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The 2012 Newfoundland and Labrador Student Drug Use Survey Working Group gratefully acknowledges the help of school districts, principals and teachers of Newfoundland and Labrador. Most importantly, a special thank you goes out to the students who played a major role in ensuring the success of this project.

The 2012 Newfoundland and Labrador Student Drug Use Survey involved collaboration among the Department of Health and Community Services, the Department of Education and Dalhousie University.

The Student Drug Use Survey in the Atlantic provinces was standardized in 1994 under the leadership of Dr. Christiane Poulin, and previous surveys were carried out in 1996, 1998, 2003 and 2007. Leadership for the 2012 survey was provided by Dr. Mark Asbridge, Associate Professor, and Dr. Don Langille, Professor, Department of Community Health and Epidemiology, Dalhousie University. Project coordination was provided by Research Coordinator, Jennifer Cartwright. Drs. Asbridge and Langille provided data for this summary report.

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Introduction

The Student Drug Use Survey is an ongoing collaborative initiative between all four Atlantic provinces and has been administered periodically since 1996. The survey, coordinated by Dalhousie University, asked students in Grades 7, 9, Level I, and Level III about their experiences, if any, with substance use, gambling and associated risk behaviours. Students were also asked questions about their social and emotional well-being and help-seeking behaviours. New to the survey were questions about suicide, use of caffeinated energy drinks, use of cough medicine to get high, mephedrone use, salvia divinorum use, and driving under the influence of pain medications.

This is the fifth administration of the Student Drug Use Survey in this province. The results of this survey will be presented along with results from the previous four surveys which were administered in 1996, 1998, 2003, and 2007. Observing provincial trends over time is a valuable exercise that will inform evidence-based prevention and intervention initiatives targeted towards students.

Survey Methodology

The survey was administered to Newfoundland and Labrador students from 126 randomly-selected classes from 72 randomly-selected schools. Administration was conducted mainly by school guidance counsellors who were provided with a training webinar and a checklist to ensure proper procedures were followed. Participation was voluntary, anonymous and confidential. A total of 2530 students from all regions of the province completed the survey.

Findings

According to 2012 student responses, 46.6% of students had not used any substances in the 12 months prior to participating in the survey. This is a significant improvement from 1996 (35.8%) and 1998 (34.9%) in the percentage of students who choose to abstain.

Alcohol remains the most commonly used substance (47.0%), followed by cannabis (30.0%) and tobacco use (16.4%).

Alcohol Use

In 2012, 53% of students chose to abstain from using alcohol in the previous 12 months. This is a significant improvement from 1998 (41.7%) and 2003 (42.1%).

Overall, in 2012 the average age of first alcohol consumption was 13.5 years of age; indicating a slight, although statistically insignificant, delay of initiation from 12.9 years of age in 2007.

In the 30 days before the survey, 31.4% of students reported consuming five drinks or more in a single sitting. This is not a significant change from 2007 (29.7%). Consuming five or more drinks in a single sitting is defined as binge drinking according to the Public Health Agency of Canada (four or more drinks per sitting among women).

In the 30 days before the survey, 27.8% of students reported experiencing drunkenness. This is unchanged from 2007 (27.7%) and significantly higher than students in New Brunswick (19.8%).
Sexual Behaviours and Risk
38% of the Newfoundland and Labrador student population had vaginal, oral or anal sex in the 12 months prior to the survey. 30.5% of Newfoundland and Labrador students reported having vaginal sex and 34.7% had oral sex in the 12 months prior to the survey. Significantly less Newfoundland and Labrador students reported having anal sex (7.4%) than those reporting vaginal or oral sex. 36.5% of sexually active students (vaginal, oral or anal) had unplanned sex after using alcohol or drugs in the year prior to the survey. 61.6% of students reported using caffeinated energy drinks in the 12 months prior to the survey.

Tobacco Use
In the 12 months prior to the survey, 83.6% of students were not regular smokers. Cigarette smoking amongst Newfoundland and Labrador students is at its lowest since 1996. The average age of smoking one’s first whole cigarette was 13.4 years in this province; up significantly from 12.6 in 2007.

Cannabis Use
30% of Newfoundland and Labrador students had used cannabis in the 12 months prior to the survey. Age of first use of cannabis was 14.2 years; up significantly from 13.5 in 2007.

Other Drug Use ( illicit and non-illicit)
Drugs such as LSD (2.9%), psilocybin or mescaline (3.7%) and inhalants (2.3%) are at their lowest since 1996; while MDMA (ecstasy; 5.7%) has significantly increased since 2003. 61.6% of students reported using caffeinated energy drinks in the 12 months prior to the survey.

Substance Use and Driving
Among licensed drivers in Levels I and III, 7.7% reported driving within one hour of consuming alcohol. This is down from 16.3% in 2007, although it is not a statistically significant difference. 11.5% of students reported being a passenger with a driver who had been drinking, a significant decrease from 16.9% in 2007. Among licensed drivers in Levels I and III, 16.1% reported driving within one hour of using cannabis. This is down from 29.5% in 2007, although it is not a statistically significant difference. 23.6% of students reported being a passenger with a driver who had been using cannabis. This is relatively unchanged from 22.2% in 2007.

