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The Value of Student Alcohol and Drug Use Surveys

The influence of student survey data on policies, programs and practice across Canada

December, 2013

Prepared by the Student Drug Use Surveys Working Group

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Introduction

Student Drug Use Surveys (SDUS)¹ are regularly occurring surveys that collect data on alcohol and substance use among students within the classroom setting. Survey results are used to monitor emerging trends and inform decision making about policies, programs and services to improve the health outcomes of children and youth through the application of evidence. Data on student alcohol and drug use is being collected in the following ways, described in a later section of this report:

- Stand-alone provincial surveys;
- Multi-jurisdictional or regional surveys;
- National student health surveys; and
- Local surveys.

Although the first SDUSs conducted in Canada were local studies—Vancouver in 1967 and Toronto in 1968, both unpublished—the first Canadian provincial student survey assessing use of alcohol and other drugs was conducted in Ontario in 1977 by the former Addiction Research Foundation, now part of the Centre for Addiction and Mental Health (CAMH). Currently, seven provinces conduct regularly occurring provincial SDUSs: the BC Adolescent Health Survey; the Manitoba Youth Health Survey; the Ontario Student Drug Use and Health Survey; Québec Survey on Tobacco, Alcohol and Drug Use and Gambling in Secondary School Students; and the Student Drug Use Survey in the Atlantic Provinces, which includes Nova Scotia, New Brunswick, and Newfoundland and Labrador. Two other provinces, Alberta and Prince Edward Island, have also completed regularly occurring surveys in the past.

Some of these surveys are broad in scope, gathering information about young people’s general physical and mental health, sexuality, body image, violence and bullying, gambling, conduct and criminal behaviours, family life, school connectedness, plus other risk and protective factors. Others gather information only on alcohol and drug use. In addition to these provincial surveys, there are two national surveys that collect student substance use data in the classroom setting in most Canadian provinces and territories: the Youth Smoking Survey (YSS) and the Health Behaviour in School-aged Children (HBSC) study. More information on each survey listed above can be found in Appendix A. In addition to these regularly occurring student surveys, regional health authorities in Canada also occasionally administer student or youth² health surveys that include questions about alcohol and drug use.

The target population for most SDUSs is students in grades 6 through 12. In general, surveys are either paper and pencil or computer-based questionnaires consisting of 50 to 100 questions and are administered in class by trained professionals, public health nurses, or teachers. These surveys are voluntary, anonymous and confidential, and are designed in such a way that they can be completed in a single class period (approximately 30 to 45 minutes). Sample sizes range from 3,000 to 30,000 students depending on the survey and different methods are used by each province to select participating schools and students. The results of surveys are usually released in comprehensive technical reports. Survey highlights, thematic reports (e.g., mental health, drugs of concern, at-risk

¹ The term Student Drug Use Surveys (SDUS) is used throughout this document to refer to surveys that include information on both student alcohol and drug use.

² Although the term “youth” often refers to 15 to 24 year olds, in this document the term refers to adolescents between the ages of 10 and 19 years. This latter age range is the one targeted by student alcohol and drug use surveys.



populations) and resources designed for school and health professionals are also developed to facilitate uptake of the information into evidence-informed policies, programs and practices. For more information on the sampling methods employed by the various SDUSs discussed, see Young et al (2011). For examples of questionnaires, see Appendix B.

The active support of school boards, regional health authorities and provincial governments is integral to the success and sustainability of these surveys. Similarly, the application of survey results to policies and programs aimed at reducing problematic trends and harms is facilitated by these same decision making bodies.

Purpose of this Document

In 2012, representatives from some provincial surveys indicated they were experiencing increasing pressure to demonstrate the value of collecting student data. At the same time, jurisdictions currently lacking student surveys were showing increasing interest in the collection of student health and drug use information to inform decisions and actions based on clear evidence. Subsequently, this document was developed as a resource to profile the value and important contributions that student alcohol and drug use surveys make to policies, programs and health outcomes at all levels. This resource also describes the different options available to provinces and territories for the collection of student data in their jurisdictions, including working in partnership with national health surveys focused on youth.

The Value of Student Alcohol and Drug Use Surveys provides concrete examples of the value of SDUSs. Members of the SDUS Working Group contributed examples of how findings from their respective surveys are currently used or have been used. The result is a collection of examples demonstrating the value of this information to jurisdictions and decision makers.

The SDUS Working Group

In 2003, the Canadian Centre on Substance Abuse (CCSA) was given the mandate under Canada's renewed National Anti-Drug Strategy to work with an expert group to support the collection of student drug use data in provinces and territories. The SDUS Working Group emerged from this work and is composed of representatives from jurisdictions with dedicated programs of trustworthy, regularly occurring, provincial or national student surveys. *The Value of Student Alcohol and Drug Use Surveys* is the most recent example of the group's collaborative efforts.

Historically, the SDUS Working Group was focused on the development of core indicators and common questions that could be included as a minimum standard in provincial/territorial and national student surveys. At that time there was an absence of national student surveys assessing alcohol and drug use. This gap created a desire to develop common core indicators and similar survey methods to generate reliable national estimates of Canadian student substance use patterns. Two reports resulted from this effort: a paper entitled *A Coordinated Approach to Student Drug Use Surveys in Canada* (Clark, 2009) and the [Cross-Canada Report on Student Alcohol and Drug Use](#) (Young et al., 2011). Since the group's inception, it has been joined by representatives involved with the two national surveys that provide reliable, national-level student drug use data— the Health Behaviour in School-aged Children (HBSC) study, sponsored by the Public Health Agency of Canada and administered by the Social Program Evaluation Group at Queen's University, and the Youth Smoking Survey, sponsored by Health Canada and administered by the Propel Centre for Population Health Impact at the University of Waterloo.



Currently, the SDUS Working Group acts as a forum to exchange information on survey design and methodology and to explore special topics related to student substance use using the rich diversity of its members' surveys and experience.

Why Survey Students?

