

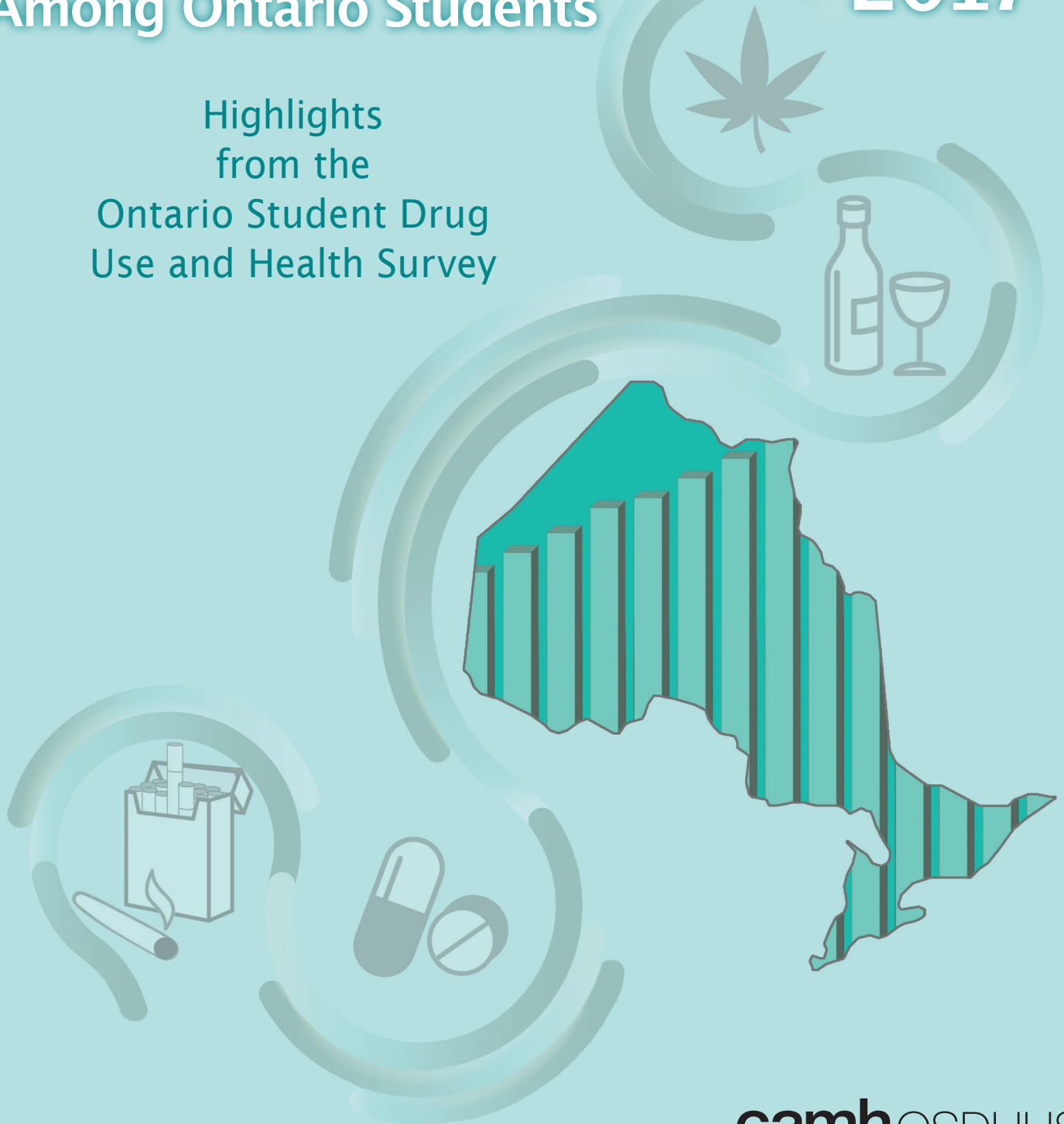
Celebrating 40 Years of OSDUHS

Drug Use

Among Ontario Students

1977-
2017

Highlights
from the
Ontario Student Drug
Use and Health Survey



The 2017 OSDUHS Drug Use Report Summary

The Centre for Addiction and Mental Health's *Ontario Student Drug Use and Health Survey* (OSDUHS) is the longest ongoing school survey of adolescents in Canada, and one of the longest in the world. The OSDUHS has been conducted every two years since 1977, and 2017 marks the study's 40th anniversary. A total of 11,435 students (61% of eligible students in participating classes) in grades 7 through 12 from 52 school boards, 214 schools, and 764 classes participated in the 2017 OSDUHS, which

