

CANADIAN COMMUNITY
EPIDEMIOLOGY NETWORK ON
DRUG USE

NATIONAL CAPITAL REGION
REPORT, 2002

Written by: Karen Garabedian
Edited by: Ben Belanger

Highlights for the National Capital Region

- ❖ The National Capital Region (NCR) is a unique site since it encompasses communities within the provinces of both Québec and Ontario, comprising a total population of 1,063,664.
- ❖ Alcohol was the licit substance most often used by both youth and adults.
- ❖ A significant number of Ottawa students (8%) were identified as problem drinkers.
- ❖ For youth who currently drink, most consumed alcohol prior to the age of 15.
- ❖ Among Québec adults, females were nearly twice as likely to have experienced emotional or psychological problems because of alcohol use than Ontario females- 14% and 7% respectively; the difference between Ontario and Québec males was not as pronounced- 5% and 9% respectively.
- ❖ Cannabis was the most common illicit drug used by students.
- ❖ 34% of Ontario adults and youth each reported using cannabis at least once in their lifetime, compared to 19% of Ottawa students and 25% of Hull students.
- ❖ 2% of Ontario seventh graders used cannabis by grade 6.
- ❖ There has been a steady increase in the use of cannabis by Ontario adults from 9% in 1998 to 11% in 2001.
- ❖ Cannabis dependence is significantly higher among youth (27%) than adults (5%).
- ❖ Since 1991 there has been an increase in the general consumption of illicit drugs in Ottawa and Hull including the use of hallucinogens, cannabis, glue, solvents, barbiturates and medical stimulants.
- ❖ 54% of students reported not using any illicit drugs.
- ❖ Cocaine was the drug most often injected by injection drug users.
- ❖ Over 30,000 individuals in Ottawa reported some form of substance problem requiring treatment.
- ❖ Alcohol was the substance for which the majority of clients sought treatment (73%), followed by cocaine and cannabis (33% each); among youth, cannabis is the substance for which they most often seek treatment.
- ❖ In 1998, there were 943 drug offences cleared by charge; the majority of charges were for cannabis (66%), followed by cocaine (29%) and heroin (less than 1%).
- ❖ The most prevalent alcohol-related primary diagnosis in Ottawa was chronic liver disease and cirrhosis.
- ❖ Drug psychosis and drug dependence were the most common types of drug-related morbidity in Ottawa.
- ❖ Sixty-four alcohol-related deaths and twenty-six drug deaths involving heroin or cocaine were recorded in Ottawa.
- ❖ The proportion of fatalities involving a drinking driver in Ontario decreased from 38% in 1995 to 30% in 1999; in Québec it decreased from 46% to 28% during this same period.
- ❖ The estimated number of persons killed in crashes in Ontario involving a drinking driver decreased by 26% from 398 in 1995 to 287 in 1999; in Québec it decreased from 255 in 1995 to 154 in 1999.
- ❖ The proportion of students reporting cannabis and driving is slightly higher than the percentage reporting drinking and driving- 19% versus 15%.
- ❖ HIV prevalence was estimated at 1,148 cases related to injection drug use.
- ❖ Among all AIDS cases in Ottawa, 6% were self-identified injection drug users.

Table of Contents

Introduction.....	3
Description of the National Capital Region.....	4
Methodology	5
Indicators of Substance Use	6
Prevalence	6
Treatment	23
Law Enforcement.....	28
Morbidity	33
Mortality	35
HIV/AIDS & Hepatitis C.....	35
Conclusion & Discussion	38
References.....	39

Introduction

This document is the first report produced for the Canadian Community Epidemiology Network on Drug Use (CCENDU) by the Ottawa site. It examines the traditional CCENDU indicators of prevalence, treatment, law enforcement, morbidity, mortality, and HIV/AIDS and hepatitis C for the National Capital Region. The purpose of this report is to provide factual data, and to assess and address local substance use issues.

CCENDU was established in response to a 1995 feasibility study that identified the need for a Canada-wide surveillance system on substance use. Spearheaded by the Canadian Centre on Substance Abuse (CCSA) and guided by a steering committee, CCENDU is a collaborative project involving federal, provincial, and community agencies, with intersecting interests in drug use, health and legal consequences of use, treatment, and law enforcement. CCENDU is the first network of its kind in Canada and is part of an international network that includes the Community Epidemiology Work Group in the United States.

The primary goal of CCENDU is to coordinate and facilitate the collection, organization, and dissemination of qualitative and quantitative information on drug use among the Canadian population at the local, provincial, and national levels. Furthermore, CCENDU aims to foster networking among key multi-sectoral partners, to improve the quality of data being gathered, and to serve as an early warning system concerning emerging trends. Ultimately, CCENDU strives to support and encourage sound policy and program development related to drug use.

At the national level, CCENDU's Steering Committee includes representatives from the CCSA, Canadian Society of Addictions Medicine, Correctional Service of Canada, Federation of Canadian Municipalities, Health Canada, and the Royal Canadian Mounted Police. Locally, twelve urban sites participate to varying degrees: St. John's, Halifax, Fredericton, Ottawa, Montreal, Toronto, Winnipeg, Regina, Calgary, Edmonton, Vancouver, and Whitehorse. Additional sites are currently under development.

Each site collects, collates, and interprets data and information in major areas related to substance use (alcohol, cocaine, cannabis, heroin, sedative-hypnotics and tranquilizers, hallucinogens other than cannabis, stimulants other than cocaine, HIV, AIDS, hepatitis C, and needle exchange) to produce local reports. A national report is produced periodically as a compilation of local data, with special focus given to current, high-priority issues.

The National Capital Region

The National Capital Region (NCR) is a unique site since it encompasses communities within both the provinces of Québec and Ontario, as well as two languages and cultures, and several cities and villages on both sides of the border. The NCR, which incorporates adjacent parts of the province of Québec as well as surrounding communities in Ontario, declined from a population of 1,081,000 in 1996 to a population of 1,063,664 in 2001.

Ottawa is located in southeastern Ontario, at the confluence of the Ottawa, Gatineau, and Rideau rivers. Its metropolitan area lies astride the Ontario-Québec border. The population of Ottawa, the capital city of Canada, in 2001 was 774,072, up from 721,136 in 1996. This change from 1996 to 2001 represents a population increase of approximately 7%.

In the city of Ottawa, native English speakers outnumber native French speakers by about a 4 to 1 ratio, but in the NCR, more than one-third of the population are native French speakers. Additionally, the Ottawa area is home to a number of ethnic communities, primarily of European (Italian and German), Middle Eastern (Arabic), and Far Eastern (Chinese) origins. There is also a small population of indigenous peoples representing less than 1% of the total population in Ottawa.

The region of Hull¹ is vastly French speaking and also represents a number of ethnic groups including Aboriginal, Arab, West Asian and Southeast populations, as well as Black and Latin Americans.

A vast majority of individuals (78%) living in Ottawa who are 25 years of age and over have a high school certificate or higher with 28% of the population holding a university degree. In Hull, 69% of those 25 and older have a high school degree or higher, with 27% having attained a university degree.

¹ As of January 2001 the area of Hull is referred to as the Outaouais region which includes an urban zone (the Communauté urbaine de l'Outaouais region, regrouping the cities of Hull, Gatineau, Aylmer, Buckingham and Masson-Angers) and a rural area comprising four regional county municipalities: the MRC de Pontiac to the west, the MRC La Vallée-de-la-Gatineau to the north, the MRC de Papineau to the east and the MRC Les-Collines-de-l'Outaouais surrounding the urban zone. Throughout this report, both Hull and Outaouais are referred to; in subsequent reports only the region of Outaouais will be referenced.

Methodology

Information for this report was compiled from various sources, including published and unpublished data. In some cases, information was provided specifically for the purpose of this report. It follows that there are some limitations as discussed below.

Data should be compared cautiously since there are differences in the time periods for data provided by various agencies and institutions. Some data represent calendar years, other data coincide with fiscal years, while other data provide a time period that has been randomly selected. The various time periods discussed are noted in the report.

The very characteristic that makes the NCR a distinctive site also presents a shortcoming. Since data are compiled from two different provinces, there is a high likelihood that incidents counted (treatment, morbidity, mortality) are not standardized between Ontario and Québec. For this reason data in most circumstances are presented separately for Ottawa and the Hull/Outaouais region.

This report is also a secondary analysis. The majority of the information used has been gathered from publications, draft reports and other information sources. Primary analyses were conducted based on data from the National Population Health Survey.

In keeping with the standards set by the national CCENDU office, this report specifically excludes at the present time all those individuals living on military bases, in penal institutions and on aboriginal reserves.

Indicators of Substance Use

There are currently six indicators of substance use employed by CCENDU. **Prevalence** refers to the proportion of the population who use alcohol and other drugs. This is measured through a number of sources in this report including the Liquor Control Board of Ontario, Centre for Addiction and Mental Health, Youth Services Bureau of Ottawa and Régie Régionale de la santé et des services sociaux de l'Outaouais. **Law enforcement** indicators signify alcohol and drug-related offences and charges with data obtained from the Canadian Centre for Justice Statistics, as well as drug seizures with data attained from Canada Customs and Revenue Agency. **Treatment** data are obtained from addiction facilities within the NCR. This data provides information on the number of clients served, the type of treatment required, as well as the drug(s) to which individuals are addicted. **Morbidity** indicators concern information about the burden of disease related to alcohol and other drug use. This is based on diagnosis at the time of hospital separation. **Mortality** indicators refer to the number of cases where a doctor, coroner or medical examiner related a death to alcohol or other drugs. Finally, **HIV/AIDS and hepatitis C** indicators detail the number of cases for these diseases that are attributable to injection drug use.

Prevalence

In this section, one report documents the change in sales of alcohol in Ontario and Québec. In addition, five surveys are used to provide information regarding the proportion of the population who use alcohol and other drugs.

In Ontario, the Liquor Control Board of Ontario (LCBO) regulates the production, importation, distribution and sale of alcoholic beverages, while in Québec it is the Société des Alcools du Québec (SAQ). Information for both provinces is based on the annual report from the LCBO.

Since 1977, the Centre for Addiction and Mental Health (CAMH), formerly the Addiction Research Foundation, has been conducting a biennial survey of grades 7 to 13 (OAC) students in Ontario. This survey, the Ontario Student Drug Use Survey, centers around the use of alcohol and other drugs by students. There were a total of 3,107 respondents across Ontario who participated in 2001. In 1999, the Health Department of the Regional Municipality of Ottawa-Carleton conducted a supplemented survey to provide estimates of student characteristics in the four City of Ottawa school boards for grades 7 through 10. This survey had a total of 1,985 respondents.

The Youth Services Bureau (YSB) of Ottawa-Carleton conducted a survey during the month of May 1999 to identify the living circumstances and behaviours of homeless youth during the preceding month. The purpose of the survey was to produce a picture of YSB clients that would help YSB and other youth centered agencies improve services to them. A total of 309 youth who were using YSB services across the municipality of Ottawa-Carleton participated in

the survey, consisting of 167 males and 142 females. The average age of respondents was 16.7 years.

In 1996, the Régie régionale de la santé et des services sociaux de l'Outaouais, conducted a survey of francophone secondary school students in the Outaouais region concerning the use of alcohol and other drugs. Students were between the ages of 12 and 18.

The National Population Health Survey (NPHS) is designed to collect information related to the health of the Canadian population. The first cycle of data collection began in 1994, and has continued every second year thereafter. In Canada, the primary use of this data is for calculating prevalence of disease and projections, demographic trend analyses and research. For the purpose of this report, the NPHS is used to deliver information concerning the use and dependence of alcohol by adults in both Ontario and Québec.