Findings from surveys of the general population indicate that youth are disproportionately more likely than adults to use psychoactive substances. Youth are also likely to use these substances in risky and dangerous ways, and consequently more likely to experience harms from use (Adlaf, Begin, & Sawka, 2005). Initiation of substance use tends to occur in adolescence and early use of substances is associated with increased risk of experiencing harms and developing dependence from that use (Canadian Centre on Substance Abuse, 2007). These facts highlight the importance of engaging in the surveillance and regular monitoring of youth substance use and its related harms.

Surveying students in school is an efficient and cost-effective means of collecting data from youth. Schools can also be a comfortable, yet structured environment for youth to complete questionnaires in a private and confidential manner. Because school surveys do not fully capture at-risk youth who have left the education system, some jurisdictions also administer surveys of street youth and other high-risk youth.

The Value of Conducting Student Alcohol and Drug Use Surveys

Monitoring student alcohol and drug use over time is critical to the development of effective evidence-based policy and programs leading to healthier and safer communities. Reliable estimates of student alcohol and drug use can be of value to a range of organizations and sectors, including governments, regional health and social service authorities, school boards, community-based organizations and youth themselves. These estimates can be used in the following ways:

- **To identify trends and patterns:** Having standardized measures over time allows for the identification of alcohol and drug use trends and comparative analyses.
- **To identify priority issues:** Student alcohol and drug use data can provide an evidence-based rationale for focusing attention and actions on existing and emerging health and social issues.
- **To assist with funding decisions:** Student alcohol and drug use data can help organizations, governments and other funders allocate funding and set evidence-informed priorities in the face of competing demands. Level of need can influence allocation of funds, be it for education, prevention or treatment. Student alcohol and drug use data can inform the development of a coordinated response and also help direct resources to more efficiently and effectively address problematic alcohol and drug use. Such data can also help to distinguish the specific needs of various youth populations such as those who are more at risk or at different stages of development.
- **To inform the development and evaluation of effective policy and programs:** If equipped with accurate information, authorities are able to shape policy and legislation that lead to successful population health outcomes. Having current information about youth behaviour can help target social marketing strategies and other forms of health promotion and prevention that resonate with youth. Information such as factors associated with substance use and misuse can also be useful for treatment programming. In addition, this information provides a means to evaluate policy, treatment and prevention efforts at the population level over time.



- **To demonstrate that authorities are acting responsibly:** Actions that are evidence-based contribute to the general public's perception and confidence that governments and health system authorities are credible and acting responsibly based on the latest evidence.
- **To alleviate sensationalized media attention:** Media can at times focus unwarranted attention on issues that in turn create undue public alarm. Having relevant and accurate information can help decision makers to respond to health concerns in an informed and factual way.
- **To empower youth:** Youth have the capacity to influence great cultural change hence the importance of engaging them in the process of health promotion and prevention. Youth can use the results of student surveys to provide leadership on the design and delivery of school and community projects that focus on prevention and provide alternate options to substance use. This can also lead to decreased alcohol and substance use, misuse and abuse.
- **To reduce costs, improve youth outcomes and strengthen communities:** Health and social outcomes for youth, families and communities are improved when policy, prevention and treatment programs are effective and informed by evidence. When interventions are effective, youth can achieve greater academic success, experience improved employment opportunities and be involved in lower levels of criminal activity, resulting in healthier, safer communities and substantial economic savings (Feinberg, Jones, Greenberg, Osgood, & Bontempo, 2010; Kumpfer, Whiteside, Greene, & Allen, 2010; Lee, Drake, Pennucci, Miller, & Anderson, 2012).



The Influence of Student Drug Use Surveys on Policy, Programs and Practices

Survey data have been instrumental in responding to youth substance use and abuse through the following mechanisms:

- Informing new policies, laws and strategies
- Evaluating and assessing new policies or policy changes
- Demonstrating the need for programs
- Developing programs
- Evaluating programs
- Advancing knowledge
- Providing accurate and trustworthy information to the media and Canadian public

Informing New Policies, Laws and Strategies

The examples below illustrate the development of evidence-informed policies, law and strategies using provincial and national survey results.

British Columbia

British Columbia has conducted the province-wide British Columbia Adolescent Health Survey (BC AHS) involving students in grades 7 through 12 every five years since 1992. The information generated by the survey about alcohol and drug use has been used by the provincial government to inform a variety of policy initiatives and in one case was cited as the key reason for changing two laws. In February, 2007, the BC Minister of Public Safety and Solicitor General issued a press release announcing stiffer penalties for serving alcohol to minors, as well as a new law making it an offence for minors to buy liquor using false ID. A press release describing these changes specifically mentioned evidence from the [BC AHS trends report](#) (Tonkin, Murphy, Lee, Saewyc, & McCreary Centre Society, 2005), indicating lifetime use of alcohol among students was decreasing yet binge drinking among those who do use alcohol was increasing. Sexual health data from the BC AHS was also used by the National Council on Vaccines to develop guidelines for the appropriate age to administer the human papillomavirus vaccine among adolescent girls.

Alberta

The Alberta Youth Experience Survey (TAYES) was used to inform the 2008 Alberta Alcohol Strategy (Alberta Health Services, 2008) by providing information on trends and the prevalence of alcohol use among youth. For example, results from this survey were cited to report on trends surrounding increased drinking among youth, as well as the proportion of youth engaging in harmful drinking and binge drinking. In addition to the Alberta Alcohol Strategy, TAYES has been used to develop a literature review, *Preventing Heavy Episodic Drinking Among Youth and Young Adults: a Literature Review* (Alberta Alcohol and Drug Abuse Commission, 2005), and a policy background paper, *Alcohol: The Forgotten Problem* (James, 2005). In the former, TAYES was used to report on high-risk drinking among youth. In the latter, results from the survey were used to report on the prevalence



and risk factors associated with heavy drinking among junior high and high school students. In both cases, these reports were used to inform policy and design strategies.

In addition to these specific examples, Alberta Health Services produces an annual internal report entitled *Addiction and Mental Health Indicators*. The purpose of the report is to provide current data in a ready-to-use format as a policy and strategy planning tool for staff and stakeholders. It is primarily targeted to addiction and mental health audiences, including administrators, managers and clinical staff, at both the provincial and regional service provision levels in Alberta Health Services. Within this report, TAYES is used to provide population health measures on youth and behaviours linked to addiction. Measures include gambling, substance use (alcohol, smoking, illicit drugs), prescription drug use, and risk and protective factors (e.g., support from families and peers).