was administered by the Institute for Social Research, York University. This report describes the past year use of alcohol, tobacco, illicit drugs, nonmedical (NM) use of prescription drugs, and other substances of concern, and changes since 1977. Also examined are harms related to drug use, perceptions and attitudes, and exposure to drugs. All data are based on self-reports derived from anonymous questionnaires administered in classrooms between November 2016 and June 2017.

Past Year Drug Use (%) for the Total Sample, by Sex, and by Grade, 2017 OSDUHS (N=11,435)

	Total	Males	Females	G7	G8	G9	G10	G11	G12
Grades 7–12									
Alcohol	42.5	42.7	42.2	10.5	11.8	31.8	49.9	60.6	68.3 *
High-Caffeine Energy Drinks	34.1	41.1	26.9 *	21.8	26.0	36.7	37.7	36.9	39.7 *
Cannabis	19.0	19.6	18.3	2.0	2.0	9.3	19.9	30.4	36.9 *
Binge Drinking (5+ Drinks Past Month)	16.9	17.6	16.1	s	s	9.2	17.2	27.7	32.3 *
Electronic Cigarettes (Vape Pens)	10.7	13.0	8.2 *	s	s	9.2	12.6	16.1	18.9 *
Opioid Pain Relievers (NM)	10.6	10.2	11.1	8.4	8.1	11.1	13.1	11.9	10.5
OTC Cough/Cold Medication	9.2	11.2	7.1 *	10.0	5.2	10.7	11.6	9.5	8.3
Tobacco Cigarettes	7.0	8.1	5.8 *	s	s	2.8	6.4	11.1	15.2 *
Waterpipes (Hookahs)	6.2	7.7	4.5 *	s	s	3.3	7.2	10.8	12.1 *
Smokeless (Chewing) Tobacco	5.4	8.1	2.6 *	s	s	6.3	4.8	9.7	8.5 *
Inhalants (Glue or Solvents)	3.4	3.0	3.7	6.2	4.8	2.3	3.8	1.9	s *
ADHD Drugs (NM)	2.3	2.6	1.9	1.5	0.9	0.8	s	3.3	4.5 *
Synthetic Cannabis ("Spice," "K2")	1.5	1.6	1.4	s	s	s	1.6	s	2.5 *
Salvia Divinorum	0.6	0.9	s	s	s	s	s	s	s
Grades 9–12[†]									
Mushrooms (Psilocybin) or Mescaline	4.0	5.4	2.4 *	--	--	1.8	2.0	5.4	5.7 *
Ecstasy (MDMA)	3.4	4.2	2.5	--	--	s	2.3	2.5	6.7 *
Cocaine	3.1	4.0	2.0	--	--	s	1.2	s	5.5 *
Tranquillizers/Sedatives (NM)	2.7	2.7	2.6	--	--	s	2.0	3.0	4.1 *
LSD	1.5	2.0	1.0 *	--	--	s	1.6	1.7	1.9
Fentanyl	0.9	s	s	--	--	s	s	s	s
Jimson Weed	0.8	s	s	--	--	s	s	s	s
Methamphetamine	0.6	s	s	--	--	s	s	s	s
Crack	0.6	s	s	--	--	s	s	s	s
Any NM Use of a Prescription Drug	13.7	13.5	14.0	--	--	12.2	14.0	14.3	14.1
Any Drug Use Including Cannabis	37.8	35.8	40.1	--	--	24.6	33.2	39.8	48.3 *
Any Drug Use Excluding Cannabis	23.8	23.1	24.6	--	--	19.6	22.1	23.2	28.3

