

New Brunswick Student Drug Use Survey Report 2012



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Most importantly, we thank the students who volunteered to participate in this survey; your answers will help ensure better services for all of New Brunswick's youth, now and in the future.

Executive Summary

The *New Brunswick Student Drug Use Survey 2012* (NBSDUS 2012) is part of a coordinated Atlantic Canada initiative, which gathers information regarding use of alcohol, tobacco and other substances as well as associated risks and harms among a representative sample of the student population enrolled in middle and high schools. The 2012 survey round is the fifth collaboration in the Atlantic Provinces since 1996. This report presents survey results for New Brunswick from 3,507 randomly selected students in Grades 7, 9, 10, and 12 who voluntarily completed the questionnaire. The average age of the survey respondents was 15.2 years.

The results highlight that a large proportion of New Brunswick's youth do not engage in harmful substance use and behaviours. However, half of adolescent students (48.0 per cent) reported having consumed alcohol at least once in the previous year. The proportion was relatively stable compared to survey findings from five years earlier, and down significantly from a decade ago (53.2 per cent in 2002). Early experience with alcohol is an important risk factor for developing long-standing problems that continue into adulthood, including dependence and chronic diseases. Alcohol use among adolescents has also been found to negatively affect academic performance.

One in five students (21.6 per cent) reported they had smoked or tried to smoke at least one cigarette within the past year. For most (two-thirds) of these students, tobacco use was not limited to a single occasion during the year. The proportion of students who had smoked more than once was 14.1 per cent, similar to the rate observed in the 2007 survey and down significantly from the levels observed in 1996-2002. The World Health Organization estimates that tobacco kills up to half its users, making it one of the world's greatest public health threats.

Regarding illicit drugs, cannabis was the substance most commonly tried at least once within the past year, used by more than one-quarter of the student population (28.3 per cent). The rate was relatively stable compared to five years earlier, and down significantly from the peak rate of 34.9 per cent observed in 2002.

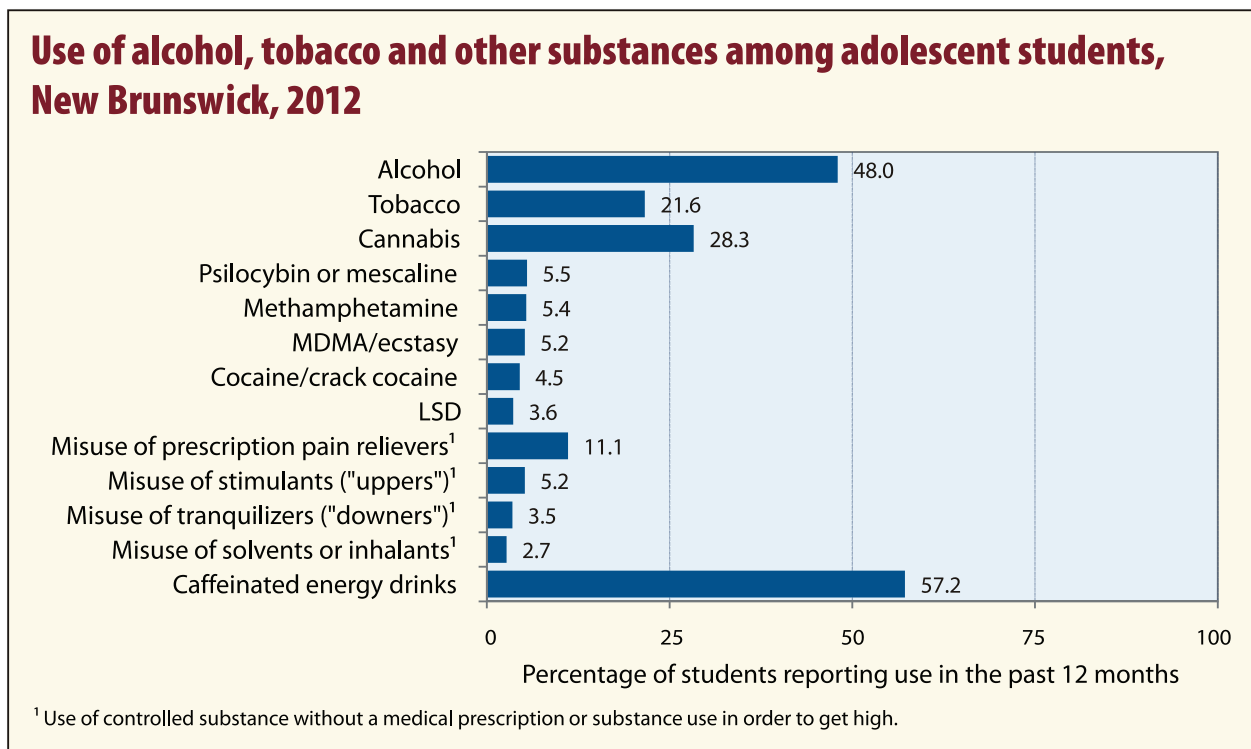
One in 20 students reported they had used either of the hallucinogens psilocybin (commonly known as "magic mushrooms") or mescaline ("mesc") within the past year. Similar proportions of students reported past-year use of methamphetamine (5.4 per cent) and ecstasy (5.2 per cent). Less common was use of cocaine/crack cocaine (4.5 per cent) or LSD (3.6 per cent).

While there has been a marked decrease in the use of some illicit drugs like psilocybin/mescaline and LSD, survey data show that many students are using prescription drugs other than for medical reasons. Prescription pain relievers were second only to cannabis in terms of illegal drug use and abuse. One in 10 students reported the use of oxycontin, codeine or other controlled pain relievers without a prescription in the past 12 months. One in 20 students reported past-year misuse of controlled stimulants (i.e. use of diet pills, stay awake pills or other "uppers" without a prescription), and 3.5 per cent had misused tranquilizers or sedatives (use of Valium, Ativan or other "downers" without a prescription). Approximately one in 40 students (2.7 per cent) had used inhalants (e.g. solvents or glue) in order to get high.

Youth consumption of caffeinated energy drinks (marketed under names such as Red Bull, Monster, Rockstar and Full Throttle) is a growing public health concern, associated with increased risk of adverse behavioural and health effects such as inattentiveness, increased heart rate and higher blood pressure. More than half of students (57.2 per cent) reported they had consumed caffeinated energy drinks at least once in the past year. Twelve per cent reported frequent consumption of energy drinks (more than once a month).

Other findings from the survey:

- In New Brunswick, six per cent of students reported driving a motor vehicle while under the influence of alcohol, and seven per cent drove under the influence of cannabis within the previous 12 months.
- More than one-third of students (38 per cent) reported engaging in sexual activity in the past year; eight per cent used alcohol or drugs before having sex.
- Nearly half of the student population (46 per cent) partook in gambling activities in the past year, mostly playing scratch tabs, playing cards for money or sports betting. One in six (17 per cent) gambled monthly.
- Over a third of students (39 per cent) reported feeling depressed at least sometimes, and 20 per cent felt they needed help for depression.
- Sixty percent of students reported they had classes that addressed decision-making, peer pressure, assertiveness or refusal skills in the 2011-12 school year.



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1. Introduction

Youth are more likely than adults to engage in risky alcohol and drug use; they also disproportionately experience greater harms from that use, including an increased risk of mental health disorders while their brains are still developing [1]. Problem alcohol and drug use affect not only individual users, but also families, friends, schools, communities and the health-care system. To assess the true scope of the problem – and develop appropriate responses – it is important to have reliable estimates of the prevalence of youth alcohol and drug use as well as associated harms, and identification of high-risk groups within the youth population.

Surveys that ask school-aged youth about their drinking, smoking and illicit drug use are conducted on a regular basis across Canada, including New Brunswick. The New Brunswick Student Drug Use Survey 2012 (NBSDUS 2012) gathered information from adolescent students in this province on substance use, socio-demographic characteristics, risk behaviours, mental health and drug education. The goals of the survey were:

- To obtain valid and timely epidemiological data about the use of alcohol, tobacco and other drugs for non-medical purposes among adolescent students across New Brunswick;
- To improve understanding of the nature and patterns of adolescent substance use as well as gambling and other high-risk behaviors and harmful consequences related to that use; and
- To measure students' awareness of drug prevention and education programs in schools and other information to support evidence-informed policies and practices in prevention, early intervention and treatment pertaining to adolescent addictions-related health.

The NBSDUS 2012 was conducted among students in the public school system in Grades 7, 9, 10, and 12. The age range of participants was 11 to 19 years. The survey was administered across the province's seven health regions in the spring of 2012. A total of 3,507 students were surveyed in 217 classes across 110 randomly selected schools (Figure 1). Participation was voluntary, anonymous and confidential.

This report presents findings from the survey on self-reported substance use among adolescent students, weighted to represent the student population enrolled in middle and high schools. For key measures of substance use, 95 per cent confidence intervals were calculated in order to ascertain the degree of variability associated with the prevalence rates (Annex A). Values based on larger sample populations will usually lead to smaller confidence intervals and thus better estimates. In contrast, measures based on smaller populations – such as some health regions of New Brunswick – are subject to a higher degree of variability and thus should be interpreted with caution. The confidence intervals surrounding each rate can help in reaching conclusions about whether the values are statistically different. Indicators need to pass numerous tests to be good health measures. Statistical data analysis is used here to infer whether observed differences reflect a true pattern, rather than an effect driven by sampling variability, coincidence or chance.

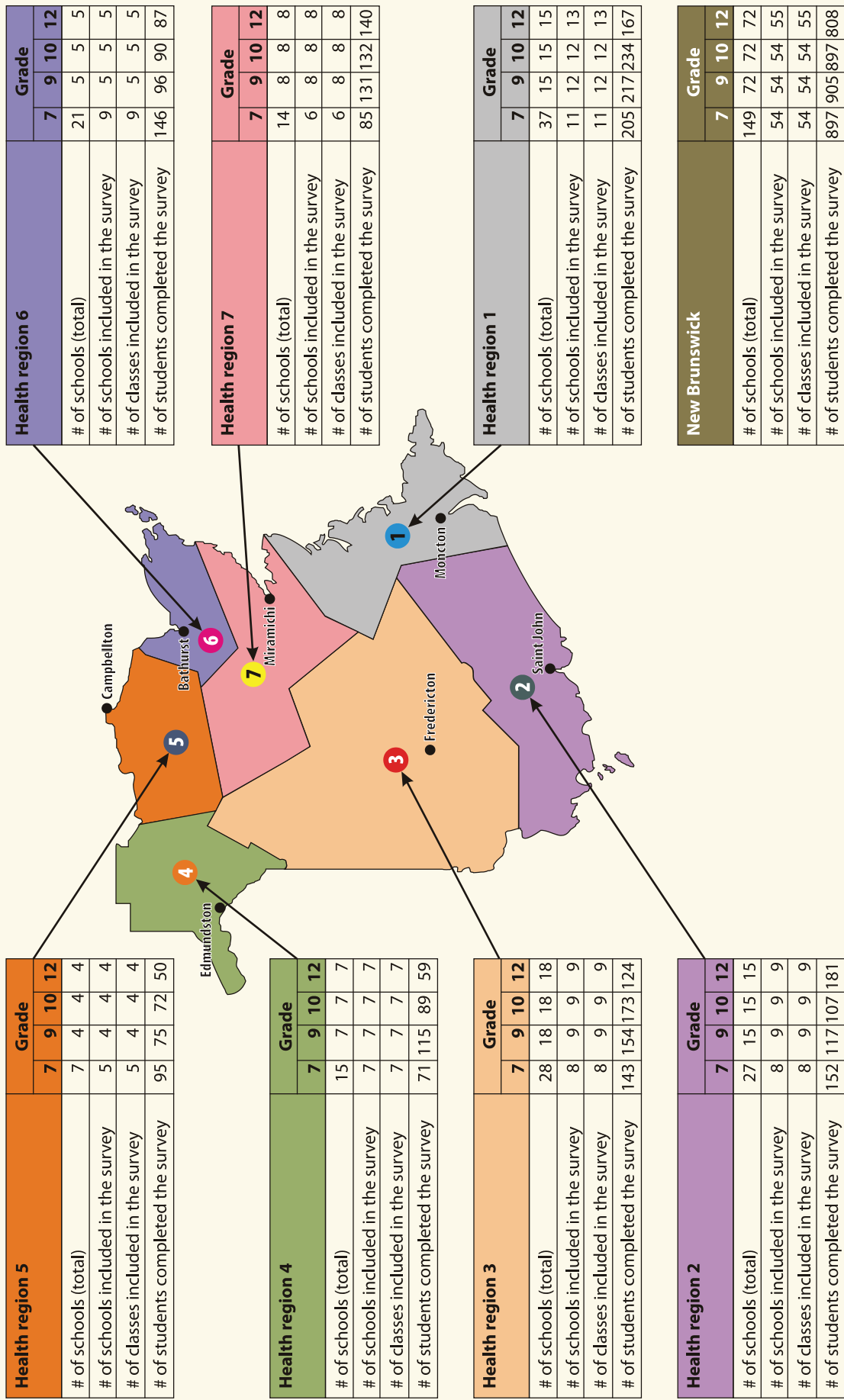
This is the fifth application of the standardized student drug use survey in the Atlantic Provinces. Previous survey rounds were conducted in 1996, 1998, 2002 and 2007 [2-5]. More information on the 2012 survey and analysis methods is found in Annex B. Similar surveys were conducted in Nova Scotia and in Newfoundland and Labrador (Prince Edward Island did not participate in the current survey round) [6-7]. Comparable indicators on drug and alcohol use among students can also be derived from similar surveys across Canada [1].

In New Brunswick, the age restriction for access to alcohol, tobacco and many gambling activities such as lottery tickets, video lottery terminals and sports betting, is 19 years of age. Possession and consumption of cannabis, cocaine, LSD (lysergic acid diethylamide, commonly referred to as "acid") and many other harmful drugs is illegal for individuals of any age [8]. Since there is no universal definition of "problem use" or "abuse" [9], this report uses the neutral terms substance "use" or "consumption".

Results from the NBSDUS 2012 show that levels of alcohol, tobacco and cannabis use among New Brunswick's adolescent students have gone down since 2002. However, the survey findings point to areas where there remains considerable room for improvement. Understanding the patterns and trends of substance use and related problems helps inform the planning, resource allocation and implementation of effective prevention and treatment programs.

Parents or guardians, teachers, schools, health professionals, communities and government agencies need to be kept informed about these patterns and trends as well as drug education and prevention strategies in order to continue to support and educate students in making healthier decisions related to substance use and in their everyday lives. Ongoing prevention, education and awareness programs that engage youth in discussions on personal strengths and resiliency, experiential learning and problem solving may help provide the necessary tools and information for youth to continue to make responsible choices and improve their physical and mental health, through school-based and other accessible youth services.

Figure 1: Total number of schools and number of surveyed schools, classes and students, by grade and health region, NBSDUS 2012



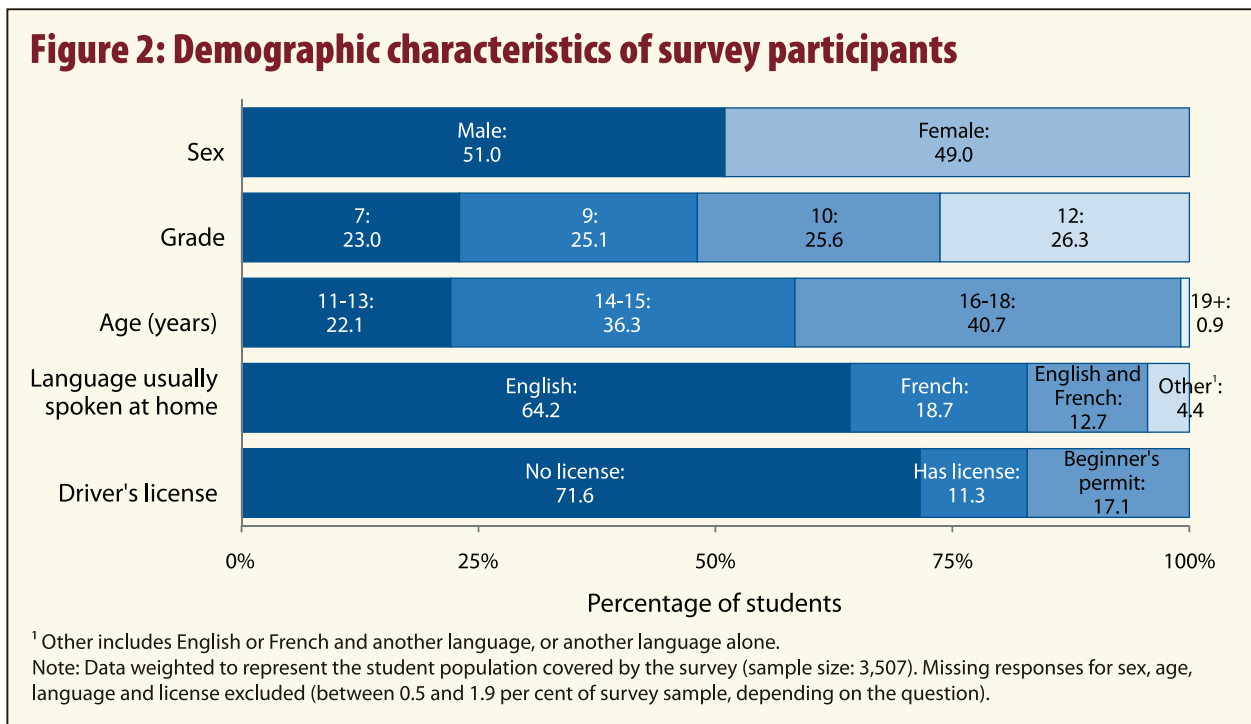
2. Socio-demographic characteristics

In 2012, New Brunswick had an estimated population of 755,950, of whom 76,360 (10.1 per cent) were 11 to 19 years of age [10]. Among New Brunswick’s adolescent population, 51.6 per cent were male and 48.4 per cent were female. As seen in Figure 2, the proportion of male and female students who participated in the NBSDUS 2012 was similar (male: 51.0 per cent; female: 49.0 per cent).

