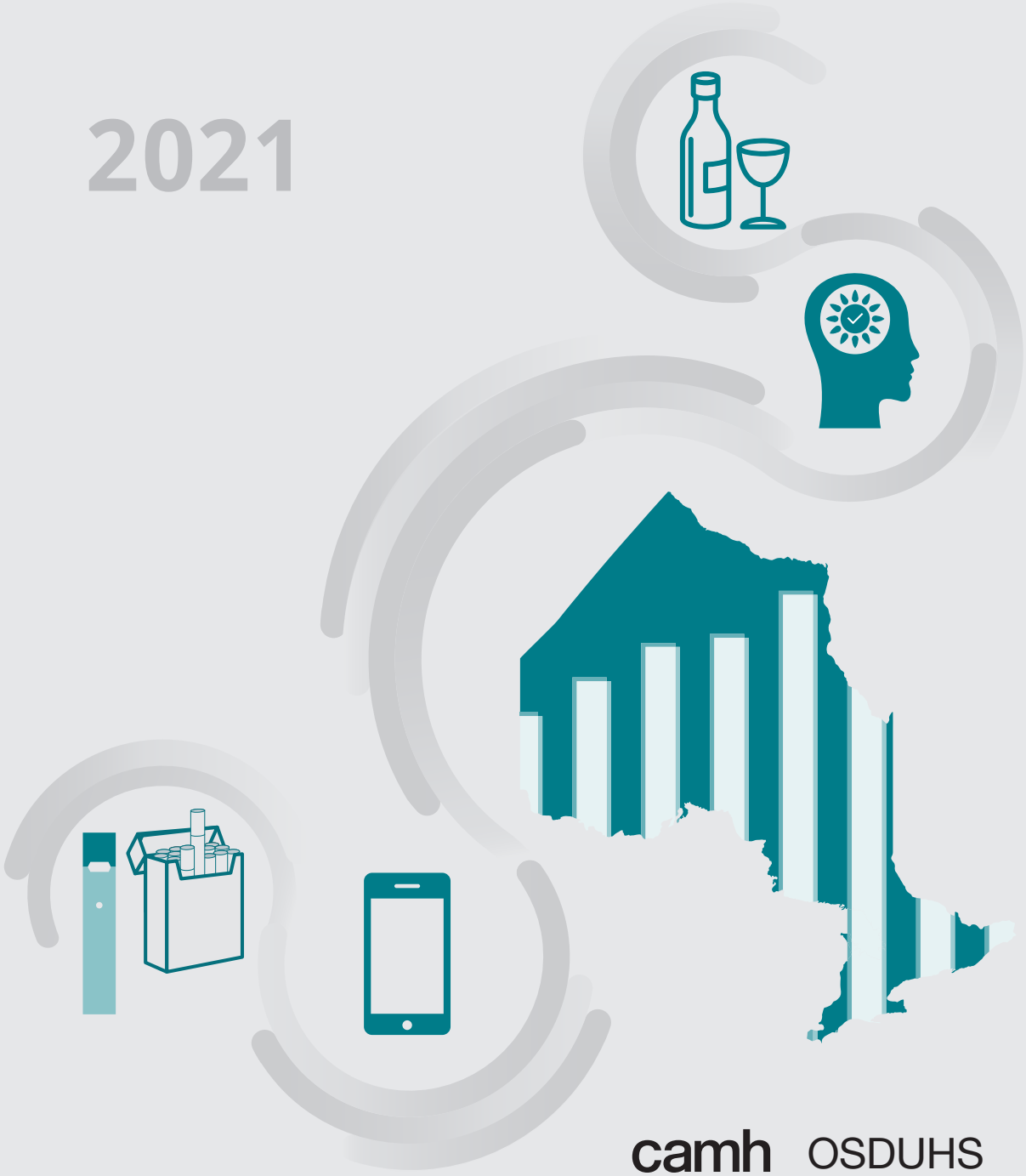
The Well-Being *of* Ontario Students:

Findings from the 2021 Ontario Student Drug Use and Health Survey

with French summary within | avec resumé en français à l'intérieur

2021



camh OSDUHS
Ontario Student Drug Use and Health Survey

The Well-Being *of* Ontario Students:

Findings from the 2021 Ontario Student Drug Use and Health Survey

2021

Angela Boak
Tara Elton-Marshall
Hayley A. Hamilton

camh
OSDUHS
Ontario Student Drug
Use and Health Survey

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The views expressed here are those of the authors and do not necessarily reflect those of CAMH.

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Hayley A. Hamilton

KEY FINDINGS

The Centre for Addiction and Mental Health's *Ontario Student Drug Use and Health Survey* (OSDUHS) has been conducted every two years since 1977, making it the longest ongoing school survey of adolescents in Canada, and one of the longest in the world. Between March and June 2021, a total of 2,225 students in grades 7 to 12 from 122 schools in 31 school boards participated in the 2021 cycle of the OSDUHS. All data are based on students' self-reports derived from anonymous questionnaires completed online. The online questionnaire could be completed by students anywhere, anytime. The survey was administered by the Institute for Social Research (at York University) on CAMH's behalf.

This report provides an overview of the main findings from the 2021 OSDUHS cycle and comparisons with 2019 where possible. The topics covered in this report include drug use, mental health, physical health, social media and technology, video gaming, gambling, school and family-related indicators. The survey also asked students about how the COVID-19 pandemic has impacted their lives. Of note, the 2021 OSDUHS was administered during unprecedented circumstances as all Ontario schools were closed to in-person learning and students were learning remotely/virtually during almost all of the data collection period. The findings presented in this report provide a snapshot in time showing student well-being during the pandemic.

COVID-19 PANDEMIC EXPERIENCES

- Over half (59%) of students feel depressed about the future because of COVID-19.
- Over one-third (39%) of students feel that the pandemic has negatively affected their mental health "very much" or "extremely."
- One-quarter (26%) of students feel that online learning from home (due to the pandemic) is very difficult or extremely difficult.
- One-quarter (24%) of students report that their relationship with their parents/guardians became a bit worse or a lot worse during the pandemic.

59% Feel depressed about the future because of COVID-19

39% COVID-19 pandemic has negatively affected mental health

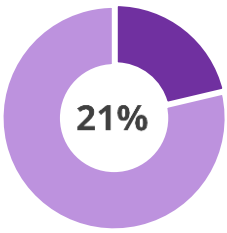
26% Very/extremely difficult to learn online from home

24% Relationship with parents became worse

SCHOOL AND FAMILY

- Just under half (42%) of students in grades 7–12 report that they like school very much or quite a lot. Most students (74%) feel close to the people at their school. A similar percentage (74%) feel like they are part of their school. The vast majority (91%) feel safe at school.
- Almost one-third (30%) of students report low subjective social status at school (i.e., feeling that other students exclude them and do not respect them). About one-in-five (21%) students report being bullied at school (in any way) since September.
- One-in-eight (12%) students report being suspended or expelled from school at least once in their lifetime.
- Over one-third (39%) report that they "rarely" or "never" talk to a parent about their problems or feelings.
- About half (49%) of students report eating the evening meal with at least one parent everyday.

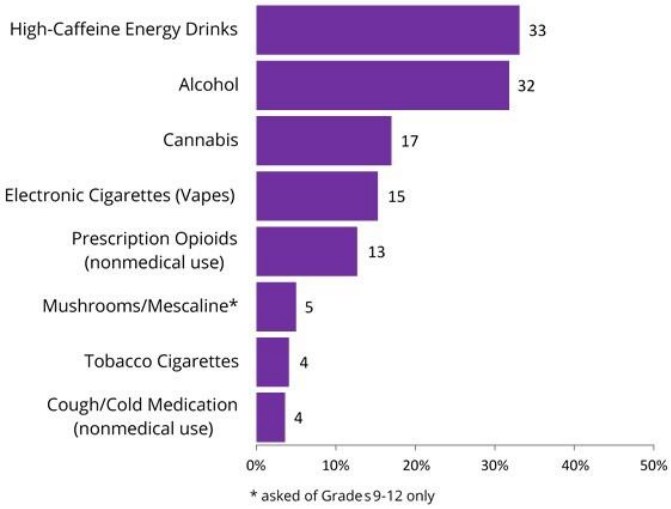
% of students reporting having been bullied at school since September



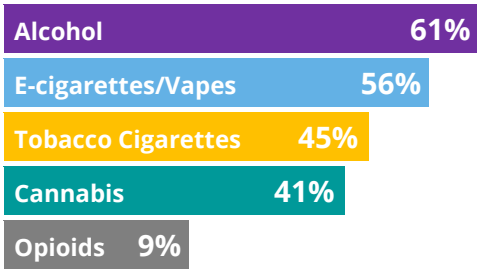
DRUG USE

- The most commonly used drugs among students in grades 7–12 are high-caffeine energy drinks, alcohol, and cannabis.
- About 8% of students report binge drinking (five or more drinks on one occasion) at least once in the past month.
- A majority (84%) of those who report vaping/using e-cigarettes in the past year report vaping nicotine.
- Among secondary school students, the most common ways of using cannabis are using it in a vaping device (17%), smoking it in a pipe/bong (17%), and eating it in a food product such as brownies or candy (15%).
- One-in-seven (14%) secondary school students report that they used cannabis to cope with a mental health problem at least once in the past year.
- Students report that alcohol and e-cigarettes/vapes are the most readily available drugs/substances (i.e., they are easy to obtain).

% of students reporting past year drug use



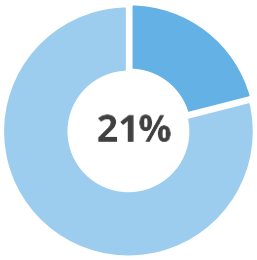
% of students reporting that it is "fairly easy" or "very easy" to get



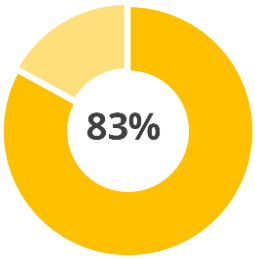
PHYSICAL HEALTH

- One-in-five (20%) students in grades 7–12 rate their physical health as “fair” or “poor.”
- About one-in-ten (9%) students report experiencing a concussion in the past year.
- About half (49%) of students report getting at least eight hours of sleep on a school night. Therefore, 51% are not getting at least eight hours of sleep.
- Only about one-in-five (21%) students are physically active on a daily basis for at least 60 minutes.
- Well over three-quarters (83%) of students spend three hours or more a day in front of an electronic screen in their *free time* (“recreational screen time”).
- Almost half (46%) of students are preoccupied with (i.e., constantly worried about) their weight or body shape.

% of students reporting daily physical activity

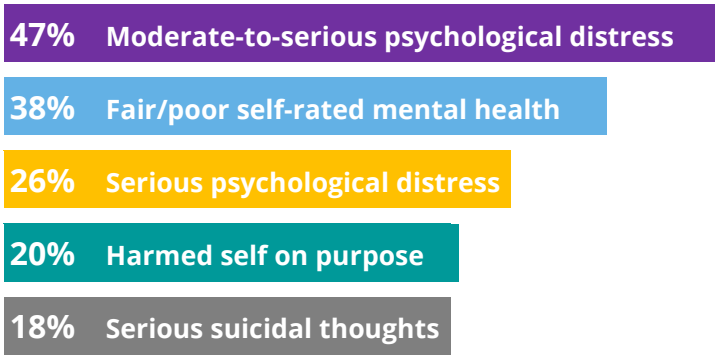


% of students reporting three hours or more per day of recreational screen time

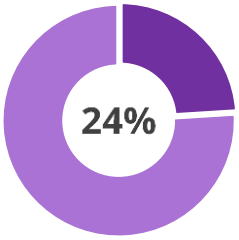


MENTAL HEALTH

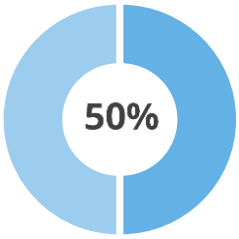
- Over one-third (38%) of students in grades 7–12 rate their mental health as “fair” or “poor.”
- One-third (32%) of students report experiencing an elevated level of stress or pressure in their lives.
- About one-in-five (18%) often or always feel lonely.
- About half (47%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). Over one-quarter (26%) indicate a serious level of psychological distress.
- One-in-five (20%) students report harming themselves on purpose in the past year. Almost the same proportion (18%) report that they seriously contemplated suicide in the past year.
- Just under half (42%) of students report that, in the past year, there was a time they wanted to talk to someone about a mental health problem, but did not know where to turn.



% of students worried about climate change

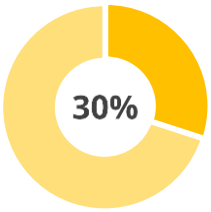


% of students depressed about the future because of climate change

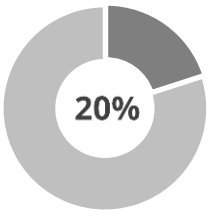


SOCIAL MEDIA, TECHNOLOGY, VIDEO GAMING, AND GAMBLING

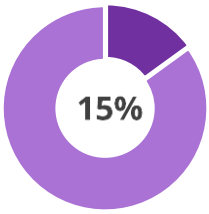
- The vast majority (91%) of students in grades 7–12 use social media on a daily basis. Almost one-third (31%) spend five hours or more on social media daily.
- Almost one-third (30%) of students report being cyberbullied at least once in the past year.
- About one-in-six (18%) secondary school students report symptoms that may suggest a moderate-to-serious problem with technology use. About 5% report symptoms suggesting a serious problem with technology use.
- About one-quarter (24%) of students play video games for five hours or more on a daily basis. One-in-five (20%) students meet the criteria for a video gaming problem.
- About one-quarter (26%) of students report gambling money on at least one activity in the past year. The most prevalent activity is online gambling (15%).



% of students reporting having been cyberbullied



% of students reporting symptoms of a video gaming problem



% of students reporting gambling with money online

SIGNIFICANT SEX DIFFERENCES

Males are more likely to:	Females are more likely to:
▪ report being suspended or expelled from school ▪ use cough/cold medication nonmedically ▪ cyberbully others ▪ play video games daily ▪ spend 5 hours or more playing video games daily ▪ indicate a video gaming problem ▪ bet virtual credits in a video game ▪ gamble money (any) ▪ gamble money online	▪ report low subjective social status at school ▪ use prescription opioids nonmedically ▪ be preoccupied with their weight/body shape ▪ skip meals for health/weight reasons ▪ perceive themselves as “too fat” ▪ report trying to lose weight ▪ rate their mental health as fair or poor ▪ report elevated stress ▪ indicate psychological distress ▪ report an unmet need for mental health support ▪ spend more time on social media daily ▪ spend more time on electronic devices daily in free time ▪ indicate a problem with technology use ▪ report that the COVID-19 pandemic has negatively affected their mental health ▪ feel depressed about the future because of COVID-19

SIGNIFICANT GRADE DIFFERENCES

Increases with grade:	Decreases with grade:
▪ not eating the evening meal with parents ▪ alcohol use ▪ cannabis use ▪ e-cigarette use/vaping ▪ fair/poor self-rated physical health ▪ 3 hours or more a day of recreational screen time ▪ preoccupation with body weight ▪ binging on food ▪ fair/poor self-rated mental health ▪ elevated stress ▪ psychological distress ▪ visiting a professional for mental health ▪ seeking counselling over the phone/internet ▪ unmet need for mental health support ▪ worry about climate change ▪ 5 hours or more a day on social media ▪ 7 hours or more a day on electronic devices in free time ▪ difficulty learning online from home ▪ reporting that their relationship with parents worsened during the COVID-19 pandemic ▪ reporting that the COVID-19 pandemic has negatively affected their mental health	▪ feeling close to people at school ▪ feeling like part of one's school ▪ feeling safe at school ▪ getting at least eight hours of sleep on a school night ▪ daily physical activity

SIGNIFICANT DECREASES BETWEEN 2019 AND 2021

	2019		2021
Feel close to people at school (agree)	85%	↓	74%
Feel like part of school (agree)	82%	↓	74%
E-cigarette use/vaping (past year)	23%	↓	15%
Alcohol use (past year)	42%	↓	32%
Binge drinking (past month)	15%	↓	8%
Hazardous/Harmful Drinking (past month)†	14%	↓	5%
Cough/Cold Medication (nonmedical use, past year)	8%	↓	4%
Concussion (past year)	15%	↓	9%
Always/often go to school or bed hungry	6%	↓	3%

† among grades 9-12 only

SIGNIFICANT INCREASES BETWEEN 2019 AND 2021

	2019		2021
Low subjective social status at school	23%	↑	30%
Nonmedical use of prescription opioids (past year)	11%	↑	13%
Fair/poor self-rated physical health	11%	↑	20%
8 hours or more of sleep on school nights	37%	↑	49%
3 hours or more a day of recreational screen time	71%	↑	83%
Fair/poor self-rated mental health	27%	↑	38%
Serious psychological distress (past month)	21%	↑	26%
Fair/poor ability to cope with difficult problems	23%	↑	34%
Sought counselling over the phone/internet (past year)	5%	↑	9%
Unmet need for mental health support (past year)	35%	↑	42%
5 hours or more a day on social media	21%	↑	31%
7 hours or more a day on social media	7%	↑	14%
Been cyberbullied in the past year	22%	↑	30%
5 hours or more a day on electronic devices in free time†	35%	↑	52%
7 hours or more a day on electronic devices in free time†	12%	↑	26%
Playing video games daily	24%	↑	42%
5 hours or more a day playing video games	11%	↑	24%
Video gaming problem	14%	↑	20%
Gambling money online	4%	↑	15%

† among grades 9-12 only

Please visit the OSDUHS webpage for reports and FAQs:

www.camh.ca/osduhs

SURVOL DES RÉSULTATS

Réalisé tous les deux ans, depuis 1977, pour le Centre de toxicomanie et de santé mentale, le *Sondage sur la consommation de drogues et la santé des élèves de l'Ontario* (SCDSEO) est la plus ancienne étude canadienne menée en milieu scolaire auprès d'adolescents et l'une des plus anciennes au monde. Au total, 2 225 élèves de la 7e à la 12e année, répartis dans 31 conseils scolaires et 122 écoles, ont participé au cycle 2021 du SCDSEO, entre mars et juin 2021. Toutes les données découlent des réponses à un questionnaire anonyme que les élèves pouvaient remplir en ligne, n'importe où, n'importe quand. Le sondage a été administré par l'Institut de recherche sociale de l'Université York pour le compte de CAMH.

