



OTTAWA STUDENT DRUG USE AND HEALTH (OSDUH) REPORT 2014

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Executive Summary

The teenage years are an important stage for children as they transition to adulthood. From grade 7 through to the end of secondary school, young people encounter many challenges that impact their physical and mental health. Factors such as a young person's school and home environments and their family's socioeconomic status are also important influences on their health behaviours including eating, physical activity and use of substances.

The ***Ottawa Student Drug Use and Health Report 2014*** offers a snapshot of health risk behaviours among youth in Ottawa using data from the Ontario Student Drug Use and Health Survey (OSDUHS). The OSDUHS is the longest ongoing biennial school survey in Canada, and the only province-wide survey of this population. This report is based on a representative sample of over 1,200 Ottawa students in grades 7 through 12. The report compares 2013 data to the rest of Ontario and to 2009 and 2011 local results.

The report includes many **encouraging findings**:

Ottawa students in 2013 were more likely to report excellent or very good physical health than in 2009.

- The percentage of students in Ottawa who self-rated their physical health as excellent or very good significantly increased from 57% in 2009 to 67% in 2013.

Ottawa students feel their school is a positive environment and this supports their mental health.

- The majority of students in Ottawa felt safe in their school (95%), felt part of their school (86%), and felt close to people at their school (89%).
- Sixty-four percent of students in Ottawa reported excellent or very good mental health.
- Fewer students in 2013 reported bullying others at school, with a significant drop from 20% in 2009 to 11% in 2013.

Students understand the risk of cigarette smoking and support Ottawa's Smoke-Free Spaces by-law.

- Ninety-five percent of grade 7 and 8 students and 76% of high school students have never smoked a cigarette.
- Eighty-three percent of students agreed with Ottawa's ban on smoking in public parks, beaches and fields.
- Forty-one percent of students think that cigarettes should not be sold at all and another 22% think they should only be sold in government-owned stores.

Reported use of most drugs has been stable in recent years and misuse of prescription drugs has declined.

- Non-medical use of prescription drugs (without a doctor's prescription or without a doctor telling you to take them) decreased from 21% in 2009 to 14% in 2013. This includes drugs such as opioid pain relievers, ADHD medication and tranquilizers/sedatives.
- Non-medical use of prescription opioids such as Tylenol #3, codeine and Percocet saw a similar decline from 18% in 2009 to 13% in 2013.
- Rates of drug use have not increased between 2009 and 2013, with the exception of over-the-counter cough/cold medication used to get high, which has increased.

Ottawa students in 2013 were less likely to drink energy drinks than in 2011.

- The percentage of students who did not drink any energy drinks in the past year (63%) increased significantly from that of 2011 (50%).

The report also features some **public health concerns**:

Socioeconomic status influences mental health and school attachment.

- Students from families of lower socioeconomic status are less likely to report excellent or very good mental health (42%) compared to students from higher socioeconomic status homes (70%). These students are also less likely to feel close to people at their school (83%) or a part of their school (80%).

A culture of binge drinking is hurting our youth.

- One-in-five students reported being drunk during the past month and more than 20% reported binge drinking in the past month. Drinking games were played by 27% of high school students in the past month.
- One-in-four high school students had drunk alcohol mixed with energy drinks in the past year, which can increase their risk of harm including alcohol poisoning, injury, anxiety and insomnia.
- About 12% of Ottawa high school students were injured or injured someone in the past year as a result of their drinking. Unintentional injury is the leading cause of death among youth.

Students have easy access to tobacco, alcohol and drugs such as prescription or over-the-counter (OTC) drugs - and often get them from home.

- One-quarter of high school students said it would be easy to get prescription pain pills without a prescription. 13% of Grades 7 to 12 students had used prescription opioids non-medically in the past year – and two-thirds of them got the drug from home.
- Past year use of OTC cough/cold medication to get high rose from 6% in 2009 to 13% in 2013, and in 2013 Ottawa use was significantly higher than in Ontario (9%).
- Seven-in-ten high school students said it would be easy to get cigarettes and eight-in-ten high school students said it would be easy to get alcohol, despite the fact that supplying them to people under age 19 is illegal.
- More than half (55%) of current smokers acquired their last cigarette from friends or family.
- Six-in-ten high school students said it would be easy to get cannabis if they wanted some. One-quarter of Ottawa high school students said it would be easy to get ecstasy – higher than reported by Ontario high school students.

Students spend more time inactive in front of a screen than they spend physically active. Most are not active enough for optimal growth and development.

- In 2013, only one-quarter of students achieve the recommended 60 minutes of physical activity per day.
- Six-in-ten students spend more than two hours a day watching TV/movies, playing video/computer games, chatting on a computer, emailing, or surfing the Internet.
- Few students use active transportation such as walking or cycling to and from school. More students use active transportation to get home from school (25%) than to school (19%).

Combined with physical inactivity, unhealthy eating habits such as skipping breakfast and drinking sugary beverages are common and place adolescent well-being at risk.

- Two-in-five (41%) Ottawa students had not eaten breakfast on all five of the previous school days.
- Almost four-in-five (78%) students had at least one sugar-sweetened beverage in the past week.
- One-third (32%) of students thought that their body was too thin or too fat. The percentage of students trying to lose weight increased from 22% in 2009 to 29% in 2013.

Students are reaching out for mental health support, but sometimes don't know where to turn.

- One-in-four students visited a mental health professional at least once in the past year.
- Twenty-six percent of students experienced a time in the past year where they wanted to talk to someone about a mental health or emotional problem, but they didn't know where to turn. This was more common among students who had seriously considered attempting suicide in the past year.
- A quarter of students were bullied at school in the past year. Girls were more likely to have been bullied.

Youth are susceptible to new tobacco-related products such as e-cigarettes and waterpipes.

- One-in-five high school students had used an e-cigarette at least once.
- Thirteen percent of students had used a waterpipe or hookah at least once.
- Nineteen percent of students had tried cigarettes at least once. Nine percent of students were current smokers (1 or more cigarettes in past year).

Cannabis use is becoming increasingly acceptable and driving while high is now more common than drunk driving.

- Thirty-two percent of high school students used cannabis in the past year, 20% used it in the past month, and 4% may have a cannabis dependence problem.
- Sixteen percent of Ottawa students have been the passenger of a car driven by someone who has been using drugs and 14% of high school students with a driver's license have driven within an hour of using cannabis.

Over a third of students gamble for money.

- One-in-seven students gambled \$50 or more in the past year.
- Boys were more likely than girls to gamble for money at least once in the past year (43% vs. 28%), and they gambled larger amounts of money.
- Students in Ottawa (3%) were more likely than in Ontario (0.4%) to gamble in a casino.

Students in Ottawa tend to have slightly better eating habits than students in the rest of the province, while student substance use in Ottawa is very similar to the province. Although most indicators did not significantly change between the three survey years, some trends emerged. There are several notable differences in risk behaviours and health status among Ottawa students based on socioeconomic status, gender, and age.

The behaviours studied in the ***Ottawa Student Drug Use and Health Report 2014*** have direct links with health issues including chronic disease, injury, mental illness and addictions. Work to improve physical and social environments, and interventions that offer education and skill-building are important to promote the optimal health and well-being of our youth during their transitional years and beyond.

1. Introduction

This report provides an assessment of the health status and health risk behaviours of youth in grades 7 through 12 in Ottawa in 2013, based on self-reports from the Ontario Student Drug Use and Health Survey (OSDUHS). It is meant to inform program development by professionals who work with youth. Results will help develop or improve current evidence-based strategies for prevention and intervention programs. Results are compared to past survey years, the rest of Ontario (Ontario-less-Ottawa), and across several determinants of health (e.g. sex, grade level, socioeconomic status, language spoken at home and immigration status). There are six content chapters describing:

- Healthy Eating, Active Living, Body Image
- Mental Health, School Climate and Bullying
- Tobacco Use
- Alcohol Use
- Drug Use
- Gambling

During the 2008/09, 2010/11 and 2012/13 school years, Ottawa Public Health (OPH) worked with the Centre for Addiction and Mental Health (CAMH) to study Ottawa students in grades 7 through 12, using the OSDUHS. The OSDUHS surveys a random sample of students in grades 7 through 12 who are enrolled in any of the four publicly funded school systems. A representative sample of 1,200 Ottawa students completed the survey in 2009, 1,015 in 2011 and 1,272 in 2013. The final chapter provides details on the methods used for the survey and analysis.

2. Healthy Eating, Active Living, Body Image

Adolescence is a time when healthy behaviours are learned and adopted. Eating well, being active and feeling good about oneself are important to overall health and well-being. These behaviours also reduce the risk of obesity, injury and many chronic diseases including hypertension, diabetes and cardiovascular disease.

Highlights

- Two-in-five Ottawa students are starting their days on an empty stomach, reporting they had not eaten breakfast on all five of the previous school days.
- Almost four-in-five students reported they had at least one sugar-sweetened beverage in the past week; however, fewer students are consuming energy drinks compared to 2011.
- Only one-in-four students say they get the recommended 60 minutes of physical activity per day and almost half of students say they're not enrolled in physical education or are not active during their phys. ed. classes.
- Few students walk or cycle to school, with only one-in-five (19%) using active transportation to get to school.
- Sixty-one percent of Ottawa students say they spend more than two hours a day with screen time: watching TV or movies, playing video/computer games, chatting on a computer, emailing, or surfing the Internet.
- Almost one-quarter of students are classified as overweight or obese, based on self-reported weight and height.
- Most students are trying to control their weight, with two-thirds reporting they were either trying to avoid gaining weight, trying to lose weight or trying to gain weight.
- One-third of students thought that their body was too thin or too fat.

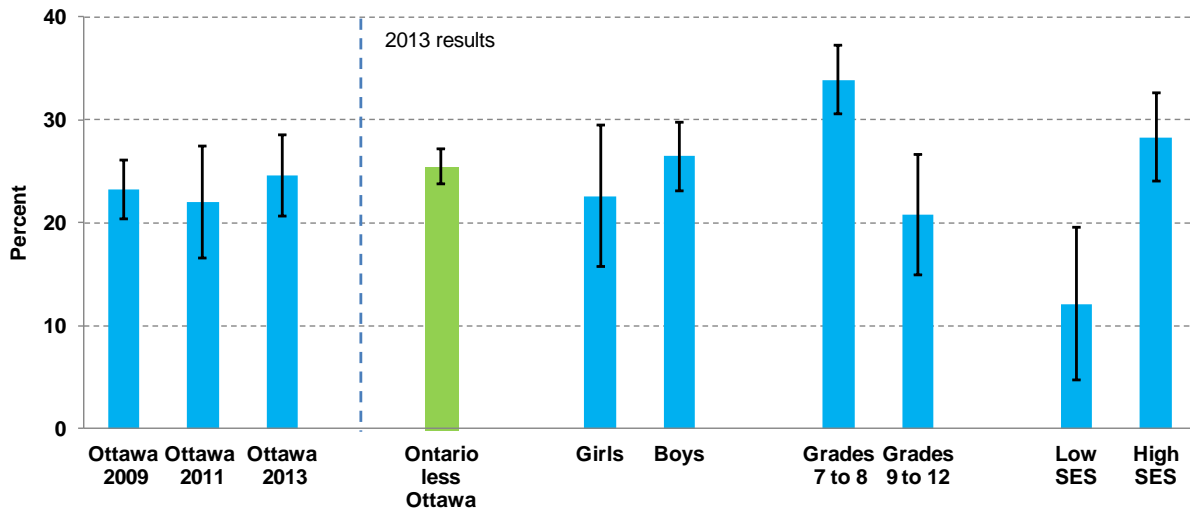
These findings reinforce the need for an innovative community response that includes: helping parents set healthy routines at home; working with schools, youth organizations and all levels of government to create healthy policies and programs; and, influencing the built environment.

2.1 Self-Rated Physical Health

The OSDUHS asked students to rate their physical health as either: ‘poor’, ‘fair’, ‘good’, ‘very good’, or ‘excellent’ (Figure 1). ‘Poor physical health’ reflects responses of ‘fair’ or ‘poor’.

- **Overall:** In 2013, 25% of grade 7 to 12 students in Ottawa reported excellent physical health. An additional 42% (95%CI: 37%, 48%) reported very good physical health, 27% (95%CI: 24%, 30%) reported good physical health, and 6% (95%CI: 5%, 7%) reported poor physical health.
- **Grades:** Grade 7 to 8 students were more likely to report excellent physical health than grade 9 to 12 students (34% vs. 21%).
- **Family SES:** Students from high socioeconomic status (SES) homes were over twice as likely as those from low SES homes to report excellent physical health (28% vs. 12%).
- There were no significant differences in the proportion of students who reported excellent physical health between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Figure 1. Ottawa students in 2013 who reported excellent physical health compared to 2009, 2011 and the rest of Ontario, and by sex, grade and socioeconomic status (SES)



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. Vertical bars represent 95% CIs.

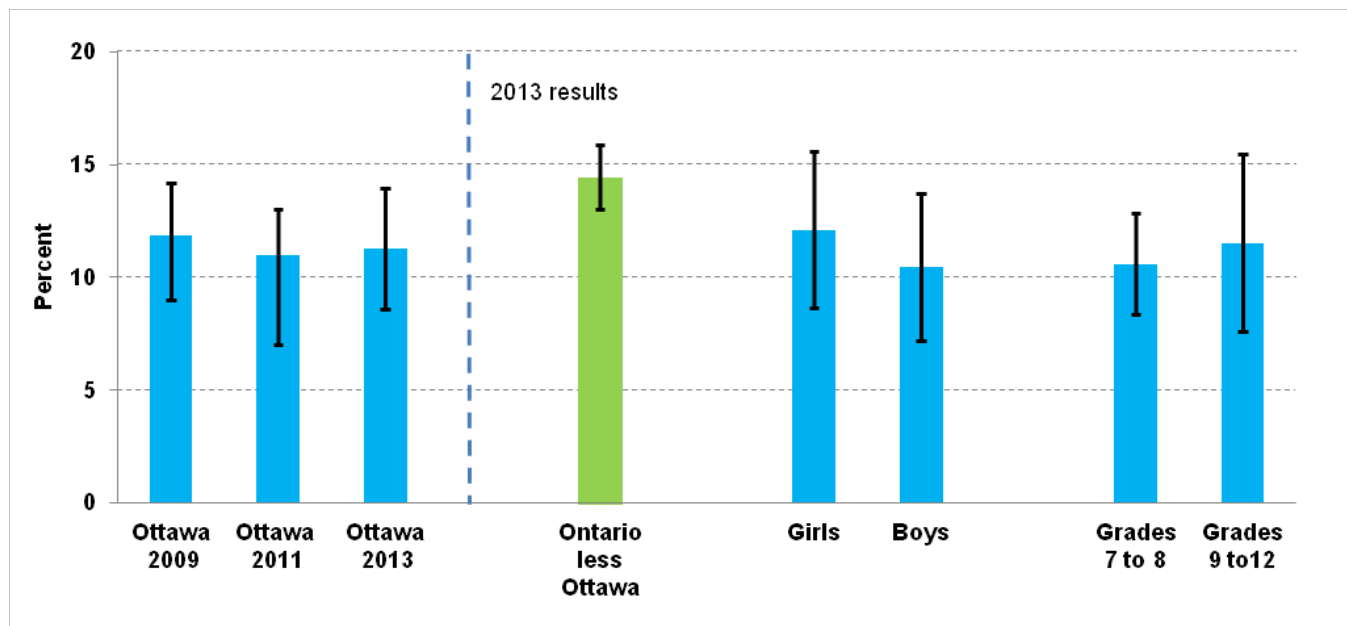
2.2 Healthy Eating

2.2.1 Breakfast

Breakfast is considered the most important meal of the day and is associated with the nutritional well-being of children.¹ Skipping breakfast or eating an inadequate breakfast may lead to dietary inadequacies that are rarely compensated for in other meals during the day.² Youths who eat breakfast perform better academically and have higher diet quality than those who do not.³ They also have an enhanced cognitive and psychosocial function than those who do not eat breakfast.³ Students were asked on how many of the last five school days they had breakfast, either at home, on the way to school, or at school before classes (more than a glass of milk or fruit juice) (Figure 2).

- **Overall:** In 2013, over one-in-ten (11%) students reported that they had not eaten breakfast on any of the previous five days. An additional 16% (95%CI: 14%, 18%) reported eating breakfast on one to two of the previous five days, 14% (11%, 17%) of Ottawa students reported they had eaten breakfast on three to four of the previous five days, and almost three-in-five (59% (95%CI: 55%, 62%)) students reported they had eaten breakfast on all of the previous five school days.
- **Ottawa vs. rest of Ontario:** The proportion of students who had not eaten breakfast on any of the previous five days was significantly lower in Ottawa (11%) than the rest of Ontario (14%).
- There were no differences in breakfast consumption between boys and girls, between students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

Figure 2. Ottawa students in 2013 who reported that they had not eaten breakfast on any of the previous five school days compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. Vertical bars represent 95% CIs.

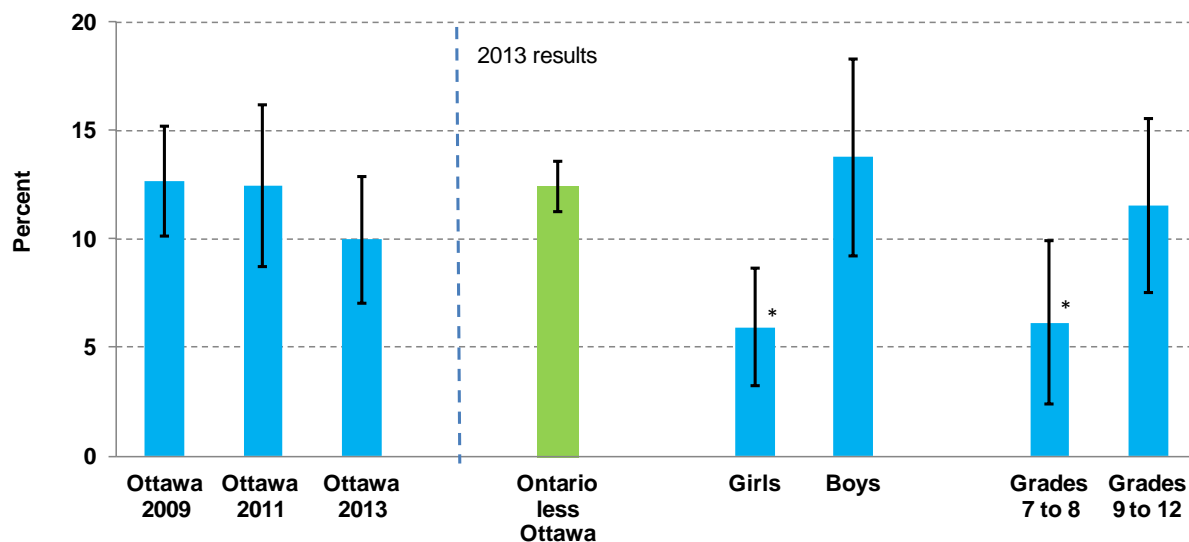
2.2.2 Consumption of sugar-sweetened beverages

Consumption of sugar-sweetened beverages is associated with higher body weight and risk of obesity because of the added sugar, low satiety, and incomplete compensation for total energy.⁴

Students were asked how often in the last seven days they had drunk a can, bottle, or glass of soda pop or sport drink such as Coke, Pepsi, Sprite or Gatorade (not including fruit juice) (Figure 3).

- **Overall:** In 2013, almost four-in-five (78% (95%CI: 74%, 82%)) students reported having drunk at least one sugar-sweetened beverage in the past week. Ten percent said they had drunk one or more sugar-sweetened beverages per day in the previous seven days.
- **Boys vs. girls:** Boys (14%) were over twice as likely as girls (6%*) to report drinking one or more sugar-sweetened beverages per day.
- There were no significant differences between Ottawa and the rest of Ontario, between students in grades 7 to 8 and those in grades 9 to 12, or between survey years.
- **Frequency:** Twenty-six percent (95%CI: 21%, 31%) of students in grades 7 through 12 reported drinking one sugar-sweetened beverage in the past week. An additional 33% (95%CI: 29%, 38%) of students reported they had drunk two to four beverages. Nine percent (95%CI: 7%, 10%) reported drinking five to six sugar sweetened beverages per week.

Figure 3. Ottawa students in 2013 who reported that they drank one or more sugar sweetened beverages per day in the past week compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

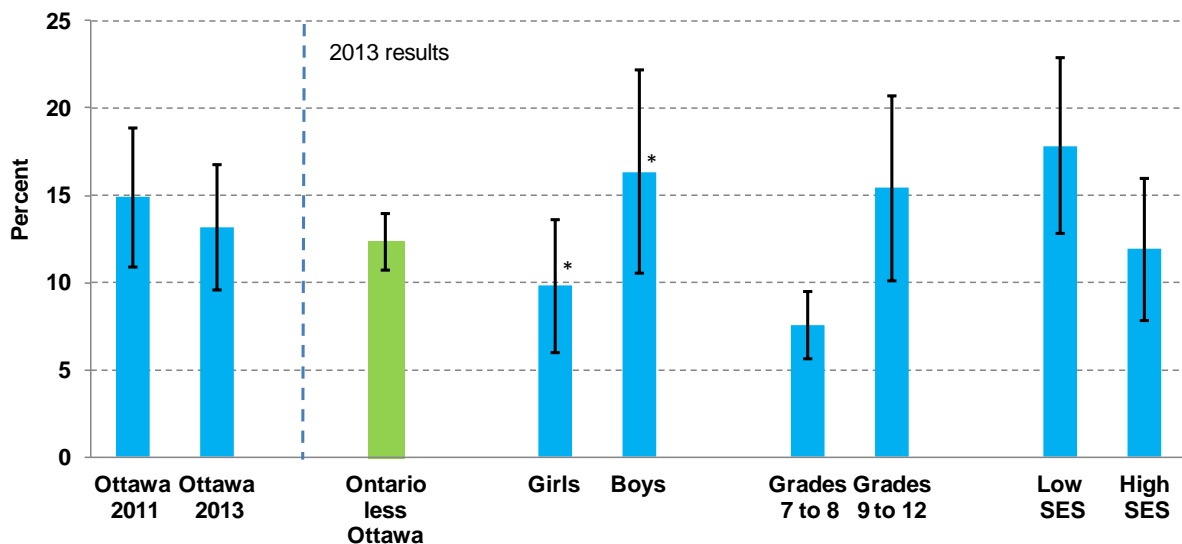
* Interpret with caution due to high sampling variability.

2.2.3 Consumption of “energy drinks”

Energy drinks are beverages containing caffeine, sugar, taurine, vitamins and herbs that claim to “make you more alert and give you energy”.⁵ The amount of caffeine in energy drinks exceeds the recommended 85mg daily limit for children under 12 years. Caffeine can cause irritability, nervousness and sleeping problems. Health Canada recommends that children and young teenagers not use energy drinks. In 2011 and 2013, students were asked how often in the last seven days they had drunk a can of a high-energy caffeine drink such as Redbull, Rockstar, Full Throttle, Monster or other energy drink (Figure 4).

- **Overall:** In 2013, 13% of students reported consuming at least one energy drink in the past week.
- **Boys vs. girls:** Boys (16%*) were more likely than girls (10%*) to report drinking at least one energy drink in the past week.
- **Grades:** Students in grades 9 to 12 (14%) were more likely than those in grades 7 to 8 (6%*) to report drinking energy drinks in the past week.
- **Family SES:** Students from lower socio-economic status (SES) homes were more likely than those from higher SES homes to report drinking energy drinks in the past week (18%) vs. 12%).
- **Survey years:** Energy drink consumption has declined. Sixty-three percent of students reported not having drunk any energy drinks in the past year, significantly higher than the reported proportion in 2011(50%). Twenty-four percent reported that they had none in the past week, but at least one energy drink in the past year. This proportion is significantly lower than in 2011 (36%).
- There was no significant difference between Ottawa and the rest of Ontario.

Figure 4. Ottawa students in 2013 who reported that they drank at least one high-energy caffeinated beverage in the past week compared to 2011, the rest of Ontario and by sex, grade and socioeconomic status (SES)



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

* Interpret with caution due to high sampling variability.

