

Nova Scotia Student Drug Use 2007

HIGHLIGHTS REPORT



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The *2007 Student Drug Use Survey in the Atlantic Provinces* was a collaborative initiative involving the Nova Scotia Department of Health Promotion and Protection, the Departments of Health of New Brunswick, Newfoundland and Labrador, and Prince Edward Island, the Departments of Education, the School Boards and schools of the four provinces, as well as Dalhousie University. In Nova Scotia, the 2007 survey was funded through Addiction Services, Department of Health Promotion and Protection, and Dalhousie University.

Halifax, Nova Scotia
November 2007

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More detailed information can be found in the *Student Drug Use Survey in the Atlantic Provinces 2007: Atlantic Technical Report*, available at www.gov.ns.ca/hpp.

Acknowledgements

We thank the staff of the Addictions Services, Mental Health Services, and the Departments of Education of the Atlantic provinces, and the research staff involved in this project, for their dedication and assistance. We thank the school boards, principals, teachers, parents and students of the Atlantic provinces for their ongoing support of this important survey.

ISBN: 978-0-7703-1254-1

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Published through Communications Nova Scotia.

Design and layout: co|our

Abstract

The 2007 Student Drug Use Survey in the Atlantic Provinces was a collaborative initiative of Nova Scotia, New Brunswick, Newfoundland and Labrador and Prince Edward Island, and Dalhousie University. A total of 4486 students in grades 7, 9, 10 and 12 participated in the 2007 Nova Scotia Student Drug Use Survey.

The major finding among Nova Scotia students was a decrease from 2002 to 2007 in the prevalence of cigarette smoking, cannabis use, psilocybin or mescaline use, and the use of non-medical amphetamine and methylphenidate. The survey also revealed an increase in the prevalence of use of MDMA (ecstasy), and essentially no change in the prevalence of use of alcohol and 7 other substances.

In 2007, 42% of students in grades 7, 9, 10 and 12 indicated that in the year prior to the survey, they had not used any of 13 substances mentioned in the survey. About 16% of students smoked cigarettes during the year. About 52% of students had alcohol during the year and 28% of students consumed five or more drinks at a sitting on at least one occasion in the month before the survey. About 32% of students used cannabis during the year and 5% of students used cannabis daily in the month before the survey.

A proportion of adolescent students used alcohol or drugs in a manner that placed them at high risk of harm. Among students in grades 9 or higher, 20% had 3 or more alcohol-related problems, and 13% had 3 or more drug-related problems. About 26% of all students indicated that on at least one occasion during the year, they had been a passenger in a vehicle driven by someone who had been using cannabis. About 23% of senior high school students with a driver's license drove a motor vehicle within an hour of having used cannabis. Of students who had sex during the year, 33% had unplanned sexual intercourse after alcohol or drug use.

The 2007 survey revealed essentially no change in the student rate of participation in gambling for money (60%), and in the prevalence of at-risk (3%) and problem gambling (2%). In 2007, 5% of all students played on internet gambling sites for real money, and 26% of all students played on internet gambling sites for points or play money.

In 2007, 6% of all students scored positive for very elevated depressive symptoms. About 5% of all students were positive on a screening test for Attention Deficit/Hyperactivity Disorder (ADHD). About 10% of students with a positive ADHD test indicated they were on prescribed stimulant medication. These three rates are essentially the same as were observed in 2002.

Résumé

Le Sondage sur l'usage de l'alcool et des drogues auprès des élèves des provinces atlantiques fut un projet réalisé avec la collaboration de la Nouvelle-Écosse, du Nouveau-Brunswick, de Terre-Neuve et Labrador, de l'Île du Prince-Édouard, et de l'université Dalhousie. En 2007, au total, 4486 élèves en 7^{ième}, 9^{ième}, 10^{ième} et 12^{ième} années ont participé au sondage en Nouvelle-Écosse.

La conclusion principale de l'enquête en Nouvelle-Écosse fut que, depuis l'année 2002, il y a eu une décroissance marquée de l'usage de la cigarette, du cannabis, et de la psilocybine ou la mescaline, ainsi que des amphétamines et du méthylphénidate sans ordonnance d'un médecin. L'enquête a également démontré une hausse de l'usage de la MDMA (l'ecstasy). Toutefois, il n'y a eu presque aucun changement quant à l'usage des sept autres substances mentionnées dans l'enquête.

En 2007, 42% des élèves en 7^{ième}, 9^{ième}, 10^{ième} et 12^{ième} années en Nouvelle-Écosse ont avoué n'avoir pris aucune des treize substances mentionnées dans l'enquête pendant les 12 mois avant l'enquête. Seize pour cent des élèves ont fumé des cigarettes pendant l'année. Environ 52% des élèves ont consommé de l'alcool au cours de l'année. Pendant les 30 jours avant l'enquête, 28% des élèves ont pris cinq consommations ou plus d'alcool lors de la même occasion. Environ 32% des élèves ont consommé du cannabis au cours de l'année. Durant les 30 jours précédant l'enquête, 5% ont consommé du cannabis chaque jour.

Notre dépistage des problèmes reliés à la consommation de l'alcool ou de drogues a démontré que, parmi les étudiant(e)s en 9^{ième}, 10^{ième} et 12^{ième} années, 20% des élèves ont utilisé l'alcool, et 13% des élèves ont utilisé des drogues, de façon à les mettre à risque élevé. Environ 26% de tous les élèves ont été passager(ère)s dans un véhicule conduit par quelqu'un qui avait consommé du cannabis. Environ 23% des élèves en 10^{ième} et 12^{ième} années qui possédaient un permis de conduire ont conduit un véhicule après avoir consommé du cannabis. Parmi les adolescent(e)s qui ont eu des relations sexuelles au cours de l'année, 33% ont eu des relations sexuelles non planifiées après avoir consommé de l'alcool ou des drogues.

Quant aux jeux de hasard, l'enquête de 2007 n'a démontré presque aucun changement depuis l'année 2002 en ce qui concerne la participation à ces jeux (60%), ni au jeu à risque (3%) ou au jeu pathologique (2%). Toujours en 2007, environ 5% des adolescent(e)s ont joué des jeux de hasard sur des sites Internet pour de l'argent réel, et 26% ont joué sur ces sites pour des points ou de la monnaie de compte.

Cette enquête a également conclut que 5% des élèves démontraient des symptômes de dépression très élevés selon un examen de dépistage. De plus, 5% des adolescent(e)s ont eu un résultat positif selon un test sur la déficience de l'attention. De ceux/celles-là, 10% ont indiqué qu'ils (elles) prenaient des médicaments stimulants tels qu'ordonnés par leur médecin. Ces trois taux furent plus ou moins semblables à ceux constatés lors de l'enquête de l'année 2002.

How the survey was done

This is the fourth application of the standardized self-reported *Student Drug Use Survey in the Atlantic Provinces*. This collaborative initiative of the provinces of Nova Scotia, New Brunswick, Newfoundland and Labrador and Prince Edward Island and Dalhousie University provides representative information about students in public schools in grades 7, 9, 10 and 12. The survey is not representative of street or homeless youth, early school leavers and adolescents frequently absent from school. These groups of adolescents are known to be at higher risk of substance use and related risk behaviours than are adolescents in school. Students' participation in the survey is anonymous and confidential. Data collection takes place in the spring.

A total of 17,545 students in the four provinces participated in the 2007 survey. A total of 4486 students participated in Nova Scotia. The student participation rate is calculated in two ways. In 2007, about 80% of all students enrolled in the randomly selected classes completed a questionnaire; and, about 95% of students invited to participate and present on the day of the survey completed a questionnaire.

The 2007 questionnaire comprised 98 items and one open-ended question. Information was requested on demographics, social environment, substance use and associated risk behaviours and

problems, sexual behaviour, gambling, mental health, help seeking, and school interventions.

The 2007 and previous iterations of the Student Drug Use Survey in the Atlantic Provinces received ethics approval from the Dalhousie University Ethics Review Board. The Board stipulated that the questions asking about sexual behaviour be administered to students in grades 9 and higher, and not to students in grade 7. The Board required that the 2007 survey make available two types of consent for student participation: an information letter and a letter requesting active parental consent. Students in grades 10 and 12 were given the information letter. In the case of students in grades 7 and 9, the school board and/or school principal could elect to use either the information letter or the letter of active parental consent. In NS, the vast majority of school principals opted for the information letter.

The *Nova Scotia Student Drug Use 2007: Highlights Report* presents the main results pertaining to Nova Scotia students as well as some key findings on the prevalence of substance use among students in New Brunswick, Newfoundland and Labrador and Prince Edward Island. Detailed information is available in the *Student Drug Use Survey in the Atlantic Provinces 2007: Atlantic Technical Report*.

Findings in Nova Scotia

- In 2007, 42% of Nova Scotia students in grades 7, 9, 10, and 12 indicated that in the year before the survey, they had used none of the 13 substances mentioned in the survey.
- Alcohol, cannabis and tobacco were the drugs most commonly used by adolescent students in Nova Scotia.
- 52% of students consumed alcohol, 32% used cannabis and 16% smoked cigarettes in the 12 months before the survey.
- 7% of students reported having used MDMA (ecstasy) and 6% of students indicated they had used psilocybin or mescaline. Less than 5% of students reported having used any of the remaining substances, including non-medical use of stimulants and/or tranquilizers. Less than 2% of students reported having used crystal methamphetamine.

