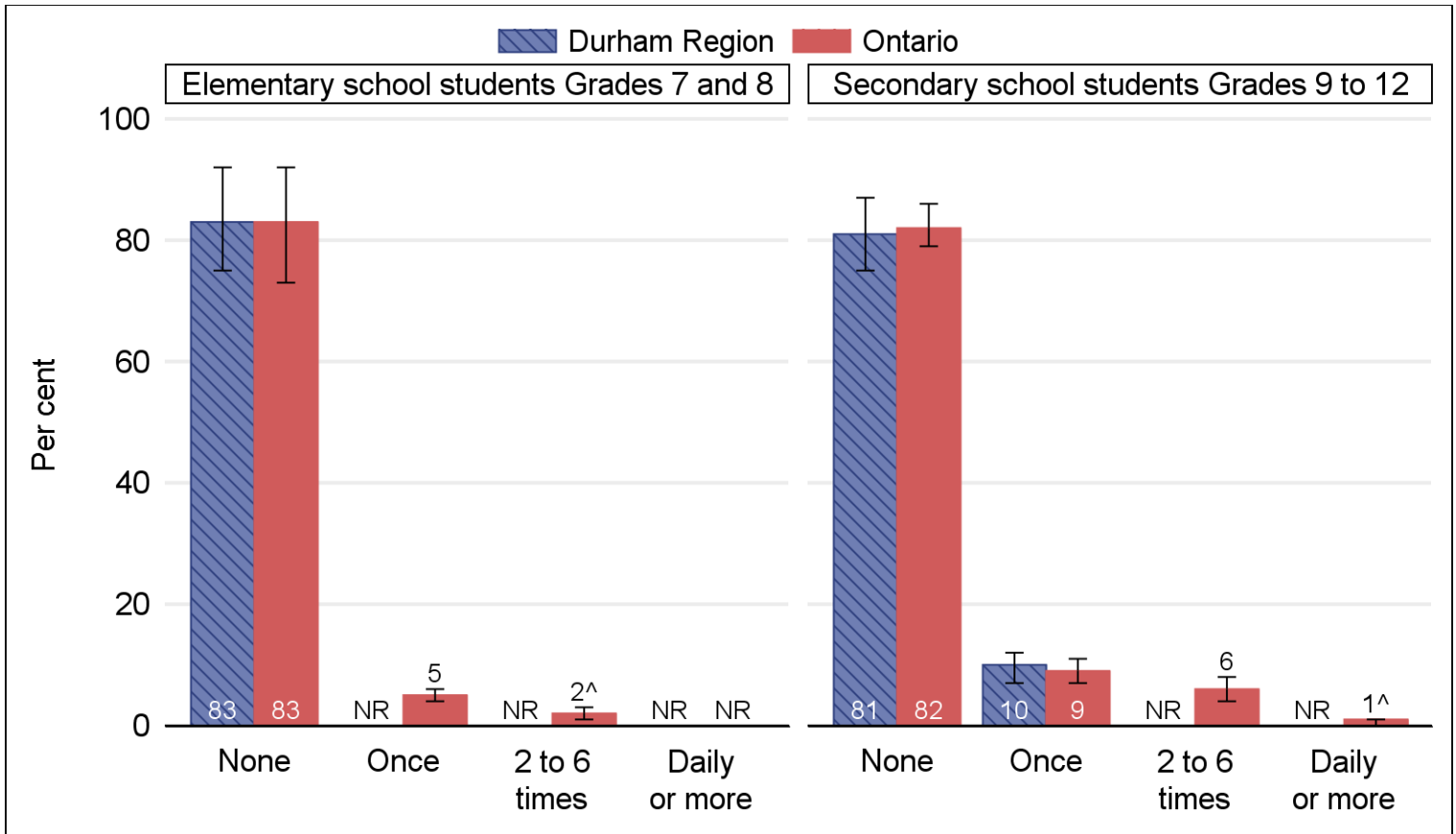


Quick facts:

Students' frequency of drinking caffeinated energy drinks in the past 7 days, 2016-2017



Release date: August 2018



Notes

Results were weighted and sex-by-grade adjusted to the Ontario 2014-2015 student enrollment.