There was fairly equal representation across the four grades selected for the survey (23–26 per cent of surveyed students by grade). About two-thirds of students reported usually speaking English at home, nearly a third spoke French or both English and French, and fewer than one in 20 spoke a non-official language at home – a pattern broadly reflecting the linguistic profile of the province’s general household population [11].

Eleven per cent of those surveyed reported having a driver’s license, and another 17 per cent had a beginner’s or temporary driving permit.

The average age was 15.2 years (Grade 7: 12.8 years; Grade 9: 14.9 years; Grade 10: 15.8 years; Grade 12: 17.4 years). Overall, 99.1 per cent of the surveyed students were 18 years or younger, therefore below the legal minimum age to consume alcohol or purchase tobacco products in New Brunswick.



3. Alcohol

Alcohol use among adolescents has been found to negatively affect academic performance [1]. Early experience with alcohol use and risky patterns of use during adolescence are important risk factors for developing long-standing problems that continue into adulthood, including dependence and numerous chronic diseases (such as cirrhosis of the liver and some cancers). Alcohol is also a risk factor for injuries (such as from road crashes and violence) as well as disability and death. In New Brunswick, alcohol was the substance most commonly used by surveyed middle and high school students in the previous 12 months. The past-year rate of alcohol use was 48.0 per cent, nearly twice as high as the next most commonly used substance (cannabis). The findings were generally reflective of patterns observed across Canada, where the rate of alcohol use among students ranged from 46 to 62 per cent depending on the province [1]. The New Brunswick rate for 2012 was relatively stable compared to findings from 2007, but down significantly from the rate recorded in 2002 (Table 3.1). The downward trend has been largely driven by lower rates of alcohol use among male students.

Table 3.1: Alcohol use		
	2012	Time trends
Overall	<ul style="list-style-type: none"> • 48% of students reported drinking alcohol at least once in the past 12 months. • 26% of students consumed alcohol more than once per month in the past year; about 12% drank on a weekly basis and 1% on a daily basis (Figure 3.1). 	<ul style="list-style-type: none"> • In 2012, the past-year rate of alcohol use (48%) remained relatively stable compared to findings from the 2007 survey, and was down significantly from that observed in 2002 (53%) (Figure 3.2). • The percentage of students who drank alcohol more than once per month was stable between 2012 and 2007 (26%), down from 30% in 2002.
Sex	<ul style="list-style-type: none"> • The past-year rate of alcohol consumption was 45% for males and 51% for females. 	<ul style="list-style-type: none"> • The rate of alcohol use remained stable among female students over the past decade, but has been steadily decreasing among males since 2002 (Figure 3.3).
Grade	<ul style="list-style-type: none"> • The past-year rate of alcohol use increased with grade: <ul style="list-style-type: none"> - Grade 7: 9% - Grade 9: 46% - Grade 10: 57% - Grade 12: 76% 	<ul style="list-style-type: none"> • The pattern of increased alcohol use with grade remained consistent over the past decade (Figure 3.3). Within each grade, the rate of alcohol use has been decreasing since 2002, as reflected in the overall downward trend.
<p>Note: Alcohol use refers to self-reports of drinking any beer, wine, coolers or hard liquor (e.g. rum, whisky, vodka, gin) in the past 12 months.</p>		

Figure 3.1: Alcohol use in the past year, New Brunswick, 2012

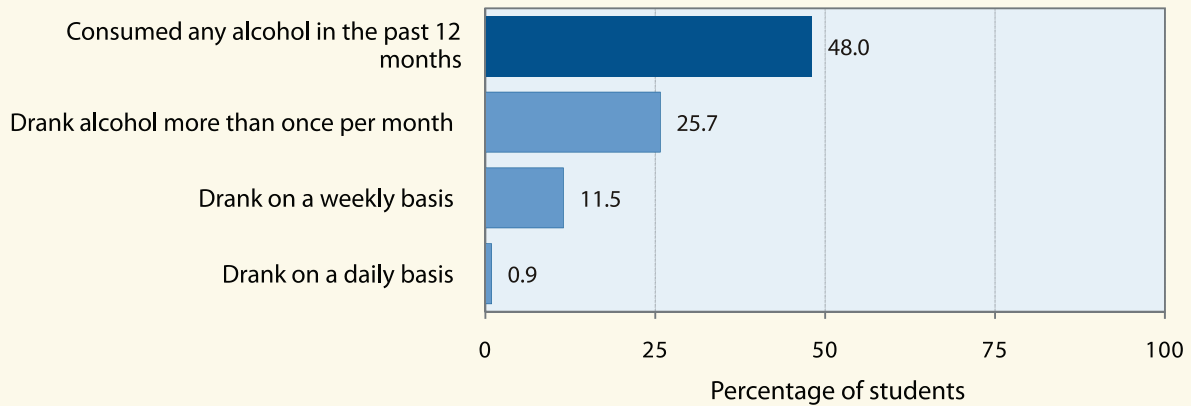
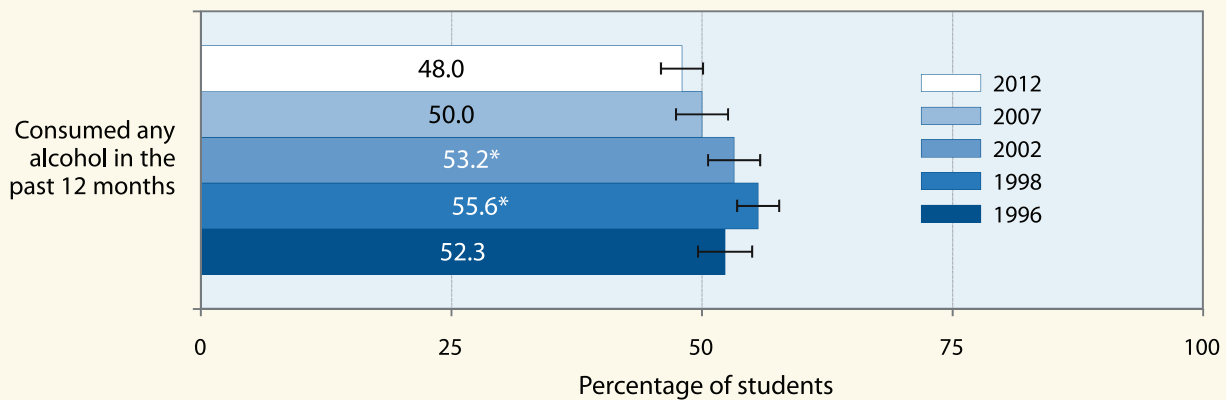
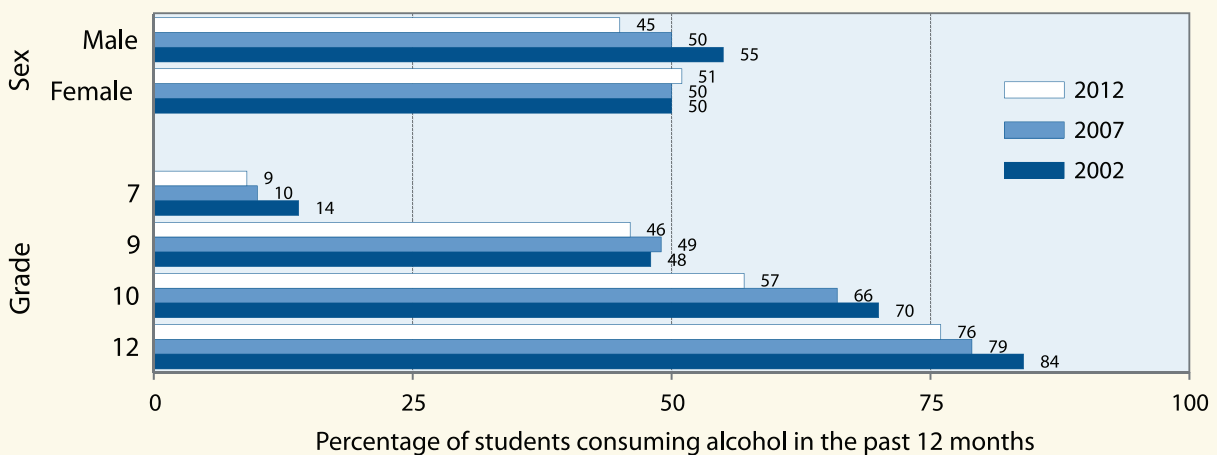


Figure 3.2: Trends in the rate of alcohol use, 1996-2012



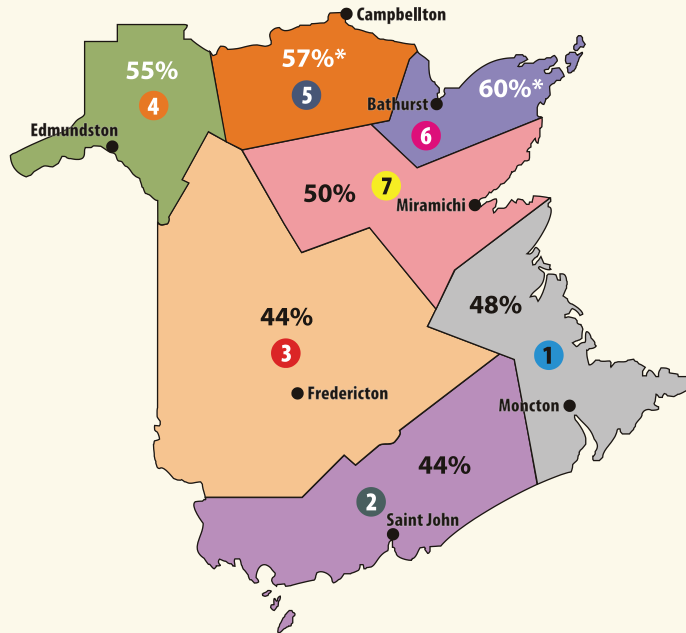
*=statistically higher than the 2012 rate.
 Note: Horizontal lines on the chart refer to the 95% confidence intervals for each rate.

Figure 3.3: Trends in the rates of alcohol use by sex and grade, 2002-2012



In 2012, the rates of alcohol use among students during the past year were significantly higher than the provincial average in health regions 5 (Campbellton area) and 6 (Bathurst and Acadian Peninsula) (Figure 3.4). Rates were somewhat lower than the provincial average in health regions 2 and 3, but the observed differences were not statistically significant (Annex A), meaning an effect of a higher degree of sampling variability rather than a true pattern.

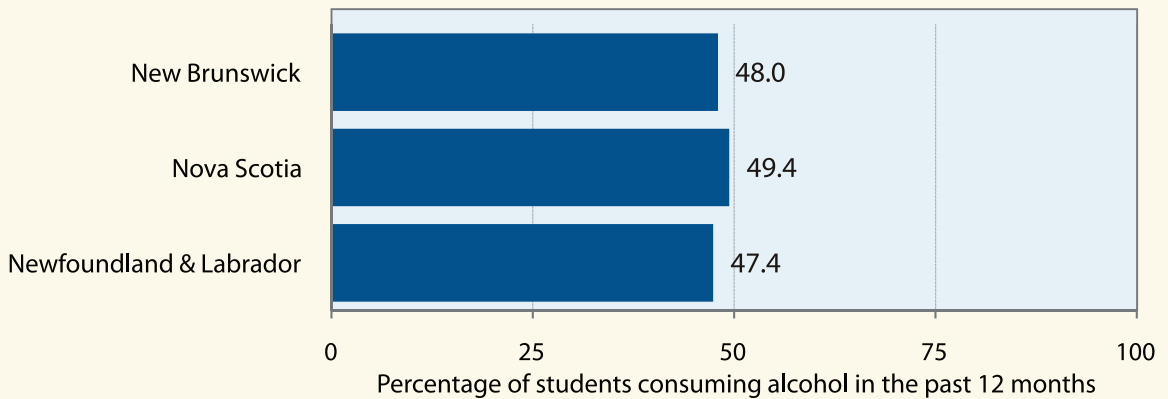
Figure 3.4: Rates of alcohol use by health region, New Brunswick, 2012



*=statistically higher than the provincial rate (48 per cent).
 Note: Data refer to self-reports of students consuming alcohol at least once in the previous 12 months.

Based on findings from comparable student drug use surveys conducted in other Atlantic provinces, the rate of alcohol use during the past year was similar for New Brunswick compared to Nova Scotia and Newfoundland and Labrador (Figure 3.5).

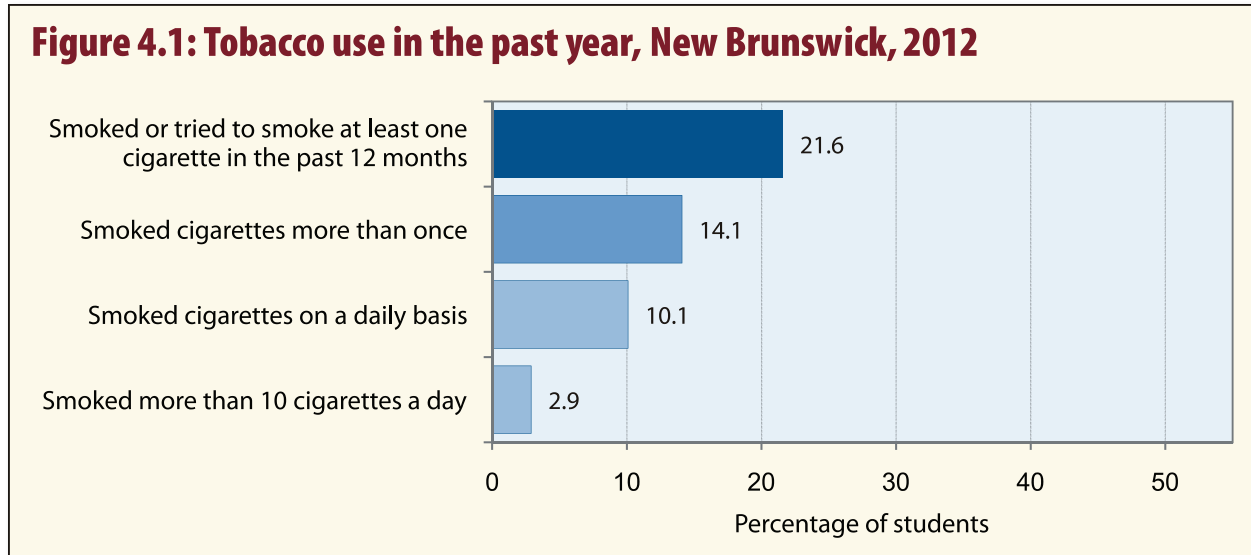
Figure 3.5: Rates of alcohol use in the Atlantic region, by province, 2012



Note: Rates by province not significantly different from the interprovincial average (48.5 per cent).

4. Tobacco

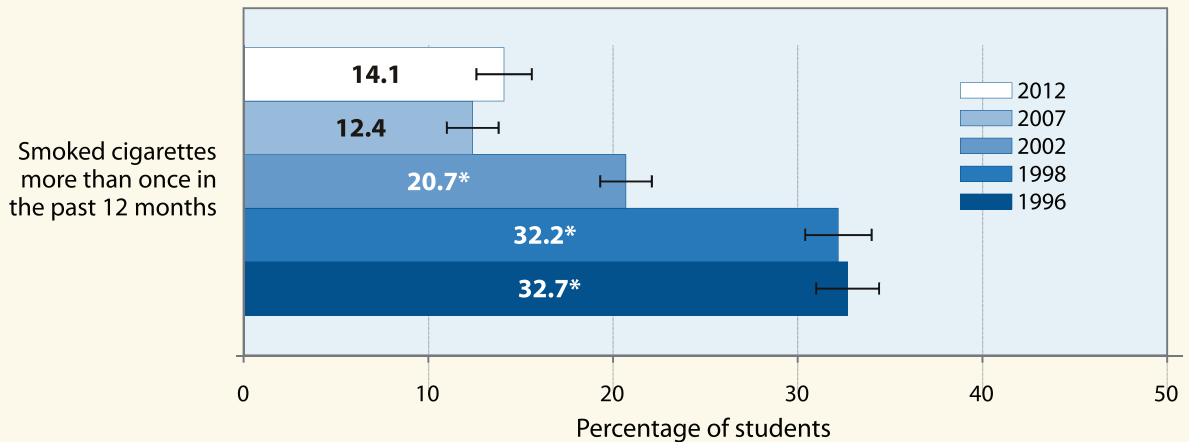
Tobacco use is strongly associated with adverse health outcomes, including increased risk of various forms of cancer, respiratory infections and coronary heart disease. The World Health Organization estimates that tobacco kills up to half its users, making it one of the world's greatest public health threats [12]. Despite the well-known risks, in 2012, 21.6 per cent of surveyed middle and high school students in New Brunswick reported having smoked or tried to smoke at least one cigarette in the past 12 months (Figure 4.1). While not all youth who use tobacco are dependent, for most its use was not limited to a single occasion during the year: 14.1 per cent of students reported smoking more than once.