Le présent rapport résume les résultats du cycle 2021 du SCDSEO, et, le cas échéant, les compare à ceux du cycle 2019. On y examine, entre autres, les indicateurs de consommation de drogues et de santé mentale et physique, et divers comportements liés aux réseaux sociaux, aux technologies, aux jeux vidéo et aux jeux de hasard et d'argent, ainsi qu'à l'école et à la famille. Dans le cadre du sondage, on a posé des questions sur l'effet qu'a eu la pandémie de COVID-19 sur la vie des élèves. Il convient de remarquer que le SCDSEO de 2021 a été administré dans des circonstances sans précédent : en raison de la pandémie, pendant presque toute la période de collecte des données, les écoles de l'Ontario étaient fermées et l'apprentissage s'est fait à distance, c.-à-d. virtuellement. Les constats présentés dans ce rapport sont donc un « instantané » du bien-être des élèves au cours de la pandémie.

PANDÉMIE DE COVID-19 : EXPÉRIENCES

- Plus de la moitié des élèves (59 %) se sentent déprimés face à l'avenir à cause de la COVID-19.
- Plus du tiers (39 %) déclarent que la pandémie a eu une incidence très négative ou extrêmement négative sur leur santé mentale.
- Le quart (26 %) déclarent qu'il est très difficile ou extrêmement difficile d'apprendre en ligne à la maison (à cause de la pandémie).
- Le quart (24 %) déclarent que leur relation avec leurs parents ou gardiens s'est détériorée un peu ou beaucoup pendant la pandémie.

59 % **se sentent déprimés face à l'avenir à cause de la COVID-19**

39 % **déclarent que la pandémie a eu une incidence négative sur leur santé mentale**

26 % **déclarent qu'il est « très difficile » ou « extrêmement difficile » d'apprendre en ligne à la maison**

24 % **déclarent que leur relation avec leurs parents s'est détériorée**

ÉCOLE ET FAMILLE

- Un peu moins de la moitié des élèves (42 %) de la 7e à la 12e déclarent aimer beaucoup l'école. La plupart (74 %) se sentent proches des autres à l'école. La même proportion (74 %) ont le sentiment d'appartenir à leur école. La vaste majorité (91 %) se sentent en sécurité à l'école.
- Près du tiers (30 %) déclarent avoir un statut social subjectif bas à l'école (se sentent exclus et non respectés par les autres élèves). Environ un.e sur cinq (21 %) déclare avoir été victime d'intimidation (d'une forme ou d'une autre) à l'école depuis septembre.
- Un.e élève sur huit (12 %) déclare avoir été suspendu.e ou expulsé.e de son école au moins une fois.
- Plus du tiers (39 %) déclarent qu'ils parlent rarement à leurs parents de leurs problèmes ou de leurs sentiments ou qu'ils ne leur en parlent jamais.
- Environ la moitié (49 %) déclarent qu'ils prennent le repas du soir avec au moins un parent, tous les soirs.

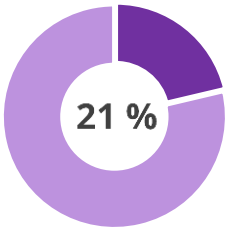
91 % se sentent en sécurité à l'école

74 % se sentent proches des autres à l'école

74 % ont le sentiment d'appartenir à leur école

42 % aiment beaucoup l'école

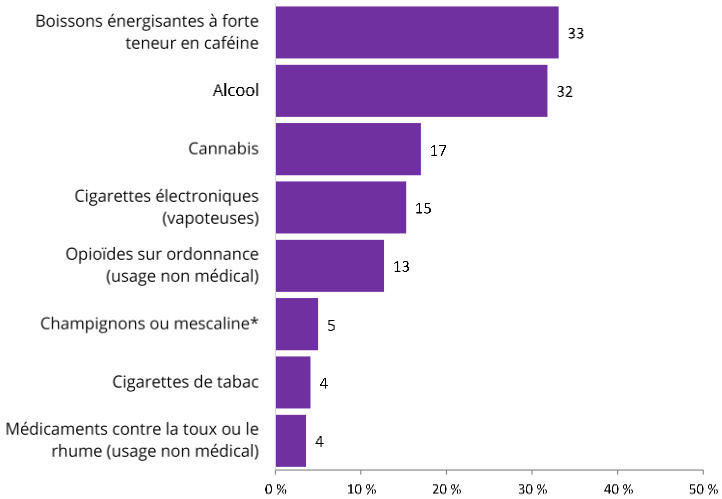
% d'élèves qui déclarent avoir été victimes d'intimidation à l'école



CONSOMMATION DE DROGUES

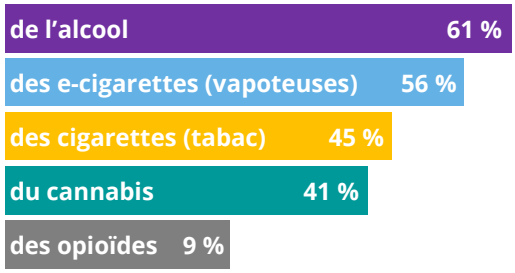
- Drogues les plus courantes parmi les élèves de la 7e à la 12e année : boissons énergisantes à forte teneur en caféine, alcool et cannabis.
- Environ 8 % des élèves déclarent avoir fait au moins un excès d'alcool (cinq verres ou plus en une seule occasion) au cours du mois écoulé.
- La majorité (84 %) des élèves qui déclarent avoir vapoté (fumé une « e-cigarette ») au cours de l'année écoulée l'ont fait avec de la nicotine.
- Parmi les élèves du secondaire, le cannabis se prend le plus couramment en vapotage (17 %), en pipe ou bong (17 %), ou en aliment, p. ex. « brownie » ou bonbon (15 %).
- Un.e élève du secondaire sur sept (14 %) déclare avoir pris du cannabis pour gérer un problème de santé mentale, au moins une fois au cours de l'année écoulée.
- Selon les élèves, l'alcool et les e-cigarettes (vapotage) sont les drogues les plus accessibles (c.-à.-d. les plus faciles à obtenir).

% d'élèves ayant consommé une drogue au cours de l'année écoulée



* Élèves de la 9e à la 12e année seulement

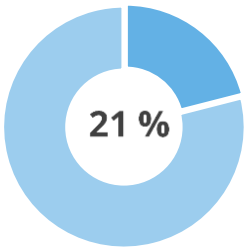
% d'élèves qui déclarent qu'il est « facile » ou « très facile » d'obtenir :



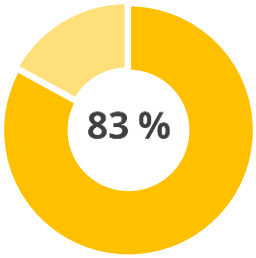
SANTÉ PHYSIQUE

- Un.e élève sur cinq (20 %) de la 7e à la 12e année autoévalue sa santé physique comme étant « pas très bonne » ou « mauvaise ».
- Environ un.e sur 10 (9 %) déclare avoir subi un traumatisme crânien au cours de l'année écoulée.
- Environ la moitié (49 %) déclarent dormir au moins huit heures par nuit la veille des jours d'école. Donc, 51 % des élèves dorment moins de huit heures par nuit.
- Seulement un.e sur cinq (21 %) fait au moins 60 minutes d'activité physique tous les jours.
- Bien plus des trois quarts (83 %) passent trois heures ou plus de leur temps libre par jour devant un écran électronique (« usage récréatif d'un écran »).
- Près de la moitié (46 %) se préoccupent (s'inquiètent constamment) de leurs poids ou de leur image corporelle.

% d'élèves qui déclarent avoir fait de l'activité physique tous les jours



% d'élèves qui déclarent avoir passé trois heures ou plus par jour devant un écran



SANTÉ MENTALE

- Plus du tiers des élèves (38 %) de la 7e à la 12e année autoévaluent leur santé mentale comme étant « pas très bonne » ou « mauvaise ».
- Le tiers (32 %) déclarent avoir déjà éprouvé un niveau de stress ou de pression élevé.
- Environ un.e sur cinq (18 %) se sent seul.e, fréquemment ou toujours.
- Environ la moitié (47 %) déclarent avoir un niveau de détresse psychologique modéré ou grave (symptômes d'anxiété et de dépression), et plus du quart (26 %) le qualifient de grave.
- Un.e sur cinq (20 %) déclare s'être automutilé.e délibérément au cours de l'année écoulée. À peu près la même proportion (18 %) déclarent avoir sérieusement contemplé le suicide au cours de la même période.
- Près de la moitié (42 %) déclarent qu'au cours de l'année écoulée, il leur est arrivé de vouloir parler d'un problème de santé mentale sans savoir à qui s'ouvrir.

47 % **éprouvent une détresse psychologique modérée ou grave**

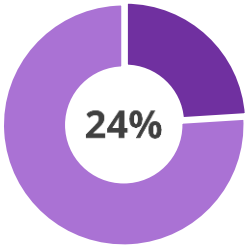
38 % **ont une santé mentale « pas très bonne » ou « mauvaise » (autoévaluation)**

26 % **éprouvent une détresse psychologique grave**

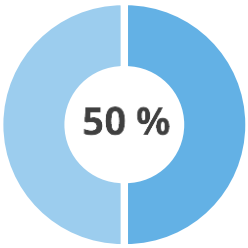
20 % **s'automutilent délibérément**

18 % **ont de fortes pensées suicidaires**

% d'élèves inquiets du changement climatique

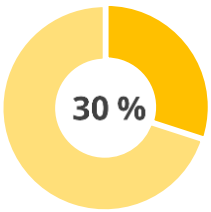


% d'élèves déprimés face à l'avenir en raison du changement climatique

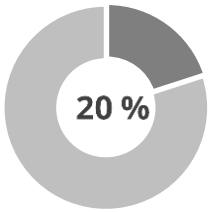


RÉSEAUX SOCIAUX, TECHNOLOGIES, JEUX VIDÉO ET JEUX DE HASARD ET D'ARGENT

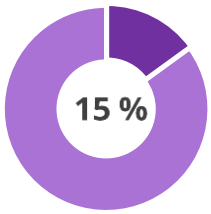
- La vaste majorité des élèves (91 %) de la 7e à la 12e année utilisent les réseaux sociaux tous les jours. Près du tiers (31 %) y passent cinq heures ou plus par jour.
- Près du tiers (30 %) déclarent avoir été victimes de cyberintimidation au moins une fois au cours de l'année écoulée.
- Environ un.e élève du secondaire sur six (18 %) déclare avoir des symptômes qui laissent supposer un problème modéré ou grave d'usage des technologies, et environ 5 % qualifient leurs symptômes de graves.
- Environ le quart (24 %) passent au moins cinq heures par jour à jouer à des jeux vidéo. Un.e sur cinq (20 %) répond aux critères d'un problème lié aux jeux vidéo.
- Environ le quart (26 %) déclarent s'être adonnés à un jeu de hasard et d'argent au moins une fois au cours de l'année écoulée. La forme de jeu la plus courante est le jeu en ligne (15 %).



% d'élèves qui déclarent avoir été victimes de cyberintimidation



% d'élèves qui déclarent avoir des symptômes d'un problème lié aux jeux vidéo



% d'élèves qui déclarent avoir joué à des jeux de hasard et d'argent en ligne

VARIATIONS SIGNIFICATIVES ENTRE LES SEXES

Plus probable chez les garçons :	Plus probable chez les filles :
▪ déclarer avoir été suspendu ou expulsé de l'école; ▪ prendre des médicaments contre la toux ou le rhume (usage non médical); ▪ faire de la cyberintimidation; ▪ jouer à des jeux vidéo tous les jours; ▪ passer cinq heures ou plus par jour à jouer à des jeux vidéo; ▪ déclarer avoir un problème lié aux jeux vidéo; ▪ acheter des crédits virtuels en jouant à un jeu vidéo; ▪ jouer à des jeux de hasard et d'argent (tous types confondus); ▪ jouer à des jeux de hasard et d'argent en ligne.	▪ déclarer avoir un statut social subjectif bas à l'école; ▪ prendre des opioïdes sur ordonnance (usage non médical); ▪ se préoccuper de son poids ou de son image corporelle; ▪ sauter des repas pour des raisons de santé ou de poids; ▪ se trouver « trop grosse »; ▪ déclarer avoir essayé de perdre du poids; ▪ qualifier sa santé mentale de pas très bonne ou de mauvaise; ▪ déclarer un niveau de stress élevé; ▪ déclarer souffrir de détresse psychologique; ▪ déclarer avoir un besoin de soutien en santé mentale non satisfait; ▪ passer plus de temps chaque jour sur les réseaux sociaux; ▪ passer plus de son temps libre chaque jour à se servir d'appareils électroniques; ▪ déclarer un problème lié à l'usage des technologies; ▪ déclarer que la pandémie de COVID-19 a eu un effet négatif sur sa santé mentale; ▪ être déprimée face à l'avenir en raison de la COVID-19.

VARIATIONS SIGNIFICATIVES SELON LE NIVEAU SCOLAIRE

Augmentation selon le niveau scolaire :	Diminution selon le niveau scolaire :
▪ pas de repas du soir avec les parents ▪ consommation d'alcool ▪ usage de cannabis ▪ usage de e-cigarettes (vapotage) ▪ santé physique autoévaluée : « pas très bonne » ou « mauvaise » ▪ 3 heures ou plus par jour devant un écran (usage récréatif) ▪ préoccupation avec son poids ▪ manger à l'excès ▪ santé mentale autoévaluée : « pas très bonne » ou « mauvaise » ▪ stress élevé ▪ détresse psychologique ▪ consultation d'un.e professionnel.le de la santé mentale ▪ recherche de counseling par téléphone ou sur Internet ▪ besoin de soutien en santé mentale non satisfait ▪ inquiétude quant au changement climatique ▪ 5 heures ou plus par jour sur les réseaux sociaux ▪ 7 heures de son temps libre ou plus par jour à se servir d'appareils électroniques ▪ difficulté à apprendre en ligne à la maison ▪ déclaration que sa relation avec ses parents s'est détériorée pendant la pandémie de COVID-19 ▪ déclaration que la pandémie de COVID-19 a eu une incidence négative sur sa santé mentale	▪ sentiment d'être proche des autres à l'école ▪ sentiment d'appartenance à son école ▪ sentiment d'être en sécurité à son école ▪ au moins 8 heures de sommeil par nuit la veille des jours d'école ▪ activité physique quotidienne

BAISSES SIGNIFICATIVES ENTRE 2019 ET 2021

	2019		2021
Sentiment d'être proche des autres à son école (« d'accord »)	85 %	↓	74 %
Sentiment d'appartenance à son école (« d'accord »)	82 %	↓	74 %
Usage d'« e-cigarettes » (vapotage) (année écoulée)	23 %	↓	15 %
Consommation d'alcool (année écoulée)	42 %	↓	32 %
Excès occasionnels d'alcool (mois écoulé)	15 %	↓	8 %
Consommation d'alcool nocive ou dangereuse (mois écoulé)†	14 %	↓	5 %
Usage non médical de médicaments contre la toux ou le rhume (année écoulée)	8 %	↓	4 %
Traumatisme crânien (année écoulée)	15 %	↓	9 %
Avoir faim au moment d'aller au lit ou à l'école, souvent ou toujours	6 %	↓	3 %

† de la 9e à la 12e année seulement

HAUSSES SIGNIFICATIVES ENTRE 2019 ET 2021

	2019		2021
Statut social subjectif bas à l'école	23 %	↑	30 %
Opioïdes sur ordonnance : usage non médical (année écoulée)	11 %	↑	13 %
Santé physique autoévaluée : « pas très bonne » ou « mauvaise »	11 %	↑	20 %
8 heures ou plus de sommeil par nuit la veille des jours d'école	37 %	↑	49 %
3 heures ou plus par jour devant un écran (usage récréatif)	71 %	↑	83 %
Santé mentale autoévaluée : « pas très bonne » ou « mauvaise »	27 %	↑	38 %
Détresse psychologique grave (mois écoulé)	21 %	↑	26 %
Capacité de gérer des problèmes difficiles : pas très bonne ou mauvaise	23 %	↑	34 %
Recherche de counseling par téléphone ou sur Internet (année écoulée)	5 %	↑	9 %
Besoin de soutien non satisfait en santé mentale (année écoulée)	35 %	↑	42 %
5 heures ou plus par jour sur les réseaux sociaux	21 %	↑	31 %
7 heures ou plus par jour sur les réseaux sociaux	7 %	↑	14 %
Victime de cyberintimidation (année écoulée)	22 %	↑	30 %
5 heures ou plus par jour sur appareils électroniques (temps libre)†	35 %	↑	52 %
7 heures ou plus par jour sur appareils électroniques (temps libre)†	12 %	↑	26 %
Pratique de jeux vidéo quotidienne	24 %	↑	42 %
5 heures ou plus par jour de jeux vidéo	11 %	↑	24 %
Problème lié aux jeux vidéo	14 %	↑	20 %
Jeux de hasard et d'argent en ligne	4 %	↑	15 %

† de la 9e à la 12e année seulement

1. INTRODUCTION

PURPOSE

The Ontario Student Drug Use and Health Survey (OSDUHS) is an Ontario-wide cross-sectional survey of students in grades 7 to 12. The OSDUHS has been conducted every two years since 1977, making it the longest ongoing school survey of adolescents in Canada, and one of the longest in the world.

