

Highlights from the CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2007

This *eBulletin* highlights the main findings from the 2007 *CAMH Monitor*, an Ontario-wide telephone survey of 2,005 adults aged 18 and older. Also highlighted are trends in alcohol, tobacco, and cannabis use, based on 22 surveys conducted between 1977 and 2007. The resulting compilation of these surveys represents the longest ongoing study of adult substance use in Canada.

Substance Use and Related Factors

Table 1 presents the major substance use and mental health findings from the 2007 *CAMH Monitor*.

After controlling for other demographic characteristics, substance use was associated with the following factors:

Gender was significantly associated with 8 of the 12 substance use measures, with men showing higher prevalence rates than women. Specifically, men were significantly more likely to:

- drink alcohol during the past year
- drink alcohol daily
- consume more drinks weekly
- exceed the low risk drinking guidelines
- drink 5 or more drinks on a single occasion weekly
- drink hazardously/harmfully
- drive after drinking alcohol, and
- use cannabis during the past year.

Age of respondent was significantly associated with 11 of the 12 substance use measures. With the exception of daily drinking – which tends to increase with age – most substance use decreased with age or was highest among 18 to 29 year-olds. Specifically, after adjusting for other demographic characteristics, 18 to 29 year-olds were significantly more likely to:

- drink alcohol during the past year
- consume more drinks weekly
- drink 5 or more drinks on a single occasion weekly
- drink hazardously/harmfully
- smoke daily
- drive after cannabis use, and
- use cannabis hazardously/harmfully.

Public Health Region was associated with 5 of the 12 indicators: past year drinking, average number of drinks per week, drinking and driving, smoking and daily smoking. Those from Northern Ontario were the most likely to smoke and to smoke daily, those from Toronto were the least likely to drink alcohol, while those from the South West region of the province were the most likely to drink and drive and to consume a high number of drinks per week.

Table 1
Addiction and Mental Health Indicators, Ontario Adults 18+ Years, 2006/2007 CAMH Monitor

	Measure	Percentage Estimate	Population Estimate
Alcohol	Percentage drinking alcohol in past 12 months	81.5%	8,135,400
	Percentage drinking alcohol daily	5.9% of total sample 7.3% of drinkers	584,900
	Average number of drinks consumed weekly (among drinkers)	3.8 drinks	
	Percentage exceeding the low risk drinking guidelines	23.4% of total sample 28.7% of drinkers	2,334,000
	Percentage consuming 5 or more drinks on a single occasion weekly ("heavy drinking")	11.2% of total sample 13.8% of drinkers	1,112,000
	Percentage reporting hazardous or harmful drinking (AUDIT 8+)	15.6% of total sample 19.3% of drinkers	1,499,400
	Percentage of drivers who drank and drove at least once in the past 12 months	6.1% of drivers	538,700
Tobacco	Percentage smoking cigarettes in past 12 months	21.6% 17.0% smoking daily	2,138,000 1,680,000
	Percentage of smokers consuming more than 20 cigarettes daily	16.5% of smokers	351,000
	Percentage of daily smokers reporting high smoking dependence	10.5% of daily smokers	174,700
Cannabis	Percentage using cannabis in lifetime	42.1%	4,156,000
	Percentage using cannabis in past 12 months	12.5%	1,249,700
	Percentage of cannabis users reporting hazardous or harmful cannabis use (CUDIT 8+)	2.1% of total sample 17.4% of users	206,400
	Percentage of drivers who drove in the past 12 months after using cannabis, at least once	1.8% of drivers	160,000
Cocaine	Percentage using cocaine in lifetime	7.1%	578,900
	Percentage using cocaine in past 12 months	1.7%	147,100
Mental Health	Percentage reporting elevated psychological distress during the past few weeks	12.7%	1,269,900
	Percentage using prescribed anxiety medication	5.7%	564,900
	Percentage using prescribed depression medication	6.6%	649,200
	Percentage reporting poor mental health in general	6.2%	620,800
	Percentage reporting frequent mental distress days (14+) during the past 30 days	6.6%	649,200

Notes: (1) population estimates, based on an adult population of 9,460,369, are rounded to the nearest hundred; (2) estimates for cocaine use, and use of anxiety medication and depression medication are based on data from the 2006 CAMH Monitor cycle.

Trends in Substance Use

Alcohol

- The percentage of the total adult population reporting drinking alcohol in the past year significantly increased between 2006 and to 2007 from 78% to 82%. The increase was especially evident among women (from 74% to 78%) and those aged 18 to 29 years (from 85% to 90%).
- Among women, both daily drinking and average number of drinks consumed weekly have been increasing since 2001. No changes are evident for men.
- The percentage consuming 5 or more drinks on a single occasion weekly (heavy drinking) increased over the past 20 years and currently remains at an elevated rate, especially among men and 18 to 29 year-olds. The 2007 estimate for heavy drinking among 18 to 29 year-olds is the highest on record, increasing from 11% in 1995 up to 26% in 2007.
- Indicators of hazardous/harmful drinking among the total population have been increasing since 2001, from 13% up to 16% in 2007. This increase was especially evident among women, and 18 to 29 year olds.
- The prevalence of drinking and driving in the total population has significantly decreased over the past decade from 13% in 1996 to 6% in 2007.

