

Highlights from the *CAMH Monitor* eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2005

This *eBulletin* highlights the main findings from the 2005 *CAMH Monitor*, an Ontario-wide telephone survey of 2,445 adults aged 18 and older. Also highlighted are trends in alcohol, tobacco, and cannabis use, based on 20 surveys conducted between 1977 and 2005. The resulting compilation of these surveys represents the longest ongoing study of adult substance use in Canada.

Substance Use and Related Factors

Table 1 presents the major substance use and mental health findings from the 2005 *CAMH Monitor*.

After controlling for other demographic characteristics, substance use was associated with the following factors:

Gender was significantly associated with 11 of the 13 substance use measures, with men showing higher prevalence rates than women. Specifically, men were significantly more likely to:

- drink alcohol during the past year
- drink alcohol daily
- consume more drinks weekly
- exceed the low risk drinking guidelines
- drink 5 or more drinks on a single occasion on a weekly basis
- drink hazardously or harmfully
- report alcohol problems
- report alcohol dependence symptoms
- report drinking and driving
- use cannabis during the past year, and
- report driving after using cannabis.

Age of respondent was significantly associated with 12 of the 13 substance use measures. In most cases, use decreased with age. One exception was daily drinking, which increased with age.

Marital status was significantly associated with 3 of the 13 substance use measures. After adjusting for age differences, never married respondents were the most likely to report hazardous/harmful drinking, alcohol problems, and smoking.

Education level was associated with 8 of the 13 indicators. The most dominant pattern showed that substance use declined with increasing education, or was lowest among those with highest education.

Public Health Region was associated with 4 of the 13 indicators: past year drinking, drinking and driving, smoking, and daily smoking. Those from Northern Ontario were the most likely to drink alcohol and to smoke during the past year, while those from Toronto were the least likely to drink and drive.

Income was also associated with 7 of the 13 indicators. In most cases, substance use indicators tend to increase with increasing income. There were, however, two exceptions: hazardous/harmful drinking and smoking, which were highest among those who reported the lowest incomes.

Table 1
Addiction and Mental Health Indicators, Ontario Adults 18+ Years, 2005 CAMH Monitor

	Measure	Percentage Estimate	Population Estimate¹
Alcohol	Percentage drinking alcohol in past 12 months	78.9%	7,230,500
	Percentage drinking alcohol daily	4.4% of total sample 5.6% of drinkers	399,000
	Average number of drinks consumed weekly (among drinkers)	3.8 drinks	
	Percentage exceeding the low risk drinking guidelines	25.0% of total sample 31.7% of drinkers	2,292,000
	Percentage consuming 5 or more drinks on a single occasion weekly (“heavy drinking”)	10.8% of total sample 13.8% of drinkers	987,400
	Percentage reporting hazardous or harmful drinking (AUDIT 8+)	10.4% of total sample 13.3% of drinkers	909,600
	Percentage of drinkers reporting one or more alcohol problems	25.0% of drinkers	1,752,100
	Percentage of drinkers reporting one or more alcohol dependence symptoms	8.7% of drinkers	618,700
	Percentage of drivers who drank and drove at least once in the past 12 months	6.2% of drivers	493,500
Tobacco	Percentage smoking cigarettes in past 12 months	20.3% 16.1% smoking daily	1,854,700 1,463,600
	Percentage of smokers consuming more than 20 cigarettes daily	21.0% of smokers	387,700
	Percentage of daily smokers reporting high smoking dependence	10.6% of daily smokers	153,700
Cannabis	Percentage using cannabis in lifetime	41.6%	3,788,800
	Percentage using cannabis in past 12 months	14.4%	1,312,800
	Percentage of drivers who drove in the past 12 months after using cannabis, at least once	2.9% of drivers	252,800
	Percentage of cannabis users reporting hazardous or harmful cannabis use (CUDIT 8+)	2.0% of total sample 13.8% of users	178,300
Cocaine	Percentage using cocaine in lifetime	6.0%	510,400
	Percentage using cocaine in past 12 months	1.3%	120,400
Ecstasy	Percentage using ecstasy in lifetime	4.0%	338,300
	Percentage using ecstasy in past 12 months	1.0%	82,600
Mental Health	Percentage reporting elevated psychological distress during the past few weeks	12.9%	1,184,000
	Percentage using prescribed anxiety medication	5.4% past year 3.3% past 7 days	500,100 308,000
	Percentage using prescribed depression medication	5.3% past year 3.8% past 7 days	495,800 355,700
	Percentage reporting poor mental health in general	5.2%	476,600
	Percentage reporting frequent mental distress days (14+) during the past 30 days	5.4%	483,400

