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Drug Use, Mental Health and Well-Being Among Francophone Students in Ontario

This *eBulletin* describes prevalence estimates of drug use, mental health indicators, and physical health indicators among Francophone students in Ontario, and comparisons with non-Francophone students. Data are from the 2013 *Ontario Student Drug Use and Health Survey* (OSDUHS). The OSDUHS is a repeated, cross-sectional, anonymous survey of students in grades 7–12 in Ontario, with the purpose of monitoring drug use, mental and physical health, gambling, and other risk behaviours. Conducted every two years since 1977, the OSDUHS is the longest ongoing school survey in Canada and one of the longest running in the world.

For all Francophone versus non-Francophone comparisons reported here the influence of sex, grade, and region were removed by holding values of these factors constant.

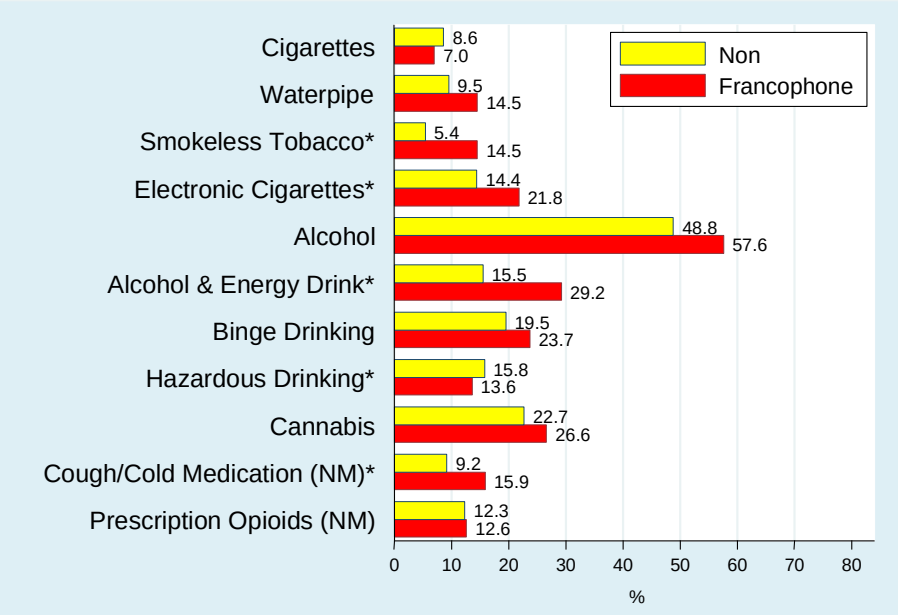
Drug Use

Figure 1 displays past year drug use estimates among Francophone and non-Francophone students. Francophone students were significantly *more likely* than non-Francophone students to use the following drugs in the past year:

- smokeless (chewing) tobacco (14.5% vs. 5.4%, respectively),
- electronic cigarettes with or without nicotine (lifetime use) (21.8% vs. 14.4%),
- alcohol mixed with an energy drink (29.2% vs. 15.5%), and
- cough or cold medication to "get high" (15.9% vs. 9.2%).

Francophone students were significantly *less likely* than non-Francophone students to report hazardous or harmful drinking (13.6% vs. 15.8%, respectively).

Figure 1
Percentage of Ontario Francophone (n=817) and non-Francophone (n=9,455) students in grades 7–12 reporting drug use in the past year, 2013 OSDUHS