Finally in 2001 CAMH conducted a survey, the CAMH Monitor, based on telephone interviews with 2,627 adults in Ontario. This survey has been an ongoing project since 1977 and represents the longest study of adult drug use in Canada. This survey examines the use and dependence of alcohol, cannabis, cocaine and ecstasy among Ontario adults (18 and older), as well as tobacco, although not discussed here.

Sales & Consumption of Alcohol

During 2000-2001, the LCBO recorded its highest net sales in its history- more than \$2.7 billion. This is 7% higher than in 1999-2000. According to Statistics Canada, Ontario outperformed the national average at a similar rate with retail sales growing by 7%.

In 2000-2001 there was an increase in LCBO sales to licenses, accounting for 13% of total LCBO gross sales. Additionally there was an increase of 17% in the sale of imported beer to the Brewers Retail Inc by the LCBO. The beer and special markets category increased by 11% in 2000-2001 over the previous year to a total of \$565 million.²

Vintages increased in sales by 11% over the previous year in Ontario. More specifically, sales in red and white wine increased by 17% and 14% respectively. Spirits such as whiskey, vodka, liqueurs, cream liqueurs, rum and brandy also increased in sales.

The LCBO and the SAQ continued to lead the liquor jurisdiction in Canada with respect to volume and value growth. Both SAQ and LCBO volume sales grew by 6%, while dollar sales grew by 7% in Ontario and 8% in Québec.

² "Beer" includes premium and domestic varieties. "Special markets category" includes coolers, kosher products, pre-mixed cocktails and sake.

Alcohol Usage Among Youth

Ontario

According to the 2001 Ontario Student Drug Use Survey (OSDUS), 66% of students from grades 7 to 13 used alcohol in the previous year and 71% reported drinking during their lifetime. There was no significant change between 1999 and 2001 concerning reported drinking during the past year, and lifetime drinking. The 1999 OSDUS indicated that 68% of Ontario students from grades 7 to 13 used alcohol the previous year and 73% reported drinking during their lifetime. Students in grades 11, 12 and 13 had comparable proportions of alcohol use- 82%, 85% and 83% respectively.

In 2001, the prevalence of drinking did not differ between males (66%) and females (65%). Between 1999 and 2001, rates of drinking significantly decreased among males (71% vs. 66%), but not among females (64% vs. 65%).

The proportion of all students drinking in the past year remained stable between 1999 and 2001- 68% and 66%. In general, rates of drinking did not change significantly for any region of the province. Although rates experienced minimal change between 1999 and 2001, drinking rates for grades 9, 11, and 13 were significantly higher in 2001 than in 1993.

Since 1981, there have been no significant long-term or short-term changes in the frequency of drinking among student drinkers. A very small number of students in 2001 (less than 0.5%) drank on a daily basis. Another 11% of students, representing 16% of current drinkers, drank *at least* once a week. Overall, 28% of students reported binge drinking, that is, consuming five or more drinks per occasion at least once during the four weeks prior to the survey, which was not significantly different from 1999. Binge drinking was significantly higher among males (32%) than females (23%).

In 2001, 16% of Ontario seventh graders reported having used alcohol for the first time by grade 4. This is slightly higher than the proportion from 1999 (13%), but similar to rates found in 1997 (19%), 1993 (17%) and 1981 (17%).

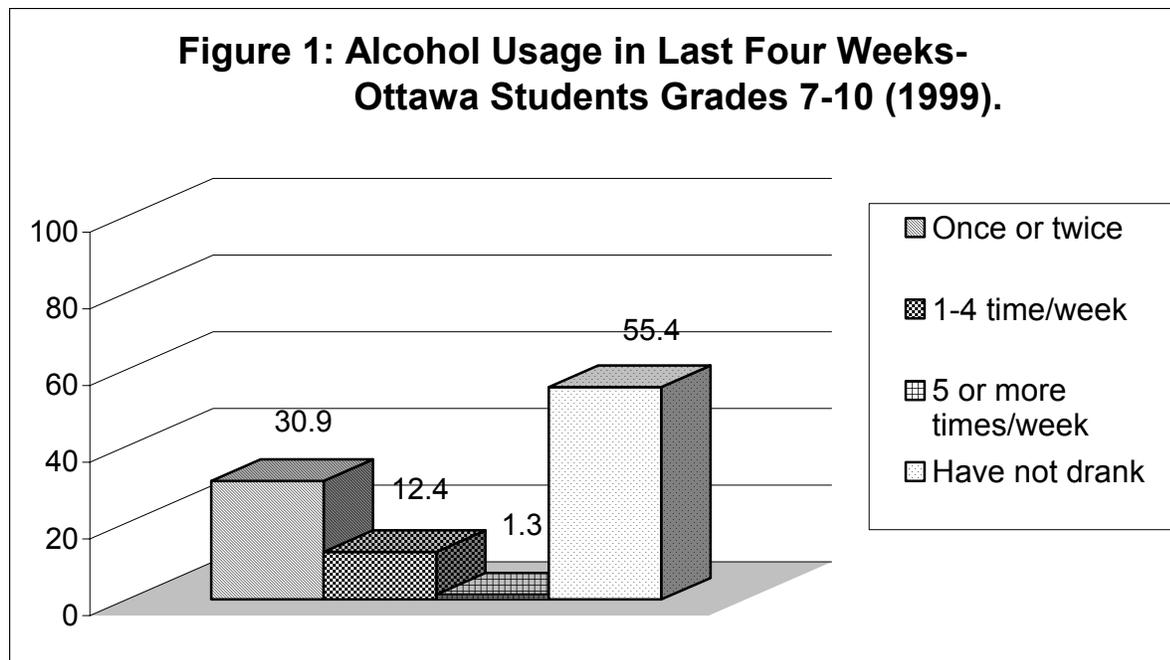
A small proportion of Ontario students (15%) reported driving within one hour of drinking.

Ottawa

The results from the supplemented survey by the City of Ottawa (henceforth referred to as Ottawa) showed that in 1999, 61% of students between grades 7 to 10 had used alcohol at least once in the past year. Unlike the findings for Ontario during this same period (71% for males and 64% for females), students in Ottawa used alcohol to a similar extent (63% for males and 59% for females).

The majority of students in Ottawa who reported using alcohol in the four weeks prior to the survey were not regular drinkers. Almost 31% of Ottawa students in grades 7 to 10 reported using alcohol once or twice in the last four weeks. A very small proportion (1%), consumed

alcohol five or more times a week in the four weeks prior to the survey, and 12% consumed alcohol between one and four times per week (see figure 1). More than half of the students surveyed (55%) had not consumed any alcohol.



Source: Drug Use Among Students in the City of Ottawa, April 2001.

The results for Ottawa indicate a significant percentage of students who used alcohol for the first time in the past 12 months, did so as early as grade 7. In fact, approximately half of all students who currently use alcohol had their first drink before grade 7 (53% males, 43% females). The proportion of students who reported having their first-ever alcoholic drink in the last 12 months was lowest for those in grade 7 (15%), and increased for those in the eighth and ninth grades- 16% and 19% respectively. This was followed by a slight decline for students in grade 10- 16%. This may be due to the fact that by the time students have reached grade 10, the majority have already tried alcohol for the first time. Overall, the results showed that males and females had their first drink within a similar percentage range (53% males, 43% females)..

The Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization is designed to assess problem drinkers at the less severe end of the spectrum of alcohol problems. It assesses hazardous and harmful drinking.³

³ Hazardous drinking refers to an established pattern of drinking that increases the likelihood of future medical and physical problems. Harmful drinking refers to a pattern of drinking that is already causing damage to one's health.

According to the AUDIT, a small but significant number of students in Ottawa were identified as problem drinkers- 8%. This rate is comparable to that of Ontario, which indicated 7% of students were problem drinkers in 1999.

According to the YSB survey, 17% of respondents reported using alcohol *most days* (16+ times) during the month, 34% reported using alcohol 2-15 times and 11% reported using alcohol once. Thirty-seven percent (37%) reported not having used alcohol during the month. Of those respondents who consumed alcohol, males and females were equally likely to have used alcohol 2-15 times during the month.

The YSB findings revealed the highest rates of serious substance use were among youth involved in gang associations and youth who committed major assaults, youth involved in serious crime, Aboriginal/visible minority youth and gay, lesbian, bisexual, and transsexual youth.

Age was also strongly associated with serious drug and alcohol usage. Youth aged 16 and over were twice as likely to use both alcohol and other drugs more than once during the month.

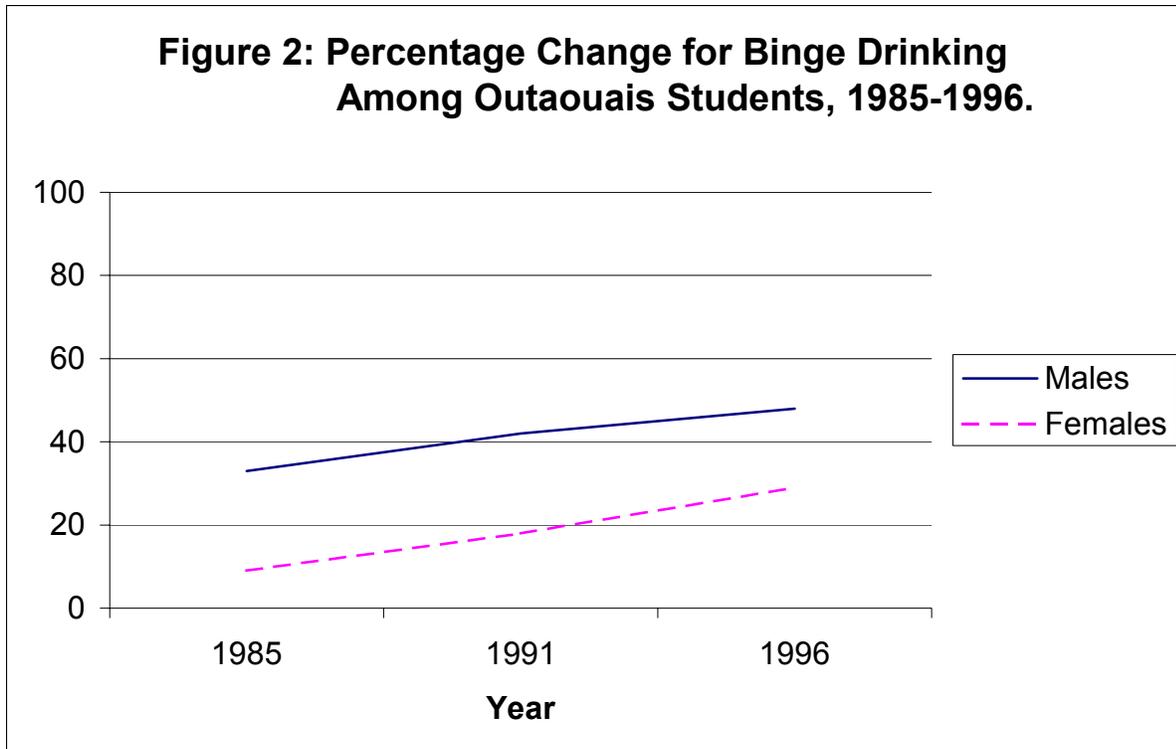
A small proportion of Ontario students (15%) reported driving within one hour of drinking, compared to 14% in Ottawa.

