

# Drug Use, Mental Health and Well-Being Among Francophone Students in Ontario, 2015 OSDUHS

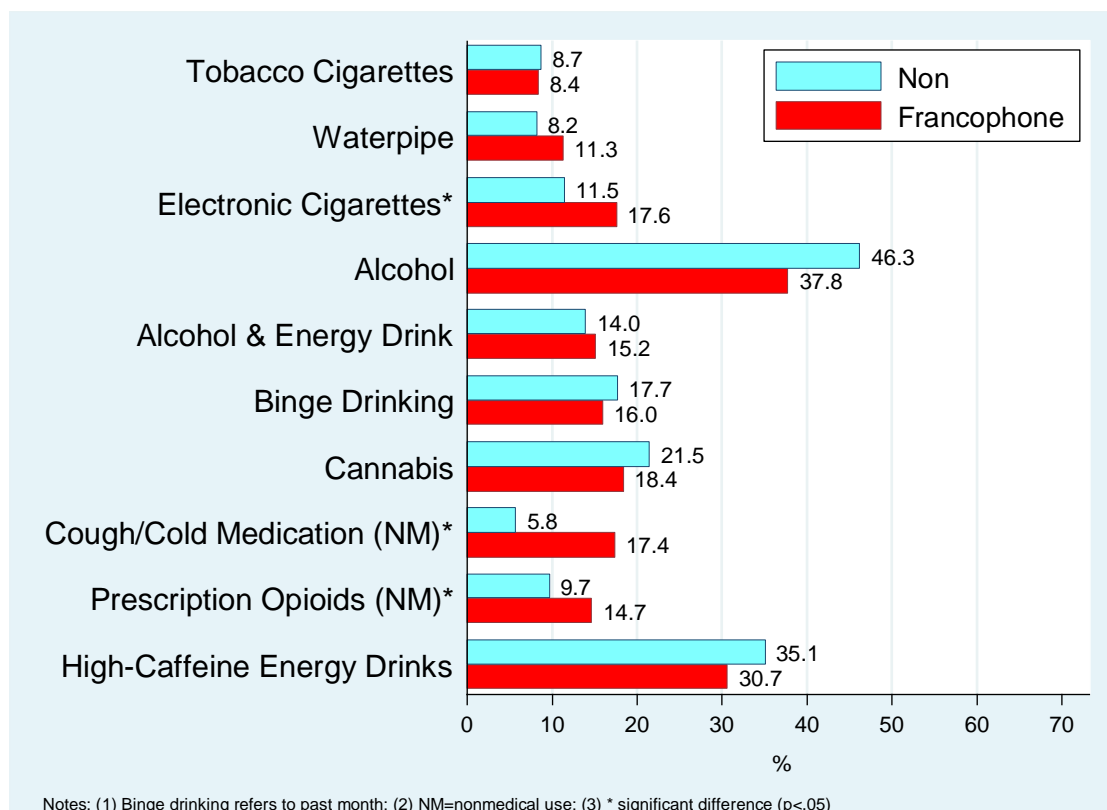
This *eBulletin* describes prevalence estimates of drug use, mental health, and physical health indicators among Francophone students in Ontario, and comparisons with non-Francophone students. Data are from the 2015 *Ontario Student Drug Use and Health Survey* (OSDUHS). The OSDUHS is a repeated, cross-sectional, anonymous survey of students in grades 7–12 in Ontario, with the purpose of monitoring drug use, mental health, physical health, bullying, 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 was removed by holding values of these factors constant.

## Drug Use

Figure 1 displays past year drug use estimates among Francophone and non-Francophone students. Use of three drugs significantly differed between these two groups. Francophone students were significantly *more* likely than non-Francophone students to report use of electronic cigarettes, nonmedical use of cough or cold medication, and nonmedical use of prescription opioid pain relievers.

**Figure 1**  
Percentage of Ontario Francophone (n=488) and non-Francophone (n=9,930) students in grades 7–12 reporting drug use in the past year, 2015 OSDUHS



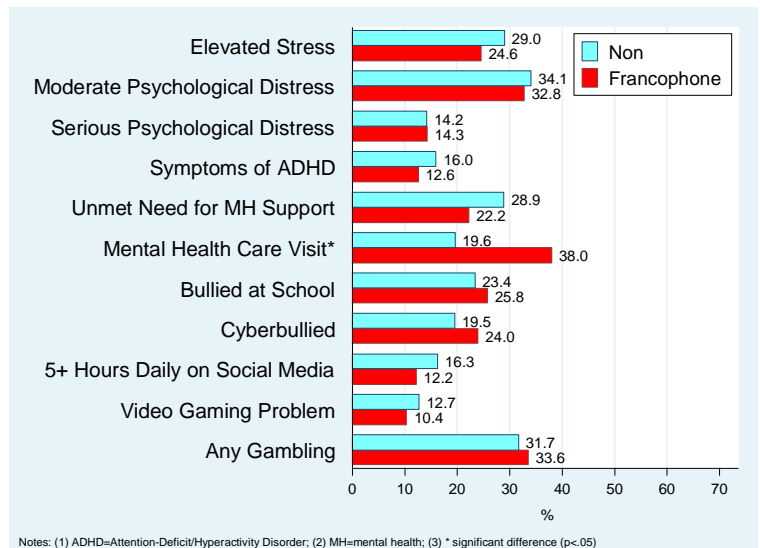
## Mental Health

Figure 2 displays mental health indicators for Francophone and non-Francophone students. Only one indicator significantly differed between these two groups. 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 (38.0% vs. 19.6%, respectively).

