

Although alcohol and marijuana are the most common substances used by BC youth, some young people are using other substances that can be harmful to health. This bulletin focuses on the over 10,000 adolescents who were aged 16 to 18 years old when they completed the survey and aims to identify both the students who

Where an asterisk (\*) appears beside a percentage this figure should be interpreted with caution as the margin of error is higher than expected but still within an acceptable range.

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# YOUTH SURVEY

## CONFIDENTIAL

### To all Students:

Your participation in this survey is **VOLUNTARY**. You are not required to fill out this form. You can stop at any time if you do not want to complete it. You may skip over questions that do not apply to you.

### DO NOT PUT YOUR NAME ON THE QUESTIONNAIRE.

The information you give us will be kept **CONFIDENTIAL**. No one will ever be able to connect the information you put down with you personally. Therefore, please be completely honest and accurate when you answer the questions.

Thousands of students, in grades 7 through 12, across the Province of British Columbia are taking part in the survey. This survey will help us to understand your thoughts and concerns about health. This survey gives you a chance to have your say about things that are important to you. Your answers will help to make our new young people get a piece in the planning of services and programs.

**This is NOT a TEST, and there are NO RIGHT OR WRONG ANSWERS.** Some questions may seem personal and some are about things that not everybody does and so they may not apply to you. Take your time and answer to be sure to answer questions based on what you really think. If you need help with any of the questions, you may ask your researcher.

The McCreary Centre Society is committed to improving the health of BC youth through research, information and community-based health promotion programs.

FOR OFFICE USE ONLY

REGION	SCHOOL	GRADE LEVEL	CLASS	MONTH	DAY
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may be at risk for such substance use and the protective factors which can reduce the likelihood of this happening. (A similar in-depth analysis of 16 to 18 year olds who used alcohol and/or marijuana is discussed in the report *What a difference a year can make*, available at [www.mcs.bc.ca](http://www.mcs.bc.ca).)

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Trends in substance use among 16-18 year old students

	1998	2003	2008
Prescription pills (without a doctor's consent)	13%	11%	18%
Any hallucinogens (including ecstasy)	19%	12%	15%
Mushrooms	27%	21%	13%
Cocaine	11%	8%	7%
Inhalants	5%	4%	4%
Any amphetamines (including crystal meth)	7%	6%	4%
Steroids	1%	1%	2%
Heroin	2%	1%	2%
Injected an illegal drug	1%	<1%	1%



substances, by far the most common drug used was prescription pills without a doctor's consent. When youth had tried two of these substances during their life, the drugs most commonly used were mushrooms and ecstasy, mushrooms and prescription pills without a doctor's consent, or mushrooms and hallucinogens.

The most commonly used drugs other than alcohol and marijuana were prescription pills without a doctor's consent (18%), followed by mushrooms (13%) and ecstasy (12%). Two percent of 16 to 18 year olds had tried crystal meth, heroin or steroids, and 1% had injected a drug.

In comparing the drug use of 16 to 18 year olds in 2008 to that in 1998 and 2003, there were changes in the use of some substances. For example, the use of prescription pills was higher in 2008 than in both 1998 and 2003. In contrast, fewer students had tried mushrooms than in previous years. Although there were decreases in both cocaine and inhalant use between 1998 and 2003, the percentage

of students using either substance remained constant between 2003 and 2008. The use of heroin and injecting as a method of drug use were both rare, but rates of use returned to 1998 levels after a drop in 2003. Finally, the use of steroids has not changed since 1998.

Students who first tried alcohol or marijuana at a younger age were more likely than their peers to have used other drugs. For example, youth who used alcohol before they turned 13 were almost twice as likely to have tried ecstasy as those who waited until they were 13 or 14 years, and eight times as likely to have tried ecstasy as those who waited until they were 15 or older to try alcohol.

Although youth who used alcohol and marijuana at an earlier age were more likely to have also tried other substances, most had not done so, and even fewer had become regular users. For example, only 4% of those who drank alcohol before their 13th birthday had used crystal meth more than twice.



## Risk factors

Although it is not possible to establish any causal links between certain negative experiences and the use of other substances (or vice versa), acknowledging that there may be an association between the two can assist us to plan targeted interventions for the most vulnerable youth. Our findings indicate that some youth were particularly vulnerable to using substances.

