

Tobacco, Alcohol and Drug Use



INTRODUCTION

The use of tobacco and illicit drugs, and the inappropriate use of alcohol are responsible for a significant proportion of illness and premature death in Canada. Most of this morbidity and mortality occurs in adults—however, the use of tobacco, alcohol and illicit drugs usually begins in childhood and youth.

Smoking is by far the greatest cause of premature death in Canada with over half of expected deaths attributable to smoking.⁵⁰ Tobacco use causes many health problems for smokers and non-smokers, including lung cancer, heart disease, chronic lung disease, stroke and other cancers, including cancer of the mouth, bladder and pancreas.

Alcohol consumption has been associated with both positive and negative health effects.⁵¹ While consuming moderate levels of alcohol has been associated with a lower risk of heart disease, there is no clear indication as to the amount that produces this apparent protective benefit.⁵² There are far more negative effects associated with drinking, especially heavy drinking. These include increased risk of breast cancer,⁵³ hypertension,⁵⁴ liver disease, injuries and death as a result of drinking and driving,⁵⁵ as well as the harmful effects on the fetus and child of alcohol use during pregnancy.^{56,57,58}

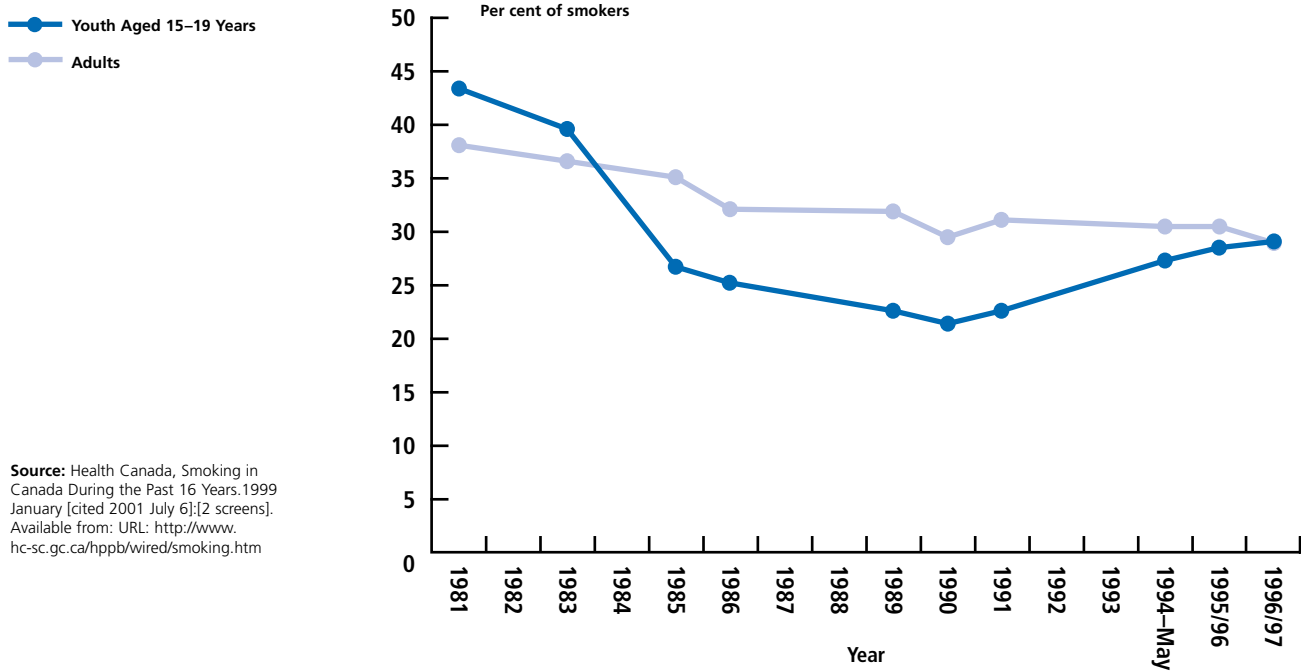
Illicit drug use is associated with a wide variety of health risks; these risks depend on the drug used and the intensity of use. Chronic heavy use of illicit drugs such as heroin and cocaine is associated with poor health and increased risk of death, social disruption and criminal behaviour to finance drug addiction. The sharing of needles for the injection of illicit drugs may result in the transmission of blood-borne diseases such as hepatitis B and C, and human immunodeficiency virus (HIV).