Table 1
Any substance use among students in grades 7, 9, 10 & 12, as percentages, 2007

Any use of ...	%
Alcohol	51.7
Cannabis	32.4
Cigarettes	16.2
Psilocybin or Mescaline	7.7
MDMA (Ecstasy)	6.9
Non-medical methylphenidate (Ritalin®, Concerta®)	4.6
Inhalants	4.4
Cocaine or crack	4.3
LSD	3.7
Non-medical amphetamine	3.6
Non-medical tranquilizers	3.0
Anabolic steroids	1.7
Methamphetamine	1.6

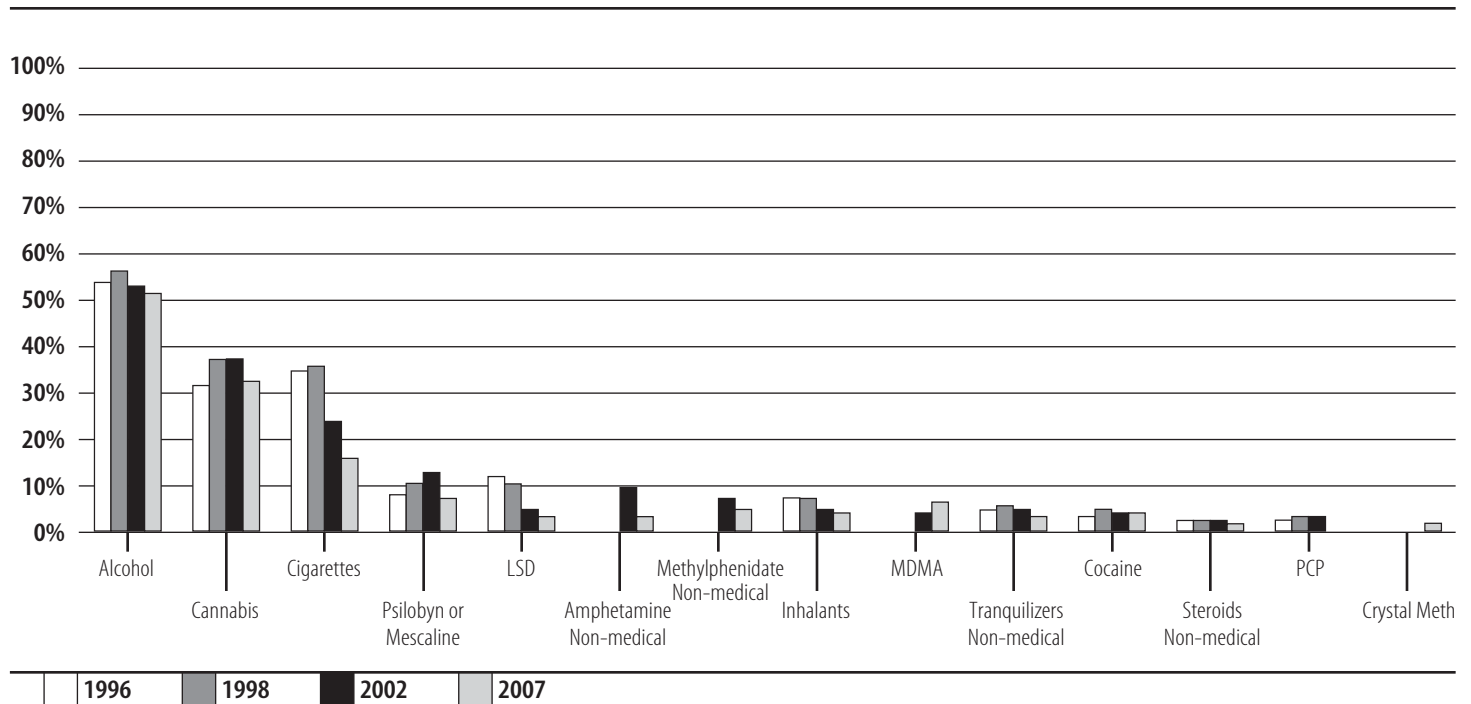
Prevalence of substance use in 2002 and 2007

■ From 2002 to 2007 in Nova Scotia, there were decreases in the prevalence of adolescent students' use of cigarettes, cannabis, psilocybin or mescaline, non-medical amphetamine and non-medical methylphenidate. There was an increase in the prevalence of the use of MDMA. There was no change in the percentages of students who used any of the remaining 7 substances.

■ The most marked changes were decreases in the prevalence of cigarette smoking from 24% in 2002 to 16% in 2007, and of psilocybin or mescaline use from 13% in 2002 to 8% in 2007.

■ The percentage of students who used all three of alcohol, cannabis and cigarettes decreased from 17% in 2002 to 13% in 2007. This change was due largely to fewer students smoking and using cannabis. The use of all three substances is important because this pattern of use is associated with an increased risk of substance-related problems.

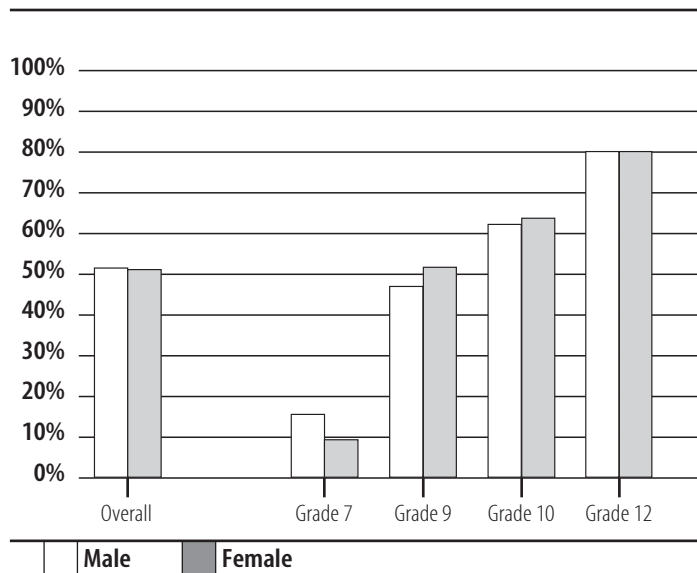
Figure 1
Past year substance use, Nova Scotia 1996-2007
Grades 7, 9, 10 & 12



Alcohol use

- In 2007, 70% percent of students reported they had consumed alcohol at some time during their lifetime. The average age at first consumption of alcohol was 12.9 years.
- In 2007, 52% of students consumed alcohol during the course of the year. 22% of students consumed alcohol once per month or less often, 17% of students consumed alcohol more than once per month and 12% used alcohol at least once per week.
- 28% of students reported they had had 5 or more drinks at a sitting in the month before the survey. The percentages of students who engaged in this drinking pattern ranged from 4% in grade 7 to 52% in grade 12.
- Patterns of alcohol use were about the same for males as for females.
- The most common ways that students not of legal drinking age got alcohol were from friends (57%), or parents (20%), or from home without permission (13%).

Figure 2
Any alcohol use, in the past year



“
I drink/party and still maintain a 93% average.
 – MALE, GRADE 12

Alcohol = OK. Drugs = BAD.
 – FEMALE, GRADE 12

I was drinking alcohole (sic) before I was 10.
 – MALE, GRADE 7
 ”

Figure 3
5+ drinks in one sitting, in the past month

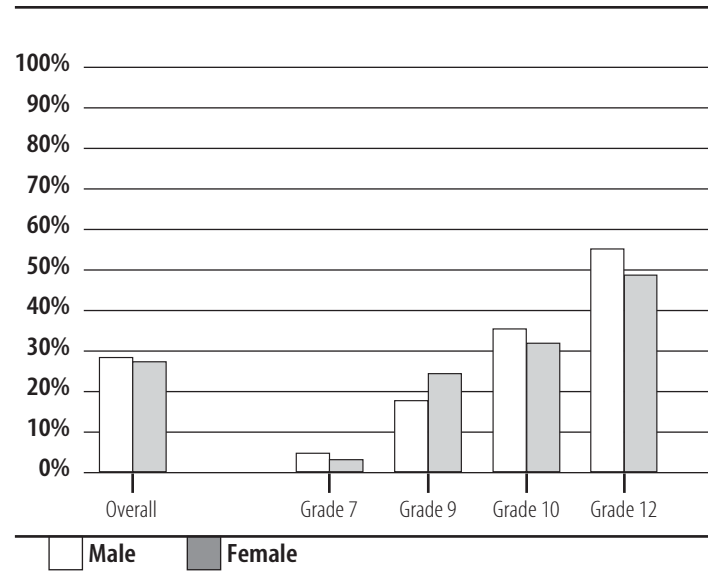
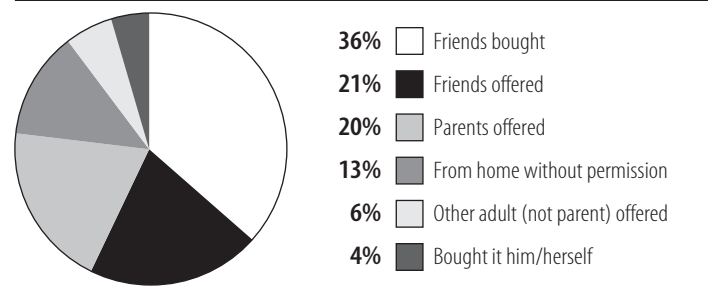


Figure 4
How the student got alcohol the last time he/she drank
Among student drinkers less than 19 years of age



Cigarette smoking

- In 2007, 28% of students reported they had smoked at least one whole cigarette in their lifetime. The average age for first smoking a whole cigarette was 12.9 years.
- The prevalence of cigarette smoking decreased markedly from 36% in 1998 to 24% in 2002 to 16% in 2007.
- In 2007, 16% of students in grades 7, 9, 10 and 12 smoked cigarettes during the course of the year. 13% of students smoked 1 to 10 cigarettes per day, and 3% of all students smoked 11 or more cigarettes per day, in the course of the year.
- Cigarette smoking was more common among older than younger students ranging from 4% in grade 7 to 25% in grade 12.
- Males and females were equally likely to have smoked cigarettes during the year.
- 54% of students who smoked cigarettes during the year tried to quit in the 6 months before the survey.
- 6% of students in grade 7, 9, 10 and 12 reported they used fake identification or lied about their age in order to obtain tobacco products. About 13% of grade 12 students reported this behaviour.