Manitoba

The Manitoba student survey, Alcohol and Other Drugs (2008), informed a 2009 report on *Addressing Problematic Oxycontin Use in Manitoba* (OxyContin Working Group, 2009). The purpose of this report was to bring stakeholders in the province together to be informed on the nature and extent of the issue and to identify options and strategies for addressing it.

National

Health Behaviour in School-aged Children

The [Health Behaviour in School-aged Children](#) (HBSC) survey is used to provide ongoing, up-to-date data to inform the national health priorities of the Public Health Agency of Canada. For children, these include obesity and related behaviours of physical activity and nutrition, injury prevention and control, bullying and violence, as well as mental health. The focus of the 2010 [national report](#) (Freeman et al., 2011) was on mental health, a clear priority of the federal government and many provincial governments. This is important given that young people aged 15 to 24 years have been shown to be more likely to report combined mental health and substance use problems than any other age group (Statistics Canada, 2003).

Youth Smoking Survey

The Youth Smoking Survey (YSS) captures information on substance use including tobacco, alcohol and other drug use. The YSS reports on smoking status among students in grades 6 to 12 as well as the prevalence of past 12 month alcohol use, binge drinking, illicit drug use, psychoactive pharmaceuticals abuse and emerging substance use among students in grades 7 to 12.

The YSS results help government and public health officials identify areas of concern and emerging trends. Results from the YSS are used to inform the National Anti-Drug Strategy (NADS), to support regulatory work undertaken for new substances, to meet Canada's international reporting requirements and to monitor substance use, including psychoactive pharmaceuticals misuse (i.e., "to get high"), among youth.

Data from the YSS contributed to Bill C-32, [An Act to amend the Tobacco Act](#), which led to a federal ban in 2010 on the sale of flavoured cigarettes, little cigars and blunt wraps in packages of less than 20 units that were shown by the YSS to be popular among youth.



Other

In 2013, data from the YSS, the TAYES in Alberta and the [Ontario Student Drug Use and Health Survey \(OSDUHS\)](#) were all used to inform the national strategy to address the harms associated with prescription drugs, *First Do No Harm: Responding to Canada's Prescription Drug Crisis*, produced by the National Advisory Committee on Prescription Drug Misuse in collaboration with CCSA.

Evaluating and Assessing New Policies, Laws and Strategies

Results from regularly occurring surveys can provide baseline data for emerging laws, policies and strategies such as provincial and national prescription drug misuse strategies, alcohol pricing policies, and related mental health and anti-bullying legislation and strategies. Although laws and policy are not the only elements affecting the prevalence of substance use, without baseline data the evaluation of the impact of emergent policies, laws and strategies would be difficult. Below are concrete examples where student alcohol and drug use data has been used in evaluation.

Ontario

The Ontario government and other agencies require benchmark figures to assess the efficacy of health and safety strategies, policies and regulations from an evidence-based perspective. The OSDUHS results have been used to provide such benchmark figures and have assisted in assessing the impact of policy changes. One example that demonstrates the long-standing contributions of the OSDUHS involves legislative changes to the drinking age in Ontario in 1979. Using multiple sources of data, analyses were conducted to assess the impact of increasing the drinking age from 18 to 19 years. Such an assessment was possible by comparing pre-existing similar data with survey data collected after the changes to the law. The research found that the policy change had a minimal effect on various indicators of drinking (e.g., Vingilis & Smart, 1981). This exemplifies how the importance of survey data cannot always be known beforehand and how time-series data can provide highly relevant, cost-efficient data for evaluating the impact of policy and policy change.

British Columbia

The BC AHS has been used to guide or evaluate policy from a variety of government sectors, including public safety, public health, mental health and criminal justice. First, in an attempt to reduce drinking and driving among young people, the province shifted to a new graduated driver license policy in August 1998. When data from the 1992 and 1998 BC surveys were compared to the 2003 survey, a significant decline in drinking and driving among adolescents with drivers' licenses was evident. The survey's self-report data was corroborated by a decrease in the number of traffic fatalities and collisions linked to impaired driving among adolescents.

The BC AHS has also been used to provide baseline data for evaluations of new policy initiatives in British Columbia. The province's 10-year mental health plan, *Healthy Minds, Healthy People* (BC Ministry of Health Services, 2010), drew upon a report from the survey about the potential impact of delaying first use of alcohol or cannabis. The Ministry incorporated this information into one of the six major milestones identified in the plan and is using the 2008 survey data as the baseline indicator for assessing progress. Similarly, British Columbia's recently issued 10-year guiding framework for public health, *Promote, Prevent, Protect: Our Health Begins Here* (BC Ministry of Health, 2013), also drew on BC AHS data to develop two of its major performance indicators. Several



measures from the survey were included in its list of health indicators to monitor for youth and for the Provincial Health Officer to include in reporting on the health status of the population.

Demonstrating the Need for Programs

Building the case for a new prevention or treatment initiative requires more than anecdotal evidence. Regularly occurring student surveys provide the research evidence for decision makers to make informed choices about programs and resources.

Newfoundland and Labrador

Results of the [2007 Newfoundland and Labrador Student Drug Use Survey](#) (NLSUDUS) were used to help demonstrate the need for the Youth Addiction, Prevention and Early Intervention Program as a funded component of the Newfoundland and Labrador Poverty Reduction Strategy. This initiative supports 20 youth outreach workers throughout the province to connect with youth in their own environments to reduce harms associated with problematic substance use and to keep youth in school longer. The ongoing monitoring and evaluation of this initiative will use the results of the 2012 and 2017 NLSUDUS as an indicator of program success.

Manitoba

Findings of the [Youth Health Survey](#) (YHS)³ in Manitoba have inspired local substance abuse prevention initiatives. For example, the students and staff of Ruth Betts School in Flin Flon, Manitoba, used their YHS results to support the development of a Tobacco Tackle team at their school. This peer-led model was used to educate students in grades 4 to 8 on the dangers of tobacco products to prevent their use. Students could choose how they wanted to educate their peers and decided to create a music [video](#) with an anti-tobacco message based on a popular song.