2.3 Active Living

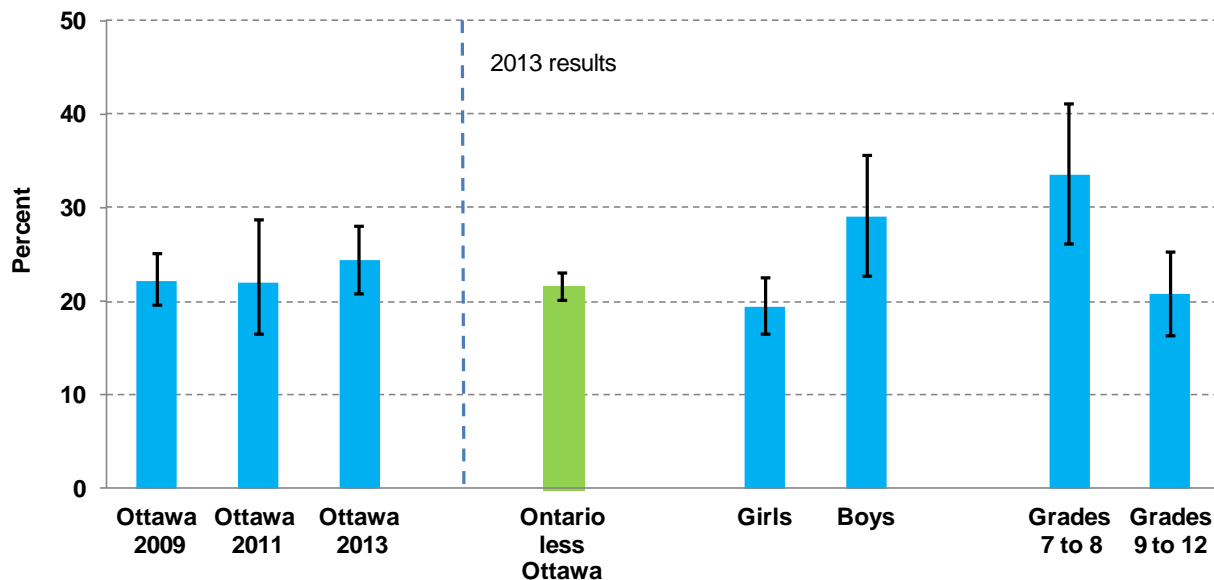
2.3.1 Level of physical activity in the past week

The Canadian Physical Activity Guidelines recommend that youth aged 12 to 17 years achieve at least 60 minutes per day of moderate to vigorous-intensity physical activity.⁶

Students were asked how many of the last seven days they had been physically active for at least 60 minutes. Physical activity was described as any activity that increased your heart rate and made you breathe hard some of the time (Figure 5).

- **Overall:** In 2013, almost one-quarter (24%) students reported being physically active for at least 60 minutes on all seven days prior to the survey. An additional 43% (95%CI: 40%, 47%) of students reported being physically active on four to six of the previous seven days, 25% (95%CI: 23%, 28%) reported physical activity on one to three of the previous seven days, and 7% (95%CI: 5%, 9%) reported no physical activity on any of the previous seven days.
- **Boys vs. girls:** Boys were more likely than girls to be active every day (29% vs. 19%). A similar gender difference was observed in 2009, but not in 2011.
- **Grades:** Students in grades 7 to 8 were more likely than those in grades 9 to 12 to be active every day (34% vs. 21%).
- There were no significant differences in reported physical activity on all seven days before the survey between Ottawa students and those from the rest of Ontario, or between survey years.

Figure 5. Ottawa students in 2013 who were physically active for 60 minutes or more on all of the previous seven days compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health.

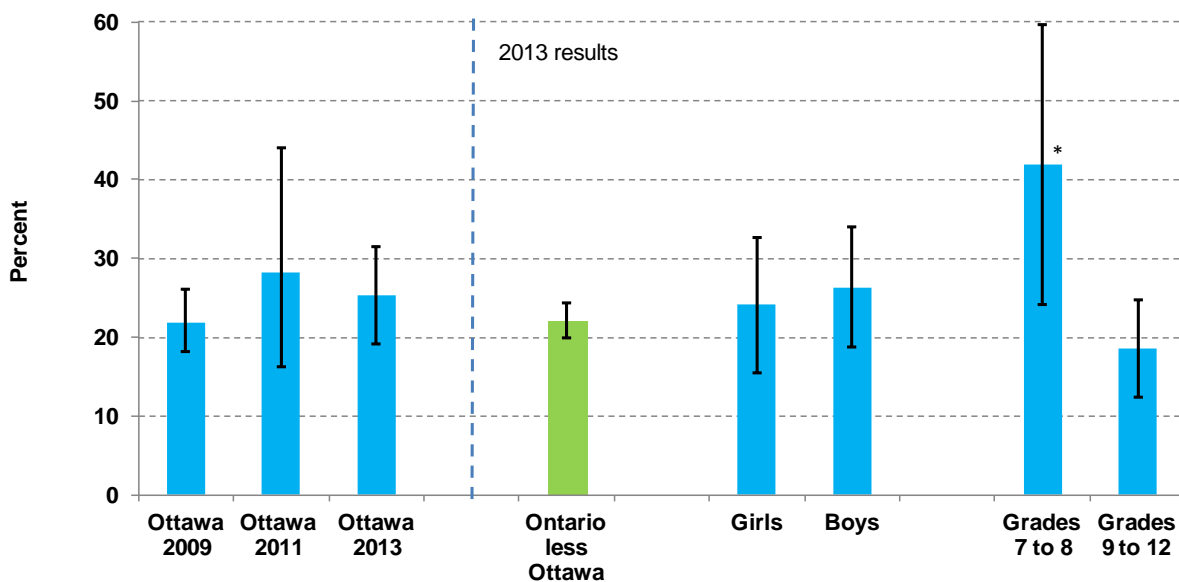
2.3.2 Participation in physical education

The physical education program in school intends to help students understand what they need to make a commitment to lifelong healthy, active living and develop the capacity to live satisfying, productive lives.⁷ This education helps increase physical activity and improved academic achievement, concentration, classroom behaviour, and more focused learning.⁸

Students were asked how many days in the last five school days they participated in physical activity for at least 20 minutes in physical education classes in their school (Figure 6).

- **Overall:** In 2013, almost half (48% (95%CI: 43%, 54%)) of students reported that they had not been active during physical education or were not currently enrolled in physical education at school. Twenty-five percent of students reported being active in physical education on all of the previous five school days, and 26% (95%CI: 20%, 32%) reported being active in physical education on one to four of the previous five school days.
- **Boys vs. girls:** Unlike the 2011 survey which found boys more likely than girls to be active during physical education on all of the previous five school days, there was no gender difference in 2013.
- **Grades:** The proportion of students who were active during physical education on all of the previous five school days was significantly higher in grades 7 to 8 than in grades 9 to 12 (42%* vs. 19%).
- There were no differences in physical education patterns between Ottawa students and those from the rest of Ontario or between survey years.

Figure 6. Ottawa students in 2013 who were physically active in physical education on all of the previous five school days compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

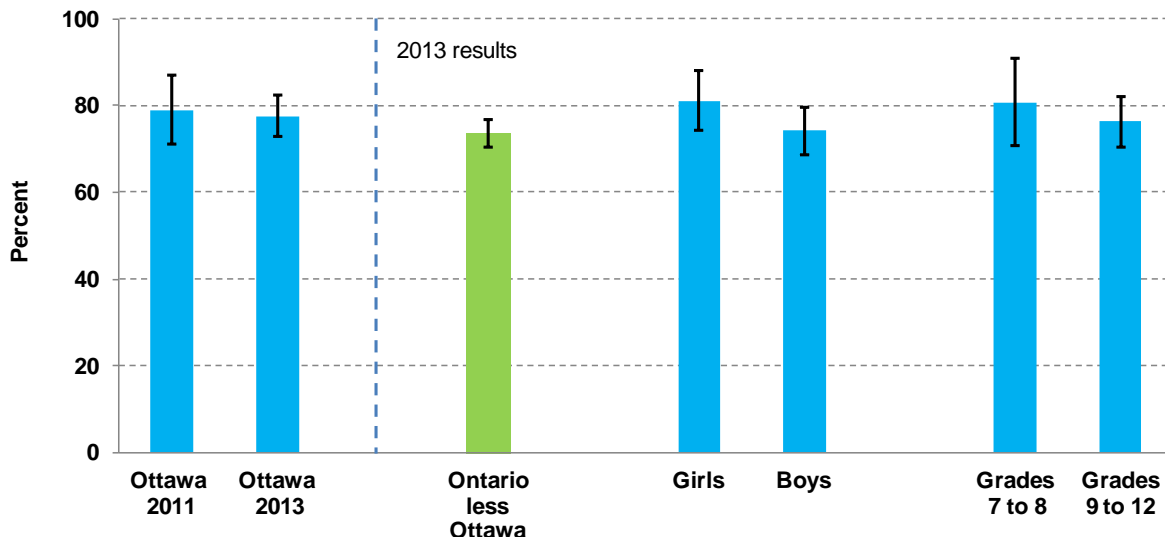
* Interpret with caution due to high sampling variability.

2.3.3 Active transportation to and from school

Physical activity includes walking or cycling to work, school or running errands. Such active transportation is an important way to achieve the physical activity required for maintaining and improving health. Walking is one of the least expensive and most broadly accessible forms of physical activity.⁹ Each kilometer walked per day decreases the risk of obesity by almost five per cent.¹⁰ In addition, it is easier to reach recommended physical activity targets through daily routine, rather than occasional recreational activities (Figure 7).

- **Overall:** In 2013, most students reported using motorized transport to get to (78%) and from (72%) school. Nineteen percent (95%CI: 14%, 24%) of the students reported primarily getting to school walking or cycling, similar to the rest of Ontario (25% (95%CI: 22%, 28%)). In addition, 25% (95%CI: 19%, 31%) of students in Ottawa reported walking or biking home **from** school, again similar to the rest of Ontario (34% (95%CI: 30%, 37%)).
- There were no differences in the use of motorized transport to get to and from school between Ottawa students and those from the rest of Ontario, between boys and girls, between students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

Figure 7. Ottawa students in 2013 who reported usually using motorized transportation to get to school compared to 2011, the rest of Ontario and by sex and grade



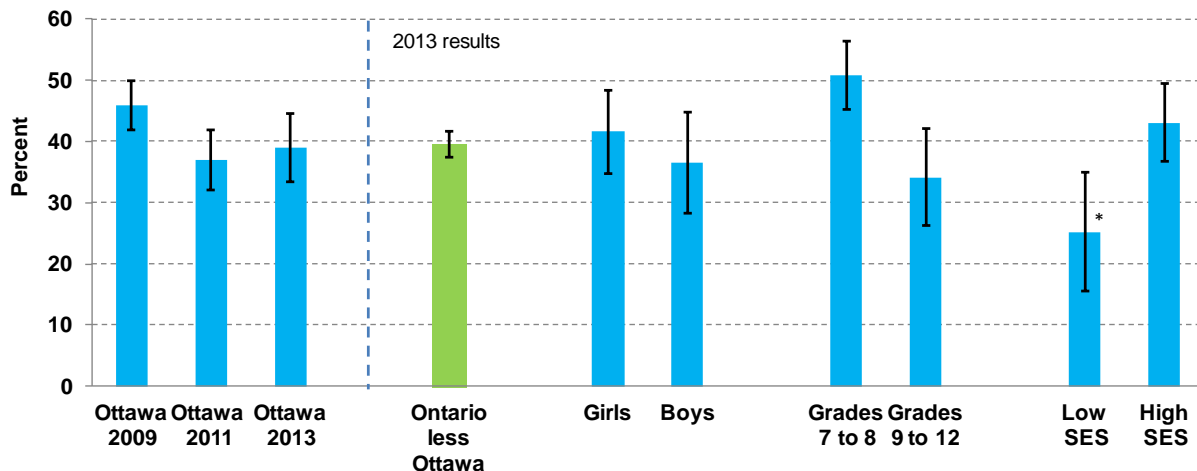
Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2011 and 2013), Centre for Addiction & Mental Health. Vertical bars represent 95% CIs.

2.3.4 Screen time

"Screen time" is any time that is spent in front of a screen, such as a TV, computer, or video game player. Too much screen time can increase risk of obesity, result in trouble falling asleep or an irregular sleep schedule, and increase the chance of developing attention problems, anxiety, and depression.¹¹ The current Canadian sedentary behaviour guidelines recommend that youth aged 12 to 17 limit their recreational screen time to no more than 2 hours per day.¹² Students were asked how many hours a day, on average, they had spent watching TV/movies, playing video/computer games, on a computer chatting, emailing, or surfing the internet during the past seven days (Figure 8).

- **Overall:** In 2013, three-in-five (61% (95%CI: 55%, 67%)) students reported exceeding the screen time recommendation. Almost two-in-five (39%) students reported meeting the screen time recommendation.
- **Grades:** More students in grades 7 to 8 reported daily screen time of 2 hours or less (51%) than in grades 9 to 12 (34%).
- **Family SES:** Students from lower socio-economic status (SES) homes were less likely than those from higher SES homes to report daily screen time of 2 hours or less (25% vs. 43%).
- There were no differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Figure 8. Ottawa students in 2013 who reported two hours or less of screen time per day compared to 2009, 2011, the rest of Ontario and by sex, grade and socio-economic status (SES)



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

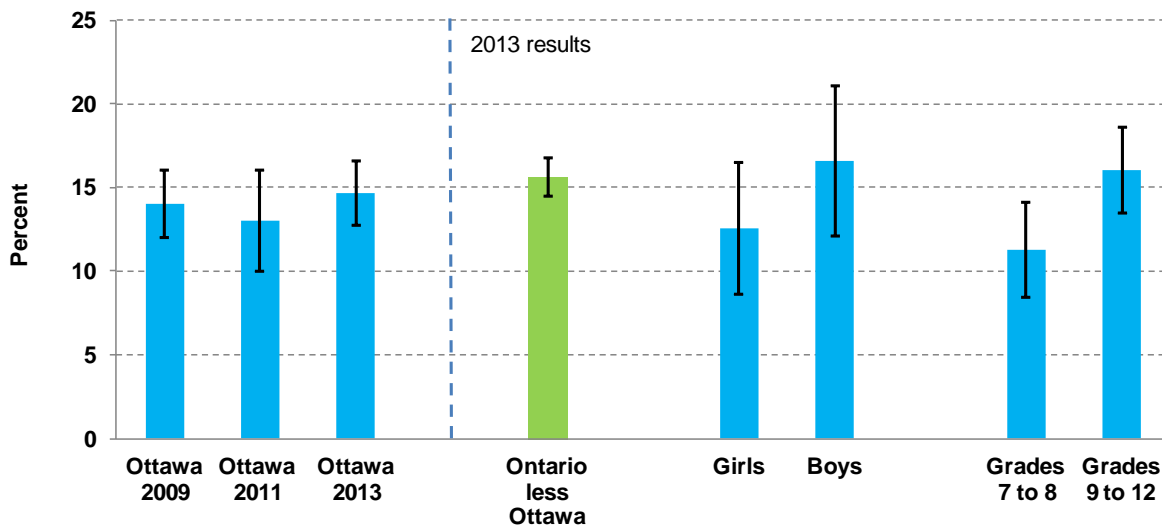
2.4 Body Image

2.4.1 Body Mass Index (BMI)

Obesity is a complex health issue with myriad causes and contributing factors. These include individual choices, such as what parents pack in their child's lunch box, as well as the environments in which we live, learn, work and play. Obesity is a preventable health problem. Self-reported body weight and height were used to calculate BMI. Overweight (Figure 9) and obesity (Figure 10) were defined using the international BMI cut-off points established for children and youth.¹³

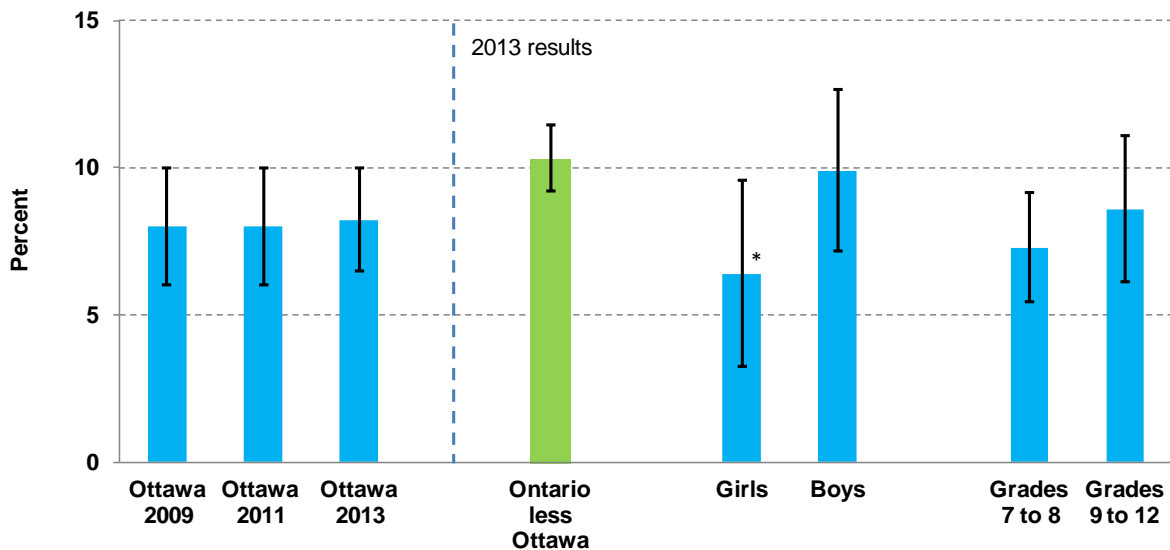
- **Overall:** In 2013, most (72% (95%CI: 69%, 76%)) students were classified as normal weight (*i.e.* neither overweight nor obese) based on their self-reported height and weight. 15% of students were classified as overweight and 8% as obese.
- **Ottawa vs. rest of Ontario:** Unlike 2011, the proportion who were normal weight in Ottawa (72%) was comparable to the rest of Ontario (69% (95%CI: 67%, 71%)). However, the percentage of students classified as obese was significantly lower in Ottawa (8%) than the rest of Ontario (10%).
- **Grades:** Students in grades 7 to 8 were less likely than those in grades 9 to 12 to be classified as overweight (11% vs. 16%). There was no significant difference in the prevalence of obesity between students in grades 7 to 8 and those in grades 9 to 12.
- There were no differences in the prevalence of overweight and obesity between boys and girls or between survey years.

Figure 9. Ottawa students in 2013 who were classified as overweight compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. Vertical bars represent 95% CIs.

Figure 10. Ottawa students in 2013 who were classified as obese compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

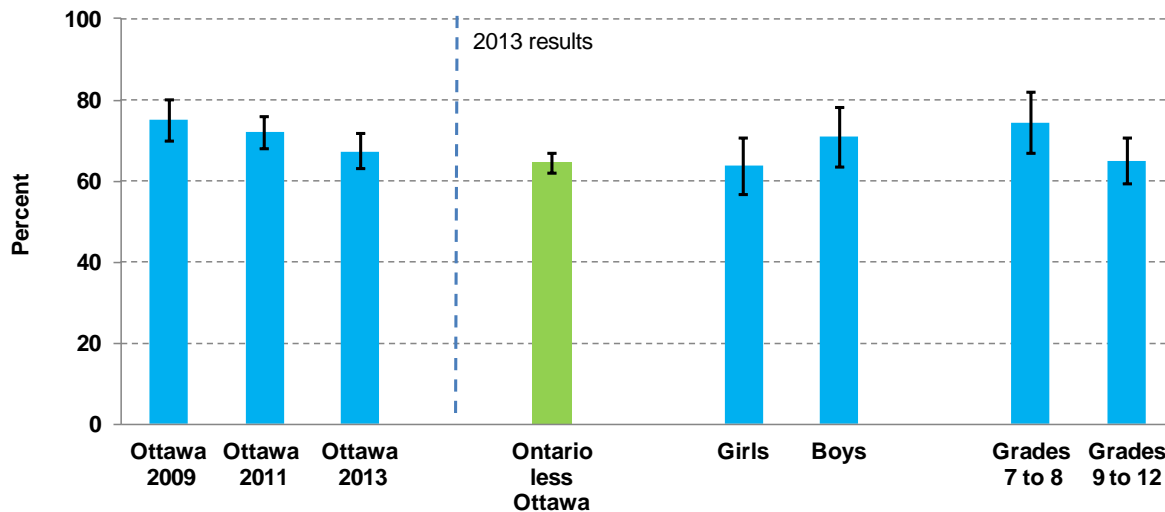
2.4.2 Body image

Body image describes not only what you see when you look in the mirror and what you believe about your own appearance but also how you feel about your body.¹⁴ Body image can be positive or negative. Having a negative body image is highly related to low self-esteem and, in some situations, can lead to eating disorders, such as bulimia or anorexia.¹⁵ Students were asked about how they perceived their body weight by identifying whether they felt that they were too thin, about the right weight or too fat (Figure 11).

- **Overall:** In 2013, four-in-six (67%) students thought that their body was about right. An additional 22% (95%CI: 19%, 26%) thought that their body was too fat, and 10%* (95%CI: 5%, 15%) thought that their body was too thin.
- **Survey years:** The percentage of students who felt their weight was about right significantly decreased from 75% in 2009 to 67% in 2013.
- **Body mass index:** Students who were classified as being overweight or obese were more likely to report that they felt they were too fat than students who were classified as neither overweight nor obese (51% (95%CI: 35%, 67%) vs. 14% (95%CI: 11%, 18%)).
- There were no differences in the proportion who felt their weight was about right between Ottawa and the rest of Ontario, between boys and girls, or between students in grades 7 to 8 and those in grades 9 to 12.

* Interpret with caution due to high sampling variability.

Figure 11. Ottawa students in 2013 who reported that they thought they were about the right weight compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health.

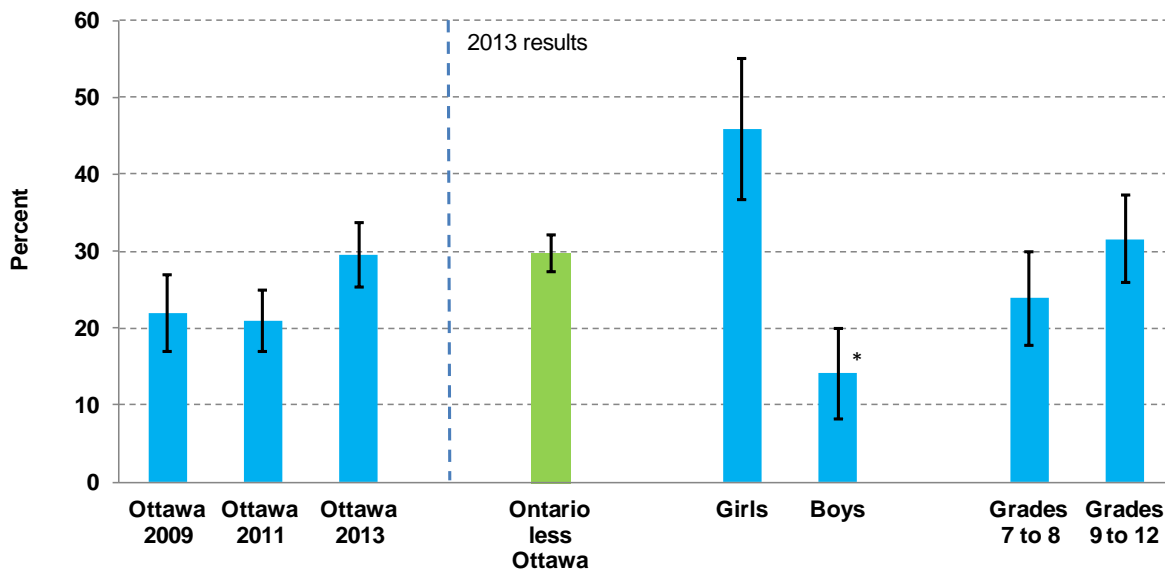
2.4.3 Intentions regarding body weight

Body image predicts weight control strategies;¹⁶ however, one's perception does not always reflect reality. The OSDUHS asked students what they were doing about their body weight and identified whether they were 1) not doing anything, 2) trying to lose weight, 3) trying to keep from gaining weight, or 4) trying to gain weight (Figure 12).

- **Overall:** One-third (33% (95%CI: 27%, 40%)) of students reported doing nothing about their weight. Almost one-third (29%) reported that they were trying to lose weight, 23% (95%CI: 18%, 28%) were trying to keep from gaining weight, and 14%* (95%CI: 9%, 19%) were trying to gain weight.
- **Boys vs. girls:** Girls were more likely than boys to report trying to lose weight (46% vs. 14%*).
- **Survey years:** The percentage of Ottawa students who reported trying to lose weight significantly increased from previous years (22% (95%CI: 17%, 27%)) in 2009 and 21% (95%CI: 17%, 25%) in 2011) to 2013 (29% (95%CI: 25%, 34%)).
- **Body Mass Index:** Students classified as overweight or obese were more likely to report trying to lose weight (49% (95%CI: 34%, 65%) vs. 24% (95%CI: 19%, 30%)).
- There were no significant differences in intentions about body weight between Ottawa students and those from the rest of Ontario or between students in grades 7 to 8 and those in grades 9 to 12.

* Interpret with caution due to high sampling variability.