Gambling
Almost half (48.5%) of students played at least one of the nine gambling activities listed for money in the 12 months before the survey; this is a significant decrease from 2007 (61.6%). 4.3% of Newfoundland and Labrador students met the definitions of “at-risk” or “problem” gambling based on the screening tool used in the survey.

Mental Health
Based on a screening tool, significantly more students were determined to have “very elevated” depressive symptoms (8.4%) when compared to 2007 (4.8%). One out of six (17%) students reported seriously considering suicide in the 12 months before the survey, while 14.1% made plans to attempt suicide and 8.4% attempted suicide.

Help Seeking
In the 12 months before the survey, while 20.3% of students reported needing help for depressive symptoms, only 6% got help. Significantly more females (26.5%) than males (14.1%) reported needing help for depressive symptoms; however, females (7.6%) were not significantly more likely than males (4.6%) to receive help.

Considerations
1. Continue to build on partnerships and collaboration among government departments, other agencies and other jurisdictions to share and implement evidence-based practices to support early social and emotional development
Early development of skills promoting resiliency (such as assertiveness, refusal and decision-making skills) may delay premature substance abuse initiation. An evidence-based program such as the Promoting Alternative Thinking Strategies (PATHS) curriculum is a promising approach. PATHS is an internationally recognized, evidence-based classroom curriculum that focuses on teaching Kindergarten to Grade 6 students social and emotional skills. Children who take the PATHS curriculum are less susceptible to symptoms of anxiety and depression and are less likely to exhibit aggressive behaviour as they are able to effectively problem-solve and empathize with others (Socially and Emotionally Aware Kids, 2013). Other programs already implemented in areas throughout the province include Strengthening Families, Roots of Empathy and Lion’s Quest. Collaboration on ways to reach children at a younger age is important and should be considered.

2. Continue efforts which focus on prevention and early intervention initiatives addressing substance use among students and the harmful consequences of substance use and associated high-risk behaviour
Regional addictions prevention consultants, mental health promotion consultants and addictions coordinators are dedicated, professional staff in the regional health authorities who provide key regional leadership for addictions prevention and mental health promotion-related initiatives. They maintain knowledge of best and promising practices and resources; work collaboratively with key stakeholders such as schools and community groups; assist groups with conducting needs assessments and mobilizing community action; provide education, training and various activities aimed at raising awareness of substance abuse and mental illness and promoting positive mental health; and, administer the regional Community Addictions Prevention and Mental Health Promotion Grants program.

Since the 2007 administration of the survey, the province of Newfoundland and Labrador has supported the Youth Addiction Prevention and Early Intervention initiative. Funded by the provincial Poverty Reduction Strategy, this initiative employs 20 Youth Outreach Workers (YOWs) located in urban and rural settings throughout the province. This program allows YOWs to reach out to youth in their own setting with the goal of providing education, building relationships, assisting with the referral process, and helping youth to stay in school longer.

Results from the survey indicate that special focus should include the risks associated with caffeinated energy drinks, driving while under the influence of drugs and unplanned sexual activity after using substances. Interaction with prevention consultants and YOWs are only two avenues with which youth may be educated in these areas. Other considerations include the involvement of schools, parents and peers. For example, Parent Action on Drugs (Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with teens and the Challenges, Beliefs and Changes (CBC) Program, a peer-led drug education program. Resources such as these should be explored and successfully disseminated to help with prevention efforts.
3. Develop a provincial alcohol strategy that includes measures targeted at high rates of binge drinking and drunkenness in the province

The high rates of binge drinking and drunkenness among students in the province are very concerning. Targeted provincial prevention and policy initiatives are needed to reduce the harms and costs associated with alcohol. A provincial policy needs to be an interdepartmental effort and should address such factors as: controls systems, availability, drinking and driving counter measures, marketing, and cultural factors. A special focus on students needs to be included.

4. Continue to collaborate with the other Atlantic provinces on the Student Drug Use Survey and on the development of strategies to address common areas of concern

This can be achieved by continuation of open communication as a way of sharing information and leveraging resources on a regional and provincial basis.

5. Promote mental health literacy among students, teachers and parents

Results of the 2012 survey indicate depressive symptoms and suicidal ideation are increasing among students. Developing mental health literacy for parents, teachers and students, fostering development of coping skills among students, and creating early intervention and treatment options are all important responses. Likewise, parents, teachers and others who work with students need to be educated about how to recognize, respond and where and how to refer when professional help is required. Evergreen: A Child and Youth Mental Health Framework for Canada (Mental Health Commission of Canada, 2010) provides a framework of strategic directions for promotion, prevention, intervention and ongoing care which is a valuable resource for all provinces. This may address barriers to supports for help which seems evident among female students in this province.

6. Future surveys

The Student Drug Use Survey should be repeated in 3 to 4 years and parents, community agencies, RHAs, educators, RCMP and RNC should be consulted on current and emerging trends.

1.0 Survey Methodology

1.1 Survey sample

The Newfoundland and Labrador English School District represents all English-speaking students and schools in Newfoundland and Labrador. The District includes 263 schools and approximately 67,000 students. At the time of the survey, there were four separate districts: Labrador, Western, Nova Central, and Eastern School Districts. For the purpose of this report, we will refer to the school districts as they were at the time of the survey.