The rate of tobacco use on more than one occasion during the past year was similar in 2012 compared to 2007 (12–14 per cent), and down significantly from the rates observed in 2002 (21 per cent) and in 1996-1998 (32–33 per cent) (Figure 4.2). The downward trend reflects patterns observed in the general population: the percentage of smokers in all ages (daily or occasional) in New Brunswick declined significantly between 2002 and 2011 (from 25 per cent in 2002 to 22 per cent in 2011) [13].

Results from the last three rounds of the NBSDUS show that the proportion of heavy smokers (more than 10 cigarettes a day) remained relatively stable over time at about one in 30 students: 3 per cent in 2012, 2 per cent in 2007, and 4 per cent in 2002.

Figure 4.2: Trends in the rate of tobacco use, 1996-2012

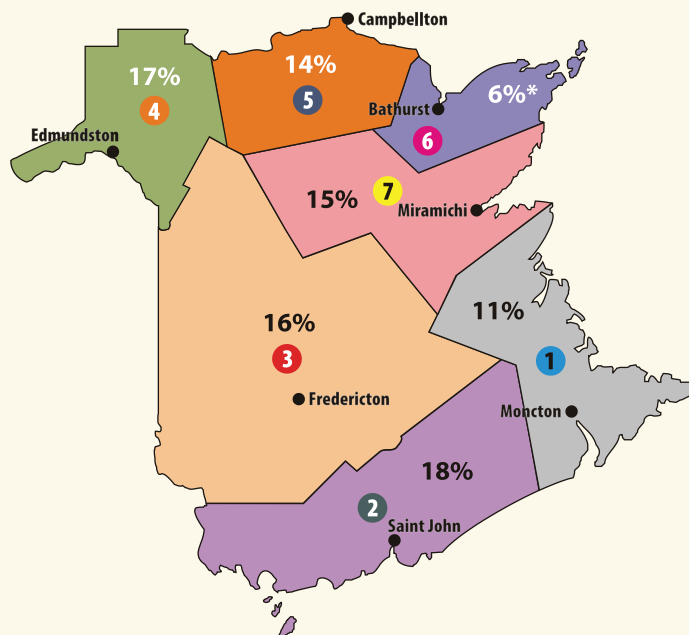


*=statistically higher than the 2012 rate.

Note: Horizontal lines on the chart refer to the 95% confidence intervals for each rate.

In 2012, the rate of tobacco use on more than one occasion during the past year was significantly lower than the provincial average in health region 6 (Bathurst and Acadian Peninsula) (Figure 4.3). Rates were somewhat higher than the provincial average in health regions 2-4, but the differences were not statistically significant. The lower level of tobacco use among students in health region 6 reflects patterns in the general population: the percentage of smokers of all ages in this region is significantly lower than the provincial average (15 per cent compared to 22 per cent for all of New Brunswick in 2011) [13].

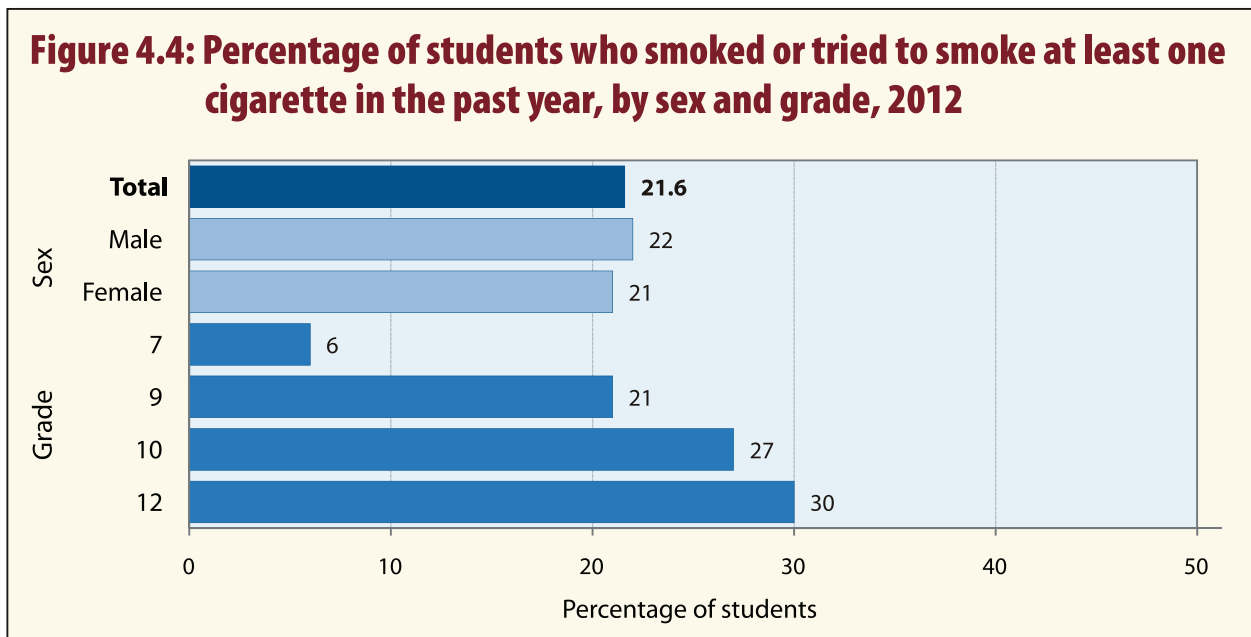
Figure 4.3: Rates of tobacco use by health region, New Brunswick, 2012



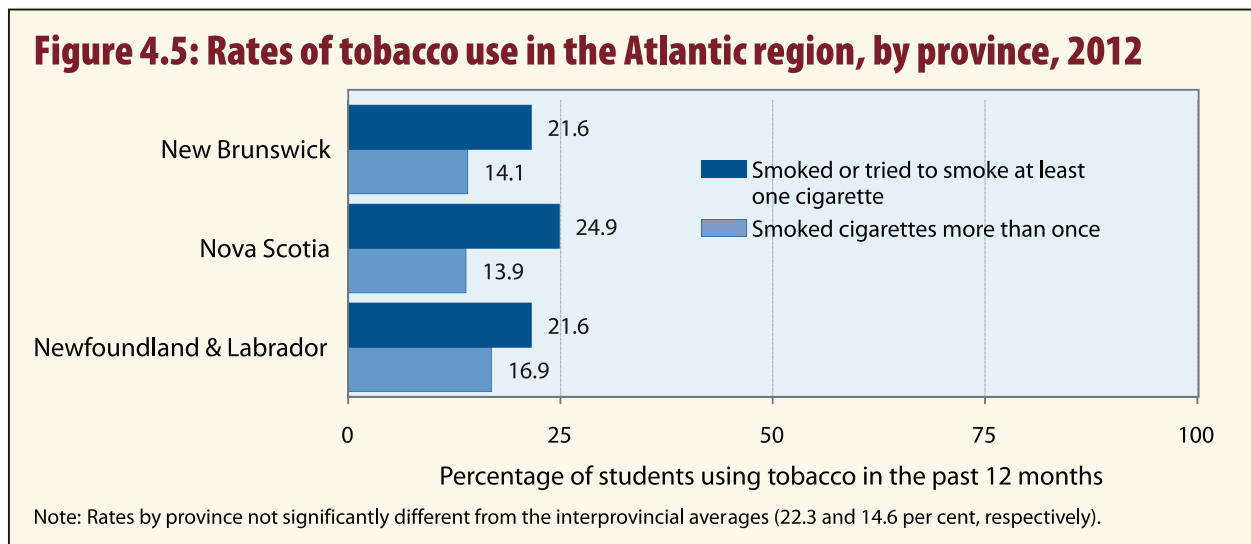
*=statistically lower than the provincial rate (14 per cent).

Note: Data refer to self-reports of students smoking cigarettes more than once in the previous 12 months.

Optimal public health strategies to prevent nicotine dependence focus on preventing initiation or experimentation with tobacco use as early as possible. As seen in Figure 4.4, the percentage of students that reported they smoked or tried to smoke at least one cigarette increased with grade, notably as of Grade 9. In general, male and female students did not differ as to their pattern of cigarette smoking.



In general, tobacco use among New Brunswick students did not differ significantly from levels observed in Nova Scotia and in Newfoundland and Labrador (Figure 4.5).



5. Cannabis

Given the significant decline in tobacco use among students since 1996, cannabis has become the second most commonly used substance after alcohol. In 2012, 28.3 per cent of surveyed students reported having used cannabis at least once in the previous 12 months, nearly half of whom were frequent users (more than about once a month) (Figure 5.1). The rate of cannabis use during the past year was down significantly in 2012 compared to the rate observed in 2002 (34.9 per cent) (Figure 5.2). In general, male and female students did not differ as to their pattern of cannabis use, although males were somewhat more likely to be regular users (Table 5.1). Cannabis is the most widely produced and consumed illicit substance worldwide [9].

Table 5.1: Cannabis use		
	2012	Time trends
Overall	<ul style="list-style-type: none"> • 28% of students reported using cannabis at least once in the past 12 months. • 24% of students used cannabis more than once in the past year; 12% used cannabis more than once a month and 10% more than twice a month. 	<ul style="list-style-type: none"> • The past-year rate of cannabis use was relatively stable in 2012 compared to 2007, and down significantly from the peak rate of 35% observed in 2002 (Figure 5.2). • The rate of frequent cannabis use (more than once a month) was approximately the same in 2012 (12%) compared to 2007 (11%), and down from 17% observed in 2002.
Sex	<ul style="list-style-type: none"> • The rate of cannabis use during the past year was similar among males (28%) as females (27%). • More males (14%) than females (9%) used cannabis frequently (more than once a month). 	<ul style="list-style-type: none"> • Trends in the rate of cannabis use during the past year have been similar among male and female students: declining at about the same pace between 2002 and 2012 (Figure 5.3).
Grade	<ul style="list-style-type: none"> • Cannabis use increased with grade: <ul style="list-style-type: none"> - Grade 7: 6% - Grade 9: 27% - Grade 10: 32% - Grade 12: 45% 	<ul style="list-style-type: none"> • The pattern of increasing cannabis use with grade remained consistent between 2002 and 2012. Rates generally decreased within each grade, especially among students in Grades 10 and 12, reflecting the overall downward trend over the same period (Figure 5.3).
<p>Note: Cannabis use refers to having used marijuana, grass, weed, pot, hash or hash oil in the past 12 months.</p>		

Figure 5.1: Cannabis use in the past year, New Brunswick, 2012

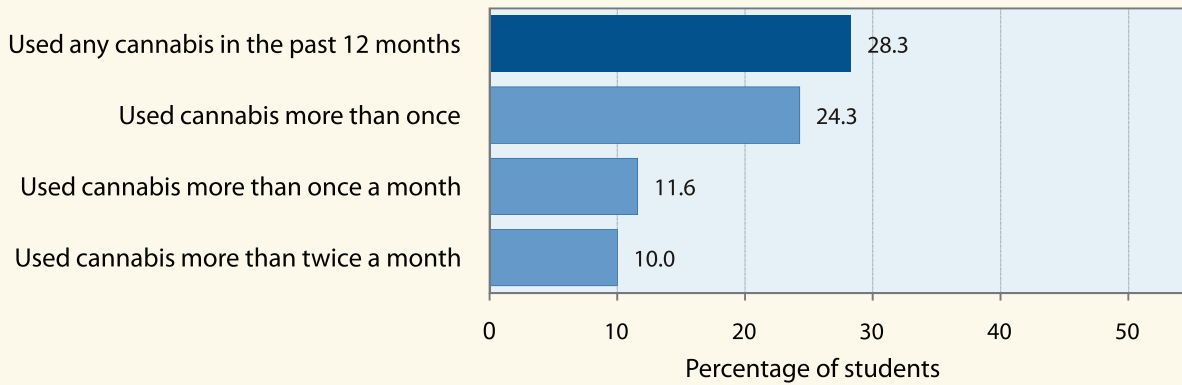
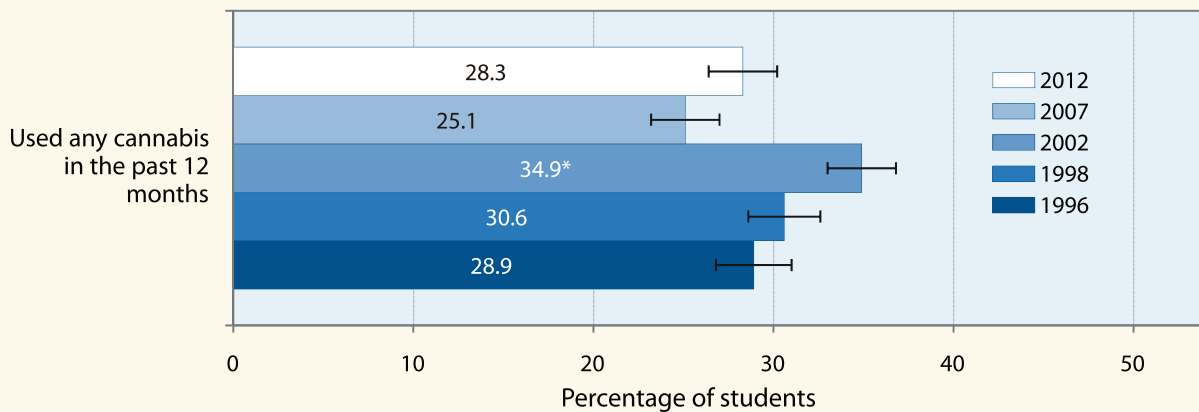


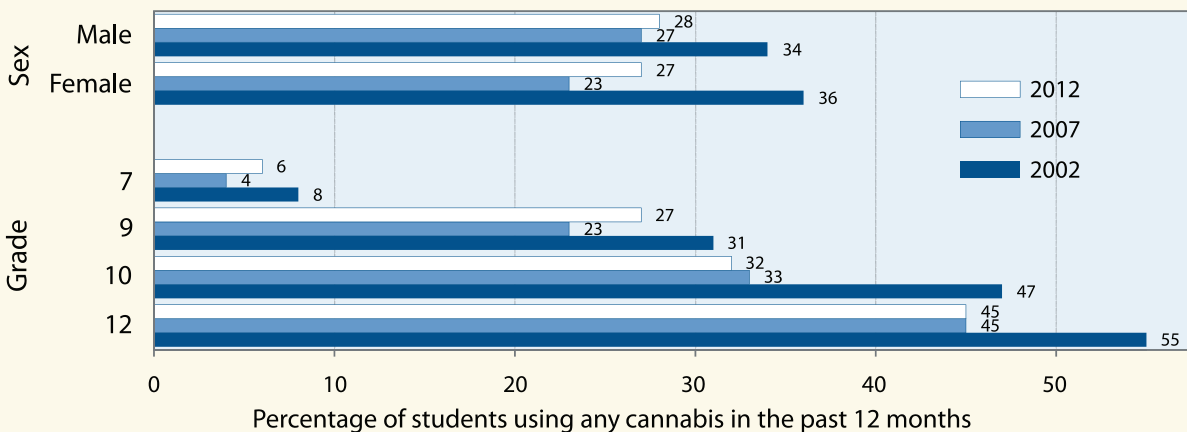
Figure 5.2: Trends in the rate of cannabis use, 1996-2012



*=statistically higher than the 2012 rate.

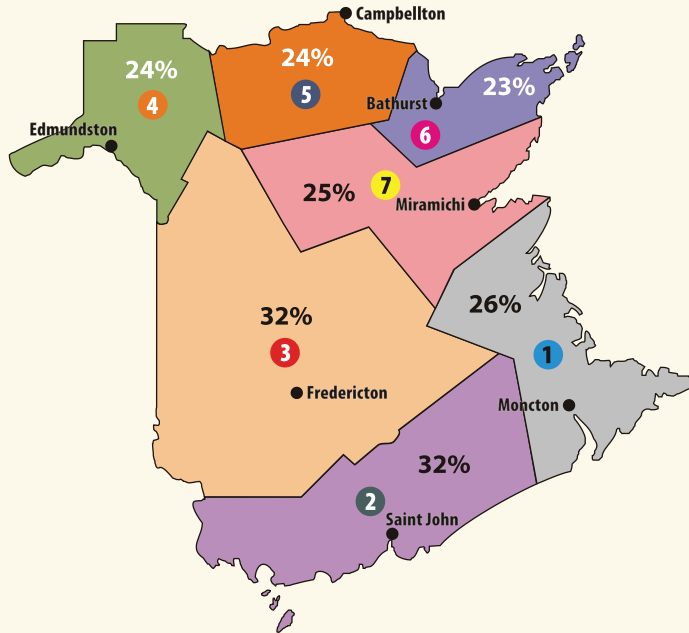
Note: Horizontal lines on the chart refer to the 95% confidence intervals for each rate.

Figure 5.3: Trends in the rates of cannabis use by sex and grade, 2002-2012



In 2012, rates of cannabis use in the past year were somewhat higher than the provincial average in health regions 2 and 3, and somewhat lower in health regions 4 to 7 (Figure 5.4). However, the differences were not statistically significant. As such, these results should be interpreted with caution, and should not be used to support evidence-informed decisions indicating any differences in cannabis use between regions.