Hull

Results of the survey by the Régie régionale indicate that alcohol was the substance most often consumed among high school students, regardless of gender. Beer was the preferred type of alcohol among males and females.

Between 1991 and 1996, the overall consumption of alcohol increased from 49% to 56%, however weekly consumption by high school students remained stable during this period. Among females, there has been a steady decrease since 1985 in the weekly consumption of alcohol from 14% in 1985, to 11% in 1991 to a low of 9% in 1996. However among males, there has been an increase from 14% in 1991 to 19% in 1996.

The proportion of students who drink in great quantities (more than 6 beers or hard liquor on one occasion) has increased at a constant rate since 1985. The rate increased overall from 16% in 1985, to 20% in 1996. This increase was greater for females than for males. In 1985, 9% of females consumed six or more beers or hard liquor on one occasion. In 1991, this proportion increased to 18% and in 1996 the rate further increased to 29%. For males, the rates increased from 33% in 1985 to 42% in 1991 to 48% in 1996. Thus, although weekly consumption of alcohol has declined for female students, their rate of binge drinking has substantially increased during this same period (see figure 2).



Source: Régie régionale de la santé et des services sociaux de l'Outaouais, 1996.

Results of this study also show that for those students who currently drink, their first experience with alcohol was prior to the age of 15. In 1996, 25% of students, compared to 19% in 1991 confirmed they had consumed alcohol for the first time before the age of 13.

Alcohol Usage Among Adults⁴

Ontario

According to the 1998-1999 NPHS, 76% of Ontario adults reported drinking alcohol in the twelve months prior to the survey. A further 11% reported to have never had a drink and 13% had consumed alcohol in the past, but not within the year prior to the survey. This is comparable to the 1996-1997 NPHS data which indicated 77% of Ontario adults consumed alcohol at least once in the year prior to the survey, 10% have never drunk, and 14% have consumed alcohol, but not within the last twelve months.

According to the 1998 NPHS, females were twice as likely to be abstainers of alcohol than males- 15% and 7% respectively. Females and males were former drinkers to the same extent- 13% and 12% respectively. Males however were more likely to be current drinkers (81%) than females (72%).

⁴ The following data refer to those Ontario and Québec residents 15 years of age and older.

Regarding frequency of drinking for those reporting drinking in the past year, males were the more frequent drinkers than females as shown in table 1 below. Eleven percent (11%) of males drank daily compared to 5% of females, while 37% of females drank once a month or less compared to 18% of males.

Table 1: Frequency of Alcohol Consumption Among Ontario Adults by Sex, 1998-1999.

Frequency of Alcohol Consumption	Sex		Total
	Male	Female	
Less than once a month	18%	37%	27%
Once a month	11%	14%	12%
2-3x/month	15%	17%	16%
Once a week	18%	12%	15%
2-3x/week	21%	12%	16%
4-6x/week	7%	2%	5%
Everyday	11%	5%	8%
Total	100%	100%	100%

Source: National Population Health Survey, 1998-1999

The NPHS includes data to indicate whether a respondent is from an urban or rural area. Rural males were more likely than rural females to have consumed alcohol in the past twelve months- 85% and 79% respectively. Males living in urban Ontario were also more likely to have consumed alcohol than females- 81% and 74% respectively.

The 1997 NPHS contained variables related to alcohol dependence. Although somewhat outdated, the 1997 NPHS is the only source of current national data related to alcohol dependence among adults in Canada.

In Ontario, females reported to have been drunk in the twelve months prior to this survey while at work, school or while taking care of children, more so than males- 28% versus 26%. Of those respondents who admitted to being drunk in any one of these circumstance, 51% of males said it happened once or twice, 26% said it happened three to five times, 11% six to ten times, 7% between eleven and twenty times, and another 6% reported it happened more than twenty times. Regarding women, 46% admitted to being drunk once or twice, 33% three to five times, 11% six to ten times, 5% eleven to twenty times and another 6% reported it happened more than twenty times. Table 2 outlines the comparison between males and females in Ontario.

Table 2: Frequency of Respondents Reporting to be Drunk While at Work, School or Taking Care of Children by Sex, Among Ontario Adults, 1996-1997.

Number of Times Drunk While at School, Work or Taking Care of Children	Sex		Total
	Male	Female	
Once or twice	51%	46%	49%
3-5 times	26%	33%	28%
6-10 times	11%	11%	11%
11-20 times	7%	5%	6%
More than 20 times	6%	6%	6%
Total	100%	100%	100%

Source: National Population Health Survey, 1996-1997.

According to the 1996 NPHS, females showed greater incidences of emotional or psychological problems because of alcohol use such as feeling uninterested in things, depressed or suspicious of people- 7% compared to 5% of males. Males were however more likely than females to drink more in order to get the same effect or because the same amount of alcohol had less of an effect than usual- 17% and 12%. Both females and males were equally likely to report to have had strong urges to drink alcohol- 4% each.

Québec

According to the 1998 NPHS, 82% of Québec adults consumed alcohol in the twelve months prior to the survey. Ten percent (10%) were former drinkers and 8% were abstainers of alcohol. Between 1996 and 1998 there has been an increase in the proportion of current drinkers in Québec- from 79% to 82%. The proportion of adults who were abstainers did not change during this time period, although the proportion of former drinkers decreased from 13% in 1996 to 10% in 1998.

In 1998, males were more likely to be current drinkers than females- 86% and 78% respectively. Females however, were more likely to be both former drinkers and abstainers of alcohol- 11% each.

Regarding frequency of drinking, Québec males were overwhelmingly more likely to consume alcohol daily than were females- 11% and 3% respectively. Males were also more likely to drink 2-3 times a week than females. Table 3 provides further details concerning the frequency of drinking.

Table 3: Frequency of Alcohol Consumption Among Québec Adults by Sex, 1998.

Frequency of Alcohol Consumption	Sex		Total
	Male	Female	
Less than once a month	13%	33%	23%
Once a month	10%	14%	12%
2-3x/month	15%	15%	15%
Once a week	23%	20%	22%
2-3x/week	24%	13%	19%
4-6x/week	4%	3%	3%
Everyday	11%	3%	7%
Total	100%	100%	100%

Source: National Population Health Survey, 1998.

According to the 1997 alcohol dependence data, females were slightly more likely than males to be drunk in the twelve months prior to the survey while at work, at school or while taking care of children- 28% versus 26% for males. Of those respondents who admitted to being drunk in any one of these circumstances, males were twice as likely as females to admit it happened more than twenty times- 15% versus 7%. Table 4 provides further information.

Table 4: Frequency of Respondents Reporting to be Drunk While at Work, School or Taking Care of Children by Sex, Among Québec Adults, 1996-1997.

Number of Times Drunk While at School, Work or Taking Care of Children	Sex		Total
	Male	Female	
Once or twice	46%	35%	43%
3-5 times	24%	47%	31%
6-10 times	12%	8%	11%
11-20 times	4%	3%	3%
More than 20 times	15%	7%	13%
Total	100%	100%	100%

Source: National Population Health Survey, 1996-1997.

According to the 1996 NPHS, females were more likely than males to have experienced emotional or psychological problems due to alcohol consumption- 14% and 9% respectively. Females were more likely to have had a strong desire to drink- 14% versus 9% for males. Unlike Ontario females, females in Québec were almost twice as likely as males to have consumed more alcohol for the same effect- 17% versus 9%.

Drug Usage Among Youth

Ontario Cannabis

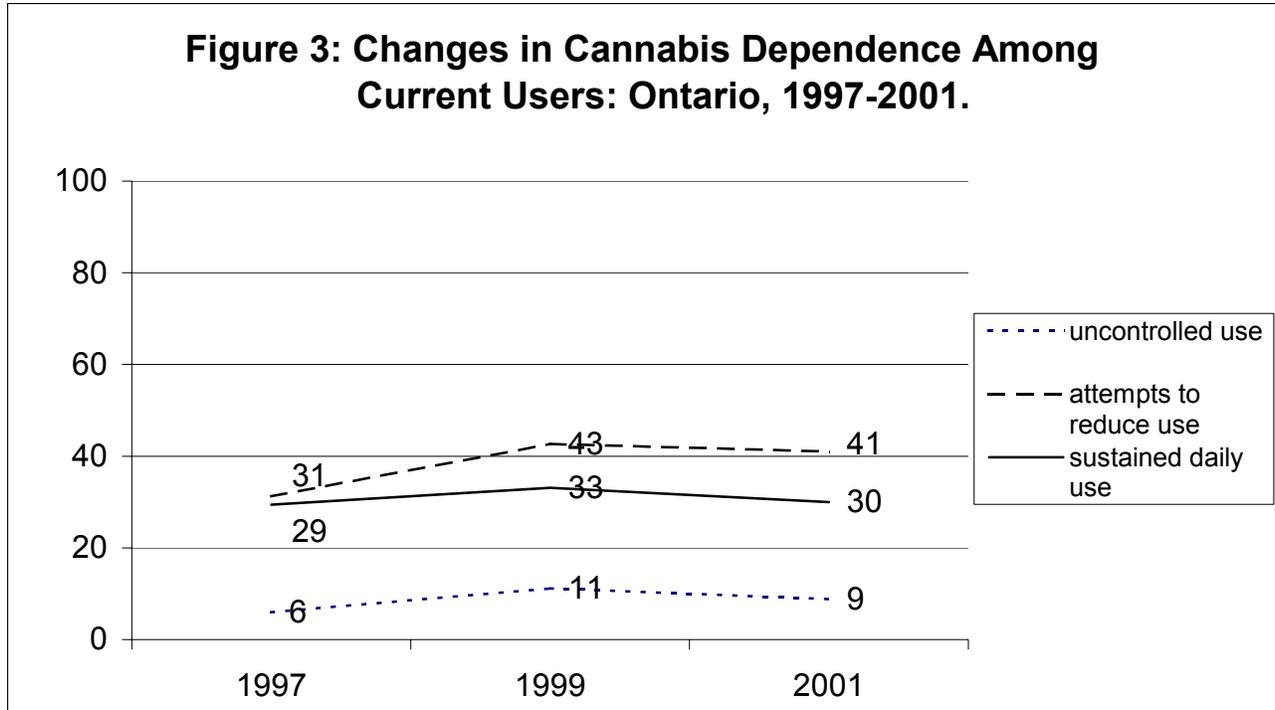
The 2001 OSDUS showed that approximately 30% of Ontario students used cannabis during the previous year and 34% used it in their lifetime. Cannabis was the most common illicit drug used by students from grades 7 to 13, with a peak in use at grade 11 (46%). Among all students, 17% reported using cannabis at least six times during the past year, and approximately 13% of students used cannabis between one and five times. Among cannabis users, 22% used at least forty times over the past year, 27% used on a weekly basis, while 10% used cannabis daily. Males were more likely than females to use cannabis- 34% versus 26% respectively.

The study showed that 2% of Ontario seventh graders in 2001 had used cannabis by grade six (age 11). This compares to 2% in 1999, 5% in 1997 and 8% in 1981. The percentage reporting first time cannabis use during the past twelve months was 10%. The OSDUS reports that those who begin using drugs at an early age are more likely to develop dependence and other problems later on in life.

The OSDUS includes three dependence indicators related to cannabis use including uncontrolled use, sustained daily use, and recent attempts to reduce use. Among all students who responded to the survey in 2001, 14% reported attempting to reduce use of cannabis during the past year, 10% used cannabis on a daily basis in their lifetime and 3% reported uncontrolled use in their lifetime. Among respondents who were identified as current cannabis users, 41% attempted to reduce their use of this drug, followed by sustained daily use (30%) and uncontrolled use (9%).