Notes: [†] not asked of 7th and 8th graders; * statistically significant sex or grade difference ($p < .05$), *not* controlling for other factors; s=estimate suppressed due to unreliability; estimate for alcohol excludes "a sip"; estimates for tobacco cigarettes, electronic cigarettes, and waterpipes excludes smoking a few puffs; OTC=over-the-counter drug used to "get high"; NM=nonmedical use, without a doctor's prescription; "Any NM Use of a Prescription Drug" refers to nonmedical use of opioids, Attention-Deficit/Hyperactivity Disorder (ADHD) drugs, or tranquilizers/sedatives; "Any Drug Use Including Cannabis" refers to use of any one of 18 drugs (excludes alcohol, tobacco and electronic cigarettes, waterpipes, and caffeine drinks); estimates for heroin and mephedrone were suppressed due to unreliability.

2017 Subgroup Differences

Differences in past year drug use according to sex, grade, and four design-based regions of the province are presented in the report.

- Among the drugs asked about in the 2017 survey, males are significantly more likely than females to use eight drugs. Females do not show a higher prevalence of use for any drug.

Males are more likely than females to use...
• Tobacco Cigarettes
• Electronic Cigarettes
• Waterpipes/Hookahs
• Smokeless Tobacco
• OTC Cough/Cold Medication
• Energy Drinks
• Mushrooms/Mescaline
• LSD

OTC = over-the-counter

- Past year use of many drugs significantly differs by grade. Use of most drugs increases with grade, peaking in grades 11 or 12.

Use increases with grade	Use decreases with grade
• Tobacco Cigarettes	• Inhalants
• Electronic Cigarettes	
• Waterpipes/Hookahs	
• Smokeless Tobacco	
• Alcohol	
• Binge Drinking	
• Cannabis	
• Synthetic Cannabis	
• ADHD Drugs (NM)	
• Energy Drinks	
• Mushrooms/Mescaline	
• Ecstasy	
• Cocaine	
• Tranquillizers (NM)	
• Any Drug incl. Cannabis	
• Any Drug excl. Cannabis	

NM=nonmedical use; Binge Drinking refers to 5+ drinks on one occasion in the past month

The survey design divided the province into four regions: Greater Toronto Area (Toronto, Durham Region, York Region, Peel Region, and Halton Region); Northern Ontario (Parry Sound District, Nipissing District and farther north); Western Ontario (Dufferin County and farther west); and Eastern Ontario (Simcoe County and farther east).

- There are significant regional differences in the past year use of several drugs, each showing that students in the Greater Toronto Area differ from the provincial average. These drugs are listed in the table below. Students in the North, West, and East regions do not significantly differ from the provincial average on any drug use measured.

Use in region below provincial average	Use in region above provincial average
Greater Toronto Area	
<ul style="list-style-type: none"> • Tobacco Cigarettes • Energy Drinks • Mushrooms/Mescaline 	<ul style="list-style-type: none"> • Inhalants • OTC Cough/Cold Medication

OTC = over-the-counter

An overview of results according to Ontario's Local Health Integration Networks (LHINs) is also provided in the report.

Changes in Past Year Drug Use, 2017 vs. 2015

Among the total sample of students, one drug showed an **increase** in use between the previous survey in 2015 and the 2017 survey. The past year nonmedical use of over-the-counter cough or cold medication increased from 6.4% to 9.2%.

Significant **decreases** in past year use between 2015 and 2017 were found for three drugs:

- ❑ ecstasy (from 5.4% in 2015 to 3.4% in 2017),
- ❑ salvia divinorum (from 1.6% to 0.6%), and
- ❑ jimson weed (from 1.8% to 0.8%).

	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%

NM=nonmedical use

Trends, 1999–2017

The year 1999 is a key marker in the study’s history because the study was redesigned that year to include *all* grades between 7 and 12. In this section, we highlight significant changes during the period between 1999 and 2017.

In general, most past year drug use measures show a significant downward trend over time. The one exception is the nonmedical use of an ADHD drug (e.g., Ritalin, Adderall, Concerta), which shows a significant increase over the past decade. The percentage reporting the nonmedical use of an ADHD drug in 2017 (2.3%)

is significantly higher than the estimate from 2007 (1.0%), the first year of monitoring.

