

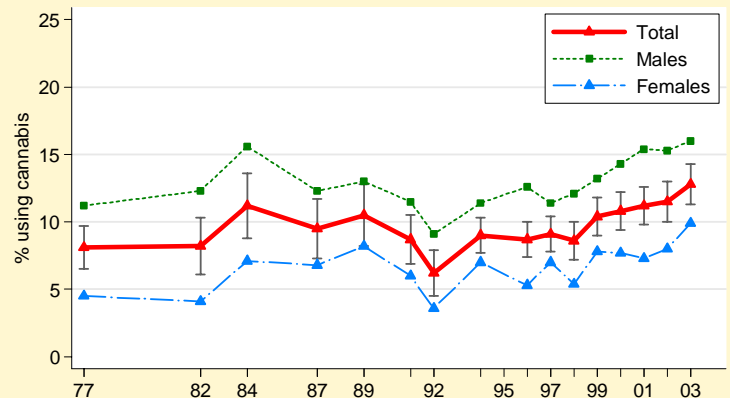
## Trends in Cannabis, Cocaine and Ecstasy Use Among Ontario Adults, 1977-2003

Monitoring drug use in the general population is key to understanding the changing scope and character of drug use, and in providing the most timely data to inform social policy, identify programming needs, and inform public debate. *The CAMH Monitor*, which is the longest ongoing survey of substance use and problems in Canada, has monitored drug use among Ontario adults since 1977. This *eBulletin* highlights some recent data on trends in the use of cannabis, cocaine and ecstasy among Ontario adults.

### Cannabis Use

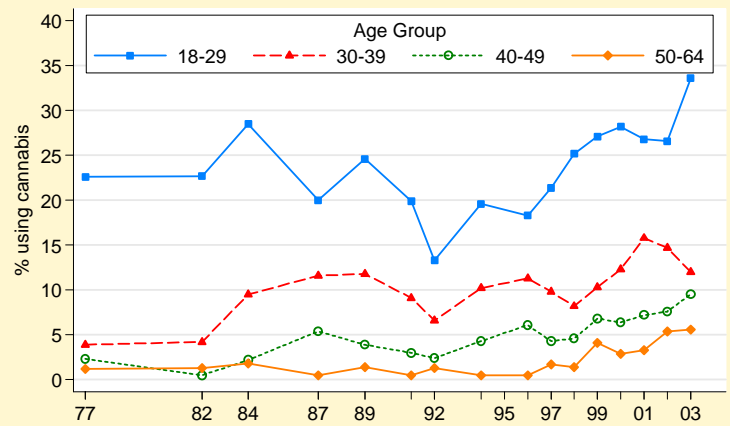
- In 2003, 39% of Ontario adults used cannabis during their lifetime, and 13% used it during the 12 months before the survey.
- As seen in Figure 1, the overall trend in past year cannabis is one of downward movement between 1984 and 1991, stability between 1991 and 1997, and upward movement since then. Indeed, the past year use of cannabis shows an increase from 9% in 1997 to 13% in 2003.
- Larger increases, however, are notable among the several subgroups. Between 1997 and 2003, the past year use of cannabis increased among:
  - males,..... from 11% to 16%
  - females ..... from 7% to 10%
  - 18-29 year olds ...from 21% to 34%.
- Also, more Ontarians aged 40 and older use cannabis than ever before (Figure 2). Between 1997 and 2003, the past year use of cannabis increased among
  - 40-49 year olds.....from 4% to 10%
  - 50-64 year olds.....from 2% to 6%.
 The 2003 rates are the highest ever posted for these two age groups.

Figure 1. Past Year Cannabis Use by Total and Sex, 1977-2003



Note: error bars are 95% CIs for Total estimates  
Source: CAMH Monitor

Figure 2. Past Year Cannabis Use by Age Group, 1977-2003



Source: CAMH Monitor

- There is a weak increasing trend of more regular use among cannabis users. The percentage of past year cannabis users who reported daily use was 8% in 1997, 9% in 1999, 11% in 2001 and 14% in 2003.
- There is no evidence of recent changes of uncontrolled use among cannabis users. The percentage of past year cannabis users who reported that they tried to cut down their cannabis use, but failed was 7% in 2000, 4% in 2001 and 9% in 2003. These estimates are within sampling error and do not differ significantly.