The AHS asked youth whether they had a health condition or disability that limited their activities (such as school activities, sports, getting together with friends). Males with a physical disability (such as deafness, cerebral palsy or who used a wheelchair) were more likely to have used drugs than males without a disability (43%\* vs. 28%). However this type of disability was not linked to substance use for females. Male and female youth with a long-term illness (such as diabetes or asthma) were also more likely than their peers to have used drugs.

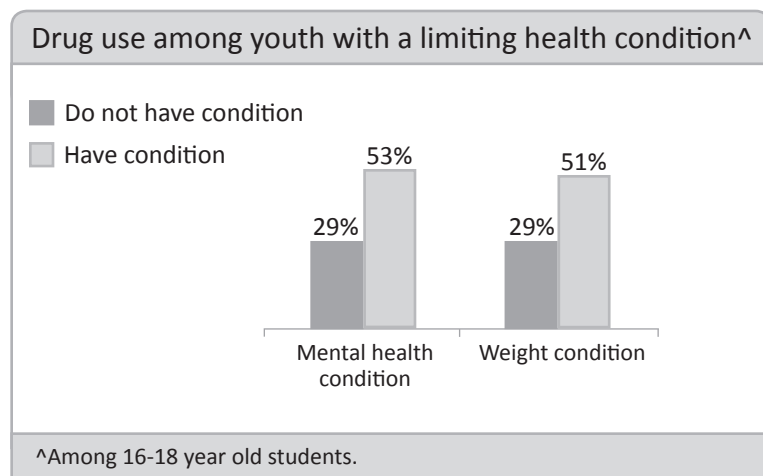
Overweight and underweight youth were more likely to have tried amphetamines, steroids or heroin, and to have

used injecting as a method of drug use, than youth who considered themselves to be in the healthy weight range.

Youth who identified that they had a mental health or emotional condition (e.g., depression, eating disorder) were two to three times as likely to use prescription pills without a doctor's consent compared to youth without such conditions, and were also more likely to have tried heroin and to have injected drugs.

Over half of youth who had been in government care had used drugs (54% vs. 29% who had not been in care). These youth were at least seven times as likely as peers who had not been in care to have tried amphetamines, heroin, steroids and injected drugs.

Youth who reported going to bed hungry because there was not enough money for food were also more likely to report trying drugs (46% vs. 28%). For example, they were at least four times as likely to have tried drugs that suppress appetite such as heroin and amphetamines. They were also four times as likely to have used steroids and injected drugs.



“Sometimes, using drugs is the only way you can break down those barriers and hurts. It is easy to become addicted.”

15 year old female





Male youth who identified as gay or bisexual were more likely than their heterosexual peers to have tried other drugs (42% vs. 28%). This type of substance use was even greater among sexual minority females, as over half (54%) had tried other substances compared to 28% of those who identified as heterosexual.

Youth with a history of physical abuse were more likely than youth without a physical abuse history to have tried drugs (45% vs. 26%). There was also a higher rate of substance use among those who had been sexually abused in comparison to non-abused youth (52% vs. 27%).

Canadian-born youth were more likely to have tried other drugs (31% vs. 24% of those born outside Canada). In particular, Canadian-born youth were more likely to have tried hallucinogens (including mushrooms), inhalants and amphetamines.

Although students living in urban and rural settings reported similar rates of trying most substances, students who lived in rural areas of the province were more likely to report having tried inhalants and mushrooms.

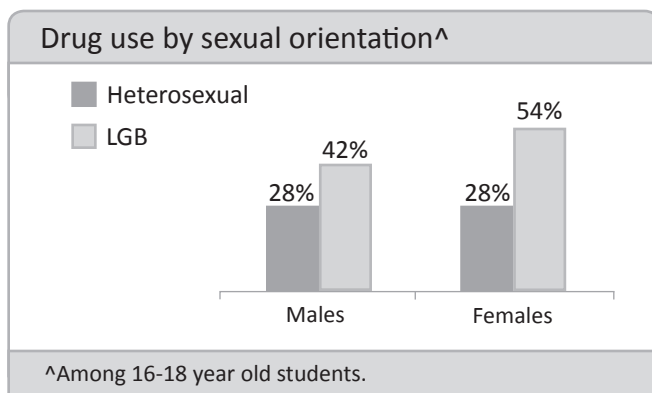
Finally, other drug use was also higher among youth who had a friend or family member who attempted suicide (42%

vs. 26% of youth without this experience), and among females who menstruated earlier than their peers (41% vs. 30%).