There were no significant gender differences in student respondents (46.5% male, 51.1% female).
1.2 Data collection

The survey was administered to Newfoundland and Labrador students from 126 randomly-selected classes from 72 randomly-selected schools. Participation was voluntary, anonymous and confidential. A total of 2530 students, covering all areas of the province, completed the survey. This consisted of 572 Grade 7 students, 587 Grade 9 students, 793 Level I students and 578 Level III students. It should be noted that no schools from coastal communities in Labrador were included due to the random selection process. Eight out of 32 schools chose to use a consent form for Grade 7 classes. This option, for Grade 7 students only, was at the discretion of the school principal due to the nature of the survey. 7.2% of Grade 7 students did not receive parental consent to participate. The survey was administered late in the school year, when many students stay home to prepare for final and public exams.

Survey methodology has inherent limitations, the greatest of which is that the responses are self-reported and cannot be independently verified. It is possible that the students may have answered questions according to what they felt was expected of them. Additionally, the students may have mistaken the material included in the survey or have inaccurately recalled their behaviours. The responses from 25 students were excluded from the analysis as they had reported using a fictitious drug which was added to the survey to detect students who would like to talk to someone about their substance use, gambling, mental health, or any other issue. Surveys were collected and sent to the Propel Centre for Population Health Impact at the University of Waterloo for analysis. Once scanned, data was sent to Dalhousie University for analysis. A copy of the survey data was provided to the Department of Health and Community Services. Additional analysis for this report was conducted by the Newfoundland and Labrador Centre for Health Information.

The responses collected from the sample of students across the province that completed the survey were used to estimate the levels of substance use, gambling and associated risk behaviours among all students in Newfoundland and Labrador. The graphs in the report present the 99% confidence intervals (indicated by black bars) associated with these estimates. Differences between groups (e.g. grades, age groups, regions) were considered meaningful, or statistically significant, if their confidence intervals did not overlap with one another.

The use of the term “significant” throughout the report implies statistical significance meaning that the differences observed between groups are not likely due to chance.

Results were analyzed by school district, gender and grade level. Only statistically significant findings are presented in the report.

Over the past five survey cycles the use of alcohol, tobacco, LSD, psilocybin/mescalin, and inhalants has significantly decreased amongst students, while the use of MDMA (ecstasy) has significantly increased.

- Alcohol use has significantly decreased to 47% from the rate reported in 2003 (57.9%).
- Tobacco use has significantly decreased to 16.4% from the rates reported in 1996 (35.7%), 1998 (38.1%) and 2003 (27.3%).
- Despite a significant increase from 22.8% in 1996 to 30.2% in 1998, cannabis use has remained relatively stable with 30% of students reporting cannabis use in 2012.
- LSD (acid, cid) use has significantly decreased from a high of 6.9% in 1998 to 2.9% in 2012.
- Use of psilocybin (magic mushrooms, shrooms) or mescaline (mesc) significantly decreased between 1998 (12.2%) and 2003 (7.5%) and again from 2003 to 2007 (4.2%). The percentage of students using these substances in 2012 was 3.7%.
- The use of inhalants has significantly decreased from 8.0% in 1996 to 2.3% in 2012.
- There has been no change in the use of non-medical tranquilizers; the percentage of use in 2012 was 3.6%.
- The percentage of cocaine use in 2012 (5.8%) is at its highest since 1996, although the increase is not significant.
- MDMA (ecstasy) use significantly increased in the 10-year period from 2003 (2.0%) to 2012 (5.7%).

Figure 2: Percent substance use in the 12 months prior to the survey, 1996 – 2012

Source: Student Drug Use Survey, 1996-2012
3.0 Comparing Alcohol, Tobacco and Cannabis Use

- Overall, 47% of Newfoundland and Labrador students used alcohol in the 12 months prior to the survey.
- A significantly higher percent of Level III students (75%; Figure 3) had consumed alcohol in the 12 months prior to the survey compared to those in Grades 9 (38.8%) and 7 (7.4%).
- Overall 16.4% of the Newfoundland and Labrador student population reported tobacco use daily or occasionally in the 12 months prior to the survey.
- A significantly higher percent of Level III students (22.1%; Figure 3) used tobacco in the 12 months prior to the survey, compared to Grade 7 (4.0%) students.
- Overall, 30% of Newfoundland and Labrador students reported using cannabis in the 12 months prior to the survey.
- Grade 7 students (4.2%; Figure 3) had a significantly lower percent of cannabis use compared to Grade 9 (27.4%), Level I (40.2%), or Level III (46.5%).
- Overall, 12.5% of Newfoundland and Labrador students stated they were users of alcohol, tobacco and cannabis.

- The average age of first alcohol consumption was 13.5 years.
- The average age of smoking one’s first whole cigarette was 13.4 years, up significantly from 12.6 in 2007.
- The average age of first use of cannabis was 14.2 years, up significantly from 13.5 in 2007.
- Although the overall average age of first consumption for alcohol, tobacco and cannabis has increased, Grade 7 students reported a significantly younger age of first consumption compared to their older counterparts (Figure 4). These significant differences were also reported in 2007.