Figure 12. Ottawa students in 2013 who reported that they were trying to lose weight compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction & Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% CIs.

2.5 What OPH does

OPH promotes healthy eating and physical activity in schools, workplaces, and community housing. In particular, OPH is focusing efforts on reducing consumption of energy dense, nutrient-poor foods and beverages, increasing active transportation, and engaging the community to create social and physical environments to support healthy behaviour. Some key OPH activities include:

- Working with school boards, teachers and students, and with the Champlain Cardiovascular Prevention Network (CCPN), to support the Ontario Food and School Beverage Policy (PPM 150).
- Teaching basic food and nutrition skills in schools, workplaces, community housing.
- Promoting nutrition labelling on menus in restaurants.
- Promoting healthy food preparation and meal routines, particularly with parents and low income families.
- Increasing access to healthy foods in neighbourhoods through Good Food Markets and the MarketMobile, a mobile market initiative.
- Training monitors for the School Breakfast Program to provide healthy meals to elementary and high school students.
- Implementing Healthy Eating, Active Living Childcare Guidelines with municipal and licensed childcare centres.
- Promoting a culture of walking in Ottawa through formation of a coalition of interested community members and groups called *Gottawalk*.

- Supporting active transportation through:
 - *Active and Safe Routes to School* initiatives such as Bike Rodeos and individual plans for elementary schools to increase the number of children who walk or cycle to and from school.
 - Partnering with Green Communities Canada to implement the School Travel Planning project.
 - *Adopt a Helmet* and *Be Safe Be Seen* campaigns to promote safe cycling.
- For more information, call the Ottawa Public Health Information Line at 613-580-6744.

2.6 Community Resources

- There are also many resources within our community that help children and youth be active, eat healthy and develop a positive body image. Such resources include:
- Ottawa Recreation and Culture offers various programs to children and youth to get them active: http://www.ottawa.ca/en/rec_culture/class_activity/reg_mem/courses_available/rec_guide/index.html
- CHEO offers the Centre for Healthy and Active Living (CHAL) Program to treat obese children. The program provides an evidence-based, family-centred, interdisciplinary approach that focuses on the whole child, including physical, mental, and social aspects and their family. More information can be found at: <http://www.cheo.on.ca/en/centrehealthyactiveliving>.
- Eat Right Ontario provides nutrition and healthy eating information and can answer questions on everyday food choices, disease prevention and popular nutrition topics. Visit: www.Ontario.ca/EatRight or call 1-877-510-510-2 to speak to a Registered Dietician.
- Champlain Cardiovascular Prevention Network's (CCPN) Healthy Schools 2020 is a community partnership providing practical tools and resources to support school efforts to promote physically active and healthy food choices every day.
- The National Capital Region YMCA-YWCA is an important resource for health, fitness and recreation, child care, camping and outdoor education, and social services. The YMCA-YWCA offers a variety of programs committed to building strong kids, strong families and strong communities using four core values – caring, honesty, respect and responsibility. Locate your nearest centre at www.ymcaywca.ca.
- The Boys and Girls Clubs of Ottawa operates four specific pillars of programming: Education; Physical Activity/Healthy Lifestyle; Leadership and Social Skills; and Creative Arts. The overarching goal of all programs is to ensure social skills development to build strong and productive community members. Locate the club house nearest you at www.bgcottawa.org.

3. Mental Health, School Climate and Bullying

The transition from middle into high school can be a stressful time for youth, along with the physical and emotional changes of puberty. This is also the time when mental health, addiction and bullying issues tend to arise and are most frequently first seen at school.¹⁷ School climate is the physical environment and social and cultural atmosphere of a school, and can have a strong impact on student academic performance, social behaviours, mental health and bullying.

Highlights

- Close to two-thirds of students in Ottawa say they have excellent or very good mental health.
- Students with excellent mental health are less likely to be victims of bullying and more likely to feel attached to and safe in their school.
- Boys, younger students, immigrant students and students from families of higher socioeconomic status are more likely to report excellent mental health.
- Close to one-in-four students scored as having high or very high levels of psychological distress, based on a screening questionnaire and one-in-four visited a mental health professional at least once in the past year.
- Twelve percent of students had seriously considered attempting suicide in the past year.
- One-in-four students experienced a time in the past year where they wanted to talk to someone about a mental health or emotional problem, but they didn't know where to turn. This was more common among students who had seriously considered attempting suicide in the past year.
- A quarter of students report being bullied at school in the past year and one-in-five were bullied on the Internet in the past year, with girls more likely to have been bullied.
- Fewer students in 2013 reported bullying others at school, with a significant drop from 20% in 2009 to 11% in 2013.

We should continue partnership work across Ottawa to reduce the stigma of mental illness, increase community capacity to prevent suicides and promote mental health and healthy ways of coping with life stress in children.

3.1 Mental Health

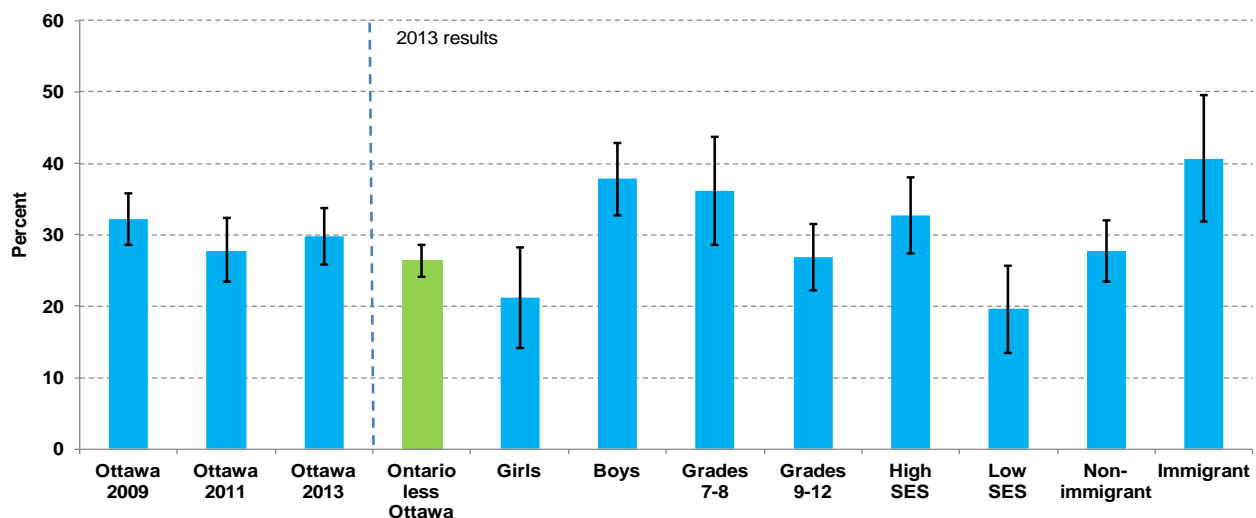
For youth, poor mental health is strongly linked to lower success in school, and greater risk-taking behaviour related to substance misuse, violence, and sexual activity.¹⁸ In addition, youth with poor mental health are often victims of bullying.¹⁹

3.1.1 Self-rated mental health

The OSDUHS asked students to rate their mental or emotional health as either: 'poor', 'fair', 'good', 'very good', or 'excellent' (Figure 13). 'Poor mental health' reflects responses of 'fair' or 'poor'.

- **Overall:** In 2013, 30% of grade 7 to 12 students in Ottawa reported excellent mental health. An additional 34% (95%CI: 31%, 37%) reported very good mental health, 20% (95%CI: 16%, 23%) reported good mental health, and 17% (95%CI: 12%, 21%) reported poor mental health.
- **Boys vs. girls:** Boys were more likely to report excellent mental health than girls (38% vs. 21%).
- **Grades:** Grade 7 to 8 students were more likely to report excellent mental health than grade 9 to 12 students (36% vs. 27%).
- **Family SES:** Students from high socioeconomic status (SES) homes were more likely to report excellent mental health than those from low SES homes (33% vs. 20%).
- **Immigration status:** Immigrant students were more likely to report excellent mental health than non-immigrant students (41% vs. 28%).
- There were no significant differences in the proportion of students who reported excellent mental health between Ottawa and the rest of Ontario, or between survey years.

Figure 13. Ottawa students in 2013 who reported excellent mental health compared to 2009, 2011 and the rest of Ontario, and by sex, grade, socio-economic status (SES) and immigration



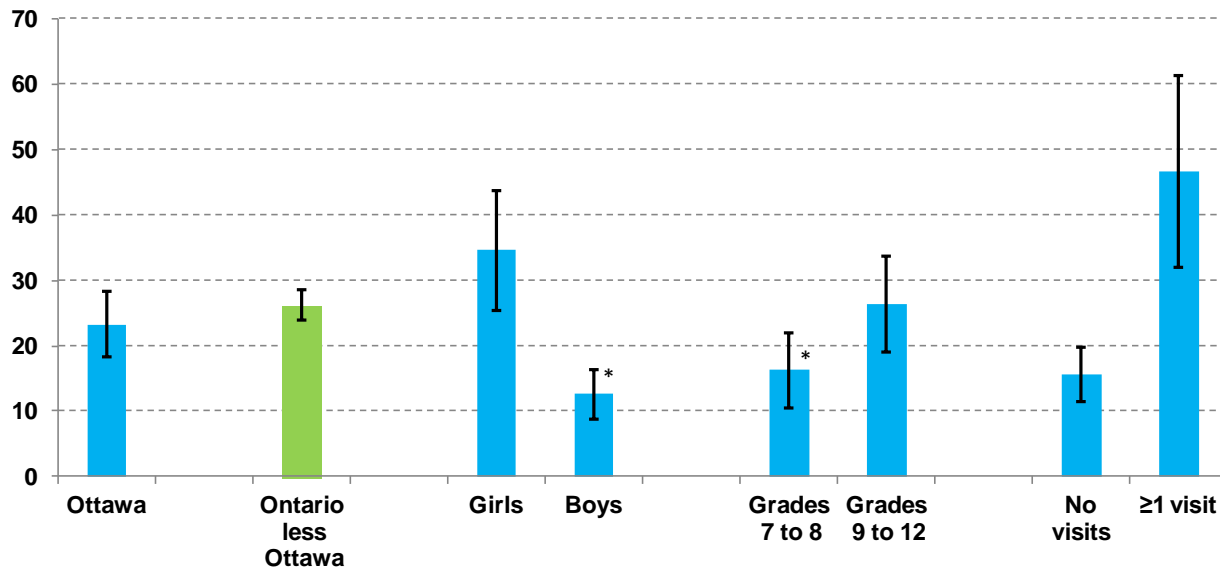
Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011, 2013), Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals.

3.1.2 Elevated psychological distress (*new in 2013*)

To assess whether students experienced psychological distress over the past four weeks, the OSDHUS used the Kessler-10 Psychological Distress Screener, a 10-item instrument used to screen for symptoms of anxiety and depression such as nervousness, restlessness and sadness. Students were categorized as having experienced high or very high levels of psychological distress if they scored above 21 out of 50 (Figure 14).²⁰ This screener was not used in 2009 or 2011.

- **Overall:** In 2013, 23% of grades 7 to 12 students scored as having high or very high levels of psychological distress over the previous few weeks.
- **Boys vs. girls:** Girls were more likely than boys to score as having high or very high levels of psychological distress (36% vs. 13%).
- **Grades:** Grade 9 to 12 students were more likely than grade 7 to 8 students to score as having high or very high levels of psychological distress (26% vs. 16%*).
- **Mental health visit:** Students who reported one or more visits to a health professional about their mental health in the past year were more likely than those who reported no mental health visits to score as having high or very high levels of psychological distress (47% vs. 16%).
- There was no significant difference between Ottawa and the rest of Ontario.

Figure 14. Ottawa students in 2013 who reported high or very high levels of psychological distress in the previous few weeks compared to the rest of Ontario and by sex, grade, and visits to a mental health professional



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

3.1.3 Self-esteem

Self-esteem was measured using the 5-item Rosenberg Scale. 93% (95%CI: 92%, 95%) of students reported normal self-esteem. Boys (97% (95%CI: 94%, 99%)) were more likely to report normal self-esteem than girls (89% (95%CI: 85%, 94%)).

3.1.4 Mental health care visits and other help-seeking

Students were asked if they had visited a doctor, nurse or counselor for emotional or mental health reasons during the 12 months before the survey (Figure 15).

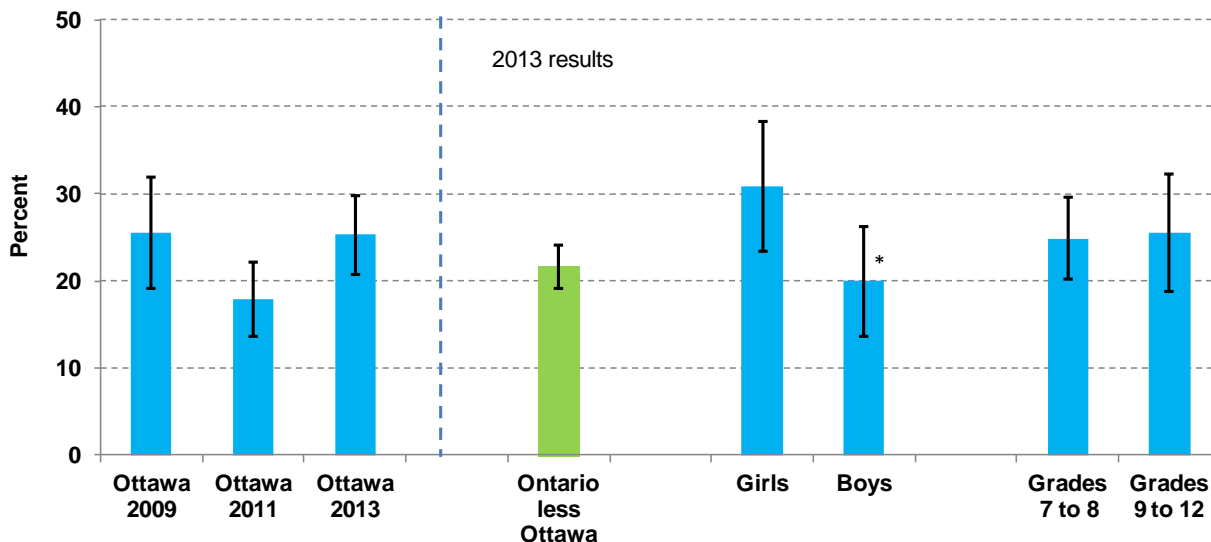
- **Overall:** In 2013, 25% of students reported at least one visit to a mental health professional during the past year.
- **Boys vs. girls:** Girls were more likely than boys to have visited a mental health professional (31% vs. 20%).
- There were no significant differences between Ottawa and the rest of Ontario, students in grades 7 to 8 and students in grades 9 to 12, or between survey years.

Telephone crisis helpline or website: Five percent (95%CI: 4%, 6%) of students had sought counseling using a telephone crisis helpline or a website in the past year.

Medication: Seven percent* (95%CI: 4%, 9%) of grade 9 to 12 students had been prescribed medication to treat depression and/or anxiety in the past year.

Did not know where to turn: Twenty-six percent (95%CI: 23%, 30%) of students reported experiencing a time in the past year when they had wanted to talk to someone about a mental health or emotional problem, but did not know where to turn. Girls (39% (95%CI: 32%, 47%)) were more likely than boys (14% (95%CI: 9%, 19%)) to report this.

Figure 15. Ottawa students in 2013 who reported one or more mental health care visits in the previous year compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

3.1.5 Suicidal ideation and attempts

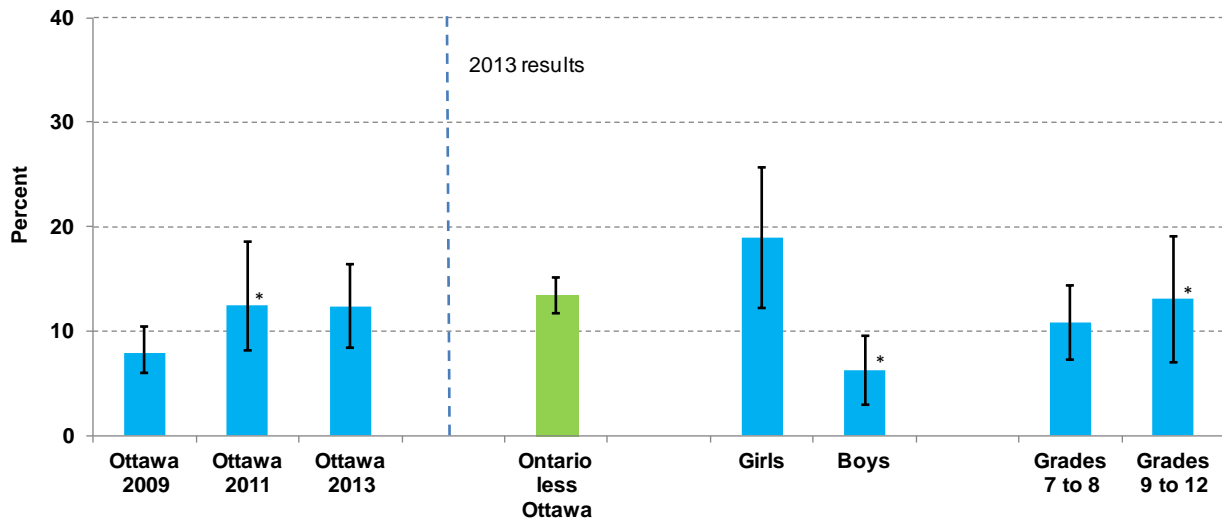
Mental health disorders are strong risk factors for youth suicide, as are family history of suicide and previous suicide attempts.²¹ The OSDUHS asked students about suicidal ideation (“During the last 12 months, did you ever seriously consider attempting suicide?”) (Figure 16).

- **Overall:** In 2013, 12% of students in Ottawa reported that they had seriously considered suicide during the past year.
- **Boys vs. girls:** Girls (19%) were more likely than boys (6%) to have seriously considered suicide in the past year.
- There were no significant differences between Ottawa and the rest of Ontario, students in grades 7 to 8 and those in grades 9 to 12, or between survey years.
- **Mental health visit:** Fifty-four percent (95%CI: 39%, 68%) of students who had seriously considered suicide had also visited a mental health professional in the past year.
- **Did not know where to turn:** Seventy-one percent (95%CI: 62%, 80%) of students who had seriously considered suicide had experienced a time in the past year where they wanted to talk to someone about a mental health or emotional problem, but they did not know where to turn.

The OSDUHS also asked students about actual suicide attempts (“In the last 12 months, did you actually attempt suicide?”).

- Three percent (95%CI: 2%, 5%) or approximately 1,400 Ottawa students reported they had actually attempted suicide in the past year.
- There was no difference between Ottawa and the rest of Ontario or between survey years. Other sub-groups are too small to report on.

Figure 16. Ottawa students in 2013 who in the past year considered suicide compared to 2009, 2011, the rest of Ontario and by sex, and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

3.2 School Climate

Most young people spend a great deal of time at school, and school climate has an effect on their mental health, academic performance and social behaviour. School climate includes both the school's physical environment and its social and cultural atmosphere. Examples of school climate characteristics include the school's size, teaching quality, and level of student misconduct and attachment to the school.

3.2.1 School attachment

- In 2013, the majority (86% (95%CI: 83%, 89%)) of students in Ottawa reported that they felt they were a part of their school. The majority (89% (95%CI: 86%, 91%)) of students in Ottawa also reported that they felt close to people at their school. Table 1 shows significant differences in sub-groups for these two questions.
- There were no differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Table 1. School attachment among Ottawa students, 2013

Sub-group	Felt they were a part of their school (95% CI)	Felt close to people at their school (95% CI)
Poor mental health	58% (49, 67)	68% (56, 79)
Grades 7 to 8	91% (86, 96)	94% (93, 96)
Grades 9 to 12	84% (80, 88)	86% (82, 90)
Low family SES	80% (73, 87)	83% (78, 89)
High family SES	88% (85, 91)	90% (87, 93)

Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health. SES: socio-economic status.

3.2.2 School safety

- In 2013, the overwhelming majority of Ottawa students (95% (95%CI: 94%, 97%)) reported that they felt safe in their school. Paradoxically, 13% (95%CI: 10%, 16%) of students in Ottawa reported that they were worried about being harmed or threatened at school. This may reflect that although students worry at times, they still feel safe and have confidence that they will remain safe at school.
- Students who reported excellent mental health were more likely to feel safe in their school than students with poor mental health (98% (95%CI: 93%, 99%) vs. 86% (95%CI: 74%, 93%)).
- Students who reported excellent mental health were also less likely than those who reported 'good' mental health to be worried about being harmed or threatened at school (7%* (95%CI: 4%, 11%) vs. 16%* (95%CI: 10%, 24%)).
- There were no differences between Ottawa and the rest of Ontario, girls and boys, students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

* Interpret with caution due to high sampling variability.

3.2.3 School enjoyment

Students were asked how they felt about going to school (Table 2). There were no differences between Ottawa and the rest of Ontario, girls and boys, students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

Table 2. How Ottawa students feel about going to school, 2013

Response	% (95%CI)
I like school very much or quite a lot	46% (37, 55)
I like school to some degree	38% (30, 45)
I don't like school very much or at all	16% (13, 20)

Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.

3.3 Bullying

Bullying, 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” is a serious public health issue, with potential harmful consequences for both the victims and the perpetrators.⁵

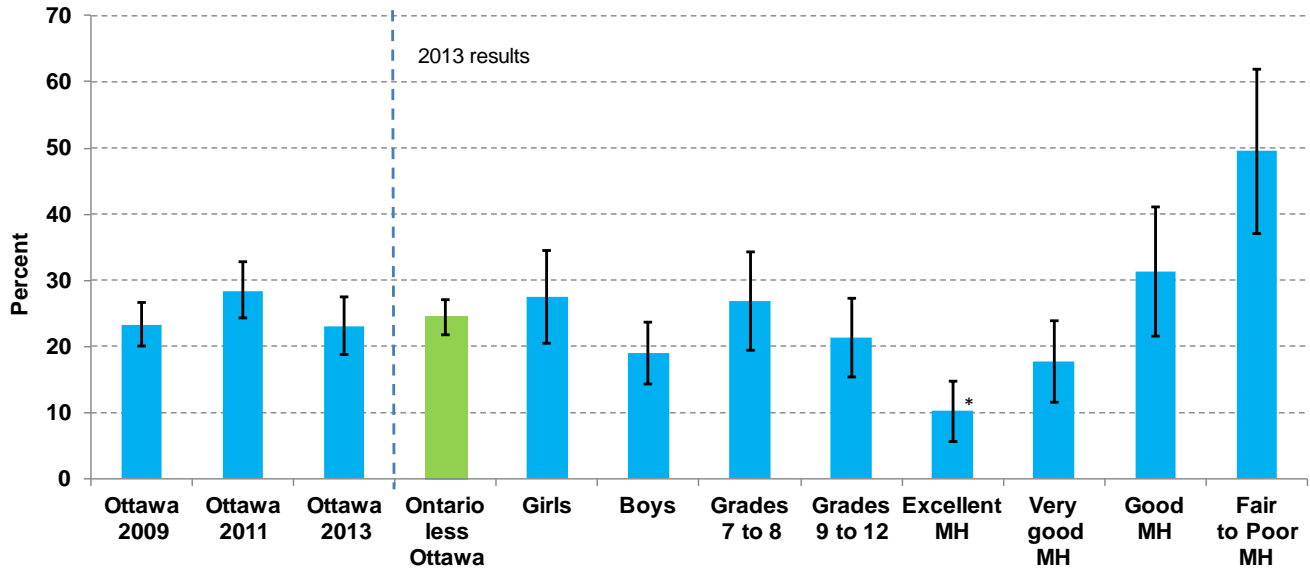
3.3.1 Experience of being bullied at school

Frequent victimization by bullies has been shown to be related with low self-esteem and self-worth, depression, and suicidal ideation.²² Students were asked if they had been bullied at school during the current school year (Figure 17). Students were also asked about the typical manner in which they were bullied.

- **Overall:** In 2013, 23% of students in Ottawa reported that they had been bullied at least once on school property during the current school year.
- **Boys vs. girls:** Girls were more likely than boys (27% vs. 19%) to report that they had been bullied.
- **Mental health status:** Students who reported ‘excellent’ mental health (10%*) were less likely to report that they had been bullied than students who reported ‘good’ (31%) or ‘fair to poor’ mental health (50%).
- There was no difference between Ottawa and the rest of Ontario, students in grade 7 to 8 compared to students in grade 9 to 12, or between survey years.
- **Frequency:** The majority of students who had been bullied reported having been bullied monthly or less often (74% (95%CI: 65%, 81%)) compared to daily or weekly (26% (95%CI: 19%, 35%)).
- **Form of victimization:** The most prevalent form of victimization among those bullied was verbal or non-physical attacks (79% (95%CI: 73%, 84%)).