This section describes the use of tobacco, alcohol and illicit drugs by children and youth using data from Peel and Ontario.

TOBACCO USE

According to the Ontario Health Survey (OHS) 1996/97, 17% of Ontario adolescents aged 12–19 years (19% male and 16% female) reported they were current smokers (daily or occasional smokers).

Figure 8.1—Tobacco Smoking Trends, Adults and Youth, Canada, 1981–1997



Source: Health Canada, Smoking in Canada During the Past 16 Years. 1999 January [cited 2001 July 6]; [2 screens]. Available from: URL: <http://www.hc-sc.gc.ca/hppb/wired/smoking.htm>

In Canada, smoking among males and females aged 15–19 years declined until 1990 (see Figure 8.1). However, during the 1990s there was an increase in smoking rates for both sexes. Although not shown in the graph, smoking rates were slightly higher for female than male youths.⁵⁹

Environmental Tobacco Smoke

According to the Ontario Health Survey (OHS) 1996/97, 76% of non-smoking Peel residents aged 12–19 lived in smoke-free homes, as is shown in Table 8.1. This proportion was higher than the 71% of Ontario residents of the same age who lived in smoke-free homes. The 24% of Peel youth exposed to environmental tobacco smoke in their homes was similar to the rate of smoking in the adult population for Peel.

Table 8.1—Proportion of Non-smoking Residents Aged 12–19 Years Living in Smoke-free Homes by Sex, Region of Peel and Ontario, 1996/97

	Per Cent of Non-Smokers Living in Smoke-Free Homes		
	Male	Female	Both
Region of Peel	81	71	76
Ontario	71	71	71

Source: Ontario Health Survey (OHS) 1996/97 Data File, distributed by the Ontario Ministry of Health and Long-Term Care.

Smoking and Pregnancy

According to the Ontario Health Survey (OHS) 1996/97, one-third (33%) of Ontario women aged 15–49 who had given birth in the two years prior to the survey and who were either current or former smokers reported they had smoked during their last pregnancy. Overall, 15% of all children born during this period were exposed to second-hand smoke in-utero, regardless of their mother’s smoking status.