The key objectives of the OSDUHS are to:

- monitor the size of the adolescent student population currently engaging in health risk behaviours and experiencing mental and physical health problems;
- identify the factors that correlate with risk behaviours and health indicators, such as the social determinants of health;
- assess trends over time; and
- provide a basis for program and policy evaluation and the assessment of health goals and targets established by governmental and nongovernmental agencies.

Findings from the OSDUHS have informed public health monitoring, education and prevention, and health-related programs and policies in Ontario and beyond for over 40 years.

METHODS

The 2021 survey cycle was based on a stratified (region by school level) one-stage (school) cluster design. The OSDUHS has typically been a paper-and-pencil survey administered to students in classrooms during regular school hours. However, due to the COVID-19 pandemic, in 2021 the mode and setting shifted to an online questionnaire that could be completed by students anytime, anywhere. Active online parental consent and student assent procedures were used. Self-administered, anonymous questionnaires were completed by students between March and June 2021. The sample selection, school contact, web survey development and administration, and data file preparation were conducted by the Institute for Social Research (ISR) at York University on CAMH's behalf. The study was approved by the research ethics boards at CAMH, York University, as well as research review committees in most of the school boards in the sample. More information about the 2021 methodology can be found in the data user guide.[1]

SAMPLE

The target population was students in grades 7 to 12 enrolled in Ontario's publicly funded school system. Students excluded from the survey's target population (out-of-scope) were those enrolled in private schools, those who were home-schooled, those institutionalized for correctional or health reasons, those schooled in First Nations communities, on military bases, or in the remote northern region of the province. Within each strata, schools were randomly selected with probability proportionate to size using the Ministry of Education's enrolment database as the sampling frame. All students in the relevant grades were eligible and invited to participate. Participation was voluntary and anonymous.

A total of 2,225 students from 122 schools from 31 school boards participated. The data were weighted to adjust for the probability of selection, nonresponse, regional and demographic characteristics of the sample relative to the population of students enrolled in the publicly funded system.

Sample Characteristics, 2021 OSDUHS

	Sample Size	Weighted %
Total	2,225	
Males	815	51.0
Females	1,410	49.0
Grade 7	365	15.4
Grade 8	400	15.2
Grade 9	440	16.3
Grade 10	376	16.9
Grade 11	372	16.3
Grade 12	272	19.9

Note: Males/Females is based on the question "*Were you born male or female?*"

[1] Boak, A., Elton-Marshall, T., & Hamilton, H. A. (2022). *2021 Ontario Student Drug Use and Health Survey (OSDUHS) study protocol and data user guide*. Toronto, ON: Centre for Addiction and Mental Health.

QUESTIONNAIRE

The OSDUHS adopts the WHO's broad perspective of health that encompasses physical, social, and emotional well-being and, as such, the survey covers a wide range of indicators and correlates. Because the 2021 OSDUHS used a web survey, notably fewer questions were included in the questionnaire than usual and branching was used to reduce the average completion time and response fatigue. Students could skip any question and could withdraw from the survey at anytime. French questionnaires were available for students in French language schools. The average completion time was 32 minutes.

The general outline of the questionnaire topics was as follows: demographics, family and school life, tobacco, alcohol, cannabis and other drug use, beliefs and attitudes about drug use, vehicle-related questions, mental health indicators, physical health indicators, bullying, video game playing, problem technology use, gambling and gambling problems, and experiences during the COVID-19 pandemic.

New topics in the 2021 cycle included the following: vaping in the past month, age at initiation of vaping, availability of vaping devices, using cannabis for medical reasons and for mental health reasons, exposure to cannabis advertisements, disordered eating, loneliness, and experiences during the COVID-19 pandemic.

About the Analysis

All 2021 percentage estimates were calculated based on valid responses for each variable. Unreliable estimates were suppressed (indicated by an "s" in the tables). Any reported differences between subgroups are statistically significant with a p-value of less than .05. All statistical analyses took into account the complex survey design (i.e., stratification, clustering, weighting) using Taylor series linearization (TSL).

Comparisons between the 2019 and 2021 OSDUHS results are based on logistic regression marginal standardization methods. The statistically significant p-value used for trend tests was $p<.01$. These analyses adjusted for key demographic differences between the samples in these years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks). While the statistical tests for temporal changes are based on the adjusted estimates, only *unadjusted* prevalence estimates are presented in this report to maintain consistency with the 2019 report.

THE 2021 OSDUHS REPORT

This report describes an overview of the main findings from the 2021 OSDUHS related to school and family, drug use, physical health, mental health, social media and technology use, video gaming, gambling, and perceptions about the COVID-19 pandemic. Results are shown according to the respondent's reported sex at birth (male/female) and grade level (i.e., Grades 7 and 8, Grades 9 and 10, Grades 11 and 12). The change in survey mode and setting in the 2021 cycle resulted in a much smaller sample size than previous cycles. Because of this, detailed subgroup breakdowns of results (e.g., single grade, region) cannot be presented. It is also important to note that because of the significant changes to the methodology in 2021, caution is warranted when comparing these estimates with those from previous OSDUHS cycles. In this report, we present comparisons between 2019 and 2021 taking into account the key sample differences with respect to demographics. A table showing the percentages and confidence intervals from 2019 and 2021 for most indicators presented in this report can be found in the appendix.

Limitations of the 2021 OSDUHS

Data collection for the 2021 cycle was completed online. Students could complete the questionnaire outside of school rather than the typical method of completions in classrooms during school hours. This change in mode and setting led to a dramatically decreased student response rate. Although the survey weights were adjusted to minimize any potential bias from non-response, the high level of non-response in this cycle likely had an impact on the estimates. Readers should be cautious in interpreting the estimates as provincially representative.

Self-administered surveys, such as the OSDUHS, are subject to some limitations. The data are based on self-reports, which cannot be readily verified. Respondents may unintentionally misreport their responses due to various errors in the response process. Students are likely to underreport socially undesirable, unhealthy, or illegal behaviours. *Therefore, our estimates are likely underestimations*. Further, our sampling frame excludes adolescents who are not in the public school system. Other groups not participating include those who are unable to complete self-administered questionnaires because of language barriers or disabilities.

Terms Used in the Report

Any Drug Use: use of one or more of the following 11 drugs asked about in the 2021 survey (Form B-SS only) at least once during the past 12 months: LSD, cocaine, mushrooms/mescaline, methamphetamine, heroin, fentanyl, ecstasy (MDMA), nonmedical use of tranquillizers/sedatives, prescription opioids, ADHD drugs, and cough/cold medication.

Binge Drinking: drinking five or more drinks on the same occasion at least once during the past four weeks.

Bullying Victimization at School: having been bullied at school since September in any one of the following ways: verbally, physically, or being a victim of theft/vandalism.

Concussion: reporting experiencing any type of head injury that resulted in a headache, dizziness, blurred vision, vomiting, feeling confused, problems remembering, or unconsciousness.

Cyberbullying Victimization: having been bullied over the internet at least once during the 12 months before the survey. Those who reported that they did not use the internet were classified as "not bullied."

Drug Use Problem: reporting two or more of the six items on the *CRAFFT* screener, which measures a drug use problem that may require intervention (past 12 month period).

Hazardous/Harmful Drinking: scoring eight or higher out of 40 (Likert scoring) on the World Health Organization's 10-item *Alcohol Use Disorders Identification Test* (AUDIT) screener. Hazardous drinking is a pattern of drinking that increases the likelihood of future physical, social, or mental health problems, including dependence. Harmful drinking is a pattern that is already causing harms (e.g., injuries).

Low Self-Esteem: responses of "strongly disagree" to the statement: "On the whole, I am satisfied with myself."

Low Subjective Social Status: responses of one to five on the *MacArthur Scale of Subjective Social Status*, which is a 10-rung ladder measuring perceived social status at school, and perceived family socio-economic status.

Mental Health Care Visit: reporting at least one visit to a doctor, nurse, or counsellor for emotional or mental health reasons during the 12 months before the survey.

Nonmedical (NM) Prescription Drug Use: reporting the use of a prescription drug (e.g., opioids, ADHD drugs, sedatives) without a prescription, or without a doctor's supervision.

Overweight or Obese: exceeding the age-and-sex-specific body mass index (BMI) cut-off values as established for children and adolescents and recommended by the *World Health Organization*, based on self-reported height and weight.

Past Year Drug Use: reporting the use of the drug at least once during the past 12 months. Cases that responded "don't know what [the drug] is" were classified as nonusers and assigned to the denominator. For vaping devices and tobacco cigarettes, those who smoked only "a few puffs" were classified as nonusers and assigned to the denominator. For alcohol, use included drinking on special occasions, but excluded sips.

Physical Activity: engaging in activity for at least 60 minutes a day that increased heart rate and "made you breathe hard some of the time" (inside and outside of school). Some examples include brisk walking, running, roller blading, basketball.

Problematic Technology Use: the 6-item *Short Problematic Internet Use Test* (SPIUT) was used to measure a potential problem with technology use (use of electronic devices in one's free time). The SPIUT scale, which was adapted from the longer *Compulsive Internet Use Scale*, measures the dimensions of loss of control, preoccupation, withdrawal lack of sleep, conflict with family or friends due to technology use. Two problem categories were derived from a Likert summated score: a moderate-to-serious problem with technology use (scores of 14 or higher out of 24), and a serious problem with technology use (scores of 19 or higher).

Psychological Distress: based on the *Kessler 6-Item Psychological Distress Scale* (K6), which is a screener for unspecified psychological distress (symptoms of anxiety and/or depression) experienced during the past four weeks. A score of eight or higher out of 24 (Likert scoring) was used to indicate a moderate-to-serious level of distress. A score of 13 or higher was used to indicate serious psychological distress.

Screen Time Sedentary Behaviour: in front of a screen, such as smartphone, tablet, TV, gaming device, computer, for recreational purposes for three hours or more per day, on average, during the seven days before the survey.

Unmet Need for Mental Health Support: reporting not knowing where to turn when wanted to talk to someone about a mental health or emotional problem (during the 12 months before the survey).

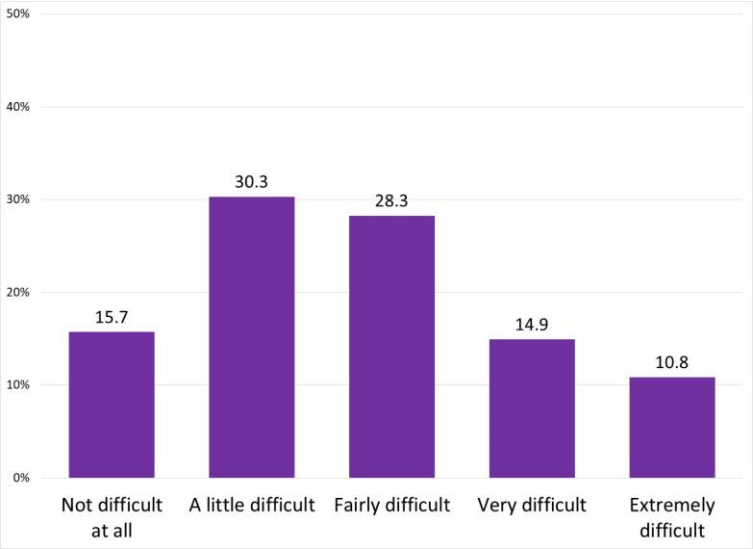
Video Gaming Problem: reporting five or more of the nine symptoms on the *Problem Video Game Playing (PVP) Scale*, which measures symptoms such as preoccupation, tolerance, school and family problems due to video gaming during the 12 months before the survey.

2. COVID-19 PANDEMIC EXPERIENCES

This section presents findings related to four questions about students' experiences during the COVID-19 pandemic. Students were asked about learning remotely, how the pandemic has affected their relationship with their parents/guardians, and their mental health.

- One-quarter (25.7%) of students feel that online learning from home (due to the pandemic) is very difficult or extremely difficult.
- One-quarter (24.0%) of students report that their relationship with their parents/guardians became a bit worse or a lot worse. About one-third (35.1%) report that their relationship with their parents became a bit better or a lot better.
- Over one-third (39.2%) of students feel that the pandemic has negatively affected their mental health "very much" or "extremely."
- Over half (58.9%) of students feel depressed about the future because of COVID-19.

Level of difficulty experienced with online learning from home during the COVID-19 pandemic, 2021 OSDUHS (Grades 7–12)

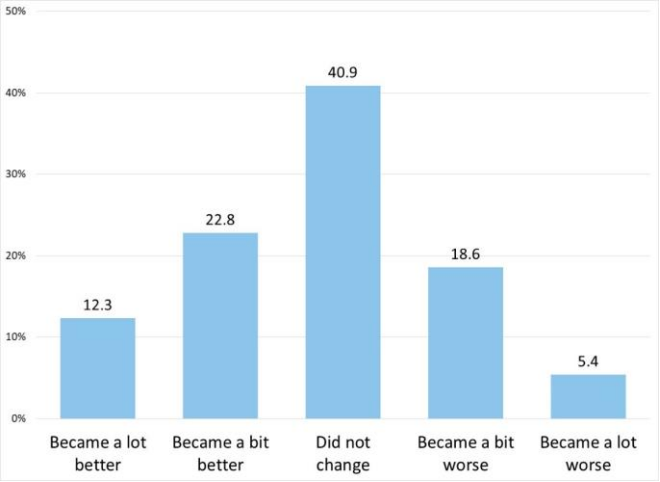


COVID-19 pandemic experiences by sex and grade level, 2021 OSDUHS

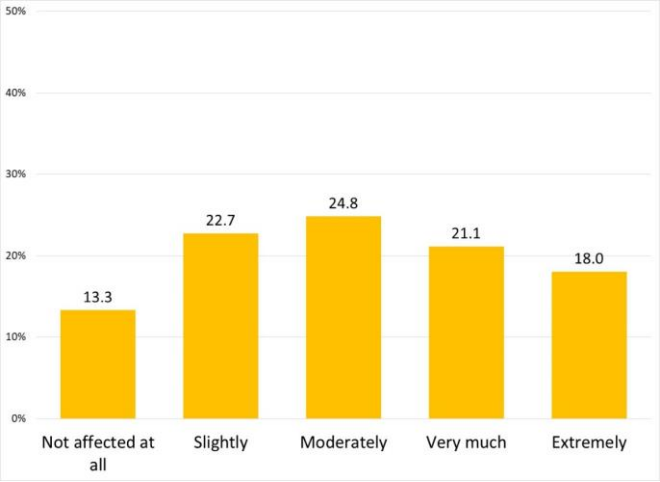
	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Been very/extremely difficult to learn online from home	**25.7**	22.6	28.9		18.1	25.1	32.9	*
Relationship with parents became a bit/a lot worse during the COVID-19 pandemic	**24.0**	20.9	27.1		14.6	25.8	30.3	*
Relationship with parents became a bit/a lot better during the COVID-19 pandemic	**35.1**	37.1	33.1		40.4	34.2	31.5	
COVID-19 pandemic has negatively affected mental health (very much/extremely)	**39.2**	28.7	49.6	*	21.8	43.5	50.0	*
Feel depressed about the future because of COVID-19 (somewhat/strongly agree)	**58.9**	47.4	70.4	*	53.1	63.8	59.4	

Note: * statistically significant sex or grade difference (p<.05), not adjusting for other factors.