Research indicates that prevention or delay of initiation of substance use may lead to a decrease in substance use problems later in life (Warner & White, 2003).
4.0 Alcohol Use

- Overall, 28.1% of students used alcohol twice a month or more.
- A significantly higher percent of Level III students (50.6%) used alcohol more than once per month, compared to those in Grades 9 (19.6%) and 7 (4.1%).
- Overall, 31.4% of students reported consuming five drinks or more in a single sitting in the 30 days prior to the survey.

A significantly higher percent of Level III students (58.1%; Figure 5) consumed five drinks or more in a single sitting in the 30 days prior to the survey, compared to students in Grades 9 (19.7%) and 7 (2.1%).

- Overall, 28.1% of students used alcohol twice a month or more.
- A significantly higher percent of Level III students (50.6%) used alcohol more than once per month, compared to those in Grades 9 (19.6%) and 7 (4.1%).
- Overall, 31.4% of students reported consuming five drinks or more in a single sitting in the 30 days prior to the survey.

A significantly higher percent of Level III students (58.1%; Figure 5) consumed five drinks or more in a single sitting in the 30 days prior to the survey, compared to students in Grades 9 (19.7%) and 7 (2.1%).

- In the 30 days prior to the survey, 27.8% of students reported experiencing drunkenness. This is unchanged from 2007 (27.7%) and significantly higher than students in New Brunswick (19.8%).
- Drunkenness increased with grade level with 51.2% of Level III students reporting drunkenness in the 30 days prior to the survey (Figure 6).
5.0 Tobacco Use

- In the 12 months prior to the survey, 16.4% of students reported smoking occasionally or daily (Figure 8). This is the lowest rate of smoking amongst Newfoundland and Labrador students since 1996.
- In the 12 months before the survey, 24.4% of students smoked or tried to smoke at least one cigarette (Figure 8), including 26.3% of males and 22.8% of females.
- 12.3% of students reported smoking on a daily basis in the 12 months prior to the survey (Figure 8).
- Close to half (48.0%) of students who smoked in the 12 months prior to the survey reported having tried to quit in the previous 6 months.

A significantly higher percentage of Newfoundland and Labrador students had their friend buy them alcohol compared to students from New Brunswick (29.3% versus 19.7%).

A significantly lower percentage of students from Newfoundland and Labrador had their parents offer them alcohol (7.7%) compared to students from New Brunswick (16.5%) and Nova Scotia (13.7%).

Note: Occasional or daily smokers include those who had “less than one cigarette per day” up to those who had “more than 20 cigarettes a day.”
6.0 Cannabis Use

- Overall, 11.1% of Newfoundland and Labrador students used cannabis either “Every week or almost every week” and “Less than every week” in the 30 days prior to the survey with 5.4% of students using cannabis on a daily basis.
- Level III students reported significantly higher daily cannabis use (8.9%) compared to Grade 7 (0.4%) students (Figure 9).
- 12.5% of Level I students and 8.8% of Level III students used cannabis during school hours in the 30 days prior to the survey.

Figure 9: Pattern of cannabis use in the 30 days prior to the survey

7.0 Other Drug Use

- Illicit drug use captures the consumption of any of the following 11 substances in the past year: cannabis, inhalants, LSD, psilocybin or mescaline, cocaine or crack cocaine, MDMA, methamphetamine, and the non-medical use of cough syrup, stimulants, tranquilizers, and opiates.
- Drugs such as LSD (2.9%), psilocybin or mescaline (3.7%) and inhalants (2.3%) are at their lowest since 1996; while MDMA (ecstasy; 5.7%) has significantly increased since 2003.

7.1 Illicit drugs other than cannabis

- Illicit drug use increased with grade (Table 1).

Table 1: Percent use of selected illicit drugs in the 12 months prior to the survey

<table>
<thead>
<tr>
<th>Illicit drugs other than cannabis</th>
<th>All Grades</th>
<th>Grade 7</th>
<th>Grade 9</th>
<th>Level I</th>
<th>Level III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>5.8 [3.7-8.0]</td>
<td>0.7 [0.0-2.1]</td>
<td>3.3 [0.5-6.2]</td>
<td>8.1 [2.6-13.6]</td>
<td>10.7 [6.9-14.5]</td>
</tr>
<tr>
<td>MDMA (ecstasy)</td>
<td>5.7 [3.4-8.0]</td>
<td>0.0 [0.0-0.0]</td>
<td>4.1 [0.3-7.9]</td>
<td>8.1 [2.4-13.8]</td>
<td>10.1 [5.7-14.6]</td>
</tr>
<tr>
<td>Psilocybin or Mescaline</td>
<td>3.7 [2.2-6.2]</td>
<td>0.0 [0.0-0.0]</td>
<td>3.4 [1.5-5.4]</td>
<td>5.2 [1.3-9.1]</td>
<td>5.9 [2.4-9.5]</td>
</tr>
<tr>
<td>LSD</td>
<td>2.9 [1.4-4.4]</td>
<td>0.1 [0.0-0.4]</td>
<td>1.6 [0.1-3.1]</td>
<td>4.5 [0.5-8.5]</td>
<td>5.3 [1.8-8.8]</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2.3 [1.4-3.2]</td>
<td>1.4 [0.0-2.7]</td>
<td>3.0 [1.0-5.0]</td>
<td>1.8 [0.4-3.2]</td>
<td>2.8 [0.4-5.2]</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1.3 [0.4-2.2]</td>
<td>0.3 [0.0-1.2]</td>
<td>1.3 [0.1-2.5]</td>
<td>1.9 [0.0-4.1]</td>
<td>1.7 [0.0-3.9]</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>1.3 [0.3-2.4]</td>
<td>0.0 [0.0-0.0]</td>
<td>0.1 [0.0-0.2]</td>
<td>2.0 [0.0-4.6]</td>
<td>3.2 [0.4-6.0]</td>
</tr>
</tbody>
</table>

Source: Student Drug Use Survey, 2012
7.2 Non-illicit drugs

- 61.6% of the Newfoundland and Labrador student population used caffeinated energy drinks in the 12 months prior to the survey.
- Non-illicit drug use increased with grade (Table 2).