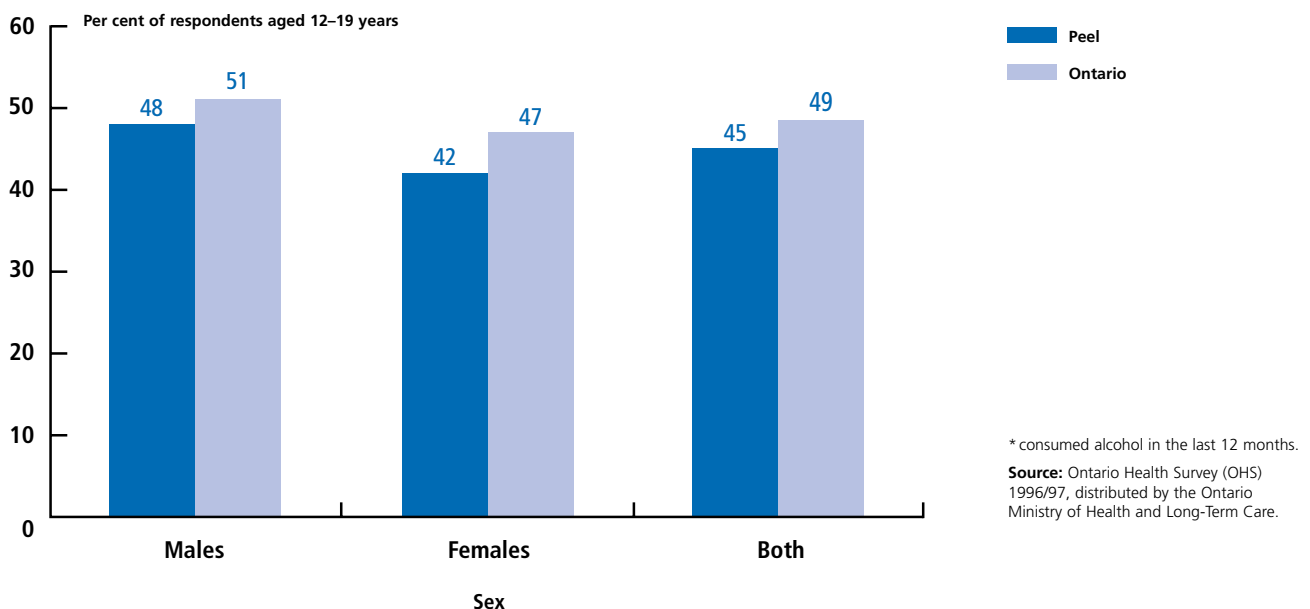
ALCOHOL USE

In the Ontario Health Survey (OHS) 1996/97, 45% of Peel residents and 49% of Ontario residents aged 12–19 years reported having consumed alcohol in the past 12 months. This group is defined as “current” drinkers.

Figure 8.2 shows the proportion of current drinkers aged 12–19 by sex for Peel and Ontario. In both Peel and Ontario, a higher proportion of males reported consuming alcohol within the past 12 months than females. A slightly higher proportion of males and females aged 12–19 years in Ontario reported being a current drinker than males and females in Peel.

Three types of drinking behaviour associated with increased health risks were examined in the Ontario Health Survey (OHS) 1996/97 for 12–19 year olds. They are heavy drinking, binge drinking and driving while impaired. Survey numbers for this age group for Peel were too small to be reliable, therefore Ontario data are presented.

Figure 8.2—Proportion of Current* Drinkers by Sex, Children Aged 12–19 Years, Region of Peel and Ontario, 1996/97



Four per cent of current drinkers aged 12–19 years in Ontario reported they consumed 15 drinks or more per week. Individuals in this category are classified as “heavy” drinkers. The proportion of heavy drinkers was higher for males than females.

Twenty per cent of current drinkers aged 12–19 in Ontario reported they drank five or more drinks on one occasion, once or more per month. This group is defined as “binge” drinkers. The rate of binge drinking was higher for males (24%) than for females (15%).

In Ontario, 7% of drivers aged 16–19 years reported driving while under the influence of alcohol once or more in the past 12 months. Drinking and driving was more common among males than females.

In the provincial health status report, *Report on the Health Status of the Residents of Ontario*, overall rates of drinking and driving were also found to be associated with higher levels of income, but no differences were seen among levels of education.⁶⁰ Among Ontario drivers with high incomes, 7% reported drinking and driving compared to 4% of drivers with low incomes.