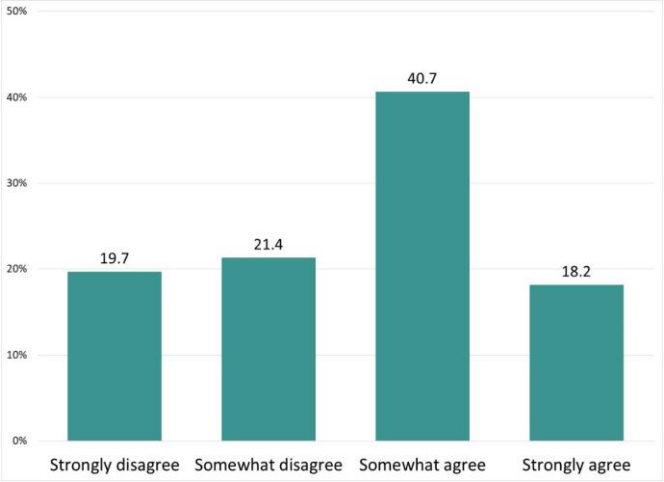
How the COVID-19 pandemic affected relationship with parents/guardians, 2021 OSDUHS (Grades 7–12)



How much the COVID-19 pandemic has negatively affected mental health, 2021 OSDUHS (Grades 7–12)

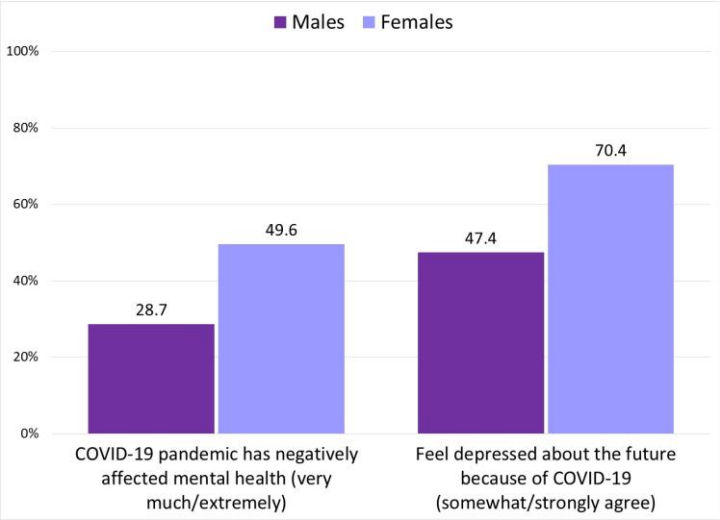


Level of agreement with the statement: "I feel depressed (sad) about the future because of COVID-19," 2021 OSDUHS (Grades 7–12)

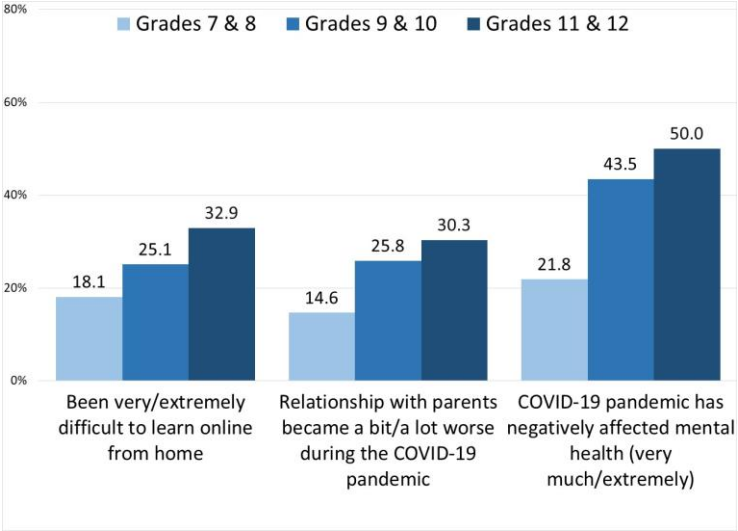


SUBGROUP DIFFERENCES

Significant sex differences in COVID-19 experiences, 2021 OSDUHS (Grades 7–12)



Significant grade differences in COVID-19 experiences, 2021 OSDUHS (Grades 7–12)



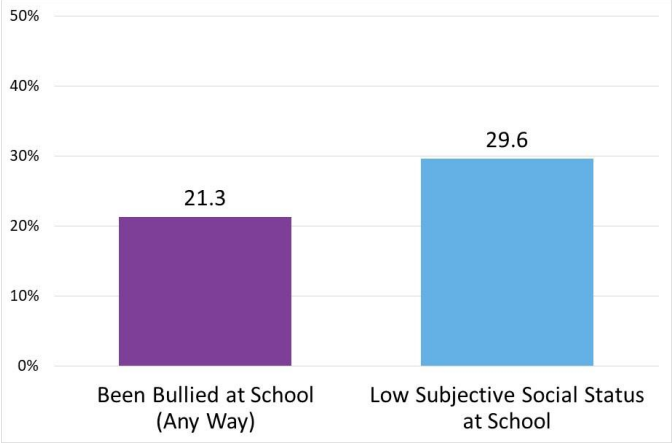
3. SCHOOL AND FAMILY

This section presents findings related to school and family, including perceptions of school connectedness, bullying victimization at school, experience with suspensions or expulsions from school, relationship with parents/guardians, and family subjective social status.

SCHOOL

- Just under half (41.6%) of students report that they like school very much or quite a lot. About one-third (34.2%) like school to some degree, while one-quarter (24.2%) do not like school.
- Most students (74.0%) feel close to the people at their school. A similar percentage (74.2%) feel like they are part of their school. The vast majority (90.7%) feel safe at school.
- Almost one-third (29.6%) of students report low subjective social status at school (i.e., feeling that other students exclude them and do not respect them).
- About one-in-five (21.3%) students report being bullied at school in any way since September. The most prevalent form of bullying victimization at school is verbal. Only 3.5% of students report bullying others at school since September.
- One-in-eight (12.2%) students report being suspended or expelled from school at least once in their lifetime.

Percentage of students reporting having been bullied at school since September in any way, and low subjective social status at school, 2021 OSDUHS (Grades 7–12)



School-related measures by sex and grade level, 2021 OSDUHS

	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Like school a lot/very much	**41.6**	39.2	44.0		42.3	44.0	38.8	
I feel close to people at this school†	**74.0**	78.0	69.9		86.7	73.3	64.0	*
I feel like I am part of this school†	**74.2**	74.3	74.1		89.3	70.6	64.9	*
I feel safe in my school†	**90.7**	91.7	89.7		96.5	89.5	86.9	*
Low subjective social status at school	**29.6**	23.1	36.2	*	21.4	33.2	33.0	
Been bullied at school in any way since September	**21.3**	18.4	23.9		24.1	19.3	20.7	
Ever been suspended/expelled from school	**12.2**	16.3	7.9	*	s	13.5	13.7	
Rarely/never talk to parent about problems	**39.0**	43.2	34.7		33.6	38.0	44.4	
Did not eat one evening meal with parent‡	**9.1**	6.6	11.6		5.9	6.2	14.3	*
Low subjective family social status	**17.0**	16.0	18.0		12.3	20.4	17.7	

Notes: † "somewhat agree" or "strongly agree" with the statement; ‡ in the past 7 days; * statistically significant sex or grade difference (p<.05), not adjusting for other factors; 's' indicates a suppressed estimate due to unreliability.

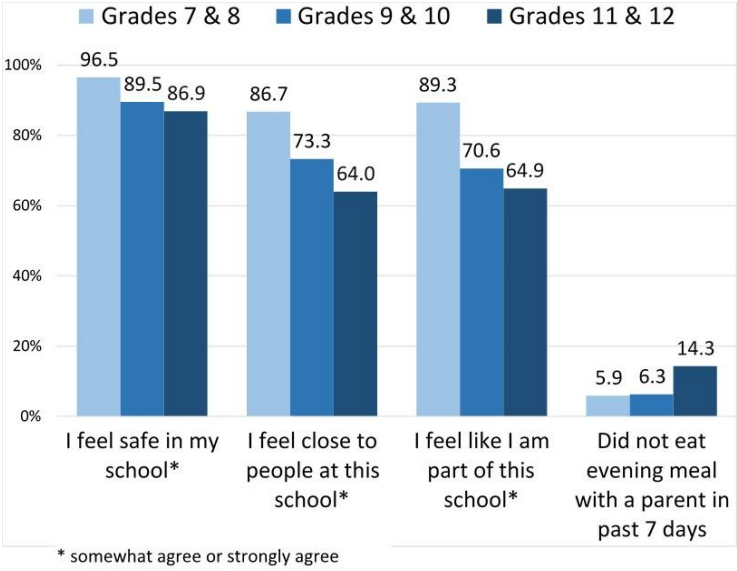
FAMILY

- About one-in-eight (11.8%) students report that they "always" talk to a parent/guardian about their problems or feelings. About half (49.3%) report that they "usually" or "sometimes" talk to a parent/guardian about their problems or feelings, and over one-third (39.0%) report that they "rarely" or "never" talk to a parent/guardian about their problems or feelings.

- About half (48.5%) of students report eating the evening meal with at least one parent/guardian on all seven days before the survey. One-in-ten (9.1%) students did not eat an evening meal with a parent during the seven days before the survey.

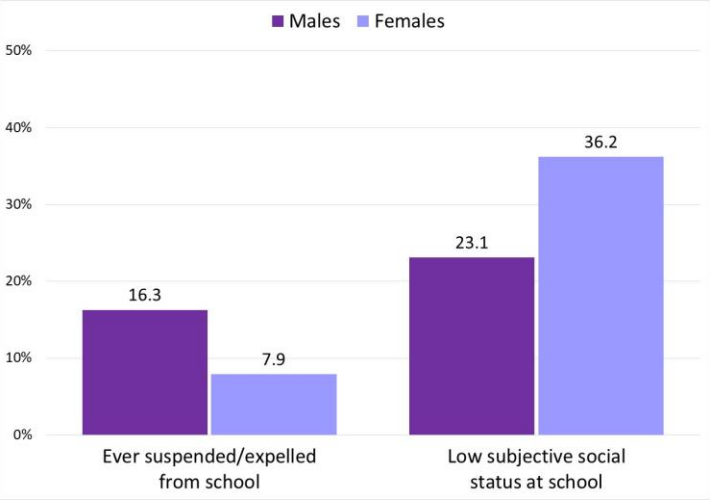
- About one-in-six (17.0%) students report low family subjective social status (SSS) with respect to wealth, parents' education and occupation. Over two-thirds (68.5%) rank their family SSS as average, and 14.6% rank their family SSS as high.

Significant grade differences in school-related and family-related measures, 2021 OSDUHS (Grades 7–12)



SUBGROUP DIFFERENCES

Significant sex differences in school-related measures, 2021 OSDUHS (Grades 7–12)



SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
Feel close to people at their school (somewhat/strongly agree)	84.7%	↓	74.0%
Feel like part of their school (somewhat/strongly agree)	82.2%	↓	74.2%
Low subjective social status at school	22.9%	↑	29.6%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks).

4. DRUG USE AND HARMS

This section presents findings related to the use of cigarettes and vaping devices, alcohol, cannabis, illicit drugs, and the nonmedical use of over-the-counter and prescription drugs.

PAST YEAR DRUG USE

- Of the drugs asked about in the 2021 OSDUHS, high-caffeine energy drinks are the most commonly consumed with one-third (33.1%) of students reporting past year use, followed closely by alcohol (31.8%).
- One-in-six students report using cannabis (17.0%) at least once in the past year, and a similar proportion report using electronic cigarettes/vapes (15.3%) at least once. One-in-eight (12.7%) report the nonmedical use of prescription opioid pain relievers in the past year. A small percentage (less than 5%) report smoking tobacco cigarettes, using cough/cold medication nonmedically ("to get high"), and use of hallucinogens in the past year.
- Very few secondary school students report past year use of illicit drugs such as cocaine, MDMA ("ecstasy"), methamphetamine, fentanyl, and heroin.
- There are only a few significant differences in past year drug use between males and females. Females are more likely to report using prescription opioid pain relievers (such as Percocet, Demerol) nonmedically, whereas males are more likely to report using cough/cold medication nonmedically ("to get high").
- Older students are more likely than younger students to report the past year use of alcohol, cannabis, and electronic cigarettes/vapes.

Past year drug use by sex and grade level, 2021 OSDUHS

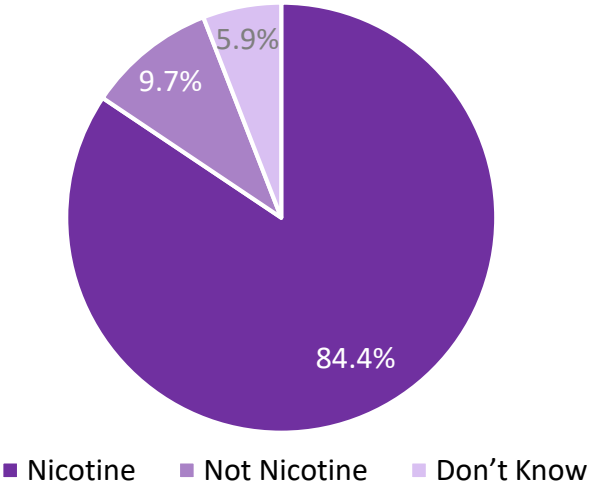
	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Grades 7–12								
High-Caffeine Energy Drinks	**33.1**	32.6	33.7		20.4	34.9	42.9	
Alcohol	**31.8**	28.7	35.0		8.0	29.5	53.8	*
Cannabis	**17.0**	14.8	19.3		s	12.2	33.8	*
Electronic Cigarettes (Vapes)	**15.3**	12.7	18.0		s	12.6	27.7	*
Prescription Opioids (NM)	**12.7**	10.2	15.3	*	14.2	13.7	10.6	
Tobacco Cigarettes	**4.1**	s	3.1		s	s	s	
Cough/Cold Medication (NM)	**3.6**	5.1	2.1	*	s	s	s	
Grades 9–12 only								
Mushrooms or Mescaline	**5.0**	s	s		--	s	s	
Any Prescription Drug Use (NM)	**12.7**	10.1	15.3		--	13.9	11.5	
Any Drug Use	**18.3**	15.9	20.7		--	18.2	18.3	

Notes: * statistically significant sex or grade difference (p<.05), not adjusting for other factors; s=estimate suppressed due to unreliability; NM=nonmedical use, without a doctor's prescription; the estimate for alcohol excludes "a sip"; the estimates for tobacco cigarettes and electronic cigarettes exclude smoking a few puffs; "Any Prescription Drug Use (NM)" refers to the nonmedical use of opioids, Attention-Deficit/Hyperactivity Disorder (ADHD) drugs, or tranquillizers/sedatives; "Any Drug Use" refers to use of any one of 11 drugs (excludes alcohol, tobacco, vapes, cannabis, and energy drinks); the estimates for smokeless (chewing) tobacco, NM use of ADHD drugs, NM use of tranquilizers/sedatives, LSD, ecstasy (MDMA), cocaine, methamphetamine, heroin, and fentanyl were suppressed due to unreliability.

ELECTRONIC CIGARETTES / VAPES

- Over one-quarter (26.4%) of students have tried vaping (using electronic cigarettes) in their lifetime.
- About 15.3% report vaping at least once in the past year, while 11.5% report vaping at least once in the past month.
- One-in-ten (9.8%) students vaped for the very first time during the 12 months before the survey.
- Among those who vaped in the past year, the majority (84.4%) report vaping nicotine, 9.7% did not vape nicotine, and 5.9% do not know.

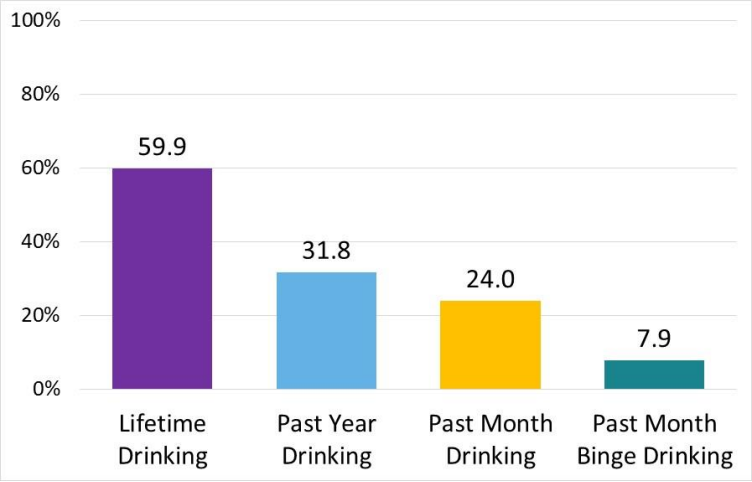
Percentage of past year e-cigarette users reporting vaping nicotine, 2021 OSDUHS (Grades 7–12)



ALCOHOL

- A majority (59.9%) of students have tried alcohol in their lifetime.
- About one-third (31.8%) report drinking alcohol in the past year (more than a sip), while one-quarter (24.0%) report drinking in the past month.
- One-in-eight (12.1%) students report drinking alcohol for the very first time during the 12 months before the survey.
- About 7.9% of students report binge drinking (five or more drinks on one occasion) at least once in the past month.
- About 5.4% of secondary school students (grades 9-12) are drinking at a hazardous/harmful level, as measured by the *AUDIT* screener.