The following drugs or drug use measures show significant **decreases** during the period between 1999 and 2017:

- ❑ alcohol: from 66.0% to 42.5%
- ❑ binge drinking: from 27.6% to 16.9%
- ❑ energy drinks: from 49.5% (2011) to 34.2%
- ❑ cannabis: from 28.0% to 19.0%
- ❑ opioids (NM): from 20.6% (2007) to 10.6%
- ❑ tobacco cigarettes: from 28.4% to 7.0%
- ❑ waterpipes: from 9.7% (2013) to 6.2%
- ❑ inhalants: from 8.9% to 3.4%
- ❑ salvia divinorum: from 4.4% (2009) to 0.6%
- ❑ mushrooms:* from 17.1% to 4.0%
- ❑ ecstasy:* from 7.9% (2001) to 3.4%
- ❑ cocaine:* from 5.7% (2003) to 3.1%
- ❑ LSD:* from 8.8% to 1.5%
- ❑ jimson weed:* from 3.1% (2007) to 0.8%
- ❑ methamphetamine:* from 6.3% to 0.6%
- ❑ crack:* from 3.2% to 0.6%
- ❑ heroin:* from 2.1% to <0.5%.

- ❑ Any nonmedical use of a prescription drug decreased between 2007 and 2017 (from 23.5% to 13.7%) among grades 9–12.

- ❑ Any use of at least one of *nine* drugs (including cannabis) measured in all survey cycles, significantly decreased between 1999 and 2017 (from 39.2% to 26.4%) among grades 9–12.

- ❑ A similar measure to that above, but excluding cannabis, also significantly decreased between 1999 and 2017 (from 22.8% to 7.8%) among grades 9–12.

Drugs that remained stable since they were first monitored include electronic cigarettes, smokeless tobacco, synthetic cannabis (“spice”), mephedrone (“bath salts”), and tranquilizers/sedatives (nonmedical use).

* among grades 9-12 only (not asked of grade 7 and 8 students)

Trends by Sex

Males show a significant increase in the past year use of over-the-counter cough/cold medication used to “get high” since the previous survey in 2015 (from 6.7% to 11.2%). Females show no significant increase in the past year use of any drug since the previous survey in 2015.

However, both sexes show many decreases during the period between 1999 and 2017. These are listed in the table below.

Decreases in Past Year Drug Use by Sex	
Males	Females
<ul style="list-style-type: none"> • Tobacco Cigarettes • Alcohol & Binge Drinking • Cannabis • Inhalants • Salvia Divinorum • LSD • Mushrooms/Mescaline • Jimson Weed • Methamphetamine • Cocaine • Crack • Heroin • Ecstasy • Energy Drinks • Opioids (NM) • Any Prescription Drug (NM) • Any Drug incl. Cannabis • Any Drug excl. Cannabis 	<ul style="list-style-type: none"> • Tobacco Cigarettes • Waterpipes/Hookahs • Alcohol & Binge Drinking • Inhalants • LSD • Mushrooms/Mescaline • Jimson Weed • Methamphetamine • Cocaine • Crack • Ecstasy • Energy Drinks • Opioids (NM) • Any Prescription Drug (NM) • Any Drug incl. Cannabis • Any Drug excl. Cannabis

Notes: (1) bolded text indicates decrease in 2017 vs. 2015 (previous survey), (2) NM=nonmedical use.

Long-Term Trends, 1977–2017 (Grades 7, 9, and 11 only)

Many past year prevalence estimates for drugs monitored since 1977 show a common pattern of use: a peak in the late 1970s, a decline in the late 1980s or early 1990s, a second peak in the late 1990s or early 2000s, followed by another decline, and stability in recent years. The long-term changes can be further categorized into the following five patterns:

Pattern 1: After peaking in the late 1970s/early 1980s and again in the late 1990s, past year prevalence has reached an all-time low in recent years:

- tobacco cigarettes
- alcohol
- LSD
- methamphetamine (includes crystal methamphetamine).

Pattern 2: Prevalence in 2017 is significantly lower than the peaks seen in the late 1970s and late 1990s (early 2000s for cocaine), and current use is similar to the low levels seen in the late 1980s/early 1990s:

- binge drinking
- inhalants
- mushrooms/mescaline
- cocaine.

