

Webinar: Drug Use Among Ontario Students – Results from the 2015 Ontario Student Drug Use and Health Survey

Responses to Webinar Participant Questions

1. The survey covers a broad range from grade 7-12. However, students have larger freedom in high school and easy access to everything. Does the survey reflect that high school students have a higher percentage compared to elementary students?

The OSDUHS population target is students in grades 7 to 12, which covers a large developmental period from late childhood to late adolescence. Therefore, there is much grade variation in most of our results showing, as expected, that students in grades 11 and 12 are most likely to use substances, indicate problem use, and engage in risky behaviour. Many of our graphs in the detailed drug use report provide readers with a quick glance at the difference between younger and older students. It is important to keep this variation – which is sometimes dramatic – in mind when looking at the overall prevalence estimates.

2. Any suggestion about why the use of cannabis oil and wax in e-cigarettes is higher in Grade 11 than in Grade 12. For each of the other drugs the trend was upward through to grade 12.

The OSDUHS results show that use of certain drugs peaks in 11th grade and remains stable in 12th grade, and cannabis use in an e-cigarette is an example of this grade pattern. Although the prevalence among 11th graders (8.2%) is numerically higher than 12th graders (6.7%), this difference is not statistically significant so they are equally likely to use.

3. Is there any way we can find out if the survey was completed in any of our local schools? If so, would the data from that specific school be available? We are currently working on developing a local drug strategy and would love to have some local data.

For ethical reasons, we do not publicly reveal the names of participating schools. Further, the sample size at the school level would not allow for reliable estimates. We do include LHIN-level data in the report for the purpose of local planning.

4. If long-term usage trends for some drugs (e.g. alcohol, tobacco) are declining, does the panel have any supplemental research or anecdotal experience to explain what has caused these trends?

The OSDUHS is a surveillance tool designed to show trends over time, but it cannot provide information about causation. Drug use has increased and decreased over the study's 40-year period. The changes are likely due to multi-faceted causes including cultural trends, policies, availability, media and awareness, influence of parents and peers, perceptions about risk, etc. The recent decline in drug use is also evident in the United States and Western Europe, suggesting a wider cultural trend.

5. I see that the Appendix of the report includes data at the LHIN level. Are the LHINs able to access more detailed data for cities/regions within the LHIN?

The LHIN level is the smallest geographical unit of analysis due to small sample sizes (the exception is public health units who purchase oversamples). The OSDUHS is not designed to provide estimates for small geographical units (e.g., sub-LHINs, counties, FSAs).

6. Are there any questions in the survey asking about access to drug education/harm reduction?

Yes, there are two questions about receiving drug education at school. Results are on page 255 of the 2015 detailed drug use report.

7. Wondering how this study is funded?

Several sources provide funding for the OSDUHS. The 2015 OSDUHS was funded by the Ministry of Health and Long-Term Care, along with targeted funding from the Ontario Tobacco Research Institute, Public Health Ontario, the Problem Gambling Institute of Ontario, and seven Ontario Public Health Units.

8. Very interesting question re: skewing of results when kids decline to participate. Is the percentage of eligible kids declining to participate increasing, decreasing or stable over time?

The response rate has been declining over time and this is the case with surveys in general. Still, our response rate is average for an active-consent procedure (compared to passive consent). Among those who did not participate in 2015, 11% were absent from class on the survey date and about 29% did not return a consent form. The majority of the latter category were students who forgot to return a signed consent form rather than refusals per se.

We are confident that our sample is representative of the general student population. We apply post-stratification adjustments to the data, which adjust the structure of the sample to correspond with the grade-by-sex structure in the enrolled student population. We typically find that older males are less likely to complete our survey and this group is up-weighted in the data as opposed to younger females, who are down-weighted. This adjustment is conducted each cycle and so each year's sample is representative. If we lost more of the older males in 2015 than say in 2007, the post-stratification adjustment would have corrected for that drop. However, we acknowledge that post-stratification adjustments will not correct for the type of responses given – for example if the responses of the males we did not survey would have been different than the responses of the males we did survey, then we cannot correct for that bias.

In the course of the study over almost 40 years, there have been declines in drug use when our response rates were the highest. This occurred in the late 1980s/early 1990s -- a period of low drug use yet the response rates were high. Further, between the 2011 and 2013 surveys our response rate did not drop and actually increased by 1%, yet we still saw declines in three drugs at that time. Therefore, we do not believe that the decline in drug use is caused by the decline in response rate.

We also ran an analysis at the class level comparing classes with high response rates with classes with low response rates and found virtually no difference in substance use among these two groups.

9. Do we know anything about violence related to substance use such as the number of students who have been a victim of assault, sexual assault or have been involved in fights where they and/or the perpetrator consumed alcohol or drugs?

The OSDUHS does not include questions about being a victim of assault. We do not ask about whether perpetrators of violent behaviours had consumed substances. The 2017 OSDUHS will include a new question asking high school students if they had ever experienced a traumatic event (non-specific).

10. How many options for gender are given? Just male and female or additional options/blank space for youth to write in their own option

Currently, the response options are male and female. We are considering adding an additional category.

11. In all the years the OSDUHS has been administered ... has it always been in public schools or have you included private schools?

The target population has always been students in the publicly funded school system. We do not include private schools.

12. Among youth from that study, what would be approximately the percentage of French students who participated? Has the number increased since the last OSDUHS survey?

In 2015, 5% of students were Francophone. In 2013, the percentage was 7%. The percentage varies from year to year because the sample is randomly selected.

13. Are there studies comparing youth in Canada where we have a drinking age and youth in countries that do not have a drinking age?

Yes, there is much research on the effect of legal drinking age generally showing that the higher the drinking age, the lower the prevalence of drinking among adolescents.

14. Is there any data on WHY kids are using substances to cope? (ie. deal with anxiety, depression, "fit in")?

The OSDUHS does not include questions on reasons for substance use.