*I've never drank (sic)! I've never smoked!
And I don't plan to!*

– FEMALE, GRADE 9

*I feel at my school, less an (sic) less
people are smoking every year. Which
I find a super positive improvement.*

– FEMALE, GRADE 9

*I feel that smoking ruins a person's life,
but not only thiers (sic) but others,
because of second-hand smoke.*

– GENDER NOT STATED, GRADE 9



Figure 5
Past year smoking among students in grades 7, 9, 10 & 12, 1996-2007

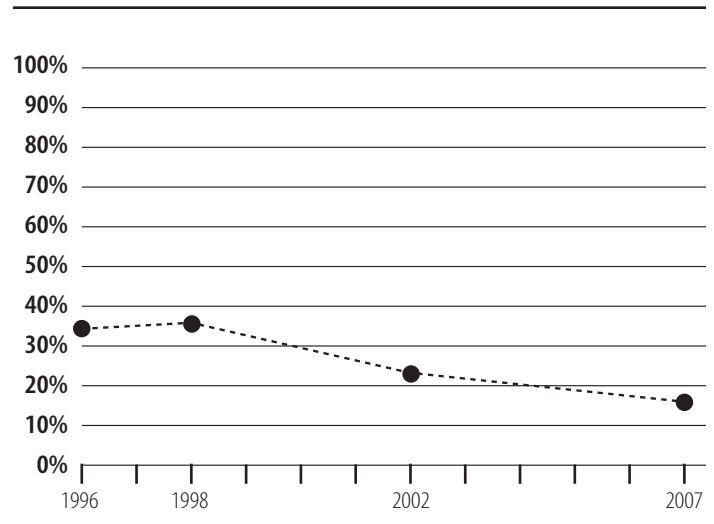
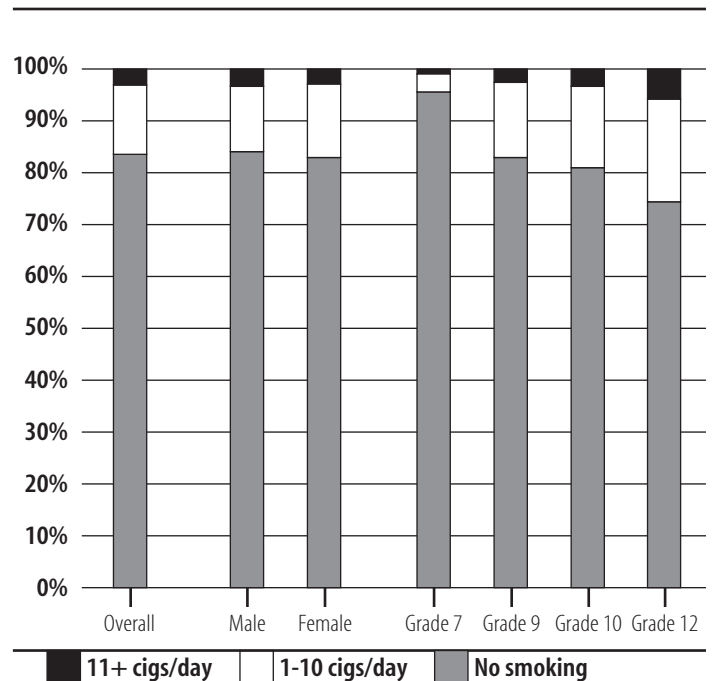


Figure 6
Cigarette smoking pattern, in the past year



Cannabis use

- In 2007, 37% of students reported they had used cannabis at least once in their lifetime. The average age of first use of cannabis was 13.5 years.
- The prevalence of cannabis use decreased from 38% in 2002 to 32% in 2007.
- In 2007, 32% of students used cannabis on at least one occasion in the course of the year.
- Males and females were equally likely to have used cannabis during the year.
- Cannabis use was more common among older than younger students, ranging from 6% in grade 7 to 53% in grade 12.
- In the month before the survey, 79% of students did not use cannabis at all, 5% of students used cannabis daily and 14% of students used cannabis less often than daily.
- Daily cannabis use was more common among males and among older students.



Honestly (sic) Everyone thinks that weed is so bad. But the truth is that weed helps me when I get angry, it calms me down and enables (sic) me to talk to my parents better. I know that sounds weird, and you might think I'm (sic) crazy, but if I didn't smoke it, I would be a lot worse. And when it comes to other drugs, the addiction is only as strong as you want it to be. I admit I have done drugs and it's (sic) not what people think. If you can start, you can stop. You just have to want to quit, before (sic) the quitting can begin. Sincerely (sic) yours.. person who smokes weed!

— MALE, GRADE 12



Figure 7
Past year cannabis use among students in grades 7, 9, 10 & 12, 1996-2007

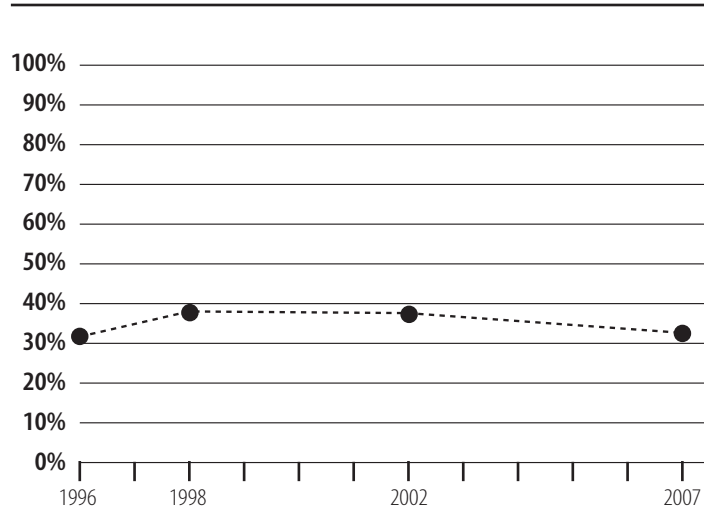
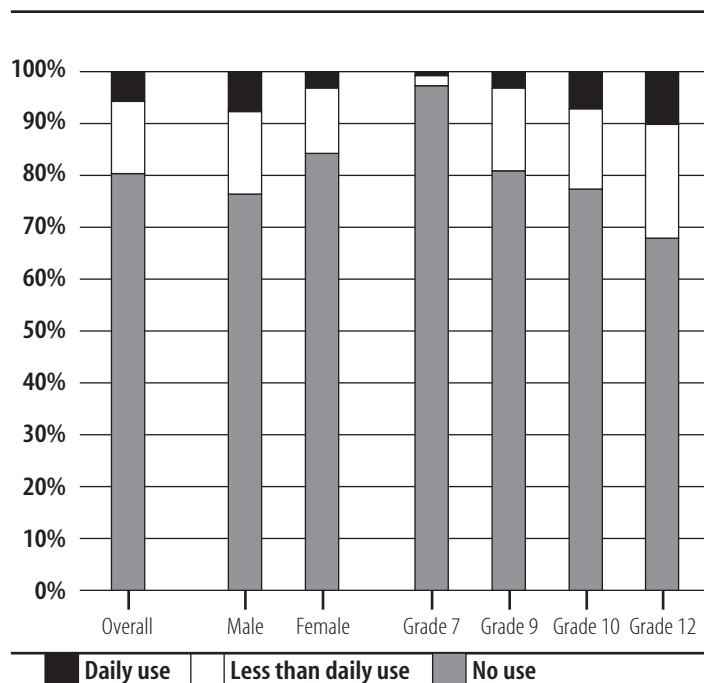


Figure 8
Cannabis use pattern, in the past month



“

I'm an honors student, I hate my parents + couldn't take living with them so I moved out I smoke pot 2-3 times a week + it hasn't had any negative impact on my life, + I fully believe marijuana should be legal I drink, but I realize its negative effects + am trying to stop. Same for smoking cigarettes. But I believe I'll be a stoner till (sic) I die. I have a 90% average and pot hasn't changed that.

- FEMALE, GRADE 12

Weed isn't bad! I'm an honour student and I smoke weed every day of my life and I have for years. Until you can prove to me weed causes cancer & permanent long term affects (sic), I'm not quitting.

- FEMALE, GRADE 10

”

“

I have tried canibis (sic) one time and have no intention of trying it again!

- MALE, GRADE 9

People over exaggerate on people who do drugs, when people smoke cannabis, they don't go around committing crimes, they usually do it to relax, relieve stress or to just chill some days. Under age drinking in high school is becoming more and more popular & everyone needs to accept it or else they are just going to keep denying the truth of what really goes on.

- MALE, GRADE 12

I think a good question to ask would be: Will you ever use drugs? and suprisingly (sic) I think I'd say yes to that.

- FEMALE, GRADE 7

”

Other drug use

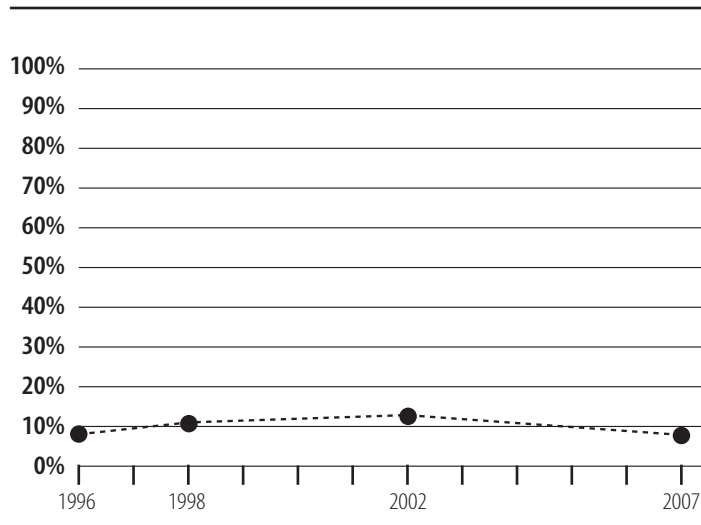
LSD

- In 2007, 4% of students used LSD at least once in the course of the year.
- Male and female students were equally likely to have used LSD.
- LSD use was more common among older than younger students, ranging from 1% in grade 7 to 6% in grade 12.

Psilocybin or Mescaline

- Psilocybin and mescaline are hallucinogenic drugs. Psilocybin comes from certain mushrooms and mescaline comes from the peyote cactus.
- The prevalence of any use of these two hallucinogenic drugs decreased from 13% in 2002 to 8% in 2007.
- In 2007, males were about twice as likely as females to have used these hallucinogens (10% vs. 5%, respectively).
- Use of psilocybin or mescaline was more common among older than younger students, ranging from 2% in grade 7 to 14% in grade 12.

Figure 9
Past year psilocybin or mescaline use among students in grades 7, 9, 10 & 12, 1996-2007



MDMA (Ecstasy)

- MDMA is a synthetic, psychoactive drug with both stimulant and hallucinogenic properties.
- The prevalence of any use of MDMA increased from 4.5% in 2002 to 7% in 2007.
- In 2007, 11% of grade 12 students reported they had used this drug.
- Male and female students were equally likely to have used MDMA.

Amphetamine and methylphenidate (Ritalin® or Concerta®)

- The prevalence of non-medical use of methylphenidate decreased from 7.5% in 2002 to 5% in 2007.
- The prevalence of non-medical use of amphetamine decreased from 9.5% in 2002 to 4% in 2007.
- In 2007, males and females were equally likely to report the non-medical use of amphetamine and methylphenidate.
- The non-medical use of amphetamine and methylphenidate was more common among older than younger students.

Methamphetamine

(crystal methamphetamine)

- In 2007, 1.6% of students reported they had used crystal methamphetamine in the previous 12 months.