Pattern 3: Pattern 3 is similar to pattern 2, with one important difference – current use is significantly *higher* than the low levels of use seen in the late 1980s/early 1990s:

- cannabis.

Pattern 4: Prevalence shows only one peak in the late 1990s or early 2000s (or the late 1970s for tranquilizers), followed by a decline, and stability:

- ecstasy
- crack
- tranquilizers/sedatives (NM).

Pattern 5: Prevalence was very low and stable for decades, reaching an all-time low in recent years:

- heroin.

Tracking Emerging Drugs

- ❑ The OSDUHS regularly includes new questions about emerging drugs. New to the 2017 cycle was a question about illicit fentanyl use. The survey shows that about 1% of high school students report using fentanyl in the past year (representing about 5,800 high school students in Ontario).
- ❑ The OSDUHS began to track the use of synthetic cannabis (more commonly known as “spice” or “K2”) in the 2013 cycle. In 2017, about 2% of students in grades 7 through 12 (representing about 13,800 students in Ontario) used synthetic cannabis in the past year. There has been no significant change in use since 2013.
- ❑ The 2017 past year prevalence estimate for mephedrone (“bath salts”) among high school students, which was first tracked in the 2011 cycle, is suppressed due to an extremely low value. Use of this synthetic drug has remained very low and stable since monitoring first began. Thus, there is no evidence that it has measurably diffused into the mainstream student population.

Tobacco and Alternative Smoking Devices Overview

- ❑ In 2017, about 7% of students in grades 7–12 (an estimated 63,800 in Ontario) report smoking cigarettes (more than just a few puffs) during the past year. About 2% of students (an estimated 21,300) smoke cigarettes on a daily basis. The dramatic downward trend in cigarette smoking that began in the early 2000s appears to have halted, as estimates have remained at about 7%-9% in recent years (since 2011).

- ❑ Males (8%) are significantly more likely than females (6%) to smoke tobacco cigarettes. The prevalence of cigarette smoking significantly increases with grade, reaching 15% among 12th graders.
- ❑ About 3% of all students (an estimated 21,300 in Ontario) report smoking contraband cigarettes in the past year. Among past year smokers, 43% report smoking contraband cigarettes.
- ❑ About one-in-ten (11%) students in grades 7–12 (an estimated 80,800 in Ontario) report using more than just a few puffs of an electronic cigarette, with or without nicotine, in the past year. Males (13%) are more likely than females (8%) to use electronic cigarettes. Among the grades, students in 11th and 12th grade are most likely to use (16%-19%).
- ❑ Over one-third (40%) of past year electronic cigarette users report using electronic cigarettes without nicotine. Over one-quarter (28%) of users report using electronic cigarettes with nicotine, 19% report using both types, and 13% report not knowing what type they used.
- ❑ About 6% of students in grades 7–12 (46,600 students in Ontario) report smoking more than just a few puffs from a waterpipe (hookah) in the past year. Among high school students who use a waterpipe, over one-third (38%) usually smoke only cannabis in the waterpipe, almost one-third (31%) usually smoke only tobacco, 21% smoke both substances, and 10% usually smoke another substance.
- ❑ Smokeless tobacco (a.k.a. chewing tobacco, dipping tobacco, snuff) is used by about 5% of students in grades 7–12 (an estimated 40,800 in Ontario), with males (8%) more likely to use than females (3%).

- The most common source of tobacco cigarettes reported by students who smoke is a friend or family member. The most common source of electronic cigarettes reported by users is trying one or borrowing one from a friend.
- Males and females are equally likely to drink hazardingly/harmfully (14% for both). The likelihood significantly increases with grade level, reaching 23% among 12th graders.