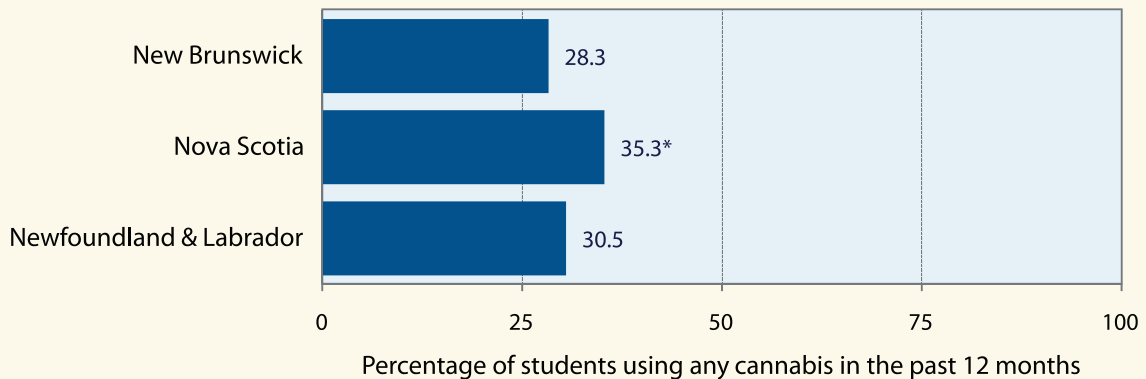
Figure 5.4: Rates of cannabis use by health region, New Brunswick, 2012



Note: Rates by health region not statistically different from the provincial average (28 per cent).
Data refer to self-reports of students using any cannabis in the previous 12 months.

The rate of cannabis use was significantly lower in New Brunswick than in Nova Scotia, and about the same as in Newfoundland and Labrador (Figure 5.5).

Figure 5.5: Rates of cannabis use in the Atlantic region, by province, 2012



*=statistically higher than New Brunswick's rate.

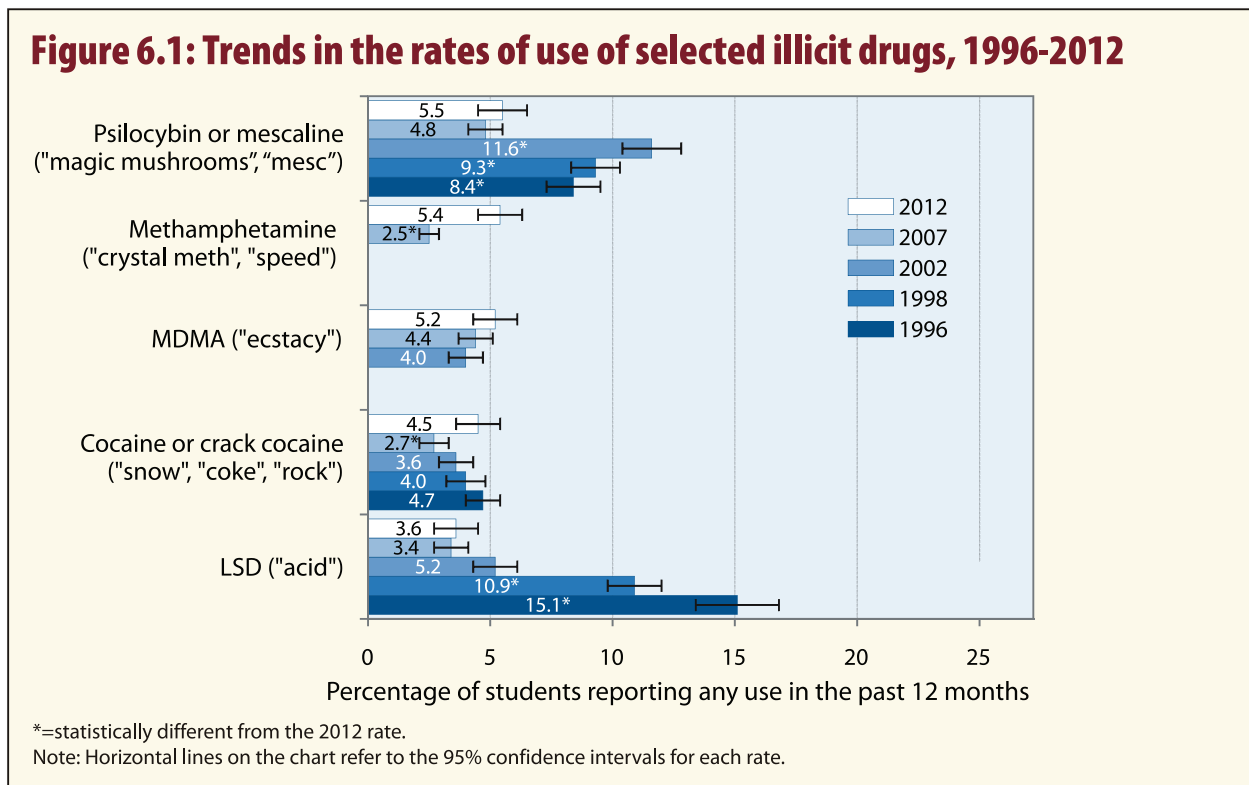
6. Other drug use

6.1. Illicit drugs other than cannabis

Prevalence of illicit drugs other than cannabis is relatively low, and decreasing or remaining stable over time, for the most part, among adolescent students in New Brunswick. In 2012, one in 20 students (5.5 per cent) reported having used either of the hallucinogens psilocybin (commonly known as “magic mushrooms”) or mescaline (“mesc”) in the previous 12 months. The rate was stable compared to 2007 but decreased significantly from those observed in the 1996-2002 surveys (Figure 6.1).

Similar proportions of students reported use in the past 12 months of the stimulant methamphetamine, also known as “crystal meth” or “speed” (5.4 per cent) – and of MDMA (3,4-methylenedioxymethamphetamine), including the drug commonly known as “ecstasy” (5.2 per cent). Sometimes associated with the “rave” or late-night party scene, methamphetamine use was up from the 2007 survey (2.5 per cent), whereas MDMA/ecstasy use remained relatively stable. Ecstasy use in New Brunswick is generally reflective of patterns observed across Canada, where the rate of use in the past 12 months ranges from 3.4 to 7.2 per cent depending on the province [1].

Least commonly used was LSD (3.6 per cent). The rate of use remained stable compared to 2007, but was down significantly from 1996-1998, when more than 10 per cent of students reported use of this substance.



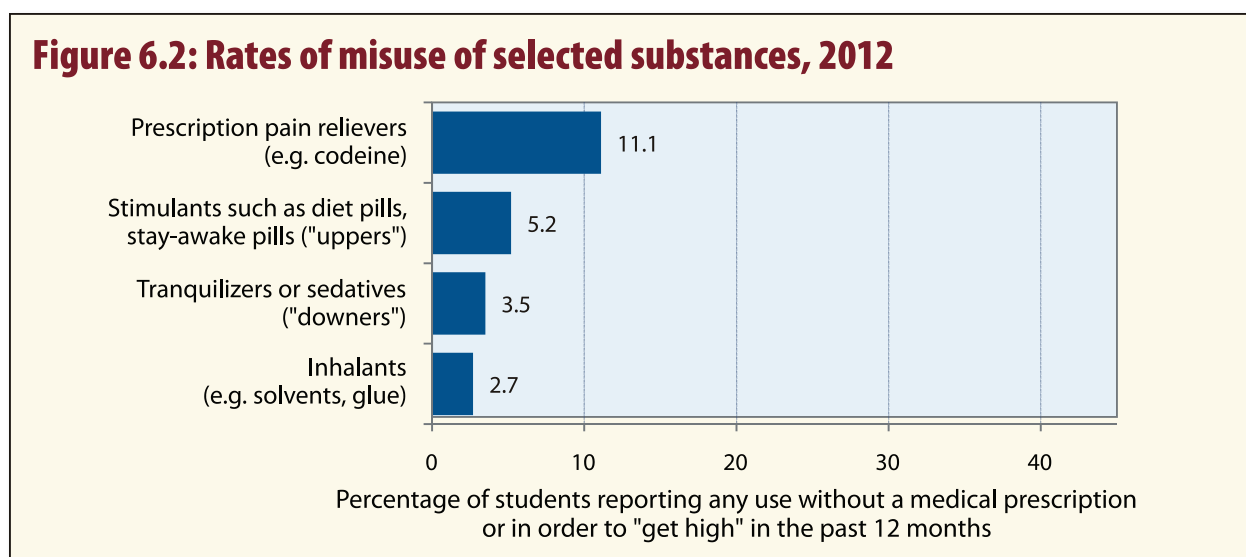
Production and consumption of certain illicit drugs such as LSD have declined in North America and around the world in recent years [9]. But these gains may have been offset by counter-trends, notably increased abuse of prescription medications and other legally produced substances.

6.2. Other substances

The NBSDUS 2012 collected information on rates of misuse of selected substances, defined in this report as the use of controlled drugs without a medical prescription or use of legal substances in order to “get high” (sometimes referred to as “psychotherapeutics”). Prescribed pain relievers (e.g. Oxycontin, Demerol and codeine) were most commonly misused, reported by 11.1 per cent of students (Figure 6.2). While such prescription drugs provide relief from pain when used exactly as prescribed, they can also cause euphoria or feelings of well-being in some users. Long-term use or abuse of prescription pain relievers can result in physical dependence and addiction, with potentially serious health consequences.

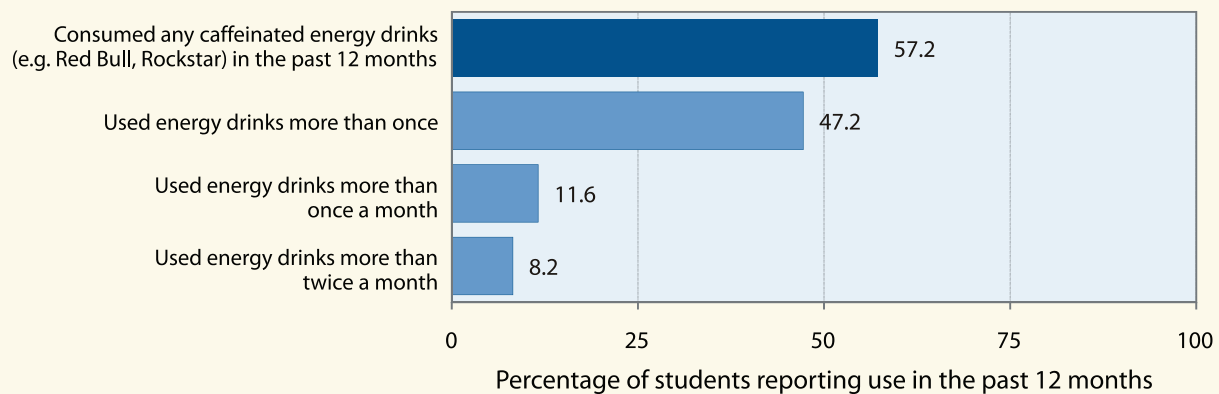
A total of 5.2 per cent of students reported past-year misuse of controlled stimulants, i.e. use of diet pills, stay-awake pills, or other “uppers” or “pep pills” without a prescription. A little less (3.5 per cent) reported misuse of tranquilizers or sedatives (e.g. Valium, Ativan or other “downers”). The rate of misuse of tranquilizers remained relatively stable between 1996 and 2012 (about 2.4–5.0 per cent).

Almost three per cent of students reported having used inhalants in order to get high at least once in the previous 12 months. Inhalants include solvents, glue or other volatile substances with psychoactive properties when inhaled; they have a variety of short-term and long-term behavioural and health effects, and can be lethal.



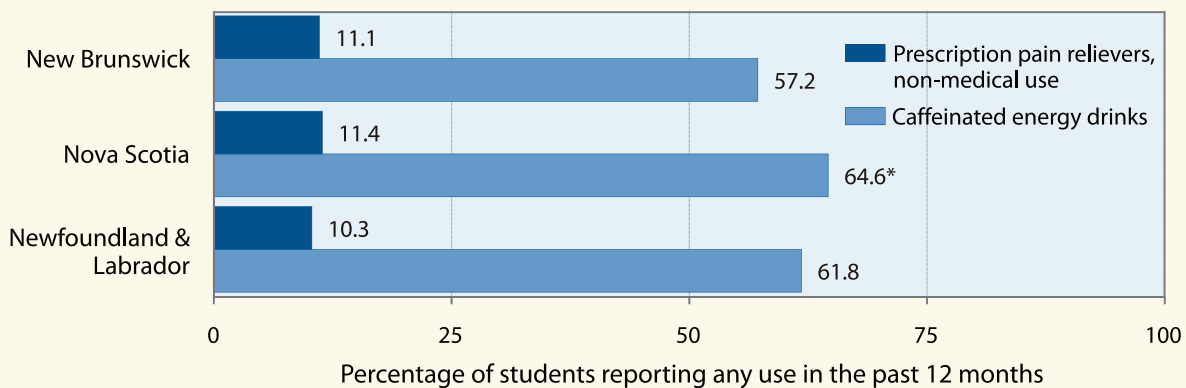
The NBSDUS 2012 introduced questions to gauge levels of use of caffeinated energy drinks, marketed under names such as Red Bull, Monster, Rockstar and Full Throttle. More than half (57.2 per cent) of students reported consuming caffeinated energy drinks at least once in the previous 12 months (Figure 6.3). Twelve per cent reported consuming these drinks more than about once a month; eight per cent more than twice a month. Male students were significantly more likely than females to consume energy drinks frequently, representing two-thirds (68 per cent) of frequent users. Unlike sports drinks meant to replenish fluids lost in exercise, energy drinks contain neuroactive substances and offer no therapeutic benefits; they are associated with increased risk of adverse health and behavioural effects among children and youth such as anxiety, insomnia, inattentiveness, irritability, headache, palpitations and higher blood pressure. Problems with energy drinks may be exacerbated when they are combined with alcohol.

Figure 6.3: Use of caffeinated energy drinks in the past year, 2012



The rate of misuse of prescription pain relievers was similar for New Brunswick compared to Nova Scotia and Newfoundland and Labrador (Figure 6.4). Consumption of caffeinated energy drinks among students in New Brunswick was significantly lower than in Nova Scotia, and about the same as in Newfoundland and Labrador.

Figure 6.4: Rates of use and misuse of selected substances in the Atlantic region, by province, 2012



*=statistically higher than New Brunswick's rate.

7. Risky contexts and harms of alcohol and drug use

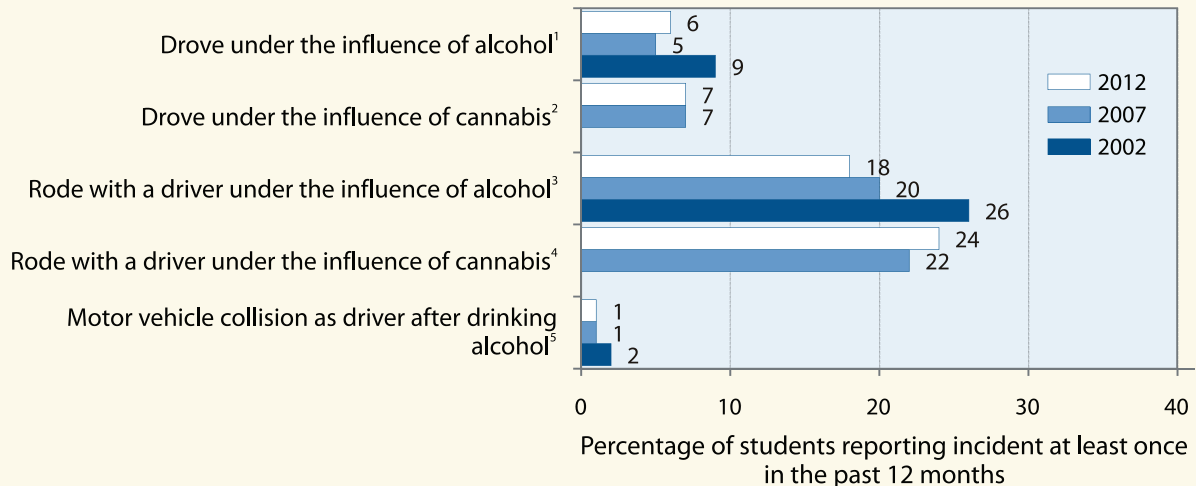
7.1 Impaired driving

The survey captured information on risky contexts and harmful consequences of alcohol and drug use among students. In 2012, six per cent of surveyed students reported driving a motor vehicle within an hour of consuming two or more alcoholic beverages at least once in the previous 12 months (Figure 7.1). Seven per cent had driven a motor vehicle while under the influence of cannabis. In addition, 18 per cent of students reported being a passenger in a vehicle with a driver who had “too much” to drink in the past year, and 24 per cent had been a passenger in a vehicle driven by someone who had been using cannabis. The type of vehicle driven was not specified in the survey, so students may have been referring to an automobile, truck or other such as motorcycle, all-terrain vehicle, snowmobile or motor boat.

The rate of alcohol-impaired driving during the past 12 months remained relatively stable between 2007 and 2012 (5–6 per cent), but decreased somewhat from 9 per cent in 2002. A similar pattern was observed in terms of ridership with a drunk driver (18–20 per cent in 2007–2012, down from 26 per cent in 2002). The rates of cannabis-impaired driving and of ridership with a cannabis-impaired driver remained relatively stable between 2007 and 2012.

The rate of having been in a motor vehicle accident in the past 12 months while driving under the influence of alcohol remained relatively stable between 2002 and 2012 at about 1–2 per cent (Figure 7.1).