Between 1997 and 1999, there was a significant increase among cannabis users indicating uncontrolled use of this drug- 6% to 11% (see figure 3). Further, there were a larger proportion of cannabis users reporting attempts to reduce use in 1999 (43%) than in 1997 (31%), and this rate remains high for 2001 (41%). .

Figure 3: Changes in Cannabis Dependence Among Current Users: Ontario, 1997-2001.



Source: Ontario Student Drug Use Survey, 2001

Nineteen percent (19%) of students reported driving a vehicle within one hour of using cannabis during the past year. The proportion of drivers reporting cannabis and driving is slightly higher than the percentage reporting drinking and driving (15%).

Other Drugs

Overall, there has been an increase in drug use since 1993 among Ontario students. Alcohol, cannabis, inhalants, ecstasy, phencyclidine (PCP), hallucinogens, and cocaine use were all significantly higher in 2001 than 1993 (see table 5). In addition, 6% reported first-time use of an illicit drug other than cannabis. There was also a significant increase in ecstasy use among ninth graders from 2% in 1999 to 7% in 2001. Finally, fewer students were drug-free in 2001 than they were in 1993- 31% compared to 37%.

Table 5: Frequency of Drug Use Among Ontario Students Since 1993.

Drug Type	1993	2001
Alcohol	56.5%	62.6%
Binge Drinking	17.7	25.3
Cannabis	12.7	28.6
Solvents	2.3	5.9
Ecstasy (MDMA)	0.6	6.0
PCP	0.6	2.4
Hallucinogens	3.1	10.3
Cocaine	1.5	3.8
Any illicit drug use	18.5	33.2
4 or more drugs	8.0	14.0

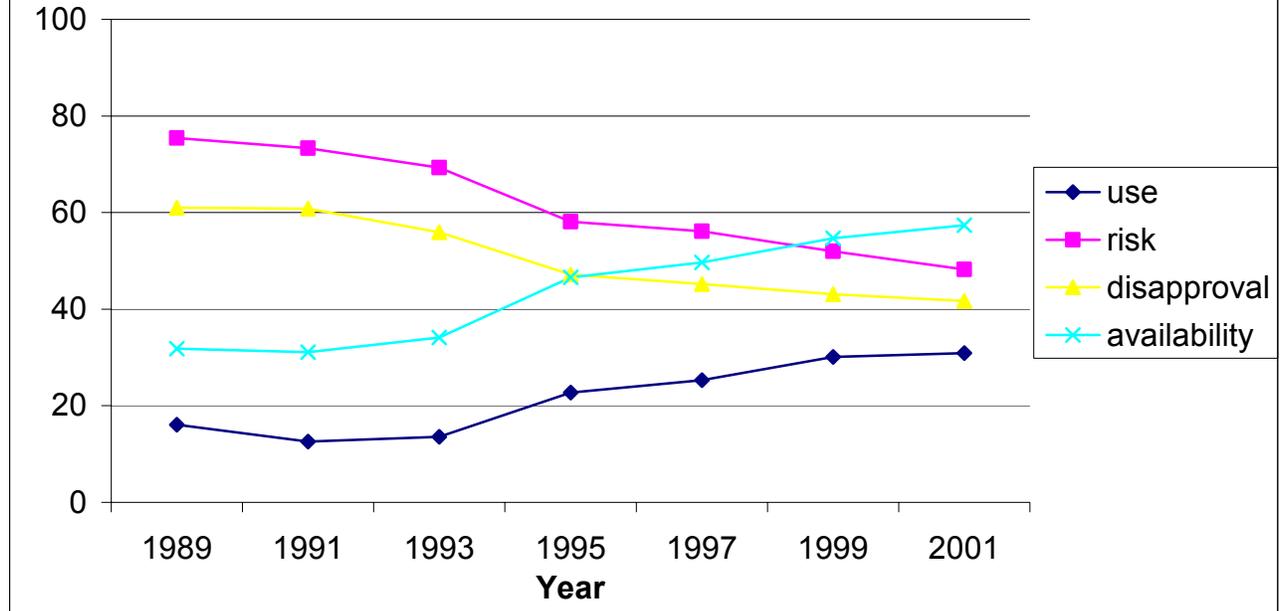
Source: Ontario Student Drug Use Survey, 2001

Data from the 2001 OSDUS shows the percentage of students who reported using four or more drugs during the past year declined from 17% in 1999 to 14% in 2001. Nonetheless the OSDUS indicates that since 1991, the number of drug types used has been on a significant upward trend.

It must be noted that not all students were involved with drug use. Twenty-seven percent (27%) of Ontario students used no drugs (including alcohol and tobacco), and an additional 27% reported using only alcohol. Overall, 54% did not use any illicit drugs.

Attitudes such as weakening perceptions of risk of harm in drug use, weakening moral disapproval of drug use and a perceived availability of drugs all correlated with increasing rates of use in 2001. For instance between 1993 and 2001, the percentage of Ontario students reporting that cannabis and cocaine were easy or very easy to obtain increased from 32% to 55% for cannabis, and increased from 15% to 22% for cocaine, however it decreased for lysergic acid diethylamide (LSD), from 34% (1995) to 21% (2001). In addition, the perceived risks of cannabis use decreased from 52% to 49%. Figure 4 provides further details concerning drug-related attitudes and beliefs with rates of drug use.

Figure 4: Cannabis Use, Risk Perceptions, Disapproval & Availability Among Ontario Students, 1989-2001.



Source: Ontario Student Drug Use Survey, 2001

Long-term changes in drug use have varied greatly over the past three decades. Between 1979 and 1991, rates of illicit drug use dropped significantly in Ontario. Since 1993, alcohol and illicit drug use has been on an upswing to such an extent that in 1999, the use of only two of sixteen drugs was significantly lower than it was in 1979.

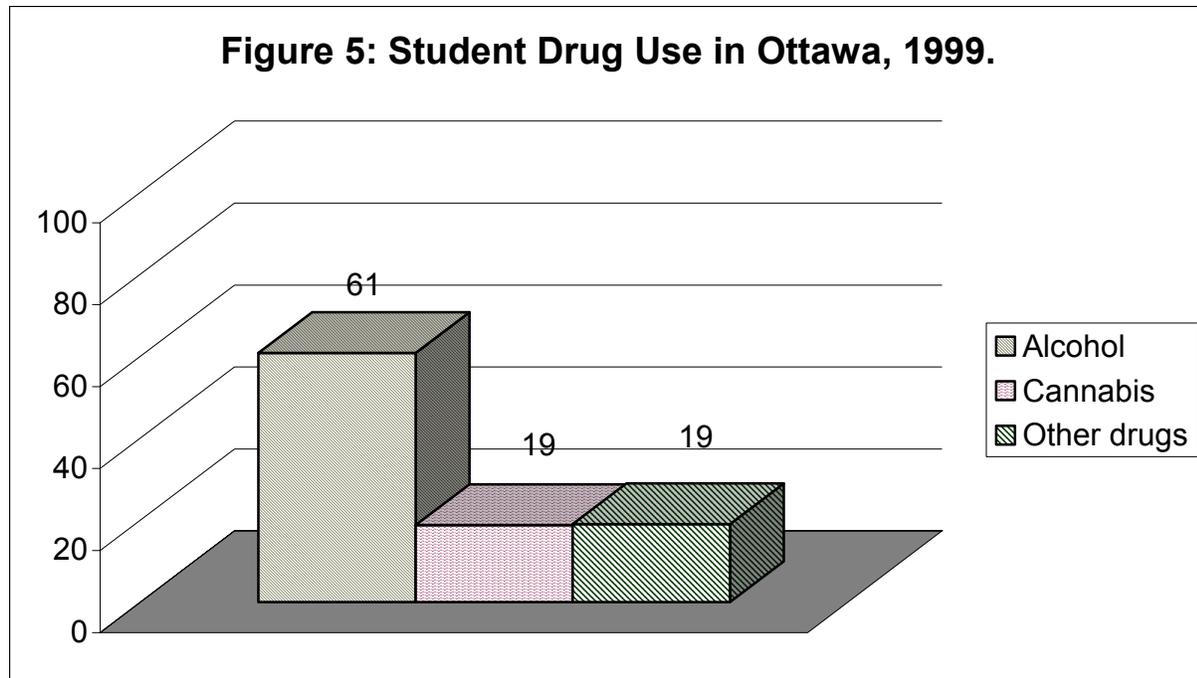
Ottawa

According to the 1999 YSB Survey, 24% of respondents reported using illicit drugs most days (16+ times) during the month, while 47% reported not having used drugs.⁵ Male respondents were more likely to report never having used drugs than females.

Females were more likely to use drugs 2-15 times a month than males- 21% and 17% respectively. The survey maintains that age was strongly associated with serious drug use, where youth 16 and older were twice as likely to use drugs more than once during the reference month. The most frequently reported types of drugs used were marijuana (43%), LSD (13%), cocaine (5%), mushrooms (5%) and heroin (3%).

⁵ The type of drug used is not specified in the YSB report.

In 1999, 19% of Ottawa students between grades 7 and 10 used cannabis at least once in the past year, while 19% used other drugs, including hallucinogens, inhalants, LSD, methylenedioxymethamphetamine (MDMA or ecstasy), methamphetamines, cocaine, glues, PCP, crack, heroin, ice and the non-medicinal use of stimulants, barbiturates and tranquilizers (see figure 5). There were no significant differences in the use of illicit drugs between Ontario and Ottawa students for 1999- 20% and 19% respectively. Male and female Ottawa students used illicit drugs to a similar extent- 21% of males used cannabis in the past year, compared to 17% of females.



Source: City of Ottawa, April 2001.

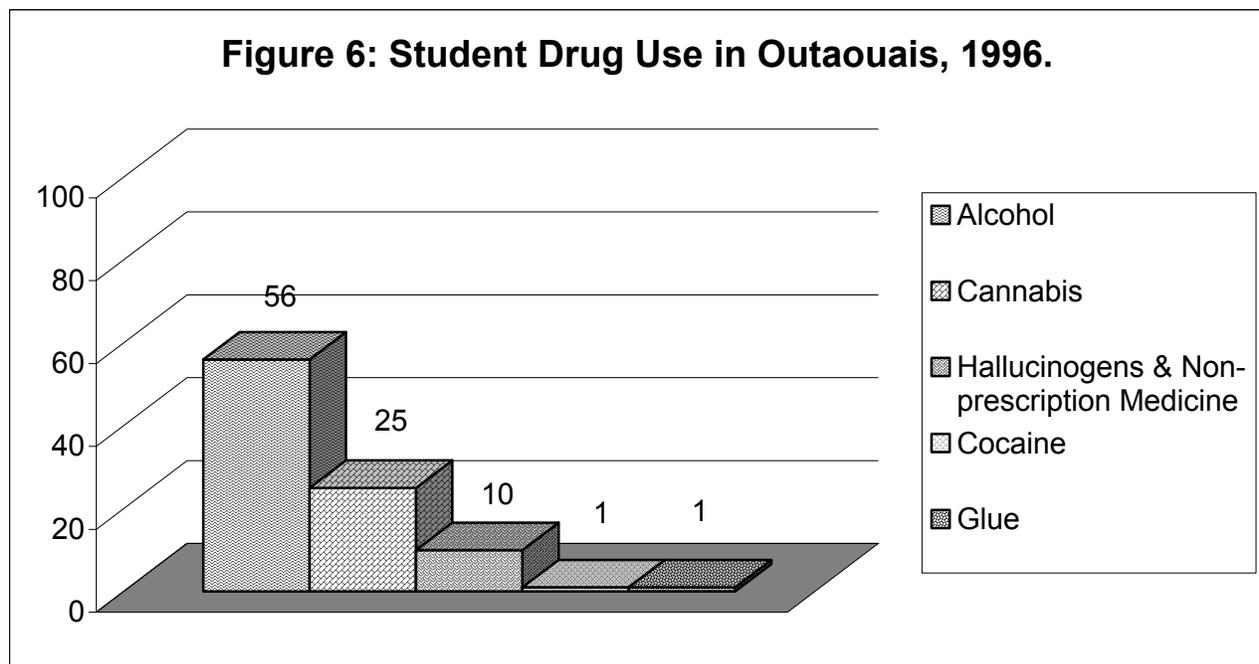
*Hull
Cannabis*

The results of the study by Régie régionale de la santé et des services sociaux de l'Outaouais indicated that in 1996, 25% of students were current cannabis users. The greatest increase for current users was among students 14-15 years old. Within this age group, the proportion of weekly cannabis users was six times higher than what it was in 1991; among 12-13 year olds it was four times higher, and among 16-18 year olds it was approximately two times higher. The proportion of males who used cannabis weekly was slightly higher in 1996 (13%), compared to the results from 1985 (11%). For females, the rates doubled between 1985 and 1996 from 4% to 8%.