Alcohol Overview

- In 2017, less than half (43%) of all students – an estimated 385,300 in Ontario – report drinking more than just a few sips of alcohol during the past year. While the past year prevalence of drinking did not significantly change since the previous survey in 2015, the current estimate is significantly lower than all other estimates seen since 1999.
- Males (43%) and females (42%) are equally likely to drink alcohol. Past year drinking varies by grade, increasing from 11%-12% of 7th and 8th graders to 68% of 12th graders.
- About one-in-six (17%) students (an estimated 153,300 in Ontario) report binge drinking (defined as 5+ drinks on one occasion) at least once during the month before the survey. A similar percentage (16%) report getting drunk at least once in the past month. Males and females are equally likely to binge drink and get drunk. About one-third of 12th graders report binge drinking and getting drunk at least once in the past month.
- One-in-seven (14%) high school students – an estimated 110,600 in grades 9–12 – report drinking hazardingly or harmfully, as measured by the *AUDIT* screener. Hazardous/harmful drinking significantly decreased since the previous survey in 2015, reaching an all-time low in 2017.
- One-in-six (16%) high school students could not remember what had happened when they were drinking on at least one occasion during the past year. One-in-twelve (8%) report that they were injured or someone else was injured because of their drinking.
- Just over one-quarter (27%) of high school students report that they are allowed to drink alcohol at home during parties or get-togethers with their friends. There is no significant difference between males and females. There is significant grade variation, ranging from 11% of 9th graders to 37% of 12th graders.
- Among past year drinkers, the most common method of obtaining alcohol is to receive it from a family member.
- Over one-third (35%) of high school students believe it would be more difficult for them to buy beer in a LCBO or beer store than a grocery store in Ontario. Only 7% of high school students believe that it would be more difficult for them to buy beer in a grocery store than in a LCBO or beer store. About 30% believe the difficulty would not differ.

Cannabis Overview

- ❑ In 2017, about one-in-five (19%) students in grades 7–12 – an estimated 172,200 in Ontario – report using cannabis in the past year. While past year cannabis use did not significantly change since the previous survey in 2015, it is currently lower than most estimates seen since 1999.
- ❑ Males (20%) and females (18%) are equally likely to use cannabis. Use increases with grade level, ranging from 2% of 7th and 8th graders up to 37% of 12th graders.
- ❑ About 1% of students in grades 7–12 use cannabis daily, representing about 13,100 students in Ontario.
- ❑ About one-in-eight (13%) students used alcohol and cannabis on the same occasion at least once in the past year. This percentage represents about 98,900 Ontario students in grades 7–12.
- ❑ Among high school students, the most common modes of using cannabis are smoking it in a pipe or bong (21%), smoking it in a joint (20%), and eating it in food products such as brownies or candy (11%). The least common mode is to use cannabis in a drink, such as a tea (2%).
- ❑ About 7% of high school students report using cannabis for medical purposes, such as pain or nausea, in the past year. This percentage represents about 35,000 Ontario students in grades 9–12.
- ❑ About 2% of high school students (an estimated 9,800) report symptoms of cannabis dependence, as measured by the *Severity of Dependence Scale*.
- ❑ Among past year cannabis users, the most common method of obtaining cannabis is through friends.
- ❑ About 1% of high school students report ever being arrested or warned by police for using cannabis (representing about 6,900 students in grades 9–12).
- ❑ Students were asked their opinions about cannabis legalization. About one-third (35%) of students in grades 7–12 think cannabis use should be legal for adults, another third (33%) said it should not be legal, and another third (32%) are not sure. Older students are more likely to indicate that cannabis use should be legal for adults.
- ❑ Students were also asked about their intentions to use if cannabis is legalized. About two thirds (62%) of students in grades 7–12 do not intend to use cannabis even if it is legalized for adults. About one-in-ten (11%) indicate that they will use cannabis as often as they do now, 8% indicate that they will try cannabis, 4% will use cannabis more often than they do now, and 14% are not sure about their intentions to use. Younger students are more likely to indicate that they will not use cannabis if legalized.

Nonmedical Use of Prescription Drugs

- ❑ One-in-ten (11%) students in grades 7–12 – an estimated 97,100 in Ontario – report using a prescription opioid pain reliever (e.g., Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNEO, codeine) without a prescription in the past year. Although past year nonmedical opioid use has remained stable since the previous survey in 2015, it is currently lower than when monitoring first began in 2007. Males and females are equally likely to use these drugs nonmedically. The majority (55%) of past year users report obtaining these drugs from a parent or sibling.