Energy drinks present a problem as they are often mixed with alcohol and other substances, causing more harm than consuming either substance alone.

Table 2: Percent use of selected non-illicit drugs in the 12 months prior to the survey

<table>
<thead>
<tr>
<th>Non-illicit Drugs</th>
<th>Percent (Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Grades</td>
</tr>
<tr>
<td>Caffeinated energy drinks</td>
<td>61.6 [57.3-66.0]</td>
</tr>
<tr>
<td>Non-medical stimulants</td>
<td>6.5 [3.9-9.0]</td>
</tr>
<tr>
<td>Non-medical cough or cold medicine</td>
<td>4.3 [2.5-6.2]</td>
</tr>
<tr>
<td>Non-medical tranquilizers</td>
<td>3.6 [1.9-5.3]</td>
</tr>
<tr>
<td>Salvia</td>
<td>2.3 [1.0-3.5]</td>
</tr>
</tbody>
</table>

Source: Student Drug Use Survey, 2012

8.0 Alcohol-Related Problems

- A significantly higher percentage of Level III students (15.3%) reported that their drinking caused tensions or disagreement with family or friends compared to Grade 9 (6.1%) or Grade 7 students (2.2%).
- Significantly more Level III students (18.3%) agreed with the statement that “drinking caused one to injure oneself” compared to Grade 7 students (1.4%).
- In 2012, 12.7% of students reported consuming alcohol in a licensed venue (bar, tavern, beverage room or lounge). This rate was significantly higher among Level III students (32.2%) compared to students in Level I (9.5%) or Grade 9 (6.8%).
8.1 Substance use and driving

Driving after alcohol use
- 4.1% of Newfoundland and Labrador students (with and without a license) drove a vehicle within an hour of using alcohol. This percentage was significantly higher among Level III (7.7%) compared to Grade 7 students (0.3%; Figure 11).
- 11.5% of students travelled with a driver who had been drinking; a significant decrease from 16.9% in 2007.
- Among licensed student drivers in Levels I and III, 7.7% drove within one hour of drinking alcohol.

Driving after cannabis use
- 6.8% of Newfoundland and Labrador students (with and without a license) drove a vehicle within an hour of using cannabis. This percentage was significantly higher among Level III students (16.1%) compared to Grade 9 students (3.5%; Figure 11).
- Almost a quarter (23.6%) of Newfoundland and Labrador students travelled with a driver who had been using cannabis; this is relatively unchanged from 22.2% in 2007.
- Significantly more Level III students (40.4%) travelled with a driver who had been using cannabis compared to Grade 9 students (20.9%).
- Among licensed student drivers in Levels I and III, 16.1% drove a vehicle within an hour of using cannabis.

Driving after pain medication use
- 2.8% of the Newfoundland and Labrador student population drove a vehicle within an hour of taking pain medication.
- 38% of Newfoundland and Labrador students engaged in sexual activity (including vaginal, oral or anal sex) in the 12 months prior to the survey.
- About the same proportion of male (38.5%) and female (37.7%) students reported having vaginal, oral or anal sex.
- In the 12 months prior to the survey, 30.5% of Newfoundland and Labrador students reported having vaginal sex and 34.7% had oral sex. Significantly fewer students reported having anal sex (7.4%) than those reporting vaginal or oral sex.
- 36.5% of sexually active students had unplanned sex after using alcohol or drugs in the year prior to the survey.
- Significantly more Level III students (46.7%) had unplanned sex (vaginal, oral or anal) after using alcohol or drugs in the 12 months prior to the survey compared to Grade 9 (22.7%) and Grade 7 (9.8%) students.
### 10.0 Gambling

#### Figure 13: Participation in gambling activities

- 48.5% of students played at least one of the nine gambling activities listed for money in the 12 months before the survey. This is a significant decrease from 2007 (61.6%).

- 4.3% of students meet the definition of “at-risk” or “problem” gambling based on the screening tool.

Note: Definitions of problem gambling were based on a five-item version of the South Oaks Gambling Screen, Revised for Adolescents (SOGS-RA). At-risk gambling is defined as a score of 2 or 3 and problem gambling is defined as a score of 4 or more in the SOGS-RA scale.

### 11.0 Mental Health

#### Figure 14: Presence of somewhat elevated or very elevated depressive symptoms

- Based on a screening tool, significantly more students were determined to have “very elevated” depressive symptoms (8.4%) when compared to 2007 (4.8%).

- Significantly more females (12.8%) reported very elevated depressive symptoms compared to males (3.8%; Figure 14).