Other Drugs

There was an increase in the general consumption of hallucinogens and non-prescription drugs between 1991 and 1996 in the Outaouais region, with the greatest increase for students between the ages of 14 and 15 years. This age group's level of consumption more than doubled from 5% in 1991 to 13% in 1996. In 1996, 9% of males and 10% of females used hallucinogens and non-prescription medications.

Unlike other drugs discussed to this point, the use of cocaine and glue decreased consistently since 1985 for students in the Outaouais region. A very small proportion of youth, (1% in 1996) used either cocaine or glue (see figure 6)⁶.



Source: Régie régionale de la santé et des services sociaux de l'Outaouais, 1996.

Drug Usage Among Adults

Ontario Cannabis

According to the 2002 CAMH report of drug usage among adults, 34% of Ontario residents reported using cannabis at least once in their lifetime, while 11% reported using it in the last twelve months. Among past year cannabis users, 51% used less than once a month and the remaining 49% used more frequently.

⁶ Numbers do not add to 100.

There has been an increase from 9% in 1998 to 11% in 2001 in cannabis use among all Ontario adults. Past year cannabis use shows an upward trend since 1998 for (i) men- 11% to 15% in 2001; (ii) 18-29 year olds- 18% to 27%; and (iii) 30-49 year olds- 11% in 1996 to 16%.

The likelihood of cannabis use among men was two times higher than women (15% and 7% respectively). Overall, the use of cannabis was highest among 18-29 year olds (27%), followed by 30-39 year olds (16%). Concerning educational differences, cannabis use was highest among those who completed high school (13%) and lowest among those with less than a high school education (8%). Regarding income differences, cannabis use was highest for those earning over \$80,000 (15%), and lowest for those with incomes between \$30,000-49,000 and less than \$30,000 (10% each).

With respect to cannabis dependence, less than 1% of Ontario adults who have used cannabis in their lifetime met the dependence criteria. However among past year cannabis users, 5% of adults met the criteria.

Cocaine

According to the 2002 CAMH report of drug usage among adults, 6% of Ontario adults reported using cocaine in their lifetime, and 1% reported using in the twelve months prior to the survey. Among those reporting lifetime use, the majority (78%) did not use in the twelve months preceding the survey.

In 2000 men were approximately 1.6 times more likely than women to have used cocaine- 8% and 5% respectively. In addition, use was lowest among those aged 50 and older (2%), and highest among those aged 30-39 (11%).

Ecstasy

According to the same 2002 CAMH report, the estimated proportion of Ontario adults who have used ecstasy in their lifetime was 3%, and 2% reported using in the twelve months prior to this survey. In 2000, men were 3 times more likely than women to have used ecstasy. Those aged 18-29 years of age were more likely to use ecstasy than any other age category.

Injection Drug Use

The number of injection drug users in Canada is estimated to be 125,000. The estimates for the city of Ottawa in 2001 were as high as 8,000 and as low as 3,000. Regardless of the number, the injection of drugs poses a significant problem to the community through the spread of HIV, hepatitis C, AIDS and other communicable diseases.

The SurvIDU study incorporated eight health districts in Eastern Central Canada which included both Ottawa and the Outaouais areas.⁷ According to this study, in 1996 the median age of injection drug users (IDUs) in the Ottawa region was 33 for women and 36 for men. In the Outaouais region, the median age in 1997 was 32 for women and 38 for men.

Sixty-three percent (63%) of IDUs in the study injected at least once a week. The drugs most often injected were cocaine (74%) and heroin (20%). In addition, 39% of IDUs in the Ottawa/Hull region admitted to using borrowed needles and 34% shared their used needles.

According to another local study of the Ottawa area, *A Gendered Analysis of Sexual and Injection Practices Associated with High Levels of HIV Prevalence Among Injection Drug Users in Ottawa-Carleton 1996-2000*, those who injected drugs did so for an average of fourteen years. This average was slightly lower for women (11 years) and slightly higher for men (15 years). The average age at which IDUs first injected was 21 for both men and women. The average age for male IDUs was 35 and for women it was 32. Thus, although both men and women began injecting drugs at the same age, men tend to maintain this behaviour for a longer duration than women.

The main drug used by IDUs in Ottawa was cocaine (78%) followed by heroin (10%). Other drugs such as speedball⁸, PCP, morphine, and steroids each accounted for less than 1% of drugs injected. The frequency of injecting drugs in the month prior to this study indicated that 32% of male and 41% of female IDUs did so on a daily basis. In addition, men were more likely to inject with 2 to 4 people present. Women had a greater likelihood to inject with one other person. A large proportion, 70% of men and 74% of women, injected drugs with a person they knew had the HIV virus.

This study also indicated that 57% of IDUs living in Ottawa have borrowed needles from someone else in their lifetime. Women were slightly more likely than men to borrow needles- 58% versus 56%. Of those who shared needles in the six months prior to the study, 2% admitted to this practice every time, 48% did it sometimes and 9% shared needles once. Forty-one percent (41%) of individuals who borrowed needles in their lifetime had not shared needles in the six months preceding the study.

Of those *currently* sharing needles, 3% shared every time, 13% shared almost every time, 66% shared sometimes and 12% almost never did. Men were more likely than women to borrow needles sometimes- 68% and 60% respectively. Women however, were more likely than men to borrow needles almost every time- 17% compared to 11% for men.

This study also found the majority of IDUs (66%) have *never* given, shared or sold needles they had previously used. However, with respect to the six months prior to this study, 60% of all IDUs reported to having sometimes passed their used needles to someone else. Women were substantially more likely to do so than men- 70% compared to 56%.

⁷ Data from the SurvIDU study come from different years for the Ottawa and Outaouais regions. A total of 997 respondents participated from Ottawa (223 females and 774 males), and 138 from Outaouais (33 females and 105 males).

⁸ Some users combine cocaine powder or crack with heroin in a "speedball."

It appears based on the two studies cited, that cocaine followed by heroin were the most common drugs injected by IDUs. Heroin was however, more likely to be used by IDUs in the SurvIDU study than the Ottawa study- 20% versus 10%. The average age of IDUs is also similar for both studies as seen in table 6. Injection practices for IDUs who shared their used needles is identical (34% in each study). With respect to borrowed needles however, there is some discrepancy, which is likely due to the fact that the Ottawa study asked the question over one's lifetime, as opposed to a more precise time period as in the SurvIDU study.

Table 6: Comparison of the SurvIDU & Ottawa Study on IDU

SurvIDU	Local Study (Ottawa)
Median Age: 33- women 36- men	Mean Age: 32- women 35- men
Drug Injected: cocaine- 74% heroin- 20%	Drug Injected: cocaine- 78% heroin- 10%
Injection Practices: borrowed- 39% shared- 34%	Injection Practice: borrowed- 57% (lifetime) shared- 34%

Source: SurvIDU Study, 1996/97 & Leonard, et al., 2001

Treatment

Individuals Seeking Help⁹

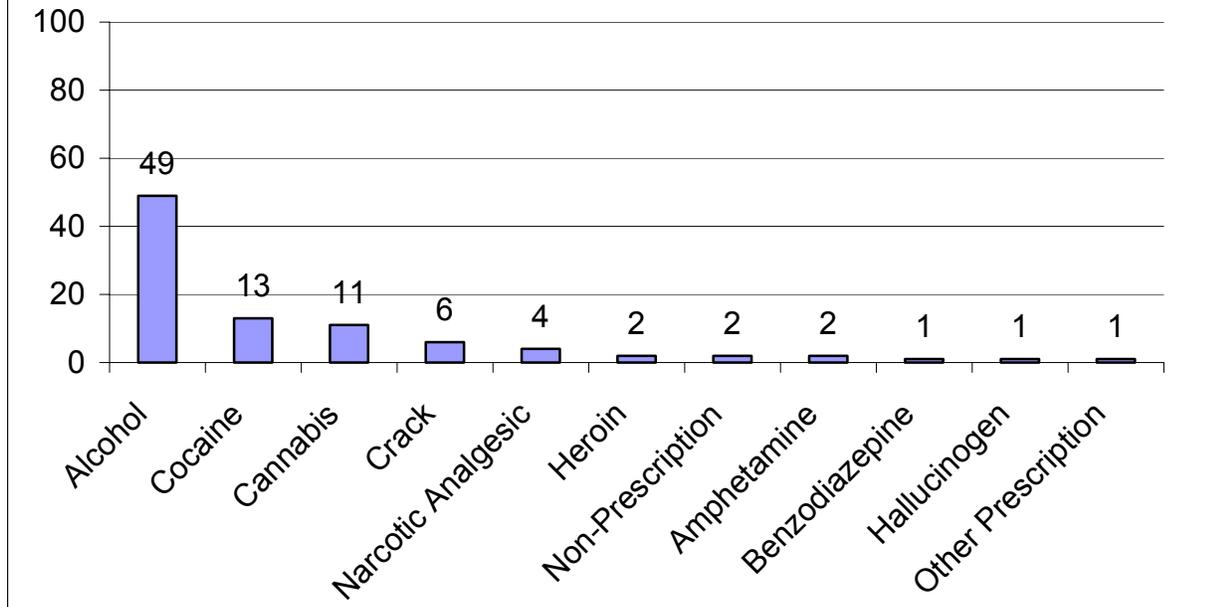
Between April 1, 2000 and March 31, 2001, the Ontario Drug and Alcohol Registry of Treatment (DART) received 1,085 calls from persons living in the Champlain District Health Region¹⁰, seeking drug and/or alcohol treatment services.

Based on DART data, 49% of callers identified alcohol as the substance for which they were seeking help. This was followed by cocaine (13%), cannabis (11%), crack (6%), narcotic analgesic (4%), heroin (2%), other non-prescription (2%), amphetamine (2%), benzodiazepine (1%), hallucinogen (1%), and other prescription (1%). Other substances such as methadone, inhalants and “other” drugs made up less than 1% of all drugs reported. Figure 7 provides a graphical representation of the data.