Figure 7.1: Trends in problems related to alcohol, cannabis and motor vehicles, 2002-2012

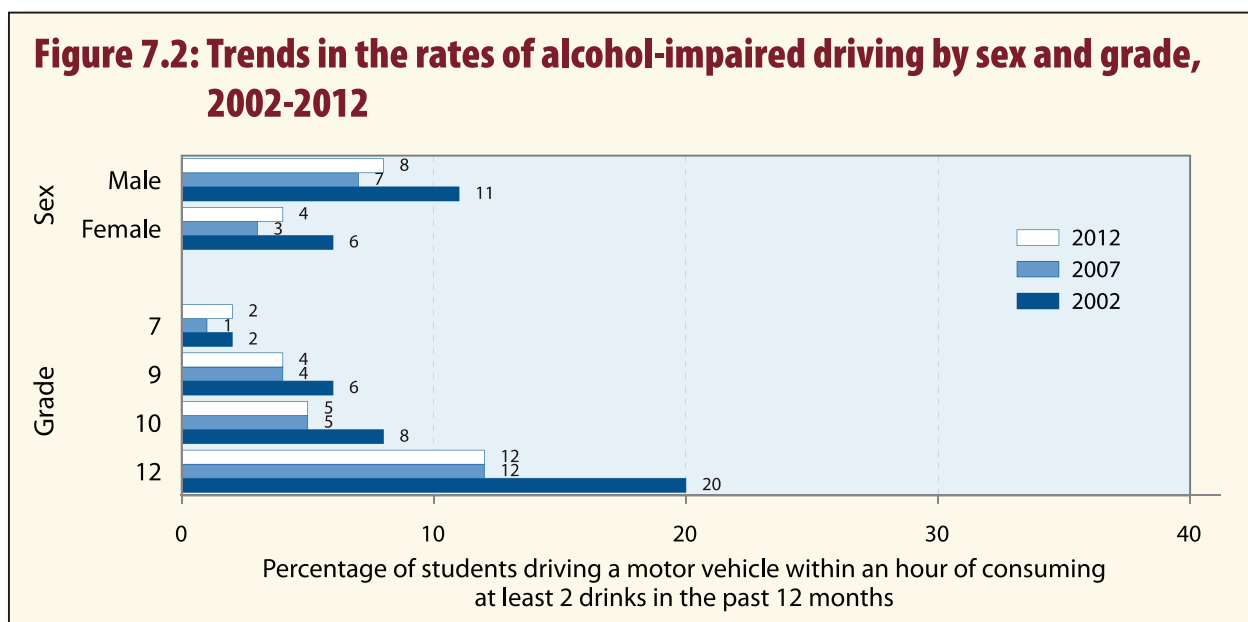


¹Drove a motor vehicle within an hour of consuming at least 2 drinks. ²Drove a motor vehicle within an hour of using cannabis.

³Was passenger in a vehicle with a driver who had "too much" to drink. ⁴Was passenger in a vehicle with a driver who had been using cannabis. ⁵Was in motor vehicle accident after driving under the influence of alcohol.

Alcohol-impaired driving among students was more common in males than females, and among students in Grade 12 than lower grades (Table 7.1).

Table 7.1: Alcohol and driving		
	2012	Time trends
Overall	<ul style="list-style-type: none"> • 6% of students reported driving a motor vehicle within an hour of consuming two or more alcohol beverages at least once in the past 12 months. 	<ul style="list-style-type: none"> • The percentage of students who reported driving under the influence of alcohol was similar in 2012 compared to 2007, but lower than in 2002 (9%).
Sex	<ul style="list-style-type: none"> • More males (8%) than females (4%) reported driving a motor vehicle under the influence of alcohol. 	<ul style="list-style-type: none"> • The pattern of male students being approximately twice as likely as female students to have engaged in alcohol-impaired driving remained consistent over the last decade – albeit at lower levels in 2012 compared to 2002 (Figure 7.2).
Grade	<ul style="list-style-type: none"> • The past-year rate of driving under the influence of alcohol increased with grade: <ul style="list-style-type: none"> - Grade 7: 2% - Grade 9: 4% - Grade 10: 5% - Grade 12: 12% 	<ul style="list-style-type: none"> • The pattern of increasing rates of alcohol-impaired driving with grade remained consistent over the last decade. However, rates generally decreased within each grade, especially among students in Grades 10 and 12, reflecting the overall downward trend since 2002 (Figure 7.2).

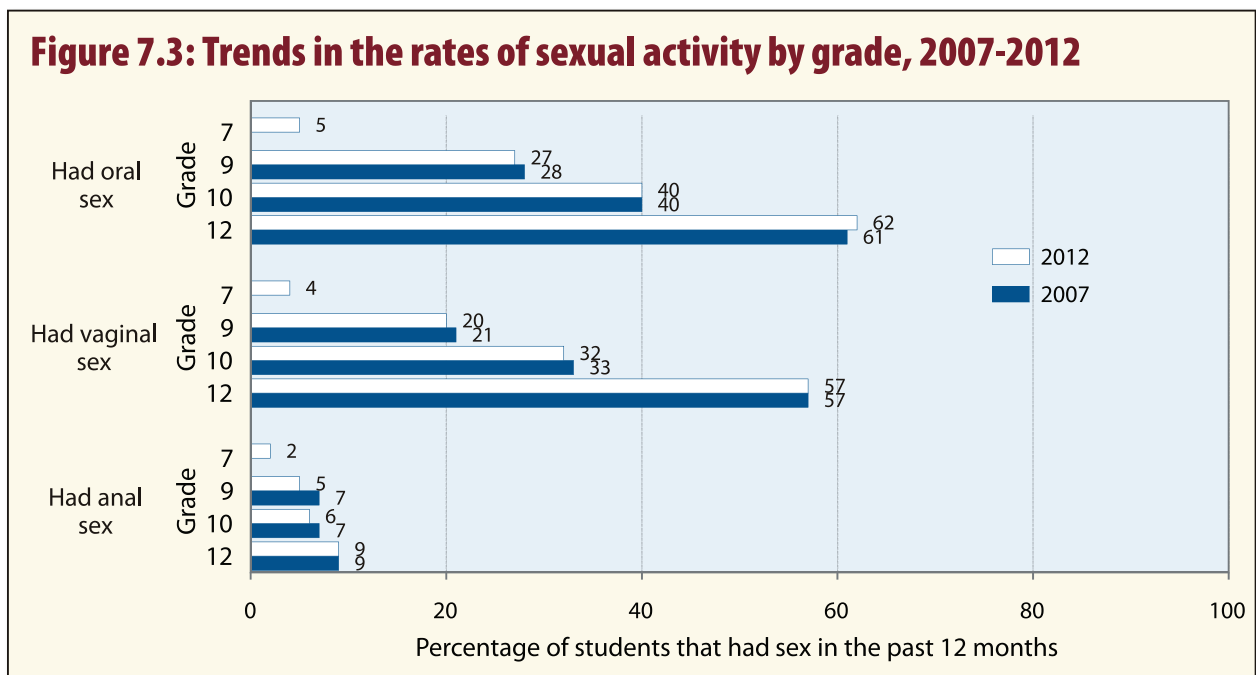


7.2 Sexual behaviours and risks

Use of alcohol or drugs among students is frequently associated with increased risk of unplanned or unprotected sex. Some findings from the NBSUDS 2012 regarding levels and patterns of sexual activity in the 12 months before the survey:

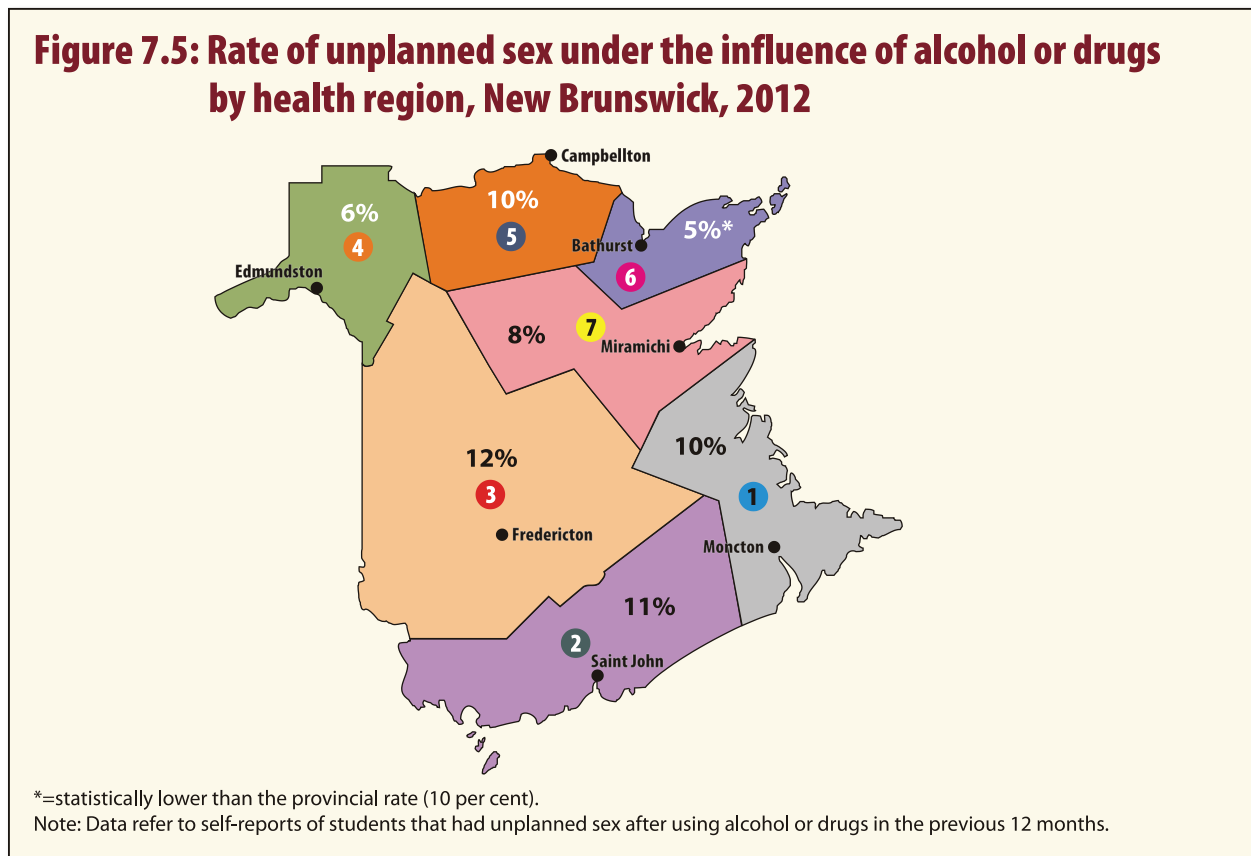
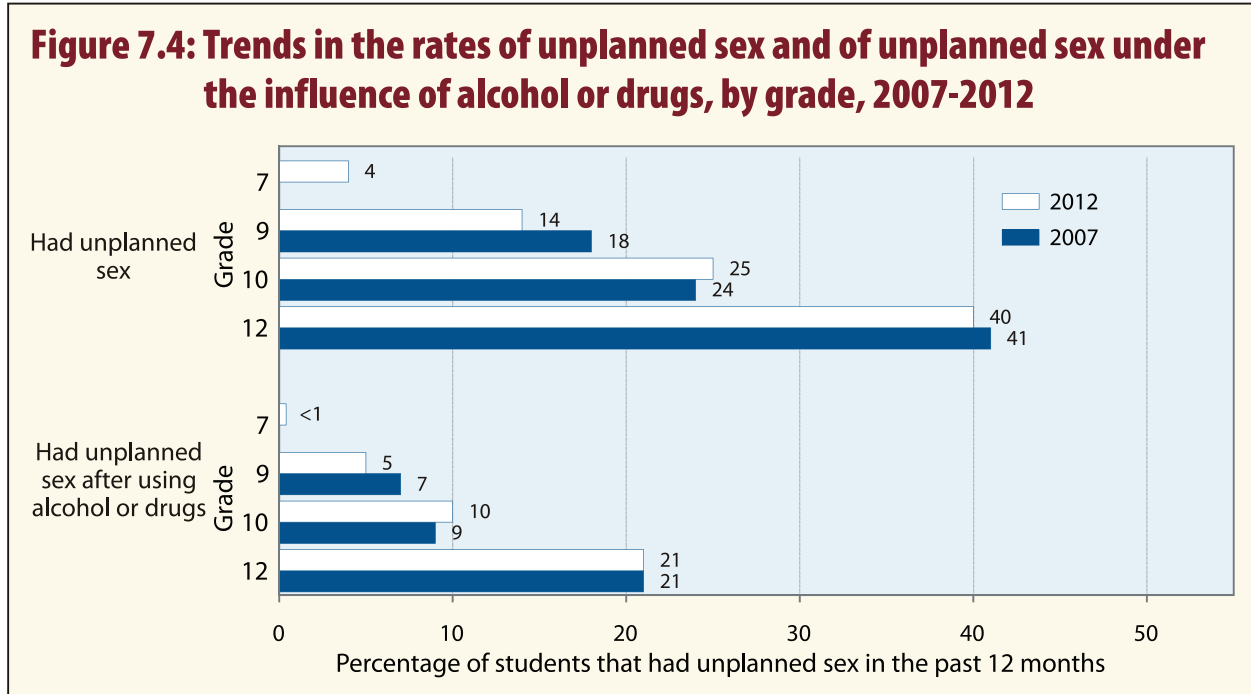
- About one-third of students (38 per cent) reported having engaged in sexual activity (vaginal, anal or oral sex) during the course of the previous year.
- Nearly one-quarter of students (22 per cent) reported having unplanned sex in the past 12 months. About half of those having unplanned sex (10 per cent of all students) did so under the influence of alcohol or drugs.
- The most common type of sexual activity was oral sex (34 per cent), followed by vaginal sex (29 per cent) and anal sex (6 per cent).
- Two-fifths of sexually active adolescents (16 per cent of all students) did not use a condom or other latex barrier at their last sexual encounter.
- Nearly a fifth of those having sex (8 per cent of all students) had used alcohol or drugs prior to their last sexual encounter.
- Five out of six students (84 per cent) indicated their sexual orientation was heterosexual, 1 per cent indicated homosexual orientation and 4 per cent indicated bisexual orientation, regardless of sexual experience or activity. The remainder of students (11 per cent) either declared they were not sure of their orientation or did not respond to the survey question.

The rate of sexual activity increased with grade (Figure 7.3). Levels of oral, vaginal and anal sex among students in Grades 9, 10 and 12 remained relatively stable between 2007 and 2012. Because of differences in questionnaire design across survey rounds (the previous survey did not collect data on sexual activity among Grade 7 students), overall trends are not comparable.



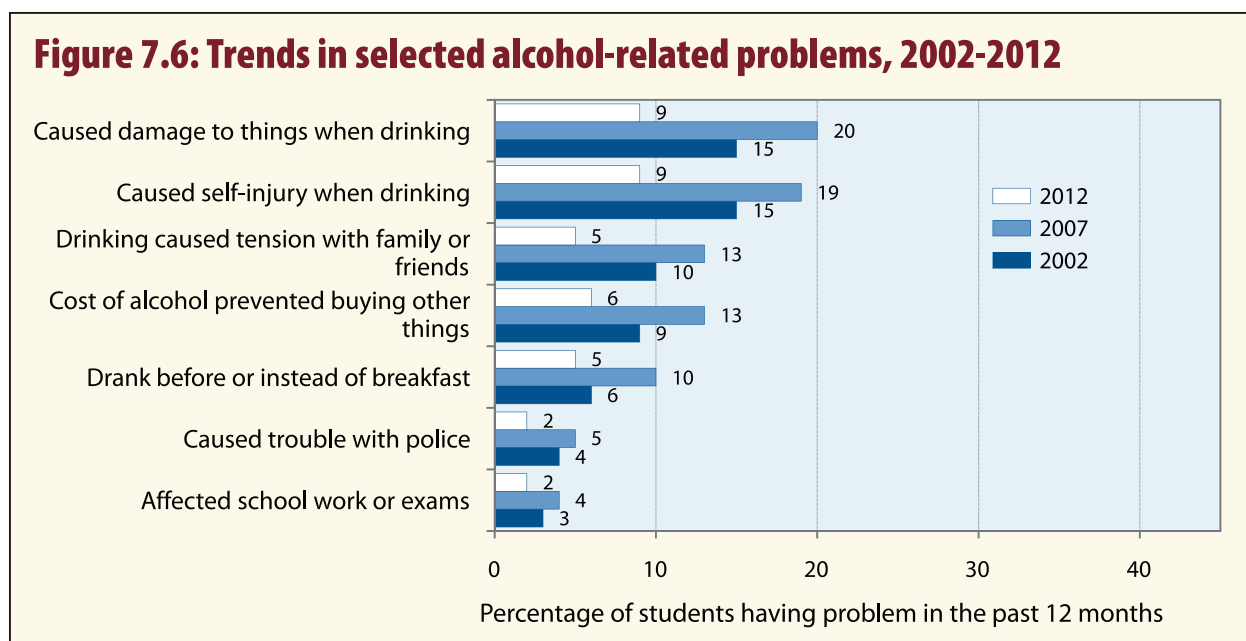
The proportion of students that had unplanned sex in the past 12 months increased with grade (Figure 7.4). Rates of unplanned sex among students in Grades 9, 10 and 12 remained relatively stable between 2007 and 2012.

Rates of unplanned sex after using alcohol or drugs also increased with grade, and remained relatively stable in 2007-2012 among students in Grades 9, 10 and 12 (Figure 7.4). The 2012 rate was significantly lower in health region 6 (Bathurst and Acadian Peninsula) compared to the provincial average (Figure 7.5).