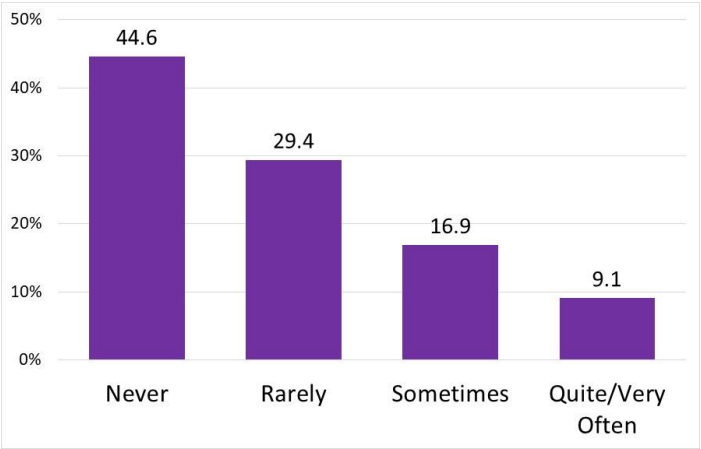
Percentage of students reporting alcohol use, 2021 OSDUHS (Grades 7–12)



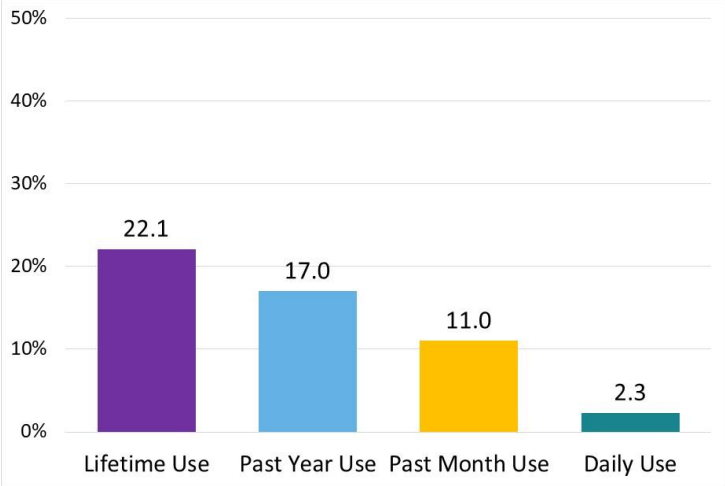
CANNABIS

- Just over one-in-five (22.1%) students report trying cannabis in their lifetime.
- About 17.0% of students report using cannabis at least once in the past year, while 11.0% report using at least once in the past month. About 2.3% of students use cannabis daily.
- One-in-ten (10.6%) students tried cannabis for the very first time during the 12 months before the survey.
- One-in-eight (11.9%) students used alcohol and cannabis on the same occasion at least once in the past year.
- Among secondary school students, the most common ways of using cannabis are using it in a vaping device (17.0%), smoking it in a pipe/bong (16.5%), and eating it in a food product such as brownies or candy (14.8%).
- One-in-seven (13.9%) secondary school students report that they used cannabis to cope with a mental health problem in the past year.
- More than half of students reported noticing advertising for cannabis products anywhere in the past month. Almost one-in-ten (9.1%) report noticing cannabis advertising "quite often" or "very often."

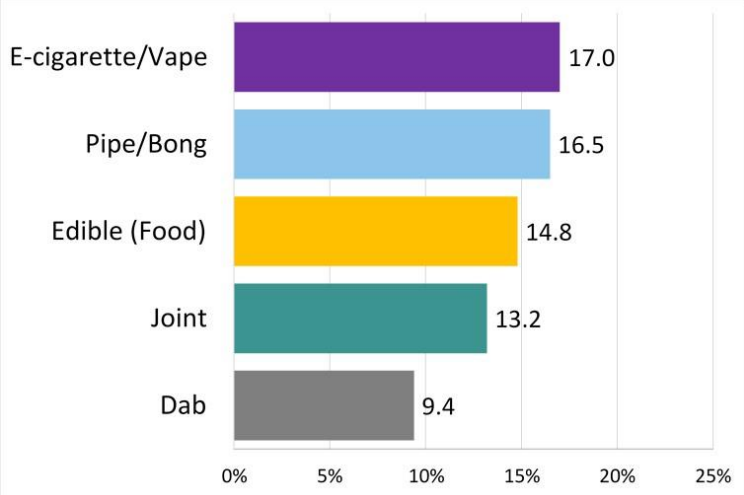
Percentage of students reporting how often they noticed advertising for cannabis products in the past month, 2021 OSDUHS (Grades 7–12)



Percentage of students reporting cannabis use, 2021 OSDUHS (Grades 7–12)



Percentage of secondary school students reporting ways they used cannabis in the past year, 2021 OSDUHS (Grades 9–12)

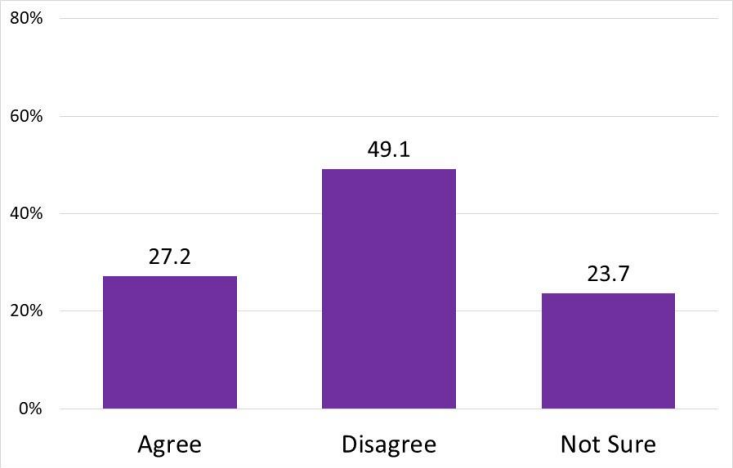


Note: estimates for using cannabis in a blunt, waterpipe, and drink were suppressed due to unreliability.

DRUG-RELATED HARMS

- One-in-eight (11.8%) students report riding in a vehicle driven by someone who had been drinking alcohol, at least once in the past year.
- Almost one-in-ten (8.8%) students report riding in a vehicle driven by someone who had been using drugs, at least once in the past year.
- The estimates for driving after alcohol use and driving after cannabis use among licensed students were suppressed due to unreliability arising from a small sample size.
- Over one-quarter (27.2%) of secondary school students believe that it is safer to drive a vehicle under the influence of cannabis than under the influence of alcohol, about half (49.1%) disagree that it is safer, and about one-quarter (23.7%) are unsure.
- One-in-seven (14.8%) secondary school students report symptoms of a drug use problem, as measured by the *CRAFFT* screener.

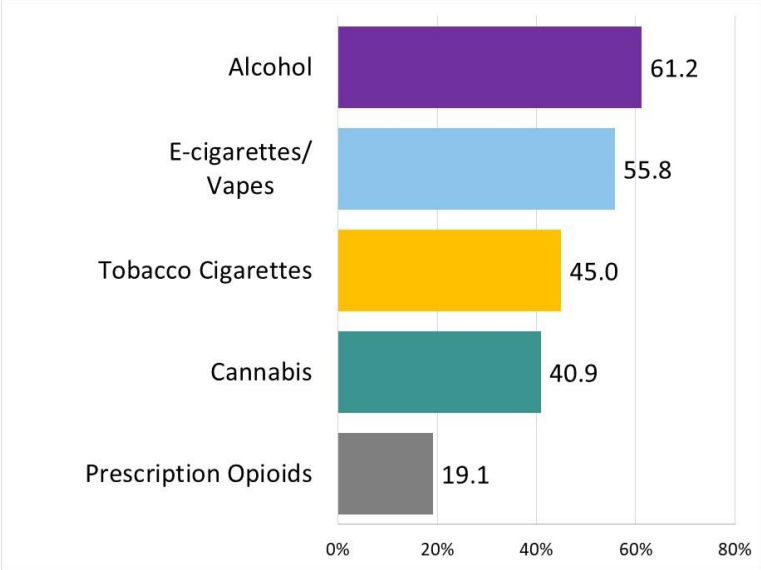
Agreement/disagreement with the statement "It is safer to drive under the influence of cannabis than under the influence of alcohol", 2021 OSDUHS (Grades 9–12)



AVAILABILITY OF DRUGS

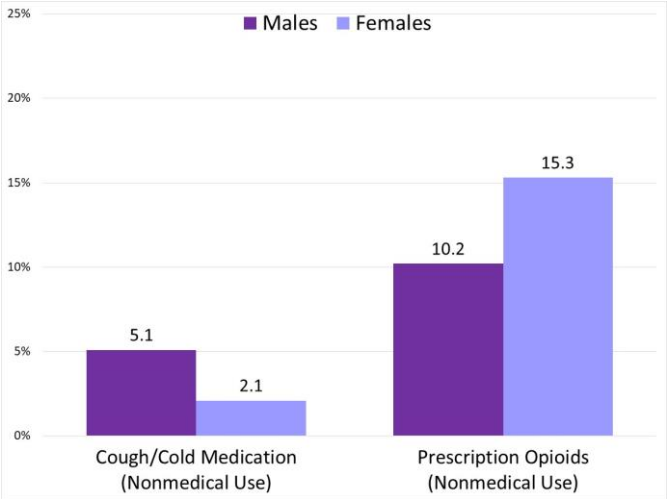
- Of the drugs asked about in the 2021 survey, alcohol is perceived to be the most readily available to students (61.2% report it would be "fairly easy" or "very easy" to obtain), followed by e-cigarettes/ vapes (55.8%), and tobacco cigarettes (45.0%).

Percentage of students reporting that it is "fairly easy" or "very easy" to get the drug, 2021 OSDUHS (Grades 7–12)

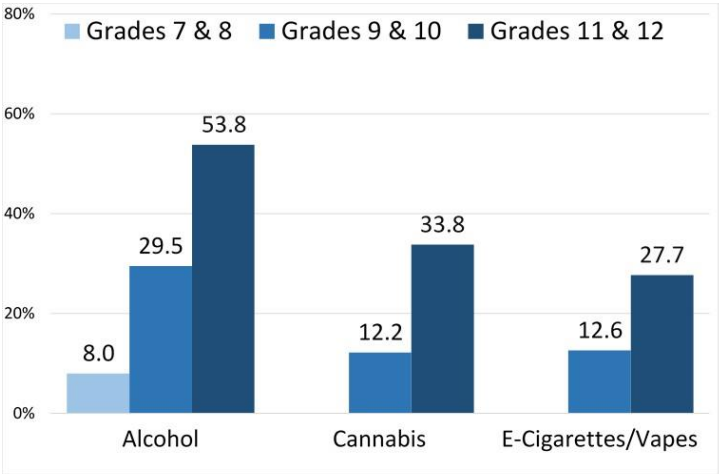


SUBGROUP DIFFERENCES

Significant sex differences in past year drug use, 2021 OSDUHS (Grades 7–12)



Significant grade differences in past year drug use, 2021 OSDUHS



Note: estimates for e-cigarette use and cannabis use among Grades 7 & 8 students were suppressed due to unreliability.

SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
E-Cigarette Use/Vaping (past year)	22.7%	↓	15.3%
Alcohol Use (past year)	41.7%	↓	31.8%
Binge Drinking (past month)	14.8%	↓	7.9%
Hazardous/Harmful Drinking (past month)†	13.7%	↓	5.4%
Cough/Cold Medication (nonmedical use, past year)	7.8%	↓	3.6%
Prescription Opioids (nonmedical use, past year)	11.0%	↑	12.7%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks); † among grades 9-12 only.

5. PHYSICAL HEALTH

This section presents findings related to physical health, including experiencing a concussion, medical use of prescription drugs, sleep, physical activity, sedentary behaviour, disordered eating and body image.

- Half (50.7%) of students rate their physical health as "excellent" or "very good." One-in-five (19.8%) rate their physical health as "fair" or "poor."
- Over one-third (38.2%) of students report experiencing a concussion in their lifetime. Almost one-in-ten (9.1%) report a concussion in the past year.
- About half (48.9%) of students report getting at least eight hours of sleep on a school night. Therefore, 51.1% are not getting at least eight hours of sleep.
- One-in-five (20.6%) students met the recommended daily physical activity guideline (defined as a total of at least 60 minutes of moderate-to-vigorous activity per day) during the past seven days. In contrast, about one-in-eight (11.9%) students were physically inactive on each of the past seven days.
- Well over three-quarters (83.3%) of students spend three hours or more per day in front of an electronic screen in their *free time* ("screen time" sedentary behaviour). This amount of screen time exceeds the *Canadian 24-Hour Movement Guidelines for Children and Youth*.[2]
- Over one-quarter (28.7%) of students are classified as overweight or obese, according to the *World Health Organization 2007 Growth Reference*.[3]

Physical health indicators by sex and grade level, 2021 OSDUHS

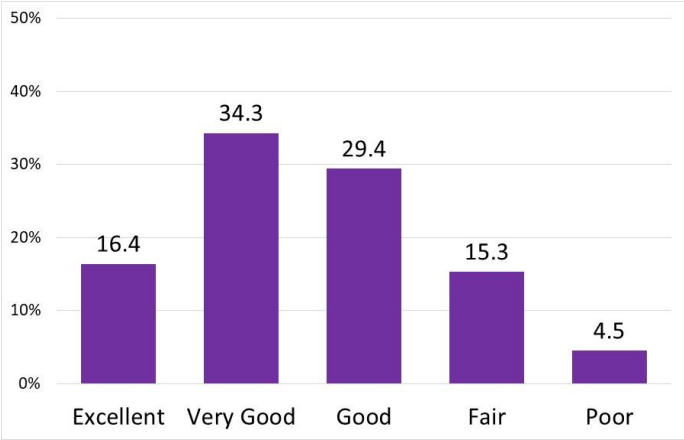
	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Fair/poor self-rated physical health	**19.8**	17.2	22.5		11.1	21.0	26.2	*
Concussion (lifetime)	**38.2**	40.5	35.7		36.6	38.3	39.3	
Concussion (past year)	**9.1**	8.3	10.0		10.4	9.1	8.1	
Medical use of prescription opioids (past year)	**15.2**	13.1	17.5		16.2	7.4	22.3	
Medical use of ADHD drugs (past year)	**7.7**	9.0	6.5		s	s	s	
8 or more hours of sleep on school nights	**48.9**	47.0	50.6		67.5	46.8	35.0	*
Always/often go to school or bed hungry	**2.7**	s	3.5		s	s	s	
Daily physical activity (60 minutes)	**20.6**	23.4	17.7		30.1	22.4	10.8	*
No physical activity (past 7 days)	**11.9**	9.3	14.6		s	11.4	16.6	
3 or more hours of recreational screen time/day	**83.3**	85.7	80.8		72.4	85.1	90.8	*
Overweight or obese	**28.7**	31.6	25.7		30.9	30.4	25.4	
Preoccupied with weight/body shape‡	**45.8**	28.8	63.5	*	36.2	49.3	50.7	*
Binged on food†	**37.8**	38.0	37.6		23.4	42.3	45.8	*
Could not stop/control eating†	**29.7**	26.1	33.5		22.8	32.0	33.4	
Skipped meals for health/weight reasons†	**36.5**	22.1	51.4	*	28.7	40.2	39.8	
Perceive self as "too fat"	**22.9**	16.5	30.3	*	18.5	23.5	26.3	
Trying to lose weight	**25.3**	17.7	34.1	*	21.6	28.8	25.1	
Been bullied about weight/body shape (past year)	**39.5**	34.3	44.9		31.9	41.6	44.0	

Notes: * statistically significant sex or grade difference (p<.05), not adjusting for other factors; s=estimate suppressed due to unreliability; ‡ responses of "sometimes," "often," or "always" to the question: "In the last 4 weeks, how often did you worry so much about your weight or body shape that you couldn't get it out of your head?"; † at least once in the past month; ADHD=Attention-Deficit/Hyperactivity Disorder drugs (Adderall, Ritalin, Concerta) used by prescription; suppressed estimates for texting while driving, collision in past year, and medical use of tranquillizers/sedatives.