- About 2% of students in grades 7–12 (an estimated 20,800) report using a drug typically used to treat Attention-Deficit/Hyperactivity Disorder (ADHD) in children (e.g., Ritalin, Concerta, Adderall, Dexedrine) without a prescription in the past year. Males and females are equally likely to use these drugs nonmedically.
- About 3% of high school students (an estimated 17,500 students in grades 9-12) report using a sedative/tranquillizer without a prescription in the past year. Males and females are equally likely to use these drugs nonmedically.

Nonmedical Use of Over-the-Counter Drugs

- About one-in-ten (9%) students in grades 7–12 (an estimated 83,300) report using over-the-counter (OTC) cough and cold medications containing the drug dextromethorphan in order to “get high” during the past year. Males (11%) are significantly more likely than females (7%) to use cough/cold medication to get high. Use of these drugs significantly increased since the previous survey in 2015, returning to a level seen in prior years.

Caffeine

- Students were asked about their use of highly caffeinated energy drinks (e.g., Red Bull, Rockstar, Monster, Amp) during the past year and the past week. One-third (34%) of students (an estimated 304,600 in grades 7–12) report drinking an energy drink at least once during the year before the survey. One-in-eight (13%) students (an estimated 112,800) report drinking an energy drink at least once during the week before the survey.

- Students were asked about their use of coffee and tea (caffeinated) during the past week. About 6% of students in grades 7–12 report drinking coffee daily in the past week, and 6% report drinking caffeinated tea daily. Combining the two, about one-in-ten (11%) students drink coffee and/or caffeinated tea daily (an estimated 75,500 students).

Past Year Abstinence

- About 44% of students in grades 7–12 (an estimated 332,000 in Ontario) report using no drug at all during the past year (this includes alcohol, cigarettes and other smoking devices, but excludes caffeinated drinks). Males and females are equally likely to abstain from drug use. Past year abstinence significantly decreases with grade, from over two-thirds of 7th and 8th graders down to one-quarter of 11th and 12th graders. The percentage of students reporting no drug use in 2017 is similar to the previous estimate from 2015. However, there has been a significant increasing trend in abstinence between 1999 and 2017, from 27% to 44%, mainly occurring during the past few years.

Consequences and Problems Related to Alcohol and Other Drug Use

Vehicles

- One-in-six (16%) students in grades 7–12 report riding in a vehicle driven by someone who had been drinking alcohol, and one-in-ten (10%) report riding in a vehicle driven by someone who had been using drugs at least once in the past year. The percentage of students reporting these behaviours has significantly decreased during the past decade or so.

- About 4% of students in grades 10–12 with a G-Class driver’s licence report driving a vehicle within an hour of consuming two or more drinks of alcohol at least once during the past year (an estimated 11,600 adolescent drivers in Ontario). Drinking and driving among adolescent drivers has been stable since 2011 at about 4%-7%. However, the current estimate is significantly lower than estimates seen between 1999 and 2009 (when rates were between 12%-14%), and is substantially lower than estimates from the late 1970s and early 1980s (when almost half of 11th graders reported drinking and driving).
- The percentage of drivers in grades 10–12 reporting driving after cannabis use is higher than the percentage reporting driving after drinking. About one-in-ten (9%) drivers report driving a vehicle within one hour of using cannabis at least once during the past year (an estimated 24,100 adolescent drivers in Ontario). Cannabis use and driving has remained stable since 2011 (at about 9%-12%). However, it is currently significantly lower than estimates seen during the 2000s, when levels were between 16%-20%.

Drug Use Problem

- One-in-seven (14%) students (an estimated 109,700 in grades 9–12) report symptoms of a drug use problem, as measured by the *CRAFFT* screener.
- A very small proportion (0.6%) of high school students (an estimated 3,800 in grades 9–12) report that they had been in a treatment program during the past year because of their alcohol and/or drug use.

Other Highlights

New Users and Early Initiation

- The percentage of students in grades 7–12 reporting first-time drug use during the past year is as follows: 5% for tobacco cigarettes, 14% for electronic cigarettes, 20% for alcohol, 9% for cannabis, and 3% for illicit drugs other than cannabis.
- In 2017, the average age at which 12th-grade smokers reported smoking their first cigarette was 15.4 years. The average age at first alcoholic drink among 12th-grade drinkers was 14.5 years, and the first time they were drunk was at age 15.2. The average age at first cannabis use among 12th-grade users was 15.3 years.
- Students today are initiating substance use at older ages than in the past, as the average age at first tobacco cigarette, first alcoholic drink, and first cannabis use has significantly increased over the decades.