⁹ These figures represent *only* those calls received by the Ontario Drug and Alcohol Registry of Treatment. It does *not* include calls made by individuals directly to a treatment agency and therefore these numbers are underestimates of the actual numbers of individuals seeking treatment.

¹⁰ The Champlain District Health Region and the Champlain Addictions System both incorporate the Ottawa area.

Figure 7: Substances Identified by Callers Seeking Drug and/or Alcohol Treatment Services, 2000-2001.



Source: Ontario Drug and Alcohol Registry of Treatment (DART)

Overall 17% of callers seeking drug and/or alcohol treatment during this period were males between the ages of 25-34, and 16% were 35-44. Eight percent (8%) of callers between 25-34 were female, representing the most common age range seeking treatment. Twenty-two percent (22%) of total callers were under the age of 25.

Staffing Profile

According to a 2001 Ontario Substance Abuse Bureau document, *A Snapshot of Champlain District Addictions Services*, there were approximately 342 individuals working in the Champlain addictions system. Sixty-three percent (63%) were full-time employees and the remaining 37% were part-time workers.

Fourteen percent (14%) of staff held a Masters degree or equivalent, 22% a Bachelor of Arts or equivalent, 38% a community college diploma or equivalent, and 17% a high school diploma.

The vast majority of staff (52%) spoke only English, 18% spoke only French and the remaining 29% spoke both languages.

Program Services

According to the 2001 OSDUS, 0.9% of Ontario students indicated that they had received either alcohol and/or drug treatment. This estimate represents approximately 8,200 Ontario students between grades 7 and 13.

During 2001, the Ontario Substance Abuse Bureau (OSAB) surveyed twenty addiction services in the Champlain District. The aim was to provide OSAB with the most recent service information for each addictions service in Ottawa.

There were ninety-six programs managed by twenty services in the Ottawa region.¹¹ The majority of these programs (54%) were for adults, both male and female. Thirty percent (30%) were for youth and family services, 13% were centered on women's services and 3% were for children/parent services. Eighty-nine programs were available in English and eighty-five in French.¹² Of the twenty services managed in the Ottawa region, fourteen services targeted activities in harm reduction, eight had harm reduction programs while others had a combination of both.¹³

Of the twenty agencies operating in Ottawa, thirteen had residential facilities where clients were able to reside in-house for treatment. In total, twenty-one residential facilities were operated by the thirteen residential services. Serenity House, Empathy House, and the House of Welcome operated a further eight residential facilities that were not funded by OSAB.¹⁴ In addition, residential treatment services were provided by ten residential services.¹⁵ There were 352 beds across all thirteen services of which 96% were public and 4% were privately funded.

In total 30,562 clients were served through the ninety-six programs in the twelve months prior to this study. This figure includes repeat clients, and/or clients who dropped out of a program. In addition, this figure includes large numbers of individuals attending public education activities, outreach programs and the like. The OSAB report concluded that once these factors are taken into consideration, a figure of 18,737 clients assisted may be more reasonable. The number of harm reduction clients (e.g. Methadone maintenance, etc.) was identified by OSAB at 10,369.

Among those individuals seeking help during 1998-1999, the majority (73%) reported an alcohol problem, followed by cocaine and cannabis (33% each)¹⁶. Benzodiazepines and

¹¹ A "service" refers to a broad category of specialized addiction treatment or support that constitutes part of the continuum of care. A treatment service is comprised of a collection of specific activities or clinical modalities (e.g. relapse prevention, psychotherapy, family therapy, etc.).

¹² Double counting occurs when an individual program is available in both languages.

¹³ "Activities" describe reactive, unstructured initiatives while "programs" refer to initiatives that are proactive, structured and regularly recurring.

¹⁴ Serenity House operated an additional five locations; Empathy House operated an additional two; House of Welcome operated one additional facility.

¹⁵ Residential treatment services refer to a structured, scheduled program of treatment and/or rehabilitation activities provided while the client resides in-house, to assist clients to develop and practice the skills to manage substance use and related problems.

¹⁶ Numbers do not add to 100 since an individual can report more than one problem for which they are seeking help.

prescription opioids were also recorded as problem substances for clients seeking treatment- 5% and 4% respectively.

While a number of clients from high-risk populations access treatment services each year, there were a number of specific high-risk populations for which there were limited treatment programs including: gay, lesbian, bi-sexual and trans-gendered individuals; First Nations/Inuit; persons with disabilities; HIV/AIDS, Hepatitis C; and new immigrants (non English/French speaking). In addition, waiting lists existed for people requiring the services of residential programs. It was estimated that a total of 100 to 200 people were waiting for treatment.¹⁷ An additional 200-300 clients were referred outside the district, which is similar to past years.

Program Agencies

Statistics for three addiction agencies in Ottawa and one agency in Hull were reviewed for this report. These are Maison Fraternité, Serenity House and Rideauwood Addictions and Family Services in Ottawa, and Pavillon Jellinek in Hull.

Established to help francophone men and women who are struggling with alcoholism or drug addiction, *Maison Fraternité* represents a source of support and hope in the Ottawa area. In addition to its co-ed residential centre for adults, it offers services tailored to the specific needs of women (a residential centre) and young people (a day program with academic support and in-school intervention).

Between April 1998 and September 1998, 60% of clients were male and 40% were female. In general, 23% of individuals were between 35-44, and 22% were between 25-34 (22%). A striking proportion of clients were 10-15 years old (20%), indicating that substance problems begin at a young age.

During April 1998 and March 1999, a total of 133 adult clients participated in the intensive program for the treatment of alcohol, drugs and/or gambling. This three-week program offers individual and group therapy as well as activities and workshops favouring a healthy and responsible lifestyle.

The long-term intensive program ranges from three to twelve weeks depending on the needs of the client. The vast majority of clients involved in this program were male (83%). In addition, during this period 3,613 meetings took place between clients and therapists for the purpose of counseling.¹⁸ Seventy-seven percent (77%) of therapy sessions involved individual counseling, and 10% involved group counseling. The remaining 13% of meetings were constituted through such sessions as follow-ups, motivational group meetings and groups for co-dependents.

Concerning the youth program at Maison Fraternité, the vast majority of male clients (58%) were between the ages of 10-15, followed by 16-17 year olds who represented 33%. These

¹⁷ This figure does not include individuals who do not put their names on a list due to extended waiting periods.

¹⁸ This represents an average of twenty-seven meetings per client.

individuals presented alcohol, drug and/or gambling problems. Cannabis continues to be a major problem among youth clients.

Serenity House has been providing treatment for persons with substance use disorders for men with alcohol and drug problems since 1969. Serenity House is a fifteen-bed intensive residential substance abuse treatment program serving the male population of Ontario. Some of the services provided include: two five-week phases of treatment, individualized treatment planning, education sessions, group and individualized counseling, harm reduction, life management skills and discharge planning.

Between April and September 1998, 38% of men attending the residential treatment program for alcohol and drugs were between 35-44 years of age. The 18-24 and 25-34 age groups each represented 20% of all male clients. An equal percentage of clients were married/common law (38%) or single/never married (38%). Twenty-three percent (23%) were separated or divorced. The majority (80%) of residential clients were unemployed.

Seven percent (7%) of clients seeking substance use treatment also identified themselves as a *problem gambler*. No definition of problem gambling was provided for the client and as a result, it was left up to the individual to indicate whether they felt they had a problem with gambling.

Alcohol and cocaine were presented as the most common problem substances for men attending Serenity House- 65% and 55% respectively. Cannabis was also a common problem, representing 30% of substances for which overall help was required. Other problem substances included heroin/opium (10%), over the counter opioids (10%), prescription opioids (5%), as well as amphetamines and other stimulants, hallucinogens and other psychoactive drugs which each represented 3% of all reported problems.

The majority of clients (74%) completed their service placement, while 14% withdrew from the program. Staff terminated an additional 6%.

Rideauwood Addiction and Family Services, established in Ottawa in 1976, is a non-profit, community-based agency offering day and evening programs for group and individual treatment for substance abuse, addiction, gambling and related family problems. Public education, training and consulting with other service providers concerning their clients are some other activities carried out by the agency's staff.

The largest group of clients (44%) at Rideauwood was youth involved in the Youth Substance Abuse Treatment program. Sixty-six percent (66%) of clients in the youth program were between the ages of 16-24, and 34% were under the age of 16. The majority of youth were male (62%) and had an average length of stay of thirty-five weeks in treatment. The substances for which youth sought treatment in descending order were cannabis, alcohol, cocaine, and rave drugs. According to 2000-2001 data, students were smoking marijuana on average twenty-four days per month at the time of admission for treatment.

The Adult Addiction Program, which includes day and evening programs as well as women's only groups, served 210 clients. The vast majority of clients were male (63%) and 27% were

female. The average length of attendance for adults was twenty-five weeks. The vast majority of clients (95%) were over the age of 25, and the remaining 5% were between 16-24. Alcohol and cannabis were the most common problem substances presented by adults seeking treatment.

Pavillon Jellinek, located in Hull, operates a fifteen-bed site for men who are receiving treatment for drugs, alcohol or gambling. There is also long term residential treatment (3+ months), self- help (12 steps), as well as alcohol and drug education. Although the focus of Jellinek is on men, they also provide help to women, young adults, seniors, people with concurrent psychiatric problems, people with HIV/AIDS, injection drug users, people on methadone, impaired drivers, street youth or other out-of-mainstream people and people who have gambling problems.

During 1998 and 1999, a total of 2,086 clients were assisted for alcohol, drug and/or gambling problems. The majority of clients (74%) had education at the secondary school level. Six percent (6%) of all clients had university schooling, 10% had a college education, and 9% had a primary level education.

Alcohol was the substance for which most individuals required inpatient care. The majority of men and women seeking help for alcohol problems were between the ages of 40-64, representing 50% and 54% of clients respectively. This age group was followed by those between 25-39: 46% for men and 40% for women.

Men were also more likely to present alcohol as a problem substance (73%). Fifty-two percent (52%) of men and 51% of women between 40-64 were seeking help for alcohol problems. Both men and women aged 25-39 were equally likely to present alcohol problems- 39%.

Men were more likely than women to present illicit drugs as a problem substance. Seventy-one percent (71%) of men and 63% of women 25-39 years of age presented substance use disorders necessitating inpatient care. During this period no seniors (65+) presented any drug problems.

Law Enforcement

Impaired Driving

Between 1996-1998 there was a decrease of 3% in the NCR in the rate of persons sixteen years and older charged with impaired driving. This was the smallest decrease among the nine major census metropolitan areas in Canada.¹⁹ In 1996, the NCR had a rate of 207 per 100,000 persons charged. This rate increased the following year to 228 and then decreased in 1998 to 201 per 100,000.

¹⁹ The nine major CMAs include Calgary, Edmonton, Hamilton, Montréal, Ottawa-Hull, Quebec, Toronto, Vancouver and Winnipeg.

The 1998 conviction data for motor vehicle offences indicates that in Ontario 17,089 convictions were alcohol related. This represents 82% of all motor vehicle convictions related to the Criminal Code.

Charges

In 1998 there were a total of 943 drug offences cleared by charge in the NCR. The majority of charges (66%) were for cannabis. Within this category, 72% were for cannabis possession, 22% for trafficking and the remaining 6% were cultivation offences. Table 7 shows all offences cleared by charge in the NCR.

Cocaine charges were second to cannabis offences, representing 29% of all charges in the NCR during 1998. Within this category, the majority of charges came from trafficking (61%), followed by possession (39%). There were no charges for the importation of cocaine.