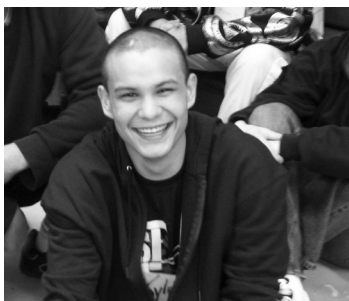
## Current health picture

Youth who had used substances other than alcohol or marijuana were more likely than those who had not used these drugs to report a range of risk behaviours and experiences that could affect their health. These included:

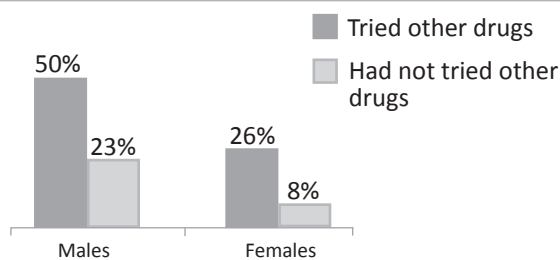
- Extreme stress (25% vs. 15%) and despair (10% vs. 5%) in the past month
- Suicidal ideation (19% vs. 9%) and attempts (9% vs. 2%) in the past year
- Not accessing medical services when they felt they needed them (26% vs. 12%)
- Involvement in a physical fight in the past year (37% vs. 15%)
- Discrimination in the past year due to sexual orientation (8% vs. 3%)
- Having sex before the age of 14 (10% vs. 2%)
- Pregnancy involvement (6% vs. 1%)
- Dieting in the past year (41% vs. 32%)
- Binge-eating (37% vs. 26%) and vomiting on purpose after eating in the past year (11% vs. 3%)
- Feeling dissatisfied with how their body looked (7% vs. 3%)



“*I will never do drugs.*”  
12 year old male



Fight involvement in past year by other drug use<sup>^</sup>



<sup>^</sup>Among 16-18 year old students.

## Protective factors

Youth who had not tried substances other than alcohol and marijuana were more likely than their peers who had tried substances to:

- Have a parent at home at key times of the day, such as when they woke up (76% vs. 66%) or went to bed (87% vs. 76%)
- Have an adult in their family they could talk to if they were having a serious problem (77% vs. 67%)
- Have post-secondary educational aspirations (94% vs. 86%)
- Report higher levels of school, family and cultural connectedness
- Have peers with healthy attitudes toward risky behaviours
- Be involved in organized sports activities on a weekly basis (60% vs. 54%)
- Participate in volunteer activities on a weekly basis (29% vs. 23%)
- Feel that the activities they were involved in were meaningful

- Feel listened to in the activities they participated in
- Report high self-esteem

There were some gender differences in protective factors for substance use. For example, females who had not tried drugs were more likely to be involved in weekly organized non-sports activities (such as fine arts lessons or community clubs or groups) than those who had used substances (38% vs. 31%). For males, regular involvement in non-sports activities did not differ between users and non-users of other drugs. However, even where gender differences occur, all youth benefit from the presence of protective factors in their lives.

While the use of alcohol and marijuana is widespread among 16 to 18 year olds in BC, the use of other substances is much less common. Those youth who do use these substances are often coping with many negative experiences in their lives and need the support of schools, families, peers and their communities.

Programs and interventions that promote and enhance protective factors for children and youth and that offer support to families will assist youth at risk of substance use to make healthier choices and avoid the problems that substance use at this age can cause both now and in the future.

For enquiries or to order copies of this bulletin, please email: [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca)

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“*I have had a lot of problems with drugs in the past few years but last summer I came back home and got back on track.*”

17 year old male

The McCreary Centre Society is a non-government not-for-profit organization committed to improving the health of BC youth through research, education and community based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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