New Brunswick

Prior to 1990 there were no specialized addictions treatment programs available for youth in New Brunswick. The [New Brunswick Student Drug Use Survey](#) (NB SDUS) has collected data since 1986. The survey and other related reports identified the need to focus on youth, which led to the prioritization of specialized service delivery models to be introduced in New Brunswick. The result was the [New Brunswick Youth Treatment Program](#), a community-based program for youth between the ages of 12 and 19 who are experiencing difficulties in the use of alcohol and drugs.

Developing Programs

Once a decision has been made to implement a program or provide a service, the results of student surveys are often used to inform the content or nature of the initiative and evidence-based practice as illustrated in the examples discussed below.

Alberta

TAYES has been used as a key source of information in developing a number of prevention campaigns such as the 2005 Young Adult Campaign (a cross-ministerial project to address binge drinking and high-

³ The YHS is different from the alcohol, other drugs and gambling provincial surveys that have been completed in the past by the Addictions Foundation of Manitoba.



risk sexual behaviours) and the 2008 Young Women's Campaign (a social norms campaign aimed at addressing binge drinking). TAYES has also been used in presentations (e.g., service provider displays used in schools and public presentations), in information sheets, and in displays at conventions and events (e.g., Teacher's Convention, National Addiction Awareness Week).

New Brunswick

Data captured from the NB SDUS has been used to assist community teams involved with the New Brunswick Youth Engagement Initiative. This initiative is a youth-led, adult-supported initiative that attempts to meaningfully engage youth in community-based activities. These activities contribute to the development of protective factors aimed at preventing or reducing problematic substance use and promote positive mental health among all youth. Data from the NB SDUS helps to identify priority areas for the development of community action plans. In this regard, youth involvement with the NB SDUS is not only viewed as important for the collection of data, but also in using the results to help inform activities that contribute to the health and wellness of youth and the safety and vibrancy of communities.

New Brunswick has also used the results of its SDUS in developing treatment frameworks and creating resources to support work with adolescents who are using substances. One such resource that used information from the 2007 *New Brunswick Student Drug Use Survey, Highlights Report*, was the publication *A Parent's Guide: Talking With Your Child About Alcohol And Other Drugs*.

British Columbia

Though not specific to substance use, the Vancouver Coastal Health Authority drew upon the BC AHS data to help determine appropriate locations for eating disorders services. It looked at the local data about eating disordered behaviours such as vomiting after eating, binge-eating and dieting among underweight youth, to evaluate where in their region it needed to increase service coverage or focus its health promotion strategies.

National

The [Canadian Standards for Youth Substance Abuse Prevention](#) have been produced by CCSA to support school- and community-based prevention teams in the development and evaluation of comprehensive prevention initiatives. The first two standards involve first determining youth substance use patterns and harms and then identifying factors most relevant to local youth substance use problems. CCSA refers prevention teams to the provincial and national student surveys when helping them to apply these two standards to inform their priorities and design prevention initiatives based on available evidence.

Evaluating Programs

Although it is often difficult to attribute improved health outcomes to the development of new practices and programs, the results from regularly occurring student surveys can provide baseline data to help evaluate the contribution a local or provincial program might be making in changing youth behaviours. Below is an example where survey results are being used to evaluate the effect of new programs and curricula.



Manitoba

Between 2006 and 2008, Manitoba students in grades 6 through 12 were surveyed through the YHS. The survey was overseen by Partners in Planning for Healthy Living in collaboration with the regional health authorities. The YHS in Manitoba provides regional health authorities, communities, schools and school divisions with current school and community-specific information on youth health, with a focus on risk factors for chronic disease (e.g., alcohol use, tobacco). The information from the survey helps guide evidence-based planning and evaluation of policies and programs at the school, community, regional and provincial levels. In addition, Partners in Planning for Healthy Living intends to use the results from the YHS to contribute to the evaluation of the new grades 11 and 12 *Active Healthy Lifestyles: Physical Education / Health Education* curricula in Manitoba. Baseline data collected in 2009, prior to the implementation of the new educational program, will be compared to the results from the 2012 YHS to help assess if the new curricula contributed to improved health outcomes for students.

Advancing Knowledge

Student alcohol, drug and health surveys help build the body of knowledge required to make sound evidence-based decisions. Knowledge advancement takes on many forms, as illustrated below. In addition to the following examples, Appendix C provides a sample of publications involving various student surveys.

British Columbia

BC AHS survey results are being used by graduate students and academic researchers in several universities across Canada and even internationally to conduct thesis and dissertation work or federally funded health research. The McCreary Centre Society sponsors a McCreary Student Group that meets approximately every six weeks throughout the year to support students who wish to access the data for their projects. In addition, several studies using BC AHS data have been funded by the Canadian Institutes of Health Research and the U.S. National Institutes of Health. These studies include examinations of substance use among Aboriginal youth and among those who are sexual minority adolescents.

Manitoba

The [Canadian Community Epidemiology Network on Drug Use](#) (CCENDU) in Winnipeg releases an annual report monitoring alcohol and drug use in the city of Winnipeg. The CCENDU Report (Tycholis et al., 2011) incorporates a wealth of information from the various Manitoba student surveys, including data on alcohol use, binge drinking, cannabis use and much more. The purpose of this report is to provide information to front-line staff, researchers, policy makers and the general public on the state of substance use and related indicators in the city. The Addiction Foundation of Manitoba (AFM) staff use the information in the report for presentations and to inform their own projects. The report is also sent to members of the community on request.