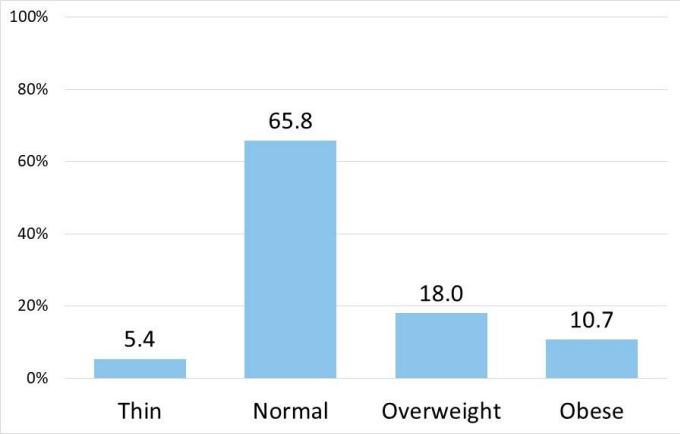
[2] Tremblay, M. S., Carson, V., Chaput, J.-P., Connor Gorber, S., Dinh, T., Duggan, M., . . . Zehr, L. (2016). Canadian 24-Hour Movement Guidelines for Children and Youth: An integration of physical activity, sedentary behaviour, and sleep. *Applied Physiology, Nutrition, and Metabolism, 41*(6 (Suppl. 3)), S311-S327. https://doi.org/10.1139/apnm-2016-0151

[3] de Onis, M., Onyango, A., Borghi, E., Siyam, A., Nishida, C., & Siekmann, J. (2007). Growth reference 5-19 years. *Bulletin of the World Health Organization, 85*(9), 660-667. https://doi.org/10.2471/BLT.07.043497

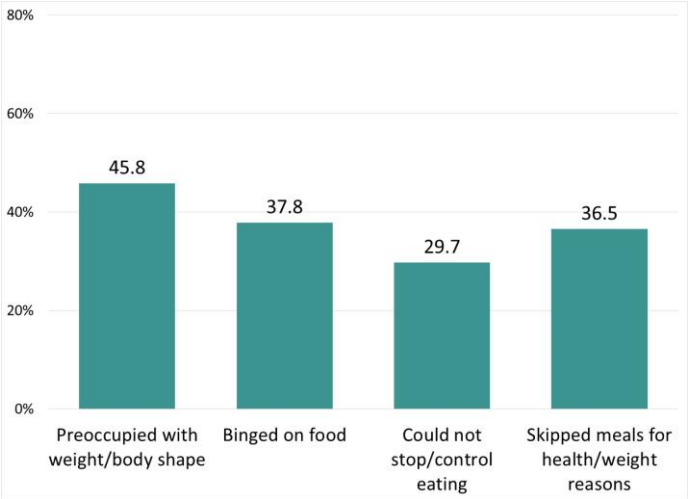
Self-rated physical health, 2021 OSDUHS (Grades 7–12)



Weight classifications according to the WHO Growth Reference (2007), 2021 OSDUHS (Grades 7–12)



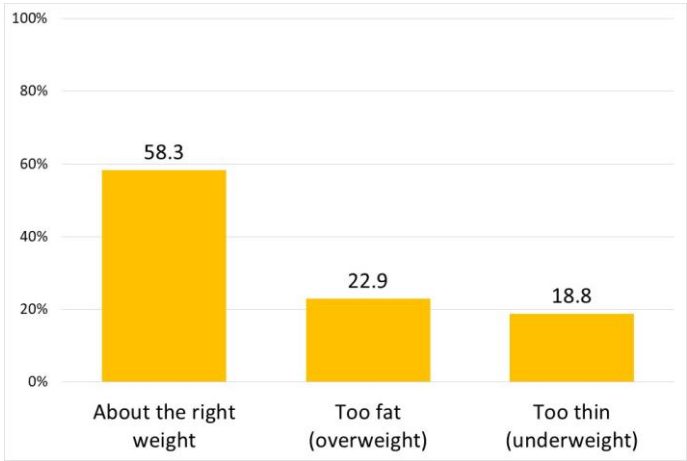
Disordered eating beliefs and behaviours in the past month, 2021 OSDUHS (Grades 7–12)



DISORDERED EATING AND BODY IMAGE

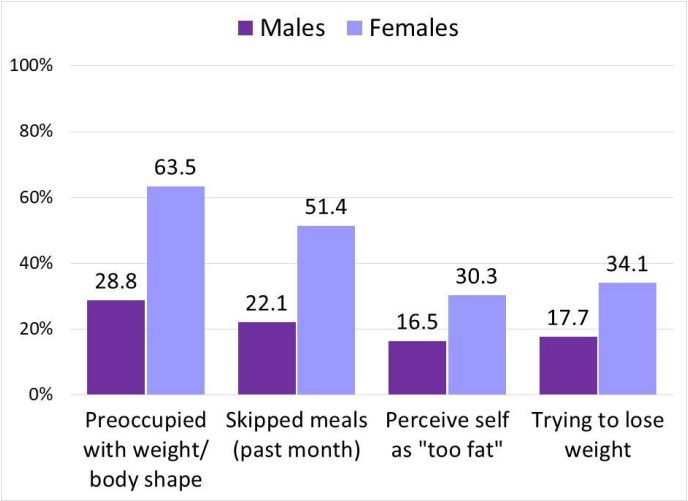
- Almost half (45.8%) of students are preoccupied with their weight or body shape, as they report sometimes, often, or always worrying so much about their weight that they couldn't get it out of their head during the past month.
- Over one-third (37.8%) of students report binging on food (eaten what others would consider an unusually large amount of food) at least once in the past month, while 29.7% report being unable to stop eating or control how much they ate at least once in the past month. Almost half (49.0%) of students report one or both of these disordered eating behavioural symptoms (binging and/or uncontrolled eating).
- Over one-third (36.5%) of students report skipping meals or going most of the day without eating for health or weight reasons at least once in the past month.
- Over half (58.3%) of students are satisfied with their weight. Over one-in-five (22.9%) believe they are "too fat," and 18.8% believe they are "too thin."
- Almost one-third (30.7%) of students are not trying to change their weight. One-quarter (25.3%) are trying to lose weight, another quarter (23.9%) want to keep from gaining weight, and 20.2% want to gain weight.
- Over one-third (39.5%) of students report being bullied about their weight or body shape at least once in the past year.

Perception of weight, 2021 OSDUHS (Grades 7–12)

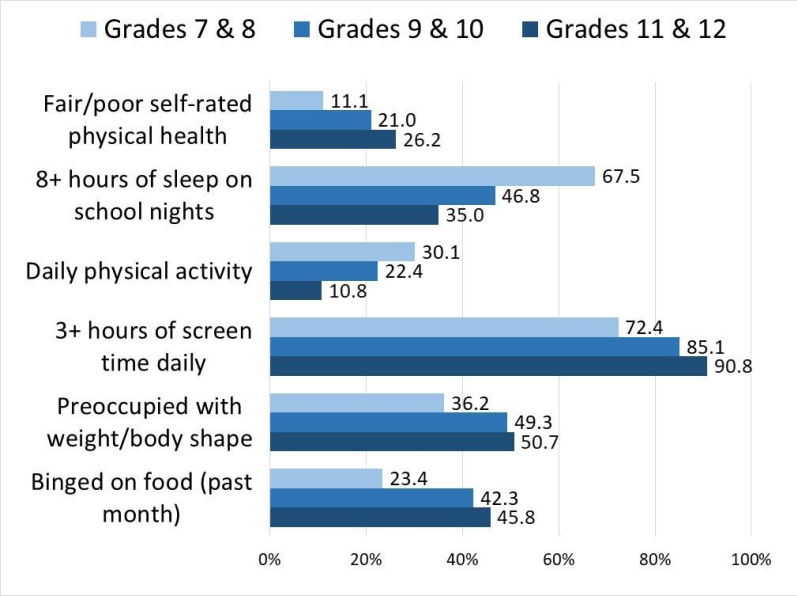


SUBGROUP DIFFERENCES

Significant sex differences in physical health indicators, 2021 OSDUHS (Grades 7–12)



Significant grade differences in physical health indicators, 2021 OSDUHS



SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
Fair/poor self-rated physical health	10.8%	↑	19.8%
Concussion in the past year	14.5%	↓	9.1%
8 hours or more of sleep on school nights	36.9%	↑	48.9%
Always/often go to school or bed hungry	6.3%	↓	2.7%
3 hours or more per day of recreational screen time	71.2%	↑	83.3%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks).

6. MENTAL HEALTH

This section presents findings related to mental health, including elevated stress, loneliness, psychological distress, self-harm, suicidal ideation, help-seeking behaviour for mental health problems, and eco-anxiety.

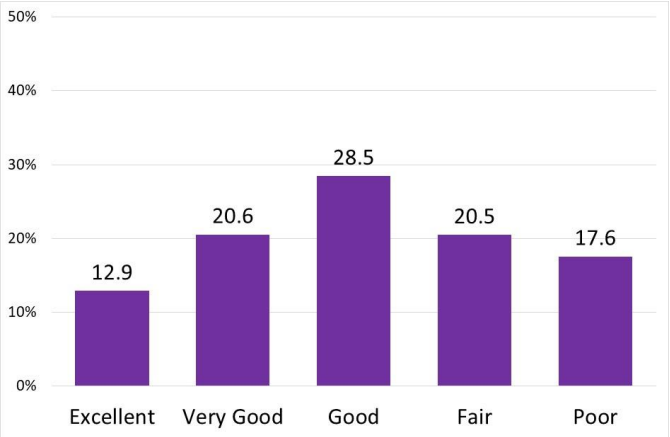
- One-third (33.5%) of students rate their mental or emotional health as "excellent" or "very good." Over one-third (38.1%) rate their mental health as "fair" or "poor."
- Almost one-third (31.6%) of students report experiencing an elevated level of stress or pressure in their lives during the past month.
- About one-in-six (18.2%) students report feeling lonely "often" or "always."
- About one-in-eight (13.3%) students report low self-esteem (feeling very unsatisfied with oneself).
- Almost half (46.8%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression) experienced in the past month. One-quarter (25.5%) indicate a serious level of psychological distress.
- One-in-five (20.0%) students report harming themselves on purpose (such as cutting or burning) in the past year.
- One-in-six (18.4%) students had serious thoughts about suicide in the past year.
- One-third (34.1%) of students rate their ability to cope with unexpected and difficult problems as "excellent" or "very good." A similar percentage (34.3%) rate their ability as "fair" or "poor."

Mental health indicators by sex and grade level, 2021 OSDUHS

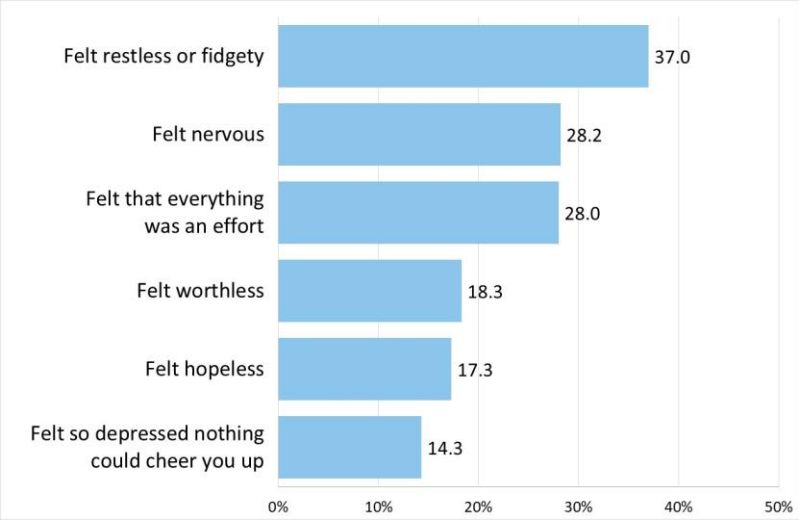
	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Fair/poor self-rated mental health	**38.1**	28.5	46.9	*	20.0	39.4	51.1	*
Elevated stress (past month)	**31.6**	15.5	46.1	*	17.6	31.0	43.6	*
Often/always feel lonely	**18.2**	s	21.6		s	21.6	s	
Low self-esteem	**13.3**	10.7	15.7		s	12.8	22.1	
Moderate-to-serious psychological distress	**46.8**	35.2	57.3	*	30.4	48.7	58.6	*
Serious psychological distress (past month)	**25.5**	18.6	31.6	*	8.7	25.6	38.9	*
Self-harm (past year)	**20.0**	14.9	24.6		12.8	17.3	28.2	
Suicidal ideation (past year)	**18.4**	s	20.4		s	20.8	25.3	
Fair/poor ability to cope with difficult problems	**34.3**	32.5	35.8		25.3	32.1	43.4	
Mental health care visit (past year)	**30.8**	28.6	32.9		15.9	31.5	42.3	*
Sought counselling over the phone and/or internet	**9.2**	s	14.2		s	5.2	16.1	*
Prescription for anxiety/depression/both†	**11.8**	s	16.7		--	11.4	12.2	
Unmet need for mental health support	**42.4**	28.7	54.6	*	28.2	44.5	52.0	*
Very/extremely worried about climate change	**23.6**	18.8	28.0		17.2	20.7	31.4	*
Feel depressed about the future because of climate change (somewhat/strongly agree)	**50.3**	45.8	54.4		38.7	52.1	58.0	

Notes: * statistically significant sex or grade difference (p<.05), not adjusting for other factors; s=estimate suppressed due to unreliability; † among grades 9-12 only; suppressed estimate for suicide attempt in the past year due to unreliability.

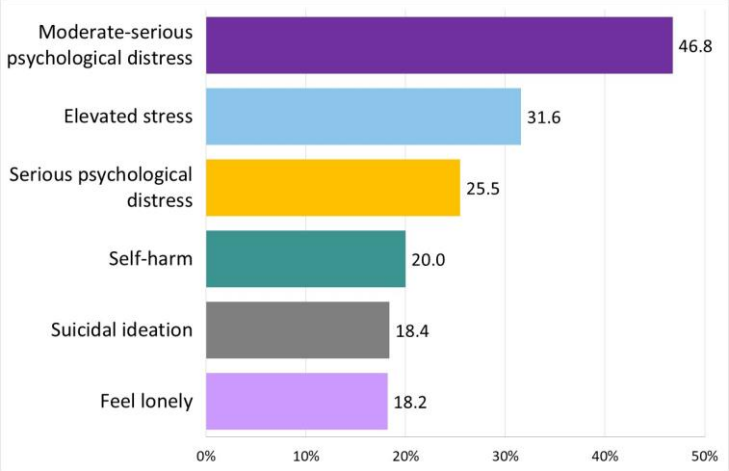
Self-rated mental health, 2021 OSDUHS (Grades 7–12)



Experiencing symptoms of psychological distress (*Kessler-6* scale items) "most of the time" or "all of the time" in the past month, 2021 OSDUHS (Grades 7–12)



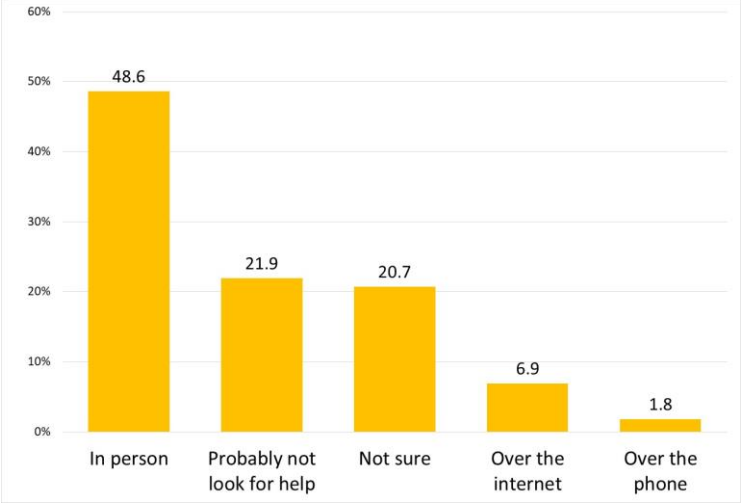
Mental health indicators, 2021 OSDUHS (Grades 7–12)



HELP-SEEKING BEHAVIOUR

- About one-third (30.8%) of students visited a doctor, nurse, or counsellor for a mental health issue at least once in the past year.
- About one-in-ten (9.2%) students report that they called a telephone crisis helpline or visited a website (or both) because they needed to talk to a counsellor about a problem at least once in the past year.
- One-in-eight (11.8%) secondary school students report that they were prescribed medication for anxiety, depression, or both conditions in the past year.
- Just under half (42.4%) of students report that, in the past year, there was a time they wanted to talk to someone about a mental health problem, but did not know where to turn.
- Students were asked how they would prefer to receive professional help for a mental health problem, if needed. About half (48.6%) of students would prefer to receive help in person. About 6.9% would prefer to receive help over the internet (website, text/chat), and less than 2% would prefer to receive help over the phone. About one-in-five (21.9%) students report that they would probably not look for professional help, and a similar percentage (20.7%) are not sure how they would prefer to receive help.

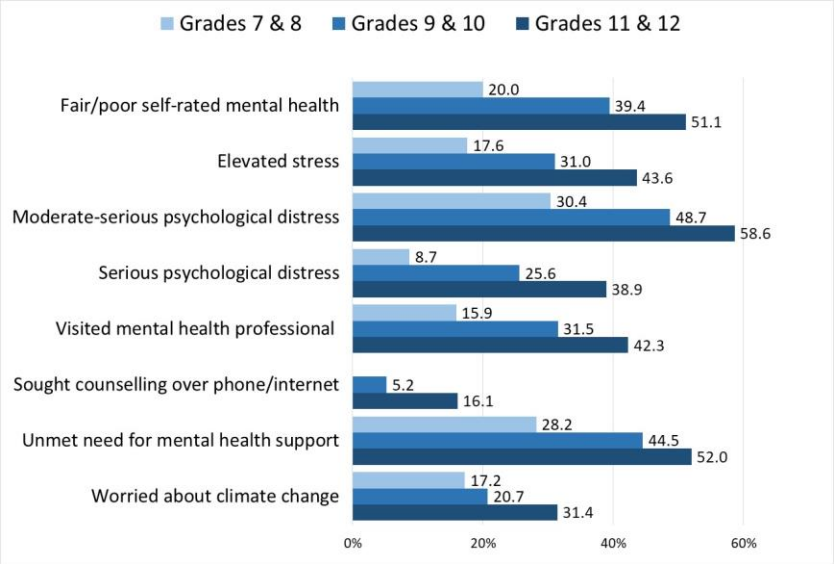
Preferred way to receive help for a mental health problem, 2021 OSDUHS (Grades 7–12)



ECO-ANXIETY

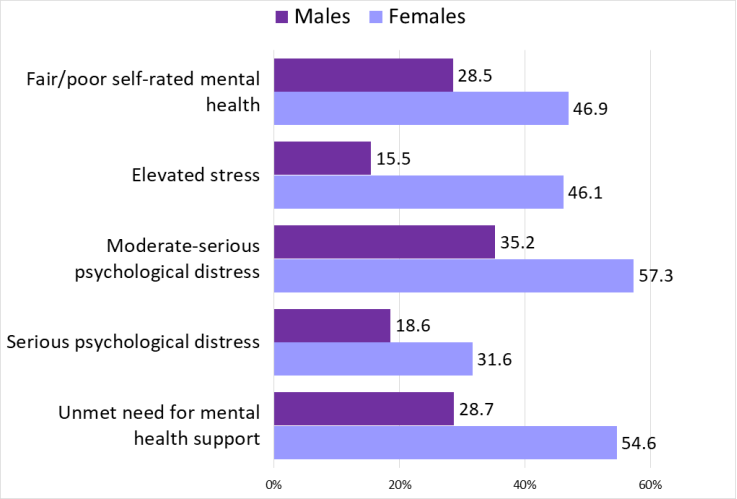
- Students were asked how worried they are about climate change. About 16.3% are not worried, 27.3% are a little worried, 32.7% are fairly worried, 14.7% are very worried, and 8.9% are extremely worried.
- They were also asked their level of agreement with the statement "I feel depressed (sad) about the future because of climate change." About 15.0% strongly agree with the statement, 35.3% somewhat agree, 21.7% somewhat disagree, and 28.0% strongly disagree with the statement.