Other substances

- In 2007, less than 5% of students used inhalants, non-medical tranquilizers, cocaine or crack cocaine, and anabolic steroids in the course of a year.
- Less than 1% of students indicated they had injected substances for non-medical purposes.

Multiple substance use

- In 2007, 42% of students in grades 7, 9, 10 and 12 reported that during the 12 months before the survey, they had not used any of the 13 substances mentioned in the survey.
- Alcohol, cannabis and cigarettes were the three most commonly used substances.
- 12.5% of students indicated they had used all three (alcohol, cannabis and cigarettes) during the course of the year.
- 17% of students indicated they had used alcohol and cannabis but had not smoked cigarettes.
- 19% of students reported they had used alcohol and smoked cigarettes but had not used cannabis.
- 1% of students indicated they had not used alcohol, cannabis or cigarettes but had used some other substance during the year.
- The 2007 survey asked about cannabis and 10 other illicit substances. 36% of students in grades 7, 9, 10 and 12 reported they had used at least one of these 11 illicit substances during the course of the year. 3% of students in grades 7, 9, 10 and 12 indicated they had not used cannabis but had used one of the remaining illicit substances.

Table 2
Pattern of multiple substance use involving alcohol, cannabis and cigarettes, among students in grades 7, 9, 10 & 12, as percentages, 2007

Any use of ...	%
No substance use whatsoever	41.6
Alcohol but no cigarettes, no cannabis	19.1
Alcohol & cannabis but no cigarettes	17.1
Alcohol & cigarettes & cannabis	12.5
Alcohol & cigarettes but no cannabis	2.0
Cigarettes but no alcohol, no cannabis	0.6
Cigarettes & cannabis but no alcohol	0.7
Cannabis but no alcohol, no cigarettes	2.0
No alcohol, no cigarettes, no cannabis but some other substance use	1.2

Sexual behaviours

- In 2007, 35% of students in grades 9, 10 and 12 indicated they had had vaginal or anal sexual intercourse in the course of the year. Males and females were equally likely to have had sexual intercourse.
- The prevalence of engaging in sexual intercourse increased with increasing age, ranging from 20% in grade 9 to 55% in grade 12.
- Unplanned sexual intercourse after using alcohol or drugs is known to be associated with an increased risk of multiple sexual partners and inconsistent condom use, among both male and female adolescent students. In 2007, of those students who had sexual intercourse in the 12 months before the survey, 33% indicated they had had unplanned sexual intercourse after using alcohol or drugs. The prevalence of this behaviour was found to increase with increasing age, ranging from 25% in grade 9 to 40% in grade 12.
- In 2007, 61% of students who had ever had sexual intercourse indicated they had used a condom or latex barrier at the time of their most recent sexual intercourse. Females were less likely than males to have used a condom or barrier. The prevalence of barrier use was found to decrease with increasing age, ranging from 66% in grade 9 to 56% in grade 12.

Figure 10
Unplanned sex after alcohol or drugs, among students who had sex in the past year
Grades 9, 10 & 12

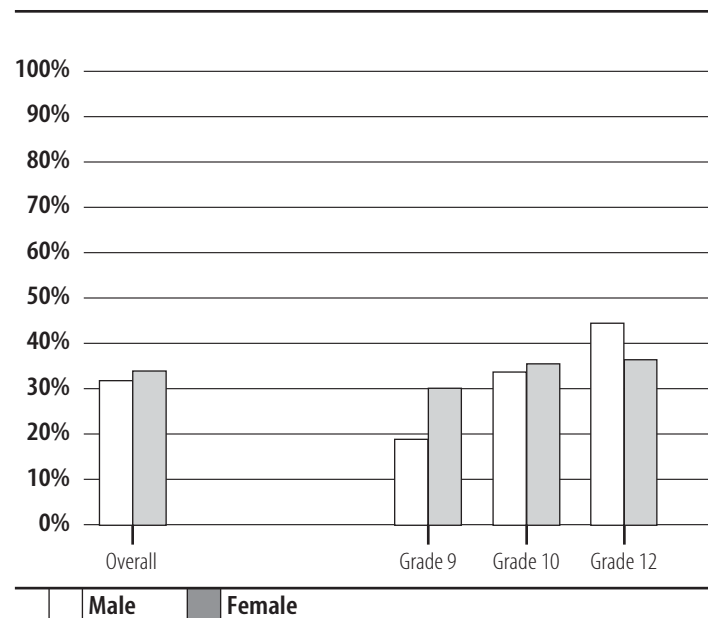
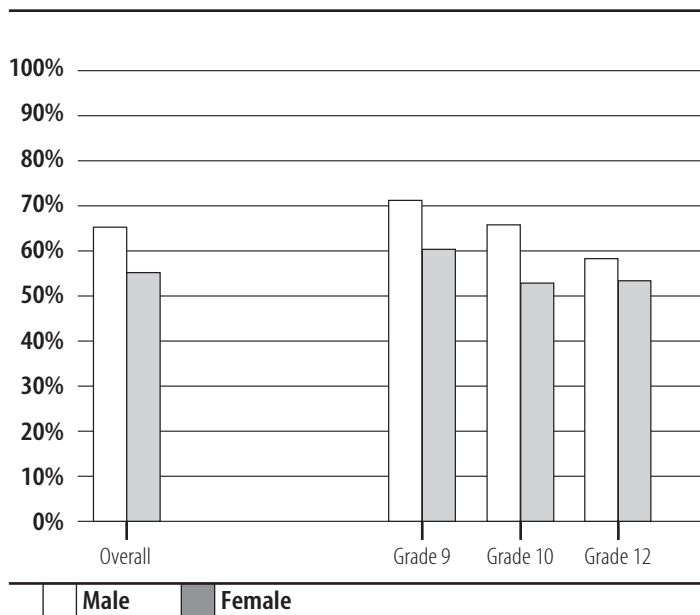


Figure 11
Used a condom or latex barrier at most recent sexual intercourse, among students who ever had sex
Grades 9, 10 & 12



“
 I find kids my age, aren't acting like kids. Personally I find smoking, alcohol and sex take away from who you are, and I have no interest in taking part. Smoking, drinking or having sex would just increase the levels of stress, and they are high enough as it is. I'm glad DAL is creating test like these because I dont (sic) think my peers realize what the repercusion (sic) of their actions are.

– FEMALE, GRADE 10

I've hooked up, but not slept with, two different guys while under the influence of both drugs and alcohol. As have many of my friends.

– FEMALE, GRADE 12

I only have sex without a condom because I'm on birth control and I have a boyfriend. I do mostly everything for fun. I used to hurt myself, but never when I was high or drunk.

– FEMALE, GRADE 9

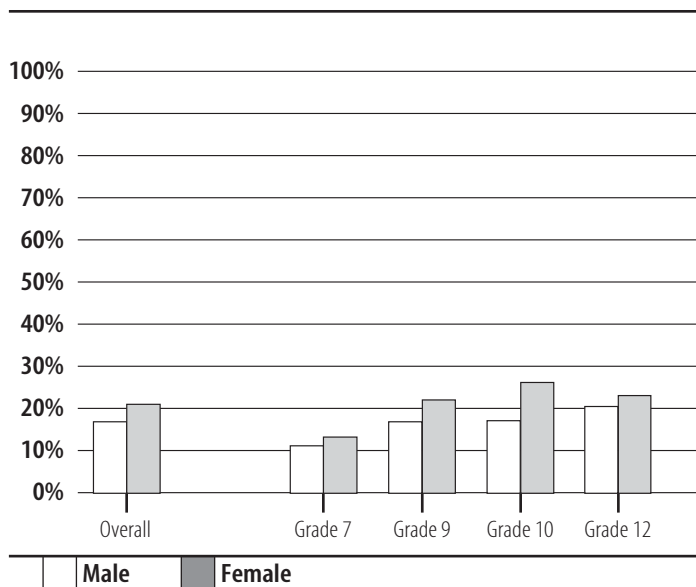
STI tests are essential for people of our ages; with the high rate of STIs.

– FEMALE, GRADE 10

Driving, drinking and cannabis use

- In 2007, 5% of students in grades 7, 9, 10 and 12 drove a motor vehicle within an hour of having two or more drinks of alcohol, on at least one occasion in the course of the year.
- 14% of students in grades 10 and 12 and with a driver's license engaged in alcohol-driving on at least one occasion during the year.
- In 2007, 7% of students in grades 7, 9, 10 and 12 drove a motor vehicle within one hour of having used cannabis, on at least one occasion in the course of the year.
- 23% of students in grades 10 and 12 and with a driver's license engaged in cannabis-driving on at least once occasion during the year.
- Both alcohol- and cannabis-driving were more common among male than female drivers.
- In 2007, 19% of students in grades 7, 9, 10 and 12 were passengers on at least one occasion in the year, in a motor vehicle driven by someone who had had too much to drink. More females than males were passengers under these circumstances (21% vs. 17% respectively). Being a passenger of an alcohol-driver was more common among older than younger students, ranging from 12% in grade 7 to 22% in grade 12.
- In 2007, 26% of students in grades 7, 9, 10 and 12 were passengers on at least one occasion in the year, in a motor vehicle driven by someone who had been using cannabis. Males and females were equally as likely to be passengers in such circumstances. Older students were more likely to ride with a cannabis-driver than were younger students, ranging from 5% in grade 7 to 49% in grade 12.