Ontario

The OSDUHS survey and its dataset are used to help train graduate students at the University of Toronto. This training occurs in one of two ways. Students often use the OSDUHS dataset to conduct analyses related to their theses. Second, the OSDUHS dataset is used for the training of graduate students at the Dalla Lana School of Public Health. Each year a half-semester course teaches



students how to apply complex survey software applications for the analysis of surveys. Students use the OSDUHS dataset for all assignments and optionally for a course paper. The organization that conducts the OSDUHS, the Centre for Addiction and Mental Health (CAMH), is an affiliate of the World Health Organization and the Pan American Health Organization, and is occasionally involved in international training work. For example, in the 1980s and 1990s the OSDUHS model was used to develop surveys in the Bahamas and Mexico. Additionally, in 1997 the National Drug Council of the Cayman Islands approached CAMH for assistance in developing a similar monitoring survey of student in grades 7 to 12. Since the inaugural survey in 1998, the [Cayman Islands Student Drug Use Survey](#) has been conducted six times, most recently in 2012.

National

The YSS datasets are made available to universities and colleges for academics, researchers and students through Statistics Canada's data liberation initiative and are also available to all Canadian provinces. In addition, a provincial summary of results is provided to interested governmental organizations and distributed to all participating schools in the province.

Providing Accurate Information to the Media and the Canadian Public

Having quality, trustworthy, local, provincial/territorial and national data on student alcohol and drug use allows organizations and governments to respond to and address questions from the Canadian public about that use. It permits organizations and governments to speak with authority when rumours of "epidemics" of drugs like "crystal meth" capture the public's imagination and the media's desire for a good story. Without evidence from the surveys to calm the situation, these "epidemics" can on occasion prompt increased investment in or prioritizing of issues that might not be warranted.

Alberta

The information from TAYES is used to respond to various information requests from an array of stakeholders. For instance, many of the community drug coalitions request local and provincial information for youth and substances. Community drug coalitions are actively involved in Alberta, bringing together people from different disciplines to share ideas and resources, and to solve alcohol and drug problems. TAYES information is particularly useful because it can be presented by the different geographic health areas in Alberta. Beyond the community, there are often requests from different government departments, post-secondary institutions and health organizations for information on youth substance use where TAYES results have been cited. For instance, a [2009 drug abuse prevention report](#) by Public Safety Canada (National Crime Prevention Centre, 2009) used information from TAYES to present the prevalence of substance use among youth.

British Columbia

Every year in British Columbia, the McCreary Centre Society, which administers the BC AHS, fields from five to ten requests from news media, often radio talk shows and local newspapers to talk about alcohol or other drug use. Such requests often occur, for example, in the spring around graduation parties, especially in the context of Safe Grad Party programs. The media typically ask for population-level BC data about topics in the news. When *The Province* reported a story about steroid seizures at the border, it contacted the McCreary Centre Society for information about steroid use among teenagers. Data showed that the percentage of youth who reported steroid use was very



small and so the news story suggested that this might be more of an issue among young adults, rather than teens.

Manitoba

As part of the 2008 Manitoba Addictions Awareness Week (MAAW) the AFM coordinated a MAAW media kit. The media kit was developed to inform those working in the area of communications in Manitoba about issues related to alcohol and other drug use and included several resources for those interested in the results of the Alcohol and Other Drugs student survey. Relying heavily on the AFM Alcohol and Other Drugs student survey, the media kit included information sheets such as “Fast Facts: Addictions 2008,” which provided highlights of the survey data. For example: “Almost one half of student drinkers have had five or more drinks at a sitting and about a quarter have had eight or more drinks.” A frequently asked questions sheet and a media release were developed focusing on harmful drinking behaviours, including impaired driving.

National

The YSS results are used to respond to media and public requests on a regular basis. These requests can pertain to national or provincial prevalence of substance use. To accelerate the process, media notes and questions and answers are prepared in advance of the survey results release. Also, YSS datasets are available to any member of the public upon acceptance of the data sharing agreement. Results and frequently requested tables are developed and posted on the Health Canada website. As part of the information sharing process, all participating schools receive a customized report using the school-specific data collected and a summary of results for distribution to parents.



Options for Collecting Student Data

Despite the value of collecting student alcohol and drug use data, in a climate of fiscal austerity and competing demands, the data must be collected in a way that maximizes its usefulness, while also managing resources wisely. It is important for decision makers to understand the options available to them, so they can make the best decision within their jurisdiction.

The sections that follow present four options for collecting data:

- Continuing or developing a stand-alone provincial or territorial survey;
- Partnering with other provinces or territories in conducting a regional, multi-jurisdictional student drug use survey (SDUS);
- Working in tandem with existing national surveys; and
- Collecting student data at a local level.

In the following sections, one or two existing surveys are profiled as examples for each option, followed by a discussion of some of the advantages and the limitations of the option.

Stand-alone Provincial or Territorial Surveys

Seven provinces conduct regularly occurring provincial SDUSs. These include the BC Adolescent Health Survey; the Manitoba Youth Health Survey; the Ontario Student Drug Use and Health Survey (OSDUHS); the Québec Survey on Tobacco, Drug Use and Gambling in Secondary School Students; and the Student Drug Use Survey in the Atlantic Provinces, which includes Nova Scotia, New Brunswick, and Newfoundland and Labrador. Some of these surveys are broad in scope, gathering information about young people's general physical and mental health in addition to substance use, while others gather information about alcohol and drug use only.

The OSDUHS, an example of a provincial SDUS, is a repeated, cross-sectional survey of Ontario students in grades 7 through 12 conducted by the Centre for Addiction and Mental Health (CAMH). The OSDUHS is one of the oldest school surveys in the world. This self-administered and anonymous survey has been conducted every two years since 1977 with the purpose of identifying epidemiological trends. The OSDUHS began as a dedicated drug use survey, but is now a broader study of adolescent health and well-being. Topics covered include tobacco, alcohol and other drug use and the harmful and hazardous consequences of use, mental health indicators, physical health indicators, healthcare use, body image, gambling and video gaming behaviours and problems, violence and bullying, criminal behaviours, school connectedness, family life and other risk and protective factors. This survey provides current and reliable information about the health risk behaviours, attitudes and beliefs of Ontario adolescents and tracks changes over time. Findings from the OSDUHS have been widely used by health, education and government officials in setting health priorities and facilitating prevention policies, programs and services that address youths' needs.