7.3 Alcohol-related problems

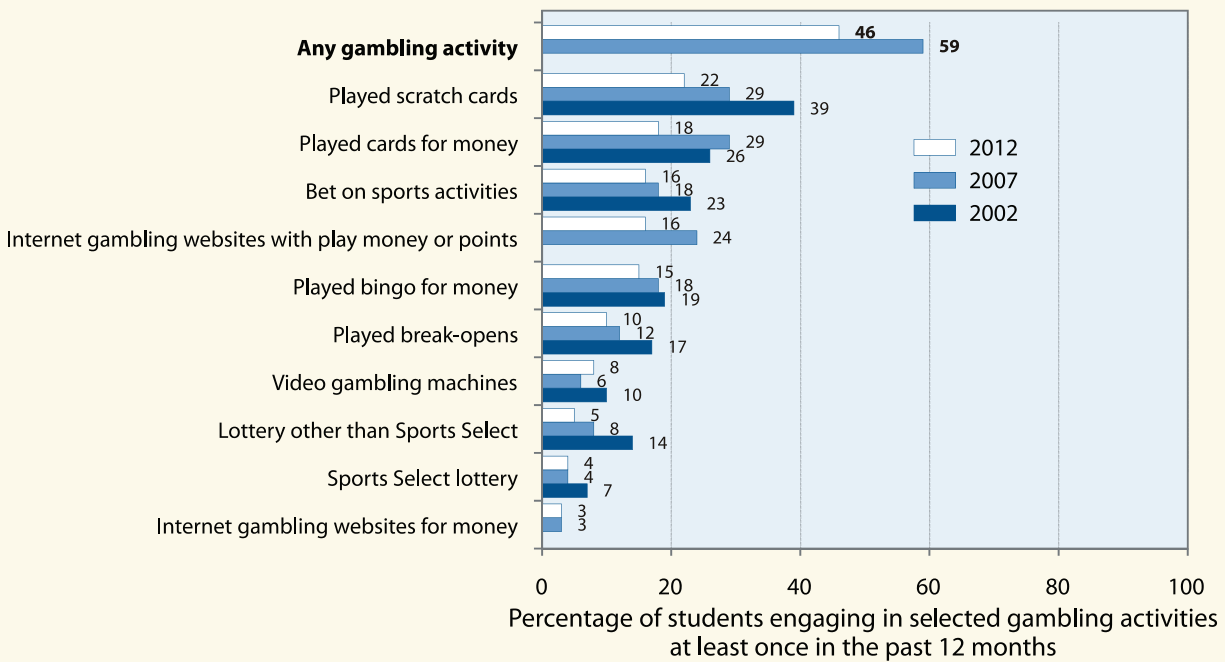
The survey captured information about selected alcohol-related problems among adolescent students in the previous 12 months, including students' drinking resulting in them causing damage to things (9 per cent), injury to self (9 per cent), tension or disagreement with family and friends (5 per cent), trouble with the police (2 per cent), and poor performance in school or exams (2 per cent). Six per cent of students indicated the cost associated with alcohol prevented them from buying other things, and 5 per cent reported consuming alcohol before or instead of breakfast at least once in the past year (Figure 7.6). Overall, 18 per cent of students reported at least one of these seven identified alcohol-related problems. Rates of alcohol-related problems, which are based on students' perceptions, were all down from the previous survey.



7.4 Gambling behaviours and problems

The survey inquired about students' participation in different gambling activities in the previous 12 months. The two most common forms of gambling reported in 2012 were scratch tabs and playing cards for money (22 per cent and 18 per cent, respectively) (Figure 7.7). These rates were lower than those recorded in 2007 (29 per cent for each activity) and in 2002 (39 per cent and 26 per cent, respectively), reflecting the overall downward trend in gambling. The rate of students engaged in at least one of ten selected gambling activities was 46 per cent in 2012, down from 59 per cent in 2007. Because of new survey questions on Internet gambling websites since 2007, overall gambling rates were not comparable with 2002 results.

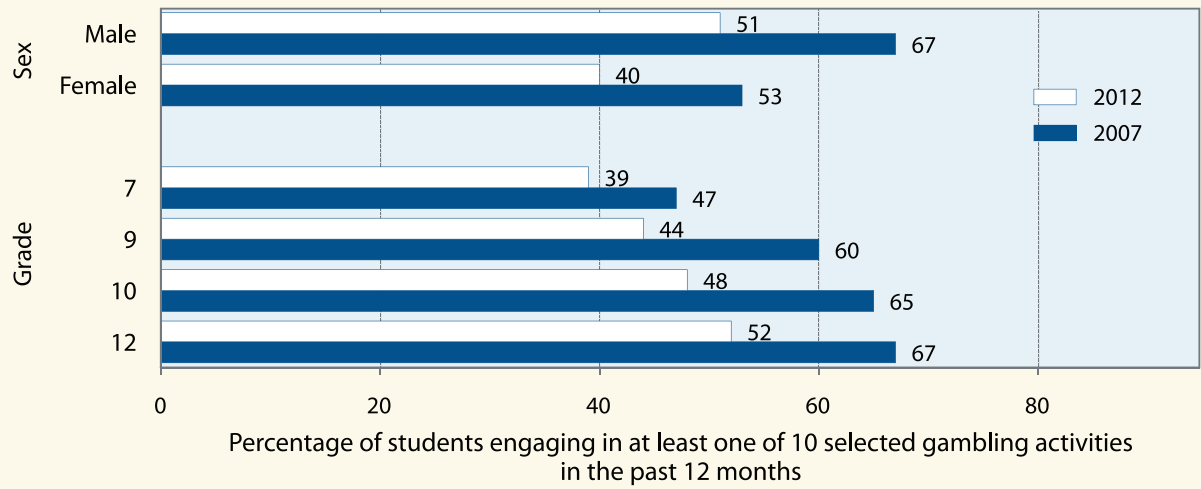
Figure 7.7: Trends in the rates of selected gambling activities, 2002-2012



Other survey findings on gambling and gambling-related problems in the 12 months prior to the survey:

- In 2012, 17 per cent of students reported having gambled at least monthly, compared to 24 per cent in 2007.
- Despite being illegal to youth under 19 years, 16 per cent of students reported engaging in sports betting, 8 per cent played video lottery terminals, 4 per cent played the Sports Select lottery and 5 per cent played other lottery tickets.
- More male students (51 per cent) than females (40 per cent) reported being involved in gambling activities in the 2012 survey, similar to the pattern observed in 2007 albeit at lower levels (Figure 7.8).
- The gambling rate increased with grade, but at lower levels in 2012 compared to 2007 (Figure 7.8).
- One per cent of students reported skipping class or being absent from school due to gambling.
- One per cent of students reported borrowing money or stealing something in order to bet or to cover gambling debts.

Figure 7.8: Trends in the rates of gambling activities by sex and grade, 2007-2012

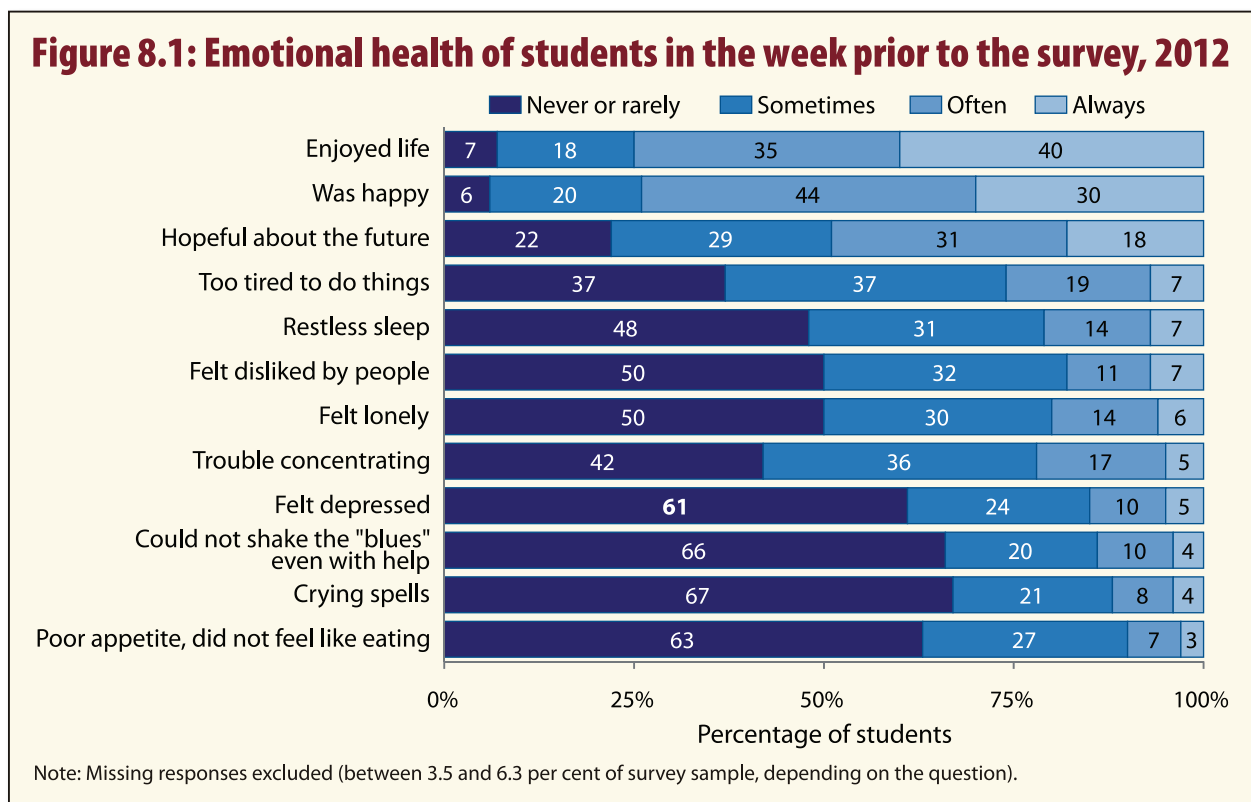


8. Mental health

The 2012 survey included questions related to students' mental health, including emotional health, feelings about self, and other indicators reflective of personal resilience and ability to deal with problems. Three-quarters of students reported often or always enjoying life (75 per cent) and feeling happy (74 per cent) in the week before the survey. One in 15 students (6–7 per cent) never or rarely felt these ways (Figure 8.1).

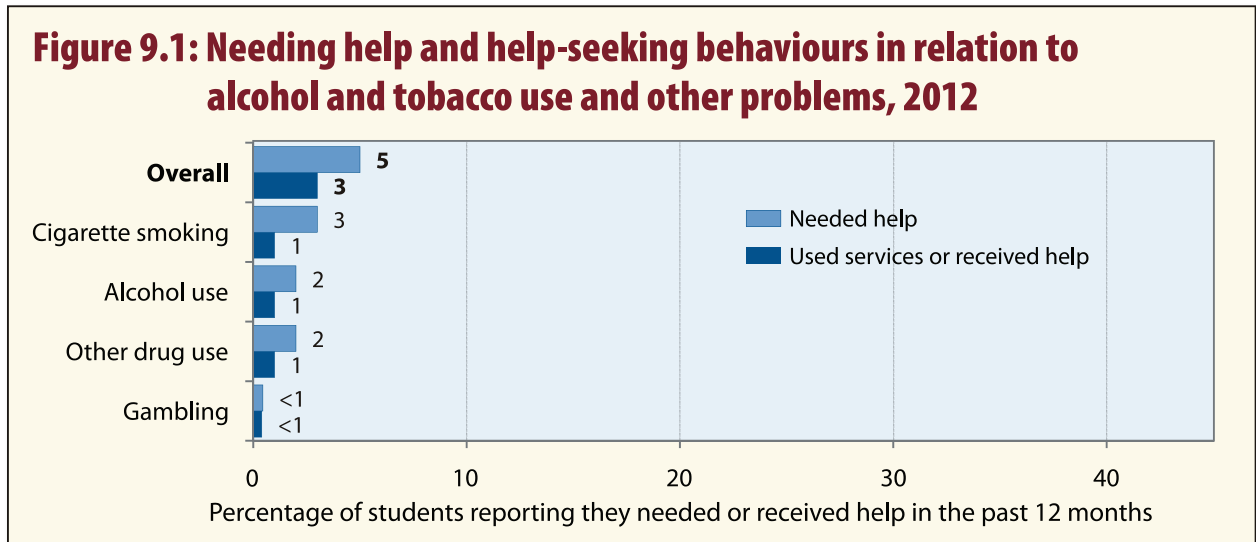
About one-fifth of students reported often or always having emotional health problems the previous week including being "too tired" to do things, restless sleep, feeling disliked by people, feeling lonely or having trouble concentrating. Between 10 and 15 per cent of students often or always felt "depressed", reported they could not shake the "blues" even with help from family or friends, had crying spells or suffered from poor appetite.

While 18 per cent of students reported being always optimistic about the future, a greater proportion (22 per cent) were never or rarely hopeful about the future.

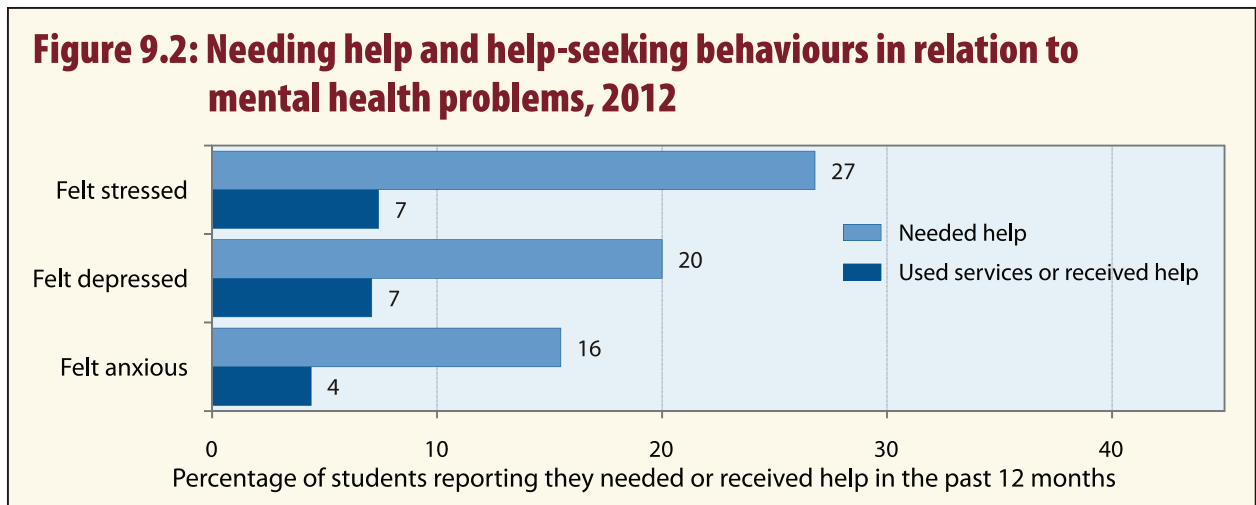


9. Help-seeking behaviours

In 2012, 5 per cent of middle and high school students indicated they felt they needed help for alcohol, tobacco or other drug use in the past year, most often for tobacco use (Figure 9.1). Three per cent actually sought and received help. Less than one per cent reported needing or receiving help for gambling-related problems. Similar low levels of help-seeking behaviours and service use were reported in New Brunswick and across the Atlantic region in the 2007 survey [7].



More commonly voiced among students was the need for help regarding depressive symptoms. In 2012, 27 percent of students reported that in the past 12 months they felt they needed help because of feelings of stress; 20 per cent felt they needed help for feeling depressed and 16 per cent for feeling anxious (Figure 9.2). Between 4 and 7 per cent of students reported using services or receiving help because of these symptoms.



10. School-based drug prevention interventions

Since 1998, New Brunswick's school-based health promotion policies have mandated tobacco-free learning environments for all public school students, and supported students in making healthy choices [14]. The NBSDUS asked students about their knowledge of and experiences with school-based tobacco and drug education and prevention interventions. The key results are described below:

- Sixty percent of students reported they had classes that talked about decision-making, peer pressure, assertiveness or refusal skills in the 2011-12 school year.
 - The proportion of students reporting they had at least one class on decision-making during the school year decreased with grade: from 68 per cent in Grade 7, to 51 per cent in Grade 12 (Figure 10.1).
 - In 2012, the pattern of lower exposure to classes on decision-making in Grade 12 compared to Grade 7 was similar to findings from 2002-2007, and with similar proportions. Exposure levels decreased somewhat for Grade 9 students over the past decade but increased for Grade 10 students, such that the overall average remained relatively stable.
- In 2012, three-quarters of students (76 per cent) reported knowing their school had a policy against using tobacco on school property or at school events.
 - The proportion of students aware of school rules against tobacco use increased with grade: from 63 per cent in Grade 7, to 90 per cent in Grade 12 (Figure 10.2).
 - The overall proportion of students' knowledge of tobacco-free school rules remained stable between 2007 and 2012 (76 per cent), up considerably from 2002 (53 per cent).
 - Overall increases in knowledge of tobacco-free school rules between 2002 and 2007-2012 was largely driven by better awareness among high school students (Grades 9-12).

