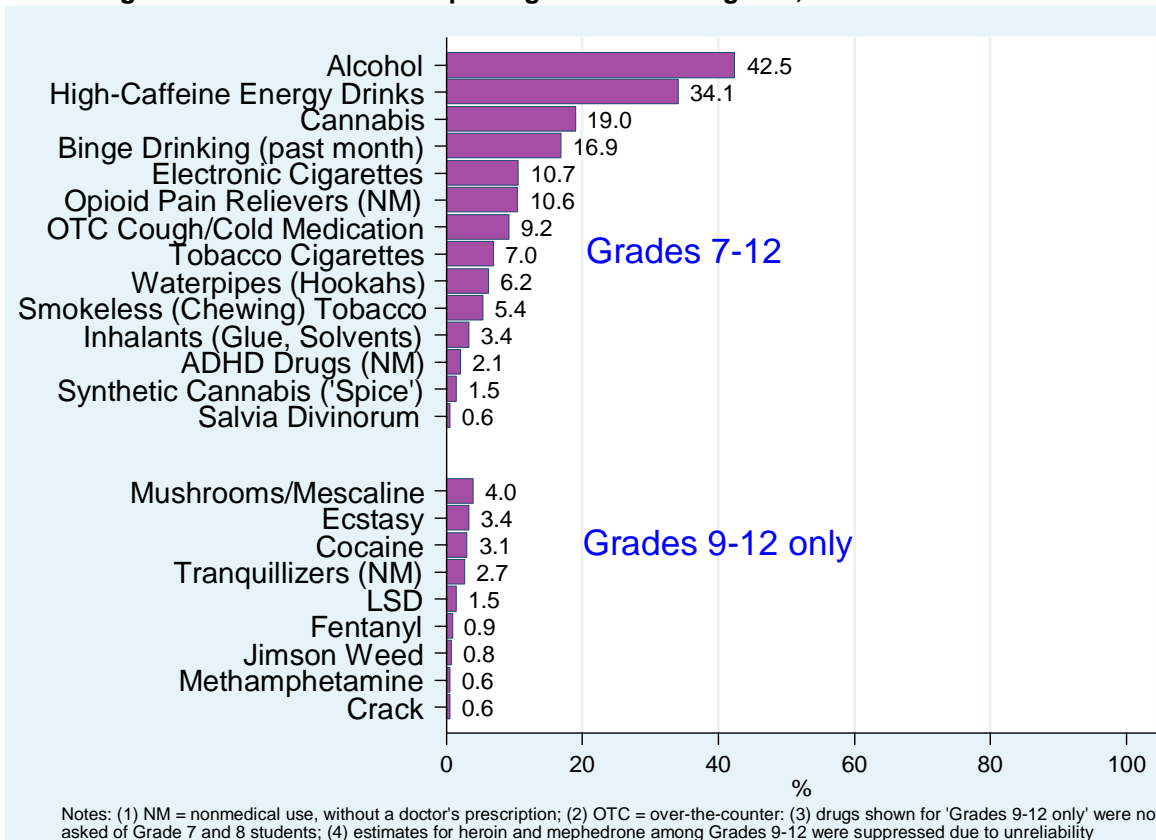# Drug Use Among Ontario Students: Highlights from the 2017 OSDUHS

This *eBulletin* highlights the drug use findings from the 2017 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 7–12 in Ontario's publicly funded schools, with the purpose of monitoring drug use, mental health, 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 2017

As seen in Figure 1, the 2017 OSDUHS shows that the most commonly used drug among 7th–12th graders is alcohol, with 43% of students reporting consuming more than a just a sip of alcohol during the 12 months before the survey. About one-third (34%) report consuming caffeinated energy drinks in the past year. Cannabis is the most commonly used illicit drug, with about one-in-five (19%) report using it at least once in the past year. Electronic cigarettes (11%) and prescription opioids (11%), such as Percocet®, Tylenol No. 3®, Dilaudid®, Demerol®, rank well below cannabis. The remaining drugs are used by less than 10% of students.

Figure 1
Percentage of Ontario Students Reporting Past Year Drug Use, 2017 OSDUHS