Notes: ¹ Population estimates are based on a population of 9,118,084 and are rounded to the nearest hundred; estimates for cocaine, ecstasy, and anxiety and depression medication are based on the 2004 CAMH Monitor cycle (latest estimates available).

Trends in Substance Use

Alcohol

- The percentage of drinkers who report drinking at levels exceeding the low-risk drinking guidelines significantly increased from 28% in 2004 to 32% in 2005.
- The percentage consuming 5 or more drinks on a single occasion weekly (heavy drinking) has remained at an elevated rate, especially among men, since 1996.
- Hazardous/harmful drinking significantly decreased in the population, from 14% in 2004 to 10% in 2005, the lowest on record.
- Fewer drinkers are drinking alcohol daily: the percentage of drinkers who drink daily dropped from 13% in 1977 down to 6% in 2005.
- The prevalence of drinking and driving has significantly decreased over the past decade from 13% in 1996 to 6% in 2005, the lowest on record.

Tobacco

- The prevalence of past year cigarette smoking has significantly decreased over the past decade, from 28% in 1996 to 20% in 2005, especially among women (from 26% to 19%).
- Daily smoking also decreased over time, from 23% in 1996 down to 16% in 2005. In fact, the estimates for both current smoking and daily smoking in 2005 are the lowest on record.

Cannabis

- Past year cannabis use remained stable between 2004 (12%) and 2005 (14%). However, use has been steadily increasing over the past decade, from 9% in 1996 to 14% in 2005. This increase is evident for both men and women and among all age groups. A substantial increase in cannabis use occurred among 18-29 year olds, increasing from 18% in 1996 up to 38% in 2005.
- The most salient change showed an aging of cannabis users. On average, cannabis users in 2005 were older than their counterparts in 1977 (31.1 years vs. 25.6 years, respectively). Also, 45% of cannabis users in 2005 were 30 years or older, compared to only 18% in 1977.

Cocaine and Ecstasy

- Rates of past year cocaine use remained stable between 2003 (2%) and 2004 (1%). Past year ecstasy use remained stable, at less than 1%.

Short-Term Trends in Mental Health

- Overall, indicators of elevated psychological distress remained stable between 2004 and 2005, at 13%.
- The percentage reporting use of medication to treat anxiety steadily increased between 1999 and 2003 (from 4% to 6%), but levelled off in 2004 (5%).
- Similarly, the percentage reporting the use of prescribed depression medication increased between 1999 and 2003 (from 4% to 6%), and remained stable in 2004 (5%).

Flagging Some Public Health Issues

- Despite the fact that the rate of cigarette smoking among Ontario adults has declined substantially over time, the current rate of smoking (20%) still remains at an elevated level. This estimate represents just under two million smokers in Ontario.
- Heavy drinking still remains at an elevated level, with one in seven drinkers reporting heavy drinking on a weekly basis. In addition, a sizeable percentage of drinkers (about one-third) consume alcohol at levels exceeding recommended guidelines.
- Past year use of cannabis increased significantly since 1977, for both men and women and among all age groups. The increase in cannabis use, coupled with the aging of cannabis users, will likely have implications for the health care system.