Figure 12
Past year prevalence of riding with a driver who had used ALCOHOL

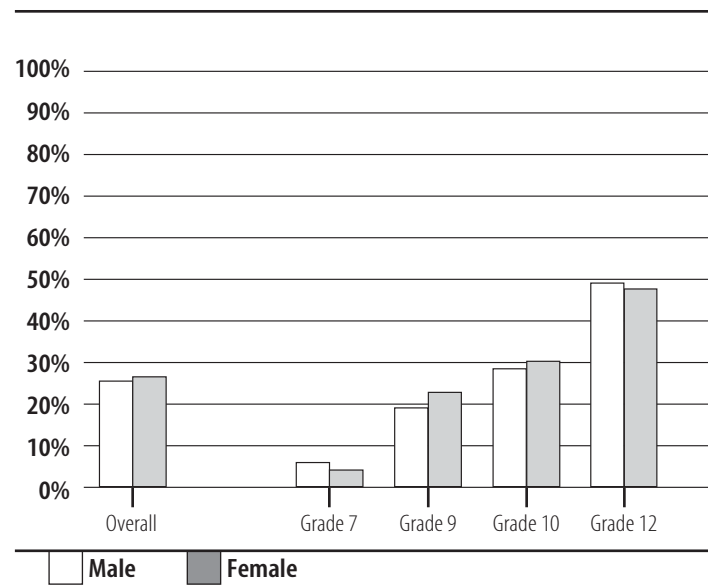


“
People Driving while using cannabis (sic) is extremely popular + noone (sic) seems to care!
– FEMALE, GRADE 12

I'm concerned about drinking/drugs and driving with the youth today! It seems as though there are more and more accidents, and innocent people are being killed!
– FEMALE, GRADE 12

”

Figure 13
Past year prevalence of riding with a driver who had used CANNABIS



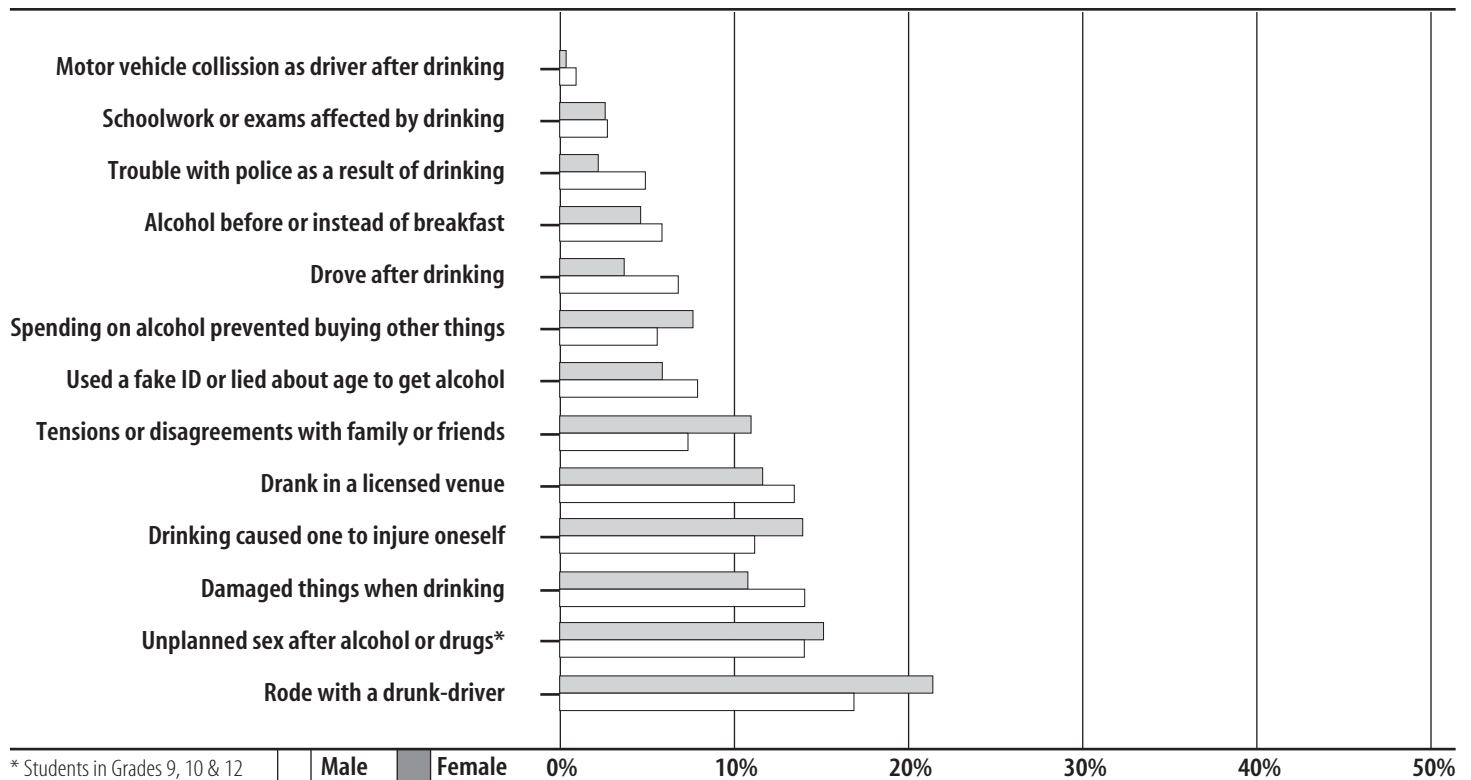
Alcohol-related problems and risks

- Figure 14 shows students' experiences relative to 13 alcohol-related problems and risk behaviours.
- The four most common problems or risks were having been a passenger in a vehicle driven by someone who had too much to drink (19%), unplanned sex after using alcohol or drugs (15%), injuring oneself as a result of drinking (13%), and damaging things after drinking (12%).
- More females than males indicated they had been a passenger in a vehicle driven by someone who had too much to drink.
- More males than females reported they had experienced trouble with the police and had driven a vehicle within an hour of consuming alcohol.
- In general, alcohol-related problems or risks were more common among older than younger students.

“
 Last year I drank a lot, I was in the hospital (comatose) once for it, since then I haven't drank (sic) once.
 ”

– FEMALE, GRADE 10

Figure 14
 Prevalence of alcohol-related problems, in the past year



Drug-related problems and risks

- Figure 15 shows students' experiences relative to 9 drug-related problems and risk behaviours.
- The four most common drug-related problems were having been a passenger in a vehicle driver by someone who had used cannabis (26%), having unplanned sex after using alcohol or drugs (15%), drug use causing tension or disagreement with family or friends (7%), and driving after cannabis use (7%).
- More males than females indicated they had damaged things after drug use, driven a vehicle after cannabis use and experienced trouble with police as a result of drug use.
- In general, drug-related problems or risks were more common among older than younger students.

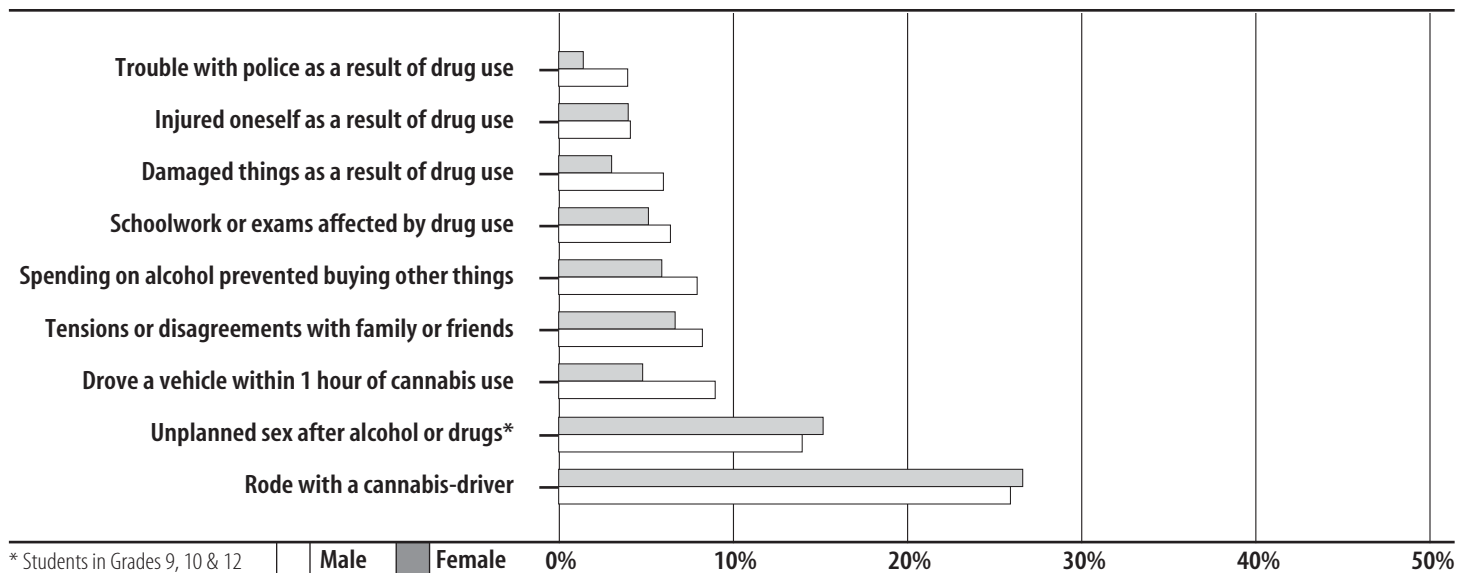
“ I find alot (sic) of kids Join gangs and they are shown "A Street Life" and they get into drugs, sex, drinking/doing crimes because of that. I see that alot (sic) in the South Shore.

– MALE, GRADE 12

A lot of my friends have started drinking at a young age and now they're getting into pot and heavier drugs. I don't think being educated about it helps, the majority of them don't have a strong parentel (sic) figure, they have too much freedom.

– FEMALE, GRADE 9

Figure 15
Prevalence of drug-related problems, in the past year



Atlantic Alcohol and Drug Risk Continua

The Atlantic Alcohol Risk Continuum (AARC) and the Atlantic Drug Risk Continuum (ADRC) are population health tools that were developed to monitor a number of specific harms and risky contexts of substance use, as well as the overall level of risk associated with substance use, in the general adolescent population (Poulin, Van Til, Elliott, 2007). The continua are based on the 21 problem indicators shown in Figures 14 and 15. The continua categorize the general adolescent population into four mutually exclusive groups of alcohol- or drug-related risk comprising “No”, “Low”, “Moderate” and “High” risk. The AARC and ADRC are based on the Stages of Change theory (Prochaska, DiClemente & Norcross, 1992) rather than a psychiatric or clinical definition of alcohol abuse or dependence. As such, the cut-point between Moderate and High risk is based on the criterion of self-reported need for help for alcohol or drug use. It should be noted that students in grade 7 were not asked questions on sexual behaviours.

Atlantic Alcohol Risk Continuum

- In 2007, 8% of students in grade 7 reported they had experienced one or more of 12 alcohol problem indicators during the course of the year, and fall on the High risk end of the Atlantic Alcohol Risk Continuum.
- 20% of students in grades 9, 10 and 12 reported they had experienced three or more of 13 alcohol problem indicators during the course of the year, and fall on the High risk end of the Continuum.
- Students in grades 9, 10 & 12 who indicated they had consumed five or more drinks at a sitting on at least one occasion in the month before the survey were more likely than their counterparts who had not engaged in this pattern of drinking, to have experienced three or more alcohol problem indicators (48% vs. 11%, respectively).

