

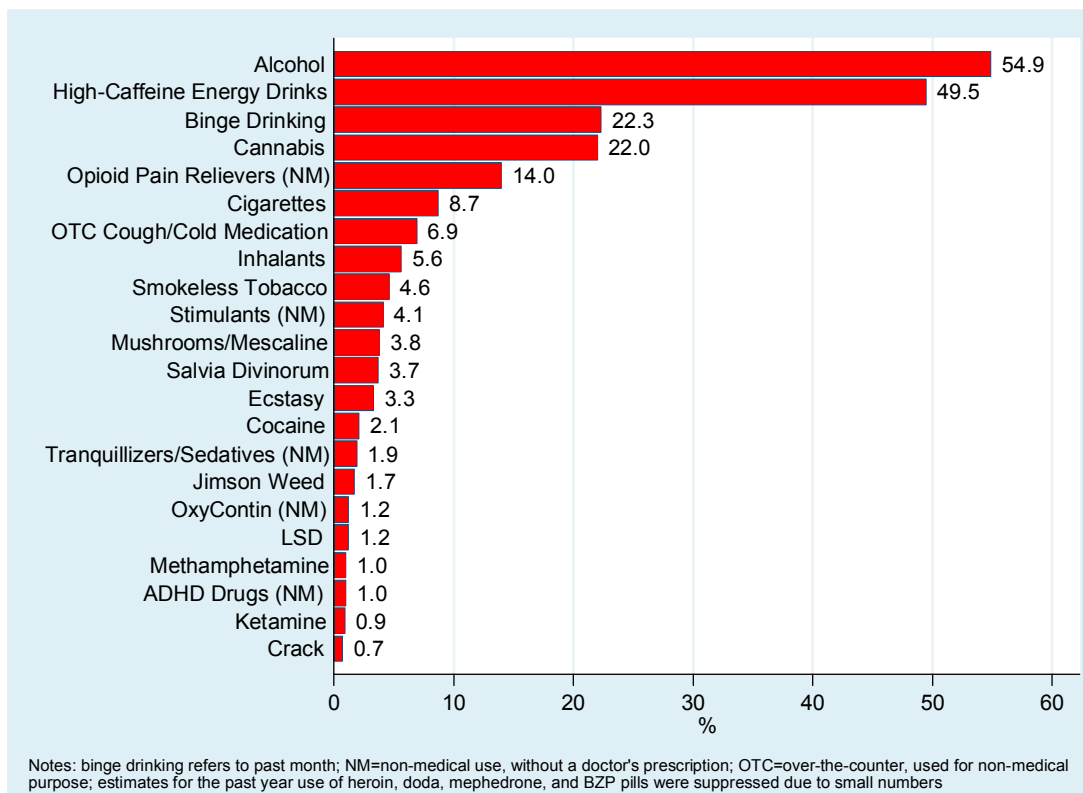
Drug Use Among Students in Ontario: Highlights from the 2011 OSDUHS

This eBulletin highlights the main alcohol, tobacco and other drug use findings from the 2011 *Ontario Student Drug Use and Health Survey* (OSDUHS), and selected trends since 1977. The OSDUHS is a repeated, cross-sectional, anonymous survey of 7th- to 12th- graders in Ontario, with the purpose of monitoring drug use, mental and physical health, and risk behaviours. Conducted every two years since 1977, the OSDUHS is the longest ongoing school survey in Canada and one of the longest in the world.

As seen in Figure 1, the 2011 OSDUHS shows that the most common drug of choice among students is alcohol,

as 55% of students reported drinking more than a few sips of alcohol during the 12 months before the survey. Half of all students report consuming highly caffeinated energy drinks in the past 12 months, and over one-fifth (22%) report binge drinking at least once during the month before the survey. Cannabis is the most common illicit drug, as 22% report use at least once in the past year. The non-medical (NM) use of a prescription opioid pain reliever (such as Percocet[®], Tylenol No. 3[®]) at least once in the past year was reported by 14% of students. Cigarette smoking during the past year was reported by 9% of students.