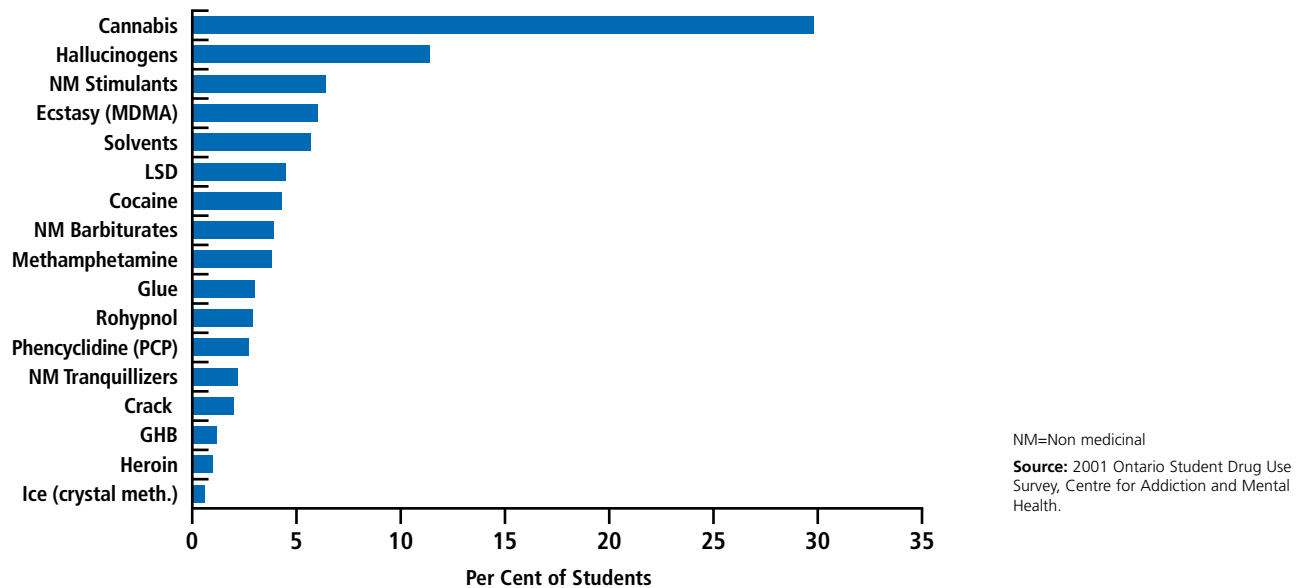
DRUG USE

Data presented in this section were collected by the Centre for Addiction and Mental Health, through the *Ontario Student Drug Use Survey*, in 2001⁶¹. This survey has followed trends in drug use since 1977. Data for 2001 were based on all grades (7 to 12 and OAC—Ontario Academic Credit). Trend data which compares 2001 to previous years has been readjusted to reflect those grades (7, 9, 11 and 13) included in prior surveys. Sufficient data specific to Peel were not available through this survey, so data for Ontario as a whole are presented.

In 2001, one-third of Ontario students reported using any illicit drug (excluding inhalants and prescription drugs) in the past year. A slightly higher proportion of males reported using any illicit drug (35.6%) than females (31.4%). Drug use increased by grade between grades 7 and 11. The highest reported use was for students in Grade 11 (48.7%). Illicit drug use increased from 15.7% in 1991 to 33.2% in 2001.

Figure 8.3 (*see following page*) shows the type of drug used in the past 12 months.

Figure 8.3—Drug Use in the Past 12 Months among Students in Grades 7–13, Ontario, 2001



Cannabis

Cannabis was the most popular illicit drug used by students in 2001 (29.8%). A higher proportion of male students (33.7%) reported using cannabis than female students (26.0%). Use was highest for Grade 11 students at 45.7%. Between 1993 and 1999, cannabis use increased from 13% to 29%.

Hallucinogens other than LSD (Lysergic acid diethylamide) and PCP (Phencyclidine)

Use of hallucinogens, other than LSD (Lysergic acid diethylamide) and PCP (Phencyclidine), increased from 3% to 14% between 1993 and 1999. In 2001, 11.4% of students (13.2% males and 9.6% females) reported using hallucinogens, such as Mescaline and Psilocybin, in the past year. Reported use was highest for those in Grade 12 (20.5%).

Non-Medicinal Stimulants

In 2001, 6.4% of students reported using non-medicinal stimulants, such as “uppers” or diet pills, in the past year. Reported use was higher for females (8.0%) than for males (4.8%). Use of non-medicinal stimulants increased with grade between grades 7 and 12, and was highest for those in grades 11 and 12 (10.3% and 10.4% respectively).

Ecstasy (MDMA)

Six per cent of students reported using Ecstasy in 2001. Use was slightly higher for males (6.7%) than females (5.4%). Students in grades 11 and 12 had the highest reported use (9.5% and 9.2% respectively). Ecstasy use has increased over time from 0.6% in 1993 to 6.0% in 2001.

Solvents

In 2001, 5.7% of students reported using solvents such as nail polish remover, paint thinner or gasoline. Use was slightly higher in females (6.0%) than males (5.5%). Solvent use was highest for those in grades 7 and 8 (9.7% and 9.3% respectively), and decreased by grade level.

LSD (Lysergic acid diethylamide)

In 2001, approximately 4.5% of students reported using LSD (Lysergic acid diethylamide) in the past year. Use was higher for males (6.0%) than for females (3.1%). Students in grades 10 and 12 had the highest reported use (8.0% and 7.8% respectively).

Cocaine

In 2001, approximately 4% of students reported using cocaine in the past year. Reported use was slightly higher for males (4.6%) than for females (3.9%), and was highest for those in Grade 11 (7.0%). Cocaine use increased between 1993 and 1999 (from 1.5% to 4.1%), and declined slightly in 2001.

Non-Medicinal Barbiturates

In 2001, 3.9% of students reported using non-medicinal barbiturates. Use was slightly higher for females (4.3%) than for males (3.5%). The reported use of non-medicinal barbiturates was highest for those in Grade 10 (8.1%).