Error bars represent the 95 per cent confidence intervals around the percentage. The true or actual percentage falls within the range of values, 95 out of 100 times. Categories may not sum to 100 per cent as item non-response is not presented in the results above.

[^] Interpret with caution as the coefficient of variation (CV) is between 16.6 and 33.3 per cent, inclusive.

NR - Unreliable and not releasable as the CV is greater than 33.3 per cent.

Source: Public Health Monitoring of Risk Factors in Ontario – Ontario Student Drug Use and Health Study (OSDUHS), 2016-2017.

Summary

The percentage of Durham Region elementary school students consuming high-energy caffeinated drinks (CED) daily was too small to report; however, one in ten (10%) secondary school students reported consuming CEDs once in the past week.

[Health Canada](#)'s recommended maximum daily caffeine intake in adolescents aged 13 and older is 2.5 mg per kg body weight. For example, the recommended maximum daily limit for a 16-year-old male weighing 55 kg would be 138 mg. To put this in perspective, a 473 mL can of an energy drink can contains 160 mg or more of caffeine and a large coffee can contain 266 mg or more. [Research](#) has shown that students have low levels of knowledge about caffeine amounts and intake from caffeinated beverages.

In Durham Region secondary school students, 8%[^] reported drinking coffee at least once a day and a further 7% report drinking caffeinated tea daily or more (results not shown in figure).

Questions

In the last 7 days, how often did you drink a can of a high-energy caffeine drink, such as Red Bull, Rockstar, Amp, Full Throttle, Monster, etc.?

- Did not drink in the last 7 days but did drink at least once in the last 12 months; did not drink in the last 7 days or in the last 12 months
- 1 time in the last 7 days
- 2 to 4 times in the last 7 days; 5 to 6 times in the last 7 days
- Once each day; more than once each day

In the last 7 days, how often did you drink a cup, can or bottle of [coffee or coffee drinks such as lattes or cappuccinos (hot or cold)], [hot or iced tea]? (Do not include decaffeinated coffee or tea)

- Did not drink in the last 7 days but did drink at least once in the last 12 months; did not drink in the last 7 days or in the last 12 months; 1 time in the last 7 days; 2 to 4 times in the last 7 days; 5 to 6 times in the last 7 days; Once each day; more than once each day

Survey methods

The Ontario Student Drug Use and Health Survey (OSDUHS) targets students, Grades 7 to 12, enrolled in the public and catholic regular school system. The OSDUHS uses a two-stage (school, class) stratified (region and school type) cluster sample design, and oversampling in PMO-participating public health units. The survey is self-administered in the classroom, taking, on average, 35 minutes to complete. Participation is voluntary and anonymous. Students 17 years old and younger absent or without signed consent forms on the day of the survey do not participate.

This survey excluded groups, such as street youth and dropouts, in which health behaviours such as healthy eating, physical activity, drug use, etc. may be underestimated. In addition, self-reporting may result in under-reporting whether from social desirability or recall bias.

For a detailed description of the OSDUHS, visit the [CAMH website](#).

Data analysis

Data were analyzed using SAS 9.4. For 2016-2017, the analysis was based on a design of 17 strata (7 geographical strata for elementary schools and 10 for secondary schools), 214 schools, 764 classes and 11,435 students. Variables accounting for the probability of selection, stratification and clustering were used when analyzing the data. The final sampling weight was based on each regional stratum's sex-by-grade structure according to the provincial population structure.

Differences in two percentages may be clinically important. However, when error bars overlap, the difference cannot necessarily be interpreted as real or statistically significant.

Acknowledgement

The data used in this publication came from the OSDUHS conducted at the CAMH and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the CAMH.

For more information, contact Durham Region Health Department at 1-800-841-2729, by fax at 905-666-6241 or by visiting the [Durham Region website](#).