* Interpret with caution due to high sampling variability.

Figure 17. Ottawa students in 2013 who reported that they were bullied at school at least once since September compared to 2009, 2011, the rest of Ontario and by sex, grade and mental health (MH) status



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

3.3.2 Perpetrators of bullying at school

Students who bully are also at risk for several mental health problems including difficult emotional adjustment and poor relationships with classmates.⁵ Students were asked how often they had bullied other students at school during the current school year.

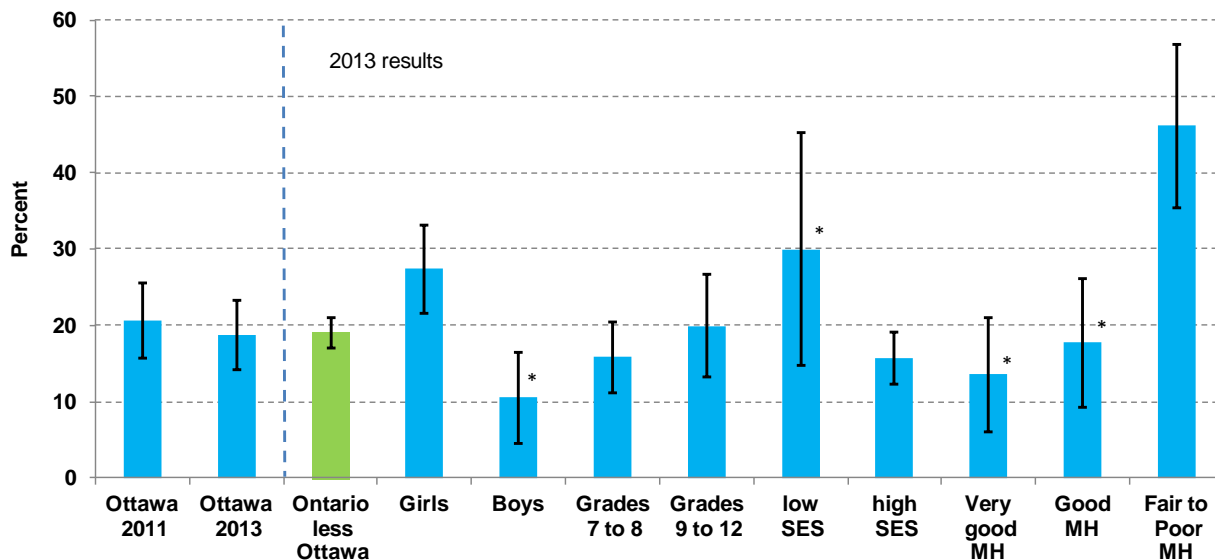
- **Overall:** Eleven percent (95%CI: 8%, 14%) of students in Ottawa reported that they had bullied other students at school.
- **Survey years:** The proportion of students who said they had bullied others in 2013 (11%) was significantly lower than the 20% (95%CI: 16%, 25%) who said they had bullied others in 2009.
- There was no difference between Ottawa and the rest of Ontario, boys and girls, or between students in grade 7 to 8 compared to students in grade 9 to 12.

3.3.3 Cyberbullying

More and more of today’s young people are engaged with electronic media. While the Internet allows youth to make social connections and to communicate with their social groups, it does increase the potential to become victims of “cyberbullying” by peers.²³ In 2011 and 2013 (not asked in 2009), students were asked if in the past 12 months they had been bullied on the internet (Figure 18). Responses were categorized as ‘did not use the internet/not bullied’ and ‘bullied at least once’.

- **Overall:** Nineteen percent of students reported that they had been bullied at least once on the internet in the past year.
- **Boys vs. girls:** Girls were more likely than boys to report that they had been bullied on the Internet (27% vs. 11%*).
- **Family SES:** Students from lower SES homes were more likely to report they had been bullied at least once on the internet in the past year than students from higher SES homes (30%* vs. 16%).
- **Mental health status:** Students who reported ‘poor to fair’ mental health were more likely to have been bullied on the internet than those that reported ‘good’ or ‘very good’ mental health (46% vs. 18%* vs. 14%*).
- There were no differences between students in Ottawa and the rest of Ontario, students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

Figure 18. Ottawa students in 2013 who reported that they had been bullied at least once on the internet compared to 2011, the rest of Ontario and by sex, grade, socio-economic status (SES), and mental health (MH) status



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

3.4 What OPH Does

OPH offers programs and services for parents, children and youth that promote mental health and help reduce suicide and self harm. We work closely with school boards and community partners to support activities that build a safe and healthy school environment. Health promotion in school and community settings promotes resiliency and coping skills, healthy attachments and lifestyles, positive parenting and prevention of chronic disease and injury. These interventions promote making healthy choices and limiting risky behaviour related to substance misuse, sexual activity, eating and physical activity.

OPH priority actions for mental health promotion, suicide and bullying prevention include:

Community engagement

- Participating in suicide prevention and mental health promotion coalitions and networks in Ottawa. For example, the Ottawa Suicide Prevention Network, which includes over 40 mental health organizations to help prevent youth suicide in Ottawa.
- Participating in the Rainbow Service Providers Network which partners with the Ottawa Carleton District School Board to host an annual Rainbow Youth Forum to promote safe and inclusive schools for gay, lesbian, bisexual, transgendered, two-spirited, queer and questioning (GLBTQ community) students.
- Helping to plan and implement the Ottawa Catholic School Board annual Elementary Peace Festival and Secondary Peace Conference to celebrate practices that build and maintain safe schools.
- Collaborating with the Children's Hospital of Eastern Ontario (CHEO) Centre for Healthy Active Living to adopt common messaging around *Eat Well, Be Active and Feel Good about Yourself*.

Working with parents and youth

- Screening new mothers for postpartum depression and providing families with positive parenting strategies and resources for healthy family dynamics in the *Healthy Babies, Healthy Children* program.
- Delivering *Healthy Transitions*, a mental health promotion program for Grade 7 and 8 students, and their parents and teachers.
- Partnering with *Youth Net/Reseau Ado* at CHEO, a mental health promotion and intervention program to offer additional programming in the community.
- Implementing *Playground Activity Leaders in Schools (PALS)* peer-to-peer program to increase physical activity and prevents bullying through peer mediation and organized play in elementary schools.

Tertiary prevention programs

- Funding an additional one day per week of the *Youth Services Bureau's Youth Mental Health Walk-in Clinic*, to enhance access to mental health services for Ottawa youth and their families.
- Partnering with the Canadian Mental Health Association (CMHA) to offer free [safeTALK](http://www.livingworks.net) (www.livingworks.net) suicide awareness and skills training to youth, parents and vulnerable groups in the community.
- Providing funds to the *Substance Abuse and Youth in School Coalition* to offer substance abuse counseling in City of Ottawa high schools.
- Partnering with CHEO, Youth Services Bureau of Ottawa, and the Royal Ottawa Health Care Group to offer the Bridges Program which provides support to youth with complex and persistent mental illness, and their parents, to transition safely from the hospital to the community.

For more information, call the Ottawa Public Health Information Line at 613-580-6744.

3.5 Community Resources

Key community resources that OPH staff draw upon and support include:

- [Youth Net at CHEO](#) provides a wide variety of youth mental health programs, from bilingual focus group sessions and programs offered in schools and the community, to in-house initiatives for youth dealing with mental health issues: www.youthnet.on.ca or call 613-738-3915.
- [Le Centre Psychosocial](#) offers mental health services to Francophone youth and their families in the Ottawa region: <http://www.centrepyschosocial.ca/fr/>
- [Crossroads Children's Centre](#) offers treatment, support and life-skills training designed to help children up to age 12 years with complex mental health needs and their families: www.crossroadschildren.ca
- [Youth Services Bureau of Ottawa](#): In addition to their Youth Mental Health Walk-In Clinic, YSB provides youth and family counseling and crisis support. Check out their website for more information about their services: www.ysb.on.ca
- [PLEO – Parents' Lifeline of Eastern Ontario](#): Family support meetings for parents who have children, youth and young adults living with mental illness, the third Thursday of every month. For dates and locations, visit their website: www.pleo.on.ca.
- [Wabano Centre for Aboriginal Health](#) provides comprehensive and culturally relevant mental health services, including individual counselling, groups, events and case management to individuals, couples and families: www.wabano.com.
- [The Ottawa Police Service](#) offers *Teens & Technology*: A presentation for parents and youth about sexting, cyberbullying, safety and mental health. For more information, visit www.ottawapolice.ca or email youth@ottawapolice.ca.
- [CMHA Ottawa](#) provides Grade 11 and 12 students the opportunity to hear the stories of community members who have experienced a mental illness, and provides information about local mental health-related resources. To find out more, call 613-737-7791 ext 271, or visit www.cmhaottawa.ca.
- [The Royal Health Care Group](#) provides free mental health information sessions to the public as part of their '[Conversations at the Royal: Public Information Sessions](#)' series: www.theroyal.ca.
- *Keeping It Cool* program is an intensive, community-based program designed to assist youth whose expressions of anger are having negative effects on themselves, their relationships and their communities. This program is run out of various community health and resources centres in Ottawa. For information call: 613-722-4000 ext. 323.
- Your local [community health and resources centre](#) offer many programs and services for youth and families related to bullying and mental health: www.coalitionottawa.ca.
- For more information about mental health services available in Ottawa, please see our listing of local [Mental Health and Addiction Services](#) available in Ottawa: www.ottawa.ca/mentalhealthresources

For more information on other community resources, call 211 or visit cominfo-ottawa.org. You can also visit www.ementalhealth.ca for information about local mental health-related resources. The Province of Ontario also has the [Mental Health Service Information Ontario](#) 24/7 phone line for information: 1-866-531-2600.

4. Tobacco Use

Cigarette smoking is the leading preventable cause of disease and death.²⁴ Tobacco increases a person's risk for several cancers, respiratory diseases, heart disease, and stroke.^{25,26} Each year in Ottawa, almost 1,000 people die prematurely, and nearly 3,000 are hospitalized due to tobacco-related illness, at a cost of almost \$40 million per year.²⁷ Health promotion programs and policies, such as bans on smoking in public places, have considerably reduced smoking, but smoking is still a major public health concern.

Highlights

- The overwhelming majority (81%) of students reported they have never smoked in their lifetime. One in 10 students said they had smoked at least one cigarette in the past year and 4% were daily smokers.
- One-in-ten (11%) student smokers began smoking in secondary school.
- More than half (55%) of current smokers acquired their last cigarette from friends or family and over a third (35%) used contraband cigarettes. Three out of five students (58%) said they felt it would be fairly to very easy to get cigarettes, despite the fact that supplying them to persons under age 19 is illegal.
- One-in-five high school students had used an e-cigarette at least once in their lifetime and 13% of students had used a waterpipe or hookah at least once.
- Fourteen percent of students are regularly (4 or more days a week) exposed to tobacco smoke from other people.
- Eighty-three percent of students felt that smoking should be banned in public parks, beaches and fields.

While progress has been made, we should remain vigilant as new products and marketing strategies continue to influence and addict our youth. Work to expand smoke-free policies and tobacco use prevention programs should continue, especially for youth most at risk for tobacco initiation.

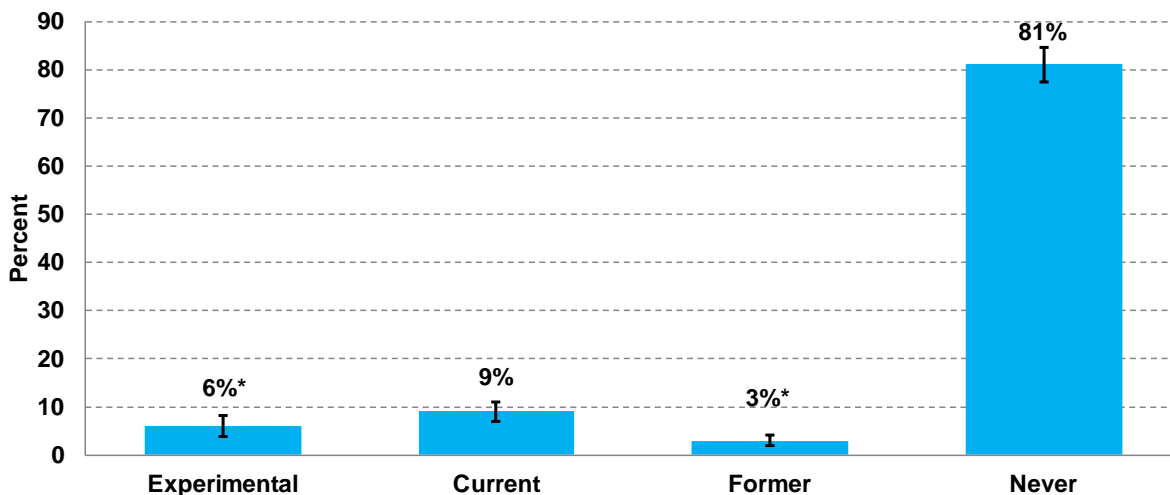
4.1 Cigarette Smoking Behaviour

4.1.1 Current smoking status

Students were asked how often in the past 12 months they smoked cigarettes (Figure 19). If they had ever smoked, they were asked to identify whether they were current smokers (i.e. had smoked cigarettes more than once in the past 12 months), experimental smokers (defined as smoking a few puffs to a whole cigarette in the past 12 months), or former smokers (defined as having smoked, but not in the past 12 months).

- **Overall:** In 2013, 81% of students reported they had **never** smoked cigarettes in their lifetime. Nine percent of grade 7 to 12 students reported they were current smokers. An additional 6%* reported they were experimental smokers, and 3%* said they were former smokers.
- **Grades:** Younger students (grades 7 to 8) were more likely to report they had never smoked cigarettes in their lifetime than older students (grades 9 to 12) (95% (95%CI: 93%, 97%) vs. 76% (95%CI: 71%, 81%)).
- There was no difference in smoking between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Figure 19. Student cigarette use in the past year in Ottawa, 2013



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.

* = Interpret with caution due to high sampling variability. Vertical bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

4.1.2 Amount smoked

- **Daily:** In 2013, 4% (95%CI: 3%, 5%) of grade 7 to 12 students in Ottawa reported they smoked at least one cigarette a day over the previous year.
 - **Grades:** Students in grades 7 to 8 were more likely than students in grades 9 to 12 to report they were not daily smokers (99.8% (95%CI: 99.4%, 100%) vs. 95% (95%CI: 94%, 96%)).
 - There was no difference between survey years, between boys and girls, or between Ottawa and the rest of Ontario.
- **Less often:** Eleven percent (95%CI: 9%, 13%) of grade 7 to 12 students in Ottawa reported they had smoked a few puffs to 3 cigarettes, 6% (95%CI: 5%, 8%) said they had smoked 4 to 99 cigarettes, and 3% (95%CI: 2%, 4%) had smoked 100 or more cigarettes in their lifetime.

4.1.3 Grade of cigarette smoking initiation

- Five percent* (95%CI: 2%, 7%) in grades 7 to 12 in Ottawa reported they had smoked their first cigarette before grade 9. 11% (95%CI: 6%, 16%) of all students in grades 7 to 12 reported they had smoked their first cigarette in secondary school.
- The majority (63% (95%CI: 41%, 85%)) of current smokers reported they had smoked their first cigarette in secondary school. The proportion that started smoking before grade 9 is too unreliable to report.

4.1.4 Quit attempts

- In 2011, 50%* (95%CI: 28%, 73%) of current student smokers in Ottawa reported they had attempted to quit smoking at least once over the previous year. The percentage in 2013 is too unreliable to report.

4.2 Use of E-Cigarettes and Waterpipes or Hookahs (new in 2013)

A waterpipe or hookah is a device used to smoke tobacco and herbal product known as shisha. Waterpipe smoking is not less harmful than cigarette smoking. Waterpipe smoking involves more frequent puffs and longer sessions resulting in greater exposure to toxins and high nicotine intake. Harmful toxins are not filtered out. Water in the pipe cools the smoke and makes it less irritating but not less toxic.²⁸ Electronic cigarettes (e-cigarettes) are designed to deliver nicotine and mimic the appearance, use and sometimes taste of a cigarette. E-cigarettes pose risks if they become a gateway to cigarette smoking and nicotine addiction by youth and if they renormalize smoking.²⁹ Waterpipe smoking and e-cigarettes appear to be gaining in popularity among youth and young adults. Under the *Smoke-Free Ontario Act* it is illegal to smoke tobacco water-pipe product in public places. Further, e-cigarettes that contain nicotine and make health claims have not been authorised for sale in Canada.

- One in five (20%* (95%CI: 13%, 27%)) high school students had used an e-cigarette at least once in their lifetime. The question was not asked of students in grades 7 to 8. This is similar to the rest of Ontario.
- Thirteen percent (95%CI: 9%, 17%) of grade 7 to 12 students had used a waterpipe or hookah at least once in their lifetime and 14%* (95%CI: 8%, 21%) of high school students had used one in the past year. This is similar to the rest of Ontario.

* Interpret with caution due to high sampling variability.

4.3 Use of Smokeless Tobacco

Smokeless tobacco (also known as chewing tobacco, snuff, plug, or dipping tobacco) is used orally rather than burned, allowing nicotine to be absorbed into the bloodstream through the mouth. Smokeless tobacco is not a safe substitute for cigarette smoking, as it is associated with diseases such as oral, esophageal and pancreatic cancers.³⁰

- Ninety-five percent (95%CI: 92%, 99%) of students in Ottawa reported that they had never used smokeless tobacco in their lifetime.

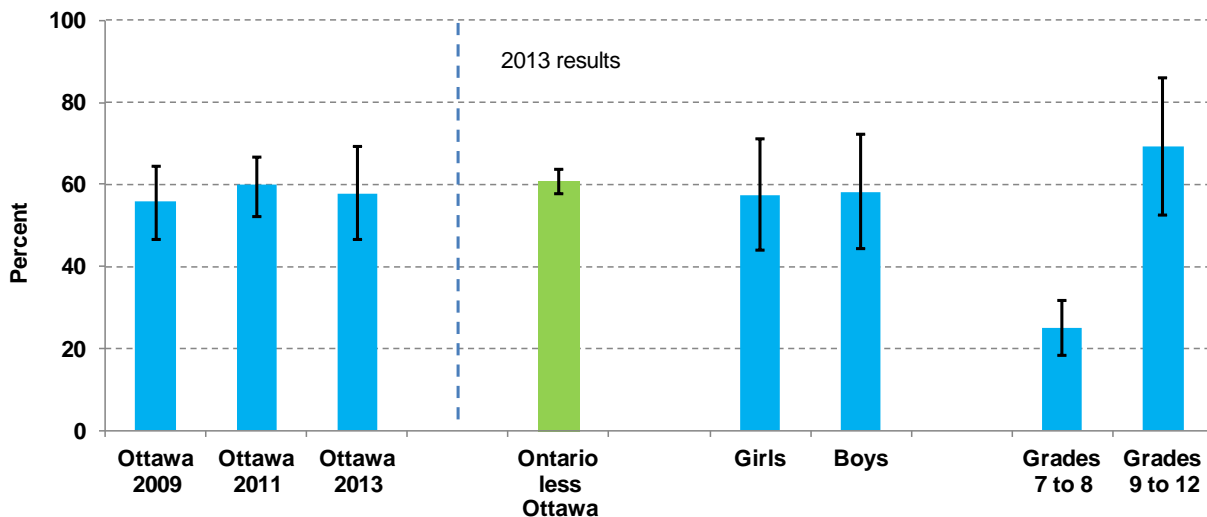
4.4 Acquiring Cigarettes

4.4.1 Ease of acquiring cigarettes

Students were asked how easy they felt it would be to get cigarettes if they wanted them. Responses were categorized as ‘probably impossible’, ‘very to fairly difficult’, ‘fairly to very easy’ (Figure 20), and ‘don’t know’.

- **Overall:** Fifty-eight percent in Ottawa reported that they felt it would be fairly to very easy to get cigarettes. An additional 15% (95%CI: 10%, 20%) reported that it would be very to fairly difficult, 10%* (95%CI: 6%, 13%) reported that it would probably be impossible, and 17%* (95%CI: 11%, 24%) did not know.
- **Grades:** Students in grades 9 to 12 were more likely than students in grades 7 to 8 (69% vs. 25%) to say that it would be fairly to very easy to get cigarettes.
- There were no differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Figure 20. Ottawa students in 2013 who reported that they felt it would be fairly to very easy to get cigarettes compared to 2009 and 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011, 2013), Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

4.4.2 Source of cigarettes

Youth who smoke are able to acquire cigarettes, despite the fact that it is illegal in Ontario to give or sell tobacco to a person under the age of 19. The OSDUHS asked current smokers where or how they acquired the last cigarette they had smoked. Choices included: 'stores (including corner store, small grocery store, supermarket, gas station, or bar)'; 'over the internet'; 'from a friend or family member'; 'someone else'; 'Native Reserve'; 'another source not listed'; or 'don't remember'.

- Fifty-five percent (95%CI: 40%, 71%) of current smokers acquired their last cigarette from friends or family. Estimates for other sources were too unreliable to report.

4.4.3 Contraband cigarette smoking

Contraband cigarettes are sold illegally without tax and are often manufactured on Native Reserves. They are often sold in clear bags (without warning labels) containing 200 cigarettes for a much lower price than what a similarly sized carton would cost, which is attractive to youth. A random half-sample of students was asked how often they had smoked cigarettes made on Native Reserves (such as "DKs", "Natives", "Discount", or unbranded cigarettes packaged in a plastic bag) in the past year.

- Thirty-five percent of current smokers reported they had smoked contraband cigarettes at least once in the last 12 months.

4.4.4 How cigarettes should be sold

Forty-one percent of students think that cigarettes should not be sold at all (Table 3).

Table 3. How grade 7 to 12 students think cigarettes should be sold, Ottawa, 2013

Response	% (95%CI)
Not sold at all	41% (35, 48)
Sold only in government owned stores	22% (18, 26)
Don't know	21% (14, 27)
Sold in a number of places as they are	16% (10, 22)

Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.

4.5 Second Hand Smoke Exposure (new in 2013)

- **Overall:** Fourteen percent (95%CI: 10%, 18%) of students are regularly (4 or more days a week) exposed to other people's tobacco smoke.
- **Grades:** Students in grades 9 to 12 (16% (95%CI: 11%, 23%)) were more likely than students in grades 7 and 8 (8% (95%CI: 7%, 11%)) to be exposed to second hand smoke.

4.6 Attitudes toward Cigarette Smoking

4.6.1 Harm from cigarette smoking

- **Overall:** Thirty-two percent (95%CI: 28%, 36%) of students felt someone would be at ‘great risk’ of harming themselves if they smoked one or two cigarettes per day. An additional 34% (95%CI: 28%, 41%) of students reported ‘medium risk’, and 23% (95%CI: 19%, 27%) reported ‘no to slight risk’.
- **Grades:** Students in grades 7 and 8 (23% (95%CI: 13%, 32%)) were less likely than students in grades 9 to 12 (35% (95%CI: 30%, 40%)) to say someone would be at great risk of harming themselves if they smoked one or two cigarettes per day.
- **Language spoken at home:** Students who spoke French at home were more likely (49%* (95%CI: 31%, 68%)) than students who spoke English only (22% (95%CI: 16%, 29%)) or another language (17%* (95%CI: 9%, 28%)) at home to say someone would be at no to slight risk of harming themselves if they smoked one or two cigarettes per day.

4.6.2 Smoking in public places (*new in 2013*)

As of April 2, 2012, Ottawa’s smoking ban applies to municipal outdoor properties, including parks and beaches, and to all bar and restaurant patios.

- **Overall:** Eighty-three percent (95%CI: 78%, 87%) of students agreed that smoking should be banned in public parks, beaches and fields.
- **Boys vs. girls:** Boys (78% (95%CI: 70%, 85%)) were less likely than girls (88% (95%CI: 83%, 91%)) to think smoking should be banned in public parks, beaches and fields.

4.6.3 Smoking in movies (*new in 2013*)

- Twenty-one percent (95%CI: 12%, 30%) of students said that movies should be rated ‘R’ if they show characters smoking.

4.6.4 Smoking flavoured tobacco

The use of flavoured tobacco products has gain popularity among youths and is now clearly recognized as a serious public health problem. Menthol cigarettes are not only the most common form of flavoured tobacco that is used among youth, but also the most addictive.³¹ Their popularity comes from the perception that they are less harmful than regular cigarettes, and the minty taste helps mask the noxious properties.³² Evidence has shown that youth who use menthol cigarettes smoke more cigarettes per day and are more likely to report that they would continue smoking in the next year than those who smoke non-menthols.³³ The OSDUHS does not address the use of flavoured tobacco.

* Interpret with caution due to high sampling variability.