Advantages of stand-alone provincial surveys

- **Greater control over content, timing, methodology, analysis and continuity:** By far, the most important advantage to a stand-alone provincial or territory survey is control. National surveys must consider both national and provincial needs, which are occasionally at odds given that many provinces have the desire to, at times, not only oversample respondents, but also to include unique items. Flexibility in adding or removing questionnaire items, that are



unique to a particular jurisdiction, has allowed the OSDUHS team to assess some emerging substance use issues that might not be of interest nationally, while continuing to track historical trends. Recent examples include energy drinks, opioid pain relievers and salvia. Some 2013 topics include synthetic marijuana, use of water pipes and hookahs, and drinking games. The ability to have control over at least a portion of the survey content is necessary to ensure that the data collection process remains both stable and current. Additionally, stand-alone surveys permit provinces and territories to maintain control over the continuity of data collection, which might not happen when the decision to continue a survey lies outside the jurisdiction.

- **Better sub-regional and local data:** The second key advantage of stand-alone provincial and territorial surveys is the ability to build sub-regional and local data. Since 2007 the OSDUHS has been providing Public Health Units (PHUs) with the ability to sponsor oversamples of their region. This ability has proven to be beneficial for all, providing CAMH with a larger sample at no cost and the PHUs with their local data at an exceptional cost. The latter is partially because CAMH is already paying for many of the fixed costs of administration. These data directly contribute to local needs and service planning. This activity also has indirect benefits in building cooperative relationships and partnerships between CAMH and the public health community. As well, when needed, CAMH can build the capacity of partners by providing training or guidance in design-based survey analysis.
- **Capability of providing information to participating school boards:** In addition to serving the needs of provincial PHUs, provincial school surveys can provide substance use and health information to participating school boards and schools. When sample size permits, CAMH provides participating school boards and schools, upon request, a statistical description of their local data compared to the provincial average. Not only does this provide data for the needs of local stakeholders, but these relationships also foster stronger connections that influence decisions about future school board participation in upcoming surveys.

For the national Youth Smoking Survey, some of the advantages discussed above would be limitations, but they have been mitigated through the ability of provinces to request additional questions to be administered separately or to conduct an oversample at the province's own cost. Additionally, school boards can request a report on the results of the schools in their jurisdiction and all participating schools receive school specific reports of the survey results, which include a summary for parents.

Limitations of stand-alone provincial surveys

- **Cost:** In many cases the total cost of a stand-alone provincial or territorial survey is higher than a national oversample. Travel administration costs, which would differ, perhaps greatly, across provinces and territories are important considerations with regards to cost efficiency.
- **Estimates might not be directly comparable with other provinces:** Not all provincial surveys are designed the same. Different designs lead to differing sampling precision and design effects making interprovincial comparisons difficult. Progress has been made, however, in coordinating surveys so that substance use patterns across provinces have been identified as reported in the [Cross-Canada Report on Student Alcohol and Drug Use](#) (Young et al. 2011).
- **Survey expertise:** Provinces might not have access to the expertise required to conduct stand-alone surveys. Survey expertise is uneven across provinces and territories and training is a particular weakness. Not enough analysts have training in complex survey analysis,



which is especially critical for the highly-clustered school samples. Another area that differs across provinces and territories is the availability of survey research firms with experience in fielding large surveys within a school system. The OSDUHS is fortunate to have the services of York University's Institute for Social Research (ISR), which has been administering the survey since 1981. A further advantage of the association with ISR is access to academically trained survey practitioners who can provide technical advice when difficulties arise.

Regional Surveys that Include More than One Province or Territory

If a province is unable to conduct a provincial survey, it can partner with other provinces and conduct a survey across a number of provinces or territories. The Student Drug Use Survey in the Atlantic Provinces (SDUSAP) is an example of such a strategy.

The SDUSAP is the only regional student alcohol and drug use survey in Canada involving more than one province or territory. This collaborative initiative is funded by the provincial health departments in Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island (PEI) and led by a research team from Dalhousie University. This provincial collaboration began in 1996 and was repeated in 1998, 2002, 2007 and most recently in 2012 (PEI did not participate in the last cycle). The survey provides representative information about adolescents enrolled in grades 7, 9, 10 and 12 in each province separately and in the Atlantic region as a whole.

Through a collaborative effort, the provinces develop and administer the survey. Given that all of these provinces have strong cultural, political and economic similarities and ties, as well as strong links in the health and education fields, the project provides an opportunity for quality research across provinces, while meeting individual provincial needs.

The cost of administering the SDUSAP is shared among the participating provinces. To reduce administrative costs, some provinces use existing staff (i.e., guidance counsellors, addiction social workers) to administer the survey rather than contracting a research team. Individual provincial highlights reports are also completed by existing in-house epidemiological staff in some provinces, further reducing costs.

Advantages of collaborative surveys

- **The ability to make comparisons between participating provinces:** Given the cultural similarity between the Atlantic provinces this ability is of great benefit, as effective strategies to prevent or reduce substance use among youth can be shared.
- **Partnering with a qualified researcher to lead the survey:** Finding a qualified researcher who can champion the survey over time can be difficult for one province or territory alone. It is important to locate the research expertise of an individual who can advise on new questions, guide the administration process, analyze the results consistently and produce a technical report for all collaborating provinces yielding comparable results.
- **Timely administration of the survey in the same year:** Trends over time can be observed and compared in a more reliable fashion when survey data is collected in the same year. This advantage is also true for national surveys.



- **Networking and learning:** When more than one province or territory collaborates on the design and implementation of a survey, increased opportunities are created for networking and learning among jurisdictions.

Limitations of collaborative surveys

The following limitations are common across the different options for conducting a survey, but may be more pronounced when a collaborative approach is used.

- **Government process:** The process of survey and financial approval can be lengthy, leading to delays for some provinces. For example, in 2002 Newfoundland and Labrador did not participate in the SDUS for this reason.
- **Data quality and protocol concerns:** Some provinces use existing staff for survey administration to save costs, while others might have a dedicated and experienced research team. This variability can affect data quality, as well as timely analysis of the aggregate report. Without a dedicated research team, the importance of strict protocols might not be fully understood and post-survey instructions might not be followed. For example, in the 2012 survey, it was reported that identification fields were omitted in some cases and surveys were not mailed to the researcher in a timely manner, in effect delaying the analysis for all provinces.
- **Coordinated release of the report:** Not all provinces have access to technical staff to complete their own provincial highlights reports. Such lack of access can affect how quickly results can be analyzed and a provincial report drafted. Although a coordinated release of the results is ideal, it might not always be possible.