Tobacco

- The prevalence of past year cigarette smoking has significantly decreased over the past decade, from 28% in 1996 to 22% in 2007, especially among women (from 26% to 20%).
- Daily smoking also decreased over time, from 23% in 1996 down to 17% in 2007.

Cannabis

- Past year cannabis use among adults remained stable between 2006 and 2007, at about 13%. However, use has been steadily increasing since 1977. This increase is especially evident among women (from 5% in 1977 up to 10% in 2007), among 18 to 29 year-olds (from 23% up to 34%), and among those aged 50 and older (from 1% to 5%).

Cocaine

- Rates of past year cocaine use have remained stable since 1996, hovering between 1% and 2%.

Trends in Mental Health

- Overall, indicators of elevated psychological distress remained stable between 2006 and 2007, at 13%.
- The percentage reporting use of prescribed medication to treat anxiety increased between 1999 and 2006, from 4% to 6%.
- Similarly, the percentage reporting the use of prescribed depression medication increased between 1999 and 2006, from 4% to 6%.

Flagging Some Public Health Issues

- Despite the fact that cigarette smoking among Ontario adults has decreased considerably over time, the current rate of smoking (22%) still remains at an elevated level. This estimate represents about two million smokers in Ontario.
- Several indicators of heavy drinking and problematic drinking are currently at elevated rates. Moreover, among the subgroups, women and young adults have shown prominent increases over the past decade.
- Past year use of cannabis has increased since 1977, and there is some indication that the average age of cannabis users has increased over time. This will likely have implications for the health care system.

Methods:

The CAMH Monitor is an addiction and mental health random, anonymous telephone survey of the Ontario population aged 18 and older, administered by the Institute for Social Research, York University. The CAMH Monitor is conducted on an ongoing monthly basis and employs a stratified (region) two-stage (household, respondent) probability sample design. The following 6 regional strata are used: Toronto, Central East, East, Central West, West, and North. The sample size in 2007 was 2,005 (53% of eligible respondents). Between 1977 and 1995, sample sizes ranged from 994 to 2,002. Since 1996, annual sample sizes have averaged around 2,200. All survey estimates were weighted, and variance and statistical tests were corrected for the sampling design.

Terminology:

- **Exceeding Low-Risk Drinking Guidelines** refers to drinking beyond the amount recommended in Canada's "Low-Risk Drinking Guidelines." These guidelines recommend that men and women limit weekly drinking to no more than 14 and 9 standard drinks, respectively, and that daily alcohol intake should be limited to 2 drinks. Compliance is based on reported number of drinks daily for each of the past 7 days, and derived separately for men and women.
- **Hazardous or Harmful Drinking** was measured with the Alcohol Use Disorders Identification Test (AUDIT), which is a 10-item instrument designed to detect a drinking problem at the less severe end of the spectrum. The percentage reported here is based on a score of at least 8 out of 40, which represents an established high-risk pattern of drinking that increases the likelihood of future medical and physical problems, or indicates harmful consequences of use already experienced. The reference period for the AUDIT is the past 12 months before the survey.
- **Drinking and Driving** was measured with the question: "How many times in the past 12 months have you driven a motor vehicle after having two or more drinks in the previous hour?" Prevalence is based on those with a valid driver's licence who report having done so at least once during the 12 months before the survey.
- **Cigarette Smoker** is defined as someone who: 1) has smoked over 100 cigarettes in his or her lifetime, 2) is a daily or occasional smoker, and 3) has smoked in the past 30 days.
- **Smoking Dependence** was measured among daily smokers using the Heaviness of Smoking Index (HIS), a scale based on points given for the time to the first cigarette each morning and number of cigarettes smoked per day. The high smoking dependence is based on a score 5 or 6 on the HIS.
- **Elevated Psychological Distress** was measured with the General Health Questionnaire (GHQ), which is a 12-item screening instrument used to assess current mental health problems. The items assess the recent frequency of experiencing 12 symptoms (e.g., stress, depression, problem making decisions). Elevated Psychological Distress is defined as experiencing at least 3 of the 12 symptoms.
- **Poor Mental Health** was measured with the question "In general, would you say your overall mental health is excellent, very good, good, fair or poor?" and is defined as responses of "fair" or "poor."
- **Frequent Mental Distress Days** was measured with the question "During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" and is defined as reporting 14 or more mentally unhealthy days.

(Continued...)

- **95% Confidence Interval (CI)** can be crudely interpreted as being 95% likely to include the "true" value if every adult in Ontario was surveyed.
- **Statistically Significant Difference** refers to a difference between two percentages that is not likely due to chance. For example, a difference found at the $p < .05$ level of statistical significance is one that is less than 5% likely to occur by chance alone.

Source:

Ialomiteanu, A.R., Adlaf, E.M., Mann, R.E., Rehm, J. (2009). CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2007. (CAMH Research Document Series, No. 25). Toronto: Centre for Addiction and Mental Health. [electronic document]; available: http://www.camh.net/research/camh_monitor.html

Suggested Citation:

Centre for Addiction and Mental Health. Highlights from the CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2007. *CAMH Population Studies eBulletin, September 2009, Vol. 10, No. 3*. Toronto, Ontario: CAMH.

To receive future issues of the *eBulletin*, please contact Christine Vrbanac via email at: christine_vrbanac@camh.net

Previous issues of the *eBulletin* are available at: http://www.camh.net/research/population_life_course.html

Media Enquiries: Tel: 416-595-6015