4.7 What OPH Does

To help ensure that young people remain smoke-free, OPH provides youth-oriented tobacco use prevention and cessation interventions as part of its comprehensive tobacco strategy.

Prevention

OPH sponsors school presentations such as *Pigs' Lungs* and *Tobacco 101* to raise awareness of the social unacceptability of tobacco use, and of the tactics used by the tobacco industry. OPH designs and delivers campaigns such as *Photovoice*, which allows youth to explore healthy living issues in their community through photography and *Freeze the Industry*, which advocates for a moratorium on new tobacco products and an end to flavours in tobacco.

Cessation

To help youth quit smoking, OPH provides a number of services:

- Youth can receive counseling in their school and, if appropriate, 5 weeks of Nicotine Replacement Therapy (NRT – nicotine patch or gum) with a signed doctor's note.
- The *iQuit 'n Win* contest challenges students to quit smoking. If they remain tobacco-free for two weeks (verified by a saliva test), they receive a \$50 gift card (while quantities last).
- OPH offers a unique interactive presentation called *Smokers' Section* to Ottawa high school students. *Smokers' Section* is a one-hour multi-media workshop designed to encourage dialogue about smoking, the addiction process and tobacco control by-laws in a non-judgmental environment. Quit-smoking services are offered based on the student's interest and readiness to quit.
- OPH offers the *Kick Butt for 2* program for pregnant teens and young single parents through St. Mary's Home, Salvation Army Bethany Hope Centre and Youville Centre.

Protection

OPH promotes and enforces the *Smoke-Free Ontario Act (SFOA)* (2006) which bans smoking on school property and prohibits anyone from selling or supplying tobacco to people under age 19. As of April 2, 2012, Ottawa's smoking by-law applies to municipal outdoor properties, including parks and beaches, and to all bar and restaurant patios.

- All tobacco retailers receive frequent compliance checks to ensure that they are not selling to anyone under the age of 19, that ID is requested of anyone who looks under 25 years old, and that there is no tobacco promotion at point of sale.
- Schools are monitored for compliance with the ban on smoking on school property, both indoors and outdoors. Students under age 16 who are charged with smoking on school property are offered the Alternative Measures Program at the discretion of the tobacco enforcement officer, which includes dialogue and education, and may result in the fine being waived. This approach is showing promising results.

For more information, call the Ottawa Public Health Line at 613-580-6744.

4.8 Community Resources

There are also other resources within our community that encourage children and youth to be smoke-free and advocate for smoke-free policies:

- The Regional Youth Coalition (RYEC), *Take a Stand*, is funded through the Smoke-Free Ontario Strategy with the Ministry of Health and Long Term Care (MHLTC) and run through the Tobacco Control Area Network (TCAN) East. The RYEC has been developed as an extension of local youth engagement work and strives to bring youth from Eastern Ontario together to work on issues facing youth at a regional level and potentially at a provincial level.
www.SmokeFreeEast.ca.
- The Youth Advocacy Training Institute (YATI) is a program of the Ontario Lung Association. YATI supports youth and youth-serving organizations in Ontario. They do this by providing exciting and interactive learning experiences for youth and adults alike on a variety of topics that help adults and youth work together to improve the health of their communities through advocacy, education, and positive youth development. www.youthadvocacy.ca.
- Dr. Lena's Clinic for Adolescents is a free one-on-one counselling service for teens who wish to quit smoking. This service, available by referral, is offered in English only. Dr. Lena's office can be reached at 613-737-7119
- Health Canada's Quit4Life (Q4L) cessation program is a made-in-Canada, on-line quit smoking site for youth. It is available in French and English. Targeted for youth ages 14 to 19, the new Q4L website is organized around four Steps - GET PSYCHED, GET SMART, GET SUPPORT, GET ON WITH IT - and is designed as an interactive and personalized four-week program. Quit4Life is available in both handbook format and on the web: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/youth-jeunes/index-eng.php>.
- *Crush the Crave* is a free, bilingual mobile app designed by the Propel Centre for Population Health Impact. Developed in partnership with Leave the Pack Behind, Crush the Crave is a free and easy-to-use Smartphone app that helps a person stop smoking by creating a quit plan, tracking health improvements and calculating money saved. <http://www.crushthecrave.ca/>
- *Break it Off* is a free and bilingual mobile app that is developed by the Canadian Cancer Society in partnership with Health Canada. *Break it Off* offers support through a quit coach, progress tracking and real-time quitting stats that motivate a person to quit for good.
<http://breakitoff.ca/stay-split-up/break-it-off-mobile/>

For more information on other community resources, call 211 or visit cominfo-ottawa.org.

5. Alcohol Use

Alcohol use has harmful short-term and long-term health effects, including loss of coordination, memory loss, and liver damage. Alcohol can also affect behaviour and decision making, especially in young adults. Intoxication with alcohol can lead young people to engage in dangerous behaviours such as drunk driving, drug use, and risky sexual behaviour.³⁴ These behaviours increase the risk of unintentional injuries, which are the leading cause of death among youth.³⁵

Highlights

- In 2013, fewer Ottawa students reported alcohol use than in 2009; however, high risk behaviours such as drinking 5 or more drinks on one occasion (binge drinking) did not change significantly.
- One-in-five reported that they had been drunk during the past month and more than one-in-five reported binge drinking in the past month.
- Eight-in-ten high school students said it would be easy to get alcohol if they wanted some and 27% reported playing drinking games in the past month.
- One-in-ten high school students reported being injured or injuring someone in the past year as a result of their drinking.
- More students (74%) in 2013 reported that they had a class or presentation on alcohol than students in 2009 (60%).

Youth binge drinking and the related risk of injury and harm warrant heightened attention. Drinking patterns established in adolescence usually increase into young adulthood as alcohol becomes legally accessible. To promote a lifelong culture of moderation, we must collaborate to create healthy public policies that address access, price, availability, and marketing of alcohol and provide brief screening interventions for at risk drinkers. Partnering across social service, education, enforcement and health sectors is critical to enable the necessary action.

5.1 Past Year Alcohol Use

The OSDUHS asked students whether they had drunk alcohol at least once during the 12 months before the survey. Alcohol use was defined as drinking more than just sips of alcohol, and included drinking on special occasions.

- **Overall:** In 2013, 47% (95%CI: 39%, 56%) of grade 7 to 12 students in Ottawa reported drinking alcohol at least once in the past year.
- **Grades:** Older students (grades 9 to 12) were more likely to report drinking alcohol than younger students (grades 7 to 8) (59% (95%CI: 46%, 72%) vs. 17%, (95%CI: 12%, 22%)).
- **Immigration status:** Non-immigrant students were more likely than immigrants (50% (95%CI: 43%, 58%) vs. 34%* (95%CI: 20%, 48%)) to report drinking alcohol in the past year.
- **Language spoken at home:** Students who spoke only English at home were more likely than students who spoke a language other than English or French in the home (53% (95%CI: 44%, 61%) vs. 39% (95%CI: 25%, 52%)) to report that they had drunk alcohol in the past year. There was no difference compared to students who spoke French at home.
- **Survey years:** A smaller proportion of students (47%) reported alcohol use in 2013 compared to 2009 (57% (95%CI: 51%, 63%)).
- There were no significant differences between Ottawa and the rest of Ontario, or between boys and girls.

5.2 Grade of First Alcohol Use

- Among Ottawa students in grades 9 to 12, 24% (95%CI: 19%, 29%) reported having used alcohol before grade 9. There is a trend towards a significantly higher proportion of boys than girls reporting first alcohol use before grade 9 (27% (95%CI: 18%, 36%) vs. 21% (95%CI: 14%, 28%)).
- Across Ontario, the age of first alcohol use appears to be rising. In 2013, just 13% of Ontario 7th-graders had drunk alcohol by grade 6 compared to 31% in 2007, 42% in 2003, and 50% in 1981. Ottawa-specific data are not available.

5.3 Patterns of Alcohol Use

5.3.1 Alcohol and energy drinks (*new in 2013*)

In 2013, students were asked how often they had drunk alcohol mixed with an energy drink in the past year. Mixing alcohol with energy drinks, which contain large amounts of caffeine (and often sugar), can increase the risk of harm including alcohol poisoning, injury, anxiety and insomnia because the stimulant effects of caffeine can mask the feeling of alcohol intoxication.³⁶

- **Overall:** In 2013, 21% (95%CI: 15%, 26%) of students drank alcohol mixed with an energy drink at least once in the past year.
- **Grades:** More grades 9 to 12 students (25% (95%CI: 19%, 34%)) than grades 7 to 8 students 7%* (95%CI: 4%, 14%)) reported drinking alcohol mixed with an energy drink at least once in the past year.
- There were no significant differences between Ottawa and the rest of Ontario, or between boys and girls.

* Interpret with caution due to high sampling variability.

5.3.2 Drunkenness

The OSDUHS asked students whether they had been drunk during the past 4 weeks. Drunkenness was defined as “drinking so much that you could not do what you wanted to do or you threw up.”

- **Overall:** In 2013, 20% (95%CI: 16%, 25%) of students reported that they had been drunk at least once in the past month.
- **Grades:** Older students (grades 9 to 12) were more likely than younger students (grades 7 to 8) to report that they had been drunk at least once in the past month (28% (95%CI: 21%, 35%) vs. 2%* (95%CI: 1%, 3%)).
- **Language spoken at home:** Students who spoke only English at home were more likely than students who spoke a language other than English or French in the home (26% (95%CI: 20%, 31%) vs. 12%* (95%CI: 6%, 18%)) to report drunkenness. There was no difference compared to students who spoke French at home.
- There were no significant differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

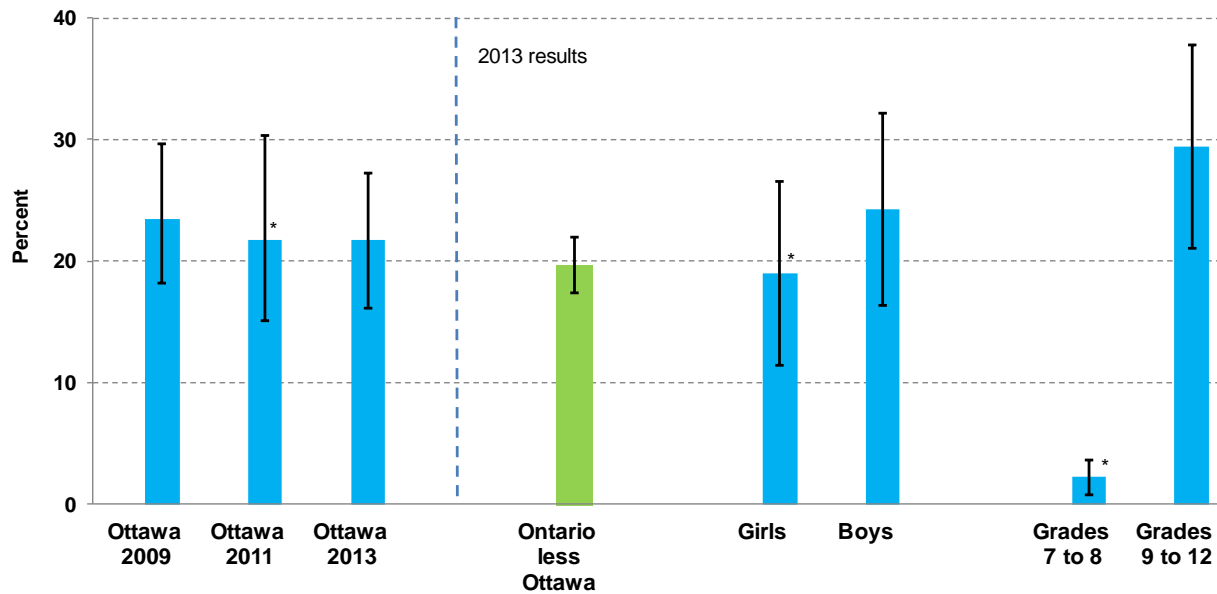
5.3.3 Binge drinking

The OSDUHS asked students how often they had 5 or more drinks of alcohol on the same occasion (i.e. binge drinking) during the past 4 weeks (Figure 21).

- **Overall:** In 2013, 22% (95%CI: 16%, 28%) of grade 7 to 12 students in Ottawa reported binge drinking at least once during the past 4 weeks.
- **Grades:** A significantly higher proportion of grade 9 to 12 students reported binge drinking compared to grade 7 to 8 students (29% (95%CI: 21%, 38%) vs. 2%* (95%CI: 1%, 4%)). Binge drinking peaked at 54% (95%CI: 46%, 62%) among grade 12 students.
- **Immigration status:** Immigrant students were more likely than non-immigrant students to report *not* binge drinking (89% (95%CI: 79%, 98%) vs. 76% (95%CI: 71%, 81%)).
- **Language spoken at home:** Students who spoke a language other than English or French in the home were more likely than students who spoke only English at home (87% (95%CI: 78%, 97%) vs. 74% (95%CI: 68%, 79%)) to report *not* binge drinking.
- There were no significant differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

* Interpret with caution due to high sampling variability.

Figure 21. Ottawa students in 2013 who binge drank in the past month compared to 2009 and 2011 and the rest of Ontario, and by sex and grade.



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2009, 2011 and 2013), Centre for Addiction and Mental Health. * = Interpret with caution – high sampling variability. Vertical bars represent 95% confidence intervals.

5.3.4 Drinking games (*new in 2013*)

In 2013, for the first time the OSDUHS asked grade 9 to 12 students how often they had played drinking games with others in the past month. Twenty-seven percent (95%CI: 19%, 35%) of Ottawa grade 9 to 12 students reported having played a drinking game at least once in the last month.

5.4 Alcohol Use Problems

5.4.1 Hazardous or harmful drinking

Hazardous or harmful drinking puts young people at risk for current or future physical and social problems. The OSDUHS assessed the extent of hazardous or harmful drinking among students using the Alcohol Use Disorders Identification Test (AUDIT), a screening questionnaire developed by the World Health Organization to measure heavy drinking and alcohol-related problems.

- **Overall:** In 2013, 13%* (95%CI: 9%, 17%) of Ottawa students reported drinking at levels that AUDIT identified as hazardous or harmful.
- **Grades:** Among Ottawa students in grades 9 to 12, 18%* (95%CI: 11%, 25%) reported drinking at a hazardous or harmful level. The estimate for students in grades 7 to 8 is unreliable and cannot be reported.
- There were no significant differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

Injuries: About 12% (95%CI: 9%, 16%) of Ottawa secondary students reported being injured or injuring someone as a result of their drinking in the past year.

* Interpret with caution due to high sampling variability.

5.4.2 Alcohol and other drug treatment

- In 2013, 1% (95%CI: 0.6%, 2.2%) of Ontario students reported that they had received either alcohol and/or drug treatment during the 12 months before the survey.
- The estimate for Ottawa students is unreliable and cannot be reported.

5.4.3 Drinking and driving

- In 2013, 4% (95%CI: 3%, 5%) of 10th through 12th graders with a G-Class driver's licence in Ontario reported they had driven within an hour of consuming two or more alcoholic drinks at least once during the past year. This provincial estimate has declined significantly from 12% (95%CI: 10%, 14%) in 2009. The Ottawa estimate is too unreliable to report for 2013.

5.4.4 Being a passenger with a driver who was drinking alcohol

- **Overall:** In 2013, 16% (95%CI: 13%, 19%) of Ottawa students reported they had ridden in a vehicle with an intoxicated driver at least once during the previous 12 months.
- **Grades:** Students in grades 9 to 12 were more likely than students in grades 7 to 8 to report having been a passenger with an intoxicated driver (19% (95%CI: 15%, 23%) vs. 10%* (95%CI: 7%, 13%)).
- There were no significant differences between Ottawa and the rest of Ontario, between boys and girls or between survey years.

5.5 Alcohol Availability

- **Overall:** In 2013, 67% (95%CI: 55%, 79%) of students reported that it would be easy ("fairly easy" or "very easy") to get alcohol if they wanted some.
- **Grades:** Older students (grades 9 to 12) were more likely than younger students (grades 7 to 8) to report that it would be easy to get alcohol (78% (95%CI: 61%, 96%) vs. 34% (95%CI: 23%, 44%)).
- There were no significant differences between Ottawa and the rest of Ontario, between boys and girls, or between survey years.

5.6 Classes or Presentations on Alcohol

- **Overall:** Seventy-four percent (95%CI: 62%, 85%) of students reported attending at least one class or presentation on alcohol at school since September.
- **Ottawa vs. rest of Ontario:** A higher proportion of students in Ottawa reported attending a class or presentation on alcohol (74%) than students in the rest of Ontario (61% (95%CI: 57%, 65%)).
- **Survey years:** The proportion attending a class or presentation on alcohol was higher 2013 (74%) than in 2009 (60% (95%CI: 50%, 70%)).
- There were no significant differences between boys and girls, or between survey years

* Interpret with caution due to high sampling variability.

5.7 What OPH Does

OPH works with schools, parent groups and community partners to plan and support activities to educate and raise awareness about alcohol related injuries and other health and social impacts of substance misuse.

At school

- Offers evidence based alcohol misuse prevention resources, training and health curriculum support to all Ottawa's School Boards.
- Delivers *Healthy Transitions* program to grade 7 and 8 students, parents and teachers to promote resiliency in youth.
- Member and funding partner of the Substance Abuse and Youth in School Coalition (SAYS). OPH partners with coalition members to develop resources and implement comprehensive drug and alcohol misuse prevention and treatment programs for students in Grade 7 to 12. Addiction counselors work with students who have problems in and out of school related to alcohol or drug use.

In the community

- Partners with LCBO District West Ottawa to host 2-hour interactive events where OPH teaches customers about Standard Drinks.
- Promotes the use of [Canada's Low-Risk Alcohol Drinking Guidelines](#) through community paper articles, the [Check Your Drinking](#) online alcohol self-assessment website, and displays and interactive learning sessions in workplaces.
- Raises awareness of alcohol related harms, such as local deaths attributed to alcohol, and the populations that are more negatively impacted by alcohol consumption, such as people under 24 years of age, through OPH social media platforms.
- Partners with 3 post-secondary campuses to deliver safer drinking campaigns including social norms highlighting lower risk drinking behaviours. Coordinates post-secondary campus action plans that include multidisciplinary community representation and student engagement, to strengthen existing campus policies that support responsible drinking and raise awareness of alcohol laws.
- OPH "[have THAT talk](#)" mental health video campaign was created to give parents more information about mental health. The four-part video campaign was developed in partnership with the Youth Services Bureau and Le Centre Psychosocial, and aims to give parents the knowledge and resources they need to talk about mental health with their child or teen; www.havethattalk.com.

For more information, call the Ottawa Public Health Information Line at 613-580-6744.

5.8 Community Resources

- [Alateen-Al Alon \(www.al-anon.alteen.org\)](http://www.al-anon.alteen.org) is a Twelve Step mutual support (peer-to-peer) program for teens aged 11 to 17 who are living or have lived with someone who abuses alcohol or is alcoholic. Alateen is part of the Al-Anon Family Groups, which offers help and support to the families and friends concerned about a relative or friend's problem drinking. Alateen meetings are facilitated by the teens, with an adult Alateen Group Sponsor present for guidance. Call 613-723-8484 or toll free 888-425-2666.
- [Alcoholics Anonymous \(www.ottawaaa.org\)](http://www.ottawaaa.org) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Programming is open to anyone with a desire to stop drinking, including youth. Call 613-237-6000.
- Local Community Health and Resource Centres offer many programs and services for youth and families. Click here for the list of [Community Health and Resource Centres \(www.coalitionottawa.ca\)](http://www.coalitionottawa.ca).
- [Dave Smith Youth Treatment Centre \(www.davesmithcentre.org\)](http://www.davesmithcentre.org) provides residential and community-based treatment dedicated to helping youth (13-21) and their families overcome substance misuse and other related challenges using integrated evidence-based addiction treatment delivered by competent professionals within a caring and compassionate environment. All services are delivered in English.
- [Maison Fraternité \(www.maisonfraternite.ca\)](http://www.maisonfraternite.ca) provides service to Francophones in Ontario who have a substance use problem, offering services for adults, adolescents, women, and counselling for families.
- [Rideauwood Addiction and Family Services \(www.rideauwood.org\)](http://www.rideauwood.org) is a non-profit agency serving adults, adolescents and family members who are or have been affected by addictions, substance abuse or problem gambling. Call 613-724-4881 for more information.
- [Sandy Hill Community Health Centre \(SHCHC\) \(sandyhillchc.on.ca\)](http://sandyhillchc.on.ca) offers addiction and mental health services, which include confidential counselling services for individuals, couples, family and children/adolescents seeking help for addiction (including problem gambling), mental health issues, or concurrent disorders. Available to Ottawa residents. Satellite offices in Ottawa East, South and West also available. Call 613-789-8941. Available in English or French.
- [The Wabano Centre for Aboriginal Health \(www.wabano.com\)](http://www.wabano.com) provides comprehensive and culturally relevant services for Aboriginal (First Nation, Inuit and Métis) individuals, couples and families, including several programs for youth. These include "I Am Connected", a holistic substance prevention program for children and youth aged 10 to 24. The Centre also offers the "Wasa-Nabin Urban Youth Program," a one on one program for at-risk youth aged 13 to 18, and the "Wabano Way Youth Diversion Program" which offers a culturally-sensitive prevention and intervention program that provides diversion from court for youth.
- [Youth Services Bureau of Ottawa \(www.ysb.on.ca\)](http://www.ysb.on.ca): provides counseling, crisis support, intensive case management.

For more information on other community resources, call 211 or visit cominfo-ottawa.org.

6. Drug Use

Use of cannabis or other illicit drugs such as solvents, hallucinogens, salvia, cocaine, and ecstasy impairs decision making skills and judgement and can lead to negative outcomes. Non-medical use of over-the-counter (OTC) and prescription drugs (particularly opioid-based drugs such as OxyContin, Codeine and Tylenol #3) has been gaining popularity among youth in the past decade. One possible explanation for this shift is that young people perceive these medications to be less harmful than “street” drugs, given that they are legal and have therapeutic purposes.³⁷ However, use of illicit and prescription drugs can lead to dependence and is associated with harms such as withdrawal symptoms, depression, overdose and even death.³⁸

Highlights

- Ottawa students are more likely to use cannabis, prescription drugs and over the counter TC drugs non-medically rather than other illicit drugs such as hallucinogens, cocaine, or ecstasy.
- Cannabis was used at least once in the past year by almost one quarter of Ottawa’s youth and it’s more common among older students.
- Thirteen percent of Ottawa students used prescription drugs non-medically in the past year or used cough or cold medicine to get high in the past year.
- Sixteen percent of Ottawa students have been the passenger of a car driven by someone who has been using drugs and 14% of high school students holding a G1 licence or higher have driven within an hour of using cannabis.

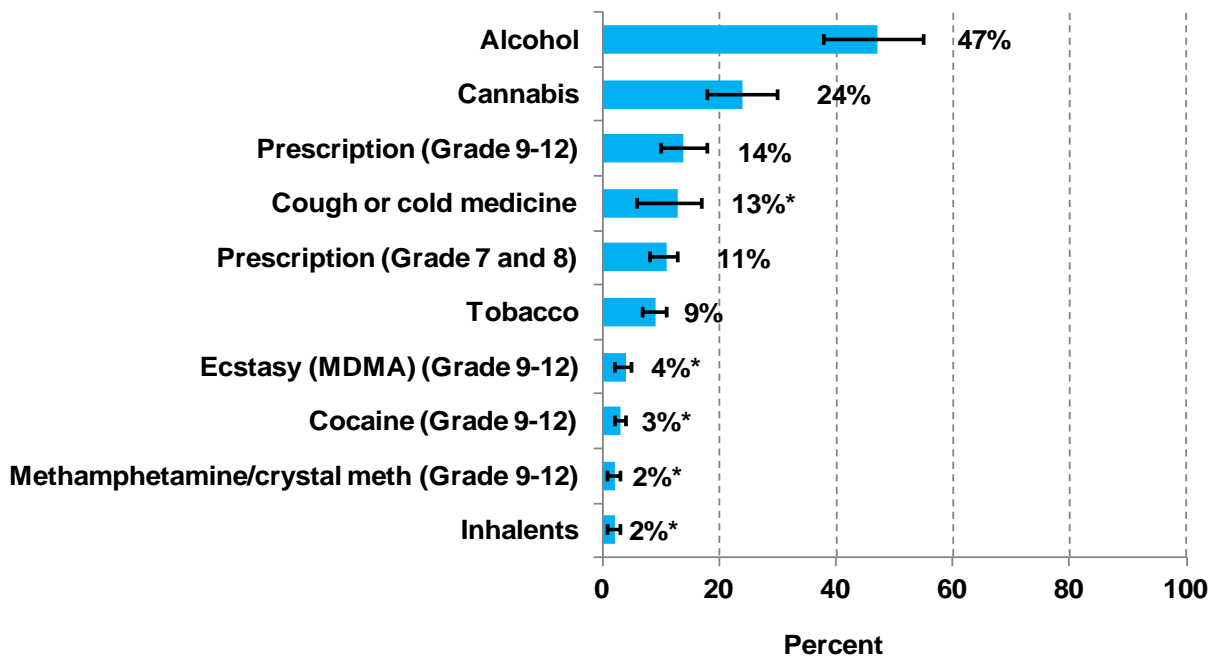
Of concern is how available and accessible prescription, over-the-counter, and illicit drugs, particularly cannabis, are in homes and the community. Greater coordination between the prevention, treatment, enforcement, and harm reduction sectors can focus community efforts to better support youth in making healthy decisions and seeking help when needed.

