

The 2004 *Canadian Campus Survey*: Selected Highlights

Researchers from CAMH, the University of Montreal, Dalhousie University, and the University of Alberta, recently completed the 2004 *Canadian Campus Survey* (CCS). The CCS is an epidemiological survey of over 6,000 full-time university undergraduates drawn from 40 Canadian universities. Funded by the Canadian Institutes for Health Research, the goal of the CCS was to understand how undergraduates' alcohol use and misuse are affected by individual and contextual factors, and to investigate the types of addiction and mental health comorbidities, including alcohol, drugs, mental health and gambling problems.

This *eBulletin* presents selected highlights from the 2004 CCS Preliminary Report, which describes (1) the prevalence of alcohol use, other drug use, mental health and gambling problems among Canadian undergraduates, (2) relationships between these outcomes and student characteristics, and (3) changes since a similar 1998 survey. The table below presents estimates for substance use and mental health problems among Canadian undergraduates in 2004, broken down by gender and region of the country.

Main Findings from the 2004 *Canadian Campus Survey* (CCS)

	Total	M	F		BC	PR	ON	QC	AC	
Alcohol										
% Past Year Use	85.7	84.0	87.1	*	-78.5	86.9	84.2	+89.7	+90.9	*
% Past Month Use	77.1	76.5	77.7		-70.6	77.4	74.5	+83.3	+83.2	*
% Heavy-Frequent Drinker	16.1	20.6	12.5	*	-11.7	14.6	18.8	-9.6	+24.5	*
% Hazardous/Harmful Drinking (AUDIT8+)	32.0	37.6	27.5	*	-26.7	29.4	33.4	-26.6	+46.5	*
% 1+ Harms (AUDIT)	43.9	45.9	42.4	*	-39.0	41.3	45.1	-40.2	+55.9	*
% 1+ Dependence Symptoms (AUDIT)	31.6	32.5	30.9	*	29.6	30.1	31.9	30.8	36.4	
% Experiencing alcohol-related assault	10.0	10.8	9.3		-5.8	8.6	+12.6	-4.6	+16.1	*
% Experiencing alcohol-related sexual harassment	9.8	4.2	14.3	*	-7.4	-6.9	9.6	11.5	+14.8	*
% Unplanned sexual relations due to alcohol	14.1	15.8	12.8	*	16.3	13.6	12.5	13.7	19.9	
Other Drug Use										
% Current Smoker	12.7	12.0	13.2		-9.6	-8.9	11.2	+18.3	+16.9	*
% Cannabis Use (12m)	32.1	34.5	30.1	*	30.3	-19.4	33.0	+39.0	+36.9	*
% Cannabis Use (30d)	16.7	19.7	14.2	*	12.9	-9.6	17.5	+20.9	+20.6	*
% Any Illicit Drug Use (12m, excluding cannabis)	8.7	9.7	7.9		9.9	-4.5	8.2	+11.5	10.9	*
% Any Illicit Drug Use (30d, excluding cannabis)	2.2	2.3	2.1		+3.3	1.3	1.8	+3.1	2.2	*
Mental Health										
% Elevated Psychological Distress	29.2	23.9	33.5	*	+30.7	24.8	+32.8	26.1	25.8	*
% At-Risk Gamblers	7.9	10.5	5.9	*	7.2	7.1	8.3	6.6	+10.9	*
% Moderate or Severe Gambling Problem	3.7	6.7	1.3	*	2.8	4.6	4.3	-1.8	4.4	*

Notes: M=males; F=females; BC=British Columbia; PR=Prairies; ON=Ontario; QC=Québec; AC=Atlantic; (12m) past 12 month use; (30d) past 30 day use; AUDIT=Alcohol Use Disorders Identification Test; * group difference significant at $p < .05$; + significantly higher than the national estimate; - significantly lower than the national estimate.

Methods:

A random sample of 6,282 full-time university undergraduates (41% of eligible students) drawn from 40 universities completed questionnaires by mail (56%) or online (44%) during March and April 2004. Sixty-four universities, with an enrolment of about 642,000 Canadian undergraduates, met the following criteria for inclusion: (1) had a Registrar, (2) had more than 1000 full-time degree undergraduates, (3) had students physically attend classes (i.e., online universities were excluded), (4) were publicly-funded, and (5) were non-military or non-theological. Of the 64 universities (69 campuses) that met the eligibility criteria, 40 (45 campuses) agreed to participate, representing completion rates of 63% of universities and 65% of campuses. The sample of 6,282 undergraduates averaged 22 years of age (range 16 to 65 years) and included 2,248 males and 4,034 females. The sample was comprised of 793 students from universities in British Columbia, 513 from the Prairies, 2,107 from Ontario, 2,076 from Québec, and 793 from the Atlantic. In total, 1,088 (18%) lived on campus, while 2,585 (42%) lived off-campus with family, and 2,541 (41%) lived off-campus without family.

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

Terminology:

- **Heavy-Frequent Drinker** is defined as typically drinking at least once a week, and consuming more than 5 drinks per drinking day.
- **Hazardous/Harmful Drinking** is based on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) screener, which identifies hazardous and harmful drinking patterns of drinking as well as alcohol dependence. A cut-off score of 8 or more out of 40 indicates hazardous or harmful drinking.
- **Alcohol Harms** are based on the AUDIT screen and include: feeling guilty, memory loss, injury, and concern expressed from others.
- **Alcohol Dependence Symptoms** are based on the AUDIT screen and include: unable to stop drinking; failing to carry out normal activities, and having a morning drink.
- **Any Illicit Drug Use** refers to the use of any of the following 8 drugs: cocaine, crack, amphetamines, heroin, LSD, hallucinogens, ecstasy, and "party drugs" (e.g., Ketamine, GHB).
- **Elevated Psychological Distress** is based on the 12-item General Health Questionnaire used to measure current mental health (i.e., depression and anxiety). Students reporting four or more of the 12 symptoms are considered to be in a state of elevated psychological distress.
- **At-Risk Gamblers** are defined as those at risk for developing serious gambling problems, based on a score of 2 or 3 on the Canadian Problem Gambling Index.
- **Moderate or Severe Gambling Problem** is defined as a score of 4 or more on the Canadian Problem Gambling Index.
- **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 full report of the 2004 Canadian Campus Survey will be available at http://www.camh.net/research/population_life_course.html in November 2005.

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