Atlantic Drug Risk Continuum

- In 2007, 4% of students in grade 7 reported they had experienced one or more of 8 drug problem indicators during the course of the year, and fall on the High risk end of the Atlantic Drug Risk Continuum.
- 13% of students in grades 9, 10 and 12 reported they had experienced three or more of 9 drug problem indicators during the course of the year, and fall on the High risk end of the Continuum.
- Students in grades 9, 10 and 12 who indicated they had used cannabis daily in the month before the survey were more likely than their counterparts who had not engaged in this frequency of cannabis use, to have experienced three or more drug problem indicators (71% vs. 23%, respectively).

Figure 16
Atlantic Alcohol Risk Continuum, among NS students in grades 9, 10 & 12, 2007

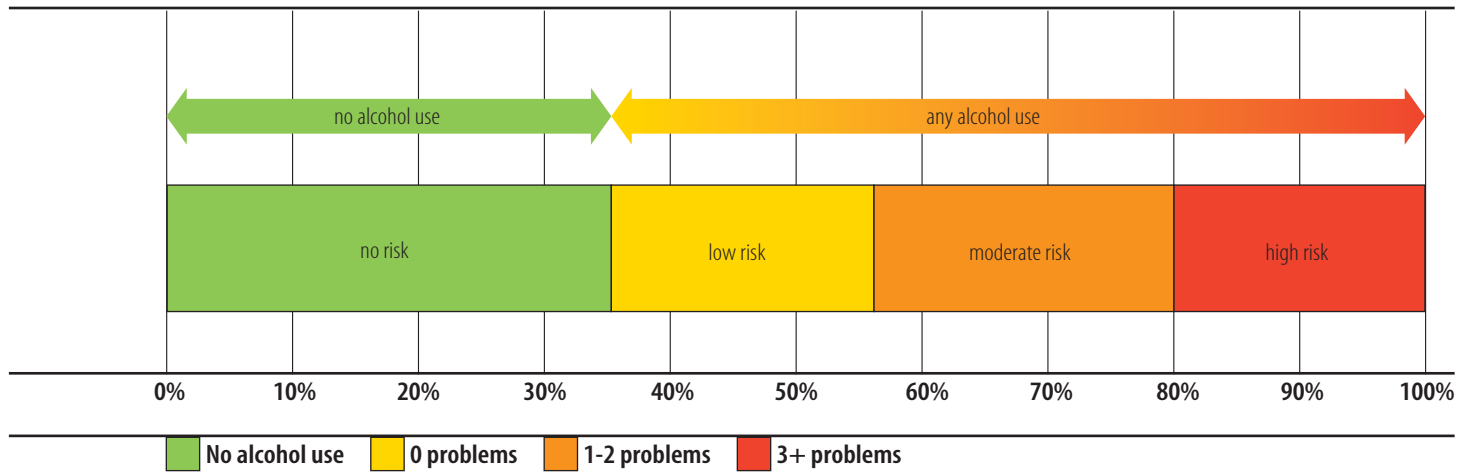
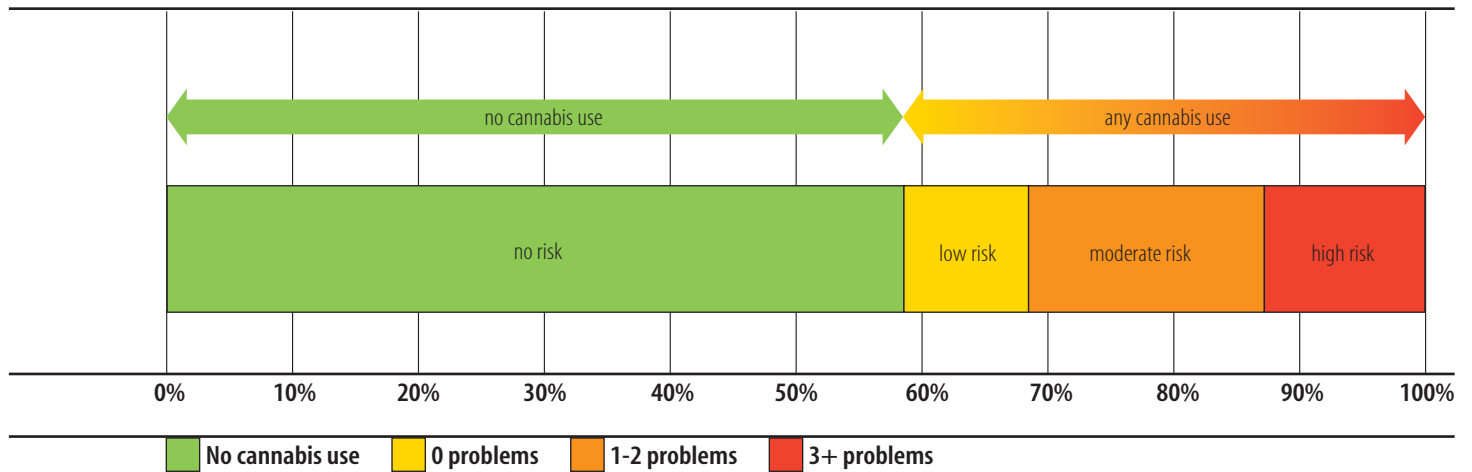


Figure 17
Atlantic Drug Risk Continuum, among NS students in grades 9, 10 & 12, 2007



Gambling

- In 2007, 60% of students participated in at least one of 9 gambling activities for money, in the course of the year. Males were more likely than females to have participated in at least one gambling activity during the year (68% vs. 53%, respectively).
- The most and least common gambling activities were playing scratch tabs (38%) and playing on internet gambling sites for money (5%).
- More males than females played cards for money, played in lotteries, bet on sports activities, played VLTs, and played on internet gambling sites for money.
- Males and females were equally likely to have played scratch tabs, break opens and bingo.
- About 3% of students met the definition of at-risk gambling and 2% met the definition of problem gambling. More males than females met the definitions of either at-risk or problem gambling (7% vs. 2%, respectively). At-risk and problem gambling were not found to be associated with age.
- 26% of students indicated that they had played on internet gambling sites with play money or points.



Is it ok to go on internet poker sites once in a while. My brother goes on them more than once a day.

– FEMALE, GRADE 7

I have only done drugs, drinking and gambling (poker for small change) with friends and family for fun and not often maybe once a year.