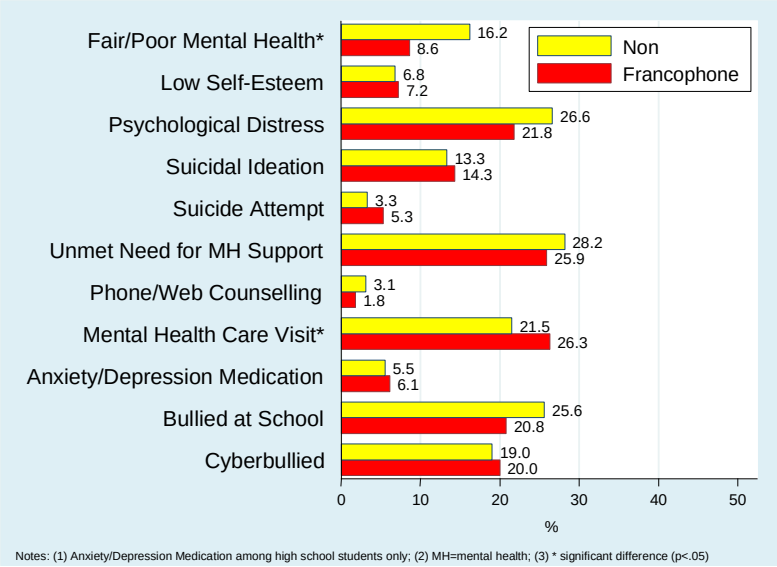


Notes: (1) Electronic Cigarettes refers to lifetime use and results are among high school students only; (2) Hazardous Drinking refers to hazardous or harmful drinking as measured by the AUDIT screener; (3) NM=nonmedical use; (4) * significant difference (p<.05)

Mental Health

Mental health estimates are displayed in Figure 2 according to Francophone versus non-Francophone classification. Francophone students were significantly *more likely* than non-Francophone students to report visiting a mental health care professional, such as a doctor, nurse, or counsellor at least once in the past year (26.3% vs. 21.5%, respectively). Conversely, Francophone students were significantly *less likely* than non-Francophone students to rate their mental health as fair or poor (8.6% vs. 16.2%, respectively).

Figure 2
Percentage of Ontario Francophone (n=817) and non-Francophone (n=9,455) students in grades 7–12 reporting mental health indicators, 2013 OSDUHS

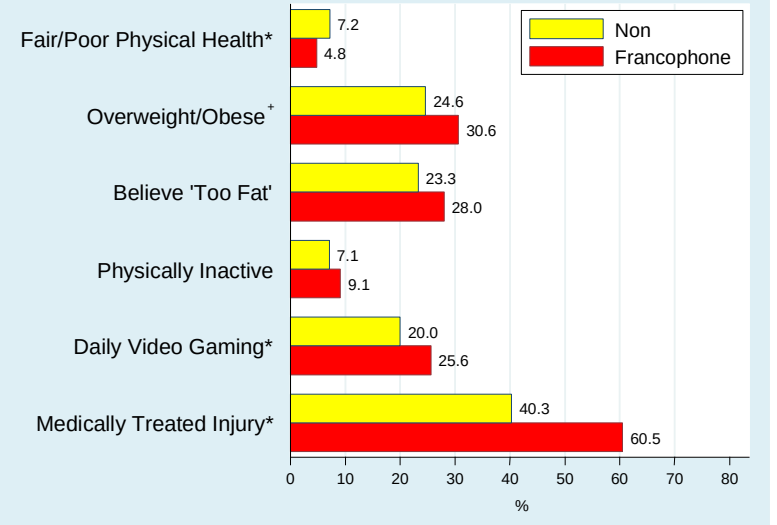


Notes: (1) Anxiety/Depression Medication among high school students only; (2) MH=mental health; (3) * significant difference (p<.05)

Physical Health

Figure 3 displays physical health indicators according to Francophone versus non-Francophone classification. Francophone students were significantly *more likely* than non-Francophone students to report playing video games every day (25.6% vs. 20.0%, respectively) and sustaining an injury in the past year that needed medical treatment by a doctor or nurse (60.5% vs. 40.3%, respectively). Francophone students were significantly *less likely* than non-Francophone students to rate their physical health as fair or poor (4.8% vs. 7.2%, respectively). There was also a difference between these groups that approached, but did not exceed, our threshold of statistical significance regarding classification of overweight or obese (30.6% among Francophone students versus 24.6% among non-Francophone students).