- Significantly more Level III students showed somewhat elevated depressive symptoms (28%) compared to students in Grade 7 (14%).

The connections between mental health and substance use issues are significant and complex. In Canada, a significant number of individuals seeking help for addiction issues also have a mental illness (Canadian Centre on Substance Abuse, 2013).

Note: The CES-D-12-NLSCY asks about depressive symptoms in the seven days prior to the survey. The three categories of elevated depressive symptoms are: Minimal (scores 0 to 11); Somewhat Elevated (scores 12 to 20); and, Very Elevated depressive symptoms (scores 21 to 36).
One out of six (17%) students reported seriously considering suicide in the 12 months before the survey, while 14.1% made plans to attempt suicide and 8.4% attempted suicide.

Significantly more females (11.5%) attempted suicide in the 12 months prior to the survey compared to males (5.1%; Figure 15).

Significantly more students in Level III (6.2%) needed help for tobacco use than students in Grade 7 (0.4%).
In the 12 months before the survey, while 20.3% of students reported needing help for depressive symptoms, only 6.0% got help.

- Significantly more females (26.5%) than males (14.1%) reported needing help for depressive symptoms; however, females (7.6%) were not more likely than males (4.6%) to receive help (Figure 17).
- Significantly more Level III students (28.5%) needed help for depression compared to students in Grade 9 (15.5%) and Grade 7 (10.4%).

13.0 School-Based Drug Prevention Initiatives

- Close to two-thirds (65.7%) of students in Grades 7, 9, Level I and III reported attending at least one class in the last school year that talked about decision-making, peer pressure, assertiveness or refusal skills.
- 77.2% of Newfoundland and Labrador students reported being aware that their school has a rule against using tobacco on school property and at school events.
14.0 Summary

The Student Drug Use Survey 2012 asked students in Grades 7, 9, Level I and Level III about their use, if any, of alcohol, tobacco and other drugs (illicit and non-illicit) as well as gambling activity, sexual behaviour, mental health and help-seeking behaviour. Results show almost half of students surveyed (46.6%) had not used any substances in the year prior to the survey. Although this is a significant increase in non-users from 1996 (35.8%) and 1998 (34.9%), there has not been any meaningful change since that time. It is important for students to be aware that although it may seem like “everyone is doing it”, not everyone is using alcohol and other drugs. Other highlights include the significantly decreasing trend in the use of alcohol, tobacco, LSD, psilocybin/mescaline, and inhalants. Some reasons for the decrease may be many students are making informed decisions and choosing to abstain, substance use choices are changing, variation in substance availability and accessibility, initiatives and penalties to increase ID inspection (alcohol, tobacco), etc.

While many substances are decreasing in use, others are on the rise. For example, the use of MDMA (ecstasy) has significantly increased since 2003. It is possible that substances used in previous years are being replaced by newer substances. For example, the use of synthetic drugs is evolving so quickly that even police are challenged with these new substances. Keeping a close eye on emerging trends and their effects on health and well-being is important for the safety of both students and the general public.

The top three substances used in the year prior to the survey were alcohol (47%), cannabis (30%) and tobacco (16.4%). This is consistent with previous years and with Nova Scotia and New Brunswick results. Looking at all students combined, it appears that the age of first use for alcohol is slightly older (13.5) compared to 2007 (12.9) while age of first use for tobacco (13.4) and cannabis (14.2) are both significantly older than results reported in 2007 (12.6 and 13.5, respectively). This is positive as evidence shows that early use of alcohol and marijuana may predict substance use and related problems later in life (Griffin, Bang & Botvin, 2010). Results by grade, however, indicate that the mean age of initiation varies with Grade 7 students reporting a mean age of 11.4 for first use of alcohol and tobacco and 12.1 for cannabis. Level III students, on the other hand, reported first use of alcohol and tobacco at 14.4 and cannabis at 15.2 years of age. This would indicate the age of first use is decreasing with Grade 7’s starting earlier than their Level III counterparts. While the number of Grade 7s reporting early substance use is very small, there is still a concern of substance use occurring by any Grade 7 student. This pattern is similar for all participating Atlantic provinces for 2007 and 2012 surveys; therefore, collaboration on ways to prevent or delay substance use is of value.

In the 30 days before the survey, 31.4% of students met the definition of binge drinking by consuming five or more drinks in a single sitting. This is relatively unchanged from 2007 (29.7%). Further, significantly more students from this province (27.8%) experienced drunkenness than students in New Brunswick (19.8%). This is consistent with the 2012 Canadian Alcohol and Drug Use Monitoring Survey (Health Canada, 2013) results which show Newfoundland and Labrador as having the highest rates of exceeding Canada’s Low-Risk Alcohol Drinking Guidelines (Butt, Beimess, Gilsman, Paradis, & Stockwell, 2011) in the country. Evidence indicates that regular and heavy alcohol use is a predictor for later substance use problems (Riala, Hakko, Isohanni, Jarvelin, & Rasane, 2004). This is of concern and strategies should be considered to reduce the pattern of high-risk alcohol use in this province.

Based on survey results, we must also consider non-illicit substances readily available to students. In particular, 61.6% of students reported using caffeinated energy drinks in the 12 months before the survey, which is more than any other reported substance. Caffeinated energy drinks present a problem as they are often hand-mixed with alcohol, causing more harm than consuming either substance alone (Brache, Thomas & Stockwell, 2012). This practice is dangerous as the amounts of both alcohol and caffeine may be higher. Steps should be considered to reduce the harms associated with the high use of these products.