– FEMALE, GRADE 12



Figure 18
Prevalence of participation in gambling for money, in the past year

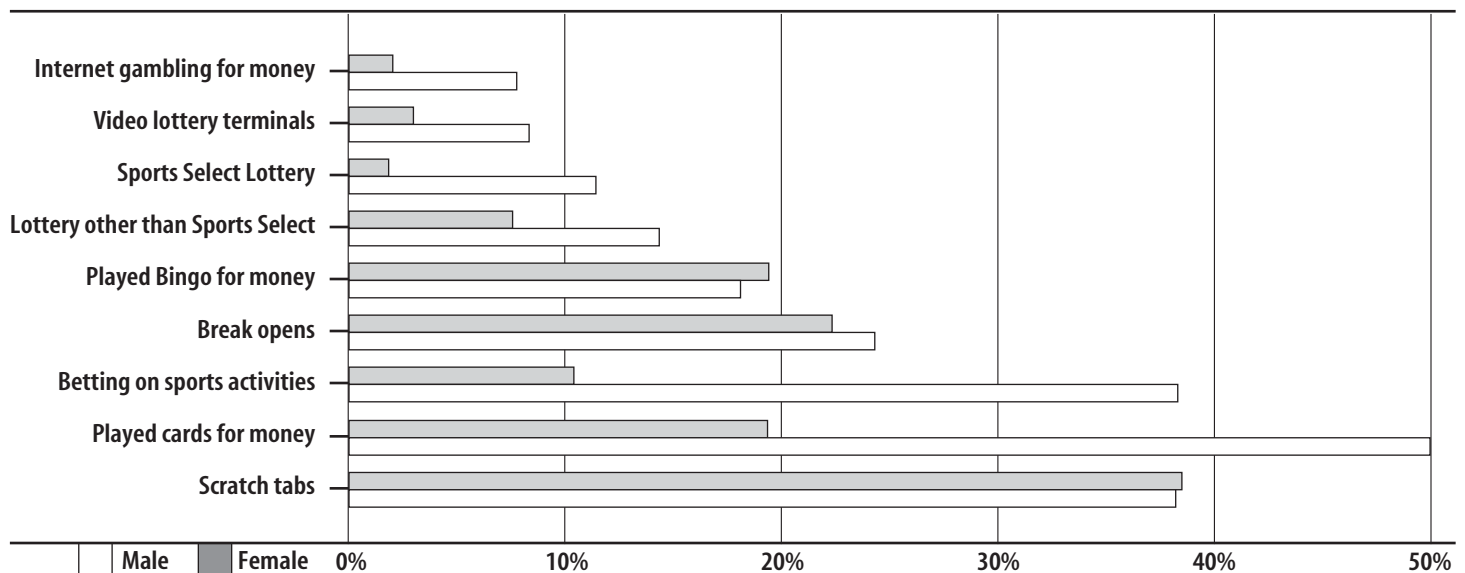


Figure 19
Prevalence of past year internet gambling for
MONEY

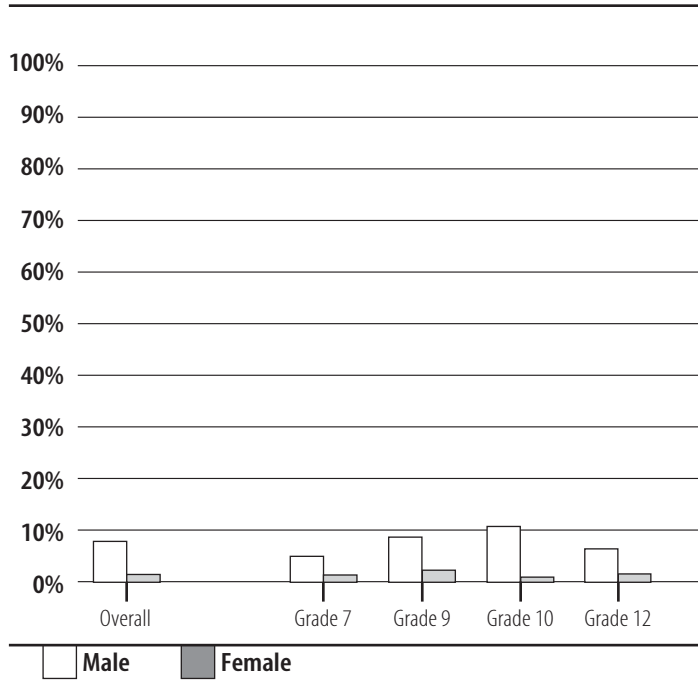
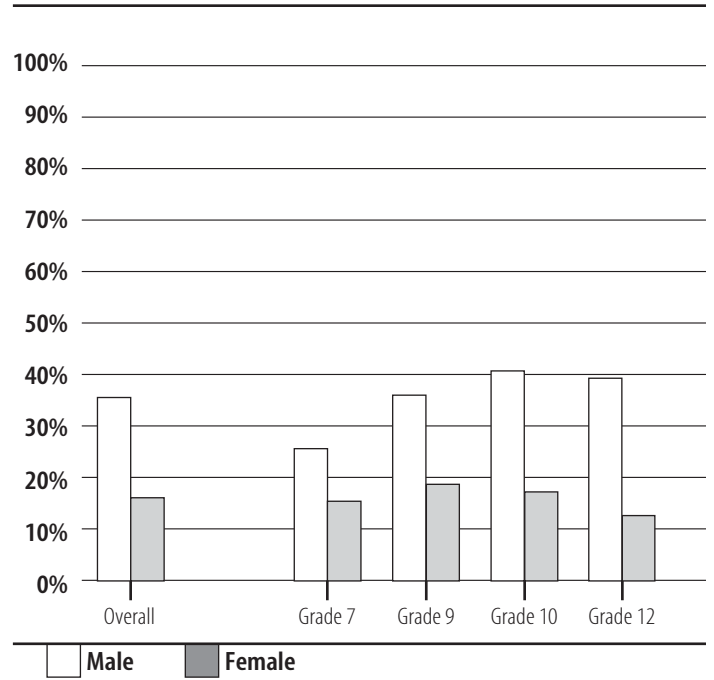


Figure 20
Prevalence of past year internet gambling for
POINTS



Mental health

Elevated depressive symptoms

- In 2007, 6% of students in grades 7, 9, 10 and 12 in Nova Scotia scored as having very elevated depressive symptoms on a screening tool.
- 21% of students scored as having somewhat elevated depressive symptoms.
- Female students were about twice as likely to report elevated depressive symptoms as were their male counterparts. Students in grade 7 were less likely than older students to report elevated depressive symptoms.

“

I use drugs to take away the pain. They numb me and make life seem alright.

– FEMALE, GRADE 9

- parents think your (sic) exaggerating when you tell them how depressed you feel, or that you're victimizing yourself.

– FEMALE, GRADE 10

I only felt depressed for a certain period of time because of a rough breakup. I didn't seek professional help but friends and family helped. Many people under-estimate what it can do to you.

– FEMALE, GRADE 10

Every day I am picked on mercilessly by other students. I always am stressed or depressed because of such things. I wish it would stop!

– MALE, GRADE 7

”

Attention Deficit/Hyperactivity Disorder (ADHD)

- In 2007, 5% of students in grades 7, 9, 10 and 12 scored positive on a screening test for ADHD.
- No gender difference was observed in the prevalence of a positive screening test.
- In 2007, 1% of Nova Scotia students in grades 7, 9, 10 and 12 indicated they were taking amphetamines and 3% of students indicated they were taking methylphenidate, as prescribed for them by their doctor, in the 30 days before the survey. More than twice as many males as females reported they were taking medical stimulants.
- In 2007, 10% of students with a positive ADHD screening test indicated they were taking medical stimulants. 90% of students found to have a positive ADHD screening test reported they were not taking medical stimulants.
- 3% of students with a negative ADHD screening test reported they were on medical stimulants. 97% of students found to have a negative ADHD screening test reported they were not taking medical stimulants.
- The 2007 rates of a positive ADHD screening test and of the utilization of stimulant medication in relation to ADHD symptoms are essentially the same as were found in the 2002 survey. The 2002 self-reported utilization rates were found to be accurate based on a review of data from the Nova Scotia Prescription Monitoring Program.

“

I get easily stressed about little things and I am very paranoid because I think about stuff too much. I think maybe my drug use is contributing to this paranoia and extreme stress.

– MALE, GRADE 12

Well, when I get depressed, I start to cut/slash my left arm with a knife... I don't know why but I want to stop. My parents don't know about it, cause I'm to (sic) afraid to tell them.

– FEMALE, GRADE 7

”

Help-seeking behaviour

- In 2007, 2% of students in grades 7, 9, 10 and 12 felt they needed help for their alcohol use and 1% received such help.
- 4% of students felt they needed help for their cigarette smoking and 2% received such help.
- 3% of students felt they needed help with other substance use and 1% received such help.
- Less than 1% of students felt they needed help for their gambling and less than 1% received such help.
- 17% of students felt they needed help for depressive symptoms and 5% received help for this problem. Approximately twice as many females as males reported that they felt they needed help and that they had received help for depression.



I've Actually been trying to quit drugs lately. I've gone to A counselor for Addiction Services And Its (sic) working ok for me. I dont (sic) do Hard drugs Anymore but still smoke pot As A reward for work that I do and to relieve stress. I don't really get what the point is for the first 15 questions but whatever. Hello to Anybody that reads this. I hope My information helps you.

— MALE, GRADE 9

No longer smoke pot; rarely drink alcohol; involved in Quit4Life, attempting to quit smoking. Sometimes still feel the need for a joint, but I feel I have otherwise overcame (sic) that addiction.

— MALE, GRADE 12

If i (sic) feel bad for what ive (sic) done it's my own fault. And i (sic) never ask or want help with things in life i (sic) do it for myself. It's my life. i (sic) rather keep my problems to myself. My sex, drug and booze life everyone knows. it dose (sic) not bother me! Thanks!

— FEMALE, GRADE 10

I was addicted to heroin for 3 years and I had gone on the Methadone program about a year ago and it helped a lot.

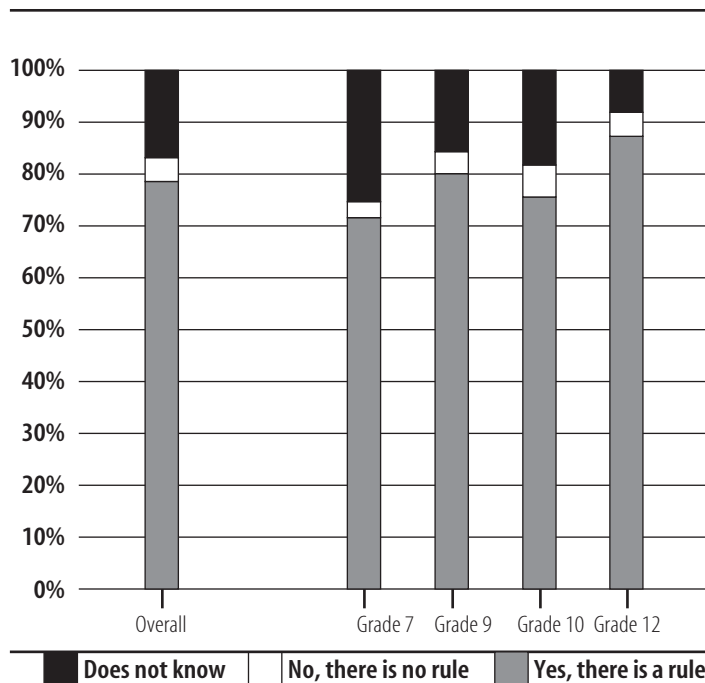
— FEMALE, GRADE 10



School-based drug prevention interventions

- In 2007, 77%, 84%, 67% and 45% of students in grades 7, 9, 10 and 12 respectively recalled having received classes on decision-making during the school year.
- In 2007, 76% of students indicated their school had a rule against smoking on school property or at school events, 4% reported their school did not have such a rule, and 16% reported they did not know if their school had such a rule. In 2002, 70%, 17% and 12% indicated these responses, respectively. The proportion of students who responded that their school did not have a school smoking ban decreased significantly from 2002 to 2007. All smoking on school grounds became prohibited with the enactment of the Nova Scotia Smoke-free Places Act in 2002.

Figure 21
Student awareness about school rule against smoking, 2007



“ I think their (sic) should be more classes telling us about these problems because then if we were approached (sic) with them we would know about them and their affects (sic) on us.

– FEMALE, GRADE 7

I feel that too many young people are consuming alcohol and drugs and I think that the school really needs to start reinforcing consequences (sic) because too many people are getting away with using illegal substances. It's sad how at a young age, a person could alter their lifestyle for the worse, it bothers me and we need a change.

– FEMALE, GRADE 10

Even though our school has rules against tobacco on school property, people still continue to smoke and our school staff don't really do anything about it.

– FEMALE, GRADE 9

...people won't quit smoking when the principal gives them a 3 day vacation.

– MALE, GRADE 12

Our school does have rules about smoking on school property but it's defintley (sic) not inforced (sic).

– FEMALE, GRADE 12

Key findings in the Atlantic Provinces

- 43% of students in grades 7, 9, 10 and 12 in the Atlantic provinces indicated that in the 12 months before the 2007 survey, they had used none of the substances mentioned in the survey.
- In 2007, the substances most commonly used by adolescent students in the Atlantic provinces were alcohol, cannabis and cigarettes.
- There is considerable inter-provincial variation in the proportions of students who reported the use of various substances.
- In 2007, Nova Scotia had the highest rates of the use of cannabis and psilocybin or mescaline.
- In 2007, New Brunswick had the lowest rates of cigarette smoking, and stimulant and inhalant use.
- In 2007, Prince Edward Island had the lowest rates of the use of alcohol, cannabis and MDMA.
- From 2002 to 2007, the prevalence of cigarette smoking decreased markedly in all four provinces. The prevalence of cannabis use decreased in Nova Scotia and New Brunswick. The prevalence of the use of psilocybin or mescaline decreased in Nova Scotia, New Brunswick, and Newfoundland and Labrador. The prevalence of MDMA use increased in Nova Scotia and in Newfoundland and Labrador.