6.1 Drug Use

Students were asked if they had used various substances at least once in the 12 months before the survey (Figure 22).

- Overall, cannabis (24%) was the most commonly used drug after alcohol (47%). Fourteen percent (95% CI: 11%, 17%) of Ottawa students (14%) reported non-medical use of prescription drugs and thirteen percent* (95%CI: 9%, 20%) reported using over-the-counter cough/cold medication to get high at least once in the past year.
- Among grade 9 to 12 students, 4%* (95%CI: 3%, 6%) reported using ecstasy/MDMA, 3%* (95%CI: 2%, 4%) reported using cocaine and 2%* (95%CI: 1%, 3%) reported using methamphetamine/crystal meth.
- The prevalence of use of other drugs (salvia divinorum, mushrooms or mescaline, LSD, crack, heroin, jimson weed, ketamine, methoxetamine, BZP pills, mephedrone / bath salts) was too unreliable to report due to small numbers reported. In the rest of Ontario, use of each of these drugs was reported by less than 4% of students.

Figure 22. Ottawa students who reported drug use at least once in the past year by drug, 2013



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
* = Interpret with caution – high sampling variability. Horizontal bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

6.1.1 Use of any illicit drug, excluding cannabis and prescription or over-the-counter drugs

Data on students who reported having used at least one drug other than cannabis and prescription drugs that was asked about in the 2013 survey are presented herein. Cannabis and prescription drugs are discussed separately.

The estimated prevalence of use of an illicit drug other than cannabis or prescription drugs in grade 7 and 8 was too unreliable to report.

All grade 9 to 12 students were asked about the use of LSD, mushrooms or mescaline, cocaine, crack, methamphetamine (including crystal meth), heroin and ecstasy:

- **Overall:** Nine percent (95%CI: 7%, 13%) of grade 9 to 12 students reported using any of the above substances at least once in the past year.
- **Mental health visit:** Seventeen percent* (95%CI: 9%, 14%) of students who had at least one visit with a mental health professional in the past 12 months reported using any of the substances compared to 7%* (95%CI: 4%, 10%) of students who had not seen a mental health professional.
- There were no differences between Ottawa and the rest of Ontario, between boys and girls or between survey years.

When the use of solvents, salvia divinorum, jimson weed, ketamine, methoxetamine, BZP pills and mephedrone were considered along with the use of LSD, mushrooms or mescaline, cocaine, crack, methamphetamine (including crystal meth), heroin and ecstasy, 11%* (95%CI: 7%, 17%) of grades 9 to 12 students reported using any of these drugs in the past 12 months.

* Interpret with caution due to high sampling variability.

6.2 Cannabis Use

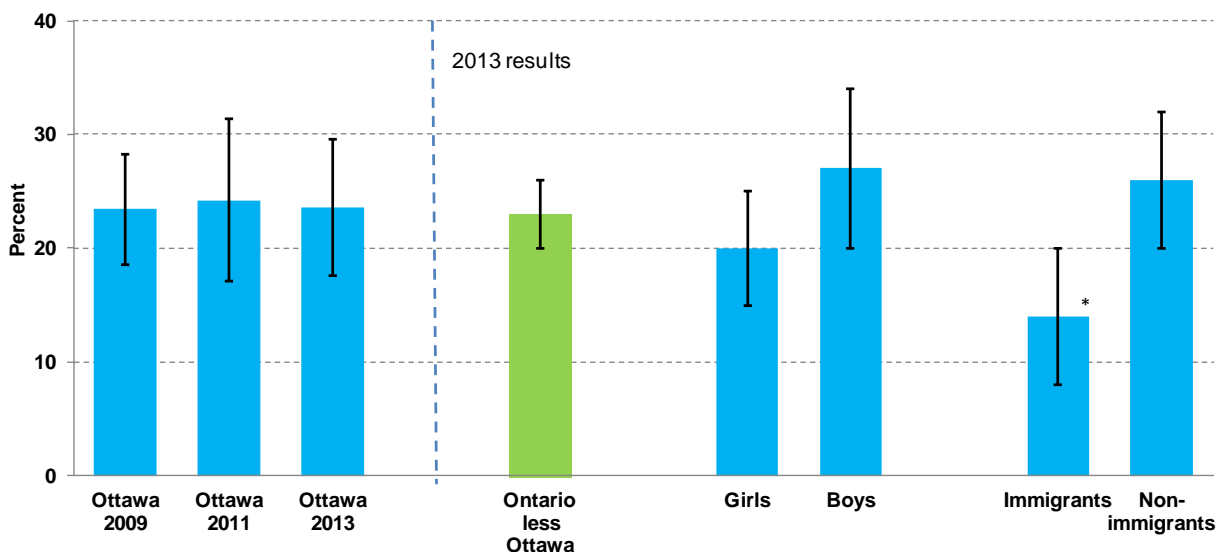
Cannabis smoke contains more tar and more of some cancer-causing chemicals than tobacco smoke. Cannabis causes difficulty in concentration, making it hard for youth to learn new things and to remember what they already know. Regular and long-term use of cannabis affects motivation.³⁹ Additionally, early cannabis use increases the risk of psychosis-related problems and schizophrenia; young brains are more susceptible to the effects of cannabis because they are still developing.⁴⁰

Cannabis use refers to any type of use of cannabis (also known as marijuana, “weed”, “grass”, “pot”, hashish, “hash”, hash oil) in the 12 months before the survey (Figure 23).

- **Overall:** In 2013, 24% (95%CI: 18%, 30%) of Ottawa students had used cannabis at least once in the past 12 months.
- **Ottawa vs. rest of Ontario:** Cannabis use in Ottawa (24%) was similar to the rest of Ontario at 23% (95%CI: 20%, 26%).
- **Immigration status:** Immigrant students were less likely to report cannabis use than non-immigrants (14%* (95%CI: 8%, 22%) vs. 26% (95%CI: 20%, 33%)).
- There were no significant differences between boys and girls or between survey years.

Frequency: Fourteen percent* (95%CI: 10%, 20%) of Ottawa students reported having used cannabis in the past 4 weeks. Eighteen percent* (95%CI: 11%, 27%) of Ottawa students reported using cannabis and alcohol on the same occasion at least once in the past 12 months. Nine percent* (95%CI: 6%, 14%) of Ottawa students reported trying cannabis for the first time in the past 12 months.

Figure 23. Ottawa students in 2013 who reported using cannabis in the past year compared to 2009, 2011, the rest of Ontario and by sex and immigration status

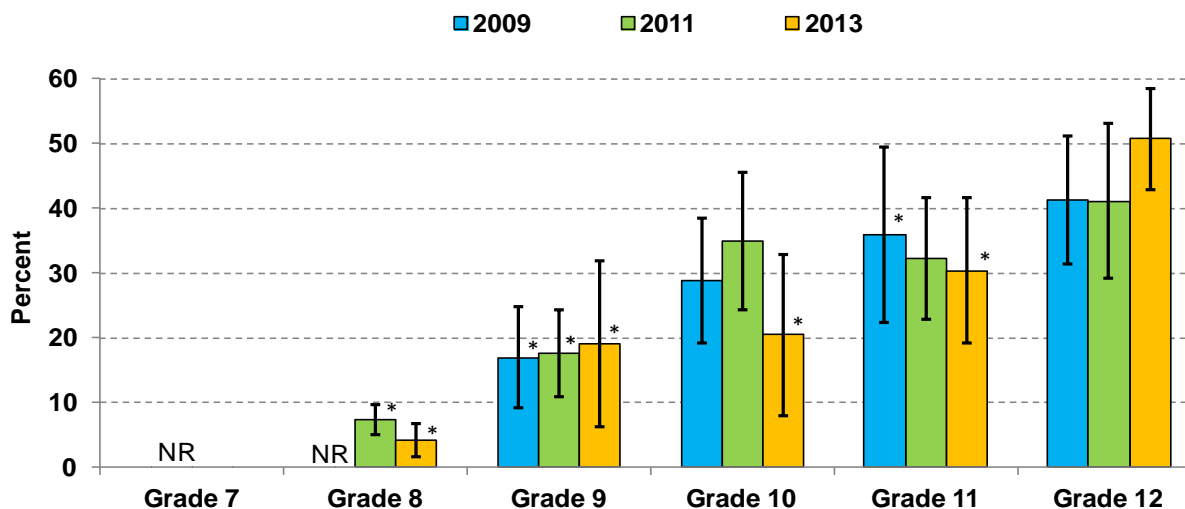


Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
 * = Interpret with caution – high sampling variability. Horizontal bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

- **Grade of initiation:** About 4%* (95%CI: 2%, 7%) of students reported having first used cannabis by grade 7.
- **Cannabis use by grade:** The proportion of students who report using cannabis at least once during the 12 months before the survey increases by grade, from 4%* (95% CI: 2%, 5%) in grade 8 to 51% (95%CI: 43%, 59%) in grade 12 (Figure 24). Thirty-two percent (95% CI: 24%, 41%) of grade 9 to 12 students report using cannabis at least once during the 12 months before the survey.

Figure 24. Ottawa students using cannabis at least once in the past year by grade and survey years



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
 * = Interpret with caution – high sampling variability. NR – Not reportable; sampling variability greater than 33.3%

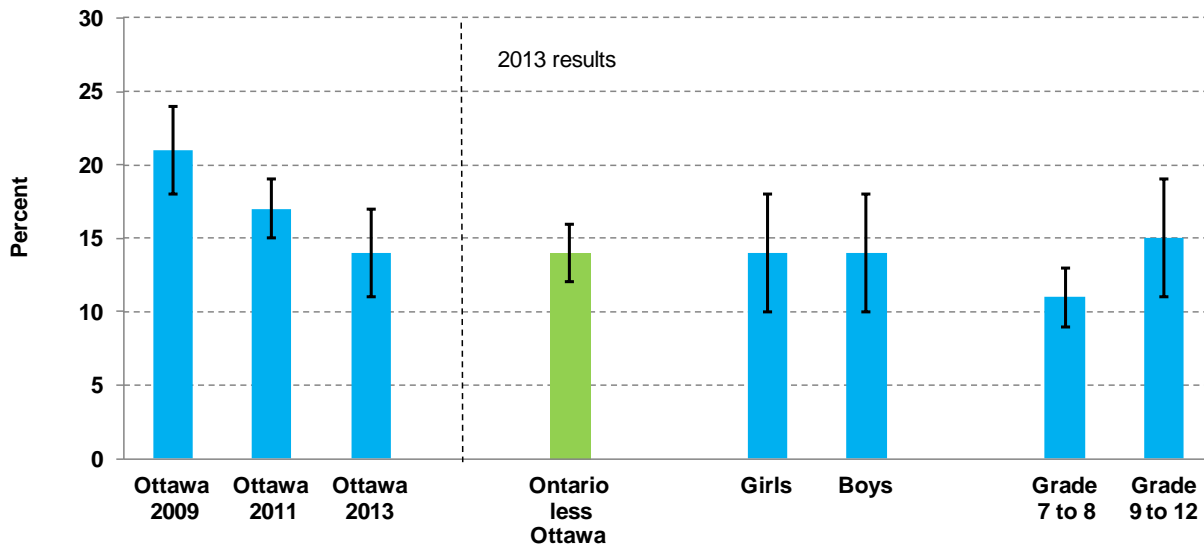
* Interpret with caution due to high sampling variability.

6.3 Non-Medical Prescription Drug Use

Students were asked about their non-medical use (without a doctor’s prescription or without a doctor telling you to take them) of prescription drugs including opioid pain relievers, ADHD medication, modafinil or tranquilizers/sedatives once or more often during the past 12 months (Figure 25).

- **Overall:** In 2013, 14% (95%CI: 11%, 17%) of students reported non-medical use of prescription drugs.
- **Grades:** Grade 7 to 8 students (11% (95%CI: 9%, 13%)) were less likely to report using at least one prescription drug non-medically in the past 12 months than students in grade 9 to 12 students (15% (11%, 19%)).
- **Mental health visit:** Students who reported using a prescription drug non-medically in the past year were more likely than those who did not report such use to also report at least one visit to a mental health professional in the past 12 months (26%* (95%CI: 16%, 39%) vs. 9% (95%CI: 8%, 12%)).
- **Survey years:** From 2009 to 2013, there was a significant decrease in the non-medical use of prescription drugs. Ottawa students in 2013 (14%) were less likely to report non-medical use of prescription drugs than students in 2011 (17% (95%CI: 15%, 18%)) and 2009 (21% (95%CI: 18%, 25%)). A similar decrease was seen provincially.
- There were no significant differences between Ottawa and the rest of Ontario or between boys and girls.

Figure 25. Ottawa students in 2013 who reported non-medical prescription drug use at least once in the past year compared to 2009, 2011, the rest of Ontario and by sex and grade



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.. Horizontal bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

6.3.1 Non-medical use of prescription opioid pain relievers

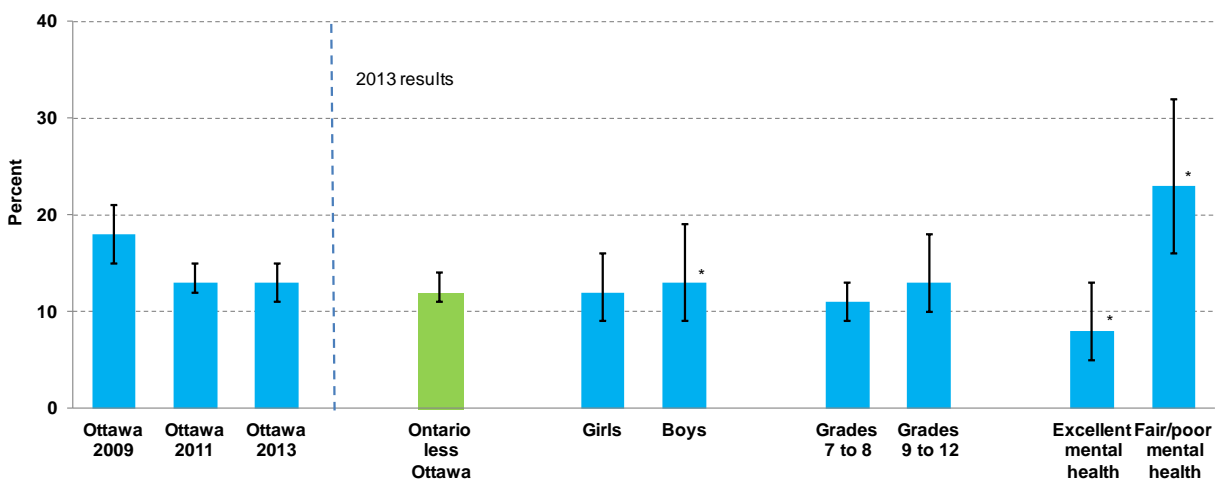
OxyContin is a brand name for a highly addictive prescription painkiller containing the opioid oxycodone. It can deliver an initial rush of euphoria, much like heroin.^{41,42} Effective March 1, 2012, OxyContin was replaced in Canada by OxyNeo, an alternative slow release formulation of the opioid oxycodone. This new formulation is intended to be more tamper resistant and so more difficult to crush and abuse.⁴³

- Overall, 2%* (95%CI: 1%, 4%) of students reported using OxyContin or OxyNeo non-medically at least once in the past 12 months.

Students were asked about non-medical use of at least one of the following opioid pain relievers during the past 12 months: OxyContin, OxyNeo, Tylenol #3, codeine, Percocet, Percodan, and Demerol (Figure 26).

- **Overall:** Thirteen percent (95%CI: 11%, 15%) of students reported using opioid pain relievers non-medically at least once in the past 12 months.
- **Mental health status:** Eight percent* (95%CI: 5%, 13%) of students with excellent mental health reported using an opioid pain medication non-medically over the past 12 months compared to 23%* (95%CI: 16%, 32%) of students with fair or poor mental.
- **Survey years:** Students in 2013 and 2011 were less likely to report non-medical use of prescription opioids than students in 2009 (13% (95% CI: 12%, 15%) in 2013 and 13% (95% CI: 12%, 15%) in 2011 vs. 18% (95% CI: 15%, 21%) in 2009). A similar pattern was seen provincially.
- There were no significant differences between Ottawa and the rest of Ontario, boys and girls or between grades 7 and 8 compared to grades 9 to 12.
- **Source of opioid:** Of the students who reported using opioid pain relievers non-medically in the past 12 months, 66% (95%CI: 51%, 78%) reported obtaining the opioids from a parent, sibling or other person living with them.

Figure 26. Ottawa students in 2013 who reported using prescription pain medication non-medically in the past year compared to 2009, 2011, the rest of Ontario and by grade, sex and self-reported mental health status



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
* = Interpret with caution – high sampling variability. Horizontal bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

6.3.2 Non-medical use of sedatives or tranquilizers

Students were asked about their non-medical use of sedatives or tranquilizers such as Valium, Ativan, or Xanax. These medications are typically prescribed to help people sleep, calm them down, or relax their muscles.

- About 3% (95%CI: 3%, 5%) of Ottawa grade 9 to 12 students reported having used sedatives or tranquilizers non-medically in the past 12 months.

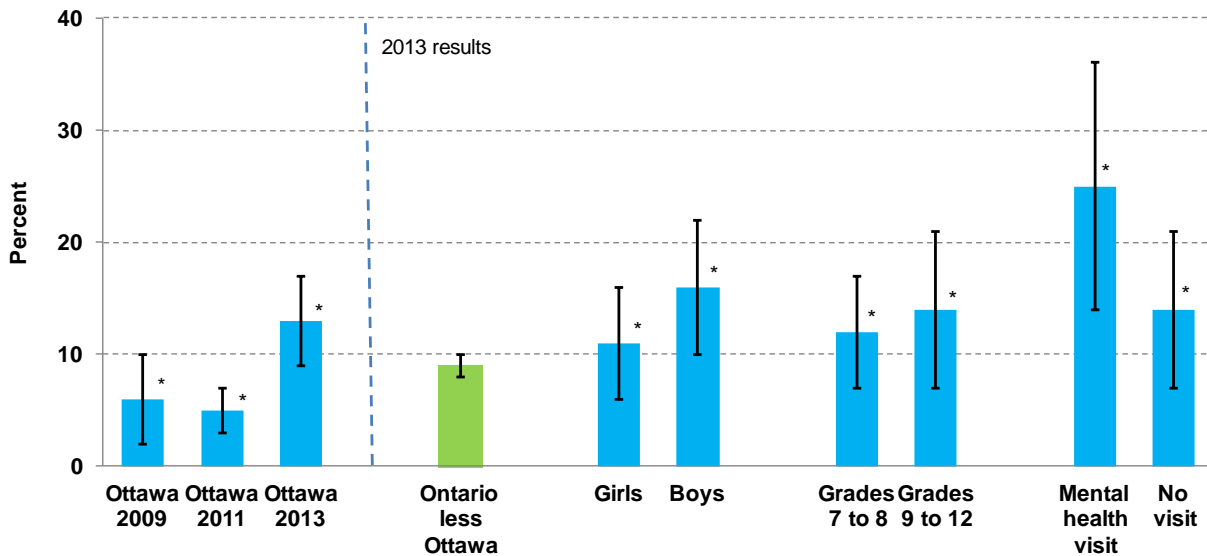
6.3.3 Non-medical use of over-the-counter (OTC) cough/cold medicine

Students were asked about their use of OTC cough or cold medications containing dextromethorphan (DXM), such as Robitussin DM or Benylin DM, to get high (Figure 27).

- **Overall:** Thirteen percent* (95%CI: 9%, 20%) of students reported using OTC cough/cold medication to get high at least once in the past year.
- **Ottawa vs. rest of Ontario:** Ottawa students were more likely to report using OTC cough/cold medication to get high than students in the rest of Ontario (13%* (95%CI: 9%, 20%) vs. 9% (95%CI: 8%, 11%).
- **Boys vs. girls:** Boys were more likely to report using OTC cough/cold medication to get high compared to girls (16%* (95%CI: 10%, 24%) vs. 11%* (95%CI: 6%, 18%).
- **Mental health visit:** Students who reported having had at least one visit to a mental health professional in the past 12 months were more likely to report using OTC cough/cold medication to get high compared to students who had not had any visits with a mental health professional (25%* (95%CI: 14%, 40%) vs. 14%* (95%CI: 7%, 26%).
- **Survey years:** From 2009 to 2013, there was a significant increase in the use of OTC cough/cold medication to get high at least once in the past year. Ottawa students in 2013 (13%) were more likely to report using OTC cough/cold medication to get high than students in 2011(5% (95%CI: 3%, 9%)) and 2009 (6% (95%CI: 2%, 10%)).
- There were no significant differences between students in grades 7 and 8 compared to grades 9 to 12.

* Interpret with caution due to high sampling variability.

Figure 27. Ottawa students in 2013 who reported using cough or cold medication to get high in the past year compared to 2009, 2011, the rest of Ontario and by grade, sex and encounters with a mental health professional in the past year



Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
 * = Interpret with caution – high sampling variability. Horizontal bars represent 95% confidence intervals.

6.4 Drug Use Problems

The CRAFFT screener is a six-question behavioural screening tool for use with youth under the age of 21, which tests for the presence of a potential drug use problem that may require treatment.⁴⁴ The cannabis Severity of Dependence Scale⁴⁵ is a five-item scale that measures severity of cannabis dependence.

- In Ottawa, 21% (95%CI: 15%, 28%) of grade 9 to 12 students reported symptoms of a drug abuse problem, as measured by the CRAFFT screener.
- Though not statistically significant, boys tended to be more likely to report symptoms of a drug abuse problem compared to girls (26% (95%CI: 17%, 37%) vs. 16%* (95%CI: 10%, 25%)).
- Based on the cannabis Severity of Dependence Scale, 4%* (95%CI: 2%, 7%) of Ottawa grade 9 to 12 students may have a cannabis dependence problem.

6.4.1 Alcohol and other treatment

- In 2013, 1% (95%CI: 0.6%, 2.2%) of Ontario students reported that they had received either alcohol and/or drug treatment during the 12 months before the survey.
- The estimate for Ottawa students is unreliable and cannot be reported.

6.4.2 Intoxication at school

- **Overall:** Thirteen percent* (95%CI: 9%, 19%) of Ottawa students reported having been intoxicated at school at least once in the past 12 months.
- **Boys vs. girls:** Though not statistically significant, boys tended to be more likely to report having been intoxicated at school than girls (16%* (95%CI: 11%, 24%) vs. (10%* (95%CI: 5%, 16%)).

* Interpret with caution due to high sampling variability.

- **Grades:** Students in grades 9 to 12 were significantly more likely to report having been intoxicated at school in the last 12 months (16%* (95%CI: 10%, 25%)) compared to students in grade 7 and 8 (4%* (95%CI: 2%, 8%)).

6.4.3 Drug use and driving

- **Passenger:** Sixteen percent (95%CI: 12%, 20%) of Ottawa students reported having been a passenger in a car driven by someone had been using drugs at least once in the past year.
 - **Grades:** Grade 7 and 8 students were less likely to have been a passenger in a car with a driver who had been using drugs than students in grades 9 to 12 (3%* (95%CI: 2%, 5%) vs. 21% (95%CI: 16%, 26%)).
 - **Language spoken at home:** Students who spoke only English at home were more likely to have reported being a passenger in a car driven by someone who had been using drugs compared to students who spoke a language other than English or French at home (19% (95%CI: 14%, 24%) vs. 10%* (95%CI: 6%, 16%)). There was no difference compared to students who spoke French at home.
- **Driver:** Students in grades 9 to 12 were asked if they had driven within 1 hour of using cannabis in the past 12 months. Among Ottawa students holding a G1 or higher license, 14%* (95%CI: 10%, 21%) reported having driven within an hour of using cannabis.
 - **Boys vs. girls:** Boys were more likely to report having driven within an hour of using cannabis compared to girls (21%* (95%CI: 13%, 33%) vs. 7%* (95%CI: 4%, 12%)).

6.4.4 Drug environment

Students were asked about drugs at their school and in their neighbourhood.