Methamphetamine (“Speed”)

In 2001, 3.8% of students (5.0% males and 2.7% females) reported using Methamphetamine (“speed”). Methamphetamine use was highest for those in Grade 10 (6.8%).

Glue

Glue use, such as airplane glue, contact cement, etc., was reported by 3.0% of students in 2001. A slightly higher proportion of males (3.7%) reported sniffing glue than females (2.3%). Use was highest for students in Grade 8 (5.7%).

Rohypnol (Flunitrazepam)

In 2001, 2.9% of students reported using Rohypnol (Flunitrazepam) (3.3% in males and 2.6% in females). Use was highest for those in grades 9 and 12 (5.2% and 5.4% respectively).

PCP (Phencyclidine)

2.7% of students reported using PCP (Phencyclidine) in 2001 (3.2% of males and 2.2% of females). PCP use was highest for those in grades 9, 10 and 12 (3.8%, 3.7% and 4.4% respectively).

Non-Medicinal Tranquillizers

Fewer than three per cent (2.2%) of students reported using non-medicinal tranquillizers in the past year. Use was higher in males (2.8%) than females (1.7%), and was highest for those in grades 11 and 12 (3.3% and 4.2% respectively).

Crack Cocaine

In 2001, 2.0% of students reported using crack cocaine in the past year. Use was higher for males (2.4%) than females (1.6%). Students in Grade 9 reported the highest use (3.7%).

GHB (Gamma-hydroxybutyrate)

1.2% of students reported using GHB (Gamma-hydroxybutyrate) in the past 12 months. Reported use was higher for males (1.7%) compared to females (0.8%). Students in Grade 10 reported the highest use (3.6%).

Heroin

Approximately one per cent of students reported using heroin in the past year. Reported use was higher for males (1.4%) than females (0.7%). Use was also higher for students in Grade 9 (2.2%). Heroin use has declined over time from 2.0% in 1995 to 1.2% in 2001.

Ice (methamphetamine in the form of “ice”)

Ice, or “crystal meth”, was reported to have been used by 0.6% of students in 2001. An analysis by sex was not available due to small numbers. Use was highest for students in Grade 11 (1.2%).

SUMMARY

Tobacco Use

Tobacco use among youth aged 15–19 years has been increasing at the national level since the early 1990s. In Ontario, 17% of adolescents aged 12–19 years reported smoking in 1996/97.

Just over three-quarters (76%) of Peel youth aged 12–19 years lived in homes that were smoke-free. This was slightly higher than the proportion of smoke-free homes for Ontario (71%).

One-third (33%) of Ontario women aged 15–49 years, who were current or former smokers and had a child in the past two years, reported smoking during their last pregnancy. As a result, 15% of all children born during this period were exposed to second hand smoke in-utero.

Alcohol Use

Forty-five per cent of Peel adolescents aged 12–19 years reported consuming alcohol in the past 12 months. A higher proportion of males (48%) reported being current drinkers than females (42%) in Peel. Four per cent of adolescents in Ontario were classified as heavy drinkers (consuming 15 or more drinks per week). Heavy drinking rates in Ontario were higher for males than females.

Twenty per cent of Ontario adolescents were binge drinkers (consuming five or more drinks on one or more occasions). In the 12–19 year age group, a higher percentage of males (24%) in Ontario reported being binge drinkers than females (15%).

Seven per cent of Ontario drivers aged 16–19 years reported drinking and driving on one or more occasion in the past 12 months. A higher percentage of males of all ages reported drinking and driving compared to females.

Drug Use

In 2001, one-third of Ontario students reported using any illicit drug (excluding inhalants and prescription drugs) in the past year. Reported use was higher in males than females. Drug use increased by grade between grades 7 and 11, and was highest for students in Grade 11. Illicit drug use increased from 15.7% in 1991 to 33.2% in 2001.

Cannabis, hallucinogens, non-medicinal stimulants, Ecstasy and solvents were reported as the top five drugs, other than alcohol and tobacco, used by students in 2001. Between 1993 and 2001, cannabis use increased from 13% to 28.6%, while Ecstasy use increased from 0.6% to 6.0%. Heroin use declined from 2.0% in 1995 to 1.2% in 2001. Provincial surveys have not included sufficient numbers of Peel children to directly measure drug use in Peel.