Table 3
Percentages of students using substances in
Nova Scotia, New Brunswick, Newfoundland and Labrador,
and Prince Edward Island, 2007

	NS %	NB %	NL %	PE %
Any use of ...				%
Alcohol	52	50	52	46
Cannabis	32	27	30	21
Cigarettes	16	13	17	15
Psilocybin or mescaline	8	6	4	5
MDMA (Ecstasy)	7	5	7	3
Non-medical methylphenidate	5	2	5	5
Inhalants	4	3	4	4
Cocaine or crack	4	3	5	3
LSD	4	4	4	3
Non-medical amphetamines	4	2	3	3
Non-medical tranquilizers	3	2	3	2
Anabolic steroids	2	2	2	2
Methamphetamine	2	2	2	1

Discussion

The major finding of the 2007 *Nova Scotia Student Drug Use Survey* was a decrease from 2002 to 2007 in the prevalence of adolescent students' cigarette smoking, cannabis use, psilocybin or mescaline use, and the use of non-medical amphetamine and methylphenidate. The 2007 survey revealed an increase in the prevalence of use of MDMA (ecstasy), and no change in the prevalence of use of alcohol and 7 other substances. The 2007 survey also showed that, in the 12 months before the survey, 42% of adolescent students did not use any of the 13 substances mentioned in the survey.

The most marked decrease was in the prevalence of cigarette smoking, from 36% in 1998 to 24% in 2002 to 16% in 2007. A similar decreasing trend in adolescent smoking was observed in New Brunswick, Newfoundland and Labrador, and Prince Edward Island. Progress towards reducing smoking in Canada has been greater than anticipated such that the goal of the renewed federal tobacco control strategy is to reduce the prevalence of smoking by youth 15 to 17 years of age to 9%.¹ The decline in smoking is the result of the implementation of many complementary measures. In Nova Scotia, the Comprehensive Tobacco Control Strategy adopted in 2001 targeted taxation, cessation and youth prevention as key areas of action.² All smoking on school grounds became prohibited with the enactment of the Nova Scotia Smoke-free Places Act in 2002.³

In 2007, 52% of adolescent students in Nova Scotia consumed alcohol during the course of the year. About 28% of students consumed five or more drinks at a sitting, on at least one occasion in the month before the survey. This rate is essentially the same as observed in 2002. This pattern of drinking is known to be associated with an increased risk of problems such as injury, driving after drinking, and unplanned sexual intercourse. High risk drinking by youth, including binge drinking and drinking to intoxication, is one of the priorities for action identified by the Nova Scotia Alcohol Strategy announced in August 2007.⁴

Cannabis ranks as the second substance most commonly used by adolescent students in Nova Scotia. The prevalence of cannabis use among

Nova Scotia adolescent students decreased from 38% in 2002 to 32% in 2007. The survey revealed a similar decrease in New Brunswick. The past few years have seen a decrease in the prevalence of cannabis use among adolescent students in Ontario and in the United States.^{5,6} The 2007 survey also showed that 5% of Nova Scotia students used cannabis daily in the month before the survey. Daily cannabis use is associated with an increased number of drug problems such as driving after cannabis use, not doing as well as one could in school work, or experiencing tension or disagreement with family or friends.

Youth represent the subgroup of the population most at risk of motor vehicle collisions resulting in death or injury. In 2007, 14% of students in grades 10 and 12 and with a driver's license drove a motor vehicle within an hour of having used alcohol. About 23% of students in grades 10 and 12 and with a driver's license drove a motor vehicle within an hour of having used cannabis. Males were more likely than females to drive after alcohol or cannabis use. An in-depth study performed on data of the 2002 SDUSAP showed that cannabis-driving was associated with an increased risk of motor vehicle collision.⁷

Adolescents who ride with an impaired driver are at high risk of injury or death. The 2007 survey showed that 19% of students had ridden with an alcohol-driver, and 26% had ridden with a cannabis-driver, during the course of the year. An in-depth study on adolescent passengers of alcohol-drivers performed on data of the 2002 SDUSAP revealed that many factors which increase the risk of an adolescent's riding with a drunk driver are beyond the control of the teenager.⁸ These included lower socioeconomic status and rural residence, as well as a higher rate of alcohol-driving and a lower educational achievement in the immediate community. The study also showed that having a full driver's license was protective against riding with a drunk driver. On a positive note, Nova Scotia recently enacted legislation that will strengthen the graduated licensing program.⁹ This legislation will: increase the learner stage from 6 to 12 months; require competency evaluations at the end of the learner and newly licensed driver

stages; require drivers to have a .00% blood alcohol concentration (BAC) for two years after completion of the newly licensed driver stage; require signage for learners and newly licensed drivers; restrict passengers on newly licensed drivers, and require a .05% BAC restriction for supervising drivers. Planning for an adolescent's safe ride should be a matter of routine practice by the adolescent, his/her family, the school and the community.

Unplanned sexual intercourse under the influence of a substance is associated with an increased risk of multiple sexual partners and inconsistent condom use, among both male and female adolescent students.¹⁰ In 2007, 35% of students in grades 9, 10 and 12 reported they had engaged in vaginal or anal sex during the course of the year. Of students who had sex in the 12 months before the survey, 33% had unplanned sexual intercourse after alcohol or drug use, at least once during the year. About 61% of students who had ever engaged in sex indicated they had used a condom or latex barrier at the time of their most recent sexual intercourse. These findings are essentially the same as observed in 2002. The Framework for Action: Youth Sexual Health in Nova Scotia provides the rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth.¹¹

The 2007 Student Drug Use Survey in the Atlantic Provinces introduces the Atlantic Alcohol- and Drug- Risk Continua.¹² These population health tools were developed to monitor 21 specific harms and risky contexts of alcohol and drug use, as well as the overall level of risk associated with substance use, in the general adolescent population. The Risk Continua are based on the Stages of Change theory¹³ rather than a psychiatric or clinical definition of alcohol abuse or dependence. The cut-point between Moderate and High risk is based on self-reported need for help for alcohol or drug use. Among Nova Scotia students in grades 9 or higher, 20% were found to be at the High Risk end of alcohol use and 13% of students were found to be at the High Risk end of cannabis use. In all four provinces, drinking five or more drinks at a sitting, or using cannabis on a daily basis, were found to be associated with a High Risk of problem indicators.

The 2007 survey showed that 60% of students participated in at least one of 9 gambling activities for money. About 3% and 2% of adolescent students met the definitions for at-risk and problem gambling, respectively. These rates are essentially the same as observed in 2002.¹⁴ This is the first year that internet gambling was included in the list of gambling activities. The 2007 survey revealed that 5% of all students played on internet gambling sites for money. The survey also revealed that 26% of all students played on gambling internet sites for points or play money or points.

The 2007 survey included screening tests for depressive symptoms and Attention Deficit/Hyperactivity Disorder (ADHD). About 6% of adolescent students in Nova Scotia had very elevated depressive symptoms. About 17% of all students indicated they felt they needed help for depression and 5% of all students indicated they had received such help. An in-depth study based on the 2002 SDUSAP data showed that the association between the risk of depression in the general adolescent population is related to substance use in a complex manner that may differ according to gender.¹⁵ Regarding ADHD, in 2007 about 5% of all students scored positive on a screening test for this disorder. About 10% of students with a positive test indicated they were taking stimulant medication. These rates are essentially the same as in 2002.¹⁶ An in-depth study based on the 2002 SDUSAP data demonstrated that the student self-reported rate of use of stimulant medication was accurate and that the utilization rate of stimulant medication was low in relation to this valid measure of ADHD.¹⁶

Finally, considerable inter-provincial variation was noted in the prevalence of use of various substances by adolescent students in Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island. In 2007, Nova Scotia had the highest rates of the use of cannabis, and psilocybin or mescaline. The 2007 survey revealed that, except for MDMA, the rates of adolescents' use of the various substances in the four Atlantic provinces were either lower than, or essentially the same as, those observed in 2002.

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RECOMMENDATIONS

Recommendation 1

Findings from the 2007 Student Drug Use Survey in the Atlantic Provinces should be communicated to key stakeholders throughout Atlantic Canada.

Students, parents/caregivers, schools, communities, various youth-serving agencies, and policy makers alike should be informed about the trends in substance use, gambling, and related activities among the general student population. These data will inform the enhancement of existing adolescent services including prevention, early identification, and treatment, as well as help to identify gaps in the continuum of care.

Recommendation 2

Parents/caregivers, schools, communities, and government should continue to support students in making healthy, less harmful decisions about substance use and gambling.

Not all students are involved in substance use and/or gambling. Forty-two per cent of students in Nova Scotia reported no use of substances, including alcohol and of tobacco, in the past year. Schools and teachers should be supported in continuing to implement and update school drug and gambling education curricula.

Recommendation 3

Addiction Services in the respective District Health Authorities should continue to build upon intersectoral collaboration with students, parents/caregivers, schools, youth health centres, mental health services, law enforcement and other relevant services to enhance prevention activities.

Partnerships among stakeholders in education, health, and school communities that involve students and parents/caregivers can facilitate the assessment of school and community needs, the development and implementation of effective school policies, and the implementation of effective drug and gambling education. A shared understanding of effective prevention strategies among stakeholders, including the provision of accurate information about substance use and gambling and associated risks, is essential in the promotion of healthy decision making among students.

Recommendation 4

Addiction Services in the respective District Health Authorities should continue to build upon intersectoral collaboration with students, parents/caregivers, schools, youth centres, mental health services, law enforcement, and other relevant services to develop intervention and treatment strategies to assist students who are harmfully involved with substance use and/or gambling.

Students who do experience problems associated with substance use and gambling require access to early intervention or treatment. Strategies aimed at adolescent substance use and associated problems and risks are more likely to succeed with the support of key stakeholders. Such strategies should build upon the principles of youth engagement and strengths based approaches that foster resilience.

Recommendation 5

The standardized Student Drug use Survey should be repeated in the Atlantic Provinces every three years.

The standardized Student Drug Use Survey provides relevant monitoring data to evaluate the successes within the field of addiction-related health, including goals, objectives, and strategies related to adolescent substance use and gambling. Atlantic collaboration will enhance the ability to advance the field of addictions-related health as it pertains to adolescents.

Recommendation 6

Assess substance use and gambling related problems among at-risk/marginalized youth who are not represented in the Student Drug Use Survey.

The Student Drug Use Survey in the Atlantic Provinces provides representative information about students attending junior or high school. The survey is not representative of street youth, early school leavers, youth who are frequently absent, or others who do not attend school. These youth are known to be at higher risk of substance use and risk behaviours than are youth who are attending school. Collaborative projects in the Atlantic provinces may provide innovative research methods that can help to inform strategies with at-risk/marginalized youth.