Methods:

The CAMH Monitor is an addiction and mental health random, anonymous telephone survey of the Ontario population aged 18 and older, administered by the Institute for Social Research, York University. The CAMH Monitor is conducted on an ongoing monthly basis and employs a stratified (region) two-stage (household, respondent) probability sample design. The following 6 regional strata are used: Toronto, Central East, East, Central West, West, and North. The sample size in 2005 was 2,445 (61% of eligible respondents). Between 1977 and 1995, sample sizes ranged from 994 to 2,002. Since 1996, annual sample sizes have averaged around 2,400. All survey estimates were weighted, and variance and statistical tests were corrected for the sampling design.

Terminology:

- **Exceeding Low-Risk Drinking Guidelines** refers to drinking beyond the amount recommended in Canada's "Low-Risk Drinking Guidelines." These guidelines recommend that men and women limit weekly drinking to no more than 14 and 9 standard drinks, respectively, and that daily alcohol intake should be limited to 2 drinks. Compliance is based on reported number of drinks daily for each of the past 7 days, and derived separately for men and women.
- **Hazardous or Harmful Drinking** was measured with the Alcohol Use Disorders Identification Test (AUDIT), which is a 10-item instrument designed to detect a drinking problem at the less severe end of the spectrum. The percentage reported here is based on a score of at least 8 out of 40, which represents 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 for the AUDIT is the past 12 months before the survey.
- **1+ Alcohol Problems** is based on the 7 AUDIT items that measure problems experienced due to drinking during the 12 months before the survey. These are: lack of control over drinking, failure to meet normal expectations, drinking first thing in the morning, feelings of guilt, black-outs, injuries due to drinking, and family/friend or doctor expressed concern about one's drinking.
- **1+ Alcohol Dependence Symptoms** is based on the 3 AUDIT items that measure alcohol dependence symptoms experienced during the past 12 months. These are: lack of control over drinking, failure to meet normal expectations, and drinking first thing in the morning.
- **Drinking and Driving** was measured with the question: "How many times in the past 12 months have you driven a motor vehicle after having two or more drinks in the previous hour?" Prevalence is based on those with a valid driver's licence who report having done so at least once during the 12 months before the survey.
- **Cigarette Smoker** is defined as someone who: 1) has smoked over 100 cigarettes in his or her lifetime, 2) is a daily or occasional smoker, and 3) has smoked in the past 30 days.
- **Smoking Dependence** was measured among daily smokers using the Heaviness of Smoking Index (HIS), a scale based on points given for the time to the first cigarette each morning and number of cigarettes smoked per day. The high smoking dependence is based on a score 5 or 6 on the HIS.
- **Elevated Psychological Distress** was measured with the General Health Questionnaire (GHQ) which is a 12-item screening instrument used to assess current mental health problems in surveys. The items assess the recent frequency of experiencing 12 symptoms (e.g., stress, depression, problem making decisions). Elevated Psychological Distress is defined as experiencing at least 3 of the 12 symptoms.

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- **Poor Mental Health** was measured with the question "In general, would you say your overall mental health is excellent, very good, good, fair or poor?" and is defined as responses of "fair" or "poor."
- **Frequent Mental Distress Days** was measured with the question "During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" and is defined as reporting 14 or more mentally unhealthy days.
- **95% Confidence Interval (CI)** can be crudely interpreted as being 95% likely to include the "true" value if every adult in Ontario was surveyed.
- **Statistically Significant Difference** refers to a difference between two percentages that is not likely due to chance. For example, a difference found at the $p < .05$ level of statistical significance is one that is less than 5% likely to occur by chance alone.

Source:

Adlaf, E.M., Ialomiteanu, A., Rehm, J. (2008). CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2005. (CAMH Research Document Series, No. 24). Toronto: Centre for Addiction and Mental Health. [electronic document]; available: http://www.camh.net/research/population_life_course.html

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