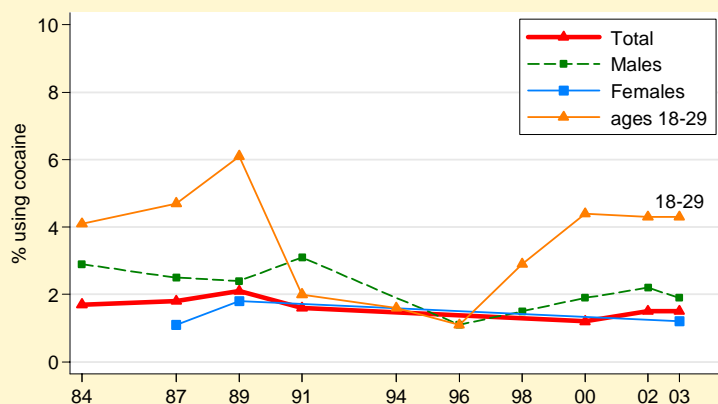
## Ecstasy Use

- In 2003, 4% of Ontario adults reported use of ecstasy in their lifetime, and less than 1% reported use during the 12 months before the survey.
- Overall, ecstasy use remained relatively stable between 2000 and 2003, with lifetime use varying between 3% and 4%, and past year use varying from less than 1% to 2%. No subgroup trends were evident.

## Cocaine Use

- In 2003, 7% of Ontario adults used cocaine at least once in their lifetime, and 2% used it during the 12 months before the survey.
- Changes in cocaine use are not dramatic. Between 1984 and 2003, lifetime cocaine use varies between 3% and 7%, and past year use varies from less than 1% to 2% (Figure 3). Thus, among the total sample, cocaine use has remained relatively stable over the past two decades. The only notable subgroup change occurred among 18 to 29 year olds, whose use peaked at 6% in 1989, declined over the 1990s and has remained at about 4% since 2000.

Figure 3. Past Year Cocaine Use by Total and Sex, 1984-2003



Note: some estimates are suppressed  
Source: CAMH Monitor

### **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 data for 2003 are based on 12 monthly cycles from January to December, with a sample size of 2,411. Between 1977 and 1995, sample sizes ranged from 994 to 2,002. Since 1996, annual sample sizes have averaged around 2,400.

All survey estimates were weighted, and variance and statistical tests were corrected for the sampling design.

### **Terminology:**

- **Cannabis Use** was measured with the questions: "Have you ever in your lifetime used cannabis?" and "How many times, if any, have you used cannabis during the past 12 months?".
- **Cocaine Use** was measured with the questions: "Have you ever in your lifetime used cocaine?" and "How many times, if any, have you used cocaine during the past 12 months?".
- **Ecstasy Use** was measured with the questions: "Have you ever used the drug MDMA, more commonly known as "Ecstasy" even once in your life?" and "How many times, if any, have you used the drug MDMA or ecstasy during the past 12 months?".
- **95% Confidence Interval (CI)** can be crudely interpreted as being 95% likely to include the "true" percentage value if every adult in Ontario was surveyed.
- **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:**

The 2002 and 2003 results are based on unpublished statistical analyses of the *CAMH Monitor* data.

Adlaf, E.M., & Ialomiteanu, A. (2002). *CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults in 2001, and Changes Since 1977*. CAMH Research Document Series No. 12. Toronto: Centre for Addiction and Mental Health. [electronic document]; available: [http://www.camh.net/research/population\\_life\\_course.html](http://www.camh.net/research/population_life_course.html)

### **Suggested Citation:**

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To receive future issues of the *eBulletin*, please contact Maureen Kothare via email at: [maureen\\_kothare@camh.net](mailto:maureen_kothare@camh.net)

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Media Enquiries: Tel: 416-595-6015