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Opioid Use Among Students in the HKPR District
2017 Ontario Student Drug Use and Health Survey (OSDUHS)

Opioids are a class of powerful drugs that are mainly prescribed to treat severe pain.[1] When used properly, they can be effective to relieve pain. But people may become addicted to opioids, which may lead to dependence, overdose and death.[2] Opioids are depressant drugs, which means they slow down the part of the brain that controls breathing. It's dangerous to take opioids while taking other depressants, such as alcohol, anxiety medication, sleeping pills or other medications that may cause drowsiness.[3] Opioids can impair decision-making and may result in risky behaviours that increase the chances of youth being injured or killed (e.g., fighting, impaired driving, or suicidal behavior).[4]

Opioids include over-the-counter drugs (such as Tylenol No. 1), prescription drugs (such as codeine, oxycodone, morphine, hydromorphone and fentanyl) and illicit drugs (such as heroin).[3] In Ontario, students use non-medical prescription opoid pain releivers at a rate of 12.9%.[5]

The purpose of this *inFORM* is to highlight some of the findings on drug use (excluding tobacco, high-energy caffeine energy drinks, and alcohol) from the 2017 Ontario Student Drug Use and Health Survey (OSDUHS) for the Haliburton, Kawartha, Pine Ridge (HKPR) District.

Methods & Data Notes

The OSDUHS is a population survey of Ontario students from grade 7 through grade 12, conducted every two-years, that is distributed within publicly-funded schools within Ontario.[3] The survey is self-administered, anonymous, and considered representative of all Ontario students in both English and French language schools, within the Public and Catholic School Boards.[1] In 2016/17, the HKPR District Health Unit purchased an over-sample of the OSDUHS in order to obtain estimates for youth residing within the HKPR District. In total, there were 1215 surveys completed for the 2016/2017 OSDUHS survey by students within the HKPR District; 585 by elementary-school students and 630 by high-school students. Males accounted for 43.4% and females accounted for 55.6% of the respondents. Surveys were completed for students in grade 7 (n=232), grade 8 (352), and grades 9 – 12 (629)[†]. The median age of respondent was 14 years of age (mean: 14.0; standard deviation (SD): 1.72).

Results

- 24.6% (95% CI: 18.3, 32.1) of HKPR District grade 9 – 12 students reported using a drug[‡], other than cannabis (marijuana), in the previous 12-months. The estimate for HKPRDHU students is not significantly different than the rest of Ontario students ($p > 0.05$).

[†] Two surveys did not report the grade of the student; summing the number of students by grade will not match the total sample size.

[‡] Includes: synthetic cannabis, inhalants, LSD, mushrooms/mescaline, cocaine, crack, methamphetamine, heroin, ecstasy, ketamine, methoxetamine, jimson weed, salvia divnorum, BZP pills, mephedrone, tranquillizers/sedatives (non-medical (NM)), ADHA drugs (NM), and over-the-counter cough/cold medication (to "get high").[1]

- 20.9% (95% CI: 16.2, 26.6) of HKPR District grade 7 – 12 students reported using prescription opioid pain relievers with a prescription in the previous 12-months. The estimate for HKPRDHU students is not significantly different than the rest of Ontario students ($p > 0.05$).
- 8.8%* (95% CI: 6.2, 12.3) of HKPR District grade 7 – 12 students reported using prescription opioid pain relievers without a prescription in the previous 12-months. The estimate for HKPRDHU students is not significantly different than the rest of Ontario students ($p > 0.05$).
- Fentanyl use in the previous year was quite low, both within the HKPRDHU and Ontario overall. Provincially, 0.9% (95% CI: 0.5%, 1.6%) of grade 9 – 12 students reported using Fentanyl at least once in the previous 12-months.[1] Fentanyl use among students in the HKPR District has been suppressed**.
- 49.8% (95% CI: 35.8, 63.9) of HKPR District students who reported using prescription opioid pain relievers without a prescription in the previous 12-months indicated they got/took these prescription medications from a parent or sibling. The estimate for HKPRDHU students is not significantly different than the rest of Ontario students ($p > 0.05$).
- More than 1-in-10 HKPR District grade 7 – 12 students (17.1% (95% CI: 12.5, 23.0)) reported it was 'easy' or 'fairly easy' to obtain prescription pain relief pills without going to a doctor. The estimates for HKPRDHU students are not significantly different than the rest of Ontario students ($p > 0.05$).
- One-in-three (32.2% (95% CI: 25.9, 39.2)) HKPR District grade 7 – 12 students perceive a 'great risk' of harm associated with using a prescription pain reliever that was not prescribed to the individual. Surprisingly, 17.7% (95% CI: 12.9, 23.9) reported 'no risk' or a 'slight risk' of harm and 21% (95% CI: 16.7, 27.7) indicated they 'did not know' how much risk there was if taking prescription pain relievers that were not prescribed for the individual. The estimates for HKPRDHU students are not significantly different than the rest of Ontario students ($p > 0.05$).

"The data used in this publication came from the Ontario Student Drug Use and Health Survey conducted by the Centre for Addiction and Mental Health and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the Centre for Addiction and Mental Health".

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Definition of Terms

Estimate – The estimate is the per cent or value observed/reported in the sample that is generalized to the broader population with similar characteristics (e.g., grade 7 – 12 students).

95% confidence interval (95% CI) – Confidence intervals (CIs) are the range of variability around an estimate. The 95% CI displays the range surrounding an estimate in which there is a 95% probability that the population value occurs.

Significantly different ($p < 0.05$) – When estimates are said to be significantly different (or statistically significant; $p < 0.05$), this indicates that differences observed are not likely due to chance alone. Additional factors may be present (or absent) to a greater degree in one or more of the groups being compared.

Mean – The mean (or average) is calculated by adding the observed values together and dividing by the number of observations.

Standard Deviation (SD) – The standard deviation (SD) indicates how much the observed values vary from the mean. A lower SD indicates the more of the observed values are closer to the mean (higher precision), whereas a higher SD would indicate that the observed values are spread out more widely around the mean (lower precision).

Coefficient of Variation (CV) – The coefficient of variation is the ratio of the standard deviation to the estimate, displayed as a percentage. The CV indicates the size of the standard deviation compared to the estimate. As the variability around an estimate increases so too does the CV. For example, a CV of 33% indicates that the SD is 33% or one-third the size of the estimate.

Sample-size – The sample-size is the number of responses or individuals observed. As the size of a sample increases the SD decreases, and the ability to detect differences (power) increases.

***** – A single asterisk (*) indicates that the reported estimate has a higher degree of variability and should be interpreted with caution. When a single asterisk (*) is used, the CV for the estimate is within the range of 16.6% — 33.3%.

****** – A double asterisk (**) indicates that an estimate has been suppressed. Data are suppressed when the CV or an estimate is equal to or greater than 33.3%. Additionally, values have been suppressed when the reported sample-size (the number of people responding to a question) is less than 30.

References

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