Notes: (1) NM = nonmedical use, without a doctor's prescription; (2) OTC = over-the-counter: (3) drugs shown for 'Grades 9-12 only' were not asked of Grade 7 and 8 students; (4) estimates for heroin and mephedrone among Grades 9-12 were suppressed due to unreliability
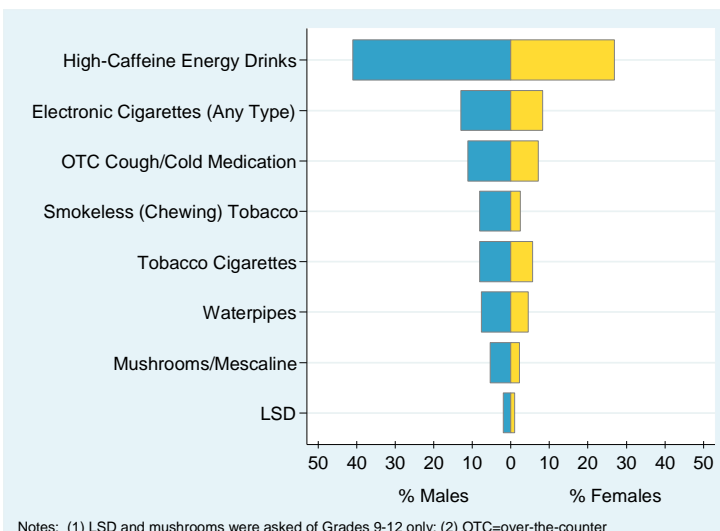
Drug Use Differences by Sex and Grade

Figure 2 presents significant differences in past year drug use between males and females. Males are significantly more likely than females to use the following: energy drinks, electronic cigarettes, over-the-counter cough/cold medication to "get high," smokeless tobacco, tobacco cigarettes, waterpipes, mushrooms, and LSD.

The strongest correlate of drug use is grade/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, 2017 OSDUHS

Notes: (1) LSD and mushrooms were asked of Grades 9-12 only; (2) OTC=over-the-counter
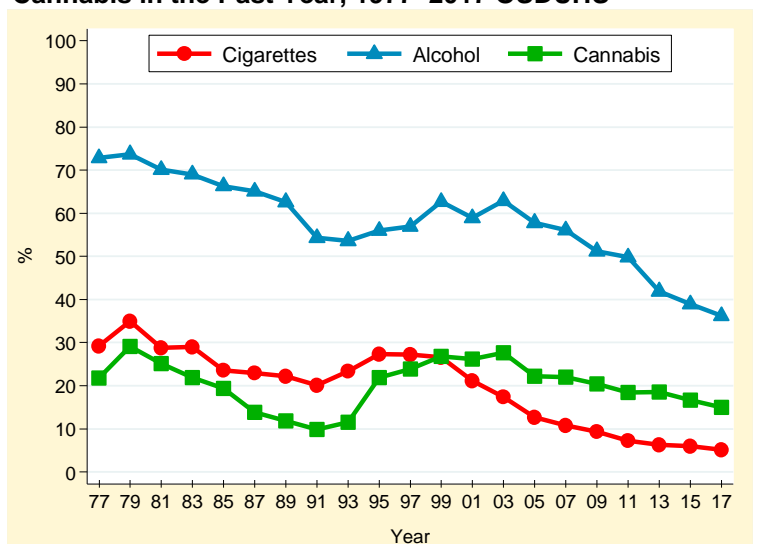
Drug Use in 2017 vs. 2015

Compared with the drug use findings from the 2015 survey, three drugs showed a significant decrease in use in 2017, and one drug class showed an increase.

	2015 past year use		2017 past year use
Ecstasy	5.4%	⬇	3.4%
Salvia Divinorum	1.6%	⬇	0.6%
Jimson Weed	1.8%	⬇	0.8%
OTC Cough/Cold Medication (NM)	6.4%	⬆	9.2%

Long-Term Trends, 1977–2017

Forty-year trends in student drug use are available for 12 different drugs. Figure 3 presents the trends for cigarette smoking, drinking alcohol, and cannabis use in the past year. Smoking and drinking 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 or so, 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 Ontario Students Reporting Smoking Tobacco Cigarettes, Drinking Alcohol, and Using Cannabis in the Past Year, 1977–2017 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 2017 survey, which used a stratified (region by school level) two-stage (school, class) cluster design, was based on **11,435 students in grades 7 through 12** in 764 classes, in 214 schools, from 52 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 2016 and June 2017. Sixty-one percent (61%) of selected schools, 94% of selected classes, and 61% of eligible students in participating classes completed the survey. Students in French-language schools completed French questionnaires. The 2017 total sample of 11,435 students is representative of just under one million students in grades 7 to 12 enrolled in Ontario's English and French publicly funded schools. All estimates were weighted, and variance and statistical tests accommodated the complex survey design. In 2017, many illicit drug use measures were asked of secondary school students only and, therefore, those analyses were based on 7,587 students. Note that in cycles prior to 1999, only students in grades 7, 9, and 11 were surveyed. Therefore, long-term trends (1977–2017) 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 four weeks before the survey.
- **Past year tobacco cigarette smoking, use of electronic cigarettes**, and **waterpipes** 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.
- **ADHD drugs** are prescription drugs typically prescribed to treat Attention-Deficit/Hyperactivity Disorder (ADHD), such as Ritalin®, Concerta®, and Adderall®.
- **95% CI (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.

Source

Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E. (2017). *Drug use among Ontario students, 1977-2017: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS)* (CAMH Research Document Series No. 46). Toronto, ON: Centre for Addiction and Mental Health. [Available online at www.camh.ca/osduhs]