

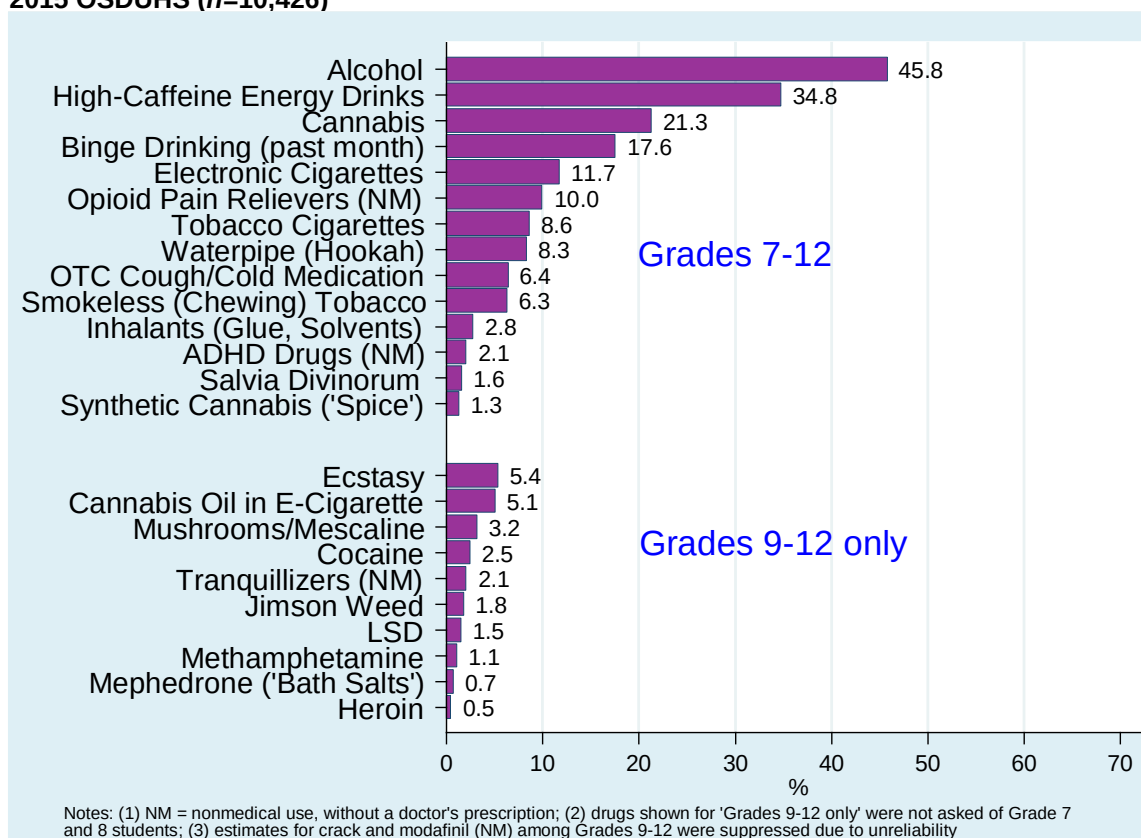
Drug Use Among Students in Ontario: Highlights from the 2015 OSDUHS

This *eBulletin* highlights the drug use findings from the 2015 Ontario Student Drug Use and Health Survey (OSDUHS), and selected trends since 1977. The OSDUHS is a repeated, cross-sectional, anonymous survey of students in grades 7 through 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.

Drug Use in 2015

As seen in Figure 1, the 2015 OSDUHS shows that the most commonly used drug among 7th–12th graders is alcohol, with just under half (46%) of students reporting consuming more than a just a sip of alcohol during the 12 months before the survey. About one-third (35%) report consuming caffeinated energy drinks in the past year. Cannabis is the most common illicit drug, as about one-in-five (21%) report using it at least once in the past year. Electronic cigarettes (12%) and prescription opioids (10%), such as *Percocet*®, *Tylenol No. 3*®, *OxyContin*®, *OxyNEO*®, rank well below cannabis. The remaining drugs are used by less than 10% of students.

Figure 1
Percentage of Ontario Students in Grades 7–12 Reporting Past Year Drug Use,
2015 OSDUHS (n=10,426)

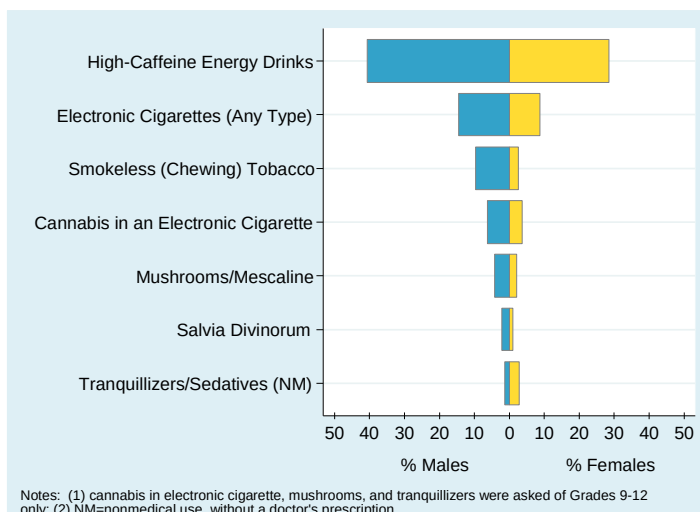


Drug Use Differences by Sex and Grade

Figure 2 presents significant differences in past year drug use between males and females. Males are significantly more likely than females to use high-caffeine energy drinks, electronic cigarettes, smokeless (chewing) tobacco, cannabis oil/liquid in an electronic cigarette, mushrooms, and salvia divinorum. Females are more likely than males to use tranquilizers/sedatives nonmedically (NM).