Significant grade differences in mental health indicators, 2021 OSDUHS



SUBGROUP DIFFERENCES

Significant sex differences in mental health indicators, 2021 OSDUHS (Grades 7–12)



SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
Fair/poor self-rated mental health	26.5%	↑	38.1%
Serious psychological distress (past month)	20.6%	↑	25.5%
Fair/poor ability to cope with difficult problems	22.6%	↑	34.3%
Sought counselling over the phone or internet (past year)	4.5%	↑	9.2%
Unmet need for mental health support (past year)	35.4%	↑	42.4%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks).

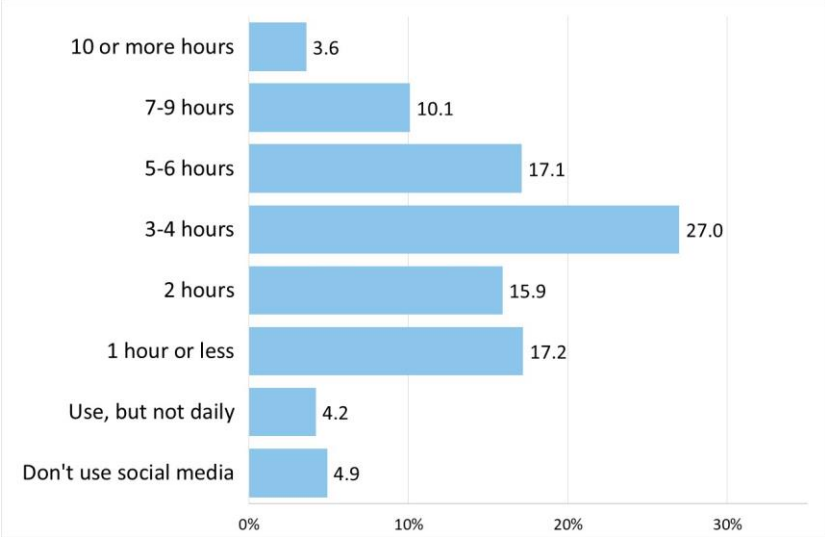
7. SOCIAL MEDIA AND TECHNOLOGY USE

This section presents findings related to social media use, cyberbullying, and problematic use of electronic devices.

SOCIAL MEDIA

- Most students use social media (e.g., Instagram, TikTok, Snapchat, Facebook) on a daily basis. Almost one-third (30.8%) of students spend five hours or more on social media daily. About one-in-seven (13.7%) students spend seven or more hours on social media daily.
- Almost one-third (29.9%) of students report being cyberbullied (bullied over the internet) at least once in the past year.
- About one-in-seven (13.8%) students report cyberbullying others at least once in the past year.

Usual number of hours per day spent on social media, 2021 OSDUHS (Grades 7–12)

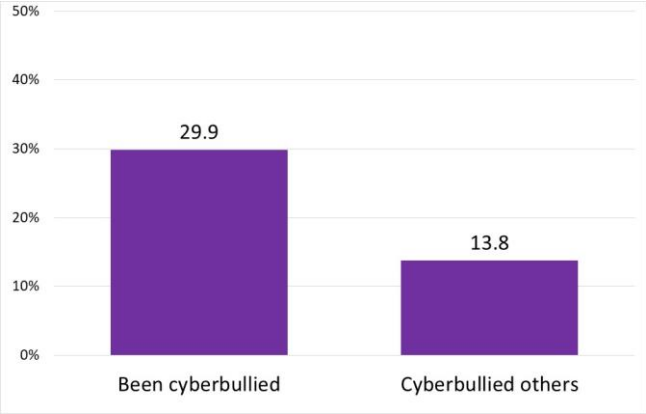


Social media and technology use indicators by sex and grade level, 2021 OSDUHS

	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
5 or more hours/day on social media	**30.8**	20.7	41.2	*	20.9	35.9	34.3	*
7 or more hours/day on social media	**13.7**	8.9	18.6	*	10.3	17.0	13.5	
Been cyberbullied in the past year	**29.9**	25.6	33.8		24.3	32.6	32.2	
Cyberbullied others in the past year	**13.8**	20.2	8.1	*	8.6	s	s	
5 or more hours/day on electronic devices†	**52.2**	44.5	59.5	*	--	53.5	51.0	
7 or more hours/day on electronic devices†	**25.6**	21.9	29.2		--	18.3	31.8	*
Moderate-to-serious problem with technology use†	**17.8**	8.3	27.0	*	--	15.4	19.9	
Serious problem with technology use†	**4.7**	s	s		--	s	s	

Notes: * statistically significant sex or grade difference (p<.05), not adjusting for other factors; s=estimate suppressed due to unreliability; † use in their free time, among grades 9-12 only.

Been cyberbullied and cyberbullying others in the past year, 2021 OSDUHS (Grades 7–12)



PROBLEMATIC TECHNOLOGY USE

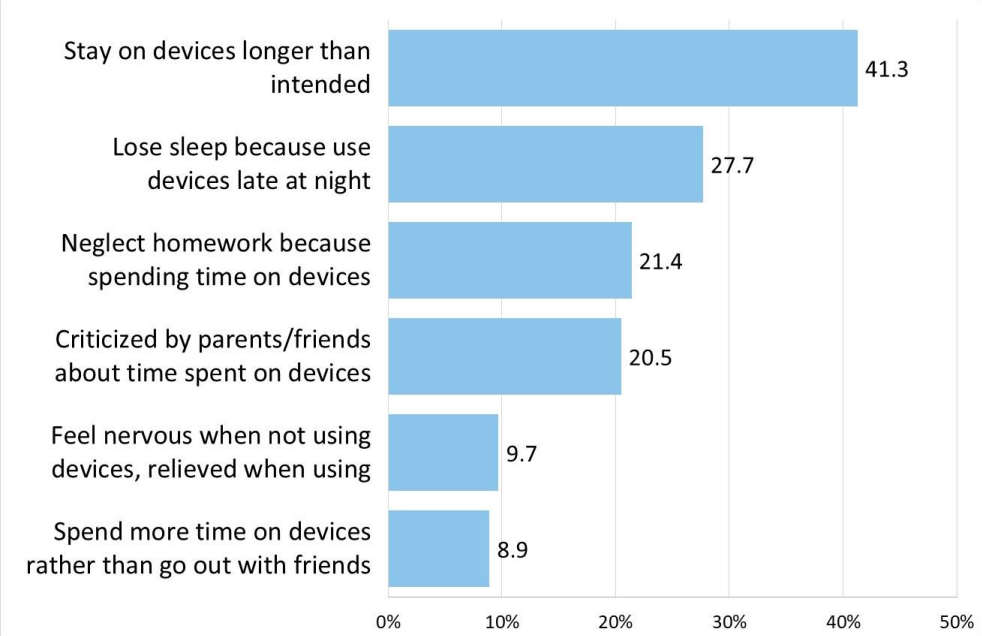
- A majority (52.2%) of secondary school students spend at least five hours a day on electronic devices (i.e., smartphones, tablets, laptops, computers, or gaming consoles) in their *free time* (i.e., not for school or work purposes). One-quarter (25.6%) of secondary school students spend at least seven hours a day on electronic devices in their free time.

- Among the six scale items (*SPIUT* scale) measuring symptoms of problematic technology use, the most prevalent (that is, experienced "quite often" or "very often") is staying on electronic devices longer than intended (41.3%). The least prevalent problem is spending more time on devices rather than with friends (8.9%).

- About one-in-six (17.8%) secondary school students report symptoms that may suggest a moderate-to-serious problem with technology use.

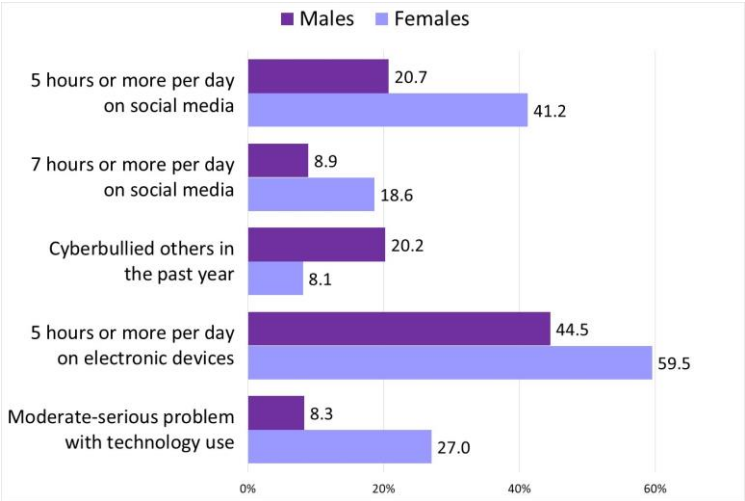
- About 4.7% secondary school students report symptoms that may suggest a serious problem with technology use.

Experiencing symptoms of problematic technology use (*SPIUT* scale items) "quite often" or "very often," 2021 OSDUHS (Grades 9–12)

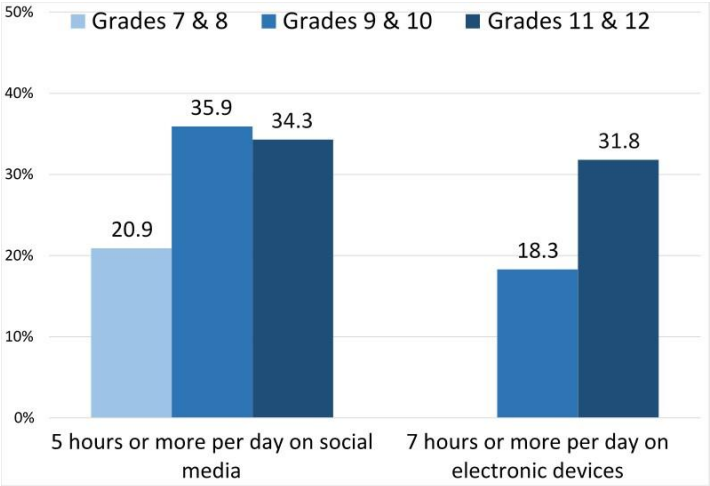


SUBGROUP DIFFERENCES

Significant sex differences in social media and technology use indicators, 2021 OSDUHS



Significant grade differences in social media and technology use indicators, 2021 OSDUHS



Note: the question about electronic devices not asked of Grade 7 & 8 students.

SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
5 or more hours/day on social media	20.5%	↑	30.8%
7 or more hours/day on social media	6.6%	↑	13.7%
Been cyberbullied in the past year	22.1%	↑	29.9%
5 or more hours/day on electronic devices in free time†	35.4%	↑	52.2%
7 or more hours/day on electronic devices in free time†	12.3%	↑	25.6%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks); †among grades 9-12 only.

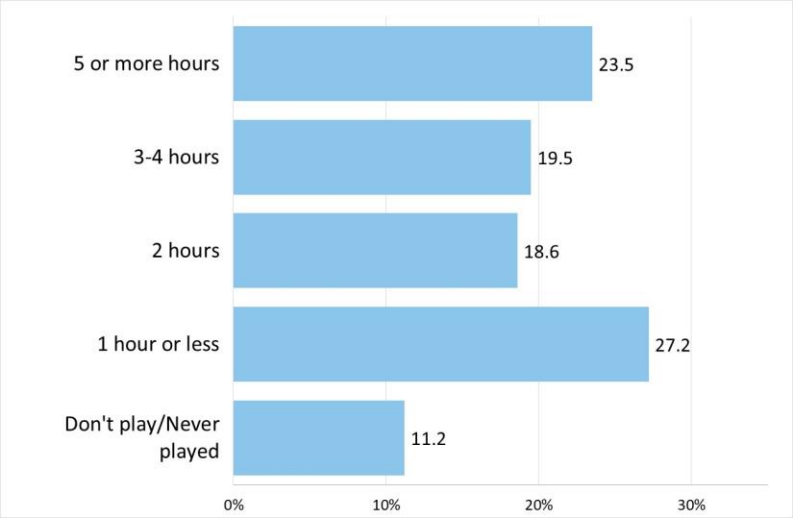
8. VIDEO GAMING AND GAMBLING

This section presents findings related to video gaming and gambling in the past year.

VIDEO GAMING

- The majority of students (89%) report playing video games in the past year. Just under half (42.2%) of students play video games daily.
- Almost one-quarter (23.5%) of students play video games for five hours or more a day.
- Among the nine scale items (*PVP* scale) measuring symptoms of a video gaming problem, the most prevalent is kept playing to achieve a target (52.2%). The least prevalent symptom is skipped school/work or lied/argued with someone in order to play video games (8.4%).
- One-in-five (20.1%) students meet the criteria for a video gaming problem. Among only those students who report playing video games daily in the past year, one-third (34.4%) meet the criteria for a problem.
- About one-in-eight (11.7%) students bet virtual credits that they won or earned in a video game in the past year. About 5.2% bet virtual credits that they purchased with money in a video game in the past year.

Usual number of hours per day spent playing video games in the past year, 2021 OSDUHS (Grades 7–12)

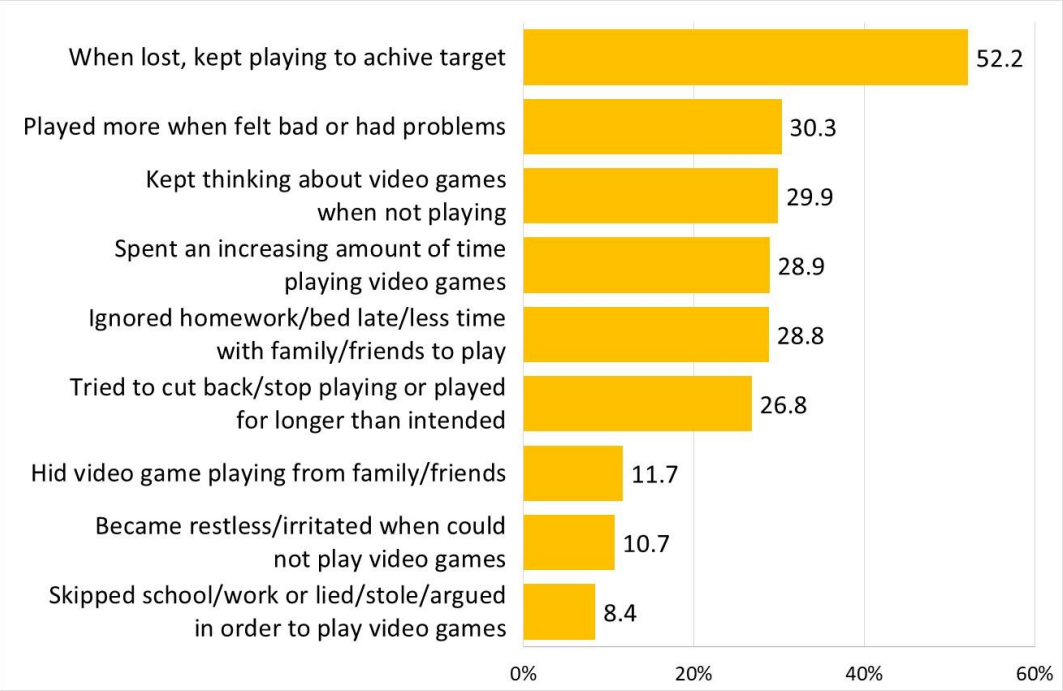


Video gaming and gambling indicators (past year) by sex and grade level, 2021 OSDUHS

	Total %	Males	Females		Grades 7 & 8	Grades 9 & 10	Grades 11 & 12	
Play video games daily	**42.2**	65.1	21.6	*	42.3	46.3	38.5	
5 or more hours/day playing video games	**23.5**	37.4	11.1	*	14.4	23.0	31.4	
Video gaming problem	**20.1**	28.6	12.4	*	11.9	26.6	21.1	
Bet virtual credits won in a video game	**11.7**	18.0	6.1	*	10.9	18.2	s	
Bet virtual credits that were purchased with money in a video game	**5.2**	6.4	4.2		s	s	s	
Any gambling activity (of 10 activities)	**26.0**	35.3	17.8	*	24.6	33.4	20.9	
Online gambling	**14.8**	21.5	8.9	*	s	s	s	

Notes: * statistically significant sex or grade difference (p<.05), not adjusting for other factors; s=estimate suppressed due to unreliability; suppressed the estimates for problem gambling measures based on the *Canadian Adolescent Gambling Inventory* (CAGI) scale due to unreliability.