Figure 10.1: Classes on decision-making skills during the school year, by grade, 2002-2012

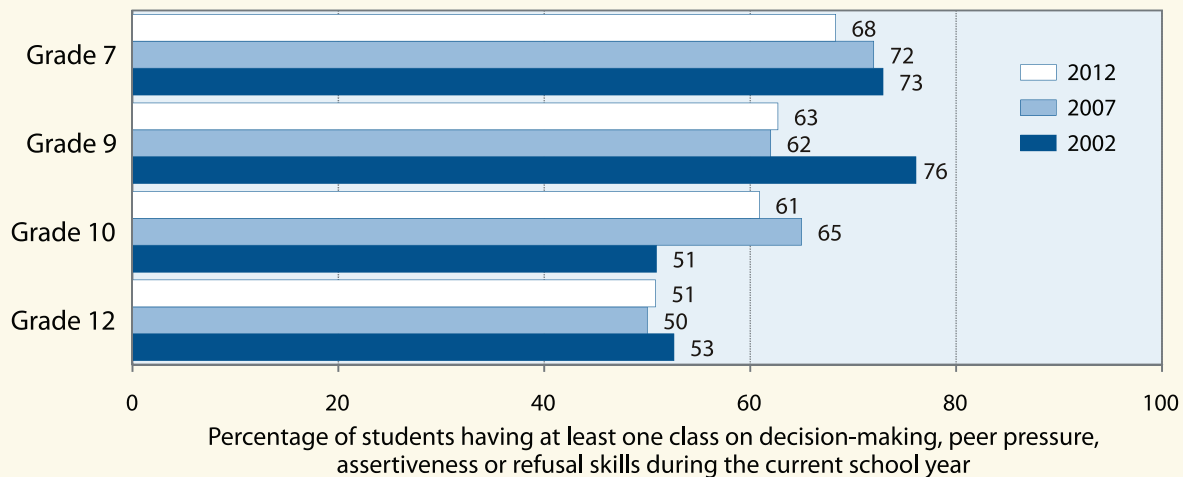
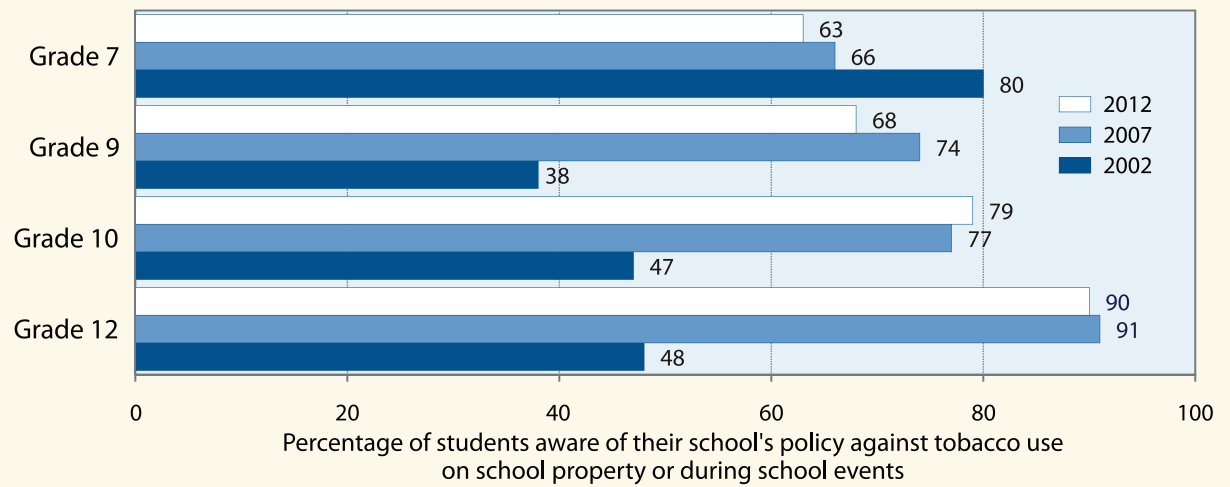


Figure 10.2: Knowledge of school tobacco-free policy, by grade, 2002-2012



11. Conclusions and considerations

Youth are not only more likely than adults to engage in risky alcohol and drug use, they also disproportionately experience greater harms from that use [1]. Such harms are borne not only by individuals but also families, schools and communities as well as social services, public safety services, the health-care system and society at large. The availability of timely, reliable data on youth alcohol and drug use is necessary to support evidence-informed prevention, education and treatment programs and improve students' overall health and well-being.

Results from the NBSDUS indicate that prevalence of alcohol, tobacco and cannabis use declined among middle and high school youth in New Brunswick between 2002 and 2012. The downward trend in rates of alcohol use was largely driven by lower use among male students. Greater declines in tobacco use mean that cannabis has become the second most commonly used substance among students after alcohol. Consumption of certain other illicit drugs such as LSD ("acid"), psilocybin ("magic mushrooms") or mescaline ("mesc") has declined in recent years, but these gains may have been offset by counter-trends, notably harmful use of some legally produced substances including prescription pain relievers and caffeinated energy drinks. Students in lower grades generally differed from students in higher grades on a variety of measures relating to alcohol and drug use as well as gambling, sexual activity and other high-risk behaviors.

To continue decreasing use of alcohol, tobacco and other harmful substances among students, a range of approaches is required, including those that focus on overall levels of substance use (population-level approaches) as well as initiatives targeting youth. Points of consideration to promote healthy public policies and create healthier and safer schools and environments for youth and all community members in New Brunswick include the following:

- **Promote strength-based youth-led initiatives that are adult supported** to engage youth in community activities contributing to the development of protective factors that prevent or reduce substance use and related problems (such as injury and violence, criminal activity, bullying), and promote resiliency and positive mental health among all youth. In particular, the Department of Health promotes youth and community engagement in the province through the New Brunswick Youth Engagement Initiative. Youth can be encouraged to initiate change by identifying the root causes of problems specific to their own communities and then – through youth-led, adult-supported discussions – create community action plans to address identified priority areas. A Handbook for Implementation, in the form of an e-book, has been developed and will be available in late 2013 [15].
- **Sustain health promotion, prevention and education activities** to increase awareness and understanding among youth and all New Brunswickers of the different risks involved in alcohol and drug use. Promote cultural change in attitudes and behaviours surrounding risky drinking practices as a basis upon which to engage youth in minimizing the risks from their own and others' drinking and reducing alcohol-related harms [16]. Identify effective, evidence-informed practices and policies in prevention of cannabis use and build upon them. Renew measures in prevention of tobacco use.
- **Engage stakeholders** to share knowledge and ideas on emerging health concerns. In particular, it is recommended that the Department of Health's Office of the Chief Medical Officer of Health host a one-day dialogue session for stakeholders to work together in finding ways to protect children, youth and other at-risk populations from the adverse effects of caffeinated energy drinks.
- **Strengthen partnerships** to promote healthy sexual development and responsible sexual behaviour among youth, including reducing the levels of high-risk sexual behaviour.
- **Increase awareness and knowledge** among youth, families, health-care providers and communities at large on the potential consequences of gambling and support prevention and education to reduce the wider harms of youth gambling.

- **Address service gaps** in early assessment and intervention services for children, youth and their families. To better address the mental health needs of child and youth in New Brunswick, the Departments of Health, Education and Early Childhood Development, Social Development, and Public Safety are working on a framework and strategy to develop integrated service delivery. Integrated service delivery will allow for more timely access to services and address core areas of educational development, emotional and behavioural functioning, family relationships, mental health and addictions, and physical health and wellness.
- **Enhance surveillance, analysis and reporting** to improve our understanding of the patterns of substance use and the associated risks and harms, with attention to vulnerable population groups.

References and notes

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16. Canadian Centre on Substance Abuse, Health Canada, and Alberta Alcohol and Drug Abuse Commission, *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*. Ottawa, 2007.

Resources for students and youth about the issues covered in the survey:

- Kids' Help Phone: 1-800-668-6868
- Chimo HelpLine: 1-800-667-5005
- TeleCare: 811
- The Link Program:
www.thelinkprogram.com
- Xperiment:
www.xperiment.ca
- Your local New Brunswick Addiction Centre:
www.gnb.ca/0378/centers-e.asp
- Your local Community Mental Health Centre:
www.gnb.ca/0055/contacts-e.asp
- Your local Sexual Health Clinic:
www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/sexual_health_clinics.html
- Your school guidance counselor.

Resources for parents, families, friends, educators and health-care practitioners:

- Addiction awareness (New Brunswick Department of Health):
www.gnb.ca/0378/addiction-e.asp
- Tobacco-free environments (New Brunswick Anti-Tobacco Coalition):
www.nbatc.ca
- Information on drug prevention (Health Canada):
hc-sc.gc.ca/hc-ps/drugs-drogues/index-eng.php
- Canadian Centre on Substance Abuse:
www.ccsa.ca

Annex A: Selected results with 95 per cent confidence intervals

Table A.1.
Trends in the rates of alcohol, tobacco and other substance use in the past 12 months among adolescent students, NBSDUS 1996-2012

Substance	1996 (N=3,315)		1998 (N=3,298)		2002 (N=3,854)		2007 (N=6,237)		2012 (N=3,507)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Alcohol	52.3	49.6–55.0	55.6	53.0–58.2	53.2	51.1–55.3	50.0	47.4–52.5	48.0	45.9–50.2
Tobacco ¹	32.7	30.1–34.5	32.2	30.1–34.4	20.7	18.9–22.5	12.4	11.0–13.8	14.1	12.6–15.6
Cannabis	28.9	26.8–31.1	30.6	28.5–32.7	34.9	32.9–37.0	25.1	23.2–27.0	28.3	26.4–30.3
Psilocybin or mescaline	8.4	7.3–9.5	9.3	8.3–10.4	11.6	10.4–12.8	4.8	4.1–5.5	5.5	4.5–6.6
Methamphetamine	N/A		N/A		N/A		2.5	2.1–3.0	5.4	4.5–6.5
MDMA/ecstasy	N/A		N/A		4.0	3.3–4.7	4.4	3.7–5.1	5.2	4.3–6.2
Cocaine or crack cocaine	4.7	4.0–5.4	4.0	3.2–4.8	3.6	2.9–4.3	2.7	2.1–3.2	4.5	3.6–5.4
LSD	15.1	13.4–16.8	10.9	9.8–12.0	5.2	4.3–6.1	3.4	2.7–4.0	3.6	2.7–4.4
Misuse of prescription pain relievers ²	N/A		N/A		N/A		N/A		11.1	9.7–12.4
Misuse of stimulants ²	N/A		N/A		N/A		N/A		5.2	4.3–6.2
Misuse of tranquilizers ²	4.5	3.7–5.3	3.8	3.0–4.5	5.0	4.3–5.7	2.4	1.9–2.8	3.5	2.7–4.3
Misuse of inhalants ²	5.8	4.8–6.8	5.5	4.7–6.4	5.3	4.5–6.1	2.8	2.3–3.2	2.7	2.0–3.4
Caffeinated energy drinks	N/A		N/A		N/A		N/A		57.2	55.1–59.3

¹ Smoked cigarettes more than once. ² Use of controlled substance without a medical prescription or substance use to get high.
N/A = not available (data comparable to 2012 findings not captured by survey instrument).
Note: Surveys include students in Grades 7, 9, 10 and 12. Confidence intervals (CIs) for rates of substance use in 2012 calculated using the SAS 9.2 statistical software program. Rates and confidence intervals for other years drawn from published reports for previous provincial student drug use surveys.

Table A.2.
Rates of alcohol, tobacco and cannabis use in the past 12 months, by health region, NBSDUS 2012

Health region	Alcohol		Tobacco ¹		Cannabis	
	%	95% CI	%	95% CI	%	95% CI
Zone 1 (Moncton area)	47.7	43.7–51.8	10.6	8.1–13.3	25.8	22.0–29.6
Zone 2 (Saint John area)	44.7	40.1–49.3	17.9	14.4–21.4	32.1	27.8–36.4
Zone 3 (Fredericton area)	44.3	39.3–49.3	15.9	12.3–19.4	31.8	27.1–36.5
Zone 4 (Edmundston area)	55.2	48.4–61.9	17.4	12.1–22.8	24.4	18.2–30.6
Zone 5 (Campbellton area)	57.1	50.9–63.3	13.9	9.3–18.4	23.7	17.8–29.4
Zone 6 (Bathurst and Acadian Peninsula)	59.6	54.6–64.7	6.4	3.7–9.1	22.7	18.1–27.3
Zone 7 (Miramichi area)	49.5	40.7–52.3	14.5	10.6–18.3	24.9	20.0–29.8
New Brunswick, total	48.0	45.9–50.2	14.1	12.6–15.6	28.3	26.4–30.3

¹ Smoked cigarettes more than once.

Note: Confidence intervals (CIs) calculated using the SAS 9.2 statistical software program.

Annex B: Survey methods

Sampling design

The NBSDUS 2012 is a province-wide sample survey representative of students enrolled in the public school system in Grades 7, 9, 10, and 12.

Based on 2011-12 school census information provided by the Department of Education and Early Childhood Development, a sampling frame was developed enumerating every public school in the province with at least one class of any combination of Grades 7, 9, 10, and 12. To produce unbiased estimates of substance use among students in the province, two-stage cluster sampling was used to randomly select schools and classes for inclusion in the survey, with schools treated as the first stage of cluster and classes within the selected schools sampled as the second stage of cluster. Probability proportional to size (PPS) sampling was used to select schools in each health region, and simple random sampling (SRS) was implemented at the class level. For health regions 4, 5, 6 and 7 – geographic areas characterized with smaller populations and lower numbers of students – all public schools were selected to achieve adequate sample sizes required to produce reliable results. The response rate for the survey against the target sample was 86 per cent of students present on the day of the survey and completing a questionnaire (between 80 and 88 per cent response rate by health region). For the presentation of results, all data had a statistical weight by health region attached to correct for the cluster sampling strategy and produce estimates reflective of the province's whole student population.

In the final tally, 3,507 students were surveyed in May and June of 2012 in 217 selected classes across 110 selected schools. The surveyed adolescents were considered representative of the 34,180 total enrollments in Grades 7, 9, 10, and 12 during the academic year. Students attending private school, street or homeless youth, school drop-outs, and those who were suspended or absent from school on the day of the survey were not represented in the results. The number of students captured in the analysis may vary according to levels of partial non-response.

Survey procedures

Research ethics approval for the Student Drug Use Survey 2012 in the Atlantic Provinces was granted by the Dalhousie University Health Science Research Ethics Board. In New Brunswick, responsibilities to conduct the survey were shared by the Department of Health, the Department of Education and Early Childhood Development, Horizon Health Network and Vitalité Health Network. Consent to participate was obtained from the principal of each selected school. Information was transmitted to parents of students in Grades 7, 9, 10 and 12 of the purpose and nature of the upcoming survey. All students were informed at the time of survey administration that participation was voluntary, anonymous and confidential.

Standardized training on data collection was provided to regional addiction and mental health workers who were responsible for administering the questionnaire to students. The health worker read a prepared script with survey instructions, telling students not to indicate their names or other identifying information on the data collection tools. Teachers remained present in the classrooms at the time of the survey, but were not involved in administering the survey and referred any questions to the health worker.

Survey tools

The NBSDUS 2012 employed a self-reported questionnaire (Annex C). Students indicated their responses directly on the computer-scannable questionnaire in English or in French, depending on the primary language of school instruction. Most items on substance use in the 2012 questionnaire were identical to previous surveys conducted in the Atlantic region in 1996, 1998, 2002 and 2007. The 2012 questionnaire included 106 closed questions, and was expected to take approximately 60 minutes to complete. Information was collected on socio-demographics, substance use and associated behaviours. Consumption of caffeinated energy drinks and non-medical use of prescription pain relievers were among the new domains of inquiry introduced in the 2012 survey.

As with previous standardized student drug use surveys, based on the 2012 questionnaire design, tobacco use refers to smoking cigarettes; alcohol use refers to any consumption of beer, wine, coolers, or hard liquor (rum, whiskey, vodka, gin, etc.); and cannabis use includes any use of marijuana, grass, weed, pot, hash or hash oil.

Data analysis

This report presents population-weighted estimates for New Brunswick on substance use and related risks and harms, with results disaggregated by grade and sex where numbers are sufficient. For key prevalence rates, corresponding 95 per cent confidence intervals were calculated to assess significance and facilitate correct interpretation of the results. In comparing data points, such as by health region or over time, estimates with overlapping confidence intervals mean any observed differences in the rates did not meet the threshold of significance and could be due to sampling variation. All analyses were performed using the SAS 9.2 statistical software package.

Methods to assess data validity used in previous SDUS rounds were replicated for implementation of the 2012 survey. A relatively low rate of non-coverage of the student population and high consistency between selected questions confirmed the validity and reliability of the survey tools and methods. In particular, the non-response rates for questions on past-year alcohol use, cigarette smoking and gambling were less than one per cent; on cannabis use less than two per cent; and on sexual activity less than three per cent. Only one percent of students incorrectly recalled use of a non-existent substance in a question designed to test reporting bias. While it may not be possible to gauge the true levels of substance use among students who did not respond fully and validly to the whole questionnaire, exploratory analyses indicate any such bias in the NBSDUS is likely to be less than the population-based variability associated with any sample survey.

All estimates of substance use in this report are based on self-report. Self-report on an anonymous survey may be the best means available of obtaining prevalence data, notably since underage drinking and illicit drug use are by definition illegal. Nevertheless, it must be acknowledged that some students may be motivated to misrepresent their actual use of these substances and other highly sensitive and stigmatized behaviours.