The strongest correlate of drug use found in the 2015 OSDUHS was grade or age. Generally, drug use increases with grade level typically peaking in grade 11 (ages 16-17) or grade 12 (ages 17-18). The exception to this pattern is inhalant use, which is most prevalent among 7th and 8th graders, and then declines by 9th grade.

Figure 2
Significant Sex Differences in Past Year Drug Use, 2015 OSDUHS



Drug Use in 2015 vs. 2013

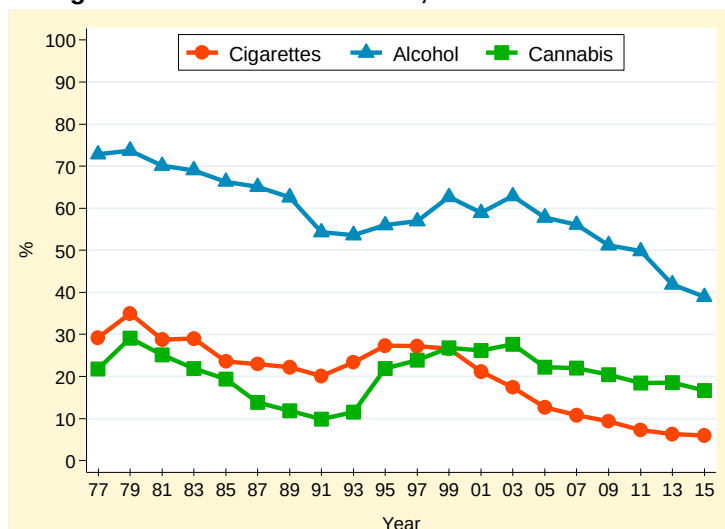
Compared with findings from the previous survey in 2013, there were significant declines in the percentage of students reporting the nonmedical use of prescription opioids, use of high-caffeine energy drinks, and over-the counter cough/cold medication used to “get high” in the past year. The only drug to show a significant increase between 2013 and 2015 was ecstasy (asked of high school students only).

	2013 Past Year Use		2015 Past Year Use
Prescription Opioids (NM)	12.4%	↓	10.0%
OTC cough cold/medication (NM)	9.7%	↓	6.4%
Energy Drinks	39.7%	↓	34.8%
Ecstasy	3.3%	↑	5.4%

Long-Term Trends, 1977–2015

Long-term trends are available for 13 drug use measures. Figure 3 presents trends for cigarette smoking, drinking alcohol, and cannabis use in the past year. Most notably, tobacco cigarettes and alcohol follow a similar trend since 1977, both showing substantial declines during the past decade and reaching all-time lows in recent years. Cannabis use shows a peak in the late 1970s and another in the late 1990s/early 2000s. Although there has been a steady decline in cannabis use in the past decade, the current level remains higher than the lowest points evident in the late 1980s/early 1990s. Also notable in these trends is the shift in ranking between cigarettes and cannabis following the steeper decline for cigarette smoking after 1999.

Figure 3
Percentage of Students in Grades 7, 9, and 11 Reporting Smoking Tobacco Cigarettes, Drinking Alcohol, and Using Cannabis in the Past Year, 1977–2015 OSDUHS



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 2015 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on 10,426 students in grades 7 through 12 in 750 classes, in 220 schools, in 43 public and Catholic school boards. Self-completed questionnaires, which promote anonymity, were group administered by staff from the Institute for Social Research, York University in classrooms between November 2014 and June 2015. Sixty-three percent (63%) of selected schools, 88% of selected classes, and 59% of eligible students in participating classes completed the survey. The 2015 total sample of 10,426 students is representative of just under one million students in grades 7 through 12 enrolled in Ontario's publicly funded schools.

All estimates were weighted, and variance and statistical tests were accommodated for the complex survey data. In 2015, many illicit drug use measures were asked of secondary school students only and, therefore, those analyses were based on $n=6,597$. Note that in cycles prior to 1999, only students in grades 7, 9, and 11 were surveyed. Therefore, long-term trends (1977–2015) are limited to only these three grades.

Measures & Terminology

- **Past year alcohol use** is defined as drinking any type of alcohol during the 12 months before the survey. Past year use includes drinking on special occasions, but excludes a sip just to try it.
- **Binge drinking** is defined as drinking five or more drinks on the same occasion at least once during the four weeks before the survey.
- **Past year tobacco cigarette smoking, use of electronic cigarettes, and waterpipe** includes occasional use, but excludes "a few puffs" to try it. These cases were classified as non-users.
- **Past year drug use** is defined as using the specified drug at least once during the 12 months before the survey. Cases that responded "don't know what [the drug] is" were classified as non-users.
- **Nonmedical (NM) drug use** is defined as using the specified drug without a prescription, or without a doctor's supervision, at least once during the 12 months before the survey. Note that nonmedical use does not necessarily solely reflect recreational use or to use to "get high."
- **Statistically significant difference** refers to a difference between (or among) estimates that is statistically different at the $p<.01$ 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.

Source

Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2015). *Drug use among Ontario students, 1977–2015: Detailed OSDUHS findings* (CAMH Research Document Series No. 41). Toronto, ON: Centre for Addiction and Mental Health. [Available online at <http://www.camh.ca/research/osduhs>]

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