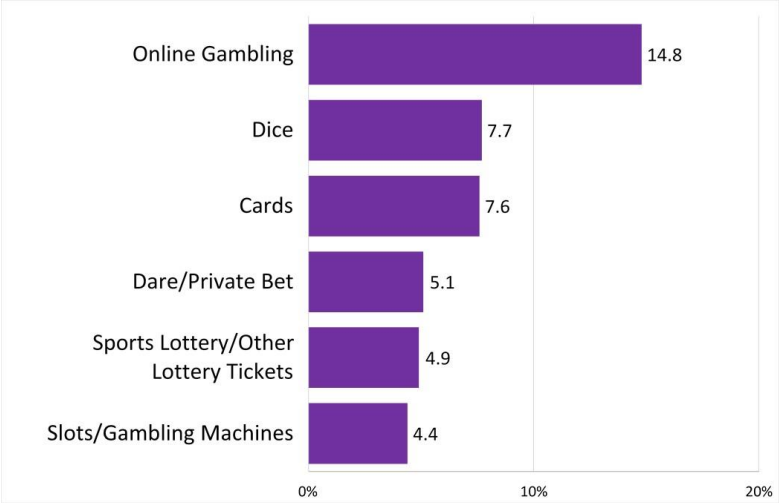
Experiencing symptoms of a video gaming problem (*PVP* scale items) in the past year, 2021 OSDUHS (Grades 7–12)



GAMBLING

- Of the ten specific gambling activities asked about, the most prevalent (14.8%) is betting money on an online game (e.g., online poker).
- About one-quarter (26.0%) of students report gambling money on at least one activity in the past year.
- Among those students who report gambling in the past year, almost all (97%) report that the largest amount of money gambled at one time was less than $50.

Gambling activities in the past year, 2021 OSDUHS (Grades 7–12)

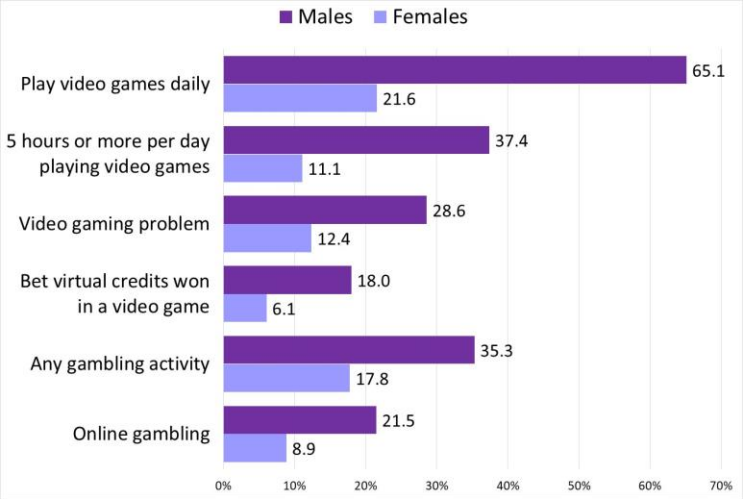


Note: suppressed estimates for other games of skill, sports pools/fantasy sports, results of a video game, and "other way not asked above" due to unreliability.

SUBGROUP DIFFERENCES

- There are no statistically significant grade differences in the video gaming indicators or gambling indicators presented in this section.

Significant sex differences in video gaming and gambling indicators (past year), 2021 OSDUHS (Grades 7–12)



SIGNIFICANT CHANGES BETWEEN 2019 AND 2021

	2019		2021
Play video games daily	24.3%	↑	42.2%
5 hours or more/day playing video games	10.9%	↑	23.5%
Video gaming problem	14.0%	↑	20.1%
Online gambling with money	4.3%	↑	14.8%

Notes: the arrows indicate the statistically significant results of logistic regression analyses used to assess changes between 2019 and 2021 ($p<.01$), adjusting for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks).

9. CONCLUSION

The main purpose of the Ontario Student Drug Use and Health Survey (OSDUHS) is to monitor the health and well-being of Ontario students in grades 7 to 12. Since 1977, the OSDUHS has been providing a knowledge base for designing and targeting prevention and health promotion programs, informing public health policy, evaluating the efficacy of policies and programs on a population level, and disseminating trustworthy information to health and education professionals and the general public.

This report presents the key findings from the 2021 cycle of the OSDUHS covering a wide range of topics including drug use, mental health, physical health, technology use, gambling, and school climate. Because of the challenges posed by the COVID-19 pandemic, this cycle differed markedly from past cycles in that it was the first time a web-based survey was used, and students could complete the survey anywhere at any time. Further, during almost all of the data collection period, students were not learning in person in schools as remote/virtual learning was in effect across the province due to the pandemic. Because of these significant methodology changes, we took a cautious approach and did not examine long-term trends. We did, however, look at changes since the previous cycle in 2019 to provide more context and perspective given the COVID-19 pandemic.

Some data limitations should be noted here. The lower response rate and smaller sample size in the 2021 cycle precludes us from declaring the sample as representative of the population of Ontario students in the public school system. These data are based on self-reports, which cannot be readily verified, nor are they based on clinical assessment. The extent of under-reporting or over-reporting cannot be verified. However, due to the sensitive nature of the questions, behaviours are likely to be under-reported. The sampling frame excludes certain groups of youth such as those not attending school, those learning in institutionalized settings, and those located in the remote northern regions of the province. Finally, the cross-sectional nature of survey data can only provide indications of association, not causality.

ENCOURAGING FINDINGS

There are many findings in this report that should be viewed as encouraging. A majority of students:

- feel safe at school and feel connected to school
- are not being bullied either at school or online
- do not drink alcohol or use drugs
- rate their physical health as excellent or very good
- are satisfied with their weight, and are not considered overweight
- do not report mental health problems (e.g., psychological distress, low self-esteem, elevated stress, self-harm, suicidal ideation)
- are not extremely worried or depressed about climate change
- do not have a video gaming problem or a problem with technology use
- do not gamble or have a gambling problem.

We also found some improvements in 2021 when compared to 2019:

- Drinking alcohol, including binge drinking, and vaping significantly decreased.
- Reports of experiencing a concussion significantly decreased.
- Getting at least eight hours of sleep on a school night significantly increased.
- Reports of going to school or bed hungry due to lack of food at home significantly decreased.

PUBLIC HEALTH CONCERNS

Although the majority of students do not report problematic behaviours or problem indicators, an important minority report some form of impaired well-being or risky behaviour.

- A key finding is the high level of mental health problems reported such as psychological distress, self-harm, loneliness, suicidal ideation, and fair/poor self-rated mental health. Females are about twice as likely as males to report mental health problems, and problems tend to increase with grade. Further, almost half of students do not know where to turn for mental health support.
- Females are much more likely than males to report body image issues such as a preoccupation with their weight or body shape, skipping meals, perceiving themselves as “too fat,” and trying to lose weight.
- Only about one-in-five students are meeting the Canadian guideline of 60 minutes daily of moderate-to-vigorous physical activity. About half of students are not getting adequate sleep, and a majority are exceeding the daily screen time recommendation. These physical health indicators tend to worsen with grade.
- Almost one-third of students use social media for five or more hours a day, and a similar percentage report being cyberbullied. Females are more likely than males to use social media excessively, and report symptoms of problematic technology use.
- Almost half of students play video games daily, and about one-in-five students report symptoms of a video gaming problem. Over one-quarter gamble and a sizeable percentage of students gamble online. Males are about twice as likely to report symptoms of a video gaming problem, gamble at any activity, and gamble online.

Many indicators seemed to worsen in 2021 when compared to the 2019 estimates:

- School connectedness decreased.
- Nonmedical use of prescription opioids increased.
- Reports of fair/poor self-rated physical health increased, as did daily screen time.
- Reports of fair/poor mental health increased, as did indicators of serious psychological distress, and the inability to deal with difficult problems.
- Seeking mental health counselling over the phone or internet increased, however, so did the report of unmet need for mental health support.
- Time spent daily on social media and on electronic devices during free time increased, as did reports of being cyberbullied.
- Time spent video gaming increased, as well as reports of symptoms of a video gaming problem.
- Gambling money online increased.

IMPACT OF THE COVID-19 PANDEMIC

We cannot be certain that the worsening mental health indicators and other increases in problems such as problematic video gaming and online gambling are solely due to the COVID-19 pandemic and related disruptions to schools, families, and peer-group social interactions. Previous OSDUHS findings have showed a downward trend in student mental health over the past decade. However, based on the questions in the survey about the pandemic, a notable percentage of students themselves report that the pandemic has had a negative impact on their mental health and has left them feeling disheartened about the future. This is especially evident among females.

CONCLUSION

The purpose of this OSDUHS report is to provide a snapshot of Ontario students' drug use, and mental and physical well-being, and to assess changes since the last survey cycle in 2019. Our findings are consistent with many expectations of the adolescent stage of development. While most students do not use drugs and are in good physical and mental health, a sizeable minority experience an array of functional impairments. Also concerning is that many mental health problem indicators show increases since 2019. Our findings also showed some encouraging improvements in well-being. Ongoing monitoring will determine whether these trends reflect more enduring changes or temporary fluctuations.

The OSDUHS focuses on a wide range of indicators that affect young people's health and well-being, and the data gathered are an important tool for planning and evaluating broad public health policies and programs that enable youth to experience optimal well-being. We hope the findings provided in this report – whether showing new concerns or trends – help to raise awareness and to identify priority issues facing youth today.

Please visit the OSDUHS webpage for reports and FAQs:

www.camh.ca/osduhs

10. APPENDIX

Percentage of students reporting selected indicators, 2019 and 2021 OSDUHS

Indicator	2019 %	2019 (95% CI)	2021 %	2021 (95% CI)	
School and Family					
Like school a lot/very much	**35.5**	(33.7-37.2)	**41.6**	(36.1-47.3)	
I feel close to people at this school (somewhat/strongly agree)	**84.7**	(83.7-85.7)	**74.0**	(69.0-78.4)	*
I feel like I am part of this school (somewhat/strongly agree)	**82.2**	(81.1-83.3)	**74.2**	(70.2-77.8)	*
I feel safe in my school (somewhat/strongly agree)	**91.4**	(90.6-92.1)	**90.7**	(87.2-93.3)	
Low subjective social status at school	**22.9**	(21.8-24.2)	**29.6**	(25.0-34.5)	*
Been bullied at school in any way since September	**22.9**	(21.4-24.5)	**21.3**	(15.9-27.9)	
Ever been suspended/expelled from school	**16.2**	(14.9-17.6)	**12.2**	(9.0-16.3)	
Rarely/never talk to a parent/guardian about problems	**37.3**	(36.0-38.7)	**39.0**	(33.9-44.3)	
Low subjective family social status	**19.5**	(18.1-20.9)	**17.0**	(13.1-21.7)	
Drug Use and Harms					
High-caffeine energy drink use (past year)	**32.6**	(30.8-34.5)	**33.1**	(26.9-39.9)	
Alcohol use (past year)	**41.7**	(39.5-43.8)	**31.8**	(28.1-35.8)	*
Alcohol use (past month)	**27.6**	(25.8-29.6)	**24.0**	(20.0-28.6)	
Binge drinking (past month)	**14.8**	(13.4-16.4)	**7.9**	(4.6-13.2)	*
Cannabis use (past year)	**22.0**	(20.5-23.6)	**17.0**	(13.2-21.7)	
Cannabis use (past month)	**14.1**	(13.0-15.3)	**11.0**	(7.5-15.7)	
Daily cannabis use (past month)	**2.3**	(1.9-2.8)	**2.3**	(1.2-4.3)	
Cannabis edible use (past year)†	**13.9**	(12.2-15.9)	**14.8**	(9.8-21.6)	
Vaped cannabis (past year)†	**10.0**	(8.6-11.6)	**17.0**	(8.7-30.5)	
Cannabis and alcohol use on the same occasion (past year)	**13.6**	(12.0-15.3)	**11.9**	(6.4-21.0)	
Electronic cigarette/vape use (past year)	**22.7**	(20.7-24.8)	**15.3**	(11.5-20.1)	*
Prescription opioid nonmedical use (past year)	**11.0**	(10.3-11.7)	**12.7**	(10.6-15.1)	*
Tobacco cigarette smoking (past year)	**5.0**	(4.5-5.7)	**4.1**	(2.4-6.9)	
Cough/cold medication nonmedical use (past year)	**7.8**	(7.1-8.6)	**3.6**	(2.4-5.5)	*
Mushrooms or mescaline use (past year)†	**4.5**	(3.9-5.2)	**5.0**	(3.0-8.1)	
Any prescription drug nonmedical use (past year)†	**13.4**	(12.5-14.3)	**12.7**	(10.2-15.5)	
Hazardous/harmful drinking (*AUDIT* screener; past year)†	**13.7**	(11.9-15.7)	**5.4**	(3.3-8.9)	*
Drug use problem (*CRAFFT* screener; past year)†	**15.4**	(13.8-17.1)	**14.8**	(9.6-22.2)	
Been a passenger in vehicle, driver used alcohol (past year)	**14.6**	(13.7-15.5)	**11.8**	(8.0-17.2)	
Been a passenger in vehicle, driver used drugs (past year)	**10.3**	(9.5-11.0)	**8.8**	(5.1-14.7)	
Physical Health					
Fair/poor self-rated physical health	**10.8**	(9.9-11.7)	**19.8**	(15.8-24.5)	*
Concussion (lifetime)	**38.9**	(37.5-40.2)	**38.2**	(33.7-42.8)	
Concussion (past year)	**14.5**	(13.5-15.5)	**9.1**	(6.6-12.4)	*
Medical use of prescription opioids (past year)	**20.3**	(18.9-21.8)	**15.2**	(11.3-20.2	
Medical use of ADHD drugs (past year)	**3.9**	(3.2-4.8)	**7.7**	(5.0-11.7)	
8 or more hours of sleep on school nights	**36.9**	(35.3-38.5)	**48.9**	(43.7-54.1)	*
Always/often go to school or bed hungry	**6.3**	(5.5-7.1)	**2.7**	(1.7-4.2)	*
Daily physical activity (60 minutes)	**21.2**	(20.0-22.4)	**20.6**	(17.0-24.6)	
No physical activity (past 7 days)	**9.4**	(8.6-10.3)	**11.9**	(8.1-17.2)	
3 or more hours/day of recreational screen time	**71.2**	(70.0-72.4)	**83.3**	(80.3-85.9)	*
Overweight or obese	**31.2**	(30.0-32.6)	**28.7**	(24.9-32.9)	
Perceive self as “too fat”	**26.2**	(24.6-27.7)	**22.9**	(17.6-29.1)	
Trying to lose weight	**30.6**	(29.1-32.2)	**25.3**	(20.2-31.1)	

(continued…)

Indicator	2019 %	2019 (95% CI)	2021 %	2021 (95% CI)	
Mental Health					
Fair/poor self-rated mental health	**26.5**	(24.7-28.3)	**38.1**	(31.7-44.9)	*
Elevated stress (past month)	**32.8**	(31.1-34.5)	**31.6**	(26.2-37.6)	
Low self-esteem	**9.2**	(8.3-10.3)	**13.3**	(8.7-19.8)	
Moderate-to-serious psychological distress (past month)	**43.8**	(41.9-45.7)	**46.8**	(39.8-54.0)	
Serious psychological distress (past month)	**20.6**	(19.2-22.0)	**25.5**	(19.3-32.8)	*
Self-harm (past year)	**14.9**	(13.4-16.5)	**20.0**	(15.7-25.1)	
Suicidal ideation (past year)	**16.4**	(15.0-17.9)	**18.4**	(12.3-26.5)	
Fair/poor ability to cope with difficult or unexpected problems	**22.6**	(21.1-24.1)	**34.3**	(28.2-40.9)	*
Mental health care visit (past year)	**26.5**	(24.9-28.2)	**30.8**	(25.9-36.2)	
Sought counselling over the phone and/or internet (past year)	**4.5**	(3.9-5.3)	**9.2**	(6.2-13.4)	*
Prescription for anxiety/depression/both† (past year)	**7.2**	(6.2-8.4)	**11.8**	(7.6-18.0)	
Unmet need for mental health support (past year)	**35.4**	(33.8-37.0)	**42.4**	(36.0-49.0)	*
Social Media and Technology Use					
5 or more hours/day on social media	**20.5**	(19.4-21.8)	**30.8**	(26.9-35.0)	*
7 or more hours/day on social media	**6.6**	(6.0-7.2)	**13.7**	(11.1-16.8)	*
Been cyberbullied (past year)	**22.1**	(20.7-23.6)	**29.9**	(24.8-35.6)	*
Cyberbullied others (past year)	**11.0**	(9.9-12.2)	**13.8**	(8.9-20.8)	
5 or more hours/day on electronic devices†	**35.4**	(33.4-37.5)	**52.2**	(42.8-61.4)	*
7 or more hours/day on electronic devices†	**12.3**	(11.1-13.6)	**25.6**	(18.4-34.5)	*
Moderate-to-serious problem with technology use†	**18.6**	(17.0-20.2)	**17.8**	(12.3-25.2)	
Serious problem with technology use†	**2.9**	(2.3-3.7)	**4.7**	(2.5-8.9)	
Video Gaming and Gambling					
Play video games daily	**24.3**	(22.8-25.8)	**42.2**	(35.9-48.7)	*
5 or more hours/day playing video games	**10.9**	(9.9-12.0)	**23.5**	(17.5-30.8)	*
Video gaming problem (past year)	**14.0**	(12.8-15.4)	**20.1**	(14.3-27.5)	*
Any gambling activity (past year)	**31.8**	(30.3-33.3)	**26.0**	(20.0-33.1)	
Online gambling with money (past year)	**4.3**	(3.7-5.0)	**14.8**	(10.1-21.2)	*

Notes: CI=confidence interval; † among grades 9-12 only: * statistically significant (p<.01) difference between 2019 and 2021 based on logistic regression analyses which adjusted for sociodemographic and other differences in the samples between years (i.e., sex, grade, region, born in Canada, ethno-racial identity, and school marks).

The Well-Being *of* Ontario Students:

Findings from the 2021 Ontario Student Drug Use and Health Survey

2021

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