A total of three heroin charges were laid in 1998. One for each of possession, trafficking and importation.

Table 7: Drug Offences Cleared by Charge, 1998.

Charge	Offences Cleared by Charge
Heroin	
Possession	1
Trafficking	1
Importation	1
<i>Heroin- Total</i>	3
Cocaine	
Possession	107
Trafficking	166
Importation	0
<i>Cocaine- Total</i>	273
Other Drugs	
Possession	25
Trafficking	14
Importation	0
<i>Other Drugs- Total</i>	39
Cannabis	
Possession	449
Trafficking	138
Importation	1
Cultivation	39
<i>Cannabis- Total</i>	627
<i>Controlled Drugs- Total</i>	5
Restricted Drugs	
Possession	1
Trafficking	0
<i>Restricted Drugs- Total</i>	1
Drugs- Total	943

Source: Canadian Centre for Justice Statistics, 1999.

A 1999 Ottawa-Carleton region drug crime case survey examined 300 random Crown case files from 1996-1998. This study found that 90-95% of individuals charged with drug crimes were also charged with non drug-related crimes which included for example, breaches, traffic violations, and prostitution related offences.

Forty-four percent (44%) of individuals initially picked up by police for drug trafficking were charged with more serious cannabis drug charges.²⁰ Twelve percent (12%) of individuals charged with more serious cannabis drug charges were initially picked up for possession/cultivation and dangerous or impaired driving respectively. In addition, 19% of individuals initially picked up by police for dangerous or impaired driving were charged with the simple possession of cannabis. Table 8 below provides further details to these findings.

Table 8: Offenders charged with simple cannabis possession and serious cannabis drug charges after being stopped by police for other reasons, 1999.

Initially Stopped For:	Cannabis Simple Possession Charges	Cannabis Serious Drug Charges & Other Drug Charges
Trafficking	10%	44%
Possession/Cultivation	8%	12%
Dangerous/Impaired Driving	19%	12%
Suspicious Behaviour	10%	9%
Break & Enter	7%	2%
Assault	9%	5%
Theft/Proceeds	10%	5%
Suspicious Car Behaviour	16%	8%
Other	13%	5%

Source: RCMP, 1999

The majority of individuals (76%) charged with more serious cocaine drug crimes and possession crimes were initially stopped by police for trafficking. In addition, 30% of individuals charged with cocaine simple possession, were initially stopped by police for trafficking. Table 9 provides further details related to these charges.

²⁰ Drug charges included in the more serious drug charges category include: trafficking and possession for the purpose; cultivation, trafficking and possession; possession and possession for the purposes of trafficking; and possession for the purpose and cultivation.

Table 9: Offenders charged with simple cocaine possession and serious cocaine drug charges after being stopped by police for other reasons, 1999.

Initially Stopped For:	Cocaine Simple Possession Charges	Cocaine Serious Drug Charges & Other Drug Charges
Trafficking	30%	76%
Possession/Cultivation	17%	2%
Unrelated Arrest	4%	7%
Vehicle Infractions	9%	2%
Suspicious Behaviour	9%	2%
Break & Enter	4%	--
Theft/Proceeds	9%	7%
Suspicious Car Behaviour	13%	--
Drunk Charges	4%	--

Source: RCMP, 1999

-- Indicates there were no individuals charged under this category

Most individuals charged with drug crimes were charged with simple possession (47%), possession for the purposes of trafficking (20%), trafficking (18%), and the remaining 16% were charged with other or combination offences.²¹ Of those individuals charged with drug crimes and other charges, 38% received a prison sentence, 20% received no sentence²², 19% received a fine and 11% received probation or probation and some other sentence (i.e. fine). The remaining 12% received other sentences such as rehabilitation.

Drug Seizures & Drug Prices

According to Canada Customs and Revenue Agency, there were 784 significant drug seizures in Canada in 2000²³. Four significant seizures took place in Ottawa. One seizure occurred at the Ottawa Air Cargo Centre, and the remaining three seizures took place at the Ottawa International Airport.

Prices for drugs vary by region. In the NCR, one gram of cannabis resin/hashish can range from \$20-25. People, who use cannabis resin/hashish heavily, may use between 0.25-1 gram daily. Canadian hydroponic (marijuana) can range between \$350-450 for one ounce, compared to domestic marijuana which costs \$60 for one ounce²⁴. Approximately 84 to 140 joints can be made with one ounce of marijuana, depending on the size of the joint. One gram of cocaine can range between \$80-120. Heroin can cost as much as \$800 for one gram (see table 10).

²¹ Combination offences include: possession for the purposes of trafficking, trafficking; simple possession, possession for the purposes of trafficking and possession for the purpose of trafficking and cultivation.

²² No sentence refers to the offender being found not guilty or time served already.

²³ There are established thresholds by CCRA that once a drug surpasses is deemed a "significant seizure". This total does not include those seizures for personal use.

²⁴ Domestic marijuana is grown outside with a low THC of 1-3%. Hydroponic marijuana is grown inside with the use of lights and special techniques. It contains much higher THC levels, ranging from 8-30%.

Table 10: Drug Prices in the National Capital Region, 2001.

DRUG	WEIGHT	DRUG PRICE
Heroin	1 gram	\$500-\$800
Cocaine	1 gram	\$80-\$120
Cannabis Resin/Hashish	1 gram	\$20-\$25
Hashish Oil	1 gram	\$35-\$45
Marijuana (domestic)	1 oz.	\$60
Marijuana (Canadian hydroponic)	1 oz.	\$350-\$450
Ecstasy/MDMA	1 tab	\$25-\$30
GHB	Vial (3/5 gram)	\$20
LSD	Unit	\$5-\$10
Methamphetamine (Speed)	1 gram	\$80-\$100
PCP	1 gram	\$15-\$20
Psilocybin Mushrooms	1 gram	\$15

Source: RCMP, March 2001.

Morbidity

The most recent data for which alcohol-related and drug-related occurrences of morbidity is available for Ottawa-Carleton is 1994-1995.²⁵ Data on morbidity for Hull discussed in this section is from 1999-2000. All rates are per 100,000 total population and are based on the International Classification of Diseases, Injuries and Causes of Death, 9th revision. This is referred to as ICD-9 codes.

Regarding hospital separations in Ottawa, there were a total of 393 cases where the primary diagnosis involved alcohol, and 947 cases where it was the secondary diagnosis.²⁶ Concerning primary diagnosis, the most prevalent result was chronic liver disease and cirrhosis, with 198 diagnoses. The least common diagnosis was toxic effects of alcohol, which had eleven cases.

Alcoholic dependence syndrome made up 480 cases of secondary diagnoses in Ottawa during 1994-1995. This accounted for just over half (51%) of all secondary diagnoses.

Drug psychoses and drug dependence were the most common types of drug-related morbidity in Ottawa during 1994-1995, representing 43% of all primary diagnoses for drug-related occurrences. Just over half (51%) of secondary diagnoses related to drugs were for the nondependent abuse of drugs. This diagnosis was followed by drug dependence (40%) and drug psychoses (9%).

²⁵ Morbidity indicators concern information about the burden of disease related to alcohol and other drug use

²⁶ Primary diagnosis refers to the physician's diagnosis of the main cause of an illness, disease or accident. Secondary diagnosis indicates the physician's diagnosis of other cause of the individual's morbidity (up to 16 diagnoses).

Table 11: Alcohol-Related Separations by Primary Diagnosis (Ottawa): 1994- 1995.

Primary Diagnosis	Number of Diagnoses
Chronic Liver Disease	198
Alcoholic Psychoses	80
Alcohol Dependence Syndrome	78
Non-Dependent Abuse of Alcohol	26
Toxic Effects of Alcohol	11
Total	393

Source: Ontario Profile, 1998.

In Hull during 1999-2000, there was a total of 328 alcohol and drug related cases of morbidity, indicating an increase of approximately 4% since 1998-1999.²⁷ During 1999-2000, 39% of separations were for women and 61% were for men. Eighteen percent (18% or 59 separations) were related to chronic liver disease, followed by alcohol dependence syndrome (16% or 52 separations) and other alcoholic psychoses (14% or 47 separations). Table 12 provides further details.

Drug overdoses represented 36% of all drug-related morbidity in the Hull area during 1999-2000. Women were slightly more likely to overdose on drugs than men- 52% and 48%. The most common type of drug with which women overdosed was antidepressants (26%), followed by unspecified drugs or medicaments (18%).

The most common type of drug with which men overdosed was antidepressants representing 21% of all overdoses. Overdoses by benzodiazepine-based tranquilizers were the second most common category (17%).

Table 12: Alcohol-Related Separations by Primary Diagnosis (Hull): 1999-2000.

Primary Diagnosis	Number of Diagnoses
Chronic Liver Disease	59
Alcohol Dependence Syndrome	52
Alcoholic Psychoses	47
Toxic Effects of Alcohol	5
Alcoholic Cardiomyopathy	1
Total	164

Source: Med-Écho, 2001.

²⁷ This data is extracted from the “Med-Écho” database, provided by the Régie régionale de l’Outaouais.

Mortality

In 1992, there were sixty-four alcohol-related deaths not including motor vehicle accidents in Ottawa. The vast majority of these deaths were the result of chronic liver disease and cirrhosis (83%). The remaining deaths were related to alcohol dependence syndrome (16%) and alcohol psychoses (1%).

In 1995, twenty-six deaths were classified as *drug-related deaths* involving heroin or cocaine in Ottawa. Of these drug-related deaths, 46% were a result of an accident and another 46% were a result of suicide. Also in 1995, ten IDUs died of a cocaine overdose. Finally, fourteen deaths were attributable to cocaine and heroin directly- ten to cocaine and four to heroin.

In Hull, between 1997 and 2000, fifty-four drug and alcohol-related deaths occurred, not including motor vehicle accidents. This represented 5% of the total hospitalizations for this three-year period.

Regarding motor vehicle accidents, during 1999 in Ontario, there was an estimated 119 fatal accidents, 1,634 accidents which resulted in personal injuries and 1,767 property damage collisions as a result of the driver having a blood alcohol level over 0.08 grams.²⁸ Finally, in Ontario 8 fatal accidents, 69 personal injuries and 122 property damage collisions occurred due to the driver being impaired by a drug other than alcohol.

The proportion of fatalities involving a drinking driver in Ontario decreased from 38% in 1995 to 30% in 1999. Of the estimated 167 fatally injured drinking drivers, it is estimated that 135 had a BAC in excess of the legal limit. The estimated numbers of persons killed in crashes involving a drinking driver decreased by 26%, from 398 in 1995 to 287 in 1999.

In Québec, the proportion of fatally injured drivers who had been drinking decreased from 46% (between 1990-1995) to 28% in 1999. Of the estimated 128 fatally injured drinking drivers, 100 had a BAC in excess of the legal limit. The estimated numbers of persons killed in crashes involving a drinking driver decreased from 255 in 1996 to 154 in 1999.