Figure 3
Percentage of Ontario Francophone (n=817) and non-Francophone (n=9,455) students in grades 7–12 reporting physical health indicators, 2013 OSDUHS



Notes: (1) * significant difference (p<.05); (2)+reached marginal statistical significance (p=.054)

Methods

The Centre for Addiction and Mental Health'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. This repeated cross-sectional survey has been conducted every two years since 1977. The 2013 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 10,272 students in grades 7 through 12 from 42 public and Catholic school board districts, 198 schools, and 671 classes. Self-completed questionnaires, which promote anonymity, were group administered by staff from the Institute for Social Research, York University in classrooms between November 2012 and June 2013. Sixty-one percent (61%) of selected schools, 87% of selected classes, and 63% of eligible students in participating classes completed the survey. The 2013 total sample of 10,272 students is representative of just under one million students in grades 7 through 12 enrolled in Ontario's English-Language and French-Language provincially funded schools. Students in French-Language schools completed French questionnaires.

All estimates were weighted, and variance and statistical tests were accommodated for the complex survey data. Logistic regression tests of significant differences between Francophone and non-Francophone students adjusted for sex, grade, and region of the province.

Measures & Terminology

- **Francophone** classification is based on the question "*What language do you usually speak at home?*" and is defined as someone who speaks any French at home, either exclusively or along with another language. The 2013 data showed that 7.2% (n=817) of Ontario students in grades 7–12 reported speaking French at home. The majority (61%) of Francophone students resided in the Eastern region.
- **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 were not classified as smokers.
- **Binge drinking** is defined as drinking five or more drinks on the same occasion at least once during four weeks before the survey.
- **Hazardous or Harmful Drinking** was measured with the *Alcohol Use Disorders Identification Test* (AUDIT), a 10-item instrument designed to identify problem drinking at the less severe end of the spectrum. Those scoring eight or higher out of a maximum total of 40 are considered to be drinking at a hazardous/harmful level (during the past 12 months).
- **Low self-esteem** was measured with five items from the *Rosenberg Self-Esteem Scale* and is defined as indicating low esteem on all five items.
- **Psychological distress** (symptoms of depression and anxiety during the past four weeks) was measured with the *Kessler-10 Psychological Distress Scale* (K10) and is defined as a score of 22 or higher of a maximum 50.
- **Mental health care visit** is defined as reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons in the past 12 months.
- **Unmet need for mental health support** is defined as wanting to talk to someone about a mental health or emotional problem, but not knowing where to turn (during the past 12 months).

(continued…)

- **Bullied at school** is defined as "*...when one or more people tease, hurt or upset a weaker person on purpose, again and again. It is also bullying when someone is left out of things on purpose.*" Students were asked about the main way they were bullied since September. The response options were: (1) was not bullied at school; (2) physically (e.g., beat up, pushed or kicked), (3) verbally (e.g., teased, threatened, spread rumours), or (4) stolen/damaged possessions.
- **Cyberbullying victimization** is defined as reporting being bullied over the Internet at least once during the 12 months before the survey.
- **Overweight or obese** classification is based on self-reported height and weight and is defined as exceeding the age-by-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the *International Obesity Task Force*.
- **Physically inactive** was measured by asking students to indicate on how many of the past seven days they engaged in moderate to vigorous activity (i.e., that "increased your heart rate and made you breathe hard some of the time") for a total of at least 60 minutes per day. Being inactive is defined as reporting no days of activity during the past seven days.
- **95% confidence interval** 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).
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.05$ level, or lower, after adjusting for the sampling design. A finding of statistical significance implies that any differences are not likely due to chance alone; it is not necessarily a finding of public health importance

Sources

Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2013). *Drug use among Ontario students, 1977–2013: Detailed OSDUHS findings* (CAMH Research Document Series No. 36). Toronto, ON: Centre for Addiction and Mental Health. [Available online at http://www.camh.ca/research/osduhs.aspx]

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