Perceived Risk and Disapproval Associated with Drug Use

- Students in grades 7 and 8 believe that the greatest risk of harm is associated with regular marijuana use, followed by using a prescription opioid nonmedically. Students in grades 9–12 believe the greatest risk of harm is associated with using a prescription opioid nonmedically, followed by trying cocaine. Trying marijuana and electronic cigarette use rank among the lowest drug-using behaviours in terms of perceived risk.
- The percentage of students who perceive a great risk of harm associated with marijuana use (trying and regular use) has remained stable since 2013, but it is currently lower than estimates from 1999 to 2011. The percentage who perceive a great risk of harm associated with using

prescription opioids nonmedically has declined since 2013, the first year of monitoring. The perceived risk associated with daily tobacco smoking, regular waterpipe use, and trying cocaine also declined in recent years.

- ❑ The majority of students in grades 7 and 8 disapprove of regular marijuana use. Almost half of students in grade 9–12 disapprove of trying cocaine and trying ecstasy.

Perceived Availability of Drugs

- ❑ In 2017, among students in grades 7–12, the drug perceived to be most readily available is alcohol (63% report that it would be “fairly easy” or “very easy” to obtain), followed by tobacco cigarettes (51%), and cannabis (43%).
- ❑ Over the past few years, the perceived availability of alcohol has remained stable while the perceived availability of tobacco cigarettes and cannabis has decreased. The perceived availability of prescription opioids (without one’s own prescription) shows a slight, but significant, increase between 2015 and 2017, from 18% to 22%.
- ❑ The perceived availability of cocaine, LSD, and ecstasy show substantial decreases compared to estimates from decades ago.

School and Neighbourhood

- ❑ Of all the grades surveyed, students in grades 7, 8, and 9 are most likely to report receiving education at school about alcohol, cannabis, and other drugs.
- ❑ One-in-five (21%) students in grades 7–12 believe that drug use in their school is a “big problem,” 47% believe that drug use is a “small problem,” and 32% believe that it is “not a problem” in their school.
- ❑ One-in-ten (10%) students in grades 7–12 (an estimated 70,200 in Ontario) report being drunk or high at school at least once in the past year, and this percentage is significantly lower than a decade ago (about 15%-16%).
- ❑ One-in-seven (15%) students in grades 7–12 (an estimated 108,300 in Ontario) report they have been offered, sold, or given an illegal drug at school at least once in the past year, and this percentage is significantly lower than a decade ago (about 21%-23%).
- ❑ About 8% of students in grades 7–12 indicate that most or all of their closest friends use drugs.
- ❑ One-in-five (20%) students in grades 7–12 (an estimated 145,900) report that someone tried to sell them drugs anywhere at least once in the past year. The 2017 estimate is the lowest on record since monitoring began in 1995.
- ❑ One-in-five (19%) students in grades 7–12 (an estimated 142,200) report seeing drugs being sold in their own neighbourhood at least once in the past year, and the 2017 estimate is among the lowest on record since 1995.

Methodology

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 its inception in 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 English and French public and Catholic school boards. Excluded from selection were schools on military bases, in First Nations communities, hospitals and other institutions, and private schools. Special Education classes and English as a Second Language (ESL) classes were excluded from selection.

Active parental consent procedures were used. Self-completed paper-and-pencil 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 during regular school hours. Students in French-language schools completed French questionnaires. Sixty-one percent (61%) of randomly selected schools, 94% of selected classes, and 61% of eligible students in those classes completed the survey. 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 publicly funded schools.

New drug-related questions in the 2017 cycle included fentanyl use, modes of cannabis use, substances usually smoked in waterpipes, caffeine consumption, and opinions about cannabis legalization and purchasing beer in grocery stores.

Please visit the OSDUHS webpage for reports and FAQs:

www.camh.ca/osduhs