Figure 1
Percentage of Ontario Students in Grades 7–12 Reporting Using the Drug at Least Once in the Past Year, 2011 OSDUHS (N=9,288)



Demographic Correlates of Student Drug Use

Sex: Males are significantly more likely than females to use over-the-counter (OTC) cough/cold medication to get high, smokeless tobacco, mushrooms/mescaline, salvia divinorum, jimson weed, LSD, and ketamine. Females are significantly more likely than males to use stimulants pills (NM). There were no significant differences between males and females on the alcohol-related measures including past year alcohol use, binge drinking, drunkenness, and harmful or hazardous drinking.

Grade/Age: There are significant increases by grade for most of the drug use measures: alcohol, energy drinks, binge drinking, cannabis, opioid pain relievers (NM), cigarettes, OTC cough/cold medication, smokeless tobacco, stimulants (NM), mushrooms/mescaline, salvia divinorum, ecstasy, cocaine, tranquilizers/sedatives (NM), OxyContin (NM), and LSD. Inhaling glue or solvents decreases with grade.

Region: *Compared with the provincial average,* Toronto students are less likely to use alcohol, energy drinks, cannabis, cocaine, and to binge drink; Northern students are more likely to use alcohol, energy drinks, cannabis, cigarettes, cocaine, and to binge drink; Western students are more likely to use energy drinks and less likely to use smokeless tobacco; and Eastern students do not differ from the provincial average on any drug use measure.

Trends in Student Drug Use

Recent Trends, 1999–2011 (Grades 7–12)

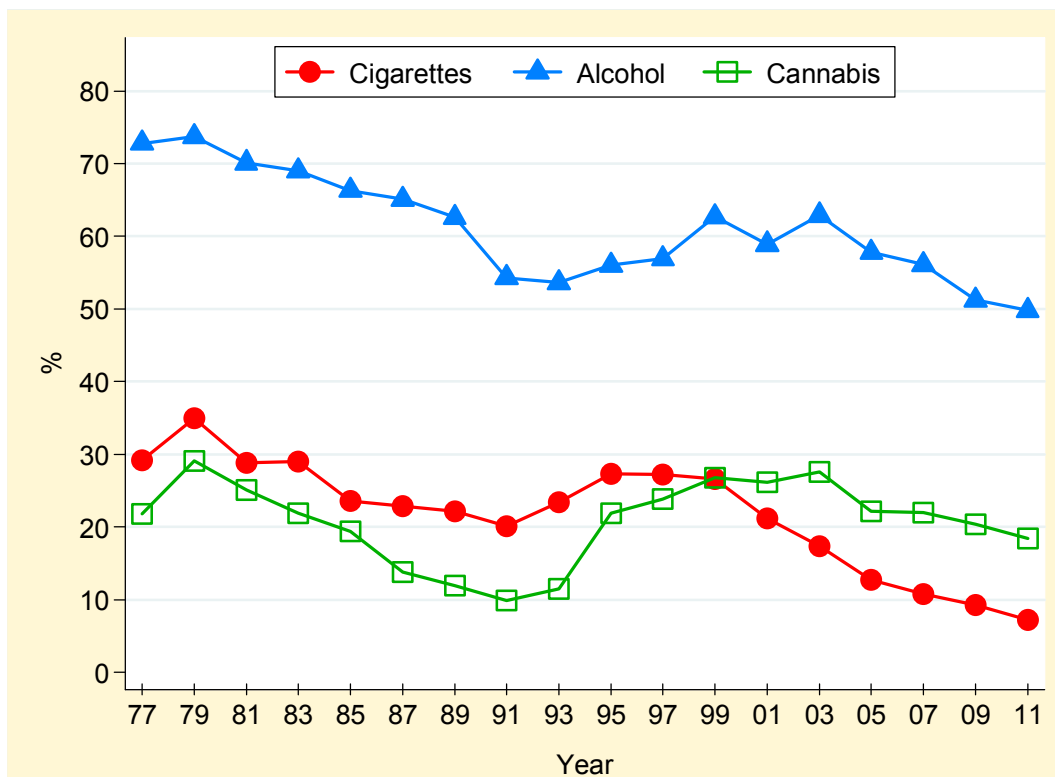
Since the previous survey in 2009, there were significant declines in the percentage of students reporting past year use of cigarettes, cannabis, and opioid pain relievers (NM). Past year use estimates for many drugs are significantly lower in 2011 compared with the 1999 estimates, including alcohol, binge drinking, cannabis, cigarettes, mushrooms, ecstasy, and cocaine.