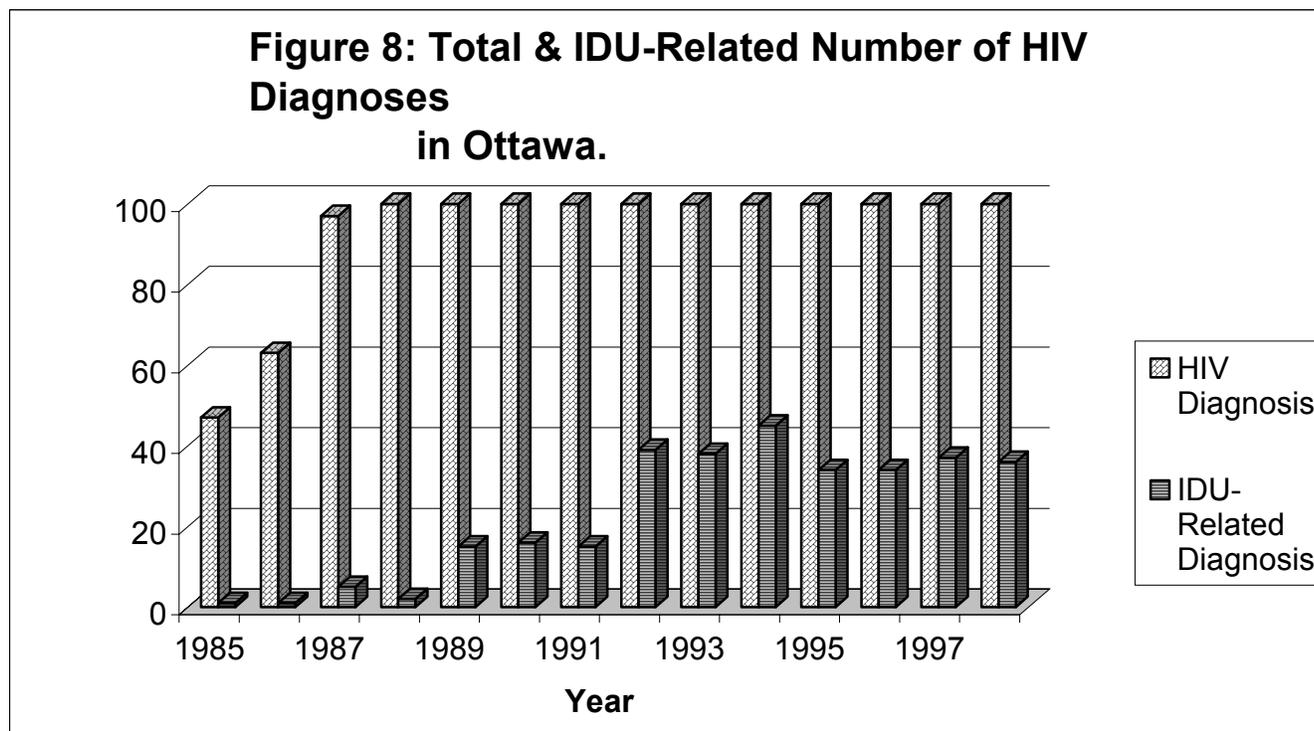
HIV, AIDS and Hepatitis C

According to the 2000 SurVIDU study, there was an estimated total of 962 cases of HIV related to IDU in Ottawa. It was also estimated that Hull had 186 cases of HIV linked to IDU. Among all SurVIDU participants, 24% of those with HIV were between the ages of 35-39, followed by 22% who were over 40 years of age and 20% who were between 30-34.

²⁸ A fatal accident or collision occurs when at least one person sustains bodily injuries resulting in death. A motor vehicle accident in which at least one person involved sustains bodily injuries not resulting in death is defined as a personal injury. A property damage collision involves a motor vehicle collision in which no person sustains bodily injury, but in which there is damage to any public property or damage to private property including damage to the motor vehicle or its load. Being impaired by alcohol is defined as the driver having had consumed sufficient alcohol to warrant being charged with a drinking and driving offence.

In 2000, more than 106,000 needles were accepted by the Ottawa SITE needle exchange program, and more than 108,000 needles were distributed.

According to a 2000 study by Health Canada and the Region of Ottawa-Carleton Health Department, 2% of HIV diagnoses made between 1985 and 1988 were attributable to IDU. This proportion increased to 10% of all positive tests by the end of 1991. As of July 1999, IDU accounted for 17% of the total 1,839 HIV infections reported in Ottawa-Carleton (see figure 8).



Source: Health Canada, 2000

In 1998, 29 new cases of HIV were reported for women. Seventeen percent (17%) of these cases were a result of injecting drugs, compared to 27% of the 114 new cases reported among men. Among male IDUs, the greatest proportion of infections was found in the 35 and older age group. For women IDUs, the greatest proportion of infections was in the 25-34 year age group.

According to a 2000 study by Health Canada and the Region of Ottawa-Carleton Health Department, there were 1,812 HIV diagnoses between 1985 and 1998. Overall, IDUs represented 18% of these diagnoses. From 1994 to 1998, the proportion of IDU-related diagnoses has remained above 20%, and was recorded to be as high as 31% in 1994 and 1996.

The first AIDS case in an IDU was reported in 1985 in Ottawa. Between 1982 and 1998, a cumulative total of 641 AIDS cases were recorded. Among all AIDS cases, 40 (6%) were self-identified IDUs- 36 males and 4 females. More than 400 people living in the Ottawa-Carleton region have died from AIDS or HIV-related diseases between 1985 and 1998.

Beginning in 1998, self-report data for the hepatitis C virus was collected from 325 IDUs attending the SITE Needle Exchange in Ottawa. Among those who had been tested, 62% of men and 65% of women reported testing positive for hepatitis C. In addition to these figures, as many as 80% of patients on methadone maintenance at St. Anne's Medical Centre were hepatitis C positive in 2001.

Conclusions & Discussion

This first CCENDU report provides a comprehensive snapshot of alcohol and drug use and misuse, as well as its consequences in the National Capital Region.

This report captures the most recent statistics concerning substance use by examining prevalence, law enforcement, treatment, mortality, morbidity, and HIV/AIDS/hepatitis C. These indicators form the basis for future trend analyses. Upcoming reports will measure change and will assist in monitoring trends in the field of substance abuse.

Alcohol is the most common licit substance used in the NCR by both adolescents and adults. It is the substance for which most clients seek help. There is a clear correlation between the consumption patterns of alcohol and the reported need for treatment.

Illicit drug use is also a serious problem. Cannabis is the most widely used illicit drug by both adults and youth. Youth are beginning to experiment with drugs at a younger age, and continue with this type of risky behaviour for longer periods of time. Of the 30,562 clients served by the addictions system in Ottawa, the majority reported an alcohol problem followed by cocaine and cannabis.

While impaired driving charges in the NCR have decreased, it is the smallest decline among the nine metropolitan centres in Canada. In addition, cannabis is the drug offense with which most individuals are charged, followed by cocaine and then heroin.

Data indicate that in Ottawa, chronic liver disease is the main cause of alcohol-related morbidity. Regarding drug-related morbidity in Ottawa, drug psychoses and drug dependence were the most common. In Hull, drug overdoses represented 36% of all drug-related morbidity.

In 1995, twenty-six deaths were classified as drug-related in Ottawa. Between 1997 and 2000 Hull recorded fifty-four drug and alcohol-related deaths, representing 5% of total hospitalizations. Regarding fatalities due to alcohol use, both Ontario and Québec have experienced decreases since 1995 however, there are still a large number of alcohol-related motor vehicle deaths.

Statistics on HIV diagnoses show that as of July 1999, injection drug use accounted for 17% of the total HIV infections in Ottawa. In addition to HIV, AIDS and hepatitis C were also infections that were common with IDUs. In 2000, more than 106,000 needles were accepted by the SITE needle exchange program and more than 108,000 needles were distributed.

It is hoped that this report will assist agencies and organizations in the field of addictions with their programming efforts.

References

- Adlaf, E. & A. Paglia. 2001. *Drug Use Among Ontario Students 1977-2001*. Toronto: Centre for Addiction & Mental Health.
- Adlaf, E. & A. Ialomiteanu. 2002. *CAMH Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults in 2001, and changes since 1977*. Toronto: Centre for Addiction & Mental Health.
- Adlaf, E. & A. Ialomiteanu. 2000. *CAMH Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults, 1977-2000*. Toronto: Centre for Addiction & Mental Health.
- Adlaf, E. A. Paglia & F. Ivis. 1999. *Drug Use Among Ontario Students 1977-1999*. Toronto: Centre for Addiction & Mental Health.
- Alary, M. et al. 2001. *Faint Light on the Horizon? Trends in HIV Prevalence, incidence, and needle borrowing among injection drug users participating in the SurvUDI Study*. Unpublished material.
- Bureau of HIV/AIDS, STD & TB, Laboratory Centre for Disease Control, Health Canada & the Region of Ottawa-Carleton Health Department. 2000. *Rapid Assessment & Response: Pilot Study on Injection Drug use in the Region of Ottawa-Carleton*.
- Canadian Centre for Justice Statistics. 1999. *Traffic Enforcement & Crime Statistics, 1998*. Unpublished material.
- Canada Customs & Revenue Agency. 2001. *Customs Intelligence Bulletin, January-March 2001*. Ottawa.
- Centre for Addiction & Mental Health. 1999. *Unpublished Treatment Data for the District of Champlain*.
- City of Ottawa. 2001. *Alcohol, Tobacco, & Other Drug use Among Students in the City of Ottawa*. Ottawa: People Services Department.
- Leonard, L. C. Navarro & N. Birkett. 2001. *A Gendered Analysis of Sexual and Injection Practices Associated with High Levels of HIV Prevalence Among Injection Drug Users in Ottawa-Carleton 1996-2000: Issues for HIV Prevention Programming and Policy Development*. Ottawa: Community Health Research Unit, University of Ottawa.

- Leonard, L. & S. Hotz. 1998. *Prevalence and incidence of HIV infection and behavioural change intentions among injection drug users attending the Ottawa-Carleton needle exchange*. Ottawa: Community Health Research Unit, University of Ottawa.
- LCBO. 2001. *LCBO Annual Report, 1999-2000*. LCBO Corporate Communications.
- Ministry of Transportation. 2000. *Ontario Road Safety Annual Report, 1999*. Toronto: Publications Ontario.
- Olson, S. 1999. *Drug Crimes Case Study Data Analysis for the Region of Ottawa-Carleton, 1996-1998: A report on cannabis, crack & cocaine*. RCMP Drug Awareness Service.
- Ontario Drug & Alcohol Registry of Treatment (DART). 2001. Data Extracted from DART, July 5, 2001. Unpublished material.
- Ponée, Charle. 2001. *Service Inventory and Residential Programming Review: A Snapshot of Champlain District Addictions Services*. Ontario Substance Abuse Bureau.
- Régie Régionale de la Santé et des Services Sociaux de l'Outaouais. 2001. Outaouais Morbidity & Mortality Data. Unpublished material.
- Régie Régionale de la Santé et des Services Sociaux de l'Outaouais. 1996. *Évolution de la consommation d'alcool et des autres drogues chez les élèves du secondaire 1985-1991-1996*.
- Royal Canadian Mounted Police Criminal Intelligence Directorate. 2001. *Drug Price List, Canada*. Unpublished material.
- Royal Canadian Mounted Police. 1999. *Drug Crimes Case Study Data Analysis for the Region of Ottawa-Carleton, 1996-1998: A Report on Cannabis, Crack & Cocaine*. Draft Report.
- Statistics Canada. 1996. Census Statistics for the CMA of Ottawa-Hull.
- Totten, Mark. 1999. *YSB May 1999 Youth Survey, Summary of Findings*. Unpublished Report.
- Traffic Injury Research Foundation of Canada. 2001. *Strategy to Reduce Impaired Driving 2001*. Ottawa, Ontario.
- Van Truong, M. B. Williams & G. Timoshenko. 1998. *Ontario Profile 1998*. Centre for Addiction & Mental Health, Toronto.