Increased risk of injury to self and others occurs when students choose to operate a motorized vehicle after using substances. In this province, driving within one hour of consuming alcohol appears to be decreasing amongst licensed student drivers in Levels I and III from 16.3% in 2007 to 7.7% in 2012. In the same way, driving within one hour after using cannabis has decreased from 29.5% in 2007 to 16.1% in 2012. Both of these results, however, are statistically insignificant. Being a passenger with a driver who had been using substances is of equal concern. The number of students reporting riding with a driver who had been using alcohol is down significantly from 16.9% in 2007 to 11.5% in 2012. This decreasing trend has not occurred when riding with a driver who had been using cannabis. This rate is relatively unchanged from 2007 (22.2%) to 2012 (23.6%). In particular, 40.4% of Level III students reported riding with a driver under the influence of cannabis. Additional work needs to be considered to increase student and public awareness around harms associated with drug use and driving.

Of the 38% of students that reported being sexually active (vaginal, anal or oral) in the year before the survey, 36.5% reported having unplanned sex (vaginal, anal or oral) after using alcohol or other drugs. As with most results in the present report, this trend increases by grade level with 46.7% of sexually active Level IIIIs reporting unplanned sex after substance use; significantly higher than sexually active Grade 9s (26.0%). Students could benefit from education and awareness regarding decision-making and potential consequences of their actions.

Mental health, substance abuse, and co-occurring problems are common and concerning among youth and come at an enormous cost to individuals, families, and communities. The connections between mental health and substance use issues are significant and complex. In Canada, a significant number of individuals seeking help for addiction issues also have a mental illness (Canadian Centre on Substance Abuse, 2013). The questions around depression and suicide amongst surveyed students produced noteworthy results. In the 12 months before the survey, 8.4% of students reported “very elevated” depressive symptoms, a significant increase from 2007 (4.8%). Further, 17% of students reported seriously considering suicide, 14.1% made plans to commit suicide and 8.4% attempted suicide. Females were significantly more likely than males to report very elevated depressive symptoms and attempt suicide in the year prior to the survey. The recently-released Canadian Community Health Survey: Mental Health, 2012 (Sunderland & Findlay, 2013), indicates youth between the ages of 15-24 met the criteria for mood and substance use disorders more than any other age group; suggesting consideration is needed in response to these results. With more than two-thirds of adults living with a mental health problem reporting symptoms first appeared during their youth, establishing the foundation for healthy emotional and social development is vital to ensuring mental well-being as students progress from childhood to adulthood (Mental Health Commission of Canada, 2013).

Responses to help-seeking questions were concerning and require consideration. In the 12 months prior to the survey, 20.3% reported needing help for depression while only 6% received it. Significantly more females than males reported needing help for depression; however, females were not significantly more likely than males to receive it. This is different from patterns in Nova Scotia and New Brunswick where females were significantly more likely to both need and get help for depressive symptoms than males in the 12 months before the survey. Investigation is required regarding the gap between services needed and services received and why females may be even less likely to seek out or receive support in this province.
15.0 Considerations

1. Continue to build on partnerships and collaboration among government departments, other agencies and other jurisdictions to share and implement evidence based practices to support early social and emotional development

   Early development of skills promoting resiliency (such as assertiveness, refusal and decision-making skills) may delay premature substance abuse initiation. An evidence-based program such as the Promoting Alternative Thinking Strategies (PATHS) curriculum is a promising approach. PATHS is an internationally recognized, evidence-based classroom curriculum that focuses on teaching Kindergarten to Grade 6 students social and emotional skills. Children who take the PATHS curriculum are less susceptible to symptoms of anxiety and depression and are less likely to exhibit aggressive behaviour as they are able to effectively problem-solve and empathize with others (Socially and Emotionally Aware Kids, 2013). Other programs already implemented in these areas. Other considerations include the involvement of schools, parents and peers. For example, Parent Action on Drugs (Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with professional staff in the regional health authorities who provide key regional leadership for addictions prevention and mental health promotion-related initiatives. They maintain knowledge of best and promising practices and resources; work collaboratively with key stakeholders such as schools and community groups; assist groups with conducting needs assessments and mobilizing community action; provide education, training and various activities aimed at raising awareness of substance abuse and mental illness and promoting positive mental health; and, administer the regional Community Addictions Prevention and Mental Health Promotion Grants program.

   Since the 2007 administration of the survey, the province of Newfoundland and Labrador has supported the Youth Addiction Prevention and Early Intervention initiative. Funded by the provincial Poverty Reduction Strategy, this initiative employs 20 Youth Outreach Workers (YOWs) located in urban and rural settings throughout the province. This program allows YOWs to reach out to youth in their own setting with the goal of providing education, building relationships, assisting with the referral process, and helping youth to stay in school longer.

   Results from the survey indicate that special focus should include the risks associated with caffeinated energy drinks, drinking while under the influence of drugs and unplanned sexual activity after using substances. Interaction with prevention consultants and YOWs are only two avenues with which youth may be educated in these areas. Other considerations include the involvement of schools, parents and peers. For example, Parent Action on Drugs (Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with teens and the Challenges, Beliefs and Changes (CBC) Program, a peer-led drug education program. Resources such as these should be explored and successfully disseminated to help with prevention efforts.