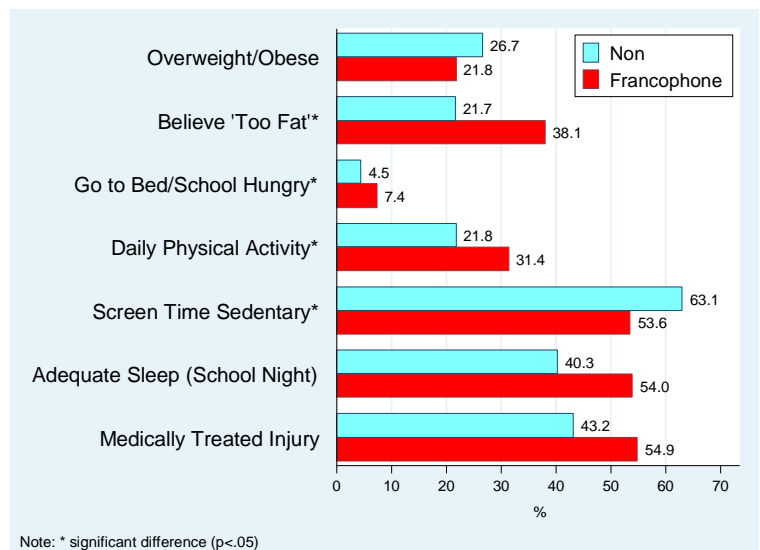
## Physical Health

Figure 3 displays physical health indicators for Francophone and non-Francophone students. Four indicators significantly differed between these two groups. Francophone students were significantly *more* likely than non-Francophone students to report believing they were “too fat,” going to bed or school hungry, and engaging in daily physical activity. Francophone students were significantly *less* likely than non-Francophone students to report sedentary screen time.

**Figure 2**  
Percentage of Ontario Francophone and non-Francophone students in grades 7–12 reporting mental health indicators, 2015 OSDUHS



**Figure 3**  
Percentage of Ontario Francophone and non-Francophone students in grades 7–12 reporting physical health indicators, 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. Students in French-language schools completed French questionnaires. The 2015 total sample of 10,426 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 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 was 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 2015 data showed that 5.2% (**n=488**) of Ontario students in grades 7–12 in our sample reported speaking French at home. The majority (58%) of Francophone students resided in the eastern region of the province.
- **Binge drinking** is defined as drinking five or more drinks on the same occasion at least once during four weeks before the survey.
- **Nonmedical 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."
- **Psychological distress** (symptoms of depression and anxiety) was measured with the *Kessler-6 Psychological Distress Scale* (K6). A moderate-to-serious level of distress experienced during the past four weeks is defined as scoring eight or higher out of a total 24. Serious psychological distress is defined as scoring 13 or higher.
- **Mental health care visit** is defined as reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons during 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).
- **Symptoms of attention-deficit/hyperactivity disorder (ADHD)** is defined as scoring at least 14 of 24 on the *ADHD Self-Report Scale* (ASRS).
- **Bullying 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 involved in bullying at school; (2) physical attacks (e.g., beat up, pushed or kicked), (3) verbal attacks (e.g., teased, threatened, spread rumours), and (4) stole or damaged possessions. Bullying victimization is defined as being bullied at school in any of the ways listed above.

(continued)

- **Cyberbullying victimization** is defined as reporting being bullied over the Internet at least once during the 12 months before the survey.
- **Video gaming problem** is defined as reporting at least five of the nine symptoms on the *Problem Video Game Playing (PVP) Scale* experienced 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*.
- **Go to bed/school hungry** measures food insecurity and is defined as reporting "always" or "often" going to bed or school hungry.
- **Physical activity** was measured by asking students to report 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. Daily activity is defined as reporting seven days.
- **Sedentary screen time** is defined as watching TV and/or on a computer for recreational purposes for three hours or more per day, on average, during the seven days before the survey.
- **Adequate sleep** is defined as sleeping for at least eight hours on an average school night.
- **Medically treated injury** is defined as reporting sustaining an injury during the 12 months before the survey that needed treatment from a doctor or nurse.
- **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  $p < .01$  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.

## Sources

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>]

Boak, A., Hamilton, H. A., Adlaf, E. M., Henderson, J. L., & Mann, R. E. (2016). *The mental health and well-being of Ontario students, 1991–2015: Detailed OSDUHS findings* (CAMH Research Document Series No. 43). Toronto, ON: Centre for Addiction and Mental Health. [Available online at <http://www.camh.ca/research/osduhs>]

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