National Surveys

There are currently two national surveys that can be employed by provinces and territories to collect student alcohol and drug use data: the Health Behaviour in School-aged Children (HBSC) study and the Youth Smoking Survey (YSS).

In its 2009–2010 cycle, investigators with the HBSC survey developed provincial and territorial reports for provinces and territories that supported an enhanced sample in their jurisdictions. The enhanced sample, also referred to as expanded or oversample, ensured that responses were sufficient to provide representative estimates at the jurisdictional level. These are being used by education and health ministries (or equivalent) to develop priorities for intervention and health promotion in their jurisdictions. This effort is being expanded in 2014, with several provinces requesting to partner with HBSC Canada in creating expanded samples.

The YSS is a biennial national survey that can be employed by jurisdictions to determine prevalence of student drug use. The survey, sponsored by Health Canada, started to include questions on substance use in 2002 and has provided national and provincial historical trends every two years for the last five cycles. The YSS offers provinces the opportunity to purchase an oversample, which can be done at the provincial, health region or school board level, as well as the opportunity to add questions for their province. Furthermore, it provides each participating school a detailed report of the results of their school, which includes most topics covered in the YSS questionnaire.



Advantages of national surveys

- **Cost:** National surveys can make the results and data available to jurisdictions at a relatively low cost (compared with the cost of administering a stand-alone survey) or no cost. If oversampling is required, the cost of an oversample is considerably lower than that of administering a separate provincial survey.
- **The ability to directly compare provincial or territorial results to a national estimate:** National surveys offer consistency in survey design, methodology and analysis across jurisdictions. This consistency allows for an increased ability to generalize the findings and compare between jurisdictional and national results. Such direct comparison is not possible when comparing provincial stand-alone survey results with national estimates because the methodology and questionnaires in stand-alone surveys can differ substantially.
- **Existing infrastructure and expertise to support surveying:** Experts who have experience in survey administration and data analysis can provide advice on analyses and regional contexts, and on the credibility of measures.
- **Collaborating with national surveys reduces survey fatigue in schools and school boards:** When national surveys and stand-alone provincial surveys are both being administered in the same school or school board, the school board must work with both surveying bodies. If a province or territory requests oversampling with a national survey instead of conducting a separate stand-alone survey, the effort and number of surveys administered decreases.

Limitations of national surveys

- **Control over survey content:** National surveys often request input from local jurisdictions, but institutions must balance the competing demands of several groups (e.g., provincial, federal, international), which may not address some of the needs of specific provinces or territories. That said, the YSS offers provinces the chance to append additional questions. This option is valuable for ministries or organizations that wish to have information that can be obtained from a small number of questions not contained in the YSS questionnaire. There is also the chance of having a collated survey to accommodate a large number of questions asked that are not contained in the YSS questionnaire. In this case a separate questionnaire is created by the province and is administered concurrently, at random, with the YSS. PEI is currently using this approach in the [School Health Action Planning and Evaluation System](#).
- **Control over survey continuity:** Control over the continuity of a survey can be jeopardized if a national survey is discontinued. For example, though not a student survey, in 2013 the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) was replaced with the Canadian Tobacco, Alcohol and Drugs Survey (CTADS). The core content has been maintained, but it is not clear to what extent prevalence rates will be directly comparable from CADUMS to CTADS.
- **Limited flexibility in responding to local timelines and needs:** National surveys are bound by national protocols and even international protocols in the case of HBSC, so flexibility in timing, sampling or availability of data after collection can be limited.
- **Local level data might not be possible without incurring extra costs:** Sample sizes and sampling methods are currently in line with national and provincial populations; however, without significantly increasing sample size and ensuring appropriate distribution across regions, regional and school-district level estimates are not possible. Regional and school estimates can be conducted by oversampling areas. This option is offered by both the HBSC



and the YSS at a cost. It should be recognized, however, that large provincial/territorial oversamples might pose certain trade-offs.⁴

Local Level Surveys

Some student health surveys collect data on student alcohol and drug use at the local level. The [Saskatoon Student Health Survey](#) is conducted by a Regional Health Authority (RHA). For the Manitoba [Youth Health Survey](#) (YHS), RHAs, government departments and other provincial agencies work with school boards to make data available that is specific to each participating school.

The Saskatoon Student Health Survey is a cross-sectional survey that was conducted in 2006–2007, 2008–2009 and 2010–2011 in the Saskatoon Health Region. The survey informs Saskatoon Health Region, partners and the public about the health of children in grades 5 to 8; determines differences in health based on neighbourhood and income; provides evidence to influence policy and practice; and supports the delivery of programs and services addressing children’s health issues. The 2010–2011 survey had questions about mental health, physical activity, nutrition, risky behaviours (smoking and drinking) and bullying. The response rate of schools in Saskatoon was 45.4%, with 4,314 participating in the survey. The response rate of students from rural schools was 50.9%, with 1,469 students in grades 5 to 8 participating. The information helps Saskatoon Health Region and the school boards plan programs and services for elementary schools. The Student Health Survey is funded by a grant from the [Canadian Institutes of Health Research](#).

The Manitoba YHS collects local student data at the regional level, yet appears to avoid some of the limitations of local surveys, as described below. Before the survey was initiated there was a growing awareness of the lack of local-level data for planning purposes. The development of YHS was a collaborative effort of over 20 partner agencies, Partners in Planning for Healthy Living, and is supported by government including the departments of Education, Healthy Living and Healthy Child Manitoba. The first province-wide YHS was conducted by RHAs between November 2005 and October 2008. The main purpose of the YHS is to provide schools, school divisions, communities and RHAs with current school- and community-specific information on youth health, with a particular focus on risk factors for chronic disease. The survey data has been used to inform community health planning and policy evaluation, to name a few. The reports are prepared at the school, school division, community, health region and provincial levels.