2. Continue efforts which focus on prevention and early intervention initiatives addressing substance use among students and the harmful consequences of substance use and associated high-risk behaviour

   Regional addictions prevention consultants, mental health promotion consultants and addictions coordinators are dedicated, community agencies, RHAs, educators, RCMP and RNC should be consulted on current and emerging trends. Further surveys could focus on the role of schools in prevention efforts.

3. Develop a provincial alcohol strategy that includes measures targeted at high rates of binge drinking and drunkenness in the province

   The high rates of binge drinking and drunkenness among students in the province are very concerning. Targeted provincial prevention and policy initiatives are needed to reduce the harms and costs associated with alcohol. A provincial policy needs to be an interdepartmental effort and should address such factors as: controls systems, availability, drinking and driving counter measures, marketing, and cultural factors. A special focus on students needs to be included.

4. Continue to collaborate with the other Atlantic provinces on the Student Drug Use Survey and on the development of strategies to address common areas of concern

   This can be achieved by continuation of open communication as a way of sharing information and leveraging resources on a regional and provincial basis.

5. Promote mental health literacy among students, teachers and parents

   Results of the 2012 survey indicate depressive symptoms and suicidal ideation are increasing among students. Developing mental health literacy for parents, teachers and students, fostering development of coping skills among students, and creating early intervention and treatment options are all important responses. Likewise, parents, teachers and others who work with students need to be educated about how to recognize, respond and how to refer when professional help is required. Moreover, the province of Newfoundland and Labrador has developed a Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with students, and creating early intervention and treatment options are all important responses. Likewise, parents, teachers and others who work with students need to be educated about how to recognize, respond and where and how to refer when professional help is required. For example, Parent Action on Drugs (Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with parents, teachers and others who work with students need to be educated about how to recognize, respond and where and how to refer when professional help is required. For example, Parent Action on Drugs (Parent Action on Drugs, 2013) has developed a Parent Action Pack that helps parents understand the facts on drugs and how to have conversations with students, and creating early intervention and treatment options are all important responses. Likewise, parents, teachers and others who work with students need to be educated about how to recognize, respond and where and how to refer when professional help is required.
16.0 References


Appendix A

Newfoundland and Labrador Student Drug Use Survey 2012 Report Evaluation

The Newfoundland and Labrador Student Drug Use Survey 2012: Highlights Report is the result of an ongoing collaborative effort between the Newfoundland and Labrador Departments of Health and Community Services and Education, school districts and schools across the province, the provinces of Nova Scotia and New Brunswick, and Dalhousie University.

Our team is interested in your responses to the following questions to assist us in planning for future reports. Completion of this evaluation form should take no more than a few minutes of your time. Please respond to each statement by selecting the most appropriate response. This evaluation is anonymous. Analysis of results will be at the aggregate level only.

Please return the completed form by FAX: 709-729-4429 or by MAIL:

Department of Health and Community Services
Division of Mental Health and Addictions
1st Floor, West Block, Confederation Building
St. John’s, Newfoundland and Labrador
A1B 4J6

Thank you for your valuable feedback.
Newfoundland and Labrador Student Drug Use Survey 2012 - Report Evaluation

1. Which one of these best describes you?
   ☐ Addiction / mental health worker  ☐ Public health practitioner  ☐ Researcher / analyst  ☐ Teacher / guidance counsellor  ☐ School principal/administrator  ☐ Student  ☐ RCMP  ☐ RNC  ☐ Other, please specify:

2. Number of years at current position:
   ☐ Less than 2 years  ☐ 2-5 years  ☐ 6-10 years  ☐ More than 10 years  ☐ Not applicable

3. Primary employer:
   ☐ Eastern Health  ☐ Central Health  ☐ Western Health  ☐ Labrador-Grenfell Health  ☐ English School District  ☐ French School District  ☐ Department of Health and Community Services  ☐ Department of Education  ☐ Department of Child, Youth & Family Services  ☐ Not Employed  ☐ Other, please specify:

4. I read the Newfoundland and Labrador Student Drug Use Survey 2012: Highlights Report:
   ☐ In full  ☐ In part  ☐ Not at all

5. I shared my copy of the report with others:
   ☐ Yes  ☐ No

6. I told others about the information available in the report:
   ☐ Yes  ☐ No

7. The report was clear and easy to understand:
   ☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree  ☐ Disagree  ☐ Strongly disagree

8. The contents were informative:
   ☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree  ☐ Disagree  ☐ Strongly disagree

9. I was able to use what I read in the report in my work:
   ☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree  ☐ Disagree  ☐ Strongly disagree

   If you used the survey results, in what manner did you use them?

10. The length of the report was:
    ☐ Too long  ☐ About right  ☐ Too short

11. The Newfoundland and Labrador Student Drug Use Survey should be conducted:
    ☐ Every 1-2 years  ☐ Every 3-4 years  ☐ Every 5 years  ☐ Other, please specify:

12. I would like to see more information in the Newfoundland and Labrador Student Drug Use Survey report on the following topic(s):

13. Any other comments or suggestions? Please let us know.