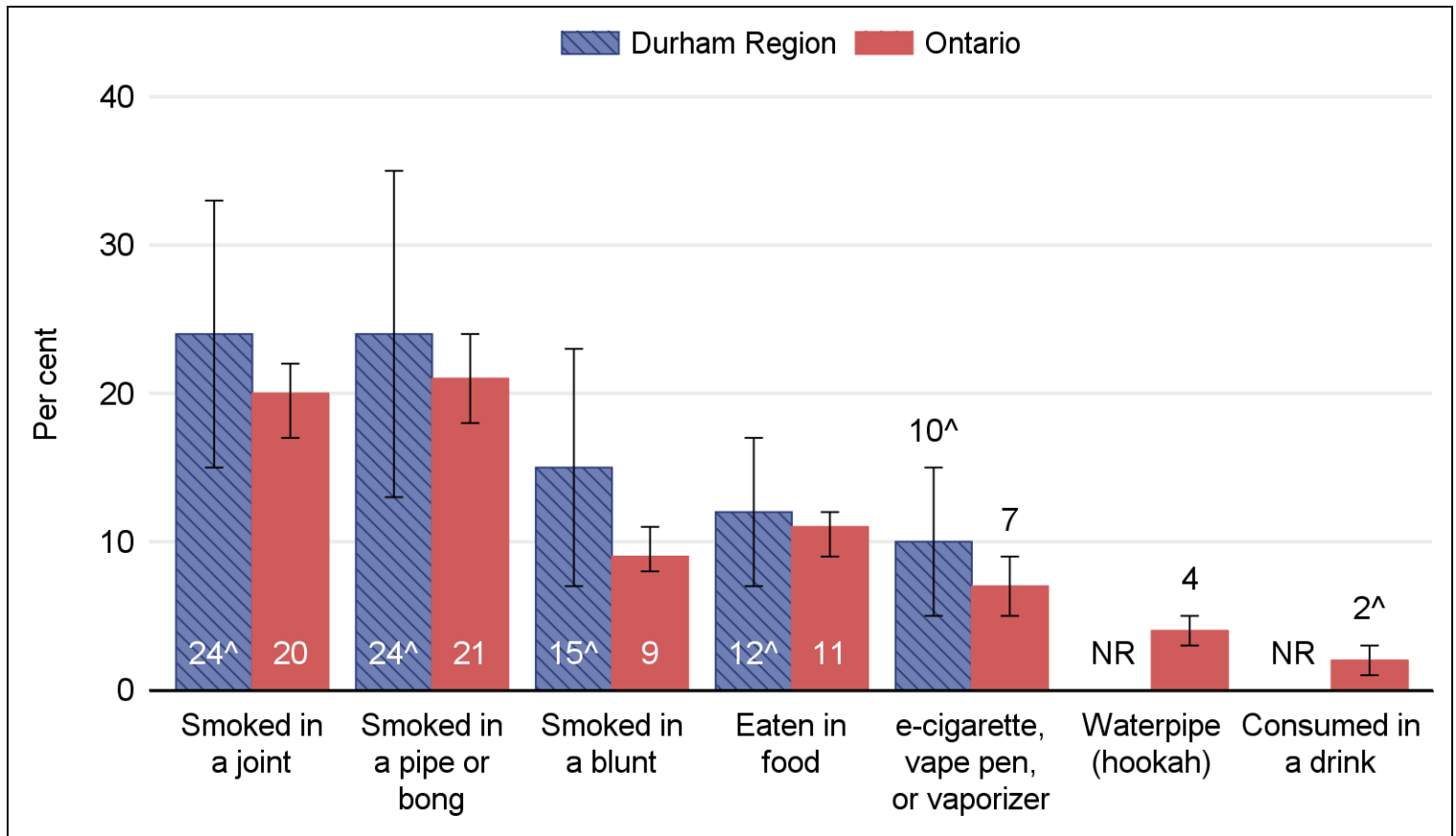


Quick facts:

# Secondary school students' modes of using cannabis, 2016-2017



Release date: May 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.

<sup>^</sup> 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), 2016-17.

## Summary

The most common modes of using cannabis among Durham Region secondary school students were smoking it in a joint (24%), smoking it in a pipe or bong (24%) and smoking it in a blunt (15%) . About one-in-ten (12%) students consumed cannabis in food products such as brownies or candies. These percentages were similar across Ontario.

## Questions

In the last 12 months, what ways have you used cannabis, if at all? Please check all the ways.

- smoked cannabis in a joint
- smoke cannabis in a blunt (hollowed-out cigar)
- smoke cannabis in a pipe or a bong
- used cannabis in an electronic cigarette, vape pen or vaporizer
- used cannabis in a waterpipe (hookah)
- eaten food that contained cannabis (such as a brownie, cookie, candy)
- had a drink that contained cannabis (such as tea)
- never used cannabis in lifetime; did not use in the last 12 months

## 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](#).