Advantages of local surveys

- **Control over content, timing, methodology and continuity:** Local surveys can be advantageous because the local administrator has control over the survey in terms of content, timing, methodology and continuity.
- **Analysis can cater to specific local context.**
- **Application of evidence-based practices and policies:** There can be a higher degree of ownership of survey results when they are designed and administered by local authorities and this can lead to increased uptake of survey results into local practices and policies.

⁴ Oversamples can lead to uneven sampling across regions and so extra adjustments are needed for national estimates, which can slightly increase the margin of error.



Limitations of local surveys

- **Limited generalizability of findings:** Given that local surveys can be more context-specific, results might not be comparable from one community to the next or when compared to national or provincial survey results for that locality.
- **Efficiency:** Lack of provincial coordination can result in several surveys on similar topics that could be more efficiently asked as part of a provincial effort.



Conclusion

The ongoing collection of student alcohol and drug use data can lead to the development of effective evidence informed strategies, policies, and prevention and treatment efforts that improve health, social and economic outcomes for youth, families and communities. Despite the multiple benefits, there are challenges in building support for student drug use surveys. Governments and decision makers can be reluctant to embrace research and prevention efforts if immediate, visible results are expected. Changing political priorities and competing demands can influence decisions to support the collection of student alcohol and drug use data. Not collecting this data, however, leaves decision makers and other stakeholders without key information required to fully understand and address youth substance use issues in their jurisdiction.

Given these challenges, it is important to explicitly demonstrate the value of student alcohol and drug use surveys. The examples in this casebook reveal how data from these surveys are instrumental in influencing policies, laws and strategies; evaluating policy; justifying the need for programs and developing programs; advancing knowledge; and addressing public concerns linked to youth substance use issues. Together, the wealth of activities that have taken place across the country as a result of regularly occurring student alcohol and drug use surveys provides compelling evidence of their value and importance.



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Appendix A: Student Drug Use Surveys in Canada

Alberta Youth Experience Survey (TAYES)

<http://www.albertahealthservices.ca/2382.asp>

Alcohol and Other Drugs: Students in Manitoba

<http://afm.mb.ca/product/manitoba-school-survey/>

BC Adolescent Health Survey (BC AHS)

<http://www.mcs.bc.ca/ahs>

Health Behaviour in School-aged Children (HBSC) Study

<http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-mental-mentale/index-eng.php>

Manitoba Youth Health Survey

<http://partners.healthincommon.ca/>

New Brunswick Student Drug Use Survey

<http://gnb.ca/0378/pdf/2013/9230e.pdf>

Newfoundland and Labrador Student Drug Use Survey

http://www.health.gov.nl.ca/health/publications/sdus_summary_report_2007_11_15_final_r_.pdf

Nova Scotia Student Drug Use Survey

<http://novascotia.ca/dhw/publications/Student-Drug-Use-Survey-Report.pdf>

Ontario Student Drug Use and Health Survey (OSDUHS)

http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Pages/default.aspx

Prince Edward Island Student Drug Survey

<http://www.gov.pe.ca/health/index.php3?number=1020228&lang=E>

Québec Health Survey of High School Students

<http://www.stat.gouv.qc.ca/statistiques/sante/index.html>

Québec Survey on Tobacco, Alcohol and Drug Use and Gambling in Secondary School Students

<http://www.stat.gouv.qc.ca/statistiques/sante/index.html>

Student Drug Use Survey in the Atlantic Provinces (SDUSAP)

http://www.health.gov.nl.ca/health/publications/atl_tech_report_2007_web_cover.pdf

Youth Smoking Survey (YSS)

http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_survey-sondage_2010-2011/result-eng.php



Appendix B: Examples of Survey Questionnaires

For illustrative purposes, links to the 2013 Ontario Student Drug Use and Health Survey (OSDUHS) questionnaire are provided below.

There are four English versions of the 2013 OSDUHS questionnaire: two versions (Form A and Form B) designed for grades 7 and 8, and two versions (Form A and Form B) designed for grades 9 to 12. Form A questionnaires are also available in French.

[Form A-ES](#) (Grades 7 and 8)

[Form B-ES](#) (Grades 7 and 8)

[Form A-SS](#) (Grades 9–12)

[Form B-SS](#) (Grades 9–12)



Appendix C: Publications and Resources from Student Alcohol, Drug and Health Surveys

Alcohol and Other Drug Student Surveys (Manitoba)

- Friesen, K., Lemaire, J., & Patton, D. (2008). *Alcohol and other drugs: Students in Manitoba 2007*. Winnipeg, MB: Addictions Foundation of Manitoba. Retrieved from <http://afm.mb.ca/product/manitoba-school-survey/>
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- Partners in Planning for Health Living (2012). *Moving towards healthier lifestyles: Stories from the Manitoba Youth Health Survey*. [Video] Retrieved from <http://partners.healthincommon.ca/tools-and-resources/youth-health-survey/>.

Alberta Youth Experience Survey (TAYES)

- Alberta Health Services, Addiction and Mental Health. (2009). *The Alberta Youth Experience Survey 2008: Technical report*. Edmonton, AB: Author. Retrieved from <http://www.albertahealthservices.ca/Researchers/if-res-tayes-2008-technical-report.pdf>
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BC Adolescent Health Survey (BC AHS)

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Health Behaviour of School-aged Children (HBSC)

- Freeman, J., King, M., Kuntsche, E., & Pickett, W. (2011). Protective roles of home and school environments for the health of young Canadians. *Journal of Epidemiology and Community Health, 65*, 438–444.
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Ontario Student Drug Use and Health Survey (OSDUHS)

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Student Drug Use Survey in the Atlantic Provinces

Boudreau, B., & Poulin, C. (2007). The South Oaks Gambling Screen-revised Adolescent (SOGS-RA) revisited: A cut-point analysis. *Journal of Gambling Studies, 23*, 299–308.

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Poulin C. (2007a). From attention-deficit/hyperactivity disorder to medical stimulant use to the diversion of prescribed stimulants to non-medical stimulant use: Connecting the dots. *Addiction, 102*, 740–751.

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