some of the psychological hazards of the work through work affirmation. In four key areas, tradespeople surveyed reported their work was important, meaningful, educational, and creative. This affirmation for their trade and work is also information that treatment programs can leverage.

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