Long-Term Trends, 1977–2011 (Grades 7, 9, 11 only)

Long-term trends are available for 15 drug use measures. In general, there is a common pattern: a peak in use during the late 1970s, a decline in use during the late 1980s or early 1990s, a second peak in the late 1990s or early 2000s, followed by another decline.

Selected drug use trends are presented in Figure 2. The prevalence of cigarette smoking shows a substantial decline over the past decade, and the 2011 estimate is the lowest on record. Alcohol use shows a steady declining trend since 1979, and use in 2011 is significantly lower than the peaks found in the late 1970s and late 1990s/early 2000s. Cannabis use peaked in 1979, declined significantly in the late 1980s/early 1990s, and increased again in late 1990s/early 2000s. Although there has since been a steady decline, the 2011 estimate remains higher than the low levels evident in the late 1980s/early 1990s.

Figure 2
Percentage of Ontario Students in Grades 7, 9, and 11 Reporting Smoking Cigarettes, Drinking Alcohol, and Using Cannabis in the Past Year, 1977–2011 OSDUHS



Methods

CAMH's *Ontario Student Drug Use and Health Survey* (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 through 12. The 2011 survey, which used a stratified (region, school level) two-stage (school, class) cluster design, was based on 9,288 students in grades 7 through 12 from 40 public and Catholic school boards, 181 schools, and 581 classes. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between October 2010 and June 2011. Seventy-one percent of selected schools, and 62% of eligible students in those schools, participated. All survey estimates presented were weighted, and variance and statistical tests were corrected for the complex sampling design. The 2011 sample is representative of over one million Ontario students in grades 7 through 12.

Note that in cycles prior to 1999, only students in grades 7, 9, and 11 were surveyed. Therefore, long-term trends (1977–2011) are limited to only these three grades. The relatively recent trends (1999–2011) are based on all grades from 7 through 12.

Measures & Terminology

- **Past year alcohol use** is defined as drinking any type of alcohol during the 12 months before the survey. Use includes consumption on special occasions, but excludes sips just to try it.
- **Binge drinking** is defined as drinking 5 or more drinks on the same occasion at least once during 4 weeks before the survey.
- **Hazardous or harmful drinking** was measured with the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT measures an established high-risk pattern of drinking that increases the likelihood of future medical and physical problems, or indicates harmful consequences of use already experienced. The reference period is the past 12 months before the survey.
- **Past year cigarette smoking** is defined as smoking at least one cigarette daily or smoking occasionally during the past 12 months. Those who smoked a few puffs or less than one whole cigarette in the past 12 months are not considered to be smokers.
- **Past year use:** used the drug at least once during the 12 months before the survey. Cases that responded “don’t know what [the drug] is” were considered non-users.
- **Non-medical (NM) drug use:** used the drug without a prescription, or without a doctor’s supervision, at least once during the 12 months before the survey. Note that “non-medical” use does not necessarily *solely* reflect recreational use or to use to “get high.”
- **Non-medical use of opioid pain relievers** was measured with the question “*In the last 12 months, how often did you use pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyContin, codeine) without a prescription or without a doctor telling you to take them? (We do not mean regular Tylenol or Aspirin that anyone can buy in a drugstore.)*”
- **Region:** The survey design divides the province into the following four regions: Toronto; Northern Ontario (Parry Sound District, Nipissing District and farther north); Western Ontario (Peel District, Dufferin County and farther west); and Eastern Ontario (Simcoe County, York County and farther east).

- **95% confidence interval (CI)** shows the probable accuracy of the estimate – that is, with repeated sampling, 95 of 100 sample CIs would contain the “true” population value. Design-based confidence intervals account for characteristics of the sample design (i.e., stratification, clustering, weighting).
- **Significant difference** refers to a difference between estimates that is statistically different at the $p < .05$ level, or lower, after adjusting for the sampling design, and thus not likely due to chance alone.

Source

Paglia-Boak, A., Adlaf, E.M., & Mann, R.E. (2011). *Drug use among Ontario students, 1977-2011: Detailed OSDUHS findings* (CAMH Research Document Series No. 32). Toronto, ON: Centre for Addiction and Mental Health. [Available online at <http://www.camh.net/research/osdus.html>]

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To receive future issues of the *eBulletin*, please contact Christine Vrbanac at: christine_vrbanac@camh.net

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Media Enquiries: Tel: 416-595-6015