STUDENT DRUG USE SURVEY IN THE ATLANTIC PROVINCES

- This questionnaire asks what you know and feel about alcohol, tobacco and other drugs, and whether you use any of these drugs. The questionnaire also asks about information regarding sexual behaviour, mental health, and gambling. The information you give us will be used to improve drug education and services for students. It is important that you answer each question as honestly as possible.
- This is not a test — there are no right or wrong answers.
- DO NOT PUT YOUR NAME ON THE QUESTION BOOKLET.
- DO NOT PUT YOUR NAME ON THE BROWN ENVELOPE.
- Your answers will not be shown to your parents or teachers. No information about individual students will appear in the research reports. There is no way your answers can be traced back to you.
- Your participation is voluntary. You do not have to participate if you do not want to. You may skip any questions with which you are not comfortable. There is no direct benefit to students who participate in the survey.

Please, use an HB pencil



INSTRUCTIONS:

1. Read each question carefully.
2. Read every answer to each question before deciding which is the best one for you.
3. Use the pencils provided to record your answers - **do not use a pen**.
4. If there are any questions you do not want to answer, leave the question blank.
5. On the answer sheet, make heavy black marks that fill in the circle completely.
6. Erase cleanly any answers you want to change. Or, if you don't have an eraser, cross out the answer you want to change.
7. Fill in **only one circle** for each question.
8. Make no stray marks on the questionnaire.
9. If you have any questions while completing this survey, please raise your hand. Do not ask your classmates for help.
10. When you have finished, place your questionnaire in the brown envelope and seal it. **DO NOT WRITE YOUR NAME ON THE ENVELOPE.**

Office use only

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

[serial]



START HERE

1. What are the first 3 digits of the postal code where you live?

Example: If your postal code is A1B 2C3, you would fill in:

A 1 B

I do not know

2. Are you male or female?

- Male
- Female

3. What language do you usually speak at home?

- English
- French
- English and French
- English and another language
- French and another language
- Another language

4. What grade are you in?

- Grade 7
- Grade 8
- Grade 9
- Grade 10 / level I
- Grade 11 / level II
- Grade 12 / level III

5. How old are you?

- 11 years or younger
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

6. So far in this school year, what is your average on all your courses at school?

- 80% or higher
- 70% - 79%
- 60% - 69%
- 50% - 59%
- Below 50%
- I do not know

Office Use Only

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
 0 1 2 3 4 5 6 7 8 9
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

The next question asks about your parents or guardians. By parents or guardians we mean whomever you consider your parents. They could be biological parents, adoptive parents, step-parents, same sex parents, or foster parents.

13. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Agree	I do not know	Disagree	Strongly Disagree
a) My parent(s) or guardian(s) usually know where I am when I am not at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My parent(s) or guardian(s) usually know who I am with when I am not at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) It is important that I do not let down or disappoint my parent(s) or guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Agree	I do not know	Disagree	Strongly Disagree
a) People say "Hello" and often stop to talk to one another on the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) It is safe for younger children to play outside during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You can trust people around here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I could ask for help or a favour from my neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please choose which of the following two statements you agree with. (Please choose one only)

- Most of the people I go to school with can be trusted
- OR**
- You can't be too careful of the people I go to school with

16. Please choose which of the following two statements you agree with. (Please choose one only)

- Most of the time, the people I go to school with try to be helpful
- OR**
- Most of the time, the people I go to school with look out for themselves

17. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a) I feel safe in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel close to people at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel happy at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How long have you had a license to drive a car or a motorcycle?

- I do not have a license to drive
- I have a beginner's license or a temporary license
- I have had a license less than one year
- I have had a license one to two years
- More than two years

19. In the past 12 months, have you been in a motor vehicle accident with YOU as the driver?

- Yes
- No

26. Have you tried to quit smoking in the past 6 months?

- Yes
- No
- I have never smoked or I have smoked only a few times

27. How old were you when you first drank alcohol?

- I have never drunk alcohol
- 10 years or younger
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

28. In the past 12 months, how often did you drink alcohol - beer, wine, coolers or hard liquor (rum, whisky, vodka, gin, etc.)?

- Not at all
- Just a sip
- Once a month or less often
- Two or three times a month
- Once a week
- Twice a week
- Three times a week
- Four or five times a week
- Almost every day - six or more times a week

29. The LAST TIME you drank alcohol, how did you get it?

- I bought it myself
- I had a friend buy it for me
- My friend or friends offered it to me
- My parents offered it to me
- Other adults offered it to me
- I got it from my home without my parent's permission
- I do not drink alcohol

30. In the past 12 months, has drinking affected your school work or exams so that you did not do as well as you could?

- Yes
- No
- I do not drink alcohol

31. In the past 12 months, has your drinking caused tension or disagreement with family or friends?

- Yes
- No
- I do not drink alcohol

39. In the **past 12 months**, how often have YOU driven a motor vehicle within an hour of drinking two or more drinks of alcohol?

- Never
- Once
- Twice
- Three or more times
- I do not drink alcohol / I do not drive

40. In the **past 12 months**, have you been in a motor vehicle accident with YOU as the driver, after drinking in the two previous hours?

- Never
- Once
- Twice
- Three or more times
- I do not drink alcohol / I do not drive

41. In the **past 12 months**, how often were you a PASSENGER in a vehicle with a driver who had too much to drink?

- Never
- Once
- Twice
- Three or more times

42. In the **past 12 months**, how often did you use CANNABIS (marijuana, grass, weed, pot, hash, hash oil)?

- I do not know what cannabis is
- I have never used cannabis
- I did not use cannabis in the past 12 months
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

43. How old were you when you first tried CANNABIS?

- I have never tried cannabis
- 10 years or younger
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

44. In the past 12 months, have you used INHALANTS (solvents or glue) in order to get high?

- I do not know what inhalants are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

45. In the past 12 months, have you used LSD (acid, cid)?

- I do not know what LSD is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

46. In the past 12 months, have you used PSILOCYBIN (magic mushrooms, shrooms) or Mescaline (mesc)?

- I do not know what psilocybin and mescaline are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

47. In the past 12 months, have you taken QUABALINE (quabs, zippers)?

- I do not know what quabaline is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)



[serial]

48. In the past 12 months, have you used **COCAINE** (snow or coke) or **CRACK COCAINE** (rock)?

- I do not know what cocaine is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

49. In the past 12 months, have you used **ECSTASY** or **MDMA**?

- I do not know what Ecstasy and MDMA are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

50. In the past 12 months, have you used **METHAMPHETAMINE** (crystal meth, speed, crank, chalk, ice)?

- I do not know what methamphetamine is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

51. In the past 12 months, have you used **SALVIA DIVINORUM** (sally-D, magic mint, sadi)?

- I do not know what salvia divinorum is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

52. In the past 12 months, have you used **COUGH OR COLD MEDICINE**, such as **Robitussin DM**, **Benylin DM** (robos, dex, DXM) in order to get high?

- I do not know what cough or cold medicine is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

53. In the past 12 months, have you used MEPHEDRONE (drone, bubbles, m-cat)?

- I do not know what mephedrone is
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

54. In the past 12 months, have you used CAFFEINATED ENERGY DRINKS, such as Red Bull, Monster, Rockstar and Full Throttle?

- I do not know what caffeinated energy drinks are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)

55. In the past 12 months, how often did you use STIMULANTS such as diet pills and stay awake pills (also known as “uppers”, “bennies”, “dexies”, “pep pills” etc.) without a prescription?

- I do not know what stimulants are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)
- Used without a prescription, but not in the past 12 months

56. Sedatives or tranquilizers are sometimes prescribed by doctors to help people sleep, calm them down or relax their muscles. In the past 12 months, how often did you use SEDATIVES or TRANQUILLIZERS (such as Valium, Ativan, Xanax) with a prescription or because a doctor told you to?

- I do not know what sedatives or tranquilizers are
- Not at all
- One time
- Two times
- Three or four times
- Five to eight times
- Nine to 12 times (about once a month)
- Thirteen to 26 times (about twice a month)
- Twenty-seven or more times (more than twice a month)
- Used with a prescription, but not in the past 12 months

61. In the **past 12 months**, have you used pain killers, speed or cocaine, by injection or needles?

- I used one or more of these drugs by injection
- I used one or more of these drugs, but not by injection
- I did not use these drugs at all

62. In the **past 12 months**, has your drug use (other than alcohol) affected your school work or exams so that you did not do as well as you could?

- Yes
- No
- I do not use drugs

63. In the **past 12 months**, has your drug use (other than alcohol) caused tension or disagreement with family or friends?

- Yes
- No
- I do not use drugs

64. In the **past 12 months**, have you been in trouble with the police as a result of your drug use (other than alcohol)?

- Yes
- No
- I do not use drugs

65. In the **past 12 months**, has the cost of drugs (other than alcohol) caused you to give up buying other things?

- Yes
- No
- I do not use drugs

66. In the **past 12 months**, have you damaged things after having used drugs (other than alcohol)?

- Yes
- No
- I do not use drugs

67. In the **past 12 months**, has your drug use (other than alcohol) caused you to injure yourself?

- Yes
- No
- I do not use drugs

68. In the **past 12 months**, how many times have YOU driven a motor vehicle within an hour of using cannabis?

- Never
- Once
- Twice
- Three or more times
- I do not use cannabis / I do not drive



69. In the **past 12 months**, how often were you a **PASSENGER** in a car or other vehicle driven by someone who had been using cannabis?

- Never
- Once
- Twice
- Three or more times

The next 7 questions ask about the **PAST 30 DAYS**.

70. In the **past 30 days**, how many times has drinking alcohol made you drunk (that is, you had so much to drink that you threw up or you lost control of your actions)?

- I did not drink alcohol at all in the past 30 days
- I have not been drunk in the past 30 days
- Once, I was drunk in the past 30 days
- Twice
- Three times
- Four times
- Five or more times

71. In the **past 30 days**, how many times have you had five or more drinks of alcohol on the same occasion?

- I did not drink alcohol at all in the past 30 days
- I have not had five or more drinks of alcohol on the same occasion in the past 30 days
- Once, I had five or more drinks of alcohol on the same occasion in the past 30 days
- Twice
- Three times
- Four times
- Five or more times

72. In the **past 30 days**, how often did you use **CANNABIS** (marijuana, grass, weed, pot, hash, hash oil)?

- Not at all during the month
- Less than every week
- Every week or almost every week
- Every day or almost every day

73. In the **past 30 days**, how often did you use **CANNABIS** during school hours on school days?

- Not at all during the month
- Less than every week
- Every week or almost every week
- Every day or almost every day

74. In the **past 30 days**, how often did you take **AMPHETAMINE** (Dexedrine®, Adderall XR®) as prescribed for you by your doctor?

- I am not on prescribed amphetamine
- In the past 30 days, I took prescribed amphetamine once a day
- Twice a day
- Three times a day
- Four times a day



[serial]

75. In the past 30 days, how often did you take RITALIN® or CONCERTA® (methylphenidate) as prescribed for you by your doctor?

- I am not on prescribed Ritalin® or Concerta®
- In the past 30 days, I took prescribed Ritalin® or Concerta® once a day
- Twice a day
- Three times a day
- Four times a day

76. In the past 30 days, how often did you take TRANQUILIZERS (Valium®, Ativan®, Xanax®, Tranqs, 5s, 10s) as prescribed for you by your doctor?

- I am not on prescribed tranquilizers
- In the past 30 days, I took prescribed tranquilizers once a day
- Twice a day
- Three times a day
- Four times a day

The next section asks about some of your decisions concerning sexual behaviour. You may skip the questions with which you are not comfortable.

Please read the following definition of vaginal sex and then answer questions #77 and #78:

“Vaginal sex occurs when a male’s penis enters a female’s vagina. When this happens, both people are having vaginal sex.”

77. In the past 12 months, have you had vaginal sex?

- Yes
- No
- I have never had vaginal sex

78. How old were you when you had vaginal sex for the FIRST TIME?

- I have never had vaginal sex
- 10 years or younger
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

Please read the following definition of anal sex, and then answer question #79:

“Anal sex occurs when a male’s penis enters another person’s anus or rectum. When this happens, both people are having anal sex.”

79. In the past 12 months, have you had anal sex?

- Yes
- No
- I have never had anal sex

87. People have different feelings about themselves when it comes to questions of being attracted to other people. Which of the following best describes your feelings?

- 100% heterosexual (attracted to persons of the opposite sex)
- Mostly heterosexual
- Bisexual (attracted to both males and females)
- Mostly homosexual
- 100% homosexual ("gay/lesbian"; attracted to persons of the same sex)
- Not sure

The next section asks about gambling.

88. In the past 12 months, how often have you done the following:

	Never	Less than monthly	Monthly	Weekly	Daily
Played cards for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played bingo for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on sports activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played Sports Select lottery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played a lottery other than Sports Select	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played any video gambling machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played scratch tabs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played break-opens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played on Internet gambling websites for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played on Internet gambling websites with play money or points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. In the past 12 months, has your betting money caused any problems for you such as arguments with family and friends, or problems at school or work?

- Yes
- No
- I do not gamble

90. In the past 12 months, have you gambled more than you had planned to?

- Yes
- No
- I do not gamble

91. In the past 12 months, has anyone criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true or not?

- Yes
- No
- I do not gamble

92. In the past 12 months, have you skipped or been absent from school or work due to betting activities?

- Yes
- No
- I do not gamble

93. In the **past 12 months**, have you borrowed money or stolen something in order to bet or to cover gambling debts?

- Yes
- No
- I do not gamble

The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide; that is, taking some action to end their own life. Please choose the response which is right for you.

94. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

95. During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes
- No

96. During the past 12 months, how many times did you actually attempt suicide?

- Never
- One time
- Two or three times
- Four or five times
- Six or more times

The next section asks about help-seeking.

97. In the **past 12 months**, did you feel you needed help for your...

- | | | | |
|-----------------------|---------------------------|--------------------------|--|
| a) Alcohol use? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not drink alcohol |
| b) Cigarette smoking? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not smoke |
| c) Other drug use? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not use other drugs |
| d) Gambling? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not gamble |

98. In the **past 12 months**, did you use any services or receive help to deal with your...

- | | | | |
|-----------------------|---------------------------|--------------------------|--|
| a) Alcohol use? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not drink alcohol |
| b) Cigarette smoking? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not smoke |
| c) Other drug use? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not use other drugs |
| d) Gambling? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not gamble |

99. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor



[serial]

The next section asks about your feelings.

100. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a) I like new and exciting experiences, even if I have to break the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I prefer friends who are exciting and unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I like to explore strange places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I like to do frightening things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Please mark the response that best describes how you felt in the PAST 7 DAYS.

	Never or rarely	Sometimes	Often	Always
a) I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt like I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I felt like I was too tired to do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I felt people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. Please mark the response that best describes how you felt in the PAST 30 DAYS.

	Not true	Sometimes true	Often true
a) I got really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I was afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) People told me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I was scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I was shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. In the past 12 months, did you feel you needed help because you felt...

- a) Depressed? Yes No I did not feel depressed
 b) Stressed? Yes No I did not feel stressed
 c) Anxious? Yes No I did not feel anxious

104. In the past 12 months, did you use any services or receive help because you felt...

- a) Depressed? Yes No I did not feel depressed
 b) Stressed? Yes No I did not feel stressed
 c) Anxious? Yes No I did not feel anxious

The next 2 questions ask about school drug education and rules.

105. How many classes did you have in this school year that talked about decision-making, peer pressure, assertiveness or refusal skills?

- None
- One or two classes
- Three or more classes

106. Does your school have a rule against using tobacco on school property or at school events?

- Yes
- No
- I don't know

ADDITIONAL INFORMATION

Is there anything else you would like to tell us related to the questions in this survey?

If you would like to speak to someone about your alcohol use, other drug use, or gambling, or you want help or information, you may contact the Addiction Services office in your area.

Thank you for participating in this survey.



[serial]

New Brunswick Student Drug Use Survey Report 2012

Report evaluation

The *New Brunswick Student Drug Use Survey 2012* is the result of an ongoing collaborative effort between the NB Department of Health, NB Department of Education and Early Childhood Development, Horizon Health Network, Vitalité Health Network, school districts and schools across the province, as well as partners in other Atlantic Provinces. Our team is interested in your responses to the following questions to assist us in planning for future editions. **Completion of this evaluation form should take no more than a few minutes of your time.** Please respond to each statement by selecting the most appropriate response. This evaluation is anonymous. Analysis of results will be at the aggregate level only.

PLEASE RETURN THE COMPLETED FORM BY FAX TO: (506) 453-2780

BY MAIL: Public Health Senior Epidemiologist, Department of Health, P.O. Box 5100, Fredericton, NB, E3B 5G8

1. Which one of these best describes you?

- Addiction / mental health worker Public health practitioner Researcher / analyst
 Teacher / guidance counsellor School principal/administrator Student
 Other, please specify: _____

2. Number of years at current position:

- Less than 2 years 2-5 years 6-10 years More than 10 years
 Not applicable / not employed

3. Primary employer:

- Vitalité Health Network Horizon Health Network Dept. of Health
 Dept. of Education and Early Childhood Development Not employed
 Other, please specify: _____

4. I read the New Brunswick SDUS 2012 Final Report:

- In full In part Not at all

5. I shared my copy of the report with others:

- Yes No

6. I told others about the information available in the report:

- Yes No

7. The report's presentation was clear and understandable:

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

8. The contents were informative:

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

9. The contents were trustworthy:

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

10. I was able to use what I read in the report in my work:

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

If you agreed or strongly agreed, please specify how the results were used:

11. The length of the report (36 pages) was:

- Too long About right Too short

12. The New Brunswick Student Drug Use Survey should be conducted:

- Every 1-2 years Every 3-4 years Every 5 years

Other, please specify: _____

13. I would like to see more information in the New Brunswick Student Drug Use Survey report on the following topic(s):

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