- **Big problem:** In Ottawa, 31% (95%CI: 26%, 37%) of students identified drugs to be a big problem at their school, 53% (95%CI: 47%, 60%) identified drugs to be a small problem and 16%* (95%CI: 11%, 22%) identified drugs to not be a problem.
 - **Ottawa vs. rest of Ontario:** Though not statistically significant, compared to the rest of Ontario, more Ottawa students tended to see drugs as a big problem at school (31% (95%CI: 26%, 37%) vs. 24% (95%CI: 21%, 28%)).
 - **Grades:** Ottawa grade 7 and 8 students were less likely to identify drug use as a big problem in their school compared to students in grades 9 to 12 (18% (95%CI: 13%, 24%) vs. 36% (95%CI: 28%, 44%)).
- **Sold to at school:** Nineteen percent (95%CI: 16%, 23%) of students reported that they have been offered, sold or given an illegal drug on school property in the last 12 months.
 - **Boys vs. girls:** Boys were more likely to report having been offered, sold or given an illegal drug at school compared to girls (23% (95%CI: 18%, 29%) vs. 15% (95%CI: 11%, 20%))
 - **Grades:** Grade 9 to 12 students were more likely to report having been offered, sold or given an illegal drug at school compared to grade 7 and 8 students (23% (95%CI: 19%, 28%) vs. 9%* (95%CI: 4%, 16%)).
- **Sold to at any location:** Twenty-seven percent (95%CI: 21%, 34%) of Ottawa students reported that someone had tried to sell them drugs at any location in the past 12 months.
 - **Grades:** Students in grades 9 to 12 were more likely to report having had someone try to sell them drugs compared to students in grades 7 and 8 (34% (95%CI: 25%, 44%) vs. 8%* (95%CI: 4%, 15%)).

* Interpret with caution due to high sampling variability.

- **Seen drug selling:** Twenty-four percent (95%CI: 19%, 29%) of students reported having seen someone selling drugs in their neighbourhood in the past 12 months and an additional 14% (95%CI: 11%, 17%) think that they have seen someone selling drugs.
- **Friend using drugs:** Fifty-two percent (95%CI: 44%, 60%) of students reported that at least one of their closest friends uses illegal drugs.
 - **Grades:** Students in grades 9 to 12 were more likely to have at least one close friend who uses illegal drugs compared to students in grades 7 and 8 (65% (95%CI: 53%, 76%) vs. 15%* (95%CI: 9%, 26%)).
 - **Immigration status:** Non-immigrants were more likely to have at least one friend who uses illegal drugs compared to students who were immigrants (55% (95%CI: 46%, 64%) vs. 40% (95%CI: 28%, 52%)).

6.5 Drug Availability

Students were asked how easy or difficult it would be to get various drugs if they wanted some. Students could choose from six responses: Probably impossible, very difficult, fairly difficult, fairly easy, very easy, and don't know. Students in all grade levels were asked about availability of cannabis and prescription pain relief pills, while only students in grades 9 to 12 were asked about availability of cocaine, ecstasy and LSD (Table 4).

- **Grades:** Students in grades 9 to 12 were more likely to perceive cannabis as fairly easy or very easy ("easy") to get than students in grades 7 to 8.
- **Immigration status:** Non-immigrants were more likely to report that cannabis would be easy to access than immigrant students (54% (95%CI: 46%, 62%) vs. 36% (95%CI: 27%, 47%)).
- **Ottawa vs. rest of Ontario:** Ottawa grade 9 to 12 students were more likely to report that it would be easy to get ecstasy than grade 9 to 12 students in the rest of Ontario (26%* (95%CI: 17%, 37%) vs. 13% (95%CI: 11%, 15%)).

Table 4. Ottawa students reporting that it would be fairly easy or very easy to get a drug, by grade, 2013.

Drug	Grade 7-8 (95% CI)	Grade 9-12 (95% CI)
Cannabis	14%* (8, 22)	63% (53, 73)
Prescription pain pills without a doctor's prescription	11%* (7, 19)	24% (17, 31)
Cocaine	-	21% (15, 28)
Ecstasy	-	26%* (17, 37)
LSD	-	13%* (9, 18)

Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.
* = Interpret with caution – high sampling variability. Figures in brackets '(')' represent confidence intervals.

* Interpret with caution due to high sampling variability.

6.6 Classes or Presentations on Cannabis and Other Drugs

- 56% (95%CI: 48%, 63%) of Ottawa students reported having had at least one class on cannabis and 53% (95%CI: 46%, 61%) of Ottawa students reported having had at least one class on other drugs since September.
- There were no differences by grade level or between boys and girls.

6.7 Perception of Risk

Students were asked to consider how much people risk harming themselves, physically or in other ways, if they try various drugs. Students could choose from five responses: No risk, slight risk, medium risk, great risk, or don't know (Table 5).

- **Overall:** Trying marijuana was perceived by youth to be less risky than trying either cocaine or ecstasy.
- **Grades:** Grade 9 to 12 students were more likely to report no risk of harm from trying marijuana once or twice compared to grade 7 and 8 students (36% (95%CI: 31%, 41%) vs. 35% (95%CI: 27%, 45%)). Grade 7 and 8 students were more likely to report a great risk of harm with regular marijuana use compared to grade 9 to 12 students (63% (95%CI: 54%, 71%) vs. 39% (95%CI: 34%, 45%)).
- **Boys vs. girls:** Girls were more likely to report a great risk of harm with regular marijuana use compared to boys (56% (95%CI: 51%, 60%) vs. (35% (95%CI: 27%, 44%)).

Table 5. Perception of risk of drug use among Ottawa students, 2013.

Response option	Grades	(95% CI)
Great risk of harm from trying marijuana once or twice	7 to 12	14% (10, 19)
Great risk of harm from smoking marijuana regularly	7 to 12	45% (40, 45)
Great risk of harm from taking a prescription pain reliever pill that was not prescribed for them	7 to 12	45% (38, 52)
Great risk of harm from trying cocaine once or twice	9 to 12	44% (35, 54)
Great risk of harm from trying ecstasy/MDMA once or twice	9 to 12	35% (27, 45)

Data source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS (2013), Centre for Addiction and Mental Health.

6.8 What OPH Does

OPH works with school and community partners to provide a safe and supportive community that addresses substance misuse.

At school

- Works with all Ottawa elementary and high schools to provide curriculum support, education and resources based on substance misuse prevention and health curriculum and connects students with community resources.
- Delivers the *Healthy Transitions* program promoting positive mental health to grade 7 and 8 students, parents and teachers.
- Engages high school students in activities, such as the Why Drive High display which demonstrates the effects of marijuana use on driving.
- Is a member of the Substance Abuse and Youth in School Coalition (SAYS). This coalition provides students in Grades 7 through 12 substance misuse prevention and treatment programs including access to addiction counsellors in and out of school.

In the community

- Provides access to sterile harm reduction supplies, safe disposal of injection equipment, health information, testing (HIV, hepatitis B & C, STIs), vaccinations, first aid, pregnancy testing and emergency contraception, Peer Overdose Prevention Program (POPP) training and counselling through OPH's Site Needle & Syringe Program. Safe and confidential discussion is available with referral to health and social service agencies including drug-treatment agencies.
- Partners with YSB to offer a Youth Harm Reduction Drop-in Clinic.
- Collaborates with community partners to prevent harm and injuries as a result of substance misuse.

For more information, call the Ottawa Public Health Information Line at 613-580-6744.

6.9 Community Resources

For a list of local mental health and addiction services, visit Ottawa Public Health online at <http://ottawa.ca/en/residents/public-health/healthy-living/mental-health-and-addiction-services>

For more mental health and addiction resources, call 211 or visit www.cominfo-ottawa.org

7. Gambling

Gambling is popular among adolescents and adolescents have been found to have higher rates of problem gambling than adults.^{46,47,48} Even though regulated forms of gambling are illegal in Ontario for those under age 19, opportunities for youth to gamble continue to grow within the province.⁴⁹ Gambling disorders among adults likely originate during adolescence.⁵⁰ The negative consequences associated with problem gambling include an increased likelihood of delinquent and criminal behaviour, problems with family, work and school, and mental health problems.^{51,52}

Highlights

- More than one third (35%) of Ottawa students reported gambling for money at least once in the past year.
- Boys were more likely than girls to report gambling for money at least once in the past year (43% vs. 28%), and they reported gambling larger sums.
- One-in-seven (14%) Ottawa students reported gambling \$50 or more in the past year.
- Playing card games (14%*) was the most reported type of gambling by Ottawa students.
- One percent of Ontario students were considered to have a gambling problem based on a screening tool.
- Students in Ottawa (3%) were more likely than those in Ontario (0.4%) to report gambling in a casino.

While the majority of students will not have long-term sequelae, for some gambling will become a life changing addiction. Raising awareness of the risks and harms of gambling and the resources for early intervention are areas for improvement

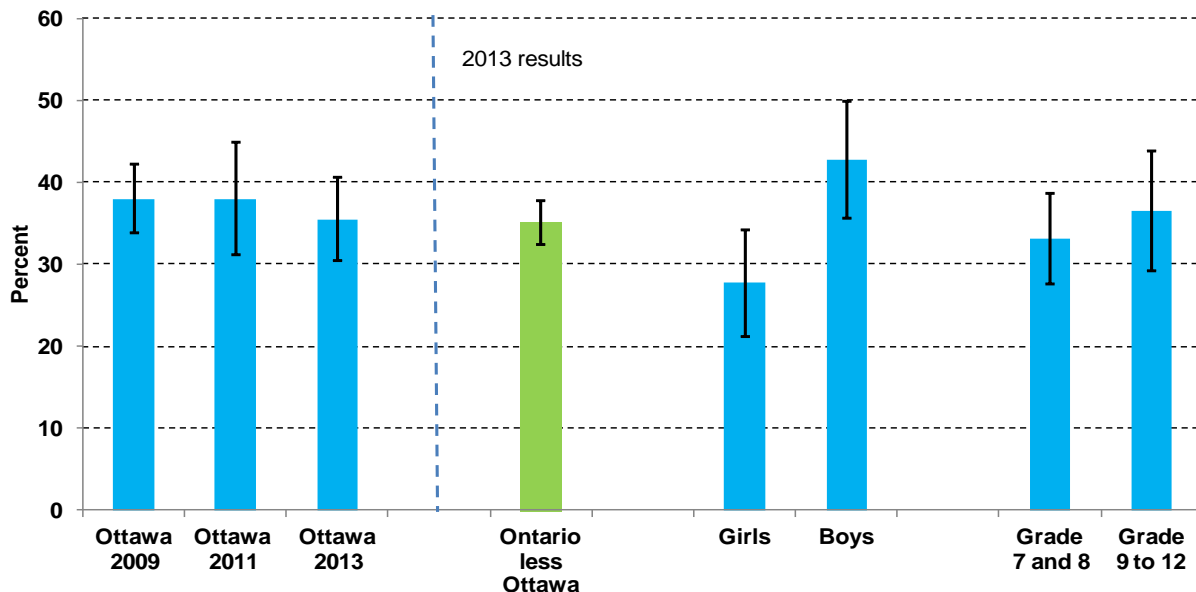
* Interpret with caution due to high sampling variability.

7.1 Any Gambling Activity in the Past Year

The OSDUHS asked students how often (if ever) in the past 12 months they had gambled in each of the following activities: cards, dice, bingo, sports pools, sports lottery, lottery tickets (including instant lottery such as 6-49, scratch cards, pull tabs), games of skill, video gambling machines or slot machines, casinos in Ontario, internet (on any games), or gambled in other ways not listed. “Any gambling” is a derived variable defined as reporting having gambled in at least one of the eleven listed activities in the past 12 months (Figure 28). The question on games of skill (pool, darts, bowling, and chess) was not asked in 2009 and 2011.

- **Overall:** In 2013, 35% of students reported they had gambled at least once in the past year.
- **Boys vs. girls:** Boys (43%) were more likely than girls (28%) to report they had gambled at least once in the past year.
- There were no significant differences between Ottawa students and those from the rest of Ontario or between students in grades 7 to 8 and those in grades 9 to 12, or between survey years.

Figure 28. Ottawa students in 2013 who reported any gambling in the past year compared to 2009, 2011, the rest of Ontario and by sex and grade



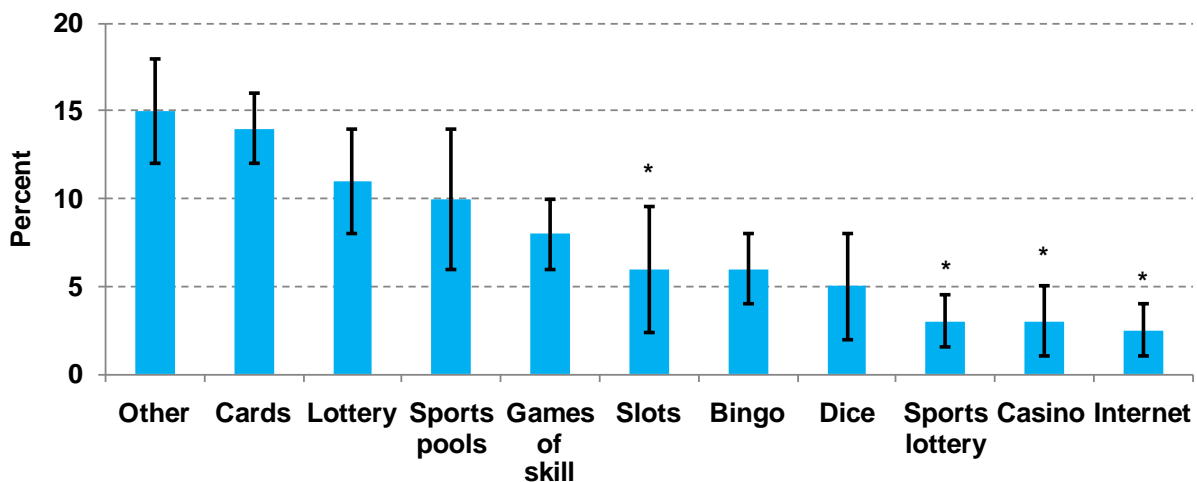
Data source: Public Health Monitoring of Risk Factors in Ontario – OSDUHS (2009 to 2013), Centre for Addictions and Mental Health. Vertical bars represent 95% confidence intervals.

7.2 Gambling Activities (Past Year)

Ten specific gambling activities were asked about in the 2013 OSDUHS in all students. Responses are ranked and shown in Figure 29.

- **Overall:** The most prevalent gambling activity reported by Ottawa students in 2013 was playing card games (14%), followed by playing lottery (11%) and betting in sports pools (10%). An additional 15% of Ottawa students gambled money at ‘other’ activities that were not specified in the survey. There were no significant differences between survey years.
- **Ottawa vs. rest of Ontario:** Students in Ottawa were more likely than those in the rest of Ontario to report gambling in a casino (3%* (95%CI: 1%, 4%) vs. 0.4%* (95%CI: 0.1%, 0.7%)).
- **Boys vs. girls:** More boys than girls reported playing card games (19% (14%, 24%) vs. 8%* (4%, 12%)) and games of skill (12%* (95%CI: 8%, 17%) vs. 4%* (95%CI: 1%, 7%)), betting in sports pools (15%* (95%CI: 9%, 21%) vs. 4%* (95%CI: 1%, 6%)) and playing on ‘other’ types of gambling not listed (19% (95%CI: 14%, 23%) vs. 10% (95%CI: 7%, 13%)).
- **Grades:** Students in grades 9 to 12 were more likely than those in grades 7 to 8 to play card games (16% (95%CI: 13%, 19%) vs. 9% (95%CI: 7%, 12%)) and lottery (13%* (95%CI: 8%, 18%) vs. 6% (95%CI: 4%, 8%)) at least once in the last twelve months.

Figure 29. Ottawa students in 2013 who reported individual types of gambling in the past year



Data source: Public Health Monitoring of Risk Factors in Ontario – OSDUHS 2013, Centre for Addictions and Mental Health.
 *= Interpret with caution due to high sampling variability. Vertical bars represent 95% confidence intervals.

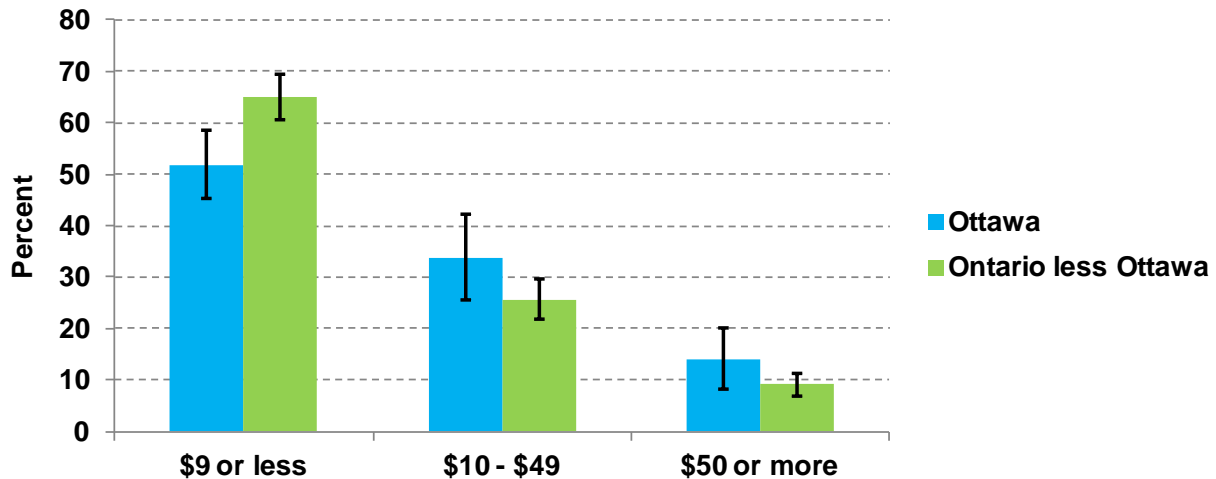
* Interpret with caution due to high sampling variability.

7.3 Money Gambled

Students were asked what was the largest amount of money they had gambled in the past 12 months. Response options ranged from \$1 or less, up to \$200 or more. Money gambled was categorized as: '\$9 or less'; '\$10 to \$49'; '\$50 or more' (Figure 30).

- **Overall:** In 2013, more than half (52% (45%, 58%)) of students who had gambled in the past year reported that they had gambled \$9 or less. An additional 34% (25%, 42%) reported they had gambled between \$10 and \$49 and 14%* (8%, 20%) reported they had gambled \$50 or more.
- **Ottawa vs. rest of Ontario:** Students in the rest of Ontario were more likely than Ottawa students to report they had gambled \$9 or less in the past year (65% (60%, 69%) vs. 52% (45%, 58%)).
- **Grades:** Students in grades 7 to 8 were more likely than those in grades 9 to 12 to report that they had gambled \$9 or less (74% (62%, 86%) vs. 43% (36%, 50%)); whereas, students in higher grades were more likely to report that they had gambled between \$10 and \$49 (40% (29%, 50%) vs. 19%* (11%, 28%)).
- There were no significant differences in amount of money gambled between boys and girls or between survey years.

Figure 30. Largest amount of money Ottawa students gambled in the past 12 months compared to the rest of Ontario, 2013



Data Source: Public Health Monitoring of Risk Factors in Ontario-OSDUHS 2013, Centre for Addiction and Mental Health. Vertical bars represent 95% confidence intervals.

* Interpret with caution due to high sampling variability.

7.4 Problem Gambling

Research indicates that adolescents have higher rates of problem gambling than adults; however, relatively few adolescents seek help for gambling problems. The OSDUHS assessed students for the existence of gambling problems using the *South Oaks Gambling Screen Revised for Adolescents* (SOGS-RA).⁵³ This six-question screening tool asked if betting had ever caused arguments with family/friends or problems at school or work; if students had ever gambled more than they had planned to; if anyone had ever informed them they had a gambling problem; if they had ever had an argument with family/friends about the money spent on gambling; if they had ever skipped or been absent from school or work due to gambling activities; and if they had ever borrowed or stolen money to cover gambling debts. Those who responded positively to two or more of the six questions were considered to have a possible gambling problem.

- As in 2011, in 2013 a very small proportion of Ottawa students were considered to have a gambling problem. Due to the small sample size, the estimate cannot be reported. The estimate for Ottawa students in 2009 was 2%* (95%CI: 1%, 4%).
- Only 1%* (95%CI: 0.6%, 3%) of students in Ontario (including Ottawa) had a possible gambling problem in 2013.

7.5 What OPH Does

OPH works with youth, school boards, parent groups and community partners to plan and support activities to reduce risk taking behaviours, such as problem gambling.

- Delivers the *Healthy Transitions* program to grade 7 and 8 students, parents, and teachers to enhance resiliency and mental health.
- Provides funding to Maison Fraternité and Rideauwood Addiction and Family Services for treatment programs and counselling in schools.
- Provides curriculum resources such as building skills in refusing risky behaviours and demystifying gambling addiction.
- Engages youth in high schools and community to respond to local health issues.

For more information, call the Ottawa Public Health Information Line at 613-580-6744.

7.6 Community Resources

- [YMCA Youth Gambling Awareness Program \(www.ymca.gta.org\)](http://www.ymca.gta.org) is a free service offering educational prevention programs designed to raise youth awareness of gambling, healthy/active living and making informed decisions for youth from age 8-24. The YMCA also provides workshops for parents and adults involved in young people's lives. For more information contact the youth outreach worker in Ottawa at 613-237-1320, ext. 5170.
- [The Problem Gambling Institute of Ontario \(www.problemgambling.ca\)](http://www.problemgambling.ca) has developed an online quiz called [Do You Need Help?](#), which is available on their website. ProblemGambling.ca (run by the Centre for Addiction and Mental Health (CAMH)) provides information about problem gambling for individuals concerned about their own, or someone else's gambling. The website also provides an online space for professionals and educators to exchange knowledge and resources about problem gambling.
- [Gamblers Anonymous \(www.gamblersanonymousottawa.org\)](http://www.gamblersanonymousottawa.org) is an all ages fellowship of thousands of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers to do the same. During a 12-step

* Interpret with caution due to high sampling variability.

program, similar to AA, participants share experiences and learn to accept gambling is an illness/addiction.

Community partners who provide addiction counselling to youth or specific populations in Ottawa:

- [Rideauwood Addiction and Family Services \(www.rideauwood.org\)](http://www.rideauwood.org) is a non-profit agency serving adults, adolescents and family members who are or have been affected by addictions, substance abuse or problem gambling. Call (613) 724-4881 for more information.
- [Maison Fraternité \(www.maisonfraternite.ca\)](http://www.maisonfraternite.ca) provides services to the Francophone population of the province who have a substance use or addiction problem. It has services for adults, adolescents, specific programming for women, and counselling services for families. Call (613) 741-2523 for more information.
- [Youth Services Bureau of Ottawa \(www.ysb.on.ca\)](http://www.ysb.on.ca): In addition to their Youth Mental Health Walk-In Clinic, YSB provides youth and family counselling and crisis support. Check out their website for more information about their services or call their intake line at (613) 562-3004. Those in crisis can call their 24/7 Crisis Line for immediate assistance at (613) 260-2360 or 1-877-377-7775 (toll-free).
- [Wabano Centre for Aboriginal Health \(www.wabano.com\)](http://www.wabano.com) provides comprehensive and culturally relevant mental health services, including individual counselling, on-going groups, events and case management to individuals, couples and families. Specifically for youth aged 10 to 24 is “I Am Connected”, a holistic substance prevention program. Contact the “I Am Connected” Program Coordinator at (613) 748-0657 x241.
- [The Royal Ottawa Mental Health Centre \(www.theroyal.ca\)](http://www.theroyal.ca) The Royal’s Substance Use and Concurrent Disorders Program offers a variety of services to help patients and their families. Counseling, skill teaching and strategies for developing a healthy lifestyle are provided. Referrals may be made to longer-term care services in the community. Call (613) 722-6521 for more information.
- [Community Health and Resource Centres \(www.coalitionottawa.ca\)](http://www.coalitionottawa.ca) offer many programs and services for youth and families. Addiction and Mental Health Services, which include Confidential counselling services for individuals, couples, family and children/adolescents seeking help for addiction (including problem gambling), mental health issues, or concurrent disorders. Satellite offices in Ottawa East, South and West also available.

For information about other community resources, call 211 or visit www.cominfo-ottawa.org.

8. Methods

The Ottawa Student Drug Use and Health Report is meant to inform program development by professionals who work with youth. During the 2008/09, 2010/11 and 2012/13 school years, Ottawa Public Health (OPH) worked with the Centre for Addiction and Mental Health (CAMH) to study Ottawa students in grades 7 through 12, using the Ontario Student Drug Use and Health Survey (OSDUHS). This chapter describes the survey and analysis methods used for the project, dubbed the Public Health Monitoring of Risk Factors in Ontario-OSDUHS.

8.1 Background and Survey Methods

The OSDUHS began in 1977 and is the longest ongoing school survey in Canada. Every two years students in grades 7 through 12 who are enrolled in the public and Catholic school systems are randomly selected to participate in the survey. Both French and English school boards are a part of the sampling frame. In 2013, the final Ontario sample size was 10,398 students (a 63% response).

The Ottawa Student Drug Use and Health Report is based on data from a representative sample of Ottawa students that completed the survey in 2009 (n=1,200, a 69% response), 2011 (n=1,015, a 55% response), and 2013 (n=1,272, a 70% response).

The OSDUHS uses a two-stage (school, class) stratified (region and school type) cluster sample design and oversampling in public health units who want region-specific results. In Ottawa, OSDUHS surveyed students from 18 local schools across the four publicly funded school boards each survey year. Active parental consent was sought for the students' participation. The self-administered, anonymous survey takes approximately 30 minutes to complete during one class. For a detailed description of the OSDUHS, please visit: <http://www.camh.net/Research/osdus.html>.

8.2 Limitations

Because the survey was conducted in major school systems, it excluded some groups, such as street youth, school non-completers, private school students and those living on First Nations reserves, military bases, or in the far Northern regions of Ontario. Thus, the results may not be generalizable to these groups. In addition, self-reporting may result in under- or over-reporting on some questions due to recall bias or social desirability bias (for example, questions about students' weight or drug use).

8.3 Data Analysis

Data were analyzed using IBM SPSS Statistics 22.0 Complex samples and Stata version 13. For 2008/09, the analysis was based on a design of 19 strata, 181 primary sampling units or schools and 9,112 students (including 1,200 from Ottawa). For 2010/11, the analysis was based on a design of 15 strata, 181 primary sampling units or schools and 9,228 students (including 1,015 from Ottawa). For 2012/13, the analysis was based on a design of 20 strata, 198 primary sampling units or schools and 10,272 students (including 1,272 from Ottawa). The final weight was based on the product of the probability of the school being selected, the probability of the class being selected, a correction factor for student non-response and a sex-by-grade population adjustment.

Statistical methods are used to determine whether an observed difference between regions, such as between Ottawa and the rest of Ontario, reflects a true difference in the underlying populations or is simply due to chance. Statistical significance testing was conducted using Chi-square tests at a significance level of $p < 0.05$. If there is less than a 5% likelihood that the observed difference was due to chance, then that difference is said to be *statistically significant*. Otherwise, there is insufficient evidence to conclude that the difference is real, even if the estimates vary by a substantial amount. Not every statistically significant difference is reported in the report.

If the Chi-square testing was significant, comparisons between pairs were performed and adjusted using a Bonferroni correction for multiple comparisons as appropriate. Findings that were statistically significant at $p < 0.05$ after adjustment are reported in the text. Interesting findings that were significant

prior to adjustment, but not after adjustment, are also presented with the acknowledgement that they are important but not statistically significant.

Ninety-five percent confidence intervals (95% CI) are presented following the estimate in smaller font and within brackets.

The use of the symbol * denotes that the estimate is unreliable due to small sample sizes and high variability in responses, and should be interpreted with caution.

Note that a “rest of Ontario” or “Ontario-less-Ottawa” estimate is not the same as an overall estimate for the entire province as it does not include Ottawa. Any differences between Ottawa and Ontario should not be interpreted as if Ottawa is different than other individual health units across Ontario; rather that Ottawa is different from the average of individuals across Ontario excluding the Ottawa area.

References

1. Matthys C, De Henauw S, Bellemans M et al. (2007) Breakfast habits affect overall nutrient profiles in adolescents. *Public Health Nutr* 10, 413-421
2. Nicklas TA, O'Neil CE, Berenson GS. (1998) Nutrient contribution of breakfast, secular trends, and the role of ready-to-eat cereals: a review of data from the Bogalusa Heart Study. *Am J Clin Nutr* 67, Suppl 1, S757-S763.
3. Rampersaud GC, Pereira MA, Girard BL et al. (2005) Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *J Am Diet Assoc* 105, 743-760.
4. Malik VS, Schulze MB and Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr* 2006; 84: 274-88.
5. Eat Right Ontario. Energy Drinks FAQs. Available at: <http://www.eatrightontario.ca/en/Articles/Caffeine/Energy-Drinks-FAQs.aspx#.U2epqNeGz3U>
6. Canadian Society of Exercise Physiology. Canadian Physical Activity Guidelines for Youth 12-17 years. Available at: http://www.csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_youth_en.pdf
7. Ontario Ministry of Education. The Ontario Curriculum Grades 1-8: Health and physical education, 2010. Available at: <http://www.edu.gov.on.ca/eng/curriculum/elementary/healthcurr18.pdf>
8. Ontario Ministry of Education. The Ontario Curriculum Grades 1-8: Health and physical education, 2010. Available at: <http://www.edu.gov.on.ca/eng/curriculum/elementary/healthcurr18.pdf>
9. Siegel, P.Z., R.M. Brackbill and G.W. Heath, 'The epidemiology of walking for exercise: implications for promoting activity among sedentary groups', *Am J Public Health* (1995) 85: 706–10
10. Public Health Agency of Canada. Obesity in Canada Snapshot, 2009. Cat. No. HP5-82/2009
11. Singer MI, Slovak K, Frierson T, et al. Viewing preferences, symptoms of psychological trauma, and violent behaviors among children who watch television. *J Am Acad Child Adolesc Psychiatry* 1998; 37:1041–8.
12. Canadian Society of Exercise Physiology. Canadian sedentary behaviour guidelines for youth: 12–17 years. Available at: http://www.csep.ca/CMFiles/Guidelines/CSEP_SBGuidelines_youth_en.pdf
13. World Health Organization. 2007. Growth reference data for 5-19 years. Available at: <http://www.who.int/growthref/en/>
14. National Eating Disorders Association (NEDA). What is body image? Available at: <http://www.nationaleatingdisorders.org/what-body-image>
15. Westerberg-Jacobson, J., Edlund, B. & Ghaderi, A. (2010). A 5-year longitudinal study of the relationship between the wish to be thinner, lifestyle behaviours and disturbed eating in 9-20-year old girls. *European Eating Disorders Review*, 18:207-219.
16. Ricciarelli LA, McCabe MP. Sociocultural and individual influences on muscle gain and weight loss strategies among adolescent boys and girls. *Psychology in the Schools* Volume 40, Issue 2, pages 209–224
17. Patel V, Flisher AJ, McGorry P. Mental health of young people: a global public-health challenge. *Lancet*. 2007;369: 1302-13.
18. Patel V, Flisher AJ, McGorry P. Mental health of young people: a global public-health challenge. *Lancet*. 2007;369: 1302-13.
19. Craig WM, Pepler DJ. Identifying and targeting risk for involvement in bullying and victimization. *Can J Psych*. 2003; 48, 577–82.
20. Slade T, Grove R, Burgess P. Kessler Psychological Distress Scale: Normative Data from the 2007 Australian National Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry*. 2011 Apr;45(4):308-16.
21. Kutcher SP, Szumilas M. Youth suicide prevention. *CMAJ* 2008;178(3): 282-5.

22. Gini G, Pozzoli T. Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics*. 2009;123(3): 1059-65.
23. David-Ferdon C, Feldman M. Electronic media, violence, and adolescents: An emerging public health problem. *J Adolesc Health*. 2007; 41(6): S1-S5.
24. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
25. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
26. Cancer Care Ontario. Cancer Fact: Cancer and other chronic diseases share several risk factors. April 2012. Available at <https://www.cancercare.on.ca/cancerfacts/> .
27. Ottawa Public Health. Epidemiology Scan: A Review of Tobacco Indicators. Ottawa (ON): Ottawa Public Health; 2012.
28. Zhang, B. et al. "Enter at your own risk": a multi-method study of air quality and biological measures in Canadian water-pipe cafés. *Tobacco Control, BMJ*, 2013.
29. Health Canada. Health Canada advises Canadians not to use electronic cigarettes. March 2009. Available at: <http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2009/13373a-eng.php> [cited 27 June 2014].
30. International Agency for Research on Cancer. Smokeless Tobacco and Some Tobacco-Specific N-Nitrosamines. Lyon, France: World Health Organization International Agency for Research on Cancer; 2007. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Volume 89.
31. Foulds J, Hooper MW, Pletcher MJ, Okuyemi KS. Do smokers of menthol cigarettes find it harder to quit smoking? *Nicotine Tob Res* 2010;12 Suppl 2:S102–9.
32. Azagba S, Azagba LM, Sharaf MF, Hammond D, Manske S. Smoking intensity and intent to continue smoking among menthol and non-menthol adolescent smokers in Canada. *Cancer Causes Control*. 2014 Jun 10. [Epub ahead of print]
33. Azagba S, Azagba LM, Sharaf MF, Hammond D, Manske S. Smoking intensity and intent to continue smoking among menthol and non-menthol adolescent smokers in Canada. *Cancer Causes Control*. 2014 Jun 10. [Epub ahead of print]
34. Rhem, Jurgen, Shield, David D., Joharchi, Narges, Shuper, Paul A. (2012). Alcohol consumption and the intention to engage in unprotected sex: systematic review and meta-analysis of experimental studies. *Addiction* Volume 107, Issue 1, pages 51–59, January 2012. Available online at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03621.x/full>
35. Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R.E. (2013). Drug use among Ontario students: 1977-2013: Detailed OSDUHS findings (CAMH Research Document Series No. 36). Toronto, ON: Centre for Addiction & Mental Health. http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_DrugUseReport.pdf
36. O'Brien, M. C., McCoy, T. P., Rhodes, S. D., Wagoner, A. and Wolfson, M. (2008), Caffeinated Cocktails: Energy Drink Consumption, High-risk Drinking, and Alcohol-related Consequences among College Students. *Academic Emergency Medicine*, 15: 453–460.
37. Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R.E. (2013). Drug use among Ontario students: 1977-2013: Detailed OSDUHS findings (CAMH Research Document Series No. 36). Toronto, ON: Centre for Addiction & Mental Health.

- http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_DrugUseReport.pdf
38. Government of Canada (2013). National Anti-Drug Strategy. Drug Facts - Not4Me (Youth Drug Prevention). <http://www.nationalantidrugstrategy.gc.ca/prevention/youth-jeunes/facts-faits/index.html>
 39. Government of Canada (2013). Marijuana – Drugs of abuse & addiction. <http://www.healthycanadians.gc.ca/health-sante/addiction/marijuana-eng.php>
 40. Shapiro, GK., Buckley-Hunter, L. (2010). What every adolescent needs to know: Cannabis can cause psychosis. *Journal of Psychosomatic Research*. 69: 533-539.
 41. Boak, A., Hamilton, H.A., Adlaf, E.M., & Mann, R.E. (2013). Drug use among Ontario students: 1977-2013: Detailed OSDUHS findings (CAMH Research Document Series No. 36). Toronto, ON: Centre for Addiction & Mental Health. http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_DrugUseReport.pdf
 42. Health Canada. (2009). It's your health: Opioid pain medications. <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/ana-opioid-med-eng.php#a4>
 43. Ontario Minister of Health and Long Term Care. (2012). Ontario's Narcotics Strategy Change in Funding Status of Oxycodone Controlled Release Tablet (Discontinuation of OxyContin and introduction of OxyNEO). http://www.health.gov.on.ca/en/public/programs/drugs/ons/oxy_faq.aspx
 44. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med*. 2002 Jun;156(6):607-14.
 45. Martin G, Copeland J, Gates P, Gilmour S. The Severity of Dependence Scale (SDS) in an adolescent population of cannabis users: reliability, validity and diagnostic cut-off. *Drug Alcohol Depend*. 2006 Jun 9;83(1):90-3.
 46. Haroon KK, Derevensky JL. Child and adolescent gambling behaviour: current knowledge. *Clinical Child Psychology and Psychiatry*. 2002; 7: 263-81.
 47. Wilber MK, Potenza MN. Adolescent gambling: research and clinical implications. *Psychiatry (Edgmont)*. 2006; 3:40–8.
 48. Shaffer HJ, Hall MN, and Vander Bilt J. Estimating the prevalence of disordered gambling behaviour in the United States and Canada: a research synthesis. *American Journal of Public Health*. 1999; 89: 1369-76.
 49. Derevensky, J. (2012). *Teen gambling: Understanding a growing epidemic*. New York: Rowman & Littlefield Publishing.
 50. Dickson L, Derevensky JL. Equipping school psychologists to address another risky behaviour: The case for understanding youth problem gambling. *Canadian Journal of School Psychology*. 2006; 21: 59-72.
 51. Gupta R, Derevensky JL. Adolescent gambling behavior: a prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*. 1998; 14: 319-45.
 52. Shead NW, Derevensky J, Gupta R. Risk and protective factors associated with youth problem gambling. *International Journal of Adolescent Medicine and Health*. 2010; 22(1): 39-58
 53. Winters KC, Stinchfield RD, Fulkerson J. Toward the development of an adolescent gambling problem severity scale. *Journal of Gambling Studies*. 1993; 9: 63-84.

Appendix

Figure 1. Ottawa students in 2013 who reported excellent physical health compared to 2009, 2011 and the rest of Ontario, and by sex, grade and SES

Group	Excellent physical health (%)
Ottawa 2009	23.2
Ottawa 2011	22.0
Ottawa 2013	24.6
Ontario less Ottawa	25.5
Boys	26.5
Girls	22.6
Grade 7 to 8	33.9
Grade 9 to 12	20.8
Low SES	12.1
High SES	28.3

Figure 2. Ottawa students in 2013 who reported that they had not eaten breakfast on any of the previous five school days compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Did not eat breakfast (%)
Ottawa 2009	11.8
Ottawa 2011	11.0
Ottawa 2013	11.3
Ontario less Ottawa	14.4
Boys	10.5
Girls	12.1
Grade 7 to 8	10.6
Grade 9 to 12	11.5

Figure 3. Ottawa students in 2013 who reported that they drank one or more sugar sweetened beverages per day in the past week compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Drank sugar sweetened beverages (%)
Ottawa 2009	12.7
Ottawa 2011	12.4
Ottawa 2013	10.0
Ontario less Ottawa	12.4
Boys	13.8
Girls	5.9
Grade 7 to 8	6.1
Grade 9 to 12	11.5

Figure 4. Ottawa students in 2013 who reported that they drank at least one high-energy caffeinated beverage in the past week compared to 2011, the rest of Ontario and by sex, grade and socioeconomic status (SES)

Group	Drank high-energy caffeinated beverage (%)
Ottawa 2011	14.9
Ottawa 2013	13.2
Ontario less Ottawa	12.3
Boys	16.3
Girls	9.8
Grade 7 to 8	7.6
Grade 9 to 12	15.4
Low SES	14.9
High SES	13.2

Figure 5. Ottawa students in 2013 who were physically active for 60 minutes or more on all of the previous seven days compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Physically active (%)
Ottawa 2009	22.2
Ottawa 2011	22.0
Ottawa 2013	24.4
Ontario less Ottawa	21.6
Boys	29.1
Girls	19.5
Grade 7 to 8	33.6
Grade 9 to 12	20.7

Figure 6. Ottawa students in 2013 who were physically active in physical education on all of the previous five school days compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Physical education (%)
Ottawa 2009	21.9
Ottawa 2011	28.1
Ottawa 2013	25.2
Ontario less Ottawa	22.1
Boys	26.3
Girls	24.1
Grade 7 to 8	41.8
Grade 9 to 12	18.6

Figure 7. Ottawa students in 2013 who reported usually using motorized transportation to get to school compared to 2011, the rest of Ontario and by sex and grade

Group	Use motorized transportation (%)
Ottawa 2011	79.0
Ottawa 2013	77.6
Ontario less Ottawa	73.6
Boys	74.2
Girls	81.1
Grade 7 to 8	80.8
Grade 9 to 12	76.3

Figure 8. Ottawa students in 2013 who reported two hours or less of screen time per day compared to 2009, 2011, the rest of Ontario and by sex, grade and socio-economic status

Group	Screen time ≤ 2hours (%)
Ottawa 2009	44.5
Ottawa 2011	36.6
Ottawa 2013	39.0
Ontario less Ottawa	39.5
Boys	36.5
Girls	41.6
Grade 7 to 8	50.8
Grade 9 to 12	34.2
Low SES	25.3
High SES	43.1

Figure 9. Ottawa students in 2013 who were classified as overweight compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Overweight (%)
Ottawa 2009	14.0
Ottawa 2011	13.0
Ottawa 2013	14.7
Ontario less Ottawa	15.6
Boys	16.6
Girls	12.6
Grade 7 to 8	11.3
Grade 9 to 12	16.0

Figure 10. Ottawa students in 2013 who were classified as obese compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Obese (%)
Ottawa 2009	8.0
Ottawa 2011	8.0
Ottawa 2013	8.2
Ontario less Ottawa	10.3
Boys	9.9
Girls	6.4
Grade 7 to 8	7.3
Grade 9 to 12	8.6

Figure 11. Ottawa students in 2013 who reported that they thought they were about the right weight compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Self-perceived as right weight (%)
Ottawa 2009	75.0
Ottawa 2011	72.0
Ottawa 2013	67.4
Ontario less Ottawa	64.5
Boys	70.9
Girls	63.8
Grade 7 to 8	74.4
Grade 9 to 12	65.0

Figure 12. Ottawa students in 2011 who reported that they were trying to lose weight compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Trying to lose weight (%)
Ottawa 2009	22.0
Ottawa 2011	21.0
Ottawa 2013	29.5
Ontario less Ottawa	29.7
Boys	14.1
Girls	45.9
Grade 7 to 8	23.8
Grade 9 to 12	31.6

Figure 13. Ottawa students in 2013 who reported excellent mental health compared to 2009, 2011 and the rest of Ontario, and by sex, grade, SES and immigration

Group	Excellent mental health (%)
Ottawa 2009	32.1
Ottawa 2011	27.7
Ottawa 2013	29.8
Ontario less Ottawa	26.4
Girls	21.3
Boys	37.8
Grades 7 to 8	36.2
Grades 9 to 12	26.9
High SES	32.8
Low SES	19.6
Non-Immigrant	27.8
immigrant	40.7

Figure 14. Ottawa students in 2013 who reported high or very high levels of psychological distress in the previous few weeks compared to the rest of Ontario and by sex, grade, and visits to a mental health professional

Group	Psychological distress (%)
Ottawa 2013	23.3
Ontario less Ottawa	26.2
Girls	34.6
Boys	12.6
Grades 7 to 8	16.3
Grades 9 to 12	26.4
High SES	20.6
Low SES	33.2
No visit	15.6
One or more visit	46.6

Figure 15. Ottawa students in 2013 who reported one or more mental health care visits in the previous year compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Mental health care visits (%)
Ottawa 2009	25.5
Ottawa 2011	17.9
Ottawa 2013	25.3
Ontario less Ottawa	21.6
Girls	30.9
Boys	20.0
Grades 7 to 8	24.9
Grades 9 to 12	25.5

Figure 16. Ottawa students in 2013 who in the past year considered suicide compared to 2009, 2011, the rest of Ontario and by sex, and grade

Group	Suicidal ideation (%)
Ottawa 2009	7.9
Ottawa 2011	12.4
Ottawa 2013	12.4
Ontario less Ottawa	13.5
Girls	18.9
Boys	6.2
Grades 7 to 8	10.9
Grades 9 to 12	13.1

Figure 17. Ottawa students in 2013 who reported that they were bullied at school at least once since September compared to 2009, 2011, the rest of Ontario and by sex, grade and mental health status

Group	Being bullied at school (%)
Ottawa 2009	23.2
Ottawa 2011	28.3
Ottawa 2013	23.1
Ontario less Ottawa	24.5
Girls	27.5
Boys	18.9
Grades 7 to 8	26.9
Grades 9 to 12	21.4
Excellent MH	10.2
Very good MH	17.7
Good MH	31.4
Fair to Poor MH	49.5

Figure 18. Ottawa students in 2013 who reported that they had been bullied at least once on the internet compared to 2011, the rest of Ontario and by sex, grade, SES, and mental health status

Group	Cyberbullying (%)
Ottawa 2009	20.6
Ottawa 2011	18.7
Ottawa 2013	19.1
Ontario less Ottawa	27.4
Girls	10.5
Boys	15.9
Grades 7 to 8	20.0
Grades 9 to 12	30.0
Excellent MH	15.7
Very good MH	13.5
Good MH	17.8
Fair to Poor MH	46.2

Figure 19. Student cigarette use in the past year in Ottawa, 2013

Type of use	Smoking status (%)
Experimental	6
Current	9
Former	3
Never	81

Figure 20. Ottawa students in 2013 who reported that they felt it would be fairly to very easy to get cigarettes compared to 2009 and 2011, the rest of Ontario and by sex and grade

Group	Easy access to cigarettes (%)
Ottawa 2009	55.7
Ottawa 2011	59.8
Ottawa 2013	57.9
Ontario less Ottawa	60.8
Girls	57.5
Boys	58.3
Grades 7 to 8	25.1
Grades 9 to 12	69.3

Figure 21. Ottawa students in 2013 who binge drank in the past month compared to 2009 and 2011 and the rest of Ontario, and by sex and grade

Group	Binge drinking (%)
Ottawa 2009	23.5
Ottawa 2011	21.7
Ottawa 2013	21.7
Ontario less Ottawa	19.7
Girls	19.0
Boys	24.3
Grades 7 to 8	2.2
Grades 9 to 12	29.5

Figure 22. Ottawa students who reported drug use at least once in the past year by drug, 2013

Type of drug	Drug use (%)
Alcohol	47
Cannabis	24
Prescription (Grade 9-12)	14
Cough or cold medicine	13
Prescription (Grade 7 and 8)	11
Tobacco	9
Ecstasy (MDMA) (Grade 9-12)	4
Cocaine (Grade 9-12)	3
Methamphetamine/crystal meth (Grade 9-12)	2
Inhalents	2

Figure 23. Ottawa students in 2013 who reported using cannabis in the past year compared to 2009, 2011, the rest of Ontario and by sex, socio-economic status (SES) and immigration status

Group	Cannabis use (%)
Ottawa 2009	23
Ottawa 2011	24
Ottawa 2013	24
Ontario less Ottawa	23
Girls	20
Boys	27
Non-Immigrant	14
immigrant	26

Figure 24. Ottawa students using cannabis at least once in the past year by grade and survey years

Grade	2009	2011	2013
Grade 7	NR	NR	NR
Grade 8	NR	7.3	4.2
Grade 9	17.0	17.6	19.2
Grade 10	28.8	35.0	20.6
Grade 11	35.9	32.3	30.4
Grade 12	41.4	41.1	50.7

Figure 25. Ottawa students in 2013 who reported non-medical prescription drug use at least once in the past year compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Non-medical prescription drug use (%)
Ottawa 2009	21
Ottawa 2011	17
Ottawa 2013	14
Ontario less Ottawa	14
Girls	14
Boys	14
Grades 7 to 8	11
Grades 9 to 12	15

Figure 26. Ottawa students in 2013 who reported using prescription pain medication non-medically in the past year compared to 2009, 2011, the rest of Ontario and by sex, grade and self-reported mental health status

Group	Non-medical prescription pain medication use (%)
Ottawa 2009	18
Ottawa 2011	13
Ottawa 2013	13
Ontario less Ottawa	12
Girls	12
Boys	13
Grades 7 to 8	11
Grades 9 to 12	13
Excellent mental health	8
Fair or poor mental health	23

Figure 27. Ottawa students in 2013 who reported using cough or cold medication to get high in the past year compared to 2009, 2011, the rest of Ontario and by grade, sex and encounters with a mental health professional in the past year

Group	Cough or cold medication use (%)
Ottawa 2009	6
Ottawa 2011	5
Ottawa 2013	13
Ontario less Ottawa	9
Girls	11
Boys	16
Grades 7 to 8	12
Grades 9 to 12	14
Mental health visit	25
No mental health visit	14

Figure 28. Ottawa students in 2013 who reported any gambling in the past year compared to 2009, 2011, the rest of Ontario and by sex and grade

Group	Any gambling (%)
Ottawa 2009	38.0
Ottawa 2011	38.0
Ottawa 2013	35.5
Ontario less Ottawa	35.1
Boys	27.8
Girls	42.7
Grade 7 to 8	33.1
Grade 9 to 12	36.5

Figure 29. Ottawa students in 2013 who reported individual types of gambling in the past year

Types of gambling	Types of gambling (%)
Other	15
Cards	14
Lottery	11
Sports pools	10
Games of skill	8
Slots	6
Bingo	6
Dice	5
Sports lottery	3
Casino	3
Internet	2

Figure 30. Largest amount of money Ottawa students gambled in the past 12 months compared to the rest of Ontario, 2013

Amount of money	Ottawa	Ontario less Ottawa
\$9 or less	51.9	65.0
\$10 - \$49	33.9	25.7
\$50 or more	14.2	9.2